



*The Right Time Application Process*  
Questions and Answers

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*This document is a compilation of all questions received in advance of, during, and after the informational webinar held on 12/11/18. If you have any additional questions regarding *The Right Time* initiative or application process, please email [TheRightTime@mfhc.org](mailto:TheRightTime@mfhc.org) or call 573-305-2559.*

ELIGIBILITY

***Q: Is my health center required to have a MD or NP on staff in order to apply to participate in The Right Time?***

A: In order to deliver the contraceptive services prescribed by the initiative, a health center would need a NP or MD on staff or be able to contract for services to be delivered at that level; however, if the health center currently does not, they are still encouraged to apply for funding and indicate in the narrative application their barriers to providing those services. This is likely indicative of the “beginner” readiness level, as defined in the narrative application.

***Q: Can a pregnancy resource center that provides pregnancy tests and ultrasounds, but not contraception, apply to participate in The Right Time?***

A: No, willingness and availability to provide comprehensive contraceptive services, as well as 340B pricing access, is required for eligibility in this initiative.

TRAINING

***Q: Who covers the cost of the training?***

A: All training will be provided and paid for by MFHC, to take place either at selected health centers or in a centralized location. Health Centers will, however, be responsible for any travel costs for staff to attend the trainings.

***Q: Who at my health center is required to undergo training through this initiative?***

A: Any staff providing services or seeing patients will be required to participate in training under *The Right Time*, appropriate to their health center role and level of experience.

***Q: Do all staff have to undergo some level of training?***

A: Yes, all staff providing services or seeing patients through the initiative will need to undergo training appropriate to their health center role and level of experience.

***Q: What is included in the training?***

A: Training will be provided through the University of Missouri-Kansas City School of Nursing and Health Studies and will come from the following curriculum:

Module 1 – Patient-centered Family Planning Counseling (recommended for all staff)

Module 2 – Contraception 101 (recommended for clinical support staff and clinicians/prescribers with less than 24 months' experience as a family planning specialist)

Module 3 – Contraception 201 (recommended for experienced clinicians/prescribers)

Module 4 – Patient-centered Counseling Practicum

Module 5 – Basic IUD Placement and Removal Training

Module 6 – Advanced IUD Placement and Removal Training (Complex patient presentations)

Additional training may include:

- Billing and Coding
- Clinic Flow Analysis
- Nexplanon placement and removal training with Merck Pharmaceutical Company
- Additional training, dependent on the health center's needs

***Q: How many days of training will be required?***

A: This will be determined by what level of training is needed at a participating health center, and by whom, but expect a minimum of 2 full days for all training opportunities. However, not all staff will need to attend all training modules. For those attending trainings, the minimum would be at least 1-2 hours.

***Q: Will multiple training opportunities be offered? Our health center staff cannot be gone on the same days.***

A: This has not yet been determined, but we will do our best to accommodate the needs of participating health centers to attend trainings without it impeding their operations or creating any lapses in services. We expect that most training will be provided onsite at the main health center site.

***Q: Is the training onsite or would we have to close our health center in order to participate in the training?***

A: The trainings will likely be at one centralized location for each participating health center and will not require any closings to attend; however, if your health center has multiple clinic sites, training will likely only be offered at one main hub, rather than delivering training at all participating clinic sites.

## REQUIREMENTS

***Q: Are health centers required to provide emergency contraception?***

A: Ideally, all participating health centers will offer the full range of contraceptive options, including emergency contraception (EC). If a health center does not carry EC, they will need to counsel and refer for it, consistent with national standards of care. Please note that EC is not an abortifacient and MFHC is happy to provide additional resources and information on EC, if needed.

***Q: Is my health center required to provide mifepristone and misoprostol?***

A: No, these are abortifacients, not contraception or emergency contraception, and are not a part of this initiative.

## PARTICIPATION LOGISTICS

***Q: Will MFHC pay for the “lost costs” accrued by having a provider attend training?***

A: No, not in a separate allocation. The funds provided to a clinic for their clinical champion and education and outreach coordinator could, however, be used to offset these costs.

***Q: The amount of the budget that goes to outreach and health education seems high compared to what is allocated for the Clinical Champion. Why is this?***

A: We anticipate the Clinical Champion will be someone already on staff and the \$10,000 provided for this person is simply to allow for their full participation in the learning opportunities and responsibilities required by *The Right Time*. It is expected that the Education and Outreach Coordinator would be a new full-time position, requiring more funding, hence the larger allocation of \$50,000. All of this, however, will depend on the individual needs of the health center and is flexible. This will be part of the initial assessment and action plan of selected health centers.

***Q: What is the role of the Educator and Outreach Coordinator?***

A: This is flexible, depending on the needs of each selected health center. In larger health centers, having one health educator may not be helpful, while it would be in a smaller clinical setting. Selected health centers will undergo an initial assessment and work with MFHC to develop an action plan, where the approach to operations within the initiative will be tailored to the needs of the health center.

***Q: Is it better and/or acceptable for health centers to partner together to apply for this initiative?***

A: For this initiative, we are not allowing subcontracting or partnership relationships within participating health centers and each interested health center must submit an individual application. This is due to the training and oversight components associated with the initiative.

***Q: Who is selecting Cohort 1 health centers?***

A: Missouri Family Health Council, in consultation with Missouri Foundation for Health and initiative partners Mathematica Policy Research and Power to Decide, will be doing the selection. Selection will be anchored by a scoring of objective criteria and analyzed over a state-level hot spot analysis of unintended pregnancy rates and high-need areas for services. Each cohort will be stratified and contain clinics of various sizes, contraceptive experiences, and readiness levels (as defined in the narrative application).

***Q: Do health centers need to have a quantitative goal specific to the region they serve for their application?***

A: No, there are a number of criteria being looked at for selection, including readiness, volume, commitment and enthusiasm for the initiative, and many other data elements to achieve an overall goal of reducing unintended pregnancy throughout Missouri by 10% over the life of the initiative.

***Q: Do all seven health centers receive the funding for the Educator and Outreach Coordinator position?***

A: Yes, assuming education and outreach is a universal need, all selected health centers (up to seven) will receive the \$50,000 allocation for this position within their award. The full award will include all allocations referenced in the RFA – the Clinical Champion (\$10,000), Educator and Outreach Coordinator (\$50,000), and the one-time EHR upgrade sum (up to \$5,000). Participating health centers would also earn reimbursement of contraceptive methods based on service delivery. Annually, the total award for each health center is \$60,000, *plus* the contraceptive method reimbursement (340B + \$50). This is in addition to the one-time EHR upgrade up to \$5,000.

***Q: Our health center only has a nurse practitioner onsite two days per month, so same-day delivery of LARCs is unlikely for us. Does this disqualify us from applying?***

A: One of the goals of this initiative is to explore ways to increase capacity and availability of all methods of contraception on a same-day basis at participating health centers; however, this does not preclude your health center from applying. Please indicate the current availability of your health center staff in the Service Site Worksheet and articulate if and to what extent this is a barrier to providing services in your health center on the narrative application. Over the three-year life of a health center's participation in this initiative, the goal would be to increase capacity and availability, as well as reducing barriers limiting care at the beginning of participation. In the example posed in this question, the goal would be to increase the number of days per month the NP is available for services.

***Q: If other services are provided in the same visit as the family planning services through The Right Time, such as STI testing or other gynecological services, can patients be billed for those services?***

A: Yes, they can be billed for other services, but not the contraceptive services or visit fee, which will be covered by the initiative at 340B pricing plus \$50. The other services can be billed separately.

***Q: If a Title X health center is selected to participate in The Right Time, how, if at all, will that impact Title X funding?***

A: It depends on the health center's needs and services it provides, but the two funding sources will be leveraged to increase capacity at the health center. *The Right Time* funding would be reported under "Other Sources of Funding" in future Title X applications. The combined revenue from both Title X and *The Right Time* cannot exceed a health center's expenses. Those health centers already participating in Title X as either a subrecipient or subcontractor *are* eligible to apply for *The Right Time*.

***Q: How does a participating health center get its initial supply of contraceptives? Does it need to front these costs or how does that figure into reimbursement?***

A: There will be advance funding available through the initiative to purchase contraceptive supplies to stock the shelves. Reimbursement will then be deducted from the advance until repaid upon submission of valid claims. Once repayment of the advance is complete, MFHC will process all claims for reimbursement in a timely manner.

***Q: Can uninsured patients eligible for Medicaid still benefit services under this initiative?***

A: Yes, any uninsured woman seeking services at a participating health center can benefit from health center reimbursement under *The Right Time*. We encourage any uninsured women eligible for Medicaid, or the Women's Health Services Program, to seek coverage under these state programs; however, until that woman is enrolled, the health center is eligible for reimbursement through the initiative.

***Q: Are only LARCs reimbursable under this initiative or does reimbursement also include pills, the patch, etc.?***

A: All methods are reimbursable, at 340B pricing (adjusted quarterly) plus \$50. The reimbursement rate for oral contraception will be an average of the most popular names/brands as determined by the formularies submitted by health centers and published on MFHC's website.

***Q: Are services for males included in this initiative?***

A: At this time, there is no contraceptive method available for males, so health center reimbursement is exclusive to contraception provided to female patients. If this changes over the life of the initiative and male contraception comes available, reimbursement will be reassessed. Sterilization is not included in this initiative for either males or females.

## FISCAL & REPORTING

***Q: Is there a plan to automate the claim process, or will it be via "paper claim" for the duration of the project?***

A: At the present, the claims process is not automated. Claims can be scanned or downloaded and sent electronically or via mail to MFHC.

***Q: If the billing process is via paper claim, will that process be manual in that health centers would have to post all the payments manually to the patient's account? Please explain.***

A: Method reimbursement is client specific; therefore, payment must be posted to the client's account to allow MFHC to validate the appropriateness of the reimbursement made as well as ensure the client was not charged for covered services.

***Q: What is the MFHC CVR database that is used to reconcile the HCFA 1500 billing?***

A: All participating health centers are required to submit individual family planning encounter information referred to as the Client Visit Record (CVR) for all family planning clients served during the duration of this project, both insured and uninsured clients. This is accomplished through the creation of a CVR reporting template within the health center's EHR system that allows the health center to capture and download the required data elements into a .csv file which is then formatted consistent with the example provided, referred to as the data string, and then batch uploaded into MFHC's CVR database on a monthly basis, minimum. MFHC will then compare requests for reimbursement against the data submitted to CVR database prior to approving any request for reimbursement. Note that one-time funding of up to \$5,000 is available for EHR modifications to facilitate reporting. Please refer to the CVR data elements listed in the RFA for more information. The data string will be provided to selected health centers.

***Q: Our pharmacy system is completely separate from our practice management system. This means that the information about the contraceptive dispensing is in another system that has its own billing process. Would it be possible to submit the billing of the contraceptives through the grant separately from the HCFA 1500 process, for us to avoid an added process of having to key the contraceptive NDC and units dispensed onto the HCFA form?***

A: Both the NDC and units dispensed are required elements on the claim form needed to validate requests for reimbursement. MFHC can accept and will match the pharmacy claim with the clinic encounter claim to facilitate the processing of reimbursement.

## SUBMISSION

***Q: I cannot get the text in the fillable form to save. What do I do?***

A: You need to download the form first and save, then enter information. Once you save again, the text will stay.