

MEASURE CCP: CONTRACEPTIVE CARE – POSTPARTUM WOMEN
AGES 15–44

HHS Office of Population Affairs

A. DESCRIPTION

The Contraceptive Care – Postpartum Women measure (CCP) looks at women ages 15 to 44 who had a live birth, and among those, the percentage that:

1. Were provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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 60 days of delivery is used to monitor the provision of contraception throughout the postpartum period. (A 60-day period is used because the American College of Obstetricians and Gynecologists [ACOG] recommends a postpartum visit at 6 weeks, and two additional weeks are allowed for women whose postpartum care visit is delayed.)

Data Collection Method: Administrative

Guidance for Reporting:

- The Contraceptive Care – Postpartum Women measure is stratified into two age groups: ages 15 to 20 and ages 21 to 44.
- In total, eight rates will be reported for the measure:
 - Ages 15 to 20: Most or moderately effective contraception – 3 days
 - Ages 15 to 20: Most or moderately effective contraception – 60 days
 - Ages 15 to 20: LARC – 3 days
 - Ages 15 to 20: LARC – 60 days
 - Ages 21 to 44: Most or moderately effective contraception – 3 days
 - Ages 21 to 44: Most or moderately effective contraception – 60 days
 - Ages 21 to 44: LARC – 3 days
 - Ages 21 to 44: LARC – 60 days
- The measurement year is calendar year 2019. There is no lookback period for this measure.
- Include all paid, suspended, pending, and denied claims.

- Some women may have more than one delivery in the measurement year; the measure is designed to identify unique live births (defined as those that occur >180 days apart) rather than women who had a live birth.
- Women with a live birth occurring after October 31 are excluded from the denominator because there may not have been an opportunity to provide the woman with contraception in the postpartum period (defined as within 60 days of delivery).
- When calculating the number of days postpartum for the numerator, consider the date of delivery to be day 0. For instance, if a live birth occurred on October 28, 2019, review all claims through October 31, 2019 for the 3-day postpartum rates and review all claims through December 27, 2019 for the 60-day postpartum rates.
- The codes used to calculate this measure are available in tables at <https://opa.hhs.gov/claims-data-sas-program-instructions>
- Contraceptive surveillance codes can be used to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system; in other words, contraceptive surveillance codes are not used for the initial prescription or provision of a contraceptive method. Contraceptive surveillance codes are included in the first rate for most or moderately effective contraceptive provision numerator because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.
- For more information on interpreting performance results on this measure, see Section E, “Additional Notes.”

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, ICD-10-PCS, and NDC. Refer to the Acknowledgments for copyright information.

B. DEFINITIONS

Term	Definition
Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS).
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, ring, or diaphragm.
Provision of a long-acting reversible method of contraception (LARC)	Provision of contraceptive implants, intrauterine devices or systems (IUD/IUS).
Measurement year	Calendar year 2019.

C. ELIGIBLE POPULATION

Population Characteristic	Criterion
Age	Women ages 15 to 44 as of December 31 of the measurement year who had a live birth.
Continuous enrollment	Within the measurement year, women enrolled from the date of delivery to 60 days postpartum.
Allowable gap	No allowable gap during the continuous enrollment period.
Anchor date	Date of delivery.
Benefit	Medical or Family Planning Only Services.
Event/diagnosis	Delivery of a live birth.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population includes women ages 15 to 44 who had a live birth in the measurement year.

Women with a live birth occurring after October 31 will be excluded from the denominator because they may not have an opportunity to receive contraception in the postpartum period (defined as within 60 days of delivery). Follow the steps below to identify the eligible population:

Step 1

Identify live births and deliveries by using codes in the Live_birth table, available at <https://opa.hhs.gov/claims-data-sas-program-instructions>

Step 2

Exclude deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination) by using the codes in the Non_live_birth table, available at <https://opa.hhs.gov/claims-data-sas-program-instructions>

Step 3

Exclude live births that occurred during the last 2 months of the measurement year. These deliveries should be excluded from the denominator because there may not have been an opportunity to provide the woman with contraception during the postpartum period. ACOG recommends having a postpartum visit by 6 weeks.

Rate 1: Numerator and Rate Calculation

The eligible population that was provided a most or moderately effective method of contraception.

Step 4

Define the numerator by identifying women who were provided a most (sterilization, IUD/IUS, implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective

method of contraception in the measurement year. To do this, use the codes in the Sterilization, IUD, Implant, Injectable, Oral_pill, Patch, Ring, and Diaphragm tables, available at <https://opa.hhs.gov/claims-data-sas-program-instructions>

Step 5

Determine the date that the contraceptive method was provided to identify: (a) women that were provided contraception in the immediate postpartum period of 3 days after delivery; and (b) women that were provided contraception within 60 days of delivery. The second category will also include women who were provided contraception in the first 3 days postpartum.

Rate 2: Numerator and Rate Calculation

The eligible population that was provided a LARC method.

Step 4

Define the numerator by identifying women who were provided a LARC in the measurement year. To do this, use the codes in the LARC table, available at <https://opa.hhs.gov/claims-data-sas-program-instructions>

Step 5

Determine the date that the LARC method was provided to identify: (a) women that were provided LARC in the immediate postpartum period of 3 days after delivery; and (b) women that were provided LARC within 60 days of delivery. The second category will also include women who were provided LARC in the first 3 days postpartum.

E. ADDITIONAL NOTES

Healthy People 2020¹ and the World Health Organization recommend an inter-pregnancy interval of at least 18 months; therefore, all postpartum women can be considered at risk of unintended pregnancy for that period of time.

The Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception that can be used in the postpartum period. If the infant is being fed only its mother's breast milk, and the woman has not experienced her first postpartum menses, then LAM provides 98% protection from pregnancy in the first 6 months postpartum.²

Despite the protection from LAM, many health care providers will want to provide contraceptive services to women at the postpartum visit because the effectiveness of breastfeeding for pregnancy prevention drops quickly when women stop exclusive breastfeeding. It may be difficult for many clients to receive contraceptive services at that time.

¹ Office of Disease Prevention and Health Promotion. (2020, May). *Family Planning | Healthy People 2020*. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives>.

² Hatcher RA, Trussell J, Nelson AL, Cates W, Kowal D, Policar M. (2011). *Contraceptive Technology* (20th ed.). Bridging the Gap Communications.

Acknowledgements

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