



a General Dynamics Information Technology, Inc. company

NCMMIS Recipient Search and Update (State Users) Participant User Guide

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DHHS MES VMU

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SUBMITTED BY:

CSRA



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**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

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1.0 Welcome

1.1 COURSE OVERVIEW

Welcome to the State training on Recipient Search and Update. The Recipient Search function allows the Division of Health Benefits (DHB), Division of Public Health (DPH), and Division of Mental Health (DMH) to access recipient information. Access to recipient information is based on the payer type and security role assigned to an individual. This access determines if information is view-only or if the information can be updated.

The types of recipient information available are demographics, enrollment data, eligibility, and benefit plan. DHB, DPH, and DMH have the ability to search for Common Name Data System (CNDS) IDs and review possible duplicate recipients. DMH and DPH can also add new CNDS recipients and cross-reference CNDS IDs.

This course, based on payer type, focuses on how to search, view, and update recipient information as well as conduct a CNDS search and cross-reference CNDS IDs. This course also covers the review of possible duplicate recipients and the CNDS Merge Initiation process.

Each section has a graphic illustration followed by a list of one or more steps. The number(s) on the image correspond with the number(s) of each step.

1.2 COURSE BENEFITS

- Enables you to search for recipients using multiple options.
- Provides access to current recipient information.
- Enables you to search for, add, and cross-reference CNDS IDs.
- Allows identification of possible duplicate recipients.

1.3 COURSE OBJECTIVES

At the end of training, as an authorized user, you will be able to do the following:

- Search for recipients
- View recipient information
- Update recipient information
- Search for CNDS IDs
- Cross-reference CNDS IDs
- View and combine duplicate recipients

1.4 SUPPLEMENTAL TRAINING

Before taking this course, it is recommended that the user first complete the following courses:

- HIPAA Privacy & Security Training
- NCTracks Overview – Operations Portal (Computer-Based Training [CBT])
- Viewing and Updating Recipient Records (CBT)
- Recipient Enrollment and Eligibility (CBT)

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2.0 Division of Health Benefits (DHB)

2.1 INTRODUCTION

DHB staff have the ability to search and view all recipient information associated with DHB. Authorized users have update or view-only access to the **Recipient Detail** and **CNDS Detail** screens.

The **Recipient Detail** screen includes the following tabs with view-only access:

- Recipient Summary
- Contacts
- Case Data History
- Premiums
- Cost Sharing
- Other Coverage
- Service Limits
- Transfer of Assets
- Consent Forms

Authorized users have update access to the following tabs on the **Recipient Detail** screen:

- Address (temporary addresses)
- Family Case Data
- Dialysis
- Recipient Lock-in
- ID Card, COCC (Certificate of Creditable Coverage) & Booklet
- Money Follows Person
- Time Limit Override
- State Authorized Payments
- CAP DA/C Consent

The **CNDS Search** screen includes the following tabs with view-only access:

- Demographic Information
- LME (Local Managing Entity) Cross-Reference

2.2 RECIPIENT SEARCH

Two basic search methods are used to search for recipients. The first method is to search by a unique identifier such as Social Security Number (SSN) or Recipient ID, and the second method is to search by using non-unique identifiers. You can search for a recipient by entering Last Name, First Name, and one other field such as Middle Name, Date of Birth, Gender, or County Code.

Access the **Recipient Search** screen by selecting **Recipient Search** from the **Recipient** drop-down menu.

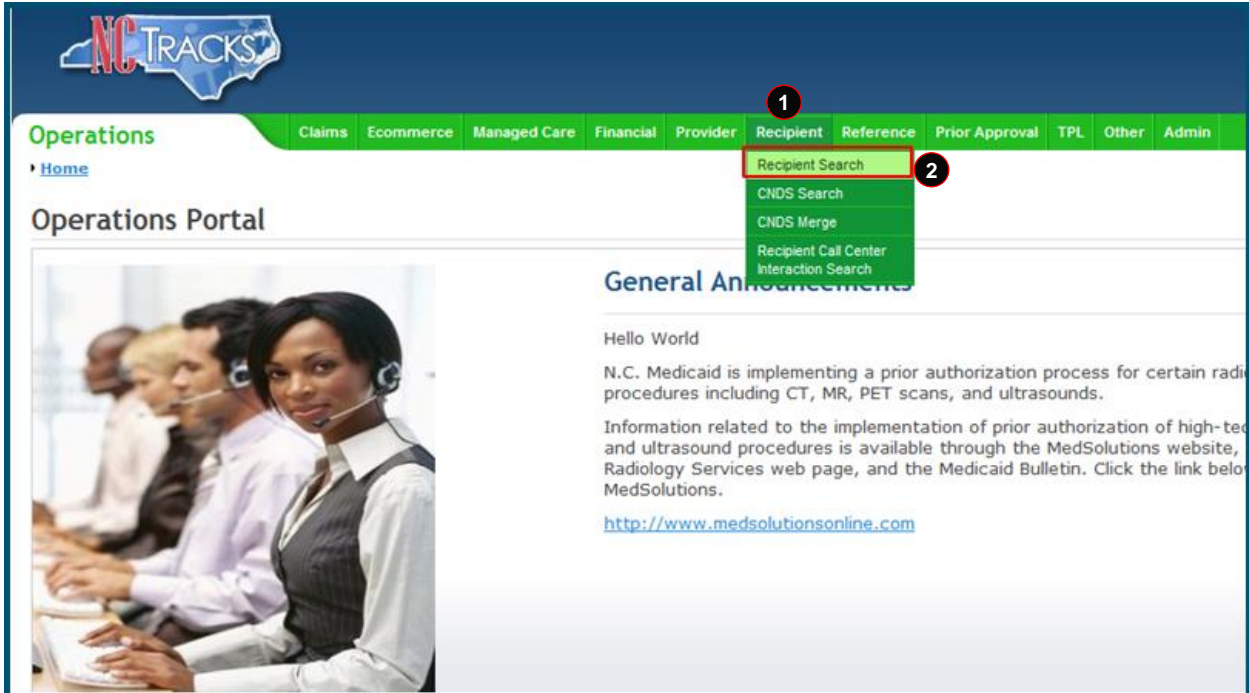


Exhibit 1. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select Recipient Search .

2.2.1 Recipient Search Using a Unique Identifier

Enter one of the following to search for a recipient using a unique identifier:

- Recipient ID/Type
- Recipient SSN
- Eligibility Case ID

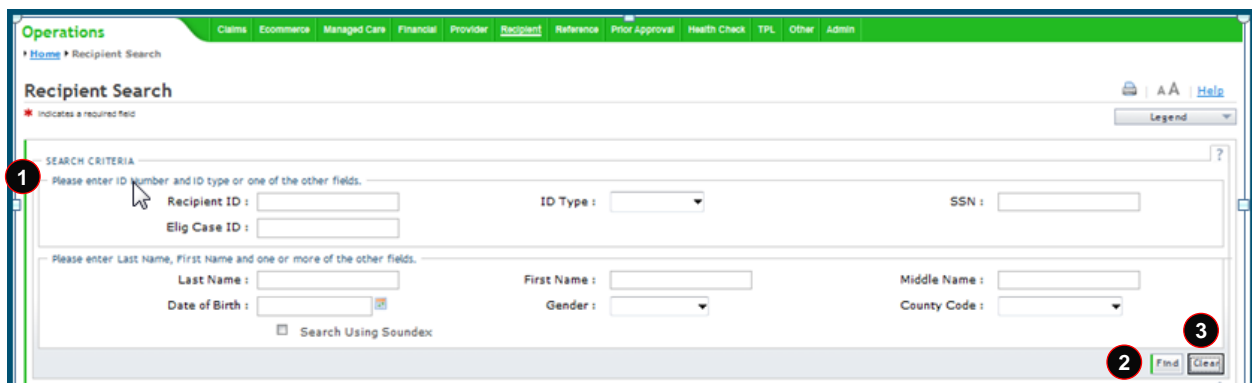


Exhibit 2. Recipient Search Screen

Step	Action
1	Search Criteria: Enter one of the following to search for a recipient using a unique identifier: <ul style="list-style-type: none"> • Recipient ID, ID Type • Social Security Number • Eligibility Case ID
2	Select the Find button.
3	If necessary, select the Clear button to clear data and begin a new search.

2.2.2 Recipient Search Using a Non-Unique Identifier

To search using a non-unique identifier, you must enter the recipient’s Last Name, First Name, and one other field such as Date of Birth, Gender, or County Code. If the recipient’s complete first and last name are not known, you can search by entering partial names. You can also perform a search using Soundex if the correct spelling of a name that sounds the same is not known. To search by Soundex, enter recipient information and then select the ‘Search Using Soundex’ check box.

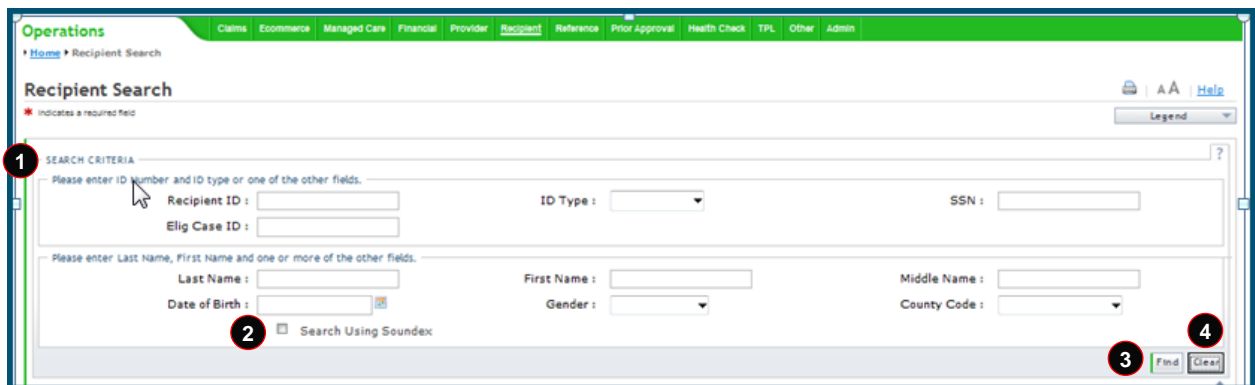


Exhibit 3. Recipient Search Screen

Step	Action
1	Search Criteria: Enter recipient data using one of the following combinations: <ul style="list-style-type: none"> • Last Name, First Name, and Middle Name • Last Name, First Name, and Date of Birth • Last Name, First Name, and Gender • Last Name, First Name, and County Code
2	Select the Search Using Soundex check box. (Optional field)
3	Select the Find button.
4	If necessary, select the Clear button to clear data and begin a new search.

2.2.3 Recipient Search Results

All results matching the search criteria display at the bottom of the screen. Select a Recipient ID link from the **Search Results** section to view recipient details.

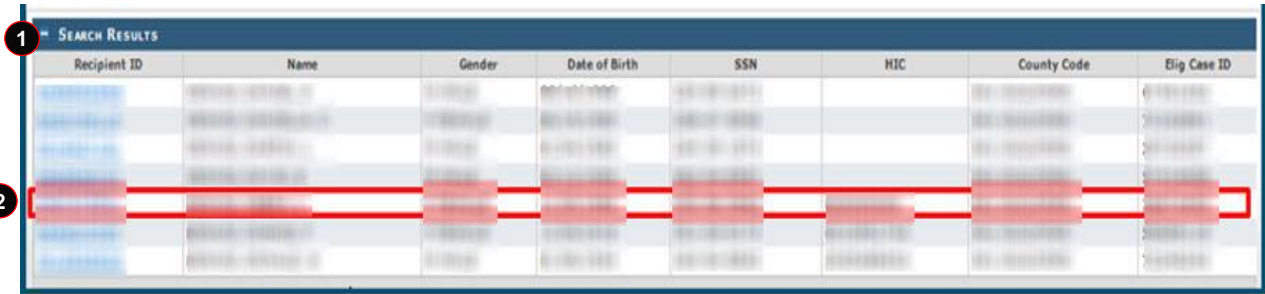


Exhibit 4. Recipient Search Results Section

Section	Description
1	<p>Recipient Search results display the following:</p> <ul style="list-style-type: none"> • Recipient ID • Name (Last Name, First Name) • Gender • Date of Birth • SSN • HIC (Health Insurance Claim Number) • County Code • Eligibility Case ID
2	Select a Recipient ID to view recipient details.

2.3 VIEWING/UPDATING RECIPIENT INFORMATION

Recipient information is organized under tabs. Your user role determines which tabs you have access to view. Some of the tabs are view-only, while others contain information that can be edited depending on your user role. You can navigate between tabs by selecting the tab or the navigational arrows to the left and/or right of the tab.

2.3.1 Recipient Summary Tab

The **Recipient Summary** tab displays demographic, eligibility, enrollment, and cross-reference information for the selected recipient from the search results. When you select a recipient from the search results list, you are navigated to the **Recipient Summary** tab.


Note: The navigational arrows  allow you to move from tab to tab.

Exhibit 5. Recipient Summary Tab

Information on the **Recipient Summary** screen is organized into four sections. The following information displays in these sections.

Section	Description
1	General: Displays demographic information including Recipient ID, SSN, DOB (Date of Birth), Age, Date of Death, Gender, Transgender, Medicare Beneficiary Identifier (MBI), Race, Ethnicity, Language, Date Added (when the recipient was added to NCTracks), and Last Date Updated.
2	Individual: Displays recipient attributes from the Individual Data record from the eligibility system including Status In Case, Family Status, Relationship to Payee, Citizenship Code, Citizenship Date, Alien ID, Individual (IVD) Indicator, Refugee Code, Refugee Entry Date, Individual (Ind) Term Date, Tribal Code, Tribal Svc Rcvd, and Individual (Ind) Last Updated.
3	Cross-Reference/Combine: Displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.
4	Eligibility and Enrollment Tabs: Display eligibility and enrollment details for a recipient.

2.3.1.1 General Demographic Information

Recipient demographic information displays in the **General** section of the **Recipient Summary** screen.

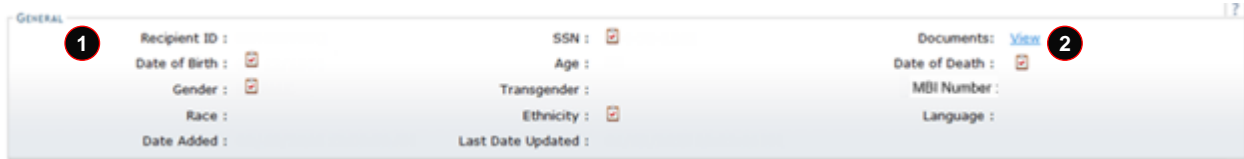


Exhibit 6. General Demographic Information Section

Section	Description
1	Demographic information includes the following: <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • SSN: Recipient’s Social Security Number. • Documents • Date of Birth: Recipient’s date of birth. • Age: Recipient’s age in years. • Date of Death: Date when recipient died, if applicable. • Gender: Recipient’s gender. • Transgender • MBI Number: Medicare Beneficiary Identifier • Race: Beneficiary’s race (multiple races may exist). • Ethnicity: Beneficiary’s ethnicity. • Language: Language spoken by beneficiary. • Date Added: Date when recipient was added to NCTracks. • Last Date Updated: Date when last modification was made to recipient record.
2	Select View to view recipient documents stored in FileNET. Listed here are some examples of the documents that are stored: <ul style="list-style-type: none"> • HM50110-R5001 – CA (Carolina ACCESS) Exemption Request Received: Decision Has Been Made • HM50110-R5002 – CA or CCNC (Community Care of North Carolina)/CA Complaint Received Acknowledgment to Recipient • HM50110-R5003 – CA Complaint Received, More Information Needed • HM50110-R5004 – Medical Record Request: Additional Information Requested • HM10185-R1002 – CA Notification of Intent to Enroll Letter • HM10185-R1003 – CCNC/CA Notification of Intent to Enroll Letter • HM10185-R1009 – NCHC (North Carolina Health Choice for Children) Notification of Intent to Enroll Letter • HM10190-R1005 – CA Welcome Letter • HM10190-R1006 – CCNC/CA Welcome Letter • HM10190-R1007 – Recipient PCP (Primary Care Provider) Non-Assignment Letter • HM10190-R1010 – Recipient NCHC PCP Non-Assignment Letter • HM10190-R1011 – NCHC (CCNC/CA) Welcome Letter

2.3.1.2 Individual

Recipient Individual information displays in the **Individual** section of the **Recipient Summary** screen.

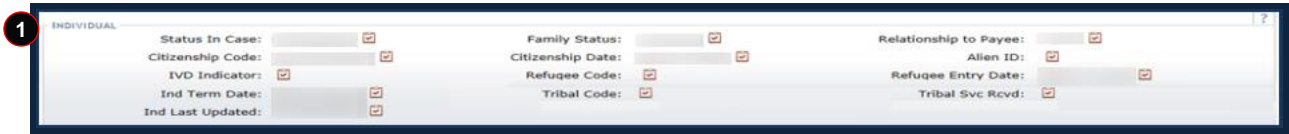


Exhibit 7. Individual Section

Section	Description
1	<p>Individual information includes the following:</p> <ul style="list-style-type: none"> • Status In Case: Beneficiary’s status in Eligibility Information System (EIS). • Family Status: Beneficiary’s status/relationship type in his/her family. • Relationship to Payee: Beneficiary’s relationship to payee. • Citizenship Code: Code indicating beneficiary’s citizenship status. • Citizenship Date: Date when Citizenship Code was updated. • Alien ID: A unique identification/file number assigned by USCIS (U.S. Citizenship and Immigration Services, formerly Immigration and Naturalization Service [INS]) to every alien who is admitted to the United States or who otherwise comes into contact with USCIS. • IVD Indicator: Indicates if beneficiary has been referred (N-No indicates beneficiary has not been referred). • Refugee Code: Beneficiary’s country of origin. • Refugee Entry Date: Date when beneficiary entered the United States. • Ind Term Date: Date when individual’s eligibility will end/has ended. • Tribal Code: Federally recognized Native American tribe of which the beneficiary is a member. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Tribal Svc Rcvd: Indicates if a beneficiary who is a member of a federally recognized Native American tribe has had services rendered at an Indian Health/Tribal facility. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Ind Last Updated: Date when individual’s data was last updated.

2.3.1.3 Cross-Reference/Combine

The **Cross-Reference/Combine** section displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.

Exhibit 8. Cross-Reference/Combine Section

Section	Description
1	<p>Cross-Reference/Combine details include:</p> <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • ID Type: Recipient identification number type. • Begin Date: Effective date of Recipient ID.

Section	Description
	<ul style="list-style-type: none"> • End Date: Date when cross-reference of an LME ID was removed or a CNDS ID was combined with another CNDS ID. • Status: Status of Recipient ID.

2.3.1.4 Eligibility Tab

The **Eligibility** tab is view-only and displays the recipient eligibility segments for all payers. Select an eligibility segment row to expand and view the eligibility details.

Exhibit 9. Eligibility Tab

Section	Description
1	<p>The Eligibility Segment row contains the following:</p> <ul style="list-style-type: none"> • History From Date: Eligibility begin date for segment. Typically, the History From Date equals the Authorization From Date, but the dates may differ if the recipient has a spenddown period. • Authorized From Date: Date when recipient is authorized for benefits. • History To Date: End date of eligibility segment. • Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code, and SSI (Supplemental Security Income) Status code. For DMH and DPH programs, includes the health plan. • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin County: For DHB, the Admin County is the county that determines/manages the beneficiary's Medicaid/NCHC eligibility. For DMH and DPH, the Admin County is the county in which the beneficiary lives. • Residential County: County of residence for recipient. • Status: Status of recipient's eligibility. • Federal Poverty Level %: Federal Poverty Level Percent, which represents beneficiary's percentage of income to the Federal Poverty Level. • User ID: User ID of person or entity who added eligibility segment to NCTracks.

Section	Description
2	<p>The Eligibility Detail section contains the following:</p> <ul style="list-style-type: none"> • Payer: DHHS entity that is associated with the Eligibility Coverage Code. Select the link to view Payer details. • Living ARR Code: Recipient's Living Arrangement Code. • Spcl Cvrng Code: Special Coverage Code is a code for any Community Alternatives Programs (CAPs) for which the recipient may be eligible. • Pay Type: Code of payment type received by recipient. • Liab Type: If applicable, type of liability for which recipient is responsible (deductible balance or monthly liability). • Liab Amt: Amount of financial responsibility that corresponds with the Liab Type. • Amb Cap Code: Code for recipient's capacity for mobility. • Auto Assign: Indicator if recipient selected a PCP (N) or had a PCP assigned (Y). • Change Reason: Code for reason why recipient's PCP was changed. • Distance Code: Code for travel distance between recipient and PCP. L = less than 30 miles or 45 minutes; M = more than 30 miles or 45 minutes. • Sub Prog Code 1: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 2: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 3: Code for subprogram within recipient's Eligibility Coverage Code. • Poverty Level Code 1: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 2: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 3: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Sub Prog Code 4: Code for subprogram within recipient's Eligibility Coverage Code. Recipient may have up to four subprogram codes. • Spcl Needs: Reason for classification as special needs child. • CA Exempt: Reason code if recipient is exempt from CA. • Poverty Level Code 4: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • FFS PCP/NPI: Recipient's Primary Care Provider's National Provider Identification Number. • FFS Locator Code: Address location code for the PCP/NPI. • Coverage Category Code: Identifies beneficiaries whose eligibility is determined using Modified Adjusted Gross Income (MAGI) rules. • MC Admin Entity ID: The Managed Care Prepaid Health Plan (PHP) entity ID • MC Admin Entity Locator Code: The Managed Care Prepaid Health Plan (PHP) Locator Code • MC Status Code: The recipient's status related to enrollment in Managed Care - Mandatory, Excluded, Exempt, etc. • MC PCP/AMH ID: The Managed Care Primary Care Provider (PCP) or Advanced Medical Home (AMH) NPI. • MC PCP/AMH Locator Code: The Managed Care Primary Care Provider (PCP) or Advanced Medical Home (AMH) locator code. • Tailored Plan Elig Type: The recipient's Tailored Plan eligibility type code. • IHS Eligible: Indian Health Services (IHS) eligible is defined as a person who is not a Tribal member, but who is eligible to receive services at an Indian Health Service facility. • Tribal Option Enrolled: The Tribal Option indicator is an option the beneficiary can choose if they want the Tribe to manage their care. <p>Note: This indicates that the beneficiary is enrolled in managed care with the Tribe as the managed care organization.</p>

Section	Description
	<ul style="list-style-type: none"> • Elig Case ID: Recipient's unique case number. • Add Time: Date eligibility segment was added. • Date Modified: Timestamp of last modification to the segment • Managed Care Plan Type: Indicates the plan type assigned to the recipient. • Tailored Care Manager NPI: Indicates the NPI of the Tailored Care Manager. • Tailored Care Manager Locator Code: Indicates the locator code of the Tailored Care Manager.

2.3.1.5 Enrollment Tab

The **Enrollment** tab is view-only and displays the benefit plan enrollment for a recipient by payer.

ENROLLMENT DETAIL		15 RESULTS (DISPLAYING 1-10)													
Payer	Start Date	End Date	Elig Cov Code	Benefit Plan	PCP/AMH	Locator Code	CA Exempt	LME ID	Admin Entity	Admin Entity Loc Code	MC Status	Enrl Status	User ID	Last Updt	Date Added
DMH		08/31/2020	AMI-ADULTMENT	AMI			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM12000	09/10/2014	07/18/2014
DMH		06/03/2020	ADSN-SNAP	ADSN			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM12000	08/17/2016	08/17/2016
DHB		09/30/2019	MADQN-MADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	3M10000	09/27/2018	09/27/2018
DHB		09/30/2018	MADQN-MADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	09/27/2018	09/27/2018
DHB		05/31/2018	MADQN-MADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	09/27/2018	04/26/2018
DHB		04/30/2018	SADQN-SADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	04/26/2018	03/06/2018
DHB		04/30/2018	SADQN-SADQN	PHPB			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	V-Void	BM10000	04/26/2018	03/06/2018
DHB		03/31/2018	SADQN-SADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	03/06/2018	11/22/2017
DHB		03/31/2018	SADQN-SADQN	PHPB			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	03/06/2018	11/22/2017
DHB		12/31/2017	SADQN-SADQN	MEDICAID			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A-Active	BM10000	11/22/2017	11/22/2017

Exhibit 10. Enrollment Tab

Section	Description
1	<p>The Enrollment tab displays the following:</p> <ul style="list-style-type: none"> • Payer: DHB, DPH, ORHCC, DMH. Select the link to view Payer details. • Start Date: Begin date of enrollment. • End Date: End date of enrollment. • Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code, and SSI Status code. For DMH and DPH programs, includes the health plan. • Benefit Plan: Name of benefit plan that corresponds to recipient's Eligibility Coverage Code. Displays a link to the Benefit Plan details. • PCP/NPI: NPI of recipient's PCP. Displays a link to PCP's details. • Locator Code: Address location code for PCP/NPI. • CA Exempt: Reason code if recipient is exempt from CA.

Section	Description
	<ul style="list-style-type: none"> • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin Entity: For recipients enrolled in the Piedmont Cardinal Health Plan, the provider affiliation network displays. • Status: Status of Enrollment segment. • User ID: ID of person who last updated segment. • Last Date Updated: Last date/time record was updated. • Date Added: The Audit Add Timestamp of the enrollment record.

2.3.2 Address Tab

On the **Address** tab, you can view all recipient addresses by the payer’s address type. NCTracks uses the residential address to mail information to recipients. DHB users can add a temporary address or end-date an existing temporary address. Existing, non-temporary addresses cannot be edited.

2.3.2.1 Viewing/Updating Temporary Address Information

DHB users have the ability to add/edit a temporary address. The End Date field is the only editable field for an existing temporary address.

Exhibit 11. View/Edit Temporary Address

Step	Action
1	Select the Payer/Address type row to expand and view address information.
2	Enter the End Date for the address.
3	Select the Update button.

2.3.2.2 Adding a Temporary Address

DHB users have the ability to add a temporary address by completing a Recipient search and selecting the Recipient ID link located under the **Search Results** section. This navigates you to the **Recipient Detail** screen. Once on this screen, you can add a temporary address by selecting the **Address** tab and entering the required information.

Address | Contacts | Family Case Data | Case Data History | Premiums | Cost Sharing | Other Coverage | Dialysis | Service Limits | Recipient Lock-in

ADDRESSES

+ DHB/R-RES-ADD - 12/31/9999

Add Address

1 * Payer : [dropdown] * Address Type : [dropdown] 2

* Begin Date : [calendar] 3 * End Date : [calendar] 4

Attn To/Contact Name : [text] County Code : [dropdown]

* Address Line 1 : [text] 5 Address Line 2 : [text]

* City : [text] 6 * State : [dropdown] 7

* ZIP Code : [text] 8 Country Code : US-United States

Phone : [text] Day Phone : [text]

Evng Phone : [text] Ground Phone : [text]

Comments : [text area] 2000 characters remaining

9 Add Clear Check Address

10 Save Reset Page

Exhibit 12. Add Address Section

Step	Action
1	Select DHB from the Payer drop-down menu.
2	Select T-TEMP-ADD from the Address Type drop-down menu.
3	Enter the begin date when this address becomes effective in the Begin Date field.
4	Enter the End Date when the resident left this address; if current, enter 12/31/9999.
5	Enter the physical address in the Address Line 1 field.
6	Enter the city in the City field.
7	Select the state from the State drop-down menu.
8	Enter the ZIP code in the ZIP Code field.
9	Select the Add button.
10	Select the Save button.

2.3.3 Family Case Data Tab

DHB users can update the **Family Case Data** tab. The purpose of the **Family Case Data** screen is to link recipients together for Cost Sharing tracking processes. The **Family Case Data** screen allows users to view recipient family case information.

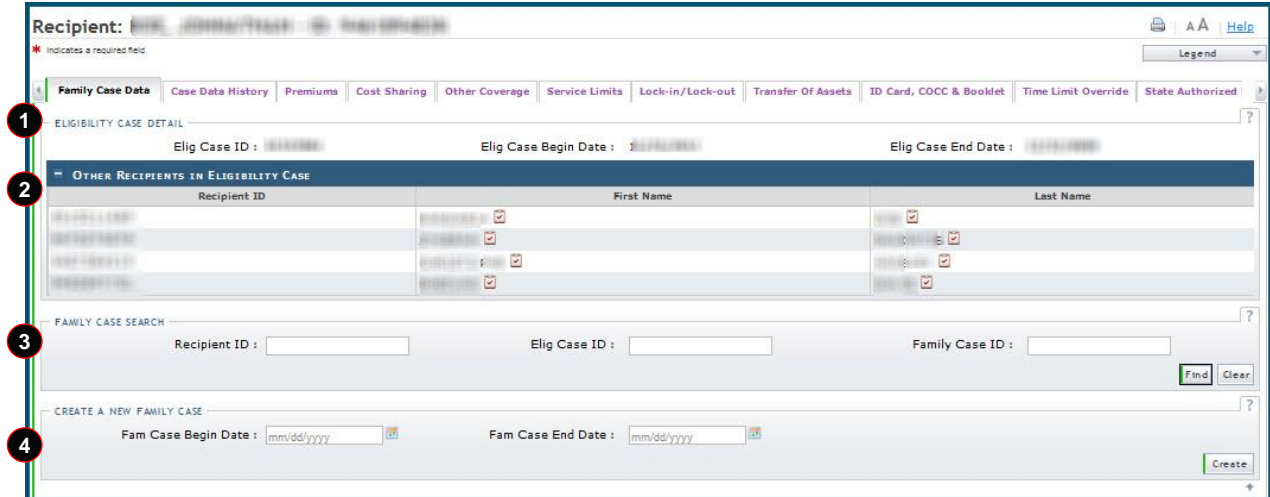


Exhibit 13. Family Case Data Screen

Section	Description
1	The Eligibility Case Detail section displays: <ul style="list-style-type: none"> • Eligibility Case ID: Recipient Case Number is an identifier assigned by the district to uniquely identify a recipient’s case. • Eligibility Begin Date: Date when eligibility case approval was processed in the EIS. • Eligibility End Date: Date when eligibility case was terminated.
2	Other Recipients in Eligibility Case: Recipient ID, First Name, and Last Name of other recipients in the eligibility case are displayed.
3	Family Case Search: Allows you to search for a family case by Recipient ID, Eligibility Case ID, or Family Case ID.
4	The Create a New Family Case section displays: <ul style="list-style-type: none"> • Family Case Begin Date: Begin Date for this new family case. • Family Case End Date: End date for this new family case. Note: This section allows you to save data and create a new family case.

2.3.3.1 Creating a New Family Case

A new family case can be created for a recipient and other recipients in the eligibility case. They are systematically linked to the family case to share the threshold for the Cost Sharing, regardless of the Division of Information Resource Management (DIRM)/EIS case they are in or benefit plans that are subject to Cost Sharing.

Exhibit 14. Create a New Family Case Section

Step	Action
1	Enter the begin date for the family case in the Fam Case Begin Date field.
2	Enter an end date (defaults to 12/31/9999 if you do not enter a date) in the Fam Case End Date field.
3	Select the Create button.

The Family Case ID is system generated and is the Recipient ID for which the family case was created.

Exhibit 15. Family Case ID Created Section

2.3.3.2 Linking a Recipient

To link a recipient to a Family Case ID, you must enter a Recipient ID, Elig Case ID, or Family Case ID and select the **Find** button. The family case details then populate. Next, you must enter the begin date (Fam Case Link Dt) and end date (Fam Case End Date) for the family case link. Select **Add Case To Family Case** to complete the process.

Exhibit 16. Linking a Recipient Section

Step	Action
1	Enter the Family Case ID in the Family Case ID field.
2	Select the Find button.
3	Enter the family case link date in the Fam Case Link Dt field.
4	Enter the family case end date in the Fam Case End Date field.
5	Select the Add Case To Family Case button.

2.3.3.3 De-linking a Recipient

A recipient may also be de-linked from a family case. For example, if a recipient moves from childhood to adulthood and they now have their own Case ID, they must be de-linked from the family case. The de-link effective date is the last day of the next month.

Exhibit 17. De-linking a Recipient

Step	Action
1	Enter the de-link effective date in the De-link Eff Dt field.
2	Select the De-link Elig Case From Family Case button.

2.3.4 Case Data History Tab

The **Case Data History** tab is view-only and displays the history of the eligibility case data associated with a recipient. The Case Data History header displays the following columns: Elig Case ID, Case Head Name, Date Created, Elig Case Begin Date, and Elig Case End Date. To view additional information, select the cell containing the recipient detail. For example, if you wanted to view additional information about the Case Head Name, you would select the row with the recipient's name. An additional row displays with the additional information, and the recipient's name displays as a link. To view case detail, select the recipient name link; the **Case Detail** screen displays.

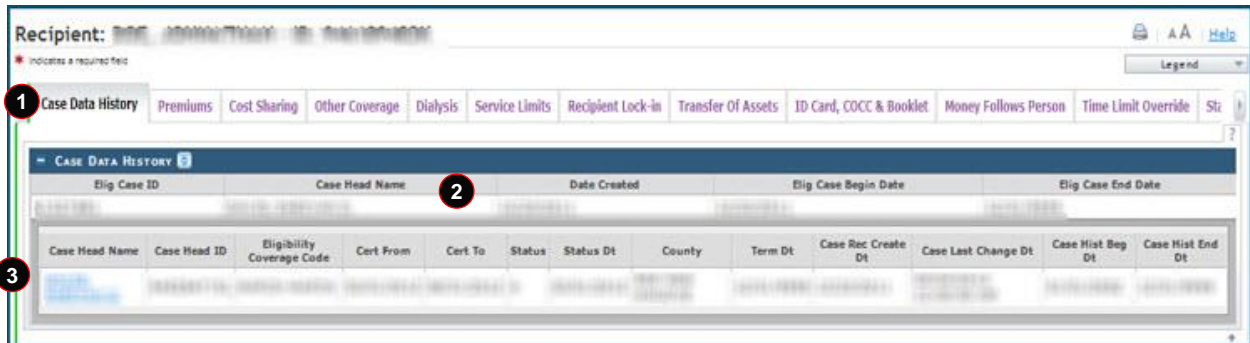


Exhibit 18. Case Data History Tab

Step	Action
1	Select the Case Data History tab.
2	Select the recipient's name located in the Case Head Name column to expand this section.
3	Select the recipient name link located in the Case Head Name column.

Section	Description
1	The Case Data History tab allows you to view case history.
2	The Case Data History section contains the following: <ul style="list-style-type: none"> • Elig Case ID: Eligibility Case ID is an identifier, assigned by the district, to uniquely identify a recipient's case. • Case Head Name: Name of assigned head of eligibility case. • Date Created: Date when eligibility case was created. • Elig Case Begin Date: Date when eligibility case approval was processed in EIS. • Elig Case End Date: Date when eligibility case was terminated.
3	The expanded Case Data History row contains the following: <ul style="list-style-type: none"> • Case Head Name: Name of assigned head of eligibility case. • Case Head ID: Identification number assigned to head of eligibility case; it is the case head's CNDS ID. • Eligibility Coverage Code: Eligibility coverage code associated with eligibility case. • Certified From: Identifies the certification period from date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Certified To: Identifies the certification period to date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Status: Medicaid Status code of recipients in eligibility case. • Status Date: Date when Medicaid Status was last updated.

Section	Description
	<ul style="list-style-type: none"> • County: Recipient county of residence. • Term Date: Date when eligibility case was terminated. • Case Rec Create Date: Date when eligibility case was created. • Case Last Change Date: Date of last update to eligibility case. • Case History Begin Date: Date when eligibility case approval was processed in EIS. • Case History End Date: Date when eligibility case termination is effective.

2.3.4.1 Case Data Detail

The **Case Data Detail** screen is view-only and displays the case details related to the recipient case. This includes: Case Summary, Case Head, Income, and Application Disposition.

The screenshot displays a web-based form with four main sections, each marked with a circled number:

- 1 CASE SUMMARY:** Contains fields for HLTH PLN, STAT, CERT FROM, AUTH FROM, CAP, SPEC NEEDS, DIST, SUB-PGM 1-4, ELIG COV, STAT DT, CERT TO, AUTH TO, PACE, HMO, WRKR, FPL 1-4, CASE ID, CO, TERM DT, TERM RSN, AUTH REP, IVD, and CO CASE.
- 2 CASE HEAD:** Contains fields for FIRST, MIDDLE, LAST, SUFFIX, CASEHEAD ID, and LANGUAGE.
- 3 INCOME:** Contains fields for GRS EARNED, CH/AD CARE, OTHR UNEARNED, VA, MAINT AMT, DED BAL, DISREGARD, NET UNEARNED, SPOUSE, DOM RATE, PML, WORK EXP, RSDI AMT, SSI AMT, NEEDS UNIT, COUNT MO INC, and LAST CHANGE DT.
- 4 APPLICATION DISPOSITION:** Contains fields for APP DT, APP TYPE, APP NO, ONG DISP TYPE, ONG DISP DATE, ONG DISP RSN, RETRO DISP TYPE, RETRO DISP DATE, and RETRO DISP RSN.

Exhibit 19. Case Data Detail

Section	Description
1	<p>The Case Summary section contains the following:</p> <ul style="list-style-type: none"> • HLTH PLN: Health Plan Identifier. Identifies health plan in which recipient is enrolled. This field has a link to view the benefit plan details. • ELIG COV: Eligibility coverage code associated with eligibility case. • CASE ID: Case ID is an identifier, assigned by the district, to uniquely identify a recipient's eligibility case. • STAT: Medicaid Status of recipients in eligibility case. • STAT DT: Status date is date when Medicaid Status was last updated. • CO: County associated with eligibility case. • CERT FROM: Certification period from date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • CERT TO: Certification period to date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • TERM DT: Term date is date when eligibility case was terminated. • AUTH FROM: Medicaid authorized begin date. • AUTH TO: Authorized to date is the Medicaid authorized end date.

Section	Description
	<ul style="list-style-type: none"> • TERM RSN: Case termination reason code identifies the reason the case was terminated. • CAP: CAP code. Identifies a case with a CAP recipient. • PACE: Indicator of Plan of All Inclusive Care for the Elderly recipients. 'N' indicates there is no PACE coverage applicable; 'Y' indicates there is PACE coverage applicable. • AUTH REP: Authorized Representative Indicator. 'N' indicates there is no Authorized Representative associated with the eligibility case; 'Y' indicates there is an Authorized Representative associated with the eligibility case. • SPEC NEEDS: Special needs code identifies a recipient with special needs. Valid values for special needs are: <ul style="list-style-type: none"> – 1 – SSI or other disabled children – 2 – In foster care or other out-of-home – 3 – Receiving foster care or adoption assistance – 4 – Self-identified – 9 – Unknown • HMO: HMO (Health Maintenance Organization) Indicator. 'N' indicates there is no HMO applicable for the case; 'Y' indicates there is an HMO applicable for the case. • IVD: IVD Indicator. 'N' indicates there is no child support enforcement applicable for the case; 'Y' indicates that there is child support enforcement applicable for the case. • DIST: District Code. • WRKR: Case worker number is a unique identifier for a worker in a county Department of Social Services (DSS). • CO CASE: County case number is assigned by the county DSS; this functions as a mechanism to link family members together for county purposes. • SUB-PGM 1: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 1: Federal Poverty Level Applicable poverty level code 1 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 2: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 2: Applicable poverty level code 2 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 3: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 3: Applicable poverty level code 3 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 4: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 4: Applicable poverty level code 4 identifies the percentage of the Federal Poverty Level applicable to the case income.
2	<p>The Case Head section contains the following:</p> <ul style="list-style-type: none"> • FIRST: First name of case head. • MIDDLE: Middle name of case head. • LAST: Last name of case head. • SUFFIX: Suffix of case head. • CASEHEAD ID: Identification number assigned to head of eligibility case; it is the case head's CNDS ID. • LANGUAGE: Language spoken by case head.

Section	Description
3	<p>The Income section contains the following:</p> <ul style="list-style-type: none"> • GRS EARNED: Case head's gross earnings. • DISREGARD: Disregarded amount of case head's income in eligibility determination. • WORK EXP: Individual work expenses for eligibility case. • CH/AD CARE: Child/Adult Care expenses associated with eligibility case. • NET UNEARNED: Eligibility case net unearned income. • RSDI AMT: Eligibility case Retirement, Survivors, Disability Insurance (RSDI) amount. • OTHER UNEARNED: Amount of other unearned income. • NET UNEARNED: Eligibility case net unearned income. • SSI AMT: Eligibility case SSI amount. • VA: Eligibility case VA (Veterans Affairs) Status Code. • SPOUSE: Spouse Indicator. 'N' indicates no spouse in the home or community. • NEEDS UNIT: Needs unit is the number of people's needs included in the eligibility budget. • MAINT AMT: Case maintenance amount is the income limit for the case; if income exceeds the limit, the recipient may still be eligible with a deductible/spenddown. • DOM RATE: Domiciliary Rate is the rate paid for domiciliary care. • COUNT MO INC: Case Countable Monthly Income. • DED BAL: Deductible balance amount. • PML: Patient monthly liability amount. • LAST CHANGE DATE: Audit Update Timestamp that specifies the date and time of add, update, or delete performed on eligibility case data.
4	<p>The Application Disposition section contains the following:</p> <ul style="list-style-type: none"> • APP DT: Date of eligibility case application from EIS. • APP TYPE: Application Type code identifies the type of application submitted: <ul style="list-style-type: none"> – New Application – Re-application – Administrative Add-An-Individual – New Application with Retroactive Benefits – Add-An-Individual Application – Administrative New Application • APP NO: Application number is a unique identifier to identify the application number for an eligibility case. • ONG DISP TYPE: Eligibility case ongoing disposition type. • ONG DISP DATE: Eligibility case ongoing disposition date. • ONG DISP RSN: Eligibility case ongoing disposition reason is used in claim processing to identify presumptive MPW (Medicaid for Pregnant Women) eligibility; it is the only data that identifies this group. • RETRO DISP TYPE: Eligibility case ongoing retro disposition type. • RETRO DISP DATE: Date when retroactive portion of an application was dispositioned. • RETRO DISP RSN: Reason the retroactive portion of an application was dispositioned.

2.3.5 Premiums Tab

The **Premiums** screen is view-only and provides a summary of generated invoices and invoice details, such as due date, amount due, and amount paid.

Note: At Go-Live, NCTracks is not managing any premium programs in regards to issuing invoices for premiums or collecting payments. DHB is continuing to manage the premiums associated with the NCHC extended coverage group.

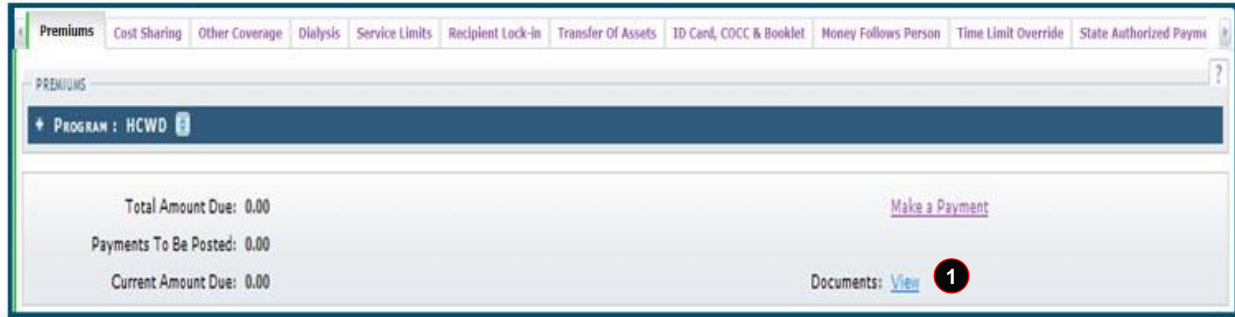


Exhibit 20. Premiums Tab

Step	Action
1	Select the View link in the Documents field.

Section	Description
1	<p>The Premiums section contains the following:</p> <ul style="list-style-type: none"> • Total Amount Due: Sum of Amount Due for all invoices. • Payments To Be Posted: Sum of all payments made via PayPoint that have not yet been applied to an invoice. • Current Amount Due: Sum of Total Amount Due minus payments to be posted.

2.3.6 Cost Sharing Tab

The **Cost Sharing** tab is view-only and displays a summary of a recipient's Cost Sharing contributions, enrollment fees, premiums, and co-pays, as well as total out-of-pocket (OOP) requirement, amount paid towards OOP, and, if met, the date when OOP was met.



Exhibit 21. Cost Sharing Tab

Section	Description
1	<p>The Cost Sharing section includes the following:</p> <ul style="list-style-type: none"> • Cost Sharing Period: Time period during which payments are being tracked. • Program: Premium in which program recipient was enrolled. • Enrollment Fees Paid: Sum of all enrollment fees paid during Cost Sharing period. • Premium Payments: Sum of all premium amounts paid during Cost Sharing period. • Co-Pays Paid: Sum of all co-pays paid during Cost Sharing period. • Total Paid OOP: Sum of paid enrollment fees, premium amounts, and co-pays during Cost Sharing period. • OOP Max: Calculated OOP for recipient. • Date OOP Met: If OOP met, date that OOP was met. If OOP not met, system displays high value.

2.3.7 Dialysis Tab

The **Dialysis** tab allows authorized users to update or add dialysis treatment information. The tab can be viewed as read-only for inquiry mode, or in update mode. Update mode allows the user to add a row if a record does not exist, or to update fields on the current row.



Exhibit 22. Dialysis Tab

Section	Description
1	<p>The Dialysis section includes the following:</p> <ul style="list-style-type: none"> • Initial TCN: Transaction Control Number (TCN) associated with first treatment date. • First Date of Treatment: First date when recipient began to receive treatment for treatment episodes. • Last Date of Treatment: Last date of dialysis treatment. • Type of Dialysis: Type of dialysis service provided. • Hemodialysis Training Date: Last date billed for Dialysis Type Code H (Hemodialysis). • Peritoneal Training Date: Last date billed for Dialysis Type Code P (Peritoneal). • CAPD Training Date: Last date billed for Dialysis Type Code A (CAPD). • CCPD Training Date: Last date billed for Dialysis Type Code C (CCPD). • User ID: User ID of user who made last update. • Last Date Updated: Date of last update.
2	The Dialysis History section allows authorized users to access claim-related History data.

2.3.8 Service Limits Tab

The **Service Limits** tab is view-only and displays a summary of the recipient’s allowed and used units for the individual service category.



Exhibit 23. Service Limits Tab

Section	Description
1	<p>The Service Limits section includes the following:</p> <ul style="list-style-type: none"> • Benefit Plan: Benefit Plan Code Identifier. • Service Category: Services allowed for the benefit plan. • State Fiscal Year: Fiscal year of the recipient’s enrollment.

Section	Description
	<ul style="list-style-type: none"> • Allowed: Number of units/visits allowed per fiscal year. • Used: Number of units/visits is based on paid claims. Units may have been used, but unless the claims have been processed, it is not calculated in the used total. • Available: Allowed minus used.

2.3.9 Recipient Lock-in Tab

Recipient Lock-in is a program that identifies recipients who meet certain drug usage criteria and locks the recipient into a single pharmacy and prescriber for two years.



Exhibit 24. Lock-in/Lock-out Tab

Section	Description
1	Lock-in Type: LI-Lock-in.
2	The Lock in Provider Type drop-down menu allows you to select one of the following options: <ul style="list-style-type: none"> • PH1-PharmPrim – Primary pharmacy • PH2-PharmScnd – Secondary pharmacy • PR1-PrscribPrim – Primary prescriber • PR2-PrscribScnd – Secondary prescriber
3	NPI: NPI of provider to whom the recipient is restricted.
4	Provider Name: Provider Name associated with the NPI.
5	Begin Date: Begin date of Lock-in period.
6	End Date: End date of Lock-in period.
7	The Lock-in Status section displays a status of A-Active or C-Closed.
8	Source: Source code captures where the request originated; the source is conversion.
9	Reason: Reason for the Lock-in segment.
10	Last Date Updated: Date of last update.
11	User ID: User ID of user who made last update.

2.3.10 Transfer of Assets Tab

The **Transfer of Assets** tab is view-only and allows users to view recipient transfer of assets information. These are sanctions against the recipient, entered by the State, that restrict payment for certain types of services.

1

Exhibit 25. Transfer of Assets Tab

Section	Description
1	<p>The Transfer of Assets section includes the following:</p> <ul style="list-style-type: none"> • Sanction Begin Date: Date when sanctions on asset transfers for this recipient began. • Sanction End Date: Date when sanctions on asset transfers are scheduled to end. • Last Date Updated: Date and time an add, update, or delete was performed. • Sanction Indicator: Y or N. <ul style="list-style-type: none"> – Yes indicator shows valid dates. – No indicator has the following dates: 01/01/1900 (low value) or 12/31/1999 (high value). • Post Date: Date when sanctions were posted to recipient file. • County Code: Recipient’s county code and name. • Elig Case ID: Recipient’s case ID. • District: Recipient’s district code. • Status: Status of the sanction.

2.3.11 ID Card, COCC & Booklet Tab

The **ID Card, COCC (Certificate of Creditable Coverage) & Booklet** tab can be updated by authorized users. COCCs can be generated automatically or manually. COCCs are automatically issued by NCTracks when the eligibility end date is received in the EIS file. They can be generated manually from this tab by an authorized user when requested by the recipient. An authorized user can request a COCC letter to be issued to an address specified by the recipient. A temporary address must be added to the file if a recipient requests a COCC be mailed to an address not on file.

By selecting the Request Type COCCreq link, users can view the COCC letter sent to the recipient.

Note: This tab has ID Card, COCC & Booklet; the only functional item is the COCC.

Exhibit 26. ID Card, COCC & Booklet Tab

Section	Description
1	<p>The Requests information includes the following:</p> <ul style="list-style-type: none"> • Request Type drop-down menu includes: <ul style="list-style-type: none"> - 1-Respite - 2-Special - B-NCHCBook - C-COCC Req - I-IdCardReq • Payer drop-down menu includes: <ul style="list-style-type: none"> - DHB - DMH - DPH - ORHCC • Coverage As Of Date: Date of coverage request for COCC and ID cards. For COCC requests, 'Coverage As Of Date' is the coverage end date and the coverage begin date is 18 months prior to this date. For ID card and Booklet requests, 'Coverage As Of Date' is the coverage begin date. • Request Date: Date when request was made; this is the current date generated by the system. • Issue Date: Date when request was issued. • Request Route: Displays that request was made O-Online or B-Batch.

Section	Description
	<ul style="list-style-type: none"> User ID: User ID of individual who is making the request.

Step	Action
1	Select the request type from the Request Type drop-down menu: <ul style="list-style-type: none"> 1-Respite 2-Special B-NCHCBook C-COCC Req I-IdCardReq
2	Select the Payer from the Payer drop-down menu: DHB, DMH, DPH, ORHCC.
3	Enter the date in the Coverage As Of Date field. For COCC requests, Coverage As Of Date is the coverage end date, and the coverage begin date is 18 months prior to this date.
4	Select the address type from the Address Type drop-down menu.
5	Select the AutoFill button; the address is auto-filled.
6	Select the Add button.
7	Select the Save button.

2.3.12 Time Limit Override Tab

The **Time Limit Override** screen allows authorized users to modify or void an existing Time Limit Override segment or update the date by which claims need to be filed. If no claims have been paid within the already-created Time Limit Override segment, you can add a new Time Limit Override segment.

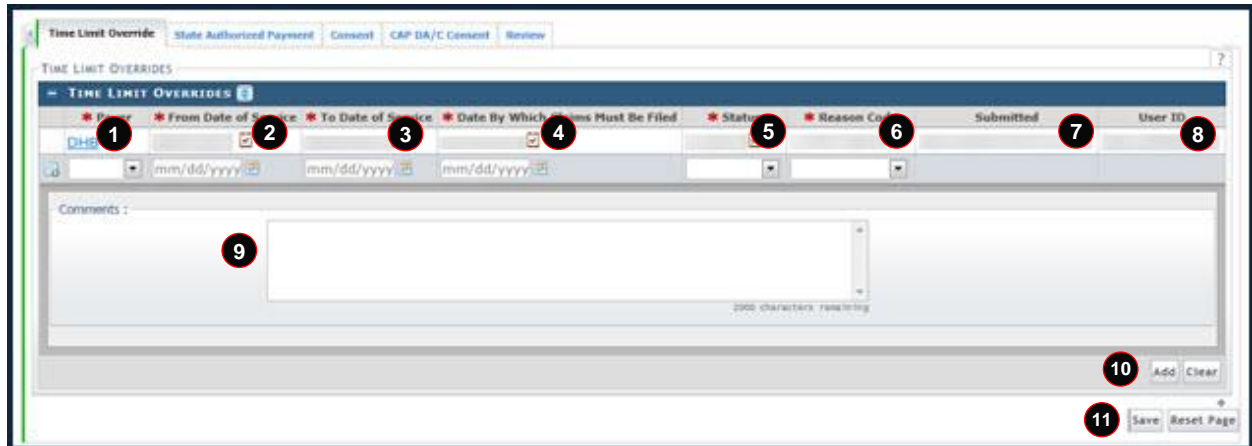


Exhibit 27. Time Limit Override Tab

Section	Description
1	The Time Limit Overrides section includes the following: Payer: DHB, DMH, DPH, or ORHCC.
2	From Date of Service: Service begin date.
3	To Date of Service: Date of service rendered.
4	Date By Which Claims Must Be Filed: Extension date by which claim must be submitted.
5	Status: Status of recipient record. The Status can be either active, merged, soft-deleted, closed, or void.

Section	Description
6	Reason Code: Reason a new Time Limit Override record or State-authorized payment record is created or an existing record is modified. The record type is identified by the corresponding exception reason type code: <ul style="list-style-type: none"> • 1-CNTY RQST: County request, time limit reason code • 2-ELIG RVRSL: Eligibility appeal reversal, time limit reason code • 3-SSA RVRSL: SSA appeal reversal, time limit reason code • 4-SSI RETRO: SSI retro approval, time limit reason code
7	Submitted: Displays the date and time when the time limit override was entered in NCTracks.
8	User ID: ID of user who made last update to the record.
9	Comments: Enter comments in the comments field.
10	Select the Add button.
11	Select the Save button.

2.3.13 State Authorized Payments Tab

The **State Authorized Payments** tab allows users to create new State Authorized Payment segments so that claims can be processed. Users can add a new eligibility segment and create a corresponding enrollment segment. Updates can be made to existing State Authorized Payment segments if no claims have been paid between the new and previous eligibility end dates.

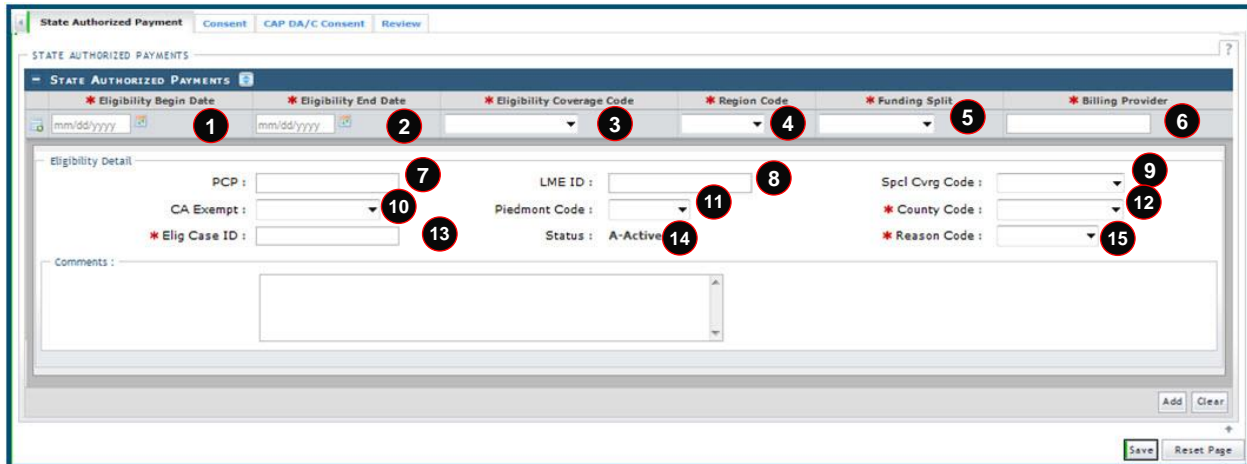


Exhibit 28. State Authorized Payments Section

Section	Description
1	Eligibility Begin Date: Date when recipient’s eligibility for State Authorized Payments began.
2	Eligibility End Date: Date when recipient’s eligibility for State Authorized Payments ended or will end.
3	Eligibility Coverage Code: State-authorized program code.
4	Region Code: Paper or electronic submission.
5	Funding Split: Identifies the responsibilities of claims funding split.
6	Billing Provider: Provider NPI.
7	PCP: PCP Identification; this includes NPI and a location code.

Section	Description
8	LME ID: LME Identification Code (in case of DMH).
9	Spcl Cvrgr Code: Special coverage code – CAP code.
10	CA Exempt: Code that identifies reason why recipient is not enrolled in CA.
11	Piedmont Code: Code that identifies recipients enrolled in the Piedmont Cardinal Health Plan.
12	County Code: County code that holds or submits eligibility for recipient.
13	Elig Case ID: Recipient’s DIRM/EIS Case Identification Number.
14	Status: Recipient’s Eligibility Status (Active, Closed, Merged, Voided, Soft-delete).
15	Reason Code: Code that identifies the reason for an exception to claims processing rule (time limit override or State-authorized payment).

2.3.14 Consent Forms Tab

The **Consent Forms** tab is view-only and displays details for the recipient. Consent form types include abortion, hysterectomy, and sterilization. Select the Consent Type link to view all documents associated with the consent form review (consent form, medical records, reviewer worksheets, and, if applicable, denial letter).



Exhibit 29. Consent Forms Tab

Section	Description
1	<p>The Consent Forms tab includes the following:</p> <ul style="list-style-type: none"> • Consent Type: Sterilization or Hysterectomy. • Payer: DHB. Select the link to view Payer details. • Surgeon NPI: NPI of provider who submitted consent form; only populated for consent forms populated in NCTracks. Select the link to view provider information. • Surgeon Name: Name of provider that will be performing procedure. • Facility NPI: NPI of the facility where the procedure is performed. This is not a required field on the consent and will only be captured here if it is provided by the provider. • Facility Name: Name of facility where the procedure will be performed. • Service Date: Date of the service. • Signed Date: Date when consent form was signed. • Received Date: Date when consent form was received by Fiscal Agent (FA). • Status: Approved, Denied. • Status Date: Date when displayed status was set in NCTracks. • User ID: Identifier of user who last updated consent form status in review system.

2.3.15 CAP DA/CAP C Consent Tab

The **CAP DA/CAP C Consent** tab allow users to view, upload, and save documents to FileNet, as well as approve/deny documents and store the status in the database.

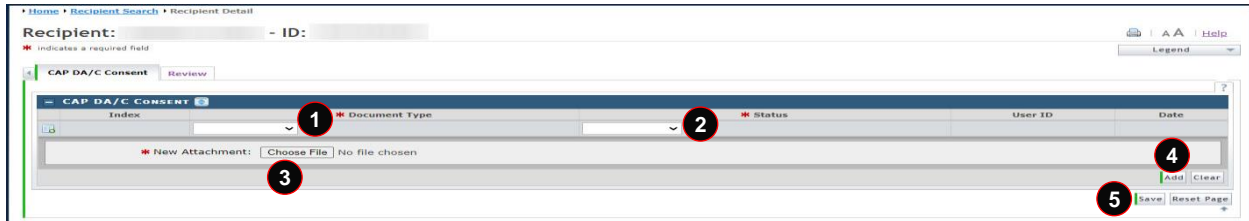


Exhibit 30. CAP DA/CAP C Consent Tab

Step	Action
1	Select the Document Type from the drop-down menu: <ul style="list-style-type: none"> • CAP C FORM • CAP DA FORM
2	Select a Status : <ul style="list-style-type: none"> • A-APPROVED • D-DENIED • P-PENDING
3	Select Choose File . Note: The Choose File button displays a dialog box that allows the user to choose a file from their computer.
4	Select Add . Note: When Add is selected, an Add Successful and File Attached message displays. The user is able to add a maximum of 10 files per recipient per year. When files are added from the Operations Portal, they are automatically saved in an “Approved” status. Selecting Clear removes all content from the Add section of the CAP DA/CAP C Consent tab.
5	Select Save . Note: When Save is selected, a Save Successful message displays. Selecting Reset clears all updates made to the record since the previous save.

2.4 COMMON NAME DATA SYSTEM (CNDS) SEARCH

The **CNDS Search** screen allows users to search for a recipient in the CNDS. The search screen allows you to send a request to search in the CNDS for a CNDS ID.

2.4.1 Accessing the CNDS Search Screen



Exhibit 30. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Search .

2.4.1.1 CNDS Search Screen

On the **CNDS Search** screen, you can conduct a CNDS search or add a new CNDS ID. A CNDS search allows you to perform a search for a recipient in the CNDS by entering one of the following combinations:

- SSN
- Recipient ID and ID Type
- Recipient Last Name, First Name, and Date of Birth
- Recipient Last Name, First Name, and Gender

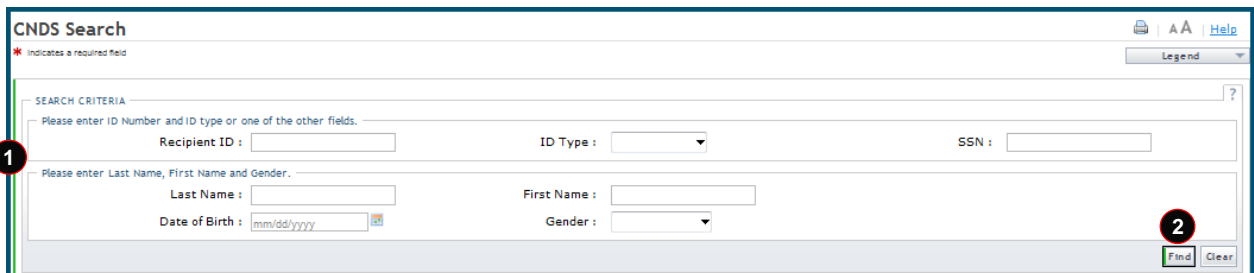


Exhibit 31. CNDS Search Screen

Step	Action
1	Search for a recipient in the CNDS by entering one of the following combinations: <ul style="list-style-type: none"> • SSN: Recipient's Social Security Number • Recipient ID and ID Type • Recipient Last Name, First Name, and Date of Birth • Recipient Last Name, First Name, and Gender
2	Select the Find button.

2.4.1.2 Demographic Information Tab

The **Demographic Information** tab is view-only and contains recipient demographic information in the CNDS. This information includes CNDS ID, SSN, Gender, Date of Birth, Suffix, First Name, Middle Initial, Last Name, Language, Race, and Ethnicity.

Exhibit 32. Demographic Information Tab

2.5 CNDS MERGE

The CNDS Merge process allows you to view all the possible duplicate recipients created by the batch process. Users can also initiate a 'Recipient ID Combine' by entering Source and Target Recipient IDs. A search is initiated in the CNDS to verify the existence of the ID.

Important: Use caution when combining two recipients to one CNDS ID. If two recipients have the same name and demographic information but are mistakenly thought to be the same person, combining their records can adversely affect all of their social services programs. The process to uncombine them is very difficult, time consuming, and costly. Only after extensive research and consideration should one combine two recipients into one CNDS ID. It is for this reason that we will not demonstrate that process. Please check with your supervisor before performing a CNDS ID Combine.

2.5.1 Accessing the CNDS Merge Screen

The **CNDS Merge** screen is accessed under the **Recipient** drop-down menu.

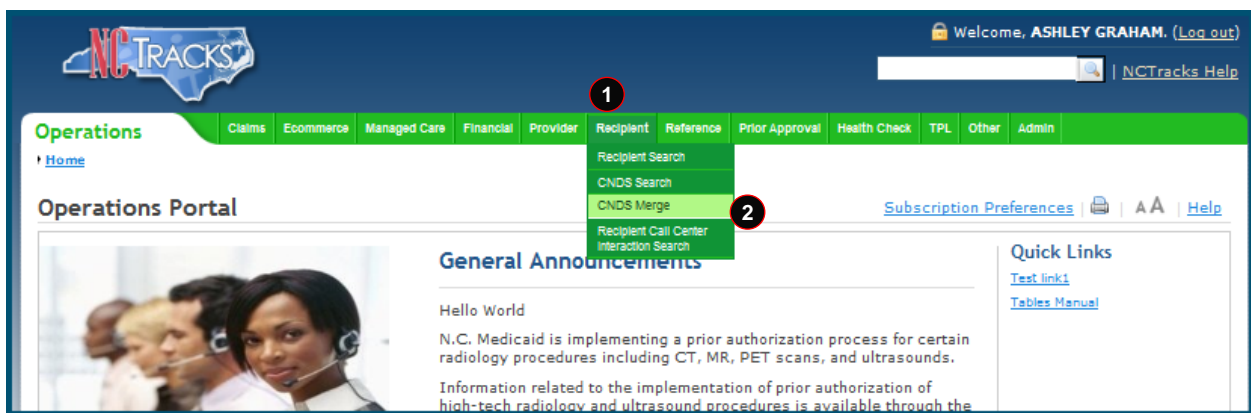


Exhibit 33. NCTracks Home Page

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Merge .

2.5.1.1 CNDS Merge Results

The **CNDS Merge Results** section displays the detailed information for the referenced recipient and for the duplicate that was found. This allows you to view possible duplicate recipients and initiate a ‘Combine’ of recipients in the CNDS, or to indicate that the possible duplicate should be ignored by checking the Ignore box.

Select a row to view and compare possible duplicate recipient information.

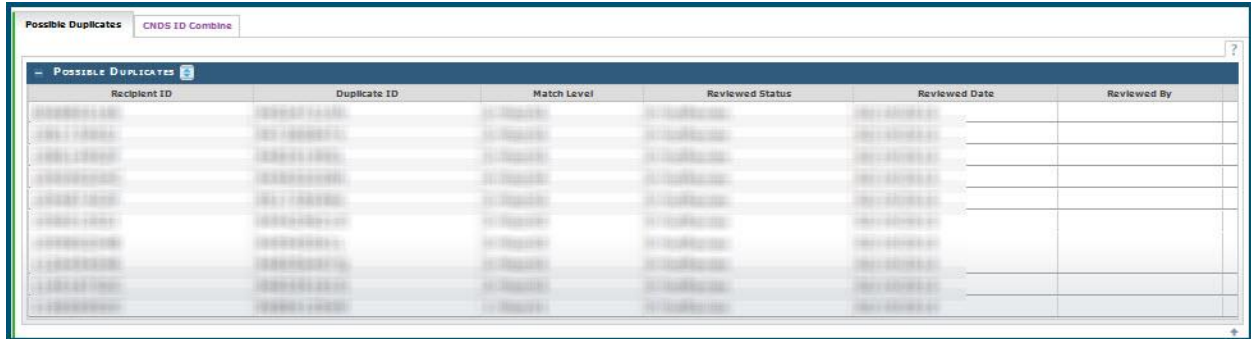


Exhibit 34. Possible Duplicates Tab

2.5.1.2 Possible Duplicates

On the **Possible Duplicates** screen, information for both recipients displays for comparison. On this screen, you can mark the recipients as duplicate recipients and initiate a ‘Combine’ of recipients in the CNDS, or you can review and mark the recipients as ‘Not a Duplicate’. When recipients are marked as ‘Not a Duplicate’ in the **Possible Duplicates** section, the same recipients are not identified as duplicates when the batch process runs again.

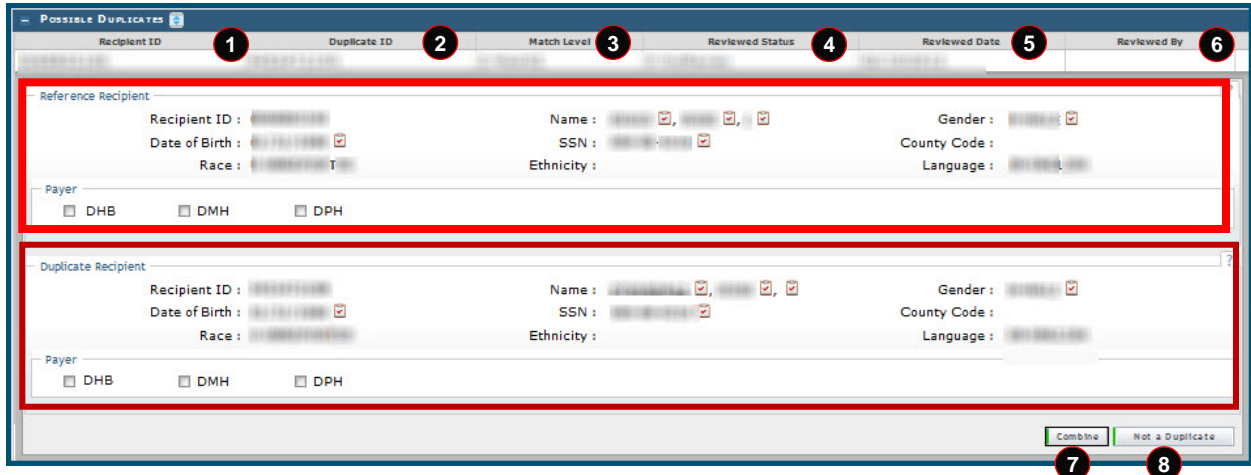


Exhibit 35. Possible Duplicates Comparison Screen

Section	Description
1	The Possible Duplicates section displays the following: Recipient ID: CNDS ID for the recipient that was originally referenced.
2	Duplicate ID: Possible duplicate Recipient ID.
3	Match Level: Match level code identifies the match level of the recipient. The code value can be either 1, 2, 3, or 4, depending on various match criteria.

Section	Description
4	Reviewed Status: Code identifies the Status code of the review. Status code values are: <ul style="list-style-type: none"> • 0 – Not reviewed • 1 – Reviewed and merged • 2 – Reviewed and denied
5	Reviewed Date: Date when reviewer makes a determination to combine or not to combine recipients identified as suspected duplicates.
6	Reviewed By: Reviewer’s ID.
7	The Combine button sends the Recipient ID combine request to the CNDS.
8	The Not a Duplicate button indicates the CNDS IDs should not be merged.

2.6 CNDS ID COMBINE

The **CNDS ID Combine** screen allows users to search for Source and Target Recipient IDs. The search based on both the Source and Target IDs can be initiated in the CNDS to verify the existence of the ID.

The Target Recipient is the record that receives information from the Source Recipient record during the combine process to the CNDS. The Source Recipient is where the original information comes from for the combine process to the CNDS.

Exhibit 36. CNDS ID Combine Tab

Step	Action
1	Enter the Recipient ID of the recipient that will be the target for the combine process in the CNDS Target ID field.
2	Select the Recipient ID from the Source ID Type drop-down menu.
3	Enter the Recipient ID of the recipient that will be the source for the combine process in the Source ID field.
4	Select the Find button.

2.6.1 Manage Recipient Merge Initiation to CNDS

Detailed information about the Target and Source recipients displays. From this screen, a 'Recipient ID Combine' can be initiated. Select the **Combine** button to send the combine request to the CNDS.

Exhibit 37. Merge Initiation Section

Step	Action
1	Select the Combine button.

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3.0 Division of Public Health (DPH)

3.1 INTRODUCTION

DPH staff have the ability to search and view all recipient information associated with DPH. Authorized users have update or view-only access to the **Recipient Detail** and **CNDS Detail** screens.

The **Recipient Detail** screen includes the following tabs with view-only access:

- Recipient Summary
- Case Data History
- Service Limits

Authorized users have update access to the following tabs:

- Address
- Contacts
- ID Card, COCC & Booklet

The **CNDS Search** screen includes the following tabs with view-only access:

- Demographic Information
- LME Cross-Reference

3.2 RECIPIENT SEARCH

Two basic search methods are used to search for recipients. The first method is to search by a unique identifier such as SSN or Recipient ID, and the second method is to search by using non-unique identifiers. You can search for a recipient by entering Last Name, First Name, and one other field such as Middle Name, Date of Birth, Gender, or County Code.

Access the **Recipient Search** screen by selecting **Recipient Search** from the **Recipient** drop-down menu.

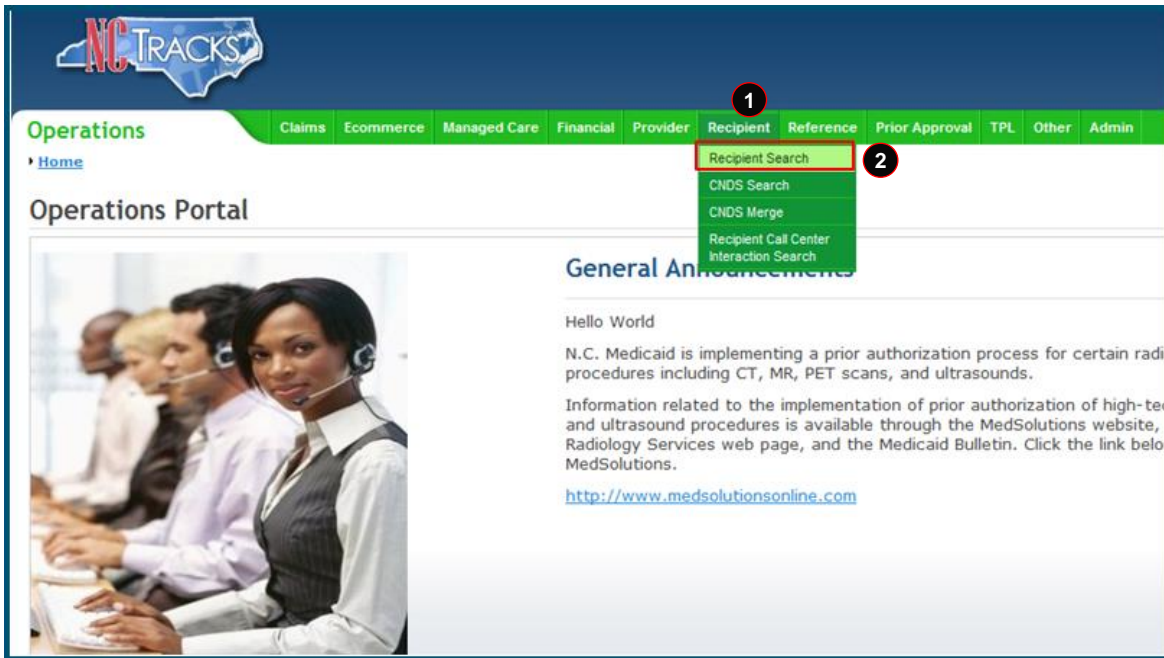


Exhibit 38. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select Recipient Search .

3.2.1 Recipient Search Using a Unique Identifier

Enter one of the following to search for a recipient using a unique identifier:

- Recipient ID/Type
- Recipient SSN
- Eligibility Case ID

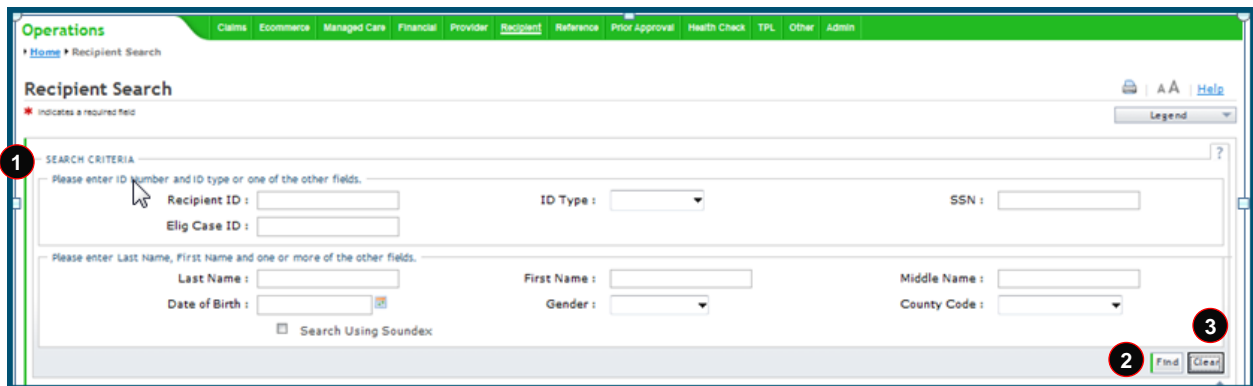


Exhibit 39. Recipient Search Screen

Step	Action
1	Search Criteria: Enter one of the following to search for a recipient using a unique identifier: <ul style="list-style-type: none"> • Recipient ID, ID Type • Social Security Number • Eligibility Case ID
2	Select the Find button.
3	If necessary, select the Clear button to clear data and begin a new search.

3.2.2 Recipient Search Using a Non-Unique Identifier

To search using a non-unique identifier, you must enter the recipient’s Last Name, First Name, and one other field such as Date of Birth, Gender, or County Code. If the recipient’s complete first and last name are not known, you can search by entering partial names. You can also perform a search using Soundex if the correct spelling of a name that sounds the same is not known. To search by Soundex, enter recipient information and then select the ‘Search Using Soundex’ check box.

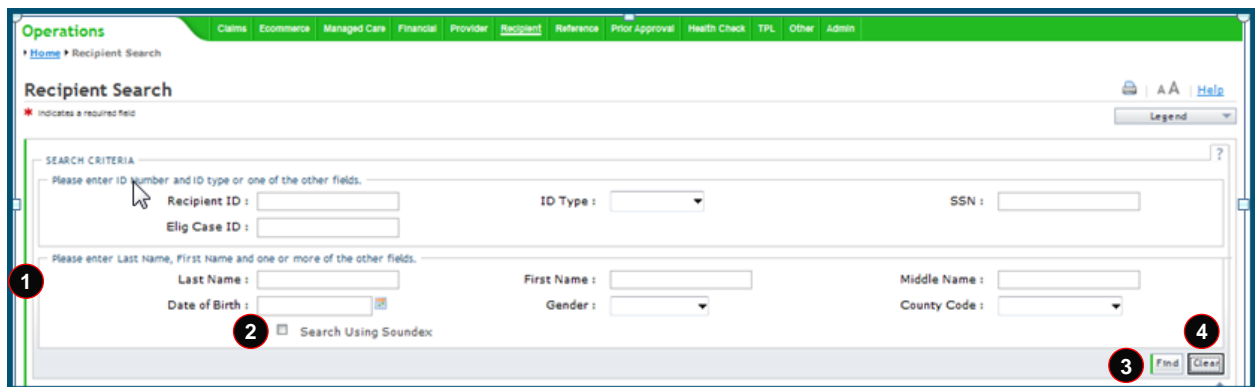


Exhibit 40. Recipient Search Screen

Step	Action
1	Search Criteria: Enter recipient data using one of the following combinations: <ul style="list-style-type: none"> • Last Name, First Name, and Middle Name • Last Name, First Name, and Date of Birth • Last Name, First Name, and Gender • Last Name, First Name, and County Code
2	Select the Search Using Soundex check box. (Optional field)
3	Select the Find button.
4	If necessary, select the Clear button to clear data and begin a new search.

3.2.3 Recipient Search Results

All results matching the search criteria display at the bottom of the screen. Select a Recipient ID link from the **Search Results** section to view recipient details.

1	Recipient ID	Name	Gender	Date of Birth	SSN	HIC	County Code	Elig Case ID
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Exhibit 41. Recipient Search Results Section


Section	Description
1	Recipient Search results display the following: <ul style="list-style-type: none"> • Recipient ID • Name (Last Name, First Name) • Gender • Date of Birth • SSN • HIC (Health Insurance Claim Number) • County Code • Eligibility Case ID
2	Select a Recipient ID to view recipient details.

3.3 VIEWING/UPDATING RECIPIENT INFORMATION

Recipient information is organized under tabs. Your user role determines which tabs you have access to view. Some of the tabs are view-only, while others contain information that can be edited depending on your user role. You can navigate between tabs by selecting the tab or the navigational arrows to the left and/or right of the tab.

3.3.1 Recipient Summary Tab

The **Recipient Summary** tab is view-only. When you select a recipient from the search results list, you are navigated to the **Recipient Summary** tab.

Note: The navigational arrows  allow you to move from tab to tab.

The screenshot shows the 'Recipient Summary' screen with four numbered sections:

- 1 General:** Displays demographic information such as Recipient ID, SSN, Date of Birth, Age, Date of Death, Gender, Transgender, MBI Number, Race, Ethnicity, Language, Date Added, and Last Date Updated.
- 2 Individual:** Displays recipient attributes from the Individual Data record, including Status In Case, Family Status, Relationship to Payee, Citizenship Code, Citizenship Date, Alien ID, IVD Indicator, Refugee Code, Refugee Entry Date, Individual (Ind) Term Date, Tribal Code, Tribal Svc Rcvd, and Individual (Ind) Last Updated.
- 3 Cross-Reference/Combine:** A table showing all payer IDs associated with the recipient for all types/programs, along with corresponding effective dates and Status.
- 4 Eligibility and Enrollment:** A table displaying eligibility and enrollment details for a recipient, including Start From, Auth From, Hold To, Eligibility Coverage Code, LME ID, Admin County, Residential County, Status, IPI%, and User ID.

Exhibit 42. Recipient Summary Tab

Information on the **Recipient Summary** screen is organized into four sections. The following information displays in these sections.

Section	Description
1	General: Displays demographic information including Recipient ID, SSN, DOB (Date of Birth), Age, Date of Death, Gender, Transgender, Medicare Beneficiary Identifier (MBI), Race, Ethnicity, Language, Date Added (when the recipient was added to NCTracks) and Last Date Updated.
2	Individual: Displays recipient attributes from the Individual Data record from the eligibility system including Status In Case, Family Status, Relationship to Payee, Citizenship Code, Citizenship Date, Alien ID, Individual (IVD) Indicator, Refugee Code, Refugee Entry Date, Individual (Ind) Term Date, Tribal Code, Tribal Svc Rcvd, and Individual (Ind) Last Updated.
3	Cross-Reference/Combine: Displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.
4	Eligibility and Enrollment Tabs: Display eligibility and enrollment details for a recipient.

3.3.1.1 General Demographic Information

Recipient demographic information displays in the **General** section of the **Recipient Summary** tab.

This close-up shows the 'GENERAL' section with the following fields:

- 1** Recipient ID
- Date of Birth
- Gender
- Race
- Date Added
- SSN
- Age
- Transgender
- Ethnicity
- Last Date Updated
- Documents: [View](#)
- 2** Date of Death
- MBI Number
- Language

Exhibit 43. General Demographic Information Section

Section	Description
1	<p>Demographic information includes the following:</p> <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • SSN: Recipient's Social Security Number. • Documents • Date of Birth: Recipient's date of birth. • Age: Recipient's age in years. • Date of Death: Date when recipient died, if applicable. • Gender: Recipient's gender. • Transgender • MBI Number: Medicare Beneficiary Identifier • Race: Beneficiary's race (multiple races may exist). • Ethnicity: Beneficiary's ethnicity. • Language: Language spoken by beneficiary. • Date Added: Date when recipient was added to NCTracks. • Last Date Updated: Date when last modification was made to the recipient record.
2	<p>Select View to view recipient documents stored in FileNET. Listed here are some examples of the documents that are stored:</p> <ul style="list-style-type: none"> • HM50110-R5001 – CA Exemption Request Received: Decision Has Been Made • HM50110-R5002 – CA or CCNC/CA Complaint Received Acknowledgment to Recipient • HM50110-R5003 – CA Complaint Received, More Information Needed • HM50110-R5004 – Medical Record Request: Additional Information Requested • HM10185-R1002 – CA Notification of Intent to Enroll Letter • HM10185-R1003 – CCNC/CA Notification of Intent to Enroll Letter • HM10185-R1009 – NCHC Notification of Intent to Enroll Letter • HM10190-R1005 – CA Welcome Letter • HM10190-R1006 – CCNC/CA Welcome Letter • HM10190-R1007 – Recipient PCP Non-Assignment Letter • HM10190-R1010 – Recipient NCHC PCP Non-Assignment Letter • HM10190-R1011 – NCHC (CCNC/CA) Welcome Letter

3.3.1.2 Individual

Recipient Individual information displays in the **Individual** section of the **Recipient Summary** tab.

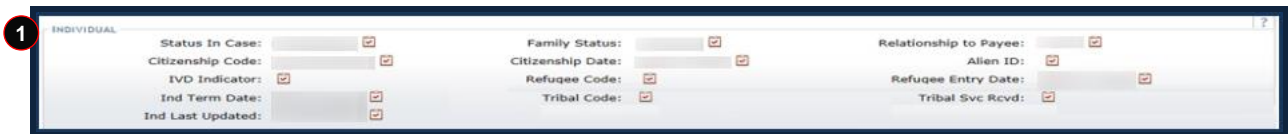


Exhibit 44. Individual Section

Section	Description
1	<p>Individual information includes the following:</p> <ul style="list-style-type: none"> • Status In Case: Beneficiary's status in EIS case. • Family Status: Beneficiary's status/relationship type in his/her family. • Relationship to Payee: Beneficiary's relationship to payee. • Citizenship Code: Code indicating beneficiary's citizenship status. • Citizenship Date: Date when Citizenship Code was updated. • Alien ID: A unique identification/file number assigned by USCIS to every alien who is

Section	Description
	<p>admitted to the United States or who otherwise comes into contact with USCIS.</p> <ul style="list-style-type: none"> • IVD Indicator: Indicates if beneficiary has been referred to Child Support Enforcement. Y-Yes indicates beneficiary has been referred; N-No indicates beneficiary has not been referred. • Refugee Code: Beneficiary's country of origin. • Refugee Entry Date: Date when beneficiary entered the United States. • Ind Term Date: Date when individual's eligibility will end/has ended. • Tribal Code: Federally recognized Native American tribe of which the beneficiary is a member. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Tribal Svc Rcvd: Indicates if a beneficiary who is a member of a federally recognized Native American tribe has had services rendered at an Indian Health/Tribal facility. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Ind Last Updated: Date when individual's data was last updated.

3.3.1.3 Cross-Reference/Combine

The **Cross-Reference/Combine** section displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.

1 CROSS-REFERENCE / COMBINE				
Recipient ID	ID Type	Begin Date	End Date	Status
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX <input checked="" type="checkbox"/>	XXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX <input checked="" type="checkbox"/>	XXXXXXXXXX

Exhibit 45. Cross-Reference/Combine Section

Section	Description
1	<p>The Cross-Reference/Combine section includes the following:</p> <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • ID Type: Recipient identification number type. • Begin Date: Effective date of Recipient ID. • End Date: Date when cross-reference of an LME ID was removed or a CNDS ID was combined with another CNDS ID. • Status: Status of Recipient ID.

3.3.1.4 Eligibility Tab

The **Eligibility** tab is view-only and displays the recipient eligibility segments for all payers. Select an eligibility segment row to expand and view Eligibility details.

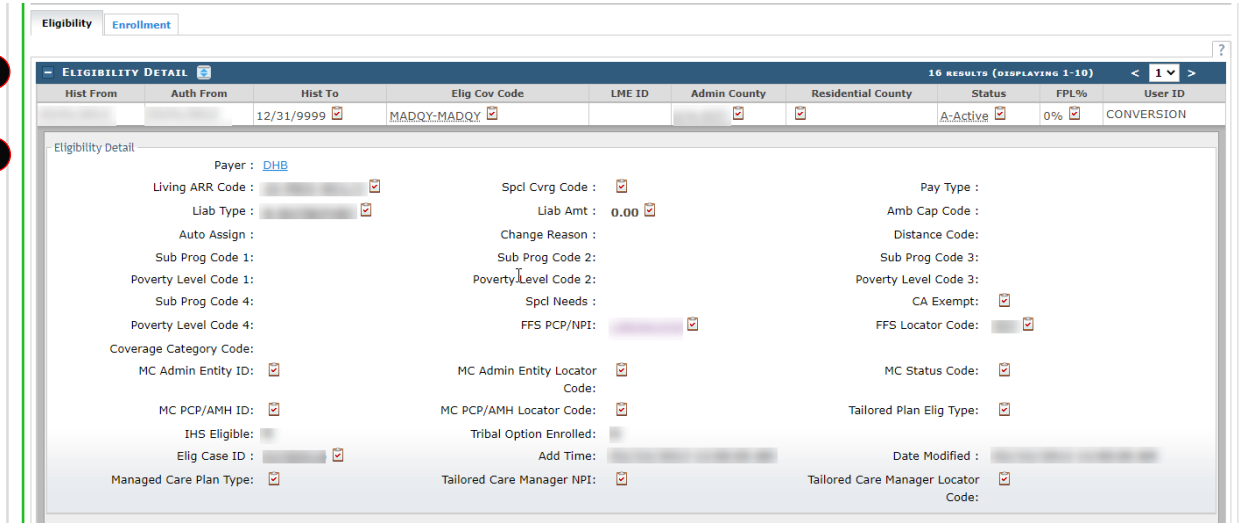


Exhibit 46. Eligibility Tab

Section	Description
1	<p>The Eligibility Segment row contains the following:</p> <ul style="list-style-type: none"> • History From Date: Eligibility begin date for segment. Typically, the History From Date equals the Authorization From Date, but the dates may differ if the recipient has a spenddown period. • Authorized From Date: Date when recipient is authorized for benefits. • History To Date: End date of the eligibility segment. • Eligibility Coverage Code: ID of the benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code, and SSI Status code. For DMH and DPH programs, includes the health plan. • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin County: For DHB, the Admin County is the county that determines/manages the beneficiary’s Medicaid/NCHC eligibility. For DMH and DPH, the Admin County is the county in which the beneficiary lives. • Residential County: County of residence for the recipient. • Status: Status of recipient’s eligibility. • Federal Poverty Level %: Federal Poverty Level Percent, which represents the beneficiary’s percentage of income to the Federal Poverty Level. • User ID: User ID of person or entity who added eligibility segment to NCTracks.
2	<p>The Eligibility Detail section contains the following:</p> <ul style="list-style-type: none"> • Payer: DHHS entity that is associated with the Eligibility Coverage Code. Select the link to view Payer details. • Living ARR Code: Living Arrangement Code. • Spcl Cvrgr Code: Code for any CAPs for which recipient may be eligible. • Pay Type: Code of payment type received by recipient. • Liab Type: If applicable, the type of liability for which recipient is responsible (deductible balance or monthly liability). • Liab Amt: Amount of financial responsibility that corresponds with the Liab Type. • Amb Cap Code: Code for recipient’s capacity for mobility. • Auto Assign: Indicator if recipient selected a PCP (N) or had a PCP assigned (Y). • Change Reason: Code for reason why recipient’s PCP was changed. • Distance Code: Code for travel distance between recipient and PCP. L = less than 30 miles or 45 minutes; M = more than 30 miles or 45 minutes.

Section	Description
	<ul style="list-style-type: none"> • Sub Prog Code 1: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 2: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 3: Code for subprogram within recipient's Eligibility Coverage Code. • Poverty Level Code 1: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 2: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 3: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Sub Prog Code 4: Code for subprogram within recipient's Eligibility Coverage Code. A recipient may have up to four subprogram codes. • Spcl Needs: Reason for classification as special needs child. • CA Exempt: Reason code if recipient is exempt from CA. • Poverty Level Code 4: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • FFS PCP/NPI: NPI of recipient's PCP. • FFS Locator Code: Address location code for PCP/NPI. • Coverage Category Code: Identifies beneficiaries whose eligibility is determined using Modified Adjusted Gross Income (MAGI) rules. • MC Admin Entity ID: The Managed Care Prepaid Health Plan (PHP) entity ID. • MC Admin Entity Locator Code: The Managed Care Prepaid Health Plan (PHP) Locator Code • MC Status Code: The recipient's status related to enrollment in Managed Care – Mandatory, Excluded, Exempt, etc. • MC PCP/AMH ID: The Managed Care Primary Care Physician (PCP) or Advanced Medical Home (AMH) locator code. • MC PCP/AMH Locator Code: The Managed Care Primary Care Physician (PCP) or Advanced Medical Home (AMH) locator code. • Tailored Plan Elig Type: The recipient's Tailored Plan eligibility type code. • IHS Eligible: Indian Health Services (IHS) eligible is defined as a person who is not a Tribal member, but who is eligible to receive services at an Indian Health Service facility. • Tribal Option Enrolled: The Tribal Option Enrolled is an option the beneficiary can choose if they want the Tribe to manage their care. Note: This indicates that the beneficiary is enrolled in managed care with the Tribe as the managed care organization. • Elig Case ID: Recipient's unique case number. • Add Time: Date when eligibility segment was added. • Date Modified: Timestamp of last modification. • Managed Care Plan Type: Indicates the plan type assigned to the recipient. • Tailored Care Manager NPI: Indicates the NPI of the Tailored Care Manager. • Tailored Care Manager Locator Code: Indicates the locator code of the Tailored Care Manager.

3.3.1.5 Enrollment Tab

The **Enrollment** tab is view-only and displays the recipient enrollment details.



Exhibit 47. Enrollment Tab

Section	Description
1	<p>The Enrollment tab displays the following:</p> <ul style="list-style-type: none"> • Payer: DHB, DPH, ORHCC, DMH. Select the link to view Payer details. • Start Date: Begin date of enrollment. • End Date: End date of enrollment. • Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code, and SSI Status code. For DMH and DPH programs, includes the health plan. • Benefit Plan: Name of Benefit Plan that corresponds to recipient's Eligibility Coverage Code. Displays a link to the Benefit Plan details. • PCP/NPI: NPI of recipient's PCP. Displays a link to PCP's details. • Locator Code: Address location code for PCP/NPI. • CA Exempt: Reason code if recipient is exempt from CA. • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin Entity: For recipients enrolled in the Piedmont Cardinal Health Plan, the provider affiliation network displays. • Status: Status of enrollment. • User ID: ID of person who last updated segment. • Last Date Updated: Last date/time record was updated. • Group ID: • SPAP Indicator: State Pharmaceutical Assistance Program.

3.3.2 Address Tab

On the **Address** tab, you can view all recipient addresses by the payer's address type. NCTracks uses the residential address to mail information to recipients. Existing, non-temporary addresses cannot be edited.

3.3.2.1 Viewing/Updating Temporary Address Information

DPH users have the ability to add/edit a temporary address. The End Date field is the only editable field for an existing temporary address.

Exhibit 48. View/Edit Temporary Address

Step	Action
1	Select the Payer/Address type row to expand and view address information.
2	Enter the End Date for the address.
3	Select the Update button.

3.3.2.2 Adding a Temporary Address

DPH users have the ability to add a temporary address by completing a Recipient search and selecting the Recipient ID link located under the **Search Results** section. This navigates the user to the **Recipient Detail** screen. Once on this screen, the user can add a temporary address by accessing the **Address** tab and completing all required fields.

Exhibit 49. Add Address Section

Step	Action
1	Select DHB from the Payer drop-down menu.
2	Select T-TEMP-ADD from the Address Type drop-down menu.
3	Enter the begin date when this address becomes effective in the Begin Date field.

Step	Action
4	Enter the End Date when the resident left this address; if current, enter 12/31/9999.
5	Enter the physical address in the Address Line 1 field.
6	Enter the city in the City field.
7	Select the state from the State drop-down menu.
8	Enter the ZIP code in the ZIP Code field.
9	Select the Add button.
10	Select the Save button.

3.3.3 Contacts Tab

The **Contacts** tab displays the details of the Authorized Representative associated with a recipient.

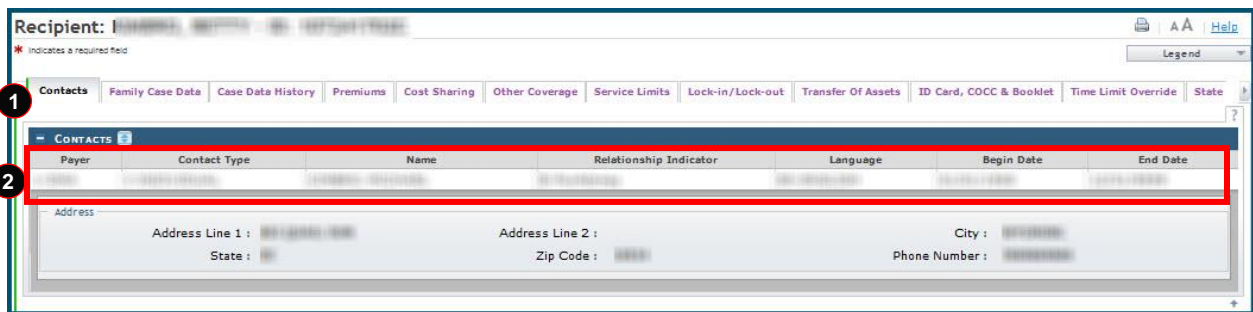


Exhibit 50. Contacts Tab

Section	Description
1	<p>The Contacts section includes the following:</p> <ul style="list-style-type: none"> • Payer: Type of Payer (DHB, DMH, DPH, ORHCC). • Contact Type: i.e., individual or agency. • Name: Contact’s name. • Relationship Indicator: Indicator that defines contact’s relationship to recipient. • Language: Language spoken by contact. • Begin Date: Date from which contact is valid. • End Date: Date to which contact is valid.
2	Select the row below Contact Type to expand and view address and phone number details.

3.3.4 Case Data History Tab

The **Case Data History** tab is view-only and displays the history of the eligibility case data associated with a recipient. The Case Data History header displays the following columns: Elig Case ID, Case Head Name, Date Created, Elig Case Begin Date, and Elig Case End Date. To view additional information, select the cell containing the recipient detail. For example, if you wanted to view additional information about the Case Head Name, you would select the row with the recipient’s name. An additional row displays with the additional information, and the recipient’s name displays as a link. To view case detail, select the recipient name link; the **Case Detail** screen displays.

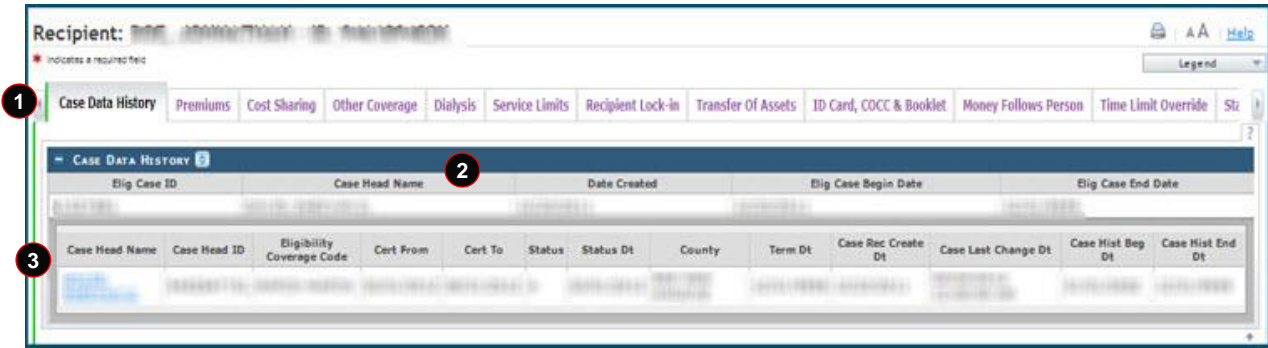


Exhibit 51. Case Data History Tab

Step	Action
1	Select the Case Data History tab.
2	Select the recipient’s name located in the Case Head Name column to expand this section.
3	Select the recipient name link located in the Case Head Name column.

Section	Description
1	The Case Data History tab allows you to view case history.
2	The Case Data History section contains the following: <ul style="list-style-type: none"> • Elig Case ID: Eligibility Case ID is an identifier, assigned by the district, to uniquely identify a recipient’s case. • Case Head Name: Name of assigned head of eligibility case. • Date Created: Date when eligibility case was created. • Elig Case Begin Date: Date when eligibility case began (date when eligibility case approval was processed in EIS). • Elig Case End Date: Date when eligibility case was terminated.
3	The expanded Case Data History row contains the following: <ul style="list-style-type: none"> • Case Head Name: Name of assigned head of eligibility case. • Case Head ID: Identification number assigned to head of eligibility case; it is the case head’s CNDS ID. • Eligibility Coverage Code: Eligibility coverage code associated with eligibility case. • Certified From: Identifies the Certification Period from date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Certified To: Identifies the Certification Period to date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Status: Medicaid Status code of recipients in eligibility case. • Status Date: Date when Medicaid Status was last updated. • County: Recipient county of residence. • Term Date: Date when eligibility case was terminated. • Case Rec Create Date: Date when eligibility case was created. • Case Last Change Date: Date of last update to eligibility case. • Case History Begin Date: Date when eligibility case approval was processed in EIS. • Case History End Date: Date when eligibility case termination is effective.

3.3.4.1 Case Data Detail

The **Case Data Detail** screen displays the case details related to the recipient case. This includes Case Summary, Case Head, Income, and Application Disposition. This information is view-only.

The screenshot displays the Case Data Detail screen with four main sections:

- 1 CASE SUMMARY:** Includes fields for HLTH PLN, STAT, CERT FROM, AUTH FROM, CAP, SPEC NEEDS, DIST, SUB-PGM 1-4, ELIG COV, STAT DT, CERT TO, AUTH TO, PACE, HMO, WRKR, FPL 1-4, CASE ID, CO, TERM DT, TERM RSN, AUTH REP, IVD, and CO CASE.
- 2 CASE HEAD:** Includes fields for FIRST, MIDDLE, LAST, SUFFIX, CASEHEAD ID, and LANGUAGE.
- 3 INCOME:** Includes fields for GRS EARNED, CH/AD CARE, OTHR UNEARNED, VA, MAINT AMT, DED BAL, DISREGARD, NET UNEARNED, SPOUSE, DOM RATE, PML, WORK EXP, RSDI AMT, SSI AMT, NEEDS UNIT, COUNT MO INC, and LAST CHANGE DT.
- 4 APPLICATION DISPOSITION:** Includes fields for APP DT, ONG DISP TYPE, RETRO DISP TYPE, APP TYPE, ONG DISP DATE, RETRO DISP DATE, APP NO, and RETRO DISP RSN.

Exhibit 52. Case Data Detail Section

Section	Description
1	<p>The Case Summary section contains the following:</p> <ul style="list-style-type: none"> • HLTH PLN: Health Plan Identifier. Identifies health plan in which recipient is enrolled. This field has a link to view the benefit plan details. • ELIG COV: Eligibility coverage code associated with eligibility case. • CASE ID: Case ID is an identifier, assigned by the district, to uniquely identify a recipient’s eligibility case. • STAT: Medicaid Status of recipients in eligibility case. • STAT DT: Status date is date when Medicaid Status was last updated. • CO: County associated with eligibility case. • CERT FROM: Certification period from date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • CERT TO: Certification period to date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • TERM DT: Term date is date when eligibility case was terminated. • AUTH FROM: Medicaid authorized begin date. • AUTH TO: Authorized to date is the Medicaid authorized end date. • TERM RSN: Case termination reason code identifies the reason the case was terminated. • CAP: CAP code – Identifies a case with a CAP recipient. • PACE: Indicator of PACE recipients. ‘N’ indicates there is no PACE coverage applicable; ‘Y’ indicates there is PACE coverage applicable. • AUTH REP: Authorized Representative Indicator. ‘N’ indicates there is no Authorized Representative associated with the eligibility case; ‘Y’ indicates there is an Authorized Representative associated with the eligibility case.

Section	Description
	<ul style="list-style-type: none"> • SPEC NEEDS: Special needs code identifies a recipient with special needs; valid values for special needs are: <ul style="list-style-type: none"> – 1 – SSI or other disabled children – 2 – In foster care or other out-of-home – 3 – Receiving foster care or adoption assistance – 4 – Self-identified – 9 – Unknown • HMO: HMO (Health Maintenance Organization) Indicator. 'N' indicates there is no HMO applicable for the case; 'Y' indicates there is an HMO applicable for the case. • IVD: IVD Indicator. 'N' indicates there is no child support enforcement applicable for the case; 'Y' indicates that there is child support enforcement applicable for the case. • DIST: District Code. • WRKR: Case worker number is a unique identifier for a worker in a county DSS. • CO CASE: County case number is assigned by the county DSS; this functions as a mechanism to link family members together for county purposes. • SUB-PGM 1: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 1: Federal Poverty Level Applicable poverty level code 1 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 2: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 2: Applicable poverty level code 2 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 3: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 3: Applicable poverty level code 3 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 4: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 4: Applicable poverty level code 4 identifies the percentage of the Federal Poverty Level applicable to the case income.
2	<p>The Case Head section contains the following:</p> <ul style="list-style-type: none"> • FIRST: First name of case head. • MIDDLE: Middle name of case head. • LAST: Last name of case head. • SUFFIX: Suffix of case head. • CASEHEAD ID: Identification number assigned to head of eligibility case; it is the case head's CNDS ID. • LANGUAGE: Language spoken by case head.
3	<p>The Income section contains the following:</p> <ul style="list-style-type: none"> • GRS EARNED: Gross Earned is the case head's gross earnings. • DISREGARD: Disregarded amount of case head's income in eligibility determination. • WORK EXP: Individual work expenses for the case. • CH/AD CARE: Child/Adult Care expenses associated with the case. • NET UNEARNED: Case net unearned income. • RSDI AMT: Eligibility case Retirement, Survivors, Disability Insurance (RSDI) amount. • OTHER UNEARNED: Amount of other unearned income. • NET UNEARNED: Case net unearned income. • SSI AMT: Case SSI amount. • VA: Case VA (Veterans Affairs) Status Code. • SPOUSE: Spouse Indicator. 'N' indicates no spouse in the home or community.

Section	Description
	<ul style="list-style-type: none"> • NEEDS UNIT: Needs unit is the number of people's needs included in the eligibility budget. • MAINT AMT: Case maintenance amount is the income limit for the case; if income exceeds the limit, the recipient may still be eligible with a deductible/spenddown. • DOM RATE: Domiciliary Rate is the rate paid for domiciliary care. • COUNT MO INC: Case Countable Monthly Income. • DED BAL: Deductible balance amount. • PML: Patient monthly liability amount. • LAST CHANGE DATE: Audit Update Timestamp that specifies the date and time of add, update, or delete performed on eligibility case data.
4	<p>The Application Disposition section contains the following:</p> <ul style="list-style-type: none"> • APP DT: Date of eligibility case application from EIS. • APP TYPE: Application Type code identifies the type of application submitted: <ul style="list-style-type: none"> – New Application – Re-application – Administrative Add-An-Individual – New Application with Retroactive Benefits – Add-An-Individual Application – Administrative New Application • APP NO: Application number is a unique identifier to identify the application number for an eligibility case. • ONG DISP TYPE: Eligibility case ongoing disposition type. • ONG DISP DATE: Eligibility case ongoing disposition date. • ONG DISP RSN: Eligibility case ongoing disposition reason is used in claim processing to identify presumptive MPW (Medicaid for Pregnant Women) eligibility; it is the only data that identifies this group. • RETRO DISP TYPE: Eligibility case ongoing retro disposition type. • RETRO DISP DATE: Date when retroactive portion of an application was dispositioned. • RETRO DISP RSN: Reason the retroactive portion of an application was dispositioned.

3.3.5 Service Limits Tab

The **Service Limits** tab is view-only and displays a summary of the recipient's allowed and used units for the individual service category.



Exhibit 53. Service Limits Tab

Section	Description
1	<p>The Service Limits section includes the following:</p> <ul style="list-style-type: none"> • Benefit Plan: Benefit Plan Code Identifier. • Service Category: Services allowed for the benefit plan. • State Fiscal Year: Fiscal year of the recipient's enrollment. • Allowed: Number of units/visits allowed per fiscal year. • Used: Number of units/visits is based on paid claims. Units may have been used, but

Section	Description
	unless the claims have been processed, it is not calculated in the used total. <ul style="list-style-type: none"> • Available: Allowed minus used.

3.3.6 ID Card, COCC & Booklet Tab

The **ID Card, COCC (Certificate of Creditable Coverage) & Booklet** tab can be updated by authorized users. COCCs can be generated automatically or manually. COCCs are automatically issued by NCTracks when the eligibility end date is received in the EIS file. They can be generated manually from this tab by an authorized user when requested by the recipient. An authorized user can request a COCC letter to be issued to an address specified by the recipient. A temporary address must be added to the file if a recipient requests a COCC be mailed to an address not on file.

By selecting the Request Type COCCreq link, users can view the COCC letter sent to the recipient.

Note: This tab has ID Card, COCC & Booklet; the only functional item is the COCC.

The screenshot shows a web application interface for the 'ID Card, COCC & Booklet' tab. At the top, there are navigation tabs: 'ID Card, COCC & Booklet', 'Money Follows Person', 'Time Limit Override', 'State Authorized Payment', 'Consent', 'CAP DA/C Consent', and 'Review'. Below this is a 'REQUESTS' section with a table of request entries. The table has columns for 'Request Type', 'Payer', 'Coverage As Of Date', 'Request Date', 'Issue Date', 'Request Route', and 'Add User ID'. A row is visible with 'C-COCCReq' as the request type, 'DHB' as the payer, and 'B-Batch' as the request route. Below the table is an 'Address Selection' form with fields for 'Address Type', 'Address Line 1', 'City', 'State' (pre-filled with 'NC'), 'Attn To/Contact Name', 'Address Line 2', and 'ZIP Code'. There are also 'Cancel' and 'Delete' buttons. Below the form is another 'Address Selection' form with a dropdown for 'Address Type' and an 'AutoFill' button. At the bottom right, there are 'Add', 'Save', and 'Reset Page' buttons. Numbered callouts (1-7) are placed on the interface: 1 on the 'Request Type' column header, 2 on the 'Payer' column header, 3 on the 'Coverage As Of Date' column header, 4 on the 'Address Type' field, 5 on the 'AutoFill' button, 6 on the 'Add' button, and 7 on the 'Save' button.

Exhibit 54. ID Card, COCC & Booklet Tab

Section	Description
1	<p>The Requests information includes the following:</p> <ul style="list-style-type: none"> • Request Type drop-down menu includes: <ul style="list-style-type: none"> – 1-Respite – 2-Special – B-NCHCBook – C-COCC Req – I-IdCardReq • Payer drop-down menu includes: <ul style="list-style-type: none"> – DHB – DMH – DPH – ORHCC • Coverage As Of Date: Date of coverage request for COCC and ID cards. For COCC requests, 'Coverage As Of Date' is the coverage end date and the coverage begin date is 18 months prior to this date. For ID card and Booklet requests, 'Coverage As Of Date' is the coverage begin date. • Request Date: Date when request was made; this is the current date generated by the system. • Issue Date: Date when request was issued. • Request Route: Displays that request was made O-Online or B-Batch. • User ID: User ID of individual who is making the request.

Step	Action
1	Select the request type from the Request Type drop-down menu: <ul style="list-style-type: none"> • 1-Respite • 2-Special • B-NCHCBook • C-COCC Req • I-IdCardReq
2	Select the Payer from the Payer drop-down menu: DHB, DMH, DPH, ORHCC.
3	Enter the date in the Coverage As Of Date field. For COCC requests, Coverage As Of Date is the coverage end date, and the coverage begin date is 18 months prior to this date.
4	Select the address type from the Address Type drop-down menu.
5	Select the AutoFill button; the address is auto-filled.
6	Select the Add button.
7	Select the Save button.

3.4 COMMON NAME DATA SYSTEM (CNDS) SEARCH

The **CNDS Search** screen allows users to search for a recipient in the CNDS. The search screen allows you to send a request to search in the CNDS for a CNDS ID. A CNDS recipient may also be added.

Important: Use caution when combining two recipients to one CNDS ID. If two recipients have the same name and demographic information but are mistakenly thought to be the same person, combining their records can adversely affect all of their social services programs. The process to uncombine them is very difficult, time consuming, and costly. Only after extensive research and consideration should one combine two recipients into one CNDS ID. It is for this

reason that we will not demonstrate that process. Please check with your supervisor before performing a CNDS ID Combine.

3.4.1 Accessing the CNDS Search Screen

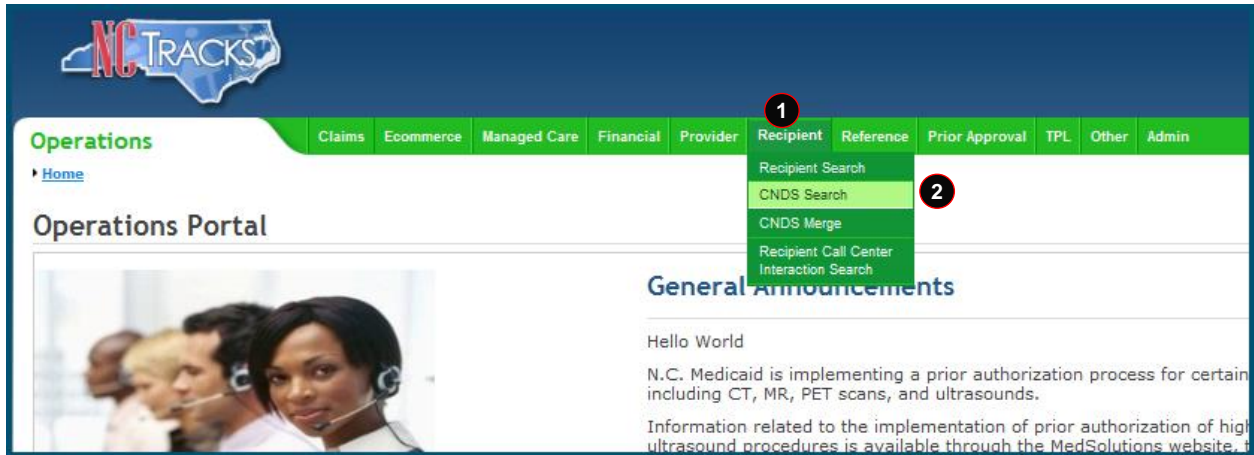


Exhibit 55. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Search .

3.4.1.1 CNDS Search Screen

On the **CNDS Search** screen, you can conduct a CNDS search or add a new CNDS ID. A CNDS search allows you to perform a search for a recipient in the CNDS by entering one of the following combinations:

- SSN
- Recipient ID and ID Type
- Recipient Last Name, First Name, and Date of Birth
- Recipient Last Name, First Name, and Gender

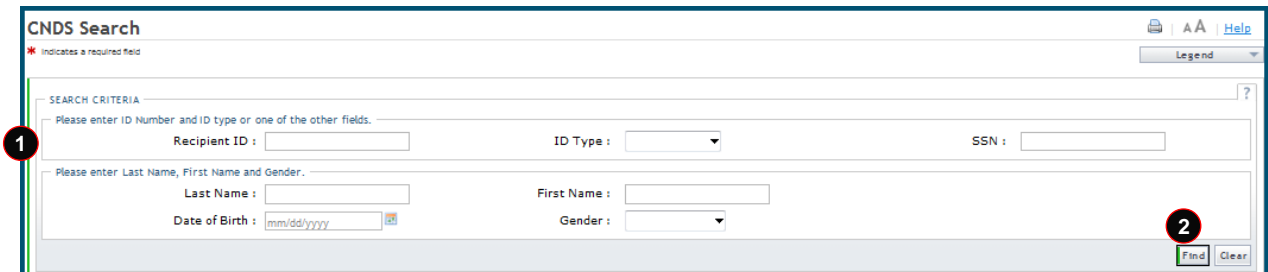


Exhibit 56. CNDS Search Screen

Step	Action
1	Search for a recipient in the CNDS by entering one of the following combinations: <ul style="list-style-type: none"> • SSN • Recipient ID and ID Type • Recipient Last Name, First Name, and Gender

Step	Action
2	Select the Find button.

3.4.1.2 Demographic Information Tab

The **Demographic Information** tab allows you to update recipient demographic information in the CNDS. Recipient demographics, such as Last Name, First Name, Date of Birth, Gender, SSN, Suffix, Middle Initial, Language, Race, and Ethnicity can be updated on this screen. Select **Save** to save your changes.

Exhibit 57. Demographic Information Tab

Step	Action
1	Enter the Social Security Number in the SSN field.
2	Select the gender from the Gender drop-down menu.
3	Enter the date of birth in the Date of Birth field.
4	Select a suffix from the Suffix drop-down menu.
5	Enter the first name in the First Name field.
6	Enter the middle initial in the Middle Initial field.
7	Enter the last name in the Last Name field.
8	Select the language from the Language drop-down menu.
9	Select the race from the Race drop-down menu.
10	Select the ethnicity from the Ethnicity drop-down menu.
11	Select the Save button to save the changes.

3.5 CNDS MERGE

The CNDS Merge process allows you to view all the possible duplicate recipients created by the batch process. Users can also initiate a 'Recipient ID Combine' by entering Source and Target Recipient IDs. A search is initiated in the CNDS to verify the existence of the ID.

3.5.1 Accessing the CNDS Merge Screen

The **CNDS Merge** screen is accessed under the **Recipient** drop-down menu.

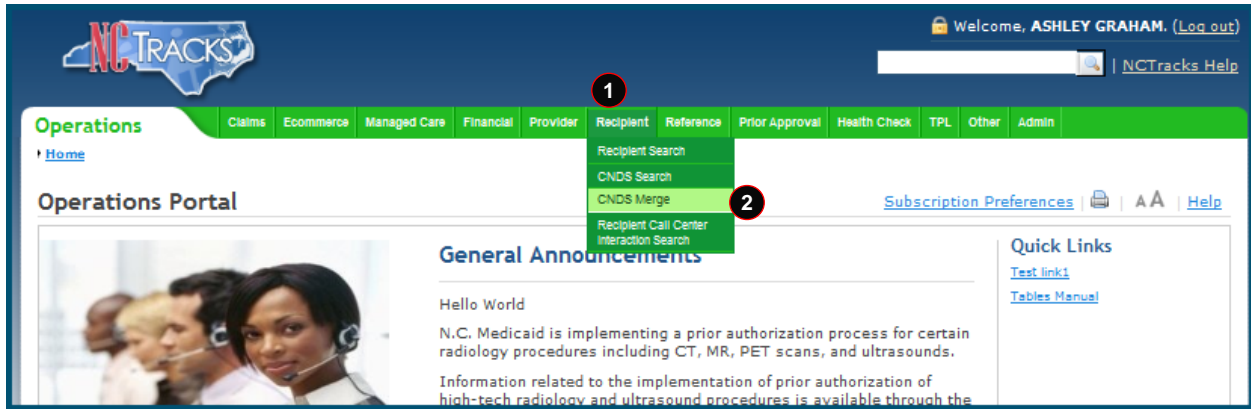


Exhibit 58. NCTracks Home Page

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Merge .

3.5.1.1 CNDS Merge Results

The **CNDS Merge Results** section displays the detailed information for the referenced recipient and for the duplicate that was found. This allows you to view possible duplicate recipients and initiate a ‘Combine’ of recipients in the CNDS, or to indicate that the possible duplicate should be ignored by checking the Ignore box.

Select a row to view and compare possible duplicate recipient information.

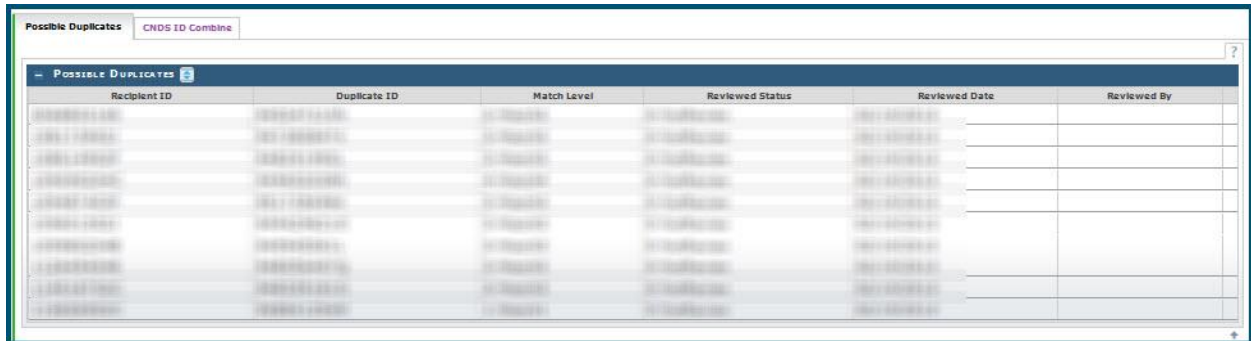


Exhibit 59. Possible Duplicates Tab

3.5.1.2 Possible Duplicates

On the **Possible Duplicates** screen, information for both recipients displays for comparison. On this screen, you can mark the recipients as duplicate recipients and initiate a ‘Combine’ of recipients in the CNDS, or you can review and mark the recipients as ‘Not a Duplicate’. When recipients are marked as ‘Not a Duplicate’ in the **Possible Duplicates** section, the same recipients are not identified as duplicates when the batch process runs again.

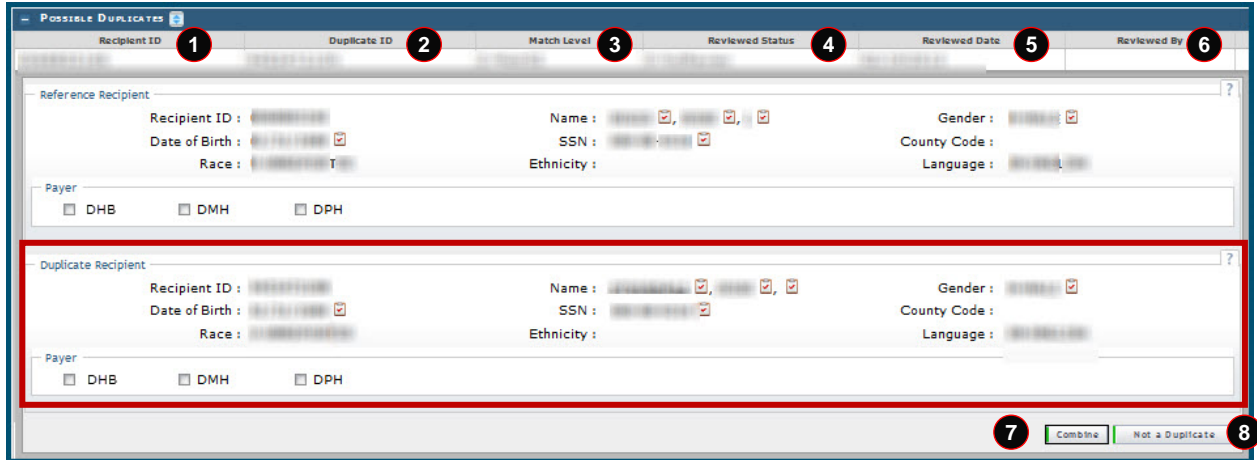


Exhibit 60. Possible Duplicates Comparison Screen

Section	Description
1	The Possible Duplicates section displays the following: Recipient ID: CNDS ID for the recipient that was originally referenced.
2	Duplicate ID: Possible duplicate Recipient ID.
3	Match Level: Match level code identifies the match level of the recipient. The code value can be either 1, 2, 3, or 4, depending on various match criteria.
4	Reviewed Status: Code identifies the Status code of the review. Status code values are: <ul style="list-style-type: none"> • 0 – Not reviewed • 1 – Reviewed and merged • 2 – Reviewed and denied
5	Reviewed Date: Date when reviewer makes a determination to combine or not to combine recipients identified as suspected duplicates.
6	Reviewed By: Reviewer’s ID.
7	The Combine button sends the Recipient ID combine request to the CNDS.
8	The Not a Duplicate button indicates the CNDS IDs should not be merged.

3.5.2 CNDS ID Combine

The **CNDS ID Combine** screen allows users to search for Source and Target Recipient IDs. The search based on both the Source and Target IDs can be initiated in the CNDS to verify the existence of the ID.

The Target Recipient is the record that receives information from the Source Recipient record during the combine process to the CNDS. The Source Recipient is where the original information comes from for the combine process to the CNDS.

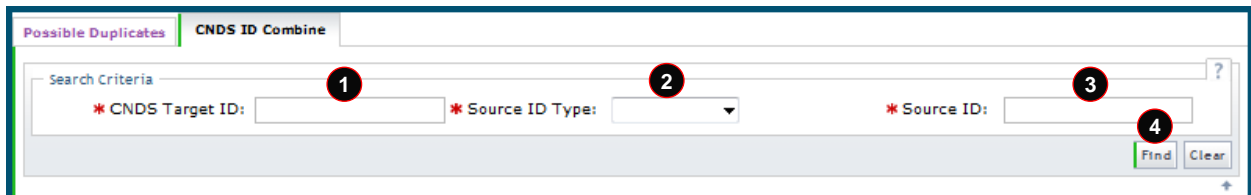


Exhibit 61. CNDS ID Combine Tab

Step	Action
1	Enter the Recipient ID of the recipient that will be the target for the combine process in the CNDS Target ID field.
2	Select the Source ID Type from the Source ID Type drop-down menu.
3	Enter the Recipient ID of the recipient that will be the source for the combine process in the Source ID field.
4	Select the Find button.

3.5.2.1 Manage Recipient Merge Initiation to CNDS

Detailed information about the Target and Source recipients displays. From this screen, a 'Recipient ID Combine' can be initiated. Select the **Combine** button to send the combine request to the CNDS.

Exhibit 62. Merge Initiation Section

Step	Action
1	Select the Combine button.

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4.0 Division of Mental Health (DMH)

4.1 INTRODUCTION

DMH staff have the ability to search and view all recipient information associated with DMH. Authorized users have view-only access to the **Recipient Detail** and **CNDS Detail** screens.

The **Recipient Detail** screen includes the following tabs:

- Recipient Summary
- Service Limits

The **CNDS Search** screen includes the following tabs:

- Demographic Information
- LME Cross-Reference

DMH staff have update access to the **CNDS Merge** screen and the **CNDS ID Combine** screen.

4.2 RECIPIENT SEARCH

Two basic search methods are used to search for recipients. The first method is to search by a unique identifier such as SSN or Recipient ID, and the second method is to search by using non-unique identifiers. You can search for a recipient by entering Last Name, First Name, and one other field such as Middle Name, Date of Birth, Gender, or County Code.

Access the **Recipient Search** screen by selecting **Recipient Search** from the **Recipient** drop-down menu.

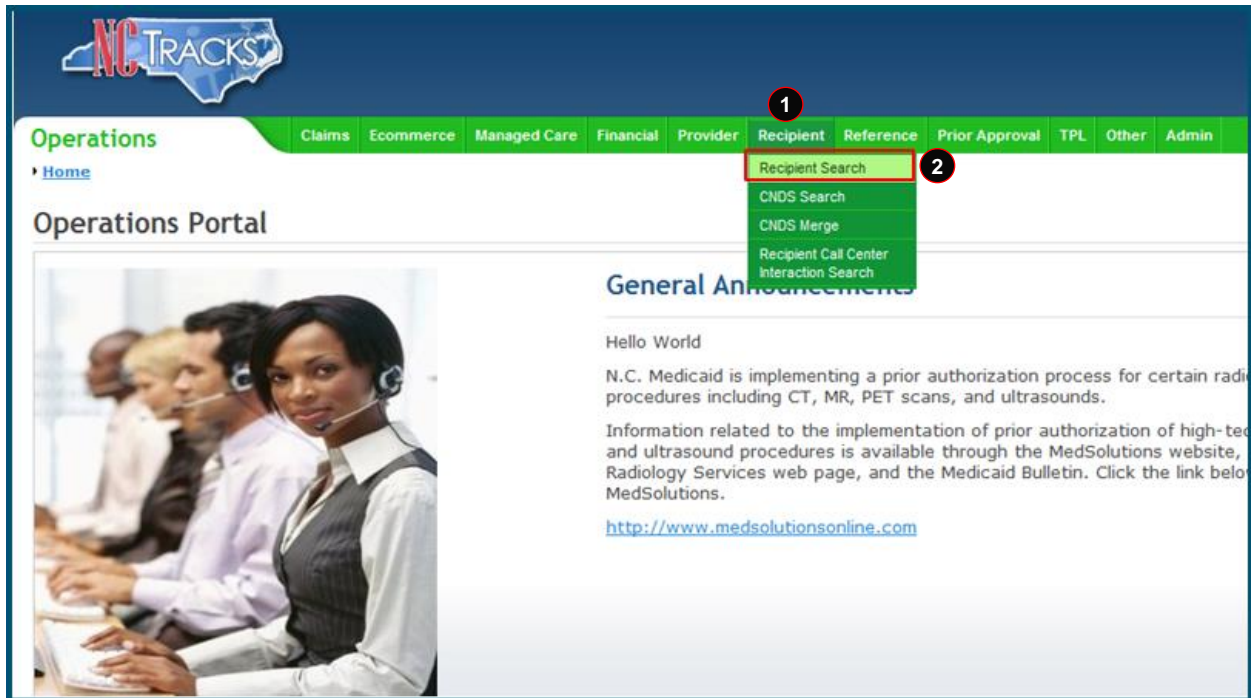


Exhibit 63. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select Recipient Search .

4.2.1 Recipient Search Using a Unique Identifier

Enter one of the following to search for a recipient using a unique identifier:

- Recipient ID/Type
- Recipient SSN
- Eligibility Case ID

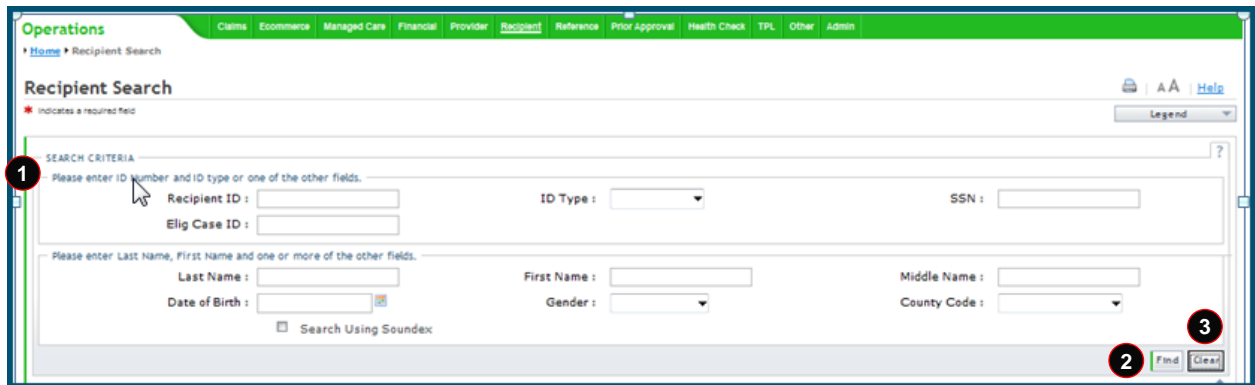


Exhibit 64. Recipient Search Screen

Step	Action
1	Search Criteria: Enter one of the following to search for a recipient using a unique identifier: <ul style="list-style-type: none"> • Recipient ID, ID Type • Social Security Number • Eligibility Case ID
2	Select the Find button.
3	If necessary, select the Clear button to clear data and begin a new search.

4.2.2 Recipient Search Using a Non-Unique Identifier

To search using a non-unique identifier, you must enter the recipient’s Last Name, First Name, and one other field such as Date of Birth, Gender, or County Code. If the recipient’s complete first and last name are not known, you can search by entering partial names. You can also perform a search using Soundex if the correct spelling of a name that sounds the same is not known. To search by Soundex, enter recipient information and then select the ‘Search Using Soundex’ check box.

Exhibit 65. Recipient Search Screen

Step	Action
1	Search Criteria: Enter recipient data using one of the following combinations: <ul style="list-style-type: none"> • Last Name, First Name, and Middle Name • Last Name, First Name, and Date of Birth • Last Name, First Name, and Gender • Last Name, First Name, and County Code
2	Select the Search Using Soundex check box. (Optional field)
3	Select the Find button.
4	If necessary, select the Clear button to clear data and begin a new search.

4.2.3 Recipient Search Results

All results matching the search criteria display at the bottom of the screen. Select a Recipient ID link from the **Search Results** section to view recipient details.

Exhibit 66. Recipient Search Results Section

Section	Description
1	Recipient Search results display the following: <ul style="list-style-type: none"> • Recipient ID • Name (Last Name, First Name) • Gender • Date of Birth • SSN • HIC (Health Insurance Claim Number) • County Code • Eligibility Case ID
2	Select a Recipient ID to view recipient details.

4.3 VIEWING/UPDATING RECIPIENT INFORMATION

Recipient information is organized under tabs. Your user role determines which tabs you have access to view. Some of the tabs are view-only, while others contain information that can be edited depending on your user role. You can navigate between tabs by selecting the tab or the navigational arrows to the left and/or right of the tab.

4.3.1 Recipient Summary Tab

The **Recipient Summary** tab is view-only. When you select a recipient from the search results list, you are navigated to the **Recipient Summary** tab.

Note: The navigational arrows allow you to move from tab to tab.

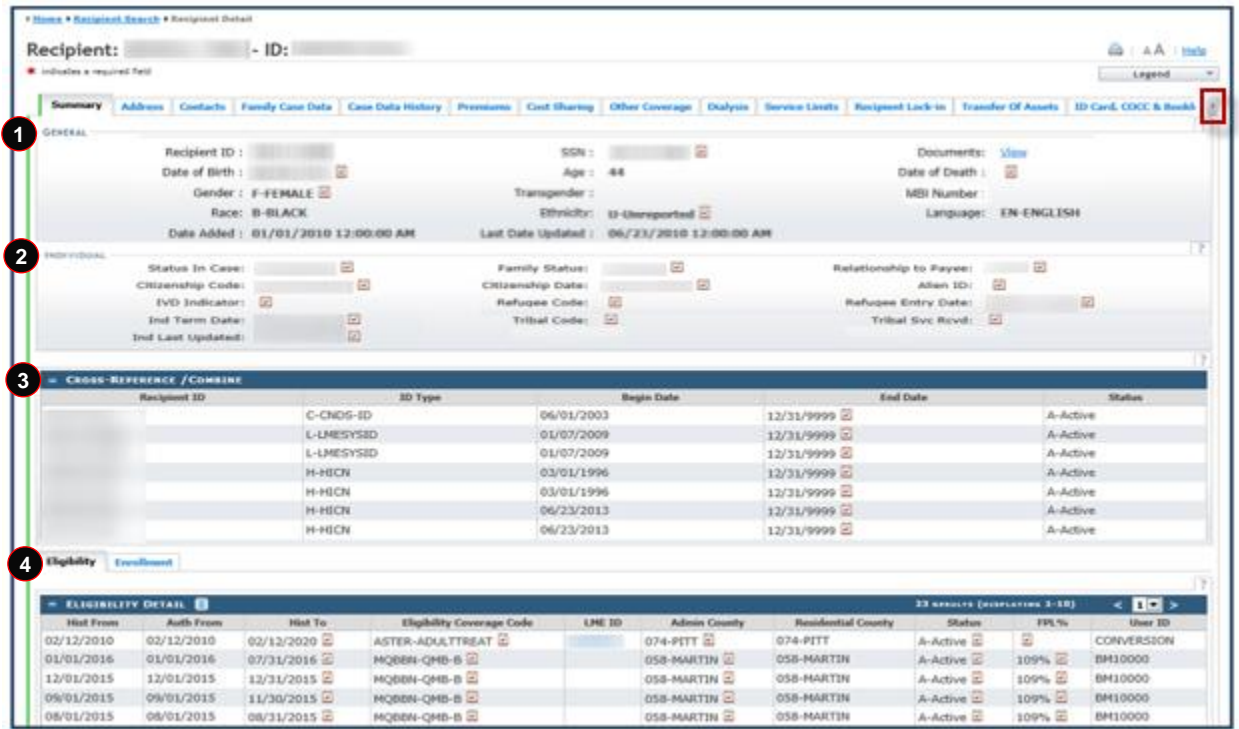


Exhibit 67. Recipient Summary Tab

Information on the **Recipient Summary** screen is organized into four sections. The following information displays in these sections.

Section	Description
1	General: Displays demographic information including Recipient ID, SSN, DOB (Date of Birth), Age, Date of Death, Gender, Transgender, Medicare Beneficiary Identifier (MBI), Race, Ethnicity, Language, Date Added (when the recipient was added to NCTracks) and Last Date Updated.
2	Individual: Displays recipient attributes from the Individual Data record from the eligibility system including Status In Case, Family Status, Relationship to Payee, Citizenship Code, Citizenship Date, Alien ID, Individual (IVD) Indicator, Refugee Code, Refugee Entry Date, Individual (Ind) Term Date, Tribal Code, Tribal Svc Rcvd, and Individual (Ind) Last Updated.
3	Cross-Reference/Combine: Displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.

Section	Description
4	Eligibility and Enrollment Tabs: Display eligibility and enrollment details for a recipient.

4.3.1.1 General Demographic Information

Recipient demographic information displays in the **General** section of the **Recipient Summary** tab.

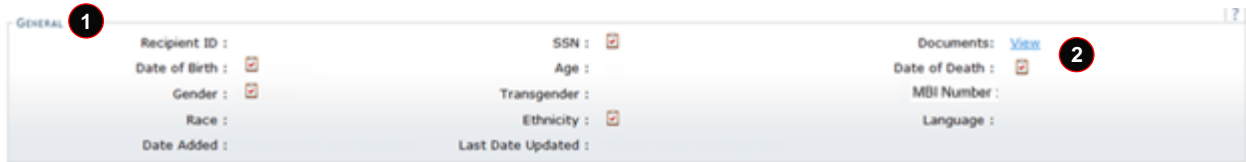


Exhibit 68. General Demographic Information Section

Section	Description
1	Demographic Information includes the following: <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • SSN: Recipient's Social Security Number. • Documents • Date of Birth: Recipient's date of birth. • Age: Recipient's age in years. • Date of Death: Date when recipient died, if applicable. • Gender: Recipient's gender. • Transgender • MBI Number: Medicare Beneficiary Identifier. • Race: Beneficiary's race (multiple races may exist). • Ethnicity: Beneficiary's ethnicity. • Language: Language spoken by beneficiary. • Date Added: Date when recipient was added to NCTracks. • Last Date Updated: Date when last modification was made to recipient record.
2	Select View to view recipient documents stored in FileNET. Listed here are some examples of documents that are stored: <ul style="list-style-type: none"> • HM50110-R5001 – CA Exemption Request Received: Decision Has Been Made • HM50110-R5002 – CA or CCNC/CA Complaint Received Acknowledgment to Recipient • HM50110-R5003 – CA Complaint Received, More Information Needed • HM50110-R5004 – Medical Record Request: Additional Information Requested • HM10185-R1002 – CA Notification of Intent to Enroll Letter • HM10185-R1003 – CCNC/CA Notification of Intent to Enroll Letter • HM10185-R1009 – NCHC Notification of Intent to Enroll Letter • HM10190-R1005 – CA Welcome Letter • HM10190-R1006 – CCNC/CA Welcome Letter • HM10190-R1007 – Recipient PCP Non-Assignment Letter • HM10190-R1010 – Recipient NCHC PCP Non-Assignment Letter • HM10190-R1011 – NCHC (CCNC/CA) Welcome Letter

4.3.1.2 Individual

Recipient attributes from the Individual Data record from the eligibility system display in the **Individual** section of the **Recipient Summary** tab.

1

Status In Case:	Family Status:	Relationship to Payee:
Citizenship Code:	Citizenship Date:	Alien ID:
IVD Indicator:	Refugee Code:	Refugee Entry Date:
Ind Term Date:	Tribal Code:	Tribal Svc Rcvd:
Ind Last Updated:		

Exhibit 69. Individual Section

Section	Description
1	<p>Individual information includes the following:</p> <ul style="list-style-type: none"> • Status In Case: Beneficiary’s status in EIS case. • Family Status: Beneficiary’s status/relationship type in his/her family. • Relationship to Payee: Beneficiary’s relationship to payee. • Citizenship Code: Code indicating beneficiary’s citizenship status. • Citizenship Date: Date when Citizenship Code was updated. • Alien ID: A unique identification/file number assigned by USCIS to every alien who is admitted to the United States or who otherwise comes into contact with USCIS. • IVD Indicator: Indicates if beneficiary has been referred to Child Support Enforcement. Y-Yes indicates beneficiary has been referred; N-No indicates beneficiary has not been referred. • Refugee Code: Beneficiary’s country of origin. • Refugee Entry Date: Date when beneficiary entered the United States. • Ind Term Date: Date when individual’s eligibility will end/has ended. • Tribal Code: Federally recognized Native American tribe of which the beneficiary is a member. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Tribal Svc Rcvd: Indicates if a beneficiary who is a member of a federally recognized Native American tribe has had services rendered at an Indian Health/Tribal facility. No value for this field indicates that the beneficiary is not a member of a federally recognized tribe. • Ind Last Updated: Date when individual’s data was last updated.

4.3.1.3 Cross-Reference/Combine

The **Cross-Reference/Combine** section displays all payer IDs associated with the recipient for all types/programs, along with the corresponding effective dates and Status.

1

CROSS-REFERENCE / COMBINE				
Recipient ID	ID Type	Begin Date	End Date	Status
000000000	L-000000	01/01/2000	01/01/2000	Active
000000000	L-000000	01/01/2000	01/01/2000	Active

Exhibit 70. Cross-Reference/Combine Section

Section	Description
1	<p>The Cross-Reference/Combine section includes the following:</p> <ul style="list-style-type: none"> • Recipient ID: Recipient identification number. • ID Type: Recipient identification number type. • Begin Date: Effective date of Recipient ID. • End Date: Date when cross-reference of an LME ID was removed or a CNDS ID was combined with another CNDS ID. • Status: Status of Recipient ID.

4.3.1.4 Eligibility Tab

The **Eligibility** tab is view-only and displays the recipient eligibility segments for all payers. Select an eligibility segment row to expand and view Eligibility details.

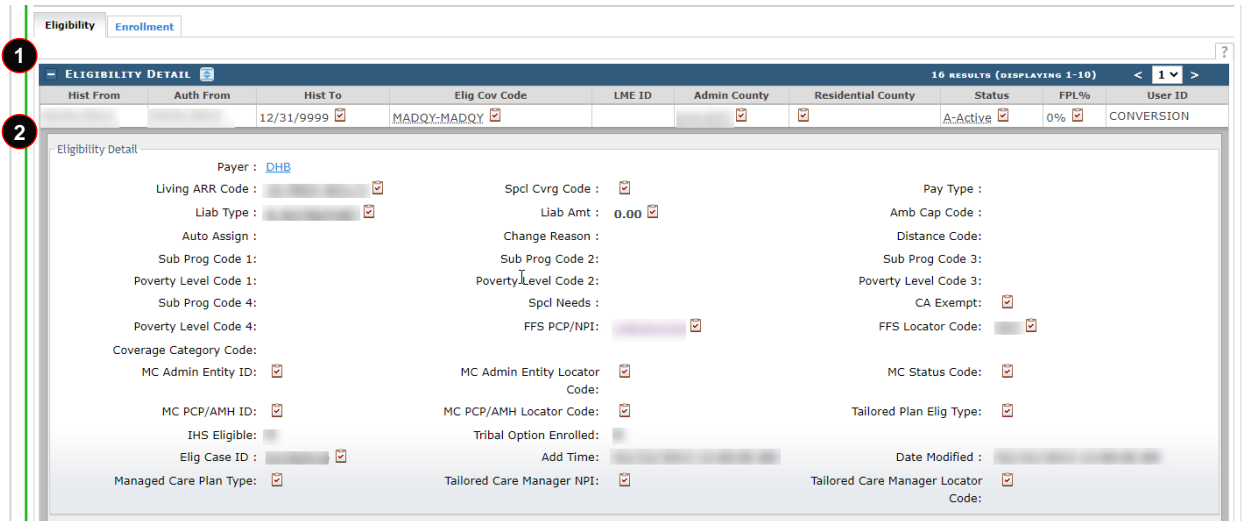


Exhibit 71. Eligibility Tab

Section	Description
1	<p>The Eligibility Segment row contains the following:</p> <ul style="list-style-type: none"> • History From Date: Eligibility begin date for segment. Typically, the History From Date equals the Authorization From date, but the dates may differ if the recipient has a spenddown period. • Authorized From Date: Date when recipient is authorized for benefits. • History To Date: End date of the eligibility segment. • Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code and SSI Status code. For DMH and DPH programs, includes the health plan. • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin County: For DHB, the Admin County is the county that determines/manages the beneficiary’s Medicaid/NCHC eligibility. For DMH and DPH, the Admin County is the county in which the beneficiary lives. • Residential County: County of residence for recipient. • Status: Status of recipient’s eligibility. • Federal Poverty Level %: Federal Poverty Level Percent, which represents the beneficiary’s percentage of income to the Federal Poverty Level. • User ID: User ID of person or entity who added eligibility segment to NCTracks.
2	<p>The Eligibility Detail section contains the following:</p> <ul style="list-style-type: none"> • Payer: DHHS entity that is associated with the Eligibility Coverage Code. Select the link to view Payer details. • Living ARR Code: Living Arrangement Code. • Spcl Cvr Code: Code for any CAPs for which recipient may be eligible. • Pay Type: Code of payment type received by the recipient. • Liab Type: If applicable, type of liability for which recipient is responsible (deductible balance or monthly liability). • Liab Amt: Amount of financial responsibility that corresponds with the Liab Type. • Amb Cap Code: Code for recipient’s capacity for mobility.

Section	Description
	<ul style="list-style-type: none"> • Auto Assign: Indicator if recipient selected a PCP (N) or had a PCP assigned (Y). • Change Reason: Code for reason why recipient's PCP was changed. • Distance Code: Code for travel distance between recipient and PCP. L = less than 30 miles or 45 minutes; M = more than 30 miles or 45 minutes. • Sub Prog Code 1: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 2: Code for subprogram within recipient's Eligibility Coverage Code. • Sub Prog Code 3: Code for subprogram within recipient's Eligibility Coverage Code. • Poverty Level Code 1: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 2: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Poverty Level Code 3: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • Sub Prog Code 4: Code for subprogram within recipient's Eligibility Coverage Code. Recipient may have up to four subprogram codes. • Spcl Needs: Reason for classification as special needs child. • CA Exempt: Reason code if recipient is exempt from CA. • Poverty Level Code 4: Code describing percentage of Federal Poverty Level applicable to recipient's case income. • FFS PCP/NPI: NPI of recipient's PCP. • FFS Locator Code: Address location code for PCP/NPI. • Coverage Category Code: Identifies beneficiaries whose eligibility is determined using Modified Adjusted Gross Income (MAGI) rules. • MC Admin Entity ID: The Managed Care Prepaid Health Plan (PHP) entity ID • MC Admin Entity Locator Code: The Managed Care Prepaid Health Plan (PHP) Locator Code • MC Status Code: The recipient's status related to enrollment in Managed Care - Mandatory, Excluded, Exempt, etc. • MC PCP/AMH ID: The Managed Care Primary Care Provider (PCP) or Advanced Medical Home (AMH) NPI. • MC PCP/AMH Locator Code: The Managed Care Primary Care Provider (PCP) or Advanced Medical Home (AMH) locator code. • Tailored Plan Elig Type: The recipient's Tailored Plan eligibility type code. • IHS Eligible: Indian Health Services (IHS) eligible is defined as a person who is not a Tribal member, but who is eligible to receive services at an Indian Health Service facility. • Tribal Option Enrolled: The Tribal Option indicator is an option the beneficiary can choose if they want the Tribe to manage their care. Note: This indicates that the beneficiary is enrolled in managed care with the Tribe as the managed care organization. • Elig Case ID: Recipient's unique case number. • Date Added: Date when eligibility segment was added. • Date Modified: Timestamp of last modification. • Managed Care Plan Type: Indicates the plan type assigned to the recipient. • Tailored Care Manager NPI: Indicates the NPI of the Tailored Care Manager. • Tailored Care Manager Locator Code: Indicates the locator code of the Tailored Care Manager.

4.3.1.5 Enrollment Tab

The **Enrollment** tab is view-only and displays the recipient enrollment details.

Exhibit 72. Enrollment Tab

Section	Description
1	<p>The Enrollment tab displays the following:</p> <ul style="list-style-type: none"> • Payer: DHB, DPH, ORHCC, DMH. Select the link to view Payer details. • Start Date: Begin date of enrollment. • End Date: End date of enrollment. • Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the aid program code, aid category code, Medicaid class code, and SSI Status code. For DMH and DPH programs, includes the health plan. • Benefit Plan: Name of Benefit Plan that corresponds to recipient's Eligibility Coverage Code. Displays a link to the Benefit Plan details. • PCP/NPI: NPI of recipient's PCP. Displays a link to PCP's details. • Locator Code: Address location code for PCP/NPI. • CA Exempt: Reason code if recipient is exempt from CA. • LME ID: If recipient is enrolled in a DMH program, the ID of the LME. • Admin Entity: For recipients enrolled in the Piedmont Cardinal Health Plan, the provider affiliation network displays. • Status: Status of enrollment. • User ID: ID of person who last updated segment. • Last Date Updated: Last date/time record was updated. • Group ID: • SPAP Indicator: State Pharmaceutical Assistance Program.

4.3.1.6 Case Data History Tab

The **Case Data History** tab is view-only and displays the history of the eligibility case data associated with a recipient. The Case Data History header displays the following columns: Elig Case ID, Case Head Name, Date Created, Elig Case Begin Date, and Elig Case End Date. To view additional information, select the cell containing the recipient detail. For example, if you wanted to view additional information about the Case Head Name, you would select the row with the recipient's name. An additional row displays with the additional information, and the recipient's name displays as a link. To view case detail, select the recipient name link; the **Case Detail** screen displays.

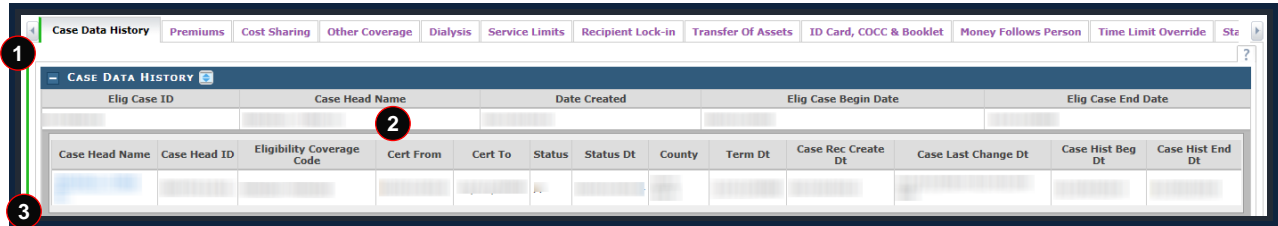


Exhibit 73. Case Data History Tab

Step	Action
1	Select the Case Data History tab.
2	Select the recipient’s name located in the Case Head Name column to expand this section.
3	Select the recipient name link located in the Case Head Name column.

Section	Description
1	The Case Data History tab allows you to view case history.
2	The Case Data History section contains the following: <ul style="list-style-type: none"> • Elig Case ID: Eligibility Case ID is an identifier, assigned by the district, to uniquely identify a recipient’s case. • Case Head Name: Name of assigned head of eligibility case. • Date Created: Date when eligibility case was created. • Elig Case Begin Date: Date when eligibility case began (date when eligibility case approval was processed in EIS). • Elig Case End Date: Date when eligibility case was terminated.
3	The expanded Case Data History row contains the following: <ul style="list-style-type: none"> • Case Head Name: Name of assigned head of eligibility case. • Case Head ID: Identification number assigned to head of eligibility case; it is the case head’s CNDS ID. • Eligibility Coverage Code: Eligibility coverage code associated with eligibility case. • Certified From: Identifies the Certification Period from date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Certified To: Identifies the Certification Period to date for Medicaid/NCHC eligibility; the certification period is the period of time for which eligibility of the case has been determined. • Status: Medicaid Status code of recipients in eligibility case. • Status Date: Date when Medicaid Status was last updated. • County: Recipient county of residence. • Term Date: Date when eligibility case was terminated • Case Rec Create Date: Date when eligibility case was created. • Case Last Change Date: Date of last update to eligibility case. • Case History Begin Date: Date when eligibility case approval was processed in EIS. • Case History End Date: Date when eligibility case termination is effective.

4.3.1.7 Case Data Detail

The **Case Data Detail** screen displays the case details related to the recipient case. This includes: Case Summary, Case Head, Income, and Application Disposition. This information is view-only.

CASE SUMMARY		
HLTH PLN : [Link]	ELIG COV : [Value]	CASE ID : [Value]
STAT : [Value]	STAT DT : [Value]	CO : [Value]
CERT FROM : [Value]	CERT TO : [Value]	TERM DT : [Value]
AUTH FROM : [Value]	AUTH TO : [Value]	TERM RSN : [Value]
CAP : [Value]	PACE : [Value]	AUTH REP : [Value]
SPEC NEEDS : [Value]	HMO : [Value]	IVD : [Value]
DIST : [Value]	WRKR : [Value]	CO CASE : [Value]
SUB-PGM 1 : [Value]	FPL 1 : [Value]	
SUB-PGM 2 : [Value]	FPL 2 : [Value]	
SUB-PGM 3 : [Value]	FPL 3 : [Value]	
SUB-PGM 4 : [Value]	FPL 4 : [Value]	
CASE HEAD		
FIRST : [Value]	MIDDLE : [Value]	LAST : [Value]
SUFFIX : [Value]	CASEHEAD ID : [Value]	LANGUAGE : [Value]
INCOME		
GRS EARNED : [Value]	DISREGARD : [Value]	WORK EXP : [Value]
CH/AD CARE : [Value]	NET UNEARNED : [Value]	RSDI AMT : [Value]
OTHR UNEARNED : [Value]	NET UNEARNED : [Value]	SSI AMT : [Value]
VA : [Value]	SPOUSE : [Value]	NEEDS UNIT : [Value]
MAINT AMT : [Value]	DOM RATE : [Value]	COUNT MO INC : [Value]
DED BAL : [Value]	PML : [Value]	LAST CHANGE DT : [Value]
APPLICATION DISPOSITION		
APP DT : [Value]	APP TYPE : [Value]	APP NO : [Value]
ONG DISP TYPE : [Value]	ONG DISP DATE : [Value]	ONG DISP RSN : [Value]
RETRO DISP TYPE : [Value]	RETRO DISP DATE : [Value]	RETRO DISP RSN : [Value]

Exhibit 74. Case Data Detail Section

Section	Description
1	<p>The Case Summary section contains the following:</p> <ul style="list-style-type: none"> • HLTH PLN: Health Plan Identifier. Identifies health plan in which recipient is enrolled. This field has a link to view the benefit plan details. • ELIG COV: Eligibility coverage code associated with eligibility case. • CASE ID: Case ID is an identifier, assigned by the district, to uniquely identify a recipient's eligibility case. • STAT: Medicaid Status of recipients in eligibility case. • STAT DT: Status date is date when Medicaid Status was last updated. • CO: County associated with eligibility case. • CERT FROM: Certification period from date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • CERT TO: Certification period to date for Medicaid/NCHC eligibility is the period of time for which eligibility has been determined. • TERM DT: Term date is date when eligibility case was terminated. • AUTH FROM: Medicaid authorized begin date. • AUTH TO: Authorized to date is the Medicaid authorized end date. • TERM RSN: Case termination reason code identifies the reason the case was terminated. • CAP: CAP code – Identifies a case with a CAP recipient. • PACE: Indicator of PACE recipients. 'N' indicates there is no PACE coverage applicable; 'Y' indicates there is PACE coverage applicable. • AUTH REP: Authorized Representative Indicator. 'N' indicates there is no Authorized Representative associated with the eligibility case; 'Y' indicates there is an Authorized Representative associated with the eligibility case. • SPEC NEEDS: Special needs code identifies a recipient with special needs; valid values for special needs are: <ul style="list-style-type: none"> – 1 – SSI or other disabled children – 2 – In foster care or other out-of-home – 3 – Receiving foster care or adoption assistance – 4 – Self-identified

Section	Description
	<p>– 9 – Unknown</p> <ul style="list-style-type: none"> • HMO: HMO (Health Maintenance Organization) Indicator. 'N' indicates there is no HMO applicable for the case; 'Y' indicates there is an HMO applicable for the case. • IVD: IVD Indicator. 'N' indicates there is no child support enforcement applicable for the case; 'Y' indicates there is child support enforcement applicable for the case. • DIST: District Code. • WRKR: Case worker number is a unique identifier for a worker in a county DSS. • CO CASE: County case number is assigned by the county DSS; this functions as a mechanism to link family members together for county purposes. • SUB-PGM 1: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 1: Federal Poverty Level Applicable poverty level code 1 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 2: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 2: Applicable poverty level code 2 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 3: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 3: Applicable poverty level code 3 identifies the percentage of the Federal Poverty Level applicable to the case income. • SUB-PGM 4: Subprogram code specifies the code for subprograms or special benefits within the current aid program/category/Medicaid classification structure. • FPL 4: Applicable poverty level code 4 identifies the percentage of the Federal Poverty Level applicable to the case income.
2	<p>The Case Head section contains the following:</p> <ul style="list-style-type: none"> • FIRST: First name of case head. • MIDDLE: Middle name of case head. • LAST: Last name of case head. • SUFFIX: Suffix of case head. • CASEHEAD ID: Identification number assigned to head of eligibility case; it is the case head's CNDS ID. • LANGUAGE: Language spoken by case head.
3	<p>The Income section contains the following:</p> <ul style="list-style-type: none"> • GRS EARNED: Gross Earned is the case head's gross earnings. • DISREGARD: Disregarded amount of case head's income in eligibility determination. • WORK EXP: Individual work expenses for the case. • CH/AD CARE: Child/Adult Care expenses associated with the case. • NET UNEARNED: Case net unearned income. • RSDI AMT: Eligibility case Retirement, Survivors, Disability Insurance (RSDI) amount. • OTHER UNEARNED: Amount of other unearned income. • NET EARNED: Eligibility case head net earned income. • SSI AMT: Case SSI amount. • VA: Case VA (Veterans Affairs) Status Code. • SPOUSE: Spouse Indicator. 'N' indicates no spouse in the home or community. • NEEDS UNIT: Needs unit is the number of people's needs included in the eligibility budget. • MAINT AMT: Case maintenance amount is the income limit for the case; if income exceeds the limit, the recipient may still be eligible with a deductible/spenddown. • DOM RATE: Domiciliary Rate is the rate paid for domiciliary care. • COUNT MO INC: Case Countable Monthly Income.

Section	Description
	<ul style="list-style-type: none"> • DED BAL: Deductible balance amount. • PML: Patient monthly liability amount. • LAST CHANGE DATE: Audit Update Timestamp that specifies the date and time of add, update, or delete performed on eligibility case data.
4	<p>The Application Disposition section contains the following:</p> <ul style="list-style-type: none"> • APP DT: Date of eligibility case application from EIS. • APP TYPE: Application Type code identifies the type of application submitted: <ul style="list-style-type: none"> – New Application – Re-application – Administrative Add-An-Individual – New Application with Retroactive Benefits – Add-An-Individual Application – Administrative New Application • APP NO: Application number is a unique identifier to identify the application number for an eligibility case. • ONG DISP TYPE: Eligibility case ongoing disposition type. • ONG DISP DATE: Eligibility case ongoing disposition date. • ONG DISP RSN: Eligibility case ongoing disposition reason is used in claim processing to identify presumptive MPW (Medicaid for Pregnant Women) eligibility; it is the only data that identifies this group. • RETRO DISP TYPE: Eligibility case ongoing retro disposition type. • RETRO DISP DATE: Date when retroactive portion of an application was dispositioned. • RETRO DISP RSN: Reason retroactive portion of an application was dispositioned.

4.4 COMMON NAME DATA SYSTEM (CNDS) SEARCH

The **CNDS Search** screen allows users to search for a recipient in the CNDS. The search screen allows you to send a request to search in the CNDS for a CNDS ID. A CNDS recipient may also be added.

4.4.1 Accessing the CNDS Search Screen

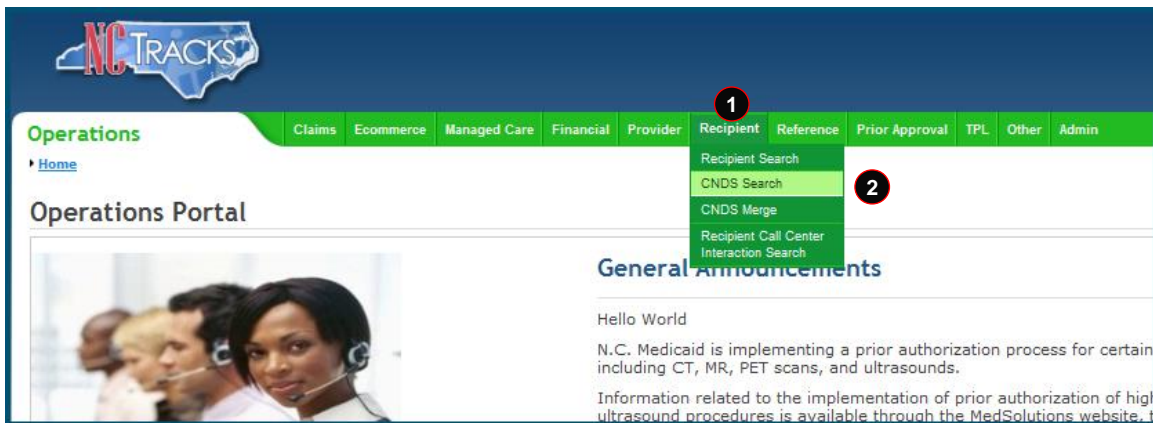


Exhibit 75. NCTracks Operations Portal

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Search .

4.4.1.1 CNDS Search Screen

On the **CNDS Search** screen, you can conduct a CNDS search or add a new CNDS ID. A CNDS search allows you to perform a search for a recipient in the CNDS by entering one of the following combinations:

- SSN
- Recipient ID and ID Type
- Recipient Last Name, First Name, and Date of Birth
- Recipient Last Name, First Name, and Gender

Exhibit 76. CNDS Search Screen

Step	Action
1	Search for a recipient in the CNDS by entering one of the following combinations: <ul style="list-style-type: none"> • SSN • Recipient ID and ID Type • Recipient Last Name, First Name, and Date of Birth • Recipient Last Name, First Name, and Gender
2	Select the Find button.

4.4.1.2 Demographic Information Tab

The **Demographic Information** tab allows you to update recipient demographic information in the CNDS. Recipient demographics such as Last Name, First Name, Date of Birth, Gender, SSN, Suffix, Middle Initial, Ethnicity, Language, and Race can be updated on this screen. Select **Save** to save the changes.

Exhibit 77. Demographic Information Tab

Step	Action
1	Enter the Social Security Number in the SSN field.
2	Select the gender from the Gender drop-down menu.
3	Enter the date of birth in the Date of Birth field.
4	Select a suffix from the Suffix drop-down menu.
5	Enter the first name in the First Name field.
6	Enter the middle initial in the Middle Initial field.
7	Enter the last name in the Last Name field.
8	Select the language from the Language drop-down menu.
9	Select the race from the Race drop-down menu.
10	Select the ethnicity from the Ethnicity drop-down menu.
11	Select the Save button to save the changes.

4.4.1.3 LME Cross-Reference Tab

The **LME Cross-Reference** tab allows an authorized DMH user to add or remove a record type ID cross-reference to a CNDS ID in the CNDS. The following record type IDs can be cross-referenced to valid CNDS IDs in the CNDS: LME ID, Institutional ID, Mental Retardation/Mental Illness ID, At Risk Children ID, and Other.

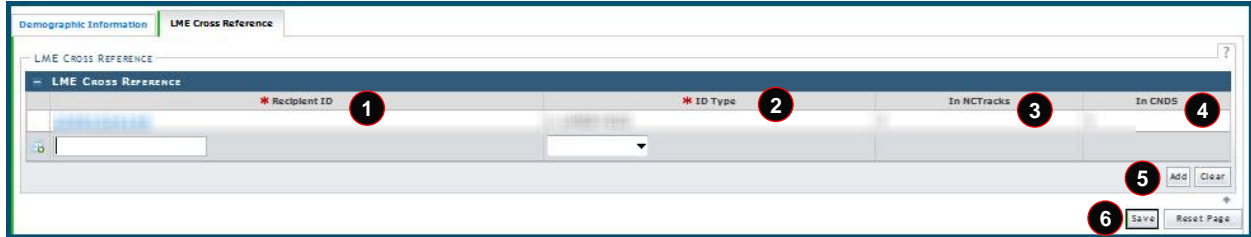


Exhibit 78. LME Cross-Reference Tab

Step	Action
1	Enter the Recipient ID in the Recipient ID field.
2	Select the Recipient ID Type from the ID Type drop-down menu.
3	The In NCTracks field indicates whether a cross-reference is available (Y) or not available (N) in NCTracks.
4	The In CNDS field indicates whether a cross-reference is available (Y) or not available (N) in the CNDS. This field is populated after the cross-reference is verified against NCTracks and the CNDS.
5	Select the Add button to add a new recipient for LME cross-reference.
6	Select the Save button to save a new cross-reference.

4.5 ADDING A CNDS RECIPIENT

From the **CNDS Search** screen, you have the option to add a CNDS recipient.

Exhibit 79. Search for CNDS Recipient Section

Step	Action
1	Select the Add button.

4.5.1 Demographic Information Tab

The **Demographic Information** tab allows you to add recipient demographic information in the CNDS. Recipient demographics such as Last Name, First Name, Date of Birth, Gender, SSN, and Race can be updated on this screen. Select **Save** to save the changes.

Exhibit 80. Demographic Information Tab

Step	Action
1	Enter the Social Security Number in the SSN field.
2	Select the gender from the Gender drop-down menu.
3	Enter the date of birth in the Date of Birth field.
4	Select a suffix from the Suffix drop-down menu.
5	Enter the first name in the First Name field.
6	Enter the middle initial in the Middle Initial field.
7	Enter the last name in the Last Name field.

Step	Action
8	Select the Language from the Language drop-down menu.
9	Select the race from the Race drop-down menu.
10	Select the ethnicity from the Ethnicity drop-down menu.
11	Select the Save button to save the changes.

4.6 CNDS MERGE

The CNDS Merge process allows you to view all the possible duplicate recipients created by the batch process. You can also initiate a 'Recipient ID Combine' by entering Source and Target Recipient IDs. A search is initiated in the CNDS to verify the existence of the ID.

4.6.1 Accessing the CNDS Merge Screen

The **CNDS Merge** screen is accessed under the **Recipient** drop-down menu.

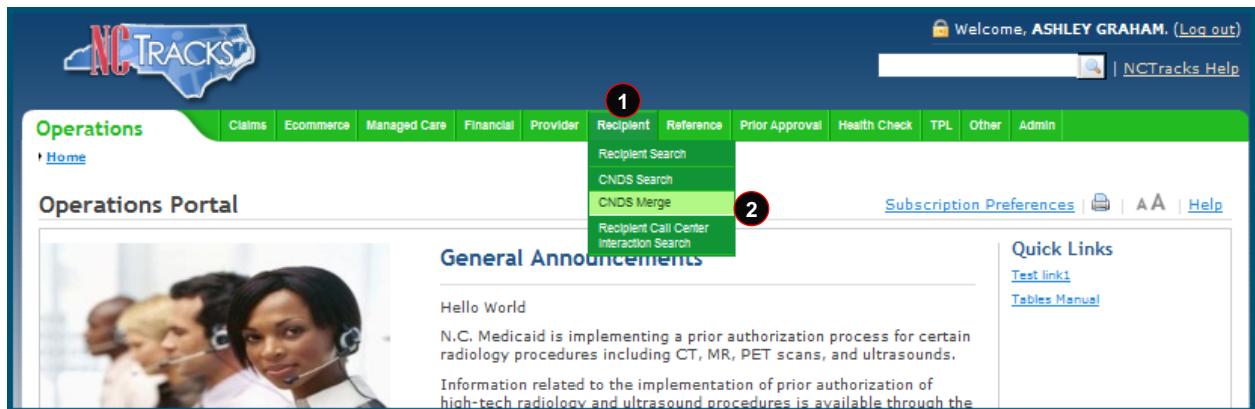


Exhibit 81. NCTracks Home Page

Step	Action
1	Hover over the Recipient menu.
2	Select CNDS Merge .

4.6.1.1 CNDS Merge Results

The **CNDS Merge Results** section displays the detailed information for the referenced recipient and for the duplicate that was found. This allows you to view possible duplicate recipients and initiate a 'Combine' of recipients in the CNDS, or to indicate that the possible duplicate should be ignored by checking the Ignore box.

Select a row to view and compare possible duplicate recipient information.

Exhibit 82. Possible Duplicates Tab

4.6.1.2 Possible Duplicates

On the **Possible Duplicates** screen, information for both recipients displays for comparison. On this screen, you can mark the recipients as duplicate recipients and initiate a ‘Combine’ of recipients in the CNDS, or you can review and mark the recipients as ‘Not a Duplicate’. When recipients are marked as ‘Not a Duplicate’ in the **Possible Duplicates** section, the same recipients are not identified as duplicates when the batch process runs again.

Exhibit 83. Possible Duplicates Comparison Screen

Section	Description
1	The Possible Duplicates section displays the following: Recipient ID: CNDS ID for the recipient that was originally referenced.
2	Duplicate ID: Possible duplicate Recipient ID.
3	Match Level: The match level code identifies the match level of the recipient; the code value can be either 1, 2, 3, or 4, depending on various match criteria.
4	Reviewed Status: Code identifies the Status code of the review; Status code values are: <ul style="list-style-type: none"> • 0 – Not reviewed • 1 – Reviewed and merged • 2 – Reviewed and denied
5	Reviewed Date: Date when reviewer makes a determination to combine or not to combine recipients identified as suspected duplicates.
6	Reviewed By: Reviewer’s ID.
7	The Combine button sends the Recipient ID combine request to the CNDS.
8	The Not a Duplicate button indicates the CNDS IDs should not be merged.

4.7 CNDS ID COMBINE

The **CNDS ID Combine** screen allows you to search for Source and Target Recipient IDs. The search based on both the Source and Target IDs can be initiated in the CNDS to verify the existence of the ID.

The Target Recipient is the record that receives information from the Source Recipient record during the combine process to the CNDS. The Source Recipient is where the original information comes from for the combine process to the CNDS.

Exhibit 84. CNDS ID Combine Tab

Step	Action
1	Enter the Recipient ID of the recipient that will be the target for the combine process in the CNDS Target ID field.
2	Select the Source ID Type from the Source ID Type drop-down menu.
3	Enter the Recipient ID of the recipient that will be the source for the combine process in the Source ID field.
4	Select the Find button.

4.7.1 Manage Recipient Merge Initiation to CNDS

Detailed information about the Target and Source recipients displays. From this screen, a 'Recipient ID Combine' can be initiated. Select the **Combine** button to send the combine request to the CNDS.

Exhibit 85. Merge Initiation Section

Step	Action
1	Select the Combine button.

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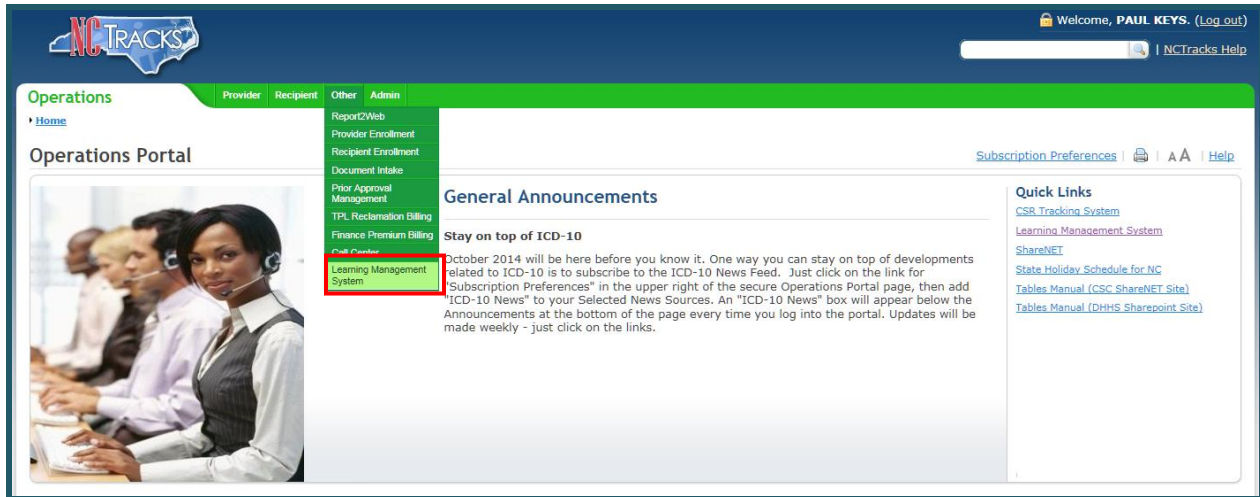
5.0 Resources

For more information, please refer to the following:

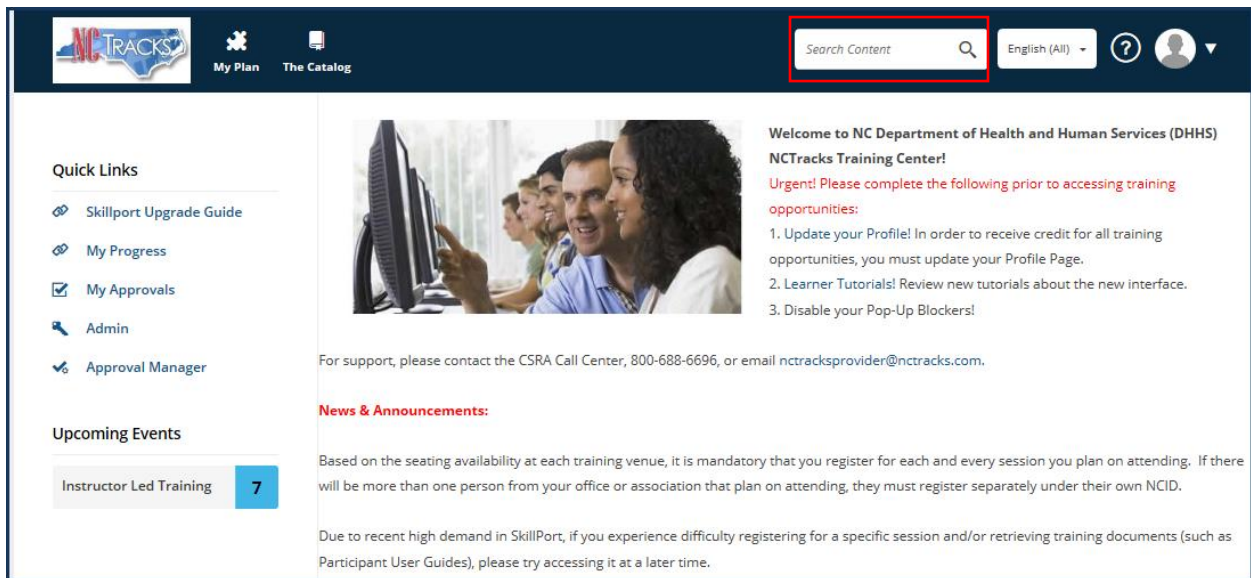
- [Viewing and Updating Recipient Information](#) (e-Learning/CBT)
- [Recipient Enrollment and Eligibility](#) (e-Learning/CBT)
- [Recipient Enrollment and Eligibility: Submitting 834s](#) (e-Learning/CBT)

If unable to navigate to the e-Learning modules/CBTs by selecting the links above, follow these steps to access them in SkillPort:

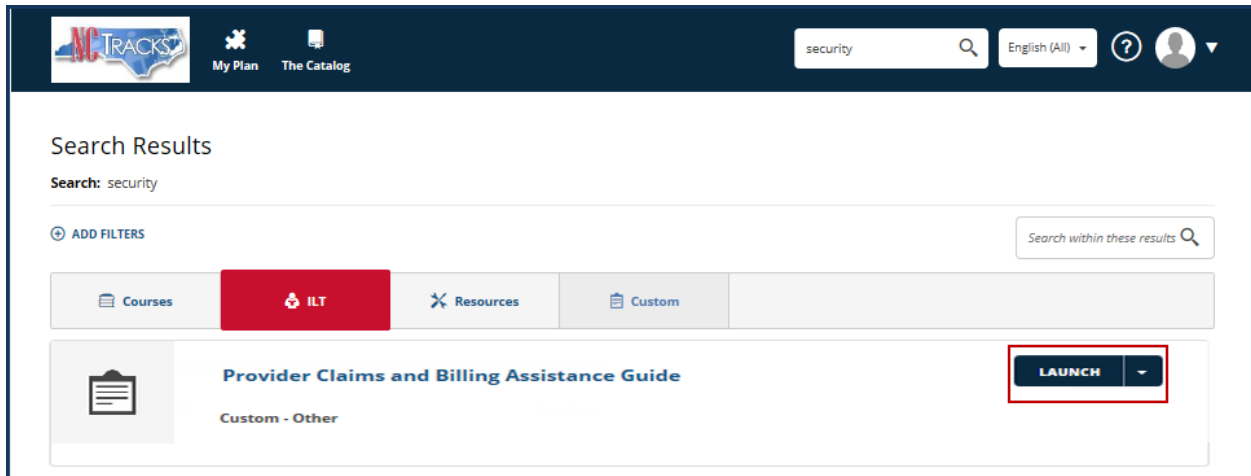
1. Log on to the NCTracks Operations Portal. Select **Other > Learning Management System**.



2. The single sign-on NCID used to log on to the Operations Portal will automatically log the user on to the SkillPort Learning Management System. Search for the e-Learning/CBT in the catalog by entering its title in the **Search for** field. Select the **Search** button.



3. Hover over the course name and select the **Launch** button.



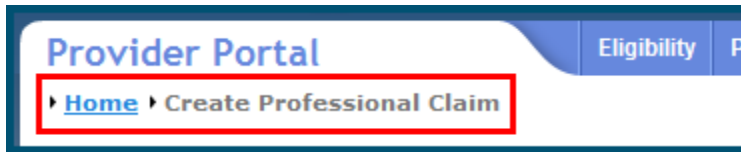
The screenshot shows the NC TRACKS user interface. At the top, there is a dark blue navigation bar with the NC TRACKS logo, 'My Plan', and 'The Catalog' links. A search bar contains the text 'security'. To the right of the search bar are options for 'English (All)', a help icon, and a user profile icon. Below the navigation bar, the 'Search Results' section is displayed. It shows 'Search: security' and an 'ADD FILTERS' button. A horizontal filter bar contains 'Courses', 'ILT' (highlighted in red), 'Resources', and 'Custom'. Below this, a search result is shown for 'Provider Claims and Billing Assistance Guide' under the category 'Custom - Other'. A red box highlights the 'LAUNCH' button with a dropdown arrow next to it.

Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

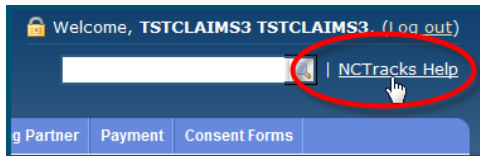
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



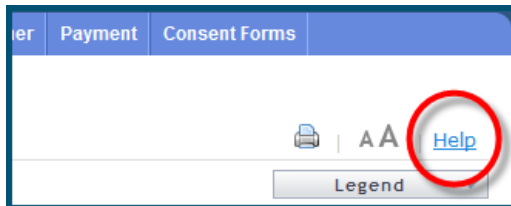
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



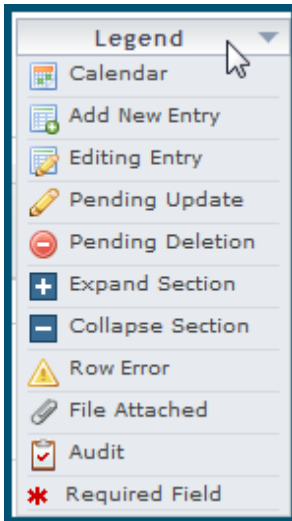
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.


Screen-Level Help



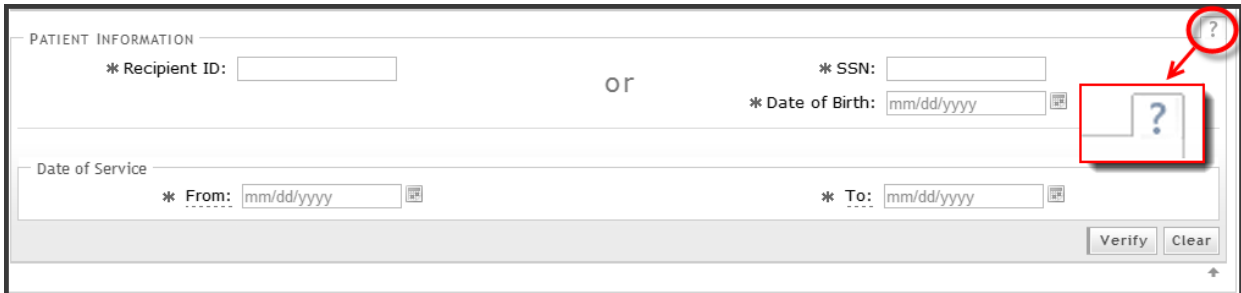
Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

Form Legend



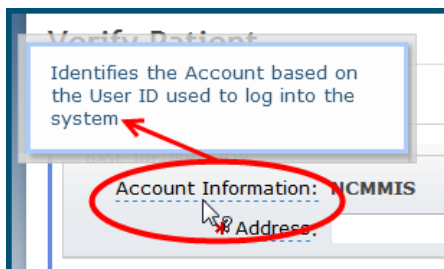
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help



Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

Tooltip Help



Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.