

274 Expansion Project

Dental Managed Care Plan Workgroup

Kick-off – Meeting # 1

October 23, 2018



INTRODUCTIONS



Agenda/ Meeting Objectives

- Overview of key components of the 274 Companion guide
- Overview of 274 Timelines and Transition Planning
- Project Resources and Contact Information
- Next Steps
- Open Discussion Forum



274 Companion Guide

10/22/2018



Table of Contents

| 1 | TI Introduction | | | | |
|----|--|--|----|--|--|
| | 1.1 | Overview of HIPAA Legislation | 7 | | |
| | 1.2 | Compliance according to ASC X12 | 8 | | |
| | 1.3 | Intended Use | 8 | | |
| 2 | Included ASC X12 Implementation Guides 8 | | | | |
| 3 | Instruction Tables9 | | | | |
| | 3.1 | Transaction Submission | 9 | | |
| | 3.2 | Available Transaction Responses | 10 | | |
| | 3.3 | Transaction Components | 10 | | |
| | 3.4 | File Contents | 10 | | |
| | 3.5 | Submitted Provider Network File Naming Conventions | 11 | | |
| | 3.6 | Response File Naming Conventions | 12 | | |
| | 3.7 | File Corrections | 12 | | |
| | 3.8 | ISA/IEA | 15 | | |
| | 3.9 | GS/GE | 17 | | |
| | 3.10 | ST/SE | 18 | | |
| | 3.11 | Header | 19 | | |
| | 3.12 | Information Source Detail | 19 | | |
| | 3.13 | Information Receiver Detail | 21 | | |
| | 3.14 | Network Structure | 22 | | |
| | 3.15 | Provider Group Detail | 24 | | |
| | 3.16 | Site Detail | 26 | | |
| | 3.17 | Provider Detail | 35 | | |
| 4 | TI Ad | ditional Information | 42 | | |
| Αp | pendi | x A – Additional Mapping | 43 | | |
| | Note | on data types | 43 | | |
| | A.1 | Site Detail | | | |
| | A.2 | Provider Detail | 45 | | |
| Αp | pendi | x B – Data Definitions | 51 | | |
| | B.1 | Facility Type (2100DA N201) | 51 | | |
| | B.2 | Language Proficiency Indicator (2100DA LUI05) | | | |
| | B.3 | Site County Code (2100DA N201) | | | |
| | B.4 | Ownership Code (2100DB N201) | 54 | | |
| (| D 6 | Time of Licensum (04005A N000) | | | |

Area of focus

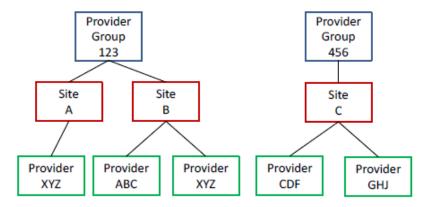


3.14 Network Structure

Plans will describe their provider networks using the following three loops within the 274 Transaction structure:

- Loop 2000C Provider Group Detail
- Loop 2000D Site Detail
- Loop 2000E Provider Detail

Since there are no enforced relationships provided within the 274 transaction, the relationship between a Provider Group and a Site will be described by the position of the relevant 2000D Site loop after the "parent" Provider Group 2000C loop. Similarly, a site to provider relationship will be described by the provider loop being positioned after the relevant site. For example, consider a simple network of two Provider Groups. The first Provider Group (123) has two sites, first site (A) has a single provider, and the second site (B) has two providers associated with it but one of them is the same provider as Site A, and the. The second Provider Group (456) has only one site (C), and there are two providers associated with this site. A diagram describes these entities and their relationship.





Provider Group Detail (2000C)

| Element | Name |
|---------|------|
|---------|------|

Provider Group Name

NPI

Tax ID Number

Contract Effective Date

Contract Expiration Date

Taxonomy

10/22/2018



Site Detail (2000D)

| Element Name | | | | | |
|--------------------------------|--|--|--|--|--|
| Site Name | | | | | |
| NPI | | | | | |
| Tax ID Number | | | | | |
| Facility Type | | | | | |
| County Code | | | | | |
| Teaching Facility Indicator | | | | | |
| Maximum Medi-Cal Members | | | | | |
| Count of Medi-Cal Members | | | | | |
| Safety Net Provider | | | | | |
| Contact Phone Number | | | | | |
| Contact Email | | | | | |
| Contact Fax | | | | | |
| Foreign Languages Spoken | | | | | |
| Language Proficiency Indicator | | | | | |
| Contract Effective Date | | | | | |
| Contract Expiration Date | | | | | |
| Office Hours Code | | | | | |
| Office Hours Start Time | | | | | |
| Office Hours End Time | | | | | |

| Element Name | | | | | |
|---|--|--|--|--|--|
| Site or Location Assistive Aid Indicator | | | | | |
| Gender Restriction Code | | | | | |
| Age Range Minimum | | | | | |
| Age Range Maximum | | | | | |
| Address Line 1 | | | | | |
| City | | | | | |
| State | | | | | |
| Zip Code | | | | | |
| Taxonomy | | | | | |
| Network Role Code | | | | | |
| DEA Number | | | | | |
| Owner Name/ Business Name | | | | | |
| Owner SSN/TAX ID | | | | | |
| Ownership Code | | | | | |
| Ownership Percentage | | | | | |



Provider Detail (2000E)

| 274 Element Name | | | | |
|---------------------------|--|--|--|--|
| Last Name | | | | |
| First Name | | | | |
| Middle Name | | | | |
| Suffix | | | | |
| Provider NPI | | | | |
| FTE Equivalent | | | | |
| Provider Gender | | | | |
| Provider Date of Birth | | | | |
| Telehealth Indicator | | | | |
| Provider Social Security | | | | |
| Provider Profit Status | | | | |
| Maximum Medi-Cal Members | | | | |
| Count of Medi-Cal Members | | | | |
| Sees Children Indicator | | | | |
| State License Number | | | | |
| Type of Licensure | | | | |

| 274 Element Name | | | | |
|--------------------------------|--|--|--|--|
| Licensing State | | | | |
| Type of Board Certification | | | | |
| Provider Email | | | | |
| Affiliated Provider Type | | | | |
| Affiliated Provider NPI | | | | |
| Academic Degree Code | | | | |
| Academic Degree Description | | | | |
| Foreign Languages Spoken | | | | |
| Language Proficiency Indicator | | | | |
| Contract Effective Date | | | | |
| Contract Expiration Date | | | | |
| Taxonomy | | | | |
| Network Role Code | | | | |
| Board Certification Indicator | | | | |
| DEA Number | | | | |

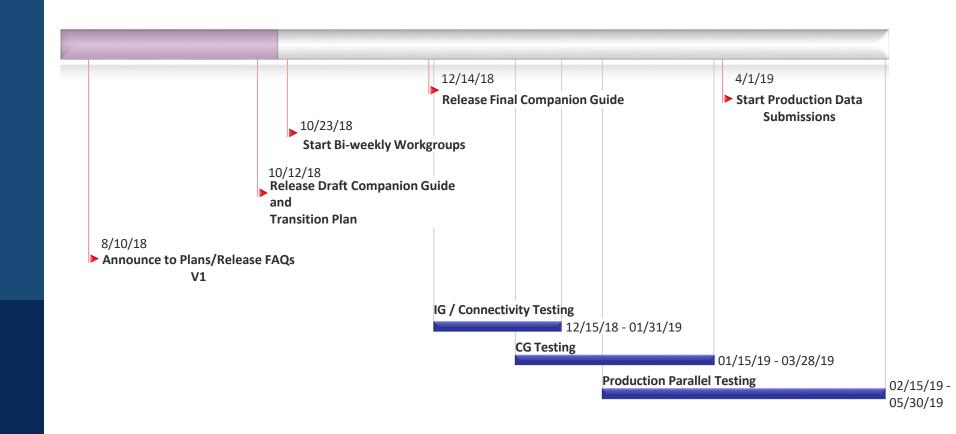


274 Transition Planning

10/22/2018



Timelines





Next Steps

| Activity | | Timeframes | Status/Updates |
|----------|--|--|--|
| 1. | Release <u>Draft</u> Companion Guide (CG) | By 10/12/18 | Released to plans on 10/11/18 |
| 2. | Release Transition Plan (TP) | By 10/12/18 | Released to plans on 10/11/18 |
| 3. | Bi-weekly workgroups with DMC plans | 2018 schedule: Tue, 11/6, 10:30-12 Tue, 11/20, 10:30-12 Tue, 12/4, 10:30-12 Tue, 12/18, 10:30-12 | Final CG and TP edits/comments due NLT than Friday 11/23. Please forward questions when you have them prior to each workgroup meeting |
| 4. | Release Final CG based on plan feedback | By 12/14/18 | DHCS release All Plan Letter after final release of CG |
| 5. | Phase 1 – Implementation Guide (IG) Testing | Start by 12/14/18 | |
| 6. | Phase 2 – CG Testing | Start by 01/15/19 | |
| 7. | Phase 3 – Production Parallel Testing | Start by 2/15/19 | |
| 8. | Begin production data submissions | Start by 4/1/19 | |



Project Resources and Contact Information

- > 274 FAQs on DHCS Medi-Cal Dental Website: https://www.dhcs.ca.gov/services/Pages/DentalManagedCare.aspx
- Where to submit questions: dmcdeliverables@dhcs.ca.gov Please ensure the subject line includes the following: "274 Provider Network Data". FAQs will be updated periodically based on plan submitted questions.
- Bi-Weekly Workgroup Meeting Schedule (2018):

```
Tuesday, November, 6^{th} - 10:30-12
```

Tuesday, November, $20^{th} - 10:30-12$

Tuesday, December, $4^{th} - 10:30-12$

Tuesday, December, $18^{th} - 10:30-12$



Open Discussion Forum

