

Date pub.	Category	FAQ ID	Question	Answer
7/28/16	Eligible Population	EP1	Can people incarcerated in county jail be treated as uninsured?	No, per federal claiming principles
7/28/16	Eligible Population	EP2	If someone has Medi-Cal covering a given service but payment is denied on the grounds of its not being medically necessary, can those services be counted for GPP?	No, per federal claiming principles.
7/28/16	Eligible Population	EP3	Does GPP include uninsured services to insured patients?	If the patient is are uninsured for the specific service, then you can count that service toward GPP. For example, if Medi-Cal or third party insurance denies a day because "it is not covered" (as a category of service – e.g., no primary care is covered) then you can count it. If it is denied because it is duplicative, not medically necessary, submitted with incomplete documentation, etc., then it does not count as "uninsured for the service" and cannot be used for GPP purposes. However, for non-traditional services, if the patient has basic primary care coverage, then the DPH would not be eligible to claim points for providing that person any non-traditional services. If it is denied because Medi-Cal never covers it even for patients with otherwise full benefits (e.g., podiatry), it may not be counted toward GPP.
7/28/16	Eligible Population	EP4	What about patients who lost their coverage. Are they eligible under GPP, specifically Medi-Cal patients drop out	The patient's actual coverage at the time the service is provided determines whether the service is claimable under GPP. If a patient has lost Medi-Cal coverage and has not re-enrolled or has any other coverage for that service, then it is claimable under GPP. However, if they later apply for Medi-Cal, please note that their enrollment could be effective retroactively (e.g., to the first of the month in which they submit the application or potentially sooner depending on how they apply) and in that case the service would no longer be claimable under GPP.
7/28/16	Eligible Population	EP5	If someone has Medi-Cal, but the provider does not bill Medi-Cal and pays for it with county funds, can we count those services toward GPP?	The person would not be considered uninsured as there is a viable payer (even if the provider did not bill or receive payment from Medi-Cal) for that service. The person would need to be uninsured for that service as a service type.
4/3/17	Traditional services	T9	Can you count separate visits with a PCP and an RN done on the same day same location?	Generally, no. You can normally count multiple visits when it is across service types, but keep in mind that the non-traditional RN category is defined as "RN only." Therefore, if you have a combined PCP and RN visit, there would be one traditional PCP/Spec visit (100 points) and no RN-only visit (since the RN visit was in conjunction with the PCP visit and therefore is not RN-only). If the patient had a PCP visit and then came back on the same day for a completely separate RN only visit, then it would count as two visits, one PCP and one RN only. If you have such cases and wish to count them, we would recommend you retain backup sufficient to verify that the visit was not combined; however we believe these situations are likely to be uncommon.
4/3/17	Traditional services	T8	Can you count the mom and baby as two IP days?	For well-baby (also known as common) days, the mom and baby count as one day, as this is how it was reported in the baseline thresholds and therefore reflective in the point value of the med/surg visit. However, if you have a boarder baby or baby with complications that result in a NICU stay or otherwise a stay where the baby would normally be billed separately from the mother, you can count those days as separate.
7/28/16	Non-Traditional services	NT1	Does a sobering admission = 1 encounter for GPP? In respite there is a huge range of lengths of stay, so we need to know how many "touches" we can get credit for. Can each patient have a documented encounter with a provider each day and thus, each of these encounters count?	Both sobering services and respite care are valued based on number of days.

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7/28/16	Non-Traditional services	NT2	RN visits - this now includes wound checks. We have a wound clinic where LVN's provide the same type of wound check that an RN would do. Could we count the LVN services? Telephone consultation with PCP - definition says "telephone E&M service provided by a physician...." We assume because an E&M could be provided by another type of PCP, such as an NP or PA that telephone consults done by NP or PA are ok.	99211 can be used for RN, LVN or LPN all pursuant to physician (or NP, CNM, PA) orders/protocols. Here is a reference: http://stdtac.org/files/2014/06/RN-Billing-FAQ_STDTAC-1.pdf It quotes the CPT description for code 99211 as: "office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. performing or supervising these services". While the reference does say that a 99211 does not specify the staff that carries out the services, for GPP we will be using this specifically for the Nurse Visit services, so will stick with RN, LVN, LPNs (unless).
7/28/16	Non-Traditional services	NT3	Both "Telephone visits with PCP" and "Email visits with PCP" use CPT codes that do not limit the service to PCP but includes all physicians. Does the title or the code dictate the scope?	It should be the code, but we will need to confirm this and change the title in future versions Of note: CPT uses "Physician" but under most circumstances a practicing Nurse Practitioner, Certified Nurse Midwife, or Physician Assistant can report E/M codes as a provider, under the supervision of a physician. For GPP, any reference to "Physician" will apply to any Physician (Primary or Specialty) NP, CNM or PA.
7/28/16	Non-Traditional services	NT4	Which codes can we use for RN or PharmD telephone visits?	RN phone visits can use RN Advice Line. There is no obvious place for PharmD phone visits. Will check to see if physician phone visit codes can be used for PharmDs. Chronic Care Management code 99490 can be used by PharmDs or other qualified health professionals to provide the chronic care management services described by the code definition.
7/28/16	Non-Traditional services	NT5	Can OMT (Osteopathic Manipulation Therapy) be added?	As this service is provided through a face to face physician visit, it should be covered by the traditional F2F outpatient encounter for 100 points
7/28/16	Non-Traditional services	NT6	Which service type would diabetes education fall under?	If this is general diabetes education without diabetes management, then it would fall under Health Education, Nutrition Education or Health Coaching. If there is diabetes care management (i.e., adjustment of the care plan) as part of the service then it could be claimed under RN encounter or PharmD encounter

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7/28/16	Non-Traditional services	NT7	In the GPP reference guide, under RN visit, there are 2 references. Please provide the 2nd article from the AAFP website. What is the relationship between physician order vs protocols in regards to RN visits? Many of our patients only see a nurse and the physician does not give any orders and is not involved in the care on that particular day. According to the STC website link you have it sounds like these types of visits would qualify, but yet they wouldn't qualify for Medicare reimbursement under the "incident to" provisions.	<p>The article includes various provisos that are specific to billing for services that may or may not apply in GPP, as GPP is trying to be more inclusive in its use service categories and their related codes.</p> <p>https://safetynetinstitute.org/wp-content/uploads/2017/04/understanding-when-to-use-99211-family-practice-management.pdf</p> <p>For example, the article says that 99211 could be used for dressing change but not if it's related to a burn since there are specific codes for burn care. In GPP, 99211 should be used for dressing care for burns if that is provided by a nurse. We're trying to lump rather than split, as the latter would need a scroll's worth of codes.</p> <p>Similarly, in the example the article gives right before burns, it says 99211 is ok for a drop in blood pressure check, if it was ordered by the provider, but not if it was initiated by the patient. For GPP, either provider ordered or patient initiated BP check would be included.</p> <p>As to the provider orders or involvement, as long as the service provided in that RN visit (inclusive of LVN or LPN) is within scope of the nurse, then it would be included in GPP, regardless of whether a provider ordered it or not (regular order or standing order), was involved that day or not.</p>
7/28/16	Non-Traditional services	NT8	Does licensed professional include licensed clinical social workers (which are reimbursable for an FQHC visit)?	Yes, they LCSW would count as a licensed professional
7/28/16	Non-Traditional services	NT9	Uninsured=uninsured for the services? For example, a Blue Cross PPO patient receives health education from XYZ health system, should this health education visit count?	No. That person would not be considered uninsured under GPP. The person would have to be uninsured for the related traditional service. For example, if someone only had hospital IP coverages, and not insured for basic primary care, then associated health education as well as basic primary care would count as uninsured services. With health reform, there are few of these types of health plans left. If the patient has basic primary care coverage, then the DPH would be not be eligible to claim points for providing that person any Non-traditional services.
7/28/16	Non-Traditional services	NT10	Presently, medical nutrition therapy is not billable by a dietician on the same day as the physician visit. Would this be the cast with GPP?	Yes, Nutrition Education is one of the Non-Traditional Services in GPP and can receive points even if provided on the same day as a provider visit.
7/28/16	Non-Traditional services	NT11	Do pharmacy consultations at point of prescription distribution count as PharmD/MTM for GPP (MTM=Medication Therapy Management)?	No. The reason is that the PharmD encounter under GPP has to provide services that qualify as Medication Therapy Management (MTM). In other words the PharmD has to provide assessment and management, not just one-way counseling, which generally is the case when the pharmacist may not have the medical record, or full medication history. Second, given the points system, the complexity and time required for MTM in GPP should be similar to chronic care management, and more complex than an RN visit. In the community pharmacy setting, the closest you get to matching the GPP requirement will be that some community pharmacies (there are some Walgreens stores) that have pilot programs that utilize pharmacists who sit down with the patients, go over their medications and disease states, and contact the providers for recommendations. Some have even enabled the community pharmacy to have access to the health system's EHR (likely limited in some way to the shared patients).

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7/28/16	Non-Traditional services	NT12	Does case management and health educators services delivered to SUD clients would count as complementary?	It depends. As long as the services do not fall under the category of traditional billable substance use (Outpatient or Methadone), then PHS could claim Category 2A: (Non-Trad) Preventive health, education and patient support services points for Case Management and Health Ed for those clients.
7/28/16	Non-Traditional services	NT13	How do you count case management visits? If someone talks to a case manager 3x in a day, is that 3 visits or 1 visit?	Case Management is counted by encounter. However with any number of visits of the same category on the same day only count as 1 visit, so this specific case would count as 1 visit.
4/3/17	Traditional services	T7	If someone has Medi-Cal Limited Scope / Emergency Medi-Cal / Pregnancy Medi-Cal covering some services but not all services, can the services they are not covered for be counted for GPP?	Yes, if someone has a limited form of Medi-Cal that does not cover a given service (such as primary care in the case of Limited Scope / Emergency Medi-Cal), they are considered uninsured for that service and that can be counted, as under existing rules. The service must be a non-covered benefit based on the restricted scope of coverage (e.g., post-stabilization IP days), and not denied for another reason, such as not meeting medical necessity or other administrative denials.
4/3/17	Traditional services	T6	Can you count dialysis by community providers as source of GPP points?	Yes, this would count as a Contracted Primary/Specialty visit at 19 points (if performed by a contracted community provider) or a Primary/Specialty visit at 100 points (if performed directly by the PHCS).
7/28/16	Traditional services	T1	If someone has Medi-Cal Limited Scope / Emergency Medi-Cal / Pregnancy Medi-Cal covering some services but not all services, can the services they are not covered for be counted for GPP?	Yes, if someone has a limited form of Medi-Cal that does not cover a given service (such as primary care in the case of Limited Scope / Emergency Medi-Cal), they are considered uninsured for that service and that can be counted, as under existing rules.
7/28/16	Traditional services	T2	Can we count trauma days that are also ICU days as ICU days, which have a higher value?	For consistency with how data was initially reported and how trauma is defined, where a day may count as both trauma and ICU, it should be categorized as trauma as trauma is higher on the list of GPP services for GPP reporting (please reference the DHCS's aggregate report).
7/28/16	Traditional services	T3	Should our GPP number include PHS visits only? Or do we include County Public Health and Behavioral Health? Please advise.	The answer is to include both, but it is important to properly identify who is uninsured across multiple providers' billing systems. We have gone into this in some detail with finance staff, so please connect with those people who have received more of the details.
4/3/17	Traditional services	T5	Regarding the "paramedic treat and release". Our hospital is structured as a hospital authority within our county. They EMS services are a separate entity. Would we and should we count their patient for GPP?	As long as the EMS service is structured as a service directly provided by the county or paid for contractually by the county, then those uninsured services would be covered under GPP as the county is paying for those services. Keep in mind that the EMS will still need to obtain the relevant information required for GPP encounter reporting, including confirming the patient is uninsured.
4/3/17	Traditional services	T4	What service type does observation fall under? Do we take observation hours/24 and count it as a patient day?	Observation is an outpatient visit under primary/specialty (similar to how it was categorized in the base data used for point values and thresholds). It is important to group as an outpatient service under the visit count definition, where the visit is per encounter per day. You cannot count each encounter by hour.
4/3/17	Traditional services	T14	What service type do outpatient physical therapy, occupational therapy and speech therapy visits fall under?	Consistent with baseline reporting which did not include these as visits, PT/OT/ST would <u>not</u> be countable as a visit for GPP. Instead, these costs were included in the PCP/Spec costs, similar to the treatment of ancillary costs (not counting as a separate visit).
4/3/17	Traditional services	T13	Would outpatient endoscopies, primarily colonoscopies, be categorized as part of OP Surgery?	In the baseline data, hospitals classified colonoscopies under OP surgery and therefore it is appropriate to include colonoscopies under OP Surgery.

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4/3/17	Traditional services	T12	If someone makes a telephone consultation with a mental health professional, and later the same day has an in-person mental health visit, are these encounters separately countable?	Probably not. Per Attachment FF, the telephone consultation cannot be “originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment,” therefore in most cases the telephone consultation in this situation would not count as a non-traditional visit.
4/3/17	Traditional services	T11	What about a primary care and then a psych visit by the primary care provider?	If a single encounter contains elements of physical and mental health care, it can still only count as one encounter. However, if a patient received a PCP visit and separately an encounter with a mental health provider on the same day, since those are two different services, they would be counted separately.
4/3/17	Traditional services	T10	Can we count services to the uninsured under GPP if we fund them with mental health realignment or MHSA funding?	Yes, because these are sources of funds provided by the state alone with no federal match.
4/3/17	Non-Traditional services	NT15	Can Detox Services fit under one of the Non-Traditional Service?	It would depend heavily on whether the service would be traditionally billable under the Short-Doyle county mental health system (that is, whether it would be a service covered with FFP available for people with full Medi-Cal). If it would fall under Short-Doyle, it should be countable under one of the existing GPP mental health service categories. If it would not be billable, then it is a non-traditional service not listed in the STCs, meaning we would need to identify a process with the state wherein those additional services can be added for future years, but could not count it currently.
4/3/17	Non-Traditional services	NT14	For Non-Traditional GPP points, are we only allowed to count points if the given code is used (if there are given codes)? I assume that is not the case if a secondary definition is given in Att. FF (i.e. Palliative Care). But, for instance, if a clinic does group medical visits and tracks these without using 99411-2, can we add those to our point total?	The STCs require that PHCS submit encounter (claim line data) data beginning in GPP Year 2 (July 1, 2016). Where there are specific procedure codes for the non-traditional services (a list of these codes will be included in the soon to be published reporting guide) PHCS may report these services using these listed codes. (Capture of these codes by the system can be accomplished either by coding at the point of service or by using the local mapping process described in the reporting guide) While use of the codes is not required at this point in the program, if the code(s) is not used, the service provided and reported must still match the STC service description in order to be reported. Likewise, for services without specific codes, PHCS may report a particular non-traditional service if the STC description matches the provided service.
4/3/17	Eligible Population	EP7	Can we count the services for GPP for those held in county jail pre-trial?	No, federal principles exclude treating as uninsured anyone in jail or prison custody, whether they are convicted of a crime or merely awaiting trial.
4/3/17	Eligible Population	EP6	Can we count services as uninsured if the patient refused to ever provide insurance information?	No. Your claiming of a service as uninsured needs to have some kind of backup that they are uninsured for the service (i.e., intake form, insurance status check). For example, if you are providing services at a mobile clinic and never ask for insurance information in registration/intake, then you cannot say individuals served at that clinic are uninsured.