



CSC

Provider Operational Preparedness (POP)



Agenda

- Provider Operational Preparedness (POP) Overview
- Remittance Advice Overview
- POP Supporting Documentation
- Things to do Prior to Go Live
- Wrap-Up



Provider operational preparedness Overview





Overview

- NCTracks, the replacement multi-payer MMIS, is scheduled to go live with full fiscal agent operations on July 1, 2013.
- Impacted areas and legacy systems include:
 - Legacy Medicaid Management Information System (MMIS+) for the Division of Medical Assistance and Division of Mental Health, Developmental Disabilities and Substance Abuse Services (Integrated Payment and Reporting System (IPRS))
 - Purchase of Medical Care Services (POMCS) for the Division of Public Health and Office of Rural Health and Community Care.
- During the past several months we have performed extensive testing on the new system's claims adjudication process subjecting the new system to literally hundreds of thousands of claims.
- It is possible that the new RA's may reflect system issues uncovered during this test. We are working to resolve those issues.
- ***During this POP review period keep in mind, the system is in its final stages of development and testing and is not perfect.***



Overview

- Assistance from the NCTracks Project team will be provided to participating POP providers, to facilitate the analysis of their RA's. NCTracks project team includes:
 - Representatives from DHHS Divisions
 - Computer Sciences Corporation (CSC)
 - Office of Medicaid Management Information System Services (OMMISS)
 - DHHS NCTracks project office
- Reminder:
 - No payment will be issued from NCTracks
 - The claims will not impact any incremental recipients benefits.
 - POP is only a claims adjudication comparison of the RA only.
 - Financial transactions will not be considered as part of the process
 - Outstanding recoupments will not be reflected on NCTracks RA's



Overview

- The POP phase allows selected Providers the opportunity to participate in a preview of the new NCTracks solution.
- Focus of POP will be a comparative analysis of the claims adjudication processing between the legacy DHHS systems and the new NCTracks solution.
 - This will be accomplished through an evaluation of the actual Remittance Advice (RA) from affected legacy systems and a comparative NCTracks RA for the same claim activities.
- Comparative analysis will use the claims you submitted to the legacy systems for the following check write cycles:
 - February 28, 2013
 - February 26, 2013 (DPH)
- These claims will be processed within NCTracks on your behalf, enabling you to compare your legacy system remittance advice with the one generated from NCTracks for the same check write cycle
- POP period is from 5/1/2013 – 5/30/2013



Overview – Things you need to know

- CSC will issue the RAs in two separate distributions or groups
 - The first RA distribution is slated for May 1, 2013.
 - The second RA distribution will occur on May 15, 2013
 - The NCTracks project team will assign you to one of the two distribution groups; you cannot opt for one group over the other
 - You will be notified of your RA distribution date via email by mid-April
 - You will also receive a confirmation email on either May 1 or May 15th advising you of the availability of the NCTracks RA
- You will obtain your NC Tracks RAs from your NCTracks mailboxes on a self service basis
 - PDF copies of the RA s will be prepared for all POP participants (including those receiving 835s)
 - CSC will provide you with instructions on gaining access to the NCTracks mailbox



Overview – Things you need to know

- You will continue business as usual using the legacy system during this period.
 - POP is not in production.
 - Continue to submit your claims through the legacy systems period, through the POP period to Go-Live
- No payments will be generated through NCTracks during this period,
- NCTracks' processing of these claims will not affect any recipient incremental benefits or prior-approval authorizations



Overview - Things you need to know

- You may see differences when you compare your NCTracks with your legacy RA
 - For example, payment amounts may vary because of rounding
 - The legacy system rounds; NCTracks does not
 - NCTracks has also been designed to implement the latest business rules and payment enhancements and relies on correct taxonomy cross walk to price claims
 - During POP (unlike production), we will be supplying the taxonomy information behind the scenes .
 - Known differences will be communicated to you before you compare your RA

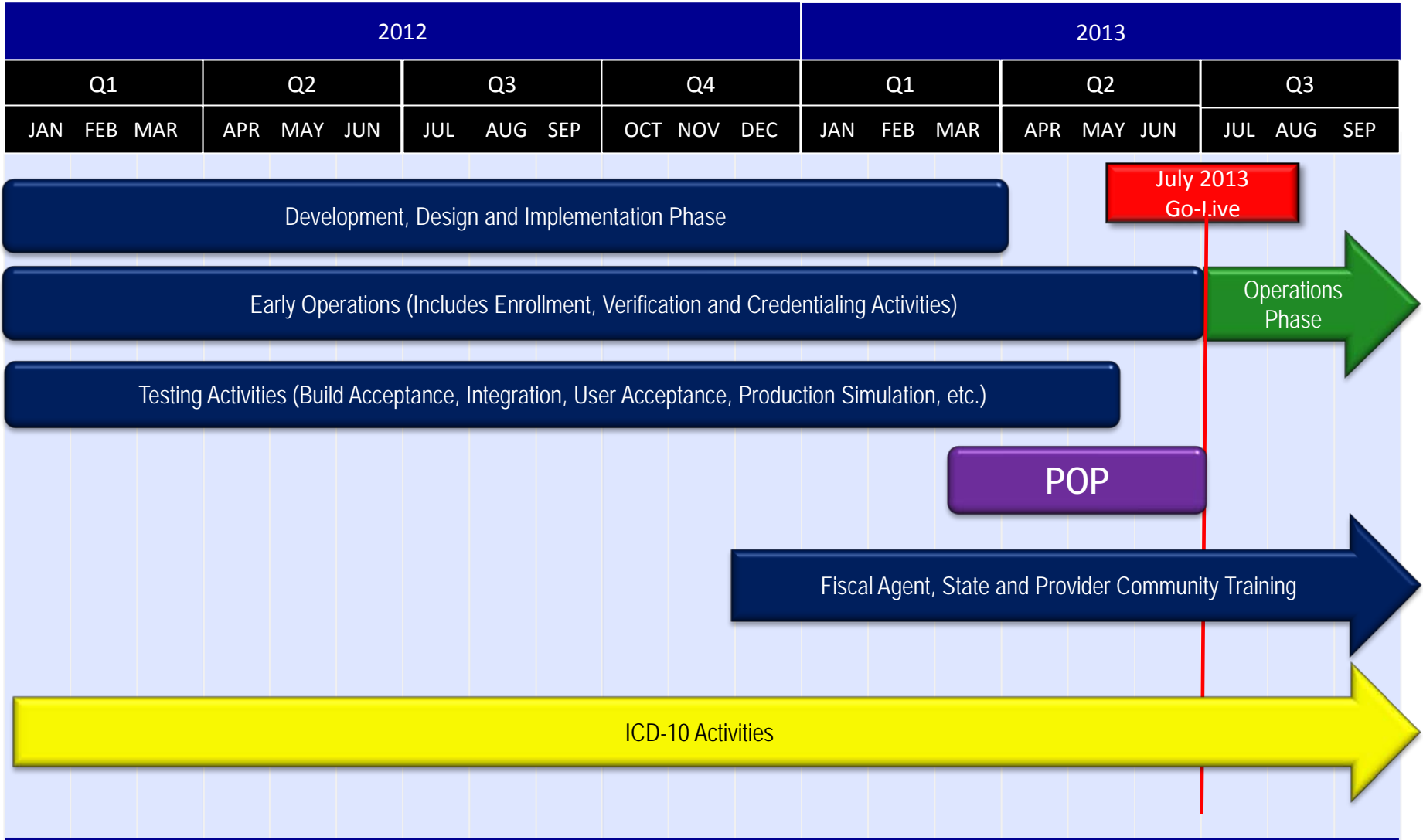


Overview - Things you need to know

- NCTracks will not be operating as the system of record during POP
- Claims submitted to NCTracks from legacy may potentially fail one of the replacement system's up front edits and will not be available for processing
 - In *production*, you will be advised up front if this occurs so that you can take corrective action
 - If this occurs during POP, it will appear as if claims are missing
- RAs will not be reissued during the POP period for software fixes
- The CSC Call Center will have dedicated staff to help answer questions about the NCTracks RA.
 - If we are unable to answer your questions during the initial call the call center staff will research your question
 - Questions concerning your legacy RA must be directed to your current Fiscal Agent.
- As other differences surface, we will communicate those to you during the POP time frame



NCTracks Timeline – POP





Timeline POP - Detailed Activities During March – May

	Activity	Start Date	End Date
1	Retain your Legacy RA from the February 28, 2013 check write cycle (DPH February 26, 2013 check write cycle)	February 26, 2013	February 28, 2013
2	Attend a POP Training Session offered during March/April	March 25, 2013	April 18, 2013
Group 1 Provider Review Period			
3	Retrieve your NCTracks RA from the message board	May 01, 2013	
4	Compare legacy RA with NCTracks RA (10 day review cycle)	May 01, 2013	May 10, 2013
5	At the end of your review contract the Call Center at 866.844.1113 (option 5) or Email: NCPOP@CSC.COM with your feedback	May 10, 2013	
Group 2 Provider Review Period			
6	Retrieve your NCTracks RA from the message board	May 15, 2013	
7	Compare legacy RA with NCTracks RA (10 day review cycle)	May 15, 2013	May 24, 2013
8	At the end of your review contract the Call Center at 66.844.1113 (option 5) or Email: NCPOP@CSC.COM with your feedback	May 24, 2013	



Provider Responsibilities During POP

- Maintain a copy of the RA from legacy system for comparison with NCTracks
- Successfully complete Provider POP orientation and training
- Stay current and engaged with the Provider Communications during POP and prior to go-live
- Retrieve your NCTracks RAs on self-service basis
- Each provider RA review cycle will be limited to ten calendar days
- Must complete the comparison between legacy and NC Tracks RAs within assigned timeframes
 - Group 1 May 1 – May 10
 - Group 2 May 15 – May 24
- Finalize your results by contacting the CSC Call Center (866.844.1113 option 5) or email (NCPOP@CSC.COM) with your comments and observations.



Understanding Your Remittance Advice





Remittance Advice – Walk Through

All RAs have the same basic data flow and layout.

The RAs are sorted by the following criteria:

- Claim Type
- Claim Status
- Claim Document Type (Encounter and Fee for Service Claim)
- Recipient Last Name and First Name

Summary totals are reported at the end of:

- All claim types
- Each claim type
- Different claim statuses within the same claim type
- Different claim adjustment type codes within the same claim type



Remittance Advice – Provider Notification Page

- On the top-left, the provider name and address
- Center, North Carolina Department of Health and Human Services and Remittance Statement
- On the top-right you will find the process date and time, page number, checkwrite date, remittance type, Provider ID and remittance number.



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NCTRACKS
 REMITTANCE STATEMENT

PROCESS DATE: 08/27/2012
 PROCESS TIME: 11:15:42:00
 PAGE: 1
 CHECKWRITE DATE: 08/10/2012
 PROVIDER NOTIFICATION
 PROV ID:
 REMITTANCE NO: 12081000104

MOREHEAD CITY NC 28557

PROVIDER NOTIFICATION

PLEASE ADVISE THE FISCAL AGENT
 IN WRITING IMMEDIATELY IF YOUR
 ADDRESS CHANGES.
 PROVIDER ENROLLMENT
 PO BOX 9999
 RALEIGH NC 99999-9999

FINANCE TEST(ALL) : THIS MESSAGE WILL BE DISPLAYED TO ALL PROVIDERS IRRESPECTIVE OF PAYER. THE MESSAGE WILL BE CHECKED FOR WRAPPING AND TRUNCATION OF WORDS



Remittance Advice – Summout Page

- SUMMOUT (new terminology = No Payment)
- Indicates that a provider had claim activity during the payment cycle but is receiving no payment
- A message appears on the Summout page: No payment will be received this cycle
- If there were a payment, a Payment Header page is generated instead of the Summout page

NO PAYMENT WILL BE RECEIVED THIS CYCLE. SEE REMITTANCE FOR DETAILS.



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCTRACKS
REMITTANCE STATEMENT

PROCESS DATE: 08/27/2012
PROCESS TIME: 11:15:42:00
PAGE: 2
CHECKWRITE DATE:08/10/2012
SUMMOUT
PROV ID: [REDACTED]
REMITTANCE NO: 12081000115

RALEIGH

NC 27603

SUMMOUT

NO PAYMENT WILL BE RECEIVED THIS CYCLE. SEE REMITTANCE FOR DETAILS.



Remittance Advice – Payment Header

- Payment Header
 - Total payment amount on a provider's remittance
 - Organized by Payer (Payer 1, Payer 2, etc)

PAYER :	1	PAYER NAME: DMA	PAYMENT NUMBER :	000000000000740	PAYMENT AMOUNT :	\$17.00
PAYER :	3	PAYER NAME: DPH	PAYMENT NUMBER :	000000000000080	PAYMENT AMOUNT :	\$145.59
TOTAL ASSOCIATED AMOUNT :		\$162.59				



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCTRACKS
REMITTANCE STATEMENT

PROCESS DATE: 08/08/2012
PROCESS TIME: 13:05:34:00
PAGE: 2
CHECKWRITE DATE:08/10/2012
PAYMENT HEADER
PROV ID:
REMITTANCE NO: 12081000023

GARNER NC 27529

PAYMENT HEADER

PAYER :	1	PAYER NAME: DMA	PAYMENT NUMBER :	000000000000740	PAYMENT AMOUNT :	\$17.00
PAYER :	3	PAYER NAME: DPH	PAYMENT NUMBER :	000000000000080	PAYMENT AMOUNT :	\$145.59
TOTAL ASSOCIATED AMOUNT :		\$162.59				



Remittance Advice – Paid Payment Page

- Recipient Name and Recipient ID
- Original TCN
- Dates Of Service , Days/Units, Total Billed, Non Allowed, Total Allowed, Payable Cutback, Payable
- Charge , TPL Amount, Other Charges, Paid Amount
- HIC (Health Insurance Claim number), Patient Account # & Medical Record #, Deductible Paid Amount , Patient Paid Amount, Copay Amount, Admit Date, DRG Code,
- Diagnosis, Outlier Amount
- The Line Number (01), Benefit Plan Short Name, Procedure Code & Short Description, L1 Details
- Rendering Provider ID

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES									
NCTRACKS									
PROCESS DATE: 01/29/2013 PROCESS TIME: 14:10:37:00									
LI NO	BENEFIT PLAN	PR MI	DATES OF SERVICE	DAYS/UNITS TOTAL BILLED	NON ALLOWED TOT ALLOWED	PYBLE CUTBACK PYBLE CHARGES	TPL AMT OTHER CHARGES	PAID AMOUNT	
01	MEDICAID	01	04/08/2012 04/12/2012	0.00 2,220.00	244.85- 2,464.85	0.00 2,464.85	0.00 0.00	2,464.85	.00 .00
CHARLOTTE		NC 28260		INSTITUTIONAL INPATIENT			PAID ORIGINAL CLAIMS		
RECIPIENT NAME		TCN		DATES OF SERVICE	DAYS/UNITS TOTAL BILLED	NON ALLOWED TOT ALLOWED	PYBLE CUTBACK PYBLE CHARGES	TPL AMT OTHER CHARGES	PAID AMOUNT
LEON GABRIELA		13023-000106800-0-0		04/08/2012 04/12/2012	0.00 2,220.00	244.85- 2,464.85	0.00 2,464.85	0.00 0.00	2,464.85
HIC :		PATIENT ACCOUNT NUMBER :			MEDICAL RECORD NUMBER :				
DED :		0.00 PAT LIAB :		0.00 COPAY :		0.00			
ADMIT DATE: 04/08/2012		DRG CODE: 0766		ALOS: 2.7		WEIGHT: 0.9082		DRG AMT: 0.00	
DIAG: 65801		PROC: OUTLIER: 000		OUTLIER AMT: 0.00					
LI NO	BENEFIT PLAN	PROC CODE - DESC	DATES OF SERVICE	DAYS/UNITS TOTAL BILLED	NON ALLOWED TOT ALLOWED	PYBLE CUTBACK PYBLE CHARGES	TPL AMT OTHER CHARGES	PAID AMOUNT	
01	MEDICAID	0112 -ROOM AND BOARD-PRIVATE OB	04/08/2012 04/12/2012	4.00 2,220.00	244.85- 2,464.85	0.00 0.00	0.00 0.00	2,464.85	
RCC : .00		COST SHLMT % : .000							
ATTENDING PROV ID:									



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCTRACKS
REMITTANCE STATEMENT

PROCESS DATE: 01/29/2013
PROCESS TIME: 14:10:37:00
PAGE: 9
CHECKWRITE DATE:02/01/2013
INPATIENT
PROV ID: [REDACTED]
REMITTANCE NO: 13020100039

CHARLOTTE NC 28260 INSTITUTIONAL INPATIENT DENIED ORIGINAL CLAIMS

RECIPIENT NAME	TCN	DATES OF SERVICE	DAYS/UNITS TOTAL BILLED	NON ALLOWED	PYBLE CUTBACK	TPL AMT	PAID AMOUNT
RECIPIENT ID	ORIGINAL TCN	03/29/2012 04/07/2012	0.00 6,630.00				0.00 0.00

HIC : PATIENT ACCOUNT NUMBER : MEDICAL RECORD NUMBER :
DED : 0.00 PAT LIAB : 0.00 COPAY : 0.00
ADMIT DATE: 03/29/2012 DRG CODE: 0432 ALOS: 5.0 WEIGHT: 1.8671 DRG AMT: 0.00
DIAG: S711 PROC: OUTLIER: 000 OUT

EOB : 00093
ERRORS : 00253
REMARK CODE : N1
ADJUSTMENT REASON CODE : 13

EOB : 01380
ERRORS : 00380
REMARK CODE : MA133
ADJUSTMENT REASON CODE : 18

EOB : 00093
ERRORS : 00253
REMARK CODE : N1
ADJUSTMENT REASON CODE : 13

EOB : 01380
ERRORS : 00380
REMARK CODE : MA133
ADJUSTMENT REASON CODE : 18

EOB : 00093
ERRORS : 00261
REMARK CODE : N1
ADJUSTMENT REASON CODE : 13

EOB : 00011
ERRORS : 00262
REMARK CODE : N30
ADJUSTMENT REASON CODE : 27

EOB : 09271
ERRORS : 00374
REMARK CODE : M50
ADJUSTMENT REASON CODE : 45

EOB : 08599
ERRORS : 08599

LI NO	BENEFIT PLAN	PROC CODE - DESC					
01	DMA ADMI	0117 -ROOM & BOARD-PRIVATE ONCOLOGY	03/29/2012 04/07/2012	6.00 6,630.00			0.00 0.00

RCC : .00 COST STMT % : .000
ATTENDING PROV ID:

EOB : 00093
ERRORS : 00261
REMARK CODE : N1
ADJUSTMENT REASON CODE : 13

EOB : 00011
ERRORS : 00262
REMARK CODE : N30
ADJUSTMENT REASON CODE : 27

EOB : 09271
ERRORS : 00374
REMARK CODE : M50
ADJUSTMENT REASON CODE : 45

EOB : 08599
ERRORS : 08599

- Recipient Name, Recipient ID. TCN & Payment Overview
- Patient Account Information & Medical Records
- Line Number (01) Details, Benefit Plan, Attending Provider
- EOB: Explanation of Benefits



Claim Type Totals

Summary totals are reported at the end of:

- All claim types
- Each claim type
- Different claim statuses within the same claim type
- Different claim adjustment type codes within the same claim type



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCTRACKS
REMITTANCE STATEMENT

PROCESS DATE: 01/29/2013
PROCESS TIME: 14:10:37:00
PAGE: 10
CHECKWRITE DATE:02/01/2013
INPATIENT
PROV ID: [REDACTED]
REMITTANCE NO: 13020100039

CHARLOTTE NC 28260 INSTITUTIONAL INPATIENT DENIED ORIGINAL CLAIMS

REMARK CODE :
ADJUSTMENT REASON CODE :

TOTAL AMOUNT ORIGINAL CLAIMS DENIED	0.00	NUMBER OF CLAIMS	8
NET AMOUNT ADJUSTMENTS DENIED	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS DENIED	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS - ADJUSTS	0.00	NUMBER OF CLAIMS	0



EOB: Explanation of Benefits

As mentioned earlier, the EOB page is where you will find a description for the EOB codes used on a Denied Claim.

- NCTracks EOB crosswalk is available on the OMMISS website:
<http://ncmmis.ncdhhs.gov/training.asp>



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCTRACKS
REMITTANCE STATEMENT

PROCESS DATE: 01/29/2013
PROCESS TIME: 14:10:37:00
PAGE: 13
CHECKWRITE DATE:02/01/2013
EOB DESCRIPTIONS
PROV ID:
REMITTANCE NO: 13020100039

CHARLOTTE NC 28260

EOB DESCRIPTIONS

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THE CLAIMS FOR THIS REMITTANCE:

00237 TOTAL BILLED DOES NOT EQUAL THE SUM OF DETAILS BILLED

00018 CLAIM DENIED. NO HISTORY TO JUSTIFY TIME LIMIT OVERRIDE

01380 DATE OF SERVICE OVERLAP: REFILE CLAIM WITH CHARGES BROKEN DOWN ON EACH LINE FOR EACH DATE OF SERVICE

09271 PAYMENT INCLUDED IN DRG REIMBURSEMENT ON FIRST ACCOMMODATIO DETAIL

00011 RECIPIENT NOT ELIGIBLE ON SERVICE DATE

08599 THE BENEFIT PLAN IS NOT MATCHING PROVIDER OR RECIPIENT ELIGIBILITY OR THE SERVICE COVERED

00093 PATIENT DECEASED PER STATE ELIGIBILITY FILE. IF DOS AND RECIPIENT MID ARE CORRECT, SUBMIT CLAIM TO DMA, CLAIMS ANALYSIS UNIT, SEE BILLING GUIDELINES



Summary Page

The first page of the Summary Page lists the following information:

- Summary Totals for all claim types
- Summary of Paid Claims by benefit plan



PROVIDER : 1881647204

TOTALS

TOTAL PAID ORIGINAL	2,464.85	NUMBER OF CLAIMS	1
TOTAL PAID ADJUSTMENTS	.00	NUMBER OF CLAIMS	0
TOTAL PAID VOIDS	.00	NUMBER OF CLAIMS	0
NET TOTAL PAID	2,464.85	NUMBER OF CLAIMS	1
TOTAL DENIED ORIGINAL	.00	NUMBER OF CLAIMS	8
TOTAL DENIED ADJUSTMENTS	.00	NUMBER OF CLAIMS	0

1/2013
 1:37:00
 01/2013
 0100039

TOTALS BY BENEFIT PLAN

BENEFIT PLAN NUMBER	BENEFIT GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT
000000015	MEDICAID	2,464.85	2,464.85
000000016	NCHC	.00	.00
000000053	SICKLE CELL	.00	.00
TOTAL PAID		2,464.85	2,464.85

TOTALS BY BENEFIT PLAN

BENEFIT PLAN NUMBER	BENEFIT GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT
000000015	MEDICAID	2,464.85	2,464.85
000000016	NCHC	.00	.00
000000053	SICKLE CELL	.00	.00
TOTAL PAID		2,464.85	2,464.85



Summary Page

The second page of the Summary Page Remittance information:

- Claim Totals:
 - Week to Date Claims Financial Summary Information
 - Month to Date Claims Financial Summary Information

	A	B	C	D	E	F	G
CLAIMS PAID	PAID CLAIMS AMOUNT	CREDIT AMOUNT	NET PAY AMOUNT (A+B)	RECOUP AMOUNT	IRS WITHHELD AMOUNT	OTHER W/H	ADJUSTED NET PAY (C-{D+E+F})
CURRENT	1	2464.85	.00	2464.85	.00	.00	2464.85
MTD TOTAL	1	2464.85	.00	2464.85	.00	.00	2464.85
YTD TOTAL	23972	15501790.51	.00	15501790.51	.00	.00	15501790.51

*** TOTAL AMOUNTS SHOULD EQUAL COLUMN A OF CLAIMS PAYMENT SUMMARY OF THE RA.

	A	B	C	D	E	F	G
CLAIMS PAID	PAID CLAIMS AMOUNT	CREDIT AMOUNT	NET PAY AMOUNT	RECOUP AMOUNT	IRS WITHHELD AMOUNT	OTHER W/H	ADJUSTED NET PAY
CURRENT	1	2					
MTD TOTAL	1	2					
YTD TOTAL	23972	15501					

1099 INFORMATION - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE
 PROVIDER TAX ID: [REDACTED] PROVIDER TAX NAME: [REDACTED]
 PAYER ID: CSC, PO BOX 99999, RALEIGH, NC 99999 # 99-999999

1099 INFORMATION - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE
 PROVIDER TAX ID: [REDACTED] PROVIDER TAX NAME: [REDACTED]
 PAYER ID: CSC, PO BOX 99999, RALEIGH, NC 99999 # 99-999999

PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT. PLEASE SEND CORRECTIONS TO :

CSC
 PO BOX 99999
 RALEIGH, NC 99999
 ATTENTION: PROVIDER ENROLLMENT

CLIA - 34D0665289
DEA - AP3206605

CLIA - 34D0665289
 DEA - AP3206605

FOR BILLING QUESTIONS/INQUIRIES PLEASE LOGON TO NCTRACKSPROVIDER PORTAL OR
 CALL AUTOMATED VOICE RESPONSE (AVR) SYSTEM 1-999-999-9999 OR
 CALL CSC PROVIDER SERVICES 1-999-999-9999.



POP SUPPORTING DOCUMENTATION





Documentation Available to you During POP

- Supporting documentation is available from the OMMISS Website:
<http://ncmmis.ncdhhs.gov/training.asp>
- Documentation includes:
 - POP Training Material.PDF
 - Glossary of Terms: Master Glossary.pdf
 - Acronym List: Master Acronym.pdf
 - Computer Based Training:
 - Provider Functions and Impacts.pdf
 - Provider – How to read your Remittance Advice.pdf
 - Provider – NCTracks Overview of the Provider Portal.pdf
 - Explanation of Benefit Crosswalk: EOB – HIPAA Crosswalk – 03.12.2013.PDF



Provider Next Steps During POP

1. Maintain a copy of the February 28, 2013 Check write RA from the legacy system. For DPH it will be the February 26, 2013 check write RA
2. Confirm contact information
3. Successfully complete this course
4. Be actively informed and engaged during POP (keeping up with the provider communications)
5. Look for communication regarding how to retrieve your RA from the NCTracks message board.
6. Retrieve your NC Tracks RAs on self-service basis
7. Complete your comparison between legacy and NC Tracks RAs within the following timeframes:
 - Group 1 – May 1, 2013 through May 10, 2013
 - Group 2 – May 15, 2015 through May 24, 2013



Provider Next Steps During POP

8. Call 866.844.1113 (option 5) or email Call Center (NCPOP@CSC.COM) with your “compare” results of the RA’s
9. Retrieve the following e-Learning material from <http://ncmmis.ncdhhs.gov/training.asp> for additional information regarding NCTracks:
 - How to read your RA's, (required for POP)
 - Functions and Impacts to Providers (not required for POP)
 - NCTracks Overview - Provider Portal (not required for POP)



POP Concept of Operations

- CSC will provide a toll free number – 866.844.1113 – Option 5, to support POP provider questions.
- Customer Service Agents (CSA) will be located in the Operations offices at 3301 Benson, Suite 300. Hours of operation are 8AM to 5 PM.
- A dedicated email box has been established for POP participants to submit their questions : NCPOP@CSC.COM. The email box will be monitored and submittals responded to, tracked, escalated and resolved as required
- EVC will serve as the system of record in which all provider calls and inquiries will be recorded and tracked. CSAs will be able to retrieve NCTracks RAs to assist in discussions with providers
- CSAs constitute TIER I of the provider response process; escalated issues may move up to TIER II or TIER III dependent upon the type of issue identified
- Provider issues that are not immediately resolved in the escalation process will be responded to within 24 hours
- CSC will support a Command Center comprised of CSC, DHHS Subject Matter Experts and Technical Resources that will monitor the overall response rates, issues and concerns and identify additional FAQs



Things to do Prior to Go Live in July





Provider Checklist for Go-Live

- ✓ Designate the Office Administrator (OA) for your provider organization
- ✓ Ensure that your OA obtains their NCID
- ✓ Ensure that each member in your provider office who will be using NCTracks obtains an NCID.
- ✓ Ensure attending physicians have current affiliation information
- ✓ Verify the taxonomy codes and locations on your provider record
- ✓ Provide your bank account information for EFT payments
- ✓ Make sure the email address of the OA is current in the system
- ✓ Designate the Billing Agent for your provider organization (if applicable)
- ✓ Electronically sign the Trading Partner Agreement (if applicable)

- ✓ Refer to the “**Provider Checklist for NCTracks Go-Live**”
http://ncmmis.ncdhhs.gov/files/updates/NCTRACKS_Tool_Kit_Provider_Checklist.pdf





Obtaining an NCID

- An NCID will be required by all users accessing the NCTracks system and accessing SkillPort – Learning Management System
- Some providers may already have an NCID, such as those who have re-credentialed with the Enrollment, Verification, and Credentialing (EVC) system. They can use their existing NCID.
- Users who need to obtain a new NCID, search for an existing NCID, or reset an NCID password should go to the State website at <https://ncid.nc.gov/>
- Refer to the NCTracks Fact Sheet:
“How to Obtain an NCID”





Provider Regional Training Prior to Go live

- Instructor Led Training will be held at the following locations:
 - Asheville
 - Raleigh
 - Charlotte
 - Greensboro
 - Wilmington
 - Greenville (to be confirmed)
- Training will be offered on-site or via Webinar
- Registration:
 - Must have a valid NCID
 - Navigate to the EVC website at <http://www.nctracks.nc.gov>.
 - Click on the link “NCTracks Training” located on the left side of the webpage to launch SkillPort – our learning management system
 - Click on “Catalog” to see all the Instructor led training available to you



Provider Regional Training

Location	Dates	Topics
Asheville Crowne Plaza Resort	April 8 – April 12	Institutional Medical
	April 22 – April 24	Dental Pharmacy
Charlotte Harris Conference Center	May 6 – May 10	Institutional Medical
	May 28 – May 31	Dental Pharmacy
Raleigh Raleigh Convention Center	April 15 – April 19	Institutional Medical
	June 10 – June 14	Dental Pharmacy



Provider Regional Training

Location	Dates	Topics
Greensboro/Winston-Salem Marriott Downtown	April 29 – May 3	Institutional Medical
	June 17 – June 20	Dental Pharmacy
Wilmington Wilmington Convention Center	May 13 -17	Institutional Medical
	May 20 - 24	Dental Pharmacy
Greenville (To Be confirmed) Greenville Convention Center	June 3 – 7	Institutional / Medical Pharmacy / Dental



Wrap Up





Questions

