Marketing the Medicaid Family Planning Benefit Program:

what Works and what Doesn't

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About the Authors

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Introduction

In 2000, Governor Pataki and the New York State Legislature enacted the Medicaid Family Planning Benefit Program (FPBP) – which expanded eligibility for family planning services to individuals with incomes at or below 200% of the federal poverty level (FPL). FPBP became effective October 1, 2002, and Planned Parenthood of New York City began on-site screening for the program one month later. Despite the successful enrollment of thousands of patients, many PPNYC clients remained eligible "on paper" but did not enroll in the program. PPNYC applied for and received a grant from the New York Community Trust to examine barriers to FPBP enrollment among young women and to create new outreach materials and strategies to address these barriers.

PPNYC and The Door Adolescent Health Center (The Door) held two rounds of focus groups among adolescent and young female clients in July and October of 2004. The focus groups gauged clients' knowledge of and attitudes toward FPBP, and examined FPBP marketing materials currently in use by PPNYC and The Door. PPNYC used the information from the groups to create new outreach materials for PPNYC and The Door, which were tested again in a second round of focus groups. Additionally, PPNYC has used the information to modify its screening model to help increase FPBP enrollment.

Background

INSURANCE AND HEALTH OUTCOMES

One in eight American adolescents aged 12 to 17 lack health insurance,[1] and young adults (aged 19 to 29) are one of the fastest-growing segments of the population without health coverage.[2] A disproportionate number of these uninsured young people come from low-income families: nearly half of all young adults living in poverty are uninsured.[3]

Not having health insurance coverage often prevents people from accessing care. A recent survey by the Kaiser Family Foundation found that four in ten low-income women delayed or went without care in the past year due to inability to pay.[4]

Lack of health insurance is also linked to receiving poorer-quality health care, less regular care, and fewer preventive care services, and to later detection of medical problems.[5] The lack of coordinated and continued care puts the uninsured at risk for many health problems, especially when they suffer from conditions that require monitoring or maintenance. Lack of access to reproductive health care can lead to increased risk for and late detection of reproductive cancers; increased risk for and complications arising from late detection of sexually transmitted infections (STIs); and increased risk for HIV/AIDS, unintended pregnancies, pregnancy complications, and even death. Further, reproductive health care is the gateway to other primary health care services for most women – if women do not access reproductive health care, it is also likely that they may forgo other vital preventive health services.

> "I don't have any health insurance at all, so this would be good."
>
> – ***PPNYC*** **CLIENT**

Although New York State has had a variety of public insurance programs that cover reproductive health care services, many women, men, and teens remained uninsured. The legislature enacted FPBP in order to increase access to birth control and family planning services and to reduce unintended pregnancies.[6]

THE MEDICAID FAMILY PLANNING BENEFIT PROGRAM

FPBP is a New York State Medicaid program that provides family planning benefits to men and women of childbearing age (aged 10 to 64) with family incomes up to 200%FPL. In 2005, in real dollars, an individual living on his or her own, with no children, can earn up to roughly $19,140 a year and qualify for FPBP; in contrast, the same individual applying for "regular" Medicaid can only earn $9,570 annually.[7] As in the case of regular Medicaid, those who have children can earn even more and still qualify, and income deductions for earned wage income, childcare costs, and others apply. Also, applicants must be New York State residents, and only citizens and those with satisfactory immigration status are eligible.

FPBP covers a wide range of family planning services, including all types of FDA-approved birth control; emergency contraception; vasectomy and tubal ligation; and related family planning counseling. In addition, it covers pregnancy testing and counseling; testing and counseling related to STIs and HIV; and screening and diagnostic testing for breast and cervical cancers and genitourinary infections when provided in the context of a complete family planning visit. FPBP does not cover abortion services, colposcopy, or colposcopy follow-up services (although these services are covered in other New York State publicly funded health care programs).[8]

FPBP has an automatic one-year re-certification, which means that it provides coverage for two years – unlike Medicaid, Child Health Plus B, or Family Health Plus, which require annual re-certification.

FPBP beneficiaries receive a Medicaid benefit card that covers family planning services from any provider who accepts Medicaid. As in other New York State public insurance programs, FPBP applicants can choose to have their card sent to any address where they feel comfortable receiving mail. There is no managed care involvement with FPBP and services are provided through a fee-for-service model.

> "You can apply right here at The Door. I like that."
>
> – ***THE DOOR*** **CLIENT**

FPBP INCREASES ACCESS TO FAMILY PLANNING AND GYN CARE

FPBP builds upon the successes of New York State's Prenatal Care Assistance (PCAP) program,[9] which expands Medicaid eligibility for pregnant women and has a simplified application and documentation process. Like PCAP, FPBP provides coverage at 200% FPL and therefore offers important health care coverage for men and women who "earn too much" to qualify for Medicaid (100%FPL) or Family Health Plus (100%FPL or 150%FPL) and have no other health insurance coverage. While FPBP has expanded eligibility criteria, its coverage is limited to family planning and GYN services.

An important component of FPBP, also similar to PCAP, is the ability for the qualified family planning provider to act as the client's authorized representative in the completion of the FPBP application process. Once a family planning or PCAP provider has executed a Memorandum of Understanding (MOU) with the Local District of Social Services, the provider is able to do the face-to-face interview required for the application.[10] This protocol permits the client to be screened for health insurance and to receive health services at the same time.

Likewise, FPBP's screening and enrollment process is simpler than those of most other public insurance programs in New York State, requiring less documentation and allowing some applicants to self-attest to income and other documentation requirements.[11] The application itself, at two pages, is much shorter than the Access NY application used for Medicaid, Child Health Plus (A & B), and Family Health Plus. Due to the simpler application process, the expanded financial eligibility, and the ability of minors to apply, when necessary, as independent households, many more adolescents are likely to be eligible for FPBP than for other public insurance programs.

Most public insurance programs, including regular Medicaid, require minors living at home to disclose their parents' income as well as their own. Since many adolescents place a premium on confidentiality, they are often unable to present their parents' financial information. (Including parents' income can also often put minors and their families over the income limit for regular Medicaid.) As a result, they have traditionally under-accessed most public insurance programs. Minors living at home cannot enroll in Child Health Plus B on their own and are dependent on a parent to initiate the coverage. Unlike these programs, FPBP has a default clause that allows minors who cannot obtain such information to apply and enroll on their own.

Minors covered by their parents' commercial health insurance or Child Health Plus B can also apply for FPBP. Commercial plans and some Child Health Plus B managed care plans send Explanations of Benefits (EOBs) and other mail to the primary card holder (in most cases, the parents). Applying for FPBP, in contrast, ensures that minors or their parents will not receive such mail at home. Applying for FPBP allows any applicant – including a minor – to receive his/her benefit card for family planning services for two years at an address of his/her choice.[12]

WHY IS FPBP SIGNIFICANT TO CLIENTS?

FPBP's expanded eligibility and protection of confidentiality make health coverage more accessible to those who might go without coverage. Moreover, FPBP provides comprehensive coverage of reproductive health services, ensuring that more men, women, and teens will have increased access to a wide range of time-sensitive reproductive health care.

WHY IS FPBP SIGNIFICANT TO PROVIDERS?

FPBP has the potential to increase the percentage of insured clients for all family planning providers who accept Medicaid. Likewise, FPBP is especially significant to safety-net family planning providers because it provides vital health insurance coverage for clients who would otherwise be uninsured, and can help convert some grant-funded family planning visits to reimbursable visits under Medicaid. This conversion allows safety-net providers to utilize scant grant dollars – when such dollars are even available – for those who remain uninsured and are unable to pay for their services.

PPNYC

For almost 90 years, PPNYC has provided comprehensive, confidential reproductive health services to women, men, and teens throughout New York City, regardless of age or income.

PPNYC provides a full range of reproductive health services to women, men, and adolescents; promotes and provides sexuality education; and advocates to ensure access to services that improve reproductive health for all individuals. PPNYC pursues its goals through comprehensive clinical services in Brooklyn, Manhattan, and the Bronx, extensive education and training initiatives throughout New York City, and innovative advocacy work around the state and the nation.

> "Free STD testing, free HIV testing, everybody should jump on that."
>
> – ***PPNYC*** **CLIENT**

PPNYC sees over 44,000 patients for more than 82,000 visits a year in its three health centers. In 2004, 26% of all PPNYC patients were covered by Medicaid; 33% were coded as "self-pay"; 19% fell under PPNYC's sliding fee scale; and 22% were covered by managed care, a number that grows steadily each year since the advent of mandatory Medicaid managed care and the creation of the Child Health Plus and Family Health Plus programs. In 2004, 56% of all PPNYC clients were between 15 and 24 years of age.

PPNYC ENROLLMENT MODELS

PPNYC has Entitlement Counselors in each of its three health centers who provide application assistance for Medicaid (including PCAP and FPBP) and Child Health Plus (A&B). All appointments are made through PPNYC's centralized appointment line. PPNYC's phone operators, the Customer Service Representatives (CSRs), answer such calls, record all vital client information, and make the client's health service appointment. Clients who indicate that they are uninsured are routed to specialized Entitlement staff who assist them in determining their eligibility for various public insurance programs.

PPNYC helps to enroll roughly 5,000 women and their families a year into public insurance programs.

PPNYC STAFF TRAINING AND MARKETING

PPNYC has been screening clients for FPBP since November 2002. All health center staff underwent extensive training to ensure that clients would be informed of the new program.

At this time, PPNYC made significant changes to its clinical services protocol. The CSRs were given a new phone script, which included information on FPBP for new and uninsured clients. PPNYC also trained all health care and front desk staff on the program so they could refer interested clients to the Entitlement unit.

All three health centers distributed leaflets describing the program, listing the documentation requirements, and inviting clients to make an appointment with an Entitlement Counselor. In addition, PPNYC sent two mailings regarding the program to patients who could receive mail. (Due to confidentiality concerns, many PPNYC clients indicate that they do not want to receive any mail at their home address.) The PPNYC website was also updated with extensive information on FPBP, including a referral number that asks interested clients to contact an Entitlement Counselor for more information.

The Door

The Door's mission is to empower young people to reach their potential by providing comprehensive youth development services in a supportive environment where young people are treated with respect and confidentiality. Founded in 1972, the agency provides a full range of integrated services at a single site, free of charge, to any adolescent between the ages of 12 and 21. The Door's special area of expertise is helping older youth (over the age of 15) who have failed in school and in the city's programs for younger at-risk adolescents. Services include health care, education and career development, a broad range of arts programming, food and nutrition, legal assistance, and counseling. The Door served more than 7,500 low-income youth from all five boroughs during the last year alone.

"My favorite thing about The Door is the confidentiality. It's not something I want to tell my whole family or that I would feel comfortable talking with everybody about."

– *THE DOOR* CLIENT

The Door's health center provides primary care, prenatal care, and a comprehensive range of reproductive health services, including STI screening and treatment and HIV counseling and testing, to approximately 3,300 young people every year. Confidentiality is paramount to The Door's mission and success. Young people from every borough of New York City travel to The Door to receive services free of cost in an adolescent-friendly environment void of judgment.

The Door's patients make an average of 3.5 health center visits per year. During 2003, 3,300 young people made more than 11,000 visits. In 2003, 17% of health center clients were covered by Medicaid, 34% had other third-party insurance, 38% were unsure if they received any type of medical assistance, and 11% were covered by a managed care plan. Over the past five years, The Door has successfully assisted more than 1,000 youth in enrolling in public benefits, including Medicaid, FPBP, and PCAP. Since FPBP's launch in November 2002, The Door has enrolled more than 300 young people in the program.

THE DOOR ENROLLMENT MODEL

In order to use any services at The Door, including the health center, a young person must become a member. Membership is simple, free, and confidential. During the membership process a brief psychosocial assessment is obtained. Members can make appointments for a variety of services, including health services, and attend any activities. During 2003, The Door implemented the "Advanced or Open" appointment system. This system allows patients to obtain any type of appointment within 48 hours of contacting the clinic. But young people can still just walk into the health center for pregnancy testing, emergency contraception, or other medical emergencies.

As patients sign in to receive health services, the reception staff asks each patient if he or she has insurance or Medicaid. If a young person does not have Medicaid, the receptionist will route the young person to the Entitlements Counselor for eligibility screening for all public benefits. If the young person is eligible for expanded Medicaid (PCAP or FPBP), the Entitlements Counselor will start the appropriate application process and request documentation as required.

THE DOOR STAFF TRAINING AND MARKETING

Like PPNYC, The Door has flyers and posters in its membership office, health center, and other program areas advertising FPBP and inviting clients to meet with the Entitlements Counselor. The Door's Peer Educators designed the flyer using age-appropriate language.

During "New Visions," an orientation to programming at The Door, all new members receive an introduction to each program area. The Peer Educators provide the orientation to the health center. During this workshop, the Peer Educators discuss available health services and FPBP enrollment. FPBP is presented as a confidential Medicaid program that can be applied for without parental consent and with minimal documentation. All Door health center staff received training on FPBP so that each staff member would understand the program's services and benefits to the patient. This proved to be a useful tool to reinforce the message communicated to the young person by the Entitlements Counselor. Several young people who initially refused enrollment after meeting with the Entitlements Counselor later completed the FPBP application after speaking with a health educator and/or medical provider who communicated the same information about FPBP and the benefits of enrolling in it.

Overview

SCOPE OF PROJECT

PPNYC was one of the first agencies in New York State to begin on-site FPBP enrollment assistance. By the end of 2004, PPNYC's Entitlement Counselors had enrolled more than 3,000 clients in FPBP. Despite this significant enrollment, PPNYC continues to encounter large numbers of clients who are eligible for FPBP "on paper," but have not enrolled.

To identify some of the barriers that prevent clients from enrolling in FPBP and to develop new outreach strategies to address these barriers, PPNYC applied for and received a grant from the New York Community Trust. With this grant, PPNYC coordinated two rounds of focus groups that consisted of clients from PPNYC and The Door. Clients ranged in age from 16 to 24. PPNYC used information and messages that emerged from these groups to draft new outreach materials on FPBP for PPNYC and The Door.

METHODOLOGY

PPNYC hired Global Strategy Group, Inc. (GSG) to develop focus group tools, conduct and moderate the groups, and write up a report with final recommendations. GSG first conducted a focus group with PPNYC clients and another with clients from The Door in July 2004. For both groups, participants were clients who had heard about, but chose not to apply for, FPBP.

As an outgrowth of these groups, PPNYC worked closely with Public Media Center, Inc. to develop several drafts of new outreach materials. These were tested in a second round of focus groups with different clients from PPNYC and The Door in October 2004. PPNYC and The Door offered an incentive to recruit participants for all four focus groups.

RECRUITMENT AND PARTICIPANTS

Because the study aimed to uncover barriers to enrollment in FPBP, focus group recruitment targeted current uninsured clients of PPNYC and The Door. The groups had been informed about FPBP and found financially eligible but had chosen to remain on the sliding scale for family planning services.[13]

PPNYC

For both rounds of groups, PPNYC clients who fit the eligibility criteria were sent a letter about the focus group: its subject, date, time, location, and incentive. PPNYC asked interested clients to contact the consultant (GSG) directly to sign up for the group. The letter also indicated that GSG would be calling them to follow up, and that clients who did not wish to be contacted could call PPNYC directly. Many PPNYC clients indicate that they do not want to receive mail from PPNYC. As a result, the pool of clients who met the focus group criteria and could receive mail notification was smaller than the total eligible pool.

GSG made two rounds of phone calls: the first to continue to recruit participants and another to confirm participation. In addition, clients who had responded to the first group were eliminated from the second group. Also, several of those who did sign up were later taken off the list when it was determined that they had since applied for health insurance coverage.

PPNYC's first group consisted of seven participants between the ages of 21 and 24. One client came from PPNYC's Manhattan health center, while three were from the Bronx center and three from the Brooklyn location. As noted earlier, all clients had visited PPNYC within the past year, with the average last visit being within four months.

The second PPNYC focus group consisted of ten clients between 21 and 24 years of age: three from PPNYC's Bronx health center, three from the Manhattan site, and four from the Brooklyn location. These clients had been coming to PPNYC for an average of three years, with an average last visit eight months prior to the focus group date. All respondents had utilized PPNYC's sliding fee scale. Two respondents indicated that they did in fact have insurance under their parents' commercial coverage but did not use it at PPNYC for confidentiality reasons. Another respondent mentioned that she was covered by her mother's insurance, but it did not cover birth control and reproductive health care.

THE DOOR

In keeping with The Door's "open access" policy and many walk-in appointments, recruitment for both groups at The Door was done prospectively by the Entitlements Counselor. Eligible clients who visited the Entitlements Counselor but declined to enroll in FPBP were informed about the focus group. In addition, staff posted signs and posters about the focus group around the health center. The Entitlements Counselor maintained a sign-up sheet with client information and made confirmation calls the day before the group. As with the PPNYC groups, those who signed up were later taken off the list if it was determined that they had obtained health insurance coverage.

The Door's first group consisted of eleven participants aged 16 to 18. The Door's second group consisted of ten clients between 16 and 20 years of age. Because the groups were recruited prospectively, all participants had visited The Door within the month prior to the focus group dates. All participants received no-fee reproductive health services through The Door's sliding fee scale.

FOCUS GROUP TOOLS

GSG developed the focus group tools and moderated all four groups. For the first round of focus groups, the tool included several open-ended questions. Some questions assessed respondents' awareness of financial resources available for coverage of reproductive health services. Other questions sought to determine respondents' awareness of FPBP. Respondents also reviewed FPBP outreach materials currently in use at PPNYC and The Door.

For the second round of groups, the tool included open-ended questions that assessed the effectiveness of four drafts of new FPBP outreach materials. PPNYC and Public Media Center created four different drafts, incorporating information culled from the first two focus groups. The drafts varied in terms of tagline, photo, length, and word choice (i.e., insurance vs. program). Three of the drafts used a "group" photo and a fourth used the same text as another version but substituted a picture of a single woman. Clients in the focus group were queried as to their preferences regarding photo, layout, format, color choice, language, and headline.

Findings

Respondents from the first round of focus groups identified several barriers to FPBP enrollment and had suggestions for improving FPBP outreach strategies.

FIRST FOCUS GROUP: BARRIERS TO ENROLLMENT

Respondents from both PPNYC and The Door identified the main obstacle to FPBP enrollment as a lack of awareness of the program. Despite PPNYC's and The Door's outreach efforts, clients were either unaware of the program entirely or were confused about distinctions between FPBP and the sliding fee scale offered at both centers. Clients were unclear as to the difference between the no-fee services they were already receiving and those covered by FPBP.

Respondents mentioned a distrust of the government sponsorship of FPBP or a stigma attached to Medicaid. Respondents appreciated that the services were free, but equated Medicaid with "poor service," violations of confidentiality, and "free clinics."

However, participants stated that they trusted FPBP more because PPNYC or The Door was promoting it. Skepticism subsided when participants realized that FPBP was a program offered by PPNYC or The Door, providers whom they knew and trusted.

> "When you see free, you wonder if there's a catch. But when you see Planned Parenthood you know you can trust it."
>
> – *PPNYC* CLIENT

Younger clients felt that the program was not really "for" them. Younger respondents from The Door group stated that their only source of health care was The Door, where their health services are already free. Older participants in the group (aged 19 to 21), who are closer to aging out of The Door's health services, felt that FPBP might be relevant to them and that they would be interested in finding out more.

Confidentiality was of greater concern to younger than older respondents.

FIRST FOCUS GROUP: RECOMMENDATIONS FOR BETTER FPBP OUTREACH

Participants stated that providers should underscore that the program means FREE services and FREE birth control with an unlimited number of visits. On-site screeners should also mention that it is easy to apply and one can apply right at the health center.

Respondents urged that health center staff should promote the program at every stage of the health center visit. For example, PPNYC has a centralized appointment line. Respondents suggested that PPNYC should put information on the "hold" recording on the phone, as well as have counselors, providers, and front desk staff discuss it with clients at the visit.

> "She looks cool, like somebody I would talk to."
>
> – *THE DOOR* CLIENT

All respondents felt that materials should stand out in terms of color and format. Respondents suggested that current materials didn't "sell" the program and that they may have overlooked current FPBP outreach materials because they "looked like everything else."

Respondents didn't like the term "family planning." Participants mentioned that "family planning" made them think of families and children, and they concluded that the program didn't apply to them. Both groups preferred "birth control and GYN care" instead. Participants also mentioned that the complete range of services – which they considered fairly comprehensive – should be listed.

All respondents felt that materials should provide as much information as possible. Once respondents knew about and understood what FPBP is, they stated they would like to find out more and sign up for it. Many participants echoed the sentiment of one, "The more information I have, the better."

SECOND FOCUS GROUP: PREFERENCES ABOUT OUTREACH MATERIALS

Respondents from the second round of focus groups reinforced several of the themes from the first groups and had additional insights into how FPBP outreach materials should look:

> "I'd say, 'sign me up!' "
>
> – *THE DOOR* CLIENT

Echoing the first round of groups, older respondents from both groups felt that FPBP would be a good program for them. Younger clients felt that they would not apply until they "needed" to. A majority of participants said at the end of the discussion that they would be interested in applying and wanted to call for more information. However, younger respondents indicated they would wait to apply until they "age out" of the free health services provided by The Door or PPNYC.

Respondents wanted the materials to clearly indicate that FPBP covers birth control prescriptions at the pharmacy. Materials should also point out that FPBP can be used not only at PPNYC/The Door, but also at other family planning providers that accept Medicaid across the state.

Respondents overwhelmingly chose the longest format of the four drafts they reviewed. Respondents wanted as much information as possible on eligibility, documentation requirements, and how and where to apply. They stated that they preferred to have as much information as possible about the program prior to asking health center staff about it.

Respondents preferred a photo of a single young woman to a group shot offered in the other drafts. Respondents mentioned that they are looking for models who "look like [them]" but felt it was not that important to include a picture of a diverse group of men and women.

PPNYC respondents preferred the tagline "Birth Control and GYN Care - For Free - For Real," whereas respondents from The Door preferred "Free Just Got Better."

Respondents vastly preferred a foldout brochure format, in addition to posters in health centers. PPNYC respondents reviewed flyers, postcards, palmcards, laminated inserts, and other formats, but felt that the brochure would be easiest to mail out, and/or stick in their bag/purse for later reading. Respondents from The Door preferred both the postcard and the brochure.

Conclusions

WHAT WORKS? MARKETING FPBP

The four focus groups identified areas where on-site enrolling agencies can improve FPBP outreach and enrollment. Some barriers to enrollment, including the reluctance of younger clients to enroll, may certainly remain. Below are some of the "take home" messages that on-site screening agencies can use in developing and honing FPBP outreach plans:

Highlight FREE and CONFIDENTIAL. Spell out that free means no deductibles, no co-payments, and unlimited visits.

Provide as much information as possible. All respondents in all four groups agreed that they would like to have the maximum information on FPBP – eligibility, documentation requirements, covered benefits, where to apply, etc. – so they can determine on their own whether they are eligible.

Mention that it is easy to apply and one can apply right at the health center.

Indicate clearly that the FPBP card can be used to cover birth control at the pharmacy as well as family planning visits at any Medicaid family planning provider.

Promote the program at every stage of the visit. Train all health center staff – receptionists, counselors, providers, and cashiers – on FPBP, so they can discuss the benefits of the program with clients.

Develop materials that stand out from other agency/educational materials in terms of color, format, and style.

Don't use "Medicaid" or "family planning." Instead highlight that FPBP is a new "program" sponsored by your agency – which the clients already trust.

OTHER THOUGHTS AND NEXT STEPS

Although the focus group project yielded valuable information concerning effective marketing of FPBP, some of the issues raised in the focus groups are linked to inherent limitations in the FPBP model that cannot be addressed through outreach efforts. Significantly, FPBP does not cover undocumented immigrant men and women (although New York State's Family Planning Extension Program does do so[14]). Also, while FPBP provides important health care coverage for reproductive health services, it is limited only to family planning and reproductive health care. And, as noted earlier, the premium placed on confidentiality and the sensitive nature of reproductive health care may also mean that some eligible clients simply will never choose to enroll, despite a provider's best and most insistent efforts.

Moreover, effective marketing of FPBP is just one step towards successful client enrollment. PPNYC has taken a number of other steps to integrate FPBP enrollment and the vital work of the Entitlement unit into the provision of PPNYC's clinical services. Many of the messages from the focus groups have led to significant changes in clinical services protocols, which continue to be monitored, evaluated, and modified over time to support broader outreach and education concerning FPBP. These changes include the creation of an FPBP database modeled on the Med-E America system that allows PPNYC to track the submission of applications and their progress. (In the last four months, PPNYC also has been piloting a Med-E/WebMD FPBP system that will soon be available for citywide use.) Similarly, cultivating a close relationship with the Medicaid Insurance and Community Service Administration unit at the Human Resources Administration (which is New York City's local Department of Social Services) has been very beneficial and has generated an important back-and-forth dialogue between policymakers and the health care providers implementing the policies. Despite its limitations, FPBP has been an invaluable tool in helping PPNYC to increase access to reproductive health services for our clients and for many other New Yorkers.

Endnotes

1 **US Census Bureau,** Current Population Survey, Health Insurance Coverage 2002, as cited in Diaz A, Boozang P, Lipson K and Bachrach D for Mount Sinai Adolescent Health Center and Manatt, Phelps and Phillips, LLP. Health Insurance Coverage of New York's adolescents: Filling the gaps. April 2004.

2 **Collins S, Schoen C, Tenney K, Doty M and Ho A,** for The Commonwealth Fund. Issue brief, Rite of passage? Why young adults become uninsured and how new policies can help. May 2004. Available at: www.cmwf.org.

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6 **New York State Department of Health,** Office of Medicaid Management. Administrative Directive: Family Planning Benefit Program. December 10, 2002.

7 **United States Department of Health and Human Services.** 2005 Federal Poverty Guidelines. Available at: http://aspe.hhs.gov.

8 Abortion care, colposcopy, and colposcopy follow-up services are covered by New York State's Medicaid program. Colposcopy and colposcopy follow-up services are also covered by the New York State Breast and Cervical Cancer Early Detection and Screening and Treatment programs.

9 New York State's PCAP program was established in 1989 and expands Medicaid eligibility for pregnant women to 200%FPL. It is also open to undocumented women and teens and has a simpler application and documentation process than regular Medicaid.

10 **New York State Department of Health,** Office of Medicaid Management. Administrative Directive: Family Planning Benefit Program. December 10, 2002.

11 To apply for FPBP, a client needs: proof of identity (photo ID); proof of age (if the ID does not provide); proof of income (required; if employer doesn't provide documentation, or applicant is supported by another, applicant can use Declaration of Income/Support); a valid social security number; proof of citizenship (if photo ID/proof of age does not provide); and proof of address (client must live in New York State to qualify and must be screened in his/her county of residence). There is no resource, or assets, test for FPBP. An important characteristic of FPBP is that minors can self-attest to age, citizenship, and income requirements if they cannot obtain these documents.

12 Although all public insurance programs provide that applicants can receive their mail and card at alternate addresses, minors cannot apply for Child Health Plus B coverage on their own unless they are emancipated. As a result, mailing addresses for Child Health Plus B and commercial coverage are likely to be filled out by the minor's parent or guardian.

13 PPNYC clients were identified through their registration in PPNYC's Medical Manager system and fit the following criteria:

- ✔ Client must have indicated at registration that she can be contacted at home by phone and that the caller may identify herself as Planned Parenthood.
- ✔ Client must have indicated at registration that she can receive mail from Planned Parenthood in an envelope labeled as Planned Parenthood.
- ✔ Client visited any one of PPNYC's three health centers for family planning or GYN services within the past year (March 2003-March 2004). Although PPNYC has been doing enrollment for FPBP since November 2002, using March as a start date guaranteed that all internal trainings had been given to relevant health center staff and internal marketing had commenced (flyers in the health centers, information on the website, mailings to clients).
- ✔ Clients who visited the two health centers where PPNYC offers publicly funded sliding scale service, the Boro Hall and Bronx centers, fell into the sliding fee scale A-C categories. From a financial standpoint, these clients were eligible for FPBP.
- ✔ All family planning/GYN clients who visited the Manhattan center were included. Because the Manhattan center does not offer sliding fee scale to clients over age 19, many self-pay clients at that center may have been FPBP-eligible and were therefore included.
- ✔ Clients had to be 16-24 years of age, per grant requirements.

14 A woman is eligible for New York State's Family Planning Extension Program (FPEP) if she (1) has been pregnant within the past two years; (2) had full PCAP/Medicaid when the pregnancy ended; (3) lost the Medicaid after the pregnancy ended and has no other health insurance. Women and teens are eligible regardless of age and regardless of immigration/documentation status.

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