

FAMILY PLANNING BENEFIT PROGRAM

Responses to Frequently Asked Questions of Family Planning Program Providers



This document provides answers to frequently asked questions among Family Planning Program (FPP) providers related to the Family Planning Benefit Program (FPBP) in the following categories: FPBP Providers; Eligibility; Program Benefits; Billing and Reimbursement; Application Requirements; Application Processing; Family Planning Extension Program; and Contact Information.

FPBP PROVIDERS

- 1. What type of provider can get the FPBP-MOU to enroll patients in FPBP?**
Any Medicaid-enrolled, health care provider who is interested may enter into the FPBP MOU.
- 2. How do we know if our organization has an MOU with NYSDOH to enroll patients in FPBP?**
First, check with your organizational leadership/administration. If they are unsure, e-mail the FPBP mailbox (FPBP@health.ny.gov). All Title X-funded agencies have an MOU; however, some locations may not be covered under the MOU.
- 3. What training is required for providers in order to conduct presumptive eligibility (PE) screening or provide application assistance to patients?**
Every staff person who conducts PE screenings or provides application assistance is required to take an online training once (staff may be required to retake the course on an as-needed basis due to policy changes or performance.) The training can be found at <http://tchipportal.caiglobal.org/>

ELIGIBILITY

- 4. Why should I check for Medicaid eligibility prior to starting a PE screening or FPBP application?**
Always check EMEVs and ePACES for current eligibility first. If the applicant already has active coverage, providers can bill immediately – there is no need to screen for PE or apply for ongoing FPBP coverage. PE screenings and applications submitted for patients who have active Medicaid coverage will not be processed and providers will receive a letter from NY Health Options.
- 5. If a patient has an insurance (Medicaid, commercial, etc.), can the patient also enroll in FPBP?**
A patient who has other commercial health insurance can enroll in FPBP. If the patient's confidentiality or safety would be jeopardized by billing the commercial health insurance, good cause can be requested. This will allow the FPBP to be billed without billing the other health insurance. Patients with Child Health Plus are also allowed to enroll in FPBP. Patients with full Medicaid or those who have Essential Plan 3&4 are already in receipt of Family Planning benefits.
- 6. How can we determine if a LGBTQ+ consumer is eligible for FPBP?**
Providers should evaluate an LGBTQ+ consumer against the standard eligibility criteria (i.e. 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; and is not receiving Medicaid.)
- 7. Is there an age limit (either high or low) for FPBP?** No, there are no upper or lower age limits.

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PROGRAM BENEFITS

8. Are there any types of contraceptive methods that FPBP does not cover?

Most FDA-approved contraceptive methods are covered. When new methods are released, there is a transition period while that method is being added to the list of approved methods for FPBP. If you have questions about coverage or billing, please send an e-mail to the FPBP mailbox (fpbp@health.ny.gov)

9. Is there a difference in scope of benefits between PE vs. full FPBP?

No, there is no difference in the scope of benefits between PE and ongoing FPBP coverage.

10. 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?

FPBP covers contraceptives both stocked in the clinic and in a pharmacy. The patient should use their PE Determination Letter to show they have been determined presumptively eligible. Providers should have a relationship with at least one local pharmacy to facilitate PE patient's access to prescriptions.

11. When does FPBP cover STI screening (or HIV testing, lab tests, transportation, etc.)?

STI screening, HIV testing/counseling are covered when they are provided within the context of a family planning visit and are directly related family planning. Transportation to and from the visit is also covered.

12. Are there limits to how many times a patient can change methods or get screened under FPBP in a year?

There are no limits to the number of times a patient can change their contraceptive method. If you encounter problems with billing, please e-mail the FPBP mailbox (fpbp@health.ny.gov).

BILLING AND REIMBURSEMENT

13. Who can we contact for FPBP billing rejection assistance?

You can contact eMedNY's customer service at 1-800-343-9000.

14. How do we indicate "good cause" not to bill the applicant's Third Party Health Insurance?

If the applicant, of any age, is requesting good cause to waive billing of TPHI, it must be noted on the application. A call must be made to NY Health Options to request good cause authorization. Information regarding the date of the call, the call center representative's name and the effective dates must be written on the screening/application.

APPLICATION REQUIREMENTS

15. What documents are required to complete the application?

Documentation is required for identity, citizenship, residency, and income. If the applicant states they are a citizen and provides a SSN, this may satisfy the documentation requirement for identity and citizenship. Third Party Health Insurance (TPHI) information needs to be provided if the applicant has TPHI. If the

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applicant is under 21 years old, TPHI information is not required. If the applicant is age 21 years or older, TPHI information is required (please copy front and back of card).

16. How is income documented?

Gross income from all sources can be documented by submitting the 4 most recent paystubs. Please explain discrepancies of missing paystubs, inconsistent amounts (i.e. income is high/low, holiday bonus, overtime, days off, etc.) Income statements from the employer are also acceptable. Any statements from the employer must be signed and dated.

17. What if the applicant is a student and/or has no income?

If the applicant is a student, please notate at the top of the screening/application. If the applicant indicates they have no income, please describe how they are meeting their basic needs (i.e. living with parents, boyfriend pays the bills). If the applicant recently became unemployed, please indicate their most recent employer and when they became unemployed.

18. What if the applicant is self-employed or does not receive a pay stub?

Self-employed applicants are required to submit their most recent tax filings or a profit and loss statement, if their most recent tax filings are not representative of their current financial situation. For applicants who work "off the books"/ "under the table", a written statement can be requested from their employer or as a last resort, the applicant can attest to their income, which may initiate an investigation by the local department of social services (LDSS).

19. Why are some of the forms required to be on legal size paper?

All of our forms are consistent with Department guidelines related to readability, which may require a form to be legal size.

20. Are there plans to remove "sex" from the application?

There are no immediate plans to remove "sex" from the applications. However, options are being considered to modify the application (e.g., new response options, or an additional field to capture both the natal sex and the patient's current sex.) However, there is no timeline yet for these changes.

21. Many clients do not have photo identification - what should they do?

Patients can establish identity with any of the documentation listed on the documentation checklist. They can also use letters from school or a school ID.

22. How can we assist homeless patients when there is no residential address?

Homeless patients can use the address of a shelter or as a last resort, they can attest to the city, state and zip code of where they spent the previous night.

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23. When is FPBP enrollment going on the Marketplace?

There is no timeline for this change currently. We realize for some, the date(s) we had previously offered as possibilities have come and gone.

24. How do we indicate the applicant requires a new Medicaid card?

If the applicant needs a new Medicaid card, make a note on the screening form and/or application as well as on the Transmittal Form. NYC residents must be referred to call HRA at 1-888-692-6116, option #4.

25. How are confidential applications handled?

All FPBP applications are treated as confidential. However, the applicant can also request the use of a confidential address or phone number. CONFIDENTIAL can be noted on Transmittal, Screening and/or FPBP Application.

APPLICATION PROCESSING

26. How long does the provider need to keep copies of the application and supporting documents?

Providers are required to keep records, either electronically or hard copy, for a period of 1 year.

27. How long after we submit PE do we get a CIN?

You should have a CIN, on your MoveIT report in about 2 weeks.

28. How do we track and follow-up on FPBP cases after we submit them?

You can use the MoveIT reports. There is also a copy of the tracking sheet in the training.

29. What should we do when we find out an application has been rejected?

It should not be a surprise if someone is denied, since case statuses are available through MoveIT. However, you can reach out to NY Health Options for more information.

30. What are MoveIT reports and how can we access them?

The MoveIT reports are generated from NY Health Options and are available through an online portal. You need to request an account and after your account is created, you'll use your login credentials to access the reports.

31. When should patients expect to get a Medicaid Benefit card, and why do some patients not get a card?

Patients who have never received a Common Benefit Identification Card (CBIC) should receive one within 2-3 weeks. If a patient has ever had a CBIC issued to them in the past, they will not automatically receive one – they will have to request another. For patients who reside outside of NYC, providers can check the box requesting a new card on the Provider Request for Activity form. For patients who live in NYC, they will need to call HRA to request another card.

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32. What should we do if we are assisting with a renewal, and where do we send it?

If you are assisting in processing a **renewal**, please note where the renewal needs to be returned. If the renewal letter indicated that paperwork should be returned to NY Health Options, please do so, but do not utilize the FPBP Provider Request for Enrollment Activity Transmittal Form (DOH-5071) for this purpose. Indicate "Renewal" on the FPBP renewal. If the renewal letter indicated that paperwork should be returned to the LDSS, please return the FPBP renewal with "Renewal" indicated to the LDSS indicated on the recipient's letter.

FAMILY PLANNING EXTENSION PROGRAM

33. How do we get FPEP-eligible patients enrolled?

There are a few reasons why patients who appear to be FPEP eligible are not successfully enrolled. Currently, family planning only coverage is not available through NY State of Health, so consumers whose Medicaid coverage is through NY State of Health cannot access FPBP nor FPEP coverage. The consumer's current coverage is dependent on whether they renew or not and what their eligibility is, outside of their recent Medicaid coverage as a pregnant consumer. Consumers whose Medicaid coverage is through the local districts and HRA may or may not experience successful enrollment due to some systems issues that we are working to correct. In the meantime, please complete the form that was sent in December 2017 and send to the FPBP mailbox (fpbp@health.ny.gov) for any consumers you believe to be FPEP eligible but who do not have any type of family planning coverage.

34. How should FPEP-eligible clients be classified on the CVR?

If a client is clearly eligible for FPEP, but their extended Medicaid enrollment failed due to system-related issues, the client should be coded as FPEP in the CVR using Assigned Charge Category 09-Title XIX (Medicaid 24 Mo. Ext.) Note that the date (year and month) when the last pregnancy ended must also be coded.

CONTACT INFORMATION

35. How can we contact FPBP program staff at NY Health Options and NYS Department of Health?

Contact the FPBP Mailbox for Department of Health general questions: fpbp@health.ny.gov (Please do not give this email address out to patients/applicants) Please feel free to utilize this mailbox for policy and processing questions; however, please do not use an individual's CIN or other personally identifying information. Use of application IDs is permitted.

FPBP Provider Help Line at NY Health Options: 1-866-834-6386. (For providers only)

Applicants/Recipient Help Line at NY Health Options: 1-800-541-2831

Provider Good Cause Authorization Request Line at NY Health Options: 1-800-541-2831