

# GPP LEAD MONTHLY WEBINAR

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Nov 10, 2021 | 12-1pm

[Recording Link](#)

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

# Agenda

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1. Program Updates
2. GPP Equity Sub-Pool
3. PY6A Final: Trends from Aggregate Reports
4. PY5 Final & PY6A Final: Encounter Quality Data Review

# Program Updates

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# Timeline (Proposed)

Program Year	Measurement Period	Report(s)	Due
PY6A	July-Dec 2020	Final Aggregate & Encounter	9/30/21
PY6B	CY2021	Interim Aggregate	2/15/22
		Final Aggregate & Encounter	9/30/22
PY7	CY2022	Interim Aggregate	2/15/23
		Final Aggregate & Encounter	9/30/23



# Program Updates

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- Payments made to date: PY6B Payment Summary Report posted on [DHCS GPP website](#).
- Waiver Renewal (2022 and beyond)

## Recap:

- SNCP approved for July 2020 – December 2021
- Reduced Thresholds Approved
  - PY5 thresholds reduced by 10%
  - PY6A thresholds reduced by 29%

# Aligning GPP with CalAIM

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# Updates in proposed GPP/CalAIM alignment

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- Common direction was to ensure some kind of credit for CalAIM services when provided to uninsured
- Original proposal for “GPP Equity Pool” – new waiver funding to reimburse these services – withdrawn as non-viable
- New direction: create point values for CalAIM services alongside other non-traditional services, reimburse under regular GPP
  - Helps justify continued SNCP (\$236m/yr) from 2022 on, and helps earn it once approved

# PY6A Final Data

Trends from the PY6A Final Data (Aggregate Reports)

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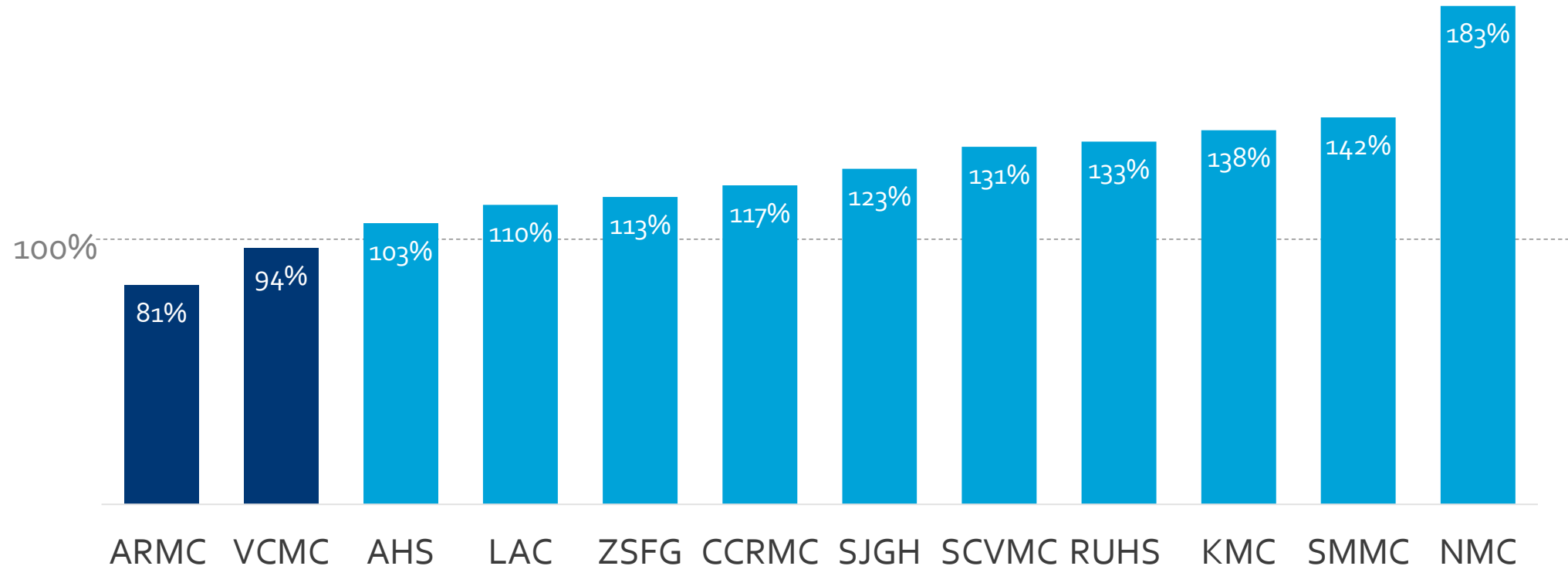


# PY6A Final: Member Data Packet

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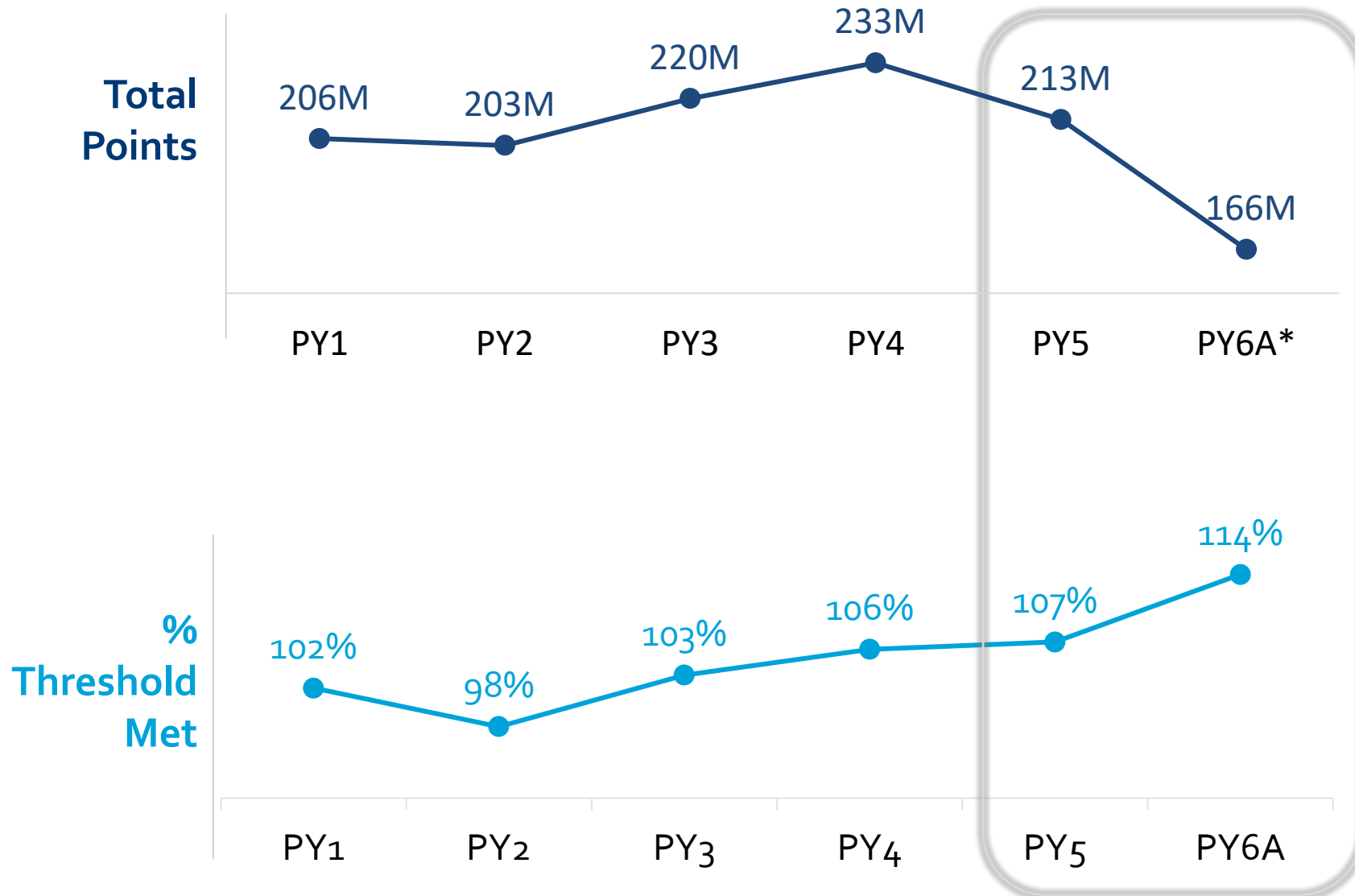
- Posted on SNI Link: <https://safetynetinstitute.org/member-portal/programs/globalpaymentprogram/>
- Incorporates data from PY<sub>1</sub>-PY6A Final aggregate Reports
  - Analysis incorporates the approved PY<sub>5</sub> and PY6A threshold reductions
- All points totals are shown using PY<sub>1</sub> point values to allow observation of year over year trends, taking out the effect of changing point values.
- For any questions, please contact [dpong@caph.org](mailto:dpong@caph.org)

# % of GPP Threshold Met: PY6A (as of 11/3/21)



Incorporates 29% threshold reduction  
Does not incorporate increase from ARPA –  
numbers will be updated and posted on SNI Link

# % of Threshold Met (All PHS)



Despite declines in points in PY5 & PY6A, most PHS met their thresholds in PY6A.

DHCS reduced thresholds by 10% for PY5 & 29% for PY6A.

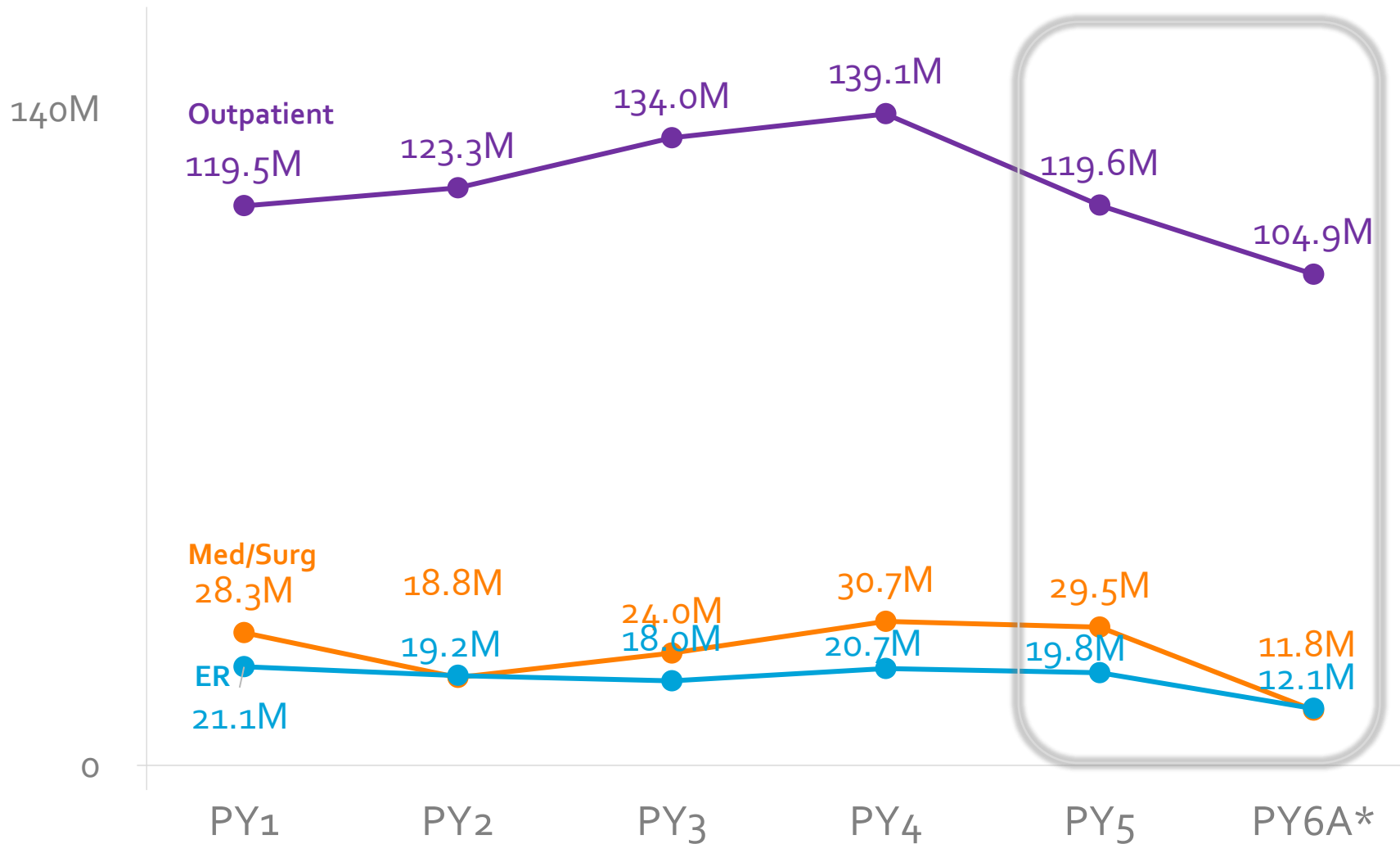
*\*PY6A reported units were annualized (doubled) for comparison*

# Physical Health Services

Trends from the PY6A Final Data (Aggregate Reports)



# Physical Health Points: PHS Overall

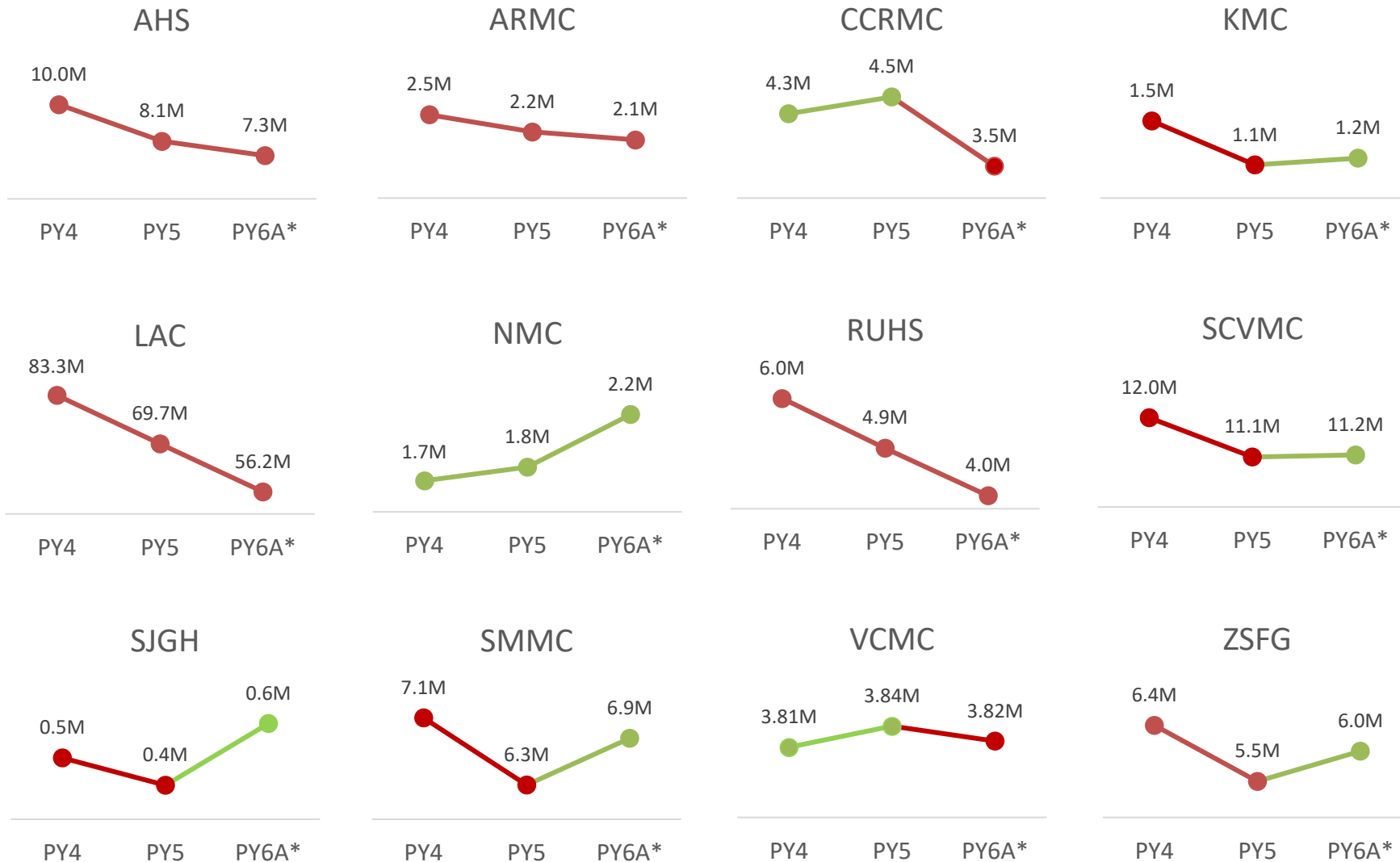


Points declined from PY4 (FY18/19) to PY5 (FY19/20) and further declined in PY6A (Q3-4 2020)

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

*\*PY6A reported units were annualized (doubled) for comparison*

# Δ Outpatient Points: PY4 to PY6A



4 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

1 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

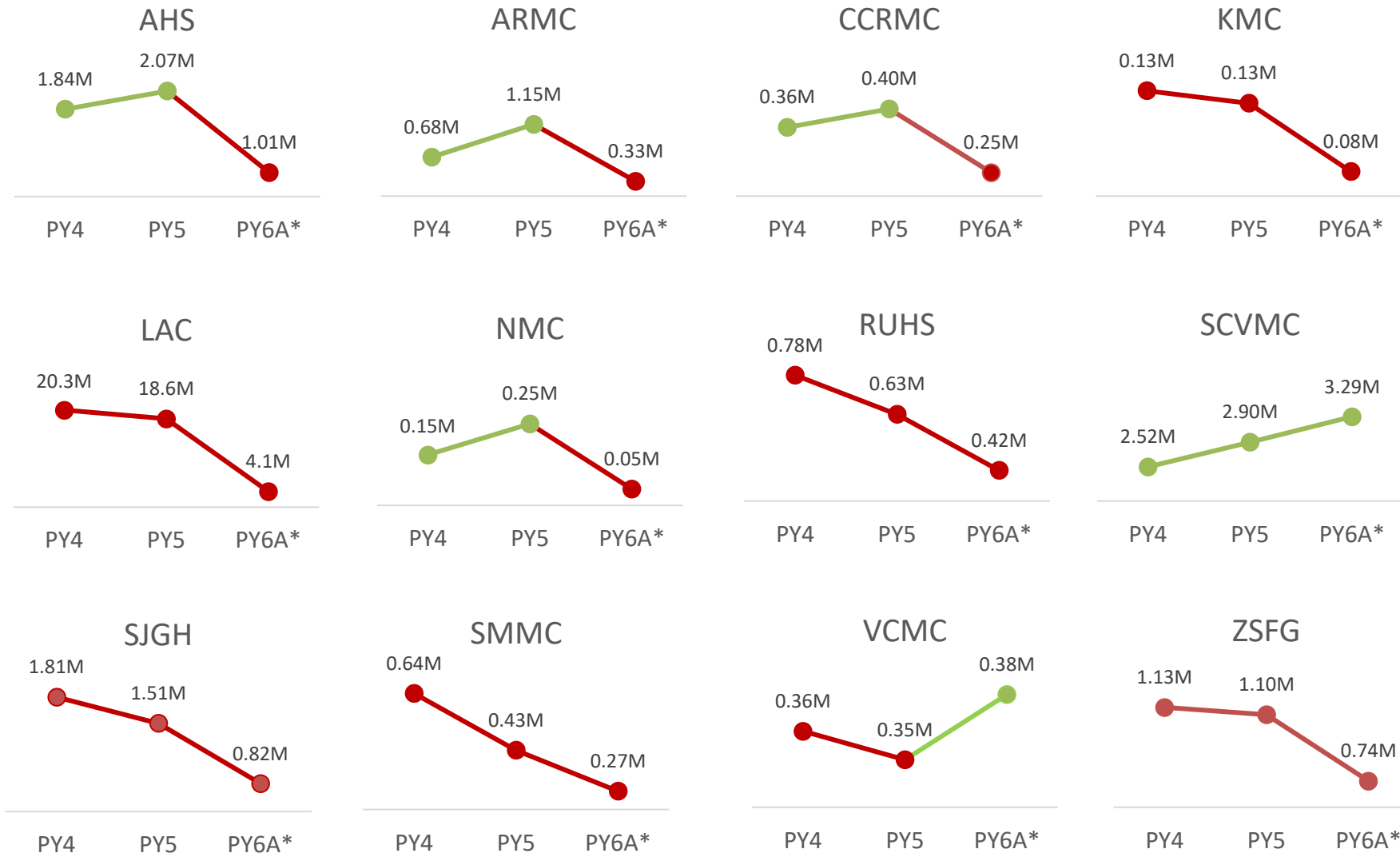
5 decreased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

2 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY<sub>6A</sub> reported units were annualized (doubled) for comparison

# Δ Med/Surg Points: PY<sub>4</sub> to PY<sub>6A</sub>



6 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

1 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

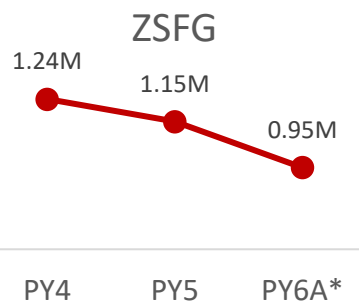
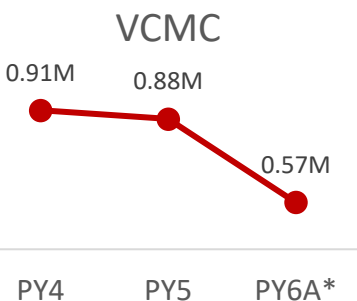
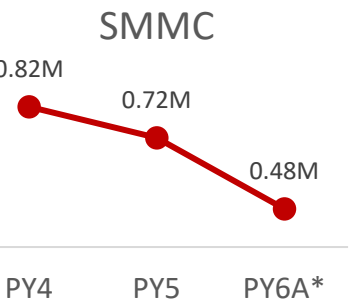
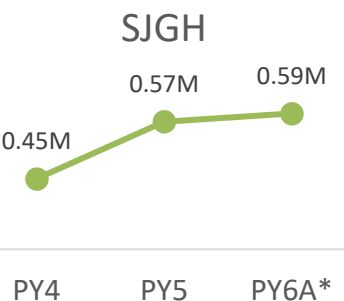
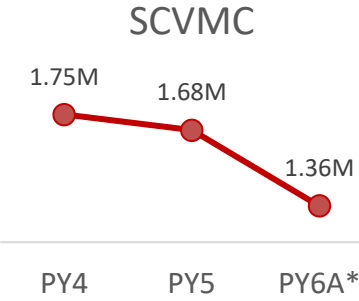
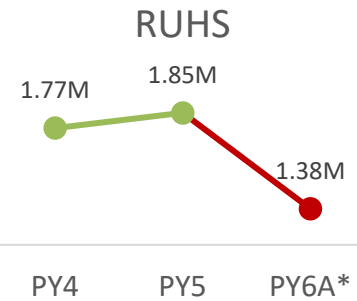
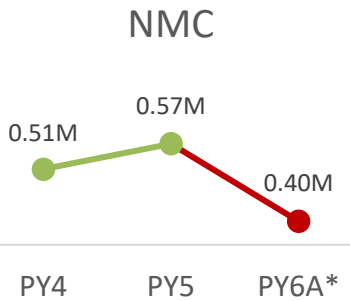
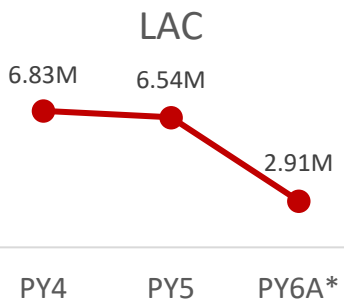
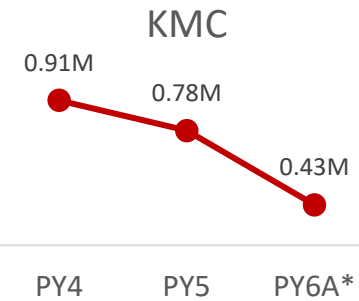
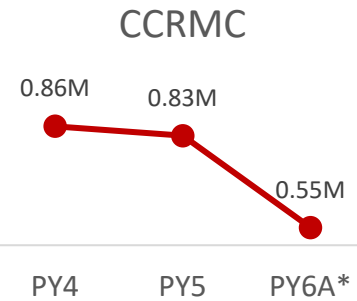
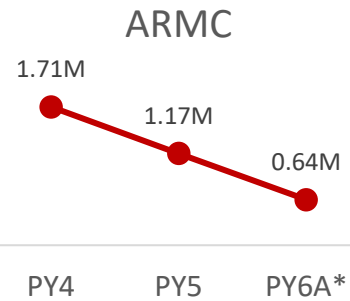
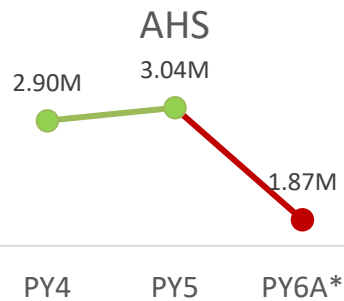
1 decreased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

4 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY<sub>6A</sub> reported units were annualized (doubled) for comparison

# Δ ER Points: PY4 to PY6A



8 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

1 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

0 decreased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

3 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY<sub>6A</sub> reported units were annualized (doubled) for comparison

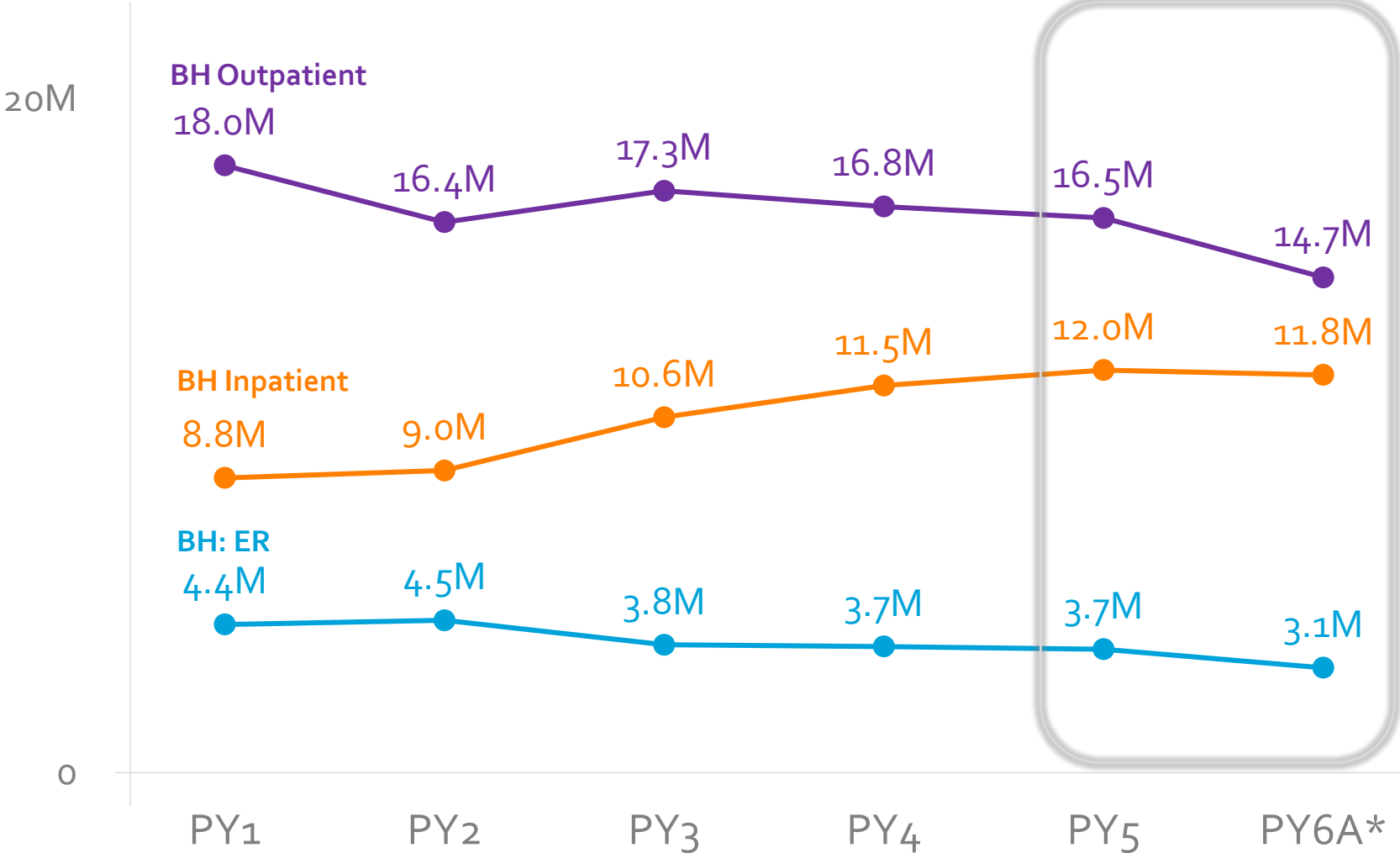


# Behavioral Health Services

Trends from the PY6A Final Data (Aggregate Reports)



# Behavioral Health Points: PHS Overall

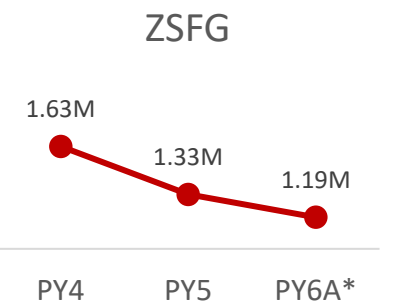
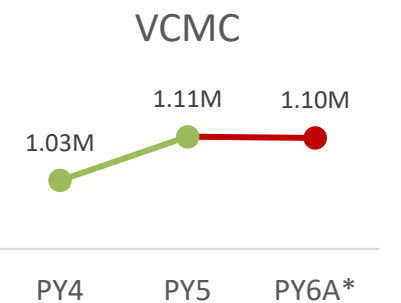
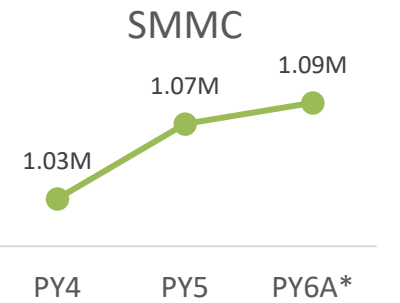
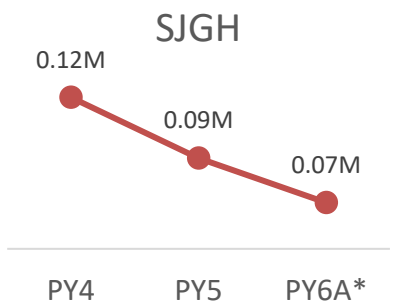
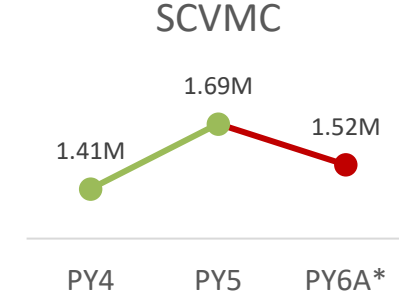
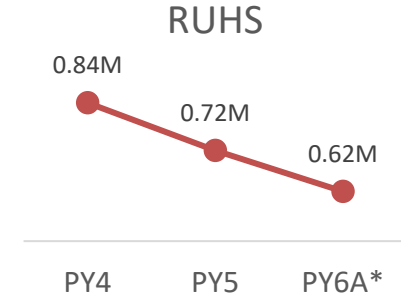
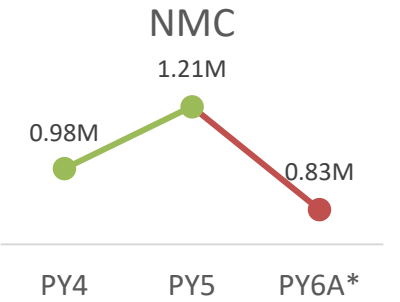
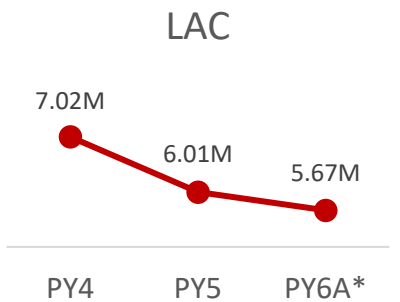
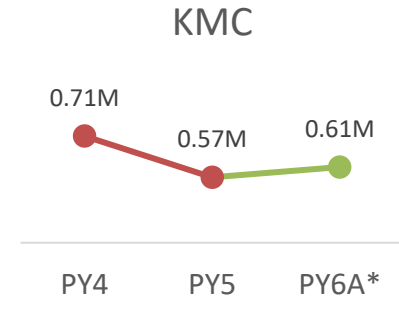
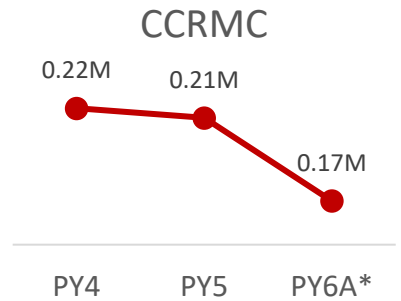
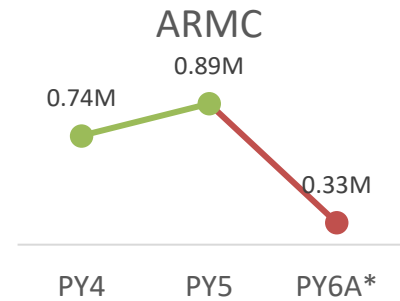
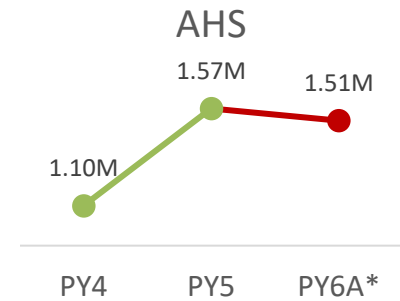


For OP and ER, points declined from PY4 (FY18/19) to PY5 (FY19/20) and further declined in PY6A (Q3-4 2020). For IP, points increased.

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY6A reported units were annualized (doubled) for comparison

# Δ BH Outpatient Points: PY4 to PY6A



5 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

1 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

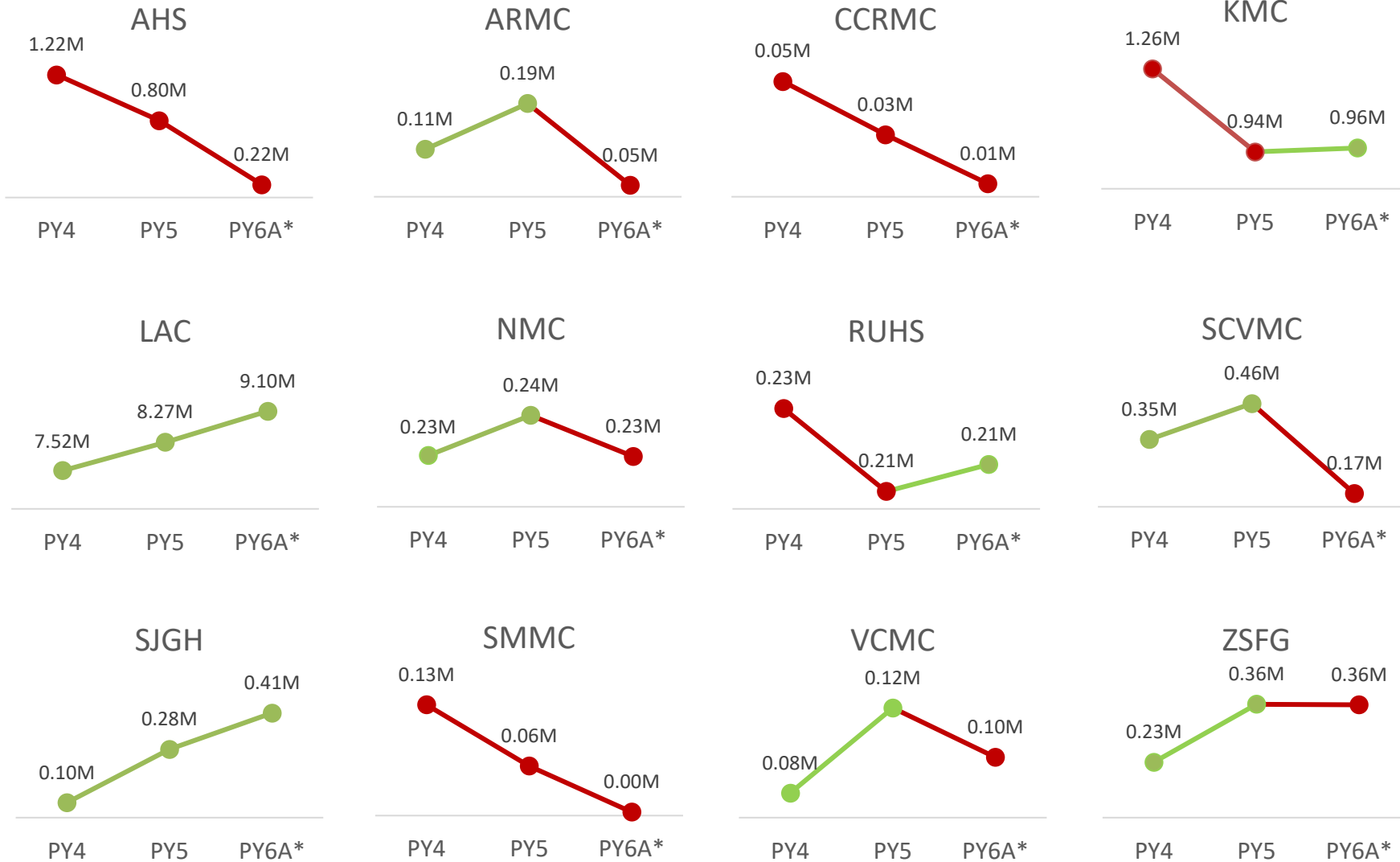
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5 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY<sub>6A</sub> reported units were annualized (doubled) for comparison

# Δ BH Inpatient Points: PY4 to PY6A



3 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

2 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

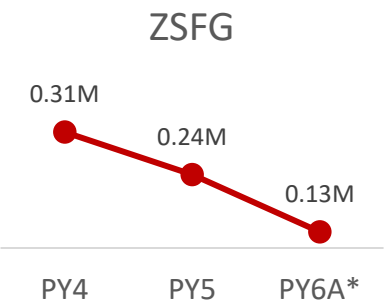
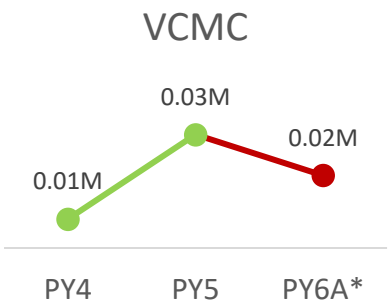
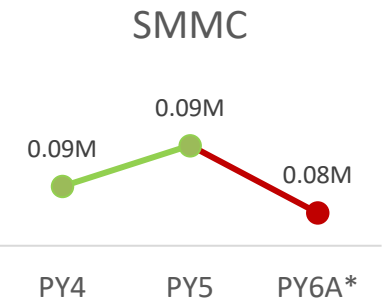
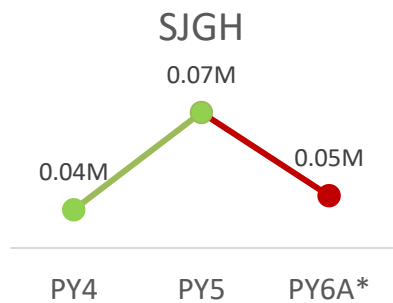
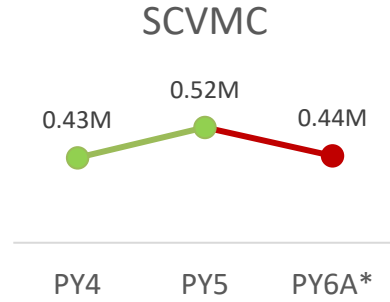
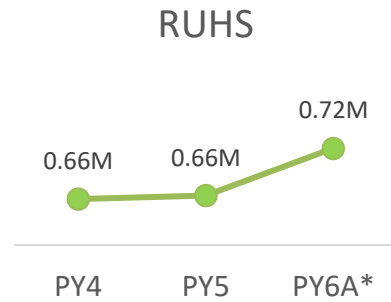
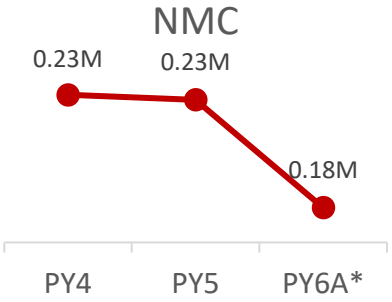
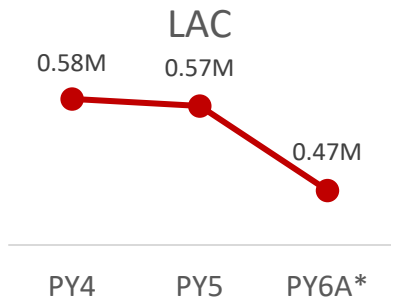
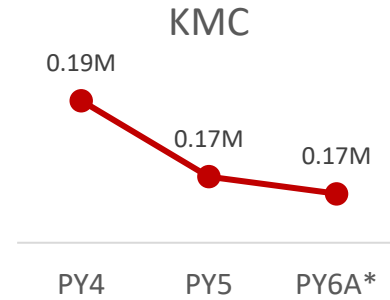
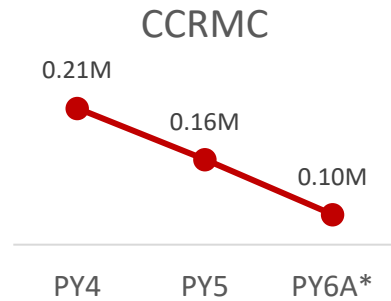
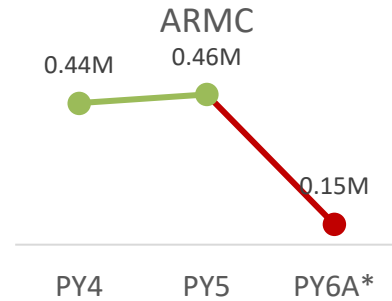
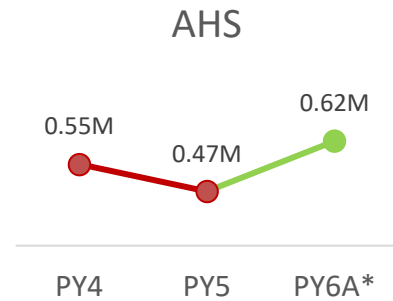
2 decreased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

5 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

\*PY<sub>6A</sub> reported units were annualized (doubled) for comparison

# Δ BH ER Points: PY<sub>4</sub> to PY<sub>6A</sub>



5 decreased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

1 increased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

1 decreased PY<sub>4</sub>→PY<sub>5</sub> & increased PY<sub>5</sub>→PY<sub>6A</sub>

5 increased PY<sub>4</sub>→PY<sub>5</sub> & decreased PY<sub>5</sub>→PY<sub>6A</sub>

In the initial GPP Evaluation, the desired trend is downward for Med/Surg and ER; and upward for OP.

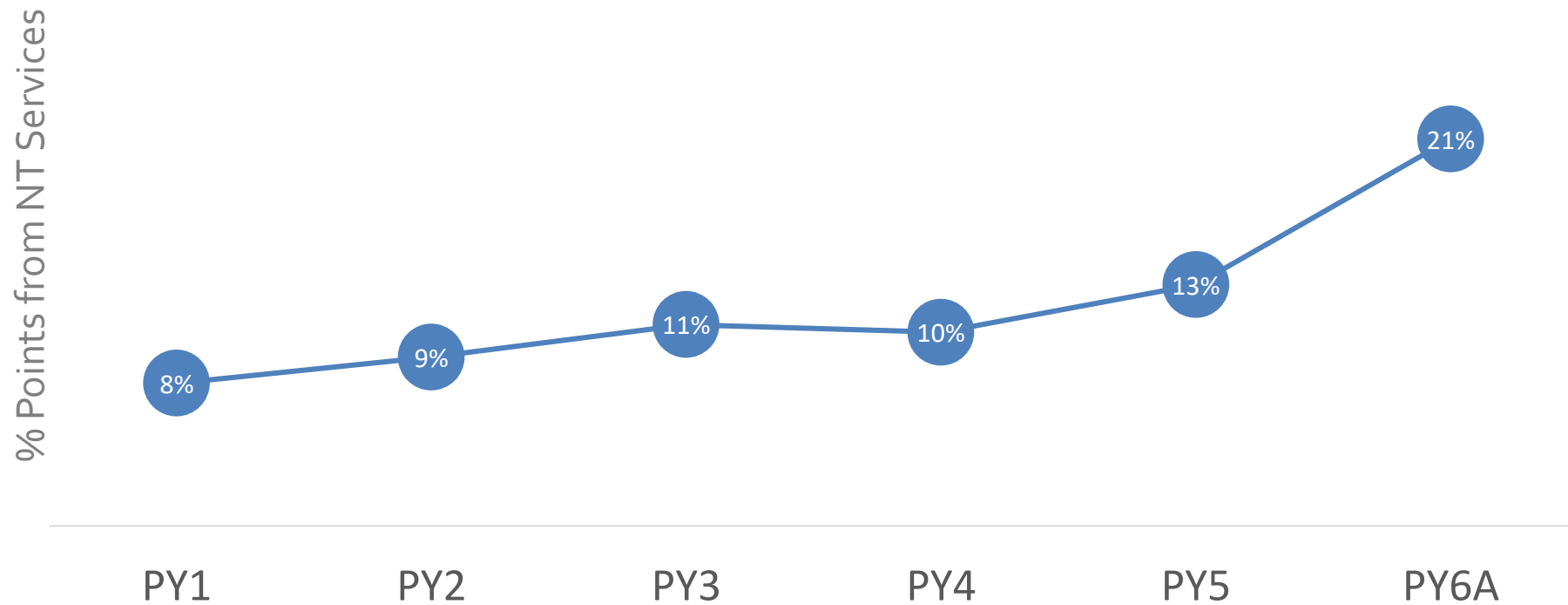
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# Non-Traditional Service Mix

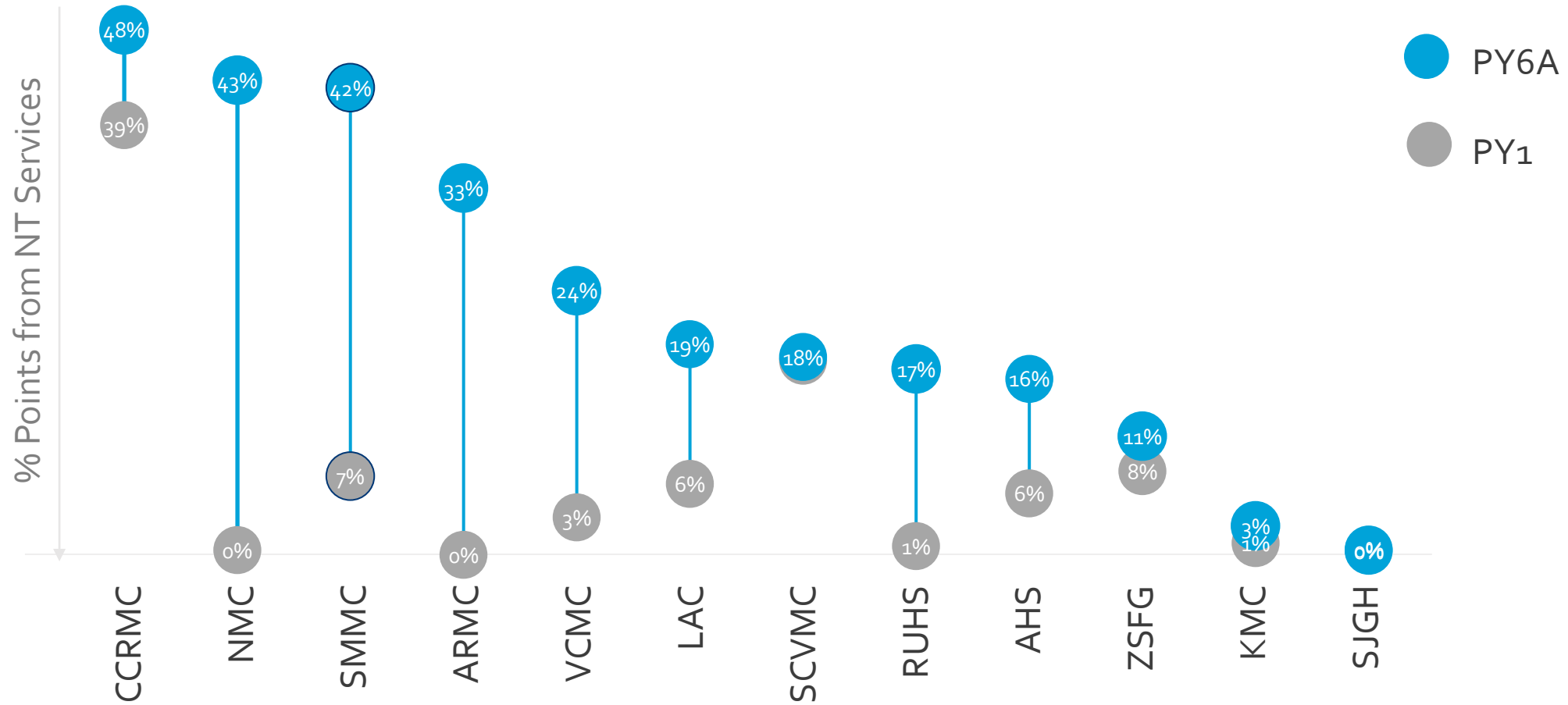
Trends from the PY6A Final Data (Aggregate Reports)



# ↑ Non-Traditional Services: PHS Overall



# ↑ Non-Traditional Services: by PHS





# Encounter Data: Quality Review

Trends from the PY5 Final & PY6A Final Encounter Files

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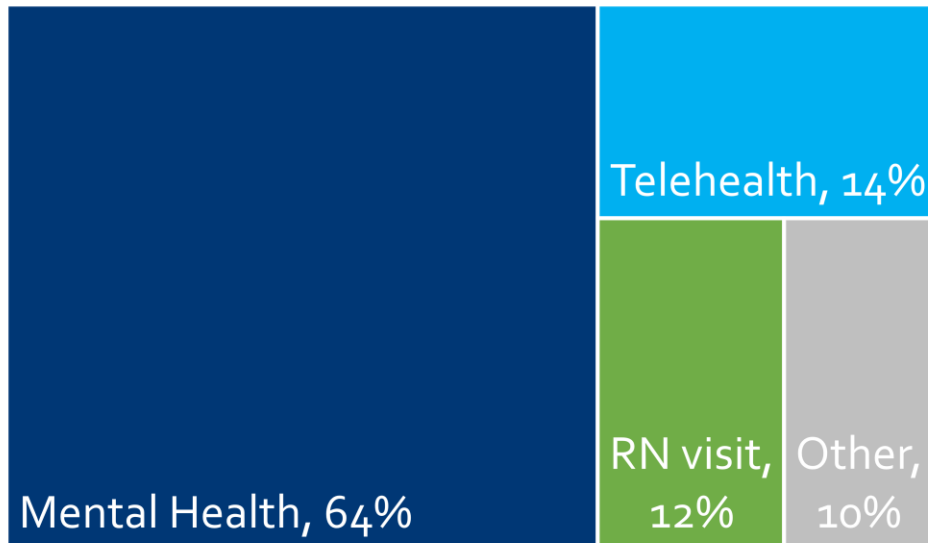
# Aggregate vs. Encounter Data: $\Delta$ Units

## In PY5...

6 PHS had differences. 6 PHS had no differences.

$\Sigma$  Absolute Differences = 39,183 = **1.4%** of Aggregate Units

Among the 39,183 units that differed, the top 3 areas most represented were:



## In PY6A...

5 PHS had differences. 7 PHS had no differences.

$\Sigma$  Absolute Differences = 29,501 = **2.5%** of Aggregate Units

Among the 29,501 units that differed, the top 3 areas most represented were:

