	Measure 0033: Chlamydia Screening in Women (CHL) (National Committee for Quality Assurance)
Description	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
Numerator	Women who were tested for chlamydia during the measurement year.
Numerator Details	Women who had at least one test for chlamydia (Chlamydia Tests Value Set) during the measurement year.
Denominator	Women 16-24 years of age who had a claim or encounter indicating sexual activity.
Denominator Details	Women 16-24 years of age as of December 31 of the measurement year who were identified as sexually active during the measurement year. Two methods are used to identify sexually active women: claim/encounter data and pharmacy data. Both methods are used to identify the eligible population; however, women only need to be identified in one method to be eligible for the measure. Claim/encounter data: women who had a claim or encounter indicating sexual activity during the measurement year. A code from any of the following meet criteria: Pregnancy Value Set, Sexual Activity Value Set, Pregnancy Tests Value Set. Pharmacy data: women who were dispensed prescription contraceptives during the measurement year. Contraceptives Medications List --Contraceptives: Desogestrel-ethinyl estradiol; Dienogest-estradiol (multiphasic); Drospirenone-ethinyl estradiol; Drospirenone-ethinyl estradiol-levomefolate (biphasic); Ethinyl estradiol-ethynodiol; Ethinyl estradiol-etonogestrel; Ethinyl estradiol-levonorgestrel; Ethinyl estradiol-norelgestromin; Ethinyl estradiol-norethindrone; Ethinyl estradiol-norgestimate; Ethinyl estradiol-norgestrel; Etonogestrel; Levonorgestrel; Medroxyprogesterone; Mestranol-norethindrone; Norethindrone --Diaphragm --Spermicide: Nonxynol 9
Exclusions	Women who received a pregnancy test to determine contraindications for medication (isotretinoin) or x-ray. Women who were in hospice or using hospice services during the measurement year.
Exclusion details	Exclude women who were identified as sexually active based on a pregnancy test alone (Pregnancy Tests Value Set) AND who met either of the following: 1) A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year AND a prescription for isotretinoin on the date of the pregnancy test or the 6 days after the

	pregnancy test. 2) A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year AND an x-ray (Diagnostic Radiology Value Set) on the date of the pregnancy test or the 6 days after the pregnancy test. Retinoid Medications: Isotretinoin Exclude women who were in hospice or using hospice services during the measurement year.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	The measure includes two age stratifications and a total rate: 1) 16-20 years. 2) 21-24 years. 3) Total
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Enrollment Data
Level	Health Plan
Setting	Outpatient Services

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	Measure 2902: Contraceptive Care - Postpartum (HHS Office of Population Affairs)
Description	Among women ages 15 through 44 who had a live birth, the percentage that is provided: 1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, or ring) effective method of contraception within 3 and 60 days of delivery. 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.
Numerator	Primary measure: Women ages 15 through 44 who had a live birth and were provided a most (sterilization, implant, intrauterine device) or moderately (injectable, pill, patch, or ring) effective method of contraception within 3 and 60 days of delivery. Sub-measure: Women ages 15 through 44 who had a live birth and were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
Numerator Details	The target population is women ages 15-44 who had a live birth and were provided a most or moderately effective method (primary measure) or a LARC method (sub-measure) of contraception. All claims codes are found in the attached Excel file (NQF_2902_Codes_2021.xlsx). To identify the numerator, follow these steps: Step 1 Use the codes in Table CCP-C to identify women who were provided a most (sterilization, IUD, implant) or moderately (injection, oral pills, patch, or ring) effective method of contraception in the measurement year. Use the codes in CCP-D to identify women who were provided a LARC method. Step 2 Calculate the rates by dividing the number of women who were provided a most or moderately effective method of contraception or a LARC method by the number of women in the denominator. Calculate the rates separately for adolescents and adults.
Denominator	Women ages 15 through 44 who had a live birth in a 12-month measurement year.
Denominator Details	The target population is women ages 15 through 44 who had a live birth in a 12-month measurement year. In a Medicaid population, this includes women who were enrolled from the date of delivery to 60 days postpartum.
Exclusions	The following categories are excluded from the denominator: (1) deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth or induced abortion); and (2) deliveries that occurred during the last two months of the measurement year.
Exclusion details	Women are excluded from the denominator if they did not have an opportunity to receive contraception in the postpartum period (defined as within 60 days of delivery). All claims

	codes are found in the attached Excel file (NQF_2902_Codes_2021.xlsx). Follow the steps below to identify the eligible population: Step 1 Identify live births and deliveries by using codes in Table CCP-A (This table includes codes from the HEDIS measure of Prenatal and Postpartum Care, and ICD-10-CM codes for live births were added). 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. 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 Table CCP-B . Codes for non-live births were also drawn from the HEDIS measure of Prenatal and Postpartum Care, and procedure codes (CPT, ICD-10-PCS codes) were added. Step 3 Exclude deliveries 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 mother with contraception during the postpartum period. A two-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a postpartum visit by 6 weeks, and an additional 2 weeks was added to allow for reasonable delays in attending the postpartum visit.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	The primary stratification variable is age, so that adolescents can be examined separately from adult women for the purposes of quality improvement. Though their current clinical guidelines report that most and moderately effective contraceptive methods, including long-acting reversible contraceptive (LARC) methods, are safe and recommended for postpartum teen and adult populations who wish to use them, the American Academy of Pediatrics (AAP), ACOG, the Centers for Disease Control and Prevention (CDC), and Office of Population Affairs (OPA) note that it can still be difficult to access these highly effective contraceptive methods. Thus, it is important to monitor NQF #2902 measure scores for both age groups to assess access to the full range of most and moderately effective methods, and to identify reporting units with very low LARC provision (< 2%). We utilize age groups that are consistent with Center for Medicaid and CHIP Services (CMCS) reporting requirements; adolescents are defined as 15-20 years and adults are 21-44 years of age.
Type	Outcome: Intermediate Clinical Outcome
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Health Plan, Population : Regional and State
Setting	Other:Primary care and reproductive health settings.

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	Measure 2903: Contraceptive Care – Most & Moderately Effective Methods (HHS Office of Population Affairs)
Description	The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, or ring) method of contraception. The measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy.
Numerator	Women ages 15-44 at risk of unintended pregnancy who are provided a most (sterilization, intrauterine device, implant) or moderately (injectable, pill, patch, ring) effective method of contraception.
Numerator Details	The target population is eligible women ages 15-44 who are provided a most or moderately effective method of contraception. To identify the numerator, follow these steps: Step 1 Define the numerator by identifying women who were provided a most (sterilization, IUD, implant) or moderately (injectable, pill, patch, or ring) effective method of contraception in the measurement year. To do this, use the codes in Table CCW-E. Step 2 Calculate the rates by dividing the number of women who were provided a most or moderately effective method of contraception by the number of women in the denominator. Calculate the rates separately for adolescents and adults.
Denominator	Women ages 15-44 who are at risk of unintended pregnancy.
Denominator Details	The target population is women of reproductive age (i.e., ages 15-44 years). In a Medicaid population, this includes: • Women in the general Medicaid program who were continuously enrolled during the measurement year, i.e., had no more than one gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee whose coverage lapses for 2 months is not considered continuously enrolled) • All women participating in a state-sponsored family planning-specific Section 1115 waiver or in a family–planning specific state plan amendment (SPA) program, even if they were not continuously enrolled. This is because the primary intent of these waiver and/or SPA programs is to provide family planning services, including contraception.
Exclusions	The following categories of women are excluded from the denominator: (1) those who are infecund for non-contraceptive reasons; (2) those who had a live birth in the last 2 months of the measurement year; or (3) those who were still pregnant or their pregnancy outcome was unknown at the end of the measurement year.
Exclusion details	Follow the steps below to identify the denominator. The tables that are referenced are found in the attached Excel file (NQF_2903_Codes_2021.xlsx).

	Step 1 Identify and exclude women who were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy. To do this, use the codes listed in Table CCW-A. Step 2 Identify women who were pregnant at any point in the measurement year by using the codes listed in Table CCW-B. We selected this list of codes by reviewing the following documents: • CMS & NCHS (2020). ICD-10-CM Official Guidelines for Coding and Reporting FY 2021. Available online at: http://www.cdc.gov/nchs/icd/icd10cm.htm • CMS & NCHS (2020). ICD-10-PCS Official Guidelines for Coding and Reporting FY2020. Available online at: https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS Step 3 Among women who were pregnant at any point in the measurement year, exclude those who: • Had a live birth in the last 2 months of the measurement year because there may not have been an opportunity to provide them with contraception. A two-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a postpartum visit by 6 weeks, and an additional 2 weeks was added to allow for reasonable delays in attending the postpartum visit. To identify live births, use the codes listed in Table CCW-D. This table includes codes from the HEDIS measure of Prenatal and Postpartum Care, and ICD-10-CM codes for live births were added. • Were still pregnant at the end of the measurement year because they did not have a pregnancy outcome code indicating a non-live birth (Table CCW-C) or a live birth (Table CCW-D). Codes for non-live births were also drawn from the HEDIS measure of Prenatal and Postpartum Care, and procedure codes (CPT, ICD-10-PCS codes) were added. Once the exclusions are applied, the denominator includes women who: • Were not pregnant at any point in the measurement year, • Were pregnant during the measurement year but whose pregnancy ended in the first 10 months of the measurement year, since there was adequate time to provide contraception in the postpartum period. • Were pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	The primary stratification variable is age, so that adolescents can be examined separately from adult women for the purposes of quality improvement. Though their current clinical guidelines report that most and moderately effective contraceptive methods are safe and recommended for teen and nulliparous populations who wish to use them, the American

	Academy of Pediatrics (AAP), ACOG, the Centers for Disease Control and Prevention (CDC), and Office of Population Affairs (OPA) note that it can still be difficult for these populations to access these highly effective contraceptive methods. We utilize age groups that are consistent with Center for Medicaid and CHIP Services (CMCS) reporting requirements; adolescents are defined as 15-20 years and adults are 21-44 years of age.
Type	Outcome: Intermediate Clinical Outcome
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Facility, Health Plan, Population : Regional and State
Setting	Other:Primary care and reproductive health settings.

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	Measure 2904: Contraceptive Care - Access to LARC (HHS Office of Population Affairs)
Description	Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)). It is an access measure because it is intended to identify very low rates (less than 1-2%) of long-acting reversible methods of contraception (LARC), which may signal barriers to LARC provision.
Numerator	Women ages 15-44 at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC), i.e., intrauterine device or implant.
Numerator Details	The target population is eligible women ages 15-44 who were provided a long-acting reversible method of contraception (LARC). To identify the numerator, follow these steps: Step 1 Define the numerator by identifying women who used a a long-acting reversible method of contraception (LARC) in the measurement year. To do this, use the codes in Table CCW-F. Step 2 Calculate the rates by dividing the number of women who used a LARC by the number of women in the denominator. Calculate the rates separately for adolescents and adults.
Denominator	Women ages 15-44 at risk of unintended pregnancy.
Denominator Details	The target population is women of reproductive age (i.e., ages 15–44 years). In a Medicaid population, this includes: • Women in the general Medicaid program who were continuously enrolled during the measurement year, i.e., had no more than one gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee whose coverage lapses for 2 months is not considered continuously enrolled) • All women participating in a state-sponsored family planning-specific Section 1115 waiver or in a family–planning specific state plan amendment (SPA) program, even if they were not continuously enrolled. This is because the primary intent of these waiver and/or SPA programs is to provide family planning services, including contraception.
Exclusions	The following categories of women are excluded from the denominator: (1) those who are infecund for non-contraceptive reasons; (2) women who had a live birth in the last 2 months of the measurement year; or (3) women who were still pregnant or their pregnancy outcome was unknown at the end of the measurement year.
Exclusion details	Follow the steps below to identify the denominator. The tables that are referenced are found in the attached Excel file (NQF_2904_Codes_2021.xlsx). Step 1 Identify and exclude women who were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy. To do this, use the codes listed in Table CCW-A.

	Step 2 Identify women who were pregnant at any point in the measurement year by using the codes listed in Table CCW-B. We obtained this list of codes by reviewing the following documents: • CMS & NCHS (2020). ICD-10-CM Official Guidelines for Coding and Reporting FY 2021. Available online at: http://www.cdc.gov/nchs/icd/icd10cm.htm. • CMS & NCHS (2020). ICD-10-PCS Official Guidelines for Coding and Reporting 2020. Available online at: https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-PCS Step 3 Among women who were pregnant at any point in the measurement year, exclude those who: • Had a live birth in the last 2 months of the measurement year because there may not have been an opportunity to provide them with contraception. A two-month period was selected because the American College of Obstetricians and Gynecologists (ACOG) recommends having a postpartum visit by 6 weeks, and an additional 2 weeks was added to allow for reasonable delays in attending the postpartum visit. To identify live births, use the codes listed in Table CCW-D. This table includes codes from the HEDIS measure of Prenatal and Postpartum Care, and ICD-10-CM codes for live births were added. • Were still pregnant at the end of the year because they did not have a pregnancy outcome code indicating a non-live birth (Table CCW-C) or a live birth (Table CCW-D). Codes for non-live births were also drawn from the HEDIS measure of Prenatal and Postnatal Care, and procedure codes (CPT, ICD-10-PCS codes) were added. Once the exclusions are applied, the denominator includes women who: • were not pregnant at any point in the measurement year; • were pregnant during the measurement year but whose pregnancy ended in the first 10 months of the measurement year, since there was adequate time to provide contraception in the postpartum period; or • were pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	The primary stratification variable is age, so that adolescents can be examined separately from adult women for the purposes of quality improvement. Though their current clinical guidelines report that long-acting reversible contraceptive (LARC) methods are safe and recommended for teen and nulliparous populations who wish to use them, the American Academy of Pediatrics (AAP), ACOG, Centers for Disease Control and Prevention (CDC), and Office of Population Affairs (OPA) note that it can still be difficult for these populations to access these highly effective contraceptive methods. Thus, it is important to monitor NQF #2904 measure scores for adolescents and adults to identify reporting units with very

	low LARC provision (less than 2%). We utilize age groups that are consistent with Center for Medicaid and CHIP Services (CMCS) reporting requirements; adolescents are defined as 15-20 years of age and adults are 21-44 years of age.
Type	Structure
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Facility, Health Plan, Population : Regional and State
Setting	Other:Primary care and reproductive health settings.

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