Using health insurance claims for documentation of abortion services

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Abstract (150 words)

Data on abortion services are critical for examining a wide range of research questions. Accurate and timely data, however, can be difficult to obtain for abortion services. We used Medicaid eligibility and claims data from women ages 15-44 enrolled in Oregon's Medicaid program from 2008-2013 (n=312,366) to categorize abortions as high, medium, or low confidence according to convergent validity analysis of fee-for-service (FFS) billing. Abortion-related claims were categorized based on diagnosis, procedure, and drug codes. Categories were assessed for convergent validity by examining FFS billing for possible abortions to women enrolled in managed and coordinated care organizations (MCO/CCO). Possible abortions were classified with high (n=21,446), medium (n=565) and low (n=1,748) confidence. Among MCO/CCO enrolled abortions, more than 99% of high confidence abortions were billed FFS compared to 71% of medium and <1% of low confidence abortions. A high quality claims-based measure can facilitate rigorous abortion research to increase equitable access.