



## FAQs on Proposition 56 Family Planning Services

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### What is the Proposition 56 – Family Planning Services?

- Assembly Bill (AB) 74, Section 2, Item 4260-101-3305 appropriates Proposition 56 funding to support family planning services in the Medi-Cal managed care program.

### What Provider types are eligible for this supplemental payment?

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

### Which service settings are excluded from this directed payment?

- The services rendered in the following settings are excluded: Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Cost Based Reimbursement Clinic (CBRC), and Indian Health Setting (IHS).

### Who are the eligible Members?

- The Physician must have rendered qualified services to Medicaid Members who are **not**:
  - o Full dual Members (eligible for both Medicare Part A & Part B coverage); or
  - o Partial dual Members that are eligible for Medicare Part B coverage only.

### What is the effective period for this directed payment?

- Services rendered on or after July 1<sup>st</sup>, 2019.

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

Procedure Code	Description	Directed Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490U8	DEPO-PROVERA	\$340.00

<b>Procedure Code</b>	<b>Description</b>	<b>Directed Payment</b>
J7303	CONTRACEPTIVE VAGINAL RING	\$301.00
J7304	CONTRACEPTIVE PATCH	\$110.00
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
81025	URINE PREGNANGY TEST	\$6.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00
58555	HYSTEROSCOPY DX SEP PROC	\$322.00
58565	HYSTEROSCOPY STERILIZATION	\$1,476.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00
58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00

**How do we determine the payee for these payments?**

- IEHP will pay the Prop 56 payment to the billing Provider and billing tax ID associated with the eligible professional claim or encounter.

**How often will payments be disbursed?**

- IEHP will pay Prop 56 payments on a monthly basis. For each payment cycle, we will pay Prop 56 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](http://www.iehp.org) > Providers > P4P – Proposition 56 – GEMT > Proposition 56 & GEMT.

### **What is the Provider Dispute process related to Prop 56 payments?**

- If a Provider has a dispute regarding Prop 56 payments, the Provider is to complete the applicable dispute form (claim or encounter) and email the completed dispute form to [Prop56Inquiry@iehp.org](mailto:Prop56Inquiry@iehp.org). The Prop 56 Dispute Forms can be found on the Provider portal at: [www.iehp.org](http://www.iehp.org) > Providers > P4P – Proposition 56 – GEMT > Proposition 56 & GEMT.
- Prop 56 payments is processed separately after the initial submission is adjudicated. Providers **will not find** Prop 56 payments payment in the initial claim payment.

### **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 Prop 56 payment date to file a dispute regarding Prop 56 payments.
- DHCS allows 90 calendar days from the date of receipt a clean claim to issue Prop 56 payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.