

PROVIDER Update



REGULATORY | JANUARY 28, 2020 | UPDATE 20-028 | 3 PAGES

Prop 56 Rates Extended for SFY 2019–2021

Same rates used for SFY 2018–2019 will be paid

Supplemental rates for dates of service from July 1, 2019, through December 31, 2021, are the same as the state fiscal year (SFY) 2018–2019 rates. This was approved by the Department of Health Care Services (DHCS) All Plan Letter (APL) 19-015 on December 24, 2019. Attachment A shows the qualifying CPT codes and their rates.

Supplemental payments for specific physician services are in addition to:

- Base provider compensation under the *Provider Participation Agreement (PPA)*.
- Contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).

Review minimum requirements to qualify

Payment amounts in Attachment A apply to participating providers who are eligible to offer and bill claims with the listed CPT codes during the SFY period. A current W-9 must be on file.

- Submit a clean claim or encounter with one of the qualifying CPT codes.
- Ensure the PPG submits your encounters timely and accurately, if contracted through a PPG.

Supplemental payments are made within 90 days of receiving a clean claim or accepted encounter.

Excluded from Prop 56 supplemental payments

The following are not eligible for Prop 56 payments for physician services:

- Federally Qualified Health Centers
- Rural Health Clinics
- American Indian Health Programs
- Cost-based Reimbursement Clinics
- Dually eligible members with Medi-Cal and Medicare Part B

Update your W-9 form

If you have not submitted a W-9 in the past 12 months or if your information has changed, submit a new form by fax or email (see *Send in your W-9 form by email or fax below*).

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

The W-9 form **must include** the physician's:

- Current address used to receive checks.
- Individual taxpayer identification number (TIN).
- National provider Identifier (NPI) – If two or more NPIs are used (individual and group), include both NPIs where space is available.

Example:

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

→ Write the NPI information on the W-9 form

Add the TIN here →

Employer identification number									

Send in your W-9 form by email or fax

You can download the most current form from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

EMAIL	HNCA_W9_Submissions@Centene.com (Add the words "Prop 56 W9" in the subject line.)
FAX	1-833-794-0423 (Include a cover sheet and clearly add the words "Prop 56 W9" and "PROTECTED HEALTH INFORMATION.")

How to file a grievance

Include the provider's:

- | | | |
|--------------|------------------|-------|
| • Last name | • Office address | • TIN |
| • First name | • Email address | • NPI |

Contact the Direct Pay team by email or fax with the provider's information above.

EMAIL	HNCA_DirectPay@healthnet.com (Add the words "Prop 56 Grievance" in the subject line.)
FAX	1-844-929-0402 (Include a cover sheet and clearly add the words "PROTECTED HEALTH INFORMATION.")

Additional information

For additional information on these services, refer to the DHCS website at www.dhcs.ca.gov.

If you have questions about the status of your W-9 form, Prop 56 payments or requesting a remittance advice (RA), contact CalViva Health at 1-888-893-1569.

Attachment A: Directed payment amounts from July 31, 2017, through December 31, 2021

CPT	Description	Supplemental rates for SFY ¹		
		2019–2021	2018–2019	2017–2018
90791	Psychiatric diagnostic evaluation	\$35	\$35	\$35
90792	Psychiatric diagnostic evaluation with medical services	\$35	\$35	\$35
90863	Pharmacologic management	\$5	\$5	\$5
99201	Office/outpatient visit new	\$18	\$18	\$10
99202	Office/outpatient visit new	\$35	\$35	\$15
99203	Office/outpatient visit new	\$43	\$43	\$25
99204	Office/outpatient visit new	\$83	\$83	\$25
99205	Office/outpatient visit new	\$107	\$107	\$50
99211	Office/outpatient visit established	\$10	\$10	\$10
99212	Office/outpatient visit established	\$23	\$23	\$15
99213	Office/outpatient visit established	\$44	\$44	\$15
99214	Office/outpatient visit established	\$62	\$62	\$25
99215	Office/outpatient visit established	\$76	\$76	\$25
99381	Initial comprehensive preventive medicine E&M ² (age < 1)	\$77	\$77	No rates for SFY 2017–2018
99382	Initial comprehensive preventive medicine E&M (ages 1–4)	\$80	\$80	
99383	Initial comprehensive preventive medicine E&M (ages 5–11)	\$77	\$77	
99384	Initial comprehensive preventive medicine E&M (ages 12–17)	\$83	\$83	
99385	Initial comprehensive preventive medicine E&M (ages 18–39)	\$30	\$30	
99391	Periodic comprehensive preventive medicine E&M (age < 1)	\$75	\$75	
99392	Periodic comprehensive preventive medicine E&M (ages 1–4)	\$79	\$79	
99393	Periodic comprehensive preventive medicine E&M (ages 5–11)	\$72	\$72	
99394	Periodic comprehensive preventive medicine E&M (ages 12–17)	\$72	\$72	
99395	Periodic comprehensive preventive medicine E&M (ages 18–39)	\$27	\$27	

¹SFY – state fiscal year

²E&M – evaluation and management