

7. FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

Overview

This chapter describes how confidentiality and unrestricted access to family planning and reproductive health services will be maintained for individuals enrolled in MCOs. It also discusses how care will be coordinated between network and non-network providers to the extent feasible given confidentiality requirements. The chapter concludes with a description of the payment methodology for family planning and reproductive health services.

For purposes of The Partnership Plan, family planning and reproductive health services are defined to include the offering, arranging, and furnishing of those services which enable individuals, including minors who may be sexually active, to prevent or reduce incidence of unintended pregnancies.

Confidentiality and Unrestricted Access

Under The Partnership Plan, MCO enrollees will be permitted to obtain family planning and reproductive health services from any qualified Medicaid provider without referral, whether or not the provider is part of the MCO's network, and without prior approval by the MCO or a member's PCP. MCOs will be required to include language in their member handbooks which explains an enrollee's right to access the full range of family planning and related reproductive health care services from any qualified Medicaid provider of their choice, regardless of whether that provider is a network member. MCOs must also comply with the consumer education requirements discussed below.

MCOs also will be required to adhere to standard confidentiality requirements, to the extent they learn about provision of out-of-network family planning and reproductive health services to any of their members (see payment section below).

Consumer Education

Prior to phase-in of the mandatory counties, the NYS DOH provided training to local districts, including information about the free access family planning and reproductive health policy and written material describing the policy. Local districts were instructed to inform potential enrollees about free access and to inform them of MCOs that do not provide family planning and related reproductive health services in their benefit packages. Plans that do not include family planning services in their capitated benefit are required to develop policies and procedures for ensuring that members are fully informed of their right to access the full range of family planning and reproductive health services (see Appendix C of the MMC/FHPlus Model Contract at www.nyhealth.gov/health_care/providers/index.htm). NYS DOH staff reviewed enrollment procedures of local districts as they were phased into the mandatory program and monitor enrollment procedures on an on-going basis to ensure that those procedures include providing information on free access to family planning and reproductive health services.

MCOs must notify all enrollees of reproductive age (including minors who may be sexually active) about their right to self-refer within the MCO for family planning and reproductive health services, when the MCO's capitation includes these services (see below). MCOs must also notify all Medicaid enrollees about their right to obtain family planning and reproductive health services and supplies from any network or non-network Medicaid provider without referral or approval. The notification must be provided to all new members, including auto-assigned members, and must contain the following:

- At the time of enrollment, notification of the Medicaid enrollee's right to obtain the full range of family planning and reproductive health services (including HIV counseling and testing when performed as part of a family planning encounter) from either an MCO provider or any qualified non-network provider, which undertakes to provide such services to the enrollee, without a referral, approval, or notification;
- A current list of qualified network and non-network family planning providers within the geographic area who provide a full range of family planning and reproductive health services including addresses and telephone numbers;
- Information that these Medicaid-covered family planning and reproductive health care services will be paid for by Medicaid, regardless of where the enrollee obtains services (so long as the provider is a Medicaid provider).
- For MCOs that do not provide family planning services as part of their benefit package, a letter is addressed to enrollees notifying them that the MCO does not provide these services and affirming the right of each member to receive reproductive and family planning services under the Medicaid program. A list of family planning providers, approved by the NYS DOH or the local district, must also be included for each service area within which the MCO operates. The policy and procedure statement regarding family planning services must be included on any web site of the MCO which includes information concerning its Medicaid managed care program. Such information must be prominently displayed and easily navigated.

Also, local districts and the enrollment broker will discuss the State's free access policy for family planning and reproductive health services during group and face-to-face counseling.

In many areas of the State, and in particular in New York City, MCOs' coordination activities with school-based clinics (see Chapter 5) serve as an important avenue for educating adolescents about the availability of family planning services. Since adolescents may also self-refer for this care, the school-based health clinics may assist adolescents by making direct referrals to appropriate providers on behalf of these young adults. MCOs are also required to have policies and procedures in place to ensure the confidentiality of service provision to adolescents when they elect to receive family planning and reproductive health services from an MCO network provider.

During the development of the waiver, the Department created the Family Planning Workgroup to assist in designing a public education campaign to educate consumers about the family

planning and reproductive health free access policy for Medicaid managed care. Workgroup membership included family planning advocates, local social services district and health unit officials and providers of family planning services. Over a four month period beginning in November 1997, the Workgroup explored ways to clearly communicate to Medicaid recipients their options relating to family planning and reproductive health services.

Provider Education

MCOs and family planning providers must inform their practitioners and administrative personnel about policies concerning free access to family planning and reproductive health services, HIV counseling and testing, reimbursement, enrollee education and confidentiality.

All providers must comply with professional medical standards of practice and the MCOs' practice guidelines. These include, but are not limited to, standards established by the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the U.S. Task Force on Preventive Services and the New York State Child/Teen Health Plan. These standards indicate that family planning counseling is an integral part of primary and preventive care.

Coordination

Because of the confidential nature of family planning services, the State is not imposing requirements for coordination between out-of-network and in-network providers. However, as part of its general guidelines for MCOs, the State encourages that reasonable steps be taken to encourage coordination across all providers, with PCPs serving as the nexus for their members.

Payment Methodology

Family planning is an optional capitated benefit for MCOs. In their proposals submitted to the State as a part of the 1996 procurement, MCOs were required to select one of two alternatives:

- Be capitated for family planning services and accept responsibility for both network and non-network providers. In the case of non-network providers, the State will reimburse providers using the Medicaid fee schedule and recoup these funds from future MCO capitation payments.
- Exclude family planning services from the capitation and require providers to bill the State directly.

MCOs that elected the first option will be paid a capitation rate that includes dollars for family planning and related reproductive health. MCOs that elected the second option will have no role in the reimbursement of family planning and related reproductive health services.

Extended Family Planning Benefit

Chapter 649 of the Laws of 1996 contains provisions to permit the extension of a family planning benefit package for pregnant women eligible for Medicaid under the provisions of SOBRA who would normally lose eligibility for Medicaid 60 days post-partum. These women have incomes at or below 200% of the federal poverty level and are eligible for Medicaid for the duration of their pregnancies and the 60 days post-partum period. There is no resource eligibility test for these women and, once they become eligible during their pregnancy, their eligibility is guaranteed regardless of any changes in income or family situation until 60 days post-partum.

During the extension period these women will remain eligible for family planning and reproductive health services. The extension period begins on the first of the month following the month in which the 60th day of post-partum occurs.

Expanded Family Planning

Family planning services are provided to women and men with net incomes at or below 200 percent of the Federal Poverty level (FPL). Family planning services are limited to those whose primary purpose is family planning and which are provided in a family planning setting.

FAMILY HEALTH PLUS - FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

Under Family Health Plus, family planning and reproductive health services are included in the benefit package at the option of the MCO.

FHPlus Enrollees may receive such services from any Participating Provider if the MCO includes family planning and reproductive health services in its benefit package, or directly from a provider affiliated with the Designated Third Party Contractor if such services are not included in the MCO's benefit package.

Confidentiality, Education and Coordination requirements are consistent with those for Medicaid managed care. MCOs must follow the New York State Department of Health Requirements for the Provision of Family Planning and Reproductive Health Services in Appendix C of the MMC/FHPlus contract available online at http://www.nyhealth.gov/health_care/managed_care/providers/index.htm.