

Provider Summary of EAPG Engagement Meeting 3/2/2018

Welcome Message and Meeting Etiquette (Slides 1-4, Time: 00:00:00 – 00:02:40)

- Staff Introductions
- Webinar rules
- Upcoming EAPG Meeting Schedule

Drug Payment in EAPGs (Slide 5, Time 00:02:40-00:08:15)

- Appropriateness of 50% reduction for drugs reported with UD modifier
 - The Department planning to modify State Regulation / State Plan for 20% Reduction
- Plan for effective date of July 1, 2018
 - Emergency rule may allow for sooner effective date
- Continue billing at actual acquisition costs

Colorado Rule Change (Slide 6, Time 00:08:15-00:11:28)

- Rule update posted on [Outpatient Hospital Payment](#) page
 - <https://www.colorado.gov/pacific/hcpf/outpatient-hospital-payment>
- Public Rule Review Meeting
 - March 12, 2018
- Medical Services Board initial proposal date
 - April 13, 2018
- Medical Services Board final proposal date
 - May 11, 2018
- **All above dates may change depending on emergency rule status**
- Additional non-specific language to accommodate implementation of potential rate change closer to effective date

EAPG Grouper Version Update (Slide 7, Time 00:11:28-00:13:48)

- 3M released new grouper version on 12/27/2017
 - V2018.0.1 active in DXC system as of 1/13/2018
 - DXC implemented new grouper version but did not implement new Payment Schedule – distinct procedure modifier claims are not processing correctly
- Will be addressed in upcoming adjustment
 - Less than 400 claims anticipated

Mass Adjustment Updates (Slides 8-10, Time 00:13:48-22:46)

- Distinct Procedure Modifiers effective 1/1/2018
 - Refer to previous slide
- Charges from non-covered revenue codes
 - Impacted claims adjudicated between 10/20/2017 and 1/13/2018
 - 15,393 claims reprocessed on 2/22/2018
- 2018 CPT/HCPCS Updates
 - Monitoring closely to determine if action is necessary
- Duplicate Claim Adjustments
 - Department worked to identify most recently submitted claim
 - Should have been processed and released by 1/19 financial cycle
 - Hospitals will need to analyze claim to verify “correct” claim is paid in series of duplicate submissions
- Denied Claim Analysis
 - Claims that were denied for timely filing originally processed in Xerox system
- EAPG Claims processed in Xerox MMIS as Percent of Charge
 - 12,900 claims submitted for reprocessing
 - Results will inform remainder of schedule
 - More than 400,000 claims to be reprocessed
 - Technical limitations will likely mean these are reprocessed over multiple financial cycles

Crossover Claims (Slide 11, Time 00:22:46-00:24:17)

- Crossover claim logic still being worked in interChange system
 - Claims should be paid as sum of Medicare Coinsurance and Medicare Deductible
 - Part B Only (TOB 12X) – assessing variety of solutions with attention to complexity / timeliness of implementation
 - Denying 12Xs Not Feasible option for proper reporting
 - Solutions being assessed – minimum 6 months until resolution implemented

Recurring Visits Clarification and ED/Observation Billing (Slide 12, 00:24:17-00:25:53)

- Emergency Room visits should not be included on outpatient claims describing recurring visits (regularly scheduled visits for ongoing treatment, such as physical therapy or oncology treatment). Emergency Room visits should be billed separately in order for the EAPG grouper to calculate payment appropriately per claim and visit. Recurring visits which may include Observation services should have each visit billed separately to avoid unintended bundling during payment calculation.

Questions and Comments Topics (Slide 13, Time 00:25:53-00:52:14)

- 340B Drugs and High Cost Drugs impact on Providers/Possible Carve Out (Time 00:26:02-00:39:55)
- ED to ED duplicating, ED/Observation etc (Time 00:40:08-00:52:14)