

**Child and Adult Core Sets Annual Review Workgroup:  
Measures Suggested for Removal from  
the 2027 Core Sets**

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**Measure Information Sheets**

**February 2025**

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# MEASURE INFORMATION SHEET

## CHILD AND ADULT CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2027 CORE SETS

Measure Information	
<b>Measure name</b>	<b>Contraceptive Care – Postpartum Women: Ages 15 to 20 (CCP-CH) and Ages 21 to 44 (CCP-AD)</b>
<b>Description</b>	<p>CCP-CH: Among women ages 15 to 20 who had a live birth, the percentage that:</p> <ol style="list-style-type: none"> <li>1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery.</li> <li>2. Were provided a long-acting reversible method of contraception (LARC) within 3 days of delivery and within 90 days of delivery.</li> </ol> <p>CCP-AD: Among women ages 21 to 44 who had a live birth, the percentage that:</p> <ol style="list-style-type: none"> <li>1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery.</li> <li>2. Were provided a LARC within 3 days of delivery and within 90 days of delivery.</li> </ol>
<b>Measure steward</b>	U.S. HHS Office of Population Affairs (OPA)
<b>Core Set</b>	The <i>Contraceptive Care – Postpartum Women</i> measure is included in the Child Core Set for women ages 15 to 20 (CCP-CH) and in the Adult Core Set for women ages 21 to 44 (CCP-AD).
<b>Core Set domain</b>	Maternal and Perinatal Health
<b>Meaningful Measures area</b>	Wellness and Prevention
<b>Measure type(s)</b>	Intermediate Outcome
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The individual who suggested this measure for removal indicated that removing the measure would not leave a gap in the Core Sets. <sup>a</sup> They noted there are equity concerns for contraceptive care measures solely focused on women’s responsibility.

<sup>a</sup> In response to this statement, the measure steward noted that there are currently no other measures assessing postpartum contraceptive provision within 3 days and 90 days in the Child and Adult Core Sets, and that the American College of Obstetricians and Gynecologists (ACOG) recommends that people have access to a full range of contraceptives in the immediate postpartum period.

<b>Measure Information</b>	
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool or reported by the measure steward.

<b>2025 Technical Specifications</b>	
<b>Ages</b>	<p><b>CCP-CH:</b> Women ages 15 through 20 as of December 31 of the measurement year.</p> <p><b>CCP-AD:</b> Women ages 21 through 44 as of December 31 of the measurement year.</p>
<b>Data collection method(s)</b>	Administrative.
<b>Denominator</b>	<p><b>CCP-CH:</b> The eligible population includes women ages 15 to 20 who had a live birth in the measurement year.</p> <p><b>CCP-AD:</b> The eligible population includes women ages 21 to 44 who had a live birth in the measurement year.</p> <p>Follow the steps below to identify the eligible population for both the child and adult versions of the measure:</p> <ul style="list-style-type: none"> <li>• Step 1: Identify live births during the measurement year.</li> <li>• Step 2: Remove exclusions (See Exclusions below for details).</li> </ul>
<b>Numerator</b>	<p>Both the child and adult versions of the measure include numerators for two rates (corresponding to types of contraception). Both rates are also stratified by postpartum window: within 3-days of giving birth and within 90-days of giving birth. Follow the steps below to define the numerators:</p> <ol style="list-style-type: none"> <li>1. <b>Numerator for Rate 1 (Most or Moderately Effective Method of Contraception):</b> The eligible population that was provided a most or moderately effective method of contraception. <ul style="list-style-type: none"> <li>- <b>Step 3a: Identify Rate 1 Numerator.</b> Define the numerator by identifying women in the denominator who were provided a most (sterilization, intrauterine devices or systems [IUD/IUS], or contraceptive implants) or moderately (injectables, oral pills, patch, or ring) effective method of contraception in the measurement year.</li> </ul> </li> <li>2. <b>Numerator for Rate 2 (LARC):</b> The eligible population that was provided a LARC method. <ul style="list-style-type: none"> <li>- <b>Step 3b: Identify Rate 2 Numerator.</b> Define the numerator by identifying women in the denominator who were provided a</li> </ul> </li> </ol>

<b>2025 Technical Specifications</b>	
	LARC (contraceptive implants or IUD/IUS) in the measurement year.
<b>Exclusions</b>	Exclude deliveries that meet either of the following criteria: <ul style="list-style-type: none"> <li>• Deliveries that did not end in a live birth (e.g., miscarriage, ectopic, stillbirth, or pregnancy termination).</li> <li>• Live births that occurred in the last 3 months of the measurement year (after September 30). These deliveries should be excluded from the denominator because there may not have been an opportunity to provide contraception during the postpartum period.</li> </ul>
<b>Continuous enrollment period</b>	Within the measurement year (calendar year 2024), women enrolled from the date of delivery to 90 days postpartum.
<b>Allowable gap</b>	No allowable gaps in the continuous enrollment period.

<b>Reasons for Removal Noted by Submitter(s)</b>
<p><b>Technical Feasibility Criteria</b></p> <p>None identified by the individual who suggested the measure for removal.</p>
<p><b>Actionability and Strategic Priority Criteria</b></p> <p>The individual who suggested the measure for removal selected the following response option “the measure no longer aligns with current clinical guidance and/or positive health outcomes” as a reason for removal.<sup>b</sup> They noted that the contraceptive measures included in the Core Sets (the <i>Contraceptive Care – Postpartum</i> measures and the <i>Contraceptive Care – All Women</i> measures) only include contraceptives that can be identified in claims, meaning other effective methods that might be more culturally appropriate for some priority populations are not counted.</p> <p>According to the individual who suggested the measure for removal, this could result in coercion to use contraceptive methods discordant with one’s preference or culture.<sup>c</sup> In addition, men’s role in unintended pregnancies is not addressed by the current contraceptive measures due to data capture limitations; the individual who suggested the measure for removal argued that this perpetuates</p>

<sup>b</sup> In response to this statement, the measure steward noted that ACOG’s 2022 guidance emphasizes a patient-centered approach to contraceptive counseling and they noted that contraceptive provision can be patient-centered. They also indicated that ACOG recommends that women avoid interpregnancy intervals shorter than 6 months and recommends clinicians provide counseling about the risks and benefits of repeat pregnancy sooner than 18 months. They provided the following links to ACOG guidance: <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2022/02/patient-centered-contraceptive-counseling> and <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care>.

<sup>c</sup> In response to this statement, the measure steward noted that the CCP and CCW measures do not have a benchmark and that the technical specifications include the following guidance: “States should not interpret this mandatory reporting as a desire to reach higher rates of contraceptive provision, but rather as an aim to capture all contraceptive provision rates. Higher rates of contraceptive provision are not associated with higher quality of contraceptive care provided to patients because these rates do not necessarily reflect patient preferences or goals.”

### Reasons for Removal Noted by Submitter(s)

patriarchal conceptions of women’s responsibilities for contraception. They indicated that contraceptive counseling and care should be provided to patients following a needs screening such as the One Key Question®: “Would you like to become pregnant in the next year.”<sup>1</sup> In their opinion, the *Person-Centered Contraceptive Counseling* (PCCC) measure<sup>2</sup> could help address whether the patient needs contraceptives.

### Other Considerations

None identified by the individual who suggested the measure for removal.

### Core Set Reporting History

<b>Year added to Core Set</b>	2017
<b>Number of states reporting the measure</b>	<p>2021 Core Set: 39 states reported the Child Core Set measure and 38 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).</p> <p>2022 Core Set: 40 states reported the Child Core Set measure and 39 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).</p> <p>2023 Core Set: 41 states reported the Child Core Set measure and 40 states reported the Adult Core Set measure (2 states reported using other specifications for the Child and Adult Core Set measures).</p>
<b>Was the measure publicly reported for the 2023 Core Sets</b>	Yes (see the following pages for 2023 Core Set data)
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for the 2023 Core Sets</b>	<p>Data not available (6 states) due primarily to information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• Limited staff resources.</li> <li>• These measures are not required reporting for the state’s managed care organizations (MCOs).</li> <li>• The measures are not reported by HEDIS or collected by the state.</li> <li>• These measures are not used in the state’s programs and the state does not have the capacity to produce the measures this year.</li> <li>• The state is focused on development of mandatory Core Set reporting and the calculation of this measure is secondary to ensuring compliance with the 2024 deadline. (This comment applies to the adult version of the measure, which is not included in mandatory reporting.)</li> </ul>

## Core Set Reporting History

<p><b>Summary of prior Workgroup discussions</b></p>	<p>At the 2020 Core Sets Annual Review Meeting a Workgroup member (WGM) suggested removal of the <i>Contraceptive Care – Postpartum Women Ages 21–44</i> (CCP-AD) measure because another measure on the Core Sets, the <i>Contraceptive Care – All Women</i> (CCW-CH/AD) measure, addresses the same measure concept. During the meeting, it was clarified that the postpartum population cannot be parsed out from the CCW-CH/AD measure. The Workgroup voted against removing the measure from the Adult Core Set. WGMs felt it was important to retain a measure for postpartum women, as effective postpartum contraception can help avoid short interpregnancy intervals, which are associated with low birthweight and other poor outcomes. WGMs were also concerned that only the adult and not the child version of the measure had been suggested for removal, which could cause misalignment between the Core Sets. A WGM also noted that maintaining the measure on the Adult Core Set could drive states to resolve payment issues around insertion of long-acting reversible methods of contraception. Lastly, a public commenter noted that the Center for Medicaid and CHIP Services (CMCS), the Centers for Disease Control and Prevention (CDC), and the Office of Population Affairs (OPA) partnered to support states in calculating, reporting, and using the contraceptive care measures to track access and drive improvements.</p>
<p><b>Other</b></p>	<p>The measure steward indicated that this measure can stratified by race, ethnicity, and geography. They noted that racial and socioeconomic disparities in contraceptive access and use are substantial and that stratifying measure results by race and ethnicity can help illuminate disparities in contraceptive provision and help identify program improvement opportunities to reduce/close this gap. More information is available in the measure’s technical specifications.<sup>3</sup></p>

### Citations

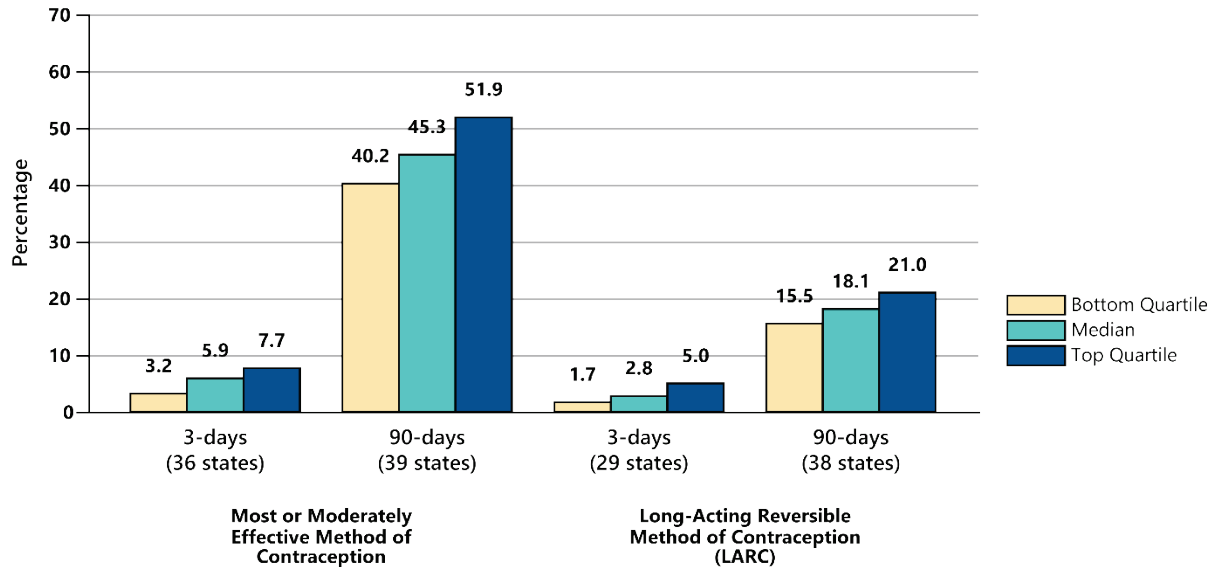
<sup>1</sup> <https://powertodecide.org/one-key-question>.

<sup>2</sup> <https://pcccmeasure.ucsf.edu/>.

<sup>3</sup> The technical specifications for the Child Core Set measure are available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>.  
The technical specifications for the Adult Core Set measure are available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf>.

## Contraceptive Care – Postpartum Women Ages 15 to 20

Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 and 90 Days of Delivery (CCP-CH), 2023 Core Set

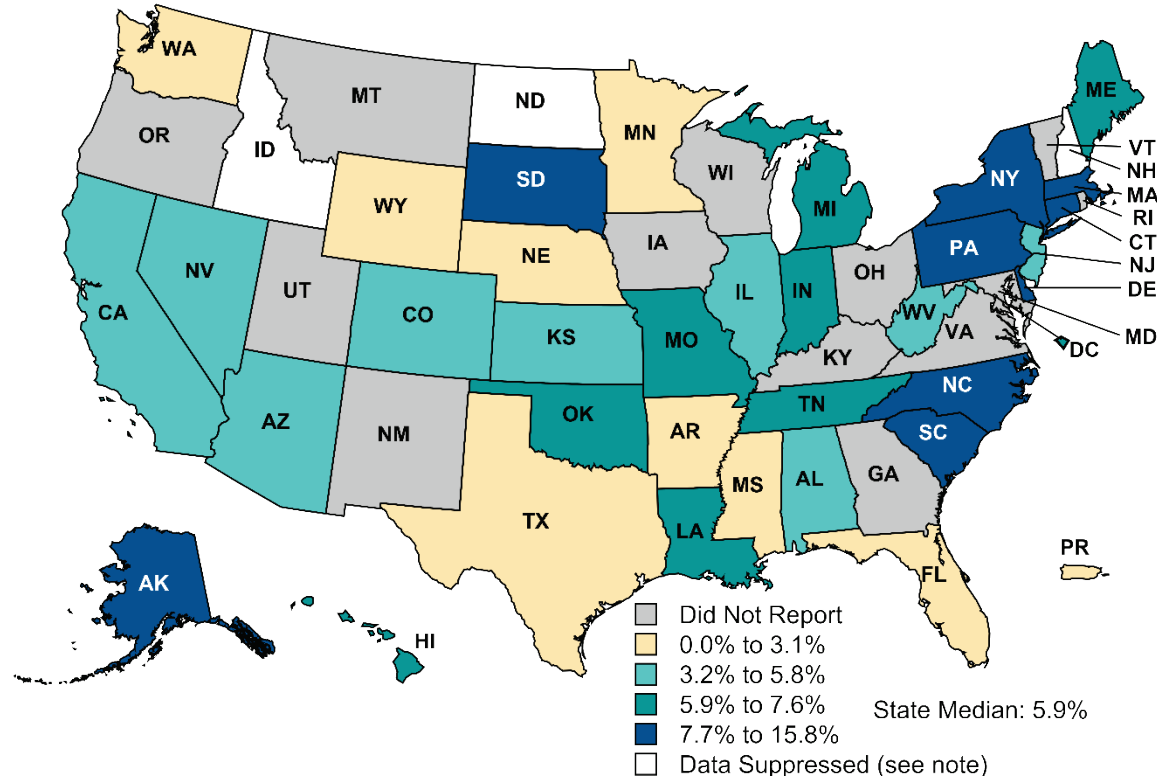


Source: Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This measure shows the percentage of postpartum women ages 15 to 20 who had a live birth from January 1, 2022 to September 30, 2022 and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery. This chart excludes Iowa and Vermont, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



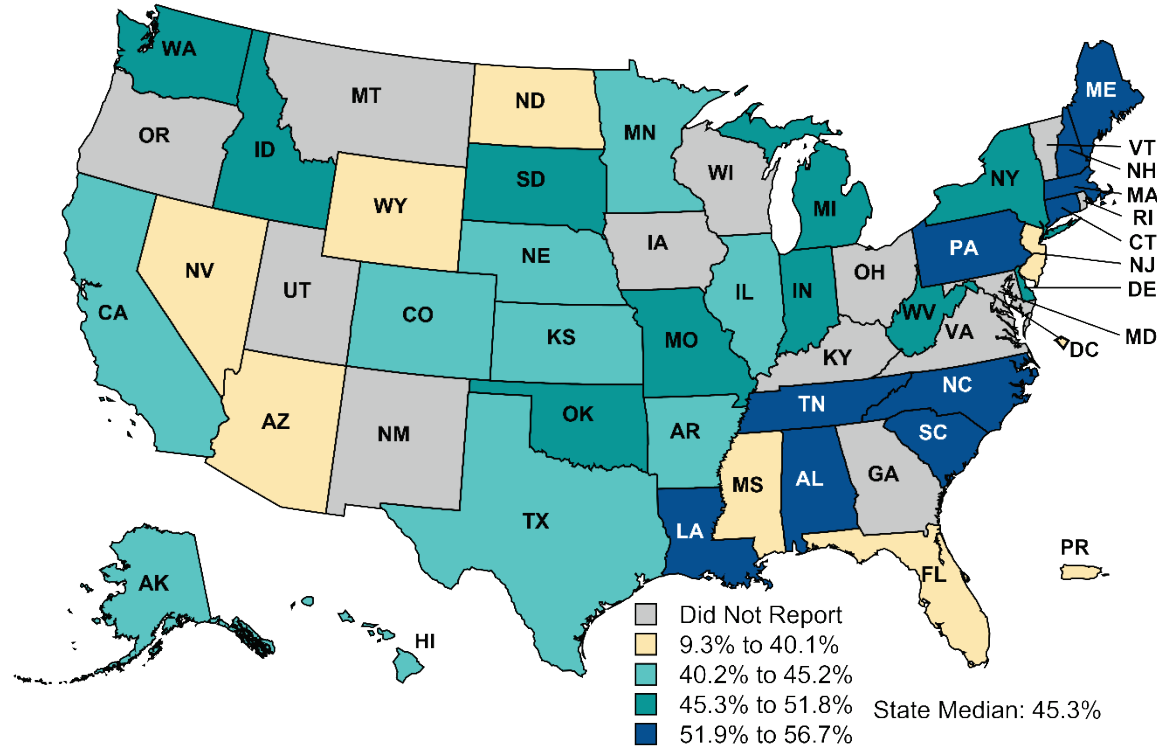
**Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery (CCP-CH), 2023 Core Set (n = 36 states)**



Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 3-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 15 to 20* measure. Data were suppressed for the Most or Moderately Effective 3-days postpartum rate for Idaho, New Hampshire, and North Dakota due to small cell sizes. This chart excludes Iowa and Vermont, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

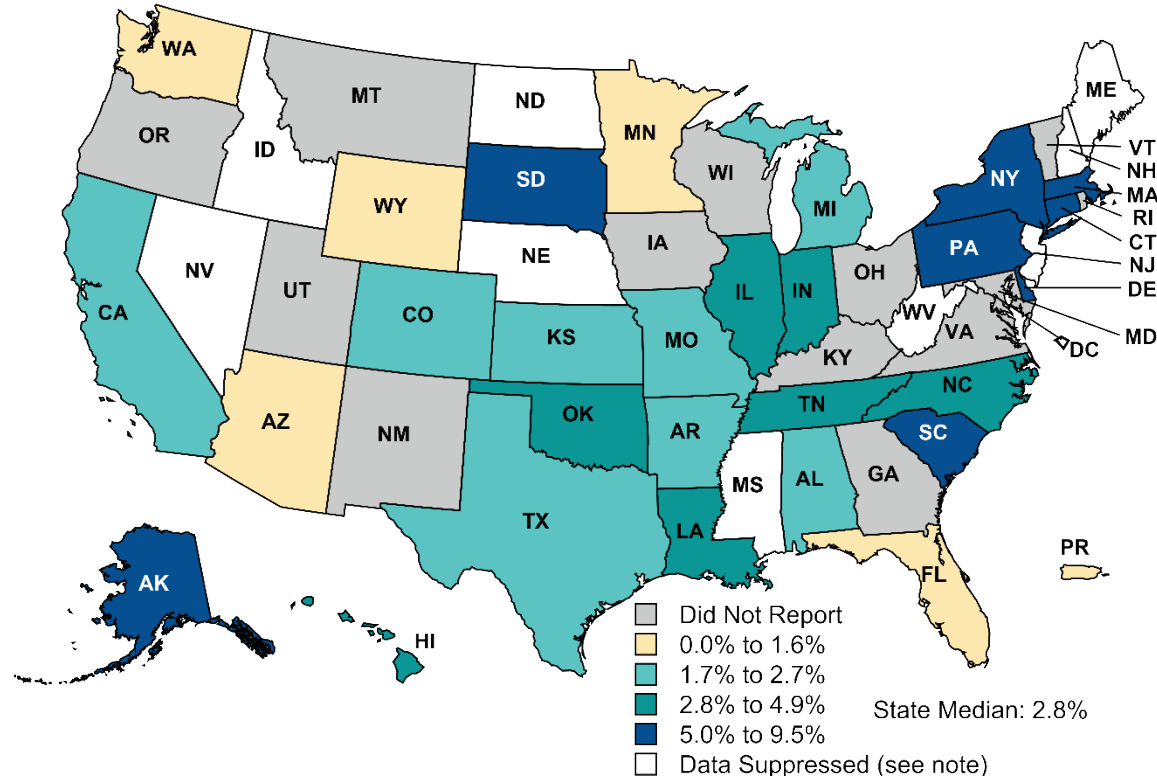
**Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 90 Days of Delivery (CCP-CH), 2023 Core Set (n = 39 states)**



Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 90-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 15 to 20* measure. This chart excludes Iowa and Vermont, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

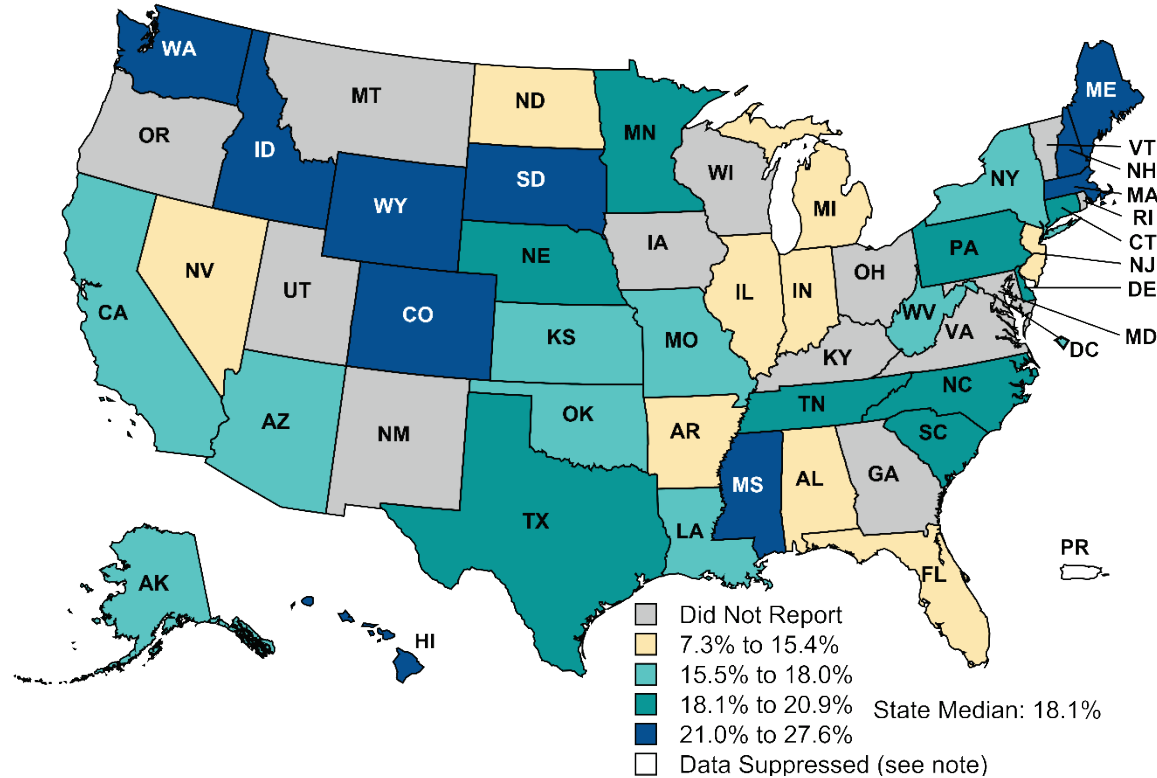
**Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 Days of Delivery (CCP-CH), 2023 Core Set (n = 29 states)**



Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC 3-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 15 to 20* measure. Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: District of Columbia, Idaho, Maine, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, North Dakota, and West Virginia. This chart excludes Iowa and Vermont, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

**Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 90 Days of Delivery (CCP-CH), 2023 Core Set (n = 38 states)**

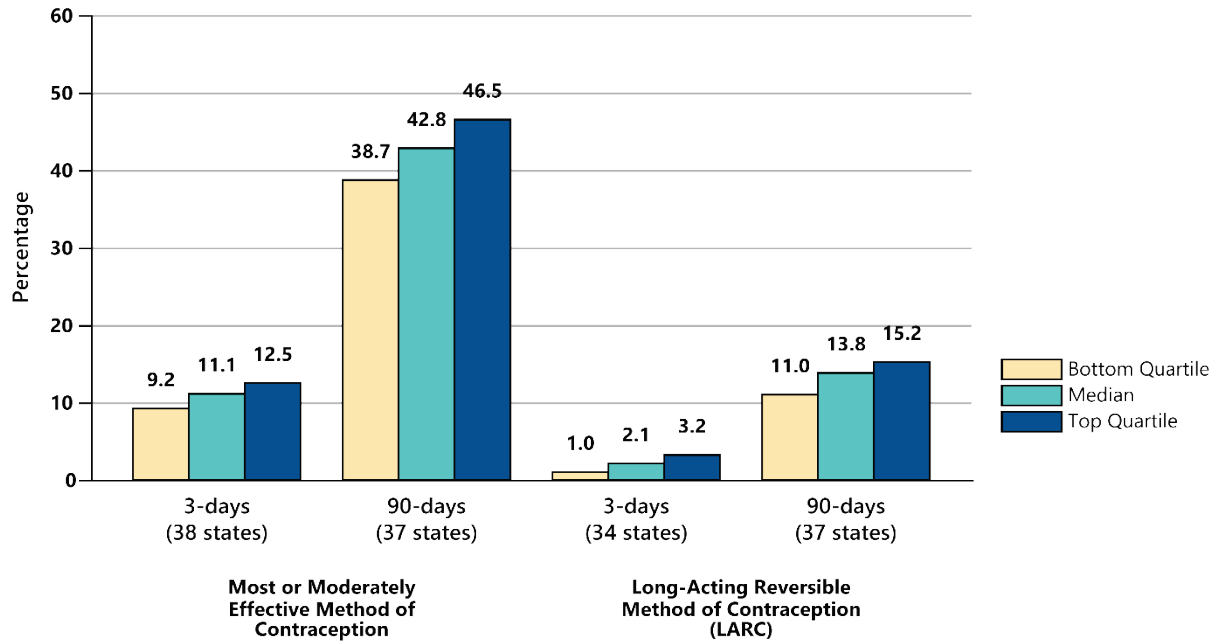


Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC 90-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 15 to 20* measure. Data were suppressed for the LARC 90-days postpartum rate for the following state due to small cell sizes: Puerto Rico. This chart excludes Iowa and Vermont, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

## Contraceptive Care – Postpartum Women Ages 21 to 44

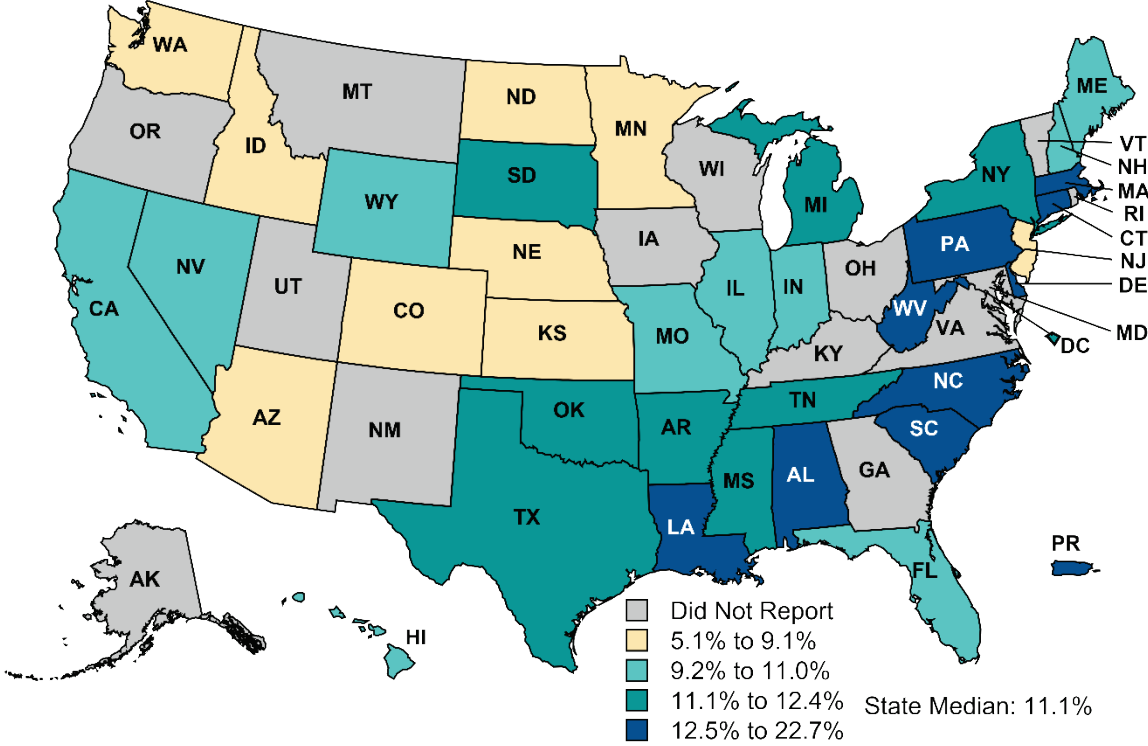
**Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 and 90 Days of Delivery (CCP-AD), 2023 Core Set**



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This measure shows the percentage of postpartum women ages 21 to 44 who had a live birth from January 1, 2022 to September 30, 2022 and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications.

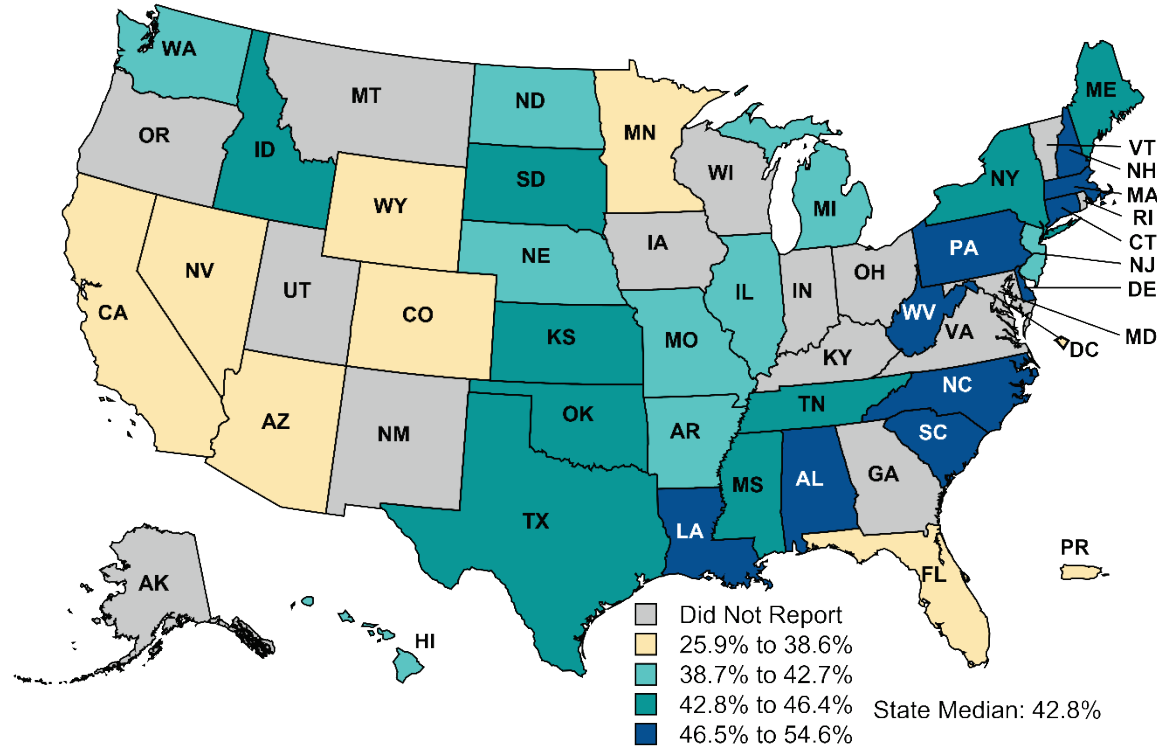
**Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery (CCP-AD), 2023 Core Set (n = 38 states)**



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 3-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 21 to 44* measure. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications.

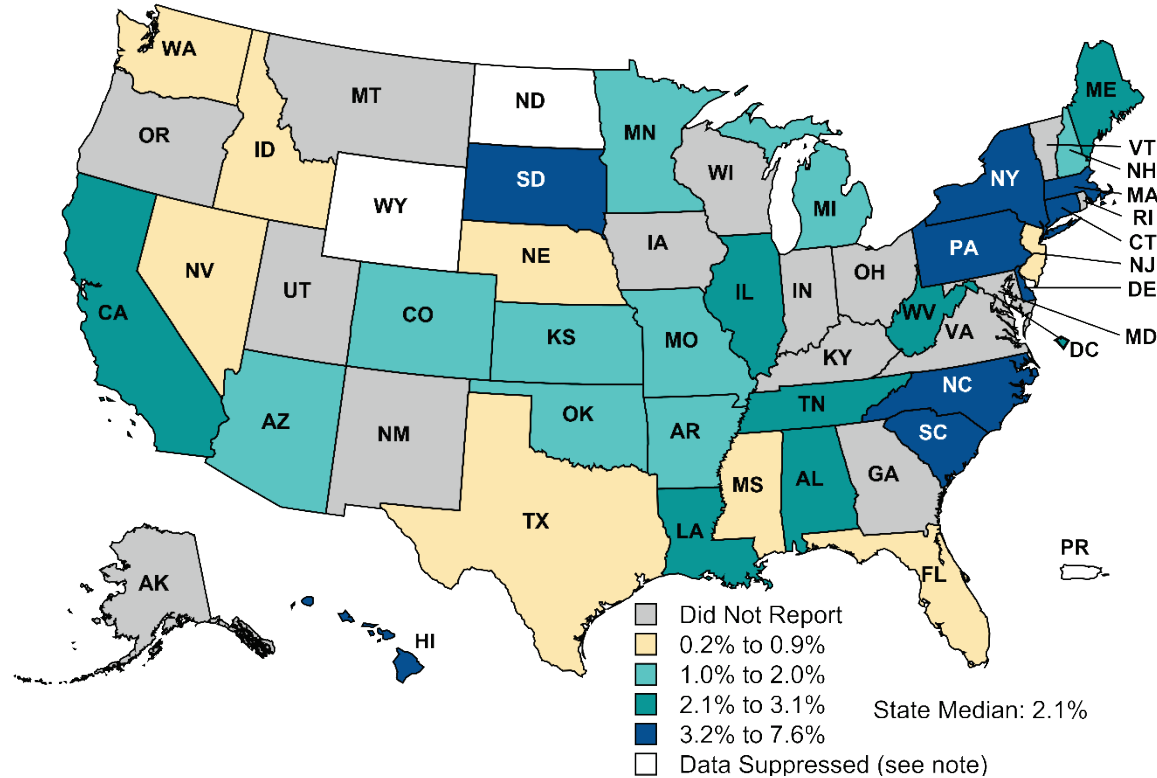
**Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 90 Days of Delivery (CCP-AD), 2023 Core Set (n = 37 states)**



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 90-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 21 to 44* measure. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications. This chart excludes Indiana, which reported the measure but did not provide data for the Most or Moderately Effective Method of Contraception 90-Days Postpartum rate.

**Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 Days of Delivery (CCP-AD), 2023 Core Set (n = 34 states)**

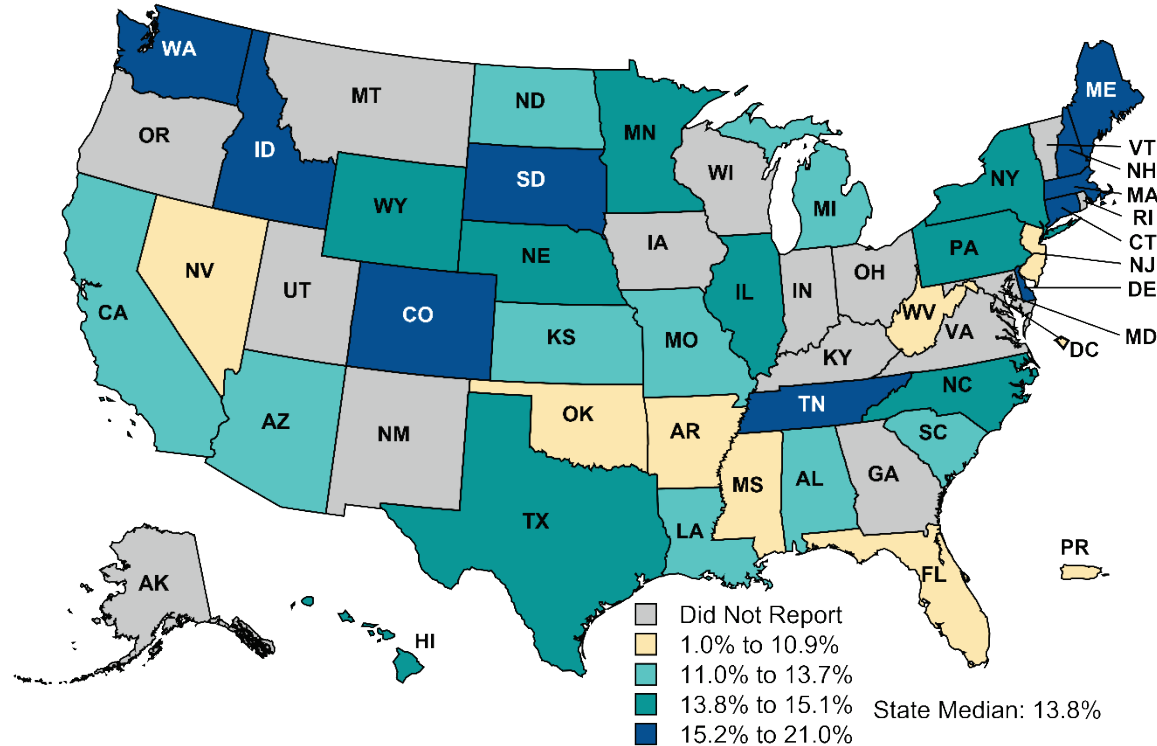


Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC 3-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 21 to 44* measure. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications. This chart excludes Indiana, which reported the measure but did not provide data for the LARC 3-Days Postpartum rate. Data were suppressed for the LARC 3-Days Postpartum rate for Wyoming, North Dakota, and Puerto Rico due to small cell sizes.



**Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 90 Days of Delivery (CCP-AD), 2023 Core Set (n = 37 states)**



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC 90-Days Postpartum rate for the *Contraceptive Care – Postpartum Women Ages 21 to 44* measure. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications. This chart excludes Indiana, which reported the measure but did not provide data for the LARC 90-Days Postpartum rate.

# MEASURE INFORMATION SHEET

## CHILD AND ADULT CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2027 CORE SETS

Measure Information	
<b>Measure name</b>	<b>Contraceptive Care – All Women: Ages 15 to 20 (CCW-CH) and Ages 21 to 44 (CCW-AD)</b>
<b>Description</b>	<p><b>CCW-CH:</b> Among women ages 15 to 20 at risk of unintended pregnancy, the percentage that:</p> <ol style="list-style-type: none"> <li>1. Were provided a most effective or moderately effective method of contraception.</li> <li>2. Were provided a long-acting reversible method of contraception (LARC).</li> </ol> <p><b>CCW-AD:</b> Among women ages 21 to 44 at risk of unintended pregnancy, the percentage that:</p> <ol style="list-style-type: none"> <li>1. Were provided a most effective or moderately effective method of contraception.</li> <li>2. Were provided a LARC.</li> </ol>
<b>Measure steward</b>	U.S. HHS Office of Population Affairs (OPA)
<b>Core Set</b>	The <i>Contraceptive Care – All Women</i> measure is included in the Child Core Set for women ages 15 to 20 (CCW-CH) and the Adult Core Set for women ages 21 to 44 (CCW-AD).
<b>Core Set domain</b>	Maternal and Perinatal Health
<b>Meaningful Measures area</b>	Wellness and Prevention
<b>Measure type(s)</b>	Intermediate Outcome
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The individual who suggested this measure for removal indicated that removing the measure would not leave a gap in the Core Sets. <sup>d</sup> They noted there are equity concerns for contraceptive care measures solely focused on women’s responsibility.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Use in other CMS programs</b>	This measure is also used in Medicaid Section 1115 family planning demonstrations.

<sup>d</sup> In response to this statement, the measure steward noted that there are currently no other measures assessing contraceptive counseling or provision for women at risk of unintended pregnancy in the Child and Adult Core Sets.

<b>2025 Technical Specifications</b>	
<b>Ages</b>	<p><b>CCW-CH:</b> Women ages 15 through 20 as of December 31 of the measurement year.</p> <p><b>CCW-AD:</b> Women ages 21 through 44 as of December 31 of the measurement year.</p>
<b>Data collection method(s)</b>	Administrative
<b>Denominator</b>	<p>The denominator includes women who were:</p> <ul style="list-style-type: none"> <li>• Not pregnant at any point in the measurement year.</li> <li>• Pregnant during the measurement year but whose pregnancy ended in the first 9 months of the measurement year, since there was adequate time to provide contraception in the postpartum period.</li> <li>• Pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.</li> </ul> <p>Follow the steps below to define the denominator:</p> <ul style="list-style-type: none"> <li>• <b>Step 1:</b> Identify all women who meet the age criteria for the measure: <ul style="list-style-type: none"> <li>- Ages 15 to 20 for CCW-CH.</li> <li>- Ages 21 to 44 for CCW-AD.</li> </ul> </li> <li>• <b>Step 2:</b> Define the denominator by excluding women not at risk of unintended pregnancy (see Exclusions below for details).</li> </ul>
<b>Numerator</b>	<p>Both the child and adult versions of the measure include numerators for two rates (corresponding to types of contraception). Follow the steps below to define the numerators:</p> <ol style="list-style-type: none"> <li>1. <b>Numerator for Rate 1 (Most or Moderately Effective Method of Contraception):</b> The eligible population that was provided a most or moderately effective method of contraception. <ul style="list-style-type: none"> <li>- <b>Step 3a: Identify Rate 1 Numerator.</b> Define the numerator by identifying women in the denominator who were provided a most (sterilization, intrauterine devices or systems [IUD/IUS], or contraceptive implants) or moderately (injectables, oral pills, patch, or ring) effective method of contraception in the measurement year.</li> </ul> </li> <li>2. <b>Numerator for Rate 2 (LARC):</b> The eligible population that was provided a LARC method. <ul style="list-style-type: none"> <li>- <b>Step 3b: Identify Rate 2 Numerator.</b> Define the numerator by identifying women in the denominator who were provided a LARC (contraceptive implants or IUD/IUS) in the measurement year.</li> </ul> </li> </ol>

<b>2025 Technical Specifications</b>	
<b>Exclusions</b>	<p>Exclude women not at risk of unintended pregnancy because they:</p> <ul style="list-style-type: none"> <li>• Were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy.</li> <li>• Had a live birth in the last 3 months of the measurement year because there may not have been an opportunity to provide them with contraception. A three-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a comprehensive postpartum visit by 12 weeks, and an additional 6 days was added to allow for reasonable delays in attending the postpartum visit.</li> <li>• Were still pregnant at the end of the measurement year, as indicated by pregnancy code and an absence of a pregnancy outcome code indicating a non-live birth or a live birth.</li> </ul>
<b>Continuous enrollment period</b>	The measurement year (calendar year 2024).
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

<b>Reasons for Removal Noted by Submitter(s)</b>
<p><b>Technical Feasibility Criteria</b></p> <p>None identified by the individual who suggested the measure for removal.</p>
<p><b>Actionability and Strategic Priority Criteria</b></p> <p>The individual who suggested the measure for removal selected the following response option “the measure no longer aligns with current clinical guidance and/or positive health outcomes” as a reason for removal.<sup>c</sup> They noted that the contraceptive measures included in the Core Sets (the <i>Contraceptive Care – All Women</i> measures and the <i>Contraceptive Care – Postpartum</i> measures) only include contraceptives that can be identified in claims, meaning other effective methods that might be more culturally appropriate for some priority populations are not counted.</p>

<sup>c</sup> In response to this statement, the measure steward noted that ACOG’s 2022 guidance emphasizes a patient-centered approach to contraceptive counseling and they noted that contraceptive provision can be patient-centered. They also indicated that ACOG recommends that women avoid interpregnancy intervals shorter than 6 months and recommends clinicians provide counseling about the risks and benefits of repeat pregnancy sooner than 18 months. They provided the following links to ACOG guidance: <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2022/02/patient-centered-contraceptive-counseling> and <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/01/interpregnancy-care>.

### Reasons for Removal Noted by Submitter(s)

According to the individual who suggested the measure for removal, this could result in coercion to use contraceptive methods discordant with one’s preference or culture.<sup>f</sup> In addition, men’s role in unintended pregnancies is not addressed by the current contraceptive measures due to data capture limitations; the individual who suggested the measure for removal argued that this perpetuates patriarchal conceptions of women’s responsibilities for contraception. They indicated that contraceptive counseling and care should be provided to patients following a needs screening such as the One Key Question®: “Would you like to become pregnant in the next year.”<sup>1</sup> In their opinion, the *Person-Centered Contraceptive Counseling* (PCCC) measure<sup>2</sup> could help address whether the patient needs contraceptives.

### Other Considerations

None identified by the individual who suggested the measure for removal.

### Core Set Reporting History

<b>Year added to Core Set</b>	2018
<b>Number of states reporting the measure</b>	<p>2021 Core Set: 39 states reported the Child Core Set measure and 37 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).</p> <p>2022 Core Set: 40 states reported the Child Core Set measure and 39 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).</p> <p>2023 Core Set: 41 states reported the Child Core Set measure and 40 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).</p>
<b>Was the measure publicly reported for the 2023 Core Sets</b>	Yes (see the following pages for 2023 Core Set data)
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for the 2023 Core Sets</b>	<p>Data not available (6 states) due primarily to information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• Limited staff resources.</li> <li>• These measures are not required reporting for the state’s managed care organizations (MCOs).</li> <li>• The measures are not reported by HEDIS or collected by the state.</li> </ul>

<sup>f</sup> In response to this statement, the measure steward noted that the CCP and CCW measures do not have a benchmark and that the technical specifications include the following guidance: “States should not interpret this mandatory reporting as a desire to reach higher rates of contraceptive provision, but rather as an aim to capture all contraceptive provision rates. Higher rates of contraceptive provision are not associated with higher quality of contraceptive care provided to patients because these rates do not necessarily reflect patient preferences or goals.”

<b>Core Set Reporting History</b>	
	<ul style="list-style-type: none"> <li>• These measures are not used in the state’s programs and the state does not have the capacity to produce the measures this time.</li> <li>• The state is focused on development of mandatory Core Set reporting and the calculation of this measure is secondary to ensuring compliance with the 2024 deadline. (This comment applies to the adult version of the measure, which is not included in mandatory reporting.)</li> </ul>
<b>Summary of prior Workgroup discussions</b>	This measure has not been discussed previously by the Workgroup.
<b>Other</b>	The measure steward indicated that this measure can stratified by race, ethnicity, and geography. They noted that racial and socioeconomic disparities in contraceptive access and use are substantial and that stratifying measure results by race and ethnicity can help illuminate disparities in contraceptive provision and help identify program improvement opportunities to reduce/close this gap. More information is available in the measure’s technical specifications. <sup>3</sup>

## **Citations**

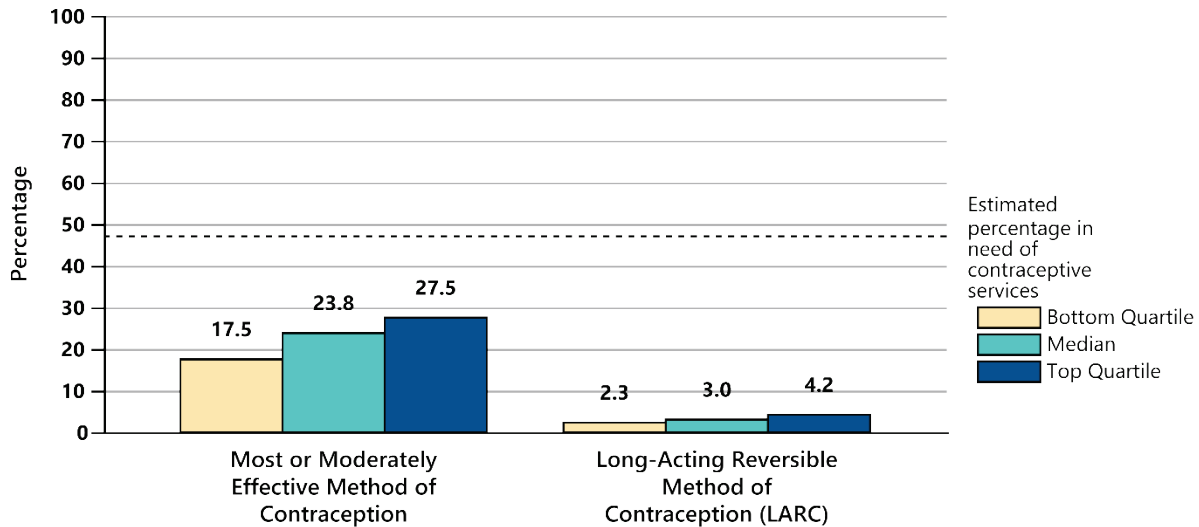
<sup>1</sup> <https://powertodecide.org/one-key-question>.

<sup>2</sup> <https://pcccmeasure.ucsf.edu/>.

<sup>3</sup> The technical specifications for the Child Core Set measure are available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>.  
The technical specifications for the Adult Core Set measure are available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf>.

## Contraceptive Care – All Women Ages 15 to 20

Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), 2023 Core Set (n = 41 states)

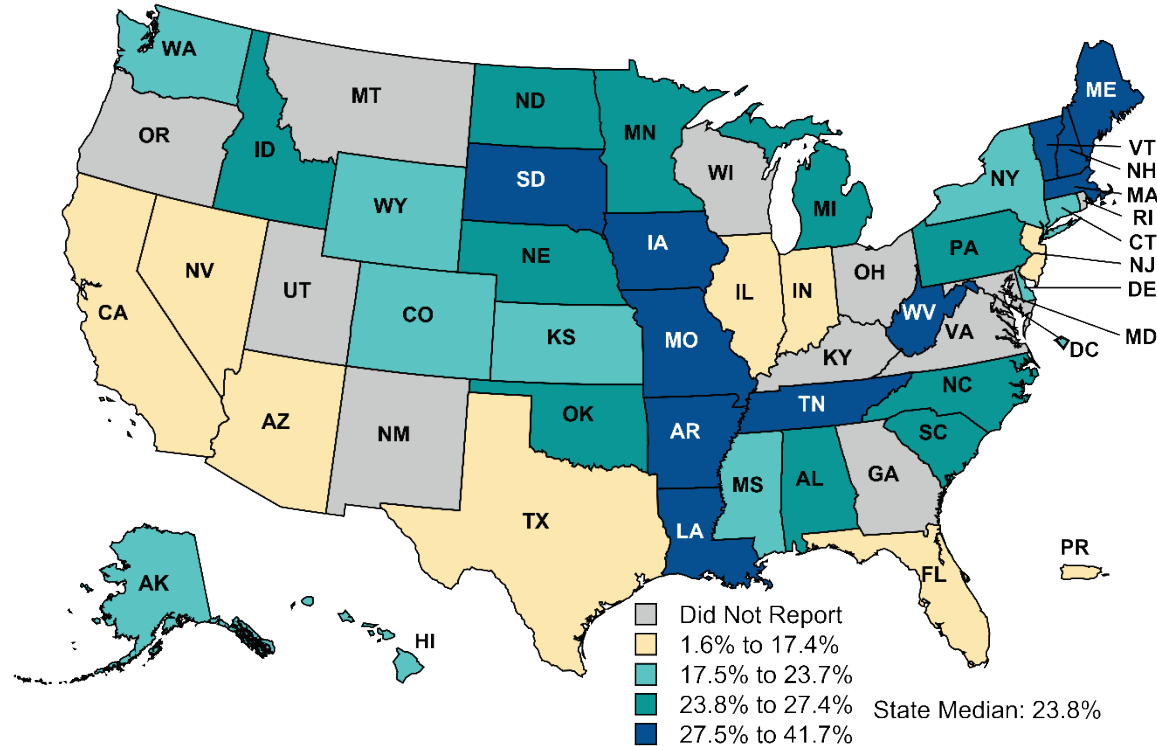


Source: Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This measure shows the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception during calendar year 2022; (2) a long-acting reversible method of contraception (LARC) during calendar year 2022. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

**Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception (CCW-CH), 2023 Core Set (n = 41 states)**



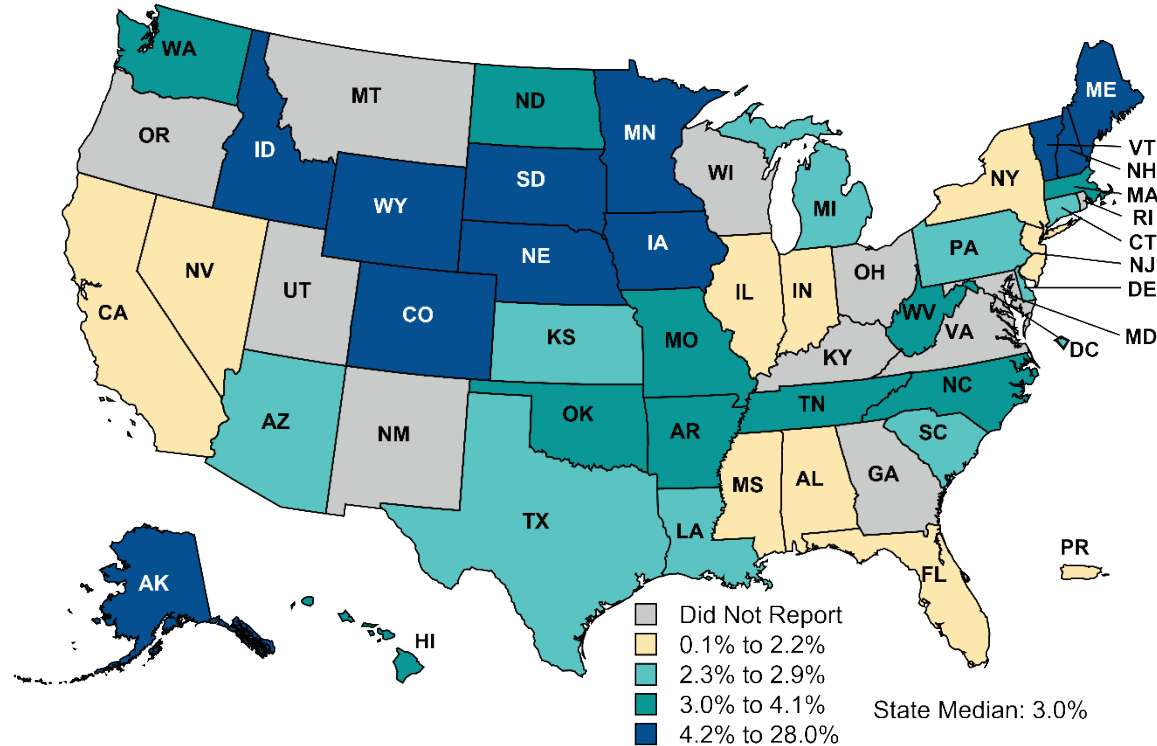
Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception rate for the *Contraceptive Care – All Women Ages 15 to 20* measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.



**Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), 2023 Core Set (n = 41 states)**



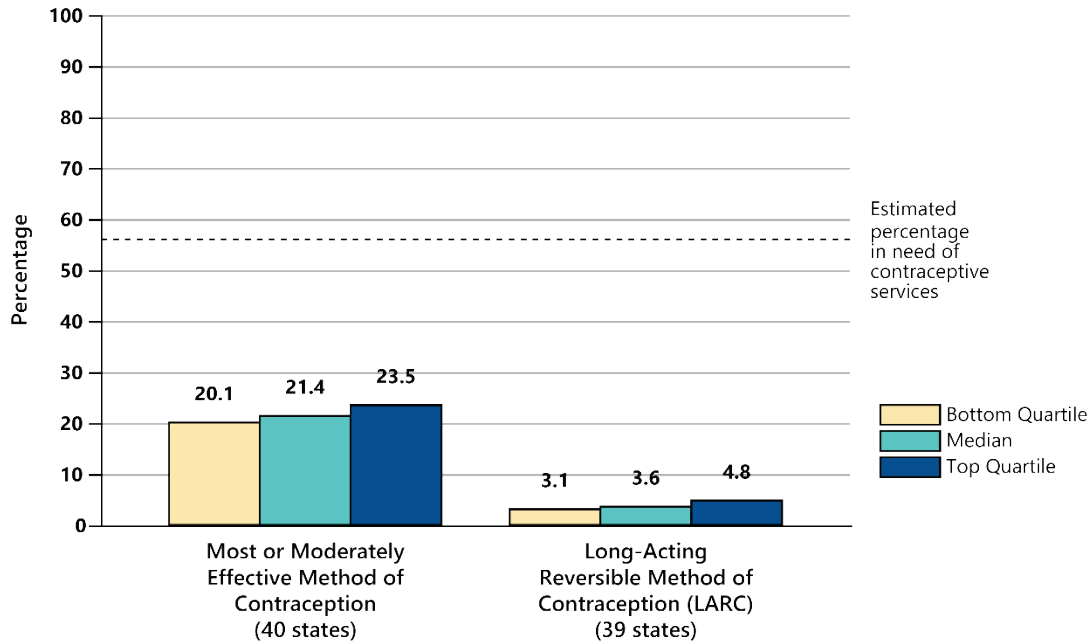
Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC rate for the *Contraceptive Care – All Women Ages 15 to 20* measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

## Contraceptive Care – All Women Ages 21 to 44

### Percentage of Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-AD), 2023 Core Set

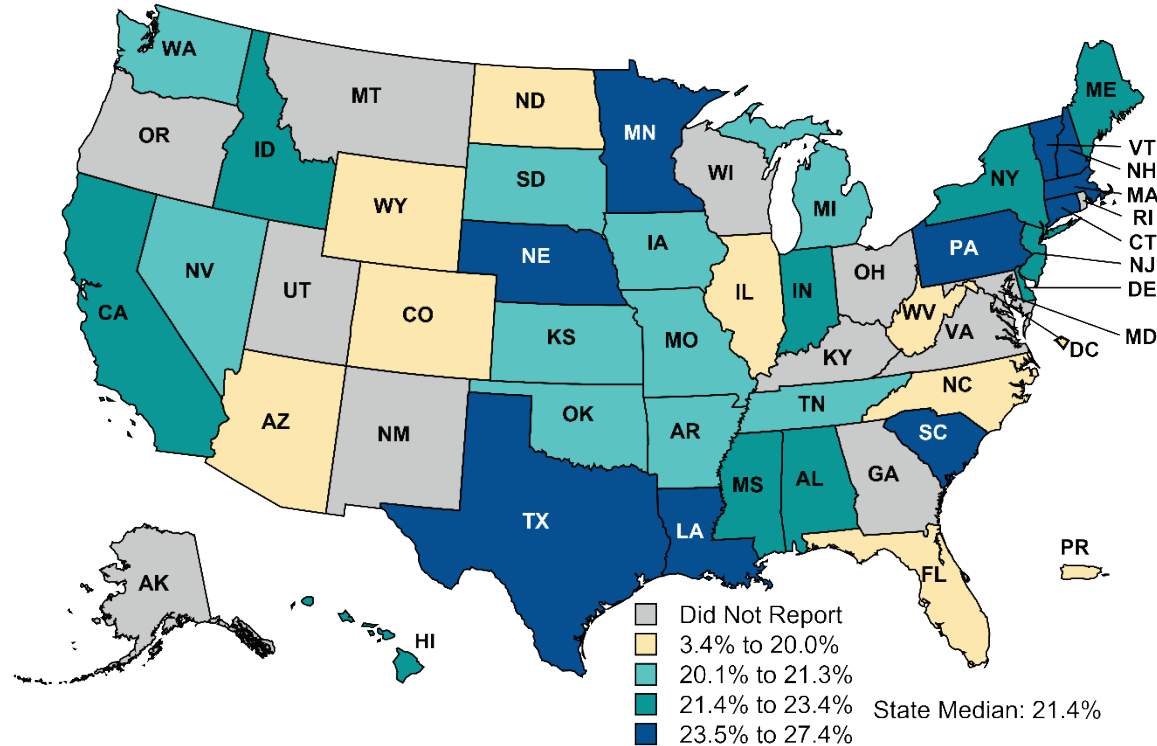


Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This measure shows the percentage of women ages 21 to 44 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception during calendar year 2022; (2) a long-acting reversible method of contraception (LARC) during calendar year 2022.

The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 44 percent of women ages 21 to 44 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

**Percentage of All Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception (CCW-AD), 2023 Core Set (n = 40 states)**

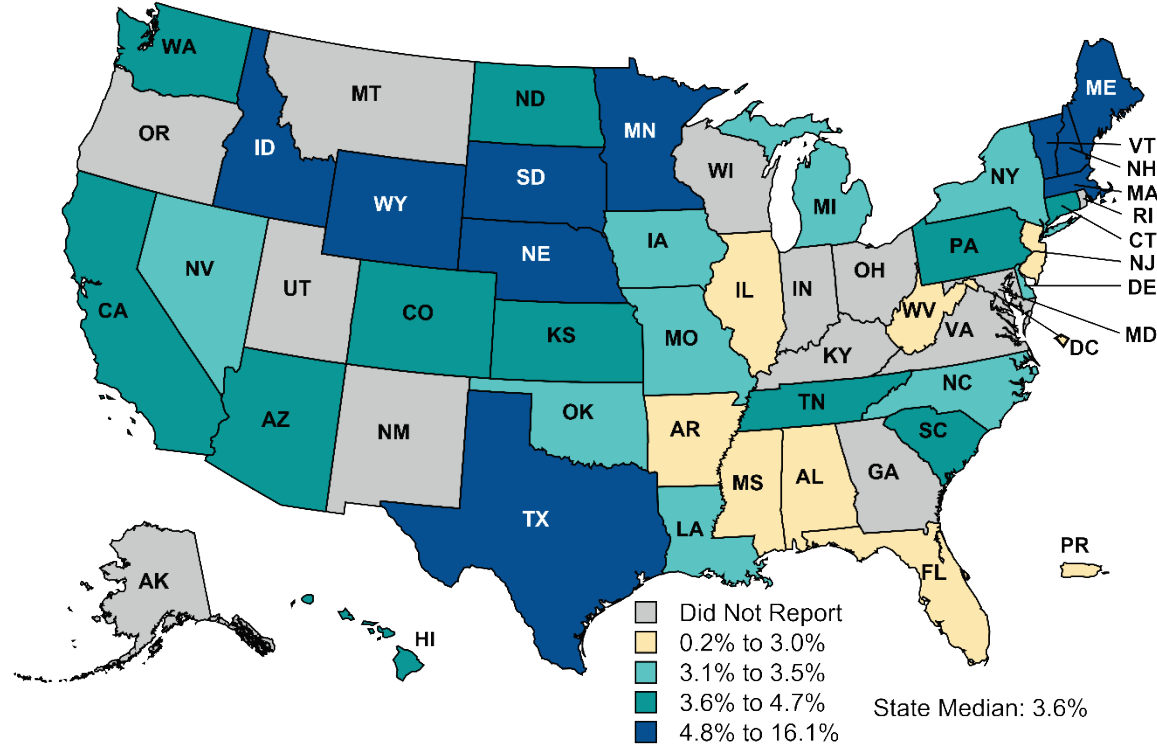


Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception rate for the *Contraceptive Care – All Women Ages 21 to 44* measure.

The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 44 percent of women ages 21 to 44 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

**Percentage of All Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-AD), 2023 Core Set (n = 39 states)**



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2023 reporting cycle as of May 16, 2024. Additional information (including state-specific rates, comments, and data notes) is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip>.

Notes: This chart shows state reporting for the LARC rate for the *Contraceptive Care – All Women Ages 21 to 44* measure. This chart excludes Indiana, which reported the measure but did not provide data for the LARC rate. The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 44 percent of women ages 21 to 44 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure. More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.