

Maternal and Infant Health Initiative Contraceptive Care  
Measures

Technical Specifications and Resource Manual for  
Federal Fiscal Year 2016 Reporting

October 2016

Center for Medicaid & CHIP Services  
Centers for Medicare & Medicaid Services



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## ACKNOWLEDGMENTS

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## I. THE MATERNAL AND INFANT HEALTH INITIATIVE CONTRACEPTIVE CARE MEASURES

### Background

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a Maternal and Infant Health Initiative in collaboration with states to:

1. Increase the rate and content of postpartum visits; and
2. Increase access to effective methods of contraception in Medicaid and CHIP.

This initiative builds on the work of an Expert Panel that identified strategies CMS and states could undertake to improve maternal and infant outcomes in Medicaid and CHIP.

Implementation of the Maternal and Infant Health Initiative Contraceptive Care measures will help CMS and states move toward a national system for measurement, reporting, and quality improvement. The data collected from these measures will help states and CMS to better understand the quality of health care that women enrolled in Medicaid receive.

### Description of the Contraceptive Care Measures

The Office of Population Affairs, with support from the Centers for Disease Control and Prevention, has developed new performance measures of contraceptive care for health care providers, payers, purchasers, health plans, and policy makers to assess women's access to contraceptive services. The measures assess the percentage of women ages 15 through 44 provided a most or moderately effective method of contraception and the percentage provided a long-acting reversible method of contraception (LARCs). Most effective methods include male or female sterilization, implants, or intrauterine devices or systems (IUD or IUS). Moderately effective methods include injectables, oral pills, patch, ring, or diaphragm. LARC methods include contraceptive implants, IUD, or IUS.

The following table summarizes the measures. The technical specifications in Chapter III of this manual provide additional details for each measure.

<b>Contraceptive Care – All Women Ages 15-44 (CCW)</b>
Among women ages 15 through 44 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund), the percentage that is provided:
<ol style="list-style-type: none"> <li>1. A most effective or moderately effective method of contraception.</li> <li>2. A long-acting reversible method of contraception (LARC).</li> </ol>
<b>Contraceptive Care – Postpartum Women Ages 15-44 (CCP)</b>
Among women ages 15 through 44 who had a live birth, the percentage that is provided within 3 and 60 days of delivery:
<ol style="list-style-type: none"> <li>1. A most effective or moderately effective method of contraception.</li> <li>2. A long-acting reversible method of contraception (LARC).</li> </ol>

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## II. DATA COLLECTION AND REPORTING OF THE MATERNAL AND INFANT HEALTH INITIATIVE CONTRACEPTIVE CARE MEASURES

To support consistency in reporting the Maternal and Infant Health Initiative Contraceptive Care measures, this chapter provides general guidelines for data collection, preparation, and reporting. The technical specifications are presented in Chapter III and provide detailed information on how to calculate each measure. For technical assistance with calculating and reporting these measures, contact the TA mailbox at [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov).

CMS has designated the Medicaid and CHIP Program (MACPro) system as the online tool that states should use when reporting the measures. More information on the use of MACPro for quality measure reporting is available at <https://www.medicaid.gov/state-resource-center/medicaid-and-chip-program-portal/medicaid-and-chip-program-portal.html>. Further information on technical assistance for MACPro is provided at the end of this chapter.

### Data Collection and Preparation for Reporting

- **Version of specifications.** This manual includes the most applicable version of the measure specifications available to CMS as of September 2016.
- **Data collection time frames for measures.** States should adhere to the measurement periods identified in the technical specifications for each measure. Calendar year 2015 data should be reported for the FFY 2016 reporting cycle. For each measure, the measurement period used to calculate the denominator should be reported in the “Start Date” and “End Date” fields in MACPro.
- **Continuous enrollment.** This refers to the time frame during which an enrollee must be eligible for benefits to be included in the measure denominator. The technical specifications provide the continuous enrollment requirement for each measure.
- **Allowable gap.** Some measures specify an allowable gap that can occur during continuous enrollment. For example, the Contraceptive Care – All Women Ages 15–44 measure requires continuous enrollment throughout the measurement year (January 1–December 31) and allows one gap in enrollment of up to 45 days. Thus, an enrollee who enrolls for the first time on February 8 of the measurement year is considered continuously enrolled as long as there are no other gaps in enrollment throughout the remainder of the measurement year, because this enrollee has one 38-day gap (January 1–February 7).
- **Reporting unit.** CMS defines the reporting unit for each measure as each state’s Medicaid program. This means that states reporting the Maternal and Infant Health Initiative Contraceptive Care measures should collect data across all of the health care delivery systems used in their Medicaid program (for example, fee-for-service [FFS], primary care case management [PCCM], and managed care [MC]). States should also include CHIP-enrolled women in their calculations; see bullet directly below. If data are collected separately across Medicaid and CHIP or across a state’s various health care delivery systems, states should aggregate data from all these sources into one state-level rate before reporting the data to CMS. For more guidance about developing a state-level rate, see the bullet on “aggregating information for state-level reporting” below.
- **Eligible population for measurement.** For both measures, the denominator includes Medicaid and CHIP-enrolled women who satisfy the measure-specific eligibility criteria.
- **Enrollees with partial benefits.** States should include the Medicaid/CHIP enrollees who are eligible to receive the services assessed in the numerator. If an enrollee is not eligible to receive the services assessed in the measure, the enrollee should not be

included in the denominator for the measure. For the purposes of the two Contraceptive Care measures, individuals should be included if they have coverage for Medical or Family Planning Only Services.

- **Aggregating information for state-level reporting.** To obtain a state-level rate for a measure that is developed from the rates of multiple units of measurement (such as multiple managed care organizations [MCOs] or across MC and FFS delivery systems), the state should calculate a weighted average of the individual rates. How much any one entity (for example, individual MCOs) will contribute to the weighted average is based on the size of its eligible population for the measure. This means that reporting units with larger eligible populations will contribute more toward the rate than those with smaller eligible populations. Hybrid and administrative data from different sources can be combined to develop a state/program-level rate as long as the specifications allow the use of both data sources to construct the measure. For additional guidance on developing state-level rates, refer to the TA Brief titled “Approaches to Developing State-level Rates Using Data from Multiple Sources.”<sup>1</sup>
- **Reporting a weighted rate.** When a state develops a weighted rate combining data across multiple reporting units, the state should report the rate for the combined data in the “Rate” field in MACPro. In addition, the state should check “Yes” under “Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?” If the state has the numerator and denominator that were used to calculate the state-level rate, they should be entered in the Numerator and Denominator fields. If this information is not available, a state can enter “0” in the Numerator and Denominator fields, report the state-level rate in the “Rate” field, and explain the missing information in the “Additional Notes/Comments on Measure” section. If possible, the state should also provide the numerators, denominators, measure-eligible population, and rates for each health plan, delivery system, or program in this section as well as a description of the method used to calculate the state-level rate (including the approach used for weighting).
- **Age criteria.** For the purpose of reporting the Contraceptive Care measures, states should calculate and report measures in two age groups: women ages 15–20 and women ages 21–44. States should note any deviations from the specifications in the “Deviations from Measure Specifications” field in MACPro.
- **Exclusions.** Some measure specifications contain exclusions. A Medicaid or CHIP enrollee who meets required exclusion criteria should be removed from the measure denominator.
- **Representativeness of data.** States should use the most complete data available and ensure that the rates reported are representative of the entire population enrolled in Medicaid and CHIP who satisfy the measure-specific eligibility criteria. All enrollees who meet the eligible population requirements for the measure should be included.
- **Data collection method.** The Contraceptive Care measures use the administrative data collection method. The administrative method uses transaction data (for example, claims) or other administrative data sources (such as encounter data) to calculate the measure. These data can be used in cases in which the data are known to be complete, valid, and reliable. When administrative data are used, the entire eligible population is included in the denominator.

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<sup>1</sup> The TA Brief, “Approaches to Developing State-level Rates Using Data from Multiple Sources,” is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>.

- **Small numbers.** If a measure has a denominator that is less than 30 and the state chooses not to report the measure due to small numbers, please note this in the “Reason for Not Reporting” field in MACPro and specify the denominator size.
- **Inclusion of paid, suspended, pending, and denied claims.** A key aspect in the assessment of quality for some measures is to capture whether or not a service was provided. For such measures, the inclusion of claims, regardless of whether they were paid, denied, or voided would be appropriate.
- **ICD-9 / ICD-10 Conversion:** In compliance with the CMS mandate to use ICD-10 codes for services provided on or after October 1, 2015, measures should be calculated using ICD-10 codes for claims with a date of service or date of discharge on or after October 1, 2015. Both Contraceptive Care measures are affected by this conversion.

## Reporting and Submission

Procedures for reporting the Contraceptive Care measures into MACPro are provided below.

- **Submission deadline.** CMS will notify states of the deadline for submitting and certifying final data on the Contraceptive Care measures for FFY 2016. States can update data submitted into MACPro after the submission deadline; however, updates made after the deadline are not guaranteed to be used in the development of reports by CMS and states are encouraged to submit data that are as complete as possible by the submission deadline.
- **Completing fields.** Specific fields are provided for each measure. States should complete every field for each measure submitted to ensure consistent reporting across states. Details on how to enter data on the Maternal and Infant Health Contraceptive Care measures can be found in the MACPro Implementation Guide. A Consolidated Implementation Guide across all Maternal and Infant Health measures is available under the “Actions” tab in MACPro. Measure-specific Implementation Guides are available in each measure screen.
- **Including attachments.** MACPro includes an attachment facility that allows states to upload supporting documents related to measures. More information about submitting attachments can be found in the Report Documents section of the MACPro Implementation Guides.
- **Reasons for not reporting a measure.** States choosing not to report a measure are required to explain their reason for not reporting the measure. This information will assist CMS in understanding why each state or why all states as a group may not be reporting on specific measures.
- **Noting deviations from the measure technical specifications.** Although states are encouraged to report measures adhering to the methods provided in the specifications, this may not always be possible. It might also be necessary to provide additional information and context about the rates reported. Any deviations and clarifications should be recorded in the “Deviations from Measure Specifications” field in MACPro. Examples of deviations include eligible population definitions that differ from the specifications (age ranges, codes for identifying the population, or missing population segments); differences in data sources used; differences in codes used (added, excluded, or substituted codes); differences in the version used; issues encountered in calculating the measure; and caveats not specified elsewhere.
- **Reporting by Medicaid and CHIP programs.** For each Maternal and Infant Health Contraceptive Care measure reported to CMS, states should specify the population included in the measure: Medicaid, CHIP, Medicare and Medicaid dual eligibles, and Other.

Any populations excluded from the denominator should be noted in the “Deviations from Measure Specifications” field in MACPro.

- **Data auditing.** For FFY 2016, CMS will not require certification or auditing of HEDIS or other measures. However, states are encouraged to do so when possible. If there are current state mechanisms for accreditation, certification, and managed care external quality review reporting, or if the state validates its Maternal and Infant Health Contraceptive Care measures rates, we ask that states describe these processes in MACPro.

### **Technical Assistance**

To help states collect, report, and use the Maternal and Infant Health Initiative Contraceptive Care measures, CMS offers technical assistance. Please submit technical assistance requests specific to the measures to: [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov).<sup>2</sup>

For questions about the use of MACPro, please contact the MACPro Help Desk at [MACPro\\_HelpDesk@cms.hhs.gov](mailto:MACPro_HelpDesk@cms.hhs.gov) or (301) 547-4688.

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<sup>2</sup> States with technical questions about the Adult Core Set, Child Core Set, and the Health Homes Core Set should also contact [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov).

### **III. TECHNICAL SPECIFICATIONS**

This chapter presents the technical specifications for the Maternal and Infant Health Initiative Contraceptive Care measures. Each specification includes a description of the measure and information about the eligible population, key definitions, data collection method(s), instructions for calculating the measure, and other relevant measure information.

These specifications represent the most applicable version available from the measure steward as of September 2016.

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

Office of Population Affairs/Centers for Disease Control and Prevention

### A. DESCRIPTION

The percentage of women ages 15–44 at risk of unintended pregnancy that:

1. Were provided a most effective or moderately effective FDA-approved method of contraception.
2. Were provided a long-acting reversible method of contraception (LARC).

The first measure is an intermediate outcome measure, and it is desirable to have a high percentage of women who are using the most effective or moderately effective contraceptive methods. The second measure is an access measure, and the focus is on making sure that women have access to LARC methods.

Two rates are reported for each measure, one for ages 15–20 and one for ages 21–44.

#### Guidance for Reporting:

- These measures apply to Medicaid enrollees ages 15–44. Two separate rates should be reported: ages 15–20 and ages 21–44. Four rates will be reported in MACPro.
- The measurement year is calendar year 2015. This specification includes ICD-9 and ICD-10 codes. In compliance with the CMS mandate to use ICD-10 codes for services provided on or after October 1, 2015, the measures should be calculated using ICD-10 codes for claims with a date of service on or after October 1, 2015.
- A secondary data source, such as the National Survey of Family Growth (NSFG) can be used to interpret the results of this measure for the general Medicaid population. For more information, see Section E, “Additional Notes” and Appendix C, “Interpreting Rates for Contraceptive Care Measures.”

### B. DEFINITIONS

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, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2015.

**C. ELIGIBLE POPULATION**

Age	Women ages 15–44 years as of December 31 of the measurement year.
Continuous enrollment	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 Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee 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	Provision of contraception.

**D. ADMINISTRATIVE SPECIFICATION****Denominator**

Follow the steps below to define the denominator:

- Step 1 Identify all women ages 15–44 in the health plan or program.
- 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 Table CCW-A.
  - 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 Table CCW-D.
  - Were still pregnant at the end of the year because they were pregnant (Table CCW-B) but did not have a pregnancy outcome code indicating a non-live birth (Table CCW-C) or a live birth (Table CCW-D).

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.

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

Table CCW-A. Codes indicating sterilization for non-contraceptive reasons (i.e., hysterectomy, oophorectomy, or menopause)

<p><u>ICD-9 (For dates of service from January 1, 2015 through September 30, 2015)</u>  V49.81, V88.01, 256, 256.1, 256.2, 256.31, 256.39, 256.8, 627.1, 627.2, 627.3, 627.8, 627.9</p> <p><u>ICD-10 (For dates of service from October 1, 2015 through December 31, 2015)</u>  E89.40, E89.41, E28.310, E28.319, E28.39, N95.0, N95.1, N95.2, Z78.0, Z90.710, Z90.722</p> <p><u>CPT</u>  58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58552, 58554, 58570, 58571, 58572, 58573, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960</p>
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Table CCW-B. Codes indicating a pregnancy

<p><u>ICD-9</u>  V22.x, V23.x, V23.xx, V24.x, V27.x, V28.x, V28.xx, V61.6, V61.7, V72.42, V91.xx, 630-679.14</p> <p><u>ICD-9-CM Procedure Codes</u>  72.0-73.99, 74.0-74.20, 74.40, 74.99</p> <p><u>ICD-10</u>  O00-O9A, Z33.x, Z34.x, Z37.x, Z39.x</p> <p><u>CPT</u>  59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59400, 59409, 59410, 59412, 59425, 59426, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p>
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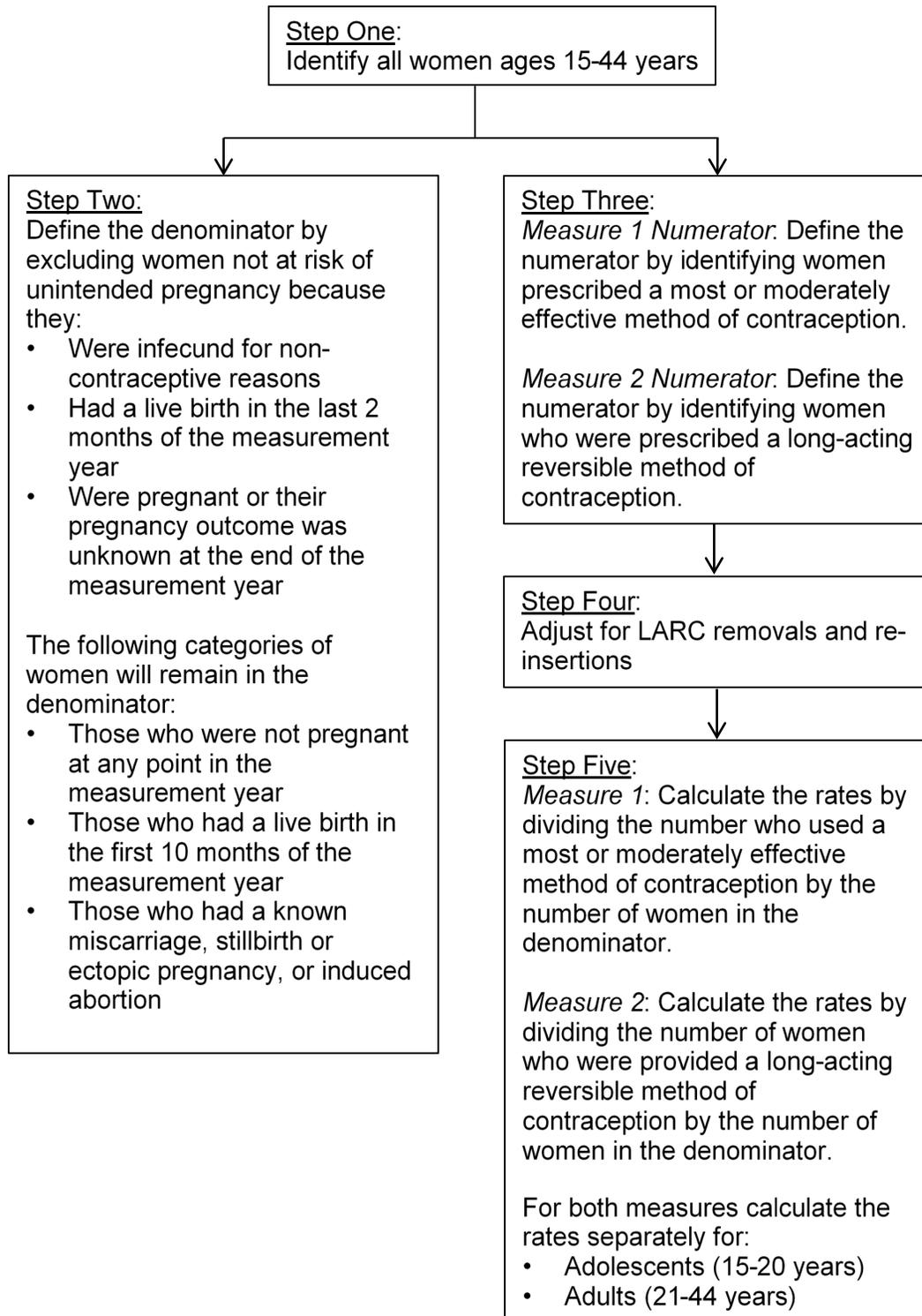
Table CCW-C. Codes indicating a known miscarriage, ectopic pregnancy, stillbirth, or induced abortion

<p><u>ICD-9</u>  630-637.92, 639.0-639.9, 656.40, V27.1, V27.4, V27.7  656.41, 656.43</p> <p><u>ICD-10</u>  O00-O08, O36.4, Z33.2, Z37.1, Z37.4, Z37.7</p> <p><u>CPT</u>  59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140  59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p>
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Table CCW-D. Codes to identify a delivery resulting in a live birth

<p><u>ICD-9</u></p> <p>640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 648.x2, 649.x1, 649.x2, 650, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 655.x1, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2, V27.0, V27.2, V27.3, V27.5, V27.6, 670.12, 670.22, 670.32, 670.82</p> <p><u>ICD-9-CM Procedure Codes</u></p> <p>72.0-73.99, 74.0-74.20, 74.40, 74.99</p> <p><u>ICD-10-CM Procedure Codes</u></p> <p>10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ</p> <p><u>CPT</u></p> <p>59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p>
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Figure CCW-A. Measure Flowchart



**Numerator for measure 1**

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

- Step 3 Define the numerator by identifying women who used a most (sterilization, IUD, implant) or moderately (injection, oral pills, patch, ring, or diaphragm) effective method of contraception in the measurement year. To do this, use the codes in Table CCW-E.
- Step 4 Adjust for LARC removals and re-insertions. The LARC methods can be removed at the woman's request so adjustments must be made to reflect this. Use the codes in Table CCW-F to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date using the codes in Table CCW-G. If there is no code indicating reinsertion, use the codes in Table CCW-E minus the Intrauterine Device (IUD/IUS) and Hormonal Implant codes to determine whether a woman was provided another most or moderately effective method in the 30 days prior to the removal (since a woman may receive a prescription for another method prior to the removal). Additionally, use all the codes in Table CCW-E to look for a subsequent most or moderately effective method in the period after the LARC removal until the end of the measurement year. If there is no code for reinsertion or provision of another most or moderately effective method, consider them as a non-user.
- Step 5 Calculate the rates by dividing the number of women who used a most or moderately effective method of contraception by the number of women in the denominator. Calculate the rates separately for adolescents and adults.

**Numerator for measure 2**

The eligible population that used a LARC method.

- Step 3 Define the numerator by identifying women who used a LARC in the measurement year. To do this, use the codes in Table CCW-G.
- Step 4 Adjust for LARC removals and re-insertions. The LARC methods can be removed at the woman's request so adjustments must be made to reflect this. Use the codes in Table CCW-F to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date through the end of the measurement year using the codes in Table CCW-G. If there is no code for reinsertion or provision of another most or moderately effective method, consider them as a non-user of LARC.
- Step 5 Calculate the rates by dividing the number of women who used a LARC method of contraception by the number of women in the denominator. Calculate the rates separately for adolescents and adults.

Table CCW-E. Codes used to identify provision of most or moderately effective contraceptive methods

Description	Codes
Female Sterilization	<p data-bbox="427 310 1421 338"><u>ICD-9</u></p> <p data-bbox="427 344 1421 371">V25.2, Sterilization</p> <p data-bbox="427 378 1421 405">V26.51, Tubal ligation status</p> <p data-bbox="427 411 1421 438">66.2, Procedure code bilateral endoscopic or occlusion of fallopian tubes</p> <p data-bbox="427 464 1421 491"><u>ICD-10</u></p> <p data-bbox="427 497 1421 552">0U574ZZ, Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach</p> <p data-bbox="427 558 1421 613">0U578ZZ, Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic</p> <p data-bbox="427 619 1421 674">0UL74CZ, Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Endoscopic Approach</p> <p data-bbox="427 680 1421 735">0UL74DZ, Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Endoscopic Approach</p> <p data-bbox="427 741 1421 795">0UL74ZZ, Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach</p> <p data-bbox="427 802 1421 856">0UL78DZ, Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening Endoscopic</p> <p data-bbox="427 863 1421 917">0UL78ZZ, Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic</p> <p data-bbox="427 924 1421 951">Z30.2, Encounter for Sterilization</p> <p data-bbox="427 957 1421 984">Z98.51, Tubal Ligation Status</p> <p data-bbox="427 1026 1421 1054"><u>CPT</u></p> <p data-bbox="427 1060 1421 1115">58600, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral</p> <p data-bbox="427 1121 1421 1176">58605, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)</p> <p data-bbox="427 1182 1421 1236">58615, Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach</p> <p data-bbox="427 1243 1421 1331">58611, Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra- abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)</p> <p data-bbox="427 1337 1421 1392">58670, Laparoscopy, surgical; with fulguration of oviducts (with or without transection)</p> <p data-bbox="427 1398 1421 1453">58671, Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)</p> <p data-bbox="427 1459 1421 1514">58565, Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</p> <p data-bbox="427 1535 1421 1562"><u>HCPCS</u></p> <p data-bbox="427 1568 1421 1623">A4264, Permanent implantable contraceptive intratubal occlusion device and delivery system</p>

Description	Codes
Intrauterine Device (IUD/IUS)	<p><u>ICD-9</u>  V25.11, Encounter for insertion of intrauterine contraceptive device  V25.13, Encounter for removal and reinsertion of intrauterine contraceptive device  V25.42, Surveillance of contraceptive method, intrauterine device  V45.51, Presence of intrauterine contraceptive device  996.32, Mechanical complication due to intrauterine contraceptive device  69.7, Insertion of intrauterine contraceptive device</p> <p><u>ICD-10</u>  Z30.430, Encounter for insertion of intrauterine contraceptive device  Z30.433, Encounter for removal and reinsertion of intrauterine contraceptive device  Z30.431, Encounter for routine checking of intrauterine contraceptive device  Z97.5, Presence of (intrauterine) contraceptive device  T83.39XA, Other mechanical complication of intrauterine contraceptive device, initial encounter</p> <p><u>ICD-10 Procedure Codes</u>  0UH97HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening  0UH98HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic  0UHC7HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening  0UHC8HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic</p> <p><u>CPT</u>  58300, Insertion of IUD</p> <p><u>HCPCS</u>  J7300, Intrauterine copper contraceptive  J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg  J7302, Levonorgestrel- releasing intrauterine contraceptive system, 52 mg  S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies  Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (skyla), 13.5 mg  S4981, Insertion of levonorgestrel- releasing intrauterine system</p> <p><u>NDC</u>  50419042101, 50419042201, 5128520401, 50419042301, 51285020401</p>
Hormonal Implant	<p><u>ICD-9</u>  V25.5, Encounter for insertion of implantable subdermal contraceptive,  V25.43, Surveillance of implantable subdermal contraceptive.  V45.52, Presence of subdermal contraceptive implant</p> <p><u>CPT</u>  11981, Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon  11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon</p> <p><u>HCPCS</u>  J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies  J7307, Etonogestrel [contraceptive] implant system, including implant and supplies</p> <p><u>NDC</u>  00052027201, 00052027401, 00052433001</p>

Description	Codes
Injectable (1-month/ 3-month)	<u>HCPCS</u> J1050, Injection, medroxyprogesterone acetate  <u>NDC</u> 00009074630, 00009074635, 00009470901, 00009470913, 00009737604, 00009737607, 00009737611, 00247210801, 00703680101, 00703680104, 00703681121, 23490585401, 54569370100, 54569490400, 54569552700, 54569561600, 54569621900, 54868361300, 54868410000, 54868410001, 54868525700, 55045350501, 59762453701, 59762453702, 59762453801, 59762453802, 59762453809
Oral Contraceptive Pills	<u>ICD-9</u> V25.01, Counseling and prescription of oral contraceptives V25.41, Surveillance of contraceptive pill  <u>ICD-10</u> Z30.011, Encounter for initial prescription of contraceptive pills Z30.41, Encounter for surveillance of contraceptive pills  <u>HCPCS</u> S4993, Contraceptive pills for birth control  <u>NDC</u> 00008111720, 00008111730, 00008251402, 00008253505, 00008253601, 00008253605, 00052026106, 00052028306, 00052028308, 00062125100, 00062125115, 00062125120, 00062133220, 00062141116, 00062141123, 00062171400, 00062171415, 00062176100, 00062176115, 00062178100, 00062178115, 00062179600, 00062179615, 00062190120, 00062190320, 00062190700, 00062190715, 00062191000, 00062191015, 00093214062, 00093209028, 00093209058, 00093313482, 00093532862, 00093542328, 00093542358, 00093566128, 00093566158, 00093614882, 00247052028, 00247069028, 00247069128, 00247069228, 00247139828, 00247151328, 00247151628, 00247151728, 00247176404, 00247176421, 00247176521, 00247198621, 00247198628, 00247200828, 00247201004, 00247201008, 00247201028, 00247201228, 00247201328, 00247214728, 00247216928, 00247217028, 00247223028, 00247223528, 00247226028, 00247226828, 00378728153 00378655053, 00378727253, 00378729253, 00378730153, 00378730853, 00430000531, 00430001005, 00430042014, 00430048214, 00430053014, 00430053550, 00430054050, 00430057014, 00430057045, 00430058014, 00430058045, 00430058114, 00430058514, 00430058545, 00555034458, 00555071558, 00555900867, 00555900942, 00555901058, 00555901258, 00555901467, 00555901658, 00555901858, 00555902058, 00555902542, 00555902557, 00555902658, 00555902742, 00555902757, 00555902858, 00555903270, 00555903458, 00555904358, 00555904558, 00555904758, 00555904958, 00555905058, 00555905158, 00555905167, 00555906458, 00555906467, 00555906558, 00555906658, 00555906667, 00555912366, 00555913167, 00555913179, 00603359017, 00603359049, 00603751217, 00603751249, 00603752117, 00603752149, 00603752517, 00603752549, 00603754017, 00603754049, 00603760615, 00603760648, 00603760715 00603760748, 00603760817, 00603760917, 00603761017, 00603761049, 00603762517, 00603762549, 00603763417, 00603763449, 00603764017, 00603764217, 00603766317, 00603766517, 00781405815, 00781406015, 00781406215, 00781558307, 00781558315, 00781558336, 00781558436, 00781558491, 00781565615, 00781565815, 16714033003, 16714034004, 16714034604, 16714034704, 16714034804, 16714035904,

Description	Codes
Oral Contraceptive Pills (Continued)	16714036004, 16714036304, 16714036504, 16714037003, 16714040703, 16714044004, 16714044104, 21695076928, 21695077028, 23490765301, 23490767001, 23490769901, 24090080184, 24090096184, 35356001468, 35356001568, 35356002168, 35356025528, 35356037028, 50102010048, 50102012048, 50102012803, 50102013048, 50102015403, 50419040201, 50419040203, 50419040303, 50419040503, 50419040701, 50419040703, 50419041112, 50419041128, 50419043306, 50419043312, 50419048203, 50419048303, 50452025115, 50458017115, 50458017615, 50458017815, 50458019115, 50458019411, 50458019416, 50458019615, 50458019715, 50458025115, 51285005866, 51285007997, 51285008070, 51285008198, 51285008297, 51285008370, 51285008498, 51285008787, 51285009158, 51285009287, 51285011458, 51285012058, 51285012570, 51285012698, 51285012797, 51285012998, 51285013197, 51285043165, 51285054628, 51660012786, 51660057286, 52544006431, 52544014331, 52544017572, 52544020431, 52544021028, 52544021928, 52544022829, 52544023328, 52544023528, 52544023531, 52544024531, 52544024728, 52544024828, 52544024928, 52544025428, 52544025928, 52544025988, 52544026528, 52544026531, 52544026829, 52544026884, 52544027428, 52544027431, 52544027621, 52544027928, 52544029021, 52544029128, 52544029231, 52544029241, 52544029528, 52544038328, 52544038428, 52544055028, 52544055228, 52544055428, 52544062928, 52544063028, 52544063128, 52544084728, 52544084828, 52544089228, 52544093628, 52544094028, 52544094928, 52544095021, 52544095121, 52544095328, 52544095428, 52544095931, 52544096691, 52544096728, 52544098131, 52544098231, 54569067900, 54569068500, 54569068501, 54569068900, 54569068901, 54569143900, 54569384400, 54569422200, 54569422201, 54569426900, 54569427301, 54569481700, 54569487800, 54569487801, 54569489000, 54569498400, 54569499700, 54569499800, 54569516100, , 54569534900, 54569549300, 54569549302, 54569579600, 54569579700, 54569579800, 54569581600, 54569582600, 54569603200, 54569612800, 54569614400, 54569627200, 54569628000, 54569628100, 54868042800, 54868044300, 54868050200, 54868050700, 54868050801, 54868050901, 54868051600, 54868151200, 54868156400, 54868231600, 54868260600, 54868270100, 54868377200, 54868386300, 54868394800, 54868409300, 54868423900, 54868436900, 54868453800, 54868459000, 54868460700, 54868473000, 54868473100, 54868474200, 54868474500, 54868475400, 54868477600, 54868481400, 54868482800, 54868485100, 54868486000, 54868491100, 54868502800, 54868528600, 54868532600, 54868535600, 54868582600, 54868582800, 54868594200, 55045348506, 55045349701, 55045349801, 55045378106, 55045378206, 55289024708, 55289088704, 55887005228, 55887028628, 58016474701, 58016482701, 66993061128, 66993061528, 68180084313, 68180084413, 68180084613, 68180084813, 68180085413, 68180087611, 68180087613, 68180089213, 68180089713, 68180089813, 68180089913, 68180090213, 68462030329, 68462030529, 68462030929, 68462031629, 68462031829, 68462038829, 68462039429, 68462055629, 68462056529, 68462063729, 68462064693, 00378728053, 00378728353, 00378728753, 00378729653, 00430053750, 16714007304, 16714035903, 16714036704, 16714040402, 16714040404, 16714040501, 16714040504, 16714040601, 16714040604, 16714040803, 16714041304, 50419040903, 65162031684, 65162034784, 68180087513, 68180087711, 68180087713, 68180088213, 68180088613, 68180089211, 68180089313, 75854060101
Patch	<u>HCPCS</u> J7304, Contraceptive supply, hormone containing patch, each  <u>NDC</u> 00062192001, 00062192015, 00062192024, 50458019201, 50458019215, 54569541300, 54868467000, 00378334053

Description	Codes
Vaginal Ring	<p><u>HCPCS</u> J7303, Contraceptive supply, hormone containing vaginal ring, each</p> <p><u>NDC</u> 00052027301, 00052027303, 54569586500, 54868483201, 55887075401</p>
Diaphragm	<p><u>CPT</u> 57170, Diaphragm or cervical cap fitting with instructions</p> <p><u>HCPCS</u> A4266, Diaphragm for contraceptive use</p> <p><u>NDC</u> 00027013160, 00027013180, 00062330100, 00062330200, 00062330300, 00062330400, 00062330500, 00062330600, 00062330700, 00062330800, 00062330900, 00062331000, 00062331100, 00062331200, 00062331300, 00062334100, 00062334200, 00062334300, 00062334400, 00062334500, 00062334600, 00062334700, 00062334800, 00062334900, 00062335000, 00062335100, 00062335200, 00062338100, 00062338200, 00062338300, 00062338400, 00062338500, 00062338600, 00062338700, 00062338800, 00062338900, 00062364103, 00062364300, 00234005100, 00234013100, 00234013150, 00234013155, 00234013160, 00234013165, 00234013170, 00234013175, 00234013180, 00234013185, 00234013190, 00234013195, 00234013600, 00234013660, 00234013665, 00234013670, 00234013675, 00234013680, 00234013685, 00234013690, 00234013695, 00396401065, 00396401070, 00396401075, 00396401080</p>

Table CCW-F. Codes used to identify removal/discontinued use of LARC

Description	Codes
Discontinue Intrauterine device (IUD)	<p><u>ICD-9</u> V25.12, Encounter for removal of intrauterine contraceptive device 97.71, Removal of intrauterine device</p> <p><u>ICD-10</u> Z30.432, Encounter for removal of intrauterine contraceptive device</p> <p><u>ICD-10 Procedure codes</u> 0UPD7HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening 0UPD8HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic</p> <p><u>CPT</u> 58301, Encounter for removal of intrauterine contraceptive device</p>
Discontinue Implant	<p><u>CPT</u> 11976, Removal, non-biodegradable drug delivery implant, Norplant 11982, Removal, non-biodegradable drug delivery implant, Implanon or Nexplanon</p>

Table CCW-G. Codes used to identify use of LARC

Description	Codes
Intrauterine Device (IUD/IUS)	<p><u>ICD-9</u>  V25.11, Encounter for insertion of intrauterine contraceptive device  V25.13, Encounter for removal and reinsertion of intrauterine contraceptive device  V25.42, Surveillance of contraceptive method, intrauterine device  V45.51, Presence of intrauterine contraceptive device  996.32, Mechanical complication due to intrauterine contraceptive device  69.7, Insertion of intrauterine contraceptive device</p> <p><u>ICD-10</u>  Z30.430, Encounter for insertion of intrauterine contraceptive device  Z30.433, Encounter for removal and reinsertion of intrauterine contraceptive device  Z30.431, Encounter for routine checking of intrauterine contraceptive device  Z97.5, Presence of (intrauterine) contraceptive device  T83.39XA, Other mechanical complication of intrauterine contraceptive device, initial encounter</p> <p><u>ICD-10 Procedure codes</u>  0UH97HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening  0UH98HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening  0UHC7HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening  0UHC8HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic</p> <p><u>CPT</u>  58300, Insertion of IUD</p> <p><u>HCPCS</u>  J7300, Intrauterine copper contraceptive  J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg  J7302, Levonorgestrel- releasing intrauterine contraceptive system, 52 mg  S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies  Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (skylia), 13.5 mg  S4981, Insertion of levonorgestrel- releasing intrauterine system</p> <p><u>NDC</u>  50419042101, 50419042201, 51285020401</p>
Hormonal Implant	<p><u>ICD-9</u>  V25.5, Encounter for insertion of implantable subdermal contraceptive,  V25.43, Surveillance of implantable subdermal contraceptive.  V45.52, Presence of subdermal contraceptive implant</p> <p><u>CPT</u>  11981, Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon  11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon</p> <p><u>HCPCS</u>  J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies  J7307, Etonogestrel [contraceptive] implant system, including implant and supplies</p> <p><u>NDC</u>  00052027201, 00052027401, 00052433001</p>

## **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) should be used to interpret use of most and moderately effective contraceptive methods. NSFG may be used to interpret the results for the general Medicaid population, but the results for the family planning waiver recipients do not need to be adjusted with NSFG data. This is because 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 national survey data to help interpret the measure's results and to set benchmarks that consider 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 through 44. 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 enrollees 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 use as a benchmark for measure performance. For more information about the NSFG, see: <http://www.cdc.gov/nchs/nsfg.htm>.

See Appendix C, "Interpreting Rates for Contraceptive Care Measure," for examples of how to interpret performance results on this measure.

**MEASURE CCP: CONTRACEPTIVE CARE – POSTPARTUM WOMEN  
AGES 15–44**

Office of Population Affairs/Centers for Disease Control and Prevention

**A. DESCRIPTION**

Among women ages 15 through 44 who had a live birth, the percentage that:

1. Were provided most effective or moderately effective FDA-approved methods of contraception within 3 and 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

The first measure 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. The second measure is an access measure, and the focus is on making sure that women have access to LARC methods.

These measures are reported at two points in time: contraceptive use within 3 days of delivery is used to monitor the provision of contraception in the immediate postpartum period, while contraceptive use within 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period. (A 60-day period is used because ACOG recommends a postpartum visit at 6 weeks, and two additional weeks are allowed for women whose postpartum care visit is delayed.) For both measures, each postpartum rate (3 days and 60 days) is reported for two age groups: one for ages 15–20 and one for ages 21–44.

**Guidance for Reporting:**

- These measures apply to Medicaid enrollees ages 15–44. Two separate rates should be reported: within 3 days of delivery and within 60 days of delivery. In addition, separate rates should be reported for ages 15–20 and ages 21–44. Eight rates will be reported in MACPro.
- The measurement year is calendar year 2015. This specification includes ICD-9 and ICD-10 codes. In compliance with the CMS mandate to use ICD-10 codes for services provided on or after October 1, 2015, the measures should be calculated using ICD-10 codes for claims with a date of service on or after October 1, 2015.
- For more information on interpreting performance results on this measure, see Section E, “Additional Notes” and Appendix C, “Interpreting Rates for Contraceptive Care Measures.”

**B. DEFINITIONS**

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, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2015.

**C. ELIGIBLE POPULATION**

Age	Women ages 15 through 44 years as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.
Event/diagnosis	Provision of contraception.

**D. ADMINISTRATIVE SPECIFICATION****Denominator**

The eligible female population that is of reproductive age, i.e., ages 15 through 44 years, and who had a live birth in the measurement year. The denominator for both measures should be stratified in two age groups: ages 15 through 20 and ages 21 through 44.

Women will be excluded from the denominator if they did not have an opportunity to receive contraception in the postpartum period (defined as within 60 days of delivery). Follow the steps below to identify the eligible population:

- Step 1 Identify live births and deliveries by using codes in Table CCP-A.<sup>3</sup>
- Step 2 Exclude deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination) by using the codes in Table CCP-B.

<sup>3</sup> Some women may have more than one delivery in the measurement year; the measure is designed to identify unique live births (defined as those that occur  $\geq 180$  days apart) rather than women who had a live birth.

- Step 3 Exclude deliveries that occurred during the last 2 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide the woman with contraception during the postpartum period. ACOG recommends having a postpartum visit by 6 weeks.

Table CCP-A. Codes to identify a live birth or delivery

<p><u>ICD-9 (For dates of service from January 1, 2015 through September 30, 2015)</u>  650, V27.0, V27.2, V27.3, V27.5, V27.6;</p> <p>640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 648.x2, 649.x1, 649.x2, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 655.x1, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2;</p> <p>670.12, 670.22, 670.32, 670.82</p> <p><u>ICD-9-CM Procedure codes (For dates of service from January 1, 2015 through September 30, 2015)</u>  72.0-73.99, 74.0-74.20, 74.40, 74.99</p> <p><u>ICD-10-CM Procedure Codes (For dates of service from January 1, 2015 through September 30, 2015)</u>  10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ</p> <p><u>CPT</u>  59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p>
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Table CCP-B. Codes indicating a known miscarriage, ectopic pregnancy, stillbirth, or induced abortion

<p><u>ICD-9</u>  630-637.92, 639.0-639.9, 656.40, 656.41, 656.43, V27.1, V27.4, V27.7</p> <p><u>ICD-10</u>  O00-O08, O36.4, Z33.2, Z37.1, Z37.4, Z37.7</p> <p><u>CPT</u>  59812, 59820, 59821, 59830, 59120, 59121, 59130, 59135, 59136, 59140,  59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p>
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### Numerator for measure 1

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

- Step 4 Define the numerator by identifying women who were provided a most (sterilization, IUD, implant) or moderately (injection, oral pills, patch, ring, or diaphragm) effective method of contraception in the measurement year. To do this, use the codes in Table CCP-C.

- Step 5 Adjust for LARC removals and re-insertions. The LARC methods can be removed at the woman's request so adjustments must be made to reflect this. Use the codes in Table CCP-D to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date using the codes in Table CCP-E. If there is no code indicating reinsertion, use the codes in Table CCP-C minus the Intrauterine Device (IUD/IUS) and Hormonal Implant codes to determine whether a woman was provided another most or moderately effective method in the 30 days prior to the removal (since a woman may receive a prescription for another method prior to the removal). Additionally, use all the codes in Table CCP-C to look for a subsequent most or moderately effective method in the period after the LARC removal until the end of the measurement year. If there is no code for reinsertion or provision of another most or moderately effective method, consider them as a non-user.
- Step 6 Determine the date that the contraceptive method was provided to identify: (a) women that received contraception in the immediate postpartum period of 3 days after delivery; and (b) women that were provided contraception within 60 days of delivery. The second category will also include women who were provided contraception in the first 3 days postpartum.

## **Numerator for measure 2**

The eligible population that were provided a LARC method.

- Step 4 Define the numerator by identifying women who were provided a LARC in the measurement year. To do this, use the codes in Table CCP-E.
- Step 5 Adjust for LARC removals and re-insertions. The LARC methods can be removed at the woman's request so adjustments must be made to reflect this. Use the codes in Table CCP-D to identify women who had their IUD or implant removed at any point during the measurement year. Check to see if they had an IUD or implant reinserted on the same or a subsequent date through the end of the measurement year using Table CCP-D. If there is no code for reinsertion or provision of another most or moderately effective method, consider them as a non-user of LARC.
- Step 6 Determine the date that the LARC method was provided to identify: (a) women that were provided LARC in the immediate postpartum period of 3 days after delivery; and (b) women that were provided LARC within 60 days of delivery. The second category will also include women who were provided LARC in the first 3 days postpartum.

Table CCP-C. Codes used to identify provision of most or moderately effective contraceptive methods

Description	Codes
Female Sterilization	<p><u>ICD-9</u>  V25.2, Sterilization  V26.51, Tubal ligation status  66.2, Procedure code bilateral endoscopic or occlusion of fallopian tubes</p> <p><u>ICD-10</u>  0U574ZZ, Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach  0U578ZZ, Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic  0UL74CZ, Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Endoscopic Approach  0UL74DZ, Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Endoscopic Approach  0UL74ZZ, Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach  0UL78DZ, Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening Endoscopic  0UL78ZZ, Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic  Z30.2, Encounter for Sterilization  Z98.51, Tubal Ligation Status</p> <p><u>CPT</u>  58600, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral  58605, Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)  58615, Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach  58611, Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra- abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)  58670, Laparoscopy, surgical; with fulguration of oviducts (with or without transection)  58671, Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)  58565, Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</p> <p><u>HCPCS</u>  A4264, Permanent implantable contraceptive intratubal occlusion device and delivery system</p>

Description	Codes
Intrauterine Device (IUD/IUS) (continued)	<u>NDC</u> 50419042101, 50419042201, 5128520401
Hormonal Implant	<u>ICD-9</u> V25.5, Encounter for insertion of implantable subdermal contraceptive, V25.43, Surveillance of implantable subdermal contraceptive. V45.52, Presence of subdermal contraceptive implant  <u>CPT</u> 11981, Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon 11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon  <u>HCPCS</u> J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies J7307, Etonogestrel [contraceptive] implant system, including implant and supplies <u>NDC</u> 00052027201, 00052027401, 00052433001
Injectable (1-month/ 3-month)	<u>HCPCS</u> J1050, Injection, medroxyprogesterone acetate  <u>NDC</u> 00009074630, 00009074635, 00009470901, 00009470913, 00009737604, 00009737607, 00009737611, 00247210801, 00703680101, 00703680104, 00703681121, 23490585401, 54569370100, 54569490400, 54569552700, 54569561600, 54569621900, 54868361300, 54868410000, 54868410001, 54868525700, 55045350501, 59762453701, 59762453702, 59762453801, 59762453802, 59762453809

Description	Codes
<p>Oral Contraceptive Pills</p>	<p><u>ICD-9</u> V25.01, Counseling and prescription of oral contraceptives V25.41, Surveillance of contraceptive pill</p> <p><u>HCPCS</u> S4993, Contraceptive pills for birth control</p> <p><u>NDC</u> 00008111720, 00008111730, 00008251402, 00008253505, 00008253601, 00008253605, 00052026106, 00052028306, 00052028308, 00062125100, 00062125115, 00062125120, 00062133220, 00062141116, 00062141123, 00062171400, 00062171415, 00062176100, 00062176115, 00062178100, 00062178115, 00062179600, 00062179615, 00062190120, 00062190320, 00062190700, 00062190715, 00062191000, 00062191015, 00093214062, 00093209028, 00093209058, 00093313482, 00093532862, 00093542328, 00093542358, 00093566128, 00093566158, 00093614882, 00247052028, 00247069028, 00247069128, 00247069228, 00247139828, 00247151328, 00247151628, 00247151728, 00247176404, 00247176421, 00247176521, 00247198621, 00247198628, 00247200828, 00247201004, 00247201008, 00247201028, 00247201228, 00247201328, 00247214728, 00247216928, 00247217028, 00247223028, 00247223528, 00247226028, 00247226828, 00378728153 00378655053, 00378727253, 00378729253, 00378730153, 00378730853, 00430000531, 00430001005, 00430042014, 00430048214, 00430053014, 00430053550, 00430054050, 00430057014, 00430057045, 00430058014, 00430058045, 00430058114, 00430058514, 00430058545, 00555034458, 00555071558, 00555900867, 00555900942, 00555901058, 00555901258, 00555901467, 00555901658, 00555901858, 00555902058, 00555902542, 00555902557, 00555902658, 00555902742, 00555902757, 00555902858, 00555903270, 00555903458, 00555904358, 00555904558, 00555904758, 00555904958, 00555905058, 00555905158, 00555905167, 00555906458, 00555906467, 00555906558, 00555906658, 00555906667, 00555912366, 00555913167, 00555913179, 00603359017, 00603359049, 00603751217, 00603751249, 00603752117, 00603752149, 00603752517, 00603752549, 00603754017, 00603754049, 00603760615, 00603760648, 00603760715 00603760748, 00603760817, 00603760917, 00603761017, 00603761049, 00603762517, 00603762549, 00603763417, 00603763449, 00603764017, 00603764217, 00603766317, 00603766517, 00781405815, 00781406015, 00781406215, 00781558307, 00781558315, 00781558336, 00781558436, 00781558491, 00781565615, 00781565815, 16714033003, 16714034004, 16714034604, 16714034704, 16714034804, 16714035904, 16714036004, 16714036304, 16714036504, 16714037003, 16714040703, 16714044004, 16714044104, 21695076928, 21695077028, 23490765301, 23490767001, 23490769901, 24090080184, 24090096184, 35356001468, 35356001568, 35356002168, 35356025528, 35356037028, 50102010048, 50102012048, 50102012803, 50102013048, 50102015403, 50419040201, 50419040203, 50419040303, 50419040503, 50419040701, 50419040703, 50419041112, 50419041128, 50419043306, 50419043312, 50419048203, 50419048303, 50452025115, 50458017115, 50458017615, 50458017815, 50458019115, 50458019411, 50458019416, 50458019615, 50458019715, 50458025115, 51285005866, 51285007997, 51285008070, 51285008198, 51285008297, 51285008370, 51285008498, 51285008787, 51285009158, 51285009287, 51285011458, 51285012058, 51285012570, 51285012698, 51285012797, 51285012998, 51285013197, 51285043165, 51285054628, 51660012786, 51660057286, 52544006431, 52544014331, 52544017572,</p>

Description	Codes
<p>Oral Contraceptive Pills (continued)</p>	<p><u>NDC</u> (continued)</p> <p>52544020431, 52544021028, 52544021928, 52544022829, 52544023328, 52544023528, 52544023531, 52544024531, 52544024728, 52544024828, 52544024928, 52544025428, 52544025928, 52544025988, 52544026528, 52544026531, 52544026829, 52544026884, 52544027428, 52544027431, 52544027621, 52544027928, 52544029021, 52544029128, 52544029231, 52544029241, 52544029528, 52544038328, 52544038428, 52544055028, 52544055228, 52544055428, 52544062928, 52544063028, 52544063128, 52544084728, 52544084828, 52544089228, 52544093628, 52544094028, 52544094928, 52544095021, 52544095121, 52544095328, 52544095428, 52544095931, 52544096691, 52544096728, 52544098131, 52544098231, 54569067900, 54569068500, 54569068501, 54569068900, 54569068901, 54569143900, 54569384400, 54569422200, 54569422201, 54569426900, 54569427301, 54569481700, 54569487800, 54569487801, 54569489000, 54569498400, 54569499700, 54569499800, 54569516100, 54569534900, 54569549300, 54569549302, 54569579600, 54569579700, 54569579800, 54569581600, 54569582600, 54569603200, 54569612800, 54569614400, 54569627200, 54569628000, 54569628100, 54868042800, 54868044300, 54868050200, 54868050700, 54868050801, 54868050901, 54868051600, 54868151200, 54868156400, 54868231600, 54868260600, 54868270100, 54868377200, 54868386300, 54868394800, 54868409300, 54868423900, 54868436900, 54868453800, 54868459000, 54868460700, 54868473000, 54868473100, 54868474200, 54868474500, 54868475400, 54868477600, 54868481400, 54868482800, 54868485100, 54868486000, 54868491100, 54868502800, 54868528600, 54868532600, 54868535600, 54868582600, 54868582800, 54868594200, 55045348506, 55045349701, 55045349801, 55045378106, 55045378206, 55289024708, 55289088704, 55887005228, 55887028628, 58016474701, 58016482701, 66993061128, 66993061528, 68180084313, 68180084413, 68180084613, 68180084813, 68180085413, 68180087611, 68180087613, 68180089213, 68180089713, 68180089813, 68180089913, 68180090213, 68462030329, 68462030529, 68462030929, 68462031629, 68462031829, 68462038829, 68462039429, 68462055629, 68462056529, 68462063729, 68462064693, 00378728053, 00378728353, 00378728753, 00378729653, 00430053750, 16714007304, 16714035903, 16714036704, 16714040402, 16714040404, 16714040501, 16714040504, 16714040601, 16714040604, 16714040803, 16714041304, 50419040903, 65162031684, 65162034784, 68180087513, 68180087711, 68180087713, 68180088213, 68180088613, 68180089211, 68180089313, 75854060101</p>
<p>Patch</p>	<p><u>HCPCS</u> J7304, Contraceptive supply, hormone containing patch, each</p> <p><u>NDC</u> 00062192001, 00062192015, 00062192024, 50458019201, 50458019215, 54569541300, 54868467000, 00378334053</p>
<p>Vaginal Ring</p>	<p><u>HCPCS</u> J7303, Contraceptive supply, hormone containing vaginal ring, each</p> <p><u>NDC</u> 00052027301, 00052027303, 54569586500, 54868483201, 55887075401</p>

Description	Codes
Diaphragm	<p><u>CPT</u> 57170, Diaphragm or cervical cap fitting with instructions</p> <p><u>HCPCS</u> A4266, Diaphragm for contraceptive use</p> <p><u>NDC</u> 00027013160, 00027013180, 00062330100, 00062330200, 00062330300, 00062330400, 00062330500, 00062330600, 00062330700, 00062330800, 00062330900, 00062331000, 00062331100, 00062331200, 00062331300, 00062334100, 00062334200, 00062334300, 00062334400, 00062334500, 00062334600, 00062334700, 00062334800, 00062334900, 00062335000, 00062335100, 00062335200, 00062338100, 00062338200, 00062338300, 00062338400, 00062338500, 00062338600, 00062338700, 00062338800, 00062338900, 00062364103, 00062364300, 00234005100, 00234013100, 00234013150, 00234013155, 00234013160, 00234013165, 00234013170, 00234013175, 00234013180, 00234013185, 00234013190, 00234013195, 00234013600, 00234013660, 00234013665, 00234013670, 00234013675, 00234013680, 00234013685, 00234013690, 00234013695, 00396401065, 00396401070, 00396401075, 00396401080</p>

Table CCP-D. Codes used to identify removal/discontinued use of LARC

Description	Codes
Discontinue Intrauterine device (IUD)	<p><u>ICD-9</u> V25.12, Encounter for removal of intrauterine contraceptive device 97.71, Removal of intrauterine device</p> <p><u>ICD-10</u> Z30.432, Encounter for removal of intrauterine contraceptive device</p> <p><u>ICD-10 Procedure codes</u> 0UPD7HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening 0UPD8HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic</p> <p><u>CPT</u> 58301, Encounter for removal of intrauterine contraceptive device</p>
Discontinue Implant	<p><u>CPT</u> 11976, Removal, non-biodegradable drug delivery implant, Norplant 11982, Removal, non-biodegradable drug delivery implant, Implanon or Nexplanon</p>

Table CCP-E. Codes used to identify use of a long-acting reversible contraceptive method (LARC)

Description	Codes
Intrauterine Device (IUD/IUS)	<p><u>ICD-9</u>  V25.11, Encounter for insertion of intrauterine contraceptive device  V25.13, Encounter for removal and reinsertion of intrauterine contraceptive device  V25.42, Surveillance of contraceptive method, intrauterine device  V45.51, Presence of intrauterine contraceptive device  996.32, Mechanical complication due to intrauterine contraceptive device  996.65, Infection and inflammatory reaction due to other genitourinary device, implant and graft  69.7, Insertion of intrauterine contraceptive device</p> <p><u>ICD-10</u>  Z30.430, Encounter for insertion of intrauterine contraceptive device  Z30.433, Encounter for removal and reinsertion of intrauterine contraceptive device  Z30.431, Encounter for routine checking of intrauterine contraceptive device  Z97.5, Presence of (intrauterine) contraceptive device  T83.39XA, Other mechanical complication of intrauterine contraceptive device, initial encounter</p> <p><u>ICD-10 Procedure codes</u>  0UH97HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening  0UH98HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening  0UHC7HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening  0UHC8HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic</p> <p><u>CPT</u>  58300, Insertion of IUD</p> <p><u>HCPCS</u>  J7300, Intrauterine copper contraceptive  J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg  J7302, Levonorgestrel-releasing intrauterine contraceptive system, 52 mg  S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies  Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (skyla), 13.5 mg  S4981, Insertion of levonorgestrel-releasing intrauterine system</p> <p><u>NDC</u>  50419042101, 50419042201, 5128520401</p>

Description	Codes
Hormonal Implant	<p><u>ICD-9</u> V25.5, Encounter for insertion of implantable subdermal contraceptive, V25.43, Surveillance of implantable subdermal contraceptive. V45.52, Presence of subdermal contraceptive implant</p> <p><u>CPT</u> 11981 Insertion, non- biodegradable drug delivery implant, Implanon or Nexplanon 11983, Removal with reinsertion, non- biodegradable drug delivery implant, Implanon or Nexplanon</p> <p><u>HCPCS</u> J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies J7307, Etonogestrel [contraceptive] implant system, including implant and supplies</p> <p><u>NDC</u> 00052027201, 00052027401, 00052433001</p>

## E. ADDITIONAL NOTES

The Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception that can be used in the postpartum period. If the infant is being fed only its mother's breast milk, and the woman has not experienced her first postpartum menses, then LAM provides 98% protection from pregnancy in the first 6 months postpartum.<sup>4</sup>

Despite the protection from LAM, many health care providers will want to provide contraceptive services to women at the postpartum visit because the effectiveness of breastfeeding for pregnancy prevention drops quickly when women stop exclusive breastfeeding. It may be difficult for many clients to receive contraceptive services at that time.

Healthy People and the World Health Organization recommend an inter-pregnancy interval of at least 18 months; therefore all postpartum women can be considered at risk of unintended pregnancy for that period of time. See Appendix C, "Interpreting Rates for Contraceptive Care Measures," for an example of how to interpret performance results on this measure.

<sup>4</sup> Trussell J. Contraceptive Efficacy. In Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. Contraceptive Technology: Twentieth Revised Edition. New York NY: Ardent Media, 2011.

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Appendix A  
Summary of Changes to the Maternal and  
Infant Health Quality Measures Technical  
Specifications

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**SUMMARY OF UPDATES TO THE MATERNAL AND INFANT HEALTH QUALITY  
MEASURES TECHNICAL SPECIFICATIONS  
OCTOBER 2016**

**Overall Changes**

- Updated the measurement year to calendar year 2015.

**Measure CCW: Contraceptive Care – All Women Ages 15–44**

- Updated the measure name from CCW: Contraception Utilization Methods All Women to Contraceptive Care – All Women Ages 15–44 (CCW)
- Updated Guidance for Reporting to clarify the recommended use of the National Survey of Family Growth (NSFG):
  - The National Survey of Family Growth (NSFG) can be used to interpret the results of this measure for the general Medicaid population. For more information, see Section E, “Additional Notes.”
- Modified denominator language to clarify who is included in the denominator.
- Modified numerator language to clarify the steps for determining who is included and excluded from the numerators.
- Added ICD-10 codes to Tables CCW-A, CCW-B, CCW-C, CCW-D, CCW-E, CCW-F, and CCW-G.
- Updated the NDC codes in Table CCW-E.
- Removed the Youth Risk Behavior Survey (YRBS) from the Additional Notes section.
- Updated the explanation of how to use the NSFG:
  - Examples of how to use the NSFG to interpret performance results on this measure can be found in the document “Interpreting Rates for Contraceptive Care Measures.”
  - Stratification of the results by family planning waiver vs. general Medicaid recipients is recommended for interpretation. NSFG should be used to interpret the results for the general Medicaid population, but the results for the family planning waiver recipients do not need to be adjusted with NSFG data. This is because 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.

**Measure CCP: Contraceptive Care – Postpartum Women Ages 15–44**

- Updated the measure name from CCP: Postpartum Contraception Utilization to Contraceptive Care – Postpartum Women Ages 15–44 (CCP)
- Modified numerator language to clarify the steps for determining who is included and excluded from the numerators.
- Added ICD-10 codes to Tables CCP-A, CCP-B, CCP-C, CCP-D, and CCP-E
- Updated the NDC codes in Table CCP-C.
- Removed the National Immunization Survey (NIS) from the Additional Notes section.

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Appendix B  
FFY 2016 Maternal and Infant Health  
Initiative Measures Reporting:  
Data Quality Checklist for States

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**FFY 2016 Maternal and Infant Health Initiative Measures Reporting:  
Data Quality Checklist for States**

This data quality checklist was developed to help states improve the completeness, accuracy, consistency, and documentation of data reported for the FFY 2016 Maternal and Infant Health Initiative (MIHI) measures. This will enable more accurate understanding of variations across states due to deviations from the technical specifications or unique aspects of a state’s Medicaid program. States can use the checklist below to assess their data as it is entered in MACPro. To obtain technical assistance with reporting the MIHI measures, please contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

<b>Data Completeness</b>	
<input type="checkbox"/>	Numerators, denominators, and rates should be reported for all measures that the state chooses to report for FFY 2016. For measures that the state chooses not to report, please provide specific information on the reasons for not reporting the measure for FFY 2016.
<input type="checkbox"/>	<p>The measures are stratified by age and have multiple rate categories. Numerators, denominators, and rates should be reported for all age groups and rate categories.</p> <ul style="list-style-type: none"> <li>• Both measures (all women and postpartum) are reported based on two age stratifications: ages 15–20 and 21–44.</li> <li>• The all-women measure includes a total of 4 rates:                             <ul style="list-style-type: none"> <li>• Provided a most effective or moderately effective FDA-approved method of contraception for ages 15–20 and ages 21–44.</li> <li>• Provided a long-acting reversible method of contraception (LARC) for ages 15–20 and ages 21–44.</li> </ul> </li> <li>• The postpartum measure includes a total of 8 rates:                             <ul style="list-style-type: none"> <li>• Provided a most or moderately effective FDA-approved method within 3 days postpartum for ages 15–20 and ages 21–44.</li> <li>• Provided a most or moderately effective FDA-approved method within 60 days postpartum for ages 15–20 and ages 21–44.</li> <li>• Provided a LARC within 3 days postpartum for ages 15–20 and ages 21–44.</li> <li>• Provided a LARC within 60 days postpartum for ages 15–20 and ages 21–44.</li> </ul> </li> <li>• If one or more rates within a measure cannot be reported, states should use the text box provided in MACPro to explain why the rate is not being reported.</li> </ul>
<input type="checkbox"/>	<p>The reported data for each measure should include the total measure-eligible population as defined by the MIHI measures technical specifications. All enrollees who are eligible for the services or outcomes assessed in the measure should be included.</p> <ul style="list-style-type: none"> <li>• If eligible groups were excluded from the measure (such as programs, delivery systems, or populations), the excluded group(s) should be described; the percentage of the eligible population excluded should be noted; and the reason for the exclusion should be explained in the “Definition of Population Included in the Measure” section. States should report this information for all applicable measures.</li> <li>• In the field “Which delivery systems are represented in the Denominator?” states should provide information about each delivery system in the state (fee-for-service, primary care case management, managed care, integrated care models, and other). In this field, states should estimate the percentage of measure-eligible enrollees from that delivery system included in the data for the measure. For example, if the population included in the reported data represents all</li> </ul>

	<p>of the state’s managed care enrollees and half of the state’s fee-for-service enrollees, states should enter 100 percent for managed care and 50 percent for fee-for-service. States should also enter the number of health plans included in the data. If some of the health plans are missing from a measure, the state should identify the number of missing MCOs and explain why they are missing in the “Additional Notes” section. States should report this information for each measure.</p> <ul style="list-style-type: none"> <li>• In addition to reporting the populations included in each measure, states can also provide information about the delivery systems that are used for the state’s total Medicaid population under age 45 in the “Delivery System” section on the Administration Screen in MACPro. This information provides important context about the population included in and excluded from reported measures.</li> </ul>
<input type="checkbox"/>	<p>Data sources and methods (e.g., administrative) should be reported for each measure in the “Data Source” section and should adhere to the measure specifications. Any deviations to data sources and methods should be described in the “Deviations from Measurement Specifications” section in MACPro and states should explain how their data source or method differed from the technical specifications.</p>
<input type="checkbox"/>	<p>States may change the National Drug Code (NDC) codes as long as the generic name, strength/dose, and route match those of an NDC code in the specifications list, and document the method used to map the codes. States that change the codes should identify the codes they used in the “Additional Notes/Comments on Measure” section of MACPro.</p>
<p><b>Data Accuracy</b></p>	
<input type="checkbox"/>	<p>Reported rates should be calculated according to the technical specifications for each measure.</p> <ul style="list-style-type: none"> <li>• All deviations from the MIHI measure specifications should be described in the “Deviations from Measurement Specifications” section.</li> <li>• If the state used “Other” specifications to report a measure, the “Other” specifications should be described in the “Measurement Specification” section and the explanation should describe how the state’s methodology differs from the MIHI specifications.</li> </ul>
<input type="checkbox"/>	<p>Numerators should be less than (or equal to) denominators.</p>
<input type="checkbox"/>	<p>Rates should be rounded and reported to one decimal point. For example: If a state calculates a rate of 74.13, then 74.1 is the correct format for reporting, and 74 and 74.0 are incorrect.</p>
<input type="checkbox"/>	<p>The measure specifications use administrative data only, which MACPro will use to automatically calculate a rate to one decimal based on the reported numerator and denominator. States should review the auto-calculated rates during data entry.</p> <ul style="list-style-type: none"> <li>• Rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: (numerator/denominator)*100.</li> </ul>
<p><b>Data Consistency</b></p>	
<input type="checkbox"/>	<p>Within each measure, the denominator should be the same for both rates.</p>
<input type="checkbox"/>	<p>The denominator for the postpartum measure should be smaller than the denominator for the all-women measure.</p>
<p><b>Data Documentation</b></p>	
<input type="checkbox"/>	<p>For measures not reported for FFY 2016, reasons for not reporting should be explained in detail in the “Please explain why you are not reporting on the measure” section.</p>

<input type="checkbox"/>	<p>For each measure, states should report the measurement period that was used to calculate the denominator for that measure in the “Start Date” and “End Date” fields. The denominator measurement period for FFY 2016 corresponds to calendar year 2015 (January 1, 2015 – December 31, 2015). Any deviations from the specified measurement period for the denominator or the numerator of a measure should be explained in the “Additional Notes/Comments on Measure” section in MACPro.</p>
<input type="checkbox"/>	<p>If state-level rates include multiple reporting units (such as multiple managed care organizations or a combination of managed care and fee-for-service delivery systems), the method for combining and weighting rates should be explained in the “Combined Rate from Multiple Reporting Units” section. For measures reported based on data from multiple reporting units:</p> <ul style="list-style-type: none"> <li>• State-level values should be entered in the Rate, Numerator, and Denominator fields.</li> <li>• The reporting units included in the data should be defined in the “Additional Notes/Comments on Measure” section. For example, if data from multiple MCOs were combined, the number of MCOs included should be noted in the “Additional Notes/Comments on Measure” section.</li> <li>• If the state reports that rates were weighted using “Other” methods, the weighting method should be described in the “Additional Notes/Comments on Measure” section.</li> </ul>
<input type="checkbox"/>	<p>For measures that have optional exclusions in the specifications, states should explain in the “Additional Notes/Comments on Measure” section whether optional exclusions were applied.</p>

### For Further Information

Additional information about the 2016 Maternal and Infant Health Initiative Measures, including the 2016 Technical Specifications, is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/maternal-and-infant-health-care-quality.html>.

To obtain technical assistance with reporting the Medicaid/CHIP Health Care Quality Measures, please contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

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Appendix C  
Interpreting Rates for Contraceptive Care  
Measures

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## Interpreting Rates for Contraceptive Care Measures

The Office of Population Affairs, with support from the Centers for Disease Control and Prevention, developed performance measures of contraceptive care for health care providers, payers, purchasers, health plans, and policy makers to assess access to and the quality of contraceptive services. This document describes how to interpret rates for the performance measures.

The measures assess the percentage of women ages 15 through 44 provided a most or moderately effective method of contraception and the percentage provided a long-acting reversible method of contraception (LARCs) (Table 1). *Most effective* methods include female sterilization, implants, or intrauterine devices or systems (IUD or IUS). *Moderately effective* methods include injectables, oral pills, patch, ring, or diaphragm. LARC methods include contraceptive implants, IUD, or IUS. The first set of measures have a denominator that includes all women of reproductive age who are at risk of unintended pregnancy and the second set of measures have a denominator that includes postpartum women with a recent live birth.

**Table 1. Contraceptive Care Measures**

All Women
<p>Among women ages 15 through 44 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund), the percentage that is provided:</p> <ol style="list-style-type: none"> <li>1. A most effective or moderately effective method of contraception.</li> <li>2. A long-acting reversible method of contraception (LARC).</li> </ol>
Postpartum Women
<p>Among women ages 15 through 44 who had a live birth, the percentage that is provided within 3 and 60 days of delivery:</p> <ol style="list-style-type: none"> <li>1. A most effective or moderately effective method of contraception.</li> <li>2. A long-acting reversible method of contraception (LARC).</li> </ol>

The specifications used in the contraceptive care measures are designed for claims data. Claims data have several advantages—they are relatively accessible and easy to collect and compile, document the actual services provided, and can readily be used to identify pregnant women. However, claims data also have some limitations when used to assess the quality of contraceptive care. One key limitation is that claims data do not capture several aspects of women’s risk of unintended pregnancy: sexual experience, pregnancy intention, sterilization, or LARC insertion in a year preceding the measurement year, and infecundity for non-contraceptive reasons (unless the woman had a procedure during the measurement year). These limitations can be partially addressed by using secondary data to help interpret the performance measure rates for provision of most and moderately effective methods of contraception for all women and postpartum women. There are some differences in how to interpret the measure rates for all women and postpartum women; examples for each are provided below.

■ This technical assistance resource is a product of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services. The program team is led by Mathematica Policy Research, in collaboration with the National Committee for Quality Assurance and Center for Health Care Strategies.

## EXAMPLE 1: Provision of Most and Moderately Effective Methods Among All Women at Risk of Unintended Pregnancy

Table 2 illustrates the process for interpreting the provision of most and moderately effective methods of contraception among all women at risk of unintended pregnancy. The example is based on Iowa Medicaid claims data from 2013 and data from the National Survey of Family Growth (NSFG). The table shows the rates for women by age and type of benefit, that is, the family planning waiver versus general Medicaid.

**Table 2. Provision of most and moderately effective contraceptive methods among women, by type of Medicaid benefit in Iowa, 2013**

Type of benefit	Women ages 15 through 20 (n = 11,699)	Women ages 21 through 44 (n = 33,051)
General Medicaid	40.4%	28.0%
Family Planning Waiver	79.3%	72.7%

Source: Iowa Department of Public Health

NSFG estimates were used (Table 3, next page) to adjust the rates obtained from Iowa Medicaid claims data:

- The rate from the Iowa Medicaid Enterprise data show that 40.4 percent of adolescent women enrolled in the general Medicaid program were using a most or moderately effective method of contraception. NSFG estimates indicate that about 49 percent of the adolescent Medicaid clients are not in need of contraceptive services because they have never had sex (44.3 percent), are seeking pregnancy (3.5 percent), or received LARC in a year preceding the measurement year (1.1 percent).

To adjust for the limitations of claims data, Iowa Medicaid might sum the measure rate (40.4 percent) with the NSFG estimate of adolescents not in need of contraceptive services (49 percent). This gives an adjusted estimate of 89 percent of adolescents whose contraceptive needs are met, and leaves about a 10 percentage point opportunity for improvement.

- The measurement rates also show that 28.0 percent of adult women enrolled in the general Medicaid program were using a most or moderately effective method of contraception. NSFG estimates suggest that about 44 percent of the adult Medicaid sample described above are not in need of contraceptive services because they have never had sex (1.8 percent), are seeking pregnancy (3.5 percent), are infecund for non-contraceptive reasons (4.7 percent), received LARC in a year preceding the measurement year (6.2 percent), or have been sterilized for contraceptive reasons in a year preceding the measurement year (28.1 percent).

To adjust for the limitations of claims data, Iowa Medicaid might sum the measure rate (28 percent) with the NSFG estimate of adults not in need of contraceptive services (44 percent). This gives an adjusted estimate of 72 percent of adults whose contraceptive needs are met, and leaves about a 28 percentage point opportunity for improvement.

For Iowa's family planning waiver program, no adjustment with NSFG data is needed. The rates show that 79.3 percent of adolescent and 72.7 percent of adult Iowa Medicaid Enterprise clients who participated in the family planning waiver program were provided a most or moderately effective method of contraception (Table 2). Since the purpose of Iowa's family planning waiver program is pregnancy prevention and birth spacing, clients who receive services from this program are seeking contraceptive services and can therefore be considered at risk of unintended pregnancy.

**Table 3. Provision of contraception among women<sup>a</sup> ages 15 through 44 whose current insurance is Medicaid, National Survey of Family Growth, 2011–2013**

		Most effective methods					Moderately effective methods % (SE)	Least effective methods % (SE)	No method % (SE)	Never had sex % (SE)	Seeking pregnancy % (SE)	Sterile % (SE)
		Vasectomy % (SE)	Female sterilization		LARC							
			Procedure within past 12 months % (SE)	Procedure prior to last 12 months % (SE)	Received in past 12 months % (SE)	Received prior to last 12 months % (SE)						
<b>Total</b>	<b>100%</b>	<b>0.9 (0.34)</b>	<b>1.3 (0.36)</b>	<b>18.9 (1.98)</b>	<b>1.8 (0.52)</b>	<b>4.5 (0.54)</b>	<b>19.5 (1.82)</b>	<b>9.8 (1.32)</b>	<b>20.7 (1.59)</b>	<b>15.7 (1.57)</b>	<b>3.5 (1.05)</b>	<b>3.4 (0.78)</b>
Age												
15–20	100%	--	--	--	2.3 (0.9)	1.1 (0.6)	21.0 (3.4)	8.6 (2.2)	18.5 (2.5)	44.3 (3.7)	3.5 (2.7)	*
21–44	100%	1.3 (0.5)	1.9 (0.5)	28.1 (2.6)	1.5 (0.6)	6.2 (0.7)	18.8 (2.1)	10.4 (1.6)	21.7 (2.2)	1.8 (0.7)	3.5 (1.0)	4.7 (1.1)
Race/Ethnicity												
Hispanic	100%	--	1.8 (1.0)	17.0 (2.9)	3.0 (1.5)	6.6 (1.4)	12.3 (2.4)	10.9 (2.3)	21.3 (3.2)	19.5 (2.8)	5.3 (3.1)	2.4 (1.0)
NH White	100%	2.2 (0.9)	1.3 (0.5)	22.8 (3.1)	0.9 (0.4)	4.9 (1.0)	23.7 (4.2)	7.6 (2.0)	19.7 (2.5)	10.0 (2.3)	2.3 (1.1)	4.6 (1.6)
NH Black	100%	*	0.8 (0.4)	16.3 (2.5)	2.1 (1.0)	2.8 (0.6)	22.1 (2.9)	12.7 (3.0)	23.0 (3.1)	15.7 (3.1)	3.2 (1.0)	1.1 (0.4)
Marital status												
Married	100%	*	*	33.2 (5.4)	*	9.9 (2.9)	19.1 (6.2)	10.5 (2.7)	11.5 (2.6)	--	3.6 (1.1)	*
Cohabiting	100%	*	*	16.1 (4.3)	2.9 (1.4)	6.9 (1.6)	25.6 (5.9)	12.2 (4.3)	15.1 (4.1)	--	10.8 (5.1)	7.0 (2.2)
Widowed, divorced, or separated	100%	--	*	53.7 (5.3)	*	3.4 (1.3)	5.9 (2.1)	4.8 (1.7)	23.5 (4.9)	--	*	5.6 (2.2)
Never Married	100%	*	0.9 (0.4)	8.0 (1.8)	1.7 (0.7)	2.7 (0.6)	20.8 (2.3)	10.1 (1.6)	24.2 (1.8)	28.8 (2.5)	1.5 (0.5)	1.2 (0.4)

Source: Office of Population Affairs analysis of National Survey of Family Growth 2011–13 data

<sup>a</sup> Women whose pregnancy ended within 2 months of the interview or who were pregnant at the time of the interview are not included so that the NSFG sample most closely matches the denominator obtained with claims data

SE = standard error; -- indicates no cases in that category; \* data statistically not reliable due to low number of cases in that category

## EXAMPLE 2: Provision of LARC Methods Among All Women at Risk of Unintended Pregnancy

The primary intent of the LARC rate is to identify very low rates of LARC provision (less than 1–2%) or where rates of LARC provision are well below the median or mean of several reporting units (e.g. clinics or counties) which could be an indicator of barriers to LARC access that may be explored. The LARC measure should NOT be used to encourage high rates of use/provision. For this same reason, it is not appropriate to use the LARC measure in a pay-for-performance context. Hence, NSFG data are not used to interpret the LARC rates.

To illustrate this process, Iowa Medicaid claims data from 2013 were used to calculate the performance measures for all women by public health region (Table 4).

**Table 4. Provision of LARC among women, overall and by public health region in Iowa, 2013**

Public Health Regions	Women ages 15 through 20 (n = 5,254)	Women ages 21 through 44 (n = 9,483)
	LARC	LARC
Overall	4.7%	5.1%
Public Health Region 1	4.7%	4.8%
Public Health Region 2	5.4%	5.8%
Public Health Region 3	3.5%	6.3%
Public Health Region 4	4.7%	4.9%
Public Health Region 5	5.3%	4.9%
Public Health Region 6	4.6%	5.1%

Source: Iowa Department of Public Health

In the Iowa general Medicaid population, provision of LARC methods to adolescents is 4.7 percent and among adults it is 5.1 percent. The provision of LARC does not fall below 1 to 2 percent in any public health region and therefore do not appear to be substantial differences in LARC access across public health regions. These data suggest that there is some access to LARC in the state overall and in each region of the state. Public health regions with percentages lower than the state average may indicate barriers to providing most and moderately effective contraceptive methods that could be addressed.

### EXAMPLE 3: Provision of Contraceptive Methods to Postpartum Women

Providing contraception in the postpartum period can help women space pregnancies to their desired inter-pregnancy interval. Healthy People and the World Health Organization recommend an inter-pregnancy interval of at least 18 months, therefore, providing contraception in the postpartum period can be considered an indicator of quality care. All postpartum women may be considered generally at risk of unintended pregnancy for that period of time; hence, no adjustment using NSFG data is needed to interpret the rates.

To illustrate how to interpret the postpartum rates, Iowa Medicaid data were used from 2013 to calculate the measure statewide and by Iowa public health region (Table 5).

**Table 5. Provision of postpartum contraception among female Medicaid enrollees ages 15 through 44, overall and by public health region in Iowa, 2013**

Postpartum (n = 12,369)	Ages 15 through 20 (n = 2,290)		Ages 21 through 44 (n = 10,079)	
	Most/moderate	LARC	Most/moderate	LARC
<b>3 days postpartum</b>				
<b>Overall</b>	<b>3.5%</b>	<b>0.6%</b>	<b>12.0%</b>	<b>0.3%</b>
Public Health Region 1	1.2%	0.0%	9.8%	0.0%
Public Health Region 2	4.5%	0.0%	13.0%	0.1%
Public Health Region 3	2.1%	0.6%	11.9%	0.1%
Public Health Region 4	3.1%	0.0%	11.7%	0.0%
Public Health Region 5	6.5%	0.8%	13.7%	0.7%
Public Health Region 6	5.2%	1.5%	13.5%	0.8%
<b>60 days postpartum</b>				
<b>Overall</b>	<b>40.8%</b>	<b>13.9%</b>	<b>41.2%</b>	<b>9.5%</b>
Public Health Region 1	39.3%	13.8%	38.0%	8.8%
Public Health Region 2	43.8%	13.7%	46.2%	11.5%
Public Health Region 3	36.0%	10.2%	37.0%	7.8%
Public Health Region 4	42.0%	13.3%	45.2%	8.5%
Public Health Region 5	44.2%	14.9%	45.4%	10.2%
Public Health Region 6	41.8%	15.8%	42.3%	10.7%

Source: Iowa Department of Public Health

#### Provision of most and moderately effective methods

The percentage of women provided a most or moderately effective method in the immediate postpartum period was 3.5 percent for adolescents and 12 percent for adult women. By 60 days postpartum, approximately 41 percent of adolescent and adult women were using a most or moderately effective method of contraception; thus, there is about a 59 percentage point opportunity for improvement.

#### Provision of LARC methods

Immediate postpartum LARC provision (i.e., within 3 days) among postpartum women is very low, less than 1 percent overall, and there is very little difference across public health regions. This result is not surprising given that Iowa Medicaid only recently began reimbursing for this service. By 60 days postpartum, the percentage of women provided with LARC has increased (14 percent for teens and 10 percent for adult women) and no public health region has a rate less than 2 percent. These data suggest that there is some access to LARC in the state overall and in each region of the state.