

Frequently Asked Questions (FAQs)
Pay for Performance Measurement Year 2009
January 2010

MY 2009 Clinical Measures	Date Posted
<p>Encounter Rate by Service Type</p> <p>Question: The asterisk footnote in the ENRST measure for Table ENR-F states "The CMS 2008 ASC Approved HCPCS Codes and Payment Rates ..." Shouldn't it be 2009 since the CMS 2009 ASC version is available at the CMS site?</p> <p>Resolution: Yes, this should read CMS 2009 instead of CMS 2008. Please use the CMS 2009 version. These codes can be found on the CMS Web site (http://www.cms.hhs.gov/ASCPayment/11_Addenda_Updates.asp#TopOfPage). Click on October 2009 ASC Approved HCPCS codes and Payment Rates. Use only the spreadsheet titled Addendum AA–ASC Covered Surgical Procedures (ASC_AddAA.csv) for October 2009. Only use 5-digit all-numeric CPT codes (Level 1 HCPCS) that are in the spreadsheet; do not include any codes with an alpha value.</p>	1/15/2010

MY 2009 Clinical Measures	Date Posted
<p>Coordinated Diabetes Care- HbA1c Control (<8.0)</p> <p>Question: In MY 2008, HbA1c Control (<8.0) was collected for Medicare members. The notation in MY 2009 indicating that this is a Medicare measure is missing.</p> <p>Resolution: Please note that P4P will continue to collect HbA1c Control (<8.0) for Medicare members from Self Reporting Physician Organizations in MY 2009.</p>	12/22/2009
<p>Evidence Based Cervical Cancer Screening of Average-Risk, Asymptomatic Women</p> <p>Question: Why are codes V88.01 and V88.03 listed in both Table ECS-A (Codes to Identify Hysterectomies) and Table ECS-D (Codes to Identify Denominator Exclusions)?</p> <p>Resolution: Codes V88.01 and V88.03 should not be listed in Table ECS-D (Codes to Identify Denominator Exclusions). Please do not use codes V88.01 and V88.03 as part of the exclusion criteria.</p> <p>Question: Codes V88.01 and V88.03 in table ECS-A (Codes to Identify Hysterectomies) do not indicate the date of the hysterectomy which could potentially result in a woman falling erroneously into the Screened Too Frequently category. How should we handle this?</p> <p>Resolution: Only use codes V88.01 and V88.03 in Table ECS-A (Codes to Identify Hysterectomies) if you have a corresponding date of when the hysterectomy occurred.</p>	12/10/2009
<p>Coordinated Diabetes Care- HbA1c Control (<7.0) for a select Population</p> <p>Question: Why is code 428 for CHF listed as a CPT code?</p> <p>Resolution: Table CDC-G lists CHF ICD-9 Diagnosis Code 428 in the CPT row. Code 428 is an ICD-9 diagnosis code and not a CPT code. Please use this code as an ICD-9 diagnosis code.</p>	12/10/2009

<p>Encounter Rate by Service Type</p> <p>Question: The language on page 36 of the MY 2009 manual could imply that we can use any type of non-E&M code for the encounter rate by service type measure. Is this correct?</p> <p>Resolution: Please disregard text that states to “include non-E&M codes” and note that only specified codes should be used. This text will be revised to state: "Count any of the specified CPT, HCPCS, ICD-9-CM, or type of bill codes that represent a unique date of service, a unique provider identifier and a unique patient."</p>	<p>12/10/2009</p>
<p>MY 2009 Testing Measures</p>	
<p>Asthma Medication Ratio</p> <p>Question: In Table AMR-C (Asthma Medications) bitolterol is listed instead of metaproterenol. HEDIS 2010 lists metaproterenol as a reliever medication and not bitolterol so there is no corresponding NDC code for bitolterol. How should we manage this?</p> <p>Resolution: Please use metaproterenol instead of bitolterol in Table AMR-C (Asthma Medications) for MY 2009. We will update the MY 2010 P4P manual to reflect this change.</p>	<p>12/22/2009</p>
<p>Asthma Medication Ratio</p> <p>Question: The formula in Step 4 to Calculate Performance is missing and contains two unrelated bullet points.</p> <p>Resolution: Please disregard items 1 and 2 under Step 4 and use the below formula to calculate Step 4.</p> $\frac{\text{Number of members with ratios of 0.5 or greater}}{\text{Number of eligible members}}$	<p>12/10/2009</p>
<p>MY 2009 Appropriate Resource Use Measures</p>	
<p>Appropriate Resource Use Measures</p> <p>Question: I noticed that the aggregated ARU results are risk adjusted, but the plan-specific results are not. Why are the plan-specific ARU measures not risk adjusted?</p> <p>Resolution: Risk adjustment is being added to the plan-specific ARU measures. When the ARU measures were originally specified, it was based on the assumption that a physician organization’s (PO) clinical risk level for a specific health plan would not change much year over year. However, recent data from a couple health plans demonstrated that a PO’s clinical risk can change significantly from year to year. Therefore, the P4P Technical Efficiency Committee determined that it was necessary to risk adjust the plan-specific ARU results. This will be done starting with the MY 2009 results, and will be written up in the MY 2010 manual.</p>	<p>12/22/2009</p>