



Tool Walkthrough and Inputs Needed

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Tool Overview and Demo

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U.S. Department of Health and Human Services

Illustrative Scenario

- “A state Medicaid program plans to increase LARC-related reimbursement rate by \$259 per insertion (\$156 per average LARC device and \$103 per insertion service) [1].

As a result of this rate increase, the program estimates that LARC use among Medicaid enrollees at risk for unintended pregnancy could increase by 9 percentage points over 3 years (i.e., 3 percentage points every year).”

[1] based on the pre- and post-policy rates for relevant CPT codes in a state Medicaid program in 2014

Inputs for Illustrative Scenario

Category	Parameter	Value
Characteristics of target population	1. Size	10,000
	2. Age composition	Based on NSFG 2011-13 Medicaid and low income (<138% FPL) subsample
Intervention effect	3. Type of LARC affected: postpartum or interval	Interval
	4. Change in LARC uptake	9%
	5. Implementation period	3 years
Economic projection time frame	6. Fiscal years for projection	5 fiscal years
Intervention cost	7. Programmatic cost	Not considered
	8. Clinical service cost	\$156 per device and \$103 per insertion

Tool Demo

Extra Functions

- **Account for policy context**
 - Medicaid family planning waiver / Medicaid expansion
 - Projected increase in target population
 - Will affect budget and ROI
 - 340B drug discounting program
 - Discounted LARC devices prices for Title X clinics
 - Available cheap IUD: Liletta (\$50/unit)
 - State can compare the tool's baseline estimates with observed data

Extra Functions

- **Advanced Input Parameters**
 - input parameters can be modified to state-specific values
 - Can be continuously updated when new data is available
- **Calibration**
 - State can compare the tool's baseline estimates with observed data

Screenshots (as back up)

Target Population

At baseline, the population targeted by the intervention consists of 10,000 women at reproductive age, with 23% teens. The size of the population remains stable.

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1. Baseline population size ? women at reproductive age (15-44)

2. Baseline age composition

15-19	20-24	25-29	30-34	35-39	40-44
<input type="text" value="23.3%"/>	<input type="text" value="19.0%"/>	<input type="text" value="18.9%"/>	<input type="text" value="18.1%"/>	<input type="text" value="11.5%"/>	<input type="text" value="9.2%"/>

3. Future population change ? Population size will not change change

Exit

Screenshots (as back up)

Intervention's Impact

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The intervention is expected to increase the uptake of interval LARC by 9.0% among women at risk for unintended pregnancy over next 3 years. The impact will be projected over next 5 fiscal years.

1. Expected Effect on LARC Use ?

Increase Immediate Postpartum LARC

Increase Interval LARC

The intervention gradually increases LARC use among women at risk for unintended pregnancy

to by * over next year(s). month(s).

* as percentage points, not percentage.

2. Time Horizon ?

Project the impact of intervention for years from the date when the intervention starts.

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Screenshots (as back up)

Program/Intervention Cost

In the intervention scenario, in addition to Medicaid costs incurred by more LARC insertions, the intervention also requires Medicaid investment in two domains, including \$156 additional payment per LARC device, and \$103 on services related to LARC insertion.

Analyze This Intervention

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Optional

Calibrate

Default Parameters

1. Cost items

The intervention will involve.... (please choose all cost items that apply)

programmatic cost

A payment rate change for LARC devices

On average, each LARC device receives an additional on top of the rmbrr rates in status quo.

Help me to estimate this number

A payment rate change for LARC insertion services

Providers receive an additional per LARC insertion for related services, compared to status quo.

Help me to estimate this number

LARC removal/reinsertion RMBRR rates also change

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Screenshots (as back up)

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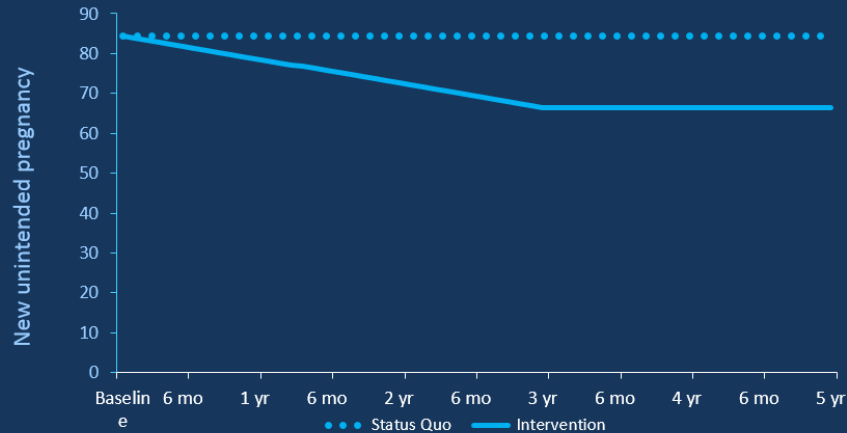
Exit

Screenshots (as back up)

Pregnancy Outcomes

In the intervention scenario, the number of new unintended pregnancies per month decreases from 84 at baseline to 66 by the end of the intervention implementation period (year 3) - a 21% decline compared to status quo.

Monthly Trend of New Unintended Pregnancy, N



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Chart Options

1. X axis interval

monthly yearly

2. Y axis content

Birth from UI pregnancy

show secondary Y axis

Unintended pregnancy

3. Y axis scale

Number

%

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Screenshots (as back up)

Economic Impact

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Over 5 years, the proposed intervention will cost Medicaid \$855,173. Meanwhile, the intervention will reduce Medicaid spending pertaining to unintended pregnancy by \$4.5M. Please see the table and figure for yearly breakdown.

3-Year ROI *: 1.0



* cumulative return on investment;

** scroll for ROI for other years.

1. Intervention/programmatic costs, and pregnancy-related Medicaid savings

	Intervention cost	Programmatic cost	Savings on UI pregnancy
FY 1	\$217,756	\$0	(\$30,626)
FY 2	\$249,592	\$0	(\$444,817)
FY 3	\$263,954	\$0	(\$979,185)
FY 4	\$62,397	\$0	(\$1.5M)
FY 5	\$61,475	\$0	(\$1.6M)

2. Yearly Total Medicaid Spendings on Pregnancy and Contraception

(left to right: FY1 to FY5)

break down by cost type



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Screenshots (as back up)

Summary by Fiscal Year

Pick a fiscal year:

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Start Over

Description

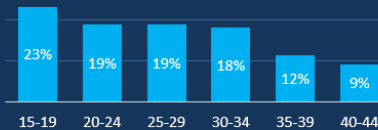
As shown in charts and table, during the 3rd fiscal year since the intervention starts, 12% among the 10,000 Medicaid female enrollees at reproductive age would have LARC inserted, compared to 6% if no intervention.

As a result, number (rate) of unintended (UI) pregnancies declined from 1,013 (101 per 1,000 women) without intervention to 832 (83 per 1,000 women) with intervention, a 18% reduction. Accordingly, number of births from UI pregnancy drops by 13%.

For the 3rd fiscal year, the intervention saves Medicaid \$979,185 on UI pregnancy-related spending while incurring \$717,090 service and programmatic cost, resulting in a net saving of \$715,231. Cumulative ROI is -0.1.

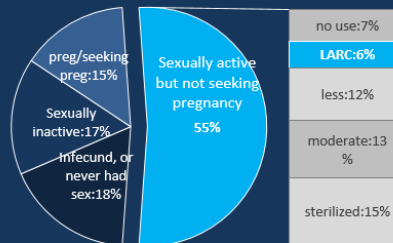
I. Population *(may not be informative if it is a steady cohort)*

Target Population of 10,000 Medicaid Enrolled Women



II. Reproductive Status Profile

Status Quo Intervention



note: "no use", "less", "moderate" refer to "no contraceptive use", "less" and "moderately" effective contraceptive methods. "sexually inactive" refers to "no vaginal intercourse in past 3 months".

III. Pregnancy and Medicaid Annual Spending

The table displays yearly numbers/spending in the intervention scenario vs. status quo, and size of difference.

	A. Status Quo	B. Intervention	Difference (B-A)	% change
1. LARC insertion				
	91	305	214	235%
2. Health outcomes, number and rate (in parentheses) **				
- UI Pregnancy	1,013 (101)	832 (83)	-181 (-18)	-18%
- Birth	399 (40)	347 (35)	-52 (-5)	-13%
- Abortion	428 (43)	357 (36)	-71 (-7)	-17%
- Miscarriage	186 (19)	155 (16)	-31 (-3)	-17%
3. Annual Medicaid spending, by cost type				
- UI pregnancy	\$7.4M	\$6.4M	(\$979,185)	-13%
- Contraceptives	\$453,136	\$717,090	\$263,954	58%
- Programmatic cost	-	\$0	-	-
- Total	\$7.8M	\$7.1M	(\$715,231)	-9%
4. Cumulative ROI				
		0.99		

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