Analytic Spotlight: Abortion Care Services

Methodology and Recommendations

Create a dashboard with consumers of abortion services* applied to medical and pharmacy claims for the last 3-5 reporting years.

See appendix for the list of ICD-10 Principal Diagnosis codes.

Consider the target population: females of child-bearing years. We recommend ages 14-49 and constructing smaller age bands to investigate metrics more accurately within the target population. Create filters and age bands to use in your dashboards and analysis.

Prior to analysis on the population of interest, explore the complete population to understand the impact of records being filtered out. Medical needs for abortion services exist beyond child-bearing ages for other women's health needs. Dig into the details for all abortion services claims for:

- Genders = male and other
- Ages 0-14
- Ages 50+

For classifications of state-level policies, we recommend Guttmacher Institute for a set of structured definitions. We recommend the following 3 groupings for initial analytic investigations. Actual policies vary by state and in some cases are rapidly changing. These should be considered in detail for state-level decision making.

- **Banned or highly restrictive**: Include "Most restrictive" "Very restrictive" "Restrictive"
- **Some restrictions/protections**: Include "Some restrictions/protections"
- **Protective**: Include "Protective" "Very protective" "Most protective"

Expect changes

Tracking: Create a dashboard to continue to evaluate your population. How do utilization and emerging trends change?

Calculate projections

Based on metrics, what could be the population impacted by new care barriers in states with changes going in place?

Analytic Spotlight

Investigate data for insights in 3 key areas*:*

Who: Understand the population and utilization
1. **Claimant volume**: Claimants/1000, past 3-5 years, YoY trends?
2. **Demographics**: distribution by age, location, plan type, marital status, employee status
3. **SDoH**: distribution by salary range, household index, adjusted for COLI
4. **Care access cohorts**: how do metrics vary by states with restrictive vs. protected care access? How do metrics vary based on benefit plans?

How much: Gather insights on costs
1. **Allowed**: Episode Cost of Care – how does this vary by state?
2. **Travel:** What have been travel costs for other conditions like transplants?
3. **Alternative costs:** What is the cost of a pregnancy delivery?

Why build a business case?

As legislation changes, organizations can turn to numbers. It presents non-biased business based decision-making criteria.

Abortion care + travel stipend is often 30% less costly care benefit than a pregnancy and delivery without complications.

Care access: Investigate network, care services, and barriers
1. Network
    *   Where has the historical caseload been served?
    *   What does the network offer – routing to closest provider? Should you work with your carrier to find closer providers for key geographies?

2. SDoH
    *   Are there other social factors that affect access, utilization, or cost?

Whole person health

➔ **What are other organizations investigating?**

Out of state travel
Bereavement
Mental health visits
Adoption services

Appendix - Code-sets for all abortions

Non-Elective:
ETG Base = Spontaneous Abortions
3-digit ICD-10 Principal Diagnosis = O03, O01, O02, O03, O08

Elective:
ETG Base = Induced Abortions
3-digit ICD-10 Principal Diagnosis = O04, O07

Procedure codes:
59812 – Treatment of Incomplete (Spontaneous) Abortion, any trimester
59820 – Missed (Spontaneous) Abortion before 14 weeks
59821 – Missed (Spontaneous) Abortion 14-20 weeks
59830 – Treatment of Septic Abortion, completed surgically
59840 – Procedural (induced) Abortion by D&C any trimester
59841 – Procedural (induced) Abortion by D&E 14-20 weeks
59841-22 – Procedural (induced) Abortion 22 weeks or more
59850-59852 – Medical Abortions (Induced) Injections before 20 weeks
59855-59857 – Medical Abortions (Induced) suppositories before 20 weeks
S0190-S0191 – Mifepristone, oral, 200 mg / mcg

NDCs:
64875000101– Mifepr1stone
64875000103 – Mifepristone
69536-162-88 – Plan B Levonorgestrel 1.5 mg
54868-4894-0 – Plan B Levonorgestrel 0.75 mg
50090-3830-0 – Plan B Levonorgestrel
51285-088-88 – Plan B Levonorgestrel (1 tab)
51285-124-88 – Plan B Levonorgestrel
51285016288 – Plan B Levonorgestrel
50090114100 – Plan B Levonorgestrel
51285014619 – Plan B Levonorgestrel
51285094388 – Plan B Levonorgestrel
50090383000 – Plan B Levonorgestrel
69536016299 – Plan B Levonorgestrel
69536014619 – Plan B Levonorgestrel
69536016288 – Plan B Levonorgestrel