





August 9, 2018

RE: Access to Immediate Post-partum Long-Acting Reversible Contraception (IPP LARC) in Tennessee

## To Whom it May Concern;

Voluntary long-acting reversible contraception (LARC) is a safe and effective birth control option for most women, including adolescents<sup>1</sup>. The long-term benefits of LARCs have been well documented and include the potential to reduce unintended pregnancies, short interval pregnancies, and abortions<sup>2</sup>. Nevertheless, women interested in choosing a LARC as their preferred method for birth control can face barriers to access. Offering LARC placement in the immediate post-partum period removes numerous barriers<sup>3</sup> and provides a safe and effective environment to maximize patient education and successful device insertion<sup>4</sup>. The American College of Obstetrics and Gynecologists (ACOG) recommends that counseling and offering of voluntary LARCs during the birth hospitalization be incorporated into all practices.

As you may know, in November 2017, TennCare and its Managed Care Organizations (MCOs) initiated a policy<sup>5</sup> that allowed separate reimbursement of all LARC devices (intrauterine and implant) that were placed during the birth hospitalization in addition to the labor and delivery (DRG) hospital stay payment. The physician's professional fee for LARC insertion is billed and paid for separately as well. Blue Cross Blue Shield State of Tennessee employee health plan implemented the same policy in March 2018. We are writing this letter to ask your organization to consider a similar evaluation of its payment policies regarding LARC access during the birth hospitalization. Given the success of unbundling payments by the TennCare MCOs, we are confident similar mechanisms could be valuable to your plans.

The University of Tennessee Medical Center in Knoxville (UTMCK) and Vanderbilt University Medical Center (VUMC) have operationalized these policy changes. Patients and providers at both centers have responded enthusiastically with notable utilization at both centers of post-partum LARC placement. The Tennessee Initiative on Perinatal Quality Care (TIPQC) is assisting other hospitals to offer this option through a state-wide quality improvement (QI) project. To date, six additional institutions are participating in the QI project to provide post-partum LARC access. Other institutions have expressed interest but believe more widespread commercial payer access would increase the feasibility of implementation.







Expanding coverage is supported by UTMCK, VUMC, TIPQC, TennCare, The Tennessee Department of Health, The Tennessee Hospital Association, patient advocacy groups, and Tennessee ACOG. We would welcome the opportunity to schedule a call or in-person meeting to further discuss post-partum LARC policies. Additionally, TennCare and its MCOs are available to provide guidance with technical and operational details for your consideration as well. We hope you will consider the importance and impact of payment policies that support increasing access to voluntary long-acting reversible contraception for the women of Tennessee.

Sincerely,

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Director, Division of Family Health and Wellness

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<sup>1</sup>https://www.acog.org/-/media/Committee-Opinions/Committee-on-Adolescent-Health-

Care/co735.pdf?dmc=1&ts=20180801T1517332842

Practice/co642.pdf?dmc=1&ts=20180801T1518098780

Women/co615.pdf?dmc=1&ts=20180801T1532036140

Practice/co670.pdf?dmc=1&ts=20180801T1516432528

<sup>5</sup>https://bluecare.bcbst.com/Providers/Coverage\_for\_Voluntary\_Reversible\_Long\_Acting\_Contraceptive\_Devices.pdf and https://bluecare.bcbst.com/Providers/Submitting\_Claims\_for\_Post\_Partum\_Voluntary\_Reversible\_Long\_Acting\_Contrace\_ptives.pdf

<sup>&</sup>lt;sup>2</sup>Shttps://www.acog.org/-/media/Committee-Opinions/Committee-on-Gynecologic-

<sup>3</sup>https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-

<sup>&</sup>lt;sup>4</sup>https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-