

Nebraska Medicaid EAPG FAQ Forum

NEBRASKA ASSOCIATION OF MEDICAID HEALTH PLANS





Topics

- Changes Since Implementation
- Submitted Questions
- EAPG Calculator



What's New?



Updated Training Deck

Notable Changes

- Wording for Revenue Code 0510 changed to correctly reflect state policy
 - Slides 7 and 14
- Revenue Code 0510 example modified to reflect the software change
 - Slide 49
- Note added regarding Covid-19 codes being paid via fee schedule
 - Slide 15



Pricing/Software Changes

Revenue Code 0510

- Revenue Code 0510 (clinic) is NOT reimbursable under EAPGs, consistent with current policy
 - In the training presented in November/December, it was incorrectly stated that clinic lines would receive payment under EAPGs. This has been corrected in the latest version
- In the original EAPG implementation, clinic lines would affect grouping
 - Received a valid Medical Visit EAPG and initial payment
 - As a Medical Visit, caused other lines to bundle
- If a clinic line received initial payment, the MCO software would set the payment to zero, often causing the entire claim to receive no payment even though it was not denied
- Software change made to prevent clinic lines from affecting grouping
 - Receives 00999 EAPG
 - Does not trigger bundling
 - Applied in May
- New modeling was done to account for this change which resulted in slightly increased base rates
 - Average increase of 0.4%
 - Increases vary by peer group from 0% to 1.4%
 - Applied July 1, 2020



Pricing/Software Changes Revenue Code 0510 Example

Previous Process – Revenue Code 510 Receives a Valid EAPG

| Revenue Code | Procedure Code | EAPG | EAPG Type | Base Rate | EAPG Relative Weight | Policy Adjuster | Bundling Factor | EAPG Base Payment | Final Payment |
|-----------------|-------------------|---------|--------------|-----------|----------------------------|--------------------|--------------------|-------------------------|------------------|
| 0510 | G0463 | 00877 | 03 | \$716.38 | 0.2203 | 0.5000 | 1.00 | \$78.91 | \$0_ |
| 0636 | 90686 | 00414 | 04 | \$716.38 | 0.0409 | 1.0000 | 1.00 | \$29.30 | \$29.30 |
| 0771 | 90471 | 00459 | 04 | \$716.38 | 0.0731 | 1.0000 | 0.00 | \$0 | \$0 |
| | | Line bu | | | Total Payment | \$ 29.30 | | | |

Payment set to \$0, consistent with current policy

Updated Process – Revenue Code 510 Receives an Invalid EAPG

| Revenue Code | Procedure Code | EAPG | EAPG Type | Base Rate | EAPG Relative Weight | Policy Adjuster | Bundling Factor | EAPG Base Payment | Final Payment |
|-----------------|-------------------|--------------|---------------|--------------|----------------------------|--------------------|--------------------|-------------------------|------------------|
| 0510 | G0463 | 00999 | 08 | \$716.38 | 0.0000 | 0.5000 | 1.00 | \$0 | \$0 |
| 0636 | 90686 | 00414 | 04 | \$716.38 | 0.0409 | 1.0000 | 1.00 | \$29.30 | \$29.30 |
| 0771 | 90471 | 00459 | 04 | \$716.38 | 0.0731 | 1.0000 | 1.00 | \$52.37 | \$52.37 |
| | | Ancillary on | ly claim type | – Bundling n | ot applicable | | | Total Payment | \$ 81.67 |



Pricing/Software Changes

Increased Base Rates

- Two rate increases effective July 1, 2020
 - Peer specific rate increase based on updated modeling for revenue code 0510
 - Additional legislative 2% increase

| Peer Group | Current Base Rate | Base Rate Eff. 7/1/2020 | Change | | |
|------------|----------------------|----------------------------|--------|--|--|
| Urban | \$822.40 | \$843.72 | 2.6% | | |
| Children's | \$1,012.85 | \$1,033.29 | 2.0% | | |
| Metro | \$716.38 | \$741.10 | 3.5% | | |
| Rural | \$993.37 | \$1,016.95 | 2.4% | | |
| Rehab | \$871.31 | \$888.83 | 2.0% | | |
| Surgical | \$399.93 | \$407.93 | 2.0% | | |



Pricing/Software Changes

Covid-19

- New procedure codes added for Covid-19 testing and related procedures
- Will price via fee schedule and will not group under EAPGs

| Code | Rate | Code | Rate |
|-------|---------|-------|----------|
| 86328 | \$45.23 | G2025 | TBD |
| 86769 | \$42.13 | O202U | TBD |
| 87635 | \$51.33 | U0001 | \$35.92 |
| C9803 | TBD | U0002 | \$51.31 |
| G2023 | \$23.46 | U0003 | \$100.00 |
| G2024 | \$25.46 | U0004 | \$100.00 |





EAPG Specific

- Where can I find HCPCS to EAPG mapping or other details about the EAPG logic?
 - This is proprietary 3M information only available after purchasing the 3M software
 - Available under the support section in the EAPG Definitions Manual
- Is there additional payment for high cost drugs?
 - No, EAPG base rates were calculated with no payment beyond standard EAPG payment for high cost drugs
- Do the units change the EAPG payment?
 - No, the number of units do not impact pricing under EAPGs
- Are there any plans for a new EAPG grouper and/or new weights effective July 1, 2020?
 - No, the version and weights will not change July 1, 2020



EAPG Specific

- Is there a list of "significant" codes that drive the reimbursement? Why is ED/Rev Code 0450 not a significant procedure?
 - 3M breaks the type of claim into 3 categories: Significant Procedure, Medical Visit, Ancillary Only. ED is a Medical Visit type which will only receive separate payment when a significant procedure is not present
 - The 3M EAPG logic determines which procedures qualify as significant and then what discounting or packaging should occur to other significant procedures
 - Determination is made by the Procedure Code billed, not by Revenue Code
 - The list of significant procedures is available in the 3M EAPG Definitions Manual available on the 3M HIS customer support website



General

- How did 1Q of 2020 compare to the projected impact? Is it on target or were there variations?
 - This analysis will not be complete until 4Q
 - Initial analysis shows actual is very close to projected
- Non-Emergent ED
 - 50% reduction in payment applied by the MCO after the EAPG pricing and is not included in the 3M/Optum software
 - Non-Emergence does not affect the EAPG assigned
 - Each MCO uses a list of diagnosis codes to determine what is emergent, but these lists can vary slightly

| Revenue Code | Procedure Code | EAPG | EAPG Type | Base Rate | EAPG Relative Weight | Bundling Factor | EAPG Base Payment | Policy Adjuster | Final Payment |
|-----------------|-------------------|-------|--------------|--------------|----------------------------|--------------------|-------------------------|--------------------|------------------|
| 0250 | J8499 | 00435 | 06 | \$716.38 | 0.0000 | 1.00 | \$0 | 1.0000 | \$0 |
| 0250 | J8499 | 00435 | 06 | \$716.38 | 0.0000 | 1.00 | \$0 | 1.0000 | \$0 |
| 0450 | 99283 | 00627 | 03 | \$716.38 | 0.4170 | 1.00 | \$298.73 | 0.5000 | \$149.37 |

Payment reduced 50%, consistent with current policy

Total \$149.37



Adjudication Remittance

- Received several questions regarding plan denials, denial codes, edits, etc.
- Answers to these questions vary by plan and often claim
- Questions received for the FAQ forum will be addressed by the plans directly to the providers that submitted them
- For additional questions, reach out to the provider advocate for each plan in the BAU manner



EAPG Calculator



Additional Questions?

