



Medicaid Managed Care and Family Planning

Erin Armstrong, Staff Attorney
NFPRHA Peer-to-Peer Meeting – Tampa, FL

January 13, 2015

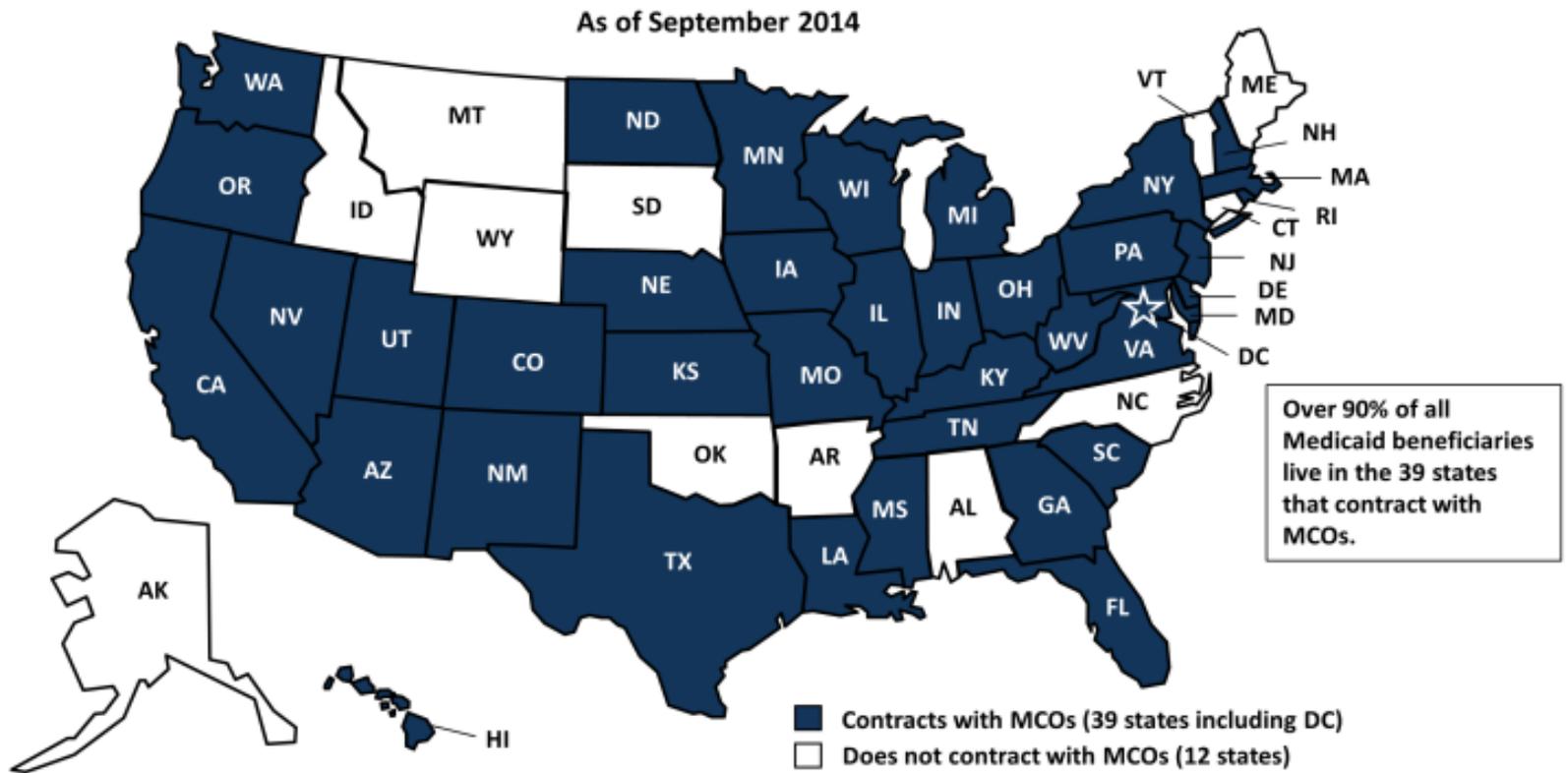
74% of Medicaid enrollees are served through managed care delivery systems.

(And that number is growing!)

3 Types of Medicaid Managed Care

1. Primary Care Case Management (PCCM)
2. Prepaid Health Plans (PHP)
3. **Managed Care Organizations (MCO)**

39 state Medicaid programs contract with comprehensive MCOs.



SOURCE: KFF Medicaid Managed Care Market Tracker



Key Features of MCOs

- Governed by contract with the State
- Specified benefits/services
- Limited network of providers
- Assigned primary care provider
- Capitated payment
- Risk-based

Medicaid MCOs have a clear
incentive to limit or deny coverage
of services for enrollees.

Examples of Core Protections

- All services covered under the State plan must be available and accessible to enrollees
- Choice of plans when mandatory (*rural exception)
- Adequate provider networks
- Right to disenroll due to poor quality or lack of access
- Direct access to an in-network “women’s health specialist” for routine and preventive services
- **Freedom of choice for family planning**

Information for Consumers

- Current list of providers, including whether they're accepting new patients
- Notice of provider contract termination
- Disenrollment information
- Instructions on filing grievances/appeals
- Comparison chart (in mandatory enrollment systems)
- Information on how and where to access benefits not covered for religious reasons
- Information on how to obtain out-of-network family planning services

So... What are we worried about?

Religious MCOs

- Federal law allows MCOs to refuse to cover services *and referrals* due to moral or religious objections
- The STATE (not MCO) is required to provide information about how and where to obtain such services

Example: Fidelis Care, New York

Family Planning

- Fidelis Care does not cover certain family planning and reproductive health services, such as abortion, sterilization, and prescription birth control. New York State requires us to inform you that you can use your Medicaid card to get these services from any doctor or clinic that accepts Medicaid. You do not need a referral from your PCP to get these services. If you have any questions or need information about these non-covered services, you can call Fidelis Care's Member Services Department at 1-888-FIDELIS (1-888-343-3547). You can also call the New York State Growing Up Healthy Hotline at 1-800-522-5006 to get assistance to obtain a list of Medicaid Family Planning Providers.

Network Adequacy

- No federal provider/patient ratios or time/distance standards
- No federal contracting requirements related to essential community providers
- States fail to consider provider refusals when establishing and evaluating networks
- STATE DISCRETION re: standards and monitoring!

Example: Washington's Managed Care Model Contract

16.6.5 Contractor shall offer a provider subcontract to all family planning agencies contracted with the Health Care Authority and make a reasonable and fair effort to subcontract with such agencies for contracted services that are provided by the family planning agencies.

Utilization Controls

Meridian Health Plan Prior Authorization Policy for Mirena and Skyla...

Effective August 1st, 2014 Meridian will require prior authorizations for Mirena and Skylar IUD's. Criteria for the IUD's including contraindications are listed below. Authorizations may be obtained by calling 855-827-1766 or via the secure Meridian Health Plan Portal at www.mhplan.com/nh/mcs.

CRITERIA

1. **Menorrhagia** when the following criteria are met:
 - a. Three months of menorrhagia* secondary to Dysfunctional Uterine Bleeding (i.e. pathologic etiologies have been ruled out as the cause

2. **Contraception** in the absence of menorrhagia when the following criteria are met:
 - a. Contraindication to the following hormonal options,
 - i. Combined triphasic OCP.
 - ii. Monophasic OCP
 - iii. An oral progestin only OCP formulation
 - iv. Parenteral Depo-Provera
 - b. Trial and failure of a copper IUD (e.g. Paragard T380A®), unless a specific contraindication (such as Wilson's disease) to the use of the IUD is present.

c. Trial and failure of a copper IUD (e.g. Paragard T380A®), unless a specific contraindication (such as Wilson's disease) to the use of the IUD is present.

- c. All patients must be screened for chlamydia and gonorrhea and have results submitted with a request for LNG-IUD.

Utilization Controls (cont.)

Example: Illinois Managed Care Model Contract

Contractor policies shall not present barriers or restrictions to access to care, such as prior authorizations or step-failure therapy requirements. Contractor shall cover and offer all FDA-approved birth control methods with education and counseling on the most effective methods first, specifically long acting reversible contraception (LARC). Enrollees have the freedom to choose the preferred birth control method that is most appropriate for them.

Freedom of Choice

- Do enrollees know and understand the right?
- Do utilization controls follow out of network?
- How (and how much) are out of network providers paid?

WA

16.6 Enrollee Self-Referral

- 16.6.1 Enrollees have the right to self-refer for certain services to local health departments and family planning clinics paid through separate arrangements with the State of Washington.
- 16.6.2 The Contractor is not responsible for the coverage of the services provided through such separate arrangements.

FL

- d. The Health Plan shall allow each enrollee to obtain family planning services from any provider and require no prior authorization for such services. For **capitated Health Plans**, if the enrollee receives services from a non-network Medicaid provider, then the Health Plan shall reimburse at the Medicaid reimbursement rate, unless another payment rate is negotiated.

Confidentiality

Are Medicaid MCOs employing practices that inadvertently compromise confidentiality of sensitive services?

Example: Washington's Managed Care Model Contract

12.4.12 Verification that services billed by providers were actually provided to enrollees. The Contractor may use explanation of benefits (EOB) for such verification only if the Contractor suppresses EOBs that would be a violation of enrollee confidentiality requirements for women's healthcare, family planning, and behavioral health services (42 C.F.R. § 455.20).

Model Contract Provisions

- No prior authorization for family planning services and supplies. (e.g. WA, WV, FL, IL)
- 12-month dispensing requirements (e.g. WA)
- Contracting requirements with ECPs/family planning providers (e.g. WV, WA)
- Discourage contracting with religious MCOs that deny services; at a minimum, strengthen MCO provision of information requirements (e.g. NY)
- Enhanced confidentiality protections (e.g. WA)

Coming soon...

CMS is **updating** the existing Medicaid managed care regulations **THIS YEAR.**

Find links to NHeLP model regs at:

<http://www.healthlaw.org/issues/medicaid/managed-care/Health-Advocate-Sept-2014#.VK9gOivF8w0>

Check [healthlaw.org](http://www.healthlaw.org) for NHeLP's upcoming Medicaid Managed Care Toolkit!

What are your managed care concerns and priorities?



THANK YOU!

armstrong@healthlaw.org

Washington DC Office

1444 I Street NW, Suite 1105
Washington, DC 20005
ph: (202) 289-7661
fx: (202) 289-7724
nhelpdc@healthlaw.org

Los Angeles Office

3701 Wilshire Blvd, Suite #750
Los Angeles, CA 90010
ph: (310) 204-6010
fx: (213) 368-0774
nhelp@healthlaw.org

North Carolina Office

101 East Weaver Street, Suite G-7
Carrboro, NC 27510
ph: (919) 968-6308
fx: (919) 968-8855
nhelpnc@healthlaw.org

www.healthlaw.org