

**ODJFS Methods for  
Access Performance Measures**

**For the  
Aged, Blind, or Disabled (ABD)  
Managed Care Program**

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**For the Provider Agreement effective through June 30, 2007**

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

*The percentage of primary care physicians (PCPs) affiliated with the MCP as of the beginning of the year who were not affiliated with the MCP as of the end of the 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 first day of the reporting year.

**Denominator:** The number of PCPs affiliated with the plan on the first day of the reporting year.

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

### **Reporting:**

<b>Contract Period</b>	<b>Reporting Year</b>
SFY 2008	December 31, 2006 through December 31, 2007
SFY 2009	December 31, 2007 through December 31, 2008

## Adults' Access to Designated Primary Care Physician (PCP)

*The percentage of members who had a visit through members' designated PCPs.*

**Numerator:** Members with one (1) or more visit(s) to any of members' designated PCPs during the reporting year.

**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, ODFJS Primary Care Physician Database and Provider Master File

**Reporting:** The initial reporting year 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 Primary Care Physicians	
ODJFS SPECIALTY PROVIDER TYPE **	STATE MEDICAL BOARD SPECIALTY ***
(01) General/Family Practice	FP: Family Practice FPG: Geriatric Medicine (Family Practice) GP: General Practice
(11) Allergy	A: Allergy AI: Allergy & Immunology ALI: Allergy & Immunology (Clin. & Lab Imm) PDA: Pediatric Allergy
(12) Cardiovascular Disease	CD: Cardiovascular Disease CDS: Cardiovascular Surgery PDC: Pediatric Cardiology
(14) Gastroenterology	GE: Gastroenterology
(15) Internal Medicine	AMI: Adolescent Medicine IM: Internal Medicine IMG: Geriatric Medicine MPD: Internal Medicine/Pediatrics
(16) Pediatrics	PD: Pediatrics
(19) Pulmonary Diseases	PDP: Pediatric Pulmonology PUD: Pulmonary Disease
(21) Child Psychiatry	CHP: Child and Adolescent Psychiatry
(22) Neurology	CHN: Child Neurology N: Neurology

(23) Psychiatry	P: Psychiatry
(53) OB/GYN	OBG: Obstetrics & Gynecology
(99) Other (includes Endocrinology, Nephrology, Oncology and Rheumatology)	END: Endocrinology PDE: Pediatric Endocrinology NEP: Nephrology ON: Medical Oncology PDI: Pediatric/Hematology/Oncology PN: Pediatric Nephrology RHU: Rheumatology PPR: Pediatric Rheumatology

\*\* 'ODFJS Specialty Provider Type' represents the provider specialty codes found on the *Provider Master File (PMF)*. These codes are inclusive of those physicians who will be approved as designated PCPs for ABD members. Please refer to the 'Provider Master File Layout and Code Keys.doc' located in the MCP FTP Plan Pick folder.

\*\*\* 'State Medical Board Specialty' refers to the specific types of physicians approved as designated PCPs for ABD members within each provider specialty code found on the *PMF*.

\*The length of the initial 'reporting year' may be adjusted depending on the ABD managed care program implementation completion date (e.g., if the last region(s) to enroll members has an initial membership effective date of July 1, 2007, the initial reporting year will be a six month period, July through December 2007).

## Adults' Access to Preventive/Ambulatory Health

*The percentage of members who had an ambulatory or preventive-care visit.*

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

**Denominator:** Members 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.

**Reporting :** The initial reporting year will be used develop the minimum performance standard for the measure. The subsequent reporting year will be the first statewide evaluation of the measure.

For Contract Period	Reporting Year
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:** Inpatient stays and emergency department visits

\*The length of the initial 'reporting year' may be adjusted depending on the ABD managed care program implementation completion date (e.g., if the last region(s) to enroll members has an initial membership effective date of July 1, 2007, the initial reporting year will be a six month period, July through December 2007).