ASTHO Increasing Access to Contraception Learning Community Virtual Learning Session #4

June 6, 2017
2:00-4:00p ET
For Audio: 866-740-1260, ext 7428625#
Welcome and Introductions

- Welcome from ASTHO
  - Christi Mackie, MPH
    Community Health and Prevention, Chief
Webinar Objectives

- Gain knowledge and resources of the 340B pricing structure
- Examine family planning reimbursement strategies for Federally Qualified Health Centers
- Increase understanding of Medicaid reimbursement for family planning
- Acquire knowledge about creating state plan amendments (SPAs)
Agenda

2:00   Welcome and Introductions
2:15   340B Program Overview
2:55   Access to and Reimbursements for LARCs in Medicaid
3:15   Montana State Plan Amendments
3:30   State Updates
3:40   Technical Assistance Updates and Next Steps
3:45   Upcoming Webinars and Opportunities
4:00   Adjourn
ASTHO Increasing Access to Contraception Learning Community

Learning Community Cohort 1 States
Learning Community Cohort 2 States
Learning Community Cohort 3 States
340B Statute

• Resulted from a 1992 federal statute
• Manufacturers participating in the Medicaid Drug Rebate Program must sign a pharmaceutical pricing agreement (PPA) with the Secretary of Health and Human Services
  – Manufacturer agrees not to charge a price, for covered outpatient drugs, that exceeds the calculated 340B price
To permit covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”

# 340B Eligible Entities

<table>
<thead>
<tr>
<th>Federal Grantees/Designees</th>
<th>Certain Non-Profit Hospitals</th>
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<tbody>
<tr>
<td>• Federally Qualified Health Centers (and look-alikes)</td>
<td>• Hemophilia treatment centers</td>
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<td>• Title X family planning grantees</td>
<td>• Native Hawaiian health centers</td>
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<td>• State AIDS drug assistance programs</td>
<td>• Urban Indian organizations</td>
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<td>• Ryan White grantees</td>
<td>• Sexually transmitted disease grantees</td>
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<td>• Black lung clinics</td>
<td>• Tuberculosis grantees</td>
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<td><strong>Certain Non-Profit Hospitals</strong></td>
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<td>• Disproportionate share hospitals</td>
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<td>• Children’s hospitals</td>
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<td>• Critical access hospitals</td>
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<td>• Free-standing cancer hospitals</td>
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<td>• Rural referral centers</td>
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<td>• Sole community hospitals</td>
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Entities Are Responsible for Ensuring

- That only eligible patients receive 340B drugs.
- A Medicaid rebate is not paid on a 340B purchased drug (duplicate discount).
- All entity eligibility requirements are met.
- Auditable records are maintained demonstrating compliance with requirements.
A patient is eligible for 340B when the covered entity:

- Provides services by healthcare professional employed by the covered entity, or under contractual or other arrangements, such that the responsibility for the care provided remains with the covered entity.
- Maintains records of the patient’s health care.
- Establishes a health care relationship with the patient.
- Provides health care services consistent with grant funding (federal grantees only).
Hot Topics

- Registration of sub grantee sites on the HRSA database
- Managing inventory across sites
- Partner therapy
- Medicaid and contract pharmacy
- LARC placement in unregistered locations
Assistance: Apexus Answers

- Apexus Answers is verified and endorsed by HRSA
- Staff in constant communication with HRSA to ensure that messaging is consistent
- FAQs available on apexus.com
- Average monthly interactions ~1,500 – 2,000
- Tiered levels of response: can handle from basic to complex

Call: 888.340.BPVP (888.340.2787); Email: ApexusAnswers@apexus.com; Live Chat
340B University OnDemand


The modules below are available as part of 340B University OnDemand.

**NOW AVAILABLE**

1. Introduction to the 340B Drug Pricing Program
2. 340B Stakeholder Perspectives
3. Eligibility Overview
4. HRSA 340B Database Navigation
5. Registration for the 340B Drug Pricing Program
6. 340B Participant Change Request
7. 340B Pricing
8. Compliance Cornerstones
9. 340B & Medicaid
10. HRSA’s Medicaid Exclusion File

**IMPLEMENTATION SERIES**

11. 340B Drug Delivery Models
12. GPO Prohibition
13. Orphan Drug* Exclusion
14. Contract Pharmacy
15. Entity-Owned Pharmacy
16. Mixed-Use Areas
17. Recertification
18. Audit Process & Preparedness
19. PVP Contracting: Maximizing Value
20. 340B Hot Topics
21. 340B for the C-Suite
22. 340B & the Manufacturer
23. 340B & the Distributor

*Due to the recent ruling, October 15, 2015, the content for module 13 is being revised.
## Compliance Tools, Checklists, Policies

### FAQs

#### Tools for All Entity Types

These are tools available for entities to use in gathering general 340B knowledge or to promote 340B compliance

- Defining Material Breach Documentation Tool
- 340B Independent Audit RFP Checklist
- HRSA Notification Template - 340B Price Unavailable
- 340B Benefit and the Use of 340B Savings
- 340B Acronym Guide
- 340B Glossary of Terms
- All Entities 340B Compliance Self-Assessment: Vendors
- All Entities: Getting Started with Compliance Guide
- All Entities Self-Disclosure

#### Hospitals Subject to GPO Prohibition

- DSH Self Audit Tools
- DSH Eligibility
- Prevention of Duplicate Discounts
- Prevention of Diversion and GPO Prohibition
- Minimize WAC Exposure
- GPO Prohibition and Wholesaler Non-GPO Account Load Options
- DSH Sample Policy and Procedures Manual - UPDATED
- DSH 340B Compliance Self-Assessment Policy
- 340B Compliance Self-Assessment: Self-Audit Process

#### Non-Hospital Entities

- CHC Self Audit Tools
- CHC Eligibility
- Prevention Duplicate Discounts
- Prevention of Diversion
- CHC Sample 340B Policy and Procedure Manual - UPDATED
- HEMOPHILIA TREATMENT CENTER Comprehensive 340B Policy and Procedure Manual
- FAMILY PLANNING Comprehensive 340B Policy and Procedure Manual
- FAMILY PLANNING 340B Compliance Self-Assessment: Policy
- CHC 340B Compliance Self-Assessment Policy

#### Tools for Rural Hospitals

- Policy and Procedure Manuals
- SCH
- CAH
- RRC
- Rural Hospital Self Audit Tools
- Rural Hospital Eligibility
- Prevention of Duplicate Discounts
- Prevention of Diversion

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Questions?

Ellen Robinson, MHS, PMP
Director
National Association of Community Health Centers
National Association of Community Health Centers (NACHC)

- Founded in 1971
- **Mission**: To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations
Health Center Program Expectations

- Voluntary family planning is a required FQHC service

- Voluntary family planning services are defined in the HRSA Technical Assistance Resource, *Family Planning and Related Services in Health Centers*
Title X Family Planning Program and Health Centers

- Differences in Title X and Health Center requirements

- Create document for health centers and Title X providers to effectively partner on family planning

- Funded by the Office of Population Affairs and the Centers for Disease Control and Prevention
• Family Planning Advisory Group

• Conducted in-depth interviews with public health organizations, Title X program recipients and health centers

• Reviewed by CDC, OPA and attorneys
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
| Chapter 1: | The Health Center Program and Family Planning Services |
| Chapter 2: | Quality in Family Planning Service Delivery: OPA/CDC Recommendations |
| Chapter 3: | Payment and Reimbursement Considerations |
| Chapter 4: | Title X Family Planning Program |
| Chapter 5: | Key Considerations in Including a Title X Project within Your Health Center Project |
| Chapter 6: | Becoming a Title X Grantee or Subrecipient |
| Chapter 7: | Collaboration Models |
| Chapter 8: | Referral Arrangements |
| Chapter 9: | Purchase of Clinical Services Arrangements |
| Chapter 10: | Corporate Integration Models |
Next Steps

• George Washington University Survey on family planning services provided by health centers
  – Present preliminary findings at NACHC Community Health Institute meeting in late August

• Family Planning Advisory Group Meeting

• Testing Contraception Measures for National Quality Forum (NQF)
Questions?
Access to and Reimbursements for LARCs in Medicaid

Lt. Emeka Egwim, PharmD, RPh
Senior Assistant Pharmacist
CMCS
Questions?
Montana’s Family Planning State Plan Amendments

Valerie St. Clair
Hospital Program Officer
Montana Medicaid

Katie Hawkins
Hospital Section Supervisor
Montana Medicaid

Katie Bevan, RN, BSN, IBCLC
Child and Maternal Health Nurse
Montana Medicaid

astho® 75th Anniversary
1942 - 2017
Agenda

• Introductions
• Montana Medicaid Landscape
  • Managed Care vs Fee-for-Service
  • Process to Implement Changes
  • State Plan Amendment Language
  • Stakeholder Relationships
• Long Acting Reversible Contraceptives (LARC) Policies
  • Immediate Postpartum
  • Unbundling of LARCs for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)
• Promising Pregnancy Care
• Contact Information
Montana Medicaid Landscape

• Managed Care vs Fee-for-Service
  • Fee-for-Service only state. Have care management programs but services are reimbursed under a 100% fee-for-service model.

• Process to Implement Changes
  • No legislative action is required to implement a change to the Medicaid benefit
    • Policy makers tasked with ensuring their ideas conform to the legislative appropriations.
  • Policy makers research evidence based programs and recommendations from stakeholders (i.e. providers, Centers for Medicare and Medicaid Services (CMS), and associations)
  • Program changes that are approved are generally implemented through a change to the Administrative Rules of Montana and amendments to the Montana Medicaid State Plan.
Montana Medicaid Landscape

• State Plan Amendment Language
  • Montana Medicaid works to ensure that our State Plan language articulates the change to CMS, but also allows for the State to be flexible if program changes are required.
Montana Medicaid Landscape

• Stakeholder Relationships
  • CMS
    • Montana Medicaid views CMS as our ally rather than our adversary when seeking to improve the health and benefits of our members. We maintain open communication and see feedback when necessary.
    • If a change is thought to be controversial or complex, we solicit opinions through an informal process.
  • Providers
    • Montana Medicaid has a solid foundation established with the providers and associations within the State. Ideas are welcome, even if they are not always implemented. We want to hear what challenges, or issues need addressed or what improvements need to be explored.
Long Acting Reversible Contraceptives

• Immediate Postpartum – Effective January 1, 2015
  • Prospective Payment Hospitals are allowed to receive reimbursement outside of the All Patient Refined Diagnosis Related Groups (APR-DRG) rate for the insertion of long acting reversible contraceptive devices immediately following delivery.
  • This change was approved by CMS on December 11, 2015.
  • Approved State Plan language:
    • “Long Acting Reversible Contraceptives (LARCs) are excluded from the bundling requirements. These services will be reimbursed based on the department’s hospital outpatient prospective payment system methodology.”
Long Acting Reversible Contraceptives

• Unbundling of LARCs for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)
  • Montana Medicaid submitted a State Plan Amendment to CMS to provide separate reimbursement for LARCs when provided by an FQHC or RHC.
    • These providers will receive their Prospective Payment System rate for the insertion and will be reimbursed from the Outpatient Prospective Payment System fee schedule for the LARC.
  • Requested effective date July 1, 2017 - pending CMS approval.
  • Proposed State Plan language:
    • “Effective July 1, 2017, the Department will provide reimbursement for LARCs. Reimbursement will be paid separately from the PPS rate. The methodology used will be based on the hospital outpatient prospective payment system.”
Promising Pregnancy Care

- Montana Medicaid’s group prenatal care program.
  - Group prenatal care:
    - An evidence-based practice shown to decrease preterm birth and increase infant birth weights; leading to improved birth outcomes.
    - A combination of individual prenatal care with facilitated group education and support.
    - Groups generally consist of four to twelve pregnant women with similar due dates.
  - Curriculum must be approved by the State.
    - Birth spacing and LARCs are part of the educational and reporting requirements.
  - Participating providers must provide birth outcome data to Montana Medicaid on all of their pregnant Medicaid members, not just those participating in group care.
Promising Pregnancy Care

• Montana Medicaid’s group prenatal care program.
  • Providers are reimbursed in accordance with their corresponding reimbursement methodology, with the exception of Federally Qualified Health Centers, and Rural Health Clinics.
  • FQHCs and RHC providers will be reimbursed an enhanced Prospective Payment System (PPS) rate. They will be reimbursed their existing PPS rate plus an additional amount, in accordance with the posted fee schedule.
    • This change is pending CMS approval through the State Plan Amendment process.
  • Proposed State Plan language
    • “Effective July 1, 2017 the Department will pay clinics an enhanced PPS rate whenever a Medicaid clinic user attends a Promising Pregnancy Care (PPC) session provided in conjunction with an obstetric visit. This rate will be equivalent to the RHC’s existing PPS rate plus an additional amount to reimburse providers for the educational aspect of the PPC session. The additional amount is based on the estimated cost to provide this service and is uniform for all RHCs that provide PPC.”
# Contact Information

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
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<td>Jennifer Rieden</td>
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Questions?
Selected Learning Community Team Accomplishments

Ellen Pliska, MPH
Director, Family and Child Health
Association of State and Territorial Health Officials
Learning Community Team Accomplishments

Established lower pricing for contraceptive supplies

Iowa Primary Care Association is starting a family planning program management initiative to assist Iowa’s community health centers to provide comprehensive family planning services.

Focusing on a state bill to protect contraceptive access without cost-sharing in MA
Learning Community Team Accomplishments

Medicaid confirmed in writing it will increase reimbursement rates for LARC devices

Established a payment structure where postpartum LARCs inserted immediately postpartum are billed on an outpatient claim.

Data review highlighted need for changes to increase LARC claims in IHS, Rural Health Clinics, and FQHCs
Share your documents with us!

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

ContraceptiveAccess@astho.org
Technical Assistance Requests and Responses

Ellen Pliska, MPH
Director, Family and Child Health
Association of State and Territorial Health Officials
Technical Assistance Response

- Individualized state request log by Nine Focus Areas
- Anticipated response
- Approximate timeline
- Key contacts

>110 unique requests!
Technical Assistance Response

- Summer web series for TA responses
- Please answer the poll to the right

- Next round of technical assistance calls in August - September
Increasing Access to Contraception Learning Community

Next Steps

Ellen Pliska, MPH
Director, Family and Child Health
Association of State and Territorial Health Officials
ASTHO Webinar: Preventing Risk Behavior by Building Resilience Among Youth

- June 15, 2017, from 3:00 pm – 4:00 pm ET

- Presenters:
  - University of Minnesota's Healthy Youth Development Prevention Research Center (HYD-PRC)
  - Oregon Health and Science University's Center for Healthy Communities
  - Northwest Portland Area Indian Health Board

Register Here
ASTHO’s 75th anniversary, we are launching a digital postcard campaign with key highlights, stories, and photos that illustrate state and territorial public health in action!

- Campaign runs June 5, 2017 – September 15, 2017
- Each day a new postcard will be shared via ASTHO’s Twitter or Facebook

Interested?! Fill out this form
Closing

Shanna Cox
Division of Reproductive Health, CDC

Lekisha Daniel-Robinson
CMCS Maternal and Infant Health, CMS
Evaluation

Please take our evaluation survey so we can improve for future calls:

http://astho.az1.qualtrics.com/jfe/form/SV_8B3ZT3zzx0MNkJD
Thank you!!!

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

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

State map: