

9505.5315 PROVIDERS OF FAMILY PLANNING SERVICES.

Subpart 1. **Certified family planning services provider requirements.** To become a certified family planning services provider, a family planning services provider must:

- A. sign the business associate agreement;
- B. complete required training;
- C. provide information about presumptive eligibility to interested persons;
- D. help interested persons complete demonstration project applications and forms;
- E. use the department's eligibility verification system to verify a person screened for demonstration project eligibility does not receive Minnesota health care program coverage;
- F. determine presumptive eligibility;
- G. give required notices to a person screened for eligibility;
- H. promptly forward completed applications and forms to the department; and
- I. cooperate with department application tracking and program evaluation activities.

Subp. 2. **Covered services.** The demonstration project covers contraception management services and certain additional medical diagnosis or treatment services that are provided within the context of a visit for contraception management services. All services covered by the demonstration project are listed in Attachment B of the Centers for Medicare and Medicaid Services Special Terms and Conditions for the Minnesota Family Planning Program Section 1115 Demonstration, Project Number 11-W-00183/5 and its amendments, which are incorporated by reference. This document can be found at the Minnesota Law Library, Judicial Center, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155. Attachment B is subject to frequent change.

Subp. 3. **Payment for services.** Family planning services providers are paid for covered services as follows:

- A. No cost-sharing requirements apply to services provided under the demonstration project.
- B. Payments will be made on a fee-for-service basis to providers for services provided under the demonstration project.
- C. All covered services provided during the presumptive eligibility period according to part 9505.5310, subpart 2, will be reimbursed.

D. The demonstration project is the payer of last resort. The demonstration project will not cover drugs that are covered under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible for drug coverage as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A).

E. Parts 9505.2160 to 9505.2245, regarding surveillance and integrity review, apply to services provided under parts 9505.5300 to 9505.5325.

Statutory Authority: *MS s 256B.04*

History: *31 SR 771*

NOTE: This part is repealed contingent upon federal approval of the state Medicaid plan amendment under Laws 2014, chapter 291, article 10, section 12. Laws 2014, chapter 291, article 10, section 14.

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