

PROVIDER Update



REGULATORY | APRIL 12, 2019 | UPDATE 19-283 | 3 PAGES

Prop 56 Rates for 2018–2019

Approved rates and new codes added for specific physician services performed from July 1, 2018, through June 30, 2019

The Department of Health Care Services (DHCS) has approved new Proposition 56 (Prop 56) supplemental payment rates. The new rates apply to the state fiscal year (FY) July 1, 2018, through June 30, 2019. This affects both Medi-Cal fee-for-service (FFS) and managed care plans.

Supplemental payments are not part of the base provider compensation under the *Provider Participation Agreement* (PPA). They are also separate from contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).

2018–2019 SUPPLEMENTAL RATES

The table below lists the FY 2017–2018 and 2018–2019 supplemental rates for existing CPT. Some rates did not change.

CPT code	FY 2017–2018 rate	FY 2018–2019 rate	CPT code	FY 2017–2018 rate	FY 2018–2019 rate
90791	\$35	\$35	99205	\$50	\$107
90792	\$35	\$35	99211	\$10	\$10
90863	\$5	\$5	99212	\$15	\$23
99201	\$10	\$18	99213	\$15	\$44
99202	\$15	\$35	99214	\$25	\$62
99203	\$25	\$43	99215	\$25	\$76
99204	\$25	\$83			

The table below lists the CPT codes that are new for FY 2018–2019 with their supplemental rates.

CPT code	FY 2018–2019 rate	CPT code	FY 2018–2019 rate
99381	\$77	99391	\$75
99382	\$80	99392	\$79
99383	\$77	99393	\$72
99384	\$83	99394	\$72
99385	\$30	99395	\$27

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

HOW THE SUPPLEMENTAL PAYMENT WORKS

Claims or encounters with a code listed in one of the tables on page 1 will be paid the corresponding FY 2018–2019 rate.

If the date of service is...	We will process supplemental payments for...	And payments are made...
JULY 1, 2018– SEPTEMBER 30, 2018	<ul style="list-style-type: none"> New CPT codes added for FY 2018–2019 Existing CPT codes with an updated FY 2018–2019 rate 	<ul style="list-style-type: none"> Starting in March 2019 Starting in February 2019 – additional reimbursement payments for the rate difference
OCTOBER 1, 2018– NOVEMBER 30, 2018	FY 2018–2019 new codes and rates	Starting in March 2019
DECEMBER 1, 2018– JUNE 30, 2019	FY 2018–2019 new codes and rates	Starting in March 2019 and as DHCS releases funds

Supplemental payments are made based on clean claims and accepted encounters. Providers contracted through a PPG must ensure the PPG submits their encounters timely and accurately to Health Net. This will help avoid delays with processing Prop 56 payments.

ADD THE PHYSICIAN NPI WITH TIN TO W-9 FORM

If a physician has not received any Prop 56 payments, the physician needs to send in an individual W-9 form by fax or email (see *Where to send your W-9 form* below). After receiving the individual physician’s W-9 form, payments will take about five weeks to process and send.

The form must include the physician’s:

- National Provider Identifier (NPI) – If two NPI numbers are used (individual and group), include both NPI numbers where space is available
- Individual taxpayer identification number (TIN)

Example:

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

→ Write the NPI information on the W-9 form

Add the TIN here →

Employer identification number									

WHERE TO SEND YOUR W-9 FORM

A W-9 form is included with this communication. You can also download it from the Internal Revenue Service (IRS) website at www.irs.gov/pub/irs-pdf/fw9.pdf with complete instructions.

Send in a current or updated W-9 by email or fax.

EMAIL	HNCA_W9_Submissions@CENTENE.COM (Clearly add the words “Prop 56 W9” in the subject line.)
FAX	1-833-794-0423 (Include a cover sheet and clearly add the words “Prop 56 W9” and “PROTECTED HEALTH INFORMATION.”)

ADDITIONAL INFORMATION

In addition to this notice, our call center representatives will contact providers who still need to send a W-9 form.

If you have questions about the status of your W-9, requesting a Remittance Advice (RA) or questions about Prop 56 payments, contact CalViva Health at 1-888-893-1569.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.