



TAKE CHARGE PLUS (FAMILY PLANNING SERVICES)

Chapter Forty-Eight of the Medicaid Services Manual

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**State of Louisiana
Bureau of Health Services Financing**

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION: TABLE OF CONTENTS

PAGE(S) 2

FAMILY PLANNING – TAKE CHARGE PLUS**TABLE OF CONTENTS**

<u>SUBJECT</u>	<u>SECTION</u>
OVERVIEW	SECTION 48.0
COVERED SERVICES	SECTION 48.1
Family Planning Services	
Family Planning-Related Services Provided Under State Eligibility Option	
Return Visits	
Pharmaceuticals and Supplies	
Primary Care Services (Non-Covered)	
Sterilization	
BENEFICIARY REQUIREMENTS	SECTION 48.2
Eligibility Verification	
PROVIDER PARTICIPATION	SECTION 48.3
REIMBURSEMENT	SECTION 48.4
Billing Information	
Adjusting/Voiding Claims	
RECORDING KEEPING	SECTION 48.5
Content and Organization of the Medical Record	
Confidentiality and Release of Records	

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION: TABLE OF CONTENTS **PAGE(S) 2**

RESERVED

APPENDIX A

FREQUENT CONTACT INFORMATION

APPENDIX B

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS**SECTION: OVERVIEW****PAGE(S) 1**

OVERVIEW

Take Charge Plus (TCP) is a limited benefit program available to males and females of child-bearing age. It offers family planning and family planning related services to eligible beneficiaries, including treatment for sexually transmitted infections (STI) and non-emergency medical transportation to family planning appointments.

Eligible individuals must not have previously had a medical procedure that would prevent pregnancy, such as hysterectomy, tubal ligation or vasectomy, and must have family income at or below 138 percent of the federal poverty level (FPL).

All Medicaid providers whose scope of practice includes family planning and family planning-related services may deliver these services. Providers are reimbursed at established fee-for-service rates, published in the TCP fee schedule at www.lamedicaid.com.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.1: COVERED SERVICES**PAGE(S) 3**

COVERED SERVICES

The primary goal of family planning services is to increase access to services which will allow improved reproductive and physical health, improve perinatal outcomes, and reduce the number of unintended pregnancies. Services available to individuals under this program include family planning and family planning-related services.

Family Planning Services

Medicaid covered family planning services include:

1. Physical examinations or medically necessary re-visits as it relates to family planning or family planning-related services for both males and females of childbearing age. These office visits may include any of the following:
 - a. Comprehensive patient history;
 - b. Physical examination;
 - c. Laboratory tests; and
 - d. Contraceptive counseling.
2. Seven evaluation and management office visits per year for physical examinations for both males and females as it relates to family planning or family planning-related services;
3. Contraceptive counseling (including natural family planning), education, follow-ups, and referrals;
4. Laboratory examinations and tests for the purposes of family planning and management of sexual health;
5. Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the U.S. Food and Drug Administration (FDA); and
6. Male and female sterilization procedures and follow-up tests provided in accordance with 42 CFR 441, Subpart F.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.1: COVERED SERVICES

PAGE(S) 3

Family Planning-Related Services Provided Under State Eligibility Option

Family planning-related services include the diagnosis and treatment of sexually transmitted diseases (STDs) or sexually transmitted infections (STIs), regardless of the purpose of the visit at which the disease or infection was discovered.

Medicaid covered family planning-related services include:

1. Diagnostic procedures to identify and diagnose a STD/STI, or disorder identified or diagnosed at a family planning visit (other than Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) or hepatitis);

NOTE: Treatment for HIV/AIDS or hepatitis are not covered.

2. Vaccine to prevent cervical cancer/human papillomavirus (HPV);
3. Treatment of major complications from certain family planning procedures, which may result in inpatient services, such as:
 - a. Treatment of a perforated uterus due to an intrauterine device (IUD) insertion;
 - b. Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - c. Treatment of surgical or anesthesia-related complications during a sterilization procedure.
4. Non-emergency transportation services.

Return Visits

Return visits (excluding routine supply visits) include an assessment of the beneficiary's health status, current complaints, and an evaluation of birth control method and an opportunity to change these methods.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.1: COVERED SERVICES**PAGE(S) 3**

Pharmaceuticals and Supplies

The pharmaceuticals (drugs, supplies, and devices) covered in the outpatient pharmacy program for the family planning program includes all FDA approved contraceptives such as:

1. Birth control pills and condoms;
2. IUDs;
3. Implants and patches; and
4. Diaphragms and spermicides.

There are select drugs which are covered by Take Charge Plus (TCP) for the treatment of STDs and STIs.

Primary Care Services (Non-Covered)

Primary care services **are not covered** by TCP; however, if a need for primary care services is identified during a family planning or family planning-related visit, the health care provider is responsible for informing the beneficiary that these services are not covered.

Examples of non-covered services include, but are not limited, to:

1. Mammograms;
2. Hysterectomy; and
3. Emergency room visits.

Sterilization

Sterilizations must comply with Medicaid program requirements. Please refer to Section 5.1 – Covered Services – Gynecology of the Professional Services provider manual for the entire sterilization policy.

Beneficiaries who have received sterilization services under TCP will only receive family planning-related services in connection with, or as a result of, the sterilization visit.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.2: BENEFICIARY REQUIREMENTS**PAGE(S) 1**

BENEFICIARY REQUIREMENTS

Family planning and family planning-related services are available through Take Charge Plus (TCP) for both male and female Louisiana residents of child-bearing age, who meet the following criteria, regardless of whether or not they have other health insurance:

1. Have family income at or below 138 percent of the federal poverty level;
2. Are not eligible for any other Medicaid program;
3. Are not pregnant; and
4. Have not been sterilized prior to program participation.

It is the responsibility of the provider to ensure beneficiaries receiving TCP-related services meet the above referenced criteria.

Eligibility Verification

Refer to Section 1.2 *Beneficiary Eligibility of the General Information and Administration* provider manual for information on verifying beneficiary eligibility.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.3: PROVIDER PARTICIPATION**PAGE(S) 1**

PROVIDER PARTICIPATION

Family planning services may be provided by any Medicaid-enrolled provider, whose scope of practice permits the delivery of family planning and family planning-related services, including, but not limited to:

1. Physicians;
2. Advanced practice registered nurses (APRNs);
3. Physician assistants (PAs);
4. Family planning clinics;
5. Federally qualified health centers (FQHCs);
6. Rural health clinics (RHCs); and
7. Tribal/American Indian 638 clinics.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.4: REIMBURSEMENT**PAGE(S) 2**

REIMBURSEMENT

Providers of Take Charge Plus (TCP) services, including federally qualified health centers (FQHCs), rural health clinics (RHCs) and American Indian/638 clinics will be reimbursed at the Medicaid fee-for-service rates published on the TCP fee schedule.

Non-physician providers such as, advanced practice registered nurses (APRNs) and physician assistants (PAs), will be reimbursed using the same methodology as the Professional Services program. (See Section 5.1 – Covered Services – APRNs and Section 5.1 – Covered Services – PAs of the Professional Services manual for reimbursement methodology).

TCP offers a limited benefit package of family planning and family planning-related services that includes:

1. Professional services;
2. Outpatient hospital services;
3. Ambulatory surgical center (ASC) services;
4. Limited inpatient services. (See Section 48.1 – Covered Services);
5. Laboratory and radiology services; and
6. Pharmaceutical services.

Billing Information

Claims processing for family planning services and family planning-related services are conducted through the fiscal intermediary (FI).

In order for providers to receive reimbursement, the primary purpose of the visit must be family planning or family planning-related. Providers must use the appropriate and definitive diagnosis code(s) for family planning or family planning related services when submitting claims that reflect the specific intent and purpose of TCP.

Providers shall accept as payment in full the amounts established by the Medicaid program and must not seek additional payment from the beneficiary for any unpaid portion of a bill. A beneficiary may be billed for services that have been determined as non-covered or exceeding a

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.4: REIMBURSEMENT**PAGE(S) 2**

limitation set by the Medicaid program. Beneficiaries are also responsible for all services rendered after eligibility has ended.

Adjusting/Voiding Claims

Please refer to Appendix E – Claims Related Information of the Professional Services provider manual for information regarding adjusting and/or avoiding claims.

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS**SECTION 48.5 RECORD KEEPING****PAGE(S) 2****RECORD KEEPING**

Records must be maintained in an organized and standardized format and comply with accepted medical record keeping standards. All records must be retained for a period of 6 years from the date the beneficiary was last treated. In the case of an audit, the records must be maintained until the audit is complete, even if the 6 years are exceeded.

Refer to Section 1.1: Provider Requirements of the General Information and Administration provider manual for more information regarding record keeping.

Content and Organization of the Medical Record

The records must contain sufficient information to identify the beneficiary, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes, but is not limited to, the following:

1. Personal data;
2. Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment;
3. Scheduled follow-up visits when necessary;
4. Telephone encounters of a clinical nature;
5. Documentation of continuing care, referral, and follow up;
6. Signed informed consent;
7. Signed refusal of services;
8. Allergies and drug reactions; and
9. Entries by counseling and social service staff.

Records must be:

1. Systematically organized, complete, legible, and accurate;
2. Signed by the clinician (name, title, and date);

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS**SECTION 48.5 RECORD KEEPING****PAGE(S) 2**

3. Readily accessible immediately upon request by authorized state and federal agencies or their authorized representatives, including, but not limited to, the Louisiana Department of Health (LDH), the Louisiana Department of Justice's Medicaid Fraud Control Unit and the U.S. Department of Health and Human Services;
4. Supportive of the services provided;
5. Confidential, safeguarded against loss or use by unauthorized persons; and
6. Available for review upon the beneficiary's request.

Confidentiality and Release of Records

Providers must:

1. Maintain a confidentiality assurance statement and Human Immunodeficiency Virus (HIV) information according to state law and be kept separate whenever possible;
2. Have the beneficiary's written consent for the release of personal identifiable information, except as may be necessary to provide services or as required by law; and
3. Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations and other applicable state and federal laws.

CHAPTER 48: FAMILY PLANNING- TAKE CHARGE PLUS

APPENDIX B: FREQUENT CONTACT INFORMATION**PAGE(S) 4**

FREQUENT CONTACT INFORMATION**Gainwell Technologies**

The Medicaid Program's fiscal intermediary (FI), Gainwell Technologies can be contacted for assistance with the following:

TYPE OF ASSISTANCE	CONTACT INFORMATION
e-CDI technical support	Gainwell Technologies (877) 598-8753
Electronic Media Interchange (EDI) Electronic Claims sign up and testing	P.O. Box 91025 Baton Rouge, LA 70821 Phone: (225) 216-6303 Fax: (225) 216-6335
Pharmacy Point of Sale (POS)	P.O. Box 91019 Baton Rouge, LA 70821 Phone: (800) 648-0790 (Toll Free) Phone: (225) 216-6381 (Local) <i>*After hours, please call REVS</i>
Prior Authorization Unit (PAU)	Gainwell Technologies – Prior Authorization P.O. Box 14919 Baton Rouge, LA 70898-4919 (800) 488-6334
Provider Enrollment Unit (PEU)	Gainwell Technologies – Provider Enrollment P. O. Box 80159 Baton Rouge, LA 70898-0159 Phone: (225) 216-6370 Fax (225) 216-6392

CHAPTER 48: FAMILY PLANNING- TAKE CHARGE PLUS**APPENDIX B: FREQUENT CONTACT INFORMATION** **PAGE(S) 4****Gainwell Technologies (continued)**

TYPE OF ASSISTANCE	CONTACT INFORMATION
Provider Relations Unit (PR)	Gainwell Technologies – Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 Phone: (225) 924-5040 or (800) 473-2783 Fax: (225) 216-6334
Recipient Eligibility Verification (REVS)	Phone: (800) 766-6323 (Toll Free) Phone: (225) 216-7387 (Local)
Take Charge Plus Fee Schedule	https://www.lamedicaid.com/Provweb1/fee_schedules/TC_P_Fee.htm

Louisiana Department of Health (LDH)

TYPE OF ASSISTANCE	CONTACT INFORMATION
General Medicaid Hotline	(888) 342-6207 (Toll Free)
Health Standards Section (HSS)	P.O. Box 3767 Baton Rouge, LA 70821 Phone: (225) 342-0138 Fax: (225) 342-5073
Louisiana Children's Health Insurance Program (LaCHIP)	(225) 342-0555 (Local) (877) 252-2447 (Toll Free) http://ldh.la.gov/index.cfm/page/222
Office of Aging and Adult Services (OAAS)	P.O. Box 2031 Baton Rouge, LA 70821 Phone: (866) 758-5035 Fax: (225) 219-0202 E-mail: OAAS.Inquiries@la.gov https://ldh.la.gov/index.cfm/subhome/12

CHAPTER 48: FAMILY PLANNING- TAKE CHARGE PLUS**APPENDIX B: FREQUENT CONTACT INFORMATION****PAGE(S) 4****LDH (continued)**

TYPE OF ASSISTANCE	CONTACT INFORMATION
Office for Citizens with Developmental Disabilities (OCDD)	P.O. Box 3117 Baton Rouge, LA 70821 Phone: (225) 342-0095 (Local) Phone: (866) 783-5553 (Toll-free) E-mail: ocddinfo@la.gov
Take Charge Plus	P.O. Box 91030 Baton Rouge, LA 70821 Phone: (888) 342-6207
Third Party Liability (TPL) TPL Recovery, Trauma	453 Spanish Town Road Baton Rouge, LA 70802 Phone: (225) 342-1376 Fax: (225) 342-5292

Fraud Hotline

TYPE OF ASSISTANCE	CONTACT INFORMATION
To report fraud	Program Integrity (PI) Section P.O. Box 91030 Baton Rouge, LA 70821-9030 Fraud and Abuse Hotline: (800) 488-2917 Fax: (225) 219-4155 http://ldh.la.gov/index.cfm/page/219

CHAPTER 48: FAMILY PLANNING- TAKE CHARGE PLUS**APPENDIX B: FREQUENT CONTACT INFORMATION****PAGE(S) 4****Appeals**

TYPE OF ASSISTANCE	CONTACT INFORMATION
To file an appeal	Division of Administrative Law (DAL) - Louisiana Department of Health Section P.O. Box 4033 Baton Rouge, LA 70821 Phone: (225) 342-0443 (225) 219-9823 (Fax)

Other Helpful Contact Information:

TYPE OF ASSISTANCE	CONTACT INFORMATION
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov/
Office of Population Affairs (OPA) Clearinghouse	P.O. Box 30686 Bethesda, MD 20824-0686 Phone: (866)-640-7827 Fax: (866)-592-3299 E-mail: Info@OPAClearinghouse.org
Southeasterns Transportation Inc. Transportation Call Center	(855) 325-7626
U.S. Department of Health and Human Services Sterilization and Consent Forms	https://opa.hhs.gov/reproductive-health/preventing-pregnancy-contraception