ASTHO Increasing Access to Contraception
Year 4 Virtual Learning Session #2

January 30, 2018
2-4pm ET
For Audio: 866-740-1260, ext. 7428625#
Webinar Objectives

• Discuss approaches to assess work flow and areas for quality improvement within FQHCs.

• Identify opportunities for maximizing partnerships with state and national organizations.

• Outline family planning reimbursement strategies for FQHCs and opportunities for learning community teams to apply these strategies in their states.
Agenda

2:05 CO FQHCs and NACHC Partnership
3:20 CHCANY and NIRH Reimbursement for LARCs in the FQHC setting
3:40 Self-Monitoring Tool
3:55 State Successes and Closing
4:00 Adjourn
Welcome and Introductions

Welcome from ASTHO

- Ellen Pliska
  Family and Child Health, Senior Director
ASTHO Increasing Access to Contraception Learning Community

Learning Community Cohort 1 States
Learning Community Cohort 2 States
Learning Community Cohort 3 States

Partners: ACOG, AMCHP, AWHONN, NACCHO, NFPRHA
Agencies: CDC, CMS, OPA
Colorado FQHCs and Partnership with the National Association of Community Health Centers

Kathy McNamara
Associate Vice President of Clinical Affairs
National Association of Community Health Centers
The Role of the Primary Care Association

Jessica Sanchez, MSN, FNP
Vice President for Quality and Operations
Colorado Community Health Network
The Role of the Primary Care Association

Colorado Community Health Network
Approach

- Relationships
- Leadership Engagement
- Coaching
- Share promising practices
- Peer networking opportunities
- Proactively engage the national perspective
- PCMH consulting
- Social determinants of health capacity building
- Patient engagement capacity building

- Continuous QI expertise for CHCs to develop internal capacity
- Facilitation and skill building, including team-based care
- Practice transformation

- Data for the Purpose of QI
- Patient engagement assistance
- Development of unique QI plans
- Workflow studies and assessments

- Networks: Medical, dental and behavioral health
- Provision of implementation guides, trainings, webinars, and learning forums to build QI knowledge and capacity
Family Planning in an FQHC

Jane Lose, CNM, ANP
Provider
Metro Community Provider Network
Family Planning in an FQHC

Jane Lose, ANP, CNM
MISSION:

To partner with the community to provide excellent, culturally-sensitive health services to meet the needs of each individual…

Every Touch, Every Time.
In 2016….

• Over 50,000 people served
• 40% of patients are uninsured, 49% have Medicaid
• 91% of patients at or below 150% of federal poverty level
• Primary care, behavioral health, dental, pharmacy, health education, patient navigation, refugee care, HIV services, LGBTQ services, internal medicine, pediatrics and prenatal care
Health effects of unintended pregnancy:

- Less likely to enter prenatal care in first trimester
- More likely to use alcohol and tobacco in pregnancy
- Higher rates of abortion
- More likely to have uncontrolled health issues
Make it easy and obvious
One Key Question ®
"Would You Like to Become Pregnant in the Next Year?"

Copyright 2012 by the Oregon Foundation for Reproductive Health
Know community Title X providers

If you cannot find a Title X provider, become a Title X provider.

• http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/
Know resources and options
Thank you!

Jane Lose, ANP, CNM

jane.lose@mcpn.org
Coding and Compliance Initiatives

Patrick Sulzberger, CPA, CHC
Co-founder
Coding & Compliance Initiatives, Inc.
America's Voice for Community Health Care
LARC Documentation & Charge Capture Process

Step 1: Development of LARC service “bundles”

Step 2: Develop and Communicate Interdisciplinary LARC Process Flow

Step 3: Designate LARC Education Personnel

Step 4: Standardize LARC Patient Education Content
LARC Documentation & Charge Capture Process

Step 5: Develop Inventory Controls

Step 6: Re-Assess LARC Process after 30 - 60 Days of Implementation

Step 7: Documentation and coding review
LARC Service Flow

- Scheduling
- Clinical
- Coding & Billing
- Payment Posting
### Colorado Medicaid Example

<table>
<thead>
<tr>
<th>CPT/HCPCS Code</th>
<th>Description</th>
<th>ICD-10 Code</th>
<th>Description</th>
<th>Bundle Description</th>
<th>Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>58300</td>
<td>Insertion of intrauterine device (IUD)</td>
<td>Z30.430</td>
<td>Encounter for insertion of intrauterine contraceptive device</td>
<td>ParaGard IUD Insertion</td>
<td>UB-04</td>
</tr>
<tr>
<td>81025</td>
<td>Urine Pregnancy Test</td>
<td>Z32.02</td>
<td>Encounter for pregnancy test, result negative</td>
<td></td>
<td>UB-04</td>
</tr>
<tr>
<td>J7300</td>
<td>Intrauterine ParaGard contraceptive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The mapping for CPT codes and HCPCS codes will need to be set-up in consideration of State Medicaid billing guidelines. The above example is based upon the information provided by the Colorado PCA regarding the separate reimbursement allowed for medical supplies reported on the 1500 claim form.

### Commercial Insurance Example (Non-Medicaid)

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Contact Information

• Kathy McNamara
  • 301-347-0400, ext. 2064
  • kmcnamara@nachc.com

• Patrick Sulzberger
  • 913-768-1212
  • psulzberger@ccipro.net
Advancing Quality Family Planning Practices Guide

Ellen Robinson, MHS, PMP
Director of Information Resources and Outreach
National Association of Community Health Centers
Audience: Title X Family Planning Clinics and Federally Qualified Health Centers

Aim: Provide guidance to health centers wishing to expand and improve access to quality family planning and reproductive health services
Advancing Quality Family Planning Practices Guide

• Highlights requirements and considerations for health centers, including becoming a Title X grantee or subrecipient

• Summarizes various models to collaborate with existing family planning providers

• Serves as reference tool providing links to key resources

• Showcases promising practices from the field

• Provides checklists and questions to consider
Advancing Quality Family Planning Practices Guide

• The PDF of the Guide can be found online at http://bit.ly/2gJ26nf.

• Email erobinson@nachc.com for print copies.
Questions?
Reimbursement for LARCs at FQHCs

Lacey Clark, JD
Director of Policy
Community Health Care Association of New York State

Jenny Mistry, MPH
Senior Manager
National Institute for Reproductive Health
New York’s Federally Qualified Health Centers

750 SITES
SERVE 2.2 MILLION PATIENTS = 1 IN 9 NEW YORKERS

INSURANCE COVERAGE OF NYS FQHC PATIENTS

- 6% MEDICARE
- 19% COMMERCIAL INSURANCE
- 16% UNINSURED
- 59% MEDICAID AND CHIP
CARING FOR NEW YORKERS
FQHCs are New York State’s primary care safety net providers.

LOW INCOME (200% OF FPL)
- 89% FQHC Patients
- 31% NYS Population

LIMITED ENGLISH
- 29% FQHC Patients
- 14% NYS Population

BLACK/HISPANIC
- 62% FQHC Patients
- 45% NYS Population

CHILDREN
- 31% FQHC Patients
- 21% NYS Population

PARTNERING WITH GOVERNMENT TO SERVE THOSE IN NEED
Medicaid reimbursements account for over half of NYS FQHC revenue.
Prospective Payment System

Cost-based bundled rate for Medicaid
Reimburses FQHC for comprehensive “Health Center Services,” including dental, mental health, pharmacy, primary care, immunizations, chronic care management, and more.
Must meet a threshold visit to bill PPS
LARC Reimbursement In FFS

NYS did not allow FQHC to bill outside their threshold visit PPS rate for the cost of the LARC device

The majority of FQHCs PPS rates, state ceiling for these rates, and ceilings on future FQHC PPS rates were set in 2000

LARC devices were not included in FQHC costs when calculating their threshold PPS rate, or the State-set rate ceilings.
NYS Actions

sFY 16-17 Budget provision to allowed FQHC to bill for LARC outside PPS

SPA notice published in the March 30, 2016 edition of the NYS Register to allow for April 1, 2016 implementation date

SPA submitted to CMS in June 2016, approved July 2016

October 2016- FQHCs were allowed to beginning submitting reimbursement claims, retroactive to April 2016
Enhancing Long-Acting Reversible Contraception (LARC): Uptake & Reimbursement at Federally Qualified Health Centers

A Toolkit for States

January 30, 2018 • ASTHO Increasing Access to Contraception Learning Community
Jenny Dodson Mistry, MPH
About NIRH

The National Institute for Reproductive Health (NIRH) builds power at the state and local level to change public policy, galvanize public support, and normalize women’s decisions about abortion and contraception.

Through our partnership model, we provide state and local advocates with strategic guidance, hands-on support, and funding to create national change from the ground up. We build connections within and across state lines, ensuring that our partners can learn from each other and have access to the latest research-based tools and messages to advance reproductive freedom in their communities. Since 2008, NIRH has provided direct grants and hands-on support to nearly 150 reproductive health, rights, and justice organizations in 39 states and 56 localities across the country.

At the national level, we engage in groundbreaking public opinion research and original reports, proactive policy initiatives, and innovative advocacy campaigns to shape a new national conversation about reproductive freedom.
About the Toolkit

• Developed by NIRH & Health Management Associates (HMA) with Community Health Care Association of New York State (CHCANYS)

• Tool to be used in the context of each state’s policy nuances

• Addressing barriers to LARC in context of supporting patient choice and access to full spectrum of contraception, as well as LARC removal
Including LARC Device in PPS Rate

• Existing PPS rate may not be sufficient to cover cost of device
• States can support FQHCs in seeking adjustment to individual PPS rates
• States must make this process simple & transparent for FQHCs to pursue it
• Consider:
  • How to capture device cost in a PPS rate
  • Administrative burdens on FQHC & state
  • Will the increase have a meaningful impact?
Carving LARC Devices Out of PPS Rate

Recommended option to ensure adequate reimbursement

- States can carve out LARC device via a State Plan Amendment (SPA)
- States could carve out a separate PPS encounter rate for an FQHC family planning encounter
- Contact regional CMS office to discuss
Other Innovative Approaches

• Alternative Payment Methodology: could incorporate family planning incentives or performance metrics

• 1115(a) demonstration waivers: ensure that providers have access to inventory of LARCs

• Medicaid Managed Care Organization contract requirements

• Develop state partnerships with manufacturers
Tool for State-Level Decision-making

Assess the Landscape

| Current reimbursement structure, APM, existing pathways for change in scope | Barriers cited by stakeholders, state-specific politics & policies |

Analyze Potential Solutions to Enhance LARC Uptake

| Possibilities of carve-out, SPA/1115(a) demonstration waiver submission & approval | Impact of increased PPS rate, new APM, engagement of MCOs & manufacturers |

Decide On & Implement an Approach

The solution that is most likely to enhance access to LARC while satisfying state-specific requirements and criteria
Next Steps

Any strategy must be coupled with efforts to address operational & implementation challenges that FQHCs face

• Billing/Coding training
• Provider education
• Support on stocking
• Support on 340B rules
• Operational/systems-level challenges
Additional Resources

- ACOG LARC Program
- “IUDs & Implants: A Guide to Reimbursement” (UCSF)
- “State Medicaid Payment Approaches to Improve Access to LARC,” CMCS Informational Bulletin; April 8, 2016
- National Association of Community Health Centers (NACHC)
Questions?

For more information, contact

Jenny Dodson Mistry
Senior Manager of Special Initiatives
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(646)520-3514
nirhealth.org

Lacey Clarke
Director of Policy
lclarke@chcanys.org
(518)795-6317
chcanys.org
Self-Monitoring Tool and Data Collection Instrument Repository: 
OVERVIEW

Keriann Uesugi, PhD
Research Assistant Professor
University of Illinois, Chicago
Background and Purpose

- Developed IPP LARC State Monitoring Tools
- Request from states to measure other activities and outcomes around increasing access to contraception
- Purpose to provide standard definitions of process and outcome indicators related to IAC as well as example data collection tools; bringing together existing resources as much as possible
Process

- Started with logic model (presented October, 26 2017)
- Convened advisory board to discuss
  - Content
  - Audience
  - Format
- Revised per feedback and resources provided by advisory board, federal partners, ASTHO, and CDC
Overview

• Interactive PDF (internal links, external links, bookmarks)
  • User’s guide
  • Logic Model
  • Indicator Definitions
    • Outputs
    • Short-term outcomes
    • Intermediate outcomes
    • Long-term outcomes
• Data Collection Instrument Repository
  • Sample surveys to be administered
  • Survey questions from existing data sources plus sample code for analysis
Indicator Definitions

- Modeled after Healthy People 2020
- Contains numerator and denominator if applicable
- Provides data sources
  - Links to external websites
    - OPA
    - CMCS
  - Links to repository with sample instruments to modify and administer
  - Links to repository with more detailed information and available sas code for using data from state-specific, population-based data systems
    - BRFSS
    - PRAMS
### Supplementary Table to Logic Model:
Activities to Support Increased Contraceptive Access in States, by ASTHO Learning Community Focus Area and Level, with Associated Outputs

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>National-level</th>
<th>State-level</th>
<th>Local-level</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cross-Cutting</strong></td>
<td></td>
<td>• Convene ASTHO Increasing Access to Contraception Learning Community</td>
<td>• Share successful facility-level strategies through toolkits or protocol templates that can be adapted for local use</td>
<td>• Number of state toolkits disseminated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop quality improvement initiatives to improve access to the full range of most and moderately effective methods</td>
<td>• Develop a facility-level LARC protocol</td>
<td>• Proportion of birthing facilities with a protocol created</td>
</tr>
<tr>
<td><strong>Reimbursement and financial sustainability</strong></td>
<td></td>
<td>• CMS/OPA policy guidance (e.g. 90/10)</td>
<td>• Implement IT systems and coding process after policy change</td>
<td>• Participation rate of state team members in national initiatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 340B pricing (outpatient only)</td>
<td>• Outreach to facilities to provide guidance on appropriate coding</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Create Medicaid State Plan Amendments, where needed</td>
<td>• Engage private insurers and Medicaid MCOs in creating enhanced reimbursement</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Engage private foundations to leverage state funds</td>
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<td></td>
<td></td>
<td>• Develop a Coverage and Reimbursement Fact Sheet Including device costs and 340B Drug Pricing Program</td>
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<tr>
<td></td>
<td></td>
<td>• Conduct fiscal scan of federal, state, local and private resources</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Explore ways to leverage federal dollars</td>
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<tr>
<td></td>
<td></td>
<td>• Amend or develop facility billing and coding procedures (e.g. coder training, technical system changes at facility level)</td>
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<td>• Proportion of outpatient and inpatient facilities in state with complete billing and coding procedures in place</td>
</tr>
</tbody>
</table>
Output

Proportion of birthing facilities with a protocol created

Definition of Indicator
The proportion of birthing facilities that have a protocol in place to describe steps taken for immediate postpartum LARC including stocking logistics, obtaining consent, L&D preparation and procedures, and billing procedures.

Numerator
Number of birthing facilities in state that have written immediate postpartum LARC protocol in place with the following components:

1. Stocking
2. Consent
3. L&D Preparation
4. L&D Procedure
5. Billing Procedures

Denominator
Number of birthing facilities in state

Data Source(s)
1. Birthing Facility Survey – To Be Administered

Birthing Facility Survey - Sample questions

1. Does your facility have at least one provider who is trained in LARC insertion methods?
   a. No
   b. Yes

2. How many providers (physicians, nurse practitioners, physician assistants, etc.) does your facility have who provide contraceptive services?
   _____ providers

3. How many providers (physicians, nurse practitioners, physician assistants, etc.) who provide contraceptive services are familiar with current LARC guidelines?
   _____ providers

4. Does your facility have a protocol in place for counseling and obtaining consent for immediate postpartum LARC insertion?
   a. No
   b. Yes

5. Does your facility have billing and coding procedures in place for immediate postpartum LARC insertion?
   a. No
   b. Yes, for all payers
   c. Yes, only for private payers
   d. Yes, only for public payers (i.e. Medicaid)

6. Does your facility stock LARCs in house?
   a. No
   b. Yes
   c. Yes, only ones provided for free as samples or donations

7. Does your facility have a supply chain in place for LARCs?
   a. No
   b. Yes

8. Does your facility have a protocol in place for immediate postpartum LARC insertion that includes the following components: stocking, consent, L&D preparation, L&D procedure, and billing procedures?
   a. No
   b. Yes, some but not all components
   c. Yes, all components
Final comments for today

• Use as much of the self-monitoring tool as desired and is appropriate for state’s goals and activities
  • We want this to be a useful/used tool
• Living document, future updates may include
  • Changes to indicator definitions if currently undefined (state team input welcome!)
  • New information about data sources
  • Addition of new data collection instruments
  • e.g. Send out sas code when available
• Suggestions or requests for TA presentation on Feb. 20
  • Submit in chatbox
Accomplishments from the Learning Community
Effective March 1, the states Medicaid program will be reimbursing separately for LARC devices for inpatients in the immediate postpartum period.

Received the first 10-year Medicaid 1115 Waiver extension for their family planning services.
Title X in Your State

Nearly every state across the country has experienced federal funding cuts to the Title X family planning program since 2010. Click on a state for a detailed look of how funding cuts have impacted the provider network and the patients it serves.

Other State Graphics and Information

Alabama
Impact map
State snapshot

Montana
Impact map
State snapshot
Funding Opportunity

• HHS Office of Adolescent Health FOA
  • Pregnancy Assistance Fund
  • Development and implementation of programs for expectant and parenting teens, women, fathers, and their families.

• Webinar for Potential Applicants: February 1, 2018; 2pm ET
  • Non-binding letters of intent: February 12, 2018
  • Applications due: April 12, 2018 by 6:00pm ET
Share your documents with us!

Please share your toolkits, fact sheets, stakeholder meeting agendas, policies, training manuals with us!

ContraceptiveAccess@astho.org
Next Steps

- **ASTHO Self-Monitoring Tool TA Webinar**
  - Feb. 20th, 2-3pm ET

- **VLS #3**: March 29th, 2-4pm ET

- **VLS #4**: May 8th, 2-4pm ET

- **In-Person Meeting**: May 15-17th
Please fill out our evaluation!

http://astho.az1.qualtrics.com/jfe/form/SV_0ooT5xIE8ZefAON
Thank You!

Additional tools, materials and recordings available on the ASTHO Increasing Access to Contraception page, NEW library, and Team Map:

Main Page:  
http://www.astho.org/Increasing-Access-to-Contraception/

Library:  
http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/

State and Territorial Team Map:  
Virtual Learning Session #2

Resources


• National Institute for Reproductive Health – [Enhancing LARC Uptake and Reimbursement at FQHCs: A Toolkit for States](#)

• National Family Planning & Reproductive Health Association – [Title X Interactive Map](#)