

Affected Programs: BadgerCare Plus, Medicaid, Family Planning Only Services

To: Ambulatory Surgery Centers, Family Planning Clinics, HealthCheck Providers, Hospital Providers, Independent Labs, Nurse Midwives, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, Specialized Medical Vehicle Providers, HMOs and Other Managed Care Programs

Changes to the Family Planning Waiver Effective November 2010

Effective for dates of service on and after November 1, 2010, the Family Planning Waiver (FPW) will be referred to as Family Planning Only Services. The following policies will change for Family Planning Only Services:

- Members at or below 300 percent of the Federal Poverty Level may be eligible for the program.
- The temporary enrollment (TE) period will be shorter.
- Age restrictions for the benefit will change.
- Non-emergency transportation services will be included as a covered service.

Effective for dates of service on and after November 1, 2010, the Family Planning Waiver (FPW) will be referred to as Family Planning Only Services. This *ForwardHealth Update* details other policies that will change under Family Planning Only Services.

Members Eligible for Family Planning Only Services

Women and men who are at or below 300 percent of the Federal Poverty Level may be eligible for Family Planning Only Services. Members must be at least 15 years of age to be eligible for Family Planning Only Services. There is no longer an upper age limit for Family Planning Only Services enrollment as long as the member is of childbearing age.

The Family Planning Only Services benefit is limited to members who need family planning and family planning-related services. The benefit is not available to members who are not interested in, or do not need, family planning services.

Members enrolled in Family Planning Only Services are not eligible for other services (e.g., physical therapy services, dental services). Even if a medical condition is discovered during a family planning visit, treatment for the condition is not covered under Family Planning Only Services unless the treatment is a covered service as identified in the list of allowable procedure codes for Family Planning Only Services. Members are also not eligible for certain other family planning services that are covered under Wisconsin Medicaid or BadgerCare Plus (e.g., mammograms and hysterectomies). If a medical condition, other than a sexually transmitted disease, is discovered during contraceptive-related services, treatment for the medical condition is not covered under Family Planning Only Services.

Changes to the Temporary Enrollment Period

The temporary enrollment (TE) period for Family Planning Only Services begins on the date the TE

enrollment form is signed by the applicant and provider and ends on the last day of the next full calendar month.

Note: Members who are already enrolled through TE prior to November 1, 2010, will continue to have up to a three-month TE period.

Covered Services

Non-emergency Transportation Services

Effective November 1, 2010, non-emergency transportation services by common carrier or specialized medical vehicle (SMV) will be covered for members receiving Family Planning Only Services. Transportation services are limited to trips to receive covered family planning services.

Non-emergency transportation services must be approved by the local economic support agency or provided by Medicaid-certified SMV services providers.

To be reimbursed for transportation services provided to Family Planning Only Services members, SMV providers must meet all of ForwardHealth's policies and requirements for providing SMV services. This includes documentation requirements, such as having a completed Certification of Need for Specialized Medical Vehicle Transportation form, F-1197 (06/09), for the Family Planning Only Services member in the provider's records. Providers should refer to the SMV area of the Online Handbook for complete policies and procedures for SMV services.

Covered Family Planning Services

Services provided under the Family Planning Only Services benefit are limited to specific family planning services, supplies, and certain family planning-related services. All family planning services, supplies and certain family planning-related services that were covered under the FPW will continue to be covered under Family Planning Only Services. Providers should refer to the Family Planning Only Services area of the

ForwardHealth Online Handbook for a complete listing of covered services and related procedure codes. Services provided under the Family Planning Only Services benefit are covered on a fee-for-service basis only. Family planning-related services are covered only when provided as part of a family planning visit or if they were identified or diagnosed during a family planning visit.

Enrollment Criteria for Wisconsin Well Woman Medicaid

Members enrolled in Family Planning Only Services diagnosed with cervical cancer, precancerous conditions of the cervix, or breast cancer may be eligible for Wisconsin Well Woman Medicaid. Women enrolled in Well Woman Medicaid are eligible to receive the full range of Medicaid benefits from Medicaid-certified providers, including treatment for cancer and contraceptive-related services.

New enrollment requirements for Well Woman Medicaid may accommodate Family Planning Only Services members who are diagnosed with cervical cancer, precancerous conditions of the cervix, or breast cancer. Treatment for cancer is not covered under Family Planning Only Services. Therefore, female Family Planning Only Services members who are diagnosed with cervical cancer, precancerous conditions of the cervix, or breast cancer may enroll in Well Woman Medicaid to receive treatment for these conditions. Providers should assist eligible members with the enrollment process for Well Woman Medicaid. Refer to the Family Planning Only Services area of the Online Handbook for more information on Wisconsin Well Woman Medicaid eligibility requirements and enrollment processes.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250