

UNBUNDLING REIMBURSEMENT

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& \$ \$!!"

A CASE STUDY OF GEORGIA MEDICAID'S EXPERIENCE

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This analysis is intended for policymakers and stakeholders in other states pursuing Medicaid reimbursement strategies with the overall goal of improving FQHCs. The hypothesis was that unbundling reimbursement of LARC devices from the Medicaid case study only considers the policy change's impact on Medicaid fee-for-service (FFS) because the

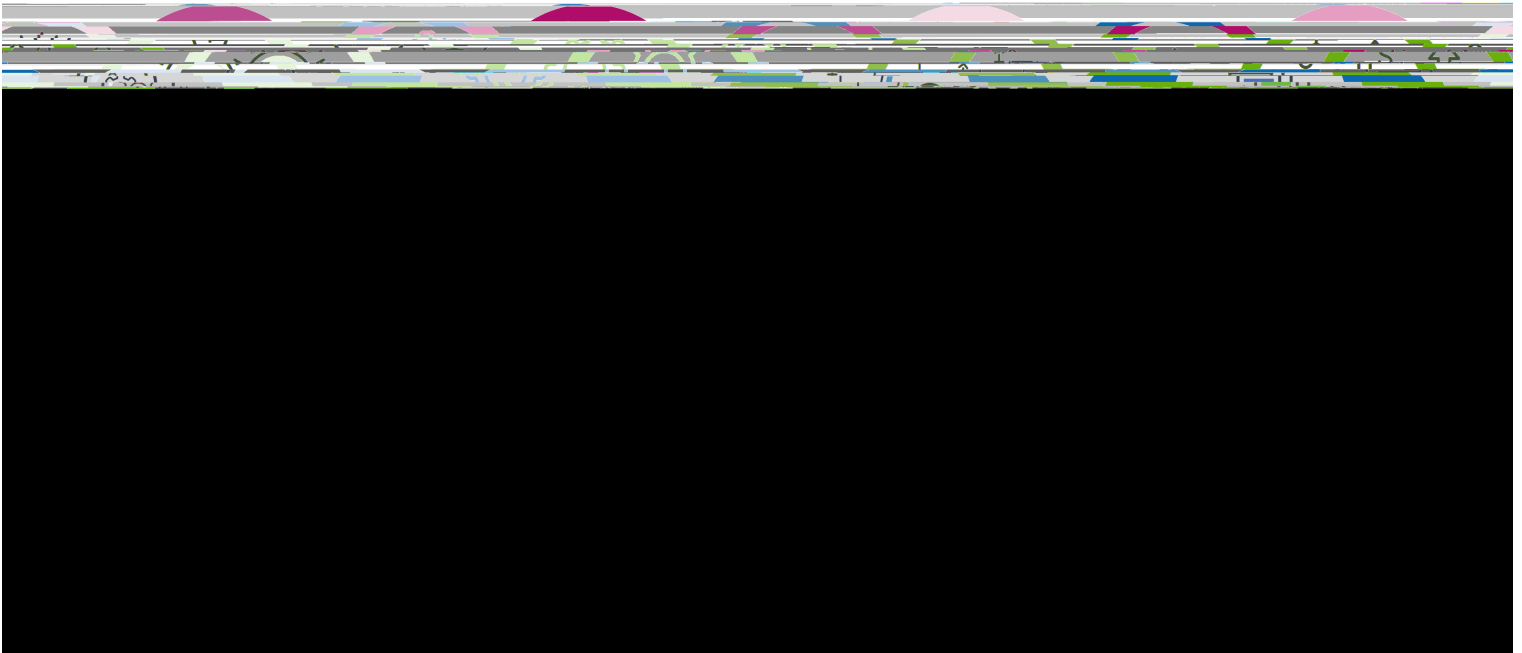
The Centers for Medicaid accounts for 75% of federal expenditures for family planning services. The Centers for higher-cost methods such as LARCs. Reimbursement policies for LARC methods and services are reimbursement for LARC devices and services from bundled payment systems so that the state can will purchase and provide these methods to more women. Removing reimbursement barriers to LARC reimbursement from the PPS encounter rate as a key enabler to LARC access in FQHCs as demonstrated in Figure 1!

Figure 1: Example Reimbursement Comparison:
FQHC PPS Encounter Rate vs. LARC Costs Unbundled from PPS Encounter Rate*

LARC 0 † m 7 1,7 PPS encounter rate

LARC † m 0 † m 7 1,7 PPS encounter rate

Figure 2: Case Study Aims and Methods



COVID-19 pandemic limited the research team's ability to schedule and complete some key informant



Unintended or closely

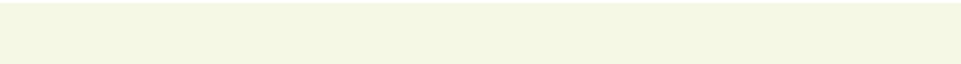
Approximately 80 percent of v t u; v: This suggests b | _ u

broader measures to support women’s health and economic well-being. The following summary details the two LARC reimbursement policies that Georgia’s Medicaid program passed to improve LARC access

Post-Partum LARC Reimbursement Policy Change

In preparing this case study, we found that approximately 80 percent of v t u; v: This suggests b | _ u

- Implementation of the new policy resulted in a 10 percent increase in LARC claims system edits/denials.
- Overall, the new policy resulted in a 10 percent increase in LARC claims system edits/denials.



arrangements with FQHCs.

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While the Georgia Medicaid claims data does support the hypothesis that the unbundling policy challenges may have impacted Georgia's outcomes during the study period and provide important information, the lead supporters for the LARC reimbursement

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considered in policy changes to address equitable access to care. FQHCs/RHCs care for Medicaid

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The Georgia ;7 b1-b7 ruo]u-l=v F! ! †m0†m7tbm] rotb1< %-v -rruo
through a State Plan Amendment (SPA). Medicaid FFS data shows that the share of services provided in
FQHC/RHCs that were LARC encounters increased through 2018 and decreased in 2019. Of the total
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Table B.1 FQHC and RHC Services - FFS					
Year	Number of Services	Share of Total Services	Number of LARC Encounters	Share of LARC Encounters	Share of Total Services (LARC)
2012	7	0.1%	0	0%	0.1%
2013	55	1.51%	55	100%	1.51%
2014	87	2.4%	87	100%	2.4%
2015	119	3.4%	119	100%	3.4%
2016	112	3.2%	112	100%	3.2%
2017	119	3.4%	119	100%	3.4%
2018	110	3.1%	110	100%	3.1%
2019	77	2.2%	77	100%	2.2%

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 The Family Health Centers of Georgia from Georgia's Department of Public Health.

Table B.2: Title X LARC Use	
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