



Family Planning Only

Webinar Q & A - December 2019

Contents

Covered services	1
Citizenship, lawfully present, social security number (SSN)	2
Application process.....	3
Application development.....	5
Covered clients.....	5
Miscellaneous topics.....	6

Covered services

Q: Will this cover undocumented men, as well, for STI treatment and vasectomy services?

A: Yes, the Family Planning Only (FPO) program services are for clients of all genders; services include Sexually Transmitted Infection (STI) screening, treatment, and prevention as well as sterilizations, including vasectomies. A comprehensive list of the covered services can be found in the [Family Planning billing guide](#).

Q: Where can a patient or provider locate what prescription and non-prescription contraceptives are covered under Family Planning?

A: A comprehensive list of the covered services, including contraceptives can be found in the [Family Planning billing guide](#).

Q: Does this coverage cover interpreter services for the associated appointments?

A: No, interpreter services are not covered in the Family Planning Only programs.

Q: What STI testing and treatment services are available?

A: A comprehensive list of the covered services, including STI testing and treatment services can be found in the [Family Planning billing guide](#).



Q: Does STI services have to be as a precursor to contraception, or can it be paid as a standalone service?

A: Per the program rules, STI and Sexually Transmitted Disease (STD) testing and treatment are covered when occurring during a visit focused on family planning. STI and STD testing and treatment are covered when medically indicated by symptoms or report of exposure are medically necessary for the client's safe and effective use of the client's chosen contraceptive method.

Q: Are condoms covered?

A: Yes, condoms and other FDA approved prescription and non-prescription contraceptives are covered as detailed in the [Family Planning billing guide](#).

Q: On comprehensive exams, such as 99395, does the primary diagnosis code have to be a family planning diagnosis or would the Z01.419 be a valid primary diagnosis?

A: The Family Planning provider guide is updated on a quarterly basis. Currently there is not a specific diagnosis code required when billing comprehensive exams, however a modifier is required.

Citizenship, lawfully present, social security number (SSN)

Q: I would like guidance on what to do if there are unanswered questions or dialogue suggestions on what to say regarding the citizenship questions?

A: If the client has questions regarding their citizenship status, please have them call Health Care Authority (HCA) at 1-800-562-3022. The citizenship questions are important to answer in order for HCA to process the application as quickly as possible.

Q: Will applications be rejected if clients do not complete the questions about citizenship?

A: No. When HCA receives an incomplete application, the staff processing the applications will contact the applicant to gather the missing information. Missing information on applications may delay processing.

Q: Why do we need to have the question, "are you lawfully present?"

A: The lawfully present question helps HCA staff processing the application determine if the client may be eligible for the federally funded or state funded Family Planning Only program. Applicants do not need to be a citizen or lawfully present to apply or be eligible for the program.

Q: Will HCA be able to access the client's social security number (SSN) from previous applications like when they were under 18?

A: If the applicant has a SSN, it needs to be provided; this allows the application to be processed quickly and efficiently.



Q: For teens and Domestic Violence (DV) survivors applying for coverage who do not know or cannot access their SSN, can they leave it blank? Or do they still need to obtain their SSN before their application can be processed?

A: If the applicant has a SSN, it needs to be provided on the application; this allows the application to be processed quickly and efficiently. In this case, if the client does not have access to their SSN, they can leave it blank.

Q: If leaving SSN blank when a US citizen will this deny application?

A: No. When the HCA receives an incomplete application, HCA staff processing the applications will contact the applicant to gather the missing information in order to process the application. Missing information on applications may delay processing.

Q: What documents do documented residents need to provide with the application? Could the cover sheet provide instructions for people who need to send in such documents?

A: This information is handled on a case by case basis. Please call the HCA customer service line at 1-800-562-3022 if an applicant needs this information.

Q: How will undocumented people know that they are eligible for this program? It does not say that you are eligible if you are not citizen/legal resident as it is asked right now.

A: Clarification on this topic will be included on the coversheet of the application.

Application process

Q: How long does it take approximately to determine eligibility once an application is submitted?

A: Applications are processed in the order received. Complete applications are quicker to process than those that have missing information. HCA has 45 days to process applications.

Q: Could you provide the income guidelines to help the client know if they might qualify for Apple Health?

A: It is a requirement for clients to apply for Apple Health first unless they are applying for confidential services or if they fall between 150%-260% FPL. Additional details can be found on the Family Planning Only application coversheet.

Q: Can we still use the old Take Charge (TKC) application until 1/1/2020?

A: Yes, the old Take Charge application will still be accepted, however please note that the application states anyone who is not a citizen or qualified immigrant will be denied Family Planning Only which is no longer the case as of January 1, 2020.



Q: Will benefits be retroactive in the month they apply, like the Family Planning Only federally funded has been?

A: As of January 1, 2020, the benefits will be retroactive to the first of the month in which they apply.

Q: What is the eligibility timeframe that an individual will be covered? E.g. one year postpartum?

A: A client who is approved for Family Planning Only is covered for one year, at the end of the first year, the client may reapply.

Q: Will individuals being terminated from 60-day postpartum coverage be offered FPO before termination? How will they be transitioned over? When will this happen?

A: Yes, clients are automatically switched from Apple Health coverage for pregnant women after the 60-day postpartum to FPO without applying. They will be covered for ten months. Prior to the end of the certification period, they will receive a letter from HCA advising them the option to reapply for coverage.

Q: Does the client's Apple Health ProviderOne number stay with the client, even if there is a gap in coverage? If yes, can the applicant provide their ProviderOne number in lieu of a SSN?

A: Yes, the client may use the same ProviderOne number even if there is a gap in coverage. Yes the applicant can use their ProviderOne card to verify their coverage instead of a SSN

Q: Could the address be a Post office box?

A: Yes, any valid mailing address can be used to apply for the Family Planning Only programs.

Q: Can a client access this program through wahealthplanfinder.org?

A: No, the application can be found on the HCA website.

Q: Will children losing Apple Health at age 19, due to immigration status, be transitioned to FPO?

A: No, clients who turn 19 years old have the choice to reapply for Apple Health for Adults or FPO, depending on their circumstances.

Q: How long is the family planning only Pregnancy Related coverage effective for?

A: Family Planning Only Pregnancy Related coverage lasts until the client reaches one year post-partum; the exact length of time each client receives Family Planning Only Pregnancy Related services is dependent on when their 60-day post-partum period concludes.



Q: When clients on the Family Planning Only - Pregnancy Related program ends, will they be notified of the Family Planning Only program?

A: Yes, when the Family Planning Only – Pregnancy Related program is nearing an end for a client, the client is provided information on what they may be eligible to apply for next.

Application development

Q: In developing the application since April, was there key stakeholder input?

A: The purpose of the application development that began in April 2019 was to bring it into compliance with Centers for Medicaid and Medicare Services(CMS). When HCA began to work on expanding the program to include state funds, we presented the idea of a streamlined application process with a solo application to a large provider group and it was well received. As the new state funded program rolls out, we are looking for improvements to ensure the application is clear and captures the necessary information.

Q: Was the application pre-tested with potential applicants?

A: No, the application was not pre-tested with potential applicants. The HCA communications team brought the application into compliance and made it accessible to applicants with screen readers.

Q: Will the application be translated to Spanish?

A: Yes, it will be available in English plus 15 languages including Amharic, Arabic, Burmese, Cambodian, Chinese, Farsi, Korean, Laotian, Punjabi, Russian, Somali, Spanish, Tigrigna, Ukrainian and Vietnamese.

Q: Are there plans for additional outreach?

A: Program, benefits, application, and resources are and will be available on the Health Care Authority provider and client Family Planning webpages. Additionally, the program is shared with all Apple Health providers, the Family Planning Provider Network, and all Frist Steps Maternity Support Services and Infant Case Management providers.

Covered clients

Q: Are clients who have commercial insurance or Medicare disability eligible to apply if their benefits do not cover contraception?

A: Clients who have creditable coverage (this includes Medicare) are not eligible for Family Planning Only. [Washington State Department of Health](#) offers family planning services on a sliding scale to all clients, even if they have commercial insurance.

Q: Are men eligible to be covered for family planning care (e.g. vasectomy procedure)?

A: Yes, all people, regardless of gender may be covered for the Family Planning Only program.



Q: Is there an age limit for undocumented clients?

A: The state funded program mirrors the federal program. Family planning and family planning services are offered to clients capable of producing children who have family income at or below 260% FPL, women losing Medicaid pregnancy coverage at the conclusion of their 60-day postpartum eligibility period, and teens and domestic violence victims who need confidential family planning services.

Q: Are WA residents who have private insurance coverage/other coverage eligible if they are seeking confidential services?

A: An individual is not eligible for Family Planning Only coverage if they have creditable insurance (including Medicare) unless they are a teen seeking confidential services or an adult victim of domestic violence.

Miscellaneous topics

Q: Will the cover sheet be translated as well?

A: Yes, the coversheet will be available in English plus 15 languages including Amharic, Arabic, Burmese, Cambodian, Chinese, Farsi,, Korean, Laotian, Punjabi, Russian, Somali, Spanish, Tigrigna, Ukrainian and Vietnamese.