

JOB AID ORH COVID-19 Claim Submission

OVERVIEW

This document will explain NCTracks processing of provider payments as financial transactions for COVID-19 related Primary Care office visits, available to uninsured individual living in North Carolina through CARES Act funding available through the Office of Rural Health (ORH) and Division of Health Benefits (DHB).

Following are the parameters:

- Individuals living in North Carolina who are uninsured and in need off primary care services due to the COVID-19 pandemic.
- Individuals do not have to test positive for COVID-19 to qualify for this program. Primary Care Services can include presentation and treatment related to COVID-19.
- Individuals who have lost their health insurance due to the COVID-19 pandemic are eligible for this program. These individuals will have no other coverage (Medicaid, Medicare, Other health insurance).
- These individuals will not be enrolled as Medicaid recipients.
- There will be a flat \$150 fee per visit.
- The payment funding is limited to when the authorized \$7.8 million runs out or by 12/30/2020, whichever is earlier.
- **Note**: By submitting this transaction to the NC Department of Health and Human Services, the provider is attesting that the service performed is accurately represented as shown, the patient was un-insured and the service was a COVID-19 primary care service; and, that claims have been either submitted to the HRSA portal and denied or were not submitted because they were ineligible for HRSA reimbursement; and that the transaction is a request for payment from CARES Act funding and is subject to audit by the Office of the State Auditor and other oversight organizations.

Access Provider Portal in NCTracks

Access Uninsured NC Residents COVID-19 Related Services Payment Request Page

Create ORH COVID-19 Claim

ORH COVID-19 Claim Search Page

ORH COVID-19 Claim Details Page

The user must log in to the NCTracks system and access the **Uninsured NC Residents COVID-19 Related Services Payment Request** page in the Provider Portal.





ACCESS PROVIDER PORTAL IN NCTRACKS

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uidefines and Forms Providers of services from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services should contact their LME/MCO to obtain information regarding eligibility, claims status and payment, etc.	 <u>NCTracks Contact</u> Information (PDF, 412 KB) <u>2019 NCTracks Checkwrite</u> Schedule - DHB (PDF, 166
harmacy Services Provider Announcements Provider Ability to Request Approval for Backdated Enrollment Effective Date	KB) 2019 NCTracks Checkwrite Schedule - DMH, DPH, and ORH (PDF, 168 KB)
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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 Inform. (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropria disclosure of this system or any information contained therein is prohibited and may result in revocation of acce action. If you are not an authorized individual, this private and confidential information is not intended for you. authorized to access this content, please click 'Cancel'.	ate use, or ess and/or legal
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 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. 	
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Step	Action
1	Select the Providers tab.
2	Select NCTracks Secure Portal.
3	Enter your NCID as your User ID; then enter your Password.
	Note : If you do not have an NCID, you may sign up for one by selecting the NCID hyperlink on this page.
4	Select Log In.

ACCESS UNINSURED NC RESIDENTS COVID-19 RELATED SERVICES PAYMENT REQUEST PAGE

The **Uninsured NC Residents COVID-19 Related Services Payment Request** page is used to submit a payment request for COVID-19 services for uninsured North Carolina residents.

To access this page, the user must select the **Claims** tab from the Provider Portal, then select **Create ORH COVID-19 Claim**.

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Step	Action
1	To access the Uninsured NC Residents COVID-19 Related Services Payment Request page,
•	select the Create ORH COVID-19 Claim option under the Claims tab.
	Note : Provider users with the Submit Claim user role will have access to this page.
2	Enter Date of Service (mm/dd/yyyy).
	Note : The date cannot be a future date. The earliest allowed date is currently 9/1/2020 and
	the end date is currently 12/30/2020.
3	Select Next.





CREATE ORH COVID-19 CLAIM

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Step	Action
1	Select the Billing Provider NPI from the drop-down menu. The provider name will auto- populate based on the NPI selected.
	Note : The drop-down menu will contain NPIs for which the user has Submit Claims access. The NPI must have an active health plan for the Date of Service.
2	Select the Billing Provider Address from the drop-down menu.
	Note : Only service locations that are active for the Date of Service will be present in the drop- down.
3	Select the Billing Provider Taxonomy from the drop-down menu.
4	Enter the Rendering Provider NPI and select the Find Provider button. The rendering provider name will auto-populate based on the NPI selected.
	Rendering provider must be an individual provider and have an overall Active status for the Date of Service.
	If NPI is not found, the following error message displays: 'Rendering provider must be enrolled in NCTracks. NPI is not an enrolled NCTracks provider.'
	If NPI is found but not active for the Date of Service, the following error message displays: 'Rendering provider must be active for date of service. NPI is not active for date of service.'
	If NPI is found but is NOT an individual provider, the following error message displays: 'Rendering provider must be an individual provider.'
5	Select Rendering Provider Address from the drop-down menu.
6	Select Rendering Provider Taxonomy from the drop-down menu.
7	Enter beneficiary's Last Name, First Name, and Date of Birth.
8	Enter beneficiary's address including city, state, and ZIP code.
9	Add all applicable Procedure Codes .
	Note : Users can add up to four (4) COVID-19 procedure codes. Number of units will always be 1 and Billed Amount will always be \$150 for this payment request.
10	Select the Attestation checkbox to agree to the terms of this payment request transaction. Note : By submitting this transaction to the NC Department of Health and Human Services, the provider is attesting that the service performed is accurately represented as shown, the patient was un-insured and the service was a COVID-19 primary care service; and, that claims have been either submitted to the HRSA portal and denied or were not submitted because they were ineligible for HRSA reimbursement; and that the transaction is a request for payment from CARES Act funding and is subject to audit by the Office of the State Auditor and other oversight organizations
11	Select Submit to submit the payment request transaction.

ORH COVID-19 CLAIM SEARCH PAGE

The **ORH COVID-19 Claim Search** page is used to search for submitted payment requests for COVID-19 services for uninsured North Carolina residents. Only users with the Submit Claim user role will have access to this page.





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Step	Action
1	To access the ORH COVID-19 Claim Search page, select the ORH COVID-19 Claim Search option under the Claims tab.
2	Select the Billing Provider NPI from the drop-down menu.
3	Enter Date of Service (mm/dd/yyyy).
	Note : The date cannot be a future date. The earliest From Date that can be entered is 9/1/2020 and the latest To Date that can be entered is 12/30/2020.
4	Select Search . All ORH COVID-19 claims found will display.
5	Select a Transaction ID number hyperlink to display the ORH COVID-19 Claim Details page.





ORH COVID-19 CLAIM DETAILS PAGE

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The **ORH COVID-19 Claim Details** page displays the following information.

Field	Description
5	Transaction ID: The transaction ID assigned to the payment request.
	Status: Paid, Denied, Pending.
	• Billing Provider Information: Billing Provider NPI, Billing Provider Name, and Billing
	Provider Address.
	• Rendering Provider Information: Rendering Provider NPI, Rendering Provider Name,
	Rendering Provider Address, and Rendering Provider Taxonomy.
	• Beneficiary Information: Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN,
	Address, City, State, Zip Code.
	• Visit Details: Procedure Codes, Date of Service, Primary Diagnosis Code, Secondary
	Diagnosis Code, Billed Units, and Billed Amount.