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)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.b IUD – hormonal (Mirena, Skyla, Liletta)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.c IUD removal			Required		<triple-click enter="" text="" to=""></triple-click>			
1.d Implant (Implanon, Nexplanon)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.e Implant removal			Required		<triple-click enter="" text="" to=""></triple-click>			
1.f Injectable – intra-muscular (Depo- Provera)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.g Injectable – subcutaneous (Depo subQ Provera)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.h Diaphragm			Required		<triple-click enter="" text="" to=""></triple-click>			
1.i Contraceptive patch (OrthoEvra)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.j. Vaginal ring (NuvaRing)			Required		<triple-click enter="" text="" to=""></triple-click>			
1.k Oral contraceptives			Required		<triple-click enter="" text="" to=""></triple-click>			
i Oral Contraceptive - combined (estrogen and progestin)			Required		<triple-click enter="" text="" to=""></triple-click>			
ii Oral Contraceptive - progestin only			Required		<triple-click enter="" text="" to=""></triple-click>			
iii Oral Contraceptive - extended/continuous use			Required		<triple-click enter="" text="" to=""></triple-click>			
1.I Emergency contraceptive pills (Ella)			Required		<triple-click enter="" text="" to=""></triple-click>			
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 enter="" text="" to=""></triple-click></choose></choose>								
1.n How does your state reimburse hos		lowing service	es when prov	ided immediately	after labor and delivery			
i. LARC device <i><choose one=""></choose></i>								

ii. Insertion of the LARC <choose one>

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

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