

Florida's Medicaid Family Planning Waiver

December 1, 2006-November 30, 2009

Medicaid Family Planning Waiver

Over-Arching Goal

To reduce the number of unintended pregnancies and the number of unplanned births paid by the Florida Medicaid program

Objectives

- Improve access to and the use of Medicaid family planning services by the selected population
- Improve birth outcomes and the health of women by increasing the child spacing interval among women in the selected population
- Decrease the rate of subsequent deliveries in the selected population, which will reduce annual expenditures for prenatal care, deliveries, newborns and first year infant care
- Reduce the rate of unintended pregnancies among teens in the selected population

Objectives (cont'd)

- Help ensure the health status of the selected population prior to conception by increasing the number of referrals for primary care services
- Help elevate the health status of the selected population by providing family planning counseling and education
- Increase the effectiveness of the family planning waiver

Population Eligible

- Any woman, age 14 to 55, who loses her full Medicaid coverage
- Any woman, age 14 to 55, who loses her SOBRA Medicaid is passively enrolled for the first year of eligibility. (SOBRA clients are pregnant women eligible for Medicaid at the expanded eligibility rate of 185% of the federal poverty level)

Eligibility Spans

- The period of eligibility is for two years after losing their full Medicaid coverage.
- Women on full Medicaid must apply for year one and then reapply for year two
- Women on SOBRA Medicaid are automatically enrolled for year one and then must actively apply for year two
- Minors, under age 18, do not get notification of the FP waiver program from the Medicaid billing agent. Local outreach may be provided.

Family Planning Waiver Services

- Initial and annual family planning office visits which includes required lab tests and Pap Smear
- Family planning family planning counseling visits
- Contraceptive supply visits
- Medicaid-covered, FDA-approved birth control methods
- Voluntary sterilization including tubal ligations
- Screening for HIV
- Limited diagnosis and treatment for sexually transmitted infections and other gynecological problems to include colposcopy

Primary Care Referral

Recipients will be provided counseling regarding this important health need, and also provided written information on primary care providers, with an interest in public health, located in their county. There are two sources for obtaining primary care information. The first is a Blue Cross/Blue Shield website <http://www.forfloridashealth.com/search/search> which contains a listing of primary care providers available to the underinsured low-income population. The second is the Florida Association of Community Health Centers, Inc. website <http://ask.hrsa.gov/pc/> which contains a listing of primary care centers sorted by county and zip code.

Eligibility Determination

New waiver criteria include verification of reported income

What to do if verification is determined to be unavailable:

For Medicaid, the client's statement may be accepted for reported income changes, unless the information is questionable or causes ineligibility, as long it has been less than 12 months since the last determination of Medicaid eligibility.

Document all attempts to verify income.

Eligibility Determination (cont'd)

Verify program eligibility:

- Has lost full Medicaid coverage
 - Check FMMIS
- Desires family planning services
- Is not pregnant
- Has not had a hysterectomy
- Has not had a tubal ligation

Eligibility Determination (cont'd)

Review Application

- Date stamp upon receipt
- Review for completeness
- Review for required documentation, including include proof of citizenship, identity, and income
- Review for signature and date

Eligibility Determination (cont'd)

- Monitor date Medicaid ended
- Calculate income
- Verify income
- Complete eligibility worksheet
- Compare to Federal Poverty Level
- Determine program eligibility

Applicant is eligible

- Determine eligibility span
- Complete Input Document
- Batch Transmittal
- Generate approval letter after FP status has been added to FMMIS
- Provide primary care referral information

Applicant is ineligible

- Generate denial letter for applicants who do not meet program criteria
- Generate request for additional information to inquire about any court ordered child support payments if applicant does not meet financial eligibility
- Inform applicant about the free or reduced cost family planning services available at the county health department

Record Retention

- Required documents for administrative file
 - Original application with any attached information
 - Print out from HMS of the eligibility determination attached to the eligibility worksheet
 - Any other documentation used in the eligibility process
 - Copy of the input document
 - Copy of approval or denial letter
- Documents are retained for 6 years

Monitoring Activities

- Monitoring of eligibility determination process
 - Recommended periodic review
 - Quality Assurance
 - Staff Training

Summary

- All women ages 14 to 55 who lose their full Medicaid coverage are eligible for FP Medicaid waiver services
 - Eligibility requirements
 - Desires family planning services
 - Is not pregnant
 - Has not had a hysterectomy
 - Has not had a tubal ligation
 - Meets income requirements

Summary (cont'd)

- STD and colposcopy services are limited to within 6 weeks of the physical exam
- Transportation services are not covered
- Woman losing full Medicaid must actively apply for year 1 and year 2
- Women losing SOBRA Medicaid are automatically enrolled for year 1 and must actively apply for year 2
- Verification of self reported income

Thank You!