

Integrated Care - (Access to Primary/Preventive Care for Individuals Under the Innovations Waiver) Performance Measure

Description	
<p>The percentage of continuously enrolled Medicaid enrollees under the 1915(c) Innovations Waiver (ages 3 and older) who received at least one service under the Innovations Waiver during the measurement period who also received a primary care or preventive health service as described below.</p> <ul style="list-style-type: none"> • For persons ages 3-6 and ages 20 and older, the person received a primary care or preventive health service during the measurement period. • For persons ages 7-19, the person received a primary care or preventive health service during the measurement period or the year prior to the measurement period. 	
Eligible Population	
Funding Source(s)	Medicaid and the Innovations Waiver
Ages	Ages 3 and older. Age is measured as of the anchor date.
Eligibility	<p>Enrolled in the Innovations Waiver and Medicaid on the anchor date, have received at least one service under the Innovations Waiver during the measurement period, and continuously enrolled in Medicaid as follows:</p> <ul style="list-style-type: none"> • For persons ages 3-6, and ages 20 and over: the member must be enrolled in Medicaid for 11 or more months during the measurement period with no more than a 1-month gap in coverage. If there is an eligibility segment present during a month then the month is counted towards the 11-month continuous enrollment period. • For persons ages 7-19: the member must be enrolled in Medicaid for 11 or more months during the measurement period and for 11 or more months during the year prior to the measurement period with no more than a 1-month gap in coverage during each year of continuous enrollment. <p>Exclude members who use Hospice services during the measurement period (Table A). Exclude members with third party major medical insurance (insurance type codes 00 - MAJMEDCVRG, 20 - MAJMEDWORX, and 21 - CMMRCLHMO) and/or with full Medicare coverage during the measurement period.</p>
Anchor Date	Last day of the measurement period.
Measurement Period	The measurement period is a moving one-year period.
Administrative Specification	
Denominator	The eligible population (Persons identified with a PHPC indicator in NCTracks).

Numerator	<ul style="list-style-type: none"> • For persons ages 3-6, and ages 20 and over: the number of persons in the denominator that received a primary care or preventive health visit (Table B) during the measurement period. • For persons ages 7-19: the number of persons in the denominator that received a primary care or preventive health visit (Table B) during the measurement period or the year prior to the measurement period.
Reporting	<p>Data is reported monthly for a moving one-year period.</p> <p>The measure shall be calculated based on claims and encounter data in NCTracks 5 1/2 months after the last day of the measurement period to allow sufficient time for claims and encounter data to be submitted and processed and available to calculate this measure.</p> <p>Report by county of Medicaid eligibility and total for each LME-MCO:</p> <ol style="list-style-type: none"> (1) the number of continuously enrolled individuals that received a service paid by the Innovations Waiver service during the measurement period, (2) the number that received a primary care/preventive health service during the measurement period. (3) the percent that received a primary care/preventive health service during the measurement period.
Performance Standard	<p>90% of the eligible population in each LME-MCO catchment area will have received a primary care or preventive health service within the timeframe specified for the individual's age group.</p>

Table A. Codes to Identify Hospice Care

Code System	Code	Definition
CPT	99377	Hospice care (15-29 min)
	99378	Hospice care (30 min or more)
HCPCS	G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more (G0182)
	G9473	Services performed by chaplain in the hospice setting, each 15 minutes (G9473)
	G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes (G9474)

Code System	Code	Definition	
	G9475	Services performed by other counselor in the hospice setting, each 15 minutes (G9475)	
	G9476	Services performed by volunteer in the hospice setting, each 15 minutes (G9476)	
	G9477	Services performed by care coordinator in the hospice setting, each 15 minutes (G9477)	
	G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes (G9478)	
	G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes (G9479)	
	Q5003	Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf) (Q5003)	
	Q5004	Hospice care provided in skilled nursing facility (snf) (Q5004)	
	Q5005	Hospice care provided in inpatient hospital (Q5005)	
	Q5006	Hospice care provided in inpatient hospice facility (Q5006)	
	Q5007	Hospice care provided in long term care facility (Q5007)	
	Q5008	Hospice care provided in inpatient psychiatric facility (Q5008)	
	Q5010	Hospice home care provided in a hospice facility (Q5010)	
	S9126	Hospice care, in the home, per diem (S9126)	
	T2042	Hospice routine home care; per diem (T2042)	
	T2043	Hospice continuous home care; per hour (T2043)	
	T2044	Hospice inpatient respite care; per diem (T2044)	
	T2045	Hospice general inpatient care; per diem (T2045)	
	T2046	Hospice long term care, room and board only; per diem (T2046)	
	UB Revenue	0115	Room and Board- Private : Hospice
		0125	Room and Board-Semi-Private Two Bed : Hospice
0135		Semi-Private- Three and Four Beds : Hospice	
0145		Private (Deluxe) : Hospice	
0155		Room and Board Ward : Hospice	
0235		Incremental Nursing Care Rate : Hospice	
0650		Hospice Services : General	
0651		Hospice Services : Routine Home Care	
0652		Hospice Services : Continuous Home Care	
0655		Hospice Services : Inpatient Respite Care	
0656		Hospice Services : General Inpatient Care	
0657		Hospice Services : Physician Service	
0658		Hospice room and board - nursing facility	
0659		Hospice Services : Other Hospice	
UB Type Of Bill	081X	Specialty Facility : Nonhospital Based Hospice	
	082X	Specialty Facility : Hospital Based Hospice	

Table B. Codes to Identify Primary Care/Preventive Health Visits

Description	Code System	Code	Definition
Office or other outpatient services	CPT	99201	E&M Problem New
		99202	E&M-Expanded-New Patient
		99203	E&M-Detailed-New Patient
		99204	E&M-Moderate-New Patient
		99205	E&M-High-New Patient
		99211	E&M-Problem Focused-Established Patient
		99212	E&M-Expanded-Established Patient
		99213	E&M-Detailed-Established Patient
		99214	E&M-Moderate-Established Patient
		99215	E&M-High-Established Patient
		99241	Office Consultation 15
		99242	Office Consultation 30
		99243	Office Consultation 40
		99244	Office Consultation 60
		99245	Office Consultation 80
	HCPCS	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)
		T1015	Clinic visit/encounter, all-inclusive (T1015)
	UB Revenue	0510	Clinic : General
		0511	Clinic : Chronic Pain Center
		0512	Clinic : Dental Clinic
		0513	Clinic : Psychiatric
		0514	Clinic : OB-GYN
		0515	Clinic : Pediatric
		0516	Clinic : Urgent Care Clinic
		0517	Clinic : Family Practice Clinic
		0519	Clinic : Other Clinic
		0520	Freestanding Clinic : General
		0521	Freestanding Clinic : Rural Health-Clinic
		0522	Freestanding Clinic : Rural Health-Home
0523		Freestanding Clinic : Family Practice	
0526		Freestanding Clinic : Urgent Care Clinic	
0527		Visiting nurse services to member's home in a home health shortage area	
0528	Visit by RHC/FQHC practitioner to other non-RHC/FQHC site (e.g., scene of accident)		
0529	Freestanding Clinic : Other Freestanding Clinic		

		0982	Professional Fees : Outpatient Services
		0983	Professional Fees : Clinic
Home services	CPT	99341	Home Visit E&M New Pat-20
		99342	Home Visit E&M New Pat-30
		99343	Home Visit E&M New Pat Mod-Hi Severity 45 Minutes
		99344	Home Visit E&M New Pat-60
		99345	Home Visit E&M New Pat-75
		99347	Home Visit E&M Est Pat-15
		99348	Home Visit E&M Est Pat-25
		99349	Home Visit E&M Est Pat-40
		99350	Home Visit E&M Est Pat-60
Preventive medicine	CPT	99382	Preventive visit, new pat, age 1-4
		99383	Preventive visit, new pat, age 5-11
		99384	Preventive visit, new pat, age 12-17
		99385	Preventive visit, new pat, age 18-39
		99386	Preventive visit, new pat, age 40-64
		99387	Preventive visit, new pat, age 65+
		99392	Preventive visit, established pat, age 1-4
		99393	Preventive visit, established pat, age 5-11
		99394	Preventive visit, established pat, age 12-17
		99395	Preventive visit, established pat, age 18-39
		99396	Preventive visit, established pat, age 40-64
		99397	Preventive visit, established pat, age 65+
		99401	Preventive counseling services as part of separate problem-oriented visit - 15 min
		99402	Preventive counseling services as part of separate problem-oriented visit - 30 min
		99403	Preventive counseling services as part of separate problem-oriented visit - 45 min
		99404	Preventive counseling services as part of separate problem-oriented visit - 60 min
		99411	Preventive medicine, group counseling - 30 min
	99412	Preventive medicine, group counseling - 60 min	
	99420	Administration and interpretation of health risk assessment instrument	
	99429	Unlisted Preventive Medicine Service	
	HCPCS	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment (G0402)
		G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit (G0438)
		G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit (G0439)
General medical exam	ICD10CM	Z00.00	[Z00.00] Encounter for general adult medical examination without abnormal findings
		Z00.01	[Z00.01] Encounter for general adult medical examination with abnormal findings

		Z00.121	[Z00.121] Encounter for routine child health examination with abnormal findings
		Z00.129	[Z00.129] Encounter for routine child health examination without abnormal findings
		Z00.5	[Z00.5] Encounter for examination of potential donor of organ and tissue
		Z00.8	[Z00.8] Encounter for other general examination
		Z02.0	[Z02.0] Encounter for examination for admission to educational institution
		Z02.1	[Z02.1] Encounter for pre-employment examination
		Z02.2	[Z02.2] Encounter for examination for admission to residential institution
		Z02.3	[Z02.3] Encounter for examination for recruitment to armed forces
		Z02.4	[Z02.4] Encounter for examination for driving license
		Z02.5	[Z02.5] Encounter for examination for participation in sport
		Z02.6	[Z02.6] Encounter for examination for insurance purposes
		Z02.71	[Z02.71] Encounter for disability determination
		Z02.79	[Z02.79] Encounter for issue of other medical certificate
		Z02.81	[Z02.81] Encounter for paternity testing
		Z02.82	[Z02.82] Encounter for adoption services
		Z02.89	[Z02.89] Encounter for other administrative examinations
		Z02.9	[Z02.9] Encounter for administrative examinations, unspecified
	ICD9CM	V20.2	Routine child health exam
		V70.0	Routine medical exam
		V70.3	Med exam NEC-admin purpose
V70.5		Health exam-group survey	
V70.6		Health exam-pop survey	
V70.8		General medical exam NEC	
V70.9		General medical exam NOS	

The Following Services Count Only For Persons Ages 20 And Over

Nursing facility care	CPT	99304	Initial Nurs Fac Care Low
		99305	Initial Nurs Fac Care-Mod
		99306	Initial Nurs Fac Care-High
		99307	Subs Nurs Fac Care-Focus
		99308	Subs Nurs Fac Care-Expand
		99309	Subs Nurs Fac Care-Detail
		99310	Subs Nurs Fac Care-Comp
		99315	Nurs Fac D/C Day Mgt 30m
		99316	Nurs Fac D/C Day Mgt >30m
		99318	E&M Patient involving an annual nursing facility

	UB Revenue	0524	Visit by RHC/FQHC practitioner to member in a Part A covered stay in SNF
		0525	Visit by RHC/FQHC practitioner to member in a stay not covered by Part A in a SNF, NF or ICF MR or other residential facility
Domiciliary, rest home or custodial care	CPT	99324	Dom/Rest Home EM New-Low
		99325	Dom/Rest Home EM New-Mod
		99326	Dom/Rest Home EM New-Mod+
		99327	Dom/Rest Home EM New-High
		99328	Dom/Rest Home EM New-Unstab
		99334	Dom/Rest Home EM Est-Minor
		99335	Dom/Rest Home EM Est-Focus
		99336	Dom/Rest Home EM Est-Detail
		99337	Dom/Rest Home EM Est-Comp
Ophthalmology and Optometry	CPT	92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
		92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
		92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
		92014	Ophthalmological services: medical examination and evaluation, comprehensive, established patient
	HCPCS	S0620	Routine ophthalmological examination including refraction; new patient (S0620)
		S0621	Routine ophthalmological examination including refraction; established patient (S0621)