

Colorado Medicaid Family Planning Benefits & Family Planning Expansion Projects

Kim Tolchinsky, MPH

Colorado Dept of Health Care Policy and Financing

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Questions can be sent to hcpf.maternalchildhealth@state.co.us



Agenda

General Family Planning Billing

- Covered Services
- Modifiers

Family Planning Expansion Overview

- Program Eligibility
- Reminders
 - FQHC Billing Exceptions
 - Balance Billing
 - EMS/RHCP Application
- Provider/Member Resources

Covered Services



Family Planning Services

Birth Control Methods

Oral Pills

IUD

Implant

Shot

Sterilization Services

Tubal Ligation

Vasectomy

Basic Fertility Assessments

Fertility Awareness

Sperm Analysis

Contraceptive Counseling

Provider-Patient
Conversations

Contraception Adherence



Family Planning-Related Services



Services
provided during
or in follow up
to a family
planning visit

Family
Planning
Related
Services

STI/STD Testing
and Treatment

Chlamydia

Gonorrhea

HIV/Syphilis/Hepatitis Testing

Cervical Cancer
Screening and
Prevention

HPV Vaccine & Test

Pap Test

Medication and
Treatment for
Related Infections

Urinary Tract Infections

Genital Herpes

Related
Preventative
Services

Tobacco Cessation Services

Depression Screenings



Billing Family Planning Services



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Policy & Financing

Billing Family Planning Services

- To indicate that a claim is for family planning purposes:
 - CMS 1500 Professional Claims
 - Detail Level Modifier (FP or FP+32)
 - UB-04 Facility Claims
 - Covered Codes

Purpose of the Modifiers

- FP and FP+32 modifiers used for ALL benefit plans (including members with full Medicaid coverage)
 - Reimbursement
 - Out of network patients
- Family Planning Expansion Benefits:
 - Claims without the FP modifier will **not** pay for FAMPL and EMS members
 - Billing guidance can be found in our [Billing Manual](#)

Additional Billing Information

- Billing Manuals
 - [Family Planning Expansion Benefit](#)
 - [OB](#)
 - [Lab Services](#)
 - [Hospital Billing Manual](#)
- Questions can be sent to hcpf_maternalchildhealth@state.co.us

Family Planning Expansion Benefit Plans



Family Planning Expansion Benefit Plans

- Effective July 2022, Colorado Medicaid has two **limited** benefit plans that cover family planning and family planning-related services for eligible individuals who do not qualify for full Medicaid coverage
 1. Emergency Medicaid Services (EMS/RHCP)
 2. Family Planning Limited Benefit Plan (FAMPL)





EMS Benefit Plan

Emergency Medicaid Services & Reproductive Health Care Program



Eligibility

- ✓ Meets ALL Medicaid eligibility requirements with exception to **citizenship status**.
- ✓ SSN requested on application, but not needed
- ✓ No gender or age restrictions
- ✓ 12 months of coverage between renewals

Using/Applying for EMS coverage is not considered in public charge test

LEARN MORE

- [EMS Website](#)
- [Public Charge Resources](#)

Coverage

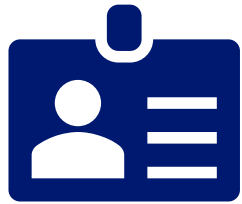
This is a limited benefit that does NOT cover full Medicaid services

Covers:

- ✓ Emergency Services
- ✓ Family Planning Services
- ✓ Family Planning-Related Services

EMS BENEFIT PLAN INCLUDES COVERAGE OF BOTH REPRODUCTIVE AND EMERGENCY SERVICES THERE ARE NOT SEPARATE PLANS





FAMPL Benefit Plan

Family Planning Limited



Eligibility

- ✓ Meets ALL Medicaid eligibility requirements with exception to **income**.
- ✓ Income 133%-260% FPL
- ✓ Members can be presumptively eligible for coverage
- ✓ No gender or age restrictions

Coverage

This is a limited benefit that does NOT cover full Medicaid services

Covers:

- ✓ Family Planning Services
- ✓ Family Planning-Related Services

NOT Covered:

- Maternal health services, including prenatal care and labor
- Other non-family planning or related services



FQHC Billing

Due to common practices and billing procedures of Federally Qualified Health Centers and Rural Health Centers, billing guidance is slightly different.

1. Intent of the visit should be for family planning services.
2. Only covered services should have the modifiers and be on the claim.
3. Non-covered services should go on the cost report.

Balance Billing

- Medicaid members cannot be billed for services covered by their benefit plan
 - [Informational Provider Bulletin](#)
 - [Policy Statement](#)
 - Get help through [provider support page](#)
- For NON-COVERED services, members must sign a consent form agreeing to financial responsibility
- Since FAMPL/EMS are limited benefit plans, there is a wider range of non-covered services.



Consent Form

- No specific format for consent form
- Not specific to family planning services- same form your site uses for billing any Medicaid member for non-covered services.
- Needs to include:
 1. Lists the service to be provided and explains that the service is not covered by Medicaid
 2. Lists the amount due and makes it clear that, by signing, the member agrees to pay for the non-covered service, and
 3. Is signed and dated by the member, prior to services being rendered.



EMS Enrollment

Concern

EMS/RHCP Members being disenrolled from benefit plan after end of pregnancy

- EMS/RHCP benefit plan covers family planning and emergency services for span of 1 year
- Members should NOT need to reapply after their pregnancy ends
- If application is **not** filled out accurately, member may be ONLY covered temporarily and disenrolled after their pregnancy ends
- **NOTE: This has NOT been a commonly reported issue**

Solution

Application MUST indicate that they are applying for coverage of FP/emergency services.



Family Planning Expansion Outreach



Member Resources

[Family Planning Expansion
Member Website](#)

[EMS Member Website](#)

[Application Resources](#)

[Member Handbook](#)



Learn more on HCPF's Reproductive
Health Programs Website



Provider Outreach



Share

- [Family Planning Billing Manual](#)
- [OB Billing Manual](#)
- [Provider Bulletin](#)
- [Reproductive and Maternal Health Programs and Resources](#)



Connect

- [Gainwell Support Site](#)
- HCPF_MaternalChildHealth@state.co.gov





Thank you

Please Contact
HCPF_MaternalChildHealth@state.co.gov
with any questions.

