



## **Proposition 56 Supplemental Payment Program reminder**

**Anthem Blue Cross (Anthem) is reaching out to inform Medi-Cal Managed Care (Medi-Cal) providers that you may be eligible for additional reimbursement.** In 2016, *The California Healthcare, Research and Prevention Tobacco Tax (Proposition 56)* increased the excise tax rate on tobacco products to fund specified expenditures, including programs administered by the Department of Health Care Services (DHCS). *The Budget Act of 2018* appropriated a specified portion of *Proposition 56* revenue to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process for the 2018-2019 state fiscal year. **Due to these recent changes, you may be owed money.**

### **What does this mean to you?**

If you are a capitated provider submitting encounters to one of Anthem’s *Participating Medical Groups (PMGs)*, please ensure you are submitting all of your encounters to your respective *PMG*. Anthem is reimbursing based on claims and encounters.

DHCS has revised and extended the Supplemental Payment Program for certain physician services for another 12 months. The supplemental payment amounts are fixed and will be paid per claim and encounter. These services are for new and established patient in-office and outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services. Payments are based on the submission of select CPT codes through claims and encounters for dates of service from July 1, 2018, through June 30, 2019.

### **Which CPT codes are eligible for the supplemental payment?**

<b>CPT codes eligible for supplemental payment</b>			
<b>Code</b>	<b>Payment</b>	<b>Code</b>	<b>Payment</b>
99201	\$18	99381	\$77
99202	\$35	99382	\$80
99203	\$43	99383	\$77
99204	\$83	99384	\$83
99205	\$107	99385	\$30
99211	\$10	99391	\$75
99212	\$23	99392	\$79
99213	\$44	99393	\$72
99214	\$62	99394	\$72
99215	\$76	99395	\$27
90791	\$35	90863	\$5
90792	\$35		

**<https://mediproviders.anthem.com/ca>**

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### **Are any providers excluded from this program?**

Yes, Federally Qualified Health Centers, Rural Health Clinics, American Indian Health Clinics and cost-based reimbursement clinics are excluded from this program. Nonparticipating providers in the Anthem network, providers who do not provide one of the services listed in the table above, and providers who provide services to members with both Medi-Cal and Medicare Part B coverage are excluded.

### **How will Anthem process payments?**

Anthem will send checks to providers on a monthly basis via mail along with corresponding remittance advice.

### **How will providers receive payment?**

Providers will receive payments via a direct-to-provider payment process. Independent physician associations will not receive supplemental payments. Remittance advice for *Proposition 56* payments are not available on Availity at this time. If you would like to receive line-level detail for payments, please send an email to [prop56@anthem.com](mailto:prop56@anthem.com), and we will send you a secure detail file within two weeks of receipt of your email. Please provide the following information in your email:

- Billing tax ID(s)
- Provider name
- Check number
- Contact name
- Contact phone number
- Secure email address

### **Who should providers contact with questions or concerns?**

Anthem has set up an email address specifically for *Proposition 56* questions, [prop56@anthem.com](mailto:prop56@anthem.com).

### **How can providers file grievances?**

Providers may file grievances up to 180 calendar days from the date the provider becomes aware of the issue by:

- Calling the Medi-Cal Customer Care Center at **1-800-407-4627** (outside L.A. County) and **1-888-285-7801** (inside L.A. County).
- Visiting the provider website at <https://mediproviders.anthem.com/ca/pages/forms.aspx>.
- Faxing to the Grievance and Appeals department at **1-866-387-2968**.
- Mailing to the following address:

Anthem Blue Cross  
Grievance and Appeals Department  
P.O. Box 60007  
Los Angeles, CA 90060-0007