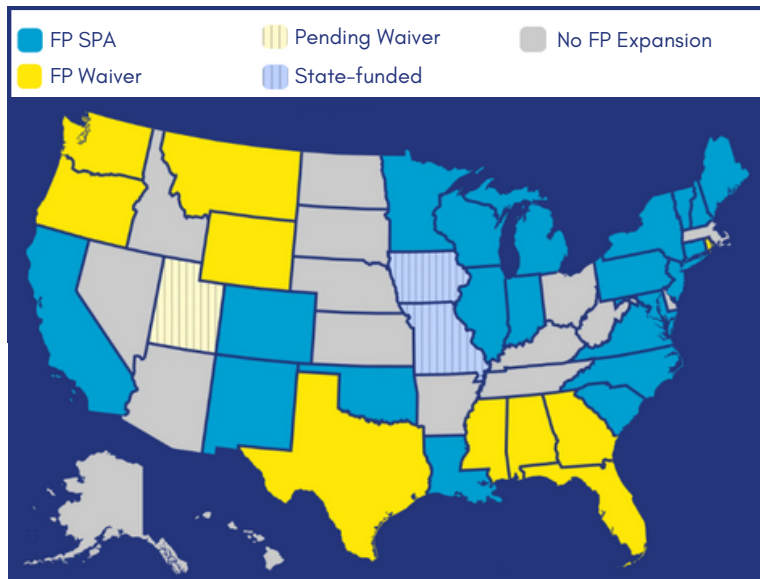


ican! Optimizing Your Medicaid Family Planning SPA: A Proactive Strategy to Protect Covered Lives

TAKE ACTION

How your state can optimize your FP SPA to protect covered lives, now:

- **Establish auto-enrollment** into your Family Planning State Plan Amendment (FP SPA) so that individuals who may lose Expansion coverage remain covered. Auto-enrollment is often referred to as *ex parte* review. CMS guidelines already require states to conduct this review and enroll people losing coverage into other Medicaid programs, like FP SPAs, that they are eligible for.
- **Focus on increasing enrollment** to maximize the number of enrollees counted if per capita caps are established. Connect with ICAN! to facilitate training for and provide resources to enrollment specialists to make FP SPA enrollment part of routine practice.
- **Expand covered services** to provide enrollees with a vast array of preventative care that improves their health outcomes. Make sure your FP SPA is covering all FDA-approved birth control methods, STD/STI testing and treatment, HIV prevention including PEP and PrEP, pap smears, mammograms, testicular cancer screenings, and all vaccines related to reproductive health.
- **Fully expand coverage and eligibility** to protect coverage for people of all ages and all genders.



Amid threats to Medicaid and its financing structure, optimizing your state's FP SPA provides a proactive and fiscally prudent strategy to protect preventative healthcare, including reproductive care.



FP SPAs are dependable coverage programs amid unpredictable federal changes:

- The federal government, including CMS, cannot unilaterally terminate or vacate existing, approved SPAs.
- If a state's existing SPA needs updated to expand coverage, eligibility, or access, the state must submit an additional SPA to CMS for approval. Once an application is submitted, CMS has 90 days to either approve, deny, or request additional information. If CMS takes no action, the SPA is established.
- Federal requirements for SPAs are generally apolitical, making it difficult for CMS to deny SPA applications or updates, or withhold funding on ideological grounds.
- If a SPA application is denied, states may appeal directly to the appropriate U.S. Circuit Court of Appeals.



FP SPAs can cover preventative care for broad populations:

- Family planning is the most generous Medicaid eligibility category for non-pregnant adults. Income thresholds can be set as high as the threshold for pregnant women. Covered services may include: contraception, STI testing/treatment, and preventative services routinely provided during family planning visits, like some cancer screenings and vaccines.

✓ **FP SPAs prevent people from becoming truly uninsured if Medicaid Expansion is dismantled:**

- Because the income threshold for FP SPAs is higher than the Expansion group, anyone who was enrolled in Expansion can enroll in FP coverage if Expansion ends.
- Some states with existing FP SPAs, like IL, IN, NH, NC, and VA, have trigger laws that end their Expansion programs if the Expansion FMAP is reduced, and NM has a law requiring mitigation of the financial impact of the end of Expansion. FP SPAs can cover the 2.7 million people in trigger law states who will immediately lose coverage if the FMAP is reduced.

✓ **FP SPAs provide cost savings to states:**

- For every \$1 invested in family planning, a state saves \$7.09 of public money that would otherwise have gone to Medicaid-covered maternity, infant, child, and miscarriage care, as well as STI, infertility, and cancer treatment.

✓ **FP SPAs are a fiscally prudent option if Congress reduces FMAP rates:**

- FP SPAs provide states another means to cover individuals' family planning care at a 90% match rate. If Congress reduces the Expansion FMAP. Expanding the scope of covered family planning services maximizes the care provided at a 90% match.
- If both the Expansion *and* family planning FMAP rates are reduced, every dollar invested in family planning matched at the regular FMAP rate still results in significant cost savings of public money that would otherwise have gone to Medicaid-covered care matched at the same reduced FMAP rate.

✓ **FP SPAs increase federal Medicaid dollars paid to states under per capita caps:**

- Under per capita caps, federal Medicaid dollars are allotted based on enrollment. FP SPA enrollees would count toward a state's enrollment numbers and thus increase a state's federal assistance amount.
- States can auto-enroll eligible individuals rolling off of Expansion or postpartum coverage into FP SPA coverage through their *ex parte* review processes to ensure every covered life is counted.
- FP SPA enrollees are only eligible for limited services, so are likely to bring in more money to the state Medicaid budget than states will likely spend on their care.

✓ **FP SPs preserve Medicaid dollars under block grants or aggregate caps:**

- FP SPAs ensure Medicaid dollars limited by block grants or aggregate caps are spent in the most efficient and cost effective way—on prevention—rather than on more costly treatment. FP SPAs ensure limited Medicaid dollars are not drawn down to cover prenatal, labor, delivery, and postpartum care for a person who would have chosen to avoid pregnancy if they had access to coverage through a FP SPA.

✓ **FP SPAs safeguard against religious refusals of contraceptive coverage:**

- If the Trump administration allows more types of employers to refuse to cover contraceptives on religious grounds, many individuals will need alternative coverage for birth control through FP SPAs.

✓ **FP SPAs must be a Medicaid priority because the coverage they provide is critical for this moment when women's health is under threat:**

- Demand for contraceptive care has skyrocketed post-election. Some reports indicated a 760% increase in IUD appointments and a 460% increase in emergency contraception sales. FP SPAs ensure people have coverage for the reproductive healthcare they need at a time when that care is increasingly threatened.

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