

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
- Directs
- IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Proposition 56 Directed Payments for Family Planning APL 23-008

This is an informational notification to Molina Healthcare of California (MHC) network providers on directed payments for the provision of specified family planning services. There is no action required from Providers.

This notification is based on an All-Plan Letter (APL) 23-008, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-008.pdf>.

Background

On November 8, 2016, California voters approved Proposition 56 to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Proposition 56 funds to support family planning services for Medi-Cal beneficiaries, which DHCS is implementing in managed care in the form of a directed payment arrangement for specified family planning services in accordance with DHCS' developed payment methodology.

This directed payment program is intended to enhance the quality of patient care by ensuring that Providers in California who offer family planning services receive enhanced payment for their delivery of family planning services. Timely access to vital family planning services is a critical component of Member and population health. This program is focused on the following categories of family planning services:

- Long-acting contraceptives
- Other contraceptives (other than oral contraceptives) when provided as a medical benefit
- Emergency contraceptives when provided as a medical benefit
- Pregnancy testing
- Sterilization procedures (for females and males)

Members are allowed freedom of choice of family planning Providers and may receive such services from any qualified family planning Provider, including Out-of-Network Providers, without the need to obtain prior authorization.

What you need to know:

MHC will pay eligible contracted and non-contracted Providers a uniform and fixed dollar add-on amount for specified family planning services (listed below) provided to a Medi-Cal MHC Member who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D) with dates of service on or after July 1, 2019, in accordance with the Center of

Medicare & Medicaid Services (CMS) preprint for this program. Upon CMS approval, the preprint will be available on the DHCS' Directed Payments Program website:

<https://www.dhcs.ca.gov/services/Pages/DP-family-Planning-Services.aspx>.

Procedure Code	Description	Uniform Dollar Add-on Amount	Dates of Service
J7294	CONTRACEPTIVE VAGINAL RING: SEGESTERONE ACETATE AND ETHINYL ESTRADIOL	\$301.00	1/1/2022 – Ongoing
J7295	CONTRACEPTIVE VAGINAL RING: ETHINYL ESTRADIOL AND ETONOGESTREL	\$301.00	1/1/2022 – Ongoing
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00	7/1/2019 – Ongoing
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00	7/1/2019 – Ongoing
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00	7/1/2019 – Ongoing
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00	7/1/2019 – Ongoing
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00	7/1/2019 – Ongoing
J7303	CONTRACEPTIVE VAGINAL RING	\$301.00	7/1/2019 – 12/31/2021
J7304	CONTRACEPTIVE PATCH	\$110.00	7/1/2019 – 12/31/2021
J7304U1	CONTRACEPTIVE PATCH: NORELGESTROMIN AND ETHINYL ESTRADIOL	\$110.00	1/1/2022 – Ongoing
J7304U2	CONTRACEPTIVE PATCH: LEVONORGESTREL AND ETHINYL ESTRADIOL	\$110.00	1/1/2022 – Ongoing
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00	7/1/2019 – Ongoing
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00	7/1/2019 – Ongoing
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00	7/1/2019 – Ongoing
J3490U8	DEPO-PROVERA	\$340.00	7/1/2019 – Ongoing
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00	7/1/2019 – Ongoing

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Please include provider name, NPI, county, and fax number and you will be removed within 30 days.

11981	INSERT DRUG IMPLANT DEVICE	\$835.00	7/1/2019 – Ongoing
55250	REMOVAL OF SPERM DUCT(S)	\$521.00	7/1/2019 – Ongoing
58300	INSERT INTRAUTERINE DEVICE	\$673.00	7/1/2019 – Ongoing
58301	REMOVE INTRAUTERINE DEVIDEDEVICE	\$195.00	7/1/2019 – Ongoing
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00	7/1/2019 – Ongoing
58555	HYSTEROSCOPY DX SEP PROC	\$322.00	7/1/2019 – 12/31/2019
58565	HYSTEROSCOPY STERILIZATION	\$1,476.00	7/1/2019 – 12/31/2019
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00	7/1/2019 – Ongoing
58615	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00	7/1/2019 – Ongoing
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00	7/1/2019 – Ongoing
58670	LAPARASCOPY TUBAL CAUTERY	\$843.00	7/1/2019 – Ongoing
58671	LAPARASCOPY TUBAL BLOCK	\$892.00	7/1/2019 – Ongoing
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00	7/1/2019 – Ongoing
81025	URINE PREGNANCY TEST	\$6.00	7/1/2019 – Ongoing
J7304	CONTRACEPTIVE PATCH	\$110.00	7/1/2019 – 12/31/2021

The directed payments will be in addition to whatever other payments eligible Providers would normally receive from MHC. Payments are processed monthly and paid out to Providers in one lump sum. Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), American Indian Health Service Programs (AIHSP), and Cost-Based Reimbursement Clinics are not eligible to receive this uniform dollar add-on directed payment. MHC will not pay any amount for any services or items, other than Emergency Services, to an excluded Provider as defined in the “Definitions” section of the Contract.

A Provider may submit an appeal to MHC concerning the modification or denial of a requested service or the payment processing or nonpayment of a claim. Providers may dispute by submitting and completing a Provider Dispute Resolution Request Form within 365 days from the last date of

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action on the issue. A written dispute form must include the provider's name, identification number, contact information, date of service, claim number, explanation for the dispute and all required documentation or proof to support the dispute. Disputes with incomplete information and missing required documentation will not be processed. The Provider Dispute Resolution Request Form can be found here: https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/MediCal/forms_CA_PDRForm.pdf.

There are three methods to submit this form:

Molina Availity Essentials portal (most preferred method):

- Log onto Availity Essentials portal: <https://provider.molinahealthcare.com/>
- Search and identify adjudicated claim and submit a dispute/appeal
- Complete required information on the portal and upload required documents or proof to support the dispute

Fax to:

(562) 499-0633

Mail to:

Molina Healthcare of California
 Attn: Provider Dispute Resolution Unit
 P.O. Box 22722
 Long Beach, CA 90801

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com

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