Santa Clara Family Health Plan™

Proposition 56 overview

A review of payments & related requirements

40742

About Proposition 56

The California Healthcare, Research and Prevention Tobacco Tax Act

- A measure passed by California voters in 2016 that placed an excise tax on tobacco products for fund expenditures including but not exclusive to programs administered by California's Department of Health Care Services (DHCS).
- First tranche of Proposition 56 payments became available for defined physician services with dates of service on and after July 1, 2017.
- This has evolved over time with additional payment programs and adjusted payment mechanisms to be covered in greater detail in this presentation.

About Proposition 56

How payment(s) are calculated & compensated

- In-network providers, on provider roster, with executed Proposition 56-related amendments are eligible for applicable payment types.
- Payment calculations are made at the rendering provider level and paid at the billing provider level.
- Rates are generally based on date of service within a July 1 through June 30 fiscal year.
- Some measure types may only apply to defined demographics.
- Each measure requires one or more specific code(s), supplemental data, and is rendered within a specified timeframe.
- **Payment goes to the first clean claim submitted that meets applicable criteria within a measurement period, though no later than 365 days from date of service.**
- *Proposition 56 rates are subject to revision if not elimination based on funding made available in the State budget.*

About Proposition 56

Availability of supplemental payment(s)

- As of July 1, 2019, DHCS has made available supplemental payments for specified measures including:
  - Physician services
  - Family planning
  - Developmental screening
  - Trauma screening

Payment calendar

- Payments are calculated and distributed on a calendar year quarterly basis of every March, June, September and December.
  - Claims cutoff dates are no later than the second Friday of the above-listed months.
  - Checks are distributed no later than the last Friday of the above-listed months.

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Summary of the four payment types

For physician services, additional physician services,
family planning services, developmental screening, and trauma screening.

Physician services

Required elements for physician services payments

- Payment for services rendered on and after July 1, 2017 using the CPT codes on the right.
- *Per the Hyde Act, CPT 59840 and 59841 are paid as follows:
  - Capitated provider receives the difference of the rate defined in the table at right less the rate defined in our claims system.
  - Non-capitated provider receives applicable rate defined at right in full.

CPT code	Rate
99201	$18.00
99202	$35.00
99203	$43.00
99204	$83.00
99205	$107.00
99211	$10.00
99212	$23.00
99213	$44.00
99214	$62.00
99215	$76.00
90791	$35.00
90792	$35.00
90863	$5.00
59840*	$400.00
59841*	$700.00

Additional physician services

Required elements for additional physician services payments

- Supplemental payment for services rendered on and after July 1, 2018 using the CPT codes on the right.

CPT code	Rate
99381	$77.00
99382	$80.00
99383	$77.00
99384	$83.00
99385	$30.00
99391	$75.00
99392	$79.00
99393	$72.00
99394	$72.00
99395	$27.00

Family planning services

Required elements for family planning services payments

- Codes denoted with an asterisks (*) are for dates of service on and after January 1, 2022.
- Codes without an asterisk are for dates of service on and after July 1, 2019.

Code	Rate	Code	Rate
J7304, U1*	$110.00	11981	$835.00
J7294*	$301.00	58300	$673.00
J7295*	$301.00	58301	$195.00
J7296	$2,727.00	81025	$6.00
J7297	$2,053.00	55250	$521.00
J7298	$2,727.00	58340	$371.00
J7300	$2,426.00	58555	$322.00
J7301	$2,271.00	58565	$1,476.00
J7307	$2,261.00	58600	$1,515.00
J3490, U8	$340.00	58615	$1,115.00
J7303	$301.00	58661	$978.00
J7304	$110.00	58670	$843.00
J3490, U5	$72.00	58671	$892.00
J3490, U6	$50.00	58700	$1,216.00
11976	$399.00		

Developmental screening

Required elements for developmental screening payments

- Supplemental payment for services rendered on and after January 1, 2020 using the CPT code and fulfilling requirements summarized on the right.
- Screenings must be provided in accordance with American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule (https://bit.ly/3dUej9h).

CPT code	Requirement	Rate
96110 without modifier KX	Developmental screening with scoring and documenting per standardized instrument.	$59.90

Developmental screening

Required elements for developmental screening payments

- A routine screening will have been considered to be done when completed:
  - On or before first birthday
  - After first birthday and on or before second birthday
  - After the second birthday and on or before the third birthday
- Screenings considered medically necessary, in addition to routine screenings, are also eligible for payment.
- *This is one of two supplemental payments that Federally Qualified Health Centers (FQHC) are eligible to receive.*

Trauma screening

Required elements for trauma screening payments

- Supplemental payment for services rendered on and after January 1, 2020 using the CPT code and fulfilling requirements summarized on the right.
- Providers are required to complete ACEs training available at https://www.acesaware.org/screen/provider-training/ and to attest to the completion of the training at https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx to be eligible for payment.

HCPCS code	Requirement	Rate	ACE score
G9919	Screening performed; results in positive and provision of recommendations provided.	$29.00	4+
G9920	Screening performed; results negative.	$29.00	0-3

Trauma screening

Required elements for trauma screening payments

- Members under 21 years of age may receive periodic rescreening based on medical necessity, but no more than one per year.
- Members 21 years of age and older may be screened once in their adult life up to 65 years of age per provider, per Managed Care Plan.
- *This is one of two supplemental payments that Federally Qualified Health Centers (FQHC) are eligible to receive.*

HCPCS code	Requirement	Rate	ACE score
G9919	Screening performed; results in positive and provision of recommendations provided.	$29.00	4+
G9920	Screening performed; results negative.	$29.00	0-3

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Thank you for your time!

Questions may be sent to ProviderServices@scfhp.com.

Revision history

Date	Version	Changes
August 12, 2020	V1	Original document
February 10, 2021	V2	Removed applicable FY19 rates; added FY21 rates.
June 8, 2021	V3	Added FY21/22 dates, changed payment schedule, ACEs details.
July 11, 2022	V4	Added three family planning codes per APL 22-011, changed ‘Rate’ header, struck Value Based Payment section (no longer funded), added FQHC eligibility language.