

# Provider Summary of EAPG Engagement Meeting 11/2/2018

## **Welcome Message and Meeting Etiquette (Slides 1-4, Time 00:00:00–00:02:32)**

- Staff Introductions
- Webinar rules
- 2018 Meeting Schedule

## **Rule Change – Specialty Drugs (Slide 5, Time 00:02:32-00:04:14)**

- Rule update to reimburse certain specialty drugs outside of EAPGs effective August 11, 2018
- Final Reading to Medical Services Board occurred on October 12, 2018
- Awaiting CMS approval before payment methodology fully effective
- For more information on the Medical Services Board, [click here](#).

## **JW Modifier – Discarded Drugs (Slide 6, Time 00:04:14-**

- Impacts claims where discarded portions of drugs were billed (JW modifier)
- DXC's system not interfacing correctly with EAPG grouper
- Seeking to correct defect prior to mass adjustment. Schedule uncertain

## **Ongoing Payment Analysis (Slide 7, Time 00:07:33-00:08:40)**

- Performing aggregate EAPG payments analysis
  - State-wide basis
  - Peer group basis
- Information collected from audited cost reports, cost settlements, compared to aggregate pre-EAPG budget amounts

## **EAPG Module Updates (Slide 8, Time 00:08:40-00:11:18)**

- GPS v2018.3.0 Released September 26, 2018
  - Installed into DXC system September 28, 2018
    - Allowed Grouper to interpret ICD-10 Updates, new CPT/HCPCS
    - interChange system CPT/HCPCS updates pending
- 3M released Hotfix to issue involving suspended claims on October 16, 2018
  - Installed into DXC system on October 17, 2018
  - All impacted claims (230) that suspended have been processed
- No planned changes for any upcoming Service Packs

## **Potential Changes (Slides 9-14, Time 00:11:18-00:25:31)**

- EAPG Base Rate Reform
  - Most resource-intensive project, would most effectively address variations in payments for Colorado hospitals and peer groups
- Transition to National Weights
- Work in tandem with redevelopment of base rates
  - Pros:
    - Faster transition between EAPG versions
    - Lowers complexity of EAPG updates
  - Cons:
    - Weights more reflective of National resource utilization, instead of Colorado-specific utilization
    - Developed using EAPG default settings
- Update to Observation Payment Policy
  - Clarification: Observation only distinctly paid on OP hospital visits without Significant Procedures and are not Ancillary-only. Part of EAPG methodology – cannot be changed
- Update would be removing  $\geq 8$  hour requirement for payment
- Update to Modifier 25 Policy
  - Currently cannot be used to describe distinct Medical Visits from Significant Procedure visits
- Update would allow Medical Visits to pay on Outpatient visits with Significant Procedures, when appropriate
- Possible impact on Weights
- Multiple Visits per Day
- Currently requested that all visits in the same day are billed on same claim, which may cause unintended bundling
- REQUEST: Need to know frequency. Not enough information at moment to determine how to prioritize
- High-cost / non-packaged Drug Carveout
- Addressed pricing variation with:
  - 340B Discount Percent Adjustment
  - Specialty drug carveouts

- Other changes?

**Prioritization (Slide 15, Time 00:25:31-00:30:32)**

- Base Rate Development
- National Weights
- Observation
- Modifier 25
- Multiple Visits / Day
- High cost / non-packaged drug carveout

Best way of obtaining feedback?

**Questions and Comments (Slide 16, Time 00:30:32-00:35:07)**

- EAPG Survey to be sent out