

## 420 FAMILY PLANNING

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 36.2904(L), 42 CFR 50.203 and 204, AMPM Attachment 420-B

This policy applies to the Division's Administrative Services Subcontractors (AdSS).

Family planning services, when provided by physicians or practitioners, are covered for male and female members who voluntarily choose to delay or prevent pregnancy. Family planning services include covered medical, surgical, pharmacological, and laboratory benefits specified in this policy. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about specific family planning methods available, as discussed below under "Covered Services." Members may choose to obtain family planning services and supplies from any appropriate provider with the AdSS's network.

Members whose eligibility continues, may remain with their assigned maternity provider or exercise their option to select another provider for family planning services.

### **Covered Services**

- A. Covered family planning services for members include the following medical, surgical, pharmacological, and laboratory services as well as contraceptive devices (including Intrauterine Devices [IUDs] and subdermal implantable contraceptives):
1. Contraceptive counseling, medication, and/or supplies, including, but not limited to: oral and injectable contraceptives, Long-Acting Reversible Contraceptives (LARC), diaphragms, condoms, foams, and suppositories
  2. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning
  3. Treatment of complications resulting from contraceptive use, including emergency treatment,
  4. Natural family planning education or referral to qualified health professionals
  5. Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (Mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception)
  6. Sterilization

#### Clarification Related to Hysteroscopic Tubal Sterilization

- a. Hysteroscopic tubal sterilization is not immediately effective upon insertion of the sterilization device. It is expected that the procedure will be an effective sterilization procedure three months following insertion. Therefore, during the first three months the member must continue using another form of birth control to prevent pregnancy.

- b. At the end of the three months, it is expected that a Hysterosolpingogram will be performed confirming that the member is sterile. After the confirmatory test the member is considered sterile.
- B. Coverage for the following family planning services are as follows:
1. Pregnancy screening is a covered service.
  2. Pharmaceuticals are covered when associated with medical conditions related to family planning or other medical conditions.
  3. Screening and treatment for Sexually Transmitted Infections (STI) are covered services for both male and female members.
  4. Sterilization services are covered for both male and female members when the requirements specified in this policy for sterilization services are met (including hysteroscopic tubal sterilizations).
  5. Pregnancy termination is covered only as specified in Division Medical Policy 410 [including Mifepristone (Mifeprex or RU-486)].
- C. Limitations
- The following are not covered for the purpose of family planning services:
1. Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility,
  2. Pregnancy termination counseling,
  3. Pregnancy terminations except as specified in Division Medical Policy 410 [including Mifepristone (Mifeprex or RU-486)], and
  4. Hysterectomies for the purpose of sterilizations

### **AdSS Requirements for Providing Family Planning Services**

The AdSS must ensure that service delivery, monitoring, and reporting requirements are met. The AdSS must:

- A. Plan and implement an outreach program to notify members of reproductive age of the specific covered family planning services available and how to request them. Notification must be in accordance with A.R.S. § 36.2904(L). The information provided to members must include, but is not limited to:
  1. A complete description of covered family planning services available
  2. Information advising how to request/obtain these services
  3. Information that assistance with scheduling is available

4. A statement that there is no charge for these services.
- B. Have policies and procedures in place to ensure that maternity care providers are educated regarding covered and non-covered services, including family planning services available to members.
  - C. Have family planning services that are:
    1. Provided in a manner free from coercion or behavioral/mental pressure
    2. Available and easily accessible to members
    3. Provided in a manner which assures continuity and confidentiality
    4. Provided by, or under the direction of, a qualified physician or practitioner
    5. Documented in the medical record. In addition, documentation must be recorded that each member of reproductive age was notified verbally or in writing of the availability of family planning services.
  - D. Incorporate medical audits for family planning services with quality management activities to determine conformity with acceptable medical standards.
  - E. Establish quality/utilization management indicators to effectively measure/monitor the use of family planning services.
  - F. Have written practice guidelines that detail specific procedures for the provision of LARC. (For more information on LARC, see "Arizona DRG Payment Policies" on the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov)). These guidelines must be written in accordance with acceptable medical standards.
  - G. Implement a process to ensure that, prior to insertion of intrauterine and subdermal implantable contraceptives, the maternity care provider has provided proper counseling to the eligible member to minimize the likelihood of a request for early removal. Counseling information is to include a statement to the member indicating if the implant is removed within two years of insertion, the member may not be an appropriate candidate for reinsertion for at least one year after removal.

### **Protocol for Member Notification of Family Planning Services and AdSS Reporting Requirements**

The AdSS is responsible for providing family planning services and notifying members regarding the availability of covered services. The AdSS must establish processes to ensure the sterilization reports specified in this policy comply with the procedural guidelines for encounter submissions. The Division will notify all members eligible under the category of pregnant woman who become ineligible for DD-long term care.

The AdSS will provide information about covered family planning services. Member notification of these covered services must meet the following minimum requirements:

- A. In accordance with A.R.S. § 36-2904(L), the AdSS must notify members of reproductive age either directly or through the parent or legal guardian, whichever is most appropriate, of the specific covered family planning services available to them, and a plan to deliver those services to members who request them. Notification must include provisions for written notification, other than the member handbook, and verbal notification during a member's visit with the member's primary care physician or primary care practitioner.
- B. Notification of family planning services must include provision for written notification in addition to the Member Handbook and the member newsletter. Communications and correspondence dealing specifically with notification of family planning services are acceptable methods of providing this information. The communications and correspondence must be approved by the Division and conform to confidentiality requirements
- C. Notification must be given at least once a year and must be completed by November 1<sup>st</sup>. For members who enroll with the AdSS after November 1<sup>st</sup>, notification must be sent at the time of enrollment.
- D. Notification must include all of the covered family planning services and instructions to members regarding how to access these services.
- E. As with other member notifications, notification must be written at an easily understood reading level.
- F. Notification must be presented in accordance with cultural competency requirements.
- G. The AdSS must monitor compliance to ensure the maternity care providers verbally notify members of the availability of family planning services during office visits.
- H. The AdSS must report all members under 21 years of age, undergoing a procedure that renders the member sterilized, using the *AHCCCS Sterilization Reporting Form for Members under 21 Years of Age* (AMPM Attachment 420-B) as adopted for use by the Division. Documentation supporting the medical necessity for the procedure must be submitted with the reporting form.

### **Sterilization**

The following requirements regarding member consent for sterilization services apply to AdSSs (For more information refer to 42 CFR 50.203 and 204).

- A. The following criteria must be met for the sterilization of a member to occur:
  - 1. The member is at least 21 years of age at the time the consent is signed (AMPM Attachment 420-B).
  - 2. The member has not been declared mentally incompetent.
  - 3. Voluntary consent was obtained without coercion.

4. Thirty days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery of emergency abdominal surgery. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.
- B. Any member requesting sterilization must sign an appropriate consent form, AHCCCS Consent to Sterilization form (AMPM Attachment 420-A), with a witness present when the consent is obtained. Suitable arrangements must be made to ensure that the information in the consent form is effectively communicated to members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as members with visual and/or auditory limitations. Prior to signing the consent form, a member must first have a copy of the consent form and offered factual information that includes all of the following:
1. Consent form requirements (See 42 CFR. 50.204)
  2. Answers to questions asked regarding the specific procedure to be performed
  3. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits
  4. Advice that the sterilization procedure is considered to be irreversible
  5. A thorough explanation of the specific sterilization procedure to be performed
  6. A description of available alternative methods
  7. A full description of the discomforts and risk that may accompany or follow the performing of the procedure, including an explanation of the types and possible effects of any anesthetic to be used
  8. A full description of the advantages or disadvantages that may be expected as a result of the sterilization
  9. Notification that sterilization cannot be performed for at least 30 days post consent.
- C. Sterilization consents may not be obtained when a member:
1. Is in labor or childbirth, or
  2. Is seeking to obtain, or is obtaining, a pregnancy termination, or
  3. Is under the influence of alcohol or other substances that affect that member's state of awareness.