Immediate Postpartum (IPP)  
Long-Acting Reversible Contraceptives (LARCs)

HEALTH PLAN UPDATE

Wednesday, August 30, 2017
1:30 pm – 3:00 pm

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Positive Birth Outcomes for Medicaid: What’s at Stake?

63%
Of births in Florida were covered by Medicaid SFY 15/16

Total Medical Costs over $801 million
For 14,837 babies who started out in NICU. Many were born pre-term/ low birthweight.

MORE THAN 74,000
Of women whose deliveries were covered by Medicaid only attained eligibility for the program through pregnancy.

Bureau of Medicaid Data Analytics. (SFY 15/16).
Background Data

• Medicaid covers more than 110,000 deliveries annually, or 63% of the births in the State of Florida.
• Florida is fourth highest in unintended pregnancy rate, 59% of pregnancies. Medicaid finances more than 70% of those births, at a cost of approximately $1.3 billion (2010).
• Teen pregnancy in Florida is higher than the national average
• 85% of births to mothers with substance abuse history are unintended.
• More NAS babies in NICU—2 days in hospital for healthy babies vs. 19 days average in the NICU for NAS.
• South Carolina Medicaid successfully implemented an immediate postpartum LARC program in 2012, resulting in 5.65% lower pregnancy rate for the first 21 months, at a savings of $13K per avoided pregnancy.
Implemented projects and processes that meet or exceed MMA contractual requirements and national benchmarks to drive continuous maternal and infant health outcomes.

HEDIS Measure Reporting

Performance Improvement Projects

Health plans are required to implement specific, validated Performance Improvement Plans (PIPs) to improve their HEDIS quality metrics for prenatal, postpartum, and early childhood care.

Stakeholder Partnerships and Health Plan Engagement

Coordination with Healthy Start Coalitions at Local Level

Florida Medicaid program, in coordination with the Florida Department of Health has removed several operational barriers to improve access to all contraceptive methods.

Family Planning Waiver/ Early Childhood Health

Healthy Behaviors Obstetric, Prenatal, and Maternal Health Programs

Physician Incentive Program for OB/GYN

October 1, 2016 - Florida Medicaid initiated an MMA Health Plan Physician Incentive Payment Program that outlines specific criteria that physicians must meet to qualify.
Reproductive Life Planning

• Birth choices are best considered in the context of education, family life, work, health status, and other priorities
• During their pregnancies, women have been very receptive to the option of receiving a LARC immediately after delivery, but until now, there have been barriers to access in the hospital setting
• Waiting until the post-partum 6-week check is often too late
• During pregnancy, 3rd trimester access to counseling and reproductive life planning allows the health plan and hospital to coordinate well in advance of the birth if the woman chooses IPP LARC
• A research-informed pre-conception/inter-conception curriculum published by the Centers for Disease Control and Prevention (CDC) is available for health plans here.

This resource is available for health plans
About Long-Acting Reversible Contraceptives (LARCs)

- LARCs are a safe, cost effective option, and these devices provide 3–5 or 10 years of reversible birth control (IUD or implant)
- Enable planned birth spacing
- Reduce incidence of low birth weight and premature births
- Prevent the potential for prenatal drug exposure and poor maternal and birth outcomes
- Reduce preventable NICU admissions and hospital length of stay
- LARC devices can be removed at health department clinics throughout the state, even if the member is no longer Medicaid eligible
Florida Medicaid
Inpatient Hospital Services Coverage Policy

8.2 Specific Criteria

Florida Medicaid reimburses for inpatient hospital services using a DRG methodology, with the exception of:

- Infant and newborn hearing screening
- Intrathecal baclofen therapy pump
- Long-acting reversible contraception
- Transplant services
- Vagus nerve stimulator device
Florida Medicaid
LARC Utilization

By Health plan:
- LARC utilization rate among the health plans ranges from 0.33% to 1.49% (in women between the ages of 12–59)
- Mean of about 1%

By Region:
- Highest concentration in Miami–Dade, Broward, Palm Beach, Osceola

By Age Group and Ethnicity:
- As low as 11 and as high as 59 years
- Ages 16–35 – highest utilization
- Ages 25–27 – peak utilization
- Higher among White and Hispanic; lower among blacks and other ethnicities

LARC Pilot and Quality Initiative

• Jacksonville Pilot
  Addresses the entire health care community
  – UF Health Jacksonville
  – UnitedHealthcare
  – NE FL Healthy Start

• FPQC “Access LARC” Quality Initiative
  Engages hospital systems to prepare them to educate and train staff, stock LARC devices, and provide and bill for this service. Hospitals interested in participating can find more information on the FPQC website link: http://health.usf.edu/publichealth/chiles/fpqc/larc.
Postpartum LARC Access Initiative

• Participation with Stakeholders
  – (DOH, FPQC, Jax LARC Discussion Group, Medicaid Health Plans)

• Identification/Elimination of Barriers to Access in Medicaid
  – Coverage and Reimbursement Policy Changes
  – Evaluation of Reimbursement
  – Assess Utilization
  – Instructions for Fee-for-Service Medicaid Billing for IPP LARC

• Technical assistance to health plans to facilitate implementation
  – Statewide Medicaid Utilization Data
  – Education & Training (Webinars, PIP Check-ins)
  – Tool Kit Resources (address member education, hospital contracting, and coordination, etc.)
Postpartum LARC Access—Tool Kit Components
(Patient, Provider, Hospital, and Health Plan)

Patient & Provider
- Inform patients and providers about current data, address myths to improve knowledge
- Engage patients and providers at the community and institutional level

Health Plan Preparedness
- Establish administrative and clinical champions or stakeholders
- Evaluate and test internal processes and systems
- Develop or adopt provider service and device reimbursement methodologies (insertion and removal)
- Collection of data and frequent surveillance
- Education materials and resources for reproductive life planning

Hospital Provider Preparedness
- Establish administrative and clinical champions or stakeholders
- Refine systems and contracts between hospitals and health plans
- Educate and train clinicians and billing and coding staff
- Ensure stock and supply in pharmacies and on medical floors
Agency’s Partnership in the Immediate Postpartum (IPP)
Long-Acting Reversible Contraceptive (LARC) Initiative:
MMA Health Plans

Timeline
2017 - 2020

Last updated on 8/2017

Status Color Key
Green – Complete
Blue – In Progress
Red – Delayed
Grey – Not Yet Started

Begin recruiting hospitals
Continue drafting LARC Access toolkit
Participate in MMA recruitment/info call
Conduct hospital recruitment webinar
Conduct focus group study pre-implementation
Update AHCA on hospital recruitment
Send provider alert to all providers about inpatient LARC policy change

2016

2017

2018 - 2020

2018 - 2020

AWARENESS, RECRUITMENT, PRE-IMPLEMENTATION, & SYSTEM READINESS

SYSTEM TESTING & IMPLEMENTATION

MGT LEVEL
Send provider alert to all providers about inpatient LARC policy change

AHCA

• Marie D. to present on ALL Plan Conf. Call (7/2017)
• Finalize MMA IPP LARC Access Prep Guide

HIGH LEVEL
Conduct MGA LARC Readiness Survey to health plans.

Send IPP LARC Readiness Survey to health plans.

Meeting with FAHP Medical Committee
Conduct AHCA Medical Committee Kick-Off Info Webinar (in-lieu of steering comm.) for CMOs, pharmacy, contract, and quality staff. Will have a webinar series.

FL EQRO meeting on Aug. 30th

FAHP

HIGH LEVEL
Conduct AHCA LARC Access QI webinar w/FPQC

Sept. 15th (Friday) Joint comm. mtg.

Present on Statewide LARC Initiative at the FAHP Annual Conf. Quality/Operations Committee Meeting.

Meeting Topics
• Policy change updates
• Update on billing/reimbursement methodologies

Meeting Topics
• System testing
• Provider - patient/ health plan-enrollee outreach strategies

Conduct f/u AHCA-health plan LARC Access QI webinar w/ FPQC

Conduct f/u AHCA-health plan LARC Access QI webinar w/ FPQC

Conduct focus group study pre-implementation

Conduct AHCA survey post-implementation

Re-evaluate utilization of IPP LARCs data

Promote, implement, and offer trainings to residents/physicians on evidence-based program guidelines for family planning and LARC use in FL Medical Schools Quality Network.

FREE TEXT

FREE TEXT
Resources – Health Plans and Providers

• General family planning information
  – One Key Question™ Pregnancy Intention Questionnaire (Oregon Health Plan)
  – CDC Show Your Love Campaign – includes a preconception/inter-conception tool providers integrate in clinical practice and health plans may incorporate questions into their health assessments.

• US Medical Eligibility Criteria (US MEC)
  – CDC Use Contraceptives Guidelines – includes recommendations for using contraceptive methods by women and men who have certain characteristics and medical conditions.
  – MEC Summary Chart (English) and (Spanish)

• Getting to Know Long-Acting Reversible Contraception (LARC)
  – LARC FAQs – The American Congress of Obstetricians and Gynecologists (ACOG) presents answers to frequently asked questions (FAQs) regarding LARCs.
  – LARC First – an evidence-based contraceptive care model that contains tools for practitioners, patients, and administrative staff necessary to successfully adopt CHOICE counseling into a provider practice.
  – CDC Birth Control Effectiveness – Includes all available contraceptive methods by effectiveness; LARCS can be found on the top-tier.
  – Compare Birth Control methods https://www.bedsider.org/methods/matrix
  – Intrauterine Device (IUD) Fact Sheet – Brief information on IUDs for consumers.
  – Hormonal Implant Information – Brief information on the hormonal implant for consumers.
  – ACOG Motivational Interviewing Behavior Change Tool – recommended as the most appropriate counseling method for providers to employ during a woman’s (e.g., adolescents) prenatal care visit.