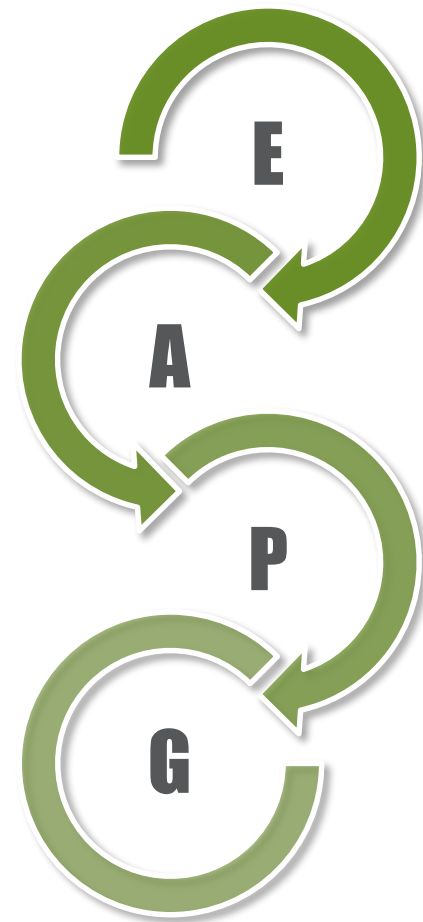


FLORIDA MEDICAID EAPG PRICING

ENHANCED AMBULATORY
PATIENT GROUPINGS

TOPICS

- ▲ EAPG Grouping and Pricing
- ▲ EAPG Payment Calculation
- ▲ 4 EAPG Scenarios
 - Bundling
 - Discounting
 - Bilateral / Terminated
 - Observation
- ▲ EAPG Grouping Settings
- ▲ Transition Support



EAPG GROUPING AND PRICING

WHAT IS EAPG?

- ▲ EAPG stands for **E**nhanced **A**mbulatory **P**atient **G**rouping
- ▲ Developed by 3M™ Corporation
- ▲ Adopted by Florida Legislature on May 8, 2017
- ▲ Payment method which classifies claim lines for outpatient visits
 - ▲ Assigns an EAPG Code to each line
 - ▲ Determines a line price based on combination of:
 - Diagnosis
 - EAPG Code (Classification of Visit)
 - Member Age / Gender
 - Provider / Location
- ▲ Mandatory in Florida beginning July 1, 2017 for hospitals & ambulatory surgical centers
 - Not applicable to free-standing labs, FQHCs, CHDs or transplant cases
 - Based on earliest First Date of Service (if on or after July 1st, 2017, use EAPG)



OUTPATIENT EAPG METHODOLOGY

EAPG Grouper Overview

- ▲ EAPG grouper is an outpatient visit-based patient classification system designed by 3M
 - EAPG grouper assigns an EAPG classification to each claim detail line
 - 564 different EAPGs under version 3.12
 - Services within each EAPG have similar clinical characteristics and similar resource requirements
- ▲ EAPG encompass the full range of ambulatory settings and outpatient services across the all-payer population
 - EAPG classifications are available for all the outpatient services (including laboratory and therapies)
 - EAPG classifications are available for all outpatient settings, including same day surgery units, hospital emergency rooms, and outpatient clinics

OUTPATIENT EAPG METHODOLOGY

EAPG Payment Methodology Overview

- ▲ EAPG payments are made on a per visit basis, where payment is directed to the main significant procedure or treatment provided during an outpatient visit
 - EAPG payment for the main significant procedure considers the average cost of associated ancillary services
 - Uses packaging and bundling of payment for related services to create incentives to provider services in the most efficient way
 - Allows for higher payment for the main procedure, rather than diluting the payment across individual services
- ▲ A separate EAPG code is assigned to each line item on a claim
- ▲ Pricing is performed at the line level with interaction between separate lines

OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY

EAPG Type

1 – Per Diem

2 – Significant Proc

- 21-Phys Ther & Rehab
- 22-Mental Hlth & Cnslg
- 23-Dental Proc
- 24-Radiologic Proc
- 25-Dx Sig Proc

3 – Medical Visit

4 – Ancillary

5 – Incidental

6 – Drug

7 – Durable Medical Equipment

8 - Unassigned

Visit Type

04 - Significant Procedure Visit

05 - Medical Visit

06 - Ancillary Procedure Only Visit

Other Miscellaneous Visit Types

Pricing Type

Full Payment

Consolidated

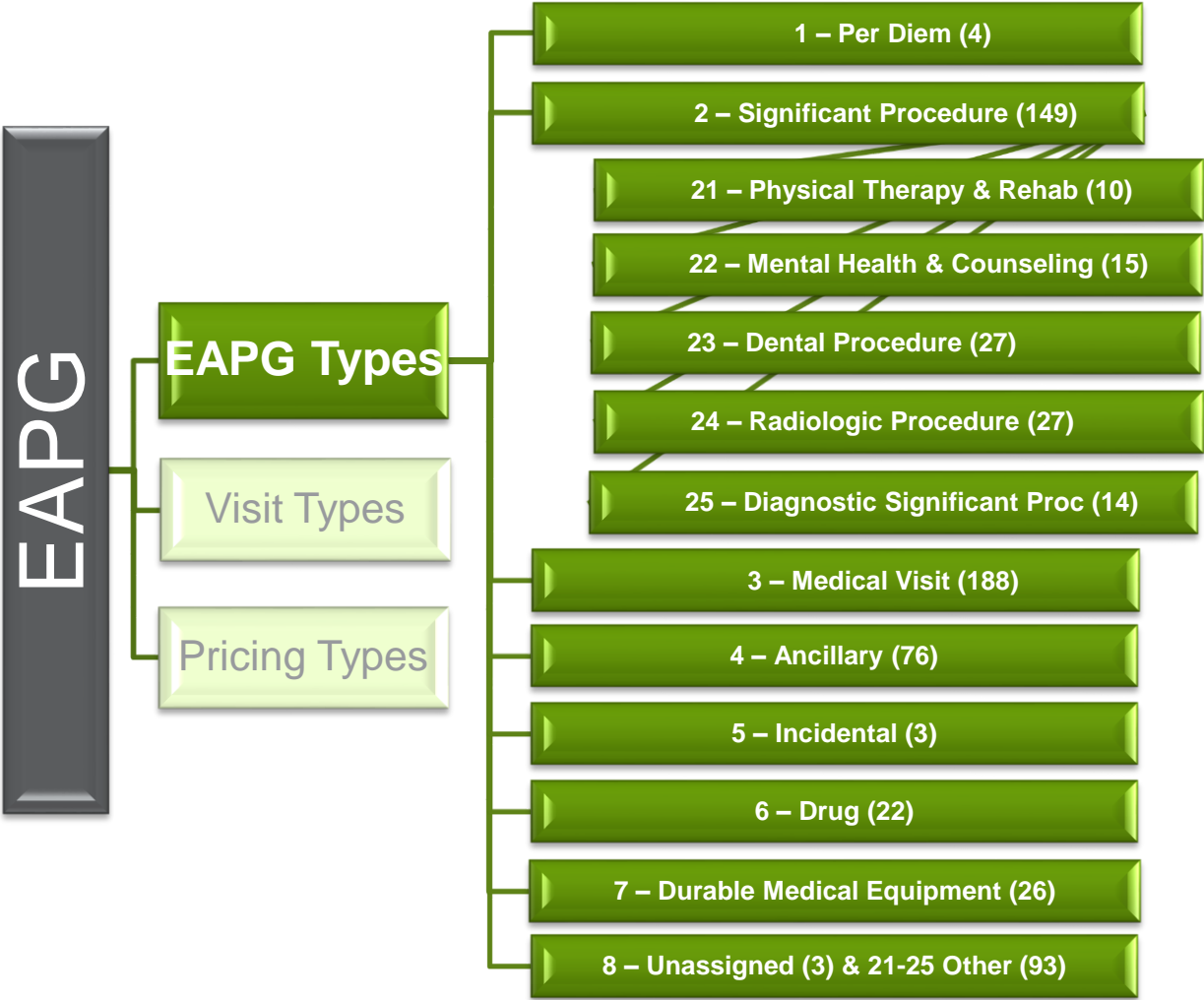
Packaged

Discounted

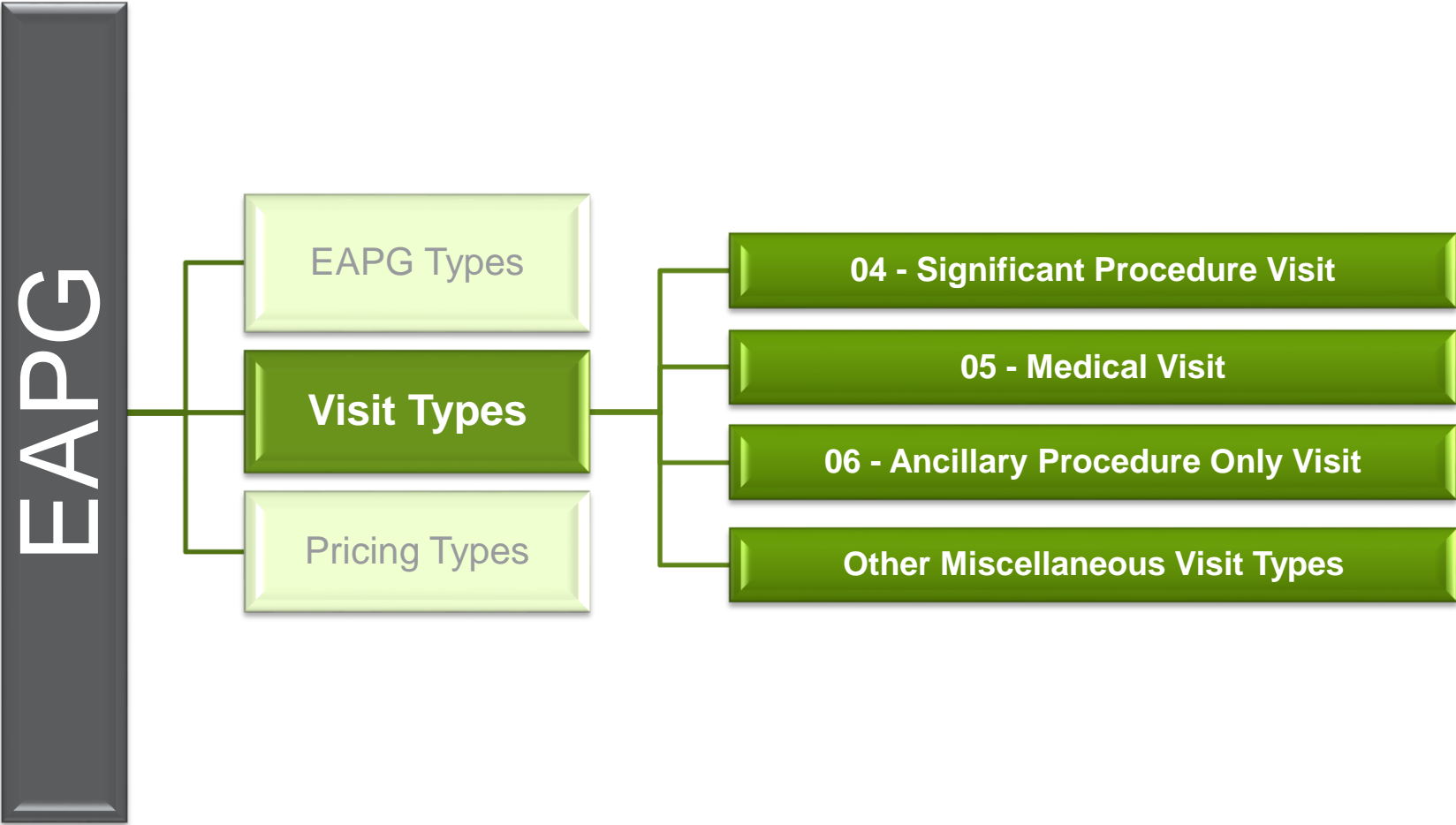
Per Diem

OUTPATIENT EAPG PAYMENT METHODOLOGY

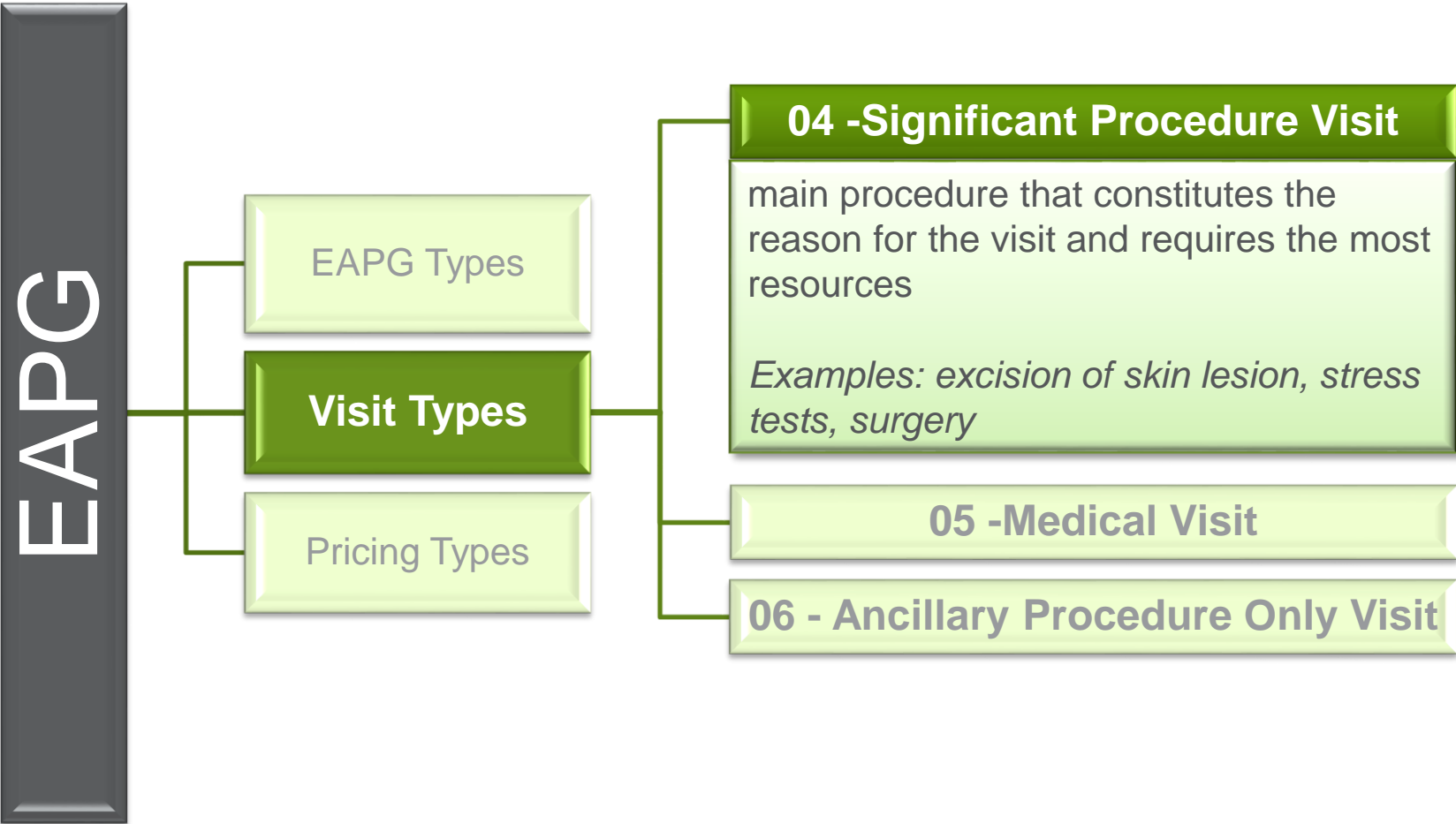
EAPG Type - Description (# of EAPGs)



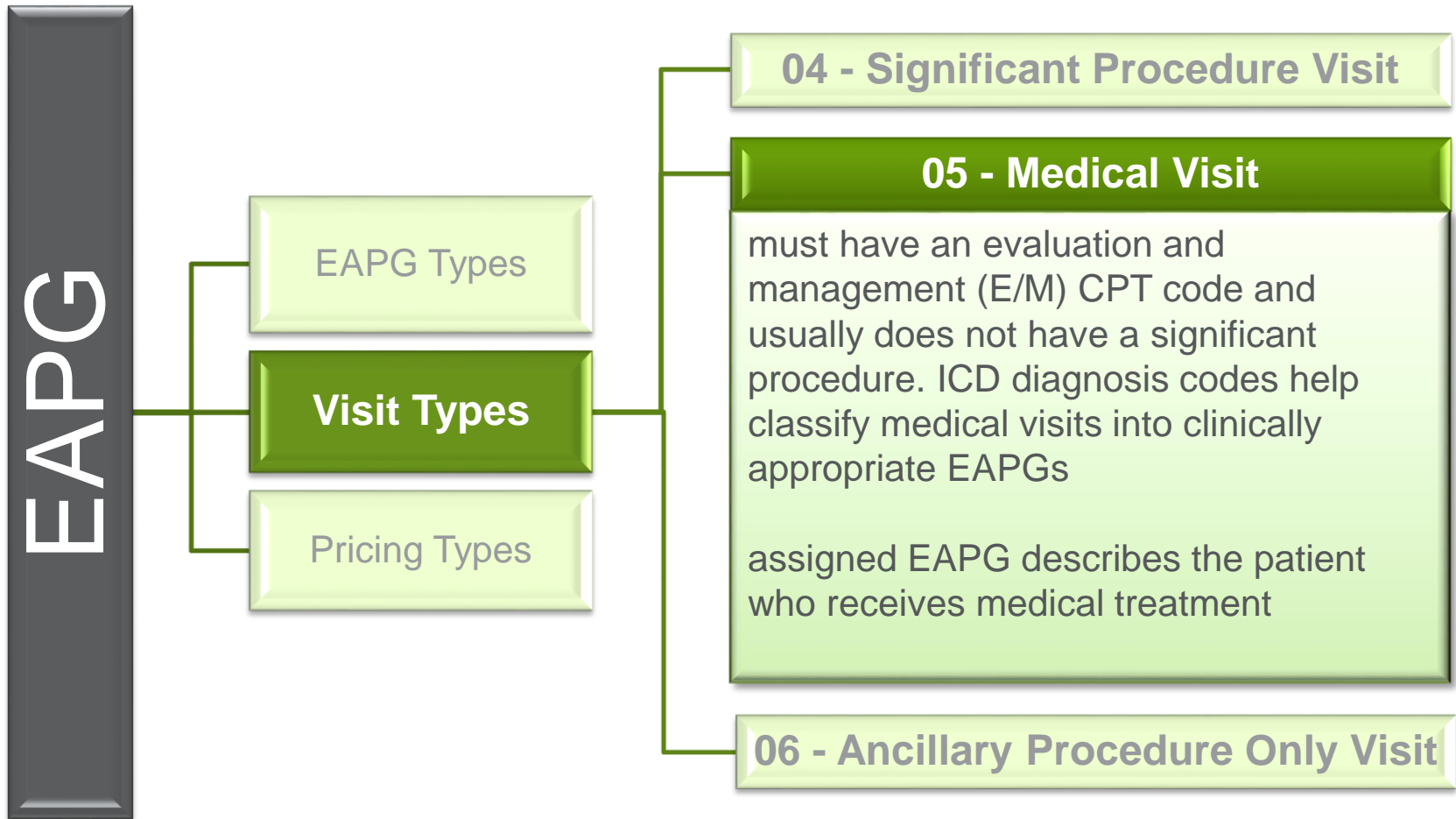
OUTPATIENT EAPG PAYMENT METHODOLOGY



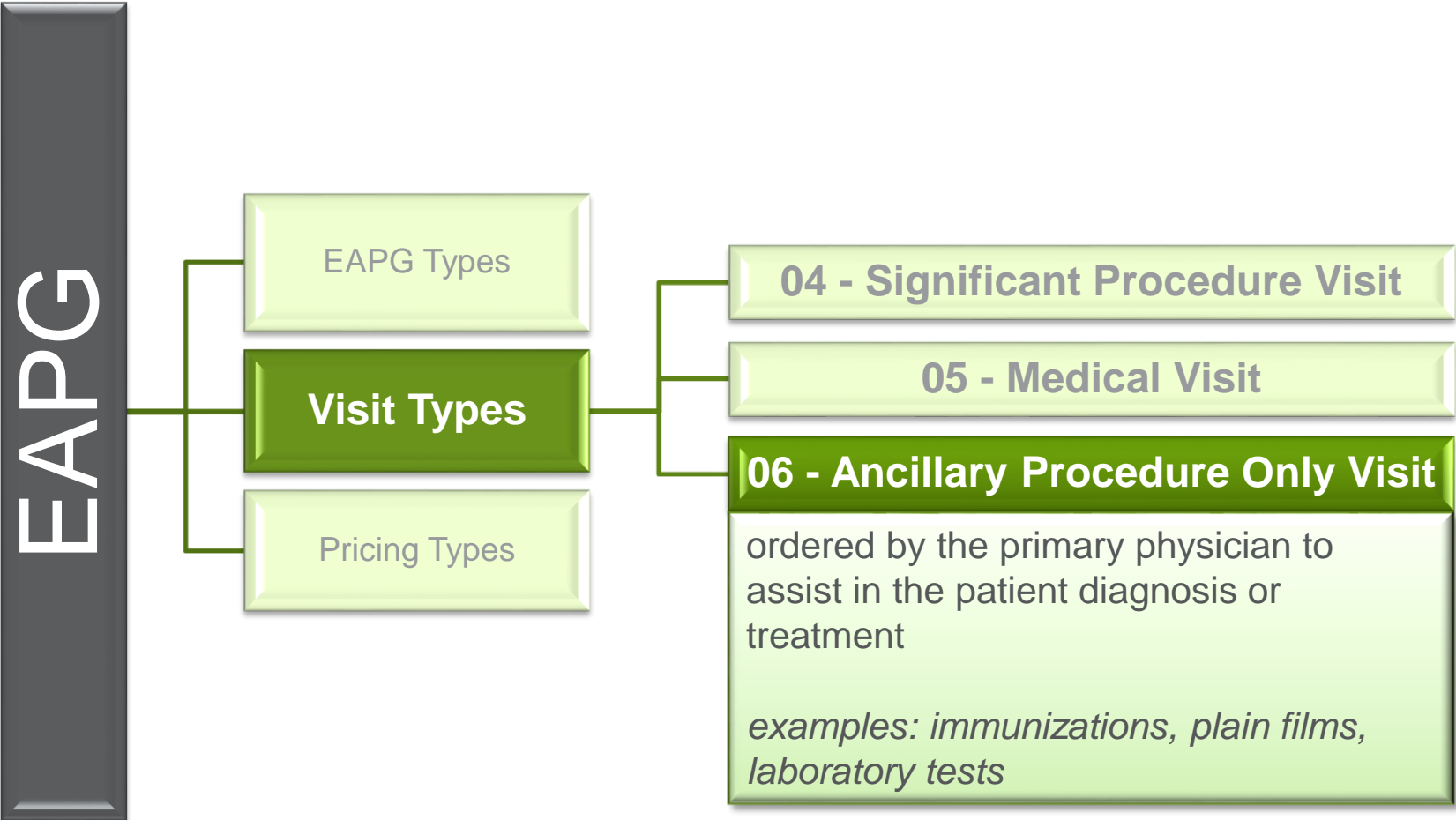
OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY

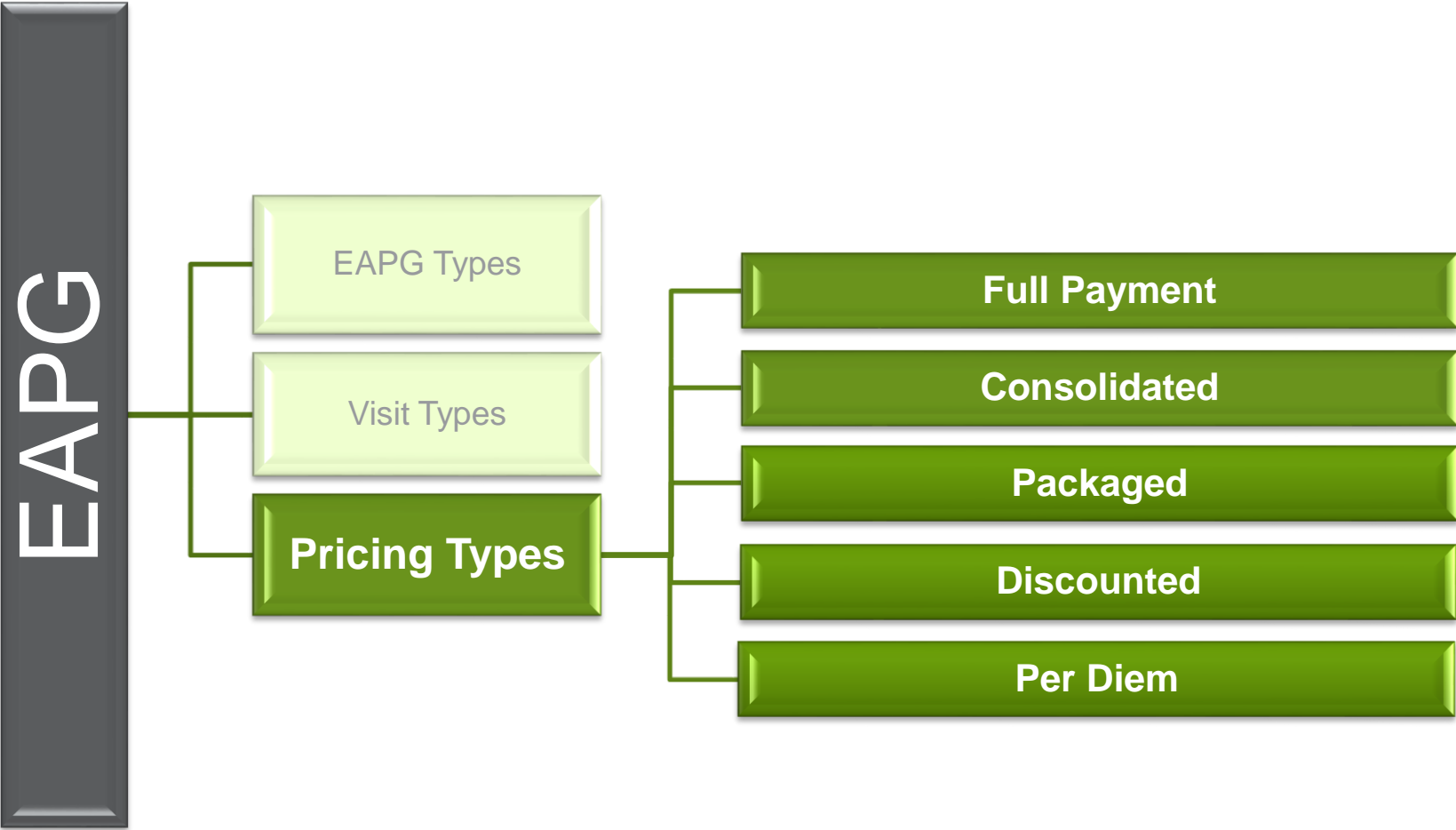


OUTPATIENT EAPG METHODOLOGY

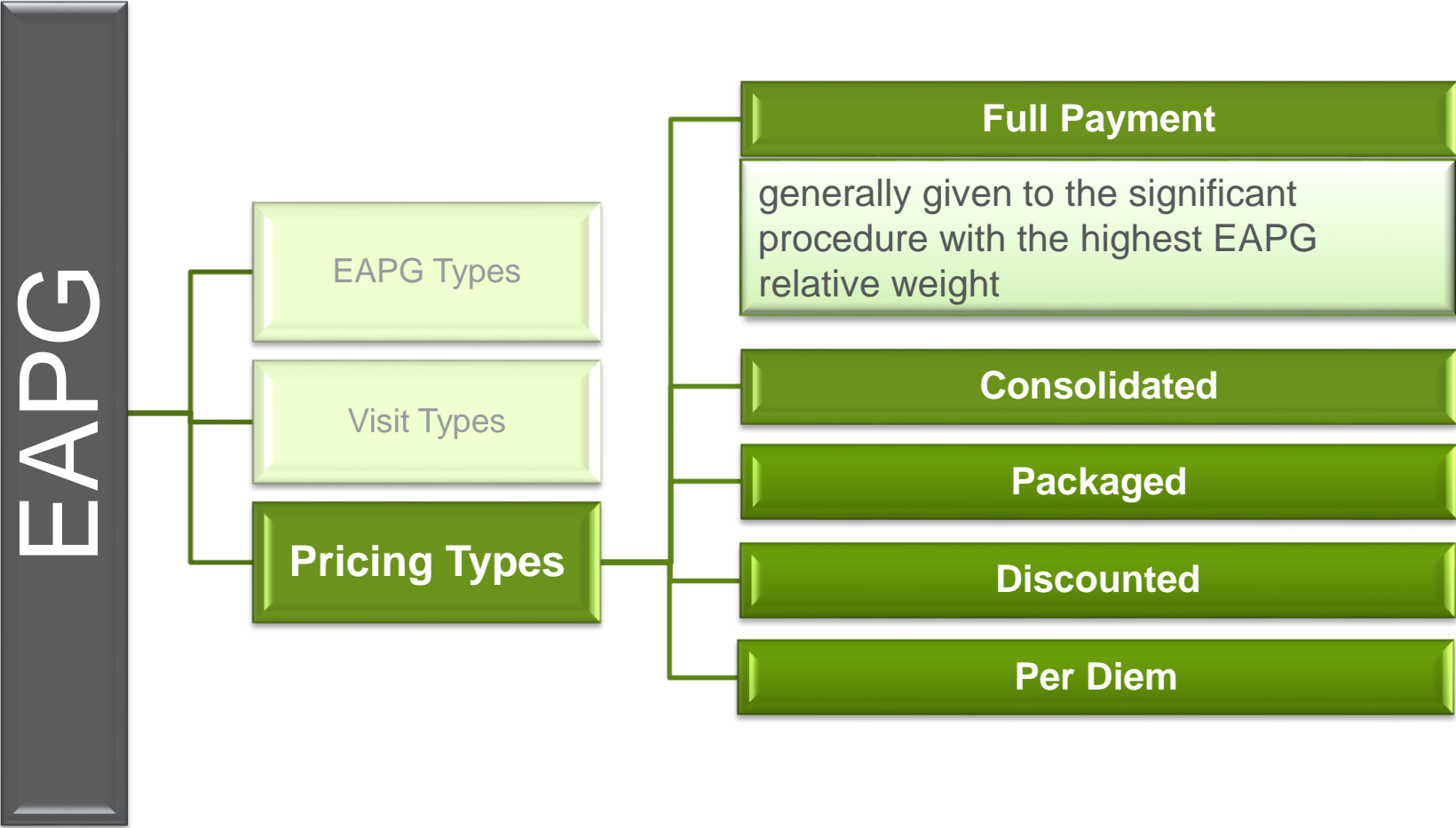
Payment with the Three Major Visit Types

| EAPG Visit 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"> • 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 |

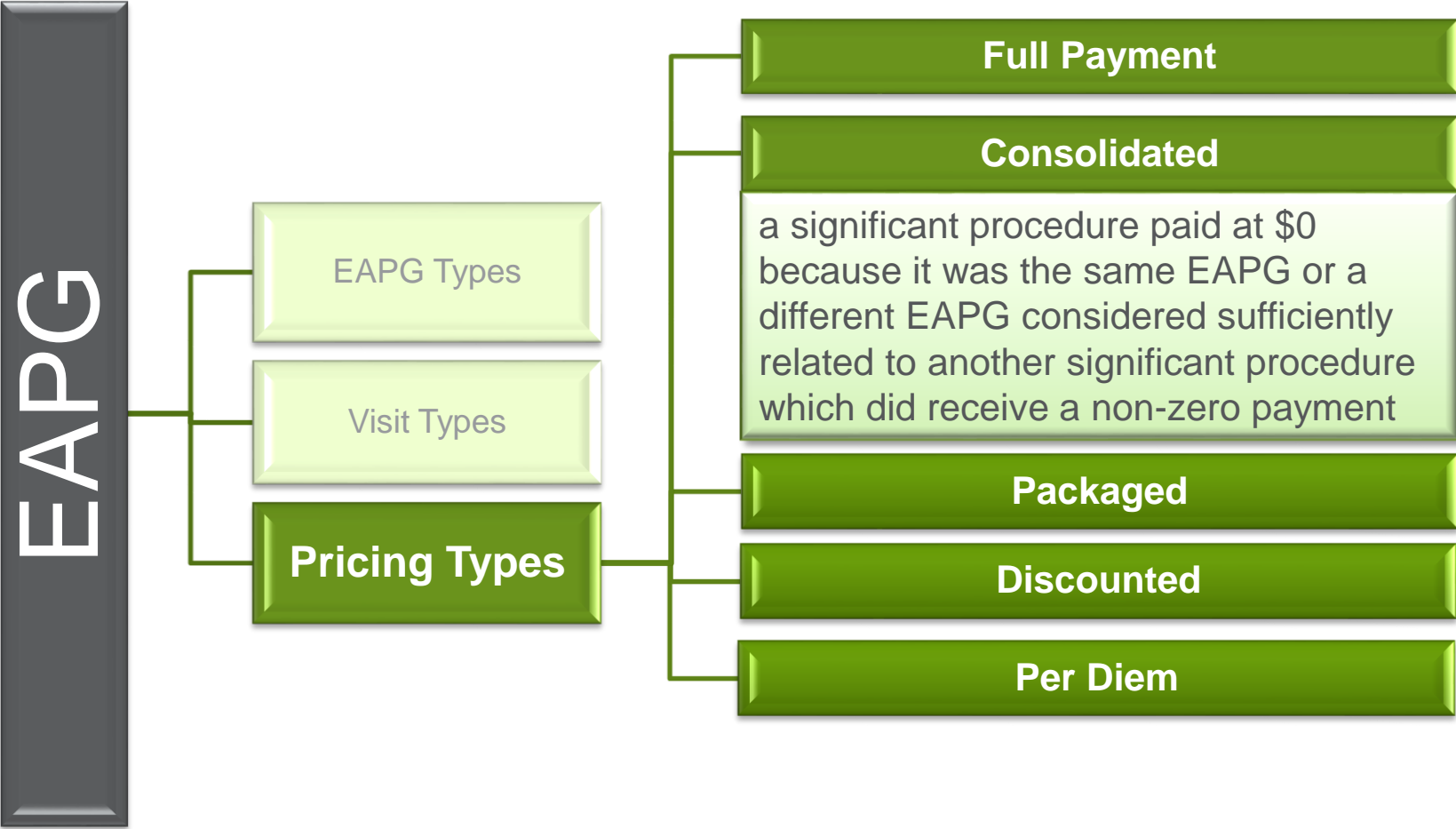
OUTPATIENT EAPG PAYMENT METHODOLOGY



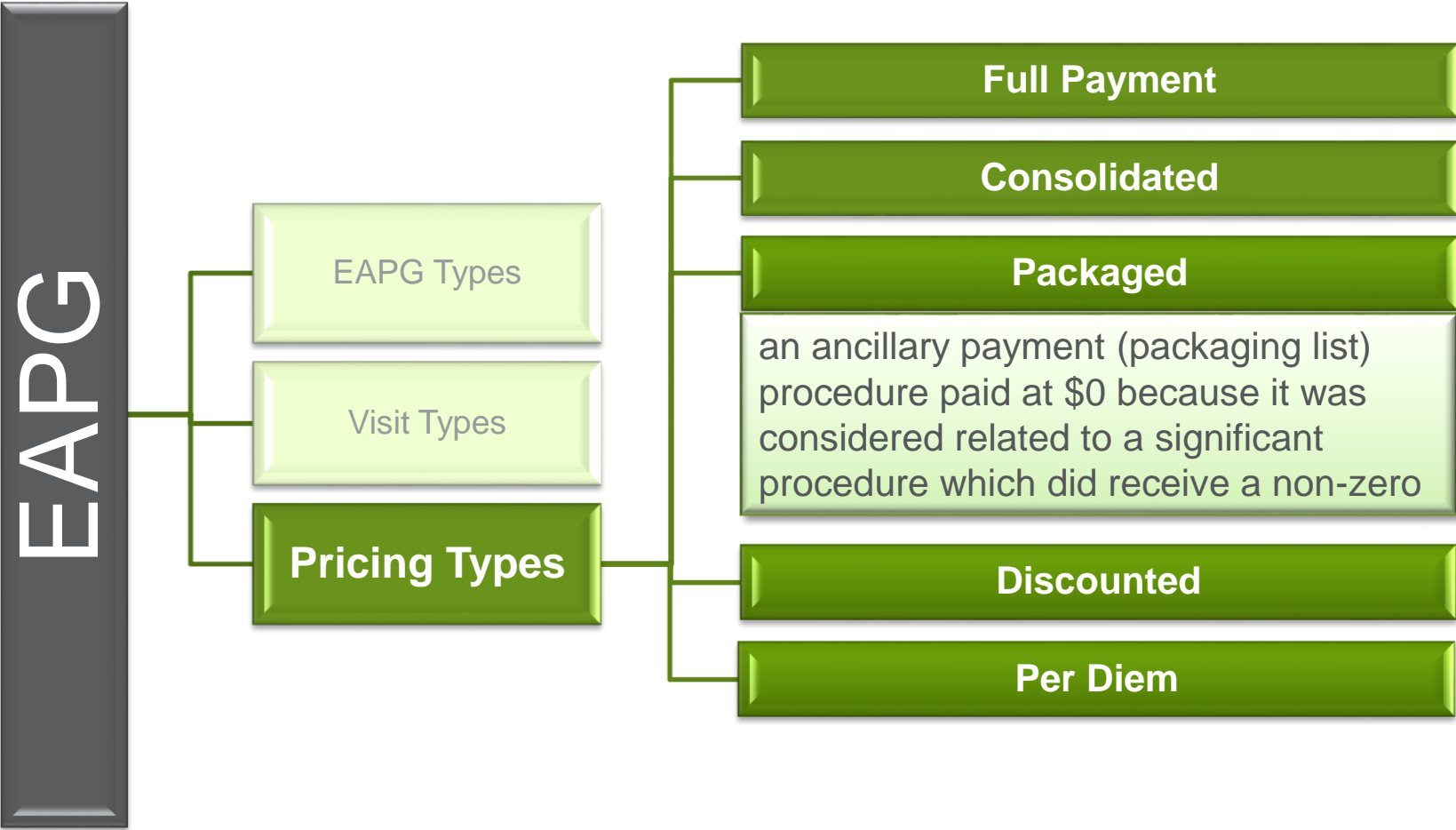
OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY



STANDARD ANCILLARY PACKAGING LIST

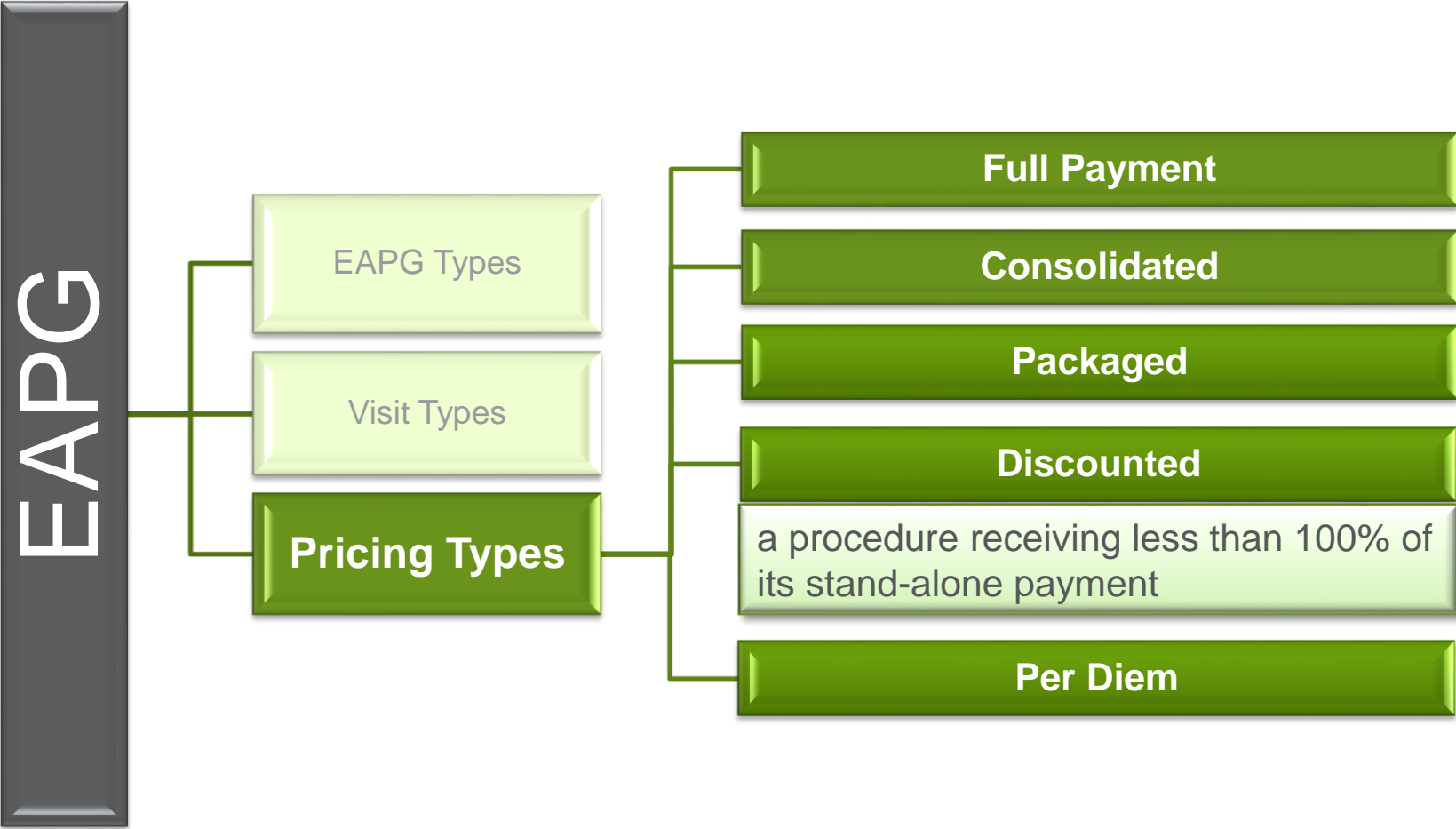


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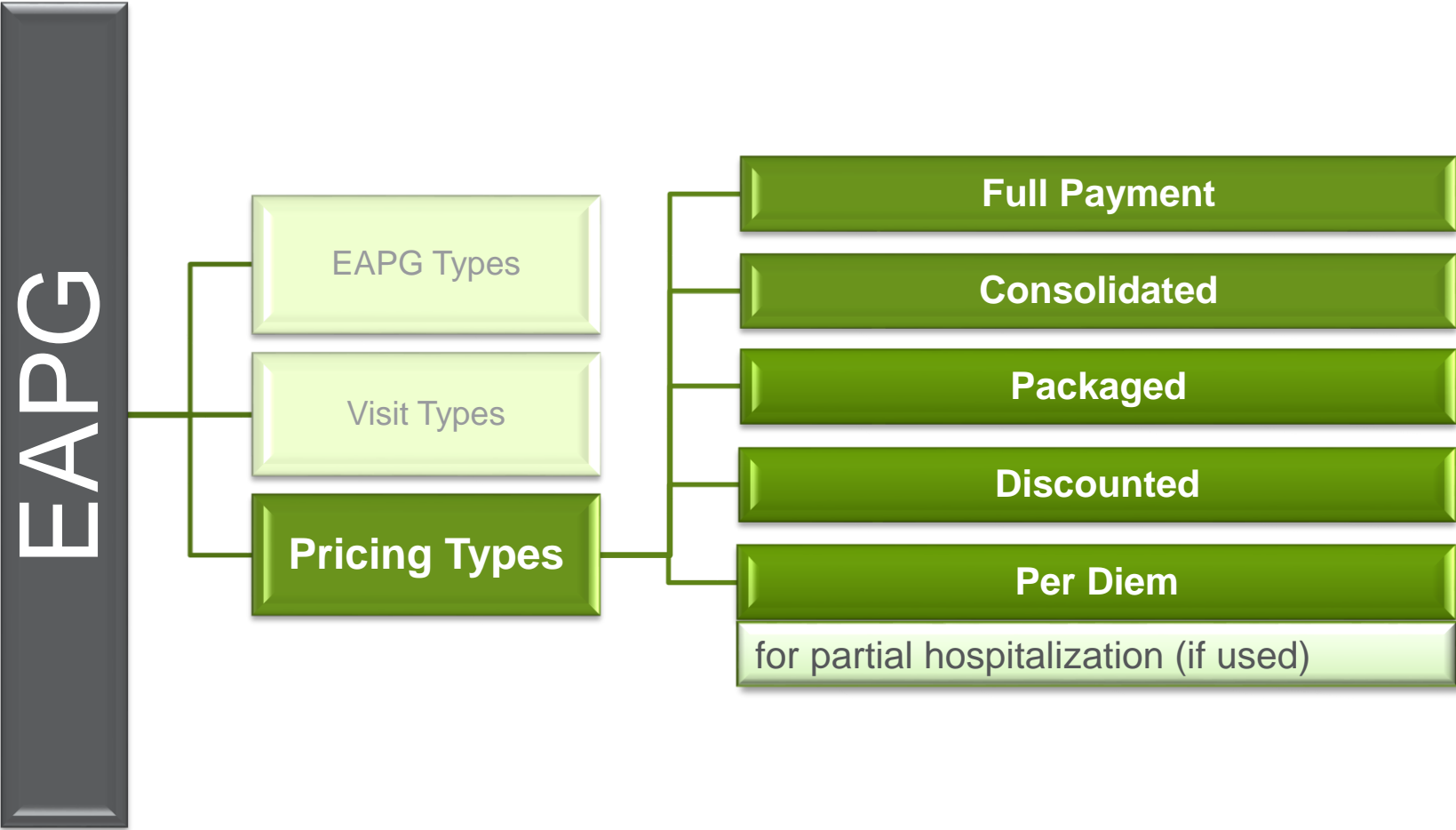
Version 3.12 – Supported January 2017 – December 2022

| Code | Description | Code | Description |
|------|-----------------------------------|------|---|
| 116 | Allergy Tests | 424 | Dressings & Other Minor Procedures |
| 373 | Level I Dental Film | 425 | Level I Other Miscellaneous Ancillary Procedures |
| 374 | Level II Dental Film | 427 | Biofeedback & other Training |
| 375 | Dental Anesthesia | 428 | Patient Education, Individual |
| 376 | Diagnostic Dental Procedures | 429 | Patient Education, Group |
| 377 | Preventive Dental Procedures | 448 | Expanded Hours Access |
| 380 | Anesthesia | 449 | Additional Undifferentiated Medical Visits/Services (removed from list) |
| 390 | Level I Pathology | 455 | Implanted Tissue of Any Type |
| 394 | Level I Immunology Tests | 457 | Venipuncture |
| 396 | Level I Microbiology Tests | 459 | Vaccine Administration |
| 398 | Level I Endocrinology Tests | 471 | Plain Film |
| 400 | Level I Chemistry Tests | 486 | Basic Blood Typing |
| 402 | Basic Chemistry Tests | 487 | Minor Cardiac Monitoring |
| 406 | Level I Clotting Tests | 488 | Minor Device Evaluation & Electronic Analysis |
| 408 | Level I Hematology Tests | 489 | Level II Other Miscellaneous Ancillary Procedures |
| 410 | Urinalysis | 495 | Minor Chemotherapy Drugs |
| 411 | Blood & Urine Dipstick Tests | 496 | Minor Pharmacotherapy |
| 412 | Simple Pulmonary Function Tests | 1001 | Durable Medical Equipment & Supplies – Level I |
| 413 | Cardiogram | 1002 | Durable Medical Equipment & Supplies – Level 2 |
| 423 | Introduction of Needle & Catheter | 1003 | Durable Medical Equipment & Supplies – Level 3 |

OUTPATIENT EAPG PAYMENT METHODOLOGY



OUTPATIENT EAPG PAYMENT METHODOLOGY



EAPG PAYMENT CALCULATION

EAPG PAYMENT FORMULA



| Term | Description | Value / Range |
|----------------------|--|---|
| Base Rate | determined by state Agency per fiscal year | |
| EAPG Relative Weight | relative amount of resources used by the treating hospital/ASC to render services; defined by 3M™ | 0.0000 – 47.0187 v3.12 for SFY 2017/18 |
| Policy Adjuster | multiplier to protect access to care for some services and/or providers by increasing payment; may reduce payment; updated annually effective July 1 | Rural: 1.4736 High Utilization: 2.0182 All Others: 1.0000 |
| Discount Factor | Depends on the scenario (bundled, discounted, bilateral/terminated) | 0% - 150% |
| EAPG Base Payment | Final calculation of the values above multiplied | \$ |

EAPG BASE RATE - VALUES

Standardized Base Rates

Hospital-specific Base Rates



\$267.82

\$276.66

\$ will vary

Rates effective July 1, 2017

The hospital standardized base rate was calculated with an assumption of an increase in EAPG case mix by 2% from changes in claim documentation and coding.

Only Year 1 of EAPG for hospitals projected to see > 5% ↑ or ↓ in their Medicaid outpatient reimbursement from implementing EAPG pricing.



In all cases, EAPG is a final payment so year-end reconciliation or cost recoupment/repayment is no longer needed.

5%

- **limit** is calculated excluding FL Legislative mandated reductions in outpatient automatic rate enhancements
- **cap** on increases or decreases is calculated prospectively and implemented through hospital-specific base rate

EAPG BASE RATE – EXAMPLE OF 5% CAP

- 5% cap applied
- Auto rate enhancement not yet applied

| | A | B | C | D | E | F | G | H | I | J | K | L |
|---|---|-------------------------------------|------------------------|---|---|------------------------------|----------------------------|--|---|--|-------------------------|---|
| | Baseline Pymt Excluding Auto Rate Enhancement | Baseline Automatic Rate Enhancement | Baseline Payment Total | Simulated EAPG Payment Including GME Before 5% Cap (Excludes Auto Rate Enhancement) | Estimated Payment Change Before Applying 5% Cap | 5% Cap Applied to Base Rate? | SFY 2017/18 EAPG Base Rate | Simulated EAPG Pymt Plus OP GME with Cap | Percent Payment Change Excluding Rate Enh | SFY 2017/18 Automatic Rate Enhancement | Final Simulated Payment | Percent Payment Change Including Rate Enh |
| 1 | \$46,224,801 | \$7,279,770 | \$53,504,571 | \$47,951,086 | 4% | N | \$267.82 | \$47,951,086 | 4% | \$1,269,324 | \$49,220,410 | ■ -8% |
| 2 | \$82,578,449 | \$12,238,955 | \$94,817,403 | \$91,160,240 | 10% | Y | \$254.14 | \$86,528,971 | 5% | \$9,215,111 | \$95,744,082 | ↓ 1% |
| 3 | \$31,542,223 | \$2,035,546 | \$33,577,769 | \$25,827,385 | -18% | Y | \$310.75 | \$29,965,043 | -5% | \$499,010 | \$30,464,054 | ↑ -9% |

- Cap not yet applied
- Auto rate enhancement not yet applied
- Compare Columns A and D

- Payment may be further reduced by Legislative budget.

EAPG DISCOUNTING FACTOR

| Scenario | Discount Factor | | |
|--|-----------------|------|--|
| PAY IN FULL | | 100% | |
| CONSOLIDATION AND PACKAGING | | 0% | |
| SAME OR CLINICALLY SIMILAR EAPG | | | |
| 1 st service with higher EAPG relative weight | | 100% | |
| 2 nd service | | 50% | |
| REPEAT ANCILLARY PROCEDURE | | | |
| 2 ND , 3 RD , 4 TH , etc... | | 50% | |
| BILATERAL & TERMINATED | | | |
| Bilateral | | 150% | |
| Terminated | | 50% | |

4 EAPG SCENARIOS

BUNDLING

DISCOUNTING

BILATERAL AND TERMINATED

OBSERVATION

SCENARIO 1: BUNDLING



What is Bundling?

- ▲ A bundled (also known as “packaged” or “consolidated”) service which receives no separate payment.
 - Ancillary services get “packaged;” Significant services get “consolidated”.
 - Relative weights take into consideration all services, including bundled services.
 - Just because a procedure does not have a separate payment, does not mean it receives no payment.
 - It is important to code all services to reflect full treatment and costs.

SCENARIO 1: BUNDLING



- ▲ Discount factor will be 0
- ▲ Receives no separate payment
- ▲ Can be either Consolidation or Packaging

Bundling Type 1: Consolidation (significant procedure)

- 1) Clinically similar EAPGs
- 2) Multiple occurrences of same EAPG

- Significant procedure (without Modifier 25) where additional service/procedure requires limited additional resources and time

Bundling Type 2: Packaging (ancillary procedure)

- EAPG from published packaging list
- **PLUS**
- Either medical visit OR significant procedure

- **Packaging will not occur when . . .**
 - ⑩ modifier 25 (distinct service) is billed
 - ⑩ an outpatient visit includes only ancillary procedures

BUNDLING: EXAMPLE 1 - SIGNIFICANT PROC CONSOLIDATION



2 CLINICALLY SIMILAR SIGNIFICANT EAPGs SAMPLE CLAIM

| | EAPG | Proc | Base Rate | EAPG Rel Weight | Policy Adjuster | Disc Factor | EAPG Pmt |
|---------------------|--|-------|-----------|-----------------|-----------------|-------------|------------------|
| Line 1 | EAPG 00134 Diagnostic Upper Glendoscopy Type=25 | 43239 | 276.66 | 1.3320 | 1.0000 | 0% | \$ 0.00 |
| Line 2 | EAPG 00135 Therapeutic Upper Glendoscopy Type=2 | 43246 | 276.66 | 1.8197 | 1.0000 | 100% | \$ 503.43 |
| EAPG Payment | | | | | | | \$ 503.43 |



Clinically similar significant EAPGs



Line with higher EAPG Relative Weight pays at 100% while other line is consolidated

43239 - Upper GI endoscopy biopsy
43246 - Place gastrostomy tube

BUNDLING: EXAMPLE 2 – SIGNIFICANT PROC, ANCILLARY PACKAGING

| | EAPG | Type | Proc | Base Rate | × | EAPG Rel Weight | × | Policy Adjuster | × | Disc Factor | = | EAPG Pmt | |
|----|-------|-----------------------|-------|-----------|--------|-----------------|--------|-----------------|---------|-------------|------|----------|------------|
| 1 | 00399 | 4 | 83970 | 267.82 | | 0.0480 | | 2.0182 | | 100% | | \$25.94 | |
| 2 | 00400 | 4 | 82728 | 267.82 | | 0.0231 | | 2.0182 | | 0% | | \$0.00 | |
| 3 | 00402 | 4 | 82310 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 4 | 00402 | 4 | 82565 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 5 | 00400 | 4 | 83550 | 267.82 | | 0.0231 | | 2.0182 | | 0% | | \$0.00 | |
| 6 | 00402 | Basic Chemistry Tests | 84520 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 7 | 00402 | | 84450 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 8 | 00402 | | 82374 | 267.82 | | 0.0099 | | 2.0182 | Bundled | 0% | | \$0.00 | |
| 9 | 00402 | | 84100 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 10 | 00402 | | 84295 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 11 | 00402 | | 82435 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 12 | 00402 | | 84132 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 13 | 00402 | | 82040 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 14 | 00402 | | 84157 | 267.82 | | 0.0099 | | 2.0182 | | 0% | | \$0.00 | |
| 15 | 00408 | | 4 | 85025 | 267.82 | | 0.0130 | | | 2.0182 | 0% | | \$0.00 |
| 16 | 00436 | 6 | J2997 | 267.82 | | 0.1288 | | 2.0182 | | | 100% | | \$69.62 |
| 17 | 00168 | 2 | 90935 | 267.82 | | 2.1228 | | 2.0182 | | | 100% | | \$1,147.40 |

90935 – Under Hemodialysis Procedures



Significant Proc @ 100%.

EAPG Payment **\$ 1,242.96**

BUNDLING: EXAMPLE 3 – MEDICAL VISIT, ANCILLARY PACKAGING

| | EAPG | Proc / Dx | Base Rate | × | EAPG Rel Weight | × | Policy Adjuster | × | Disc Factor | = | EAPG Pmt | |
|---|---|---|-----------|---|-----------------|---|-----------------|---|-------------|----------------------------|----------|------------------------|
| 1 BUNDLING SAMPLE CLAIM | | | | | | | | | | | | |
| Line 1 | EAPG 00999 Unassigned Type=8 | No Procedure Dx 1 = 462 Dx 2 = 780.60 | 267.82 | | 0.0000 | | 1.0000 | | 0% | | \$ 0 | |
| Line 2 | EAPG 00396 Level I Microbiology Tests Type=4 | 87081 | 267.82 | | 0.0154 | | 1.0000 | | 0% | | \$ 0 | |
| Line 3 | EAPG 00396 Level I Microbiology Tests Type=4 | 87880 | 267.82 | | 0.0154 | | 1.0000 | | 0% | | \$ 0 | |
| Line 4 | EAPG 00410 Level I Other ENT Type=3 | 81001 | 267.82 | | 0.0079 | | 1.0000 | | 0% | | \$ 0 | |
| Line 5 | EAPG 00562 Infections of Upper Resp Tract Type=3 | 99283 | 267.82 | | 0.2201 | | 1.0000 | | 100% | | \$ 63.42 | |
| <p>87081-Under Microbiology Procedures 87880-Under Microbiology Procedures 81001-Under Urinalysis Procedures 99283-Under New or Established Patient Emergency Dept Svcs</p> | | | | | | | | | | <p>EAPG Payment</p> | | <p>\$ 63.42</p> |



Bundled services have 0% discount factor.

SCENARIO 2: DISCOUNTING



▲ Significant Procedure EAPGs

- when claim is assigned multiple clinically unrelated significant procedure EAPGs with the same EAPG type in the same visit
- service with the *higher* EAPG relative weight receives full payment @ 100%

▲ Ancillary EAPGs

- claim is assigned multiple occurrences of the same ancillary EAPG
- second, third, fourth, etc ... occurrences of the ancillary EAPG are discounted at 50%

DISCOUNTING: EXAMPLE 1 - UNRELATED SIGNIFICANT EAPGS

| | EAPG | Proc | Base Rate | × | EAPG Rel Weight | × | Policy Adjuster | × | Disc Factor | = | EAPG Pmt |
|--|---|-------|-----------|---|-----------------|---|-----------------|---|-------------|---------------------|-----------------|
| 2 CLINICALLY UNRELATED SIGNIFICANT EAPGs SAMPLE CLAIM | | | | | | | | | | | |
| Line 1 | EAPG 00287 Digestive radiology Type=24 | 74240 | 267.82 | | 0.11705 | | 1.0000 | | 50% | | \$ 15.67 |
| Line 2 | EAPG 00288 Diagnostic ultrasound Type=24 | 76700 | 267.82 | | 0.27210 | | 1.0000 | | 100% | | \$ 72.87 |
| | | | | | | | | | | EAPG Payment | \$ 88.54 |




Line with higher EAPG Relative Weight pays at 100% while 2nd line pays at 50%.

74240 - X-ray exam upper GI tract
76700 - Ultrasound exam of abdominal area, complete

DISCOUNTING: EXAMPLE 2 – REPEAT ANCILLARY EAPG

| EAPG | | Proc | Base Rate | × | EAPG Rel Weight | × | Policy Adjuster | × | Disc Factor | = | EAPG Pmt |
|--|---|-------|-----------|---|-----------------|---|-----------------|---|-------------|---------------------|----------------|
| 1 DISCOUNTING REPEAT ANCILLARY EAPGs SAMPLE CLAIM | | | | | | | | | | | |
| Line 1 | EAPG 00396 Level I Microbiology Tests Type=4 | 87070 | 267.82 | | 0.0154 | | 1.0000 | | 50% | | \$ 2.06 |
| Line 2 | EAPG 00396 Level I Microbiology Tests Type=4 | 87880 | 267.82 | | 0.0154 | | 1.0000 | | 100% | | \$ 4.12 |
| Line 3 | EAPG 00999 Unassigned Type=8 | | 267.82 | | 0.0000 | | 1.0000 | | 100% | | \$ 0 |
| | | | | | | | | | | EAPG Payment | \$ 6.18 |

 Discounted service has 50% discount factor.

87070-Microbiology Procedures
87880-Microbiology Procedures (Rapid Strep Test)

SCENARIO 3: **BILATERAL** & TERMINATED

- ▲ Includes Modifier 50
- ▲ Additional payment at 150%



Mod 50

used to indicate diagnostic, radiological and surgical procedures performed on both sides of the body in the same operative session

BILATERAL & TERMINATED: EXAMPLE 1 – BILATERAL

| | | EAPG | Proc | Base Rate | × | EAPG Rel Weight | × | Policy Adjuster | × | Disc Factor | = | EAPG Base Pmt |
|-------------------------------------|--|-----------------|--------|-----------|--------|-----------------|-----------------------|------------------|---|-------------|---|---------------|
| 3 BILATERAL & TERMINATED | | | | | | | | | | | | |
| Line 1 | EAPG 00220 Level II Nervous System Injection Type=2 | 64490 Mod 50 | 276.66 | 1.3813 | 1.0000 | 0% (Bundled) | \$ 0 | | | | | |
| Line 2 | EAPG 00220 Level II Nervous System Injection Type=2 | 64491 Mod 50 | 276.66 | 1.3813 | 1.0000 | 0% (Bundled) | \$ 0 | | | | | |
| Line 3 | EAPG 00220 Level II Nervous System Injection Type=2 | 64492 Mod 50 | 276.66 | 1.3813 | 1.0000 | 150% | \$ 573.24 | | | | | |
| | | | | | | | EAPG Base Pymt | \$ 573.24 | | | | |

Bilateral pays at 150%.

64490-Under Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches
 64491-Under Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches
 64492-Under Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches
 Mod 50 – Bilateral Procedures

BILATERAL & TERMINATED: EXAMPLE 2 – BILATERAL



3 BILATERAL & TERMINATED

| Line | EAPG | Proc | Base Rate | EAPG Rel Weight | Policy Adjuster | Disc Factor | EAPG Pmt |
|--------|--|----------------------|-----------|-----------------|-----------------|---|-------------|
| Line 1 | EAPG 00031 Level II Musculoskeletal Procedures Type=2 | 27687 Mod 50 | 276.66 | 4.7218 | 1.0000 | 150% | \$ 1,959.51 |
| Line 2 | EAPG 00035 Level I Foot Procedures Type=2 | 28285 No Modifier | 276.66 | 3.2337 | 1.0000 | 0% (flagged as same significant procedure) | \$ 0 |
| Line 3 | EAPG 00035 Level I Foot Procedures Type=2 | 28755 Mod 50 | 276.66 | 3.2337 | 1.0000 | 75% | \$ 670.98 |

27687-Under Repair, Revision, and/or Reconstruction Procedures on the Leg (Tibia and Fibula) and Ankle Joint
 28285-Under Repair, Revision, and/or Reconstruction Procedures on the Foot and Toes
 28755-Under Arthrodesis Procedures on the Foot and Toes
 Mod 50 – Bilateral Procedures



Bilateral pays at 150%, but Significant Proc cuts that in half.

| | |
|---------------------|--------------------|
| EAPG Payment | \$ 2,630.49 |
|---------------------|--------------------|

SCENARIO 3: BILATERAL & **TERMINATED**

- ▲ Coded with Modifier 52 or Modifier 73
- ▲ Discounts at 50%



Mod 52

•used to indicate **partial reduction or discontinuation** of radiology procedures and other services that **do not require anesthesia**

Mod 73

•used by the facility to indicate that a surgical or diagnostic procedure requiring anesthesia was terminated due to extenuating circumstances or to circumstances that threatened the well being of the patient **after the patient had been prepared for the procedure** (including procedural pre-medication when provided), and been taken to the room where the procedure was to be performed, **but prior to administration of anesthesia.**

BILATERAL & TERMINATED: EXAMPLE 3 – TERMINATED



3 BILATERAL & TERMINATED

| Line | EAPG | Proc | Base Rate | EAPG Rel Weight | Policy Adjuster | Disc Factor | EAPG Pmt |
|--------|--|-----------------|-----------|-----------------|-----------------|-------------|-----------|
| Line 1 | EAPG 00470 Obstetrical Ultrasound Type=4 | 76805 Mod 52 | 276.66 | 0.1739 | 1.0000 | 50% | \$ 24.06 |
| Line 2 | EAPG 00191 Level I Fetal Procedures Type=2 | 59025 | 276.66 | 0.4373 | 1.0000 | 100% | \$ 120.98 |
| Line 3 | EAPG 00764 False Labor Type=3 | 99284 Mod 25 | 276.66 | 0.4044 | 1.0000 | 100% | \$ 111.88 |

EAPG Payment
\$ 256.92



Modifier 52 indicates
Terminated procedure



Terminated proc pays at 50%

SCENARIO 4: OBSERVATION



- ▲ HCPCS code **G0378** must be present
 - Include number of units/hours in observation

- ▲ Observation claims without a significant procedure are categorized as “Medical Visits” under EAPG grouping

- ▲ Diagnosis codes are used in assignment of EAPG code

- ▲ Includes an Evaluation and Management procedure code
 - 99201 – 99205; 99211 – 99214; 99281 – 99285; G0463, G0379

- ▲ Payment is assigned to the E&M code and to procedure code G0378

OBSERVATION: EXAMPLE 1



| 4 OBSERVATION | | | | | | | | |
|---------------|-------|---|-------|--------|--------|--------|------|----------|
| 1 | 00999 | | | 267.82 | 0.0000 | 2.0182 | 0% | \$0.00 |
| 2 | 00490 | 5 | 96372 | 267.82 | 0.0000 | 2.0182 | 0% | \$0.00 |
| 3 | 00398 | 4 | 84443 | 267.82 | 0.0299 | 2.0182 | 0% | \$0.00 |
| 4 | 00403 | 4 | 80061 | 267.82 | 0.0202 | 2.0182 | 100% | \$10.92 |
| 5 | 00400 | 4 | 83036 | 267.82 | 0.0231 | 2.0182 | 0% | \$0.00 |
| 6 | 00398 | 4 | 84439 | 267.82 | 0.0299 | 2.0182 | 0% | \$0.00 |
| 7 | 00408 | 4 | 85651 | 267.82 | 0.0130 | 2.0182 | 0% | \$0.00 |
| 8 | 00675 | 3 | 99284 | 267.82 | 0.2058 | 2.0182 | 100% | \$111.24 |
| 9 | 00435 | 6 | J0171 | 267.82 | 0.0000 | 2.0182 | 0% | \$0.00 |
| 10 | 00496 | 6 | Q0163 | 267.82 | 0.0000 | 2.0182 | 0% | \$0.00 |
| 11 | 00450 | 4 | G0378 | 267.82 | 1.8047 | 2.0182 | 100% | \$975.47 |

Dx Codes = L508, E669, Z6854, L83, R933

85651 – Under Hematology and Coagulation Procedures
 99284 – Under New or Established Patient Emergency Department Services
 G0378 – Hospital Observation service, per hour



Observation pays at 100%.

| | |
|---------------------|--------------------|
| EAPG Payment | \$ 1,097.63 |
|---------------------|--------------------|

EAPG GROUPING SETTINGS

FLORIDA MEDICAID EAPG GROUPING SETTINGS

| Parameter | Value |
|--|-------|
| Repeat ancillary discounting – general | Yes |
| Repeat ancillary discounting – drugs | No |
| Repeat ancillary discounting – DME | No |
| Bilateral and terminated procedure discounting | Yes |
| Radiology procedure packaging | No |
| Cross-type multiple procedure discounting | No |
| Pre ranking bilateral adjustment flag | No |
| Direct admit observation logic | Yes |
| Observation hours minimum | No |
| Charge cap | No |
| Cost outliers | No |

FLORIDA MEDICAID EAPG GROUPING SETTINGS

| Parameter | Value |
|---------------------------------|---|
| Visits allowed per claim | <ul style="list-style-type: none">• Multiple <i>unless</i> Emergency Department or Observation revenue code(s) exist on the claim• Emerg. Dept. revenue codes – 0450 – 0459• Observation revenue codes – 0760 – 0769• Assumption is that many ED and observation claims with cross over midnight, thus having multiple dates of service, but really only apply to one outpatient visit |

Note:

- all services for a single outpatient visit must be submitted on one claim
- multiple outpatient visits on the same day will require manual processing

FLORIDA MEDICAID EAPG GROUPING SETTINGS

- MODIFIERS AFFECTING PAYMENT

25 distinct service

- Allows payment of a medical visit EAPG on the same claim/day as a significant procedure EAPG

27 multiple E/M encounters

- Allows payment of additional medical visit/services ancillary EAPG

50 bilateral procedure

- Flags a procedure for additional payment (150%)

52 & 73 terminated procedure

- Flags a procedure for discounting (50%)

59, XE, XS, XP, XU separate/distinct procedure

- Allows separate payment of a significant procedure (turns off consolidation)

GN, GO, GP distinct therapy procedure modifiers

- Allows separate payment of a significant procedure (turns off consolidation)

FLORIDA MEDICAID EAPG GROUPING SETTINGS

- MODIFIERS **NOT** AFFECTING PAYMENT

Anatomical and select modifiers

E1 – E4, F1 – F9, FA, LT, RT, T1 – T9, TA, 24, 57, 76, 77, 91, RC, RI, LC, LM, and LD

- Can be used to allow separate payment of a significant procedure (turns off consolidation)
- This override option is not turned on in the Florida Medicaid implementation

TRANSITION SUPPORT

SUPPORT FOR EAPG TRANSITION

EAPG – Enhanced Ambulatory Patient Grouping

3M – www.3m.com/his

Fact Sheet: <http://multimedia.3m.com/mws/media/4729970/3m-enhanced-apgs-fact-sheet.pdf>



Florida Medicaid Web Portal

<http://mymedicaid-florida.com>

- Quick Reference Guide
- Frequently Asked Questions



Florida AHCA Website

<http://ahca.myflorida.com/medicaid/Finance/finance/institutional/hoppps.shtml>

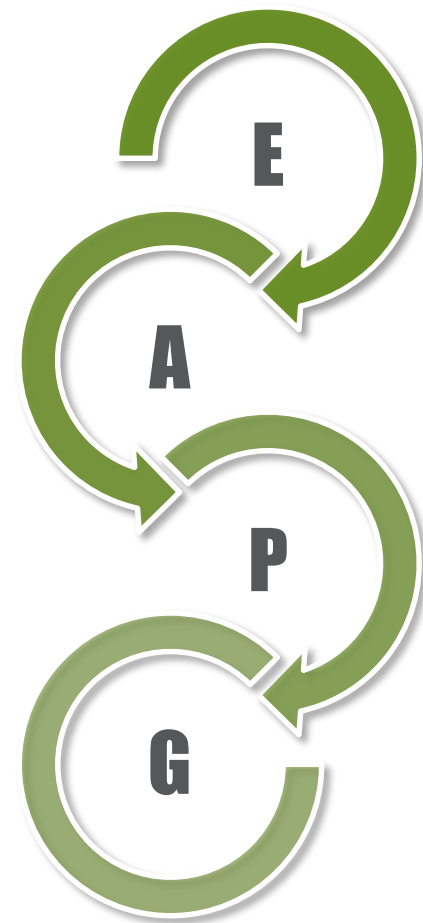
- EAPG base rate
- EAPG relative weights
- EAPG Calculator spreadsheet
- Estimate of impact of EAPG pricing on provider reimbursement

Florida EAPG Support Email

fl.eapg.support@dxc.com

SUMMARY

- ▲ EAPG Grouping and Pricing
- ▲ Payment Formula
- ▲ 4 EAPG Scenarios
 - Bundling
 - Discounting
 - Bilateral / Terminated
 - Observation
- ▲ EAPG Grouping Settings
- ▲ Transition Support



QUESTIONS?

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