Medicaid Coordinated Care Networks
Provider Frequently Asked Questions
Updated 10.8.2010

Category	Questions	Answers
Administrative	**Will the CCN program mean more paperwork for me?**	That will depend partially on the CCN and should be a part of the negotiation discussions. It is the Department's intent that technology be used to accomplish as much as possible.
Administrative - Claims	**Will there be a difference of how claims are processed?**	For the CCN-P please refer to Section 14 - Claims Management of the CCN-P Policy and Procedure Guide. For CCN-S, claims will be processed as they are today with fee for service. The CCN-S will be responsible for utilization management, prior authorization and pre-certification.
Benefits and Services	**Will this change the benefit packages for Medicaid consumers (enrollees)?**	The benefit packages have to include at least what is currently covered under the existing Medicaid program. The prepaid CCNs may add additional benefits at their expense.
CCN Recruitment	**How do I (provider) know if the potential CCN recruiting me really represents Medicaid?**	There is a list of those entities that have plans to become CCNs on the www.MakingMedicaidBetter.com Web site. Click on the "Letters of Intent" link under the Document Library for the list and contacts. The list will be updated as new groups are added.

Category	Questions	Answers
CommunityCARE and KIDMED	**Health Plans are telling providers that Medicaid and/or CommunityCARE are going away and their Plan with be replacing those Programs. Is this accurate?**	As the Phases are implemented, if there is at least one CCN in a rural parish, the Medicaid enrollees will be linked to that CCN as long as the CCN has capacity. After capacity is reached in the CCN, if it is mandatory population for CommunityCARE, the enrollee may select a CommunityCARE PCP. If it is not a mandatory population for CCNs, then the Medicaid enrollee will remain in fee-for-service. In an urban parish, if at least two CCNs participate, the Medicaid enrollees will be linked to the CCNs as long as there is capacity in the CCNs. After capacity is reached, the enrollees can choose or be linked to a CommunityCARE provider if they are in a mandatory CC population; non-mandatory populations for CommunityCARE will remain in fee-for-service. It is anticipated that there will be sufficient provider capacity in the urban areas for all mandatory and if they choose, voluntary populations to be linked to a CCN. It is possible that some parishes may not have a CCN but several CCNs are indicating an interest in statewide programs.
CommunityCARE and KIDMED	**How does this affect me as a CommunityCARE Provider?**	The majority of Medicaid enrollees – an estimated 830,000 individuals, will be mandatorily enrolled in a Coordinated Care Network. This includes those individuals currently linked through CommunityCARE.
CommunityCARE and KIDMED	**Is the KIDMED Program changing or going away?**	The Early Periodic Screening, Diagnosis and Treatment Service Program is not going away; it will be the responsibility of the CCNs. KIDMED is the marketing name by which the screening portion of the EPSDT program has been known in Louisiana since the 1990's and it will not be used by the CCNs
CommunityCARE and KIDMED	**Will the criteria be the same as CommunityCARE?**	There will be some differences in covered populations (pregnant women included, people with private insurance as primary and Medicaid as secondary coverage included, Relative to quality

Category	Questions	Answers
		expectations, the criteria will be higher.
Eligibility	**How will I check eligibility?**	You will continue to check ability as you do now through the REVS (telephonic) or MEVS (web-based) system.
Eligibility	**Will we be provided real time eligibility with each CCN-P like we are now?**	Both providers and CCNs will be able to continue use of the existing Medicaid eligibility verification methods (REVS (telephone) and MEVS (online). Eligibility for the following month is decided on the third to last working day of month. Eligibility will always be for the entire calendar month.
Enrollment - Provider	**What if a CCN denies my application to enroll as a provider? Will I lose my Patients?**	Patients may choose from among all of the CCNs that are available for their service area. If patients do not make a choice, they will be assigned to a CCN that includes the PCP who has provided the most care for them in the previous year. Doctors will able to communicate to their patients the CCNs with whom they have contracted.
Enrollment - Provider	**What is the time frame for a provider to enroll?**	To be included in the initial provider directory so that your patients will know which CCN to select, the provider has to be enrolled by December 31, 2010.
Enrollment - Providers	**Which providers are eligible to enroll?**	Any provider who is currently a Medicaid enrolled provider or willing to enroll as a Medicaid provider is eligible to enter into a contract with one or more CCNs. The CCNs will be enrolling primary care providers, specialists, hospitals, etc. to fulfill the broad range of services that they must deliver.

Category	Questions	Answers
Enrollment - Recipient	**Can I tell my patients what CCNs I am participating in and which one to join?**	Providers are allowed to inform their patients of the CCNs that they will be enrolled in, but they cannot influence the selection between one CCN and another. Providers may inform their patients of the benefits, services and specialty care services offered through the CCNs in which they participate. They may not recommend one CCN over another CCN, offer patients incentives for selecting one CCN over another, or assist the patient in deciding to select a specific CCN. Medicaid enrollees making their CCN selection will have access to provider directories (online or by phone) that will help them make the CCN choice based on provider).
Enrollment - Recipient	**Can the Medicaid consumer (enrollee) select the CCN and the provider?**	Through the Enrollment Broker, the Medicaid enrollee will select the CCN and can include a preference for the provider.
Enrollment - Recipient	**Can the patient (enrollee) choose the PCP or change a PCP choice/linkage?**	The Medicaid enrollee may choose their CCN and select their preferred PCP but linkage to a preferred PCP is not assured. CCN or PCP may be changed during the first 90 days for any reason. Until the next open enrollment (at least annually) they can change if they have good cause.
Enrollment - Recipient	**How will my patients be informed of the change to CCN?**	DHH, through its Enrollment Broker - Automated Health Systems, will conduct a direct mail outreach effort to inform Medicaid enrollees of the impending change. Physicians are also allowed to inform their patients of the CCNs that they are enrolled in, but they cannot influence the selection between one CCN and another. Providers may inform their patients of the benefits, services and specialty care services offered through the CCNs in which they participate. However, providers may not recommend one CCN over another CCN, offer patients incentives for selecting one CCN over another, or assist the patient in deciding to select a specific CCN.

Category	Questions	Answers
Enrollment - Recipient	**How will the auto-assignment process work?**	Assisting Medicaid/LaCHIP enrollees with selecting the CCN that best meets their needs will be within the scope of DHH's Enrollment Broker contract with Automated Health Systems (AHS). Auto assignments are being made to CCNs who will in turn be responsible for auto-assignment members to a PCP if necessary. At the CCN level, the auto-assignment algorithm will consider previous linkage with a CommunityCARE PCP (during the implementation of the CCN program) and subsequent to implementation, any previous relationship with a CCN; and then round robin with equal consideration given to both CCN-S and CCN-P models. To incentivize coverage of an entire region, the auto assignment algorithm will give preference to CCNs that include all parishes within the region. Distinction will not be made between CCN-P and CCN-S in the automatic assignment process. When quality performance measure outcomes become available, they will be factored into the auto-assignment algorithm.
Enrollment - Recipient	**How will the Enrollment Broker help the Medicaid consumer (enrollee) select a CCN?**	They will provide impartial information about the CCNs, their medical panels and any extra benefits each CCN offers.
Enrollment - Recipient	**How will the Enrollment Broker know what CCN(s) I participate in?**	Each CCN will provide a provider registry to the state's fiscal intermediary, Molina, with the names of their contracted providers. Molina will pass that information to AHS to facilitate the EB linkage function.
Enrollment - Recipient	**I am concerned that the enrollment broker will employ staff that cannot explain this new program to our patients.**	AHS who is our current Enrollment Broker for CommunityCARE will serve as the CCN Enrollment Broker as well. They provide Medicaid enrollment broker services for other states that have transitioned Medicaid populations to networks or health plans, including Ohio and Illinois and their customer service operators have experience in helping Medicaid enrollees select from among a choice of health plans. The language in Enrollment Broker scripts is required to be unbiased and equitable to all providers/CCNs and DHH must approve

Category	Questions	Answers
		all scripts prior to use.
Enrollment - Recipient	**What about Medicaid as Secondary?**	Medicare Dual eligibles are excluded from CCNs. Medicaid enrollees with private health insurance are included in CCN mandatory populations. CCNs are expected to collect third party payments and report on the claims submitted to the CCN or the Medicaid fiscal intermediary. Individuals for whom DHH is paying the premium for employer sponsored insurance through LaHIPP are excluded from CCNs as well.
Enrollment - Recipient	**What are the mandatory eligibility categories? Need to know in order to determine which of my (PCP's) patients may be impacted?**	Reference the Provider Agreements, located on www.MakingMedicaidBetter.com, for a detailed breakdown of eligibility categories.
Enrollment - Recipient	**What happens to the patients linked to physicians currently?**	In the Phase-In parishes, CommunityCARE enrollees will be sent a choice letter to select a CCN and indicate their PCP. If no selection is made, the Medicaid enrollee will be auto-assigned to a CCN based on history if it exists and if not, then based on the auto-assignment.
Enrollment - Recipient	**What if a patient does not get linked to current / requested PCP?**	Following their initial enrollment into a CCN, members have ninety (90) days from the postmark date of the Notice of Enrollment in which they may change CCNs for any reason. After the initial ninety (90) day period, Medicaid/CHIP enrollees/members shall be locked into a CCN for nine (9) additional months from the effective date of enrollment or until the next annual open enrollment period, unless disenrolled under one of the conditions described in the SECTION 6 - DISENROLLMENT of the CCN-Policy and Procedure Guide.

Category	Questions	Answers
Enrollment - Recipient	**What is the role of the Enrollment Broker?**	The Enrollment Broker (EB) sends choice letters, information about the primary care providers in each CCN within the enrollees parish of residence and a CCN comparison chart that lists all of the participating CCNs and any extra benefits the CCN will provide to enrollees. All CCNs must provide the same services as available through the regular Medicaid Program. Information about the CCNs provided by the EB, either during phone calls or in written communication, will be impartial facts. The EB staffs the enrollment hotline where enrollees indicate their CCN choices and those are sent to the CCN for them to distribute their member materials and link the enrollee to a PCP. If the enrollee indicates a choice of a PCP that information is forwarded to the CCN for linkage consideration but is not assured based on panel size, restrictions,etc.
Enrollment - Recipient	**When we have a patient that has to be transitioned/farewelled out of the practice (example: stealing the drs phone, extreme cussing to staff, domestic violence situation in our waiting room, etc) that the CCN-P will place that patient with another provider immediately.**	CCNs must remain responsible for an individual's core benefits and services for a specified time while the individual is being transitioned to another CCN. However the matter of immediate transfer of a disruptive member to another provider within the CCN could be addressed in the provider's contract negotiations with the CCN.
Enrollment - Recipients	**What if patients (enrollees) do not know and act on changes?**	Medicaid enrollees who are in the mandatory or voluntary category for CCNs will be automatically enrolled (using an auto-enrollment algorithm) in a CCN if they do not make a pro-active choice. The voluntary class can opt out at any time.
Enrollment - Recipients	**Will all my Medicaid patients have to enroll in CCN or will there be exemptions?**	The majority of current Medicaid patients will be enrolled in CCNs. The most recent data on anticipated enrollment for CCNs can be found on the Making Medicaid Better Web site in the document library. A breakdown of mandatory, voluntary and excluded eligibility categories can be found in the provider agreement, located on

Category	Questions	Answers
		www.MakingMedicaidBetter.com.
Fees, Rates and Reimbursement	**Does the fee schedule change when the state cuts its budget?**	Rate increases or reductions are made at the CPT code level so the fee schedule does change when rates are changed
Fees, Rates and Reimbursement	**How will I be paid? Fee for Service or PMPM?**	There are two CCN model types - a prepaid CCN that works on the PMPM payment and a shared savings CCN that is fee-for-service. In prepaid CCNs, the CCN will be responsible for the payment to the provider and may negotiate rates with the provider which may continue to be fee-for-service In a CCN-S, which will remain fee for service, the payment will come directly from Medicaid and fee-for-service amount cannot be less than the Medicaid reimbursement amount. Your provider agreement with the CCN should address how you will be paid. Check the '"Letter of Intent" listing on the www.makingmedicaidbetter.com web site for updates.
Fees, Rates and Reimbursement	**I am concerned that our claims will not be processed as timely as they are now and that we will have further claims checks issues that deny claims for no reason.**	CCNs are required to process 90% of clean claims for each provider type within 30 days and 99% within 90 days. DHH will be closely monitoring denied claims for trends and will not tolerate abuses. It is true that rather than having all claims processed by the Medicaid fiscal agent Molina, the CCN-Ps will each be responsible for claims payment and claim processing time will vary among CCNs. To the degree this is a concern, this is an area that can be addressed in the provider's contract negotiations with CCNs.
Fees, Rates and Reimbursements	**What happens to the $3.00 monthly case management fee?**	The $3 case management fee is included in the enhanced primary care case management fee paid to the CCN-S. We expect CCN-Ss to provide PCPs with a minimum of $3 PMPM for PCP care management services. The $3 monthly case management fee is not included in the CCN-P model.

Category	Questions	Answers
Fees, Rates and Reimbursements	**What is the fee schedule?**	The current Medicaid FFS fee schedules can be accessed through the Document Library of the www.MakingMedicaidBetter.com website
Fees, Rates and Reimbursements	**What is the timeframe for reimbursement and how will it be made?**	CCNs are required to process 90% of clean claims for each provider type within 30 days and 99% within 90 days. The CCN shall pay 99% of all clean claims from practitioners, either in individual or group practice or who practice in shared health facilities, within ninety (90) days of the date of receipt. The date of receipt is the date the CCN receives the claim, as indicated by its data stamp on the claim. The date of payment is the date of the check or other form of payment. The CCN and its providers may, by mutual agreement, establish an alternative payment schedule. Any alternative schedule must be stipulated in the contract;
Fees, Rates and Reimbursements	**What will the CCN-P do when they start losing money?**	CCN-Ps are at risk and initial rates are effective for the first 18 months of implementation. If a CCN chooses to voluntarily withdraw as a provider they are required to give DHH 120 days advance notice and pay the administrative costs of moving their members to a different CCN or if there is no CCN, back to Medicaid FFS.
Fees, Rates and Reimbursements	**Will my PMPM rate be taken away?**	The CCN-Ps are not required to reimburse the $3 PMPM as it is not included in the rate being paid to the CCN. For the CCN-S model, the CCN will continue to pay the $3 monthly PMPM to the PCP.
Fees, Rates and Reimbursements	**Will the CCN-P still pay our $3 pmpm, or more?**	Physicians can negotiate with the CCN for payment of the $3 or a higher reimbursement rate such as a certain percent of Medicare that would offset the $3.
Fees, Rates and Reimbursements	**Would the Provider in the CCN-P be capitated? Or would the CCN be capitated?**	The CCN-P models are capitated and they may pay contract providers a negotiated fee-for-service amount or negotiate a capitated reimbursement rate. The only provider types that cannot be capitated are FQHCs and RHCs as their rates are federally mandated and paid on a prospective payment rate.

Category	Questions	Answers
General	**How is it better for me (the provider)?**	Under the shared savings model, the CCN may share the savings with providers and reimbursement for providers cannot be less than the fee-for-service rate. Under the capitated model CCN-P, the CCNs will negotiate the rates with providers which could be higher than Medicaid FFS. Either model may offer incentive payments to providers. CCNs may increase the specialists available to primary care providers for their Medicaid patients. They may also offer increased case management and reduction of administrative work for providers.
General	**How many CCNs are there?**	We don't know the number of CCNs yet. As we receive letters of intent from potential CCNs that information is posted to the www.MakingMedicaidBetter.com Web site. These letters only indicate interest by an entity. They must still pass a readiness review and demonstrate network adequacy before being granted official CCN status.
General	**How will the CCN affect my practice? How much additional Paperwork? e.g. PCP referrals?**	There may be reduced paperwork depending on how referrals are structured. DHH strongly encourages the CCN to develop electronic, web-based referral processes and systems. Several of the CCNs who have submitted "Letters of Intent" are national organizations with experience in managing these service delivery models. It is our expectation that they will have refined their operations to be as efficient as possible.

Category	Questions	Answers
General	**How will the CCN be different from standard Medicaid?**	Benefit packages are the same but the service delivery model will change. Previously, CommunityCARE was the only managed care service delivery model in Louisiana--although many other states have had several models for a number of years. Now we will have a prepaid service delivery model and a shared savings model. Medicaid enrollees will be asked to select a CCN and may also select their PCP for most of their Medicaid services. Additional populations are being added to the CCN models-such as people over 65 who do not have Medicare, those with third party coverage and pregnant women. Some other populations, such as Native Americans, SSI under 19 years of age and foster care children are considered to be voluntary enrollees who will be linked if they do not choose a CCN but may opt out by calling the Enrollment Broker (EB).
General	**How will providers benefit from helping the CCN-P save money?**	Incentives—which must be approved by DHH—can be negotiated with CCNs.
General	**I would like to participate in providing input on draft documents. How do I receive notification when drafts are available and meetings are being held?**	The official period for review of draft documents was June through July 2010; however we continue to receive input and comments.
General	**What are the benefits for a provider to join?**	Under either model, the CCN may share savings with providers or offer them incentives. They may also offer increased case management and reduction of administrative work for providers. CCNs may increase the specialists available to primary care providers for their Medicaid patients.
General	**What are the main differences between the shared savings and prepaid plans?**	The CCN-S provides primary care and coordinates all other services; received a monthly management fee; has limited risk and receives shared savings contingent on quality achievements. The CCN-P provides all included services; receives a monthly, risk-adjusted PMPM (approximately 85% should be used on direct health care services and case management, chronic care management programs, and quality initiatives to meet required performance outcomes); has

Category	Questions	Answers
		full risk; must meet quality achievements or PMPM will be withheld; and is responsible for claims adjudication with prompt pay requirements.
General	**What do I (provider) need to do to join?**	Potential CCNs are in the process of recruiting providers now for the first phase of CCN implementation. You may have already been contacted – via mail or in person – by one of the potential CCNs. DHH maintains a list of CCNs that have sent DHH a Letter of Intent to become a CCN. That list, including a contact for providers and a breakdown of their regional coverage plan, can be found at www.MakingMedicaidBetter.com.
General	**What is a CCN? Is it managed care?**	Yes. Coordinated Care Networks are managed care or health plans that will provide services to the majority of Medicaid enrollees under a risk based or shared savings model for service delivery. These new models of service delivery are governed by the Centers for Medicare and Medicaid as managed care.
General	**What is a CCN?**	A CCN is a health care delivery system that provides a continuum of evidence-based, quality-driven health care services in a cost effective manner. In Louisiana, the CCN will build on the current delivery system of CommunityCARE, transitioning the Medicaid delivery system from the current fee-for-service system to primarily a prepaid or fee for service/shared savings model of care.
General	**What is NCQA?**	The National Committee for Quality Assurance (NCQA) is an independent 501(c) (3) non-profit organization in the United States designed to improve health care quality. It was established in 1990 with support from the Robert Wood Johnson Foundation. NCQA manages voluntary accreditation programs for individual physicians and medical groups. Health plans seeking accreditation measure performance through the Healthcare Effectiveness Data and Information Set (HEDIS) and the CAHPS survey.
General	**Will I have contact with the Enrollment Broker?**	The CCNs will exchange linkage data with the EB but there will be no contact with individual PCPs. PCP assignment will be handled by the

Category	Questions	Answers
		CCN.
General	**Will the providers HAVE to participate in the CCN? Is it mandatory?**	The majority of the Medicaid enrollees will be in CCNs. If providers wish to continue serving the Medicaid population, they should consider enrollment in a CCN or multiple CCNs.
General	**Will the transition of Medicaid consumers to CCN make it more difficult to access healthcare?**	The Department believes that Medicaid enrollees will have improved access to primary and specialty care through these models. While most changes involve some adjustments to policies, procedures and systems as new programs are rolled out, we are working to make this a smooth transition for the providers, enrollees, CCNS and the Department and our contractors. We have the benefit of many other states that have similar models who have shared their experience and lessons with us.
Network Adequacy	**How will I (provider) determine my panel size?**	Providers may participate in more than one CCN and CommunityCARE if it still exists in a parish and they may have up to 2000 Medicaid enrollees linked to them across all of the Medicaid managed care lines of business--which includes CommunityCARE. Exceptions for panel sizes above 2000 per individual practitioner must be approved by DHH.
Network Adequacy	**Will each CCN-P be required to have a full and comprehensive network for our patients?**	Each CCN-P must have an adequate network or pay for the service outside the network if they do not have the service within the network. Unlike Medicaid FFS, CCN-P entities have the flexibility to negotiate rates. CMS, the federal agency which governs and oversees the Medicaid program, will be reviewing adequacy of networks as a condition of approving the Provider Agreements (contracts) between DHH and the CCN.

Category	Questions	Answers
Outreach, Education and Marketing	**What are the limitations with regard to marketing? (Policy & Procedure's Guide)**	The Prepaid Policy and Procedures Guide, available online at www.MakingMedicaidBetter.com, includes a detailed list of restrictions relative to CCN Marketing. Prohibitions include extensive language designed to protect the Medicaid enrollee and restrictions and requirements of the CCNs relative to the providers in their network.
Outreach, Education and Marketing - Provider	**What type of contact might I expect to have from the CCNs during the transition?**	As CCNs begin to build their networks, they will be reaching out to providers. Providers can expect "provider recruitment" materials to be sent to their offices that may include anything from an introductory letter to a request to sign a letter of intent. CCNs will also likely contact providers directly through office visits or phone calls. The www.MakingMedicaidBetter.com Web site will keep a running list of those potential CCNs that have submitted a letter of intent to DHH and the status of their application through the CCN enrollment process. Use this as a reference to determine those plans that may contact you.
Outreach, Education and Marketing - Provider	**What types of venues will be available for me to learn more about CCNs in my area?**	DHH is planning CCN Education sessions for providers. A calendar listing upcoming meetings can be found at www.MakingMedicaidBetter.com. We are working with hospitals and associations to identify venues and notifications of those meetings will be sent to providers through the Web site and provider group organizations. The www.MakingMedicaidBetter.com website has a great deal of information and is updated often.
Outreach, Education and Marketing - Provider	**Where can I obtain more information?**	DHH has a Web site devoted to Coordinated Care Networks. The site is updated on a daily basis with new information and resources. That Web site is www.MakingMedicaidBetter.com.
Outreach, Education and Marketing - Provider	**Will CCNs have field representatives to address my problems and concerns?**	Under the Letter of Intent listing located at www.MakingMedicaidBetter.com, there is a provider contact for each CCN included.

Category	Questions	Answers
Outreach, Education and Marketing - Recipient	**What will DHH do to make sure our patients receive real, accurate and easy to understand information about these changes? We do not want interruption of patient care with our patients because the state and/or CCNs did not provide enough information on what each recipient needs to do.**	DHH is planning a comprehensive Medicaid enrollee education and outreach campaign targeting Medicaid and CHIP recipients which will begin shortly after January 1st. All CCN member materials must be written at the 6th grade reading level or below and must be prior approved by DHH. Required information for member handbooks ("what each recipient needs to do") is clearly spelled out in the Provider Agreement and *Policy & Procedures Guide* (and in federal Medicaid regulations). In addition, providers can educate their patients on which CCNs they are enrolled in and how they can make that selection.
Outreach, Education and Marketing - Recipient	**Will I be expected to educate my patients on the changes?**	It is not the responsibility of the physician to educate the patient on the changes. Providers may inform their patients of the benefits, services and specialty care services offered through the CCNs in which they participate. However, providers may not recommend one CCN over another CCN, offer patients incentives for selecting one CCN over another, or assist the patient in deciding to select a specific CCN.
Outreach, Education and Marketing - Recipient	**Will the state provide materials for my patients on the transition to CCN?**	DHH is planning a comprehensive education and outreach campaign targeting Medicaid and CHIP recipients which will begin shortly after January 1st.
Referrals and Prior Authorizations	**I am concerned that I will need to hire another staff member to handle referrals for a CCN.**	Each CCN-P's policies and procedures (administrative burden) for referrals may differ and therefore could be a factor in determining which CCNs to contract with. DHH will be monitoring network access on a quarterly basis to ensure there are sufficient providers to meet the travel distance and timely access standards set forth in the Provider Agreement and *Policy and Procedure Guide*.
Referrals and Prior Authorizations	**What requirements are there regarding prior authorizations?**	Please refer to the Utilization Management and Service Authorization sections in the CCN-S and CCN-P Policy and Procedure Guides for details. All documents can be found in the document library on www.makingmedicaidbetter.com.
Timeline	**How is the model being rolled out?**	CCNs will be rolled out in three phases, three regions at a time.

Category	Questions	Answers
		• Regions 2, 3 and 9 – Phase 1 (services expected to start April 2011) • Regions 1, 7 and 8 – Phase 2 (services expected to start October 2011) • Regions 4, 5 and 6 – Phase 3 – (services expected to start April 2011)
Timeline	**What is the timeline from transition to implementation?**	The Policy and Procedure Guide for CCN-P on pages 14-16 give an overview of the steps and the allotted timeframes. For Phase one, DHH expects to have completed the readiness reviews and determined Network Capacity by January 1, 2011. The initial outreach campaign will begin in January 2011 with choice letters being mailed in early February 2011.
Timelines	**Is there a calendar posted anywhere reflecting meeting days and implementation timelines?**	There is a calendar located at www.MakingMedicaidBetter.com.