

CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

SECTION 48.2: RECIPIENT REQUIREMENTS

RECIPIENT REQUIREMENTS

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

- Have family income at or below 138 percent of the Federal Poverty Level;
- Are not eligible for any other Medicaid program; and
- Are not sterilized prior to program participation.

Eligibility Verification

It is the provider’s responsibility to verify eligibility prior to services being rendered. Recipient eligibility is verified by swiping the Medicaid card using the Medicaid Eligibility Verification System (MEVS) or by telephoning the Recipient Eligibility Verification System (REVS).

MEVS Eligibility Confirmation

The information identified in the confirmation of eligibility in MEVS is contingent on the type of provider making the inquiry. The following chart is an example of the information provided during an inquiry by a hospital provider.

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	TAKE CHARGE PLUS SERVICES REFER TO www.lamedicaid.com -BILLING INFORMATION FOR BILLABLE CODES
Benefit Description	Individual	Medicaid	Recipient Entitled To Limited Benefits.
Benefit Description	Individual	Medicaid	Preferred Language: English.

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Service Limitations

Coverage Level	Individual
Service Type	Professional (Physician) Visit - Office
Insurance Type	Medicaid
Units	7 Visits Remaining

REVS Eligibility Confirmation

Providers who verify eligibility via REVS will receive the following information when confirming eligibility:

- The Recipient is eligible for TAKE CHARGE PLUS Services only.
- Benefits are limited.
- The recipient has “X” Family Planning visits remaining.