



2019 CARE BASED INCENTIVES (CBI)

FEE-FOR-SERVICE FORM TIPS FOR APPROVAL & REQUIRED DATA FIELDS

The following Care-Based Incentive (CBI) Fee-For-Service (FFS) measures require the Primary Care Provider (PCP) to submit a completed form within **21 business days** from date of service to Central California Alliance for Health (Alliance) to receive CBI incentive payment for these measures.

- Early Prenatal Care
- Healthy Weight for Life

Providers may submit FFS forms to the Alliance by faxing them to the Alliance FFS forms to **(877) 793-8504**; forms are available on the CBI Resources website at: <https://www.ccah-alliance.org/cbi-resources.html>. You may also fax custom CBI forms with the required elements as described in the table below.

- Custom forms no longer need to be approved by the Alliance. It is the responsibility of the provider to ensure forms meet the Alliance's requirements.
- All custom forms should be written at or below a 6th grade reading level and available in the member's preferred written language.

Most Common Rejection Reasons:

1. Required data is not provided (denoted by asterisks* in the form). For example: Date of service is blank or illegible, Provider or Member is blank or illegible.
2. Duplicate form submission.
3. Form was filled out incorrectly (incomplete or incorrect information).
4. Member was ineligible with the Alliance at date of service.
5. Incorrect form. The latest version can be downloaded from CBI Resources website at: <http://www.ccah-alliance.org/cbi-resources.html>.
6. Date of service is past 21 business days when form is submitted.
7. **Healthy Weight for Life:** Member does not meet age criteria (2-18 years old) or Body Mass Index (BMI) criteria (\geq 85th BMI percentile). Forms must be completed by the linked PCP site to receive credit.
8. **Early Prenatal Care Form:** Member does not meet prenatal visit criteria (member must be seen by their PCP during the first 13 weeks of their pregnancy or within 6 weeks of joining the Alliance).

Required Data Fields:

Please refer to the [Minimum Data Submission Requirements](#) checklist below, to make sure that your FFS forms are completed correctly and are in compliance of approval (required data is denoted by asterisks*).

Early Prenatal Care	Healthy Weight for Life
<ul style="list-style-type: none">* Form Name: Healthy Moms and Healthy Babies: Early Prenatal Care* Alliance Member IDMember's Full Name* Date Of Birth* Practice NPI (<i>In order to receive payment, this MUST be the NPI number for the entire practice</i>)* Date of Service* Estimated Date of Delivery* Provider Signature or Office Stamp	<ul style="list-style-type: none">* Form Name: Healthy Weight for Life Referral Form* Alliance Member IDMember's Full Name* Date Of Birth* Practice NPI (<i>In order to receive payment, this MUST be the NPI number for the entire practice</i>)Body Mass Index (BMI) Assessment:<ul style="list-style-type: none">* Date of Service* Height* BMI Percentile* Weight* Provider SignatureComorbidities (<i>desired</i>) <p>Note: Providers are to inform members that they will be referred to the Alliance Healthy Weight for Life program. If member qualifies, the level of intervention is determined by the stratification risk group. All enrolled members receive resources and information from the Central California Alliance for Health, Health Programs Unit.</p>

The correct Alliance approved 2019 forms are included as amendments to this document.

Updated 12/17/18

