

a General Dynamics Information Technology, Inc. company

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

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North Carolina Department of Health and Human Services

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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

, ,	Operations Claims Economerce Managed Care Financial Provider Recipient Reference Prior Approval Health Check TPL Other Admin Home • Recipient Search <	
F	Recipient Search	
1	Indicates a required field	Legend 🔻
I	SEARCH CRITERIA	?
1	Please enter ID tumber and ID type or one of the other fields. Recipient ID : ID Type : Elig Case ID :	
		- 3
		2 Find Clear

Exhibit 2. Recipient Search Screen





Step	Action
1	 Search Criteria: Enter one of the following to search for a recipient using a unique identifier: 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.

Γo _F	erations	Claims	Ecommerce	Managed Care	Financial	Provider	Recipient	Reference	Prior Approva	Health Cher	CR TPL	Other	Admin						Ĩ
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		2	🗆 Se	arch Using So	oundex											_		4	
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Exhibit 3. Recipient Search Screen

Step	Action
1	 Search Criteria: Enter recipient data using one of the following combinations: 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.





Recipient ID	Name	Gender	Date of Birth	SSN	HIC	County Code	Elig Case ID
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Exhibit 4. Recipient Search Results Section

Section	Description
1	Recipient Search results display the following:
	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.





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NERAL							
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Recipient ID :		SSN :		c	ocuments: V	iew	
Date of Birth :		Age :		Date	of Death : [T	
Gender :		Transgender :		ME	BI Number:		
Race:		Ethnicity:			Language:		
Add Time:		Last Updated:					
Status In Case:		Family Status:		Relationshi	p to Payee:		
Citizenship Code:		Citizenship Date:			Alien ID: [7	
IVD Indicator:	2	Refugee Code:	v	Refugee I	Entry Date:		
Ind Term Date:		Tribal Code:	2	Triba	Svc Rovd: [7	
Ind Last Updated:							
Recipient ID		ID Type	Begin Date	End	Date		Status
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				12/01/0000			
	L-LMESYSID			12/31/9999		A-Activ	/e
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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.

GENERAL			7
Recipient ID :	SSN :	Documents:	Mex 2
Date of Birth : 🗹	Age :	Date of Death :	
Gender : 🖸	Transgender :	MBI Number :	
Race :	Ethnicity :	Language :	
Date Added :	Last Date Updated :		

Exhibit 6. General Demographic Information Section

Section	Description
1	Demographic information includes the following:
	 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 NCT racks.
	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:
	 Hiviso Tu-Roou T – 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.

INDIVIDUAL										3
	Status In Case:			Family Status:			Relationship to Payee:		9	
	Citizenship Code:		2	Citizenship Date:		2	Alien ID:	1		
	IVD Indicator:	2		Refuqee Code:	E		Refugee Entry Date:		2	
	Ind Term Date:		2	Tribal Code:	2		Tribal Svc Rcvd:	2		
	Ind Last Updated:		2							

Exhibit 7. Individual Section

Section	Description
1	Individual information includes the following:
	 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. ND la l'actor la l'actor (chan faite han han a construct (N. N. in l'actor han faite han
	IVD Indicator: Indicates if beneficiary has been referred (N-No indicates beneficiary has pat been referred)
	not been relened). Befugee Code: Repeticient's country of origin
	Refugee Code. Determinally S country of origin. Befugee Entry Date: Date when heneficiery entered the United States
	• Relugee Entry Date: Date when benenciary entered the Onlied States.
	• Ind Term Date. Date when individual's engineering will end/has ended.
	The code: Federally recognized Native American tribe of which the beneficiary is a member. No value for this field indicates that the baneficiary 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.

1 - CROSS-REFERENCE / COMBINE				
Recipient ID	ID Type	Begin Date	End Date	Status
14413544531	0-0400-00	16,076,0786480	ilia manana 🗹	BARE SHE
10311100070	1-1402374001	1847 AV785-01	i da la compose 🖸	2 Augusta

Exhibit 8. Cross-Reference/Combine Section

Section	Description
1	Cross-Reference/Combine details include:
	Recipient ID: Recipient identification number.
	ID Type: Recipient identification number type.
	Begin Date: Effective date of Recipient ID.





Section	Description
	 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.

ELIGIBILITY	Detail 🥃						16 RESULTS (DI	SPLAYING 1-10)	< 1 ~
Hist From	Auth From	Hist To	Elig Cov Code	LME ID	Admin County	Residential County	Status	FPL%	User ID
		12/31/9999 🖻	MADQY-MADQY				A-Active 🗹	0% 🗹	CONVERSION
Eligibility Detail									
	Payer	DHB							
	Living ARR Code	:	Spcl Cvrg Code :			F	ay Type :		
	Liab Type	:	Liab Amt :	0.00 🗹		Amb C	ap Code :		
	Auto Assign		Change Reason :			Distar	nce Code:		
	Sub Prog Code 1		Sub Prog Code 2:			Sub Pro	g Code 3:		
Pov	verty Level Code 1		Poverty Level Code 2:			Poverty Leve	el Code 3:		
	Sub Prog Code 4		Spcl Needs :			CA	Exempt: 🛛 🗹		
Pov	verty Level Code 4		FFS PCP/NPI:		Ē	FFS Loca	tor Code:		
Covera	ge Category Code								
м	C Admin Entity ID		MC Admin Entity Locator Code:			MC Sta	tus Code: 🛛 💆		
	MC PCP/AMH ID	2	MC PCP/AMH Locator Code:			Tailored Plan	Elig Type: 🛛 🗵		
	IHS Eligible		Tribal Option Enrolled:						
	Elig Case ID		Add Time:			Date	Modified :		
Manag	ed Care Plan Type	. 🖸	Tailored Care Manager NPI:			Tailored Care Manage	er Locator 🛛 🗵		

Exhibit 9. Eligibility Tab

Section	Description
1	The Eligibility Segment row contains the following:
	• 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 penod.
	• Authorized From Date: Date when recipient is authorized for benefits.
	• History I o 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	The Eligibility Detail section contains the following:
	• 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.
	SpcI Cvrg 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 20 miles or 45 minutes: M – more than 20 miles or 45 minutes.
	Sub Brog Code 1: Code for subprogram within recipient's Eligibility Coverage Code
	• Sub Prog Code 1. 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
	EES DCD/NDI: Desinient's Drimary 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/AMIT Locator Code: The Managed Care Primary Care Provider (PCP) of Advanced Medical Home (AMH) locator code
	Tailored Plan Flig 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.





Section	Description							
	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.

ENROLLMEN	τ Deta	ль 🤶									15 RES	ULTS (DISP	LAVING 1-1	0) <	1 💌 >
Payer Star	t 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 A
DMH		08/31/2020	AMI- ADULTMENT	AMI								A-Active	BM12000	09/10/2014	07/18/
DMH		06/03/2020	ADSN-SNAP	ADSN							2	A-Active	BM12000	08/17/2016	08/17/
DHB		09/30/2019	MADQN- MADQN	MEDICAID					Î	Ì	7	A-Active	3M10000	09/27/2018	09/27/
DHB		09/30/2018	MADQN- MADQN	MEDICAID						Ì	2	A-Active	BM10000	09/27/2018	09/27/
DHB		05/31/2018	MADQN- MADQN	MEDICAID					Ì	Ì	1	A-Active	BM10000	09/27/2018	04/26/3
DHB		04/30/2018	SADQN- SADQN	MEDICAID					Ì	Ì	Ì	A-Active	BM10000	04/26/2018	03/06/3
DHB		04/30/2018	SADQN- SADQN	<u>PHPB</u>							V	V-Void	BM10000	04/26/2018	03/06/
DHB		03/31/2018	SADQN- SADQN	MEDICAID							9	A-Active	BM10000	03/06/2018	11/22/3
DHB		03/31/2018	SADQN- SADQN	<u>PHPB</u>								A-Active	BM10000	03/06/2018	11/22/
DHB		12/31/2017	SADQN- SADQN	MEDICAID							Ū	A-Active	BM10000	11/22/2017	11/22/

Exhibit 10. Enrollment Tab

Section	Description									
1	 The Enrollment tab displays the following: 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
	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.

	Update User ID: Last Updat
Payer : DHB	Address Type : T-TEMP-ADD
🗰 Begin Date :	* End Date :
Attn To/Contact Name :	County Code :
* Address Line 1 :	Address Line 2 :
* City :	* State : NC-NCAROLINA
* ZIP Code :	Country Code : US-United States
Phone :	Day Phone :
Evng Phone :	Ground Phone :
Comments :	
	2000 characters remaining

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.



North Carolina Medicaid Management Information System (NCMMIS)



Address Contacts	Family Case Data	Case Data History	Premiums	Cost Sharing	Other Coverage	Dialysis	Service Limits	Recipient Lock-in
Addresses								?
+ DHB/R-RES-ADI		- 12/31/9999						
Add Address							Update Use	r ID: Last Updated:
1 * Pi	ayer:				* Address Type	e :	• 2	
* Begin [Date :				* End Date	e :		4
Attn To/Contact N	ame :				County Code	e :	•	-
* Address Li	ne 1 :	5			Address Line 2	2:]
*	City :	6			* State	e :	•	7
* ZIP C	code :	8			Country Code	e: US-Un	ited States	
Ph	ione :				Day Phone	e :		
Evng Ph	ione :				Ground Phone	e :		
Comme	ents :							
					2000 characte	.:i ers remaining		
							9 Add Cl	ear Check Address
							-	+
								10 Save Reset Page



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.

dicates a required field		Legend
Family Case Data History Premiuma	Cost Sharing Other Coverage Service Limits Lock-in/Lock-out Transf	sfer Of Assets ID Card, COCC & Booklet Time Limit Override State Authorize
ELIGIBILITY CASE DETAIL		
Elig Case ID :	Elig Case Begin Date : 1	Elig Case End Date :
OTHER RECIPIENTS IN ELIGIBILITY CASE		
Recipient ID	First Name	Last Name
F10901288		
10 Ver 18430	per de la companya de	and the second
104 - A224 - 51	le din de la companya	
IN SAME (IN)		
FAMILY CASE SEARCH		
Recipient ID :	Elig Case ID :	Family Case ID :
		Find
CREATE & NEW FAMILY CASE		
Fam Case Begin Date : mm/dd/vvvv	Fam Case End Date : mm/dd/www	
[unit we J11]	International July	

Exhibit 13. Family Case Data Screen

Section	Description
1	 The Eligibility Case Detail section displays: 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: 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.

CREATE & NEW FAMILY CASE	?
1 Fam Case Begin Date : mm/dd/yyyy 🛛 🖉 2 Case End Date : mm/dd/yyyy 🗷	
	3 Create
	+

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.

	21.11.11.22.2		N	UTTACKS SUCCESS				
Save	Successful.							
amily Case Data	Case Data History	Premiums Cost Sh	aring Other Coverage	Service Limits	Lock-in/Lock-out	Transfer Of Assets	ID Card, COCC & Booklet	Time Limit Ov
LIGIBILITY CASE DET	TAIL							
E	lig Case ID :	Real .	Elig Case Begin Date	: YEY FANY LOOM		Elig Case End	Date : Edited and	
OTHER RECIPIE	NTS IN ELIGIBILITY	Case						
	Recipient ID			First Name	2		Last Name	
ANULY CASE DETAIL								
Fam	ily Case ID :		Fam Case Head ID	:		Fam Case Hea	d Nm : 🖶 🖛 🕬	10
Fam Case Begin Date :			Fam Case End Date	: engling inter		Fam Case Crea	te Dt :	1.11112.00
OTHER RECIPIE	NTS IN FAMILY CAS							
Elig Case ID	Recipient I	D First Na	ame Last Name	2	Recipient Fam Cs E	legin Dt	Recipient Fam (Cs End Dt
Realize to	0457744046	enningen 🗹	Harris 🗹	100 1001003		10	a lapitanci	
				D	e-link Eff Dt : mm/	dd/yyyy	De-link Elig Case From	n Family Case
						1000000		

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.

Recipient ID	F	rst Name	Last Name	
FAMILY CASE SEARCH				
Recipient ID :	Elig Case ID :	1 Farr	ily Case ID :	Find Clea
FAMILY CASE DETAIL				
Family Case ID :		Fam Case Head ID :	CONTRACTOR OF STREET	
Fam Case Begin Date :		Fam Case End Date :	Contra - Passage	
- OTHER RECIPIENTS IN FAMILY CASE				
Elig Case ID	Recipient ID	First Name	Las	t Name
Real Contractions		1.000	5-19-19 🗹	_
3 Fam Case Link Dt : mm/dd/yyyy		4 Fam Case End Date : m	m/dd/yyyy	5
V		•	Add 0	ase To Family Case

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.

Elig Case ID:	Elig Case Begin Date:	Analysis matter	Elig Case End Date:
OTHER RECIPIENTS IN ELIGIBILITY CASE			
Recipient ID		First Name	Last Name
MILY CASE DETAIL			
Family Case ID:	Fam Case Head ID:		am Case Head Nm:
Fam Case Begin Date:	Fam Case End Date:	F. F.	am Case Create Dt:
OTHER RECIPIENTS IN FAMILY CASE			
Flie Care ID Besiniant ID	First Name Last Name	Recipient Fam Cs Begin D	Recipient Fam Cs End Dt

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.

cipient:	(instance)	THAT IS	AURI DAVR								6	Legend
Case Data History	Premiums	Cost Sharing	Other Coverage	Dialysis 5	Service Limits	Recipient L	ock-in Transf	fer Of Assets I	0 Card, COCC & Bool	clet Money Follows Pe	rson Time Lim	it Override S
- CASE DATA HIS	TORY 💿		Case Hand Name			Date Creat	-		in Case Reals Date		Ris Care Fed	Date
the let			Case risks ranke	2	Terraine	Case Creat		(terteritte)	y case begin bate	10221.77	city case city	were
Case Head Name	Case Head ID	Eligibility Coverage Co	de Cert From	n Cert T	o Status	Status Dt	County	Term Dt	Case Rec Create Dt	Case Last Change Dt	Case Hist Beg Dt	Case Hist En Dt
and the second	anister i i		ten photo del	A DESIGN		Self-Mar-	Thursday.	1671.088	Contractory (1.1.1.1.	Markeline:	

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: 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: 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
	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.

CASE SUMMARY					
HLTH PLN :	(Annual II)	ELIG COV :	10005-001	CASE ID :	(0.1.1.100)
STAT :	68	STAT DT :	MANUAL CONT.	CO :	1819-1-1819-1-1819-1-191-
CERT FROM :	1001203120000	CERT TO :	MARY ALL PROPERTY.	TERM DT :	100700-00000
AUTH FROM :	MARTING OWNER	AUTH TO :	Md (9) (801)	TERM RSN :	
CAP :		PACE :		AUTH REP :	
SPEC NEEDS :	85	HMO :		IVD :	8
DIST :	10.01	WRKR :	1940	CO CASE :	(0000)
SUB-PGM 1 :		FPL 1 :			
SUB-PGM 2 :		FPL 2 :			
SUB-PGM 3 :		FPL 3 :			
SUB-PGM 4 :		FPL 4 :			
CASE HEAD					
FIRST :	(001100)	MIDDLE :		LAST :	10000
SUFFIX :		CASEHEAD ID :	1001001100	LANGUAGE :	10
INCOME					
GRS EARNED :	10.00	DISREGARD :	110	WORK EXP :	1100
CH/AD CARE :	10.81	NET UNEARNED :	10.00	RSDI AMT :	10080
OTHR UNEARNED :	189 181	NET UNEARNED :	101101	SSI AMT :	11.0
VA:		SPOUSE :		NEEDS UNIT :	
MAINT AMT :	100100	DOM RATE :	108	COUNT MO INC :	10110
DED BAL :	1000	PML :		LAST CHANGE DT :	001000100010000000000000000000000000000
APPLICATION DISPOSITION					
APP DT :	A CONTRACTOR OF CONTRACT	APP TYPE :		APP NO :	1000000
ONG DISP TYPE :		ONG DISP DATE :	10120810001	ONG DISP RSN :	181
RETRO DISP TYPE :		RETRO DISP DATE :	TRACTOR COMPL	RETRO DISP RSN :	

Exhibit 19. Case Data Detail

Section	Description
1	The Case Summary section contains the following:
	• 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
	 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 an 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: 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 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	 The Case Head section contains the following: 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	 The Income section contains the following: 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: Aligibility 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	 The Application Disposition section contains the following: APP DT: Date of eligibility case application from EIS. APP TYPE: Application Type code identifies the type of application submitted: 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 TYPE: Eligibility case ongoing retro disposition type. RETRO DISP TYPE: Eligibility case ongoing retro disposition type.

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.





st Sharing Other Coverage	Dialysis	Service Limits	Recipient Lock-in	Transfer Of Assets	ID Card, COCC & Booklet.	Money Follows Person	Time Limit Override	State Authorized Payma
								?
HCWD 📴								
						Transa Billio		
Total Amount Due: 0.00						Make a Pa	iyment	
ents To Be Posted: 0.00								
rrent Amount Due: 0.00					1	Documents: View	1	
	Total Amount Due: 0.00 Ints To Be Posted: 0.00 Irrent Amount Due: 0.00	ICWD I Total Amount Due: 0.00 Ints To Be Posted: 0.00 Irrent Amount Due: 0.00	Total Amount Due: 0.00 nts To Be Posted: 0.00 rrent Amount Due: 0.00	ICWD I Total Amount Due: 0.00 Ints To Be Posted: 0.00 Irrent Amount Due: 0.00	ICWD I Total Amount Due: 0.00 Ints To Be Posted: 0.00 Irrent Amount Due: 0.00 Irrent Amount Amo	ICWD Total Amount Due: 0.00 Ints To Be Posted: 0.00 Irent Amount Due: 0.00 I	ICWD () Total Amount Due: 0.00 Make a Pa Ints To Be Posted: 0.00 Irrent Amount Due: 0.00 Documents: View	ICWD I Total Amount Due: 0.00 Make a Payment nts To Be Posted: 0.00 rrent Amount Due: 0.00 Documents: View

Exhibit 20. Premiums Tab

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

Section	Description
1	The Premiums section contains the following:
	 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.

outer coverage marys	s service Limits	wedpient Lock in Transfer of A2	in card, cocc a sookiet	Money Fullows Person	Tune Linia Overrige	State Autooriza	en Payment Cons
ST SHARING							
A rest and the second							
COST SHARING							
Cost Sharing Period	Program	Enrollment Fees Paid	Premium Paymenta	Co-Pays Paid	Total Paid OOP	OOP Max	Date OOP Me

Exhibit 21. Cost Sharing Tab

Section	Description
1	The Cost Sharing section includes the following:
	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.

* Initial TCN:		View					
* First Date of Treatment:	mm/dd/yyyy	Last Date of Trea	atment: mm	/dd/yyyyy 🔣	* Type of Dialysis	e.	
Hemodialysis Training Date:	mm/dd/yyyy	Peritoneal Trainin	g Date: mm	/dd/yyyy	CAPD Training Date	mm/dd/yyyy	
CCPD Training Date:	mm/dd/yyyy	2 υ	ser ID :		Last Date Updated	2	
Buyin:	View						
· DIALVEIS HISTORY							
Recipioni ID Initial FCN	First Date of Treatment	Last Date of Treatment	Type of Dialysts	Hemodialysis Training Date	Pertonnal Training Data	CAPD Training Date	CCPD Trainin Date
	01/02/2009	12/31/9999	60	12/31/999933	12/31/99992	12/31/99992	12/31/9999

Exhibit 22. Dialysis Tab

Section	Description
1	The Dialysis section includes the following:
	• 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.

Ser	ervice Limits	Recipient Lock-in	Transfer Of Assets	ID Card, COCC & Booklet	Money Follows Person	Time Limit Override	State Authorized Payment	Consent	CAP DA/C Consent	Review	
	SERVICE LI	MITS									?
	Bene	fit Plan	Servi	ce Category	State F	iscal Year	Allowed	Used	Availa	ble	
											+

Exhibit 23. Service Limits Tab

Section	Description
1	The Service Limits section includes the following:
	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
	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.

PCK IN STGREAT	2	3	4	5	6
K Lock-in Type	Lock in Provider Type	W NPI	Provider Name	· Begin Date	* End Date
LI-Lock-in	PH1-PharmPrim				
LI-Lock-in	PH2-PharmScnd				
LI-Lock-in	PR1-PrscrbPrim			and the second s	2
				mm/dd/yyyy 2	mm/dd/yyyyy
•					
Lock	in Status :	Source:	•	Reason :	
	omments :	Last Date Undated :	1144	11 User ID :	1777
-	and the second sec	Last Date operation :			

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:
	PH1-PharmPrim – Primary pharmacy
	 PH2-PharmScnd – Secondary pharmacy
	 PR1-PrscrbPrim – Primary prescriber
	 PR2-PrscrbScnd – 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.





Transfer of Rasets	COLC & DOONICE PRONCY FOR	lows reisen Time Limit Overnie Su	IC ANDROTED PAYNOR CORPERC	CAP DAY'L CORNERC	Review .			
TRANSFER OF ASSETS								
Sanction Begin Date	Sanction End Date	Last Date Updated	Sanction Indicator	Post Date	County Code	Elig Case ID	District	Stats
ALTEL COMP.		Manager Lawrences	0.06	10122-2003		122848772	1284	Shineses.
and a constant	12172-19880	DESIGNATION OF THE OWNER.	10.000	(addaption)		1210002711	1244	ALC: NO.

Exhibit 25. Transfer of Assets Tab

Section	Description
1	The Transfer of Assets section includes the following:
	• 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.
	 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.





Requests 💽						
* Request Type	* Payer	Coverage As Of Date	Request Date	Issue Date	Request Route	Add User ID
C-COCCReg	DHB		The second s	And and a second se	B-Batch	CONVERSION
Address Selection						
Address Type :				Attn To/Con	tact Name	
Address Line 1 -				. A didee	:	
Address Line 1 :		State - 1	ic.	Addre	SS Line 2 :	
city .		State . 1			LIP CODE .	
lomments						
						Cancel Dele
	2	3	1		0.01	Characterized Corner
Advance Calculture		mm/ dd/ YYYY IEI			<u>0-Onine</u>	
* Address Type :		4		Attn To/Cor	itact Name	
		-				
Address Line 1 :				Addre	ess Line 2 :	5
City :		State :			ZIP Code :	
						Auto
omments :						
				2000 characte	rs remaining	
						6

Exhibit 26. ID Card, COCC & Booklet Tab

Section	Description
1	The Requests information includes the following:
	Request Type drop-down menu includes:
	 1-Respite
	– 2-Special
	– B-NCHCBook
	- C-COCC Req
	 I-IdCardReq
	Payer drop-down menu includes:
	– 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
	Ear ID card and Booklet requests (Coverage As Of Date' is the coverage begin date
	For the card and bookiet requests, coverage As of bale is the coverage begin date. Percent date (and and bookiet requests), coverage As of bale is the coverage begin date.
	system.
	Issue Date: Date when request was issued.
	Request Route: Displays that request was made O-Online or B-Batch.





Section	Description
	• 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:
	• 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.

DHR	1	* From Date of Sol	e * To Date of Service	Date By Which Trims Must Be Filed	* Statu	* Reason Code	Submitted 7	User ID
-		mm/dd/yyyyy 🗷	mm/dd/yyyy E	mm/dd/yyyyi图				
					high charge	-		
					2000 charai	ters reaching		

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: 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.

= STATE AUTHORIZED PAYMENTS								
* Eligibility Begin Date	* Eligibility End Date	* Eligibility Coverage Code	* Region Code	* Funding Split	* Billing Provider			
nm/dd/yyyyy 🔍 🚺	mm/dd/yyyy 🗳 🙎	√ 3	~ 4	- U	6			
ligibility Detail			•					
PCP :	7	LME ID :	8	SpcI Cvrg Code :	. 9			
CA Exempt :	~ 10	Piedmont Code :	· 11	* County Code :	v 12			
* Elig Case ID :	1	3 Status : A-Active	14	* Reason Code :	× 1 5			
Comments :			•		•			
			*					
	-		Ŧ					

Exhibit 28. St	tate 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	SpcI Cvrg 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).

Contras - Internetine Octoinen -	ecipient Detail										
lecipient:	- 1	D:									He
indicates a required field										Legend	
Consent CAP DA/C C	onsent Review										
Consent Type Paye	r Surgeon NPI	Surgeon Name	Facility NPI	Facility Name	Service Date	Signed Date	Received Date	Status	Status Date	Add User II	,

Exhibit 29. Consent Forms Tab

Section	Description
1	The Consent Forms tab includes the following:
	 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.

• Home • Recipient Search • P	Recipient Detail			
* indicates a required field	- ID:			Legend -
CAP DA/C Consent	Review			2
Index	- 1 * Document Type	~ 2 ** Status	User ID	Date
* Nev	W Attachment: Choose File No file chosen			4 Add Clear
				5 Save Reset Page

Exhibit 30. CAP DA/CAP C Consent Tab

Step	Action
1	Select the Document Type from the drop-down menu: CAP C FORM CAP DA FORM
2	Select a Status : • 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

						1					
Operations	Claims	Ecommerce	Managed Care	Financial	Provider	Recipient	Reference	Prior Approval	TPL	Other	Admin
• Home						Recipient S	iearch				
Operations Porta	i.					CNDS Sea CNDS Mer	rch ge	2			
				G	eneral	Recipient C Interaction	all Center Search	nts			
0				He	llo World						
	PP 1	9		N. ind	C. Medica	aid is imple T, MR, PET	ementing a scans, ar	a prior authori nd ultrasounds	zation	proce	ss for certai
1		5		In ult	formation rasound	related to	o the imple s is availa	ementation of ble through th	prior a	author Solutio	ization of hig

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

С	DS Search	AA <u>Help</u>
*	dicates a required field	Legend 🔻
	SEARCH CRITERIA	?
	Please enter ID Number and ID type or one of the other fields. Recipient ID : ID Type : SSN :]
Ť.	Please enter Last Name, First Name and Gender.	
	Last Name : First Name :	
	Date of Birth: mm/dd/yyyy 🗷 Gender:	2
		Find Clear

Exhibit 31. CNDS Search Screen

Step	Action
1	 Search for a recipient in the CNDS by entering one of the following combinations: 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.

Demographic Information	ME Cross Reference		
- DEMOGRAPHIC INFORMATION -			?
CNDS ID:	* SSN :		
* Gender :	* Date of Birth :	Suffix :	
* First Name :	Middle Initial:	* Last Name :	
* Language :	*Race :	Ethnicity :	
			Save Reset Page
			+

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.

POSSIBLE DUPLICATES 🧱					
Recipient ID	Duplicate ID	Match Level	Reviewed Status	Reviewed Date	Reviewed By
CONTRACTOR .		it line its			
States					
				other a love in a 1	
				100000000000000000000000000000000000000	
	UNA / CARTER			ine - shows at	
China a state of the state of t		in Statemen		THE R DIVERSION OF	
0000000000	INCOMPANY:	in Tesperar	In Constitution and	100100000000	
10000000					
				She y different and	

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.

ent ID	Duplicate ID	Match Level 3 Reviewed Status	Reviewed Date	Reviewed By
U	128222.1110	in the lite of the	200200000000	
ent				
Recipient ID :	CONTRACTOR OF THE OWNER.	Name : 🖾 , 🖾 , 🖾	Gender :	
Date of Birth :	en 1999 E	SSN:	County Code :	
Race :	COMPANY OF THE	Ethnicity :	Language :	ATT 200 A 120
DMH	DPH			
nt Recipient ID :		Name:	Gender :	
nt Recipient ID : Date of Birth :		Name :	Gender : County Code :	Ū.
nt Recipient ID : Date of Birth : Race :	E.	Name : D, D, D SSN : D Ethnicity :	Gender : County Code : Language :	2
nt Recipient ID : Date of Birth : Race :		Name : , , , , , , , , , , , , , , , , , ,	Gender : County Code : Language :	
	nt Recipient ID : Date of Birth : Race :	nt ID Duplicate ID Contract ID	nt ID DupRcate ID 2 Match Level 3 Reviewed Status 4	nt ID DupRcate ID 2 Match Level 3 Reviewed Status 4 Reviewed Data Int Recipient ID : Name : , , , , , , , Gender : Date of Birth : , , , , , , , , , , , , , , , , , ,

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: 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.

Possible Duplicates CNDS ID Combine		
Search Criteria	2 ★ Source ID Type: ▼	3 ? * Source ID:
-		A Find Clear

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.

Possible Duplicates	CNDS ID Combine						
- Search Criteria							?
*	CNDS Target ID:	an opposite the	* Source ID Type:		* Source ID:		
							Find Clear
- SOURCE RECIPIENT	DATA						?
	CNDS ID:	Chine of the local					
	First Name :	A.1000	Last Name :	10100-008-01	Middle Name :		
	Suffix :		Gender :	100000000000000000000000000000000000000	Date of Birth :	101111100	
	SSN :		Race :	111 10000 0101000	Ethnicity :	111100000114001	
	Language :	CT DAMAGE					
Payer							
DHB	DMH	DPH					
- TARGET RECIPIENT	DATA						?
(CNDS Target ID:	10.000000000					
	First Name :	10000	Last Name :	All of the second	Middle Name :		
	Suffix :		Gender :	a	Date of Birth :	A CONTRACTOR OF THE OWNER OWNE	
	SSN :		Race :	C 1 (AND CONTRACTORS)	Ethnicity :	Philippe inter	
	Language :	an analysis (
- Payer							
DHB	DMH	DPH					
							- 1
							0

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

ſ	Operations Claims Ecommerce Managed Care Financial Provider Redipient Reference Prior Approval Health Check TPL Other Admin Home • Recipient Search <t< th=""><th></th><th></th><th></th><th>-</th></t<>				-
	Recipient Search		٨A	Help	
	K Indicates a required field		Legend		8
1	- SEARCH CRITERIA			?	1
	Please enter ID tumber and ID type or one of the other fields. Recipient ID : Elig Case ID :				¢
	Flease enter Last Name, First Name and one or more of the other fields. Last Name : First Name : Date of Birth : Itild Gender : County Code :	•			-
	Search Using Soundex	2	Find	3 Clear	

Exhibit 39. Recipient Search Screen





Step	Action
1	 Search Criteria: Enter one of the following to search for a recipient using a unique identifier: 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.

	erations Claims Ecommerce Managed Care Financial Provider <u>Recipient</u> Reference Prior Approval Health Check TPL Other Admin				Ĩ
12	me + Recipient Search				
R	cipient Search		٨A	<u>Help</u>	
*	dicates a required field		Legend		a
E	(12)// (0)//01/			?	i l
	Please enter to Rymber and ID type or one of the other fields.				
h	Recipient ID : ID Type : SSN :				ļ
	Elig Case ID :				
Ш	Please enter Last Name, First Name and one or more of the other fields.				-
1	Last Name : Middle Name :				
	Date of Birth : Gender : 👻 County Code :	-		_	
	2 🗉 Search Using Soundex		(4	
		3	Find	Clear	

Exhibit 40. Recipient Search Screen

Step	Action
1	 Search Criteria: Enter recipient data using one of the following combinations: 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.





Recipient ID	Name	Gender	Date of Birth	SSN	HIC	County Code	Big Case ID
Little and Par	STREET, STREET, J	01000	10101-008	CAROLINE CO.		THE CONTRACTOR	1010110
	CONTRACTOR AND INCOME.	(TRANSPORT	101101100	100101-0000		Gen consideration	10000000
	100000-00000	(internal)	10.000.000	(anoise also		own constraints	
and an other states			101101-000				
	CONTRACTOR OF STREET,	TO BELLEVILLE	10000000	10000		ALC: NO.	CALL LAND
	States - Contractor	1100000	10.000.000	100.000.000	CALCUMPTING.	the conversion	188885-41
	States - Constant - 1	delines.	Coloradore -		Contractory.	100.00000000000	1104654

Exhibit 41. Recipient Search Results Section

Section	Description
1	Recipient Search results display the following:
	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.





town · Retinient)	Reach + Revignant Date	in the second seco								
ecipient:		- ID:								- AA
industre a require	es field									Legend
Summary	Address Contacts I	Family Case Data	Case Data History	Premiums Cent Sharing	Other C	overage Dialysis	Service Limits Recipie	ed Lock-in Tran	ofer Of Assets 10	Card, COCC & Beek
GENERAL										
	Recipient ID :			SSN :		8		Documents:	Mane	
	Date of Birth :			Adv :	44			Date of Death 1	10	
	Gender :			Transpender :				MRI Number	1.1	
	Race:	B-BLACK		Ethnicity	11.13	T hatten		Lannuager	EN-ENGLISH	
	Date Added	81/01/2010 12		Last Date Hadded 1	06/23	/2010 12:00:00 /		inter derreder -		
	Care Hoden :	01/01/2010 12	Cardonarda Prema	Land trace optimists :	007.8.5	2010 12:00:00				
And Lipper	Status In Case		8	Family Status:			Relations	hip to Payee:	8	
	Citizenship Code:		(2)	Citizenship Date:		8		Allien 10-	8	
	EVD Indicator:	6		Refugee Code:	66		Refuge	e Entry Date:	112	
	Ind Term Date:	1	2	Tribal Code;	12		Trill	sal Svc Revel:	61	
	Tred Last Updated		12							
		_								
- CIGIS-R	Resigneet 1D		80 Type		Bagis	Date		d Date		Status
		C-CNDS	i-ID	06/01/20	0.0		12/31/9999 2		A-Acti	ve
		L-LMES	YSED	01/07/20	29		12/31/9999 🖸		A-Activ	ve
		L-LMCS	YSED	01/07/20	99		12/31/9999 2		A-Acti	ve
		H-HICN		03/01/19	26		12/31/9999 🖻		A-Acti	ve
		H-HICN		03/01/19	96		12/31/9999 8		A-Acti	ve
		H-HICN		06/23/20	13		12/31/9999 🖻		A-Acti	ve
		H-HICH		06/23/20	13		12/31/9999 🖾		A-Acti	ve
Englanity (realizer									
-										
- LUIGIBLU	ITT DETAIL	Mark Too	12.1.2.2	Commence Carlos 18			Real Provide Line and Council	and annuality (or		< 10 >
01/12/2010	02/12/2010	02/12/2020	ACTED AT	TTOTAT C		TA OTT 5	OTA BITT	Status II	100.00	CORD (ERSTOR)
01/01/2016	01/01/2010	02/12/2020 2	ASTER-ADUS	a Cl		A DESCRIPTION OF	ACR. MARTIN	A Arthur C	1001 77	BALOSSO
and the second se	000000000	07731/2016 2	INTERN CHE			ISO PROVIDENCE	Cap-root an	Anadove 20	109%	0410000
120202020	a factor a charter of the							and the second se	and the second se	
12/01/2015	12/01/2015	12/31/2015 2	MQDDN-QMD	-8 2		ISB-MARTIN C	058-MARTIN	A-ACOVE 2	30979 EF	BH10000

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.

GENERAL			1
Recipient ID :	SSN :	Documents: Mitw 2	
Date of Birth :	Age :	Date of Death :	
Gender :	Transgender :	r : MBI Number :	
Race :	Ethnicity :	/: 🗹 Language :	
Date Added :	Last Date Updated :	4 1 · · · · · · · · · · · · · · · · · ·	







Section	Description
1	Demographic information includes the following:
	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.
	Iransgender
	MBI NUMBER: Medicare Beneficiary Identifier
	Race: Beneficiary's race (multiple races may exist).
	• Ethnicity: Denenciary's ethnicity.
	• Language. Language spoken by benenciary.
	• Last Date Undated: Date when last modification was made to the recipient record
2	Select View to view recipient documents stored in FileNET. Listed here are some examples
-	of the documents that are stored:
	 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.

INDIVIDUAL										
	Status In Case:		(F)	Family Status:		2	Relationship to Payee:		3	
c	itizenship Code:			Citizenship Date:		2	Alien ID:	1		
	IVD Indicator:	2		Refugee Code:	E		Refugee Entry Date:		2	
	Ind Term Date:		2	Tribal Code:	1		Tribal Svc Rcvd:	1		
In	d Last Updated:		2							

Exhibit 44. Individual Section

Section	Description
1	Individual information includes the following:
	 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
	 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.

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.

CROSS-REFERENCE / COMBINE				
Recipient ID	ID Type	Begin Date	End Date	Status
19413894000		18,178,178481	i i a companya 🗹	BARE SER
-0011100470	1.140031000	-BETAK78531	162 / 164 menere 🗹	a contractor

Exhibit 45. Cross-Reference/Combine Section

Section	Description
1	The Cross-Reference/Combine section includes the following:
	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.





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IHS Eligible: Tribal Option Enrolled:		MC PCP/AMH ID:		MC PCP/AMH Locator Code:			Tailored Plan	Elig Type: 🛛 🗵		
		IHS Eligible:		Tribal Option Enrolled:						
Elig Case ID : 🛛 🗹 Add Time: Date Modified :		Elig Case ID :		Add Time:			Date	Modified :		

Exhibit 46. Eligibility Tab

Section	Description
1	The Eligibility Segment row contains the following:
	• 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.
	• LINE ID. If recipient is enforced in a Divin program, the D of the Livic.
	• Admin County. For Drib, 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	The Eligibility Detail section contains the following:
	• Payer: DHHS entity that is associated with the Eligibility Coverage Code. Select the link to
	view Payer details.
	Living ARR Code: Living Arrangement Code.
	 SpcI Cvrg 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).
	Grange Reason. Code for reason why recipient's PCP was changed. Distance Code: Code for travel distance between recipient and PCP 1 – less then
	30 miles or 45 minutes: M = more than 30 miles or 45 minutes





Section	Description
	 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.
	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 a service if the property the Tribal Content and the property of the proper
	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.

		want Dates													
	Payer	Shart Date	End Date	Eligibility Coverage Code	Banafit Plan	PCP/NPI	Locator Code	CA Exempt	1997-102	Advain Entity	Shathes	lipper IID	Last Date Updatest	Group 10	SPAP
i				Table in a section.	-		-		of Street or other	And address of the	-	-	and a second at		
	-	and the state of the	1	AND DESCRIPTION OF	-				111111	A Abdress in			111 112 11 11		
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1	-		101011000	Tager in any in the	-		100		ACCORDER OF	in case of	-	-	and a second second		

Exhibit 47. Enrollment Tab

Section	Description
1	The Enrollment tab displays the following:
	 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.





ADDRESSES					
+ DHB /R-RES-ADD					
1 – 💿 DHB /T-TEMP-ADD 👘	NCTANETURINES IN MALETANETURINES				
T				User ID :	Last Date Updated :
Payer :	DHB	Address Type :	T-TEMP-ADD	_	
* Begin Date :	2007-142-147-1	* End Date :	1000 (VBC (VBC))	2	
Attn To/Contact Name :		County Code :		•	
* Address Line 1 :	1017 1 4 107 1 1 4 10 108	Address Line 2 :			
* City:	544,235400	* State :	ALCONTRACTORS.	-	
* ZIP Code :		Country Code :	ARE INTERNET MANTAL		
Phone :		Day Phone :			
Evng Phone :		Ground Phone :			
Comments :		*			
		2000 characters remaining		3	
				Update	Check 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.

Address Contacts Family Ca	se Data Case Data History	Premiums Cost Sharing Se	rvice Limits Lock-in/Lock-o	It Transfer Of Assets	ID Card, COCC & Bookle	et 🛛 Time Limit C 🕨
ADDRESSES						?
+ DMH/R-RES-ADD	And and a subscription of the local division					
Add Address					_	
* Payer :	-1		* Addr	ess Type :	- 2 User ID : 1	ast Date Updated :
* Begin Date :	mm/dd/yyyy		*	End Date : mm/dd/yyy	y E 4	
Attn To/Contact Name :	6		Cou	nty Code :	•	
* Address Line 1 :			Addre	ess Line 2 :		
* City :				* State :	~ 7	
* ZIP Code :	8		Cour	ntry Code : US-United	States	
Phone :			D	ay Phone :		
Evng Phone :			Grou	nd Phone :		
Comments :				*		
				-		
			2000 characters rema	ining		
					Add Clear C	heck Address
					_	+
					10 🛽	ave Reset Page

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	The Contacts section includes the following:
	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: 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: 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 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.

CASE SUMMARY				
HLTH PLN :	ELIG COV :	1005-00	CASE ID :	0+++480
STAT :	STAT DT :	10-18-1-88-1-	CO :	ALC: NOT COMPLETE
CERT FROM :	CERT TO :	B07017800	TERM DT :	1.1.71.1.70000
AUTH FROM :	AUTH TO :	801011000	TERM RSN :	
CAP :	PACE :		AUTH REP :	
SPEC NEEDS :	HMO :		IVD :	8
DIST :	WRKR :	100	CO CASE :	00000
SUB-PGM 1 :	FPL 1 :			
SUB-PGM 2 :	FPL 2 :			
SUB-PGM 3 :	FPL 3 :			
SUB-PGM 4 :	FPL 4 :			
CASE HEAD				
FIRST :	MIDDLE :		LAST :	10000
SUFFIX :	CASEHEAD ID :	1000000-000	LANGUAGE :	100
INCOME				
GRS EARNED :	DISREGARD :	110	WORK EXP :	1100
CH/AD CARE :	NET UNEARNED :	108	RSDI AMT :	108
OTHR UNEARNED :	NET UNEARNED :	182.041	SSI AMT :	11.81
VA:	SPOUSE :		NEEDS UNIT :	
MAINT AMT :	DOM RATE :	108	COUNT MO INC :	101101
DED BAL :	PML :	8	LAST CHANGE DT :	001000100001000000000000000000000000000
APPLICATION DISPOSITION				
APP DT :	APP TYPE :	1	APP NO :	1000000
ONG DISP TYPE :	ONG DISP DATE :	101201000	ONG DISP RSN :	181
RETRO DISP TYPE :	RETRO DISP DATE :	CRATER COMP.	RETRO DISP RSN :	

Exhibit 52. Case Data Detail Section

Section	Description
1	The Case Summary section contains the following:
	 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
	• SPEC NEEDS: Special needs code identifies a recipient with special needs; valid values
	for special needs are:
	 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.
	WRKR: Case worker number is a unique identifier for a worker in a county DSS
	COCASE: County 2000 number is a dilique identifier for a worker in a county DOS.
	• CO CASE: County case number is assigned by the county DSS, this functions as a mechanism to link family members tegether for county numbers.
	RUP DOM 4. Subprogram and a provision the and for subprograms or aposial herefite
	• SUB-PGW 1: Subprogram code specifies the code for subprograms or special benefits
	 FPL 1: Federal Poverty Level Applicable poverty level code 1 identifies the percentage
	of the Federal Poverty Level applicable to the case income.
	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	The Case Head section contains the following:
_	• FIRST : First name of case head
	• MIDDLE: Middle name of case head
	• LAST: Last name of case head
	SUEEIX: Suffix of case head
	CASELEAD ID: Identification number assigned to head of eligibility ease; it is the ease
	• CASCIERAD ID. Identification number assigned to nead of engining case, it is the case
	LANCHACE, Languaga anakan bu assa baad
	• LANGUAGE: Language spoken by case nead.
3	The Income section contains the following:
	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						
	 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	The Application Disposition section contains the following:						
	APP DT: Date of eligibility case application from EIS.						
	APP TYPE: Application Type code identifies the type of application submitted:						
	 New Application 						
	 Re-application 						
	 Administrative Add-An-Individual 						
	 New Application with Retroactive Benefits 						
	- Add-An-Individual Application						
	 Administrative New Application Application Application and the second seco						
	• APP NO: Application number is a unique identifier to identify the application number for						
	• ONG DISP TYPE: Eligibility case ongoing disposition type						
	ONG DISP DATE: Eligibility case orgoing disposition type:						
	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.

Service Limits	Recipient Lock-in	Transfer Of Assets	1D Card, COCC & Booklet	Money Follows Person	Time Limit Override	State Authorized Payment	Consent	CAP DA/C Consent	Revie
- SERVICE	LIMITS								

Exhibit 53. Service Limits Tab

Section	Description					
1	The Service Limits section includes the following:					
	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.
	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.

* Request Type	2 * Payer	3 Coverage As	Of Date	Request Date	Issue Date	Request Route	Add User ID
C-COCCReg	DHB				And Street of Concession, Name	B-Batch	CONVERSION
ddress Selection							
Address Type	:	4			Attn To/Con	tact Name	
Address Line 1		-			Addre	ss Line 2 :	
City	-		State : N	с	1	ZIP Code :	
omments							
							Cancel Dele
	•	mm/dd/yyyy 🔄				O-Online	
Idress Selection							
* Address Type	÷	•			Attn To/Cor	ntact Name	
Address Line 1					Addre	ss Line 2 :	
City	:		State :			ZIP Code :	5
							Auto
imments :							
	5						
					2000 characte	rs renatisting	

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

Exhibit 54. ID Card, COCC & Booklet Tab





Description
The Requests information includes the following:
Request Type drop-down menu includes:
– 1-Respite
– 2-Special
– B-NCHCBook
- C-COCC Req
 I-IdCardReq
Payer drop-down menu includes:
– 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
Degin date is 18 months prior to this date.
For ID card and Bookiet 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.
 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:			
	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 dat				
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

NDS Search		
Indicates a required field		Legend
– SEARCH CRITERIA		
Please enter ID Number and ID type or one of the other fields.		
Recipient ID :	ID Type : 🗸	SSN :
Please enter Last Name, First Name and Gender.		
Last Name :	First Name :	
Date of Birth : mm/dd/yyyy	Gender : 🔹 🔻	6

Exhibit 56. CNDS Search Screen

Step	Action
1	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 Gender



2



Step Action

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.

Demographic Information	LME Cross Reference						
DEMOGRAPHIC INFORMATION -							?
CNDS ID:	00100011-000	* SSN :		1			
* Gender :		* Date of Birth :	-	3	Suffix :	- 4	
* First Name :	1 million	5 Middle Initial:		6	* Last Name :	£	7
* Language :		*Race :	www.	v 9	Ethnicity :		10
						11 Save	Reset Page
							+

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.

Busiers a					
Recipient ID	Duplicate ID	Match Level	Reviewed Status	Reviewed Date	Reviewed By
	LTREET VILLAL			and a state of the	
				CONTRACTOR AND	2
	UNLY CONTRACTOR			and a state of the	
		in States		conception of	0.
1000000		in the second		1007100000000	
414110					
				other advantage	

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.





- Possible Duplic	ATES	_		a		
Recipien	nt ID	Duplicate ID 2	Match Level 3 Reviewed Status 4	Reviewed Date	6	Reviewed By
CORPORT OF	•		in texting in the text	100100000000	•	•
- Reference Recipier	nt					?
	Recipient ID :	CONTRACTOR	Name : 💟, 💟, 💟	Gender :		
	Date of Birth :	(m. 1991) (1992) 🗹	SSN:	County Code :		
	Race :	COMPACING THE	Ethnicity :	Language :	-	
- Payer						
DHB	DMH	DPH				
-						
- Duplicate Recipien	nt					?
	Recipient ID :	0010111100	Name : 🖸, 🗹, 🗹	Gender :		
	Date of Birth :	aki ini camp 🗹	SSN :	County Code :		
	Race :	11.000000000000000000000000000000000000	Ethnicity :	Language :	011001-001	
- Payer						
🗇 DHB	🔲 ОМН	DPH				
				(7 Combine	Not a Duplicate

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:
	U – Not reviewed
	I – 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.

Possible Duplicates CNDS ID Combine		
Search Criteria CNDS Target ID:	2 ★ Source ID Type: ▼	3 ? * Source ID: 4
-		Find Clear

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.

Possible Duplicates CNDS ID Combine				
- Search Criteria				?
* CNDS Target ID:	* Source ID Type:		* Source ID:	
				Find Clear
Source Recipient Data				?
CNDS ID:				
First Name : 🗸	Last Name :	10100-008-01	Middle Name :	
Suffix :	Gender :	(11) (A 1000 (A 10))	Date of Birth :	180-101188
SSN :	Race :	ALC: NUMBER OF BRIDE COMP.	Ethnicity :	(011381gg(11448))
Language : 5				
Payer				
🖾 DHB 🔲 DMH 🔄 DPH				
TARGET RECIPIENT DATA				[?
CNDS Target ID:				
First Name :	Last Name :	All a de la construction de la c	Middle Name :	
Suffix :	Gender :	a	Date of Birth :	Contraction of the second s
SSN :	Race :	C 1 (AND CONTRACTORS)	Ethnicity :	E CONSECTIONS
Language : de la				
Payer				
🗹 DHB 🔲 DMH 🔲 DPH				•
				Ű
				Combine

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

ľ	Operations <u>Home</u> • Recipient Search	Claims	Ecommerce	Managed Care	Financial	Provider	Recipient	Reference	Prior Approval	Health Check	TPL Of	her Admin					Ĭ
	Recipient Search													8	AA	Help	
	 Indicates a required field 														Legend		최 51
ľ	SEARCH CRITERIA Please enter ID Number an	nd ID type or on	e of the othe	r fields.												?	
þ	Rei Elio	cipient ID :]		ID	Type :		•			SSN :]		P
	Please enter Last Name, Pl	first Name and o	one or more	of the other fi	elds.												_
	L	Last Name :]		First	Name :]		Middle Name :]		
			🗆 Sea	rch Using So	undex			ender 1					county code i			3	
														2	Find	Clear	(

Exhibit 64. Recipient Search Screen

Step	Action
1	 Search Criteria: Enter one of the following to search for a recipient using a unique identifier: 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.





ľ	Operations Claims Ecommerce Managed Care Financial Provider Recipient Reference Price Approval Health Check TPL Other Admin			
	Recipient Search	🖨 A	A Help	1
	Indicates a required field	Leg	end 1	*
	SEARCH CRITERIA		?	1
	Please enter ID sumber and ID type or one of the other fields.			
ľ	Elig Case ID :			Ī
1	- Please enter Last Name, First Name and one or more of the other fields.			d I
Γ	Last Name : Middle Name : Middle Name :			
	Date of Birth : Gender : County Code :		-	
	2 Earch Using Soundex	_	4	
	-	3 🗠	nd Clear	

Exhibit 65. Recipient Search Screen

Step	Action
1	 Search Criteria: Enter recipient data using one of the following combinations: 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.

Recipient ID	Name	Gender	Date of Birth	SSN	HIC	County Code	Elig Case ID
	WEITE COMPANY			10.00		THE OTHER PARTY.	0100100
	ARREST CONTRACTOR		Acres 100 (1990)				1
			4-121-189-				201
And a state of the	ARTIN STATISTICS	distant and	ALC: NO THE OWNER	41-1-11		And a second state	ATT INTO
	States and states	a disease		1 1 1 1 1 1	(and the second se	a second second	
distanting of	point of the second second	California and State	1.1101.00.0	An	ALCO AND A DEC	ALL A PROPERTY AND	2010 Million Bar
	Million - Million - Mil		A CONTRACTOR	44-4-844	and a state of the		

Exhibit 66. Recipient Search Results Section

Section	Description							
1	Recipient Search results display the following:							
	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 **I** allow you to move from tab to tab.

ecipient:		- ID:								A AA
ritudes a requi	es fell									Legeted
Summary	Address Contacts I	Family Case Data 0	ase Data History	Premiuma Cost Sharing	Other	Coverage Dialysis	Service Linets Reviewed	Lock-in Tran	der Of Assets 12	Card, COCC & Beel
CALCUL.	Recipient ID :			CCN -				This manual a	(Anna)	
	Date of Birth 1	(#		Acres -				Date of Death 1	57	
	Cate of Beth 1	C COMMUN TR		The second secon				Late of Death .	-	
	Gender :	P-TEMALE =		transpender :				West Peumber		
	Hace:	B-BLACK		FILLING'S	0-0m	reported 🗠		raubraba:	ENCENCLISH	
	Date Added :	01/01/2010 12	MA 00.00	Last Cate Updated :	06/3	1/2010 12:00:00 A	M.			
POLICIPACION -	Status In Con-			Family Galaxy		50	Balationski	in he Barret	121	
	Citizenship Code:	-	623	Citizenship Date:		(C)	tographocides	Alien ID.	(2)	
	EVD Indicator:		21.	Refugee Code:	68	1000	Refugee	Entry Date:	112	2
	Ind Term Date:	0.5	2	Tribal Code:	5-3		Tribu	al Sive Revel:	1	
	Trid Last Updated	F	2							
CROSS-B	EFFRENCE /COMBINE	_								
	Resigneet 10	The street	3D Type		Bagi	in Date	End.	Date	000000	Status
		C-CNDS	-10	06/01/20	03		12/31/9999 2		A-Acto	e.
		L-LNEST	CSED .	01/07/20	09		12/31/9999 2		A-Activ	e.
		L-UMEST	ISBD.	01/07/20	09		12/31/9999 2		A-Acti	
		H-HICN		03/01/19	90		12/31/9999 2		A-A259	AC .
		H-HICN		03/01/19	90		12/31/9999 2		A-Adda	/e
		H-HICN		06/23/20	13		12/31/9999		A-Activ	ne.
		H-HICN		06/23/20	1.3		12/31/9999 🖂		A-Ad9	re .
Robity	Incolleged									
12/10/2										
- ELIGIBIO	TTY DETAIL							23 areas (r		< 110 >
Hist From	Auth From	Hist To	Eliphility	r Coverage Code U	4E 10	Admin County	Residential County	Status	FPL %	User ID
2/12/2010	02/12/2010	02/12/2020 2	ASTER-ADLA	TTREAT E		074-PITT E	074-PITT	A-Active E	S	CONVERSION
1/01/2016	01/01/2016	07/31/2016 🖻	MQBBN-QHB	-6 🗐		058-MARTIN	058-MARTIN	A-Active 2	109% 🖂	BH10000
	12/01/2015	12/31/2015 2	MOBBN-QHB	-a 🖂		058-MARTIN E	058-MARTIN	A-Active E	109% 2	BM10000
2/01/2015	4.49 - 40 4 - 4 - 4	the second se								
12/01/2015	09/01/2015	11/30/2015	HODEN-QHE	-e 🖸		058-MARTIN E	058-MARTIN	A-Active 2	109% 2	BM10000

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.




SectionDescription4Eligibility 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.

GENERAL C			17
Recipient ID :	SSN :	Documents:	View
Date of Birth :	Age :	Date of Death :	
Gender :	Transgender :	MBI Number :	
Race :	Ethnicity :	Language :	
Date Added :	Last Date Updated :		

Exhibit 68. General Demographic Information Section

Section	Description								
1	Demographic Information includes the following:								
	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.								
	Iransgender								
	MBI NUMBER: Medicare Beneficiary Identifier.								
	• Race: Beneficiary's race (multiple races may exist).								
	• Ethnicity: Denenciary's ethnicity.								
	Language: Language spoken by benenciary. Date Added: Date when recipient was added to NCTracks								
	• Last Date Undated: Date when last modification was made to recipient record								
2	Select View to view reginient deguments stored in FileNET. Listed here are some exemples								
2	of documents that are stored.								
	 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.





INDIVIDUAL	Carlos da Carlos		12	Provide the second		100	Poloticophie to Proven		ni -	
	Status in Case:			Family Status:			Relationship to Payee:	100	2	
	Citizenship Code:		67	Citizenship Date:		1	Alien ID:	(F)		
	IVD Indicator:	2		Refugee Code:	E		Refugee Entry Date:		E.	
	Ind Term Date:			Tribal Code:	2		Tribal Svc Rcvd:	2		
	Ind Last Updated:		2							

Exhibit 69. Individual Section

Section	Description
1	Individual information includes the following:
	 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								
1941.3594030	11-1124484812181	16.176.178493	13.0 FB-0 PROPERTY 🖸	B-MERCHE								
-0011100070	A A PRODUCTION OF A PROPERTY OF A PRODUCTION OF A PRODUCTION OF A PROPERTY OF A PRODUCTION OF A PRODUCTION OF A	104144/0101	ala na mener 🗹	2 (Million								

Exhibit 70. Cross-Reference/Combine Section

Section	Description
1	The Cross-Reference/Combine section includes the following:
	 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 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.

ELIGIBILITY	Detail \Xi					:	16 RESULTS (D	ISPLAYING 1-10)	< 1 >
Hist From	Auth From	Hist To	Elig Cov Code	LME ID	Admin County	Residential County	Status	FPL%	User ID
		12/31/9999 🗹	MADOY-MADOY				A-Active 🗹	0% 🗹	CONVERSION
Eligibility Detail									
	Payer	DHB							
	Living ARR Code	[Spcl Cvrg Code :			Pa	ay Type :		
	Liab Type		Liab Amt :	0.00 🗹		Amb Ca	p Code :		
	Auto Assign		Change Reason :			Distan	ce Code:		
	Sub Prog Code 1		Sub Prog Code 2:			Sub Prog	Code 3:		
P	overty Level Code 1		Poverty Level Code 2:			Poverty Level	Code 3:		
	Sub Prog Code 4		Spcl Needs :			CA	Exempt: 🛛 📴	1	
P	overty Level Code 4		FFS PCP/NPI:			FFS Locat	or Code:	X	
Cove	age Category Code								
	MC Admin Entity ID		MC Admin Entity Locator Code:			MC Stat	us Code: 🛛 🛓	ð	
	MC PCP/AMH ID	. 🖸	MC PCP/AMH Locator Code:	-		Tailored Plan E	lig Type: 🛛 🛙	3	
	IHS Eligible		Tribal Option Enrolled:						
	Elig Case ID		Add Time:			Date M	lodified :		
Mana	ged Care Plan Type	. 🖸	Tailored Care Manager NPI:			Tailored Care Manage	r Locator	3	

Exhibit 71. Eligibility Tab

Section	Description
1	 The Eligibility Segment row contains the following: 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	The Eligibility Detail section contains the following:
	• Payer: DHHS entity that is associated with the Eligibility Coverage Code. Select the link to view Payer details.
	Living ARR Code: Living Arrangement Code.
	 SpcI Cvrg 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.









4.3.1.5 Enrollment Tab

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

ENROLL	MENT DETAIL													
Payer	Shart Date	End Date	Eligibility Coverage Code	Banafit Plan	PCP/NPI	Locator Code	CA Exempt	1.917 122	Advain Entity	Status 1	iver 10	Last Date Updated	Groop 10	SPAP
1000.0	and a second second		STATUTE CONTRACTOR			-		a second	and the second second		6			
Acres 1	10000000000	100000	Sales and Sales and	-		- 1991		al manheet	And and a second second	-	e interes	4441010100044		
pine of	and a state of the		CONTRACTOR OF THE OWNER.			- 100		distant and	to challenge in			data and the set		
from a		Market States	Address of the second second			1881		and the second	in succession in	the state of the	· manage	the second second		
failer of			manifest manifest			-		of the second distance	in cases of	-		and a second second		
And in case of			Interfacional da					areases."				and a second sec		
								and the same				and it is not the		

Exhibit 72. Enrollment Tab

Section	Description						
1	The Enrollment tab displays the following:						
	 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.						
	 Eligibility Coverage Code: ID of benefit program. For DHB programs, includes the program code, aid category code, Medicaid class code, and SSI Status code. For D and DPH programs, includes the health plan. Benefit Plan: Name of Benefit Plan that corresponds to recipient's Eligibility Covera 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 pro affiliation network displays. Status: Status of enrollment. User ID: ID of person who last updated segment. 						
 and DPH programs, includes the health plan. Benefit Plan: Name of Benefit Plan that corresponds to recipient's Eligibility Cover 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 p affiliation network displays. Status: Status of enrollment. 							
	 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. 						
	 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 provafiliation 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 						
	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.





I	Case Data History	Premiums	Cost Sharing	Other Coverage	Dialysis	Service	Limits	Recipient Lo	ck-in 1	ransfer Of Asset	ID Card, COCC	& Booklet M	oney Follows P	erson Time Lin	nit Override	Sta
1	- Case Data H	ISTORY														?
	Elig Case ID Case Head Name			Date Created					Elig Case Begin Dat	Elig Case End Date						
		Case Head Name Case Head ID Eligibility Coverage Code Cert From							Corre Data Caracter			Corre Hird Door Corre Hird			End	
	Case Head Name			om C	ert To Status Status Dt County			County	Term Dt	Dt	Case Last Change Dt		Dt	Dt		
6																

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: 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: 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 of last update to eligibility case. Case Last Change Date: Date of last update to eligibility case. Case History Begin 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 :	ELIG COV :	100100	CASE ID :	0.111000
STAT :	STAT DT :	MATTER PERMIT	CO :	100100000000000000000000000000000000000
CERT FROM :	CERT TO :	MATER PARTY.	TERM DT :	1.1.7.1.700001
AUTH FROM :	AUTH TO :	BATE/ (BOE)	TERM RSN :	
CAP :	PACE :		AUTH REP :	
SPEC NEEDS :	HMO :		IVD :	
DIST:	WRKR :	100	CO CASE :	(8888)
SUB-PGM 1 :	FPL 1 :			
SUB-PGM 2 :	FPL 2 :			
SUB-PGM 3 :	FPL 3 :			
SUB-PGM 4 :	FPL 4 :			
CASE HEAD				
FIRST :	MIDDLE :		LAST :	10000
SUFFIX :	CASEHEAD ID :	DECESSION.	LANGUAGE :	100
INCOME				
GRS EARNED :	DISREGARD :	1100	WORK EXP :	1000
CH/AD CARE :	NET UNEARNED :	10.00	RSDI AMT :	10.00
OTHR UNEARNED :	NET UNEARNED :	102.000	SSI AMT :	11181
VA:	SPOUSE :		NEEDS UNIT :	
MAINT AMT :	DOM RATE :	1998	COUNT MO INC :	185181
DED BAL :	PML :		LAST CHANGE DT :	010000000000000000000000000000000000000
APPLICATION DISPOSITION				
APP DT :	APP TYPE :	1	APP NO :	100000
ONG DISP TYPE :	ONG DISP DATE :	1012011001	ONG DISP RSN :	181
RETRO DISP TYPE :	RETRO DISP DATE :	10.000 0000	RETRO DISP RSN :	

Exhibit 74. Case Data Detail Section

Section	Description
1	 The Case Summary section contains the following: 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 regiment's
	• CASE ID: Case ID is an identifier, assigned by the district, to uniquely identify a recipient s
	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.
	IERM DI: I erm date is date when eligibility case was terminated.
	• AUTH FROM: Medicald authorized begin 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
	1 - SSI or other disabled children
	$= 2 - \ln \text{ foster care or other out-of-home}$
	- 3 – Receiving foster care or adoption assistance
	- 4 – Self-identified





Section	Description
	– 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 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
	SUB-DCM 3: Subprogram code specifies the code for subprograms or special benefits
	within the current aid program/category/Medicaid classification structure
	• FPI 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	The Case Head section contains the following:
	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	The Income section contains the following:
	 GRS EARNED: Gross Earned is the case head's gross earnings.
	• DISREGARD: Disregarded amount of case head's income in eligibility determination.
	 DISREGARD: Disregarded amount of case head's income in eligibility determination. WORK EXP: Individual work expenses for the case.
	 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.
	 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.
	 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.
	 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.
	 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: Eligibility case head net earned income. NET UNEARNED: Eligibility case head net earned income.
	 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: Eligibility case head net earned income. SSI AMT: Case SSI amount. VA: Case V(A (Voterane Affaire) Status Cade
	 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: Eligibility case head net earned income. SSI AMT: Case SSI amount. VA: Case VA (Veterans Affairs) Status Code.
	 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: 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.
	 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: 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
	 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: Eligibility case head net earned income. NET UNEARNED: 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
	 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: 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
	 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: Eligibility case head net earned income. NET UNEARNED: 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



Section	Description
	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	The Application Disposition section contains the following:
	APP DT: Date of eligibility case application from EIS.
	APP TYPE: Application Type code identifies the type of application submitted:
	 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

С	NDS Search		🖨 A A <u>Help</u>
*	Indicates a required field		Legend
	SEARCH CRITERIA		?
	Please enter ID Number and ID type or one of the other fields. Recipient ID :	ID Type : 🔹	SSN :
r	Please enter Last Name, First Name and Gender.		
	Last Name :	First Name :	
	Date of Birth : mm/dd/yyyyy	Gender : 🗸 🗸	2
			Find Clear

Exhibit 76. CNDS Search Screen

Step	Action
1	 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
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.

Demographic Information	LME Cross Reference						
DEMOGRAPHIC INFORMATION -							?
CNDS ID:	0.10011.100	* SSN :	*****	1			
* Gender :	• • 2	* Date of Birth :	1000	2	Suffix :	- 4	
* First Name :	k enti	5 Middle Initial:		6	* Last Name :	£	7
* Language :		*Race:	www.	• 9	Ethnicity :		10
				-		11 Save	Reset Page
							+

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.

Please enter ID Number and ID type or one of the other fields	
Recipient ID : ID Type : SSN :	
Please enter Last Name, First Name and Gender.	
Last Name : First Name :	
Date of Birth : mm/dd/yyyy Gender : 🗸	
	Find Clear
ADD CNDS DECIDIENT	?
	1 Add

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.

Operations o	laims Ecommerce	Managed Care	Financial Provider <u>Re</u>	ipient Reference	Prior Approval T	PL Other Ad	min		
• Home • CNDS Search • CNDS D	etail								
Add New CNDS ID									
* indicates a required field									Legend
Demographic Information	LME Cross Refer	ence							
- DEMOGRAPHIC INFORMATION									?
CNDS	ID:		* SSN	:	1				
* Gend	er: +++++	• 2	* Date of Birth	: mm/dd/yyyy	3		Suffix :	•	4
<mark>*</mark> First Nan	e:	5	Middle Initia	:	6	*	Last Name :	(++++)	7
* Languag	le :	- 8	* Race	:	• 9		Ethnicity :		• 10
								11	ave Reset Page
									4

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.





D					
Recipient ID	Duplicate ID	Match Level	Reviewed Status	Reviewed Date	Reviewed By
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				one allowed as	
				THE CONTRACTOR AND	
	UNA CONTRACTOR			and a straight state	
and the second	10000000000	in States		care ployed as	
010000000	Indexident.	in the second		100100000000000	
100000					

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.

POSSIBLE DUPLI	CATES				
Recipio	ant ID	Duplicate ID	2 Match Level 3 Reviewed Status	Reviewed Date	Reviewed By
	Recipient ID :	0000000000	Name : 🖸, 🔽,	Gender :	
	Date of Birth :	e	SSN:	County Code :	
	Race :	The second second second second	Ethnicity :	Language :	ALC: NO. OF THE OWNER.
DHB	🔲 DMH	DPH			
Duplicate Recipie	Recipient ID :	-	Name: 💟 💟	Gender :	V
	Date of Birth :		SSN:	County Code :	
	Race :	ALL ADDRESS OF A DESCRIPTION OF	Ethnicity :	Language :	1001000-000
Payer	🔲 DMH	DPH			
					8
					Combine Not a Dupifcate

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: 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.

Possible Duplicates CNDS ID Combine		
Search Criteria 1 * CNDS Target ID:	2 ★ Source ID Type: ▼	3 * Source ID:
		4 Find Clear

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.

earch criteria	unuu un essente		r contractor and a second		and the second sec		12
*	CNDS Target ID:	Revenue Ve.	* Source ID Type:		* Source ID:	\$	
							Find
URCE RECIPIENT	DATA						
	CNDS ID:	(The strength of the strengtho					
	First Name :	An other	Last Name :	10100-0084-01	Middle Name :		
	Suffix :		Gender :	100 B 600 B 61	Date of Birth :	18111011080	
	SSN :		Race :	(1) (0000 - 01400 - 1400	Ethnicity :	(11) (Bagg) (1448)	
	Language :	ST. B. B. Barrell					
ayer							
DHB	🔲 DMH	DPH					
RGET RECIPIENT	DATA						
	CNDS Target ID:	10111000000000					
	First Name :	10000	Last Name :	ALC: AND CONTRACTORS.	Middle Name :		
	Suffix :		Gender :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Birth :	(mar. 1984) - 1987	
	SSN :		Race :	1.000000000000000000000000000000000000	Ethnicity :	(Starger Heller	
	Language :	OT STATES					
ayer							
DHB	DMH	DPH					

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:

- <u>Viewing and Updating Recipient Information</u> (e-Learning/CBT)
- Recipient Enrollment and Eligibility (e-Learning/CBT)
- <u>Recipient Enrollment and Eligibility: Submitting 834s</u> (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**.

There			🔒 Welcome, PAUL KEYS. (Log out)
2 ALLIKAC ISA			I <u>NCTracks Help</u>
Operations Provider Recipient	Other Admin		
• Home Operations Portal	Report2Web Provider Enrollment Recipient Enrollment Document Intake	Sub	scription Preferences 🖨 🗚 Help
	Prior Approval Managament TPL, Reclemation Billing Finance Premium Billing Finance Premium Billing Coll Creative Learning Monagement System	General Announcements Stay on top of ICD-10 Detober 2014 will be here before you know it. One way you can stay on top of developments elated to ICD-10 is to subscribe to the ICD-10 News Feed. Just click on the link for Subscription Preferences" in the upper right of the secure Operations Portal page, then add ICD-10 News" to your Selected News Sources. An "ICD-10 News" how will appear below the Announcements at the bottom of the page every time you log into the portal. Updates will be made weekly - just click on the links.	Quick Links CSR Tracking System Learning Management System ShareNET State Holiday Schedule for NC Tables Manual (CSC ShareNET Site) Tables Manual (DHHS Sharepoint Site)

 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.

	💥 📮 My Plan The Catalog			security	Q English (Ali) - 🧿 👤 🔻
Search Results Search: security					
ADD FILTERS					Search within these results ${f Q}$
🔒 Courses	👶 ILT	🛠 Resources	🖹 Custom		
	Provider Claims	and Billing Assis	tance Guide		LAUNCH +





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

Legend 🗸 🔻
📰 Calendar 🛛 🕏
Add New Entry
🔯 Editing Entry
🥜 Pending Update
Pending Deletion
+ Expand Section
Collapse Section
🛕 Row Error
🖉 File Attached
ଟ Audit
🗰 Required Field

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	Legend	to
open the list.		

Data / Section Group Help

PATIENT INFORMATION * Recipient ID:	or	* SSN: * Date of Birth:/dd/yy	////	
Date of Service * From: mm/dd/yyyy		* To: mm/dd/yy	уу	
				Verify Clear

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

Varify Dationt				
Identifies the Account based on the User ID used to log into the system				
Account Information: NCMMIS	;			

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.