

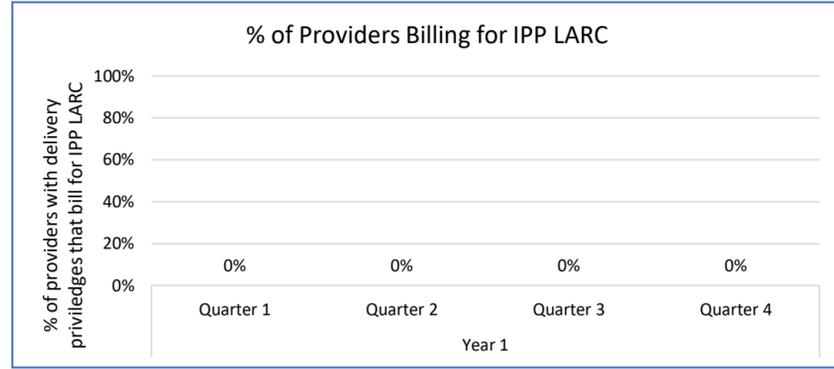
Immediate Postpartum LARC Implementation - Annual Summary Indicators

Indicator Name	Numerator Description	Numerator #	Denominator Description	Denominator #	Measure % Description	Measure %	What this evaluates	How to use this measure	Limitations of measure
IPP LARC coverage	Total number of Medicaid deliveries in the hospital that have billed for IPP LARC		Total number of Medicaid deliveries in the hospital		Proportion of Medicaid deliveries in the hospital that bill for IPP LARC		Proportion of delivering women with the opportunity to receive IPP LARC through Medi-Cal, who received an IPP LARC method	Demonstrate level of IPP LARC among Medi-Cal patients in the hospital and how this level changes over time; demonstrate proportion of women without access to or declining IPP LARC	Hospital may have other LARC funding sources and not bill Medi-Cal, so this may be underestimated. To supplement data, hospitals can include a column for number of non-billed LARC.
3. IPP LARC uptake	# of paid IPP LARC claims		# of Medicaid deliveries at hospital		Proportion of delivering women given IPP LARC		Rate of paid IPP LARC claims	Track delivery of IPP LARC over time; estimate future claims and supply needs; demonstrate IPP LARC acceptability and impact	<i>See above</i>
4. IUD removal	# of Medicaid-enrollees with IPP IUD placement claim who have an IUD removal claim within 60 days of placement		# of paid IPP IUD placement claims		Proportion of IUDs removed within 60 days of IPP placement		Removal rate of IPP IUDs	Measure of sustained acceptability of IPP IUDs for women.	Will likely underestimate removals, since only those paid for by Medicaid within the first 2 months will be captured.
5. Implant removal	# of Medicaid-enrollees with IPP implant placement claim who have an implant removal claim within 60 days of placement		# of paid IPP implant placement claims		Proportion of implants removed within 60 days of IPP placement		Removal rate of IPP implants	Measure of sustained acceptability of IPP implants for women.	Will likely underestimate removals, since only those paid for by Medicaid within the first 2 months will be captured.

1. Provider Billing for IPP LARC

Percentage of providers in the hospital with delivery privileges that have billed for IPP LARC

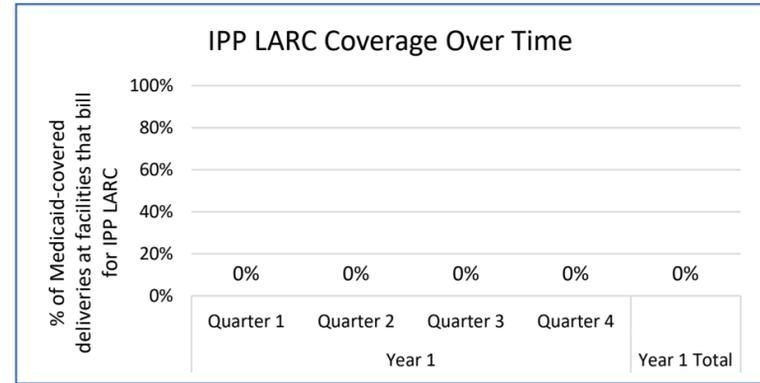
	Year 1			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total number of providers with delivery privileges that have billed for IPP LARC				
Total number of providers with delivery privileges in the hospital				
Proportion of providers with delivery privileges that have billed for IPP LARC, by quarter				



2. IPP LARC Coverage

Data on proportion of Medi-Cal deliveries that billed for IPP LARC

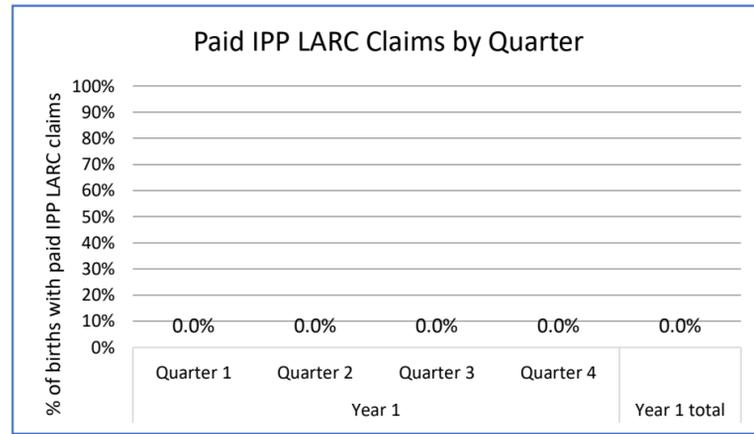
	Year 1				Year 1
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Total number of Medicaid deliveries in the hospital that have billed for IPP LARC					0
Total number of Medicaid deliveries in the hospital					0
Proportion of Medicaid deliveries in the hospital that bill for IPP LARC, by quarter					



3. IPP LARC Uptake

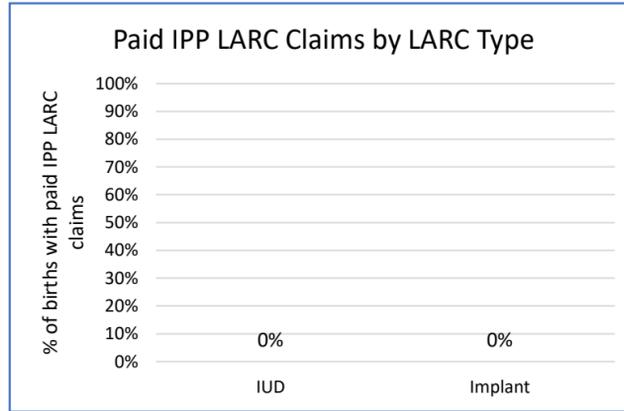
Data on how many Medicaid deliveries are associated with an IPP LARC claim

	Year 1				Year 1 total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
# of paid IPP LARC claims					0
# of Medicaid deliveries at hospital					0
% of delivering women given IPP LARC, by quarter					



1 year data stratified by LARC type

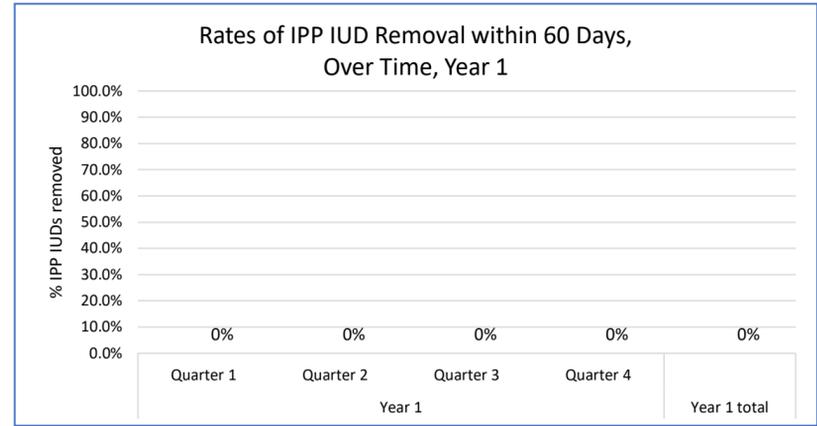
	LARC type	
	IUD	Implant
# of paid IPP LARC claims		
# of Medicaid deliveries at hospital		
% of delivering women given IPP LARC, by device type		



4. IUD Removal

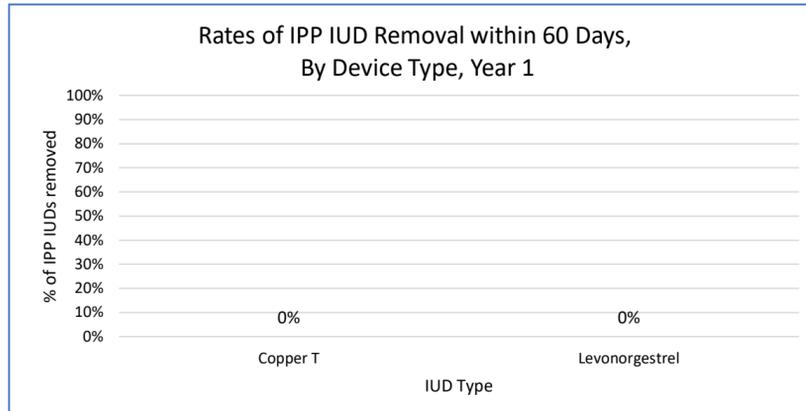
Data on how many IUDs are removed within the first 60 days after immediate postpartum placement

	Year 1				Year 1 total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
# of Medicaid-enrollees with IPP IUD placement claim who have an IUD removal claim within 60 days of placement					0
# of paid IPP IUD placement claims					0
% of IUDs removed within 60 days of placement, by quarter					



1 year data stratified by IUD type

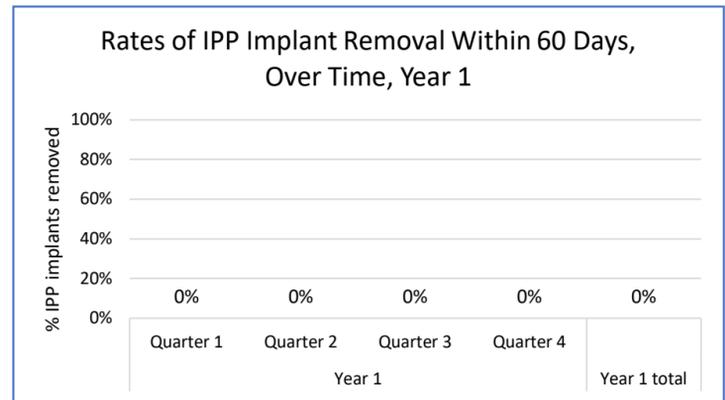
	Type of Intrauterine Device	
	Copper T	Levonorgestrel
# of women with IPP IUD placement claim who have an IUD removal claim within 60 days of placement		
# of paid IPP IUD placement claims		
Proportion of IUDs removed within 60 days of placement		



5. Implant Removal

Data on how many implants are removed within the first 60 days after immediate postpartum placement

	Year 1				Year 1 total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
# of Medicaid-enrollees with IPP implant placement claim who have an implant removal claim within 60 days of placement					0
# of paid IPP implant placement claims					0
% of IPP implants removed within 60 days of placement, by quarter					



Definitions: definitions of terms used in this document

Term	Suggested Definition	Definition Source
LARC	Long-acting reversible contraception (IUD, implant)	ACOG, accessed online at http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices on 2/16/2016
IUD	Intrauterine devices (Copper T280A IUD, levonorgestrel intrauterine system)	ACOG, accessed online at http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices on 2/16/2017
Implant	Single-rod contraceptive implant	ACOG, accessed online at http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices on 2/16/2018
IPP	Immediate postpartum contraception insertion--within 10 minutes of placental delivery	Levi EE, Stuart GS, Zerden ML, Garrett JM, Bryant AG. Intrauterine device placement during cesarean delivery and continued use 6 months postpartum: A randomized controlled trial. <i>Obstet Gynecol</i> 2015; 126:5-11.
Hospital	A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services.	Centers for Medicare and Medicaid Services, accessed online at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html on 2/16/2016

Codes: health system codes used to identify deliveries, contraceptive placements, and removals

Description	ICD-9	ICD-10	CPT	Healthcare Common Procedure Coding System Code (HCPCS)	NDC
IUD placement	V25.11, Encounter for insertion of intrauterine contraceptive device <u>Procedure Code:</u> 69.7, Insertion of intrauterine contraceptive device	Z30.430 Encounter for insertion of intrauterine contraceptive device <u>Procedure Codes:</u> 0UH97HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening 0UH98HZ, Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic 0UHC7HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening 0UHC8HZ, Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic	58300, Insertion of IUD	J7300, Intrauterine copper contraceptive (Paragard) J7301, Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla) J7302, Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena) Q0090, Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (Liletta) J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (Mirena) S4989, Contraceptive intrauterine device (e.g. progestacertiud), including implants and supplies S4981, Insertion of levonorgestrel-releasing	50419042101, Mirena 50419042301, Mirena 67207042101, Mirena 50419042201, Skyla 50419042208, Skyla 50419042271, Skyla 51285020401, ParaGard 51285020402, ParaGard 52544003554, Liletta
IUD removal	V25.12 Removal of intrauterine contraceptive device <u>Procedure Code:</u> 97.71, Removal of intrauterine device	Z30.432 Encounter for removal of intrauterine contraceptive device <u>Procedure Codes:</u> 0UPD7HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening 0UPD8HZ, Removal of Contraceptive Device from Uterus and Cervix, Via Natural or Artificial Opening Endoscopic	58301, Encounter for removal of intrauterine contraceptive device		
Implant placement	V25.5, Encounter for insertion of implantable subdermal contraceptive	Post October 1, 2016: Z30.017 - Encounter for initial prescription of implantable subdermal contraceptive	11981, Insertion, non-biodegradable drug delivery implant, Implanon or Nexplanon	J7306, Levonorgestrel (contraceptive) implant system, including implants and supplies J7307 Etonogestrel [contraceptive] implant system, including implant and supplies	00052027201, Etonogestrel implant system (Implanon) 00052027401, Etonogestrel implant system (Nexplanon) 00052433001, Etonogestrel implant system (Nexplanon)
Implant removal			11976, Removal, non-biodegradable drug delivery implant, Norplant 11982, Removal, non-biodegradable drug delivery implant, Implanon or Nexplanon		
Delivery	650, V27.0, V27.2, V27.3, V27.5, V27.6; 640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 655.x1, 656.01, 656.11, 656.21, 648.x2, 649.x1, 649.x2, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2; 670.12, 670.22, 670.32, 670.82, <u>Procedure codes</u> for dates of service from January 1, 2015-September 30, 2015): 72.0-73.99, 74.0-74.20, 74.40, 74.99	<u>Procedure codes</u> for dates of service from January 1, 2015-September 30, 2015): 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622		

Source: Technical Specifications for FFY 2016 Reporting, Office of Population Affairs/Centers for Disease Control and Prevention