



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

**Breast Cancer Screenings**

**Summary**

The Breast Cancer screening incentive's purpose is to supply further payment to PCP's that meet or exceed the compliance rate for breast cancer screenings as well as incentivize PCP's to perform and recommend screening services. The first payment will be made in April 2009 based on dates of services between October 1, 2008 and December 31, 2008 with paid dates through March 31, 2009.

**Criteria**

For Breast Cancer screening utilization, the payment will be based on screens performed on members in the provider's panel. The provider will be paid a rate per screen for each screen provided on a member in his or her panel. The rate will be based on the number of relative screens provided on all SoonerCare Choice members divided by the amount available for the quarter for a particular measure. The performance criterion for the rate is as follows:

- Providers with "More Tests Than Expected" on his or her most recent provider profile will receive a relative screen count of double their actual screens.
- Providers with "No Significant Difference" will receive a relative screen count of one and one half times their actual screens.
- Providers with "Fewer Tests Than Expected" will receive a relative screen count equal to their actual screens performed.

A qualifying provider's payment will be determined by the percentage of relative tests performed out of all relative tests performed multiplied by the funds available for the quarter.

Each service location is considered a unique provider.

**Panel Eligibility**

Members must be enrolled with the provider in the quarter of interest. Screens are only counted for members while they are enrolled in the provider's panel.



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**Claims – Breast Cancer Screenings**

To identify breast cancer screenings the most recent HEDIS specifications are used:

<b>Procedure Codes</b>	76090, 76091, 76092, 76083, 77055-77057
<b>Revenue Codes</b>	401
<b>ICD9 Procedure Codes</b>	87.36, 87.37
<b>ICD9 Diagnosis Codes</b>	V76.11, V76.12
<b>ICD10 Procedure Codes</b>	BH00ZZZ, BH01ZZZ, BH02ZZZ, BH03ZZZ, BH04ZZZ, BH05ZZZ, BH06ZZZ
<b>ICD10 Diagnosis Codes</b>	Z12.31

Claims are only used for members that are 40 years of age or older.

**Breast & Cervical Cancer Screening Quarterly Payment Example**

The allotment for these measures is \$350,000 annually. The amount available per quarter is \$87,500. For this example, the quarterly funds are divided up with Breast Cancer Screenings receiving \$13,125 and Cervical Cancer Screenings receiving \$74,375.

The example shows providers with comparative volumes, but different performance measures.

MAMs Performed	Performance	Rate	Relative Tests Performed	% of Relative Tests Performed	Amount Paid	Amount Per Exam
5	No Significant Difference	1.5	7.5	0.54%	\$70.54	\$14.11
5	More tests than expected	2	10	0.72%	\$94.05	\$18.81
5	Fewer tests than expected	1	5	0.36%	\$47.03	\$9.41
42	More tests than expected	2	84	6.02%	\$790.04	\$18.81
35	No Significant Difference	1.5	52.5	3.76%	\$493.77	\$14.11

Source: APS Healthcare