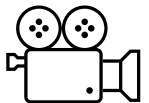


# GPP LEAD MONTHLY WEBINAR

---

March 9, 2022 | 12-1pm



[Recording Link](#)

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

# Agenda

---

1. Program Updates
2. PY 7 Threshold Reductions
3. GPP Health Equity Monitoring Metrics Protocol
4. New equity-enhancing services within GPP

# Program Updates

---

# GPP 5-year approval

---

- On December 29, 2021, CMS approved the state's new 1115 waiver, named CalAIM
- This waiver includes approval for both GPP and SNCP funding
- GPP is renewed for five years, beginning CY 2022 and running through CY 2026 (PY 8 through PY 12)
  - Full \$236m FFP in SNCP annually, unchanged from before
- CAPH continues to work with DHCS to finalize the Special Terms and Conditions (STCs) that outline agreements between the state and federal governments for carrying out the waiver

# Reporting Timeline

Program Year	Measurement Period	Report(s)	Due
PY 6 (formerly 6A)	July-Dec 2020	Final Aggregate & Encounter	9/30/21
PY 7 (formerly 6B)	CY2021	Interim Aggregate Final Aggregate & Encounter	2/15/22 9/30/22
PY 8 (formerly 7)	CY2022	Interim Aggregate Final Aggregate & Encounter	2/15/23 9/30/23



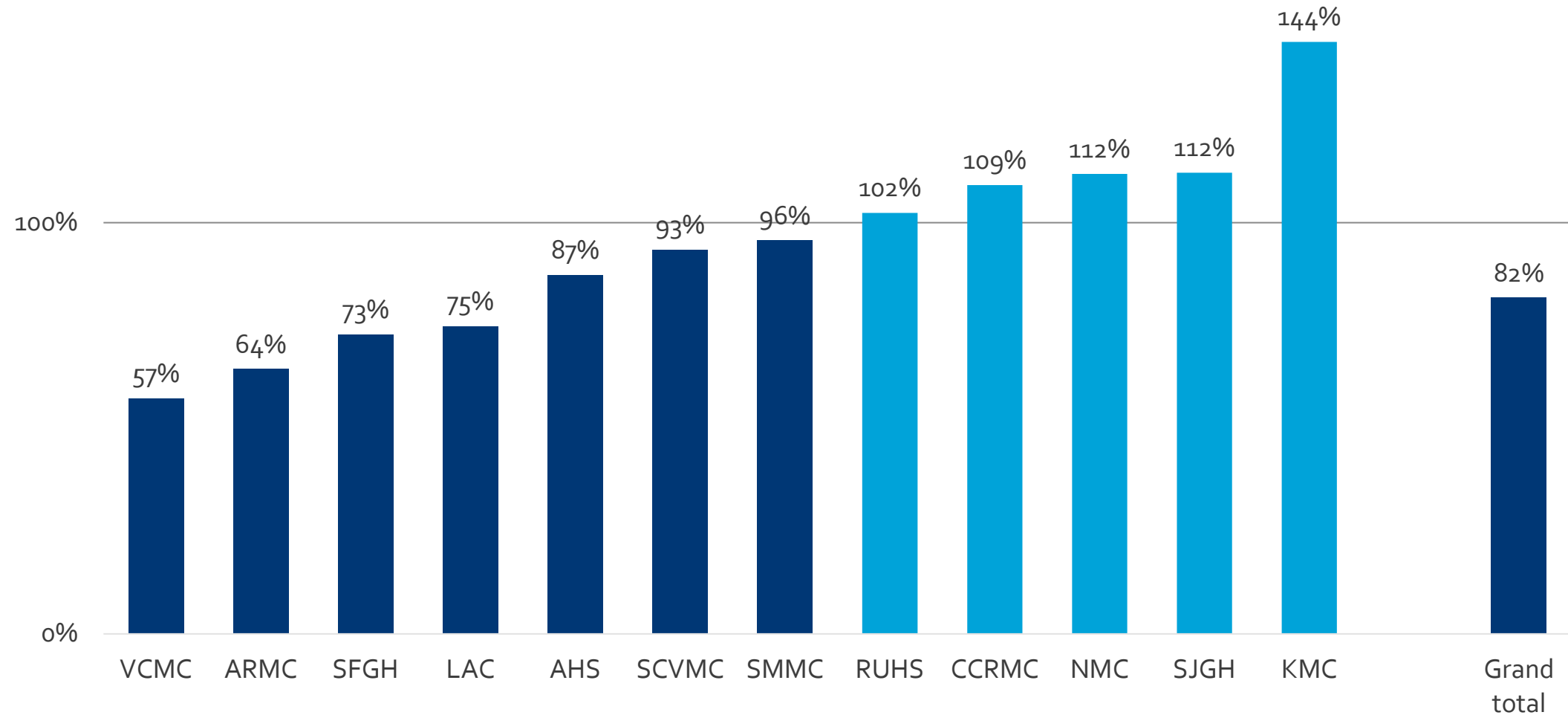
Just submitted

# PY 7 Threshold Reductions

Based on Interim Aggregate Reports

---

# % of GPP Threshold Met: PY 7, based on Interim Aggregate Reporting



# PY 7 Threshold Reductions

---

- Interim aggregate reporting shows GPP systems earning 82% of all points for PY 7
- CAPH is requesting a 24% reduction in thresholds, creating cushion with earning levels, similar to pandemic-based reductions in PY 5 and PY 6
- We have submitted to DHCS who will request approval from CMS; hoping for an expedited approval process



# Health Equity Monitoring Metrics Protocol

Equity Reporting in GPP

---

# Health Equity in GPP

---

- CMS insisted in negotiations that the waiver, including a renewed GPP, align with national goals to promote health equity
- To fulfill this goal, the STCs require submission of a Health Equity Monitoring Metrics Protocol within 90 days of waiver approval
  - STCs emphasized a set of metrics focused on access to, utilization of, and quality of health care, and/or health outcomes, leveraging nationally recognized measures to the extent possible
- CAPH/SNI has been working with members (subgroup of GPP and MTAC leads) and the State to draft a protocol for submission to CMS
  - Proposal submitted to DHCS 3/4/22

# Health Equity Protocol Proposal

---

- We proposed two areas of work to advance equity within GPP:
  1. Expanded Reporting of Equity-Related Data Fields
  2. Initiating Evaluation of Disparities

# Data Collection

---

- We proposed four modifications/additions to reporting to improve the ability to stratify and evaluate disparities
- Changes are in line with data systems are frequently collecting

Category	Current GPP	Proposed Change
<b>Race</b>	Only allowed to report a single race category	Allow for reporting of multiple race categories
<b>Preferred Language</b>	Not reported	Add new field
<b>Sexual Orientation</b>	Not reported	Add new field
<b>Gender Identity</b>	Some reporting allowed in Gender field	Rename the field to Gender Identity and allow for additional values

# Evaluating Disparities

---

- We proposed measures in two areas:
  - Stratified Utilization Rates and Trends
    - Uses currently reported GPP data, but lacks national benchmarks
  - Stratified Clinical Quality Measures
    - Not currently being reported in GPP, but do have national benchmarks (although these may not be comparable to an uninsured population)
- Proposed STCs give us flexibility to work with DHCS to change measures and analyze and interpret findings over time

# Utilization Rates and Trends

Measure	Description
<b>Stratified Annual Utilization</b>	<p>Stratify utilization in each GPP service category by Race, Ethnicity, and Language (REaL) and SO/GI</p> <p><b>For example (mock data):</b></p> <ul style="list-style-type: none"><li>• 30% of the GPP Outpatient points are attributed to Black/African Americans</li><li>• 5% of GPP Inpatient points are attributed to Black/African Americans</li><li>• 10% of ALL GPP points are attributed to Black/African Americans (calculated at system level or in aggregate)</li><li>• 6% of all individuals utilizing GPP services identified as Black/African Americans (calculated at system or in aggregate)</li></ul>
<b>Stratified Annual Utilization trended over time</b>	<p>Stratify utilization earned in each GPP service category by REaL and SO/GI and trend the data over time (by GPP program year)</p> <p><b>For example (mock data):</b></p> <ul style="list-style-type: none"><li>• The % of GPP Inpatient points used by the Latinx/Hispanic population decreased from GPP Program Year 7 to 9</li><li>• The overall trend is that Inpatient Points increased from Program Year 7 to 9</li></ul>

# Clinical Quality Measures

---

- Five proposed measures (UDS or MIPS) that align with the State's quality strategy and equity goals, and equity metrics
  1. Colorectal Cancer Screening (UDS)
  2. Controlling High Blood Pressure (UDS)
  3. Diabetes: HbA<sub>1c</sub> Poor Control (>9%) (UDS)
  4. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (UDS)
  5. Coronary Artery Disease (CAD): ACE/ARB Therapy - Diabetes or LVSD (LVEF < 40%) (MIPS)

# Protocol Reporting Timeline

---

- Proposed reporting timeline:
  - New data fields
    - Systems would begin reporting updated and new data fields beginning in September 2023 for PY 8 (CY 2022) through the existing GPP encounter data reporting process
  - Utilization Rates and Trends & Clinical Quality Measures
    - Systems would begin reporting in 2023 for PY 8 (CY 2022) after the encounter data reporting process with specific dates TBD



# Next steps

---

- Proposal submitted to DHCS on 3/4/22
- Respond to feedback from DHCS, if necessary
- DHCS to submit to CMS by 3/29/22, per STCs
- Then, begin work to develop updated encounter data manuals with new and updated fields and reporting guidance for metrics

# New Equity-enhancing services within GPP

Aligning GPP with Medi-Cal/CalAIM

---

# Updated equity-enhancing services

---

- We are proposing several changes to GPP services and point values in the following categories:
  - Incorporating new Medi-Cal CalAIM services including Enhanced Care Management and Community Supports
  - Other Equity-Enhancing Services
  - Incorporating other new Medi-Cal services
  - Updating telehealth values

# New Medi-Cal Equity-enhancing services

Tier (new)	Service type	Point Value
ECM	Enhanced Care Management (ECM)	75 PMPM
Community Supports	Asthma remediation	80/case
	Community transition: Nursing facility to home	220 PMPM
	Day habilitation	3/hr
	Housing deposits	700/move-in
	Housing tenancy and sustaining service	90 PMPM
	Housing transition and navigation service	90 PMPM
	Nursing facility transition/diversion to assisted living facility	12/day
	Personal care services	4/hr
	Short-term post-hospitalization housing	15/day

# Other Equity-Enhancing Services

- These services are not included in CalAIM but we are proposing because we believe they are also in alignment with the goals of CalAIM

Tier (new)	Service Type	Point Value
Other Equity-Enhancing Services	Team-based street outreach and engagement	150/visit
	Legal services	150/case
	Benefits advocacy	150/case

# New Medi-Cal Services

---

- The following services are not part of CalAIM but we are proposing to add to GPP because they have recently been added as Medi-Cal benefits

Tier (existing)	Service Type	Point value
Preventive health, education and patient support services	Doula service (prenatal or postnatal)	60
	Peer support	25

# Updating Telehealth Values

- We proposed updating the following telehealth point values, consistent with Medi-Cal now recognizing such contacts as billable services with payment parity with face-to-face

Tier (existing)	Service Type	Point value
Store and forward telehealth	Telehealth (patient - provider) - Store & Forward	<del>50</del> 100
	Telehealth – Other Store & Forward	<del>65</del> 100
Real-time telehealth	Telephone consultation with PCP	<del>75</del> 100
	Telehealth (patient - provider) - real time	<del>90</del> 100

# Questions?

---