

NC Department of Health and Human Services

# “Be Smart” Family Planning Medicaid Program

## Overview



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## Webinar Speaker

**Shahnee Haire, MPH, CHC**  
“Be Smart” Family Planning  
Medicaid Program Manager

Reproductive Health Branch – Women, Infant, and  
Community Wellness Section  
Division of Public Health - North Carolina Department of  
Health and Human Services






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## Purpose

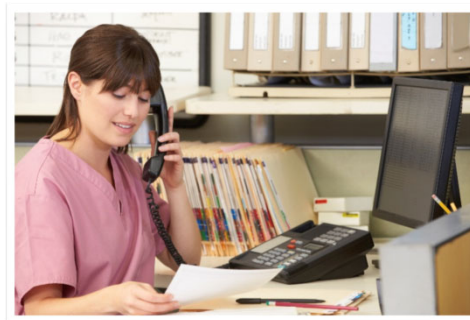
# 3 P's

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## How much do you know about the "Be Smart" Family Planning Medicaid Program History & Eligibility?



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## Question 1:

How old does a beneficiary need to be in order to be eligible for the “Be Smart” Family Planning Medicaid program?

**No age restriction**

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## Question 2:

For individuals under the age of \_\_\_\_\_, living at home with a parent or legal guardian, Medicaid considers the parents’ or guardian’s income in determining eligibility

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### Question 3:

YES or NO

Is there a co-payment under the  
“Be Smart” Family Planning  
Medicaid Program?

**NO**

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### Family Planning Medicaid History

- **Waiver - 2005**
- **Transition to Family Planning State Plan - 2014**

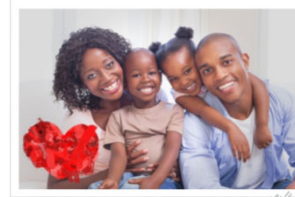


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## Eligibility Criteria

- » Women
- » Men
- » Income – at or below 195% federal poverty level
- » U.S Citizen – or documented immigrants
- » Residents – North Carolina
- » Not – incarcerated
- » Not – pregnant
- » Not – capable of having children



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## No Age Restriction

- All beneficiaries, regardless of age, who meet the State's income and other eligibility guidelines can receive family planning services and supplies.
- If the applicant is under the age of 21 and living with a parent (or legal guardian), Medicaid will also consider the parents' income in determining eligibility.

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## Eligibility Determination

- Applicants cannot choose the “Be Smart” Family Planning Medicaid Services
  - Local county Department of Social Services must first determine if the individual is eligible under a more comprehensive Medicaid coverage category
- For married couples living together, Medicaid considers the spouse’s income in determining eligibility
- For individuals under 21 living at home with a parent or legal guardian, Medicaid considers the parents’ or guardian’s income in determining eligibility
- No auto-eligibility

## Income Eligibility

GROUP	BENEFITS	BASIC REQUIREMENTS **					DEDUCTIBLE/SPEND DOWN
		BASIC ELIGIBILITY REQUIREMENT	WHOSE INCOME and RESOURCES COUNT	MONTHLY INCOME LIMIT Updated 04/18	RESOURCE LIMIT Updated 04/19		
Non-IV-E/ Special Needs Adoption	Full Medicaid Coverage	Children with medical or rehabilitative needs, which are barriers to adoption are considered special needs adoption children. These children are ineligible through Title IV-E because at the time of placement in foster care they did not meet IV-E requirements.	MAGI Methodology	1. MAGI 2. MAF-M 3. Authorize ongoing Medicaid (**See Exemptions) 4. Evaluate NCHC if not eligible for any categories above.	\$3000 (MAF)	YES	
MFC- Medicaid for Former Foster Care	Full Medicaid Coverage	Be age 18-26 and have been in foster care at age 18 and enrolled in NC Medicaid.	There is no income.		NO	NO	
Breast & Cervical Cancer Medicaid MAF-W	Full Medicaid Coverage	Be under the age 65 and not enrolled in any creditable medical insurance. Breast and Cervical Cancer Control Program (BCCCP) provider determines eligibility for Breast and Cervical Cancer Medicaid (BCCM)	There is no income (BCCM).		NO	NO	
Family Planning MAF-D	Family Planning Program	NO AGE LIMIT	MAGI Methodology	195% of Poverty Level 1 - \$2,030 2 - \$2,748 3 - \$3,467 4 - \$4,185 5 - \$4,903	NO	NO	If a beneficiary's income increases to more than 195%, he/she will be ineligible for family planning coverage.
NC Health Choice (NCHC)	Medicaid-equivalent coverage with four exceptions: no long-term care, no EPSDT, no non-emergency medical transportation, and restricted dental.	Must be age 6 through 18, ineligible for Medicaid, Medicare, or other federal government-sponsored health insurance, be uninsured, a NC resident.	MAGI Methodology	211% of Poverty Level 1 - \$2,197 2 - \$2,974 3 - \$3,751 4 - \$4,528 5 - \$5,305	NO	NO	Beneficiaries with household income over 150% of poverty level must pay enrollment fee. 1- \$1,655.01 2- \$2,241.01 3- \$2,827.01 4- \$3,412.01 5- \$3,998.01

\*\* If ineligible under MAGI, the child must have been enrolled in or eligible for Medicaid immediately before the adoption agreement, is under a Non-IV-E state adoption agreement or determined to be special needs by the State adoption assistance agreement.  
 \*\*\*This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence) which can also affect eligibility, or the level of benefits not reflected on this chart. Revised 4/1/2019

# How much do you know about the “Be Smart” Family Planning Medicaid Program Services?



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## Question 1:

Name one long-acting reversible  
contraceptive (LARC) method that is  
covered by the “Be Smart” Family  
Planning Program?

- ✓ Intrauterine Devices (IUDs)
- ✓ Contraceptive Implants

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**Question 2:**

How many pregnancy tests are allowed per 365 days (at annual exam and 6 inter-periodic visits)?

- a) 7
- b) 12
- c) 8
- d) 6

**a) 7**

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**Question 3:**

True or False

The annual examination date (AED) is required for laboratory procedures.

**TRUE**  
**With the exception of pregnancy tests.**

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## Inter-Periodic Visits

- Six per 365 days
  - The purpose is to evaluate the beneficiary's contraceptive program, renew or change the contraceptive prescription and to provide additional opportunities for counseling as follow-up to the annual exam.
  
- Office "After Hours"
  - Only covered when services are provided outside the posted office hours for emergency or urgent contraceptive care. It must be in an office setting.

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## Covered Services

- Family planning annual exams and physicals (including counseling and education). Limited to one per 365 days.
- Specific laboratory procedures.
- FDA approved contraceptive methods, procedures, pharmaceutical supplies, and devices.
- Voluntary sterilization.

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## Covered Services

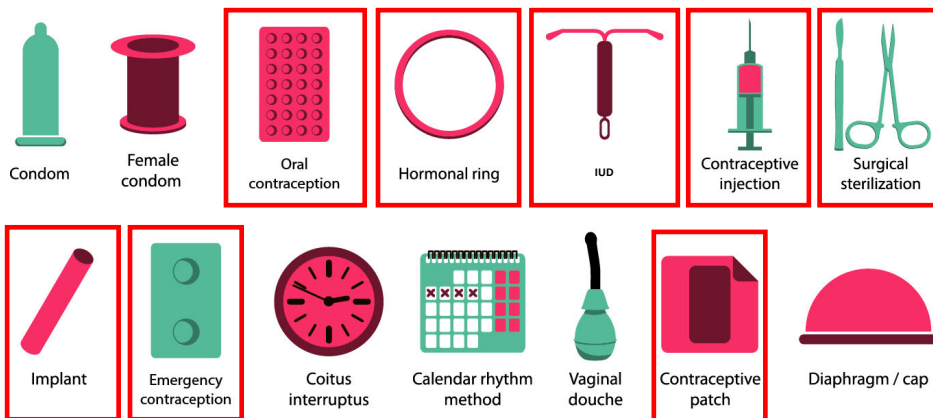
- HIV Screening
  - PrEP medications are not covered by NC Medicaid; however, during a Family Planning visit a beneficiary who meets enrollment requirements for the Ready, Set, PrEP (Pre-Exposure Prophylaxis) program can be referred to participating drug stores or local health departments for interventions in HIV by prophylactic prescription medication.

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## Which are covered?

# Contraception methods



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## Covered Contraceptives

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- Diaphragm Fittings
- Injectable Contraceptives
- IUDs
- Contraceptive Implants
- Sterilizations
- Vaginal Rings
- Birth Control Pills
- Patches
- Emergency Contraceptives

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## Non-Covered Services

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- Abortions
- Ambulance Services
- Dental/Optical
- Durable Medical Equipment
- Infertility Services
- Reversal of sterilizations
- Diaphragms
- Over the counter contraceptives (OTC)
- Hospital Emergency Room or Emergency Department Services
- Urgent care visits
- Inpatient Hospital Services
- Mental Health

- Only specific family planning services and supplies covered.
- Services must be performed within the scope of a "family planning visit."

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## Non-Covered Services (cont.)

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- **HIV/AIDS Treatment**
- **Cancer Treatment**
- **Sick Visits**
- **Medical conditions/problems identified during a family planning screening or procedure (i.e., diabetes, hypertension, breast lumps)**
- **Complications of women's health care problems, such as heavy bleeding or infertility**
- **Removal of IUDs in a hospital setting**
- **Services for beneficiaries who have been sterilized.**

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## Full Circle "Be Smart" Family Planning Medicaid Scenarios Activity

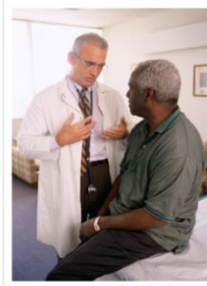
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## Scenario 1:

Greg received an approval notice that qualifies him for the “Be Smart” Family Planning Medicaid Program. Although he makes an appointment with the local community health center for a physical, he still is not clear what services are covered under this program for him. **How can the “Be Smart” Family Planning Medicaid Program help Greg and other males?**



### Covered services:

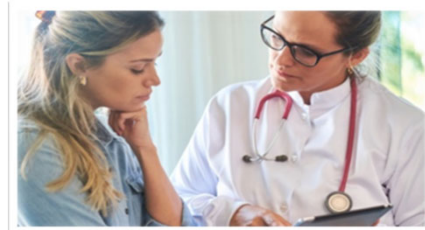
- Annual exams (physicals)
- Screening for sexually transmitted infections (STIs)
- Treatment for certain STIs
- Family planning counseling
- Reproductive life planning
- Vasectomies
- Transportation

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## Scenario 2:

Maria made an appointment about three weeks ago to have what she thought would be a physical through the “Be Smart” program. She checked in at the front desk with no problem. However, when she got back to the clinic to see the medical provider, it was discovered that Maria had a hysterectomy and could not be seen.



**What does the “Be Smart” Family Planning Medicaid Program have to offer Maria?**

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Medicaid Bulletin January 2018

2. Eligible beneficiaries are entitled to receive one annual exam each year and six inter-periodic visits per 365 days, thereafter. All services covered under this program must be related to family planning or family planning-related reasons. Providers shall confirm that the beneficiary is seeking family planning services.
3. Providers shall screen and inform beneficiaries that the Family Planning Medicaid program is strictly for family planning services, as indicated in Clinical Policy 1E-7, *Family Planning Services*. Policy states that the beneficiary is no longer eligible to receive services under the program once they have been determined to be permanently sterilized.
4. A beneficiary who is sterilized under this program can receive all related follow up to the surgery, per policy. Once follow up is complete, they should be informed that they are no longer eligible for services under Family Planning Medicaid.
5. If it is discovered during screening that the beneficiary has no need for Family Planning Services (permanently sterilized, post-menopausal, sterile, post-hysterectomy, not capable of having children, etc.), Medicaid shall not be billed for the service. Providers should inform the beneficiary that the visit can continue but that the beneficiary would be responsible for the cost of the services provided on that day. The beneficiary should be informed of the cost of the visit and be told that they can choose to leave at that point and not be charged for the appointment.
6. Comprehensive screening prior to exam should prevent the discovery – during the exam – that the beneficiary does not need family planning services. However, if the discovery does occur during the exam, the provider cannot bill the beneficiary or Medicaid. The provider should inform the beneficiary that future visits will not be covered under Family Planning Medicaid because they are not eligible for family planning services. The beneficiary will be responsible for payment of any future services. If the provider is seeking payment from the beneficiary, the provider shall inform the beneficiary prior to rendering the service (see [10A NCAC 22J.0100](#)). The provider shall not bill Medicaid for family planning visits, when the beneficiary has no need for family planning services.
7. Available options for the beneficiary may include:
  - The beneficiary may contact the Department of Social Services to determine whether they are eligible for another Medicaid program.
  - The beneficiary can request services for which they would be asked for payment, in whatever manner the provider usually seeks private payment (sliding scale, payment plan, etc.).

NCI Clinical Policy and Programs  
DMA, 919-855-4260

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## Family Planning Medicaid & Medicaid Transformation

- Family Planning Medicaid beneficiaries are an excluded population for Medicaid Managed Care Enrollment. These beneficiaries will stay in NC Medicaid Direct (FFS).
- Covered services and coverage updates will continue to be addressed in NC Medicaid Clinical Coverage Policy 1E-7 Family Planning Services.

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## COVID-19 & Family Planning Medicaid

**Website:**

[https://Medicaid.ncdhhs.gov/about-us/  
covid-19-guidance-and-resources](https://Medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources)



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## "Be Smart" Family Planning Medicaid Program & Partnerships



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**Identify strategies to connect with other stakeholders around the state to promote family planning.**

**Which organizations do you partner with to promote family planning services in your community?**



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**"Be Smart"  
Family Planning  
Medicaid Program**

**Strategic Planning  
Partners**



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## “Be Smart” Family Planning Medicaid Program Strategic Plan Priority Strategies

1. Improve and clarify the process of determining eligibility for current and future beneficiaries.
2. Create an easy access and enrollment process for consumers.
3. Provide training and outreach opportunities to program enrollees and potential recipients.
4. Provide automatic transitions from existing Medicaid programs for beneficiaries, caseworkers, and providers to the “Be Smart” program.
5. Increase training opportunities for all agencies implementing the program.
6. Expand agency and stakeholder partnerships that offer program services.

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## “Be Smart” Family Planning Medicaid Resources

- Division of Health Benefits (DHB) “Be Smart” website: <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/be-smart-family-planning-program>
- 1E-7 Family Planning Services Policy: [NC Medicaid Obstetrics and Gynecology Clinical Coverage Policies](#)
- 1E-3, Sterilization Procedures Policy: [NC Medicaid Obstetrics and Gynecology Clinical Coverage Policies](#)
- Medicaid Application: [https://ncgov.servicenowservices.com/sp\\_beneficiary?id=bnf\\_apply](https://ncgov.servicenowservices.com/sp_beneficiary?id=bnf_apply)
- “Be Smart” Family Planning Medicaid Strategic Plan: <https://whb.ncpublichealth.com/phsp/docs/Final-WEB-DPH-StrategicPlanBeSmartFamilyPlanningMedicaidProgram-2018-2023.pdf>
- Medicaid and COVID-19 Resources Website: <https://Medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources>
- North Carolina's Transformation to Medicaid Managed Care: <https://medicaid.ncdhhs.gov/transformation>
- NC Tracks Call Center: 1-800-688-6696

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## “Be Smart” Family Planning Medicaid Virtual Brochure

Be Smart. Be Ready.  
Family Planning Brochure  
(Updated: English/Spanish):

[https://files.nc.gov/ncdma/documents/Medicaid/BeSmart/BeSmartBrochure\\_2017.pdf](https://files.nc.gov/ncdma/documents/Medicaid/BeSmart/BeSmartBrochure_2017.pdf)



If you answered no to any of these questions...  
You may qualify to receive birth control methods and health care services for **FREE**

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## Contact Information

### Shahnee Haire, MPH, CHC

#### **“Be Smart” Family Planning Medicaid Program Manager**

Reproductive Health Branch – Women, Infant, and Community Wellness Section  
Division of Public Health - North Carolina Department of Health and Human Services

919-707-5683 – office

919-218-6790 – cell

shahnee.haire@dhhs.nc.gov  
[whb.ncpublichealth.com/](http://whb.ncpublichealth.com/)

5601 Six Forks Road  
Raleigh, NC 27609

1929 Mail Service Center  
Raleigh, NC 27699-1929



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