

Uncompensated Care Grant Program – FAQ

Provider Eligibility

Q: Our clinic offers contraceptive services including emergency contraception, but we don't offer abortions. Would we still be eligible?

A: No, to be eligible, a provider must offer both abortion and contraceptive care.

Q: Are non-profit organizations eligible to apply for funding on behalf of Medi-Cal enrolled providers?

A: No, interested Medi-Cal providers who meet eligibility requirements outlined in the RFP must apply for grant funding directly, but may receive support completing their application from consultants.

Q: What percent of patients served need to have low incomes?

A: To qualify for the grant program, a provider must be enrolled as a Medi-Cal provider and offer abortion and contraceptive services. Uncompensated care payments are available only for patients with low-incomes, up to 400% of the Federal Poverty Level (FPL). There is no requirement that a provider serve a specific percentage of low-income patients.

Q: If a provider is Medi-Cal enrolled but the clinic that they work at is not, would they be eligible for this grant?

A: Medi-Cal enrolled providers that offer abortion and contraceptive care to patients with low-incomes are eligible to apply for funding under the grant program. Eligible providers may include Medi-Cal enrolled private medical offices and independent private or non-profit abortion providers. *An individual provider may not leverage grant funding to serve patients at a clinic site that does not serve Medi-Cal patients.*

Q: If a private medical office/provider is enrolled in its county Medi-Cal HMO but is not enrolled in Family PACT, are they still eligible?

A: If a provider offering abortion and contraceptive services in a private medical office is an enrolled Medi-Cal Provider, they may be eligible for the Uncompensated Care Grant fund.

Patient Eligibility

Q: If a patient is covered under Medi-Cal and are under 400% of FPL, and can pay for part of their visit that is not covered through Medi-Cal reimbursement, can funds be used for the other half of the cost?

A: No, grant program funding reimburses providers at the Medi-Cal rate for patients who are uninsured for abortion and contraception AND not otherwise eligible to receive abortion and contraception at no cost through Medi-Cal or Family PACT.

Q: If patients are technically eligible for public health insurance options, but are uninsured due to waiting for their enrollment to be processed, can funds be used to support their care?

A: Yes, if someone has applied for Medi-Cal and is waiting for enrollment to begin, and abortion and contraception services provided are not reimbursable under the program at the time of care, funding can be used to cover the cost of uncompensated services.

Q: Will you be providing a patient form to self-attest income, insurance status, confidentiality concerns for documentation purposes, or will that be left to awarded organizations to develop? This detail about motivations is more than we normally collect.

A: Providers who receive grant funding can utilize their current patient intake process to determine a patient's income, coverage, and eligibility for existing programs to identify patients who are eligible for care under the grant program.

Q: If patients are eligible for Family PACT (FPACT) but not enrolled, would they be eligible for this funding if they are not enrolled due to safety concerns, since patients with private insurance and safety concerns about using other insurance/coverage are eligible for care under this program?

A: No, FPACT is a resource for uninsured patients, or patients with other insurance coverage who have confidentiality concerns regarding using their insurance coverage. FPACT does not release or send any notices or explanation of benefits.

Covered Services

Q: Can you add new codes that are not in the FAQ document?

A: Yes, the list of procedure codes is not exhaustive. Codes related to abortion and/or contraceptive care provided, such as ultrasounds, lab work or other diagnostic tests, may be added to the worksheet and calculated at the Medi-Cal reimbursement rate.

Q: Are vasectomies covered under this program?

A: Vasectomy services for patients who meet eligibility requirements may be covered under the program. The language that created the program was gender neutral.

Q: Are PEP and/or PrEP covered under this program?

A: No, neither PEP nor PrEP medicines are covered under this program. Services covered under the program must be related to abortion and contraceptive care.

Q: Would these funds cover hospital-based services?

A: Grants may be available for hospitals to cover the cost of uncompensated inpatient or emergency department care for abortion or contraceptive services the hospital provided to eligible patients. However, grants to hospitals will be based on availability of resources in the Uncompensated Care fund and the hospital's demonstrated need.

RFP/Online Application

Q: How will the “extent to which abortion and contraception services are needed locally” be measured? Do we need to focus our application on a specific geographic region?

A: Applicants should include information in their online application about current access to abortion and contraception in their service area(s), increases in demand experienced over the past year, as well as projected increases in demand.

Q: In regard to the question on the application, "What is your organization's current annual budget?" - is this specifically referencing expenses for abortion and contraceptive care?

A: Applicants should include their organization’s total annual budget.

Q: Are there priority areas or ‘weights’ in the application evaluation rubric?

A: No, the rubric is not weighted. Each application will be reviewed and assessed according to the rubric.

Funding/Reporting

Q: What happens if there are unused funds at the final reconciliation date? Will there be a no-cost extension or will funds have to be returned?

A: Half of the grant amount awarded will be distributed at the start of the program. The second half of funding will be released in January of 2025. Amounts may be adjusted based on progress and financial reports submitted. While the expectation is that funding will be expended during the project period, Essential Access may consider granting a no-cost extension if there are unused funds at the end of the project period.

Q: Regarding the mid-year report for Uncompensated Care grants, will there be an opportunity for applicants to give narrative on factors that may make the need different for the second half of the grant, i.e., changes in abortion or contraception access laws in western states?

A: Yes, the second half of funding released in January of 2025 may be adjusted based on progress and financial reports submitted as well as any new or unexpected changes in the abortion or contraception access landscape.

Q: Can you share more about what is required in the mid-year and year end reports? What type of patient data will be required?

A: Personal patient data will not be collected or reported. Examples of aggregated data that will be required to be reported include the number of patients served, demographic information (age, race/ethnicity, primary language), services provided, and to the extent possible, information about whether the patient is from California or another state (not collecting state-level data). Data requirements will be shared during the grant program kick-off meeting which will be scheduled soon after agreements are fully executed. Additional information and support regarding data collection will be shared during individual meetings with grant program team members. Reporting templates will be provided.