



JOB AID Medication History Request and Response

OVERVIEW

The Medication History Request functionality allow Providers to request paid (claim) prescription history for 180 days utilizing the Provider portal. The search results for these requests are immediately displayed on the Medication History Response screen.

This Job Aid provides instructions on how to use the Medication History feature on the NCTracks secure Provider Portal.

ACCESS MEDICATION HISTORY FUNCTION

The NCTracks Home page displays once you are logged into the system.



Step	Action
1	Click the Providers tab.
2	Click NCTracks Secure Portal Login.





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ovider Portal Login	AA I <u>Hel</u>
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 Syster (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 le action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are n authorized to access this content, please click 'Cancel'.	ms egal lot
NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. A evidence of illegal or actionable activity may be disclosed to law enforcement officials.	ny
By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> pages.	
YOUR ACCOUNT	
 All users are required to have an <u>NCID</u> to log in to secure areas. 	
Passwords are case-sensitive. Please ensure your Caps Lock key is off.	
3 User ID (NCID): 4 Password: Forgot Login Forgot Password	

Step	Action
3	Enter the User ID (NCID).
4	Enter the Password .
5	Click Log In.

The secure Provider portal Home screen displays. The user will mouse over the **Claims** tab in order to select the **Medication History** submenu option.

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AT THE PARTY OF	Announcen	Create Professional Claim			CCNC/CA (Managed Care)
	Date: Feb 10, 2	Create Institutional Claim	ention: All Providers		Department of Health and Human
	Stay on top of NC	Create Dental Claim vsl	letter		Division of Health Service Regulation
	The best with 2	Medication History	is to subscribe to the NCTracks Co the newsletter, you can subscribe	e by clicking on the link	Division of Medical Assistance
Can A	under the heading 's up will ensure that y	Sign Up for NCTracks Communic rou receive not only the regular	ations" on the <u>Provider Communic</u> newsletter, but important time-ser	sations webpage. Signing nsitive messages sent via	DMA (Health Check)
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Step	Action
1	Click the Claims tab.
2	Click on Medication History.





CLAIMS – MEDICATION HISTORY REQUEST

The Medication History Request screen displays. This screen allows users to enter and validate prescriber or pharmacy, recipient, and date range information for a prescription history request.

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PRESCRIBER OR PHARMACY										
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* NPI:				Or		* Atypic	al Id:			
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* Recipient ID:										Validat
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Address 1:										
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HISTORY REQUEST DATE RANGE										
* From:				To: 8/31/2	017					
ADDITIONAL SEARCH CRITERIA										
• Lock-In Drugs			O Opioid Analg	esic						

Step	Action
1	The Requestor information displays the First and Last Name of the user account to which the user is associated.
2	Prescriber or Pharmacy: Enter the prescriber or pharmacy National Provider Identifier (NPI) in the NPI field; click the Validate button to display the name of the prescriber or pharmacy. Note: If the NPI entered belongs to an organization; the organization name will display in the Leet Neme field
0	display in the Last Name field.
3	click the Validate button to display recipient demographic information.
4	History Request Date Range: Enter a start date in the From field.
	Note : Date range start date CANNOT be more than six (6) months . The date in the To field automatically populates with the date of current inquiry.
5	Additional Search Criteria: Select one of the following:
	1. Lock-In Drugs
	2. Opioid Analgesic
	Note : Selection of the available options in the Additional Search Criteria field is NOT a requirement to conduct the prescription history request.





Step	Action
6	Click the Submit button.
	Note: Once the Submit button is selected, the system submits inquiry for a
	prescription history request.

The Medication History Response screen displays.

CLAIMS – MEDICATION HISTORY RESPONSE

The **Medication History Response** screen displays paid (claim) prescription history records requested by the Medication History Request page.

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PRESCRIBER OR PHARMACY											
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Address 1:											
Address 2:											
City:			Sta	te:			ZIP C	ode:			
City:	TION		Sta	te:			ZIP C	code:			
- CLAIM PROVIDER INFORMA											

Field	Description
1.	Prescriber or Pharmacy: Display the following inquiry results:
	 NPI/Atypical ID: Displays the prescriber or pharmacy NPI entered during the Medication History Request search.
2.	Recipient : Displays demographic information for the Recipient ID entered during the Medication History Request search.
3.	Claim Provider Information: Displays the following paid claim information:
	• Expand
	• Date Of Service: The first date that a service on a claim or claim line was rendered.
	 Drug Name: The drug name as it appears on the package label, plus the strength and dosage form description.
	• Drug Strength: The description of the mass and volume measurements of a





Field	Description
	drug's potency.
	 Quantity: The total number of units or quantity submitted by a provider for the service rendered.
	 Days' Supply: The drug days' supply count is the number of days' supply submitted on a claim.
	• NDC: The National Drug Code (NDC) uniquely identifies a drug and includes information on the manufacturer, product code, and package size.
	 Prescriber Last Name: Last name of the prescriber.
	Pharmacy Name: Name of the Pharmacy.