

FPAR Forms and Instructions Update

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Purpose & Use of Information Collection & Changes

- Monitor compliance with statutory requirements, regulations, and operational guidance
- Comply with accountability and federal performance requirements for Title X family planning funds, as required by the 1993 Government Performance and Results Act.
- Guide strategic and financial planning, monitor performance, respond to inquiries from policymakers and Congress about the program, and estimate program impact.
- Monitor progress of objectives in the family planning focus areas of the Healthy People 2020.

- The FPAR is the only source of annual, uniform reporting by all Title X services grantees funded under Section 1001 of the Title X PHSA. The FPAR allows OPA to assemble comparable and relevant program data to answer questions about the characteristics of the population served, use of services offered, composition of revenues that complement Title X funds, and the impact of the program on key health outcomes.
- On this slide you can see the various purposes and uses of FPAR information collection, which are to:
 - monitor compliance with statutory requirements, regulations, and operational guidance;
 - comply with GPRA requirements for accountability and federal performance;
 - guide strategic and financial planning, monitor performance, respond to inquiries from policymakers and Congress about the program, and estimate program impact; and
 - monitor progress of objectives in the family planning focus areas of the Healthy People 2020.
- The changes that will be identified in this portion of the presentation essentially aim to continue to facilitate and fulfill those purposes and uses.

Grantee Profile Cover Sheet

- Number of Subrecipients (Delegates or Subcontractors) Supported by the Title X Grant

- First, we will start with the Grantee Profile Cover Sheet, which is located on page 13 of the most recent version of the FPAR Forms and Instructions Document, which expires 09/30/2016. The change on this sheet isn't substantial.
- Under the left-hand column, which is titled, **Grantee Legal Name**, in the fourth box or field below that title, OPA changed the row heading, which was formerly, "Number of Delegates/Subcontractors Supported by the Title X Grant", to "**Number of Subrecipients (Delegates or Subcontractors) Supported by the Title X Grant.**"

Table 5 – Principal Health Insurance Coverage Status

- Definition for public health insurance clarified
- Definition for private health insurance revised

- The next change I want to point out to you is on table 5, which is located on page 25.
- The purpose of this change is to clarify how grantees should report
 - (a) users covered by health insurance plans covering **military personnel** and their dependents (report as **private** health insurance) or
 - (b) users covered by **public-paid or public-subsidized** state or local health insurance programs (report as **public** health insurance).
- **PUBLIC HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE** – Refers to **federal, state, or local government health insurance programs** that provide a broad set of primary medical care benefits for eligible individuals. [OPA clarified the definition of public health insurance to include state or local government programs \(e.g., Washington’s Basic Health, Massachusetts’s Commonwealth Care\) and public-paid or public-subsidized private health plans.](#)
- **PRIVATE HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE** – Refers to **health insurance coverage through an employer, union, or direct purchase** that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). [OPA revised the definition of private health insurance to include plans for public employees or employees or retirees...or military personnel and their dependents \(e.g., TRICARE or CHAMPVA\).](#)

Table 14 – Revenue Report

- Children’s Health Insurance Program (CHIP)
- Instructions for reporting “Other Public” and “Private” third-party revenue (reimbursements) clarified
 - Definition of “Other Public Insurance” clarified
 - Definition of “Private Health Insurance” revised

- Table 14, which is located on page 50, reflects similar changes to the insurance coverage definition that I just mentioned in FPAR Table 5.
- OPA changed the **Row 3c** heading from “State Children’s Health Insurance Program (SCHIP)” to “**Children’s Health Insurance Program (CHIP)**.”
- OPA has corrected or clarified the instructions for reporting “Other Public” and “Private” third-party revenue (reimbursements). These corrections reflect similar changes to the insurance coverage definitions in FPAR Table 5.
- OPA has clarified the definition of “**Other Public Insurance.**” Public health insurance refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, CHIP, and other state or local government programs that provide a broad set of benefits (e.g., Washington’s Basic Health or MA’s Commonwealth Care plans). Also included are public-paid or public-subsidized private insurance programs. Grantees should report revenue received from these sources on **Row 3d** “Other Public Health Insurance.”
- OPA has revised the definition of “**Private Health Insurance**” to include health insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA). Grantees should report revenue received from these sources on **Row 3e** “Private Health Insurance.”

Table 6 – Limited English Proficiency Users

Form Approved
OMB No. 0955-0221
Exp. Date 09/30/2016

FPAR Number: _____
Date Submitted: _____
Reporting Period: January 1, 20____ through December 31, 20____
(Month/day/year) through (Month/day/year)

Check One: Initial Submission Revision See Notes

Table 6
Unduplicated Number of Family Planning Users with Limited English Proficiency (LEP)

	Number of Users (A)
1 LEP users	
2 Not LEP users	
3 Unknown/not reported	
4 Total Users (sum rows 1 to 3)	

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Checkpoint Reference
CC

- The purpose of the change to Table 6, which is located on page 26, is to make the structure of Table 6 consistent with other FPAR tables and to provide important information on the completeness of the user LEP data.
- OPA added two new rows:
 - Row 2 for reporting the unduplicated number of users who are not LEP and
 - Row 3 for reporting the unduplicated number of users with unknown or not reported LEP status.

Other Changes – Tables 10 & 13

- Table 10 – Clinical Breast Exams and Referrals
- Table 13 – FTE Clinical Services Providers & Family Planning Encounters by Type of Provider

- On the previous version of the Forms and Instructions document, Table 10 solely stated number of users. But, in accordance with recommended screening practices, grantees should report clinical breast exam and CBE-related referral data for **female users only**. On page 38, OPA has modified Table 10 instructions and row headings to reflect this change.
- Table 13 – This table is essentially not different from the table on the previous FPAR. However, OPA has provided additional guidance for defining and calculating what full-time equivalent means for Clinical Services Providers. Also, for **1c**, “other clinical providers” has been changed to “Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment.” And line **2** has been changed from “Non-Clinical Service Providers to “Other Services Providers.” This table is located on page 46.

Thank you!

- **FPAR Forms & Instructions**

<http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/#fpar>

- **Contact Information**

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Q&A

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