Nebraska Medicaid
EAPG FAQ Forum

June 30, 2020
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

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Procedure Code</th>
<th>EAPG Code</th>
<th>EAPG Type</th>
<th>Base Rate</th>
<th>EAPG Relative Weight</th>
<th>Policy Adjuster</th>
<th>Bundling Factor</th>
<th>EAPG Base Payment</th>
<th>Final Payment</th>
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<tbody>
<tr>
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<td>0.00</td>
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</table>

**Line bundled with Medical Visit (Line 1)**

### Updated Process – Revenue Code 510 Receives an Invalid EAPG

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Procedure Code</th>
<th>EAPG Code</th>
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<td>1.00</td>
<td>$52.37</td>
<td>$52.37</td>
</tr>
</tbody>
</table>

**Ancillary only claim type – Bundling not applicable**

**Payment set to $0, consistent with current policy**

**Calculated payment of $0, consistent with current policy**

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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

<table>
<thead>
<tr>
<th>Peer Group</th>
<th>Current Base Rate</th>
<th>Base Rate Eff. 7/1/2020</th>
<th>Change</th>
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<tbody>
<tr>
<td>Urban</td>
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<tr>
<td>Children’s</td>
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<tr>
<td>Metro</td>
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<tr>
<td>Rural</td>
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<td>$1,016.95</td>
<td>2.4%</td>
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<tr>
<td>Rehab</td>
<td>$871.31</td>
<td>$888.83</td>
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</tr>
<tr>
<td>Surgical</td>
<td>$399.93</td>
<td>$407.93</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
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<td>$100.00</td>
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</table>
Submitted Questions
Submitted Questions
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
Submitted Questions
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
Submitted Questions
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

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Payment reduced 50%, consistent with current policy
Submitted Questions
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
Additional Questions?