



Maximizing State and Federal Dollars to Advance Reproductive Well-Being

TUESDAY, SEPTEMBER 16TH 12-1PM



Learning Objectives

Understand common Medicaid and grant programs that support sexual and reproductive healthcare access.

Strengthen enrollment in Medicaid programs to maximize available grant dollars for sexual and reproductive healthcare.

Understand the importance of maximizing all available state and federal dollars in this moment.

Common Illinois Medicaid Programs

for people of reproductive age

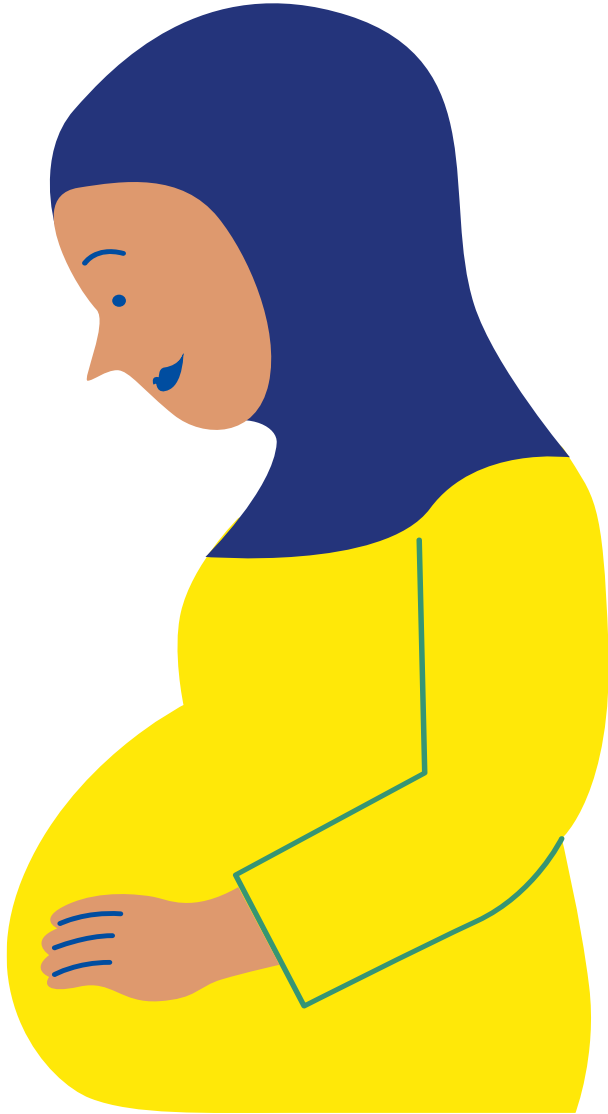
Ameri Klafeta, HFS Reproductive Health Chief

ACA for Adults

- **Health insurance program available to individuals and families with low income** with pre-tax household income <138% FPL and a qualifying immigration status.
- **Covers a wide range of services** including primary and preventive care, behavioral health, dental, inpatient and outpatient hospital visits, labs, medications, and more.
- **~85% of people enrolled in Medicaid are enrolled in one of Illinois five Medicaid Managed Care Organizations (MCOs):** Aetna Better Health, Blue Cross Community Health, CountyCare, Meridian, Molina.



Moms and Babies Medicaid



- **Health insurance program available to pregnant people with** pre-tax household income <213% FPL regardless of immigration status or pregnancy outcome (birth, miscarriage, or termination).
- Full scope benefits program (medical, dental, behavioral, hospital, labs, medications, etc).
- Individuals in the program are counted as a household of two (+) (pregnant person + baby/fetus).

Family Planning Medicaid

- Open to individuals of any age or gender who earn <213% FPL counted as a household of two.
- To qualify you must live in Illinois, not be pregnant, and not already have Medicaid.
- Covers a wide range of primary and preventive care services including family planning and preconception care.
- Patients can use coverage at any Illinois provider (clinic, hospital, pharmacy, lab) that accepts Medicaid.





Covered services include:

- Annual check-up.
- Birth control, including permanent methods
- HIV testing, PEP, and PrEP for HIV prevention.
- STI testing and treatment.
- HPV, hepatitis, mpox, and COVID vaccines.
- Emergency contraception.
- Preconception care.
- Mammograms and BRCA testing.
- Paps and treatment for abnormal paps.
- Treatment for genital & urinary infection.
- Basic infertility counseling.

Presumptive Eligibility Programs

Program	Benefits	Enrollment	Duration	Payor	Eligibility	Income FPL
Medical Presumptive Eligibility (MPE)	Full outpatient coverage	Via approved MPE provider for immediate enrollment	31-60 days, 1x per calendar year	HFS fee-for-service (MCO assigned once approved for M&B)	Any age Pregnant people or within 90 days of end of pregnancy Any immigration status	213% <u>household</u>
Family Planning Presumptive Eligibility (FPPE)	Family planning and related services	Via approved FPPE provider for immediate enrollment.	31-60 days up to 2x per calendar year	HFS fee-for-service	Any age Any gender Not currently pregnant Any immigration status	213% <u>individual</u> counted as household of two

- Both applications are completed via a self-attestation with a registered MPE/FPPE provider.
- Does not require documentation of income, residency, or citizenship.
- Will not receive an insurance card/notice in the mail from either program.

Common Illinois Grant Programs

for un/underinsured people of reproductive age

Lisa Masinter, Deputy Director of IDPH Office of Women's Health and Family Services

Illinois Family Planning Program (Title X)

- Illinois grant program that provides family planning services (birth control, STI care, preconception services, etc) to low-income individuals of any age, gender, residency, or citizenship.
- Free (<100% FPL) or low-cost (101-250% FPL) services are available at clinics participating in the Illinois Family Planning Program on a sliding scale. Clients will never be turned away due to inability to pay.
- Grant dollars can also be used to cover staff time, community outreach, and other program related costs for family planning and related services.

Ryan White

- Provides HIV positive individuals who are low-income, uninsured or underinsured with access to a wide variety of core and supportive services including medication assistance, health insurance premium assistance, rent and mortgage assistance, and medical case management.
- To be eligible individuals must:
 - Live in Illinois.
 - Be diagnosis with HIV or AIDS
 - Have income at or below 500% FPL

PrEP4Illinois

Medication assistance program for HIV-negative people who are at risk for HIV and have a prescription for PrEP from a medical provider.

Covers the cost of:

- Truvada

- Descovy

- Apretude (with pre-approval; does not cover injection fee)

Patients may apply online at prep4illinois.com by completing an online application form and submitting documentation of Illinois residency, insurance coverage (if applicable), and prescribing provider information.

Illinois Breast and Cervical Cancer Prevention Program

Provides free mammograms, ,breast exams, pelvic exams, and paps. Women diagnosed with cancer are connected to HFS for treatment.

Eligibility includes:

- Living in Illinois

- Uninsured or insurance that doesn't cover breast/cervical cancer screening

- 21-64 years old

- No income requirement

Women can apply with their local [IBCCP agency](#) or by calling the IDPH Women's Health Line (888-522-1282).

Maximizing available dollars

for sexual and reproductive health

Katie Thiede, ICAN! Executive Director

Routine screening for sexual and reproductive well-being



One Key Question (OKQ)

Would you like to become pregnant within the next year?



Self-Identified Need for Contraception (SINC)

Do you want to talk about contraception or pregnancy prevention during your visit today?



Parenting/Pregnancy Attitudes, Timing & How Important (PATH)

Q1: Do you think you might like to have (more) children at some point?

Q2: When do you think that might be?

Q3: How important is it to you to prevent pregnancy (until then)?

Q4: What else is important to you in your birth control method?

Why is routine screening (and coding!) so important?

- Supports patients to decide if, when, and under what circumstances to become pregnant or to parent.
- Encourages timely preconception and/or STI care.
- Supports health center UDS reporting on SRH service delivery.
- Helps maximize coverage for patients and reimbursement for your health center under the Illinois Medicaid for Family Planning Program.
- Reduces financial barriers for other primary and preventive care services.

Applying grant dollars as the payor of last resort

Medicaid and grant programs both serve as important resources to ensure Illinois communities can access to high quality, affordable sexual and reproductive (SRH) care. Screening patients for eligibility for Medicaid before applying available grant dollars can:

1. Expand provision of no-cost SRH services to more patients at more clinical site locations.
2. Extend available grant dollars to serve the truly uninsured or underinsured.
3. Support sustainability by allowing health centers to be reimbursed from Medicaid and the state to benefit from a federal match.



Full Medicaid, including
Moms and Babies*

HFS Family
Planning Program

Title X, Ryan White,
PrEP4IL, IBCCP

The importance of maximizing resources in this moment

- With changes to policies and funding programs including H.R.1 (OBBB) that will limit access to sexual and reproductive healthcare, it is more important than ever that we ensure every individual is offered the opportunity to enroll in programs they are eligible for and that we are applying Medicaid coverage before using limited grant dollars.
- There may be an increase in demand for support from grant programs if people lose coverage – available dollars from these programs will need to go further.
- The HFS FPP/FPPE and Medicaid non-expansion population will NOT be subject to 6 month redeterminations and work requirements.

What you can do now

- Register as an FPPE/MPE provider if you have not already.
- Screen every un/underinsured patient for eligibility for Medicaid programs, including the HFS Family Planning Program.
- Apply grant dollars only after it's been determined patients are not eligible for Medicaid coverage.
- Integrate routine screening for sexual and reproductive well-being in the primary care setting. Free trainings available at ican4all.org

Available Resources

- [Maximizing the HFS FPP to Protect Care and Revenue at Your Health Center](#)
- [H.R.1 and HFS Family Planning Program Fact Sheet](#)
- [HFS Family Planning Program Resource Page](#)
- [HFS FPP/FPPE Covered Services Guide & Fee Schedule](#)
- [FPPE 1-pager](#)

Questions
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