Equity and Practice Transformation (EPT) Payment Program
Empanelment & Access Administrative Measure Specifications
November 2024 KPI Submission

Instructions

This document provides measure specifications for the three Empanelment & Access Key Performance Indicators (KPIs): empanelment, continuity, and third next available appointment (TNAA).

When reporting these Administrative KPIs, EPT practices should include in the denominator patients seen at all practice sites/clinics/departments that are participating in EPT, regardless of whether they are within the Population of Focus (PoF). Practices will aggregate data across participating sites/clinics/departments and report overall numerators, denominators, and averages (for TNAA only) into the EPT Deliverable Portal.

Example: ABC Health System has 16 sites total, including family medicine, urgent care, behavioral health, and dental health. Of the 16 sites, 10 family medicine sites are participating in EPT. ABC Health System selected pregnant people as their PoF. They will submit data on empanelment, continuity, and TNAA for **all patients** in their 10 family medicine sites. ABC Health System will review the measure specifications in this document, complete the Excel-based KPI Report Tool if needed, and then use that data to populate the Deliverable Portal.

This document is informational and not intended for submission. The KPI Submission Template provides the fields required for submission into the Deliverable Portal. Also, practices that don't currently automate this data or that want to track data before entering it into the Deliverable Portal can use an Excel-based KPI Report Tool that will be available by end of September. These two documents will also be posted to the Learning Center website and PopHealth+.

Measure	Description	Numerator	Denominator	Reporting Date/Timeframe	Inclusion and Exclusions
Empanelment	Percentage of active patients who are assigned to a provider or care team as of the reporting date (snapshot in time).	Number of active patients assigned to practice site(s) and are attributed to a PCP or care team.	Number of active patients assigned to practice site(s) participating in EPT.	Twice a year, report data from the first day of the prior month. • For the November 1 submission: report data as of October 1. • For the May 1 submission: report data as of April 1. If the first day of the month falls on a weekend, the reporting date is the following Monday.	The definition of "Active" patients is identified by the practice and includes patients who have had a visit to the practice in the last 18-24 months. Empaneled providers are providers who are responsible for the primary care panel. This excludes behavioral health, dental health, urgent care, and other providers per practice policy (i.e., 0.3 FTE providers).

Measure	Description	Numerator	Denominator	Reporting Date/Timeframe	Inclusion and Exclusions
Continuity	Percentage of primary care patient visits that are with the patient's empaneled provider or care team.	Number of primary care patient visits with a provider at practice site(s) participating in EPT where patient saw their empaneled provider or care team.	Number of primary care patient visits with a provider at practice site(s) participating in EPT.	Twice a year, report data for a 6-month look back period. • For the November 1 submission: calculate the non-weighted, raw average from data collected from April through September. • For the May 1 submission: calculate the non-weighted, raw average from data collected from October through March.	Includes primary care provider visits for all visit types except for MA/RN/behavioral health specific visits such as case management, health education, immunizations, and labs. Appendix A contains a list of primary care visit codes.

Measure	Description	Reporting Date/Timeframe	Inclusion and Exclusions
Third Next Available Appointment (TNAA)	Number of business days until third open appointment average across all primary care providers participating in EPT.	Twice a year, measure TNAA on the first Monday of the prior month. • For the November 1 submission: report data as of October 1. • For the May 1 submission: report data as of April 1.	An open slot is any appointment where any patient can be scheduled, regardless of the reason or visit type, by anyone in the organization, at the time of assessing TNAA. For example, when counting days, you would not count a "frozen appointment" that cannot be filled or that requires special permission to schedule. If the "frozen appointment" has "thawed," meaning that at the time of TNAA assessment, it is now open, it would count as an available appointment. Appointments designated at the time of assessing TNAA for specific visits (i.e., urgent care, well visits, same day) are not considered an open slot and should be excluded. Medical-assistant/RN-only appointments for vaccines where the patient does not see a provider are excluded. Video visits can count as an open appointment if anyone in the practice can schedule it for most visit reasons.

Appendix A: Primary Care Visit Codes

List of 2024 CPT Codes that indicate an outpatient/office visit with a healthcare provider (doctor, nurse practitioner, physician assistant). These visits are "problem oriented" (reactive care):
These may be helpful in identifying visits with "PCPs":

- 99202 - New patient, straightforward decision-making, 15-29 minutes.
- 99203 - New patient, low decision-making, 30-44 minutes.
- 99204 - New patient, moderate decision-making, 45-59 minutes.
- 99205 - New patient, high decision-making, 60-74 minutes.
- 99212 - Established patient, straightforward decision-making, 10-19 minutes.
- 99213 - Established patient, low decision-making, 20-29 minutes.
- 99214 - Established patient, moderate decision-making, 30-39 minutes.
- 99215 - Established patient, high decision-making, 40-54 minutes.

List of 2024 CPT Codes that indicate an outpatient/office visit with a healthcare provider (doctor, nurse practitioner, physician assistant). These visits are "wellness visits" (proactive care):
These may be helpful in identifying wellness visits with "PCPs" but may combined with the above office visits codes (in some cases) or used as stand-alone visit codes:

- 99381 - Initial preventive medicine evaluation, new patient, infant (under 1 year).
- 99382 - Initial preventive medicine evaluation, new patient, early childhood (age 1-4 years).
- 99383 - Initial preventive medicine evaluation, new patient, late childhood (age 5-11 years).
- 99384 - Initial preventive medicine evaluation, new patient, adolescent (age 12-17 years).
- 99385 - Initial preventive medicine evaluation, new patient, adult (age 18-39 years).
- 99386 - Initial preventive medicine evaluation, new patient, adult (age 40-64 years).
- 99387 - Initial preventive medicine evaluation, new patient, adult (65 years and older).
- 99391 - Periodic preventive medicine reevaluation, established patient, infant (under 1 year).
- 99392 - Periodic preventive medicine reevaluation, established patient, early childhood (age 1-4 years).
- 99393 - Periodic preventive medicine reevaluation, established patient, late childhood (age 5-11 years).
- 99394 - Periodic preventive medicine reevaluation, established patient, adolescent (age 12-17 years).
- 99395 - Periodic preventive medicine reevaluation, established patient, adult (age 18-39 years).
- 99396 - Periodic preventive medicine reevaluation, established patient, adult (age 40-64 years).
- 99397 - Periodic preventive medicine reevaluation, established patient, adult (65 years and older).