Effective Contraceptive Use

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 Metrics Technical Advisory Workgroup.

As CMS has formally adopted the Contraceptive Care - All Women ages 15-44 (CCW) measure for FFY2016 Maternal and Infant Health Initiative reporting, OHA has decided to continue using its own algorithm for the Effective Contraceptive Use (ECU) measure, but make additional changes to align most of the numerator and denominator codes with the CMS CCW measure.

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[1], 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 excluding only the non-numerator compliant members from the denominator, if there is pregnancy history in the year.

Numerator:
- While both measures only include tier 1 and 2 contraceptive methods, CMS CCW 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 in the numerator logic.
- OHA ECU includes more numerator codes for indirect evidence and surveillance of effective contraceptive methods, as well as appropriate ICD-10 codes new to 2017 that CMS CCW has not yet included.

URL of Specifications: n/a. For more information on CMS' Maternal and Infant Health Initiative and the CCW measure: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html

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[1] Criteria for the Hysterectomy and Sterilization Consent Audit, OHA, 11/25/2015
https://www.oregon.gov/oha/healthplan/tools/Criteria%20for%20the%20Hysterectomy%20and%20Sterilization%20Consent%20Audit.pdf

Measure Type:

HEDIS ☐   PQI ☐   Survey ☐   Other ■   Specify: OHA-developed

Measure Utility:

CCO Incentive ■   Core Performance ■   CMS Adult Set ☐   CHIP Set ☐   State Performance ☐

Other ☐   Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2017 - December 31, 2017

2015 Benchmark: 50%. Metrics & Scoring Committee consensus.
2016 Benchmark: 50%. Metrics & Scoring Committee consensus.
2017 Benchmark: 50%. Metrics & Scoring Committee consensus.

Incentive Measure changes in specifications from 2016 to 2017:

OHA has updated the ECU measure specifications to include more robust code sets for identifying exclusions and numerator criteria, based on the CMS CCW specifications, Oregon Medicaid Hysterectomy and Sterilization Consent Audit Criteria, and CCO and provider feedback:

- Added 128 codes to the denominator exclusion set, including a new categories for 'Female infertility' and 'Other female reproductive system removal, destruction or resection related to hysterectomy.'
- Modified the pregnancy exclusion for noncompliant numerator patients to use HEDIS 2017 Pregnancy Diagnosis Value Set. In 2017, OHA will explore whether adopting HEDIS Pregnancy Value Set (which is more inclusive than Pregnancy Diagnosis Value Set) might be more appropriate for the measure exclusion.
- Added 7 codes to the numerator set.

It is likely that OHA will rebase the 2016 measure performance to set 2017 improvement targets, given these changes.

Note a denominator exclusion and numerator code table is posted online separately to assist CCOs and providers in reviewing any code changes. This code table provides the source of each new code, as well as brief description. http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Denied claims: Included ■   Not included ☐

Member type: CCO A ■   CCO B ■   CCO G ☐

Measure specifications include a broad set of codes that could be used for measurement. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

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 be measuring and reporting on adolescent and adult women separately, by ages 15-17 and ages 18-50. Only the adult rate 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		0UT00ZZ, 0UT04ZZ, 0UT08ZZ, 0UT0FZZ, 0UT10ZZ, 0UT14ZZ, 0UT17ZZ, 0UT18ZZ, 0UT1FZZ, 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ	58700, 58720, 58940
Other female reproductive system removal, destruction, resection related to hysterectomy		66.31, 66.32, 66.39, 66.51, 66.52	Z90.722	0U520ZZ, 0U523ZZ, 0U524ZZ, 0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0UB20ZZ, 0UB23ZZ, 0UB24ZZ, 0UB27ZZ, 0UB28ZZ, 0UB70ZZ, 0UB73ZZ, 0UB74ZZ, 0UB77ZZ, 0UB78ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ,	

Denominator Exclusion	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT/HCPCS
				0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT07ZZ, 0UT40ZZ, 0UT44ZZ, 0UT47ZZ, 0UT48ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ, 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT98ZZ, 0UT9FZZ	
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 survey, radiation, or other factors	256.1, 256.2, 256.31, 256.39, 256.8		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: use 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), whereas the rest of the measure (e.g., identifying the numerator) only uses claims within the measurement year. 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.

Data elements required numerator:
Women in the denominator with evidence of one of the following methods of contraception during the measurement period: sterilization, 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	V25.2, V26.51	66.2x	Z30.2, Z98.51	0U574ZZ, 0U578ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL78DZ, 0UL78ZZ	58340, 58565, 58600, 58605, 58611, 58615, 58670, 58671, 74740, A4264
Intrauterine Device (IUD/IUS)	996.32, 996.35, V25.11, V25.13, V25.42, V45.51	69.7	T83.31xA, T83.32xA, T83.39xA, T83.59xA, T83.6xxA, Z30.014, Z30.430, Z30.431, Z30.433, Z97.5	0UH97HZ, 0UH98HZ, 0UHC7HZ, 0UHC8HZ	58300, J7300, J7301, J7302, J7297, J7298, Q0090, S4981, S4989
Hormonal Implant	996.30, 25.43, 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
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:

- The Effective Contraceptive Use measure is only looking for numerator qualifying codes during the measurement period; no look back periods are applied. However, a number of 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 to 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. Note the NDC code table has not yet been updated for 2017.

Required exclusions for numerator:
Among women in the denominator who were *not* numerator compliant, exclude those with a pregnancy diagnosis[2] from the measure.

ICD-9 Diagnosis	ICD-10 Diagnosis	CPT
See HEDIS 2017 Pregnancy Diagnosis Value Set (178 codes)	See HEDIS 2017 Pregnancy Diagnosis Value Set (1,692 codes)	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 59425, 59426

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.

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[2] OHA is adopting the HEDIS Pregnancy Diagnosis Value Set for 2017, and will research whether adopting HEDIS Pregnancy Value Set (which is more inclusive than Pregnancy Diagnosis Value Set) might be more appropriate.