



2015 SURVEY OF CLINICS PROVIDING CONTRACEPTIVE SERVICES

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The purpose of this survey is to gather information about patterns of service delivery among the wide variety of organizations that provide publicly funded contraceptive services. Please help us by providing the information requested; estimates are acceptable if exact figures are not available; it may be necessary to ask your financial personnel to help when responding to the billing questions at the end of the survey.

PLEASE BE ASSURED THAT WE WILL MAKE EVERY EFFORT TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSE. We will not publish results that in any way will permit identification of individual respondents or clinics. Please return this survey by **March 20, 2015**. Use the enclosed postage-paid envelope or send to the address above. You may also complete an on-line version; see instructions in cover letter.

Contraceptive services are defined as any service related to postponing or preventing conception. Contraceptive services may include taking a history of sexual health and behavior, a medical examination related to provision of a contraceptive method, contraceptive counseling and education, method prescription or supply revisits.

If your clinic does **not** currently provide contraceptive services, and did not do so in any part of 2014, please contact us by e-mail or phone so we can remove you from our list of family planning providers. Any questions regarding this survey should be directed to Mia Zolna, project manager, at (800)355-0244 x2286 or mzolna@guttmacher.org or Jennifer Frost, principal investigator, x2279 or jfrost@guttmacher.org.

Thank you very much for completing this survey!

Please mark any address corrections:

«ClinicName»
«ClinicAddress»
«ClinicPlaceName», «ClinicStateAbbr»
«ClinicZip»

«ClinicID»

Please provide the following:

Name: _____
Title: _____
Telephone: _____
Fax: _____
Email: _____

I. CLINIC CHARACTERISTICS

1. What type of organization is this clinic affiliated with? *Check only one box.*

Health department (e.g., state, county, local)	☐ -1
Hospital	☐ -2
Planned Parenthood	☐ -3
Federally qualified health center or look-alike	☐ -4
Other (specify: _____)	☐ -5

2. Which of the following best describes the primary service function of this clinic? *Check only one box.*

Reproductive health services	☐ -1
Primary (general health) care	☐ -2
Other (specify: _____)	☐ -3

3. Does this clinic receive any federal funding from the Title X family planning program?

Yes ☐ -1	No ☐ -2
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4. How many total outpatient clients are served at this clinic annually? *Include all clients receiving outpatient services at site (i.e., general health and reproductive health)*

Annual outpatient clients _____

5. Approximately what percentage of this clinic's total outpatient client caseload receives contraceptive services?

<10% ☐ -1	10-24% ☐ -2	25-49% ☐ -3	50-74% ☐ -4	75-99% ☐ -5	100% ☐ -6
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6. Approximately how many clients receive any contraceptive service during *one typical week* at this clinic?

<5 ☐ -1	5-19 ☐ -2	20-49 ☐ -3	50-99 ☐ -4	100-199 ☐ -5	200+ ☐ -6
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7. Indicate the number of hours the clinic is open for the provision of contraceptive services during a typical week:

a. Total hours during a typical week?	_____ # of total hours per week
b. Of the total hours per week, how many are on Saturday/Sunday?	_____ # of hours on Saturday/Sunday
c. Of the total hours per week, how many are after 6pm on weekdays?	_____ # of hours after 6pm on weekdays

8. If a new client contacts your clinic today, how soon can she/he typically get an appointment for an initial contraceptive visit?

Same day ☐ -1	_____ # of days	_____ # of weeks
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II. SERVICES AND REFERRALS

9. For each of the following methods of contraception*, indicate whether:

- (1) The method is provided or prescribed at this site;
- (2) Clients are referred to another clinic/provider for this method; or
- (3) The method is not provided and referrals are not given.

** If multiple methods are listed on a row, indicate if at least one of them is provided on-site.*

Methods of contraception	Check one box per row		
	Provided or prescribed at this site	Clients referred to another clinic/provider	Not provided nor referred
Combined hormonal oral contraceptives (OCs)	☐ -1	☐ -2	☐ -3
Progestin-only OCs	☐ -1	☐ -2	☐ -3
Extended regimen of either combined or progestin-only OCs (Seasonale, Seasonique)	☐ -1	☐ -2	☐ -3
IUS: Mirena, Skyla	☐ -1	☐ -2	☐ -3
IUD: ParaGard (Copper-T)	☐ -1	☐ -2	☐ -3
Implant (Nexplanon)	☐ -1	☐ -2	☐ -3
Injectable (Depo-Provera)	☐ -1	☐ -2	☐ -3
Patch (Ortho Evra)	☐ -1	☐ -2	☐ -3
Vaginal ring (NuvaRing)	☐ -1	☐ -2	☐ -3
Female barrier method (Diaphragm, cervical cap/FemCap, sponge/Today, female condom)	☐ -1	☐ -2	☐ -3
Male condom	☐ -1	☐ -2	☐ -3
Spermicide	☐ -1	☐ -2	☐ -3
Natural family planning instruction or supplies	☐ -1	☐ -2	☐ -3
Emergency contraceptive pills (ECP) (Plan B, Ella)	☐ -1	☐ -2	☐ -3
Female sterilization (tubal ligation, Essure)	☐ -1	☐ -2	☐ -3
Vasectomy	☐ -1	☐ -2	☐ -3

10. Are there certain contraceptive methods that this clinic does not stock or provide because of their cost?

Yes ☐ -1

No ☐ -2

If yes, please list method(s) not stocked:

11. For each of the following health services, indicate whether:

- (1) The service is provided or prescribed at this site;
 (2) Clients are referred to another clinic/provider for this service; or
 (3) The service is not provided and referrals are not given.

Other health services	Check one box for each service		
	Provided or prescribed at this site	Clients referred to another clinic/provider	Not provided or referred
Primary (general health) care	☐ -1	☐ -2	☐ -3
Pregnancy testing	☐ -1	☐ -2	☐ -3
HIV testing	☐ -1	☐ -2	☐ -3
Pre-exposure prophylaxis for HIV (PrEP)	☐ -1	☐ -2	☐ -3
Chlamydia/gonorrhea screening/testing	☐ -1	☐ -2	☐ -3
Syphilis screening/testing	☐ -1	☐ -2	☐ -3
STI treatment	☐ -1	☐ -2	☐ -3
Expedited partner therapy for STIs	☐ -1	☐ -2	☐ -3
HPV vaccination	☐ -1	☐ -2	☐ -3
Pap test (conventional and/or liquid-based)	☐ -1	☐ -2	☐ -3
Combined Pap+DNA testing (DNA with Pap)	☐ -1	☐ -2	☐ -3
Clinical breast exam	☐ -1	☐ -2	☐ -3
Mammography	☐ -1	☐ -2	☐ -3
Breast feeding counseling and support	☐ -1	☐ -2	☐ -3
Hepatitis C screening	☐ -1	☐ -2	☐ -3
Hepatitis C treatment	☐ -1	☐ -2	☐ -3
Hepatitis B vaccination	☐ -1	☐ -2	☐ -3
Other non-reproductive health related vaccinations	☐ -1	☐ -2	☐ -3
Prenatal care	☐ -1	☐ -2	☐ -3
Preconception counseling	☐ -1	☐ -2	☐ -3
Provision of folic acid supplements	☐ -1	☐ -2	☐ -3
Infertility counseling	☐ -1	☐ -2	☐ -3
Basic infertility testing (e.g. pelvic exam, hormone levels)	☐ -1	☐ -2	☐ -3
Colposcopy	☐ -1	☐ -2	☐ -3
Intimate partner violence screening	☐ -1	☐ -2	☐ -3
Intimate partner violence intervention services	☐ -1	☐ -2	☐ -3
Mental health screening	☐ -1	☐ -2	☐ -3
BMI screening	☐ -1	☐ -2	☐ -3
Screening for alcohol, tobacco or other drug use	☐ -1	☐ -2	☐ -3
Diabetes screening	☐ -1	☐ -2	☐ -3
Surgical abortion	☐ -1	☐ -2	☐ -3
Medication abortion	☐ -1	☐ -2	☐ -3

12. In which of the following ways does this clinic address intimate partner violence (IPV):

	Yes	No
Clinic has protocols or policies for IPV screening and/or intervention	☐ -1	☐ -2
Clinic has at least one trained clinician able to serve as an experienced resource on IPV	☐ -1	☐ -2
Clinic provides for staff training on IPV (e.g. screening, intervention, state policies)	☐ -1	☐ -2

III. DISPENSING PROTOCOLS

13. When providing clients with an initial prescription for oral contraceptives, what usually happens with regard to dispensing or prescribing the method?

Check one

Most clients receive both the initial supply and additional refills at the clinic	☐ -1
Most clients receive an initial supply at the clinic and a prescription to fill additional cycles at an outside pharmacy	☐ -2
Most clients receive a prescription that they fill at an outside pharmacy	☐ -3
Other (specify) _____	☐ -4

14. How many total* cycles of oral contraceptives are typically provided and/or prescribed during:

Number of OC cycles typically provided and/or prescribed:
Check one box per row

	1	3	6	12/13	Other
An initial contraceptive visit	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5 _____
A refill supply visit	☐ -1	☐ -2	☐ -3	☐ -4	☐ -5 _____

* Include both the cycles provided at the clinic as well as those prescribed.

15. Do the following practices often, sometimes, rarely or never occur at this clinic:

Check one box per row

Practices and protocols	Often	Some-times	Rarely	Never
Oral contraceptive pills (OCs) are dispensed using the 'Quick Start' protocol (patient takes first pill on day of visit, regardless of her menstrual cycle)	☐ -1	☐ -2	☐ -3	☐ -4
New clients get OCs without having to get a pelvic exam	☐ -1	☐ -2	☐ -3	☐ -4
Emergency contraceptive pills (ECP) are dispensed or prescribed ahead of time for a woman to keep at home (advance provision of ECP)	☐ -1	☐ -2	☐ -3	☐ -4
OCs are prescribed over the phone (or Internet) without a clinic visit via telemedicine	☐ -1	☐ -2	☐ -3	☐ -4
IUDs or implants are provided to adolescents and young adults	☐ -1	☐ -2	☐ -3	☐ -4
IUDs are provided to nulliparous women	☐ -1	☐ -2	☐ -3	☐ -4
Copper IUDs are provided as a form of EC	☐ -1	☐ -2	☐ -3	☐ -4
Clients schedule appointments online	☐ -1	☐ -2	☐ -3	☐ -4
Clients obtain an initial prescription for methods online	☐ -1	☐ -2	☐ -3	☐ -4
Clients order refills for prescription methods online	☐ -1	☐ -2	☐ -3	☐ -4
Clients ask staff medical/follow-up questions online	☐ -1	☐ -2	☐ -3	☐ -4

16. When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing or prescribing: *If dispensing varies across clients, please check the one box that describes what happens most frequently.*

Check one box in each column

	Injectable	IUD	Implant
Clinic purchases supplies and injects or inserts on-site during the same appointment when the method was requested	☐ -1	☐ -1	☐ -1
Clinic purchases supplies and injects or inserts on-site during a follow-up appointment after the method was requested	☐ -2	☐ -2	☐ -2
Clinic provides prescription, client obtains method from outside pharmacy, and returns to clinic for injection or insertion	☐ -3	☐ -3	☐ -3
Other (specify) _____	☐ -4	☐ -4	☐ -4
Not applicable: clinic does not dispense or prescribe method	☐ -5	☐ -5	☐ -5

IV. COMMUNITY SERVICES AND LINKAGES

17. We are interested in *other service providers* available in your community with whom this clinic may have formal referral agreements (e.g. Memoranda of Understanding) or informal referral relationships. For each type of provider, please answer the following:

- Do providers of this type regularly refer clients to this clinic? And,
- Does this clinic regularly refer clients to providers of this type for services?

Other service provider type	Other providers refer clients to this clinic			This clinic refers clients to other providers		
	Formal	Informal	None	Formal	Informal	None
Federally qualified health center or look-alike	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
Other community clinic(s) providing primary care	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
School-based health center(s)	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
STD/STI clinic(s)	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
Private obstetrician/gynecologist(s)	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
Other private physicians/group practices	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
Social service agency(s) (eg. WIC, SNAP, TANF)	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
Home visiting program/services	☐ -1	☐ -2	☐ -3	☐ -1	☐ -2	☐ -3
  c. If you indicated that other providers refer clients to this clinic, what are the reproductive health services that this clinic most often receives referrals for? _____						

V. INSURANCE AND REIMBURSEMENT

For the following questions, please respond about your experiences in 2014. If billing, reimbursement or contracting with health plans is done by administrative staff at a parent agency or affiliate, answer to the best of your ability about the experiences that pertain to this service site or service area. Except where specifically indicated below, private plan/insurance includes qualified health plans (plans sold on marketplaces/exchanges).

18. Approximately what percentage of all contraceptive visits are for clients who are covered by each of the following types of insurance, regardless of whether or not you bill the insurance? Enter all fields below. Total should equal 100%. Please estimate if the exact distribution is not available.

Full benefit Medicaid or CHIP	_____ %
Family planning-specific Medicaid waiver/expansion program	_____ %
Other public insurance (specify type: _____)	_____ %
Private health insurance	_____ %
No insurance	_____ %
Total	100%

Contracting with Health Plans

19. Of all the health plans that you know are operating in your service area, how many does this clinic have contracts with? Check none if no maternity or primary services are provided.

Type of service	Contracts with Medicaid plans?				Contracts with private plans?		
	All/most	Some	None	NA*	All/most	Some	None
Contraceptive/STI services only	☐ -1	☐ -2	☐ -3	☐ -9	☐ -1	☐ -2	☐ -3
Maternity or primary care, including contraceptive/STI care	☐ -1	☐ -2	☐ -3	☐ -9	☐ -1	☐ -2	☐ -3

*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.

20. Does this clinic or its parent agency have either of these designations?

	Yes	No
Patient-centered medical home	☐ -1	☐ -2
Patient-centered specialty practice	☐ -1	☐ -2

21. How often is this clinic or its parent agency unsuccessful when seeking to contract with health plans operating in this service area? (For provision of contraceptive/STI services, either alone or with other services)

	Often	Sometimes	Rarely/never	NA*
Medicaid plans	☐ -1	☐ -2	☐ -3	☐ -9
Qualified health plans	☐ -1	☐ -2	☐ -3	
Other private health plans	☐ -1	☐ -2	☐ -3	

*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.

22. How often has this clinic or its parent agency rejected contracting offers from health plans operating in this service area? (For provision of contraceptive/STI services, either alone or with other services)

	Often	Sometimes	Rarely/never	NA*
Medicaid plans	☐ -1	☐ -2	☐ -3	☐ -9
Qualified health plans	☐ -1	☐ -2	☐ -3	
Other private health plans	☐ -1	☐ -2	☐ -3	

*Not applicable: no Medicaid plans in area; all Medicaid claims are billed directly to the state.



If Rarely/ never or NA on all, skip to Q23

22a. If you selected “often” or “sometimes” on Q22 above, which of the following were reasons for rejecting a contracting offer? *Check all that apply.*

	Medicaid plans	Qualified health plans	Other private plans
Low reimbursement rates	☐ -1	☐ -1	☐ -1
Excessive red tape (too many procedures/processes)	☐ -1	☐ -1	☐ -1
Not enough clients in a plan	☐ -1	☐ -1	☐ -1
Problems with credentialing clinicians	☐ -1	☐ -1	☐ -1
Clinic had insufficient health information technology	☐ -1	☐ -1	☐ -1
Other (specify) _____	☐ -1	☐ -1	☐ -1

23. Which of the following coverage restrictions have been imposed by the Medicaid and private health plans that you bill most often? *If none of these coverage restrictions are imposed, check the NONE box at the bottom. Check all that apply. If you most frequently bill the state directly for Medicaid claims (rather than a Medicaid managed care plan), please answer for the claims you submit to the state.*

Coverage restrictions	Medicaid plans	Private plans
Prior authorization required for specific contraceptives	☐ -1	☐ -1
Clients must first use certain methods before “stepping up” to more costly ones	☐ -1	☐ -1
Quantity limits:		
Limited to a 30-day initial supply for prescription methods	☐ -1	☐ -1
Less than one year of refills for prescription methods	☐ -1	☐ -1
No immediate replacement for IUD or implant that had been removed/dislodged	☐ -1	☐ -1
Plan does not cover specific methods:		
IUD	☐ -1	☐ -1
Implant	☐ -1	☐ -1
Patch	☐ -1	☐ -1
Ring	☐ -1	☐ -1
Injectable	☐ -1	☐ -1
Plan B	☐ -1	☐ -1
Ella	☐ -1	☐ -1
Other (specify) _____	☐ -1	☐ -1
Plan only covers either IUD/implant device or insertion, but not both	☐ -1	☐ -1
Plan does not cover IUD/implant device removal	☐ -1	☐ -1
Plan does not cover prescription methods provided on-site	☐ -1	☐ -1
Client must purchase method from outside pharmacy and return to clinic for insertion or injection	☐ -1	☐ -1
Plan does not reimburse for IUDs pre-purchased (stocked) by clinic	☐ -1	☐ -1
Plan does not reimburse all/some services provided by mid-level clinicians (eg. nurse practitioners)	☐ -1	☐ -1
Inadequate reimbursement for services provided by mid-level clinicians	☐ -1	☐ -1
Plan limits the number of well woman visits covered annually so patient can't come in for needed follow up care	☐ -1	☐ -1
NONE OF THE ABOVE RESTRICTIONS ARE IMPOSED	☐ -1	☐ -1

Medicaid Billing and Reimbursement

If this clinic does not have any Medicaid-enrolled clients, please skip to Q27, the section on private insurance.

24. Approximately what percentage of contraceptive visits to clients enrolled in Medicaid are *not* billed to Medicaid (e.g., because of confidentiality, administrative or other reasons)?

_____ %

25. Approximately what percentage of contraceptive visits billed to Medicaid are denied?

_____ %

26. What is the approximate average time a claim spends in accounts receivable (i.e. between when you bill and when you get reimbursed) for:

	<1 week	Up to 1 month	Up to 3 months	≥ 3 months	NA
Medicaid managed care plan billed most often	☐ -1	☐ -2	☐ -3	☐ -4	☐ -9
Medicaid billed directly to the state (fee-for-service)	☐ -1	☐ -2	☐ -3	☐ -4	☐ -9

Private Insurance Billing and Reimbursement

For the contraceptive visits of your privately insured clients, please respond separately for your experiences with clients whose visits are covered in-network versus out-of-network. If you do not have any privately insured clients, please end the survey here.

27. Approximately what percentage of contraceptive visits for private insurance enrollees are to clients enrolled in plans in which this clinic is an in-network provider versus an out-of-network provider?

In-network	_____ %
Out-of-network	_____ %
Total insured visits	100%

28. Approximately what percentage of contraceptive visits for privately insured clients are NOT billed to insurance (e.g., because of confidentiality, administrative or other reasons)?

In-network	Out-of-network
_____ % ☐ -1 NA	_____ % ☐ -1 NA

29. Approximately what percentage of contraceptive visits billed to private insurance are denied?

_____ % ☐ -1 NA	_____ % ☐ -1 NA
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30. What is the approximate average time a claim spends in accounts receivable (i.e. between when you bill and when you get reimbursed) for:

	<1 week	Up to 1 month	Up to 3 months	≥ 3 months	NA
The private plan billed most often in-network	☐ -1	☐ -2	☐ -3	☐ -4	☐ -9
The private plan billed most often out-of-network	☐ -1	☐ -2	☐ -3	☐ -4	☐ -9

Thank you very much for completing this survey.