

NCMMIS Recipient Eligibility Verification Participant User Guide (Providers)

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CSRA



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

Document Revision History

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V3.3	January 26, 2023	Final version
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1.0 Welcome

1.1 COURSE OVERVIEW

Welcome to the NCTracks Recipient Eligibility Verification training. In this training, users will learn to use the Eligibility Verification System (EVS), which provides information regarding a recipient's eligibility for services in real time. The provider and recipient must be enrolled in the same health plan or benefit plan for eligibility information to be returned.

1.2 COURSE BENEFITS

This course trains the provider to verify a recipient's current eligibility in real time. This is important since a recipient's eligibility status may vary from month to month if financial or household circumstances change.

1.3 COURSE OBJECTIVES

At the end of training, providers will be able to do the following:

- Submit an Individual Recipient Eligibility Inquiry
- Submit a Batch Eligibility Inquiry
- View an Eligibility Response

1.4 PREREQUISITES

Before taking this course, it is required that the user first completes the following courses:

- NCTracks Overview (e-Learning/Computer-Based Training [CBT])
- Recipient Enrollment and Eligibility (e-Learning/CBT)
- HIPAA Privacy and Security training

NOTES:

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2.0 Individual Recipient Eligibility Inquiry

2.1 INTRODUCTION

Recipient eligibility inquiries are conducted from the **Eligibility** tab on the Provider Portal. From the **Eligibility** tab, providers can access the **Verify Recipient** page to check eligibility for an individual recipient. Eligibility represents a period of time for which a recipient has been determined eligible for an assistance program. Eligibility is sometimes confused with enrollment, which, by contrast, represents the benefit plan(s) in which a recipient can receive services. For Division of Health Benefits (DHB), a recipient can be enrolled in multiple benefit plans simultaneously within an eligibility period.

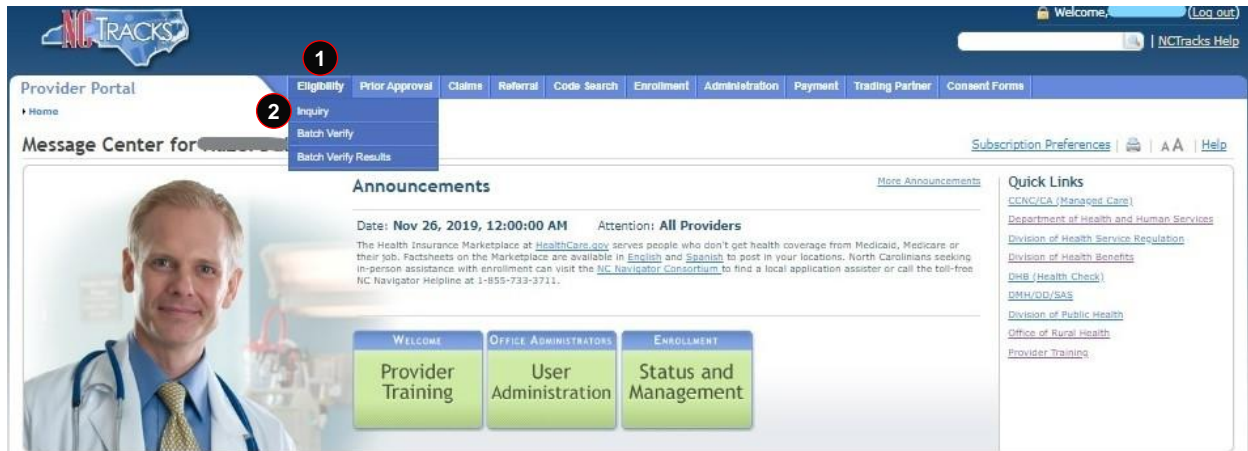


Exhibit 1. Eligibility Tab with Inquiry Option

Step	Action
1	Hover over the Eligibility tab to view the drop-down menu.
2	Select Inquiry .

2.2 RECIPIENT ELIGIBILITY INQUIRY BENEFITS

The provider will be able to:

- Submit an Individual Recipient Eligibility Inquiry
- View an Inquiry Response

2.3 INDIVIDUAL ELIGIBILITY INQUIRY/RESPONSE

NCTracks allows providers to conduct eligibility inquiries on an individual recipient. When an eligibility inquiry is submitted, the application returns responses with specific recipient eligibility details and benefit information for a single month or multiple months.

2.3.1 Individual Eligibility Inquiry

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.

The following table shows examples of inquiries and the appropriate responses.

DOS/Date Span (This table assumes that August 21, 2022 is the current date)	Months Covered = 12-Month Period (36 Months = August 2019)	What Is Returned
January 1, 2021 to January 1, 2022	First 12 months: Between July 2022 and August 2021	Eligibility span – January 2022
August 1, 2021 to August 1, 2022	First 12 months: Between July 2021 and August 2022	Eligibility span – August 2021
June 3, 2021 to June 3, 2021	Second 12 months: Between July 2021 and August 2021	Eligibility span – June 2021
January 1, 2022 to June 3, 2020	Eligibility within 36 months, but covers 20-month span	Error – Invalid Date Span
August 1, 2021 to June 3, 2020	Eligibility within 36 months, but covers 15-month span	Error – Invalid Date Span
June 17, 2020 to July 18, 2019	Covers a 12-month span but is outside of the 36-month period	Error – Invalid Date Span Eligibility inquiry from date is more than 36 months in the past.
August 15, 2020 to June 15, 2019	Eligibility within 36 months, but covers 15-month span.	Error – Invalid Date Span
May 2, 2020 to June 30, 2019	Covers a 12-month span but is outside of the 36-month period.	Error – Invalid Date Span

The options available in the **Base Information** section of the **Verify Recipient** page are determined by the user's business role and access level. The drop-down menu options for the Account Information, Group, and NPI/Atypical ID fields may vary based on the number of accounts to which the user is associated, the number of group associations within those accounts, and the number of providers.

Exhibit 2. Verify Recipient Page

Step	Action
1	Account Information – Based on the user’s business roles and access level.
2	Group – Based on the user’s business roles and access level.
3	NPI/Atypical ID – Select the NPI/Atypical ID from the drop-down menu.
4	Recipient Information – Enter recipient data using one of the following combinations: <ul style="list-style-type: none"> • Recipient ID • Recipient ID, Last Name, and Date of Birth • Recipient ID, First Name, and Last Name • First Name, Last Name, and Date of Birth • Date of Birth and SSN
5	Date of Service From – Enter the From date or use the calendar icon to select a date. These dates can be as much as 36 months in the past through the current calendar month, plus one future month. Note: DHB and DPH inquiries can be performed up to the past 36 months in 12-month intervals (13 months if the inquiry includes the current month).
6	Date of Service To – Enter the To date or use the calendar icon to select a date.
7	Service Types – Select up to five (5) service types. Leave blank to default to service type 30-Medical Care.
8	Select the Check Eligibility button to display search results.

2.3.2 Individual Eligibility Response

The **Provider Eligibility Response** page displays the search results based on the given search criteria. The provider can view the Search Criteria, Recipient Information, and Coverage Details.

When applicable, recipient response details include information regarding county code, benefit plans, category of eligibility, monthly liability amounts, Medicare, other insurance, and service limits.

Verification of eligibility is not a guarantee of payment. For DHB, if a claim denies because the recipient is not eligible and the provider proves eligibility was verified by giving the eligibility verification tracking number, DHB will honor the eligibility verification.

Exhibit 3. Provider Eligibility Response Page

Section	Description
1	Search Criteria – Displays the search criteria used for the results. This section includes: Recipient ID, Verified On (date and time), Dates of Inquiry, and Tracking #.
2	<p>About the Recipient – Displays recipient demographic information. This section includes: Name, Date of Birth, Gender, Recipient ID, Tribal Member, Tribal Services Received, and Last Well-Child Check. Last Well-Child Check displays the month, date, and year of the last well-child check-up the recipient received.</p> <p>A 'Y' value in the Tribal Member field indicates that the recipient is a member of a federally recognized Native American tribe. An 'N' value indicates that the recipient is not a member of a federally recognized Native American tribe.</p> <p>A 'Y' value in the Tribal Services Received field identifies a tribal member who has been treated or referred by an Indian Health Services (IHS)/tribal provider. An 'N' value identifies a tribal member who has NOT been treated or referred by an Indian Health Services (IHS)/tribal provider. No value, blank, or spaces in this field indicates that the recipient is not a member of a federally recognized Native American tribe.</p>
3	Coverage Details – Displays information for each calendar month within the dates of inquiry. To change inquiry dates, the user must select the appropriate date span from the Period Selection drop-down menu.

Coverage Details

The Coverage Detail section displays coverage information for the month displayed in the Period Section dropdown box. To view the coverage information for a different month, click the arrow then click the desired month. To inquire on a different month/range of months, return to the Verify Recipient Inquiry screen and enter different dates in the Date of Service From and To fields.

Period Selection: 08/01/2015-08/31/2015

Step	Action
4	Period Selection – Select the drop-down menu.

5 Period Selection: 01/01/2013-01/31/2013

CAROLINA ACCESS INFORM

Primary Care Provider: 01/01/2013-01/31/2013

02/01/2013-02/28/2013

03/01/2013-03/31/2013

04/01/2013-04/30/2013

Step	Action
5	Period Selection – Select the appropriate dates.

Coverage Details

The Coverage Detail section displays coverage information for the month displayed in the Period Section dropdown box. To view coverage information for a different month, click the arrow then click the desired month. To inquire on a different month/range of months, return to the Verify Recipient screen and enter different dates in the Date of Service From and To fields.

Period Selection: 02/01/2022-02/28/2022

Admin County Code: -

6 Beneficiary is enrolled in Managed Care and not eligible for payment through NC Tracks, except for carved out services. Please consult the Provider tab on the NC Medicaid website for more information about carved out services. <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

HEALTH PLAN: MEDICAID

Benefit Plan	Category of Eligibility	Dates of Enrollment	Managing Entity	Address	Residential County Code	Daytime Phone	After Hours Phone
Tailored Plan Medicaid Managed Care	MADCY-MADCY	02/01/2022 - 02/28/2022	EASTPOINTE HUMAN SERVICES		049 - IREDELL	222-222-2222 111-111-1111	

SERVICE TYPES AND COPAY

AMB SERV : \$0.00	ANESTHESIA : \$0.00	BRAND NAME : \$0.00	CARDIAC RE : \$0.00	CHEMOTHERA : \$0.00
CHIROPRACT : \$0.00	DIAG LAB : \$0.00	DIAG MEDI : \$0.00	DIAG X-RAY : \$0.00	DIALYSIS : \$0.00
DME PURCHA : \$0.00	DME RENTAL : \$0.00	EMERGENCY : \$0.00	FAMILY PLA : \$0.00	GENERIC PR : \$0.00
HLTH BNFT : \$0.00	HME HLTHCR : \$0.00	HOSP A SUR : \$0.00	HOSP ER AC : \$0.00	HOSP ER MD : \$0.00
HOSP INPAT : \$0.00	HOSP OTPAT : \$0.00	HOSPICE : \$0.00	HOSPITAL : \$0.00	IMMUNIZATI : \$0.00
LONG TERM : \$0.00	MEDI CARE : \$0.00	MNTL HLTH : \$0.00	MRI CAT SC : \$0.00	NEWBORN CA : \$0.00
OCCP THRPY : \$0.00	ORAL SURGE : \$0.00	PEDIATRIC : \$0.00	PHARMACY : \$0.00	PHYSICAL M : \$0.00
PODIATRY : \$0.00	PRF OF VS : \$0.00	PRF VSHME : \$0.00	PRF VSINPT : \$0.00	PRF VSOUT : \$0.00
PSYCH INPT : \$0.00	PSYCH OPTPT : \$0.00	PSYCHOTHER : \$0.00	RADI THERA : \$0.00	ROUTINE PH : \$0.00
SECOND SUR : \$0.00	SKILL NUR : \$0.00	SPEECH THE : \$0.00	SUBSTANCE : \$0.00	SURGICAL : \$0.00
SURGICAL A : \$0.00	URGENT CAR : \$0.00	VISION OP : \$0.00	WELL BABY : \$0.00	

Tailored Care Manager

Tailored Care Manager:

Daytime Phone:

Address:

After Hours Phone:

CCNC Admin Entity:

Daytime Phone:

Section	Description
6	<p>The Provider Eligibility Response page displays information pertaining to recipients enrolled in a Managed Care plan. When a recipient is shown to be enrolled in a Managed Care plan, the following message displays:</p> <p>Managed Care special message: <i>“Beneficiary is enrolled in Managed Care and not eligible for payment through NCTracks, except for carved out services. Please consult the NC Medicaid County Playbook for Managed Care for more information about carved out services: </i></p>

Section	Description
7	<p>The Administrative County Code displays above the first Health Plan. This is the county that determines eligibility.</p> <p>Note: When a future month is returned on an eligibility request, the following disclaimer message displays below the Administrative County Code: <i>"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."</i></p> <p>Health Plan – Displays eligibility information for the period requested for the following health plans: Medicaid, Health Choice, Public Health, and Rural Health. Each health plan section includes: Benefit Plan, Category of Eligibility, Dates of Enrollment, Managing Entity, Address, Residential County Code, Daytime Phone, and After Hours Phone.</p> <p>The Managing Entity field displays an agency or other entity that manages and administers the Benefit Plan.</p>
8	<p>Cost Sharing Balance – Threshold to Current Date – This section includes a statement that the cost-sharing information is valid as of <the date of inquiry>, the Tracking Period (State fiscal year), Out-of-Pocket (OOP) Max, and Amount Applied to OOP. This information is provided only when the recipient is enrolled in a benefit plan that requires recipient cost sharing, such as enrollment fees, premium payments, and co-pays, and that has an OOP maximum (the threshold).</p>
9	<p>Service Types and Co-pay – Displays the service types covered by the benefit plan and the recipient co-pay for each service. When a tribal member has a Tribal Services Received indicator of N, there is a message displayed above the Health Plan section stating there is no co-pay required if the beneficiary has been treated or referred by an IHS/tribal provider</p> <p>Note: A \$0.00 co-pay displays when there is no co-pay or when co-pay information is not available in the system, because NCTracks calculates co-pays at the time of claim adjudication. Therefore, the exact amount of patient financial responsibility (co-pay) cannot be determined until the services are rendered and the claim is submitted by the provider for processing. This is similar to when a patient goes to the doctor and they do not require a co-pay at time of service, but a bill is sent later.</p>
10	<p>Hospice Information – Displays Hospice Indicator, Start Date, and End Date. When the Hospice Indicator is Yes, care must be coordinated through the hospice agency.</p>

11

- RECIPIENT MONTHLY LIABILITY

This Monthly Liability Information is valid as of 02/04/2013

Date Segments: -

Monthly Liability:

Liability Balance:

12

- MEDICARE INFORMATION

Medicare #:

Part A Eligible : No

Part B Eligible : No

Part C Eligibility

Group Health Org :

Coverage Type :

Plan Name :

Part D Eligibility

Group Health Org :

Coverage Type :

Plan Name :

13

- OTHER INSURANCE

Type	Company Name	Company Address	Company Phone	Policyholder	Policy #	Group Policy #	Coverage Dates

14

- PHARMACY LOCK-IN

Lock-in Type	Provider Type	Provider Name	Provider Phone #	Begin Date	End Date

Section	Description
11	Recipient Monthly Liability – Displays the recipient’s monthly liability totals. This section contains: Monthly Liability valid from date, Date Segments, Monthly Liability, and Liability Balance.
12	Medicare Information – Displays the recipient’s Medicare information. This section contains: Medicare #, Part A & Part B Eligible indicators, and Part C & Part D Eligibility details such as Group Health Org, Plan Name, and Coverage Type.
13	Other Insurance – Displays information regarding insurance policies, when the recipient has commercial insurance coverage. This section contains: Type, Company Name, Company Address, Company Phone, Policyholder, Policy #, Group Policy #, and Coverage Dates.
14	Pharmacy Lock-In – Displays information when a Medicaid recipient is restricted to use of specific pharmacies. This section contains: Type (if pharmacy is primary or secondary), Pharmacy Name, and Pharmacy Phone #.

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 the applicable Medicaid policy manual. Please refer to your NC Medicaid policy manual or call CSC Provider Services at 1-800-XXX-XXXX

MEDICAID SERVICE LIMITS

Service Type	Allowed Amount / \$	Time Period	Available Amount / \$	Message (restriction)	Previous Date of Service
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SICKLE CELL SERVICE LIMITS

Service Type	Allowed Amount / \$	Time Period	Available Amount / \$	Message (restriction)	Previous Date of Service
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INFANT/TODDLER SERVICE LIMITS

Service Type	Allowed Amount / \$	Time Period	Available Amount / \$	Message (restriction)	Previous Date of Service
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ADAP SERVICE LIMITS

Service Type	Allowed Amount / \$	Time Period	Available Amount / \$	Message (restriction)	Previous Date of Service
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TRANSFER OF ASSETS SANCTION

Date Range	Message
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Section	Description
15	Medicaid Service Limits – This section contains: Service Type, Allowed Amount/\$, Time Period, Available Amount/\$, Message (restriction), and Previous Date of Service. Note: The Medicaid Service Limits section displays allowed/available units for mandatory and optional office visits, home health visits for Skilled Nurses and Home Health Aides, as well as allowed/available dollars for T1999 supplies.
16	Sickle Cell Service Limits – This section contains: Service Type (such as an office visit), Allowed Amount/\$, Time Period, Available Amount/\$, Message (restriction), and Previous Date of Service.
17	Infant/Toddler Service Limits – This section contains: Service Type (such as an office visit), Allowed Amount/\$, Time Period, Available Amount/\$, Message (restriction), and Previous Date of Service.
18	ADAP Service Limits – This section contains: Service Type (such as an office visit), Allowed Amount/\$, Time Period, Available Amount/\$, Message (restriction), and Previous Date of Service.
19	Transfer of Assets Sanction – Lists periods when a Medicaid recipient is under sanction for transferring assets. The sanction can be for a full month or part of a month. When the recipient is under a transfer of assets sanction, certain services cannot be paid by Medicaid.

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3.0 Batch Recipient Eligibility Inquiry

3.1 INTRODUCTION

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.

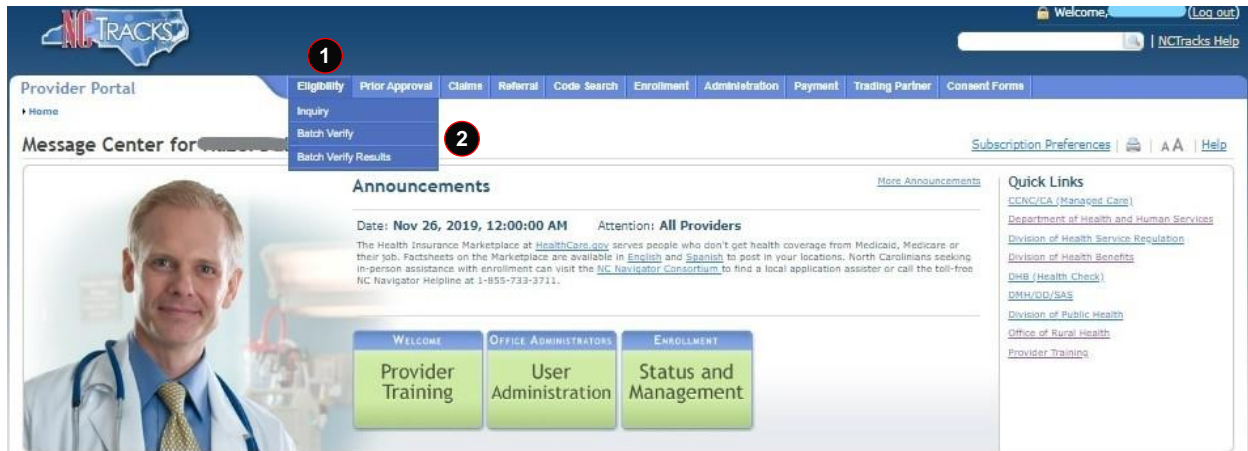


Exhibit 4. Eligibility Tab with Batch Verify Option

Step	Action
1	Hover over the Eligibility tab to view the drop-down menu.
2	Select Batch Verify .

3.2 BATCH ELIGIBILITY INQUIRY BENEFITS

The provider will be able to:

- Submit a Batch Recipient Eligibility Inquiry
- View a Batch Inquiry Response

3.3 BATCH RECIPIENT INQUIRY/RESPONSE

The **Verify Eligibility Batch** 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.

3.3.1 Batch Verify

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.

Search by Recipient SSN and Date of Birth					
	A	B	C	D	E
2	File Format:	From Dte	To Dte	SSN	Date of Birth
3		YYYYMMDD	YYYYMMDD	#####	YYYYMMDD
4		YYYYMMDD	YYYYMMDD	#####	YYYYMMDD
5		YYYYMMDD	YYYYMMDD	#####	YYYYMMDD

Exhibit 5. Excel File: Search by Recipient SSN and Date of Birth

Search by Recipient ID				
	A	B	C	D
1	File Format:	From Dte	To Dte	Recipient ID#
2		YYYYMMDD	YYYYMMDD	#####
3		YYYYMMDD	YYYYMMDD	#####
4		YYYYMMDD	YYYYMMDD	#####

Exhibit 6. Excel File: Search by Recipient ID

```

Search by Social Security Number and Date of Birth
FILE FORMAT:  From Dte-To Dte    SSN          Date of Birth
               YYYYMMDD-YYYYMMDD,##### ,YYYYMMDD
               YYYYMMDD-YYYYMMDD,##### ,YYYYMMDD
               YYYYMMDD-YYYYMMDD,##### ,YYYYMMDD
               YYYYMMDD-YYYYMMDD,##### ,YYYYMMDD

Search by Recipient Identification Number
FILE FORMAT:  From Dte-To Dte,  Recipient ID#
               YYYYMMDD-YYYYMMDD,#####
               YYYYMMDD-YYYYMMDD,#####
               YYYYMMDD-YYYYMMDD,#####
               YYYYMMDD-YYYYMMDD,#####
               YYYYMMDD-YYYYMMDD,#####
    
```

Exhibit 7. Notepad File: Search by Recipient ID or Recipient SSN and Date of Birth

3.3.2 Verify Eligibility Batch

A search can be performed by selecting the NPI/Atypical ID, Data File, and Verify By. The options available in the **Base Information** section are determined by the user's business role and access level. The drop-down menu options for the Account Information, Group, and NPI/Atypical ID fields may vary based on the number of accounts to which the user is associated, the number of group associations within those accounts, and the number of providers.

Exhibit 8. Verify Eligibility Batch Page

Step	Action
1	Account Information – Based on the user's business roles and access level.
2	Group – Based on the user's business roles and access level.
3	NPI/Atypical ID – Select the NPI/Atypical ID from the drop-down menu.
4	Data File – Select the Browse button to locate the Data File.
5	Verify By – Select Recipient ID or SSN/Date of Birth.
6	Select the Load from File button.

3.3.3 Eligibility Batch Response Details

Once the 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.

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

Home > Eligibility Batch Response De...

Eligibility Batch Response Details

* indicates a required field

1

User Name : tstClaims2 tstClaims2
File Name : Test.txt

Entered Transaction : 7
Received Transaction : 3

Sent Transaction : 3
Failed Transaction : 4

2

SEARCH CRITERIA

Recipient ID :
Status :

Last Name :

Search Clear

3

Row Count	Recipient ID	Recipient Name	Date of Birth	Status	Result
1				Error	Incorrect data format
2				Error	Incorrect data format
3				Error	Incorrect data format
4				Error	Incorrect data format
5	00000000000000000000	00000000000000000000	00000000000000000000	Batched	Success
6	00000000000000000000	00000000000000000000	00000000000000000000	Batched	Success
7	00000000000000000000	00000000000000000000	00000000000000000000	Batched	Success

Exhibit 9. Eligibility Batch Response Details Page

Step	Action
1	Review the User Name , File Name , and status of the transactions (recipients) in the uploaded file after having been processed by NCTracks: <ul style="list-style-type: none"> • Entered Transaction – Number of transactions (recipients) in the uploaded file that were read by NCTracks. • Sent Transaction – Number of transactions (recipients) for which eligibility information was returned. • Received Transaction – Number of transactions (recipients) that were submitted for an eligibility response. • Failed Transaction – Number of transactions (recipients) that contained errors (incorrect data format).
2	Search Criteria – Allows the user to search the response file. Enter information in any of the available Search Criteria fields: <ul style="list-style-type: none"> • Recipient ID • Last Name • Status Select the Search button.
3	Search Results – Allows the user to view the status of all records processed in the uploaded file and view the full response page for each recipient's eligibility (when successfully processed). This section contains: Row Count, Recipient ID, Recipient Name, Date of Birth, Status, and Result. Select the Recipient ID link to view individual eligibility details.

3.4 BATCH VERIFY RESULTS

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.

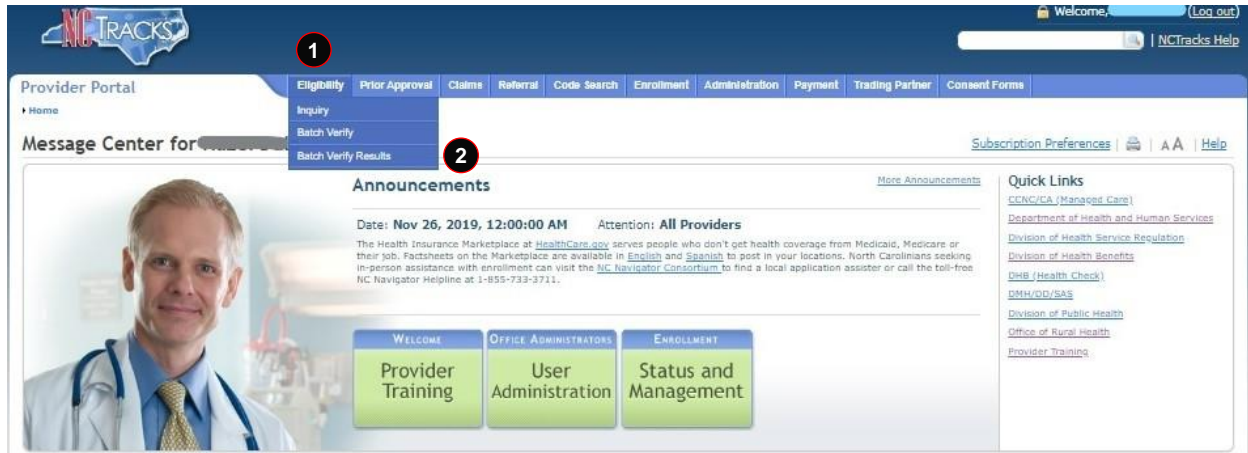


Exhibit 10. Eligibility Tab with Batch Verify Results Option

Step	Action
1	Hover over the Eligibility tab to view the drop-down menu.
2	Select Batch Verify Results .

3.4.1 Eligibility Batch Response Details

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 located next to the Recipient Name in the **Search Results** section, or complete the Search Criteria fields on this page and select the **Search** button.

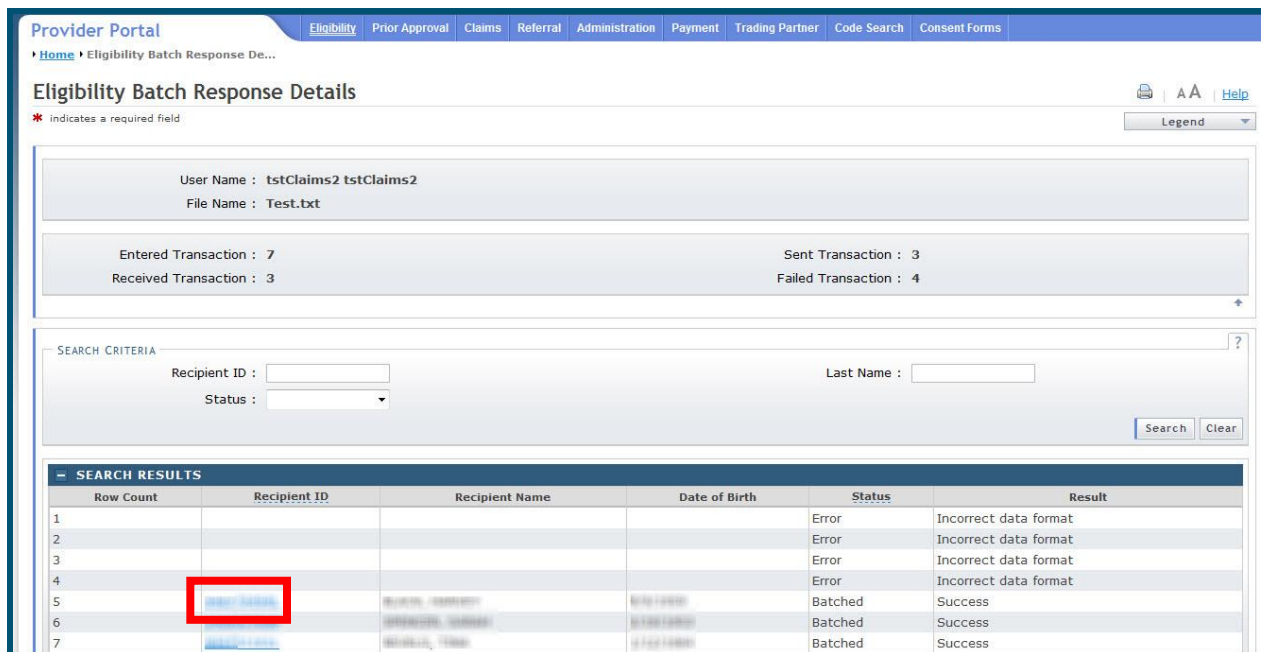


Exhibit 11. Eligibility Batch Response Details Page

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4.0 Resources

For more information, please refer to the *Recipient Enrollment and Eligibility* CBT.

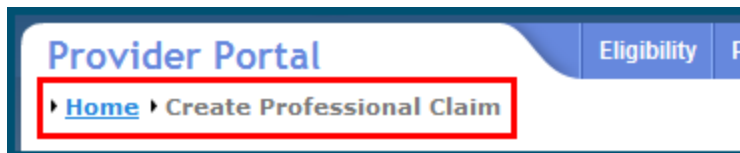
This Page Intentionally Left Blank

Addendum A. Help System

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

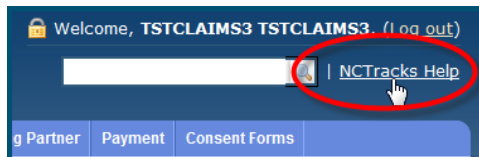
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



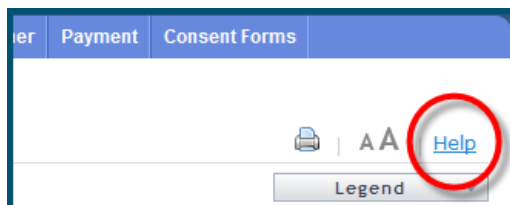
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



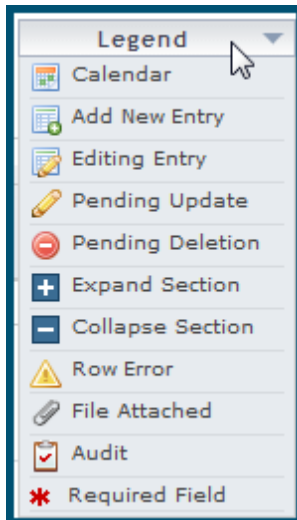
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group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

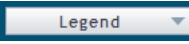
Page-Level Help



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

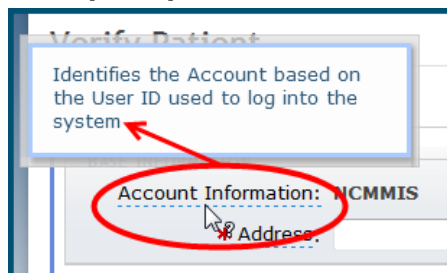


A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

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.