



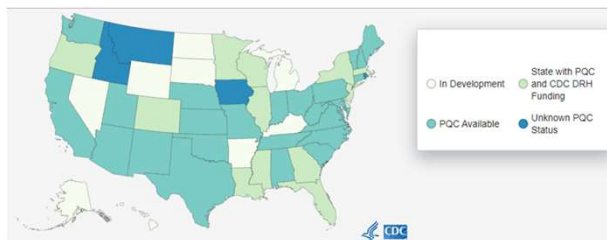
New Mexico Perinatal Collaborative: Immediate Postpartum LARC Initiative

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Legislative Health and Human Services Committee
October 22, 2019

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What is the NM Perinatal Collaborative?

- Non-profit organization, formed in 2014, convening a broad array stakeholders to make measurable improvements in statewide reproductive, maternal, and infant healthcare and health outcomes
- Stakeholders include healthcare providers, health systems, advocates, state agency partners, health professional associations, community members
- Member of the National Network of Perinatal Quality Collaboratives (NNPQC)



Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 6/10/19.

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NMPC Vision & Mission

The NM Perinatal Collaborative envisions statewide health equity through the provision of safe, high-quality, and respectful reproductive, maternity, and newborn care for New Mexico women and families.

The mission of the New Mexico Perinatal Collaborative is to convene stakeholders to achieve health equity through the promotion of evidence-based reproductive and perinatal health practices that

- ▶ Increase collaboration with communities and across healthcare disciplines
- ▶ Focus on quality improvement strategies
- ▶ Empower healthcare teams statewide to offer the highest quality perinatal care

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NMPC Initiatives to Date

- ▶ Alliance for Innovation on Maternal Health / Improving Perinatal Health ECHO Program
- ▶ Improve Care to Infants with Neonatal Opioid Withdrawal Syndrome (NOWS)
- ▶ **Immediate Postpartum (IPP) LARC Initiative**

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Immediately Postpartum: A Significant Opportunity to Address Family Planning Goals

- ▶ In first year postpartum, at least 70% of pregnancies are unintended
- ▶ 40-75% of people who intend to use an IUD postpartum do not obtain it
 - ▶ 10-40% do not attend a postpartum visit
- ▶ At least 1/3 of those desiring postpartum sterilization will not have it done
 - ▶ 47% of people who leave hospital without having a desired postpartum sterilization will be pregnant within 1 year
- ▶ *Short interval pregnancies represent an independent risk factor for preterm birth and adverse neonatal outcomes.*

ACOG Committee Opinion 670, August 2016.

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IPP LARC: What is it?

- ▶ Insertion of an IUD following the delivery of the placenta
- ▶ Insertion of a contraceptive implant at any point during the postpartum course prior to discharge home



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IPP LARC Initiative Components/Achievements

- ▶ IPP LARC Implementation Toolkit
- ▶ Hands-on clinical & administrative trainings in birthing hospitals
 - ▶ 6 hospitals trained to date
- ▶ On-going technical assistance to hospitals, clinicians
- ▶ Collaboration with Young Women United on non-coercive counseling training
- ▶ Collaboration with LMP to align inpatient and clinic-based training
- ▶ Presentations for conferences, Project ECHO programs, webinars
- ▶ Original member, LARC working group
- ▶ Program evaluation completed
- ▶ **Direct collaboration with HSD/Medicaid on implementation barriers**

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Revised Medicaid Billing Supplement

- ▶ Obtained feedback from hospitals on barriers to implementation based on 2013 billing supplement
- ▶ Presented findings to Medicaid leadership and consulted on remedies
- ▶ Facilitated health systems' vetting of revised billing mechanism
- ▶ New supplement released August 2019
- ▶ Training program to relaunch on October 25, 2019 at the NMPC/March of Dimes joint annual meeting



State of New Mexico
Medical Assistance Program Manual
Supplement



Date: August 13, 2019

Number: 19-09

TO: HOSPITALS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM
 FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION *NICOLE COMEAUX*
 SUBJECT: MEDICAID BILLING FOR LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) PRODUCTS PROVIDED IN AN INPATIENT SETTING

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) understands that when a Long-Acting Reversible Contraception (LARC) drug or device (contraceptive implant or intrauterine device (IUD)) is provided in an inpatient hospital setting, the Diagnosis-Related Group (DRG) rate does not provide any additional reimbursement to the hospital facility for the LARC item or its administration/insertion.

The Medicaid program covers long-acting birth control devices that are provided in a hospital setting within the delivery stay. To assure that reimbursement to hospitals that provide LARC on an inpatient basis is reasonable and adequate, MAD will allow hospital providers to bill and be paid for LARC services and devices separately, and in addition to, the inpatient hospital stay. The separation of reimbursement for LARC services and devices from the inpatient hospital stay applies to both the Medicaid fee-for-service (FFS) and Centennial Care programs.

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