



May 30, 2023

## All Plan Letter 23-008

## **Proposition 56 Directed Payment for Family Planning Services**

Dear Provider,

The Department of Health Care Services (DHCS) released All Plan Letter (APL) 23-008 on April 28, 2023, to provide renewal information regarding directed payment for Family Planning Services, superseding APL 20-013 and APL 22-011.

As a reminder, Assembly Bill (AB) 74 allocates Proposition 56 funding to support family planning services. The goal of the program is to enhance quality patient care by offering an enhanced payment structure to qualified health care delivery providers who offer family planning services. Network and out-of-network Providers may bill the appropriate CPT codes to be eligible for directed payments for conducting the following family planning services. Please refer to APL 23-008 for more information on the qualifying family planning services and payment focused on the following categories:

- 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)

As a reminder, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHS), American Indian Health Service Programs (AIHSP), and Cost-Based Reimbursement Clinics are not eligible to receive Family Planning add-on directed payment funds.

Providers excluded from participation in Medicare or Medi-Cal/Medicaid Programs are also not eligible to receive Family Planning add-on directed payment funds.

As a reminder, Kern Health Systems (KHS) will make two separate payments. The first payment will be for the original claim submission, paying per Medi-Cal fee schedule/or contracted rate. The second payment will occur the following month for the supplemental payment amount outlined in the APL. KHS utilizes PaySpan to provide remittance advice which will include sufficient information to uniquely identify the qualifying service for which payment was made. To obtain access to PaySpan, please contact 877-331-7154.

Payment will be made in accordance based on the timely payments' standards outlined in the contract for a clean claim or accepted encounter which meets the criteria outlined above. General claim processing rules apply.

For more information, please visit:

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447





Additional information regarding APL 23-008, Proposition 56 Directed Payments for Family Planning Services is available on the State of California – Health and Human Services Agency, Department of Health Care Services website:

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-008.pdf

Providers wishing to file a grievance as a result of payment or process issues related to APL 23-008, or for any additional questions, please contact your Provider Relations Representative at 800-391-2000 or reference KHS Policy 4.03-P, Provider Disputes Regarding Issues other than Claims:

https://www.kernfamilyhealthcare.com/providers/policies-and-procedures/

KHS posts all bulletins on the KHS website, <u>www.kernfamilyhealthcare.com</u>, choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Melissa McGuire Deputy Director of Provider Network Kern Health Systems