

To:
Ambulatory
Surgery Centers
County/Tribal
Social or Human
Services
Departments
Family Planning
Clinics
Federally Qualified
Health Centers
HealthCheck
Providers
Independent Labs
Inpatient Hospital
Providers
Nurse Midwives
Nurse
Practitioners
Outpatient
Hospital
Providers
Pharmacies
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
Specialized
Medical Vehicle
Providers
HMOs and Other
Managed Care
Programs

Family Planning Waiver program eligibility period and presumptive eligibility reminders

Since its implementation in January 2003, more than 35,000 women have enrolled to receive routine contraceptive-related services and supplies under the Family Planning Waiver (FPW) program. Providers are reminded of the following:

- Providers are required to verify a woman's FPW eligibility at each visit through the Eligibility Verification System (EVS) to ensure that she is currently eligible for FPW-covered services.
- A recipient who has reached the end of her 12-month eligibility period is required to complete an annual eligibility review at the county/tribal social or human services department to determine whether she remains eligible for FPW coverage.
- A recipient receiving services under FPW presumptive eligibility (PE), which allows a woman to receive FPW services for up to three months, is required to submit an application to her county/tribal social or human services department to be determined eligible for the FPW program for the full 12-month eligibility period. The county/tribal social or human services department may need to contact the recipient to verify or obtain additional information from her.
- When faxing a FPW PE application to Wisconsin Medicaid, verify that the application is being sent to the correct fax number (608) 250-5202.

Overview of the Family Planning Waiver program

The Family Planning Waiver (FPW) program, is a limited benefit Medicaid program. Providers may submit claims under the FPW program only for services provided to women who are receiving routine contraceptive-related services and supplies. Recipients who have reached the end of their 12-month eligibility period are required to complete an annual eligibility review to avoid a gap in eligibility and coverage. Services and supplies that are covered under the FPW program are reimbursed fee-for-service.

Providers should verify FPW eligibility at each visit through the Eligibility Verification System (EVS) before services are rendered.

Annual eligibility review

Under the FPW program, recipients may receive routine contraceptive-related services and supplies from Medicaid-certified providers for 12 months from the time they are determined eligible (as long as they meet all the eligibility requirements). Women covered under the FPW program receive a review notice the month before the annual eligibility review is due. The annual eligibility review allows Wisconsin Medicaid to verify that a woman still meets the FPW eligibility requirements.

Continued eligibility for the FPW program requires that a recipient complete an annual eligibility review in person, by telephone, or by completing a mail-in review form. Based on the information collected, a county/tribal social or human services department will determine whether a woman will remain eligible for FPW coverage. In addition, a recipient may request a determination be made for full-benefit Wisconsin Medicaid as well.

If a woman does not complete an annual review for FPW coverage by the end of her current eligibility period, FPW eligibility will be discontinued and she will be required to reapply. A recipient will receive notification of this discontinuation 10 days in advance of the date her eligibility ends.

Annual review notices

The FPW 12-month eligibility review notices are sent to the address indicated on the FPW application unless the recipient reports a change in address. The FPW application allows a woman to choose if she would like to identify an alternate address to receive her annual review notices and Forward card. If notices are sent to an alternate address, it is *imperative* she receive these notices in a timely manner. If a woman does not receive the annual review notice or her receipt of the notice is delayed, there may be a gap in her FPW eligibility and coverage.

Reminders for providers assisting women in filling out the application/annual review form

Providers are reminded of the following when assisting women in filling out the FPW application/annual review form:

- County/tribal social or human services departments cannot approve eligibility for a woman whose application/annual review form is missing required information such as her Social Security number, Wisconsin

residence address, or signature. If a woman indicates incorrect or incomplete information, the county/tribal social or human services department will request the information before completing the redetermination.

- County/tribal social or human services departments will use the mailing address indicated on the FPW application and record it as it appears on the application.
- If a recipient has chosen her provider's mailing address for her FPW correspondence, it is *imperative* that the provider has a reliable way of contacting her to promptly give her FPW notices and Forward card.

Women who apply *only* for the limited-benefit FPW program will not be required to provide other insurance information. Women who apply for both full-benefit Wisconsin Medicaid and the limited-benefit FPW program will be required to provide information about other insurance they may have.

Family Planning Waiver program presumptive eligibility reminder

Women whose providers are submitting an initial FPW application on their behalf and who meet the eligibility criteria may receive routine contraceptive-related services and supplies immediately through FPW presumptive eligibility (PE) for up to three months. Services and supplies covered under the FPW PE are the same as those covered under the FPW program and must be directly related to a diagnosis of routine contraceptive management. If contraceptive management services are not appropriate for a recipient, the provider should not submit claims under the FPW program.

Presumptive eligibility providers should advise a recipient to apply for the FPW program at her county/tribal social or human services department to receive FPW services for the full

Women whose providers are submitting an initial FPW application on their behalf and who meet the eligibility criteria may receive routine contraceptive-related services and supplies immediately through FPW presumptive eligibility (PE) for up to three months.

12-month eligibility period rather than just for the PE period.

The period of FPW PE coverage ends:

- The end of the second calendar month following the month in which the woman was determined presumptively eligible.
- The first day of the month in which the county/tribal social or human services department or W-2 agency receives a woman's application for the FPW program and she is determined eligible.
- If she applies at her county/tribal social or human services department and is found ineligible prior to the end of the FPW PE period.
- If the FPW PE application is found to be incomplete or the information provided does not meet the FPW PE eligibility criteria. The applicant will then be sent a notice and she will be terminated from the FPW program.

Once Wisconsin Medicaid receives and processes an FPW PE application from the certified PE provider, the woman's eligibility is usually established on the Medicaid system within 48 hours. Providers may then verify the recipient's eligibility through the EVS.

A woman may receive FPW PE coverage only once within a 12-month period.

When faxing an FPW PE application to Wisconsin Medicaid, providers are reminded to verify that they are sending it to the correct fax number ([608] 250-5202).

Faxing Family Planning Waiver Presumptive Eligibility applications

When faxing an FPW PE application to Wisconsin Medicaid, providers are reminded to verify that they are sending it to the correct fax number ([608] 250-5202). Providers are reminded the federal Health Insurance Portability and Accountability Act of 1996 privacy regulation requires providers to implement reasonable safeguards to protect the privacy of protected health information.

Information regarding Medicaid HMOs

Women who are eligible for the FPW are not enrolled in Medicaid HMOs; therefore, services provided to these women are reimbursed through Medicaid fee-for-service. This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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