



## **FAQs on Proposition 56 (E&M and Preventive Care Services) SFY 19/20**

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### **What is the Proposition 56 – E&M and Preventive Care Services Program?**

- California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (known as Prop 56) which increased the excise tax rate on cigarettes and tobacco products. As a result, Assembly Bill (AB) No. 120 was passed to appropriate Prop 56 funds for specified Department of Health Care Services (DHCS) health care expenditures, starting in 2017-2018 state fiscal year (SFY). The healthcare expenditures that qualify for the supplemental payment under this program are physician services related to: new patient and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

### **What Provider types are eligible for this supplemental payment?**

- Any professional “Network Provider” that is eligible to bill for the applicable evaluation and management (E&M), preventive care, and psychiatric CPT codes and the service setting is not excluded from this program (see below for excluded service settings) are eligible for the supplemental payment. The definition of “Network Provider” can be found in DHCS APL’s 19-001 and 19-006.

### **Which service settings are excluded from supplemental payment?**

- The services rendered in the following setting are excluded: Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Cost Based Reimbursement Clinic (CBRC), and Indian Health Setting (IHS).

### **Who are the eligible Members?**

- The Physician must have rendered qualified services to Medicaid Members that are not:
  - o Full dual Members (eligible for both Medicare Part A & Part B coverage); or
  - o Partial dual Members that are eligible for Medicare Part B coverage only.

### **What is the effective period for this incentive/supplemental payment?**

- Services rendered from July 1<sup>st</sup>, 2019 – June 30<sup>th</sup>, 2020.

### **What are the eligible (qualified) procedure codes and corresponding supplemental payment amounts?**

- See table below – The amounts below will be paid per eligible claim/encounter per Member per service date.

The following payment chart for SFY 19/20 (July 1st, 2019 – June 30th, 2020) is subject to change based on CMS guidance.

CPT Code		CPT Code		CPT Code	
99201	\$18.00	99214	\$62.00	99385	\$30.00
99202	\$35.00	99215	\$76.00	99391	\$75.00
99203	\$43.00	90791	\$35.00	99392	\$79.00
99204	\$83.00	90792	\$35.00	99393	\$72.00
99205	\$107.00	99381	\$77.00	99394	\$72.00
99211	\$10.00	99382	\$80.00	99395	\$27.00
99212	\$23.00	99383	\$77.00	90863	\$5.00
99213	\$44.00	99384	\$83.00		

**How do we determine the payee for these payments?**

- IEHP will pay the Prop 56 payment to the billing Provider and billing tax ID associated with the eligible claim or encounter.

**How often will payments be disbursed?**

- IEHP will pay Prop 56 payments on a monthly basis. For each payment cycle, we will pay Prop 56 payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months. (see payment chart below for cutoff date information.)

Please see payment schedule below:

<b>Prop 56 Payment Schedule – SFY 19/20 (Jul 19 – Jun 20)</b>		
<b>Date of Service:</b>	<b>Claim Paid/ Encounter Received:</b>	<b>Payment Date:</b>
07/01/2019 – 10/31/2019	12/31/2019	1/23/2020
07/01/2019 – 11/30/2019	1/31/2020	2/20/2020
07/01/2019 – 12/31/2019	2/29/2020	3/19/2020
07/01/2019 – 01/31/2020	3/31/2020	4/21/2020
07/01/2019 – 02/29/2020	4/30/2020	5/21/2020
07/01/2019 – 03/31/2020	5/31/2020	6/18/2020
07/01/2019 – 04/30/2020	6/30/2020	7/21/2020
07/01/2019 – 05/31/2020	7/31/2020	8/20/2020
07/01/2019 – 06/30/2020	8/31/2020	9/22/2020
07/01/2019 – 06/30/2020	9/30/2020	10/20/2020*
07/01/2019 – 06/30/2020	10/31/2020	11/19/2020*
07/01/2019 – 06/30/2020	11/30/2020	12/22/2020*

*\* Payments are for additional run-out data only, no new service months are included.*

**What is the Provider Dispute process related to Prop 56 payments?**

- If a Provider has a dispute regarding Prop 56 payments, the Provider is to complete the applicable dispute form (claim or encounter) and email the completed dispute form to [Prop56Inquiry@iehp.org](mailto:Prop56Inquiry@iehp.org). The Prop 56 Dispute Forms can be found on the Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Proposition 56 & GEMT.

**What is the turnaround time for a resolution for Provider disputes?**

- IEHP will provide written notification of the Provider dispute results (via mail) within 30 working days from date of receipt.

**How long does a Provider have to file a dispute regarding Prop 56 payments?**

- A Provider has 365 calendar days from the Prop 56 payment date to file a dispute regarding Prop 56 payments.