



NCTracks Update

Health Insurance Institute 2017

October 26, 2017



Agenda

- New Features and Functions
- Other Recent Updates
- Upcoming Changes
- Ongoing Activities
- Common Questions
- Additional Information
 - Provider Resources
 - Feedback on Presentation
- Questions

New Features and Functions



New Features and Functions

- OPR Lite Enrollment application
 - Scheduled for implementation in NCTracks on October 29, 2017
 - Abbreviated provider enrollment application for providers who will be listed on claims as **ordering, prescribing, or referring (OPR) providers**
 - NCTracks will not reimburse OPR lite providers if they're rendering or attending
 - The following enrollment requirements apply to OPR lite providers:
 - \$100 application fee and Revalidate every five years
 - Credentialing and Background Checks including fingerprinting, if applicable
 - Manage Change Request (MCR) submission to update or end date the provider record
 - **OPR lite providers may request a retroactive effective date up to 365 days**
 - An OPR lite provider can submit an MCR to change to a fully enrolled provider
 - Effective November 1, Residents/Interns enroll as OPR lite providers
 - The current Exemption List will be eliminated on January 31, 2018
 - A new Instructor-Led Training course for OPR lite enrollment will be offered beginning in November 2017

New Features and Functions

- CHOW Prior Approval (PA) Functionality
 - Scheduled for implementation in NCTracks on October 29, 2017
 - State business rules require an approved PA record under the billing or rendering provider for services that require PA to be paid
 - When a Change of Ownership (CHOW) occurs, the existing record under the seller's provider number must be end dated and a new PA record created with the new provider's number
 - NCTracks is automating the end date of existing PA records and will systematically create a PA record for the new provider when there is a CHOW
 - Exceptions:
 - The new owner will be required to submit a new PA request for services where an updated plan of care is required
 - If the PA is submitted to NCTracks through a vendor (e.g. VieBridge), the PA update for a CHOW needs to come as an update/new PA from the vendor



New Features and Functions

- New Prior Approval (PA) Request Validation
 - Scheduled for implementation in NCTracks on October 29, 2017
 - Four new data validations during the entry of PA requests through the secure provider portal
 - **The requesting provider must be an in-state/border provider**
 - **All providers on the PA record must have an active status in NCTracks** by the requested PA begin date on each detail line
 - **All providers on the PA record must be actively enrolled in the health plan** selected for the PA as of the requested PA begin date on each detail line
 - **The recipient must be actively enrolled in the health plan** selected for the PA by the requested PA begin date on each detail line
 - The new validations will inform the provider of the issue immediately and not allow a PA record to be submitted that cannot be approved
- Exceptions to the new validations include Orthodontic and Dental PA requests
- In-state/border provider requirement does not apply to some provider types

New Features and Functions

- New Features for Voided Prior Approval (PA) Requests
 - Scheduled for implementation in NCTracks on October 29, 2017
 - The void description will be available in the details of a PA inquiry performed through the secure provider portal
 - Helps providers understand why the PA request was voided, so they can determine how to proceed
 - Possible reasons include incorrect PA type, exact duplicate of an existing PA, and recipient not being eligible for the requested service dates
 - In some cases, the reason for the void may be correctable through submission of a new PA request
 - Refer to “How to Determine the Status of Pharmacy PAs” under Prior Approval on the [Provider User Guides and Training page](#)
 - PA requests submitted for Medicare primary recipients will be voided, instead of denied, and a new letter will be posted on the provider Message Center Inbox

New Features and Functions

- Billing Provider Address Validation - **UPDATE**
 - Scheduled for implementation in NCTracks on October 29, 2017
 - Validation of the billing provider address submitted on the claim to an active service location listed on the provider record for the date(s) of service submitted
 - If not matched, the claim will ~~pend for 60 days~~ **pay and report with the following EOB** to give the billing provider time to add the address
 - EOB 04529 - BILLING ADDRESS SUBMITTED ON THE CLAIM DOES NOT MATCH THE ADDRESS ON FILE
 - **The pay and report disposition is temporary. Providers will be notified when the disposition is changed to pend.**
 - ~~Pended claims will automatically recycle daily. If the correct address is not added to the provider record within 60 days, the system will deny the claim~~
 - The provider record can be updated with a new billing provider address by submitting an MCR in the secure NCTracks provider portal
 - Refer to the [User Guide](#) “How to Change the Physical Address in NCTracks”
 - Pharmacy and crossover claims and all claims with DOS prior to October 29 are excluded



New Features and Functions

- Maintain Provider Eligibility Process
 - Scheduled for implementation in NCTracks on October 29, 2017
 - Quarterly process which identifies enrolled providers with no claim activity within the past 12 months
 - Provider will receive Notification of Inactivity Letter posted to the secure provider portal mailbox 30 days before due date
 - Provider must attest electronically to remain active
 - If the Maintain Eligibility Application is not submitted by the due date, the provider will be terminated in NCTracks



New Features and Functions

- Medicaid Secondary Claims Where Cost Share Does Not Apply
 - Scheduled for implementation in NCTracks on October 29, 2017
 - New business rules for Medicaid secondary claims where a Third-Party payer made a payment on the claim and Cost Share was not applicable
 - The following specific coordination of benefit (COB) payer filing indicators will identify Third Party claims that will price without Cost Share:
 - AM – Automobile Medical
 - LM – Liability Medical
 - WC – Workers' Compensation Health Claim
 - TV – Title V (All other policies that do not have Cost Share information)
 - It is recommended the provider attach the Remittance Advice/EOB of the prior payer with the Medicaid claim
 - Applies to all X12 837 Institutional, Professional, and Dental claim transaction types (837I/P/D) as well as claims keyed into the secure provider portal
 - Applies to claims adjudicated after October 29, regardless of the date of service



New Features and Functions

- Hospice Payment Reform
 - Scheduled for implementation in NCTracks on October 29, 2017
 - Service intensity add-on (SIA) payments for Hospice social worker and registered nurse visits provided during the last 7 days of life
 - Two routine home care rates, paying a higher rate in the first 60 days of a Hospice election and a lower rate for days 61 and later
 - 3 New discharge codes denoting death of the patient for Hospice claims
 - Two-tier pricing and discharge rules are recipient specific. Change in Hospice provider does not impact pricing
 - Claims billed out of sequence and determined to have overpaid may be voided
 - A new Hospice Job Aid is in SkillPort on the secure NCTracks provider portal
 - Hospice claims paid with a date of service on or after January 1, 2016, and processed before October 29, 2017, will be reprocessed at a later date



New Features and Functions

- Updates for Patient Monthly Liability (PML)
 - The PML to be applied to a claim will be the lesser of the PML remaining balance for the month or the PML amount submitted on the claim, but will not exceed the Medicaid allowable amount. (The PML remaining balance reflects the PML applied for claims already paid in the current service month.)
- Out of State (OOS) Provider Enrollment
 - OOS providers will have the option to enroll using a full-enrollment application or a lite-enrollment application
 - Lite enrollment will have an abbreviated application, no application fee, and is limited to one year
 - An OOS provider has the option to change from lite-enrollment to full-enrollment by submitting a MCR and paying the application fee
 - Existing OOS providers and applications currently under review will be considered full-enrollment
 - A new training course for OOS lite-enrollment will be offered in November

Other Recent Updates

Other Recent Updates – Affiliation Claim Edit

- Implemented in NCTracks on May 1, 2017
- Attending/rendering providers must be affiliated with the billing providers who are submitting claims on their behalf
 - Edit 07025 is posted on the RA to alert the provider
 - The edit disposition has changed from “pay and report” to “pend”
- Claims failing the edit will suspend for 60 days; if the affiliation relationship is not established within 60 days, the claim will be denied.
- The OA of the individual attending/rendering provider must submit a Manage Change Request to establish the affiliation to the billing provider.
- A group or hospital that acts as a billing provider cannot alter affiliations in NCTracks.
- **The affiliation effective date can be edited. If a claim pends, submit an Abbreviated MCR and back date the affiliation**
- For more information, see the [May 2017 Medicaid Bulletin](#)

Other Recent Updates – Provider Permission Matrix

- Implemented in NCTracks on July 30, 2017
- Replaces “Provider Qualifications and Requirements Checklist”
 - Similar information in a more user friendly format
- Lists program requirements and qualifications that must be met to enroll
- Excel spreadsheet - allows search by provider type or taxonomy code
- Can be downloaded, but the information may change
- Instructions are posted with the matrix on the portal

Other Recent Updates – Fingerprint Background Checks

- Implemented in NCTracks on July 30, 2017
- Applies to Medicaid and NC Health Choice providers
- “High” categorical risk providers and persons with $\geq 5\%$ ownership interest
- If fingerprinting was done for Medicare or other state’s Medicaid program provider is exempt
- See articles in the [September and October 2017 Medicaid Bulletins](#) for more information
- [Fingerprinting FAQs](#) are posted on the NCTracks provider portal
 - List of fingerprinting sites is posted on the FAQ page
- Refer to the [Fingerprinting Application Required Job Aid](#) for more details
- Questions can be submitted to Medicaid.Fingerprinting@dhhs.nc.gov
- **Note: Do not get fingerprinted until notified by NCTracks**

Other Recent Updates

- Copy feature for provider license information
 - The ability to copy license information from one location on the provider record to other locations (with the same taxonomy code) for enrollments and MCRs
 - See Job Aid “How to add a Service Location and Affiliate an Individual Provider” on the [Provider User Guides and Training page](#) of the NCTracks provider portal
- Provider Portal entry of Time Limit Override Requests
 - Per the [February 3 announcement](#), each submission requires a Delay Reason Code, the EB Attachment Type, and copies of documentation
 - Claims will pend for manual review with EOB 05102 - MANUAL REVIEW OF ATTACHED DOCUMENTATION FOR TIMELY FILING

Upcoming Changes



Upcoming Changes

- New Medicare Cards (SSN Removal Initiative)
 - Replace the Medicare Health Insurance Claim (HIC) number with the new Medicare Beneficiary Identifier (MBI)
 - 11 “non-intelligent” characters in length, numbers and uppercase letters
 - Beginning in April 2018, CMS will start mailing the new Medicare cards
 - Refer to the [CMS website](#) for more information
- Enhancements to the Sterilization Consent Form Process
 - Start capturing the facility provider number from the sterilization consent form
 - The facility provider, as well as the rendering provider, will be able to view sterilization consent denial details
 - Now using the US DHHS form, as announced in June 2017 Medicaid Bulletin
- Naming of Provider Letters Posted to the Message Center Inbox

Ongoing Activities



Ongoing Activities – Re-Credentialing

- It is CMS mandate that providers be re-credentialed every 5 years
- Providers will be notified when it is time to begin re-credentialing
 - A provider has a total of 45 days to complete the re-credentialing process
- Enter Status and Management on secure Portal & click “Re-Verification”
- May receive message to first complete Manage Change Request (MCR)
- Once MCR is in “approved” status, continue with the re-credentialing
 - If MCR is in “review” status at end of 45 days, due date will extend 30 days
- If re-credentialing is not completed by due date, provider is suspended
 - If the re-verification is then submitted within 30 days, the suspension is lifted
- List of Providers Due for Re-credentialing on DMA website:
 - <https://dma.ncdhhs.gov/providers/provider-enrollment>

Re-credentialing is not optional. For more information, see the NCTracks Provider Portal.

Common Questions

Common Questions

- Requests for Information that is on the NCTracks provider portal
 - Checking status of PA requests
 - Submitting a PA request
 - Asking what medications are preferred
- Opioid PA Requests
 - Criteria for high-dose opioid PA
 - There is no “stigma” associated with high-dose PA – request it if justified
 - How to calculate morphine equivalency
 - Checking the high-dose indicator
 - When question #3 must be marked “no”, the indicator is checked automatically
 - Refer to announcements and other resources on the [Pharmacy Services page](#)
- Referring Recipients to call NCTracks
 - NCTracks can only disclose eligibility information to recipients

Additional Information



Ongoing Activities – OPR

- Providers used to get EOB warning messages on RA when the attending, rendering, ordering, prescribing or referring provider's NPI submitted on the billing provider's claim is not enrolled in Medicaid or Health Choice
- **As of November 1, 2016 the claim disposition changed to “suspend”**
- Claims suspend for 90 days to allow the attending, rendering, ordering, prescribing, or referring (OPR) provider(s) to enroll in Medicaid/NCHC
- If, after 90 days, the attending, rendering, ordering, prescribing, or referring provider is not enrolled, the claim will deny
- The provider's individual NPI will be required as a data element on the claim for programs listed in the [September 2016 Medicaid Special Bulletin](#)
- Any NPI entered on a claim will be validated, even if it is not required
- Use the **Enrolled Practitioner Search** function before rendering service
- For more information, see the [December 2016 Medicaid Bulletin](#)



Ongoing Activities – Accounts Receivable

- Accounts Receivable (A/R) is created when provider does not have sufficient paid claims in current checkwrite to satisfy a recoupment
 - May happen if claims are systematically reprocessed
- Previously, recoupment of system-generated A/Rs began 30 days after the A/R was established
 - A/Rs not resolved in 30 days are subject to penalty and interest
- As of May 1, 2016, recoupment of a system-generated A/R begins with the next checkwrite
 - Funds may be recouped from any NPI with the same TIN
- Several notification letters are mailed to providers who have an A/R
 - First Demand Letter (Sent to alert provider to potential for penalty and interest)
 - 30 Days Past Due Letter (Includes penalty and interest owed on A/R)
 - 60 Days Past Due Letter (Payment suspended to all NPIs with same TIN)
- Examples of letters are posted on [NCTracks Provider Portal](#)

Provider Resources

- NC DHHS website - <http://www.ncdhhs.gov/>
- Medicaid Bulletins - <https://dma.ncdhhs.gov/providers/medicaid-bulletins>
- NCTracks Provider Portal - www.nctracks.nc.gov
 - Announcements, FAQs, User Guides, Fact Sheets, Issues List
- Email List Manager – [Provider Communication webpage](#)
 - Providers who unsubscribe will not receive any emails – **Come back!**
- Regional Provider Relations Representatives
 - Request help using [Contact Us](#) link in footer of every NCTracks webpage
- Provider Training
 - Instructor-Led (on-site and remote), CBTs, and Participant User Guides
 - More information on [Provider Training Page](#); register in secure provider portal

Feedback on Presentation

- NCTracks Presentation Feedback Survey
 - Name of meeting: HII 2017
 - Date: 10/26/2017
 - Presenter: Dewey Cassell
- <https://www.surveymonkey.com/r/KYWX88P>
- Responses are anonymous and much appreciated

Questions





Thank You