

**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, 2010**

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## **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 be included if they are 1) identified as a member's designated PCP in the ODJFS Primary Care Provider Database and 2) listed as an active PCP individual, group, or health center in the Managed Care Provider Network Database. Visits to individual providers who are part of a designated PCP group will be included if the individual provider is linked to the designated PCP group within the Managed Care Provider Network Database.

**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, ODJFS' Primary Care Provider Database and the Managed Care Provider Network.

**Report Periods:** The SFY 2010 reporting year will serve as the baseline for the measure. SFY 2011 reporting year will be the first statewide evaluation of the measure and managed care plans (MCPs) will be held accountable to the Regional-Based Statewide Minimum Performance Standard.

**Standard Setting Strategy:** The Member's Access to Designated PCP measure is an Ohio specific access performance measure and therefore, does not have applicable national benchmarks to assist standard setting. The performance target is set based on Ohio program expectations and allows for data or reporting limitations. The minimum performance standard is improvement based and takes into consideration the MCP performance baseline. The MCP must improve from report period to report period until the performance target is met.

<b>Contract Period</b>	<b>Reporting Period</b>
SFY 2010	January thru December 2009
SFY 2011	January thru December 2010

## Members' Access to Preventive/Ambulatory Health

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

**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.

**Report Periods:** The SFY 2009 reporting year will be the first statewide evaluation of the measure.

For Contract Period	Reporting Year
SFY 2010	January thru December 2009
SFY 2011	January thru December 2010

**Standard Setting Strategy:** The Members' Access to Preventive/Ambulatory Health Services measure follows HEDIS 2009, the Healthcare Effectiveness Data and Information Set for this measure year. The minimum performance standard for this measure is based on the National Committee for Quality Assurance (NCQA) 2008 weighted Medicaid HEDIS Audit Means, Percentiles and Ratios for the Adults' Access to Preventive/Ambulatory Health Services measure.

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		051x, 052x, 0982, 0983	
Home Services	99341-99350			
Nursing Facility Care	99304-99310, 99315, 99316, 99318			
Domiciliary, Rest Home, or Custodial Care Services	99324-99328, 99334-99337			
Preventive Medicine	99385-99387, 99395-99397, 99401-99404, 99411-99412, 99420, 99429		077x	G0344
Ophthalmology and Optometry	92002, 92004, 92012, 92014			
General Medical Examination		V70.0, V70.3, V70.5, V70.6, V70.8, V70.9		

**Exclusions:** Inpatient stays (Table INP-1) and emergency department visits (Table ED-1)

**Table INP-1: Codes to Identify Acute Inpatient Discharges**

UB-92 Type of Bill
111, 121, 411, 421

**Table ED-1: Codes to Identify Emergency Department Visits**

UB-92 Revenue	AND	UB-92 Type of Bill
045x, 0981		13x

*OR*

CPT	AND	POS
10040 – 69979		23

*OR*

CPT
99281 – 99285