



COMMUNITY HEALTH
CENTER NETWORK

DATE: November 11, 2020

TO: CHCN Contracted Providers

SUBJECT: Proposition 56 Directed Payments for Family Planning Services

Please read this important notice regarding Community Health Center Network’s (CHCN) process for Proposition 56 Directed Payments based on requirements set forth in the Department of Health Care Services (DHCS) All Plan Letter (APL) 20-013. In accordance with APL 20-013, CHCN will provide supplemental reimbursement for eligible services provided to Medi-Cal beneficiaries. Providers are eligible to receive payment from CHCN if they are contracted with CHCN and billed and received payment for an eligible service as defined by APL 20-013 listed below. Federally Qualified Health Centers (FQHCs) are not eligible for Directed Payments. These rates are effective for services **provided on or after July 2019**.

Please note, all supplemental Prop 56 payments will be additional to your claims reimbursement, and will arrive as separate checks or direct deposits.

Proc Code	Description	Add on Rate
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
J3490	DEPO-PROVERA	\$340.00
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
J3490U8	DEPO-PROVERA	\$340.00
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



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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

Effective for dates of service on or after July 1, 2019, CHCN provides directed payments for qualifying services and providers on behalf of CHCN Alameda Alliance for Health encounters. Prior to July 1, 2019, Alameda Alliance for Health distributed Proposition 56 Directed Payments on behalf of CHCN. Anthem Blue Cross is managing the process for CHCN Anthem Blue Cross encounters.

If you do not agree with this payment, you may contact the Provider Claims Dispute Department at 510-297-0210 or send a written request to file a provider dispute to the following address:

Community Health Center Network
Attn: Provider Claims Dispute Department
101 Callan Avenue, Suite 300
San Leandro, CA 94577

For more information about CHCN's Provider Claims Dispute process, please refer to CHCN's Provider Manual at <https://connect.chcnetwork.org/Provider-Library>

For more information about Proposition 56 Directed Payments, please refer to DHCS program page at: <https://www.dhcs.ca.gov/provgovpart/Pages/Proposition-56.aspx>