

**ODJFS Methods for  
Access Performance Measures**

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

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

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**Primary Care Physician (PCP) Turnover**

*The percentage of primary care providers (PCPs) affiliated with the ABD MCP as of the beginning of the year who were not affiliated with the ABD 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 and the most up-to-date system of record which houses managed care provider network information..

**Report Periods:**

Contract Period	Reporting Year
SFY 2008	June 1, 2007 thru December 31, 2007
SFY 2009	December 31, 2007 through December 31, 2008

**Member’s Access to Designated Primary Care Provider(PCP)**

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

**SFY 2008 Baseline Period:**

**Numerator:** Members in the denominator with one (1) or more visit(s) to any of members’ designated PCPs during the reporting period. 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 6 months with the plan during the reporting period and who were enrolled during the last month of the reporting period.

**SFY 2009 Report Period:**

**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 specialty code or provider type code on the ODJFS’ Provider Master File listed below.

**Denominator:** Members who were enrolled for at least 11 months with the plan during the reporting period and who were enrolled during the last month of the reporting period.

**Data Sources:** Encounter data, ODFJS' Primary Care Provider Database and Provider Master File

**Reporting Periods:** The initial reporting period will be used to as a baseline to develop the minimum performance standard for the measure. The subsequent reporting period will be the first statewide evaluation of the measure.

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

<b>Codes to Identify Primary Care Providers</b>	
<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.

## Members' Access to Preventive/Ambulatory Health

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

### SFY 2008 Baseline Period:

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

**Denominator:** Members who were Medicaid eligible for 11 months during the reporting year and enrolled for at least 6 months with the plan during the reporting year and who were enrolled during the last month of the reporting year.

**Data Sources:** Encounter data, Medicaid Fee-for-Service data and ODFJS' Provider Master File.

### SFY 2009 Report Period:

**Numerator:** Members in the denominator 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 Periods:** The initial reporting year will be used as a baseline to 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	June 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-		770, 771, 779	G0344

	99397, 99401-99404, 99411-99412, 99420, 99429			
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