



CALIFORNIA ASSOCIATION of
**PUBLIC HOSPITALS
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

GPP LEAD MONTHLY WEBINAR

Wednesday, April 5, 2017; 12:00-1:00pm

Recording Link:

<https://safetynetinstitute.webex.com/safetynetinstitute/lsr.php?RCID=03dc33e290554c86916d5b1978c2635>

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Congratulations on PY1 Milestone!



**WE ARE
HERE**

2015

2016

2017

2018

2019

2020

Agenda

Time	Topic	Lead(s)
3 min	Welcome & Roll-Call	Kristina Mody
10 min	Program Updates	Julie Sheu, David Lown, MD
15 min	Non-Traditional Services Coding: Appendix A Review	David Lown, MD
30 min	FAQ & Other Tools	Julie, David
2 min	Key Dates & Next Steps	Kristina

Webinar Reminders

WEBINAR REMINDERS:

Mute Please mute locally

Chat Questions typed here will only be seen by CAPH/SNI Staff, who will repeat question and answer for group

Attendance Designate one person (GPP Lead or project lead) to speak
Contact [Abby Gonzalez](#) if you want to add other team members

Post-Webinar Please take our post-event survey!

Recordings of the webinar and slide deck posted on [SNI Link](#)

GPP Leads at Member systems

AHS	ARMC	CCRMC	KMC	LACHDS	NMC
David Cox	Staci McClane	Shannan Moulton	Tyler Whitezell	Hitomi Rice	Daniel Leon
RUMC	SCVMC	SFHN	SJGH	SMMC	VCMC
Iselda Cordero	Gabriella Deeds	Valerie Inouye	Ronald Kreutner	Dave McGrew	Erik Cho

PROGRAM UPDATES



GPP and federal landscape

If significant chunk of individuals become uninsured in the coming months or years, are there any anticipated or possible changes to GPP?

What is the impact of a potential ACA repeal on GPP reporting?



Program Updates: Reporting in PY2

Report date	GPP PY1 (FY15-16)	GPP PY2 (FY16-17)
July 1, 2016		(First day of payment year – encounter data to be captured for services from this date)
August 15, 2016	Interim year-end summary report of services - Aggregate only Determines Q4 interim payment in October	
March 31, 2017	Final reconciliation summary report of services - Aggregate only Determines final reconciliation payment in August	
August 15, 2017		Interim year-end summary report, Aggregate only Determines Q4 interim payment in October
March 31, 2018		Final reconciliation summary report, with encounter data

Program Updates: Reporting in PY2 *cont*

“In addition, for all GPP PYs, PHCS shall maintain documentation of services and shall make such information available to DHCS or CMS upon request.”

--[Attachment EE](#): Global Payment Program Funding and Mechanics Protocol, page 2, D) Reporting Requirements

Program Updates

DHCS

- Still working through Reporting Manual
- Should be released soon

Evaluation Design

- CMS still reviewing

MACPAC Report

- Some of you may have been interviewed for a March 2017 Medicaid and CHIP Payment and Access Commission (MACPAC) report to Congress interviewed CAPH members to provide an overview of the program and its early impact
 - Page 111, [link](#)

NON-TRADITIONAL SERVICES CODING

Appendix A review



Background & Development

Appendix A: Non-traditional Services Coding

- Distributed for reference
- Final to be sent by DHCS when Reporting Manual complete

Development process

- FQHC pilot list of codes
- Metric Technical Advisory Committee review
- DHCS review

Use of Codes

1 Listed Procedure Code(s)

- Some CPT/HCPCS codes for specific non-traditional services for encounter reporting.
- If not used, need to do local mapping (3)

2 No procedure codes listed

- If a non-traditional service does not have codes listed in Appendix A, the PHCS should make all efforts to only report those services that closely align with the service description provided in the STC Attachment FF, Table 5.

3 Local Mapping

- For any reported service, PHCS may opt to use "local"/proprietary codes or values instead of standard codes specified in GPP Encounter Data Manual to track those services within their system. PHCS that do not use the coding specified in the GPP Encounter Data Manual can "map" the codes they use to the codes specified in the manual.

Examples

Code	Category	Tier	Service Type	Initial Point Value	Service Type Description	Service Code	Service Code Description
1A02	1	A	02	75	PharmD Visit	99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
2A18	2	A	18	15	Panel Management	N/A	Document in patient's medical record when staff proactively reach out to a patient and speak with them regarding preventive services, chronic illness management, their care plan, problem list, health goals, and/or treatment options
3C36	3	C	36	50	Telehealth (patient - provider) - Store & Forward	92250	Fundus photography with interpretation and report

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2

3



Expectations

- Appendix A guidance be used for August 15 PY2 reporting

- For services with codes
 1. Use codes
 2. Map to codes
 3. Match service to STC descriptions found in [Attachment FF, Table 5](#)

- For services without codes
 - Match service to STC descriptions found in [Attachment FF, Table 5](#)

Example

- You can't modify description of service
[Attachment FF, Table 5](#)

A	Community Health Worker (CHW)		Encounters in which a Community Health Worker assists individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs ⁷	15
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FAQ & OTHER TOOLS



Principles on FAQ Response

- Alignment with other programs (FQHC pilot, PRIME)
- Alignment with Medi-Cal billing principles where applicable
- Simple/feasible
- Promote care in appropriate settings
- Count consistently with how thresholds were developed
- Allow for claiming all available dollars
- Long-term program sustainability

OP Surgery

- Q. Would outpatient endoscopies, primarily colonoscopies, be categorized as part of OP Surgery?
- A. In the baseline data, hospitals classified colonoscopies under OP surgery and therefore it is appropriate to include colonoscopies under OP Surgery.

PT/OT/ST

- Q. What service type do outpatient physical therapy, occupational therapy and speech therapy visits fall under?
- A. Consistent with baseline reporting which did not include these as visits, PT/OT/ST would not 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).

Telephone Consultation

- Q: 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?
- A: 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.

Same Day Mental Health Visit

- Q: What about a primary care and then a psych visit by the primary care provider?
- A: 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.

FAQs & other tools on SNI Link

- Need refresher on GPP program? Reporting tools? FAQ?
[SNI Link/Global Payment Program](#)

About Global Payment Program (GPP)

California's county-run public health care systems (PHS) are leading the nation in safety net payment reform by piloting incentives to provide better care for uninsured patients. The Global Payment Program (GPP) is the first payment reform effort of its kind – a reorganization of existing local and federal funding streams to encourage primary and preventive care. For more general information about GPP, including the [CAPH/SNI Brief](#), please see the [Communication Materials page](#).

[Link to GPP Webinars Page](#)

Key Dates

- [GPP reporting and payment dates](#) as of August 30, 2016

Reporting

- [GPP aggregate reporting data submission guide](#) Aggregate Reporting Submission Guide, Year 1
- [GPP aggregate report, PY1](#) GPP Service Grid, Year 1 (PDF)
- [Visit definition for GPP](#) Description of visits for GPP Traditional Services
- [Gap analysis, PY1 reporting](#) Gap analysis tool for PY1
- [Gap analysis, PY1 reporting_Sample results](#) Completed gap analysis tool for PY1
- [GPP Reporting Check List](#) PY GPP Reporting Checklist tool for members
- [DRAFT Appendix A: Non-Traditional Services Coding](#) Draft guidance to be released in GPP Reporting Manual

FAQ

- [GPP FAQ](#) as of April 4, 2017

Member information

[GPP Contact list](#) as of March 30, 2017



Q&A

Q&A

KEY DATES & NEXT STEPS



Upcoming member support

May 5, 2017 webinar topics

- Preparing for GPP evaluation
- PY1 data

Suggestions for topics or other TA? Contact [Kristina Mody](#)

THANK YOU!

Please take our pop-up survey!

Materials to be posted on [SNI Link/GPP](#)

