

**FAMILY PLANNING –
REPRODUCTIVE HEALTH PROGRAM – 2010**

[Followed by the EIDP-LHD Program for 2010]

Program Boundary Statement

Program Quality Criteria

Program Objectives

2010 Program Boundary Statement Reproductive Health and Family Planning Services

For each performance-based contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the Local Health Department (LHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider, those are included in the boundary statement.

Program Boundary Statement:

The purpose of the Reproductive Health/Family Planning Program is to reduce the number of unintended pregnancies, and provide statewide access to quality and affordable contraceptive and related reproductive health services, consistent with the scope of family planning services defined in Title X Program Guidelines and Title XIX (Medicaid) administrative codes (HFS 107.21)

- DPH Family Planning/Reproductive Health Guidelines define clinical and program administration requirements.
- Wisconsin Family Planning Medicaid Administrative Code defines the scope of contraceptive and related reproductive health services. See <http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf>.

The goals of family planning and related reproductive patient care are to:

- promote preconceptional health (including planned and prepared for pregnancy, and pregnancy spacing),
- facilitate safe, effective, timely, and successful contraception to prevent unintended pregnancy,
- maintain reproductive health,
- protect fertility (including STD prevention, and testing and treatment),
- reduce risks to future pregnancy,
- promote early pregnancy confirmation and early identification of pregnancy-related risks,
- encourage early pregnancy-related care.

Services supporting the above goals are provided in the context of contraceptive care. This is defined as an office visit having an ICD-9 code of v.25 (contraceptive management) as the primary or secondary diagnosis code within the previous or current calendar year.

Services are to be provided in coordination with EIDP Capacity/Infrastructure Services in Local Health Departments.

Long-term Program Goals:

- Reduce STD rates (Chlamydia and gonorrhea) among all ages, including adolescents.
- Reduce unintended pregnancies among women of all reproductive ages.
- Reduce adolescent pregnancy.
- Decrease inter-conception intervals less than 2 years.

Annual Program Goals:

- Increase access to emergency (back-up) contraception: particularly in advance of actual urgent need.
- Increase adoption of “dual protection” methods: simultaneous decisions about a method to reduce the risk of STD/STI as well as to protect from unintended pregnancy.
- Increase Medicaid Family Planning Waiver outreach and enrollment.
- Increase access (client convenience) to contraceptive supplies.

Priority Populations:

- Low-income, under- or uninsured women at risk of unintended pregnancy.
- Sexually-active adolescents.

References:

DPH Family Planning/Reproductive Health Clinical and Program Administration Guidelines:
http://www.hcet.org/resource/states/wi/QAguidelines/WI_DPH_FPRH.asp?name=provider

State of Wisconsin Statutes:

Medicaid Family Planning Administrative Rules: HFS 105.36
<http://www.legis.state.wi.us/rsb/code/hfs/hfs105.pdf>

Wisconsin Family Planning Statutes: s. 253.07
http://folio.legis.state.wi.us/cgi-bin/om_isapi.dll?clientID=34156287&infobase=stats.nfo&j1=253.07&jump=253.07&softpage=Browse_Frame_Pg

Wisconsin Family Planning Administrative Rules (HFS 151.04)
<http://www.legis.state.wi.us/rsb/code/hfs/hfs151.pdf>

Optimal or Best Practice Guidance:

Two objectives are required:

- Reproductive Health/Family Planning Objective: Must include an objective for the number of women receiving contraceptive services.
- EIDP Objective: Must include an objective for the number of women receiving early intervention and detection of pregnancy services.
- Multi-county Agencies: Multi-county agencies must indicate the projected number of patients to be served within each county for both EIDP and Reproductive Health/Family Planning services. This should be documented in the deliverable.

Relationship to State Health Plan: *Healthiest Wisconsin 2010*

High-Risk Sexual Behavior: defined as “sexual behaviors, including unprotected sex, that make someone more susceptible to infections or diseases, or that result in unintended pregnancy.”

2010 Program Quality Criteria Family Planning/Reproductive Health Services

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criteria is met for this program. Those criteria include:

1. Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- a. Family planning/reproductive health programs **must** have (or be part of) a **written** community plan **that is based** upon a Community Health Improvement Plan (CHIP).
- b. The plan **must** address:
 - 1) Reasonable accessibility and availability of EIDP and Family Planning/Reproductive Health Services for the community;
 - 2) Effective outreach to patients eligible for services under the Wisconsin Medicaid Family Planning Waiver, and efficient and convenient enrollment;
 - 3) Effective community pathways and referrals for essential services, as required by s. 253.07, for timely and appropriate comprehensiveness and continuity of care;
 - 4) Measurement of effectiveness, using indicators accepted within the field of family planning, to evaluate the community system of services; and
 - 5) On-going surveillance to evaluate progress in the community.

2. Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- a. Family Planning and Reproductive Health Programs **must** provide:
 - 1) **Contraceptive services** (both emergency and ongoing methods), and
“Contraceptive patients are defined as patients with an office visit having an ICD-9 code of v.25 (contraceptive management) as the primary or secondary diagnosis code within the current calendar year”
 - 2) **“Related reproductive health services”**, which **must** include the following components:
 - a) Reproductive health screening and assessment services (including cervical cancer screening),
 - b) Sexually transmitted disease screening and assessment, diagnosis and treatment, and disease intervention services;
 - c) Pregnancy testing, risk assessment, and early pregnancy care services, timely appropriate care and follow-up (See EIDP);
 - d) Patient education and anticipatory guidance;
 - e) Enrollment into Medicaid Healthy Start, Family Planning Waiver, and other Medicaid Program; and
 - f) Short-term care coordination services including follow up testing, assessment, and referral and follow up on any abnormal findings *for which* further diagnosis and treatment is recommended (ie pap, breast mass)
 - 3) Contraceptive and related reproductive health services (*patient care and program services*) **must** comply with Wisconsin DPH-Family Planning Program Guidelines, (or a DPH-approved alternative set of guidelines that are recognized in the field of family planning as evidence-based or best practice), HFS 105.36, and Wisconsin Medicaid Family Planning rules, and must incorporate **evidence-based or best practices consistent with professional practices** and guidelines recognized within the field of family planning. reference: **Wisconsin DPH Family Planning Program Guidelines.**

4) Contraceptive and related reproductive health services must:

- a) be under the supervision of a registered nurse;
- b) directly provide **the following services on-site:**
 - 1. pregnancy testing services,
 - 2. emergency contraception (in advance of actual need and on an emergency basis),
 - 3. immediate prescription contraception with the option to defer medical/laboratory services;
 - 4. prescription supplies;
 - 5. non-prescription supplies, and
 - 6. sexually transmitted disease testing and treatment
 - 7. Family planning Waiver and Healthy Start enrollment
- c) ensure reasonable access and waiting period for provision of physical examinations and laboratory tests—whether services are provided on-site or off-site.
- d) submit pap smears, and STD testing and treatment for all patients receiving clinical services to the Wisconsin State Laboratory of Hygiene or request approval in writing to use other laboratories that assure equivalent quality standards.
- e) provide emergency contraceptionⁱ and “dual protection”ⁱⁱ supplies and education.

5). Family planning/reproductive health programs must provide Early Intervention and Detection of Pregnancyⁱⁱⁱ (EIDP) services to prevent unintended pregnancy as well as intervention to promote early pregnancy-related care.^{iv}

- 1) EIDP must comply with Wisconsin DPH Family Planning Program Guidelines.
- 2) EIDP services must support the following goals:
 - a) Early detection of pregnancy and pregnancy-related risks;
 - b) Timely intervention and continuity of care appropriate the pregnancy status and pregnancy plans of a patient (including pregnancy and contraceptive services), and
 - c) Access to Medicaid programs (including Healthy Start and the Family Planning Waiver)
- 3) EIDP services **must** be available to women *at risk of* an unintended pregnancy *or who suspect* they could become (or could have become) pregnant.
 - a) Emergency contraception must be available for distribution as an early intervention for women who have had unprotected sexual activity within the past 120 hours).
 - b) Evidence-based information must be provided about emergency contraception as an alternative to waiting until a pregnancy test can be performed.

3. Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- a. Family planning/reproductive health programs **must establish and maintain record keeping and information management-related policies** and procedures to:
 - 1) protect patient information and safeguard family planning patient privacy and confidentiality rights, and
 - 2) ensure compliance with Wisconsin DPH Family Planning Program Guidelines and other regulations and guidelines (including HIPAA) that establish requirements for patient health care records and information.

4. Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- a. Family planning/reproductive health programs must provide appropriate, evidence-based **information and education**, based on Wisconsin DPH family Planning Program Guidelines, to increase awareness and understanding among all women of child bearing age of family planning and related reproductive health care issues,
- b. Family planning/reproductive health programs must engage in **outreach** activities, based on the community plan in Section 1, to reach population segments who lack access, who are at higher relative risk of unintended pregnancy and reproductive health morbidity, and other population segments identified in the community plan (in Section 1).

5. Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- a. Family planning/reproductive health programs must coordinate and establish formal linkages with other state and local programs and initiatives (as required under Section 1.b.3) to ensure access and to ensure timely continuity of care for patients.

6. A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- a. Family planning/reproductive health programs must coordinate and establish formal linkages with other state and local programs and initiatives (as required under Section 1.b.3) to ensure access and to ensure timely continuity of care for patients.

7. Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

- a.** Family planning/reproductive health programs must establish and maintain written policy and program information available to staff *in manuals*:
 - 1)** Policies and protocols **must** comply with the Wisconsin DPH Family Planning Program Guidelines, and must contain evidence-based or best practices recognized in the field of family planning.
 - 2)** Medical and administrative policy and procedures **must** be reviewed and updated periodically.
- b.** Family planning/reproductive health programs must establish and maintain quality assurance mechanisms (reviews including chart audits) that comply with Wisconsin DPH Program guidelines.
 - 1)** Quality Assurance reviews must be performed periodically to measure compliance with established policies.
 - 2)** Quality Assurance reviews must provide feedback to staff, and establish a plan and time-frame for corrective action involving any exceptions identified.
- c.** Annual staff training plan should be developed to include training offered by HCET and the DPH Family Planning Program as well as other appropriate continuing education sessions.
- d.** Programs must have a Medical Director under formal agreement, responsible for providing or exercising supervision over all medical and related services provided to patients.

8. Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medicaid coverage of services provided.

Family planning/reproductive health programs must:

- a.** Develop and implement financial management practices in accordance with the DPH-FPRH Guidelines.

9. Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be address.

- a. Family planning/reproductive health programs must collect patient information (patient demographic, need/problem-related information, and visit/service information), necessary to meet the DHFS Reproductive Health/Family Planning Program contract reporting requirements.
- b. Programs must submit data in the format required by DPH, using either the DPH SPHERE data system or another data system, to meet the reporting requirements.
- c. Programs must prepare and submit an annual narrative performance report. The following must be included in the narrative reports: 1) a summary of progress within each of the performance indicators (identified in the family planning/reproductive health contract); and 2) a description and summary of the agency’s quality assurance review, addressing plans for any corrective action.

Endnotes

ⁱ Emergency contraception is a backup method of birth control, which contain the same hormonal ingredients as regular oral contraceptive pills, to be taken as soon as possible after a contraceptive failure or no contraception.

ⁱⁱ “Dual protection” means choosing a family planning method *and* making decisions about one's sexual behavior *at the same time*, as recommended by the World Health Organization. “Anyone with a risk factor for sexually transmitted infections (STIs) should use dual protection...”World Health Organization

ⁱⁱⁱ EIDP Pregnancy Testing is defined as a pregnancy test performed under circumstances in which pregnancy is suspected. CPT/ICD-9 Coding: an office visit including a pregnancy test (CPT Code 81025) with a v72.4 ICD-9 Code (pregnancy examination or test).

EIDP services do not include patients receiving pregnancy tests that are routinely performed (defined by practice or protocol) for the purposes of “ruling-out” a possible pregnancy – prior to a medical intervention, such as medication or hormonal contraception. CPT/ICD-9 Coding: a pregnancy test (procedure code 81025) with a v82.8 ICD-9 Code (special screening for other specified conditions).

^{iv} EIDP is an adjunct service to family planning and reproductive health services, and includes activities to:

- **increase awareness** about family planning and pregnancy-related health care needs and services,
- **promote** (outreach) the Family Planning Waiver, regular Medicaid services, Badger Care, and Healthy Start services,
- **enroll eligible women** into the Family Planning Waiver as well as Healthy Start,
- **directly provide** pregnancy testing services, and
- **ensure** *timely* and appropriate access to emergency and on-going contraception.

Family Planning/RH (Required)

- A. By December 31, 2010, {#} unduplicated women of reproductive age will receive contraceptive services including emergency contraception and dual protection from [**choose: the {name of county} County Health Department Reproductive Health Program) - or – {name of provider}**] in {name} County (Counties).
- B. A report to document the number of unduplicated women of reproductive age who received contraceptive services from [**choose: the {name of county} County Health Department Reproductive Health Program) - or – {name of provider}**] in {name} County (Counties), including: number of emergency contraception doses provided and number of unduplicated clients to whom dual protection supplies were provided one or more times during the year.
- C. Comprehensive contraceptive and related-reproductive health care provided to the reproductive-age population. These services are coordinated with Early Intervention and Detection of Pregnancy (EIDP) services. Services shall include Medicaid Family Planning Waiver presumptive eligibility enrollment, emergency and on-going contraceptive, and dual protection services and supplies. Coordination shall occur with any EIDP-Local Health Department projects to ensure timely and convenient access to contraceptive supplies and services. Dual protection services are defined as receiving a surgical or prescription contraceptive method to prevent unintended pregnancy **and** a female or male condom to reduce the risk of sexually transmitted disease.
- D. SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screen: Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code) **or agency generated report**.
- E. Proper documentation of CPT office visit codes and ICD-9 codes related to contraceptive services, as defined in the Family Planning/Reproductive Health Program Quality Criteria, is essential for accurate and valid measurement of the objective (i.e., the number of patients who received services). Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met. Timely access to contraceptive supplies, including emergency backup contraception, dual protection, and Medicaid Family Planning Waiver enrollment are three priorities under this service.

EIDP – RH (Required)

- A. By December 31, 2010, (#) unduplicated women of reproductive age will receive early intervention and detection of pregnancy services from [**choose: the {name} County Health Department Reproductive Health Program) - or – {name of provider}**] in {name(s)} County (Counties).
- B. A report to document the number of unduplicated women of reproductive age who received early intervention and detection of pregnancy services from [**choose: the {name of county} County Health Department Reproductive Health Program) - or – {name of provider}**] in {name(s)} County (Counties) including: total number of pregnancy tests; number of

unduplicated clients with a positive test result; number of unduplicated clients with a negative test result; and the number of unduplicated clients with negative results that received same day prescription contraceptive services.

- C. Pregnancy testing, and timely intervention (including services and referrals), appropriate for the health needs and circumstances of individual clients and their pregnancy status and plans is the primary context for EIDP-RH, and this objective.
- D. SPHERE Individual/Household Report to include MCH required demographic data and data from the following screens: Pregnancy Test (CPT office visit code dependent on service provided and V72.4 Diagnosis Code) and Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code) **or agency generated report.**
- E. Proper documentation of CPT office visit codes and ICD-9 codes related to EIDP services, as defined in the Family Planning/Reproductive Health Program Quality Criteria, is essential for accurate and valid measurement of the objective (i.e., the number of patients who received). Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met.

EIDP – RH: Quality Improvement (Additional Optional Objective)

- A. By December 31, 2010, (#) of unduplicated women of reproductive age will receive the recommended emergency backup contraception and dual protection supplies from **[choose: the {name} County Health Department Reproductive Health Program) - or – {name of provider}]** in {name(s)} County (Counties).
- B. A report to document: 1) the number of unduplicated women of reproductive age who received recommended emergency backup contraception and dual protection supplies (1 to 2 packages of Plan B™ and 1 to 2 ½ dozen condoms) for both new and established patients; 2) the total number of unduplicated women who received services through the family planning program; 3) the percentage of women who received the recommended supplies (1 ÷ 2); and 4) the percentage of women who received recommended supplies in the previous year.
- C. The context for this EIDP-RH objective is quality assurance/quality improvement with improving implementation of a DPH-FP standard of care. This objective directly relates to the “early intervention” component of EIDP: to prevent the circumstances requiring the need for pregnancy tests, i.e., a suspected (unintended) pregnancy. Increased awareness and availability of emergency backup contraception (including EC in advance of actual need), and condoms is a standard of care for DPH-Family Planning Programs, and is early intervention prior to the need for a pregnancy test. Quality Improvement is to increase the percentage of women patients receiving these supplies.
- D. SPHERE Individual/Household Report to include MCH required demographic data and data from the following screens: Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code), **or agency generated report.**

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- E. Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met.

EIDP – RH: Increased Access (Additional Optional Objective)

- A. By December 31, 2010, (#) of unduplicated women of reproductive age receiving prenatal care coordination services (Medicaid or MCH) will receive post-partum contraceptive supplies prior to delivery (as part of their post partum contraceptive plan) from [**choose: the {name} County Health Department Reproductive Health Program**] - or – **{name of provider}**] in {name} County (Counties).
- B. A report to document: 1) the number of unduplicated women receiving prenatal care coordination services; 2) the number of the unduplicated prenatal care coordination clients receiving post-partum contraceptive information in their third trimester; 3) the number of unduplicated prenatal care coordination clients receiving, in their third trimester, a supply (for postpartum use) of emergency contraception, condoms, and 4) the number of unduplicated women prenatal care coordination clients receiving their primary contraceptive method supplies (with starting instructions) prior to delivery—or with arrangements made with their prenatal care provider prior to delivery for provider-assisted methods (such as depo shots)..
- C. The context for this EIDP-RH objective is expand access to contraceptive services and supplies: contraceptive services and supplies, dual protection, and Medicaid Family Planning Waiver outreach and enrollment. This objective directly relates to the “early intervention” component of EIDP: to prevent the circumstances requiring the need for pregnancy tests, i.e., to prevent unintended pregnancy. This objective, while expanding access, also provides outreach for the Family Planning Program. This objective implements “Women’s Health: Now and Beyond Pregnancy” contraceptive service guidelines, and requires close coordination with PNCC, MCH prenatal care coordination projects, and WIC.
- D. SPHERE Individual/Household Report to include MCH required demographic data and data from the following screens: Contraceptive Services (CPT office visit code dependent on service provided and any V25 Diagnosis code), **or agency generated report.**
- E. Only information entered into the Division of Public Health GAC-Web application will be used to evaluate the extent to which this objective is met. Women’s Health: Now and Beyond Pregnancy contraceptive service guidelines and educational materials and messages are available.