FAQs on Directed Payment for Developmental Screening Services

What is Directed Payment for Developmental Screening Services Program?

- This directed payment, (previously known as the Prop56 supplemental payment for Developmental Screening) is no longer be funded by Proposition 56, effective July 1, 2022. The California Budget Act of 2021 has changed the funding source of the developmental screening services from Proposition 56 tobacco tax revenue to the state General Fund.

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**:
  - Full dual Members (eligible for both Medicare Part A & Part B coverage); or
  - Partial dual Members that are eligible for Medicare Part B coverage only.
  - over the age of 3; except when the service is provided on the member's third birthday.

What is the effective period for this directed payment?

- Services rendered on or after January 1st, 2022.

What are the eligible (qualified) procedure codes, directed payment amount, and provider responsibilities to earn this 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 (1st) birthday,
    - after first (1st) birthday and before the second (2nd) birthday,
    - or after the second (2nd) birthday and on or before the third (3rd) 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 (3rd) birthday.

- The provider must submit a claim or encounter the qualifying CPT code below.

CPT Code:	Description:	Directed Payment:
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 directed payment to the billing Provider and billing tax ID associated with the eligible claim or encounter.

How often will payments be disbursed?

- IEHP will release directed payments on a monthly basis. For each payment cycle, we will make directed payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months specified in the payment schedule. The most current payment schedule can be found at: www.iehp.org > For Providers > Plan Updates > Correspondence.

- Directed payments are processed separately after the initial claim submission is adjudicated. Providers **will not find** directed payments in the initial claim payment.

What is the Provider Dispute process related to directed payments?

- If a provider has a dispute regarding directed payment, the provider is to complete the applicable dispute form (claim or encounter). The Prop56 Dispute Forms can be found on the Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

  The completed dispute form should be emailed to: Prop56Inquiry@iehp.org.

- Please only include claims without directed payment in the dispute form.

- If there are more than 20 disputed claims, please submit them in a spreadsheet to expediate the review process.

- Please always include a valid email address with the dispute. The primary method of communication for directed payment disputes is by email.

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 directed payments?

- A Provider has 365 calendar days from the directed payment date to file a dispute.

- DHCS allows 90 calendar days from the date of receipt of a clean claim to issue directed payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.