

Division of Medicaid	New: X	Date: 10/01/03
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: Family Planning Waiver	Section: 39.01 72.01	
Subject: Introduction	Pages: 1	Cross Reference:

Medicaid as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

The Division of Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing, Medicaid policy as it relates to these factors is initiated by DOM.

The Family Planning Services Section 1115 Demonstration Waiver allows the State of Mississippi to extend Medicaid eligibility for Family Planning services to all women of childbearing age (13 to 44) with incomes at or below 185% of the federal poverty level who would not otherwise qualify for Medicaid. Women who are served in this waiver will be able to secure family planning services through the Mississippi Medicaid program.

A family planning waiver provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid payment.

The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund the Medicaid payment to the beneficiary. Services not covered under the Medicaid program cannot be billed directly to the Medicaid beneficiary.

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Section: Family Planning Waiver	Section: 39.02 72.02	
Subject: Eligibility	Pages: 1	
	Cross Reference:	

Eligible individuals are those females who:

- 1) Have family incomes at or below 185% of the federal poverty guidelines; and
- 2) Are of childbearing age (13 to 44)

Eligible women who reach the end of their 60-day postpartum period will be automatically enrolled in the waiver with no separate application required. Adult women seeking only family planning services who are not otherwise eligible for Medicaid will submit a Family Planning Application Form. The application form will advise the beneficiary that eligibility is limited to family planning services only.

Beneficiaries eligible for the project will remain eligible for two (2) years, or for the duration of the project if less than 2 years, without re-evaluation or change reporting requirements. Re-certification will be performed at the end of the two year eligibility. Loss of eligibility will occur only when:

- A) a woman moves from the State of Mississippi
- B) lose Medicaid eligibility
- C) requests closure
- D) upon death

Beneficiaries receiving Family Planning Services under the Expansion Project will be given a YELLOW Medicaid Identification Card. Providers are still responsible for verification of services. Eligibility may be verified by swiping the card or by calling the AVRS system through the fiscal agent.

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Subject: Freedom of Choice	Pages: 1	Cross Reference:

Under provisions of Section 1902 (a) (23) of the Social Security Act, a beneficiary enrolled in a primary care case management system or Medicaid managed care organization (MCO) may not be denied freedom of choice of qualified providers of family planning services.

Participants in the family planning waiver have the right to freedom of choice of:

- providers for waiver covered services and
- family planning methods.

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Section: Family Planning Waiver	Section: 39.04 <u>72.04</u>	
	Pages: 2	
Subject: Covered Services	Cross Reference:	

Family Planning services are provided to eligible Medicaid beneficiaries of childbearing age (13 to 44) to enable them to prevent pregnancies, plan the number and spacing of pregnancies, and to help reduce the incidence of maternal and infant deaths and diseases by promoting the health and education of potential parents.

Covered services include:

- initial exam visits, annual visits, follow-up visits. Also, medically necessary supplies related to birth control and pregnancy prevention services.
- Medical and surgical services performed by or under the direct supervision of a licensed physician, physician assistant or nurse practitioner.
- Laboratory, drugs and devices prescribed by a licensed physician, physician assistant or nurse practitioner.

Family planning services include, but are not limited to:

- Patients visits for the purpose of family planning
- Family planning counseling services provided during regular patient visit
- IUD and IUCD insertions, or any other invasive contraceptive procedure/devices
- Tubal ligations
- Laboratory procedures, radiology and drugs associated with family planning procedures
- Procedures provided for the purpose of diagnosing or treating infertility
- Contraceptive drugs or devices

The Department of Health will provide all oral contraceptives to private providers at no charge to the provider or the patient. A list of all oral contraceptives will be made available to the private provider. The DOM will not pay for any prescriptions for oral contraceptives written by private providers.

Non-Covered Services

Certain services are not considered family planning services and are not reimbursable under the waiver program. These services include:

- Facilitating services such as transportation
- Infertility studies
- Sterilization by hysterectomy
- Therapeutic abortions and related services

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- Spontaneous, missed or septic abortions and related services
 - Inpatient hospital visit
 - Medical conditions identified during a family planning visit
 - Removal of IUD because the recipient has a uterine or pelvic infection
 - Reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization.

The CPT procedure codes and the ICD-9 diagnosis codes for Family planning may be found on the DOM website at www.dom.state.ms.us.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 10/01/03
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	Current:	
Section: Family Planning Waiver	Section: 39.05-72.05	
	Pages: 2	
Subject: Pharmacy/Oral Contraceptives	Cross Reference:	

The Family Planning Waiver is a federally funded and state-operated program that will begin October 1, 2003 and has been approved to operate for five years. Oral contraceptives will be supplied to waiver providers at no cost, through the Mississippi State Department of Health (MSDH), Division of Family Planning to those who agree to participate by completing the (MSDH Family Planning Waiver Pharmacy Program C Provider Enrollment Form).

Eligible Women/Teens

The following categories of women and teens eligible for the program are those whose income is at or below 185% of the federal poverty level. There is no difference in the benefits they will receive. The two categories are: 1) Medicaid poverty level pregnant women age 13-44 are automatically eligible for family planning at the expiration of their 60-day postpartum. 2) Other women age 13 through 44 who are not postpartum or who are not applying for a child may apply if their income is at or below 185% of the federal poverty level.

Participants in the Family Waiver Program

The Division of Medicaid will provide the MSDH with a listing of Medicaid providers, e.g., General Practitioners, OB/GYNs, Internists, Nurse Practitioners, and Physician Assistants. Participating providers in the Family Planning Waiver Program, must agree to: 1) screen the patient to determine eligibility; 2) maintain a record of the patient; 3) follow the recommended schedule for family planning services as established by the waiver; 4) not write prescriptions to local pharmacies for oral contraceptives; and 5) provide oral contraceptives as indicated by the participants agreement of the family planning waiver program.

1. Once the MSDH Family Planning Waiver Pharmacy Program C Provider Enrollment Form has been completed and returned to MSDH Division of Family Planning; participating providers will be shipped via UPS a start up supply of oral contraceptives for the family planning waiver participants only. Providers should issue the number of packs they would otherwise write a prescription with refills for, e.g., 1-13 packs. Providers must submit the reorder label for the balance of the prescription. This is a cost-effective measure should the patient not be able to tolerate a particular pill.
2. An Oral Contraceptive Issuance Form (enclosed) must be completed and maintained on all patients issued oral contraceptives provided under this program. The form must be mailed or faxed to the MSDH Family Planning Program monthly. Providers should maintain a minimum one month supply and reorder before pills are depleted. In the event of a Manufacturers pill shortage, providers will be notified and alternate pills will be shipped upon request.
3. Providers will submit prescription reorders on eligible women/teens to the MSDH pharmacy. The MSDH Pharmacy will fill the prescriptions for oral contraceptives only and will be shipped and tracked via UPS to private and community health care providers on alternate Tuesdays of each month; once the family planning services have been received by the patient.

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4. Prescriptions must be signed by the physician or nurse practitioner legibly and the prescribers name printed/typed on the prescription; stamped prescriptions will not be accepted. Computerized labels can be used. The prescriptions must be completed with the following:

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|----|---------|----|------------------------|----|---------------|
| a. | Name | b. | Social Security Number | c. | Date of birth |
| d. | Address | e. | Medicaid Number | f. | Date |

Prescriptions should be mailed in bulk to:
Mississippi State Department of Health
Pharmacy Department
3156 Lawson Street
Jackson, MS 39213
601-713-3457

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Section: Family Planning Waiver	Section: 39.06-72.06	
Subject: Standards of Care	Pages: 1	
	Cross Reference:	

The Division of Medicaid allows all providers to participate in the family planning expansion project. The Division of Medicaid recognizes the guidelines set forth in the following sources for standards of quality care for family planning services:

FQHC's, RHC, refer to Mississippi State Department of Health Planning manual.

Private Providers refer to the Guidelines for Women's Healthcare. The American College of Obstetrics and Gynecology, 2002.