New Hampshire Report Suite: Analytic and Attribution Methodology

Version 5, May 2017

Prepared by: Center for Health Analytics at the Institute for Health Policy and Practice, University of New Hampshire

Contents

Data Quality Decisions

Limiting analysis to the largest Commercial payers

Smaller payers are more likely than larger payers to have data quality issues that are not noticed or addressed during the data collection process. Using only the larger payers as the basis for analysis can limit errors in the data. The largest payers (as seen in Table 1) represent over 96% of unique members. Thus, the decision was made to base the analyses for the NH ACP project on only these payers.

Table 1. Member count, 2010 NH CHIS, by Payer

	Payer	Approx. Unique Member Count
1	Anthem	269,393
2	CIGNA	135,010
3	NH Medicaid	117,435
4	Harvard Pilgrim	108,899
5	Matthew Thornton	98,285
6	Aetna	48,112
7	Health Plans, Inc.	30,724
8	Tufts	17,488
9	MVP	12,880
10	All Others	27,566
	Total	**865,792**

There was some concern about the distribution of the removed members. Specifically, there were concerns about whether the removed members might be in only one geographic region. Table 2 provides the distribution of members removed from the analysis, when the analysis is limited to only the largest payers. This table shows that the members removed were evenly distributed across the NH counties.

Table 2. Distribution of Removed Members, 2010 NH CHIS, by County

Age Band=0-64

County of Residence	Number of Included Members	Number of Excluded Members	Percent Included	Percent Excluded
Belknap	25,843	872	96.7%	3.3%
Carroll	17,069	704	96.0%	4.0%
Cheshire	29,182	1,256	95.9%	4.1%
Coos	11,105	358	96.9%	3.1%
Grafton	36,149	1,257	96.6%	3.4%
Hillsborough	172,978	5,668	96.8%	3.2%
Merrimack	72,768	1,543	97.9%	2.1%
Rockingham	125,283	5,584	95.7%	4.3%
Strafford	47,813	1,352	97.3%	2.7%
Sullivan	17,411	342	98.1%	1.9%
*** Other NH ***	86	11	88.7%	11.3%
*** Other Non-NH ***	99,519	1,486	98.5%	1.5%

Limiting analysis to Medicare Part A and B

The report suite includes members with both Part A and Part B coverage. This ensures that the analysis is based on members for which complete data is available. Members who have only partial coverage (only Part A or only Part B) and those who are "dually eligible" for Medicare and Medicaid are excluded from analysis. Medicare Advantage is not included.

Redaction of Substance Use Claims

The Medicare data excludes claims related to substance abuse. Medical claims not related to substance abuse are included in the analysis; only claims specific to substance abuse are excluded. Additional information on claims redaction can be found on the Research Data Assistance Center website: https://www.resdac.org/resconnect/articles/203.

Limiting analysis for Medicaid

The report suite data is based on New Hampshire Medicaid Managed Care data. Fee for service Medicaid data is not included.

Missing and Inconsistent National Provider Index (NPI) values

NPI is a unique identifier assigned to practicing providers and provider organizations. The Centers for Medicaid and Medicare Services (CMS) maintains an NPI database that contains NPI's, with provider names, addresses, organizations, and taxonomies. Providers and organizations are responsible for

updating the information linked to their NPI within 30 days of any changes. There is no published quality assurance by CMS to guarantee the accuracy of that information.

In the claims data, each provider is identified by a Payer-Specific Service Provider ID. Claims associated with the Payer-Specific Service Provider ID also include an NPI number. In certain Service Provider ID instances, NPI numbers were missing or inconsistent (i.e., the Service Provider ID had more than one NPI). There were four categories of potential issues within each Service Provider ID. Table 3 below indicates each category, with the frequency of claims in each category.

Table 3. Claims in NPI Categories, 2010 NH CHIS

Category	% of claims in category
1. Consistent NPI (No concerns)	46.09%
2. Consistent NPI when populated, but sometimes missing	9.62%
3. Always missing NPI	3.90%
4. Multiple, inconsistent NPI (could include some missing)	40.39%

For each area of potential issue, a "fix" was applied to assign a consistent NPI to the Payer-Specific Service Provider ID. For Categories 2 and 4, the most prevalent non-blank NPI was assigned to Service Provider ID. Overall, 79% of the service lines had no change in NPI. 17% of service lines were changed due to the described fix (12% were changed from missing to NPI). For 4% of service lines, the NPI numbers were always missing; no fix was attempted for these claims.

Attribution

The attribution of members to providers is a key step in the analysis. The Report Suite has 2 attribution processes; one for Primary Care and one for Behavioral Health.

Primary Care Attribution

In general, a member is attributed to the provider who administers the majority of primary care services. ACP Project Participants have each provided lists of PCP NPIs for their practices. To attribute members to primary care providers for benchmark comparison groups, primary care providers need to be defined in the claims. To do this, the providers who are considered primary care providers need to be identified in claims based on the taxonomy associated with their NPI.

Provider types to include as primary care providers

The National Uniform Claims Committee (NUCC) maintains a listing of taxonomy codes[1]:

> "The Health Care Provider Taxonomy code set is an external, nonmedical data code set designed for use in an electronic environment, specifically within the ASC X12N Health Care transactions. This includes the transactions mandated under HIPAA. The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.

---

[1] http://www.nucc.org/index.php?option=com_content&view=article&id=14&Itemid=125:).

Center for Health Analytics, 5/2017
© University of New Hampshire, 2017

The National Uniform Claim Committee (NUCC) is presently maintaining the code set. It is used in transactions specified in HIPAA and the National Provider Identifier (NPI) application for enumeration. Effective 2001, the NUCC took over the administration of the code set. Ongoing duties, including processing taxonomy code requests and maintenance of the code set, fall under the NUCC Code Subcommittee."

The taxonomy codes were reviewed to identify which codes designate provider types that will be considered those that provide primary care services. The decision was made to designate two tiers of primary care providers. Tier 1 includes primary care providers whose services will be counted in the first review of services for attribution. If services with providers of those taxonomies are not found, services with the Tier 2 providers will be reviewed.

Table 4 provides the taxonomy codes considered primary care in Tiers 1 and 2.

Table 4: Provider types included in Primary Care Attribution, Based on Taxonomy Code*, by Tier

Taxonomy Code	Type	Classification	Specialization
TIER 1 – Select these provider types first			
207Q00000X	Allopathic & Osteopathic Physicians	Family Medicine	
207QA0000X	Allopathic & Osteopathic Physicians	Family Medicine	Adolescent Medicine
207QA0401X	Allopathic & Osteopathic Physicians	Family Medicine	Addiction Medicine
207QA0505X	Allopathic & Osteopathic Physicians	Family Medicine	Adult Medicine
207QB0002X	Allopathic & Osteopathic Physicians	Family Medicine	Bariatric Medicine
207QG0300X	Allopathic & Osteopathic Physicians	Family Medicine	Geriatric Medicine
207QH0002X	Allopathic & Osteopathic Physicians	Family Medicine	Hospice and Palliative Medicine
207QS0010X	Allopathic & Osteopathic Physicians	Family Medicine	Sports Medicine
207QS1201X	Allopathic & Osteopathic Physicians	Family Medicine	Sleep Medicine
207R00000X	Allopathic & Osteopathic Physicians	Internal Medicine	
207RA0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Adolescent Medicine
207RA0201X	Allopathic & Osteopathic Physicians	Internal Medicine	Allergy & Immunology
207RA0401X	Allopathic & Osteopathic Physicians	Internal Medicine	Addiction Medicine
207RB0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Bariatric Medicine
207RG0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Geriatric Medicine
207RH0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Hospice and Palliative Medicine
208000000X	Allopathic & Osteopathic Physicians	Pediatrics	
2080A0000X	Allopathic & Osteopathic Physicians	Pediatrics	Adolescent Medicine
2080C0008X	Allopathic & Osteopathic Physicians	Pediatrics	Child Abuse Pediatrics
2080H0002X	Allopathic & Osteopathic Physicians	Pediatrics	Hospice and Palliative Medicine
2083P0500X	Allopathic & Osteopathic Physicians	Preventive Medicine	Preventive Medicine/Occupational Environmental Medicine
2083P0901X	Allopathic & Osteopathic Physicians	Preventive Medicine	Public Health & General Preventive Medicine
208D00000X	Allopathic & Osteopathic Physicians	General Practice	
363A00000X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Medical

Taxonomy Code	Type	Classification	Specialization
363L00000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Acute Care
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Adult Health
363LC1500X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Community Health
363LF0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Family
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Gerontology
363LN0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics
363LP1700X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Perinatal
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Primary Care
TIER 2 – If no visits with PCPs in Tier 1, count visits with these provider types			
176B00000X	Other Service Providers	Midwife	
207V00000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	
207VB0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Bariatric Medicine
207VC0200X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Critical Care Medicine
207VE0102X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Reproductive Endocrinology
207VF0040X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Female Pelvic Medicine and Reconstructive Surgery
207VG0400X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecology
207VH0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Hospice and Palliative Medicine
207VM0101X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Maternal & Fetal Medicine
207VX0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obstetrics
207VX0201X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecologic Oncology

Taxonomy Code	Type	Classification	Specialization
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Women's Health
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Obstetrics & Gynecology
2080I0007X	Allopathic & Osteopathic Physicians	Pediatrics	Clinical & Laboratory Immunology
2080N0001X	Allopathic & Osteopathic Physicians	Pediatrics	Neonatal-Perinatal Medicine
2080P0006X	Allopathic & Osteopathic Physicians	Pediatrics	Developmental – Behavioral Pediatrics
2080P0008X	Allopathic & Osteopathic Physicians	Pediatrics	Neurodevelopmental Disabilities
2080P0201X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Allergy/Immunology
2080P0202X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Cardiology
2080P0203X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Critical Care Medicine
2080P0204X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Emergency Medicine
2080P0205X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Endocrinology
2080P0206X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Gastroenterology
2080P0207X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Hematology-Oncology
2080P0208X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Infectious Diseases
2080P0210X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Nephrology
2080P0214X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Pulmonology
2080P0216X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Rheumatology
2080S0010X	Allopathic & Osteopathic Physicians	Pediatrics	Sports Medicine
2080S0012X	Allopathic & Osteopathic Physicians	Pediatrics	Sleep Medicine
2080T0002X	Allopathic & Osteopathic Physicians	Pediatrics	Medical Toxicology
2080T0004X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Transplant Hepatology
367A00000X	Physician Assistants & Advanced Practice Nursing Providers	Advanced Practice Midwife	

* National Uniform Claims Committee, Health Care Provider Taxonomy

Service Types Considered Primary Care

In addition to identifying which providers are primary care providers, it is also important to designate which types of services are considered primary care services. Attribution methodology from participating payers, Federal ACO programs (e.g., CMS Shared Savings), and National quality programs were reviewed to identify different designations of service types that are considered primary care in various other attribution methods.

From this comparison, two Tiers of service types were designated for the NH ACP project. As with the Provider Type tiers, claims will be reviewed for service types in Tier 1. If none are found, data will be reviewed for Tier 2.

Table 5: Visit Types included in Primary Care Attribution, Based on CPT Code*, by Tier

CPT Codes	Description
Tier 1	
99201-99215	Office or Other Outpatient Services - New or Established Patient
99381-99387; 99391-99397	Preventive Medicine Services - New or Established Patient
99401-99404	Counseling Risk Factor Reduction and Behavior Change Intervention - Preventive Medicine, Individual Counseling - New or Established Patient
G0344	Temporary Codes - Initial Preventive Visit
G0402, G0438, G0439	Temporary Codes - Annual Wellness Visit
T1015	Temporary Codes – Medicaid Specific – Client visit/encounter
Tier 2	
99241-99245	Office or Other Outpatient Consultation - New or Established Patient
99304-99340	Nursing Facility Services (Initial Care, Subsequent Care, Discharge, Other) or Domiciliary, Rest Home, or Custodial Care Services - New or Established Patient
99341-99350	Home Visit Services - New Patient or Established Patient
99354-99355; 99358-99359	Prolonged Services - With Direct Patient Contact or Without Direct Patient Contact

* Description Source - American Medical Association, *Current Procedural Terminology - Professional Edition*, 2012

Attribution Process

The process for attributing members begins with the review of the medical claims. Data is summarized and sorted by date of service. One claim for each Provider-member-date combination will be kept to count unique encounters.

Claims are consolidated at the attribution period/person/date of service/provider tier/service tier/provider level. Each unique combination of these items constitutes a "visit".

For each attribution period (typically 12 months) and each person, we keep track of visit counts, total cost across all visits and date of most recent visit at the provider tier/service tier/provider level.

During an attribution period, if a person did not receive a qualified service (a service in one of the two service tiers) performed by a qualified provider (a provider in one of the two provider tiers), that person is considered "unattributed".

In the event that a person only saw one qualified provider who performed a qualified service during an attribution period, that provider is attributed to that person for that attribution period. A hierarchy is used to attribute a provider in the event that a person saw multiple qualified providers who performed a qualified service within an attribution period. The hierarchy is: provider tier → service tier → largest visit count → most recent visit → highest cost → provider ID.

As an example, if a person saw two qualified providers, provider A who is a tier 1 provider and provider B who is a tier 2 provider, and if both of these providers performed one or more qualified services, then provider A would be attributed to the person. Similarly, if exactly two tier 1 providers performed services during an attribution period and if provider A performed services exclusively from tier 1 while provider B performed services exclusively from tier 2, then provider A would be attributed to the person. This process is repeated, as needed, for the remainder of the items listed in the hierarchy until a provider is attributed. In the event that multiples providers are tied after considering all of the items listed, we use the provider ID (highest NPI) as a final tie-breaker.

If a person is unattributed during a period, and if that person was attributed during the previous period, then the attributed provider from the previous period is used. We never look back more than one period for this purpose.

Site-Specific NPI Quality Checks

Each clinical partner site for the ACP project was asked to provide a list of NPIs for their Primary Care Providers, reflecting the provider types in Table 4. The NPIs from those partner-provided lists were merged into a single document, and linked to the NPI database. This step allows for the NPI database information to be compared to the partner-provided lists. Once the site-specific NPI list was merged with the data from the NPI database, the primary taxonomy for each provider in the partner-provided list was checked to:

1. Verify that the provider taxonomy given by the clinical site matched the taxonomy in the NPI database. Some partner sites did not provide taxonomy. In the cases where taxonomies were not provided by the partner sites, there was no verification step for this.
2. Verify that the taxonomies of the providers listed by the partner sites were Primary Care Providers of the types that were agreed upon by the group (Table 4). This allowed providers who were not PCPs to be removed from the attribution process.

3. Verify that the NPI given by the clinical site was listed in the NPI database. NPIs that are deactivated at the time of analysis are excluded from reporting since provider information and taxonomies cannot be verified.

As a result of these checks, each site was contacted to verify that individual providers with inconsistent taxonomies, or taxonomies outside of the Primary Care Provider designations were corrected. Recommendations for corrections to the national NPI database also resulted from this process.

In addition, the merging of the NPI lists across all of the organizations allowed for the identification and correction of any providers who were represented in lists of more than one partner site.

Behavioral Health "Attribution" – Special Considerations

The attribution methodology for Behavioral Health (BH) is different from PCP attribution. One reason for this is that the project will not limit BH reporting to only those members who seek BH services as their **primary** care. Instead, all members who seek services for behavioral health will be considered a cohort. However, BH attribution is separate from PCP attribution. Therefore, a member attributed to a PCP in the PCP reports can still be attributed to BH; the members are not mutually exclusive. The PCP reports and BH reports will be reviewed separately from one another.

For a comparator group for the project organization, NPI taxonomies were identified from the NPI database. Members who seek care from BH providers with these taxonomies (and not with the project participant) are attributed to the BH comparator group.

Provider types to include as behavioral health providers

Similar to PCP attribution, certain service provider taxonomies were designated as BH providers, as indicated in Table 6. Only providers that provide regular care are considered for the attribution process. For example, providers of emergency or inpatient behavioral health care are not included.

Table 6: Provider Taxonomies for Behavioral Health

Taxonomy Code	Type	Classification	Specialization
TIER 1 – Select these provider types first			
101Y00000X	Behavioral Health & Social Service Providers	Counselor	
101YA0400X	Behavioral Health & Social Service Providers	Counselor	Addiction (Substance Use Disorder)
101YM0800X	Behavioral Health & Social Service Providers	Counselor	Mental Health
101YP1600X	Behavioral Health & Social Service Providers	Counselor	Pastoral
101YP2500X	Behavioral Health & Social Service Providers	Counselor	Professional
101YS0200X	Behavioral Health & Social Service Providers	Counselor	School
102L00000X	Behavioral Health & Social Service Providers	Psychoanalyst	
102X00000X	Behavioral Health & Social Service Providers	Poetry Therapist	
103G00000X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist	
103GC0700X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist	Clinical
103K00000X	Behavioral Health & Social Service Providers	Behavioral Analyst	
103T00000X	Behavioral Health & Social Service Providers	Psychologist	
103TA0400X	Behavioral Health & Social Service Providers	Psychologist	Addiction (Substance Use Disorder)
103TA0700X	Behavioral Health & Social Service Providers	Psychologist	Adult Development & Aging
103TB0200X	Behavioral Health & Social Service Providers	Psychologist	Cognitive & Behavioral
103TC0700X	Behavioral Health & Social Service Providers	Psychologist	Clinical
103TC1900X	Behavioral Health & Social Service Providers	Psychologist	Counseling
103TC2200X	Behavioral Health & Social Service Providers	Psychologist	Clinical Child & Adolescent
103TE1000X	Behavioral Health & Social Service Providers	Psychologist	Educational
103TE1100X	Behavioral Health & Social Service Providers	Psychologist	Exercise & Sports
103TF0000X	Behavioral Health & Social Service Providers	Psychologist	Family
103TF0200X	Behavioral Health & Social Service Providers	Psychologist	Forensic
103TH0004X	Behavioral Health & Social Service Providers	Psychologist	Health
103TH0100X	Behavioral Health & Social Service Providers	Psychologist	Health Service
103TM1700X	Behavioral Health & Social Service Providers	Psychologist	Men & Masculinity
103TM1800X	Behavioral Health & Social Service Providers	Psychologist	Mental Retardation & Developmental Disabilities
103TP0016X	Behavioral Health & Social Service Providers	Psychologist	Prescribing (Medical)
103TP0814X	Behavioral Health & Social Service Providers	Psychologist	Psychoanalysis
103TP2700X	Behavioral Health & Social Service Providers	Psychologist	Psychotherapy

Taxonomy Code	Type	Classification	Specialization
103TP2701X	Behavioral Health & Social Service Providers	Psychologist	Group Psychotherapy
103TR0400X	Behavioral Health & Social Service Providers	Psychologist	Rehabilitation
103TS0200X	Behavioral Health & Social Service Providers	Psychologist	School
103TW0100X	Behavioral Health & Social Service Providers	Psychologist	Women
104100000X	Behavioral Health & Social Service Providers	Social Worker	
1041C0700X	Behavioral Health & Social Service Providers	Social Worker	Clinical
1041S0200X	Behavioral Health & Social Service Providers	Social Worker	School
106H00000X	Behavioral Health & Social Service Providers	Marriage & Family Therapist	
2084A0401X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Medicine
2084F0202X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Forensic Psychiatry
2084P0015X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychosomatic Medicine
2084P0800X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychiatry
2084P0802X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Psychiatry
2084P0804X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Child & Adolescent Psychiatry
2084P0805X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Geriatric Psychiatry
261QM0801X	Ambulatory Health Care Facilities	Clinic/Center	Mental Health (Including Community Mental Health Center)
261QM0850X	Ambulatory Health Care Facilities	Clinic/Center	Adult Mental Health
261QM0855X	Ambulatory Health Care Facilities	Clinic/Center	Adolescent and Children Mental Health
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Psych/Mental Health
TIER 2 – If no visits with PCPs in Tier 1, count visits with these provider types			
2084B0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Bariatric Medicine
2084B0040X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Behavioral Neurology & Neuropsychiatry
2084D0003X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Diagnostic Neuroimaging
2084H0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Hospice and Palliative Medicine
2084N0008X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neuromuscular Medicine
2084N0400X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology
2084N0402X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology with Special Qualifications in Child Neurology
2084N0600X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Clinical Neurophysiology
2084P0005X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurodevelopmental Disabilities

Taxonomy Code	Type	Classification	Specialization
2084P2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Pain Medicine
2084S0010X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sports Medicine
2084S0012X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sleep Medicine
2084V0102X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Vascular Neurology

Service Types Considered Behavioral Health Care

Similar to PCP attribution, certain service types were designated as BH services, as indicated in Table 5.

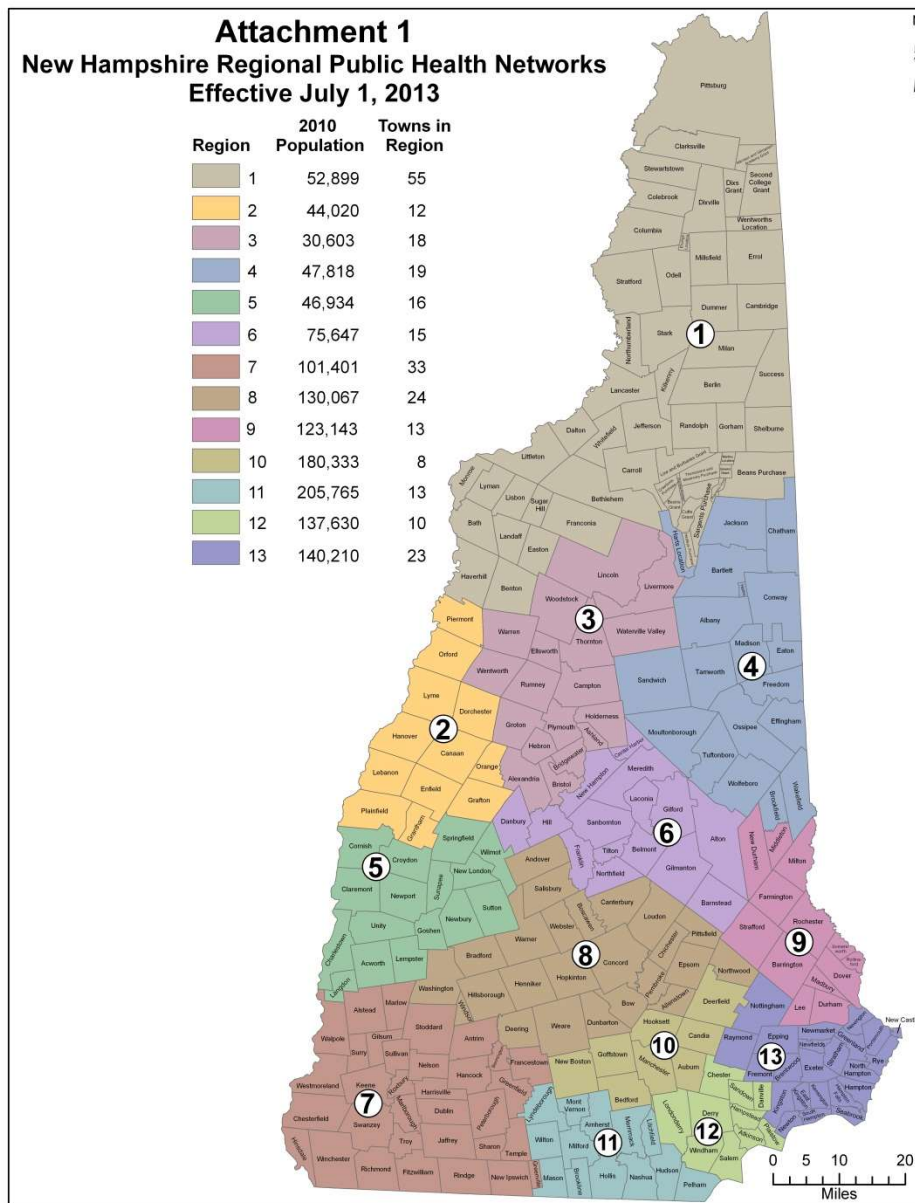*Table 5: Visit Types included in Behavioral Health Attribution, Based on CPT Code*, by Tier*

CPT Codes	Description
Tier 1	
90791-90792	Psychiatric Diagnostic Evaluation
90801-90815	Psychiatric Therapeutic Procedures; Office or Other Outpatient Facility
90816, 90818, 90821, 90823, 90826, 90828	Psychiatric Therapeutic Procedures; Inpatient Hospital, Partial Hospital or Residential Care Facility
90832, 90834, 90837	Psychotherapy
99201-99215	Office or Other Outpatient Services - New or Established Patient
H0034, H2001, H2010, H2018-H2020, H2027	Temporary Code - Medicaid State Agency codes for Behavioral Health
T1016	Temporary Code - Specific to Medicaid – Case Management
Tier 2	
90845-90857	Psychiatric Therapeutic Procedures; Other Psychotherapy
90862, 90865-90899	Psychiatric Therapeutic Procedures; Other Psychiatric Services or Procedures

* Description Source - American Medical Association, *Current Procedural Terminology - Professional Edition*, 2012

Benchmarks

Comparator reports include reports about the population of members not in this pilot project, as well as comparator reports for care delivered to the populations in different geographic regions. The Department of Health and Human Services (DHHS) organizes certain parts of its service delivery contracts and provides health-related reports based on the geographic designations known as Public Health Regions. To align with that reporting, the NH ACP project will also use Public Health Region for geographic benchmark comparisons.

Figure 1: NH DHHS' Public Health Regions

Map Source: NH DHHS, Division of Public Health Services, 2/2013