

**CSRA** 

# Submitting a Professional Claim Non-Emergency Medical Transportation Providers



# Agenda

- Administrative Items
- Course Overview
- Purpose of Training
- Objectives
- Demonstrations
- Wrap-Up
- Q&A: Post-it Notes





## Administrative Items

- WebEx Ground Rules
- Evaluations (e-mailed after training; please return within 24 hours)
- **Note: If you are viewing this as a PDF, the speaker notes can be seen by clicking on the dialogue bubble in the upper left corner of the slide. (Right click to open the speaker notes in a separate window.)**



## Course Overview

- Provides a secure-access, browser-based application for providers to enter claims transactions.
- Electronic version of the **Professional (1500/837P) Claims** format.
- Returns an immediate status notification of the claim on-screen (paid, denied, or pending).
- Improves the accuracy, timeliness, and availability of information through an easy-to-use, point-and-click interface.





## Course Objectives

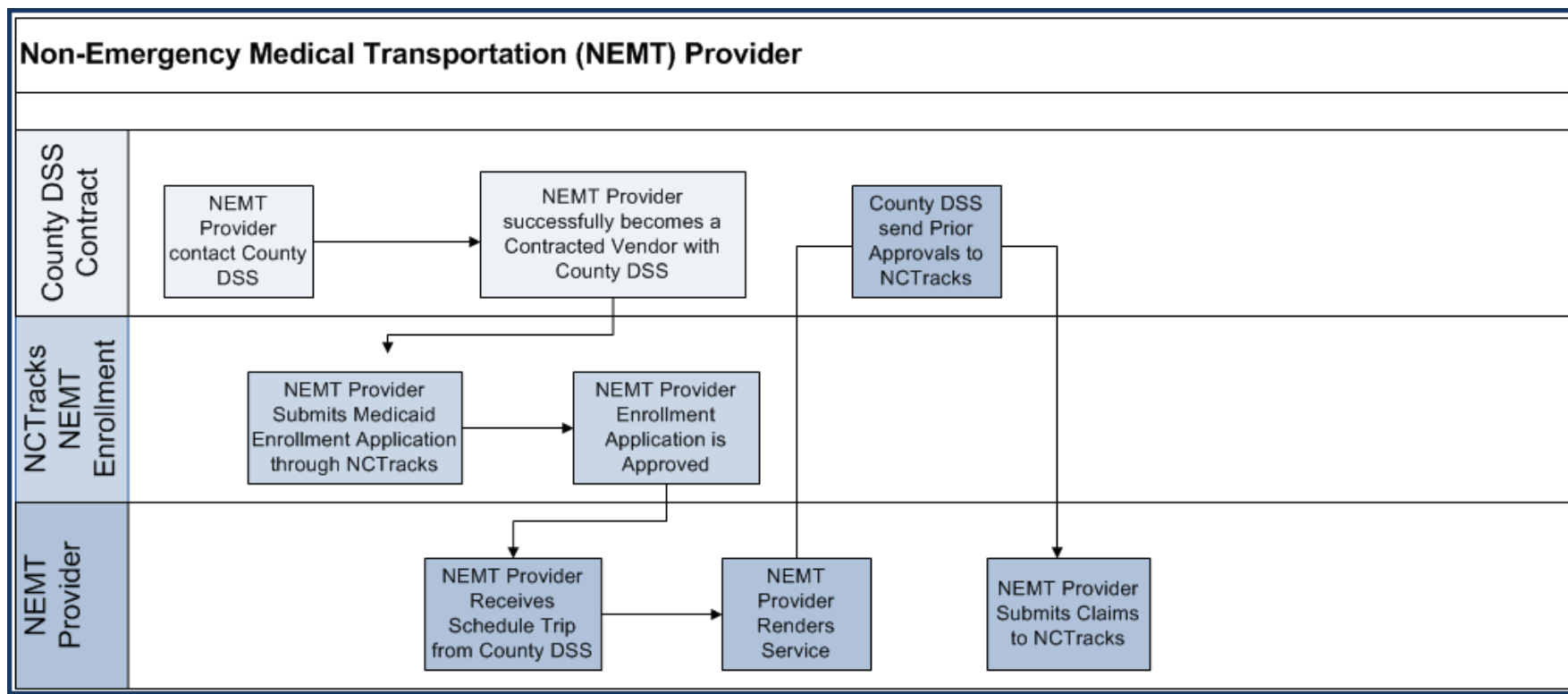
At the end of training, users will be able to perform all aspects of submitting a Professional claim via the NCTracks web portal, including:

- Understand Claims Terminology
- Understand the Payment Authorization Process
- Create a Claim
- Save a Claim Draft
- Use Claims Draft Search
- Submit a Claim
- View Results of a Claim Submission
- Perform a Claim Status Search
- Copy a Claim
- Resubmit a Claim
- Void and Replace Claims
- Understand Your Remittance Advice
- Prior Authorization Inquiry





# Overview of the Process





# Claims Terminology

- Billing Provider
- CMS-1500 Professional Claim Form
- Date of Service
- Diagnosis (ICD-10)
- Place of Service
- Procedure Code
- Recipient
- Recipient ID
- Remittance Advice
- Rendering Provider
- Service Line
- Transaction Control Number (TCN)



# Let's See It!

## Professional Claim Demonstration





# Log In to the Provider Portal



The screenshot shows the NCTracks website interface. At the top left is the NCTracks logo, which includes a map of North Carolina. To the right of the logo is a search bar. Further right are icons for a printer, font size adjustment (AA), and language selection (English, Español). Below the logo is a navigation menu with four tabs: Home, Providers, Recipients, and Operations. The main content area is titled "Home" and contains a welcome message: "Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS)." Below this are three sections with instructions: "PROVIDERS – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.", "RECIPIENTS – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).", and "STATE and FISCAL AGENT Staff – Click on the Operations tab above to access the Operations Portal and ShareNET." To the right of the text is a large image of a lighthouse. Below the text are three smaller content boxes. The first is titled "Getting Started" and includes the text "Just getting started with NCTracks? Follow these easy steps to begin using the new system. read on" and an image of hands typing on a laptop. The second is titled "ICD-10" and includes the text "ICD-10 is here! Check this webpage for announcements, FAQs, and updates regarding the NCTracks implementation of ICD-10. read on" and an image of a stethoscope on a keyboard. The third is titled "Provider User Guides and Training" and includes the text "This section includes User Guides and Fact Sheets designed to help N.C. DHHS providers understand how to use NCTracks, as well as information about Provider Training." and an image of a woman looking at a laptop. A note at the bottom right states: "Note: You can also use the Search feature (in the upper right corner of every webpage) to locate resources of interest on a particular topic. read on".

**NCTracks**

Home Providers Recipients Operations

## Home

Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

**PROVIDERS** – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.

**RECIPIENTS** – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).

**STATE and FISCAL AGENT Staff** – Click on the Operations tab above to access the Operations Portal and ShareNET.

**Getting Started**

Just getting started with NCTracks? Follow these easy steps to begin using the new system. [read on](#)

**ICD-10**

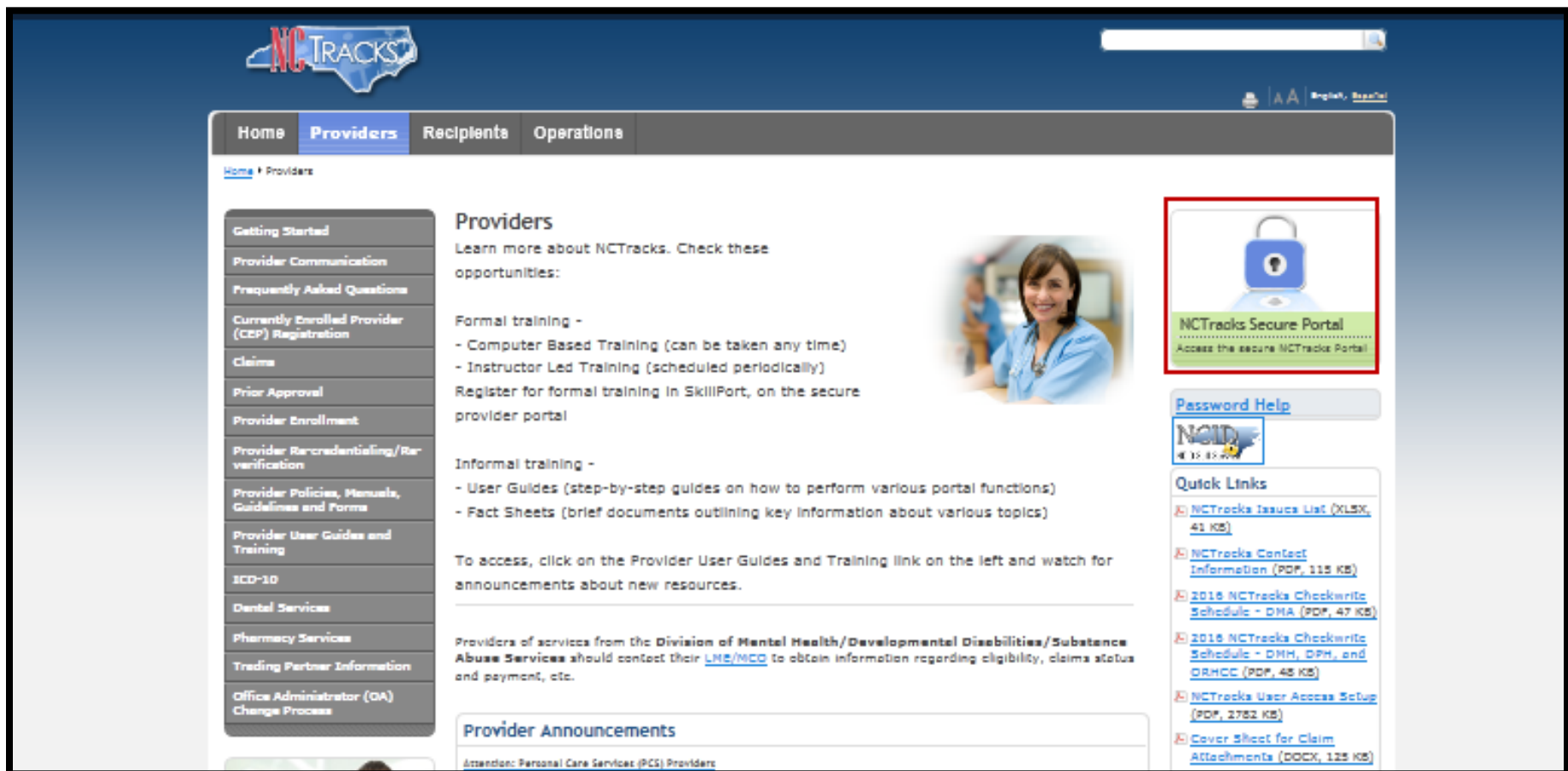
ICD-10 is here! Check this webpage for announcements, FAQs, and updates regarding the NCTracks implementation of ICD-10. [read on](#)

**Provider User Guides and Training**

This section includes User Guides and Fact Sheets designed to help N.C. DHHS providers understand how to use NCTracks, as well as information about Provider Training.

Note: You can also use the Search feature (in the upper right corner of every webpage) to locate resources of interest on a particular topic. [read on](#)

# Log In to the Provider Portal (cont.)



The screenshot displays the NCTracks website interface. At the top, there is a navigation bar with the NCTracks logo and a search bar. Below the navigation bar, there are tabs for Home, Providers, Recipients, and Operations. The main content area is titled "Providers" and includes a sidebar with various links such as "Getting Started", "Provider Communication", and "Frequently Asked Questions". The main text area provides information about formal and informal training opportunities and how to access the secure provider portal. A red box highlights the "NCTracks Secure Portal" link, which is accompanied by a padlock icon and the text "Access the secure NCTracks Portal". Below this, there is a "Password Help" section and a "Quick Links" section with several PDF documents listed.

**NCTracks**

Home **Providers** Recipients Operations

Home » Providers

**Providers**

Learn more about NCTracks. Check these opportunities:

**Formal training -**

- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)

Register for formal training in SkillPort, on the secure provider portal

**Informal training -**

- User Guides (step-by-step guides on how to perform various portal functions)
- Fact Sheets (brief documents outlining key information about various topics)

To access, click on the Provider User Guides and Training link on the left and watch for announcements about new resources.

Providers of services from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services should contact their [LMS/MCO](#) to obtain information regarding eligibility, claims status and payment, etc.

**Provider Announcements**

Attention: Personal Care Services (PCS) Providers

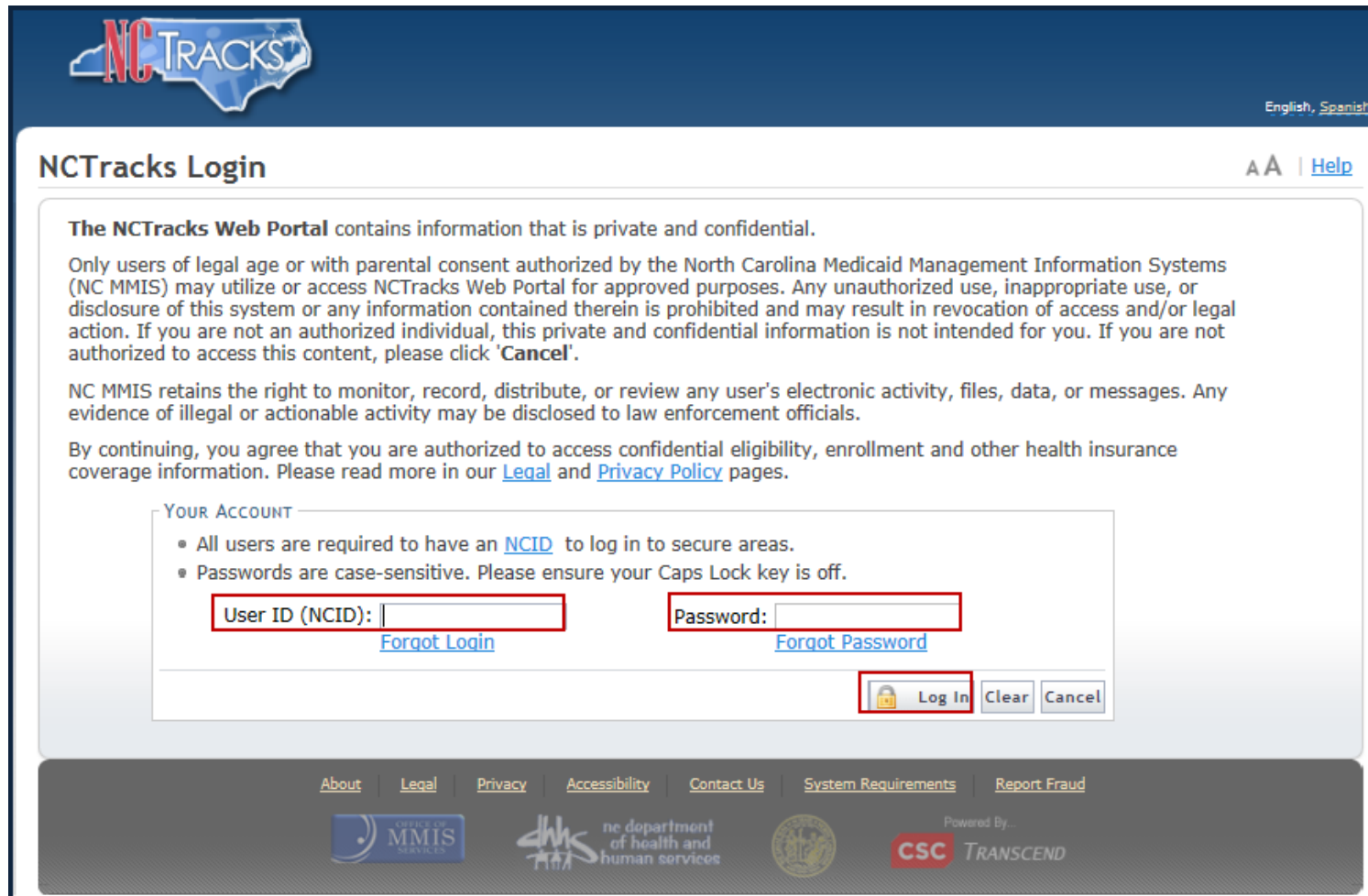
**NCTracks Secure Portal**  
Access the secure NCTracks Portal

**Password Help**

**Quick Links**

- [NCTracks Issues List \(XLSX, 41 KB\)](#)
- [NCTracks Contact Information \(PDF, 115 KB\)](#)
- [2016 NCTracks Checkwrite Schedule - DMA \(PDF, 47 KB\)](#)
- [2016 NCTracks Checkwrite Schedule - DMH, DPH, and DRHCC \(PDF, 48 KB\)](#)
- [NCTracks User Access Setup \(PDF, 2782 KB\)](#)
- [Cover Sheet for Claim Attachments \(DOCX, 125 KB\)](#)

# NCTracks Login Screen



The NCTracks Web Portal contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.




**YOUR ACCOUNT**

- All users are required to have an [NCID](#) to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.


User ID (NCID):  Password:

[Forgot Login](#) [Forgot Password](#)

[About](#) [Legal](#) [Privacy](#) [Accessibility](#) [Contact Us](#) [System Requirements](#) [Report Fraud](#)

    Powered By...

# Provider Portal Home Screen




**Provider Portal**

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training

Home

Message Center for KRISTY GOMEZ

[Subscription Preferences](#) |  | [AA](#) | [Help](#)

**Announcements** [More Announcements](#)

Date: **Nov 6, 2014** Attention: **All Providers**

**Stay on top of NCTracks with our newsletter**

The best way to stay on top of NCTracks is to subscribe to the *NCTracks Communications and Updates* newsletter. If you are not currently subscribed to this newsletter, you can subscribe by clicking on the link under the heading "Sign Up for NCTracks Communications" on the [Provider Communications webpage](#). Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email.

**Medication History**


**Quick Links**

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Medical Assistance](#)
- [DMA \(Health Check\)](#)
- [DMH/DD/SAS](#)
- [Division of Public Health](#)
- [Office of Rural Health and Community Care](#)
- [Provider Training](#)
- [Provider Manuals](#)

**WELCOME** | **OFFICE ADMINISTRATORS** | **ENROLLMENT**

**Provider Training** | **User Administration** | **Status and Management**

# Verify Patient Screen



Welcome, [User Name] (Log out)

NCTracks Help

Provider Portal

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training

Home | Verify Patient

## Verify Patient

\* Indicates a required field

Legend

BASE INFORMATION

\* Account Information:

\* Group:

\* Locator Code:

\* NPI / Atypical ID:

\* Taxonomy Code:

Claim Type: Professional

PATIENT INFORMATION

\* Recipient ID:  or \* SSN:

\* Date of Birth:

Date of Service

\* From:  11/17/2015 \* To:  11/17/2015

Verify Clear

# Patient/Insured Tab

**Create Professional Claim** Print AA Help

\* Indicates a required field Legend

**Patient / Insured** Claim Information Provider Information Other Payers Service(s) Attachments

**ELIGIBILITY RESULT** ?

Date of Service:  Verified On:

**PATIENT INFORMATION** ?

Last Name:  First Name:  Middle Initial:   
Subscriber Gender Code: **MALE** Date of Birth:  Recipient ID:

Pregnancy Indicator:  Date of Death:

\* Address 1:  \* City:   
Address 2:  \* State:   
\* ZIP Code:

Next » Submit

Save Draft Copy Cancel

# Claim Information Tab

### Create Professional Claim

\* indicates a required field

Print | AA | Help

Legend

Patient / Insured | **Claim Information** | Provider Information | Other Payers | Service(s) | Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

GENERAL INFORMATION

Claim Owner: [REDACTED]	Medical Record #: [REDACTED]
* Patient Account #: [REDACTED]	Original Claim Ref #: [REDACTED]
* Claim Frequency Type Code: 1-ADMIT-DISC	* Provider Signature on File: <input checked="" type="radio"/> Yes <input type="radio"/> No
Referral #: [REDACTED]	* Release of Information: I-INFORMED C
* Assignment of Benefits: N-NO	Patient Amount Paid: \$ 0.00
* Provider Accept Assignment Code: A-ASSIGNED	Prior Auth #: [REDACTED]
* Place of Service: 41-AMBLAND	
CLIA: [REDACTED]	

# Claim Information Tab (cont.)

**Create Professional Claim** Print | AA | [Help](#)

\* indicates a required field Legend

**Patient / Insured** | **Claim Information** | **Provider Information** | **Other Payers** | **Service(s)** | **Attachments**

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

**GENERAL INFORMATION** ?

Claim Owner: [REDACTED]

\* Patient Account #: [REDACTED] Medical Record #: [REDACTED]

\* Claim Frequency Type Code: 1-ADMIT-DISC Original Claim Ref #: [REDACTED]

Referral #: [REDACTED] \* Provider Signature on File:  Yes  No

\* Assignment of Benefits: N-NO \* Release of Information: I-INFORMED C

\* Provider Accept Assignment Code: A-ASSIGNED Patient Amount Paid: \$ 0.00

\* Place of Service: 41-AMBLAND Prior Auth #: [REDACTED]

CLIA: [REDACTED]

**RELATED CAUSES** ?  
Would you like to add Related Causes?  
 Yes  No

**CONDITION CODES** ?  
Would you like to add Condition Codes?  
 Yes  No

**EPSDT REFERRAL** ?  
Would you like to add EPSDT Referral?  
 Yes  No

**CLAIM NOTE** ?  
Would you like to add Claim Note?  
 Yes  No

**AMBULANCE TRANSPORT INFORMATION** ?  
Would you like to add Ambulance Transport Information?  
 Yes  No

**AMBULANCE CERTIFICATION** ?  
Would you like to add Ambulance Certification?  
 Yes  No

**AMBULANCE PICK-UP LOCATION INFORMATION** ?  
Would you like to add Ambulance Pick-up Location Information?  
 Yes  No

**AMBULANCE DROP-OFF LOCATION INFORMATION** ?  
Would you like to add Ambulance Drop-off Location Information?  
 Yes  No

**ADDITIONAL CLAIM INFORMATION** ?  
Would you like to add Additional Claim Information?  
 Yes  No



# Provider Information Tab

**Create Professional Claim** Print AA Help

\* Indicates a required field Legend

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

**BILLING PROVIDER** ?

\* **Provider Type**

Person  Non-Person Entity

\* **NPI:**

\* **Address:**  ▼ **\* Taxonomy Code:**  ▼

Last Name/Organization Name:  First Name:

Address1:

Address2:

City:  State:  ZIP Code:

Phone:  Fax:

\* **Federal Tax ID:**

Is the Rendering Provider the same as the Billing Provider?

Yes  No

**REFERRING PROVIDER** ?

Would you like to add Referring Provider?

Yes  No

**SERVICE FACILITY LOCATION** ?

Would you like to add Service Facility Location?

Yes  No

# Other Payers Tab

**Create Professional Claim** Help

\* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | **Other Payers** | Service(s) | Attachments

Last Name:  First Name:  Recipient ID:

ALL OTHER PAYERS ?

Would you like to add All Other Payers?  
 Yes  No

Removing an Other Payer in this section will remove all its instances.  
After a row has been added, click on the row to add / edit more details for an individual row.

- ALL OTHER PAYERS			
* Other Payer Name	Other Subscriber Name	* Date Paid	Paid Amount
<input type="text"/>		mm/dd/yyyy <input type="text"/>	\$0.00 <input type="text"/>

# Service(s) Tab

**Create Professional Claim** AA [Help](#)

\* indicates a required field Legend

**Patient / Insured** | **Claim Information** | **Provider Information** | **Other Payers** | **Service(s)** | **Attachments**

Last Name:  First Name:  Recipient ID:

At least **one** Diagnosis Information record is required in order to create new Service Line records.

\* ICD VERSION  ICD-10  ICD-9

**DIAGNOSIS INFORMATION**

Choose Favorite:

* Code	Description
<input type="text"/>	<input type="text"/>

After a row has been added, click on the row to add / edit more details for an individual row.

**SERVICE LINES**

* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
<input type="text" value="mm/dd/yyyy"/> to <input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	0.00	<input type="text"/>	<input type="text"/>



# Attachments Tab

**Create Professional Claim** Legend

\* indicates a required field

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

PROFESSIONAL ATTACHMENT ?

\* Would you like to attach files  
 Yes  No

Please enter up to 10 file attachments below not to exceed 25Mb total.

ATTACHMENTS		
* Attachment Type	* Transmission Code	Attachment Supplement
<input type="text"/>	<input type="text"/>	

# Claim Status Details Screen

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search | PORTAL-DEV

Home | Claim Status Request | Claim Status Details-13057000...

## Claim Status Details-

AA | Help | Legend

\* indicates a required field

**PATIENT** ?

**1** Name: Recipient ID: Date of Birth: Gender:

**BILLING PROVIDER** ?

**2** Provider Name: NPI:

**PRIMARY STATUS** ?

**3** Payer Claim ID: Account #: Claim Status Date: Charge Amount: Paid Amount: Claim Date of Service: Check Date: Check #: Adjudication Date: Payment Method: Prescription Number: Category Code: Category Code Desc: Status Code: Status Code Desc:



**4**

**LINES**

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1								

1 results (displaying 1-1) | first 1 last

# Claims Draft Search



**Provider Portal**

- Eligibility
- Prior Approval
- Claims**
- Referral
- Code Search
- Enrollment
- Administration
- Payment
- Trading Partner
- Consent Forms

Home

Message Center for [User Name]

[Subscription Preferences](#) | [Print](#) | [AA](#) | [Help](#)

### Announcements

[More Announcements](#)

Date: Feb 10, 2015 Attention: **All Providers**

**Stay on top of NC NCTracks Updates newsletter**

The best way to stay on top of updates to NCTracks is to subscribe to the *NCTracks Communications and Updates* newsletter. If you are not already receiving the newsletter, you can subscribe by clicking on the link under the heading "Sign Up for NCTracks Communications" on the [Provider Communications webpage](#). Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email.

**WELCOME**    **OFFICE ADMINISTRATORS**    **ENROLLMENT**

- Provider Training
- User Administration
- Status and Management

### Quick Links

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Medical Assistance](#)
- [DMA \(Health Check\)](#)
- [DMH/DD/SAS](#)
- [Division of Public Health](#)
- [ICD-10 Webpage](#)
- [Office of Rural Health and Community Care](#)
- [Provider Training](#)
- [Provider Manuals](#)

# Claims Draft Search Screen

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claims Draft Search

## Claims Draft Search

\* indicates a required field

Legend

**BASE INFORMATION**

\* Account Information:

\* Group:

\* NPI / Atypical ID:

**SEARCH OPTIONS**

Created Within:  days

Patient Account #:

Rendering Provider:

Claim Type:

Date of Service From:  to

Recipient Last Name:

Recipient ID:

Draft Name:

Show:  My Claims

Search Reset

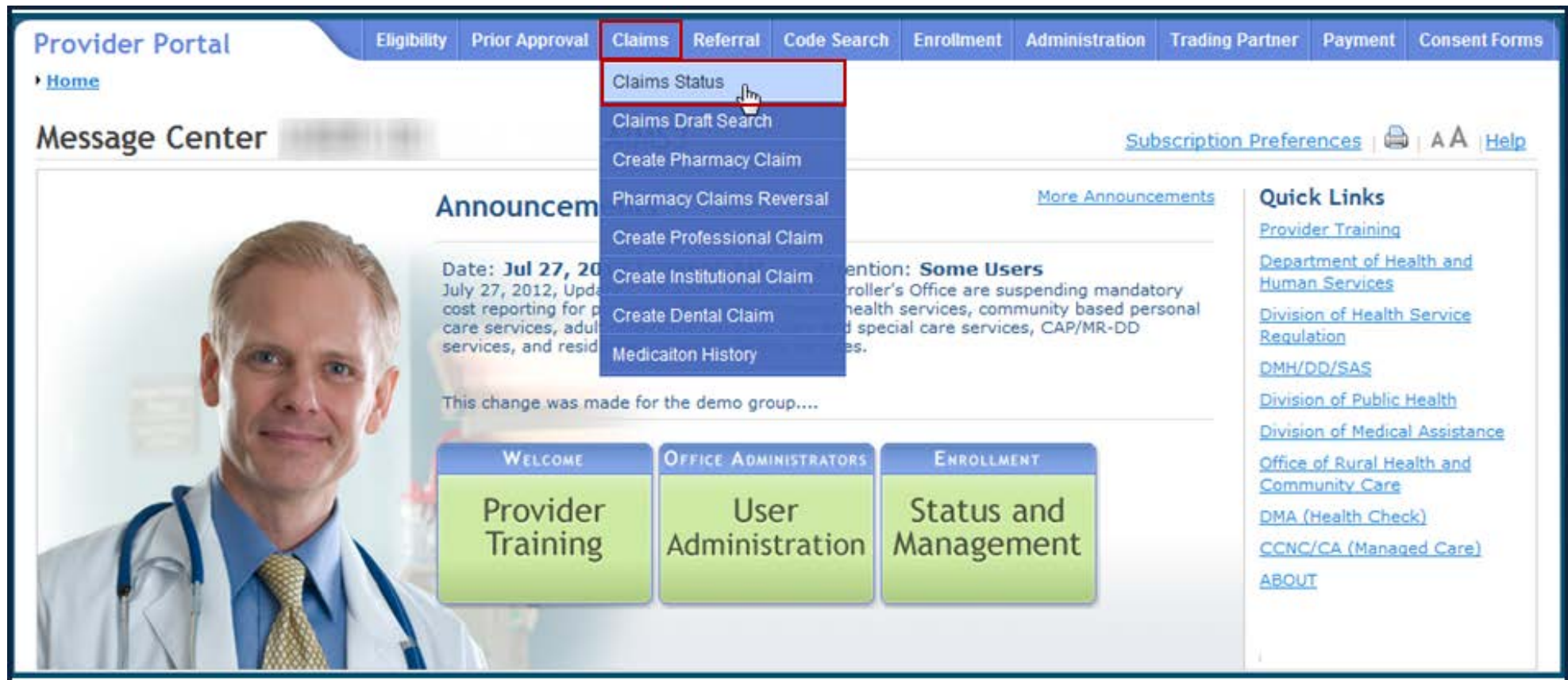
**SEARCH RESULTS**

Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To

4 results (displaying page 1 of 1)

first prev 1 next last


# Claim Status Search



The screenshot displays the Provider Portal interface. At the top, a navigation bar includes links for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. The 'Claims' link is highlighted with a red box, and its dropdown menu is open, showing options such as Claims Status, Claims Draft Search, Create Pharmacy Claim, Pharmacy Claims Reversal, Create Professional Claim, Create Institutional Claim, Create Dental Claim, and Medicaiton History. A mouse cursor is positioned over the 'Claims Status' option. Below the navigation bar, the page features a Message Center, an Announcements section with a photo of a doctor and a notice dated July 27, 2012, and a Quick Links sidebar with various departmental links. At the bottom, there are three main navigation buttons: WELCOME (Provider Training), OFFICE ADMINISTRATORS (User Administration), and ENROLLMENT (Status and Management).



# Claim Status Request Screen


Welcome, [View Profile](#). ([Log out](#))

[NCTracks Help](#)

**Provider Portal**
Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claim Status Request

## Claim Status Request

Print | AA | Help

\* indicates a required field

**BASE INFORMATION**

\* **Account Information:**

\* **Group:**

\* **NPI / Atypical ID:**

**CLAIM SEARCH**

To aid in your search, please enter the following information as completely as possible.

\* **Date of Service From:**  to \*

**TCN:**

**Patient Account #:**


\* **Recipient ID:**

**Claim Billed Amount:**

**CLAIMS**

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
<a href="#">000030000</a>	<a href="#">000000000</a>	SCARLETT M JOHANNSON	02/01/2016 - 02/01/2016	06/28/2016	F2 - FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.	585 - Denied Charge or Non-covered Charge
<a href="#">000000000</a>	<a href="#">000000000</a>	SCARLETT M JOHANNSON	05/31/2016 - 05/31/2016	06/28/2016	P0 - PENDING: ADJUDICATION/DETAILS-THE CLAIM IS ONE FOR WHICH NO REMITTANCE ADVICE HAS BEEN ISSUED, OR ONLY PART OF THE CLAIM HAS BEEN PAID.	0 - Cannot provide further status electronically.
<a href="#">000000000</a>	<a href="#">000000000</a>	SCARLETT M JOHANNSON	02/14/2016 - 02/14/2016	06/28/2016	F1 - FINALIZED/PAYMENT-THE CLAIM/LINE HAS BEEN PAID.	65 - Claim/line has been paid.

# Claim Status Details


Welcome, [View Profile](#), ([Log out](#))

[NCTracks Help](#)

Provider Portal

[Eligibility](#) | 
 [Prior Approval](#) | 
 [Claims](#) | 
 [Referral](#) | 
 [Code Search](#) | 
 [Enrollment](#) | 
 [Administration](#) | 
 [Payment](#) | 
 [Trading Partner](#) | 
 [Consent Forms](#)

Home > [Claim Status Request](#) > Claim Status Details-16179000...

## Claim Status Details- XXXXXXXXXXXX

Print | AA | [Help](#)

\* indicates a required field [Legend](#)

**PATIENT** ?

Name: **SCARLETT M JOHANNSON**  
 Recipient ID: **949775844S**

**BILLING PROVIDER** ?

Provider Name: **COMMUNITY PHYSICIANS**      NPI: **1992825848**

**PRIMARY STATUS** ?


Payer Claim ID: <span style="border: 2px solid red; padding: 2px;">XXXXXXXXXXXX</span>	Account #: <b>1234567</b>	Claim Status Date: <b>06/28/2016</b>
Charge Amount: <b>\$45.34</b>	Paid Amount: <b>\$0.00</b>	Claim Date of Service: <b>02/01/2016 - 02/01/2016</b>
Check Date:	Check #:	Adjudication Date: <b>06/27/2016</b>
Payment Method:	Prescription Number:	
Category Code: <b>F2</b>	Category Code Desc: <b>FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.</b>	
Status Code: <b>585</b>	Status Code Desc: <b>Denied Charge or Non-covered Charge</b>	

**LINES** ?

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1 97	Patient eligibility not found with entity.	A0100	\$45.34	\$0.00	1.000	06/28/2016	Denied Charge or Non-covered Charge	Authorization/certification number. This change effective 11/1/2011: Entity's authorization/certification number.

1 results (displaying 1-1) [first](#) 1 [last](#)

# View Submitted Claim



Welcome, [View Profile](#) ([Log out](#))

| [NCTracks Help](#)

**Provider Portal** | [Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Enrollment](#) | [Administration](#) | [Payment](#) | [Trading Partner](#) | [Consent Forms](#)

[Home](#) > [Create Professional Claim](#)

## Create Professional Claim

\* indicates a required field

[Print](#) | [AA](#) | [Help](#)

[Legend](#)

**Patient / Insured** | [Claim Information](#) | [Provider Information](#) | [Other Payers](#) | [Service\(s\)](#) | [Attachments](#)

**ELIGIBILITY RESULT** ?


Date of Service: **02/01/2016**      Verified On: **06/27/2016**

**PATIENT INFORMATION** ?

Last Name: <b>JOHANNSON</b>	First Name: <b>SCARLETT</b>	Middle Initial: <b>M</b>
Subscriber Gender Code: <b>Female</b>	Date of Birth: <b>08/05/1993</b>	Recipient ID: <b>9937738993</b>
Pregnancy Indicator: <b>NO</b>	Date of Death: <input type="text"/>	
* Address 1: <input type="text" value="2610 Wycliff Rd"/>	* City: <input type="text" value="Raleigh"/>	
Address 2: <input type="text"/>	* State: <input type="text" value="NC"/>	
	* ZIP Code: <input type="text" value="27607"/>	

[Copy](#)

# Copy a Claim

 Welcome, Hazel Dula. (Log out)

Provider Portal | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Create Professional Claim

## Create Professional Claim

\* indicates a required field

Patient / Insured | **Claim Information** | Provider Information | Other Payers | Service(s) | Attachments

Last Name: JOHNSON First Name: SCARLETT Recipient ID: 0487738665

**GENERAL INFORMATION**

Claim Owner: HAZEL DULA

\* Patient Account #: 1234567

\* Claim Frequency Type Code: 1-ADMIT-DISC

Referral #: 1-ADMIT-DISC

\* Assignment of Benefits: 2-INTERIM-FC

\* Provider Accept Assignment Code: 3-INTERIM-CC

\* Place of Service: 7-REPLACE-PC

CLIA: 4-FINALHPPPS

Medical Record #:

Original Claim Ref. #:

\* Provider Signature on File:  Yes  No

\* Release of Information: I-INFORMED C

Patient Amount Paid: \$ 0.00

Prior Auth #:

**RELATED CAUSES**

Would you like to add Related Causes?  Yes  No

**CONDITION CODES**

Would you like to add Condition Code?  Yes  No

**AMBULANCE TRANSPORT INFORMATION**

Would you like to add Ambulance Tra...?  Yes  No

**AMBULANCE PICK-UP LOCATION INFORMATION**

Would you like to add Ambulance Pick-up Location Information?  Yes  No

**EPSDT REFERRAL**

Would you like to add EPSDT Referral?  Yes  No

**CLAIM NOTE**

Would you like to add Claim Note?  Yes  No

**AMBULANCE CERTIFICATION**

Would you like to add Ambulance Certification?  Yes  No

Legend



# UNDERSTANDING YOUR REMITTANCE ADVICE





## How to Read Your Remittance Advice

- Remittance Advice provides information regarding claims billing and payment activity for the provider.
- Remittance Advice contains information necessary for providers to resolve any issues concerning the adjudication and payment of their claims.
- NCTracks generates Remittance Advice at the end of each Checkwrite cycle.

# How to Retrieve the Remittance Advice

**Message Center for Hospital Staff** [Subscription Preferences](#) | [Help](#)

### Announcements

**Date:** Feb 10, 2016 12:00:00 AM **Attention:** All Providers  
**Stay on top of NCTracks - sign up for the newsletter**  
The best way to stay on top of updates to NCTracks is to subscribe to the NCTracks Communications and Updates newsletter. If you are not already receiving the newsletter, you can subscribe by clicking on the link under the heading "Sign Up for NCTracks Communications" on the [Provider Communications website](#). Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email.

**WELCOME**    **OFFICE ADMINISTRATORS**    **ENROLLMENT**

**Provider Training**    **User Administration**    **Status and Management**

### Quick Links

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Medical Assistance](#)
- [DMA \(Health Check\)](#)
- [DMR/DO/SAS](#)
- [Division of Public Health](#)
- [HCO-10 Website](#)
- [Office of Rural Health and Community Care](#)
- [Provider Training](#)
- [Provider Manuals](#)

**Inbox** [All Messages \(4\)](#)

Provider	Status	Message	Date
	Read	<a href="#">Provider - Remittance Advice - 2012-07-25</a>	02/10/2016 12:00 pm
	Unread	<a href="#">Provider - Remittance Advice - 2012-08-17</a>	08/17/2012 04:00 pm
	Unread	<a href="#">Provider - Remittance Advice - 2012-08-17</a>	08/17/2012 04:00 pm
	Unread	<a href="#">Provider - Remittance Advice - 2012-08-17</a>	08/17/2012 04:00 pm
	Unread	<a href="#">Provider NPI / ATYPICAL ID - Remittance Advice - &lt;2012-07-25&gt;</a>	02/10/2016 12:00 pm




## Remittance Advice Layout

- Provider Notification
- Payment Summout
- Denied Claims
- Paid Claims
- Pend Claims
- Financial Transactions
- Explanation of Benefits (EOB)
- Summary Page






# Provider Notification

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTRACKS REMITTANCE STATEMENT	PROCESS DATE: 07/13/2013 PROCESS TIME: 21:22:18:00 PAGE: 1 CHECKWRITE DATE: 07/16/2013 PROVIDER NOTIFICATION PROV ID: REMITTANCE NO:
[Faint text, likely provider information]	PROVIDER NOTIFICATION	
Remittance Statement		PLEASE ADVISE THE FISCAL AGENT IN WRITING IMMEDIATELY IF YOUR ADDRESS CHANGES. PROVIDER ENROLLMENT PO BOX 300020 RALEIGH NC 27622




# Payment Summout

	<p>NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTRACKS REMITTANCE STATEMENT</p>	<p>PROCESS DATE: 07/13/2013 PROCESS TIME: 21:22:18:00 PAGE: 2 CHECKWRITE DATE: 07/16/2013 SUMMOUT PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]</p>
<p>STATE OF NORTH CAROLINA [REDACTED]</p>	<p>SUMMOUT</p>	
<p>NO PAYMENT WILL BE RECEIVED THIS CYCLE. SEE REMITTANCE FOR DETAILS.</p>		



# Denied Original Claims

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTHINKS REMITTANCE STATEMENT	PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 3 CHECKWRITE DATE: 06/21/2016 PERSONAL CARE SERVICE PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]
THE STATE OF NORTH CAROLINA BY [REDACTED] [REDACTED]	<div style="border: 2px solid red; padding: 5px; display: inline-block;">           [REDACTED] DENIED ORIGINAL CLAIMS         </div>	




# Paid Original Claims

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NETWORKS REMITTANCE STATEMENT	PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 7 CHECKWRITE DATE: 06/21/2016 [REDACTED] PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]
[REDACTED]	[REDACTED] PAID ORIGINAL CLAIMS	



# Pend Original Claims

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NUTRALS REMITTANCE STATEMENT	PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 44 CHECKWRITE DATE: 06/21/2016
THE STATE OF NORTH CAROLINA BY THE DEPT.		PROV ID: [REDACTED]
[REDACTED]	<span style="border: 2px solid red; padding: 2px;">ORIGINAL CLAIMS - PEND ORIGINAL CLAIMS</span>	REMITTANCE NO: [REDACTED]



# Explanation of Benefits (EOB) Description

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTRAKKS REMITTANCE STATEMENT	PROCESS DATE: 06/29/2016 PROCESS TIME: 15:47:01:00 PAGE: 7 CHECKWRITE DATE: [REDACTED] BOB DESCRIPTIONS PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]
[REDACTED] [REDACTED]	<b>BOB DESCRIPTIONS</b>	
THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THE CLAIMS FOR THIS REMITTANCE: <b>01701</b> NEMT SERVICES REQUIRE NEMT PRIOR APPROVAL. PLEASE REQUEST PRIOR APPROVAL FROM LOCAL DSS OFFICE		



# Claim Header Information

RECIPIENT NAME	TCN	DATES OF SERVICE	DAYS/UNITS	NON ALLOWED	PYBLE CUTBACK	TPL AMT	PAID
RECIPIENT ID	ORIGINAL TCN		TOTAL BILLED	TOT ALLOWED	PYBLE CHARGES	OTHER CHARGES	AMOUNT
XXXXXXXXXX	XXXXXXXXXX	06/07/2016	0.00	0.00	0.00	0.00	253.31
XXXXXXXXXX	XXXXXXXXXX	06/13/2016	253.31	253.31	253.31	0.00	
HIC :	PATIENT ACCOUNT NUMBER : 42928-PCS		MEDICAL RECORD NUMBER :		ROCHE REBATE AMOUNT :		0.00
DED :	0.00	PAT LIAB :	0.00	COPAY :	0.00		



# Claim Line Information

LI NO	BENEFIT PLAN	PROC CODE - DESC							
01	MEDICAID	A0120	06/07/2016	10.00	0.00	0.00	0.00	0.00	34.70
		HC	06/07/2016	34.70	34.70	34.70	0.00		
RENDERING PROV ID:			ROCHE REBATE (LINE) AMT:	0.00					
EOB : 01701									
INTERNAL EDIT : 02422									
REMARK CODE : M86									
ADJUSTMENT REASON CODE : 16									



# Summary Page



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MULTIPLANS  
REMITTANCE STATEMENT

PROCESS DATE: 06/18/2016  
PROCESS TIME: 07:12:54:00  
PAGE: 47  
CHECKWRITE DATE: 06/21/2016  
SUMMARY PAGE  
PROV ID: [REDACTED]  
REMITTANCE NO: [REDACTED]

SUMMARY PAGE

PROVIDER : [REDACTED]

TOTALS

TOTAL PAID ORIGINAL	5,520.77	NUMBER OF CLAIMS	21
TOTAL PAID ADJUSTMENTS	.00	NUMBER OF CLAIMS	0
TOTAL PAID VOIDS	.00	NUMBER OF CLAIMS	0
NET TOTAL PAID	5,520.77	NUMBER OF CLAIMS	21
TOTAL DENIED ORIGINAL	.00	NUMBER OF CLAIMS	1
TOTAL DENIED ADJUSTMENTS	.00	NUMBER OF CLAIMS	0
NET TOTAL DENIED	.00	NUMBER OF CLAIMS	1
NET TOTAL PENDED	.00	NUMBER OF CLAIMS	4

TOTALS BY BENEFIT PLAN

BENEFIT PLAN NUMBER	BENEFIT GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT
000000015	MEDICAID	5,520.77	156,729.49
	TOTAL PAID	5,520.77	156,729.49

# Financial Transactions

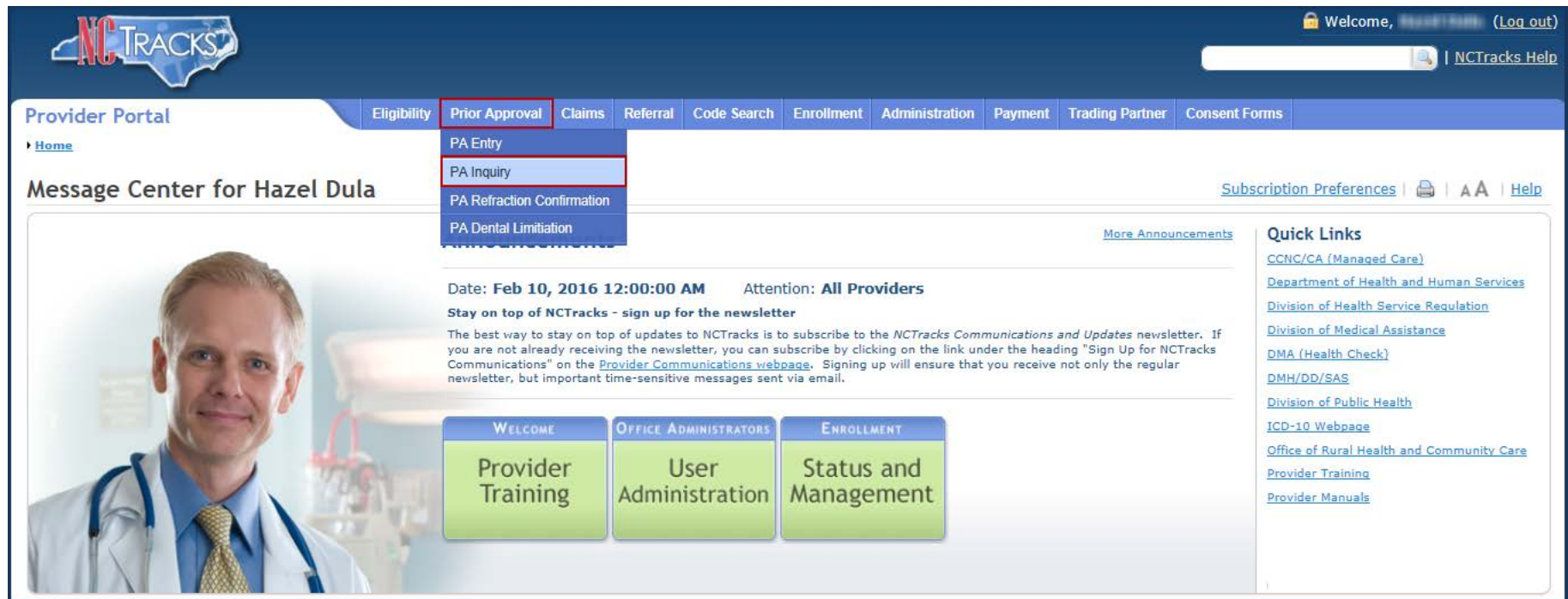
		NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDIWAERS REMITTANCE STATEMENT						PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 48 CHECKWRITE DATE: 06/21/2016 SUMMARY PAGE PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]	
*** TOTAL AMOUNTS SHOULD EQUAL COLUMN A OF CLAIMS PAYMENT SUMMARY OF THE RA.									
	A	B	C	D	E	F	G		
CLAIMS PAID	PAID CLAIMS AMOUNT	CREDIT AMOUNT	NET PAY AMOUNT (A+B)	RECOUP AMOUNT	IRS WITHHELD AMOUNT	OTHER W/E	ADJUSTED NET PAY (C-(D+E+F))		
CURRENT	21 5520.77	.00	5520.77	.00	.00	.00	5520.77		
MTD TOTAL	70 17016.88	.00	17016.88	.00	.00	.00	17016.88		
YTD TOTAL	635 156729.49	.00	156729.49	.00	.00	.00	156729.49		
1099 INFORMATION - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE PROVIDER TAX ID: [REDACTED] PROVIDER TAX NAME: [REDACTED] PAYER ID: CSC, PO BOX 300009, RALEIGH, NC 27622 # 800-723-4337									
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT. PLEASE SEND CORRECTIONS TO : CSC PO BOX 300020 RALEIGH, NC 27622 ATTENTION: PROVIDER ENROLLMENT CLIA - DEA -									
<ul style="list-style-type: none"> <li>* ALERT! IF YOU HAVE A BALANCE DUE TO MEDICAID, HEALTH CHOICE, MENTAL HEALTH, PUBLIC HEALTH OR RURAL HEALTH AND COMMUNITY CARE, PER NC STATUTE 147 THIS BALANCE WILL BE SUBJECTED TO PENALTY AND INTEREST IF ALL THE OUTSTANDING ADJUSTMENT BALANCES IS NOT PAID WITHIN 30 DAYS OF THIS NOTICE. THE PENALTY WILL BE A 10% ONE TIME PENALTY AND INTEREST WILL ACCRUE UNTIL FULL PAYMENT IS MADE.</li> <li>* ADDITIONALLY, IN ACCORDANCE WITH SECTION 10.37A (A) AND (C) OF NC SESSION LAW 2009-451, IF THIS BALANCE IS NOT PAID WITHIN 30 DAYS, WE WILL INITIATE SUSPENSION OF PAYMENT PENDING RECOUPMENT OF THE AMOUNT INDICATED ABOVE FROM YOUR CLAIMS</li> <li>* IF YOU HAVE ALREADY ISSUED A REFUND RELATED TO YOUR MEDICAID, HEALTH CHOICE, MENTAL HEALTH, OR PUBLIC HEALTH OR RURAL HEALTH COMMUNITY CARE, PLEASE DISREGARD THIS NOTICE.</li> <li>* IF YOU CANNOT PAY THIS BALANCE WITHIN 30 DAYS, PLEASE CONTACT DMA/DME/DPE/ORRCC BUDGET TO MAKE ARRANGEMENTS.</li> </ul>									



# PRIOR APPROVAL INQUIRY



# Prior Approval (PA) Inquiry



The screenshot displays the NCTracks Provider Portal interface. At the top left is the NCTracks logo. The top right shows a user login area with "Welcome, [username] (Log out)" and a search bar with "NCTracks Help". A navigation menu includes: Eligibility, **Prior Approval**, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. A dropdown menu under "Prior Approval" lists: PA Entry, **PA Inquiry**, PA Refraction Confirmation, and PA Dental Limitation. The main content area features a "Message Center for Hazel Dula" with a date of Feb 10, 2016 12:00:00 AM and attention for all providers. It includes a newsletter sign-up notice and three buttons: "WELCOME Provider Training", "OFFICE ADMINISTRATORS User Administration", and "ENROLLMENT Status and Management". A "Quick Links" sidebar on the right lists various departmental links.

# Approval Status Inquiry

**NC TRACKS** Welcome, [Profile Setup](#) (Log out) | [NCTracks Help](#)

**Provider Portal** | Eligibility | **Prior Approval** | Claims | Referral | Code Search | Enrollment | Administration | Payment | Consent Forms | Training

Home > Approval Status Inquiry

## Approval Status Inquiry

\* indicates a required field

**BASE INFORMATION**

\* Account Information:

\* Group:

\* NPI / Atypical ID:

**SEARCH OPTIONS**

**Note:**

- If Confirmation Number is used to search for a PA, no additional search criteria fields may be entered.
- If PA Number is used to search for a PA, no additional search criteria fields may be entered

Prior Approval #:

Confirmation #:

Effective Begin Date:

Recipient ID:

Effective End Date:

**SEARCH REFINEMENTS**

Please select a Payer:


DMA  DPH

Procedure Code:

**APPROVAL REQUEST LIST**

Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
------------------	----------------	---------	--------------	-----------	-----------------	--------	-----------------	-------

# Approval Status Inquiry



Welcome, [Nurses](#) | [Log out](#)

[NCTracks Help](#)

**Provider Portal** | [Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Enrollment](#) | [Administration](#) | [Payment](#) | [Consent Forms](#) | [Training](#)

[Home](#) > [Approval Status Inquiry](#)

## Approval Status Inquiry

\* indicates a required field

**BASE INFORMATION**

\* **Account Information:**

\* **Group:**

\* **NPI / Atypical ID:**

**SEARCH OPTIONS**

**Note:**

- If Confirmation Number is used to search for a PA, no additional search criteria fields may be entered.
- If PA Number is used to search for a PA, no additional search criteria fields may be entered.

Prior Approval #:

Confirmation #:

Effective Begin Date:

Recipient ID:

Effective End Date:

**SEARCH REFINEMENTS**

Please select a Payer:

DMA  DPH





Procedure Code:

**APPROVAL REQUEST LIST**


Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
16155000000012	1615500000000012B	NEMT	954357939N	SCARLETT M JOHANNSON	06/03/2016	APPROVED	06/01/2016 - 06/30/2016	DMA

1 results (displaying page 1 of 1) [first](#) [prev](#) [1](#) [next](#) [last](#)

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MMIS |  the department of health and    Powered By

# Approval Status Inquiry



Welcome, [Healthcare](#) (Log out) | [NCTracks Help](#)

**Provider Portal** | Eligibility | **Prior Approval** | Claims | Referral | Code Search | Enrollment | Administration | Payment | Consent Forms | Training

Home > Approval Status Inquiry

## Approval Status Inquiry

\* indicates a required field

Legend

**HEADER INFORMATION**

Confirmation #: 161550000000012B	Benefit Plan: MCAID	Health Plan: NCXIX
Prior Approval #: 16155000000012	PA Type: NEMT	Recipient ID: 9497758445
Recipient: SCARLETT M JOHANNSON	Billing Provider Id: 1427378017	Requesting Provider Id: 1427378017
Billing Provider: K L TRANSPORT SERVICE LLC	Requesting Provider Name: K L TRANSPORT SERVICE LLC	Status: APPROVED
Submission Date: 06/03/2016	Effective Begin Date: 06/01/2016	Effective End Date: 06/30/2016
Payer: CSC State and Local Solutions LLC	# of Attachments: 0	

**ATTACHMENTS**

Attachment Type	Attachment Control #	Transmission Code
No Attachments Found		

**DIAGNOSIS INFORMATION**

Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
No Diagnosis Information Found			

**LINE ITEM 1**

Status: APPROVED	Effective End Date: 06/30/2016
Effective Begin Date: 06/01/2016	Rendering Provider Id: 1427378017
Rendering Provider Name: K L TRANSPORT SERVICE LLC	Units Used: 0.000
Units Allowed: 0.000	Amount Used: 100.00
Amount Allowed: 200.00	Maintenance of Service:
Procedure Code: A0100	
Modifier(s):	



## Summary/Wrap-Up

- Understand Claims Terminology
- Understand the Payment Authorization Process
- Create a Claim
- Save a Claim Draft
- Use Claims Draft Search
- Submit a Claim
- View Results of a Claim Submission
- Perform a Claim Status Search
- Copy a Claim
- Resubmit a Claim
- Void and Replace Claims
- Understand Your Remittance Advice
- Prior Approval Inquiry





**E-mail for Web Attendance**  
**NCMMIS\_Training\_Team@csra.com**  
**include:**

**Course Name: Submitting a Professional NEMT Claim**



# What Questions Do You Have for Me?

