

**ODJFS Methods for Access Performance Measures**

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

**Provider Agreement Effective through Contract Period ending June 30, 2008**

**Contact: Helen Carlon**  
**Issued: January, 2008**

## **Primary Care Provider (PCP) Turnover**

*The percentage of primary care providers (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 and the most up-to-date system of record which houses managed care provider network information.

### **Report Period:**

<b>For Contract Period</b>	<b>Performance Will Be Evaluated Using Report Period</b>
SFY 2008	January thru December 2007
SFY 2009	January thru December 2008

## **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 only be included if they have a provider type code listed on the ODJFS' Provider Master File listed below. For PCPs with provider type codes indicating individual physician or osteopath, the individual physicians and osteopaths will only be included if they have a provider specialty code listed on the ODJFS' Provider Master File listed below

**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 ODJFS' Provider Master File

**Report Period:** The initial reporting year, SFY 2008, will be used to develop the minimum performance standard for the measure. The subsequent reporting year will be the first statewide evaluation of the measure.

<b>Contract Period</b>	<b>Reporting Year</b>
SFY 2008	January thru December 2007
SFY 2009	January thru December 2008

## Codes to Identify Designated Primary Care Providers

Codes to Identify Primary Care Providers	
<b>ODJFS PROVIDER TYPE *</b>	
(20)	Individual Physician
(22)	Individual Osteopath
(65)	Clinical Nurse Specialist
(71)	Certified Nurse Midwife
(72)	Certified Nurse Practitioner
<b>ODJFS PROVIDER SPECIALTY**</b>	
(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)	OB/GYN
(56)	Otolaryngology
(59)	Urology
(71)	Obstetrics and Gynecology (Osteopath)
(72)	Ophthalmology / Otolaryngology (Osteopath)
(75)	Psychiatry Neurology (Osteopath)
(99)	Other (includes Endocrinology, Nephrology, Oncology and Rheumatology)

\* ‘ODFJS Provider Type’ represents the provider type codes found on the *ODJFS’ Provider Master File (PMF)*. These codes are inclusive of those providers who will be approved as designated PCPs for CFC members.

Please refer to the ‘Provider Master File Layout and Code Keys.doc’ located in MCP, SFTP plan pick-up folder.

\*\* ‘ODFJS Specialty Provider Type’ represents the provider specialty codes found on the *ODJFS’ Provider Master File (PMF)*. These codes are inclusive of those individual physicians and osteopaths who will be approved as designated PCPs for CFC members.

Please refer to the ‘Provider Master File Layout and Code Keys.doc’ located in MCP, SFTP plan pick-up folder.

### Children’s Access to Primary Care

*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 2008	January thru December 2007
SFY 2009	January thru December 2008

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

\*CPT codes specific to adolescent age stratification (12-19) added for informational purposes only

**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 Code <sup>1</sup>
01 (General Hospital)	01 (General Practice)
04 (Outpatient Health Facility)	11 (Allergy)
05 (Rural Health Facility)	12 (Cardiovascular)
07 (Advanced Practice Nurse Group)	14 (Gastroenterology)
09 (Maternal/Child Health Clinic – 9 mo.)	15 (Internal Medicine)
12 (Federally Qualified Health Center)	16 (Pediatrics)
50 (Comprehensive Clinic)	18 (Preventive Medicine)
52 (Public Health Dept. Clinic)	19 (Pulmonary Diseases)
65 (Clinical Nurse Specialist)	21 (Child Psychiatry)

71 (Certified Nurse Midwife) 72 (Nurse Practitioner)	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.

<sup>1</sup>Missing 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.

### 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 2008	January thru December 2007
SFY 2009	January thru December 2008

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			
Home Services	99341-99350			
Nursing Facility Care	99301-99303, 99304-99310, 99311-99313, 99318			
Domiciliary, Rest Home, or Custodial Care Services	99321-99323, 99324-99328, 99331-99333,			

	99334-99337			
Preventive Medicine	99385-99387, 99395-99397, 99401-99404, 99411-99412, 99420, 99429		770, 771, 779	G0344
Ophthalmology and Optometry	92002, 92004, 92012, 92014			
Clinic			51X	
Free-Standing Clinic			52X	
Professional Fees, outpatient services			982	
Professional Fees, clinic			983	
General Medical Examination		V70.0, V70.3, V70.5, V70.6, V70.8, V70.9		

**Exclusions:**

- 1) Inpatient services and emergency department visits