

**ODJFS Methods for Children with Special Health  
Care Needs Performance Measures**

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

**Provider Agreement Effective July 1, 2007 to June 30, 2008**

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## **Revisions to the Children with Special Health Care Needs (CSHCN) Performance Measure Methods for SFY 2008 Provider Agreement**

### **OVERVIEW**

- The calculation of the numerator and the denominator of the performance measure ‘Case Management of Children’ has been revised. The numerator will be calculated by summing the numerators used to calculate the monthly case management rates during the report period and the denominator will be calculated by summing the denominators used to calculate the monthly case management rates during the report period. Previously, the methods for this measure calculated the numerator by summing the monthly case management rates for each month of the report period and the denominator was calculated by summing the number of months in the report period.
- The drug ‘Fuzeon’ under the therapeutic class ‘Anitvirals, hiv specific, fusion inhibitors’, has been added to the NDC Drug Code List for the measure ‘Case Management of Children with HIV/AIDS’. In addition, the therapeutic class terminology has been updated to reflect current HIV/AIDS pharmaceuticals.
- For the measure ‘Case Management of Children with Asthma’, the CPT codes and UB-92 Revenue Center codes for the identification of inpatient and emergency department visits were updated to reflect changes in Hedis 2007.
- For all of the CSHCN performance measures, methods have been updated to reflect the breakout of region-based from county-based measures.
- The methods include clarifications on how Medicaid fee-for-service (FFS) claims’ data is used in calculating denominators for case management of children with the mandated conditions asthma and HIV/AIDS.

#### **Data Sources**

The sources of the data for calculating the measures is as follows:

- (1) MCP submitted encounter data
- (2) Medicaid fee-for-service claims
- (3) ODJFS’ Recipient Master File
- (4) Case management data submitted and accepted in the Case Management System (CAMS).

#### **Submission to the Case Management System (CAMS)**

Appendix G, 3.b.iii.c.7 of the SFY 2008 Provider Agreement describes the required components of case management.

#### **Report Periods**

July – September 2007

October – December 2007

January – March 2008

April – June 2008

### **Identification of CSHCN for ODJFS Mandated Conditions: Asthma and HIV/AIDS**

ODJFS uses a combination of encounter data and Medicaid FFS claims to identify CSHCN with the ODJFS-mandated conditions asthma and HIV/AIDS. For identifying children with severe asthma, ODJFS includes all encounters submitted by the MCP and accepted into ODJFS' Encounter Data Master File with dates of service within the six months prior to the report period. In addition, ODJFS includes Medicaid FFS claims data with dates of service within the six months prior to the report period. For identifying children with HIV/AIDS, ODJFS includes all encounters submitted by the MCP and accepted into ODJFS' Encounter Data Master File with dates of service between July 2001 up through the end of the prior report period. In addition, ODJFS includes Medicaid FFS claims data with dates of service within the 2 years prior to the report period.

Medicaid FFS claims data is sent to MCPs on a monthly basis for all newly-enrolled members and on a weekly basis for continuing members. Both sets of files may include claims with dates of service within the prior two years. To identify CSHCN with the ODJFS-mandated conditions asthma and HIV/AIDS, ODJFS includes all data in Medicaid FFS claims files that have been transmitted to the MCP via SFTP up through the first week of the report period, with the exception of negative claims and positive claims that have been cancelled out (e.g., for the July through September 2007 report period, Medicaid FFS institutional and professional claims in files located in the CFC folder with drop-off dates from September 2006 through July 7, 2007 are included in identifying severe asthmatics for the July through September 2007 report period, with exceptions as described below). The methodology for determining Medicaid FFS claims used to identify CSHCN with severe asthma (institutional and professional files) and HIV/AIDS (pharmaceutical files) is as follows:

#### **Institutional Files**

- Include all claims (do not delete claims with reimbursement amounts of \$0)
- Distinguish positive and negative claims by Accounting Code:
  - Negatives: A, B, C, D, G, H, I, J
  - Positives: 0, E, F, K
- Delete all claims with a positive and negative match on the following fields (i.e., sort fields from positive and negative files in the following order):
  - Recipient ID
  - Provider (Data Element= 54)
  - Last Date of Service
  - First Date of Service
  - Reimbursement Amount
- Delete remaining negative claims by Accounting Code:
  - Negatives: A, B, C, D, G, H, I, J
- Only include final admit through discharge claims (no interim claims). 3rd Digit in Type of Bill = '1'
- Delete claims with Accounting Code = D (may be either positive or negative)

### **Professional Files**

- Include all claims (do not delete claims with reimbursement amounts of \$0)
- Distinguish positive and negative claims by Accounting Code:
  - Negatives: A, B, C, G, H, I, J
  - Positives: 0, E, F, K
- Delete all claims with a positive and negative match (reimbursement amount) on the following fields (i.e., sort fields from positive and negative files in the following order):
  - Recipient ID
  - Provider (Data Element = 14)
  - Last DOS
  - Reimbursement Amount
- Delete remaining negative claims by Accounting Code:
  - Negatives: A, B, C, D, G, H, I, J

### **Pharmaceutical Files**

- Include all claims (do not delete claims with reimbursement amounts of \$0)
- Distinguish positive and negative claims by Accounting Code:
  - Negatives: A, B, C, D, I, J
  - Positives: 0, E, F
- Delete all claims with a positive and negative match on the following fields (i.e., sort fields from positive and negative files in the following order):
  - Recipient ID
  - Pay To Provider (Data Element= 15)
  - Last Date of Service
  - Reimbursement Amount

## Case Management of Children

*The average monthly case management rate for children under 21 years of age.*

**Numerator:** Sum of the numerators used to calculate the monthly case management rates during the report period.

**Denominator:** Sum of the denominators used to calculate the monthly case management rates during the report period.

### **Monthly Case Management Rate:**

**Numerator:** The number of members in case management for at least 7 days during the reporting month who were in the denominator.

**Denominator:** The sum of all members who were under 21 years of age as of the beginning of the reporting month who had at least three months of consecutive enrollment in the MCP in the same region (if region-based measure) or one of the counties (if county-based measures) with MCP membership as of February 1, 2006 prior to the reporting month and enrolled during the reporting month.

### ***Example***

(Report Period: July- September):

	<u>Children Case Managed</u>	<u>Total Number of Children Enrolled</u>	<u>Monthly CM Rate</u>
July:	50	500	10%
August:	60	510	12%
September:	<u>65</u>	<u>525</u>	<u>12.4%</u>
	175	1,535	11.4%

### **Data Source:**

**Report Periods:** July – September, 2007  
October – December, 2007  
January – March, 2008  
April – June, 2008

## **Case Management Children with ODJFS-Mandated Conditions**

***Measure 1:** The percent of children under 21 years of age with a positive identification through an administrative review for the ODJFS-mandated case management condition of asthma that are case managed.*

**Numerator:** Number of members in the denominator who are receiving case management services for asthma on the last day of the report period.

**Denominator:** Number of members who: 1) were under 21 years of age at the beginning of the report period; 2) were identified through encounter data and/or FFS claims as having an Emergency Department visit or an inpatient admission with a primary diagnosis of asthma within the six months prior to the report period; and 3) were continuously enrolled in the MCP in the same region (if region-based measure) or one of the counties (if county-based measures) with MCP membership as of February 1, 2006 throughout the report period.

**Data Source:** Encounter Data  
CAMS

**Report Period:** July - September, 2007  
October – December, 2007  
January – March, 2008  
April – June, 2008

## Coding For Emergency Department Visits and Inpatient Stays for Asthmatics

To be considered an ED visit or inpatient stay, the first three characters of the primary diagnosis code must be “493” and the appropriate procedure code and/or revenue center code listed in the table below must be present.

Codes to Identify Visit Type		
Description	CPT Codes	UB- 92 Revenue Codes
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	010x, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 016x, 020x-022x, 072x, 0987
Emergency Department	99281-99285	045x, 0981

**Measure 2:** *The percent of children under 17 years of age with a positive identification through an administrative review for the ODJFS-mandated case management condition of teenage pregnancy that are case managed.*

**Numerator:** Number of members in the denominator who are receiving case management services for pregnancy at the time of delivery.

**Denominator:** Number of members who: 1) were 17 years of age or less at the beginning of the report period; 2) were identified through encounter data as delivering during the report period; and 3) were continuously enrolled in the MCP in the same region (if region-based measure) or one of the counties (if county-based measures) with MCP membership as of February 1, 2006 at least five months prior to delivery.

**Data Source:** Encounter Data  
 Medicaid Fee-for-Service Claims Data  
 CAMS

**Report Period:** July - September, 2007  
 October – December, 2007  
 January – March, 2008  
 April – June, 2008

## Codes to Identify Deliveries

### UB-92

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

### UB-92 and HCFA 1500

ICD-9 Diagnosis Codes:	
V27.x	Outcome of Delivery
Except for code 650, the following codes must have a 5th digit equal to 1 or 2 to qualify as a delivery:	
640-648	Complications mainly related to pregnancy
650-659	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 without episiotomy, and/or forceps)
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

**Measure 3:** *The percent of children under 21 years of age with a positive identification through an administrative review for the ODJFS-mandated case management condition of HIV/AIDS that are case managed.*

**Numerator:** Number of members in the denominator who are receiving case management services for HIV/AIDS on the last day of the report period.

**Denominator:** Number of members who: 1) were under 21 years of age at the beginning of the report period; 2) were identified through encounter data and/or FFS claims as

receiving pharmaceuticals in at least one of the following therapeutic classes: antiviral-HIV specific, antiviral-protease inhibitor, antiviral-fusion inhibitors, antiviral-nucleosides, antiviral-non-peptidic protease inhibitors, antiviral-miscellaneous (see NDC Drug Code List below) between July, 2001 and the beginning of the report period; and 3) were continuously enrolled in the MCP in the same region (if region-based measure) or one of the counties (if county-based measures) with MCP membership as of February 1, 2006 throughout the report period.

**Data Source:** Encounter Data  
Medicaid Fee-for-Service Claims Data  
CAMS

**Report Periods:** July – September, 2007  
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## NDC Drug Code List

NDC11	NDC10	Therapeutic Class	Drug Name
00003161112	0003161112	W5F	BARACLUDE
00003161113	0003161113	W5F	BARACLUDE
00003161212	0003161212	W5F	BARACLUDE
00003161412	0003161412	W5F	BARACLUDE
00003196401	0003196401	W5J	ZERIT
00003196501	0003196501	W5J	ZERIT
00003196601	0003196601	W5J	ZERIT
00003196701	0003196701	W5J	ZERIT
00003196801	0003196801	W5J	ZERIT
00003362312	0003362312	W5C	REYATAZ
00003362412	0003362412	W5C	REYATAZ
00003363112	0003363112	W5C	REYATAZ
00004022001	0004022001	W5B	HIVID
00004022101	0004022101	W5B	HIVID
00004024451	0004024451	W5C	INVIRASE
00004024515	0004024515	W5C	INVIRASE
00004024648	0004024648	W5C	FORTOVASE
00004038039	0004038039	W5N	FUZEON
00006057062	0006057062	W5C	CRIXIVAN
00006057142	0006057142	W5C	CRIXIVAN
00006057143	0006057143	W5C	CRIXIVAN
00006057318	0006057318	W5C	CRIXIVAN
00006057340	0006057340	W5C	CRIXIVAN
00006057342	0006057342	W5C	CRIXIVAN
00006057354	0006057354	W5C	CRIXIVAN
00006057362	0006057362	W5C	CRIXIVAN
00006057465	0006057465	W5C	CRIXIVAN
00009376103	0009376103	W5B	RESCRIPTOR
00009757601	0009757601	W5B	RESCRIPTOR
00054390558	0054390558	W5B	VIRAMUNE
00054464721	0054464721	W5B	VIRAMUNE
00054464725	0054464725	W5B	VIRAMUNE
00054864725	0054864725	W5B	VIRAMUNE
00074194063	0074194063	W5C	NORVIR
00074663322	0074663322	W5C	NORVIR
00074663330	0074663330	W5C	NORVIR
00074949202	0074949202	W5C	NORVIR
00074949254	0074949254	W5C	NORVIR
00081010793	0081010793	W5B	RETROVIR IV INF
00081010855	0081010855	W5B	RETROVIR
00081010856	0081010856	W5B	RETROVIR
			RETROVIR
00081011318	0081011318	W5B	SYRUP
00087661443	0087661443	W5J	VIDEX PACKET
00087661543	0087661543	W5J	VIDEX PACKET
00087661643	0087661643	W5J	VIDEX PACKET
00087661743	0087661743	W5B	VIDEX PACKET

00087662443	0087662443	W5B	VIDEX
00087662643	0087662643	W5B	VIDEX
00087662743	0087662743	W5B	VIDEX
00087662843	0087662843	W5B	VIDEX
00087663241	0087663241	W5J	VIDEX PEDIATRIC
00087663341	0087663341	W5J	VIDEX PEDIATRIC
00087665001	0087665001	W5J	VIDEX
00087665101	0087665101	W5J	VIDEX
00087665201	0087665201	W5J	VIDEX
00087665301	0087665301	W5J	VIDEX
00087666515	0087666515	W5J	VIDEX
00087667117	0087667117	W5J	VIDEX EC
00087667217	0087667217	W5J	VIDEX EC
00087667317	0087667317	W5J	VIDEX EC
00087667417	0087667417	W5J	VIDEX EC
00173010793	0173010793	W5J	RETROVIR IV
00173010855	0173010855	W5J	RETROVIR
00173010856	0173010856	W5J	RETROVIR
00173011318	0173011318	W5J	RETROVIR
00173047001	0173047001	W5J	EPIVIR EPIVIR ORAL
00173047100	0173047100	W5J	SOLN
00173050100	0173050100	W5J	RETROVIR
00173059500	0173059500	W5L	COMBIVIR
00173059502	0173059502	W5L	COMBIVIR
00173066100	0173066100	W5B	ZIAGEN
00173066101	0173066101	W5J	ZIAGEN
00173066200	0173066200	W5F	EPIVIR HBV
00173066300	0173066300	W5F	EPIVIR HBV
00173066400	0173066400	W5J	ZIAGEN
00173067200	0173067200	W5C	AGENERASE
00173067900	0173067900	W5C	AGENERASE
00173068700	0173068700	W5C	AGENERASE
00173069100	0173069100	W5L	TRIZIVIR
00173069120	0173069120	W5L	TRIZIVIR
00173071400	0173071400	W5J	EPIVIR
00173072100	0173072100	W5C	LEXIVA
00173074200	0173074200	W5L	EPZICOM
00555058801	0555058801	W5J	DIDANOSINE
00555058901	0555058901	W5J	DIDANOSINE
00555059001	0555059001	W5J	DIDANOSINE
00597000302	0597000302	W5P	APTIVUS
00597004742	0597004742	W5B	VIRAMUNE
50962045010	5096245010	W5B	RETROVIR
50962045205	5096245205	W5B	RETROVIR
54569365700	5456936570	W5B	VIDEX
54569387700	5456938770	W5B	HIVID
54569397100	5456939710	W5B	VIDEX
54569405300	5456940530	W5B	ZERIT
54569405400	5456940540	W5B	ZERIT
54569422100	5456942210	W5B	EPIVIR

54569424200	5456942420	W5B	INVIRASE
54569424201	5456942421	W5C	INVIRASE
54569431300	5456943130	W5B	VIDEX
54569433300	5456943330	W5B	EPIVIR
54569433400	5456943340	W5B	RETROVIR
54569433500	5456943350	W5C	NORVIR
55045220701	5504522071	W5B	HIVID
55175449401	5517544941	W5B	RETROVIR
61958050101	6195850101	W5F	HEPSERA
61958060101	6195860101	W5J	EMTRIVA
61958070101	6195870101	W5O	TRUVADA
63010001027	6301001027	W5C	VIRACEPT
63010001030	6301001030	W5C	VIRACEPT
63010001190	6301001190	W5C	VIRACEPT
63010002118	6301002118	W5B	RESCRIPTOR
63010002770	6301002770	W5C	VIRACEPT