# New York: Preventing Unintended Pregnancy

Under the Centers for Disease Control and Prevention's (CDC) *6|18 Initiative*, the New York State Department of Health's (NYSDOH) Office of Health Insurance Programs (Medicaid) and the Division of Family Health (public health) worked to reduce the state's unintended pregnancy rate by increasing access to and utilization of effective or highly effective contraceptive methods — most notably, long-acting reversible contraceptives (LARCs), which include intrauterine devices and implants.

### NEW YORK KEY FACTS

- State population: **19.8 million**
- Medicaid population: **6.4 million**
- Medicaid enrollees in managed care: **78 percent**
- Unintended pregnancy rate among live births: **23.7 percent**

### New York's 6|18 Accomplishments

- ✓ **Amended State Medicaid Plan** to carve LARC payment out of federally qualified health center (FQHC) prospective payment system for Medicaid fee-for-service and managed care organizations (MCOs).
- ✓ **Identified provider champions** to inform provider education and outreach.
- ✓ **Promoted provider education resources** through a partnership with the American College of Obstetricians and Gynecologists District II.

Prior to joining CDC's 6|18 Initiative, New York made significant strides in reducing its unintended pregnancy rate and identifying opportunities to increase access to and utilization of LARC. For example, the New York State Department of Health Family Planning Program led a successful campaign to increase the percentage of female clients leaving a family planning service with an effective or highly effective contraceptive method. Effective April 2014, hospitals can bill Medicaid fee-for-service for the cost of LARC provided during a postpartum inpatient hospital stay separate from the inpatient claim. Effective May 2014, Medicaid managed care plans are encouraged to accommodate and promote coverage of LARC provided to women during their postpartum inpatient hospital stay.

## 6|18 Project Activities

New York's efforts under CDC's 6|18 Initiative built on the previous efforts to address unintended pregnancies mentioned above and included the following activities in 2016 and 2017:

- **Unbundling LARC reimbursement** from the FQHC prospective payment system (PPS) through a Medicaid State Plan Amendment;
- **Reimbursing for immediate postpartum insertion of LARC** by unbundling payment for LARC from other postpartum services; and
- **Increasing provider and Medicaid member knowledge and utilization** of contraceptive services through targeted communications efforts.

Specific activities undertaken by the New York 6|18 team include:

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## 1. Reimbursing for LARC in FQHCs

New York sought to increase comprehensive LARC access through FQHCs by separating the cost of a LARC insertion from FQHCs' standard prospective payment system rate. Existing New York State policy did not allow FQHCs to bill for LARC devices outside of their PPS rate; however, the devices' high cost made providing LARCs under this payment mechanism a significant financial burden for FQHCs. The NYSDOH requested a State Plan Amendment to allow FQHCs to be paid for the actual acquisition cost of the LARC device in addition to the PPS rate. The Centers for Medicare & Medicaid Services approved the State Plan Amendment for this payment change in April 2016.

## 2. Reimbursing for Immediate Postpartum LARC

The 2016-17 New York State Executive Budget included an initiative for the comprehensive coverage of LARC. Effective September 2016, the Department of Health requires Medicaid managed care plans to implement mechanisms to pay hospitals for immediate postpartum LARC separately from reimbursement for the inpatient stay. This policy change aims to incentivize providers to offer women the option of a LARC placement immediately after delivery and prior to hospital discharge.

## 3. Engaging Providers and Raising Consumer Awareness

New York identified significant barriers related to provider knowledge and use of LARC, including the need to:

- Train providers on how to provide effective contraceptive counseling in the prenatal period and insert LARC following a delivery;
- Educate providers on how to identify women at high risk for closely spaced pregnancies; and
- Address provider reluctance to using LARC and incorrect assumptions about using LARC immediately postpartum.

New York's 6|18 team aimed to address these barriers — and highlight the new Medicaid payment policies noted above — through use of provider champions and development of a targeted provider education campaign with the American College of Obstetricians and Gynecologists (ACOG). The state identified two champions who engaged MCOs in their service areas around LARC reimbursement prior to the policy changes and worked with them to identify and develop provider outreach strategies. Strategies include offering contraceptive counseling upon admission to labor and delivery, stocking LARC devices on the labor and delivery floor, and ensuring that nurses talk to patients about contraception.

New York had already been raising consumer awareness around contraceptive decision-making in their Title X Clinics for many years. CDC's 6|18 Initiative provided further opportunities to engage even more women through existing initiatives and relationships. For example, the NYSDOH partnered with the local ACOG chapter to develop provider promotional materials on LARC that reinforce preconception health and contraceptive counseling messages and strategies. These materials included a Contraceptive Counseling and Reproductive Life Planning Algorithm fact sheet that supports community health workers' efforts to promote appropriate birth spacing and the selection of an effective contraceptive method. Additional materials were designed to dispel LARC myths and misconceptions and provide links to online LARC resources. The ACOG materials were distributed to the full ACOG District II membership and to community health workers, family planning program providers, and home visiting programs.

### STATE SPOTLIGHTS: MEDICAID-PUBLIC HEALTH COLLABORATION IN CDC'S 6|18 INITIATIVE

This series of profiles, developed by the Center for Health Care Strategies and made possible by the Robert Wood Johnson Foundation, showcases how state Medicaid and public health departments are using the Centers for Disease Control and Prevention's (CDC) *6|18 Initiative* to accelerate the adoption of evidence-based prevention efforts focused on improving health outcomes and controlling health care costs. The CDC's *6|18 Initiative* links proven prevention activities to health coverage and delivery with a focus on six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and diabetes. For more information, visit www.618resources.chcs.org.