

## Effective contraceptive use

## 2018

**Measure description:** Percentage of women (age 15 – 50) who are not currently pregnant and who adopted or continued use of one of the most effective or moderately effective contraceptives.

**Purpose:** Coordinated Care Organizations and providers across Oregon can improve health and reduce unintended pregnancies by implementing pregnancy intention screenings and providing effective contraceptives to women who do not wish to become pregnant.

While the Oregon Health Authority is incentivizing effective contraceptive use, it is important to remember that Oregon Health Plan clients must be free to choose the method of family planning that is to be used. Per federal law, health plans must provide that each member is “free from coercion or mental pressure, and free to choose the method of family planning to be used.”

### Measure Specifications

**Data:** Claims data (MMIS/DSSURS)

**Benchmark Target:** 50%

**Denominator:** All women age 15 – 50 as of December 31, 2018 who were continuously enrolled during 2018 with no more than one gap of up to 45 days in enrollment. Women with evidence of the following are excluded:

Exclusion	ICD-10 Diagnosis Codes
Hysterectomy	Z90.710, Z90.711, N99.3
Natural Menopause	N92.4, N95.0, N95.1, N95.2, N95.8, N95.9, Z78.0
Premature menopause due to surgery, radiation, or other factors	E89.40, E89.41, E28.310, E28.319, E28.39, E28.8, E28.9, N98.1
Congenital anomalies of female genital organs	Q50.02, Q51.0
Female Infertility	N97.0, N97.1, N97.2, N97.8, N97.9

Note: The denominator exclusion criteria use all historical claims in OHA’s system, which dates back to 2002.

**Numerator:** Women in the denominator with evidence of sterilization anytime in OHA’s claims history or one of the following methods of contraception during 2018: IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm.

Description	ICD-10 Diagnosis
<b>Surveillance of a contraceptive method</b>	<b>Z30.41</b> Encounter for surveillance of contraceptive pills. <b>Z30.42</b> Encounter for surveillance of injectable contraceptive. <b>Z30.49</b> Encounter for surveillance of other contraceptives.
<b>Unspecified Contraception</b>	<b>Z30.018</b> Encounter for initial prescription of other contraceptives. <b>Z30.019</b> Encounter for initial prescription of contraceptives, unspecified. <b>Z30.40</b> Encounter for surveillance of contraceptives, unspecified. <b>Z30.8</b> Encounter for other contraceptive management <b>Z30.9</b> Encounter for contraceptive management, unspecified.

Description	ICD-10 Diagnosis
<b>Female Sterilization</b> (permanent numerator)	<b>Z30.2</b> Sterilization <b>Z98.51</b> Tubal ligation status
<b>Intrauterine device</b> (IUD/IUS)	<b>Z30.431</b> Encounter for routine checking of intrauterine contraceptive device. <b>Z97.5</b> Presence of intrauterine contraceptive device.
<b>Injectable</b> (1-month/3-month)	<b>Z30.013</b> Encounter for initial prescription of injectable contraceptive.
<b>Oral contraceptive</b>	<b>Z30.011</b> Encounter for initial prescription of contraceptive pills. <b>Z79.3</b> Long-term (current) use of hormonal contraceptive (pill or patch)
<b>Patch</b>	<b>Z79.3</b> Long-term (current) use of hormonal contraceptive (pill or patch)

\*Note: above table contains general surveillance of contraceptive method coding, and is not a complete list of codes. Please reference the OHA measure specification for full list of CPT/HCPCS and ICD10 codes.

#### Notes:

- Numerator codes for non-permanent contraceptive methods must appear on a claim during the measurement period in order to count; 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.
- Women with a pregnancy diagnosis are excluded from the measure.
- 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 use all the OHP claims history (which dates back to 2002), and give numerator credits to the CCO that the member is continuously enrolled with during the measurement year.

OHA Resources: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

## Strategies for Improvement

- Use a pregnancy intention screening, such as One Key Question, to prompt the discussion annually.
- Implement an EHR documentation workflow to streamline the addition of the above surveillance ICD10 codes to the claim, so that the service is captured.
- Use the gap lists provided by WOA for targeted patient outreach and to ensure appropriate dx codes are being submitted on claims.