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Administrative Memorandum

Date: June 21, 2013

TO: CAP/DA Lead Agencies

From: WRenia Bratts-Brown, Program Manager *wbb*
       Division of Medical Assistance, Home and Community Care Section-CAP/DA Program

Through: Sabrena Lea, Chief *sl*
         Home and Community Care

Subject: Fiscal Contract Conversion from Hewlett-Packard, Enterprises to Computer Science Corporation

On July 1, 2013, Computer Science Corporation (CSC) will become the new fiscal contactor for the N.C. Department of Health and Human Services (DHHS). Computer Science Corporation will provide operational support to manage provider and beneficiary Medicaid encounters. Specifically for the CAP/DA program, CSC will provide prior authorization for institutional level of care, provider enrollment and claim processing. These above-listed encounters will be processed through an on-line provider portal called NCTracks. NCTracks is a web-based service for North Carolina's health care providers and beneficiaries as part of the multi-payer system for NC Department of Health And Human Services that allows Medicaid provider enrollment and Medicaid claim submittal. In conjunction with the above-listed encounters, NCTracks will offer training, provide claim status and remittance advice and beneficiary eligibility verification.

The conversion from Hewlett-Packard (HP), Enterprises to Computer Science Corporation will change, when indicated, the prior approval policy, claim approval procedures and provider enrollment for the CAP/DA program. All existing LOC information will transfer from HP to CSC. There will not be a need to make a LOC request for CAP/DA beneficiaries to NCTracks just to transfer a beneficiary in the NCTracks system. Level of care requests for initials, change in status and Continued Need Reviews will be processed per the new CAP/DA policy. Listed below are the new policies and procedures for the CAP/DA program as it relates to the implementation of NCTracks:

Policy and Procedures for obtaining a level of care prior approval:

During the week of June 24-28, 2013, HP and CSC will not process FL-2 requests for CAP/DA level of care. The CAP/DA unit at the Division of Medical Assistance will arrange for urgent (transitioning from nursing facility or significant change of status) assessments of level of care. The CAP/DA case manager shall contact their assigned CAP/DA consultant directly to discuss the urgent LOC need. The CAPDA consultant will determine urgency of the LOC request. If the request meets the criteria for urgency, arrangements will be made for a DMA nurse consultant to review and approve or deny the FL-2. The prior approval or denial information will be forwarded to NCTracks on or after July 1, 2013. A copy of the completed FL-2 must be faxed to (919)733-2632 for review. The original triplicate FL-2 must be

mailed to DMA within two business days of the DMA approval or denial. The mailing address to use is 2501 Mail Service Center, Raleigh, NC 27699-2501, and Attention: Dawn Gill.

On July 1, 2013 and thereafter, all level of care requests must be submitted electronically via the NCTracks web portal. Each CAP/DA Lead Agency will access NCTracks through www.nctracks.nc.gov . A level of care request can also be made by telephone. The telephone number to use when making a level of care request to NCTracks is 1-866-844-1113. Listed below are the steps to obtain a level of care request for a CAP/DA beneficiary:

1. Obtain the newly revised FL-2 form through NCTracks web portal, www.nctracks.nc.gov. This new FL-2 is a one-page single copy form. This form will be available through NC Tracks on July 1, 2013. This is a new procedure for CAP/DA.
2. Forward this one-page single copy form to the beneficiary's primary physician to obtain the level of care recommendation; a description of the institutional level of care needs and physician's signature, this process for CAP/DA has not change.
3. The CAP/DA Lead Agency must always initiate the electronic submission of the LOC request or telephone LOC request. The approval or denial of an LOC decision is only visible to the entity that submits the LOC request. The initiator of the LOC request is referred to by NCTracks as the requestor. This is a new procedure for CAP/DA.
4. When the completed FL-2 form signed by the physician is received by the CAP/DA Lead Agency, conduct the following:
   a. Use the information on the completed FL-2 form to request LOC electronically through the NC Tracks web portal.
   b. Once the FL-2 is submitted electronically, upload the signed completed FL-2 via the web portal to validate the physician's signature. Number four (a) and (b) are new procedures for CAP/DA.
5. When NCTracks assigns the prior approval number or submits a denial decision, record the prior approval number or denial information and document it in the beneficiaries' case file. This is a new procedure for CAP/DA.
6. NCTracks will provide LOC approval decisions to the requester.
7. Notify the local DSS-Medicaid unit immediately after the prior approval of a LOC request to inform of the LOC request and approval by submitting a notice of memorandum that identifies the beneficiary's name, Medicaid number, date of the LOC request, the level of care that was approved and the prior approval number. This is a new procedure for CAP/DA.
8. The CAP/DA Lead Agencies or local DSS will not receive a paper confirmation of the approved or denied LOC. NCTracks will provide the requestor information about the approved or denied LOC through the CAP/DA lead agency's inbox via the NCTracks web portal. This is a new procedure for CAP/DA.
9. Each local DSS-Medicaid unit will be provided access to the Division of Aging and Adult Services client services data warehouse (CSDW) to verify and validate LOC prior approval requests for all CAP/DA beneficiaries. This is a new procedure for CAP/DA.

Continued Need Reviews (CNRs) FL-2s:
1. Obtain the newly revised FL-2 form through NCTracks. This new FL-2 is a one-page single copy form. This form will be available through NC Tracks on July 1, 2013. This is a new procedure for CAP/DA.
2. Forward this one-page single copy form to the beneficiary's primary physician to obtain the level of care recommendation; a description of the institutional level of care needs and physician's signature, this process for CAP/DA has not change.
3. When the completed signed FL-2 form is received by the CAP/DA Lead Agency from the physician, if the FL-2 does not require verification of LOC or there is not an indication of a change in status follow the current CAP/DA policies and procedures.
4. Notify the local DSS-Medicaid unit of the LOC approval request and approval by submitting a notice of memorandum that identifies the beneficiary's name, Medicaid number, date of the ongoing LOC approval, the level of care that was approved and the prior approval number.

Continued Need Reviews that require verification of LOC:
1. Obtain the newly revised FL-2 form through NCTracks. This new FL-2 is a one-page single copy form. This form will be available through NC Tracks on July 1, 2013. This is a new procedure for CAP/DA.

2. Forward this one-page single copy form to the beneficiary's primary physician for the level of care recommendation, description of the institutional care level of care needs and physician's signature, this process for CAP/DA has not change.
3. The CAP/DA Lead Agency must always initiate the electronic submission of the LOC request or telephone LOC request. The approval or denial of an LOC decision is only visible to the entity that submits the LOC request. The initiator of the LOC request is referred to by NCTracks as the requestor.
4. When the completed signed FL-2 form is received by the CAP/DA Lead Agency, conduct the following:
   a. Use the information on the completed FL-2 form to request LOC electronically through the NC Tracks web portal.
   b. Once the FL-2 is submitted electronically upload the completed signed FL-2 via the web portal to validate the physician's signature. Number four (a) and (b) are new procedures for CAP/DA
5. When NCTracks validates continuous approval of the LOC, record any information provided by NCTracks and document it in the beneficiaries' case file.
6. Notify the local DSS-Medicaid unit of the ongoing LOC approval by submitting a notice of memorandum that identifies the beneficiary's name, Medicaid number, and date of the LOC request, the level of care that was approved and the prior approval number.

The contact information for your assigned consultant is listed below:
Antoinette Allen-Pearson can be reached by e-mail at Antoinette.allen-pearson@dhhs.nc.gov or by telephone at 919-855-4361. Antoinette covers all eastern counties and Cabarrus County.

Joanna Isenhour can be reached by e-mail at Joanna.isenhour@dhhs.nc.gov or by telephone at 828-424-1224. Joanna covers the western counties.

Edwina Thompson can be reached by e-mail at Edwina.thompson@dhhs.nc.gov or by telephone at 919-855-4370. Edwina covers a mix of counties to include: all central and southeastern counties, and Yadkin, Buncombe and Iredell counties.

Dawn Gill, Administrative Assistance can be reached by e-mail at dawn.gill@dhhs.nc.gov or by telephone at 919-855-4309.