

D R A F T

**Emergency Department Triage Savings Action
Updated March 23, 2006**

Effective Date: September 1, 2006 with 2 months claim lag
DRG Hospitals Only

Summary		
	8 Months	
Net Savings with \$42 Assessment Fee	Savings	
Total Funds	(2,587,632)	FMAP SFY 07
Federal Funds	(1,583,630)	61.20%
General Fund	(1,004,001)	

Detail Calculation	
Emergency Department (ED) Expenditures Avoided - 8 months	
8 months Non-emergency claims seen in ED	\$ 4,348,627
% ED Expenditures Avoided (25% of ED cost still paid)	75%
8 months ED Expenditures Avoided	(3,261,470)
Assessment Fee Paid to Hospitals	
Number of claims (8 months)	17,664
% Claims that would receive assessment fee only	80%
# Claims that would receive assessment fee only	14,131
Assessment Fee Paid to Hospitals	\$ 42.00
8 month Cost Assessment Fee	\$ 593,510
Total Program Savings	\$ (2,667,960)
Administrative Costs	\$80,328

FUND SPLIT	TF	FF	GF
Gross Savings	(2,667,960)	(1,632,791)	(1,035,168)
Administrative Cost	80,328	40,164	40,164
Net Savings in 05-07 Biennium	(2,587,632)	(1,592,627)	(995,004)

NOTES:

1) The pricing assumes that 80% of claims will be truly non-emergent. This assumption is based on the historical experience of several managed care plans located in Oregon.

2) The pricing also assumes that claims which are later determined to be emergent will cost more than claims that are not emergent. The cost of these claims is a rough estimate.

Source data: Time period of source data is January to June 2005. (Tb4 and Staffing worksheet)

Effects of Emergency Department Triage Fee on OHP clients by Eligibility Group - January-June 2005

	Entire OHP Population		Emergency Department Claims w/ Triage Dx originating from DRG Hospitals *1					
	Total Member Months Jan-June 2005	% of Total MM	Number of Clients *2	Number of Claims	% of Claims	(Claims / Member Month)*1000	Total Amount Paid	% of Total Amount Paid
TANF	798,642	34.5%	3,586	5,181	39.1%	6.487	\$1,185,380	36.3%
Blind/Disabled	358,286	15.5%	1,332	2,487	18.8%	6.941	\$733,577	22.5%
PLM Children	476,029	20.5%	1,726	2,110	15.9%	4.433	\$390,575	12.0%
OHP Adults/Couples	136,027	5.9%	752	1,298	9.8%	9.542	\$367,883	11.3%
PLM Adults	53,923	2.3%	650	886	6.7%	16.431	\$288,563	8.8%
CHIP	157,740	6.8%	426	512	3.9%	3.246	\$108,439	3.3%
Foster Children	101,151	4.4%	356	433	3.3%	4.281	\$87,153	2.7%
OHP Families	53,776	2.3%	208	309	2.3%	5.746	\$85,789	2.6%
Breast/Cervical Cancer	1,368	0.1%	22	26	0.2%	19.004	\$9,313	0.3%
Old Age Assistance	180,691	7.8%	5	6	0.0%	0.033	\$4,796	0.1%
	2,317,633	100.0%		13,248	100.0%		\$3,261,470	100.0%

*1: Data extracted from the OMAP DSSURS Database
Views: CLMH_CLN_V, CLMH_CLN_V
ER claims identified by a Revenue Center code of 450, 451, 452, 459, 980, 981
Dx appearing in the Primary Position on the Claim Header defined as non-emergent by OMAP medical personnel
Claims set includes: FFS Outpatient claims filed by an In-state DRG Hospital for OHP clients w/o Medicare
where the AmtPaid > 0.

*2: Column cannot be summed - clients may have been counted under more than one Eligibility group

Fee-for-Service Payments made to DRG Hospitals for Non-Emergent ^{*1} ER visits by OHP clients - Jan-Jun 2005

Claim costs were calculated from the Total Amount Paid on the claim Header of Outpatient, non-Medicare claims ONLY.

Provider	County	Number of Clients	Number of Claims	Number of Amt Paid	Avg Cost / Claim	Proposed	Possible Savings	
						Payment ^{*2} \$ 42.00		
ROGUE VALLEY MEDICAL CENTER	Jackson	1,770	2,367	\$745,784	\$315	\$99,414	\$646,370	
PROVIDENCE MEDFORD MEDICAL CTR	Jackson	1,269	1,990	\$521,336	\$262	\$83,580	\$437,756	
WILLAMETTE VLLY MED CNTR	Yamhill	1,086	1,520	\$277,109	\$182	\$63,840	\$213,269	
OHSU UNIVERSITY HOSPITAL	Multnomah	371	466	\$232,150	\$498	\$19,572	\$212,578	
PROVIDENCE PORTLAND MEDICAL	Multnomah	405	522	\$149,023	\$285	\$21,924	\$127,099	
SALEM HOSPITAL	Marion	502	619	\$134,624	\$217	\$25,998	\$108,626	
LEGACY EMANUEL HOSP HLTH CTR	Multnomah	478	568	\$117,438	\$207	\$23,856	\$93,582	
PORTLAND ADVENTIST MEDICAL CTR	Multnomah	411	508	\$106,215	\$209	\$21,336	\$84,879	
MERCY MEDICAL CENTER INC	Douglas	291	675	\$105,017	\$156	\$28,350	\$76,667	
PROVIDENCE ST VINCENT MED CTR	Multnomah	312	364	\$100,852	\$277	\$15,288	\$85,564	
ST CHARLES MEDICAL CENTER	Deschutes	247	335	\$98,694	\$295	\$14,070	\$84,624	
ASANTE THREE RIVERS	Josephine	260	328	\$88,368	\$269	\$13,776	\$74,592	
LEGACY MT HOOD MED CTR	Multnomah	389	481	\$85,290	\$177	\$20,202	\$65,088	
MCKENZIE WILLMETTE REG MED CTR	Lane	285	347	\$63,506	\$183	\$14,574	\$48,932	
TUALITY COMMUNITY HOSPITAL	Washington	294	369	\$62,638	\$170	\$15,498	\$47,140	
PROVIDENCE MILWAUKIE HOSPITAL	Clackamas	222	263	\$62,554	\$238	\$11,046	\$51,508	
SACRED HEART MEDICAL CTR	Lane	258	337	\$58,892	\$175	\$14,154	\$44,738	
LEGACY GOOD SAM HOSP MED CTR	Multnomah	197	284	\$55,769	\$196	\$11,928	\$43,841	
BAY AREA DISTRICT HOSPITAL	Coos	171	231	\$52,321	\$226	\$9,702	\$42,619	
WILLAMETTE FALLS COMM HOSPITAL	Clackamas	151	181	\$37,336	\$206	\$7,602	\$29,734	
LEGACY MERIDIAN PARK HOSPITAL	Washington	123	151	\$33,782	\$224	\$6,342	\$27,440	
MERLE WEST MEDICAL CENTER	Klamath	92	111	\$26,869	\$242	\$4,662	\$22,207	
GOOD SAMARITAN REGIONAL	Benton	72	89	\$22,572	\$254	\$3,738	\$18,834	
SAMARITAN ALBANY GEN HOSPITAL	Linn	106	130	\$18,798	\$145	\$5,460	\$13,338	
KAISER FOUNDATION HEALTH PLAN	Multnomah	12	12	\$4,533	\$378	\$504	\$4,029	
				# Claims	Avg Paid	Cost/Claim	Proposed Payment	Possible Savings
		TOTAL FOR 2 QUARTERS		13,248	\$3,261,470	\$239	\$556,416	\$2,705,054
		AVERAGE PER QUARTER		6,624	\$1,630,735		\$278,208	\$1,352,527

*1 = Diagnosis which appeared in the Primary Position on the Claim Header and defined as non-emergency by OMAP medical personnel

*2 = the average amount paid for the non-emergent Dx set in a non-hospital setting by an MD, NP, IL, or OP provider type weighted by the number of ER claims received Jan-June 2005 per Dx=\$41.96

Claims set for this analysis included:

- 1) Fee-for-service claims only
- 2) Outpatient/Medical Professional claims only
- 3) Only claims where the Amount Paid on the claim by OMAP was > \$0

Data extracted from the OMAP DSSURS Database

Views: CLMH_CLN_V, CLMH_CLN_V

ER claims identified by a Revenue Center code of 450, 451, 452, 459, 980, 981