

**ODJFS Methods for
Access Performance Measures**

**Covered Families and Children (CFC)
Managed Care Program**

Provider Agreement Effective through Contract Period ending June 30, 2010

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Member's Access to Designated Primary Care Provider (PCP)

The percentage of members who had a visit through members' designated PCPs.

Numerator: Members in the denominator with one (1) or more visit(s) to any of members' designated PCPs during the reporting year. Designated PCPs will be included if they are 1) identified as a member's designated PCP in the ODJFS Primary Care Provider Database and 2) listed as an active PCP individual, group or health center in the Managed Care Provider Network Database. Visits to individual providers who are part of a designated PCP group will be included if the individual provider is linked to the designated PCP group within the Managed Care Provider Network Database.

Denominator: Members who were enrolled for at least eleven (11) months with the plan during the reporting year and who were enrolled during the last month of the reporting year.

Data Sources: Encounter data, ODJFS' Primary Care Provider Database and the Managed Care Provider Network.

Report Period: The SFY 2010 reporting year will serve as the baseline for the measure. SFY 2011 reporting year will be the first statewide evaluation of the measure and MCPs will be held accountable to the Regional-Based Statewide Minimum Performance Standard.

Contract Period	Reporting Year
SFY 2010	January thru December 2009
SFY 2011	January thru December 2010

Standard Setting Strategy: The Members' Access to Designated PCP measure is an Ohio specific access performance measure and therefore, does not have applicable national benchmarks to assist standard setting. The performance target is set based on Ohio program expectations and allows for data or reporting limitations. The minimum performance standard is improvement based and takes into consideration the MCP performance baseline. The MCP must improve from report period to report period until the performance target is met.

Children’s Access to Primary Care
(performance evaluation through SFY 2010 for the CFC program)

The percentage of enrolled members age 12 months through 6 years who had at least one visit with a MCP primary care provider during the reporting year, and members age 7 years to 11 years who had a visit during the report period or the calendar year prior to the report period.

Numerator: Members in the denominator age 12 months through 6 years with one or more PCP visit(s) during the reporting year, and members age 7 years to 11 years with one or more PCP visits(s) during the reporting year or the calendar year prior to the reporting year.

Denominator: Members age 12 months through 6 years who were enrolled for at least 11 months with the plan during the reporting year and who were enrolled during the last month of the reporting year, and children age 7 years to 11 years who were enrolled for at least 11 months with the plan during the reporting year and 11 months with the plan during the calendar year prior to the reporting year and who were enrolled during the last month of the reporting year.

Data Sources: Encounter data and ODJFS’ Provider Master File.

Report Period:

For Contract Period	Performance Will Be Evaluated Using Report Period
SFY 2010	January thru December 2009

Standard Setting Strategy: The Children’s Access to Primary Care measure follows HEDIS 2009, the Healthcare Effectiveness Data and Information Set for this measure year. The minimum performance standard for this measure is based on the National Committee for Quality Assurance (NCQA) 2008 weighted Medicaid HEDIS Audit Means, Percentiles and Ratios for the Children’s Access to Primary Care Practitioners measure.

Children’s Access to Primary Care
(performance evaluation beginning SFY 2011)

The percentage of enrolled members age 12 months through 6 years who had at least one visit with a MCP primary care provider during the reporting year, and members age 7 years to 19 years who had a visit during the report period or the calendar year prior to the report period.

Numerator: Members in the denominator age 12 months through 6 years with one or more PCP visit(s) during the reporting year, and members age 7 years to 19 years with one or more PCP visits(s) during the reporting year or the calendar year prior to the reporting year.

Denominator: Members age 12 months through 6 years who were enrolled for at least 11 months with the plan during the reporting year and who were enrolled during the last month of the reporting year, and children age 7 years to 19 years who were enrolled for at least 11 months with the plan during the reporting year and 11 months with the plan during the calendar year prior to the reporting year and who were enrolled during the last month of the reporting year.

Data Sources: Encounter data and ODJFS’ Provider Master File.

Report Period: The SFY 2010 reporting year will be the baseline year used to set the standard for SFY 2011. SFY 2011 reporting year will be the first statewide evaluation of the measure.

For Contract Period	Performance Will Be Evaluated Using Report Period
SFY 2011	January thru December 2010

Standard Setting Strategy: The Children’s Access to Primary Care measure follows, HEDIS 2009, the Healthcare Effectiveness Data and Information Set for this measure year. The minimum performance standard for this measure is based on the National Committee for Quality Assurance (NCQA) 2008 weighted Medicaid HEDIS Audit Means, Percentiles and Ratios for the Children’s Access to Primary Care Practitioners measure.

Codes to Identify Primary Care Visits		
Description	CPT Codes	ICD-9-CM Codes
Office or Other Outpatient Services	99201-99205, 99211-99215, 99241-99245	
Home Services	99341-99350	
Preventive Medicine	99381- 99385, 99391-99395, 99401-99404, 99411, 99412, 99420, 99429	
General Medical Examination		V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Exclusions:

- 1) Inpatient services and emergency department visits.

In some cases, the provider number given on the encounter data claim is the provider number of the hospital where the physician provides services and is not the provider number of the individual physician who provided the services. Therefore, ODFJS’ Provider Master File is used to identify PCPs for this measure:

Codes to Identify Primary Care Providers	
Provider Type	Provider Specialty Code¹
01 (General Hospital) 04 (Outpatient Health Facility) 05 (Rural Health Facility) 07 (Advanced Practice Nurse Group) 09 (Maternal/Child Health Clinic – 9 mo.) 12 (Federally Qualified Health Center) 50 (Comprehensive Clinic) 52 (Public Health Dept. Clinic) 65 (Clinical Nurse Specialist) 71 (Certified Nurse Midwife) 72 (Nurse Practitioner)	or 01 (General Practice) 11 (Allergy) 12 (Cardiovascular) 14 (Gastroenterology) 15 (Internal Medicine) 16 (Pediatrics) 18 (Preventive Medicine) 19 (Pulmonary Diseases) 21 (Child Psychiatry) 22 (Neurology) 23 (Psychiatry) 53 (Obstetrics & Gynecology) 56 (Otolaryngology) 59 (Urology) 71 (Obstetrics & Gynecology – Osteopath) 72 (Ophthalmology / Otolaryngology (Osteopath) 75 (Psychiatry Neurology (Osteopath) 99 (Other, Unspecified)

If a provider is identified on the ODJFS’ Provider Master File with any of the Provider Type or Provider Specialty Codes listed in the table above, then they will be recognized as a PCP.

¹Missing Provider Specialty Code: If a child received an ambulatory/preventive care visit and the servicing provider’s specialty code is missing from ODJFS’ Provider Master File the visit will be included in the measure if the servicing provider has a provider type per the ODJFS’ Provider Master File of individual physician (20), group physician (21), individual osteopath (22) or group osteopath (23).

Adults' Access to Preventive/Ambulatory Health Services

The percentage of enrolled members age 20 and older who had an ambulatory or preventive-care visit.

Numerator: Members in the denominator age 20 years and older who had one or more preventive related visit(s) during the reporting year.

Denominator: Members age 20 years and older who were enrolled for at least 11 months with the plan during the reporting year and who were enrolled during the last month of the reporting year.

Data Sources: Encounter data and ODFJS' Provider Master File.

Report Period:

For Contract Period	Performance Will Be Evaluated Using Report Period
SFY 2010	January thru December 2009
SFY 2011	January thru December 2010

Standard Setting Strategy: The Adults' Access to Preventive/Ambulatory Health Services measure follows HEDIS 2009, the Healthcare Effectiveness Data and Information Set for this measure year. The minimum performance standard for this measure based on the National Committee for Quality Assurance (NCQA) 2008 weighted Medicaid HEDIS Audit Means, Percentiles and Ratios for the Adults' Access to Preventive/Ambulatory Health Services measure.

Codes to Identify Preventive/Ambulatory Services				
Description	CPT Codes	ICD-9 Diagnosis Codes	UB-92 Revenue Codes	HCPCS
Office or Other Outpatient Services	99201-99205, 99211-99215, 99241-99245		051x, 052x, 0982, 0983	
Home Services	99341-99350			
Nursing Facility Care	99304-99310, 99315, 99316, 99318			
Domiciliary, Rest Home, or Custodial Care Services	99324-99328, 99334-99337			
Preventive Medicine	99385-99387, 99395-99397, 99401-99404, 99411-99412, 99420, 99429		077x	G0344
Ophthalmology and Optometry	92002, 92004, 92012, 92014			
General Medical Examination		V70.0, V70.3, V70.5, V70.6, V70.8, V70.9		

Exclusions:

1) Inpatient services (Table INP-1) and emergency department visits (Table ED-1)

Table INP-1: Codes to Identify Acute Inpatient Discharges

UB-92 Type of Bill
111, 121, 411, 421

Table ED-1: Codes to Identify Emergency Department Visits

UB-92 Revenue	AND	UB-92 Type of Bill
045x, 0981		13x
<i>OR</i>		
CPT	AND	POS
10040 – 69979		23
<i>OR</i>		
CPT		
99281 – 99285		