



Proposition 56 Supplemental Payments

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) increased the excise tax on cigarettes and tobacco products for purposes of funding specified expenditures, including programs administered by the Department of Health Care Services (DHCS).

DHCS has proposed supplemental payments for physician services in both the Medi-Cal fee-for-service (FFS) and Medi-Cal managed care delivery systems. The Central California Alliance For Health (the Alliance)'s requirement is to reimburse applicable providers (FQHC, RHC and non-contracted providers are excluded from the eligible providers list), the procedure codes listed below inclusive of the supplemental payment rate for dates of service July 1, 2017 through June 30, 2018 to eligible Alliance members, excluding members with Other Health Care coverage or Medicare primary.

CPT Code	Description	Directed Payment
99201	Office/Outpatient Visit New	\$10.00
99202	Office/Outpatient Visit New	\$15.00
99203	Office/Outpatient Visit New	\$25.00
99204	Office/Outpatient Visit New	\$25.00
99205	Office/Outpatient Visit New	\$50.00
99211	Office/Outpatient Visit Est.	\$10.00
99212	Office/Outpatient Visit Est.	\$15.00
99213	Office/Outpatient Visit Est.	\$15.00
99214	Office/Outpatient Visit Est.	\$25.00
99215	Office/Outpatient Visit Est.	\$25.00
90791	Psychiatric Diagnostic Eval	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00
90863	Pharmacologic Management	\$5.00

The supplemental payment is for qualifying claims that were processed and paid by the Alliance between July 1, 2017 and June 30, 2018. Subsequent supplemental payments will be made on a monthly basis (see schedule below). All payments are based on eligible, paid claims for the services provided under the CPT codes below. Please note: the continuation of these supplemental payments for services provided beyond June 30, 2018 is subject to DHCS discretion.

Payment	Claims Date of Service	Directed Payment	Checks Issued
Initial Payment	7/1/17 - 3/31/18	7/1/17 - 3/31/18	6/14/2018
1st Monthly Payment	7/1/17 - 4/30/18	4/1/18 - 4/30/18	6/21/2018
2nd Monthly Payment	7/1/17 - 5/31/18	5/1/18 - 5/31/18	7/19/2018
3rd Monthly Payment	7/1/17 - 6/30/18	6/1/18 - 6/30/18	8/16/2018
4th Monthly Payment	7/1/17 - 6/30/18	7/1/18 - 7/31/18	9/20/2018
5th Monthly Payment	7/1/17 - 6/30/18	8/1/18 - 8/31/18	10/18/2018
6th Monthly Payment	7/1/17 - 6/30/18	9/1/18 - 9/30/18	11/15/2018
7th Monthly Payment	7/1/17 - 6/30/18	10/1/18 - 10/31/18	12/20/2018

If you have any questions regarding this payment, please contact the Alliance Provider Services department at (800) 700-3874 ext. 5504.