

# Provider Summary of EAPG Engagement Meeting 2/9/2018

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

- Staff Introductions
- Webinar rules
- Upcoming EAPG Meeting Schedule

## Polls (Slide 5, Time 00:02:02-00:04:46)

- Feedback is valuable to guidance of future meetings
- Ideas for EAPG topics?
- Clarification on pricing scenario or concern?
- Poll: The Department would like to move the EAPG meetings from Bi-weekly to Monthly. Is this agreeable for Providers?
- Poll: Questions or concerns on current topics and/or deeper detail wishing to be discussed. Please submit request below

Please put response in poll or if an idea develops prior to next meeting please email [Elizabeth Quaife](#)

## Drug Payment in EAPGs (Slide 6, Time 00:04:46-00:10:07)

- 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
- Continue billing at actual acquisition costs

## Colorado Rule Change (Slide 7, Time 00:10:07-00:18:23)

- Rule update to be posted on [Outpatient Hospital Payment page](#)
- 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
- Additional non-specific language to accommodate implementation of potential rate change closer to effective date

## EAPG Grouper Version Update (Slide 8, Time 00:18:23-00:20:17)

- 3M released new grouper version on 12/27/2017
  - V2018.0.1 active in DXC system as of 1/13/2018
- 138 claims impacted due to distinct procedure modifier update (XE, XS, XU, XP)

## Mass Adjustment Updates (Slides 9-11, Time 00:20:17-00:30:06)

- Distinct Procedure Modifiers effective 1/1/2018
  - Submitted to DXC – would be part of 2/16 financial cycle at earliest

- Charges from non-covered revenue codes
  - Could affect claims adjudicated between 10/20/2017 and 1/13/2018
  - Working to identify impacted claims – early analysis shows around 18,000 claims impacted
- 2018 CPT/HCPCS Updates
  - Working to see if there is any impact for EAPGs
- 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
- EAPG Claims processed in Xerox MMIS as Percent of Charge
  - Working to validate converted data to ensure massive unintended takebacks do not occur
  - Continued analysis of work in test environment
  - Schedule yet to be solidified, but will make it a top priority to discuss with hospitals prior to adjustments

**Crossover Claims (Slide 12, Time 00:30:06-00:32:33)**

- Crossover claim logic still being worked in interChange system
  - Claims should be paid as sum of Medicare Coinsurance and 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) – assessing variety of solutions with attention to complexity/timeliness of implementation

**Clarification of Observation Payment Policy (Slides 13-14, Time 00:32:33-00:35:23)**

- 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

### **Observation with 8 hours or greater and Medical Visit (Slides 15-16, Time 00:35:23-00:36:25)**

- Example of a claim for Observation 8 hours or greater combined with Medical Visit
- Example of reimbursement
  - Both lines will be used to generate payment in these instances
  - No Significant Procedure present during visit

### **Observation with less than 8 hours and Medical Visit (Slides 17-18. Time 00:36:25-00:36:50)**

- Example of claim for Observation with less than 8 hours and Medical Visit
- Example of reimbursement
  - EAPG 999 is assigned for observation line, which generates no distinct payment

### **Observation with Significant Procedure (Slides 19-20, Time 00:36:50-00:37:25)**

- Example of claim for Observation with Significant Procedure
- Example of reimbursement
  - Even though EAPG 450 is assigned, Observation services are not separately payable on Significant Procedure visits and are packaged

### **Observation – Continued (Slides 21-22, Time 00:37:25-00:38:25)**

- Example of claim with Observation
- Example of reimbursement
  - EAPG 450 is Packaged
  - 8-hour rule still applies
  - If Significant Procedure present on visit, above lines would package

### **Clarification of Observation Payment Policy (Revisited) (Slide 14, Time 00:38:25-00:45:39)**

- 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

### **Multiple Same Day Visits (Slide 23, Time 00:45:39-00:55:52)**

- interChange system expectations to prevent duplicate claim audits
- All OP services on the same day should be combined into one claim
- Services provided to the same patient on the same day should use appropriate modifiers for accurate payment calculation

- Modifiers 27, 59 for distinct services

**TC Modifier (Slide 24, Time 00:55:52-00:56:54)**

- 26/TC Modifiers should be billed when appropriate for Professional/Technical components
- TC modifier is not assumed or automatically appended for claims billed on UB-04
- Modifiers do not impact EAPG payment

**Questions/Feedback/Discussion (Time 00:56:54-00:03:27)**

**Topics Covered**

- Single Line denial: some duplicate and other errors. No clinical reconsideration staff with DXC
- Vaccinations – EAPG has higher allowable amount vs. Federal allowance for Children vaccines
- Base Rates – Revamping of base rates or JVC update for July 1, 2018