Katie Saul:

Hello everyone. We're happy to have you all with us today. This is Katie Saul, from the Title X Family Planning National Training Center, and I'm pleased to welcome you all to today's webinar. Today, you're gonna hear a brief overview of the best practices and quality improvement strategies shared in the financial management learning collaborative that we hosted last year, and we're excited to also have two Title X grantees with us today, who will talk about their experiences in the learning collaborative and the results that they achieved.

Just a few things before we begin. Everyone on the webinar today is muted, given the large number of participants that we have. So, if you have questions at any time during the webinar, please chat those in through the webinar and you can do that by clicking on the chat button at the bottom left-hand corner of your screen. You'll see on this first slide that we're showing, that it actually says the chat is on the upper left, but that's an error, so please use the little chat button at the bottom left. And as I said, you can ask your questions at any time, but we'll wait until the end of the presentation to answer the questions.

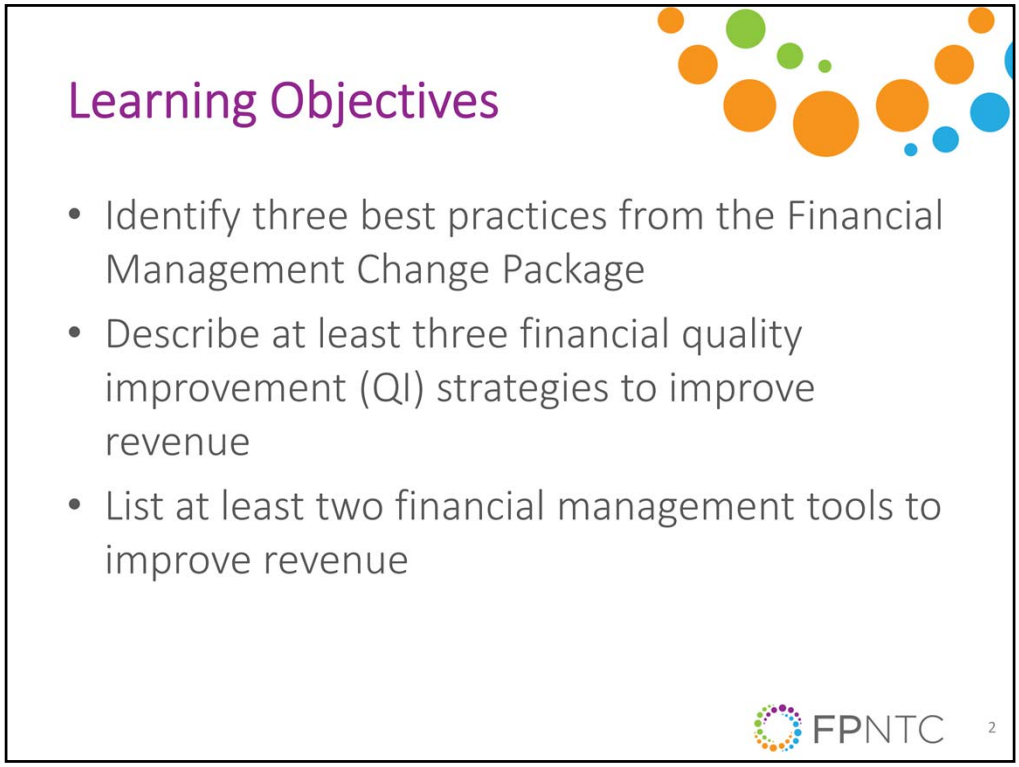
We're gonna introduce several new resources today, including the financial management change package, as well as a number of financial management tools that we developed as a result of the learning collaborative. And we hope to have these resources posted within the next week or so on FPNTC.org,

so please keep an eye out for those. And as we do with all of our webinars, we'll post a recording of today's webinar along with the transcript and the PowerPoint slides with talking points for those of you who want to use this content to train your colleagues.

With that, I'm gonna turn it over to Caitlin Hungate from the FPNTC, who co-led the financial management learning collaborative, and she's gonna take it from here.

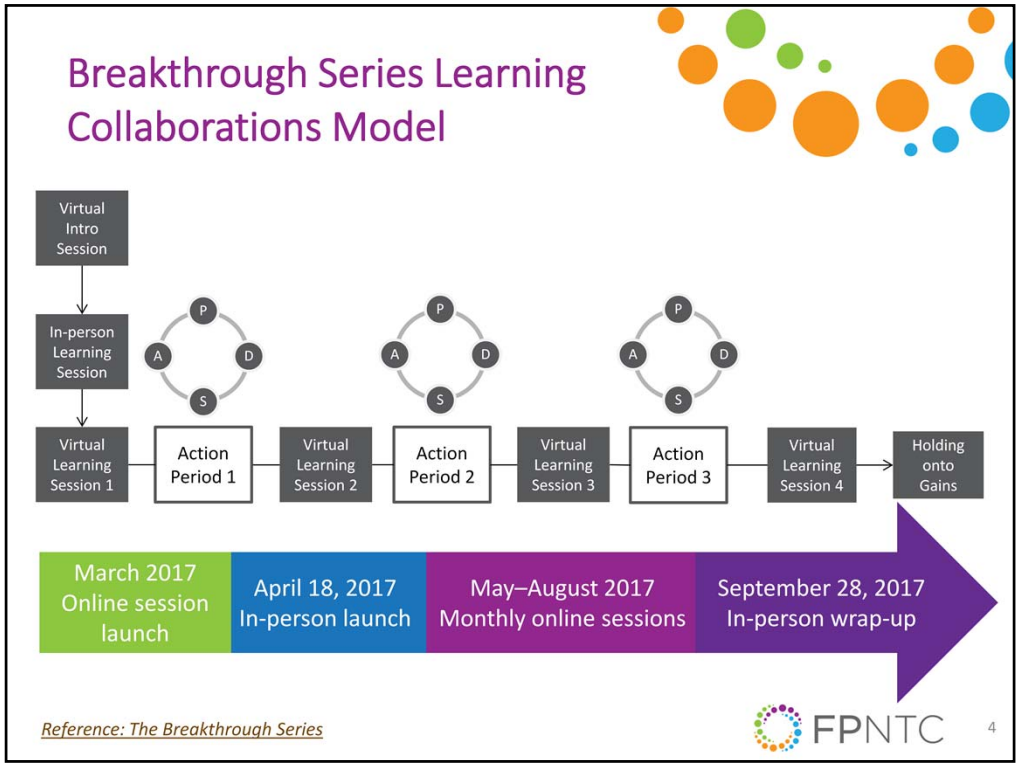
Caitlin Hungate:

Hi everyone, welcome to today's webinar: From Financial Management Best Practices to Successful Implementation. My name is Caitlin Hungate, and I'm a member of the Family Planning National Training Center team, and we'll be your facilitator for today's 60 minute webinar.

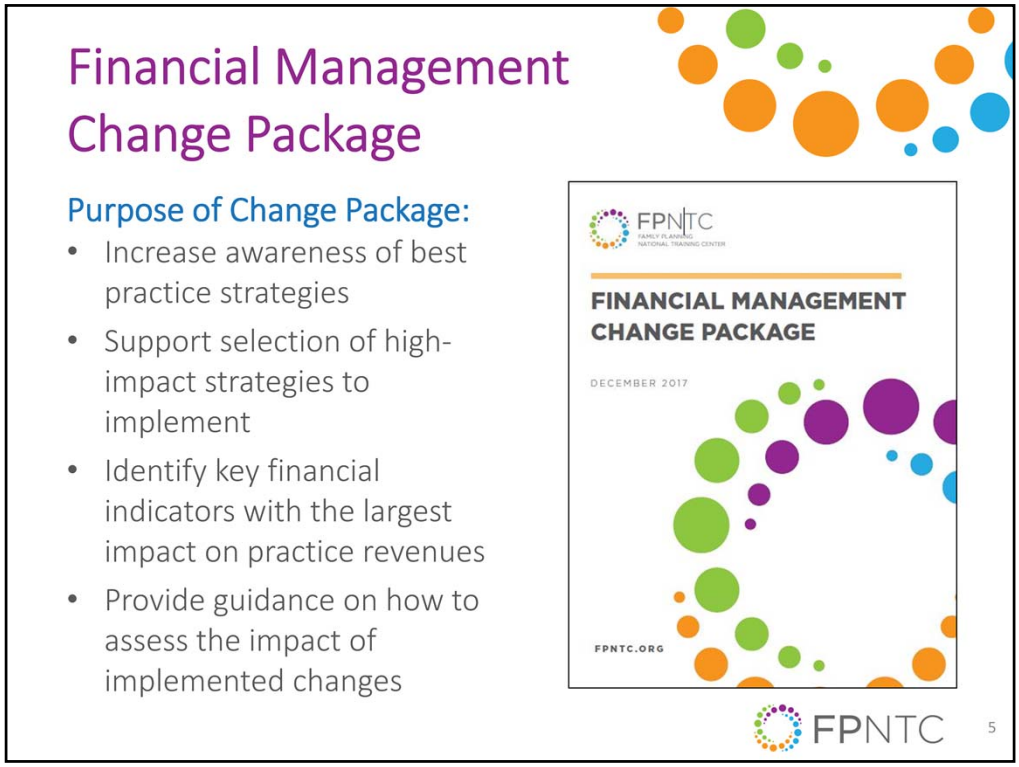


The learning objectives for today are to identify three best practices from the Financial Management Change Package, for you to be able to describe at least three financial quality improvement, or QI, strategies to improve revenue, and last but not least, to list at least two financial management tools to improve revenue.

The Financial Management Learning Collaborative engages ten Title X grantees from March to September of 2017. The goals of our FMLCs were to support grantees to achieve their financial management goals, to increase grantee capacity to conduct quality improvement, to foster collaboration between grantees, and to improve revenue by focusing on several performance indicators. All of our learning sessions were facilitated by FPNTC staff and Debbie Sullivan, an external expert who you'll also hear from momentarily.



The FMLC was conducted using an adaptation of the Institute for Healthcare Improvement, or IHI, breakthrough series model. The kickoff webinar was held for the learning collaborative in early March 2017, reviewing the financial management change package. Then, we all met on April 2017, and during this meeting, we focused on quality improvement principles, addressed barriers and challenges to financial management, and introduced the Title X grantees, the ten grantees participating, to the best practices and quality improvement strategies to improve revenue.



The learning collaborative used the financial management change package to guide our improvement effort. This package identified best practices associated with improving revenue and suggested quality improvement strategies to implement each best practice. These strategies included descriptions of the type of data Title X grantees can use to analyze specific financial management indicators, opportunities for improvement, and evaluation of change effort, such as to see if an indicator improved. Each best practice includes a list and links to relevant tools and resources, benchmarks and featured success stories from the Financial Management Learning Collaborative.

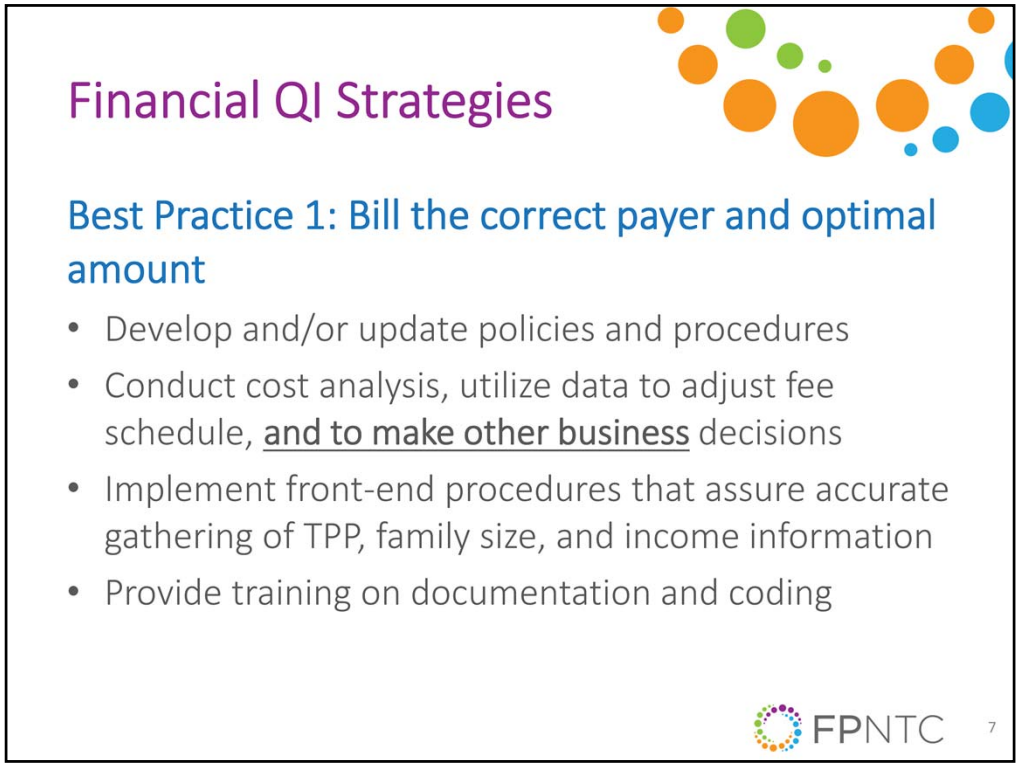
This change package was designed to support Title X grantees in financial management quality improvement initiatives. Subrecipients and service sites can also use this package, though some of the strategies for each best practice may be slightly different. The financial management change package will be available soon on FPNTC.org. I'm going to turn it over to Debbie Sullivan, who also co-led the learning collaborative, to describe the best practice recommendations.

Debbie Sullivan:

Thanks, Caitlin. Hi everyone. Three best practices were identified based on OPA's Family Planning Program Priorities, as well as on the FPNTC's experience providing training and technical assistance on this topic across the Title X network. These best practices are designed to help improve grantee and subrecipient financial management practices and financial results, as well as to guide strategic financial planning.

The second best practice is to monitor and manage clients' fee collections. This is accomplished by managing fee collections at the time of visit for clients without coverage to pay from the sliding fee scale, as well as for insured clients who may have co-payments or co-insurance fees.

The final best practice is to monitor and manage payments for third-party payers. This best practice focuses on third-party payer revenues and collecting them once they've been billed, implementing strategies to manage third-party payer contract terms, and relationships with third-party payers is also included in this best practice.

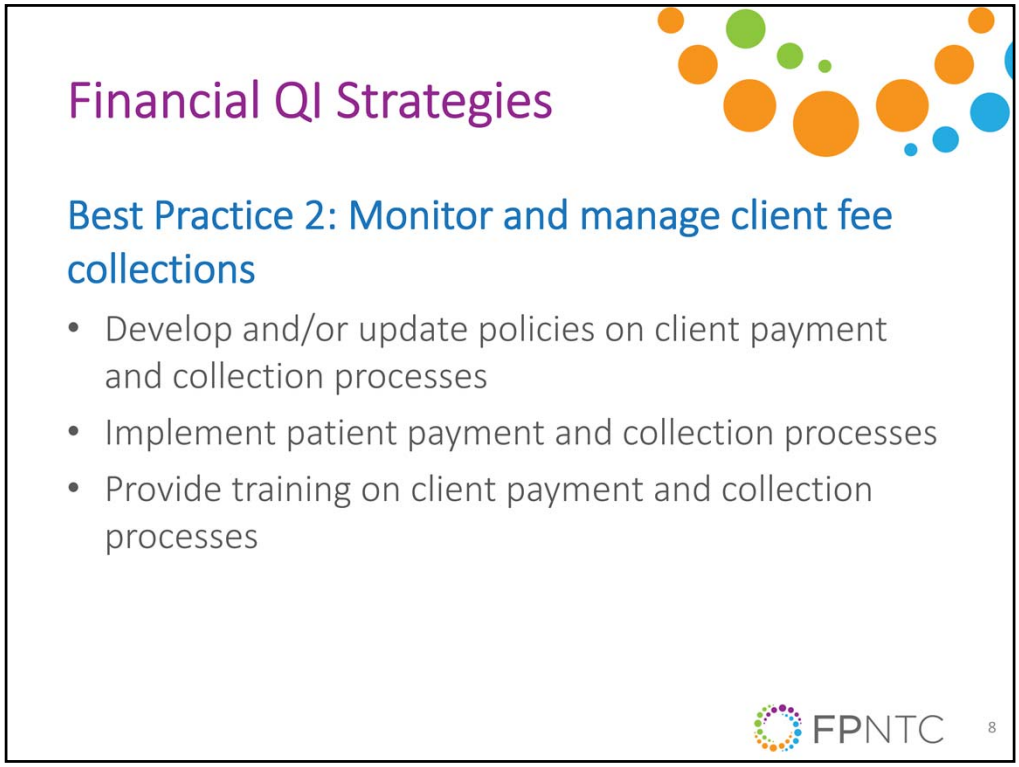


Next, a brief overview of each best practice, starting with the first. Billing the correct payer in the optimal amount is essential to maximizing revenue. Often, providers will concentrate on accounts receivable to improve revenue, but if accounts receivable amounts are not as high as they should be to start, in other words, inaccurate charges, grantees are collecting at a lower starting point. Title X grantee or sub recipients seeking to improve financial management systems and revenue within their network of service sites will benefit from focusing on this best practice if: 1) payer mix issues are identified or there's a concern about the number of third-party payer clients, 2) the fee schedule has not been adjusted recently or 3) there are concerns or questions about the thoroughness of sites charge coding or 4) a grantee or sub recipient has concerns about the large number or percentage of fully discounted clients in its network.

The first strategy is to develop and/or update policies and procedures related to front-desk practices, ensuring that they are accurate, specific and efficient. For example, Title X grantees may want to assess and update front-end policies and procedures in areas including scheduling, correction and verification of insurance information, gathering of family size and income information. Utilize input of staff involved in this process. The second strategy is to conduct a cost analysis annually. It's important to know the cost of providing services, as it's a Title X requirement, but cost analysis data can also be used to adjust fee schedules, and/or to make informed business decisions and plans around elements such as

adding services, eliminating services, cost containment measures, improving productivity and more.

In strategy one, we discussed developing front-end policies and procedures. The third strategy is to train your staff on and implement those front-end procedures to assure that the correct payer is identified and billed for services by accurately capturing patients' insurance and other required information. Additionally, capturing accurate family size and income information assures that the appropriate discount is applied for uninsured fee pay clients. A final strategy of this best practice is to train the clinical teams in your network of service sites on documentation and coding. Grantees or sub recipients can also monitor performance via QA chart audits. The purpose is to capture all and/or correct charges for services provided, as well as to assure accurate documentation for services provided.

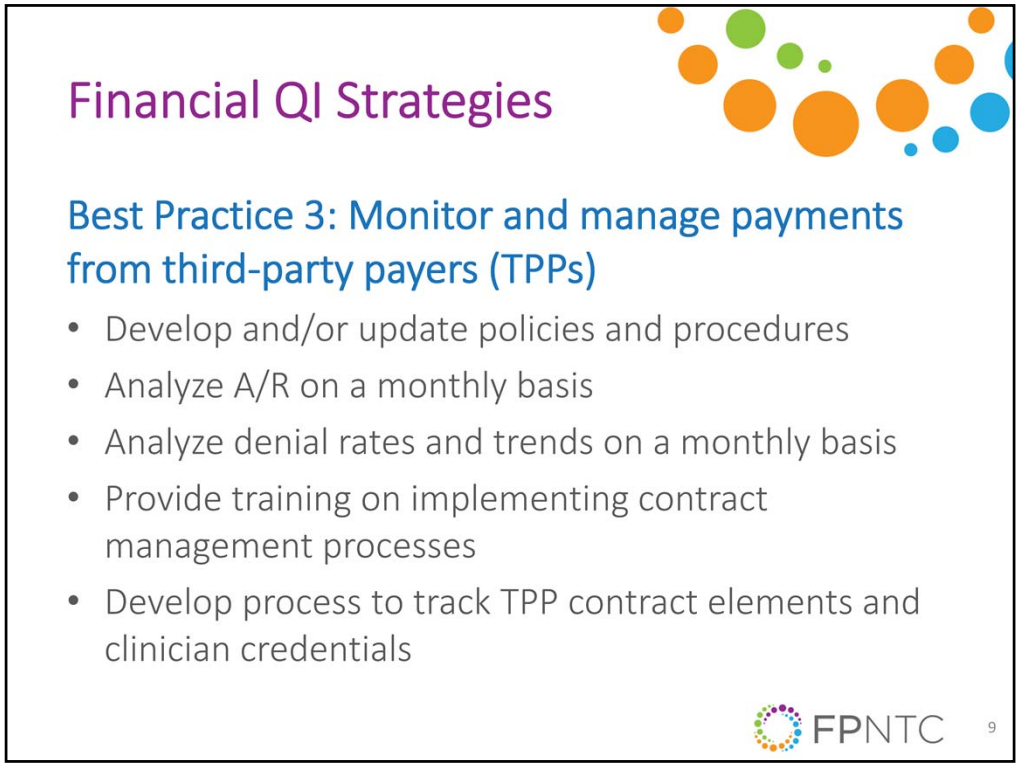


The second best practice focuses on client fee collection as a way to improve revenue. This is an important component of clinical revenue and applies to both uninsured self-pay clients, as well as to third-party paying clients, collecting those appropriately slid co-pays, deductibles, and co-insurances. A Title X grantee or subrecipient seeking to improve financial management systems and revenue within their network of service sites will benefit from focusing on this best practice if 1) fee collections at time of visit are below national benchmarks, which is approximately 95% or 2) sites are not billing for, or not billing correctly for, third-party payer associated client fees or 3) client fee balances aged over 120 days are greater than national benchmarks, which are typically cited at 15% to 25%.

As with the first best practice, the first strategy for this second best practice is to develop and/or update policies and procedures to ensure that they are accurate and efficient. For example, grantees may want to assess their client payment and collection policies and procedures such as client payment methods, time of visit, payment expectations, and collections. Additionally, assuring policies outlined clearly help to discount balances for third-party payer clients is necessary. A second strategy is to implement these client payment and collection policies, not only for uninsured clients, but again, for those clients with third-party payer associated fees.

Consider scripts to assure accurate, consistent communication and

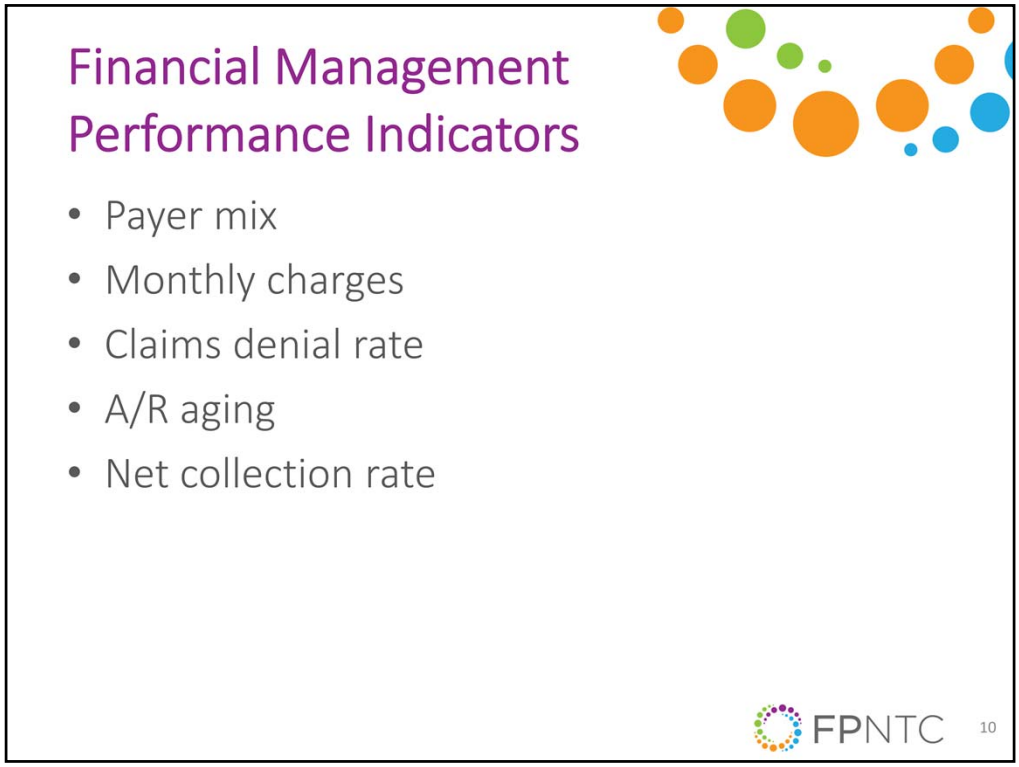
messaging to clients at time of scheduling, at time of check in and registration, and also at exit. A third strategy is to provide training to staff to ensure all policies and procedures are being done correctly and/or as intended.



The third best practice in the strategies listed here are focused on third-party payer revenues and collecting them once they have been billed. Title X grantees or sub recipients seeking to improve financial management systems and revenue within their networks of service sites will benefit from focusing on this best practice if 1) a grantee or its network of service sites are not currently measuring or managing accounts receivable from third-party payers or 2) they are not fully aware of all third-party payer contract terms that impact revenue or 3) they're not measuring denials or denial rates are higher than industry best practices, which are typically cited at 5% or 4) grantee or its network of service sites are not monitoring accounts receivable aging or accounts receivable buckets contain percentages higher than industry best practices.

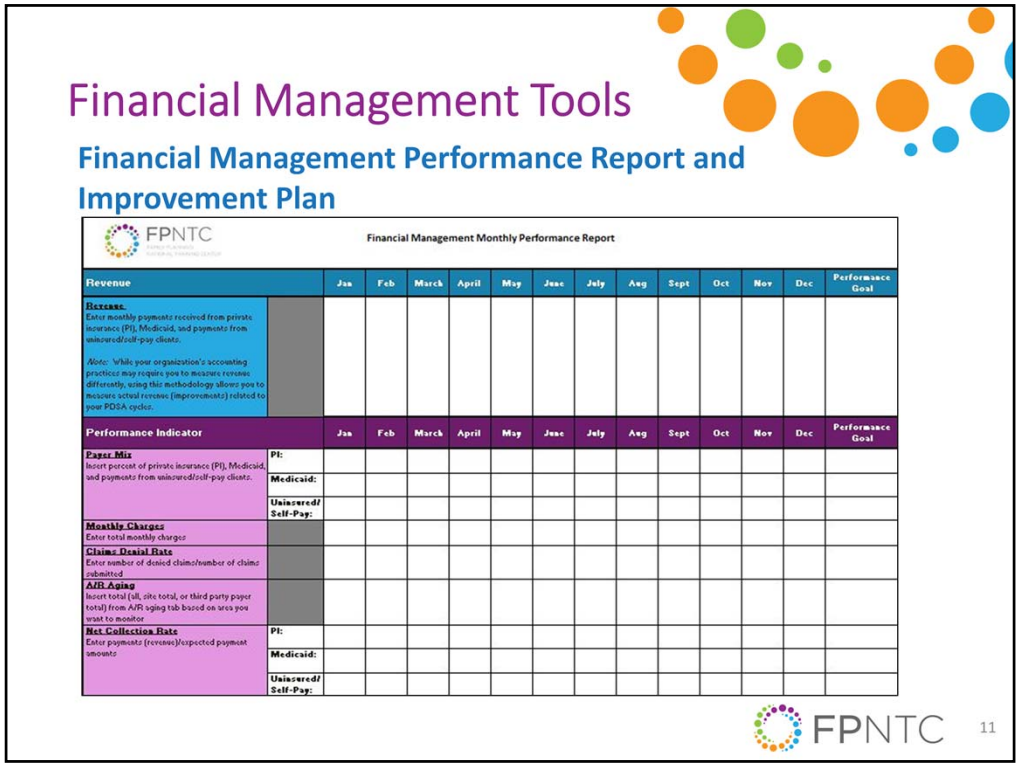
A first strategy is to develop detailed written policies. Example policies and procedures include: claim submission processes and timeframes, payment posting processes, accounts receivable follow-up, and denials management. Utilize input of staff involved as appropriate to assure that policies are detailed, efficient and accurate. Once they're developed or updated, train staff to ensure they are implemented accurately. A second strategy is to analyze A/R to identify issues. Review data by age, by site, by peer, by clinician, by code, etc., and compare it to established benchmarks. Identify issues behind the outlier data such as a specific third-party payer that is not paying or a site that is not billing regularly, etc., and develop and implement a plan to address these issues.

A third strategy is to analyze denial rates and trend denials monthly by payer and by denial type, and compare them to national benchmarks. Implement improvement strategies to reduce denial rates. The last strategy is to identify best practices for successful third-party payer contract against share across the network. Grantees can provide training on contract management processes and processes to track important third-party payer contract elements and clinician credentials. These apply to a grantee, however, a sub recipient could ask a grantee for assistance in these areas.



For this collaborative, the FPNTC identified performance indicators that impact revenue. They include: payer mix, monthly charges, claims denial rates, A/R aging and net collection rate. Financial performance indicator data available to each grantee will help to identify which best practice and/or strategies may be most useful to the grantee and its network of sites or agencies. In addition to these indicators, an agency or a site may also look at other or sub indicators to measure performance. For example, front desk staff may not find accounts receivable aging measures meaningful, but an A/R aging report will show improvement if front desk staff assure no claims are pending or awaiting submission due to missing or inaccurate data at the end of every week.

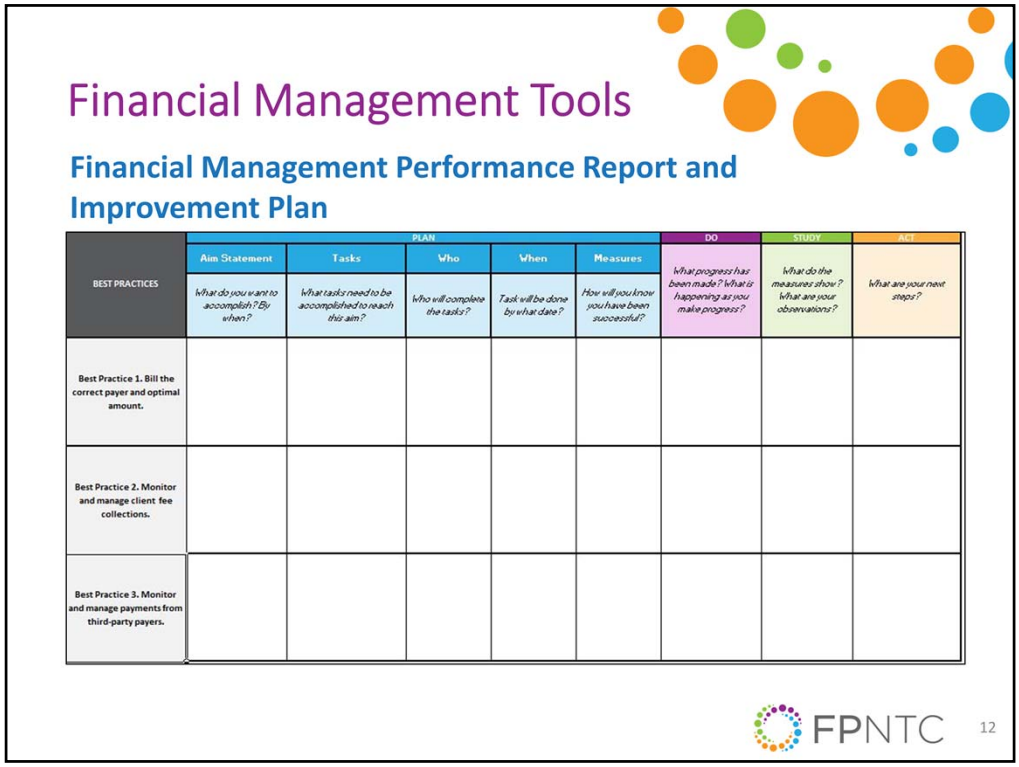
A performance indicator an agency or site may track in this case, as a sub indicator, could be number of claims pending, and measure this weekly. I'll turn it back over to Caitlin to introduce some of the financial management tools.



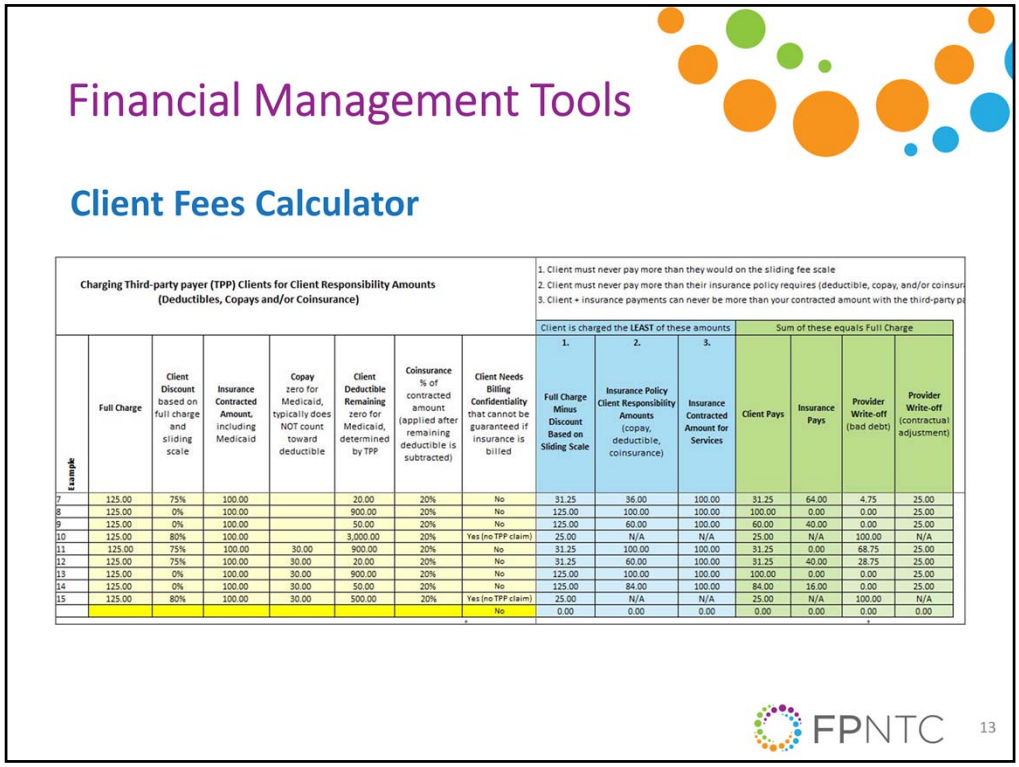
Caitlin Hungate:

Thanks, Debbie. One of the tools we developed for the learning collaborative and will soon be available on FPNTC.org is the financial management performance report and improvement plan. This multi-tab Excel spreadsheet includes a tab for monthly reporting on performance indicators. The performance report and improvement plan was essential to providing key data and quality improvement plans throughout the learning collaborative. The report includes a tab to enter and monitor data for each of the financial management indicators. It shows data at a glance and helps grantees see high-level change on indicators over a period of time.

Two critical components of an improvement plan include documenting your baseline data, as well as your endpoint data. While it may take longer to see a change in revenue, grantees that participated in the learning collaborative did see results. Grantees completed this performance report on a monthly basis, reporting on data available in their setting.

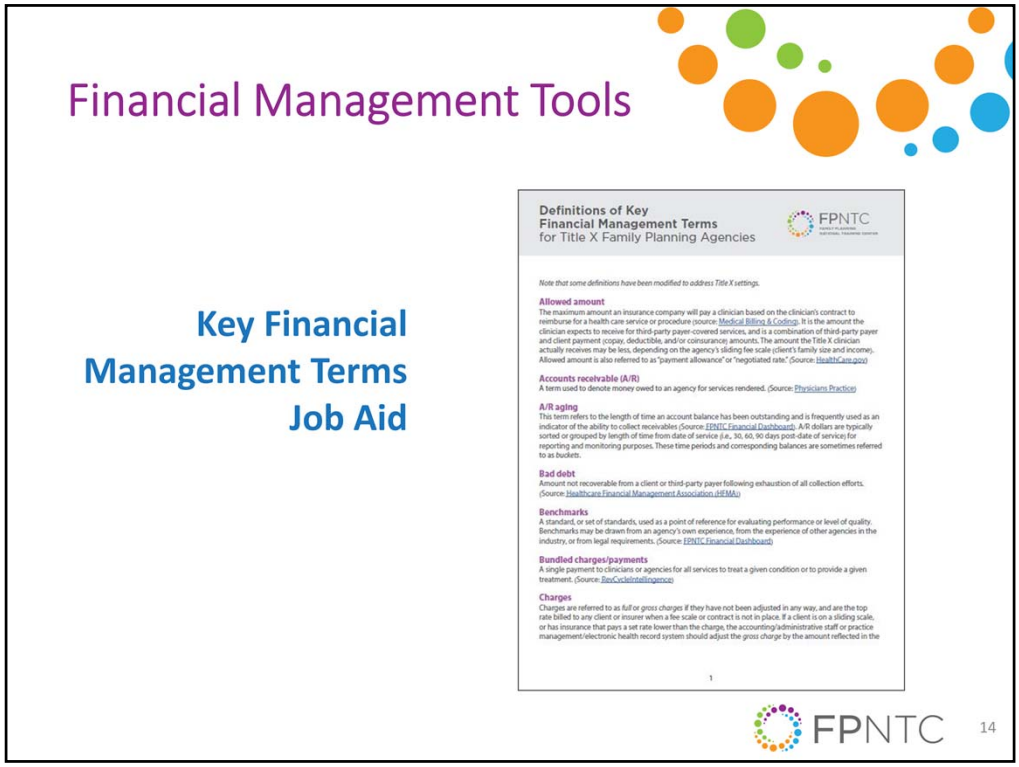


Two additional tabs allow grantees to document and prioritize quality improvement initiatives. These provide space for articulating statements and specific steps for improvement efforts related to each of the three best practices. Grantees and subrecipients can use this tool to plan and conduct PLAN, DO, STUDY, ACT, or PDSA cycles.

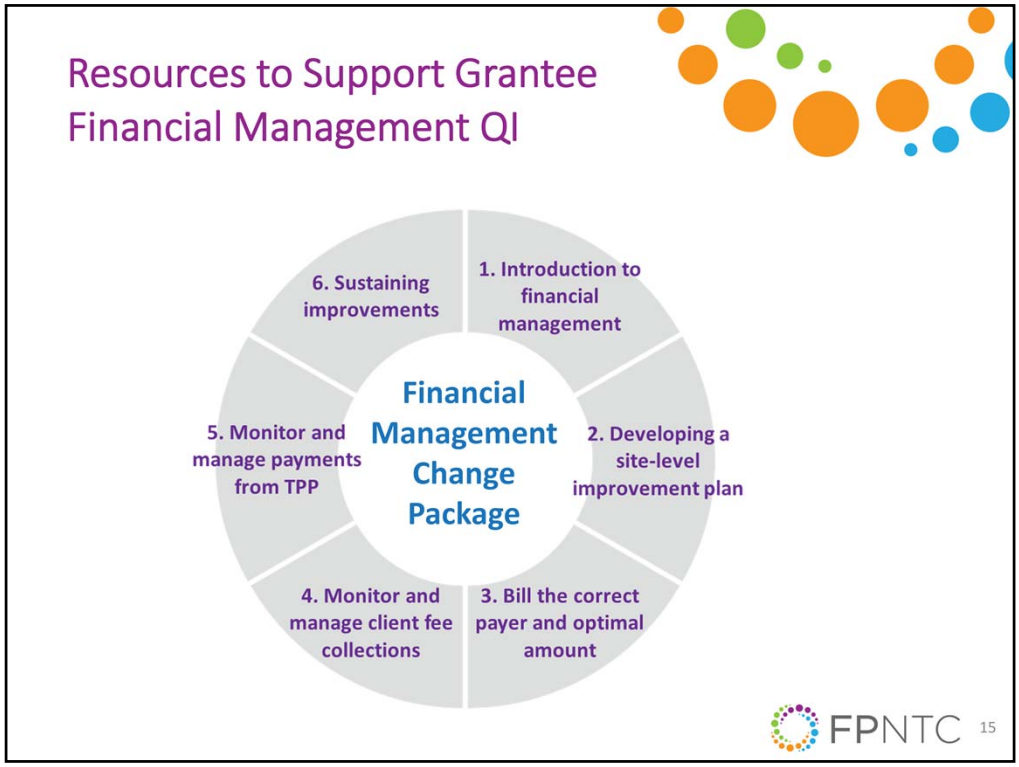


Another tool developed during the learning collaborative is a client fees calculator. Mary Kellington at the Washington State Department of Health Family Planning Program came up with this idea. The spreadsheet helps sites to charge insured clients the correct co-pay, deductible, and co-insurance. Grantees can also use this calculator to support training of sites, to demonstrate fees due from clients with third-party payer insurance. To be most effective, a financial or program manager must ensure that the grantees' sliding fee discounts are updated in the workbook. The formulas are not locked, and as users update the full charge, and the client's discount columns on the left, the remaining columns will adjust.

Grantees can also modify the insurance contracted amount, as this may change depending on the specific insurance contract. Again, kudos to the Washington State Department of Health for coming up with this idea and working with the FPNTC and Debbie Sullivan to develop a useful, practical tool. And this tool will be available soon on FPNTC.org.



Another tool developed as a result of the learning collaborative is a list of key financial management terms and their definitions. The FPNTC pulled definitions from various financial sources and modified them to be applicable in Title X family planning settings. This also can be found in the coming weeks on FPNTC.org in the financial management training package.



Finally, since the FMLC ended in September of 2017, the FPNTC has updated all related materials and re-packaged for the Title X network to use. The financial management change package includes cases and successes based on the financial management learning collaborative participant experiences. The FPNTC also re-purposed the learning session PowerPoint slides, and developed accompanying discussion guides to help grantees support subrecipients and service sites. This suite of materials was designed to build the capacity of grantees for implementing financial management quality improvement initiatives.

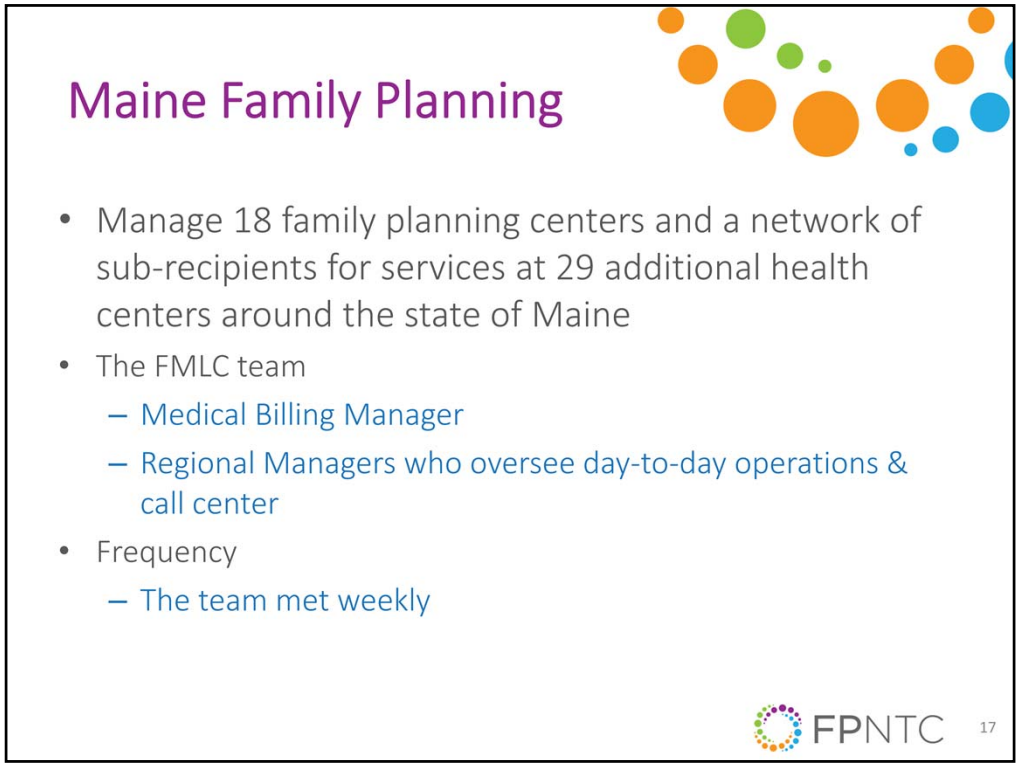
We are presenting a quick review of what's included in the suite of new resources today. 60 minutes is not nearly enough time, and I encourage you after this webinar, to take more time to become familiar with all of the excellent resources in this new package. The presentation and corresponding discussion guide available to grantees, subrecipients and service sites, include an introduction to financial management, and the three best practices, developing a site-level improvement plan, a presentation focused on the first best practice to build a correct payer and optimal amounts, a presentation focused on the second best practice: monitor and manage client fee collections, a presentation focused on the third best practice: monitor and manage payments from third-party payers, and last but not least, a presentation focused on sustaining improvements.

These materials will soon be available on FPNTC.org. They can be used

to conduct a comprehensive financial management learning collaborative in a grantee network or grantees can use one or more sessions to address specific needs of subrecipients and service sites.

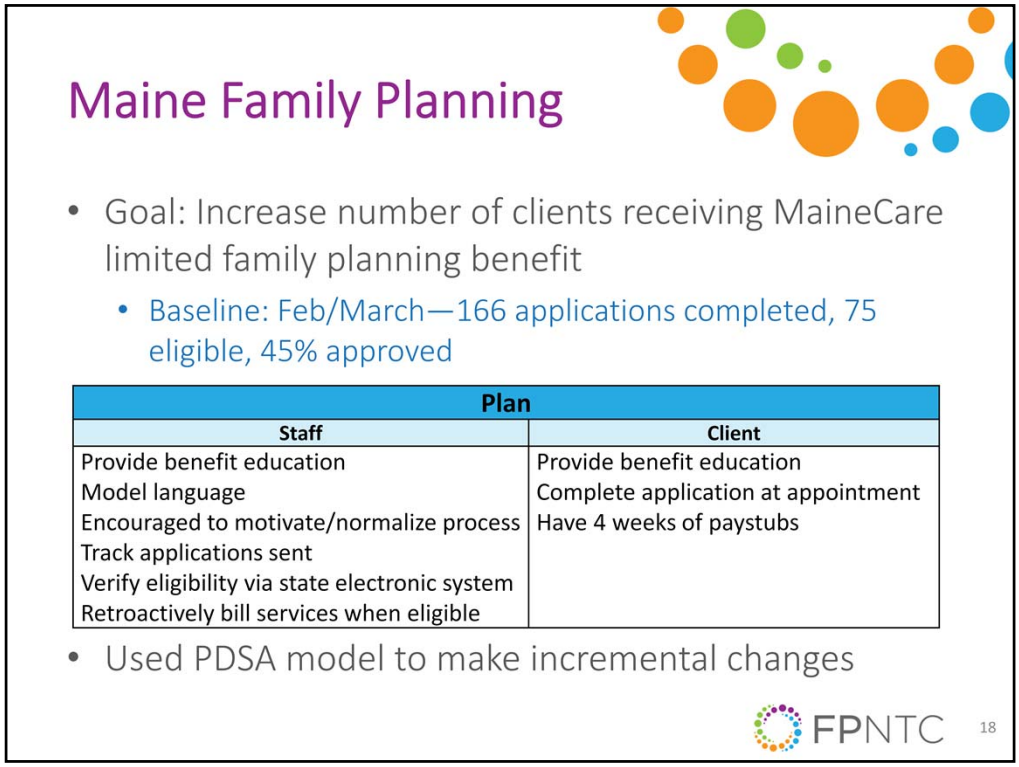
Now that we've shared the background of the financial management learning collaborative and available tools to support your quality improvement efforts, let's hear from two grantees who participated in the learning collaborative: Maine Family Planning, and Florida Department of Health.

The first team we'll be hearing from today is from Maine Family Planning. Amy Black, the Vice President of Finance and Administration at Maine Family Planning and Rhonda Woodman, the Medical Billing Manager at Maine Family Planning, participated in the financial management learning collaborative. Amy and Rhonda, I'll turn it over to you.

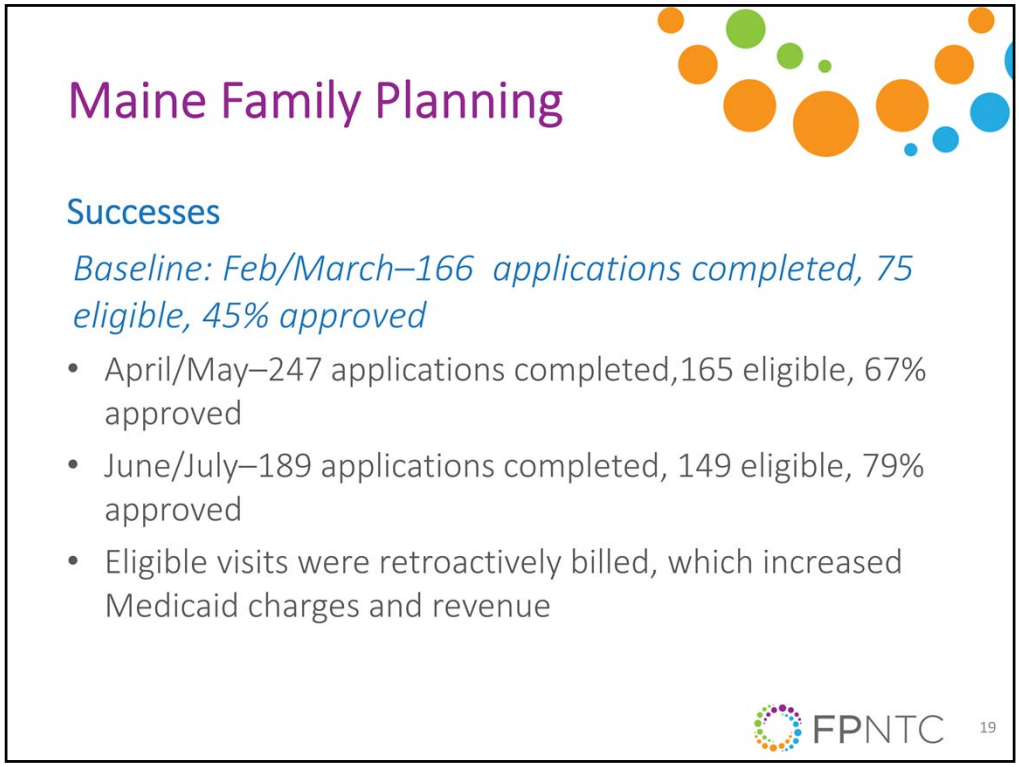


Amy Black:

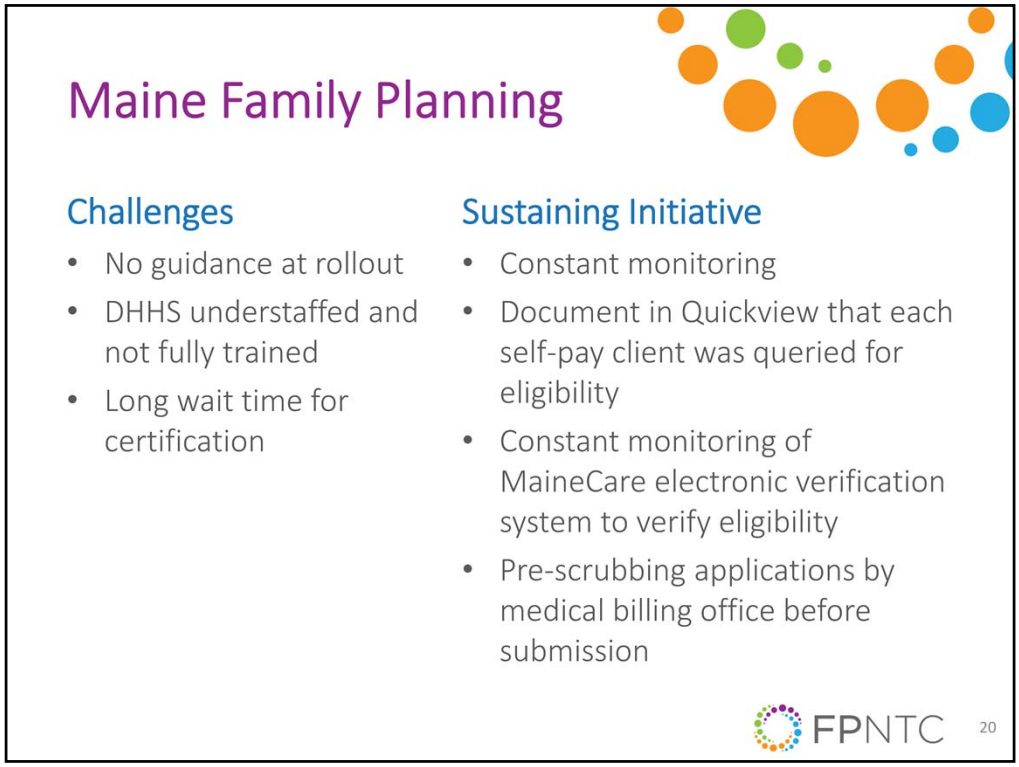
Thank you, Caitlin, for inviting us to speak about our project. My name is Amy Black and I am joined by Rhonda Woodman. A little background about our organization. Maine Family Planning is a Title X grantee for the state of Maine. We directly manage 18 family planning centers and provide funding, technical assistance, and support to 29 additional health centers statewide. The folks primarily working on this project have been the medical billing manager and our regional managers who directly oversee day-to-day operations in the call center. They met weekly.



Our goal with this project was to increase the number of eligible clients receiving the MaineCare Limited Family Planning Benefit. At the beginning of this project, our initial baseline was 166 applications completed, in which 75 were found eligible. Only 45% of our applications tracked were eligible. Our plan to improve involved training for staff. This included education about the benefits and how to identify potentially eligible clients, model language to assure consistent and accurate messaging, encouragement to motivate and normalize the application process, update and monitor a tracking spreadsheet on applications sent to spot trends and errors, and to routinely verify eligibility through the state's electronic system, and finally, to retroactively bill services for eligible clients. Our plan included goals for clients as well. This included providing benefit education to let clients know the value of enrollment, encouraging each client to complete an application at their appointments, and to do this, they would need to bring four weeks of pay stubs to their appointment. We used the PDSA model to make incremental changes and roll out those changes swiftly.

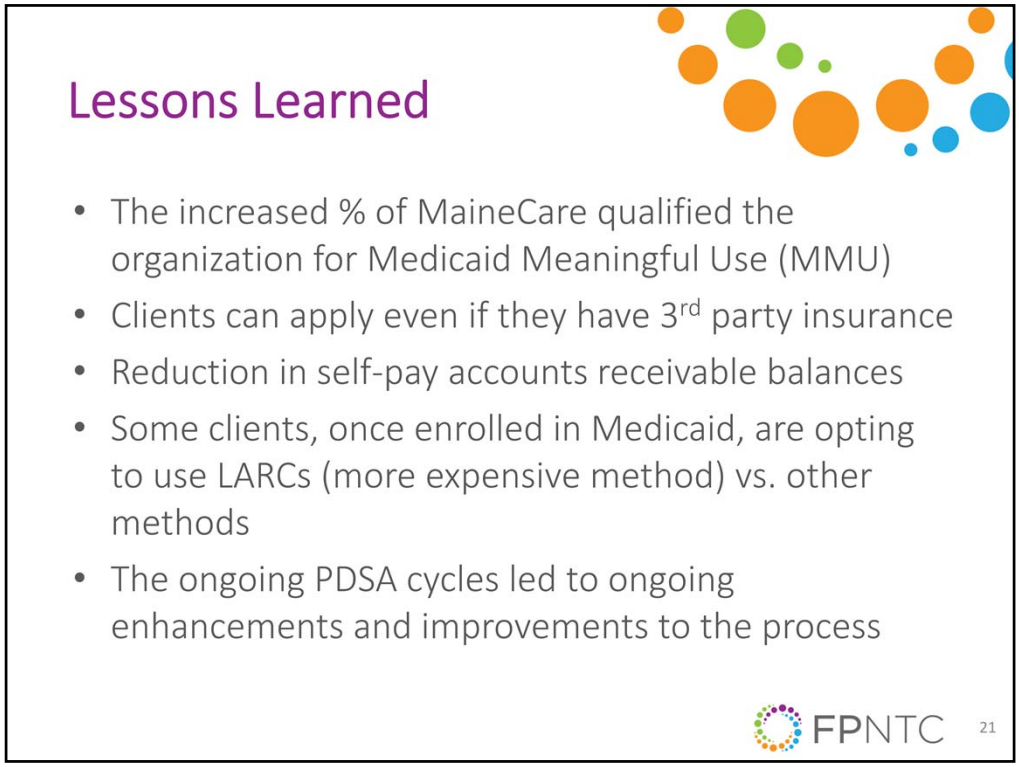


The baseline, again, was 166 in which 75 were eligible. So, only 45 were approved. In April and May, there were 247 applications completed with 165 eligible, so now 67% of our applications were getting approved. And then in June and July, there were 189 applications completed, with 149 eligible, so 79% of our applications were approved. This is a great benefit for our clients. Eligibility is retroactive to application date, which allows our medical billing manager to bill their services. Two noticeable results were an increase in medicaid revenue and a decrease in self-pay accounts receivable.



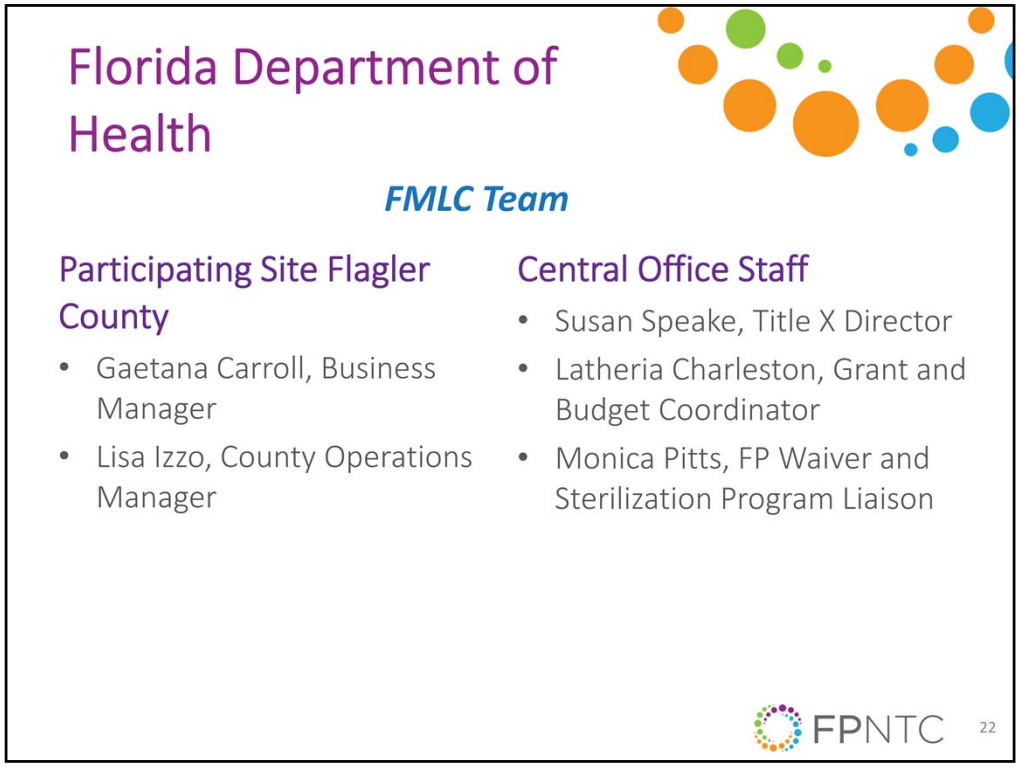
This program was not without its challenges. The number one being there was little or no guidance from MaineCare at the time of rollout, and no patient information given out to patients. So, there was no publicity, nothing like that. An example, on page three of the application, there was an opt-in box that always needed to be checked, and another example is the application itself says pay stub information may be required, but in reality, it is always required. The MaineCare department was understaffed and not fully trained, even now this far into it. A lot of times when you call MaineCare, they don't even know what you're talking about. There was a long time to wait for certification. Currently, November applications are still being processed right now. So, they are still at least two and a half months behind.

In order to sustain our initiative, we are doing the following: constant monitoring, we're checking in with staff, documenting in the chart Quickview that each self-pay patient was queried for eligibility, consistently monitoring the MaineCare electronic verification system to verify eligibility, pre-scrubbing the applications by the billing medical office before submission to spot any errors.



Lessons learned and unintended consequences: one great one, just because of the higher percentage of Medicaid visits that resulted from this effort, Maine Family Planning is now qualified as an organization for Medicaid Meaningful Use, instead of qualifying individual providers. Clients can apply even if they have third-party insurance. This is advantageous for clients who have high deductible plans. We've experienced a significant reduction in self-pay accounts receivables, which leads to fewer accounts being written off to bad debt.

We are noticing that some clients are reconsidering their birth control method, and utilizing more effective and more expensive methods such as LARCs, IUDs, Nexplanon now that they know that that'll be covered by MaineCare, especially those patients that were currently at a pay category. The weekly meeting was critical. It led to ongoing enhancements and improvements within the process, and it also keeps it to the forefront. A lot of changes that sometimes come across, staff have buy in at the beginning of it and it kind of goes away. This keeps it in the front of everybody's minds. That's our story.



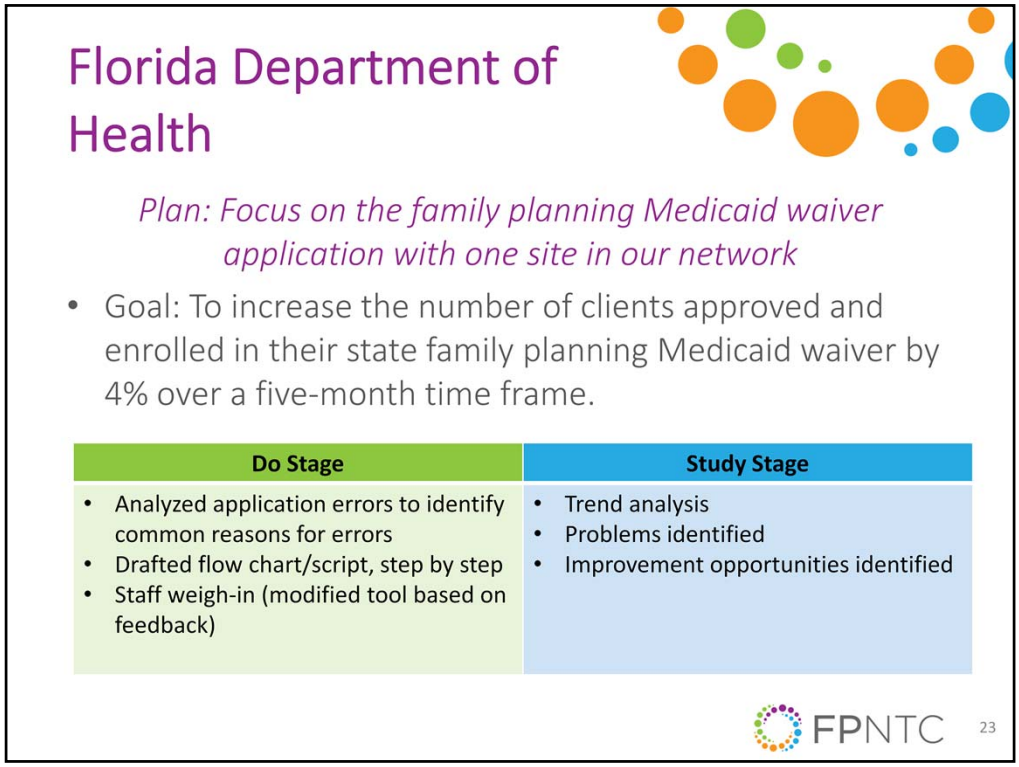
Caitlin Hungate:

Thank you so much, Amy and Rhonda. Our second success story revolves around the Florida Department of Health. Latheria Charleston, the Grant and Budget Coordinator at the Florida Department of Health, and Susan Speake, the Title X Director at the Florida Department of Health participated in the financial management learning collaborative. I will turn it over to Latheria and Susan to tell you more about their organization and their team involved in the learning collaborative.

Latheria Charleston:

Thank you, Caitlin. Hello, my name is Latheria. I'm the Grant and Budget Coordinator for the Florida Department of Health and the planning program, and will be presenting the results of our participation in the learning collaborative today. Gaetana Carroll, County Business Manager, and Lisa Izzo, County Operations Manager of Flagler County were the site team members who worked with us to implement the PDSA cycles. In addition to myself, Susan Speake, Title X Director, and Monica Pitts, Family Planning Waiver Liaison were the Central Office team members who participated in the implementation of the financial management collaborative project.

Just to give a little bit of a background of how the Florida DOH is structured, the Florida Department of Health consists of 11 office and 8 divisions. The statewide family planning program is housed within the division of Community Health Promotions within the bureau of Family Health Services Adolescent Reproductive Health section. Florida DOH has 67 county health departments that operate as one unit. However, the department's functional relationship with its local CHD is one of indirect oversight in the respect that Florida DOH provides policy and guidance, while the local CHDs set up their own procedures on how to implement those policies. Currently, there are 155 program sites throughout the state of Florida that the central office oversees.

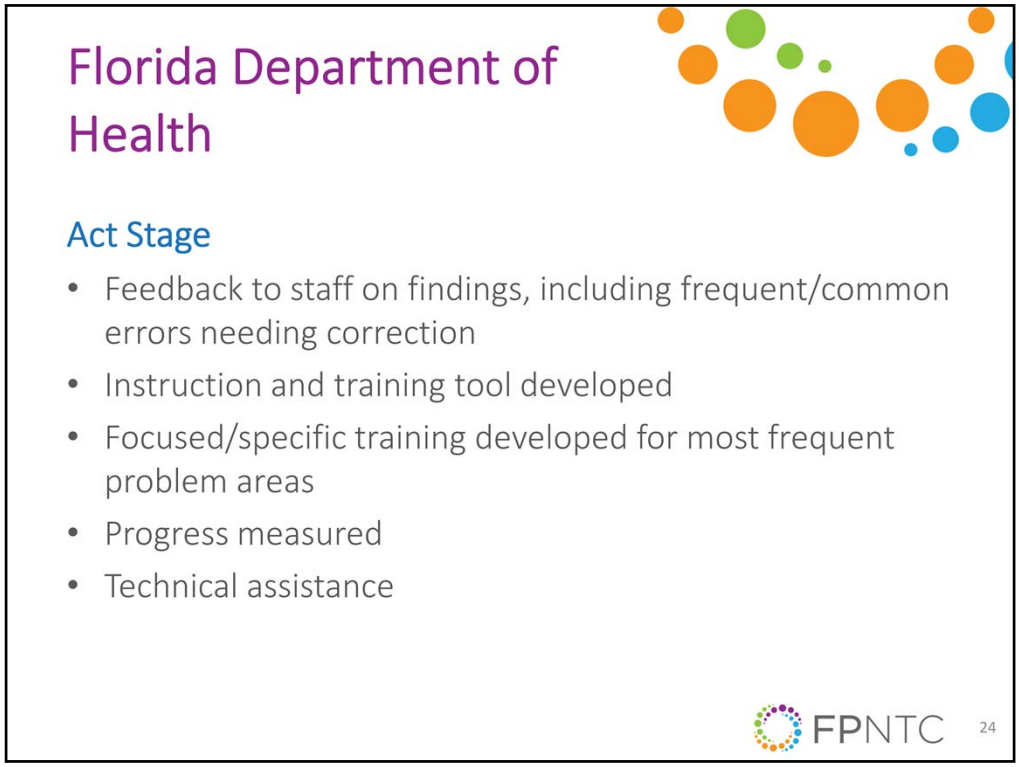


Here's what we did: Our plan for this project was to focus on the family planning Medicaid waiver applications with one site in our network. Our goal was to increase the number of clients approved and enrolled in the state's family planning Medicaid waiver by 4% over a five-month timeframe. The reason we chose this, though, is because error rates for the Medicaid and planning waiver applications had shown an increase last quarter of 2016 to the first quarter of 2017. During the Do stage of the project, a step-by-step process from the time the client calls or walks in was written out by the participating site. A draft flowchart was made by the participating site, and site staff were asked to review and weigh in on areas that they thought helped them during the process and on areas they thought needed improvement.

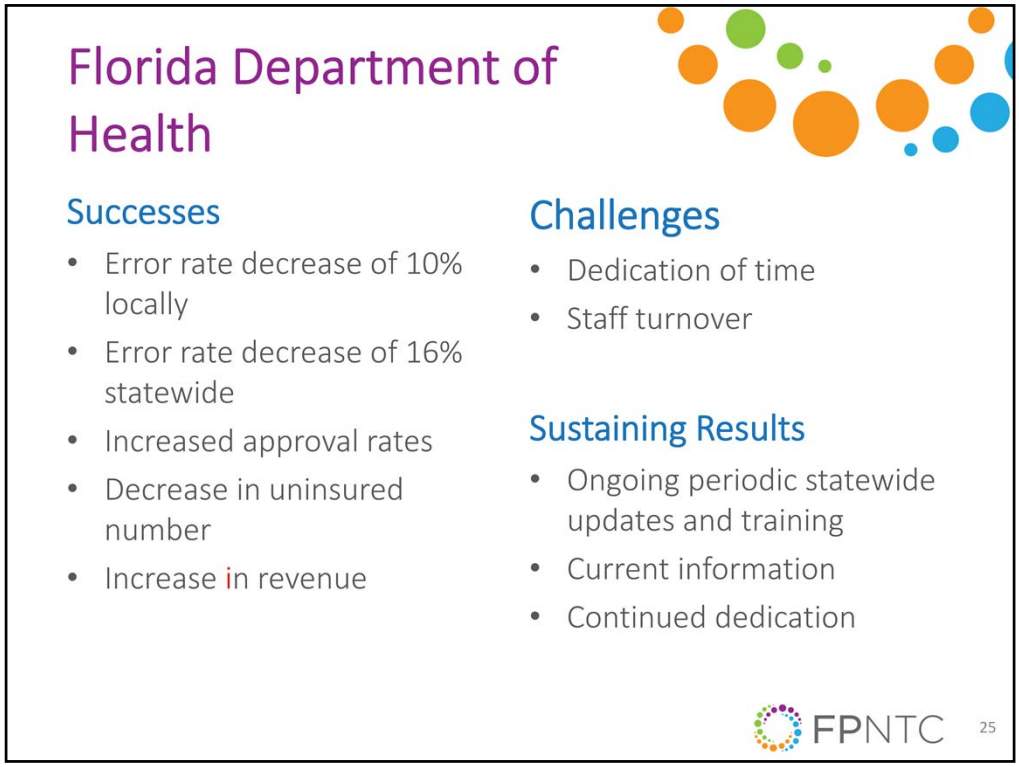
The family planning waiver liaison got quarterly reports from the Agency for Healthcare Administration, which we call ACA, documenting the number of applications that were submitted, approved and denied statewide, which included the reasons for denials. Input documents containing any errors were returned by ACA to the family planning waiver liaison, who ten tracked the reasons for error determination, and whenever possible, the family planning waiver liaison made the necessary corrections to the application for re-submission. Then, we moved into our Study stage. During the Study stage of the project, the site's operations manager noted that staff needed more training on the eligibility process itself. At the central office, staff time was dedicated to the family planning waiver to

analyze reasons for trends in application enrollments and denials for the waiver.

The most frequent reasons for errors were identified by the family planning waiver liaison, and areas for training and possible technical assistance were noted.

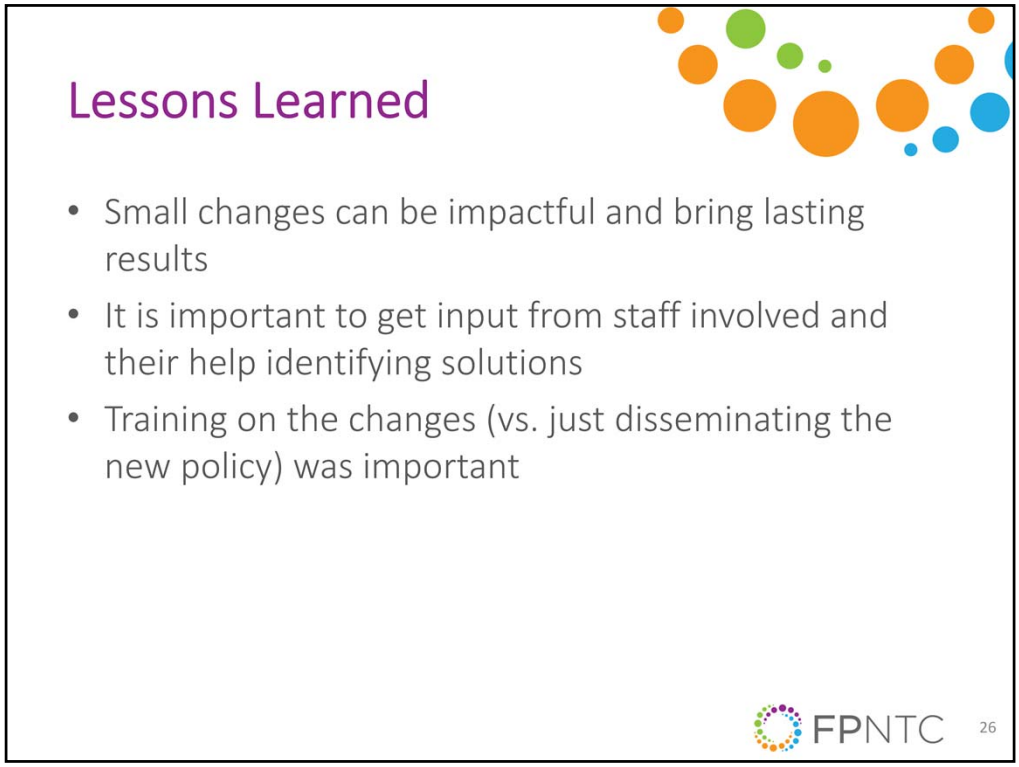


During the Act stage of the project, training and development was focused to mitigate repeat errors, feedback from the central office family planning liaison was provided to the application process at each CHD where application errors were noted. Instructions on how to correct and avoid repeat errors in the future were also provided. Central office staff developed a tool specifically for completing the family planning waiver application. Training on the use of the new tool was shared during the statewide family planning conference call. Application enrollment and approval rates were monitored for changes as training information was sent out and shared with the CHD sites statewide, and the family planning liaison continues to serve as point of contact for technical assistance and inquiries.



To summarize our successes, challenges and how we intend to sustain our results, based on what we measured during the process, error rates decreased and waiver application approvals increased by 10% at the participating service site over the first quarter of the financial management learning collaborative, and continues to improve. Application approval rate went from 26 out of 53 applications approved to 34 out of 57 applications approved. As a training, the family planning waiver was shared statewide. We noticed that over the same time span, the statewide error rates decreased by 16%. This led to an increase in approvals and has contributed to a decrease in uninsured clients, which increases our revenue. Some of the challenges were dedication of time. During the collaborative, Florida had a lot of challenges. One is that the collaborative took place around the same time as Florida [inaudible 00:34:06] fiscal year ends.

As you may probably know, this is the time when we are very much involved in preparing our budget for the new year. Looking ahead, we feel that staff turnover may pose a challenge. Staff members are trained and then move on. New staff comes in and the training needs to be repeated. So, in order to sustain the results and to overcome staff turnover, ongoing periodic statewide updates and training are critical to maintaining current information for completing applications with the client. Continued dedication on the behalf of the central office family planning waiver liaison to stay abreast on the family planning waiver reporting. Tracking and analysis also will be crucial to our efforts.



Lessons learned throughout this process were that changes doesn't always have to come in big packages. Small changes can have a great impact and bring in lasting results. Involving staff is crucial. Training on all changes, as opposed to just disseminating policy is also crucial. So, overall, this has been a beneficial experience for Florida and we appreciate the opportunity to share. Thank you.

Caitlin Hungate:

Thank you, Latheria and Susan. Now is the time for questions. Are there any questions or comments for any of the speakers today? We realize that a lot has been covered during this webinar, and feel free to use the chat icon at the bottom right-hand of your screen to chat in your questions for any of those speakers today.

Katie Saul:

Thanks, Caitlin. This is Katie. We do have a few questions coming in. Before we get to those, we've had a few questions about whether the slides will be available after, and I just want to reiterate, I think, what you said, Caitlin, partway through is that we covered a lot of information on this webinar today and we fully acknowledge that we kind of went quickly through those best practices at the start, the best practices that are in the change package. So, just a few notes about that. As we said, both the change package as well as the other materials will be available on FPNTC.org in the next few days, hopefully within the next week or so, and as always with our webinars, we will include a full recording. We'll also have the slides with the transcript from today, so you all will have exactly what was said, and we're also including the actual PowerPoint slides with talking points, so that you all can use these slides with your networks and with your colleagues.

One other quick note, just about the best practices. We are planning on following up in March, hopefully, with three shorter webinars that will focus on each of these best practices in more depth. So, think of today as a bit of a teaser, and there is more to come, so if you are interested and you want to know more, check out the change package, but there is more to come on this and I just wanted to let you know that that's coming down the pike because we do realize we touched on it fairly quickly. Okay, so to get to the participant questions, we did have a question from Charlotte about where we got the established benchmarks on A/R and denials. Maybe Debbie, do you want to take that?

Debbie Sullivan:

Yeah, yeah, actually, we did literature reviews and thoroughly vetted them, and so there are sources that are listed with those benchmarks, and there are lots of tools available on the FPNTC website, and one of them is a financial dashboard and it goes through some of the benchmarks and has the actual references for those.

Katie Saul:

Great. Thank you. Next, we have a question for our colleagues in Florida. This question is from Emily and she says, "Our state health department struggles to track revenue at local health districts and ensure that the money goes back into the program. How do you ensure that all revenue, including billing, city dollars, state dollars, federal dollars, that go towards family planning programs ultimately return to the program?" Are our Florida colleagues there? Maybe you might be muted, or you might be thinking hard about how to answer.

Latheria Charleston:

Yes. We are able to ... Florida has an integrated financial reporting system, so we are able to see all revenue that comes in, and we are able to look at the revenue that's applied to each program. So, thankfully, we can pull the reports and we are able to see dollar for dollar what the revenue was, and actually what was expended throughout our different programs here in Florida.

Katie Saul:

Okay. Thank you. Okay, we have another questions here and I think this will ... Well, we'll see who can answer this one. How were you able to use your PMS, I'm assuming your Project Management System, to assist in the Medicaid enrollment process? Have any volunteers on that one?

Amy Black:

We could run a report through our practice management system to see potentially eligible patients by income guidelines, and that way we actually could do a blitz through there, through their email and text telling them about the program. So, we had some patients actually coming in asking for the applications, and then we also used it to track patients that were previously self-pays and now are MaineCare.

Katie Saul:

Okay. Thank you. We have another question from Mary. I think, Debbie, this one might be for you. When collecting the co-pay for a family planning client, when determining the maximum amount to bill the client, do you apply the sliding fee scale to the co-pay or the full charge?

Debbie Sullivan:

There is probably eight or ten slides that go through how to appropriately discount the co-pays and deductibles, and I'm not sure that I can do it justice in answering this in a few minutes, but basically, the client should never pay more in terms of the co-pay, co-insurance and deductible than they would if they were a client that was paying a fee as an uninsured client. So, you really start when you're looking at how much they should pay, or how much you should discount, you're starting with the full fee amount, and then determining based on their family size and income, what that discount would have been. So, in other words, if the fee for the service, the full fee, is $100 and they are a 75% discounted client based on their family size and income, they should never pay more than $25 towards the co-pay, the deductible, etc.

Again, I think if you're interested ... I did just want to jump in before, and Caitlin please add, but I do want to jump in. There's a lot of great information on the co-pay, how to appropriately slide that and examples throughout the ... I think it's module two that goes into detail in that. It was the second best practice.

Caitlin Hungate:

Thanks, Debbie. And the other tool that we didn't mention today, but that kind of goes with the client fees calculator is a sliding fee scale FAQ, frequently asked questions. I think that was maybe Mary who had a question. It basically goes through different scenarios that Debbie just described about collecting for co-pays and deductibles and co-insurance. So, there is another resource to support the Title X

network in accurately collecting those amounts.

Katie Saul:

Okay. We have a question for Maine from Brenda. Brenda was wondering if MaineCare is a birth control insurance through Medicaid? So, the Maine team, can you just talk a little bit about MaineCare?

Amy Black:

MaineCare is actually ... Full MaineCare is like the Medicaid. What we were talking about is limited family planning benefit. I think in some states they call it the SPA, State Planned Amendment. So, it's limited to just family planning services. It doesn't necessarily have to be at a family planning clinic. It can be at any provider, but it's those that an FP modifier would go on.

Katie Saul:

Okay. And Amy and Rhonda, while you're still there, we have another question that we'll ask of Maine and then we'll turn it over to our Florida colleagues, the same question. Kristie was wondering if the family planning service sites in Maine and Florida have ACA navigators or CMS navigators, and if not, who assists the clients with the application? It says front desk staff, or nurses, etc.?

Amy Black:

We do not have navigators in our clinics, but it's our front desk. We keep the applications right here. They are brief applications and we are helping patients to fill it out and submitting it for them.

Katie Saul:

Great. Latheria?

Susan Speake:

This is Susan. In Florida, we do not have navigators, but we do have people that are designated at each site to help with the family planning waiver applications as the people come in and request help.

Katie Saul:

Great. Okay, and we had another question about the benchmarks, asking for a recap on the benchmarks. Debbie, do you want to go over those or direct participants to where they'll be able to find those following the webinar or in the coming weeks?

Debbie Sullivan:

Yes, sure. Sure. A couple of more words about the benchmarks. Again, I think I had mentioned that there's a tool on the National Training Center's website that's a financial dashboard, and it goes through each of these financial performance indicators, and it talks about specifically what they are, how they're being calculated and what some benchmarks are, and then it cites the resources. I do also want to say, oftentimes, when I work with a clinic or a grantee, they might be really far away from the benchmark, or for one reason or another, that specific benchmark might not make sense to them, and so in an instance like that, we look at other ways to set a benchmark.

You can look at other national data, you can look at the Title X network as a whole, you can look at all your clinics and determine which one of them might have the best performance in that area and just select that. It doesn't absolutely have to be that national benchmark, but it's certainly ... That's sort of like a best practice or a best standard in the industry when you talk about, for example, denials at 5% or less. Those are just some national best practice standards, but again, there's a lot of information in the presentation or in the suite of information about how to set benchmarks.

Katie Saul:

Great. Thanks. And we have a couple of questions about the family planning waiver application. One general question from Dawn about where folks can find more information on the family planning waiver application process, can any of you answer that one?

Amy Black:

In Maine, there's several sites where you can find the limited care benefit application, if that's what you're asking. Consumers for Affordable Healthcare, Planned Parenthood, Maine Family Planning, a number of different sites around the state.

Susan Speake:

And in Florida, we have our ACA, which is a Medicaid agency in the Department of Children and Families. Also, we have applications that are on our local website, and each county has applications throughout the state.

Caitlin Hungate:

Family planning waiver information is very state-specific and typically state websites are gonna have information specific to each state.

Katie Saul:

Great. Thanks everybody, and then a more specific question from Lee. Patients that come into our practice know that they're gonna receive family planning services regardless, so they often don't bother bringing in information to complete the family planning waiver application. Can we require them to apply for the waiver and get denied before the SFS is applied to their visit?

Amy Black:

I know for us, we don't know all the individual situations and we don't put denial or not filling out something as a prerequisite for eligibility for the slide.

Caitlin Hungate:

Yeah, I think some of it is in messaging. Clearly, denying services to anyone is not something any of us would do and we're not able to do as Title X providers, but I think a lot of this is in messaging and I think as you heard from Maine in particular, in terms of ... They spent a lot of time cracking that message and encouraging the patients and making sure they fully touted the benefits from the program, and so, again I think most of the progress that they made in the desire to have folks want to complete those applications is due to the great job they did with messaging and training their staff in delivering that message to the patient.

Katie Saul:

Great. Thank you. And just a general or minor to all of you, both the resources that we discussed today, as well as general resources on third-party billing and financial management are on our website and for those of you who haven't been to FPNTC.org since we redesigned our website, all of our resources now are organized into training packages and you'll find resources most relevant to this topic under the financial operations section. We have training packages both on general financial

management, as well as third-party billing and so we'll be posting everything to those training packages moving forward

Just a final reminder, it doesn't look like we have anymore questions, but when we close the webinar today, you'll get an evaluation popping up on your screen and we highly encourage you to complete that. It's quite brief and it'll only take a couple of minutes, and we really do use your feedback for our own quality improvement here at the training center, so please take a few minutes to do that. And as a final reminder, I know we've said it a few times, but again, the recording will be available online, as well as the transcript with the slides, as well as the PowerPoint with talking points for you all to use this with your colleagues. And please, do keep an eye out for registration for those three webinars, probably coming in March, but the registration will be up a lot sooner than that. But we'll take a deeper dive into each of these best practices and you can learn more.

So, I think that's it for now from the training center. We want to thank all of you for joining us today.

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Thank you!

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