GPP Reporting

Recording Link:
https://safetynetinstitute.webex.com/safetynetinstitute/lsr.php?RCID=84c918a42b3b41af8d59c4470082046b

Julie Sheu
John Minot

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Webinar Goals

1. Enable members to submit and troubleshoot their data for the interim reporting – due August 15th
2. Share and gather insight for developing encounter-level reporting – required for program year (PY) 2

GPP Member Portal

https://safetynetinstitute.org/member-portal/programs/globalpaymentprogram/

- Program description
- DHCS website reference
- Tools/resources
- Recorded webinars
- Key dates

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Interim Reporting

PY 1

GPP, PY 1

- Evaluate actual services provided against GPP threshold – adjust services as necessary (quarterly)
- Clean and validate data (uninsured status, visit counts, uncaptured services)

- Determines interim payment amount earned for GPP (not to exceed 100% of budget)
- Clean and validate data (uninsured status, visit counts, uncaptured services)

- Capture services previously not reported (non-traditional, contracted services)
- Clean and validate data (uninsured status, visit counts, uncaptured services)

- Determines final payment amount earned for GPP
- Can earn amounts greater than budget if some PHCS did not meet their threshold

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Additional resources – Uninsured

- Uninsured services as allowed under DSH/SNCP program
- No payment ≠ uninsured
- Majority of threshold points will come from these populations:
  - County indigent programs
  - Uninsured individuals (no insurance at all)
  - Limited scope/Emergency Medi-Cal patients (uncovered services only)

*By service, majority points from traditional IP and OP, mental health.

Additional resources – Visit count (1)

Physical health

- By day, by service type *(See document for additional details)*

Service type
Transplant/Burn
Trauma
ICU/CCU
Med/surg, etc. (acute rehab, stepdown)
Dental
OP Surgery
OP Primary/Specialty

Additional resources – Visit count (cont)

County behavioral health

- Short/Doyle report counts by time & needs to be converted to visits
  - Significant points for most counties
- By day, by service function grouping

Mode	Service function grouping	Description
15	1-9	Case management
15	10-57, 59	Mental health services
15	58	Therapeutic behavioral services
15	60-69	Medication management / support
15	70-79	Crisis intervention

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Additional resources – FAQs

Common questions will be posted and updated by CAPH/SNI staff.

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

1. Key areas for troubleshooting

- Are you validating internal uninsured data against Medi-Cal eligibility or other sources?
  - Medi-Cal POS system (retroactive changes)
  - Your initial thresholds

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

2. Key areas for troubleshooting

- Are you double counting visits or including "non-visits"?
- Are your counting everything that does qualify as a visit. Dental, for example?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

3. Key areas for troubleshooting

- Are your reporting partners (county clinics, BH, contracted providers) defining "uninsured" correctly?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

4. Key areas for troubleshooting

- Are you capturing county mental health services correctly?
  - Uninsured definition, visit definition, other federal funds

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

5. Key areas for troubleshooting

- Are you capturing all non-traditional services your system is providing to the uninsured?
- Are you capturing all contracted/purchased services your system is providing to the uninsured?

6. Key areas for troubleshooting

- Are you capturing your Maddy funds correctly (calculated figure)?

7. Key areas for troubleshooting

- Others?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Questions?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

GPP Encounter Reporting

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Goals for Encounter Reporting

1. Meet CMS requirements for patient-level encounter data
2. Leverage encounter data to inform GPP evaluation

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

DHCS's Current Path

- OSHPD format
  - PHS already reporting for IP and ER services
- Limited data fields

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Proposed data fields

Inpatient

	Data Element
1	Facility ID number
2	Abstract record number/Patient identifier
3	Admission date
4	Discharge date
5	GPP Service Type
6	Principal diagnosis
7	Secondary diagnosis
8	Principal procedure
9	Secondary procedure

Non-inpatient

	Data Element
1	Facility ID number
2	Abstract record number/Patient identifier
3	Service date
4	GPP Service Type
5	Principal diagnosis
6	Secondary diagnosis
7	Principal procedure
8	Secondary procedure

Data format for OSHPD available here:
http://oshpd.ca.gov/documents/MIRCal/b-inpatient-format-file-specifications-version-3.0.pdf
http://oshpd.ca.gov/documents/MIRCal/d-emergency-department-and-ambulatory-surgery-format-file-specifications-january-2015-version-1.9.pdf

Question #1

What type of data would PHCS have the most trouble getting into an encounter format and why? Are there any issues with privacy that we should be aware of?

- Hospital services
- Non-hospital clinic services
- County mental health (contracted and county provided)
- Limited Scope/Emergency Medi-Cal IP stays

Question #2

One potential goal in the evaluation is to show greater coordination, especially physical and mental health. To do so, we may need unique patient identifiers between physical and mental health

- Does your system use an unique patient identifier across physical and mental health?
- If not, are there other data points that can show greater coordination between physical and mental health?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS
CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Question #3

- Another potential goal is measuring resource allocation in more appropriate settings, such as ratio of IP to PCP/specialty visits or ER to ambulatory
  - Are you able to demonstrate that with the data collected for GPP? What else would you need?

CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Contact

- Julie Sheu, Finance Policy Analyst jsheu@caph.org
- John Minot, Associate Director of Policy jminot@caph.org
- David Lown, Chief Medical Officer dlown@caph.org
- Suzette Chaumette, Program Associate schaumette@caph.org