

## Contraceptive Care - Postpartum

### Metric Basic Information

**Metric description:** Percent of female Medicaid beneficiaries 15-44 years of age who had a live birth 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 within 3 and 60 days of delivery.

**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:** 60 days postpartum during the 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 7 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	Within measurement year, enrolled from the date of delivery to 60 days postpartum. Continuous enrollment is required.
Allowable gap in Medicaid enrollment	No allowable gap from the date of delivery to 60 days postpartum.
Medicaid enrollment anchor date	The date of delivery.
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 had a live birth in the measurement year.

*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 had a live birth in the last two months of the measurement year and thus did not have an opportunity to receive contraception in the postpartum period.

*Deviations from cited specifications for denominator.*

- None.

### 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 within 60 days of a live birth 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.