MEMORANDUM

TO: State Medicaid agency leads and advocates
FROM: Implementing Contraceptive Access Now (ICAN!); Kira Eidson Phillips, J.D.
RE: Protecting Continued Coverage with Automatic Family Planning Eligibility Review at Renewal

INTRODUCTION

H.R. 1[1] adopted new Medicaid policies that will result in many individuals losing full-scope Medicaid coverage, including work requirements and more frequent redeterminations for the Medicaid Expansion population. As individuals lose eligibility for full-benefit coverage due to these changes, it will become increasingly important to incorporate partial Medicaid benefit programs into states' *ex parte* renewal process to ensure that individuals losing Medicaid coverage for any reason—whether H.R. 1 changes, the end of the postpartum period, or aging-out of Medicaid coverage for children—are automatically considered for family planning coverage before being disenrolled. This protects partial coverage, keeping people connected to basic primary and preventative care, and reducing churn.

I. MEDICAID FAMILY PLANNING PROGRAMS

Thirty-four states have partial benefit Medicaid programs that provide family planning and related care to eligible individuals, known as Medicaid Family Planning Programs (MFPPs).[2] Most are joint state-federal programs established through a Medicaid State Plan Amendment or 1115 Waiver, while a few states have programs funded through only state-funds. MFPPs often cover people of all ages and genders and have generous income eligibility limits.[3]

MFPPs are not subject to work requirements and 6-month renewals under H.R. 1. Thus, these programs will be a critical safety-net coverage program for people who fall off Medicaid Expansion coverage due to

[1] Also referred to as the One Big Beautiful Bill Act, or OBBBA.
[2] *See* Implementing Contraceptive Access Now! (ICAN!), *Medicaid Family Planning Programs by State*, https://icancoverall.org/medicaid-policy-map/ (last visited Apr. 23, 2026).
[3] Twenty-seven of the states with MFPPs cover people of all genders (AL, CA, CO, CT, IA, IL, IN, LA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, SC, UT, VA, VT, WA, and WI). Twenty-four cover people of all ages (CA, CO, CT, IL, IN, LA, MD, ME, MI, MN, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, VA, VT, WA, WI). *See* Implementing Contraceptive Access Now! (ICAN!), *Medicaid Family Planning Program Policy Toolkit*, 15 (2025). Income eligibility limits often mirror the Federal Poverty Level (FPL) limit set for pregnant people under the state plan, though may be higher in states with 1115 waivers or state-funded plans.

these new requirements. MFPPs can also be a default program for many non-pregnant people with incomes too high to qualify for Expansion or parent/caregiver coverage **who** need publicly supported coverage for basic primary and preventative care, and for people losing their postpartum coverage who need services to help them achieve healthy birth spacing.

States have different processes for applying for MFPP coverage. Most states use an "opt-in" application where individuals applying for Medicaid coverage can check a box indicating they would like to be considered for MFPP coverage if ineligible for a full-coverage program.[4] Illinois and Texas use an opt-out application that automatically checks the box for MFPP coverage consideration but allows applicants to uncheck.[5] Other states use a cascading application and automatically consider MFPP eligibility for all applicants ineligible for full coverage without any box to opt in or out.6 Eligible individuals are enrolled in Family Planning coverage and can disenroll if they choose. Some states have a separate application for MFPP coverage that is not part of the state's regular Medicaid application.[7]

II. THE *EX PARTE* RENEWAL PROCESS

Federal regulations require state Medicaid agencies to redetermine Medicaid beneficiaries' eligibility based on reliable information available to the agency without contacting the beneficiary to submit additional information, when possible.[8] This process is formally called *ex parte* renewal, but is often referred to as automated, administrative, or passive renewal. As of January 2025, 47 states reported that they can conduct *ex parte* renewals automatically, however their success rates vary.[9]

[4] These states include AL, CO, FL, GA, IN, ME, MD, MS, MT, NH, NJ, NY, OK, PA, SC, VA, and WI.
[5] Illinois has recently transitioned to this process. Implementation began Spring 2026.
[6] States with a cascading application are LA, MI, MO, NM, and NC.
[7] States with separate applications are CA, IA, MN, OR, RI, VT, WA, and WY. Connecticut currently has its MFPP application on a separate site from other Medicaid products but is working on integrating the application and is manually enrolling individuals eligible for Family Planning, but who applied for and were denied full coverage into MFPP coverage.
[8] 42 CFR § 435.916(b).
[9] KFF, *System Automation of Real-Time Determinations and Ex Parte Renewals*. KFF (jan. 2025), https://www.kff.org/affordable-care-act/state-indicator/real-time-eligibility-determinations-application-exparte/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

When conducting *ex parte* renewals, if an individual enrolled in full-benefit coverage is found ineligible for continued coverage under that program the agency must check for eligibility under other coverage groups, including partial benefit programs like Family Planning, and enroll them when eligible.[10] However, many states will only consider Family Planning eligibility as part of an *ex parte* renewal when the applicant had opted-in to be considered for Family Planning eligibility when they initially applied for Medicaid coverage.[11] This means that overall enrollment in MFPP coverage remains low, despite many people being potentially eligible to be enrolled automatically at redetermination.

III. PROTECTING CONTINUED COVERAGE WITH AUTOMATIC FAMILY PLANNING ELIGIBILITY REVIEW AT RENEWAL

States with MFPPs should ensure that *all* individuals being redetermined for Medicaid eligibility through the *ex parte* process be considered for Family Planning coverage eligibility before being disenrolled without having to opt-in. This process benefits beneficiaries by ensuring they stay enrolled in coverage they qualify for and benefits states by saving state dollars through reducing churn. It also reduces burdens on navigator programs facing budget cuts and workforce shortages.

Disenrolling and reenrolling an individual in Medicaid coverage is estimated to cost a state $400−$600 dollars.[12] Without automatic consideration of MFPP eligibility at redetermination, those who

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Four states reported that 10%–25% of *ex parte* renewals were automated; 12 states reported 26%–50% were, 18 reported 51%–75%, and 11 reported more than 75% were automated. *Id.*

[10] 42 CFR § 435.916(d); Ctrs. for Medicare & Medicaid Servs., State Medicaid Director Letter #10-013: *Family Planning Services Option and New Benefit Rules for Benchmark Plans* (July 2, 2010), https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10013.pdf; Ctrs. for Medicare & Medicaid Servs., *Transitions Within Medicaid Eligibility Groups and Between Medicaid and CHIP* slide 12 (2023), https://www.medicaid.gov/resources-for-states/downloads/transitions-in-medicaid-and-chip.pdf.

[11] *See e.g.*, Ill. Dep't of Hum. Servs., *MR #22.28: Family Planning* (Dec. 7, 2022), https://www.dhs.state.il.us/page.aspx?item=146077#:~:text=An%20opt%2Din%20application%20will,individual%20requesting%20opt%2Din%20coverage (Individuals who were receiving full-scope medical coverage and did not opt-in to Family Planning at the initial application will not be evaluated for Family Planning coverage at redetermination). Note, that Illinois is implementing an automatic opt-in to Family Planning coverage so that all individuals will be considered for Family Planning at redetermination unless they choose to opt-out.

[12] Sharon Silow- Carrol & Tanya Shah, *Reducing Medicaid Churn: Policies to Promote Stable Health Coverage* (Commonwealth Fund, June 2025), https://www.commonwealthfund.org/publications/issue-briefs/2025/jun/reducing-medicaid-churn-policies-promote-stable-health-coverage.

would qualify for MFPP coverage will be disenrolled from Medicaid then re-enrolled in after submitting a new MFPP application, resulting in an unnecessary coverage gap and spend of state resources.

While states may consider the initial option to opt-in sufficient to ensure individuals who would benefit from family planning coverage can receive it, this does not adequately account for changes in circumstances that might cause a person to not select family planning when they initially applied, but who nevertheless would benefit from being considered at redetermination. For example, consider a woman who applies for Medicaid coverage when she becomes pregnant who does not select to be considered for Family Planning coverage because she doesn't need family planning services during her pregnancy. However, after her 12 months of postpartum Medicaid coverage ends, she would benefit from coverage for birth control and other basic primary care services that would support her ability to space her pregnancies and stay healthy. Yet, because she did not opt-in to Family Planning when she initially applied for Medicaid, she's disenrolled from Medicaid at redetermination, even though she was eligible for MFPP coverage. Automatically considering a person's MFPP eligibility at renewal ensures a person's present circumstances do not unnecessarily limit their future consideration for beneficial programs.

Further, because MFPPs are not subject to H.R. 1's work requirements and 6-month renewals, facilitating enrollment into this coverage at renewal through *ex parte* review means less churn amongst individuals losing coverage due to H.R. 1, less strain on enrollment navigators tasked with helping people enroll in coverage amidst budget cuts and workforce shortages, and fewer uninsured people for which safety-net clinics will have to draw down on limited grant dollars to provide care.

IV. ADOPTING AN ENROLLMENT CASCADE AT APPLICATION AND REDETERMINATION

Incorporating a state's MFPP application into the Medicaid application cascade is the highest impact way to implement automatic review of Family Planning eligibility because it seamlessly ensures individuals seeking public coverage are enrolled in the most generous program they are eligible for at the

initial application and redetermination. A cascading application allows an applicant to complete one application for medical assistance and automatically be considered for all assistance programs and enrolled in the most generous one they're eligible for without having to opt in to different programs. Then, during *ex parte* renewals applicants will again be run through the cascade and enrolled in the most-generous program they're eligible for.[13] This best keeps individuals covered and accounts for changes of circumstances, rather than freezing an applicant's preferences as they were when they initially applied.

Considering that transitioning to a cascading application may require more significant system updates, states should consider transitioning from an opt-in to an opt-out application to improve access while those updates take place. This change requires only resetting the default selection for the MFPP opt-in box from "unchecked" to "checked," or from nothing selected to "yes" selected, but can significantly improve MFPP enrollment.

With both application forms, the information sent to the new MFPP enrollee about their coverage must be clear so they understand the new, partial benefits they have and where they can access care.

[13] Individuals who are moved from a full coverage program into a partial benefit program, like Family Planning, must be sent a renewal packet and provided the opportunity to demonstrate their eligibility for full coverage prior to being moved to a reduced benefit plan. *See* Ctrs. for Medicare & Medicaid Servs., *Transitions Within Medicaid Eligibility Groups and Between Medicaid and CHIP* slide 12 (2023), https://www.medicaid.gov/resources-for-states/downloads/transitions-in-medicaid-and-chip.pdf; 42 C.F.R. 431, Subpart E.