

# *EAPG Bi-Weekly Meeting*

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Oct-20



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Policy & Financing

# GROUND RULES FOR WEBINAR

- **WE WILL BE RECORDING THIS WEBINAR**
- **PLEASE MUTE YOUR LINE UNLESS SPEAKING**
- Please speak clearly when asking a question and give your name and hospital
- We are going to try to avoid muting the phone lines to encourage conversation, so please don't:
  - Put us on hold
  - Drive in your car w/window open while listening
  - Sit in a noisy location
  - Be cautious of side conversations and language (we can hear you and it is being recording)



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# Welcome & Introductions

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



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# Upcoming Meetings

## 2017 Meetings, Conference Room 11B & 11C, 2:00pm-4:00pm

11/03/2017	11/17/2017
12/01/2017	

## 2018 Meetings, Conference Room 7B, 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: Future 2018 Meetings will be held at  
303 E. 17<sup>th</sup> Ave Denver Conference Room 7B



# *Common Problems*

- Misunderstanding of EAPG methodology
- “Lower of” pricing impacting line payments
  - This has been/is being resolved
- Line level denials
  - EOB 1519, 2021, 1010, 2580



# *EAPGs vs Cost to Charge*

- EAPGs are designed package or “group” services that are usually offered together
  - I.E. Venipuncture is usually packaged into lab procedures and therefore will “pay” zero if these services are performed together
- You will not receive “payment” for every line of a claim
  - Instead, “paid” lines that show \$0 have likely been packaged or consolidated with a significant procedure
- The cost of these packaged services are built into the payment you receive for the significant procedure



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# Example Claim

Procedure Code	EAPG Group	EAPG Desc	Full Weight	Adjusted Weight	Adjustment	Action	Payment	Base Rate
96360	111		1.5636	1.5636	0	Payment	296.63	189.71
96361	111		1.5636	0	0	Consolidated	0	
84484	401		0.3137	0.3137	0	Payment	59.51	
84484	401		0.3137	0.15685	0.5	Discounted	29.76	
80053	403		0.1814	0.1814	0	Payment	34.41	
80301	404		0.3335	0.3335	0	Payment	63.27	
83605	401		0.3137	0.078425	0.25	Discounted	14.88	
83605	401		0.3137	0.078425	0.25	Discounted	14.88	
83605	401		0.3137	0.078425	0.25	Discounted	14.88	
82550	400		0.1531	0	0	Packaged	0	
80320	405		0.6329	0.6329	0	Payment	120.07	
83735	400		0.1531	0	0	Packaged	0	
85025	408		0.0744	0	0	Packaged	0	
81001	410		0.4817	0	0	Packaged	0	
70450	299		1.2647	1.2647	0	Payment	239.93	
99285	491		0	0	0	Packaged	0	
96372	490		0	0	0	Packaged	0	
J3486	435		0.1243	0.1243	0	Payment	23.58	
93005	413		0.4221	0	0	Packaged	0	
93005	413		0.4221	0	0	Packaged	0	
<b>TOTAL</b>							<b>911.79</b>	



# *“Lower of” Service Pack*

- 3M released Service Pack 1 which utilizes charge redistribution methodology
  - PDF Example
  - October 12<sup>th</sup>
  - Implemented into interChange system October 19/20
  - Mass re-processing scheduled mid-November
  - November 16<sup>th</sup> will incorporate EAPG 168/169 changes, non-covered Revenue Code changes





# *Line Level Denials*

- EOB 1519 Coverage Rules (working to resolve)
  - Lab codes will no longer be restricted to particular procedure codes (resolves denials for revenue code 30X, 31X)
- EOB 2021
  - This is a correct coding initiative denial, we currently believe this to be processing correctly
  - This functionality has not yet been implemented into 3M's EAPG Grouper
- EOB 2580
- EOB 1010
  - These are potentially duplicated lines from a practitioner claim and are currently being investigated



# *Duplicate Edits*

- Implementation of header-level denials for duplicate services on EAPG claims
  - Preservation of visit-based payment
- Departure from line-level denials
- Finalizing logic - will be in place for mid-November mass adjustments



# *July 1, 2017 Rate Increases*

- Obtained Medical Services Board approval on October 13<sup>th</sup>, 2017
- DXC has new rates - in process of implementing them into system this week.
- Mass re-processing scheduled mid-November



# *Professional Fees Billing*

This is long-standing billing policy for Medicaid. The intent of the policy is to prevent double payment for services. If reimbursement for professional services is included in the hospital specific rate via the cost report, and is also billed for and reimbursed separately, then this would result in double payment. The Department will continue to evaluate this policy with hospitals through the hospital stakeholder engagement meetings to ensure the policy intent aligns with how it has been operationalized historically.



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# *Professional Fees Billing*

*“Costs associated with professional services by salaried physicians are included in the hospital's rate structure and cannot be billed separately to the Health First Colorado. Do not bill professional fees (revenue codes 0960-0989) for emergency and outpatient services as an 837 Institutional (837I) electronic transaction or on the UB-04 claim form.*

*Professional fees for services provided in the emergency room by contract physicians must be billed by the physician as an 837 Professional (837P) electronic transaction or on the CMS 1500 claim form using the appropriate HCPCS codes. The Health First Colorado payment is made to the physician.”*

*--- [Provider IP/OP Hospital Billing Manual](#)*



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# 340B Billing

- Previously quoted 1993 HRSA Guidance of Billing at Actual Acquisition Cost
- Guidance has been withdrawn by HRSA in 2000, no AAC billing requirement
- Payment for retail drugs, including 340B, based on billed charges, cost reports (Outpatient Drug [Final Rule](#))
- Medicaid rebates are incorporated into the purchase price and Medicaid cannot collect rebates from the manufacturer. Therefore the rebate should be passed on to Medicaid through the payment policy



# *Requests for Additional Information*

- Physical Therapy versus Occupational Therapy  
EAPG assignment, pricing
- Packaged services for injection, drug infusions, implants
- Claims with Sterilization said to underpay



# *Questions or Concerns?*





# *Contact Information*

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*Thank You!*



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