

a General Dynamics Information Technology, Inc. company

NCMMIS Recipient Eligibility Verification Participant User Guide (Providers)

PREPARED FOR:

DHHS IT

North Carolina Department of Health and Human Services

TRACKING NUMBER:

PUG_RCP181 Version V3.3 FINAL SUBMITTED BY: CSRA





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

January 26, 2023

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
V3.3	January 26, 2023	Final version
D3.3.2	January 23, 2023	Responded to State review comments.
D3.3.1	January 17, 2023	CSR 2553 update
V3.2	May 25, 2021	Final version
D3.2.1	May 21, 2021	CSR 2442 update
V3.1	January 11, 2019	Final version, incorporating cosmetic chgs from CSR 2080.
V3.0	March 10, 2017	Final version
D3.0.2	March 07, 2017	Responded to State review comments.
D3.0.1	February 13, 2017	CSR 1584 update
V2.0	December 15, 2015	Final
D2.0.2	December 10, 2015	Updated per State feedback.
D2.0.1	December 02, 2015	Submission for DHHS IT review/acceptance.
V1.3	November 12, 2015	Final
D1.3.1	November 05, 2015	CSR 1627 update
V1.2	October 30, 2014	Final
D1.2.3	October 27, 2014	Third submission, CSR 1421 update
D1.2.2	October 20, 2014	Second submission, CSR 1421 update
D1.2.1	October 01, 2014	CSR 1421 update
V1.1	March 20, 2014	Final
D1.1.1	March 18, 2014	5010 update.
V1.0	April 03, 2013	Final version
D1.0.3	April 02, 2013	Third submission
D1.0.2	March 28, 2013	Second submission
D1.0.1	March 19, 2013	Initial submission





Table of Contents

1.0 Welcome	.1
1.1 Course Overview	.1
1.2 Course Benefits	.1
1.3 Course Objectives	.1
1.4 Prerequisites	.1
2.0 Individual Recipient Eligibility Inquiry	.3
2.1 Introduction	.3
2.2 Recipient Eligibility Inquiry Benefits	.3
2.3 Individual Eligibility Inquiry/Response	.3
2.3.1 Individual Eligibility Inquiry	.3
2.3.2 Individual Eligibility Response	.5
3.0 Batch Recipient Eligibility Inquiry1	13
3.1 Introduction1	13
3.2 Batch Eligibility Inquiry Benefits1	13
3.3 Batch Recipient Inquiry/Response1	13
3.3.1 Batch Verify1	13
3.3.2 Verify Eligibility Batch1	15
3.3.3 Eligibility Batch Response Details1	15
3.4 Batch Verify Results1	16
3.4.1 Eligibility Batch Response Details1	17
4.0 Resources1	19
Addendum A Help System	24





List of Exhibits

Exhibit 1. Eligibility Tab with Inquiry Option	3
Exhibit 2. Verify Recipient Page	5
Exhibit 3. Provider Eligibility Response Page	6
Exhibit 4. Eligibility Tab with Batch Verify Option	13
Exhibit 5. Excel File: Search by Recipient SSN and Date of Birth	14
Exhibit 6. Excel File: Search by Recipient ID	14
Exhibit 7. Notepad File: Search by Recipient ID or Recipient SSN and Date of Birth	14
Exhibit 8. Verify Eligibility Batch Page	15
Exhibit 9. Eligibility Batch Response Details Page	16
Exhibit 10. Eligibility Tab with Batch Verify Results Option	17
Exhibit 11. Eligibility Batch Response Details Page	17





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.

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 following table shows examples of inquiries and the appropriate responses.

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.





		5		-				
2*.	Group: NCMMI	S Group 💌		3	* NPI / Atypical ID	Choose		
ECIPIENT INFORMATION								
4 Recipi	ent ID:		Date of Birth:	mm/dd/yyyy		SSN:		
First	Name:		Last Name:					
Select up to (5) service Service Types	e types. Leave b	lank to default to serv	vice type 30-Medical Car	e.				
CHEMOTHERA CHIROPRACT DENTAL DIAG LAB DIAG MEDI DIAG X-RAY	÷	Add > Empty <remove all<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th></remove>						
							8	

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: 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.





Provider Eligibility Response	
Indicates a required field	Lagen
No. of Concession	
Barriant ID	Variation Co-
Dates Of Insular	Trading &
Adduit THE RECRENT	
hame:	Date of Birth:
Gender:	Recipient ID:
Tribal Hember:	Tribal Services Received:
Last was check:	
iowrage betalls	
The Coverage Detail section displays coverage information for the click the desired month. To inquire on a different month/range of n	onth displayed in the Period Section dropdown box. To view the coverage information for a different month, click the arrow the exten, return to the Verify Recipient Inquiry screen and exter different dates in the Date of Service From and To fields.
Period Selection: 00010015-00010015 •	
Canturns Acons Information	
	Dautime Phone:
Primary Care Provider:	

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	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.
	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.
	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.
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.





The Covera

4

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.

Step Action 4 Period

Period Selection – Select the drop-down menu.

5 Period Selection:	01/01/2013-01/31/2013	-
	01/01/2013-01/31/2013	l
CAROLINA ACCESS INFORM	02/01/2013-02/28/2013	
CAROLINA ACCESS INFORM	03/01/2013-03/31/2013	
Primary Care Provider:	04/01/2013-04/30/2013	

5								
	Period Sel	ection – Sele	ct the approp	riate dates.				
overage Details								
The Coverage	Detail section displays c nth. To inquire on a diffi	overage information for the event month/range of mont	month displayed in the Per	iod Section dropdown box	. To view coverag ferent dates in th	e information for a different a Date of Service From and	month, click the To fields.	arrow then click
	Period Selection: 02	/01/2022-02/28/2022 -						
	Admin County Code: -							
1	•							
Beneficiary is	enrolled in Managed (Care and not eligible for p	ayment through NC Track	is, except for carved ou	t services. Pleas	e consult the Provider tab	on the NC Medi	caid website for
more informa	tion about carved out	services, https://medic	aid.ncdhhs.gov/providers	s/provider-playbook-me	edicaid-managed	-care		
- HEALTH PL	AN: MEDICAID							
	Benefit Plan	Category of Eligibility	Dates of Enrollment	Managing Entity	/ Addres	s Residential County Code	Daytime Phone	After Hours Pho
Tailored Plan Mi	dicaid Managed Care	MADCY-MADCY	02/01/2022 - 02/28/2022	EASTROINTE HUMAN SE	BVICES	040 - IREDELL	222-222-2222	
Tonor Corrigin Ind	raicala Harlagea care	1999901.1099901.	orlosi rorr ori rol rorr	chorrent choron oc	111020	VIV INSULS	111-111-1111	
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tanored Care	manager							
	failored Care Manager:				Daytime	Phone:		
	Address:				After Hours	Phone:		





	Descript	ion							
6	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:								
	Managed for paym Medicaid services:	d Care speci ent through N County Play	al messag ICTracks, e book for M aid.ncdhhs	e: "Bene except fo anaged (.gov/pro	eficiary is en or carved out Care for mor viders/provid	rolled in Ma services. I re informati der-playboo	anaged Care an Please consult on about carve ok-medicaid-ma	nd not elig the NC d out naged-ca	
	In additic daytime (reached	n, the page d ohone numbe after normal h	lisplays the r and the p nours.	aname o None nu	f the Tailore Imber where	d Care Mai the Tailore	nager, the addr ed Care Manag	ess, the er can be	
	County Code: 0	41 - GUILFORD							
- HEALTH PLAN:	MEDICAID	aibility Dates of	Forollment P	Jananing Entity	Address Res	idential County Code	Daytime Phone	After Hours Phone	
Cost Sharing Balance	- Threshold to Curren	it Date	JICOINIER P	anaging cricicy	Autress Acs	intential county code	Daytime Phone	Arter Hours Phone	
This cost shadon	information is walld	an of 10/24/2016							
This cost sharing i	information is valid	as of 10/24/2010							
Out of Po	Tracking Period: - ocket (OOP) Max: 5	0.00			Amoun	t Applied to OOP : \$0	0.00		
- HEALTH PLAN:	HEALTH CHOICE								
Benefi	it Plan	Category of Eligibility	Dates of Enro	Ilment	Managing Entity Addre	ess Residential Con	anty Code Daytime Phone	After Hours Pho	
North Carolina Hea	alth Choice	MICIN	07/01/2016 - 07/31	/2016		047			
IF SERVICES ARE I	PROVIDED BY AN I	HS/TRIBAL PROVIDER OR	BY REFERRAL FROM	AN IHS/TRIBAL	PROVIDER, THERE IS N	O COPAY REQUIRED			
SERVICE T	TYPES AND COPAY								
AMB SERVIC :	\$0.00	ANESTHESIA : \$0.00	CARD	IAC RE : \$0.00	CHEMOTH	IERA : \$0.00	CHIROPRACT : \$0.00		
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Section	Description
7	 The Administrative County Code displays above the first Health Plan. This is the county that determines eligibility. Note: When a future month is returned on an eligibility request, the following disclaimer message displays below the Administrative County Code: "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." 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. The Managing Entity field displays an agency or other entity that manages and administers the Benefit Plan.
8	Cost Sharing Balance – Threshold to Current Date – This section includes a statement that the cost-sharing information is valid as of <the date="" inquiry="" of="">, 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).</the>
9	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 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.
10	Hospice Information – Displays Hospice Indicator, Start Date, and End Date. When the Hospice Indicator is Yes, care must be coordinated through the hospice agency.





This Monthly Liability Info	ormation is valid as o	f 02/04/2013				
Date Segments: -						
Monthly Liability:			Liabilit	y Balance:		
MEDICARE INFORMATION	ION					
Medicare #:		Part A Eligible : No		Part	B Eligible : No	
Part C Eligibility						
Group Health Org :			PL	an Name :		
Coverage Type :						
Part D Eligibility						
Group Health Org :			PL	an Name :		
Coverage Type :						
OTHER INSURANCE						
Type Company Name	Company Address	Company Phone	Policyholder	Policy #	Group Policy #	Coverage Dat
PHARMACY LOCK-IN						

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 15 Service Type Allowed Amount / \$ **Time Period** Available Amount / \$ Message (restriction) Previous Date of Service ? - SICKLE CELL SERVICE LIMITS 16 Allowed Amount / \$ Available Amount / \$ Previous Date of Service Service Type Time Period Message (restriction) ? - INFANT/TODDLER SERVICE LIMITS 17 Service Type Allowed Amount / \$ **Time Period** Available Amount / \$ Message (restriction) Previous Date of Service ? - ADAP SERVICE LIMITS 18 Allowed Amount / \$ Available Amount / \$ Previous Date of Service Service Type **Time Period** Message (restriction) ? TRANSFER OF ASSETS SANCTION 19 Date Range Message 4

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 Rec	ipient SSN and	Date of Birth	
4	А	В	С	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 b	y Recipient ID	
	А	В	С	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

FILE FORMAT:	From Dte-To Dte SSN Date of Birth YYYYMMDD-YYYYMMDD,##########,YYYYMMDD YYYYMMDD-YYYYMMDD,##########,YYYYMMDD YYYYMMDD-YYYYMMDD,###########,YYYYMMDD YYYYMMDD-YYYYMMDD,###########
Search by Rec	ipient Identification Number
FILE FORMAT:	From Dte-To Dte, Recipient ID# 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.

Provider Portal	Eligibility	Prior Approval	Claims	Referral	Code Search	Enroliment	Administration	Payment	Trading Partner	Consent Forms	
Home Verify Eligibility Batch											
Verify Eligibility Batch											
* indicates a required field											Legend 🔻
BASE INFORMATION	NCMMIS NCMMIS Group	•				3	* NPI / Atypi	cal ID: Ch	ioose 💌	1	
UPLOAD BATCH FILE											?
The following templates are available	able: <u>TXT</u> <u>L</u>	SV									
4 * Data File : 5 * Verify By :	C Recipient.ID	Browse	a	rth							6
											Load from File

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 • <u>Home</u> • Eligibility Batch F	Response De	<u>Eligibility</u>	Prior Approval	Claims Referral	Administration	Payment	Trading Partner	Code Search	Consent Forms	
Eligibility Batch	Response D	Details								A A
k indicates a required field										Legend
U:	ser Name : tstCl	aims2 tst(Claims2							
F	File Name : Test.	.txt								
Entered Tra	ansaction : 7						Sent 1	ransaction :	3	
Received Tra	ansaction : 3						Failed 1	ransaction :	4	
SEARCH CRITERIA								Last Name :		
Rec	cipient ID :									
Red	cipient ID :		•							Search C
Rec	cipient ID : Status :		-							Search
er SEARCH RESULT Row Count	Status :	nt ID	- R	ecipient Name		Date of	Birth	Status	Result	Search
Rec SEARCH RESULT Row Count 1	Status :	nt ID	R	ecipient Name		Date of	Birth Er	<u>Status</u> ror	Result Incorrect data format	Search
Rec - SEARCH RESULT Row Count 1 2	Status :	nt ID	R	ecipient Name		Date of	Birth Er Er	<u>Status</u> ror ror	Result Incorrect data format Incorrect data format	Search
Rec SEARCH RESULT Row Count 1 2 3 -	Status :	nt ID	R	ecipient Name		Date of	Birth Er Er	Status ror ror ror	Result Incorrect data format Incorrect data format Incorrect data format	Search
Rec SEARCH RESULT Row Count 1 2 3 4 r	Cipient ID : Status : IS Recipie	nt ID	R	ecipient Name		Date of	Birth Er Er Er	Status ror ror ror ror	Result Incorrect data format Incorrect data format Incorrect data format Incorrect data format	Search C
Rec - SEARCH RESULT Row Count 1 2 3 4 5 6	Status : Status : Status :	nt ID	T R	ecipient Name	812	Date of	Birth Er Er Birth	Status ror ror ror ror etched	Result Incorrect data format Incorrect data format Incorrect data format Success Success	Search

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:
	• 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:
	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.

Theorem		🔒 Welcome, 😉 🖉 (Log.out)
		NCTracks Help
Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent I	orms
+ Home	Inquiry	
Harran Cantor for	Batch Verify	eristing Desferences 🕀 + A Hele
Message Center for and and	Batch Verify Results 2	cription Preferences 📷 A A Help
	Announcements More Announcements	Quick Links
	Date: Nov 26, 2019, 12:00:00 AM Attention: All Providers	Department of Health and Human Services
No. The	The Health Insurance Marketplace at HealthCare.gov serves people who don't get health coverage from Medicaid, Medicare or	Division of Health Service Regulation
	in-person assistance with enrollment can visit the <u>NC Navigator Consortium</u> to find a local application assister or call the toll-free	DHB (Health Check)
a la la	NC, Navigator Helpline at 1-855-733-3711.	DMH/DD/SAS
		Division of Public Health
-	WELCOME OFFICE ADMINISTRATIONS ENROLLMENT	Office of Rural Health
	Drouidar Hear Status and	Provider Training
	Training Administration Management	
	Administration Management	

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.

Provider Portal	Eliqibility	<u>r</u> Prior Approval Claims Referral A	dministration Payment Trading	Partner Code Search	Consent Forms	
Home • Eligibility Batch	Response De					
Eligibility Batch	n Response Details	5				
indicates a required field						Legend
	User Name : tstClaims2 ts	stClaims2				
	File Name : Test.txt					
Entered T	ransaction : 7			Sent Transaction :	3	
Received T	ransaction : 3		1	Failed Transaction :	4	
SEARCH CRITERIA						
Re	ecipient ID :			Last Name :		
	Status :	•				
						Search Clea
	70					
Row Count	Recipient ID	Recipient Name	Date of Birth	Status	Resu	lt
1				Error	Incorrect data format	
2				Error	Incorrect data format	
3				Error	Incorrect data format	
4				Error	Incorrect data format	
5	SHEET REAL	We have the house of the second	An ing ingeneration	Batched	Success	
6	and the second second	HARRING COMPANY AND A DESCRIPTION OF	10.1.00.1.00mm	Batched	Success	
7	and the second second	NEW TOTAL CONTINUES.	14 天世世子/中華時間	Batched	Success	

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.





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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

Legend 📐 🔻
📰 Calendar 🛛 🕏
Add New Entry
📝 Editing Entry
🥜 Pending Update
Pending Deletion
+ Expand Section
Collapse Section
🛕 Row Error
🖉 File Attached
🖌 Audit
* Required Field

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	Legend 🔻	to open the list.

Data / Section Group Help

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

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

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

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