



Reimbursement-Related Barriers to LARC Access

Expanded Contraceptive Access Under ACA

- ACA signed into law - March 2010
- Requires health plans to cover preventive services and eliminates cost sharing for same
- Women's preventive services specifically addressed
 - Eight types of preventive care listed
 - List includes all FDA approved contraceptive methods, sterilization procedures, and related patient education and counseling for all women with reproductive capacity.
- Latest date for plans to come into compliance - August 1, 2012

Coverage and Reimbursement Challenges

- ⊙ While all methods technically included in women's preventive health services, some insurers required women to show "failure" with less expensive methods first
- ⊙ Slow and inconsistent reimbursement, so hard to stock expensive devices to have onsite to best meet client desire
- ⊙ Limits on LARC coverage within a certain time period (can't have two inserted within a period of time)
- ⊙ Denial of coverage for inpatient immediate post-partum insertion of LARCs

A R1

Slide 3

A R1

one additional point to consider - you touch on this area later but this is certainly a challenge

first point:

Insurers are only required to cover one type in each of the 18 method categories with no cost-sharing. This has been causing confusion for consumers who assume that all contraceptive is covered.

may be helpful to point this out since this has been a barrier - most individuals don't realize this.

aross, 7/2/2015



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



National
Family Planning
& Reproductive Health Association



Intrauterine Devices and Implants: A Guide to Reimbursement



This guide (published April 2015) contains information about laws, policies, and practices that may change or evolve over time. For the most up-to-date version of the guide, please visit <http://acprogram.ucsf.edu>.



Role of Title X

- Federal funding available to subsidize care for un- and under-insured family planning clients
- Can cover the cost of devices and insertions to the degree adequate funding is available; commitment to full range of contraceptive options
- Relentless cuts to Title X funding – worst five years in program’s history
- Simply not enough funding to cover gaps currently left by other coverage types – intended as funder of last resort

Promising Developments

- ◎ May 2015 -Federal government releases FAQs to further clarify contraceptive coverage requirements
 - All plans must cover at least one form of contraception in each of the FDA approved methods (currently 18, including copper IUD, IUD with progestin, and implantable rod)
 - Above coverage must include the clinical services, including patient education and counseling, needed to provide the method.
 - If provider makes determination of medical necessity with respect to a certain method (based on severity of side effects, differences in permanence or reversibility, ability to adhere to method, etc.), plan must defer to provider. Plan must cover method without cost-sharing.

Promising Developments

- ◉ LARC dispensing cabinets
 - Keystone First (MCO) piloting in our region at FP clinics
 - Third-party vendor stocks and maintains LARC inventory in locked cabinet
 - Provider has no out-of-pocket costs for devices
 - Helps ensure same-day access
 - Available for use with Keystone First members

Promising Developments

- © Liletta
 - Non-profit pharma company (Medicines360) with backing of large anonymous donor launched new IUD this spring
 - 340B pricing of \$50 available to Title X clinics, FQHCs and other public health providers
 - Huge investment as workaround to cost/reimbursement issues
 - Helps situation for some clients and providers; not panacea

Promising Developments

- State Medicaid Reform - reimbursement for immediate postpartum insertion
 - SC, NM, IA, AL, NY, CA, CO, GA, LA, MD, OK , MT have revised policies, and list is growing
- Corrects current problem with bundled rates
 - Diagnostic Related Group (DRG) does not allow for incremental costs of LARCs when provided in an in-patient setting
 - 340B program pricing applies only to out-patient insertion
 - Hospitals cannot absorb cost of devices
- Provides additional reimbursement to hospital for device and insertion
- Cost neutral to system pay now in outpatient setting; any increase in utilization proven to be more than offset by increased prevention of unintended pregnancies

Our Vision for Philadelphia

- ◎ State Medicaid Reform will mandate reimbursement for:
 - The device
 - Insertion time for immediate post-partum insertion
 - Insertion time in outpatient settings
 - Counseling time

- ◎ Without added time and effort of prior authorization and post-insertion negotiation.

Thank you and Questions