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9.3.2010	When does the State expect to start regular operation & system meetings with the CCNs?	Regularly scheduled meetings specific to systems issues (which may be via conference calls) will begin in October. Earliest possible date for system testing with the Medicaid Fiscal Intermediary (Molina) will be 11/16/10. Then earliest possible date for testing with the Enrollment Broker (AHS) is still being determined and we will provide that date as soon as it is available.
9.3.2010	P&P page 12; Step 3 Under Step 3 of the application process, what connectivity is required?	The CCN shall be able to transmit, receive and process data, with DHH's FI (Molina), in HIPAA compliant or DHH specific formats and/or methods, including, but not limited to secure File Transfer Protocol (FTP) over a secure connection such as Secure Sockets Layer (SSL). Connectivity to the Enrollment Broker (AHS) is also required. AHS will provide details soon.
9.3.2010	P&P page 12; Step 3a Under Step 3 of the application process, what files are included in the testing?	Appendix H of the Systems Companion Guide outlines the testing that will be done with DHH's FI. The following will be tested: 820, 837I, 837P, and 835. Formats will be tested in conjunction with EDIFECs. AHS is to provide their specifications soon.
9.3.2010	P&P page 12; Step 3b Under Step 3 of the application process, what is the State's expectation for claim processing?	Refer to Section 14, Claims Management, of the Policy and Procedure Guide.
9.3.2010	System Companion Guide – pg 44 "Shall" is listed twice in the list of definitions. Please clarify which definition to use.	Shall → Denotes a mandatory requirement. Should → Denotes a preference but not a mandatory requirement. This will be corrected in the Systems Companion Guide.
9.3.2010	System Companion Guide – pg 72 - 88 (Appendix G) Provider Directory/Network Provider and Contractor File – are the key data elements listed mandatory elements?	The Provider Directory/Network Provider and Contractor File is in the process of being renamed the Provider Registry. This file will be take the CCN Network Provider and Contractor Listing Requirements (Appendix R of the Policy and Procedure Guide) and add data elements consistent with Appendix G of the CCN-P Systems Companion Guide. The current file layout, which is in the process of being modified, can be found in Appendix G of the CCN-P Systems Companion Guide.

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9.3.2010	System Companion Guide – pg 72 - 88 (Appendix G) Provider Directory/Network Provider and Contractor File – what is the preferred file format?	It is a ^ delimited file with the defined layout on pages 82 – 91. The current file layout is being modified and will be available soon.
9.3.2010	Provider Agreement – pg 113, section 10.1 When can we obtain a file layout for the PCP linkage report that is due quarterly?	This is being developed.
9.3.2010	P&P page 131, under Provider Directory for Member Are there specific data element requirements for the web-based on-line provider directory? Are they different than what is required for the hard copy and/or electronic file?	Appendix G of the Systems Companion Guide has the file layout that the CCN shall submit to Molina. Please refer to 42 CFR 438.10(f)(6) which is mentioned on page 110 of the Policy and Procedure Guide. The current file layout is being modified to include some additional fields and will be available soon.
9.3.2010	P & P page 161, first bullet Are we required to send EOB's for all services (both approved and denied?)	We are still researching the “minimum necessary” requirement relative to EOBs .
9.3.2010	DRAFT CCN-P Claims Extract Record Layout The file layout includes: Only, D=Dual Medicare */ @90 delim \$1. @91 TC \$3. /* See included Type Case I am not able to locate the included Type Case. Can you please provide the Type case list?	Please refer to the Louisiana Medicaid Listing of Eligibility Type Case Codes and Descriptions which has now been posted to www.MakingMedicaidBetter.com
9.3.2010	P&P page 136; Retention Please describe the types and levels of access that is required? a) "The CCN shall provide DHH online retrieval and	The requirement is that the CCN provide data and electronic data upon request for audit and reporting p for the specified time periods.

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	access to documents and files for six (6) years in live systems for audit and reporting purposes, ten (10) years in archival systems.”	
9.3.2010	P&P page 143; Provider Enrollment Please describe the types and levels of access that is required? b) "The CCN shall allow DHH personnel, agents of the Louisiana Attorney General’s Office or individuals authorized by DHH or the Louisiana Attorney General’s Office direct access to its system(s) for the purpose of data mining and review.”	Access to the data within the system is needed rather than to the CCN’s system. Also, the CCN will need to be able to produce any data requested from within their system in the format requested by DHH for data mining and review.
9.3.2010	P&P page 149; System User and Technical Support Requirements Please describe the types and levels of access that is required? c) The CCN shall provide Systems Help Desk services to DHH, its FI, and Enrollment Broker staff that have direct access to the CCN’s Systems.”	The expectation is that DHH, its FI, and Enrollment Broker have a phone number to call for someone knowledgeable in systems issues and who can answer questions about file transfers and the CCNs data.
9.3.2010	P&P page 151; TestingGe Please describe the types and levels of access that is required? d) “The CCN shall work with DHH pertaining to any testing initiative as required by DHH and shall provide sufficient system access to allow testing by DHH and/or its FI of the CCN’s System during Step 3 of the CCN Enrollment Process.”	The CCN shall provide sufficient systems documentation and files to verify testing. Refer to Appendix H in the CCN-P Systems Companion Guide.
9.3.2010	P&P page 152; Statewide Health Information Exchange What level of engagement from the CCNs is expected relative to Medical Home, - Electronic Medical Record, - Meaningful use of HIT?	This references an all-payer statewide Health Information Exchange. CCN will be expected to participate in any statewide efforts to incorporate all hospital, physician, and other provider information into a statewide health information exchange and will have the opportunity for input. Electronic Health Records are an important component of achieving NCQA certified medical home status and CCNs are expected to provide

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	<p>"The CCN shall participate in a statewide effort to link all hospitals, physicians, and other providers' information into a data warehouse that shall include, but not be limited to, claims information, formulary information, medically necessary service information, cost sharing information and a listing of providers by specialty for each CCN."</p>	<p>assistance to their contractors in attaining certification. Additionally, CCNs can provide technical assistance to their providers in qualifying for ARRA Medicaid Electronic Health Record (EHR) incentive payments for meaningful use.</p>
<p>9.3.2010</p>	<p>P&P page 135; System and Technical Requirements Please expand on the expectation regarding incorporating our Web presence into DHH's Web presence, and about Website structure, coding and presentation standards. "Where deemed necessary by DHH, for the CCN's Web presence to be incorporated to any degree to DHH's web presence/portal, the CCN shall conform to all applicable state standards for website structure, coding and presentation." (pg. 168) New Page 135 of Guide.</p>	<p>DHH is going to remove this requirement relative to integration with the DHH website's structure, coding and presentation. Expectations for the CCNs website are contained throughout the Guide. We strongly recommend that functionality be built in to allow enrollees to choose a PCP via the website and to be able to submit questions.</p>
<p>9.3.2010</p>	<p>P&P page 135; System and Technical Requirements Please confirm that the provider-to-payer-to-payer COB format is the same as the standard HIPAA 837I and 837P formats, and outlined in the Companion Guide. "Within sixty (60) days of operation in the applicable designated service region, the CCN's System shall be ready to submit encounter data to the FI in a provider-to-payer-to-payer COB format. The CCN must incur costs associated with certifying HIPAA transactions readiness through a third-party, EDIFICS, prior to submitting encounter data to the FI. Data elements and reporting requirements are provided in the CCN-P Systems Companion Guide."</p>	<p>They are the standard HIPAA X12N 4010 837I and 837P formats, but the COB loop will need to conform to the provider-to-payer-to-payer format.</p>

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9.3.2010	P&P page 251; Appendix E In reviewing the document in Appendix E / Provider Directory/Network Provider and Contractor File, please define the certification process for the provider file.	The file described in CCN-P Policy and Procedure Guide Appendix E (see also Appendix R) will be modified along with Appendix G in the CCN-P Systems Companion Guide into one cohesive file known as the Provider Registry. Changes to these documents will be provided on the web. As part of the certification process a minimum of 1,000 encounter files to consist of 25% Outpatient, 25% Inpatient, and 50% Professional encounters will be tested. The CCN-P Systems Companion Guide will be updated to include specific information regarding this process.
9.28.2010	The bulk of the Systems Companion Guide is focused on transactions with the FI. Will additional details about testing and transactions be added for the Enrollment Broker?	Information from the Enrollment Broker will be added to the Systems Guide in an updated version.
9.28.2010	While the X12 IG for the 834 provides the overarching requirements for 834 transactions, our experience has shown that every 834 implementation is slightly different and it would be helpful to be provided with an 834 Companion Guide (CG) with specific details regarding which loops and segments are to be used for the specific enrollment data elements such as Medicaid ID, benefit/policy information, selected PCP, voluntary disenrollment indicator, etc.	Yes we will be able to provide a companion guide for the 834 detailed which segments and loops will be used above and beyond the standard 834 format.
9.28.2010	Will there be any format/data element differences between the daily, weekly and monthly 834 files?	We do not expect the formats and data elements of the 834 to differ between files. Looking into the need for a monthly since already being sent daily and weekly.
9.28.2010	Please clarify the make-up of the daily, weekly and monthly files - e.g. the daily will contain just adds and the weekly and monthly files will be full files	The daily files will contain all new linkages (enrollments) and disenrollments, and the weekly file will be a complete refresh of the CCN's member file including demographic updates and changes. The file layout, however, will remain the same.

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9.28.2010	What is the process for enrolling with the Molina EDI services?(How should the request be submitted to the FI?)	The EMC Submitter enrollment information is available on the lamedicaid website at http://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm .The key information packet is called 21 EMC Billing Agent.
9.28.2010	When will the Readiness Review Process documentation be made available to the CCN's?	Currently being finalized.
9.28.2010	<p><i>Section 4 – page #33</i> This section indicates that members may select a PCP for their baby prior to birth. And it is implied that the PCP will be communicated to the CCN (assumedly on the enrollment file). Based on this it is logical to conclude that we may receive enrollment records for prospective newborns. Please confirm or correct.</p> <p>Also, if we receive a prospective newborn without a PCP selection, should a PCP be assigned immediately, or only after the birth of the baby?</p>	The 834 requires Medicaid identification per member. Unborn members will not receive this information. AHS can convey a pregnancy due date for the mother.
9.28.2010	<p>The Enrollment Broker is noted as being responsible for identifying TPL that was not identified by the eligibility case worker, and for identifying special needs such as interpreter services and special assistance for the hearing or visually impaired.</p> <p>Will these indicators be passed along to the CCN's on the enrollment files?</p>	<p>The CCN is responsible for identifying TPL.</p> <p>AHS can gather additional information and deliver via the 834 once AHS and the CCN agree what should be gathered.</p>
9.28.2010	The Provider Agreement indicates that the PCP name for member's selected PCP is to be transmitted on the enrollment file(s).	The file AHS receives from Molina will contain the LA Provider Medicaid ID number in the CCN's network. AHS will pass that information to the CCNs for ease in identification on the 834.

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	<p>Will other PCP data (e.g. NPI) also be transmitted on the file(s)? A more specific identifier is needed In order to accurately match and assign PCP to the member in our system.</p>	<p>Modifications may be in order due to the Affordable Care Act and the fact that all CCN providers must be enrolled in Medicaid.</p>
9.28.2010	<p>The P&P indicates that the CCN's System shall conform to the standards of DHH or its FI, inclusive of standard transaction code sets.</p> <p>Other than the system requirements defined within the Provider Agreement, P&P Guide and Systems Companion Guide, is there any other standards documentation for the CCN's to review to ensure compliance with this requirement?</p>	<p>I would just like to point out that these documents contain links to other standard guides that also apply.</p>
9.28.2010	<p>The grid in the Reporting section lists a daily Member Linkage File from the EB to the CCN's. Is this file different from the daily 834 file referenced in the System's Companion Guide?</p>	<p>We believe that the file referenced here is, in fact, the 834 that we will be using to communicate all enrollment/disenrollment information to the CCNs.</p>
9.28.2010	<p>Are PCP capacity numbers reported in the Provider Directory file that is submitted to the EB? If not, are there details available on how this information should be reported?</p>	<p>This information will be transferred by way of the Network Provider and Contractor Registry. The Systems Guide will be updated to reflect these additional data elements.</p>
9.28.2010	<p>Is the intent of the CCN Disenrollment Report to submit disenrollments initiated by the CCN? Or all disenrollments, including those originating with the member or DHH?</p>	<p>Currently being researched.</p>
9.28.2010	<p>Is there any additional information available on the exchange of immunization data with DHH?</p>	<p>The CCNs may contact the Department's Office of Public Health (OPH) Immunization Program at 504-838-5300. OPH is the entity that manages the LINKS system. You may also email Ruben Tapia, the Director of the Immunization Program at Ruben.Tapia@la.gov</p>
9.28.2010	<p>4.19.3.1 (d) 1-5 Will any supplemental information regarding pregnant women</p>	<p>Part of AHS' routine interview process is to inquire whether anyone in the family is pregnant. If there is, we document the pregnancy and due date (if known) in</p>

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	be submitted/made available via the enrollment files? (estimated date of confinement, high risk status, etc.)	HealthTrack. We will pass this information over to the CCNs on the 834.
9.28.2010	Section 12.7.1 indicates that the FI will provide the retrospective claims history data in the 820 format. And the chart in section 22 of the P&P Guide indicates that the format location is/will be the Systems Companion Guide. Please advise regarding when the format or companion guide for this file will be available.	The claims history will not be in an 820 format. The current format is laid out in Appendix D of the Systems Guide. The ability to download these files will be on a web application similar to the way 820 files can be downloaded.
9.28.2010	Section 10.3 Indicates that the CCN shall notify DHH within 5 business days of identification of any member identified as being enrolled in Medicare and that the data elements and format are specified in the CCN-P Systems Companion Guide - Section 20 - TPL Reporting. There is no section 20 in the Systems Companion Guide. Was the intent to reference Section 20 of the Policy and Procedure Guide?	Yes we will change the Provider Agreement to reference Section 20 of the Policy and Procedure Guide.
9.28.2010	<i>Section 4.18.1 and Section 6. 4</i> The 6.4 requirement indicates a quarterly report, however the 4.18.1 requirements indicates updates within 7 days of capacity change - are these two different reports? If so, has the mechanism for reporting this data to the Enrollment Broker been defined?	Capacity Information shall be captured in the weekly Network Provider and Contractor Registry, however CCNs are still required to submit a quarterly report on capacity. The instructions for the quarterly report can be found in Section 5 of the Policy and Procedure Guide.
10.4.2010	Is there a list of all files that the State expects to exchange with the CCN?	Information is available in the Systems Guide. Also a preliminary timeline was discussed at the Kickoff Meeting on October 4th and will be available at www.makingmedicaidbetter.com
10.4.2010	Is there a list of all files that the Enrollment broker expects to exchange with the CCN?	Information is available in the Systems Guide. Also a preliminary timeline was discussed at the Kickoff Meeting on October 4th and will be available at www.makingmedicaidbetter.com

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10.4.2010	Does the state have other partners with whom the CCN is expected to share data? (for example the Mental Health benefits manager, Pharmacy, etc.)	At this time the CCN must share data with Mercer, EQRO, AHS, Molina and OPH (Birth Registry). .
10.4.2010	When can we expect to receive test files for each file type? Will you publish a test file schedule? And could you specify the approximate size of test files (# of members)?	Anticipated start date of testing is November 16, 2010. Once the CCN is certified more test files will be exchanged.
10.4.2010	Assuming FTP for comm with state - what requirements are there for FTP setup? sFTP? Passwords and change frequency? Any posting required to show that the file is complete?	Requirements will be posted in the Systems Companion Guide.
10.4.2010	Assuming FTP for comm with broker - what requirements are there for FTP setup? sFTP? Passwords and change frequency? Any posting required to show that the file is complete?	AHS will send enrollment files to CCN via SFTP, hosted by AHS. Password can be changed by CCN if requested, but not necessary. AHS will post a file to indicate file is ready to be downloaded: YYYYMMDD-834-V.END (V = version of file for the day, in case there is a need for more than 1 file that day. Starts at 1)
10.4.2010	What are the specific performance and encounter companion guides are available in a final format?	Draft version is available at www.makingmedicaidbetter.com
10.4.2010	What are the technical requirements for submitting encounters? On what date will we receive this information?	Refer to Systems Guide
10.4.2010	Does the CCNGe need to supply a Louisiana an assigned provider number on encounters? If so, where should it be submitted in the file?	The required provider registry file can be found in the Systems Guide. Once the provider is established they will be recognized. NPI is required on encounters. Taxonomy shall also be sent.
10.4.2010	What acknowledgement files are returned to a payer upon the	The discussion of 997 and 835 is in the Systems Guide. 277U is currently not in the

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	state's receipt of encounter files?	plans. Also described in the Systems Guide is a set of proprietary response files that will be returned to CCNs after submission of the encounters.																					
10.4.2010	When will the state be moving to the 5010 format for encounter reporting?	The implementation of 5010 cannot occur until MMIS has implemented 5010 based on Federal requirements.																					
10.4.2010	Will encounters missing NPI numbers be rejected?	Health Plans will have a Medicaid ID. All claims must contain an NPI. If they do not include an NPI they will be rejected.																					
10.4.2010	Is there a limit to the size of encounter files?	75 Mbytes per file.																					
10.4.2010	Is there any need to split encounter files by line of business, region, type of encounter (ie maternity), etc.?	Files should be split in the following manner: <table border="1" data-bbox="1333 711 2010 954"> <thead> <tr> <th>Trxn. Claim Type</th> <th>File Extension</th> <th>Sample file name</th> </tr> </thead> <tbody> <tr> <td>837P Durable Med Equip.</td> <td>DME</td> <td>H4599999.DME</td> </tr> <tr> <td>837P Physician</td> <td>PHY</td> <td>H4599999.PHY</td> </tr> <tr> <td>837P Rehabilitation</td> <td>REH</td> <td>H4599999.REH</td> </tr> <tr> <td>837P Ambulance Trans</td> <td>RA</td> <td>H4599999.TRA</td> </tr> <tr> <td>837I Hospital IP/OP</td> <td>UB9</td> <td>H4599999.UB9</td> </tr> <tr> <td>837I Home Health</td> <td>HOM</td> <td>H4599999.HOM</td> </tr> </tbody> </table>	Trxn. Claim Type	File Extension	Sample file name	837P Durable Med Equip.	DME	H4599999.DME	837P Physician	PHY	H4599999.PHY	837P Rehabilitation	REH	H4599999.REH	837P Ambulance Trans	RA	H4599999.TRA	837I Hospital IP/OP	UB9	H4599999.UB9	837I Home Health	HOM	H4599999.HOM
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837I Home Health	HOM	H4599999.HOM																					
10.4.2010	What types of files will we be receiving (820, 834, proprietary formats, etc.)? And who will we be receiving these files from (State, enrollment broker, etc.)?	820 files will be sent by Molina while 834 files will be sent by AHS. Refer to the Systems Guide.																					
10.4.2010	Will the county code, parish or name be on the 834 file?	Yes. Parish code only, no name.																					
10.4.2010	What is the format of the Louisiana assigned member ID?	It is a 13 character all numeric field with leading zeroes.																					
10.4.2010	Could you provide the file naming convention for each file type?	File name on SFTP server: YYYYMMDD-834-V.EDI.ZIP																					

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		<p>Actual file name unzipped: YYYYMMDD-834-V.EDI</p> <p>(V = version of file for the day, in case there is a need for more than 1 file that day. Starts at 1)</p>
10.4.2010	<p>In the P&P section 22 page 207 in the fourth row of the grid it states the Member Linkage daily file system companion guide is TBD. Please advise if this is will be an 834 file layout and will the weekly and monthly enrollment files be in an 834 file layout? Please advise when the companion guides will be available for the files</p>	<p>Yes, both the daily and weekly are in the 834 format.</p>
10.4.2010	<p>What will the sender and receiver IDs be for the 834 and 820 files (ISA06 and ISA08)? And will these sender and receiver IDs be different for test? If so, please specify both production and test values.</p>	<p>Molina will send the 820. We are researching sender/receiver ID values on the 820. AHS will send the 834.</p>
10.4.2010	<p>Will new members only be enrolled at the first of the month or does the State allow mid-month effective dates?</p>	<p>Enrollment begins at the first of the month. There are no mid-month effective dates.</p>
10.4.2010	<p>Are there any requirements to store state specific member data, such as a case id, or Medicaid number in our systems?</p>	<p>Yes, there are specific requirements to save all information. Please see 5.2.44 of the Provider Agreement.</p>
10.4.2010	<p>Will reimbursement always match to a member's contracted rate cell amount or are there cases where revenue will be altered (i.e. due to enrollment/term dates, adjustments to prior month's payment)?</p>	<p>There is a possibility of adjustments due to Medicare retroactive eligibility.</p>
10.4.2010	<p>Is there a summary file available to tie membership to the State's premium payment each month? Does this include retro-adjustment activity or are those handled on separate payments</p>	<p>The 834 and 820 should be in synch. CCN must reconcile.</p>

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	& files?	
10.4.2010	How are newborns to be handled?	CCNs are required to ensure that hospitals enter newborn information into OPH LEERS which will prompt the kick payment. Hospitals must be instructed to contact DHH to obtain a Medicaid ID for the newborn when the newborn's mother is in a CCN.
10.4.2010	Specifically what reporting requirements are related to newborns if any?	CCNs are required to ensure that hospitals enter newborn information into LEERS which will prompt the kick payment.
10.4.2010	What is the schedule for kick payments following delivery if any?	CCNs are required to ensure that hospitals enter newborn information into LEERS which will prompt the kick payment.
10.4.2010	Are there any requirements to store state specific provider data, such as a state provider id or Medicaid number in our systems?	Yes, the CCN must store this information.
10.4.2010	Are there any provider file extracts that need to be sent to the state on a scheduled basis? If yes, please provide file layout and requirements.	See the Systems Guide. Modifications may be in order due to the Affordable Care Act and the fact that all CCN providers must be enrolled in Medicaid.
10.4.2010	Are there any provider file extracts that need to be sent to the Enrollment Broker on a scheduled basis? If yes, please provide file layout and requirements.	Provider file extracts will be sent to Molina.
10.4.2010	We use RX information for disease management. Will that information be available to us, if so in what format(s)?	Weekly claims including carved out services will be provided. The file layout will be added to the Systems Guide.
10.4.2010	Are there any requirements for MCO's for reporting phone metrics (time service), if so, what are the requirements and what is the reporting format?	This information will be updated in the Provider Agreement.

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10.4.2010	Are there any pay for performance reporting requirements?	Refer to the Performance Measure section and Physician Incentive Payment sections of the Guide.