

**ODJFS Methods for the  
Administrative Capacity  
Performance Measure**

**For the  
Aged, Blind, or Disabled (ABD)  
Managed Care Program**

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**For the Provider Agreement effective through June 30, 2007**

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**Issued: February, 2007**

## Emergency Department Diversion Measure

The percentage of members who had (TBD) emergency department (ED) visits during the 12 month reporting period.

**Numerator:** Number of members in the denominator with (TBD) ED visits during the 12 month reporting period.

**Denominator:** Members who were enrolled for at least eleven months with the plan during the 12 month reporting period and who were enrolled during the last month of the reporting period.

**Data Source:** Encounter Data. Institutional and non-institutional encounters are searched for evidence of an ED visit using the codes listed below. If a recipient had multiple ED encounters for the same date of service, then these encounters are counted as one encounter.

**Report Period:** For the SFY 2008 contract period, a baseline level of performance will be set using the January – December 2007 report period.\* For the SFY 2009 contract period, results will be calculated for the reporting period of January – December 2008 and compared to the baseline results to determine if the minimum performance standard is met.

### Codes to Identify Emergency Department Visits

<b>UB-92 Revenue</b> 45x, 981	<b>AND</b>	<b>UB-92 Type of Bill</b> 13x
<i>OR</i>		
<b>CPT</b> 10040 – 69979	<b>AND</b>	<b>POS</b> 23
<i>OR</i>		
<b>CPT</b> 99281-99285		

### Exclusions :

1. Any ED visit, as defined above, with the same member service date as a claim with CPT-4 Code of 99281-99285 in combination with a revenue center code of '456' (urgent care) or place of service code of '20' (urgent care), will be excluded from the numerator.
2. ED visits resulting in an inpatient stay (i.e., ED visits on the day prior to, or the same day, as the first day of an inpatient admission) will be excluded from the numerator. Inpatient stays are identified by Type of Bill codes 11x, 12x, 41x, 42x, and 84x on UB-92 claims.

\*The length of the initial baseline and 'reporting year' may be adjusted depending on the ABD managed care program implementation completion date (e.g., if the last region(s) to enroll members has an initial membership effective date of July 1, 2007, the initial baseline and reporting year will be a six month period, July through December 2007).