

ODJFS Methods for Access Performance Measures

Provider Agreement Effective July 1, 2005 to June 30, 2006

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Primary Care Physician (PCP) Turnover Measure and Method

The percentage of primary care physicians (PCPs) affiliated with the MCP as of December 31 of the year preceding the reporting year who were not affiliated with the MCP as of December 31 of the reporting year.

Numerator: The number of PCPs who were not affiliated with the plan on the last day of the reporting year, but who were affiliated with the plan on the last day of the year preceding the reporting year.

Denominator: The number of PCPs affiliated with the plan on the last day of the year preceding the reporting year.

Data Source: PCPs will be identified using the Provider Verification System.

Report Period:

For Contract Period	Performance Will Be Evaluated Using Report Period
SFY 2006	January thru December 2005
SFY 2007	January thru December 2006

Children’s Access to Primary Care Measure and Method

The percentage of enrolled members age 12 months through 11 years who had a visit with a MCP primary care practitioner during the reporting year.

Numerator: Children with one or more PCP visit(s) during the reporting year.

Denominator: Children 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 ODJFS Provider Master File.

Report Period:

For Contract Period	Performance Will Be Evaluated Using Report Period
SFY 2006	January thru December 2005
SFY 2007	January thru December 2006

Codes to Identify Primary Care Visits		
Description	CPT Codes	ICD-9-CM Codes
Evaluation/Management Codes & Preventive Medicine Codes	99201-99205, 99211-99215, 99241-99245, 99341, 99350, 99381-99383, 99391-99393, 99401-99404, 99411, 99412, 99420, 99429, 99499, 99384-99385, * 99394-99395*	
General Medical Examination		V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

*These CPT codes are specific to adolescent age stratification (12-19) and are provided for informational purposes only.

Exclusions:

- 1) Inpatient services and emergency department visits.
- 2) Services pertaining to mental health and chemical dependency:
 - Principal diagnosis codes 290-316
 - Principal diagnosis codes 960-979 with a secondary diagnosis code of chemical dependency (291, 292, 303-305)
 - CPT codes 90801 – 90899
 - ICD-9-CM procedure codes 94.26, 94.27, 94.6

The provider number currently given on the encounter data claim is incorrectly, in some cases, the provider number of the hospital where the physician gives services and is not the provider number of the physician who provided the services. Therefore, it was not possible to match the PCPs listed in the Provider Verification System against the encounter data claims as a way of identifying visits that were made to PCPs. For this reason, it was necessary to use the ODJFS Provider Master File as the source of the PCP information. The following codes were used to accomplish this task:

Codes to Identify Primary Care Providers	
Provider Type	Physician Specialty Code¹
01 (General Hospital) 04 (Outpatient Health Facility) 05 (Rural Health Facility) 09 (Maternal/Child Health Clinic – 9 mo.) 12 (Federally Qualified Health Center) 50 (Comprehensive Clinic) 52 (Public Health Dept. Clinic) 72 (Nurse Practitioner)	or
	01 (General Practice) 15 (Internal Medicine) 16 (Pediatrics) 18 (Preventive Medicine) 53 (Obstetrics & Gynecology) 71 (Obstetrics & Gynecology – Osteopath) 99 (Other, Unspecified)

If a provider was identified on the Provider Master File with any of the Provider Type or Physician Specialty Codes listed in the table above, then they were recognized as a PCP.

¹Missing Physician Specialty Code: If a child received an ambulatory/preventive care visit and the servicing physician provider’s specialty code was missing (i.e., not included on the physician’s Provider Master File record), the visit is included in the measure.

Adults' Access to Preventive/Ambulatory Health Services Measure and Method

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

Numerator: Adults with one or more preventive related visit(s) during the reporting year.

Denominator: Adults 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 2006	January thru December 2005
SFY 2007	January thru December 2006

Codes to Identify Preventive/Ambulatory Services		
Description	CPT Codes	UB-92 Revenue Codes
Office or Other Outpatient Services	99201-99205, 99211-99215, 99241-99245	
Home Services	99341-99350	
Nursing Facility Care	99301-99303, 99311-99313	
Domiciliary, Rest Home, or Custodial Care Services	99321-99323, 99331-99333	
Preventive Medicine	99385-99387, 99395-99397, 99401-99404, 99411-99412, 99420, 99429	770, 771, 779
Other Evaluation & Management Services	99499	
Ophthalmology and Optometry	92002, 92004, 92012, 92014	
Clinic		51X
Free-Standing Clinic		52X
Professional Fees, outpatient services		982
Professional Fees, clinic		983

Exclusions:

- 1) Inpatient services and emergency department visits
- 2) Services pertaining to mental health and chemical dependency
 - Principal diagnosis codes 290-316
 - Principal diagnosis codes 960-979 with a secondary diagnosis code of chemical dependency (291, 292, 303-305)
 - CPT procedure codes 90801-90899
 - ICD-9-CM procedure codes 94.26, 94.27, 94.6