

# Enhanced Ambulatory Patient Group (EAPG)

## Frequently Asked Questions

### Q: What are Enhanced Ambulatory Patient Groups (EAPGs)?

A: EAPGs are a patient classification system designed to explain the amount and type of resources used during an ambulatory visit. Patients in each EAPG have similar clinical characteristics, resource use and cost.

### Q: What do EAPGs encompass?

A: EAPGs were developed to encompass the full range of ambulatory settings including:

- Hospital emergency rooms
- Outpatient clinics

EAPGs cannot address nursing home services, inpatient services or miscellaneous services like transportation.

### Q: What hospitals are affected by EAPGs?

A: Hospitals that meet the criteria below are subject to the EAPG system prospective payment methodology utilized by the Ohio Department of Medicaid as described in [OAC 5160-2-75](#).

- Hospitals that are subject to diagnosis related group (DRG) prospective payment as described in rule [OAC 5160-2-65](#)
- Hospitals that provide covered outpatient hospital services to eligible Medicaid beneficiaries as defined in rule [OAC 5160-2-02](#) of the Administrative Code

Hospitals exempt from prospective payment will continue to be paid reasonable costs as described in [OAC 5160-2-22](#) of the Administrative Code.

### Q: How are EAPGs different than DRGs?

A: There are three major differences between EAPGs and DRGs

- *Type of Visits:* EAPGs are based on ambulatory visits and DRGs are for inpatient visits.
- *Grouping:* EAPGs group using ICD-10 and HCPCS including CPT, while DRGs group using ICD-10 and procedure codes.
- *Number of Assignments:* EAPGs can have multiple EAPGs assigned per visit, while DRGs are only one DRG per admission.

### Q: How are EAPGs grouped?

A: Bill types:

- 13x will group and price in Web.Strat.
- 135 will not be accepted due to the discounting/packaging features within EAPG.
- 12x and 85x (our O/P crossover claims) will be run through EAPG in order to do the lessor-of pricing for crossover claims.



**Your Extended Family.**

- Behavioral Health (BH) outpatient hospital claims will be priced outside of EAPGs in accordance with the code chart located at [www.Medicaid.ohio.gov](http://www.Medicaid.ohio.gov) under “Providers,” then “Fee Schedule and Rates,” click on “I Agree,” then “Outpatient Hospital Behavioral Health Services.”

**Q: How are EAPGs paid?**

A: EAPGs are paid based on the equation below:

- Hospital specific base rate (adjusted for risk corridor), times EAPG relative weight (for which the services were assigned by the EAPG grouper), times applicable discounting factors.
- Refer to EAPG Relative Weights Table link at end of document.

**Q: Are there any items which may be paid outside of EAPG?**

A: Yes, select items may be paid outside of EAPG when they meet the criteria listed in [OAC 5160-2-75](#). Some examples are:

- Pharmaceuticals
- Durable medical equipment (DME)
- Independently billed services drugs or medical supplies and devices
- Dental services
- Designated free vaccines
- Observation services
- BH and substance use disorder (SUD) services

**Q: Where can I direct providers that have claims payment questions?**

A: Provider questions regarding claims payment can be directed to this email box [OHEAPGQuestions@MolinaHealthcare.com](mailto:OHEAPGQuestions@MolinaHealthcare.com).

**Q: If I disagree with a payment can I still file a claim reconsideration?**

A: Yes, claim reconsiderations can still be submitted through the standard process based on your contractual timely dispute period. Please include a detailed explanation of payment error and the pricing logic used to substantiate the error.

**Q: Where can I refer providers for additional information and training documents?**

A: Links Below:

- PowerPoint: [Introduction to-3M-Enhanced-Ambulatory-Patient-Groups-Ohio](#)
- EAPG Relative Weights [EAPG Relative Weights](#)
- EAPG Covered codes: [PDF](#)
- Rule Draft: [OAC 5160-2-75](#)

