

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

August 20, 2019

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 19-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 24, 2019. SPA 19-0027 allows the Department of Health Care Services to implement Proposition 56-funded time-limited supplemental payments for specific family planning services delivered in the Medi-Cal fee-for-service delivery system from July 1, 2019 through December 31, 2021.

The effective date of this SPA is July 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Supplement 30 to Attachment 4.19-B, pages 1-2

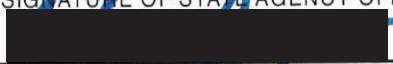

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Center for Medicaid and CHIP Services
Regional Operations Group

cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Lindy Harrington, DHCS
Rene Mollow, DHCS
Christina Moreno, DHCS
Nicole Griffith, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace;">1 9 — 0 0 27</div>	2. STATE California
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE July 1, 2019	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(10)(A)(ii)(XXI), 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT a. FFY 18/19 (7/1 - 9/30/19) \$ 112,500,000 b. FFY 19/20 (10/1 - 9/30/20) \$ 450,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 30 to Attachment 4.19-B, Pages 1-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) n/a	
10. SUBJECT OF AMENDMENT Request time-limited supplemental payments for specific family planning services under the Medi-Cal program using California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Proposition 56). The supplemental payment allocation would be for services rendered for the period of July 1, 2019 through December 31, 2021.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413	
13. TYPED NAME Mari Cantwell		14. TITLE State Medicaid Director	
15. DATE SUBMITTED July 24, 2019		17. DATE RECEIVED July 24, 2019	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen		22. TITLE Director, Center for Medicaid & CHIP Services, Regional Operations Group	
23. REMARKS For Box 7 "Federal Budget Impact", please note the additional information: c. FFY 20/21 (10/1/20 - 9/30/21) = \$450,000,000 d. FFY 21/22 (10/1/21 - 12/31/21) = \$112,500,000 For Box 11 "Other, As Specified," please note: The Governor's Office does not wish to review the State Plan Amendment.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

**Proposition 56 Supplemental Payments for Specific Family Planning Services
Under the Medi-Cal Program**

The Medi-Cal program will provide time-limited supplemental payments to providers qualified to offer family planning services for specific family planning procedure codes during the period of July 1, 2019 through December 31, 2021.

The supplemental payments for specific family planning procedures, as noted on page 2 of Attachment 4.19-B, Supplement 30, were developed by applying certain percentages to existing Medi-Cal Fee-For-Service rates for the specified procedure codes and rounding to the nearest dollar, thus resulting in the supplemental payment amounts as described. The percentage rates for the different family planning service categories are as listed:

1. Long-Acting Reversible Contraceptives (LARCs) – 400%
2. Other Contraceptives (other than oral contraceptives) when provided as a medical benefit – 300%
3. Emergency Contraceptives when provided as a medical benefit – 200%
4. Pregnancy Testing – 200%
5. Sterilization – 200%

Prop. 56 supplemental payments beginning in State Fiscal Year (SFY) 2019-20 will be made available for adjudicated claims once any necessary system edits to accommodate such payments have been implemented. Where applicable, subject claims received and paid prior to implementation of SFY 2019-20 system edits will be paid in accordance with SFY 2018-19 policy, and, upon implementation, will be retroactively reprocessed to accommodate any SFY 2019-20 changes

These supplemental payments do not change the underlying reimbursement amount for these procedure codes. The basic rates for the family planning procedures that are eligible for the supplemental payments via this plan amendment are posted on the Medi-Cal website at: <https://mcweb.apps.prddcammis.medi-cal.ca.gov/rates>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

Procedure Code	Description	Supplemental Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671
J3490U8	DEPO-PROVERA	\$340
J7303	CONTRACEPTIVE VAGINAL RING	\$301
J7304	CONTRACEPTIVE PATCH	\$110
J3490U5	EMERG CONTRACEPTION: Ulipristal acetate 30 mg	\$72
J3490U6	EMERG CONTRACEPTION: Levonorgestrel 0.75 mg(2) & 1.5 mg (1)	\$50
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399
11981	INSERT DRUG IMPLANT DEVICE	\$835
58300	INSERT INTRAUTERINE DEVICE	\$673
58301	REMOVE INTRAUTERINE DEVICE	\$195
81025	URINE PREGNANCY TEST	\$6
55250	REMOVAL OF SPERM DUCT(S)	\$521
58340	CATHETER FOR HYSTEROGRAPHY	\$371
58555	HYSTEROSCOPY DX SEP PROC	\$322
58565	HYSTEROSCOPY STERILIZATION	\$1,476
58600	DIVISION OF FALLOPIAN TUBE	\$1,515
58615	OCCLUDE FALLOPIAN TUBE	\$1,115
58661	LAPAROSCOPY REMOVE ADNEXA	\$978
58670	LAPAROSCOPY TUBAL CAUTERY	\$843
58671	LAPAROSCOPY TUBAL BLOCK	\$892
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216