

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

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

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Identification of Newly-Enrolled Children with Special Health Care Needs

The adjusted percentage of newly-enrolled children 6 months and over and under 21 years of age that are identified within 60 days of the effective date of enrollment, of those expected to be screened.

Numerator: Number of members in the denominator who have a completed screen within 60 days of their effective enrollment date. This number includes enrollees with completed screens from previous enrollment periods with the same MCP that occurred within 6 months prior to the effective date of enrollment included in the report period.

Denominator: Number of newly enrolled members who: 1) had an initial effective date of enrollment during the report period; 2) were between the ages of 6 months and 21 years of age at the time of enrollment; and 3) were enrolled with the plan at least 2 months. This number is adjusted to exclude all new enrollees for whom the MCP reported an incomplete screening for valid reasons. Valid reasons include: incorrect address; incorrect phone number; and guardian physically or mentally unable to complete screen.

Data Source: SACMS

Report Periods: January - June, 2005
July – December, 2005

Assessment of Newly-Enrolled Children

The adjusted percentage of newly-enrolled children 6 months and over and under 21 years of age with a positive screen that are assessed within 120 days of the effective date of enrollment, of those enrollees expected to be assessed.

Numerator: Number of members in the denominator who have a completed assessment within 120 days of their effective enrollment date. This number includes enrollees with completed assessments from previous enrollment periods with the same MCP that occurred within 6 months prior to the effective date of enrollment included in the report period. A child may have a positive screen for: 1) asthma; 2) teen pregnancy; 3) a chronic physical, emotional or mental condition for which they need or are receiving treatment or counseling; 4) Supplemental Security Income (SSI) for a health-related condition; or 5) a current letter of approval from the Bureau of Children with Medical Handicaps (BCMh).

Denominator: Number of newly enrolled members who: 1) had an initial effective date of enrollment during the report period; 2) were between the ages of 6 months and 21 years of age at the time of enrollment; 3) were enrolled with the plan at least 4 months; and 4) have a positive screening result. This number is adjusted to exclude all newly enrolled children for whom the MCP reported an incomplete assessment to SACMS for valid reasons. Valid reasons include: incorrect address; incorrect phone number; and guardian physically or mentally unable to complete screen or assessment.

Adjustment to Denominator: If the number of positive screens submitted by the MCP is significantly lower than the number of positive screens completed by the Enrollment Contractor per the Consumer Contact Record (CCR), the positive screens as reported in the CCR that were not submitted by the MCP to SACMS will be added to the denominator.

Data Source: SACMS

Report Periods: January - June, 2005
July – December, 2005

Case Management of Newly-Enrolled Children

The percentage of newly-enrolled children 6 months and over and under 21 years of age that receive case management services.

Numerator: Number of members in the denominator who have beginning dates of case management within 120 days of their effective enrollment date.

Denominator: Number of members who: 1) had an initial effective date of enrollment during the report period; 2) were between the ages of 6 months and 21 years of age at the time of enrollment; and 3) were enrolled in the MCP for at least four months.

Data Source: SACMS

Report Periods: semi-annual rolling periods calculated for MCPs that have not met screening and assessment reporting exemptions

Case Management of Children

The average monthly case management rate for children 6 months and over and under 21 years of age.

Numerator: Sum of the monthly case management rates (defined below) for each month of the report period.

Denominator: Number of months in 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 between the ages of 6 months and 21 years of age as of the beginning of the reporting month.

Example

(Report Period: July- December):

	<u>Children Case Managed</u>	<u>Total Number of Children Enrolled</u>	<u>Monthly CM Rate</u>
July:	50	500	10.0%
August:	60	510	11.8%
September:	65	525	12.4%
October:	65	530	12.3%
November:	70	540	13.0%
December:	70	550	12.7%

Case Management of Children Measure:

$$\frac{10.0\% + 11.8\% + 12.4\% + 12.3\% + 13.0\% + 12.7\%}{6} = 12.0\%$$

Data Source: SACMS

Report Periods: January – June, 2005
July – December, 2005

Case Management Children with ODJFS-Mandated Conditions

Measure 1: *The percent of children 6 months and over and 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 between the ages of 6 months and 21 years of age at the beginning of the report period; 2) were identified through encounter data 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 throughout the report period.

Data Source: Encounter Data
SACMS

Report Period: July – September, 2005
January – March, 2006

Coding For Emergency Department Visits and Inpatient Stays for Asthmatics

To be considered an ED visit, the first three characters of the primary diagnosis code must be “493” and either:

- 1) the Revenue Center Code must be one of the following: “450”, “459”, or “981”; or
- 2) the CPT code must be one of the following: “99281”, “99282”, “99283”, “99284”, “99285”, or “99288”.

To be considered an inpatient stay, the first three characters of the primary diagnosis code must be “493” and one of the following:

- The CPT code is equal to or between “99221” and “99223”
- The CPT code is equal to or between “99231” and “99233”
- The CPT code is equal to or between “99238” and “99239”
- The CPT code is equal to or between “99251” and “99255”
- The CPT code is equal to or between “99261” and “99263”
- The CPT code is equal to or between “99291” and “99292”
- The first two characters of the Revenue Center Code are equal to or between “10” and “16”
- The first two characters of the Revenue Center Code are equal to or between “20” and “22”
- The Revenue Center Code is “987”

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 at least five months prior to delivery.

Data Source: Encounter Data
SACMS

Report Period: January – June, 2005
July - December, 2005

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
74.3 Cesarean section and removal of fetus; Cesarean section of other specified
74.99 Cesarean section of unspecified type

UB-92 and CMS 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 for the delivery payment:

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

UB-92 and CMS 1500

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 6 months and over and 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 between the ages of 6 months and 21 years of age at the beginning of the report period; 2) were identified through encounter data as receiving pharmaceuticals in at least one of the following therapeutic classes: antiviral-HIV specific, antiviral-protease inhibitor, 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 throughout the report period.

Data Source: Encounter Data
SACMS

Report Periods: July – September, 2005 (measure 3 is a reporting-only measure)
January – March, 2006 (measure 3 is a reporting-only measure)

NDC Drug Code List

NDC- 10 Digit	Drug Name	NDC- 11 Digit
0003196401	ZERIT	00003196401
0003196501	ZERIT	00003196501
0003196601	ZERIT	00003196601
0003196701	ZERIT	00003196701
0003196801	ZERIT	00003196801
0004022001	HIVID	00004022001
0004022101	HIVID	00004022101
0004024515	INVIRASE	00004024515
0004024648	FORTOVASE	00004024648
0006057062	CRIXIVAN	00006057062
0006057142	CRIXIVAN	00006057142

0006057143	CRIXIVAN	00006057143
0006057318	CRIXIVAN	00006057318
0006057340	CRIXIVAN	00006057340
0006057342	CRIXIVAN	00006057342
0006057354	CRIXIVAN	00006057354
0006057362	CRIXIVAN	00006057362
0006057465	CRIXIVAN	00006057465
0009376103	RESCRIPTOR	00009376103
0009757601	RESCRIPTOR	00009757601
0054390558	VIRAMUNE	00054390558
0054464721	VIRAMUNE	00054464721
0054464725	VIRAMUNE	00054464725
0054864725	VIRAMUNE	00054864725
0056047030	SUSTIVA	00056047030
0056047330	SUSTIVA	00056047330
0056047492	SUSTIVA	00056047492
0056051030	SUSTIVA	00056051030
0074194063	NORVIR	00074194063
0074395646	KALETRA	00074395646
0074395977	KALETRA	00074395977
0074663322	NORVIR	00074663322
0074949202	NORVIR	00074949202
0074949254	NORVIR	00074949254
0081010793	RETROVIR IV INF	00081010793
0081010855	RETROVIR	00081010855
0081010856	RETROVIR	00081010856
0081011318	RETROVIR SYRUP	00081011318
0087661443	VIDEX PACKET	00087661443
0087661543	VIDEX PACKET	00087661543
0087661643	VIDEX PACKET	00087661643
0087661743	VIDEX PACKET	00087661743
0087662443	VIDEX	00087662443
0087662643	VIDEX	00087662643
0087662743	VIDEX	00087662743
0087662843	VIDEX	00087662843
0087663241	VIDEX PEDIATRIC	00087663241
0087663341	VIDEX PEDIATRIC	00087663341
0087665001	VIDEX	00087665001
0087665101	VIDEX	00087665101
0087665201	VIDEX	00087665201
0087665301	VIDEX	00087665301
0087666515	VIDEX	00087666515
0087667117	VIDEX EC	00087667117
0087667217	VIDEX EC	00087667217
0087667317	VIDEX EC	00087667317
0087667417	VIDEX EC	00087667417
0173010793	RETROVIR IV	00173010793
0173010855	RETROVIR	00173010855
0173010856	RETROVIR	00173010856
0173011318	RETROVIR	00173011318

0173047001	EPIVIR	00173047001
0173047100	EPIVIR ORAL SOLN	00173047100
0173050100	RETROVIR	00173050100
0173059500	COMBIVIR	00173059500
0173059502	COMBIVIR	00173059502
0173066100	ZIAGEN	00173066100
0173066101	ZIAGEN	00173066101
0173066200	EPIVIR HBV	00173066200
0173066300	EPIVIR HBV	00173066300
0173066400	ZIAGEN	00173066400
0173067200	AGENERASE	00173067200
0173067900	AGENERASE	00173067900
0173068700	AGENERASE	00173068700
0173069100	TRIZIVIR	00173069100
0597004601	VIRAMUNE	00597004601
0597004660	VIRAMUNE	00597004660
0597004661	VIRAMUNE	00597004661
0597004724	VIRAMUNE	00597004724
0597004742	VIRAMUNE	00597004742
5096245010	RETROVIR	50962045010
5096245205	RETROVIR	50962045205
5456936570	VIDEX	54569365700
5456938770	HIVID	54569387700
5456939710	VIDEX	54569397100
5456940530	ZERIT	54569405300
5456940540	ZERIT	54569405400
5456942210	EPIVIR	54569422100
5456942420	INVIRASE	54569424200
5456942421	INVIRASE	54569424201
5456943130	VIDEX	54569431300
5456943330	EPIVIR	54569433300
5456943340	RETROVIR	54569433400
5456943350	NORVIR	54569433500
5504522071	HIVID	55045220701
5517544941	RETROVIR	55175449401
6301001027	VIRACEPT	63010001027
6301001030	VIRACEPT	63010001030
6301001190	VIRACEPT	63010001190
6301002118	RESCRIPTOR	63010002118