Instructions for Form GNOCHC-3: Community Care Coordination

GNOCHC participating providers are required to report community care coordination expenditures for each quarter of the Demonstration using Form GNOCHC-3.   Use the below instructions to complete Form GNOCHC-3. The form will automatically calculate totals for all expenses reported.

Description	Instructions
GNOCHC Prov. Org Name	Enter the organization name
Site name	Enter the site name
GNOCHC Prov. Number	Enter the site's 7-digit GNOCHC provider ID
GNOCHC NPI	Enter the site's 10-digit NPI number associated with the GNOCHC provider ID
Medicaid Prov. Number	Enter the site's 7-digit Medicaid provider ID
Medicaid NPI	Enter the site's 10-digit NPI number associated with the Medicaid provider ID
Report Beginning Date – Report Ending Date	Enter the first and last days of the quarter being reported in the following format: MM/DD/YY
Description of Community Care Coordination Service	Summarize the nature of the project
Dates of Service	Enter the date(s) of service in the following format: MM/DD/YY.
No. of Individuals Served	Enter the total number of individuals served on date of service
Total Cost of Service	Enter the dollar amount of the total expenditures spent on date of service
GNOCHC Funding Amount	Enter the dollar amount of GNOCHC funds used on date paid
Other Funding Amount	Enter the dollar amount of other funding used on date paid
Other Funding Description	Enter a brief description of source of other funding used in conjunction with GNOCHC funds