

NCTracks and Prior Approval: What Providers Need to Know

1. All PA Requests are submitted electronically.

All prior approval requests can now be submitted electronically via the provider portal, including FL2, Hospice Reporting, Transplants, and Visual Aid. The multi-copy paper forms are a thing of the past.

Why submit via the provider portal? Speed and accuracy. The provider portal is designed with dropdowns wherever possible so the user can select the entry –reducing errors and delays from additional information requests. Also, the request is immediately placed in the queue for review.

2. All PA requests submitted through single web portal.

All prior approval requests previously sent to HP, DMA, DPH (POMCS) or ACS (pharmacy) will be sent directly to CSC. (See table below)

3. Approved PA requests are immediately available.

The wait for mailed PA requests stamped with an approval is ended. The provider portal allows a user to see real-time statuses of prior approval requests; regardless of who made the decision (CSC, MedSolutions, CCME, etc.) Denial letters with appeal rights will still follow the same requirements.

4. Auto-approval of pharmacy prior approval requests.

Many of the drug classes that require prior approval have been designed so that if the clinical criteria have been met, the request can be approved by the system. The user will receive a prior approval number, and the status of the request.

5. Taxonomy code/location code required.

All DMA Medical (Medicaid/ Health Choice) prior approval requests (Durable Medical Equipment, Visual Aid, Hearing Aid, Surgery, etc.) will be required to have a taxonomy code and location for the requesting, billing and rendering providers. The taxonomy code will be systematically validated against what is on the provider file for that location, as well as determining if the taxonomy code is valid for the service requested.

6. New forms.

It is very important that providers use the new NCTracks automated forms.. While CSC can still process the old paper forms, it is highly likely that there will be a delay due to manual processing requirements for the old forms.

7. X12 278 Transaction Coming Soon.

There will be a HIPAA compliant 278 prior approval transaction available in October 2013, after the July go-live. However, the transaction is limited. Due to the specific requirements for different prior approval types as defined by NC DHHS, the transaction does not support the ability to answer specific clinical questions.

8. AVRS Inquiry replaced with Web.

Much of the functionality to find a prior approval record in the Automated Voice Response System has been removed, and replaced by more robust functionality in the provider portal. In addition, Dental Benefit Limitations and Refraction Confirmation can be performed in the provider portal.

NCTracks and Prior Approval, cont.

This table is intended to help clarify changes in the vendors who will be processing Prior Approvals with NCTracks:

Services requiring PA	Previous Contractor/ Division	New Contractor/ Division
• Transplants, EPSDT	DMA	CSC
• Public Health (POMCS)	DPH	CSC
• Prescription drugs	ACS	CSC
<ul style="list-style-type: none"> • Certain medical and surgical procedures • Out-of-state elective services • Services to recipients with Medicaid for Pregnant Women • Hearing aid services • Therapeutic leave over 15 consecutive days • Routine eye exams or refraction services beyond established limitations • Out-of-state and state-to-state ambulance services • Transplants • Nursing facility level of care 	HP	CSC
• Preadmission Screening and Resident Reviews (PASRR) for individuals before admission to North Carolina's nursing facilities	HP	HP

Other Prior Approval submissions are not impacted by the new NCTracks system. For the current list of Prior Approval contractors, see the DMA Prior Approval website at <http://www.ncdhhs.gov/dma/provider/priorapproval.htm>.

If you have any questions about Prior Approval in NCTracks, please contact OMMISS Provider Relations at ommiss.providerrelations@dhhs.nc.gov.