

Utilize Diverse Payment Options to Reduce Cost as a Barrier for the Client and the Facility

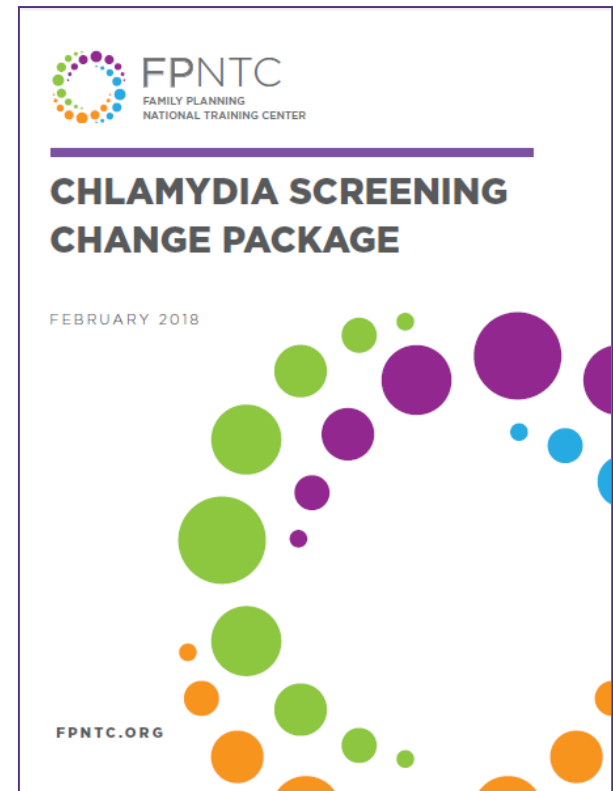
Chlamydia Screening Change Package
Best Practice 4



Introduction to the Chlamydia Screening Change Package

1. Include chlamydia screening as part of routine care
2. Use normalizing and opt-out language
3. Use the least invasive, high-quality test
4. Reduce cost as a barrier

Link: <https://www.fpntc.org/resources/chlamydia-screening-change-package>



Meeting Objectives

By the end of today, you should be able to:

- Describe the rationale for considering strategies to reduce cost as a barrier
- Identify at least one strategy to reduce cost as a barrier for access to chlamydia screening
- Identify at least one resource to support you in utilizing diverse payment options



Rationale

- For insured clients, annual chlamydia screening for clients 24 and younger is covered with no cost sharing (USPSTF level “B”)
 - Clients may have confidentiality concerns
 - Quality assurance around billing and coding
 - Support eligible clients to enroll in insurance
- For uninsured clients, NYS FPP providers must provide screening at no cost for patients up to 200% FPL
 - For clients with income > 200% FPL, sliding fee scale
 - Identify opportunities to pay for safety net screening services



NYS FPP Policy

- Providers are required to screen clients for sexually transmitted infections in accordance with QFP and CDC STD Treatment Guidelines
- Programs will provide Chlamydia testing at no charge for uninsured clients up to 200% FPL. (p65)
- Programs will provide HIV counseling and testing at no charge for uninsured clients up to 200% FPL. (p64)

<https://www.health.ny.gov/funding/rfa/inactive/0909151050/0909151050.pdf>



Title X Program Requirements

- Clients must not be denied services because of inability to pay
- Projects should not have a policy of no fee or flat fees for the provision of services to minors
- Eligibility for discounts is based on income of the minor
- Clients whose documented income is at or below 100% of FPL must not be charged, & a schedule of discounts is required for individuals between 101% and 250% FPL
- All reasonable efforts must be made to obtain third-party payment
- Reasonable efforts to collect charges without jeopardizing client confidentiality must be made

Source: Program Requirements for Title X Funded Family Planning Projects. 2014

Ensure Client Confidentiality

- Ask every client that presents for STD services if they have insurance;
- Advise insured clients that the use of their insurance may result in the issuance of an EOB;
- Collect insurance information if the client does not have confidentiality concerns; document the client's willingness to have insurance billed; and, follow the protocol for claiming reimbursement;

STD Billing Guidance Supplement: Promoting confidential access to care. Available at:
https://www.health.ny.gov/diseases/communicable/std/docs/billing_guidance.pdf



Ensure Client Confidentiality

- If the client does not have insurance or has concerns about confidentiality, ask for payment of the cost-based fee;
- If the client is unable to pay the set-fee, complete the sliding fee. There should never be a fee for clients with incomes less than 100% FPL.
 - For chlamydia screening for uninsured clients, no fee for income <200% FPL.
- Make several payment options available to maximize opportunities to obtain payment from the client.
- Ensure the client understands that they will not be denied services if they are unwilling to have insurance billed.

STD Billing Guidance Supplement: Promoting confidential access to care. https://www.health.ny.gov/diseases/communicable/std/docs/billing_guidance.pdf



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Explanations of Benefits (EOB)

- Federal and state law requires some insurance companies to send an EOB to the primary policyholder.
- EOBs are required under New York State Insurance law §3234 with the exception of Medicaid, which requires EOBs but limits the use of EOBs for certain services (including family planning services).
- Insurers are not required to send an EOB when no balance is due unless demanded by the primary policyholder.
 - This exception to EOB requirements is specified in NYS Insurance Law §3234(c)
 - An insurer may choose to send an EOB regardless

STD Billing Guidance Supplement: Promoting confidential access to care. https://www.health.ny.gov/diseases/communicable/std/docs/billing_guidance.pdf



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Confidentiality FAQs cont.

Q. If a minor does not want their parent/guardian(s) to be informed that they are being tested or treated for an STD...what can be done to stop an insurance EOB from being sent to the parent's address?

A. Minors may contact the health care plan and request that an alternative address be used when issuing an EOB for services provided to the adolescent patient...Minors should make this request before seeking billable health care services...In some situations, the adolescent may list the health care provider's address as the alternative address for EOB notifications.

Frequently Asked Questions: New York State Public Health Law Article 23 and Title 10, New York Codes, Rules and Regulations – Section 23
Guidance for Local Health Departments (LHD) and Health Care Providers



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Insurance Law §2612(h)(2)(A)

Confidentiality for Domestic Violence Victims and Endangered Individuals

- “Except with the express consent of the person making the request, a health insurer may not disclose to the policyholder:
 - (1) the address, telephone number, or any other personally identifying information of the person who made the request or child for whose benefit a request was made;
 - (2) the nature of the health care services provided; or
 - (3) the name or address of the provider of the covered services.”



Confidentiality and Patient Portals

- ACOG Strategies
 - Prohibiting access for adolescents (12–17)
 - Restricting access to visit notes for 12–17-year olds, while allowing access to lab results and appt. info
 - Housing confidential info in a separate section of the EHR that is not open access

OpenNotes and the Confidentiality of Adolescents' Electronic Health Records Position Statement. Oct 2016

Electronic Access to Adolescents' Health Records: Legal, Policy, and Practice Implications

PDF PRINT COMMENTS

SHARE

Letting minors view their health records online means finding a compromise between patient privacy and parental rights.

Neil Calman, MD, Helen R. Pfister, JD, Ruth Lesnewski, MD, Diane Hauser, MPA, and Nandini Shroff, MPH

Fam Pract Manag. 2015 Mar-Apr;22(2):11-14.

Author disclosures: no relevant financial affiliations disclosed.

In the age of the electronic health record (EHR), how can we balance adolescent confidentiality with the need to involve parents in adolescents' care? This was the question faced by the clinical and management staff of the Institute for Family Health, a network of federally qualified health centers in New York, when it sought to provide adolescent patients access to their health information through an online portal. (See "[About the Institute for Family Health](#)."

The Institute uses a portal tied to its EHR (Epic), which allows patients to securely view their medical records and communicate privately with staff. Portals differ in terms of their technological capabilities. The Institute's portal, unlike some, allows users to customize proxy access by age and content, which was key to achieving goals and complying with the organization's policies. This article describes the process used to develop and implement access policies for adolescents.

ABOUT THE INSTITUTE FOR FAMILY HEALTH

The Institute for Family Health operates 26 federally qualified health center sites in New York City and New York's Hudson River Valley. In 2013, it provided integrated primary and mental health care to more than 85,000 patients, including more than 8,600 adolescents. The Institute's health centers are certified as level-3 patient-centered medical homes by the National Committee for Quality Assurance and are accredited by the Joint Commission on Accreditation of Health-care Organizations. The Institute has used federal grants to improve the usefulness and usability of the portal for its diverse population of patients and was recently awarded an HHS Innovates Award for developing portal-based access to the National Library of Medicine's health education materials.¹

<https://www.aafp.org/fpm/2015/0300/p11.html>



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Explaining Confidential Billing

NYSDOH
templates for
patient messaging
for websites, in
clinic waiting
areas, and scripts
for staff
conversations

https://www.health.ny.gov/diseases/communicable/std/docs/billing_guidance.pdf

At intake:

Starting [Date], this clinic charges a nominal fee for STD/HIV testing. You can pay by using health insurance or a set fee based on your income. Do you have insurance that you would like to use?

If Client HAS INSURANCE

Please know that your insurance company is required to send an "Explanation of Benefits" letter to the insurance holder. The letter is sent to the policy holder, who may not be you. It may be your parent/guardian, a domestic partner or a spouse. If you are concerned about this person finding out about this visit, you may want to pay a set fee instead of giving your insurance information.

The letter may tell what types of tests and procedures were done at this appointment. The letter does not include test results, although if you get treatment for some STDs like genital warts, that may show up.

Some companies use number codes, but other companies may also use names like "STD testing."

This is a federal law that may put the confidentiality of your testing at risk. Would you still like to use your insurance?

YES

If Client STILL WANTS TO USE INSURANCE

- Follow agency procedures regarding insurance information collection and billing.

If Client DOES NOT HAVE INSURANCE

Okay, we also have a sliding fee scale that we use to determine how much a visit will cost. It is based on your income and the services that you get. You may not owe anything but we will provide you with an idea of what you might have to pay. After you see the [DOCTOR/NURSE] and get tested, you will need to come back here so we can find out how much you owe. Generally, most clients pay [insert range of sliding fee scale for typical STD testing service(s) for similar patients].

Note to staff: if a client is a minor, they should only use their personal income.

[AFTER THE VISIT]

Based on the procedures provided, staff will identify the cost. If the patient cannot pay the full amount, assess the cost based on the client's income. If the client cannot afford the sliding fee cost, services cannot be denied.

NO: Use this script

If Client DOES NOT WANT TO USE INSURANCE

See above



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Schedule of Discounts

8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

8.4.4 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

Source: Program Requirements for Title X Funded Family Planning Projects. 2014

Sample Schedule of Discounts

Sample Title X Sliding Fee Scale

	Break 1	Break 2	Break 3	Break 4	Break 5	Break 6	Break 7	Break 8
FPL	< 100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	>250%
Family Planning	\$0.00 (No fee)	10%	25%	35%	50%	60%	75%	100%

Note:

- 1) All clients, regardless of insurance status must be assessed for income level based on their family size and family income.
- 2) Staff should compare the amount insured clients would pay on the sliding fee scale and using their insurance. The insured client should pay the lesser of these two amounts.

Sample Schedule of Discounts

Sample Sliding Fee Scale Example for Integrated Title X and FQHC Service Site

	Break 1	Break 2	Break 3	Break 4	Break 5	Break 6	Break 7	Break 8
FPL	< 100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	>250%
Medical	\$20	\$40	\$60	\$80	\$100	100%	100%	100%
Dental	\$30	33%	50%	66%	83%	100%	100%	100%
Family Planning	\$0.00 (No fee)	10%	25%	35%	50%	60%	75%	100%

Note:

- 1) All clients, regardless of insurance status must be assessed for income level based on their family size and family income.
- 2) Staff should compare the amount insured clients would pay on the sliding fee scale and using their insurance. The insured client should pay the lesser of these two amounts.

Collecting Co-Pays and Applying Sliding Fee Scales A Job Aid for Front Desk Staff

5 STEPS FOR COLLECTING CO-PAYS AND APPLYING THE SLIDING FEE SCALE

- 1: Find out the client's income, family size and whether she/he has insurance.
- 2: Check the client's insurance eligibility and determine the client's co-pay amount based on her/his insurance plan.
- 3: Determine where the client's income puts her/him on the sliding fee scale.
- 4: If the co-pay is less than the client would pay on the sliding fee scale, she/he should pay the co-pay, and the agency should bill the insurance company the fee for the services.
- 5: If the co-pay is more than what the client would pay based on the sliding fee scale, the client pays what she/he would pay based on the sliding fee scale, and the agency should bill the insurance company the fee for the services.

REMEMBER!

Clients should never pay more than what they owe based on the sliding fee scale.

HOW IT WORKS

Below is a sample sliding fee scale and two scenarios to show how to determine the co-pay when the client has insurance. Your agency's scale may be different since each agency has its own sliding fee scale.

Sample Client:

- Your client's income is \$25,000/year.
- She has two children.
- She has insurance. Her co-pay is \$20.
- To apply the sliding fee scale, first, match her income to your sliding fee scale.
- The sliding fee scale will show you the discount she would receive. In this situation, her discount would be 80%.

Federal Poverty Levels 2014										
Family Size	90%	120%	140%	160%	180%	200%	220%	240%	250%	260%
1	\$11,670	\$14,004	\$16,338	\$18,672	\$21,006	\$23,340	\$25,674	\$28,008	\$29,178	\$30,348
2	\$15,730	\$18,876	\$22,022	\$25,168	\$28,314	\$31,460	\$34,606	\$37,752	\$39,324	\$40,896
3	\$19,790	\$23,748	\$27,706	\$31,664	\$35,622	\$39,580	\$43,538	\$47,496	\$49,476	\$51,456
4	\$23,850	\$28,620	\$33,390	\$38,160	\$42,930	\$47,700	\$52,470	\$57,240	\$59,625	\$62,010
5	\$27,910	\$33,492	\$39,074	\$44,656	\$50,238	\$55,820	\$61,402	\$66,984	\$69,774	\$72,564
6	\$31,970	\$38,364	\$44,758	\$51,152	\$57,546	\$63,940	\$70,334	\$76,728	\$79,925	\$83,122
7	\$36,030	\$43,236	\$50,442	\$57,648	\$64,854	\$72,060	\$79,266	\$86,472	\$90,075	\$93,678
8	\$40,090	\$48,108	\$56,126	\$64,144	\$72,162	\$80,180	\$88,198	\$96,216	\$100,225	\$104,234

For families with more than 8 people, add \$4,000 for each additional person.
Reference: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Available at <http://aspe.hhs.gov/poverty/14poverty.cfm>

SCENARIO 1:

- If fee for services = \$125
- With 80% discount, fee = \$25
- Insurance co-pay = \$20
- Client pays \$20
- Bill client's insurance the full fee
- Insurance co-pay is less than the fee, client pays the co-pay

SCENARIO 2:

- If fee for services = \$60
- With 80% discount, fee = \$12
- Insurance co-pay = \$20
- Client pays \$12
- Bill client's insurance the full fee
- Discounted fee is less than the co-pay, client pays the discounted fee

REMEMBER!

If the client requests confidential services, do not bill the insurance company.

Defining Family Income for Title X Charges, Billing, and Collections



Title X Program Requirements: Charges, Billing, and Collections¹

Section 8.4 of the Title X Program Requirements states that a grantee is responsible for implementing policies and procedures for "charging, billing, and collecting funds for the services provided by the project." Section 8.4.2 states, "A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8))." Family is defined as a "social unit composed of one person, or two or more persons living together, as a household."

Per Section 8.4, "Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay."

Defining Family Income

There is no standard definition of income to determine eligibility for all federally-funded programs. The Census Bureau definition² uses a set of income thresholds that vary by family size and composition to determine who is in poverty.

Title X grantees must specify the process they follow for verifying client income. Grantees may elect to have a uniform policy for income verification across all sub-recipients. Alternatively, they may elect to leave income verification policies up to individual sub-recipient agencies as long as the grantee ensures that Title X regulations are followed. The process should be specified in an agency's policies and procedures. The following list shows what may be included or excluded when calculating family income for Title X visits.

INCLUSIONS*

- Wages, salaries, tips, bonuses, other payments for personal services, etc.
- Taxable interest
- Dividends
- Taxable refunds, credits, or offsets of state and local income taxes. There are some exceptions—refer to Form 1040 instructions
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital gain (or loss)
- Other gains (or losses) such as assets used in a trade or business that were exchanged or sold
- Taxable amount of individual retirement account (IRA) distributions, including simplified employee pension and a savings incentive match plan for employees IRAs
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm income (or loss)

- Unemployment compensation and workers' compensation payments
- Taxable amount of Social Security benefits
- Other income (includes prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit)

EXCLUSIONS

- Child support
- Money or property that was inherited, willed, or given as a gift
- Life insurance proceeds received as a result of someone's death
- Foster care payments
- Non-cash benefits (such as public housing, Medicaid, and nutrition assistance)

*List adapted from [IRS Form 1040](#) income.

<https://www.fpntc.org/resources/collecting-co-pays-and-applying-sliding-fee-scales-job-aid-front-desk-staff>

<https://www.fpntc.org/resources/defining-family-income-title-x-charges-billing-and-collections-job-aid>



Obtain Third-Party Reimbursement

- Obtain third-party reimbursement
 - Optimize billing & coding for all services
- Optimize client fee collections, including
 - Collect copays at the time of the visit
 - Assess family income before determining copays
 - Consider asking for donations



Optimize Billing & Coding

- Make sure your codes are current
- Establish a documentation feedback loop between providers and billing staff
- Know payer-specific requirements

LIST OF ACA PREVENTIVE SERVICES AND CPT CODES

This is meant to be a general guide for reporting and billing preventive services covered by the Affordable Care Act (ACA) without cost-sharing. It was developed and formatted based on CPT and ICD-10 billing guidelines. Individual state Medicaid programs and private commercial insurances may have other instructions for reporting and reimbursing for these particular services. Medicare uses HCPCS codes to describe preventive services.

NOTE: Most private payers expect that these preventive services (counseling, screening, and immunizations) occur during the annual preventive exam and may not reimburse separately for these on the same day, nor at subsequent visits.

Preventive services covered under the Affordable Care Act	CPT CODE(S) <small>For private insurance, you may append modifier 33 to services that are not inherently preventive to indicate a preventive service being performed.</small>	Suggested ICD-10 CODE(S)	HCPCS CODE(S) <i>Medicare & some commercial payers</i>
CHLAMYDIA SCREENING LAB TEST*	86631 Chlamydia antibody 86632 Chlamydia IGM 87110 Chlamydia culture any source 87270 Chlamydia antigen detection by immunofluorescent technique 87320 Chlamydia antigen detection by enzyme immunoassay technique	Z11.8 Encounter for screening for other infectious and parasitic disease+ Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission+	None

STD Billing and Reimbursement Toolkit

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STD BILLING AND REIMBURSEMENT TOOLKIT

MODULE 1
Consider
Billing

MODULE 2
Develop
Billing
Systems

MODULE 3
Manage
Revenue
Cycle

MODULE 4
Initiate
Contract
Process

MODULE 5
Enhance
Coding
Capacity

MODULE 6
Request
TA

With the passage of the Patient Protection and Affordable Care Act (ACA), participation in third-party billing is increasingly important. Many previously uninsured Americans will have access to health insurance coverage. Traditional safety net providers, such as STD clinics, which have historically provided free or low-cost services through public funding, are facing fiscal challenges through a decrease in public health STD funds. Implementing or expanding third-party billing is a way to diversify revenue streams, ensure access to care, and potentially expand services to populations who need them the most.

Link: <http://stdtac.org/>



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Billing and Coding eLearning Course Series



Coding in the Reproductive Healthcare Environment

A Three-Unit Online Learning Course - **NOW UPDATED FOR ICD-10**


Unit 1: The Fundamentals
of Coding

Unit 2: The Coding
Process

Unit 3: Advanced Case
Studies in Coding

Link: <https://www.fpntc.org/resources/coding-reproductive-health-care-environment-fundamentals-coding-elearning-module-1>

Coding Podcast Series



**CODING
WITH
ANN**

**Did you know that ICD-10-CM codes for some
contraception services changed effective
October 1, 2016?**

Ann Finn will host new podcasts that focus on diagnosis codes, new codes and how to avoid miscoding contraceptive services. These short podcasts are easy to download or stream straight from your computer or mobile device.

Link: <https://www.fpntc.org/training-packages/coding>

Coding Palm Card

Common Codes for Billing: Contraceptive Management Visits

For dates of service POST October 1, 2016



LARC's (Long Acting Reversible Contraception)

IUD	E/M	Z30.014	Encounter for initial prescription of IUD (not coded with IUD insertion procedure)
	58300/J7300, J7301, J7297, J7298	Z30.430	Encounter for Insertion of IUD
	58300, 58301/J7300, J7301, J7297, J7298	Z30.433	Encounter for Removal and Re-insertion of IUD
	E/M	Z30.431	Encounter for routine checking of IUD
	58301	Z30.432	Encounter for Removal of IUD
	E/M	Z97.5	Presence of IUD
Implant	11981 / J7307	Z30.017	Encounter for insertion of subdermal implant contraceptive
	11982	Z30.46	Encounter for surveillance of subdermal implant contraceptive (includes checking, removal and reinsertion)
	E/M		
	11983 / J7307		
	E/M	Z97.5	Presence of Implant

Planning			pregnancy
Vaginal Ring	E/M / J7303	Z30.015	Initial prescription of vaginal ring
		Z30.44	Encounter for surveillance of vaginal ring
No method dispensed	E/M	Z30.09	Encounter for other general counseling and advice on contraception

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services.

Link: <http://www.ctcfp.org/billing-and-coding-pocket-card>



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Provide Insurance Eligibility Screening & Application Assistance

- Provide access to application assistance
- Train financial staff to refer clients without insurance to enrollment assistance services
- Educate all staff so they can answer basic questions
- Post “apply and renew” signage in public waiting spaces
- Include information about financial assistance in promotional materials



Family Planning Benefit Program (FPBP)

Eligibility

- Female or male of childbearing age;
- New York State resident;
- U. S. citizen, national, Native American, or lawfully present;
- Meet certain income requirements (currently < 223% of the FPL) ; and
- Not already enrolled in Medicaid

What's covered?

- All types of birth control
- Emergency contraception
- GYN exams, including Pap tests
- Pregnancy testing and counseling*
- Male and female sterilization
- **STD testing, counseling, and treatment***
- HIV counseling and testing*
- Colposcopy, cryotherapy, LEEP*

**when part of a family planning visit*



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FPBP Presumptive Eligibility and Retroactive Coverage

Presumptive eligibility provides an individual immediate access to FPBP covered services and assures that the FPBP provider will receive Medicaid reimbursement for covered family planning services, supplies and treatment provided during the presumptive period.

Retroactive coverage up to 3 months, if eligible.



Family Planning Extension Program (FPEP)

FPEP provides up to 26 months of additional access to family planning services for women who were on Medicaid while they were pregnant, but subsequently were not eligible for comprehensive Medicaid coverage when the pregnancy ended.



Develop Strategies to Pay for Safety Net Screening

- Look for opportunities to reduce costs
- Identify local public, private, and grant funding
- Work with state STD prevention partners to access supplemental funds (e.g., STD AAPPS)



In Case You Missed It: Fidelis Update

Important Change: Fidelis Care to Provide Family Planning and Reproductive Health Benefit Effective January 1, 2019, Fidelis Care will include family planning and reproductive health services in the benefit package for Medicaid members. Previously Medicaid fee-for-service (FFS) had provided this benefit for Fidelis members.

As a result, participating Fidelis Care providers should bill these services to Fidelis instead of Medicaid FFS, effective January 1, 2019.

Coverage will include: birth control drugs and devices, including IUDs, diaphragms, and other kinds of birth control; emergency contraception; sterilization for men and women; pregnancy testing; an abortion that you and your doctor agree is needed; and HIV and STD testing, treatment and counseling. Screenings for cancer and other related problems are also included.

For information on pharmacy formulary coverage visit the NY State Medicaid Managed Care Pharmacy Benefit Information Center website at: <https://mmcdruginformation.nysdoh.suny.edu/>.

Questions can be directed to Member Services at 1-888-FIDELIS (1-888-343-3547) (TTYL: 711)

See the December 2018 *Medicaid Update* from the Office of Health Insurance Programs






Team Presentations

- During February and March online sessions, teams will present progress updates:
 - What worked well?
 - What lessons will you share with other sites (if applicable)?
 - What are your next steps?
- 5 minutes of presentation + 5 minutes of Q&A
- We will send a template slide deck and schedule of presentations in next few days



Monthly Progress Reports

- Thank you for submitting your progress reports!
- Next report due January 31st
 - Includes data through December

 New York State Family Planning Training Center
Family Planning Provider:  Service Site: 

Chlamydia Screening Performance Improvement Collaborative Monthly Improvement Plan

Planned Parenthood Mohawk Hudson
Johnstown

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures	What progress has been made? What is happening as you make progress?	What do the measures show? What are your observations?	What are your next steps?
Best Practice 1. Include chlamydia screening as a part of routine clinical preventive care for women 25 years and younger, women <25 who are at risk increased risk, and men at increased risk.	Include staff will pull in 111 order sets for all birth control visits and new patient pregnancy tests 75% of the time by 11/30/18.	Inform intake staff & clinicians (including subs).	Sarah NC & Ashley S	9/30/2018	Chart Audit	1) Staffing notified of process change 9/28/18. 2) change to be implemented 10/01/18.	Staff report that they feel like patients are testing more but we still not know until we see October data.	
	Share clinic testing data with all center staff.	1. Sarah will email data to staff at time of monthly submission to CCLC. 2. Sarah will add clinic learning collaborative as an going item to be discussed at monthly team meetings.	Sarah will run data, Sarah will email data to team.	9/30/18 11/30/18 01/31/18 03/31/18	10/1/18 11/1/18 12/1/18 01/1/18	3. Email to staff. 4. Team meeting minutes.	1. Data is being shared with staff.	Staff have responded positively to having access to the data.
Best Practice 2. Use normalizing and opt-out language to explain chlamydia screening to all women 25 years and younger, women <25 at increased risk, and men at increased risk.	Develop opt out language for clinic staff to use by 10/15/18.	Schedule meeting w/ Director of Specialty Training to develop opt out language with appropriate privacy level.	CCLC Team & Sue W.	10/15/2018	We will have our materials	1) spoke with Sue W. She is on board with helping to develop language. Team met and agreed on opt out language. "Is that OK with you?"	2.3	
	Train clinic staff on opt out language by 11/01/18	Laminated copies of language	Sarah NC	10/15/2018	Materials on hand	Materials completed.		
		Schedule Training	Sarah NC	10/15/2018	Calendar invite	Calendar invite sent. Schedule for 11/7/18		
		Complete Training	Ashley S	11/1/2018	Sign-in Sheet			
Best Practice 3. Use the best invasive, high quality, recommended laboratory techniques available for chlamydia screening with timely turnaround.	Include self-collected vaginal swabs available to patients, who do not need a vaginal exam, by 12/15/18.	Train staff on current MOA's that already allow for self-collected vaginal swabs.	Ashley S	11/15/2018	Sign-in Sheet			
		Find or create clear patient instructions on vaginal self-collection.	CCLC Team & Sue W.	11/30/2018	Sign-in Sheet	Instructional materials will be placed in patient bathroom and exam rooms.		
Best Practice 4. Explore alternate payment options to reduce cost as a barrier for the patient and the facility.	Discuss possible payment option and programs with Fiscal Dept.	Set up meeting with fiscal dept.	Sarah	12/15/2018	Calendar invite			

Thank you!

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