

Plan First Family Planning Program Provider Training

September 2019

Training Objectives

Part I: Program and Policy

- What is Plan First
- Who is Eligible
- Services Offered
- Provider Responsibilities

Part II: Provider Inquiries

- Eligibility Inquiries
- Billing
- Claims Submissions

Part I:

Program and Policy



Expanding Access to Family Planning Services

- On February 21, 2018, Governor Murphy signed into law family planning legislation to increase access to family planning services through Medicaid for individuals up to 205% of the Federal Poverty Level
- Current estimates calculate 31,000 to 55,000 recipients could be enrolled in Family Planning over five years

What is Plan First?

- A fee-for-service limited benefit program beginning October 1, 2019
- Provides coverage for limited family planning and related services
- Does not provide minimum essential health care coverage such as physical exams
- Enrollees should obtain a separate comprehensive health plan to meet New Jersey's mandate to obtain minimum essential health care coverage
- Plan First is secondary to other coverage such as the federal Marketplace health insurance or private health insurance

Eligibility

- Women or men may enroll
- Must be a New Jersey state resident, citizen or qualified alien
- Ineligible for NJ FamilyCare Medicaid due to income
- Not currently pregnant or sterile
- May enroll after pregnancy-related Medicaid coverage
- Women and men with income between 139% and 205% of the Federal Poverty Level (includes a 5% disregard)
- Individuals enrolled in Plan First will be assigned a Program Status Code of 381 or 764

Household	Plan First Income Threshold	
	Annual	Monthly
1	\$ 25,605	\$ 2,134
2	34,666	2,889
3	43,727	3,644
4	52,788	4,399
+1	9,061	756



Services Covered

- Comprehensive family planning services for women and men including all FDA-approved forms of contraception, emergency oral contraception (such as Plan B®, Ella®), pregnancy testing, Family Planning counseling, sterilization, blood counts HIV and STD screenings
- Over the counter birth control methods such as condoms
- Family planning-related laboratory testing, including but not limited to, STD/HIV screenings, PAP smears, urine, blood counts, mammography & Hepatitis B testing
- Vasectomies covered for men 21 years of age or older
- Surgical pathology

Services Covered

(continued)

- Long-Acting Reversible Contraception (LARC)
- Outpatient Evaluation and Management (E&M) professional services
- Hospital Outpatient Services
- Family Planning services and supplies and Family Planning-related services
- Mammogram (Not Breast Cancer Screens)
- Breast Tomosynthesis
- Human Papilloma Virus (HPV) Vaccine



Services Not Covered

- Abortions
- Hysterectomies
- Immunizations, other than Human Papilloma Virus (HPV) vaccine
- Non-Family Planning prescription drugs
- Inpatient hospital services



How to Apply?

- Apply online at www.NJFamilycare.org

Individuals must opt-in by selecting **yes** to the question:

Family Planning (Plan First Program)

If any person on this application is **not eligible** for NJ FamilyCare, would you like them to be evaluated for family planning services (Plan First Program)?

Yes Check here for all applicants on this application to be evaluated for **family planning services**.

Plan First is a program for women and men that provides only family planning and related services (such as birth control and reproductive health care). Family planning services do not provide minimum essential health care coverage (such as routine care).

- Call NJ FamilyCare at: 1-800-701-0710
TTY: 1-800-701-0720

Provider Specialty

- Fee-for-service (FFS) only
- All NJ FamilyCare fee-for-service providers are eligible to participate, including Federally Qualified Health Centers
- Independent Clinics, i.e. Family Planning/Planned Parenthood
- Inpatient claims are NOT INCLUDED
- No Presumptive Eligibility
- Enrollment is the first of the month in which they are found eligible



Plan First vs. Pregnant Woman Program

- Pregnant individuals are not eligible for Plan First
- A Plan First visit, which only offers limited family planning services, will not be covered if a patient is pregnant
- The individual shall be seamlessly transferred to the pregnant woman's program upon notice of the pregnancy

Provider Responsibility

- Should a patient on Plan First become pregnant the provider must immediately send a secure email to dmahs.familyplanning@dhs.state.nj.us
- The provider must provide the patient's:
 1. name
 2. case number
 3. due date, and
 4. number of expected babies

Part II:

Provider Inquiries

Eligibility Inquiries

- To verify eligibility use the Recipient Eligibility Verification System (REVS), the electronic Medicaid Eligibility Verification System (eMEVS) or the Medicaid Eligibility System (MEVS)
- The eMEVS or MEVS response shall provide:
 - A message referring to Newsletter Volume 29, No. 8
 - Program Status Code 764 or 381 identifying a Plan First-eligible beneficiary
 - Other insurance information
 - Medicare Part A and/or Part B coverage

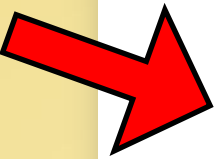
PSC 381 TPL Only

Welcome to New Jersey Medicaid: Medical Eligibility Verification Online

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Results as of 7/3/2019 2:57 PM:

Last Name:	First Name:	Middle Initial:	
Submitted Recipient Id #:	Eligible:	Yes	
Date of Birth:	SSN:		
Card Control Number:			
Submitted SBI:			
Submitted Begin Date:	07/01/2019	Submitted End Date:	07/31/2019
Hospice Message:			
Medicaid Eligibility Data:			
Begin Date:	9/1/2014	End Date:	7/31/2019
Recipient Id # for Billing:			
Message:	LIMITED TO FEE FOR SERVICE FAMILY PLANNING SERVICES ONLY, CLICK TO REFER TO THE NEWSLETTER VOL.29 NO.08 ; PROGRAM 381		
Eligible Services:	82-Family Planning		
	SEE MEDICAID SPECIAL PROGRAM DATA (IF ANY) FOR ADDITIONS/LIMITATIONS TO THE SERVICES ABOVE.		
Termination Message:			
County of Supervision:	023	County Name:	NJ FamilyCare Vendor
Medicaid Recipient <u>Lockin</u> Data:			
<u>Lockin</u> Begin Date:		<u>Lockin</u> End Date:	
Message:			





Name: Policy Number:

Group Number: NJ Insurer Code:

Copay Level:

Commercial Third Party Coverage Data:

Begin Date: 1/1/2007 End Date: 7/31/2019

Policy Number: Group Number: 333000

Carrier Name: MERCK-MEDCO

Message: THE BENEFICIARY HAS COVERAGE WITH ANOTHER INSURER. CONTACT THE INSURER FOR DETAILS ON COVERAGE OR BENEFITS

Commercial Third Party Coverage Data:

Begin Date: 1/1/2007 End Date: 7/31/2019

Policy Number: Group Number: 333000

Number: OXFORD FREEDOM/LIBERTY PLANS

Message: THE BENEFICIARY HAS COVERAGE WITH ANOTHER INSURER. CONTACT THE INSURER FOR DETAILS ON COVERAGE OR BENEFITS

PR1/PR2 Data:

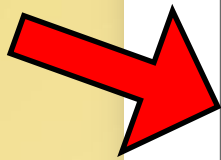
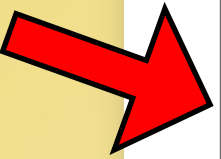
Begin Date: Available Income:

PR1/PR2 Indicator:

Cost Share Data:

Begin Date: Cost Share:

PR1/PR2 Indicator:



Other Insurance*

MUST be Billed First

- Claim payments shall be denied unless the other insurance payment is reported on the claim
- Providers are required to request payment from other insurers first, including Medicare*, prior to submitting claims to the NJ FamilyCare program
- Medicare Advantage Plans (i.e. Medicare Part C plans) may provide coverage for family planning services and these services are subject to other insurance payment requirements
- If payment is denied by the other insurance, proof of the payment denial must be attached to the claim

*Also referred to as “Third Party Liability (TPL)”

Claiming Responsibilities

A Coverage Indicator Value (CIV) is assigned to each Family Planning-covered service

- CIV = C means sometimes sterilization
- CIV = D means sometimes family planning
- CIV = F means always family planning
- CIV = S means always sterilization

Why assign these values?

Services covered as a family planning benefit may also be billed for services unrelated to family planning. These values allow the claiming system to properly adjudicate Plan First professional claims.

Claiming Instructions

- Those services assigned a CIV of “F” or “S” DO NOT require a provider to populate the Family Planning Indicator field (Field SV112) on a professional claim with the value of “Y,” nor submit the A4 value in the Condition Code field on an outpatient hospital claim.
- For breast tomosynthesis, mammograms and HPV vaccinations, as well as those services assigned a CIV of “C” or “D,” providers are REQUIRED to populate the Family Planning Indicator field on a professional claim (Field SV112) with the value of “Y,” or submit the A4 value in the Condition Code field on an outpatient hospital claim self-attesting that the delivered service is a family planning or family planning-related service.
- Submitting the A4 value in the Condition Code field on an Outpatient Medicare/Medicaid crossover claim is NOT a requirement.

Family Planning Field Condition Code Field

- When reporting a Value of “Y” in the Family Planning Field on a Professional Claim or the Condition Code Field on an Institutional Claim, the service actually provided **MUST** be a Family Planning service
- The accurate reporting of the value may be the subject of an audit conducted by the State of New Jersey

Other Billing Questions

For information regarding billing procedures and/or provider training, please contact the state's Fiscal Agent, DXC Technology, Provider Services Unit at 1-800-776-6334.