CSRA

NCMMIS
Provider Portal Overview for Providers
Participant User Guide

PREPARED FOR:

North Carolina Department of Health and Human Services

DHHS MES VMU

TRACKING NUMBER:

PUG_PRV101
Version V1.0
FINAL

SUBMITTED BY:

CSRA
A General Dynamics Information Technology Inc. company

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

October 25, 2024

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

Document Revision History

Version	Date	Description of Changes
V1.0	October 25, 2024	Final
D1.0.1	October 18, 2024	Initial submission

Table of Contents

List of Exhibits

This Page Intentionally Left Blank

1.0 Welcome

1.1 COURSE OVERVIEW

Welcome to this course on NCTracks Provider Portal Overview for Providers. This course will give users an overview of both the public pages and secure sections of the Provider Portal.

1.2 COURSE BENEFITS

This course will guide providers in using their secure Provider portal to perform many necessary actions. Providers will use the portal to do the following:

- Check recipient eligibility
- Enter and check Prior Approvals
- Create and check the status of claims
- Enter and check referrals
- Check for Managed Care Overrides
- Search and verify Procedure Codes
- Search Payment History
- Search Consent Forms
- Update their own provider data
- View messages, letters, and reports

1.3 COURSE OBJECTIVES

After this course you will be able to perform the following actions:

- Navigate to the Providers public portal on NCTracks
- Navigate to the secure Providers portal
- Access messages, links to online resources, and news feeds
- Select the appropriate icon or drop-down menu to do commonly performed tasks

1.4 PREREQUISITES

To access the Secure portal a provider will need the following:

- A valid NCID
- Provisioning by the Office Administrator (OA) for use of the secure portal

This Page Intentionally Left Blank

2.0 NCTracks Portal

2.1 INTRODUCTION

There are three main portals on NCTracks: one for Providers, one for Recipients, and the Operations portal for Fiscal Agents and State staff. The focus of this training is on the Providers portal.

NCTracks facilitates provider enrollment and consolidates claims processing activities for multiple DHHS health plans. The secure provider portal allows providers to manage changes, update records, check recipient eligibility, obtain prior approvals, and submit claims including pharmacy claims. Providers can also participate in Web-based tutorials, register for class seminars, and request site visits.

2.2 OBJECTIVES

This Participant User Guide provides step-by-step documentation of the processes to perform the following:

- Check recipient eligibility
- Enter and check Prior Approvals
- Create and check the status of claims
- Enter and check referrals
- Check for Managed Care Overrides
- Search and verify Procedure Codes
- Search Payment History
- Search Consent Forms
- Update their own provider data

View messages, letters, and reports

2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-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

This Page Intentionally Left Blank

3.0 Providers Public Portal

3.1 SECTION PUBLIC PAGES

You will navigate to Provider Applications via the NCTracks Provider Portal.

Accessing the NCTracks Provider Portal

NCTracks is accessed through a supported internet browser. Open a supported web browser and access the NCTracks site with web address https://www.nctracks.nc.gov.

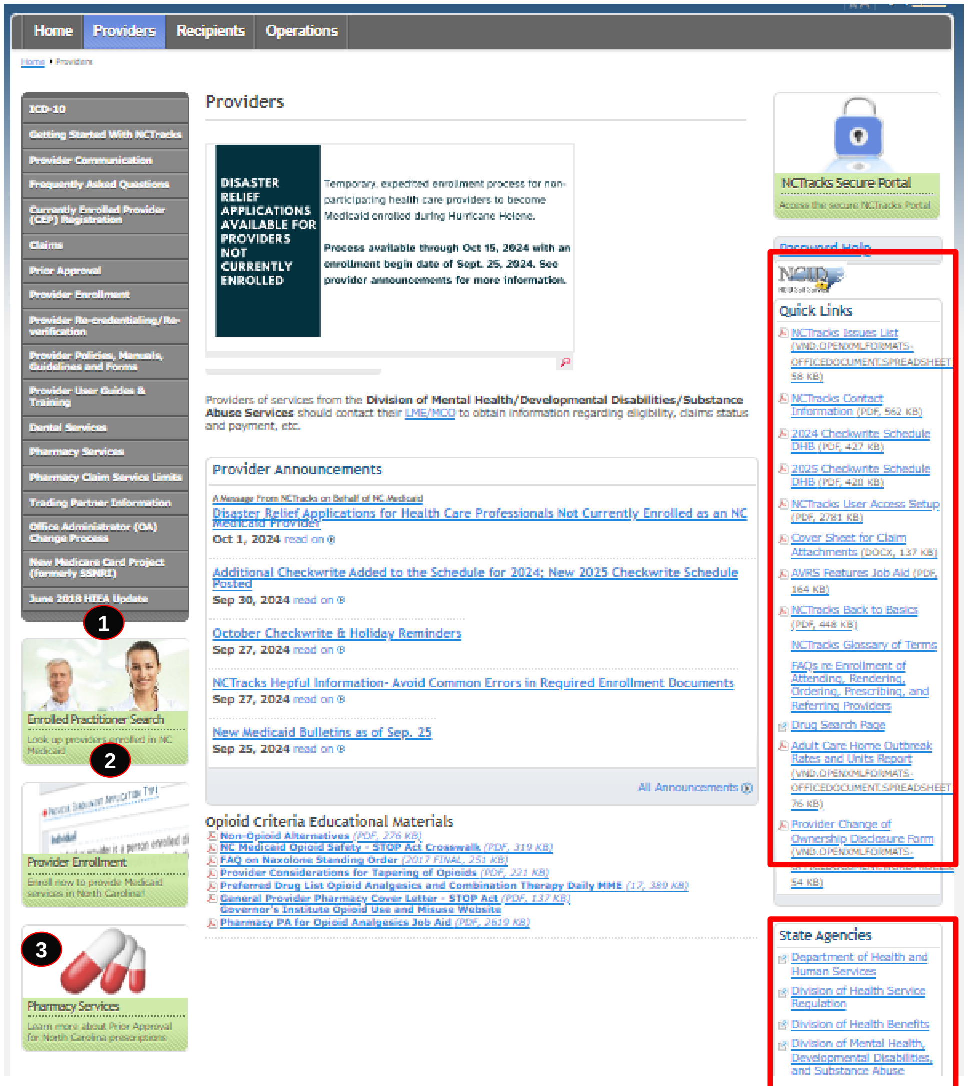


Exhibit 1. Public Providers Page

All providers, and the public at large, will find links to resources on the Public Pages.

On the upper left-hand side of the page, you'll see links to the following:

- Provider Communications
- Frequently Asked Questions
- Currently Enrolled Provider (CEP) Registration
- Claims
- Prior Approval
- Provider Enrollment
- Provider Recredentialing/Reverification
- Provider Policies, Manuals, Guidelines and Forms
- Provider User Guides and Training
- Dental Services
- Pharmacy Services
- Pharmacy Claim Service Limits
- Trading Partner Information

Office Administrator Change Process

Below these links you'll find icons on the middle left-hand side:

1. Enrolled Practitioner Search
2. Provider Enrollment
3. Pharmacy Services.

At the bottom middle section of the screen, you'll find **Provider Announcements**. Here you'll see the most recent announcements relevant to all providers. You can also access all past announcements by selecting the **Provider Announcements** link on the upper left-hand side. You'll also find Provider Bulletins, which contains a link to the NC DHB Medicaid Bulletin Index.

On the right-hand side of the page, you'll find **Quick Links**, which are links to manuals, relevant regulatory agencies, managed care organizations, and State government departments and divisions.

Note: When you select the other pages on the left the **Quick Links** on that page update to be relevant to the topic of the selected page.

Now let's look at the Providers secure portal.

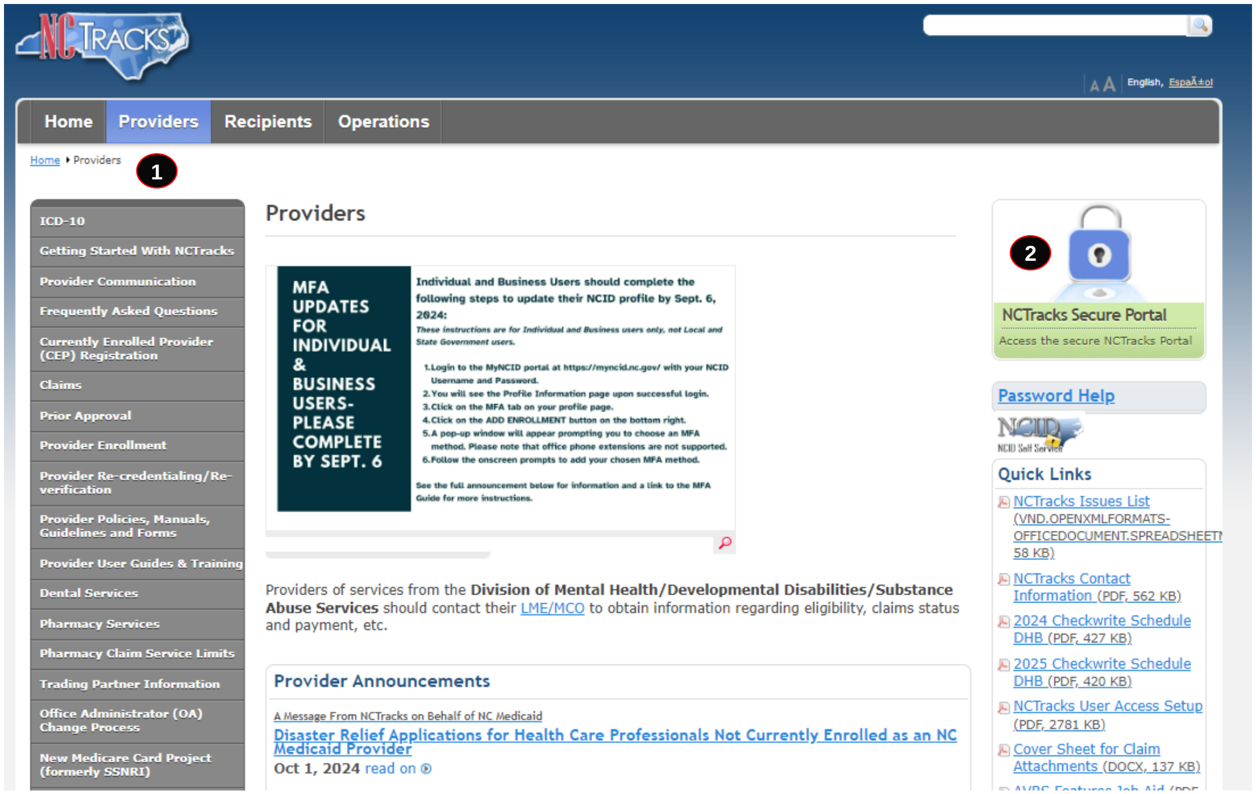


Exhibit 2. Public Providers Page

Step	Action
1	Select the **Providers** tab.
2	Select the **NCTracks Secure Portal** button. The Provider Portal Login page displays.

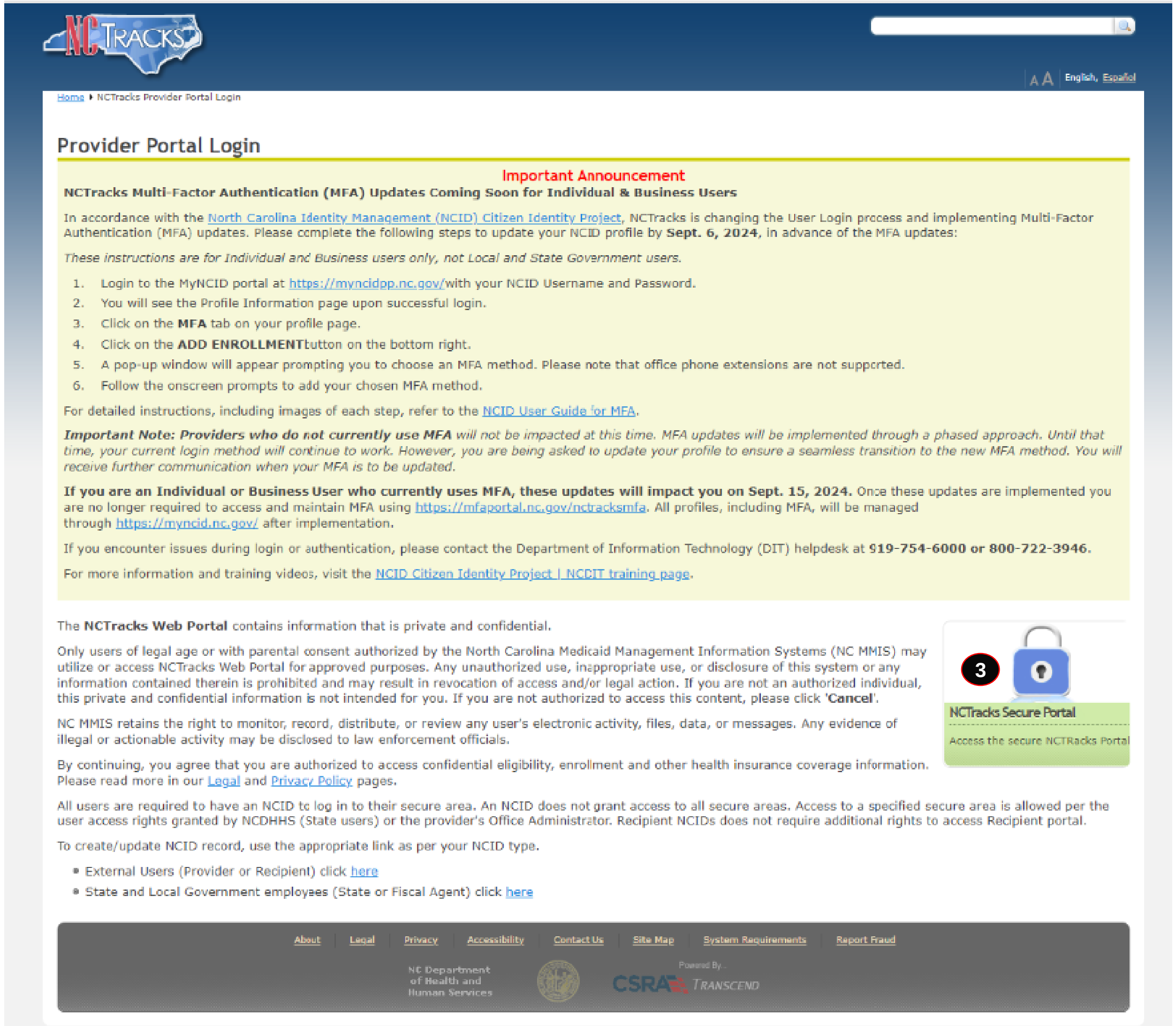


Exhibit 3. Provider Portal Login Page

Step	Action
3	Select the **NCTracks Secure Portal** button.

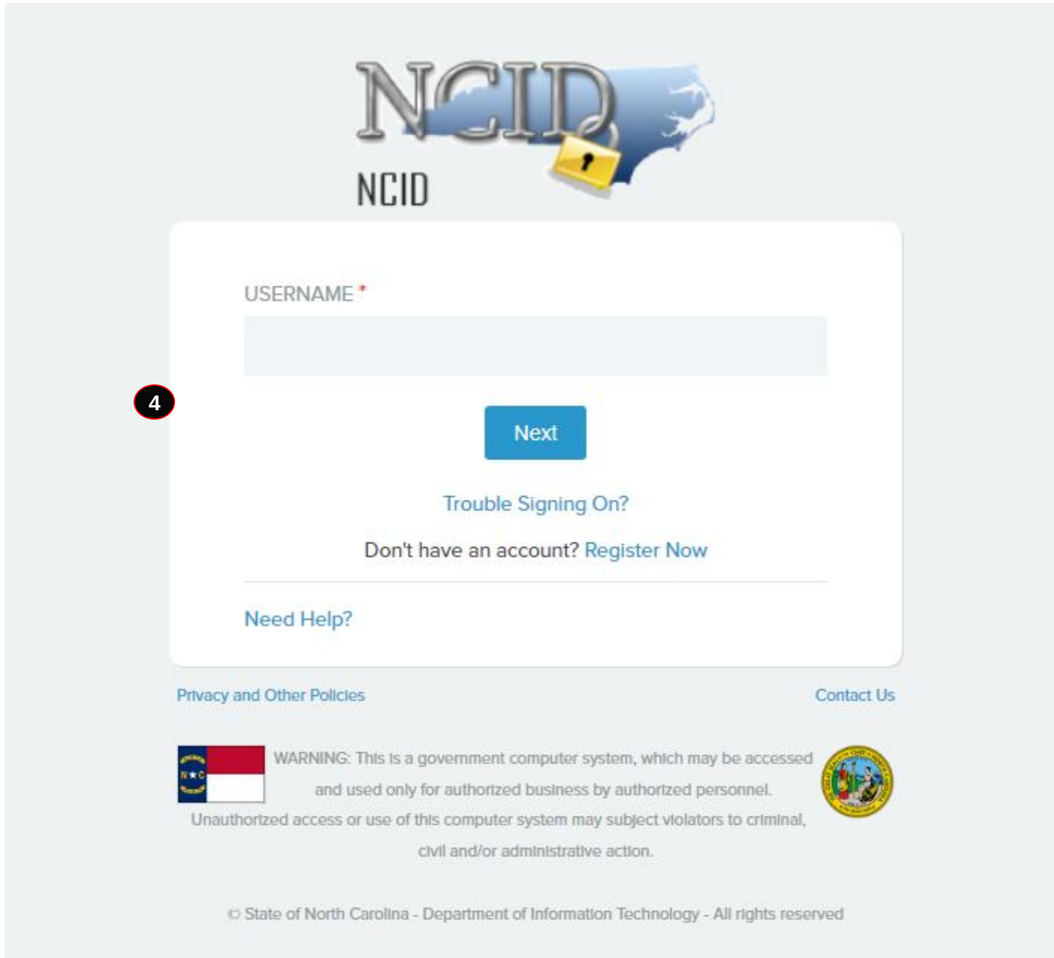


Exhibit 4. NCID Login Page

Step	Action
4	User ID: Enter your **NCID username**. **Note**: In order to log in to the secure Provider Portal of NCTracks, all users must have an NCID. If you do not have an NCID, you can select the **Register now** link displayed on the login page, which will navigate you to the NCID home page.

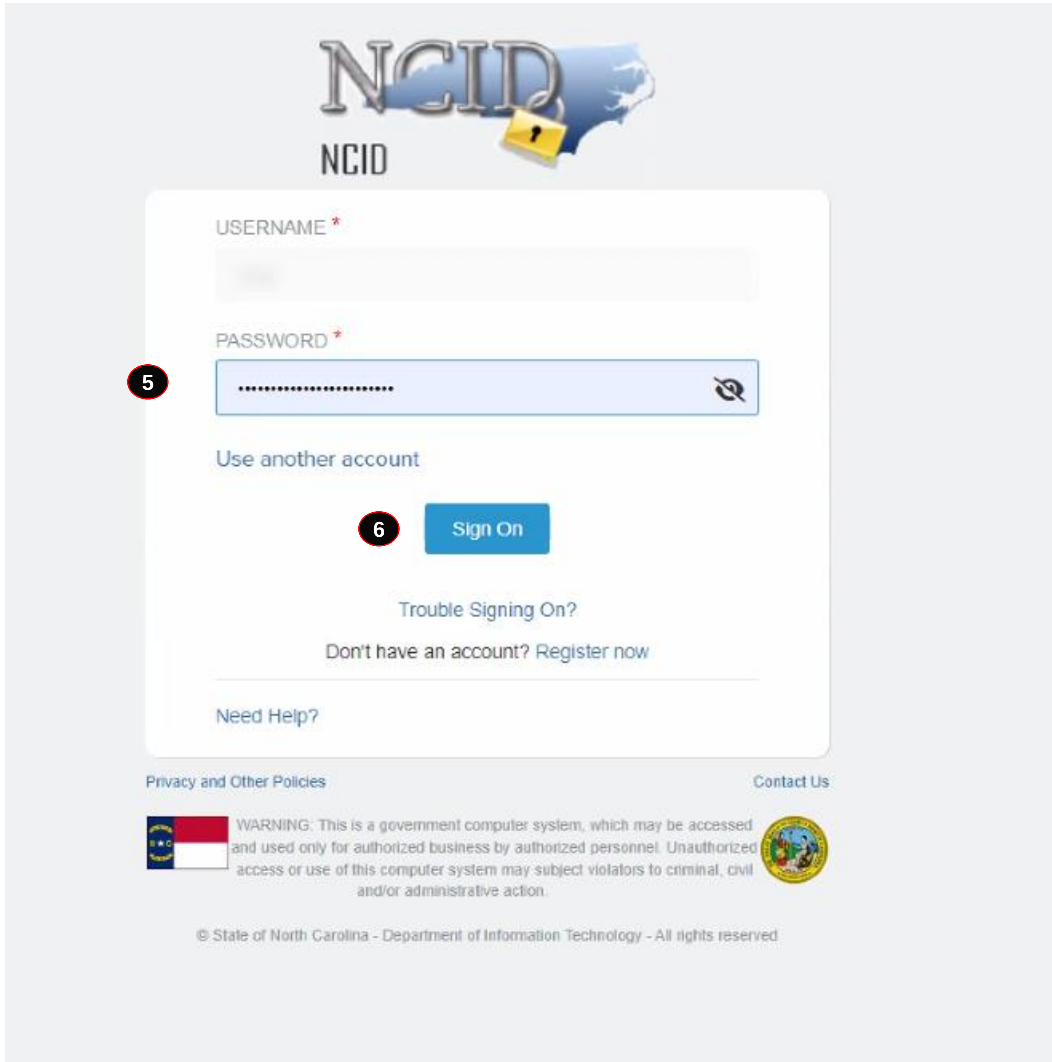


Exhibit 5. NCID Sign On Page

Step	Action
5	Enter the **Password** associated with the NCID.
6	Select the **Sign On** button.

If a user is supposed to go through Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. On successful verification of MFA, the user is navigated back to the desired secure Portal page.

Supplemental Points: Passwords are case-sensitive. After three unsuccessful attempts, the user is locked out; however, NCTracks will provide a contact number to call for access assistance. Multi-Factor Authentication is required. Once the user has entered the User ID and password, the second level authentication is sent via the user's preferred method. For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project** at the following site: https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404

3.2 OFFICE ADMINISTRATOR AND USE OF THE SECURE PROVIDERS PORTAL

In order to complete an initial enrollment application, the Provider's Office Administrator (OA) will be required to obtain an NCID and log in to NCTracks. Until the application is approved, the office administrator can log in to NCTracks and check the status of his application.

Once the provider is approved, the provider's office administrator can log in to their own secure area of the Provider Portal. At this time, the OA can assign other users to have access to NCTracks.

Note: What you'll see on this screen depends on your security role. The pages we show in this document demonstrate this screen logged in as an office administrator.

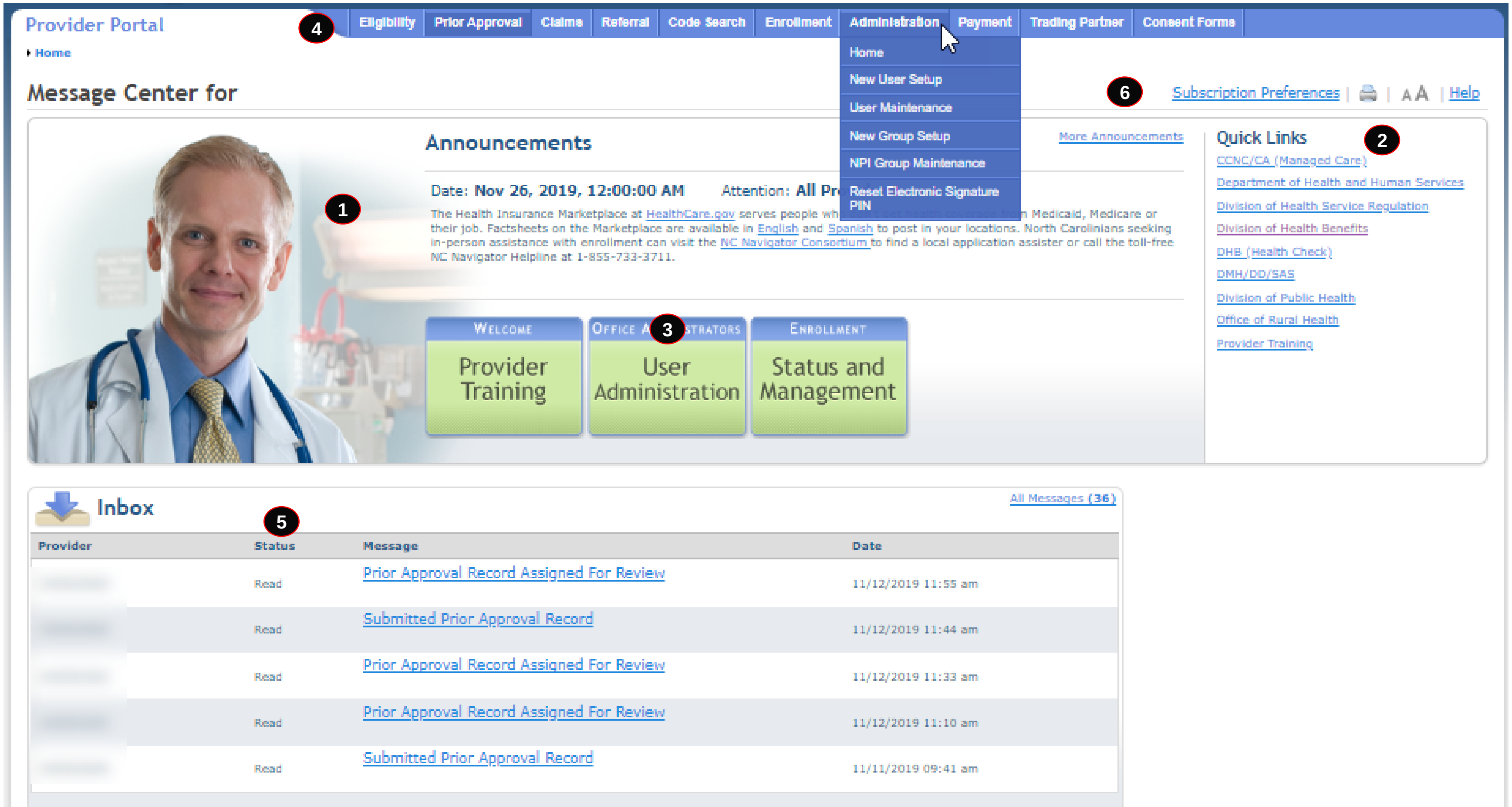


Exhibit 6. Provider Secure Portal Home Page

1	The center panel of the **Secure Portal** page shows the most recent provider announcement. To see older announcements select the **More Announcements** in the upper right hand corner of the announcements panel
2	The **Quick Links** section displays links to frequently needed resources
3	This section in the middle of the page displays links to the **Provider Training** page. **User Administration** is where you can update privileges and roles within your organization as well as access to what parts of the Secure Portal an employee has. The **Status and Management** page allows you to update the provider record and enrollments.
4	The Provider tabs that display at the top of the screen are determined by the user privileges that are set by the Office Administrator (OA).
5	The **Provider Inbox** displays recent important messages concerning claims, prior approvals, enrollments, and other important issues pertaining to the provider.
6	The **Subscription Preferences** link determines the content that appears in the **News** box on the bottom right-hand side. The **News** box contains the latest news article and information from various relevant websites. To change the content in the **News** box, select **Subscription Preferences**.

The Provider Secure Portal Home page allows you to access all the resources available to you based on your access privileges. There are three icons in the middle of the screen that provide direct links to the three most common actions that providers perform in this portal.

Moving left to right, the first link is **Provider Training**. This icon is what you selected to get to this online training. It links to the portal in the online Learning Management System (LMS).

The next icon is **User Administration**. You'll find links to set up and maintain groups and users here.

The last icon is Provider Enrollment **Status and Management**. Here a user can view the following:

- Status of submitted applications
- Saved applications
- Re-enrollment applications
- Manage change request applications
- Re-verification applications

Maintain eligibility applications

3.1 PROVIDER TABS

Along the top, middle section of the secure provider portal, you'll see a series of drop-down menus that allow you to perform other actions.

As previously mentioned, the Provider Tabs an individual sees in the secure portal are based on the user privileges that the OA sets in the User Administration for the provider's office. A person who is designated as an Enrollment Specialist (ES) would have access to the Enrollment tabs but would not need access to the Claims tab, for instance.

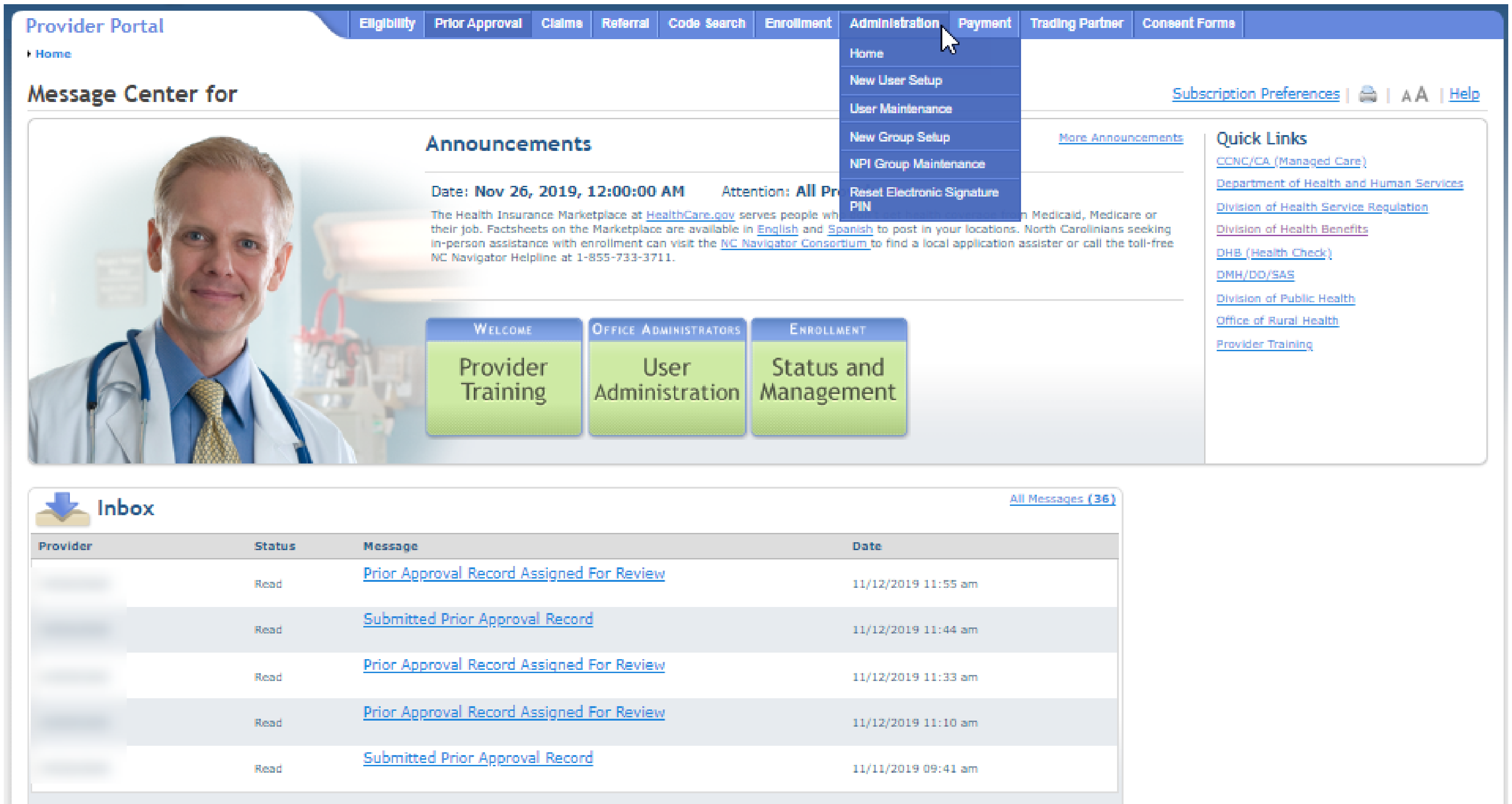


Exhibit 6. Eligibility

Under the **Eligibility** drop-down menu, you can verify the eligibility of recipients one at a time, or you can verify multiple recipients from a list by using **Batch Verify**.

For more information, you can access the Recipient Eligibility & Verification Participant User Guide (RCP141pg) on SkillPort.

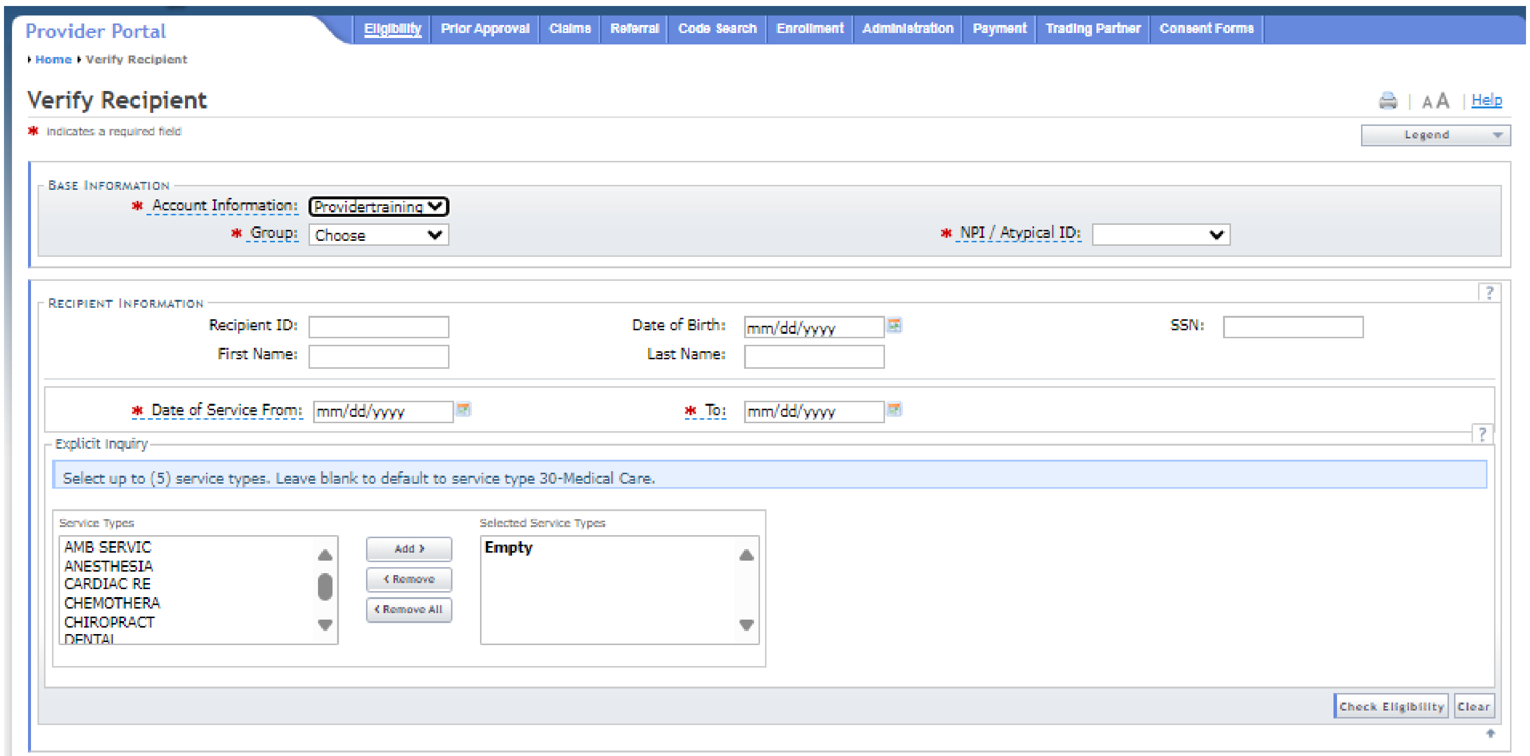


Exhibit 7. Eligibility Inquiry

Under the **Eligibility Inquiry** drop-down menu, you can verify the eligibility of recipients one at a time. Using the **Verify Recipient** page, providers can conduct eligibility inquiries on an individual recipient by using the provider's National Provider Identifier (NPI) number or Atypical Provider number and various combinations of the recipient's information including the Recipient ID, Date of Birth, Social Security Number (SSN), First Name, Last Name, and To/From Date(s) of Service.

When conducting an inquiry:

- The DHB dates of service can be as much as 36 months in the past through the current calendar month, plus one future month.
- The eligibility request will also return the future month’s eligibility when the current month’s eligibility is requested.
- The following disclaimer message displays when a future month is returned on an eligibility request:

  "Any eligibility status displayed for a future month reflects the beneficiary’s current future status and may change. Providers should always confirm eligibility before rendering services."

- The Division of Public Health (DPH) dates of service can be as much as 36 months in the past through the current calendar month and as much as 12 months in the future.

DHB and DPH inquiries for past dates of service can only be performed in 12-month intervals (13 months if the inquiry includes the current month), up to 36 months. More information can be found in Skillport or The Provider Pages under the title, PUG RCP181 Recipient Eligibility Verification.

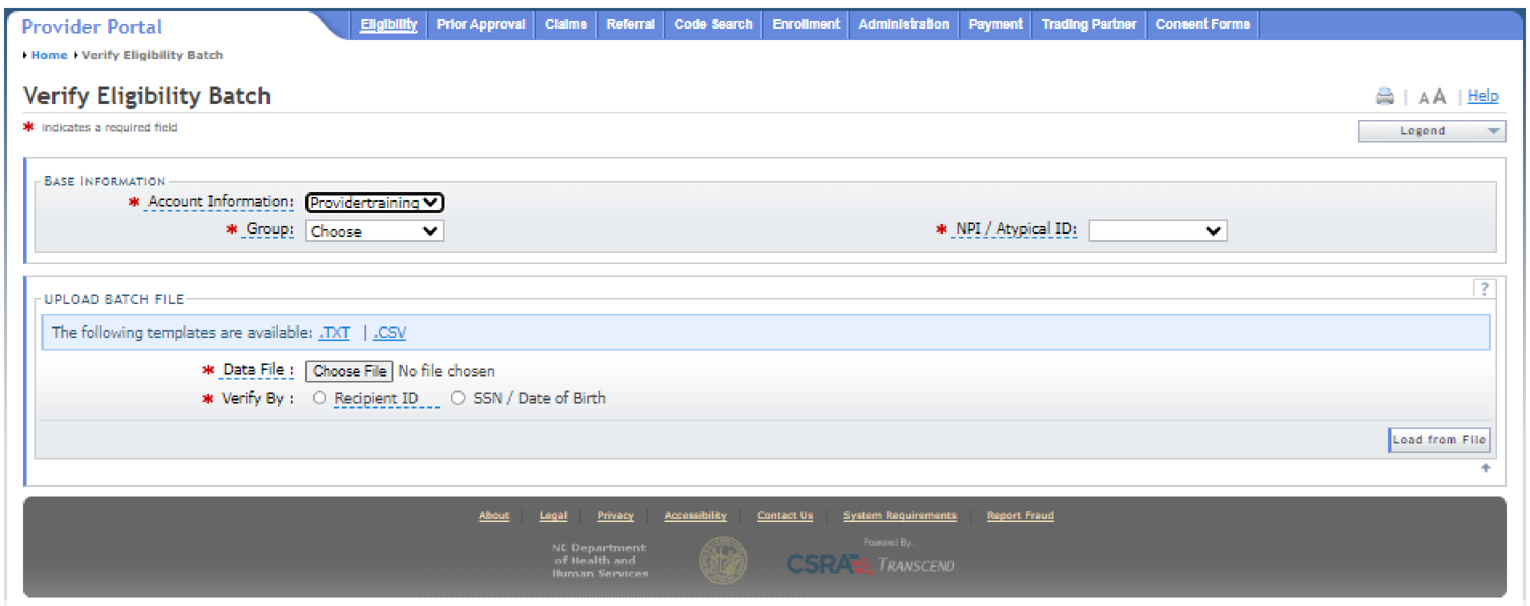


Exhibit 8. Batch Verify

Under the **Batch Verify** drop down menu you can verify the eligibility of recipients more than one at a time. From the **Eligibility** tab, providers will use the **Batch Verify** option to access the **Verify Eligibility Batch** page. This page allows providers to check the eligibility for up to 25 recipients at one time. There is no limit on the number of batches per day.

Under the **Batch Verify** drop down menu you can In order for NCTracks to run batch inquiries, a data file with recipient inquiry criteria (Recipient ID or SSN/Date of Birth) must be created and uploaded. The batch data file can be created in Excel or any common text file editor (e.g., Notepad). The entire data file must be in the same format. As shown in the following exhibits, the formats are:

- Search by Recipient SSN and Date of Birth

Search by Recipient ID

All data files created in Excel must be saved as Comma Separated Values (CSV) files. The following exhibits show examples of the format. When creating a file, do not include “File Format:” and column headings.

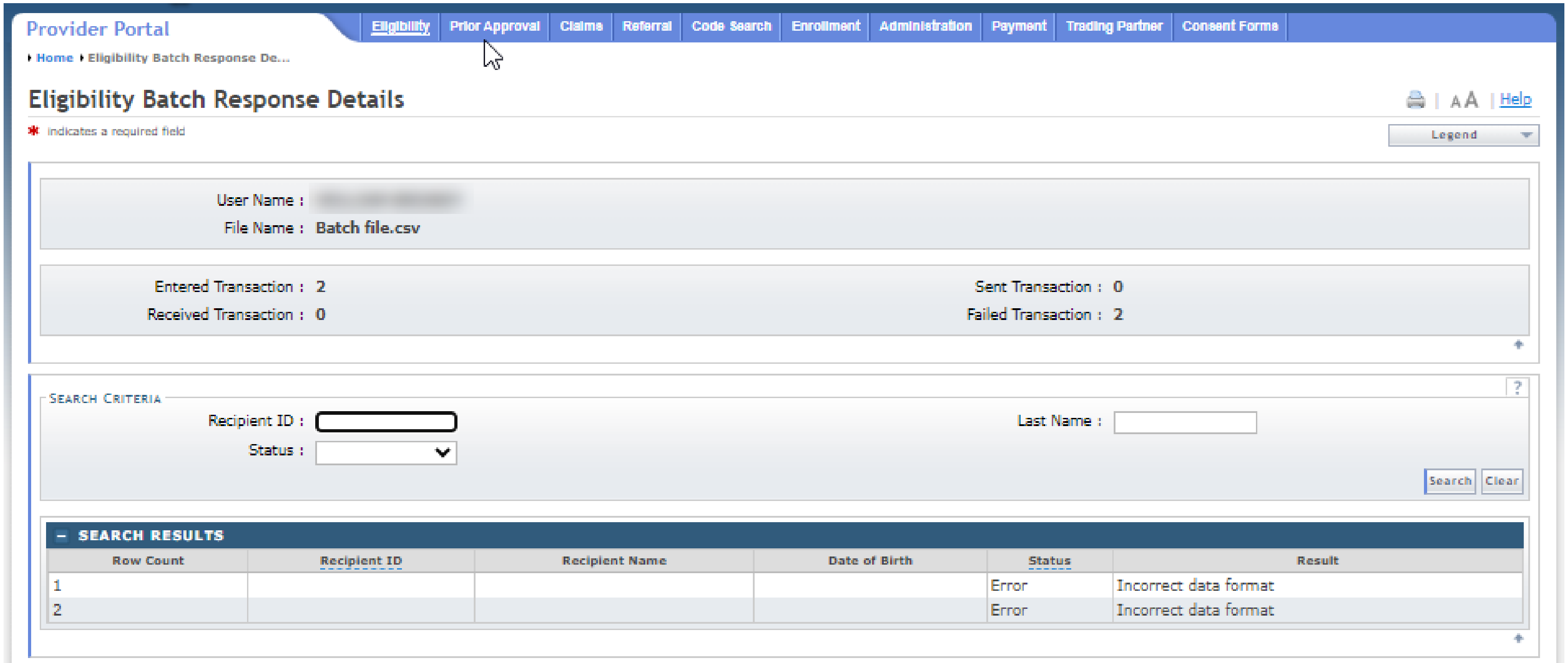


Exhibit 9. Batch Verify Results

Under the **Batch Verify Results** drop-down menu, you can verify results once the batch data file is uploaded and the **Load from File** button is selected, the **Eligibility Batch Response Details** page displays. The **Eligibility Batch Response Details** page allows the provider to view individual results to check eligibility. To view individual results, select the Recipient ID link in the **Search Results** section located next to the Recipient Name, or complete the Search Criteria fields on this page and select the **Search** button.

The **Batch Verify Results** page displays the Eligibility Batch Response Details. This is the same page that was previously viewed in the **Batch Verify** section. Responses from the previous batch inquiry will be available in NCTracks until the next batch transmission is submitted.

Batch Eligibility Responses will be displayed for each recipient individually. To view individual results, the provider can select the Recipient ID located next to the Recipient Name.

.

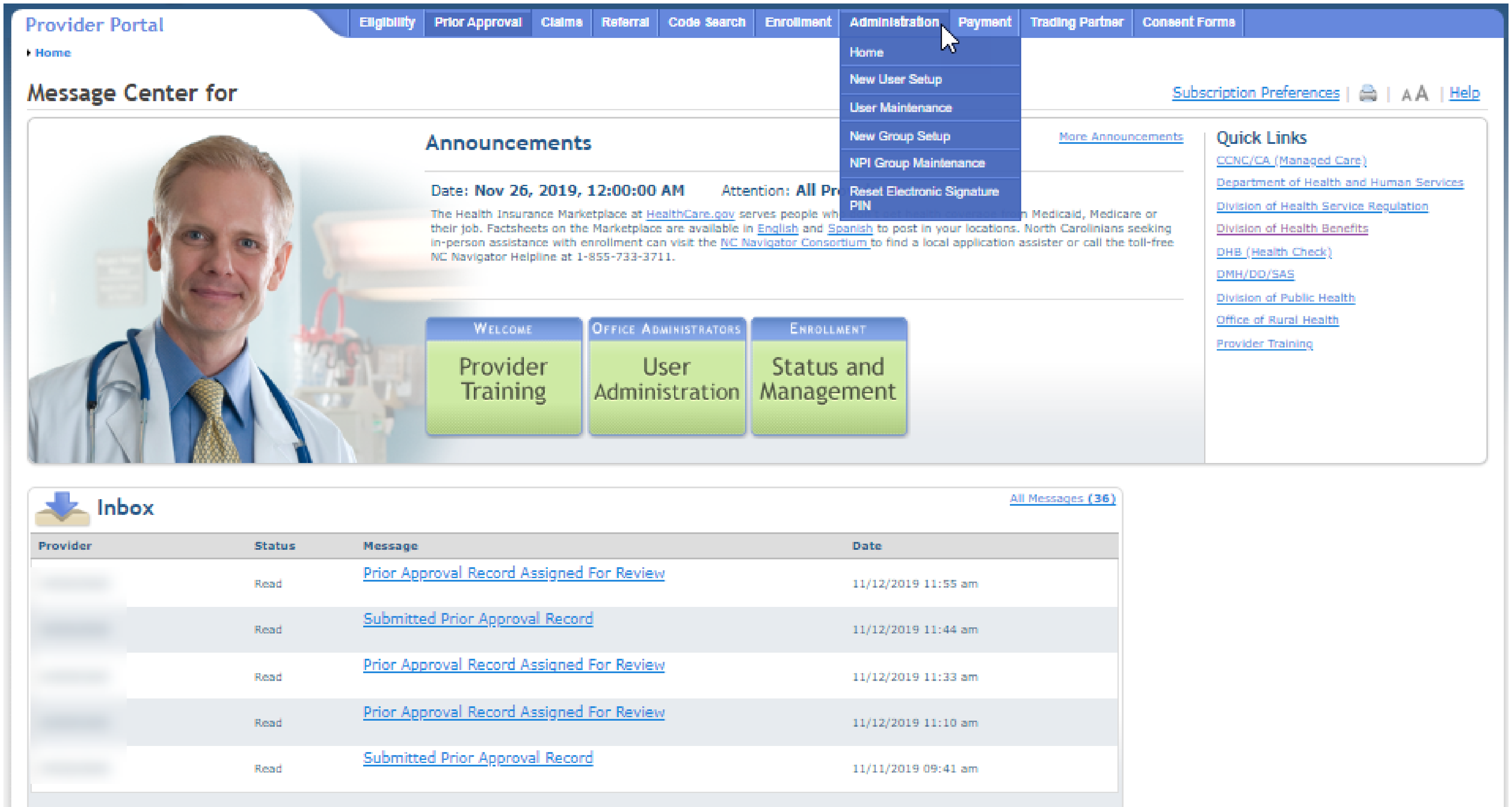


Exhibit 10. Prior Approval

Providers can use the **Prior Approval** (PA) drop-down menu to enter PA Requests and inquire about existing PA Requests. This drop-down also contains the following resources:

- PA Refraction Confirmation
- PA Dental Limitation
- Eyeglass Service History
- Physician Fluoride Varnish Limitation
- DME/O&P Service History
- Refraction History Confirmation
- CAP Respite Service History

Inputting the **Recipient Identification Number (RID)** for any of these resources allows you to identify any service information for the recipient as seen in the image below. More information can be found in SkillPort under the topic **Optical, Dental, Physician Fluoride Varnish, Durable Medical Equipment (DME) and Orthotic and Prosthetic (O&P) Prior Approval Service Inquiry Provider.**

The training shows the provider how to perform the following submissions:

- Submit an Eyeglass Confirmation service request
- Submit a Refraction Confirmation service request
- Submit a Dental Benefit Limitation service request
- Submit a Fluoride Varnish Limitation service request
- Submit a DME/OrthoticProsthetic (O&P) Service History request

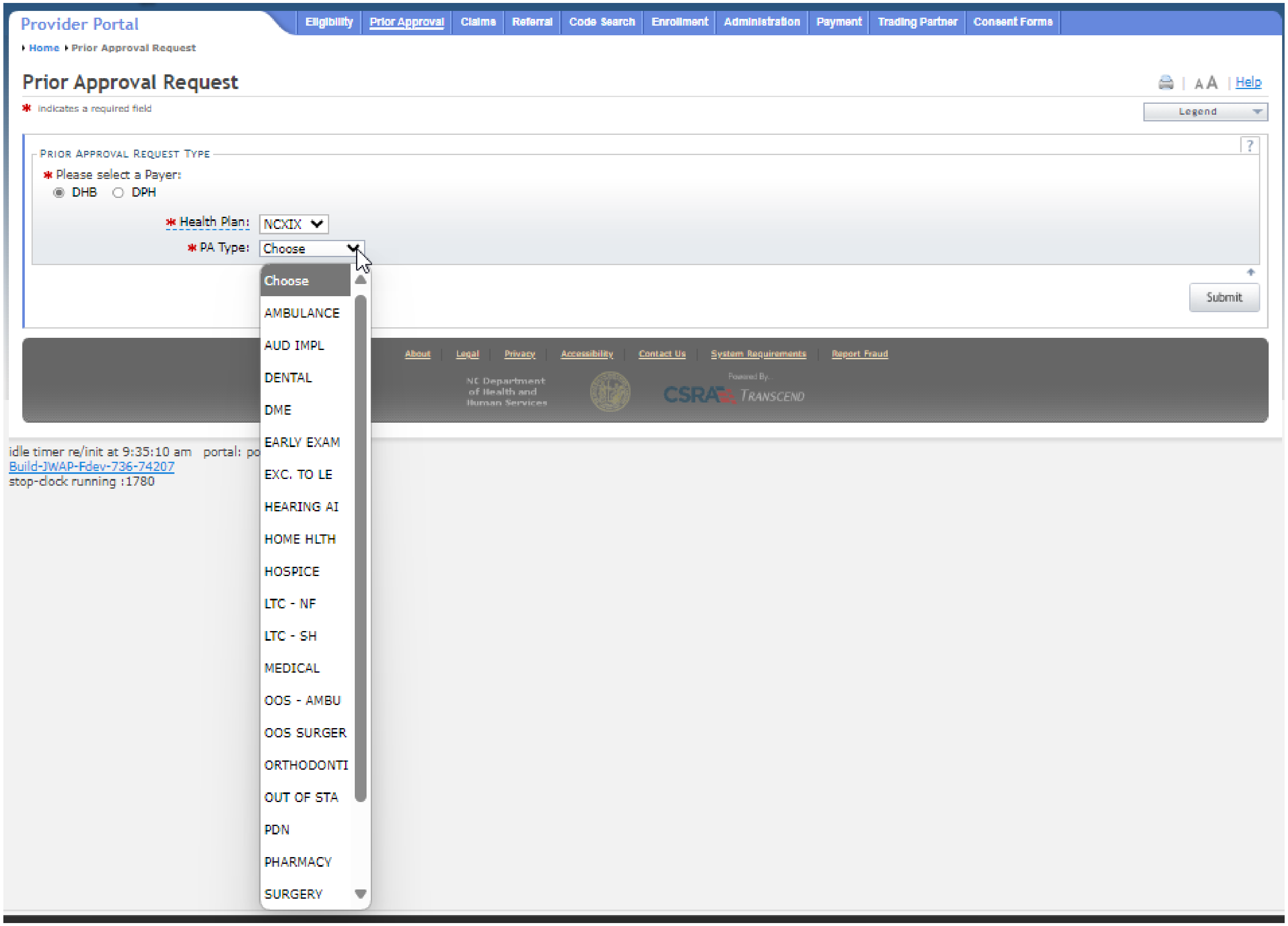


Exhibit 11. Prior Approval Entry

Under the **Prior Approval Entry (PA Entry)** drop-down menu, you will be taken to the **Prior Approval Request Type** section. This prompts the user to select general information about the service, procedure, or product. These selections help to determine information needed for the submission and adjudication of the PA.

The user must ensure that the requesting provider, billing provider, rendering provider, and beneficiary are actively enrolled in the Health Plan on the dates of service for which prior approval is being requested.

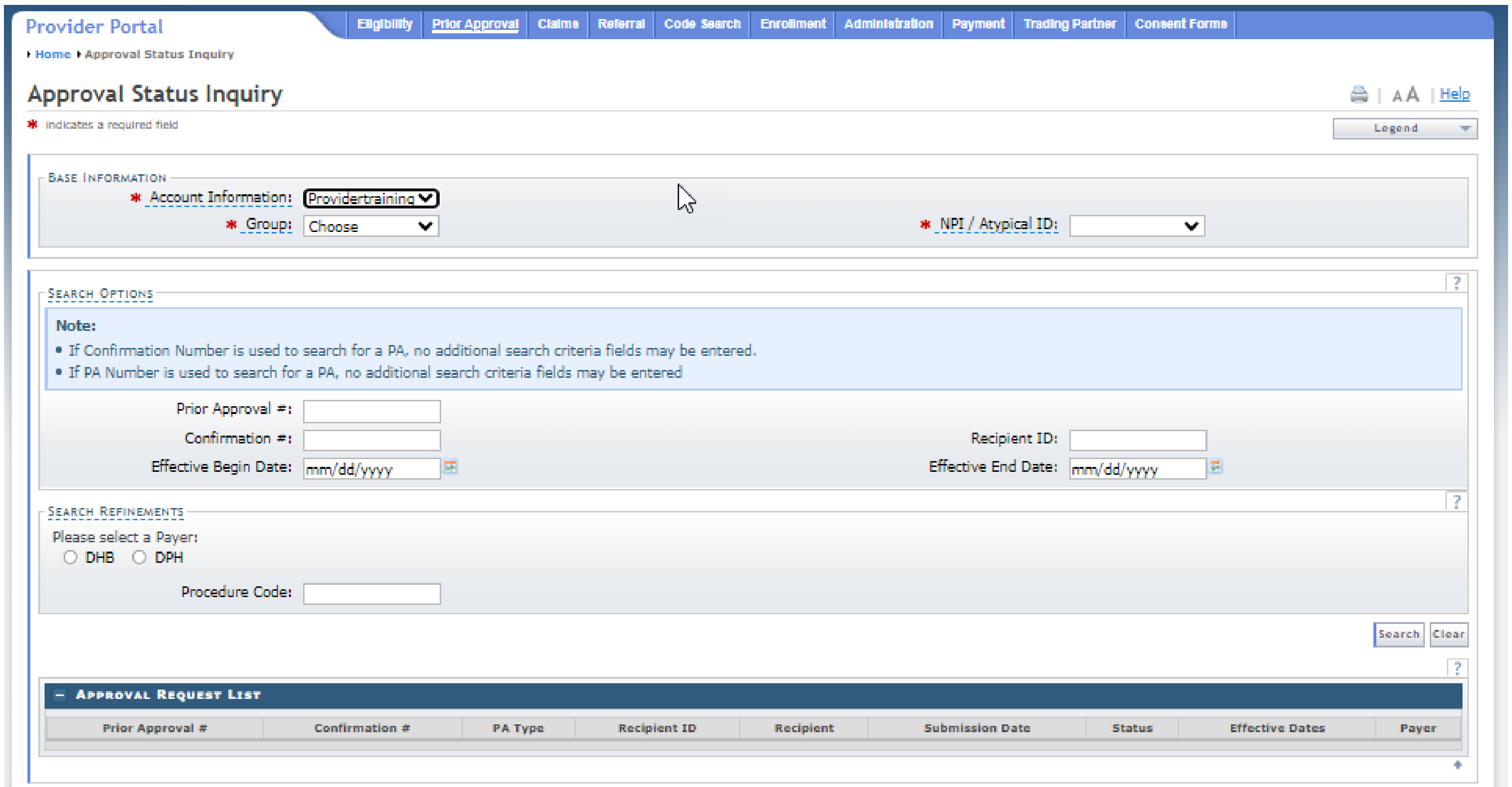


Exhibit 12. Prior Approval Inquiry

The **Prior Approval Inquiry (PA Inquiry)** drop-down menu allows providers to conduct inquiries on PAs where the provider is listed as the submitting, billing, and/or rendering provider. The options available in the **Base Information** section are determined by the user's job responsibilities. The drop-down menu options for the **Account Information**, **Group**, and **NPI/Atypical ID** may vary by the number of accounts to which the provider is associated, the number of group associations within those accounts, and the number of providers within those groups.

NCTracks provides **Search Options** and **Search Refinements** options to allow users to conduct a broad or more specific PA search.

The **Search Options** section allows users to search by entering one of three search criteria:

- **Prior Approval #** only
- **Confirmation #** only
- **Recipient ID** *and* the **Effective Begin Date** and **Effective End Date**

The **Search Refinements** section of the screen is used with the **Recipient ID** and the **Effective Begin Date** and **Effective End Date** fields to search by more-specific PA attributes.

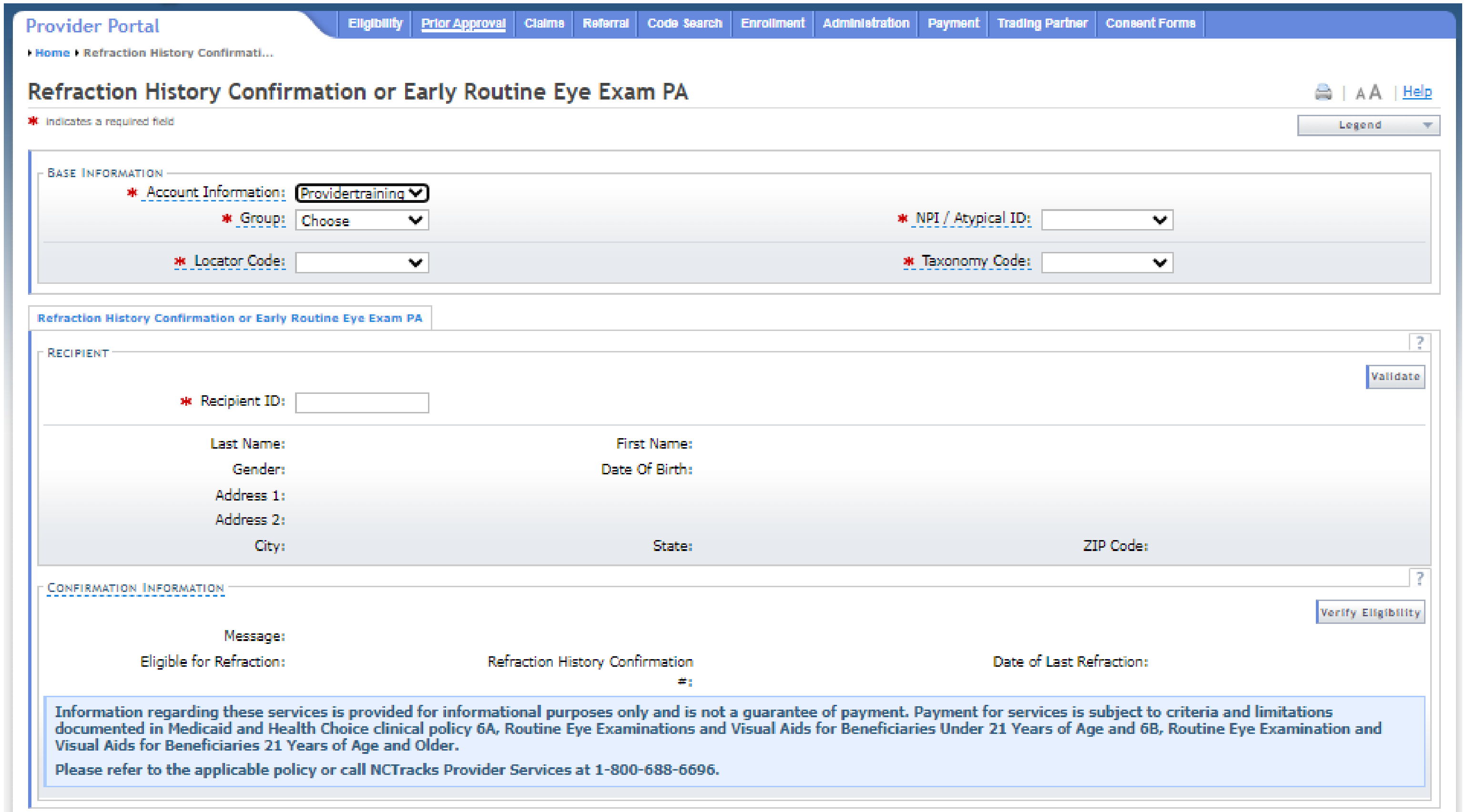


Exhibit 13. PA Refraction Confirmation

Under the **Prior Approval Refraction Confirmation (PA Refraction Confirmation)** drop down menu allows the user to determine if a recipient is eligible for a refraction and to request prior approval for a medically necessary early refraction if the recipient is not eligible.

The **Confirmation Information** section of this screen displays the following results:

- **Message**: Additional information regarding recipient eligibility for refraction confirmation.
- **Eligible for Refraction**: Displays status of refraction eligibility after the **Verify Eligibility** button has been selected.
- **Refraction Confirmation #**: Displays confirmation number if eligible.
- **Date of Last Refraction**: Displays date of last refraction.

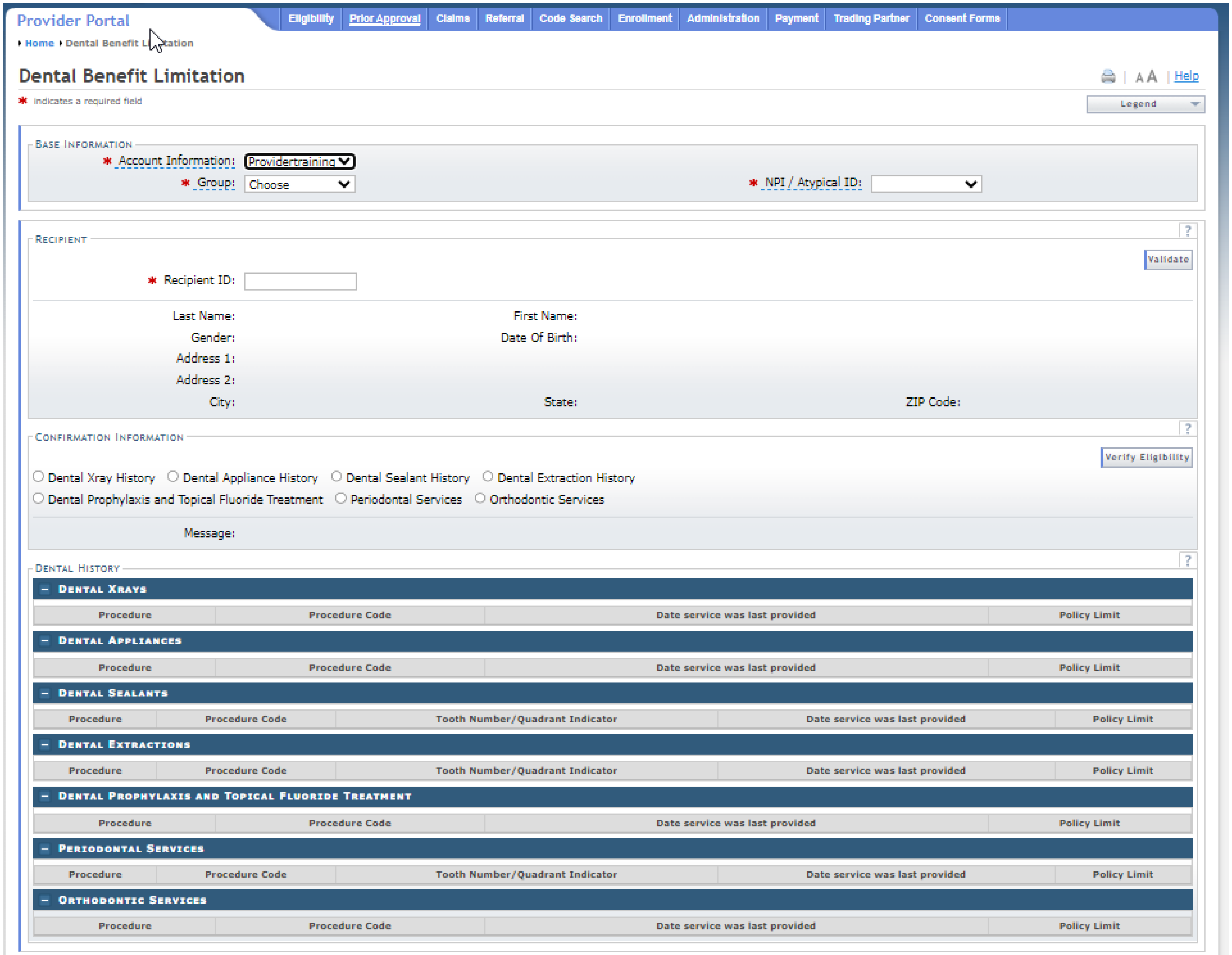


Exhibit 14. PA Dental Limitation

Under the **Prior Approval Dental Limitation (PA Dental Limitation)** drop-down menu, you can view dental service information for a recipient. The **Dental History** section of this screen displays results for fluoride varnish search. This inquiry populates the Procedure, Procedure Code, Tooth Number/Quadrant Indicator, Date service was last provided, and Policy Limit. In this example, there were no services provided. Notice that the section still expands.

The Dental History section for **Dental Prophylaxis and Topical Fluoride Treatment** displays the following inquiry results:

- **Procedure**: Description of procedure codes included in selected dental service group.
- **Procedure Code**: Numeric procedure code included in selected dental service group.
  Note: This number displays only if a corresponding paid claim is found for the recipient.
- **Date service was last provided**: Displays service date from matching paid claims for selected dental service group.
- **Policy Limit**: Details of procedure limits or requirements from Division of Health Benefits (DHB) clinical policy.

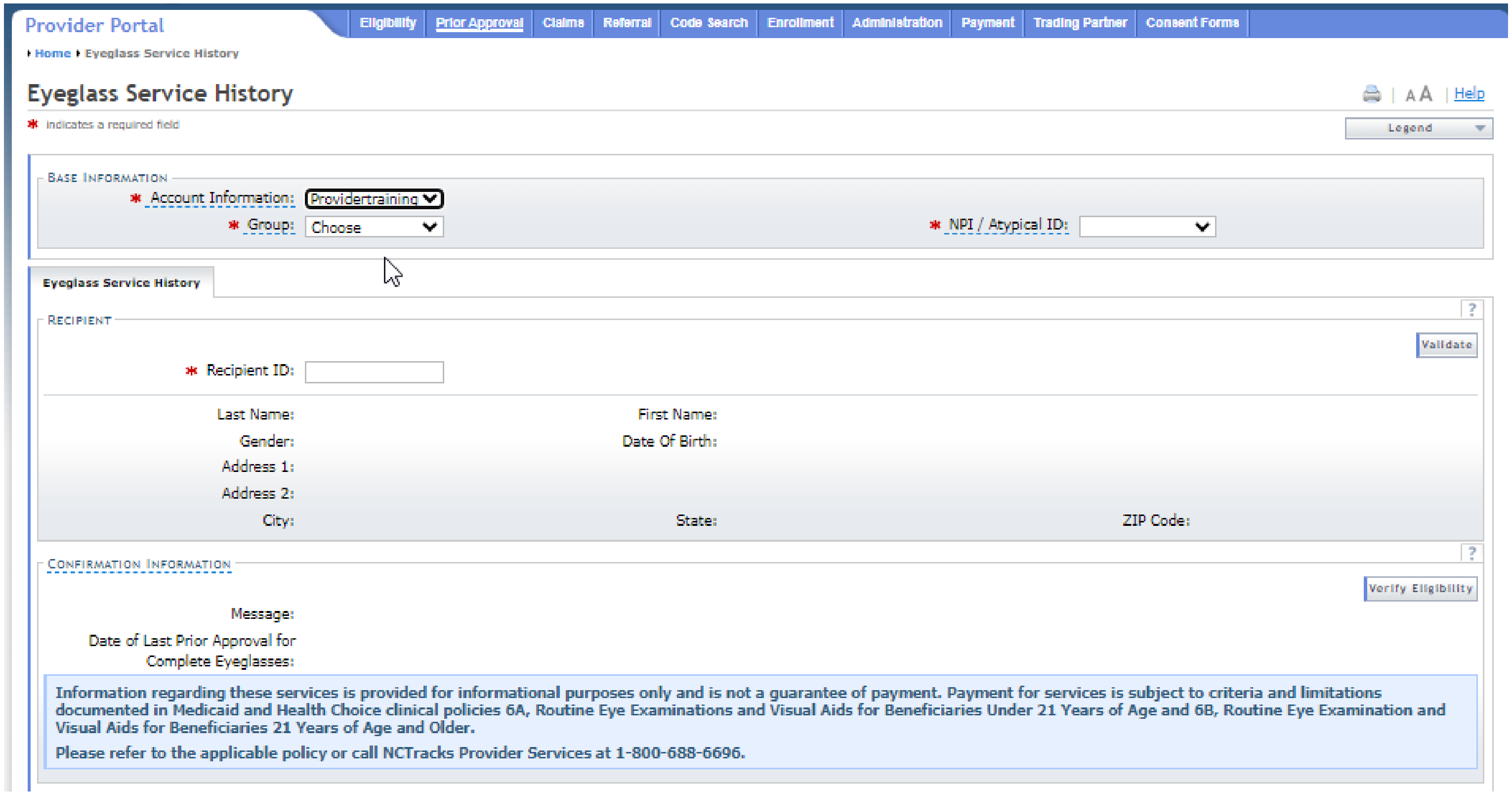


Exhibit 15. Eyeglass Service History

Under the **Eyeglass Service History** drop down menu allows the user to complete an inquiry on a recipient's prior approval history for complete eyeglasses. Please keep in mind that this is an inquiry, not a prior approval. All eyeglasses still require prior approval and must be entered under the **PA Entry** option.

The **Confirmation Information** section of this screen displays the following results:

- **Message**: Additional information regarding recipient eligibility for eyeglasses.
- **Date of Last Prior Approval for Complete Eyeglasses**: Begin date of most recent prior approval for complete eyeglasses for entered recipient.

The eyeglass inquiry is specific to approved PAs for complete eyeglasses with an effective begin date within a year from the inquiry date; only those results will be returned, not the last PA in the system. Note: The NPI on the PA and the claim must be the same.

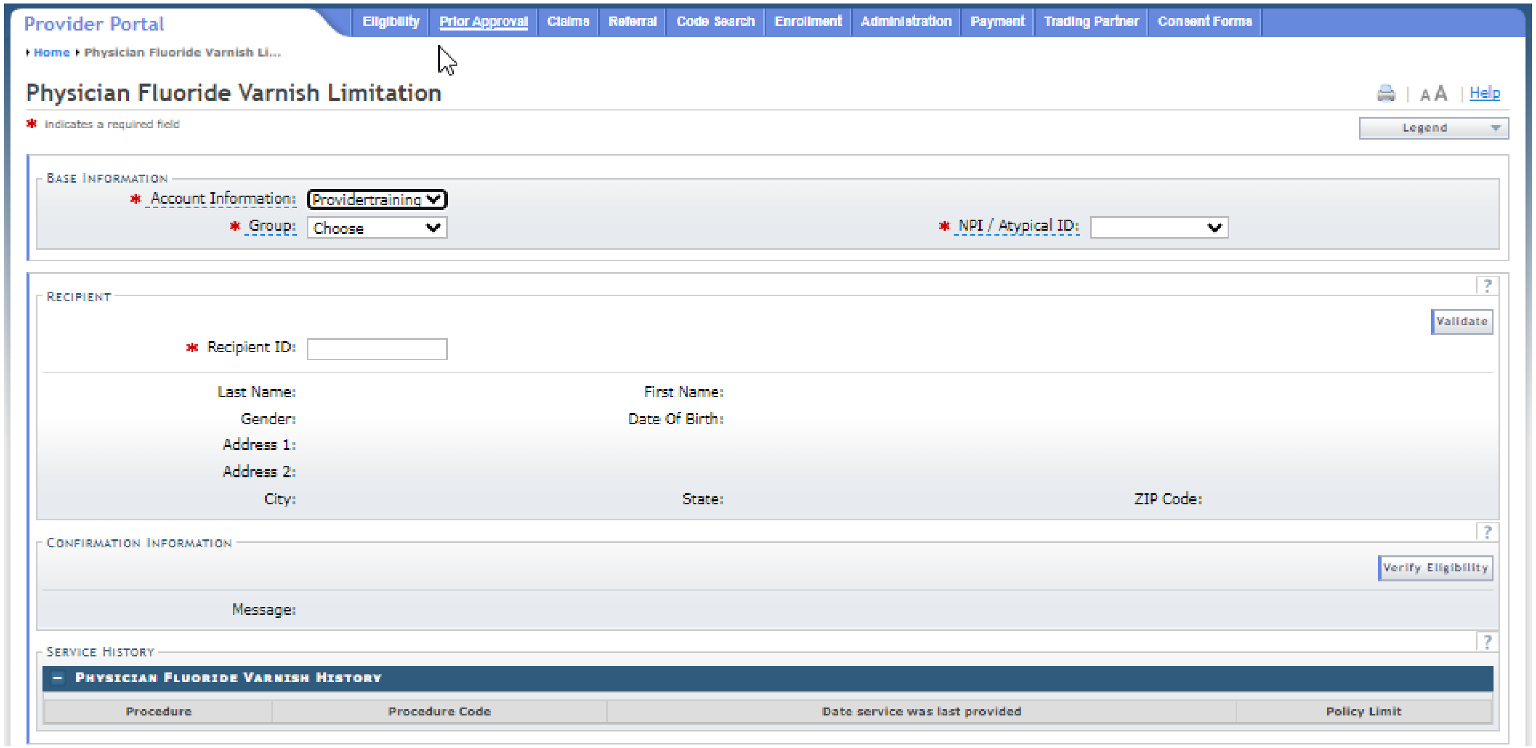


Exhibit 16. Physician Fluoride Varnish Limitation

Under the **Physician Fluoride Varnish Limitation** drop-down menu allows the user to inquire on a recipient's service history of fluoride varnish treatments. Fluoride varnish is the standard topical fluoride treatment for children under 3.5 years of age. A physician or oral surgeon must apply the fluoride varnish. Before rendering a fluoride varnish for a child, since this service is limited per policy, a physician may want to see if the child is eligible for service to ensure payment.

Users are able to conduct Physician Fluoride Varnish Limitation inquiries using the NCTracks Provider Portal.

The benefit of this change is that providers are able to inquire on these services as needed without having to contact the NCTracks Call Center. Providers will be able to see when these services were provided.

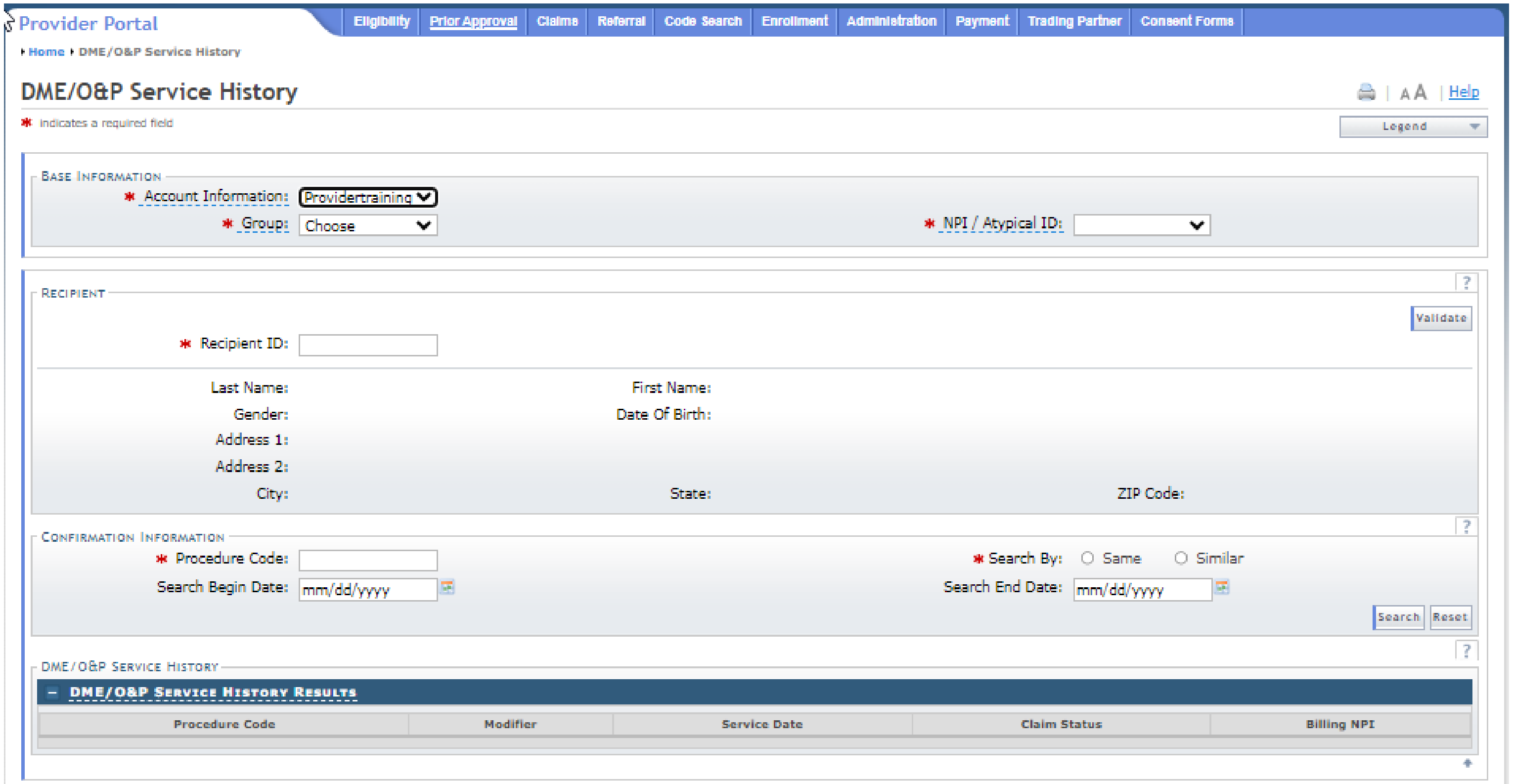


Exhibit 17. DME/O&P Service History

The **DME/O&P Service History** drop-down menu allows the user to inquire on DME/O&P claims submitted to NCTracks for a recipient and identified procedure code or procedure code group. Currently, providers contact the Call Center to inquire if services have been provided by another provider within a specific time limit. For example, a recipient has an order for CPAP machine; however, the provider is unable to verify if another provider has already provided the machine within the time limit.

DME/O&P providers can now inquire via NCTracks without contacting the Call Center. For example, the provider is able to see if another provider has already ordered a CPAP machine for the recipient within the time limit.

The benefit of this change is that providers can inquire on the same and similar procedure codes. You are now able to see in the system if another provider has provided the service and you need to proceed according to your policy (as you would if you had contacted NCTracks). There is a table of same and similar codes so you can tell what has previously been provided to a recipient and who provided it.

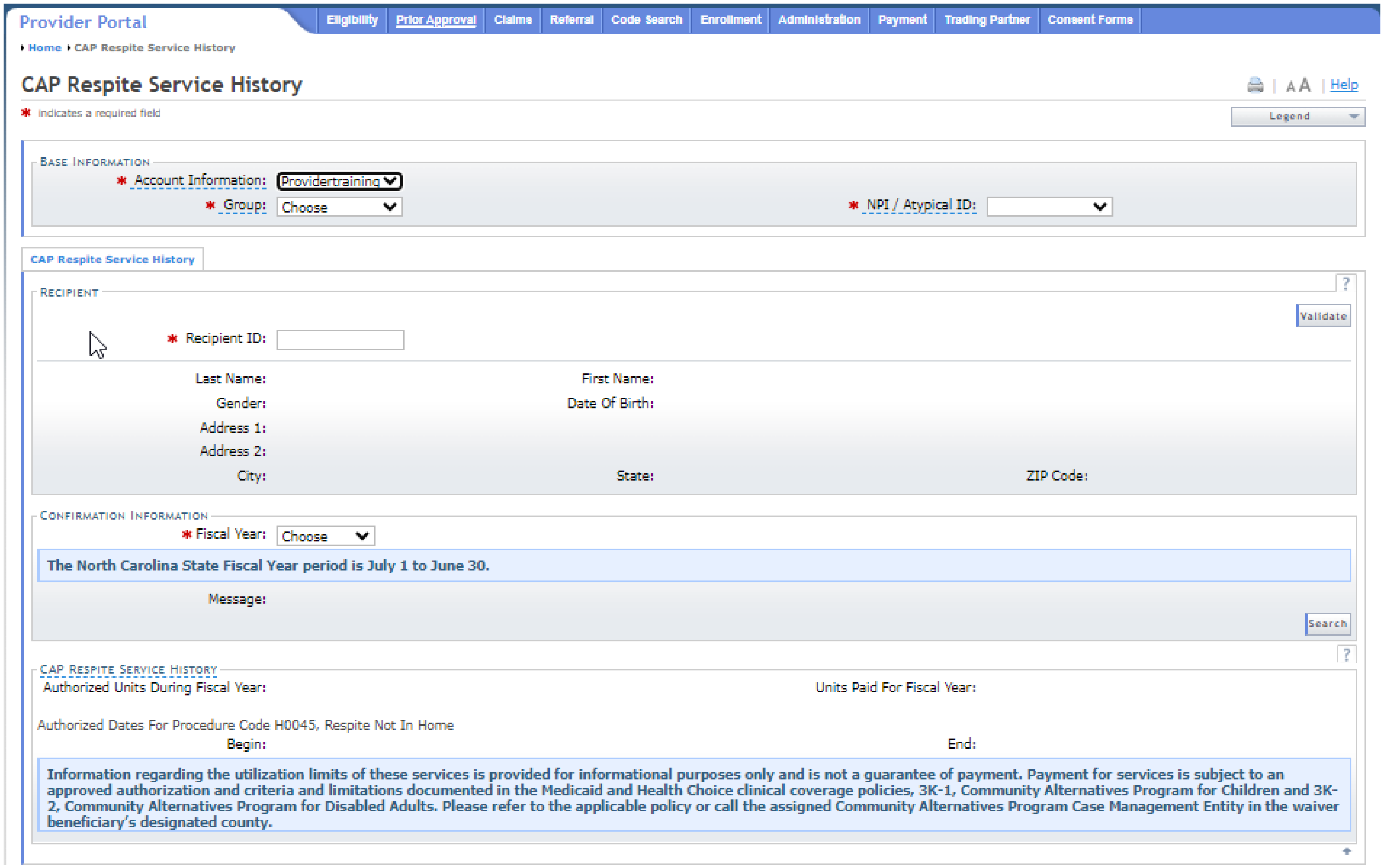

Provider Portal
Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms
Home > CAP Respite Service History
CAP Respite Service History
Help
* indicates a required field
Legend
Base Information
* Account Information: Providertraining
* Group: Choose
* NPI / Atypical ID:
CAP Respite Service History
Recipient
Validate
* Recipient ID:
Last Name:
First Name:
Gender:
Date Of Birth:
Address 1:
Address 2:
City:
State:
ZIP Code:
Confirmation Information
* Fiscal Year: Choose
The North Carolina State Fiscal Year period is July 1 to June 30.
Message:
Search
CAP Respite Service History
Authorized Units During Fiscal Year:
Units Paid For Fiscal Year:
Authorized Dates For Procedure Code H0045, Respite Not In Home
Begin:
End:
Information regarding the utilization limits of these services is provided for informational purposes only and is not a guarantee of payment. Payment for services is subject to an approved authorization and criteria and limitations documented in the Medicaid and Health Choice clinical coverage policies, 3K-1, Community Alternatives Program for Children and 3K-2, Community Alternatives Program for Disabled Adults. Please refer to the applicable policy or call the assigned Community Alternatives Program Case Management Entity in the waiver beneficiary's designated county.

Exhibit 18. CAP Respite Service History

Under the **CAP Respite Service History** drop-down menu users selecting the CAP Respite Service Inquiry option from the home page will be directed to this page to perform the inquiry. To perform the inquiry, the recipient number must be entered and validated, then the fiscal year selected. Often, multiple providers render respite services for a single recipient. Currently, providers are being denied payment of authorized units that exceed the yearly limit of CAP respite hours because providers are not always aware of care rendered by other providers and authorizations across all providers are not limited to the yearly limit. The CAP Respite service history inquiry will inform providers of all respite services, across all providers, authorized and used to date for a recipient within the inquiry period.

Only providers associated with approved authorizations during the inquiry period can obtain the authorized and used units totals via the CAP Respite service history inquiry.

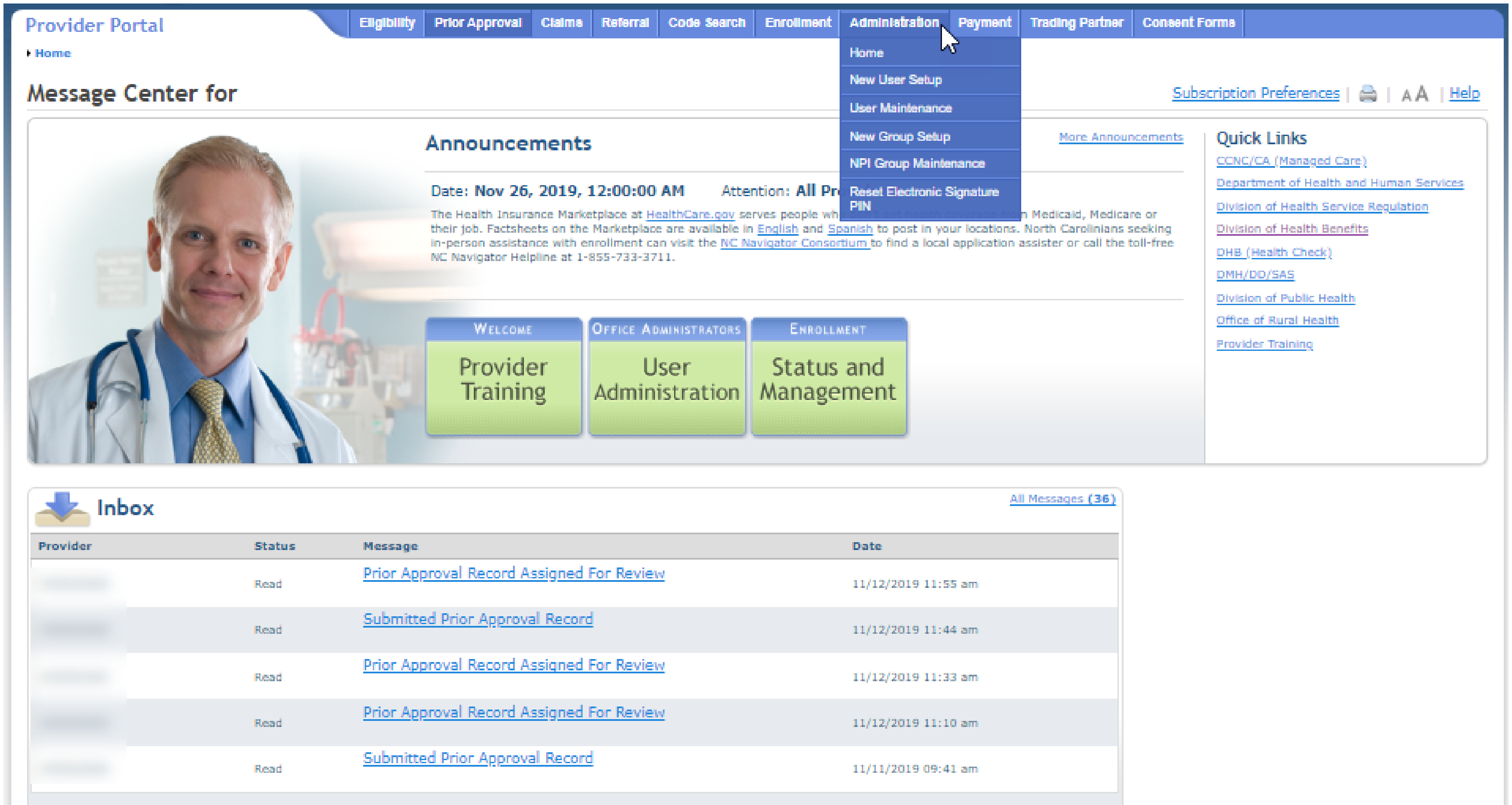


Exhibit 19. Claims

Providers use the **Claims** drop-down menu to check claim status, search for **Claims Drafts**, reverse Pharmacy Claims, and create Pharmacy, Professional, Dental, and Institutional Claims. You also have the ability to complete a **Medication History Inquiry** and **Medication History Reply**. Resources can be found in SkillPort and on the [Provider Public Pages]() that detail the specifics of these claim functions.

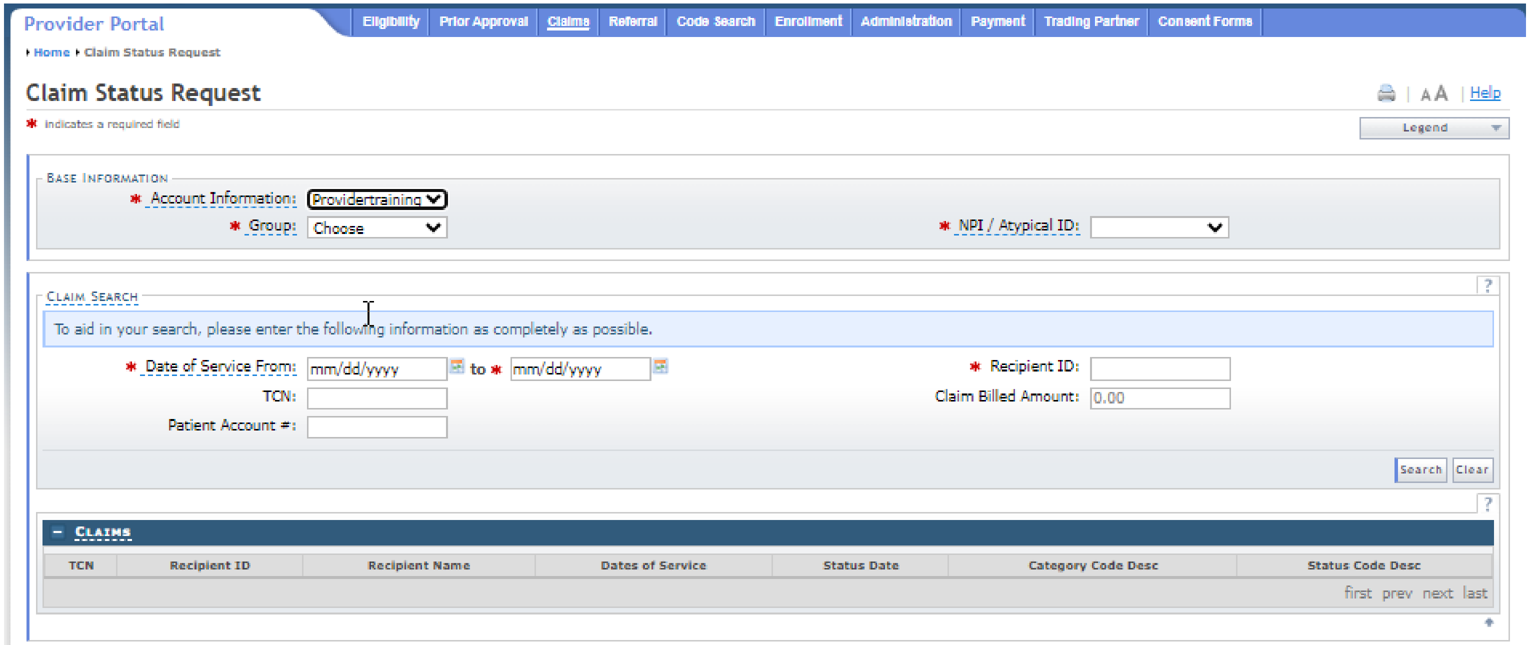


Exhibit 20. Claim Status

Under the **Claim Status** drop-down menu, you can submit a request on the status of a claim. The **Claim Status Request** page has three sections: **Base Information**, **Claim Search**, and **Claims (Results)**. The required fields are Dates of Service (From and To) and Recipient ID. Use more fields to return a quicker and more accurate response. All required fields are denoted by a red asterisk.

The results are displayed in the **Claims** section showing the Transaction Control Number (TCN), Recipient ID, Recipient Name, Dates of Service, Status Date, Category Code Description, and Status Code Description.

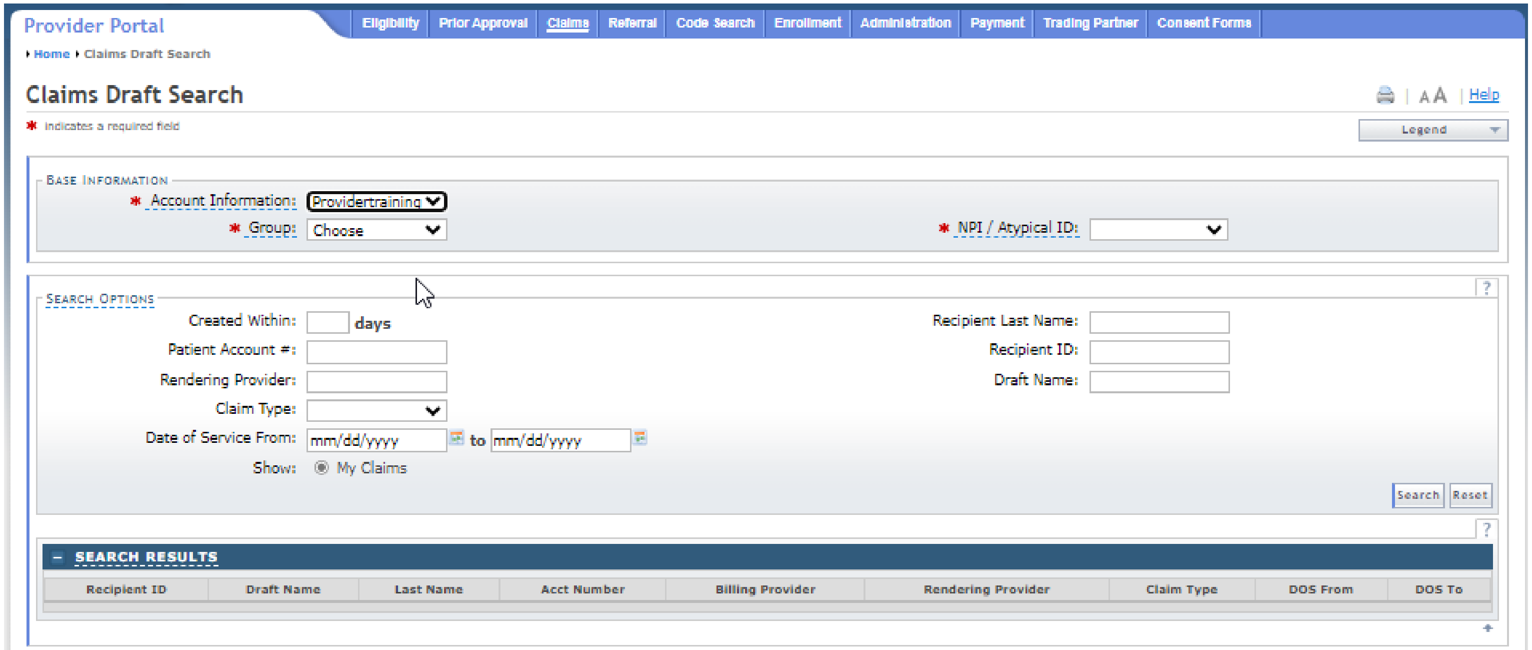


Exhibit 21. Claim Draft Search

The **Claim Draft Search** drop-down menu allows users to find and manage draft claims within NCTracks.

The Claim Draft Search is a three-step process:

1. Verify the Account Information: User, Group, and NPI/Atypical ID.
2. Enter the search options: Created Within days, Recipient Last Name, Patient Account #, Recipient ID, Rendering Provider, Claim Type. Date(s) of Service and you can Show: My Claims or All Viewable Claims.
3. Initiate the search.

The results display in the **Search Results** section showing the Recipient ID, Draft Name, Last Name, Acct Number, Billing Provider, Rendering Provider, Claim Type, DOS From, and DOS To. Locate the Draft Name and select the hyperlinked value in the Recipient ID column to view the contents of that claim.

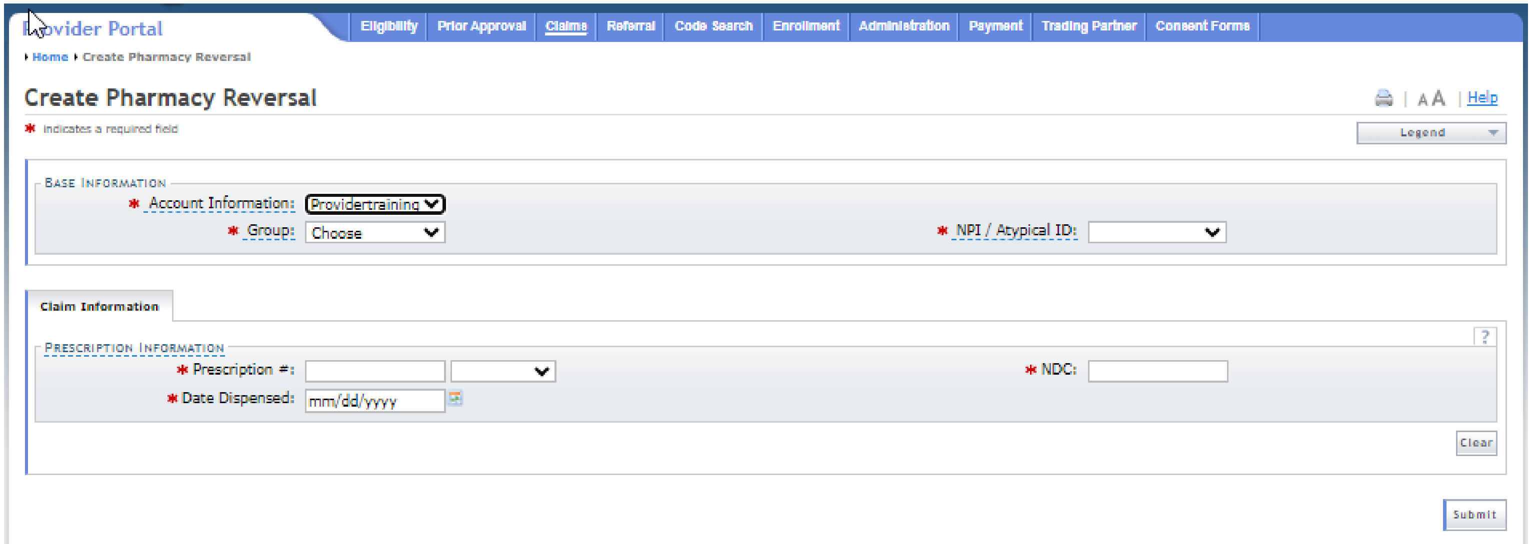


Exhibit 22. Pharmacy Claim Reversal

The **Pharmacy Claim Reversal** drop-down menu is used to reverse claims previously entered in NCTracks. To reverse, you will need to know the claim **Pharmacy's NPI** number, **Prescription number**, and **Date Dispensed**.

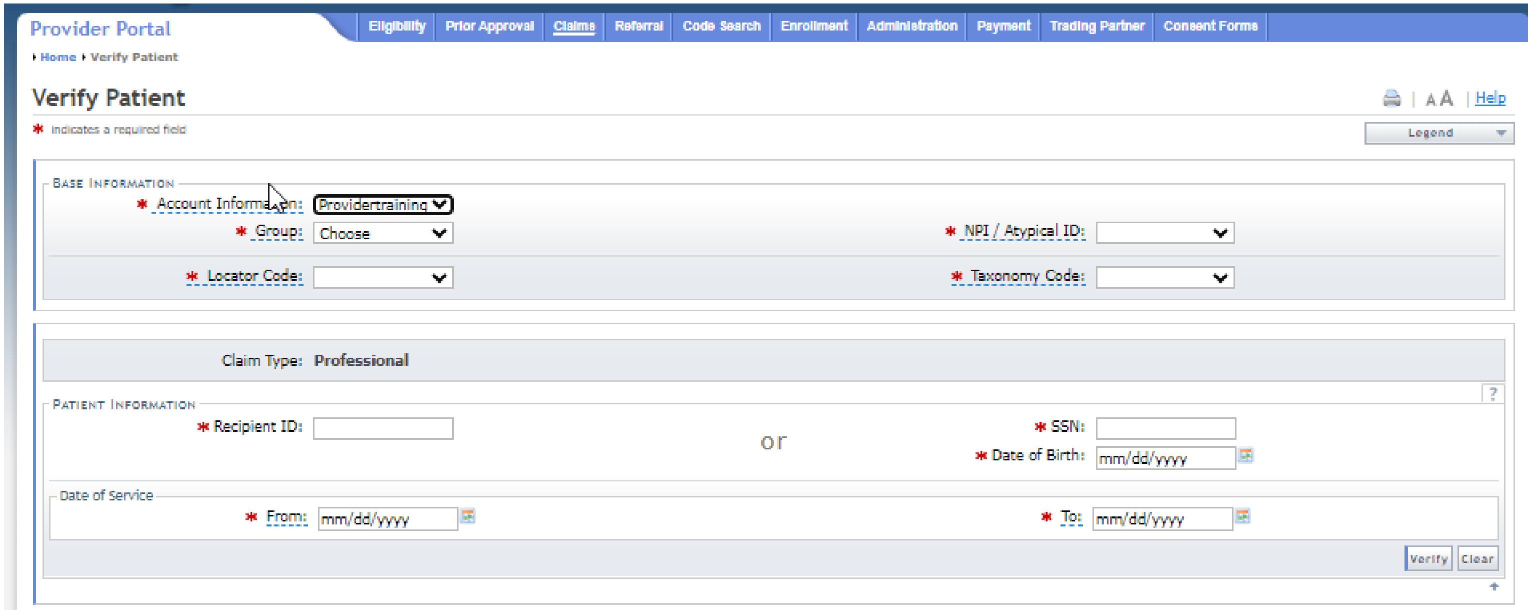


Exhibit 23. Create Professional Claim

The NCTracks interactive claim submission system supplies a secure-access, browser-based application for providers to submit claims transactions to the system. The claims system is an electronic version of the Professional (1500/837P) Claims form. Claims are submitted in real time, which means the user receives an immediate status notification of the claim (paid, denied, or pending).

Professional claims are those involving all non-institutional providers, i.e., Practitioner, Private Duty Nursing, Personal Care Services, Independent Laboratory, and Mental Health. They are classified by HIPAA 837P transactions or based on form CMS-1500 for standard Professional claims.

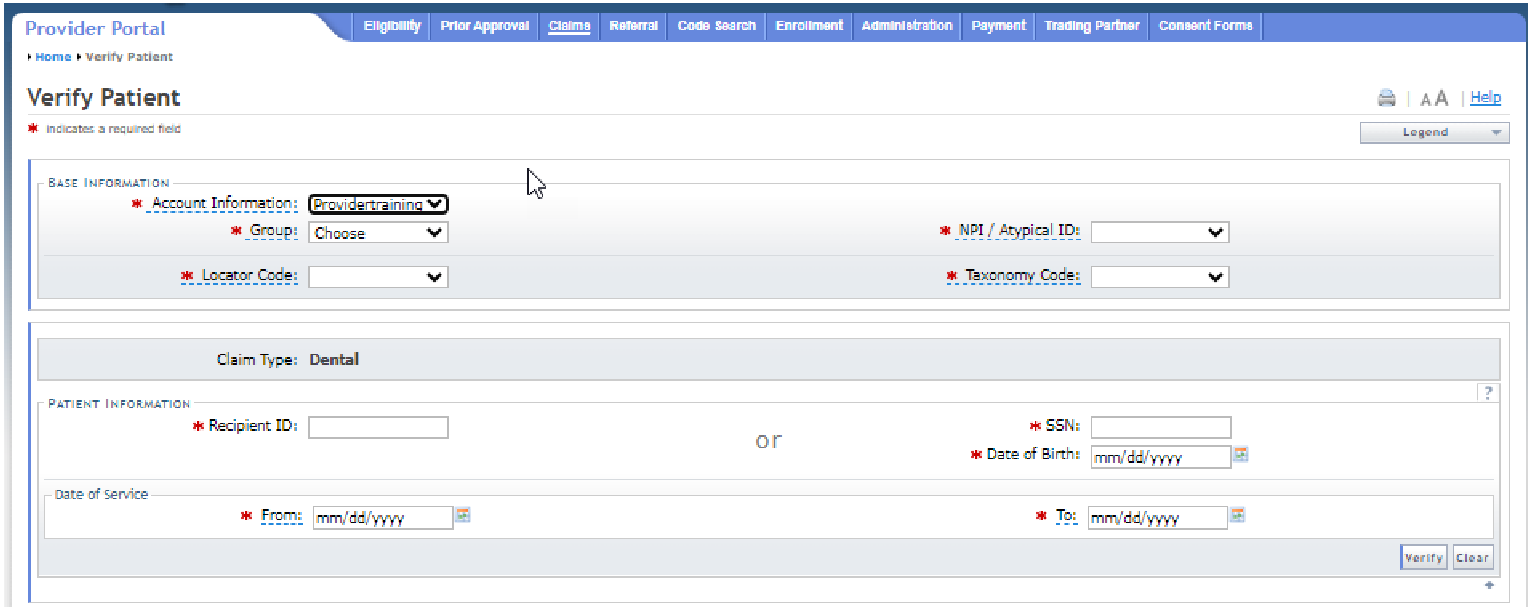


Exhibit 24. Create Dental Claim

The NCTracks interactive Claim Submission System supplies a secure-access, browser-based application for providers to enter claims transactions. This claims systems is an electronic version of the **Dental (ADA 2006/837D) Claim** form. Claims are submitted real-time, which means the user receives an immediate status notification of the claim (paid, denied, or pending).

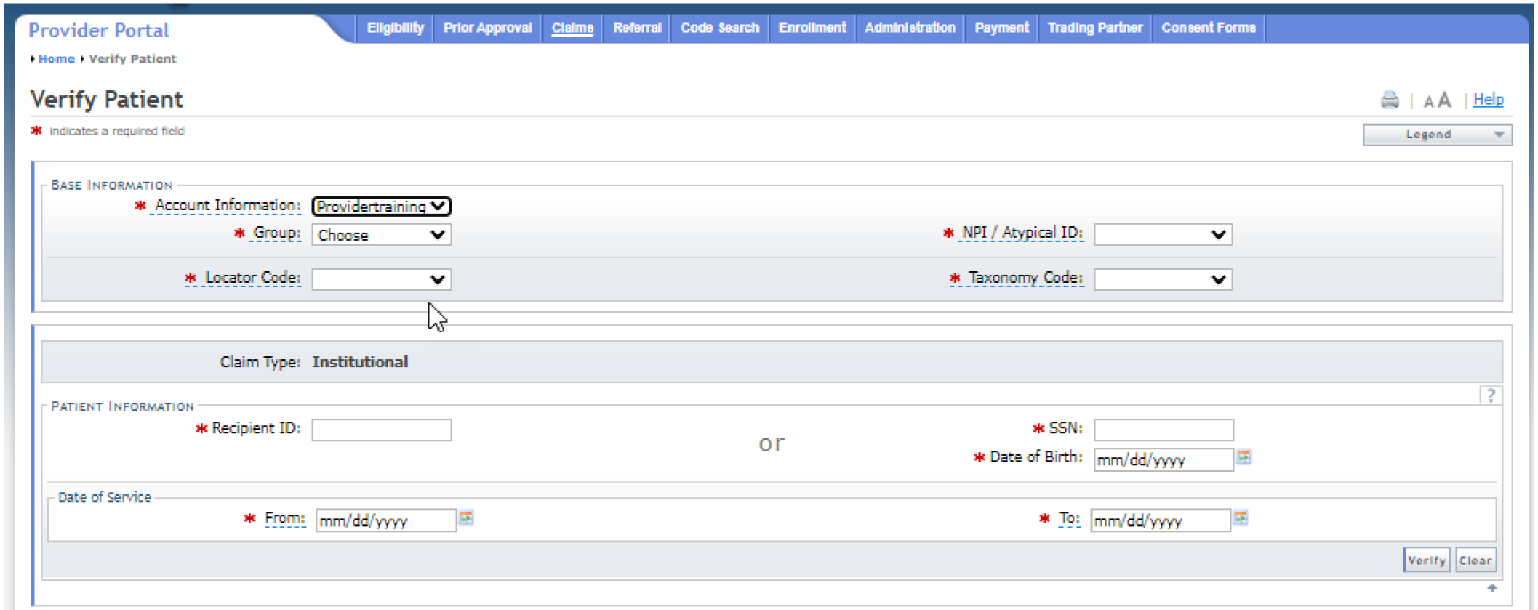


Exhibit 25. Create Institutional Claim

The NCTracks interactive claim submission system supplies a secure-access, browser-based application for providers to submit claims transactions to the system. The claims system is an electronic version of the **Institutional (UB-04/837I) Claim** form. Claims are submitted real-time, which means the user receives an immediate status notification of the claim (paid, denied, or pending).

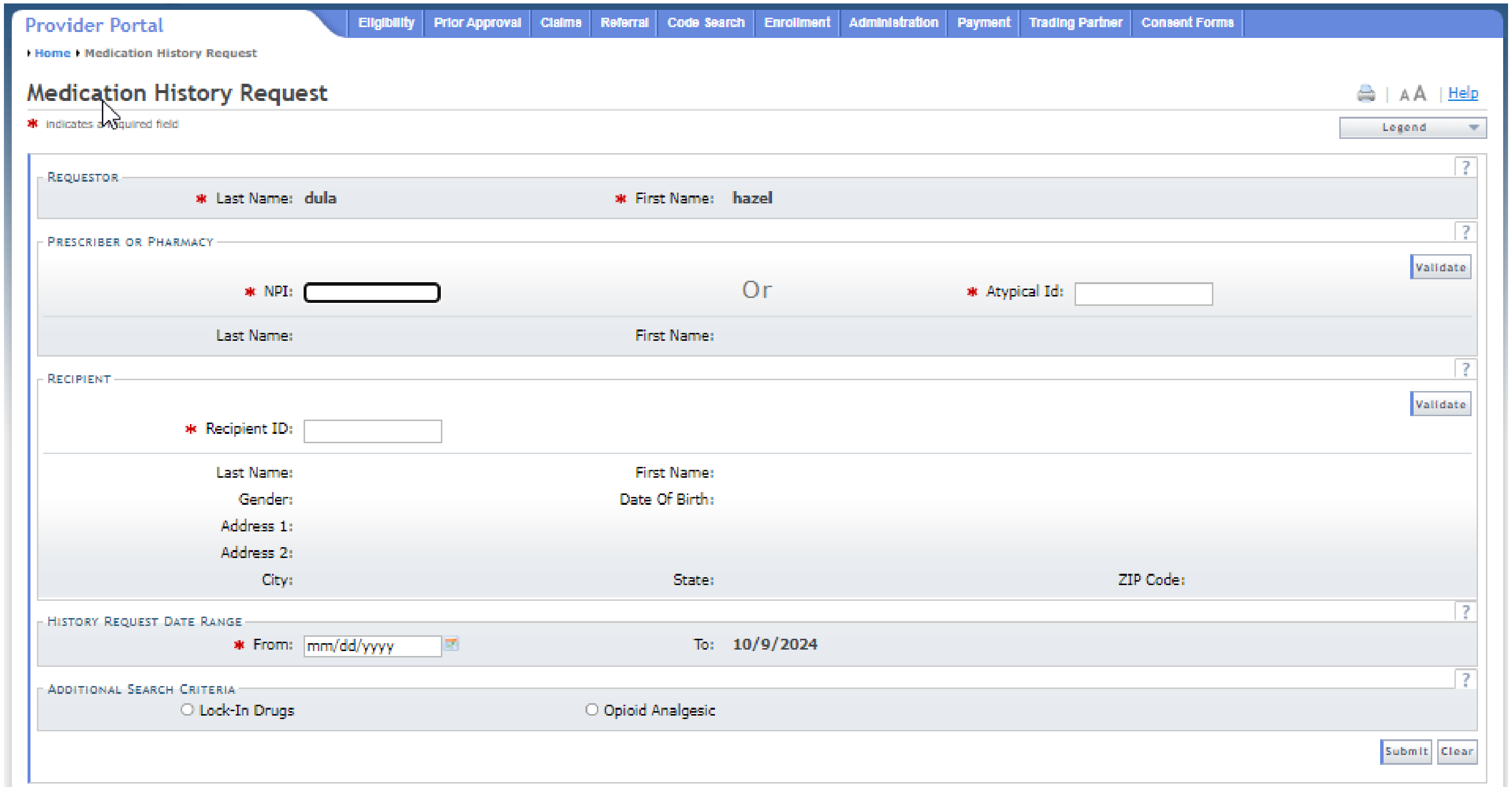


Exhibit 26. Medication History Inquiry

Under the **Medication History Inquiry** drop-down menu, providers will have the ability to request paid (claim) prescription history for 180 days utilizing the Provider Portal.

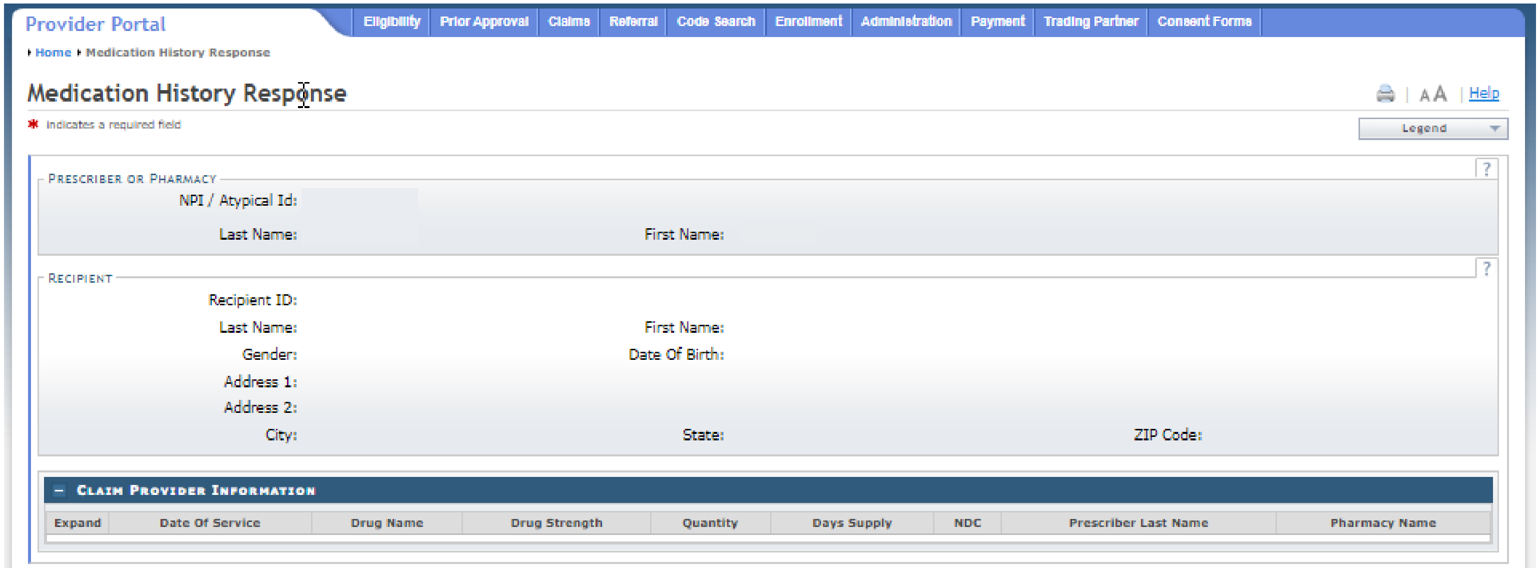


Exhibit 27. Medication History Reply

The **Medication History Reply** drop-down menu displays prescription history for 180 days utilizing the Provider Portal.

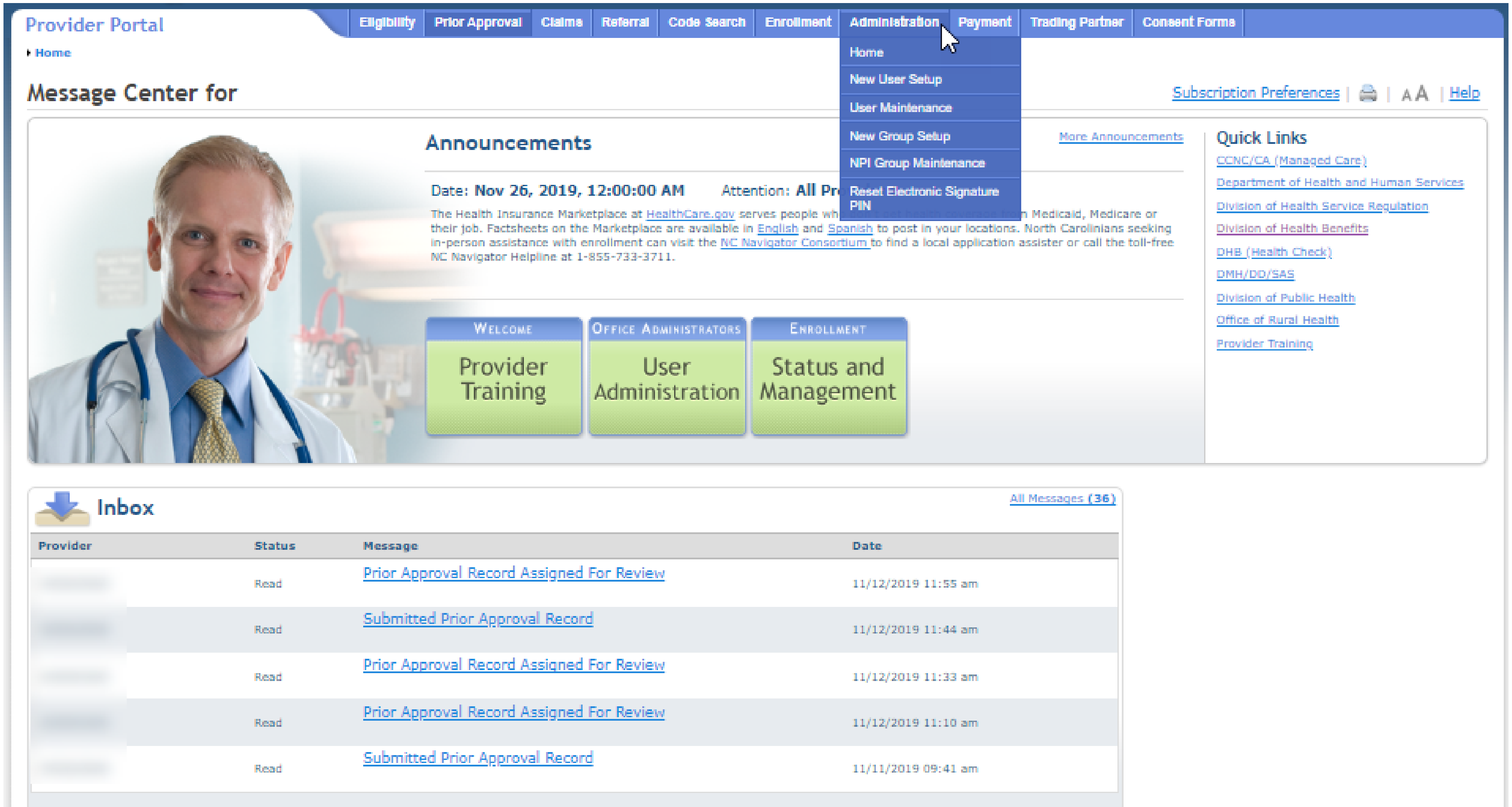


Exhibit 28. Referral

Providers can enter and inquire about referrals related to a recipient in the **Referral** drop down menu.

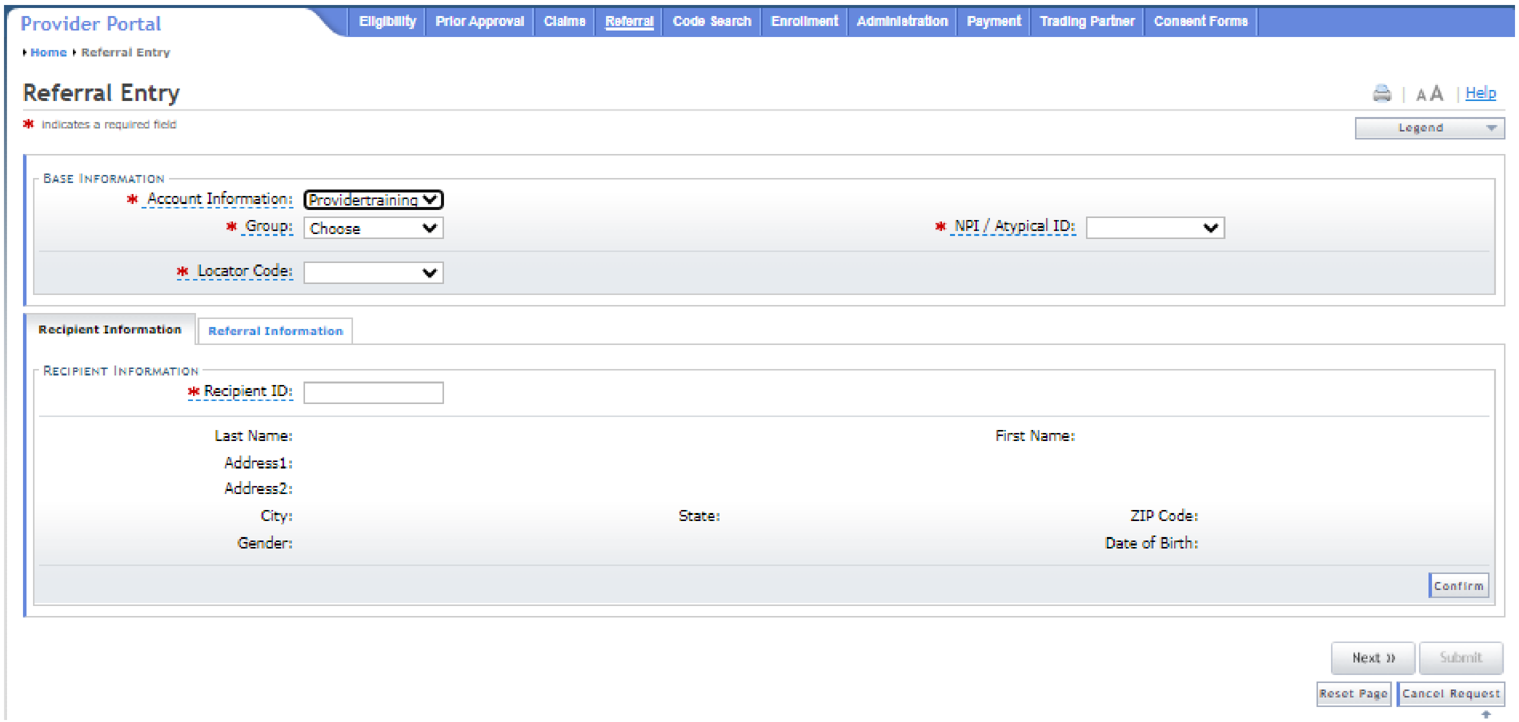


Exhibit 29. Referral Entry

The **Referral Entry** drop-down menu allows you to submit Tribal Referrals and inquire about Tribal Referrals and Overrides.

Follow these steps to submit a Referral Entry:

1. Referral Entity: Allows authorized users to add a new Tribal Referral.
2. Referral Type: Select a **service** option from the referral drop-down list.
3. Mental Health: Indicate if it is a **mental health** referral.

Reason: Select the **reason** for the mental health referral from the drop-down list. **Note**: The Reason drop-down menu option only appears after the user has checked the checkbox next to the Referral Type field.

- # of Visits: Enter the number of visits being referred or select the **Unlimited Visits** checkbox if the number of visits is unlimited.

- If the **tribal referral** option is selected, the number of units defaults to unlimited. The user cannot enter a number of units.

- Effective Begin Date: Enter the **date** the evaluation and/or treatment is expected to begin.
- Effective End Date: Enter the **date** the evaluation and/or treatment is expected to end.
- Notes: Enter **additional information** about the referral. Any information entered in this field is visible by the referred to provider when they inquire about the referral entry.

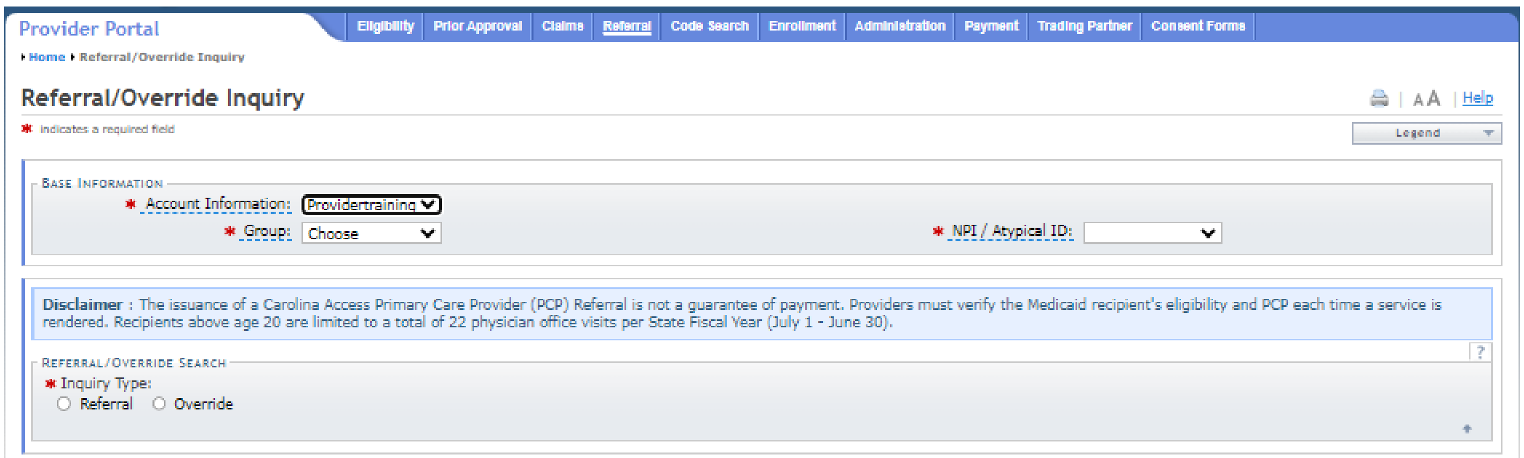


Exhibit 30. Referral Inquiry

The **Referral Inquiry** screen is used for inquiring about Tribal Referrals and Overrides. From the **Provider Portal**, users can access the **Referral Inquiry** screen to begin the inquiry.

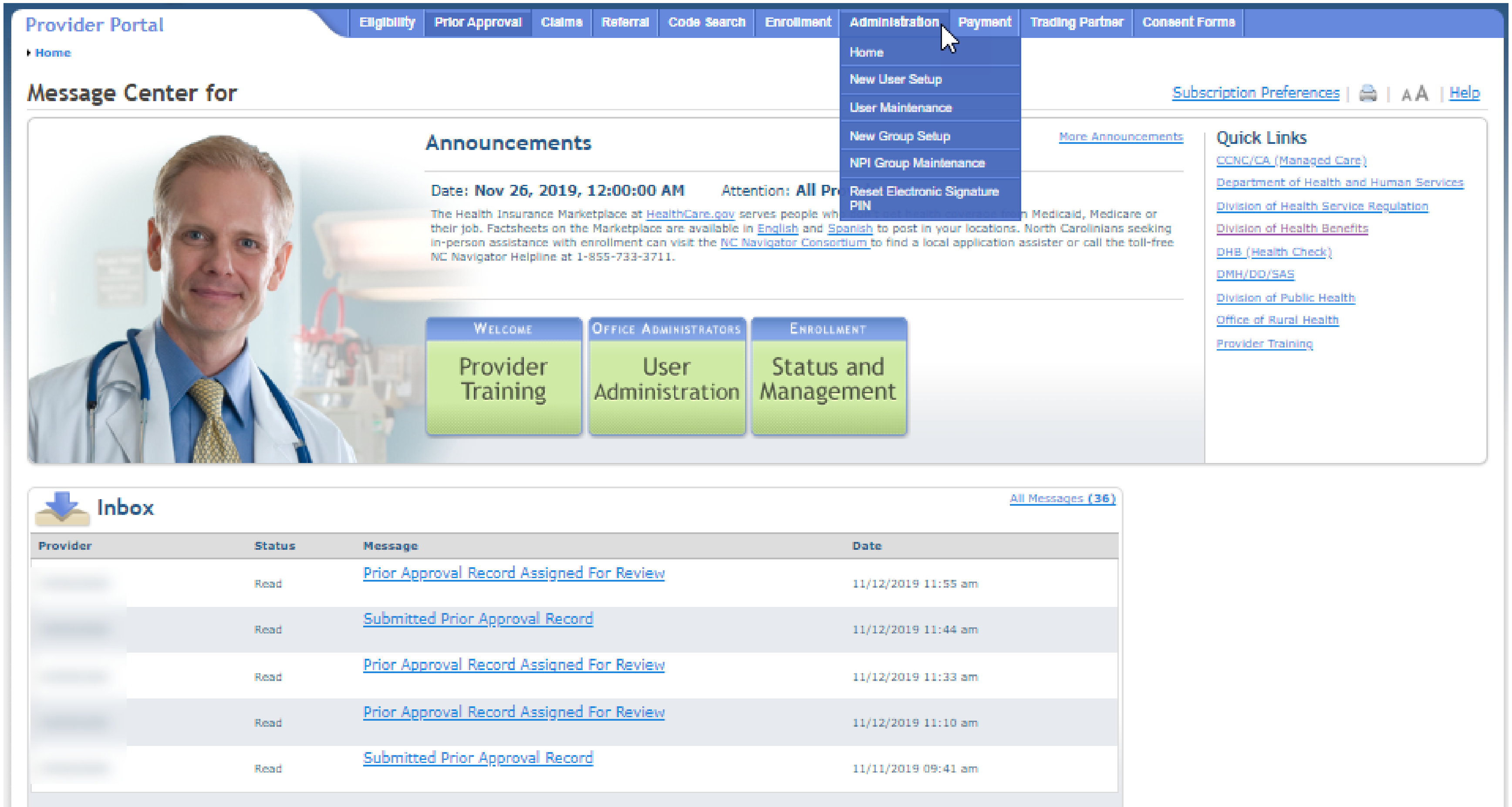


Exhibit 31. Code Search

The Procedure Code Inquiry pages provide authorized users the ability to inquire on Procedure Code data. As an authorized user, you will receive immediate confirmation of valid modifiers, valid procedure code/modifier combinations, and procedure codes requiring prior approval. Immediate notification is received when attempting to enter incorrect or inconsistent data.

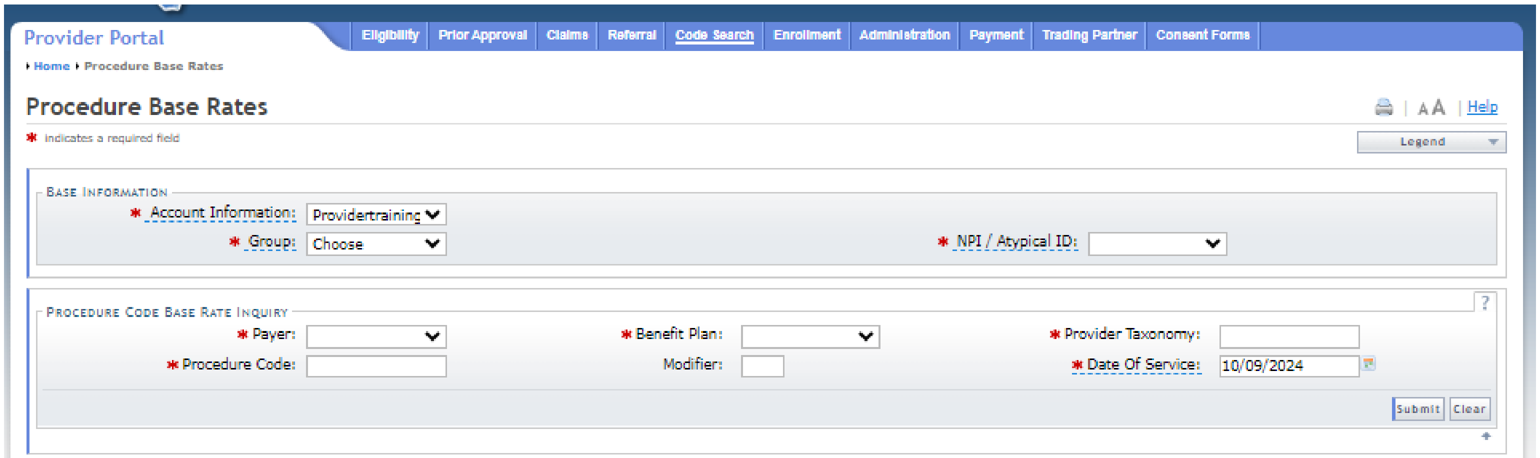


Exhibit 32. Procedure Base Rates

The **Procedure Base Rates** drop-down menu allows you to find base rates for covered procedure codes and base rates for procedure codes covered through the Community Alternatives Programs (CAP).

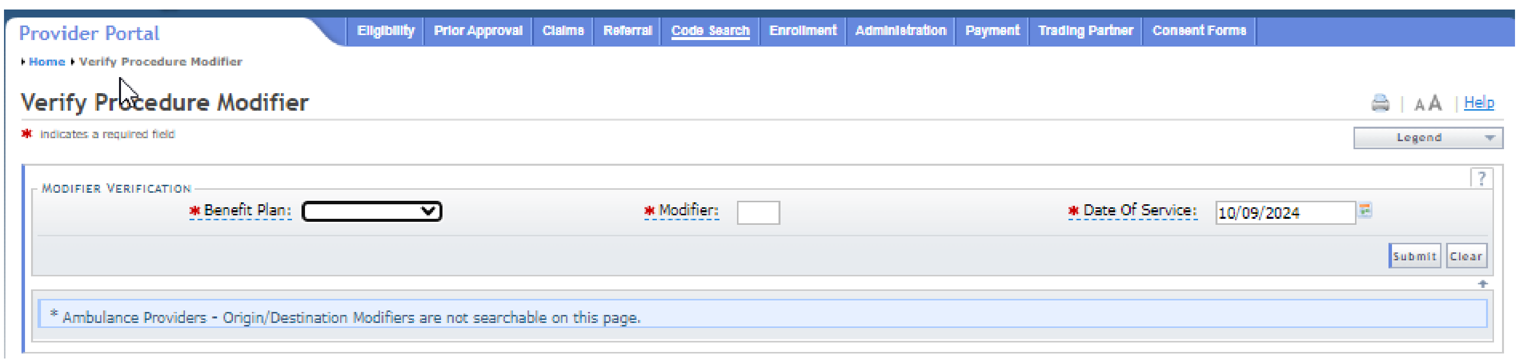


Exhibit 33. Verify Procedure Modifier

Under the **Verify Procedure Modifier** drop-down menu you can perform the following actions:

- Initiate Verification of Procedure Modifier
- Verify Procedure Modifier
- Access Procedure Modifier
- View Procedure Modifier details

> *An important reminder regarding the Verify Procedure Modifier page:*
> *The Procedure Modifier Verification allows the user to verify that a modifier is valid for a procedure code covered by a specific payer and benefit plan for a selected date of service.*

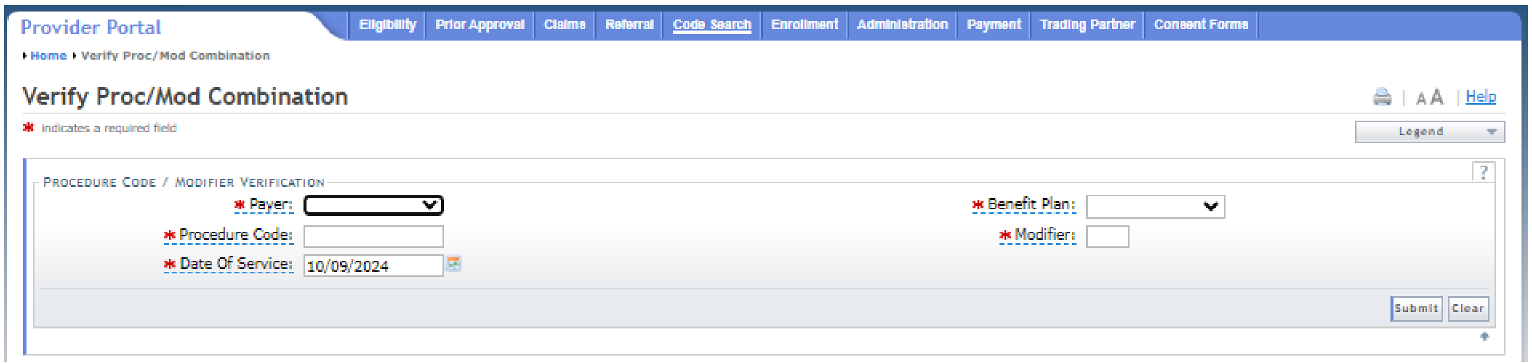


Exhibit 34. Verify Proc/Mod Combination

Using the **Verify Proc/Mod Combination** drop-down menu you can perform the following actions:

- Initiate Verification of Procedure Code/Modifier Combination
- Verify Procedure Code/Modifier Combination
- Access Procedure Code/Modifier Combination
- View Procedure Code/Modifier Combination details

An important reminder regarding the Verify Procedure Code/Modifier Combination page:
The Procedure Code/Modifier Combination Verification allows the users to verify that a modifier is valid for a procedure code covered by a specific payer and benefit plan for the selected date of service.

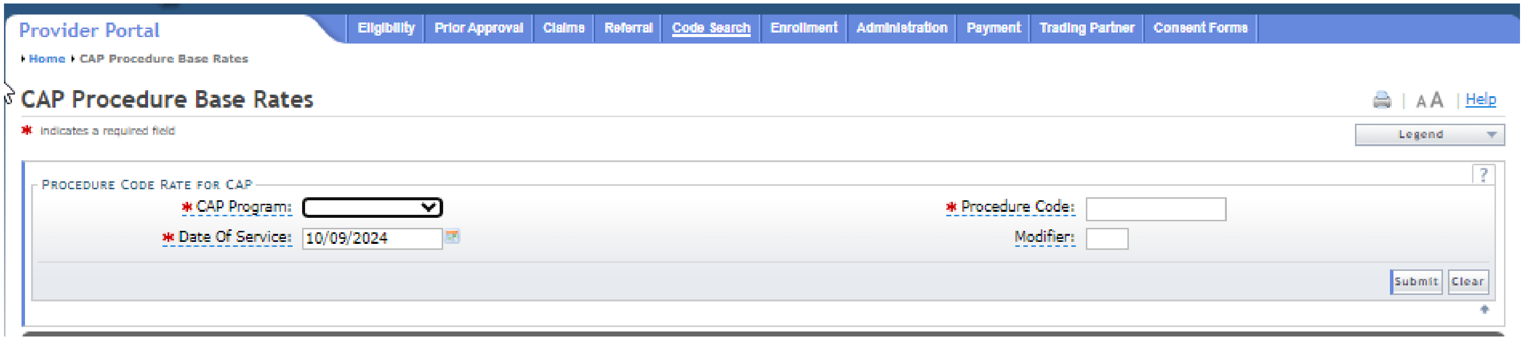


Exhibit 35. CAP Procedure Base Rates

The **CAP Procedure Base Rates** drop-down menu allows you to find base rates for covered procedure codes and base rates for procedure codes covered through the **Community Alternatives Programs (CAP)**.

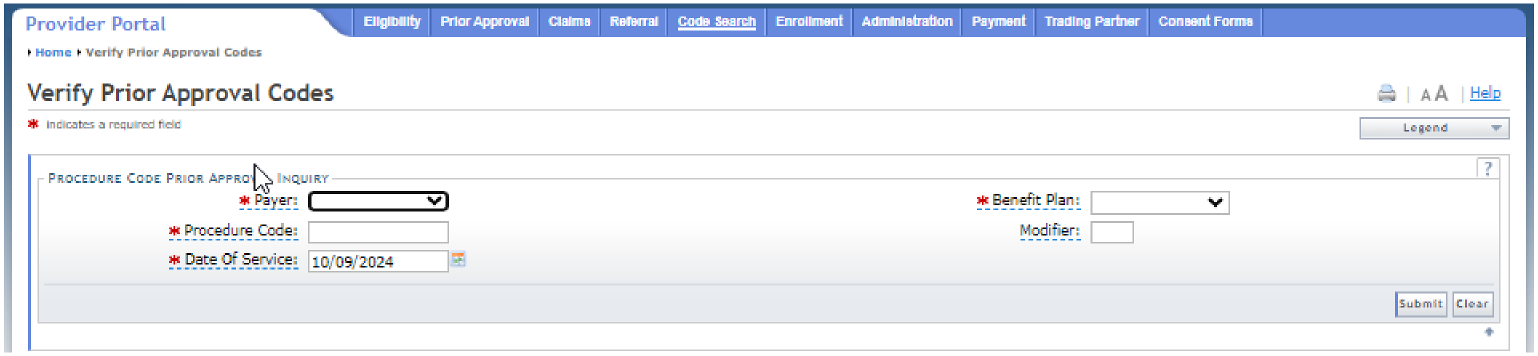


Exhibit 36. Verify Prior Approval Codes

Using the **Verify Prior Approval Codes** drop-down menu, you can:

- Initiate Verification of Prior Approval Codes
- Verify Prior Approval Codes
- Access Prior Approval Codes
- View Prior Approval details

An important reminder regarding the Verify Prior Approval Codes page:
The Procedure Code Prior Approval Inquiry allows users to determine whether prior approval is required for a procedure code covered by a specific payer and benefit plan on the selected date of service.

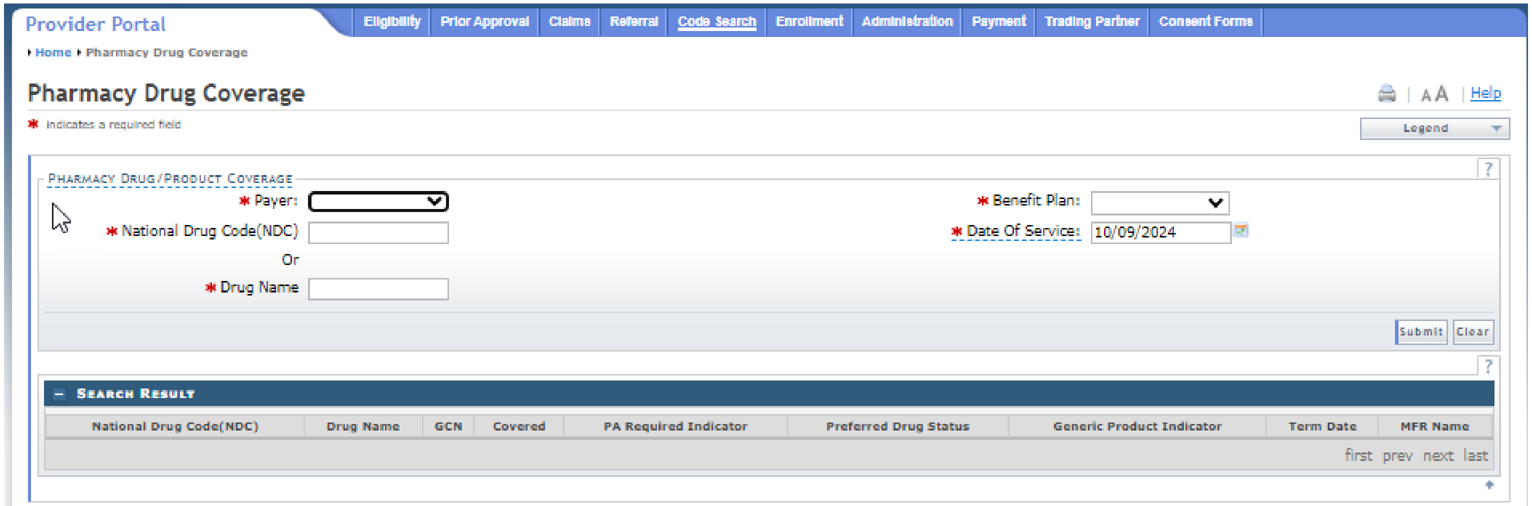


Exhibit 37. Pharmacy Drug Coverage

Pharmacy Drug Coverage Inquiry via the Provider portal allows a provider to verify that a specific NC DHHS payer covers a drug/product for a date of service. Users must select a payer and benefit plan then enter in a valid 11-digit NDC (National Drug Code) and the coverage of a drug on the date of service. If the drug/product is covered, the user is given the pricing methodology in response. Drug coverage is determined by a combination of NC DHHS Payer, Benefit Plan, and date of service. A drug could be covered under one benefit plan and not another – for the same payer.

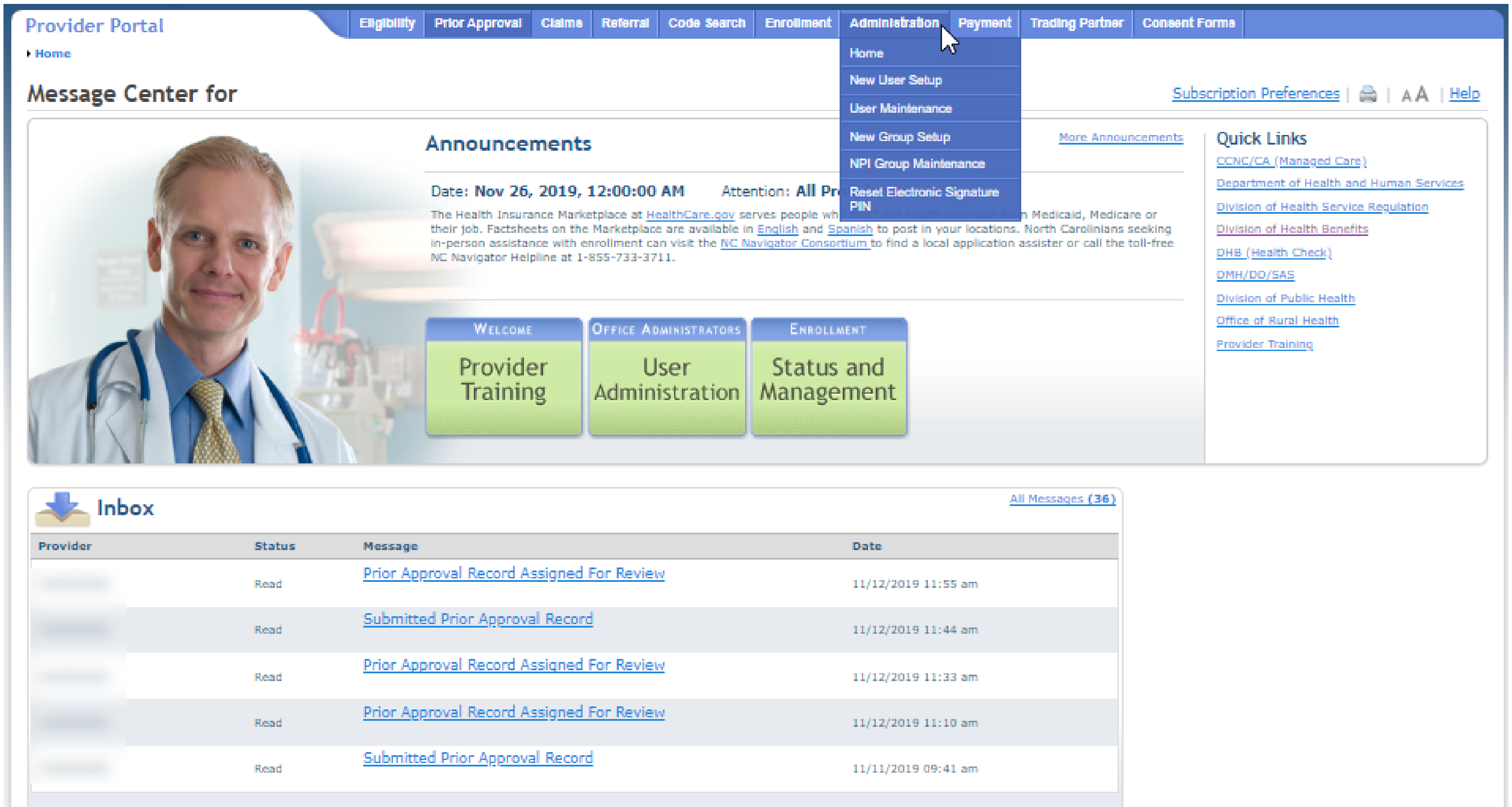


Exhibit 38. Enrollment

The Enrollment drop-down menu allows the provider to submit Enrollment applications, as well as to access the **Status and Management** page.

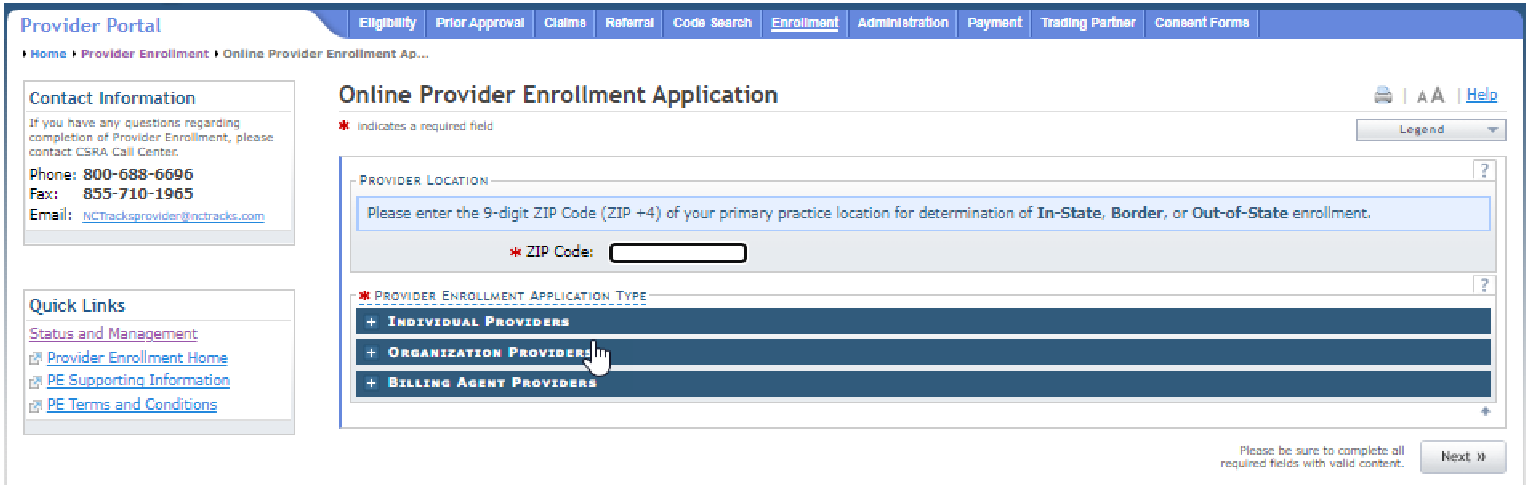
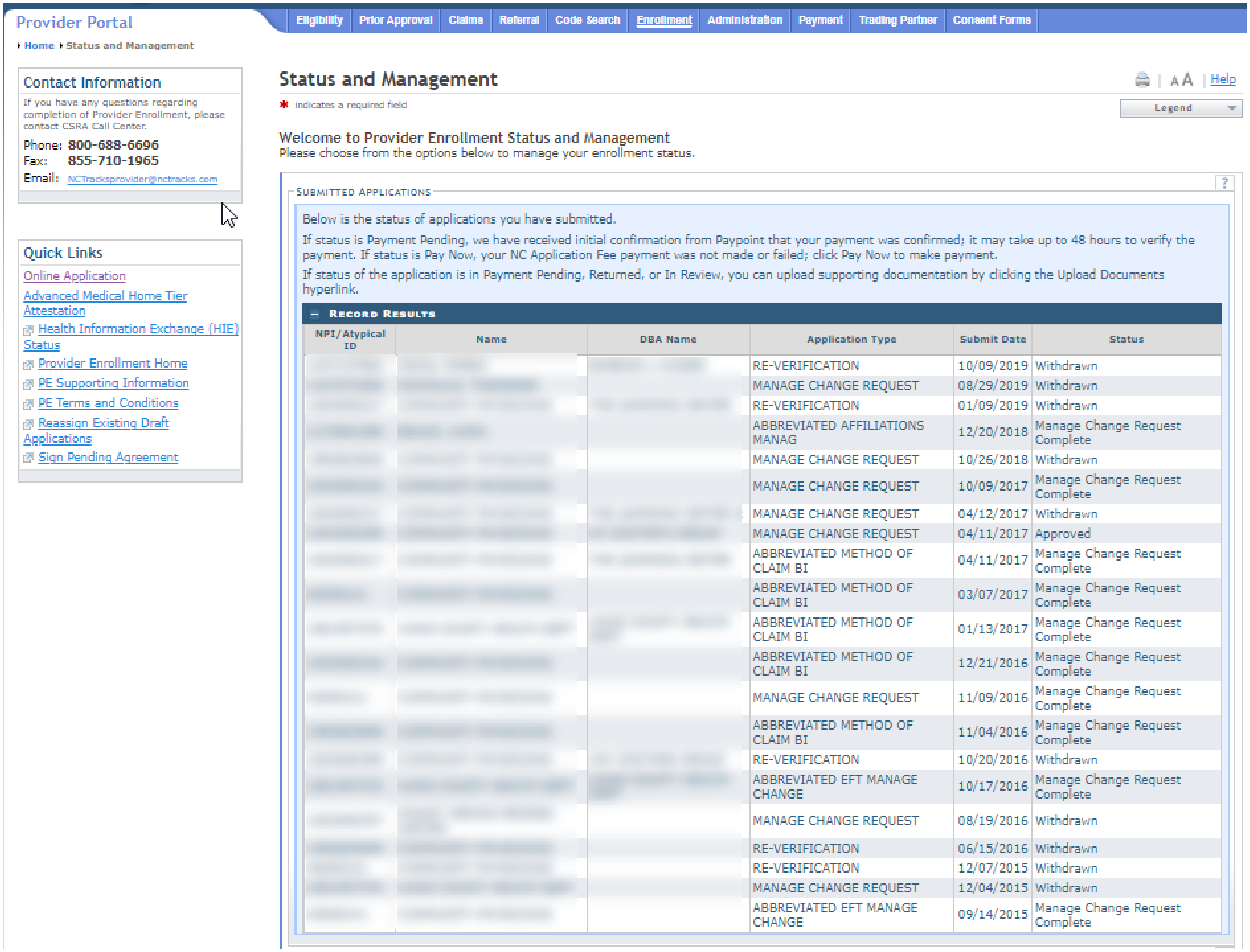


Exhibit 39. Online Application

The **Online Application** drop-down menu gives providers the ability to initiate an enrollment application for a provider.



Provider Portal

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

Home › Status and Management

Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center.

Phone: 800-688-6696
Fax: 855-710-1965
Email: NCTracksprovider@nctracks.com

Quick Links

- Online Application
- Advanced Medical Home Tier Attestation
- Health Information Exchange (HIE) Status
- Provider Enrollment Home
- PE Supporting Information
- PE Terms and Conditions
- Reassign Existing Draft Applications
- Sign Pending Agreement

Status and Management

AA | Help

* indicates a required field

Legend

Welcome to Provider Enrollment Status and Management

Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.

If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

– Record Results

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
[illegible]	[illegible]	[illegible]	RE-VERIFICATION	10/09/2019	Withdrawn
[illegible]	[illegible]		MANAGE CHANGE REQUEST	08/29/2019	Withdrawn
[illegible]	[illegible]	[illegible]	RE-VERIFICATION	01/09/2019	Withdrawn
[illegible]	[illegible]		ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
[illegible]	[illegible]		MANAGE CHANGE REQUEST	10/26/2018	Withdrawn
[illegible]	[illegible]		MANAGE CHANGE REQUEST	10/09/2017	Manage Change Request Complete
[illegible]	[illegible]	[illegible]	MANAGE CHANGE REQUEST	04/12/2017	Withdrawn
[illegible]	[illegible]	[illegible]	MANAGE CHANGE REQUEST	04/11/2017	Approved
[illegible]	[illegible]	[illegible]	ABBREVIATED METHOD OF CLAIM BI	04/11/2017	Manage Change Request Complete
[illegible]	[illegible]		ABBREVIATED METHOD OF CLAIM BI	03/07/2017	Manage Change Request Complete
[illegible]	[illegible]	[illegible]	ABBREVIATED METHOD OF CLAIM BI	01/13/2017	Manage Change Request Complete
[illegible]	[illegible]		ABBREVIATED METHOD OF CLAIM BI	12/21/2016	Manage Change Request Complete
[illegible]	[illegible]		MANAGE CHANGE REQUEST	11/09/2016	Manage Change Request Complete
[illegible]	[illegible]		ABBREVIATED METHOD OF CLAIM BI	11/04/2016	Manage Change Request Complete
[illegible]	[illegible]	[illegible]	RE-VERIFICATION	10/20/2016	Withdrawn
[illegible]	[illegible]	[illegible]	ABBREVIATED EFT MANAGE CHANGE	10/17/2016	Manage Change Request Complete
[illegible]	[illegible]		MANAGE CHANGE REQUEST	08/19/2016	Withdrawn
[illegible]	[illegible]		RE-VERIFICATION	06/15/2016	Withdrawn
[illegible]	[illegible]		RE-VERIFICATION	12/07/2015	Withdrawn
[illegible]	[illegible]		MANAGE CHANGE REQUEST	12/04/2015	Withdrawn
[illegible]	[illegible]		ABBREVIATED EFT MANAGE CHANGE	09/14/2015	Manage Change Request Complete

Exhibit 40. Status and Management

The **Status and Management** drop-down menu allows the Office Administrators/User Administrators another way to access the Status and Management page, where you can view submitted applications, re-enroll a provider, submit Manage Change Requests (MCRs), Reverifications, Maintain Eligibility, Fingerprinting required documents, saved applications, and Enrollment Specialist applications.

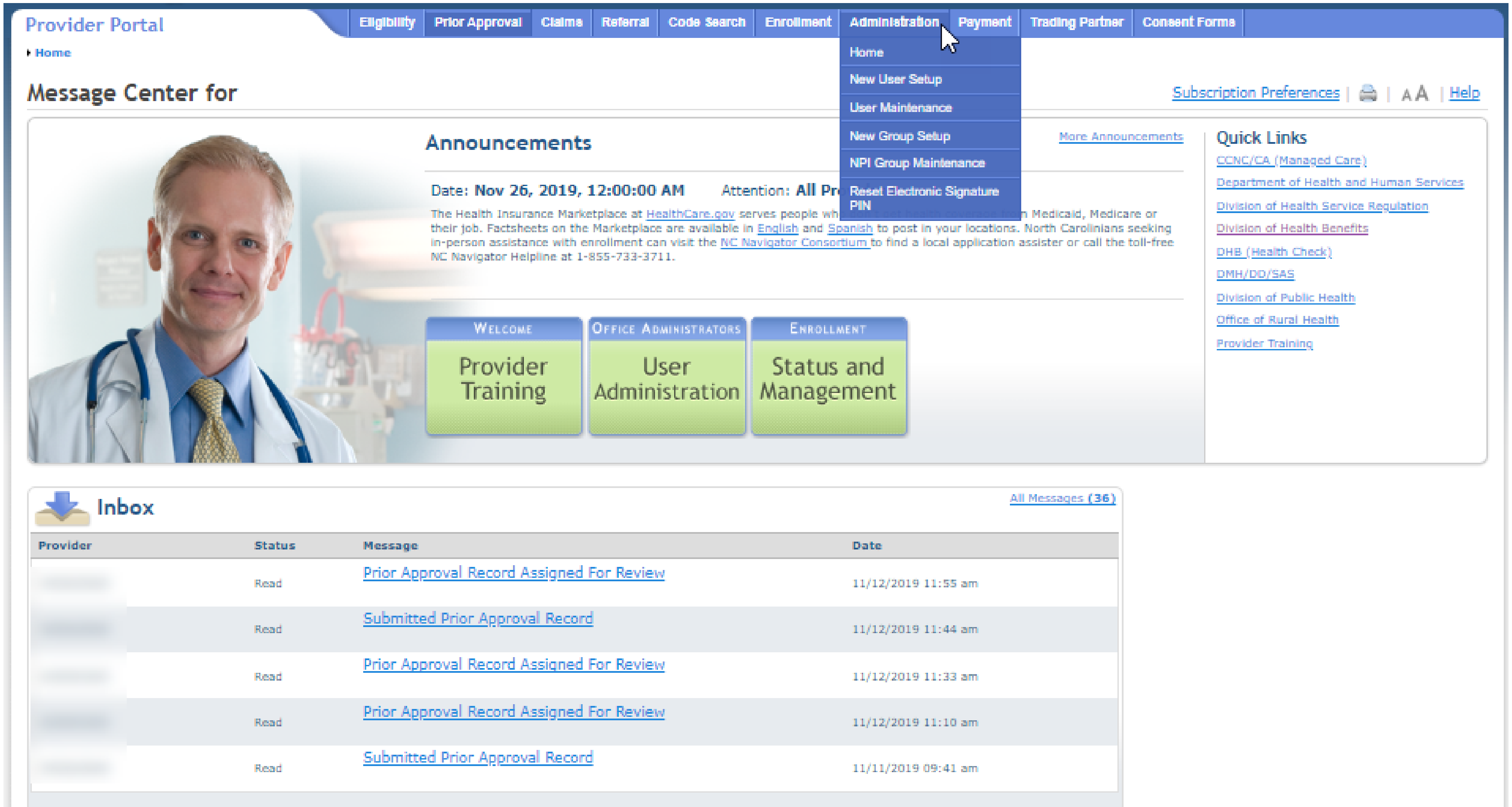


Exhibit 41. Administration

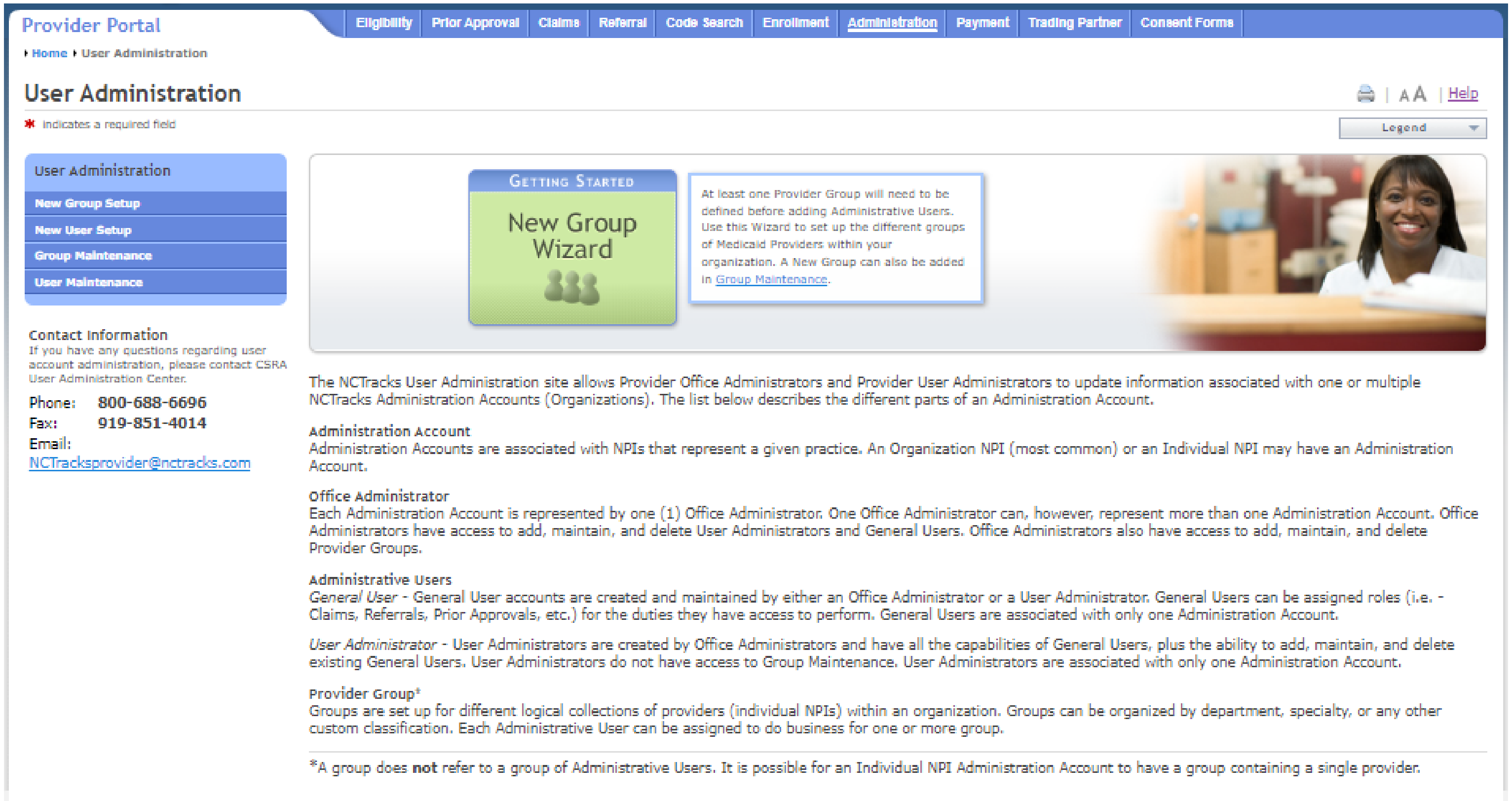


Exhibit 42. Home

You'll recognize the **Home** item in the **Administration** menu as the same screen that you saw when you selected the **User Administration** icon earlier in this training. You can also directly access screens in the portal to perform actions like setting up new groups and users, and/or maintaining both.

Other actions include Change Office Administrator, Reset Electronic PIN, and Provider Management.

For more information on setting up your office go to SkillPort and watch the Computer Based Training (CBT) **Office Admin Functions.**

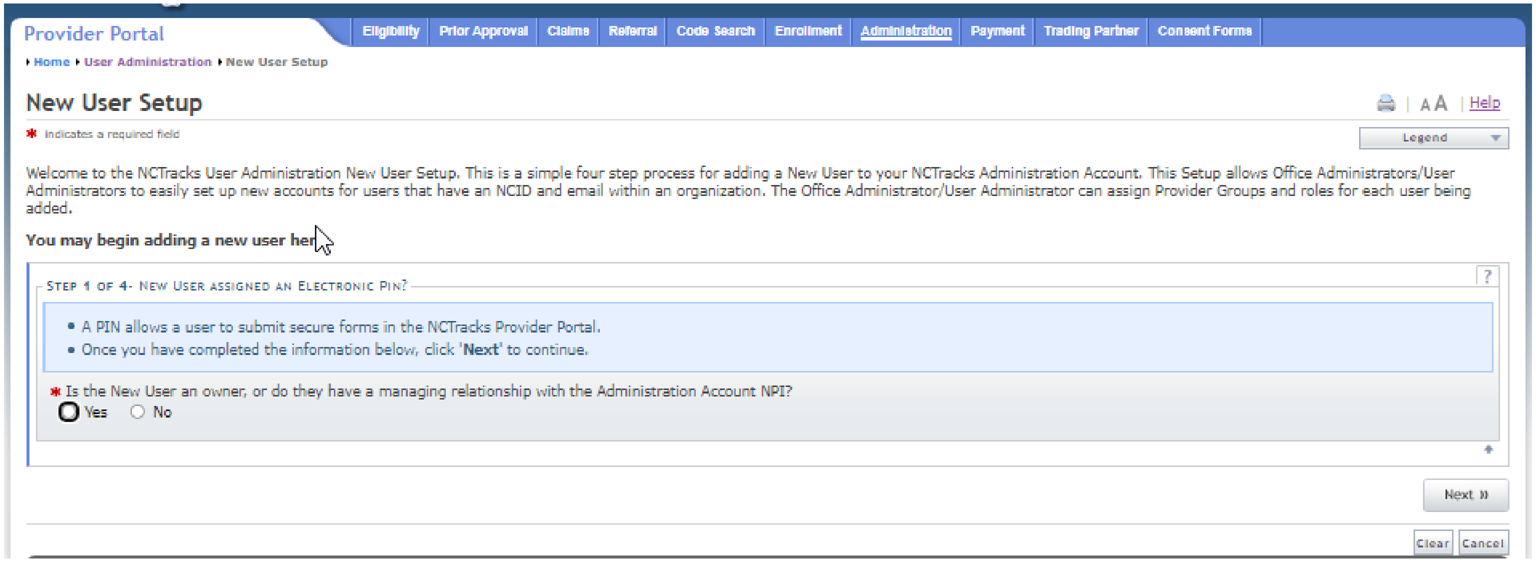


Exhibit 43. New User Setup

The **New User Setup** dro- down menu allows Office Administrators/User Administrators to easily set up new accounts for users that have an NCID and email within an organization. The Office Administrator/User Administrator can assign Provider Groups and roles for each user being added.

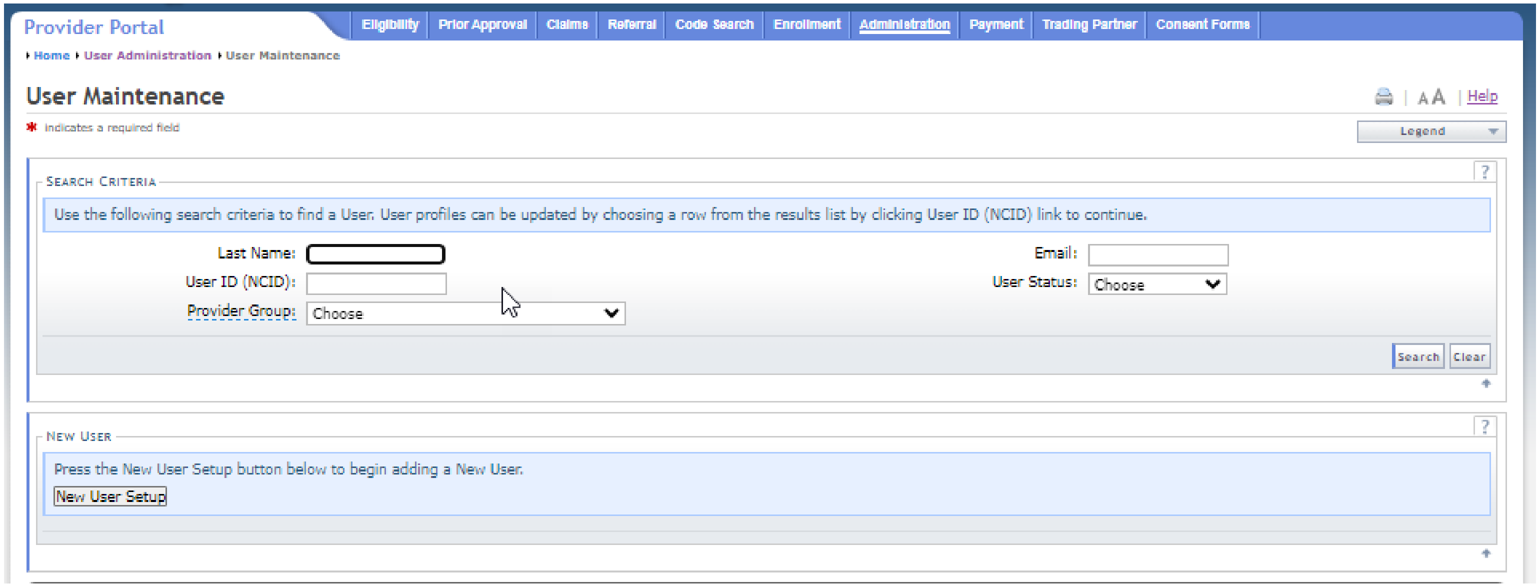


Exhibit 44. User Maintenance

The **User Maintenance** drop-down menu allows Office Administrators/User Administrators the ability to update information and assignments for users in their organization.

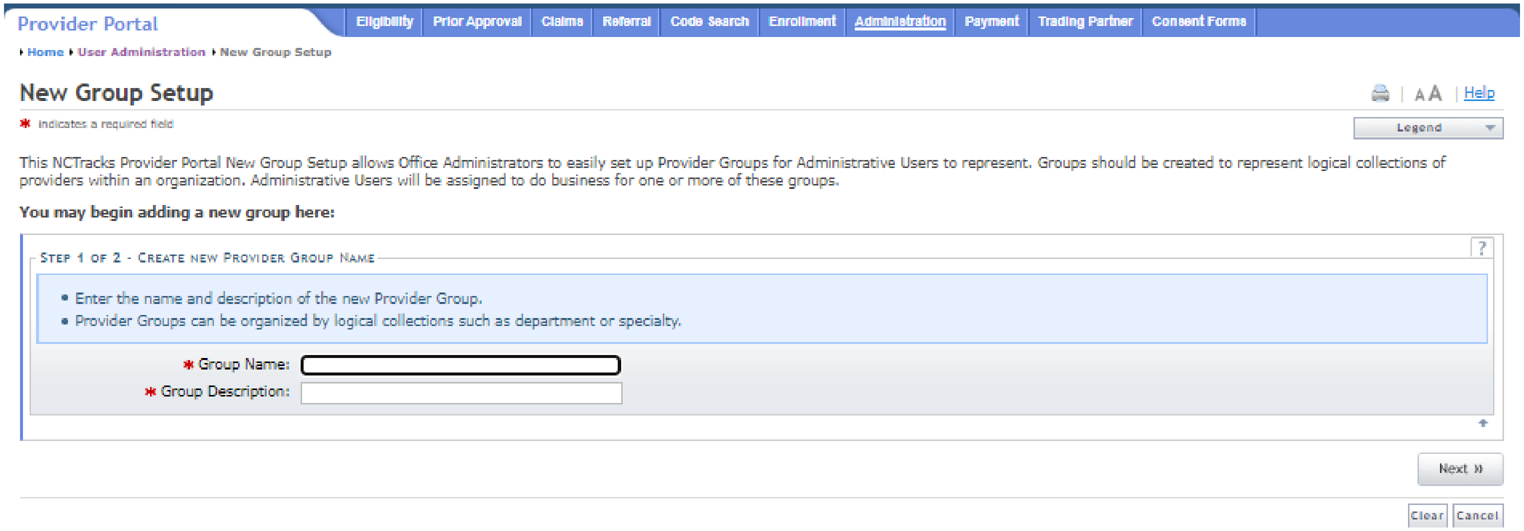


Exhibit 45. New Group Setup

The **New Group Setup** drop-down menu allows Office Administrators to easily set up Provider Groups for Administrative Users to represent. Groups should be created to represent logical collections of providers within an organization. Administrative Users will be assigned to do business for one or more of these groups.

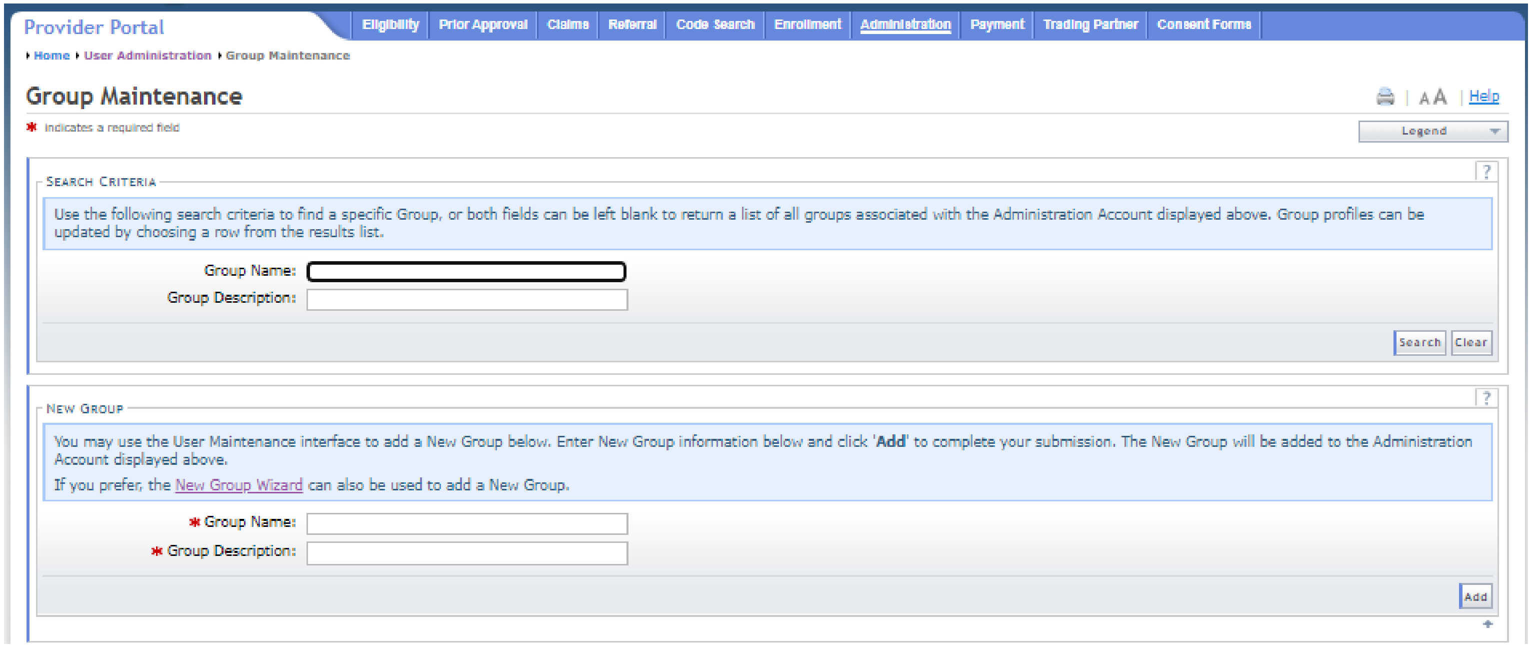


Exhibit 46. NPI Group Maintenance

The **NPI Group Maintenance** drop-down menu allows providers to find a specific Group, or both fields can be left blank to return a list of all groups associated with the Administration Account displayed above. Group profiles can be updated by choosing a row from the results list. You can also use this interface to add a New Group.

Reset Electronic Signature PIN

This drop-down menu allows Office Administrators/User Administrators the ability to update Electronic Signature PINS for Users.

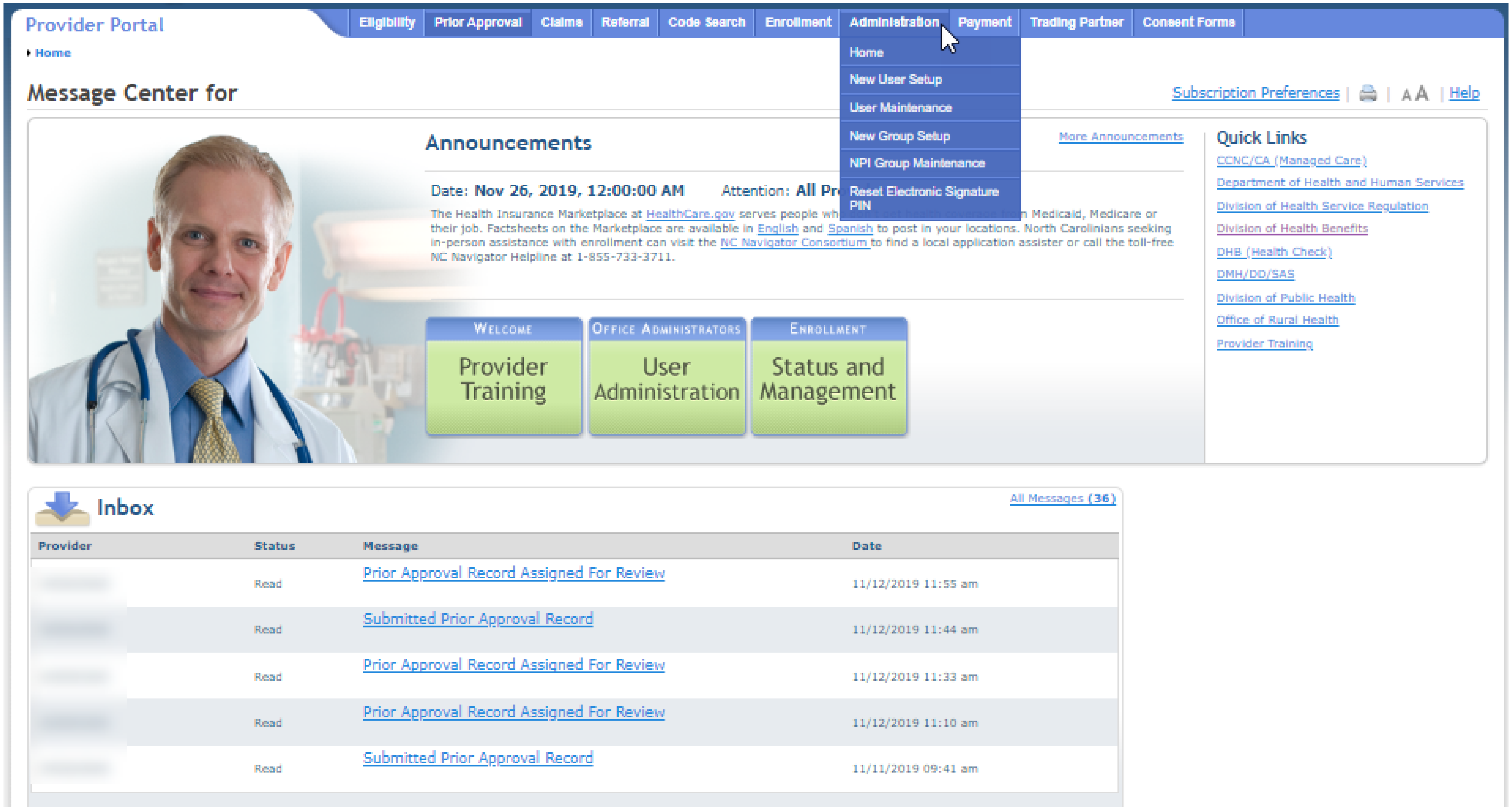


Exhibit 47.Payment

The **Payment History** menu shows lists of the provider's entire payment history, searchable by check/Electronic Funds Transfer number, check Date and Amount, and by Payer.

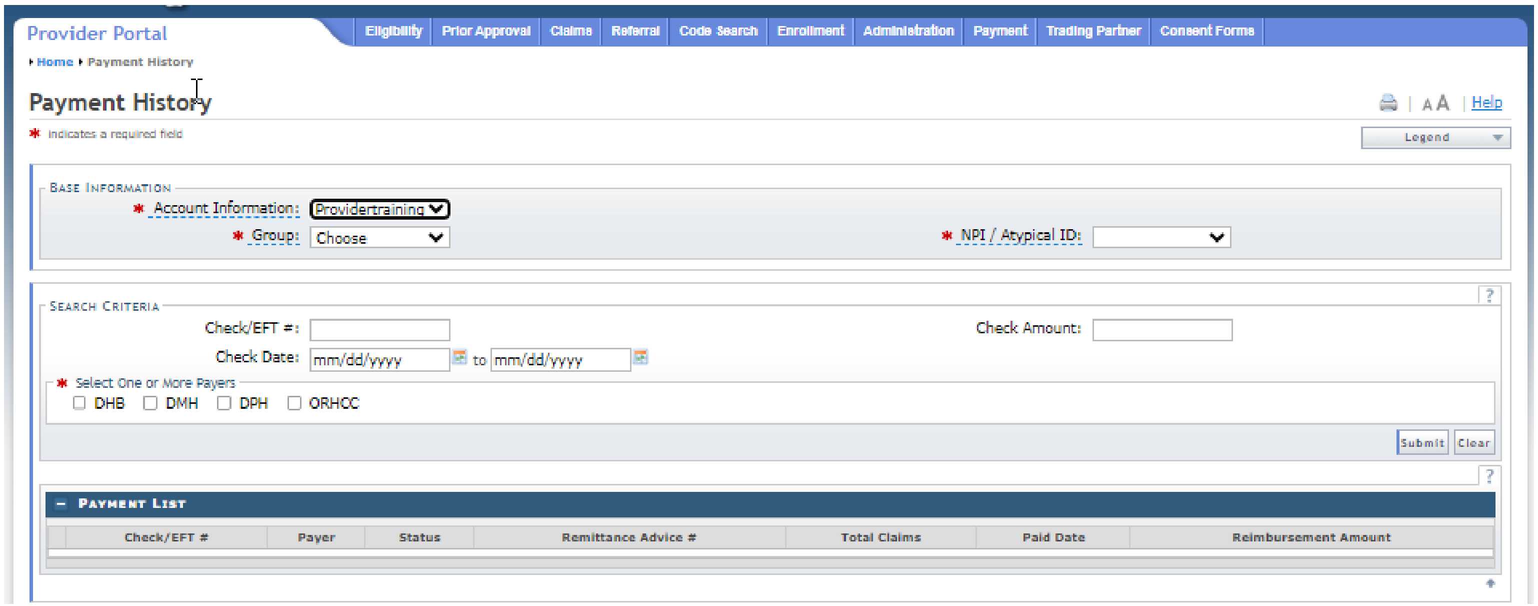


Exhibit 48. Payment History

Under the **Payment History** drop-down menu, providers can search for payment history by check number, payer, check amounts and payment dates.

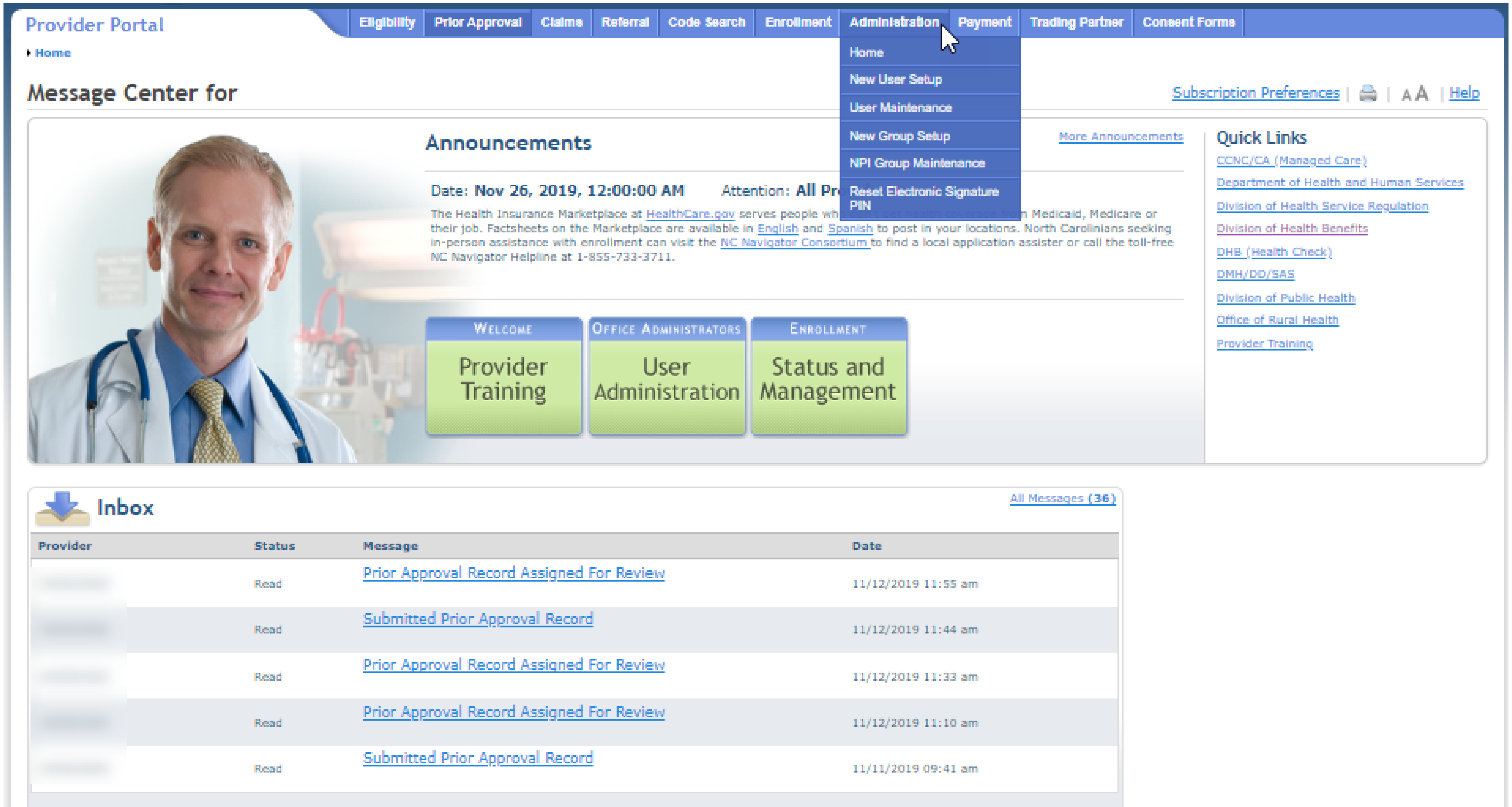


Exhibit 49.Trading Partner

The Trading Partner drop-down menu includes submitting **Batch Transfers**, **Managing Transactions for Users**, and **SFTP Account Setup/Update**.

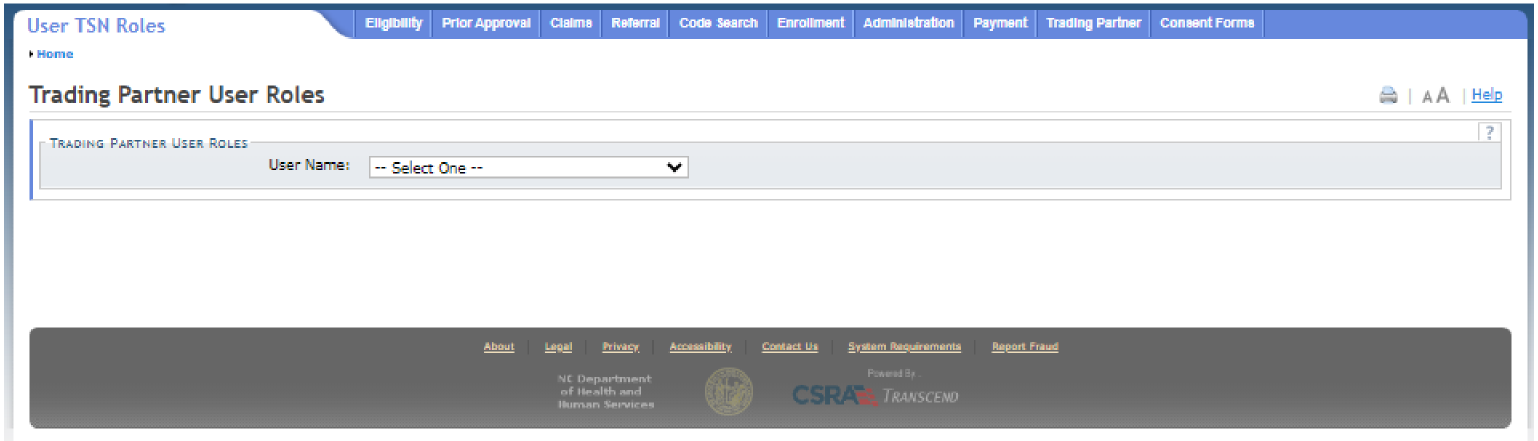


Exhibit 50. Manage Transactions for User

The **Manage Transactions for User** drop-down menu allows Office Administrators/User Administrators to assign roles for their trading partners.

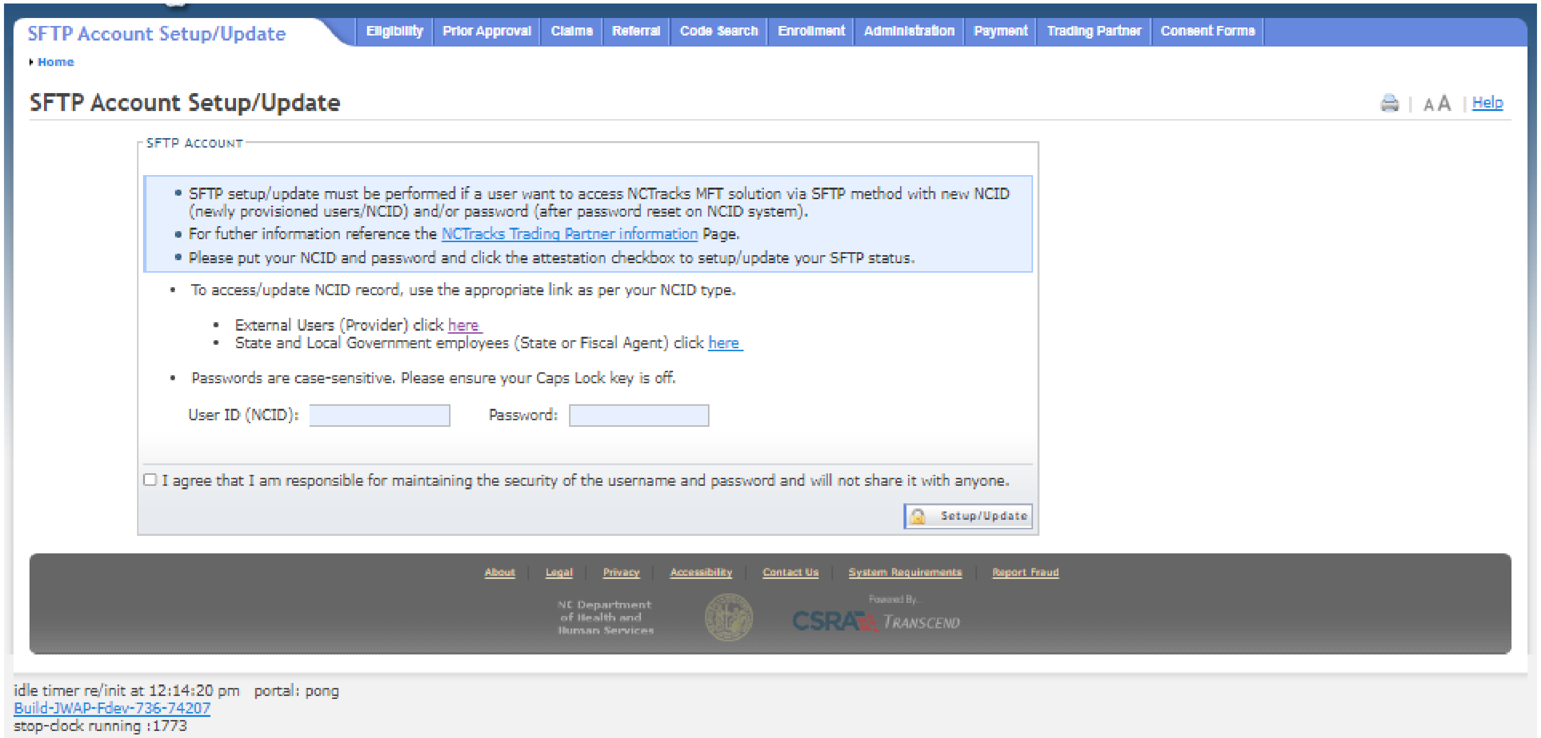


Exhibit 51.SFTP page

SFTP Account Setup/Update must be performed if a user want to access NCTracks MFT solution via SFTP method with new NCID (newly provisioned users/NCID) and/or password (after password reset on NCID system).

For further information reference the NCTracks Trading Partner information page.

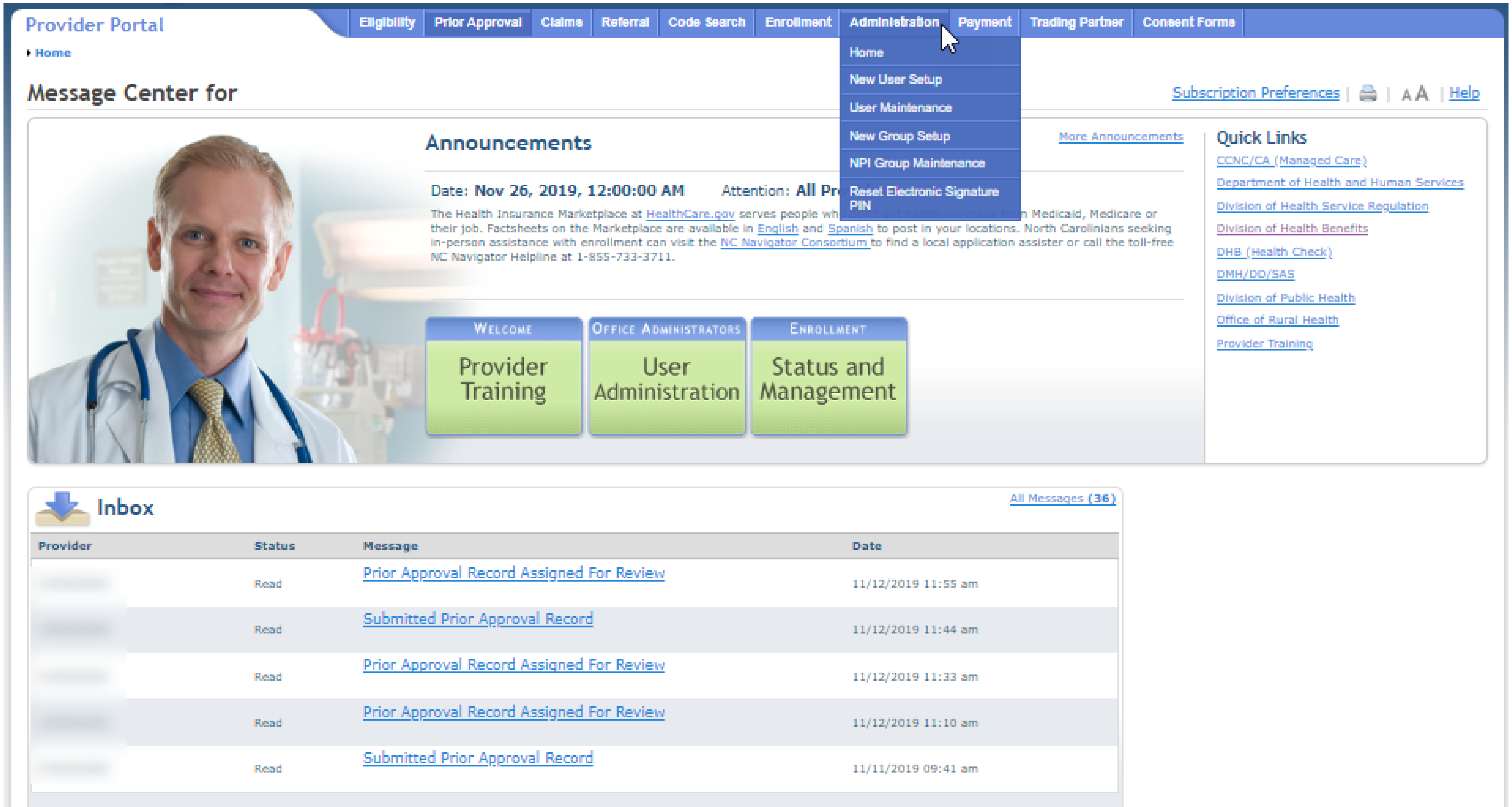


Exhibit 52.Consent Forms

The Consent Forms drop-down menu allows the provider to search for consent forms for a specific recipient.

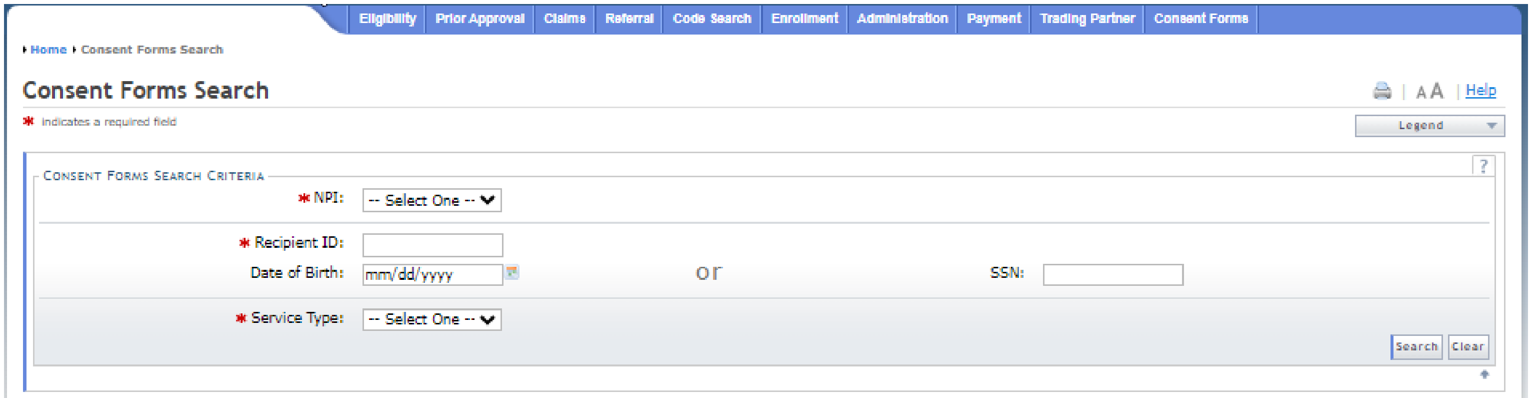


Exhibit 53. Consent Forms Search

The Consent Forms Search drop-down menu allows providers to search for consent forms for specific recipients after entering the required information.

This Page Intentionally Left Blank

4.0 Resources

4.1 RESOURCES

For more information, please refer to the following resources on **SkillPort**.

4.1.1 Claims

- CLM 201_How to File an Institutional Claim
- Job Aid PRV 577 Submit an Ambulance Claim
- CLM 281 Submitting a Professional Claim Participant User Guide
- CLM 171 How To File A Pharmacy Claim
- CLM321 Submitting Dental Orthodontic Claims
- Claims Inquiry Participants User Guide
- Master the Tracks Episode 1 Claims
- Job Aid-Processing DME Claims with PAs, Using Local W Codes
- How to Add or Change a Billing Agent and Other Claim Submission Options in NCTracks

How to Indicate Other Payer Details or an Override on a Claim In NCTracks and Batch Submissions

4.1.2 Enrollment

- Out of State Provider Enrollment
- Request to Back-Date Enrollment Effective Dates
- Ordering, Prescribing and Referring Provider Enrollment
- Enrollment Specialist Participant User Guide
- Updating Provider Data Training CBT PRV566
- Provider Web Portal Applications Participant User Guide
- Provider Web Portal Apps NEMT
- Provider Credentialing Processes Participant Guide

Job Aid PRV581 Enroll Practitioner Search

4.1.3 Prior Approval

- Prior Approval: Private Duty Nursing CBT PA333
- Helpful Hints for Dental Prior Approval and Claims Submission PDF
- Prior Approvals Dental Orthodontic
- Submit a Prior Approval Request for Hearing Aids
- Prior Approvals and Managed Care Referrals & Overrides Participant User Guide
- Job Aid PA373 Optical, Dental, Physician Fluoride Varnish, Durable Medical Equipment (DME) and Orthotic and Prosthetic (O&P) Prior Approval Service Inquiry Provider
- Create and Submit a Prior Approval (PA) for DME using Electronic Physician Signature
- Create and Submit a Prior Approval for HOME HEALTH using Electronic Physician Signature
- Pharmacy Provider Prior Approval Short-Acting and Long-Acting Preferred and Non-Preferred Drugs
- Job Aid PA 372 Medicaid for Pregnant Women (MPW) Prior Approval Process
- PA 351 Prior Approval Dental Participant User Guide
- PA 331 Prior Approval Institutional Participant User Guide
- PA 341 Prior Approval Medical Participant User Guide

PA Pharmacy

Note: Many of these resources can also be found on **NCTracks Provider Public Pages** under **Provider User Guides and Training**.

Addendum A. Help System

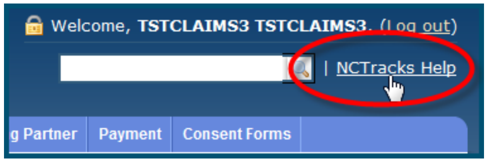
The major forms of help in the NCMMIS NCTracks system are as follows:

- Navigational breadcrumbs
- System-Level Help – Indicated by the "NCTracks Help" link on each page
- Page-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 pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

System-Level Help

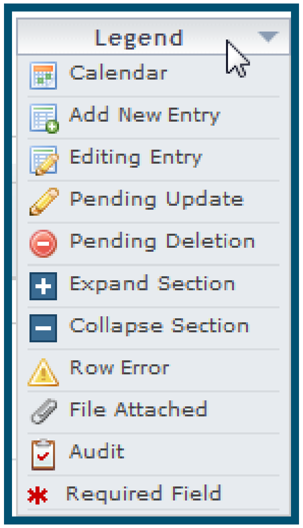


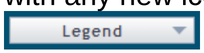
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, "NCTracks Help", will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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

Page-Level Help

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

Form Legend



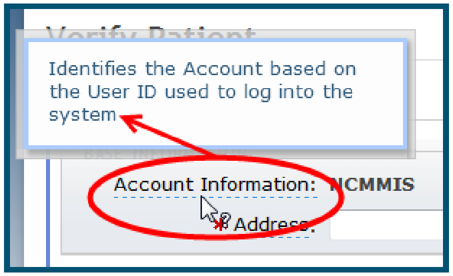
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon 

to open the list.

Data / Section Group Help

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

Tooltip Help



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