Format and File Specification

For

Global Payment Program

Encounter Reporting

IP Services

Version 1.1

Revised: 01/12/2018

Introduction

The Global Payment Program (GPP) establishes a statewide pool of funding for the remaining uninsured by combining federal DSH and uncompensated care funding, where select Designated Public Hospital systems can achieve their "global budget" by meeting a service threshold that incentivizes movement from high cost, avoidable services to providing higher value, and preventative services.

As part of the GPP, participating hospitals must report their service threshold on an encounter level by the second program year, as stipulated in the 1115 waiver Standard Terms and Conditions (STCs). This manual serves as the guide for that encounter-level reporting.

Document Control Log

Updated changes are reflected in red text throughout the document.

Version	Date	Details
1.0	March 2017	• Original version released
1.1	January 2018	• Updated file specification (Unique Patient ID number, Discharge Date, # of GPP Days, Principle Procedure)

Standard Record Format

IP format

The standard record format summarizes the necessary data fields and format to standardize reporting for all participants. The encounter report will be submitted as an Excel file document.

Column	Data Element*	Type	Size
1	**GPP Service Category, Tier, and Type**	A/N	4
2	**Facility ID number**	N	10
3	**National Provider Identifier**	N	10
4	**Unique patient ID**	A/N	12
5	**Admission Date**	N	8
6	**Discharge Date**	N	8
7	**# of GPP days**	N	3
8	**Revenue Code**	A/N	4

9	**Principal diagnosis**	A/N	7
10	**Other diagnosis 1**	A/N	7
11	**Other diagnosis 2**	A/N	7
12	**Other diagnosis 3**	A/N	7
13	**Other diagnosis 4**	A/N	7
14	**Other diagnosis 5**	A/N	7
15	**Principal procedure**	N	7
16	**Other Procedure 1**	N	7
17	**Other Procedure 2**	N	7
18	**Other Procedure 3**	N	7
19	**Other Procedure 4**	N	7
20	**Other Procedure 5**	N	7
21	**Date of Birth**	N	8
22	**Gender**	A	1
23	**Zip code**	A/N	5
24	**Race**	N	1
25	**Ethnicity**	N	1

**If the data element is not available, then hospitals should leave that cell blank.*

Type & Size indicate data type and field length. Data type is defined as:
A = Alpha
N = Numeric
A/N = Alphanumeric

Data fields

The following section lists the data fields that are part of GPP encounter reporting, which includes the length of the data, whether it is alpha (A), numeric (N), or alpha numeric (A/N), the purpose or any special instructions, and specific codes or values that are allowed.

1. GPP Service Category, Tier, and Type

Data length:	4
Data type:	A/N
Purpose/Special instructions:	The purpose of this four-digit data element is to identify the GPP service provided, as identified through the service category, tier, and type as specified in Waiver Standard Terms and Conditions, Attachment FF, Table 1. The first digit represents the service category (1-4), which broadly describes the GPP services. The second digit represents the service tier, which separates the services by level of intensity or delivery methodology. The last two digits represent the service type. Each service type is associated with a different point value. Only one service type is available per encounter line. If you have an inpatient stay that crosses service types, such as a stay that includes both med/surg and ICU days, then the days within that stay will require be separated into two encounter lines to capture both services.
Codes/Allowed values:	

4-digit Encounter coding*	**Service Category**	**Service Tier**	**Service Type**	**Type Description**
4A42	4	A	42	MH/SU Residential
4A43	4	A	43	Sobering center days
4A44	4	A	44	Recuperative / respite care days
4A45	4	A	45	SNF
4B46	4	B	46	Med/surg, etc. (acute rehab, stepdown)
4B47	4	B	47	MH Inpatient
4C48	4	C	48	ICU/CCU
4D49	4	D	49	Trauma
4D50	4	D	50	Transplant/Burn

2. Facility ID Number

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code is to provide a unique number associated with the provider of service. Some providers may use a National Provider Identifier (as listed in data element 3) to identify location. If the service is provided in the hospital, then the facility ID number will be the hospital's 9-digit OSHPD ID.
Codes/Allowed values:	9-digit OSHPD ID (preferred), state provider code, tax ID, or other if OSHPD ID is not applicable.

3. National Provider Identifier (NPI)

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code may vary depending on individual system. It can be used to provide a unique number associated with the provider of the GPP service or location of service. PHCS should note in their internal records how they are using this field.
Codes/Allowed values:	National Provider Identifier. The NPI is a unique identification number for covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

4. Unique Patient Identifier

Data length:	24
Data type:	A/N
Purpose/Special instructions:	The purpose of this code is to identify unique patients served by each PHCS. For services provided by the hospitals, each patient should have a unique identifier. For services provided outside of the designated public hospital (county clinics, community clinics, behavioral health clinics), those patients may have a different unique identifier.
Codes/Allowed values:	PHCS-specific identifier to identify patients.

5. Admission Date

Data length:	8
Data type:	N
Purpose/Special instructions:	Single digit months and days must include a preceding zero.
Codes/Allowed values:	9999 99 99 Year Month Day

6. Discharge Date

Data length:	8
Data type:	N
Purpose/Special instructions:	Single digit months and days must include a preceding zero. For stays that have not been completed by the end of the fiscal year, and for which there is no interim billing date, please enter 20991111. Only count GPP days for the applicable fiscal year.
Codes/Allowed values:	9999 99 99 Year Month Day

7. # of GPP Days

Data length:	3
Data type:	N
Purpose/Special instructions:	The purpose of this field is to identify the number of GPP days provided that will earn GPP points. For a typical stay where the entire stay is uninsured, the GPP units would be the minimum of discharge date minus admission date, or 1. Certain stays will result in GPP units less than the above value. For instance, those with Medi-Cal emergency/limited scope coverage, may have some day days covered by Medi-Cal, but other days denied because it is outside the scope of Medi-Cal coverage. Only those days that were not covered should count as GPP units. Another instance may include split stays, where a patient is in two bed types during the stay (such as ICU and med/surg). In that situation, a provider may have the stay in two encounter lines, with the total GPP units of the two lines equal discharge date minus admission date plus one. Lastly, for stays that cross fiscal years, only count the service dates that are part of that applicable fiscal year (ex. A stay from June 29, 2016-July 2, 2017 would have 2 GPP days for FY 15-16 and 1 day for FY 16-17). The following criteria also apply in counting GPP units toward your threshold: • Trauma inpatient: input only if you are a licensed trauma center. Do not include uninsured days if they are in a stay that was partially paid by Emergency / Limited-Scope Medi-Cal. (Such uninsured days should be included in whichever other IP category applies, such as med-surg. For example, if a 10-day stay had trauma activation, and only the first 4 days were paid by LS Medi-Cal, the remaining 6 days should not be included in the trauma row, but should be in med-surg or ICU or whatever other category applies.) • Transplant inpatient: please include days for the entire stay in which an organ transplant operation is performed. Please do not include any days, if any, associated with organ harvesting. • If a stay crosses multiple service categories, then categorize each day in the appropriate service category (with the exception of transplant where the entire stay would be classified as transplant). If a single service could be described by different service categories below, please categorize it as the one higher on the list. For example, a stay in a burn ICU should be categorized as burn, not ICU. • For well-baby (also known as common) days, the mom and baby count as one day. For 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, those days can be counted separately.
Codes/Allowed values:	Number of GPP days provided during the stay

8. Revenue Code

Data length:	4
Data type:	A/N
Purpose/Special instructions:	The purpose of supplying revenue codes is if the provider uses revenue codes to identify certain GPP service types. For example, some providers may use revenue codes to identify IP trauma stays using revenue code 068x. While an encounter could have several revenue codes, revenue code is only to be used if it identifies a specific GPP service type (e.g. trauma).
Codes/Allowed values:	Revenue codes as allowable under the National Uniform Billing Committee (NUBC). http://www.nubc.org/

9-14. Principle Diagnosis and Other Diagnoses (up to 5)

Data length:	7
Data type:	A/N
Purpose/Special instructions:	Providers can include a primary diagnosis and up to five other diagnoses related to the GPP service provided.
Codes/Allowed values:	ICD-10 CM (International Classification of Diseases, Tenth Revision, Clinical Modification); Do not include the decimal point in the data file.

15-20. Principle Procedure and Other Procedures (up to 5)

<table>
<tr><td>Data length:</td><td>7</td></tr>
<tr><td>Data type:</td><td>A/N</td></tr>
<tr><td>Purpose/Special instructions:</td><td>Providers can include a primary procedure and up to five other procedures related to the GPP service provided.</td></tr>
<tr><td>Codes/Allowed values:</td><td>ICD-10 PCS (International Classification of Diseases, Tenth Revision, Procedure Coding System) for hospital inpatient services.

CPT-4 code set (Current Procedural Terminology, 4th Edition) or HCPCS (Healthcare Common Procedure Coding System) 2016 (Alpha-Numeric) code set for the following services:
<table>
<tr><td>4A42</td><td>4</td><td>A</td><td>42</td><td>MH/SU Residential</td></tr>
<tr><td>4A43</td><td>4</td><td>A</td><td>43</td><td>Sobering center days</td></tr>
<tr><td>4A44</td><td>4</td><td>A</td><td>44</td><td>Recuperative / respite care days</td></tr>
</table></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
</table>

21. Date of Birth

Data length:	8
Data type:	N
Purpose/Special instructions:	Single digit months and days must include a preceding zero.
Codes/Allowed values:	9999 99 99 Year Month Day

22. Gender

Data length:	1
Data type:	A
Purpose/Special instructions:	
Codes/Allowed values:	F = Female M = Male J=Transgender, Male to Female K=Transgender, Female to Male O=Other Gender Identity U = Unknown

23. Zip Code

Data length:	5
Data type:	A/N
Purpose/Special instructions:	
Codes/Allowed values:	5 digit zip code XXXXX = unknown YYYYY = foreign ZZZZZ = homeless

24. Race

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown

25. Ethnicity

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 3 = Unknown