General Information

The Louisiana Department of Health and Hospitals will implement a family planning demonstration waiver program, **TAKE CHARGE**, on October 1, 2006. This program is designed to increase access to family planning services and reduce unintended pregnancies among females in the target population. It is also designed to reduce Medicaid expenditures for unintended pregnancy related services and first year infant medical care through the provision of family planning services.

**TAKE CHARGE** Target Population:

The target population is females between the ages of 19-44 who do not meet Medicaid certification criteria but who have family incomes up to 200% of the Federal Poverty Level (FPL). Caps have been set at 75,000 enrollees in the first year and 110,250 enrollees in the second year of the program. The cap has not been determined for subsequent years.

**TAKE CHARGE** enrollees are exempt from CommunityCARE – providers don't have to get referrals for family planning waiver services.

Identification Card and Eligibility Inquiries

Identification Card:

**TAKE CHARGE** program enrollees receive a pink identification card similar to a regular Medicaid card in appearance. Enrollees will be identified when the program eligibility card is swiped using MEVS or eligibility is verified by telephone using REVS. A sample of the new pink eligibility card is shown below:
Eligibility Inquiries:

All providers must verify the enrollee’s eligibility through the automated systems, MEVS or REVS, EVERY time a service is provided in order to confirm eligibility for family planning waiver services.

REVS/MEVS Responses

Providers who verify eligibility via REVS will receive the following confirmation of eligibility:

The Recipient is eligible for Family Planning Waiver Services only. Benefits are limited.

The confirmation of eligibility in MEVS is similar to the following:

Family Planning Waiver SVS
Recip Entitled to Limited Benefits

Note coverage description for TAKE CHARGE Louisiana Family Planning Waiver.

Note Service Limitations for TAKE CHARGE.
**Services**

**TAKE CHARGE** benefits are a defined set of services. Services will include the following:

- Yearly physical examinations and necessary re-visits
- Laboratory tests
- Medications and supplies (such as birth control pills, condoms, patches, injections, IUD’s, diaphragms, etc.)
- Some voluntary sterilization procedures are also covered.

**NOTE:** A limit of FOUR visits per calendar year (including initial visit and re-visits) has been established on services rendered by a physician, nurse practitioner, or physician assistant, based on the following procedure codes:

- 99201-99205
- 99211-99215
- 99241-99245

If a recipient becomes eligible for Medicaid and enrolls in Medicaid during or after enrolling in **TAKE CHARGE**, the number of annual visits that were credited against **TAKE CHARGE** will not be credited against the number of annual Medicaid visits.

However, Office of Public Health (OPH) visits and revisits DO count toward the **TAKE CHARGE** service limits.

**Service Providers**

Any enrolled Medicaid provider(s) whose scope of practice permits the delivery of family planning services will be eligible to provide covered services through the **TAKE CHARGE** Family Planning Waiver program. These currently include the following provider types:

- Physician
- RHC
- Hospital
- FQHC
- IHS (American Indians “638”)  
- Pharmacy
- Family Planning Clinic
- Nurse Practitioner
- Physician Assistant

Providers will not be required to file with TPL and/or Medicare.
Diagnosis / Procedure / Revenue Codes

The diagnosis, procedure, and revenue codes approved for use under this waiver are available here:

- Diagnosis Codes
- Medical Procedure Codes
- Revenue Codes

IMPORTANT NOTE: TAKE CHARGE services will be paid ONLY if one of the diagnosis codes on the list (see link, above) is present on the claim.

Pharmaceuticals Policy for TAKE CHARGE

The pharmaceuticals (drugs, supplies, and devices) covered in the outpatient pharmacy program for the family planning waiver include the following: birth control pills, condoms, IUDs, spermicide, and diaphragms.

Special Note for Pharmacy Providers:
If pharmaceuticals aren’t approved for TAKE CHARGE, pharmacy providers will receive the denial 96 (non-covered charge) with Remark code N30 (patient ineligible for this service).

Reimbursement

Reimbursement for services covered under TAKE CHARGE Family Planning Waiver will be based on the current Louisiana Medicaid fee-for-service rate. FQHC, RHC, and IHS providers will receive fee-for-service payments, not encounter payments.

The fee schedule for professional fee-for-service can be accessed here: http://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED0906.pdf

Primary Care Referrals

When a need for primary care treatment is identified during a family planning waiver visit, the waiver enrollee will be referred for primary care. The Family Planning Waiver will NOT pay for primary care treatment; the patient IS responsible for all charges associated with those services.

Applications

Applications for the TAKE CHARGE Family Planning Waiver program are available in Title X family planning clinics, local health departments, certified Medicaid application centers, public hospitals/clinics and at local Medicaid offices.