

# NC Family Planning Medicaid

## FREQUENTLY ASKED QUESTIONS



**What is Family Planning Medicaid?** Family Planning Medicaid, formerly known as “Be Smart,” is a health coverage program designed to improve the reproductive health of individuals in NC by increasing access to reproductive health services. Family planning services are covered at no cost to patients and include nearly all birth control methods, testing and treatment for sexually transmitted infections (STIs), and other preventive services.

### What services does Family Planning Medicaid cover?

The following services are covered by Family Planning Medicaid when provided as part of a family planning visit:

- Annual physical exam plus six inter-periodic office visits
- Family planning-related laboratory procedures (pap smears, pregnancy tests, etc.)
- Nearly all FDA-approved birth control methods, procedures, pharmaceutical supplies, and devices, including emergency contraception (or Plan B)
- Screening and education for Hepatitis B/C and HIV (human immunodeficiency virus), as well as the regular tests to support individuals on the PrEP (pre-exposure prophylaxis) program to prevent HIV infection. (It does not cover the PrEP medication.)
- Screening and treatment for most sexually transmitted infections (STIs)
- The Gardasil 9 vaccine against human papillomavirus (HPV)
- Voluntary male and female sterilization, including vasectomies and tubal ligations (getting your “tubes tied”)
- Non-emergency transportation to and from family planning appointments

For a complete list of covered services, see the [Clinical Coverage Policy “1E-7, Family Planning Services”](#) (located under Obstetrics & Gynecology).

### Who can have Family Planning Medicaid?

In order to qualify for Family Planning Medicaid, an individual must meet **all** of the following requirements:

- U.S. citizen or qualified immigrant
- Resident of North Carolina
- Not pregnant
- Not incarcerated
- Reproductive age (still able to become pregnant/get someone pregnant)
- Household income up to 195% of the federal poverty level

Family Planning Medicaid is available to people of all genders and sexual orientations.

Family Planning services are not available to individuals who can no longer contribute to a pregnancy (become pregnant/get someone pregnant), even if they are told they have Family Planning Medicaid. If you think this applies to you, ask your healthcare provider’s office before scheduling your appointment.

### How do I apply?

All NC Medicaid programs use the same application. To complete your application, you can choose any of the following:

- Apply online through [NC ePASS](#)
- Print out an application and mail it to/drop it off at your local Department of Social Services
- Get help applying in person or over the phone at your local Department of Social Services

[Click here to visit NC Medicaid’s help page on how to apply.](#)

[Click here to see a directory of local Departments of Social Services.](#)

### How much does it cost?

Family Planning Medicaid coverage is completely free for the people who have it. It has no monthly premiums and no copays for covered services.

### How long am I covered?

Once you are approved for Family Planning Medicaid, you are covered for a full year (12 months) unless you report changes that affect your eligibility for Family Planning or other Medicaid programs. At the end of the 12 months, you will need to resubmit documentation to Medicaid to show that you still meet the eligibility requirements in order to continue your coverage for another year.

### How do I find a provider that will accept Family Planning Medicaid?

A great first place to look is your local health department’s family planning clinic or a community health center.

For additional help finding a Family Planning provider in your area, you can contact your Medicaid case worker at your county Department of Social Services (DSS).

To find family planning clinics near you, see this [Find a Family Planning Clinic](#) search tool.

To find other community health centers near you, see this [Find a Health Center](#) search tool.

## What birth control methods are covered?

Family Planning Medicaid covers all of the following birth control methods:

- Birth control pills – up to a 12-month supply
- The patch
- Intrauterine devices (IUDs), and their removal
- The shot (such as Depo-Provera)
- Implants (Nexplanon), and their removal
- Vaginal rings (such as NuvaRing)
- Emergency contraception (such as Plan B, One Step and Ella)
- Male and female sterilization (vasectomies and tubal ligations – getting your “tubes tied”)

These methods are **not** covered by Family Planning Medicaid:

- Diaphragms (but the “fitting” is covered)
- Condoms, dental dams or other barrier methods
- Spermicidal foams or gels
- Birth Control sponge
- Cervical caps
- Fertility awareness apps
- Any other methods that can be purchased without a prescription or do not require a provider for fitting/insertion.

Also, Family Planning Medicaid does **not** cover the following healthcare services:

- Abortions
- Sterilization reversals
- Infertility treatment
- Ultrasounds (unless they are needed to check the location of an out-of-place IUD)

If you would like to learn more about any of these methods, you can check out [FDA.gov](https://www.fda.gov) and [bedsider.org](https://www.bedsider.org) or ask your provider at your next visit. It can sometimes be hard to find the right birth control, but your provider can help you explore the options that best meet your unique needs. You know yourself best!

## Does it cover COVID-19 tests/vaccines?

According to [federal guidance from the Centers for Medicare and Medicaid Services \(CMS\)](#), all Medicaid programs including Family Planning Medicaid will continue to cover COVID-19 tests and vaccines through September 30, 2024.

For the most up-to-date information about North Carolina Medicaid coverage related to COVID-19, see [COVID-19 Special Medicaid Bulletins](#).

## Does it cover PrEP (pre-exposure prophylaxis)?

Family Planning Medicaid does not cover the cost of medications for the HIV-prevention treatment known as PrEP, or pre-exposure prophylaxis. However, Family Planning Medicaid does cover the supporting visits and tests needed while on the program, which include:

- HIV tests (recommended every 3 months)
- Pregnancy tests (recommended every 3 months)
- STI tests (recommended every 3-6 months)
- Complete metabolic panel (recommended every 6 months)

There are several programs available to help cover the cost of PrEP medication for qualifying individuals, including the [Ready, Set, PrEP](#) program. For a comprehensive list of resources related to taking PrEP, visit [PleasePrEPme.org](https://www.PleasePrEPme.org).



**Still have questions?** Reach out to your local Department of Social Services, call the NC Medicaid Call Center at 888-245-0179, or visit [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov).