Iowa Family Planning Program

Family Planning Update
June 4, 2024

IOWA Health and Human Services

Disclaimer

If referencing this material in the future, please check the policy manual for any updates.

Eligibility Manual (Updated May 2024):

https://hhs.iowa.gov/media/3984/download?inline=

Provider Manual (Updated May 2024):

https://hhs.iowa.gov/about/policy-manuals/medicaid-provider

- Scroll down to “All Other Services”,
  - Select “Family Planning Services”

Objectives

- ➔ To raise awareness about FPP
- ➔ To inform attendees on how to become an established provider for FPP if eligible
- ➔ To inform attendees how to determine eligibility for individuals who may be eligible for FPP
- ➔ To raise awareness on enrollment for FPP

Iowa Family Planning Program

The Iowa Family Planning Program (FPP) provides limited coverage for family planning-related services for persons of reproductive age, ages 12 through 54, with countable income at or below 300% of the federal poverty level.

Eligibility

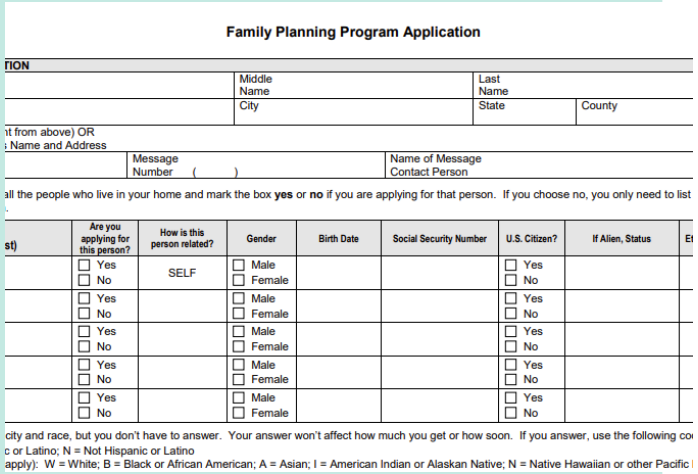
IOWA Health and Human Services

Eligibility Requirements

- Ages 12-54
- Social security number (SSN)
- Resident of Iowa
- U.S. Citizen or qualified alien
- Not pregnant
- Capable of bearing or fathering children
- Not currently receiving Medicaid, including the Iowa Health and Wellness plan
- **Can be receiving private or group insurance, including Hawk-i coverage**
- Eligible for FPP regardless of services covered by private or group insurance

FPP Application Process

Individuals must complete Form 470-5485, Family Planning Application.



Family Planning Program Application

	Middle Name	Last Name	
	City	State	County

t from above) OR
Name and Address

	Message Number ( )	Name of Message Contact Person

ll the people who live in your home and mark the box **yes** or **no** if you are applying for that person. If you choose no, you only need to list

st)	Are you applying for this person?	How is this person related?	Gender	Birth Date	Social Security Number	U.S. Citizen?	If Alien, Status	Et
	☐ Yes ☐ No	SELF	☐ Male ☐ Female			☐ Yes ☐ No		
	☐ Yes ☐ No		☐ Male ☐ Female			☐ Yes ☐ No		
	☐ Yes ☐ No		☐ Male ☐ Female			☐ Yes ☐ No		
	☐ Yes ☐ No		☐ Male ☐ Female			☐ Yes ☐ No		
	☐ Yes ☐ No		☐ Male ☐ Female			☐ Yes ☐ No		

city and race, but you don't have to answer. Your answer won't affect how much you get or how soon. If you answer, use the following co
c or Latino; N = Not Hispanic or Latino
apply): W = White; B = Black or African American; A = Asian; I = American Indian or Alaskan Native; N = Native Hawaiian or other Pacific

To be valid, applications must include:

- ➔ Name
- ➔ Address
- ➔ Signature

FPP applications can be filed at:

- ➔ Designated Title X family planning agency
- ➔ Any Iowa HHS Office. To find the nearest HHS office, visit: https://hhs.iowa.gov/about/hhs-office-locations

Household Size

The household size includes:

➔The applicant

If they are living in the same residence, include:

➔Applicant spouse (if applicable)

➔Applicant dependent children under age 18 (if applicable)

- If 18 years of age and a full-time student, expecting to graduate before age 19
- Do not include any family members who are getting Supplemental Security Income (SSI)

Confidentiality

- A person can claim good cause due to confidentiality if the person is fearful of the consequences of receiving FPP coverage.

- A person who is covered under group or private health insurance can claim confidentiality for not cooperating in filing a claim for health insurance.

- A person who is not covered under group or private health insurance can claim confidentiality.

Note: When a patient claims confidentiality, it does not prevent correspondence from being mailed. An alternate mailing address must be provided by the patient.

Examples of Claiming Confidentiality

Ms. M, age 17, lives with her parents. She does not want them to know she is seeking family planning services. She can claim confidentiality.

Mrs. K is married. Her husband has health insurance that covers family planning services. Mrs. K's husband does not want her to receive family planning services. If Mrs. K can claim confidentiality when applying for FPP.

System Application Process

- ➔ An application must be approved or denied within 45 days of receipt.
- ➔ All verification must be on file before making any entries into the system. Exception is the 90-day reasonable opportunity period for citizenship and/or identity verification.
- ➔ The FPP system will calculate eligibility based on system entries.
- ➔ The effective date of eligibility for FPP is the first day of the month an application was filed or the first day of the month all eligibility factors are met, whichever is later.

Annual Renewal

Form 470-4071, Family Planning Program Review, is system-generated to the member at 30 days before the end of the eligibility period.

If the member does not complete and return the form by the end of the eligibility period, the person must reapply, using form 470-5485 or 470-5485(S), Family Planning Program Application.

Eligibility does not continue if a review form is not completed.

Eligibility Criteria Helpdesk

If you need assistance with FPP eligibility criteria and/or processing an FPP application in the system, contact: Familyplanning@dhs.state.ia.us

Provider Enrollment

Billing and reimbursement for direct services

IOWA Health and Human Services

Examples of Covered Services

Limited services for reproductive health (females and males) and pregnancy prevention, including:

- ➔ Birth control exams and counseling
- ➔ Limited testing and treatment for sexually transmitted diseases
- ➔ Pap tests
- ➔ Pregnancy tests
- ➔ Birth control supplies
- ➔ Voluntary sterilization
- ➔ Emergency contraception

Refer to the Iowa Family Planning Program Provider Manual or contact Iowa Medicaid Provider Services for additional information.

Provider FPP Enrollment Access

- Email: IMEProviderEnrollment@dhs.state.ia.us to indicate interest
- Provider Attestation Form completed by whomever is reimbursed for services (i.e. Agency, individual provider)
- Provider Attestation Form (470-5484):
  - Family Planning Program Provider Attestation Instructions
    - Provider information
    - Provider service address
    - Attestation
    - Certification Statement
    - Send Completed Attestation
- If you have not heard from Provider Services within 30 days of submission, contact Iowa Medicaid Provider Enrollment: IMEProviderEnrollment@dhs.state.ia.us

FPP Attestation Provider Form

Iowa Department of Human Services

Family Planning Program Provider Attestation

Instructions:

Provider Information

- Enter the provider name as enrolled with Iowa Medicaid.
- Enter the entity name. If entity name is different than provider name, enter the name of the entity enrolled with Iowa Medicaid.
- National Provider Number (NPI). Enter the NPI number.
- Tax Identification Number (TIN). Enter the TIN number that the above NPI is enrolled under.
  - Must submit an attestation for each TIN number enrolled.

Provider Service Address

- Enter the service address for the above NPI.
  - Enter the city
  - Select state
  - Enter Zip Code
  - If more than one service location, attach a list to include each service location
- Email address. Enter the email address of the person completing this form. If the form is not complete, it will not be processed and will be returned to this email address to be resubmitted.
- Contact Phone Number. Enter the phone number of the person completing this form.

Attestation

- Please read.
- Signature. Please type your signature.

Certification Statement

- Please certify by checking each box next to each statement. All boxes must be checked to certify for the attestation to be completed.

Send the Completed Attestation to:

Iowa Medicaid Enterprise
Attn: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

- Upon receipt, the IME will verify and update the provider record. If incomplete, an email will be sent to the email address indicated on the form. Please allow 3-5 business days for processing.

Provider Information

Provider Name

Attestation

On behalf of myself or on behalf of the entity I represent, I hereby certify that the following is true and accurate, and I hereby acknowledge that this certification is material to the state of Iowa payment obligations under the State Family Planning Program:

1. I and/or my entity do not perform abortions or maintain or operate a facility where abortions are performed as required by Iowa Code § 217.41B. For purposes of this provision, "abortion" does not include any of the following:
   a. The treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death.
   b. The treatment of a woman for a spontaneous abortion, commonly known as a miscarriage, when not all of the products of human conception are expelled.
2. I and/or my entity have been enrolled as an Iowa Medicaid provider and accept that I and/or my entity may only provide services under the State Family Planning Program when I and/or my entity have been approved as an enrolled Iowa Medical Assistance provider.
3. I and/or my entity agree to report any changes related to this certification to Iowa Medicaid.
4. I and/or my entity understand that failure to comply with this certification or to update the information contained in this attestation may result in termination, recoupment of funds related to services paid for by the State Family Planning Program, and/or liability under Iowa Code chapter 685.

Certification Statement

Please certify that each of the statements below is true and accurate by checking each box. Each statement must be certified for the attestation to be completed.

☐ I authorize the Iowa Medicaid Enterprise (IME) to verify the information submitted in the attestation form.

☐ I certify the information contained herein is true, correct, and complete. If I become aware that any information in the attestation form is not true, correct or complete, I agree to notify the IME immediately.

☐ I understand that any false statement, omission or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission or misrepresentation and may also result in prosecution under state and federal laws.

Provider Name

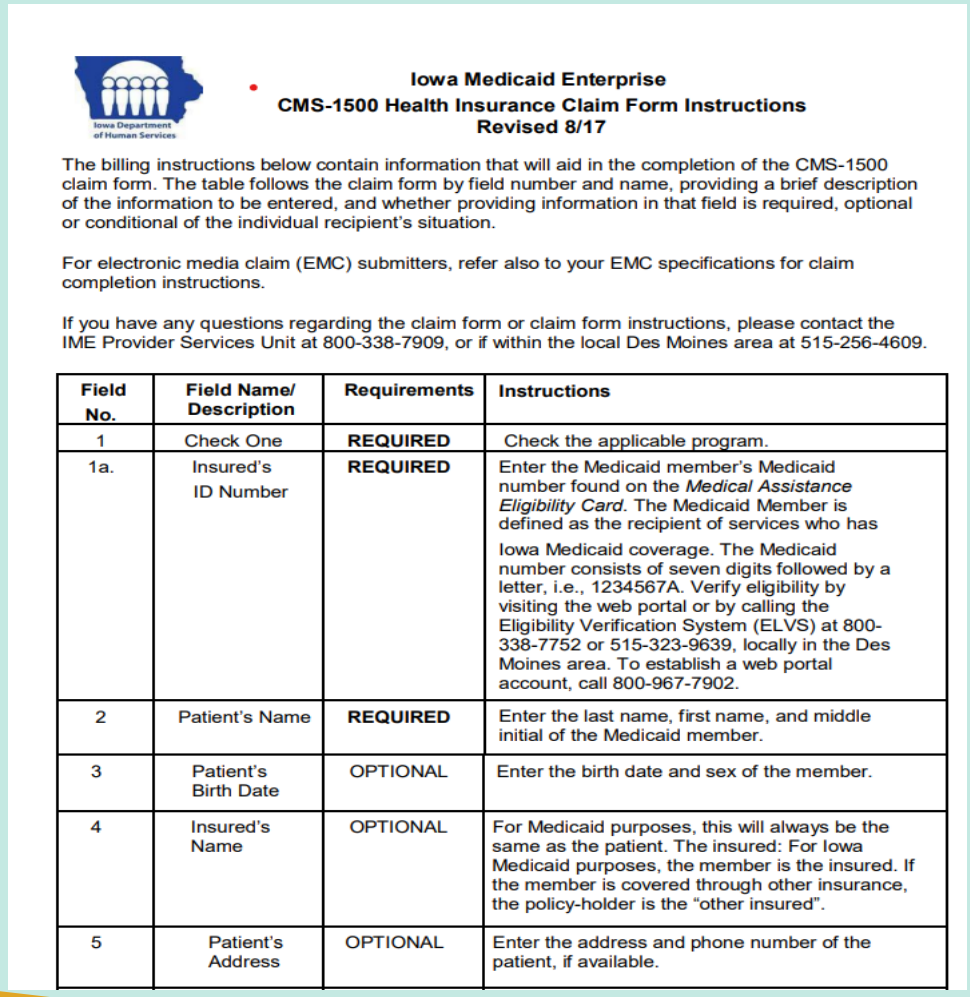
Billing & Reimbursement Services

Updated March 1, 2024

- **FPP Diagnosis Codes**
- **FPP Procedure Codes**
  - **Fee schedule**

Medicaid Reimbursement

Microsoft Word - CMS1500 - claim instructions 101811.docx (iowa.gov)



Iowa Medicaid Enterprise
CMS-1500 Health Insurance Claim Form Instructions
Revised 8/17

The billing instructions below contain information that will aid in the completion of the CMS-1500 claim form. The table follows the claim form by field number and name, providing a brief description of the information to be entered, and whether providing information in that field is required, optional or conditional of the individual recipient's situation.

For electronic media claim (EMC) submitters, refer also to your EMC specifications for claim completion instructions.

If you have any questions regarding the claim form or claim form instructions, please contact the IME Provider Services Unit at 800-338-7909, or if within the local Des Moines area at 515-256-4609.

Field No.	Field Name/ Description	Requirements	Instructions
1	Check One	**REQUIRED**	Check the applicable program.
1a.	Insured's ID Number	**REQUIRED**	Enter the Medicaid member's Medicaid number found on the *Medical Assistance Eligibility Card*. The Medicaid Member is defined as the recipient of services who has Iowa Medicaid coverage. The Medicaid number consists of seven digits followed by a letter, i.e., 1234567A. Verify eligibility by visiting the web portal or by calling the Eligibility Verification System (ELVS) at 800-338-7752 or 515-323-9639, locally in the Des Moines area. To establish a web portal account, call 800-967-7902.
2	Patient's Name	**REQUIRED**	Enter the last name, first name, and middle initial of the Medicaid member.
3	Patient's Birth Date	OPTIONAL	Enter the birth date and sex of the member.
4	Insured's Name	OPTIONAL	For Medicaid purposes, this will always be the same as the patient. The insured: For Iowa Medicaid purposes, the member is the insured. If the member is covered through other insurance, the policy-holder is the "other insured".
5	Patient's Address	OPTIONAL	Enter the address and phone number of the patient, if available.

This instruction document is 11 pages long – step by step instructions to complete the reimbursement form

Medicaid Reimbursement

https://hhs.iowa.gov/media/235/download?inline=

Billing/Provider Helpdesk

- Billing issues
  - Provider services: imeproviderservices@dhs.state.ia.us
    - They will try to address first and then if not able to resolve, will route to Rebecca Wedemeier
  - Family planning denials from Medicaid, FPP, Managed Care Organizations
    - Email Sommer Trower, Iowa HHS to help streamline, Sommer.Trower@idph.iowa.gov

Title X Agency Role

Eligibility system access

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FPP Designated Title X Enrollment Sites

- Community Health Care – Edgerton
- Crescent Community Health Center
- Eastern Iowa Health Center
- Great River Health Systems/Family Planning of Southeast Iowa
- HCCMS Family Health Services
- North Iowa Community Action
- Primary Health Care
- River Hills Community Health Center
- Siouxland Community Health Center
- UnityPoint, Allen Women's Health
- UnityPoint, Trinity Muscatine Public Health
- Women's Health and Family Services
- Pottawattamie County Public Health
- EveryStep

FPP Eligibility Access for Title X Designated Agencies

- Designated Title X agencies are eligible to serve as enrollment sites
  - To add a new or remove a Title X agency, email Iowa HHS, Lindsey Jones
  - If there is a new Agency becoming part of the Title X network, follow the **Provider Enrollment Process** (allows reimbursement of direct services)
- To request access for new staff (or remove) from the FPP database, email Iowa HHS
  - FPCI SRs – CC Allison Smith

- For new users: Iowa HHS will send an email with helpful resources to review prior to the scheduled training
  - Email sent to Kelly Lindsay to alert change in user(s)
  - Training will be scheduled and provided
  - Acknowledgement form completed by each user, tracked by Iowa HHS once training is completed
- FPP MOU must be executed prior to FPP system access and enrollment of individuals
  - FPP MOU is renewed every three years with an additional one year extension - Kelly Lindsay alerts agency (based on authorized signature to notify the agency of the renewal process

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Designated FP System Security

- ➔ FPCI and the Iowa HHS have designated staff to access the FPP eligibility system.
- ➔ ONLY DESIGNATED STAFF have access to the eligibility system.
- ➔ DO NOT share your user id and password.
- ➔ Only management of the FPCI or the Iowa HHS can request a change to clinic information or worker access to the FPP system.
- ➔ When an employee quits or transfers to another clinic location, contact the FPP helpdesk to update security files.
- ➔ Iowa HHS may terminate the agency contract if security is compromised.

Next Steps....

- Iowa HHS will be overseeing Title X Designated FPP Training and staff acknowledgement forms
- FPP Outreach Position to be hired
- New FPP brochure released late summer

Questions

Lindsey Jones, Lindsey.jones@idph.iowa.gov
Kelly Lindsay, klindsa@dhs.state.ia.us
Rebecca Wedemeier, rwedeme@dhs.state.ia.us

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