

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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Family Planning Eligibility Program Reminders

As published previously in Indiana Health Coverage Programs (IHCP) bulletins [BT201243](#) and [BT201301](#), members enrolled in the Family Planning Eligibility Program (aid category MA E) are eligible for family planning services only. Covered and noncovered services under the Family Planning Eligibility Program are restated in this banner page as a reminder.

Services covered under the Family Planning Eligibility Program include:

- Annual family planning visits, including health education and counseling necessary to understand and make informed choices about contraceptive methods
- Laboratory tests, if medically indicated as part of the decision-making process regarding contraceptive methods
- Limited health history and physical (H&P) examinations
- Pap smears
- Initial diagnosis and treatment of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), if medically indicated, including the provision of Food and Drug Administration (FDA)-approved anti-infective agents
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider
- Providing FDA-approved oral contraceptives, and contraceptive devices and supplies, including emergency contraceptives
- Screening, testing, counseling, and referral of members at risk for human immunodeficiency virus (HIV)

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- Tubal ligations
- Hysteroscopic sterilization with an implant device
- Vasectomies

Services **not** covered under the Family Planning Eligibility Program include:

- Abortions
- Any drug or device intended to terminate fertilization
- Artificial insemination
- IVF (*in vitro* fertilization)
- Fertility counseling
- Fertility treatment
- Fertility drugs
- Inpatient hospital stays
- Reversal of tubal ligation and vasectomies
- Treatment for any chronic condition, including STDs or STIs that have advanced to chronic conditions
- Services unrelated to family planning
- Emergency room services



Family Planning Eligibility Program services may be self-referred, and reimbursement is allowed for covered services rendered by IHCP-enrolled providers, including but not limited to physicians, certified nurse midwives, family planning clinics, and other outpatient facilities. The IHCP will not reimburse for emergency room services provided to members enrolled in the Family Planning Eligibility Program. However, providers that receive Medicaid funds are required to follow the Emergency Medical Treatment and Labor Act (EMTALA) to ensure public access to emergency services regardless of a member's ability to pay.

If a member eligible under the Family Planning Eligibility Program chooses to have services performed in the emergency room (ER) setting, or if the member chooses to have services performed that are not related to family planning, and therefore not covered, a waiver may be signed by the member and the member may be billed for those services. *If a waiver is used to document that a member has been informed a service is noncovered, the waiver must not include conditional language and must be specific about the services rendered that are noncovered.* Providers must maintain documentation in the member's file that the member voluntarily chose to receive the service, knowing that the IHCP did not cover it. Please refer to *Section 6: Charging Members for Noncovered Services* in [Chapter 4](#) of the *IHCP Provider Manual* for additional information on this topic.

IHCP third-quarter provider workshops coming soon

The Indiana Health Coverage Programs (IHCP) is offering one-day educational workshops to providers in third-quarter 2013. The workshops include the following sessions:

- **Transportation ...the Right Way:** This session includes information specifically relevant for transportation providers.
- **Introduction to IHCP:** This session covers the overall structure of the IHCP and is ideal for those who are new to Medicaid.
- **IHCP Updates:** This session provides an overview of newly released and updated information for all providers.
- **Indiana Care Select Top 10 Most Common Questions, Concerns, or Issues:** This session, presented by representatives of MDwise Inc. and ADVANTAGE Health Solutions, is directed toward *Care Select* providers.
- **EPSDT and Bright Futures:** This session on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), presented by managed care entities, is ideal for primary care providers, billing staff, clinical staff, and office management.
- **Anthem Hoosier Healthwise and HIP Updates:** This session includes updates relevant for Anthem plan providers.
- **Life of a Claim at MDwise:** This session includes updates relevant for MDwise plan providers.
- **Managed Health Services and Cenpatico Behavior Health Third-Quarter Updates:** This session includes updates relevant for MHS plan providers.

For more details about session content, workshop dates and locations, and registration visit the [Provider Education](#) page at indianamedicaid.com.

Waiver mini-workshop scheduled for July 31

The Indiana Health Coverage Programs (IHCP) is offering a 90-minute workshop for prospective and current Home and Community-Based Services (HCBS) waiver providers. Providers will learn about:

- Member eligibility
- Provider enrollment
- Billing
- Common reasons for claim denials

This session is ideal for all waiver providers and case managers billing for waiver program services. The workshop, scheduled for 9 a.m. (Eastern Time), Wednesday, July 31, 2013, is offered via Virtual Room. To register for the waiver workshop, go to the [Provider Education](#) page at indianamedicaid.com.

QUESTIONS?

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