National Family Planning & Reproductive Health Association

July 2013

Contracting with Qualified Health Plans: Tips for Family Planning Providers

Federal guidance implementing the Affordable Care Act (ACA) requires that essential community providers (ECP), including family planning providers, be included in the networks of insurance plans, termed qualified health plans (QHPs) operating in marketplaces (also known as exchanges). Despite this guidance and legal requirement, health plans may resist contracting with safety-net providers.

Below is the federal standard for ECP contracting in federally facilitated and state-partnership marketplaces. Following the standard are several arguments designed to help family planning providers in their contract negotiations with insurance providers, including QHPs.

Standard	Definition
To meet the "Safe Harbor" standard – the federal standard required of QHPs to contract with ECPs, the health plan must:	• Contract with at least 20% of ECPs in their service area; and • Offer contracts prior to the first year of coverage to all available tribal and urban Indian organization providers; and • Contract with at least one ECP in each category, in each county, in the service area. **Family planning is considered to be its own ECP category and is defined as both health centers receiving Title X funding and Title X "look-alike" health centers.**
To achieve the Minimum Expectation standard an insurer must:	• Submit an application that demonstrates they have contracts with at least 10% of available ECPs; and • Write a narrative describing how the network is able to adequately serve enrollees.
To achieve the Alternative ECP Standard for Integrated Insurance Issuers (HMOs) an insurer must:	• Meet either the safe harbor standard or the minimum expectation; and • Show based on federal Health Profession Shortage Areas that they've contracted with ECPs.

Arguments to Make to Insurance Providers	
Argument	**Support**
Family planning patients are young and healthy, which makes them sought-after enrollees for health plans.	• Fifty-one percent of Title X health center patients are in their twenties.[1] A family planning health center patient is most often a young woman working her first job or in college without adequate health insurance. Her most pressing health care need is affordable, consistent birth control.
ECPs deliver high-quality and low-cost health care.	• Family planning health centers follow the Title X guidelines, reporting out measures such as family planning method use, STD screening rates, and HIV testing rates. Fulfillment of the grant requirements is necessary to continue receiving federal funding.[2] • The average cost to run a safety-net health center is a dollar less per patient, per day compared to all other physician settings ($1.67 vs. $2.64).[3]
Safety-net providers become more relevant after health insurance expansions.	• Visits to safety-net providers increased in Massachusetts by 31% after implementation of health reform.[4] • Health center patients reported that they continue to choose safety-net providers because of convenience and the ability of providers to offer care in their language.[5]
Contraceptive access saves money by reducing unplanned pregnancies.	• Costs of an uncomplicated pregnancy including delivery and prenatal care paid by commercial health insurance average $12,520 for a vaginal birth and 16,673 for a cesarean section in 2010; actual charges can be much higher.[6] • Analysis done on medical claims data has found that use of contraception compared to non-use of contraception can result in savings of up to $9,815 for the health plan for women using the most effective contraceptives (long-acting reversible contraceptives) through the avoidance of pregnancy.[7]
Family planning health centers are required to have referral networks that allow for collaborative health care.	• Title X guidelines require health centers to have a written protocol for referrals that in some cases includes the requirement to have a formal agreement.[8] These health centers are well-practiced at referring patients for care not offered in the family planning setting.
Family planning providers are familiar with billing public and commercial health insurance providers.	• Nationally, 25% of Title X health center patients are insured by Medicaid or other public health insurance and 9% are insured by commercial health insurance.[9]
Family planning health centers are a service provider of choice for millions of women and men.	• Eighty-eight percent of women choose a family planning health center because staff treats them respectfully and are knowledgeable about women's health.[10]
Family planning providers are able to demonstrate value through HEDIS and other quality measures.	• Ninety-seven percent of family planning providers offer STD testing and screening, a HEDIS measure for women's health care for both commercial and public health insurance. • Seventy-seven percent provide the HPV vaccine, a HEDIS

	measure for women for both commercial and public health insurance.[11]

[1] Office of Population Affairs. *Title X Family Planning Annual Report – 2011 National Summary*. November 2012.

[2]Office of Population Affairs, Department of Health and Human Services. *Title X Program Guidelines for Project Grants for Family Planning Services*. January 2001. Accessed July 15,2003. http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf

[3] Agency for Healthcare Research and Quality. Medical Expenditure Survey Summary Tables, 2008. http://meps.ahrq.gov. and Bureau of Primary Health Care, Health Resources and Services Administration, DHHS. 2009 Uniform Data. System

[4] Ku L, Jones E, Shin P, Byrne F, Long SK. Safety-Net Providers After Health Care Reform: Lessons From Massachusetts. *Arch Intern Med.* 2011;171(15):1379-1384. doi:10.1001/archinternmed.2011.317.

[5] Ibid.

[6] Truven Health Analytics Marketscan Study, Prepared for Childbirth Connection, Catalyst for Payment Reform, and Center for Healthcare Quality and Payment Reform. (January 2013).

[7] Frank Sonnenberg, Ronald Burkman, Caroline Hagerty ,Leon Speroff, and Theodore Speroff. (2004). Costs and net health effects of contraceptive methods. *Contraception, 69*(6), 447-459.

[8] Office of Population Affairs, Department of Health and Human Services. *Title X Program Guidelines for Project Grants for Family Planning Services* .January 2001. Accessed July 15, 2013. http://www.hhs.gov/opa/pdfs/2001-ofp-guidelines-complete.pdf

[9] Office of Population Affairs. *Title X Family Planning Annual Report – 2011 National Summary*. November 2012.

[10] Jennifer J. Frost, Rachel Benson Gold, Amelia Bucek, "Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs, *Women's Health Issues* 22:6 (November 2012): e519-e525.

[11] Jennifer J. Frost, Rachel Benson Gold, Lori Frohwirth, and Nakeisha Blades, "Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010," *The Guttmacher Institute* (2012). Accessed June 28, 2013. http://www.guttmacher.org/pubs/clinic-survey-2010.pdf