



Inland Empire Health Plan

FAQs on Proposition 56

What does Proposition 56 mean to me as a Physician?

- Proposition 56, which funds healthcare, research, and prevention of tobacco use, includes a proposed supplemental payment for physicians who participate in Medi-Cal FFS and Medi-Cal Managed Care.

How are the supplemental payments determined?

- The supplemental payments are based on the submission of the following CPT codes through claims or encounters to your IPA or IEHP if directly contracted. Supplemental payments are based on dates of service between 7/1/2017 and 6/30/2018.

CPT	Supplemental Payment
99201	\$10.00
99202	\$15.00
99203	\$25.00
99204	\$25.00
99205	\$50.00
99211	\$10.00
99212	\$15.00
99213	\$15.00
99214	\$25.00
99215	\$25.00
90791	\$35.00
90792	\$35.00
90863	\$5.00

What Provider types are eligible for this supplemental payment?

- Any professional Provider that is eligible to bill for the applicable E&M codes in an authorized service setting is qualified for supplemental payment.

What service settings are excluded from the supplemental payment?

- Services rendered in a 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 Medi-Cal Members that are not: Full dual Members (eligible for both Medicare Part A & Part B coverage) or partial dual Members that are eligible for Medicare Part B coverage only.

Who will make the payments?

- IEHP will be making the payments on a quarterly basis to the billing Provider (and the associated TIN) on the eligible claim/encounter.

How often will payments be disbursed?

- IEHP will pay Prop 56 payments on a quarterly basis. Please see chart below for payment schedule:

Prop 56 Payment Schedule		
Date of Service:	Claims Posted/ Encounter Received as of:	*Scheduled Payment:
7/1/17 - 9/30/17	12/31/2017	3/21/2018
7/1/17 - 12/31/2017	4/30/2018	6/22/2018
7/1/17 - 3/31/2018	7/31/2018	9/30/2018
7/1/17 - 6/30/2018	10/31/2018	12/14/2018
7/1/17 - 6/30/2018	1/31/2019	3/15/2019
7/1/17 - 6/30/2018	3/31/2019	6/14/2019
7/1/17 - 6/30/2018	6/30/2019	9/14/2019
Final Payment 7/1/17 - 6/30/2018	9/30/2019	12/13/2019

* IEHP reserves the right to modify the distribution schedule to align with the DHCS distribution of Prop 56 payments.

As a Pediatrician or Family Practice physician, which codes should I be billing for a Well Child visit, for example, in light of the codes specified above?

- IEHP does not advise physicians regarding the appropriate codes to bill for services rendered.
- The American Academy of Pediatrics website provides guidance regarding appropriate “Coding for Pediatric Preventive Care 2017.” See link: https://www.aap.org/en-us/Documents/coding_preventive_care.pdf

- Below is a summary of CPT and ICD-10 CM codes referenced in the AAP guidance for preventive care:

Preventive Medicine Services: New Patients			
CPT Codes		ICD-10 CM Codes	
99381	Infant (younger than 1 year)	Z00.110	Health supervision for newborn under 8 days old
		Z00.111	Health supervision for newborn 8 to 28 days old
		Z00.121	Routine child health exam <i>with abnormal findings</i>
		Z00.129	Routine child health exam <i>without abnormal findings</i>
99382	Early childhood (age 1-4 years)	Z00.121	Routine child health exam <i>with abnormal findings</i>
99383	Late childhood (age 5-11 years)	Z00.129	Routine child health exam <i>without abnormal findings</i>
99384	Adolescent (age 12-17 years)		
99385	18 years or older	Z00.00	General adult medical exam <i>without abnormal findings</i>
		Z00.01	General adult medical exam <i>with abnormal findings</i>
Preventive Medicine Services: Established Patients			
CPT Codes		ICD-10 CM Codes	
99391	Infant (younger than 1 year)	Z00.110	Health supervision for newborn under 8 days old
		Z00.111	Health supervision for newborn 8 to 28 days old
		Z00.121	Routine child health exam <i>with abnormal findings</i>
		Z00.129	Routine child health exam <i>without abnormal findings</i>
99392	Early childhood (age 1-4 years)	Z00.121	Routine child health exam <i>with abnormal findings</i>
		Z00.129	Routine child health exam <i>without abnormal findings</i>
99393	Late childhood (age 5-11 years)	Z00.121	Routine child health exam <i>with abnormal findings</i>
		Z00.129	Routine child health exam <i>without abnormal findings</i>
99394	Adolescent (age 12-17 years)	Z00.121	Routine child health exam <i>with abnormal findings</i>

	Z00.129	Routine child health exam <i>without abnormal findings</i>
--	---------	---

- If a child visit qualifies for **both** a preventive care visit and a visit that qualifies for Prop 56, then **both codes** (CPT) should be billed on the encounter, along with the appropriate ICD-10 CM codes.
- Modifier 25 should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable evaluation and management (E/M) service was provided by the same physician on the same day as the preventive medicine service.
- The comprehensive nature of the preventive medicine service codes reflects an age- and gender-appropriate history and physical examination, and is not synonymous with the comprehensive examination required for some other E/M codes (e.g., 99204, 99205, and 99215).
- If an illness or abnormality is encountered, or a preexisting problem is addressed, in the process of performing the preventive medicine service, and if the illness, abnormality, or problem is significant enough to require additional work to perform the key components of a problem-oriented E/M service (history, physical examination, medical decision-making, or a combination of those), the appropriate office or other outpatient service code (99201–99215) should be reported in addition to the preventive medicine service code.
- Modifier 25 should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable E/M service was provided by the same physician on the same day as the preventive medicine service

How can I ensure as a Pediatrician or Family Practice physician that I maximize my opportunities to earn supplemental payments through Proposition 56?

- First, ensure that all encounters are submitted by your office in a timely, complete and accurate manner to your IPA or IEHP if contracted directly. Like the ACA 1202, this supplemental payment will be based on valid encounter data submitted to the plan.
- IEHP offers the Pay for Performance (P4P) program and Global Quality P4P program so there is additional revenue to be earned by:
 - Submitting the PM160 form on IEHP’s web portal for every Well Child visit performed
 - Submitting the encounter with appropriate CPT and ICD-10 codes in addition to the PM160 form submitted and every Well Child visit conducted.
- One effective way to ensure that every Member assigned to you receives their annual Well Child visit is by taking the opportunity when a Member presents with a minor illness to perform the Well Child exam (if patient is due) at the same time they are being seen for the condition that has brought them into your office. Often, Members, especially adolescents, will only go into their assigned physician’s office when they are sick, making it the best opportunity to provide preventive care services like their Well Child visits and immunizations.

How do I know what services are included with the payment?

- Physicians will receive detailed information on the Remittance Advice (RA) along with their Prop 56 payment. The RA will include claim ID (if applicable), date of service, IEHP Member ID, procedure code, source, and Prop 56 payment amount. The source differentiates records as capitated services or fee-for-service claims.

What if my RA does not show the deserved supplemental payment?

- If there is a dispute regarding Prop 56 payments, the Provider is to complete the applicable (paid claim or encounter) dispute form and either email the form to Prop56Inquiry@iehp.org, or fax to (909) 296-3550.

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 do I have to file a dispute regarding Prop 56 payments?

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

Additional Resources:

- Proposition 56 Supplemental Payment for Physician Services

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_26581.asp