



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: _____
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I. CLINIC CHARACTERISTICS

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

Health department (e.g., state, county, local)	<input type="checkbox"/> -1
Hospital	<input type="checkbox"/> -2
Planned Parenthood	<input type="checkbox"/> -3
Federally qualified health center or look-alike	<input type="checkbox"/> -4
Other (specify: _____)	<input type="checkbox"/> -5

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

Reproductive health services	<input type="checkbox"/> -1
Primary (general health) care	<input type="checkbox"/> -2
Other (specify: _____)	<input type="checkbox"/> -3

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

Yes <input type="checkbox"/> -1 No <input type="checkbox"/> -2

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% <input type="checkbox"/> -1	10-24% <input type="checkbox"/> -2	25-49% <input type="checkbox"/> -3	50-74% <input type="checkbox"/> -4	75-99% <input type="checkbox"/> -5	100% <input type="checkbox"/> -6
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6. Approximately how many clients receive any contraceptive service during one typical week at this clinic?

<5 <input type="checkbox"/> -1	5-19 <input type="checkbox"/> -2	20-49 <input type="checkbox"/> -3	50-99 <input type="checkbox"/> -4	100-199 <input type="checkbox"/> -5	200+ <input type="checkbox"/> -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 <input type="checkbox"/> -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)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Progestin-only OCs	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Extended regimen of either combined or progestin-only OCs (Seasonale, Seasonique)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
IUS: Mirena, Skyla	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
IUD: ParaGard (Copper-T)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Implant (Nexplanon)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Injectable (Depo-Provera)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Patch (Ortho Evra)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Vaginal ring (NuvaRing)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Female barrier method (Diaphragm, cervical cap/FemCap, sponge/Today, female condom)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Male condom	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Spermicide	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Natural family planning instruction or supplies	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Emergency contraceptive pills (ECP) (Plan B, Ella)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Female sterilization (tubal ligation, Essure)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Vasectomy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pregnancy testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
HIV testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pre-exposure prophylaxis for HIV (PrEP)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Chlamydia/gonorrhea screening/testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Syphilis screening/testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
STI treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Expedited partner therapy for STIs	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
HPV vaccination	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Pap test (conventional and/or liquid-based)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Combined Pap+DNA testing (DNA with Pap)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Clinical breast exam	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Mammography	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Breast feeding counseling and support	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis C screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis C treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Hepatitis B vaccination	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other non-reproductive health related vaccinations	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Prenatal care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Preconception counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Provision of folic acid supplements	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Infertility counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Basic infertility testing (e.g. pelvic exam, hormone levels)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Colposcopy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Intimate partner violence screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Intimate partner violence intervention services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Mental health screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
BMI screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Screening for alcohol, tobacco or other drug use	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Diabetes screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Surgical abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Medication abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Clinic has at least one trained clinician able to serve as an experienced resource on IPV	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Clinic provides for staff training on IPV (e.g. screening, intervention, state policies)	<input type="checkbox"/> -1	<input type="checkbox"/> -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	<input type="checkbox"/> -1
Most clients receive an initial supply at the clinic and a prescription to fill additional cycles at an outside pharmacy	<input type="checkbox"/> -2
Most clients receive a prescription that they fill at an outside pharmacy	<input type="checkbox"/> -3
Other (specify) _____	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5 _____
A refill supply visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -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)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
New clients get OCs without having to get a pelvic exam	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Emergency contraceptive pills (ECP) are dispensed or prescribed ahead of time for a woman to keep at home (advance provision of ECP)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
OCs are prescribed over the phone (or Internet) without a clinic visit via telemedicine	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
IUDs or implants are provided to adolescents and young adults	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
IUDs are provided to nulliparous women	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Copper IUDs are provided as a form of EC	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients schedule appointments online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients obtain an initial prescription for methods online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients order refills for prescription methods online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Clients ask staff medical/follow-up questions online	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clinic purchases supplies and injects or inserts on-site during a follow-up appointment after the method was requested	<input type="checkbox"/> -2	<input type="checkbox"/> -2	<input type="checkbox"/> -2
Clinic provides prescription, client obtains method from outside pharmacy, and returns to clinic for injection or insertion	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
Other (specify) _____	<input type="checkbox"/> -4	<input type="checkbox"/> -4	<input type="checkbox"/> -4
Not applicable: clinic does not dispense or prescribe method	<input type="checkbox"/> -5	<input type="checkbox"/> -5	<input type="checkbox"/> -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:

- a. Do providers of this type regularly refer clients to this clinic? And,
- b. 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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other community clinic(s) providing primary care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
School-based health center(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
STD/STI clinic(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Private obstetrician/gynecologist(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Other private physicians/group practices	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Social service agency(s) (eg. WIC, SNAP, TANF)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Home visiting program/services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3
Maternity or primary care, including contraceptive/STI care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2
Patient-centered specialty practice	<input type="checkbox"/> -1	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9
Qualified health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	
Other private health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -9
Qualified health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	
Other private health plans	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Excessive red tape (too many procedures/processes)	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Not enough clients in a plan	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Problems with credentialing clinicians	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clinic had insufficient health information technology	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Other (specify) _____	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clients must first use certain methods before “stepping up” to more costly ones	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Quantity limits:		
Limited to a 30-day initial supply for prescription methods	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Less than one year of refills for prescription methods	<input type="checkbox"/> -1	<input type="checkbox"/> -1
No immediate replacement for IUD or implant that had been removed/dislodged	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover specific methods:		
IUD	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Implant	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Patch	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Ring	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Injectable	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan B	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Ella	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Other (specify) _____	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan only covers either IUD/implant device or insertion, but not both	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover IUD/implant device removal	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not cover prescription methods provided on-site	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Client must purchase method from outside pharmacy and return to clinic for insertion or injection	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not reimburse for IUDs pre-purchased (stocked) by clinic	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan does not reimburse all/some services provided by mid-level clinicians (eg. nurse practitioners)	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Inadequate reimbursement for services provided by mid-level clinicians	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Plan limits the number of well woman visits covered annually so patient can't come in for needed follow up care	<input type="checkbox"/> -1	<input type="checkbox"/> -1
NONE OF THE ABOVE RESTRICTIONS ARE IMPOSED	<input type="checkbox"/> -1	<input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9
Medicaid billed directly to the state (fee-for-service)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -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
_____ % <input type="checkbox"/> -1 NA	_____ % <input type="checkbox"/> -1 NA

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

_____ % <input type="checkbox"/> -1 NA	_____ % <input type="checkbox"/> -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	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9
The private plan billed most often out-of-network	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -9

Thank you very much for completing this survey.