CalOptima Health

PAY FOR VALUE

Program Manual for CalOptima Health Community Network

Measurement Year 2026

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INTRODUCTION

Welcome to CalOptima Health's Pay for Value (P4V) programs. This manual is designed to help you understand the measures that are incentivized in the programs and how incentive payments are calculated and earned. The Quality Initiatives team is available to answer any questions at **QI_Initiatives@caloptima.org**.

The P4V program described in this manual is the CalOptima Health Community Network (CHCN) OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, program for Measurement Year (MY) 2026, approved by the Board of Directors on November 13, 2025.

Pay for Value Program Purpose

The purpose of CalOptima Health's P4V programs for all health networks is to improve the quality of care for CalOptima Health members. The P4V program recognizes outstanding performance and supports ongoing improvement to strengthen CalOptima Health's mission of serving members with excellence and providing quality health care.

Program Eligibility and Enrollment

To qualify for P4V payments, providers:

- Must be a CalOptima Health contracted primary care provider (PCP) at the time of payment distribution
- Must be in good standing with CalOptima Health at the time of payment distribution.

What's New in the MY 2026 P4V Program

- **New real-time incentive model:** CalOptima Health is transitioning its P4V programs from an annual, retrospective pay-for-performance model to a real-time, point-of-care incentive approach. This new model is designed to reward providers for completing specific value-based care actions as they occur, rather than waiting for annual reviews. The goal is to drive continuous improvement, enhance patient care and increase provider engagement. The program will launch with OneCare and expand to Medi-Cal after an initial pilot period in 2026.
- **Ongoing, transparent payment schedule:** Instead of receiving incentive payments once a year, providers will now receive monthly payments throughout the year as care gaps are closed.
- **New software platform:** CalOptima Health will utilize a software platform called Cozeva to deliver the P4V program. Through Cozeva, providers will have a single interface to view care gaps, take actions and earn incentives. Cozeva will support real-time updates and transparent incentive payments throughout the measurement year.
- **One-time digital adoption bonuses:** New $1,000 incentives are available for adopting electronic fund transfer (for both claims and incentive payments) and registering for CalOptima Health's Provider Portal.

Pay for Value Program Components

OneCare Program Measures

The program uses a defined set of Centers for Medicare & Medicaid Services (CMS) Star Ratings measures from both Part C and Part D.

Data and Frequency

Providers will now receive monthly payments throughout the measurement year as care gaps are closed. Incentive dollars will be paid out at the Taxpayer Identification Number (TIN)/practice level, with earnings aggregated across all providers billing under the same practice tax ID.

Measure Definitions

For each CMS Star measure indicator, members will be identified according to the most recent Star measure technical specifications. Please refer to CMS Medicare Part C and D Star Ratings Technical Notes for OneCare measure definitions, which can be downloaded from **www.cms.gov**.

One-Time Provider Incentives for Digital Technology Improvements

This program will also include one-time incentives of $1,000 per type per provider organization for adopting the following digital technology improvements:

- Conversion from paper checks to electronic fund transfer (EFT) for both claims **and** incentive payments
- CalOptima Health Provider Portal adoption.

Incentive payments will be made at the TIN level. The first user at a practice who registers for the CalOptima Health Provider Portal will trigger the $1,000 portal adoption incentive for the entire TIN. Likewise, once the practice converts from paper checks to EFT, the $1,000 EFT incentive is earned at the TIN level.

Each TIN may earn up to $2,000 in total ($1,000 for Provider Portal adoption and $1,000 for EFT conversion). Adoption is eligible any time during calendar year 2026. CalOptima Health will conduct a full look-back of all qualifying Provider Portal registrations and EFT conversions completed between January 1 and December 31, 2026, and the corresponding one-time incentives will be paid out in the first quarter of 2027.

Providers must meet all program eligibility criteria:

- Must be contracted as a PCP with CalOptima Health at the time of payment distribution
- Must be in good standing with CalOptima Health at the time of payment distribution
- Must have at least five CalOptima Health members attributed at the TIN level.

Inquiries

For any questions or concerns regarding the P4V program, please contact the Quality Initiatives team at **QI_Initiatives@caloptima.org**.

To register as a new user for the CalOptima Health Provider Portal, please use this link: **https://providers.caloptima.org/#/login**. For any questions regarding the Provider Portal registration process, please contact the Provider Relations team at **714-246-8600** or email **providerservicesinbox@caloptima.org** with your name, TIN and NPI.

Electronic Claims Payment: To register for an EFT account through InstaMed Healthcare Payments, please use this link: **https://register.instamed.com/eraeft**. For any questions regarding EFT enrollment, please contact the InstaMed enrollment team at 866-467-8263 or email **connect@instamed.com**.

Electronic Incentive Payments: To register for an EFT account for incentive payments:

- Complete the EFT Authorization Form by double-clicking the PDF object below. Ensure it is signed by an authorized officer of your organization, such as a chief executive officer, chief financial officer, chief operating officer, vice president or controller.
- Submit a bank letter from your financial institution dated within the last 12 months. This letter should verify that your account is active.
- Submit the EFT Authorization Form and bank letter to **ach.vendors@caloptima.org**. Please include the phrase “Digital Incentive” in the email subject line.

Please note that it typically takes seven to 10 business days for requests to be processed. During this time, your organization will receive physical checks until the EFT enrollment process is finalized. Once the process is complete, your organization will receive a confirmation email.



EFT Form

PROGRAM TIMELINE

OneCare Program Measures

- The CHCN OneCare P4V pilot program went live in July 2026.
- Following evaluation of pilot results, the Medi-Cal line of business will be added to the program after the initial OneCare implementation period.
- OneCare measures may be added or expanded based on findings from the pilot, with potential updates occurring in late 2026 or into 2027.

One-Time Provider Incentives for Digital Technology Improvements

- CalOptima Health will conduct a full look-back of all qualifying Provider Portal registrations and EFT conversions completed between January 1 and December 31, 2026, and the corresponding one-time incentives will be paid out in the first quarter of 2027.

Distribution of Incentive Dollars

Incentive dollars will be paid out at the TIN/practice level, with earnings aggregated across all providers billing under the same practice tax ID.

PAY FOR VALUE DATA SOURCES AND SUPPLEMENTAL DATA PROCESS

Clinical Pay for Value Data Sources

The P4V program uses claims and encounters data, as well as pharmacy, laboratory and California Immunization Registry (CAIR) data, as the primary sources to identify patients who meet the numerator and denominator criteria. The data sources used are specific to each measure and depend upon the Healthcare Effectiveness Data and Information Set (HEDIS) or CMS technical specifications for the measure.

CalOptima Health source data, including claims, labs and pharmacy information, is refreshed in Cozeva on a weekly basis, while provider-entered supplemental data (such as chart uploads) appears in the Cozeva interface in real time.

New Feature: Real-Time Supplemental Data Entry in Cozeva

CalOptima Health now enables providers to submit supplemental data directly through the Cozeva user interface, offering a faster, more efficient way to close care gaps. If a provider has valid medical record documentation showing that a service was completed, they can upload the record directly into Cozeva. Once uploaded, the entry will undergo system verification and, when applicable, review by a CalOptima Health staff member to ensure accuracy. After this validation is complete, the care gap will be closed, and the provider will earn the corresponding incentive.

Supplemental Data: Flat File Submission Process

Providers may also submit supplemental data through flat-file uploads. Section 5 of the HEDIS Roadmap is required to be filled out completely, and all supporting documentation must be included:

- A completed Section 5 is required per data source.
- Organizations are required to provide all relevant policies, procedures, processes and control descriptions applicable to how the supplemental data is processed, transmitted and maintained.
- The data file must be in CalOptima Health's file layout.
- Auditor's review and approval of the completed Section 5 of the HEDIS Roadmap is required.
- Primary source validation is required for all nonstandard supplemental data.

Supplemental data requires annual review and approval from the HEDIS auditor. Organizations interested in submitting supplemental data should contact Irma Munoz at imunoz@caloptima.org. An introductory call will take place to discuss the measures the organization wishes to report. During this call, the data layouts, timeline and required documentation will be discussed. As stated above, each data source requires a completed Section 5 along with required attachments documenting workflows, mapping and primary source validation.

PAY FOR VALUE MEASURE DEFINITIONS

OneCare Measures

Please refer to CMS Medicare Part C and D Star Rating Technical Notes for measure definitions.

Measure	Definition	Incentive Amount Per Gap Closed
Breast Cancer Screening (BCS-E)	The percentage of women 50–74 years of age who had a mammogram during the past 27 months to screen for breast cancer.	$50
Care for Older Adults – Medication Review (COA2)	The percentage of members 66 years and older who received at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year, and who have a medication list in their medical record.	$25
Care for Older Adults – Functional Status Assessment (COA3)	The percentage of members 66 years and older who received at least one functional status assessment during the measurement year.	$25
Colorectal Cancer Screening (COL-E)	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.	$50
Controlling Blood Pressure (CBP)	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	$50
Eye Exam for Patients with Diabetes (EED)	The percentage of members 18–75 years of age with diabetes (Type 1 or Type 2) who had a retinal eye exam during the measurement year or a negative retinal or dilated eye exam by an eye care professional in the year prior.	$25
Follow-Up After ED Visit for Patients with Multiple Chronic Conditions (FMC): Total	The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions and who had a follow-up service within seven days of the ED visit.	$50

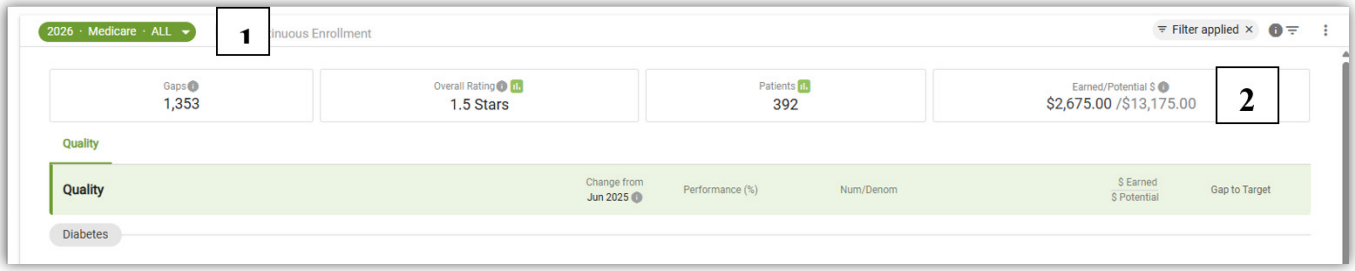
Measure	Definition	Incentive Amount Per Gap Closed
Glycemic Status Assessment for Patients with Diabetes (GSD): Blood Sugar Controlled	The percentage of members 18–75 years of age with diabetes (Type 1 or Type 2) whose most recent glycemic status (HbA1c or glucose management indicator) was ≤9.0% during the measurement year.	$50
Kidney Health Evaluation for Patients with Diabetes (KED)	The percentage of members 18–85 years of age with diabetes (Type 1 or Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR), during the measurement year.	$25
Statin Therapy for Patients With Cardiovascular Disease (SPC-E)	The percentage of members 21–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received statin therapy (dispensed at least one high-intensity or moderate-intensity statin medication) during the measurement year.	$25
Statin Use in Persons With Diabetes (SUPD)	The percentage of members 40–75 years of age who were dispensed at least two diabetes medication fills on unique dates of service during the measurement period and received a statin medication fill during the measurement period.	$25
Osteoporosis Management in Women Who Had a Fracture (OMW)	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density test or prescription for a drug to treat osteoporosis in the 180 days (six months) after the fracture.	$25
Transitions of Care (TRC): Medication Reconciliation	The percentage of members 18 years and older who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year and had medication reconciliation performed by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days post-discharge.	$25
Transitions of Care (TRC): Patient Engagement After Inpatient Discharge	The percentage of members 18 years and older who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year and received follow-up care (e.g., office visit, telehealth, e-visit) within 30 days of discharge.	$25

USING COZEVA TO TRACK PERFORMANCE AND EARNINGS

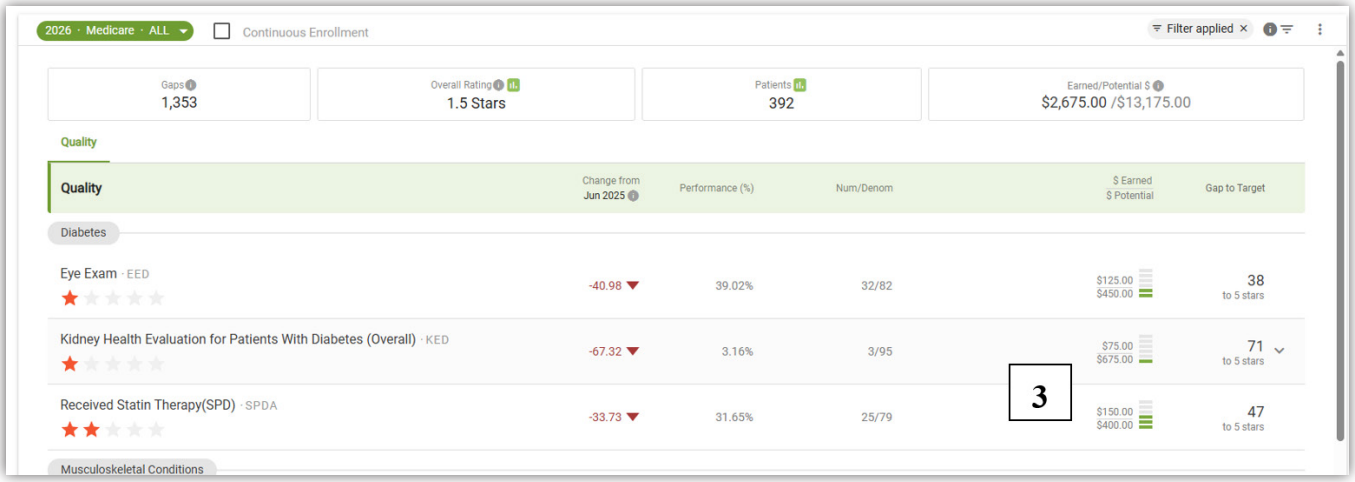
Providers can use the Cozeva platform to view their real-time performance on quality measures, see which care gaps they can close, and track both potential earnings and actual incentives received as actions are completed. Cozeva updates immediately when care gaps are closed, giving providers transparent, up-to-date insight into their progress throughout the measurement year.

Below are high-level steps for viewing performance in the Cozeva system. To request access to the Cozeva tool or in-depth training, please contact the Quality Initiatives team at QI_Initiatives@caloptima.org.

1. After logging into Cozeva, click the green button in the top left corner and select the Medicare line of business and the CalOptima Health context to view the CHCN OneCare population.
2. The total potential earnings across all measures and members, along with the dollars you have already earned, will be displayed in the upper right corner of the screen.



3. The potential incentive dollars available for each measure, along with the amount you've earned so far, will also be displayed.



CalOptima Health

for CalOptima use only

VENDOR ID	

Return Completed Form to:
Accounting Department — CalOptima | ach.vendors@caloptima.org

Electronic Funds Transfer Authorization Form

ACTION REQUESTED

☐ NEW ☐ CHANGE

Vendor Name *SSN/TIN#*

Legal Business Name (if applicable) *Email Address:* *Contact Phone Number:*

Address

City *State* *ZIP Code*

VERIFY ROUTING NUMBER WITH FINANCIAL INSTITUTION (MUST PROVIDE LETTER FROM FINANCIAL INSTITUTION FOR VALIDATION)

IF "CHANGE" IS SELECTED AS ACTION REQUESTED, MUST FILL OUT BOTH CURRENT AND NEW BANK INFORMATION:

CURRENT BANK NAME		*CURRENT BANK ADDRESS*	*CITY*
STATE	*ZIP CODE*	*PHONE NUMBER*	*FAX NUMBER*
CURRENT ROUTING NUMBER		*CURRENT ACCOUNT NUMBER*	*TYPE OF CURRENT ACCOUNT (CHECKING/SAVING)*
NEW BANK NAME		*NEW BANK ADDRESS*	*CITY*
STATE	ZIP CODE	*PHONE NUMBER*	*FAX NUMBER*
NEW ROUTING NUMBER		*NEW ACCOUNT NUMBER*	*TYPE OF NEW ACCOUNT (CHECKING/SAVING)*

I, the vendor, certify that the above information is true, accurate and complete to the best of my knowledge. I understand that incorrect or inaccurate information may affect my eligibility to receive payment through electronic funds transfer. I also understand that I must notify CalOptima immediately of any changes in the above information. I further declare that I will abide by all applicable Federal and State laws and regulations, as well as all applicable CalOptima Policies and Procedures, including any additions, deletions or changes thereto. This authorization will remain in full force and effect until CalOptima receives advanced written notification from me of its termination, or until CalOptima or a regulatory authority determines that it is necessary to terminate this agreement. By signing this agreement, I acknowledge that payments issued hereunder will be from federal and state funds, and that any falsification or concealment of a material fact may result in prosecution under applicable federal and/or state laws.

PLEASE SELECT ONE

☐ **I hereby authorize the Orange County Health Authority, doing business as CalOptima, a County Organized Health System, to initiate credit entries to my bank account as indicated above, and for the depository named above to credit the same to such account.**

☐ **I hereby cancel my Electronic Fund Transfer authorization.**

PRINT NAME *TITLE* *SIGNATURE (must be owner or corporate officer)* *DATE*