

Family Planning Services

Agenda



- Implementation
 - SelectPlan for Women
 - June applicants
 - Applicants July 1 and after
- Eligibility
- Covered Services
- Billing Information
- Communications

Background



Who is affected?

- Former SelectPlan for Women members whose coverage has been extended
- Those applying for family planning June 1, 2015 through June 30, 2015
- Those applying for family planning services on or after July 1, 2015

The transition from SelectPlan for Women to the Family Planning Services program requires a phased approach to allow DHS to make system changes.

Authority



 SelectPlan Waiver is used as the authority to cover individuals until June 30, 2015

 Family Planning Services program State Plan Amendment provides the authority to cover individuals beginning July 1, 2015



Implementation

SelectPlan for Women



Family planning services have been previously provided under **SelectPlan for Women.** Eligibility criteria included:

- Ages 18-44
- Income limit of 214% Federal Poverty Level (FPL)
- Not pregnant or sterilized

SelectPlan for Women offered free and confidential women's health care, including free birth control.

SelectPlan for Women



December 2014—SelectPlan recipients were granted an extension of coverage through June 30, 2015.

 SelectPlan was discontinued for new enrollments as of December 31, 2014

February 2015—Those granted the extension were reviewed for full MA coverage using income information on file.

- If not eligible, they were referred to the Federally Facilitated Marketplace (FFM)
- They continued to have SelectPlan coverage through June 30, 2015

Approximately 20,000 recipients are currently covered by the extension.

SelectPlan for Women



Timeline:

- Week of June 1st—Letter to recipients was sent indicating the additional extension of coverage and information that they will be moved to the new Family Planning Services program
- In October--Renewal packets will be sent to recipients with a November renewal
- In November—Renewal packets will be sent to recipients with a December renewal
- November or December 2015—Renewals will be processed, evaluating recipients for full MA coverage
 - If not eligible for MA, they will be referred to the FFM and evaluated for family planning services if indicated

Applicants in June 2015



For those applying June 1st through June 30th:

- When application is received—Evaluate for full MA coverage
 - If not eligible for MA, it will be referred to the FFM and the application will be held until July 2015, if family planning is indicated
- On or after July 1st—Cases will be reviewed for family planning
 - If applicant meets SelectPlan requirements, provide coverage starting with application date
 - Coverage in June under the SelectPlan Waiver, coverage July 1 under the SPA
 - If applicant meets family planning requirements, provide coverage starting
 July 1, 2015
- October 2015—Transition to ongoing family planning coverage
 - Includes a transition notice stating renewal date 12 months from coverage start date

Applicants on or after July 1, 2015



For those applying on or after July 1, 2015:

- When application is received—Evaluate for full MA coverage
 - If not eligible for MA, refer to the FFM and process application for the Family Planning Services program, if indicated
 - If applicant meets family planning requirements, provide coverage starting with the application date
- October 2015—Transition to ongoing family planning coverage
 - Includes a transition notice stating renewal date 12 months from application date

Applicants on or after July 1, 2015



For those applying on or after July 1, 2015:

- The updated paper application will be available beginning July 1st
- COMPASS is the preferred application method



Eligibility



New Eligibility Criteria:

- Households at or below 215% FPL, using MAGI
 (Modified Adjusted Gross Income) eligibility rules
- Cannot be pregnant
- Offers free and confidential family planning services for men and women
 - Services are co-pay exempt
- Evaluated for eligibility if applicant is not eligible for MA and has requested family planning
- Coverage will begin on the application date



Covered Services



Services included in the Family Planning Services program benefit package:

- Medical history and physical exam
- -Family planning counseling and coordination of care
- Limited pharmacy services, including birth control supplies and medication, vaccines and supplies to prevent and treat sexually transmitted diseases (STDs) and infections
- Limited laboratory services including testing for STDs, HIV, anemia and sickle cell disease
- -Cervical and testicular cancer prevention and screening

Procedure codes will be included with the Medical Assistance Bulletin issued by DHS in June.



Who can provide family planning services?

Family planning and other providers enrolled in the Medical Assistance program are qualified to offer these services.

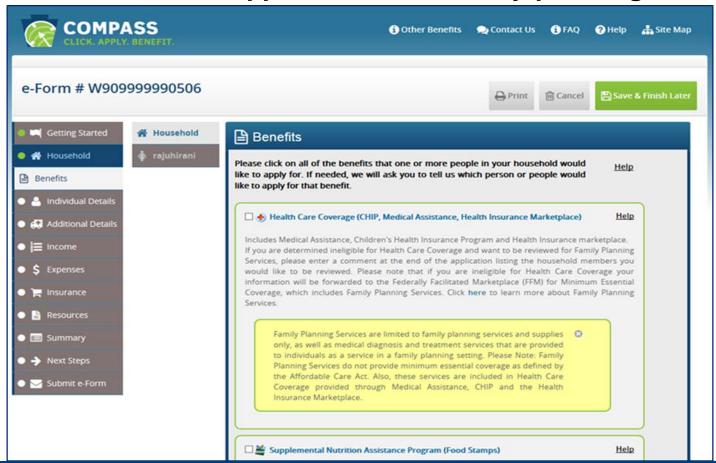
You may receive services from the following types of providers:

- Physicians
- Certified Registered Nurse Practitioners
- Nurse Midwives
- Family Planning Clinics
- Hospital Outpatient Clinics
- Independent Medical/Surgical Clinics
- Federally Qualified Health Centers
- Rural Health Clinics
- Laboratories
- Pharmacies
- Medical Suppliers

COMPASS Text for Family Planning



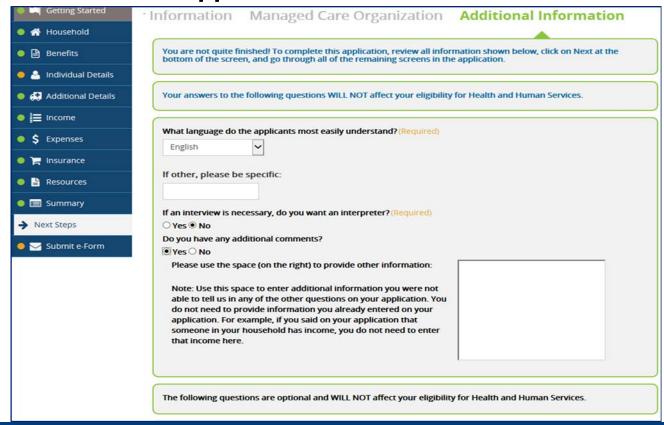
Static text will be added under "Current Care Coverage" in COMPASS to inform applicants about family planning services.



COMPASS



Applicants can indicate if they are interested in applying for family planning services using the additional comments section of the application in COMPASS.





Billing Information



Billing Information

It is important to note that the billing process and claim submission timelines are **unchanged** with the Family Planning Services program.

- The 180 day rule for claim submission applies
- Providers will continue to use the FP modifier on all family planning claims

ACCESS cards will be sent to all Family Planning Services program participants if they never received one.



Third Party Liability

- An EVS transaction should be run before a recipient receives services to verify if the individual is eligible to receive the service
 - These recipients will continue to be in Health Benefits package 15
- If a third party resource is returned, the claim submitted to PROMISe must indicate a payment or denial from that resource

Excerpt of EVS Response for Family Planning Coverage with No TPL

Recipient

Name:	DOE, JANE
Recipient ID:	1234567890
Date of Birth:	01/01/1990
Gender:	Female

Eligibility Summary

Туре	Name	Begin	End
Medicaid	Category: PSF Program Status: 10 Service Program: HCB15-HCB15	7/30/2015	7/30/2015
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Deductible	PA Medicaid-No Deductible: \$0		
Co-Payment	PA Medicaid-No Co-payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

Eligibility Detail

Status:	Medicaid
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MC-Medicaid
Coverage Description:	Category: PSF Program Status: 10 Service Program: HCB15-HCB15
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

Excerpt of EVS Response for Family Planning Coverage with TPL

Name:	DOE, MARY
Recipient ID:	5432109876
Date of Birth:	12/01/1980
Gender:	FEMALE

Eligibility Summary

Туре	Name	Begin	End
Medicaid	Category: PSF Program Status: 15 Service Program: HCB15 – HCB15	10/1/2015	10/1/2015
Other or Additional Payor	HIGHMARK BC/BS	10/1/2015	10/1/2015
Other or Additional Payor	HIGHMARK BC/BS	10/1/2015	10/1/2015
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Deductible	PA Medicaid-No Deductible: \$0		
Co-Payment	PA Medicaid-No Co-payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

Eligibility Detail

Status:	Medicaid
Service Type:	1-Medical Care 4-Diagnostic X-Ray 30-Health Benefit Plan Coverage 33-Chiropractic 35-Dental Care 47-Hospital 48-Hospital - Inpatient 50-Hospital - Outpatient 86-Emergency Services 88-Pharmacy 98-Professional (Physician) Visit - Office A6-Psychotherapy AL-Vision (Optometry) MH-Mental Health UC-Urgent Care
Insurance Type:	MC-Medicaid
Coverage Description:	Category: PSF Program Status: 15 Service Program: HCB15 –HCB15
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

Excerpt of EVS Response for Family Planning Coverage with TPL, continued

	Payer
Benefit Related	MA Service Program
Entity:	Information Contact
	Telephone: (800)537-8862

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Group Number	12345678
Insurance Policy Number	1987654321
Eligibility	10/1/2015
Benefit Related Entity:	Payer HIGHMARK BC/BS Payer Identifier: 201 FIFTH AVENUE PLACE 120 FIFTH AVE/SUITE P3105 PITTSBURGH, PA 15222



Communications



Communications:

- June 2015—Notice regarding the implementation of the Family Planning Services program State Plan Amendment will be published in *The Pennsylvania Bulletin*
- Medical Assistance Bulletin will be issued to providers
- The SelectPlan for Women website will be discontinued on June 30, 2015
- Family planning information can be found at: <u>www.dhs.state.pa.us/foradults/familyplanning</u> beginning July 1, 2015
- Questions can be directed to the Fee-For-Service Hotline at 1.800.537.8862 or to the Family Planning Services program resource account: RA-PWFamilyPlanning@pa.gov



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