Colorado Family Planning Initiative
A Colorado Success Story

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At-A-Glance:
Colorado Family Planning Initiative (CFPI)

Between 2008 and 2014

- Provided over 30,000 LARCs to low-income women
- Teen birth rate dropped 40% and abortions fell 35%
- Medicaid avoided a median of $79 million in related health care costs over the first 3 years of CFPI*
- Cost of the program was $27 million over 7 years
  - Training for health care providers
  - Support for operational infrastructure
  - Reduced or eliminated cost of LARCs

*Based on population estimates, the range is $49-$111 million.
Objectives - provider training & public education
- Increase access to family planning services
- Increase access to long-acting reversible contraceptives

Funding - provided by a private foundation
- ~$5 million/year for 4 years
- Decreased funding for years 5-7
- Distributed to all 28 Title X agencies throughout Colorado

Participation - 69 family planning clinics
- Located in 36 counties; home to 95% of state’s population
- 42 located in local public health departments
Network Map: Title X Family Planning
# Game Changer: Measurable Outcomes

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title X LARC insertions (ages 15-24)</td>
<td>.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Title X IUD &amp; implant use (ages 15-24)</td>
<td>4%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Title X Oral contraceptive use (ages 15-24)</td>
<td>44%</td>
<td>29.9%</td>
</tr>
<tr>
<td>State Fertility rates (per 1,000 women 15-19)</td>
<td>39.6</td>
<td>22* (2013)</td>
</tr>
</tbody>
</table>
CFPI's Impact
Total Number of Births and Fertility Rates
Ages 15-19, Colorado, 2007-2013

Number
Birth Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>6,657</td>
<td>40.2</td>
</tr>
<tr>
<td>2008</td>
<td>6,569</td>
<td>39.5</td>
</tr>
<tr>
<td>2009</td>
<td>6,201</td>
<td>37.4</td>
</tr>
<tr>
<td>2010</td>
<td>5,422</td>
<td>33.1</td>
</tr>
<tr>
<td>2011</td>
<td>4,687</td>
<td>28.0</td>
</tr>
<tr>
<td>2012</td>
<td>4,122</td>
<td>24.3</td>
</tr>
<tr>
<td>2013</td>
<td>3,807</td>
<td>22.3</td>
</tr>
</tbody>
</table>
Other Impacts

40% reduction in teen abortion rates statewide

$79 million median Medicaid costs averted*

25% reduction in WIC infant enrollment (all ages)

*Based on population estimates, the range is $49-$111 million.

Collaborate with Colorado Medicaid

- Build relationships with Medicaid
- Cost avoidance data
- Billing and coding manual
- Leadership collaboration
- Increase reimbursement rates
- Medicaid staff attend FP conferences and meetings
- Carve out for post-partum LARC
- Rural health centers carve out for LARC
- Advocate for LARC carve-out in FQHCs
Insights & Lessons Learned

- Partner with existing systems
  - Title X
  - FQHCs
- Champions are key to meaningful change
- Clinical training doesn’t end with providers
  - Clinic efficiency
  - Billing/coding
- Follow best clinical practices and guidelines
- Data
Insights & Lessons Learned (cont.)

- Increase access to all LARCs
  - In all clinical settings
  - Same day insertions
  - Cost
  - Coverage by payers

- Increase knowledge among clients
  - Outreach and education
  - Word of mouth is invaluable
  - Understanding coverage and how to access

- Supportive consent laws
- Confidentiality is an issue
Questions?
Contact Us

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THANK YOU!
South Carolina Birth Outcomes Initiative: A National Model for Maternal/Child Health

“Focus on LARC: Past & Present”

ASTHO LARC WEBINAR
August 24, 2015

Ms. BZ Giese, BSN, RN
Director, SC Birth Outcomes Initiative
SC Department of Health and Human Services
SCBOI’s National Model of Maternal/Child Health
Selling Points/Key Stakeholders/Partnerships
First Questions to Consider

- Who is your Medicaid Policy Decision Maker? Most states = Director of Medicaid Agency (SCDHHS)
- Do you need CMS approval to change your state’s policy = No
- How do you get the Director’s attention/approval to change policy?
6 SCBOI Workgroups: Partnerships in Collaboration

- Baby Friendly
- Behavioral Health
- Care Coordination
- Data
- Health Disparities
- Quality and Patient Safety
Sell the Benefits of Change for Moms and for Medicaid

- Likely to reduce # of repeat and unintended births due to convenience of inpatient insertion
- Removes barriers to receiving appropriate contraceptive care due to missed post partum appointments at 6 weeks *(55% miss it in SC Medicaid)*
- Improve Provider relationships and address another identified barrier, i.e. reimbursement amount for the device which was below cost to purchaser *(outpatient & inpatient adjusted up)*
Sell the Benefits of Change for Moms and for Medicaid cont...

- Cost is a 90/10 match
- If needed, provide a ROI of LARC cost vs Oral Contraceptive and “failure”, ie unintended pregnancy (see last slides)
## LARC Reimbursement Update

<table>
<thead>
<tr>
<th>Code</th>
<th>Previous Reimbursement Rate</th>
<th>Current Reimbursement Rate</th>
<th>Insertion Code</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>A4264</td>
<td>$1,164.00</td>
<td>$1,674.00</td>
<td>58565</td>
<td>$247.14</td>
</tr>
<tr>
<td>J7300</td>
<td>$588.43</td>
<td>$717.60</td>
<td>58300</td>
<td>$67</td>
</tr>
<tr>
<td>J7307</td>
<td>$648.87</td>
<td>$712.17/$777.69</td>
<td>11981</td>
<td>$96.56</td>
</tr>
<tr>
<td>J7302</td>
<td>$691.80</td>
<td>$843.66</td>
<td>58300</td>
<td>$67</td>
</tr>
<tr>
<td>J7301</td>
<td>n/a</td>
<td>$702.35</td>
<td>58300</td>
<td>$67</td>
</tr>
</tbody>
</table>

*Note that all rates are the same for both in-patient and out-patient. In-patient payment is in addition to the DRG for delivery. Updated October 2012*
Who Are Your Key Players to Make the Change?

- Clinical Champions who deliver babies in that hospital
- Nurse Advocates on L & D
- Hospital Pharmacy Department
- Hospital Claims Department
- Medicaid Claims and Outreach staff
- Managed Care Medical Directors (90 days to get their payment system ready)
LARC and Managed Care in SC

- 6 capitated MCO's cover over 90% of SC Medicaid births
- Cost for device, insertion, removal are included/covered in MCO's rates
- All MCO’s participate in white bagging/specialty & medical benefit buy & bill for inpatient & outpatient
Lessons Learned:
Inpatient LARC Policy
Lessons Learned in South Carolina

- Have SCDHHS systems/claims staff at the table day 1
- Keep MCOs informed of policy plan so they are ready to launch at same time Medicaid releases bulletin
- Provide educational concalls/Q&A opportunities to hospital billing managers before, during and after implementation of policy
Lessons Learned in SC (cont.)

• Anticipate and be prepared to answer questions from late adopter/providers including “too high expulsion rate”

• Collaborate with other stakeholders to target pregnancy population at high risk for repeat births such as teen moms

• Clarify/confirm MCO contract obligations to record inpatient DRG’s (was optional field in SC until July of 2014)
Inpatient and White Bagging Percentages
SC Medicaid
MCO & FFS All LARC Claim Volume

84% Outpatient

16% Inpatient

Source: Data through June 2015
SC Medicaid MCO & FFS LARC Outpatient Claim Volume Only

64% Medical Benefit

36% Pharmacy Benefit

Source: Data through June 2015
White Bagging Policy
Medicaid Bulletin
3/2014:
Helping Providers
Medicaid Bulletin Highlights:

- SCDHHS FFS/MCO’s will reimburse for outpatient utilization of LARC’s through the specialty pharmacy program (as well as through claims filed under medical “buy & bill” benefit)
- LARC will be shipped overnight for specific patient and directly to the provider’s office for insertion
- Providers should use their MCO’s specialty pharmacy to order
Medicaid Bulletin Highlights cont..

- Provider can only bill SCDHHS/MCO for insertion (and not device) if using specialty pharmacy
- Provider has 30 days after purchase to insert or must return for credit
- Internal review of claims indicates no returns for this reason indicating insertion has taken place
What are the cost benefits of LARC vs Oral Contraceptives?
Evaluating the Cost Effectiveness of LARCs vs Oral Contraceptives in SC Medicaid

• Average net price for oral contraceptives (OCs) = $23.38 per month.

• Average net price per LARCs = $581.61 per unit.
  • Price per LARC includes administration, insertion, and removal rates, as currently reimbursed by SCDHHS.

• Assuming that the patient uses the LARC for the full period for which it is indicated, the price per month covered is less expensive for LARCs than OCs
  • Price per Month of Contraception, OC = $23.38
  • Price per Month of Contraception, LARC = $11.57
LARC

Effectiveness Gap between LARCs and Oral Contraceptives in SC Medicaid

- LARCs have a failure rate of 0.05% to 0.8%, depending on which LARC is used.
- Based on SCDHHS market share, the SC Medicaid weighted failure rate is estimated at 0.15%.
- Oral contraceptives have a 9% failure rate within the first year of use, based on typical use patterns.
- The cost per unintended pregnancy is estimated at $10,000.* (For publicly-funded births.)

Effectiveness Gap between LARC and Oral Contraceptives in SC Medicaid (cont.)

• When adding in the cost of contraceptive failure, the case for LARC is even stronger:
  • First year cost (price/woman treated w/OC or LARC), including costs of unintended pregnancy for contraceptive failure:
    • OC: $1180.56
    • LARC: 596.66
2015-16 SCBOI Strategic Plans

- Continue increase in utilization of inpatient and outpatient LARCs
- Enhance partnership with stakeholders to target teen moms
- Development of LARC toolkit for distribution
- SimCOACH to offer LARC insertion training at 44 birthing hospitals
- Presentation at 2015 SCBOI Annual Symposium
- Expand data collection to include quality metrics (i.e. effect on postpartum visits, number of unintended pregnancies.)
Thank You!

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Director of BOI, SCDHHS
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LONG ACTING REVERSIBLE CONTRACEPTION: PARTNERING TO INCREASE ACCESS TO AND COVERAGE OF IMMEDIATE POST-PARTUM LARCS

IOWA’S STORY

Debra J Kane
Iowa Department of Public Health
Bureau of Family Health
August 24, 2015
Acknowledgements

- Iowa Department of Public Health
  - Stephanie Trusty
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  - Di Petsche
  - Denise Wheeler

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  - Dr. Jason Kessler
  - Sally Nadolsky - retired

- Centers for Disease Control and Prevention/Division of Reproductive Health
  - Dr. Wanda Barfield

- Office of Population Affairs
  - Lorrie Gavin
History of un-bundling

- Maternal Health Task Force
  - Long term relationship and collaboration with Medicaid partners
  - Meet to address emerging needs and issues
  - Opportunity to engage providers
Informational Letter

- **Time line**
  - Initial inquiry with supporting documentation
    - 10/31/2013
  - Informational letter sent to Medicaid providers
    - 02/02/14
  - Implementation
    - 03/3/14
  - [Informational letter NO. 1349](#)
INFORMATIONAL LETTER NO. 1349

DATE: February 3, 2014

TO: All Iowa Medicaid Hospitals, Physicians, Advanced Registered Nurse Practitioners, Hospitals, Clinics, Family Planning Agencies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics and Maternal Health Centers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Long Acting Reversible Contraception (LARC)

EFFECTIVE: March 1, 2014

The IME will begin allowing the insertion of intrauterine devices (IUDs) and other long acting reversible contraceptive products (LARCs) before the patient leaves the hospital, following delivery. Payment for these services will be allowed for both practitioners and hospitals, as described below.

For practitioners providing this service in the hospital setting, they will need to bill with the appropriate place of service (POS) code. For this particular service, the POS codes would be 21 (inpatient hospital) or 22 (outpatient hospital), as appropriate. Since this service would be rendered following delivery, the POS would generally be 21. Practitioners may bill for the professional service associated with insertion of the IUD or other LARC, with the appropriate CPT code, as described in the tables below. If a practitioner supplies the IUD or other LARC, the practitioner may also bill for same using the appropriate Healthcare Common Procedure Coding System (HCPCS) Level II procedure code, as also listed in the tables below.

For hospitals, in instances where these LARC services are provided to an inpatient, the claim for these services must be submitted as an outpatient claim, separate from the inpatient claim for the delivery. The inpatient claims will pay normally under the Diagnosis-Related Group (DRG) methodology. The outpatient claim for the LARC device will pay on a fee schedule basis for the HCPCS Level II procedure code billed. This payment will be separate from the DRG payment for the inpatient admission associated with the delivery. The appropriate procedure codes listed in the tables below should be used on the outpatient claim.

The list of covered procedure codes and descriptions is below:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7300</td>
<td>Intrauterine copper contraceptive</td>
</tr>
<tr>
<td>J7301</td>
<td>Levonorgestrel-Releasing intrauterine contraceptive system (SKYLA), 13.5 MG</td>
</tr>
<tr>
<td>J7302</td>
<td>Levonorgestrel – release IU contraceptive 52 mg</td>
</tr>
<tr>
<td>J7305</td>
<td>Levonorgestrel (contraceptive) Implant system, including implants and supplies</td>
</tr>
<tr>
<td>J7307</td>
<td>Etonogestrel (contraceptive) implant system, including implant and supplies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11980</td>
<td>Subcutaneous hormone pellet implantation</td>
</tr>
<tr>
<td>11981</td>
<td>Insertion, non-biodegradable drug delivery implant</td>
</tr>
<tr>
<td>11983</td>
<td>Removal with insertion, non-biodegradable drug delivery implant</td>
</tr>
<tr>
<td>58300</td>
<td>Insertion of intrauterine device (IUD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9 Surgical</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.7</td>
<td>Insertion of intrauterine contraceptive</td>
</tr>
<tr>
<td>86.09</td>
<td>Other incision of skin and subcutaneous</td>
</tr>
</tbody>
</table>
Work with providers, hospitals, and health plans

- Billing support
  - University of Iowa Hospitals and Clinics
  - Broadlawns Hospital
- Educational seminars provided to physicians and nurse managers
  - Unity Point –
    - St. Luke’s Cedar Rapids
    - Methodist West Hospital – West Des Moines
    - Allen Women’s Health in Waterloo
    - Unity Point – Partnered with Meridian Health Plan (Iowa, Illinois and Michigan)
- Spencer Hospital (Level 1)
- Siouxland Medical Education Foundation Program
  - Family Practice Residency Program
Data request

- Measure uptake of the new benefit
  - Added to annual data request for linkage to birth certificates
  - Maternal DRG codes
    - 765
    - 766
    - 767
    - 768
    - 774
    - 775
Provisional results

Postpartum Contraceptive Use among Medicaid reimbursed births, Iowa, 2014

<table>
<thead>
<tr>
<th></th>
<th>&lt; Age 21 (n = 2,386)</th>
<th>≥ Age 21 (n = 12,126)</th>
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</thead>
<tbody>
<tr>
<td>n= 14,512 live births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 days postpartum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most/moderate</td>
<td>24 (1.0%)</td>
<td>909 (7.5%)</td>
</tr>
<tr>
<td>LARC</td>
<td>22 (0.9%)</td>
<td>80 (0.7%)</td>
</tr>
<tr>
<td>60 days postpartum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most/moderate</td>
<td>299 (12.5%)</td>
<td>1841 (15.2%)</td>
</tr>
<tr>
<td>LARC</td>
<td>293 (12.3%)</td>
<td>971 (8.0%)</td>
</tr>
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Next steps

- Continue to monitor benefit uptake
  - Revisit data request
  - Submit CoINN data
- Follow up with hospitals and providers
- Examine interface with Medicaid in new MCO environment
THANK-YOU

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