

Family Planning Presumptive Eligibility (FPPE) FAQ

1. What is FPPE?

- **FPPE is an alternative Medicaid benefits coverage program that provides temporary, immediate, coverage for primary and preventive care services including all birth control. FPPE is open to people of all genders, ages, and immigration status. The coverage lasts up to two months and can offer temporary benefits while an application for ongoing HFS Family Planning Program coverage is being reviewed, or as standalone coverage for patients who may not qualify for ongoing coverage.**

2. Who qualifies for FPPE?

Patients can qualify for FPPE coverage if:

- They are not pregnant (if they are pregnant they should apply for MPE and Moms and Babies for full benefits coverage).
- They are a resident of Illinois (live in Illinois and intend to remain in Illinois).
- They make \$3500 a month or less as an individual (not household) before taxes.
- They do not already have public health insurance like Medicaid (remember Medicaid covers all of these services already!).

3. Can non-US citizens enroll in FPPE?

Yes!

- FPPE is available to all qualifying Illinois residents regardless of immigration status and does not require proof of citizenship or count toward [public charge](#). Ongoing HFS Family Planning Program benefits are currently only available to Qualified Immigrants and U.S. citizens.

4. Can minors enroll in FPPE?

Yes! FPPE is open to patients of all ages. Patients 12+ also have the right to access birth control and STI care on their own in Illinois without a parent or guardian.

Patients under 18 do currently need a parent or guardian to sign for their application.

However, patients should be [informed of their rights](#) and never be turned away for care.

5. What services are covered under FPPE?

Enrolled individuals can receive [family planning and related services](#) for no “out-of-pocket” cost, including:

- An annual physical exam.
- Family planning counseling including fertility awareness-based methods.
- [All FDA-approved methods of contraception](#): emergency contraception, progestin IUD, copper IUD, arm implant, pills, condoms, patch, vaginal ring, Depo-Provera injection, tubal ligation and vasectomy.

- STI testing/treatment and HIV testing/prevention with PrEP and PEP.
- Basic infertility counseling and services. [does not include IVF].
- Screening for cervical cancer including treatment for abnormal pap results.
- Vaccines related to reproductive health.
- Abortion care.
- Treatment for genital/urinary infections.
- Mammogram screening for breast cancer, including BRCA genetic counseling and testing.
- By Prescription Only: birth control, prenatal vitamins, acid/folates, HIV Pre- and Post-Exposure Prophylaxis (PrEP and PEP)
- Vaccines: when related to preventable reproductive health conditions (i.e., HPV, Hepatitis B) and COVID-19 vaccine, and STD/STI Treatment Drugs.

6. How do I enroll someone in FPPE?

- **You can enroll your patient in FPPE or MPE coverage through the ABE provider portal if you are registered FPPE/MPE provider by having them self-attest to eligibility.** When self-attesting your patient must tell you their individual gross monthly income, if they are pregnant or not, and if they live in Illinois. Your patients are not required to provide any documentation or proof of eligibility to qualify for FPPE coverage.
- If you are not an FPPE/MPE provider, you can refer your patient to an ICAN! [Quality Hub](#) or access a full list of FPPE/MPE providers sites through the [HFS website](#). You can also apply to become an [FPPE/MPE providers](#) by emailing HFS.MPE.FPproviders@illinois.gov.

7. How long does it take to enroll someone in FPPE?

It takes ten minutes to enroll someone in FPPE and coverage is effective immediately!

- While the coverage is immediate, HFS states it can take about 3 business days to show up in the Medi system. Thus, it is critical to print out a verification of FPPE at time of enrollment and provide it to the patient for use at a pharmacy or other Medicaid providers.
- If coverage takes longer to display in the Medi System, as a provider please assist your patient by calling the MPE/FP Unit Liaison number at 877-805-5312.

8. How do I verify if someone has FPPE coverage?

You can verify FPPE in Medi!

- FPPE coverage will show up under Family Planning Program in Medi. Because patients will not receive an insurance card, we recommend printing the application summary to provide a patient with a summary of their benefits.

9. How long does FPPE last?

FPPE is immediate, temporary coverage that is available for 31-60 days.

- Coverage begins the same day a patient applies and lasts until the end of the next month.
- For example, if someone applies and is approved for coverage on February 14th, they have coverage until March 31st. FPPE does not backdate.

10. How can I help my patients make the most of their temporary coverage?

Patients can enroll in FPPE twice in a calendar year, consecutively or over time! If your patient applies at the beginning of the month, then they can stretch their coverage up to 120 days in a year. You can also help patients maximize their coverage by:

- writing a 12-month prescription for hormonal birth control for a single pick up so patients have needed prescriptions for the full year.
- Finally, remind patients that regardless of income or immigration status, patients should never be turned away from receiving the care they need due to inability to pay!