Strategies and Best Practices for Increasing Enrollment in the Family Planning Benefit Program (FPBP)

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NEW YORK STATE
Center of Excellence for Family Planning

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Strategies and Best Practices for Increasing Enrollment in the Family Planning Benefit Program (FPBP)

**Introductions**

Karen Hopkins  
FPBP Contracts Manager  
Bureau of Maternal and Child Health  
New York State Department of Health (NYS DOH)

Elizabeth Jones  
Director, New York State Center of Excellence for Family Planning  
CAI
Learning Objectives

• Review the benefits to both clients and providers of increasing enrollment in FPBP
• Examine strategies for ensuring that future outreach efforts focus on navigating target populations into clinical care
• Examine strategies for ensuring that FPBP presumptive eligibility leads to ongoing enrollment
• Review the good cause authorization waiver process
• Obtain answers to general questions about best practices for increasing enrollment in FPBP
Strategies and Best Practices for Increasing Enrollment in the Family Planning Benefit Program (FPBP)

Michelle Gerka  
Vice President  
CAI

Carmina Bernardo  
Regional FPBP Coordinator  
Planned Parenthood NYC

Donna Jeffress  
Medical Assistant Specialist II  
Office of Health Insurance Programs  
New York State Department of Health (NYS DOH)
Introduction

- To clarify, the State-designated agency performs only those functions that determine a client’s eligibility for FPBP—NYS DOH ultimately signs off on and approves applications.

- All outreach activities must be planned and increase over a period of time in conjunction with the availability of additional resources through NYS DOH and the State-designated agency.
Benefits for Clients

• Have insurance coverage, including an active Medicaid card, for all covered family planning services
  – Multiple studies have shown that insured individuals are more likely to seek health services than the uninsured
• Clients gain the confidentiality protections inherent to FPBP
  – May apply with a different mailing address as their primary contact
  – May apply for a Good Cause Waiver if they have primary health insurance through Child Health Plus or private health insurance, but need confidential services
  – Not required to include parental income in income eligibility calculations if under 21 years of age
Benefits for Clients

• Clients can receive face-to-face assistance with the application process at the same place where they receive health care
• Clients may request retroactive coverage for family planning services received up to three months before their screening/application date
  – Coverage will take care of unpaid or paid family planning bills
• With presumptive eligibility, clients have additional time to gather required documentation
  – Can access all FPBP-covered services beginning the day of screening
  – Receive no bills and are not responsible for any out-of-pocket expenses for services received, regardless of the outcome of the application
Benefits for Providers

• FPBP improves clients’ access to Medicaid-covered family planning services
  – Consistent with mission of providing quality care while improving health outcomes

• With presumptive eligibility, providers receive reimbursement for FPBP-covered services provided to a client beginning from the day of screening

• Maximizing enrollment for clients who are eligible for FPBP means providers can use Title X funding for clients who are truly ineligible for FPBP and other public health insurance
Increasing Enrollment in FPBP
What is Outreach?

• Outreach is a strategic process of planning and executing activities to recruit new clients into your agency
  – Done through a variety of techniques and strategies that need to be evaluated for their effectiveness on an ongoing basis
• Outreach activities are distinct from education and marketing activities, as well as those done through “good will”
• Each agency should determine what the data says about target the populations, how outreach to those populations will occur, who will be responsible, and when it will occur
Using Data to Drive Outreach Efforts

• In order to plan and implement effective strategies for “finding” the targeted populations, it is critical to make use of local data
  – Examples include: Family Planning Community Needs Assessment, findings from focus groups or targeted interviews, and clinic level data on current patient mix

• As a best practice, staff persons responsible for collecting and gathering needs assessment data are coordinating with staff responsible for outreach and education
FPBP Eligibility Criteria

1. New York State Resident
2. U.S. Citizen, National, Native American, or immigrant with satisfactory immigration status
3. Annual income at or below 200% of the Federal Poverty Level
4. Insurance:
   – Must not be in receipt of Medicaid or Family Health Plus
   – May have private health insurance or Child Health Plus (CHP) and request a good cause waiver if confidential services are needed
5. Fertility Status:
   – Must be able to father or bear children; however, proof of fertility status should not be requested and is not required
## Income Eligibility for FPBP

### 200% of Federal Poverty Level Thresholds, by Household Size, 2012

<table>
<thead>
<tr>
<th>Household Size</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
<th>Six</th>
<th>Seven</th>
<th>Eight</th>
<th>Each Add'l Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$22,340</td>
<td>$30,260</td>
<td>$38,180</td>
<td>$46,100</td>
<td>$54,020</td>
<td>$61,940</td>
<td>$69,860</td>
<td>$77,780</td>
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</tr>
<tr>
<td>Monthly Income</td>
<td>$1,862</td>
<td>$2,522</td>
<td>$3,182</td>
<td>$3,842</td>
<td>$4,502</td>
<td>$5,162</td>
<td>$5,822</td>
<td>$6,482</td>
<td>$660</td>
</tr>
</tbody>
</table>

*Source: New York State Department of Health (last revised February 14, 2012)*
Income Eligibility for FPBP

Medicaid Income Level and 200% of Federal Poverty Level Thresholds, by Household Size, 2012

For a complete listing of Medicaid income and resource standards, visit:
Target Population: Current Sliding Fee Scale Clients

• Look at your current client population
• Many current clients who have fallen onto your sliding fee scale at previous visits may be eligible for FPBP
  – The next time these clients present for care, their eligibility for FPBP should be assessed
  – These clients may apply and receive coverage for FPBP services beginning on the date of screening using the presumptive eligibility process
Target Population: The Working Poor

• The working poor, especially those who are childless
  – Single, childless adults qualify for Medicaid if they make $9,500 or less annually
  – The current federal minimum wage is $7.25 per hour, or $15,080 annually for a full-time, year-round worker
  – The 200% FPL income cap on FPBP is $22,340 for a single person (an hourly wage of $10.74 per hour)

• Individuals who are working, but not full-time
  – These individuals have higher hourly wages, but may work on a part-time basis or encounter periodic lulls in employment
Using Data to Target Outreach Activities Around FPBP

• How do you identify the working poor and other populations eligible for FPBP?
  – Zip code data from the Federal Uniform Data System and the American Community Survey (ACS) for percent of individuals at or below 200% of the FPL served by a Section 330 grantee (Available at: http://www.udsmapper.org/index.cfm)
  – Clinic-level data on those clients who are uninsured and paid by sliding scale at their last visit
    • What communities do these clients reside in? Where do they work?
  – Partner agencies/organizations that are willing to share data and insights
Target Population: Adolescents

• Many agencies already are targeting outreach and education activities to navigate adolescents into clinical care
  – However, these activities do not always target those sub-populations at highest-risk for unintended pregnancy and sexually transmitted infections
• High risk populations are located in your target communities
  – Students who receive services at school-based health centers (SBHCs) that offer sexual and reproductive health services
  – The highest risk populations may not be in school, but may come in contact with employment programs, community-based organizations, mobile health clinics, foster care and preventive services agencies, the juvenile justice system, and homeless shelters
Evaluating Outreach Activities

• How do you know you are bringing in the right populations, both in terms of those who are eligible for FPBP and more broadly?

• Go back to your data, specifically data on:
  – Clinic-level data on current patient mix
  – FPBP presumptive eligibility screening and enrollment numbers
Staff Training

• Family planning agencies should invest in staff training
• Frontline staff persons need training on how to:
  – Frame FPBP when speaking with uninsured clients about payment for services
  – Follow-up with clients who are presumptively enrolled in FPBP and need to submit a full application to receive ongoing coverage
  – Contact the State-designated agency about any issues that arise during the application process
  – Support clients in overcoming barriers to enrollment
Barriers to Enrollment for Clients

- Challenges obtaining documentation for ongoing coverage and enrollment
- Logistical barriers that may make it difficult to return with necessary documentation
- Initial confusion between sliding scale options and FPBP
- Confusion about the scope of FPBP, specifically what services are covered
Strategies for Ensuring Presumptive Eligibility Leads to Full Enrollment

• “Prescreen” individuals when they call to make an appointment
  – Inquire about the client’s insurance coverage
  – If she or he has insurance coverage that cannot be used confidentially, inform the client she or he may be eligible for FPBP
  – Explain the presumptive eligibility screening process to clients who are uninsured or unable to use other insurance confidentially
  – Advise the client of the necessary documents required on the application for ongoing FPBP coverage
  – Encourage the client to begin looking for these documents, and, if possible, bring them to the appointment to expedite the process
  – Adjust scheduling to allow sufficient time for screening and application processes
Strategies for Ensuring Presumptive Eligibility Leads to Full Enrollment

• Institute protocols to ensure all uninsured clients are screened for FPBP eligibility

• All frontline staff should be trained on FPBP requirements and protocols, and the benefits of FPBP, which include:
  – Clients receive insurance coverage for FPBP services, including a Medicaid card within 30 days, for use at both the provider and the pharmacy for one full year
  – Additionally, clients may request retroactive coverage for covered services

• Appropriate staff should receive training on how to talk to uninsured clients about payment for services and how to use conversations as a springboard for a discussion about the benefits of enrollment into ongoing FPBP coverage
Good Cause Authorization
Waiver Process

• “Good Cause” occurs in situations when an individual does not want to use their primary health insurance because of confidentiality concerns
• Providers will continue to call the NYS Enrollment Center at 1-800-541-2831 to request Good Cause
• Good Cause should be indicated on the client’s presumptive eligibility screening form and full FPBP application
Summary

• The substantial changes to FPBP have the potential to increase access to and enrollment in the program
  – Family planning providers can leverage momentum created by these changes to bring the most vulnerable populations into care and ensure their ongoing access to services through enrollment in full FPBP

• Change supports the overall program goal of reducing unintended pregnancies
Question and Answer Period

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Resources

• The New York State Department of Health will continue to provide information about best practices in administering FPBP as we proceed to the final FPBP Webinar on Wednesday, August 15, as well as a list of frequently asked questions and answers soon after the August 15 Webinar.

• Webinars will be available online on CAI’s website within 14 days of broadcast for viewing by staff who may not have been able to attend this session.