



FAQs on Proposition 56 Directed Payment for Private Services (HYDE)

What is Proposition 56 directed payment for private services (HYDE)?

- Various legislative bills have appropriated Proposition 56 funding to support medical pregnancy termination services in the Medi-Cal managed care program.
- DHCS intends to continue this directed payment arrangement on an annual basis for the duration of the program subject to future appropriation of funds.

What provider types are eligible for this directed payment?

- All (contracted and non-contracted) providers who have rendered qualified HYDE professional services are eligible for supplemental payment.

Which service settings are excluded from this directed payment?

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

Who are the eligible Members?

- The physician must have rendered qualified professional services to eligible Medicaid Members.

What is the effective period for this directed payment?

- Services rendered on or after July 1st, 2017.

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

CPT Code	Description	Directed Payment
59840	Induced abortion, by dilation and curettage	Up to \$400
59841	Induced abortion, by dilation and evacuation	Up to \$700

How do we determine the payee for these payments?

- IEHP will pay the Prop 56 HYDE 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 pay 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 > 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 Prop 56 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 Prop 56 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.