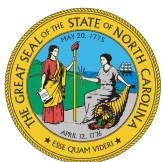


# Family Planning Medicaid STRATEGIC PLAN • 2026-2030



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**JANUARY 2026**

## Executive Summary

This strategic plan outlines a comprehensive five-year approach to strengthen the Family Planning Medicaid (FPM) program. The plan addresses key challenges identified through stakeholder input and establishes clear goals, strategies, and performance indicators to measure success. By focusing on improved communication, education, and support for beneficiaries, providers, and county Department of Social Services (DSS) staff, we can increase program utilization and effectiveness. Regular monitoring of key performance indicators will allow for adjustments as needed to ensure we achieve our vision of facilitating access to client-centered reproductive health services through a wide range of participating providers.

## Family Planning Medicaid Program Overview

Family Planning Medicaid is a health coverage program designed to improve the reproductive health of individuals in North Carolina by increasing access to reproductive health services. Reproductive health and contraceptive services are covered at no cost for eligible individuals of all genders whose income is at or below 195% of the federal poverty level. Enrollees must be residents of North Carolina, U.S. citizens or qualifying lawfully present immigrants, not pregnant or incarcerated, and of reproductive age.

Family Planning Medicaid supports individuals' reproductive life planning by providing access to services that promote sexual health in general and which better prepare individuals for healthy pregnancies if and/or when they choose. By covering a wide range of preventive services such as screenings, education, and contraceptive methods, individuals can make informed decisions and have more control over their reproductive health outcomes.

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

- Annual assessment and six inter-periodic office visits
- Family planning-related laboratory procedures (pap smears, pregnancy tests, etc.)
- Nearly all birth control methods, procedures, pharmaceutical supplies, and devices, including Opill and emergency contraception (the “morning after pill”)
- Screening and education for Hepatitis B/C and HIV (human immunodeficiency virus), as well as the regular tests to support individuals on PrEP (pre-exposure prophylaxis) to prevent HIV infection. It does not cover the PrEP medication.
- Screening and treatment for most sexually transmitted infections (STIs)
- The Gardasil 9 vaccination against human papillomavirus (HPV)
- Male and female sterilization, including vasectomy and tubal ligation (getting your “tubes tied”)
- Non-emergency transportation to and from appointments/pharmacies

More details on covered services can be found in the latest [1E-7 Family Planning Services Clinical Coverage Policy](#) (located under “Obstetrics & Gynecology”) on the NC Medicaid website.

# Needs Assessment Results: Barriers to Care and Utilization

Prior to the creation of this strategic plan, the NCDHHS Division of Public Health (DPH) conducted a needs assessment to better understand opportunities for focused strategies to improve the program. The needs assessment consisted of key informant interviews with providers, listening sessions with DSS workers, and a survey of beneficiaries, with iterative feedback from our partners on the strategic planning partners committee.

A central theme of our findings was a widespread lack of awareness of the program among stakeholders across the state; potentially eligible individuals, providers, service organizations, and even beneficiaries themselves are often unaware of the program's existence, eligibility criteria, and/or coverage. The downstream impact of these challenges is evidenced in the program's low utilization rate of 5.4% in 2024 among 19-55-year-old females, the program's core demographic.

For beneficiaries, this unfamiliarity creates knowledge barriers that take many forms:


- Not knowing that they have FPM
- Not understanding that it is distinct from full Medicaid coverage
- Not knowing what is covered, and in turn being afraid to seek care out of concern for surprise bills from uncovered services
- Not knowing where to find providers who will accept FPM
- Not seeing how FPM can address their health needs (especially among male beneficiaries)

Our beneficiary survey found 3 in 5 (59%) Family Planning Medicaid beneficiaries identified "Not knowing what will or won't be covered" as a factor that was most challenging for them in accessing care for family planning services, followed by "Finding providers that accept Family Planning Medicaid" (31% of respondents).

These knowledge barriers prompt many beneficiaries to call their case workers for answers. Our recent listening sessions with the Medicaid program managers of several counties' Departments of Social Services (DSS) revealed that many Medicaid caseworkers feel unable to articulate the coverage specifics and potential benefits of the program to beneficiaries who call with questions.

Provider knowledge gaps also lead to barriers to care:

- Many providers who are eligible to bill FPM due to their enrollment in Medicaid Direct are often unfamiliar with the particulars of coverage or how to code/bill their visits, which can lead to claim rejections.
- Claim rejections in turn lead to provider frustration and threaten providers' financial sustainability, which ultimately may prompt refusal to see beneficiaries with FPM entirely.
- Providers unknowingly providing services that are not covered by FPM in turn saddles beneficiaries with unexpected costs, which reinforces the fear that keeps beneficiaries from using services in the first place.



Compounding existing gaps in knowledge, communications around changes to the program often fail to reach key stakeholders, including beneficiaries, providers, DSS workers, and service organizations. Stakeholders frequently operate with outdated resources or knowledge about the program, and some of the communications around North Carolina's 2023 Medicaid Expansion caused confusion among many about the continued existence of the Family Planning Medicaid program.

Taken together, these barriers present significant opportunities for focused strategies on the Family Planning Medicaid program in the next five years. Continued monitoring of performance indicators and engagement of stakeholders will be essential for making sure strategies are achieving their desired effect.



**Our vision is for Family Planning Medicaid to facilitate access to client-centered reproductive health services for beneficiaries through a wide range of participating providers. Essential to this vision are four components:**

- **The program is well understood by all stakeholders, including beneficiaries, providers and partners.**
  - **Beneficiaries can fully utilize the program's covered services to meet their individual reproductive health needs.**
  - **A wide range of participating providers (public and private, different types of providers/care settings) are available anywhere in NC that FPM beneficiaries live.**
  - **Ongoing beneficiary and provider input inform the implementation of the FPM program.**
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# Plans Goals and Strategies

The strategies proposed for each goal may evolve over the course of the strategic plan period. However, any newly proposed strategies should continue to serve the goals established in this plan.

## **Goal 1: Expand Outreach Around Covered Services Among Beneficiaries and the General Public.**

Proposed Strategies:

- Create resources that beneficiaries can keep on hand that allow them to easily reference what services are covered (e.g. wallet-sized business cards with bullet-point service lists)
- Develop resources tailored to the needs of specific populations (e.g. men, individuals wanting to conceive, those seeking sterilization, etc.)
- Create a way for beneficiaries to distinguish their FPM coverage on their Medicaid card (e.g. FPM-specific cards, stickers on Medicaid Direct insurance card)
- Connect with organizations that engage with potential beneficiaries (community colleges, service organizations, Rape Crisis Centers, WIC, LINKS/Children's Home Society) to share FPM information/resources with their populations
- Develop a patient testimonial media campaign highlighting successful service utilization
- Add FPM website link on Medicaid Approval Notice letters
- Create additional educational videos distributed through a variety of channels
- Develop an FPM-specific provider directory

## **Goal 2: Ensure that Communications about Family Planning Medicaid are Timely and Reach Both Necessary Stakeholders and a Broad Public Audience.**

Proposed Strategies:

- Leverage existing Medicaid Expansion communication networks to increase awareness of FPM and share updates
- Ensure that communications about potential changes to Medicaid Expansion include implications for FPM
- Present at organizational workgroups and regular meetings of organizations whose work touches FPM or its beneficiaries
- Connect with professional organizations to distribute information through their networks
- Implement a text alert system for FPM-specific updates to beneficiaries
- Distribute a quarterly newsletter for stakeholders
- Collaborate with other state FPM programs to share best practices
- Maintain presence at professional organization conferences



### **Goal 3: Provide Outreach and Education to Providers on Program Coverage and Billing Requirements.**

#### Proposed Strategies:

- Develop billing and coding quick guides and training resources
- Create provider technical assistance workgroups to share billing/coding guidance
- Identify billing champions within agencies for peer-to-peer mentoring
- Distribute resource for local health departments distinguishing Title X from FPM
- Create guide to help incorporate FPM education into provider onboarding
- Partner with residency programs, especially Family Medicine, to ensure the emerging workforce has the knowledge to effectively navigate the FPM program

### **Goal 4: Provide Outreach and Education to Department of Social Services (DSS) Staff on How to Support Beneficiaries.**

#### Proposed Strategies:

- Conduct trainings for DSS workers on FPM basics
- Develop talking point resources for caseworkers
- Include DSS workers in strategic planning group (from different county sizes/rurality)
- Explore ways for DSS staff to communicate information about FPM at time of application
- Offer interactive webinars for DSS workers with role-playing opportunities
- Encourage agencies to share FPM educational resources (e.g. brochure) with Medicaid Approval Notice letters

# Accountability and Evaluation Plan

As this strategic plan is executed, progress will be shared at regular meetings with the Strategic Planning Partners Committee to ensure strategies are effectively addressing challenges and providing opportunities to modify strategies as needed.

Evaluation will consist of annual reports to be shared with the Strategic Planning Partners Committee around May of each year, and a summative evaluation following the conclusion of the plan in the summer of 2031. Each report will include the following measures, broken down by the Results-Based Accountability framework's three types of performance measures: How much did we do, how well did we do it, and is anyone better off?

## **Key Performance Indicator:**

Utilization rate for 19- to 55-year-old females

## **How Much Did We Do?**

These measures indicate what activities were done by the NCDHHS Division of Public Health and/or NC Medicaid toward the advancement of the Family Planning Medicaid Strategic Plan.

- Number of resources developed and shared
- Number of instances of technical assistance/connections to partner organizations
- Number of trainings conducted (broken down by audience: DSS, healthcare providers/organizations, community organizations, etc.)
- Number of newsletter issues distributed
- List any structural/policy changes made

## **How Well Did We Do It?**

These measures indicate how effective the activities done in the name of the FPM Strategic Plan were in advancing the plan goals.

- Average increase in participant knowledge after training (on 5-point scale)
- Number of visits to the FPM web pages (landing page, beneficiary page, and provider page)
- Number of views on resources



## Is Anyone Better Off?

These measures indicate the effect that the activities of the strategic plan have on the plan's overarching vision to facilitate access to client-centered reproductive health services through a wide range of participating providers. This data is subject to NC Medicaid approval prior to being shared.

- 19- to 55-year-old utilization rate, total and by sex, race/ethnicity, and county (individuals who used at least one service out of all enrollees)
- Utilization of key services
  - Contraceptive use
  - Pap smears ([a Medicaid quality indicator](#))
  - HPV tests ([a Medicaid quality indicator](#))
  - Chlamydia tests in women ([a Medicaid quality indicator](#))
  - HPV vaccine ([a Medicaid quality indicator](#))
  - Comprehensive metabolic panels (CMP) (an indicator of utilization alongside PrEP for HIV prevention)
  - Count of office visit claims
- Count of service providers, broken down by place of service (e.g. Local Health Department, FQHC, RHC, private, non-emergency medical transportation, etc.)

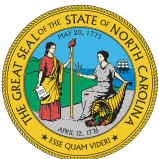
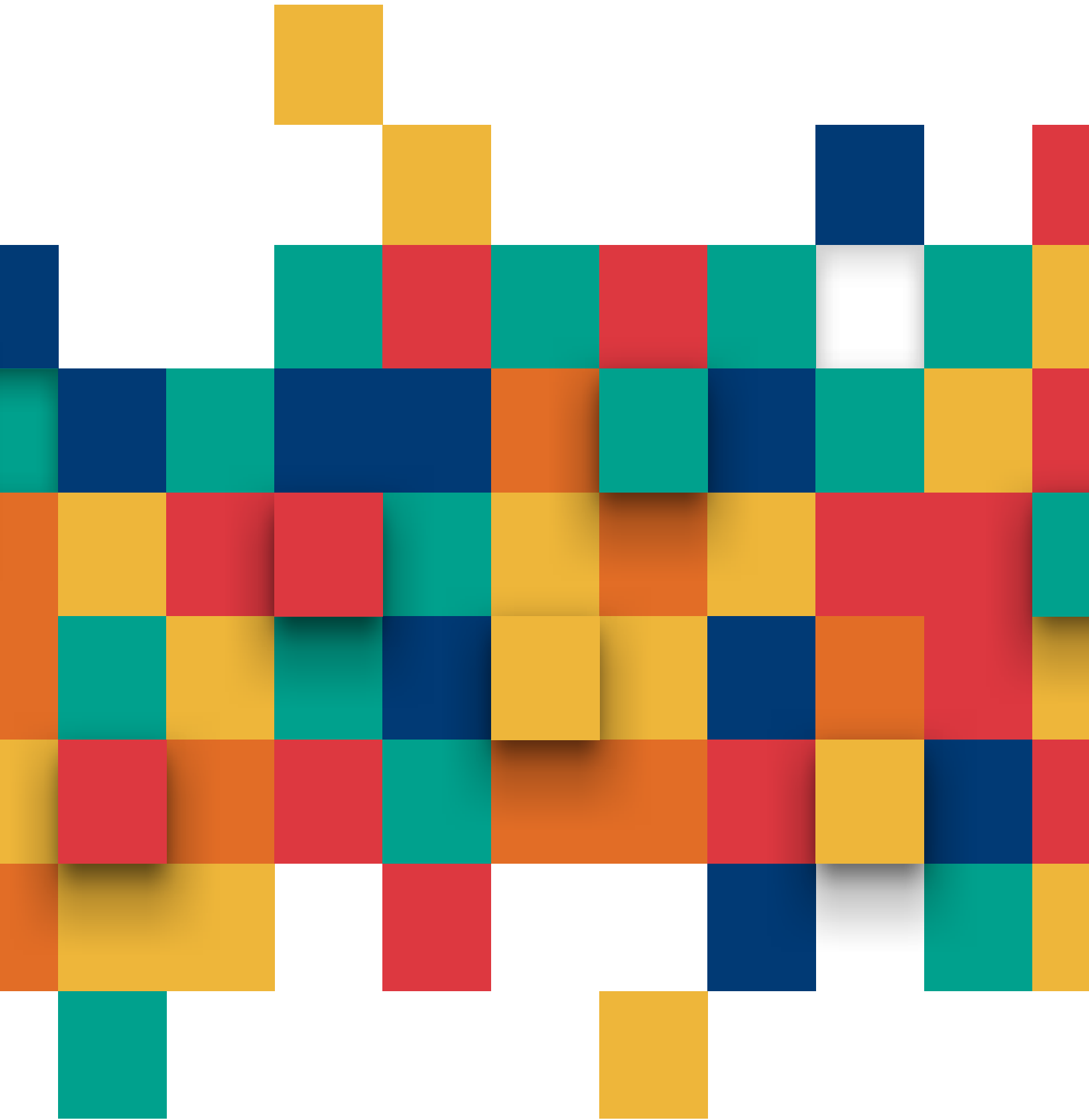
**At the midpoint and conclusion of the plan, or upon a major change to the composition of the program, DPH will conduct consumer and provider experience surveys.**



## Many Thanks to Our Contributing Partners

We are deeply grateful to the members of the Strategic Planning Partners Committee who contributed to the development of this plan. Without the insights from their different experiences with the Family Planning Medicaid program, the challenges of this program could not be accurately diagnosed and the steps to address them could not be nearly as effective. Their time and dedication to this work is important and highly valued.

- Center for Women's Care, Cone Health
- Chatham County Public Health Department
- Durham County Department of Public Health
- Henderson County Department of Public Health
- High Country Community Health
- Legal Aid of North Carolina
- Male Contraceptive Initiative
- NC Community Health Center Association
- NCDHHS Division of Child and Family Well-Being
- NCDHHS Division of Health Benefits
- NCDHHS Division of Public Health
- Planned Parenthood South Atlantic
- Points True North Consulting
- Upstream USA



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