

Title 23: Division of Medicaid

Part 221: Family Planning and Family Planning Related Services

Chapter 1: Family Planning and Family Planning Related State Plan Services

Rule 1.1: Purpose

The Division of Medicaid covers family planning and family planning related State Plan services and supplies, directly or under arrangements with others, to individuals capable of reproduction, including minors who can be considered to be sexually active, who are eligible under the State Plan and who desire such services and supplies.

Source: 42 USC §1396a; Miss. Code Ann. § 43-13-121.

Rule 1.2: Freedom of Choice

- A. Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services in accordance with Miss. Admin. Code Part 200, Rule 3.6.
- B. Beneficiaries have freedom of choice to:
 - 1. Receive or reject family planning and family planning related services,
 - 2. Choose family planning and family planning related services providers, and
 - 3. Choose any method of birth control, including sterilization.
- C. Beneficiaries must not be coerced to employ or not to employ any particular method of birth control including sterilization.
- D. Providers must ensure that information is given in such a way as to encourage and support freedom of choice.

Source: 42 USC § 1396a; Miss. Code Ann. § 43-13-121.

History: Added Miss. Admin. Code Part 221, Rule 1.2.C.

Rule 1.3: Beneficiary Cost Sharing

Family planning and family planning related services are exempt from cost sharing (co-pay) requirements in accordance with Miss. Admin. Code Part 200, Rule 3.7.

Source: 42 USC § 1396a; 42 CFR §§ 447.50-447.57; Miss. Code Ann. § 43-13-121.

Rule 1.4: Covered Services

- A. Family planning and family planning related services are available for eligible beneficiaries who voluntarily choose to:
1. Prevent pregnancy,
 2. Plan the number of pregnancies, or
 3. Plan the spacing between pregnancies.
- B. Family planning and family planning related services include, but are not limited to:
1. Contraceptive injections purchased by the provider and administered in the provider's office,
 2. Prescription contraceptives dispensed through the pharmacy program,
 3. Insertion, removal, and removal with reinsertion of a contraceptive intrauterine device,
 4. Insertion, removal, and removal with reinsertion of a contraceptive implant,
 5. Diaphragm or cervical cap fitting with instructions,
 6. Vaginal rings,
 7. Voluntary vasectomy and tubal ligation procedures, including tubal sterilization by hysteroscopy if the criteria in Miss. Admin. Code Part 202, Rule 5.3. is met, and
 8. Laboratory procedures, including, but not limited to:
 - a) Papanicolaou (Pap) smears, and
 - b) Screenings for sexually transmitted infections (STIs)/sexually transmitted diseases (STDs).
- C. Counseling and education are considered part of the family planning visit and cannot be billed separately.

Source: 42 USC § 1396a; 42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2015; Revised Rule 1.4.B.4. 10/01/2013.

Rule 1.5: Non-Covered Services and Items

Services and items not considered family planning and family planning related services include, but are not limited to:

- A. Facilitating services, including, but not limited to, parking and child care while family planning and family planning related services are being obtained,
- B. Indirect services including, but not limited to, telephone contacts/consultations,
- C. Drugs used to promote fertility,
- D. Emergency contraceptives and related services,
- E. Over-the-counter drugs and supplies including, but not limited to, pregnancy tests and spermicides,
- F. Infertility studies and procedures to enhance fertility including, but not limited to, reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization,
- G. Abortions and related services,
- H. Hysterectomy and related services for sterilization purposes,
- I. Menopausal or post-menopausal treatment and related services,
- J. Removal of an implanted device for a non-Medicaid eligible individual,
- K. Natural family planning services,
- L. Ultrasound and radiology services,
- M. Cancer screening services, except for Pap smears,
- N. Services to a beneficiary whose age or physical condition precludes reproduction,
- O. Services to a beneficiary known to be pregnant,
- P. Reversal of voluntary sterilization, or
- Q. Services outside the scope and/or authority of the provider's specialty and/or area of practice.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 07/01/2015.

Rule 1.6: Documentation/Record Maintenance

- A. Providers of family planning and family planning related services must comply with the requirements for maintenance of records outlined in Miss. Admin. Code Part 200, Rule 1.3.
- B. Documentation of family planning and family planning related services must include, but are not limited to:
 - 1. Signed and dated consent for treatment, if applicable,
 - 2. Signed and dated consent for sterilization, if applicable, as outlined in Miss. Admin. Code Part 202, Rule 5.3.,
 - 3. Date of service and reason for visit,
 - 4. Demographic information, including name, address, Medicaid number, date of birth, sex, and marital status,
 - 5. Comprehensive health history, updated at least annually, including, but not limited to:
 - a) Health risk factors,
 - b) Personal medical, sexual and contraceptive history,
 - c) Plans for having children, and
 - d) Obstetrical and gynecological history.
 - 6. Complete family history, updated at least annually,
 - 7. Allergies, including type, reaction, and treatment,
 - 8. Specific name/type of all diagnostic studies, including, but not limited to, laboratory and the result/finding of the studies,
 - 9. Treatments/procedures rendered,
 - 10. Physical findings including vital signs and weight,
 - 11. Documentation of all medications including contraceptives whether administered by the provider, prescribed, or issued via physician/prescriber samples, and must include, but not limited to:
 - a) The name,
 - b) Strength,
 - c) Dose,

- d) Route of administration,
 - e) Site for all injectables, and
 - f) Manner in which prescription was issued including, but not limited to, in writing, by telephone, electronically or via facsimile.
12. Contraceptive supplies whether administered by the provider, prescribed, or issued via provider/prescriber samples,
 13. Contraceptive devices,
 14. Contraception counseling,
 15. Date, time, and signature for all entries in the beneficiary's record, and
 16. Provider's order, which must include the time, date, and signature, for all medications, treatments, and procedures rendered.

Source: 42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121, 43-13-129.

History: Revised eff. 07/01/2015.

Rule 1.7: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Miss. Admin. Code Part 223 without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121.

Rule 1.8: Reimbursement

A. The Division of Medicaid reimburses for only the provider's actual acquisition cost for physician administered drugs or implantable drug system devices.

B. The Division of Medicaid does not reimburse for provider/prescriber drug samples.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule eff. 07/01/2015.

Chapter 2: 1115(a) Family Planning and Family Planning Related Waiver Services

Rule 2.1: Purpose

- A. The Division of Medicaid covers family planning and family planning related waiver services and supplies, referred to as FPW in Miss. Admin. Code Part 221, Chapter 2, to all women and men, ages thirteen (13) through forty-four (44), who are capable of reproduction, who would not otherwise qualify for Medicaid, and with incomes at or below one hundred ninety-four percent (194%) of the federal poverty level, through the 1115(a) Family Planning Waiver (FPW) Demonstration.
- B. Providers are responsible for verification of covered FPW services and participant eligibility under the 1115(a) FPW Demonstration.

Source: Miss. Code Ann. § 43-13-121.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.2: Eligibility

- A. The FPW limits eligibility to individuals age thirteen (13) through forty-four (44) who meet the following criteria:
 - 1. Individual has a family income at or below one hundred ninety-four percent (194%) of the federal poverty level,
 - 2. Female individual is not pregnant and has not had a medical procedure that would prevent pregnancy including, but not limited to, tubal ligation procedures, including tubal sterilization by hysteroscopy,
 - 3. Male individual has not had a medical procedure that would prevent reproduction, including, but not limited to, a vasectomy,
 - 4. Individual is uninsured and is not enrolled in Medicare, Medicaid, CHIP or possess other health insurance coverage that provides family planning and family planning related services,
 - 5. Individual is a U.S. citizen or documented immigrant, and
 - 6. Individual is a Mississippi resident.
- B. Individuals eligible for the FPW remain eligible for twelve (12) consecutive months, or for the duration of the program if less than one (1) year and must recertify at the end of each year of eligibility.

- C. Women between ages thirteen (13) through forty-four (44) who are eligible for Medicaid maternity services and have reached the end of their sixty (60) day postpartum period are automatically enrolled in the FPW.
1. A separate application is not required if the individual is uninsured.
 2. The individual will be notified by mail of eligibility for services.
- D. The participant will lose eligibility when one (1) of the following occurs:
1. Moves from the state of Mississippi,
 2. Loses FPW eligibility,
 3. Becomes eligible for another Medicaid program, Medicare, or obtains health insurance with family planning and family planning related benefits,
 4. Requests closure or termination of FPW services,
 5. Has a procedure that prevents reproduction, including, but not limited to, a tubal ligation procedure, including tubal sterilization by hysteroscopy, or a vasectomy,
 6. Becomes pregnant,
 7. Turns forty-five (45) years of age, or
 8. Is deceased.
- E. In cases where a FPW applicant is also eligible for Medicaid or CHIP, the applicant will be notified and allowed to make an informed choice between the programs.

Source: 42 USC §§ 1315, 1396; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.3: Freedom of Choice

- A. Participants have the right to freedom of choice of providers for FPW services in accordance with Miss. Admin. Code Part 200, Rule 3.6.
- B. Beneficiaries have freedom of choice to:
1. Receive or reject FPW services,
 2. Choose FPW providers, and

3. Choose any method of birth control, including sterilization.
- C. Participants must not be coerced to employ or not to employ any particular method of birth control, including sterilization.
 - D. Providers must ensure that information is given in such a way as to encourage and support freedom of choice.

Source: 42 USC § 1396a; Miss. Code Ann. § 43-13-121.

Rule 2.4: Covered Services

- A. FPW services are available for eligible participants who voluntarily choose to:
 1. Prevent pregnancy,
 2. Plan the number of pregnancies, or
 3. Plan the spacing between pregnancies.
- B. FPW services are limited to four (4) visits annually between October 1 through September 30 and include:
 1. A one (1) time initial visit defined as the first time a participant receives family planning services from a provider and must include, but is not limited to:
 - a) The establishment of a medical record,
 - b) An in-depth evaluation including a complete medical history,
 - c) A complete physical examination,
 - d) Establishment of baseline laboratory data,
 - e) FPW services counseling and education which includes contraceptive and sexually transmitted disease prevention, and
 - f) Issuance of supplies or prescriptions.
 2. An annual visit defined as the re-evaluation of an established participant the next year following the one (1) time initial evaluation and must include, but is not limited to:
 - a) An update to the medical record,
 - b) Interim history,

- c) Complete physical examination,
 - d) Appropriate diagnostic lab tests or procedures,
 - e) FPW services management, education and counseling, and
 - f) Renewal or change of FPW services prescriptions or supplies.
3. A follow-up visit is defined as an evaluation of an established participant with a new or existing family planning or family planning related issue, and must include, but is not limited to:
- a) An evaluation of the participant's contraceptive program,
 - b) Renewal or change of the contraceptive prescription or supplies, and
 - c) Additional opportunities for counseling and education regarding reproductive health and family planning and family planning related issues.

C. FPW only covers the following drugs:

- 1. Oral contraceptive agents,
- 2. Topical patches,
- 3. Self inserted contraceptive products,
- 4. Injectable contraceptives dispensed in the pharmacy venue and administered in the provider's office,
- 5. Contraceptive injections purchased by the provider and administered in the provider's office,
- 6. Medications for the treatment of a STI/ STD identified or diagnosed during a routine or periodic FPW visit except for human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) and hepatitis, and
- 7. Medications and/or treatments for vaginal infections or disorders, other lower genital tract and genital skin infections or disorders, and urinary tract infections when these conditions are identified or diagnosed during a routine or periodic FPW visit.

D. Covered contraceptive devices include:

- 1. Insertion, removal, and removal with reinsertion of a contraceptive intrauterine device,

2. Insertion, removal, and removal with reinsertion of a contraceptive implant,
 3. Diaphragm or cervical cap fitting with instructions, and
 4. Vaginal rings.
- E. Voluntary vasectomy and tubal ligation procedures, including tubal sterilization by hysteroscopy, if the criteria in Miss. Admin. Code Part 202, Rule 5.3 is met.
- F. Laboratory procedures that must be conducted during initial and annual visits include the following:
1. Hemoglobin,
 2. Urinalysis,
 3. Pap smear as indicated according to the participant's needs,
 4. Screenings for STI/STD and HIV/AIDS, and
 5. Pregnancy test, as indicated.

Source: 42 USC §§ 1315, 1396; 42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.5: Non-Covered Services and Items

Services and items not considered FPW services and not reimbursable under the waiver program and include, but are not limited to, the following:

- A. Facilitating services including, but not limited to, transportation, parking, and child care while FPW services are being obtained,
- B. Indirect services, including, but not limited to, telephone contacts/consultations,
- C. Drugs used to promote fertility,
- D. Emergency contraceptives and related services,
- E. Over-the-counter drugs and supplies including, but not limited to, pregnancy tests and spermicides,

- F. Infertility studies and procedures to enhance fertility including, but not limited to, reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization,
- G. Abortions and related services,
- H. Hysterectomy and related services for sterilization purposes,
- I. Menopausal or post-menopausal treatment and related services,
- J. Removal of an implanted device for a non-FPW eligible individual,
- K. Natural family planning services,
- L. Ultra sounds and radiology services, except for vaginal ultrasounds,
- M. Cancer screening services, except for Pap smears,
- N. Mammograms,
- O Services to a participant whose age or physical condition precludes reproduction,
- P. Services to a participant known to be pregnant,
- Q. Reversal of voluntary sterilization,
- R. Services outside the scope and/or authority of the provider's specialty and/or area of practice,
- S. Inpatient hospital visit,
- T. All services provided for the treatment of a medical condition not considered family planning or family planning related,
- U. Services for participants who have received a sterilization procedure and have completed all necessary follow-up procedures, and
- V. Prescriptions other than contraceptives and medications to treat STI/STD, vaginal infections or disorders, other lower genital tract and genital skin infections or disorders, and urinary tract infections.

Source: 42 USC §§ 1315, 1396; Miss. Code Ann. § 43-13-121.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.6: Quality Assurance

A. The Quality Assurance Plan:

1. Ensures the provision of comprehensive, accessible, quality and appropriate FPW services,
2. Provides a system for accountability and measuring performance, and
3. Improves care outcomes and quality of life.

B. The Division of Medicaid in conjunction with the Mississippi State Department of Health (MSDH) monitors quality and improvement activities for MSDH clinics to:

1. Ensure standards of care for FPW services utilize evidence-based best practices, and
2. Conduct periodic on-site review of medical records.

C. The Division of Medicaid conducts periodic on-site reviews of medical records to determine that participants have received appropriate medical care and are appropriately referred for needed primary care.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.7: Participant Cost Sharing

FPW services are exempt from cost sharing (co-pay) requirements in accordance with Miss. Admin. Code Part 200, Rule 3.7.

Source: 42 USC § 1396a; 42 CFR §§ 447.50-447.57; Miss. Code Ann. § 43-13-121.

Rule 2.8: Primary Care Referrals

- A. Health concerns identified during a FPW visit but not covered by the FPW must be followed up by a primary care provider with an appropriate clinical referral.
- B. Providers should refer participants to other social service and healthcare providers as medically indicated including, but not limited to, a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
- C. As a component of the medical record audit, the primary care referral must be documented in the participant's medical record.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.9: Documentation/Record Maintenance

- A. Providers of FPW services must comply with the requirements for maintenance of records outlined in Miss. Admin. Code Part 200, Rule 1.3.
- B. FPW services documentation must include, but is not limited to:
1. Date of service,
 2. Reason for visit,
 3. Physical findings including vital signs and weight,
 4. Treatments/procedures rendered,
 5. Demographic information, including name, address, Medicaid number, date of birth, sex, and marital status,
 6. Allergies, including type, reaction and treatment,
 7. Comprehensive health history, updated at least annually, including, but not limited to:
 - a) Health risk factors,
 - b) Personal medical, sexual and contraceptive history,
 - c) Plans for having children, and
 - d) Obstetrical and gynecological history.
 8. Complete family history, updated at least annually,
 9. Specific name/type of all diagnostic studies, including, but not limited to, laboratory and the result/finding of the studies,
 10. Documentation of all medications including contraceptives, whether administered by the provider, prescribed, or issued via samples and must include:
 - a) The name,
 - b) Strength,
 - c) Dose,
 - d) Route of administration,
 - e) Site for all injectables, and

- f) Manner in which prescription was issued including, but not limited to, in writing, by telephone, electronically or via facsimile.
- 11. Contraceptive supplies whether administered by the provider, prescribed, or issued via samples,
- 12. Contraceptive devices,
- 13. Contraception counseling,
- 14. Date, time, and signature for all entries in the participant's record,
- 15. Provider's order, which must include the time, date, and signature for all medications, treatments and procedures rendered,
- 16. Signed and dated consent for treatment, as applicable,
- 17. Primary care referrals, if applicable, and
- 18. Signed and dated consent for sterilization, if applicable, as outlined in Miss. Admin. Code Part 202, Rule 5.3.

Source: 42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121, 43-13-129.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.10: Reimbursement

- A. The Division of Medicaid reimburses for only the provider's actual acquisition cost for physician administered drugs or implantable drug system devices.
- B. The Division of Medicaid does not reimburse for provider/prescriber drug samples.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule eff. 07/01/2015.

Title 23: Division of Medicaid

Part 221: Family Planning and Family Planning Related Services

Part 221 Chapter 1: ~~General~~ Family Planning and Family Planning Related State Plan Services

Rule 1.1: Purpose

~~States are required to provide~~ The Division of Medicaid covers family planning and family planning related State Plan services and supplies, directly or under arrangements with others, to individuals of childbearing age capable of reproduction, including minors who can be considered to be sexually active, who are eligible under the State pPlan and who desire such services and supplies.

Source: 42 USC § 1396a; Miss. Code Ann. § 43-13-121; ~~Social Security Act § 1905(a)(4)(e)~~

Rule 1.2: Freedom of Choice

A. Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services in accordance with Miss. Admin. Code Part 200, Chapter 3, Rule 3.6.

B. Beneficiaries have freedom of choice to:

1. ~~in deciding to r~~Receive or reject family planning and family planning related services.

2. ~~Beneficiaries have the freedom to e~~Choose family planning and family planning related services providers, and

3. ~~Beneficiaries may co e~~Choose any method of birth control, including sterilization.

C. Beneficiaries must not be coerced to employ or not to employ any particular method of birth control including sterilization.

D. Providers must ensure that information is given in such a way as to encourage and support freedom of choice.

Source: ~~42 USC: § 1396a;~~ Miss. Code Ann. § 43-13-121; ~~Social Security Act § 1902(a)(23).~~

History: Added Miss. Admin. Code Part 221, Rule 1.2.C.

Rule 1.3: Beneficiary Cost Sharing

Family planning and family planning related services are exempt from cost sharing (co-pay) requirements in accordance with Miss. Admin. Code Part 200, Chapter 3, Rule 3.7.

Source: ~~42 USC: § 1396a; Miss. Code Ann. § 43-13-121;~~ 42 CFR §§ 447.50 - 447.579;
Social Security Act § 1902(a)(14); Miss. Code Ann. § 43-13-121;

Rule 1.4: Covered Services

A. ~~Family planning and family planning related services~~ are ~~services provided covered~~ available for eligible beneficiaries who voluntarily choose to:

1. ~~To~~ Prevent pregnancy,
2. Plan the number of pregnancies, or
3. Plan the spacing between pregnancies.

B. ~~Family planning and family planning related services are provided, with limitations, in the following general categories include, but are not limited to:~~

1. ~~Counseling and education are considered part of the family planning visit and must not be billed separately. (Moved to Miss. Admin. Code Part 221, Rule 1.4.C.)~~
12. Contraceptive Drugs injections purchased by the provider and administered in the provider's office,
 - a) ~~Insertion and removal of contraceptive implants are covered.~~
 - b) ~~Contraceptive injections administered in the provider's office are covered.~~
23. e) Prescription contraceptives are available dispensed through the pharmacy program,
3. ~~Contraceptive Devices~~
34. a) Insertion, removal, and removal with reinsertion of a contraceptive intrauterine device, s are covered.
45. Insertion, removal, and removal with reinsertion of a contraceptive implants are covered.
56. b) Diaphragm or cervical caps fitting with instructions, are covered.
67. Vaginal rings, are covered.
784. Voluntary Sterilization — Vasectomy and tubal ligation procedures, including tubal ligation sterilization by hysteroscopy, are only covered if they the criteria is meet Medicaid criteria for sterilization as outlined in Miss. Admin. Code Part 202, Chapter 5, Rule 5.3, is met, and
859. Laboratory Procedures, including, but not limited to:

a) ~~---~~ Papanicolaou (Pap) smears, and

b) ~~and~~ Screenings for sexually transmitted infections (STIs)/sexually transmitted diseases (STDs), are covered services.

C. Counseling and education are considered part of the family planning visit and cannot be billed separately.

Source: 42 USC § 1396a; 42 CFR Part 441, Subpart F; Miss. Code Ann. § 43-13-121; 43-13-117(13); Social Security Act § 1905(a)(4)(e); Miss. Code Ann. §§ 43-13-117; 43-13-121.

History: Revised eff. 07/01/2015; Revised Rule 1.4.B.4 10/01/2013.

Rule 1.5: Non-Covered Services and Items

~~A.~~ Services and items ~~that are~~ not considered family planning and family planning related services include, but are not limited to, ~~the following:~~

~~1A.~~ Facilitating services, including, but not limited to, such as parking and child care while family planning and family planning related services are being obtained,

~~2B.~~ Indirect services, ~~such as~~ including, but not limited to, telephone contacts/consultations,

~~3C.~~ Drugs used to promote fertility,

~~4D.~~ Emergency contraceptives and related services,

~~5E.~~ Over-the-counter drugs and supplies including, but not limited to, pregnancy tests, ~~condoms,~~ and spermicides,

~~6F.~~ Infertility studies and; procedures to enhance fertility including, but not limited to, reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization,

~~7G.~~ Abortions and related services,

~~8H.~~ Hysterectomy and related services for sterilization purposes,

~~9I.~~ Menopausal or post-menopausal treatment and related services,

~~10J.~~ Removal of an implanted device, ~~if the beneficiary is not for a non-Medicaid eligible individual, when it's time for the device to be removed,~~

~~11K.~~ Natural ~~F~~family ~~P~~planning services,

~~12.~~ Mammograms,

~~13L.~~ Ultrasound and radiology services,

~~14.~~ All services provided for the treatment of medical conditions including medical complications of a family planning service,

~~15M.~~ Cancer screening services, except for ~~p~~Pap smears,

~~16N.~~ Services to a beneficiary whose age or physical condition precludes reproduction,

~~17O.~~ Services to a beneficiary known to be pregnant, ~~or~~

~~18P.~~ Reversal of voluntary sterilization, or

~~18Q.~~ Services outside the scope and/or authority of the provider's specialty and/or area of practice.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 07/01/2015.

Rule 1.6: Documentation/-Record Maintenance

A. Providers of family planning and family planning related services must comply with the requirements for maintenance of records outlined in Miss. Admin. Code Part 200, Chapter 1, Rule 1.3.

B. ~~At a minimum, Documentation of Ffamily Pplanning and family planning related services documentation~~ must include, but are not limited to, the following on each beneficiary:

1. Signed and dated consent for treatment, if applicable,
2. Signed and dated consent for sterilization, if applicable, as outlined in Miss. Admin. Code Part 202, Rule 5.3.,
3. Date of service and reason for visit,
4. Demographic information, including name, address, Medicaid number, date of birth, sex, and marital status,
5. ~~Medical history, past and current,~~ Comprehensive health history, updated at least annually, including, but not limited to:
 - a) Health risk factors,
 - b) Personal medical, sexual and contraceptive history,

- c) Plans for having children, and
- d) Obstetrical and gynecological history.
- 6. Complete Family history, when appropriate, with updated at least annually.
- 7. Allergies, including type, reaction, and treatment,
- 8. Specific name/type of all diagnostic studies, ~~such as~~ including, but not limited to, laboratory, and the result/finding of the studies,
- 9. Treatments/procedures rendered,
- 10. Physical findings including vital signs and weight,
- 11. Documentation of all Medications which documentation must reflect all drugs, including contraceptives, whether administered by the provider, prescribed, or issued via physician/prescriber samples. Documentation and must include, but not limited to:
 - a) ~~†The name, of the medication,~~
 - b) sStrength,
 - c) dDose, and
 - d) ~~†Route. The method of administration, and~~
 - e) sSite must be included for all injectables, medications, and
 - f) Documentation must reflect whether Manner in which prescriptions were was issued including, but not limited to, in writing, or by telephone, electronically or via facsimile.
- 12. Contraceptive supplies, ~~which includes record of all a drugs, including contraceptives,~~ whether administered by the provider, prescribed, or issued via provider/prescriber samples,
- 13. Contraceptive devices,
- 14. Contraception counseling,
- 15. Date, time, and signature for all entries in the beneficiary's record, and
- 16. Provider's Order, which must including include the time, date, and signature, for all medications, treatments, and procedures rendered.

Source: ~~42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121, 43-13-117; 43-13-118; 43-13-129.~~

History: Revised eff. 07/01/2015.

Rule 1.7: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with ~~Miss. Admin. Code Title 23, Part 223 of Title 23,~~ without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121.

Rule 1.8: Reimbursement

A. The Division of Medicaid reimburses for only the provider's actual acquisition cost for physician administered drugs or implantable drug system devices.

B. The Division of Medicaid does not reimburse for provider/prescriber drug samples.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule eff. 07/01/2015.

Chapter 2: 1115(a) Family Planning and Family Planning Related Demonstration-Waiver Services

Rule 2.1: Purpose

A. The Division of Medicaid covers ~~The Ffamily Pplanning and family planning related S~~ waiver services and supplies, referred to as FPW in Miss. Admin. Code Part 221, Chapter 2, Section 1115 ~~Demonstration Waiver~~ allows the State of Mississippi to extend Medicaid eligibility for ~~Family Planning services~~ to all women and men, ages thirteen (13) through forty-four (44), who are capable of reproduction, who would not otherwise qualify for Medicaid, ~~and~~ ~~ing~~ of childbearing age with incomes at or below one hundred eighty-five ~~ninety-four~~ percent (185 ~~194~~%) of the federal poverty level, ~~who would not otherwise qualify for Medicaid through the 1115(a) Family Planning Waiver (FPW) Demonstration.~~ Childbearing age is defined as ages thirteen (13) through forty four (44). Women who are served in this waiver will be able to secure family planning services through the Mississippi Medicaid program.

B. Beneficiaries enrolled in the Family Planning Waiver Program receive a yellow Medicaid identification card. The yellow card signifies that the beneficiary is eligible for family planning waiver services only. Providers are responsible for verification of covered family

~~planning and family planning related FPW services and beneficiary participant eligibility under the 1115(a) FPW Demonstration.~~

Source: Miss. Code Ann. § 43-13-121.

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.2: Eligibility

A. ~~The Family Planning Waiver FPW~~ limits eligibility to ~~females~~ individuals age thirteen (13) through forty-four (44) who meet the following criteria:

1. Individual has a family income at or below one hundred ~~eighty-five~~ ninety-four percent (~~185~~194 %) of the federal poverty level,
2. ~~Female~~ Individual is not pregnant and has not had a medical procedure that would prevent pregnancy; including, but not limited to, such as tubal ligation procedures, including tubal sterilization by hysteroscopy,
3. Male individual has not had a medical procedure that would prevent reproduction, including, but not limited to, a vasectomy,
- ~~34.~~ Individual is uninsured, and is not enrolled in Medicare, Medicaid, State Children's Health Insurance Program (SCHIP) or possess other health insurance coverage that provides family planning and family planning related services,
45. Individual is a U.S. citizen or documented immigrant, and
56. Individual is a Mississippi resident.

B. Individuals eligible for the ~~program~~ FPW will remain eligible for twelve (12) consecutive months, or for the duration of the program if less than one (1) year; and must recertify ~~Recertification will be performed~~ at the end of each year of eligibility.

C. Women between ages thirteen (13) through forty-four (44) who are eligible for ~~the~~ Medicaid ~~pregnancy maternity program~~ services and have reached the end of their sixty (60) day postpartum period are automatically enrolled in the ~~family planning waiver~~ FPW.

1. A separate application is not required if the individual is uninsured.
2. The individual will be notified by mail of eligibility for services.

D. The participant will ~~A loss~~ lose ~~of~~ eligibility will occur when one (1) of the following occurs:

1. ~~Beneficiary~~ moves from the state of Mississippi,

2. ~~Beneficiary~~ Loses Medicaid-FPW eligibility,
3. ~~Beneficiary~~ bBecomes eligible for another Medicaid program, Medicare, or obtains health insurance with family planning and family planning related benefits,
4. ~~Beneficiary~~ rRequests closure, or termination of family planning waiver FPW services,
5. ~~Beneficiary~~ hHas a procedure that prevents pregnancy reproduction, including, but not limited to, such as a tubal ligation procedure, including hysterectomy, or a tubal ligation sterilization by hysteroscopy, or a vasectomy,
6. ~~Beneficiary~~ bBecomes pregnant,
7. ~~Beneficiary~~ tTurns forty-five (45) years of age old, or,
8. ~~6. Beneficiary is deceased~~ Is deceased, or

E. In cases where a ~~Family Planning Waiver~~ FPW applicant is also eligible for Medicaid or ~~State Children's Health Insurance Program (SCHIP)~~, the applicant will be notified and allowed to make an informed choice between the programs.

Source: ~~42 USC §§ 1315, 1396; Miss. Code Ann. § 43-13-121; 43-13-117(42); Social Security Act 1115; Social Security Act 1915(b); Miss. Code Ann. §§ 43-13-12117; 43-13-12117(42);~~

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.3: Freedom of Choice

- A. Medicaid beneficiaries have the right to freedom of choice of providers for ~~Medicaid covered~~ FPW services in accordance with Miss. Admin. Code Part 200, Chapter 3, Rule 3.6.
- B. Beneficiaries have freedom of choice to:
 1. ~~in deciding to~~ rReceive or reject family planning FPW services,;
 2. ~~Beneficiaries have the freedom to~~ eChoose family planning-FPW providers, and
 3. ~~Beneficiaries may to~~ eChoose any method of birth control, including sterilization.
- C. Beneficiaries must not be coerced to employ or not to employ any particular method of birth control, including sterilization.
- D. Providers must ensure that information is given in such a way as to encourage and support freedom of choice.

Source: ~~Miss. Code Ann. § 43-13-121; 42 USC § 1396a; Social Security Act 1902(a)(23)~~ Miss. Code Ann. § 43-13-121.

Rule 2.4: Covered Services

A. ~~FPW family planning waiver services are available~~ are services provided to for eligible beneficiaries who voluntarily choose to:

1. ~~to~~ Prevent pregnancy,
2. ~~to~~ Plan the number of pregnancies, or
3. ~~to~~ Plan the spacing between pregnancies.

B. ~~Family planning waiver FPW services are limited to four (4) visits annually between October 1 through September 30 and are provided, with limitations, in the following general categories include:~~

1. ~~Visits must be for the purpose of family planning. Counseling and education must be included as a part of the family planning visit.~~

a) ~~1. The~~ A one (1) time initial visit defined as visit is the first time a beneficiary participant receives family planning services by a provider. This visit and must includes, but is not limited to:

~~a) to~~ The establishment of a medical records,

~~b) An~~ An in-depth evaluation including a complete medical history,

~~c) a~~ A complete physical examination,

~~d) e~~ Establishment of baseline laboratory data,

~~e) FPW services counseling and education which includes contraceptive and sexually transmitted disease prevention counseling, and~~

~~f) i~~ Issuance of supplies or prescriptions, and family planning counseling and education.

~~b) 2. The~~ An annual visit, is defined as the re-evaluation of an established patient the next year following the one (1) time initial evaluation; and must include, but is not limited to: These visits include

~~a) a~~ An update to the medical records,

- b) ~~i~~Interim history,
- c) ~~e~~Complete physical examination,
- d) ~~a~~Appropriate diagnostic lab tests or procedures, ~~and~~
- e) ~~f~~FPW ~~family planning services~~ management, education and counseling, ~~and~~
- f) Renewal or change of FPW services prescriptions or supplies.

~~e) 3. The periodic follow-up revisits, is defined as is an follow-up evaluation of an established patient-participant with a new or existing family planning or family planning related condition issue, which and must include, but is not limited to: These visits are for evaluation of a new contraceptive, contraceptive changes or contraceptive problems.~~

- a) An evaluation of the participant's contraceptive program,
- b) Renewal or change of the contraceptive prescription or supplies, and
- c) Additional opportunities for counseling and education regarding reproductive health and family planning and family planning issues.
- d) ~~Office visits are limited to four (4) annually.~~

C. 2. Beneficiaries enrolled in the family planning waiver FPW are eligible for Medicaid only coverage of family planning and family planning related services only and are not eligible for other Medicaid pharmacy services. These the following drugs include:

- a) 1. Oral contraceptive agents,
- b) 2. Topical patches,
- e) 3. Self inserted contraceptive products,
- d) 4. Injectable contraceptives dispensed in the pharmacy venue and administered in the provider's office,
- e) 5. Contraceptive injections purchased by the provider and administered in the provider's office, and
- f) 6. Prescription contraceptives as available through private providers enrolled in the Mississippi State Department of Health's family planning program. Medications for the treatment of a STI/ STD identified or diagnosed during a routine or periodic FPW visit except for human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) and hepatitis, and

~~g)7.~~ Medications and/or treatments for vaginal infections or disorders, other lower genital tract and genital skin infections or disorders, and urinary tract infections when these conditions are identified or diagnosed during a routine or periodic FPW visit.

D.3. Covered contraceptive devices include:

- a) 1. Insertion, removal, and removal with reinsertion of a contraceptive intrauterine devices,
- b) 2. Insertion, -removal, -and removal with reinsertion of a contraceptive implants,
- e) 3. Diaphragm or cervical cap fitting with instructions, and
- d) 4. Vaginal rings.

E.4. Voluntary vasectomy and tubal ligation procedures, including tubal sterilization by hysteroscopy including tubal ligation by, are covered only if they meet Medicaid criteria for sterilization as outlined in Miss. Admin. Code Part 202, Chapter 1, Rule 1.8.(A)(B)(F) 5.3 is met.

F. 5. Laboratory procedures that must be conducted during initial and annual visits include the following:

- a) ~~Hematoerit,~~ Hemoglobin,
- b) Urinalysis,
- c) PAPap smear as indicated according to the participant's needs,
- d) Screenings for STI/STD/ and HIV/AIDS tests, and
- e) Pregnancy test, as indicated.

Source: ~~42 USC §§ 1315, 1396; 42 CFR Part 441, Subpart F; Miss. Code Ann. § 43-13-121; 43-13-117(42) Social Security Act 1115; Social Security Act 1915(b) Miss. Code Ann. §§ 43-13-12117; 43-13-12117(42)~~

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.5: Non-Covered Services and Items

Certain sServices and items are not considered family planning FPW services and are not reimbursable under the waiver program. These and include, but are not limited to, the following:

- A. Facilitating services such as including, but not limited to, transportation, parking, and child care while FPW services are being obtained,
- B. Indirect services, including, but not limited to, telephone contacts/consultations,
- C. Drugs used to promote fertility,
- D. Emergency contraceptives and related services,
- E. Over-the-counter drugs and supplies including, but not limited to, pregnancy tests and spermicides,
- ~~BF.~~ Infertility studies and procedures to enhance fertility including, but not limited to, reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization,
- G. Abortions and related services,
- ~~CH.~~ Sterilization by hysterectomy and related services for sterilization purposes,
- ~~D.~~ Therapeutic abortion or any related services,(Moved to Miss. Admin. Code Part 221, Rule 2.5. G.)
- ~~E.~~ Spontaneous, missed or septic abortions and related services, (Moved to Miss. Admin. Code Part 221, Rule 2.5. G.)
- I. Menopausal or post-menopausal treatment and related services,
- J. Removal of an implanted device for a non-FPW eligible individual,
- K. Natural family planning services,
- L. Ultrasounds and radiology services, except for vaginal ultrasounds,
- M. Cancer screening services, except for Pap smears,
- N. Mammograms,
- O. Services to a participant whose age or physical condition precludes reproduction,
- P. Services to a participant known to be pregnant,
- Q. Reversal of voluntary sterilization,
- R. Services outside the scope and/or authority of the provider's specialty and/or area of practice,

~~FS.~~ Inpatient hospital visit,

~~GT.~~ All services provided for the treatment of a medical condition not considered family planning or family planning related,

~~H.~~ ~~Removal of an intrauterine device (IUD) because the beneficiary has a uterine or pelvic infection,~~

~~I.~~ ~~Emergency contraceptives and related services, (Moved to (Moved to Miss. Admin. Code Part 221, Rule 2.5.D.)~~

~~U. J.~~ ~~Over the counter contraceptive devices such as condoms, spermicidal and sponges are not covered, Services for participants who have received a sterilization procedure and have completed all necessary follow-up procedures, and~~

~~KV.~~ Prescriptions other than contraceptives and medications to treat STI/STD, vaginal infections or disorders, other lower genital tract and genital skin infections or disorders, and urinary tract infections.

Source: ~~42 USC §§ 1315, 1396; Miss. Code Ann. § 43-13-121; Social Security Act 1115; Social Security Act 1915(b)~~ Miss. Code Ann. § 43-13-121.;

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.6: Quality Assurance

A. The Quality Assurance Plan: ~~consists of quality assurance activities designed to:~~

1. Ensures the provision of comprehensive, accessible, quality and appropriate FPW services,
2. Provides a system for accountability and measuring performance, and
3. Improves care outcomes and quality of life.

B. ~~Activities/functions shall be performed by The Division of Medicaid program staff in conjunction with the Mississippi State Department of Health (MSDH) monitors quality monitoring and quality-improvement activities for their MSDH clinics to:~~

1. Ensure standards of care for ~~family planning waiver~~FPW services ~~are utilize~~ evidence-based best practices, and
2. Conduct periodic on-site review of medical records.

C. The Division of Medicaid shall conduct periodic on-site reviews of medical records to determine that participants have received appropriate medical care and are appropriately referred for needed primary care.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.7: ~~Beneficiary~~ Participant Cost Sharing

~~FPW~~ family planning services are exempt from cost sharing (co-pay) requirements in accordance with Miss. Admin. Code Part 200, Chapter 3, Rule 3.7.

Source: ~~42 USC § 1396a; Miss. Code Ann. § 43-13-121; 42 CFR §§ 447.50 - 447.579; Social Security Act 1902(a)(14);~~ Miss. Code Ann. § 43-13-121.

Rule 2.8: Primary Care Referrals

A. Health concerns ~~not covered by the family planning waiver~~ identified during a ~~family planning~~ FPW visit but not covered by the FPW must be followed up by a primary care provider ~~and with the an~~ appropriate clinical referral ~~made~~.

B. ~~Whenever possible, beneficiaries~~ Providers should be referred participants to other social service and healthcare providers as medically indicated including, but not limited to, a Federally Qualified Health Centers (FQHCs), or Community Health Centers clinic, or Rural Health Clinics (RHC).

C. As a component of the medical record audit, the primary care referrals must be documented in the ~~beneficiary~~ participant's medical record.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.9: Documentation/Record Maintenance

A. Providers of ~~family planning waiver~~ FPW services must comply with the requirements for maintenance of records outlined in Miss. Admin. Code Part 200, Chapter 1, Rule 1.3.

B. ~~At a minimum, Family Planning FPW services~~ documentation must include, but is not limited to, the following on each beneficiary:

A1. Date of service,

B2. Reason for visit,

C3. Physical findings including vital signs and weight,

D4. Treatments/procedures rendered,

~~E~~5. Demographic information, including name, address, Medicaid number, date of birth, sex, and marital status,

~~F~~6. Allergies, including type, reaction and treatment,

~~G~~7. ~~Medical history, past and present that is updated annually, must include social history, in regard to smoking, alcohol, and activity, sexual history including age of onset, and partners, and obstetrical and gynecological history,~~ Comprehensive health history updated at least annually, including, but not limited to: containing

a) Health risk factors,

b) Personal medical, sexual and contraceptive history,

c) Plans for having children, and

d) Obstetrical and gynecological history.

~~H~~8. Complete Ffamily history updated at least annually,

~~I~~9. ~~Tests and their results,~~ Specific name/type of all diagnostic studies, including, but not limited to, laboratory and the result/finding of the studies,

~~J~~10. Documentation of all Mmedications—documentation must reflect all drugs, including contraceptives, whether administered by the provider, prescribed, or issued via samples; etc.—Documentation and must include:

a) ~~†~~ The name, of medication,

b) sStrength,

c) ~~d~~ Dose, and

d) rRoute. The method of administration and,

e) sSite must be included for all injectables- medications, and-

f) Documentation must reflect whether Manner in which prescriptions were was issued including, but not limited to, in writing, —or by telephone, electronically or via facsimile.

~~K~~11. ~~Contraceptive supplies and all drugs must be recorded including contraceptives, whether administered by the provider, prescribed, or issued via samples,~~

~~L~~12. Contraceptive devices,

~~M~~13. Contraception counseling,

~~N~~14. Date, time, and signature for all entries in the ~~beneficiary~~participant's record,

~~O~~15. Provider's order, ~~s~~which must include the time, date, and signature for all medications, treatments and procedures rendered,

~~P~~16. Signed and dated ~~C~~consents for treatment, as applicable, ~~and~~

~~Q~~17. Primary care referrals, if applicable, ~~;~~ and

18. Signed and dated consent for sterilization, if applicable, as outlined in Miss. Admin. Code Part 202, Rule 5.3.

Source: 42 CFR Part 441, Subpart F; Miss. Code Ann. §§ 43-13-117, 43-13-118, 43-13-121; ~~43-13-117; 43-13-118; 43-13-129.~~

History: Revised to correspond with the Family Planning Waiver renewal (eff. 01/01/2015) eff. 07/01/2015.

Rule 2.10: Reimbursement

A. The Division of Medicaid reimburses for only the provider's actual acquisition cost for physician administered drugs or implantable drug system devices.

B. The Division of Medicaid does not reimburse for provider/prescriber drug samples.

Source: Miss. Code Ann. § 43-13-121.

History: New Rule eff. 07/01/2015.