



# LARC: Nuts and bolts for clinic administrators

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# DISCLOSURE

Amanda Kimber has no disclosures to make.

# TODAY'S AGENDA

- Preventive services requirements
- Stocking LARC methods
- Replacing or refunding devices
- Reimbursement tips
- LARC patient assistance programs



All non-grandfathered private plans *must* cover preventive services *without* charging patients a copayment or coinsurance.



Contraceptives, contraceptive counseling, and associated services are included in this category.



This is true even if the patient hasn't met his/her yearly deductible.

# Preventive Health Services Benefit

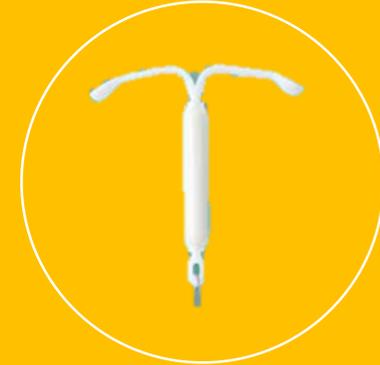
# WHAT DOES THIS MEAN FOR LARC METHODS?



Implantable  
Rod



IUD Cu



IUD  
w/Progestin

**HOLD ON**

← NO UTILIZATION CONTROLS BETWEEN METHODS →

# Plans can use utilization controls within methods, but...



IUD  
w/Progestin

Must provide access to off-formulary contraceptive if medically indicated.

Provider's opinion trumps plans rules on method restrictions.

Must have a waiver process.

“Do the HRSA Guidelines include services related to follow-up and management of side effects, counseling for continued adherence, and for device removal?”



“Yes. Services related to **follow-up and management of side effects, counseling for continued adherence, and device removal** are included under the HRSA Guidelines and required to be covered in accordance with the requirements of the interim final regulations (that is, without cost-sharing, subject to reasonable medical management).”

National  
Women's  
Law  
Center

CoverHer  
Hotline

# COVERHER

The health care you need. The coverage you deserve.

NATIONAL WOMEN'S LAW CENTER

[CoverHer.org](https://CoverHer.org)



If you're still paying out-of-pocket for your birth control and other health care, we can help.

Call Us At  
1-866-745-5487

Email Us

Get  
Started  
On Your Own

QUESTIONS?



# STOCKING LARC METHODS



## PATIENT

- Annual female contraceptive patient population
- Any available historical information about demand, such as number of patients receiving referrals for LARC methods in the last year
- Annual provision of LARC methods from other practices with a similar patient population

# WITHOUT

## PROVIDER

- Number of providers trained to place LARC methods
- Providers' comfort with offering same day placement

## FINANCE

- Number of patients with coverage
- Available funds for procurement

This quick survey is to help us better understand our patients' needs and interests. This is an anonymous survey, which means you cannot be identified by your answers. However, you do not need to answer questions you are uncomfortable answering.

What is your age? \_\_\_\_\_

Have you heard of intrauterine devices (IUDs)?      Yes   No   Not sure

Would you like more information about IUDs?      Yes   No   Not sure

Are you interested in trying an IUD?      Yes   No   Already have one

Have you heard of the contraceptive implant?      Yes   No   Not sure

Would you like more information about implants?      Yes   No   Not sure

Are you interested in trying an implant?      Yes   No   Already have one

**EXAMPLE**

Health Center Name

Type	Evaluation and Mgmt. (E/M) Visit Reimb.	IUD - Mirena		IUD - Paraguard		IUD - Skyla		Implant - Nexplanon		Date of Last Contract Negotiation
		Device Reimb.	Insertion Reimb.	Device Reimb.	Insertion Reimb.	Device Reimb.	Insertion Reimb.	Device Reimb.	Insertion Reimb.	

**Medicaid Managed Care**

Enter Plan A	<input type="text"/>									
Enter Plan B	<input type="text"/>									
Enter Plan C	<input type="text"/>									
Enter Plan D	<input type="text"/>									
Enter Plan E	<input type="text"/>									
Enter Plan F	<input type="text"/>									

**Medicaid Fee-for-Service\***

<input type="text"/>										
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**Private Insurance**

Enter Plan A	<input type="text"/>									
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**CAI**

LARC MODELING TOOL

ABOUT THE TOOL

REQUEST TA

CAI HOME

**CAI'S LARC MODELING TOOL**

UNDERSTANDING THE NET COST OF PROVIDING LONG ACTING REVERSIBLE

# MAXIMUM/MINIMUM INVENTORY CONTROL SYSTEM

Quantity Dispensed in 3 Months $\div$ 3	=	Average Monthly Consumption
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Safety Stock	+	Lead Time	=	Minimum Stock Level
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Minimum Stock	+	Order Interval Stock	=	Maximum Stock Level
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Maximum Stock Level	x	AMC	=	Maximum Quantity
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Minimum Stock Level	x	AMC	=	Minimum Quantity
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Stock on Hand	$\div$	AMC	=	Months of Supply on Hand
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Quantity Dispensed in 3 Months ÷ 3	=	Average Monthly Consumption
(4 + 7 + 5)	=	5.3

- Use 6 months if 3 months of data is erratic
- Recalculate regularly

- Half the time period between regular orders (order interval)

- Average time period between requisition and delivery

Safety Stock (month)	+	Lead Time (month)	=	Minimum Stock Level
.5		1.5		2

Minimum Stock (month)	+	Order Interval (month)	=	Maximum Stock Level
2		1		3

**Average Monthly Consumption**

5.3

**Minimum Stock Level**

2

**Maximum Stock Level**

3

<b>Maximum Stock Level</b>	<b>x</b>	<b>AMC</b>	<b>=</b>	<b>Maximum Quantity</b>
3		5.3		16

<b>Minimum Stock Level</b>	<b>x</b>	<b>AMC</b>	<b>=</b>	<b>Minimum Quantity</b>
2		5.3		10

<b>Stock on Hand</b>	<b>÷</b>	<b>AMC</b>	<b>=</b>	<b>Months of Supply on Hand</b>
9		5.3		1.7

## LARC Insertion and Removal Materials Checklists

### For a Mirena, Skyla or ParaGard IUD insertion

#### Upon patient arrival

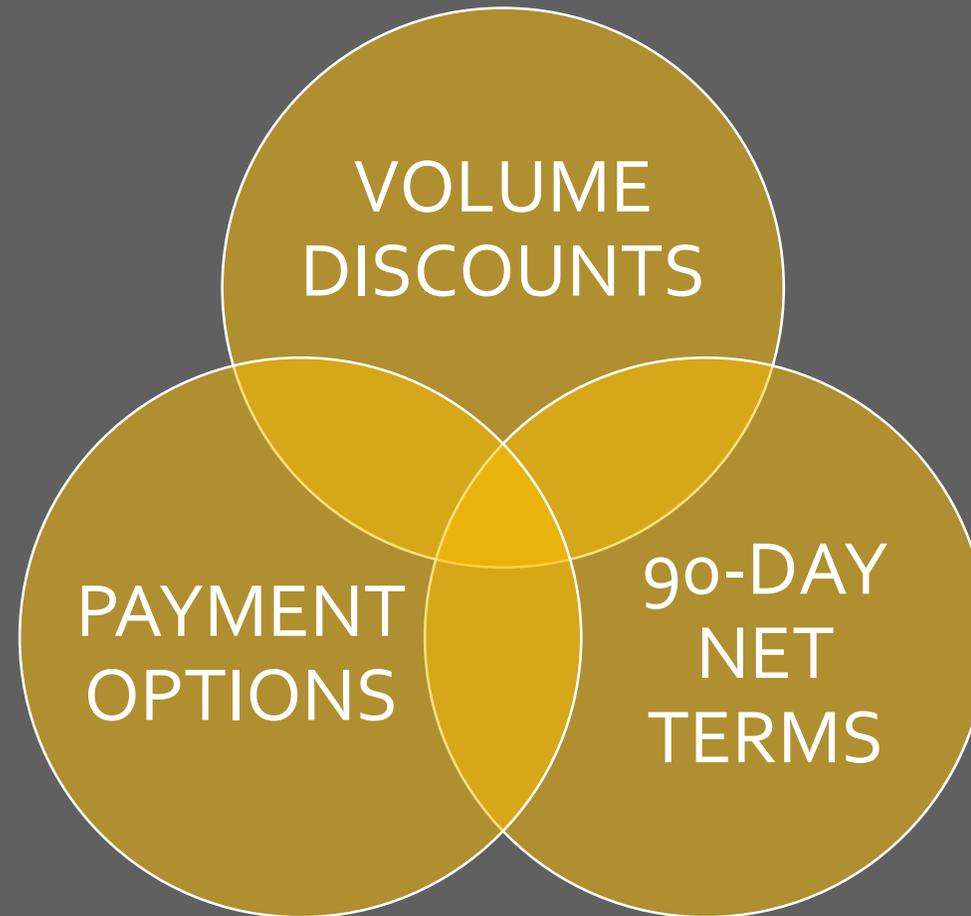
- Complete Patient IUC Insertion Checklist
- UCG test
- HGB test (for ParaGard only)
- CT / GC (if indicated)
- Ibuprofen 800 mg once if no allergy (if already taken, document time taken)
- Misoprostol 400 mcg PO or BU (if indicated)

#### In procedure room

- IUC Insertion Procedure and Consent forms
- Speculum (non-sterile is okay)
- Water-based lubricant
- Single-toothed tenaculum (sterile)
- Povidone-iodine or chlorhexidine in cup with cotton balls or swabs
- Uterine sound (sterile)
- Sterile 13/15 Pratt dilator (2 sterile sets)
- Long suture scissors (non-sterile is okay)
- Sterile gloves (for ParaGard only)
- Ring forceps (non-sterile is okay)
- Gauze (4" x 4") (sterile)
- Mirena, Skyla or ParaGard IUD (do not open package until *after* sounding uterus)
  - Paracervical block (if indicated):
    - 10 cc 1% lidocaine
    - Spinal needle and 10 cc syringe
    - Menstrual pad
    - Ph paper (optional, as bedside BV screen)

**DON'T  
FORGET!**

# FUNDAMENTALS FOR AFFORDABILITY



# PHARMACY BENEFIT VS MEDICAL BENEFIT



## **Manufacturer**

- Produces a pharmaceutical OR
- Repackages a pharmaceutical

## **Wholesaler Distributor**

- Purchases pharmaceuticals directly from manufacturers
- Fulfills orders from pharmacies and clinics

## **Pharmacy Benefit Manager (PBM)**

- Develops and maintains formularies
- Negotiates discounts and rebates from manufacturers
- Processes and pays pharmaceutical claims

## **Group Purchasing Organization (GPO)**

- Obtains discounts from vendors based on the collective buying volume of its members
- Like being a Costco member!

## **Specialty Distributor (SD)**

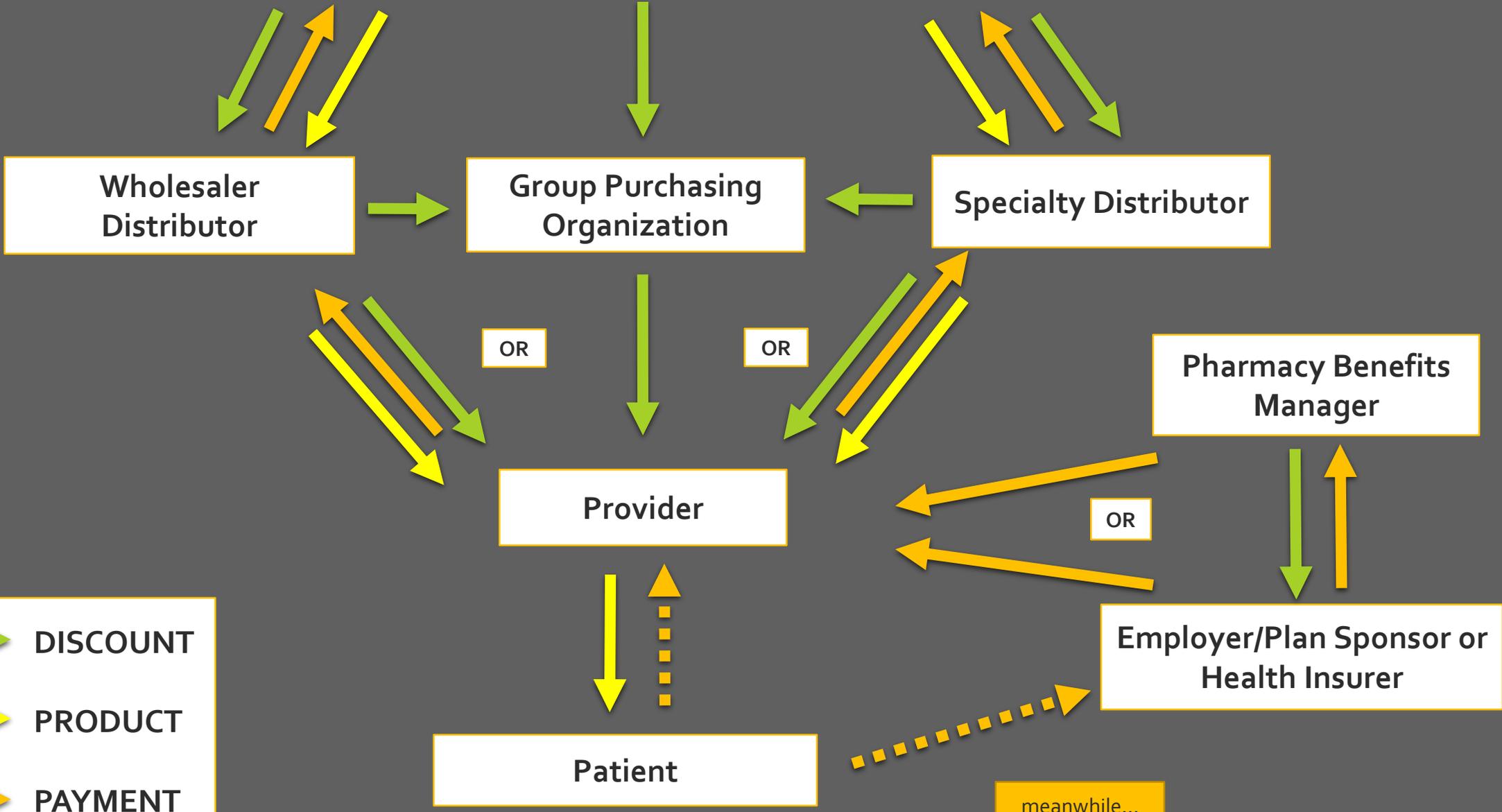
- Purchases specialty pharmaceuticals directly from the manufacturer
- Health care provider orders drugs from this distributor as “buy and bill”

## **Specialty Pharmacy (SP)**

- Purchases specialty pharmaceuticals directly from the manufacturer
- Dispenses specialty pharmaceuticals
- Health care provider requisitions pharmaceutical as “assignment of benefit”

**"Buy and Bill" at a Provider**

**Drug Manufacturer**



**DISCOUNT**

**PRODUCT**

**PAYMENT**

meanwhile...

**Pharmacy  
Benefit/Assignment of  
Benefit at a Provider**

**Drug Manufacturer**

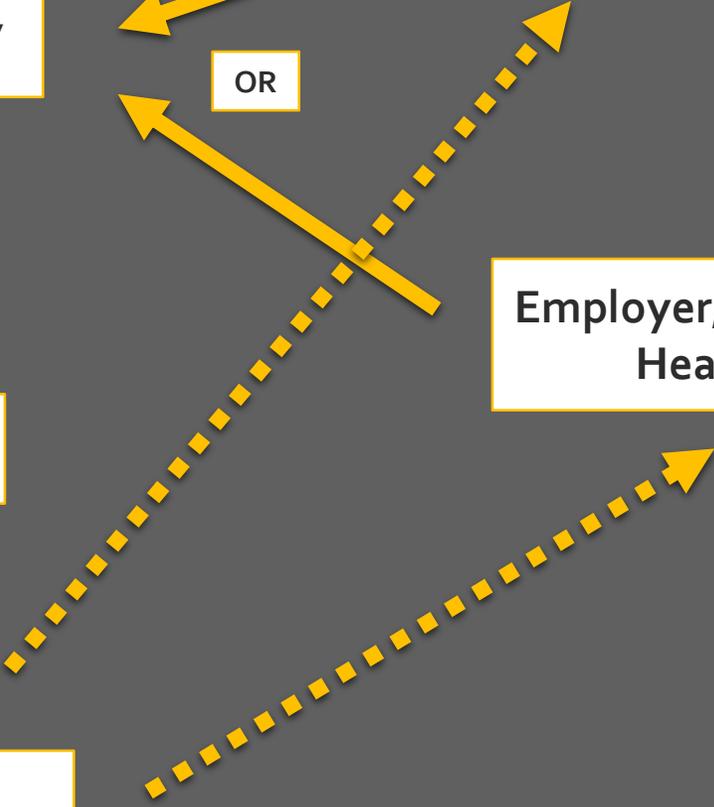
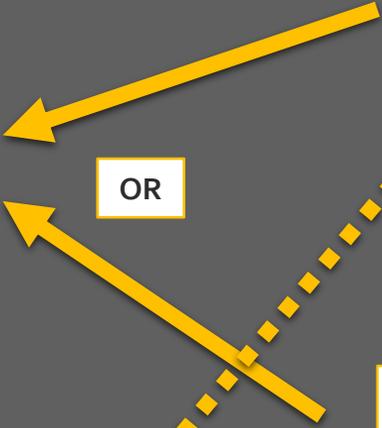
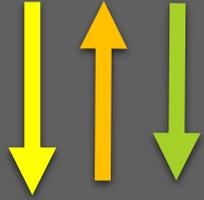
**Specialty Pharmacy**

**Provider**

**Patient**

**Pharmacy Benefits  
Manager**

**Employer/Plan Sponsor or  
Health Insurer**



# REPLACEMENT DEVICES

Devices lost to:

- contamination
- failed insertion
- manufacturing defect
- early expulsion

May be eligible for  
replacement or refund

Check the  
payer

Check the  
manufacturer

Check the  
LARC guide

Save the  
device!

Identify  
method of  
acquisition

Always talk to  
the patient!

# GETTING REIMBURSED



# REIMBURSEMENT TROUBLES

Benefit Verification

Varied Coverage Policies

Cash Flow of Reimbursements

Inappropriate Reimbursements

Coding

# Benefit Verification

- Obtain patient's insurance information (if applicable) when the appointment is made
  - Reconfirm on the day of the visit
- Verify insurance eligibility and coverage in advance of visit



## Varied Coverage Policies

- Check coverage for EVERY payer
- Create job aids with this information
- Update it!

## Cash Flow of Reimbursements

- Clean claims = faster payments
- Run reports on aging claims and work them

## Inappropriate Reimbursements

- Confirm remittance advices with fee schedules
- Rue reports and work them!

# Coding

How do your payers determine what is considered a preventive service?

How does coding impact reimbursement for preventive services?

# PATIENT ASSISTANCE PROGRAMS



## Actavis

Liletta

Covers device after \$75

Must be insured

## ARCH (Bayer)

Skyla & Mirena

Based on income

Covers device

## Merck

Nexplanon

Installment plans only

No financial assistance

## Teva

ParaGard

Discontinued assistance program

Installment plans only

TIME FOR QUESTIONS!

# CALL ME!

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[www.nationalfamilyplanning.org](http://www.nationalfamilyplanning.org)

LET'S CHECK OUT THE  
WEBSITE!

[larcprogram.ucsf.edu/](http://larcprogram.ucsf.edu/)