

Appendix D: Survey Questionnaire – Family Planning Section

Kaiser Family Foundation Survey of Family Planning Services under Medicaid, Fiscal Year 2015

SECTION A: MEDICAID FAMILY PLANNING BENEFITS

This Section is intended to identify whether various family planning services are normally covered under Medicaid State Plan or waiver programs in your state for adults 21 and older and also identify coverage variations between traditional Medicaid (applicable to all states), Alternative Benefit Plan coverage provided to new adult beneficiaries under the ACA Medicaid expansion (applicable to states that have implemented the expansion at this time) and coverage under a family planning expansion program (either through a Family Planning State Plan Amendment (SPA) or a Family Planning Waiver).

In the table below, please indicate the Medicaid Family Planning benefits provided under each program offered in your state as of July 1, 2015. **Please check all that apply.** Describe utilization controls or conditions your state applies by entering text in the space provided. **Please do NOT include services that are provided by managed care plans as value-added benefits (that is, they are not a required state benefit).** If your state does not cover the benefit under any Medicaid program, check “Not covered in any Medicaid program.”

Medicaid Program Coverage as of July 1, 2015					
Benefit/Service	Not Covered in Any Medicaid Program	Traditional Medicaid	ACA Medicaid Expansion ¹	Family Planning Waiver or SPA	Describe limits or utilization controls
A1. Contraception					
1.a IUD – copper (ParaGard)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.b IUD – hormonal (Mirena, Skyla, Liletta)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.c IUD removal	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.d Implant (Implanon, Nexplanon)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.e Implant removal	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.f Injectable – intra-muscular (Depo-Provera)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.g Injectable – subcutaneous (Depo subQ Provera)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.h Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.i Contraceptive patch (OrthoEvra)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.j Vaginal ring (NuvaRing)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.k Oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
i Oral Contraceptive - combined (estrogen and progestin)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
ii Oral Contraceptive - progestin only	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
iii Oral Contraceptive - extended/continuous use	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.l Emergency contraceptive pills (Ella)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
1.m Does your state cover the provision of a 12 month supply of oral contraceptives at one time? <choose one>					
i. If yes, are there any conditions or limitations required? <choose one>					
ii. If yes, please describe conditions or limitations. <Triple-click to enter text>					
1.n How does your state reimburse hospitals for the following services when provided immediately after labor and delivery					
i. LARC device <choose one>					
ii. Insertion of the LARC <choose one>					

¹ Note that the Alternative Benefit Plan provided through an ACA Medicaid expansion [must include](#) at least one of each of the [18 FDA approved methods of contraception for women](#), as *prescribed*, as well as all of the services recommended by the federally commissioned [U.S. Preventive Services Task Force](#).

Medicaid Program Coverage as of July 1, 2015					
Benefit/Service	Not Covered in Any Medicaid Program	Traditional Medicaid	ACA Medicaid Expansion ¹	Family Planning Waiver or SPA	Describe limits or utilization controls
1.o How does your state reimburse other providers for the following services when provided immediately after labor and delivery? i. LARC device <select one> ii. Insertion of the LARC <select one>					
1.p. If known, please briefly identify any policy or reimbursement barriers in your state that inhibit the provision of LARCs immediately following labor and delivery. <Triple-click to enter text>					
1.q. Comments on Contraception: <Triple-click to enter text>					
A2. Over-the-Counter Supplies					
2.a Male Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
2.b Spermicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
2.c Sponges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
2.d Emergency contraceptive pills (Plan B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
2.e Please check if the following requirements apply to coverage of Over-the-Counter Contraceptives	i. Prescription required <input type="checkbox"/> ii. Other form of documentation required <input type="checkbox"/> iii. Included on State PDL <input type="checkbox"/> iv. Included on State MAC <input type="checkbox"/>				
2.f Comments on Over-the-Counter Supplies: <Triple-click to enter text>					
A3. Other Family Planning Services					
3.a Contraceptive counseling	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
3.b Contraceptive follow-up visits, management of side effects	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
3.c Well woman visits/checkups	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
3.d Intimate partner violence screening	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
3.e HPV vaccines	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
3.f Comments on other Family Planning Services: <Triple-click to enter text>					
A4. Sterilization					
4.a Tubal ligation-postpartum	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
4.b Tubal ligation-general	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
4.c Essure (non-surgical sterilization)	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
4.d Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
4.e Comments on Sterilization: <Triple-click to enter text>					
A5. Fertility Services					
5.a Diagnostic testing for women (laparoscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
5.b Diagnostic testing for men (i.e. semen analysis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
5.c Medications for women (Clomid, hCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
5.d Intrauterine insemination (IUI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
5.e In-vitro fertilization (IVF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
5.f Comments on Fertility Services: <Triple-click to enter text>					
A6. Cancer Screening and Follow-up					
6.a Pap Smear/Lab	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
6.b HPV DNA testing with abnormal Pap	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
6.c Colposcopy with abnormal Pap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
6.d LEEP with abnormal Pap (excision procedure of pre-cancerous cells)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<Triple-click to enter text>
6.e Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>

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6.f Genetic (BRCA) screening and counseling for high-risk women	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
6.g Breast cancer preventive medication for high-risk women	<input type="checkbox"/>	<input type="checkbox"/>	Required	<input type="checkbox"/>	<Triple-click to enter text>
6.h Comments on Cancer Screening and Follow-up: <Triple-click to enter text>					

A.7. Managed Care Policies

The following questions are intended to explore the role of capitated Medicaid managed care organizations (MCOs) in providing family planning services to women enrolled in Medicaid managed care.

If your state does *not* have Medicaid MCO enrollment, please check here and go to Section B.

States are eligible to receive a 90 percent federal matching rate (FMAP) for family planning services and supplies.

- a. Does your state include family planning supplies and services within the MCO capitation rate? *<choose one>*
 - i. If “yes,” does your state claim 90 percent FMAP for family planning services and supplies purchased by MCOs? *<choose one>*
- b. If your state contracts with MCOs, do MCO contracts explicitly address how MCOs use prior authorization, step therapy or other medical management controls for contraceptives? *<choose one>*
 - i. If “yes,” please briefly explain. <Triple-click to enter text>
- c. Does your state contract with any MCOs that have “conscience” or religious exemptions for the provision of family planning services? *<choose one>*
 - i. If “yes,” please briefly describe your state’s referral process for women seeking family planning services in health plans with “conscience” exemptions. <Triple-click to enter text>
- d. **Comments on Managed Care Policy:** <Triple-click to enter text>