

# Submitting a Professional Claim Non-Emergency Medical Transportation (NEMT) Providers

If you are using this as a PDF  
the speaker notes can be seen  
by selecting the dialogue  
bubble in the upper left corner  
of the slide.(Right click to open  
the speaker notes)



## Agenda

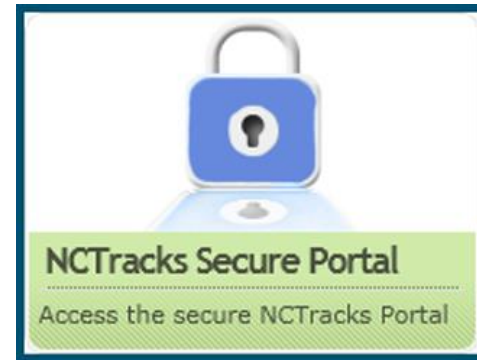
- Course Overview
- Purpose of Training
- Objectives
- Demonstrations
- Wrap-Up
- Q&A: Post-it Notes





## Overview

- NCTracks provides a secure-access, browser-based application for providers to enter claims transactions.
- Electronic version of the **Professional (1500/837P) Claims** format.
- Returns an immediate status notification of the claim onscreen (paid, denied, or pending).
- Improves the accuracy, timeliness, and availability of information through an easy-to-use, point-and-click interface.





## Course Objectives

At the end of training, users will be able to perform all aspects of submitting a Professional claim via the NCTracks web portal, including:

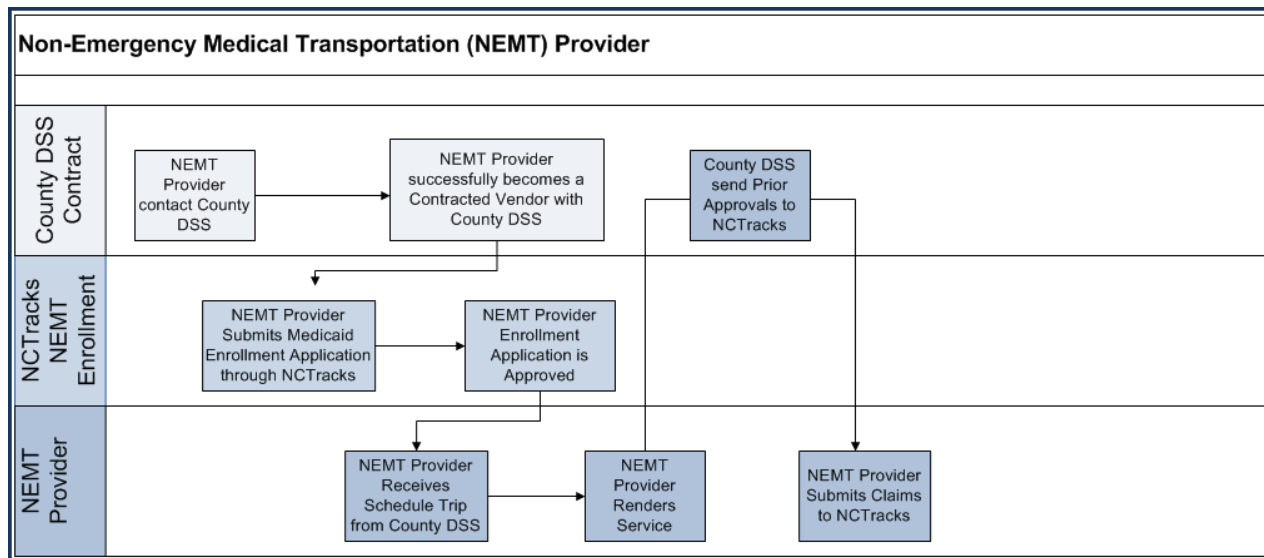
- Understand Claims Terminology
- Understand the Payment Authorization Process
- Create a Professional Claim
- Save a Claim Draft
- Use Claims Draft Search
- Submit a Claim
- View Results of a Claim Submission
- Perform a Claim Status Search
- Copy a Claim
- Resubmit a Claim
- Void and Replace Claims
- Understand Your Remittance Advice
- Perform a Prior Approval Inquiry







## Overview of the Process



Managed Care NEMT is not in graphic because it follows a different path.



## Claims Terminology

- Billing Provider
- CMS-1500 Professional Claim Form
- Date of Service
- Diagnosis (ICD-10)
- Place of Service
- Procedure Code
- Recipient
- Recipient ID
- Remittance Advice
- Rendering Provider
- Service Line
- Transaction Control Number (TCN)



## **Let's See It!** **Professional Claim Demonstration**





## Log In to the Provider Portal

**NCTracks**

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](#)





## Log In to the Provider Portal (cont.)

**NCTracks**

Home **Providers** Recipients Operations

Home > Providers

**Providers**

Learn more about NCTracks. Check these opportunities:

**Formal training -**

- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)

Register for formal training in SkillPort, on the secure provider portal

**Informal training -**

- User Guides (step-by-step guides on how to perform various portal functions)
- Fact Sheets (brief documents outlining key information about various topics)

To access, click on the Provider User Guides and Training link on the left and watch for announcements about new resources.

Providers of services from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services should contact their [LMS/MCO](#) to obtain information regarding eligibility, claims status and payment, etc.

**Provider Announcements**

[Attention: Personal Care Services \(PCS\) Providers](#)

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


**Password Help**

**Quick Links**

- [NCTracks Issues List \(XLSX, 41 KB\)](#)
- [NCTracks Contact Information \(PDF, 115 KB\)](#)
- [2018 NCTracks Checkwrite Schedule - DMA \(PDF, 47 KB\)](#)
- [2018 NCTracks Checkwrite Schedule - DMM, DPM, and DMHC \(PDF, 48 KB\)](#)
- [NCTracks User Access Setup \(PDF, 2782 KB\)](#)
- [Cover Sheet for Claim Attachments \(DOCX, 125 KB\)](#)



## NCTracks Login Page


English, Spanish

**NCTracks Login**
AA | [Help](#)

**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](#)



## Provider Portal Home Page

**Provider Portal**

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

Home

**Message Center for KRISTY GOMEZ**

[Subscription Preferences](#) | [Print](#) | [A A](#) | [Help](#)

**Announcements**

Date: **Nov 6, 2024** | Attention: **All Providers**

**Stay on top of NC news with the NCTracks newsletter**

The best way to stay on top of NC news is to subscribe to the *NCTracks Communications and Updates* newsletter. If you are not currently subscribed, 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.

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**Quick Links**

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- [Department of Health and Human Services](#)
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- [Provider Training](#)
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**WELCOME** | **OFFICE ADMINISTRATORS** | **ENROLLMENT**

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



## Verify Patient Page

**NC Tracks** Welcome, [User] (Log out) [NC Tracks Help](#)

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

[Home](#) > [Verify Patient](#)

### Verify Patient

\* indicates a required field

**BASE INFORMATION**

\* Account Information:

\* Group:

\* Locator Code:

\* NPI / Atypical ID:

\* Taxonomy Code:

Claim Type: Professional

**PATIENT INFORMATION**

\* Recipient ID:

OR

\* SSN:

\* Date of Birth:

Date of Service

\* From:

\* To:



## Patient/Insured Tab

**Create Professional Claim** Legend

\* indicates a required field

**Patient / Insured** Claim Information Provider Information Other Payers Service(s) Attachments

**ELIGIBILITY RESULT** ?

Date of Service:  Verified On:

**PATIENT INFORMATION** ?

Last Name:  First Name:  Middle Initial:   
 Subscriber Gender Code: **MALE** Date of Birth:  Recipient ID:

Pregnancy Indicator: **NO**

\* Address 1:  Date of Death:

Address 2:  \* City:  **Raleigh**

\* State:  **NC**

\* ZIP Code:

Next > Submit

Save Draft Copy Cancel





## Claim Information Tab

**Create Professional Claim** AA | Help

\* Indicates a required field Legend

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

**GENERAL INFORMATION**

Claim Owner:

\* Patient Account #:

\* Claim Frequency Type Code:

Referral #:

\* Assignment of Benefits:

\* Provider Accept Assignment Code:

\* Place of Service:

CLIA:

Medical Record #:

Original Claim Ref #:

\* Provider Signature on File: ☒ Yes ☐ No

\* Release of Information:

Patient Amount Paid: \$

Prior Auth #:



## Claim Information Tab (cont.)

**Create Professional Claim** AA [Help](#)

\* Indicates a required field

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

**GENERAL INFORMATION**

Claim Owner:

\* Patient Account #:

\* Claim Frequency Type Code:

Medical Record #:

Original Claim Ref. #:

Referral #:

\* Provider Signature on File: ☒ Yes ☐ No

\* Assignment of Benefits:

\* Release of Information:

\* Provider Accept Assignment Code:

Patient Amount Paid: \$

\* Place of Service:

Prior Auth #:

CLIA:

**RELATED CAUSES**

Would you like to add Related Causes? ☐ Yes ☒ No

**CONDITION CODES**

Would you like to add Condition Codes? ☐ Yes ☒ No

**EPSDT REFERRAL**

Would you like to add EPSDT Referral? ☐ Yes ☒ No

**CLAIM NOTE**

Would you like to add Claim Note? ☐ Yes ☒ No

**AMBULANCE TRANSPORT INFORMATION**

Would you like to add Ambulance Transport Information? ☐ Yes ☒ No

**AMBULANCE CERTIFICATION**

Would you like to add Ambulance Certification? ☐ Yes ☒ No

**AMBULANCE PICK-UP LOCATION INFORMATION**

Would you like to add Ambulance Pick-up Location Information? ☐ Yes ☒ No

**AMBULANCE DROP-OFF LOCATION INFORMATION**

Would you like to add Ambulance Drop-off Location Information? ☐ Yes ☒ No

**ADDITIONAL CLAIM INFORMATION**

Would you like to add Additional Claim Information? ☐ Yes ☒ No



## Provider Information Tab

**Create Professional Claim** AA Help Legend

\* indicates a required field

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

**BILLING PROVIDER**

\* **Provider Type**

☐ Person ☐ Non-Person Entity

\* **NPI:**  Validate

Select Favorite...

\* **Address:**

Last Name/Organization Name:  \* **Taxonomy Code:**

Address1:  First Name:

Address2:

City:  State:  ZIP Code:

Phone:  Fax:

\* **Federal Tax ID:**

Is the Rendering Provider the same as the Billing Provider?

☒ Yes ☐ No

**REFERRING PROVIDER**

Would you like to add Referring Provider?

☐ Yes ☒ No

**SERVICE FACILITY LOCATION**

Would you like to add Service Facility Location?

☐ Yes ☒ No

Previous Next Submit Save Draft Copy Cancel



## Other Payers Tab

**Create Professional Claim** AA Help Legend

\* indicates a required field

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

**ALL OTHER PAYERS** ?

Would you like to add All Other Payers?

☒ Yes ☐ No

Removing an Other Payer in this section will remove all its instances.  
After a row has been added, click on the row to add / edit more details for an individual row.

ALL OTHER PAYERS			
* Other Payer Name	Other Subscriber Name	* Date Paid	Paid Amount
<input type="text"/>		mm/dd/yyyy	\$0.00 <input type="text"/>

Add Clear

« Previous Next » Submit

Save Draft Copy Cancel



## Service(s) Tab

**Create Professional Claim** Legend

\* Indicates a required field

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name:  First Name:  Recipient ID:

At least **one** Diagnosis Information record is required in order to create new Service Line records.

\* ICD VERSION ☒ ICD-10 ☐ ICD-9

**DIAGNOSIS INFORMATION**

Choose Favorite:

* Code	Description
<input type="text"/>	<input type="text"/>

After a row has been added, click on the row to add / edit more details for an individual row.

**SERVICE LINES**

* Date(s) of Service	* Procedure	Modifiers	* Pointers	* Amount	* Quantity	* Quantity Type	Line Item Control Number
<input type="text" value="mm/dd/yyyy"/> to <input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	0.00	<input type="text"/>	<input type="text"/>





## Attachments Tab

**Create Professional Claim** AA [Help](#)

\* indicates a required field

Legend


Patient / Insured Claim Information Provider Information Other Payers Service(s) **Attachments**

PROFESSIONAL ATTACHMENT

\* Would you like to attach files

☒ Yes ☐ No

Please enter up to 10 file attachments below not to exceed 25Mb total.

ATTACHMENTS		
* Attachment Type	* Transmission Code	Attachment Supplement
 <input type="text"/>	<input type="text"/>	

Add Clear

Previous

Save Draft Copy **Submit** Cancel



## Claim Status Details Page

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Public Health | Enrollment | Administration | Code Search | PORTAL DEV

Home > Claim Status Request > Claim Status Details- 13057000...

### Claim Status Details-

★ indicates a required field

Legend

**PATIENT**

1 Name: [REDACTED] Date of Birth: [REDACTED]  
 Recipient ID: [REDACTED] Gender: [REDACTED]

**BILLING PROVIDER**

2 Provider Name: [REDACTED] NPI: [REDACTED]

**PRIMARY STATUS**

3 Payer Claim ID: [REDACTED] Account #: [REDACTED] Claim Status Date: [REDACTED]  
 Charge Amount: [REDACTED] Paid Amount: [REDACTED] Claim Date of Service: [REDACTED]  
 Check Date: [REDACTED] Check #: [REDACTED] Adjudication Date: [REDACTED]  
 Payment Method: [REDACTED] Prescription Number: [REDACTED]  
 Category Code: [REDACTED] Category Code Desc: [REDACTED]  
 4 Status Code: [REDACTED] Status Code Desc: [REDACTED]

**LINES**

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 results (displaying 1-1)

first 1 last



## Claims Draft Search

NC TRACKS

Welcome, [David Fields](#) (Log out)

[NCTracks Help](#)

Provider Portal

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

Claims Status  
**Claims Draft Search**  
 Pharmacy Claims Reversal  
 Create Pharmacy Claim  
 Create Professional Claim  
 Create Dental Claim  
 Create Institutional Claim

Message Center for [David Fields](#)

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**Announcement**

Date: **Feb 10, 2024** Attention: **All Providers**

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

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



## Claims Draft Search Page

**Provider Portal**

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

Home > Claims Draft Search

### Claims Draft Search

AA | Help

\* indicates a required field

Legend

**BASE INFORMATION**

\* Account Information:

\* Group:

\* NPI / Atypical ID:

**SEARCH OPTIONS**

Created Within:  days

Patient Account #:

Rendering Provider:

Claim Type:

Date of Service From:  to

Show: ☒ My Claims

Recipient Last Name:

Recipient ID:

Draft Name:

Search Reset

**SEARCH RESULTS**

Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To

4 results (displaying page 1 of 1)

first prev 1 next last







## Claim Status Request Page

**NC Tracks** Welcome, [Manage Profile](#). ([Log out](#)) [NCTracks Help](#)

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

[Home](#) > [Claim Status Request](#)

### Claim Status Request

\* indicates a required field

**BASE INFORMATION**

\* **Account Information:**  **\* NPL / Atypical ID:**

\* **Group:**

**CLAIM SEARCH**

To aid in your search, please enter the following information as completely as possible.

\* **Date of Service From:**  **to**  **\* Recipient ID:**

TCN:   
Patient Account #:   
Claim Billed Amount:

**CLAIMS**

TCN	Recipient ID	Recipient Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
00000000000000000000	0000000000		02/01/2016 - 02/01/2016	06/28/2016	F2 - FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.	585 - Denied Charge or Non-covered Charge
00000000000000000000	0000000000		05/31/2016 - 05/31/2016	06/28/2016	P0 - PENDING: ADJUDICATION/DETAILS-THE CLAIM/LINE HAS BEEN PAID.	0 - Cannot provide further status electronically.
00000000000000000000	0000000000		02/14/2016 - 02/14/2016	06/28/2016	F1 - FINALIZED/PAYMENT-THE CLAIM/LINE HAS BEEN PAID.	65 - Claim/line has been paid.



**NC TRACKS**

Welcome, [User Name] (Log out)

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

Home > Claim Status Request > Claim Status Details-16179000...

### Claim Status Details-

\* indicates a required field

PATIENT ?

Name: SCARLETT M JOHANNSON  
Recipient ID: 949775844S

BILLING PROVIDER ?

Provider Name: COMMUNITY PHYSICIANS NPI: 1992825848

PRIMARY STATUS ?

Payer Claim ID: [REDACTED] Account #: 1234567 Claim Status Date: 06/28/2016  
Charge Amount: \$45.34 Paid Amount: \$0.00 Claim Date of Service: 02/01/2016 - 02/01/2016  
Check Date: Check #: Adjudication Date: 06/27/2016  
Payment Method: Prescription Number:  
Category Code: F2 Category Code Desc: FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.  
Status Code: 585 Status Code Desc: Denied Charge or Non-covered Charge

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1 97	Patient eligibility not found with entity.	A0100	\$45.34	\$0.00	1.000	06/28/2016	Denied Charge or Non-covered Charge	Authorization/certification number. This change effective 11/1/2011: Entity's authorization/certification number.

1 results (displaying 1-1) first 1 last



## View Submitted Claim

**NC TRACKS** Welcome, [David Duke](#) ([Log out](#)) [NCTracks Help](#)

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

[Home](#) [Create Professional Claim](#)

### Create Professional Claim

\* indicates a required field Legend

**Patient / Insured** [Claim Information](#) [Provider Information](#) [Other Payers](#) [Service\(s\)](#) [Attachments](#)

**ELIGIBILITY RESULT** ?

Date of Service: 02/01/2016 Verified On: 06/27/2016

**PATIENT INFORMATION** ?

Last Name: Subscriber Gender Code: Female First Name: Date of Birth: 06/15/1963 Middle Initial: M Recipient ID: 0000000000

Pregnancy Indicator: NO

\* Address 1: 2610 Wycliff Rd Address 2:

Date of Death: mm/dd/yyyy \* City: Raleigh \* State: NC \* ZIP Code: 27607

[Copy](#)



## Copy a Claim

**NC TRACKS** Welcome, Hazel [NCTracks Help](#)

**Provider Portal** [Home](#) [Create Professional Claim](#)

**Create Professional Claim** [Legend](#)

**Patient / Insured** **Claim Information** **Provider Information** **Other Payers** **Service(s)** **Attachments**

Last Name: **STANLEY** First Name: **CHARLETT** Recipient ID: **000000000**

**GENERAL INFORMATION**

Claim Owner: **HAZEL DULA**

\* Patient Account #: **1234567**

\* Claim Frequency Type Code: **1-ADMIT-DISC**

Referral #: **1-ADMIT-DISC**

\* Assignment of Benefits: **3-INTERIM-CC**

\* Provider Accept Assignment Code: **4-INTERIM-LC**

\* Place of Service: **7-REPLACE-PC**

CLIA: **U-FINALHPSPS**

Medical Record #: **000000000**

Original Claim Ref #: **000000000**

\* Provider Signature on File: ☒ Yes ☐ No

\* Release of Information: **I-INFORMED C**

Patient Amount Paid: \$ **0.00**

Prior Auth #: **000000000**

**RELATED CAUSES**

Would you like to add Related Causes? ☐ Yes ☒ No

**CONDITION CODES**

Would you like to add Condition Code? ☐ Yes ☒ No

**AMBULANCE TRANSPORT INFORMATION**

Would you like to add Ambulance Transport Information? ☐ Yes ☒ No

**AMBULANCE PICK-UP LOCATION INFORMATION**

Would you like to add Ambulance Pick-up Location Information? ☐ Yes ☒ No

**EPSDT REFERRAL**

Would you like to add EPSDT Referral? ☐ Yes ☒ No

**CLAIM NOTE**

Would you like to add Claim Note? ☐ Yes ☒ No

**AMBULANCE CERTIFICATION**

Would you like to add Ambulance Certification? ☐ Yes ☒ No



# Understanding Your Remittance Advice







## How to Read Your Remittance Advice

- Remittance Advice provides information regarding claims billing and payment activity for the provider.
- Remittance Advice contains information necessary for providers to resolve any issues concerning the adjudication and payment of their claims.
- NCTracks generates Remittance Advice at the end of each Checkwrite cycle.



## How to Retrieve the Remittance Advice

Message Center for **Mount St. Elizabeth's**

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

### Announcements

[View Announcements](#)

Date: Feb 10, 2016 12:00:00 AM Attention: All Providers

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WELCOME

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- [DMA \(Health Check\)](#)
- [DHHS/DOH/SES](#)
- [Division of Public Health](#)
- [SD-18 Webpage](#)
- [Office of Rural Health and Community Care](#)
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- [Provider Manuals](#)

**Inbox** [All Messages \(4\)](#)

Provider	Status	Message	Date
	Read	<a href="#">Provider: Remittance Advice -2012-07-25</a>	6/28/2012 12:00:00 pm
	Unread	<a href="#">Provider: - Remittance Advice -2012-08-17</a>	6/28/2012 12:00:00 pm
	Unread	<a href="#">Provider: - Remittance Advice -2012-08-17</a>	6/28/2012 12:00:00 pm
	Unread	<a href="#">Provider: - Remittance Advice -2012-08-17</a>	6/28/2012 12:00:00 pm
	Unread	<a href="#">Provider NPI / ATYPICAL ID - Remittance Advice - &lt;2012-07-25&gt;</a>	6/28/2012 12:00:00 pm




## Remittance Advice Layout

- Provider Notification
- Payment Summout
- Denied Claims
- Paid Claims
- Pend Claims
- Financial Transactions
- Explanation of Benefits (EOB)
- Summary Page




# Provider Notification

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTRAKES REMITTANCE STATEMENT		<div>PROCESS DATE: 07/13/2013 PROCESS TIME: 21:22:18:00 PAGE: 1 CHECKWRITE DATE: 07/16/2013 PROVIDER NOTIFICATION PROV ID: [REDACTED] REMITTANCE NO: [REDACTED]</div>
	<div>REMITTANCE STATEMENT [REDACTED]</div>	<div>PROVIDER NOTIFICATION</div>	
Remittance Statement		<div>PLEASE ADVISE THE FISCAL AGENT IN WRITING IMMEDIATELY IF YOUR ADDRESS CHANGES. PROVIDER ENROLLMENT PO BOX 300020 RALEIGH NC 27622</div>	




# Payment Summout

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NCTRACKS REMITTANCE STATEMENT	PROCESS DATE: 07/13/2013 PROCESS TIME: 21:22:18:00 PAGE: 2 CHECKWRITE DATE: 07/16/2013 SUMMOUT PROV ID: REMITTANCE NO:
<div>NO PAYMENT WILL BE RECEIVED THIS CYCLE. SEE REMITTANCE FOR DETAILS.</div>		




Denied Original Claims

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES		PROCESS DATE: 06/18/2016
	NCTHACKS		PROCESS TIME: 07:12:54:00
THE STATE OF NORTH CAROLINA BY THE GOV	REMITTANCE STATEMENT		PAGE: 3
			CHECKWRITE DATE: 06/21/2016
			PERSONAL CARE SERVICE
			PROV ID: [REDACTED]
	[REDACTED] DENIED ORIGINAL CLAIMS		REMITTANCE NO: [REDACTED]






# Paid Original Claims

	<p>NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>NETWORKS</p> <p>REMITTANCE STATEMENT</p>	<p>PROCESS DATE: 06/18/2016</p> <p>PROCESS TIME: 07:12:54:00</p> <p>PAGE: 7</p> <p>CHECKWRITE DATE: 06/21/2016</p> <p>PROV ID: *****</p> <p>REMITTANCE NO: *****</p>
	<div>PAID ORIGINAL CLAIMS</div>	




Pend Original Claims

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROCESS DATE: 06/18/2016
	NCITALAKS	PROCESS TIME: 07:12:54:00
THE STATE OF NORTH CAROLINA BY THE GOV	REMITTANCE STATEMENT	PAGE: 44
		CHECKWRITE DATE: 06/21/2016
REMITTANCE NO. 0000000000	<div>ORIGINAL CLAIMS PENDING ORIGINAL CLAIMS</div>	PROV ID: 0000000000
		REMITTANCE NO: 0000000000



# Explanation of Benefits (EOB) Description

	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES NUTRACKS REMITTANCE STATEMENT	PROCESS DATE: 06/29/2016 PROCESS TIME: 15:47:01:00 PAGE: 7 CHECKWRITE DATE: 06/29/2016 EOB DESCRIPTIONS PROV ID: 0000000000 REMITTANCE NO: 0000000000
<div>EOB DESCRIPTIONS</div>		
THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THE CLAIMS FOR THIS REMITTANCE: <div>01701 NEMT SERVICES REQUIRE NEMT PRIOR APPROVAL. PLEASE REQUEST PRIOR APPROVAL FROM LOCAL DSS OFFICE</div>		






Claim Line Information

LI	BENEFIT	PROC CODE - DESC						
NO	PLAN	M1-M2-M3-M4						
01	MEDICAID	A0120	06/07/2016	10.00	0.00	0.00	0.00	34.70
	HC		06/07/2016	34.70	34.70	34.70	0.00	
RENDERING PROV ID:			ROCHE REBATE (LINE) AMT:		0.00			
EOB : 01701								
INTERNAL EDIT : 02422								
REMARK CODE : M86								
ADJUSTMENT REASON CODE : 16								



## Summary Page

		NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES		PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 47 CHECKWRITE DATE: 06/21/2016 SUMMARY PAGE PROV ID: REMITTANCE NO:	
REMITTANCE STATEMENT REMITTANCE NO:		REMITTANCE STATEMENT REMITTANCE NO:		REMITTANCE STATEMENT REMITTANCE NO:	
PROVIDER :		SUMMARY PAGE		SUMMARY PAGE	
<b>TOTALS</b>					
TOTAL PAID ORIGINAL	5,520.77	NUMBER OF CLAIMS	21		
TOTAL PAID ADJUSTMENTS	.00	NUMBER OF CLAIMS	0		
TOTAL PAID VOIDS	.00	NUMBER OF CLAIMS	0		
NET TOTAL PAID	5,520.77	NUMBER OF CLAIMS	21		
TOTAL DENIED ORIGINAL	.00	NUMBER OF CLAIMS	1		
TOTAL DENIED ADJUSTMENTS	.00	NUMBER OF CLAIMS	0		
NET TOTAL DENIED	.00	NUMBER OF CLAIMS	1		
NET TOTAL PENDED	.00	NUMBER OF CLAIMS	4		
<b>TOTALS BY BENEFIT PLAN</b>					
BENEFIT PLAN NUMBER	BENEFIT GROUPING DESCRIPTION	CURRENT PAID AMOUNT	YTD PAID AMOUNT		
000000015	MEDICAID	5,520.77	156,729.49		
	<b>TOTAL PAID</b>	<b>5,520.77</b>	<b>156,729.49</b>		





## Financial Transactions

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REMITTANCE STATEMENT								PROCESS DATE: 06/18/2016 PROCESS TIME: 07:12:54:00 PAGE: 48 CHECKWRITE DATE: 06/21/2016 SUMMARY PAGE PROV ID: REMITTANCE NO:
*** TOTAL AMOUNTS SHOULD EQUAL COLUMN A OF CLAIMS PAYMENT SUMMARY OF THE RA.								
	A	B	C	D	E	F	G	
CLAIMS PAID	PAID CLAIMS AMOUNT	CREDIT AMOUNT	NET PAY AMOUNT (A+B)	RECOUP AMOUNT	IRS WITHHELD AMOUNT	OTHER W/E	ADJUSTED NET PAY (C-(D+E+F))	
CURRENT	21 5520.77	.00	5520.77	.00	.00	.00	5520.77	
STD TOTAL	70 17016.88	.00	17016.88	.00	.00	.00	17016.88	
STD TOTAL	635 156729.49	.00	156729.49	.00	.00	.00	156729.49	
1099 INFORMATION - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE PROVIDER TAX ID: PROVIDER TAX NAME: CSC PAYER ID: CSC, PO BOX 300009, RALEIGH, NC 27622 # 800-723-4337								
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO: CSC PO BOX 300020 RALEIGH, NC 27622 ATTENTION: PROVIDER ENROLLMENT CLIA - DEA -								
* ALERT! IF YOU HAVE A BALANCE DUE TO MEDICAID, HEALTH CHOICE, MENTAL HEALTH, PUBLIC HEALTH OR RURAL HEALTH AND COMMUNITY CARE, * PER NC STATUTE 147 THIS BALANCE WILL BE SUBJECT TO PENALTY AND INTEREST IF ALL THE OUTSTANDING ADJUSTMENT BALANCES IS NOT PAID * WITHIN 30 DAYS OF THIS NOTICE. THE PENALTY WILL BE A 10% ONE TIME PENALTY AND INTEREST WILL ACCRUE UNTIL FULL PAYMENT IS MADE. * ADDITIONALLY, IN ACCORDANCE WITH SECTION 10.37A (A) AND (C) OF NC SESSION LAW 2009-451, IF THIS BALANCE * IS NOT PAID WITHIN 30 DAYS, WE WILL INITIATE SUSPENSION OF PAYMENT PENDING RECOUPMENT OF THE AMOUNT INDICATED ABOVE FROM YOUR CLAIMS * IF YOU HAVE ALREADY ISSUED A REFUND RELATED TO YOUR MEDICAID, HEALTH CHOICE, MENTAL HEALTH, OR PUBLIC HEALTH OR RURAL HEALTH COMMUNITY CARE, * PLEASE DISREGARD THIS NOTICE. * IF YOU CANNOT PAY THIS BALANCE WITHIN 30 DAYS, PLEASE CONTACT DMA/DME/DPS/ORECC BUDGET TO MAKE ARRANGEMENTS.								



# Prior Approval Inquiry





## Prior Approval (PA) Inquiry

The screenshot displays 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 horizontal menu with various service categories. The 'Prior Approval' category is expanded, showing a dropdown menu with options: 'PA Entry', 'PA Inquiry' (highlighted), 'PA Refraction Confirmation', and 'PA Dental Limitation'. The main content area features a 'Message Center for' section with a doctor's photo and a newsletter announcement dated Feb 10, 2016. To the right, there are 'Quick Links' for various departments and services. At the bottom of the main content area, there are three green buttons: 'Provider Training', 'User Administration', and 'Status and Management'.



## Approval Status Inquiry Page

**NC TRACKS** Welcome, [Nashira King](#) (Log out) | [NCTracks Help](#)

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

Home > Approval Status Inquiry

### Approval Status Inquiry

\* Indicates a required field

**BASE INFORMATION**

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

**SEARCH OPTIONS**

**Note:**

- If Confirmation Number is used to search for a PA, no additional search criteria fields may be entered.
- If PA Number is used to search for a PA, no additional search criteria fields may be entered

Prior Approval #:   
 Confirmation #:   
 Effective Begin Date:    
 Recipient ID:   
 Effective End Date:

**SEARCH REFINEMENTS**

Please select a Payer:  
☐ DMA ☐ DPH  
 Procedure Code:

**APPROVAL REQUEST LIST**

Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer



## Approval Status Inquiry Page (cont.)

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

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

[Home](#) > [Approval Status Inquiry](#)

### Approval Status Inquiry

\* indicates a required field

**Legend**

**BASE INFORMATION**

\* **Account Information:**  **\* NPI / Atypical ID:**

\* **Group:**

**SEARCH OPTIONS**

**Note:**

- If Confirmation Number is used to search for a PA, no additional search criteria fields may be entered.
- If PA Number is used to search for a PA, no additional search criteria fields may be entered

**Prior Approval #:**

**Confirmation #:**

**Effective Begin Date:**

**Recipient ID:**

**Effective End Date:**

**SEARCH REFINEMENTS**

Please select a Payer:

☐ DMA ☐ DPH

**Procedure Code:**

**Search** **Clear**

**APPROVAL REQUEST LIST**

Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
16155000000012	1615500000000128	NEMT	954357939N	SCARLETT M JOHANNSON	06/03/2016	APPROVED	06/01/2016 - 06/30/2016	DMA

1 results (displaying page 1 of 1)

[first](#) [prev](#) [1](#) [next](#) [last](#)

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**MMIS** **the department of health and** **CSC** **TRANSCEND**



## Approval Status Inquiry Page (cont.)

**NC TRACKS** Welcome, [Brenda Hogg](#) (Log out) [NCTracks Help](#)

**Provider Portal** [Home](#) [Approval Status Inquiry](#) [Eligibility](#) [Prior Approval](#) [Claims](#) [Referral](#) [Code Search](#) [Enrollment](#) [Administration](#) [Payment](#) [Consent Forms](#) [Training](#)

### Approval Status Inquiry

\* Indicates a required field Legend

**HEADER INFORMATION**

Confirmation #:	<input type="text"/>	Benefit Plan:	MCAID	Health Plan:	NCXIX
Prior Approval #:	<input type="text"/>	PA Type:	NEMT	Recipient ID:	
Recipient:		Billing Provider ID:		Requesting Provider ID:	
Billing Provider:		Status:	APPROVED	Effective End Date:	06/30/2016
Requesting Provider Name:		# of Attachments:	0		
Submission Date:	06/03/2016				
Effective Begin Date:	06/01/2016				
Payer:					

**ATTACHMENTS**

Attachment Type	Attachment Control #	Transmission Code
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**DIAGNOSIS INFORMATION**

Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
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**LINE ITEM 1**

Status:	APPROVED	Effective End Date:	06/30/2016
Effective Begin Date:	06/01/2016	Rendering Provider ID:	
Rendering Provider Name:		Units Used:	0.000
Units Allowed:	0.000	Amount Used:	100.00
Amount Allowed:	200.00	Maintenance of Service:	
Procedure Code:	A0100		
Modifier(s):			





## Summary/Wrap-Up

Today's training has provided information on all of the following:

- Understand Claims Terminology
- Understand the Payment Authorization Process
- Create a Professional Claim Using NCTracks
- Save a Claim Draft
- Use Claims Draft Search
- Submit a Claim
- View Results of a Claim Submission
- Perform a Claim Status Search
- Copy a Claim
- Resubmit a Claim
- Void and Replace Claims
- Understand Your Remittance Advice
- Perform a Prior Approval Inquiry