DOCUMENT HISTORY

STATUS	DOCUMENT REVISION	EFFECTIVE DATE	DESCRIPTION
Baseline	1.0	7/1/2023	Initial version, EOHHS Medicaid Managed Care Manual Chapter 2.7, Extended Family Planning Services
Revision			

I. Eligibility Requirements. Family planning and family planning-related services and supplies are provided to individuals that are redetermined eligible for the program on an annual basis. The state will enroll only women, meeting the eligibility criteria below into the demonstration who have a family income at or below 253 percent of the FPL and who are not otherwise enrolled in Medicaid or Children's Health Insurance Plan (CHIP). Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum and who have a family income at or below 253 percent of the FPL at the time of annual redetermination are auto enrolled in the Extended Family Planning group.

II. Primary Care Referral. Primary care referrals to other social service and health care providers are provided as medically indicated; however, the costs of those primary care services are not covered for enrollees of this demonstration. EOHHS will facilitate access to primary care services for participants and must assure CMS that written materials concerning access to primary care services are distributed to demonstration participants. The written materials must explain to the participants how they can access primary care services.

III. Eligibility Redeterminations. EOHHS will ensure that redeterminations of eligibility for this component of the demonstration are conducted, at a minimum, once every 12 months. At the State's option, redeterminations may be administrative in nature.

IV. Disenrollment from the Extended Family Planning Program. If a woman becomes pregnant while enrolled in the Extended Family Planning Program, she may be determined eligible for Medicaid under the State plan. The State must not submit claims under the demonstration for any woman who is found to be eligible under the Medicaid State plan. In addition, women who receive a sterilization procedure and complete all necessary follow-up procedures will be disenrolled from the Extended Family Planning Program.

V. Extended Family Planning Program Benefits. Benefits for the family planning expansion group are limited to family planning and family planning-related services. Family planning services and supplies described in section 1905(a)(4)(C) of the Act and are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting. Family planning services and supplies are reimbursable at the 90 percent matching rate, including:

A. Approved methods of contraception;

B. Sexually transmitted infection (STI) testing, Pap smears and pelvic exams;

Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.

C. Members covered to receive three hundred sixty-five (365) days of prescription contraception of F.D.A. approved drugs and devices which will require a prescription dispensed as a single prescription

D. Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the State's provider enrollment requirements (subject to the national drug rebate program requirements); and

E. Contraceptive management, patient education, and counseling.

VI. Family Planning-Related Benefits. Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit and are reimbursable at the State's regular Federal Medical Assistance Percentage (FMAP) rate. Such services are provided because a "family planning-related" problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

A. Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.

B. Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, when the STI/STD is identified/ diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.

C. Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/ drugs may also be covered.

D. Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.

E. Treatment of major complications (including anesthesia) arising from a family planning procedure such as:

1. Treatment of a perforated uterus due to an intrauterine device insertion;
2. Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
3. Treatment of surgical or anesthesia-related complications during a sterilization procedure.

VII. Services. Services provided through the Extended Family Planning program are paid either through a capitated managed care delivery system or fee for service (FFS).