July/August 2012 Edition

onnections

NCTracks Website To Evolve Into Robust Portal

It has been suggested that the only constant in life is change. This is especially true when it comes to the evolution of technology. In addition to robust enhancements being made to the State's new multi-payer system, the NCTracks website is scheduled to undergo significant changes between now and the July 2013 scheduled implementation date.

The current NCTracks website, www.nctracks. nc.gov, provides tools and information associated with Medicaid provider enrollment, verification and credentialing (EVC) activities.

In the future, the site will be entirely

redesigned Assistance, the Integrated



NCTracks Portal Concept Home Page

Payment and Reporting System (IPRS) for the Division of Mental Health and the Purchase of Medical Care Services (POMCS) for the Division of Public Health and the Office of Rural Health and Community Care.

The current website was developed at DHHS's (Department of Health and Human Services) request as an early operations interim step to aid in the automation of the Medicaid provider enrollment. The website is not intended to meet all of the business needs for DHHS and the provider community, but rather to automate the manual process of provider enrollment and credentialing until the new NCTracks portal is implemented.

Today, the NCTracks team seeks to strike a balance between responding to requests to

portal will feature paperless EVC processes, the acceptance of electronic signatures and the ability to view claims status in real time. Other features will include access to:

enhance the existing EVC-focused site and

limiting development time on a website that

the July 2013 new system implementation.

An online Medicaid enrollment application

but signature pages are still required to be

or web-based enrollment application, when

it comes to recredentialing, providers must

use the online tool (see the Recredentialing

Sidebar on page 2).

submitted prior to processing. Although providers have the option of submitting a paper

was made available on the current site,

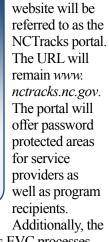
will be totally reconfigured and redesigned for

- Update/edit provider records
- Request/confirm prior approval
- Submit dental, medical and pharmacy claims
- · Retrieve historical remittance advices for up to seven years
- Verify recipient eligibility

Providers and other stakeholder groups interested in learning more about the NCTracks implementation should visit ncmmis.ncdhhs. gov, where they can view project information, communications collateral and sign up for the NCTracks email distribution list.

In North Carolina, more than 70,000 Medicaid providers treat approximately 1.7 million lowincome parents. children, seniors and disabled individuals annually.

and expanded to offer. among other features, claims processing that replaces the existing Legacy Medicaid Management Information System (MMIS) for the Division of Medical



The future

NCTracks

Project Team Outlines User Acceptance Testing and Provider Operational Preparedness Approaches

Over the coming months, the NCTracks project team will work hand-inhand with the DHHS (Department of Health and Human Services) provider associations to identify representative samples of DHHS enrolled providers to participate in User Acceptance Testing (UAT) and Provider Operational Preparedness (POP).

Provider UAT is the phase of the project when a representative sample of provider types across impacted DHHS divisions are invited to test functionality related to the daily use of NCTracks. POP is the phase of the project when provider UAT participants, plus an additional representative sample of DHHS provider types, are identified to receive remittance advices (RA) from NCTracks for up to two claims cycles to compare with legacy RAs produced for the same period of time. Provider UAT is currently scheduled to run from November 2012 through January 2013 and POP is scheduled to run from March 2013 through June 2013.

Because NCTracks is a multi-payer system, UAT and POP participants may include those currently using the Legacy Medicaid Management Information System (MMIS+) for the Division of Medical Assistance, the Integrated Payment and Reporting System (IPRS) for the Division of Mental Health, and the Purchase of Medical Care Services (POMCS) for the Division of Public Health and the Office of Rural Health and Community Care.

During UAT, providers will test functionality such as enrolling in NCTracks, submitting claims, requesting and verifying prior approval status and checking recipient eligibility. In addition to regular and recent claims submission, among other criteria, each provider selected to participate in UAT must:

- Be willing to travel to the Raleigh area for testing activities and related training
- Identify a qualified person or persons from their office to participate in the appropriate testing activity (e.g. provider enrollment, claims submission and verification, prior approval requests, etc.)
- Be willing to participate in POP activities

POP will allow the State to validate business rules, claims payments and other adjudication processes prior to start of full NCTracks fiscal agent operations, while giving providers an opportunity to compare NCTracksgenerated RAs to those generated out of legacy systems.

Assistance will be given to participating POP providers to facilitate their analysis of the RAs. In addition to regular and recent claims submission, among other criteria, each provider selected to participate in POP must:

- Be willing to prepare for POP through any early training activities as required
- Compare and analyze their own RAs manually and escalate potential issues to the State and the fiscal agent

More detailed UAT and POP information will be shared with providers associations to assist in identifying prospective UAT and POP candidates. Current plans call for the NCTracks system to begin full fiscal agent operations on July 1, 2013.

Recredentialing

When it is time for a provider to recredential, they will receive an invitation through email, if there is a valid email address on file. If not, invitations will be sent through United States Postal Service.

Providers are required to complete the recredentialing process within 30 days of the date posted to their invitation. Application processing for enrollment and recredentialing includes a criminal background check and credentials and qualifications status checks to ensure providers meet N.C. Medicaid participation guidelines. Questions regarding the recredentialing process can be sent to the EVC Call Center at 1-866-844-1113 or by email at NCMedicaid@csc.com. The call center is open from 8 a.m. till 5 p.m. Monday through Friday, except for State-approved holidays.

It is important to note that the State of North Carolina requires active Medicaid providers to recredential a minimum of every three years. This policy will not change with the new system implementation, but the process and online tool will. Recredentialing invitations will continue to be sent to identified providers and provider groups now through system implementation and beyond.

For More Information

Regarding Enrollment, Verification and Credentialing visit: www.nctracks.nc.gov

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

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

