Illinois Family Planning Action Plan

8/20/2014

GOAL: Increase access to family planning services for women and men in the Medicaid Program by providing comprehensive and continuous coverage to ensure that every pregnancy is a planned pregnancy.

**ACTION #1: Payments and operational policies reflect the value HFS places on providing the most effective form of contraception.**

1) Double the provider reimbursement rate for intrauterine device insertion from $44 to $88.
2) Double the provider reimbursement rate for vasectomy service from $204 to $408.
3) Increase 340B medical providers’ dispensing fee for all long acting reversible contraceptives (LARC) from $20 to $35. Increase 340B medical providers’ dispensing fee for all hormonal contraceptives from $20 to $35 (three-month month supply required, except in extenuating circumstances).
4) Allow medical provider reimbursement (with modifier 25) for two services on the same day when one is a LARC procedure AND includes an initial or established annual exam or problem visit. Continue current practice allowing FQHCs to bill for one encounter rate.
5) Allow FQHCs to bill fee-for-service for permanent, non-surgical sterilization kits (Essure), consistent with LARC policy.
6) Investigate allowing hospitals to bill for LARC device insertion immediately postpartum.

**ACTION #2: Health plans and providers in the Medicaid Program make all forms of family planning available to Medicaid clients in a convenient and seamless manner.**

1) Communicate to all health plans and providers HFS’ commitment that clients receive evidence-based counseling and education on all FDA-approved contraceptives, from most-effective method to least-effective method. [Informational Notice was sent to all Medical Assistance Providers on 6/26/14.]
2) Communicate to all health plans and providers that cost sharing (co-pays/deductibles/co-insurance), step therapy failure requirements and prior authorization are not acceptable in the provision of family planning services. [This was reflected in new and updated health plan contracts with most managed care entities].

3) Require annual submission of all health plans’ family planning policies to HFS, including referral policies by those plans with Right of Conscience objections to providing contraception.

4) Continue working with the LARC pharmaceutical industry to help ensure Medicaid providers have LARC inventory on the shelf for same day-insertion, with ongoing training, quality assurance and notice of any policy improvements.

5) Institute more effective communication regarding timely physician and FQHC reimbursements for current fee-for-service payments as well as contractual requirements for health plan payments.