			WA Rate (%)					3 Year Change	MY	2023
	Contraceptive Care for Medicaid and CHIP		MY 2020	MY 2021	MY 2022	MY 2023	MYs 2019 2023	MYs 2021 2023	Managed Care	Fee-for- Service
	Measure									
	Contraceptive Care - Postpartum Women: All Ages									
ССР	Women who had a live birth and were prescribed contraception									
	after delivery									
	Most or moderately effective method of contraception									
	Within 3 days of delivery	8.9	9.4	8.5	7.7	7.7	\sim	-0.8	7.7	7.8
	Within 90 days of delivery	51.5	49.4	46.7	42.2	39.6		-7.0	39.8	34.1
	Long-acting reversible method of contraception (LARC)									
	Within 3 days of delivery	0.9	1.0	0.8	1.0	1.3		0.5	1.3	1.8
	Within 90 days of delivery	23.7	21.8	20.1	18.2	16.2		-3.8	16.2	16.3
	Contraceptive Care - All Women: All Ages									
CCW										
	Women at risk for unintended pregnancy provided contraception									
	Most or moderately effective method of contraception	29.5	26.9	25.4	22.6	21.9	-	-3.5	22.3	15.8
	Long-acting reversible method of contraception (LARC)	6.8	5.8	5.3	4.5	4.4	A A A A A A A A A A A A A A A A A A A	-0.8	4.5	3.5

Rates for prior years are the latest calculations, which may differ from the previously posted data due to specification changes and data improvements. The trend sparklines show the direction of the change but not the magnitude and cannot be used to compare change between measures. Additional information is provided on the last page of this report.

	Contraceptive Care for Medicaid and CHIP		Mutually Exclusive Race MY 2023								
			Asian	Black	ΝΗΟΡΙ	White	Two or More	Other	Unknown	Hispanic	
	Measure										
	Contraceptive Care - Postpartum Women: All Ages										
ССР	Women who had a live birth and were prescribed										
	contraception after delivery										
	Most or moderately effective method of contraception										
	Within 3 days of delivery	8.4	6.1	6.3	8.8	7.8	6.9	8.0	8.1	8.5	
	Within 90 days of delivery	39.1	35.4	36.0	31.9	38.3	44.3	49.2	42.5	50.1	
	Long-acting reversible method of contraception (LARC)										
	Within 3 days of delivery	1.9	1.3	1.9	2.7	1.0	1.1	1.0	1.3	1.1	
	Within 90 days of delivery	15.7	16.5	16.6	14.0	14.6	18.5	21.4	21.4	22.2	
ccw	Contraceptive Care - All Women: All Ages Women at risk for unintended pregnancy provided contraception										
	Most or moderately effective method of contraception	21.2	18.4	20.5	16.9	22.7	26.2	22.5	17.6	23.8	
	Long-acting reversible method of contraception (LARC)	4.7	4.1	4.2	4.0	4.4	5.2	4.8	3.5	5.1	

Race/ethnicity groups are not mutually exclusive, which means children with multiple race/ethnicity categories are counted in each applicable category. AIAN = American Indian / Alaska Native. NHOPI = Native Hawaiian / Other Pacific Islander.

	Contraceptive Care for Medicaid and CHIP		Non-Mutually Exclusive Race / Ethnicity MY 2023									
			Asian	Black	Hispanic	NHOPI	White	Other	Unknown			
	Measure											
	Contraceptive Care - Postpartum Women: All Ages											
ССР	Women who had a live birth and were prescribed											
	contraception after delivery											
	Most or moderately effective method of contraception											
	Within 3 days of delivery	8.8	6.4	6.4	8.5	8.6	7.9	7.8	6.5			
	Within 90 days of delivery	39.6	36.3	37.0	50.1	33.4	49.2	38.4	35.1			
	Long-acting reversible method of contraception (LARC)											
	Within 3 days of delivery	1.9	1.4	1.8	1.1	2.7	1.0	1.1	1.3			
	Within 90 days of delivery	15.7	16.5	17.2	22.2	14.4	21.3	14.7	18.4			
ccw	Contraceptive Care - All Women: All Ages Women at risk for unintended pregnancy provided contraception											
	Most or moderately effective method of contraception	21.4	19.1	21.4	23.8	18.0	22.6	22.8	17.1			
	Long-acting reversible method of contraception (LARC)	4.7	4.1	4.4	5.1	4.1	4.9	4.5	3.1			

Race/ethnicity groups are not mutually exclusive, which means children with multiple race/ethnicity categories are counted in each applicable category. AIAN = American Indian / Alaska Native. NHOPI = Native Hawaiian / Other Pacific Islander.

Medicaid and CHIP Contraceptive Care Measures Additional Information FFY 2024/MY 2023

For both measures:

- Includes beneficiaries who were enrolled in Medicaid or CHIP.
- Primary Care Case Management (PCCM) is included in Medicaid fee-for-service (FFS).
- Beneficiaries were grouped into managed care or fee-for-service based on which delivery system they were in for the majority of enrolled months required for continuous eligibility.
- Rates are based on ProviderOne claims, encounters, and enrollment data sourced from the Washington State Health Care Authority (HCA) Enterprise Data Mart (EDM).
- Beneficiaries who have full third-party liability were not included.
- CMS core set child and adult age groups were combined.

<u>CCP – Contraceptive Care – Postpartum Women (Child and Adult core set)</u>

Among women ages 15 to 20 (CMS child core set measure) or 21 to 44 (CMS adult core set measure) who had a live birth, the percentage that:

- 1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery (female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring)
- 2. Were provided a long-acting reversible method of contraception within 3 days of delivery and within 90 days of delivery (LARC; implant or IUD).

The first rate is an intermediate outcome measure, and it is desirable to have a high percentage of women who are provided the most effective or moderately effective contraceptive methods during the postpartum period. The second rate is an access measure, and the focus is on making sure that women have access to LARC methods during the postpartum period. These rates are reported at two points in time: contraceptive provision within 3 days of delivery is used to monitor the provision of contraception in the immediate postpartum period, while contraceptive provision within 90 days of delivery is used to monitor the provision of contraception throughout the postpartum period. A 90-day period is used because the 2018 (reaffirmed in 2021) American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No. 736 recommended a postpartum visit within the first 3 weeks postpartum, which should then be followed up with ongoing care as needed, concluding with a

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comprehensive postpartum visit no later than 12 weeks after birth, and six additional days are allowed for women whose postpartum care visit is delayed.

This measure is episode-based and uses a live birth delivery as the start of the episode.

- <u>Eligible beneficiaries</u> had a live birth in the first nine months of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 90 days postpartum, and were in the specified age range as of December 31 of the measurement year. Includes multiple unique live births that occur >180 days apart as separate events.
- <u>Excludes beneficiaries</u> with deliveries that did not end in a live birth.
- <u>Measure steward</u> is Health and Human Services (HHS) Office of Population Affairs (OPA).
- <u>Supplemental data</u> (date of delivery) from linked birth certificates was used when available for improved accuracy for beneficiaries with delivery claims since delivery dates from claim data were found to be imprecise.

<u>CCW – Contraceptive Care – All Women (Child and Adult core set)</u>

Among women ages 15 to 20 (CMS child core set measure) or 21 to 44 (CMS adult core set measure) at risk of unintended pregnancy, the percentage that:

- 1. Were provided a most effective or moderately effective method of contraception (female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring)
- 2. Were provided a long-acting reversible method of contraception (LARC; implant or IUD).

The first rate is an intermediate outcome measure, and it is desirable to have a high percentage of women who are provided the most effective or moderately effective contraceptive methods. The second rate is an access measure, and the focus is on making sure that women have access to LARC methods. This measure is person-based and calculated so that every person in the measure is counted once. Claims and encounters for the measurement year may not identify continued use of some methods which may have been initiated prior to the measurement year.

- <u>Eligible beneficiaries</u> were female, were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 months in the measurement year including December.
- <u>Excludes beneficiaries</u> who were infecund; beneficiaries who had a live birth in the last three months of the measurement year; and beneficiaries who were pregnant at the end of the measurement year.
- <u>Measure steward</u> is Health and Human Services (HHS) Office of Population Affairs (OPA).