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TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Health Care Reform and Health Insurance Exchange Integration

SUBJECT: Changes to the Family Planning Benefit Program and the Family Planning Extension Program

EFFECTIVE DATE: November 1, 2012

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The purpose of this General Information System (GIS) message is to advise local departments of social services (LDSS) of changes to the Family Planning Benefit Program (FPBP) and the Family Planning Extension Program (FPEP). The changes include moving the authority for the FPBP from the 1115 Partnership Plan Waiver to the Medicaid State Plan, implementation of Presumptive Eligibility for the FPBP, and the inclusion of the FPEP into WMS and eMedNY.

The Affordable Care Act (ACA) of 2010 allows states to amend their Medicaid State Plans to include authorization for the Family Planning Benefit Program and to allow Medicaid enrolled family planning providers to screen individuals for presumptive eligibility (PE) for FPBP covered services.

FPBP as a Medicaid State Plan Service

There are three changes associated with the FPBP becoming a Medicaid State Plan service. Currently, the FPBP is limited to individuals who are age 10 through 64. Effective November 1, 2012, the age limits in WMS will be eliminated. The second change is the addition of transportation services to the benefit package for FPBP. Transportation is covered to the same extent that it is covered for fully eligible individuals. This includes utilizing the same request and prior approval process. Lastly, retroactive FPBP coverage for up to 3 months prior to the FPBP application date will be available as of November 1, 2012, if the individual is eligible for that retroactive period.

Note: The FPBP funding remains unchanged. Shares continue to be 90 percent Federal, 10 percent State and 0 percent Local.

Presumptive Eligibility for FPBP

Effective November 1, 2012, Presumptive Eligibility (PE) for the FPBP will be included in the Medicaid State Plan. Under PE for the FPBP, individuals will have the opportunity to be screened presumptively eligible for FPBP at a Medicaid enrolled and trained Family Planning Provider who has signed a Memorandum of Understanding (MOU) with the New York State Department of Health (the Department). Presumptive Eligibility provides an individual immediate access to FPBP covered services and assures that the provider will be reimbursed by Medicaid for services, supplies and treatment provided.

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In order to centralize the processing of PE screenings and FPBP applications, FPBP providers, who have a signed MOU with the Department, will forward all PE screening forms, FPBP applications and required documentation to New York Health Options. New York Health Options will open a PE case using a Case Type 21 based on the screening form submitted by the provider.

PE Coverage Period and FPBP Applications

If a FPBP application is not received by New York Health Options, the PE coverage period is from the date of the screening until the last day of the month following the month of screening. If, after a full FPBP application is submitted, a recipient is determined ineligible for ongoing FPBP coverage, PE will be discontinued effective the day of the determination. If the individual is determined to be eligible for on-going FPBP services, the Case Type will be changed from a Case Type 21 to a Case Type 20 and FPBP coverage will be authorized for 12 months (coverage code 18).

The Department expects Family Planning providers to begin submitting FPBP PE screening forms and FPBP applications to New York Health Options in December. Family Planning providers will need to have a signed MOU with the Department in order to begin submissions.

Local departments of social services will not be processing FPBP PE screening forms but will continue to process FPBP applications submitted by individual applicants and/or Family Planning providers who do not yet have a signed MOU with the Department. If a district receives a FPBP PE screening form or FPBP application from a provider after the new MOU is in place, the form/application should be directed to New York Health Options. As new MOUs are signed, a listing of participating providers will be sent to districts (Medicaid Director) and New York Health Options (via email). The list will be updated on a regular basis. Local districts continue to be responsible for undercare changes on FPBP cases and may receive notifications from New York Health Options indicating district action is needed on a case. More details will be included in a forthcoming Administrative Directive.

Changes to the Family Planning Extension Program

The current policy that guarantees 24 months of family planning services for women who were on Medicaid while pregnant and subsequently lose Medicaid eligibility, is not changing. However, effective November 1, 2012, Upstate and tentatively in March for NYC, this coverage will be supported on WMS/eMedNY.

Previously, a manual process was used to pay for services through the Family Planning Extension Program (FPEP). These cases were managed off-line by the NYSDOH and districts had no responsibility for the cases. When a closing notice was sent to a woman following a 60-day post partum period, information was included in the notice explaining eligibility for 24 months of family planning services. Family planning services, supplies and treatment were available from a participating family planning provider (only Title X Family Planning clinics). The individual was directed to bring the notice to a Family Planning Extension Program service provider for family planning services.

Supporting the FPEP through WMS and eMedNY will allow women to use their CBIC to obtain family planning services from any Medicaid enrolled provider who

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provides family planning services, instead of being limited to Title X providers. It also allows claims to be paid electronically through eMedNY. A new coverage code (coverage code 27) was created for the FPEP that includes the same family planning services as the FPBP (coverage code 18) except for transportation. Transportation is not included as a covered benefit for individuals with coverage code 27.

NYC - Women in NYC who were on Medicaid while pregnant will continue to obtain family planning services under the manual process until further instructions are provided (tentatively March 2013).

Upstate LDSS Responsibility

LDSSs and New York Health Options (for Enrollment Center counties) will continue to send Medicaid renewal packages to women prior to the end of the 60-day post partum period.

1. If, after returning the renewal form, the woman is Medicaid or FHPlus eligible, the LDSS or New York Health Options, if an Enrollment Center county, will process the renewal.
2. If, based on the renewal, the woman is determined eligible for the FPBP and has not indicated on the renewal that she does not want to be enrolled in the FPBP, the individual will be enrolled in the FPBP for 12 months, as is done currently (coverage code 18). The reason codes for this transaction include D70 (S/CC - category code 69), D75 (FNP - category code 69) or D76 (FP - category code 68). An Anticipated Future Action (AFA) code of 915 with the same date as the coverage "TO" date should be entered. This AFA code indicates the end of the first 12-month block of the 24 months of post-partum family planning services. Before the end of this 12-month coverage period another renewal package will be sent.

If, after the Medicaid renewal is sent:

- **the woman continues to be FPBP eligible**, another 12 months of FPBP coverage will be issued, using reason code C05 (continue unchanged), to complete the continuous 24 months of family planning services. No AFA code is needed.
 - **the woman is no longer eligible for FPBP, or fails to complete the renewal process**, the LDSS or New York Health Options must issue 12 months of family planning services through FPEP (coverage code 27), using reason code D66 (income >200% FPL), D67 (fail to document) or D68 (fail to renew). Using one of these reason codes will generate a CNS notice informing the recipient of the change in coverage and that transportation will no longer be a covered service.
3. If, after the 60-day post partum period, a woman is ineligible for FPBP, including ineligibility due to an unsatisfactory immigration status, or failure to complete the renewal process, the LDSS or New York Health Options must issue 24 months of family planning services through the FPEP (coverage code 27). This coverage includes all of the family planning services available through the FPBP except transportation. No renewal

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packet is to be sent to the woman at the end of her coverage through the FPEP. The following reason codes should be used for this transaction:

D61 Unsatisfactory immigration status
D64 Failure to document
D65 Failure to renew
D72 Income >200%;S/CC
D73 Income >200%;FNP
D74 Income >200%;FP

In addition, the worker must enter an Individual Status code of 15 (Deleted) on screen 5 of WMS for this individual. This method of coverage management is new to Upstate districts. This process allows an individual who is not in active status to retain coverage for a set period of time. Since the individual is not in active status, the individual may not be visible on the WMS Case Comprehensive screen or on an Authorization Change Form (LDSS-3209). Coverage can be viewed on the WMS History screen and in eMedNY. For example: A case consists of an infant (DOB 12/17/12) who has coverage until 12/31/13, and his mom, who had her Individual Status modified to 15 and was given coverage code 27 (from 3/1/13 to 2/28/15). On March 10, 2013 an address change needs to be made. Only the infant will appear on the Case as the mother was deleted in the previous transaction. Although she is not visible on the case due to her delete status, her coverage still exists and can be viewed on WINQ55 by performing an Individual Inquiry with CIN for MA Coverage History (Selection B).

In the event that an individual receiving 24 months of family planning services no longer resides in the State, the family planning services terminate.

Recipients who were receiving the 24 months of family planning coverage prior to October 31, 2012 will continue to receive services utilizing the pre-November 1, 2012 method.

Please direct any questions to your Local District Support Liaison.