



July 2013 Medicaid Bulletin

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Attention: All Providers and N.C. Health Choice Providers
Rceiving Email Alerts Through NCTracks

On July 1, providers can sign up for email alerts directly through NCTracks. Email alerts are sent to providers when there is important information to share between cycles of the general Medicaid Provider Bulletins

Providers who currently receive email alerts will continue to receive them through NCTracks. To sign up to receive email alerts and other communications from NCTracks, click on the “Sign up for NCTracks Communications” link under the “Quick Links” heading on the Provider Communications page of the NCTracks Provider Portal located at www.nctracks.nc.gov/.

Email addresses will never be shared, sold or used for any purpose other than Medicaid and NCHC email alerts and NCTracks communication.

CSC, 1-800-688-6696

Attention: All Providers and N.C. Health Choice Providers

Getting NCTracks Questions Answered

On July 1, NCTracks replaced the legacy Medicaid Management Information System (MMIS) system for processing Medicaid claims. The new NCTracks system consolidates several claims processing platforms into a single solution for multiple divisions within the N.C. Department of Health and Human Services (DHHS). These divisions are the Division of Medical Assistance (DMA), the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the Division of Public Health (DPH), and the Office of Rural Health and Community Care (ORHCC).

CSC is the state contractor for NCTracks and will be assuming many of the telephone numbers and post office boxes previously used by legacy vendors. The following list outlines how best to contact CSC for various topic areas after July 1.

Internet Communications:

General:

The **NCTracks Website** address is www.nctracks.nc.gov/. There is a “Contact Us” link at the bottom of every Web page.

Information on Provider Enrollment:

The last day to submit Provider Enrollment Applications or respond to outstanding recredentialing requests via the CSC Enrollment, Verification, and Credentialing Website was **June 14, 2013**. Applications and enrollment additions received via paper by June 14 will be processed. The enrollment functionality previously associated with the CSC EVC Website will be available July 1, 2013 through the new NCTracks Provider Portal, at www.nctracks.nc.gov. More information can be found at this Web page: The last day to submit Provider Enrollment Applications or respond to outstanding recredentialing requests via the CSC Enrollment, Verification, and Credentialing Website was **June 14, 2013**.

Applications and enrollment additions received via paper by June 14 will be processed. The enrollment functionality previously associated with the CSC EVC Website will be available July 1, 2013 through the new NCTracks Provider Portal, at www.nctracks.nc.gov. More information can be found here: www.nctracks.nc.gov/provider/providerEnrollment/index.jsp

Email Correspondence:

Emails related to NCTracks should be directed to NCTracksProvider@nctracks.com.

Medicaid Email Alerts:

Refer to the article titled “[Receiving Email Alerts Through NCTracks](#)” in the *July 2013 Medicaid Bulletin* to learn more about receiving email alerts regarding important **Medicaid** information between cycles of the general Medicaid Provider Bulletin.

Telephone Numbers:

NCTracks Automated Voice Response System (AVRS): 1-800-723-4337

NCTracks Call Center

- Main Call Center Number: 1-800-688-6696
- Prior Approval Unit (Medical and Dental): 1-800-688-6696
- Prior Approval Unit (Pharmacy): 1-866-246-8505
- Provider Enrollment: 1-866-844-1113
- Trading Partner Agreements: 1-866-844-1113

NCTracks Fax Numbers:

- Main Fax Number: 919-851-4014
- Pharmacy Prior Approval: 866-246-8507
- Non-Pharmacy Prior Approval: 919-816-3139
- CA Overrides: 919-816-4420

Mailing Information:

General Correspondence:

CSC
P.O. Box 300009
Raleigh, NC 27622-8009

Prior Approval Requests:

CSC
P.O. Box 31188
Raleigh, NC 27622-1188

Provider Enrollment Supplemental Information:

CSC
Provider EVC Unit
P. O. Box 300020
Raleigh, NC 27622-8020

Courier Deliveries – UPS or Federal Express:

CSC
[Name of CSC Employee or Department]
Suite 102
2610 Wycliff Road
Raleigh, NC 27607-3073

All claims are expected to be submitted electronically to NCTracks. However, if paper versions of claims are permitted under State policy, they should be mailed to:

CSC
P.O. Box 30968
Raleigh, NC 27622-0968

NCTracks Call Center Hours of Operation:

General:

Monday through Friday: 8:00 a.m. to 5:00 p.m.

Pharmacy Prior Approval:

Monday through Friday: 7:00 a.m. to 11:00 p.m.
Saturday and Sunday: 7:00 a.m. to 6:00 p.m.

Non Pharmacy Prior Approval:

Monday through Friday: 7:00 a.m. to 7:00 p.m.
Saturday and Sunday: 8:00 a.m. to 5:00 p.m.

CSC Holiday Schedule

CSC will observe the following holidays from July through December 2013:

| | |
|------------------------|------------------------------|
| Independence Day | Thursday, July 4, 2013 |
| Labor Day | Monday, September 2, 2013 |
| Thanksgiving Day | Thursday, November 28, 2013 |
| Day after Thanksgiving | Friday, November 29, 2013 |
| CSC-Designated Holiday | Tuesday, December 24, 2013 |
| Christmas Day | Wednesday, December 25, 2013 |

CSC, 1-800-688-6696

Attention: All Providers and NCTracks Providers

NCTracks Provider Claims and Billing Assistance Seminars

The new NCTracks portal is here. Providers now have greater visibility with quick and easy access to:

- View claims status in real time
- Update/edit provider records
- Request/confirm prior approval
- Retrieve historical remittance advices for up to seven years
- Verify recipient eligibility

CSC wants to ensure all providers have an understanding of how the provider enrollment and claims process works within the new NCTracks. NCTracks Provider Claims and Billing Assistance Seminars will be held in six locations across North Carolina from July 16 through August 1, 2013. The seminars will address frequently asked questions and concerns such as:

Enrollment

- What is an NCID and how do providers obtain an NCID?
- Will Currently Enrolled Providers (CEPs) be required to complete a new or additional enrollment application?
- How will providers be notified once they are enrolled?

Community Care of N.C./Carolina Access (CCNC/CA)

- How should claims be filed when a Primary Care Provider (PCP) refers a Carolina ACCESS enrollee to a provider's office?
- How can a provider tell if a patient is enrolled with Carolina ACCESS?
- Can referrals be made by telephone and online?

Prior Approval (PA)

- What services require prior approval?
- How will providers know if additional information is required for a prior approval request?
- How do providers check the status of the PA requests they submitted to other vendors, such as MedSolutions?
- What is the turnaround time for PA requests?

Claims, Adjustments and Overrides

- How do providers resolve denied claims?
- Can providers check claim payment status online?
- How do providers submit an adjustment request?

- How do providers submit a time limit, third party, or Medicare override?
- What if the patient has a Third Party Insurance?
- Who do providers contact for additional questions or information?

The *NCTracks Provider Claims and Billing Assistance Guide* will be the primary document referenced during the seminar. Copies will not be provided at the seminars. Providers are encouraged to print the *NCTracks Provider Claims and Billing Assistance Guide*, which will be posted in SkillPort and on the DMA seminar Web page prior to the first scheduled session. **Pre-registration is required and seating is limited. Unregistered providers are welcome to attend, if space is available.**

The seminar will begin at 9:00 a.m. and end at 4:00 pm. Providers are encouraged to arrive by 8:45 a.m. to complete registration. Lunch will not be provided; however, there will be a lunch break. **Because meeting room temperatures vary, dressing in layers is advised.**

Providers can use SkillPort to register for the seminars by navigating to the NCTracks Webportal at www.nctracks.nc.gov.

An NCID is required to register for training in SkillPort. Those who already have an NCID can use it to register. To obtain an NCID, go to the NCID Website at <https://ncid.nc.gov>.

Those with questions regarding NCTracks Provider Claims and Billing Assistance Seminars can contact the CSC Call Center at 1-800-688-6696.

Seminar Dates and Locations

| Date | Location |
|---------------|--|
| July 16, 2013 | <p>Greensboro Greensboro Marriott Downtown 304 N. Greene St. Greensboro, NC 27401 Note: Parking fee of \$2.00</p> |
| July 18, 2013 | <p>Charlotte Charlotte Plaza Uptown Hotel (Formerly Crown Plaza) 201 South McDowell Street Charlotte, NC 28204 Note: Parking fee of \$7.00</p> |
| July 23, 2013 | <p>Asheville Crowne Plaza Tennis & Gold Resort One Resort Drive Asheville, NC 28806</p> |

| Date | Location |
|----------------|---|
| July 25, 2013 | Wilmington Wilmington Convention Center 515 Nutt Street Wilmington, NC 28401 Note: Parking fee is \$2.00/first hour, \$1.00 each additional hour up to \$8.00 |
| July 30, 2013 | Greenville Hilton 207 SW Greenville Blvd. Greenville, NC 27834 |
| August 1, 2013 | Raleigh Raleigh Convention Center 500 S. Salisbury St. Raleigh, NC 27601 Note: Parking fee is \$7.00 |

CSC, 1-800-688-6696

Attention: All Providers and N.C. Health Choice Providers
NCTracks Provider Field Representatives

One of the primary functions of the NCTracks Provider Relations Department is provider education through on-site provider visits. NCTracks Provider Field Representatives can educate providers about certain fiscal aspects of the programs covered under NCTracks, as well as claims issue resolution.

NCTracks will have 10 Provider Field Representatives serving all regions of North Carolina. Beginning July 1, provider site visits can be requested online using the NCTracks Provider Portal. To request a visit, click on the “Contact Us” link located at the bottom of each Web page, complete the form, select the Subject “Request a Site Visit” from the drop down box, and click “Send.” A Provider Field Representative will contact you to schedule a site visit.

There are two vacant positions. The eight NCTracks Provider Field Representatives currently on staff are:

Supervisor: Michelle St.Clair

1. Anita Adkins
2. Anne Ouellette
3. Catie Ryczek
4. Dana Pendleton
5. Debbie LeBlanc
6. Felecia Williams
7. Regina Johnson
8. Sandy Baglio

CSC, 1-800-688-6696

Attention: Pharmacists and Prescribers

Billing for 340B drugs in NCTracks

When a 340B drug is dispensed, the pharmacy provider will enter a value of “08” in the Basis of Cost Determination field (423-DN) to identify the 340B claim and a value of “20” in the Submission Clarification Code field (420-DK) to denote the 340B provider. For 340B drugs, pharmacy providers are required to submit their acquisition cost in the Usual and Customary charge field (426-DQ) without the dispensing fee. NCTracks will apply the appropriate dispensing fee when determining the reimbursement amount for the claim. Providers can reference the NCPDP D.0 Companion Guide.

www.nctracks.nc.gov/content/public/dms/public/pdf/companion-guides/D-0_Companion_Guide/D.0_Companion_Guide.pdf.

CSC, 1-800-688-6696

Attention: All Providers**NC Medicaid EHR Incentive Program – July 2013 Update****Change in NC-MIPS Help Desk**

The N.C. Medicaid Electronic Health Record (EHR) Incentive Program Help Desk has recently moved. Providers are reminded to use the phone number, email, and mailing addresses listed below for all correspondence with the N.C. Medicaid EHR Incentive Program, including program and attestation inquiries, sending in signed attestations and supporting documentation.

Email: NCMedicaid.HIT@dhhs.nc.gov

Phone Number: 919-814-0180

Mailing Address: NC Medicaid EHR Incentive Program
2501 Mail Service Center
Raleigh, NC 27699-2501

** Note: Effective June 1, 2013, the N.C. Medicaid EHR Incentive Program no longer receives documentation via fax.*

Payment Update

As of June 1, 2013, the N.C. Medicaid EHR Incentive Program has paid 2,881 unique eligible professionals (EH) and 71 unique eligible hospitals (EH) a total of \$125 million. The N.C. Medicaid EHR Incentive program thanks its partners and the provider community for its continued support and participation.

e-CQMs Reported to the State in 2014

Per the Stage 2 Final Rule issued by the Centers for Medicare & Medicaid Services (CMS) all participants in the N.C. Medicaid EHR Incentive Program who attest to Stage 2 Meaningful Use (MU) will need to submit their Clinical Quality Measures (CQMs) electronically to the state. The N.C. Health Information Exchange (NC HIE) has been designated as the vehicle for the state to receive the electronic submission of CQMs. With support from CMS, N.C. Medicaid will subsidize the HIE cost of connecting those providers who agree to become participants on the NC HIE. More information will be forthcoming. In the meantime, all questions should be directed to the NC HIE Project Manager, Chris Scarboro by phone at 919-745-2379 or by email at cscarboro@n3cn.org.

**N.C. Medicaid Health Information Technology (HIT)
DMA, 919-855-4200**

Attention: All Providers

NC Medicaid EHR Incentive Payments will be Delayed in July

Due to the launch of NCTracks on July 1, the NC Medicaid EHR Incentive Program will not be making any incentive payments to eligible professionals (EPs) or eligible hospitals (EHs) from June 27, 2013 until July 31, 2013. After July 31, 2013, the NC Medicaid EHR Incentive Program payments will be issued by electronic funds transfer (EFT) via NCTracks.

While payment delays can be expected, EPs and EHs will still be able to submit Program Year 2013 attestations during this time period, and their payment will be processed per the federal guidelines issued by the Centers for Medicare and Medicaid Services (CMS).

**N.C. Medicaid Health Information Technology (HIT)
DMA, 919-855-4200**

Attention: All Providers

Hysterectomy Statement Form Requirements

The N.C. Division of Medical Assistance (DMA) revised the Hysterectomy Statement Form guidelines to ease the transition of DMA claims and statement processing from HP to NCTracks.

Effective Aug. 1, 2013, DMA will require the following:

1. **Providers must place the entire Hysterectomy Statement Form on their letterhead so that all three statements are included on the form when submitting a statement for hysterectomies.**
2. Providers must add a title of “Hysterectomy Statement” above the form area before the actual statement information begins.
3. **Providers must add their National Provider Identifier (NPI) across from the RID (Recipient Identification Number - previously known as the MID or Medicaid Identification Number) for proper Hysterectomy Statement Form and claim matching. Hysterectomy Statement Forms filed without an NPI cannot be matched to the correct claim.**
4. Providers must complete only the hysterectomy statement area on the form that is applicable to their situation. The other two form areas can be left blank or can be completed with “N/A” for “Not applicable.”

The revised Hysterectomy Policy will be posted on August 1, 2013. A copy of the revised Hysterectomy Statement Form – which can be copied directly onto provider professional letterhead – will be located at DMA’s Website at www.ncdhhs.gov/dma/provider/forms.htm once the policy is posted.

Providers will begin receiving denials for using the incorrect form on November 1, 2013 for Hysterectomy Statement Forms signed on or after August 1, 2013. The old form will be denied as not correctable after that date. If corrections are needed to the new form, providers should follow the instructions in Section 5.3 of the Hysterectomy Policy, which can be found at www.ncdhhs.gov/dma/mp/1E1.pdf.

Clinical Policy and Programs
DMA, 919-855-4260

Attention: All Providers**S**terilization Consent Form Requirements

The N.C. Division of Medical Assistance (DMA) has revised the requirements of the Sterilization Consent Form guidelines to coincide with the DMA's newly revised Sterilization Policy (1E-3). **As of July 1, 2013, DMA will require the following:**

1. A printed name **is acceptable** as a signature in all areas requiring signatures on the Sterilization Consent form for a sterilization procedure. This includes the areas of the Beneficiary Signature, Interpreter's Signature, Witness Signature, and Physician's Signature.
2. The provider obtaining consent must retain the original completed sterilization consent form in the beneficiary's health records. A copy of this consent form must be provided to the beneficiary. Copies should also be provided to the physician/provider conducting the procedure, the interpreter (if one is being used), and any other state agency or program requiring this documentation in addition to the copy sent to the fiscal agent. A copy should be retained at the service site where the consent is being obtained.
3. Use of a Signature stamp in lieu of signature **is not acceptable** for the **Interpreter's signature, the witness signature, or the physician's signature.**
4. Use of initials and/or abbreviations **is not** acceptable for the **first name** of the recipient, interpreter, witness, **or physician.**
5. Under the *Interpreter's Statement* in the Sterilization Policy, the wording of the attestation **must** be taken directly from the sterilization consent form.
6. If a provider receives a denial of the consent form from DMA's fiscal agent because an error was located in an area that can be changed, providers must **strikethrough the error once on the original consent, make the correction, and send a copy to the fiscal agent. The use of white out or erasures are prohibited.**
7. The Centers for Medicare & Medicaid Services (CMS) has revised the Sterilization Consent Form. Providers must use the consent form document located in the policy. **Consents dated October 1, 2013 and thereafter must be documented using the Sterilization Consent Form located in the policy. Consents signed on or after October 1, 2013 using the old form will be denied with an EOB that states "The consent form submitted is invalid. It is not the federally mandated form. Refer to DMA Clinical Coverage Policy 1E-3. This is not correctable."**

8. The new Sterilization Consent Form has an area documented as “RID” for “Recipient Identification Number.” This is formally known as the “MID” for “Medicaid Identification Number.” Document this area appropriately.
9. National Provider Identifier (NPI) is now required on each Sterilization Consent form. **This area is to be completed by the billing provider (surgeon) of the sterilization procedure.** Other providers can bill using the consent form on file from the billing provider (surgeon). When the NPI on the claim does not match the NPI on the consent, the claim pends in order to determine if ancillary service is appropriate for the consent procedure.
10. The Sterilization Consent form can be partially completed (with the exception of areas needing a signature and date) on the Sterilization Consent Form located at this Web page: www.ncdhhs.gov/dma/provider/forms.htm. The form can also be printed directly from the Website for additional copies of the form. **DMA’s fiscal agent will no longer be responsible for sending providers additional copies of the form.**

DMA’s revisions to The Sterilization Policy are effective immediately. The Sterilization Policy can be found at Website at www.ncdhhs.gov/dma/mp/1E3.pdf.

Clinical Policy and Programs
DMA, 919-855-4260

Attention: All Providers**P**ayment Error Rate Measurement (PERM) in North Carolina

The last in a series of 2013 Payment Error Rate Measurement (PERM) Provider Education Webinar/conference calls will be on **Tuesday, July 2, 2013**, 3:00 - 4:00 p.m. EST.

The Webinar, titled “Provider Education Calls,” will allow participants to learn more about the PERM process and provider responsibility. It can be accessed at the following Website www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Provider_Education_Calls.html.

PERM is an audit program that was developed and implemented by the Centers for Medicare & Medicaid Services (CMS) to comply with the Improper Payments Information Act (IPIA) of 2002. PERM examines eligibility determinations and claims payment made to Medicaid and Children’s Health Insurance Programs (CHIP) for accuracy, and to ensure states only pay for appropriate claims. In North Carolina, CHIP is called N.C. Health Choice (NCHC). North Carolina’s next PERM cycle is federal fiscal year 2013 (October 1, 2012 – September 30, 2013).

A+ Government Solutions is the Review Contractor for the federal fiscal year 2013 PERM cycle and began requesting documentation from selected providers as of June 2013.

Throughout the cycle, A+ Government Solutions will be responsible for: collecting Medicaid and NCHC policies; conducting data processing reviews; requesting medical records from providers; conducting medical reviews; and, hosting the State Medicaid Error Rate Findings (SMERF) Website. States can use the Website to track medical records requests, view review findings, request different resolutions or appeals on identified errors, and more.

Providers can find more information at the following sites:

- CMS Website: www.cms.gov/PERM/.
- CMS PERM “Providers” Web page: www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html.
- Central PERM email for providers: PERMProviders@cms.hhs.gov.

Program Integrity
DMA, 919-814-0000

Attention: CCNC/CA Primary Care Providers

Enrolling Beneficiaries with a CCNC/CA Medical Home at the Provider's Office

Note to Providers: This article was originally published in May 2013.

In order to maximize enrollment, providers may enroll beneficiaries at the practice by following these procedures:

- Inform beneficiaries of their right to choose any Community Care of North Carolina/Carolina ACCESS (CCNC/CA) primary care provider who is accepting new beneficiaries, and their right to change primary care providers at any time pursuant to processing deadlines;
- Enrollment is optional for some beneficiaries, including pregnant women and Medicare beneficiaries. Providers must inform optional beneficiaries of their right to disenroll in the program at any time in the future. Optional beneficiaries may discuss enrollment options by contacting their local Department of Social Services (DSS). For a listing of all the county DSS offices, refer to www.ncdhhs.gov/dss/local/;
- Complete the enrollment form and it send to the CCNC/CA contact at the DSS in the county where the beneficiary resides. The form can be found on the N.C. Division of Medical Assistance (DMA) Website at www.ncdhhs.gov/dma/ca/ccncproviderinfo.htm; and,
- Provide the Medicaid beneficiary with a CCNC/CA Member handbook. Handbooks may be obtained by contacting DMA at 919-855-4780. A copy of the handbook is also available on the DMA Website at www.ncdhhs.gov/dma/ca/carehandbook.pdf.

Those with questions regarding enrolling beneficiaries can contact their Regional Consultant. Contact information for your Regional Consultant is available at www.ncdhhs.gov/dma/ca/MCC_0212.pdf.

**CCNC/CA Managed Care Section
DMA, 919-855-4780**

Attention: Home Health Providers

New Service Limitations

The N.C. Division of Medical Assistance (DMA) Home Health Services Policy has been amended. Refer to [Clinical Coverage Policy 3A, Home Health Services](#), for changes. The following limits apply to dates of service July 1, 2013 or after. **Note:** The state fiscal year runs from July 1 through June 30.

Skilled Nursing Visits

Pre-filling insulin syringes/Medi-Planner visits (RC 581) must be limited to a maximum of one visit every two (2) weeks with one (1) additional PRN visit allowed each month. There is a limit of 75 skilled nursing visits (inclusive of, and in any combination with, RC 550, RC 551, RC 559, RC 580, RC 581, and RC 589) per beneficiary per state fiscal year.

Home Health Aide Services

Home health aide services (RC 570) are limited to 100 visits per beneficiary per state fiscal year.

Miscellaneous Code T1999

Use of the T1999 code for billing miscellaneous supplies is limited as follows:

- A maximum of \$250 per beneficiary per state fiscal year may be billed without prior approval required.
- Any amount over \$250 per beneficiary per state fiscal year, whether for a single item or a cumulative total, requires prior approval.
- A maximum of \$1,500 per beneficiary per state fiscal year may be billed.

Note: For any service or supply which requires prior approval, providers must complete a General Request for Prior Approval form 372-118 (located at <http://info.dhhs.state.nc.us/olm/forms/dma/dma-372-118.pdf>) and return it to DMA through one of the following methods:

By fax: 919-715-9025

By mail: N.C. Division of Medical Assistance
Clinical Policy and Programs
Home Health Consultant
2501 Mail Services Center
Raleigh, NC 27699-2501

Clinical Policy and Programs
DMA, 919-855-4380

Employment Opportunities with the N.C. Division of Medical Assistance (DMA)

Employment opportunities with DMA are advertised on the Office of State Personnel’s Website at www.osp.state.nc.us/jobs/. To view the vacancy postings for DMA, click on “Agency,” then click on “Department of Health and Human Services.” If you identify a position for which you are both interested and qualified, complete a state application form online and submit it. If you need additional information regarding a posted vacancy, call the contact person at the telephone number given in the vacancy posting. General information about employment with North Carolina State Government is also available online at www.osp.state.nc.us/jobs/general.htm

Proposed Clinical Coverage Policies

In accordance with NCGS §108A-54.2, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's Website. To submit a comment related to a policy, refer to the instructions on the Proposed Clinical Coverage Policies Web page at www.ncdhhs.gov/dma/mpproposed/. Providers without Internet access can submit written comments to the address listed below.

Richard K. Davis
 Division of Medical Assistance
 Clinical Policy Section
 2501 Mail Service Center
 Raleigh NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

2013 Checkwrite Schedule

| Month | Checkwrite Cycle Cutoff Date | Checkwrite Date | EFT Effective Date |
|---------------|---|------------------------|---------------------------|
| July | 07/05/13 (POS Only) See article in the June 2013 Medicaid Bulletin, page 3 | 07/09/13 | 07/10/13 |
| | 07/12/13 | 07/16/13 | 07/17/13 |
| | 07/19/13 | 07/23/13 | 07/24/13 |
| | 07/26/13 | 07/30/13 | 07/31/13 |
| August | 08/02/13 | 08/06/13 | 08/07/13 |
| | 08/09/13 | 08/13/13 | 08/14/13 |
| | 08/16/13 | 08/20/13 | 08/21/13 |
| | 08/23/13 | 08/27/13 | 08/28/13 |
| | 08/30/13 | 09/04/13 | 09/05/13 |

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

Carol H. Steckel, MPH
Director
Division of Medical Assistance
Department of Health and Human Services

Rick Kelly
Executive Account Director
Computer Sciences Corp. (CSC)