

Provider Summary of EAPG Engagement Meeting 1/26/2018

Welcome Message and Meeting Etiquette (Slides 1-4, Time: 00:00:00 – 00:02:45)

- Staff Introductions
- Webinar rules
- Upcoming EAPG Meeting Schedule

Drug Payments in EAPGs (Slide 5, Time 00:02:45-00:07:25)

- Appropriateness of 50% reduction for drugs reported with UD modifier
 - Modification requiring update to state plan/regulation
- Difficulties in billing at AAC
- Impacts most found in chemo infusions/ biotech functions

EAPG Grouper Version Update (Slide 6, Time 00:07:25-00:09:35)

- 3M released new grouper version on 12/27/2017
 - V2018.0.1 active in DXC system as of 1/13/2018
- V2018.0.2 (release on 2/15/18) should **not** contain updates to payment logic
 - Updates are only made on CRS (Coding & Reimbursement Software)
 - 3M Support for more details for licensees

EAPG Grouper Requests (Slide 7, Time 00:09:35-00:20:25)

- Most recent EAPG grouper recognizes
 - Non-covered revenue codes
 - Non-covered EAPGs
 - Updated CO payment policies as of January 1, 2018
- Items to be implemented:
 - NCCI Editing
- Any others?

Poll: For attendees licensing the EAPG software, what changes, if any, would you like to see in future 3M updates corresponding to Colorado payment policies? (Time 00:11:08-00:18:17)

Mass Adjustment Updates (Slides 8-11, Time 00:20:25-00:40:49)

- Majority of claims should be pricing correctly and have been reprocessed
- Ongoing issues
 - Third Party Liability not always applying at header
 - EOB 2580?
- EAPG Claims processed in Xerox MMIS as Percent of Charge
 - Working to validate converted data to ensure massive unintended takebacks do not occur
 - Initiated testing in test environment – results being analyzed

- Schedule yet to be solidified, but will make it a top priority to discuss with hospitals prior to adjustments
- Hospital-submitted denied claims for mass adjustment
 - This method of adjusting claims with resolved system issues that are now denying for timely filing did not work
 - Received many claims unrelated to originally identified issue
- Duplicative work – certain claims already adjusted for previously resolved issues
- “Lower of” – non-covered services charges being incorporated into redistribution
 - Claims being identified
 - Low volume of claims
- Distinct procedure modifiers
 - Processing correctly after 1/13/2018
 - Should be low volume

Crossover Claims (Slide 12, Time 00:40:49-00:43:46)

- Crossover claim logic still being worked in interChange system
 - Claims should be paid as sum of Coinsurance and Medicare Deductible
 - Represents overall increase in payment for crossover claims
 - No definite schedule of mass adjustment
 - TOBs 85X currently accepted, pricing may be adjusted later after ensuring claims are pricing as intended
 - Part B Only (TOB 12X)

Duplicate Claim Logic (Slide 13, Time 00:43:46-00:52:35)

- Due to variety of hospital billing practices, unable to accurately determine claims with correct coding for EAPG to EAPG duplicates
- Goal has been to have exactly one claim out of series of claims describing same service
- ACTION REQUESTED – Review that appropriate claims are paying

Clarification of Single Visit Payment Policy (Slide 14, Time 00:52:35-00:54:39)

- Revenue codes 045X (Emergency Room) or 076X (Specialty Services, e.g. treatment room/observation hours)
 - Considered a single visit, ignores line item DOS
 - Intent is to appropriately pay for overnight ER/Observation as single visit
- Special attention to be paid for recurring visits to ensure appropriate payment

Clarification of Observation Payment Policy (Slide 15, Time 00:54:39-01:06:38)

- G0378 (hospital observation/hr) must be billed with at least 8 hours for EAPG 450 to be assigned
- EAPG 450 is packaged when Significant Procedure is billed for this visit
- EAPG 450 cannot be assigned on ancillary only visits
- EAPGs 500, 501, 502 are assigned
 - Hospital Observation Services CPTs
 - Observation Care Discharge

- Initial Care
 - Subsequent Observation Care
- 500 – Encounter / Referral (Obstetrical)
- 501 – Encounter / Referral (Other diagnoses)
- 502 – Encounter / Referral (Behavioral Health)
- Codes currently assigned to these EAPGs will be consolidated into EAPG 491 (Medical Visit) in version 3.12

Questions/Feedback/Discussion (Time 01:06:38-01:18:56)

Topics Covered

- TPL as primary Medicaid as Secondary and denying with timely filing
- Timely Filing still at 240
- Issue with not all Medicare Crossovers crossing into the Medicaid system
- Claims Duplicating against another Provider. Example Pathologist vs Hospital
- Modifier 25 Turned off. Department requesting continue to use Modifier for tracking
- Observations
- Final Poll