

**CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION****SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 4****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:

<b>Demonstration Year</b>	<b>Deadline for Reporting</b>
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 – December 31, 2013	February 14, 2014

**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.

**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

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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.

**Infrastructure Investment**

Providers are required to report quarterly on infrastructure investment expenditures, including but not limited to the following information:

- Reporting period
- Provider name
- Provider number
- Date of investment (expenditure)
- Description of investment
- Amount spent for investment

**NOTE:** See Appendix D for information on accessing the Infrastructure Investment form.

The following table outlines the Infrastructure Investment reporting deadlines:

Reporting Period	Deadline for Reporting
October 1, 2010 – December 31, 2010	August 26, 2011
January 1, 2011 – March 31, 2011	August 26, 2011
April 1, 2011 – June 30, 2011	August 26, 2011
July 1, 2011 – September 30, 2011	October 31, 2011
October 1, 2011 – December 31, 2011	January 30, 2012
January 1, 2012 – March 31, 2012	April 30, 2012
April 1, 2012 – June 30, 2012	July 30, 2012
July 1, 2012 – September 30, 2012	October 30, 2012
October 1, 2012 – December 31, 2012	January 30, 2013

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January 1, 2013 – March 31, 2013	April 30, 2013
April 1, 2013 – June 30, 2013	July 30, 2013
July 1, 2013 – September 30, 2013	October 30, 2013
October 1, 2013 – December 31, 2013	January 30, 2014

**Community Care Coordination**

Providers are required to report quarterly on community care coordination expenditures, including but not limited to the following information:

- Reporting period
- Provider name
- Provider number
- Date of service
- Description of service
- Amount spent for service
- Number of individuals served

**NOTE:** See Appendix D for information on accessing the Community Care Coordination form.

The following table includes the deadlines for reporting community care coordination:

<b>Reporting Period</b>	<b>Deadline for Reporting</b>
October 1, 2010 – December 31, 2010	August 26, 2011
January 1, 2011 – March 31, 2011	August 26, 2011
April 1, 2011 – June 30, 2011	August 26, 2011
July 1, 2011 – September 30, 2011	October 31, 2011

**CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION****SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 4****Sustainability Plan**

Providers must develop, implement and evaluate the effectiveness of an organization specific strategic plan to become a self-sustaining organizational entity by December 31, 2013 that will be capable of permanently providing primary care or behavioral health care services to residents in the Greater New Orleans region.

“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 must submit to the BHSF:

- A sustainability plan, and
- 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 reporting the Sustainability Plan:

<b>Report</b>	<b>Deadline for Reporting</b>
Sustainability Plan	March 1, 2011
Semi-Annual Progress Report	September 30, 2011
Semi-Annual Progress Report	March 31, 2012
Semi-Annual Progress Report	September 30, 2012
Semi-Annual Progress Report	March 31, 2013
Semi-Annual Progress Report	September 30, 2013

**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.