

ALAHA

Blue Cross and Blue Shield of Alabama

Speakers:
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Multi-State Plan Updates



Multi-state will not be part of the name



Similar plans will be offered



New contract numbers will be assigned



Primary Care Select Physician designation and existing referrals will transfer

★ SELECT

HOSPITAL

New Prefixes

XAA

PPA

April

Sunday 2018

A1A

A2A

15

A stylized illustration of a city skyline at the bottom of the slide. It features various grey buildings of different heights and shapes. On the left, a taller building is highlighted with a blue base and a green roof. A blue rectangular label with the word 'HOSPITAL' in white capital letters is positioned over the base of this building. The foreground is a solid blue area representing water or a road.

HOSPITAL

Enhanced Ambulatory Patient Grouping (EAPG)

EAPG

Outpatient Payment Methodology



Effective 10/01/2016



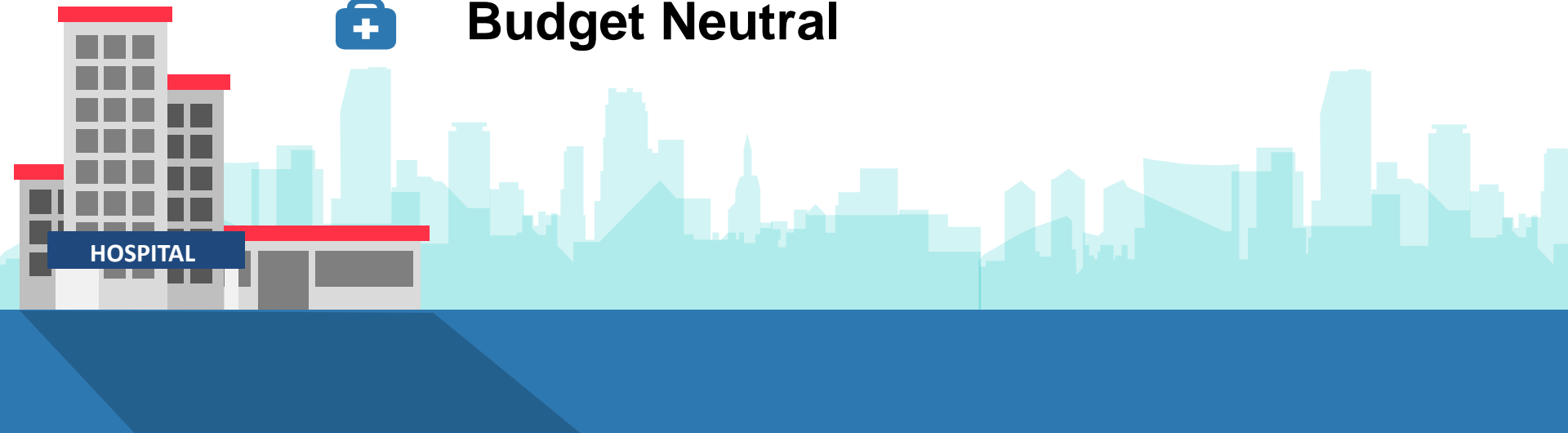
Transitioning from current cost-plus methodology



Eliminates cost report settlements



Budget Neutral



EAPG Methodology

Grouper



Outpatient visit-based patient classification system designed by 3M.



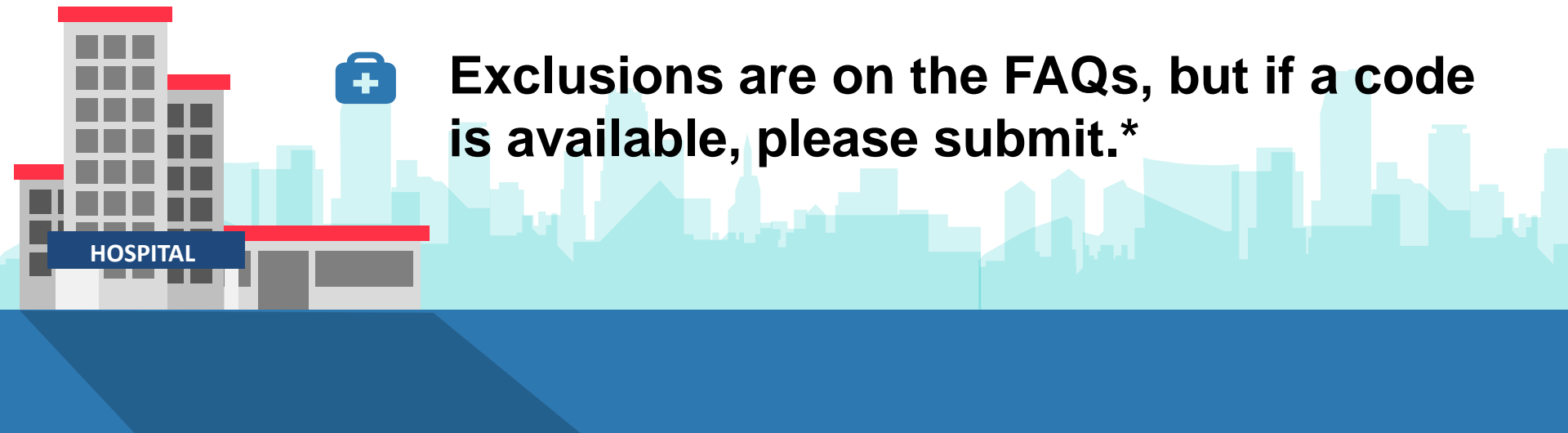
Assigns an EAPG to each claim detail line



As of 09/01/16, each revenue line will require CPT/HCPC code and will have a front end edit to reject.






Exclusions are on the FAQs, but if a code is available, please submit.*



EAPG Methodology

Three Major Visit Types

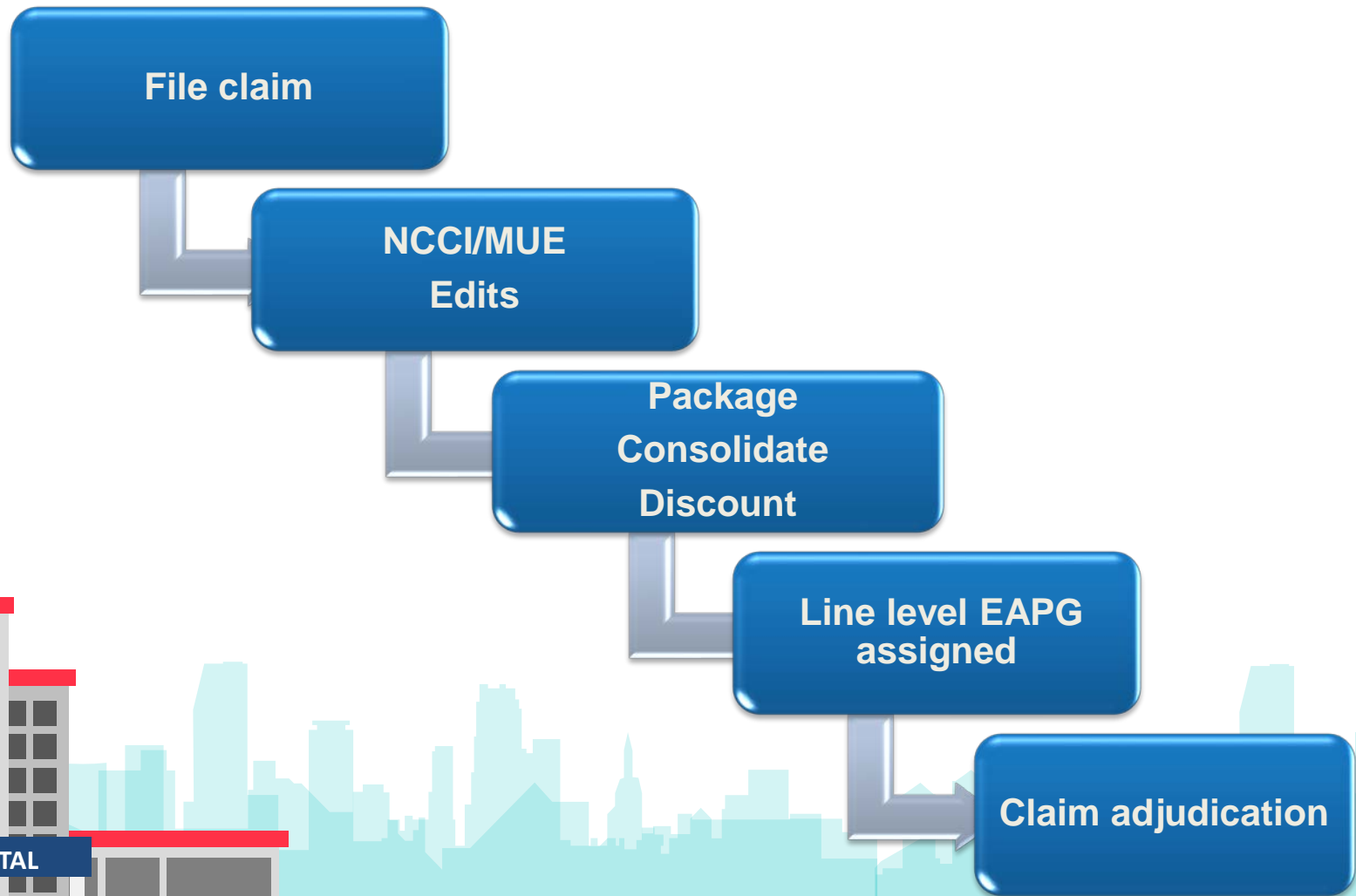
-  **Significant Procedure**
-  **Medical Visit**
-  **Ancillary Procedures**

Payments are made on a per visit basis, where payment is directed to the main significant procedure or treatment provided during the visit.



HOSPITAL

EAPG Process



EAPG Payment

Methodology

$$\text{Detail Line Payment} = \text{Provider Base Rate} \times \text{EAPG Relative Weight} \times \text{Bundling/Discounting/Adjusting}$$



EAPG Payment Types

Line Level

**Full
Payment**

Consolidated

Packaged

Discounted

Per Diem



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EAPG Payment

Discounting

50%

- **Terminated Procedures**

50%

- **Multiple Significant Procedure**

50%

- **Repeat Ancillaries**

150%

- **Bilateral**

HOSPITAL

A stylized illustration of a hospital building with a red roof and a blue sign that says 'HOSPITAL'. In the background, there is a city skyline with various buildings in shades of blue and green. The entire scene is set against a dark blue background.

EAPG Payment Modifiers

52

- Terminated Procedure

73

- Discontinued Procedures

27

- Multiple Outpatient Hospital E&M Encounters on the same day

50

- Bilateral

59

- Distinct Procedure

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EAPG Methodology

Ancillary Claim

CPT	CPT Desc	APG	APG Descr	Payment Flag	Payment Action	Full APG Wght	% Pd	Allwd APG Wght	Ex. Base Rate	Paid Amt
70120	X-ray of mastoids	471	Plain Film	Ancillary	Full Payment	.1006	100%	.1006	\$500	\$50.30
								.1006		\$50.30



EAPG Methodology

Significant Procedure Claim

CPT	CPT Desc	APG	APG Descr	Payment Flag	Payment Action	Full APG Wght	% Pd	Allwd APG Wght	Ex. Base Rate	Paid Amt
31545	Laryngoscopy w/scope	063	Level II Endoscopy of Upper Air Way	Significant Procedure	Full Payment	4.2931	100%	4.2931	\$500	\$2146.55
31515	Laryngoscopy w or w/o trach	062	Level I Endoscopy of Upper Air Way	Related Procedure	Consolidated	.8259	0%	0.00	\$500	\$0.00
42405	Salivary gland and duct incision	252	Level I Facial and ENT Proc	Unrelated Procedure	Discounted	2.3248	50%	1.1624	\$500	\$581.20
00322	Anesth, biopsy of thyroid	380	Anesthesia	Uniformly Pckgd Anc	Packaged	0.0736	0%	0.00	\$500	\$0.00
								5.4555		\$2727.75

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EAPG Methodology

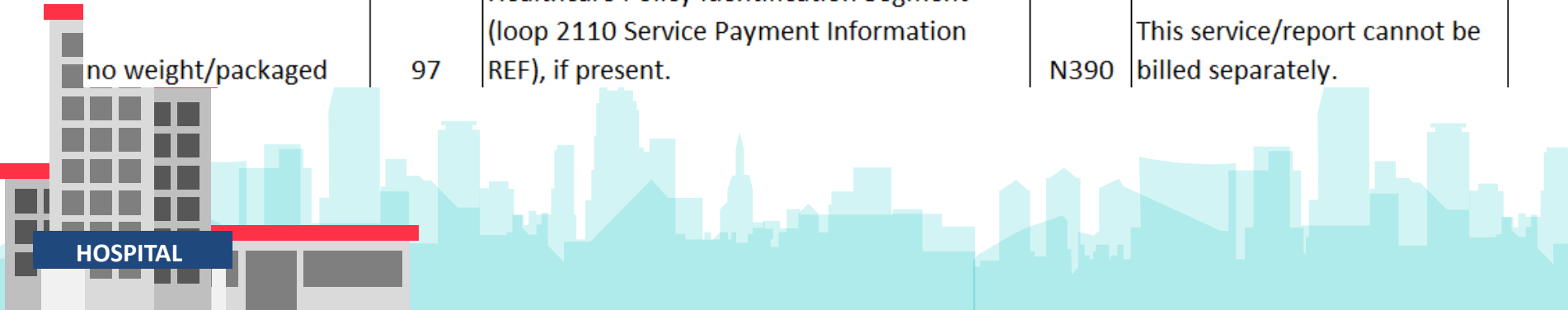
Medical Visit Claim

<u>EAPG</u>	<u>Allowances</u>	<u>Rev Cd</u>	<u>Units</u>	<u>Proc Cd</u>	<u>Rev Charges</u>	<u>Modifier</u>	<u>Prcg Rtn Cd</u>	<u>RARC</u>	<u>Weights</u>
<u>999</u>	0.00	<u>255</u>	15		288		9/6/2017	N390	
<u>999</u>	0.00	<u>270</u>	5		110		9/6/2017	N390	
<u>403</u>	11.23	<u>300</u>	1	<u>80053</u>	315		9/6/2017	N670	0.0225
<u>408</u>	0.00	<u>300</u>	1	<u>85025</u>	100		9/6/2017	N390	
<u>401</u>	15.76	<u>301</u>	1	<u>84484</u>	112		9/6/2017	N670	0.0315
<u>406</u>	0.00	<u>305</u>	1	<u>85610</u>	34		9/6/2017	N390	
<u>471</u>	0.00	<u>324</u>	1	<u>71020</u>	315		9/6/2017	N390	
<u>299</u>	111.05	<u>351</u>	1	<u>70450</u>	2100		9/6/2017	N670	0.4442
<u>525</u>	136.30	<u>450</u>	1	<u>99285</u>	1200 <u>25</u>		9/6/2017	N670	0.2726
<u>297</u>	394.23	<u>611</u>	1	<u>70553</u>	3200		9/6/2017	N670	0.7885
<u>281</u>	139.28	<u>615</u>	1	<u>70544</u>	2100 <u>59</u>		9/6/2017	N670	0.5571
<u>496</u>	0.00	<u>636</u>	1	<u>S0164</u>	35		9/6/2017	N390	
<u>413</u>	0.00	<u>730</u>	1	<u>93005</u>	300		9/6/2017	N390	
<u>450</u>	0.00	<u>762</u>	12	<u>G0378</u>	600		9/6/2017	N390	
<u>288</u>	68.25	<u>921</u>	1	<u>93880</u>	515		9/6/2017	N670	0.2730
<u>403</u>	5.63	<u>300</u>	1	<u>80053</u>	350		9/7/2017	N670	0.0225
<u>408</u>	0.00	<u>305</u>	1	<u>85027</u>	75		9/7/2017	N390	
<u>496</u>	0.00	<u>636</u>	1	<u>S0164</u>	30		9/7/2017	N390	
<u>496</u>	0.00	<u>636</u>	60	<u>J7512</u>	15		9/7/2017	N390	
<u>450</u>	0.00	<u>762</u>	18	<u>G0378</u>	800		9/7/2017	N390	
Total	881.73	<u>1</u>	0		12927				

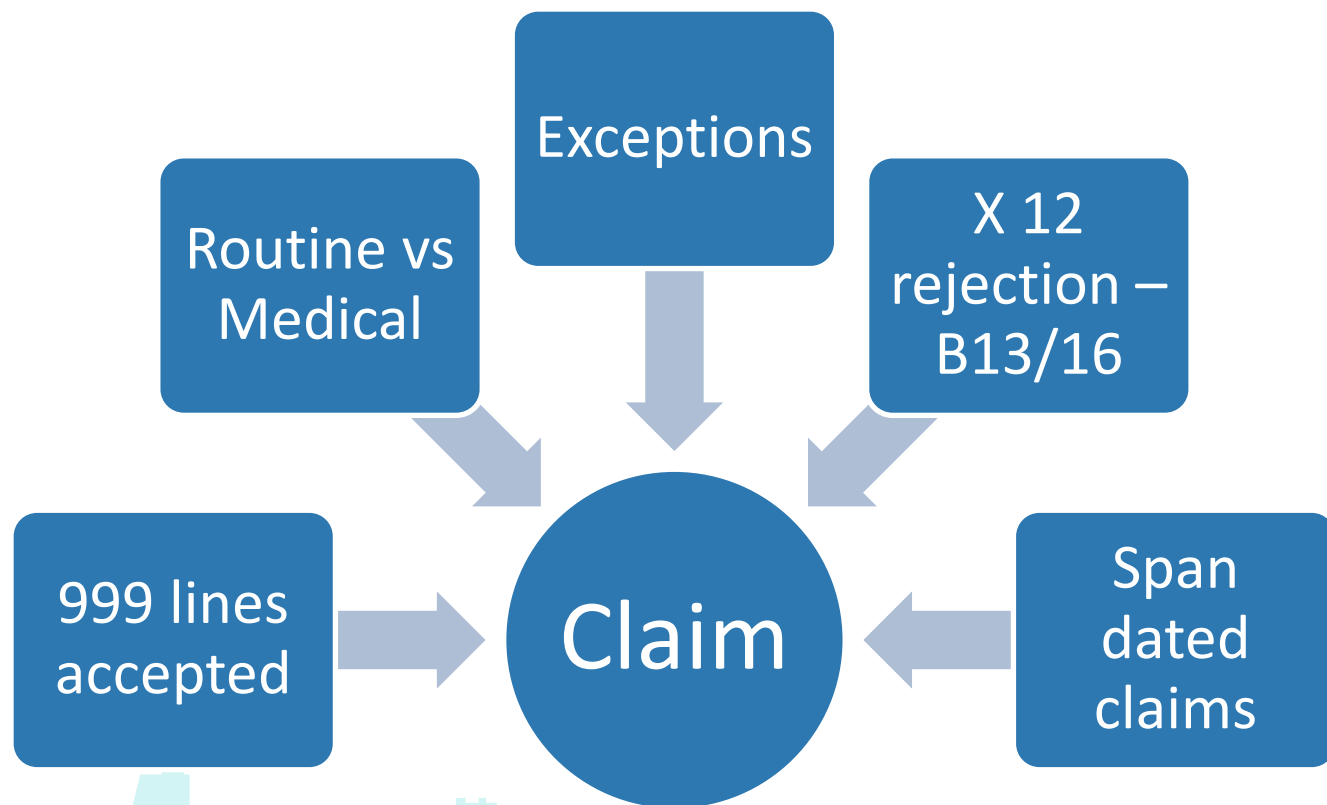


Remittances

<u>Line Processing</u>	<u>CARC</u>	<u>Description</u>	<u>RARC</u>	<u>Description</u>
full payment			N670	calculated based on an outpatient per diem or an outpatient factor and/or fee schedule amount.
clinical similar consolidation	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
no weight/package	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

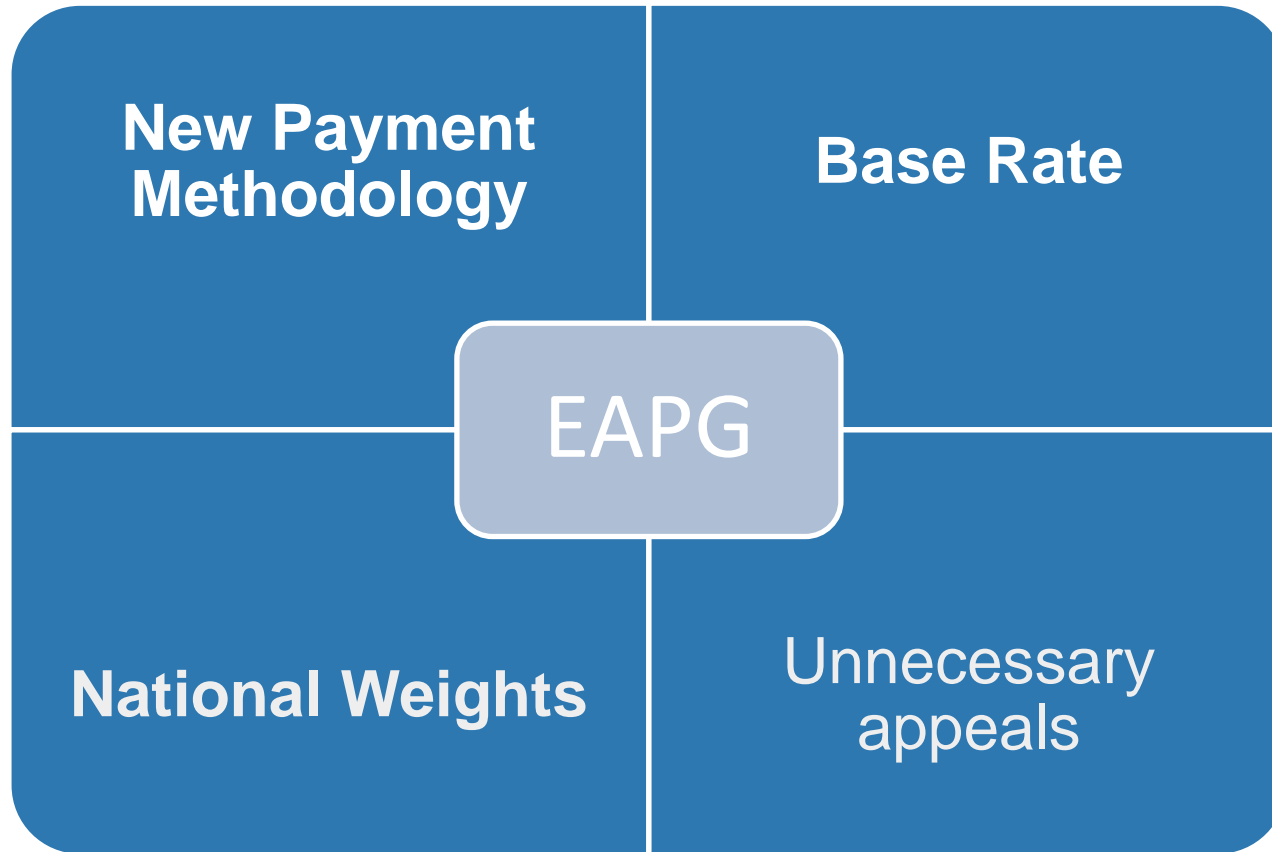


All charges should be filed on one claim



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Third Party Administrators



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Vendors

MUEs

NCCI

Modifiers

Remits

RARCs

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3M Software

3.10 version vs homegrown

Proprietary Information

Definition Manual

Expected software release updates



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Expected changes-Big Picture

Ancillaries
expected to
decrease

Significant
Procedures
expected to
increase

Ambulance

Crofab (Snakebite)



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The illustration at the bottom of the slide depicts a stylized city skyline. On the left, a prominent grey hospital building with a red roof and a blue sign that reads 'HOSPITAL' is shown. To its right, a series of light blue and teal geometric shapes represent various city buildings of different heights. The entire scene is set against a dark blue background that represents the ground or water.

Allowance greater than submitted charges

MEMR

This group complies with Healthcare Reform emergency room medical emergency benefits.

Benefits are provided for medical emergency care as follows:

In-Network: Facility - 100% of the allowed amount after a \$250.00 copay.

Example:

Provider base rate \$500

Submitted amount \$125.00

Weight .2985

Allowance: $\$500 \times .2985 = \149.25

Patient Responsibility = \$125

Paid amount= \$24.25



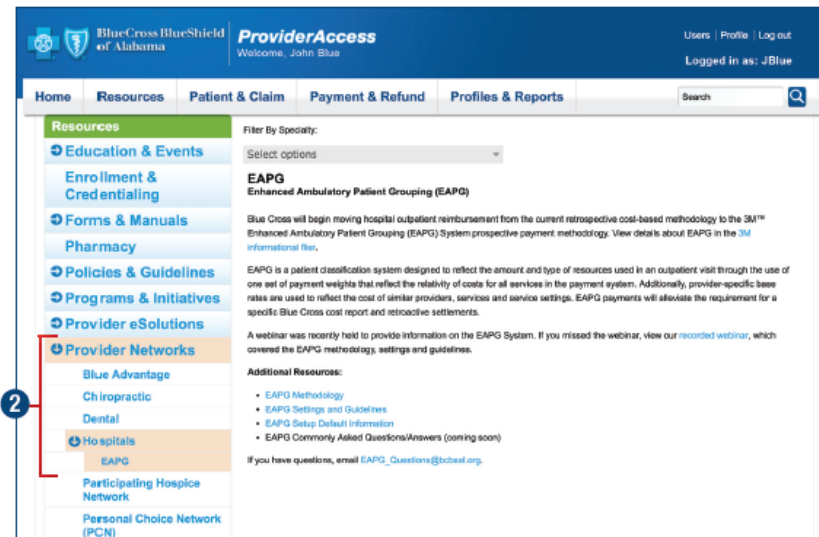
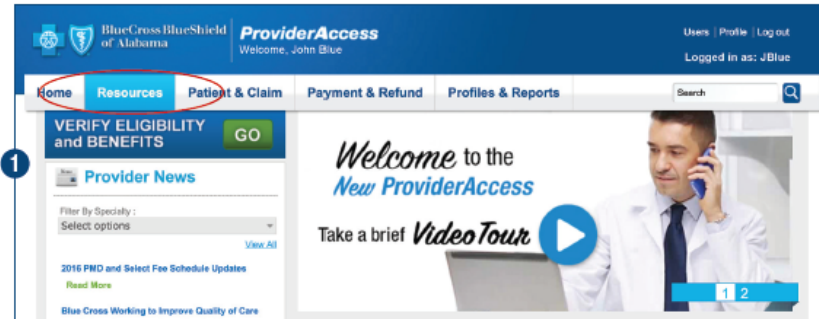
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EAPG Webpage

1 Log in to **ProviderAccess**.

After logging in, select **Resources** from the main menu.

2 Select **Provider Networks**, then select **EAPG**, under **Hospitals**.



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Questions?