

IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

ASTHO, with support from CDC, the Centers for Medicare and Medicaid Services, and the HHS Office of Population Affairs, formed the Increasing Access to Contraception (IAC) Learning Community. This project comprises 27 states and territories and aims to disseminate strategies and best practices for implementing policies and programs leading to increased access to a full range of contraceptive options.

Most states have a **Medicaid policy** allowing for immediate postpartum LARC reimbursement outside the labor and delivery Diagnosis-Related Group (DRG) code.

Despite these policies, challenges to accessing immediate postpartum LARC remain, including:



Lack of time to propose or discuss the policy change.



Difficulty creating a Medicaid policy that reimburses for both the LARC device and insertion procedure.

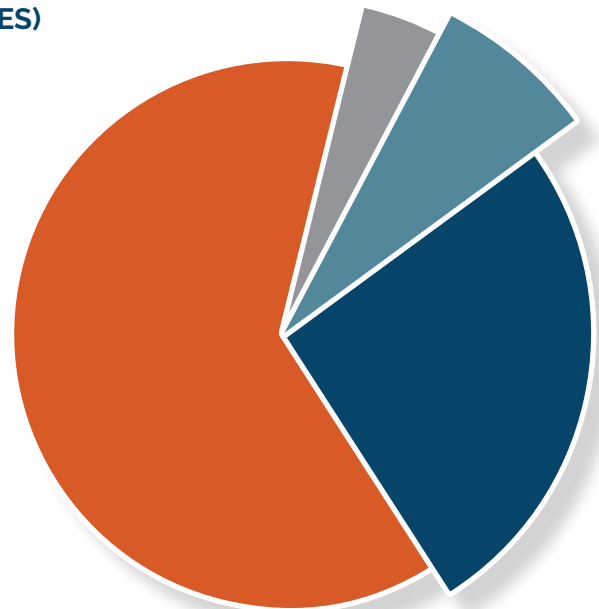
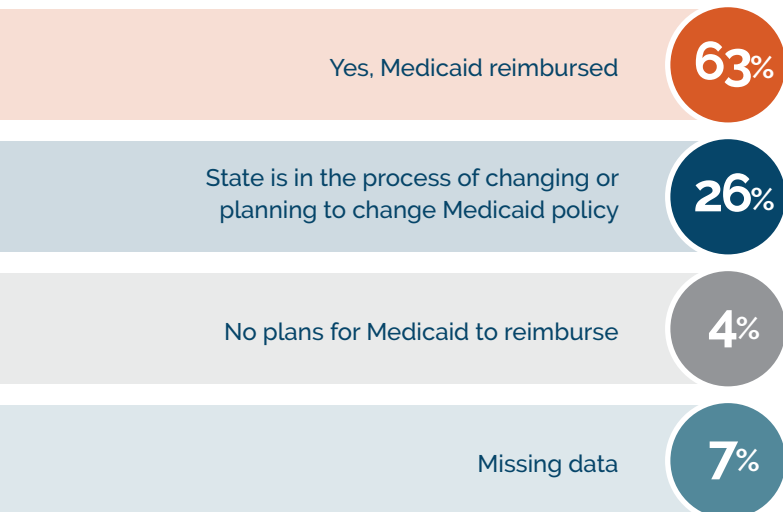


Training and education needed for billers, providers, and patients.



Developing and implementing a billing and coding system for reimbursement after LARC placement.

MEDICAID REIMBURSEMENT FOR IMMEDIATE POSTPARTUM LARC INSERTION OUTSIDE THE DRG (N = 27 STATES/TERRITORIES)





We decided that it's best to [track LARC inventory and supplies using] a policy and procedure format, and to get together with the nurses and the providers and really hear from them as to how much of a challenge it will be to maintain the inventory on the [OB] ward. When I do the training with them, I really want to find out from them how they feel and get their input and buy in as to what they think would be best."

—IAC participant on ensuring an adequate stock of LARC devices



IMMEDIATE POSTPARTUM LARC REIMBURSEMENT AND INSERTION: BARRIERS AND PROMISING STRATEGIES

BARRIER

STRATEGY



Financial and stocking constraints.

One state **increased the DRG rate** for hospitals. Now, a large hospital in the state is using part of the gains from this DRG increase to purchase LARC devices for onsite stocking.



Lack of providers trained in immediate postpartum LARC insertion.

Many states are conducting **provider training** for immediate postpartum LARC insertion. A few states are using a pelvic model designed to mimic the postpartum uterus as an effective, hands-on training tool.



Lack of Medicaid agency leadership support.

Several states reported that it was important to **foster relationships** with key stakeholders to make progress in policy change and implementation.



Confusion about how hospitals stock LARC devices.

One state is **surveying hospitals** to learn more about relevant barriers and strategies for immediate postpartum LARC insertion at the facility level.

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