Effective Contraceptive Use

Measure Basic Information

Name and date of specifications used: OHA developed these specifications based on national specifications under development with the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS)[1], and in collaboration with the Oregon Preventive Reproductive Health Advisory Council and the Metrics Technical Advisory Workgroup.

As national specifications are still under development, OHA's specifications may be revised to incorporate additional change for future measurement years.

URL of Specifications: n/a

Measure Type:

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

Measure Utility:

CCO Incentive■   Core Performance ■   CMS Adult Set☐   CHIPRA Set☐   State Performance☐ Other☐   Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2016 - December 31, 2016.

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

Changes between 2015 and 2016 specifications:
Please note there are revisions to the 2015 specifications that apply to 2016, including the transition to basing qualifying NDCs on the Therapeutic Class lists for more comprehensive identification of contraception and the inclusion of ICD-10 codes. Revised 2015 specifications were posted online September 30, 2015.

Please also note that the qualifying numerator codes have been moved to two separate documents, also posted online:

- Code Table for Effective Contraceptive Use Numerator
- NDC Table

These code tables currently apply to both the 2015 and 2016 specifications. The code table and NDC table were updated with corrections on November 24, 2015.

Denied claims: Included ■   Not included ☐

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[1] For more information on CMS' Maternal and Infant Health Initiative and the developmental contraceptive use measure: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html

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.

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 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:

Exclusion	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT
Hysterectomy	V88.01		Z90.710		
Bilateral oophorectomy		65.5x		0UT20ZZ, 0UT27ZZ, 0UT28ZZ, 0UT2FZZ, 0UT00ZZ, 0UT08ZZ, 0UT0FZZ, 0UT10ZZ, 0UT17ZZ, 0UT18ZZ, 0UT1FZZ, 0UT24ZZ, 0UT04ZZ, 0UT14ZZ	58720, 58150, 58940, 58700
Natural Menopause	V49.81, 627.0-627.9		N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0		
Premature menopause due to survey, radiation, or other factors	256.2, 256.31		E89.40, E89.41, E28.310, E28.319		

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.

Data elements required numerator:
Women in the denominator <u>with evidence</u> of one of the following methods of contraception <u>during the measurement period</u>: sterilization, IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm using the Numerator Code Table (posted online separately).

Notes:

- The Effective Contraceptive Use measure is only looking for 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.

- National Drug Codes (NDC) included in the measure have been updated and expanded based on Therapeutic Classes 36 and 63. See Numerator Code Table and NDC Table for additional details.

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

ICD-9 Diagnosis	ICD-10 Diagnosis	CPT
V22.x, V61.7, V72.42	Z34.00, Z34.80, Z34.90, Z33.1, Z32.01, Z64.0	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.

Version Control

- The specifications were updated on January 19, 2016 to clarify the lookback period for the denominator exclusion criteria.