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Letter of Direction #122

DATE: 06/11/2024

TO: Centennial Care 2.0 Managed Care Organizations

FROM: Dana Flannery, Medicaid Director, Medical Assistance Division 

SUBJECT: MCO Required Coverage of Over-The-Counter Reproductive Health Products: Progestin-Only Contraception, Emergency Contraception, Home Pregnancy Test Kits, and Barrier Methods

TITLE: MCO Required Coverage of OTC Reproductive Health Services

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) with information on implementing the coverage of OTC reproductive health services.

In collaboration with the New Mexico Department of Health (DOH), HSD is removing barriers to safe and effective sexual and reproductive healthcare for eligible New Mexico Medicaid recipients. Eligibility applies to all member's covered on plans with prescription benefits including family planning and Medicare category of coverage with Over the Counter (OTC) benefits.

All products dispensed by a pharmacy require a practitioner's order to be covered through a Medicaid plan including OTC products. Progestin-Only Contraception, Emergency Contraception, and pregnancy test kits can be dispensed by a pharmacy utilizing the DOH standing orders:

NMDOH OTC Standing Order – Progestin -Only Contraceptive Pills
<https://prod.nmhealth.org/publication/view/policy/8801/>

NMDOH OTC Standing Order Home Pregnancy Test Kits
<https://prod.nmhealth.org/publication/view/policy/8799/>

NMDOH OTC Standing Order – Emergency Contraceptive Pills
<https://prod.nmhealth.org/publication/view/policy/8800/>

The MCOs must allow coverage of OTC progestin-only contraception as well as Federal Legend hormonal contraception based on NMSA § 27-2-12.29 Medical assistance reimbursement for a

one-year supply of covered prescription contraceptive drugs or devices. Coverage of pregnancy tests must allow up to five-two test kits or 10 single unit kits per year. The MCOs must cover a selection of home pregnancy tests along with emergency contraception and barrier methods to mirror the Fee-For-Service (FFS) reproductive health OTC covered items. HSD's goal is to prevent any unwanted pregnancies and protect sexual health.

MCOs are required to have their PBMs update their claims processing systems to allow for coverage of these products as of April 1, 2024. All requests for reimbursement of a prescribed OTC sexual and reproductive health products must be granted.

This LOD will sunset upon completion of the Centennial Care Program on June 30, 2024. If the policies and/or procedures in this LOD will continue to apply in Turquoise Care, HSD will reissue the LOD under Turquoise Care or will include the direction in one or more of the following: Turquoise Care Agreement, Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual.

If you have questions regarding this LOD, please contact your MAD MCO Contract Manager.