

EAPG Bi-Weekly Meeting

303 East 17th Avenue, Denver, CO 80203. 7th Floor Room B
Conference Line: 1-877-820-7831 Passcode: 294442#

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Jan-18



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GROUND RULES FOR WEBINAR

- **WE WILL BE RECORDING THIS WEBINAR**
- **ALL LINES ARE MUTED. PLEASE UTILIZE WEBINAR CHAT WINDOW**
- Please speak clearly when asking a question and give your name and hospital
- If you wish to utilize the conference line for speaking, please submit the request through webinar chat window. We will temporarily mute the microphones and activate the conference line. This may take a few moments.



Welcome & Introductions

- **Thank you for participating today!**
- We are counting on your participation to make these meetings successful



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Upcoming Meetings

2018 Meetings 2:00pm-4:00pm		
01/12/2018	01/26/2018	02/09/2018
03/02/2018	03/16/2018	03/30/2018
04/13/2018	05/04/2018	05/18/2018
06/01/2018	06/15/2018	06/29/2018

Please Note: All 2018 Meetings will be held at
303 E. 17th Ave Denver Conference Room 7B



Drug Payment in EAPGs

- 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



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EAPG Groupers Version Update

- 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 Groupers Requests

- 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?



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Mass Adjustment Updates

- Majority of claims should be pricing correctly and have been reprocessed
- Ongoing issues
 - Third Party Liability not always applying at header
 - EOB 2580?



Mass Adjustment Updates

- 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



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Mass Adjustment Updates

- 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



Mass Adjustment Updates

- “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

- Crossover claim logic still being worked in interChange 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
 - TOBs 85X currently accepted, pricing may be adjusted later after ensuring claims are pricing as intended
 - Part B Only (TOB 12X)



Duplicate Claim Logic

- 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



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Clarification of Single Visit Payment Policy

- 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

- 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



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Clarification of Observation Payment Policy

- 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



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Questions or Concerns?



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