

# 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



**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

<b>1.0 Welcome</b> .....	<b>1</b>
1.1 Course Overview.....	1
1.2 Course Benefits .....	1
1.3 Course Objectives.....	1
1.4 Prerequisites .....	1
<b>2.0 NCTracks Portal</b> .....	<b>3</b>
2.1 Introduction .....	3
2.2 Objectives .....	3
2.3 Help System.....	3
<b>3.0 Providers Public Portal</b> .....	<b>5</b>
3.1 Section Public Pages .....	5
Accessing the NC Tracks Provider Portal.....	5
3.2 Office Administrator and Use of the Secure Providers Portal .....	12
3.1 Provider Tabs.....	15
<b>4.0 Resources</b> .....	<b>67</b>
4.1 Resources.....	67
4.1.1 Claims .....	67
4.1.2 Enrollment.....	67
4.1.3 Prior Approval.....	68
<b>Addendum A. Help System</b> .....	<b>69</b>

## List of Exhibits

Exhibit 1. Public Providers Page .....	6
Exhibit 2. Public Providers Page .....	8
Exhibit 3. Provider Portal Login Page.....	9
Exhibit 4. NCID Login Page.....	10
Exhibit 5. NCID Sign On Page .....	11
Exhibit 6. Provider Secure Portal Home Page .....	13
Exhibit 6. Eligibility .....	15
Exhibit 7. Eligibility Inquiry .....	16
Exhibit 8. Batch Verify .....	17
Exhibit 9. Batch Verify Results .....	19
Exhibit 10. Prior Approval.....	20
Exhibit 11. Prior Approval Entry .....	22
Exhibit 12. Prior Approval Inquiry .....	23
Exhibit 13. PA Refraction Confirmation .....	25
Exhibit 14. PA Dental Limitation .....	26
Exhibit 15. Eyeglass Service History .....	28
Exhibit 16. Physician Fluoride Varnish Limitation .....	29
Exhibit 17. DME/O&P Service History .....	30
Exhibit 18. CAP Respite Service History .....	31
Exhibit 19. Claims .....	32
Exhibit 20. Claim Status .....	33
Exhibit 21. Claim Draft Search .....	34
Exhibit 22. Pharmacy Claim Reversal .....	35
Exhibit 23. Create Professional Claim .....	36
Exhibit 24. Create Dental Claim .....	37
Exhibit 25. Create Institutional Claim.....	38
Exhibit 26. Medication History Inquiry .....	39
Exhibit 27. Medication History Reply .....	40
Exhibit 28. Referral .....	41
Exhibit 29. Referral Entry .....	42
Exhibit 30. Referral Inquiry .....	43
Exhibit 31. Code Search .....	44
Exhibit 32. Procedure Base Rates.....	45
Exhibit 33. Verify Procedure Modifier .....	45
Exhibit 34. Verify Proc/Mod Combination .....	46
Exhibit 35. CAP Procedure Base Rates .....	47
Exhibit 36. Verify Prior Approval Codes .....	48
Exhibit 37. Pharmacy Drug Coverage .....	49
Exhibit 38. Enrollment .....	50
Exhibit 39. Online Application.....	51
Exhibit 40. Status and Management.....	52
Exhibit 41. Administration.....	53

Exhibit 42. Home .....	54
Exhibit 43. New User Setup .....	55
Exhibit 44. User Maintenance .....	56
Exhibit 45. New Group Setup .....	57
Exhibit 46. NPI Group Maintenance .....	58
Exhibit 47. Payment .....	59
Exhibit 48. Payment History .....	60
Exhibit 49. Trading Partner .....	61
Exhibit 50. Manage Transactions for User.....	62
Exhibit 51. SFTP page .....	63
Exhibit 52. Consent Forms .....	64
Exhibit 53. Consent Forms Search.....	65

**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:

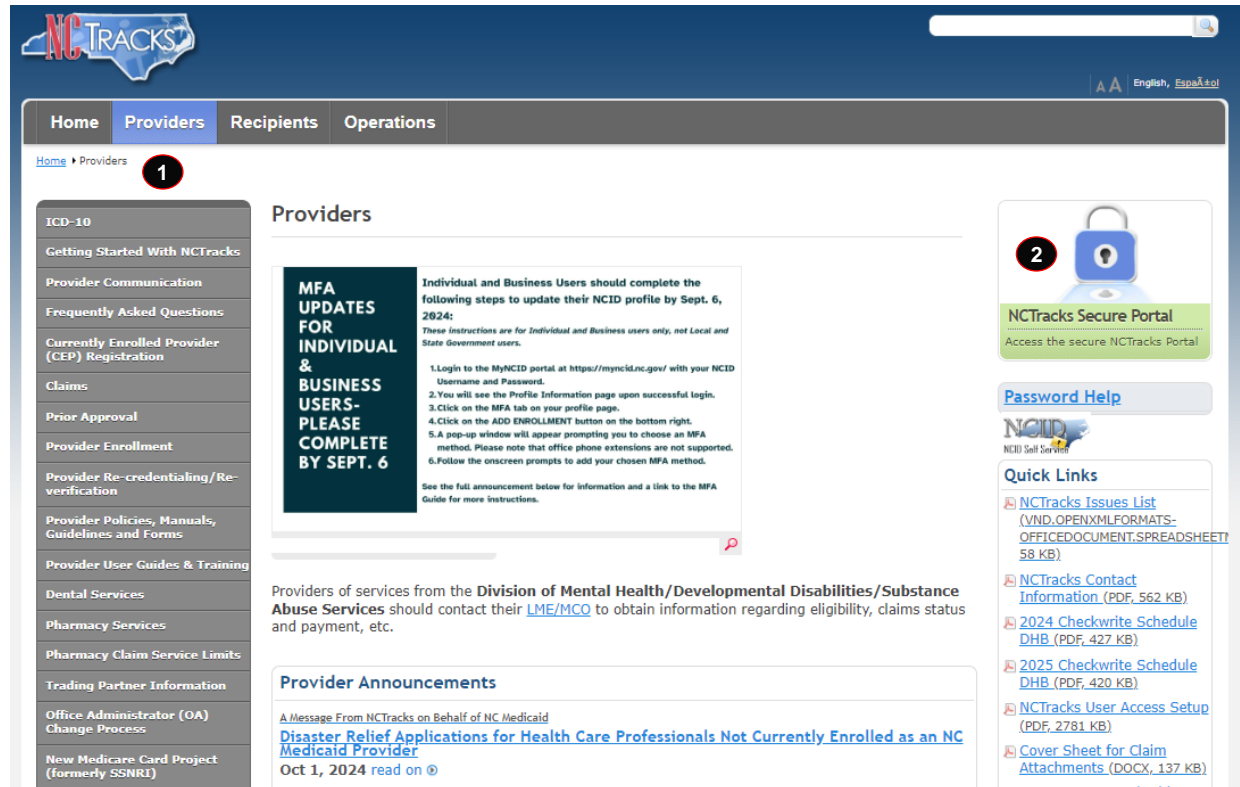
1. Enrolled Practitioner Search
2. Provider Enrollment
3. Pharmacy Services.

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 <b>Providers</b> tab.
2	Select the <b>NCTracks Secure Portal</b> button. The Provider Portal Login page displays.

**Provider Portal Login**

**Important Announcement**  
**NCTracks Multi-Factor Authentication (MFA) Updates Coming Soon for Individual & Business Users**

In accordance with the [North Carolina Identity Management \(NCID\) Citizen Identity Project](#), NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates. Please complete the following steps to update your NCID profile by **Sept. 6, 2024**, in advance of the MFA updates:

*These instructions are for Individual and Business users only, not Local and State Government users.*

1. Login to the MyNCID portal at <https://myncidpp.nc.gov/> with your NCID Username and Password.
2. You will see the Profile Information page upon successful login.
3. Click on the **MFA** tab on your profile page.
4. Click on the **ADD ENROLLMENT** button on the bottom right.
5. A pop-up window will appear prompting you to choose an MFA method. Please note that office phone extensions are not supported.
6. Follow the onscreen prompts to add your chosen MFA method.

For detailed instructions, including images of each step, refer to the [NCID User Guide for MFA](#).

**Important Note:** Providers who do not currently use MFA will not be impacted at this time. MFA updates will be implemented through a phased approach. Until that time, your current login method will continue to work. However, you are being asked to update your profile to ensure a seamless transition to the new MFA method. You will receive further communication when your MFA is to be updated.

**If you are an Individual or Business User who currently uses MFA, these updates will impact you on Sept. 15, 2024.** Once these updates are implemented you are no longer required to access and maintain MFA using <https://mfaportal.nc.gov/nctracksmfa>. All profiles, including MFA, will be managed through <https://myncid.nc.gov/> after implementation.

If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at **519-754-6000** or **800-722-3946**.

For more information and training videos, visit the [NCID Citizen Identity Project | NCDIT training page](#).

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

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

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

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

All users are required to have an NCID to log in to their secure area. An NCID does not grant access to all secure areas. Access to a specified secure area is allowed per the user access rights granted by NCDHHS (State users) or the provider's Office Administrator. Recipient NCIDs does not require additional rights to access Recipient portal.

To create/update NCID record, use the appropriate link as per your NCID type.

- External Users (Provider or Recipient) click [here](#)
- State and Local Government employees (State or Fiscal Agent) click [here](#)

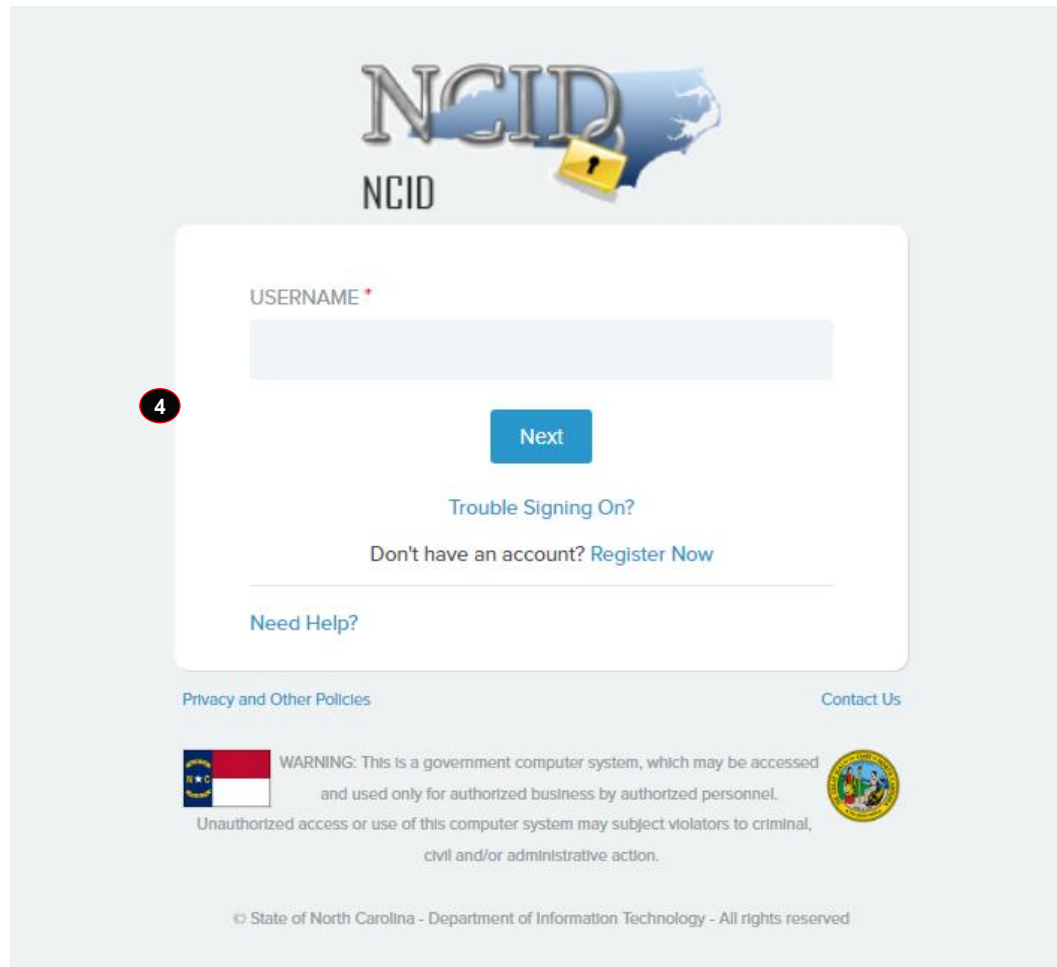
**NCTracks Secure Portal**  
 Access the secure NCTracks Portal

About | Legal | Privacy | Accessibility | Contact Us | Site Map | System Requirements | Report Fraud

NC Department of Health and Human Services | CSRA TRANSCEND

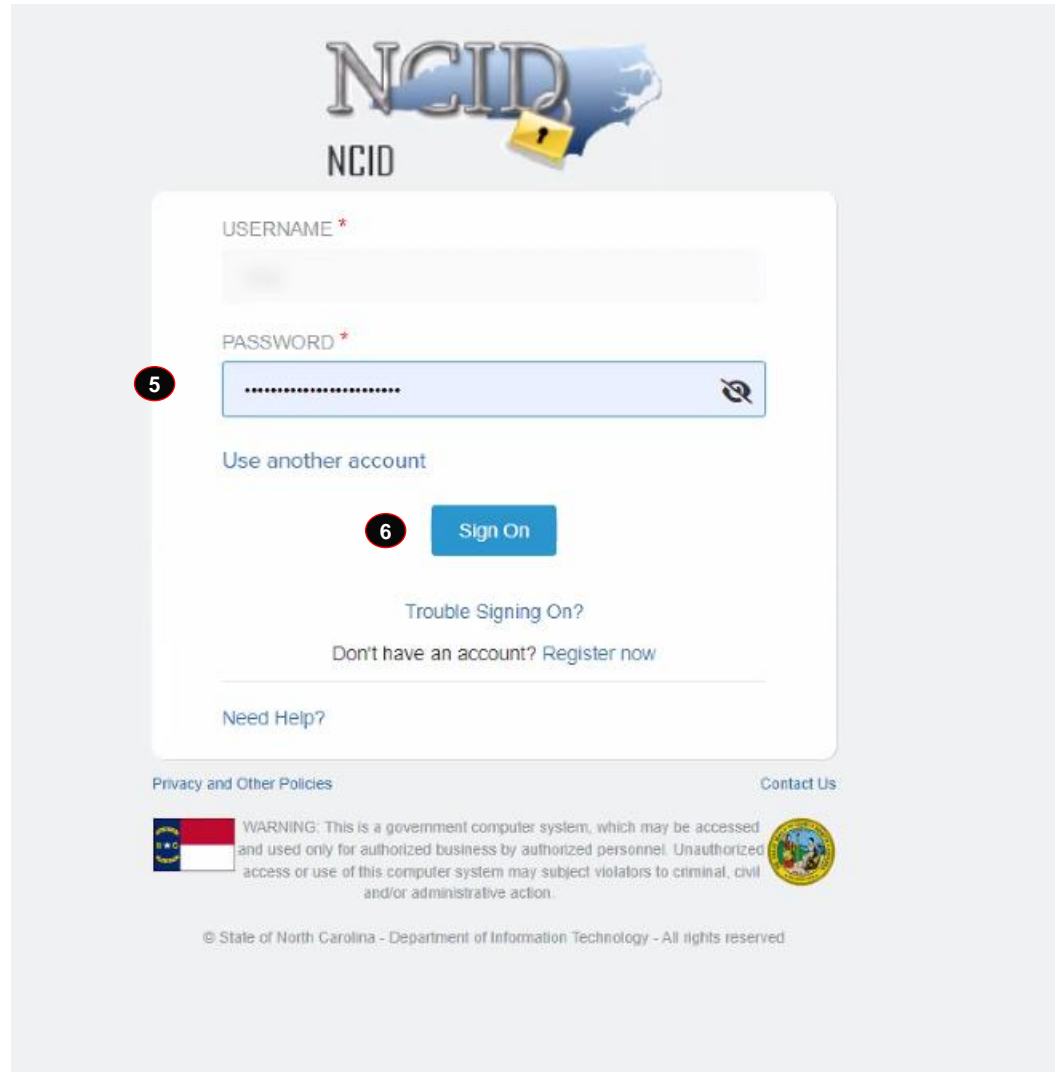
**Exhibit 3. Provider Portal Login Page**

Step	Action
3	Select the <b>NCTracks Secure Portal</b> button.



**Exhibit 4. NCID Login Page**

Step	Action
4	User ID: Enter your <b>NCID username</b> . <b>Note:</b> 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 <b>Register now</b> 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 <b>Password</b> associated with the NCID.
6	Select the <b>Sign On</b> 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.

**Provider Portal** 4

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

Home

**Message Center for**

**Announcements** 1

Date: **Nov 26, 2019, 12:00:00 AM** Attention: **All Pr**

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

**Subscription Preferences** 6 | [AA](#) | [Help](#)

**Quick Links** 2

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Health Benefits](#)
- [DHB \(Health Check\)](#)
- [DMH/DS/SAS](#)
- [Division of Public Health](#)
- [Office of Rural Health](#)
- [Provider Training](#)

**WELCOME** **OFFICE ADMINISTRATORS** **ENROLLMENT** 3

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

**Inbox** 5 [All Messages \(36\)](#)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

**Exhibit 6. Provider Secure Portal Home Page**

1	The center panel of the <b>Secure Portal</b> page shows the most recent provider announcement. To see older announcements select the <b>More Announcements</b> in the upper right hand corner of the announcements panel
2	The <b>Quick Links</b> section displays links to frequently needed resources
3	This section in the middle of the page displays links to the <b>Provider Training</b> page. <b>User Administration</b> 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 <b>Status and Management</b> 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 <b>Provider Inbox</b> displays recent important messages concerning claims, prior approvals, enrollments, and other important issues pertaining to the provider.
6	The <b>Subscription Preferences</b> link determines the content that appears in the <b>News</b> box on the bottom right-hand side. The <b>News</b> box contains the latest news article and information from various relevant websites. To change the content in the <b>News</b> box, select <b>Subscription Preferences</b> .

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.

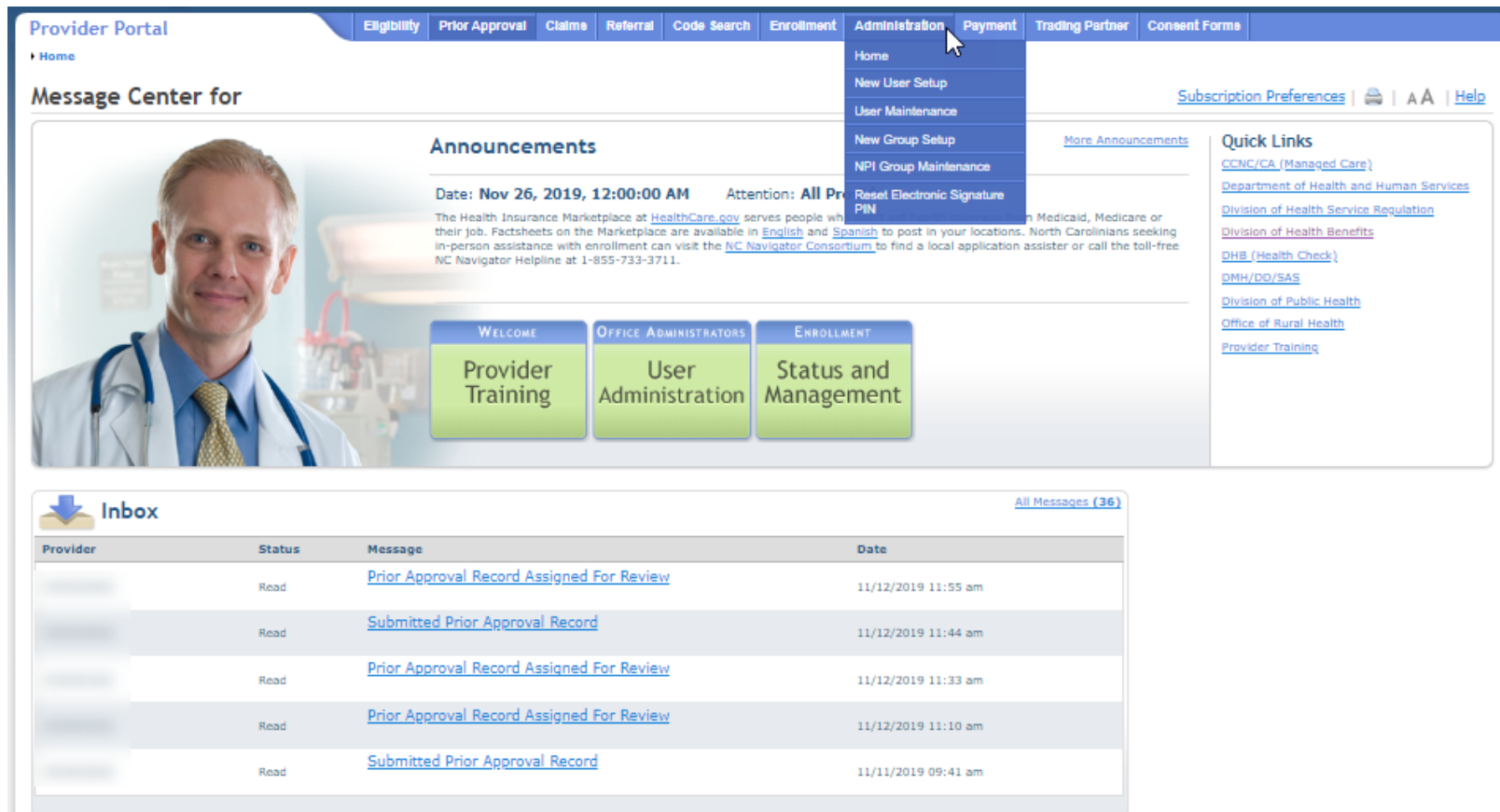


Exhibit 6. Eligibility

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.

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

Home > Eligibility Batch Response De...

### Eligibility Batch Response Details

\* indicates a required field

User Name : [REDACTED]  
File Name : Batch file.csv

Entered Transaction : 2      Sent Transaction : 0  
Received Transaction : 0      Failed Transaction : 2

SEARCH CRITERIA

Recipient ID :       Last Name :   
Status :

Search Clear

**SEARCH RESULTS**

Row Count	Recipient ID	Recipient Name	Date of Birth	Status	Result
1				Error	Incorrect data format
2				Error	Incorrect data format

**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.

**Provider Portal**

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

Home | New User Setup | User Maintenance | New Group Setup | NPI Group Maintenance | Reset Electronic Signature PIN

Subscription Preferences | AA | Help

### Message Center for

#### Announcements

Date: **Nov 26, 2019, 12:00:00 AM** Attention: **All Pr**

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are looking for health insurance for themselves, their families, or their business. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

[More Announcements](#)

#### Quick Links

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

WELCOME

**Provider Training**

OFFICE ADMINISTRATORS

**User Administration**

ENROLLMENT

**Status and Management**

**Inbox** [All Messages \(36\)](#)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

**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

Provider Portal

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

Home > Prior Approval Request

### Prior Approval Request

\* indicates a required field

PRIOR APPROVAL REQUEST TYPE

\* Please select a Payer:  
 DHB  DPH

\* Health Plan: NCXIX

\* PA Type: Choose

- Choose
- AMBULANCE
- AUD IMPL
- DENTAL
- DME
- EARLY EXAM
- EXC. TO LE
- HEARING AI
- HOME HLTH
- HOSPICE
- LTC - NF
- LTC - SH
- MEDICAL
- OOS - AMBU
- OOS SURGER
- ORTHODONTI
- OUT OF STA
- PDN
- PHARMACY
- SURGERY

Submit

idle timer re/init at 9:35:10 am portal: po  
[Build-JWAP-Fdev-736-74207](#)  
stop-clock running :1780

About | Legal | Privacy | Accessibility | Contact Us | System Requirements | Report Fraud

NC Department of Health and Human Services  
Powered By: CSRA & TRANSCEND

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.

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

Home > Refraction History Confirmation or Early Routine Eye Exam PA

### Refraction History Confirmation or Early Routine Eye Exam PA

\* Indicates a required field

Legend

**BASE INFORMATION**

\* Account Information: Providertraining

\* Group: Choose

\* Locator Code:

\* NPI / Atypical ID:

\* Taxonomy Code:

Refraction History Confirmation or Early Routine Eye Exam PA

**RECIPIENT**

\* Recipient ID:

Last Name: First Name:

Gender: Date Of Birth:

Address 1:

Address 2:

City: State: ZIP Code:

**CONFIRMATION INFORMATION**

Message:

Eligible for Refraction: Refraction History Confirmation #: Date of Last Refraction:

Information regarding these services is provided for informational purposes only and is not a guarantee of payment. Payment for services is subject to criteria and limitations documented in Medicaid and Health Choice clinical policy 6A, Routine Eye Examinations and Visual Aids for Beneficiaries Under 21 Years of Age and 6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 Years of Age and Older.  
Please refer to the applicable policy or call NCTracks Provider Services at 1-800-688-6696.

### 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.

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

Home > Dental Benefit Limitation

### Dental Benefit Limitation

\* Indicates a required field

Legend

**BASE INFORMATION**

\* Account Information: Providertraining  
 \* Group: Choose  
 \* NPI / Atypical ID:

**RECIPIENT**

\* Recipient ID:

Last Name: First Name:  
 Gender: Date Of Birth:  
 Address 1:  
 Address 2:  
 City: State: ZIP Code:

**CONFIRMATION INFORMATION**

Dental Xray History  Dental Appliance History  Dental Sealant History  Dental Extraction History  
 Dental Prophylaxis and Topical Fluoride Treatment  Periodontal Services  Orthodontic Services

Message:

**DENTAL HISTORY**

DENTAL XRAYS				
Procedure	Procedure Code		Date service was last provided	Policy Limit
DENTAL APPLIANCES				
Procedure	Procedure Code		Date service was last provided	Policy Limit
DENTAL SEALANTS				
Procedure	Procedure Code	Tooth Number/Quadrant Indicator	Date service was last provided	Policy Limit
DENTAL EXTRACTIONS				
Procedure	Procedure Code	Tooth Number/Quadrant Indicator	Date service was last provided	Policy Limit
DENTAL PROPHYLAXIS AND TOPICAL FLUORIDE TREATMENT				
Procedure	Procedure Code		Date service was last provided	Policy Limit
PERIODONTAL SERVICES				
Procedure	Procedure Code	Tooth Number/Quadrant Indicator	Date service was last provided	Policy Limit
ORTHODONTIC SERVICES				
Procedure	Procedure Code		Date service was last provided	Policy Limit

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.



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.

The screenshot shows the 'Physician Fluoride Varnish Limitation' form in the NCTracks Provider Portal. The form is divided into several sections:

- BASE INFORMATION:** Contains dropdown menus for 'Account Information' (set to 'Providertaining'), 'Group' (set to 'Choose'), and 'NPI / Atypical ID'.
- RECIPIENT:** Includes a 'Recipient ID' field and a 'Validate' button. Below this are fields for 'Last Name', 'First Name', 'Gender', 'Date Of Birth', 'Address 1', 'Address 2', 'City', 'State', and 'ZIP Code'.
- CONFIRMATION INFORMATION:** Features a 'Message' field and a 'Verify Eligibility' button.
- SERVICE HISTORY:** A section titled 'PHYSICIAN FLUORIDE VARNISH HISTORY' with a table header including 'Procedure', 'Procedure Code', 'Date service was last provided', and 'Policy Limit'.

**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.

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

Home > DME/O&P Service History

### DME/O&P Service History

\* Indicates a required field

Legend

**BASE INFORMATION**

\* Account Information: Providertraining  
 \* Group: Choose  
 \* NPI / Atypical ID: [ ]

**RECIPIENT**

\* Recipient ID: [ ] [Validate]

Last Name: [ ] First Name: [ ]  
 Gender: [ ] Date Of Birth: [ ]  
 Address 1: [ ]  
 Address 2: [ ]  
 City: [ ] State: [ ] ZIP Code: [ ]

**CONFIRMATION INFORMATION**

\* Procedure Code: [ ] \* Search By:  Same  Similar  
 Search Begin Date: mm/dd/yyyy Search End Date: mm/dd/yyyy [Search] [Reset]

**DME/O&P SERVICE HISTORY**

Procedure Code	Modifier	Service Date	Claim Status	Billing NPI

**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.

**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.

The screenshot displays the Provider Portal interface. At the top, there are navigation tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The 'Administration' tab is selected, showing a dropdown menu with options: Home, New User Setup, User Maintenance, New Group Setup, NPI Group Maintenance, and Reset Electronic Signature PIN. Below the navigation is a 'Message Center for' section featuring an announcement from Nov 26, 2019, regarding the Health Insurance Marketplace. To the right of the announcement are three buttons: 'WELCOME Provider Training', 'OFFICE ADMINISTRATORS User Administration', and 'ENROLLMENT Status and Management'. Further right is a 'Quick Links' section with various departmental links. At the bottom, there is an 'Inbox' section with a table of messages.

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

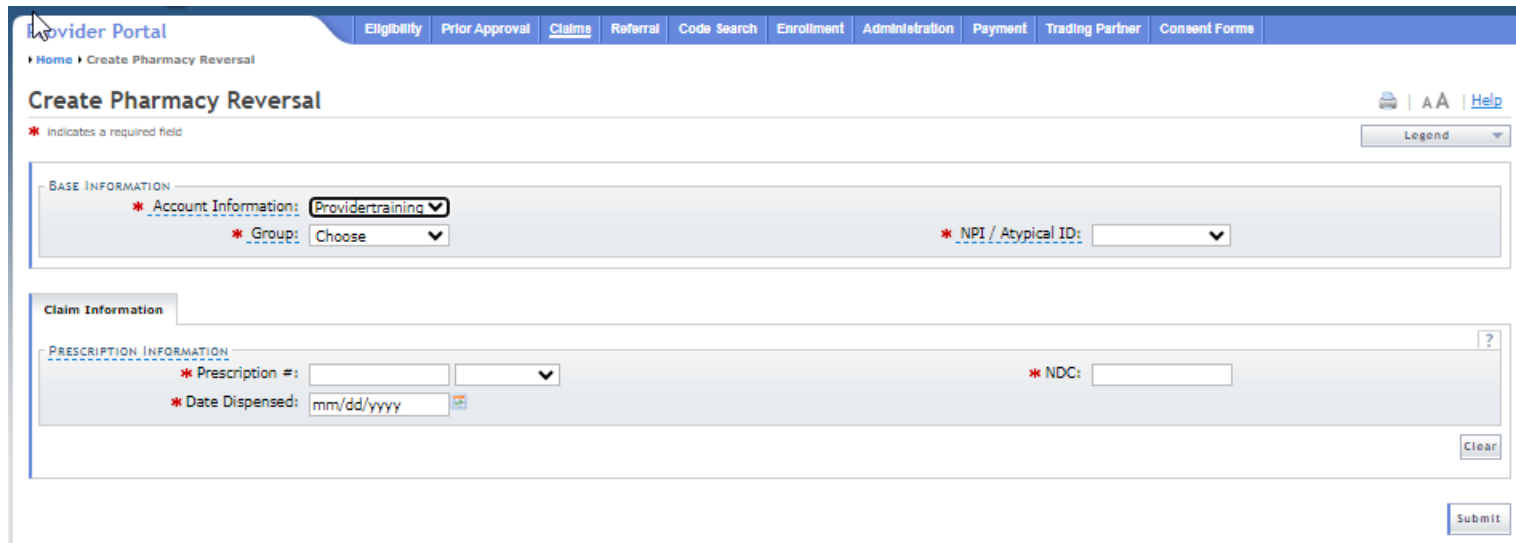
**Exhibit 21. Claim Draft Search**

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.



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

Home > Create Pharmacy Reversal

### Create Pharmacy Reversal

\* indicates a required field

**BASE INFORMATION**

\* Account Information:

\* Group:

\* NPI / Atypical ID:

**Claim Information**

**PRESCRIPTION INFORMATION**

\* Prescription #:

\* Date Dispersed:

\* NDC:

Clear

Submit

**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 Dispersed**.

**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.

Provider Portal

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

Home | Verify Patient

### Verify Patient

\* Indicates a required field

Legend

BASE INFORMATION

\* Account Information: Providertraining

\* Group: Choose

\* Locator Code:

\* NPI / Atypical ID:

\* Taxonomy Code:

Claim Type: Dental

PATIENT INFORMATION

\* Recipient ID:

OR

\* SSN:

\* Date of Birth: mm/dd/yyyy

Date of Service

\* From: mm/dd/yyyy

\* To: mm/dd/yyyy

Verify Clear

**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).

The screenshot shows the 'Verify Patient' form in the Provider Portal. The form is divided into several sections:

- BASE INFORMATION:** Contains dropdown menus for Account Information (set to 'Providertaining'), Group (set to 'Choose'), Locator Code, NPI / Atypical ID, and Taxonomy Code. A red asterisk indicates that Account Information, Group, and Locator Code are required fields.
- Claim Type:** A dropdown menu is set to 'Institutional'.
- PATIENT INFORMATION:** Includes fields for Recipient ID, SSN, and Date of Birth (mm/dd/yyyy). A red asterisk indicates that Recipient ID, SSN, and Date of Birth are required fields.
- Date of Service:** Includes fields for 'From' and 'To' dates (mm/dd/yyyy). A red asterisk indicates that both 'From' and 'To' are required fields.

At the bottom right of the form, there are 'Verify' and 'Clear' buttons. A 'Legend' dropdown is located in the top right corner of the form area.

**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).

Provider Portal

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

Home > Medication History Request

### Medication History Request

\* Indicates a required field

Legend

REQUESTOR

\* Last Name: dula \* First Name: hazel

PRESCRIBER OR PHARMACY

\* NPI:  Or \* Atypical Id:

Last Name: First Name:

RECIPIENT

\* Recipient ID:

Last Name: First Name:

Gender: Date Of Birth:

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

HISTORY REQUEST DATE RANGE

\* From:  To: 10/9/2024

ADDITIONAL SEARCH CRITERIA

Lock-In Drugs  Opioid Analgesic

**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.

Provider Portal

Home Medication History Response

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

### Medication History Response

\* indicates a required field

Legend

PRESCRIBER OR PHARMACY

NPI / Atypical Id:

Last Name: First Name:

RECIPIENT

Recipient ID:

Last Name: First Name:

Gender: Date Of Birth:

Address 1:

Address 2:

City: State: ZIP Code:

CLAIM PROVIDER INFORMATION

Expand	Date Of Service	Drug Name	Drug Strength	Quantity	Days Supply	NDC	Prescriber Last Name	Pharmacy Name

**Exhibit 27. Medication History Reply**

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

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

**Announcements**

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

More Announcements

**Quick Links**

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

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

**Inbox** All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

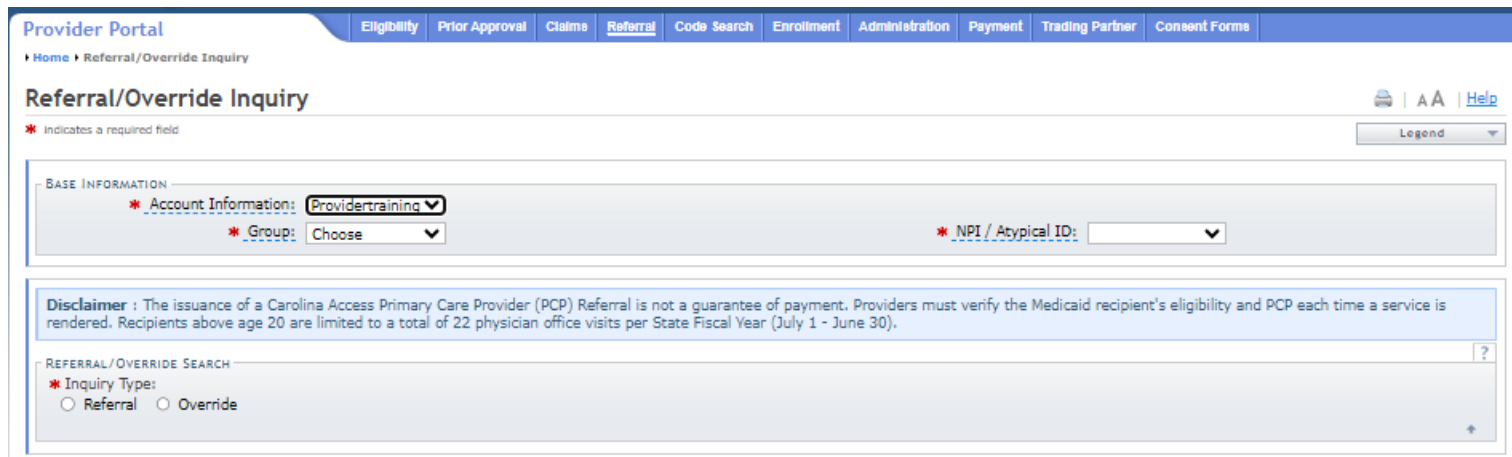
Follow these steps to submit a Referral Entry:

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.



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

Home | Referral/Override Inquiry

### Referral/Override Inquiry

\* Indicates a required field

**BASE INFORMATION**

\* Account Information: Providertaining

\* Group: Choose

\* NPI / Atypical ID:

**Disclaimer** : The issuance of a Carolina Access Primary Care Provider (PCP) Referral is not a guarantee of payment. Providers must verify the Medicaid recipient's eligibility and PCP each time a service is rendered. Recipients above age 20 are limited to a total of 22 physician office visits per State Fiscal Year (July 1 - June 30).

**REFERRAL/OVERRIDE SEARCH**

\* Inquiry Type:

Referral  Override

**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.

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

**Announcements**

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

More Announcements

**Quick Links**

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

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

**Inbox** All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

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

Home > Procedure Base Rates

**Procedure Base Rates** Legend

\* Indicates a required field

**BASE INFORMATION**

\* Account Information: Providertraining  
 \* Group: Choose  
 \* NPI / Atypical ID:

**PROCEDURE CODE BASE RATE INQUIRY**

\* Payer:   
 \* Benefit Plan:   
 \* Provider Taxonomy:   
 \* Procedure Code:   
 Modifier:   
 \* Date Of Service: 10/09/2024

Submit Clear

**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).

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

Home > Verify Procedure Modifier

**Verify Procedure Modifier** Legend

\* Indicates a required field

**MODIFIER VERIFICATION**

\* Benefit Plan:   
 \* Modifier:   
 \* Date Of Service: 10/09/2024

Submit Clear

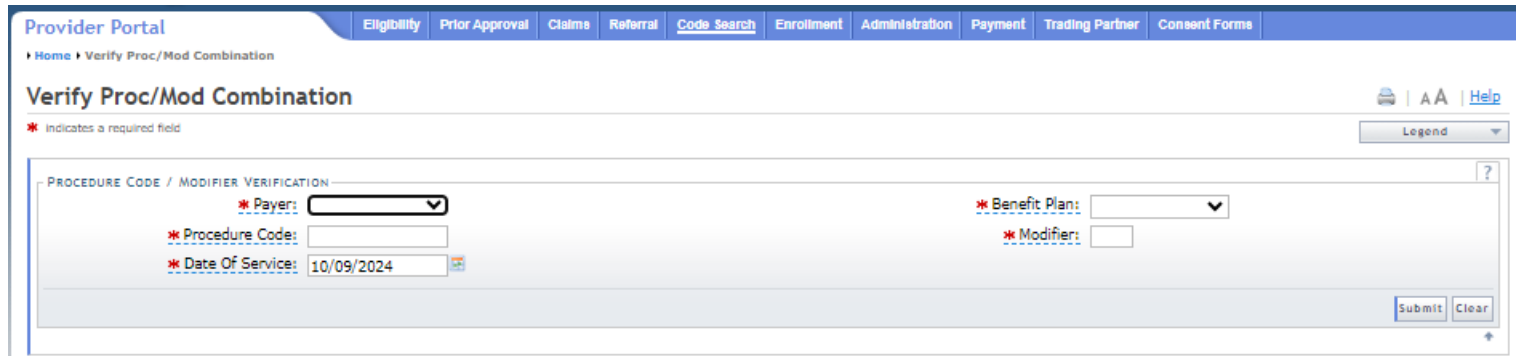
\* Ambulance Providers - Origin/Destination Modifiers are not searchable on this page.

**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.*



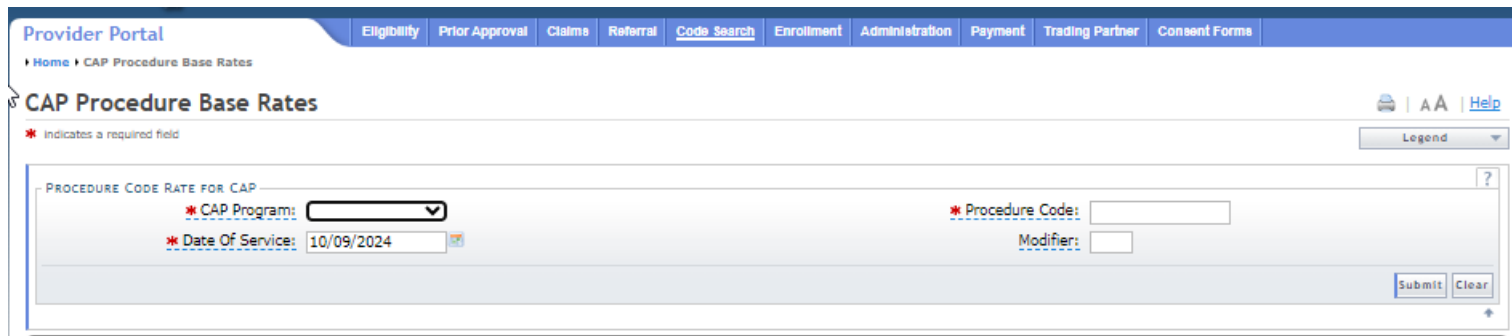
**Exhibit 34. Verify Proc/Mod Combination**

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.*



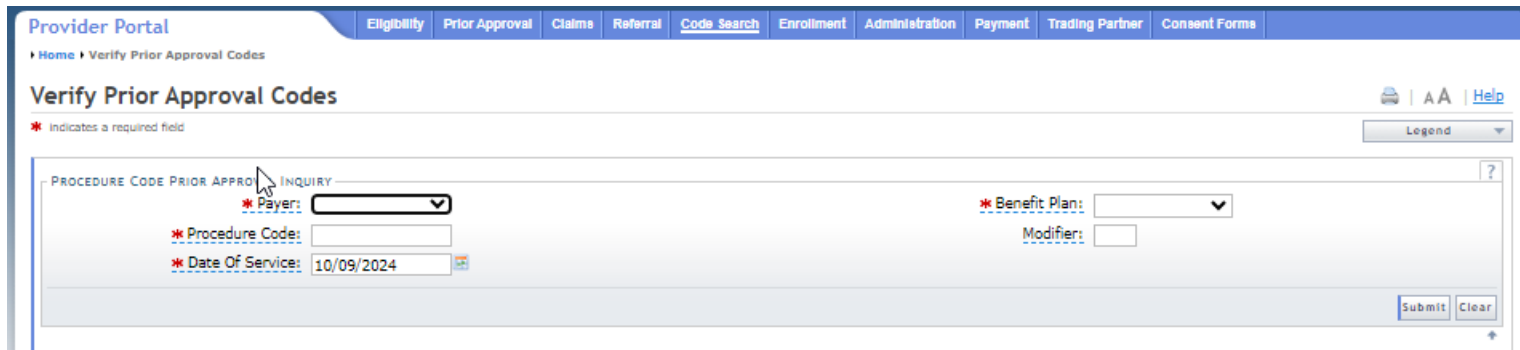
The screenshot shows the 'CAP Procedure Base Rates' search interface within the Provider Portal. The navigation bar includes 'Eligibility', 'Prior Approval', 'Claims', 'Referral', 'Code Search', 'Enrollment', 'Administration', 'Payment', 'Trading Partner', and 'Consent Forms'. The breadcrumb trail is 'Home > CAP Procedure Base Rates'. The form title is 'CAP Procedure Base Rates' with a 'Legend' dropdown. A legend note states '\* indicates a required field'. The search area is titled 'PROCEDURE CODE RATE FOR CAP' and contains the following fields:
 

- \* CAP Program: A dropdown menu.
- \* Date Of Service: A date input field with '10/09/2024' entered.
- \* Procedure Code: A text input field.
- Modifier: A text input field.

 The form includes 'Submit' and 'Clear' buttons at the bottom right.

**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.*

Provider Portal

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

Home | Pharmacy Drug Coverage

### Pharmacy Drug Coverage

\* Indicates a required field

Legend

PHARMACY DRUG/PRODUCT COVERAGE

\* Payer:

\* National Drug Code(NDC)

Or

\* Drug Name

\* Benefit Plan:

\* Date Of Service: 10/09/2024

Submit Clear

SEARCH RESULT

National Drug Code(NDC)	Drug Name	GCN	Covered	PA Required Indicator	Preferred Drug Status	Generic Product Indicator	Term Date	MFR Name
first prev next last								

**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.

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

**Announcements**

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

More Announcements

**Quick Links**

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

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

**Inbox** All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

**Provider Portal**

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

Home > Provider Enrollment > Online Provider Enrollment Ap...

**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](mailto:NCTracksprovider@nctracks.com)

**Quick Links**

[Status and Management](#)  
[Provider Enrollment Home](#)  
[PE Supporting Information](#)  
[PE Terms and Conditions](#)

**Online Provider Enrollment Application**

\* Indicates a required field

PROVIDER LOCATION

Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of **In-State**, **Border**, or **Out-of-State** enrollment.

\* ZIP Code:

\* PROVIDER ENROLLMENT APPLICATION TYPE

- + INDIVIDUAL PROVIDERS
- + ORGANIZATION PROVIDERS
- + BILLING AGENT PROVIDERS

Please be sure to complete all required fields with valid content. **Next >>**

**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

**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](mailto:NCTracksprovider@nctracks.com)

## Status and Management

\* Indicates a required field

Welcome to Provider Enrollment Status and Management  
 Please choose from the options below to manage your enrollment status.

AA | [Help](#)

Legend

**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
			RE-VERIFICATION	10/09/2019	Withdrawn
			MANAGE CHANGE REQUEST	08/29/2019	Withdrawn
			RE-VERIFICATION	01/09/2019	Withdrawn
			ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
			MANAGE CHANGE REQUEST	10/26/2018	Withdrawn
			MANAGE CHANGE REQUEST	10/09/2017	Manage Change Request Complete
			MANAGE CHANGE REQUEST	04/12/2017	Withdrawn
			MANAGE CHANGE REQUEST	04/11/2017	Approved
			ABBREVIATED METHOD OF CLAIM BI	04/11/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	03/07/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	01/13/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	12/21/2016	Manage Change Request Complete
			MANAGE CHANGE REQUEST	11/09/2016	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	11/04/2016	Manage Change Request Complete
			RE-VERIFICATION	10/20/2016	Withdrawn
			ABBREVIATED EFT MANAGE CHANGE	10/17/2016	Manage Change Request Complete
			MANAGE CHANGE REQUEST	08/19/2016	Withdrawn
			RE-VERIFICATION	06/15/2016	Withdrawn
			RE-VERIFICATION	12/07/2015	Withdrawn
			MANAGE CHANGE REQUEST	12/04/2015	Withdrawn
			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.

**Provider Portal**

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

Home | New User Setup | User Maintenance | New Group Setup | NPI Group Maintenance | Reset Electronic Signature PIN

Message Center for

Subscription Preferences | A A | Help

**Announcements**

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are seeking Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

**Inbox** All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

Exhibit 41. Administration

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

Home > User Administration

### User Administration

\* indicates a required field

**User Administration**

- New Group Setup
- New User Setup
- Group Maintenance
- User Maintenance

**Contact Information**  
If you have any questions regarding user account administration, please contact CSRA User Administration Center.  
Phone: 800-688-6696  
Fax: 919-851-4014  
Email: [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com)

**GETTING STARTED**  
**New Group Wizard**

At least one Provider Group will need to be defined before adding Administrative Users. Use this Wizard to set up the different groups of Medicaid Providers within your organization. A New Group can also be added in [Group Maintenance](#).

The NCTracks User Administration site allows Provider Office Administrators and Provider User Administrators to update information associated with one or multiple NCTracks Administration Accounts (Organizations). The list below describes the different parts of an Administration Account.

**Administration Account**  
Administration Accounts are associated with NPIs that represent a given practice. An Organization NPI (most common) or an Individual NPI may have an Administration Account.

**Office Administrator**  
Each Administration Account is represented by one (1) Office Administrator. One Office Administrator can, however, represent more than one Administration Account. Office Administrators have access to add, maintain, and delete User Administrators and General Users. Office Administrators also have access to add, maintain, and delete Provider Groups.

**Administrative Users**  
*General User* - General User accounts are created and maintained by either an Office Administrator or a User Administrator. General Users can be assigned roles (i.e. - Claims, Referrals, Prior Approvals, etc.) for the duties they have access to perform. General Users are associated with only one Administration Account.  
*User Administrator* - User Administrators are created by Office Administrators and have all the capabilities of General Users, plus the ability to add, maintain, and delete existing General Users. User Administrators do not have access to Group Maintenance. User Administrators are associated with only one Administration Account.

**Provider Group<sup>1</sup>**  
Groups are set up for different logical collections of providers (individual NPIs) within an organization. Groups can be organized by department, specialty, or any other custom classification. Each Administrative User can be assigned to do business for one or more group.

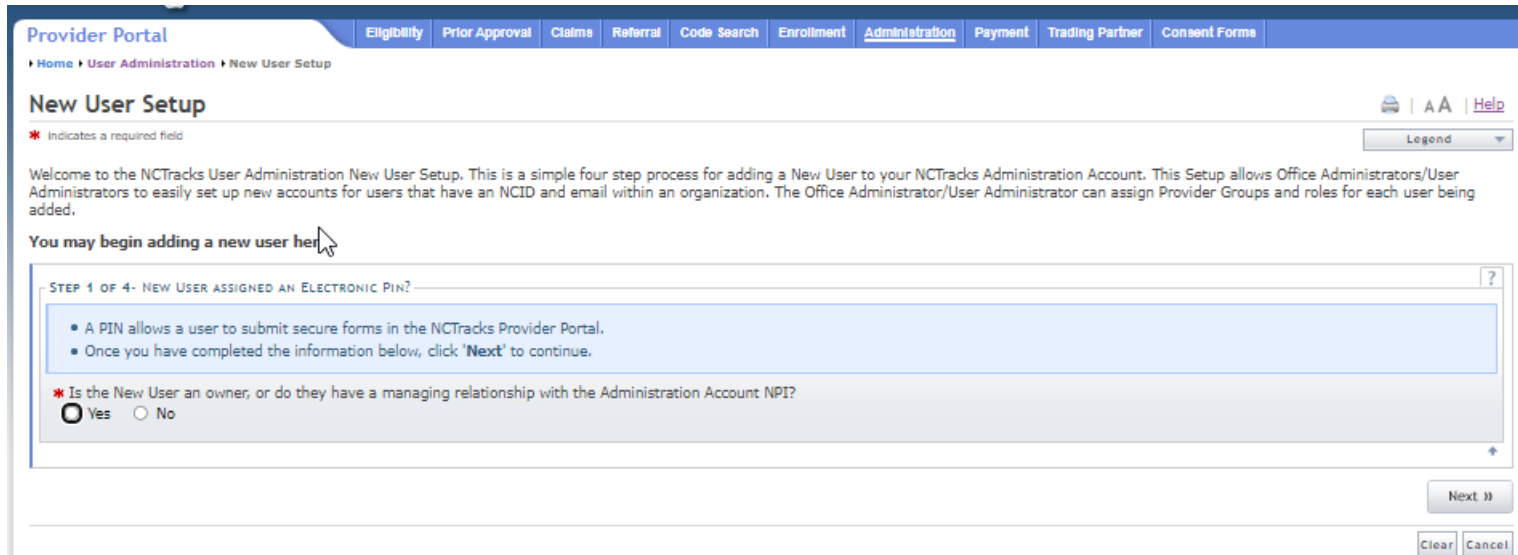
<sup>1</sup>A group does **not** refer to a group of Administrative Users. It is possible for an Individual NPI Administration Account to have a group containing a single provider.

**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.

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

Home > User Administration > User Maintenance

### User Maintenance

\* Indicates a required field

Legend

SEARCH CRITERIA

Use the following search criteria to find a User. User profiles can be updated by choosing a row from the results list by clicking User ID (NCID) link to continue.

Last Name:

User ID (NCID):

Provider Group: Choose

Email:

User Status: Choose

Search Clear

NEW USER

Press the New User Setup button below to begin adding a New User.

[New User Setup](#)

**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.

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

Home > User Administration > New Group Setup

### New Group Setup

\* Indicates a required field

This NCTracks Provider Portal New Group Setup 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.

You may begin adding a new group here:

STEP 1 OF 2 - CREATE NEW PROVIDER GROUP NAME

- Enter the name and description of the new Provider Group.
- Provider Groups can be organized by logical collections such as department or specialty.

\* Group Name:

\* Group Description:

Next >>

Clear Cancel

### 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.

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

Announcements

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

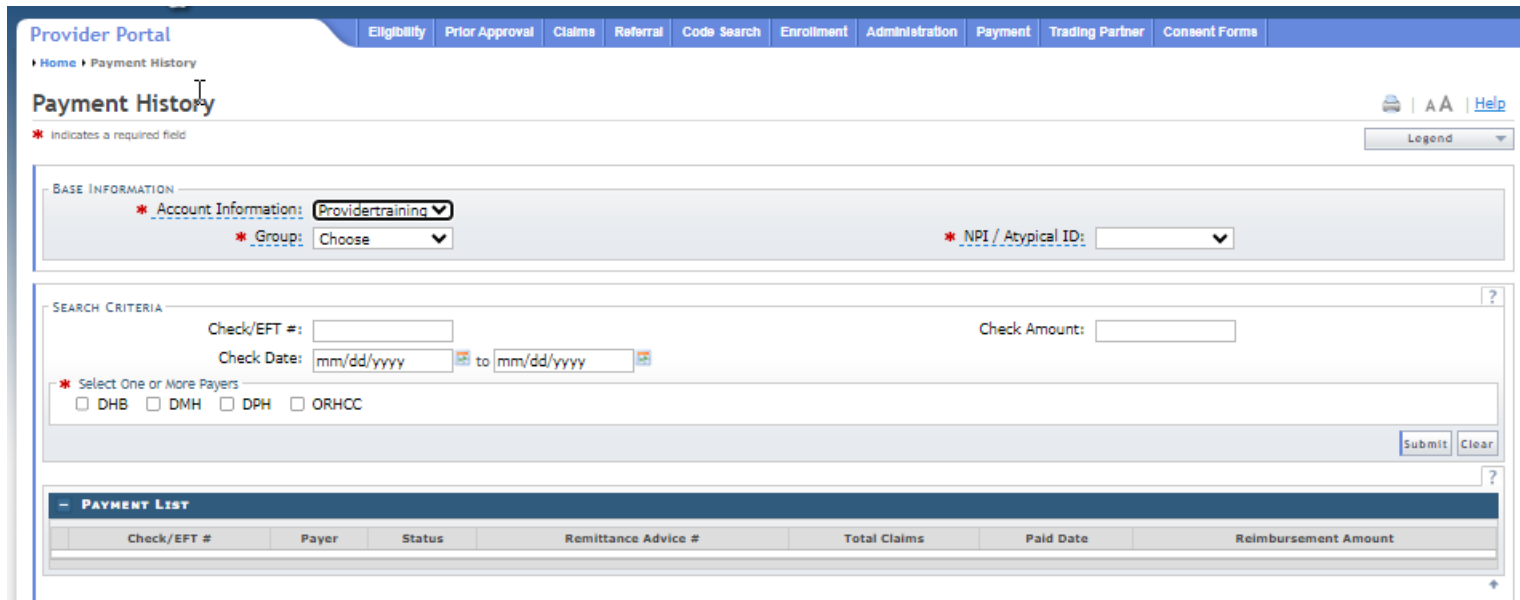
Provider Training User Administration Status and Management

Inbox All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

Announcements

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

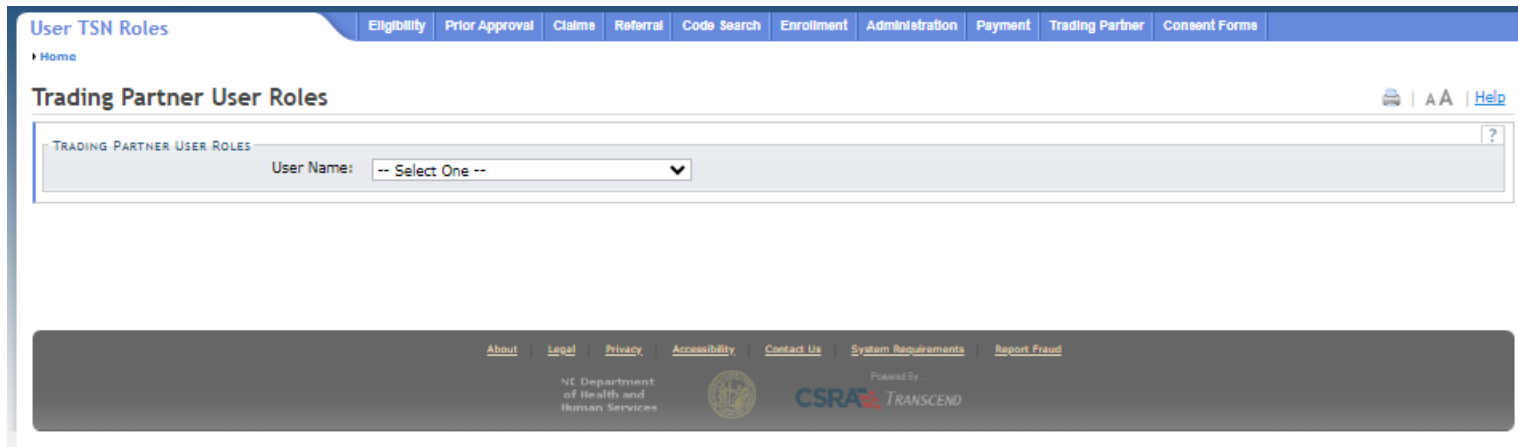
Provider Training User Administration Status and Management

Inbox All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

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.

SFTP Account Setup/Update

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

[Home](#)

## SFTP Account Setup/Update

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

**SFTP ACCOUNT**

- SFTP 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.
- Please put your NCID and password and click the attestation checkbox to setup/update your SFTP status.

- To access/update NCID record, use the appropriate link as per your NCID type.
  - External Users (Provider) click [here](#).
  - State and Local Government employees (State or Fiscal Agent) click [here](#).
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

User ID (NCID):  Password:

I agree that I am responsible for maintaining the security of the username and password and will not share it with anyone.

Setup/Update

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

idle timer re/init at 12:14:20 pm portal: pong  
[Build-JWAP-Fdev-736-74207](#)  
 stop-dock running :1773

**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.

Provider Portal

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

Home

Message Center for

Subscription Preferences | AA | Help

**Announcements**

Date: Nov 26, 2019, 12:00:00 AM Attention: All Pr

The Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov) serves people who are eligible for Medicaid, Medicare or their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

More Announcements

**Quick Links**

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

WELCOME OFFICE ADMINISTRATORS ENROLLMENT

Provider Training User Administration Status and Management

**Inbox** All Messages (36)

Provider	Status	Message	Date
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:55 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/12/2019 11:44 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:33 am
	Read	<a href="#">Prior Approval Record Assigned For Review</a>	11/12/2019 11:10 am
	Read	<a href="#">Submitted Prior Approval Record</a>	11/11/2019 09:41 am

**Exhibit 52.Consent Forms**

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

Consent Forms Search

Home > Consent Forms Search

Legend

CONSENT FORMS SEARCH CRITERIA

\* NPI: -- Select One --

\* Recipient ID:

Date of Birth: mm/dd/yyyy  OF SSN:

\* Service Type: -- Select One --

Search Clear

### 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](#)

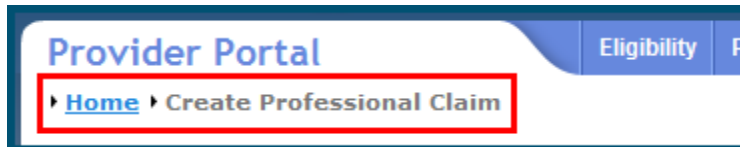
Note: Many of these resources can also be found on **NCTracks Provider Public Pages** under **Provider User Guides and Training**.

## Addendum A. Help System

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

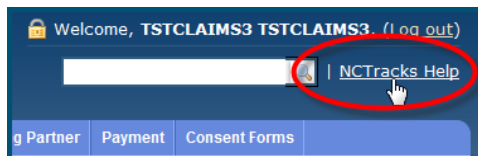
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

### Navigational Breadcrumb



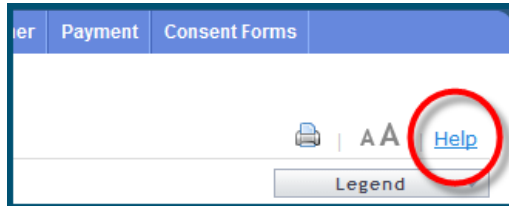
A breadcrumb trail is a navigational tool that shows the path of pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

### System-Level Help



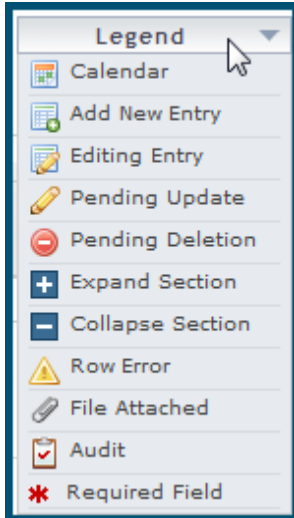
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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

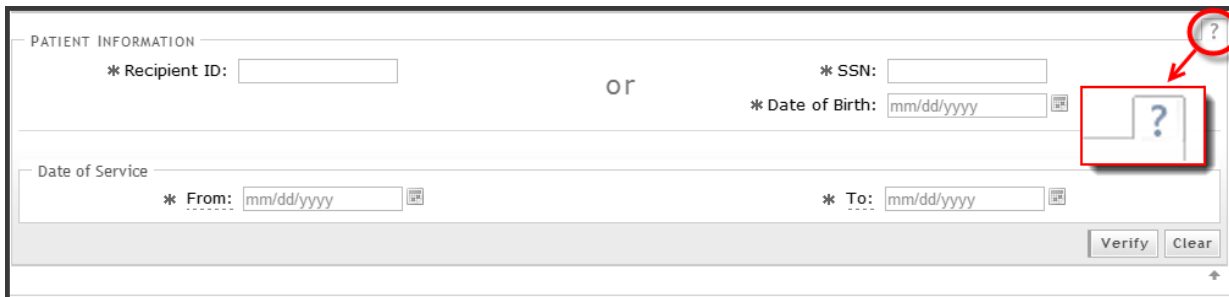
### Form Legend



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

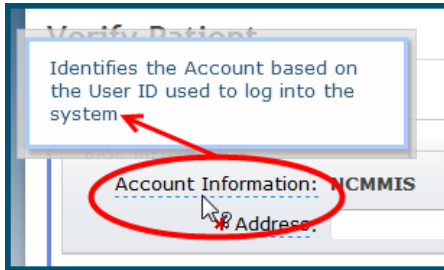
 to open the list.

### 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.