



Network Communication Bulletin #023

To: All Providers

From: Cindy Ehlers, MS,LPC - Vice President of Clinical Operations

Date: March 8, 2018

Subject: **Encounter Dispositions Changes, Home and Community Based Assessment (HCBS) Reminders, Trillium Claims Department Updates, Common Claims Error - Incorrect Billing Location In NCTracks**

Encounter Dispositions Changes

Certain NCTracks encounter edits will be modified and updated on April 1 and May 1.

The following NCTracks edits are currently set to “deny;” effective May 1, 2018, they will be updated to “pay and report” status.

Edit	Old Disposition	New Disposition	Edit Description	EOB Code	EOB Description
00374	DENY	PAY AND REPORT	DRG PAY ON FIRST ACCOM LINE	09271	PAYMENT INCLUDED IN DRG REIMBURSEMENT ON FIRST ACCOMMODATIO DETAIL
01200	DENY	PAY AND REPORT	INPAT CLM BILL ACCOM REV CDE	09200	DRG - INPATIENT STAY REQUIRES ACCOMMODATION REVENUE CODE. CORRECT AND RESUBMIT CLAIM
01201	DENY	PAY AND REPORT	MCE - ADMIT DTE = DISCH DTE	09201	DRG - ADMISSION DATE AND DISCHARGE DATE THE SAME ON INPATIENT CLAIM. RESUBMIT AS OUTPATIENT SERVICES
Edit	Old Disposition	New Disposition	Edit Description	EOB Code	EOB Description
01202	DENY	PAY AND REPORT	Missing/ Invalid ADMIT AND DISCH HRS	09269	DRG - ADMISSION HOUR AND DISCHARGE HOUR ARE INVALID (NOT 00 THROUGH 23). CORRECT AND RESUBMIT CLAIM
01205	DENY	PAY AND REPORT	MCE: PAT STAT INVLD FOR TOB	09205	DRG - PATIENT STATUS IS NOT VALID WITH 3RD DIGIT FREQUENCY OF TYPE OF BILL. CORRECT PATIENT STATUS OR BILL TYPE AND RESUBMIT CLAIM
01209	DENY	PAY AND REPORT	MCE - INVALID PATIENT STATUS	00135	PATIENT STATUS MISSING/NOT IN ACCORDANCE WITH MEDICAID POLICY/INCONSISTENT WITH DAYS/DATES BILLED
03200	DENY	PAY AND REPORT	MCE - INVALID ICD-9 CM PROC	09243	DRG - PRINCIPAL PROCEDURE CODE IS INVALID OR REQUIRES FURTHER SUBDIVISION. CORRECT AND RESUBMIT CLAIM
49459	Not Identified	PAY AND REPORT	PROCEDURE CODE UNIT LIMIT	07001	EXCEEDS ONE PER DAY LIMITATION

The following edits that are currently set to “pay and report” will be updated to “deny” on April 1, 2018. One edit is related to billing type, two of these edits are related to missing or invalid attending provider taxonomy, and the others are related to duplicate services. The change is necessary to prevent invalid encounter data from populating the Medicaid data warehouse.

Many LME-MCOs are making changes to align with NCTracks by adding these edits to their systems. Once alignment with NCTracks editing has been achieved by all LME-MCOs, DMA will modify these encounter edits to Pay and Report status.

Edit	Old Disposition	New Disposition	Edit Description	EOB Code	EOB Description
00313	PAY AND REPORT	DENY	MISSING OR INVALIDE TYPE BILLED	00133	ENTER CORRECT BILL TYPE IN FORM LOCATOR 4 AND SUBMIT AS A NEW CLAIM
00323	PAY AND REPORT	DENY	RENDERING PROVIDER NUMBER CHECK	03523	RENDERING PROVIDER NOT ON FILE
07013	PAY AND REPORT	DENY	ATTENDING TAXON M/B (must be) ENROLLED	03101	THE TAXONOMY CODE FOR THE ATTENDING PROVIDER IS MISSING OR INVALID

Other changed edits are related to duplicate claims or claim lines.

Edit	Old Disposition	New Disposition	Edit Description	EOB Code	EOB Description
13420	PAY AND REPORT	DENY	SUSPECT DUPLICATE-OVERLAP DOS	00472	SUSPECT DUPLICATE-OVERLAPPING DATES OF SERVICE, INSTITUTIONAL
13460	PAY AND REPORT	DENY	POSSIBLE DUP-SAME PROV/PX/DOS	00480	LESS SEVERE DUPLICATE- SAME PROVIDER/PROCEDURE/OVERLAPPING DATES OF SERVICE, PROFESSIONA
13470	PAY AND REPORT	DENY	LESS SEV DUPLICATE OUTPATIENT	00481	LESS SEVERE DUPLICATE- SAME PROVIDER/PROCEDURE/REVENUE CODE/HOUR/OVERLAPPING DATE OF SERVICE, OUTPATIENT
13480	PAY AND REPORT	DENY	POSSIBLE DUP SAME PROV/OVRLAP	00482	LESS SEVERE DUPLICATE- SAME PROVIDER/OVERLAPPING DATE OF SERVICE, INSTITUTIONAL
13490	PAY AND REPORT	DENY	POSSIBLE DUP-SAME PROVIDER/DOS	00483	LESS SEVERE DUPLICATE-SAME PROVIDER/OVERLAPPING DATE OF SERVICE, INSTITUTIONAL
13500	PAY AND REPORT	DENY	POSSIBLE DUP-SAME PROVIDER/DOS	00484	LESS SEVERE DUPLICATE-SAME PROVIDER/DATE OF SERVICE
13510	PAY AND REPORT	DENY	POSSIBLE DUP/SME PRV/OVRLP DOS	00485	LESS SEVERE DUPLICATE- SAME PROVIDER/OVERLAPPING DATE OF SERVICE
13580	PAY AND REPORT	DENY	DUPLICATE SAME PROV/AMT/DOS	00492	EXACT DUPLICATE-SAME PROVIDER/BILLED AMOUNT/OVERLAPPING DATE OF SERVICE, INSTITUTIONAL
13590	PAY AND REPORT	DENY	DUPLICATE-SAME PROV/AMT/DOS	00493	EXACT DUPLICATE-SAME PROVIDER/BILLED AMOUNT/DATE OF SERVICE, INSTITUTIONAL
25980	PAY AND REPORT	DENY	EXACT DUPE. SAME DOS/ADMT/NDC	01998	DUPLICATE CLAIM, SAME DATE OF SERVICE, ADMIT HOUR, AND NDC NUMBER
34420	PAY AND REPORT	DENY	EXACT DUP SAME DOS/PX/MOD/AMT	00021	EXACT DUPLICATE-SAME DOS/SAME PROCEDURE/SAME MODIFIER/SAME AMOUNT
34490	PAY AND REPORT	DENY	DUP- PX/IM/DOS/MOD/\$\$/PRV/TCN	05405	EXACT DUPLICATE-SAME PCODE/INTERNAL MODIFIER/DOS/MODIFIER/BILL AMOUNT/REND PROVIDER/TCN
34550	PAY AND REPORT	DENY	SEV DUP-SAME PX/IM/MOD/DOS/TCN	05410	SEVERE DUPLICATE-SAME PCODE/INTERNAL MODIFIER/MODIFIER/DOS/TCN
39360	PAY AND REPORT	DENY	SUSPECT DUPLICATE-OVERLAP DOS	00469	SUSPECT DUPLICATE- OVERLAPPING DATES OF SERVICE, INSTITUTIONAL
39380	PAY AND REPORT	DENY	EXACT/LESS SEVERE DUPLICATE	00901	NO ADJUSTMENT DUE

Edit	Old Disposition	New Disposition	Edit Description	EOB Code	EOB Description
49459	PAY AND REPORT	DENY	PROCEDURE CODE UNIT LIMIT	07001	EXCEEDS ONE PER DAY LIMITATION
53800	PAY AND REPORT	DENY	Dupe service or procedure	00021	EXACT DUPLICATE-SAME DOS/SAME PROCEDURE/SAME MODIFIER/SAME AMOUNT
53810	PAY AND REPORT	DENY	Dupe service or procedure	00021	EXACT DUPLICATE-SAME DOS/SAME PROCEDURE/SAME MODIFIER/SAME AMOUNT
53820	PAY AND REPORT	DENY	Dupe service or procedure	00021	EXACT DUPLICATE-SAME DOS/SAME PROCEDURE/SAME MODIFIER/SAME AMOUNT
53830	PAY AND REPORT	DENY	Dupe service or procedure	00021	EXACT DUPLICATE-SAME DOS/SAME PROCEDURE/SAME MODIFIER/SAME AMOUNT

Home and Community Based Assessment (HCBS) Reminders

An HCBS Assessment is required for the following services:

- a. Residential Supports (one per site)
- b. Day Supports (one per site)
- c. Adult Day Health (one per site)
- d. Supported Employment (one per corporate site)

Questions within the tool should be answered based on the agency's policy, **NOT** member specific data/information.

NO ePHI is to be entered on the assessment. This is a site assessment *only*.

For questions regarding your HCBS assessments, please contact Amber Byrum at Amber.Byrum@TrilliumNC.org.

NC HealthConnex Connection Required by June 1, 2018, for Medicaid Hospitals, Physicians and Mid-Level Practitioners and Extension Process

Per [Session Law \(S.L.\) 2015-241](#), as amended by [S.L. 2017-57](#), North Carolina providers who are reimbursed by the state for providing health care services under Medicaid and NC Health Choice (NCHC) programs must join NC HealthConnex, the state-designated Health Information Exchange.

As of June 1, 2018, hospitals, mid-level physicians and nurse practitioners who currently have an electronic health record system must be connected to NC HealthConnex to continue to receive payments for Medicaid and NCHC services. All other Medicaid and state-funded providers must be connected by June 1, 2019, including the State Health Plan, Program for All Inclusive Care of the Elderly (PACE) and state grants.

The NC Health Information Exchange Authority (HIEA), the NC Department of Information Technology agency that manages NC HealthConnex, will host "How to Connect" webinars the last Monday of each month at noon to educate providers affected by this law, describe the technical and onboarding

requirements, and answer questions about the legal [Participation Agreement](#) that governs the data connection. In the meantime, providers can learn more at nhealthconnex.gov/how-connect.

To **register** for the next webinars and to **learn more** about NC HealthConnex, visit nhealthconnex.gov.

Alternatively, the NC Health Information Exchange Authority (NC HIEA), in collaboration with the NC Department of Health and Human Services, developed a process that allows health care providers to request extensions to complete their connection to NC HealthConnex. To request a connection extension, providers must:

1. Sign an NC HIEA [Participation Agreement](#), and
2. Demonstrate how their organization plans to connect to NC HealthConnex within one calendar year. If the provider organization meets these criteria, complete a form located on the nhealthconnex.gov website.

Note: This process is not a request for a waiver or exemption from the state's requirements, but an extension of time to meet the state's requirements.

NC HealthConnex links disparate systems and existing North Carolina HIE networks together to deliver a holistic view of a patient's record. It currently houses 3.9 million unique patient records, allowing providers to access their patients' comprehensive records across multiple providers, and review consolidated lists of items including labs, diagnoses, allergies and medications.

Providers with questions can contact the NC HIEA staff at 919-754-6912 or hiea@nc.gov.

Provider Services
DMA, 919-855-4050

Federal Fee Increase for Provider Enrollment

Note: This article was originally published in the [January 2018 Medicaid Bulletin](#) under the title *Affordable Care Act Fee Increase for Provider Enrollment*.

The Centers for Medicare & Medicaid Services (CMS) announced an increase in the federal application fee for provider enrollment. The application fee increased to \$569 for calendar year 2018 for applications received Jan. 1 - Dec. 31, 2018.

The fee is required for any **institutional** providers who are newly enrolling in Medicaid or NC Health Choice, re-enrolling, re-credentialing or adding a new practice location. It **does not** apply to individual physicians or non-physician practitioners.

After the submission of the enrollment application, providers will receive an invoice for the fee. Providers are requested to wait for their invoice before submitting payment. The Federal Register published the fee notice on [Dec. 4, 2017](#). For additional information about the application fee, visit the [ACA Application Fee FAQ web page](#) on the public NCTracks Provider Portal.

Provider Services
DMA, 919-855-4050

Avoid Delays in the Processing of Provider Enrollment Applications

If a provider's enrollment application or Manage Change Request (MCR) is clean and does not contain errors, it will process more quickly. The NCTracks Enrollment Team identified common errors that cause delays in processing applications and MCRs. Common errors include:

- **Supporting documentation not attached** - If supporting documentation is required, it must be uploaded and attached prior to submission (including license/certification/accreditation). For guidance on how to attach supporting documentation, refer to section 3.30.1 of Participant User Guide PRV111 Provider Web Portal Applications on the secure NCTracks provider portal.
- **Name on application** - Name on application should match National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI).
- **Incomplete Exclusion Sanction information** - The Exclusion Sanction questions must be answered. On question K, all convictions (misdemeanors and felonies) must be disclosed regardless of how old the conviction is. (The only exception to this requirement is minor traffic offenses, such as a speeding ticket, expired registration, etc.) The questions must be answered for the enrolling provider, its owners, and agents in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3. If the answer to the Exclusion Sanction questions is "yes," then documentation regarding the disposition of the action must be attached to the application. If a provider submits a written attestation, it must be on company letterhead and signed and dated by the person to whom the attestation applies. For a complete list of questions, go to the Provider User Guides and Training page of the NCTracks Provider Portal and open either the "How to Enroll in North Carolina Medicaid as an Individual Practitioner" or "How to Enroll in North Carolina Medicaid as an Organization" user guides, which are located in the Enrollment and Re-Verification section. These documents contain the list of sanction questions.
- **Failure to upload Electronic Fingerprinting Submission Release of Information Form (Evidence)** - The form must be signed and dated by each person required to submit fingerprints. It must also be signed and dated by the law enforcement agency collecting the fingerprints. Providers must upload the Release of Information Form into NCTracks by the deadline on the notification letter.
- **Fingerprinting Card should not be mailed to address on the evidence form** - If the applicant opts to do a Fingerprint Card, it must be mailed to the State Bureau of Investigation (SBI) for processing at NCSBI/Applicant Unit, 3320 Garner Road, Raleigh, NC 27626.
- **Choosing the incorrect taxonomy code** - The taxonomy code selected must accurately reflect the type of provider. The provider must meet the enrollment qualifications for the taxonomy code selected and possess the required licensure and/or credentials. Providers who are uncertain which taxonomy code to select should consult the "Provider Permission Matrix" (and instruction sheet) on the Provider Enrollment page of the NCTracks provider portal. For additional guidance, refer to "How to View and Update Taxonomy on the Provider Profile in NCTracks" on the Provider User Guides and Training page of the NCTracks provider portal.
- **NCID misuse** - This continues to be an issue on applications and may result in adverse action on the provider's application and record. Refer to the article, Using NCIDs Properly in NCTracks, in the December 2016 Medicaid Bulletin.
- **Inaccurate entry of names, Social Security numbers (SSN) and date of birth (DOB) on applications** - This continues to be an issue which impacts the integrity of the application and Participation Agreement and may result in adverse action on the application.

For assistance with NCID and/or PIN, refer to the [Getting Started](#) web page on NCTracks and the NCTracks [NCID Fact Sheet](#).

Providers with questions can contact the CSRA Call Center at 1-800-688-6696 (phone), 1-855-710-1965 (fax), or NCTracksProvider@nctracks.com.

Trillium Claims Department Updates:

New contact emails for Claims Department

Effective May 1, 2018, Trillium will implement a new contact email for the Claims and Enrollment & Eligibility.

For inquiries or submission of the below items, please use the email Claims2@TrilliumNC.org.

- Claims Request Forms
- Remittance Advise questions
- How to submit claims
- How to obtain and RA
- How to bill a claim
- How to correct claim
- Any other claim inquiries or questions

For inquiries related to eligibility confirmation, adding or terminating Third Party Insurance or assistance completing New Enrollments or Clinical Updates in Provider Direct, please use EnrollmentandEligibility@TrilliumNC.org.

Please remember when submitting any Protected Health Information, it is your responsibility to ensure it is properly secured.

If your agency does not currently use an email encryption service, Trillium does offer our Zixmail portal for emailing us securely. The instructions for registering an account with our Zixmail are found on our website, under For Providers, Provider Documents and Forms. Please note, this will only secure the emails you compose within the Zixmail website. It will not encrypt any emails sent directly from your agency's email client/website.

Common Claims Error - Incorrect Billing Location In NCTracks

Trillium Health Resources is required to send all claims to NCTracks for encounter claims processing. NCTracks validates that the billing provider's address submitted on the claim corresponds to the location listed on the provider's record at NCTracks. If NCTracks cannot match the billing provider's address on the encounter claim to an active service location in the NCTracks provider record, Trillium will receive the informational EOB code 04529 - BILLING ADDRESS SUBMITTED ON THE CLAIM DOES NOT MATCH THE ADDRESS ON FILE. This EOB indicates that the provider should add or correct the billing provider address on the provider record in NCTracks or correct the address submitted on the claim. If this EOB code is received by Trillium, you may be contacted by a Trillium Claims Specialist on what information needs to be corrected.

The billing provider address, city, state, and zip code (first five digits) on all encounter claims must match exactly with the corresponding information on the provider record. (The match is not case sensitive.)

NCTracks uses the address submitted on the claim to match to a service location address on the provider's record. The claim fields used for the match are:

- 837 P, and I - Loop 2010AA
- CMS-1500 - Block 33
- UB04 - Form Locator 1

The Provider record at NCTracks can be updated with a new billing provider address by submitting a Manage Change Request (MCR) in the secure NCTracks provider portal. Alternatively, providers can correct the billing provider's address on the claim so it matches a service location on the billing provider's record.

Note: MCRs may be subject to credentialing and verification with NCTracks. For guidance on submitting an MCR, refer to the User Guide, How to Change the Physical Address in NCTracks, in SkillPort found on the NCTracks website.

If you have any questions, please verify what information NCTracks has on file for the Provider Agency or send your questions to the Claims Department at Claims2@TrilliumNC.org or Trillium's Network Department at NetworkManagement@TrilliumNC.org.

Any questions about this Communication Bulletin may be sent to the following email:

NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.

A NOTE FROM TRILLIUM'S IT DEPARTMENT

In order to ensure the highest security standards, Zix will be implementing additional security upgrades to the secure email portal/ZixPort on **June 3, 2018**.

The security upgrades will only allow a message recipient to access their messages using browsers that support TLS 1.2 or higher. Older browsers that do not support TLS 1.2 cannot be used to access the secure email portal/ZixPort after this date. Most browsers already have implemented this security feature, but you may need to check that you have the most updated version on your computer.

This change is necessary to improve security and is also a requirement for those customers that need PCI compliance.

Zix will be following the industry lead by email providers such as Google and Microsoft. Because most browsers and email platforms such as Google, Outlook.com and Yahoo have supported TLS 1.2 for the last few years, end-users are unlikely to be affected by this change. However, any browsers that do not support TLS 1.2 will need to be updated.

After June 3rd 2018, users that attempt to access the secure email portal/ZixPort with a browser that does not support TLS 1.2 will get a "connection refused" message.

A comprehensive list of browsers that support TLS 1.2 is available here:

<https://www.ssllabs.com/ssltest/clients.html>

Please review the list above and make sure you are ready by June 3. If you update your browser and still run into issues after June 3, please email Zix Customer Support at support@zixcorp.com.

Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our [Upcoming Events page](#).

Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the [RFP | RFA | RFI | Opportunities page](#) for listings.