

Provider Summary of EAPG Engagement Meeting 1/12/2018

Welcome Message and Meeting Etiquette (Slides 1-4, Time: 00:00:00 – 00:02:09)

- Staff Introductions
- Webinar rules
- Upcoming EAPG Meeting Schedule

Continued Discussion of Drugs in EAPGs (Slide 5, Time: 00:02:09-00:12:24)

- Attention to appropriateness of drug payments under EAPGs
- Obtained ceiling price list
- Discussion of 50% payment reduction for the drugs reported with UD modifier
- Solution ideas?

EAPG Grouper Version Update (Slide 6. Time: 00:12:24-00:16:58)

- 3M released new grouper version on 12/27/2017
 - Queued for implementation with DXC
- Accommodates distinct procedure modifiers
 - XE, XP, XS, XU
 - Modifier 59 is still available for use and will have same payment impact when reported on outpatient claim

Mass Adjustment Updates (Slides 7-11, Time: 00:16:58-00:57:51)

- Currently – 1.6 million claims processed through EAPG grouper in interChange
- Since mid-November, have requested adjustment of just over a million claims total
 - Overlap between adjustments to address various fixes
- Roughly 175k claims still being reprocessed as of end of last week
- Completed transmittals have resulted in additional \$18 million in claim payments across all hospitals
 - Impact varies by hospital due to billing practices
- Currently 4-5% of existing EAPG claim volume not currently scheduled for reprocessing unable to be accurately repriced
 - NCCI, duplicate lab services, service limits, EOB 2580 likely culprits
 - Department continuing investigation – please continue submitting claims with unanticipated price variances
- Resubmission of denied claims
 - Received several claims from various hospital provider groups
 - Redeveloping process to better track incoming claims
 - Only meant for denied claims – paid claims that have had payment impacted by one of the various fixes since interChange implementation will be processed
- Crossover claim logic still being worked in DXC's system
 - Claims should be paid as sum of Medicare Coinsurance and Medicare Deductible

- Represents overall increase in payment for crossover claims
- No definite schedule of mass adjustment

Challenges (Slides 12-14, Time 00:57:51-01:05:57)

- EAPG module in DXC system did not contain full redistribution functionality
 - Will be addressed in update to v.2018.0.1 3M Module
 - Claims will be identified and reprocessed upon completion
- Due to variety of hospital billing practices, unable to accurately determine claims with correct coding for EAPG to EAPG duplicates.
- EAPG Claims processed in Xerox MMIS as Percent of Charge
 - Working to validate converted data to ensure massive unintended takebacks do not occur
 - Schedule yet to be solidified, but will make it a top priority to discuss with hospitals prior to adjustments

Questions/Concerns/Discussion (Slide 14, Time 01:05:57-01:18:28)

Topics

- Payments for ER claims
- Transportation
- DME
- Outstanding fixes/Issues
- Venipuncture/Blood Draw
- Inconsistent Denial Codes on the Remits
- Mass Adjustment: Lesser of Logic Status
- Final Poll