

PROPOSITION 56: Value Based Payment Program Overview

November 2019

In November 2016, California voters passed Proposition 56 also known as the California Healthcare, Research and Prevention Tobacco Tax Act. Beginning April 2017, Prop. 56 imposed a \$2 tax per pack of cigarettes and a proportional tax on other nicotine products. A large percentage of the money is earmarked to support Medi-Cal providers.

While the proposition itself does not have a sunset date, expenditure methods are for defined periods, as set by the California Legislature and Centers for Medicare and Medicaid Services (CMS).

In July 2019, the Department of Health Care Services (DHCS) announced a Value-Based Payment Program (VBPP) that will provide incentive payments to qualifying providers for meeting specific measures aimed at improving care. These incentive payments will be targeted to meet specific metrics targeting these areas:

- Prenatal/Post-Partum Care
- Early Childhood Preventive Care
- Chronic Disease Management
- Behavioral Health Integration (Beginning 1/1/20)

In total, there are 17 measures, and nine of them align with 2019 HEDIS measures. Three measures are aligned with future 2020 clinical quality measures. Please see the table below for the list of measures and which providers are eligible.

Payments are based on Medi-Cal having the encounter data, and there is an add-on bonus for incentivized services rendered to patients with a code for homelessness, substance use disorder or serious mental illness.

Encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics, or Cost Based Reimbursement Clinics will be excluded from payment.

For more information visit the DHCS website at:
https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx

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Value Based Payment Program Details

Brief Description

- 17 Measures in the set, nine of the measures align with 2019 HEDIS measures and three measures aligned with future 2020 clinical quality measures.
- Add-on bonus for incentivized services rendered to patients with a code for substance use disorder, serious mental illness or homelessness (Z59.0 and Z59.1).
- Program Measures:
 - Prenatal/Postpartum Care
 - Early Childhood Measures
 - Chronic Disease Management
 - Behavioral Health (1/1/20)
- Encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics or Cost Based Reimbursement Clinics will be excluded from payment.

Providers likely to participate : PCPs, OB/GYNs, Cardiologists, Allergy Pulmonary, Endocrine, Family Planning, Eligible Beacon (Clinicians; Pharmacists)

Service	Codes
Prenatal Pertussis	Payment to rendering or prescribing provider for Tdap vaccine (CPT 90715) with and ICD-10 code for pregnancy supervision ('O09' or 'Z34' series) anytime in the measurement year. Payment may only occur once per delivery per patient.
Prenatal Care Visit	First trimester prenatal visit. ICD-10 code for pregnancy supervision: ('O09' or 'Z34' series) must be used day of visit.
Post-Partum Care Visits Early: 1-21 days Late: 22-84 days	A postpartum visit on or between one and 21 days after delivery; and a postpartum visit on or between 22 and 84 days after delivery. ICD-10 code for postpartum visit: Z39.2.
Postpartum Birth Control	Provision to the most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of delivery. Tables CCP-C through CCP-D at: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2019-adult-non-hedis-value-set-directory.zip

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Service	Codes
Well-Child Visits in first 15 months of life	Any of the following ICD-10: Z0000, Z0001, Z00110, Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029
Well-Child Visits in third to sixth years of life	Any of the following ICD-10: Z0000, Z0001, Z00110, Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029
All Childhood Vaccines for 2-Year-Olds	Payment to rendering provider for each final vaccine administered in a series to children turning two in the measurement year, must be recorded in CAIR2. Diphtheria, tetanus, pertussis (DTaP) – 4th vaccine Inactivated Polio Vaccine (IPV) – 3rd vaccine Hepatitis B – 3rd vaccine Haemophilus Influenzae Type b (Hib) – 3rd vaccine Pneumococcal conjugate – 4th vaccine Rotavirus – 2nd or 3rd vaccine Flu – 2nd vaccine
Blood Lead Screening	Each occurrence of CPT code 83655 prior to or on a patients second birthday. Must record in CDPH Blood Lead Registry.
Dental Fluoride Varnish	Each occurrence of dental fluoride varnish (CPT 99188 or CDT D1206) for children under age six.
Controlling High Blood Pressure	A visit for controlled blood pressure must include: a code for controlled systolic – CPT 3074F or CPT 3075F. a code for controlled diastolic – CPT 3078F or CPT 3079F. a diagnosis of hypertension on the same day – ICD-10: I10.
Diabetes Care	Payment that shows the results for members 18 to 75 years as coded with: CPT 3044F most recent HbA1c < 7.0% CPT 3045F most recent HbA1c 7.0-9.0% CPT 3046F most recent HbA1c > 9.0% No more than four payments per year, at least 60 days apart.
Tobacco Use Screening	Payment to rendering provider for any of the following CPT codes: 99406, 99407, G0436, G0437, 4004F, or 1036F (equivalent payment for all codes).
Adult Influenza (Flu) Vaccine	Payment to rendering or prescribing provider for up to two flu shots given throughout the year for patients aged 19 and older at the time of flu shot.

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Service	Codes
Control of Persistent Asthma Screening	Asthma Value set: J45.20 Mild intermittent asthma, uncomplicated J45.21 Mild intermittent asthma with (acute) exacerbation J45.22 Mild intermittent asthma with status asthmaticus J45.30 Mild persistent asthma, uncomplicated J45.31 Mild persistent asthma with (acute) exacerbation J45.32 Mild persistent asthma with status asthmaticus J45.40 Moderate persistent asthma, uncomplicated J45.41 Moderate persistent asthma with (acute) exacerbation J45.42 Moderate persistent asthma with status asthmaticus J45.50 Severe persistent asthma, uncomplicated J45.51 Severe persistent asthma with (acute) exacerbation J45.52 Severe persistent asthma with status asthmaticus J45.901 Unspecified asthma with (acute) exacerbation J45.902 Unspecified asthma with status asthmaticus J45.909 Unspecified asthma, uncomplicated J45.990 Exercise induced bronchospasm J45.991 Variant asthma J45.998 Other asthma
Screening for Clinical Depression	Payment to rendering provider for any of the following CPT codes for screening for clinical depression: G8431 or G8510. Must use a standardized screening tool and be an outpatient visit.
Management of Depression Medication	Major depression diagnosis codes – ICD-10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, and F33.9.
Screening for Unhealthy Alcohol Use	Payment to rendering provider for any of the following CPT codes: G0442 or G0443