

PROFILE STATS

- Covered period: July '08 – June '10
- Nine indicators (one indicator is available on the Web site)
- 12th semi-annual Profile release
- 288 providers have gone paperless
- 1,493 providers receive individualized Profiles

WHAT'S AVAILABLE ON THE WEB SITE?

www.FamilyPACT.org

- Your Profile
- Program-wide Profile
- PROFILETALK Newsletter *in color!* (previous issue as well)
- Interpretation of the Provider Profiles
- Frequently Asked Questions
- Provider Response Form

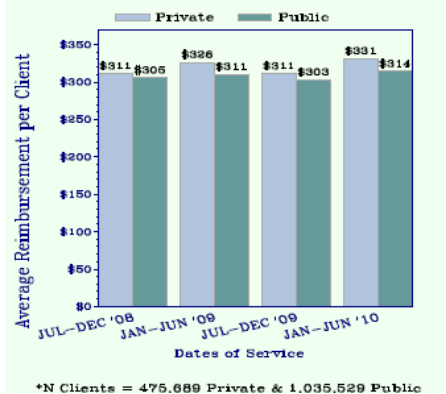
Don't surf the net?
Contact us and we will fax or mail these documents to you

DATA SOURCE

The OFP monitors program data through contracts with the UCSF Bixby Center for Global Reproductive Health and with HP Enterprise Services. Sources include:

- Provider enrollment data
- Client enrollment data
- Claims data

Avg. Family PACT Reimbursement per Client (Annualized)



in this issue

overview of the profiles
the how's and why's of annualized indicators
average reimbursement per client
encounters per client

Welcome to PROFILETALK, the Provider Profiles (Profiles) Newsletter from the Family PACT (Planning, Access, Care, and Treatment) Program. Each newsletter focuses in depth on one aspect of the Profiles. This newsletter highlights our two indicators that are presented as your yearly average: Family PACT Reimbursement per Client and Family PACT Encounters per Client. These indicators have the most value when viewed over the course of a year rather than in a six-month interval. The first newsletter spotlighted how to read your Profile and is available on our Web site. Please use the enclosed response form to update your contact information and to give us feedback and suggestions for future PROFILETALK topics.

Sincerely,

**Laurie Weaver, Chief
Office of Family Planning**



Profile Overview

The Family PACT Provider Profiles offer you a way to view your practice patterns. The Profiles are similar to "report cards" commonly used by health plans, providing data on nine indicators that are directly attributable to providers. The intention is that this information will both encourage the delivery of high-quality clinical services while promoting responsible use of funding resources. Information about your peer group's median overall practice pattern

is shown in comparison to your data to give you a reference point. While the Profiles offer valuable information for medical directors and practice managers, they are most valuable when shared with clinicians and staff in the practice.



FEATURED ARTICLES

First time receiving a Profile?

There are two types of Provider Profiles:

Program-wide profiles

- Labeled "Family PACT Provider Profile on Selected Measures"
- Compares public sector with private sector providers
- Issued to providers who do not receive an individualized profile
- Accessible online by all providers and by the public

Individualized profiles

- Compares your practice's performance to your peer group (either public or private sector)
- Issued to you when you have seen at least 50 Family PACT clients in any of the observation periods included in the profile
- Accessible online only with the national provider identifier (NPI) used to bill Family PACT

COMMENTS? UPDATES? QUESTIONS?

Use the Provider Response Form to:

- Go "paperless"
- Update your contact information, including e-mail address
- Request contact from the OFP

Review the previous newsletter for more in-depth information on the profiles!

The how's and why's of annualized indicators

The client cohort includes the clients in the six-month period of interest (January – June 2010) and the clients seen in the previous six months (July – December 2009). Typically, fewer clients are seen July – December than in January – June. So, the most consistent and accurate number for the client cohort is from a total of 12 months.

Next, all pertinent claims (see each indicator description) associated with this client cohort during the period of interest are added and then divided by the number of clients in the cohort. This is multiplied by two, becoming "annualized."

$$\frac{\text{Total paid claims (6 months)}}{\text{Client cohort (12 months)}} \times 2 = \text{Annualized indicator}$$

These two indicators are "annualized" to give a more meaningful, easier-to-interpret number.

Encounters per client measures the average number of visits, both Evaluation and Management (E&M) and Education and Counseling (E&C) encounters that you successfully claimed. Only visits to your office are included. Typical clients have two family planning encounters per year; one for periodic health screening and one or two problem-oriented or follow-up visits. If the **average** client seen in your practice has more than two visits over the course of a year, it may be due to:

1. Asking clients to return too often
2. Overuse of Family PACT benefits (contraception, sexually transmitted infections, cancer screening)
3. Providing services beyond Family PACT benefits
4. Serving clients where frequent follow-up is expected to assure consistent and correct method use (such as teen clinics and contraceptive injections)

Because Family PACT benefits are limited and most Family PACT clients are healthy, it is unlikely that many clinical sites will have a higher rate of encounters per client than their peers' median.

Reimbursements per client captures all the services Family PACT has paid on behalf of clients who saw you as their Family PACT provider. If they saw you and another Family PACT provider, they are excluded from the group. This assures that you only get information about the services you provide and order for your Family PACT clients.

Reimbursements include:

1. Office visits (E&M, E&C)
2. Procedures
3. Prescription drugs (on-site dispensing and pharmacy claims)
4. Supplies
5. Laboratory tests
6. Radiology services

If your results are higher than your peers' median, it suggests relative over-use of any combination of the above six categories. Another explanation that may apply to a few providers is that they get referrals for clients needing more complex procedures, resulting in higher average reimbursement per client.

How do I access my Profiles online?

1. Go to the Family PACT Web site (www.FamilyPACT.org)
2. Select "Providers" at the top of the screen
3. Choose "Provider Profiles" from the bar on the left or from the drop down menu
4. On the "Provider Profiles" page "Click here to access your Family PACT Provider Profile"
5. Enter the NPI registered with Family PACT for your location and click "Log in"
6. Select "download" to the right of your profile file name

How does the OFP use this data?

The OFP uses the Profiles to develop Quality Improvement (QI) - focused technical assistance and provider-specific QI/Utilization Management action plans. When practice patterns reflect consistently significant outliers in relation to peer groups, referrals for additional review may be made to the California Department of Health Care Services, Audits and Investigations.

Contact us at (916) 650-0414 or by e-mail to lampacl@cdph.ca.gov
Visit our Web site at www.FamilyPACT.org