

PHC Quality Incentive Program

Appropriate Use of Resource and Access Specifications

July 1, 2010 – June 30, 2011

I. Inpatient Hospital Utilization : Days/1000 and Readmission rates

Data source and selection criteria: Allowable PHC claim and encounter data from acute care hospitals *excluding* psychiatric, SNF, subacute care, deliveries and newborn nursery (“common day”). Dual eligible members are excluded.

For both Inpatient measures, targets will be developed by first computing the mean rate for all PCPs, then adjusting to individual PCP’s patient mix by age group (<1, 1-4, 5-19, 20-44, 45+) and aid code category (Aged, Family, Disabled). CY 2009 will serve as the base year for computing the mean rate.

Inpatient Days/1000 = (# of allowable days / non-dual member months)* 12,000.

Readmission rate = (# of admissions within 30 days of discharge) / Total number of admissions

II. Generic Prescription Rate

Data source and selection criteria: Claim data from PHC’s pharmacy processing vendor, MedImpact. Only prescription written by the PCP for his/her assigned members will be included. Prescription for products not classifiable as either brand or generic, such as supply-type items, will be excluded from the measure altogether.

Rate = (# of generic fills) / (Total number of brand and generic fills)

III. Specialist Referral Management

Data source and selection criteria: Allowable PHC claims data for fee-for-service specialty physician services, excluding obstetrical care.

The mean per member per month expenditure will be computed using CY 2009 as the base year. This base PMPM will be adjusted to tailor individual PCP sites according their specific patient mix by age group (<1, 1-4, 5-19, 20-44, 45+), aid code category (Aged, Disabled, Family), and gender.

IV. Avoidable Emergency Department Visits

Data source and selection criteria: Allowable PHC claim and encounter data with a location code indicating Emergency Department and with CPT code of 99281, 99282 or 99283.

The target will be the mean rate of visits per member per year and will be computed separately for each county and each practice type (Family Practice, Internal Medicine, and Pediatrics).

V. PCP Office Visits

Data source and selection criteria: Allowable PHC claim and encounter data submitted by Primary Care Physician for services provided to his/her assigned members or on-call services provided by another PCP; location code indicating "Office", "Home" or "Clinic"; any E&M CPT code or CHDP code.

The mean visits per member per year will be computed using CY 2009 as the base year. This base PMPY will be adjusted to tailor individual PCP sites according their specific patient mix by age group (<1, 1-4, 5-19, 20-44, 45+), aid code category (Aged, Disabled, Family), and gender.