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LARC Policies

**A Review of Long-Acting Reversible
Contraception Policies**

Agenda

- Background
- Pharmacy and Buy and Bill Methods
- Immediate Postpartum LARC
- New Policy Language
- Resources
- Next Steps
- Questions



Background

- Long-acting reversible contraception (LARC), such as intrauterine devices and contraceptive implants, is a safe and highly beneficial contraceptive method.
- Highly effective method of contraception
- Highest continuation and satisfaction rates
- Can be used by most women
- Increased use may reduce unintended pregnancy rates



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Source: American College of Obstetricians and Gynecologists. Committee Opinion No. 539, "Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices," October 2012.

Background

- In 2016, the American College of Obstetricians and Gynecologists issued guidance recommending immediate postpartum LARC
 - Patients should receive prenatal LARC counseling
 - Immediate postpartum LARC can reduce short-interval pregnancies, which impact 12-49% of postpartum adolescents



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Background

- A policy statement issued by the American Academy of Pediatrics cited studies that found women who indicated interest in LARC devices at their delivery did not attend follow-up appointments to receive LARC devices
- This highlights the importance of providing the option of immediate postpartum LARC insertion.



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Background

- Effective Jan. 1, 2016, HHSC implemented immediate postpartum LARC Medicaid benefit
- LARC devices are available through both pharmacy and “buy and bill” medical benefits



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Pharmacy Method

- Providers prescribe and obtain LARC products that are on the Medicaid drug formularies from certain specialty pharmacies
- The specialty pharmacy dispenses the LARC device to the provider, and the provider inserts the device
 - The pharmacy bills Medicaid for the device
 - The provider bills MCO only for the insertion procedure
- Providers who prescribe and obtain LARC products through specialty pharmacies may return unopened and unused LARC products to the manufacturer's third-party processor



Pharmacy Method

- Bayer's Mirena, Skyla, and Kyleena products may be obtained using the Specialty Pharmacy Prescription Request Form found on the VDP and manufacturer's website
 - Bayer uses CVS Caremark Specialty Pharmacy and Walgreens Specialty
- Merck's Nexplanon product may be obtained by calling 1-844-NEX-4321 and requesting the direct service form
 - Merck uses CVS Caremark Specialty Pharmacy and Accredo Specialty Pharmacy



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Pharmacy Method (cont.)

- Teva/Cooper Medical's Paragard may be obtained by using Teva's Patient Authorization Form located on the VDP and manufacturer's website
 - Teva uses Bilogics, Inc. Specialty Pharmacy
- Prescribers must use the designated specialty pharmacies in order to utilize the LARC "buyback" program



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Buy and Bill Method

- LARC continue to be available through 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



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Immediate Postpartum LARC Insertion

- Effective Jan. 1, 2016, hospitals may receive reimbursement for a LARC device in addition to the labor and delivery reimbursement when a LARC is inserted immediately postpartum
- Current TMPPM Language:
“When seeking reimbursement for an IUD or implantable contraceptive capsule inserted immediately postpartum, hospital/facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.”



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Immediate Postpartum LARC Insertion

- Policies are being updated so that health plans will not be required to use outpatient claim forms.
- Under these new policies, health plans can develop their own billing processes for reimbursing immediate postpartum LARC devices separate from delivery.



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Expectations

- HHSC expects MCOs to be able to refer members to a participating hospital that provides IP LARC
 - Knowing which providers offer LARC insertions is key in connecting members to services
 - Consider whether your providers have access to LARC insertion training if they do not currently provide LARC



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New Policy Language

TMPPM Gynecological, Obstetrics, and Family Planning Title XIX Services Handbook

“Medicaid MCOs must adopt claim processing procedures to reimburse hospital/facility providers for immediate postpartum LARC devices in addition to the rate for delivery services. For claims submitted to the Texas Medicaid and Healthcare Partnership (TMHP) for processing, hospital/facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.”



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New Policy Language

Uniform Managed Care Manual, 16.1.2.8.1

- “Medicaid MCOs must adopt claim processing procedures to reimburse Hospital providers for immediate postpartum LARC devices in addition to the contracted rate for inpatient labor and delivery services. MCOs must educate hospital providers on claim submission requirements.”
- “FQHCs and RHCs may receive reimbursement for covered LARC devices in addition to the encounter rate paid for the visit.”



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New Policy Language (cont.)

Uniform Managed Care Manual, 16.1.2.8.1

- “MCOs must educate providers regarding billing and reimbursement procedures, including those for immediate postpartum LARC. LARC billing and reimbursement guidelines must be posted on the MCO’s website, and MCOs must notify family planning providers, hospitals, FQHCs, RHCs, and other providers who may bill for LARC.”



New Policy Language (cont.)

Uniform Managed Care Manual, 16.1.2.8.1

- “MCOs that do not provide family planning services must adopt claims processing procedures for immediate postpartum LARC that will facilitate provider reimbursement from TMHP in accordance with Texas Medicaid Provider Procedures Manual: Medicaid Managed Care Handbook, Section 9.1, Family Planning Carve-Out Services.”



LARC Utilization

- **Women served who received LARC (of total women receiving contraceptives)**

Program	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Medicaid Clients	6.50% 31,094	5.90% 28,805	6.70% 31,980	7.50% 37,760	7.15% 38,673
Texas Women's Health Program Clients	6.90% 5,958	7.20% 5,023	9.20% 5,316	10.80% 5,926	11.24% 6,086
Family Planning Clients	5.10% 3,113	7.80% 2,798	13.80% 3,200	13.30% 2,918	13.30% 3,788
Expanded Primary Health Care Clients			9.10% 5,680	12.20% 6,856	13.51% 6,929



Additional Resources

- The following Program Fact Sheets and Materials are available for clients and providers (<https://www.healthytexaswomen.org/provider-resources#program-fact-sheets-and-materials->):
 - Family Planning Program
 - Healthy Texas Women
 - Long-Acting Reversible Contraceptives
- Healthy Texas Women informational videos
<https://www.youtube.com/watch?v=4qJYUeEii4o&list=PLJE6pz0haTBpuKN9CCXI0vXoGLmVgDakv&index=9>



Additional Resources (cont.)

- **LARC Toolkit**

(<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/women/texas-larc-toolkit.pdf>)

- MCOs should ensure providers and patients have access to these forms and know that patients may be eligible for these programs and benefits



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Current HHSC Initiatives

- HHSC is engaged in multiple initiatives to improve access to and availability of LARC devices
 - Involved in ASTHO, 6|18 workgroups
 - Ongoing discussion with MCOs, TAHP, THA
 - Updating the LARC Toolkit
 - Revising policy language
 - Ongoing discussion with other states through MED project



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Next Steps

- Policy and Program Development will host one-on-one follow-up calls with MCOs following the webinar
- These calls serve to review policies discussed today and review individual MCO policies



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Conclusion



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Questions?
