Billing & Coding for Immediate Postpartum LARC

July 16, 2018
12:00 – 1:00 PM
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance.
Tips for Accessing WebEx

• You must manually add the meeting to your calendar
• WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Add to calendar by clicking either of these options

Call-in info
ACOG IPLARC Training

• July 30, Northwestern, Chicago, IL
• Approx. 4-hour training for nurses, providers, lactation consultants.
• Training will cover:
  – Capacity building
  – Contraceptive counseling
  – Insertion training (train the trainer)
• Each team should have at least one representative(s) attend one of the two trainings (ideally a nurse and provider from each team).

**REGISTER TODAY TO PARTICPATE IN THIS AMAZING OPPORTUNITY!**
Call Overview

- Team survey results: getting started with billing/coding?
- Support from ILPQC
- South Carolina Inpatient LARC Experience, Amy Crockett, Univ. of South Carolina Greenville
- IP LARC Billing: Edna Canas, IL Healthcare and Family Services (HFS)
- Team Talk: UI Health
- Billing/Coding Tip Sheet from ILPQC
- Getting started using data to drive your QI work
  - IPLARC Data Form and Data Training Calls
IPLARC Initiative Goals

Support birthing hospitals that provide contraception at the hospital level to implement best practice protocols.

Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies.
**This month’s topic: Billing/Coding**

**Aim**
- Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARC.

**Primary Drivers**
- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

**Secondary Drivers**
- Create order set for IPLARC
- Develop billing mechanism in place for Medicaid and private insurance
- Educate clinicians and staff on evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion
- Educate providers and staff on IPLARC documentation procedures
- Add devices to formulary
- Revise policies/procedures to provide IPLARC
- Assure devices/kits available on all OB/postpartum units in timely manner

**Recommended Key Practices**
1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance.
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner.
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.
13 Practice Changes for IPLARC Success – Pre-implementation

1. Assure early **multidisciplinary** support by educating and identifying **key champions in all pertinent departments for your IPLARC QI team**.

2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps**.

3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).

4. **Expand pharmacy/inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.

5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).

6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).

7. **Modify L&D, OB OR, postpartum, and clinic work flows** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).
Where are teams at with billing/coding?

*15 teams reporting

**Inpatient Billing Codes Developed**

- IUD only: 27%
- Implant only: 7%
- IUD & implant: 7%
- None: 53%

**Billed for IPLARC**

- Yes - Medicaid only: 20%
- Yes - private payers only: 0%
- Yes - Medicaid and private payers: 7%
- No: 67%
- Unsure: 7%

**Received reimbursement for IPLARC**

- Yes, from Medicaid: 8%
- Yes, from private payers only: 0%
- Yes, from private payers & Medicaid: 0%
- No: 0%
- Unsure: 27%
- We haven't billed for or placed any LARC devices: 66%
ILPQC Team Support Tools in Development

- **Key Players Meetings** – ILPQC is developing content for meetings with key stakeholders and will be able to conduct in-person meetings at your hospital with your team, administration, all key departments needed for IPLARC implementation. [Sign-up form available here.](#)

- **CEO/Administrator Packet for Buy-In** – ILPQC is creating a packet for teams to share with hospital CEOs/Administrators to help with IPLARC buy-in.

- **Billing/Coding Calls** – We’ll address billing/coding on today’s call with an [additional QI Topic Call](#) for billing/coding professionals discussion and questions on July 30 from 3-4.
Key Players Meeting Materials

• Brief presentation from ILPQC Central (Danielle Young/Autumn Perrault) and clinical partner with expertise in IPLARC implementation.

• Distribute CEO/Administrator packet (details provided on next slide).

• Meetings tailored to hospital based on IPLARC Wave 1 Teams Survey feedback to help teams overcome barriers and move implementation forward, provide assistance on next steps and review of steps needed across work areas to achieve implementation success.
CEO Administrator Packet

- Packet will include:
  - IDPH letter encouraging all IL birthing hospitals to participate in IPLARC
  - Medicaid announcement describing how to bill / code for IPLARC
  - IPLARC Factsheet – in development
  - ACOG Committee Opinion on IPLARC
  - Educational material for patients and providers
Billing/Coding QI Topic Call

• **Monday, July 30, 3-4PM**
• This is a second opportunity to discuss billing/coding related questions and to learn from Medicaid representatives, state leaders, and hospital teams
• Click link above to join webinar at scheduled data and time
IPLARC Toolkit Sections

- Introduction
  1. Initiative Resources
  2. National Guidance
  3. Documentation of IPLARC Placement
  4. **Coding/Billing Strategies**
  5. Stocking IPLARC in Inpatient Inventory
  6. Example Protocols
  7. Referral Strategies for Providing Immediate Post-Discharge LARC
  8. Provider & Nurse IPLARC Education
  9. Patient Education
  10. Other IPLARC Toolkits
Coding/Billing Strategies

- HFS Guidance and ACOG Guidance for Coding/Billing
- Contact info for Medicaid Medical directors
Toolkits are live on ilpqc.org!

IPLARC Toolkit

1. Initiative Resources
   a. 10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative
   b. IPLARC 6 Key Opportunities for Improvement
   c. 13 Practice Changes for IPLARC Success
   d. Immediate Postpartum LARC Aims and Measures
   e. Immediate Postpartum LARC Data Form
   f. Immediate Postpartum LARC Key Drivers Diagram
   g. Immediate Postpartum LARC Wave 1 Teams Survey
   h. Plan-Do-Study-Act Worksheet
   i. Example Process Flow Diagram (page 7)

2. National Guidance: ACOG Committee Opinions

3. Documentation of IPLARC placement in IT/EMR systems

4. Coding/billing strategies for reimbursement of IPLARC

5. IPLARC devices stocked in inpatient inventory

6. Example protocols for IPLARC placement for labor and delivery and postpartum units

7. Referral strategies for providing Immediate Post-Discharge LARC (Interval LARC)

8. Provider & nurse education on IPLARC evidence, protocols, and counseling

9. Patient education materials for affiliated prenatal care sites & during delivery admission

10. Other IPLARC Toolkits/Resources

The resources provided in this toolkit are examples, for informational purposes only and not meant to be prescriptive. The exclusion of a resource, program or website does not reflect the quality of that resource, program or website. Note: website and URLs are subject to change.

Sign Up for ILPQC Email Updates
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E-mail: 
The South Carolina Inpatient LARC Experience

Dr. Amy H. Crockett, MD, MSPH
Associate Professor
Maternal Fetal Medicine
Department of Obstetrics and Gynecology
The University of South Carolina Greenville
Number of women with inpatient LARC insertion for SC Medicaid

- 2012: 89
- 2013: 250
- 2014: 819
- 2015: 1138
- 2016: 1490
- 2017: 1780

117% increase
7.1% of all deliveries
Lessons Learned

"I don't get it — Why can't you learn from your mistakes?"

"Too much information!"
Develop clinical pathways with physicians and nurses

- Physicians need buy-in and often training

- Nursing and lactation consultants may have limited experience with LARC
  - Include outpatient and inpatient care teams

- Develop counseling, consent and insertion procedures
Build administrative support and infrastructure

– Convene physician and nursing leadership with administrators from billing and pharmacy

– Build pathways for billing and coding, likely including new order sets for the EMR

– Develop procedures with the pharmacy for stocking LARC devices so they are easily accessible
• Collaboration with billing staff to ensure payments are being received for claims submitted

• Work with the Medicaid agency to respond to price changes in LARC devices

• Monitor the proportion of women receiving LARC
LARC Billing

Edna Canas
July 16, 2018
Hospital Billing and Reimbursement for Immediate Postpartum LARCs

- 7/1/15 effective date
- Practitioner bills for the service
- Hospital bills for the device.
  - Bill the device code
  - Use the appropriate ICD-10 dx
  - Inpatient Place of Service (POS) code, 21
Keep Informed

- **Sign up** to receive electronic notification of new information.
- **Notices** change
- **Handbooks** change (Section 202.1.4)
  - Chapter 200, Handbook for Practitioners
- **Fee Schedules**
  - Practitioner
If in MCO – Bill MCO and follow MCO Billing Guidelines.

If not in MCO – Bill HFS

Use MEDI to verify eligibility – www.myhfs.illinois.gov
Use MEDI to verify claim status–
www.mychfs.illinois.gov

- P1 – Pending Approval
- P2 – Pending denial
- F1 – Approved
- F2 – Denied
  - Paper Remittance Advice
  - Fix Error and Rebill
  - Call a Medical Assistance Consultant (MAC) for assistance
Use MEDI to submit a claim –
www.myhfs.illinois.gov
Basic Guidelines

- 180 day timely filing limit from DOS
  - Few exceptions
- Use the correct procedure code & NDC
- Use the correct form – 837P or paper HFS 2360
- Use the correct diagnosis code
- Use the correct POS – 21
- Use the correct NPI – Hospital FFS
- Follow instructions
LARC Billing = 837P

- Use the Hospital FFS NPI linked to the “401” legacy provider number.

- Bill on the electronic 837P (Professional Claim)
  - This is the only time the P is used to bill inpatient.

- Paper HFS 2360 (not the UB and not the 1500)

- Need help – call the Professional NIPs MACs
Hospitals

- Bill for the Device
- Use current code & NDC
  NDC Guidelines: Appendix A-8
- Use Hospital FFS NPI
- POS 21
Practitioner

- Bills for the insertion
- Use Practitioner NPI (Section 202.1.4) for the professional services of salaried practitioners unless the salary is included in the hospital’s cost report. If it is included in the cost report for direct patient care, do not bill the services because they are included in the hospital’s reimbursement.
Reimbursement Rate

- The lesser of State Max rate on Practitioner Fee schedule or Provider Charge

- 340B Provider – bill the Actual Acquisition Cost of the device + $35 dispensing fee
  - UD Modifier Required

- SMART Act 2.7% Reduction
Fee Schedule

- Codes - rate effective on the date of service
- State Max Rates
- Special Billing Instructions
- Practitioner Fee Schedule has LARC codes
- Practitioner Key – Note U
Practitioner

2018 Fee Schedule

Downloadable Information

- Practitioner Fee Schedule updated 06/23/18 (pdf)
- Practitioner Fee Schedule updated 04/20/18 (xls)
- Practitioner Fee Schedule updated 03/06/18 (xls)
- Practitioner Fee Schedule Key (pdf) updated 03/31/17
- Modifier Listing updated 01/01/2017 (pdf)
- Lab Rates (pdf)
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<td>Y</td>
<td>N</td>
<td>192.81</td>
<td>192.81</td>
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<tr>
<td>Note</td>
<td>The $35.00 dispensing fee is allowed to 340B providers on codes where the “U” is present in the Note column on the Practitioner Fee Schedule. Add $35.00 to the Actual Acquisition Cost in the provider charge when billing a 340B family planning drug. The “UD” modifier is required when billing 340B drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use Correct Form

- **HFS 2360** (HFS proprietary form)
- 837 P (Professional)
- Do not use the 1500, UB, or 837I
837P

- Bill the device
  - MEDI – DDE, direct data entry
  - Batch

- Place of Service – Inpatient, code 21

- Facility Name

- NDC
Common Errors -

- **D37 ERROR** – FACILITY NAME REQUIRED
  - Any POS other than office

- **C17 ERROR** – ILLOGICAL POS

- [Error Code Listing](#)
Provider Handbooks

The intent of Provider handbooks is to furnish Medicaid providers with policies and procedures needed to receive reimbursement for covered services, funded or administered by the Illinois Department of Healthcare and Family Services, which are provided to eligible Illinois Medicaid participants. The handbooks provide detailed descriptions and instructions about covered services as well as billing instructions.

Providers are responsible for compliance with all policy and procedures contained herein.

Chapter 100 contains general policy, procedures and appendices applicable to all participating providers.

Chapter 200 contains specific policy, procedures and appendices applicable to the provision of a specific type of provider or category of service (specialty/subspecialty).

Chapter 300 - Companion Guide Information contained in Chapter 300 is a supplement to the X12 (5010) or NCPDP (5.1 or 1.1 batch) Implementation Guides. This handbook contains the companion guides for all providers who will be submitting X12 or NCPDP electronic transactions to the department.

Managed Care Manual - This manual contains helpful information regarding the Medicaid managed care program for providers enrolled in Medicaid.

Additional Resources for Providers
- TPL Code Directory (pdf)
- PBM-TPL Code Directory (xls)
- Error Codes (xls)
Assistance

- 877-782-5565
  - Provider Enrollment – Option 1
  - Hospital Inpatient/APL Billing – Option 4, Option 1
  - Hospital FFS billing – Option 4, Option 9

- 800-226-0768
  - Client Hotline

- ILPQC
ILPQC Immediate Postpartum LARC Billing/Coding

Jamie Paek, PharmD
Associate Director, Medication Use Policy & Pharmacy IT, University of Illinois Hospital & Health Sciences System (UI Health)
Clinical Assistant Professor, UIC College of Pharmacy
UI Hospital and Clinics

• Tertiary care, academic teaching hospital
  – 465 bed State hospital for Illinois, Disproportionate share hospital (DSH), Outpatient Care Center/23 clinics (with subspecialties), Mile Square Federally Qualified Health Center (FQHC)

• Perinatal care units
  – 8 LD suites, 5 triage rooms, 2 OR suites, 12 Antepartum suites, 24 Postpartum units

• FY17 statistics
  – Medicaid 8.5%, Medicaid MCO 23.4%
  – 2,341 Births, 1,773 Newborns
IPP LARC Team Members

• Current team members
  – Physician champion, nurse champion, pharmacist champion, patient accounts/finance specialist, managed care office

• Acknowledge the 3 original champions
  – Autum Davidson, MD, Sadia Haider, MD, Rebecca Stone, PharmD
IPP LARC Billing Instructions

Billing Instructions
In order for the hospital to receive reimbursement for the LARC device:

- A practitioner must order the device and document the insertion procedure in the hospital’s medical record as well as the practitioner’s medical record.
- The hospital must use its fee-for-service NPI to bill the appropriate device or implant on the HFS 2360 paper claim form or electronically via the 837P claim transaction.
- The hospital must identify the NDC for the specific device or implant following the guidelines posted in Chapter A-200, Handbook for Practitioners Rendering Medical Services, Appendix A-6.
- The hospital must use the appropriate family planning ICD-9-CM diagnosis code (or upon implementation, ICD-10-CM) on this claim.
- The Place of Service should be designated as Inpatient on the claim.

Practitioners not salaried by the hospital may bill the appropriate Current Procedural Terminology (CPT) code for the LARC insertion in addition to their delivery charges.
IPP LARC Billing & Coding

- Update OB/L&D Ordersets with LARC orders
- Documentation example for procedure and location in EHR
- Pharmacy CDM updated
- Document procedure code
- Billing rule to separate out LARC charge on 2360 (837P), change from outpatient to inpatient
Next?

• Continue to monitor reimbursement and address issues to ensure payment
• Initiate discussion with other payers to follow medicaid policy to reimburse separately for immediate postpartum LARC
• Update and educate new providers with clinical care guideline: Long Acting Reversible Contraception Initiation Immediately Postpartum
BILLING/CODING TIPS
# Billing Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Yes, completed</th>
<th>No, not completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device ordered and documented in medical record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device scanned into MAR and documented by nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device inserted and documented in medical record</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Practitioner not salaried by hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate CPT code billed in addition to delivery charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practitioner’s individual NPI was used</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To be completed by all</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device or implant was billed via either</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) HFS 2360 paper claim form, or,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Electronically via the 837P claim transaction form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital’s fee-for-service/facility NPI was used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim identified the appropriate NDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate J-code was billed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate ICD-10 code was included on the claim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of service (POS) was designated as “in-patient hospital” on the claim</td>
<td></td>
<td></td>
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</table>
Medicaid Claims - Tips/Tricks

• If possible, bill electronically and do not use paper forms due to current processing delays.

• Check claim status regularly in MEDI to identify issues early:
  – Claim status available within 72 hours
  – 999 code = claim received
  – 999 code appears twice (once within 72 hours and a second 24 hours after the first) = claim failed

• You have up to 180 days from date of service to submit the claim to Medicaid.

• Look for patterns in rejected claims.
### IPLARC Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description of what you did</th>
<th>HCPCS – J Code</th>
<th>Brand Name</th>
<th>Description</th>
<th>NDC Number</th>
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<tbody>
<tr>
<td>58300</td>
<td>Insertion of IUD (append modifier 53 if insertion FAILED)</td>
<td>J7296</td>
<td>Kyleena</td>
<td>Levonoresterel-releasing intrauterine contraceptive, 19.5 mg</td>
<td>5041942401</td>
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<tr>
<td>11981</td>
<td>Insertion of non-biodegradable drug delivery implant (append modifier 53 if insertion FAILED)</td>
<td>J7297</td>
<td>Lilleta</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 3yr</td>
<td>00023585801</td>
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<td></td>
<td></td>
<td>J7298</td>
<td>Mirena</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 5yr</td>
<td>50419042101 50419402301</td>
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<tr>
<td></td>
<td></td>
<td>J7300</td>
<td>Paragard</td>
<td>Intrauterine copper contraceptive</td>
<td>51285020401 51285020402</td>
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<td></td>
<td>J7301</td>
<td>Skyla</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg</td>
<td>50419042201</td>
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<tr>
<td></td>
<td></td>
<td>J7307</td>
<td>Nexplanon</td>
<td>Etonogestrel implant system, including implant and supplies</td>
<td>00052433001 00052027401</td>
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</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description of why you did the insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.018</td>
<td>Encounter for initial prescription of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.014</td>
<td>Encounter for insertion of intrauterine contraceptive device (IUD)</td>
</tr>
<tr>
<td>Z30.430</td>
<td>Encounter for initial prescription of other contraceptives (IMPLANT)</td>
</tr>
</tbody>
</table>
GETTING STARTED USING DATA TO DRIVE YOUR QI WORK
# Aims and Measures

## Overall Initiative Aim

Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARC.

## Structure Measures

- IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation
- Coding / billing strategies in place for reimbursement for IPLARC
- IPLARC devices stocked in the inpatient pharmacy
- IPLARC protocols in place for labor and delivery and postpartum units
- Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling including IPLARC
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

## Process Measure

Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement

## Outcome Measure, among participating hospitals

By increasing access to IPLARC, increase in utilization of IPLARC

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*Protocols include the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC
Timeline for REDCap Data Form Implementation and Data Entry

- Data Form Testing in REDCap by ILPQC: June/July 2018
- Data Form Launch in REDCap: Week of July 16
- Teams complete data entry for April – August 2018 by: August 31, 2018
Real-time web based dashboard and reports in development for launch this summer to look at your IPLARC progress over time and in comparison to other hospitals.
Login and go to “My Projects” Tab.
REDCap Access

• Please register team members who will need access to REDCap through the sign up form
• The form can be accessed here: https://goo.gl/forms/BlgEFyLdwpalVWkq2
• Registration for access to the IPLARC form is required even if team member has participated in past ILPQC QI Initiatives

**NOTE:** Hospital IDs will remain the same from HTN and MNO initiatives. Danielle will email teams to confirm Hospital ID
REDCap Data Entry Training

• Sign up for one of two training sessions:
  – **Thursday, July 19, 12-1PM**
  – **Wednesday, July 25, 12-1PM**

• All teams should have at least one representative attend the training
Data and Reports

• Please enter data going back to April 2018 – present, continuing to enter monthly data throughout the initiative
• Data due the 15th of the following month of data collection (i.e., September 2018 data due October 15, 2018).
• Please submit April – July data by August 31, 2018
• Reports are scheduled to go live late August/ early September
UPCOMING EVENTS
# IPLARC Monthly Webinars

**NEW DATE/TIME** 3rd Monday of the month from 12-1PM

<table>
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<th>Proposed IPLARC Monthly Webinar Topics</th>
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<tr>
<td><strong>April 9</strong></td>
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<tr>
<td><strong>May 14</strong></td>
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<td><strong>June 18</strong></td>
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<td><strong>July 16</strong></td>
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<td><strong>October 15</strong></td>
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<td><strong>November or December</strong></td>
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Archived ACOG LARC Webinars

- View offerings including recent webinar on IPLARC Implementation here:
  https://www.acog.org/LARCwebinars

Immediate Postpartum LARC Implementation:
Systems and Sustainability
Presented by
Lisa Hofler, MD, MPH, MBA
Thursday July 12th 2018 | 3-4pm ET
Register at www.acog.org/LARCwebinars

According to ACOG guidance, “Obstetrician-gynecologists, other obstetric care providers, and institutions should develop the resources, processes, and infrastructure, including stocking LARC devices in the labor and delivery unit and coding and reimbursement strategies, to support immediate LARC placement after vaginal and cesarean births.” However, the development of such systems and infrastructure can often present numerous challenges which ultimately limit access to IUDs and contraceptive implants in the immediate postpartum period.

This webinar will explain the stages of implementation for immediate postpartum long-acting reversible contraception programs, from exploration through installation, initial implementation, and full implementation. Clinician training, patient-provider communication, installation timing, supply chain aspects, and billing and coding approaches of successful immediate postpartum LARC programs will all be addressed.

Upon completion of the webinar, participants will be able to:

- Identify clinical knowledge and technical skills gaps for immediate postpartum LARC provision and know approaches and resources for overcoming those gaps
- Describe and troubleshoot billing, coding, and payment barriers to receiving reimbursement for immediate postpartum LARC
- Identify clinical, administrative, payment, and other stakeholders whose involvement is fundamental to the success of immediate postpartum LARC programs

Lisa Hofler, MD, MPH, MBA serves as Assistant Professor in the Department of Obstetrics and Gynecology, Division of Family Planning, at the University of New Mexico.

Free and open to all, ACOG membership not required.

ACMG Accreditation
The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credit(s)?
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College Cognate Credit(s)
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 1 Category 1 College Cognate Credit. The College has a reciprocity agreement with the GMS, that allows AMA PRA Category 1 Credit(s)™ to be equivalent to College Cognate Credits.
SAVE THE DATE
ILPQC 6th Annual Conference
Monday, November 5, 2018
Westin Lombard
Q&A

• Ways to ask questions:
  – Raise your hand on Adobe Connect to ask your question by phone
  – Post a question in the Adobe Connect chat box
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org