



**COMMUNITY HEALTH  
CENTER NETWORK**

DATE: February 21, 2020  
TO: CHCN Contracted Providers  
SUBJECT: Proposition 56 Directed Payments

Please read this important notice regarding Community Health Center Network's (CHCN) process for Proposition 56 Directed Payments based on requirements set forth in the Department of Health Care Services (DHCS) All Plan Letter (APL) 18-010. In accordance with APL 18-010, CHCN will provide supplemental reimbursement for eligible services provided to Medi-Cal beneficiaries. Providers are eligible to receive payment from CHCN if they are contracted with CHCN and billed and received payment for an eligible service as defined by APL 18-010 and listed below. Federally Qualified Health Centers (FQHCs) are not eligible for Directed Payments. These rates are effective July 1, 2018 through June 30, 2019.

| <b>Procedure Code</b> | <b>Description</b>                                     | <b>Payment</b> |
|-----------------------|--------------------------------------------------------|----------------|
| 99201                 | Office/Outpatient Visit New                            | \$ 18.00       |
| 99202                 | Office/Outpatient Visit New                            | \$ 35.00       |
| 99203                 | Office/Outpatient Visit New                            | \$ 43.00       |
| 99204                 | Office/Outpatient Visit New                            | \$ 83.00       |
| 99205                 | Office/Outpatient Visit New                            | \$ 107.00      |
| 99211                 | Office/Outpatient Visit Est                            | \$ 10.00       |
| 99212                 | Office/Outpatient Visit Est                            | \$ 23.00       |
| 99213                 | Office/Outpatient Visit Est                            | \$ 44.00       |
| 99214                 | Office/Outpatient Visit Est                            | \$ 62.00       |
| 99215                 | Office/Outpatient Visit Est                            | \$ 76.00       |
| 90791                 | Psychiatric Diagnostic Eval                            | \$ 35.00       |
| 90792                 | Psychiatric Diagnostic Eval w/ Medical Service         | \$ 35.00       |
| 90863                 | Pharmacologic Management                               | \$ 5.00        |
| 99381                 | Initial Comprehensive Preventive Med E&M (<1 year old) | \$ 77.00       |



**COMMUNITY HEALTH  
CENTER NETWORK**

|       |                                                                |    |       |
|-------|----------------------------------------------------------------|----|-------|
| 99382 | Initial comprehensive preventive med E&M<br>(1-4 years old)    | \$ | 80.00 |
| 99383 | Initial comprehensive preventive med E&M<br>(5-11 years old)   | \$ | 77.00 |
| 99384 | Initial comprehensive preventive med E&M<br>(12-17 years old)  | \$ | 83.00 |
| 99385 | Initial comprehensive preventive med E&M<br>(18-39 years old)  | \$ | 30.00 |
| 99391 | Periodic comprehensive preventive med E&M<br>(<1 year old)     | \$ | 75.00 |
| 99392 | Periodic comprehensive preventive med E&M<br>(1-4 years old)   | \$ | 79.00 |
| 99393 | Periodic comprehensive preventive med E&M<br>(5-11 years old)  | \$ | 72.00 |
| 99394 | Periodic comprehensive preventive med E&M<br>(12-17 years old) | \$ | 72.00 |
| 99395 | Periodic comprehensive preventive med E&M<br>(18-19years old)  | \$ | 27.00 |

Effective for dates of service since July 1, 2018, CHCN provides directed payments for qualifying services and providers on behalf of CHCN Alameda Alliance for Health encounters. Prior to July 1, 2018, Alameda Alliance for Health distributed Proposition 56 Directed Payments on behalf of CHCN. Anthem Blue Cross is managing the process for CHCN Anthem Blue Cross encounters.

If you do not agree with this payment, you may contact the Provider Claims Dispute Department at 510-297-0210 or send a written request to file a provider dispute to the following address:

Community Health Center Network  
Attn: Provider Claims Dispute Department  
101 Callan Avenue, Suite 300  
San Leandro, CA 94577

For more information about CHCN's Provider Claims Dispute process, please refer to CHCN's Provider Manual at <https://connect.chcnetwork.org/Provider-Library>

For more information about Proposition 56 Directed Payments, please refer to DHCS program page at: <https://www.dhcs.ca.gov/provgovpart/Pages/Proposition-56.aspx>