



MEMORANDUM

To: Interested Parties
From: National Health Law Program
Date: January 2015
Re: Postpartum LARC resources for advocates

Every woman should have affordable and timely access to all safe and effective contraceptive options, including long-acting reversible contraceptive (LARC) methods. For women who have chosen to use an IUD or implant after delivery, placement of the device immediately postpartum (i.e. before hospital discharge) is an important option that avoids the burden of multiple appointments and lapses in contraceptive use. However, hospitals are typically reimbursed for all care and services provided to women at the time of delivery through a single predetermined fee (referred to as a “global” fee), based on a diagnosis-related group (DRG), which does not account for the high cost of these contraceptive methods. Consequently, many hospitals do not provide this timely access.

A growing number of state Medicaid programs are changing their reimbursement policies to allow hospitals to bill separately (in addition to the global fee) for IUDs and implants provided immediately postpartum. Information about these states’ policies and related materials can be found at the links below:

- **South Carolina:**
 - <https://www.scdhhs.gov/sites/default/files/BirthControlDevices.pdf> (*initial policy*)
 - <https://www.scdhhs.gov/press-release/clarification-bulletin-long-acting-reversible-contraceptives-provided-inpatient> (*update to the policy*)
- **New Mexico:**
 - http://www.hsd.state.nm.us/uploads/FileLinks/c78b68d063e04ce5adffe29376ff402e/13_05_Supplement_Hyst_Consent_Form_91213_final_2_.pdf (*see page 4*)
- **New York:**
 - <http://www.astho.org/NewYork-LARC-medicaid-codes/> (*posted by Association of State and Territorial Health Officials*)
 - <http://www.nyc.gov/html/doh/html/pr2014/pr021-14.shtml> (*policy announcement*)
- **Iowa:**
 - <http://dhs.iowa.gov/sites/default/files/1349%20Long%20Acting%20Reversible%20Contraception.pdf>
- **Georgia:**
 - <http://www.astho.org/Georgia-LARC-medicaid-codes/> (*posted by Association of State and Territorial Health Officials*)
 - <http://www.astho.org/Georgia-LARC-Presentation/> (*posted by Association of State and Territorial Health Officials*)

- **Louisiana:**
 - <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/Hosp/Hosp.pdf> (see Section 25.2)
- **Oklahoma**
 - <http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=16089&libID=15072>
- **Montana**
 - <http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2015/larcinsertedatdeliveryppshospital01082015.pdf>
- **Maryland**
 - <http://www.acog.org/-/media/Departments/LARC/MDClinicianLetterLARC.pdf?la=en> (posted by American College of Obstetricians and Gynecologists, LARC Program)
- **Colorado:**
 - https://www.colorado.gov/pacific/sites/default/files/Bulletin_1113_B1300344_0.pdf (see page 5; note that this policy was temporary through 2013; NHeLP is working to assess the status of current policy)
- **Alabama:**
 - http://medicaid.alabama.gov/news_detail.aspx?ID=8561 (note that Alabama’s policy allows providers to bill for insertion outside of the global fee, but does not permit separate reimbursement for the device)
- **Illinois** is investigating a policy change to allow hospitals to bill for LARC immediately postpartum:
 - <http://www2.illinois.gov/hfs/familyplanning/pages/illinoisfamilyplanningactionplan.aspx>

The Centers for Medicare and Medicaid Services (CMS) recently launched a Maternal and Child Health Initiative focused on: 1) increasing the rate and content of postpartum visits; and 2) increasing the rate of pregnancies that are intended. CMS has pledged to provide technical assistance to support Medicaid agencies in implementing reimbursement and related policy changes to achieve these goals. As a part of the Initiative, CMS is promoting policies that “enhance provider service delivery for use of effective contraception and timely postpartum care and enhance the accessibility of these services to women.” For more information on the Initiative and CMS’s commitment to support states wishing to implement these and other important policies, visit the links below:

- Dear State Medicaid Director letter from July 17, 2014 announcing the Initiative:
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/maternal-and-infant-health-initiative.pdf>

- CMS “crosswalk” of current activities and identified potential strategies (*see page 4*):
 - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Crosswalk-of-Activities.pdf>
- Background and description of the Initiative:
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/maternal-and-infant-health-initiative.pdf>
- CMS webpage devoted to the Initiative:
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/maternal-and-infant-health-care-quality.html>

Immediate postpartum LARC insertion is safe and effective. Professional associations, health officials, and providers have expressed support for immediate postpartum access and drawn attention to policies that create barriers to this practice. Statements of support and resources can be found at the links below:

- From the American College of Obstetricians and Gynecologists (ACOG):
 - <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices>
 - <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Increasing-Use-of-Contraceptive-Implants-and-Intrauterine-Devices-To-Reduce-Unintended-Pregnancy>
 - <http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Coding-and-Reimbursement-for-LARC/Reimbursement-Resources-for-Postpartum-LARC-Initiation>
- From the Association of State and Territorial Health Officials:
 - <http://astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/?terms=LARC>
- An editorial entitled “Global fee prohibits postpartum provision of the most effective reversible contraceptives” from the November 2014 edition of the peer-reviewed journal *Contraception*, published online on August 7, 2014:
 - [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00608-8/fulltext](http://www.contraceptionjournal.org/article/S0010-7824(14)00608-8/fulltext)

NHeLP is monitoring these and other policies that aim to improve affordable and timely access to contraceptive care and is available to provide technical support to advocates pursuing similar policies in their states. For more information or assistance, please contact Erin Armstrong (armstrong@healthlaw.org) or Susan Berke Fogel (fogel@healthlaw.org).