

FPPE Enrollment Guide

Enter the ABE provider portal to begin a new FPPE application. You will be guided through a series of steps to capture patient's eligibility and personal information.

ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Submit Applications

- ☐ Submit MPE Applications for Pregnant Women
- ☒ Submit Presumptive Family Planning Applications

Search for Applications

- ☐ Search for MPE Applications for Pregnant Women
- ☐ Search for Presumptive Family Planning Applications

Type: Family Planning Presumptive Eligibility
Updated on:

Applicant:
Updated by:

Identifying Information

- * First Name :
- Middle Initial :
- * Last Name :
- * Date of Birth : Ex: mm/dd/yyyy
- ☒ Social Security Number (Optional) OR - - ☒
- ☐ SSN is not known or applicant declined to provide
- * Language Preference:
- * Sex (assigned at birth) : ☐ Male ☐ Female

Eligibility Information

For Family Planning, gross monthly earned and unearned income is always calculated based on a Household size of 2.

- * Did you discuss all available benefits and the application process with this customer?
- * Has the applicant stated they are pregnant? ☐ Yes ☐ No
- * Has the applicant previously received any Presumptive Eligibility Coverage twice within the current calendar year? ☐ Yes ☐ No
- * Please affirm that the applicant's previous coverage status has been checked ☐

Who should enroll in FPPE?

People of any age, gender, or immigration status can apply for immediate, temporary coverage.

FPPE should be offered to patients waiting to hear back on an ongoing Medicaid or HFS Family Planning Program application and those who do not qualify for other coverage because of immigration status. FPPE is not only for birth control. It can cover the cost of a visit for primary care when coupled with routine reproductive care like STI testing or screening for contraceptive needs and desires.

If someone is or has been pregnant within the past 12 months, they should be connected to the Moms and Babies program and MPE for immediate coverage.

Address and Illinois residency

Type Family Planning Presumptive Eligibility

Applicant: Jan Do

Updated on:

Updated by:

Home Address

Please tell us where the person applying lives.

• Address Line 1:

Address Line 2:

• City:

• State:

• Zip Code:

• What county does the applicant live in?

• Does the applicant state they are an Illinois resident? ☐ Yes ☐ No

Who is considered a resident of Illinois?

A resident is someone who lives in and plans to remain in Illinois. The FPPE application is open to any immigration status and does not count toward public charge. You can learn more about the HFS FPP, FPPE and public charge [here](#).

What is someone doesn't have or doesn't want to share their home address?

If someone does not have an address because they are experiencing homelessness or does not want to share their address because of confidentiality concerns, they can share the address of a trusted friend or family member. They can also create a "Manage My Case" account to elect to only receive electronic notices.

Household income

Income Details

Type: **Family Planning Presumptive Eligibility**

Applicant: **Jan Do**

Updated on:

Updated by:

Income

If the person applying is unsure of the exact amount for any of these questions, please ask for the best estimate. [Learn more about how to determine these amounts.](#)

Household Income Details

✦ Enter the household's total monthly gross earned income. \$

✦ Enter the household's total monthly gross unearned income. \$

Total monthly gross income of all household members. \$

Totals

Total Monthly Gross Income: \$

Who qualifies for FPPE?

FPPE is calculated based on **individual income with an individual counted as a household of two**. Anyone earning <213% FPL as a household of two (<\$3,700/month) meets the income requirements, regardless of other household income. Individuals can qualify even if they have other commercial coverage that they do not want to use because of high deductibles, confidentiality concerns, or because it does not cover reproductive care. Individuals will self-attest to income and residency do not need to provide documentation for temporary coverage.

Eligibility summary

Type **Family Planning Presumptive Eligibility**

Applicant: **Jan Do**

Updated on:

Updated by:

Signature of Person Applying

Jan Do, please review and make sure that the information below is correct. Any information that is not correct can be changed at this time.

Summary of Jan Do's information

Name:	Jan Do
Date of Birth:	05/09/1958
SSN:	123-32-3232
Sex (assigned at birth):	Female

Summary of Eligibility

Declaration of pregnancy:	No
Has the applicant previously received any Presumptive Eligibility Coverage twice within the current calendar year?	No

Additional reminders for applicants

Upon completing the FPPE application, individuals should be reminded that their coverage is effective immediately at the health center but may take a ~3 days to be assigned a RIN that will show up for external providers like pharmacies. The patient will not receive an insurance card - we recommend printing their application summary so they can take this with them. Coverage is effective for the remainder of the month they applied and the entire month following (31-60 days). Individuals can apply for any type of presumptive eligibility (FPPE or MPE) up to two times per calendar year. For patients that are only eligible for FPPE and not ongoing HFS FPP coverage, be sure to schedule any needed follow up within their coverage period.

FPPE Application Print Out

Results

Type: **Family Planning Presumptive Eligibility**
Updated on: **2/21/2024**

Applicant: **Suzie Q. Barbeque**
Updated by: **Patti P. Picnic**

Summary of Eligibility

Susie Q. Barbeque will be temporarily enrolled in the Family Planning Presumptive Eligibility Program.

Your Application Number is **A123456788**

Submitted

Thank You! This application is now complete. To print a summary of the application, please click the button below.

**Print Application
Summary**

Additional resources:

[Patient Facing FPPE One-Pager](#)

[FPPE Eligibility Quiz](#)

[Recorded webinar “Putting the HFS Family Planning Program into Practice”](#)

[List of statewide FPPE providers](#)

[Become an FPPE provider](#)