Family Planning Program

February 6, 2013
Coding

Directly Impacts:

• Reimbursement from third party insurers, including public and private

• Office of Population Affair's Family Planning Annual Report (FPAR)

• Annual Title X 802 allocation to LHD
Reimbursement

Third Party Insurers:

• Be reimbursed for your family planning services by “right coding.”

• Follow up on all denials and make corrections.
Fee Collection

Maximize Fee Collection:

• Assess income annually and accurately document for appropriate sliding scale fee or self pay costs.

• Give each patient a copy of their bill showing the full charge for services, minus any discounts based on their income.

• To encourage payment of fees, have a fee collection process in place (payment plans, financial counseling, etc.).
Donations

• Title X requires donations to be voluntary and without coercion.

• Post signs that donations are accepted to assist with the cost of family planning services for citizens of the county.

• Upon check out, ask each patient, regardless of payer source, to consider making a donation to the family planning program to assist the LHD to provide services to others in the community.
Family Planning Annual Report

• Submitted by FP program to the OPA every February
• Accounts for each unduplicated FP user served in the previous calendar year
• Upcoming FY Title X allocations based on number served: federal, state and clinic levels
• For LHD and districts, CDP runs an FPAR, extracting the information entered on each patient’s registration and PEF
FPAR Demographic Information

- Table 1: FP Users by **Age** and **Gender**
- Table 2: **Female** FP Users by **Ethnicity** and **Race**
- Table 3: **Male** FP Users by **Ethnicity** and **Race**
- Table 4: FP Users by **Income Level**
- Table 5: FP Users by Principal Health **Insurance Coverage** Status
FPAR PEF Information

- Table 6: FP Users with Limited English Proficiency (LEP)
- Table 7: Female FP Users by Primary Method and Age
- Table 8: Male FP Users by Primary Method and Age
FPAR PEF Information

• Table 9: **Cervical Cancer Screening Activities**
• Table 10: **Clinical Breast Exams and Referrals**
• Table 11: FP Users Tested for **Chlamydia** by **Age** and **Gender**
• Table 12: FP Users Tested for **Gonorrhea**, **Syphilis**, and **HIV**
CY 11 FPAR Utilization by Payment Type

- Public Health Insurance: 25%
- Private Health Insurance: 6%
- Uninsured: 69%
• 5,773 Family Planning Users had Limited English Proficiency (LEP) in 2011
• This accounted for 5.5% of the users
CY 11 FPAR Utilization by Income Level

- 100% and below: 72%
- 101%-150%: 14%
- 151%-200%: 6%
- 201%-250%: 4%
- Over 250%: 2%
- Unknown: 2%
Accurate Data for FPAR

• There are many methods of contraceptives other than prescriptive birth control, including withdrawal, natural fertility awareness (rhythm method), pregnant or seeking pregnancy, sterilization (female or male) and infertility services for Title X “methods of fertility”

• It is essential to identify the primary method used at each FP visit type, including pregnancy test visits and ECP visits, and other program visits
Increasing FPAR Numbers

• If you provide pregnancy prevention counseling or assess for pregnancy risk at a STD or preventive health service, code a V25 in the secondary position to get credit on FPAR.

• Remember to count any **males** you see for these services as they are FP patients as well.
Cost of Contraceptives

• 340B Prime Vendor Program
  - Each clinic site must have its own 340B number
  - 340B price lists are sent quarterly

• Prescriptions allowed for insured patients.
Mandatory Reporting and Human Trafficking

Required training for all providers and support staff working in family planning services:

- **Initial** - Mandatory Reporting of Child/Adult Abuse, Neglect, Violence and Human Trafficking per Kentucky Statute (1028362)

- **Annual** - Kentucky State Laws Regarding Mandatory Reporting and Human Trafficking (1034386)
Informational & Educational (I&E) / Community Participation Committee

• Informational & Educational (I&E) Committee (of 5-9 members to review and approve all informational and educational materials)

• Community Participation Committee (of individuals broadly representative of the population served) that meets at least annually

The I & E committee may serve a dual function for the Community Participation Committee if:

• It provides an opportunity for participation in the development, implementation, and evaluation of the community project;

• Participants are broadly representative of all significant elements of the population to be served; and

• Participants are knowledgeable about the community’s needs for family planning services.
Sterilization Reports

• Sterilization reports are done quarterly

• Please review instructions

• Must be completed even if no sterilizations done
If family planning services are assured, you are responsible for making sure Title X guidelines are being met at that clinic site.
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