



**CSRA**

# County DSS NEMT – Enrollment, Payment Authorization Submission, and Prior Approval Inquiry



## Agenda

- Administrative Items
- Course Overview
- Purpose of Training
- Demonstrations
- Wrap-Up
- Q&A





# WebEx Ground Rules

- Do not place your phone on hold to avoid any “hold” music being played.
- Write down any questions you may have to ask at the end of the demonstration.
- **Note: If you are viewing this as a PDF, the speaker notes can be seen by clicking on the dialogue bubble in the upper left corner of the slide. (Right click to open the speaker notes in a separate window.)**



## Course Overview

This course will guide authorized users on the steps of:

- Enrolling in NCTracks as a Billing Agent
- Updating an existing provider record to grant Billing Agent access
- Creating and submitting batch Payment Authorizations in the Provider portal
- Reviewing Authorizations in the NCTracks Operations portal





# Objectives

At the end of this training, you will be able to:

- Enroll as a Billing Agent to allow for the submission of Payment Authorization batches
- Update the Method of Claims Submission on an existing provider record to allow for the submission of Payment Authorization batches
- Create Payment Authorization batches
- Upload Payment Authorization batches
- Search for NEMT Prior Approvals





# NCTracks Provider Enrollment for County DSS

BILLING  
PARTNER

VS.

Existing Enrolled Provider





## Enrolling as a Billing Agent

- This application type does not require any enrollment fees.
- An Office Administrator (OA) will need to be identified.
- Additional user provisioning is required.



# ENROLLING AS A BILLING AGENT



# NCTracks Provider Portal – Getting Started



[Home](#) [Providers](#) [Recipients](#) [Operations](#)

## Home

Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

**PROVIDERS** – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.

**RECIPIENTS** – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).

**STATE and FISCAL AGENT Staff** – Click on the Operations tab above to access the Operations Portal and ShareNET.



### Getting Started

Just getting started with NCTracks? Follow these easy steps to begin using the new system. [read on](#)



### ICD-10

ICD-10 is here! Check this webpage for announcements, FAQs, and updates regarding the NCTracks implementation of ICD-10. [read on](#)



### Provider User Guides and Training

This section includes User Guides and Fact Sheets designed to help N.C. DHHS providers understand how to use NCTracks, as well as information about Provider Training.



Note: You can also use the Search feature (in the upper right corner of every webpage) to locate resources of interest on a particular topic. [read on](#)

# NCTracks Provider Portal – Obtaining an NCID

The screenshot shows the NCTracks Provider Portal interface. At the top, there is a navigation bar with tabs for Home, Providers, Recipients, and Operations. Below this is a breadcrumb trail: Home > Providers > Getting Started. The main content area is titled 'Getting Started' and contains the following text:

Just getting started with NCTracks? Follow these easy steps to begin using the new system.

**Step 1 - All Users must have an NCID**

- o If you do not have an NCID, go to [ncid.nc.gov](http://ncid.nc.gov) and click on Register!

**Step 2 - Identify the Office Administrator**

- o The Office Administrator must be either an owner or a managing employee.
- o An Office Administrator can be the Office Administrator for one or more NPIs.

**Step 3 - Register with NCTracks**

- o In order to have access to the NCTracks Provider portal, each provider (NPI) must complete the NCTracks Currently Enrolled Provider (CEP) Registration. This registration captures information about your Office Administrator, as well as your Electronic Funds Transfer (EFT) information, so you can receive payment from NCTracks. See [NCTracks Step-by-Step Registration](#) for instructions on how to register.

**Step 4 - Add Users and Assign User Access**

- o One of the features of the new NCTracks Provider Portal is the ability for providers to control the level of access they give to their staff members. Staff members can be granted access based on their area of responsibility. For example, front office staff may need access to recipient eligibility information, but may not be involved with submitting claims.
- o Office Administrators can set up user access for the staff in their organization who will be using the Portal. Authority is granted by the Office Administrator using the User Administration button in the secure provider portal. For details, see the [User Access Setup](#) document.

**Step 5 - NCTracks generates PINs**

- o NCTracks will generate a Personal Identification Number (PIN) for every user. This PIN will be required in NCTracks not only to complete enrollment and recertification applications, but also to submit FL2 (long term care level of care) requests, and Prior Approval (PA) requests. Electronic signature is accomplished with the combination of NCID, password, and PIN. For more information, see the [e-Signature Fact Sheet](#).

**Step 6 - Distribute User PINs**

- o A personal Identification Number (PIN) is sent via email to the Office Administrator and all registered NCTracks users. In some cases, multiple NCIDs were entered into one CEP registration. In that case, the person who completed the CEP registration will receive emails for all of the NCIDs they entered. Each email will have the NCID of the person to whom the PIN applies. The PINs should then be distributed to the appropriate user.

The sidebar on the left contains a 'Getting Started' section with the following links: Provider Communication, Frequently Asked Questions, Currently Enrolled Provider (CEP) Registration, Claims, Prior Approval, Provider Enrollment, Provider Re-credentialing/Re-verification, Provider Policies, Manuals, Guidelines and Forms, Provider User Guides and Training, ICD-10, Dental Services, Pharmacy Services, Trading Partner Information, and Office Administrator (OA) Change Process. The 'Recommended Links' section on the right includes: Sign Up for NCTracks Email Newsletter, Attend Provider Training, Get Answers to Frequently Asked Questions, Instructions for Completing Common Provider Activities, NCTracks Fact Sheets, Provider Policies, Manuals, Guidelines, and Forms, and a link to the User Access Setup document.

# NCTracks Provider Portal – Provider Enrollment

The screenshot displays the NCTracks Provider Portal interface. At the top, there are navigation tabs for Home, Providers, Recipients, and Operations. A sidebar on the left contains a menu with items such as Getting Started, Provider Communication, and Provider Enrollment. The main content area is titled 'Providers' and includes a 'Providers' section with links for formal and informal training. Below this is a 'Provider Announcements' section with several news items, including 'Payment Error Rate Measurement (PERM) Webinars' and 'NCTracks Call Center Closed Monday for Independence Day Holiday'. A 'Provider Enrollment' section is highlighted with a red box, featuring a 'Provider Enrollment' link and a 'Pharmacy Services' link. On the right side, there are sections for 'NCTracks Secure Portal', 'Password Help', 'Quotek Links', and 'State Agencies'.

# NCTracks Provider Portal – Begin Application

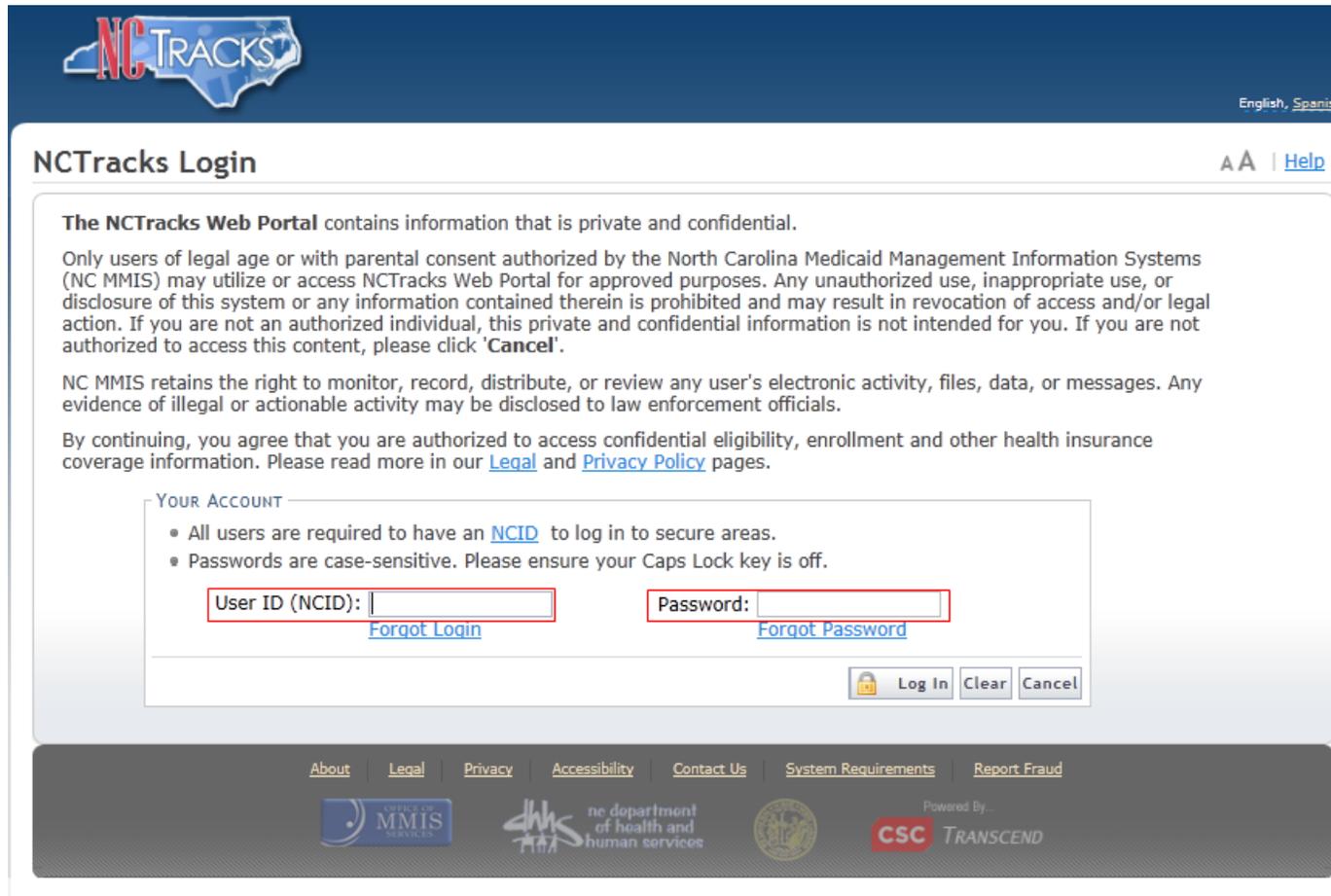
The screenshot displays the NCTracks Provider Portal website. The main content area is titled "Provider Enrollment" and includes a "Getting Started" section with the text: "The enrollment process includes credentialing, endorsement, and licensure verification. The CSRA Enrollment Team completes this verification to ensure that all providers meet the professional requirements and are in good standing. Once participation as a DHHS provider has been approved, providers are notified by email and may begin submitting claims to NC DHHS for services rendered." Below this, it states: "Applicants must meet all program requirements and qualifications for which they are seeking enrollment before they can be enrolled as DHHS providers. Specific qualifications for each provider type are listed in the [Provider Qualifications and Requirements Checklist](#)." A "Getting Started" sub-section follows, explaining that the Provider Enrollment Online Application is a user-friendly web application that gathers all the information needed to enroll. At the bottom of the main content area, there is a note: "PDF documents on this page require the free [Adobe Reader](#) to view and print."

On the left side, there is a navigation menu with categories such as "Getting Started", "Provider Communication", "Frequently Asked Questions", "Currently Enrolled Provider (CEP) Registration", "Claims", "Prior Approval", "Provider Enrollment", "Supporting Information", "Terms and Conditions", "Enrolled Practitioner Search", "Provider Re-credentialing / Re-verification", "Provider Policies, Manuals, Guidelines and Forms", "Provider User Guides and Training", "ICD-10", "Dental Services", "Pharmacy Services", "Trading Partner Information", and "Office Administrator (OA) Change Process".

On the right side, there are sections for "Provider Announcements" (with a link to "Issue with DME and PCS Claim Denials"), "Contact" (for the CSRA Call Center), and "Quick Links" (including "Provider Enrollment", "Frequently Asked Questions (FAQs)", "Provider Qualifications and Requirements Checklist (PDF, 313 KB)", and "FAQs re Enrollment of Attending, Rendering, Ordering, Prescribing, and Referring Providers (PDF, 101 KB)").

At the bottom of the page, there are two highlighted boxes. The first, "Status and Management", features a padlock icon and the text "Securely manage existing enrollment records". The second, "Begin Application", features a mouse cursor icon and the text "Start your own Provider Enrollment Online Application". This "Begin Application" box is highlighted with a red border.

# NCTracks Login



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.

**YOUR ACCOUNT**

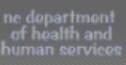
- All users are required to have an [NCID](#) to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

User ID (NCID):  Password:

[Forgot Login](#) [Forgot Password](#)



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# Provider Location/Enrollment Application Type

Welcome, Hazel Dula. (Log out)  
[NCTracks Help](#)

**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 CSC 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](#)
- [Provider Qualifications and Requirements Checklist](#)

## Online Provider Enrollment Application

\* indicates a required field

Legend

**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**

An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services. When you are completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.
- Organization**

An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.
- Atypical Organization**

Are you an atypical organization? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.
- Billing Agent**

Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSC as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

Please be sure to complete all required fields with valid content. [Next »](#)

05/09/17

# Basic Information

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

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.  
[Contact EVC Center](#)

### Billing Agent Basic Information

Legend

\* Indicates a required field

Individual  Organization

DOING BUSINESS AS (DBA) ?

\* Organization Name:

\* Employee Identification Number (EIN):  \* Email Address:

\* Business Type:

LOCATION ?

\* Address Line 1:   
Address Line 2:   
City:   
State:  ZIP Code:

CONTACT INFORMATION ?

Support Contact/Office Administrator:

\* Last Name:  \* First Name:   
Middle Name:  \* Contact Email:   
\* Phone #:  ext.  Fax #:   
\* User ID (NCID):

Technical Contact:

\* Is technical contact the same as support contact?  
 Yes  No

\* Last Name:  \* First Name:   
Middle Name:  \* Email Address:   
\* Phone #:  ext.  Fax #:

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

# Billing Agent Terms and Conditions

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

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

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

[Contact EVC Center](#)

## Billing Agent Terms and Conditions

\* Indicates a required field

Legend

I, the Billing Agent, agree to and certify as follows:

1. I will participate within the Business-to-Business (B2B) Testing process. I understand that I must meet required criteria before I will be able to submit claims in production.
2. Before billing for any medical services, I will review and fully comply with the NC DHHS Manuals and all other manuals required for billing purposes.
3. All production invoice information I submit to NC DHHS on behalf of the Medicaid providers are true and a correct report of the information received.
4. I understand that I may be prosecuted under applicable federal and state criminal and civil laws for submitting false claims, concealing material facts, misrepresentation, falsifying data systems input, other acts of misrepresentation, or conspiracy to engage therein.
5. I will maintain production claims data for seven years from the date of the service and be able to reproduce production claims for resubmission or audit upon request from NC DHHS.
6. I will allow, upon request, and at a reasonable time and place, authorized federal or state government agents to inspect, copy, and/or take any records I maintain on the services provided and billed on behalf of my client.

### Attestation Statement

\* ATTESTATION

I certify that the responses in this attestation and information submitted in this application are true, accurate, complete, and current as of the date this attestation is signed.

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

# Basic Information Complete

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

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

### Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.  
[Contact EVC Center](#)

## Basic Information Completed

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

**ELECTRONIC SIGNATURE** ?

Our records indicate that an Electronic Signature PIN has already been associated with this Office Administrators NCID. Please use the current PIN to electronically sign this application upon submission. If you have lost or forgotten your PIN, you will have the opportunity to reset it upon submission.

**APPLICATION RETRIEVAL** ?

You have successfully completed the basic information of the enrollment application.  
If you wish to retrieve and complete your saved application, please use the User ID (NCID) entered on the Basic Information page and NCID password to sign in to the NCTracks portal. Please complete this application within 90 days for submission to the state. If not completed within 90 days, the incomplete application will be deleted.

[Previous](#) Please be sure to complete all required fields with valid content. [Next](#)

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# Method of Claims and Electronic Transactions



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

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

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Billing Agent Information
- Terms and Conditions
- Method of Claim Submission
- Trading Partner Agreement
- Review Application

### Method of Claim and Electronic Transactions

\* Indicates a required field

Legend

\* METHOD OF TRANSACTION

Edifecs Message goes here...  
Please select how the enrolling billing agent will be sending and receiving claims. (Select all that apply)

- Submit a single claim via the NCTracks Provider Portal
- Submit a batch claim via NCTracks

« Previous

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

Save Draft Delete Draft

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# Trading Partner Agreement



**NC TRACKS** Welcome, (Log out)  
NCTracks Help

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

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

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Provider/EVC Center

- Billing Agent Information
- Terms and Conditions
- Method of Claim Submission
- Trading Partner Agreement
- Review Application

### Trading Partner Agreement

\* Indicates a required field

Legend

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSC as the Fiscal Agent for the North Carolina Medicaid program. A fully executed TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

The following information is requested to process your TPA:

Trading Partner Name:   
User ID (NCID):   
Provider Number(s) or Aotypical Number:  
Provider Transmission Supplier Number(TSN): **PENDING SUBMISSION**

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSC help desk for Electronic Data Interchange (EDI) support:

- General**

This Agreement effective on 06/13/2016, is between CSC, with offices located at 2610 Wydiff Road, Raleigh, NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A, below:

  - Trading Partner Name: Wake County
    - Contact Name: **HAZEL DULA**
    - Contact Telephone Number: **(919) 919-3333**
    - Contact Fax Number:
- Purpose**
  - This Agreement outlines the requirements for the transfer of electronic healthcare information between the Trading Partner named in paragraph 1, A, (above), and CSC.
  - The Trading Partner is in the business of submitting said electronic transactions on behalf of itself or provider (s). With respect to each transaction, each party agrees that it will not change any definition, data condition or use of a data element or segment as proscribed in the X12 HIPAA EDI Standards.
  - The exchange of information is for the purpose of allowing providers to conduct electronic transactions through the Trading Partner for healthcare services provided to beneficiaries of the Division of Medical Assistance (DMA) and/or the Division of Mental Health/Development Disabilities and Substance Abuse Services (DMA/DD/SAS). This Agreement provides for the exchange of information between these parties necessary for the processing of such transactions. These transactions must be in accordance with the American National Standards Institute (ANSI) accredited standards and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, CFR 45 Parts 160 and 162, Standards for Electronic Transactions, published in the Federal Register August 17, 2000.
  - The Trading Partner is prohibited from transferring electronic healthcare information received from CSC, DMA, or DMH/DD/SAS for any purpose not expressly permitted by related to paragraphs II A, B, C above.
  - DMA or its agents may reject an entire claims submission at any time due to providers failure to comply with the specifications or the terms of this Agreement. The Provider shall notify the CSC EVC Center in writing of the name, address, and phone number of any entity acting on its behalf for electronic submission of the Providers claims. The Provider shall execute an agreement with any such entity, which includes all of the provisions of this agreement, and Provider shall provide a copy of said agreement to CSC prior to the submission of any paperless claims by the entity. Prior written notice of any changes regarding the Providers use of entities acting on its behalf for electronic submission of the Providers claims shall be provided to CSC. For purposes of compliance with this agreement and the laws, rules, regulations and policies applicable to Medicaid providers, the acts and/or omissions of Providers staff or any entity acting on its behalf for electronic submission of the Providers claims shall be deemed those of the Provider, including any acts and/or omissions in violation of Federal and State criminal and civil false claims statutes.
- Provision of the Agreement**
  - The Trading Partner agrees to follow the DMA and DMH/DD/SAS billing guidelines as provided to providers for the submission of Health Care Claim transactions.
  - All transactions must be formatted in accordance with the HIPAA Implementation Guides available at <http://www.upc-edi.com/hipaa>. CSC will provide

CSRA

# Review Application



Welcome, Hazel Dula. (Log out)

NCTracks Help

Provider Portal

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

Home | Provider Enrollment | Online Provider Enrollment Ap...

### Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center.

- Billing Agent Information
- Terms and Conditions
- Method of Claim Submission
- Trading Partner Agreement
- Review Application

### Review Application

\* Indicates a required field

Legend

#### EMAIL CONFIRMATION

- The below email address is the email for the Office Administrator for this provider. During the approval process, communication will be sent to this email address.
- If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your change.)

Contact Email: **bcheek2@csc.com**

#### REVIEW APPLICATION

To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking 'Next'.

Trading Partner Agreement | Review Application

« Previous | Next »

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

Save Draft | Delete Draft

# Sign and Submit Electronic Application

The screenshot shows the NCTracks Provider Portal interface. At the top, there is a navigation menu with options: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The 'Enrollment' tab is active. The main heading is 'Sign and Submit Electronic Application'. On the left, there is a 'Provider Enrollment' sidebar with a list of steps: Billing Agent Information, Terms and Conditions, Method of Claim Submission, Trading Partner Agreement, and Review Application, all marked with checkmarks. The main content area contains an 'ELECTRONIC SIGNATURE CONFIRMATION' section with an attestation statement and fields for Login ID (NCID) and Password, each with a 'Forgot' link. Below this is a section for the Electronic Signature PIN, including a 'Forgot PIN' link. At the bottom, there is an 'ONLINE APPLICATION SUBMISSION' section with 'Submit Later' and 'Submit Now' buttons.

**NC Tracks** Welcome, Hazel Dula. (Log out) | NCTracks Help

**Provider Portal** | Home | Provider Enrollment | Online Provider Enrollment Ap...

**Provider Enrollment**

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Billing Agent Information
- Terms and Conditions
- Method of Claim Submission
- Trading Partner Agreement
- Review Application

### Sign and Submit Electronic Application

\* Indicates a required field

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

**ELECTRONIC SIGNATURE CONFIRMATION**

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#)      \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to . Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

- [Trading Partner Agreement](#)

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

# Final Steps



**NC TRACKS** Welcome, Hazel Dula. (Log out)

| [NCTracks Help](#)

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

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

**Provider Enrollment** Print | A A | [Help](#)

[Contact EVC Center](#) **Legend** ▼

**Final Steps** ?

\* Indicates a required field

**ONLINE SUBMISSION COMPLETE**

Thank you for submitting the online portion of your application.  
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)
- [Trading Partner Agreement](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.  
You will be contacted by the Trading Partner Testing Unit with instructions for transaction certification. If you are not contacted within one week, please contact the Trading Partner Testing Unit at 1-800-688-6696 or [NCMMIS\\_EDI\\_SUPPORT@cs.gov](mailto:NCMMIS_EDI_SUPPORT@cs.gov).

[Return to Provider Enrollment Status and Management Home](#)

# Application Status

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

## 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.

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
50000000	WAKE COUNTY		Enrollment	06/13/2018	Approved



# ABBREVIATED MANAGE CHANGE REQUEST (MCR)





## Abbreviated Manage Change Request (MCR)

- The method of claims submission “Submit batch claim via NCTracks” has to be added in order to perform these tasks.
- This MCR does not require credentialing and will automatically approve.
- There are no fees associated with this type of update.



Let's See It





# Status and Management

MANAGE CHANGE REQUEST ?

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

RECORD RESULTS						
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
<input type="radio"/>	0000000000	00000000000000000000	0000000000	27502-1216	01/01/2015	Active
<input type="radio"/>	0000000000	00000000000000000000	0000000000	27502-1216	01/01/2015	Active
<input type="radio"/>	0000000000	00000000000000000000	0000000000	28403-6062	02/01/2005	Active
<input type="radio"/>	0000000000	00000000000000000000	0000000000	27502-1216	01/01/2015	Active
<input type="radio"/>	0000000000	00000000000000000000	0000000000	27502-1216	01/01/2015	Active

+



# Requested Manage Change Request Type Screen

Home • Status and Management
Legend

### Contact Information

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

Phone: 800-600-6696  
 Fax: 919-851-6014  
 Email: [SC2100000000@medicaid.com](mailto:SC2100000000@medicaid.com)

## Requested Manage Change Request Type

■ indicates a required field

**1** MANAGE CHANGE REQUEST TYPE

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID:  
 Name:

Update Electronic Funds Transfer (EFT) Account Information<sup>1</sup>  
 Add/Update Affiliations<sup>1</sup>  
 Add/Update Method of Claims and Electronic Transactions and/or Billing Agent Information<sup>1</sup>  
 Complete multiple changes or review your complete provider record

Please have all information available; this application must be completed in one session.

Please be sure to complete required fields with valid values.

**2** Next >



# Method of Claim and Electronic Transactions Screen

**NC TRACKS** Welcome, [Home](#) [Help](#) (Log out)

[Home](#) | [Provider Enrollment](#) | Online Provider Enrollment Ap...

**Method of Claim and Electronic Transactions** Legend

\* indicates a required field

\* METHOD OF TRANSACTION ?

Please select how the enrolling billing agent will be sending and receiving claims. (Select all that apply)

- Submit a single claim via the NCTracks Provider Portal
- Submit a batch claim via NCTracks**
- Billing Agent

[« Previous](#) [Next »](#) [Cancel Application](#)

# Trading Partner Agreement Page

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

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

## Trading Partner Agreement

Indicates a required field

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSC as the Fiscal Agent for the North Carolina Medicaid program. A fully executed, TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

The following information is requested to process your TPA:

Trading Partner Name: **COMMUNITY PHYSICIANS**  
User ID (NCID): **ProviderTraining1**  
Provider Number(s) or Atypical Number: **0000000000**  
Provider Transmission Supplier Number(TSN):

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSC help desk for Electronic Data INterchange (EDI) support:

- General**  
This Agreement effective on **06/22/2016**, is between CSC, with offices located at 2610 Wycliff Road, Raleigh, NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A. below:
  - Trading Partner Name: **COMMUNITY PHYSICIANS**
    - Contact Name: **Dula Hazel**
    - Contact Telephone Number:
    - Contact Fax Number:
- Purpose**
  - This Agreement outlines the requirements for the transfer of electronic healthcare information between the Trading Partner named in paragraph I, A. (above), and CSC.
  - The Trading Partner is in the business of submitting said electronic transactions on behalf of itself or provider (s). With respect to each transaction, each party agrees that it will not change any definition, data condition or use of a data element or segment as proscribed in the X12 HIPAA EDI Standards.
  - The exchange of information is for the purpose of allowing providers to conduct electronic transactions through the Trading Partner for healthcare services provided to beneficiaries of the Division of Medical Assistance (DMA) and/or the Division of Mental Health/Development Disabilities and Substance Abuse Services (DMA/DD/SAS). This Agreement provides for the exchange of information between these parties necessary for the processing of such transactions. These transactions must be in accordance with the American National Standards Institute (ANSI) accredited standards and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, CFR 45 Parts 160 and 162, Standards for Electronic Transactions, published in the Federal Register August 17, 2000.
  - The Trading Partner is prohibited from transferring electronic healthcare information received from CSC, DMA, or DMH/DD/SAS for any purpose not expressly permitted by related to paragraphs II A, B, C above.
  - DMA or its agents may reject an entire claims submission at any time due to providers failure to comply with the specifications or the terms of this Agreement. The Provider shall notify the CSC EVC Center in writing of the name, address, and phone number of any entity acting on its behalf for electronic submission of the Providers claims. The Provider shall execute an agreement with any such entity, which includes all of the provisions of this agreement, and Provider shall provide a copy of said agreement to CSC prior to the submission of any paperless claims by the entity. Prior written notice of any changes regarding the Providers use of entities acting on its behalf for electronic submission of the Providers claims shall be provided to CSC. For purposes of compliance with this agreement and the laws, rules, regulations and policies applicable to Medicaid providers, the acts and/or omissions of Providers staff or any entity acting on its behalf for electronic submission of the Providers claims shall be deemed those of the Provider, including any acts and/or omissions in violation of Federal and State criminal and civil false claims statutes.
- Provision of the Agreement**



# Sign and Submit Abbreviated Manage Change Request

**Sign and Submit Abbreviated Manage Change Request** Legend

\* indicates a required field

**ELECTRONIC SIGNATURE CONFIRMATION**

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

**1** \* Login ID (NCID):  [Forgot Login ID](#)

**2** \* Password:  [Forgot Password](#)

• If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

**3** \* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

• [Agreement and Attestations](#)

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

**4**



# Abbreviated Manage Change Request – Final Steps Screen

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

Home | Provider Enrollment

## Abbreviated Manage Change Request - Final Steps

Print | AA | Help

\* indicates a required field Legend

ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.  
Please save/print the following documents for your records

- [Online Application](#)
- [DHHS Participation Agreement](#)
- [Trading Partner Agreement](#)

Return to [Provider Enrollment Status and Management Home](#)

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

the department of health and human services Powered By



# Abbreviated Manage Change Request – Final Steps Screen



## NCTracks Provider Enrollment

Page 1 of 3

Trading Partner Agreement

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSC as the Fiscal Agent for the North Carolina Medicaid program. A fully executed, TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

The following information is requested to process your TPA:

Trading Partner Name:

User ID (NCID) : providertraining1

Provider Number(s) or Atypical Number: 1992625648

Provider Transmission Supplier Number(TSN): PSNH

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSC help desk for Electronic Data Interchange (EDI) support:

**1. General**

This Agreement effective on 06/22/2016, is between CSC, with offices located at 2610 Wycliff Road, Raleigh, NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A. below:

**A. Trading Partner Name:**

- I. Contact Name: Dula Hazel
- II. Contact Telephone Number:
- III. Contact Fax Number:

# Status and Management Page

**NC TRACKS** | Welcome [User Name] | (Log out) | NCTracks Help

**Provider Portal**

- Home
- Status and Management

**Contact Information**

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

Phone: 800-688-6696  
 Fax: 855-710-1965  
 Email: [nctracksprovider@nctracks.com](mailto:nctracksprovider@nctracks.com)

**Quick Links**

- [Online Application](#)
- [Provider Enrollment Home](#)
- [PE Supporting Information](#)
- [PE Terms and Conditions](#)
- [Provider Qualifications and Requirements Checklist](#)

**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.

**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
	COMMUNITY PHYSICIANS		Abbreviated Method of Claim Bi	06/22/2016	Manage Change Request Complete



## User Provisioning

- All user NCIDs that will be submitting NEMT Payment Authorization batches or checking the status of submitted NEMT Prior Approvals will need to be provisioned.
- User provisioning is performed by the Office Administrator (OA).
- Trading Partner user roles must be assigned.

# User Provisioning

The screenshot displays the NCTracks Provider Portal interface. At the top, there is a navigation bar with the NCTracks logo and a user greeting: "Welcome, [Name] (Log out)". Below this is a secondary navigation bar with tabs for various services: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The "Administration" tab is selected, and a dropdown menu is visible with options: Home, New User Setup, User Maintenance, New Group Setup, and NPI Group Maintenance. The "New User Setup" option is highlighted with a red box.

The main content area features a "Message Center for [Name]" and an "Announcements" section. The announcement is dated "Feb 10, 2016 12:00:00 AM" and is addressed to "All Providers". The subject is "Stay on top of NCTracks - sign up for the newsletter". The text of the announcement reads: "The best way to stay on top of updates to NCTracks is to subscribe to the NCTracks Communications and Updates newsletter. If you are not already receiving the newsletter, you can subscribe by clicking on the link under the heading 'Sign Up for NCTracks Communications' on the Provider Communications webpage. Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email." Below the announcement are three buttons: "WELCOME Provider Training", "OFFICE ADMINISTRATORS User Administration" (highlighted with a red box), and "ENROLLMENT Status and Management".

On the right side, there is a "Quick Links" section with several links: CCNC/CA (Managed Care), Department of Health and Human Services, Division of Health Service Regulation, Division of Medical Assistance, DMA (Health Check), DMH/DD/SAS, Division of Public Health, ICD-10 Webpage, Office of Rural Health and Community Care, Provider Training, and Provider Manuals.

At the bottom, there is an "Inbox" section with a table of messages:

Provider	Status	Message	Date
1992825848	Read	<a href="#">Rejected Prior Approval Record</a>	05/09/2016 01:43 pm
1003000217	Read	<a href="#">Prior Approval Record Assigned For Review</a>	05/09/2016 01:36 pm

# User Provisioning



Welcome, [Help](#) [\(Log out\)](#)

[NCTracks Help](#)

**Provider Portal** | [Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Enrollment](#) | [Administration](#) | [Trading Partner](#) | [Payment](#) | [Consent Forms](#) | [Training](#) | [PORTAL-DEV](#)

[Home](#) | [User Administration](#) | [New User Setup](#)

## New User Setup

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

**\*** indicates a required field

**Legend**

Welcome to the NCTracks User Administration New User Setup. This is a simple four step process for adding a New User to your NCTracks Administration Account. This Setup 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.

**You may begin adding a new user here:**

STEP 1 OF 4- NEW USER ASSIGNED AN ELECTRONIC PIN?

- A PIN allows a user to submit secure forms in the NCTracks Provider Portal.
- Once you have completed the information below, click '**Next**' to continue.

**\*** Is the New User an owner, or do they have a managing relationship with the Administration Account NPI?

Yes  No

**Next >>**

[Clear](#) [Cancel](#)

# User Provisioning



**NC TRACKS** Welcome, [User] (Log out) | NCTracks Help

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

Home > User Administration > New User Setup

## New User Setup

\* indicates a required field

Legend

STEP 2 OF 4- CREATE A NEW USER

- Enter the 'NCID' and 'Email'. Click 'Verify the NCID' button to populate the Last Name and First Name that is on record with NCID.
- Make sure that you are provisioning the correct NCID. If so complete or modify required information.

\*A User Administrator has access to the NCTracks User Administration Site, and can add, maintain, and delete General Users.

\* User ID (NCID):  [Get NCID](#) \* Email:

[Verify the NCID](#)

Last Name:  First Name:   
Middle Initial:  Suffix: Choose ▾  
\* User Type: Choose ▾ Phone #: (000) 000-0000 ext.

« Previous [Next »](#) Clear Cancel

# User Provisioning

The screenshot shows the NCTracks Provider Portal interface. At the top, there is a navigation bar with the NCTracks logo and a user welcome message: "Welcome, [username] . (Log out)". Below this is a secondary navigation bar with tabs for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration (selected), Trading Partner, Payment, Consent Forms, Training, and PORTAL-DEV. The main content area is titled "New User Setup" and includes a breadcrumb trail: Home > User Administration > New User Setup. A "Legend" button is visible in the top right of the main area. The current step is "STEP 3 OF 4 - ASSIGN PROVIDER GROUPS TO THE NEW USER". Instructions state: "Select the provider groups from the available groups on the left for which you would like the New User ( ecridier-dev ) to do business. For your convenience, the list at the right shows the members of each group." The interface is divided into three main sections: "Provider Groups Available Groups" (a list of group IDs), "Selected Groups" (currently empty), and "Group Legend" (empty). The "Add >" button is highlighted with a red box. At the bottom, "Previous" and "Next >>" buttons are present, with the "Next >>" button also highlighted in red. "Clear" and "Cancel" buttons are located in the bottom right corner.

**NC TRACKS** | Welcome, [username] . (Log out) | NCTracks Help

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

Home > User Administration > New User Setup

## New User Setup

\* indicates a required field | Legend

**STEP 3 OF 4 - ASSIGN PROVIDER GROUPS TO THE NEW USER**

- Select the provider groups from the available groups on the left for which you would like the New User ( **ecridier-dev** ) to do business.
- For your convenience, the list at the right shows the members of each group.

**Provider Groups Available Groups**

- 1779:1003000100
- 1779:1003000308
- 1779:1003000647
- 1779:1003050238
- 1779:1003866534
- 1779:1013990324

**Add >**

**Add All >**

**< Remove**

**< Remove All**

**\* Selected Groups**

**Empty**

**Show Assigned Groups Legend**

**Group Legend**

**Previous** | **Next >>** | Clear | Cancel

# User Provisioning

The screenshot shows the NCTracks Provider Portal interface. At the top, there is a navigation bar with the NCTracks logo and a user welcome message. Below this is a menu with options like Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, Consent Forms, Training, and PORTAL-DEV. The current page is 'New User Setup', and the user is at 'STEP 4 OF 4 - ASSIGN ACCESS ROLES TO THE NEW USER'. The page contains instructions to select access roles and a 'Submit' button to activate the user. A list of available roles is shown on the left, and an assigned role 'Training - Training access' is shown on the right. A 'Legend' dropdown is also visible.

**Provider Portal** | Welcome, [User Name] | (Log out) | NCTracks Help

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

Home | User Administration | New User Setup

## New User Setup

\* Indicates a required field

STEP 4 OF 4 - ASSIGN ACCESS ROLES TO THE NEW USER

- Select the access role(s) from the available roles for this New User (**ecrider-dev**)
- Click 'Submit' when you are ready to activate the New User you have created.

**Access Rights**

Available Roles

- Claims User-Verify Patient, Claims Status Search
- Enrollment Specialist
- Payment History
- PrescribingProvider
- Prior Approval Inquiry Only
- Referrals User-Referral Entry and Inquiry

**Assigned Roles**

- Training - Training access

Roles Legend

Legend

Previous

Click here to finish and add the New User: **Submit**

Clear Cancel

# User Provisioning



**NC TRACKS** Welcome [username] (Log out)  | [NCTracks Help](#)

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

Home | [User Administration](#) | User Maintenance

## User Maintenance

\* indicates a required field Legend

**Submission Confirmation**

 **Added the User NCID: ecrider-dev**

**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:  Email:   
User ID (NCID):  User Status: Choose   
Provider Group: Choose

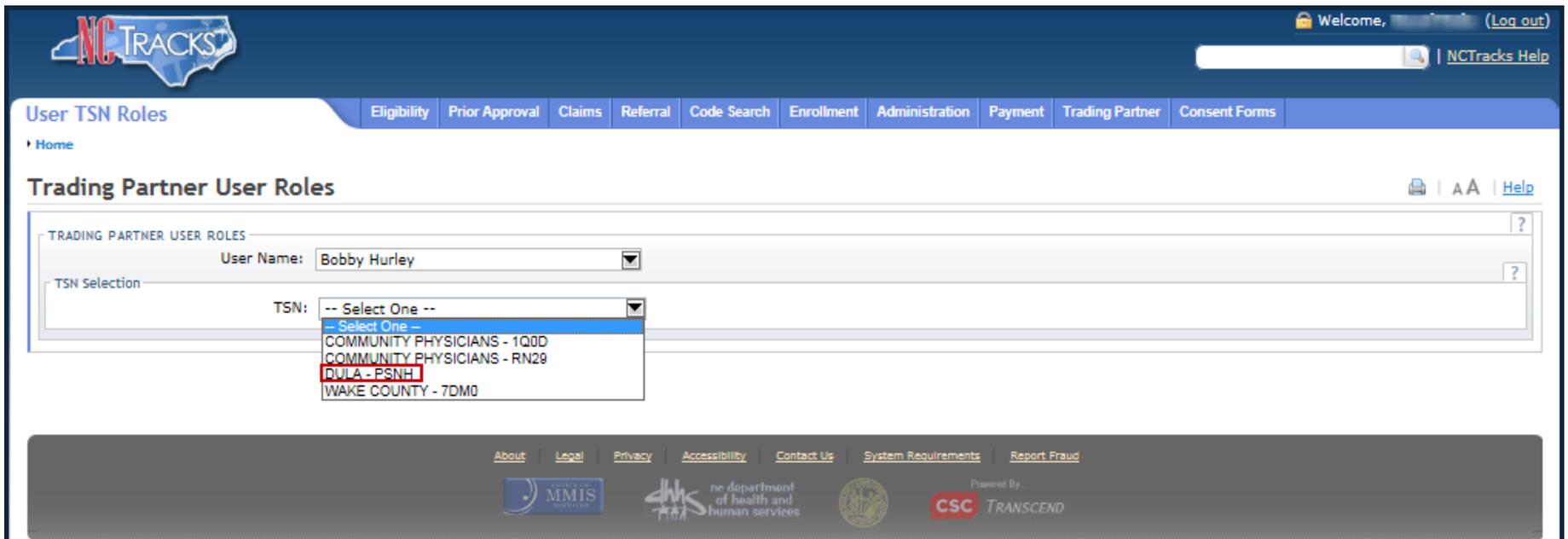
**NEW USER** ?

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

# Trading Partner User Roles

The screenshot displays the NCTracks Provider Portal. At the top, there is a navigation bar with the following menu items: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The 'Trading Partner' menu is expanded, showing sub-options: Batch Transfer and Manage Transactions for User. The 'Manage Transactions for User' option is highlighted with a red box. Below the navigation bar, the page title is 'Provider Portal' and the user is logged in as 'Welcome, [Name] (Info) (Log out)'. The main content area is titled 'Message Center for [Name]' and features an 'Announcements' section with a date of 'Feb 10, 2016 12:00:00 AM' and attention to 'All Providers'. Below the announcement, there are three buttons: 'WELCOME' (with 'Provider Training'), 'OFFICE ADMINISTRATORS' (with 'User Administration'), and 'ENROLLMENT' (with 'Status and Management'). A 'Quick Links' section on the right lists various departmental links such as 'CCNCCA (Managed Care)', 'Department of Health and Human Services', and 'Division of Health Service Regulation'.

# Trading Partner User Roles



The screenshot displays the NCTracks web application interface. At the top left is the NCTracks logo. The top right shows a user login area with the text "Welcome, [username] (Log out)" and a search bar with "NCTracks Help" link. A horizontal navigation menu contains the following items: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. Below the menu, the page title is "Trading Partner User Roles" with a "Home" link and icons for print, font size (AA), and help. The main content area is titled "TRADING PARTNER USER ROLES" and contains a form with the following fields:

- User Name: Bobby Hurley
- TSN Selection: -- Select One --

The dropdown menu for TSN Selection is open, showing the following options:

- Select One --
- COMMUNITY PHYSICIANS - 1Q0D
- COMMUNITY PHYSICIANS - RN29
- DULA - PSNH**
- WAKE COUNTY - 7DM0

At the bottom of the page, there is a footer with links for About, Legal, Privacy, Accessibility, Contact Us, System Requirements, and Report Fraud. Logos for MMIS, the North Carolina Department of Health and Human Services, and CSC Transcend are also present.

# Trading Partner User Roles



Welcome, [Public User](#) (Log out) | [NCTracks Help](#)

User TSN Roles | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training

Trading Partner User Roles

TRADING PARTNER USER ROLES

User Name:

TSN Selection

TSN:

Transaction	Transaction Type	MoveIT/FTP - Batch	CAQH CORE	
			Batch	Real Time
Eligibility	270	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claim Status	276	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pended Claim	277P	<input checked="" type="checkbox"/>	N/A	N/A
Payment Order/RA	820	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
MC Enrollment	834	<input checked="" type="checkbox"/>	N/A	N/A
Remittance	835	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Dental Claim	837D	<input checked="" type="checkbox"/>	N/A	N/A
Institutional Claim	837I	<input checked="" type="checkbox"/>	N/A	N/A
Professional Claim	837P	<input checked="" type="checkbox"/>	N/A	N/A
Acknowledgement	TA1	<input checked="" type="checkbox"/>	N/A	N/A
Non-Emergency Medical Transportation (NEMT) Prior Approval	NEMT	<input checked="" type="checkbox"/>	N/A	N/A

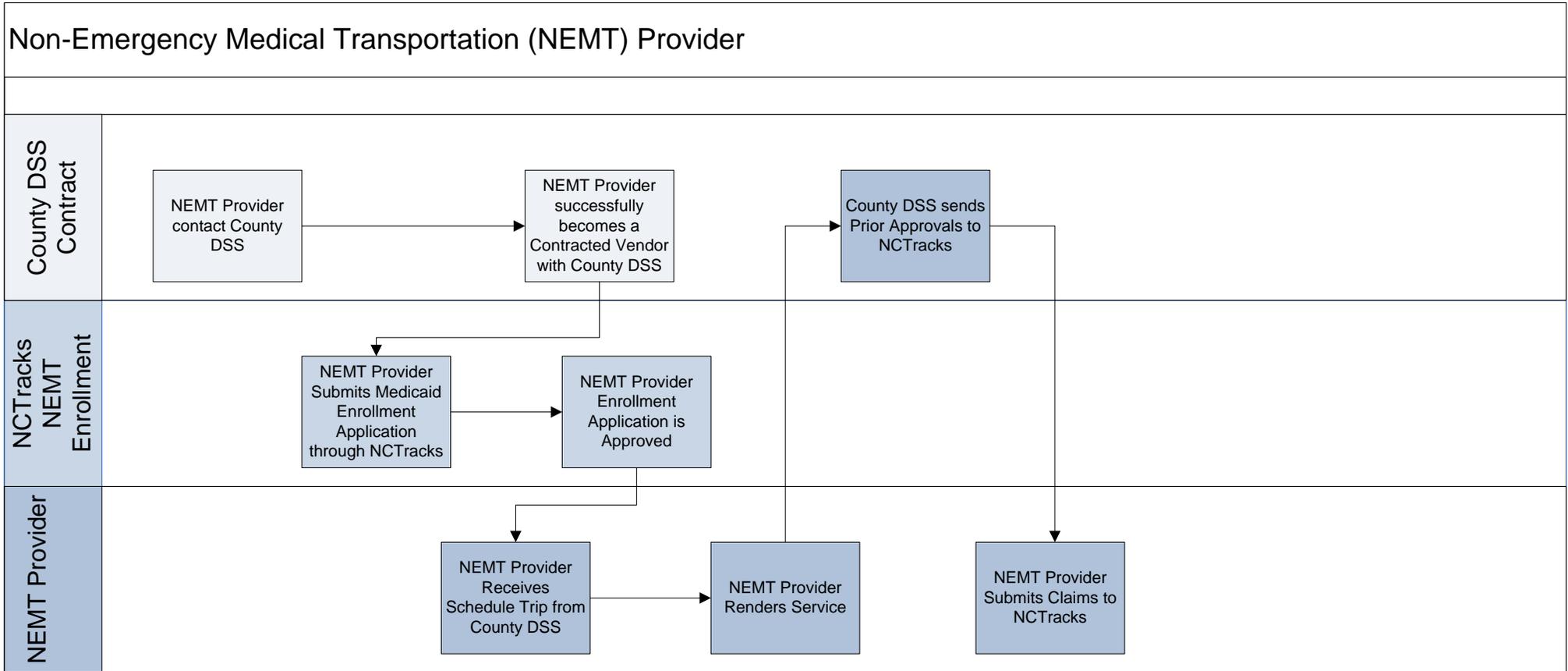


# PAYMENT AUTHORIZATION





# Overview of the Process





## NEMT Payment Authorization Batch

- Claims for NEMT services will be adjudicated and paid through NCTracks.
- Once the County DSS and vendor have agreed upon an NEMT trip, the trip is completed and the confirmation by the vendor is sent to the County DSS. The County DSS will add the information to a Payment Authorization batch.
- The file will be created using Microsoft Excel and saved as a Comma Separated Values (CSV) (comma-delimited) file type.
- Fourteen (14) data elements will be required in the file for each NEMT trip.
- Payment Authorization batches should only include confirmed NEMT trip information.
- For each approved NEMT service entered on the Payment Authorization batch, the PA Begin Date should be the same as the PA End Date.



# NEMT Prior Authorization Batch File

County Provider ID	County Code	TSN	File Submit Date	Action Code	PA Tracking ID	Recipient ID	NEMT Provider ID	NEMT Provider Location	PA Begin Date	PA End Date	Procedure Code	Amount	PA Status
52001943	092	X916	2016-06-20	0	092TC101	123456789Z	34084014	003	2016-06-23	2016-06-23	A0100	45.34	A
52001943	092	X916	2016-06-20	0	092TC102	123456789Z	34084014	003	2016-06-24	2016-06-24	A0100	46.34	A
52001943	092	X916	2016-06-20	0	092TC103	345678901Z	1053679390	003	2016-06-10	2016-06-10	A0120	76.23	A
52001943	092	X916	2016-06-20	0	092TC104	456789012Z	1053679390	003	2016-06-01	2016-06-01	A0120	76.23	A



# NEMT Prior Authorization Batch File

	A	B	C	D
1	<b>Authorizing County Identification Information</b>			
2	<b>County Provider ID</b>	<b>County Code</b>	<b>TSN</b>	<b>File Submit Date</b>
3	52001943	092	X916	2016-05-06
4	52001943	092	X916	2016-05-06
5	52001943	092	X916	2016-05-06
6	52001943	092	X916	2016-05-06
7	52001943	092	X916	2016-05-06
8	52001943	092	X916	2016-05-06
9	52001943	092	X916	2016-05-06
10	52001943	092	X916	2016-05-06



# NEMT Prior Authorization Batch File

E	F	G
PA Specific		
Action Code	PA Tracking ID	Recipient ID
0	092TC101	111111111Z
0	092TC102	222222222X
0	092TC103	333333333Y
0	092TC104	444444444D
0	092TC105	555555555C
0	092TC106	666666666K
0	092TC107	777777777L
0	092TC108	888888888P



# NEMT Prior Authorization Batch File

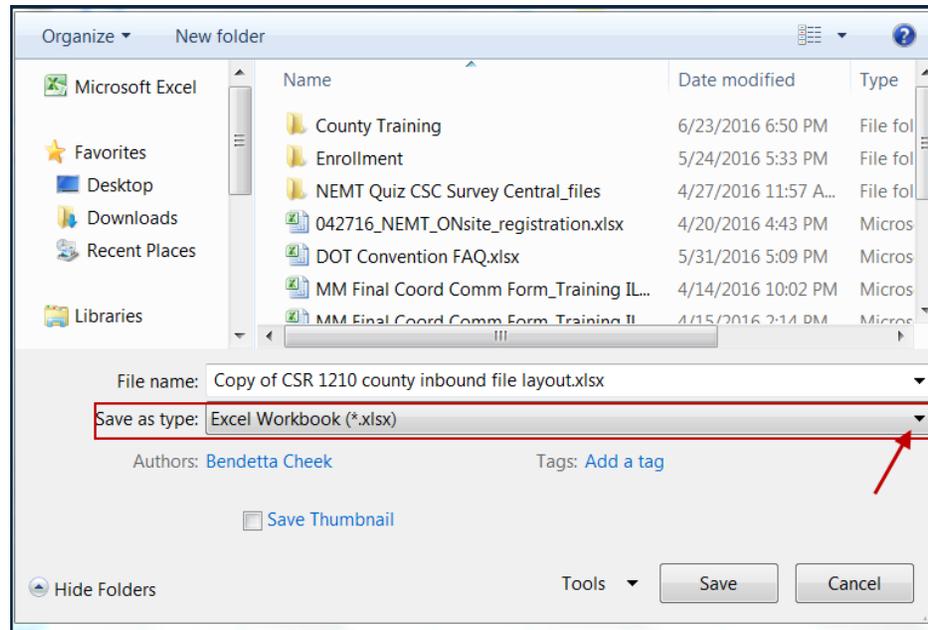
H	I
<b>Rendering Provider Identificaton Information</b>	
<b>NEMT Provider ID</b>	<b>NEMT Provider Location</b>
3408404	003
3408404	003
3408404	003
3408404	003
3408404	003
1234567899	003
1234567899	003
1234567899	003



# NEMT Prior Authorization Batch File

PA Specific				
PA Begin Date	PA End Date	Procedure Code	Amount	PA Status
2016-06-23	2016-06-23	A0100	45.34	A
2016-06-24	2016-06-24	A0100	46.34	A
2016-06-10	2016-06-10	A0120	76.23	A
2016-06-01	2016-06-01	A0120	76.23	A

# NEMT Prior Authorization Batch File

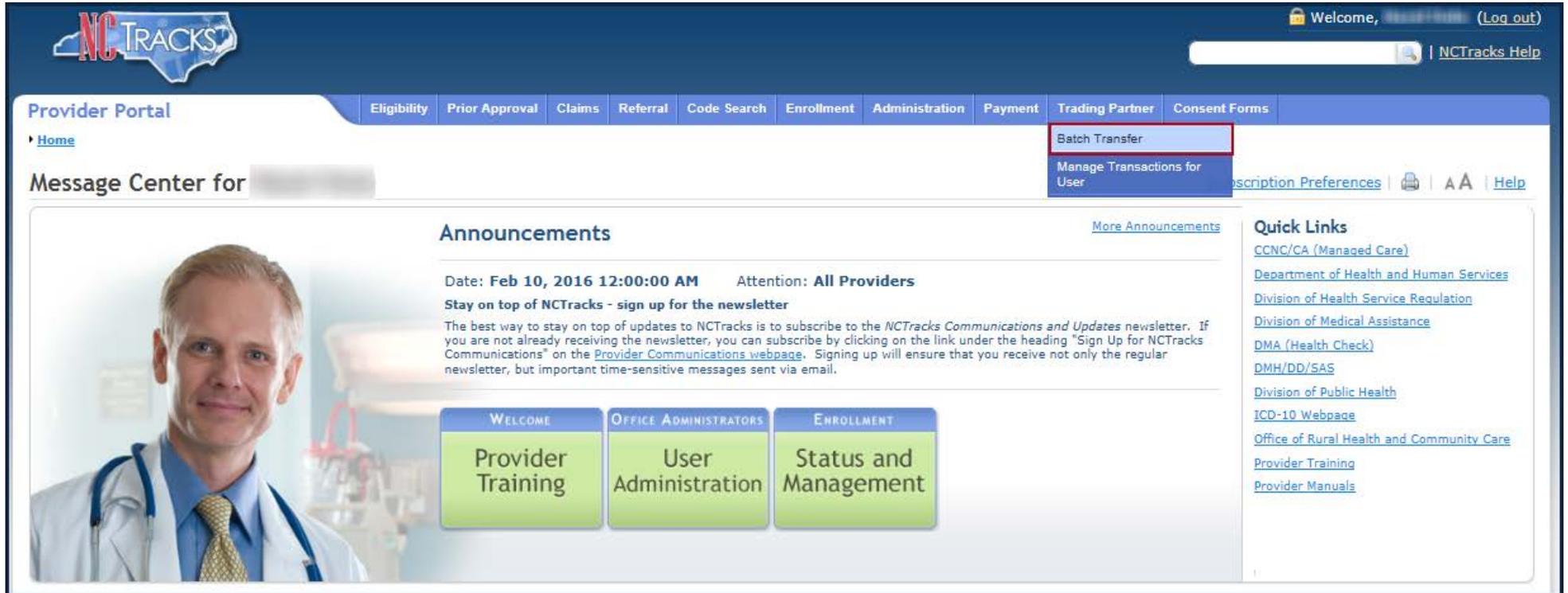


**File Name:**

**PA\_NEMT\_CountyProviderID\_CountyCode\_YYYYMMDD  
(Example: PA\_NEMT\_1234567890\_003\_20160901)**

CSV (Comma delimited) (\*.csv)

# NEMT Batch Upload



The screenshot displays the NCTracks Provider Portal. At the top left is the NCTracks logo. The top right shows a user login area with 'Welcome, [username] (Log out)' and a search bar. Below the logo is a navigation menu with tabs for 'Eligibility', 'Prior Approval', 'Claims', 'Referral', 'Code Search', 'Enrollment', 'Administration', 'Payment', 'Trading Partner', and 'Consent Forms'. The 'Trading Partner' tab is active, showing a dropdown menu with 'Batch Transfer' and 'Manage Transactions for User'. Below the navigation is a 'Message Center for [redacted]' section. The main content area features an 'Announcements' section with a date of 'Feb 10, 2016 12:00:00 AM' and attention to 'All Providers'. The announcement text reads: 'Stay on top of NCTracks - sign up for the newsletter. The best way to stay on top of updates to NCTracks is to subscribe to the NCTracks Communications and Updates newsletter. If you are not already receiving the newsletter, you can subscribe by clicking on the link under the heading "Sign Up for NCTracks Communications" on the Provider Communications webpage. Signing up will ensure that you receive not only the regular newsletter, but important time-sensitive messages sent via email.' Below the announcement are three buttons: 'WELCOME Provider Training', 'OFFICE ADMINISTRATORS User Administration', and 'ENROLLMENT Status and Management'. On the right side, there is a 'Quick Links' section with various links such as 'CCNC/CA (Managed Care)', 'Department of Health and Human Services', 'Division of Health Service Regulation', 'Division of Medical Assistance', 'DMA (Health Check)', 'DMH/DD/SAS', 'Division of Public Health', 'ICD-10 Webpage', 'Office of Rural Health and Community Care', 'Provider Training', and 'Provider Manuals'.



# NEMT Batch Transfer Upload

Managed File Transfer

English - [Français](#) - [Deutsch](#) - [Español](#)

➔ Sign On

Username

Password:

**Security Notice:**  
You are about to access a secured resource. NCTracks reserves the right to monitor and/or limit access to this resource at any time.

Need Help? [Tech Support](#) - [Online Manual](#)

# NEMT Batch File Upload



Signed onto [username]

Home  
Folders  
Logs

Need Help?  
Tech Support

All time and date stamps displayed on this site are GMT -4, except time and date stamps recorded during standard time (GMT -5).

Welcome to NCTracks File Transfer Dev! Please watch this area for important messages.

Home

Go To Folder: /

→ **/Home/Provider/BXVKMXDE** **1**

Name	Created	Size/Contents
Parent Folder		
<input type="checkbox"/> tng	10/12/2015 11:37:57 AM	3 <input type="checkbox"/> 0 <input type="checkbox"/>

Select Folders: [All](#) - [Empty](#) - [Not Empty](#) - [None](#)

→ **Upload Files Now...** **2**

User Quota Info: 0 KB of 2000 MB used. (0%)

Select a folder: / Home / Provider / BXVKMXDE / tng / In

[CLICK HERE to Launch the Upload/Download Wizard...](#)

# NEMT Batch File Upload

The screenshot displays the NC TRACKS web interface. At the top left, there is a navigation menu with 'Home', 'Folders', and 'Logs'. Below this is a 'Need Help?' section with a 'Tech Support' link. A disclaimer states: 'All time and date stamps displayed on this site are GMT -4, except time and date stamps recorded during standard time (GMT -5)'. The main content area shows the user is signed into their account. The current view is the 'Home' directory, with a 'Go To Folder' dropdown set to '/'. A table lists the contents of the current directory:

Name	Created	Size/Contents
Parent Folder		
tng	10/12/2015 11:37:57 AM	3 0

Below the table, there is a 'Select Folders' dropdown menu with options: All - Empty - Not Empty - None. A prominent green button labeled 'Upload Files Now...' is highlighted with a red box. Below this, the 'User Quota Info' shows '0 KB of 2000 MB used. (0%)'. A 'Select a folder:' dropdown is set to '/ Home / Provider / BXVKMXDE / tng / In'. A red box highlights a link that says 'CLICK HERE to Launch the Upload/Download Wizard...'. The background of the page features a collage of images including a classical building, a beach, and a lighthouse.



# NEMT Batch File Upload

NCTracks Upload Wizard - Upload to /Home / Provider / BXVKMXDE / tng / In

**MOVEit WIZARD** Please drop files into the list below, or use the buttons to the right.

**Add File** Remove

Add Folder

Filename	Size	Modified

Next > Cancel

← **Step 1**

**Step 2** →

NCTracks Upload Wizard - Upload to /Home / Provider / BXVKMXDE / tng / In

**MOVEit WIZARD** Please drop files into the list below, or use the buttons to the right.

Add File Remove

Add Folder

Filename	Size	Modified
C:\Users\bcheek3\Desktop\Go-Live\Tr...	934	2016-06-26 1...

Next > Cancel



# NEMT File Transfer Upload

 [/ Home/ Provider/ BXVKMXDE/ tng/](#)

Go To Folder:

## ✦ Folders and Files

Name	Created	Size/Contents	Creator	#	📄
 Parent Folder					
<input type="checkbox"/>  Reject	10/12/2015 11:37:59 AM				
<input type="checkbox"/>  Response	10/12/2015 11:37:58 AM				
<input type="checkbox"/>  In	10/12/2015 11:37:58 AM			1	

Select Folders: [All](#) - [Empty](#) - [Not Empty](#) - [None](#)

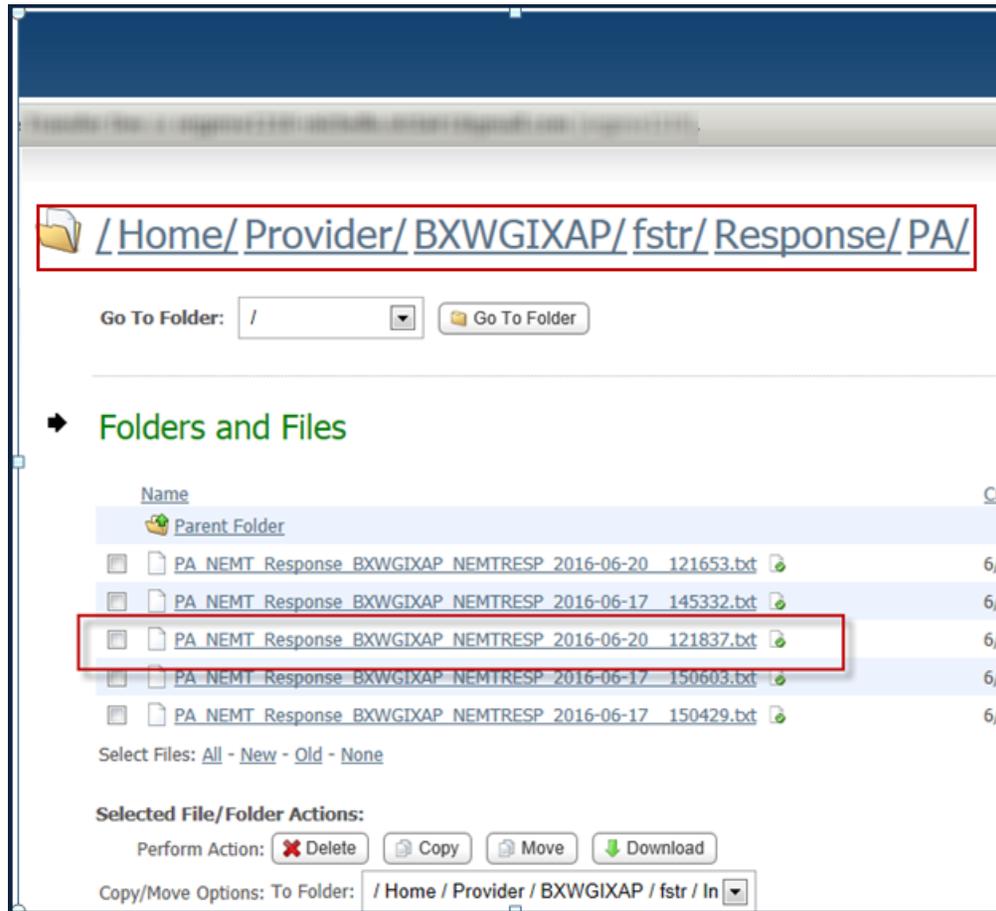
### Selected File/Folder Actions:

Perform Action:

Copy/Move Options: To Folder:

[Advanced Copy/Move Options >>](#)

# NEMT Response File

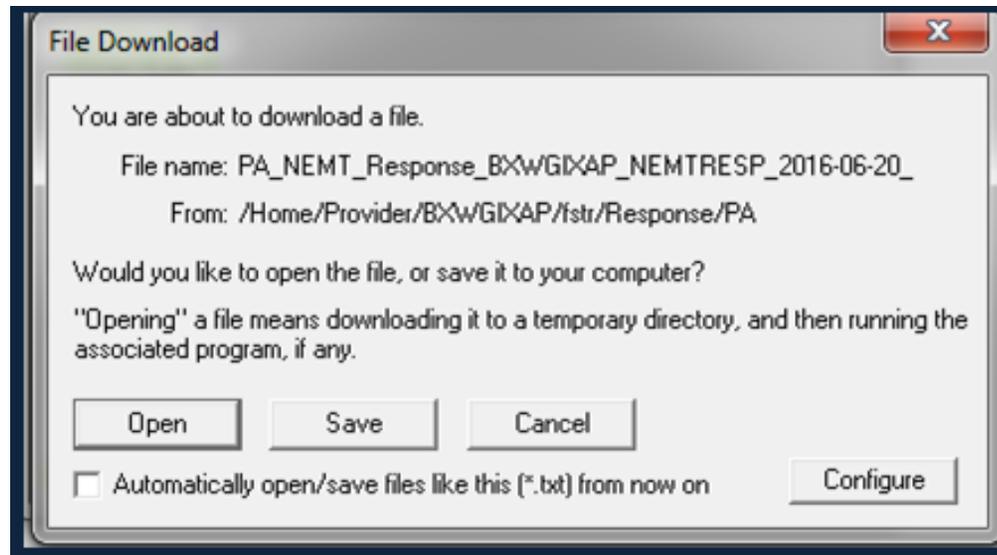


The screenshot displays a file management interface. At the top, the breadcrumb path `/ Home / Provider / BXWGIXAP / fstr / Response / PA /` is highlighted with a red box. Below this, there is a "Go To Folder:" field with a dropdown menu showing `/` and a "Go To Folder" button. The main content area is titled "Folders and Files" and contains a table of files. The table has columns for "Name" and "Cre". One file, `PA NEMT Response BXWGIXAP NEMTRESP 2016-06-20 121837.bt`, is highlighted with a red box. Below the table, there are options for "Select Files: All - New - Old - None" and "Selected File/Folder Actions: Perform Action: Delete Copy Move Download". At the bottom, there is a "Copy/Move Options: To Folder:" dropdown menu showing `/ Home / Provider / BXWGIXAP / fstr / In`.

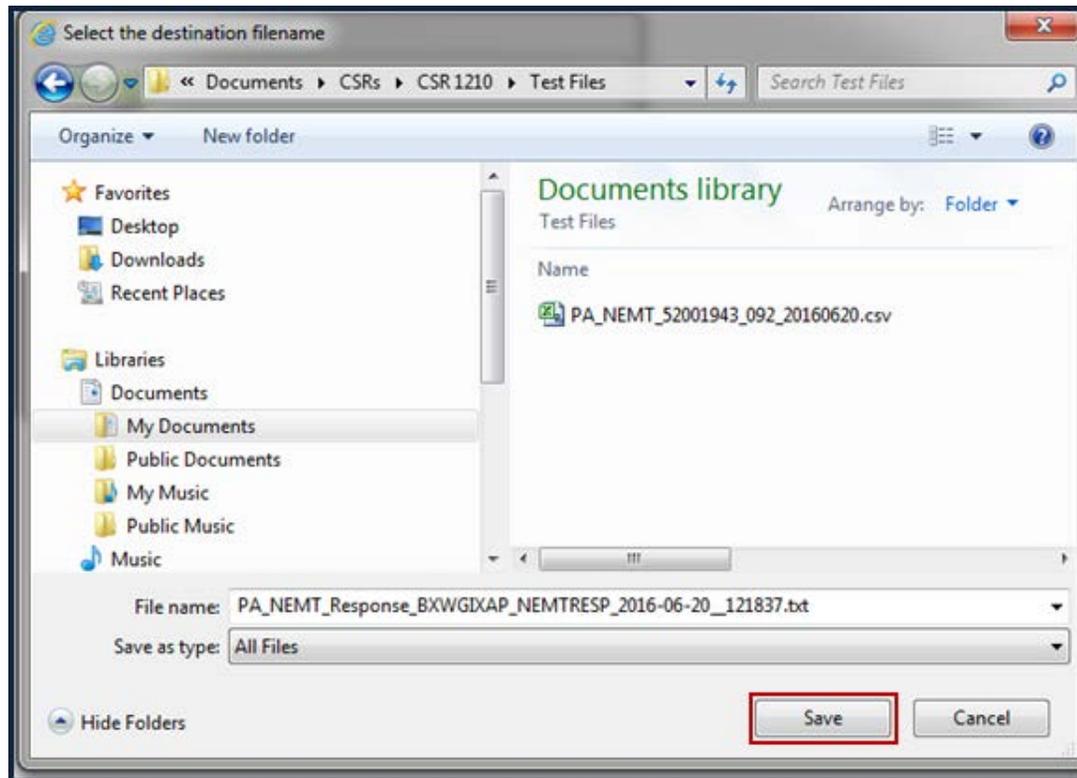
Name	Cre
Parent Folder	
PA NEMT Response BXWGIXAP NEMTRESP 2016-06-20 121653.bt	6/2
PA NEMT Response BXWGIXAP NEMTRESP 2016-06-17 145332.bt	6/2
PA NEMT Response BXWGIXAP NEMTRESP 2016-06-20 121837.bt	6/2
PA NEMT Response BXWGIXAP NEMTRESP 2016-06-17 150603.bt	6/1
PA NEMT Response BXWGIXAP NEMTRESP 2016-06-17 150429.bt	6/1



# NEMT Response File



# NEMT Response File



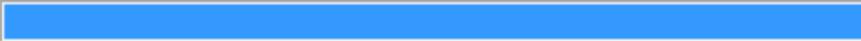


# NEMT Response File

**NCTracks Download Wizard**

 Transfer complete. Integrity verified on all files.

Downloading:  
PA\_NEMT\_Response\_BXWGIXAP\_NEMTRESP\_2016-06-20\_\_121837.txt



Estimated time left: Done. (Got 302 of 302 bytes)

Download to: \\ncmrsrvfile01\user\$\atroy\Documents\CSRs\CSR  
1210\Test

Transfer rate: 0.78 KB/sec (17.8% total compression)



# NEMT Response File

Text Import Wizard - Step 1 of 3

The Text Wizard has determined that your data is Fixed Width.  
If this is correct, choose Next, or choose the data type that best describes your data.

Original data type

Choose the file type that best describes your data:

Delimited - Characters such as commas or tabs separate each field.

Fixed width - Fields are aligned in columns with spaces between each field.

Start import at row: 1 File origin: 437 : OEM United States

Preview of file \\ncmrsrvfil... \PA\_NEMT\_Response\_BXWGIXAP\_NEMTRESP\_2016-06-20\_\_121837.txt.

1	1003003005;015;367G;2016-06-20;0;015TC002	;952104975S	;5904748
2	1003003005;015;367G;2016-06-20;0;015TC004	;9463484570	;142737801
3			
4			
5			

Cancel < Back **Next >** Finish

# NEMT Response File

Text Import Wizard - Step 2 of 3

This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.

Delimiters

- Tab
- Semicolon
- Comma
- Space
- Other:

Treat consecutive delimiters as one

Text qualifier: \*

Data preview

1003003005	015	367G	2016-06-20	0	015TC002	9521049758	5904748
1003003005	015	367G	2016-06-20	0	015TC004	9463484570	1427378

Cancel < Back **Next >** Finish

# NEMT Response File

Text Import Wizard - Step 3 of 3

This screen lets you select each column and set the Data Format.

Column data format

General  
 Text  
 Date: MDY  
 Do not import column (skip)

'General' converts numeric values to numbers, date values to dates, and all remaining values to text.

Advanced...

Data preview

General	Gener	Gener	General	Gener	General	General	General
1003003005	015	367G	2016-06-20	0	015TC002	9521049758	5904748
1003003005	015	367G	2016-06-20	0	015TC004	9463484570	1427378

Cancel < Back Next > Finish



# NEMT Response File

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	1003003005	15 367G		6/20/2016	0	015TC002	123456789Z	5904748	3	6/1/2016	7/14/2016		1234.56	9	T				
2	1003003005	15 367G		6/20/2016	0	015TC004	234567890Z	1427378017	3	5/24/2016	6/21/2016	A0120	0	9	B1				
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			



# PRIOR APPROVAL SEARCH





# Prior Authorization Inquiry (Operations Portal)

English, Español

[Home](#) [Providers](#) [Recipients](#) [Operations](#)

## Home

Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

**PROVIDERS** – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.

**RECIPIENTS** – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).

**STATE and FISCAL AGENT Staff** – Click on the Operations tab above to access the Operations Portal and ShareNET.



# Prior Approval Search



Welcome, [User Name] (Log out)

Search | NCTracks Help

**Operations** | Claims | Ecommerce | Managed Care | Financial | Provider | Recipient | Reference | **Prior Approval** | TPL | Other | Admin

Home

Operations Portal

Subscription Preferences | AA | Help

**Quick Links**

- [CSRA FA Ops Contact List](#)
- [CSR Tracking System](#)
- [Features of NCTracks Portal Help System](#)
- [Issues List \(Ops portal version\)](#)
- [Learning Management System](#)
- [ShareNET](#)
- [State Holiday Schedule for NC](#)
- [Tables Manual \(CSRA ShareNET Site\)](#)
- [Tables Manual \(DHHS Sharepoint Site\)](#)

**PA Search**

- PA Entry
- Referral Search
- Referral Entry
- Override Search
- Override Entry
- On Request Reports
- Mass Update
- Encumbrance
- PA Taxonomy Search

### General Announcements

#### Getting Help in the NCTracks Portal

Did you know that there are a variety of help options available when using the secure NCTracks portal? If you want to know more about the help options of a particular web page, you can click on the link for Page Level Help. To get more information when information is being requested in a particular section of a webpage, click on the question mark for Data/Section Group Help. For the definition of a particular field, hover the cursor over the underlined word for Tooltip Help. These help features and others are available on every page of the secure NCTracks portal.

For a complete explanation of all the help options in the secure NCTracks portal, see the "Features of NCTracks Portal Help System" document under Quick Links on the secure NCTracks Operations Portal home page.

Knowing how to get help will make it easier to use the secure NCTracks portal.



# Prior Approval Search



Welcome. [\(Log out\)](#)  
[NCTracks Help](#)

**Operations** | [Claims](#) | [Ecommerce](#) | [Managed Care](#) | [Financial](#) | [Provider](#) | [Recipient](#) | [Reference](#) | [Prior Approval](#) | [TPL](#) | [Other](#) | [Admin](#)

Home > PA Search

## PA Search

\* Indicates a required field

Legend

PA REVIEW

Business Location:  Available Reviews:

Next PA>> Show My PA's Count

**Search Criteria**

Find Clear

Unique Identifier

PA Number:  Confirmation Number:  Refraction Confirmation Number:

Tracking Number:  History #:

Recipient

Recipient ID:  First Name:  Last Name:

Ordering/Requesting Provider

NPI:  Atypical ID:  Locator:

First Name:  Last Name:

Billing/Rendering Provider

NPI:  Atypical ID:  Locator:

First Name:  Last Name:

Review

User ID:  Business Location:  Additional Criteria:

Prior Approval

PA Type:  Service Type:  Status:

Diagnosis Code:  Procedure:  Drug Code Type:

Effective Begin Date:  Effective End Date:  FDB Drug Code:

Payer:  Health Plan:  Benefit Plan:

Find Clear

# Prior Approval Search Results

**Operations** | Home | PA Search

**PA Search** Legend

Indicates a required field

FA Review: Business Location:  Available Reviews:  Next PA >> Show My PAs Count

---

**Search Criteria** Find Clear

Unique Identifier: PA Number:  Confirmation Number:  Refraction Confirmation Number:   
 Tracking Number:  History #:

Recipient: Recipient ID:  First Name:  Last Name:

Ordering/Requesting Provider: NPI:  Atypical ID:  Location:   
 First Name:  Last Name:

Billing/Renewing Provider: NPI:  Atypical ID:  Location:   
 First Name:  Last Name:

Review: User ID:  Business Location:  Additional Criteria:

Prior Approval: PA Type:  Service Type:  Status:   
 Diagnosis Code:  Procedure:  Drug Code Type:   
 Effective Begin Date:  Effective End Date:  FDB Drug Code:   
 Payer:  Health Plan:  Benefit Plan:

Find Clear

---

**SEARCH RESULTS**

PA Number	Line	PA Type	Status	Recipient ID	Recipient Name	Requesting NPI	Billing NPI	Procedure	Effective Begin Date	Effective End Date	Alert Date	User ID
1	1	ASD-NEHT	9-REJECTED					A0100			01/01/0001	ECOH
1	1	ASD-NEHT	9-REJECTED					A0120			01/01/0001	ECOH
1	1	ASD-NEHT	9-REJECTED					A0110			01/01/0001	ECOH
1	1	ASD-NEHT	9-REJECTED					A0100			01/01/0001	ECOH
1	1	ASD-NEHT	9-REJECTED					A0120			01/01/0001	ECOH
1	1	ASD-NEHT	A-APPROVED					A0110	05/13/2016	05/28/2016	01/01/0001	ECOH
1	1	ASD-NEHT	A-APPROVED					A0100	06/13/2016	06/13/2016	01/01/0001	ECOH
1	1	ASD-NEHT	A-APPROVED					A0100	06/04/2016	07/13/2016	01/01/0001	ECOH
1	1	ASD-NEHT	A-APPROVED					A0100	06/23/2016	06/27/2016	01/01/0001	ECOH



# Prior Approval Search Results

Operations

PA: [XXXXXXXXXX] - [XXXXXXXXXX] - [XXXXXXXXXX]

Header

Details

Ex # : [XXXXXXXXXX]      Ex Type : ASD-ADMT  
 Confirmation # : [XXXXXXXXXX]      Trading Number : 8327C002      Document : [Link]  
 Plan : [Link]      Health Plan : [Link]      Cash Action : [Link]  
 Reg. Begin Date : 05/14/2014      Reg. End Date : 05/14/2014      Health Plan : [Link]  
 Effective Begin Date : 05/14/2014      Effective End Date : 05/14/2014      S78 Comment : [Link]  
 ExDate # :      Health Type : BATCH      Received Date : 06/07/2014  
 Enrollment Status : [Link]      County : 020-FRANKLIN      Attachment Due Date : 01/01/2001  
 S78OT Indicator :  Yes     No  
 Non-Covered Service Indicator :  Yes     No  
 Initial/Reauth Indicator :

Member

Submitted Account ID : [XXXXXXXXXX]      Current Account ID : [XXXXXXXXXX]  
 Eligibility Begin Date : 05/01/2014      Eligibility End Date : 04/30/2014  
 Eligibility Coverage Code : HMOCH-HMOCH  
 Name : [XXXXXXXXXX]      Date of Birth : 05/02/1974  
 Gender : M-MALE      Living Arrangement : [Link]  
 SSN : [XXXXXXXXXX]      Health Plan # :  
 Other Insurance :      City : RANDLEMAN  
 Address Line 1 : 2333 WINDOVER AVE      State : NC-NC CAROLINA  
 Address Line 2 :      ZIP Code : 27617-0770

Requesting Provider

NPI : [XXXXXXXXXX]      OT :      Actual Provider ID : [Link]  
 Address/Location : 303-JUN N FEARL ST, ROCKY MOUNT, NC  
 Taxonomy : [XXXXXXXXXX]-non-emergent, mental, transport, OAH  
 Name : [XXXXXXXXXX]      Contact Name :  
 Address Line 1 : [XXXXXXXXXX]      City : ROCKY MOUNT  
 Address Line 2 :      State : NC-NC CAROLINA  
 Phone : (336) 927-2014      ZIP Code : 27604-0424

Blind Requesting Provider

Same as Requesting Provider

Device Location

Device ID : [Link]  
 AutoPath ID : [Link]      Device Name : [Link]  
 AutoPath Name : [Link]

Current Status

Status : REJECTED      Status Date : 06/07/2014      User ID : ECOM  
 Reason :      Alert Date : 01/01/2000      Business Location : [Link]

Status History

Status	Reason	Status Date	User ID
REJECTED		06/07/2014	ECOM

PA Errors

Batch	Exception	Description	User ID	S78 Report Reason
			400000	ST-County DSS provider number is not on file

PA Attachments

Link	Attachment ID	Type Code	Transmission Code

# Prior Approval Details


Welcome, [User Name] (Log out)
hCTracks Help

**Operations**
Claims
Ecommerce
Managed Care
Financial
Provider
Recipient
Reference
Prior Approval
TPL
Other
Admin

[Home](#)
[PA Search](#)
[PA Detail](#)

**PA:** [PA Number] - [PA Number]
 Legend

Header
**Detail**
Edit/Routing
Comments/Letters

Effective Begin Date	Effective End Date	Proc. Code	Req Units	Req Unit Type	Approved Units	Approved Unit Type	Status	Date	User ID
06/01/2016	06/30/2016	A0100	0.000		0.000		A-APPROVED	06/03/2016	ECOM

Service Site: [Dropdown]

Req. Begin Date: 06/01/2016
 Req. End Date: 06/30/2016

Req. Amount: \$0.00
 Approved Amount: \$ 200.00

Req. Frequency: 0
 Approved Frequency: 0

Req Frequency Period: [Dropdown]
 Approved Period: [Dropdown]

Req Duration: 0
 Approved Duration: 0

Req Duration Period: [Dropdown]
 Approved Duration Period: [Dropdown]

Used Units: 0.000
 Approved Rate: \$ 0.00

Modifier: [Dropdown]
 Used Amount: 100.00

Last Claim Update: [Dropdown]
 TCN: 1615700000018000

Encumbered Amount: 0.00
 DME Service Type: [Dropdown]

Reauth PA Number: [Dropdown]
 History #: [Dropdown]

MOS Reason: [Dropdown]

**Rendering Provider**

Same as Billing Provider

Rendering NPI: 1427378017
 Atypical Provider ID: [Dropdown]

Address/Locator: 003-1600 W HOWARD AVE,STE 2,TARBORO,NC,2526410493
 Find

Taxonomy: 3439000000-Non-emergency Medical Transport (VWH)

Rendering Provider: K L TRANSPORT SERVICE LLC
 Contact Name: [Dropdown]

Address 1: 1600 W HOWARD AVE
 City: TARBORO

Address 2: STE 2
 State: NC-IN CAROLINA

Phone: (252) 641-6493
 ZIP Code: 27886-4198



## Summary / Wrap-Up

- Enroll as a Billing Agent
- Update an existing provider record to include Method of Claims Submission in order to upload Payment Authorization batches
- Create Payment Authorization batches
- Upload Payment Authorization batches
- Search for NEMT Prior Approvals



## Additional Resources

(Home ➤ Providers ➤ Trading Partner Information)

- Trading Partner FAQs
- Trading Partner Companion Guide

(Home ➤ Providers ➤ Provider User Guides and Training)

- How to Select a Billing Agent and Other Claims Submission Options in NCTracks Job Aid

(Skillport ➤ Catalog ➤ Provider Training Folder ➤ User Guides ➤ Reference Documents)

- Assign the Enrollment Specialist User Role Participant User Guide



# Confirm Attendance

**Email for Web Attendance**

**NCMMIS\_Training\_Team@csra.com**

**include:**

**Course Name: County DSS Enrollment, Payment Authorization  
Upload, Prior Approval Search**



# Q & A

