

**Family Planning Waiver  
Eligibility Span Rules**

Effective April 19, 2005 (Updated July 31, 2007)

**GENERAL COMMENTS:**

In order to be eligible for the Family Planning Waiver Program, a woman must meet the following criteria:

- ~~Lost all Medicaid benefits.~~
- ~~Had a Medicaid pregnancy-related service within two years of losing full Medicaid Coverage; provided proof of the pregnancy-related service if the service was provided by a Medicaid HMO provider. Effective November 30, 2006~~
- ~~Has not had a hysterectomy or tubal ligation.~~
- ~~Not pregnant.~~
- ~~Desires family planning services.~~
- ~~Income is less than or equal to 185% current federal poverty level.~~

Women losing full Medicaid benefits prior to November 30, 2006 must:

- Have had a Medicaid pregnancy-related service within two years of losing full Medicaid coverage;
- Provide proof of the pregnancy-related service if the service was provided by a Medicaid HMO provider;
- Have not had a hysterectomy or tubal ligation;
- Not be pregnant;
- Desire family planning services;
- Have a household income of less than or equal to 185% current federal poverty level; and
- Provide proof of identity, U.S. Citizenship, and proof of income.

Women losing full Medicaid benefits after December 1, 2006 must:

- Be between the ages of 14 and 55;
- Have not had a hysterectomy or tubal ligation;
- Not be pregnant;
- Desire family planning services;
- Have a household income of less than or equal to 185% of the current federal poverty level; and
- Provide proof of identity, U.S. Citizenship, and proof of income.

Note: SOBRA women are those women with the full Medicaid eligibility codes of MM P, MM T, MRMP, or MRMT, will have passive eligibility during the first 12 months of losing Medicaid and will not have to complete an application for that first year. Non-SOBRA women must apply for the first year. SOBRA and non-SOBRA women must re-apply to receive the second year of coverage.

The Last Menstrual Period (LMP) must be within 30 days of the date application is signed by applicant. If date is more than 30 days from the date, contact the applicant and ask if she is pregnant. If the response is yes or I don't know the applicant is not eligible for the program. Refer applicant for prenatal care if pregnant. If pregnancy status is unknown, refer for pregnancy testing.

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The codes below are full service Medicaid eligibility codes that FMMIS uses to identify female recipients that may be eligible for the Family Planning Waiver. Please use these codes to identify when a recipient loses full Medicaid coverage in determining eligibility spans.

<b>MEDICAID FULL COVERAGE ELIGIBILITY CODES</b>					
MA I	ME I	MO A	MP N	MROT	MT A
MA R	ME T	MO D	MP U	MRPN	MT C
MA U	MH A	MO P	MREI	MRR	MT D
MB C		MO S	MRMC	MRTA	MT S
MCAE	MM C	MO T	MRMP	MRTC	MT W
MCAN	MM P	MO U		MRTD	MW A
MCFN	MM S	MO Y	MRMS	MRTW	MX
ME C	MM T	MP C	MRMT	MS	

To the immediate left of the eligibility code are two columns labeled BEGIN and END. The date in the BEGIN column is the date that a particular coverage began and the date in the END column is the date that said coverage ended.

**EXAMPLE**

<b>NO (number)</b>	<b>BEGIN</b>	<b>END</b>	<b>AC (Code)</b>
1	090103	022804	MM P

In the above example, the recipient became eligible for MEDS for Pregnant women on September 1, 2003 and lost the coverage on February 28, 2004. Her first year eligibility span is 03/01/2004 to 02/28/2005. **(Obsolete as of March 1, 2005)**

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Medicaid eligibility codes are in Appendix E of the Florida Medicaid Provider General Handbook, January 2004. The appendix contains the eligibility codes, descriptions for the codes, and the type of coverage the recipient is entitled to receive. The handbook can be accessed at: <http://floridamedicaid.acs-inc.com>.

**INCORRECT ELIGIBILITY DETERMINATION:**

If FP Eligibility Staff identifies that a FP Waiver Input Document was submitted incorrectly causing FP eligibility to be added to FMMS inappropriately, and the FP coverage must be terminated, immediately notify the Department of Health Family Planning Program Office/Karen Jackson at (850) 245-4465. The message should contain all identifying information (Name, Social Security, Medicaid ID) and should authorize the termination of the coverage. After reviewing, the request will be forwarded to the Medicaid Recipient File Management Unit/Paula McAuley at (850) 922-9150.

**Example:**

“Please terminate FP coverage for Ms Susie Jones, Social Security Number 123-44-5678, Medicaid ID 222222222 2. Thanks, Precious Jones, Richland CHD.”

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**FUNDAMENTAL RULES**

**Fundamental Rule 1:**

The eligibility span *end* date for the first year of FP eligibility may not exceed one year from loss of full Medicaid coverage.

Example: Ms One lost full Medicaid coverage June 30, 2007. Her FP eligibility end date for the first year of coverage is **06/30/2008**.

**Fundamental Rule 2:**

The eligibility span *end* date for the second year of FP eligibility may not exceed two years from loss of full Medicaid coverage.

Example: Ms Two lost full Medicaid coverage July 31, 2007. Her FP eligibility end date for the 2nd year of coverage is **7/31/2009**.

**Fundamental Rule 3:**

~~The revised FP waiver program began December 1, 2003; no FP eligibility span begin dates are allowed prior to this date for non SOBRA clients.~~

~~Example: Ms Three lost full Medicaid coverage October 31, 2003. Her FP eligibility span for year one is **12/01/2003 to 10/31/2004**.~~

**Fundamental Rule 4: (Effective April 19, 2005)**

Any woman who loses full Medicaid coverage is eligible the first day of the month she applies for the program with the health department. The month she applies is based on the date the application is signed. If she delays in applying at the health department, no retroactive coverage is allowed. The FP Eligibility span end date will still be only one year from loss of full Medicaid coverage if she applies in the first year or two years from loss of full Medicaid coverage if she applies in the second year.

Example: Ms Four lost full Medicaid coverage December 31, 2006. She applies for the program March 15, 2008. She lost her 1<sup>st</sup> year of coverage. Her 2<sup>nd</sup> year eligibility span would be **03/01/08 to 12/31/2008**.

**CLARIFYING RULES**

**Rule 1 (Obsolete as of March 1, 2005)**

~~If full Medicaid coverage terminated prior to June 2003 and FP coverage was not subsequently added to the file under the previous FP waiver, the woman is not eligible for the current FP waiver.~~

~~Example: Ms. One lost full Medicaid coverage May 31, 2003. She is **not eligible** to participate in the FP Waiver Program.~~

**Rule 2 (Obsolete as of March 1, 2005)**

~~If a woman was enrolled in the previous FP waiver that ended September 30, 2003, but did not use the full two years of potential FP eligibility (two years from loss of full Medicaid coverage); the remaining coverage may be approved if the woman applies and is determined eligible.~~

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Example: Ms. Two lost full Medicaid coverage December 31, 2002. FP coverage 01/01/2003 to 09/30/2003 was already on FMMIS. Her 1st year FP eligibility span will be **12/01/2003 to 12/31/2003**. Her 2nd year eligibility span would be **1/01/2004 to 12/31/2004**.

**Rule 3 (Obsolete as of March 1, 2005)**

If a woman lost full Medicaid coverage anytime between June 30, 2003 and April 30, 2004, FP eligibility will begin the 1<sup>st</sup> day of the month after loss of full Medicaid coverage, but no earlier than 12/01/2003 (the start date of the revised Family Planning Waiver). The first year of FP eligibility span (end date) must not exceed one year from loss of full Medicaid coverage.

Example: Ms. Three lost full Medicaid coverage August 31, 2003. She applied for FP eligibility July 29, 2004. Her FP eligibility span will be **12/01/2003 to 08/31/2004**

**Rule 4 (Obsolete as of March 1, 2005)**

If a woman lost full Medicaid coverage anytime between June 30, 2003 and April 30, 2004, and, when she applies for FP coverage she is already in her second year of potential eligibility or within two months of entering her second year of potential eligibility, two FP eligibility spans may be approved.

Example: Ms. Four lost full Medicaid coverage August 31, 2003. She applied for FP eligibility July 29, 2004. Her first year of FP coverage will be **12/01/2003 to 08/31/2004**. She may also be authorized for her second year of FP coverage and the second span added to the input document for **09/01/2004 to 08/31/2005**.

**Rule 5**

If a woman lost full Medicaid coverage anytime between June 30, 2003 and April 30, 2004, and, when she applies for FP coverage, she is more than two months from the start of her second year of potential coverage, the woman must reapply at a later date for the second year of coverage.

Example: Ms. Five lost full Medicaid coverage November 30, 2003. She applies for FP coverage July 29, 2004. She may only be approved for the first year of FP eligibility; her approved span will be **12/01/2003 to 11/30/2004**.

**Rule 5 Revised (Effective March 1, 2005)**

If a woman lost full Medicaid coverage and applies for FP coverage late in the first year, but she is still more than 2 months from the start of her second year of potential coverage, the woman must reapply at a later date for the second year of coverage.

**Rule 6**

Any woman who loses full Medicaid coverage effective May 31, 2004, forward is eligible the first day of the month she applies for the program with the health department. If she delays in applying at the CHD, no retroactive coverage is allowed. The FP eligibility span end date will still be only one year from loss of full Medicaid.

Example: Ms. Six lost full Medicaid coverage July 31, 2004 but doesn't apply for FP eligibility until November 15, 2004. Her FP eligibility span will be **11/01/2004 to 07/31/2005**.



