

Understanding the Differences: Early Resolution vs. The GAPP Program

Early Resolution	GAPP
Adverse outcome/patient injury	Unexpected outcome or known complication
Standard of care concern	No standard of care concerns
<p>A patient may or may not have retained an attorney</p> <p>Claim resolution typically involves a release</p>	<p>No attorney is involved</p> <p>Participation will not involve a release or prevent a patient from making future claims against a provider or facility</p>
A patient may or may not have made a written demand for compensation	A patient is seeking assistance, or the provider would like to offer assistance for reimbursement of out-of-pocket expenses (after insurance payments), limited to a maximum cap under the program
Payment may be reported to the NPDB if paid on behalf of a provider	Reimbursement of out-of-pocket expenses or incurred costs are not admissions of liability and are not reported to the NPDB
Can be utilized and/or initiated by a provider, risk manager or office manager	A provider driven program – must be initiated by the provider (providers agreement)
May compensate a patient for pain and suffering when appropriate	Does not compensate a patient for pain and suffering
No cap on compensation amount	<p>Maximum reimbursement amount for out-of-pocket medicals and recovery time.</p> <p>GAPP is a secondary payer of medical expenses (out-of-pocket cost only), after health insurance pays primary.</p>