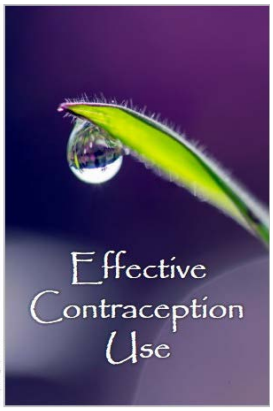

Use of Effective Contraceptive Methods by Women on Medicaid in Washington State

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In collaboration with Washington State Health Care Authority

TO IMPROVE PREGNANCY timing, spacing and, in turn, health outcomes for women and children, the Center for Medicaid and CHIP Services (CMCS) launched a Maternal and Infant Health Initiative (MIHI) in collaboration with states to promote the use of effective methods of contraception in July 2014.[1] The goals of this initiative were to improve reporting on newly-developed contraceptive use measures, increase use-rates for effective methods of contraception, and assure access to long-acting reversible contraceptives (LARCs). As one of the 14 recipient states of the four-year grant, Washington State has been collecting and reporting data annually to CMCS for developing contraceptive utilization measures. This final report summarizes the utilization of the most or moderately effective contraception (MMEC) during 2014-2018 for two measures:

- Contraceptive care for all women of reproductive age (15-44) who are at risk of unintended pregnancy (CCW).
- Contraceptive care for postpartum women (age 15-44) with a recent live birth and who adopted use of MMEC within 60 days of delivery (CCP).

The report also estimates proportions of unmet contraceptive need of Medicaid women using data from the National Survey of Family Growth 2015-2017.

Key Findings

1. During 2014-2018, three in ten Medicaid-eligible women ages 15-44 used MMEC (CCW). Among women who gave birth, four in ten used MMEC within 60 days post-delivery (CCP).
2. Women ages 21-30 and Non-Hispanic White women were more likely to use MMEC than other age and race/ethnicity groups (CCW). Adolescents (ages 15-20) and Hispanic women were more likely to use postpartum MMEC than older age and other race/ethnicity groups (CCP).
3. Age- and race-adjusted MMEC use varies by contraceptive services provided through Medicaid managed care organizations (MCOs). Across MCO plans, the adjusted rates ranged from 28% to 32% for CCW and from 33% to 44% for CCP during 2014-2018 among women who were enrolled in a single MCO plan for at least 11 months.
4. After adjusting for women who were not in need of contraceptive services (e.g. not sexually active, sterilized, having received a previous LARC), contraceptive need was met for the majority of Medicaid women of reproductive age. As a result, the population possible to target for improvement in the use of effective contraceptive methods (CCW) was one in eight adolescents and one in five 21-44 year olds.

A Context for Washington State Contraception Policy

Risk of pregnancy varies by type of contraception used

Almost all women of age 15-44 are at risk of unintended pregnancy - that is, they are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method correctly and consistently. Couples who do not use any method of contraception have approximately an 85% chance of experiencing a pregnancy over the course of a year.[2] The chance that a women not seeking a pregnancy will have an unintended pregnancy varies by whether any method of contraception is used. When used correctly, modern contraceptives are very effective at preventing pregnancy. The failure rate for the most effective contraceptive methods including long-acting reversible contraception (LARC) and sterilization is less than 0.8%, and that of the moderately effective methods is 6% for injectable, 9% for pill, patch and ring, and 12% for diaphragm.[3]

Goals of Washington State's Maternal and Infant Health Initiative (MIHI)

Understanding variation in contraceptive use among women on Medicaid offers potential insight into larger fertility patterns, including birth rates and the incidence of unintended pregnancies. Further, assessing the unmet need of effective contraception provides policy-relevant information on promoting the use of most and moderately effective contraceptive methods (MMEC). The Washington State Health Care Authority (HCA), as the single state Medicaid agency, set out to achieve the following goals:

1. Improve reporting across all Managed Care Organizations (MCOs) on the contraceptive use measure for Medicaid and CHIP populations.
2. Measure the impact of state family planning initiatives and guide further program development by developing trend reports on contraceptive use.
3. Highlight the contraceptive use measure as a performance measure for all MCOs.

Recent policy changes improved access to contraception for Medicaid recipients, reduced unintended pregnancy rates, and achieved savings for the state

During the four-year MIHI grant period, there have been two program changes which may have positively impacted contraceptive use of Medicaid-eligible women in Washington State.

Dispensing One-Year Oral Contraceptives. Washington State HCA changed the policy for oral contraceptive pill (OCP) supply in 2014 by requiring the dispensing of one-year packages for Medicaid recipients. The one-year supply of OCPs was intended to provide convenient access to OCPs. In 2014, 14% of 48,667 women who received OCPs were dispensed a one-year supply, compared to 56% initially dispensed a one-month supply.[4] Even though the one-year supply of OCPs was not implemented as broadly as intended, the state saved $1.5 million, an average of $226 per client, on maternity and infant care services due to averted births compared with those who were dispensed an initial one-month supply during 2014.[4]

Payment Increases for Provision of Long-Acting Reversible Contraception. Washington State's Medicaid program increased provider payments for provision of LARC and provided separate payment for immediate postpartum LARC insertion in September 2015. The WA State HCA paid an enhanced rate for three Current Procedural Terminology (CPT) codes directly related to insertion or implant of LARCs.[5] During the two years after the LARC reimbursement policy change in 2015, there was a significant increase in the use of LARC in the postpartum period of three and 60 days after delivery.[6]

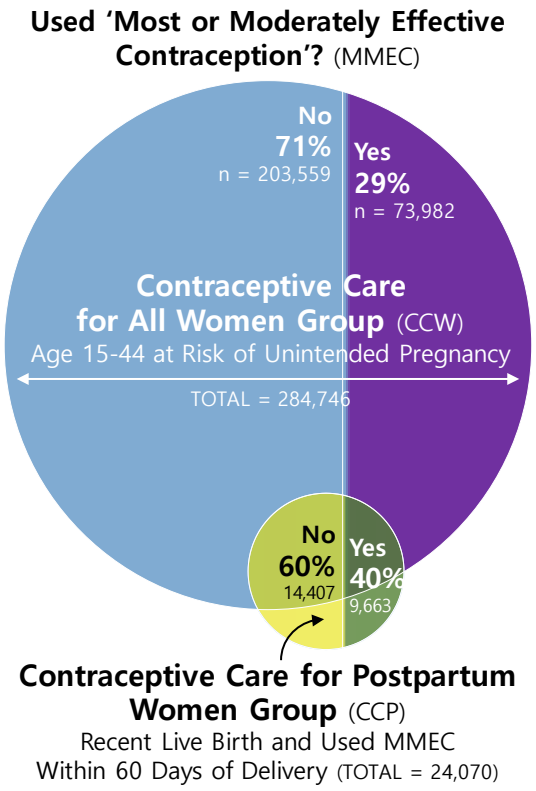
Family Planning Only Demonstration Waiver. The 1115 Family Planning Only Demonstration Waiver in Washington State, also known as Take Charge (2001-2018), is a concurrent program that provides family planning and/or family planning-related services to low-income individuals not otherwise eligible for Medicaid (133%-260% of the federal poverty limit (FPL)). A recent RDA report described the access and utilization of family planning and/or family planning-related services and how services were impacting maternal and child outcomes during the 2012-2018 family planning waiver period in Washington State. The report suggests that Washington State's family planning demonstration waiver played an important role for low-income women not eligible for Medicaid seeking to secure high-quality, confidential family planning services. Twice as many family planning lower income clients utilize family planning and family planning-related waiver services (58% in 2018) than higher income waiver groups.

STUDY APPROACH

Two Medicaid-Eligible Study Populations

FIGURE 1.

Study Populations, 2018



During 2014-2018, Washington State's Medicaid program provided MMEC for 406,197 (29%) Medicaid-eligible women age 15-44 (CCW). During the same period of time, 50,330 (40%) of postpartum women with a recent live birth adopted the use of MMEC within 60 days of delivery (CCP).

TABLE 1.

Study Population Overlap, 2018

Total CCW Group	**285,746**
Yes. Used MMEC in measurement year	203,559
No. Did not use MMEC in measurement year	73,982
Total CCP Group	**24,070**
Yes. Used MMEC within 60 days	9,663
No. Did not use MMEC within 60 days	14,407
Total Overlap	**17,255**
Overlap for Yes	10,050
Overlap for No	7,205
ALL OBSERVATIONS	**291,561**

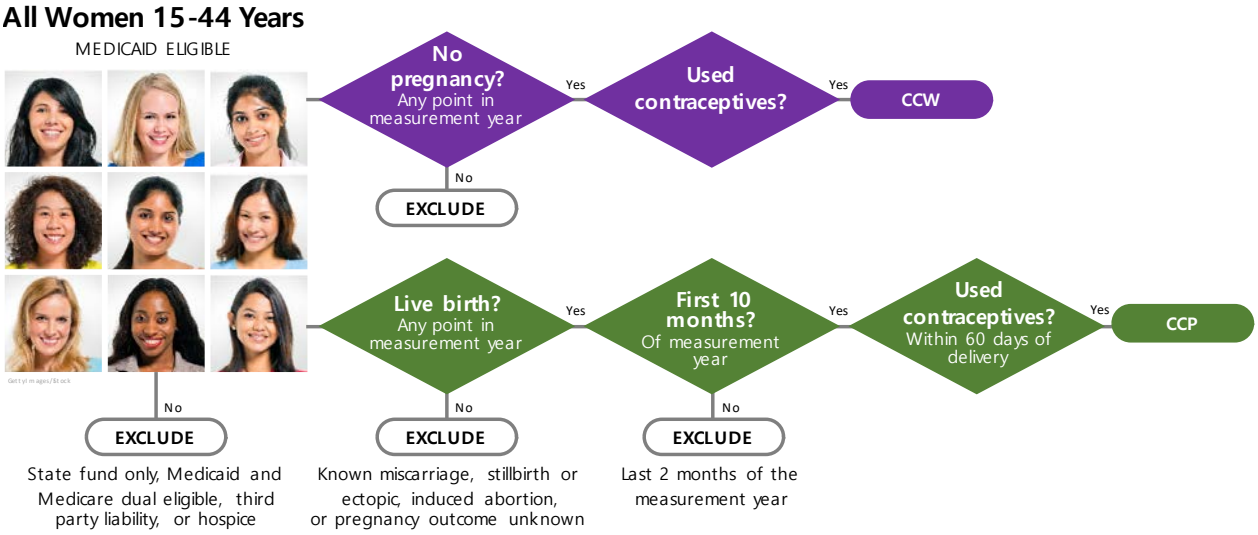
Methods

Medicaid claims and encounter data were used for assessing the utilization of MMEC for both measures of CCW and CCP. The study population (denominator) for CCW includes all Medicaid-eligible women ages 15-44 at risk of unintended pregnancy. The study population (denominator) for CCP includes all Medicaid-eligible women ages 15-44, in the 60 days after live-birth delivery. Differences in claims-based rates of CCW and CCP and variations over time were compared by age and race/ethnicity during the measurement years. Age- and race-adjusted rates of CCW and CCP were calculated by provider types of MCOs vs. Fee-For-Service (FFS), and for each MCO, by measurement year. The state total is a weighted age- and race-adjusted rate of CCW and CCP.

To help interpret the performance measure rates for the provision of MMEC, the unmet need of contraception for all Medicaid-eligible women of reproductive age was estimated using the National Survey of Family Growth (NSFG) 2015-2017.[7] This estimate, applicable to the measure of CCW, partially addresses the limitations of using claims data to assess the quality of contraceptive care. Specifically, the NSFG captured several aspects of women's risk of unintended pregnancy due to their sexual experience, pregnancy intention, sterilization, or LARC in the year preceding the measurement year, and infecundity for non-contraceptive reasons.

FIGURE 2.

Sampling Criteria



RESULTS PART 1

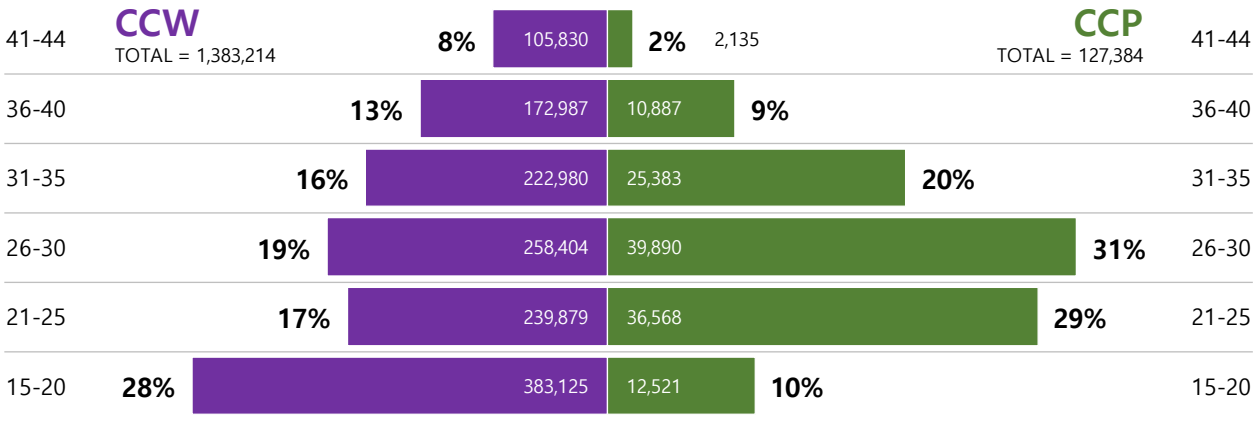
MMEC Utilization

The study population by age and race/ethnicity

The study populations vary by age. For CCW, close to 30% of Medicaid-eligible women of reproductive age are 15-20 years old (Figure 3); 50% are ages 21-35. For CCP, 60% of postpartum women are ages 21-30; 20% are 31-35 (20%); 10% are ages 15-20; and 10% are ages 36-40.

FIGURE 3.

Age Distribution

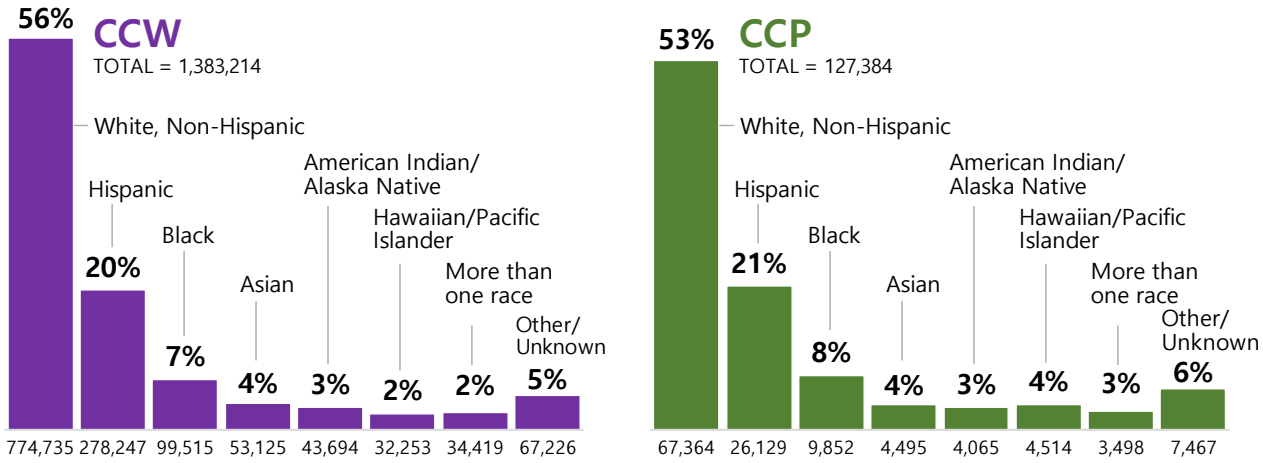


Denominators for MMEC use among all women of reproductive age (CCW) and postpartum women within 60 days of delivery (CCP).

The study populations are similar by race/ethnicity. More than 50% of all Medicaid-eligible women of reproductive age (CCW) and postpartum women within 60 days post-delivery (CCP) are Non-Hispanic White (Figure 4). Hispanic women accounted for about 20% of the population for CCW and CCP, followed by Non-Hispanic Black (7%-8%) and other/unknown (5%-6%).

FIGURE 4.

Race/Ethnicity - Denominators



Denominators for MMEC use among all women of reproductive age (CCW) and postpartum women within 60 days of delivery (CCP).

MMEC Use and trend

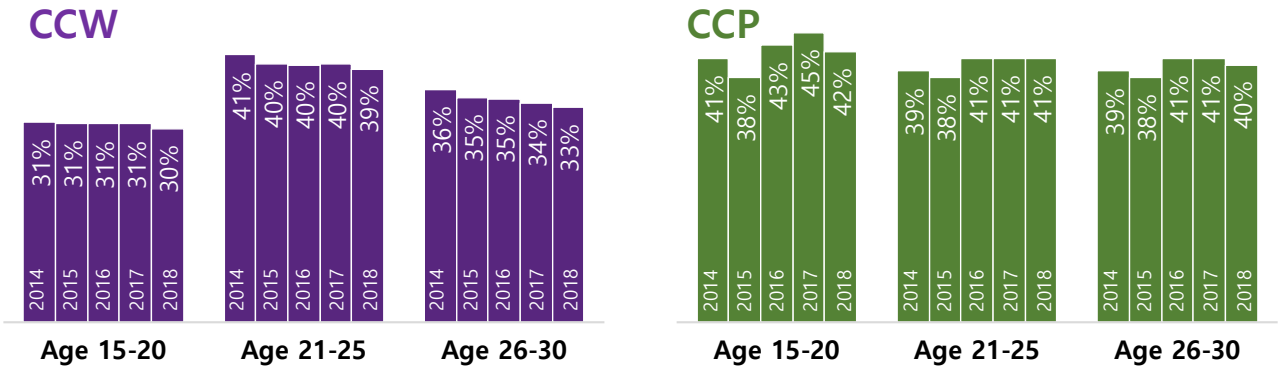
Adopting or continuing use of MMEC by Medicaid-eligible women of reproductive age (CCW) varies by age. Women of reproductive age 21-30 used MMEC more than other age groups. The use of MMEC declined more for age 21-30 than other age groups, 3%-4%, from 2014 to 2018 compared to 0%-1% among other age groups (Appendix Table 1).

Among women with a recent live birth, adolescents (ages 15-20) used more MMEC (CCP>40%) than older ages. MMEC use among women ages 21-35 with a recent live birth was greater than 35%. Postpartum MMEC use had an increasing trend across all age groups from 2014-2018, ranging between 3%-5% (Appendix Table 2).

FIGURE 5.

MMEC Use by Age Group

CCW and CCP women age 15-30

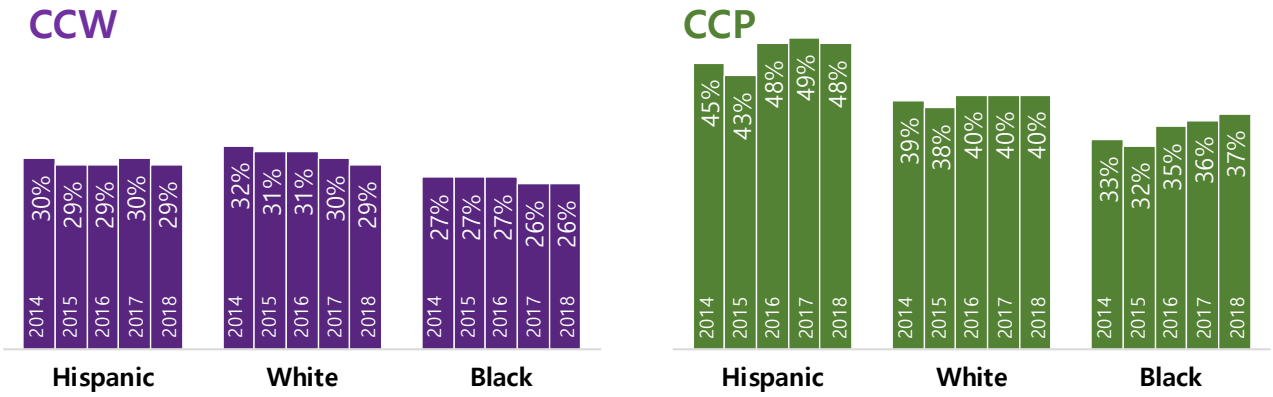


Adopting or continuing use of MMEC by Medicaid-eligible women of reproductive age (CCW) varies by race/ethnicity (Appendix Table 1). Non-Hispanic White women of reproductive age used more MMEC than other race/ethnicity groups. From 2014-2018, the MMEC rates changed within two percentage points for all race/ethnicity groups except for More Than One Race and Other/Unknown. The More Than One Race group accounted for 2% of all women and their MMEC use was 36% in 2014, higher than Non-Hispanic White, followed by a steady decrease to 32% in 2017. The Other/Unknown race/ethnicity group, accounting for 5% of all women, had a similar decreasing trend of MMEC use from 30% in 2014 to 26% in 2018.

FIGURE 6.

MMEC Use by Race/Ethnicity

CCW and CCP women age 15-44

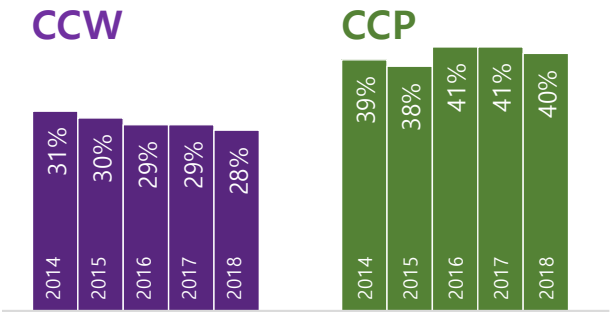


Postpartum MMEC use (CCP) among Hispanic women is more than six percentage points higher than other race/ethnicity groups (Appendix Table 2). From 2014-2018, postpartum MMEC use increased among Hispanic, Non-Hispanic White, Black, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, and More Than One Race women, ranging between 2% to 7%, whereas there was a decrease for Asian and Other/Unknown women, ranging between 3% to 5%.

FIGURE 7.

Age- and Race-Adjusted MMEC Use by Medicaid Managed Care Plans

CCW and CCP women age 15-44



The MMEC use by provider type (MCOs or FFS) was adjusted by age and race/ethnicity. From 2014 to 2018, the population distribution shifted, with more women enrolled with MCOs and fewer enrolled with a FFS provider. Among all Medicaid women of reproductive age (the denominators for CCW), the managed care population increased from 89% to 96%, while the FFS group decreased from 11% to 4% (Appendix Table 3).

The changes within the population for CCP were smaller, with the managed care population increasing from 94% to 97%, while the FFS population decreasing from 6% to 3% (Appendix Table 3). This study focuses on the measures of MMEC rates by MCOs.

The age- and race-adjusted MMEC use among all women of reproductive age (CCW) varied by contraceptive services provided through Medicaid MCOs. In 2014, about one in three Medicaid-eligible women received MMEC through Medicaid MCOs. There was a decrease for women receiving MMEC

through Medicaid MCOs from 31% in 2014 to 28% in 2018, although the population distribution changed during this time, with the managed care population growing by 38%.

The age- and race-adjusted MMEC use among postpartum women within 60 days of delivery (CCP) also varied by services provided through Medicaid MCOs. In 2014, the rate of CCP was close to four in ten for women receiving MMEC through Medicaid MCOs. The change in CCP over time was within two percentage points for services provided through Medicaid MCOs. Among women who enrolled in a single MCO plan for at least 11 months, the age- and race-adjusted CCW rates of each MCO ranged 28% to 33% and CCP ranged 33% to 43% during 2014-2018 (Appendix Table 3).

RESULTS PART 2

Effective Contraception – Estimate of Unmet Need

The rates from WA Medicaid claims and encounter data show that 31% of adolescent women enrolled in the general Medicaid program were using a MMEC during 2015-2017. National Survey of Family Growth (NSFG) 2015-2017 estimates indicated that about 56% of the adolescent Medicaid clients do not need contraceptive services because:

1. Some have never had sex (39%).
2. Some were seeking pregnancy (0.4%).
3. Some were infecund (0.1%) or received LARC in a year preceding the measurement year (17%).

To adjust for the limitations of claims data, the claims-based measure rate is added to the NSFG estimate of adolescents not in need of contraceptive services. This gives an adjusted estimate of 87% of adolescents whose contraceptive needs are met, and leaves about 13% of the population where there is an opportunity for improvement (Table 2). A similar approach for adults 21-44 years estimates that contraceptive needs are met for 78%, and leaves about 22% of the population where there is an opportunity for improvement.

Across MCOs, the opportunity to improve on promoting the use of MMEC as measured by CCW ranges from 11% to 17% for adolescents and from 22% to 38% for women ages 21-44 (Appendix Table 4).

TABLE 2.

Estimating the Unmet Need of the MMEC Methods among Medicaid Women (CCW)

Age 15-44, 2015-2017

	15-20 years	21-44 years
Washington State claims-based rates	30.5%	28.6%
NSFG*		
Have never had sex	38.8%	6.0%
Seeking pregnancy	0.4%	4.1%
Infecund for non-contraceptive reasons	0.1%	2.8%
Received LARC in the year preceding the measurement year	17.0%	15.1%
Sterilized for contraceptive reasons	0.0%	21.1%
Not in need of contraceptive services	56.3%	49.1%
Contraceptive needs are met	86.8%	77.7%
Opportunity for improvement	**13.2%**	**22.3%**

*SOURCE: Office of Population Affairs analysis of National Survey of Family Growth 2015-17 data.

NOTE: Percent of contraceptive need met is the sum of percent claims and percent NSFG estimate of not in need of contraceptive services.

Discussion

This report described the utilization of the MMEC during the period from 2014 to 2018 for Medicaid-eligible women of reproductive age in Washington State. The report also estimated the unmet contraceptive need of Medicaid-eligible women and highlights the MMEC measure (CCW) as a performance measure for Washington's MCOs. We found that Medicaid-eligible women ages 21-30 and Non-Hispanic White women used more MMEC than other age and race/ethnicity groups (CCW). Among women with a recent birth, adolescents (ages 15-20) and Hispanic women used more MMEC than older women and other race/ethnicity groups (CCP). The contraceptive need was met for the majority of Medicaid women of reproductive age, leaving opportunities for improvement to promote the use of effective contraceptive methods (CCW) at one in eight adolescents and one in five 21-44 year olds. The variation in estimated unmet need of effective contraceptive use by each MCO may suggest that improvement on reporting is needed for some MCOs.

This study made several important contributions. First, this report calculated age- and race-adjusted rates of CCW and CCP for each MCO, making the comparisons of MMEC use across MCOs feasible. The estimates of unmet need of contraceptive care provided useful information on opportunities to improve at the MCO level.

Second, this report added to RDA research addressing contraceptive care for eligible women from a different perspective. A previous report on the effect of increasing provider payments for provision of LARC in Washington State, documented the impact of fulfilling one of the MIHI goals set by CMS on ensuring access to LARC for Medicaid-eligible women.[6] As the key contractor on this project, RDA project team members successfully performed measure implementation, tested the code and validation, and provided feedback to the CMS technical team during the four-year grant funding period.

Third, the methods developed through this project provided actionable results for WA State. Reporting MMEC use was adopted as one of the project areas for the 1115 Waiver, also known as Healthier Washington Medicaid Transformation. This Waiver allowed the state to use federal Medicaid funding for innovation projects that are not normally eligible for such funding. Transformation through Accountable Communities of Health (ACH) is one of the three initiatives included in the Medicaid Transformation. Under this initiative, each ACH was responsible for coordinating and implementing a series of projects or programs designed to improve regional health outcomes and to demonstrate systematic population-level improvements in health equity. The Reproductive and Maternal/Child Health project was associated with the performance measures of CCW and CCP at the ACH level.[8]

This report had several limitations. Despite the advantage of relative accessibility, administrative claims/encounter data do not capture women's pregnancy intentions. Since the denominator of CCW included all women of reproductive age, the claims-based CCW rate could not be used directly to assess access to contraceptive care for women who specifically wish to avoid unintended pregnancy because the pregnancy intention could not be determined through administrative data. Additionally, contraceptive rates did not capture ongoing use of a long-acting contraceptive. Given that a LARC is effective for three to ten years, a portion of the CCW denominator would be using a highly effective contraceptive without claims indication, and without screening into the numerator. Use of the NSFG survey to provide a more complete context was limited by 1) making an assumption that the national data are representative of Washington State, 2) incorporating the results from survey data with those of administrative data; and 3) the survey asks about previous LARC indication for the prior 12 months, potentially missing LARCs received before that time which may still be in use. The performance measure rates for provision of MMEC, therefore, should be interpreted with caution.

Family planning has well-documented health benefits for mothers, newborns, families and communities.[9] Increasing the uptake of MMEC for individuals in need leads to positive outcomes. In the promotion of effective family planning and MMEC use among women of reproductive age, it's imperative to note that the choice of contraceptive methods is personal. The ability to choose from among the full range of contraceptive methods, based on an individual's preference, supports consistent and effective contraceptive use. Limitations in access to contraception arise from financial and systems issues as well as from provider bias.[10-12] Health policy makers and clinicians may focus on developing strategies to remove financial and logistic barriers to women desiring effective methods.

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APPENDIX TABLE 1.

Most or Moderately Effective Contraception (MMEC) for All Women of Reproductive Age

Number and percent of Medicaid denominator-eligible women who used MMEC 2014- 2018

CCW	2014			2015			2016			2017			2018		
	Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC	
		N	%		N	%		N	%		N	%		N	%
Age															
15-20	62,720	19,484	31%	77,524	23,910	31%	80,906	24,918	31%	81,010	24,947	31%	80,965	24,363	30%
21-25	40,793	16,927	41%	51,877	20,864	40%	52,723	21,082	40%	48,808	19,536	40%	45,678	17,989	39%
26-30	43,447	15,706	36%	54,076	18,895	35%	56,855	19,742	35%	53,245	18,153	34%	50,781	16,962	33%
31-35	35,343	9,427	27%	45,695	12,037	26%	48,411	12,818	26%	47,195	12,525	27%	46,336	12,113	26%
36-40	24,755	4,274	17%	34,286	6,137	18%	37,453	6,792	18%	37,965	6,920	18%	38,528	7,011	18%
41-44	16,047	1,909	12%	21,994	2,642	12%	23,037	2,716	12%	22,305	2,651	12%	22,456	2,747	12%
Race/Ethnicity															
White	126,641	39,998	32%	163,440	50,329	31%	169,709	51,855	31%	161,179	48,325	30%	153,766	44,974	29%
Hisp.	43,605	12,905	30%	53,984	15,780	29%	58,697	17,145	29%	59,889	17,932	30%	62,072	18,277	29%
Black	16,236	4,448	27%	20,954	5,659	27%	21,578	5,732	27%	20,704	5,430	26%	20,043	5,145	26%
Asian	7,677	1,907	25%	11,132	2,741	25%	12,123	3,019	25%	11,332	2,830	25%	10,861	2,600	24%
AI/AK	6,973	1,737	25%	8,712	2,354	27%	8,959	2,459	27%	9,217	2,500	27%	9,833	2,651	27%
NHOPI	4,228	1,036	25%	6,841	1,666	24%	7,390	1,777	24%	7,001	1,657	24%	6,793	1,512	22%
>1+	6,611	2,358	36%	5,197	1,735	33%	5,704	1,927	34%	7,660	2,517	33%	9,247	2,908	31%
Other	11,134	3,338	30%	15,192	4,221	28%	15,225	4,154	27%	13,546	3,541	26%	12,129	3,118	26%
TOTAL	223,105	67,727	30%	285,452	84,485	30%	299,385	88,068	29%	290,528	84,732	29%	284,744	81,185	29%

ABBREVIATIONS: White = White, Non-Hispanic, Hisp. = Hispanic, Black = Non-Hispanic Black, AI/AK = Non-Hispanic American Indian/ Alaska Native, NHOPI = Non-Hispanic Native Hawaiian/Other Pacific Islander, >1+ = More than one race, Other = Includes unknown.

NOTES:

1. **Excludes** women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year.
2. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race.
3. **Other/Unknown category** includes Non-Hispanic or Ethnicity Unknown with race stated as Asian, Other, or records with designation unknown.
4. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectable, oral pills, patch, ring, or diaphragm.
5. **Eligible women** are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits.

APPENDIX TABLE 2.

Most or Moderately Effective Contraception (MMEC) for Postpartum Women within 60 Days of Delivery

Number and percent of Medicaid denominator-eligible women who used MMEC 2014- 2018

CCP	2014			2015			2016			2017			2018		
	Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC	
		N	%		N	%		N	%		N	%		N	%
Age															
15-20	2,938	1,206	41%	2,704	1,037	38%	2,591	1,106	43%	2,286	1,019	45%	2,002	849	42%
21-25	8,042	3,157	39%	7,723	2,946	38%	7,304	2,996	41%	6,918	2,846	41%	6,581	2,680	41%
26-30	7,730	3,052	39%	8,341	3,158	38%	8,375	3,444	41%	7,780	3,217	41%	7,664	3,057	40%
31-35	4,746	1,763	37%	5,116	1,905	37%	5,249	2,092	40%	5,172	2,011	39%	5,100	2,011	39%
36-40	2,010	689	34%	2,197	747	34%	2,166	836	39%	2,240	878	39%	2,274	902	40%
41-44	436	142	33%	424	124	29%	407	149	37%	419	147	35%	449	164	37%
Race/Ethnicity															
White	14,170	5,469	39%	14,518	5,456	38%	13,843	5,599	40%	12,807	5,133	40%	12,026	4,767	40%
Hisp.	4,833	2,185	45%	5,148	2,203	43%	5,475	2,625	48%	5,275	2,604	49%	5,398	2,583	48%
Black	1,917	624	33%	2,015	653	32%	2,020	713	35%	1,988	719	36%	1,912	707	37%
Asian	855	303	35%	927	294	32%	951	308	32%	934	308	33%	828	254	31%
AI/AK	820	264	32%	832	293	35%	787	294	37%	782	309	40%	844	309	37%
NHOPI	728	235	32%	932	304	33%	969	352	36%	938	319	34%	947	305	32%
>1+	871	305	35%	533	188	35%	586	217	37%	664	262	39%	844	322	38%
Other	1,708	624	37%	1,600	526	33%	1,461	515	35%	1,427	464	33%	1,271	416	33%
TOTAL	25,902	10,009	39%	26,505	9,917	37%	26,092	10,623	41%	24,815	10,118	41%	24,070	9,663	40%

ABBREVIATIONS: White = White, Non-Hispanic, Hisp. = Hispanic, Black = Non-Hispanic Black, AI/AK = Non-Hispanic American Indian/ Alaska Native, NHOPI = Non-Hispanic Native Hawaiian/Other Pacific Islander, >1+ = More than one race, Other = Includes unknown.

NOTES:

1. **Excludes** women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year.
2. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race.
3. **Other/Unknown category** includes Non-Hispanic or Ethnicity Unknown with race stated as Asian, Other, or records with designation unknown.
4. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectable, oral pills, patch, ring, or diaphragm.
5. **Eligible women** are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits.

APPENDIX TABLE 3.

Most or Moderately Effective Contraception (MMEC) Use by Managed Care Plans or Fee-for-Service

Number and percent of Medicaid denominator-eligible women who used MMEC 2014, 2016, 2018

CCW, Age- and Race- Adjusted	2014			2016			2018		
	Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC	
		N	%		N	%		N	%
All Medicaid Managed Care	**197,793**	**60,346**	**31%**	**286,157**	**83,685**	**29%**	**272,369**	**76,949**	**28%**
Amerigroup Washington Inc	5,872	1,980	33%	19,606	5,781	29%	18,414	5,161	28%
Community Health Plan of WA	31,100	9,031	31%	42,458	11,985	29%	36,633	9,969	28%
Coordinated Care of WA	11,819	3,962	34%	26,831	7,950	30%	26,962	8,078	29%
Molina Healthcare of WA Inc	50,818	16,228	33%	105,888	32,455	31%	113,191	33,718	30%
United Health Care Community Plan	9,738	3,197	32%	28,622	8,428	29%	27,382	7,790	29%
Uncategorized	88,446	25,948	29%	62,752	17,086	27%	49,787	12,233	24%
Medicaid Fee-for-Service	**25,312**	**7,381**	**28%**	**13,228**	**4,383**	**37%**	**12,375**	**4,236**	**41%**
STATE TOTAL (weighted)	**223,105**		**31%**	**299,385**		**30%**	**284,744**		**29%**

CCP, Age- and Race- Adjusted	2014			2016			2018		
	Total eligible	Used MMEC		Total eligible	Used MMEC		Total eligible	Used MMEC	
		N	%		N	%		N	%
All Medicaid Managed Care	24,376	9,500	39%	25,121	10,271	41%	23,309	9,396	40%
Amerigroup Washington Inc	1,705	609	36%	2,020	762	38%	1,977	771	40%
Community Health Plan of WA	5,084	2,049	40%	4,079	1,734	42%	3,374	1,324	39%
Coordinated Care of WA	3,080	1,333	41%	2,783	1,291	44%	2,510	1,149	43%
Molina Healthcare of WA Inc	8,661	3,446	40%	11,493	4,667	41%	11,528	4,694	41%
United Health Care Community Plan	2,672	971	36%	2,797	1,107	40%	2,662	1,016	39%
Uncategorized	3,174	1,092	35%	1,949	710	36%	1,258	442	34%
Medicaid Fee-for-Service	1,526	509	32%	971	352	35%	761	267	33%
STATE TOTAL (weighted)	25,902		38%	26,092		41%	24,070		40%

NOTES:

1. **Excludes** women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year.
2. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race.
3. **Other/Unknown category** includes Non-Hispanic or Ethnicity Unknown with race stated as Asian, Other, or records with designation unknown.
4. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectable, oral pills, patch, ring, or diaphragm.
5. **Eligible women** are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits.

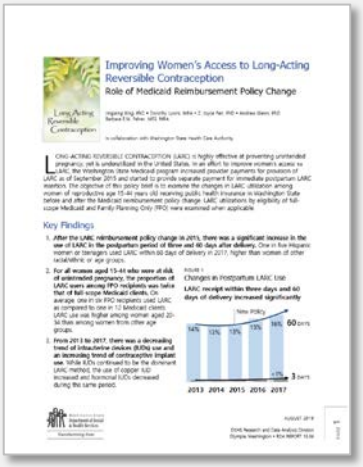
APPENDIX TABLE 4.

Estimating the Unmet Need for Most or Moderately Effective Contraception among All Medicaid Women of Reproductive Age by Managed Care Organization, 2015-2017

CCW	15-20 years		21-44 years	
	Claims-based	Unmet needs*	Claims-based	Unmet needs*
Amerigroup Washington Inc.	33%	10.9%	29%	22.1%
Columbia United Providers*	29%	15.2%	29%	35.7%
Community Health Plan of WA	27%	16.9%	29%	34.0%
Coordinated Care of WA	28%	15.8%	31%	35.1%
Molina Healthcare of WA Inc.	31%	12.5%	30%	38.4%
United Health Care Community Plan	30%	13.3%	29%	37.6%
Uncategorized	31%	12.5%	26%	38.4%

*Percent of unmet need of contraceptives is 56.3% for ages 15-20 and 49.1% for ages 21-44, based on analysis of National Survey of Family Planning 2015-2017.

**Data for Columbia United Providers available in 2015.



More Findings about Contraceptive Use and Washington State's Maternal and Infant Health Initiative from RDA

Improving Women's Access to Long-Acting Reversible Contraception
Role of Medicaid Reimbursement Policy Change

Xing, Lyons, Fan, Glenn, Felver, AUGUST 2019

Long-acting reversible contraception (LARC) is highly effective at preventing unintended pregnancy, yet is underutilized in the U.S. To improve women's access to LARC, the Washington State Medicaid program increased provider payments for LARC in September 2015 and provided separate payment for immediate postpartum LARC insertion. This study examines the changes in LARC utilization among women age 15-44 who received public health insurance in Washington State before and after the policy change. Findings suggest that Medicaid payment change can be an effective policy option to increase postpartum LARC initiation and highlight the need to improve access to LARC methods outside the postpartum period. https://www.dshs.wa.gov/rda

DATA SOURCES

The claims-based rate for this report is based on analysis of Medicaid claims and encounter data from ProviderOne, Washington's Medicaid Management Information System. The unmet need for contraception is estimated based on NSFG 2013-2015 survey among Medicaid women ages 15-44.

MEASURES AND DEFINITIONS

Excludes women with eligibility for programs using state funds only, women who are eligible for both Medicaid and Medicare, women who have full third party liability, women who were infecund, women who had a live birth in the last two months of the measurement year for CCP, and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one managed care plan during the year.

The Contraceptive Care Measures for All Women (CCW): Among women ages 15 through 44 at risk of unintended pregnancy (defined as those remaining after excluding women not at risk of unintended pregnancy because they: were infecund for non-contraceptive reasons; had a live birth in the last two months of the measurement year; were pregnant or their pregnancy outcome was unknown at the end of the measurement year), the percentage that is provided a most effective or moderately effective FDA-approved method of contraception (MMEC). Eligible women (denominator for CCW) are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date.[13]

The Contraceptive Care Measures for Postpartum Women (CCP): Among women ages 15 through 44 who had a live birth, the percentage that is provided within 60 days of delivery a most effective or moderately effective method of contraception (MMEC). Eligible women (denominator for CCP) are women in the specified age range as of December 31 of the measurement year with a live birth in the first 10 months of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum.[13]

Live birth is defined based on ICD-9-CM and ICD-10-CM diagnosis and procedure codes and current procedure terminology codes.

Managed Care Organization (MCO) is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year (CCW) or from delivery to 60 days postpartum (CCP). "Uncategorized" MCO indicates that a woman had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months (CCW) or from delivery to 60 days postpartum (CCP).

Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race.

The estimate of unmet need for contraception is based on data from the 5,554 women in the female respondent (ages 15-50) file of the 2015–2017 NSFG.[7] The survey sample of Medicaid women ages 15-44 is 1,288. Definitions of the measures using NSFG data are:

Medicaid: survey respondent's current health insurance status is Medicaid, CHIP, or a state-sponsored health plan.

Have never had sex: survey respondent has never had sexual intercourse with a male (RECODE).

Seeking pregnancy: current contraceptive status that reflects contraceptive methods used in the month of interview, as "seeking pregnancy".

Infecund for non-contraceptive reasons: it is impossible for the survey respondent or her husband/partner to have another baby because of a sterilizing operation that was ONLY done for NON-contraceptive reasons (RECODE).

Received LARC in a year preceding the measurement year: survey respondent received intrauterine device or implant in the 12 months before interview.

Sterilized for contraceptive reasons: survey respondent reported having tubal sterilization.

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