

## Proposition 56 – Value-Based Payment program

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) increased the excise tax rate on tobacco products to fund specified expenditures, including existing programs administered by the Department of Health Care Services (DHCS). Assembly Bill 74 appropriates Proposition 56 funds 2019-20, 2020-21, and 2021-22 state fiscal year for specified DHCS directed payment expenditures.

DHCS released the Value-Based Payment (VBP) program specifications outlining the measures and payment triggers for each domain on the **Value-Based Payment program** webpage on the DHCS website. The specifications provide an explanation for each VBP program measure, the source for each measure, the appropriate diagnosis/procedure codes, and exclusion criteria etc.

Please visit the DHCS’ Value Based Payment program webpage for details at:

[https://www.dhcs.ca.gov/provgovpart/Pages/VBP\\_Measures\\_19.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx)

The domains and measures eligible for directed payments and the corresponding amounts for qualifying services are:

Domain	Measure	Add-on amount for non-at-risk members	Add-on amount for at-risk members*
Prenatal/postpartum care bundle	Prenatal pertussis ( <i>whooping cough</i> ) vaccine	\$25.00	\$37.50
	Prenatal care visit	\$70.00	\$105.00
	Postpartum care visits	\$70.00	\$105.00
	Postpartum birth control	\$25.00	\$37.50
Early childhood bundle	Well Child Visits in First 15 Months of Life	\$70.00	\$105.00
	Well Child Visits in 3 <sup>rd</sup> – 6 <sup>th</sup> years of life	\$70.00	\$105.00
	All childhood vaccines for two year old	\$25.00	\$37.50
	Blood lead screening	\$25.00	\$37.50
	Dental fluoride varnish	\$25.00	\$37.50
Chronic disease management bundle	Controlling high blood pressure	\$40.00	\$60.00
	Diabetes care	\$80.00	\$120.00
	Control of Persistent Asthma	\$40.00	\$60.00
	Tobacco use screening	\$25.00	\$37.50
	Adult influenza ('flu') vaccine	\$25.00	\$37.50
Behavioral health integration bundle	Screening for clinical depression	\$50.00	\$75.00
	Management of depression medication	\$40.00	\$60.00
	Screening for unhealthy alcohol use	\$50.00	\$75.00

\* At-risk members-members are diagnosed with a substance use disorder, a serious mental illness, or who are homeless or have inadequate housing.

<https://providers.anthem.com/ca>

**How will we process payments?**

Providers will receive checks on a monthly basis via mail along with remittance advice.

**How will we determine the responsible payer?**

To qualify for payment, providers must be contracted providers, must be practicing within their practice scope, and must have an individual (Type 1) NPI. Payments cannot be made if an individual (Type 1) NPI is not found on the claim, or the *W-9 (Request for Taxpayer Identification Number and Certification)* information is not available.

If you believe you qualify for the VBP program payment, please email your *W-9* form **and** the table below with your NPI, tax ID, name, billing address information to [prop56@anthem.com](mailto:prop56@anthem.com) and include **Prop56VBP-W9** in the subject line.

Individual type 1 NPI	W9 business Tax ID	W9 business name	Billing address	Billing city	Billing state	Billing ZIP

**How will I receive my payment?**

Providers will receive payments directly via a direct-to-provider payment process from Anthem Blue Cross (Anthem); independent physician associations will not receive supplemental payments. If you would like to receive line-level detail for the payments, please send an email to [prop56@anthem.com](mailto:prop56@anthem.com), and we will send you a secure detail file within two weeks of receipt of your email. Please provide the following information:

- Billing tax ID(s)
- Provider name
- Check number
- Contact name
- Contact phone number
- Secure email address

**Whom may I contact with questions or concerns?**

Anthem has set up an email address specifically for *Proposition 56*-related questions, [prop56@anthem.com](mailto:prop56@anthem.com). Please include **VBP** in the subject line.

**How do I file a provider grievance?**

Providers may file grievances up to 180 calendar days from the date the provider becomes aware of the issue by:

- Calling the Medi-Cal Managed Care Customer Care Center at **800-407-4627** (outside L.A. County) and **888-285-7801** (inside L.A. County).
- Visiting the provider website at <https://mediproviders.anthem.com/ca/pages/forms.aspx>.
- Faxing to the Grievance and Appeals department at **866-387-2968**.
- Mailing to the following address:  
 Anthem Blue Cross  
 Grievance and Appeals Department  
 P.O. Box 60007  
 Los Angeles, CA 90060-0007