DC Medicaid EAPG Grouper Settings Effective October 1, 2023

DC EAPGs: FY24 Grouper Settings

Effective October 1, 2023

Grouping - general

Direct admit observation logic: Yes

Repeat ancillary procedure discounting: Yes

Repeat ancillary discounting for drug: Yes

Repeat ancillary discounting for DME: Yes

Bilateral discounting: Yes

Terminated procedure discounting: Yes

Cross-type multiple procedure discounting: Yes

Radiology procedure packaging: Yes

Observation hours option: >= 8 hours

Grouping - visits

Multiple Medical Visits Option: 0-Do not allow assignment of multiple medical visits

Visits per claim: Multiple

Single visit per claim revenue codes: None

Grouping - EAPG type processing

Same procedure consolidation for Significant Procedure: Yes

Same procedure consolidation for Physical Therapy & Rehab: Yes

Same procedure consolidation for Behavioral Health & Counseling: Yes

Same procedure consolidation for Dental: Yes

Same procedure consolidation for Radiologic Procedure: Yes

Same procedure consolidation for Diagnostic or Therapeutic Procedure: Yes

Clinical procedure consolidation for Significant Procedure: Yes

Clinical procedure consolidation for Physical Therapy & Rehab: Yes

Clinical procedure consolidation for Behavioral Health & Counseling: Yes

Clinical procedure consolidation for Dental: Yes

Clinical procedure consolidation for Radiologic Procedure: Yes

Clinical procedure consolidation for Diagnostic or Therapeutic Procedure: Yes

Multiple procedure discounting for Significant Procedure: Yes

Multiple procedure discounting for Physical Therapy & Rehab: Yes

Multiple procedure discounting for Behavioral Health & Counseling: Yes

Multiple procedure discounting for Dental: Yes

Multiple procedure discounting for Radiologic Procedure: Yes

Multiple procedure discounting for Diagnostic or Therapeutic Procedure: Yes

Medical visit processed with Significant Procedure: No

Medical visit processed with Physical Therapy & Rehab: No

Medical visit processed with Behavioral Health & Counseling: No

Medical visit processed with Dental: No

Medical visit processed with Radiologic Procedure: No

Medical visit processed with Diagnostic or Therapeutic Procedure: No

Grouping - modifiers

Ignore all modifiers: No

Use modifier -25: Yes

Use modifier -27: Yes

Use modifier -59: Yes

Use therapy modifiers -GN, -GO and -GP: No

Use anatomical or select modifiers: No

Use never event modifiers, -PA, -PB, -PC: No

Use modifier -57: No

Use Distinct Procedure Modifier: Yes

Use modifier -JW: No

Use distinct medical visit: No

Grouping - Per Diem - not used in DC

Direct per diem option: 0

Indirect per diem option: 0

Grouping - inpatient only / alternate payment

Inpatient only HCPCS codes: None

Inpatient only EAPGs: None

Alternate payment HCPCS codes: None Alternate payment EAPGs: None

Grouping - never pay

Never pay HCPCS codes - list added

Never pay EAPGs: None

Grouping - packaging

EAPGs added to packaging: None

EAPGs deleted from packaging: None

Grouping - acuity

Acuity secondary diagnosis codes: None

Acuity EAPGs: None

Grouping - conditional

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EAPGs conditional upon diagnosis: None

Significant procedure or therapy EAPGs allowing medical visit: None

User-defined 340B drug list: None

Grouping - consolidation

EAPGS excluded from same significant procedure consolidation: None

Conditional EAPGS diagnosis codes required range list: Empty list

Grouping - midquarter effective date

Use midquarter effective date option: Yes Midquarter effective date ranges: None

Facility values

Base rates: UMC - \$1,307.70; NRH - \$482.24; All other hospitals - \$1,282.06

Non-EAPG rate: None Add-on rate 1: None Add-on rate 2: None Add-on rate 3: None Add-on rate 4: None Cost to charge ratio: None Wage index: 1.00000

Facility specific percent of charge: None Mental health full day per diem: None Mental health half day per diem: None Substance abuse full day per diem: None Substance abuse half day per diem: None User-defined adjustment factor: None User-defined EAPG adjustment factor: None

Agency values

Terminated procedure discount percent: 0.50 Bilateral procedure discount percent: 1.50

Low marginal cost factor: None High marginal cost factor: None High cost outlier limit: None High cost outlier factor: None

Cost outlier threshold fixed amount: None

Transition percent: None

Significant procedure discounting percent - 1st percent: 1.00 Significant procedure discounting percent - 2nd percent: 0.50 Significant procedure discounting percent - 3rd percent: 0.25 Repeat ancillary discounting percent - 1st percent: 0.50 Repeat ancillary discounting percent - 2nd percent: 0.25 Repeat ancillary discounting percent - 3rd percent: 0.25

Agency other

Lesser of charge vs. EAPG payment: Do not apply

Lesser of charge vs. fee: Do not apply Payable line items number: No limit Payment path: Line item based

Alternate line item payment hierarchy: None

Cost outlier method: None Adjustment percent 1: 1.00000

Adjustment percent 2:

Therapy significant procedure discounting: Standard

Pre ranking bilateral adjustment flag: No

Pre ranking terminated procedure discounting flag: No Independent bilateral procedure discount percent: 2.00

340B drug discount: None

Cross-type significant procedure discount ranking: Yes

Pediatric age adjustment: 1.2000 (20%) Pediatric age adjustment limit: 20 Modifier JW No Payment Flag: Off

Statistics

Statistics: Effective with Grouper Version V3.17 and two DC specific weights for 269 and 493

Fees: None Revenue codes: None

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