Purpose
To address changes effective November 1, 2016 which impact Medicaid and NCHC providers

Agenda
- Rendering Provider Service Location
- OPR Requirement
- Incident-to Billing
- CCNC/CA
  - Payment Authorization
  - Auto Assignment
- Provider Affiliation
- Resources
Medicaid Changes

• Rendering Provider Location for Claims
  • The address of all locations where a rendering/attending provider performs services must be listed under their individual NPI in NCTracks.
  • Claims will pend with EOB 04526 – RENDERING LOCATOR CODE CANNOT BE DERIVED
  • Add service locations by submitting a Managed Change Request (MCR) under the provider’s individual NPI.
    • Effective dates matter!
Medicaid Changes

• Ordering, Prescribing, & Referring (OPR) Provider Requirement
  • Failure to enroll in N.C. Medicaid or NCHC will cause claims to pend for 90 days.
  • Any NPI on a claim will be validated
    • If no action is taken by the provider to enroll after 90 days, the claim will deny.
**Medicaid Changes**

• **Ordering, Prescribing, & Referring (OPR) Provider Requirement**
  - NCTracks will deny a claim when an NPI is required but not submitted for:
    • ordering provider
    • referring provider
    • operating provider
  - September OPR Special Bulletin
Example 1:
A Medicaid beneficiary is admitted to the hospital; however, the attending/rendering provider is not enrolled in Medicaid.

Consulting physicians are called in to provide care under the order of the attending/rendering physician. (A consulting physician could be, but is not limited to, surgeons, pathologist, hospitalist, etc.). Lab tests are ordered. It is determined that the beneficiary needs surgery.
Example 2:
The beneficiary is given an order for a DME product by a physician who is not enrolled in Medicaid.

The beneficiary takes the order to a Durable Medical Equipment (DME) supplier that is enrolled in Medicaid.
Example 3:
An NC Health Choice (NCHC) beneficiary is given a prescription by a doctor who is not currently enrolled in NCTracks as a NCHC provider.

The beneficiary takes the prescription to the pharmacy to be filled. The pharmacy is enrolled in both the Medicaid and NCHC programs.
Example 4:
A Medicaid beneficiary visits her CCNC/CA medical home for a well exam and is seen by a Nurse Practitioner who is not enrolled with Medicaid.

The Nurse Practitioner orders labs, which are sent to an independent lab for processing. Upon receipt of the results, the Nurse Practitioner refers the patient to a specialist for additional care.
OPR Resources

• NCTracks Enrolled Practitioner Search
  • www.nctracks.nc.gov
  • Choose ‘Enrolled Practitioner Search’
OPR Resources

- NCTracks Enrolled Practitioner Search
  - www.nctracks.nc.gov
**OPR Resources**

- NCTracks provider portal
  - [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
  - Choose ‘Frequently Asked Questions’
  - Choose ‘OPR’
OPR Resources

• Email questions about the OPR Requirement to:
  • DMA.OPRTeam@dhhs.nc.gov
Medicaid Changes

• “Incident to” billing
  • All mid-level providers must enroll with Medicaid and NCHC, including:
    • Physician Assistants (PAs)
    • Nurse Practitioners (NPs)
    • Certified Registered Nurse Anesthetists (CRNAs)
    • Certified Nurse Midwives (CNM)
  • Services rendered by these provider types are no longer billable under supervising physician
Medicaid Changes

• CCNC/CA Payment Authorizations
  • Effective with dates of service beginning November 1, 2016, providers will not be required to:
    • Enter CCNC/CA payment authorization on claim
    • Enter CCNC/CA payment authorization into NCTracks provider portal
    • Request CCNC/CA overrides
Medicaid Changes

• CCNC/CA Payment Authorizations
  • For dates of service prior to November 1, 2016, claims will continue to require one of the following:
    • CCNC/CA payment authorization NPI on the claim
    • CCNC/CA payment authorization in the NCTracks provider portal
    • CCNC/CA override
Medicaid Changes

• CCNC/CA Goals
  • Improve the health of Medicaid/NCHC population while controlling costs
  • Enroll with a “medical home”
  • Engage CCNC networks for care management services
  • Collaborate with local systems.
Medicaid Changes

• NC DHHS Agreement for Participation as a CCNC/CA Provider
  • Provide Primary Care and Patient Care Coordination services to each enrollee
  • Promptly arrange referrals for medically necessary health care services that are not provided directly and document referrals for specialty care in the medical record.

• Some clinical coverage policies require care coordination through CCNC/CA medical home
Medicaid Changes

• **Auto Assignment**
  • Algorithm to match beneficiaries to provider based on:
    • Age and Gender restriction
    • New patient indicator
    • PCP/Beneficiary county of residence not exceed 35 miles
    • Most recent twelve month medical history of the beneficiary with the CCNCCA PCP

• **Provider Record Maintenance**
  • Report changes with an MCR
    • Enrollment limit, age/gender restriction, accepting new patient indicator, etc.
Medicaid Changes

• **Provider Affiliations**
  • Attending/rendering providers must be affiliated with the billing provider shown on the claim.
  • If there is no affiliation, the claim will pend.
  • Add affiliations by submitting an MCR under the provider’s individual NPI.
    • Effective dates matter!
    • Will process immediately once MCR is submitted.
## Timeline

<table>
<thead>
<tr>
<th>EFFECTIVE DATE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2016</td>
<td>Rendering Provider Service Location requirement</td>
</tr>
<tr>
<td></td>
<td>• Claim pends if NCTracks cannot find a rendering provider service location match to the billing provider NPI on the claim.</td>
</tr>
<tr>
<td></td>
<td><strong>OPR Requirement Implementation</strong></td>
</tr>
<tr>
<td></td>
<td>• Claim pends if any NPI on claim cannot be validated</td>
</tr>
<tr>
<td></td>
<td>• Claim denies if a required ordering, referring, or operating NPI is omitted from the claim.</td>
</tr>
<tr>
<td></td>
<td><strong>Incident-to Billing becomes obsolete</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CCNC/CA Payment Authorization no longer required for claims adjudication</strong></td>
</tr>
<tr>
<td>February 6, 2017</td>
<td>Provider Affiliation requirement</td>
</tr>
<tr>
<td></td>
<td>• Claim pends if the individual provider is not affiliated with the billing NPI on the claim</td>
</tr>
</tbody>
</table>
Resources

Provider Portal Login

The NCTracks Web Portal contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

NC MMIS retains the right to monitor, record, distribute, or review any user’s electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our Legal and Privacy Policy pages.

Your Account

- All users are required to have an NCID to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

Your account does not have access to the provider portal.

User ID (NCID): [ ]
Password: [ ]

Forgot Login
Forgot Password

Log In  Clear  Cancel
Providers
Learn more about NCTracks. Check these opportunities:

Formal training -
- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)
Register for formal training in SkillPort, on the secure provider portal

Informal training -
- User Guides (step-by-step guides on how to perform various portal functions)
- Fact Sheets (brief documents outlining key information about various topics)

To access, click on the Provider User Guides and Training link on the left and watch for announcements about new resources.

Providers of services from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services should contact their LME/MCO to obtain information regarding eligibility, claims status and payment, etc.

www.nctracks.nc.gov
Resources

• CSRA
  • 800-688-6696
  • www.nctracks.nc.gov
  • Field Representatives

• DMA
  • http://dma.nc.ncdhhs.gov/providers

• CCNCCA Providers
  • DMA Managed Care Consultants
<table>
<thead>
<tr>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanie Whitener</td>
<td>Tiffany Ferguson-Cline</td>
<td>LaRhonda Cain</td>
<td>Chandra Lockley</td>
<td>Rosemary Long</td>
</tr>
<tr>
<td><a href="mailto:melanie.whitener@dhhs.nc.gov">melanie.whitener@dhhs.nc.gov</a></td>
<td><a href="mailto:tiffany.ferguson-cline@dhhs.nc.gov">tiffany.ferguson-cline@dhhs.nc.gov</a></td>
<td><a href="mailto:larhonda.cain@dhhs.nc.gov">larhonda.cain@dhhs.nc.gov</a></td>
<td><a href="mailto:chandra.lockley@dhhs.nc.gov">chandra.lockley@dhhs.nc.gov</a></td>
<td><a href="mailto:rosemary.long@dhhs.nc.gov">rosemary.long@dhhs.nc.gov</a></td>
</tr>
</tbody>
</table>

Alexander
Buncombe
Burke
Caldwell
Catawaba
Cherokee
Clay
Cleveland
Gaston
Graham
Haywood
Henderson
Iredell
Jackson
Lincoln
Macon
Madison
McDowell
Mitchell
Polk
Rutherford
Swain
Transylvania
Yancey

OPR Questions: dma.oprteam@dhhs.nc.gov