



Communications and Updates

January 29, 2014

General Updates

Inclement Weather Notification

In the event of inclement weather that affects the hours of operation for the NCTracks Call Center or Pharmacy Prior Approval Unit, an announcement will be posted to the [Provider Portal home page](#).

Explanation of Checkwrite Notices

It has come to our attention that the checkwrite notices, such as the one published last week regarding the Dr. Martin Luther King, Jr. Day holiday, may have created the wrong impression. The use of the word "delay" has led some people to believe there was a change in the checkwrite schedule. The checkwrites are being executed according to the approved, published schedule, which can be found under the Quick Links on the right side of the [Provider Portal home page](#). There is no change in the schedule. On weeks when there is a holiday, the checkwrite date is simply one day later than usual, which is already reflected in the checkwrite schedule. The notices are published to serve as a reminder that the checkwrite schedule is different on weeks that have a holiday. From now on, any reminders regarding the checkwrite schedule will be worded accordingly.

Update on ACA Enhanced Rate Payments

The Affordable Care Act (ACA) requires that the Medicaid program pay at the Medicare rate for certain primary care services and to reimburse 100% Medicare Cost Share for services paid in calendar years 2013 and 2014. Providers who wish to receive the enhanced rate must attest to their qualifications on the Attestation web portal. The link to the portal on the DMA website is: http://www.ncdhhs.gov/dma/provider/ACA_Home.html. Once a provider has successfully attested, it is not necessary to re-attest in calendar year 2014 unless the previous attestation has become invalid.

In September 2013, NCTracks began making the ACA enhanced rate payments to providers who attested and were certified by the state for qualified services billed from that point forward.

Currently NCTracks is being updated to include Health Check, those codes that are billed with an EP modifier, as well as adjustments to the provider Remittance Advice. Once the changes are complete, retroactive reimbursement for claims submitted from July 1, 2013 through present is scheduled to occur in the March 18, 2014 checkwrite. The retroactive ACA enhanced rate payments will be reported in a separate section of the Remittance Advice (RA) to make it easier to

identify the payments and post to provider accounting systems. After the reprocessing of claims back to July 1, 2013, NCTracks will begin reprocessing those claims previously processed by HPES for dates of service between January 1 and June 30, 2013. No action is required on the part of certified providers to receive retroactive reimbursement.

In December 2013, it was determined that ACA enhanced rate payments are not eligible for SCHIP / Health Choice recipients. A system change was implemented to eliminate future ACA enhanced rate payments for SCHIP / Health Choice recipients. Prior ACA enhanced rate payments already made to providers for SCHIP / Health Choice recipients will be recouped during the same reprocessing of claims mentioned above.

For more information about enhanced payments under the Affordable Care Act, including qualifications for reimbursement and a link to the attestation process, see [Affordable Care Act information on the DMA website](#) and the [February 2013 Medicaid Bulletin](#).

Update on 2013 1099s

The 1099s will be printed and mailed by January 28, 2014. Due to postal service volume, allow 7 to 10 business days to receive your 1099. Providers will receive one 1099 per Tax ID per payer (DMA/DPH). For example, if a provider has multiple NPIs associated with the same Tax ID and only serves DMA recipients, they will receive one 1099.

The 1099 will be sent to the "Pay To" location currently on file. The "Pay To" address is found in location 001 on the provider record. Please note that if you have multiple NPIs under the same Tax ID, the 1099 will be sent to the address associated with the most recently updated provider record.

A list of [Frequently Asked Questions \(FAQ\) regarding 1099s](#) has been posted to the NCTracks Provider Portal. Please consult the FAQ before contacting the Call Center with questions regarding your 1099.

If you do not receive your 1099 within 10 business days, a mechanism will be available to notify us using the Contact Us link found in the footer of every NCTracks web page. Instructions for submitting the notification is included in the FAQ.

Deadline Extended for ICD-10 Provider Readiness Assessment Survey

On behalf of the Centers for Medicare and Medicaid Services (CMS), an ICD-10 provider readiness assessment survey was distributed via email to all providers on Monday, January 20. This is a legitimate, authorized survey from CMS. The survey is being conducted via the Survey Monkey tool, which can be accessed from any Internet web browser. The results of the survey will be analyzed by CMS and shared with each of the states.

CMS provided the following update on January 28:

The closing date of the national ICD-10 Provider Readiness Assessment previously distributed has been extended to February 10, 2014. If you have already responded we thank you. If you have not, we would greatly appreciate your taking the time to respond to this assessment at the link below before February 10th.

https://www.surveymonkey.com/s/ICD-10_Provider_Readiness_CMS

The purpose of this assessment is to gauge the current state of overall ICD-10 readiness among our providers and help inform how we can best assist our providers through the transition to ICD-10. The questions in this assessment should take no more than 10 minutes to complete and all responses will remain anonymous.

Thank you in advance for your response.

Shared Savings Plan

As originally announced in the January 2014 Medicaid Bulletin, the Shared Savings Plan was enacted by North Carolina Session Law 2013-360, Sections 12H.18 (b). Effective January 1, 2014, reimbursement rates for the following services rendered to Medicaid and NC Health Choice recipients will be reduced by 3%.

- * Inpatient hospital
- * Physician (excluding primary care providers who have attested for the enhanced reimbursement until January 1, 2015)*
- * Dental
- * Optical services and supplies
- * Podiatry
- * Chiropractors
- * Hearing aids
- * Personal care services
- * Nursing homes
- * Adult care homes
- * Dispensing drugs

*Because of changes required to separate the ACA physicians from the non-ACA physicians, the payments to the non-ACA physicians have not yet been reduced. Once the changes are completed, the previously paid claims for the non-ACA physicians will be adjusted back to January 1, 2014.

DMA is consulting with providers to develop a Shared Savings Plan to implement by July 1, 2014, with provider payments beginning January 1, 2015. The shared savings plan shall provide incentives to provide effective and efficient care that result in positive outcomes for Medicaid and NC Health Choice recipients.

DMA will host a series of webinars in order to provide stakeholders with an overview of the Shared Savings Plan as well as solicit ideas on the shared savings methodology. More information regarding the Shared Savings Plan, including upcoming webinar dates, is available at <http://www.ncdhhs.gov/dma/plan/index.htm>.

Questions, comments and/or recommendations regarding the Shared Savings Plan can be sent to DMA.NCSharedSavings@lists.ncmail.net.

Issue with MCE Edit 3224 Fixed

Medicare Code Edit (MCE) 3224 (Procedure Code Inconsistent with Length of Stay) should post on DRG claims with a procedure code 9672 (CONTINUOUS INVASIVE MECHANICAL VENTILATION FOR 96 CONSECUTIVE HOURS OR MORE) with a length of service less than 4 days.

However, since December 7, 2013, the edit has been posting on ALL inpatient DRG claims with a date of service on or after October 1, 2013 submitted with procedure code 9672, resulting in inappropriate denials. The EOB which appears on the RA reads "EOB 9243 - DRG - PRINCIPAL PROCEDURE CODE IS INVALID OR REQUIRES FURTHER SUBDIVISION. CORRECT AND RESUBMIT CLAIM."

This issue has been corrected and inpatient DRG claims submitted from this point forward should process correctly. However, providers will need to resubmit previously denied claims.

Medicare HMO Paper Claims to be Returned to Providers

The Medicare HMO claims that have been submitted on paper will be returned to providers. Medicare HMO claims are to be resubmitted electronically as secondary claims. Providers do not have to attach any documents to secondary claims, but the claim should reflect the amount paid by Medicare in the Other Payer Amount. For instructions on filing secondary claims to NCTracks, see the User Guide "How to Indicate Other Payer Details on a Claim in NCTracks and Batch Submissions" on the [Provider User Guides and Training page](#) of the NCTracks Provider Portal.

FAQ Updated with Additional Answers from Medicare Crossover Workshop

The next set of answers to questions posed during the November 14, 2013, Medicare Crossover Workshop have been posted to the Word document on the main [Frequently Asked Questions page](#) of the provider portal. The [FAQ for Secondary Claims \(Crossovers\)](#) was also updated with an unduplicated list of questions and answers from the workshop. We are continuing to review the questions and will post additional answers as soon as possible.

Update on Claims Pended Due to Incorrect Location

As an update to the email sent to providers last Friday regarding claims pended due to incorrect location, the notifications have not yet been posted to the NCTracks secure Message Center Inboxes. A follow-up email will be sent to let providers know when the posting of notifications will begin.

Thank you,

The NCTracks Team

CC14029-1

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