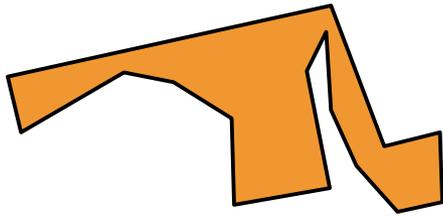
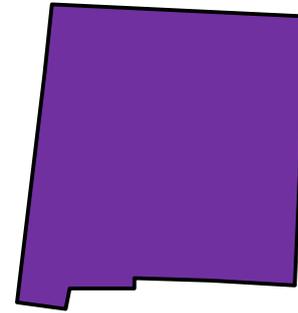


# State Reports: Service Location



**Maryland**



**New Mexico**

# MARYLAND

## KEY ACTION STEPS

- Conducted key informant interviews with billing, clinician, and pharmacy staff at University of Maryland, Sinai, and Johns Hopkins. Will be continuing interviews with Washington Adventist and Prince Georges Medical Center. We will have these interviews compiled by 4/1.
- Held phone meeting with Medicaid and their data collection team regarding identifying hospital claim data on inpatient IPP LARCs. Medicaid will be contacting us regarding a timeline of when we'll receive results.
- The Maternal and Child Health Bureau submitted a draft of the Medicaid reimbursement transmittal to Medicaid 2/24. Currently the transmittal is under Medicaid's review. Aiming to have this transmittal sent out to hospitals by April 1st.

# Maryland

## ■ Next service location areas

- Rural hospitals/Hospitals not affiliated with academic institutions
- Religious affiliated hospitals
- Hospital with patients that don't have insurance
- FQHCs

## ■ What are the barriers you are facing in working with this type of service location, no more than 3?

- Creating a sustainable program intervention that provides hospitals with enough support to implement LARC policy and processes, within the constraints of their own institutions
- Finding clinical champions at more rural hospitals or hospitals not affiliated with academic institutions
- Ensuring that hospitals and FQHCs are billing for the LARC procedures properly, and obtaining accurate claim data.

# Maryland

## ■ **What are your successes in working with this type of service location, no more than 3? ( Do you have any prior successes to include here?)**

- Informational Interviews with two non-academic hospitals with a high number of Medicaid births
- We have relationships with several FQHC Title X recipients throughout the state
- We have relationships with champions at religious affiliated hospitals who are able to think outside the box to ensure patients are able to access postpartum contraception

## ■ **What are questions you have for other states?**

- In addition to a print and online toolkit, effective ideas on how to provide continuous support with IPP LARC implementation
- How to ensure that hospitals and FQHCs are billing appropriately
- Have any other states worked with hospitals with a primarily immigrant population? Since emergency Medicaid does not cover IPP LARCs--any suggestions for a workaround or funding to support this?

## New Mexico

- *Good news: The New Mexico Perinatal Collaborative has received a grant from the National Institute of Reproductive Health (NIRH) to improve access to immediate postpartum LARC*
  - *Identify 2-5 hospitals with “champions” for immediate postpartum LARC*
  - *Create a reimbursement and IUD insertion toolkit*
  - *Train billing staff and provider staff of the targeted hospitals*
  - *Implement immediate postpartum LARC in 2-5 hospitals*
- *News: Our state Medicaid team member (David) has left his position after less than a year. HSD Centennial Care Contracts Bureau will transition Lorraine Hyde into David’s role. Erica Archuleta will also be a contact for this project.*

## New Mexico

- *We are targeting hospitals in rural New Mexico*
  - *Hobbs*
  - *Las Cruces*
  - *Indian Health Service (Shiprock, Gallup)*
- *We have identified champions but have concerns with buy-in on the part of administrative staff (reimbursement) and provider staff (insertion)*
- *We would like to send the staff person funded by our new grant funding to a state that has successfully implemented postpartum LARC beyond a single hospital and would appreciate suggestions for an appropriate state*