

Totally Informative Provider Solutions (TIPS)

An OMMISS Newsletter Providing Current NCTracks Happenings

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Welcome from OMMISS Provider Relations

I hope everyone found our introductory TIPS newsletter useful and informative.

We have received many questions about the Legacy MMIS+ transition to NCTracks and our goal is to include those questions with responses in our TIPS newsletter. Questions that are frequently asked will be posted on our Frequently Asked Questions (FAQ) section on the OMMISS website at <http://ncmmis.ncdhhs.gov/>.

In this issue of TIPS, we will address some basic questions such as the purpose of the new system, the go-live date and some features of NCTracks.

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Office of Medicaid Management Information System Services (OMMISS)

What is NCTracks?

NCTracks is a multi-payer system that will consolidate claims processing activities for multiple DHHS health plans. Providers enrolled in DMA, DPH, and ORHCC health plans will submit claims for covered health care services to NCTracks.

Providers who are contracted by Local Management Entity's (LMEs) to perform state funded DMH/DD/SAS services will continue to submit their claims to the LME.

NCTracks will coordinate processing among the payers to ensure the proper assignment of the payer, benefit plan, and pricing methodology for each service on a claim.

Why does DHHS need a new healthcare claims processing system?

- ⇒ The Centers for Medicare and Medicaid Services (CMS) recommends that states replace Medicaid Management Information Systems every five years in order to take advantage of new and emerging technologies.
- ⇒ The Legacy North Carolina MMIS is over 30 years old.

How will NCTracks Benefit Providers?

- * Improve access to online provider training
- * Reduce payment errors
- * Reduce administrative burden through paperless commerce
- * Enable e-Prescribing
- * Enable electronic signature
- * Improve cash flow
- * Improve response time to inquiries

In our Next TIPS Issue

- * NCTracks Provider Portal
- * You Asked!
- * Division News



When will NCTracks be implemented?

The Centers for Medicare and Medicaid Services (CMS) and the NC Department of Health and Human Services (DHHS) have approved an extension of the schedule to design, develop & install NCTracks, the Replacement MMIS that will be operated by CSC. The amended schedule moves the NCTracks operational start date to 2013.

The NCTracks Operational Start Date for claim adjudication is July 1, 2013.

More information and a schedule of activities will be provided at a later date.



How do I prepare for the transition?

- ◆ Keep informed!!
- ◆ We will be posting project updates, our TIPS monthly newsletter and FAQs on the OMMISS website at <http://ncmmis.ncdhhs.gov/>.
- ◆ We will have various training options available to ensure that your staff is adequately prepared for NCTracks.

Don't see the answer to your question?

Send an email to OMMISS.ProviderRelations@dhhs.nc.gov



WHO IS MANAGING NCTracks?

DHHS contracted with CSC to develop and manage NCTracks. The DHHS Office of Medicaid Management Information System Services (OMMISS) is responsible for overseeing the design, development and installation of NCTracks by CSC. DHHS subject matter experts have collaborated to ensure the system meets the business needs with the least amount of interruption to providers and recipients.

Oversight of the project includes:

- Governor
- Centers for Medicaid and Medicare Services (CMS)
- DHHS Executive Steering Committee for the NCMMIS+ Program
 - Division Of Medical Assistance (DMA)
 - Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS)
 - Division of Public Health (DPH)
- Office of Medicaid Management Information Systems Services (OMMISS)
- NC Information Technology Services (ITS)

How will NCTracks benefit the State of North Carolina?

- ⇒ Improve health care service access & quality
- ⇒ Allow system changes to be made easier and in a more cost efficient manner
- ⇒ Enable DHHS policy makers to make more informed decisions about the programs DHHS administers
- ⇒ Ensure DHHS is the appropriate payer of last resort
- ⇒ Reduce operational costs
- ⇒ Reduce payment errors
- ⇒ Reduce fraud, waste and abuse
- ⇒ Reduce inappropriate dispensing of services, equipment & drugs to program recipients
- ⇒ Improve customer service
- ⇒ Improve online communication