



Pass Through/Supplemental Payments FAQ



Updates to Proposition 56 (Prop 56) Physician Supplemental Payments: Effective dates of service Jan. 1, 2024, the Department of Health Care Services (DHCS) is increasing the reimbursement rates for contracted providers to no less than 87.5% of the lowest California-specific Medicare locality rate for certain Medi-Cal covered services. These rates are commonly referred to as “targeted rate increase (TRI) rates” and incorporate Proposition 56 physician service payments outlined in [APL 23-019](#). Once the Alliance implements TRI rates, services eligible under TRI will no longer receive an additional Prop 56 supplemental payment, with the exception of capitated services. Until further notice, providers will continue to receive a separate physician Prop 56 payment in addition to capitation, where applicable. Please visit our website for [more information on TRI](#), eligible providers and services, and implementation details. Please note, all other Prop 56 payments (family planning, developmental screening, ACES, GEMT) will remain unchanged and will continue to pay Prop 56 payment until we get direction to pay differently from DHCS.

What is Proposition 56?

Proposition 56 is the California Healthcare Research and Prevention Tobacco Tax Act of 2016, sometimes called the Tobacco Tax Act or just Prop 56. The proposition increased taxes on cigarettes, e-cigarettes and tobacco products to fund specific health care expenses. DHCS distributes All Plan Letters (APLs) to provide guidance and other requirements to Medi-Cal managed care plans on how funds are to be distributed to eligible providers.

Are there other non-Prop 56 payments?

Yes. Medi-Cal Ground Emergency Medical Transportation (GEMT) Supplemental Reimbursement Program is a supplemental payment that is not funded by Prop 56. This is a voluntary Certified Public Expenditure (CPE) program that provides additional funding for GEMT providers for Medi-Cal members.

Another example is [provider incentive payments](#). These include Care Based Incentives (CBI) and Specialty Care Incentives (SCI). See the Alliance website for more information.

Why am I getting this payment?

Through claims data, the Alliance has identified an eligible service and has made the appropriate supplemental payment(s). Please refer to the APLs and References in this document for more details.

How do I post these payments?

The Alliance cannot answer this for you. You will need to determine within your organization how you will post these payments to your account.

Am I eligible to receive these payments?

Contracted providers who may bill the codes outlined in the APLs are eligible to receive Prop 56 supplemental payments. Federally qualified health centers (FQHCs), rural health clinics (RHCs) and non-contracted providers are excluded from the eligible providers list. Please refer to the Pass Through Payments Grid in this document for eligibility details on other payment types.

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Pass Through/Supplemental Payments FAQ



How frequently will I receive payments and what dates are they capturing?

Supplemental payments occur after the claim payment. The supplemental check cycles run monthly during the third week of the month. Payments are based on paid claims from the previous month. Some supplemental payments may occur up to 90 days after the claim is paid. Update: Effective payment dates in December 2024, the Alliance will increase the payment frequency from once a month to twice a month.

How do I identify these payments on my RA?

You will see the information identifying the payment in the Procedure Code column of your RA. For Prop 56 payments, you will see the procedure code followed by "PROP56" and for Value Based Payments you will see the Three-Digit Measure ID followed by "PROP56."

Who do I call if I have questions?

You should call your Provider Services Representative or Claims at 831-430-5503.

How do I file a grievance?

To file a dispute, complete the [Provider Inquiry Form](#) on our website and submit to:

Email: CQID@ccah-alliance.org

Fax: 831-430-5569

Regular mail:
Central California Alliance for Health
ATTN: Provider Inquiries and Disputes
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066

References

Links:

- [DHCS Prop 56 webpage](#)
- [Prop 56 Provider Memo from the Alliance](#)
- [DHCS GEMT Program webpage](#)
- [Alliance Provider Incentives webpage](#)
- [DHCS Value Based Payment Program Webpage](#)
- [DHCS Trauma Care website \(ACEs\)](#)



Pass Through/Supplemental Payments FAQ



Coding and Rates Guide:

Physician Services DOS between July 1, 2017 and June 30, 2018		
CPT	Description	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
Physician Services DOS between July 1, 2018 and June 30, 2019		
CPT	Description	Payment
99201	Office/Outpatient Visit New	\$18.00
99202	Office/Outpatient Visit New	\$35.00
99203	Office/Outpatient Visit New	\$43.00
99204	Office/Outpatient Visit New	\$83.00
99205	Office/Outpatient Visit New	\$107.00
99211	Office/Outpatient Visit Est	\$10.00
99212	Office/Outpatient Visit Est	\$23.00
99213	Office/Outpatient Visit Est	\$44.00
99214	Office/Outpatient Visit Est	\$62.00
99215	Office/Outpatient Visit Est	\$76.00
90791	Psychiatric Diagnostic Eval	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00
90863	Pharmacologic Management	\$5.00
99381	Initial Comprehensive Preventive Med E&M (<1 year old)	\$77.00
99382	Initial comprehensive preventive med E&M (1-4 years old)	\$80.00
99383	Initial comprehensive preventive med E&M (5-11 years old)	\$77.00
99384	Initial comprehensive preventive med E&M (12-17 years old)	\$83.00
99385	Initial comprehensive preventive med E&M (18-39 years old)	\$30.00
99391	Periodic comprehensive preventive med E&M (<1 year old)	\$75.00

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Pass Through/Supplemental Payments FAQ



99392	Periodic comprehensive preventive med E&M (1-4 years old)	\$79.00
99393	Periodic comprehensive preventive med E&M (5-11 years old)	\$72.00
99394	Periodic comprehensive preventive med E&M (12-17 years old)	\$72.00
99395	Periodic comprehensive preventive med E&M (18-39 years old)	\$27.00
Physician Services DOS on or after July 1, 2019		
CPT	Description	Payment
99201	Office/Outpatient Visit New End Date: 12/31/2021	\$18.00
99202	Office/Outpatient Visit New	\$35.00
99203	Office/Outpatient Visit New	\$43.00
99204	Office/Outpatient Visit New	\$83.00
99205	Office/Outpatient Visit New	\$107.00
99211	Office/Outpatient Visit Est	\$10.00
99212	Office/Outpatient Visit Est	\$23.00
99213	Office/Outpatient Visit Est	\$44.00
99214	Office/Outpatient Visit Est	\$62.00
99215	Office/Outpatient Visit Est	\$76.00
90791	Psychiatric Diagnostic Eval	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00
90863	Pharmacologic Management End Date: 12/31/2020	\$5.00
99381	Initial Comprehensive Preventive Med E&M (<1 year old)	\$77.00
99382	Initial comprehensive preventive med E&M (1-4 years old)	\$80.00
99383	Initial comprehensive preventive med E&M (5-11 years old)	\$77.00
99384	Initial comprehensive preventive med E&M (12-17 years old)	\$83.00
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99391	Periodic comprehensive preventive med E&M (<1 year old)	\$75.00
99392	Periodic comprehensive preventive med E&M (1-4 years old)	\$79.00
99393	Periodic comprehensive preventive med E&M (5-11 years old)	\$72.00
99394	Periodic comprehensive preventive med E&M (12-17 years old)	\$72.00
99395	Periodic comprehensive preventive med E&M (18-39 years old)	\$27.00
Women's Health/Abortion Services DOS on or after July 1, 2017		
CPT	Description	Payment
59840	Induced Abortion, By Dilation and Curettage	\$400.00
59841	Induced Abortion, By Dilation and Evacuation	\$700.00
Family Planning Services DOS on or after July 1, 2019		
CPT	Description	Payment
J7926	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7927	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7928	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00

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Pass Through/Supplemental Payments FAQ



J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7303	CONTRACEPTIVE VAGINAL RING End Date: 12/31/2021	\$301.00
J7304	CONTRACEPTIVE PATCH End Date: 12/31/2021	\$110.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490/U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00
J3490/U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00
J3490/U8	DEPO-PROVERA	\$340.00
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00
58555	HYSTEROSCOPY DX SEP PROC End Date: 12/31/2019	\$322.00
58565	HYSTEROSCOPY STERILIZATION End Date: 12/31/2019	\$1,476.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00
58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00
81025	URINE PREGNANGY TEST	\$6.00
Family Planning Services DOS on or after Jan. 1, 2022		
J7294	Contraceptive vaginal ring: segesterone acetate and ethinyl estradiol	\$301.00
J7295	Contraceptive vaginal ring: ethinyl estradiol and etonogestrel	\$301.00
J7304/U1	Contraceptive patch: norelgestromin and ethinyl estradiol	\$110.00
J7304/U2	Contraceptive patch: levonorgestrel and ethinyl estradiol	\$110.00
Developmental Screening Services DOS on or after Jan. 1, 2020		
CPT	Description	Payment
96110 w/o modifier KX	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90
ACES Screening Services DOS on or after Jan. 1, 2020		
HCPCS	Description	Payment
G9919	Screening performed – results positive and provision of recommendations provided. Providers must bill this HCPCS code when the patient's ACE score is 4 or greater (high risk).	\$29.00

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Pass Through/Supplemental Payments FAQ



G9920	Screening performed – results negative. Providers must bill this HCPCS code when the patient's ACE score is between 0 and 3 (lower risk).	\$29.00
GEMT Services DOS from July 1, 2018 to June 20, 2019		
CPT	Description	Payment
A0429	Ambulance Service, Basic Life Support, Emergency Transport	\$339.00
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1	\$339.00
A0433	Advanced Life Support, Level 2	\$339.00
GEMT Services DOS on or after July 1, 2019		
CPT	Description	Payment
A0429	Ambulance Service, Basic Life Support, Emergency Transport	\$220.80
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1	\$220.80
A0433	Advanced Life Support, Level 2	\$220.80
A0434	Specialty Care Transport	\$220.80
A0225	Neonatal Emergency Transport	\$220.80
Effective dates of service 1/1/2023 and current, supplemental payments to eligible public providers (as defined by DHCS) will increase to \$946.92. All other provider payments will remain the same.		

VBP Program Services DOS July 1, 2019 to June 30, 2022				
Domain	Measure	Measure ID	Add-on Amount for Non-at-Risk Members	Add-on for At-Risk Members
Prenatal/Postpartum Care Bundle	Prenatal Pertussis ("Whooping Cough") Vaccine	001	\$25.00	\$37.50
	Prenatal Care Visit	002	\$70.00	\$105.00
	Postpartum Care Visits - Early	003	\$70.00	\$105.00
	Postpartum Care Visits - Late	004	\$70.00	\$35.00
	Postpartum Birth Control	005	\$25.00	\$37.50
Early Childhood Bundle	Well Child Visits in First 15 Months of Life	006-008	\$70.00	\$105.00
	Well Child Visits in 3rd – 6th Years of Life	009-012	\$70.00	\$105.00



Pass Through/Supplemental Payments FAQ



	All Childhood Vaccines for Two Year Olds	013-019	\$25.00	\$37.50
	Blood Lead Screening	020	\$25.00	\$60.00
	Dental Fluoride Varnish	021	\$25.00	\$37.50
Chronic Disease	Controlling High Blood Pressure	022	\$40.00	\$60.00
	Diabetes Care	023	\$80.00	\$120.00
	Control of Persistent Asthma	024	\$40.00	\$60.00
	Tobacco Use Screening	025	\$25.00	\$37.50
	Adult Influenza ("Flu") Vaccine	026-027	\$25.00	\$37.50
Behavioral Health Integration Bundle	Screening for Clinical Depression	028	\$50.00	\$75.00
	Management of Depression Medication	029	\$40.00	\$60.00
	Screening for Unhealthy Alcohol Use	030	\$50.00	\$75.00

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Pass Through/Supplemental Payments FAQ



Pass Through Payment Grid

Pass Through Payment Grid									
Program Info						Provider Payment Info			
	APL # Link	Payment Type	Effective Date	Eligible Provider Type	Excluded Provider Type	Paid By	Payment Frequency	Codes/Rates	RA Display Example*
Prop 56 Supplemental Payments									
Physician Services	APL 19-015 APL 23-019	Supplemental – paid per procedure	7/1/2017	Network providers	Medicare Part B, FQHCs, RHCs, IHCPs, CBRCs	Separate check run	Monthly	23 codes	ProcCodePROP56 <div>81025PROP56</div>
Women's Health/ Abortion Services (Hyde)	APL 22-011 APL 23-015	Supplemental – Claims payment, flat rate paid per procedure	7/1/2019	Network and non-network providers, FQHCs, RHCs, IHCPs, CBRCs	None	Separate check run	Monthly	59840/\$400 59841/\$700	59840PROP56 59841PROP56
Prop 56 Pass Through Payments									
Value Based Payment Project	APL 20-014 APL 23-014	Supplemental – tied to Quality Measures	DOS on or after July 1, 2019	Network providers, Beacon providers	Medicare Part B, FQHCs, RHCs, IHCPs, CBRCs	Paid via separate check	Monthly Plus annual reconciliation	Varied/ varies per measure	Three-Digit Measure ID PROP56 <div>005PROP56</div>
Behavioral Health Incentive	DHCS FAQ	Delivery System Reform Initiative	1/1/2020	Network providers	TBD	Paid via separate check	Quarterly		
Family Planning Services	APL 20-013	Supplemental – paid per procedure	DOS on or after July 1,	Qualified contracted and non-	Medicare Part B	Separate check run	Monthly	26 codes (see APL)/a uniform and	ProcCodePROP56

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Pass Through/Supplemental Payments FAQ



			2019	contracted Providers				fixed dollar add-on amount for the specified family planning services	
Family Planning Services	APL 23-008	Supplemental – paid per procedure	DOS on or after Jan. 1, 2022	Qualified contracted and non-contracted Providers	Medicare Part B, FQHC, RHC, AIHSP and Cost Based Reimb. Clinics	Separate check run	Monthly	Codes as described in the APL/a uniform and fixed dollar add-on amount for the specified family planning services	ProcCodePROP56
Developmental Screening Services	APL 19-016 APL 23-016	Supplemental – paid per procedure	1/1/2020	Network provider, in accordance with the AAP/Bright Futures periodicity schedule, FQHCs, RHCs, IHCPs, CBRCs	None	Separate check run	Monthly	96110 without modifier KX/\$59 in addition to claims payment	96110PROP56
Adverse Childhood Experiences (ACE) Screening Services	APL 19-018 APL 23-017	New Benefit – claims payment paid per procedure	1/1/2020	Qualified network providers *See below	None	Paid via standard claims payment processing schedule	Within 90 days of receiving clean claim	G9919/\$29 G9920/\$29	

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Pass Through/Supplemental Payments FAQ



Non-Prop 56 Pass Through Payments									
GEMT – Ground Emergency Medical Transport	APL 19-007 APL 20-002	Supplemental – increased reimbursement rates for specified GEMT services	DOS 7/1/18- 6/30/19	Non- contracted GEMT providers		Claims payment (Fee For Service reimbursement)	Within 90 days of receiving clean claim	A0429/\$339 A0427/\$339 A0433 \$339	

*Shown in the Procedure Code column on the Remittance Advice.