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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: September 30, 2015

ALL PLAN LETTER 15-020
(SUPERSEDES POLICY LETTER 99-08)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ABORTION SERVICES

PURPOSE:

The purpose of this All Plan Letter (APL) is to reiterate Medi-Cal managed care health plans' (MCPs') responsibility to provide their beneficiaries timely access to abortion services.

POLICY:

Abortion services are covered by the Medi-Cal program as a physician service. Abortion services are, by nature, sensitive services. All MCPs must implement and maintain procedures that ensure confidentiality and access to these sensitive services. MCPs, providers, independent practice associations, preferred provider groups and all delegated entities that provide physician services must not require medical justification and/or prior authorization for outpatient abortion services.

Although non-emergency inpatient hospitalization for the performance of abortion services may require prior authorization under the same criteria as other medical procedures (see Title 22, California Code of Regulations, Section 51327), MCPs are expected to monitor their contracted and delegated providers to ensure that prior authorization is not required for outpatient abortion services.

Beneficiaries may go to any provider of their choice for abortion services, at any time for any reason, regardless of network affiliation. However, no physician or other health care provider who objects to performing abortion services is required to do so, and no person refusing to perform an abortion is to be subject to retaliation in any form for such a choice (Health and Safety [H&S] Code, Section 123420). Furthermore, MCPs and their delegated and contracted providers must inform beneficiaries when they enroll that some hospitals, clinics and other providers in their network may refuse to provide abortion services.

MCPs must make payments in compliance with the clean claims requirements and timeframes outlined in the MCP contract. These requirements apply to both the MCPs and their contracted and delegated providers. If a beneficiary chooses to see an out-of-network provider for abortion services, the reimbursement rate must not be lower, and is not required to be higher, than the Medi-Cal fee-for-service rate unless the out-of-network provider and the MCP mutually agree to a different reimbursement rate.

The Reproductive Privacy Act (H&S Code, Section 123460, et seq.) provides that the State, and thus MCPs as contractors, may not deny or interfere with a woman's right to choose or obtain an abortion prior to viability of the fetus or when an abortion is necessary to protect the life or health of the woman.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations and other contract requirements as well as Department of Health Care Services' (DHCS's) guidance, including APLs and Dual Plan Letters. DHCS's readiness review process includes a review of each MCP's delegation oversight. MCPs must receive prior approval from DHCS for each delegate.

If you have any questions regarding this APL, please contact your Managed Care Operations Division contract manager.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services