



Oregon

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**Oregon Health Plan (OHP)
Electronic Memorandum**

Date: February 21, 2006

To: FCHP, DCO, MHO, CDO and PCO Contractors

From: Allison Knight, Acting OMAP PPS Manager

Re: Implementation of the FFS emergency department savings initiatives



Concern was expressed by some plans at last week's Contractors' Meeting that OMAP has not been adequately soliciting plan feedback in the development of this policy. In addition to the engagement of plans that has been conducted thus far (**see attached document**), we agreed to directly email plan contacts for additional feedback concerning this policy. We certainly value your participation and feedback in the development of our policies.

Draft proposal of the triage assessment fee policy that is currently under development:

In order to serve clients in the most appropriate setting, OMAP will be implementing a triage assessment fee for clients presenting with non-emergent conditions in the ED. OMAP will publish a list of diagnosis codes that are generally used for non-emergent conditions. This list is based on diagnoses identified by CareOregon as usually non-emergent and the John Billings list used in the external quality review study. This has been reviewed by clinicians and will be available for feedback prior to the next stakeholders meeting.

OMAP would initially pay a triage assessment fee on these codes. The payment would be calculated based on the estimated FFS OMAP payment of the condition in an office setting. If the condition was emergent, the hospital would submit records to OMAP documenting the emergency in which case the claim would be paid as other outpatient hospital services are paid. In those communities that have limited access to primary care, we are considering phasing in a modified policy after the DRG hospitals are implemented. We are also considering options for applying appropriate client cost sharing.

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Questions for plans:

1. Does your plan use a diagnosis list to identify conditions that are general considered non-emergent? Do you have suggestions about the use of such a list?
2. Does your plan pay a triage assessment fee or screening fee to ED s for non-emergent conditions? If so, what do you pay? Do you have suggestions about how the fee should be developed?
3. What other strategies does your plan use to reduce inappropriate ED utilization?
4. What suggestions or concerns do you have about OMAP's implementation of this policy?

Please email your feedback to my attention by March 6, 2006. As always, you can also call me at (503) 945-6590.

Sarah Young

Project Coordinator

DHS/Health Services/OMAP

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Efforts to engage plans in participation in the development of the FFS hospital ED savings policy		
Date	Audience	Effort
8/16/05	Plan Contacts, other stakeholders	Email survey requesting input by 9/2 concerning 4 hospital policy options. Notice of 8/19 meeting. 2 plans responded.
8/19/05	Stakeholders including plan contacts	Stakeholder meeting. Focus was to get feedback on 4 hospital policy options. 2 plans represented.
9/1/05	Plan contacts, other stakeholders	Email advising of advising of 9/2 meeting – due to need to submit waiver, included outline of proposed actions, and summary from first meeting. Included proposed diagnosis list.
9/23/05	Plan Contacts Stakeholders	Email advising of 9/29 meeting. Summary of 9/2 meeting attached. Focus of this meeting mainly on the other hospital policy actions.
9/29/05	Stakeholder meeting	Focus of meeting was the other hospital policy actions: day limit, GME elimination and unique DRGs. No plans participated
10/10/05	Medical Directors	Notified of upcoming hospital stakeholder meeting in November.
10/20/05	Contractor's meeting	Update on the upcoming hospital savings meeting in November
10/24/05	Plan Contacts Stakeholders	Email advising of upcoming meeting on 11/29 to focus on ED efficiencies. Included notes from 9/29 meeting
11/17/05	Contractors meeting	Update on nurse triage hotline
11/29/05	Stakeholder meeting	Focus of meeting was ED utilization. Two plans participated.
12/12/05	Medical Directors meeting	ED Screening Fee, RN Triage Hotline discussion – both agenda topics at December's meeting.
12/15/05	Contractors meeting	From meeting minutes: Update on nurse triage hotline for fee-for-service (FFS): This advice line applies to client concerns regarding medical and dental health questions. If a managed care client calls the nurse triage hotline, McKesson refers the client back to their managed care plan. 11/29/05 hospital stakeholder meeting update: Discussed options for miscellaneous FFS emergency department savings. We continued discussion regarding non-emergent conditions that show up in the emergency room. We are looking at paying an assessment fee instead of the treatment fee that we are currently paying. We are looking to implement this on July 1, 2006. There was a lot of discussion and support around client behavior pertaining to getting client care back into an appropriate setting.
1/3/06	Stakeholders	Notification of 1/25/06 meeting. <i>This meeting was subsequently canceled.</i> ¹
1/9/06	Medical Directors Meeting	Best practices for ED Utilization: agenda topic. DCIPA discussed their strategies. OMAP gave brief update.
1/19/06	Stakeholders	11/29 meeting notes and OAHHS comments posted to web.

Efforts to engage plans in participation in the development of the FFS hospital ED savings policy

Date	Audience	Effort
1/19/06	Contractors meeting	From minutes: Notify of upcoming 1/25 meeting. Plan to have a draft policy and rule language for stakeholders to look at regarding how we plan to implement the assessment fee on the fee-for-service side for those conditions that are showing up in the emergency room that are non-emergent. One of the alternatives that we are looking at, rather than the \$25 assessment fee, is taking the diagnoses that are identified as non-emergent and seeing what it would cost to cover those in an office visit setting. Still working on calculations. Still plan 7/1/06 implementation date.
2/16/06	Contractor's meeting	Advised that will schedule a future stakeholders meeting. Still conducting internal work on proposal. Refining non-emergent diagnosis list. Will send proposal to stakeholders (including Contractors) a week prior to the next meeting. FCHPs advised that they would like OMAP to engage plans in this process using a survey.

¹ In order to operate in an administratively efficient manner while also getting needed information out to stakeholders, DHS has been encouraging the use of the E-Subscribe feature to automatically notify interested parties when web pages are updated. We moved to this option in January.