

Addressing the Contraceptive Needs of Postpartum Women in Tennessee through a Collaboration with TennCare & TIPQC



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Objectives

Collaborate with TennCare on the Tennessee Initiative for Perinatal Quality Care (TIPQC) project for the implementation of a program that delivers long-acting reversible contraception (LARC) to women in the postpartum through TennCare and associated hospitals.

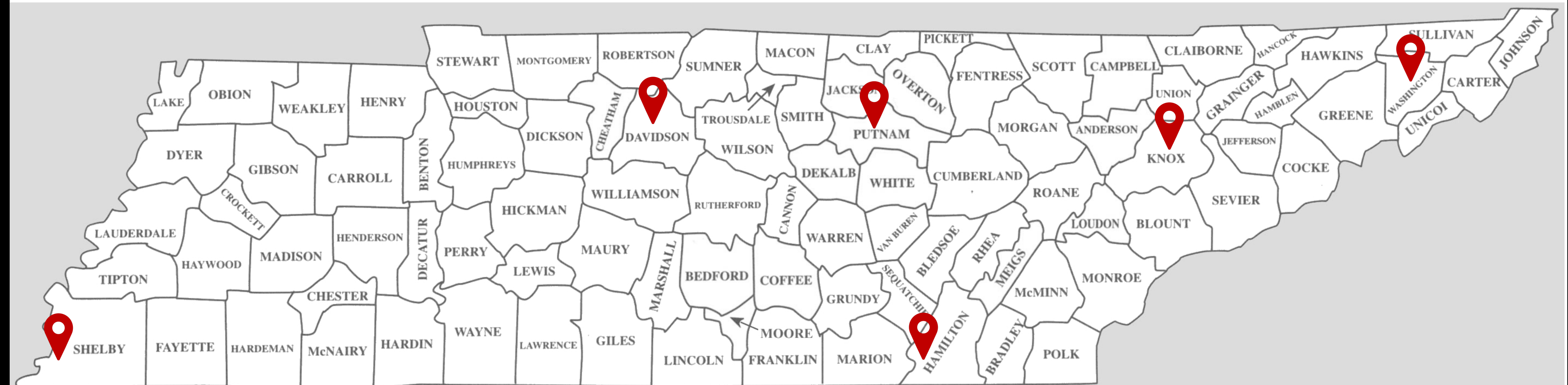
Background

- **Healthy People 2020 family planning objective:** reduce the proportion of short interpregnancy intervals by 10%.
- LARCs are covered under the Affordable Care Act (ACA) and Medicaid, but short interpregnancy intervals remain a public health issue.
- Postpartum women especially face a number of hurdles when it comes to accessing their contraceptive method of choice.

Structure

- TennCare changed its billing policy in September 2017 to allow for reimbursement of voluntary reversible long-acting contraceptives (VRLAC).
- New policy now allows providers to bill for the cost of the device and the insertion fee in addition to the global payment for labor and delivery.
- 6 hospitals have worked to implement the new policy.
- The 6 participating hospitals include:
 - Cookeville Regional Medical Center
 - Erlanger Health System
 - Johnson City Medical Center
 - Regional One Health
 - UT Medical Center
 - Vanderbilt University Medical Center

Location of Hospitals for Immediate Postpartum LARC (PPLARC) Project



Conclusions & Policy Implications

Key Findings

- Since the policy change in 2017, only 6 hospitals in Tennessee are providing postpartum women VRLAC devices.
- Many of the barriers that hospitals face when implementing this policy are related to:
 - Billing & Coding
 - EHR Systems
 - Education & Training of Providers and Hospital Staff
 - Team buy-in across hospital sectors and identification of project champions.

Policy Implications

- Ensuring accuracy in the billing processes for postpartum VRLAC is crucial to maintain provider and hospital buy in.
- Future medical school curriculums should work to include postpartum VRLAC insertion in order to reduce the current need for training around this skill.

Next Steps

- TennCare and TIPQC should continue to work in collaboration to monitor postpartum VRLAC implementation progress using TennCare claims data.
- More outreach and education should be given to providers and hospital staff in order to increase project participation.
- Providing project participants with better information and guidance regarding how to prepare for the billing process could help expedite the policy implementation once all else is in place.

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