



Choose Well

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ASTHO LARC Learning Community

The South Carolina Postpartum LARC Toolkit

A resource for implementing South Carolina's Medicaid policy on
providing long-acting reversible contraceptive (LARC) services in
the hospital postpartum setting



New Morning
Foundation

Why Postpartum LARCs?

- 50% of all pregnancies in the US are unintended. Use of LARC is low – only 7.2% of all women use LARC.
- South Carolina: ~55% of women using Medicaid miss their six week postpartum visit
 - Offering LARC services immediately postpartum is a good and timely opportunity



South Carolina's Postpartum LARC Policy

- 2012: South Carolina became first state to institute a Medicaid LARC postpartum policy
- Enables hospitals and providers to receive full reimbursement (outside the global fee for delivery) for LARC device and the physician insertion procedure fee



South Carolina
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MEDICAID BULLETIN

HOSP

TO: Providers Indicated

SUBJECT: Clarification Bulletin: Long Acting Reversible Contraceptives provided in an Inpatient Hospital Setting

On January 19, 2012, the South Carolina Department of Health and Human Services (SCDHHS) issued a bulletin titled "Long Acting-Reversible Contraceptives (LARCs) provided in a Hospital Setting". In that bulletin, the agency indicated that coverage for LARCs would be considered an add-on benefit to the Diagnostic Related Group (DRG) reimbursement for all dates of service on or after March 1, 2012.

Since publishing the previous bulletin, SCDHHS has worked with providers to determine the most effective approach to code and reimburse providers for LARCs provided in an inpatient hospital setting. Effective immediately, SCDHHS will reimburse providers for these LARCs through a gross level credit adjustment process for dates of service on or after March 1, 2012, according to the process described below.

In order to process the LARC payment, hospitals are required to utilize the Healthcare Common Procedure Coding System (HCPCS) Code that represents the device, along with the ICD-9 Surgical Code and the ICD-9 Diagnosis Codes that best describes the services delivered. These codes must be included on the UB-04 or Institutional Claim so that a gross level credit adjustment can be generated. Providers will receive a monthly listing of affected claims included in the gross level adjustment and the credit will appear on a future remittance advice. Providers will be able to identify this particular credit adjustment on the remittance advice in the Adjustment Section under the "Provider's Own Reference Numbers" column. Each adjustment will have a provider's own reference number that begins with "LARC". Relevant codes are listed below:

The Postpartum LARC Toolkit

- A collaboration of the Choose Well Initiative and the South Carolina Birth Outcomes Initiative (SCBOI)
- Hospital implementation requires changes to:
 - Prenatal care counseling
 - Billing and pharmacy procedures
 - Patient care during the hospital stay and effects
 - Multiple departments and coordination with Medicaid managed care



Objectives of the toolkit

Provides guidance and resources for:

- Planning for implementation
- Clinical resources and training
- Contraception counseling in prenatal care
- Patient procedures in the hospital
- Pharmacy ordering and stocking
- Billing and reimbursement



Methods



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- Interviews with physicians, nurses, pharmacy, and billing staff (n=9) from three labor and delivery hospitals successfully implementing the SC Medicaid policy.
- Questions on policy implementation, device procurement and storage, counseling procedures, billing processes, challenges/resolution.
- Interviews were integrated with information provided by Medicaid staff and literature review results.
- The toolkit was reviewed by implementing physicians, SCDHHS staff, and other key stakeholders.



Administrative support and infrastructure

✓ Identify physician and nursing champions

- Facilitate the administrative coordination
- Lead the clinical process development
- Ensure sufficient training of clinical staff

✓ Convene clinical leadership and billing and pharmacy management

- Educate billing and pharmacy leadership on the importance of postpartum LARC services
- Present Medicaid policy to reinforce cost-neutrality of implementation



CHAMPIONS



Dr. Ty Robinson at Spartanburg Regional demonstrates the supplies (gathered in a simple paper bag) for a bedside implant insertion procedure.



Dr. Megan Nguyen presents the tackle box of insertion supplies used at Greenville Memorial Hospital (Greenville Health System)



Rhonda Quiñones, Director of Nursing at Palmetto Health, shows the procedure room used for contraceptive implant insertions. A checklist is posted on the wall for clinician reference.



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✓ **Build billing and pharmacy infrastructure**

- **Billing:** Customize billing systems and/or develop specialized submission process to assure adherence to the required billing codes and process
- **Pharmacy:** Ensure devices are included in order system, determine initial inventory levels, develop process for stocking devices on hospital floor



Develop process with physicians and nurses

- ✓ **Build clinical support for postpartum LARCs:**
 - Address physician concerns with having sufficient time for the procedure (it takes 5-10 minutes)
 - Educate nursing and lactation staff that LARCs will not interfere with breastfeeding

- ✓ **Convene clinical staff to develop counseling, consent, and insertion procedures**
 - Develop postpartum insertion process
 - Integrate process into usual operations
 - Review and modify prenatal care counseling procedures so all women receive LARC information



Train clinical staff

✓ Prenatal care providers

Best practices in contraceptive counseling and education on all contraceptives including LARCs

Hospital procedures for postpartum insertions

✓ Physicians

Training from device manufacturers and expert practitioners on insertion procedure

✓ Nurses

In-service on postpartum LARC effectiveness and procedures so they can support patient education and assist in procedures

✓ Lactation consultants

In-service on postpartum LARCs as acceptable option for breastfeeding women so they can support patient education



Continuous quality improvement

- ✓ Reconvene clinical staff regularly to review process and identify changes
- ✓ Reconcile claims with payments then correct any reimbursement issues, address with DHHS or Medicaid managed care organization
- ✓ Ensure that informed choice is a keystone of the program – not all women will choose a LARC



Additional Toolkit Components

- LARC resources: links to practice guidelines and training for IUDs and implants
- Contraceptive counseling: best practices and links for counseling resources
- Hospital billing: ICD-10 codes and links to billing resources
- Example insertion processes and documentation from implementing hospitals






Moving Forward



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Moving Forward

- Disseminate the toolkit through web-based platform  -Throughout SC
- Update information as postpartum IUD is offered more systematically  -To other states through the Association of State and Territorial Health Officials (ASTHO)
- Provide additional resources based on feedback  -Ongoing: disseminate and revise



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