

# Family Planning Services

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

### 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.

- **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

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.

**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.

### 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

## For those applying June 1<sup>st</sup> through June 30<sup>th</sup>:

- **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 1<sup>st</sup>**—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

### 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

### **For those applying on or after July 1, 2015:**

- The updated paper application will be available beginning July 1<sup>st</sup>
- 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.**

A screenshot of the COMPASS e-form interface. The top navigation bar includes the COMPASS logo with the tagline "CLICK. APPLY. BENEFIT." and links for "Other Benefits", "Contact Us", "FAQ", "Help", and "Site Map". Below the navigation bar, the e-form number "e-Form # W909999990506" is displayed, along with "Print", "Cancel", and "Save & Finish Later" buttons. A left sidebar contains a menu with options: "Getting Started", "Household", "Benefits", "Individual Details", "Additional Details", "Income", "Expenses", "Insurance", "Resources", "Summary", "Next Steps", and "Submit e-Form". The "Household" section is expanded to show the name "rajuhireni". The main content area is titled "Benefits" and contains the following text: "Please click on all of the benefits that one or more people in your household would like to apply for. If needed, we will ask you to tell us which person or people would like to apply for that benefit." Below this text are two benefit options, each with a checkbox and a "Help" link. The first option is "Health Care Coverage (CHIP, Medical Assistance, Health Insurance Marketplace)", which is selected. Below this option is a detailed description: "Includes Medical Assistance, Children's Health Insurance Program and Health Insurance marketplace. If you are determined ineligible for Health Care Coverage and want to be reviewed for Family Planning Services, please enter a comment at the end of the application listing the household members you would like to be reviewed. Please note that if you are ineligible for Health Care Coverage your information will be forwarded to the Federally Facilitated Marketplace (FFM) for Minimum Essential Coverage, which includes Family Planning Services. Click here to learn more about Family Planning Services." A yellow callout box highlights the following text: "Family Planning Services are limited to family planning services and supplies only, as well as medical diagnosis and treatment services that are provided to individuals as a service in a family planning setting. Please Note: Family Planning Services do not provide minimum essential coverage as defined by the Affordable Care Act. Also, these services are included in Health Care Coverage provided through Medical Assistance, CHIP and the Health Insurance Marketplace." The second benefit option is "Supplemental Nutrition Assistance Program (Food Stamps)".

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

- Getting Started
- Household
- Benefits
- Individual Details
- Additional Details
- Income
- Expenses
- Insurance
- Resources
- Summary
- Next Steps
- Submit e-Form

Information   Managed Care Organization   **Additional Information**

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Your answers to the following questions WILL NOT affect your eligibility for Health and Human Services.

**What language do the applicants most easily understand? (Required)**

English

If other, please be specific:

**If an interview is necessary, do you want an interpreter? (Required)**

Yes  No

**Do you have any additional comments?**

Yes  No

Please use the space (on the right) to provide other information:

**Note:** Use this space to enter additional information you were not able to tell us in any of the other questions on your application. You do not need to provide information you already entered on your application. For example, if you said on your application that someone in your household has income, you do not need to enter that income here.

The following questions are optional and WILL NOT affect your eligibility for Health and Human Services.



# 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

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

## Eligibility Summary

Type	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

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

# Excerpt of EVS Response for Family Planning Coverage with TPL

## Recipient

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

## Eligibility Summary

Type	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

<b>Status:</b>	Medicaid
<b>Service Type:</b>	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
<b>Insurance Type:</b>	MC-Medicaid
<b>Coverage Description:</b>	Category: PSF Program Status: 15 Service Program: HCB15 –HCB15
<b>Benefit Related Entity:</b>	Payer MA Service Program Information Contact Telephone: (800)537-8862

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

<b>Benefit Related Entity:</b>	<b>Payer</b> <b>MA Service Program</b> <b>Information Contact</b> <b>Telephone: (800)537-8862</b>
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## Eligibility Detail

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

# 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: [www.dhs.state.pa.us/foradults/familyplanning](http://www.dhs.state.pa.us/foradults/familyplanning) 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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