

**ODJFS Methods for  
Administrative Capacity Performance Measures**

**Covered Families and Children (CFC)  
Program**

**Provider Agreement Effective July 1, 2007 to June 30, 2008**

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## Emergency Department Diversion Measure

*The percentage of enrollees who had four or more emergency department (ED) visits during the six month reporting period.*

**Numerator:** Number of MCP Medicaid members in the denominator with four or more ED visits during the six month reporting period.

**Denominator:** Members who were enrolled for at least five months with the MCP in one of the counties with MCP membership as of February 1, 2006 during the six month reporting period and who were enrolled during the last month of the reporting period.

**Data Source:** Encounter Data, ODJFS' Recipient Master File

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 – June 2007 report period. Results will be calculated for the reporting period of July – December 2007 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.