

3.3A CHARGING SCENARIOS FOR PRIVATE PROVIDERS

Z-CAN PROGRAM POLICIES AND PROCEDURES REGARDING CHARGING PATIENTS (FOR PRIVATE PROVIDERS)

The central tenet and goal of the Z-CAN program is to provide same-day access to high-quality contraceptive services and the full range of reversible contraceptive methods at no-cost to women who choose to delay or avoid pregnancy. Z-CAN policies and procedures are changing many aspects of healthcare delivery from clinic flow to clinical practices. This document provides guidance on which contraceptive services are no-cost as part of the Z-CAN program (see **3.3 Clinic Participation in the Zika Contraception Access Network (Z-CAN): A Note to All Staff**, a one-page factsheet that can be distributed to all staff in your clinic to inform them of possible changes to regular clinic flow). This factsheet can be used to orient all staff how to inform, appropriately bill, and assure no-cost, same-day access to contraception for Z-CAN patients. **3.3 Explanation of charges for services received during today's visit** can be modified to fit your clinic's needs to inform Z-CAN patients of why they may incur a charge for other non-Z-CAN gynecological services.

ASSURANCE OF NO-COST, SAME-DAY ACCESS TO CONTRACEPTIVE SERVICES

All of the contraceptive methods available through Z-CAN have been provided to physicians and clinics at no-cost through donations in support of the Zika Emergency Response and are therefore to be distributed without delay and at no-cost to women who choose to delay or avoid pregnancy during the Zika virus outbreak. Z-CAN is committed to ensuring the distribution of these contraception methods through high-quality contraceptive services and counseling to meet the needs of the women of Puerto Rico.

If a Z-CAN patient is charged for a non-Z-CAN service at her visits, please, make sure that you and your staff effectively communicate to her that she is NOT paying for her contraception method or related services, but is paying for other services that she requested.

Z-CAN CONTRACEPTIVE METHODS

Z-CAN clinics and providers cannot charge Z-CAN patients for any contraceptive methods provided through Z-CAN.

Z-CAN clinics and providers cannot bill insurance, including both public and private, for any contraceptive methods provided through Z-CAN.

Z-CAN SERVICES FOR PROVIDING Z-CAN CONTRACEPTIVE METHODS

WHAT ARE CONSIDERED Z-CAN SERVICES?

Z-CAN patients CANNOT be charged or required to pay any fee, including co-payment or deductible fees, associated with obtaining a Z-CAN contraceptive method. These services should be provided to all Z-CAN patients during a visit for contraception free of charge, including any out-of-pocket fees (e.g., co-payment or deductibles) for the office visit.

Z-CAN SERVICES INCLUDE:

- Client-centered contraceptive counseling
- Provision of contraceptive method
- Insertion/removal of LARC method provided through Z-CAN

BILLING INSURANCE FOR Z-CAN SERVICES

Z-CAN clinics cannot charge third-party insurance for Z-CAN services. Z-CAN clinics are responsible for ensuring that Z-CAN patients or their insurance providers are not billed for any contraceptive methods administered as a part of the Z-CAN program.

Z-CAN patient insurance should also NOT be billed for anything related to Z-CAN contraceptive services, including client-centered contraceptive counseling; and the insertion, injection or removal fees associated with any contraceptive method.

REMOVAL OF IUDS AND IMPLANTS

Z-CAN patients should not be billed for the cost of routine removal of IUDs or implants placed during or after the Z-CAN program.

Scenario 1 – Routine removals of IUDs or Implants

Because the reimbursement for insertion of an IUD or implant under the Z-CAN program includes the cost of removal at a future date, routine removal of an IUD or implant placed as a part of the Z-CAN program should be provided to the Z-CAN patient without charge to her insurance, out-of-pocket costs or copay.

Scenario 2 – Complicated removals of IUDs or Implant

Complicated removals due to adverse events, such as IUD perforations or deep implant insertions, can be billed to the patient's insurance.

In the rare situation in which a patient has no insurance coverage, the patient may be required to cover reasonable expenses related to a complicated removal. Z-CAN physicians are responsible for educating uninsured patients in the Z-CAN program that they may be required to cover medical expenses in the case of an adverse event related to the Z-CAN contraceptive methods.

Scenario 3 – Removals of IUDs or Implants that the patient had placed prior to the Z-CAN program

Removals of a previously placed IUD or implant can be billed to the patient's insurance.

In the rare situation in which a patient has no insurance coverage, the patient may be required to cover reasonable expenses related to a removal of a previously placed IUD or implant. Z-CAN physicians are responsible for educating uninsured patients in the Z-CAN program that they may be required to cover medical expenses related to removing other contraceptive methods before initiating a free method through Z-CAN.

OTHER CLINICAL SERVICES

Patients who receive Z-CAN services can and should be offered other necessary services as prescribed by their provider.

A Z-CAN provider/clinic can bill the patient or patient's insurance for other clinical services such as Pap smear, STD testing, etc., as usual. However, these services are NOT required before contraceptive method initiation and it is the responsibility of the clinic to inform patients of these charges and educate the patient on the difference between the free services provided through Z-CAN and the services provided beyond those covered. Z-CAN patients should be advised that these services may be recommended for their health, but are not needed in order to receive contraception; if a patient does not wish to receive these additional services during the initial Z-CAN visit, she can still receive Z-CAN services and a method that day.

Scenario 1 – Provision of Pap smear, STD testing, or other routine GYN services

If a patient comes to your clinic seeking contraception through the Z-CAN program and is due for her cervical cancer screening, she can be offered these services during the same visit as her Z-CAN services but educated that this screening is not clinically necessary in order for her to receive a contraceptive method that same-day. If the patient elects to receive services beyond contraceptive counseling, provision of contraceptive method, insertion/removal of LARC method, she should be informed that she or her insurance could be billed (refer to **3.3 Explanation of charges for services received during today's visit** for the patient explanation of charges). Therefore, if a woman wants a contraceptive method and is due for her Pap smear, but she cannot or does not want to pay for her Pap smear, that should NOT prevent your clinic from providing her free contraceptive counseling and the contraceptive method of her choice through Z-CAN that same-day. Please see chart below from the *US Selected Practice Recommendations for Contraceptive Use*.

EXAMINATIONS OR TESTS NEEDED BEFORE CONTRACEPTIVE METHOD INITIATION.

Contraceptive Method	When to Start (if the provider is reasonably certain that the woman is not pregnant)	Additional Contraception (i.e., back up) Needed	Examinations or Tests Needed before Initiation
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection
Levonorgestrel-releasing IUD	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection
Implant	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Combined hormonal contraceptive	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	Blood pressure measurement
Progestin-only pill	Anytime	If >5 days after menses started, use back-up method or abstain for 2 days.	None

PREGNANCY TESTING

If a patient comes in seeking contraception through the Z-CAN program but is unsure if she is pregnant, providers should remember that all contraceptive methods can be started at any time if it is reasonably certain that a woman is not pregnant based on the criteria listed below. If the health care provider is uncertain whether the woman might be pregnant, the benefits of starting the contraceptive method, with the exception for IUDs, likely exceed any risk. Therefore, starting all methods except IUDs should be considered at any time, with a follow-up pregnancy test in 2-4 weeks.

Both copper and hormonal IUDs can be started at any time if it is reasonably certain that the woman is not pregnant. In situations in which the health care provider is uncertain whether the woman might be pregnant, the woman should be provided with another contraceptive method or methods that day to use until the health care provider can be reasonably certain that she is not pregnant.

HOW TO BE REASONABLY CERTAIN A WOMAN IS NOT PREGNANT

- A health care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:
- Is less than or equal to 7 days after the start of normal menses.
- Has not had sexual intercourse since the start of last normal menses.
- Has been correctly and consistently using a reliable method of contraception.
- Is less than or equal to 7 days after spontaneous or induced abortion.
- Is within 4 weeks postpartum.
- Is fully or near-fully breastfeeding (exclusively breastfeeding or >85% of infant feeds are breastfeeds), amenorrheic, and <6 months postpartum.
- A urine pregnancy test might be considered in addition to these criteria (based on clinical judgment), bearing in mind the limitations of the accuracy of pregnancy testing. **Routine pregnancy testing for every woman is not necessary.**

Scenario 1 – In-office urine pregnancy tests

If you cannot be reasonably certain that a patient is not pregnant before starting her on a contraceptive method through Z-CAN, and you choose to offer her an in-office urine pregnancy test, she should be offered this service as available and in accordance with clinical guidelines.

Reimbursement provided through the Z-CAN program for provision of methods should be sufficient to cover costs of an in-office urine pregnancy test, and should therefore not result in cost sharing to the patient in most scenarios.

Z-CAN discourages routine pregnancy testing procedures that are prohibitive of same-day access or require patients to routinely pay in order to receive a contraceptive method.

Scenario 2 – Lab blood test for pregnancy screening

If you cannot be reasonably certain that a patient is not pregnant before starting her on a contraceptive method through Z-CAN, and you choose to offer her a pregnancy test, she should be offered this service as available and in accordance with clinical guidelines.

If the patient agrees to receive a lab-based blood pregnancy screening, she should be informed that she or her insurance could be billed (refer to **3.3 Explanation of charges for services received during today's visit** for the patient explanation of charges).

If a laboratory blood test is the only available method of pregnancy testing, consider alternatives such as having the patient bring a home pregnancy test or other options that are less cost-prohibitive for patients who may have to pay out of pocket.

Z-CAN discourages routine pregnancy testing procedures that are prohibitive of same-day access or require patients to routinely pay in order to receive a contraceptive method. Remember, even if the health care provider is uncertain whether the woman might be pregnant, the benefits of starting the contraceptive method that same-day, with the exception for IUDs, likely exceed any risk. Therefore, starting all methods except IUDs should be considered at any time, with a follow-up pregnancy test in 2-4 weeks (patient can do this pregnancy test at home).

ULTRASOUNDS

After IUD insertion, some providers use ultrasound to verify IUD placement. However, evidence suggests that ultrasound is NOT indicated after routine IUD placement and is not recommended by the Z-CAN program. If you feel you want or need to perform an ultrasound after a routine IUD insertion for a Z-CAN program, **you cannot charge a patient for that service.**

Scenario 1 – Z-CAN patient has an adverse event related to an IUD insertion

In the case of an adverse event (e.g., IUD perforation or expulsion and/or patient presents symptoms), an ultrasound may be indicated and in these scenarios it may be appropriate to charge patients. In this case, the patient should be informed that she or her insurance could be billed (Refer to **3.3 Explanation of charges for services received during today's visit** for the patient education on charges sheet).

Remember: an IUD perforation or expulsion should be reported to the administrative doctor and an Adverse Event Form (FORM D) should be completed and sent within 24 hours.

Scenario 2 – Routine insertion of an IUD provided through Z-CAN

In rare clinical scenarios (e.g., for women with a challenging IUD insertion) during which you may choose to use ultrasound guidance to help you insert the IUD, you also cannot charge women enrolled in Z-CAN for that ultrasound. The cost of that ultrasound should be covered in the IUD insertion fee. No Z-CAN patient should be charged for an ultrasound after a routine IUD insertion.

PRESCREENING FOR PROVISION OF CONTRACEPTION OR SPLITTING CONTRACEPTIVE COUNSELING FROM METHOD PROVISION

The Z-CAN program is designed to provide same-day access to contraception for women at NO cost to the patient. All non-pregnant women of reproductive age desiring contraception are eligible to participate in the Z-CAN program regardless of insurance status or ability to pay.

The Z-CAN program strongly discourages any pre-screening visits with a physician as this could limit a clinic's ability to provide same-day access to a contraceptive method. The first visit with a provider when discussing contraception should be documented as the Initial Z-CAN visit using Form A.

Scenario 1 – Prescreening patients for eligibility into Z-CAN

Pre-screening visits for contraception eligibility hinders both same-day and no-cost access to contraception through the Z-CAN program and is prohibited by the Z-CAN program.

Remember, very few clinical scenarios require exams or tests before initiating a reversible contraceptive method. *Please see chart below from the US Selected Practice Recommendations for Contraceptive Use.*

WHEN TO START USING SPECIFIC CONTRACEPTIVE METHODS

Contraceptive Method	When to Start (if the provider is reasonably certain that the woman is not pregnant)	Additional Contraception Needed (i.e., back up)	Examinations or Tests Needed before Initiation
Copper-containing IUD	Anytime	Not needed	Bimanual examination and cervical inspection
Levonorgestrel-releasing IUD	Anytime	If >7 days after menses started, use back-up method or abstain for 7 days.	Bimanual examination and cervical inspection
Implant	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Injectable	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	None
Combined hormonal contraceptive	Anytime	If >5 days after menses started, use back-up method or abstain for 7 days.	Blood pressure measurement
Progestin-only pill	Anytime	If >5 days after menses started, use back-up method or abstain for 2 days.	None

Scenario 2 – Splitting the initial visit for a Z-CAN patient due to unforeseen reasons

Due to unforeseen circumstances the initial Z-CAN visit may not always result in same-day access to the contraceptive method of the woman's choice. There may be a difficult insertion, clinic issues that result in running out of time, the patient may be undecided, or may want to consult with family or a friend, or her first-choice method may not be available that day.

In the case that a Z-CAN patient leaves her initial visit without a method, or an interim method to accommodate the scenarios above, a provider would fill out an Initial Visit Form (Form A) for the visit and record the methods, if any, provided that day. If the patient comes back for her contraceptive method of choice when available, the provider should fill out a Return Visit Form (Form C) for that visit with the contraceptive method and/or procedures performed during that visit.

In all of these scenarios, a woman should not be charged either the initial visit or return visit unless she receives other services outside of the Z-CAN protocol.

MONITORING AND FOLLOW UP FOR INAPPROPRIATE CHARGES

Z-CAN is performing quality assurance monitoring throughout the length of the program to ensure that patients are not charged for Z-CAN contraceptive methods and contraceptive services, as outlined above. Related monitoring activities include, but are not limited to follow-up phone calls and clinic outreach visits.

The CDC Foundation and Centers for Disease Control and Prevention (CDC) reserve the right to enact probationary monitoring periods and or remove Z-CAN clinics or providers that are found to inappropriately be charging patients in the Z-CAN program. In addition, Z-CAN clinics may be asked to refund patients for inappropriately charged services.

Z-CAN clinics or physicians that are found to have charged Z-CAN patients inappropriate fees or have billed third parties or insurance for contraception methods or contraceptive services provided as a part of the Z-CAN program on three or more occasions, will be removed from the Z-CAN network.

If you have any questions or comments, please contact the program administrator.