MEASURE CCW: CONTRACEPTIVE CARE – ALL WOMEN AGES 15–44

HHS Office of Population Affairs

A. DESCRIPTION

Among women ages 15 to 44 at risk of unintended pregnancy, the percentage that:

1. Were provided a most effective or moderately effective method of contraception.

2. Were provided a long-acting reversible method of contraception (LARC).

The first rate is an intermediate outcome measure, and it is desirable to have a high percentage of women who are provided the most effective or moderately effective contraceptive methods. A state should exercise caution in using this measure for payment purposes, because performance on this measure is a function of a woman's preferences. The goal is to provide an indicator for states to assess the provision of most or moderately effective contraceptive methods within the state, and see where there is room for improvement. The second rate is an access measure, and the focus is on making sure that women have access to LARC methods.

Data Collection Method: Administrative

Guidance for Reporting:

- The Contraceptive Care – All Women measure is stratified into two age groups: ages 15 to 20 and ages 21 to 44.

- Two rates will be reported – one for the provision of most or moderately effective methods and one for provision of LARC.

- The measurement year is calendar year 2018. There is no lookback period for this measure to determine if there was a previous sterilization, LARC insertion, or other contraceptive method provided prior to the measurement year.

- Include all paid, suspended, pending, and denied claims.

- A secondary data source, such as the National Survey of Family Growth (NSFG) can be used to interpret the results of this measure. For more information, see Section E, "Additional Notes".

- The codes used to calculate this measure are available in Tables on OPA's website: https://opa.hhs.gov/claims-data-sas-program-instructions.

- Contraceptive surveillance codes can be used to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system; in other words, contraceptive surveillance codes are not used for the initial prescription or provision of a contraceptive method. Contraceptive surveillance codes are included in the first rate for most or moderately effective contraceptive provision numerator because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, ICD-10-PCS, and NDC. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. DEFINITIONS

Term	Definition
Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants or intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2018.

C. ELIGIBLE POPULATION

Population Characteristic	Criterion
Age	Women ages 15 to 44 as of December 31 of the measurement year.
Continuous enrollment period	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e. a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical or Family Planning Only Services.
Event/diagnosis	At risk of unintended pregnancy.

D. ADMINISTRATIVE SPECIFICATION

Denominator

Follow the steps below to define the denominator:

Step 1

Identify all women ages 15 to 44.

Step 2

Define the denominator by excluding women not at risk of unintended pregnancy because they:

- Were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy. To do this, use the codes listed in the Infecund table.

- Had a live birth in the last 2 months of the measurement year because there may not have been an opportunity to provide them with contraception. A two-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a postpartum visit by 6 weeks, and an additional 2 weeks was added to allow for reasonable delays in attending the postpartum visit. To identify live births, use the codes listed in the Live_birth table.

- Were still pregnant at the end of the year because they were pregnant (Pregnancy table) but did not have a pregnancy outcome code indicating a non-live birth (Non-live_birth table) or a live birth (Live_birth table).

Once the exclusions are applied, the denominator includes women who were:

- Not pregnant at any point in the measurement year.

- Pregnant during the measurement year but whose pregnancy ended in the first 10 months of the measurement year, since there was adequate time to provide contraception in the postpartum period.

- Pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.

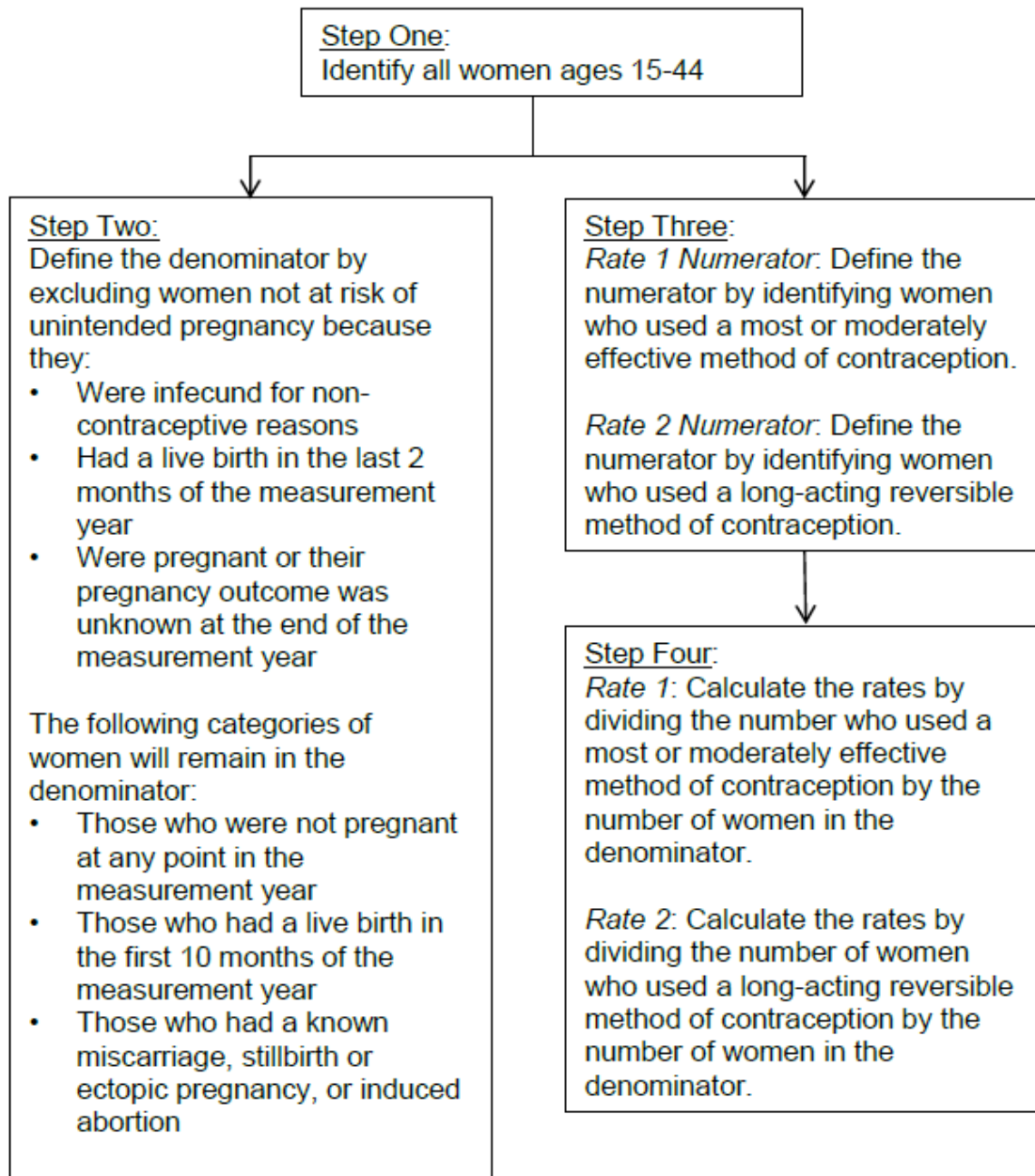All code tables used in the calculation of the denominator are available at: https://opa.hhs.gov/claims-data-sas-program-instructions

Figure CCW-A provides a flowchart for implementing these exclusion and inclusion categories.

(continued on next page)

Figure CCW-A. Measure Flowchart

Step One:
Identify all women ages 15-44

Step Two:
Define the denominator by excluding women not at risk of unintended pregnancy because they:
- Were infecund for non-contraceptive reasons
- Had a live birth in the last 2 months of the measurement year
- Were pregnant or their pregnancy outcome was unknown at the end of the measurement year

The following categories of women will remain in the denominator:
- Those who were not pregnant at any point in the measurement year
- Those who had a live birth in the first 10 months of the measurement year
- Those who had a known miscarriage, stillbirth or ectopic pregnancy, or induced abortion

Step Three:
Rate 1 Numerator: Define the numerator by identifying women who used a most or moderately effective method of contraception.

Rate 2 Numerator: Define the numerator by identifying women who used a long-acting reversible method of contraception.

Step Four:
Rate 1: Calculate the rates by dividing the number who used a most or moderately effective method of contraception by the number of women in the denominator.

Rate 2: Calculate the rates by dividing the number of women who used a long-acting reversible method of contraception by the number of women in the denominator.

Numerator for Rate 1

The eligible population provided a most or moderately effective method of contraception.

Step 3

Define the numerator by identifying women who were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception in the measurement year. To do this, use the codes in the Sterilization, IUD, Implant, Injectable, Oral_pill, Patch, Ring, Diaphragm tables.

Step 4

Calculate the rates by dividing the number of women who were provided a most or moderately effective method of contraception by the number of women in the denominator.

All code tables used in the calculation of the numerator are available at: https://opa.hhs.gov/claims-data-sas-program-instructions.

Numerator for Rate 2

The eligible population that was provided a LARC method.

Step 3

Define the numerator by identifying women who were provided a LARC in the measurement year. To do this, use the codes in the LARC table.

Step 4

Calculate the rates by dividing the number of women who were provided a LARC by the number of women in the denominator.

All code tables used in the calculation of the numerator are available at: https://opa.hhs.gov/claims-data-sas-program-instructions.

E. ADDITIONAL NOTES

Stratification of the results by category of Medicaid eligibility (e.g., family planning waiver vs. other Medicaid eligibility) is recommended for interpretation. A secondary data source, such as the National Survey of Family Growth (NSFG) or the Behavioral Risk Factor Surveillance System (BRFSS) should be used to interpret provision of most and moderately effective contraceptive methods. Secondary data sources may be used to interpret the results for the general Medicaid population. However, the results for the family planning waiver recipients do not need to be adjusted with secondary data as the vast majority of clients who receive services from these programs are seeking contraceptive services and should therefore be considered at risk of unintended pregnancy.

The ideal denominator for a clinical performance measure of contraceptive services is all women at risk of unintended pregnancy (i.e., who are fecund, are not pregnant or seeking pregnancy, and have ever had sex). However, it is not possible to identify this population with existing claims data because there are no codes for a woman's pregnancy intention or history of sexual activity. Further, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) preceding the measurement year. These limitations can be offset by using estimates from secondary

survey data to help interpret the measure's results and to set better understand the limitations of claims data.

NSFG is a national survey that gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. It is conducted by CDC's National Center for Health Statistics and generates a nationally representative sample of women and men ages 15 to 49. Approximately 5,000 individuals are interviewed each year, and updated data files are released every two years. This survey can be used to identify the portion of beneficiaries that are not at risk of unintended pregnancy because they never had sex, are infecund, or are trying to get pregnant. This information can then help determine the population at risk for unintended pregnancy to provide context for measure performance. For more information about the NSFG, see: http://www.cdc.gov/nchs/nsfg.htm.

BRFSS is a national telephone survey that collects data about health-related risk factors, chronic health conditions, and use of preventive health services. For more information about the BRFSS, see: https://www.cdc.gov/brfss/index.html.

Refer to "Interpreting Rates for the Contraceptive Care Measures - PDF," for examples of how to interpret performance results on this measure: https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf.