



Department
of Health

Family Planning Benefit Program: Update for Family Planning Providers

June 12, 2019

Speakers



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Agenda

- Family Planning Benefit Program (FPBP)
 - Background
 - Provider and Enrollment Data
 - FPBP Coordinators
 - Eligibility Criteria
 - Program Benefits
 - Enrollment and Application Requirements
 - Processing Applications
- Family Planning Extension Program (FPEP)

Background & General Information

- Medicaid funded program comprised of 90% federal and 10% state funds
- 2000 – Enacted in Chapter 57 of the Laws of 2000
- 2002 – Family Planning Benefit Program implementation
- 2012 – Moved from an 1115 Waiver to the Medicaid State Plan and added an option for Presumptive Eligibility (PE)

Enrollment

Approximately
6,077 enrollees

- 3,152 have PE only coverage
- 2,925 have ongoing coverage

Age Range	Number of Enrollees
<21	3,273
22-34	2,036
35-44	529
45-54	204
55+	35

Providers

- Qualified Providers have entered into an MOU with the Department of Health
- Providers must complete required training
- Complete PE screenings and assist consumers with applications
 - 74 Agencies
 - 468 Locations
 - 123 School-Based Health Centers
- Submissions are processed by NY Health Options

Provider Distribution

- NYC Providers – 258 locations
 - Manhattan – 80
 - Brooklyn – 50
 - Queens – 31
 - Bronx – 87
 - Staten Island – 10
- Rest of State Providers – 210 locations



FPBP Enrollment by FPP Agencies

- 34 of 48 (71%) NYSFPP-funded agencies submitted FPBP Applications during 2018
 - Over 17,000 applications submitted
 - 83% (14,147) in NYC, 17% (2931) from ROS
 - 92% (15,739) were PE applications
- In 2018, 7.1% of all new clients seen in NYSFPP-funded agencies had FPBP or FPBP-PE as their source of payment for the family planning visit
 - 10,431 individual clients

Providers - FAQ

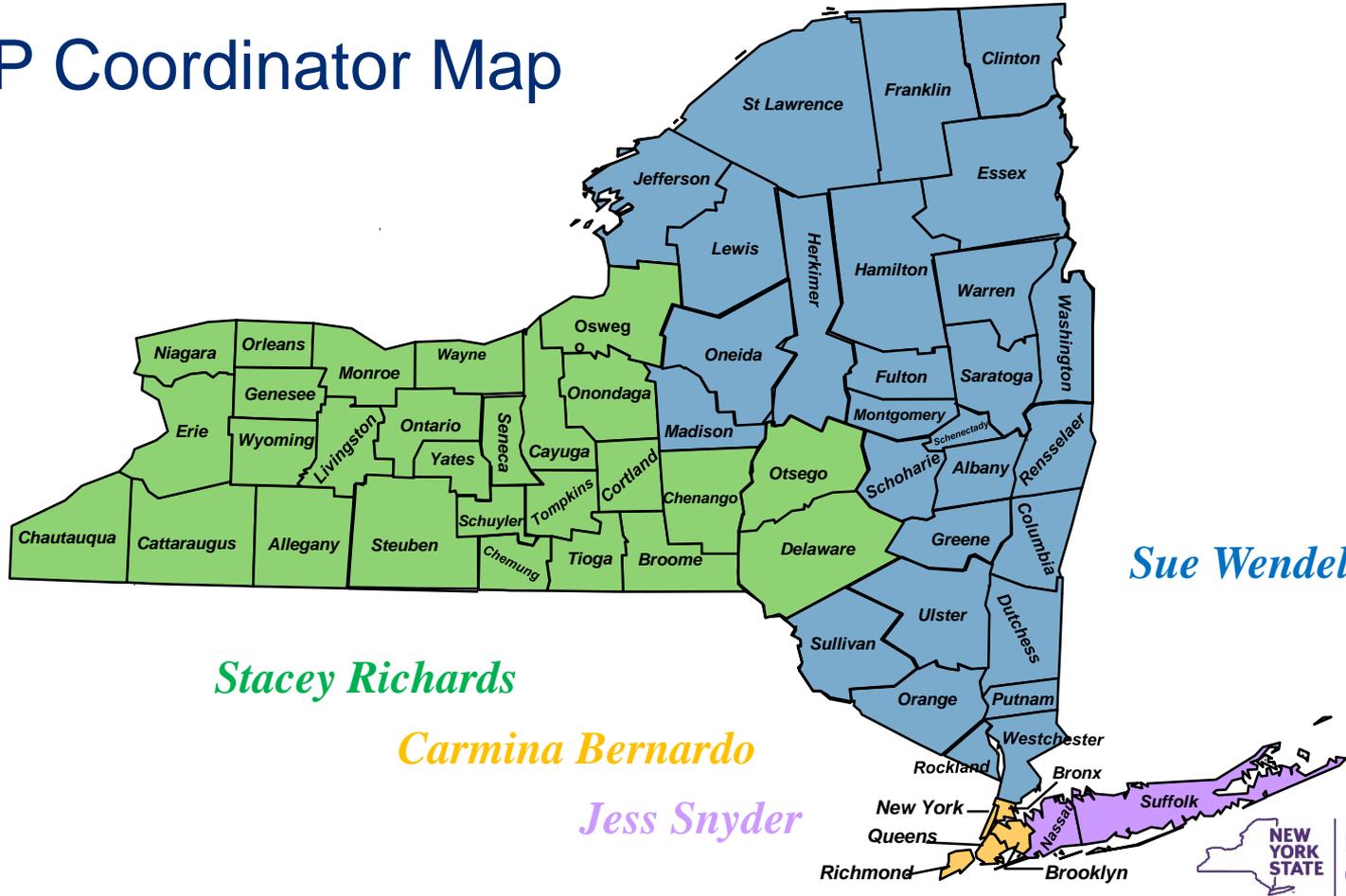
1. What type of providers can get the FPBP-MOU to enroll patients? Does it have to be a health care provider?
2. How do we know if our organization has an MOU with NYSDOH?
3. Who is required to take the staff training before beginning to offer presumptive eligibility?
 - When and how often do they need to take the training?
 - Where can the training be found?
4. When the FPP extension for 2020 was submitted to NYS, was the FPBP grant funding included at the same funding amount?



FPBP Coordinators

- FPBP Coordinators are funded by the NYS Department of Health to conduct on-site trainings to FPBP provider staff
- Coordinators also offer technical assistance, distribute FPBP updates, and share provider feedback with the NYS Department of Health
- Each coordinator is assigned to a specific region in New York State

FPBP Coordinator Map



Stacey Richards

Carmina Bernardo

Jess Snyder

Sue Wendelgass



FPBP Coordinator Contacts

New York City (Bronx, Kings,
Manhattan, Queens, Richmond)

Contact: Carmina Bernardo, Director of
Health Care Planning & FPBP Training
Planned Parenthood of New York City
PHONE: 212-274-7277 |
email: carmina.bernardo@ppnyc.org

Counties of Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton,
Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida,
Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie,
St. Lawrence, Sullivan, Ulster, Warren, Washington, and Westchester

Contact: Sue Wendelgass, Director of Specialty Training and Programs at
Planned Parenthood Mohawk Hudson
PHONE: 518-374-5353, Ext. 229 | email: s.wendelgass@ppmhchoices.org

Counties of Nassau and Suffolk (Long
Island)

Contact: Jessica Snyder, Regional
FPBP Coordinator Planned Parenthood
of Nassau County
PHONE: 516-750-2638 |
email: jessica.snyder@ppnc.org

Counties of Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango,
Chemung, Cortland, Delaware, Erie, Genesee, Livingston, Monroe, Niagara,
Onondaga, Ontario, Orleans, Otsego, Oswego, Schuyler, Seneca, Steuben,
Tioga, Tompkins, Wayne, Wyoming, Yates

Contact: Stacey Richards, Regional FPBP Coordinator Planned Parenthood of
Central & Western New York
PHONE: 585-546-2771, Ext. 266 | email: stacey.richards@ppcwny.org



FPBP Eligibility Criteria – Overall

- Consumer of any age who:
 - is a New York State resident
 - is a U.S. citizen, national, Native American, or lawfully present
 - has income* at or below 223% FPL
 - is able to father or bear children
 - is not receiving Medicaid

* only the income of the applicant is used to determine eligibility

Eligibility Criteria – Presumptive Eligibility

- Presumptive Eligibility (PE) Screening
 - Performed by a Qualified Provider
 - Allows consumer to attest to all eligibility criteria
 - Coverage is given from the day of screening until the end of the following month
 - Consumer is not required to complete an application for ongoing FPBP coverage to receive presumptive coverage

Eligibility Criteria – Presumptive Eligibility

Consumer attest to (but do not need to provide documentation):

- Identity
- Date of Birth
- Address
- Citizenship/Immigration status
- Household size and composition
- Income

After PE determination, providers need to...

- Complete PE Screening Determination Letter
- Fill out FPBP Documentation Checklist
- Assist consumer in completing FPBP application for ongoing coverage
- Complete FPBP Enrollment Activity Cover Sheet and PE forms, send to New York: Health Options within 5 days of screening date

Eligibility Criteria – Confidentiality

- All applications for the FPBP are treated confidentially
- Consumers can request the use of a confidential mailing address and/or telephone number
- Consumers who have other commercial health insurance coverage can request “good cause” to not have that other health insurance billed when their health, safety or confidentiality could be compromised.

Eligibility - FAQ

1. Why should I check for Medicaid eligibility prior to starting a PE screening or FPBP application?
2. If a patient has an insurance (full scope Medicaid, commercial), can the patient also enroll in FPBP?
3. How can we determine if a LGBTQ+ consumer is eligible for FPBP?
4. Is there an age limit (either high or low) for FPBP?
5. Why is there a limit of five “good cause” requests per phone inquiry?



Program Benefits

- The scope of family planning benefits are the same as those currently available to eligible Medicaid recipients. These include:
 - most FDA approved birth control methods, devices, and supplies,
 - emergency contraception services and follow-up care,
 - male and female sterilization,
 - transportation, and
 - preconception counseling and preventative screening and family planning options before and after pregnancy.

Program Benefits

- The following additional services are considered family planning only when provided within the context of a family planning visit and when the service provided is directly related to family planning:
 - pregnancy testing and counseling,
 - comprehensive health history and physical examination,
 - screening and treatment for sexually transmitted infections (STIs),
 - screening for cervical cancer and urinary tract or female-related infections,
 - screening and related diagnostic laboratory testing for medical conditions that affect the choice of birth control method (e.g. high blood pressure, smoking, blood clots, etc.), and
 - HIV testing and counseling.

FPBP - Period of Coverage

Presumptive eligibility

- Varies

- 12 months

- Up to 3 months

Program Benefits - FAQ

1. What types of contraceptive methods does FPBP not cover?
2. Is there a difference in scope of benefits between PE vs. full FPBP?
3. Does FPBP cover contraception at the pharmacy, stocked in the clinic or both? How do newly enrolled FPBP-PE patients access birth control at the pharmacy?
4. When does FPBP cover STI screening (or HIV testing, lab tests, transportation, etc.)?
5. Are there limits to how many times a patient can change methods under FPBP in a year?



Billing & Reimbursement

- EMEVS response: “Eligible Only Family Planning Services”
- Appropriate diagnosis codes:
 - Primary diagnosis code for contraceptive management services in the Z30 series - Diagnosis Codes for Contraceptive Management; or
 - Primary diagnosis code indicating an abnormal pap smear and a secondary diagnosis code in the Z30 series; or
 - Primary diagnosis code indicating an STI and a secondary diagnosis code in the Z30 series
- Detailed guidance on billing NYS Medicaid for family planning services:
 - http://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-01.htm#ser

Billing and Reimbursement - FAQ

1. What should we do to ensure we will obtain FPBP reimbursement?
2. Who can we contact for FPBP billing rejection assistance?



Application Requirements

- Ongoing FPBP coverage past the PE period requires the submission of a **full FPBP application** (Form DOH-4282)
- FPBP MOU providers can assist the consumer with gathering the required documents as much as possible
- Verification is required for:
 - New York State Residency
 - Social Security Number
 - Proof of Citizenship / Identity / Satisfactory Immigration Status
 - Proof of Income
 - Other Health Insurance

Application Requirements - FAQ

1. Can there be fewer forms for PE enrollment?
2. Why do some of the forms have to be in legal size – can it be in letter size?
3. When will sex be removed from the application?
4. A lot of clients don't have photo identification - what should they do?
5. How can we assist homeless patients when there is no residential address and often no contact phone?
6. What if the applicant is a student and/or has no income?
7. How long does the provider need to keep copies of the application and supporting documents?
8. When is FPBP enrollment going on the Marketplace?



Application Processing

- Return any original documentation to consumer
- Complete FPBP Enrollment Activity Cover Sheet
- Send FPBP application and supporting documents to NY Health Options within 15 days of screening
- When the application reaches NY Health Options, they will:
 - Determine whether the consumer is eligible for ongoing FPBP coverage
 - Notify the family planning provider staff who submitted the application of their decision:
 - Case Outcome Report: Approval, Denial, or Pending
- Send written notification of eligibility decision to the applicant
 - Sent to the mailing address that is on application

Application Processing - FAQ

1. How long after we submit PE do we get a CIN?
2. How do we track and follow-up on FPBP cases after we submit them? Are there any sample tracking logs that can be shared?
3. What should we do when we find out an application has been rejected?
4. What are MoveIT reports and how can we access them?
5. When should patients expect to get a Medicaid Benefit card, and why do some patients not get a card?
6. What if we're assisting with a renewal and where do we send it?



Enrollment – FPEP

- Family Planning Extension Program (FPEP)
 - FPEP provides 24 months of family planning coverage (without transportation)
 - FPEP is provided to women who were pregnant and who had Medicaid coverage during their pregnancy, but lost coverage after their 60-day post-partum period
 - There are no citizenship/immigration status or income requirements for FPEP
 - Moved from a vouchering system to the Medicaid billing system (eMedNY)
 - November 1, 2012 for upstate
 - July 1, 2013 for NYC
 - Continued manual process for provider submission

FPEP- FAQ

1. Why are FPEP-eligible patients not enrolled in FPEP (but enrolled in Emergency Medicaid or uninsured), and how do we get them enrolled?
2. How should FPEP-eligible clients be classified on the CVR?



FPBP Contact Information

What	How	When
NY Health Options Provider Line	1-866-834-6386	Providers with questions about FPBP submissions
Applicant/Recipient Help Line at NY Health Options	1-800-541-2831	Consumers with questions about eligibility or to renew.
Good Cause Authorization Request Line at NY Health Options	1-800-541-2831	Consumers or providers requesting good cause.
FPBP Mailbox	fpbp@health.ny.gov	
Move-IT Technical Support	nyhealthoptionshelpdesk@maximus.com	



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FPBP website:

https://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm

FPBP e-mail:

fpbp@health.ny.gov