



## **FAQs on Proposition 56 (E&M and Preventive Care Services)**

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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 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)
- SFY 20/21 (July 1st, 2020 – June 30th, 2021)
- SFY 21/22 (July 1st, 2021 – June 30th, 2022)

**and** 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. The most current payment schedule can be found at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

**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.
- Prop 56 payments is processed separately after the initial submission is adjudicated. Providers **will not find** Prop 56 payments payment in the initial claim payment.

**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.

- DHCS allows 90 calendar days from the date of receipt a clean claim to issue Prop 56 payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.