

ODJFS Methods for Access Performance Measures

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

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

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Primary Care Physician (PCP) Turnover

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 2008	January thru December 2007
SFY 2009	January thru December 2008

Adult's Access to Designated Primary Care Physician (PCP)

The percentage of members age 20 and older who had a visit through members' designated PCPs.

Numerator: Members in the denominator age 20 and older 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 physician specialty code on the ODJFS' Provider Master File listed below.

Denominator: Members age 20 and older 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 Physician 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.

Contract Period	Reporting Year
SFY 2008	January thru December 2007
SFY 2009	January thru December 2008

Codes to Identify Designated Primary Care Physicians

ODJFS SPECIALTY PROVIDER TYPE
10: PCP: General/Family Practice
11: Allergy
15: PCP: Internal Medicine
16: PCP: Pediatrics
17: PCP: Pediatrics (Board Certified)
35: Ophthalmology
51: General Surgery
52: PCP: OB/GYN
53: Obstetrics & Gynecology
55: Orthopedic Surgery
56: Otolaryngology

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 practitioner 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, it is not possible to match the PCPs listed in the Provider Verification System against the encounter data claims to identify visits that are made to PCPs; therefore, ODFJS' Provider Master File is used to identify PCPs for this measure:

Codes to Identify Primary Care Providers		
Provider Type	Physician Specialty Code ¹	
01 (General Hospital)	or	01 (General Practice)
04 (Outpatient Health Facility)		15 (Internal Medicine)
05 (Rural Health Facility)		16 (Pediatrics)
09 (Maternal/Child Health Clinic – 9 mo.)		18 (Preventive Medicine)
12 (Federally Qualified Health Center)		53 (Obstetrics & Gynecology)
50 (Comprehensive Clinic)		71 (Obstetrics & Gynecology – Osteopath)
52 (Public Health Dept. Clinic)		99 (Other, Unspecified)
72 (Nurse Practitioner)		

If a provider is identified on the ODJFS' Provider Master File with any of the Provider Type or Physician Specialty Codes listed in the table above, then they will be 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 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