



## Expanded Medicaid for Family Planning

People of any gender and age with individual income  $\leq 213\%$  FPL (\$3,250/month) can qualify. Individuals are counted as household of two.



Begins November 30, 2022 with coverage retroactive for 90 days. Covers FDA-approved birth control, including tubals and vasectomy; family planning-related services, including cervical & breast cancer screening, STI testing/treatment, PReP/PEP, HPV and Hep A/B vaccines and more!

- Allows for Family Planning Presumptive Eligibility (FPPE), supporting same-day access to coverage for everyone regardless of citizenship (full FP benefits requires citizenship).
- FPPE ends 31-60 days after day of application or until a determination is made on submitted application for full FP benefits. Any care rendered is covered regardless of approvals.
- Individuals can apply for any kind of presumptive eligibility 2x per year.

### Next steps to prepare for coverage:

Update your Medical Presumptive Eligibility (MPE) status to include FPPE enrollment. Current MPE providers and new providers wishing to be FPPE/MPE providers will need to complete a new 2022 Agreement and complete an HFS-required training prior to using the new FPPE functionality in ABE. To obtain the new agreement Providers can send a request to [HFS.MPE.FPproviders@illinois.gov](mailto:HFS.MPE.FPproviders@illinois.gov).

- Update staff about coverage. Include in practice management and revenue cycle (noted as "FP SPA" in HFS Medi look-up). Bill 90 days prior as applicable.
- Contact patients who may no longer have coverage or are self-pay only.
- Create patient-facing materials and disseminate widely.