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GENERAL INFORMATION

How do I interpret the Family PACT Provider Profile? Where is the *Interpretation of Provider Profiles Report*?

The *Interpretation of Provider Profile Report* is located on the Family PACT Web site (www.FamilyPACT.org), on the Provider, Provider Profiles subpage. It is also available to be mailed or faxed to you upon request by calling (916) 650-0414 or by e-mailing your request to fampact@cdph.ca.gov. In the past, the *Interpretation of Provider Profile Report* was included in the Provider Profile mailing. As of July 2009, this has been discontinued to preserve resources and reduce the expense of the mailing.

Why did I receive a Family PACT Provider Profile?

All Family PACT providers who served more than 50 clients in any of the six-month periods identified in the report are receiving individualized profiles. If the number of clients served was less than 50 in any of the six-month periods, that portion of the profile will be marked "NA" meaning these data are not available. The number of clients served is based on paid claims data.

Who else sees my profile?

Provider Profiles are issued only to the medical director/physician owner of the practice identified within the report.

Can I receive my Provider Profile information electronically?

Provider Profiles and supporting documents are available online at http://www.familypact.org/en/Providers/provider-profiles.aspx. By entering the National Provider Identifier (NPI) associated with your practice, you may view and download your profile(s). You may "opt out" of receiving the Provider Profile information via United States Postal Service and instead receive e-mail notifications that the Provider Profile and accompanying documentation are available for viewing online. This choice may be made by completing Step 2 of the Provider Response Form.

Does the Office of Family Planning (OFP) have any expectations or benchmarks for the indicators?

The only indicator that has an associated benchmark is "Chlamydia Screening for Women Age 25 and Younger". Please look at the profile carefully as your practice should strive to achieve the 95th percentile for this indicator. This Centers for Disease Control and Prevention (CDC) guideline was incorporated into the Family PACT Standards in 2003, and OFP's expectation is that it be widely practiced. For information on the Internet, go to the CDC Web site at http://www.cdc.gov/STD/LabGuidelines/rr5115.pdf and http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#diagnosed, as well as the United States Preventive Services Task Force at http://www.ahrq.gov/clinic/uspstf/uspschlm.htm.

Will I be audited by the Department of Health Care Services (DHCS) as a result of the profiles?

Your Provider Profiles report is intended to be informational feedback regarding your practice. Only when practice patterns reflect *consistently significant* outlier patterns in relation to peer groups will referrals for potential additional review be made to Audits and Investigations, DHCS. It is unlikely that aberrant profiles alone would generate an audit. However, they may be a component of the information that DHCS uses in determining who is audited.

If I make a change in my practice, when will it show in my profiles?

Should you elect to make changes in your practice as a result of these data, the impact will appear in future profiles that reflect the six-month time period in which you make the changes. For example, if you made a change in October 2007, data were included in the profile released in July 2008. However, a complete six-month period of data were reflected in the February 2009 profile release. The lag time is due to the six-month allowance for claims submission and time for data transfers and analyses. The Office of Family Planning releases profiles on a semi-annual basis as an integral component of the program's ongoing provider support activities.

The profiles show my data in relation to my professional peers. How do you decide who my peers are?

Two peer groups have been defined: "Private Sector Providers" and "Public Sector Providers." Your designation as a public or private sector provider is determined by the "provider type" that your practice was assigned when you enrolled as a Medi-Cal provider. In general, "public sector" providers are licensed as governmental, non-profit agencies, and community clinics; and "private sector" providers are the remainder of the network. For additional information on peer groups, please see *Interpretation of Provider Profiles Reports*.

PRACTICE RELATED

What do I do with this information?

The Office of Family Planning hopes that this information will be useful to you in reviewing your utilization management and quality of care practices for Family PACT clients. Options for using this information may include but are not limited to:

- Developing an internal quality improvement plan; additional staff and biller training
- Assessing communications among front-office staff, clinicians, and billers
- Instituting chart prompt reminders
- Improving client eligibility screening and intake practices
- Improving oversight of services ordered

Immediate assistance for client enrollment and billing is available by contacting the Electronic Data Systems (EDS) Telephone Service Center at (800) 541-5555, option 15. Upon request, a field representative will contact you directly to assist you. Future Family PACT educational

events, such as audio-conferences and Regional Forums, will include professional quality improvement topics. Information regarding these events may be found at our website (www.FamilyPACT.org) on the Provider, Provider Training subpage.

I have two offices and received a profile for one but not the other. Why is that?

The claims data for your practice are determined by how you registered your National Provider Identifier (NPI) with Medi-Cal Provider Enrollment, plus the zip code of the service site on your claim form. As claims are adjudicated, an attempt is made to assign the claim to a service site by a zip code that has been registered with Medi-Cal Provider Enrollment. When this is successful, we can correctly attribute services to the appropriate site. Alternatively, if you are billing for numerous locations under one NPI location number, your claims data may be an aggregate of more than one site.

Another explanation may be that your second site did not meet the threshold number of 50 Family PACT clients served in any of the reporting periods. That site will receive a mailing of statewide provider profiles comparing public to private providers. If you believe you should have received a profile, please communicate with the Office of Family Planning staff by using either the Provider Response Form included in the packet or on the Web site (www.FamilyPACT.org) on the Provider, Provider Profiles subpage, by sending an e-mail to fampact@cdph.ca.gov or by calling (916) 650-0414.

How do I update the address on my profile?

To update the Office of Family Planning (OFP) contact mailing list for Provider Profiles or correct any discrepancies in the name listed for physician owner/medical director or the mailing address (including suite number and zip code), please contact OFP using any one of the following three ways:

1. The *Provider Response Form* which you may:
   - Complete online (http://www.familypact.org/en/Providers/provider-profiles.aspx) and submit by e-mail, fax or mail to OFP;
   - Fax both sides to OFP at (916) 650-0454; or
   - Mail to: ATTN: Provider Profiles
     California Department of Public Health
     Office of Family Planning
     P.O. Box 997420, MS 8400
     Sacramento, CA 95899-7420
2. E-mail OFP at fampact@cdph.ca.gov
3. Telephone OFP at (916) 650-0414

The contact mailing list OFP is using for the Family PACT Provider Profiles is not identical to the *official* Medi-Cal Provider Master File (PMF). **It is very important that you contact Medi-Cal for official address changes**. Instructions and forms to report changes and updates are found on the Medi-Cal Web site at www.medi-cal.ca.gov. On the main menu, click on *Provider Enrollment*. It is the provider's responsibility to update information contained in the PMF, and OFP is unable to make these official changes on your behalf.

There is something unique about my practice that I think the Office of Family Planning (OFP) should know. How do I communicate with OFP?

If there is something unique about your practice or your client population that may influence interpretation of a measure that you would like to tell OFP about, you may do so using the *Provider Response Form* in your packet or on the Web site (www.FamilyPACT.org) on the Provider, Provider Profiles subpage. We will make note of your comments so that it will not be necessary to continue to advise OFP.

INDICATORS AND METHODOLOGY

Why was the Pregnancy Test indicator removed?

The Pregnancy Test indicator continues to be available to download from the Family PACT Web site at http://providers.familypact.org/Login.aspx. This indicator was removed from the profiles mailed to providers to allow for information regarding the Percent of Family PACT Evaluation & Management Visits Coded 99204.

The number of clients or the number of encounters (the "n") used in each indicator is not the same from one graph to the next. In other words, there does not seem to be a common denominator between measures. Why is that?

While drawn from the same large data pool, the subsets of clients included in each measure are different among the nine indicators. Consequently, the denominators for each indicator will differ since the size of the subsets will vary depending upon the rules of the analysis. The rationale for inclusion in these denominators is as follows:

- The Average Family PACT Reimbursement per Client indicator is comprised of clients that a provider has served over a twelve-month period (the six-month period of interest plus the previous six months). To assure that a laboratory or pharmacy claim for a given client can be linked to a specific clinical practice, clients that were served by more than one Family PACT clinician provider during this twelve-month period are excluded.
- In contrast, the Family PACT Encounters per Client indicator only includes clients that had one or more paid claim(s) during the twelve-month period for any of the following CPT codes: 99201 through 99204; 99211 through 99214; Z9750 through Z9754; and Z9760 and Z9761. Note that clients who were seen during the twelve-month period without one of these codes are not included in this measure. Also, since this measure is only concerned with the encounters a client has with a given provider, it is not necessary to exclude clients who were served by multiple providers.
- The Chlamydia Screening Rate for Family PACT Women Age 25 and Younger includes only women age 25 and younger who were served during a six-month period.
- The Chlamydia Screening Rate for Family PACT Women Over Age 25 includes only women over age 25 who were served during a six-month period.
- The denominator for the Percent of Family PACT E&M Visits Coded 99204 and Percent of Family PACT E&M Visits Coded 99214 includes only claims for CPT codes 99201 through 99204, and 99211 through 99214, respectively, for dates of service during the six-month period of interest.

- Likewise, the denominator for Percent of Family PACT E&C Visits Coded Z9754 includes only claims for Health Care Procedure Coding System (HCPCS) codes Z9750 through Z9754 for dates of service during the six-month period of interest.
- The Social Security Number (SSN) Reporting among U.S.-Born Family PACT Adults includes only clients certified from whom we can reasonably expect to obtain a SSN, U.S-born adults.
- The Pregnancy Tests per 100 Family PACT Encounters includes all encounters (CPT codes as described above) with *female* clients during the six-month period of interest.

What are possible reasons for why my chlamydia testing performance is lower than expected?

Reasons for low performance can be due to clinical practice patterns such as not being familiar with the Family PACT/Centers for Disease Control and Prevention screening recommendations, lack of chart reminders for clinicians to screen young women annually, not screening young women who are perceived to be at "low risk," and not conducting a risk assessment to determine if a client should be screened. Other reasons could be associated with the method used to calculate performance, which depends on linking clients served by a specific provider with a laboratory claim for a chlamydia test; these may include clients seen by multiple providers or clients whose chlamydia tests are paid for by another payer such as Medi-Cal or commercial insurance.

Why did the chlamydia screening rates methodology change in January 2007?

Through the profile feedback mechanism, some Family PACT providers expressed the belief that their chlamydia screening rates were higher than reported in the profiles. When we examined the effect of adding denied claims for chlamydia test claims we observed significant increases in the chlamydia screening rates for these providers. Consequently we changed the methodology to include laboratory claims that are **both paid and denied**, so that providers can be given credit for the tests that they ordered. The chlamydia measure trends have been adjusted retrospectively to reflect this methodological change. Note: If chlamydia tests are reimbursed by any payer source other than the Family PACT Program, the profiles will not reflect screening rates accurately.

How do I decide which clients over 25 years of age should receive a chlamydia test?

Evidence-based guidelines support routine chlamydia screening in women age 25 years and younger; however, chlamydia screening in women over age 25 should be very selective. A sexually active woman over age 25 should be tested for chlamydia under the following circumstances: 1) she has evidence of infection on clinical exam (e.g., cervicitis, signs of pelvic inflammatory disease); 2) she reports sexual contact with a male partner with chlamydia, gonorrhea, or urethritis; 3) she is diagnosed with a new sexually transmitted infection; 4) she reports risk factors (e.g., more than one male sex partner in the previous 12 months, suspicion that a male sex partner has other partners); or 5) she had chlamydia or gonorrhea in the previous two years.

What is the problem with routine chlamydia screening in women over 25 years of age?

Screening that is unnecessary is not without risk. In the case of chlamydia screening, the primary risks include false positives, unnecessary treatment, as well as the unjustified financial burden to the Family PACT program. Because the prevalence of infection is low, the positive predictive value of the screening test is compromised resulting in an increased proportion of false positive test results. These false positives result in unnecessary treatment as well as psychosocial stresses that often accompany the diagnosis of a sexually transmitted infection.

Why are some measures annualized and others are not?

The Family PACT Reimbursement per Client and the Family PACT Encounters per Client indicators are both annualized because the services delivered to a given client are not likely the same from one six-month period to the next (e.g., multiple encounters and lab tests in the first six months and perhaps only oral contraceptives in the second). An annualized measure is more reflective of services delivered than a snapshot of a six-month period.

In contrast, the Chlamydia Screening Rate for Family PACT Women 25 and Younger, the Chlamydia Screening Rate for Family PACT Women Over 25, the Percent of Family PACT E&M Visits Coded 99204, the Percent of Family PACT E&M Visits Coded 99214, the Percent of Family PACT Visits Coded Z9754, the Social Security Number Reporting Among Family PACT Clients, and the Pregnancy Tests per 100 Family PACT Encounters are all proportions of a service delivered or of clients certified. There is no reason to expect that these proportions will be inherently different over a six-month period versus a twelve-month period.

My staff seems to do a good job of collecting social security numbers (SSNs) for U.S.-born adults, so why doesn't my profile reflect that?

Site visits conducted by the Office of Family Planning (OFP) and Centers for Medicare and Medicaid Services in fall 2005 showed several instances in which intake staff were collecting SSNs but failed to enter them into the Health Access Program (HAP) card activation and update system (e.g., point-of-service device, Internet, or Automated Eligibility Verification System [AEVS]). Additionally, OFP found that the SSN may be recorded elsewhere in the client's chart but not included on the Client Eligibility Certification form or entered in the certification system. An individual's SSN is considered Personal Health Information and thus protected by the Health Insurance Portability and Accountability Act (HIPAA) regulations and practices and clients should be reassured that their personal information is kept confidential. The collection of SSNs is reflected in your profiles only when the SSNs are entered into the enrollment certification system. For additional information about this profile indicator, see the *Interpretation of Provider Profiles Reports* document.

Why does my profile show "NA" for some of the indicators?

Several criteria have been identified that allow for those providers to receive *Provider Profiles*. These criteria are:

- Profiles reflect only the activity of the provider(s) and the site associated with the billing National Provider Identifier printed on the report.

- Clinician providers will have served, and successfully billed for, more than 50 Family PACT clients in the six-month reference period.
- Where the indicator represents female clients only, the clinician provider will have served more than 50 female clients in the six-month reference period.
- Where "per client" data are reported, the provider is the only identifiable clinician serving the client in the referenced timeframe.

Where your data are insufficient for a given indicator during an identified six-month period, you will see "NA" (not available) meaning that the data for the measure is not available for the time period.

COMMUNICATION, CONTACT, AND FEEDBACK

How do I give feedback to the Office of Family Planning (OFP)?

Included in the packet of materials sent via United States Postal Service and also on our Web site (http://www.familypact.org/en/Providers/provider-profiles.aspx) is a *Provider Response Form*. We encourage the use of this form to update contact information. Additionally, this form may be used to offer your feedback to OFP about the profile project. Your comments are welcome so that we may improve the project. It may be completed online and immediately submitted by e-mail to Fampact@cdph.ca.gov or it may be faxed (both sides of the form, please) to OFP at (916) 650-0454 or mailed to:

ATTN: PROVIDER PROFILES
California Department of Public Health
Office of Family Planning
P.O. Box 997420, MS 8400
Sacramento, CA 95899-7420

BILLING ASSISTANCE

My practice is not doing a good job with Family PACT billing. How do we get billing assistance to improve claims payment and therefore my profiles?

The primary source for billing assistance is Electronic Data Systems (EDS), the fiscal intermediary for Medi-Cal, Family PACT, and several other programs such as Breast and Cervical Cancer Treatment Program, Child Health and Disability Prevention Program, and Cancer Detection Programs: Every Woman Counts.

There are several ways to receive billing assistance:

- Call toll-free to the Telephone Service Center at (800) 541-5555. Listen for the menu prompt for "Health Access Programs: Family PACT".
- Medi-Cal Training Seminars, often with a session dedicated to Family PACT, publicized in the monthly *Medi-Cal Update* bulletin and through the Telephone Service Center at (800) 541-5555.
- Individualized contact with your EDS regional field representative arranged by calling the Telephone Service Center at (800) 541-5555. Regional field representatives can come directly to your site when necessary.

New staff members are welcome to attend Family PACT Orientation and Update Sessions held frequently throughout the state. Important information is presented on client enrollment, program standards, and provider responsibilities. There is a separate billing session in the afternoon with EDS staff. Attendees receive an introduction to Family PACT's Primary Diagnosis Codes (S-Codes), contraceptive method-specific services, as well as Education and Counseling office visits unique to Family PACT.

There is no charge to attend this all-day session, and the current schedule and reservation instructions are posted on the Family PACT Web site at www.FamilyPACT.org and in the monthly *Family PACT Update* and *Medi-Cal Update* bulletins. Note: Staff members attending an update will be furnished proof of participation but will not be issued the *Certificate of Attendance* used for provider application and enrollment.