



## September 2013 Medicaid Bulletin

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

**Updated 2013 Checkwrite Schedule Document for DMA Posted to NCTracks Website**

An updated version of the 2013 Checkwrite Schedule Document, specific to the N.C. Division of Medical Assistance (DMA), has been posted to the NCTracks Provider Portal home page (<https://www.nctracks.nc.gov/content/public/providers.html>) under “Quick Links.”

The revised document explains the NCTracks checkwrite cycle and the meaning of the terms related to the checkwrite schedule, including cutoff dates and times for each method of claim submission. Providers are encouraged to refer to these documents for clarity on claims processing, and when payments will be made.

**Note:** Checkwrite dates have not changed from those previously published.

**CSC, 1-800-688-6696**

## **Attention: All Providers and N.C. Health Choice Providers Receiving Email Alerts Through NCTracks**

Providers can subscribe for email alerts through the NCTracks Provider Portal at [www.nctracks.nc.gov/](http://www.nctracks.nc.gov/). Alerts are sent when there is important information to share between monthly issues of the Medicaid Provider Bulletin. Past email alerts have contained information on these issues:

- Taxonomy
- Electronic Funds Transfer
- Prior Approval
- Training/Informational Opportunities
- Common Billing Errors
- Extended NCTracks Call Center Hours.

To receive email alerts and other communications from NCTracks, visit this page <https://www.nctracks.nc.gov/content/public/providers/provider-announcements.html>. Then click on the “Sign up for NCTracks Communications” link under “Quick Links.”

Providers who currently receive email alerts will continue to receive them through NCTracks. No other actions are required.

**Email addresses will never be shared, sold or used for any purpose other than Medicaid and N.C. Health Choice (NCHC) email alerts and NCTracks communications.**

**CSC, 1-800-688-6696**

**Attention: All Providers**

**NCTracks Contact Information**

NCTracks has replaced the legacy Medicaid Management Information System (MMIS) for processing Medicaid claims. The 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:

- Division of Medical Assistance (DMA);
- Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS);
- Division of Public Health (DPH); and,
- Office of Rural Health and Community Care (ORHCC)

**CSC is the state contractor for NCTracks and assumed 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.

**Internet Communications:**

**General:**

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

**Information on Provider Enrollment:**

Enrollment functionality previously associated with the CSC Enrollment, Verification and Credentialing (EVC) Website is now available through the new NCTracks Provider Portal, at [www.nctracks.nc.gov](http://www.nctracks.nc.gov). For more information, see <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html>.

**Email Correspondence:**

**Emails** related to NCTracks should be directed to [NCTracksProvider@nctracks.com](mailto:NCTracksProvider@nctracks.com).

**Medicaid Email Alerts:**

Refer to the article titled “Receiving Email Alerts Through NCTracks” on page 3 of this bulletin to learn more about receiving email alerts regarding important Medicaid information between monthly 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: 1-800-688-6696
- Trading Partner Agreements: 1-800-688-6696

**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

**It is highly recommended that overpayments be handled by submitting a replacement claim to NCTracks, which will result in the fastest application of refunds.** However, if a refund check is sent, it should be mailed to one of the following addresses:

**Refunds to Medicaid**

Misc. Medicaid Payments  
PO Box 602885  
Charlotte, NC 28260-2885

**Overnight Address for Medicaid Refunds**

Misc. Medicaid Payments  
Lockbox Services (602885)  
1525 West W.T. Harris Blvd. - 2C2  
Charlotte, NC 28262

**Refunds to Public Health**

Misc. DPH Payments  
PO Box 602879  
Charlotte, NC 28260-2879

**Overnight Address for DPH Refunds**

Misc. DPH Payments  
Lockbox Services (602879)  
1525 West W.T. Harris Blvd. - 2C2  
Charlotte, NC 28262

All claims are expected to be submitted electronically through 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 September through December 2013:

<b>Holiday</b>	<b>Days Observed</b>
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**

**S**peech/Language Therapy Providers: Dedicated Speech Generating Devices

Outpatient Specialized Therapies, Clinical Coverage Policies 10A, 10B and 10C, and Clinical Coverage Policy 5A, Durable Medical Equipment (DME), address the requirements of a dedicated speech generating device recognized by the N.C. Division of Medical Assistance (DMA).

All Clinical Coverage Policies can be found at [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/).

Clinical Coverage Policy 5A Subsection 1.1 lists specific criteria for what is considered DME, and Subsection 5.3.24 lists specific criteria for what is considered a dedicated speech generating device. Both can be found at [www.ncdhhs.gov/dma/mp/dmepdf.pdf](http://www.ncdhhs.gov/dma/mp/dmepdf.pdf).

Speech generating devices used in augmentative communication therapy must meet these three criteria as set forth by DMA:

1. It is primarily and customarily used to serve a medical purpose
2. It is not useful to a beneficiary in the absence of an illness or injury
3. It is intended to be used by only one beneficiary.

An iPad is **not** recognized by DMA as a dedicated speech generating device because an iPad fails to meet those criteria.

Utilization of a dedicated speech generating device recognized by DMA is necessary to submit claims using CPT procedure code 92609. Failure to comply with these guidelines may result in a post-payment review audit and/or recoupment.

**Outpatient Specialized Therapies**  
**DMA, 919-855-4300**



**Attention: All Providers**

**S**peech/Language Therapy Providers: Concurrent Codes

The N.C. Division of Medical Assistance (DMA) has prohibited billing the following codes concurrently:

- 92507 (Treatment of speech, language, voice, communication, and/or auditory processing)
- 92630 (Auditory rehabilitation; pre-lingual hearing loss)
- 92633 (Auditory rehabilitation; post lingual hearing loss).

This prohibition can be found in Outpatient Specialized Therapies, Clinical Coverage Policies 10A and 10B at [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/).

For more information, refer to CPT Coding Rules for Speech-Language Pathology Services at [www.asha.org/Practice/reimbursement/medicare/SLP\\_coding\\_rules/](http://www.asha.org/Practice/reimbursement/medicare/SLP_coding_rules/).

**Outpatient Specialized Therapies**  
**DMA, 919-855-4300**

## **Attention: All Providers**

# **NC Medicaid EHR Incentive Program – September 2013 Update**

### **Important Dates for Eligible Hospitals**

September 30, 2013, marks the end of the federal fiscal year for all Eligible Hospitals (EHs), and the final day of an EH's Program Year 2013 Meaningful Use (MU) reporting period. North Carolina has adopted an attestation tail period of 120 days beyond the end of the program year, so **EHs will have until January 28, 2014, to attest for Program Year 2013.**

October 1, 2014, will be the first day a hospital may attest for Program Year 2014. Hospitals are reminded to attest first with Medicare, wait 24 hours, and then attest with Medicaid through the N.C. Medicaid Incentive Payment System (NC-MIPS).

### **Upgrading Your Electronic Health Record (EHR) System to 2014 Certification Standards**

Eligible Professionals (EPs) and EHs preparing to attest for an Electronic Health Record (EHR) incentive payment in Program Year 2014 will be required to inform the N.C. Medicaid EHR Program that upgrades to their system meet 2014 standards by taking the following steps:

1. Work with your EHR vendor to upgrade the system to be compliant with 2014 certification standards.
2. Go to the [Office of the National Coordinator's Health IT Product List Web site](#) to obtain an updated EHR Certification ID number.
3. Visit the [Centers for Medicare & Medicaid Services \(CMS\) Registration and Attestation \(R&A\) Portal](#) and update your EHR Certification ID number in the CMS registration record.
4. Wait at least 24 hours and then visit NC-MIPS to attest for a Program Year 2014 payment.

As a reminder, to provide additional time for participants to upgrade their systems to the required 2014 certification standards, CMS is allowing a one-time 90-day (for EPs) or fiscal quarter (for EHs) MU reporting period for all EHR Incentive Program participants, regardless of their participation year in Program Year 2014.

EPs and EHs on track to attest for a 365-day MU reporting period in Program Year 2014 will instead report a 90-day (for EPs) or fiscal quarter (for EHs) MU reporting period, and begin with a 365-day MU reporting period in Program Year 2015.

For more information about reporting periods, visit [www.ncdhhs.gov/dma/provider/ehr.htm](http://www.ncdhhs.gov/dma/provider/ehr.htm).

## **Preparing for Meaningful Use Reporting in 2014**

In preparation for helping EPs and EHs achieve Stages 1 and 2 of MU in 2014, the N.C. Medicaid EHR Incentive Program has been working with the N.C. Division of Public Health, N.C. Community Care Networks (N3CN) and the N.C. Health Information Exchange (NC HIE) to establish the electronic connections necessary for EPs and EHs to meet requirements related to electronic reporting of public health and clinical quality measures.

### **Stage 1 MU**

EPs and EHs are **required to meet at least one** public health objective from the MU menu measures under Stage 1 MU. These measures include electronic submission of immunization data, syndromic surveillance data, or reportable laboratory results (EHs only).

**As of October 1, 2013**, the N.C. Division of Public Health will be able to accept electronic submission of immunization and reportable laboratory results through the NC HIE, so EPs and EHs will no longer automatically exclude these measures in Program Year 2014. The N.C. Division of Public Health will not receive electronic reporting of syndromic surveillance data from EPs in Program Year 2014.

**Note:** Beginning in Program Year 2014, EPs and EHs may not claim exclusions to menu measures if there are other menu measures on which they can report. Program rules also require EPs and EHs to report on at least one public health measure in the menu measure set. This means that EPs attesting to Stage 1 MU **must** attest to the immunization reporting menu measure in Program Year 2014, unless they are able to claim exclusion because they do not administer any immunizations.

All EPs and EHs attesting to Stage 1 MU in Program Year 2014 will need to register their intent to establish ongoing electronic reporting to relevant public health systems with the N.C. Division of Public Health. For more information, visit [http://epi.publichealth.nc.gov/cd/meaningful\\_use/](http://epi.publichealth.nc.gov/cd/meaningful_use/).

### **Stage 2 MU**

Under Stage 2 MU, electronic submission of immunization data becomes a required core measure for both EPs and EHs. In addition, to meet Stage 2 MU, EPs will need to electronically report clinical quality measure data directly from their certified EHRs to NC-MIPS via the NC HIE. The NC HIE is DMA's designated entity for receiving and transporting these measures electronically.

With assistance from CMS, the N.C. Medicaid EHR Incentive Program will subsidize the cost of joining the NC HIE for all EPs who elect to become participants on the NC HIE. EPs may still meet Stage 2 MU even if they are not full participants on the NC HIE. For

more details, visit [www.communitycarenc.org/informatics-center/EMR-Connectivity-Meaningful-Use/](http://www.communitycarenc.org/informatics-center/EMR-Connectivity-Meaningful-Use/).

All EPs and EHs attesting to Stage 2 MU in Program Year 2014 will need to register their intent to establish ongoing electronic reporting to relevant public health systems with the N.C. Division of Public Health. For more information, visit [http://epi.publichealth.nc.gov/cd/meaningful\\_use/](http://epi.publichealth.nc.gov/cd/meaningful_use/).

**N.C. Medicaid Health Information Technology (HIT)  
DMA, 919-814-0180**

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## **Attention: All Providers**

# **M**eaningful Use Reporting in 2014

Community Care of North Carolina (CCNC) and the North Carolina Health Information Exchange (NC HIE) are partnering with the N.C. Division of Medical Assistance (DMA) to assist Eligible Professionals (EP) to meet the requirements of Meaningful Use. CCNC is offering a program to EPs that provides a subsidy to connect to the North Carolina Health Information Exchange (NC HIE). The connection will have the capability to assist EPs in meeting the following Meaningful Use objectives:

- Electronic immunization submission
- Electronic cancer case reporting
- Electronic disease registry submission
- eClinical Quality Measure reporting.

Along with these key objectives, EPs will have full access to the core services of the NC HIE, facilitating fulfillment of other Meaningful Use objectives requiring electronic exchange of health information. To be eligible for this program, an EP must be a paid NC Medicaid EHR Incentive Program participant or be a member of the CCNC program.

For additional information, contact Jayson Caracciolo at (919) 926-3901 or [jcaracciolo@n3cn.org](mailto:jcaracciolo@n3cn.org) or visit NCHIE.org.

**N.C. Medicaid Health Information Technology (HIT)  
DMA, 919-814-0180**

**Attention: All Providers****Clinical Coverage Policies**

The following new or amended combined N.C. Medicaid and N.C. Health Choice clinical coverage policies are available on the N.C. Division of Medical Assistance (DMA) Website at [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/):

- *1E-1, Hysterectomy (8/1/13)*
- *1G-2, Skin Substitutes (7/1/13)*
- *8A, Enhanced Mental Health and Substance Abuse Services (8/1/13)*
- *8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers (8/1/13)*
- *8P, North Carolina Innovations (8/1/13)*

These policies supersede previously published policies and procedures.

**Clinical Policy and Programs****DMA, 919-855-4260**

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**Attention: Behavioral Health and Innovations Plus Providers****NC MH/DD/SAS Health Plan and N.C. Innovations Waiver Approval**

The Centers for Medicare & Medicaid Services (CMS) has approved the renewal of both the 1915(b) N.C. Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS) Health Plan and N.C. Innovations Waiver. The effective date for both is August 1, 2013.

The Clinical Coverage Policies for MH/DD/SAS, including the N.C. Innovations Policy (8P), can be found at [www.ncdhhs.gov/dma/mp/](http://www.ncdhhs.gov/dma/mp/).

**Behavioral Health Services****DMA, 919-855-4290**

## Attention: All Personal Care Services (PCS) Providers

### Personal Care Services (PCS) Program Highlights

**Note:** This article does not apply to providers billing for Personal Care Services (PCS) under the Community Alternatives Program (CAP).

#### PCS Fall 2013 Summit

**When:** September 25, 2013, 9 a.m. – 3 p.m.

**Location:** Sheraton Imperial Hotel and Convention Center, 4700 Emperor Blvd., Durham, NC 27703

#### Registration Required

The N.C. Division of Medical Assistance (DMA) PCS Program will host a Fall 2013 Summit to provide a platform where PCS providers gain knowledge and review updates regarding the PCS Program. Additional information will be provided on the DMA PCS Web page at [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html).

For more information, contact the PCS Program at:

DMA - Clinical Policy and Programs  
Home & Community Care - Personal Care Services  
919-855-4340  
Email: [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov)

#### House Bill 492: Additional Safeguards Under Medicaid PCS

DMA will submit a State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) in accordance with [House Bill 492](#) which will adjust the Medicaid PCS Program to provide additional safeguards for qualified individuals. A Medicaid beneficiary who meets the eligibility criteria of HB 492 is eligible for **up to 50 additional hours** of Medicaid PCS per month for a **total of up to 130 hours** per month, as justified by an assessment and plan of care. The PCS rate of reimbursement and the effective date are to be determined. Additional information will be provided on the DMA PCS Web page at [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html).

#### Adult Care Homes - FL2

Individuals seeking admission into Adult Care Homes licensed under [G.S 131D-2.4](#) should continue to follow the process set forth by the N.C. Division of Aging and Adult Services (DAAS) for the State-County Special Assistance Program. Providers should continue to follow requirements of the Adult Care Home Licensure Section, Division of Health Service Regulation for licensure requirements related to the FL2.

The FL2 will continue to be used to determine eligibility for Special Assistance for individuals in residential facilities and for the Special Assistance In-Home Program. A copy of the FL2 for Adult Care Homes licensed under G.S.131D-2.4 and for the use of Special Assistance applicants/beneficiaries can be found at <http://info.dhhs.state.nc.us/olm/forms/dma/dma-372-124-ach-ia.pdf>.

For additional information on Adult Care Home FL2s, visit [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html).

### **Upcoming Training**

Plans for provider trainings and Webinars will be announced on the DMA PCS Web page at [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html). For more information call 919-855-4340.

### **PCS Program Contacts**

To contact the PCS Program, call 919-855-4340 or send an email to [PCS\\_Program\\_Questions@dhhs.nc.gov](mailto:PCS_Program_Questions@dhhs.nc.gov). For updates about the PCS Program, and to access important links, visit the PCS Web page at [www.ncdhhs.gov/dma/pcs/pas.html](http://www.ncdhhs.gov/dma/pcs/pas.html).

**Home and Community Care**  
**DMA, 919-855-4340**

**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/](http://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](http://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/](http://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. If the adoption of a new or amended medical coverage policy is necessitated by an act of the General Assembly or change in federal law, then the 45 and 15-day time periods shall instead be 30 and 10-day periods.

**2013 Checkwrite Schedule**

<b>Month</b>	<b>Checkwrite Cycle Cutoff Date</b>	<b>Checkwrite Date</b>	<b>EFT Effective Date</b>
<b>September</b>	09/06/13	09/10/13	09/11/13
	09/13/13	09/17/13	09/18/13
	09/20/13	09/24/13	09/25/13
	09/27/13	10/02/13	10/03/13
<b>October</b>	10/04/13	10/08/13	10/09/13
	10/11/13	10/15/13	10/16/13
	10/18/13	10/22/13	10/23/13
	10/25/13	10/29/13	10/30/13



*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.*

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

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**Rick Galasso**  
**Executive Account Director**  
**Computer Sciences Corp. (CSC)**