

MPIE'S GAPP PROGRAM

GIVING ASSISTANCE TO PATIENTS AND PROVIDERS

What is the GAPP Program?

MPIE's Giving Assistance to Patients and Providers ("GAPP") Program is an innovative opportunity for physicians to participate in a structured patient-centered approach for addressing complications associated with medical care and treatment, while focusing on preserving the physician-patient relationship.

Program Goals

The goal of the GAPP Program is to provide the patient with prompt, attentive care, support, and assistance so the patient's full focus can be on recovery. The GAPP Program was designed to meet patient recovery needs and resolve their concerns. At the same time, the program assists the physician with managing patient perception regarding the outcome of their care and assist with disclosure if appropriate. The result is an enhanced physician-patient relationship and a care environment that fosters the patient's recovery.

How does the program work?

The treating physician must refer a patient to the program to initiate the process. If the unanticipated outcome/known complication qualifies for the program, the physician then has a discussion with the patient about the unexpected outcome and the GAPP Program. MPIE will work with the patient directly on the financial aspect and handle reimbursement or payment of out of pocket expenses as determined.

Program benefits for your patient

- ❖ Assist the provider with providing explanation of the unexpected outcome, show of empathy and/or an apology (if appropriate)
- ❖ Provide reimbursement for medical & non-medical needs not covered by insurance
- ❖ Provide reimbursement for additional time off work as a result of the event



Reminders

Refer a patient to the program as soon as you have identified a patient may fit into the program. The sooner you report the better we can help you and your patient.

Do NOT tell the patient about the program or make promises with regard to reimbursement prior to discussing the event with MPIE.

No compensation can be made for pain and suffering from the GAPP Program.

Program Exclusions

- A patient Death
- A Lawsuit or Notice of Intent
- Attorney involvement
- A verbal or written demand from the patient
- Unexpected complications following an elective non-medically necessary plastic surgery event
- Board of Medicine or Board of Osteopathy Complaints
- Medicare Patients

The Process

When a patient experiences an unexpected outcome or known complication and is expressing concern, MPIE may be able to provide financial assistance to the patient under the GAPP Program. The GAPP Program is administered by MPIE.

For a GAPP file to be opened by MPIE, the provider must refer the patient to the Program. A Risk or office Manager cannot request a GAPP file be opened without the providers knowledge and consent. However, the Practice or Risk Manager is able to notify the provider and confirm if the provider agrees that the event was an unexpected outcome or complication, and that the provider is supportive of the care, and that they would like to refer the patient to the GAPP Program.

Below is a step by step guideline to the process on handling the patient's complaint and refer the patient to the GAPP Program.

MPIE'S RECOMMENDED PROCESS FOR RISK MANAGERS & OFFICE MANAGERS

When discussing an unexpected outcome or known complication with the patient, listen to understand the patients concerns and needs. When determining appropriateness for GAPP, the following is information to assist you in evaluating if the event meets the criteria for GAPP.

Points to consider and follow:

1. Is there concern regarding standard of care or is there known negligence on behalf of the provider? If so, please report the matter to MPIE as a Potentially Compensable Event, not as GAPP.
2. Discuss with the provider the patient's concern and confirm that the provider agrees that the outcome was unanticipated and agrees to offer GAPP assistance.
3. **Employed provider process** (*providers employed by your facility or practice*):
 - a. If the provider confirms that the unexpected outcome occurred during the medical procedure, do they believe the outcome is a known complication?
 - b. If it is a known complication, discuss with the provider the GAPP program to provide financial assistance to the patient for unanticipated out-of-pocket expenses, unanticipated (in excess of the normal recovery time) lost wages, or other economic losses (not to include any compensation for pain and suffering), due to the unexpected outcome.
 - c. Notify the patient that a representative from MPIE will be contacting them to discuss their concerns and to determine if GAPP assistance is available to them.
 - d. Report the event to MPIE for GAPP assistance for reimbursement to patient for agreed upon out of pocket costs, expenses and/or lost wages.

***PLEASE NOTE on the event report and/or the program referral form if you CONFIRMED that the insured provider agreed to refer the patient to the GAPP Program.

- 4. Non-Employed provider process** (provider is not employed by your facility or practice):
- a. Notify the involved provider or Practice Office Manager of the patient's complaint or concern and the nature of their request. Explain that you instructed the patient to contact their office for them to investigate the concern.
 - b. Notify the patient verbally and in writing that you are unable to provide financial assistance, however, they may reach out to the providers office for further consideration. Provide the patient with the provider's Office Manager's name and contact information. If the provider is an MPIE insured, the office manager or provider should be able to contact MPIE directly.
 - c. After completing step (a) above there is no need to report a known complication event to MPIE as you have notified the provider of the event and that provider should be investigating the patient's concern and addressing it with the patient directly or their insurance carrier.

Understanding the Differences: *Early Resolution vs. The GAPP Program*

Early resolution is a common claim practice used to achieve cost effective resolution of claims that involve the breach of the standard of care causing patient harm. GAPP is an early intervention and limited reimbursement program that provides financial assistance when applicable for an unexpected outcome.

When applicable MPIE will attempt early resolution for the benefit of both the patient and insured and to avoid litigation **when we agree resolution is the best option.**

Early Resolution	GAPP
Adverse outcome/patient injury	Unexpected outcome or known complication
Standard of care concern	No standard of care concerns
A patient may or may not have retained an attorney Claim resolution typically involves a release	No attorney is involved Participation will not involve a release or prevent a patient from making future claims against a provider or facility

Early Resolution	GAPP
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	Maximum reimbursement amount for out-of-pocket medicals and recovery time. GAPP is a secondary payer of medical expenses (out-of-pocket cost only), after health insurance pays primary.
Primary payment of medical expenses and may include wage loss	Financial support only applies to additional recovery time and medical expenses incurred due to the complication Wage loss is a set amount per day for a limited time

MPIE resource documents

MPIE will assist in explaining the program to both your providers and to the patient. The following FAQ documents will be used to aid in that discussion and may be given to the provider or patient. These documents should not be distributed by your practice or facility although are a good reference for commonly asked questions by providers and patients.

Frequently Asked Questions – For the physician

Information on the Program for the physician

What is the Program?

This program is an innovative opportunity for physicians insured by the Michigan Professional Insurance Exchange (MPIE), to participate in a structured, patient-centered approach for addressing complications associated with medical care while focusing on preserving the physician-patient relationship. This program provides support to the physician on how to express empathy to the patient and also provides reimbursement to the patient for costs that are related to the patient's needs as the patient recovers from the unexpected event. The Program is designed to address the patient's needs in a supportive, non-adversarial manner to allow the patient to focus on recovery. There is a maximum reimbursement which may be given regardless of the circumstances. No "awards" are given and there is no compensation for pain and suffering. We know that medicine is more of an art and less of a precise science than most patients think. Not every patient will respond the way we – or they – hope. Sometimes, the treatment itself causes a problem.

When patients experience complications, they want to understand why and have the problem resolved. Honest, open communication and a commitment to helping and guiding a patient toward recovery are at the core of the patient's expectations following an unexpected outcome. The more your actions conform to these expectations, the more satisfied your patient. Similar programs have demonstrated that early and honest interaction with patients who experience complications relieves much of the anger and frustration and reduces non-meritorious claims and lawsuits.

What is the goal of the Program?

The goal is to provide the patient with prompt, attentive care, support and assistance so the patient's full focus can be on recovery. The GAPP Program was designed to meet the patient's needs and resolve patient's concerns. At the same time, the program assists the physician with managing patient dissatisfaction and/or disclosure. The end result is a greatly enhanced physician-patient relationship and a good environment for the patient's recovery.

How does the Program work?

The participating physician notifies MPIE of a patient who has expressed dissatisfaction and has experienced an unexpected outcome or known complication that may delay recovery and/or result in additional out of pocket expenses. If the provider believes the patient unexpected outcome qualifies for the program, they contact MPIE for concurrence and then have a discussion with the patient about the GAPP program. This discussion will include:

- Explaining and reinforcing the specifics of the unexpected outcome/complication
- Listening with empathy to the patient about their perception of the unexpected outcome

including physical and emotional recovery and the additional financial needs that the unexpected outcome has caused

- Ascertaining the level of understanding the patient has about the prognosis, recovery and providing any additional information the patient may need
- Offering emotional support, encouragement & apology (if appropriate) to the patient
- Referring the patient to the GAPP Program for assistance with out-of-pocket expenses that may be incurred as a result of the unexpected outcome

What will the Program do for the patient?

Provide financial assistance for out of pocket expenses and/or unexpected wage loss.

What will the Program do for the provider?

Assist with complaint management, disclosure and explanation, claims prevention, retention of the provider/patient relationship and provide support and stress management.

The patient will be eligible to receive:

- An explanation of the event, show of empathy and/or an apology (if appropriate)
- A Program reimbursement for medical & non-medical needs not covered by insurance
- Recognition/reimbursement for additional time off from work as a result of the unexpected outcome

When should you initiate the program?

You should initiate the program when you have a patient with an unexpected outcome of treatment, which will delay the recovery and/or result in additional out-of-pocket expenses and the patient expresses anger, dissatisfaction or a need for financial assistance.

Exceptions:

There are exceptions to inclusion in the program– **however; you should still call MPIE when an unexpected outcome occurs.** The exceptions are:

- Death
- Lawsuit/NOI/Claim
- Attorney involvement
- Demand letter
- Patients whose unexpected outcome occurred following treatment for a specific, elective and non-medically necessary surgery
- Board of Medicine or Board of Osteopathy Complaint
- Physician request for a release of liability from the patient
- Medicare patients

What is my role after contacting MPIE?

Once you have contacted MPIE, a Program Administrator will contact you to discuss the incident and let you know if the patient qualifies for the program. If the patient qualifies, the Administrator will work with you in preparing for your discussion with the patient. After that

discussion, your role will be to attempt to maintain the physician-patient relationship , with continued open and honest communication with the patient.

How does the Program affect my medical professional liability insurance?

The Program is an early intervention and assistance program. Your participation does not affect your professional liability coverage. Payments made from the Program are considered “no-fault” payments. They are made without regard to medical liability and there is no investigation regarding the standard of care. The patient does not sign a release or waiver. Nothing in this program prohibits a patient from taking legal action at any time. A claim is not triggered unless the patient or the patient’s representative makes a written demand for compensation. Payments made from the Program are not required to be reported to the National Practitioner Data Bank, the Board of Medicine or the Board of Osteopathy.

How do I become a participant?

You will be required to sign a provider enrollment form to fully participate in the GAPP Program. You can choose to withdraw from the Program at any time by sending written notification that you wish to discontinue your participation in the program.

Frequently Asked Questions – For the patient

Patient Information Sheet

The Giving Assistance to Patients and Providers Program was developed to assist patients with out-of-pocket medical expenses and provide financial assistance when the outcome is not what the patient and the physician expected.

The Program has been designed by Michigan Professional Insurance Exchange (MPIE) to help maintain communication between you, the patient, and your physician and to provide assistance during your recovery. MPIE is the insurance company that provides your physician’s medical professional liability insurance.

How does the Program work?

The program is an assistance program. MPIE can assist with copays or deductibles after the medical expenses have gone through your health insurance provider.

How is my physician involved?

Your physician voluntarily participates in this program to assist patients with medical expenses and additional recovery time issues related to an unexpected medical outcome and/or complication.

What expenses are covered?

Funds are available to reimburse your medical expenses for care related to the unexpected outcome, not covered by your health insurance (such as co-pays, deductibles, etc.).

What expenses are not covered?

Any cost(s) related to the original procedure or other unrelated health conditions are not reimbursable.

Do I have to sign a waiver to get benefits?

No. Reimbursements through the program are not considered a settlement or claim. Therefore, you are not required to sign a waiver of your right to pursue legal action. If you decide to pursue legal action while receiving money through the Program, you will not be able to get further benefits through the program.

Do I have to pay the bills first?

Assistance is only given after all other applicable private, self-funded, and/or governmental health plans have paid their full obligations. In other words, the Program assists with costs not covered by your health plan.

How long can I use the program?

This program is here to assist for a short-term period following the unexpected medical outcome. Each case will be periodically reviewed to determine eligibility for continued assistance.

Is the money taxable?

Reimbursements for medical expenses/out of pocket costs under the Program are not taxable income and you will not receive a 1099. Reimbursements of medical expenses are not taxable. You may want to consult a tax advisor if you have further questions.

How to get started:

- Review your bills
- Make sure your bills have gone through your insurance

You can direct your questions to:

616-202-1779 and ask to speak with the MPIO Representative who is assigned to your case.

OUR MAILING ADDRESS IS:

Dept. 4152
PO Box 30516
Lansing, MI 48909-8016

OUR FAX NUMBER IS: 616.828.0111 Please use a cover page.