



Enhanced Ambulatory Patient Groups (EAPGs)

12/23/2019

Agenda

- Overview of what EAPG is
- EAPG and billing Nebraska Total Care
- EAPG payment Methodology
- EAPG pricing Formula
- EAPG classification, visit and pricing types
- EAPG policy decisions
- EAPG and modifiers
- Nebraska Total Care is here to help

EAPG Overview

- EAPG is an outpatient visit-based patient classification system designed by 3M
 - EAPG assigns a classification to each claim detail line (574 different EAPGs under version 3.14)
 - Services within each EAPG have similar clinical characteristics and similar resource requirements
- EAPGs encompass the full range of ambulatory settings and outpatient services
 - EAPG classifications are available for all outpatient services, including laboratory and therapies, and for all outpatient settings, including same day surgery units, hospital emergency rooms, and outpatient clinics.

EAPG Updates and Rates

- Software updates after Implementation will be completed by the end of Quarter One of each Calendar year
- Version updates will happen no more than Once per year but no later than once per Three years
 - Each time a new Version of the EAPG is made new Relative weights, base rates and payment parameters will be applied

EAPG and Billing Nebraska Total Care

- There will be no changes in billing to Nebraska Total Care
 - All current billing guidelines will continue to be followed for claim submission
- The reimbursement on the claims for hospital outpatient services will change based on the EAPG payment methodology (Critical Access Hospitals are exempt from EAPG)

EAPG Payment Methodology

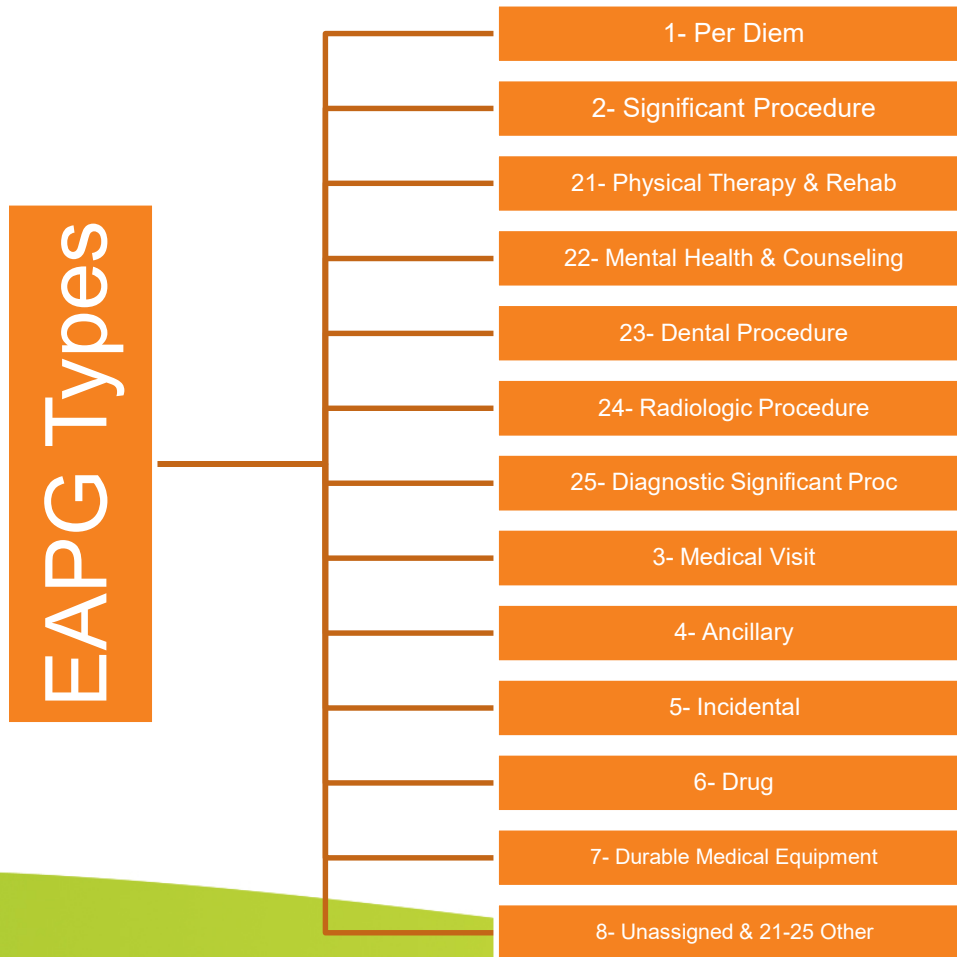
- EAPG payments are made on a per visit basis
 - Payment is directed to the main significant procedure or treatment provided during an outpatient visit
 - Payment for the main significant procedure considers the average cost of associated ancillary services
 - Methodology uses packaging and bundling of payment for related services to create incentives that are consistent with providing services in the most efficient way
 - Payment is concentrated on the main procedure, rather than diluting the payment across multiple ancillary services
 - It is possible for multiple EAPG payments to be made for the same visit

EAPG Pricing Formula

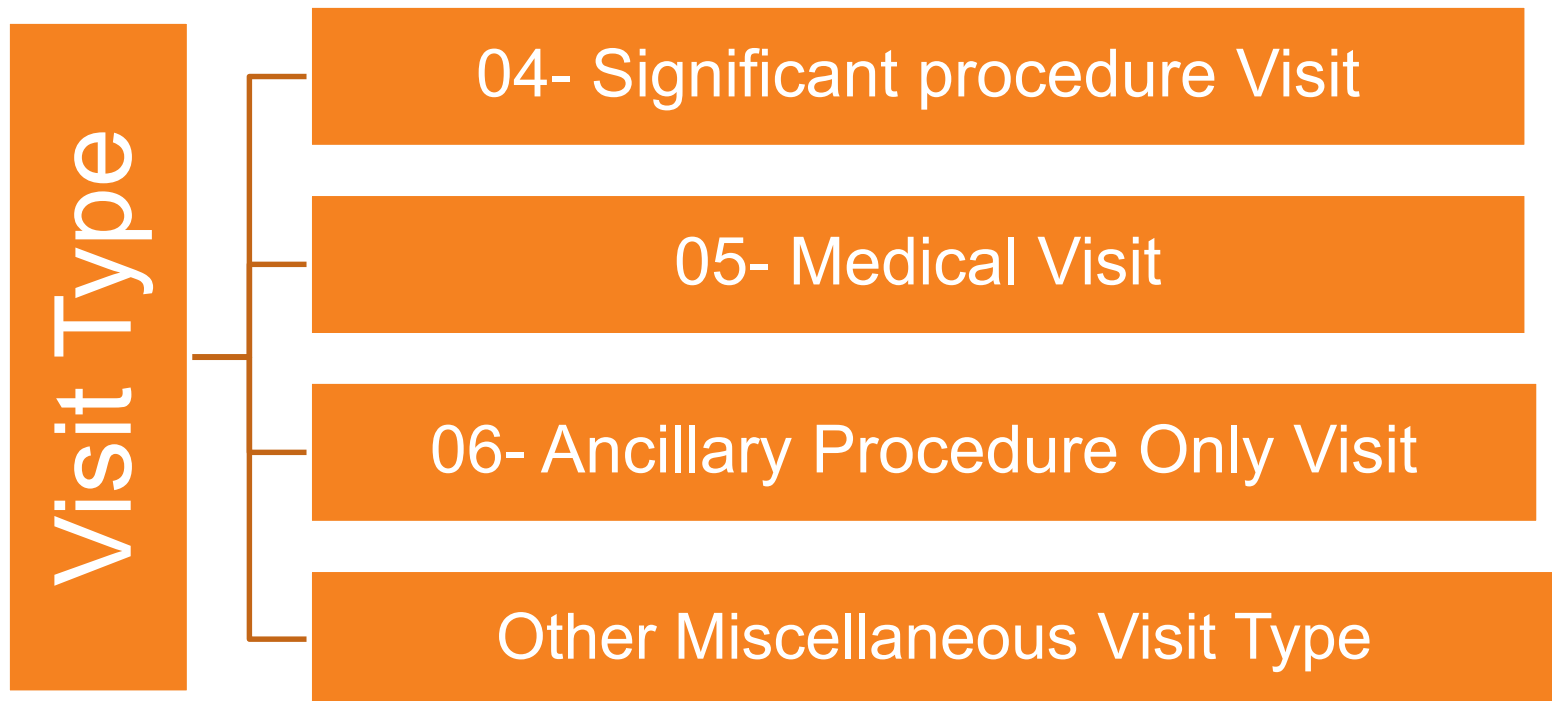


Term	Description	Value / Range
Base Rates	Determined by Nebraska DHHS in coordination with Nebraska Medicaid Health Plans	
EAPG Relative Weights	Relative amount of resources used by the treating hospital/ASC to render services; defined by 3M™	0.0000 – 47.9208 in version 3.14
Policy Adjuster	Multiplier to protect access to care for some services and/or providers by increasing payment; may reduce payment; updated when base rates get updated	<ul style="list-style-type: none"> • Out of state participating children’s hospital • Out of state participating non-children’s hospital • Specific services
Discount Factor	Depends on the scenario (bundled, discounted, bilateral/terminated) – determined by EAPG logic	0% - 150%
EAPG Payment	Final calculation of the values above multiplied	\$

EAPG Classification types



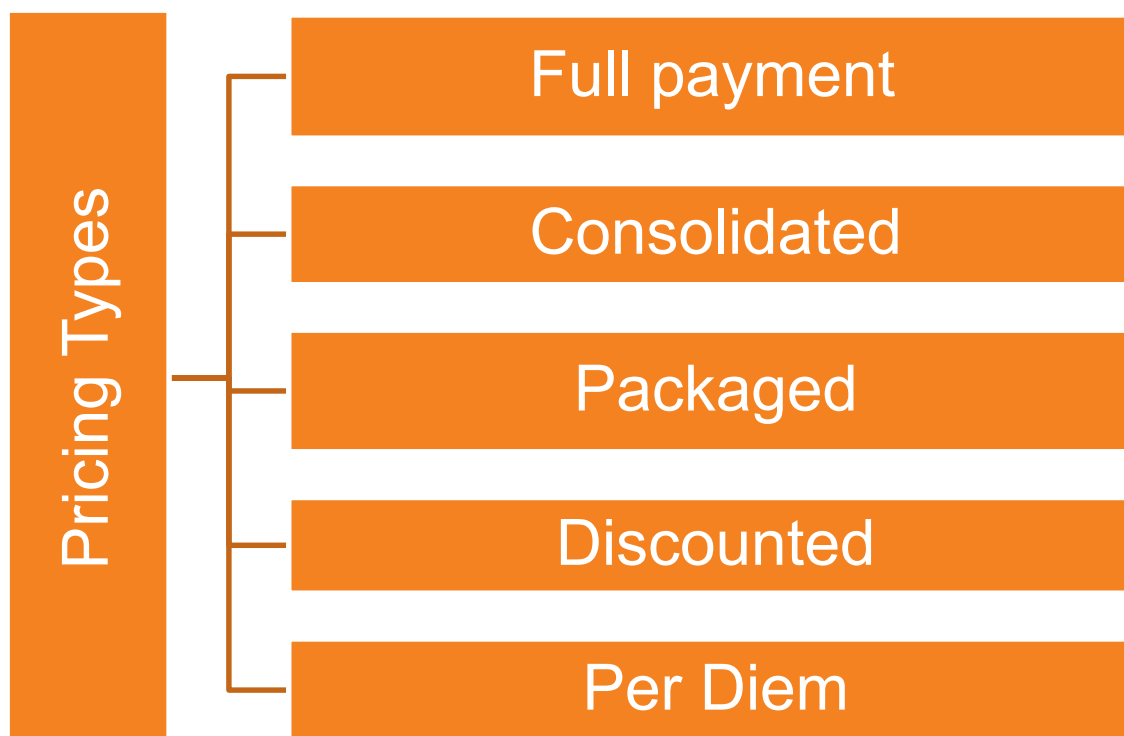
EAPG Visit types



EAPG Visit Types

Primary EAPG Type	Items Included in Base EAPG Payment	Items for which Additional Payment is Permitted
Significant procedure or therapy visit	<ul style="list-style-type: none"> • Packaged routine ancillaries • Incidental procedures • Supplies • Routine drugs • Anesthesia • Additional related significant procedures 	<ul style="list-style-type: none"> • Significant unrelated procedures (with any applicable discounts) • Non-packaged ancillaries • Chemo and selected non-routine drugs
Medical visit	<ul style="list-style-type: none"> • Packaged routine ancillaries • Incidental procedures • Supplies • Routine drugs 	<ul style="list-style-type: none"> • Non-packaged ancillaries • Chemo and selected non-routine drugs
Ancillary only visit		<ul style="list-style-type: none"> • All “ancillary only” items are paid separately

EAPG Pricing Types



Nebraska Specific EAPG Policy Decisions

Policy Option	Decision
Multiple dates of service on a claim	<ul style="list-style-type: none"> Treated as separate outpatient visits unless there is an emergency department or observation revenue code on the claim
Charge cap	<ul style="list-style-type: none"> Applied at the claim header level Reductions in payment distributed across all paid lines
Outlier payments	<ul style="list-style-type: none"> No outlier payments
Non-emergent ED services	<ul style="list-style-type: none"> Discounted by 50%, consistent with current policy
Additional payment for mental health and substance abuse services	<ul style="list-style-type: none"> Add-on equal to 2% applied to MH/SA EAPGs (EAPG Category 16) for provider IDs with MH/SA specialty
Denied service lines	<ul style="list-style-type: none"> Excluded from EAPG grouping if denied prior to grouping/pricing Included in EAPG grouping, but priced at \$0 if denied after grouping/pricing
EAPG discounting factors	<ul style="list-style-type: none"> Multiple Significant Procedure 0.5 Repeat Ancillary Procedure 0.5 Terminated Procedure 0.5 Bilateral Procedure 1.5

Modifiers Affecting Payment

Modifiers:

- 27- Multiple E/M Encounters
 - Allows payment of additional medical visits/services ancillary EAPG
- 50- Bilateral Procedure
 - Flags a procedure for additional payment (150%)
- 52 & 73- Terminated Procedure
 - Flags a procedure for discounting (50%)
- 59- Separate/distinct Procedure
 - Allows separate payment of a significant procedure (turns off consolidation)

Modifiers Not Affecting Payment

Modifiers:

E1-E4, F1-F9, FA, LT, RT, T1-T9, TA, 24, 25, 57, 76, 77, 91, RC, RI, LC, LM, LD, GN, GO, GP, XE, XS, XP, XU

- Can be used to allow separate payment of a significant procedure (turns off consolidation)
- These overrides are not turned on for NE Medicaid

Nebraska Total Care is Here to Help



Questions can be directed to Nebraska Total Care Provider Relations



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Thank You