

# GPP LEAD MONTHLY WEBINAR

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July 13, 2022 | 12-1pm

[Recording Link](#)

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

# Agenda

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1. GPP Health Equity Monitoring Metrics Protocol
  - Review the overall protocol and implications for systems
  - Review recommended changes to equity-related data fields

# GPP Health Equity Monitoring Metrics Protocol

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# Why do we have a GPP Health Equity Monitoring Metrics Protocol?

- When the waiver was approved in late 2021 (for 2022-2026), CMS required the development and submission of a Health Equity Monitoring Metrics Protocol so that the program would align with national goals to promote health equity
- CMS stated that the protocol should include a set of metrics focused on access, utilization and quality of health care, leveraging nationally recognized measures to the extent possible
- Development timeline:



# What is the (proposed) GPP Health Equity Monitoring Metrics Protocol?

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- Via the protocol, CMS is requiring the State and systems to begin reporting on and tracking disparities over time for the GPP program and population
- We proposed two areas of reporting and measurement to advance equity within GPP:
  1. Expand Reporting of Equity-Related Data Fields (see slides 8-12)
    - Expanding the demographic fields that are reported for GPP will improve the ability to stratify and evaluate disparities
    - *We are reviewing the recommended reporting changes for these fields today*
  2. Evaluate Disparities within GPP through two types of measures
    - Utilization of GPP services
    - Clinical Quality Measures
    - *Reporting guidance for these measures will be developed and presented to members in the coming months*

# What are the implications of the protocol for public health care systems?

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- Systems will be required to fulfill expanded reporting requirements as part of GPP:
  - Equity-related data fields
    - Systems will begin reporting updated and new data fields beginning in September 2023 for PY 8 (CY 2022) through the existing GPP encounter data reporting process
    - The GPP encounter data reporting manuals will be updated to reflect these changes
  - Reporting on Utilization & Clinical Quality Measures
    - Systems will begin reporting in 2023 for PY 8 (CY 2022) after the encounter data reporting deadline with specific dates TBD
    - A new process for submitting these measure rates will need to be developed
- Systems will not be required to have 100% completion of the new data fields, but the State and CMS will likely look for increasing completion of the new data fields over the course of the waiver period (2022-2026)

# What are the implications of the protocol for public health care systems? (cont'd)

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- The protocol does not change how systems are paid under the GPP
  - Systems will still earn funding by providing GPP services and earning GPP points
  - Right now, the protocol is a reporting and monitoring tool for the State and CMS

# 1. Expand Reporting of Equity-Related Data Fields

- CAPH/SNI proposed four modifications/additions to reporting to improve the ability to stratify and evaluate disparities
  - Recommendations are based on data collection processes that systems already have in place today
- High-level Recommendations:

Category	Current GPP	Proposed Change
<b>Race</b>	Can report only one race field	Allow for reporting of multiple race fields
<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

- Detailed recommendations for reporting changes are on the following slides



# Race

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- **Recommendation:**
  - Add two Race fields\*
    - There is already one race field in the GPP reporting template, so there will be three fields total
  - Use existing codes in the GPP reporting guide:
    - 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

\*Based on a 2021 demographic data request (for non-UCs): 75% of patients reported 1 race and 17.5% reported  $\geq 2$  races.

# Preferred Language

- **Recommendation:**

- Add a new field for preferred language
  - For systems with EPIC, use the preferred spoken language field. (For systems with Cerner, there is only one language field.)
  - Recommended values for languages are shown in the table (right), based on a data request from 2021. These languages represent 97% of the values, with “Unknown” adding another 2.5%.
    - In addition to these languages, add values for:
      - Decline to State
      - Other
      - Unknown
  - Codes: Use the text from the table on the right, rather than codes for reporting
    - Systems will need to map their language values to the values in the table on the right

Arabic
Chinese
English
Farsi
Korean
Punjabi
Russian
Spanish
Tagalog
Vietnamese
Decline to State
Other
Unknown

# Sexual Orientation

- **Recommendation:**

- Add a new field for Sexual Orientation
- Use the following values from PRIME\*, with the associated SNOMED codes:

Sexual Orientation Value from PRIME:	SNOMED Code:
Lesbian, gay or homosexual	38628009
Straight or heterosexual	20430005
Bisexual	42035005
Something else, please describe	OTH
Don't Know	UNK
Choose not to disclose	ASKU

- Systems will need to map their values to the values in the table above

\*The code for Straight in the PRIME manual (20730005 - sourced from the [Federal Register](#)) has since been updated as seen in the USCDiv2 code (above).

# Gender Identity

- **Recommendation**

- Rename the “Gender” field to “Gender Identity”
- Replace the existing values\* and codes in the GPP reporting guide with values and codes in the table below. Systems will need to map their values to the values in the table:

Gender Identity Values:	SNOMED Code:
Male	446151000124109
Female	446141000124107
Female-to-Male (FTM)/ Transgender Male/Trans Man	407377005
Male-to-Female (MTF)/ Transgender Female/Trans Woman	407376001
Genderqueer, Non-binary, neither exclusively male nor female	446131000124102
Additional gender category or other, please specify	OTH
Choose not to disclose	ASKU

\*Current values are male, female, transgender (female to male), transgender (male to female), other and unknown

# Modifier Fields

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- Not related to equity, but as part of changes to the reporting manuals, we are also recommending the addition of modifier codes. Why?
  - The [GPP reporting manual for Outpatient and Non-traditional Services](#) provides CPT or HCPCS codes, where available, for non-traditional services to help systems identify and report these services
    - For example, there are 8 CPT codes that map to the GPP service “RN-only visit”
  - CPT and HCPCS codes are updated regularly, and SNI will include updates to codes as part of this round of reporting changes. In updating the codes, SNI noted the use of modifiers for these services:
    - Mobile Clinic Visits: Use CPT Codes with POS Code 15
    - Telehealth services use these modifiers:
      - Modifier 93 (to modify a code for an in-person service to indicate it was provided by real-time audio-only technology)
      - Modifier 95 (to modify a code for an in-person service to indicate it was provided by real-time audio and video technology)
      - GQ modifier for distant site (used for Store & Forward and e-consult)

# Modifier Fields (cont'd)

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- **Recommendation:**
  - Systems can currently report one Principal Procedure code and up to 24 additional Procedure Codes
  - Add a modifier field for each of these 25 Procedure Codes.
    - The modifier field would follow (in the next column) the procedure code it modifies.
  - Data field length = 10 (alpha/numeric)
    - Because a procedure can have more than one modifier, recommend a data length of 10, with comma delimiters

# Next steps

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- Systems
  - If you have feedback on these recommendations, please reach out to Giovanna at [ggiuliani@caph.org](mailto:ggiuliani@caph.org) by 7/22/22.
- CAPH/SNI
  - Will work with a subgroup of members to propose reporting guidance for the utilization and clinical quality measures and bring to the GPP leads webinar on 9/14/22.
  - AND...CAPH/SNI will also work on reporting guidance for the new equity-enhancing (CalAIM) GPP services

# Questions?

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