

PROPOSITION 56: Value Based Payment Program FAQ

What is Prop 56?

Proposition 56 is the Tobacco Tax Act of 2016. The proposition increased taxes on cigarette and tobacco products that fund specific healthcare expenses.

Why is this happening?

Partnership HealthPlan of California (PHC) contracted providers who are eligible to provide and bill the Evaluation & Management Codes for these services will receive associated supplemental payments in addition to other payments they receive from PHC.

What is new?

Value Based Payment Program (VBPP) will provide incentive payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. Risk-based incentive payments will be targeted at providers that meet specific achievement on metrics targeting areas such as:

- Behavioral Health Integration
- Chronic Disease Management
- Prenatal/Post-Partum Care
- Early Childhood Prevention

Who is eligible to receive Prop 56 funds?

Only PHC contracted providers are eligible for Prop 56 funds. **Exception:** Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Programs and Cost-Based Reimbursement Clinics are not eligible.

When will the VBPP Program be implemented?

Implementation date was July 1, 2019. The VBP program will be implemented for at least three years, subject to approval of the plan submitted to CMS.

When should we add the CPT codes to our billing?

CPT codes can be retro-billed back to July 1, 2019.

How will payments be paid and how often?

Once payments are received from the Department of Health Care Services (DHCS), payments to providers are made 90 days from the date PHC receives a clean claim or accepted encounter for qualifying services.

How will PHC handle supplemental payments for capitated services?

These supplemental services will not have an effect on capitated services.

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Will provider incentives be identified by the NPI?

You will need to bill PHC with the NPI of the **individual physician** in the rendering and ordering provider field. Payment will not be made if billed under the group NPI.

Are Federally Qualified Health Centers, Rural Health Clinics, American Indian Health Programs and Cost-Based Reimbursement Clinics eligible for payment?

No. These provider types are excluded from payment.

Are services eligible for the incentive if rendered to Medi-Medi members?

Services for beneficiaries who are dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D) are not qualified for the incentive.

How can I access my VBPP payments?

Payment information will be available on the Online Services Provider Portal on the Claims Module. Providers can access the portal at <https://provider.partnershiphp.org/UI/Default.aspx>.

Where can I find out more information on VBPP?

The final APL is available online:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-015.pdf>.

You can also access the program overview on the PHC website:

<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/Prop%2056.aspx>.