

## Contraceptive Care – Most and Moderately Effective Methods

### Metric Information

**Metric description:** Percent of female Medicaid beneficiaries 15-44 years of age at risk of unintended pregnancy that are provided a most effective (i.e., sterilization, implants, intrauterine devices or systems [IUD/IUS]) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved method of contraception.

**Metric specification version:** U.S. Department of Health and Human Services, Office of Population Affairs FY2018 Specifications.

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounters and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/data-and-measurement/index.html>

### DSRIP Program Summary

**Metric utility:** ACH Project P4P  ACH High Performance  DSRIP statewide accountability

**ACH Project P4P – Metric results used for achievement value:** Submetrics results reported for two age groups: 15-20 years and 21-44 years. This metric is part of the Contraceptive Care bundle. All metrics/submetrics in the Contraceptive Care bundle will be assessed. The submetric with the most progress towards the improvement target will determine the final achievement value for the Contraceptive Care bundle.

**ACH Project P4P – improvement target methodology:** improvement over self (1.9% improvement over reference baseline performance).

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

### DSRIP Metric Details

Eligible Population	
Age	15 – 44 years. Age is as of the last day of the measurement year.
Gender	Female.

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Minimum Medicaid enrollment	Measurement year. Continuous enrollment is required.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of the measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

### Denominator:

*Data elements required for denominator:* Female, Medicaid beneficiary, aged 15-44 as of the last day of the measurement year who are:

- 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 would then be adequate time to provide contraception in the postpartum period; OR
- Pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Female, Medicaid beneficiaries, aged 15-44 as of the last day of the measurement year who are not at risk of unintended pregnancy because they:
    - Were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy;
    - Had a live birth in the last two months of the measurement year because there may not have been an opportunity to provide them with contraception. A two month time period was selected because the American College of Obstetricians and Gynecologists recommends having a postpartum visit by six weeks. An additional two weeks were added to allow for reasonable delays in attending the postpartum visit;
    - Were still pregnant at the end of the year because they were pregnant but did not have a pregnancy outcome code indicating a live or non-live birth.

*Deviations from cited specifications for denominator.*

- OPA specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

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### **Numerator:**

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

#### *Data elements required for numerator.*

- Female, Medicaid beneficiaries, aged 15-44 as of the last day of the measurement year who were provided an FDA-approved most or moderately effective method of contraception in the measurement year.

#### *Required exclusions for numerator.*

- None.

#### *Deviations from cited specifications for numerator.*

- None.

### Version Control

**July 2018 release:** The specification was updated to OPA™ 2018 specifications.