

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XXII. 1115 Demonstration Waivers

Subpart 1. General Provisions

Chapters 1. - 16. Reserved.

Chapter 21. General Provisions

§2101. Purpose

A. The family planning waiver, called Take Charge, will increase access to family planning services for women who currently are not eligible for such services, but who would be eligible for Medicaid coverage, based on their income, if they became pregnant.

B. The primary goals of this family planning waiver are to:

1. increase access to services which will allow management of reproductive health;
2. reduce the number of unintended pregnancies; and
3. decrease Medicaid expenditures from prenatal and delivery related services for women in the targeted population.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006).

§2103. Enrollment

A. Family planning waiver services will be available to eligible women according to the following enrollment caps.

1. For the first year, priority will be set to enroll up to 25,000 women whose pregnant woman certifications are being closed.

a. On a first-approved basis, up to 50,000 additional women who are not eligible for participation in the priority group established in Paragraph A.1 above may be enrolled until a cap of 75,000 enrollees has been reached for the first waiver year. Enrollment caps cannot be exceeded.

2. For the second year, priority will be set to enroll up to 22,250 women whose pregnant woman certifications are being closed.

a. On a first-approved basis, additional enrollees, including those established in Paragraph A.2 above, will be allowed to enroll until a cap of 110,250 enrollees has been reached for the second waiver year. Enrollment caps cannot be exceeded.

B. Additional enrollment caps for subsequent years will be published in Potpourri notices.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006).

Chapter 23. Eligibility

§2301. Recipient Qualifications

A. Family planning waiver services shall be provided to women who:

1. are 19 through 44 years of age;
2. have family income at or below 200 percent of the federal poverty level;
3. are not eligible for inclusion in any other Medicaid program or State Children's Health Insurance Program (SCHIP), with the exception of participants in the Greater New Orleans Community Health Connection Waiver; and
4. do not have Medicare or other private health insurance coverage other than a single coverage policy which provides limited benefits, such as a dental or vision policy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:3027 (October 2011).

Chapter 25. Services

§2501. Covered Services

A. Services provided in this family planning waiver include:

1. annual physical exams;
2. necessary lab tests; and
3. contraceptive services, including sterilizations and Food and Drug Administration (FDA) approved family planning pharmaceuticals, devices, methods or supplies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006).

§2503. Service Limits

A. There is a limit of four visits per calendar year for services rendered by a physician, nurse practitioner, physician assistant, or nurse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006).

Services Financing, LR 32:1461 (August 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2280 (October 2010), LR 37:2156 (July 2011), LR 39:506 (March 2013).

§2505. Service Delivery

A. Family planning waiver services may be delivered through any enrolled Medicaid provider whose scope of practice includes family planning services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006).

Subpart 3. Family Planning Waiver**Chapter 27. Reimbursement****§2701. Reimbursement Methodology**

A. All Medicaid providers, including federally qualified health centers, rural health clinics and tribal 638 facilities, shall be reimbursed for family planning waiver services at the Medicaid fee-for-service rates.

B. Effective for dates of service on or after January 22, 2010, the reimbursement rates for services provided in the family planning waiver shall be reduced by 5 percent of the rates in effect on January 21, 2010.

C. Effective for dates of service on or after August 1, 2010, the reimbursement rates for services provided in the family planning waiver shall be reduced by 4.6 percent of the rates in effect on July 31, 2010.

D. Effective for dates of service on or after July 1, 2012, the reimbursement rates for the following family planning waiver services shall be adjusted to be consistent with the reimbursement rates paid on the established Medicaid fee schedule for family planning services covered under the Medicaid State Plan in the Professional Services Program.

1. Rate adjustments shall be made to the following procedure codes:

a. current procedural terminology (CPT) codes 00851, 36415, 58300, 58301, 58600, 58670, 58671, 71020, 80048, 80050, 80051, 82962, 86631, 86703, 87480, 87481, 87490, 87491, 87590, 87591, 87621, 87810, 87850, 88141, 88175, 88174, 93000, 99212, 99241, and 99242, 71010, 80061, 81000, 81001, 81002, 81003, 81005, 81025, 82948, 84520, 84550, 84702, 84703, 85014, 85018, 86592, 86593, 86689, 86701, 87070, 87075, 87081, 87110, and 87210.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health