DATE: December 23, 2016

ALL PLAN LETTER 16-003 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: FAMILY PLANNING SERVICES POLICY FOR CONTRACEPTIVE SUPPLIES

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide clarification regarding family planning services related to contraceptive supplies for Medi-Cal managed care health plans (MCPs) and their delegates. This APL provides clarification to Policy Letter 98-011.1 Revised text is found in italics and deleted text is in strikeout.

BACKGROUND:
The Department of Health Care Services (DHCS) managed care contracts specify the requirements pertaining to family planning in Exhibit A, Attachment 9, Access and Availability.2 Under federal law, Title 42, United States Code, Section 1396a(a)23(B) states that “… enrollment of an individual eligible for medical assistance in a primary care-management system (described in section 1396n(b)(1) of this title), a medicaid managed care organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive such services under section 1396d(a)(4)(C) of this title … .” Therefore, MCP beneficiaries must be allowed freedom of choice of family planning providers, and may receive such services from any qualified family planning provider, including out-of-plan providers, without prior authorization.

POLICY:
Effective May 1, 2016 Pursuant to Senate Bill (SB) 999 (Pavley, Chapter 499, Statutes of 2016)3 and effective January 1, 2017, MCPs must pay for up to thirteen cycles a 12 month supply of oral contraceptives, a 12 month supply of patches (36 patches) up to twelve patches in a 90 day period, and a 12 month supply of vaginal rings (12 rings) up to four vaginal rings in a 90 day period if such quantity is dispensed in an onsite clinic and billed by a qualified family planning provider, including out-of-plan providers, or dispensed by a pharmacist in accordance with a protocol approved by the California

3http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB999
State Board of Pharmacy and the Medical Board of California. A qualified provider is a provider who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal provider, and is willing to furnish family planning services to an enrollee, as specified in Title 22, California Code of Regulations, Section 51200. A physician, physician assistant (under the supervision of a physician), certified nurse midwife, and nurse practitioner, and pharmacist are authorized to dispense medications. Pursuant to the California Business and Professions Code (B&P Code), Section 2725.2, if these contraceptives are dispensed by a registered nurse (RN), the RN must have completed required training pursuant to B&P Code Section 2725.2(b), and the contraceptives must be billed with Evaluation and Management (E&M) procedure codes 99201, 99211, or 99212 with modifier ‘TD’ (TD modifier used for RN for behavioral health) as found in the Provider Manual.4 Absent clinical contraindications, utilization controls limiting the supply to an amount that is less than a 12-month supply cannot be imposed.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal law and regulations, contract requirements and any DHCS issued guidance, including applicable APLs and Dual Plan Letters.

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

Sincerely,

Original Signed by Sarah Brooks

Sarah Brooks
Deputy Director
Health Care Delivery Systems

4 This section of the Provider Manual is available here: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/famplanning_m00o03.doc