

**ATTACHMENT K  
GEORGIA FAMILIES CONTRACT**

**INFORMATION MANAGEMENT AND SYSTEMS**

**I. Data and Document Management Requirements by Major Information Type**

In order to meet programmatic, reporting and management requirements, Care Management Organization (CMO) systems will serve as either a) the authoritative host of key data and documents or b) the host of valid, replicated data and documents from other systems. The following table lays out the requirements for managing (capturing, storing and maintain) data and documents for the major **information types and subtypes** associated with the aforementioned programmatic, reporting and management requirements:

**A. Member Data and Related Documents**

| <b>Subtype ID</b> | <b>Subtype Name/Description</b>  | <b>Role of CMO System</b>   | <b>Data Management</b>   |
|-------------------|--|---|--|
| A.1               | Unique member identifier (UMI)   | Authoritative host; retain relationship to Fiscal Agent-assigned Member identifier                            | The UMI should span Member's lifetime and should serve as an index to obtain member-specific information across multiple sub systems/databases of a single CMO.  |
| A.2               | Fiscal Agent-assigned member identifier  | Receive original record and updates from Fiscal Agent   | Retain relationship to UMI   |
| A.3               | Member enrollment and enrollment status changes in CMO                                   | Receive original record and updates from DCH and/or its agent   | The CMO shall retain in its "live" systems the most recent 7-year history (or less if Member dies within 7-year period) of enrollment status changes, including multiple re-enrollments and dis-enrollments of the same Member, indexed by linked to the Member's UMI and Fiscal Agent-assigned Member identifier. |
| A.3               | Member demographic profile   | Reconcile as needed to data kept by DCH and/or its agent  | Includes family relationships, age, sex, pregnancy and incarceration flags, standardized address linked to Georgia Families service region and standard location codes (zip code, municipality, county, etc.).   |
| A.5               | Member financial, insurance and employment profile                                       | TPL: exchange data with DCH and/or its agent. Other: reconcile as needed to data kept by DCH and/or its agent | Includes TPL data that may need to be provided to multiple CMOs and may include capitation rate cell to which the Member is associated.  |
| A.6               | Member assignments to PCP and PCD and, if applicable, to CMO sub programs/"plan options" | Authoritative host  |  |

**Special Considerations:**

CMO system(s) shall conform to HIPAA-driven standards for individual and employer identification that are currently under development within one hundred twenty (120) Calendar Days of the standard’s effective date or, if earlier, the date stipulated by CMS.

## B. Provider Data and Related Documents

| Subtype ID | Subtype Name/Description   | Role of CMO System  | Data Management Requirements  |
|------------|--|---|---|
| B.1        | Unique provider identifier (UPI)   | Authoritative host; retain relationship to Fiscal Agent-assigned Provider ID  | The UPI will meet the requirements of the National Provider ID (NPI) standards of HIPAA and will retain relationships to existing GA IDs. NPI requirements include identifying providers using the NPI and/or utilizing standards consistent with NPI and HIPAA requirements that identify a unique number of a provider. Also, maintain an on-line cross-reference of all old provider #s to a new provider #s and historical information linked to the NPI. |
| B.2        | Provider CMO affiliation   | Authoritative host  | The CMO will retain a 7-year history (or less if member dies within 7-year period) of enrollment status changes, including multiple re-enrollments and dis-enrollments of the same provider; indexed by and linked to the provider’s UPI.   |
| B.3        | CMO-Provider agreement document  | Authoritative host  | Signed; indexed by and linked to the Provider’s UPI.  |
| B.4        | Provider location(s)   | Reconcile as needed to data kept by DCH and/or its Agent  | Include location codes that enable map and GIS based rendering of network coverage and capacity by provider type and geographic area. Include standardized office/practice address(es).   |
| B.5        | Provider specialties, affiliation and relation to other provider information | Authoritative host; reconcile as needed to data kept by DCH and/or its agent  | Specialties for which s/he is certified, professional affiliations, group/practice associations, hospital admitting privileges. Includes indexed images of applicable documents.  |
| B.6        | Provider descriptive   | Authoritative host for non-mandated Providers (year 1) – receive original record and updates from Fiscal Agent; Authoritative host for all Providers thereafter | Race, sex, language spoken by him/her and staff, education and training   |
| B.7        | Provider medical and service profile   | Authoritative host; reconcile as needed to data kept by DCH and/or its agent  | Member assessments, reported incidents, malpractice cases, etc. Includes indexed images of applicable documents.  |
| B.8        | Provider financial   | Authoritative host; reconcile as needed to data kept by DCH   | At a minimum: FEINs/tax IDs, 1099s. Includes indexed images of applicable   |

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|  |  | and/or its agent | documents. |
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### C. Service-Specific Utilization and Financial (“Encounter”) Data and Related Documents

*Data to be extracted from claims management systems and other sources as needed.*

| Subtype ID | Subtype Name/Description                          | Role of CMO System  | Data Management Requirements  |
|------------|---|---|---|
| C.1        | Claim data including subsequent Claim adjustment  | Authoritative host; provide to State and/or its agent following format and procedure in Section E of this Attachment. | Capture data elements per applicable standard format/layout to be adopted by all CMOs (UB-92, CMS-1500, ADA, NCPDP). Capture EPSDT flags where applicable; all claim adjustments shall be logically linked to the original claim (parent/child data relationship). CMO shall retain up to seven (7) years of Claims history per Member (less if Member dies within 7-year period) |
| C.2        | Encounter Claim Data from sub-capitated Providers | Authoritative host; provide to State and/or its agent following format and procedure in Section E of this Attachment. | Encounter Claim Data from sub-capitated Provider shall be equivalent (in terms of fields captured per record) to data obtained from claim submission (ref. 3.1). CMO shall retain up to seven (7) years of history of this type of Encounter Claim Data per Member (less if Member dies within 7-year period).  |

#### Special Considerations:

C.1 CMO systems will flag all services related to Federal EPSDT requirements, including diagnostic and treatment services resulting from an EPSDT screening service, for the purposes of consolidated EPSDT activity reporting (e.g. CMS form 416) and other management applications.

### D. Utilization Management and Care Coordination Data and Related Documents

| Subtype ID | Subtype Name/Description          | Role of CMO System | Data Management Requirements  |
|------------|-----------------------------------|--------------------|---|
| D.1        | In-network specialist referrals   | Authoritative host | 7-year history (or less if member dies within 7-year period) of all medical management transactions by Member. Capture and retain link/logical relationship to subsequent claim(s). |
| D.2        | In-network authorizations         | Authoritative host | 7-year history (or less if member dies within 7-year period) of all medical management transactions by Member. Capture and retain link/logical relationship to subsequent claim(s). |
| D.3        | Out-network service referrals and | Authoritative host | 7-year history (or less if member dies within 7-year period) of all   |

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|     | authorizations                      |   | medical management transactions by Member. Capture and retain link/logical relationship to subsequent claim(s).  |
| D.4 | “Transition” service authorizations | Receive original record from DCH and/or its Agent | Service authorizations issued by DCH and/or its agent during period prior to enrollment in CMO. Retain history of all of these authorizations. Capture and retain link/logical relationship to subsequent claim(s) |

### E. Health Status, Clinical and Outcomes Data and Related Documents

| Subtype ID | Subtype Name/Description                                  | Role of CMO System | Data Management Requirements   |
|------------|---|--------------------|--|
| E.1        | Focused studies   | Authoritative host | Unique ID per study; codify results for summarization and analysis based on scheme TBD |
| E.2        | Member (clinical) safety – reported incidents/occurrences | Authoritative host | Unique ID per study; codify results for summarization and analysis based on scheme TBD |

### F. Member Inquiry Data and Related Documents

| Subtype ID | Subtype Name/Description                            | Role of CMO System | Data Management Requirements   |
|------------|---|--------------------|--|
| F.1        | Inquiry data (electronic or paper-based submission) | Authoritative host | Retain relationship to UMI; content of fields in online or paper-based forms codified for summarization and analysis according to CMO-specific scheme.   |
| F.2        | Inquiry processing status changes                   | Authoritative host | Maintain 7-year history (or less if Member dies within 7-year period) of inquiry processing, the CMO staff that have participated in addressing the inquiry and/or interacted with Member, date/time of interactions and intermediate status changes or updates. Status of inquiry to be codified for summarization and analysis according to CMO-specific scheme. |
| F.3        | Inquiry resolution                                  | Authoritative host | Includes date of resolution; codify for summarization and analysis according to CMO-specific scheme.   |

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| F.4 | Inquiry forms (paper-based submission) | Authoritative host | Retain relationship to UMI |
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### G. Provider Inquiry Data and Related Documents

| Subtype ID | Subtype Name/Description                            | Role of CMO System | Data Management Requirements   |
|------------|---|--------------------|--|
| G.1        | Inquiry data (electronic or paper-based submission) | Authoritative host | Retain relationship to UPI; content of fields in online or paper-based forms codified for summarization and analysis according to CMO-specific scheme.   |
| G.2        | Inquiry processing status changes                   | Authoritative host | Maintain 7-year history (or less if Provider dies within 7-year period) of inquiry processing, the CMO staff that have participated in addressing the inquiry and/or interacted with Provider, date/time of interactions and intermediate status changes or updates. Status of inquiry to be codified for summarization and analysis according to CMO-specific scheme. |
| G.3        | Inquiry resolution                                  | Authoritative host | Includes date of resolution; codify for summarization and analysis according to CMO-specific scheme.   |
| G.4        | Inquiry forms (paper-based submission)              | Authoritative host | Retain relationship to UPI   |

### H. Member Grievance and Appeal Data and Related Documents

| Subtype ID | Subtype Name/Description   | Role of CMO System | Data Management Requirements  |
|------------|--|--------------------|---|
| H.1        | Unique grievance/appeal ID   | Authoritative host | Scheme must not conflict or overlap with scheme used by Fiscal Agent  |
| H.2        | Grievance and appeal data including categorization – type/subtype (electronic or paper-based submission) | Authoritative host | Retain relationship to UMI; content of fields in online or paper-based forms codified for summarization and analysis according to scheme TBD.   |
| H.3        | Grievance and appeal processing status changes   | Authoritative host | Maintain 7-year history (or less if Member dies within 7-year period) of transaction processing, the CMO staff that have participated in addressing the issue(s) and/or interacted with Member, date/time |

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|     |   |                    | of interactions and intermediate status changes or updates. Status of grievance/appeal to be codified for summarization and analysis according to CMO-specific scheme. |
| H.4 | Grievance and appeal resolution                     | Authoritative host | Includes date of resolution; codify for summarization and analysis according to CMO-specific scheme.   |
| H.5 | Grievance and appeal forms (paper-based submission) | Authoritative host | Retain relationship to UMI   |

### I. Provider Complaint Data and Related Documents

| Subtype ID | Subtype Name/Description  | Role of CMO System | Data Management Requirements  |
|------------|---|--------------------|---|
| I.1        | Unique Complaint ID (UCI)   | Authoritative host | Scheme must not conflict or overlap with scheme used by Fiscal Agent  |
| I.2        | Complaint data including categorization – type/subtype (electronic or paper-based submission) | Authoritative host | Content of fields in online or paper-based forms codified for summarization and analysis according to scheme TBD  |
| I.3        | Complaint processing status changes   | Authoritative host | Maintain 7-year history (or less if Provider dies within 7-year period) of transaction processing, the CMO staff that have participated in addressing the issue(s) and/or interacted with Provider, date/time of interactions and intermediate status changes or updates. Status of complaint to be codified for summarization and analysis according to CMO-specific scheme. |
| I.4        | Complaint resolution  | Authoritative host | Includes date of resolution; codify for summarization and analysis according to CMO-specific scheme.  |
| I.5        | Complaint forms (paper-based submission)  | Authoritative host | Retain relationship to UPI  |

**J. Member and Provider Feedback Data and Related Documents**

*Results of satisfaction surveys and other studies and/or research vehicles.*

| Subtype ID | Subtype Name/Description | Role of CMO System | Data Management Requirements  |
|------------|--------------------------|--------------------|---|
| J.1        | Survey/study ID          | Authoritative host | Maintain 7-year history of feedback obtained from surveys, studies, etc.  |
| J.2        | Survey/study question    | Authoritative host | Retain relationship to survey/study ID  |
| J.3        | Survey/study response    | Authoritative host | Where applicable, retain relationship to UMI/UPI. Codify as needed for summarization and analysis according to CMO-specific scheme. |

**K. Financial Data and Related Documents**

| Subtype ID | Subtype Name/Description             | Role of CMO System | Data Management Requirements   |
|------------|--------------------------------------|--------------------|--|
| K.1        | Financial transaction                | Authoritative host | Adhere where applicable to Generally Accepted Accounting Principles (GAAP). All financial transaction data as captured must also conform to State and Federal auditing standards and guidelines. |
| K.2        | Medical loss ratio (MLR) and related | Authoritative host | Tie back to MLR requirement in Contract  |

**L. Claims Management and Related Financial Data and Related Documents**

| Subtype ID | Subtype Name/Description                       | Role of CMO System | Data Management Requirements  |
|------------|--|--------------------|---|
| L.1        | Unique Claim ID (UCI)                          | Authoritative host | UCI scheme must not conflict or overlap with scheme used by Fiscal Agent  |
| L.2        | Claims processing and status                   | Authoritative host | Includes longitudinal record of claims date/time stamped multiple status changes (submitted, received, pending, denied, reopened, adjudicated, final settled, etc.) during its life |
| L.3        | Claims payments (all: initial, interim, final) | Authoritative host | Discrete, date/time stamped payments  |
| L.4        | Cost avoidance and post payment recovery       | Authoritative host | Tie to individual claims (roll up as needed)  |

**Special Considerations:**

- L.1 CMO systems shall distinctly track payments made to FQHCs and RHCs.
- L.2 CMO systems shall track claims incurred but not paid by Member and capitation rate cell.
- L.3 CMO systems shall retain a 7-year history of changes in procedure pricing (basis for claims payments); where procedure pricing is tied to a particular provider, provider group or provider type, the appropriate linkages to these will be retained as well.

**M. Program Integrity and Compliance Data and Related Documents**

| Subtype ID | Subtype Name/Description                  | Role of CMO System   | Data Management Requirements   |
|------------|---|--|--|
| M.1        | Investigation ID                          | Authoritative host; reconcile as needed to data held by DCH and/or its agent | Refers to internal investigations; Where applicable, tie back to specific claim(s), provider(s), member(s)   |
| M.2        | Investigation type                        | Authoritative host   | Codify as needed for summarization and analysis according to scheme TBD  |
| M.3        | Investigation attributes                  | Authoritative host   | Source of complaint; alleged persons or entities involved; nature of complaint (narrative); approximate dollars involved; etc. Codify as needed for summarization and analysis according to scheme TBD |
| M.4        | Investigation progress and status changes | Authoritative host   | Codify as needed for summarization and analysis according to CMO-specific scheme   |
| M.5        | Investigation resolution                  | Authoritative host   | Include corrective actions taken and, where applicable, referral to DCH. Codify as needed for summarization and analysis according to scheme TBD   |

**N. System Availability and Performance Data and Related Documents**

| Subtype ID | Subtype Name/Description                                   | Role of CMO System | Data Management Requirements  |
|------------|--|--------------------|---|
| N.1        | Recorded/monitored response time by System/system function | Authoritative host | Based on statistically valid sampling methodology that covers appropriate # of users by user class. By system function (e.g. highlight ECM and CCE) if possible |
| N.2        | Reported unavailability events by System/system function   | Authoritative host | Captured in IT service management system. Reconcile to data captured in Section N.1. By system function if possible.  |

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|     |   |                    | Includes resolution and correction actions taken where applicable.                                 |
| N.3 | Business continuity-disaster recovery test results    | Authoritative host | By system function if possible. Includes resolution and correction actions taken where applicable. |
| N.4 | System user interactions with Systems Help Desk (SHD) | Authoritative host | Capture and provide based on SHD performance measures  |
| N.5 | System change management activity                     | Authoritative host | Includes, where applicable, referral to DCH for review and approval                                |

#### O. System Activity Data and Related Documents

| Subtype ID | Subtype Name/Description                                    | Role of CMO System | Data Management Requirements  |
|------------|---|--------------------|---|
| O.1        | Call center metrics   | Authoritative host | Maintain 1-year daily history of Hourly totals: call length; hold time; call abandonment rate   |
| O.2        | Web site hits (non-interactive components)                  | Authoritative host | Maintain 1-year daily history of hourly hits  |
| O.3        | Web portal logins (interactive components/system functions) | Authoritative host | Maintain 1-year daily history of hourly logins and access to system functions (not only submitted transactions but every instance where the associated function is accessed) if possible. |

#### P. Information Security Data and Related Documents

| Subtype ID | Subtype Name/Description     | Role of CMO System | Data Management Requirements   |
|------------|------------------------------|--------------------|--|
| P.1        | System access security event | Authoritative host | Includes reports or identification of security breaches associated with System access. Capture by system function and/or data element/document type where applicable. Identify source/cause of breach and corrective actions taken where applicable. Tag as HIPAA-related violation when applicable. |
| P.2        | Physical security event      | Authoritative host | Includes reports or identification of security breaches associated with unauthorized access to specific facilities and access to documents within that facility. Capture by location and/or data element/document type where   |

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|  |  |  | applicable. Identify source/cause of breach and corrective actions taken where applicable. Tag as HIPAA-related violation when applicable. |
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**Special Considerations:**

P.1 When applicable CMO systems shall retain federally or State mandated forms/reports/documents associated with these events.

**Q. System Management Data and Related Documents**

| <b>Subtype ID</b> | <b>Subtype Name/Description</b> | <b>Role of CMO System</b> | <b>Data Management Requirements</b>   |
|-------------------|---------------------------------|---------------------------|---|
| Q.1               | System problem or defect        | Authoritative host        | Maintain history of proactively identified or reported problems/defects and associated resolution/corrective action for the life of the contract. Capture by system function if possible and where applicable. Where the problem was the underlying cause of a system unavailability or performance event, establish a logical relationship between the problem/defect and the event. |
| Q.2               | System change                   | Authoritative host        | Maintain history of changes for the life of the contract. Capture by system function if possible and where applicable. Where the change is part of the resolution/corrective action associated with a System problem/defect, establish a logical relationship between the change and the problem/defect.  |

**II. Compliance with Standard Coding Schemes**

A CMO system that is required to or otherwise contains the applicable data type shall conform to the following HIPAA-based standard code sets; the processes through which the data are generated should conform to the same standards as needed:

- i. Logical Observation Identifier Names and Codes (LOINC)
- ii. Health Care Financing Administration Common Procedural Coding System (HCPCS)
- iii. Home Infusion EDI Coalition (HEIC) Product Codes
- iv. National Drug Code (NDC)
- v. National Council for Prescription Drug Programs (NCPDP)
- vi. International Classification of Diseases (ICD-9)
- vii. American Dental Association Current Dental Terminology (CDT-4)

- viii. Diagnosis Related Group (DRG)
- ix. Claim Adjustment Reason Codes
- x. Remittance Remarks Codes

Additionally, CMO systems shall conform to the following Georgia-specific code sets:

- xi. GA SPECIFIC CODE SETS, IF ANY, TO BE SPECIFIED.

### **III. Batch and Online Transaction Specifications for Data Exchange**

CMO systems must conform to the following HIPAA-compliant standards for information exchange effective the first day of CMO operations in the state of Georgia:

#### ***Batch transaction types***

- Premium Payment 820-ASCX12N version-005010X218
- Eligibility 834-ASCX12N version-005010X220A1
- Payment Remittance Advice 835-ASCX12N version-005010X221A1
- Institutional Claims 837I-ASCX12N version-005010X223A2
- Professional Claims 837P-ASCX12N version-005010X222A1
- Dental Claims 837D-ASCX12N version-005010X224A2

#### ***Online transaction types***

- Eligibility Inquiry 270/271-ASCX12N version-005010X279A1
- Additional Claim Information ASC X12N 275 (004010X107)
- Claims Status Inquiry 276-ASCX12N version-005010X212
- Request for Additional Information 277-ASC12N version-005010X212
- Utilization Review Inquiry ASC X12N 278/279 (004010X094)

### **IV. Performance Data to Be Captured by Call Center Systems**

Call center systems must be able to capture data required to create statistical profiles over a defined timeframe of the following industry-standard call center performance measure:

- Speed of answer/hold time
- Abandonment rate
- Response time
- Call duration
- Number of calls taken by call center resource
- First contact resolution rates