Family Planning Stakeholder Meeting

September 30, 2020

10:00am – 12:00pm

Meeting Agenda

10:00 – 10:05	Welcome/Introductions
10:05 – 10:10	Action Items from previous meeting
10:10 – 10:15	Stakeholder Updates
10:15 – 10:30	DHCS Updates
10:30 – 11:00	Latest Developments in Family Planning and Reproductive Health by Dr. Michael Policar, MD, MPH
11:00 – 11:20	Administrative Changes to Family PACT during the Public Health Emergency
11:20 – 11:50	Family PACT: Taking a Pulse during COVID-19 by Maricel Miguelino, DHCS
11:50 – 12:00	Recap of Action Items and Closing Remarks

Welcome
&
Introductions

Proposed Agenda Items

Item Number	Requested by:	Requested Agenda Item
1.	PPAC	Q: How will DHCS ensure that enrollment in the FPACT by phone or online, as currently allowed under emergency flexibilities, will continue to be available if the federal state of emergency declaration is ended prematurely? R: The flexibility to allow Family PACT providers to enroll and recertify clients through telehealth or other virtual/telephonic communication modalities will continue until the end of the public health emergency. The Office of Family Planning is currently exploring future enrollment options (i.e. online enrollment).

Proposed Agenda Items

Item Number	Requested by:	Requested Agenda Item
2.	PPAC	Q: What changes has DHCS seen in enrollment since March? Do you anticipate an increase? R: Enrollment data for the Family PACT Program during the public health emergency will be presented at the meeting.

Proposed Agenda Items

Item Number	Requested by:	Requested Agenda Item
3.	PPAC	Q: When will DHCS be able to report on fluctuations in utilization and services during COVID? R: Our plan to report data on utilization and services for the Family PACT Program during the public health emergency will be presented at the meeting.

Proposed Agenda Items

Item Number	Requested by:	Requested Agenda Item
4.	PPAC	Q: Does DHCS have any information about the implementation of Public Charge rules may have affected patients to date? R: DHCS does not have any information regarding how the implementation of Public Charge rule may have affected patients to date. Effective July 29, 2020, a federal court ruling prohibits the application and enforcement of this new public charge rule in Connecticut, New York, and Vermont. However, the policy may be applied in California, although the federal government has not released additional guidance and this may change. Please visit the US Citizenship & Immigration Services website for updated information.

Review of Action Items

PAVE Update

- Integration of Family PACT into PAVE – the Medi-Cal provider enrollment system used by DHCS' Provider Enrollment Division (PED) – will be postponed.

- Future updates will be shared with the Family PACT Program provider community as it becomes available.

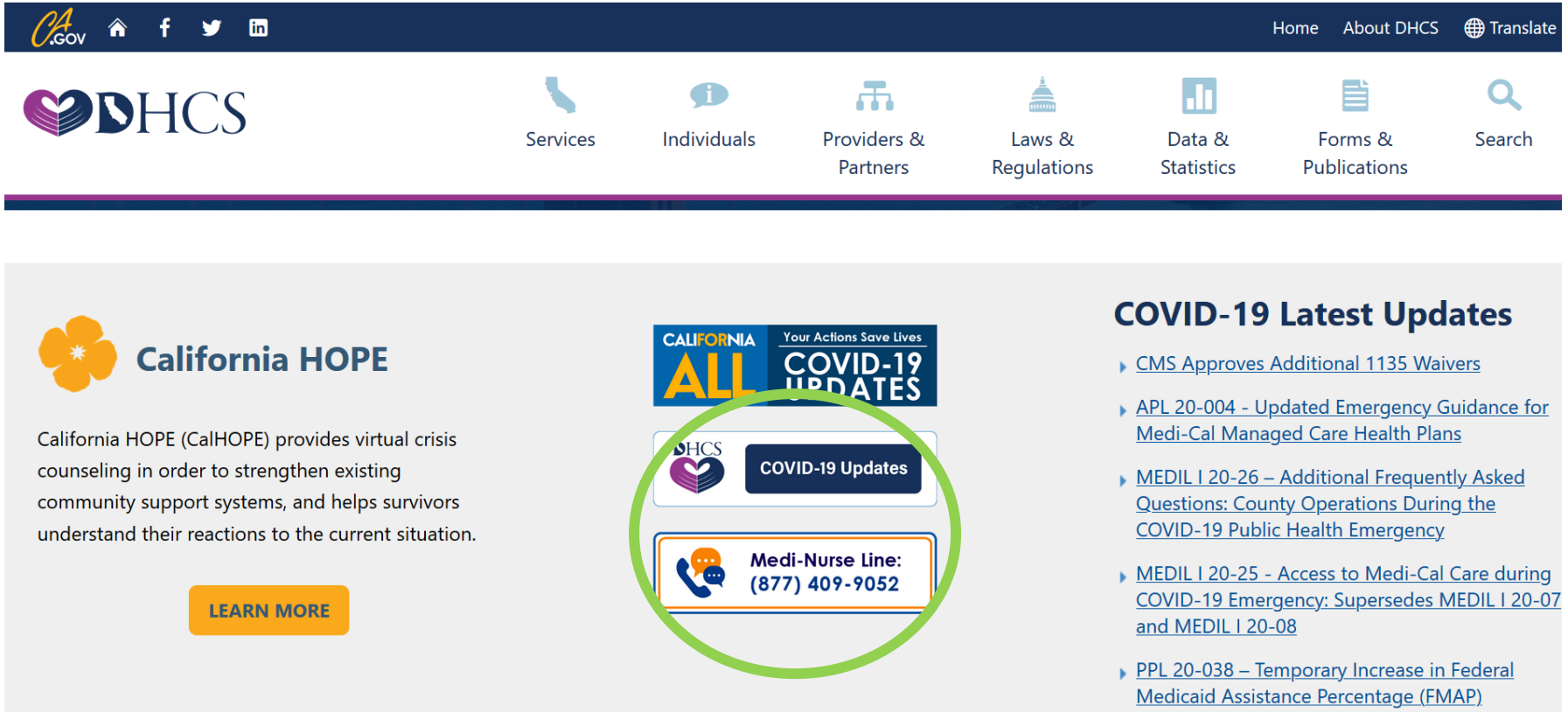
CalHEERS

The CalHEERS 24-Month Roadmap, 2021 Initiatives Draft includes an initiative entitled ***Explore Integration of Family Planning into CalHEERS***.

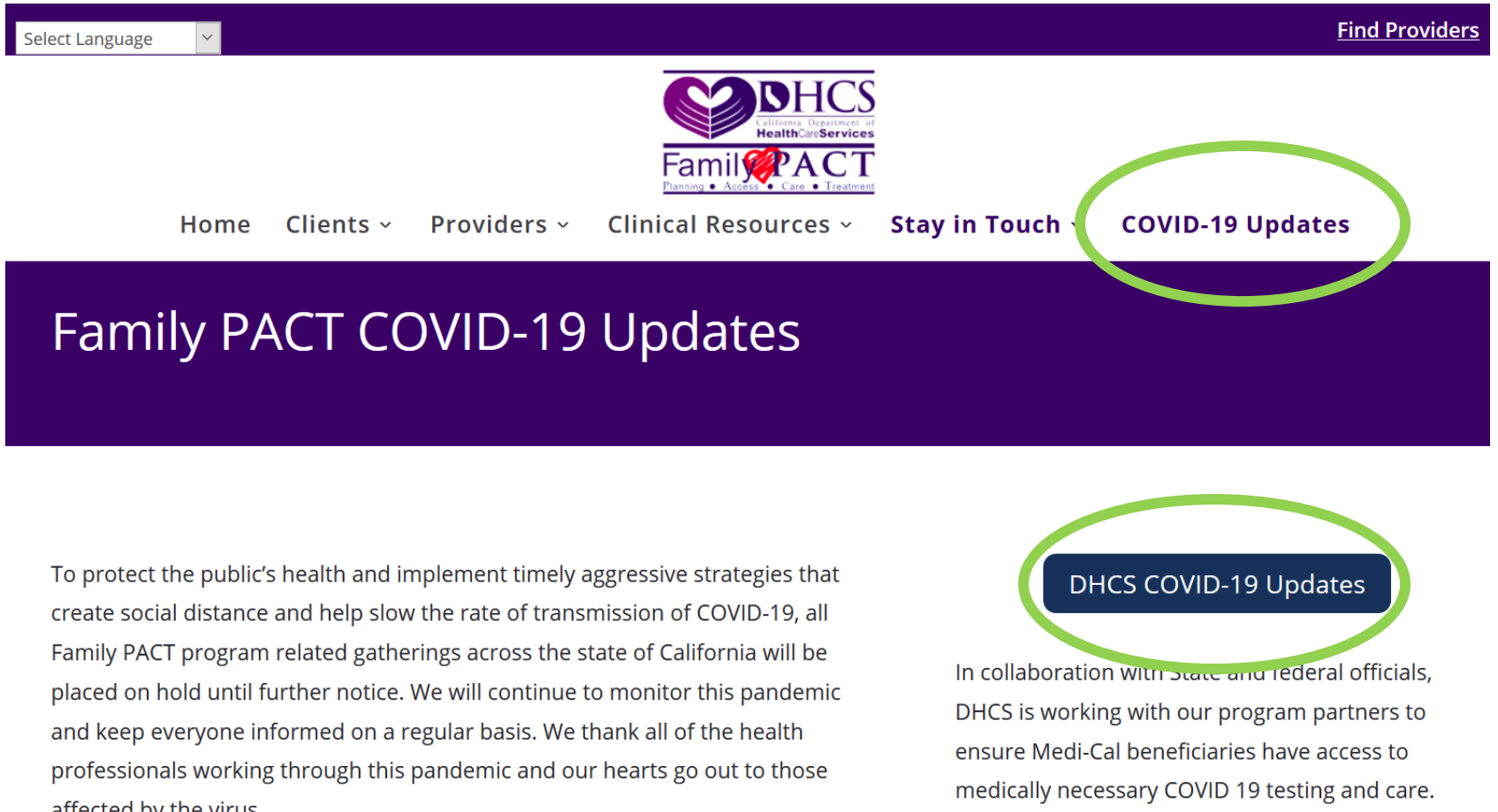
- Suggested Target Release Timeline is scheduled for 2022.
- Please refer to the AB 1296 & Eligibility Expansion Stakeholder Workgroup's webpage for the most up to date information.

DHCS Updates

Medi-Cal COVID Resources



Family PACT COVID Resources



Medi-Cal Provider Website

- DHCS has updated the website to focus on delivering content to specific provider communities: https://www.medi-cal.ca.gov
- Monthly provider community specific Medi-Cal Bulletin Updates and provider manuals are located within each Medi-Cal Provider Community web page
- Medi-Cal news articles, previously known as *NewsFlash* articles, are available within the News bar located on each provider community web page
- The Family PACT Policy, Procedure and Billing Instructions and Medi-Cal Provider Manuals are currently being updated to comply with the Americans with Disabilities Act requirements

Program Integrity Efforts

- Deactivation of over 1000+ non-billing providers
  - Per W&I code, Section 24005 (i)(3): “The department shall deactivate,.. the provider numbers used by a provider to obtain reimbursement from the program when….. a provider has not submitted a claim for reimbursement from the program for one year…”

Program Integrity Efforts

- In CY 2019, DHCS conducted reviews of selected Family PACT providers in Los Angeles, Orange, San Bernardino and Riverside counties
- Over 60+ providers were disenrolled from the Family PACT program
- Reasons for disenrollment
  - CEC forms incomplete, pre-populated, or partially highlighted
  - Same or similar services provided to clients (providers not following program standards)
  - Lack of sufficient medical documentation for services billed
  - HAP cards with completed beneficiary names found at the site or in medical records
  - Labs ordered by Medical Assistant and obtained prior to client seeing clinician
- Repeat compliance issues found led to the implementation of ‘Moderate Risk’ designation for these counties

Moderate Risk

- Family PACT provider applicants located in Los Angeles, Orange, Riverside or San Bernardino counties seeking enrollment in the Family PACT Program for the first time or submitting an application for a change in enrollment will be subject to an additional screening requirement
  - DHCS will conduct an onsite visit prior to any application approval

- On September 17, 2020, an update to the December 26, 2019 bulletin was published clarifying who falls under Health and Safety Code (H&S code), section 1204 exception:

  Entities that are licensed under H&S code 1204 and certified as a Federally Qualified Health Center (FQHC) under Medi-Cal are not exempt if the provider type listed under Medi-Cal is noted as a FQHC.

Moderate Risk

- The updated language for the Moderate Risk designation can be found on the Medi-Cal website under Publications

- Medi-Cal NewsFlash: Additional Screening of Family PACT Provider Applicants in Certain Counties Update

Stakeholder Updates

Latest Developments in Family Planning and Reproductive Health

UCSF University of California, San Francisco

Bixby Center for Global Reproductive Health

Michael Policar, MD, MPH
Professor Emeritus of Ob, Gyn & Repro Sciences
UCSF School of Medicine
michael.policar@ucsf.edu

Outline

- Summary of Family PACT telehealth policies
- New clinical developments
  - 2019 ASCCP Guidelines
  - 2021 AMA Evaluation and Management (E/M) descriptions
  - 2020 CDC STD Treatment Guidelines
  - New contraceptive products

Family PACT Telemedicine Visit Coverage

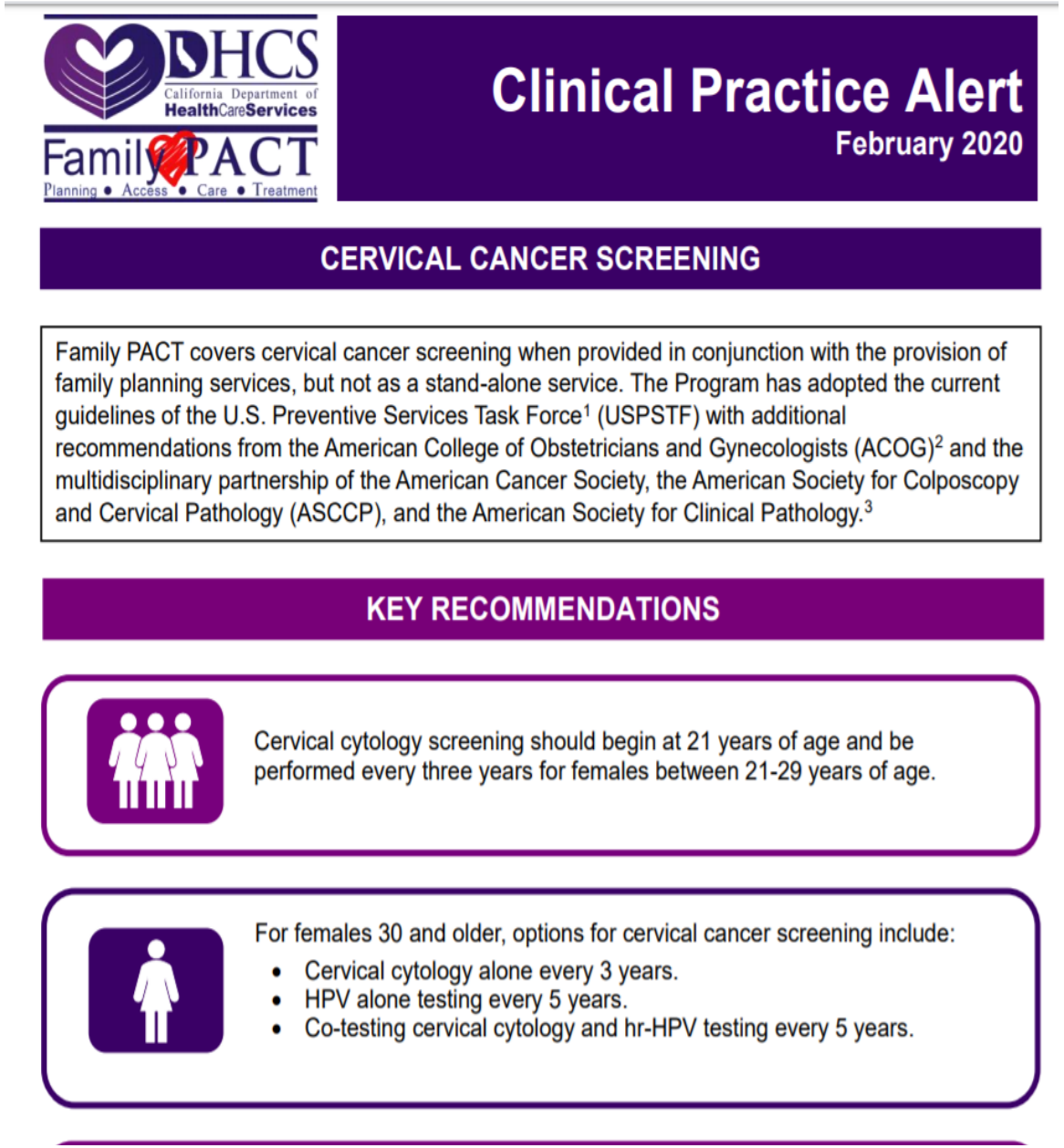
Code	Description	Modality
G2010	VCI: Store and forward	E-mail photo
G2012	Virtual check-in visit	Telephone
99451	E-consult	E-mail
99201-4 **-95**	Telehealth visit (new client)	Audio-visual or Telephonic
99212-4 **-95**	Telehealth visit (established client)	Audio-visual or Telephonic

Not covered: Digital e-visits, telephone E/M codes (99441-3)

https://familypact.org/covid-19-updates/

New Clinical Developments

- 2019 ASCCP Guidelines
- 2021 AMA Evaluation and Management (E/M) descriptions
- 2020 CDC STD Treatment Guidelines
  - Hopefully will be released later this year
  - New section on *Mycoplasma genitalium*
  - Changes in gonorrhea treatment regimens to prevent drug resistant strains



DHCS California Department of HealthCareServices
Family PACT Planning • Access • Care • Treatment

Clinical Practice Alert
February 2020

CERVICAL CANCER SCREENING

Family PACT covers cervical cancer screening when provided in conjunction with the provision of family planning services, but not as a stand-alone service. The Program has adopted the current guidelines of the U.S. Preventive Services Task Force[1] (USPSTF) with additional recommendations from the American College of Obstetricians and Gynecologists (ACOG)[2] and the multidisciplinary partnership of the American Cancer Society, the American Society for Colposcopy and Cervical Pathology (ASCCP), and the American Society for Clinical Pathology.[3]

KEY RECOMMENDATIONS

Cervical cytology screening should begin at 21 years of age and be performed every three years for females between 21-29 years of age.

For females 30 and older, options for cervical cancer screening include:

- Cervical cytology alone every 3 years.
- HPV alone testing every 5 years.
- Co-testing cervical cytology and hr-HPV testing every 5 years.

- Age ranges
- Screening intervals
- HIV positive and immunocompromised females
- Family PACT cervical cancer screening benefits

Cervical Cancer Screening Clinical Practice Alert

Mobile App

https://www.asccp.org/mobile-app

The ASCCP Management Guidelines App is Now Available

Streamline navigation of the ASCCP Risk Based Management Consensus Guidelines with the **NEW** ASCCP Management Guidelines App

- Evidence-based management guidelines
- Simple navigation
- Uncomplicated guidance

Cost: $9.99

Available on the App Store

GET IT ON Google Play

Fundamental Concept #1: The Longer an HPV Infection Has Been Present, the Higher the Risk of Pre-cancer and Cancer

- Time matters
- Type matters (HPV 16 and 18 are most dangerous)
- Other factors don't matter if you know about HPV
- Clinical Tip: Colposcopy is always needed following two consecutive positive HPV tests

Personalized Risk-Based Management

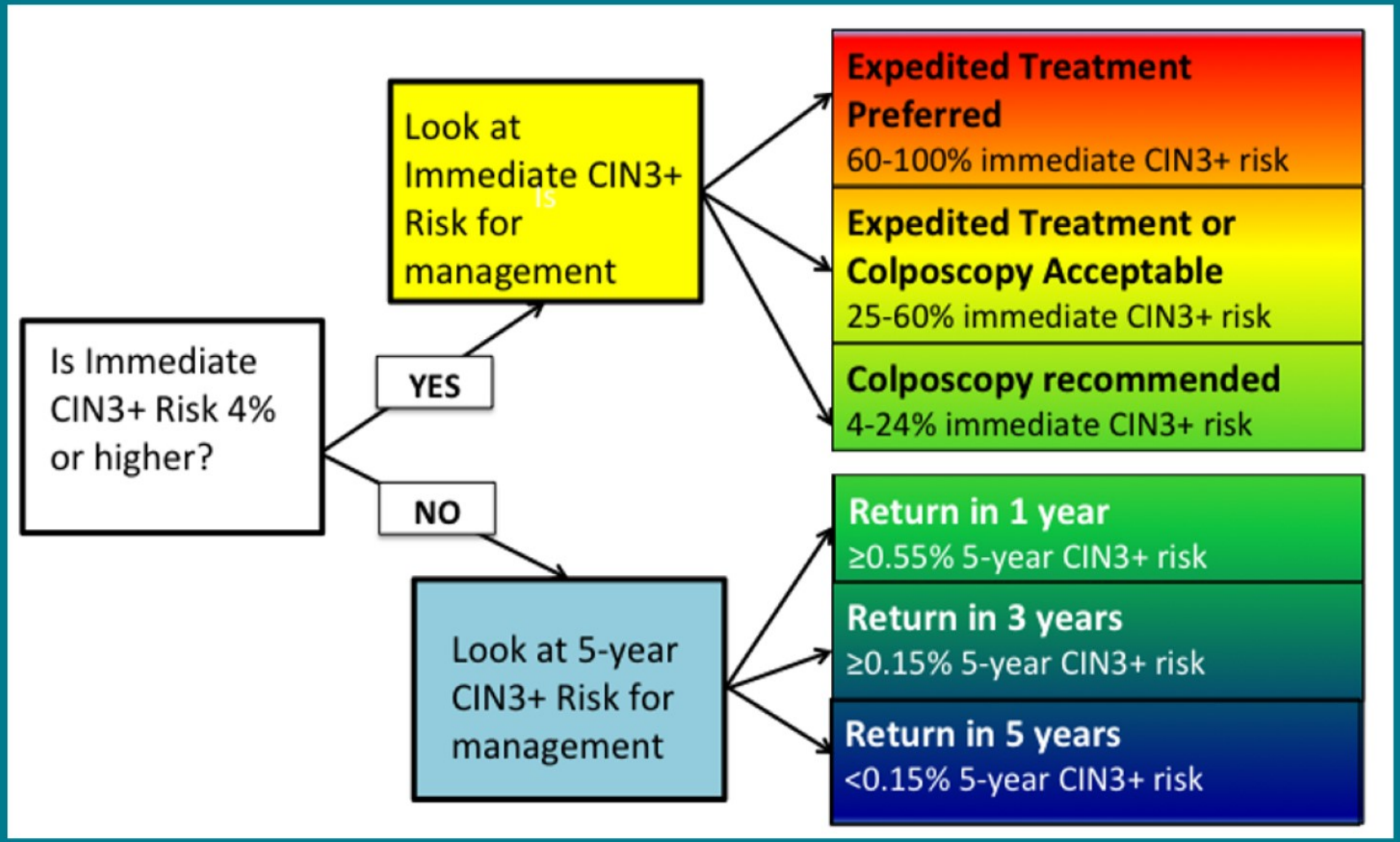
- Most important risk for CIN 2/3+ is a *persistent* HPV infection
- When successive rounds of cervical screening are done with HPV-based testing (HPV alone or co-testing), it is possible to determine whether persistent HPV infection is present
- Integrated into CIN 3+ risk estimations that determine management decisions
- Tailored to the individual, rather than relying on the “generic” algorithms that were used in the earlier consensus guidelines

Fundamental Concept #2: Management Is Based on Risk, Not Results

- Recommendations are based on a patient's risk of CIN3+ determined by a combination of current results and past history (including unknown history)

- The same current test results may yield different management recommendations depending on the history of prior test results, recent results, and other risk factors

Patients stratified into risk levels



Perkins RB et al. J Low Genit Tract Dis. 2020;24(2):102-131.

How Should Providers Implement the Guidelines?

- Clinicians and staff doing client follow-up: obtain ASCCP APP
- Update your clinic protocols for screening and colposcopy
- In-service staff regarding the 2019 guidelines
- Inform clients who are under surveillance that they will be managed based on updated guidelines
- Watch for updated coding and billing policies from your payers (Family PACT, Medi-Cal, EWC, commercial health plans)

2021 CMS and AMA Changes to Procedure Coding

E/M Level Selection

January 1, 2021

- Delete code 99201: Straightforward
- Remove history and exam as key components
- Select E/M level 2 through 5 visits using
  - Medical decision-making, or
  - Time

Time-Based E/M Code

January 1, 2021

- Removes “50% threshold” for using time as a determining factor
- Time redefined *from* face-to-face time to total time spent on the day of the encounter
  - Defined total time
  - Clarifies situation when > 1 provider is involved

E/M Codes: Time Defined

January 1, 2021

- Prepare to see the client (e.g., review test results)
- Obtain and/or reviewing separately obtained history
- Perform medically appropriate exam and/or evaluation
- Counsel and educate the client/family/caregiver
- Document clinical information in the health record
- Independently interpret results (not separately reported) and communicating results to the client/family/caregiver
- Care coordination (not separately reported)

2021 E/M Intervals

New Client

Code	Minutes
~~99201~~	deleted
99202	15-29
99203	30-44
99204	45-59
99205	60-74

Established Client

Code	Minutes
99211	<10
99212	10-19
99213	20-29
99214	30-39
99215	40-54

AMA MDM Selection

January 1, 2021

From	To
# of Diagnoses or Management Options	# and Complexity of Problems Addressed
Amount and/or Complexity of Data to be Reviewed	Amount and/or Complexity of Data to be Reviewed and Analyzed
Risk of Complications and/or Morbidity or Mortality	Risk of Complications and/or Morbidity or Mortality of client Management

E/M Office Revisions: Level of MDM

based on highest 2 of 3 elements

Code	Level of MDM	Number, complexity of problems	Amount or complexity of data reviewed	Risk of complications or morbidity
99202 99212	Straightforward	Minimal	Minimal	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

New Contraceptive Products

- Slynd (drospirenone progestin-only pill [POP])
- Annovera (1 year vaginal ring)
- Phexxi ((pH modulator, marketed as a barrier spermicide)
- Twirla (lower dose patch)
- EluRyng (generic version of NuvaRing)
- DMPA-SQ (not new, but "discovered" by many clinicians and consumers since the PHE)

Slynd™ (Drospirenone 4 mg) POP

- DRSP is progestin in some COCs: Yaz®, Yazmin®, Ocella®
  - Diuretic effect like spironolactone; may help PMDD
- 24/4 Dosing Regimen
  - 24-hour missed pill window
- Failure rate (Pearl Index): 4 failures/100 couples/year
- No thromboembolic risk (vs. increased risk with COC)
  - No black box warning, unlike other COCs

Slynd™ (Drospirenone 4 mg) POP

- Commercial launch in Fall 2019
- *Implications*
  - Marketed to females who can't or won't use estrogen
  - No generic version
  - Candidate for first OTC approval??

Cost of Slynd™

- No generic version… $200 per cycle on GoodRx.com
- Slynd Savings Program at pharmacy (thru 12.31.20)
  - Patient co-pays the first $10 (1 cycle) or $25 (3 cycles)
  - Cash-paying patients pay ~ $65 for 3 cycles
  - Not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare program

Annovera Contraceptive Vaginal Ring (CVR)

Photo credit: Population Council / Hallie Easley

The Basics: Annovera CVR

- Single ring prevents ovulation for one year (13 cycles)
  - Segesterone acetate (Nestorone®) + ethinyl estradiol
  - Used in 28-day cycle; monthly withdrawal (menses)
  - Side effect and bleeding profile similar to NuvaRing
  - Same diameter as NuvaRing, but twice as thick
- Developed by the Population Council
  - Owned by TherapeuticsMD
- FDA approval on August 10, 2018

Use of the Annovera CVR

- In for 21 days, then removed for 7 days to induce a scheduled bleed (like a menses)
- Can remove for up to 2 hours for intercourse or cleaning
- Can use water-based creams and lubricants
- Can *not* use oil and silicone-based lubricants as they alter exposure to EE and segesterone

Comparison of CVRs

	NuvaRing	Annovera
Lifespan	1 cycle (up to 35 days)	13 cycles (up to 365 d)
Progestin release rate	Etonogestrel 120 mcg/day	Segesterone 150 mcg/day
EE release rate	15 mcg/day	13 mcg/day
Diameter	54 mm	56 mm
Thickness	4.0 mm	8.4 mm
Refrigeration	Yes, if stored >4 months	No

EE: Ethinyl estradiol

Annovera CVR

- Marketed as the “first woman-controlled, procedure-free, long-acting, reversible birth control product putting the woman in control of both her fertility and menstruation”
- *But is it really a “LARC”?*
  - Yes: the description is accurate
  - No: owing to need to remove it monthly and replace promptly after intercourse or cleaning, is not a “forgettable” contraceptive, like an IUD or implant

Annovera CVR

- GoodRx.com retail price: $2, 000!!
  - $167/month
- If assigned its own FDA contraceptive category, it must be covered under no cost-sharing rules of ACA
- TherapeuticsMD has agreed to provide significantly reduced pricing to Title X clinics
  - Does anyone have more information?

Phexxi®

- Lactic acid, citric acid, and potassium bitartrate vaginal gel
  - Effective only before sex; not afterward
  - 1 applicator ≤ 1 hour *before each* episode of vaginal sex
- Prescription only…to optimize counseling about correct use
- *7-cycle* typical use pregnancy rate: 13.7% (= to diaphragm)
- May be used with hormonal contraceptives, condoms, diaphragm, miconazole, tioconazole, metronidazole
  - Avoid when using a vaginal ring

- Mechanism (In vitro studies)
  - Lower vaginal pH (3.5-4.5)
  - Less sperm motility
- Adverse reactions (Study population n=2480)
  - Vulvovaginal burning 18%
  - Vulvovaginal itching 14.5%
  - UTI/pyelo <1%
  - Partners 9.8% ‘local discomfort’

Twirla® Contraceptive Patch

- Ethinyl estradiol (EE) 30 mcg + levonorgestrel 120 mcg/ day
  - Xulane®: EE 35 mcg + norelgestromin 150 mcg/day
- Two “Black Box” warnings
  - Contraindicated in women with BMI ≥30 kg/m^2
    - Reduced effectiveness
    - May have a higher risk for venous TE events
  - Same cardiovascular contraindications as OC, ring
- Efficacy (typical use): 5.8 pregnancies/100 women/year
  - BMI <25 kg/m^2: 3.5 “
  - BMI ≥25 and <30: 5.7 “

[2015 Kaunitz Contraception; GlobalNewswire “Twirla vs Xulane wear study”]

Contraceptive Patches

	EE/NGMN 'The OLD one'	EE/LNG 'The NEW one'
Progestin	150mcg/day NGMN	120mcg/day LNG
Estrogen*	35mcg/day EE	30mcg/day EE
Size	14cm^2	28cm^2
Lifespan	1 week New patch weekly	1 week New patch weekly
Materials	Polyethylene outer Polyester inner	Skinfusion® (no latex)

Alternatives to DMPA-IM

- In-person visit, IM injection in clinic
- In-person visit, curbside injection
- Switch to self-injected DMPA-SQ
- Switch to a “bridge” method
  - Progestin-only pills
  - Combined hormonal methods: OC, patch, ring
  - Barrier method

How Does DMPA-SQ Differ from DMPA-IM?

- Pre-filled and ready to use at home, so client is in control
- Uses shorter, smaller 26 gauge X 3/8-inch needle and smaller volume to inject into skin instead of muscle
  - Potentially less pain
- 30% less hormone; may reduce common side effects
- Some clients experienced local site irritation and soreness on first and second self-injection
  - Improves over time
  - PPI: 1/100 experience dimpling at injection site

DMPA-SQ for Self-Administration

	Needle Type	Dosage	Packaging	Manufacturer
Subcutaneous (SQ)	26-gauge x 3/8-inch	104 mg / 0.65 mL	Single-dose prefilled syringe	Pfizer (sole brand name)
Intramuscular (IM)	22-gauge x 1 1/2-inch	150 mg / 1 mL	Method of Injection	Pfizer Teva Greenstone

https://www.nationalfamilyplanning.org/covid-19-resource-hub

DMPA-SQ for Self-Administration

Clients who are have chosen to initiate this method

Clients who currently receive DMPA-IM, and who after counseling, opt to switch to this delivery route

Good choice for those experienced in self-injection of other drugs (ovulation induction for IVF, insulin, low molecular weight heparin, or drugs for multiple sclerosis)

DMPA-SQ for Self-Administration

- Contraindications and side effects are same for DMPA-SQ and –IM
- Dosage adjustment of DMPA-SQ and –IM is not necessary for BMI
- Use clinical judgement to determine whether delivery method is appropriate for a specific client
  - Document decision
- Approved by Medi-Cal and Family PACT for self-administration during the public health emergency when dispensed by a pharmacy (not clinic-dispensed)

Duration of Use For LARC

	FDA-Approved	Evidence-Based
Nexplanon	3 years	5 years
Liletta	6 years	7 years
Mirena	6 years	7 years
Skyla	3 years	3 years
Kyleena	5 years	5 years
Paragard	10 years	12 years
DMPA-IM	13 weeks	15 weeks
DMPA-SQ	13 weeks	15 weeks

Questions?

Client Resources on DMPA-SQ Self Administration

- NFPHRA Self-Administration of DMPA
- Detailed package insert instructions
- Bedsider.org: Depo SubQ: The do-it-yourself birth control shot
- Reproductive Health Access Project: Depo-Provera Sub-Q User Guide (available in English, Spanish, Simplified Chinese, Traditional Chinese, Hindi, Vietnamese)

Medi-Cal: Sources of Information

- CA DHCS Telehealth Frequently Asked Questions (10/19)
  - https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx

Medi-Cal: Sources of Information

- Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to COVID-19 (June 23, 2020)
  - https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications-6-19.pdf

Family PACT: Sources of Information

- Family PACT Provider FAQs during COVID-19 (4/20/20)
  - https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_37.aspx
- Family PACT Update: DMPA-SQ Guidelines (4/14/20)
  - https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_31.aspx
- Family PACT: Guidance for Virtual/Telephonic Communications Relative to the COVID-19 (3/23/20)
  - https://www.dhcs.ca.gov/Documents/COVID-19/Guidance-for-Virtual-Telephonic-Communications.pdf

Family PACT: Sources of Information

- Update to Information on Coronavirus (COVID-19) for Family PACT Providers (3/27/20)
  - https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_16.aspx

FPNTC COVID-19 Resources

- COVID-19 and Family Planning Services FAQ
- What Family Planning Provider Can Do to Meet Client Needs During COVID-19
- Prioritization of In-Person and Virtual Visits During COVID-19: A Decision-Making Guide
- COVID-19 Social Media Toolkit for Family Planning Providers
- Help Staff Reduce Stress During COVID-19
- NCTCFP COVID-19 Resources

Family Planning COVID-19 Resources

- NFPRHA COVID-19 Resource Hub
- UCSF Beyond the Pill: Contraception During COVID-19: Best Practices and Resources
- RHAP: Contraception in the Time of COVID-19
- KFF: A Look at Online Platforms for Contraceptive and STI Services during the COVID-19 Pandemic
- Upstream USA: Ensuring contraceptive access during the COVID-19 pandemic

ACOG COVID-19 Resources

- COVID-19 FAQs for Obstetrician-Gynecologists, Gynecology
- ACOG/SMFM Outpatient Management of Pregnant Women
- ACOG Managing Clients Remotely: Billing for Digital and Telehealth
- ACOG COVID-19 Topics

CDC COVID-19 Outpatient Clinic Guidelines

- Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic
- Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the Untied States
- CDC Guidance for Healthcare Facilities
- CDC Information for Healthcare Professionals

AAFP and AMA Telehealth Resources

- AAFP Checklist to Prepare Physician Offices for COVID-19
- AAFP Using Telehealth to Care for Patients During the COVID-19 Pandemic
  - –Contains helpful list of telemedicine vendors
- AMA quick guide to telemedicine in practice

More Telehealth Resources

- Essential Access Health Telehealth Essentials Resource Hub
- DHHS: FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency
- The National Telehealth Policy Resource Center
- CMS: General Provider Telemedicine Center
- Medicare Telemedicine Health Care Provider Fact Sheet
- Medical Economics: Telehealth primer: How to set up a program quickly

Administrative Updates to Family PACT during the Public Health Emergency

9/30/2020

Provider Enrollment & Orientation

- New Family PACT provider applicants, new provider locations, and/or recertifying applicants will be provisionally certified for enrollment until the Site Certifier completes the Family PACT Provider Orientation

- Provider Orientation is delivered in two parts: online and in-person and both must be completed within six (6) months of the date of initial Family PACT enrollment for the provisional certification to be lifted

- Due to the ongoing public health emergency, Family PACT providers who's six (6) month provisional enrollment period has passed will be selected to attend a Virtual Provider Orientation
  - Virtual provider orientation will fulfill the in-person part of the orientation
  - Providers must complete the required online trainings before the Virtual Provider Orientation
  - OFP held its first Virtual Provider Orientation on September 10, 2020

Client Enrollment

- During the COVID-19 public health emergency, enrolled Family PACT providers may enroll and/or recertify clients through telehealth or other virtual/telephonic modalities

- Providers must:
  - Complete each field on the CEC or REC form on behalf of the applicant/client
  - Obtain verbal consent to sign the CEC form on behalf of the client
  - Electronic signature services may be used
  - Provider must sign and date the form
  - Verbally inform client of (in)eligibility
  - Store within the client's medical record for a minimum of three years

Client Enrollment

Providers must arrange for clients to receive their HAP card by:

- In-person pick up of the HAP card
- Mailing the HAP card to the client's home address
  - Providers must receive client's consent to mail it to the client's home address

Update to Health Access Programs (HAP) System

- System upgrade for the HAP provider transaction page projected to implement in January 2021

- In conjunction with HAP system implementation, updated Client Eligibility Certification (CEC) form to be released in January 2021 to:
  - Include sexual orientation and gender identity (SOGI) data as required by AB 959: Lesbian, Gay, Bisexual, and Transgender Disparities Act (Chiu, 2015)
  - Meet federal reporting requirements (Transformed Medicaid Statistical Information System or T-MSIS Data)
  - Add or amend data fields
  - Delete fields which are no longer being used in program analysis

Long Acting Reversible Contraceptive (LARC) Trainings

- Family PACT Policy (Effective February 1, 2018): LARCs shall be provided onsite or by prescription
- Family PACT Policy (Effective June 1, 2019): Each provider site enrolling into the Family PACT Program must identify, at a minimum, one practitioner trained to provide LARC services onsite
- Beginning in 2018, OFP, in collaboration with pharmaceutical manufacturers, hosted several in-person LARC trainings
- Pharmaceutical manufacturers currently offering online trainings:
  - Bayer
  - Medicines 360
  - Merck

FAMILY PACT:
Taking the Pulse during COVID-19

Office of Family Planning

Maricel Miguelino, M.D.

Research Scientist III

I. Introduction/Background

II. Family PACT Client Enrollment

III. Family PACT Claims and Services

IV. Telehealth

V. LARC Utilization

VI. Conclusion

INTRODUCTION

- **2019-nCoV** -novel Coronavirus isolated from a cluster patients with pneumonia in China linked to a seafood wholesale market in Wuhan, Hubei Province China[1]

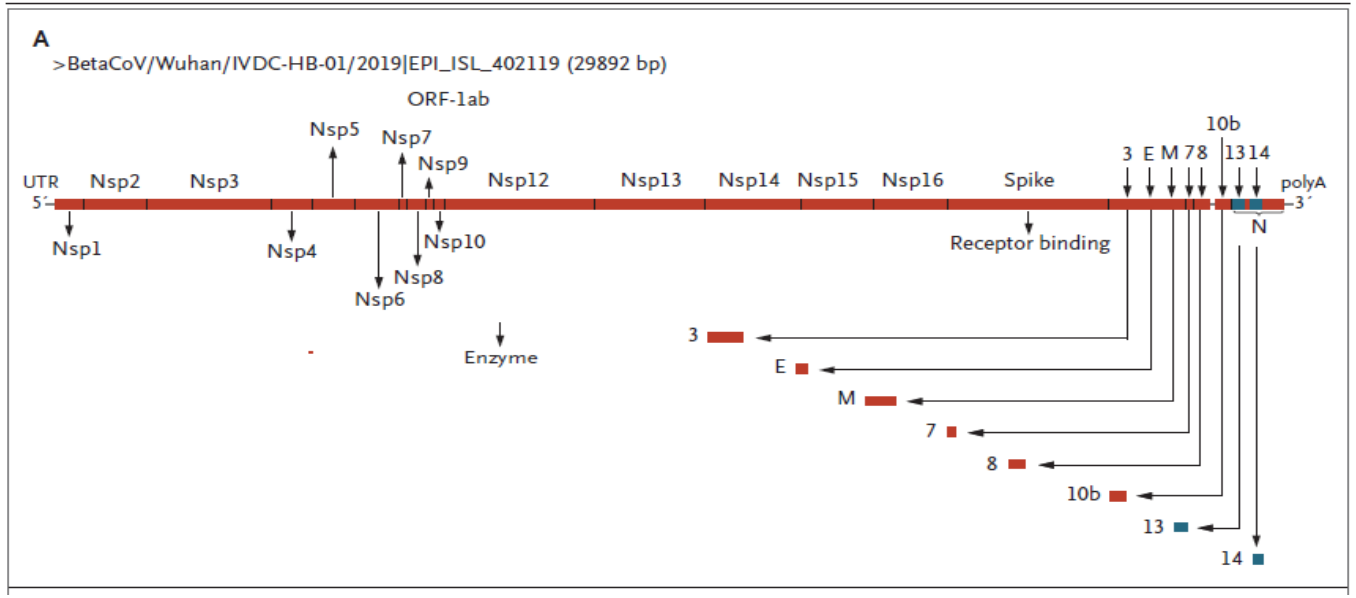


Figure 2. Schematic of 2019-nCoV

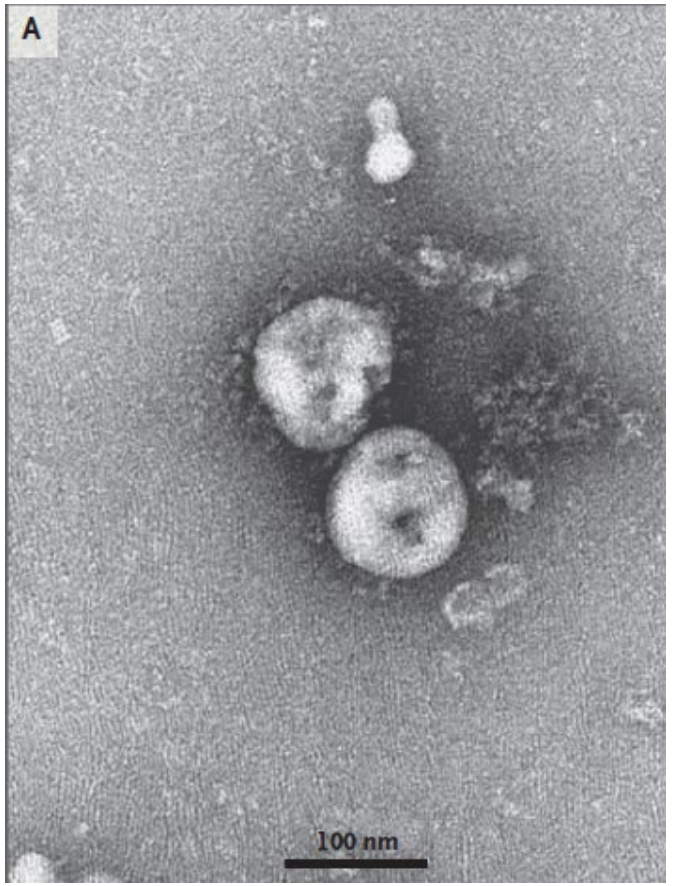


Figure 1.Visualization of negative stained 2019-nCOV particles with Transmission Electron MIcroscopy

1 Zhu, Na et al. “A Novel Coronavirus from Patients with Pneumonia in China, 2019”, N Engl J Med 2020; 382:727-733 DOI: 10.1056/NEJMoa2001017

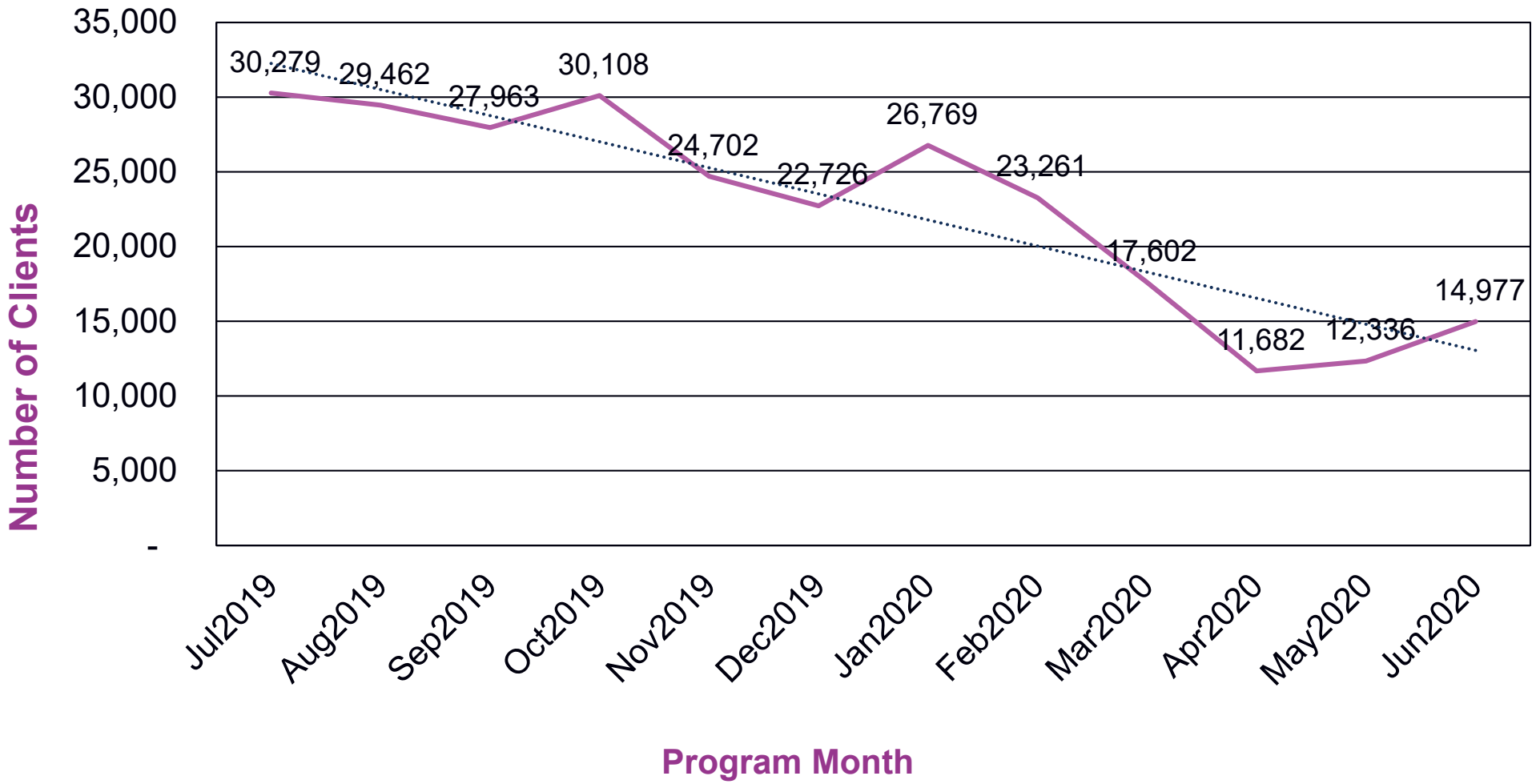
COVID-19 TIMELINE

- **December 2019 -** COVID-19 outbreak was first identified in Wuhan, China.
- **January 31, 2020** - Federal Health and Human services (HHS) declared the outbreak as a Public Health Emergency (PHE).
- **March 4, 2020** – Governor Newsom declares State of Emergency to help State prepare for broader spread of COVID-19.
- **March 11, 2020** - World Health Organization (WHO) classified the outbreak as a pandemic.
- **March 13, 2020** – President Trump declared a National Emergency.

Family PACT Client Enrollment

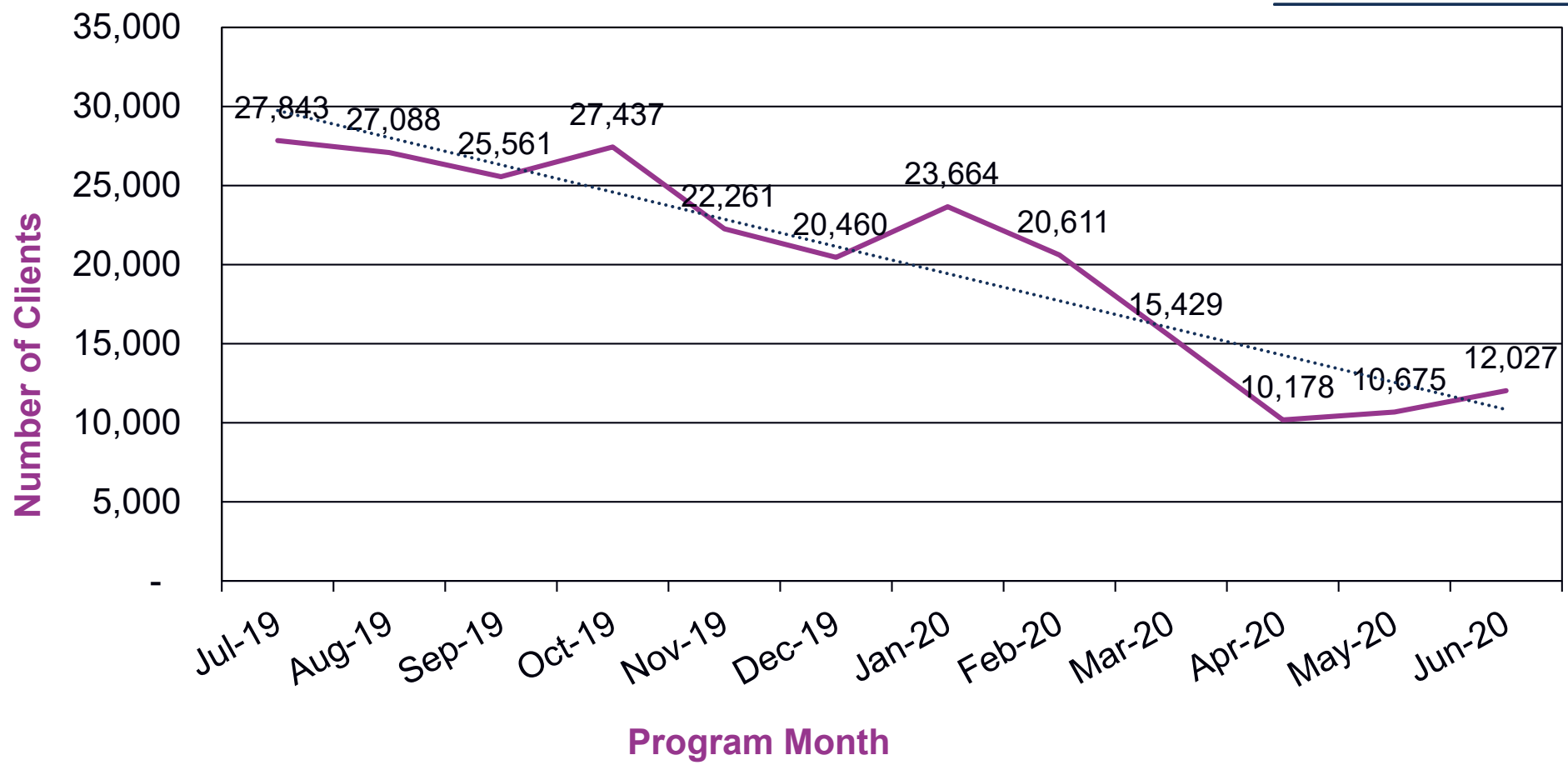
(Normal Times, Pre-PHE, During PHE)

Figure 1. Family PACT Newly Enrolled Clients, FY 2019-20



Data Source: MIS/DSS Family PACT Enrollment Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded: 22 September 2020

Figure 2. Family PACT Newly Enrolled Clients Served, FY 2019-20*



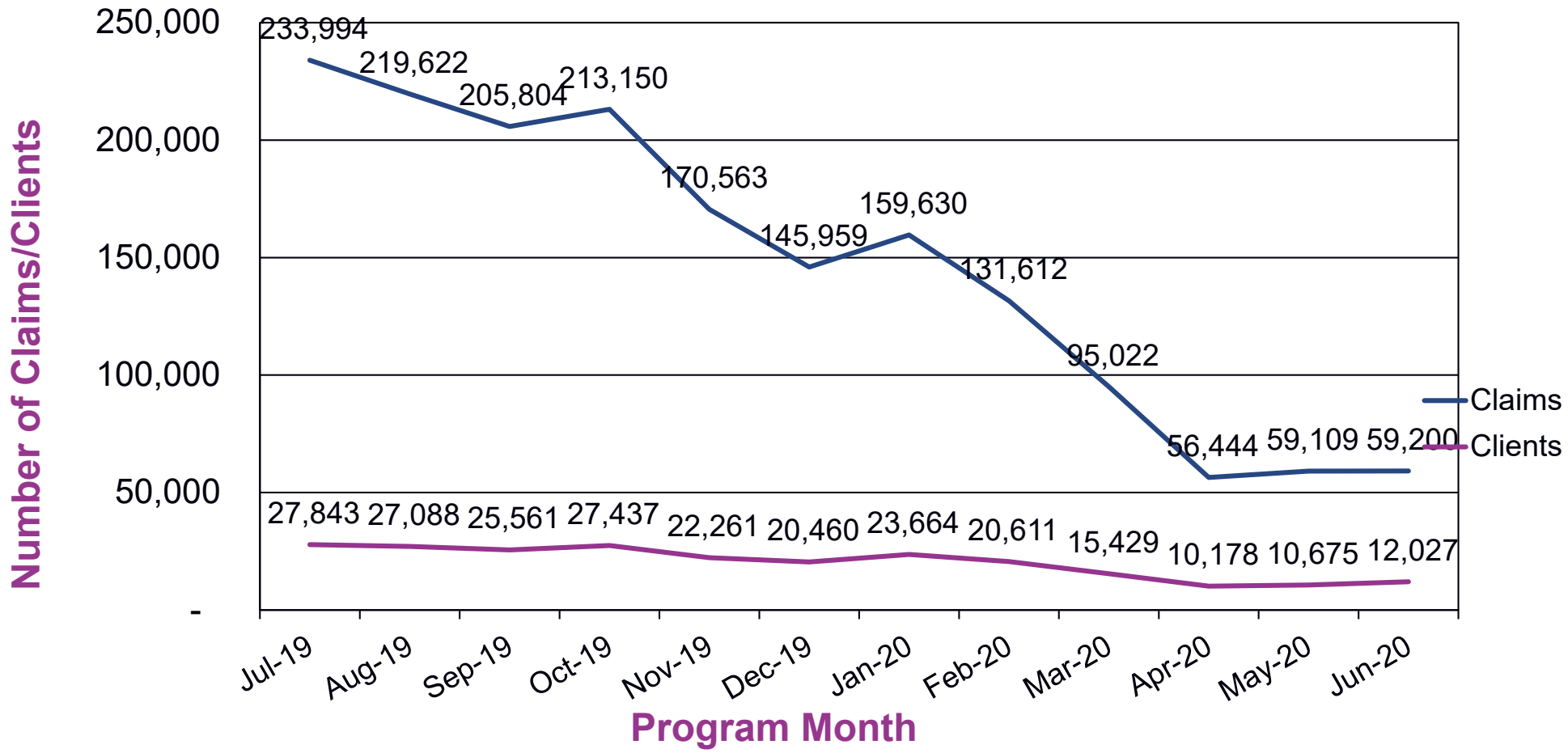
Data Source: MIS/DSS Family PACT Enrollment and Claims Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded: 22 September 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

Family PACT Claims and New Clients Served

(Normal Times, Pre-PHE, During PHE)

Figure 3. Family PACT Claims and New Clients Served, FY 2019-20*



Data Source: MIS/DSS Family PACT Enrollment and Claims Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded:22 September 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

Family PACT New Clients Served Claims and Demographics

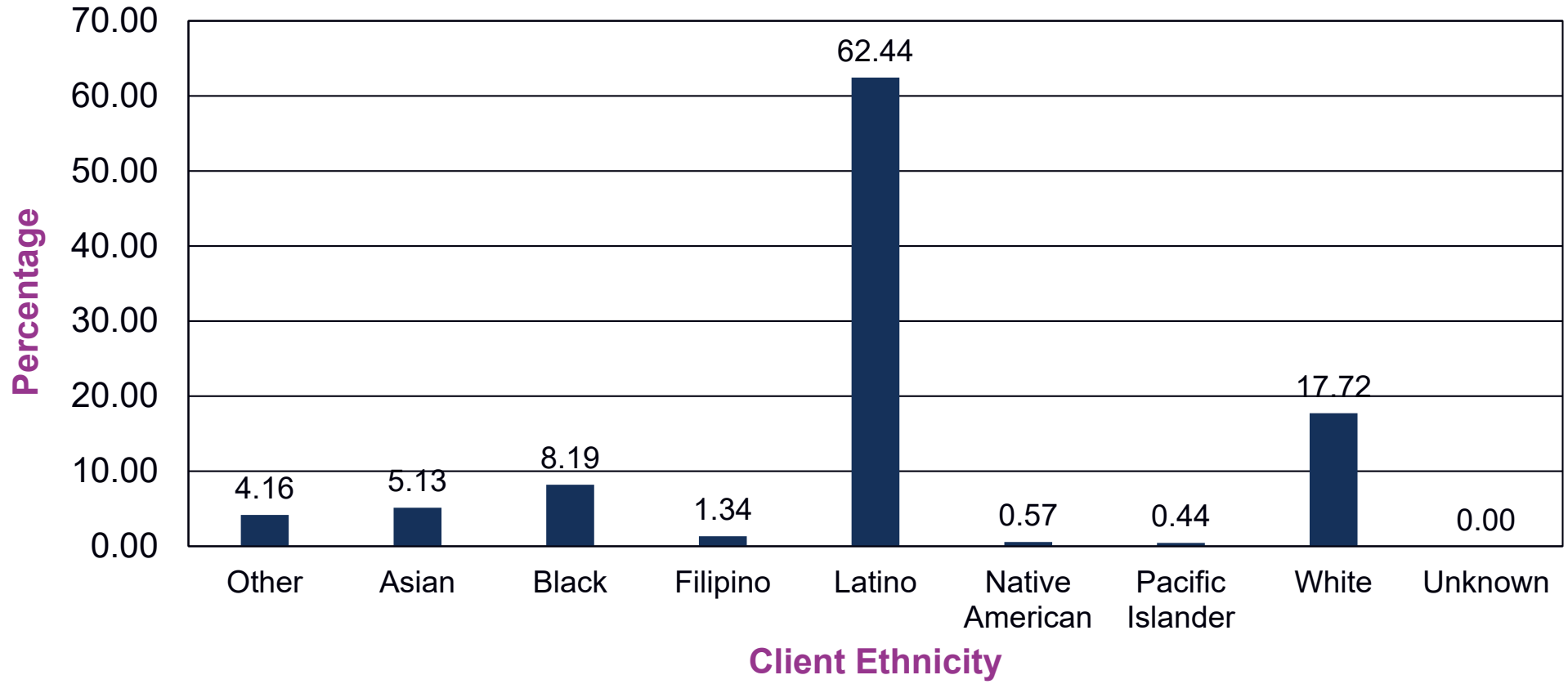
(Normal times, Pre-PHE and During PHE)

Figure 4: Family PACT New Client Served Age and Gender, FY 2019-20*

Data Source: MIS/DSS Family PACT Enrollment and Claims Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded: 22 September 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

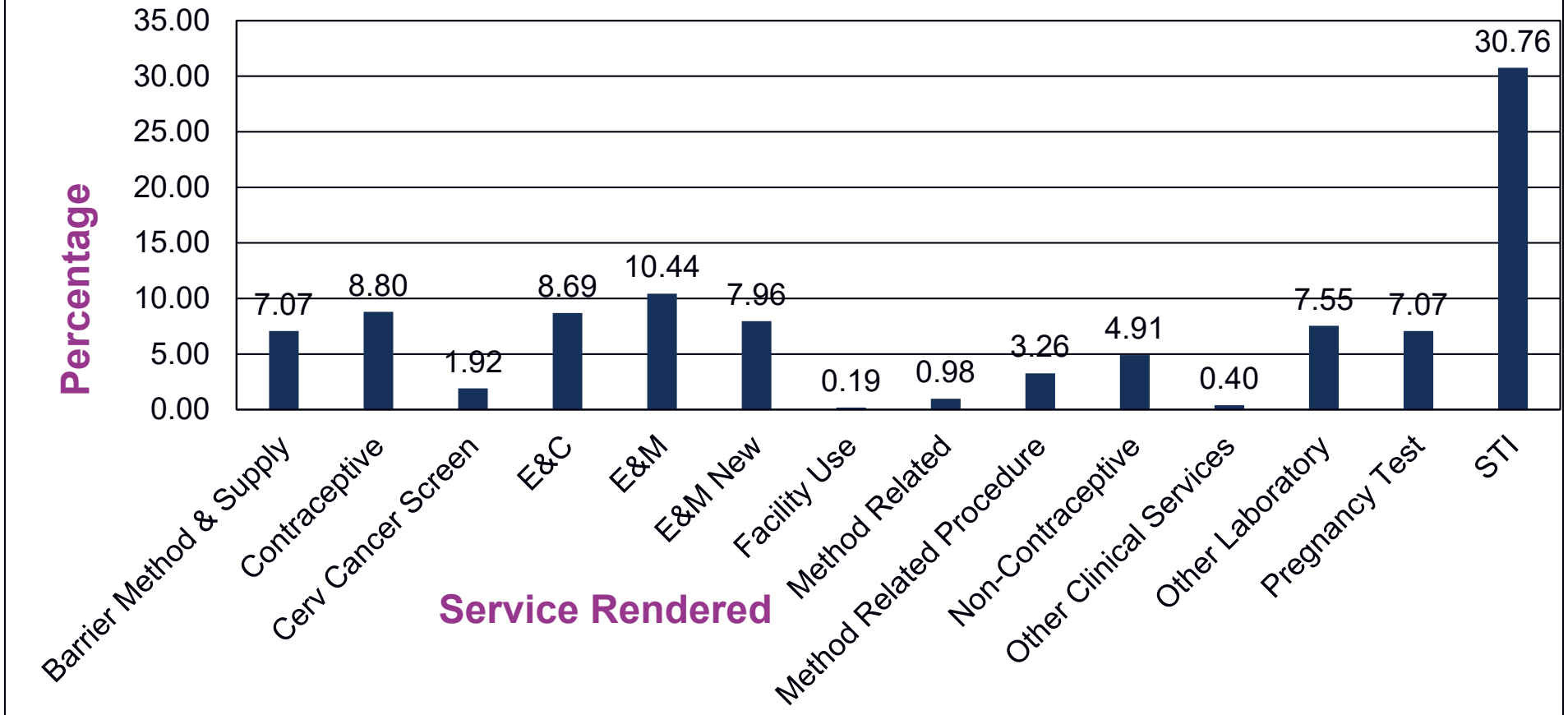
Figure 5: Family PACT Client Ethnicity, FY 2019-20



Data Source: MIS/DSS Family PACT Enrollment and Claims Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded: 22 September 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

Figure 6: Family PACT Services Rendered, FY 2019-20



Data Source: MIS/DSS Family PACT Enrollment and Claims Data |
Date Represented: July 2019 to June 2020 |
Date Downloaded: 22 September 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

TELEHEALTH in Family PACT

(Normal Times)

- **Telehealth policy effective date** : 1 July 2019
- **Place of Service Code** ‘02’
- **Dates of Service**:1 July 2019 to 31 December 2019
- **Total Number of Claims**: < 30 Telehealth Claims
- **Type of Claims**: Evaluation and Management (E&M) and Education and Counseling (E&C)

Service Utilization in Telehealth

Cohort Study Methodology:

1. Categorize the initial telehealth visit

   (e.g. E&M visit, e-consult, telephonic visit)

2. Capture HAP ID per category.

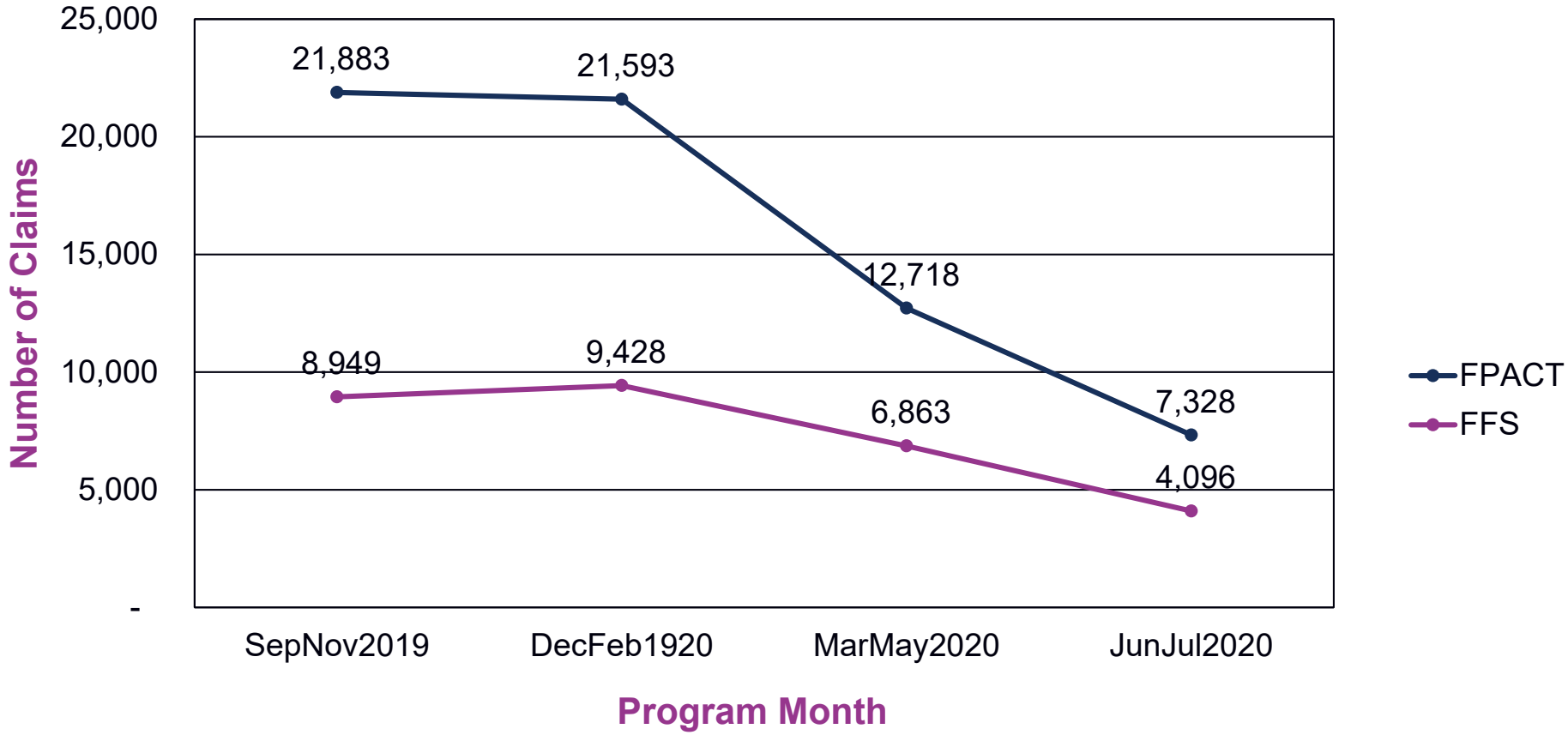
3. Pull laboratory, pharmacy, and subsequent services provided after the telehealth visit.

4. Stratify results: e.g. type of contraceptive, provider type, client demographic.

LARC UTILIZATION in Medi-Cal

(Normal Times, pre-PHE and During PHE)

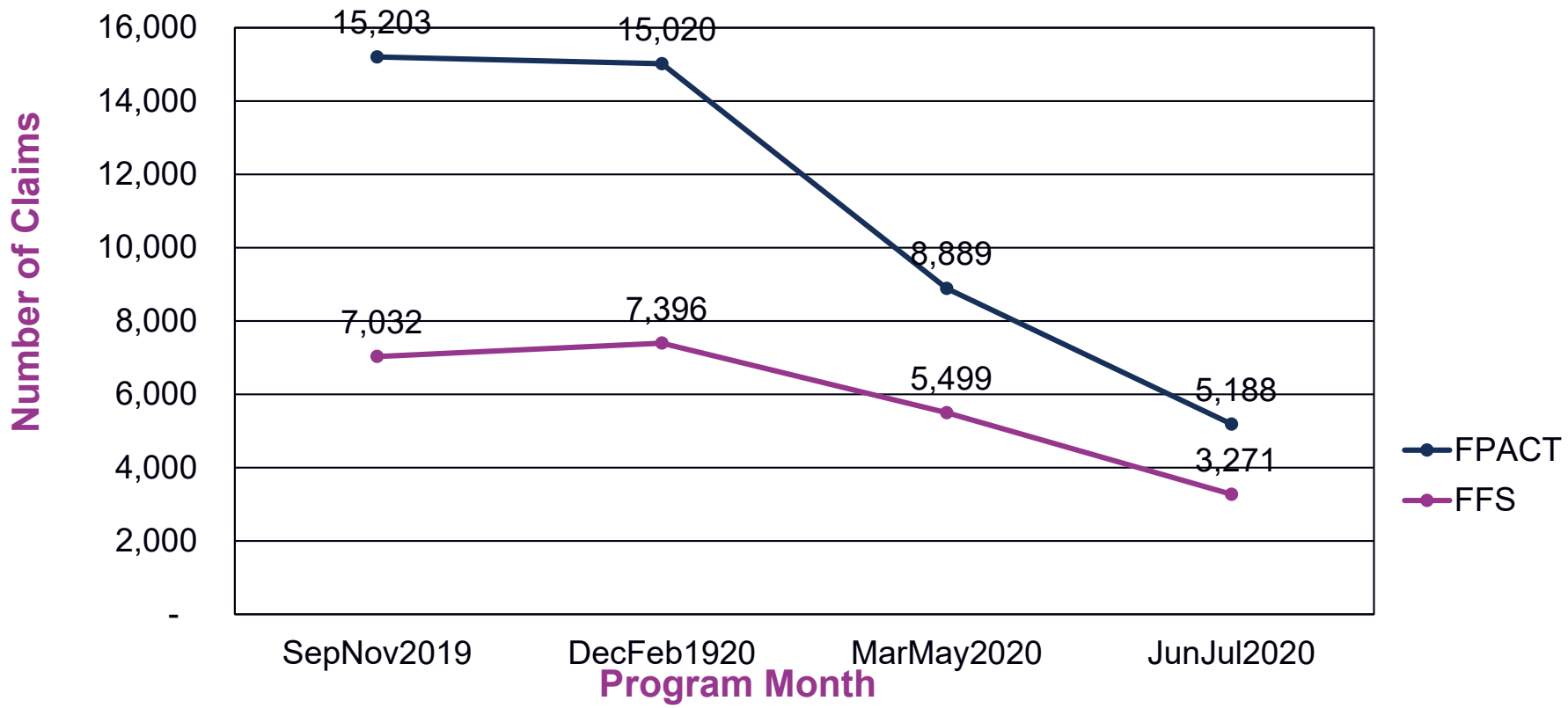
Figure 8: LARC Insertion Claims in Medi-Cal, by program*



Data Source: MIS/DSS Claims Data |
Date Represented: September 2019 to July 2020 |
Date Downloaded: 15 August 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

Figure 9: Number of Clients who received LARC Insertion in Medi-Cal, by Program *



Data Source: MIS/DSS Claims Data |
Date Represented: September 2019 to July 2020 |
Date Downloaded: 26 August 2020

* Due to the time interval between the date of service and the date the claim is paid, it is estimated that it takes an average of six months after date of service for claims to be 99% complete.

CONCLUSION:

- Substantial decrease in Family PACT new client enrollments and claims pre-PHE and during PHE.
- No notable change in new client demographics and type of services rendered during the PHE.
- A small number of claims were reimbursed for telehealth services for dates of service July 1, 2019 to December 31, 2019.
- Substantial decrease of LARC insertions was seen in the Medi-Cal Program pre-PHE and during PHE.

QUESTIONS?

Recap of Action Items

Program Assistance

To better serve providers and Stakeholders, the Family PACT Program has established the following email boxes:

- For questions regarding Family PACT provider enrollment and recertification, please contact ProviderServices@dhcs.ca.gov
- For questions regarding provider training and orientation, please contact OFPProviderTrainings@dhcs.ca.gov
- For all Stakeholder related inquiries, please contact OFPStakeholder@dhcs.ca.gov
- For questions regarding provider reviews, please contact OFPcompliance@dhcs.ca.gov

Next OFP Stakeholder Meeting: 2021