Long-Acting Reversible Contraception Strategic Plan

As Required by

Senate Bill 1, 85th Legislature,
Regular Session, 2017 (Article II,
Health and Human Services
Commission, Rider 105)

Health and Human Services

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Executive Summary

The *Long-Acting Reversible Contraception Strategic Plan* is submitted in accordance with Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 105). This report provides background on the Texas birth rate, including Medicaid-paid births, as well as data on unintended pregnancies and their impact, underscoring the importance of increasing access to family planning services in Texas. Additionally, this report discusses the efficacy and benefits of long-acting reversible contraception (LARC) devices, efforts already undertaken by HHSC and its partners to reduce barriers to LARC devices, billing and reimbursement challenges and accomplishments, and measures to ensure quality care is provided.

While several strategies for increasing education and access to LARC are mentioned throughout this report, those listed below have been identified as key for increasing access to women's health and family planning services statewide.

- Increase outreach efforts focused on educating women on available services in Texas, including LARC
- Identify best practices for reimbursing immediate postpartum LARC
- Improve provider education and resources through One Key Question (OKQ) implementation and updates to the Texas LARC Toolkit
- Continue to collaborate with stakeholders through bi-monthly stakeholder meetings and other avenues for partnership

In the future, HHSC will build upon current efforts for reducing barriers to LARC while also implementing new strategies identified for increasing education and access statewide.
Rider 105 requires HHSC to develop a five-year strategic plan to reduce barriers for Medicaid recipients and those with and without health benefit plan coverage who might be eligible for Healthy Texas Women (HTW), Family Planning Program (FPP), or Children’s Health Insurance Program (CHIP) Perinatal to access LARC.

The plan must include:

- a review of LARC eligibility identifying the potential costs, challenges, and benefits of eligibility and identify methods for covering, defraying, or minimizing those costs;
- the identification of barriers to accessing LARC relating to reimbursement and billing procedures;
- methods for developing and expanding partnerships with public and private entities to increase public and provider education, training, and awareness of LARC; and
- recommendations to the legislature regarding policy changes and funding needed to implement the strategic plan.

Rider 105 also directs HHSC to collaborate with the Texas Collaborative for Healthy Mothers and Babies (TCHMB) to develop the strategic plan and to distribute the strategic plan to the Legislative Budget Board and the Governor by November 1, 2018.
2. Background

Increasing access to women's health and family planning services is a priority in Texas. Texas has the fourth highest birth rate in the United States with more than 400,000 births in 2016.¹ Of those, 210,572 were Medicaid-paid, accounting for 52.5 percent of all state births in state fiscal year 2016.² In addition, Texas was tied with New Mexico in 2015 for the fourth highest teen birth rate in the United States.³

Texas Pregnancy Risk Assessment Monitoring System data show 34.6 percent of women report their pregnancy was unintended, 50.9 percent report their pregnancy was intended, and 14.5 percent were unsure.⁴ Unintended pregnancy can have significant consequences for individual women, their families, and society as a whole. An extensive body of research links births resulting from unintended or closely spaced pregnancies to adverse maternal and child health outcomes and numerous social and economic challenges. Nationally, 2 million births were publicly funded in 2010; of those, about half were unplanned.⁵ Texas is committed to ensuring every woman and family has access to services that contribute to healthy pregnancies, babies, and mothers.

In order to reduce unintended pregnancies and promote better birth outcomes, Texas is working to increase access to contraception, including LARC devices. LARC devices are highly effective for preventing pregnancy, are easy to use, and last for several years. These devices are the most effective method of reversible contraception with less than 1 pregnancy per 100 women in a year. LARC devices include the intrauterine device (IUD) and subdermal contraceptive device, commonly referred to as the implant. A significant benefit of these methods of contraception is they can last 3-10 years without any frequent maintenance required.

In addition to being appropriate for use in an outpatient setting, LARC methods can be provided during the immediate postpartum period. LARC methods are considered physiologically appropriate during the postpartum period, as recommended by the American College of Obstetricians and Gynecologists (ACOG). ACOG recommends women be counseled prenatally about the option of immediate postpartum LARC (IP LARC) because it reduces the risk of loss to follow-up visits, it is a highly effective method of reducing unintended pregnancies and lengthening interpregnancy intervals, and because there are few contraindications to postpartum IUDs and implants. For IUDs, immediate postpartum insertion takes


7 LARC devices currently available on the market include IUDs Paragard, Mirena, Skyla, Kyleena, and Liletta, as well as implant Nexplanon.


place within 10-15 minutes of placental delivery. For implantable contraceptive capsules, immediate postpartum insertion takes place prior to hospital discharge.

Providing access to LARC insertions in the immediate postpartum period might help a woman achieve the desired interval before her next pregnancy in order to optimize her health and that of her young children.11 Women who become pregnant less than 18 months after giving birth have a higher risk of poor birth outcomes, including preterm birth and low birthweight.12 An IP LARC is also a reversible decision, unlike sterilization, which is permanent.

Regardless of the method chosen, women should be counseled about all forms of contraception during the prenatal and postpartum period in a context that facilitates informed decision-making.

HHSC anticipates increasing access to LARC and preventing unintended pregnancies will result in better birth outcomes and savings for the Medicaid program. A 2010 estimate calculated a savings of $7 for every $1 spent on family planning programs.13 Between fiscal year 2015 and fiscal year 2017, there has been a noticeable increase in the number of women receiving LARC across Texas Medicaid and state women’s health programs.

Tables 1 and 2 below show LARC utilization from fiscal years 2015 to 2017.


Table 1. Number of Clients Receiving LARC by Program, Fiscal Years 2015–17\textsuperscript{14}

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>36,997</td>
<td>38,352</td>
<td>44,595</td>
</tr>
<tr>
<td>Texas Women’s Health Program/HTW*</td>
<td>6,567</td>
<td>6,104</td>
<td>10,160</td>
</tr>
<tr>
<td>FPP</td>
<td>2,811</td>
<td>3,564</td>
<td>7,673</td>
</tr>
</tbody>
</table>

*HTW launched July 1, 2016.

Table 2. Percentage of Clients Receiving LARC by Program, Fiscal Years 2015–17\textsuperscript{15, 16}

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>21.1%</td>
<td>22.1%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Texas Women’s Health Program/HTW*</td>
<td>11.4%</td>
<td>11.3%</td>
<td>15.0%</td>
</tr>
<tr>
<td>FPP</td>
<td>13.2%</td>
<td>14.6%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

*HTW launched July 1, 2016.

While LARC reimbursement has been a challenge for providers, HHSC has updated its LARC reimbursement policy in the Medicaid and women’s health programs to increase access.


\textsuperscript{15} Percentage is based on all clients who received a contraceptive device per program.

- Reimbursement policy was updated to allow hospitals to receive reimbursement for a LARC device in addition to the labor and delivery reimbursement when a LARC is inserted immediately postpartum,\(^{17}\) and federally qualified health centers (FQHCs) and rural health clinics (RHCs) may now receive reimbursement for a LARC device in addition to the encounter payment for Medicaid and HTW providers.\(^{18}\)
- LARC is also available as either a medical or pharmacy benefit, expanding the options a provider has for obtaining a LARC device.\(^{19}\)
- Along with updating reimbursement policies, Texas has focused on increasing client and provider education on LARC.
- In June 2016, HHSC released the Texas LARC Toolkit offering education to providers about LARC, and updated the toolkit in June 2018.\(^{20}\) The toolkit includes educational materials such as patient counseling strategies, resources for patients and educators, and billing and reimbursement resources.
- In August 2016, HHSC provided training to women’s health contractors and providers on LARC, including training on LARC counseling and clinic skills and an insertion practicum for providers.
- In January 2017, Texas Health Steps launched a LARC quick course as part of its online provider education materials.

Other state initiatives are also being coordinated with LARC efforts. For example, Department of State Health Services (DSHS) Zika prevention efforts have included educating community health workers to screen for pregnancy intention and refer for contraceptive services as appropriate, and educating health care providers on LARC.

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\(^{17}\) Effective January 1, 2016.

\(^{18}\) Effective January 1, 2016 for FQHCS and November 1, 2016 for RHCs.

\(^{19}\) LARC products were made available as a pharmacy benefit beginning August 1, 2014.

\(^{20}\) A second version of the Texas LARC Toolkit was released in June 2018, and can be found at [https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/womens-health-services/womens-health-services-provider-toolkits](https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/womens-health-services/womens-health-services-provider-toolkits) and at [https://www.healthytexaswomen.org/provider-resources](https://www.healthytexaswomen.org/provider-resources)
In addition to working closely with providers, HHSC and DSHS are working with other stakeholders to improve education and access to LARC.

Collaborative efforts include:

- HHSC holding bi-monthly meetings with LARC stakeholders to discuss successes and challenges with LARC policy, holding an informational webinar with managed care organizations (MCOs), and having one-on-one calls with MCOs.
- In late 2017, HHSC hosted a webinar to present information to MCOs on LARC policies with an emphasis on IP LARC, informational resources available to patients and providers, and HHSC’s expectations regarding MCOs’ IP LARC policies.
3. LARC Eligibility and Access

**Medicaid and CHIP**

The Texas Medicaid program primarily serves low-income children, related caretakers of dependent children, pregnant women, people age 65 and older, children and young adults in state conservatorship, former foster care youth, and adults and children with disabilities. People in these groups have access to the full scope of Medicaid benefits.

Medicaid also provides time-limited or specific services to certain populations, including Medicare beneficiaries, who might qualify for partial Medicaid benefits based on age and income, and legal permanent residents or undocumented individuals who are not eligible for Medicaid based on their immigration status who might receive coverage for emergency services, including labor and delivery services. Additional details regarding Medicaid eligibility can be found in *Medicaid and CHIP in Perspective, 11th Edition.*

In addition, CHIP covers children in families who have too much income to qualify for Medicaid but cannot afford to buy private insurance. The CHIP Perinatal program provides a focused set of prenatal care, labor, and delivery services to eligible unborn children, most of whom are eligible for Medicaid at birth. Additional details regarding CHIP and CHIP Perinatal eligibility can be found in *Medicaid and CHIP in Perspective, 11th Edition.*

Both IUDs and contraceptive implants are covered as Medicaid benefits when medically necessary for individuals who have full Medicaid coverage, including women whose eligibility is related to pregnancy. Coverage includes LARC devices

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inserted immediately postpartum. Emergency Medicaid only covers those services necessary to stabilize the emergency medical condition, and contraception, including LARC, is not covered. Additionally, in accordance with state law, CHIP and CHIP Perinatal do not provide coverage for contraceptives, including LARC.  

**Healthy Texas Women and Family Planning Program**

The HTW program provides family planning services and other women’s health services that contribute to preconception care and better birth outcomes. Women might be eligible for HTW services if they:

- Are age 15 through 44 (women age 15 through 17 must have parental or legal guardian consent to apply and receive services);
- Are U.S. citizens or eligible immigrants;
- Have an income at or below 200 percent of the federal poverty level (FPL);
- Reside in Texas;
- Do not have health insurance or Medicaid; and
- Are not pregnant.

The majority of clients receive services by visiting a participating clinic or physician. However, some clients might request prescription refills through their provider without an office visit. For eligible women, LARC devices can be obtained through HTW at no cost.

The FPP provides family planning services to women and men at little to no cost. The program is dedicated to helping clients determine the number and spacing of their children, reducing unintended pregnancies, improving future pregnancy and birth outcomes, and improving general health. Women and men might be eligible for FPP services if they:

- Are a resident of Texas;
- Are age 64 or younger;
- Are at or below 250 percent of the FPL; and

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23 Texas Health and Safety Code §62.151(c)
- Do not have health insurance or Medicaid, or have health insurance that does not cover family planning services.

Clients receive services by visiting a participating FPP clinic. For eligible women, LARC devices can be obtained through FPP at little to no cost. IP LARC insertion is available through FPP for Emergency Medicaid or CHIP-P clients.

**Strategies for Increasing Access to Eligible Women**

**Increasing Education on Available Services**

One strategy for increasing access to LARC for eligible women is to increase education to clients and providers on services available through Medicaid and state women’s health programs, including the availability of LARC services through these programs. Specifically, HHSC has been focusing on increasing outreach efforts on services available through HTW and FPP.

Beginning in 2016, HHSC launched a statewide outreach campaign targeting providers, clients, and external stakeholders. The goals of the campaign included informing and educating eligible women in Texas about HTW and FPP, educating women on why it is important to see their health care provider, expanding access to women’s health and family planning services, and increasing program enrollment. Additional details on HHSC’s efforts to increase education on LARC for clients and providers are provided later in this report.

**Quality Care Measures**

The state’s external quality review organization has begun calculating new contraceptive care measures for all Medicaid programs. The contraceptive care measures are based on those developed by the Office of Population Affairs, which have been endorsed by the National Quality Forum.24 These measures were also

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added to the CMS core measure set for 2018.\textsuperscript{25} Texas reports core set measures to CMS annually. The following is an outline of those care measures:

- **All Women**
  - Most & Moderately Effective Methods: The percentage of women aged 15-44 at risk of unintended pregnancy that is provided a most effective (LARC or sterilization) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method (National Quality Forum metric #2903).
  - Access to LARC: The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a LARC method (National Quality Forum metric #2904).

- **Postpartum Women**
  - Postpartum Most & Moderately Effective Methods: Among women aged 15-44 years who had a live birth, the percentage that is provided a most effective (LARC or sterilization) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive methods within 3 and 60 days of delivery.
  - Postpartum Access to LARC: Among women aged 15-44 years who had a live birth, the percentage that is provided a LARC method within 3 and 60 days of delivery (National Quality Forum metric #2902).

Implementing contraceptive care measures will help identify barriers to LARC provision in Medicaid overall and among Medicaid managed care programs, individual MCOs, or Medicaid service areas. As such, the overarching goal of these measures is to increase access to all contraceptive methods for Texas women.

The results of these measures for calendar year 2016 were posted on the Texas Healthcare Learning Collaborative portal on August 10, 2018.\textsuperscript{26} Results for subsequent years will also be uploaded to the site, which is accessible to the public including MCOs, providers, and other stakeholders. HHSC staff are currently analyzing these results to further identify insights into access and use of the most and moderately effective methods of contraception, including LARC.


\textsuperscript{26} “Medical Quality of Care.” THLCPortal. https://thlcportal.com/qoc/medical.
Billing and Reimbursement Procedures

To dispense and be reimbursed for LARC, HHSC allows providers to either purchase LARC devices up-front and seek reimbursement after the device is inserted (“buy and bill method”), or order LARC devices from a specialty pharmacy via a prescription (“pharmacy method”).

**Buy and Bill Method**

Under the buy and bill method, providers can order LARC devices directly from the manufacturer or through a third-party distributor, and keep the device on-site in their general stock. When a patient requests a LARC method, the provider pulls from their on-site stock and can provide the service on the same day. Providers then bill for both the LARC device and the insertion.

A challenge for providers with this method is the high acquisition and stocking costs. LARC devices cost an average of approximately $500-$1,000 each. To provide services on the same day a client requests LARC, a provider must maintain a stock of devices prior to receiving reimbursement from the state for the cost of the device. In addition, state reimbursement does not always align with the acquisition cost since state Medicaid rates and manufacturer rates are often not updated at the same time.

**Pharmacy Method**

Under the pharmacy method, providers can prescribe and obtain LARC products that are on the Medicaid and HTW drug formularies from certain specialty

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28 HTW and FPP follow Medicaid rates for LARC.
The specialty pharmacy dispenses the LARC product and bills Medicaid or HTW for the device and then the provider bills Medicaid or HTW only for the insertion of the LARC device. LARC devices obtained through the pharmacy method may only be used for the patient for whom they are prescribed. Providers who prescribe and obtain LARC products through specialty pharmacies may return unopened and unused LARC products to the manufacturer’s third-party processor. Providers typically receive the product within one week of ordering, but this might vary depending on a variety of factors.

While the pharmacy method does not have up-front costs for LARC devices as is the case with the buy and bill method, it does not align with the best practice of same-day insertion. Because the LARC device must be ordered once a woman requests LARC, the pharmacy method requires the woman to request the specific LARC device before her appointment or to return to the provider a second time for insertion. This can result in significant challenges for the woman, including more time lost at work, needing to secure child care, and needing to obtain transportation to the provider’s office. Furthermore, if a woman does not come back for the insertion, the provider must hold the LARC for a set period before returning it to the pharmacy as prescribed devices cannot be transferred to another individual, per manufacturers’ requirements.

### Immediate Postpartum LARC

For Medicaid fee-for-service (FFS) reimbursement for IP LARC, providers must submit an outpatient claim for the LARC device in addition to the inpatient claim for the delivery services. Medicaid MCOs have flexibility on how they reimburse IP

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29 Family Planning Program providers can only be reimbursed for LARC through the buy and bill method.


LARC, resulting in different claims-filing and reimbursement policies for IP LARC. The goal of allowing MCOs this flexibility is to allow for creative reimbursement models, including alternative payment models, and to identify best practice approaches to billing and reimbursing for IP LARC. Differing reimbursement models across the MCOs, however, might create an additional challenge for providers in billing for IP LARC.

Hospitals and stakeholders have also experienced challenges with the HHSC FFS policy requiring filing an outpatient claim for IP LARC reimbursement. For example, 340B drugs or devices are required to be used only for outpatient services or claims, and some providers feel it is unethical to use 340B-purchased devices for IP LARC insertion. Further, some hospital billing systems are not set up to easily allow for an inpatient claim and an outpatient claim to be filed for the same date of service.

HHSC released guidance on IP LARC coverage for 340B-covered entities to the MCOs. This guidance stated that a 340B-covered entity is responsible for ensuring that any drug or device provided to a Medicaid recipient is compliant with all applicable Health Resources and Services Administration (HRSA) requirements and that, to the extent that a 340B-covered entity determines that a 340B-purchased LARC may appropriately be provided on an outpatient basis to a patient found eligible by the covered entity in accordance with HRSA's rules, and further indicates to HHSC that a 340B-purchased LARC is being used for that purpose, HHSC will reimburse the covered entity for the claim. HHSC defers to the 340B-covered entities to determine if a patient, setting and drug/device are eligible under the 340B Drug Pricing Program.

In addition to reimbursement challenges, other issues remain in providing IP LARC. Some hospitals are reluctant to begin a conversation about LARC when a woman is admitted for labor and delivery. IP LARC insertion also requires specific training and sometimes certification for some devices, which can present a barrier to providers.

32 Eligible organizations and covered entities that serve some of the nation’s most vulnerable populations that are enrolled in the federal 340B Drug Pricing Program are able to purchase covered outpatient drugs at significantly reduced prices. Covered entities may purchase LARC devices to be provided on an outpatient basis at discounted 340B prices.
Strategies for Addressing Billing and Reimbursement Challenges

Policy Changes

To better clarify current LARC reimbursement policy, HHSC recently made updates to Medicaid benefit policies in the Texas Medicaid Provider Procedures Manual and contractual policies for MCOs in the Uniform Managed Care Manual. These changes included reiterating and clarifying requirements for MCOs to adopt claims processing procedures to reimburse for IP LARC, while allowing MCOs flexibility in implementing reimbursement requirements.

Through the technical assistance calls HHSC hosted with the MCOs in late 2017 and early 2018, HHSC gained insights into the IP LARC benefit, including how claims are billed and processed. HHSC identified that some MCOs did not have a clear understanding of the IP LARC benefit or claims payment processes. HHSC also learned that some MCOs have difficulty identifying which providers provide IP LARC.

MCOs have indicated support for this increased flexibility with regard to the billing mechanism they use, and some have recognized the importance of providing IP LARC as a safeguard for cases where patients might not present for follow-up appointments. The provider outreach MCOs conduct seems to vary in frequency and methods. Finally, most MCOs indicated that they had tested their systems for processing IP LARC claims and they worked appropriately.

In the upcoming years, HHSC will review the different MCO billing policies to identify best practices to reimburse for IP LARC and will continue to monitor and provide additional technical assistance as needed to ensure IP LARC is reimbursed in accordance with HHSC policy.

Rate Reviews

To help better align Medicaid rates with the LARC acquisition cost, HHSC started reviewing Medicaid LARC rates on an annual basis instead of a biennial basis. In addition, starting in 2019, rate hearings will be held in the spring of each year instead of the fall. These changes were made in response to stakeholder feedback, and should help to provide financial relief to providers offering LARC services.
Utilization Data Review

HHSC is reviewing utilization data of providers offering IP LARC to identify best practices. Staff have compiled and reviewed utilization data for IP LARC provided in calendar year 2016 and fiscal year 2017, the first full year of the IP LARC benefit. These data indicate the majority of the IP LARC procedures were performed at either university hospitals, county hospitals, or FQHCs. Preliminary findings indicate some sites providing IP LARC might have access to additional funding streams that enable them to launch their IP LARC service. These additional funding streams allow sites to bulk purchase LARC to have supply available for clients instead of ordering a LARC after the client’s initial visit with the provider. HHSC is reviewing these data with MCOs to gain further insight on reimbursement and access challenges as well as why certain providers are using this benefit more.

33 This data consisted of IUDs and contraceptive implants that were provided within four days of delivery. The proxy of four days was used for this data review because the literature indicates that hospital stays for deliveries without complications can typically be up to four days.
5. LARC Outreach and Education and Stakeholder Collaboration

To increase access and use of LARC in Texas, HHSC and DSHS focused on enhancing both client and provider education and collaborating with stakeholders across the state.

Client Education

HHSC developed several client-facing resources to educate women about LARC services available through Medicaid and state women’s health programs.

- In September 2017, HHSC published the LARC client fact sheet. This resource is made available at no cost to providers both in hard copy form available for order through the HHSC warehouse, and electronically on HealthyTexasWomen.org.
- A brief LARC client education video was produced and promoted using social media advertising, targeting Texas women of child-bearing age.
- Static advertisements were also used to encourage this demographic to learn more about LARC by visiting the HTW website.

As part of the ongoing HTW outreach campaign, HHSC will continue to use social media advertisement as a tool for educating women in Texas about LARC.

Provider Education

HHSC released the Texas LARC Toolkit in June 2016, which includes information for providers on patient counseling and education, planning a program for LARC insertion at an outpatient clinic or hospital, IP LARC, training clinical and support staff, patient protocols, and billing and reimbursement. The toolkit was created in collaboration with DSHS and ACOG, and has been distributed by provider and hospital associations and the MCOs. HHSC published its second version of the
The second version incorporates feedback from providers and stakeholders, including a new section addressing common LARC myths. The updated toolkit also incorporates MCO contact information and how to bill FPP for IP LARC.

**National Initiatives**

HHSC and DSHS represented Texas with two national associations working on LARC to address reimbursement, administrative, and logistical barriers:

- The Association of State and Territorial Health Officials (ASTHO) Increasing Access to Contraception Learning Community
- Centers for Disease Control and Prevention 2018 initiative

These initiatives aim to solve common problems from a communal approach in which members learn from each other’s experiences to develop best practices.

As a part of these learning collaboratives, DSHS is also working to promote the OKQ program. Developed by the Oregon Foundation for Reproductive Health, the goal of this program is to increase the proportion of pregnancies that are wanted, planned, and healthy. Now administered through the Power to Decide organization, the OKQ program promotes clinician use of a screening question to assess the patient’s pregnancy intention. Patient results are then used to inform appropriate preconception care.

**Stakeholder Collaboration**

HHSC and DSHS are working closely with the Texas Medical Association, ACOG, Texas Pediatric Society, March of Dimes, TCHMB, the Texas Campaign to Prevent Teen Pregnancy, the Texas Hospital Association (THA), the Texas Association of Health Plans (TAHP), the Texas Women’s Healthcare Coalition, HHSC providers, MCOs, and other stakeholders to improve LARC policies and practices in Texas.

HHSC has also engaged with LARC stakeholders by holding bimonthly meetings to discuss provider experiences with LARC in Texas. These meetings have proven

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34 Available at: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf
helpful in allowing stakeholders to share their experiences with implementing LARC policies in Texas and in encouraging collaboration across the workgroup members.

In July 2017, HHSC asked TAHP and THA to organize a forum for MCOs, hospitals, and other stakeholders to discuss current barriers for IP LARC utilization and to share best practices for billing IP LARC. The findings from this forum were used to inform policy updates that HHSC made to provide greater flexibility for IP LARC billing mechanisms and to require MCOs to educate providers on billing requirements for IP LARC. These policy updates were presented to MCOs during a LARC webinar in November 2017.

**Strategies for Improving LARC Outreach, Education, and Stakeholder Collaboration**

**Continue and Expand Education Efforts**

HHSC will continue client and provider education efforts on LARC. HHSC will also continue to update the LARC Toolkit as necessary to adapt to evolving needs. Updates will include adding a “how to” section on IP LARC which will include detailed information on how to implement an IP LARC policy at a hospital; information on stocking, training, billing, administrative and logistical concerns; and other information necessary to implement an IP LARC policy based on provider experiences and best practices. Additionally, HHSC will continue with MCO technical assistance efforts to ensure expectations are being met. HHSC will maintain outreach efforts seeking to inform and educate women about women’s health and family planning services available in Texas, including LARC.

DSHS is exploring opportunities to implement the OKQ program through the recently updated and relaunched Healthy Texas Babies program, now known as the Healthy Texas Mothers and Babies (HTMB) framework. As a part of this effort, DSHS Maternal and Child Health Unit (MCH) is promoting the use of the OKQ program through the HTMB community coalitions to identify interested sites. To prepare for implementation, MCH conducted 10 key informant interviews with sites across the country who have implemented the OKQ program to identify lessons learned and best practices.

The OKQ program is also a priority of the DSHS-funded state perinatal quality collaborative, TCHMB. The TCHMB’s mission is to advance health care quality and
patient safety for all Texas mothers and babies through the collaboration of health and community stakeholders. As a part of this mission, the TCHMB Community Health subcommittee has established and will facilitate an OKQ learning collaborative to institutionalize the OKQ program in participating clinics. In July 2018, TCHMB held an OKQ training for four clinics from Longview, Waco, Fort Worth/Tarrant, and Houston.

As of September 2018, the TCHMB Community Health subcommittee has engaged five clinics to participate in implementing OKQ over the next year. All clinics will participate in a learning collaborative to assist in sharing challenges and best practices. Additionally, TCHMB is working to collect data through assessment of provider readiness for OKQ implementation that could provide information needed to better understand the contraceptive landscape in Texas. Potential points of inquiry might include: demographic and regional differences among women accessing LARC, attitudes about LARC utilization within the adult and adolescent populations, interest among adolescents in using LARC methods, patient satisfaction with LARC methods, provider experience with and attitudes about providing LARC, characteristics of women interested in IP LARC, importance of discussing IP LARC options with women within the outpatient setting, and the feasibility of implementing OKQ within areas of the state that can offer IP LARC. This will help inform outreach and education efforts in the future.

As LARC use increases, more provider and client education might be needed on LARC complications and LARC removals. HHSC will begin to strategize how to provide additional information to clients if they experience a LARC complication and how to provide additional guidance to providers for LARC complications and removals. ACOG has resources available that address complications if and when they should arise and how to manage common clinical challenges. In the future, HHSC will reference guidelines and recommendations suggested by professional organizations such as ACOG to ensure providers and clients have the information they need readily available. HHSC will continue to seek feedback from stakeholders if any additional education is required on complications or removals.

Continue Key Partnerships

HHSC has seen great success in its stakeholder meetings, and will continue to facilitate these meetings for the foreseeable future. HHSC and DSHS will also continue to use opportunities such as ASTHO and 6|18 to learn what other states are doing to increase LARC access. Many stakeholders in Texas and across the nation are working to assess the contraceptive landscape through rigorous research, and HHSC and DSHS will continue to collaborate in these efforts when able. For example, The University of Texas is working on a research project involving extensive data mining and interviewing at Texas hospitals in various stages of IP LARC program implementation. HHSC hopes to use information from this project, as well as other ongoing stakeholder projects, to inform agency efforts on increasing LARC utilization and access.
6. Stakeholder Recommendations

As part of its ongoing collaboration with stakeholders, HHSC uses its LARC workgroup as a venue to solicit ideas and feedback from stakeholders, including professional associations, academic organizations, and providers in the clinic and hospital setting. This feedback has been utilized to help in the writing of this strategic plan and in the drafting of recommendations provided by HHSC.

As required by Rider 105, HHSC coordinated with the TCHMB in drafting this strategic plan and to solicit their recommendations. TCHMB is a multidisciplinary network made up of health professionals throughout the state. The goal of the collaborative is to reduce preterm birth and infant mortality through such means as reducing disparities in the health outcomes of mothers and babies, reducing maternal mortality and severe maternal morbidity, and improving the health outcomes of mothers and babies.

In addition to the recommendations made throughout this report, with which TCHMB agrees, TCHMB recommended strategies to:

- Develop and offer one-day workshops for providers and clinic staff
- Provide an ongoing learning collaborative for clinics and hospitals
- Assess current LARC and IP LARC-related attitudes, capacity to provide services, and perceptions of patient demand among health care providers in Texas
- Understand and learn from initiatives and models with demonstrated success at increasing access.

To see the full list of recommendations from the TCHMB, please see Appendix A.
While there are current initiatives in place to increase access to LARC, there are still improvements that can be made to ensure adequate statewide access for all eligible women. HHSC and DSHS are committed to educating the public and providers about LARC and increasing access for Texas women across the state. While several strategies for increasing education and access to LARC have been mentioned throughout this report, those listed below have been identified as key for increasing access to women’s health and family planning services statewide.

- Increase outreach efforts focused on educating women on available services in Texas, including LARC
- Identify best practices for reimbursing IP LARC
- Improve provider education and resources through OKQ implementation and updates to the Texas LARC Toolkit
- Continue to collaborate with stakeholders through bi-monthly stakeholder meetings and other avenues for partnership

In the future, HHSC and DSHS will build upon current efforts for reducing barriers to LARC while also implementing new strategies identified for increasing education and access statewide.
### List of Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>ACOG</td>
<td>American College of Obstetrics and Gynecologists</td>
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<tr>
<td>ASTHO</td>
<td>Association of State and Territorial Health Officials</td>
</tr>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
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<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
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<td>FFS</td>
<td>Fee for Service</td>
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<td>FPP</td>
<td>Family Planning Program</td>
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<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<td>HRSA</td>
<td>Health Resources and Services Administration</td>
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<tr>
<td>HTMB</td>
<td>Healthy Texas Mothers and Babies</td>
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<td>HTW</td>
<td>Healthy Texas Women</td>
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<tr>
<td>IP LARC</td>
<td>Immediate Postpartum Long-Acting Reversible Contraception</td>
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<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>LARC</td>
<td>Long-Acting Reversible Contraception</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health Unit</td>
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<td>MCO</td>
<td>Managed Care Organization</td>
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<td>OKQ</td>
<td>One Key Question</td>
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<td>TCHMB</td>
<td>Texas Collaborative for Healthy Mothers and Babies</td>
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Appendix A. Texas Collaborative for Healthy Mothers and Babies Recommendations for Increasing Access to LARC

Lesley French
Deputy Executive Commissioner
Health, Developmental and Independence Services
Health and Human Services Commission

September 28, 2018

Dear Ms. French,

We appreciate the opportunity to provide input to the long-acting reversible contraceptive (LARC) strategic plan (Rider 105 - Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017).

In response to ongoing high rates of unintended pregnancies in Texas, there is a growing focus on the use of effective and reversible contraceptive methods, such as LARC. For the past two years, the office of Population Health at the University of Texas (UT) System has been researching LARC to understand some of the barriers to hospitals and providers in offering LARC services and the barriers to women in accessing these services. Through discussions with stakeholders and other states and by implementing pilot programs, we have identified several strategies that can increase access to LARC.

Additionally, the Texas Collaborative for Healthy Mothers and Children (TCHMB), which is administered by the University of Texas Health Science Center at Tyler out of the office of Population Health at the UT System, initiated a quality improvement project to engage women in conversations and decisions related their pregnancy plan and to link them to contraceptive services, such as LARC or to prenatal care. In response to Rider 105, where TCHMB was tasked to collaborate with Health and Human Services Commission (HHSC) in providing strategies to reduce barriers for LARC, Population Health at UT System compiled a set of strategies that were shared with the Executive Committee of TCHMB for their input and official support. These strategies are attached.

The TCHMB hopes to support strategies that can reduce the number of unplanned pregnancies and improve the health of women and babies in Texas.

Sincerely,

David Lakey, MD, Executive Administrator
Texas Collaborative for Healthy Mothers and Babies

Vice Chancellor of Health Affairs and Chief Medical Officer
University of Texas System
Recommendations for Increasing Access to Long-Acting Reversible Contraception (LARC)

Goal: All women in Texas have access to same-day, low or no cost long-acting reversible contraception (LARC) and have complete and accurate information on this contraceptive option.

Recommended Strategies:

1. Develop a program for LARCs to remove upfront costs and financial risks of providing same day LARC, based on the Vaccines for Children model.
   Providing same-day access requires having stock on hand. Two challenges:
   a. High start-up cost: High device costs require large capital outlay to stock devices
   b. Reimbursement rate can be lower than cost to replace: Reimbursement rate does not always meet the cost of devices due to fluctuation in cost from device manufacturer
   To overcome these challenges, the state could develop a model of LARC purchasing and distribution modeled after successful programs such as Vaccines for Children program. Texas has participated in the Vaccines for Children program since 1994. Such a program could provide public-purchased devices for eligible women, at no charge to enrolled providers in Texas. This would provide cost savings to the state by bulk purchase of devices through state-negotiated contracts. Providers would bill only for professional fees.

2. Develop and offer one-day workshop for providers/clinic staff, covering:
   - LARC toolkit and how to establish successful billing procedures
   - Contraceptive counseling (e.g., One Key Question®) and LARC insertion
   - Medicaid/Healthy Texas Women/Family Planning Program, including program eligibility, covered services/benefits, process for enrolling women and process for becoming a contracted provider
   - Performance measures for assessing access and provision of contraception to all women in need of contraceptive services

3. Provide an ongoing learning collaborative for clinics and/or hospitals working to provide same-day access to LARC.

4. Create a Texas-specific version of the ACOG LARC program help desk (e.g., https://acoglarc.freshdesk.com/support/solutions) Content should include local, state and federal resources, e.g.:
   - information on HRSA 340B pricing
   - how to become a contracted provider for state-supported insurance programs
   - supportive services for women (e.g., transportation assistance programs)
   - LARC and IPLARC providers who accept state-supported insurance programs
   - FAQs from the LARC stakeholder workgroup
   - Where to get technical assistance (e.g., for coding and reimbursement, performance measurement)

5. Assess current LARC and IPLARC-related attitudes, capacity to provide services, and perceptions of patient demand among healthcare providers in Texas
   - assess women/community attitudes toward LARC using focus groups
   - develop public health campaign regarding LARC myths
6. Understand and learn from initiatives and models with demonstrated success at increasing access (to LARC or similar services), including:
   • Contraceptive CHOICE Project (St. Louis)
   • Colorado LARC Program
   • Mobile outreach services

7. Ensure access to needed postpartum services for women on Medicaid and those under- or uninsured through insurance coverage, adequate provider networks and availability of needed services for at least 12 months postpartum.

8. Allow providers to directly transfer unused LARC devices procured through specialty pharmacies to other eligible women, rather than the current options of returning to specialty pharmacy (through the buy-back program) or destroying device.

Barriers to LARC access and utilization in Texas

Clinic/hospital
- Do not have adequate capital to stock LARC
- Concerns about financial risks (e.g., fluctuating device costs, reimbursement challenges)
- Concerns over billing for a device as outpatient that was provided during an inpatient service
- Misinformation/lack of knowledge on reimbursement process, coverage options (e.g., HTW, PPP), not a HTW/PPP provider
- Lack of leadership support and physician champions

Provider
- Lack of training for insertion (internal or immediate postpartum)
- Lack of training on providing comprehensive contraceptive counseling
- Misconceptions/lack of knowledge about LARC/IPLARC

Client
- Misconceptions/lack of knowledge about LARC/IPLARC
- Logical barriers to accessing healthcare (e.g., transportation, time) where contraceptive counseling and access can occur
- Lack of knowledge about health plan coverage options (e.g., HTW, PPP), eligibility, and covered benefits, and transitions

IPLARC reimbursement requires submission of outpatient claim for device but inpatient claim for service

Prescribed devices cannot be transferred to another individual

Complexity of public insurance options (multiple public programs, different eligibility criteria), and lack of seamless transition between programs

Fluctuating device costs do not always match reimbursement rates

Lack of information on clients' knowledge, attitudes, and demand

Lack of single point access to information on local, state, and federal resources

Low LARC access

Regulatory

Payers

Data/information sharing

Population Health

Texas Collaborative for Healthy Mothers and Babies