

On-site Medicaid Eligibility Screening: Perspectives from PPNYC

National Family Planning & Reproductive Health
Association

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PPNYC in 2011

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- Nearly 50,000 clients made over 85,000 visits to our 4 health centers in the Bronx, Brooklyn, Manhattan, and Staten Island
 - 56,000 Family planning visits
 - 84,000 STI tests
 - 17,000 abortions
 - 25,000 HIV tests
 - 9,000 Pap tests
 - 10,000 Pregnancy tests

PPNYC in 2011 (cont'd)

- 67% of clients were insured by Medicaid, paid reduced rates, or received our services for free
- 6,800 Medicaid applications completed and approved for both family planning & abortions
 - Does **not** include clients who were screened but unable to apply or not approved

PPNYC's Enrollment Model

ON-SITE MEDICAID SCREENING

Entitlement Counselor's Responsibilities

- Understand public insurance eligibility and enrollment requirements
- Explain benefits of enrollment to clients
- Screen clients for sliding scale if ineligible or refuses to apply
- Submit applications to local Department of Social Services (LDSS)
- Track, review and follow up on LDSS responses if needed
- Communicate approvals and denials to billing staff

Enrollment Model

- Part of Clinical Services department
- Entitlement Program began with 3 Entitlement Counselors
- Today we have 12 staff at all 4 health centers
- One centralized telephone appointment system

Enrollment Model (cont'd)

- If client does not have all the required documents* to complete application at the time of the visit:
 - Sliding fee scale, or
 - Reschedule to bring missing documents

*Primary reason for not completing applications

Getting Started

HOW DID WE GET HERE?

Getting Started

- Assess impact of Medicaid screening model:
 - What would be the impact on workflow and workload for current staff? How would it affect patient flow?
 - How many dedicated staff are needed? Which department would staff be housed? Who would they report to? What would it cost to hire staff?
 - What are the other related expenses, like outreach materials, hardware or software?
 - What would the initial revenue gains be?

Getting Started (cont'd)

- Enrollment goals should be based on data
- Review client payer mix to better understand which clients may be eligible:
 - Sliding fee scale, uninsured, and underinsured
 - For family planning, only include clients with qualified immigration status (if known)
- Identify start-up and long-term expenses and do cost vs. benefit analysis »

Getting Started (cont'd)

- Expenses =
 - Salaries (including benefits) +
 - Office Supplies/Equipment/Software +
 - Outreach Materials
- Reimbursement =
 - Medicaid Reimbursement Rate * FP Visits
- Revenue = Reimbursement – Expenses

Developing Implementation Plan

- Create interdepartmental workgroup:
 - Clinical services
 - Communications/Public Affairs
 - Education
 - Finance
 - Human Resources
 - Information technology
- Review “patient flow” from first access point to Medicaid screening
- Establish policies and protocols for screening all eligible clients

Developing Protocols

- Involve staff with frontline experience in the process of developing protocols
- Set timeline for evaluation purposes
- Develop tools and materials to support staff in fulfilling responsibilities including:
 - Written procedures
 - Scripts
 - Patient flow charts
 - Factsheets

Developing Protocols

- Schedule time for staff training
- Train all health center staff to discuss eligibility screening at all stages of health visit
 - Telephone operators
 - Front desk staff or Business managers
 - Revenue and finance staff
 - Clinicians and counselors

PPNYC and the Medicaid Family Planning Benefit Program (FPBP)

OUTREACH & ENROLLMENT

Target Population

- Meets income and immigration requirements and:
 - Uninsured/Paid by sliding scale at last visit; or
 - Underinsured for family planning services; or
 - Not eligible for full more comprehensive Medicaid coverage or wants to apply only for FPBP; or
 - Enrolled in commercial insurance (through parents or spouse) or SCHIP (through parents) but does not want to use it for confidentiality reasons

Outreach Activities

- First target existing FPBP-eligible clients
 - Send letters promoting FPBP, if OK to mail
- Post information at health centers
- All health center staff should discuss the benefits of FPBP with clients at every stage of the health visit
 - Each person who interacts with client should be able to discuss the basics of FPBP
 - Not everyone needs the same level of knowledge

Enrollment Models

- Same Day:
 - If you make appointments over the telephone, call responder tells client what documents to bring to complete application before client visit
 - Financial counseling/application and health visit are completed on the same day

Enrollment Models (cont'd)

- Different Days:
 - If you make appointments over the telephone, or if you accept “walk-in’s” at the center (or at a mobile unit), health center staff tells client what documents to bring at initial visit; then
 - Client returns to complete application at the next visit
 - Financial counseling/application and health visit are on different days

Lessons Learned

- Agency leadership must be supportive
- Need to adapt “culture” of Title X providers and sliding scale fees
- Need staff dedicated to do on-site screening
- Earmark time for on-going training and technical assistance
- Ensure supervisor is knowledgeable
- Constantly evaluate and monitor FPBP protocols to examine barriers to client awareness, understanding, and enrollment
- Conduct research, if resources are available

Lessons Learned (cont'd)

- Revise protocols if necessary
- Cultivate relationship with LDSS
- Integrate enrollment into other clinical services
 - Institute regular interdepartmental meetings
 - Develop agency-wide protocols
 - Ensure all agency staff are knowledgeable about FPBP

FPBP and the Affordable Care Act (ACA)

OPPORTUNITIES AND CHALLENGES

Opportunities

- States can now expand Medicaid for family planning services through State Plan Amendment (SPA)
- Option to include Presumptive Eligibility

Other Issues to Consider

- ACA's minimum coverage requirement may place future of Medicaid family planning expansions at risk
- Navigator requirements for the health exchanges...
 - May restrict who can provide enrollment assistance for FPBP and other Medicaid programs
 - May expand who can provide enrollment assistance for Qualified Health Plans and for whom (both clients & non-clients)

THANK YOU!

ANY QUESTIONS?