



## **FAQs on Proposition 56 Developmental Screening Services**

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### **What is the Proposition 56 – Developmental Screening Services Program?**

- Assembly Bill (AB) 74, Section 2, Item 4620-101-3305 appropriates Proposition 56 funding to support clinically appropriate developmental screenings for children with full-scope Medi-Cal coverage. Per DHCS APL 19-016, beginning January 1<sup>st</sup>, 2020 dates of service, contracted (network) Providers are eligible to receive a directed payment of \$59.90 for each qualifying developmental screening service.

A qualifying developmental screening service is one that is provided by a network Provider, in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule and through use of a standardized tool that meets the developmental screening criteria set forth by DHCS (in APL 19-016).

### **What Provider types are eligible for this supplemental payment?**

- Any professional “Network Provider” that is eligible to bill for the applicable directed payment. The definition of “Network Provider” can be found in DHCS APL’s 19-001.

### **Which service settings are excluded from supplemental payment?**

- There are no service locations that are excluded from this directed payment.

### **Who are the eligible Members?**

- The Physician must have rendered qualified services to Medicaid Members who are **not**:
  - o Full dual Members (eligible for both Medicare Part A & Part B coverage); or
  - o Partial dual Members that are eligible for Medicare Part B coverage only.
  - o over the age of 3; except when the service is provided on the Member’s third birthday.

### **What is the effective period for this incentive/supplemental payment?**

- Services rendered on or after January 1<sup>st</sup>, 2020.

### **What are the eligible (qualified) procedure codes, directed payment amount, and Provider responsibilities to earn this Prop 56 directed payment?**

- The network Provider must meet all of the following criteria to receive the directed payment.

- The provider must utilize a screening tool that meets all of the CMS criteria, in accordance with the AAP/Bright Futures periodicity schedule. Please see DHCS APL 19-006 for more detailed information on the CMS criteria.
- The Provider is required to use the standardized developmental screening tools during the 9- month, 18-month, and 30-month health visit. However, for the purposes of this directed payment, a developmental routine screening is eligible for payment if performed:
  - on or before the first birthday,
  - after first birthday and before the second birthday,
  - or after the second birthday and on or before the third birthday,
  - screenings done when medically necessary, in addition to the routine screening based on age above, are also eligible for directed payment; so long as it is performed on or before the third birthday.
- The Provider must submit a claim or encounter with the qualifying CPT code below.

<b>CPT Code:</b>	<b>Description:</b>	<b>Directed Payment:</b>
96110, without modifier KX	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90

- The Provider must maintain all documentation in the Member’s medical record of screening. This documentation must be available upon request from IEHP and/or DHCS.

**How do we determine the payee for these payments?**

- IEHP will pay the Prop 56 payment to the billing Provider and billing tax ID associated with the eligible claim or encounter.

**How often will payments be disbursed?**

- IEHP will pay Prop 56 payments on a monthly basis. For each payment cycle, we will pay Prop 56 payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months. The most current payment schedule can be found at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

**What is the Provider Dispute process related to Prop 56 payments?**

- If a Provider has a dispute regarding Prop 56 payments, the Provider is to complete the applicable dispute form (claim or encounter) and email the completed dispute form to [Prop56Inquiry@iehp.org](mailto:Prop56Inquiry@iehp.org). The Prop 56 Dispute Forms can be found on the Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Proposition 56 & GEMT.

**What is the turnaround time for a resolution for Provider disputes?**

- IEHP will provide written notification of the Provider dispute results (via mail) within 30 working days from date of receipt.

**How long does a Provider have to file a dispute regarding Prop 56 payments?**

- A Provider has 365 calendar days from the Prop 56 payment date to file a dispute regarding Prop 56 payments.