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.
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
Intrauterine Devices and Implants: A Guide to Reimbursement
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 post-partum 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