North Carolina Medicaid Special Bulletin

An Information Service of the Division of Medical Assistance

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This is the second article in a two-part series of Special Bulletin articles to announce the upcoming changes effective Nov. 1, 2016.

Attention:

All Providers

CCNC/CA Payment Authorization Update

Notes:

- 1. CCNC/CA payment authorizations **ARE NOT** related to publications on 42 CFR 455.410 for Ordering, Prescribing, Referring (OPR) Providers, and are not associated with OPR requirements or 42 CFR 455.410 National Provider Identifier (NPI).
- 2. This article supersedes bulletin articles published in June, July and August 2016 titled "Managed Care Referrals in NCTracks."

Providers are responsible for informing their billing agency of information in this bulletin. CPT codes, descriptors, and other data only are copyright 2014 American Medical Association.

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Providers are encouraged to continue supporting the CCNC program which is designed to improve quality and access to care; manage appropriate utilization of services; and achieve cost-effectiveness through care coordination with CCNC/CA Primary Care Providers.

Community Care of North Carolina/Carolina ACCESS (CCNC/CA) "referral" authorizations are payment authorizations in NCTracks. CCNC/CA payment authorizations are not related to OPR provider requirements. A service referral is the process of sending a patient to another practitioner (e.g., specialist) for consultation, or a health care service that the CCNC/CA Primary Care Provider (PCP) believes is necessary but is not able to provide.

Service referral requirements are not changing for CCNC/CA providers

CCNC/CA Primary Care Providers (PCPs) must continue to adhere to care coordination practices as set forth in Section IV of the *NC DHHS Agreement for Participation as a CCNC/CA Provider*. The PCP in the medical home will continue to arrange service referrals for medically necessary health care services and specialty care as required by the Agreement. The following CCNC/CA guidelines apply to service referrals:

- Providers must promptly arrange or receive authorization for referrals and document referrals for specialty care in the medical record.
- Referrals may be made by phone or in writing.
- The PCP must define the scope of the referral, including the number of visits and length of time authorized.
- A provider who has received a referral should consult with the PCP before referring to a secondary provider.

Important changes related to the submission of CCNC/CA payment authorizations are contained in this article.

Effective with dates of service Nov. 1, 2016, providers WILL NO LONGER BE REQUIRED TO:

• Enter a CCNC/CA payment authorization on claims. *The NPI of the CCNC/CA provider is currently used on the claim as payment authorization.*

Note: The field (corresponding to Block 17B) currently being used for CCNC/CA payment authorizations will be repurposed to meet the requirements for OPR providers. Therefore, CCNC providers should only populate this field to comply with OPR requirements. If you populate this field, the OPR edits will be applied to your claims. The OPR edits can be found in the above referenced DMA Special Bulletin.

• Enter a CCNC/CA payment authorization into the NCTracks provider portal.

• Request CCNC/CA overrides. Specialists and Urgent Cares will no longer be required to have the CCNC/CA PCP NPI on the claim in order for their claims to process.

FOR DATES OF SERVICE PRIOR TO Nov. 1, 2016, claims will continue to require the CCNC/CA payment authorization NPI on the claim or a CCNC/CA override in NCTracks.

Providers are strongly encouraged to routinely review NCTracks Announcements and Medicaid Bulletins for important program updates.

Regional Consultants are available to assist providers with questions on CCNC/CA Payment Authorizations. The DMA website contains a current list of consultants.

All providers are encouraged to attend webinars to address the changes in this article. The Division of Medical Assistance (DMA) will host webinars on:

1. Wednesday, Oct. 5, 2016, 9 a.m. – 10:30 a.m.

Presenters: Tiffany Ferguson-Cline/Melanie Whitener

Register at: https://attendee.gototraining.com/r/1498193821852652289

Webinar Link and Call in Information:

https://global.gototraining.com/join/training/1498193821852652289/107407964

Toll: 1-510-365-3332 Access Code: 515-388-593

2. Tuesday, Oct. 11, 2016, 2 p.m. – 3:30 p.m. Presenters: Chandra Lockley/LaRhonda Cain

Register at: https://attendee.gototraining.com/r/5609927505083815169

Webinar Link and Call in Information:

https://global.gototraining.com/join/training/5609927505083815169/107114936

Toll: 1-510-365-3231 Access Code: 457-344-103

3. Thursday, Oct. 13, 2016, 10 a.m. – 11:30 a.m. Presenters: Melanie Whitener/Rosemary Long

Register at: https://attendee.gototraining.com/r/6394182761029409281

Webinar Link and Call in Information:

https://global.gototraining.com/join/training/6394182761029409281/107837075

Toll: 1-510-365-3231 Access Code: 323-576-093

4. Wednesday, Oct. 19, 2016, 6 p.m. – 7:30 p.m.

Presenters: Rosemary Long/Tiffany Ferguson-Cline

Register at: https://attendee.gototraining.com/r/705924225784322817

Webinar Link and Call in Information:

https://global.gototraining.com/join/training/705924225784322817/107800689

Toll: 1-510-365-3332 Access Code: 276-239-571 5. Wednesday, Oct. 26, 2016, 3:00 p.m. – 4:30 p.m. Presenters: LaRhonda Cain/Chandra Lockley

Register at: https://attendee.gototraining.com/r/9088700931506412545

Webinar Link and Call in Information:

https://global.gototraining.com/join/training/9088700931506412545/107841455

Toll: 1-510-365-3331 Access Code: 423-400-831

DMA is committed to its' core values, one of which is communication. It is important for providers to be aware of the Nov. 1, 2016 changes, including CCNC/CA payment authorizations, to avoid disruptions in claim reimbursements. Questions about this Special Medicaid Bulletin can be directed to the CSRA Call Center at 1-800-688-6696.

Sandra Terrell, MS, RN
Director of Clinical
Division of Medical Assistance
Department of Health and Human Services

Paul Guthery
Executive Account Director
CSRA