

Effective Contraceptive Use

Measure Basic Information

Name and date of specifications used: OHA developed these specifications in 2014 based on national specifications that were under development with the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS), and in collaboration with the Oregon Preventive Reproductive Health Advisory Council and the CCO Metrics Technical Advisory Workgroup.

As CMS has formally adopted the Contraceptive Care - All Women ages 15-44 (CCW) measure for FFY2018 Medicaid Core Set of Health Care Quality Measures (for both Adult and Child/CHIP sets), OHA has decided to continue using its own algorithm for the Effective Contraceptive Use (ECU) measure. OHA continues to monitor the algorithm and codes being used between the measures for adequate alignment.

The main differences between CCW and ECU are:

Population:

- CMS CCW reports on women age 15-44; OHA ECU includes women age 15-50.

Denominator exclusion:

- OHA ECU includes more denominator exclusion codes based on the Oregon Medicaid Hysterectomy and Sterilization Consent Audit Criteria, and CCO feedback on the draft 2017 specifications released in November 2016.
- CMS CCW uses denominator exclusion criteria to address postpartum contraceptive use, and the remaining women in the denominator are not pregnant in the measurement year, or had a pregnancy that ended in the first 10 months of the measurement year, or had an ectopic pregnancy, stillbirth, miscarriage, or induced abortion. OHA ECU specifications address postpartum contraceptive use by providing denominator exceptions for members with pregnancy history in the year.

Numerator:

- While both measures only include the top two tiers of most and moderately effective contraceptive methods (defined by CDC¹), CMS CCW measure reports separate rates for the two tiers, and the OHA ECU measure reports a combined rate.
- CMS CCW specifications adjust for LARC removals and re-insertions in the numerator logic, whereas OHA ECU specifications look for evidence of LARC installation and surveillance.
- OHA ECU includes more numerator codes for indirect evidence and surveillance of effective contraceptive methods.

URL of Specifications: n/a. For more information on CMS' Maternal and Infant Health Initiative and the CCW measure: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf#page=46>

¹https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf



Measure Type:

HEDIS PQI Survey Other Specify: OHA-developed

Measure Utility:

CCO Incentive State Quality CMS Adult Core Set CMS Child Core Set Other
Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2019 - December 31, 2019

2015 Benchmark: 50%. Metrics & Scoring Committee consensus

2016 Benchmark: 50%. Metrics & Scoring Committee consensus

2017 Benchmark: 50%. Metrics & Scoring Committee consensus

2018 Benchmark: 50%. Metrics & Scoring Committee consensus

2019 Benchmark: 53.9%. 2017 CCO 90th percentile

2019 Improvement Targets: Minnesota method with 3 percentage point floor

Incentive Measure changes in specifications from 2018 to 2019:

- Moved ICD procedure codes related to destruction and occlusion of fallopian tubes from denominator exclusion section, to female sterilization section as permanent numerator hits. These codes include: ICD9-PCS: 6631, 6632, 6639, 6651, 6652, and ICD10-PCS: 0U570ZZ, 0U573ZZ, 0U577ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ, 0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL77DZ, 0UL77ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ.
- Removed CPT codes 58340 and 74740 from the permanent numerator female sterilization section, as these are supporting imaging methods which can also be used on other fertility-related diagnostic visits.
- Moved the ‘pregnancy non-compliant exclusion’ from the ‘denominator exclusion’ section to ‘denominator exception’ section for better clarity.

Member type: CCO A CCO B CCO G

Specify claims used in the calculation:

ECU	Claim from matching CCO	Denied claims included
Denominator exclusion	N	Y
Numerator event	N	Y

Measure Details

Data elements required denominator: All women ages 15-50 as of December 31 of the measurement year who were continuously enrolled in a CCO for the 12-month measurement period.

Note: OHA will also be measuring and reporting on adolescent and adult women separately, by ages 15-17 and ages 18-50. The all-age rate (age 15-50) will be tied to the CCO's incentive payment.

Required exclusions for denominator: Remove from the denominator any women with history through December 31 of the measurement year for the following:

Denominator Exclusion	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT/HCPCS
Hysterectomy	V45.77, V88.01, V88.02	68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.9	N99.3, Z90.710, Z90.711	(conversions of the ICD-9 procedure codes are included in the two categories below)	51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291-58294, 58541-58544, 58548, 58550, 58552-58554, 58570-58573, 58943, 58950- 58954, 58956-58958, 58960, 59135, 59525
Bilateral oophorectomy		65.51, 65.52, 65.53, 65.54		OUT00ZZ, OUT04ZZ, OUT08ZZ, OUT0FZZ, OUT10ZZ, OUT14ZZ, OUT17ZZ, OUT18ZZ, OUT1FZZ, OUT20ZZ, OUT24ZZ, OUT27ZZ, OUT28ZZ, OUT2FZZ	58700, 58720, 58940
Other female reproductive system removal, destruction, resection related to hysterectomy			Z90.722	OU520ZZ, OU523ZZ, OU524ZZ, OUB20ZZ, OUB23ZZ, OUB24ZZ, OUB27ZZ, OUB28ZZ, OUT07ZZ, OUT40ZZ, OUT44ZZ, OUT47ZZ, OUT48ZZ, OUT90ZZ, OUT94ZZ, OUT97ZZ, OUT98ZZ, OUT9FZZ	

Denominator Exclusion	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT/HCPCS
Natural menopause	627.0-627.9, V49.81		N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0		
Premature menopause due to surgery, radiation, or other factors	256.1, 256.2, 256.31, 256.39, 256.8		E28.1, E28.310, E28.319, E28.39, E28.8, E28.9, E89.40, E89.41, N98.1		
Congenital anomalies of female genital organs	752.0, 752.31, 752.49		Q50.02, Q51.0		
Female infertility	628.0, 628.2, 628.3, 628.4, 628.8, 628.9		N97.0, N97.1, N97.2, N97.8, N97.9		

Note: existence of any of these codes “count” independently; they do not need to be used in combination for exclusion. The denominator exclusion criteria utilize all historical claims in OHA’s system (which dates back to 2002). That is, providers do not need to document evidence of exclusions every measurement year, as long as there is existing Medicaid claims history with evidence of the exclusion. OHA compiles an ‘ECU permanent exclusion table’ using all OHP claims, and applies exclusions to CCOs in rolling reports. If CCOs identify additional members who qualify for the permanent exclusion, from non-OHP claims, EHR, or other sources, OHA accepts submission of supplemental information to exclude members from the measure. The template, evidence requirement and submission timeline will be available on <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

Required exceptions for denominator: Among women in the denominator who were *not numerator compliant*, exclude those with a pregnancy claim from the measurement year.

ICD-10 Diagnosis	CPT
See HEDIS 2019 Pregnancy Value Set (total of 2,318 ICD-10 diagnosis codes)	59400, 59409, 59410, 59425, 59426, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Data elements required numerator:

Women in the denominator with evidence of female sterilization anytime throughout the claims history in OHA’s system, or one of the following methods of contraception during the measurement year: IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm using the following Numerator Code Table, and the National Drug Codes (NDC) table (posted online separately):

Numerator	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT/HCPCS
Female Sterilization (permanent numerator hits)	V25.2, V26.51	66.21-66.29, 66.31, 66.32, 66.39, 66.51, 66.52	Z30.2, Z98.51	0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0U578ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ, 0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ	58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264
Intrauterine Device (IUD/IUS)	996.32, 996.65, V25.11, V25.13, V25.42, V45.51	69.7	T83.31xA, T83.32xA, T83.39xA, T83.59xA, T83.69xA, Z30.014, Z30.430, Z30.431, Z30.433, Z97.5	0UH97HZ, 0UH98HZ, 0UHC7HZ, 0UHC8HZ	58300, J7297, J7298, J7300, J7301, Q0090, S4981, S4989
Hormonal Implant	996.30, V25.43, V25.5, V45.52		Z30.016, Z30.017		11981, 11983, J7306, J7307
Injectable (1-month/ 3-month)			Z30.013		J1050, J1051, J1055, J1056
Oral Contraceptive Pills	V25.01, V25.41		Z30.011		S4993
Patch			Z79.3		J7304
Vaginal Ring			Z30.015		J7303
Diaphragm					57170, A4266

Numerator	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT/HCPCS
Surveillance of a contraceptive method			Z30.41, Z30.42, Z30.44, Z30.45, Z30.46, Z30.49		
Unspecified Contraception	V25.02, V25.40, V25.49, V25.9, V45.59		Z30.018, Z30.019, Z30.40, Z30.8, Z30.9		

Notes:

- Women who had claims indicating female sterilization would count as a numerator hit in the measurement year, as well as the subsequent years. OHA will compile a ‘female sterilization permanent numerator table’ using all the OHP claims history (which dates back to 2002) and give numerator credit to the CCO that the member is continuously enrolled with during the measurement year.
- The rest of the numerator categories are identified using claims only during the measurement year; no look back periods are applied. However, several surveillance codes are included in the specifications to account for women utilizing long-acting reversible contraception or permanent contraceptive options who would not otherwise have a pharmacy claim or procedure code during the 12-month measurement period.
- The surveillance and diagnosis codes listed in the Numerator Code Table do not need to be primary diagnoses; they can be in any position on the claim for credit toward this measure.
- The use of any of the codes “count” independently; codes do not have to be used in combination (e.g., CPT and NDC) for inclusion in the numerator.
- The Numerator Code Table includes some expired codes (e.g., J1051, code expired 2013). These codes are included in case they are still in use anywhere in Oregon; however, they may be removed from the measure specifications in future years and providers should only utilize current codes. This also applies for ICD-9 codes listed in the specifications.
- National Drug Codes (NDC) included in the measure are based on Therapeutic Classes 36 and 63. See ECU NDC Code Table posted separately online for additional details. NDCs are reviewed annually for potential updates and may be refreshed prior to final calculation for a measurement year to ensure most accurate results.

Required exclusions for numerator: None. Please see ‘denominator exception’ for women who are not numerator compliant, but had a pregnancy claim in the measurement year.

What are the continuous enrollment criteria: the 12-month measurement period.

What are allowable gaps in enrollment: No more than one gap in enrollment of up to 45 days during the measurement period.

Define Anchor Date (if applicable): December 31st of the measurement year.

Version Control

- The specifications were updated on February 15, 2019 to include ICD10 diagnosis code E28.1 in premature menopause category for denominator exclusion. This code has been included in the measure calculation since 2017 but omitted in the specifications sheet by mistake. This correction does not change the way OHA calculates this measure.