

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 3****REPORTING REQUIREMENTS****Encounter Data**

Providers are required to report enrollee encounter data for covered services, as defined in Section 47.1.

Encounter data reporting requirements differ for the period ending September 30, 2011 and the period beginning October 1, 2011.

- For the period October 1, 2010 through September 30, 2011, providers may report encounter data in one of two formats specified by the Bureau of Health Services Financing:
 - Form CMS-1500 to Medicaid's fiscal intermediary (See Appendix C for claims filing information), or
 - Excel format to the Bureau of Health Services Financing (BHSF) (See Appendix D for where to access forms)
- Effective October 1, 2011, providers will report encounter data for enrollees directly to Medicaid's fiscal intermediary on Form CMS-1500 (paper or electronic).

Providers must report encounter data for dates of service applicable to the demonstration year no later than:

Demonstration Year	Deadline for Reporting
October 1, 2010 – September 30, 2011	November 14, 2011
October 1, 2011 – September 30, 2012	November 14, 2012
October 1, 2012 – September 30, 2013	November 14, 2013
October 1, 2013 – September 30, 2014	November 14, 2014
October 1, 2014 – December 31, 2014	February 14, 2015

NOTE: Medicaid claims filing timelines do not apply to the GNOCHC program. No payment will be made for GNOCHC encounter claims submitted after the above reporting deadlines.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 3****Submittal Rates**

BHSF will randomly sample medical records for services provided directly by participating providers or provided indirectly and paid for by participating providers. The encounter record will be evaluated on its completeness and consistency with the medical record. BHSF reserves the right to refuse payment for primary and behavioral health care encounters to eligible providers that achieve less than a 90 percent encounter submittal rate for primary and behavioral health care.

Sustainability Plan

Providers were required to develop, implement and evaluate the effectiveness of an organization's specific strategic plan to become a self-sustaining organizational entity by December 31, 2014 that would be capable of permanently providing primary care or behavioral health care services to residents in the Greater New Orleans region. Providers were required to submit these plans to the BHSF by March 1, 2011.

"Sustainable" means actively developing, implementing and evaluating the effectiveness of the organization to diversify its operating income and funding resources independent of the demonstration funding sources.

Providers are required to submit to the BHSF semi-annual progress reports on the sustainability plan. Providers that fail to comply with this requirement will be ineligible for payments.

The following table includes the deadlines for submitting the semi-annual progress reports to the BHSF:

Deadline for Reporting			
2011	2012	2013	2014
September 30, 2011	March 31, 2012	March 31, 2013	March 31, 2014
	September 30, 2012	September 30, 2013	September 30, 2014

Reporting Compliance

Providers must comply with all reporting requirements. Providers who fail to comply with these requirements shall not be eligible to receive payments from this demonstration program and may receive financial penalties for noncompliance.