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GENERAL INFORMATION

What are the new metrics on the online Provider Profile?

The Office of Family Planning (OFP) is pleased to introduce the release of the Client Demographic portion of your Provider Profile. This additional information is only available when you view your Profile online. The additional metrics include eight new demographic charts. There are four pie charts representing the percent of clients served for fiscal year (FY) 2009-10 by Sex and Age, Primary Language, ZIP Code, and Race/Ethnicity. These are followed by four bar charts showing client volume trends from FY 2006-07 to FY 2009-10 by:

- Total Clients Served
- Male Clients Served
- Teen Clients Served
- New Client Enrollments

Where do I find back issues of PROFILETALK?

Previous issues of **PROFILETALK** are found on the Family PACT Web site (www.FamilyPACT.org) on the Providers, Provider Profiles subpage. The first issue describes how to read and interpret the indicators while the second issue discusses the “how’s and why’s of the annualized indicators.”

How do I interpret the Family PACT (Planning, Access, Care, and Treatment) Provider Profiles? Where is the *Interpretation of Provider Profiles Report*?

The *Interpretation of Provider Profiles Report* is located on the Family PACT Web site (www.FamilyPACT.org) on the Providers, Provider Profiles subpage. It is also available to be mailed 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 Profiles Report* was included in the Provider Profiles mailing. As of July 2009, this was discontinued to preserve resources and reduce the expense of the mailing.

Where did the Methodology document go?

In the past, the methodology for each indicator was included in a Methodology document as well as in the Interpretation of Provider Profiles Report (Interpretation). Because of the overlap of information between these two documents, the Methodology document was discontinued after being fully incorporated into the Interpretation document.

Why did I receive an individualized Family PACT Provider Profile?

All Family PACT providers who served more than 50 clients in any of the four six-month periods identified in the report receive 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 or designated administrator 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>. Follow the “click here to access your Family PACT Provider Profile” link. By entering the National Provider Identifier associated with your clinical site(s) when prompted, you may view and download your profile(s). You may “opt out” of receiving the Provider Profiles information via United States Postal Service and instead receive e-mail notifications that the Provider Profiles and accompanying documentation are available for viewing online. This choice may be made by completing Step 2 of the Provider Response Form.

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 DHCS Audits and Investigations. It is unlikely that aberrant profiles alone would generate an audit. However, they may be a component of the information that the 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 the 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 2010, data are included in this Profile released. However, a complete six-month period of data with the changes present will not be reflected until the winter 2012 Profile release. The lag time is due to the six-month allowance for claims submission and time for data transfers and analyses. The OFP 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 OFP 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
- Identifying needs for additional staff and biller training
- Assessing communications among front-office staff, clinicians, and billers
- Instituting chart prompts
- Improving client eligibility screening and intake practices
- Improving oversight of services ordered

Immediate assistance for client enrollment and billing is available by contacting the HP Enterprise Services 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 Web site (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 OFP staff in any one of the following three ways:

1. Complete the *Provider Response Form* which you may:
 - Fax both sides to the 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
 - Complete online (<http://www.familypact.org/en/Providers/provider-profiles.aspx>) and submit by e-mail, fax or mail to the OFP
2. E-mail the OFP at fampact@cdph.ca.gov
3. Telephone the OFP at (916) 650-0414

How do I update the address on my profile?

To correct any discrepancies in the name listed for physician owner/medical director or the mailing address (including suite number and ZIP code), please contact the OFP using any one of the following three ways:

1. Complete the *Provider Response Form* that you may:
 - Fax both sides to the 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
 - Complete online (<http://www.familyact.org/en/Providers/provider-profiles.aspx>) and submit by e-mail, fax or mail to the OFP
2. E-mail the OFP at fampact@cdph.ca.gov
3. Telephone the OFP at (916) 650-0414

It is very important to update your address information with Medi-Cal. Robert Shorter, Family PACT Provider Enrollment, is able to help you through this process and may be contacted at (916) 324-0389. He will guide you to the forms needed to report changes. All forms 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 Provider Master File.

There is something unique about my practice that I think the OFP should know. How do I communicate with the 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 the OFP about, you may do so using the *Provider Response Form* 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 the OFP.

INDICATORS AND METHODOLOGY

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 Current Procedural Terminology (CPT) codes: 99201 through 99204; 99211 through 99214; and Z9750 through Z9754. 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 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 the only certified clients from whom we can reasonably expect to obtain a SSN: adults who were born in the U.S.
- 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.

Where are the chlamydia indicators?

The two Chlamydia Screening Rate indicators were withheld from the Summer 2011 Profiles because a laboratory delay in billing rendered the data invalid. It is anticipated that by the Winter 2012 release of the Profiles, the laboratory claims will be current and the indicators will return to the Profiles.

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 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 U.S.-Born 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 (SSN) for U.S.-born adults, so why doesn't my profile reflect that?

Site visits conducted by the 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 Programs (HAP) card activation and update system (e.g., point-of-service device, Internet, or Automated Eligibility Verification System). Additionally, the 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 providers to receive individualized *Provider Profiles*. These criteria are:

- Profiles reflect only the activity of the provider(s) and the site associated with the billing NPI 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 OFP?

On the Family PACT Web site (<http://www.familypact.org/en/Providers/provider-profiles.aspx>) is the *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 the OFP about the Provider Profiles. Your comments are welcome so that we may

improve this 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 the 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 HP Enterprise Services, 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” – Option 15.
- Attend Medi-Cal Training Seminars that offer sessions dedicated to Family PACT as well as live claims assistance. Information about these seminars may be found in the monthly *Medi-Cal Update* bulletin, through the Telephone Service Center at (800) 541-5555 (Option 18), and through the Medi-Cal Web site (www.medi-cal.ca.gov) on the Education, Training Seminars subpage.
- Request individualized contact with your HP Enterprise Services regional field representative 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 HP Enterprise Services 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 for updates on the Family PACT program will be furnished proof of participation but will not be issued the *Certificate of Attendance* used for provider application and enrollment.