

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa DiLernia

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to establish program coverage for the new Plan First family planning eligibility group.

Reason for policy (problem being addressed):

The Plan First program will expand access to family planning services and supplies to those who do not qualify for other Medicaid programs.

Budget implication:

budget neutral

will cost MDHHS \$ 6 million per year, this figure represents \$4.5 million federal and \$1.5 million state general fund , and is budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

No.

Does policy have operational implications on other departments?

No.

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2313-Plan First	Date: April 13, 2023

Comments Due: May 18, 2023

Proposed Effective Date: July 1, 2023

Direct Comments To: Lisa DiLernia

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<p>Policy Subject: Plan First Family Planning Program</p> <p>Affected Programs: Medicaid</p> <p>Distribution: All Providers</p> <p>Summary: The purpose of this policy is to establish program coverage for the new Plan First family planning eligibility group.</p> <p>Purpose: The Plan First program will expand access to family planning services and supplies to those who do not qualify for other Medicaid programs.</p> <p>Cost Implications: Plan First will cost MDHHS \$6 million per year. This figure represents \$4.5 million federal and \$1.5 million state general fund per year.</p> <p>Potential Hearings & Appeal Issues: None anticipated.</p>
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State Plan Amendment Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted: Pending	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: Pending
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Tribal Notification: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - Date: 10/11/2022

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: All Providers

Issued: June 1, 2023 (Proposed)

Subject: Plan First Family Planning Program

Effective: July 1, 2023 (Proposed)

Programs Affected: Medicaid

Note: Implementation of this policy is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services (CMS).

The purpose of this bulletin is to establish program coverage for the new Plan First family planning eligibility group effective for dates of service on or after July 1, 2023. The Plan First program will expand access to family planning services and supplies to those who do not qualify for other Medicaid programs.

It is the goal of Michigan Department of Health and Human Services (MDHHS) to ensure that family planning services are available and accessible to every eligible individual. Family planning services may be provided and billed by qualified Medicaid-enrolled providers. Qualified family planning providers working within their state licensure and scope of practice include, but are not limited to, Title X family planning clinics, Local Health Departments, Federally Qualified Health Centers, Tribal Health Centers, and primary care or obstetrical providers such as physicians, physician assistants, Certified Nurse-Midwives, Nurse Practitioners, and Clinical Nurse Specialists.

General Information

The Plan First family planning program includes a broad range of medically-approved services, which includes U.S. Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for individuals who want to prevent pregnancy and space births. It also includes pregnancy testing and counseling, sexually transmitted infection (STI) services, and other preconception health services.

Plan First Program Eligibility

Individuals eligible under the new family planning group are individuals:

- Who have income at or below 195% of the Federal Poverty Level (FPL) under the Modified Adjusted Gross Income (MAGI) methodology;

- Of any age or gender;
- Who are not pregnant at the time of application; and
- Who are a resident of the state of Michigan and meet Medicaid citizenship requirements.

Covered Services

The Plan First program includes the following covered services:

- Office Visits:
 - Family planning services, including preconception counseling, contraceptive counseling, and physical exams
 - Preventive services, including annual wellness exams, preventive screening, counseling, and vaccines to prevent STIs, including Human Papilloma Virus (HPV) and Hepatitis B
 - Diagnostic procedures, counseling, and follow-up visits to diagnose and/or treat an STI or STI-related condition identified or diagnosed at a family planning visit (other than human immunodeficiency virus [HIV]/acquired immunodeficiency syndrome [AIDS] and hepatitis)
 - Basic diagnostic infertility services, including infertility counseling
 - Treatment of major complications related to family planning services and family planning-related procedures
- Laboratory Services:
 - Pregnancy testing
 - Screening for cervical cancer and treatment of pre-cancerous conditions which commonly originate from an STI
 - HIV/AIDS, Hepatitis testing and counseling
- Pharmaceutical Services:
 - All methods of contraception supplies and devices to prevent or delay pregnancy approved by the FDA
 - Over-the-counter contraceptives and supplies, such as condoms, spermicides, and sponges
 - Pharmaceuticals to treat an STI or STI-related condition identified or diagnosed at a family planning visit (other than HIV/AIDS and hepatitis)
- Sterilization Procedure Services:
 - Voluntary sterilization surgical procedures and follow-up care provided in accordance with Medicaid program coverage.

Refer to the Sterilization subsections of the Practitioner and Hospital Chapters of the MDHHS Medicaid Provider Manual for other coverage requirements related to sterilizations.

Noncovered Services

The Plan First program does not cover the following:

- Abortions
- Treatment for infertility, such as drugs or artificial insemination
- Reversal of voluntary sterilization
- Hysterectomies for sterilization
- Pharmaceuticals for the treatment of HIV or Hepatitis
- Inpatient hospital services

Additional Information

Family planning services are not subject to copays.

Family planning services covered under the Plan First program are limited to billing those Current Procedural Terminology (CPT) codes as specified in the Plan First database available on the MDHHS website.

Providers must report an appropriate family planning-related diagnosis code as the primary diagnosis on claims for family planning services. Plan First services are not subject to beneficiary cost-sharing.

All Plan First enrollees have free choice of family planning providers and may obtain covered family planning services from any Medicaid-enrolled providers.