



# Value-Based Payment (VBP) Program

## *Frequently Asked Questions*

**1. Implementation date is July 1, 2019, will this program be paid retroactively?**

Based on the most recent Department of Health Care Services (DHCS) CEO and CFO quarterly meeting in December, revenue for the VBP program is expected to be available to health plans in Q2 2020. Health plans cannot submit payments to providers until we receive the projected amount. Anticipation is for the July 2019 – June 2020 measurement year to be paid in September 2020.

**2. Can providers be paid twice for meeting or exceeding the measures that are both Value-Based Payment and Care-Based Incentive program measures?**

If providers have signed the contract addendum establishing their participation in the Care-Based Incentive (CBI) program and are not one of the excluded provider types, providers will be paid for both. There are differences between the two program requirements for the measures and allocated funding. Payment information can be found in the measure valuation summary on the DHCS website.

**3. Can providers receive two payments if they see a member for a postpartum visit more than once between the first and 84<sup>th</sup> day following delivery?**

A provider can receive two payments if the postpartum visits occur during the early (1-22 days after delivery) and late (22-84 days after delivery) postpartum visit time period. The first visit in that time period is paid.

**4. Can providers receive up to three payments for the last three well-child visits if they fall within a specific timespan?**

Yes. The last three visits must fall within the specified timespan. For additional material on the measures, please visit the DHCS Value-Based Payment Program website.

**5. If a provider performs an adult influenza immunization in February and then again in October of the same year, can the provider receive a payment for each?**

Yes, but it should be clinically appropriate for the member to receive two in a year.

**6. Can the Staying Healthy Assessment (SHA) be used for Alcohol Screening and can providers bill for this with the date the SHA was completed?**

If the Staying Healthy Assessment (SHA) form is reviewed or completed annually, the alcohol misuse screening questions on the SHA count, and can be billed for the annual screening using the G-codes.

**7. Will providers be paid if they use the “5 A’s” questionnaire for alcohol screening?**

No. The 5 A’s questionnaire is not part of the contractual requirement. Providers must use either the Audit-C or Single Alcohol Screening Questions (SASQ) to meet the screening for unhealthy alcohol use measure.

**8. Is the fluoride treatment a mandatory service?**

The fluoride treatment is part of the periodicity schedule and Medi-Cal members are a particularly vulnerable group, so Primary Care Providers can apply fluoride varnish during the office visit as part of the Bright Futures requirements.

**9. Are there fluoride training sessions providers may attend?**

Yes, providers can receive training by contacting a local CHDP representative.

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