

Date pub. <i>*New*</i>	Category	FAQ ID	Question	Answer
7/28/16	Eligible Population	2	Can people incarcerated in county jail be treated as uninsured?	No, per federal claiming principles
7/28/16	Eligible Population	3	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	4	Does GPP include uninsured services to insured patients?	If the patient is 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	5	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	6	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.
7/28/16	Non-Traditional services	9	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.
7/28/16	Non-Traditional services	10	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.

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7/28/16	Non-Traditional services	11	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).
7/28/16	Non-Traditional services	12	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	13	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.
7/28/16	Non-Traditional services	16	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	17	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	18	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.

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7/28/16	Non-Traditional services	19	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	20	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
7/28/16	Non-Traditional services	21	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. 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	22	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	23	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	Traditional services	24	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	33	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).

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7/28/16	Traditional services	34	Should our GPP number include PHS visits only? Or do we include County Public Health and Behavioral Health?	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	Eligible Population	7	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.
4/3/17	Eligible Population	8	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	Non-Traditional services	14	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	Non-Traditional services	15	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	Traditional services	25	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	Traditional services	26	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	27	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	28	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	29	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	35	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	36	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	37	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).
4/3/17	Traditional services	44	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	45	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.
4/3/17	Traditional services	46	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.

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5/2/17	Traditional services	30	Can you explain what exactly is the GPP visit for our clinic visits. Would it be O/P?	Yes, face to face visits between patient and a PCP (be they MD, DO, NP or PA) would be counted as O/P Primary/Specialty visit for 100 points when provided inside the public system, or 19 points if provided by contracted external providers. A clinic visit may alternatively count as a different type other than O/P Primacy/Specialty, depending on the details of the services provided. Please see Attachment FF and the Visit Definition Guide for more information.
5/2/17	Traditional services	31	Should our GPP number include medical center visits only? Or do we include County Public Health and Behavioral Health?	Yes, GPP services may be provided by any county department, as long as they otherwise qualify as a GPP service. Encounter-level date from these departments is required as with all GPP-level data.
5/2/17	Traditional services	32	If an individual has a basic Covered California plan, that doesn't cover a certain service, even though it was medically necessary, would this count for GPP?	If someone has full scope, ACA-compliant coverage, they should not have any services that count toward GPP.
7/3/17	Non-Traditional Services	42	We have a mobile dental van that provides dental services to our patients. Would that count under Dental or Mobile Clinic Visit?	It depends. If you could have billed for it under traditional Medi-Cal as a service, then it should be reported as a traditional type of service, e.g., dental. Otherwise, it may be Mobile Clinic Visit or Oral Hygiene visit depending on level of services provided. We recommend checking with your clinical leads for additional information.
7/3/17	General	52	For our uninsured services, except for the service types that explicitly have "contracted" in the name, can we include it in the appropriate category? For example, can patient days be included in Med/surg, or OP surgery visits be included in OP Surgery?	Yes, unless it has a separate point value under "contracted", a service has the same point value no matter where it is provided. So, for example, med/surg inpatient days the county pays a private hospital to provide earn the same number of GPP points as med/surg inpatient days provided at county hospitals.
7/3/17	Non-Traditional Services	56	In the "Outpatient" category, there is a service type for "OP Primary/Specialty" worth 100 points/unit. Under the "Preventive health, education, and patient support services" there is a service type for "Wellness" worth 19 points/unit, and CAPH had provided suggested CPT codes along with the definitions. Are we able to categorize well visits (annual check-up exams) under OP Primary/Specialty as opposed to Wellness? Are there any negative consequences for having zero Wellness visits indicated?	If a PCP (e.g., physician, NP, PA) is providing the service then it can be counted under OP Primary/Specialty. If a non-PCP, non-RN is providing the service and as long as it fits under the description in the STCs or listed codes, then it should be listed under Wellness
7/3/17	Non-Traditional Services	58	There is a category for "OP Primary / Specialty Services" and another for "Contracted Primary / Specialty Services." We have a county indigent program and our county health plan acts as a TPA. We've included a FQHC into our network for our indigent coverage program. Our indigent population also receives care for specialty services that we don't provide at other institutions. Are we supposed to categorize all services provided outside of our system as "Contracted Primary / Specialty Services"? There is a large difference in point valuation between the two categories (100 vs. 19).	Yes, all contracted services that would otherwise fall into primary/specialty may be counted as contracted Primary/Specialty at 19 points.

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7/3/17	Non-Traditional Services	59	If the outside FQHC provides alternative services, are we able to count those? A RN-only visit or a group visit are each worth 50 points, which is more than the 19 for "Contracted Primary/Specialty Services," so again, I wanted to make sure we have a correct understanding of how to categorize these encounters.	Yes, non-traditional services are counted at the same point value based on their service type (regardless of contracted status).
7/3/17	Traditional Services	61	How do we categorize endoscopy procedures? OP surgery or OP Primary / Specialty?	Endoscopy procedures are categorized as OP surgery for GPP.
7/3/17	Traditional Services	62	Are Rehab visits considered an OP Specialty visit? Is a Rehab Therapist (PT / OT / Speech Therapist) considered a licensed professional? At our organization an MD does not provide most Rehab visits.	If there is an face-to-face with a licensed professional (MD, DO, NP, PA), then it would count under Primary/Specialty. However, costs for rehab therapists (PT/OT/Speech Therapist) were included in the cost/visit of a PCP (i.e., they were treated like an ancillary service when calculating the value of the OP services).
7/3/17	Finance	64	We have the dollar amount spent for Maddy Funds (contracted ER). Is there a way to convert these amounts to units?	Yes and that is expected. There are instructions that came from DHCS (see attached). Please make sure that the maddy funds only include the dollars paid to outside providers (Maddy funds to your organization would not be contracted ER and you are already counting the actual ER visit under ER).
7/10/17	Non-Traditional services	38	If an uninsured patient visits the ER, but during that stay also receives non-traditional services such as case management or health education, can the system receive points for both ER and those additional services?	Only one service can be claimed for a single inpatient of emergency department encounter (e.g. can't separate claim points for case management services provided during an ED encounter).
7/10/17	Non-Traditional services	39	Can someone have an inpatient day visit and non-traditional visit on the same day?	A non-traditional service that occurs on the same day as, and is subsequent to, inpatient discharge can be counted. It should be verifiable that the service was provided after the time of discharge.

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7/10/17	Traditional services	40	What service type do infusion visits, primarily chemotherapy, fall under? What level does the administrator need to be to meet face to face definition?	If there is an appropriate face-to-face with a licensed independent professional (e.g., MD, DO, NP, PA), then it would count under Primary/specialty (categorized as such in the base data used for point values and thresholds). Infusion visits provided by RNs can be counted as RN-only visits including codes: <ul style="list-style-type: none"> • Hydration: <ul style="list-style-type: none"> • 96360 Intravenous infusion, dehydration; initial 31 minutes to 1 hour • 96361 Each additional hour • Therapeutic: <ul style="list-style-type: none"> • 96365 Intravenous infusion, for therapy prophylaxis or diagnosis • 96366 Each additional hour • Chemotherapy / Complex Biologic Agent: <ul style="list-style-type: none"> • 96413 Chemotherapy administration 1 hour • 96415 Each Additional hour
7/10/17	General	48	How do we use the Share of Cost to arrive at the # of units that can be included? Use a ratio...for example if the SOC is 50% then 50% of the visits/days can be counted? What happens when there is a fraction of units (rounding)?	These services may be included since they are technically uninsured for the service until Medi-Cal kicks in, but, conservatively, we would recommend you to be relatively confident that you were not reporting for GPP any services where Medi-Cal made even partial payment. An example of such a method would be to look only at periods of service when you know the individual had not yet met their share of cost. We do not recommend any percentage estimation basis for SOC across the board, as that would likely include inpatient stays during which the individual met their share of cost threshold and Medi-Cal started making payments.
7/10/17	Traditional services	99	Since our Infusion Center is run by a RN (no MD is present, so the face to face visit is with a nurse), do these visits count as RN-Only Visits or do they fall under OP Primary / Specialty?	If there is an appropriate face-to-face with a licensed independent professional (e.g., MD, DO, NP, PA), then it would count under Primary/specialty (categorized as such in the base data used for point values and thresholds). Infusion visits provided by RNs can be counted as RN-only visits including codes: <ul style="list-style-type: none"> • Hydration: <ul style="list-style-type: none"> • 96360 Intravenous infusion, dehydration; initial 31 minutes to 1 hour • 96361 Each additional hour • Therapeutic: <ul style="list-style-type: none"> • 96365 Intravenous infusion, for therapy prophylaxis or diagnosis
8/9/17	Non-Traditional Services	63	Are we able to count Nurse (RN) telephone visits? If so, how would they be categorized? There is "Telephone consultation with PCP" but as we understand, it is only for providers. There is also "Nurse Advice Line" but staff are pointing out that the telephone visits are different from patients calling in to request advice about whether to come in for a treatment.	We think it would be more appropriate to count it under the nurse advice line category, however please read the description in the STCs and look at the accompanying CPT codes to make sure that the service you are providing matches those descriptions. Based on how you described it above, it sounds like it would, but your clinical folks would be able to best assess that for you. As per the STCS & Encounter Manual, nurse advice line includes CPT codes 98966, 98967, 98968.
8/9/17	Non-traditional Services	67	category 3D39 – Telephone consultation with provider. In the previous definition of this category in attachment FF there was an alternative definition that didn't have the 7 days prior to restriction. Now that we have the more specific CPT codes associated with this category in the revised GPP encounter data manual, the previous alternative definition would no longer apply, correct?	Correct. The 7 day post E&M restriction and the "leading to E/M or procedure in subsequent 24 hours" would still apply.

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8/9/17	Non-traditional Services	69	For the community health worker (2A16) category, if we have some very short visits and some longer visits, where the latter would probably not qualify for the per diem category, should we just lump them all together?	As consistent with GPP visit definition, you can usually count one GPP service per patient per day. Please reference the GPP visit definition. The CPT code may appear multiple times in the encounter, consistent to billing practices if this was an insured patient (to this example, 45 minutes of community worker may be reported three 15 minute increments for the same patient but would only get points for one service per patient per day).
8/9/17	Non-Traditional services	81	Telephone consult with PCP: What if another provider other than the PCP but from the same medical home calls the patient (they are covering, etc.)? How should we treat telephone contacts by other disciplines (RN, PharmD, etc.) being captured as health ed, health coach or case management?	Other providers making the telephone call is okay. For other discipline phone calls, if the call is being made by an RN, it should be counted as an RN telephone call. If a pharmD is making the call, it should be counted as either a pharmD visit or Complex Care Management Encounter (whose codes are specifically phone encounters).
8/9/17	Non-Traditional services	82	Is there a category to capture PCP to specialist phone consult?	Not at this point. Outside of eConsult or some other formal consultation/referral, in which the both the PCP and specialists communications are documented and attributable (to each of the respective providers), calls between PCP and specialist are not countable for GPP.
8/9/17	General	83	Do Maddy funded services have to be reported with encounter level detail according to 2017 specifications?	No -- Those services are not counted by normal GPP visit count methodology, we convert dollars to a point value. Therefore, it doesn't make sense to report it on the encounter form. Please see the aggregate reporting form for reporting of these services.