

**Welcome To**  
**Medicaid "Be Smart" Family Planning Waiver**  
**Program's Transition to a State Plan Amendment**  
**(or the new & improved)**  
**Webinar**

**December 10, 2014**  
**1:00 – 2:30 pm**

Sponsored by:  
**North Carolina Department of Health & Human Services**  
Division of Medical Assistance (DMA)  
Division of Public Health (DPH)

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**Purpose of the Webinar**

On October 1, 2014, the "Be Smart" Family Planning Waiver (FPW) converted to a State Plan Amendment (SPA)

This Webinar will discuss the following:

- Medicaid "Be Smart" program goals
- Program's benefits
- What are the differences between the SPA and the FPW
- Who is covered
- What services are covered and not covered
- Service limits
- "Be Smart" general program billing tips

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**Why are Medicaid-Funded**  
**Family Planning Programs**  
**In North Carolina**  
**Important?**

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## 2010 Impact in North Carolina

- Contraceptive services provided at publicly funded centers helped women avoid 33,300 unintended pregnancies, which would have resulted in 16,500 births and 11,400 abortions.(4)
  - Saved \$154.0 million in public funds in 2010.(4)
  - In the absence of these services:
    - unintended pregnancies in North Carolina would be 28% higher (11)
    - abortions would be 42% higher.(11)
    - teen pregnancies would be 32% higher.(11)
- <http://www.guttmacher.org/statecenter/title-X/pdf/NC.pdf>

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## Goals of Medicaid “Be Smart” Family Planning Program:

- Reduce unintended pregnancies
- Improve the well-being of children and families
- Support beneficiaries in planning the spacing of their children

*“Be Smart.” Be Ready. A Family Planning Program” Brochure January 2013*

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## State Plan Amendment (SPA) was approved by Centers for Medicare and Medicaid Services (CMS) on October 1, 2014

- CMS approved North Carolina’s request to transition from the Family Planning Waiver (demonstration), which began October 1, 2005 to a SPA.
- Current FPW beneficiaries who are at or below 185% of the federal poverty level continue to receive services under the new SPA, which will expand to 195% of the federal poverty level.

• There will be no co-payments (same as under FPW).

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### Eligible Beneficiaries for the SPA

- ✓ Females (no age restrictions).
- ✓ Males (no age restrictions).
- ✓ Income at or below 195% of the federal poverty level.
- ✓ U.S. citizens or documented immigrants.
- ✓ Residents of North Carolina.
- ✓ Not incarcerated.
- ✓ Not pregnant.
- ✓ Not permanently sterilized, or unable to have children.
- ✓ Not on Medicare.

DMA FP May 2006 Medicaid Special Bulletin p-3

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### Eligibility Determination

- Applicants cannot choose the Medicaid "Be Smart" Family Planning Services
  - The local county Department of Social Services must first determine if eligible under a more comprehensive Medicaid coverage category
- For married persons living together, Medicaid considers the spouse's income in determining eligibility
- For persons under 21 living at home with a parent or legal guardian, Medicaid considers the parents' or guardian's income in determining eligibility
- No auto-eligibility
- Very limited presumptive eligibility for hospitals

Family and Children's Eligibility Manual MA-3265, Medicaid Family Planning

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### Covered Services

- Annual exams and physicals (including counseling and education). Limited to one per 365 days.
- Laboratory procedures.
- FDA approved contraceptive methods, procedures, pharmaceutical supplies, and devices.
- Voluntary sterilization.

"Be Smart. Be Ready. A Family Planning Program" Brochure January 2013

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**What changes under the new Medicaid SPA program?**

Continues to cover outpatient and office family planning services currently covered under the FPW.

No longer restrictions for eligibility based on age to receive family planning services, with the exception of sterilization procedures, limited to beneficiaries ages 21 years of age or older.

Will cover non-emergency medical transportation to and from family planning appointments for current recipients.

Covers screening and treatment for Sexually Transmitted Infections (STIs) and screening for Human Immunodeficiency Virus, or HIV (beyond the annual exam) available at any or all of the medically necessary six inter-periodic office visits, as follow up to an annual exam.

Family planning services will be expanded to cover the same or similar outpatient and office family planning services that are covered under the regular Medicaid program.

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**Office Medically Necessary Inter-Periodic Visits**

- Limited to a total of up to six (6) medically necessary family planning or family planning-related inter-periodic visits per 365 calendar days, not to include the annual exam.
- Providers may bill a medically necessary, family planning or planning-related inter-periodic visit code when administering Depo-Provera; however, the use of an inter-periodic visit code is subject to the six inter-periodic visit limitation.
- Annual Examination Date (AED) is required for the medically necessary family planning or family-related inter-periodic visits, annual exam and laboratory procedures, with the exception of the pregnancy tests, prescriptions for FDA approved contraceptive devices and supplies and post-operative medications for sterilization procedures.

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**Pregnancy Tests**

- **Allowed during annual exam, inter-periodic visit, office "after hours," sterilization consultation, and sterilization pre-operative.**
- **Total of 7 pregnancy tests allowed per 365 days (at annual exam and 6 inter-periodic visits).**

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**Expansion for STI testing and treatment as follow up to the annual exam**

- Expansion for STI testing and treatment, as follow up to the annual exam.
- Screening and treatment for STIs (including chlamydia, gonorrhea, syphilis, and herpes simplex and other STIs), which will be covered for any or all of the six medically necessary, family planning-related inter-periodic visits.
- Screening only for HIV, which will be covered during, pursuant to or as follow up to the annual exam for any or all of the six medically necessary, family planning-related inter-periodic visits.
- Treatment for HIV is not covered.

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**Cervical Cytology (Pap Testing)**

One pap test procedure per 365 days in conjunction with an annual exam allowed (AED required on claims for pap tests)

Human papillomavirus (HPV) reflex and/or co-testing is covered under the SPA if indicated by test results or age

One repeat pap test is allowed due to insufficient cells if performed within 180 days of first test

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**Covered Contraceptives Under the SPA**

- Diaphragm Fitting
- Injactable contraceptive drugs
- Intrauterine Devices
- Contraceptive Implants
- Contraceptive Vaginal Ring
- Birth Control Pills
- Contraceptive Patch
- Emergency Contraceptives
- Voluntary Sterilization – both male and female

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### Service Limits

- No changes in service limits with the SPA as compared to the FPW.
- Only specific family planning and family planning related services and supplies covered.
- Services must be performed within the scope of a "family planning office visit."

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### LIMITED AGE RESTRICTIONS

All beneficiaries, regardless of age who meet the State's income and other eligibility guidelines can receive family planning services and supplies, with the exception of sterilization procedures, which by federal law is limited to beneficiaries ages 21 years of age or older.

If the applicant is under the age of 21 and living with a parent (or legal guardian), Medicaid will also consider the parents' income in determining eligibility.

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### Examples of non-covered services

- Abortions
- Ambulance
- Dental
- Durable Medical Equipment
- Emergency room or emergency department
- Infertility Services and Related Procedures
- Inpatient Hospital Services
- Mental Health

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### Non-Covered Services (cont.)

- Optical
- AIDS Treatment
- Cancer Treatment
- Sick Visits
- Treatment of medical conditions/problems discovered during a screening
- Treatment of medical conditions/problems caused by or following a family planning procedure

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### Referral System remains the same for SPA

- Outside scope of services covered by the "Be Smart" Medicaid Family Planning Program.
- "Safety Net" providers:  
<http://nchealthcarehelp.org>  
<http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/chg/MA3265f3.pdf>

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### General Billing Tips

- ⊗ All services **must** be billed with the appropriate:
  - ⊗ CPT/HCPCS code,
  - ⊗ ICD-9-CM diagnosis, and
  - ⊗ FP modifier
  - ⊗ V25 diagnosis code
  - ⊗ UD modifier if billing any 340b purchased product.

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**General Billing Tips (cont.)**

- An ICD-9-CM diagnosis related to family planning services **must** be the primary diagnosis on the claim form.
- All approved antibiotic treatment and pain medications **must** have the appropriate ICD-9-CM diagnosis written on the prescription.
- No "brand medically necessary" (DAW1) medications are allowed, if a generic is available.
- The AED is not required on pregnancy tests, prescriptions for FDA approved contraceptive supplies and devices or medications for post-operative services for sterilization procedures.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in the October 2014 Medicaid Special Bulletin for the "Be Smart" program.
- Beneficiaries may not be billed for any family planning or family planning-related service, including lab services, which are covered by the "Be Smart" program.

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**How do I handle specific billing/coding questions or denials of submitted claims for reimbursement?**

- Due to the numerous variables that may be involved in a billing/coding issue, or submittal or denial of a claim for reimbursement, providers should call the CSC Call Center.
- Contact information:  
**CSC at 1-800-688-6696**

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**How to Apply for the SPA**

- Health Choice/Health Check Application
- Local Department of Social Services
- Local Health Departments (as applicable)
- Federally Qualified Health Centers
- On-Line Application  
<http://www.dhhs.state.nc.us/dma/medicaid/apply.htm>
- Application processing period: can take up to 45 days

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### “Be Smart” FP Information/Resources

Billing Issues: CSC at 1-800-688-6696

Provider Services Questions: (919) 855-4050

Clinical Coverage Policy Family Planning Services:  
<http://www.ncdhhs.gov/dma/mp/1E-7.pdf>

Medicaid Special Bulletin, for the “Be Smart” Family Planning Program: <http://www.ncdhhs.gov/dma/bulletin/FPW.pdf>

Family & Children’s Eligibility Manual, MA-3265/Medicaid Family Planning Waiver <http://info.dhhs.state.nc.us/olm/manuals/dma-fcm/chg/MA3265.pdf>

FPW Reports: <http://www.ncdhhs.gov/dma/services/familyplanning.htm>  
Be Smart, Be Ready Family Planning Program Brochure (English)  
[http://www.ncdhhs.gov/dma/medicaid/FPW\\_Brochure\\_111414.pdf](http://www.ncdhhs.gov/dma/medicaid/FPW_Brochure_111414.pdf)

Be Smart, Be Ready Family Planning Program Fact Sheet (English)  
[http://www.ncdhhs.gov/dma/services/FPW\\_Fact\\_Sheet\\_101314.pdf](http://www.ncdhhs.gov/dma/services/FPW_Fact_Sheet_101314.pdf)

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### DHHS Family Planning Program Managers

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### Reminders

At <http://whb.ncpublichealth.com/provPart/training.htm> see the Women’s Health Meetings heading & click New & Improved “Be Smart” Family Planning Program Webinar to access the:

- 1) **ONLINE** roster to download a certificate of completion **AFTER THE WEBINAR**. **EACH ATTENDEE** who views the live or archived webinar needs to complete it to have accurate attendance numbers for training reports.
- 2) archived webinar link will be available **after December 16, 2014**.

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