



Connections

Using e-Signature in NCTracks

One of the objectives of the new NCTracks system is to move toward a paperless environment. A step in that direction is the use of an electronic signature (e-Signature) in the provider enrollment and credentialing processes.

In NCTracks, e-Signature is accomplished through the use of your NCID and a personal identification number (PIN). [See the November edition of NCTracks *Connections* for more information on NCID.] The PIN is a randomly generated number created by NCTracks. The PIN is associated with a person, not a NPI. Once you receive a PIN, it is yours as long as you have access to NCTracks, and you can continue to use it for a variety of functions in the new system. If you should ever need to reset your PIN, there are several ways to do so on the NCTracks Provider Portal. The PIN should be protected just as you would your actual signature.

For existing providers, when they complete the “Currently Enrolled Provider” Registration Application, they will be emailed a PIN, which can be used to submit change requests and update their provider records after NCTracks goes live in July 2013. [See the article on the “Currently Enrolled Provider” Registration Application, in the next edition of the NCTracks *Connections* newsletter.]

For new providers enrolling in the NCTracks system after go-live, the person designated as the Office Administrator will be emailed a PIN. The Office Administrator can then electronically sign the completed enrollment application, using their NCID, password, and PIN.

After the NCTracks system goes live, the PIN will be used for any changes the provider makes to their provider record, including updates to address, phone number, email, and electronic funds transfer

information (EFT). It will also be used by providers in the pharmacy prior approval process.

Each provider will have one person designated as the Office Administrator. At initial enrollment, only the Office Administrator will receive a PIN. However, if the provider organization has more than one owner or managing employee, the Office Administrator may designate the other owner or managing employee as a user, in which case they will also receive a PIN via email, and be able to make updates to the provider records. (Note: The Office Administrator will also designate other users, who are not owners or managing employees, to use the system, but they will not receive a PIN or have e-Signature access.)

The use of e-Signature will enable NCTracks to be a more efficient, expedient, and environmentally friendly system for the State of North Carolina and its DHHS providers.

The NCTracks system serves DHHS providers and recipients for the North Carolina Division of Medical Assistance, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Division of Public Health, and the Office of Rural Health and Community Care.

Also in this edition:

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A note on this edition:

We were delayed in publishing our December edition of the NCTracks *Connections* newsletter due to the holidays, so this is a late December / early January 2013 edition. We are planning to publish a second edition of the newsletter later in January, which will put us back on track with a monthly distribution schedule from now on.

With less than six months remaining until the NCTracks go-live date of July 1, 2013, there is a lot of information to share. Stay tuned for more updates every month in NCTracks *Connections* and on the OMMISS website at ncmmis.ncdhhs.gov.

Training Plans

The NC MMIS Training Team has developed 69 Computer Based Training (CBT) courses and Job-Aids for training all users on the features and functionality of the NCTracks system.

A Job-Aid is a training document of one or more pages that serves as a quick reference tool. Job-Aids provide step-by-step instructions, accompanied by screen shots, for specific topic areas or tasks that a provider may want to perform.

The CBT courses are self-paced and interactive. All of the CBTs have audio and many have animation or video. Each CBT includes questions upon completion to test the provider's understanding of the content presented. Examples of CBT topics are "Procedure Code Inquiry" and "How to File a Claim."

Instructor Led Training (ILT) courses are also under development. ILT courses will include a participant guide that the provider can take with them for future reference in using the NCTracks system. The combination of CBTs, Job-Aids and ILT will give providers the necessary tools and knowledge to perform their daily work in NCTracks.

The Training Team is also implementing a web-based Learning Management System (LMS), known as SkillPort. SkillPort will offer providers the ability to view course schedules, register for courses, download training materials, participate in CBTs, and view and print reports and transcripts. Providers will access SkillPort through the NCTracks Provider Portal using single-sign-on functionality.

A schedule for the deployment of all forms of training, including when the training will be available and how to sign up, is forthcoming. Stay tuned to NCTracks *Connections* for more information.

Remittance Advice Changes

The new NCTracks Remittance Advice (RA) will have a noticeably different layout/format and will be organized differently than the RA generated by the current systems that support the Divisions of the NC Department of Health and Human Services (DHHS). The changes were made to facilitate ease of use and allow for multi-payer system reporting. Features of the new NCTracks RA include:

- NCTracks will generate one RA for each NPI. Each RA will include information for all payers.
- Multiple detail line claims that are processed by more than one payer will be split and will appear on the RA as separate claims. The sequence number of the Transaction Control Number (TCN) will indicate a split claim.
- If the provider receives payments from more than one payer, payment information from each payer will be reported on the Payment Header section of the RA along with the total cumulative payment received from all payers.
- There will be section breaks in the RA, with summary pages between sections. Breaks will occur based on claim disposition (paid, pending, and denied), as well as type of claim/transaction (original, void, credit and debit adjustments). If any detail on a claim is paid, the claim will appear in the paid claim section of the RA.
- Any errors on a claim will be displayed on the RA (at the header and detail level) along with the corresponding Explanation of Benefits (EOB) code, HIPAA remark code, and the Adjustment Reason Code.

- If the net payment to the provider for a given checkwrite is zero, there is a separate section in the new RA which notifies the provider that there was claims and financial activity, but that no payment is being made to the provider.
- A link to the RA will be delivered to the NCTracks Provider Portal Message Center Inbox following each checkwrite cycle. Providers can search for and retrieve previous RAs generated by NCTracks through the Message Center using the checkwrite date or a date range. The RA can be printed or downloaded as a PDF.

A CBT course entitled "How to Read Your Remittance Advice" has been developed. [See the article on Training, also in this edition of the newsletter.] Additional training will be forthcoming to assist providers in acclimating to the new RA format, and to explain how to retrieve an RA using the link in the Provider Portal Message Center Inbox.

In addition, a mockup of the Remittance Advice will be uploaded to the OMMISS website (ncmmis.ncdhhs.gov) to allow providers to see the new format including the layout of each section, as well as the information provided for each claim type submitted.

Pass It On!

Feel free to forward the NCTracks *Connections* newsletter to any interested parties and encourage them to sign up to receive future editions at ncmmis.ncdhhs.gov.

Use of Taxonomy in NCTracks

One of the advancements in the new NCTracks system is the use of National Provider Identifier (NPI) and taxonomy, rather than the proprietary legacy Medicaid provider number, in claims processing.

Taxonomy codes are a standard unique 10-character code that represents a provider's type, classification, and area of specialization. There are three levels in taxonomy codes: provider type (level 1), classification (level 2), and area of specialization (level 3). The complete list of taxonomy codes can be found on the Washington Publishing Company website at www.wpc-edi.com/reference, as well as www.NUCC.org, which is a free resource for taxonomy code information. The State is utilizing a standard code set for provider identification and claim adjudication in the NC replacement system that aligns with provider enrollment, licensing, and credentialing guidelines.

NCTracks will use NPI, taxonomy, and location in the processing of claims. This approach replaces the current use of Medicaid Provider Number. Providers may have more than one taxonomy code per location. One NPI can have up to 997 locations and each location can have up to a maximum of 15 taxonomy codes.

When the NCTracks system goes live on July 1, 2013, new DHHS providers who enroll will designate their taxonomy during the enrollment process, using a drop-down list based on the Division

specified provider enrollment, licensing, and credentialing guidelines. Existing providers will be able to view and/or update their taxonomy codes using the Manage Change process in the NCTracks Provider Portal.

It is important that providers use the appropriate taxonomy code from their provider record based on the service rendered and location when submitting claims to the NCTracks system to facilitate timely adjudication. Taxonomy codes for the specified provider reporting levels (attending, rendering, service facility, etc.) will be required on all claim types except pharmacy (although pharmacy providers will select taxonomy codes in the provider enrollment/reenrollment process for their provider records).

Many DHHS providers submit taxonomy codes on their claims today. However, the taxonomy code a provider is currently using may not align with the taxonomy codes designated by the State for use in the new NCTracks system. Therefore, a taxonomy code reference tool is being developed to help providers understand the appropriate taxonomy codes to use prior to the go-live date for NCTracks. The taxonomy code reference tool will be posted to the OMMISS website (ncmmis.ncdhhs.gov).

This chart depicts an example of how the legacy Medicaid provider number assignment is related to taxonomy in NCTracks:

Legacy Type	Legacy Specialty	Level I: Provider Type	Level II: Classification	Level III: Area of Specialization
Individual Physician	Pediatrician	Allopathic & Osteopathic Physicians	Pediatrics - 208000000X	Pediatric Cardiology - 2080P0202X

For More Information

Regarding the implementation of NCTracks visit: ncmmis.ncdhhs.gov

Questions regarding NCTracks should be submitted to: ommiss.providerrelations@dhhs.nc.gov

All of the NCTracks Connections newsletters and fact sheets can be found at: ncmmis.ncdhhs.gov/communication.asp



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In the next edition:

Topics in the late January 2013 edition will include more information about changes coming with NCTracks, as well as a provider checklist for go-live.