

# **ODJFS Methods for Encounter Data Quality Measures**

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

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**Issued: July 18, 2005**  
**Last Updated: July 18, 2005**

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## Encounter Data Volume Report Schedule

Quarterly Report Periods	Data Source: Estimated Encounter Data File Update	Quarterly Report Estimated Issue Date	Contract Period
Qtr 1 thru Qtr 4 2003 & Qtr 1 thru Qtr 4 2004, & Qtr 1 2005	July 2005	August 2005	SFY 2006
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, & Qtr 1, Qtr 2 2005	October 2005	November 2005	
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, & Qtr 1 thru Qtr 3 2005	January 2006	February 2006	
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, & Qtr 1 thru Qtr 4 2005	April 2006	May 2006	
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, Qtr 1 thru Qtr 4 2005, & Qtr 1 2006	July 2006	August 2006	SFY 2007
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, Qtr 1 thru Qtr 4 2005, & Qtr 1, Qtr 2 2006	October 2006	November 2006	
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, Qtr 1 thru Qtr 4 2005, & Qtr 1 thru Qtr 3 2006	January 2007	February 2007	
Qtr 1 thru Qtr 4 2003, Qtr 1 thru Qtr 4 2004, Qtr 1 thru Qtr 4 2005, & Qtr 1 thru Qtr 4 2006	April 2007	May 2007	

**Qtr1 = January to March**  
**Qtr2 = April to June**  
**Qtr3 = July to September**  
**Qtr4 = October to December**

## **Inpatient Hospital**

*This measure calculates utilization the utilization rate for acute inpatient services: the number of discharges per 1,000 member months. Newborn and mental health/chemical dependency inpatient stays are excluded*

*Acute inpatient hospital services are identified by the following Type of Bill codes: 11X, 12X, 41X, 42X and 84X.*

<b>Inpatient Hospital - Exclusions</b>	
<b>Newborns exclusions</b>	<b>Mental Health and Chemical Dependency exclusions</b>
<b><u>ICD-9 V codes</u></b>	<b><u>ICD-9 Primary Diagnosis</u></b>
V30 – V39 Liveborn infants	290 to 316 Mental Disorders 960 to 979 Poisoning w/ additional Dx of alcohol/drug psychoses, dependence, or abuse (291,292, 303 - 305)

**Numerator:** Discharges X 1,000

Discharges = encounters unduplicated by recipient ID and last date of the inpatient stay.

**Denominator:** Member Months

**Data Source:** Institutional Encounters

**Behavioral Health**

*This measure calculates behavioral health utilization rate: behavioral health services per 1,000 member months. Emergency department visits for behavioral health diagnoses are included in this measure.*

*A behavior health service is defined as an non-institutional behavior health visit, an institutional outpatient behavioral health visit, or an institutional inpatient behavioral health stay. The encounters used to calculate the numerator are unduplicated by recipient ID and date of service or date of discharge.*

<b>Codes to Identify Behavioral Health Services</b>			
<b>CPT</b>		<b>ICD-9 Diagnosis and Procedure codes</b>	
90801 to 90899	Psychiatry	290 to 316	Mental Disorders
		960 to 979	Poisoning w/ secondary Dx of alcohol/drug psychoses, dependence or abuse (291,292, 303 - 305)
<b>HCPCS</b>			
T1015 w/ modifier U3	FQHC/Outpatient Health Facility	94.26, 94.27, 94.61 to 94.69	ECT, Alcohol/drug rehab & detox

**Numerator:** Services X 1,000  
 Services = encounters unduplicated by recipient ID and date of service/discharge

**Denominator:** Member Months

**Data Source:** Institutional and non-institutional encounters

## Emergency Department

*This measure calculates an emergency department (ED) utilization rate: ED visits per 1,000 member months. It includes all encounters with the codes(s) specified below.*

### Codes to Identify Emergency Department Visits

Institutional Encounters		Non-Institutional Encounters			
Type of Bill		UB Revenue Codes <sup>1</sup>	CPT Codes <sup>2</sup>		Place of Service Code
13X, 43X	and	450-452, 459, 981	10040 - 69979, 99281 - 99288	and	23 (Emergency Room-hospital)
<sup>1</sup> If UB Revenue Code = '000' or missing, and the CPT code = 99281-99288, the service is included in the measure.					
<sup>2</sup> If CPT codes 99281-99288 are reported and an outpatient hospital claim w Revenue Code 456 is reported for the same date of service, the encounter is included in the Primary & Specialists Care service category.					

**Numerator:** Visits X 1,000

Visits = encounters unduplicated by recipient ID and date of service

**Denominator:** Member Months

**Data Source:** Institutional and non-institutional encounters

**Dental**

*This measure calculates the utilization rate for dental services: dental visits per 1,000 member months. Emergency department visits for dental related diagnoses are included in the Emergency Department measure and are not included in this measure.*

<b>Codes to Identify Dental Visits</b>	
<b><u>CPT</u></b>	<b><u>CDT</u></b>
70300, 70310, 70320, 70350, 70355 Radiology	<del>D0100</del> D0120– D9999
<hr/>	
<b><u>ICD-9 Procedure Codes</u></b>	<b><u>HCPCS</u></b>
23.xx and 24.xx      Teeth, gums, and alveoli	T1015 w/ modifier U2    OHF / FQHC
87.11, 87.12      Dental x-rays	
89.31, 93.55, 96.54, 97.22, 97.33 - 97.35 99.97                      Other dental procedures	

**Numerator:**      Visits X 1,000  
                             Visits = encounters unduplicated by recipient ID and date of service

**Denominator:**    Member Months

**Data Source:**     Institutional and non-institutional encounters

**Vision**

*This measure calculates the utilization rate for vision services: vision visits per 1,000 member months..  
Emergency department visits for vision related diagnoses are included in the Emergency Department measure and are not included in this measure. Codes for eyeglass frames and lenses, contact lenses, ocular prosthetics and other vision aids are not included in this measure.*

<b>Codes to Identify Vision Visits</b>	
<b><u>CPT</u></b>	<b><u>HCPCS</u></b>
92002 to 92371, 92499 Ophthalmology	T1015 w/ modifier U7 OHF / FQHC
65091 to 68899 Surgery, Eye	
<b><u>ICD-9 Procedure Codes</u></b>	
08.xx to 16.xx Operations on the eye	
95.0x to 95.2x Ophthalmologic Dx and treatment	

- Numerator:** Visits X 1,000  
 Visits = encounters unduplicated by recipient ID and date of service
- Denominator:** Member Months
- Data Source:** Institutional and non-institutional encounters

**Encounter Data Volume Methods  
SFY 2006**

**Primary & Specialist Care**

*This measure calculates a utilization rate for primary and specialist care services: visits per 1,000 member months. Included are all physician office, clinic and hospital outpatient evaluation and management services provided by general practice providers and specialists, and other ambulatory care such as pregnancy-related and family planning services.*

<b>Codes to Identify Primary &amp; Specialist Care</b>	
<b><u>CPT</u></b>	<b><u>HCPCS</u></b>
99201 to 99215 Office/Other Outpatient Services	T1015 w/ modifier U1 OHF / FQHC
99241 to 99245 Office/Other Outpatient Consults	H1000 to H1005 At-risk pregnancy services
99301 to 99333 Nursing Facility, Domiciliary, Rest Home, Custodial Care	H1011 Family planning educational visit
	S0610 to S0612 Annual gynecological exams
99341 to <del>99353</del> 99350 Home Services	S9436, S9437, S9444, S9447, S9452, S9470
99381 to 99429 Preventive Medicine Services	Pregnancy related services
99499 Other evaluation & mgt. services	
59425 to 59430 Antepartum & postpartum care	
<b><u>Urgent Care Services</u></b>	<b><u>ICD-9 V codes</u></b>
99281 to 99288 when an outpatient hospital claim w Revenue Code 456 is reported for the same date of service	V20.2 Routine infant/child health check
	V70.3
	V70.5, V70.6 Other medical exams
	V70.8, V70.9

**Numerator:** Visits X 1,000

Visits = encounters unduplicated by recipient ID and date of service

**Denominator:** Member Months

**Data Source:** Institutional and non-institutional encounters

**Encounter Data Volume Methods  
SFY 2006**

**Ancillary Services**

*This measure calculates the ancillary services utilization rate: visits per 1,000 member months. Ancillary services are defined as those non-emergent physician, practitioner, laboratory, and radiology services, that are not included in the behavioral health, dental, vision, and primary & specialist care categories.*

<b>Codes to Identify Ancillary Services</b>	
<b>CPT</b>	
10000 to 99999    Surgery, Radiology, Lab, Medicine Excluding codes identifying Emergency Department, Behavioral Health, Vision, and Primary & Specialist Care services	<b>HCPCS</b>
	G0001 to G9016    Lab, misc. services
	J0150 to J9999    Injections
	P3000 to P9615    Lab
	T1015 w/ modifier U4    Physical therapy, FQHC & OHF
	T1015 w/ modifier U5    Speech path./Aud, FQHC & OHF
<b>ICD-9-CM Procedure Codes</b>	
01.xx to 07.9x, 17.x to 99.9x    Excluding those codes specified for Behavioral Health, Dental, and Vision services	T1015 w/ modifier U6    Podiatry, FQHC
	T1015 w/ modifier U8    Chiropractor, FQHC
	T1015 w/ modifier UA/UB    Lab/x-ray, OHF

**Numerator:**        Visits X 1,000

Visits = encounters unduplicated by recipient ID and date of service

**Denominator:**    Member Months

**Data Source:**     Institutional and non-institutional encounters

**Pharmacy**

*This measure calculates utilization rate for drugs: prescriptions per 1,000 member months.*

**Numerator:** Prescriptions X 1,000

Prescriptions = encounters unduplicated by recipient ID, date of service, and  
NDC code

**Denominator:** Member Months

**Data Source:** Pharmacy encounters

## **Encounter Data Omission Study**

### **Purpose of Study:**

The purpose of the Encounter Data Omission Study is to assess whether and to what extent the Managed Care Plans (MCPs) are under-reporting ambulatory encounters from Primary Care Providers to the Ohio Department of Job and Family Services.

### **Methods:**

The study will be conducted by the External Quality Review Organization during contract year 2005. The methods will be developed once the study is initiated and the draft methods will be shared with the MCPs to obtain comment and input. The methods will be posted to the website once they are finalized.

## Incomplete Outpatient Hospital Data

*The percentage of outpatient hospital line items with one of the revenue center codes listed below which contained a valid procedure (CPT/HCPCS) code.*

**Numerator:** The number of outpatient hospital line items which contained one of the revenue center codes listed below and a valid procedure (CPT/HCPCS) code. If no revenue center code was provided, then the line item was set to contribute zero to the numerator.

**Denominator:** The number of outpatient hospital line items during the quarter which contained one of the revenue codes listed below or the revenue center code was missing or 0.

**Data Source:** Encounter Data

**Report Period:** January - March, 2005; April - June, 2005; July - September, 2005; October - December, 2005.

Revenue Codes Where a HCPCS Code is Required
260,261,269,280,289,
300,301,302,304, 305,306,307,309,310,311,312,314,319,320,321, 322,323,324,329,330,331,332,333,335,339,340, 341,342,349,350, 351, 352,359, 360,361, 369,370, 371,372,379,
400,401,402,403,404,409,410,412,413,419,420,421,422,423,424,429, 430,431,432, 433,434,439,440,441,442,443,444,449,450,456, 459,460,469,470,471,472,479,480,481,482,483, 489,490,499,
510,511,512,513,514,515,516,517, 519,530,531,539,
610,611,612,614,615,616,618,619,
700,709,720,721,722,723,724,729,730,731,732,739,740,749,750,759,760,761,762, 769,790,799,
820,821,829,830,831,839,840,841,849,850,851,859,880,881,889,
900,909,910,911,914,915,916,918,919,920, 921,922,923,924,925,929,940,942,943,944,945,949
Revenue codes are from Appendix B of Ohio Administrative Code rule 5101:3-2-21 (Medicaid fee-for-service policies for outpatient hospital services).

Outpatient hospital encounters are selected using the ODJFS derived “claim form indicator” field.

## Incomplete Data for Last Menstrual Period

The percentage of recipients with a live birth during the state fiscal year (SFY) where a “valid” last menstrual period (LMP) date was given on at least one encounter.

**Numerator:** The number of births where a valid LMP date was provided.

**Denominator:** The number of live births during the SFY.

**Data Source:** Encounter Data

**Report Period:** January - December, 2004

### Codes to Identify Live Births

#### ICD-9-CM Diagnosis Codes

650 - Normal Delivery  
V27.0 - Single liveborn  
V27.2 - Twins, both liveborn  
V27.3 - Twins, one liveborn and one stillborn  
V27.5 - Other multiple birth, all liveborn  
V27.6 - Other multiple birth, some liveborn

#### ICD-9-CM Diagnosis Codes\*

V30 - Single liveborn  
V31 - Twin, mate liveborn  
V32 - Twin, mate stillborn  
V33 - Twin, unspecified  
V34 - Other multiple, mates all liveborn  
V35 - Other multiple, mates all stillborn  
V36 - Other multiple, mates live- and stillborn  
V37 - Other multiple, unspecified  
V39 - Unspecified

\* These codes must have a matching delivery encounter to be included.

The infant’s record contains (or is supposed to contain) the infant’s Medicaid identification number. Therefore, it is necessary to match these encounters against the delivery encounters to obtain the mother’s recipient identification number, which is used to obtain the LMP date. Listed below are the codes used to identify deliveries (these are the same codes used to reimburse the plans for deliveries as part of the delivery payment).

## Codes Used to Identify Deliveries

### ICD-9 Procedure Codes:

- 72.x Forceps, vacuum, and breech delivery
- 73.51 Manually assisted delivery; Manual rotation of fetal head
- 73.59 Manually assisted delivery; Other
- 74.0 Cesarean section and removal of fetus; Classical cesarean section
- 74.1 Cesarean section and removal of fetus; Low cervical cesarean section
- 74.2 Cesarean section and removal of fetus; Extraperitoneal cesarean section
- 74.4 Cesarean section and removal of fetus; Cesarean section of other specified type

### ICD-9 Diagnosis Codes:

- 650 Normal Delivery
- V27.x Outcome of Delivery

The following codes must have a 5<sup>th</sup> digit equal to 1 or 2:

- 640-648; Complications mainly related to pregnancy
- 651-659; Normal delivery and other indications for care in pregnancy, labor, and delivery
- 660-669; Complications occurring mainly during the course of labor and delivery
- 670-676; Complications of the puerperium.

### CPT Codes:

- 59409 Vaginal delivery (with or without episiotomy and/or forceps)
- 59514 Cesarean delivery only
- 59612 Vaginal delivery only, after previous cesarean delivery (with or with our episiotomy and/or forceps)
  
- 59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

**Births are included in the denominator only if the provider type (from the ODJFS provider master file) is 01 (General Hospital), 15 (Birthing Center), 71 (Nurse Midwife) or the provider type is 20 (Physician, Ind.), 21 (Physician, Group), 22 (Osteopath, Ind.), 23 (Osteopath, Group) with a specialty code of 01 (General Practice) , 15 (Internal Medicine) , 16 (Pediatrics) , 51 (General Surgery) , 53 (OB/GYN) MD , 60 (Emergency Medicine) , or 71 (OB/GYN) DO**

## **Methods for Matching Infants and Mothers Encounters**

The infants and mothers encounters are matched using the following two methods:

- 1) Same last name, same three digit submitter number, and the infant's admission date is within 14 days before or 14 days after the mother's delivery stay; **OR**
- 2) Same address and zip code, same three digit submitter number, and the infant's admission date is within 14 days before or 14 days after the mother's delivery stay.

**If a newborn encounter matches to more than one mother delivery encounter and, consequently, it is not possible to determine which mother the newborn is associated with, then the matched encounter will not be included in the denominator. However, it continues to be possible for the mother's encounter to be included in the denominator if the mother's encounter contains one of the following diagnosis codes:**

**650 - Normal Delivery**

**V27.0 - Single liveborn**

**V27.2 - Twins, both liveborn**

**V27.3 - Twins, one liveborn and one stillborn**

**V27.5 - Other multiple birth, all liveborn**

**V27.6 - Other multiple birth, some liveborn**

The date of the last menstrual period is identified using the "Accident/Symptom Date" field from the NSF and the occurrence code and occurrence date fields from the UB-92 format. If an occurrence code value of "10" is found, then the LMP date is extracted from the occurrence date fields. If the LMP date is from 119 to 315 days before the date the recipient gave birth, then the LMP date is considered a valid date.

## Rejected Encounters

*The percentage of encounters submitted to ODJFS that are rejected for the quarter.*

Numerator: The number of encounters that are rejected.

Denominator: The number of submitted encounters. A separate denominator will be calculated for each of the following tape formats: NSF, UB-92, and NCPDP.

**Data Source:** Encounter Data

**Report Period:** For MCPs with more than one year of operation within the program per table below:

<b>Report Period Dates of Service</b>	<b>Quarterly Report &amp; Notification of Noncompliance Issue Date</b>
April 2005 - June 2005	July 2005
July 2005 - September 2005	October 2005
October 2005 - December 2005	January 2006
January 2006 - March 2006	April 2006
April 2006 - June 2006	July 2006
July 2006 - September 2006	October 2006
October 2006 - December 2006	January 2007
January 2007 - March 2007	April 2007

For MCPs with less than one year of operation within the program the report period varies depending on when the MCP began participation. The first quarter begins with the first three months of enrollment. The report period only extends throughout the MCP's first year of operation within the program.

**Acceptance Rate**

*The number of acceptable encounters submitted to ODJFS for the quarter.*

Numerator: The number of acceptable encounters.

Denominator: MCP membership per 1,000 Member Months. A separate denominator will be calculated for each of the following tape formats: NSF, UB-92, and NCPDP.

**Data Source:** Encounter Data

**Report Period:** Varies depending on when the MCP began participating in the program. The first quarter begins with the first three months of enrollment. The report period only extends throughout the MCP's first year of operation within the program.

**Incomplete Birth Weight Data**

*The percentage of liveborn delivery inpatient encounters during the state fiscal year which contained a birth weight.*

**Numerator:** The number of liveborn delivery inpatient encounters where a birthweight was provided.

**Denominator:** The number of liveborn delivery inpatient encounters during the SFY. For method for identifying liveborns, see method for calculating “Incomplete Data for Last Menstrual Period” outlined above.

**Data Source:** Encounter Data

**Report Period:** January - December, 2005

If a value of ‘88’ through ‘96’ is found on any of the five condition code fields on the UB-92 inpatient claim format, then the encounter will be considered to have a birthweight. The condition code fields are described in Items 24-30 of the “Inpatient Hospital, UB-92 Claim Form Instructions.”

## **Clinical Performance Measures (Data Quality)**

*Results that reflect clinical services rendered for the Clinical Performance Measures as described in Appendix M, Performance Evaluation, depend on complete encounter data. The completeness of the encounter data is assessed for all Clinical Performance Measures by calculation a composite score.*

**Score Determination:** Calculation of 70% of the best performing MCP in each of the clinical performance measures listed below:

Perinatal Care – Number of Prenatal Visits  
Perinatal Care – Initiation of Prenatal Care  
Perinatal Care – Post Partum Visits  
Preventive Care for Children – Comprehensive Exams  
Use of Appropriate Medication for People with Asthma  
Annual Dental Visits  
Lead Screening

**Data Source:** Encounter data.

**Report Period:** January 1, 2005 – December 31, 2005

## **Encounter Data Accuracy Study**

### **Purpose of Study:**

The purpose of the Encounter Data Accuracy Study is to assess whether the payments made to a Managed Care Plan (MCP) for the delivery of a newborn have corresponding delivery records and medical record documentation to substantiate the delivery payment.

### **Methods:**

The study will be conducted by the External Quality Review Organization during contract year 2006. The methods will be developed once the study is initiated and the draft methods will be shared with the MCPs to obtain comment and input. The methods will be posted to the website once they are finalized.

## **Generic Provider Number Usage**

*The percentage of non-pharmacy encounters during the reporting period which contained the generic provider number of 9111115.*

**Numerator:** The number of non-pharmacy encounters where the generic provider number was used in the field designating the provider who rendered the service.

**Denominator:** The number of non-pharmacy encounters during the quarter.

**Data Source:** Encounter Data

**Report Period:** January - March, 2005; April - June, 2005; July - September, 2005; and October - December, 2005.