



August 21, 2019

## **Alliance Provider Update: Department of Health Care Services (DHCS) is Initiating a Value-Based Payment Program**

DHCS has announced a Value-Based Payment program that will provide incentive payments to qualifying providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These incentive payments will be targeted at providers that meet specific achievement on metrics targeting areas such as:

- \* Behavioral health integration
- \* Chronic disease management
- \* Prenatal/post-partum care
- \* Early childhood preventive care

DHCS will pay an increased incentive amount for events tied to beneficiaries diagnosed as having a substance use disorder or serious mental illness, or who are homeless.

Although final guidance to Plans regarding payment schedule, amounts and process has not yet been released, the program was implemented effective July 1, 2019, and the Alliance is informing providers so you can ensure all claims submitted include coding needed to be eligible for these additional payments.

Who is eligible for this incentive program? A Type 1 (individual) National Provider Identifier (NPI) in the rendering or ordering provider field is required on each claim that meets the measure's specification Encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics, or Cost-Based Reimbursement Clinics are excluded from payment.

For measures involving immunizations, the expectation is that all immunizations are reported through the California Department of Public Health (CDPH) California Immunization Registry (CAIR) 2.0 and therefore are available as a supplementary data source. Similarly, for the Blood Lead Screening measure, the expectation is that blood lead test results reported to the CDPH Blood Lead Registry will be used as a supplementary data source.

An enhanced payment factor will be applied to services provided to beneficiaries with these conditions:

- \* Substance Use Disorder (CMS ICD-10 code set: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-value-set-directory.zip>)
- \* Serious Mental Illness – (CMS ICD-10 codes: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-value-set-directory.zip>)
- \* Homeless ICD-10 Diagnosis code with the following values: Z59.0 Homeless – Z59.1 Inadequate Housing.



August 21, 2019

Services eligible for payments include: prenatal and post-partum care (four measures), early childhood (five measures), adult care (five measures) and behavioral health (three measures).

The following table summarizes the services and codes for the VBP program.

SERVICE	CODES	NOTES
Prenatal Pertussis Immunization	CPT 90715 With ICD-10 code for pregnancy supervision ('O09' or 'Z34' series)	Once per delivery per patient
Prenatal care	ICD-10 code for pregnancy supervision ('O09' or 'Z34' series) on the encounter	Once per delivery per patient
Post-partum care Early 1-21 days Late 22-84 days	ICD-10 code for postpartum visit (Z39.2) on the encounter	Two payments possible per patient Delivery date on claim
Post-partum contraception:	Tables CCP-C through CCP-D at: <a href="https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-non-hedis-value-set-directory.zip">https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-non-hedis-value-set-directory.zip</a>	Provision of most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of delivery
Well-Child visits 0-15 months	Any of the following: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, G0438, G0439 – ICD-10: Z0000, Z0001, Z00110, Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029	Separate incentive payment to a provider for each of the last three well-child visits out of eight total -6th, 7th and 8th visits. (8 visits are recommended between birth and 15 months)
Well-child visit 3-6 years	Any of the following: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, G0438, G0439 – ICD-10: Z0000, Z0001, Z00110, Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029	Payment for the first well-child visit in each year age group (3, 4, 5, or 6 year olds)
All Childhood Vaccines for Two Year Olds	Payment to rendering provider for each final vaccine administered in a series to children turning age two in the measurement year: – Diphtheria, tetanus, pertussis (DTaP) – 4th vaccine – Inactivated Polio Vaccine (IPV) – 3rd vaccine – Hepatitis B – 3rd vaccine – Haemophilus Influenzae Type b (Hib) – 3rd vaccine – Pneumococcal conjugate – 4th vaccine – Rotavirus – 2nd or 3rd vaccine – Flu – 2nd vaccine	A given provider may receive up to seven payments per year per patient. A two year look back is required for each patient to capture the series of vaccines and identify the last vaccine in the series
Blood lead screening	Each occurrence of CPT code 83655 prior to or on the second birthday	Provider can receive more than one payment
Dental fluoride	Each occurrence of dental fluoride varnish (CPT	Oral fluoride varnish application



August 21, 2019

varnish	99188 or CDT D1206) for children less than age six	for children 6 months through 5 years. Up to 4/year
Controlling high blood pressure	Codes for controlled systolic, a code for controlled diastolic, and a diagnosis of hypertension are: Controlled Systolic: – CPT 3074F (systolic blood pressure less than 130) – CPT 3075F (systolic blood pressure less than 130-39) Controlled Diastolic: – CPT 3078F (diastolic blood pressure less than 80) – CPT 3079F (diastolic blood pressure less than 80-89) Hypertension: – ICD-10: I10 (essential hypertension)	In patient age 18-85 with diagnosed HTN, payment for a non-emergent outpatient visit, or remote monitoring event, that documents controlled blood pressure. Must include a code for controlled systolic, a code for controlled diastolic, and a diagnosis of hypertension on the same day.
Diabetes care	Payment to rendering provider for each event of diabetes (HbA1c) testing that shows the results for members 18 to 75 years as coded with: – CPT 3044F most recent HbA1c < 7.0% – CPT 3045F most recent HbA1c 7.0-9.0% – CPT 3046F most recent HbA1c > 9.0%	Age 18-75. With diagnosis of diabetes No more than four payments per year. Dates for HbA1c results must be at least 60 days apart.
Control of persistent asthma	Asthma Value set: J45.20 Mild intermittent asthma, uncomplicated J45.21 Mild intermittent asthma with (acute) exacerbation J45.22 Mild intermittent asthma with status asthmaticus J45.30 Mild persistent asthma, uncomplicated J45.31 Mild persistent asthma with (acute) exacerbation J45.32 Mild persistent asthma with status asthmaticus J45.40 Moderate persistent asthma, uncomplicated J45.41 Moderate persistent asthma with (acute) exacerbation J45.42 Moderate persistent asthma with status asthmaticus. J45.50 Severe persistent asthma, uncomplicated J45.51 Severe persistent asthma with (acute) exacerbation J45.52 Severe persistent asthma with status asthmaticus J45.901 Unspecified asthma with (acute) exacerbation J45.902 Unspecified asthma with status asthmaticus J45.909 Unspecified asthma, uncomplicated J45.990 Exercise induced bronchospasm J45.991 Cough variant asthma J45.998 Other asthma	Patients age 5-64. Payment to prescribing provider that provided controller asthma medications during the year for patients who had a diagnosis of asthma based on the Asthma Value Set within 12 months of the prescription. Each provider is paid once per year per patient.
Tobacco use screening	Payment to rendering provider for any of the following CPT codes: 99406, 99407, G0436, G0437, 4004F, or 1036F (equivalent payment for all codes)	Patients age 12 and over. One payment per provider per patient per year.



August 21, 2019

Additional information about the program, including the value of payments and the method in which provider payments will be processed will be forthcoming. More information is available here: [https://www.dhcs.ca.gov/provgovpart/Pages/VBP\\_Measures\\_19.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx). Please direct any questions to Michelle Stott [mstott@ccah-alliance.org](mailto:mstott@ccah-alliance.org).