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Engaging frontline  
staff to strengthen  
enrollment and  
patient experience



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# Learning Objectives



1. Engage frontline staff (scheduling, registration, CHWs, PSRs) to identify and navigate eligible patients to Medicaid coverage programs for people of reproductive age.
2. Address common barriers to accessing reproductive care appointments to attract and retain patients while improving patient experience.
3. Apply available ICAN! tools and resources to improve health center workflows.

# Why is this important?

- A patient's "first point of contact" when making an appointment: front desk staff, schedulers, call center staff, CHWs, PSRs.
- In a patient-centered approach, all staff that work with patients of reproductive age should have an understanding of TRUER care.

## The TRUER Care Approach:

**T**rauma-informed  
**R**espectful  
**U**nconscious bias aware  
**E**vidence-based  
**R**eproductive well-being centered

# Patient Simulation Calls

- Also referred to as “secret shopping”
- ICAN! staff or Community Advisory Board (CAB) members anonymously contact health centers using real life scenarios (e.g. person who needs EC, minor seeking confidential care, uninsured and want an IUD)
- Over 200 calls made to 150 unique clinic locations between September 2024 and June 2025



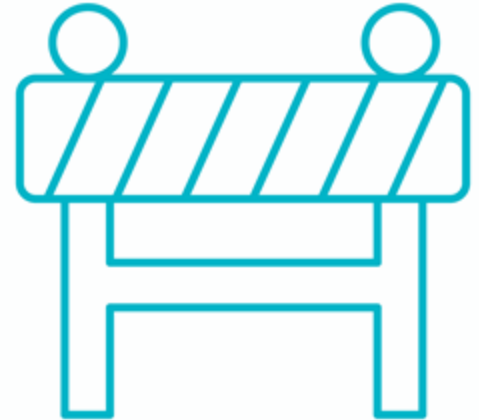
# Why conduct these calls?

- Understand healthcare seekers' experience accessing needed care and coverage in a realistic and unbiased way.
- Identify barriers and facilitators to access to inform training and technical assistance efforts with health center partners.
- Ensure health centers meet standards for inclusion in ICAN!'s Provider Directory (timely, affordable, accessible, accurate, excellent patient experience).

# Top four barriers to patient access

# Top 4 Barriers to Care and Coverage

- Inaccurate information on coverage programs
- Misinformation on available services
- Reduced capacity to see patients in a timely manner
- Logistical challenges



# 1. Inaccurate information on coverage programs

- Many scheduling staff were not aware of the HFS Family Planning Program (FPP) or Family Planning Presumptive Eligibility (FPPE) even when prompted.
- Most healthcare seekers were told to expect to be placed on the SFDS or pay out of pocket (up to \$800 in some instances). Some were told they could not be seen at all.

“When I asked specifically about FPP and getting birth control for free, they said no such thing exists and that birth control would not be free.”

“[I was offered] two payment options - self pay or sliding fee scale. Staff had no idea of family planning Medicaid and offered to transfer me to nursing if I wanted to learn more. “I don't know. I'm just the scheduler.”

“I was told to expect to pay \$30-80 for an initial and follow up visit plus \$450-650 for the cost of my IUD.”



## 2. Misinformation on available services

- Staff often provided incorrect information about birth control care, patient rights, and available coverage programs leading to missed opportunities to connect patients to needed services, even in cases where urgent care was needed (ie emergency contraception).

“The scheduling person told me an IUD can’t be used for EC and that they don’t have EC so to try Walgreens or Planned Parenthood.”

“I said I didn’t need an abortion, I wanted an EC pill like Plan B, and she was like ‘ok, yeah you want an abortion pill.’”

“If you are a minor you have to come with a parent. Also, because you don’t want to use your parent’s insurance, that would require an adult to consent to this”

### 3. Reduced capacity to see patients in a timely manner

- Many callers were told they must be scheduled with an OBGYN to access any method of birth control and that the first available appointment was four weeks or even months away.
- This was true even in health centers that reported to ICAN! having multiple unfilled appointment slots for PCPs, midwives, and telehealth visits.

“I was told I couldn’t schedule at my preferred location because primary care providers don’t do birth control and I needed to be scheduled with an OBGYN.”

“I was told I needed a referral from my primary care physician to see a gynecologist and that the first available appointment was over eight weeks out.”

“An in person appointment for new patients won’t be available for several months.”

## 4. Logistical challenges

- Many callers couldn't get through or had to call multiple times.
- Callers were disconnected after being placed on hold or told they would be transferred.

"I was transferred multiple times. The call disconnected before anyone picked up."

"I called three times. Someone finally answered on the third call and responded "Emergency contraception? I don't know what that is but I'll transfer you. I was transferred and after 5 minutes the call just hung up."

"I waited on hold for 15 minutes. The voicemail was full, and then it said sorry an error has occurred and the call ended."

**What can you do now?**

# 1. Inaccurate information on coverage programs

- Ensure all frontline staff have been trained and provided with educational resources to provide accurate information on coverage programs.
- Engage frontline staff in workflows to pre-screen patients for coverage eligibility and connect them to outreach and enrollment team members.
- Remind patients that even if they do not qualify for coverage programs, they will never be turned away due to inability to pay.
- Demonstrate empathy - most birth controls seekers cite cost as their number one barrier to accessing their birth control method of choice.

# Pre-screening patients for coverage

“Our health center is committed to ensuring you get the care you need regardless of ability to pay. There are also many programs in Illinois to help cover the cost of your visit.”

- Do you live in Illinois?
- Are you pregnant?
- What is your age?
- Do you know your household/individual income?

## See if you Qualify for Free Birth Control

People of all ages and genders can get coverage for birth control, STI/STD testing and treatment, and other services with no out-of-pocket cost!

Answer a few questions and we'll tell you if you qualify for free birth control and other sexual and reproductive health care benefits.

Take our quiz below to learn more!

Start the Quiz (English)

Comienza el cuestionario (Español)

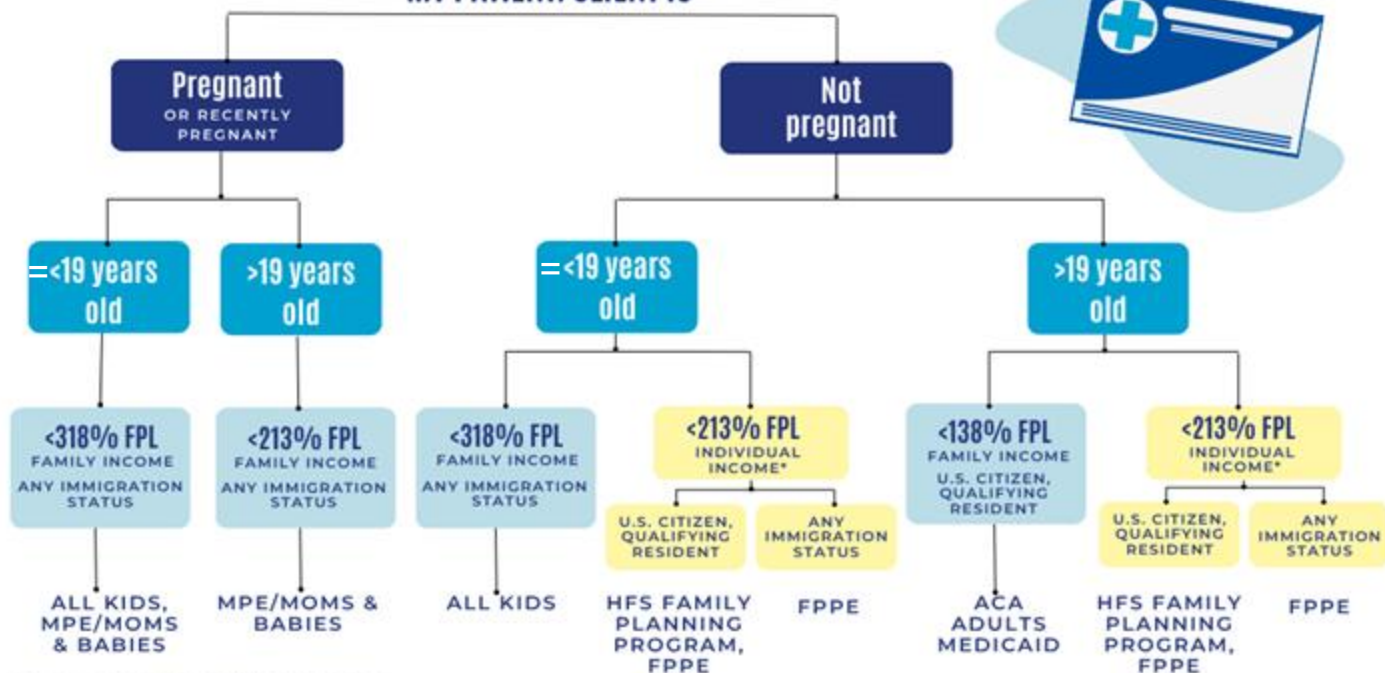


# COMMON MEDICAID PROGRAMS FOR PEOPLE OF REPRODUCTIVE AGE

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VIEW A COMPREHENSIVE LIST OF ILLINOIS MEDICAID PROGRAMS [HERE](#)

MY PATIENT/CLIENT IS:



MPE: MEDICAL PRESUMPTIVE ELIGIBILITY

FPPE: FAMILY PLANNING PRESUMPTIVE ELIGIBILITY

\*COUNTED AS A HOUSEHOLD OF TWO

ALL MEDICAID PROGRAMS COVER ALL METHODS OF BIRTH CONTROL FOR ZERO OUT OF POCKET COST



FULL  
BENEFITS  
PROGRAM



ALTERNATIVE  
BENEFITS  
PROGRAM

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# Why is this so important now?

- Rapidly changing healthcare landscape:
  - End of the Health Benefits for Immigrant Adults (HBIA) program
  - Reduced funding to Title X program
  - Anticipated loss of Medicaid coverage
  - Exclusion of undocumented people from public benefits
- It is essential to ensure we are taking a whole health center approach to **identifying and connecting every eligible individual to coverage** programs to reduce patient financial barriers to care and ensure health centers are not leaving dollars on the table.



## 2. Misinformation on available services

- Ensure frontline staff are provided with regular training on reproductive healthcare services offered at your location along with up-to-date patient education materials and staff job aids.
- Inform frontline staff on patient rights in Illinois - anyone 12+ can access birth control, EC, or STI care without a parent or guardian as well as enroll in coverage on their own through FPP/FPPE.

The image displays two educational materials. The top graphic is for a 'Modern Contraception and Reproductive Justice Foundational Webinar', featuring an illustration of five diverse women standing together. The bottom poster is titled 'ican! choose the birth control best for me' and provides a comprehensive overview of various contraceptive methods, categorized into Hormonal, Non-Hormonal, Permanent, and Emergency Contraception (EC). Each method is accompanied by a brief description of its effectiveness, duration, and key considerations.

**Modern Contraception and Reproductive Justice Foundational Webinar**

**ican! choose the birth control best for me**

**Hormonal Methods**

- pill** (Oral Contraceptive Pills): Effective 99% with perfect use, 91% with typical use. Taken daily for 21 days, then 7 days off.
- PATCH** (Transdermal Patch): Effective 99% with perfect use, 91% with typical use. Worn for 1 week, then 1 week off.
- RING** (Vaginal Ring): Effective 99% with perfect use, 91% with typical use. Inserted for 3 weeks, then 1 week off.
- SHOT** (Contraceptive Shot): Effective 99% with perfect use, 87% with typical use. Injected every 3 months.
- PROGESTIN IUD** (Intrauterine Device): Effective 99% with perfect use, 86% with typical use. Inserted once, lasts up to 3-5 years.
- IMPLANT** (Contraceptive Implant): Effective 99% with perfect use, 99% with typical use. Inserted once, lasts up to 3-5 years.

**Non-Hormonal Methods**

- DIAPHRAGM** (Diaphragm): Effective 92% with perfect use, 88% with typical use. Inserted into the vagina before sex.
- CONDOM** (Latex Condom): Effective 98% with perfect use, 87% with typical use. Used every time you have sex.
- COOPER** (Copper IUD): Effective 99% with perfect use, 99% with typical use. Inserted once, lasts up to 10-12 years.
- STERILIZATION** (Tubal Ligation or Vasectomy): Effective 99% with perfect use, 99% with typical use. Permanent.
- ABSTINENCE** (Abstinence): Effective 100% with perfect use, 100% with typical use. No sex.

**Permanent Methods**

- STERILIZATION** (Tubal Ligation or Vasectomy): Effective 99% with perfect use, 99% with typical use. Permanent.

**Emergency Contraception (EC)**

- Levonelle** (Levonelle): Effective 95% if taken within 72 hours of unprotected sex.
- Copper IUD** (Copper IUD): Effective 99% if inserted within 5 days of unprotected sex.

### 3. Reduced capacity to see patients in a timely manner

- Adjust scheduling template to offer birth control visits within 2 weeks if feasible. Allow birth control visits to be added to same day spots if open.
- Urgent/same day services (emergency contraception, PEP, DoxyPEP) should be scheduled within 72 hours - the sooner the better.
- Remind scheduling staff that all self administered birth control appointments (pill, patch, ring, EC) could be scheduled with any primary care provider. Existing patients can be scheduled with open telehealth slots.

## 4. Logistical barriers

- Monitor call routing systems/phone trees to reduce dropped calls and confusion
  - Follow up if a call is disconnected
- Regularly test voicemail systems and call menus for usability
- Ensure patients can leave a message to a voice mailbox that is checked daily

# Health Center Spotlight:

*Heartland Health Services of Illinois*

*Nicole Stephens, Director of Community  
Engagement and Marketing*

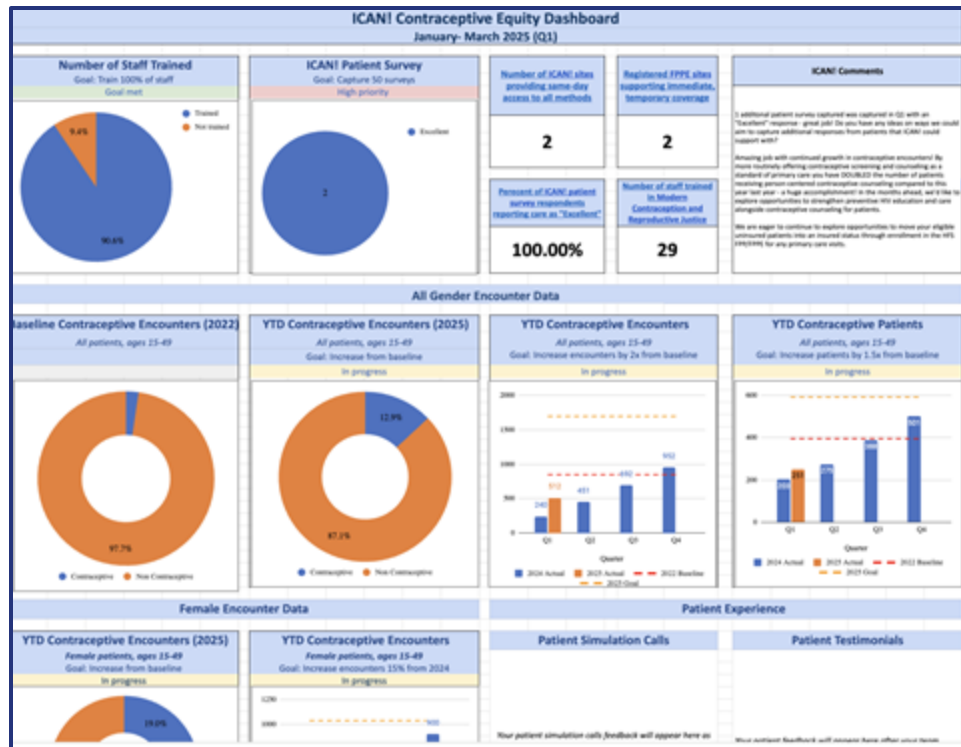
# Additional opportunities to improve quality

# Accelerate your quality improvement efforts

## How we can help:

ICAN! supports your health center to capture and analyze key metrics of reproductive healthcare access, quality, and coverage (contraceptive encounters and patients, method mix, HIV/STI testing, percent of uninsured patients of reproductive age, etc).

You can opt in to sharing a de-identified, aggregate data report. ICAN! will develop a custom dashboard that synthesizes data, tracks progress, and provides data-driven recommendations to improve the quality of sexual and reproductive care and coverage.



# Center patient voices

- Given the history of racism, discrimination and coercion in reproductive healthcare, it is critical that quality improvement efforts center patient voices.
- The Patient Centered Contraceptive Care (PCCC) Measure assesses if patients felt respected, listened to, taken seriously and given enough information during their birth control, STI, HIV visits.

## How we can help:

- Collect, analyze, and report back on survey responses with tailored recommendations to improve patient experience.
- Provide assets and assistance to support survey capture (print, automated).

Which of the following services did you talk about at your visit? (select all that apply)\*

☒ Birth control  
☐ STI/HIV screening and prevention

Think about your visit. How do you think the provider did with each of the following?\*

	Poor	Fair	Good	Very Good	Excellent
Respecting me as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letting me say what mattered to me about my birth control method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking my preferences about my birth control seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving me enough information to make the best decision about my birth control method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**TELL US ABOUT YOUR BIRTH CONTROL EXPERIENCE!**

You have the right to be listened to, respected, and to share feedback about your birth control visit. Complete this brief survey and help us provide better care.

ICAN4ALL.ORG

@ICAN4ALL

# Available resources

*[www.ican4all.org](http://www.ican4all.org)*



# Resources for frontline staff

- **Frontline staff job aid:** Medicaid eligibility screening, reproductive care scheduling best practices.
- **HFS FPP/FPPE:** Trainings, resources, eligibility quiz, patient education resources in 7 languages.
- **Birth control educational resources:** 1-pager, quiz, Modern Contraception and Reproductive Justice Training.

### Get coverage for your visit!


People of any age, gender, or immigration status can apply for immediate, temporary coverage in just 5 minutes!

✓ You are eligible to enroll if:

- You live in Illinois.
- You make \$3,754 or less a month (\$45,048 a year) before taxes.
- You are not already enrolled in Medicaid.


✓ In addition to your visit being free, you can also get any of the following services and medications at no cost:

- Physical exam
- STI testing/treatment and condoms
- HIV testing, PEP, and PrEP
- COVID, HPV, Hepatitis, and mpox vaccines
- Preconception care, counseling, and labs
- Birth control (pill, patch, ring, Depo, implant, IUD)
- Emergency contraception
- Tubal ligation or vasectomy
- Mammograms, pap smears/pap follow-up
- Treatment for genital/urinary infections



✓ Enroll with a registered provider to apply for same-day coverage and care. Scan the QR code to find a provider near you!

- Say "I would like to enroll in FPPE coverage". Your temporary coverage will begin immediately and last through the end of the following month.
- No proof of income or citizenship required - does not count toward public charge. Coverage is confidential - no bill will be sent.
- Ask your provider if you're eligible to enroll for ongoing 12-month coverage or when you're eligible to reapply for temporary coverage.



Locate a health center

[www.ican4all.org](http://www.ican4all.org)

# Connect with us!

Interested in learning more? Contact us: [info@ican4all.org](mailto:info@ican4all.org)

- Schedule free live trainings for your team.
- Access technical assistance to develop and implement workflows to strengthen connection to care and coverage.
- Opt in to reporting to accelerate quality improvement efforts.
- Receive assistance to implement the patient experience survey.
- Receive referrals and no-cost marketing to connect new patients to your doors and elevate your health center as home for high quality care.

# Questions?