

# GPP LEAD MONTHLY WEBINAR

---

May 11, 2022 | 12-1pm

[Recording Link](#)

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

# Agenda

---

1. PY7 Threshold Reductions
2. Status of GPP STCs
  - Health Equity Monitoring Metrics Protocol
  - New equity-enhancing services
3. Looking forward: Ability to capture GPP points

# PY7 (2021) Threshold Reduction

---

# PY7 Threshold Reductions

---

- Interim aggregate reporting shows GPP systems earning 82% of all points for PY 7
- CAPH requested a 24% reduction in thresholds, creating cushion with earning levels, similar to pandemic-based reductions in PY5 and PY6
- **CMS approved the reduction on 4/22/22**
- Timing of the payment round to pull down the enhanced 56.2% FMAP:
  - Condensed timeline so we can take advantage of enhanced FMAP
  - DHCS sent IGT notifications by 4/27/22
  - Hospitals needed to submit IGTs by 5/4/22

# 2022 GPP Claiming

---

- New budgets and IGT factors for 2022 submitted and waiting for CMS approval
- First 2022 GPP payments at old budgets and IGT factors
- Will reconcile to new budgets and thresholds either 2nd or 3rd quarter payments depending on timing of CMS approval

# Status of STCs

---

# Health Equity Monitoring Metrics Protocol

---

- Reminder: STCs required submission of a Health Equity Monitoring Metrics Protocol within 90 days of waiver approval
  - CAPH/SNI developed proposal with a sub-group of members and shared it during the last GPP webinar (included again in the appendix of this presentation)
  - DHCS sent the CAPH/SNI proposal (with no changes) to CMS on 3/29/22
  - No word yet from CMS, but CAPH/SNI is working on edits to the GPP encounter reporting manuals that we will bring to the member subgroup for review

# Addition of Equity-Enhancing Services

---

- Reminder: CAPH/SNI proposed the inclusion of new “equity-enhancing” services in GPP
  - These services generally align with CalAIM’s enhanced care management and community supports (see next slide)
  - DHCS submitted proposal to CMS on 3/29/22, with the rest of the STC edits/updates
  - We still do not know if systems will be able to earn GPP points for these services in 2022
  - CAPH/SNI is working on reporting manual updates for these services



# 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 proposed because there is alignment with the goals of CalAIM
- DHCS determined that Legal Services and Benefits Advocacy should not be included as GPP services and did not include them in the proposal to CMS.

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

# Looking Forward: Ability to Capture GPP points

---

# What's on the Horizon...

---

- Expansion of Medi-Cal coverage to 50+ year-old population (starting May 2022)
- Expansion of Medi-Cal coverage to 26-49 year-olds (starting January 2024, or as early as June 2023)
- Medi-Cal enrollees will have choice of providers
- State working on new process for sending PHS data to identify Medi-Cal managed care state-only so PHS can claim points for non-emergent services. Timing TBD
- **Discussion Question: What, if anything, are your systems doing now to retain GPP patients who are moving into managed care?**

# Appendix

---

# GPP Reporting Timeline

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

# Health Equity Monitoring Metrics 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