

Basic Medicaid and NC Health Choice Billing Guide

October/November 2011

Presented by: HP Enterprise Services



Objectives

- Review October 2011 Basic Medicaid and NC Health Choice Billing Guide
 - Summary of changes
 - Program updates and budget initiatives
- Provide understanding of claim submission requirements and denial resolution processes
- Overview of contacts and resources

New Section

Section 1. Who's Who

Section 2. Recipient Eligibility

Section 3. Medicaid Provider Information

Section 4. National Provider Identifier

Section 5. Community Care of North Carolina/ Carolina ACCESS
Provider Information

Section 6. Prior Approval

Section 7. Third-Party Insurance

Section 8. Electronic Commerce Services

Section 9. Submitting Claims

Section 10. Remittance and Status Report

Section 11. Resolving Denied Claims

Section 12. NC Health Choice Program

Section 1

Who's Who

What is Medicaid?

- Title XIX of the Social Security Act
- Administered in North Carolina by the Division of Medical Assistance (DMA)
- Individual and families who can not afford health care costs
- Care provided by enrolled providers
- Coverage information

What is NC Health Choice?

- Child health assistance to uninsured, low-income children
- Serves children ages 6 through 18 (until the last day of the month in which they turn 19)
- Not an entitlement program

CMS Centers for **Medicare & Medicaid Services**



**NC Division of
Medical Assistance**



The Mission of DMA

To provide access to high-quality, medically necessary health care for eligible North Carolina residents through cost-effective purchasing of health care services and products

<http://www.ncdhhs.gov/dma>

“Using the power of the Medicaid program to improve the standard of care across the State of North Carolina”

Division of Medical Assistance

- Recipient and Provider Services
- Clinical Policy and Programs
- Quality, Evaluation, and Health Outcomes
- Finance Management
- Budget Management
- Program Integrity
- Information Technology and HIPAA

County Departments of Social Services

- Determine eligibility
- Enroll recipient
- Maintain eligibility files
- Prior approval for adult care home enhanced care and case management

Contractors

- IBM
- Public Consulting Group (PCG)
- Health Management System (HMS)
- Ingenix – Health Spotlight, OmniAlert and DRIVE
- The Carolina Center for Medical Excellence (CCME)

Contractors

- HP Enterprise Services (HPES)
- CSC
- Behavioral Health Managed Care Organizations (MCO)
- Prodigy Diabetes Care, LLC
- Magellan Medicaid Administration

NC Health Choice Claims

- Effective with dates of service on and after October 1, 2011, submit claims to HPES
- New Call Center – HPES Provider Services
 - 800-688-6696 option 3, then option 6
- New Address for NCHC Claims:
 - HP Enterprise Services
 - P.O. Box 30100
 - Raleigh, NC 27622

Who's Who in Prior Approval

- Carolinas Center for Medical Excellence (CCME)
- Crossroads Behavioral Healthcare
- MedSolutions
- The Durham Center
- ACS, A Xerox Company
- Eastpointe LME
- HP Enterprise Services (HPES)
- Pathways LME
- ValueOptions, Inc.

DMA Website

<http://www.ncdhhs.gov/dma>





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NC Division of Medical Assistance

High quality health care through Medicaid and Health Choice for Children

What's New

- [MCAC Meeting - November 4, 2011 - \(9:00 a.m.- 12:00 a.m.\) - McKimmon Center](#)
- [Rate Revisions for Select Incontinence Products](#)
- [Physician Referral Website for In-Home Care \(IHC\) Programs](#)
- [Prior Approval Information](#)

Most Popular Pages

- [NC Tracks Website](#)
- [False Claims Act Education](#)
- [Fee Schedules](#)
- [Forms](#)
- [Fraud and Abuse Reporting](#)



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Quick Links

[NC Tracks Website](#)

DHHS > DMA > Providers

Medicaid and Health Choice Providers

Service specific information for North Carolina Medicaid providers. Please select the program or service from the menu below and click GO.

SELECT PROGRAM OR SERVICE

[Medicaid Information for Consumers](#)

[Health Choice Information for Consumers](#)

What's New

- NCHC Claims Transition:
 - [NC Health Choice Providers Are Required to Enroll in NC Medicaid](#)
 - [Forms Required for Processing and Payment of NC Health Choice Claims](#)
 - [New ID Cards and Referral Requirements for NC Health Choice Recipients](#)
- [2011 Budget Initiatives](#)
- [September 2011 Medicaid Bulletin](#)
 - Update to article titled *Provider Application Fee* - The \$100.00 application processing fee will be applicable until further notice.
- [MH/DD/SA Integrated Care Toolkit](#)
- [August 2011 Pharmacy Bulletin](#)
- [Preferred Supplier Contract Announcement](#)
- [Physician Referral Website for In-Home Care \(IHC\) Programs](#)

Hot Topics



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Provider Topics A - Z

A B C D E F G H I J K L M N O P Q R S T U V W

A

- [Adult Care Homes](#)
- [ADA Dental Claim Form - To order call 1-800-947-4746 or go online to <http://www.adacatalog.org>](#)
- [Advance Directives](#)
- [Ambulance Services](#)
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- [Annual Visit Limits](#)
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Seminars

[DHHS](#) > [DMA](#) > [Medicaid Providers](#) > [Claims and Billing](#)

Claims and Billing

Budget Initiatives

DMA will implement a number of changes in response to legislated budget reductions. [Read more about budget initiatives > >](#)

Submitting Claims to Medicaid

- [Claims](#): Time limits, claims payment, adjustments, and other topics of interest to billers and providers.
- [List of Exceptions for Electronic Claims](#) (Claims that Must be Submitted on Paper)
- [National Correct Coding Initiative](#)

Annual Visit Limitation

- [Annual Visit Limits](#) for mandatory and optional services.
- [Requesting an Exception](#)

Recipient Eligibility Verification

- [Recipient Eligibility Verification](#): What needs to be verified and tools that can be used to verify a

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Related Site

[Implementation Updates from DMH/DD/SAS](#)

Provider Library

Published information on covered services

Bulletins and Newsletters

- [General and Special Medicaid Bulletins](#)
- [Pharmacy Newsletters](#)
- [The Provider Insider](#), Information Resource for Electronic Health Record Incentives

Medicaid State Plan and Related Documents

- [Medicaid State Plan](#)
- [N.C. Administrative Code](#)
- [Waivers to the Medicaid State Plan](#)

Policies and Manuals

- [Basic Medicaid Billing Guide](#)
- Clinical Coverage Policies and Manuals
 - [Medicaid](#)
 - [N.C. Health Choice](#)
- [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\)](#)
- [Health Check Billing Guides](#)
- Proposed Clinical Coverage Policies
 - [Medicaid](#)
 - [N.C. Health Choice](#)
- [Provider Seminar Handouts](#)



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Quick Link

[How to Report Fraud and Abuse](#)

Related Section

[DHHS Hearings Office](#)

DHHS > DMA > [Contact DMA](#)

Contact DMA

Division Contact Information

- [Division section contacts](#)
- [Locations and mailing addresses of our offices](#)

Contacts for Other Audiences

Consumer Contacts

- [DHHS Customer Support Center](#): Get answers to questions about Medicaid, Health Choice and all of our services. Call 1-800-662-7030 (English, Spanish), 8:00 a.m. to 5:00 p.m., weekdays excluding State Holidays.
- [More Medicaid contacts](#).

Providers

- [Health Choice provider contacts](#)
- [Medicaid provider contacts](#)

Section 2

Recipient Eligibility

Medicaid Eligibility Determination

- Who

- County DSS
- List of all the county DSS offices

<http://www.ncdhhs.gov/dss/local/>

- When

- First day of that month (usually)
- Last day of the month

- Benefit Categories

- Table in Section 2

Medicaid Program Name	Abbreviation	Fourth Character Class Identifier	Medicaid Eligibility
Special Assistance to the Blind	MSB	C or B	Recipient is eligible for full Medicaid coverage and payment of Medicare Part B premiums.
Special Assistance – Aid to the Aged	SAA	Q	Recipient is eligible for full Medicaid and payment of Medicare premiums, deductibles, and copayments.
Special Assistance – Aid to the Disabled	SAD		
Infants and Children	MIC	1, G, or N	Recipient is eligible for full Medicaid coverage
		F or H	Recipient is eligible for emergency coverage for approved dates of service.
Families and Children	MAF	C, G, N, T, or W	Recipient is eligible for full Medicaid
		M or P	Recipient has met a deductible and is eligible for Medicaid
		F, H, O, R, U, or V	Recipient is eligible for emergency coverage for approved dates of service.

Review of Specific Categories

- Medicaid for Pregnant Women (MPW)
- Medicaid Family Planning Waiver (MAF-D)
<http://www.ncdhhs.gov/dma/services/familyplanning.htm>
- MEDICARE-Aid or Medicare Qualified Beneficiary (MQB-Q)
- Program of All-Inclusive Care for the Elderly (PACE)
- Money Follows the Person

Health Choice Eligibility Determination

- Who
 - County DSS
 - List of all the county DSS offices
<http://www.ncdhhs.gov/dss/local/>
- When
 - First day of that month*
 - Retroactive eligibility does not apply
- Benefit Categories
 - Table in Section 2

Class	Group	Cost-Sharing*
MIC-A	Incomes is 150% or less of the poverty income level and are members of a federally Recognized Native American Tribe or Alaskan Native.	<ul style="list-style-type: none"> ● No enrollment fee ● No prescription copayments ● No copayments for office visits
MIC-J	Income of 150% or less of the Federal Poverty Income Level.	<ul style="list-style-type: none"> ● No enrollment fee ● Generic Prescription copay: \$1 ● Brand Prescription when no generic available copay: \$1 ● Brand prescription when generic available copay: \$3 ● Over-the-counter copay: \$1 ● No copayments for office visits ● \$10 non-emergency emergency room visits
MIC-K	Income in excess of 150% up to 200% of the Federal Poverty Income Level.	<ul style="list-style-type: none"> ● Enrollment fee: \$50 per child or \$100 maximum for two or more. ● Generic Prescription copay: \$1 ● Brand Prescription when no generic available copay: \$1 ● Brand prescription when generic available copay: \$10 ● Over-the-counter copay: \$1 ● \$5 copayments for office visits ● \$25 non-emergency emergency room visits

Verifying Eligibility


- Eligibility status may change from month to month if financial and household circumstances change
- At each visit, verify the recipient's
 - Identity (if an adult)
 - Current eligibility
 - Medicaid/NCHC program (benefit category)
 - CCNC/CA primary care provider information
 - Other insurance information











Medicaid and Health Choice Verification Methods

- EDI
 - HIPAA transaction 270/271
 - Real-time eligibility
 - Batch transaction
- AVR
 - 1-800-723-4337, option 6
 - Recipient Eligibility and Coordination of Benefits
 - Appendix A
- NCECSWeb Tool
 - Recipient Eligibility Inquiry
- Appendix F
 - Overview of recipient eligibility verification methods
- DMA Claims Analysis
 - 919-855-4045
 - Over 12 months

NCECSWeb Tool Homepage

Electronic Claims Submission
Recipient Eligibility Verification

 Main Menu

-  [Claims Entry](#)
-  [List Management](#)
-  [Reports](#)
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-  [Recipient Eligibility](#)
-  [View RA](#)
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-  [NCCI Denied Claims List](#)
-  [NCCI Explanation by ICN](#)



North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool is an online application for submitting HIPAA-compliant claims to N.C. Medicaid and for verifying recipient eligibility.

If you have any questions regarding the use of this system,
please call 1-800-688-6696 option 1 for the ECS Department.



Recipient Eligibility Inquiry

Please complete the selection criteria fields and click on the "Submit" button below to execute a search.

Selection Criteria

MID:	<input type="text"/>	...	Provider Medicaid Id:	<input type="text"/>	National Provider Id:	<input type="text"/>	<input type="button" value="Submit"/>	<input type="button" value="Clear"/>
Last Name:	<input type="text"/>		First Name:	<input type="text"/>				
DOB:	<input type="text"/>		SSN:	<input type="text"/>				
Elig From Date:	<input type="text"/>		Elig To Date:	<input type="text"/>				

Note: Valid search allowed are:

- A. Search by MID B. Search by Name and DOB C. Search by SSN and DOB D. Search by Name and SSN



Use any of these methods to search

Tips:

- Use MPN or NPI
- If no date is keyed, it will reflect eligibility for the date of search
- Cannot check future date until the first of that month
- Can search back 365 days

Eligibility Results Screen

Selection Criteria

MID:	MID #	Provider Medicaid Id:	National Provider Id:
Last Name:		First Name:	
DOB:		SSN:	
Elig From Date:	10012011	Elig To Date:	10012011

Error Message:

No Errors

Recipient Information

Name:	Recipient Name	MID:	MID #	DOB:	
Eligibility Date:	10012011-10012011	Eligibility Status:	<u>B</u>	Program Code:	<u>MADQ</u>

Carolina Access PCP Data

Medicare Information

HIC: HIC Number

PART A and PART B



Medicaid ID Card

ANNUAL MEDICAID IDENTIFICATION CARD

CASEHEAD NAME
CASEHEAD ADDRESS LINE 1
CASEHEAD ADDRESS LINE 2
CASEHEAD ADDRESS LINE 3
CASEHEAD ADDRESS LINE 4
CASEHEAD ADDRESS LINE 5

Recipient Signature _____
(Not valid unless signed)

USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD
AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT ID. RECIPIENT NAME
000.00.0000.N JOHNNYXXX Q. PUBLIC

BIRTH DATE ##/##/#### ISSUE DATE SEPT 1, 2010

PRIMARY CARE PROVIDER NAME
PRIMARY CARE PROVIDER ADDRESS LINE 1
PRIMARY CARE PROVIDER ADDRESS LINE 2
PRIMARY CARE PHONE NO. AND AFTER HOURS NO.

For questions about your Medicaid coverage and/or to report
Medicaid fraud, waste or program abuse, please contact
CARE-LINE at 1-800-662-7030 or locally call 919-855-4400.

FOLD HERE

Cut along dotted lines

NC Health Choice ID Card

- New Annual ID Card Effective 10/1/11
- Similar to Medicaid ID Card
- NCHC enrollees must select PCP
 - Follow same guidelines as Medicaid for referrals
- Retroactive eligibility does not apply

NC Health Choice ID Card

North Carolina Health Choice for Children

COPAYS: Provider/Outpatient: \$0.00/\$5.00 Pharmacy: \$1.00-\$1.00-\$3.00/\$10.00 OTC \$1.00 Non-emergency ER: \$10.00/\$25.00

Client Name

Address 1

Address 2

Address 3

Address 4

Address 5

Recipient

Signature _____

(Not valid unless signed)

USE OF THE CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH.



**N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

RECIPIENT ID

###-##-####-M

RECIPIENT NAME

John A. Doe

BIRTH DATE MM/DD/YYYY

ISSUE DATE MM/DD/YYYY

PCP NAME

ADDRESS 1

ADDRESS 2

ADDRESS 3

ADDRESS 4

ADDRESS 5

PHONE NUMBERS

For Questions about your Health Choice coverage and/or to report Health Choice fraud, waste, or program abuse, please contact DHHS Customer Service at 1-800-662-7030.

Health Choice Eligibility Criteria

- Children ages 6-18
- Does not qualify for Medicaid, Medicare, or other federal government sponsored health insurance
- NC resident
- Has paid enrollment fee (if applicable)
- Within 101% - 200% of the Federal Poverty Level

Health Choice Coverage

- Same as Medicaid, except:
 - No Long Term Care
 - No Non-emergency medical transportation
 - No EPSDT
 - Dental services provided on a restricted basis
- NCHC Clinical Coverage Policies
 - www.ncdhhs.gov/dma/hcmp/index.htm

Annual Visit Limitation

Mandatory Services

Annual Visit Limit Period	Number of Visits	Provider Types Included in Visit Count
July 1 through June 30	22	<ol style="list-style-type: none">1. Physicians (except for physicians enrolled in N.C. Medicaid with a specialty of oncology, radiology, or nuclear medicine)2. Nurse practitioners3. Nurse midwives4. Health departments5. Rural health clinics6. Federally qualified health centers

Optional Services

Annual Visit Limit Period	Number of Visits	Provider Types Included in Visit Count
July 1 through June 30	8	<ol style="list-style-type: none">1. Chiropractors2. Optometrists3. Podiatrists

Annual Visit Limitation Exemptions

- Recipients under the age of 21
- Recipients enrolled in CAP
- Pregnant recipients who are receiving prenatal and pregnancy-related services

Medicaid Copayments

Service	Copayment
Chiropractic	\$2.00 per visit
Dental	\$3.00 per visit
Prescription drugs, insulin, and OTCs	\$3.00 per prescription
Ophthalmologist	\$3.00 per visit
Optical supplies and services	\$2.00 per visit
Optometrist	\$3.00 per visit
Outpatient	\$3.00 per visit
Physician	\$3.00 per visit
Podiatrist	\$3.00 per visit
Clinic and outpatient services, including local health department visits and outpatient behavioral health services	\$3.00 per visit
Non-emergency visits to a hospital emergency room	\$6.00 per visit

Copayment Exemptions

- Recipients under the age of 21
- Recipients enrolled in CAP
- Pregnant recipients who are receiving prenatal and pregnancy-related services
- All inclusive list in chapter 2

Health Choice Copayments

- Vary depending on assistance category
- Copay amount listed on card

North Carolina Health Choice for Children

COPAYS: Provider/Outpatient: \$0.00/\$5.00 Pharmacy: \$1.00-\$1.00-\$3.00/\$10.00 OTC \$1.00 Non-emergency ER: \$10.00/\$25.00

Section 3

Medicaid Provider Information



Enrollment Procedure

- Online enrollment application
- NCTracks website
<http://www.nctracks.nc.gov>

Health Choice Providers

- No enrollment action for active NC Medicaid providers who want to render service to NCHC recipients
- New providers must complete the Medicaid enrollment application

NCTracks website

<http://www.nctracks.nc.gov>

Nurse Practitioner Enrollment

- Nurse Practitioners are now required to enroll with North Carolina Medicaid.
- Deadline has been extended for “Incident To” billing

NCTracks website

<http://www.nctracks.nc.gov>

Physician Assistants

- Physician Assistants are now required to enroll with North Carolina Medicaid
- Deadline has been extended for “Incident To” billing

NCTracks website

<http://www.nctracks.nc.gov>

Provider Enrollment Vendor

- CSC
 - EVC Call Center – 1-866-844-1113
 - NCMedicaid@csc.com
 - <http://www.nctracks.nc.gov>

Mailing Address:

CSC

PO Box 300020

Raleigh NC 27622-8020

Qualifications for Enrollment

- Licensure/Endorsement/Accreditation/Certification
 - Provider Participation Agreement
 - Attestation Letter
 - Provider Qualifications and Requirement Checklist

Conditions of Participation

- Medical Record Documentation
- Payment in Full
- Reporting Provider Changes
 - Payment Suspension
 - Change of Ownership

Reporting a Change

- Medicaid Provider Change Form
- CSC

<http://www.nctracks.nc.gov/provider/cis.html>

Provider Enrollment Forms

- Electronic Funds Transfer (EFT) Authorization Agreement
- Electronic Claims Submission (ECS) Agreement for Groups or Individuals
- Certification of Signature on File
- Remittance and Status Reports in PDF Format and Correct Coding Initiative Information Request Form

<http://www.ncdhhs.gov/dma/provider/forms.htm>

Program Integrity Measures

- Reviews
- Provider Self-Audits
- Reporting Fraud, Waste, and Program Abuse

Health Information Technology Incentives

The American Recovery and Reinvestment Act of 2009 authorizes CMS to provide incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified electronic health record (EHR) technology

<http://www.ncdhhs.gov/dma/provider/ehr.htm>

Section 4

National Provider Identifier

National Provider Identifier (NPI)

- Unique number to identify a healthcare provider
- Only one NPI per MPN
- Crossover Claims
 - The same NPI is on file for both Medicare and Medicaid

NPI and Carolina ACCESS

- If a group name is listed on the card as the PCP, obtain the group NPI. If an individual's name is listed as the PCP, obtain the individual's NPI
- **Note:** To ensure that the information on the card is current, verify the recipient's PCP using one of the methods outlined in Appendix F

NPI and Taxonomy

- Taxonomy code
 - provider's type and specialty
 - 10 character code
- DMA recommended taxonomy codes

<http://www.ncdhhs.gov/dma/NPI/taxonomy.htm>

- Example:
Community Intervention Services -
All Enhanced Benefits

251S00000X

Resources

- New NPI

- NPPES

- <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

- Taxonomy

- Washington Publishing Company

- <http://www.wpc-edi.com/taxonomy>

BREAK



Section 5

Community Care of North Carolina / Carolina
ACCESS Provider Information



CCNC/CA Primary Goals

- Improving care quality and health outcomes
- Reducing costs
- Increasing access to medical homes

CCNC Structure

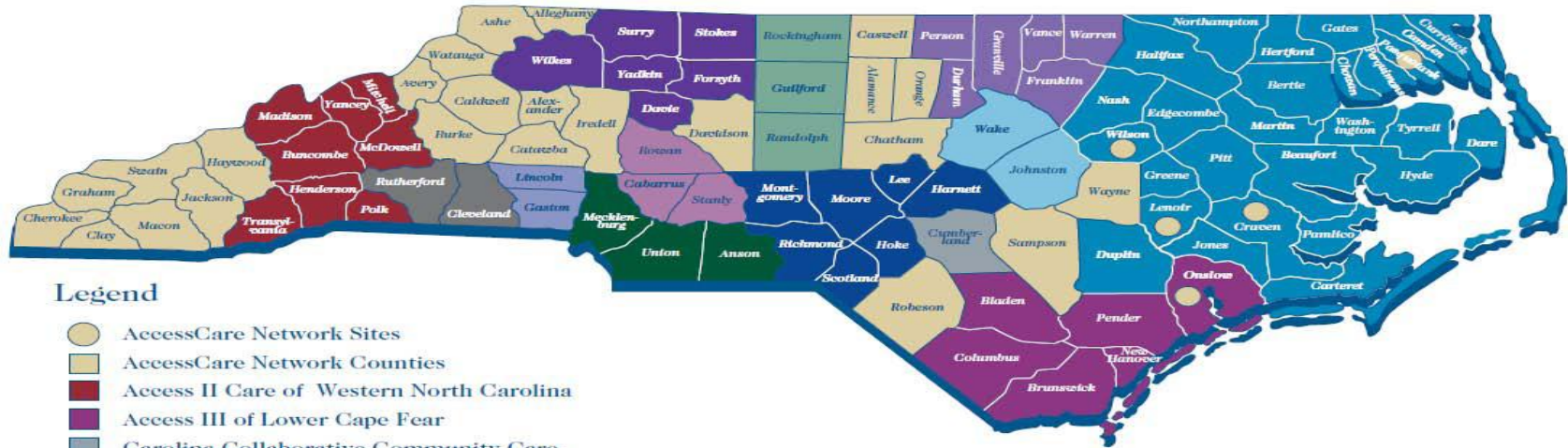
- Statewide program of 14 regional networks
 - Provide population health management
 - Provide disease management
 - Coordinate medical treatment and prevention

CCNC Network Map

<http://www.communitycarenc.com/>



Community Care of North Carolina Access II and III Networks



Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

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DHHS > DMA > Medicaid Providers > Provider Contacts > Contact Information for CCNC Networks

Contact Information for CCNC Networks

Contact Information for Community Care of North Carolina Networks

[CCNC Network Map](#) (PDF, 672 KB)

Network	Phone Number
Access II Care Of Western North Carolina	
Buncombe, Henderson, Madison, McDowell, Mitchell, Polk, Transylvania, Yancey	828-259-3858
Access III Of Lower Cape Fear	
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender	910-763-0200
Accesscare	
Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, Cherokee, Clay, Davidson, Graham, Haywood, Iredell, Jackson, Macon, Robeson, Sampson, Swain, Watauga, Wayne	919-380-9962
Alamance, Caswell, Chatham, Orange	919-966-4123
Carolina Collaborative Community Care	

<http://www.ncdhhs.gov/dma/provider/ccncnetwork.htm>

Initiatives Implemented in 2011

- Pregnancy Medical Home
- Care Coordination for Children (CC4C)

Pregnancy Medical Home

Goal

- Improve birth outcomes by providing evidence-based, high-quality maternity care to Medicaid patients
- Provide pregnant Medicaid recipients with a Pregnancy Medical Home (PMH)

How To Become a PMH Provider

- Practice signs contract with local CCNC network
- Include all doctors/nurse practitioners/nurse midwives in the practice
- Keep Medicaid informed of provider changes
 - Additions or deletions of practitioners

PMH Incentives

- Bypass medical necessity prior approval for ultrasounds
 - Ultrasounds must be registered with MedSolutions
- \$50 for completing risk screening at initial visit
 - By billing for this incentive payment, the practice is establishing itself as the Pregnancy Medical Home for that patient
- \$150 for the postpartum visit per Medicaid recipient
- Increased global rate for vaginal delivery, antepartum, and postpartum care



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Pregnancy Medical Home

DMA Managed Care

Phone Number 919-855-4780

Fax 919-715-0844 or 919-715-5235

DMA is working in partnership with [Community Care of North Carolina \(CCNC\)](#) and other community stakeholders including providers, local health departments, and the [Division of Public Health](#), to create a program that provides pregnant Medicaid recipients with a pregnancy medical home (PMH). The goal is to improve the quality of perinatal care given to Medicaid recipients, thereby improving birth outcomes and reducing Medicaid spending. This will be done by modeling the PMH after the enhanced primary care case management (PCCM) program developed by CCNC.

Case Management

If a pregnant Medicaid recipient's aid program category covers pregnancy services, she is eligible to participate in this program. This program is NOT just for recipients of Medicaid for Pregnant Women (MPW). Pregnant Medicaid patients will receive care management (population management). High-risk pregnant women in a PMH will receive case management services. The level of service provided will be in proportion to the individual's identified needs. Case managers are expected to closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome.

Care Coordination for Children

- Goals
 - Connect high cost and at-risk children and their families with services and resources
 - Support children in reaching their developmental potential
 - Ensure that children are raised in a healthy, safe, and nurturing environment

Recipient Enrollment

- The county department of social services (DSS) is responsible for enrolling recipients with a medical home
- Categories
 - Mandatory (includes Health Choice recipients)
 - Optional
 - Ineligible

Recipient Education

- DSS
 - Carolina ACCESS member handbook (available in English and Spanish)
- PCPs - coordinators of care
 - Initial contact within 60 days
 - Section 1 of the monthly Carolina ACCESS Provider Enrollment Report

Selecting a PCP

- Mandatory recipients are strongly encouraged to select a PCP
- If one is not selected, DSS will assign a PCP based on location, medical history, and restrictions of the provider
- Recipient can change PCPs

Provider Reports

DMA Information and Report System

- Provider Confidential Information and Security Agreement
<http://www.ncdhhs.gov/dma/provider/forms.htm>
- DMA Information and Report System
<http://reports.ncmedicaid.com>

CCNC/CA Reports

DMA Information and Report System

- Enrollment Report
- Emergency Room Management Report
- Referral Report
- Quarterly Utilization Report

Eligibility and CCNC/CA Enrollment

Must be verified at each visit

Resources

- Appendix F
- Current Carolina ACCESS Enrollment Report
(CCNC/CA PCPs only)

Selection Criteria

MID:	!	Provider Medicaid Id:		National Provider Id:	New
Last Name:		First Name:			
DOB:		SSN:			
Elig From Date:	01312011	Elig To Date:	01312011		

Error Message:

No Errors

Recipient Information

Name:	I	MID:		DOB:	
Hospice Enrolled:					
Eligibility Date:	01/31/2011 - 01/31/2011	Eligibility Status:	E	Program Code:	MADQ
County:	43				

Carolina Access PCP Data

Name:	DR J.S. Goodwill		
Day Time Phone:	704-555-1212	After Hrs Phone:	704-555-2121

Transfer of Asset(TOA)

Transfer of Asset Message: T1 TOA Recipient has not been assessed

Medicare Information

HIC:



Referrals and Authorizations

- All referral requests from recipients and medical providers must be evaluated based on the medical needs of the patient
- All authorizations and consultations, including services authorized retroactively, are at the discretion of the PCP

Referrals and Authorizations

- Considered for medically necessary or urgent services
- Prior to visit
- By telephone or in writing
- Number of visits and extent of the diagnostic evaluation
- Referrals vs. prior approvals
- Referral for a Second Opinion

Process for Giving a CCNC/CA Referral

- For Carolina ACCESS enrollees, your NPI number must be provided to the specialist or other health service provider as the authorization number
- Please use the NPI that you reported to DMA for the Medicaid Provider Number (MPN) used to link Carolina ACCESS recipients to your practice (refer to the MPN listed on your Carolina ACCESS Enrollment Report)

Exempt Services

- Ambulance
- Community Alternatives Program (CAP)
- Health department services
- Outpatient behavioral health services provided to recipients age 21 and older
- Dental Services

Medical Exemptions

- Terminal Illness
- Chemotherapy/Radiation Treatment
- Major Organ Transplant
- End Stage Renal Disease
- Carolina ACCESS Medical Exemption Request Form:
www.ncdhhs.gov/dma/provider/forms.htm

CCNC/CA Override Requests

- Only for extenuating circumstances
- Will not be given for mental health services
- Only considered within 6 months from DOS

EPSDT

Early and Periodic Screening, Diagnosis,
and Treatment

Section 6

Prior Approval

Purpose

- May be required to verify documentation of compliance with clinical coverage policy or program criteria
- Medical approval only
- Must be obtained **before** rendering a service, product, or procedure
- Does not guarantee payment

Important Points

- Providers cannot bill recipients when the provider failed to follow program regulations
- Retroactive PA considered only
 - When recipient is granted eligibility retroactively or recipient is enrolled in
 - Community Alternatives Program (CAP)
 - Hospice
 - Nursing Facility Services

Significant Changes

- Behavioral Health
- NC Health Choice

Behavioral Health

- Effective October 1, 2011, the Appropriations Act of 2011 (House Bill 200) mandates that providers submit authorization requests electronically via the vendor's website
- Provider Training Opportunities
 - Webinars

Health Choice Prior Approval

- Unmanaged visits will begin anew on October 1, 2011
 - Limited to 16 visits per calendar year
 - PA required beyond 16th visit
- PA requests for DOS on or after October 1, 2011
 - Submit PA request to HPES
 - Use patient's new ID #
 - Use Legacy Medicaid Provider Number
 - DO NOT use NPI on PA requests

Requests for Specific Types of Prior Approval

- Requests for Specific Types of Prior Approval
- Quick Reference Table—Prior Approval for Certain Medicaid Services

Service	Verbal Authorization	Written Authorization
Over the Counter Medication Requests for Recipients under 21 Years of Age	No verbal authorization.	Submit completed Non-Covered State Medicaid Plan Services Request to DMA as specified on the form before providing the service, product, or procedure. The form must be completed by the recipient's physician or other licensed clinician. The request must show that <u>ALL</u> EPSDT criteria are met.
Prescription Drugs	Call ACS (1-866-246-8505) for information and instructions.	Fax completed Pharmacy PA Forms to ACS (1-866-246-8507).
Private Duty Nursing (PDN)	Call DMA (919-855-4380) for PDN consultation. Upon review of faxed information, the PDN consultant will provide verbal authorization as indicated.	Complete and fax a PDN Referral Form and a Physician's Request Form (both online at http://www.ncdhhs.gov/dma/provider/forms.htm) documenting medical necessity to DMA (919-715-2859).
Psychiatric Services, Inpatient (PRTF, Residential Child Care, Criterion 5, Out-of-State and Residential Services)	Contact the appropriate UR vendor for information and instructions: <ul style="list-style-type: none"> • The Durham Center (Durham County): 919-560-7100 • Eastpointe LME (Duplin, 	Submit documentation in accordance with behavioral health clinical coverage policies online at http://www.ncdhhs.gov/dma/mp/

Medicaid PA and Recipient Hearing Process

Medicaid is an entitlement program, and it is a recipient's constitutional right to appeal a Medicaid decision that denies, reduces, terminates, or suspends a request for Medicaid services

Health Choice Recipient Review Requests

Health Choice is not an entitlement program. A Health Choice recipient may seek review of any delay, denial, reduction, suspension, or termination of health services, in whole or in part, including a determination about the type or level of services, through a two-level review.

Who's Who in Prior Approval

- Carolinas Center for Medical Excellence (CCME)
- MedSolutions
- ACS, A Xerox Company
- HP Enterprise Services (HPES)
- Crossroads Behavioral Healthcare
- The Durham Center
- Eastpointe LME
- Pathways LME
- ValueOptions, Inc.

ProviderConnect

- Automated system for submitting Behavioral Health PA requests
- To register for a log-on and password, contact the vendor
 - The Durham Center 1-919-560-7100
 - Eastpointe LME 1-800-513-4002
 - ValueOptions, Inc. 1-888-510-1150
 - Crossroads Behavioral Healthcare 1-336-835-1000



NC Department of Health and Human Services

NC Division of Medical Assistance

Home

DMA SERVICES

FOR COUNTY STAFF

For Providers

STATISTICS AND REPORTS

DMA HOME

▼ **Medicaid Providers**

A-Z Provider Topics

Calendars

Claim and Billing

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EPSDT and Health Check

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Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

DHHS > DMA > Medicaid Providers > Claims and Billing > Prior Approval

Prior Approval and Due Process

Due Process Resource Documents

- [Due Process and Prior Approval Procedures Special Bulletin, May 2011](#) (PDF, 86 KB)
- [Medicaid Recipient Due Process Rights and Prior Approval Policies and Procedures](#) (PDF, 157 KB)
- [Medicaid Recipient Due Process and Prior Approval Policies and Procedures Seminar Presentation February 2011](#)

Prior Approval

Prior approval (PA) may be required for some services, products or procedures to verify documentation of medical necessity.

Prior approval is for medical approval only and must be obtained before rendering a service, product or procedure that requires prior approval. Obtaining prior approval does not guarantee payment, ensure recipient eligibility on the date of service or guarantee that a post-payment review to verify that the service was appropriate and medically necessary will not be conducted. A recipient must be eligible for

Section 7

Third-Party Insurance

Federal Regulations

- Medicaid is the “payer of last resort”
- If the Medicaid-allowed amount is more than third-party payment Medicaid will pay the difference up to the Medicaid-allowed amount
- If insurance payment is more than Medicaid-allowed amount Medicaid will not pay any additional amount

Noncompliance Denials

- Medicaid does not pay for services denied by private health plans due to noncompliance with the private health plan's requirements
- Compliance with the plan's requirements is the responsibility of the provider and the patient

Common Noncompliance Denials

- Failure to get a referral from a participating primary care provider (PCP)
- Failure to go to a participating provider
- Failure to obtain a second opinion
- Failure to obtain prior approval

Reporting TPL Coverage Changes

- Health Insurance Information Referral Form (DMA-2057)
- Providers may submit requests electronically via a secured Internet connection at <http://ncproviders.hms.com>

Q&A

Lunch Break

