

**North Carolina Emergency
Medicaid Services (NC EMS)
Review Portal System
Submission**

User Manual - Version 1.0

TABLE OF CONTENTS

Home Page 1

NC Emergency Medicaid Services Review Submission Instructions 2

Enter a New Request for Emergency Medicaid Services Review 3

Uploading Attachments 5

Applicant Maintenance 7

Notification of Case Determinations (DMA 5135) or Request for Additional Records (DMA 5134) . 8

Contact Us..... 8

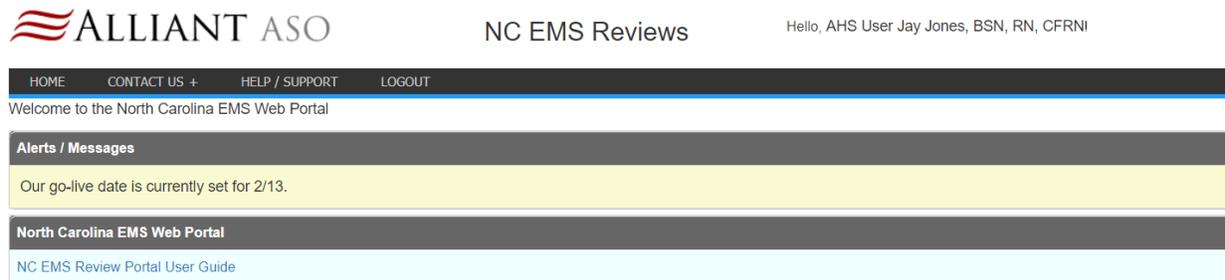
Logout 10

REVISION HISTORY

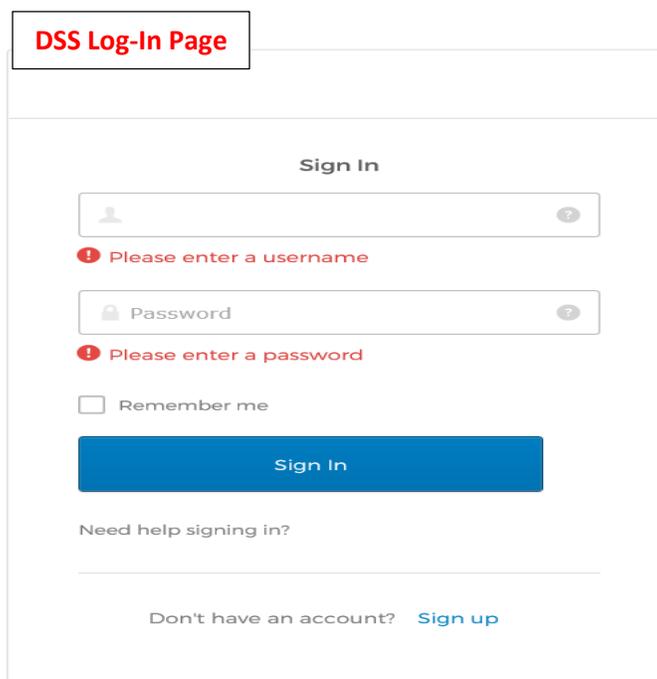
| Version | Date | Editor | Description |
|----------------|-------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Home Page

When visiting <https://nc.alliantaso.org>, County Department of Social Services (DSS) Medicaid Case Managers (CM) will find a wealth of information via the North Carolina Emergency Medicaid Services (NC EMS) Review Portal home page such as Alert/Messages, the Schedule of Site Maintenance, and Login link. **Alerts and Messages** will keep County DSS Medicaid CM informed of any new updates to the application or system changes. The **Scheduled Site Maintenance** lets County DSS Medicaid CM know if there will be any down time of the application for reasons like system updates. The **Login** is where County DSS Medicaid CM will enter their credentials to access the **NC EMS Review Portal**. From this page, select **Login** and log in using your assigned username and password.



Select Log In



- **Username and password** are provided through the initial process of enrolling a DSS Medicaid CM via the NC EMS Review Portal. Select “**Sign Up**” for users who do not have an account and follow the prompts to register to gain access.
- In instances where DSS Medicaid CM **forget their passwords**, select the “**Need help signing in?**” link and then select “**Forgot Password?**” and follow the prompts to reset your password.

NC Emergency Medicaid Services Review Submission Instructions

- Once you have logged in, you will enter the NC EMS Review Portal.
- From the *Home/Search* page, select **New Case** to enter new requests, or if needed, County DSS Medicaid CM can perform a **Search** to retrieve information from an already submitted NC EMS review request.
- County DSS Medicaid CM can select the **Contact Us** tab and request a nurse to contact them regarding a specific case or question. This page is also used to seek assistance with any concerns or inquiries needing to be addressed by Alliant Health Solutions IT staff.
- Select **New Case** to begin submitting the new Services request.

| Case ID | Medicaid ID | DOS From | DOS To | Last Name | DOB | Status |
|----------------|-------------|----------|--------|-----------|-----|--------|
| No data found. | | | | | | |

Enter a New Request for Emergency Medicaid Services Review

On this screen, the *Received on date*, *County DSS Address Information* and *County DSS Contact Information* fields will be automatically populated by the system when you log in. The *County DSS Address* and *County DSS Contact Information* fields will be based on your email address.

| Case Information | | | | [click to hide] |
|------------------|---|---------------|-----------|-----------------|
| Case ID : | 0 | Received on : | 1/15/2020 | |

| Applicant Search | |
|---------------------------------------|---|
| Medicaid ID : | <input type="text"/> |
| DOB : | <input type="text"/> |
| <input type="button" value="Search"/> | <input type="button" value="Clear Search"/> |

| Search Results - 0 rows returned. | | | | | | |
|-----------------------------------|-------------|-----------|------------|----------------|--------|-----|
| Select Applicant | Medicaid ID | Last Name | First Name | Middle Initial | Gender | DOB |

| Medicaid Applicant Information | | | | | | [click to hide] |
|--------------------------------|----------------------|------------------|----------------------|-------------|----------------------|-----------------|
| First Name : | <input type="text"/> | Middle Initial : | <input type="text"/> | Last Name : | <input type="text"/> | |
| Applicant DOB : | <input type="text"/> | Medicaid ID : | <input type="text"/> | Gender : | <input type="text"/> | |
| Aid Program : | <input type="text"/> | | | | | |

| County DSS Address Information | | | | | | [click to hide] |
|--------------------------------|---|------------------|---------------------------------|-------|------------------------------------|-----------------|
| County DSS : | WAKE | | | | | |
| Address Line 1 : | <input type="text" value="220 Swinburne Street"/> | Address Line 2 : | <input type="text"/> | | | |
| City : | <input type="text" value="Raleigh"/> | State : | <input type="text" value="NC"/> | Zip : | <input type="text" value="27620"/> | |

| County DSS Contact Information | | | | | | [click to hide] |
|--------------------------------|--|------------------|----------------------|-------------|------------------------------------|-----------------|
| DSS Contact : | <input type="text" value="JJ JONES"/> | Contact Title : | <input type="text"/> | | | |
| First Name : | <input type="text" value="JJ"/> | Middle Initial : | <input type="text"/> | Last Name : | <input type="text" value="JONES"/> | |
| Phone 1 : | <input type="text" value="123-456-7890"/> | Phone 2 : | <input type="text"/> | Fax : | <input type="text"/> | |
| Email : | <input type="text" value="jwjones37@gmail.com"/> | | | | | |

County DSS Medicaid CM will then perform an *Applicant Search* by *Medicaid/CNDS ID* number or Date of Birth (*DOB*) and select the applicant listed in *Search Results*. Select the Aid Program from the drop down menu.

| Case ID : | 0 | Received on : | 1/15/2020 | | | |
|---------------------------------------|---|------------------|----------------------|----------------|----------------------|-----------------|
| Applicant Search | | | | | | |
| Medicaid ID : | <input type="text"/> | | | | | |
| DOB : | <input type="text"/> | | | | | |
| <input type="button" value="Search"/> | <input type="button" value="Clear Search"/> | | | | | |
| Search Results - 0 rows returned. | | | | | | |
| Select Applicant | Medicaid ID | Last Name | First Name | Middle Initial | Gender | DOB |
| Medicaid Applicant Information | | | | | | [click to hide] |
| First Name : | <input type="text"/> | Middle Initial : | <input type="text"/> | Last Name : | <input type="text"/> | |
| Applicant DOB : | <input type="text"/> | Medicaid ID : | <input type="text"/> | Gender : | <input type="text"/> | |
| Aid Program : | <input type="text"/> | | | | | |

Note** Applicant Maintenance will be covered later in the guide

County DSS Medicaid CM will enter the requested dates of service in *Add Service Date Range* and select *Save*.

Services Information

| Service Date | Remove |
|--------------|--------------------------|
| | <input type="checkbox"/> |

Add Service Date Range

| | | | | |
|--------------|------------|------------|------------|-------------------------------------|
| Start Date : | 12/01/2019 | End Date : | 12/12/2019 | <input type="button" value="Save"/> |
|--------------|------------|------------|------------|-------------------------------------|

The Service dates will then be listed. There is an option to remove any dates that are not needed by selecting the check box in the *Remove* column and selecting the *Remove Selected Dates* button.

Note Hemodialysis dates **MUST** be entered per the dates on the flowsheets. Dates of service that do not match the dates on the medical records will be denied.**

| Services Information | |
|----------------------|-------------------------------------|
| Service Date | Remove |
| 12/1/2019 | <input type="checkbox"/> |
| 12/2/2019 | <input type="checkbox"/> |
| 12/3/2019 | <input checked="" type="checkbox"/> |
| 12/4/2019 | <input type="checkbox"/> |
| 12/5/2019 | <input type="checkbox"/> |
| 12/6/2019 | <input type="checkbox"/> |
| 12/7/2019 | <input checked="" type="checkbox"/> |
| 12/8/2019 | <input type="checkbox"/> |
| 12/9/2019 | <input type="checkbox"/> |
| 12/10/2019 | <input checked="" type="checkbox"/> |
| 12/11/2019 | <input type="checkbox"/> |
| 12/12/2019 | <input type="checkbox"/> |

Once the required Dates of Service have been entered and confirmed, select the *Save Case Info* button. You will receive a *Record Saved Successfully* notification and a *Case ID* number will be assigned by the system. This case number can be used in future searches for case status or inquiries.

Case Information [click to hide]

| | | | |
|-----------|-----|---------------|------------|
| Case ID : | 152 | Received on : | 12/12/2019 |
|-----------|-----|---------------|------------|

If any of the required fields are not completed, an error message will be received.

At this time, the medical records that are to be reviewed can be attached to the case.

Uploading Attachments

On this page, the required documents may be attached under **Create an Attachment**. To attach a document, click “Browse,” select your file from your computer, and the file name will appear in the text field. After verifying the correct file was selected and the correct documents are indicated, click “**Attach File**” to save the file to the case. **NOTE** All files attached MUST be in PDF format and CANNOT be larger than a 30mb file per attachment.**

Save Case Info Packet Completed

Create an Attachment

Browse...

Attach File

After selecting “**Attach File**”, when the document is loaded successfully to your Services request, a message will appear stating “Uploaded Successfully” and the document will appear in the newly generated *Attached Files* section. When all the files necessary for review have been successfully uploaded, review all the entered information and select *Save Case*. Once the case has been successfully saved, select the *Packet Completed* button.

Save Case Info

Packet Completed

Create an Attachment

Browse...

Attach File

Selecting the *Packet Completed* button will finish the case creation process and the case will be locked from further editing and submitted for initial review. A banner will be displayed with “Contact Us” instructions if any additional editing or changes need to be made to the case.

Applicant or Case Status Search

Applicant Search

A search for a specific applicant can be performed from the *Main/Search* screen. The search can be done by Medicaid ID/CNDS number, Applicant last name and/or Applicant date of birth. A case status search can also be performed from the same screen using the same parameters as previously listed or by Case ID. *Please note that case searches are restricted to your assigned County DSS agency.*

| HOME | SEARCH | NEW CASE | MAINTENANCE + | CONTACT US + | HELP / SUPPORT | LOGOUT |
|---|-------------------------------------|----------------|----------------------|--------------|----------------|--------|
| Case Search | | | | | | |
| Case ID: | <input type="text"/> | Medicaid ID: | <input type="text"/> | | | |
| County DSS: | WAKE | | | | | |
| DOS Between: | <input type="text"/> | And : | <input type="text"/> | | | |
| Case Status: | <input type="text"/> | | | | | |
| Received Date Between: | <input type="text"/> | And : | <input type="text"/> | | | |
| Applicant Last Name: | <input type="text" value="Tester"/> | Applicant DOB: | <input type="text"/> | | | |
| <input type="button" value="Search"/> <input type="button" value="Clear Search"/> | | | | | | |

10 records found.

| Case ID | Medicaid ID | DOS From | DOS To | Last Name | DOB | Status |
|---------|-------------|------------|------------|-----------|----------|--------------------------------|
| 12417 | 910000000A | 12/1/2019 | 12/5/2019 | TESTER | 1/1/1940 | Nurse - Approved |
| 12418 | 910000000A | 5/1/2019 | 5/23/2019 | TESTER | 1/1/1940 | MRS - Missing Info |
| 12419 | 910000000B | 11/1/2019 | 11/2/2019 | TESTER | 1/2/1940 | Physician - Partially Approved |
| 50001 | 910000000C | 11/5/2019 | 11/7/2019 | TESTER | 1/1/2000 | Physician - Denied |
| 50040 | 910000000B | 12/26/2019 | 12/28/2019 | TESTER | 1/2/1940 | Nurse - Approved |

Applicant Maintenance

To enter an Applicant that is not already in the system, select *Maintenance +*.

HOME SEARCH NEW CASE **MAINTENANCE +** CONTACT US + HELP / SUPPORT LOGOUT

Case Search

Case ID: Medicaid ID:

Then select Applicant Maintenance.

HOME SEARCH NEW CASE **MAINTENANCE +** CONTACT US + HELP / SUPP

Case Search

County DSS Maintenance

Applicant Maintenance

Case ID:

A search can be done by either Medicaid ID/CNDS number or date of birth. If the applicant is not in the system, then select *Add Applicant*. **NOTE** County DSS Maintenance is accessible by County DSS agency designated NC EMS Administrators only.**

Applicant Maintenance

Applicant Search

Medicaid ID : Applicant DOB :

Search Clear Search

Search Results

| ID | Medicaid ID | Last Name | First Name | Middle Initial | Gender | DOB |
|----|-------------|-----------|------------|----------------|--------|-----|
|----|-------------|-----------|------------|----------------|--------|-----|

Add Applicant

Enter the Applicant information and select “**Save**”. The Applicant will then be saved into the system for selection.

Add/Edit Applicant ✕

Applicant Details

Applicant ID : Medicaid ID : Gender : Male Female Unknown

First Name : Middle Initial : Last Name : DOB :

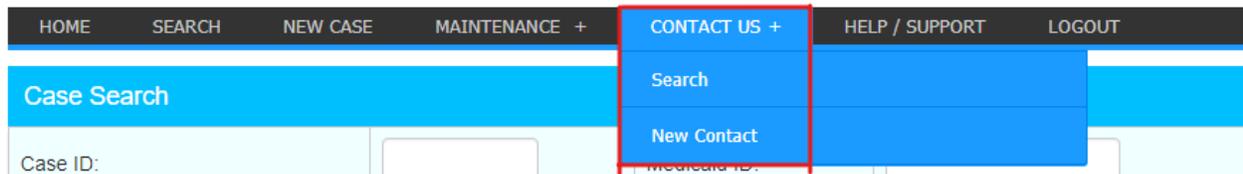
Save

Notification of Case Determinations (DMA 5135) or Request for Additional Records (DMA 5134)

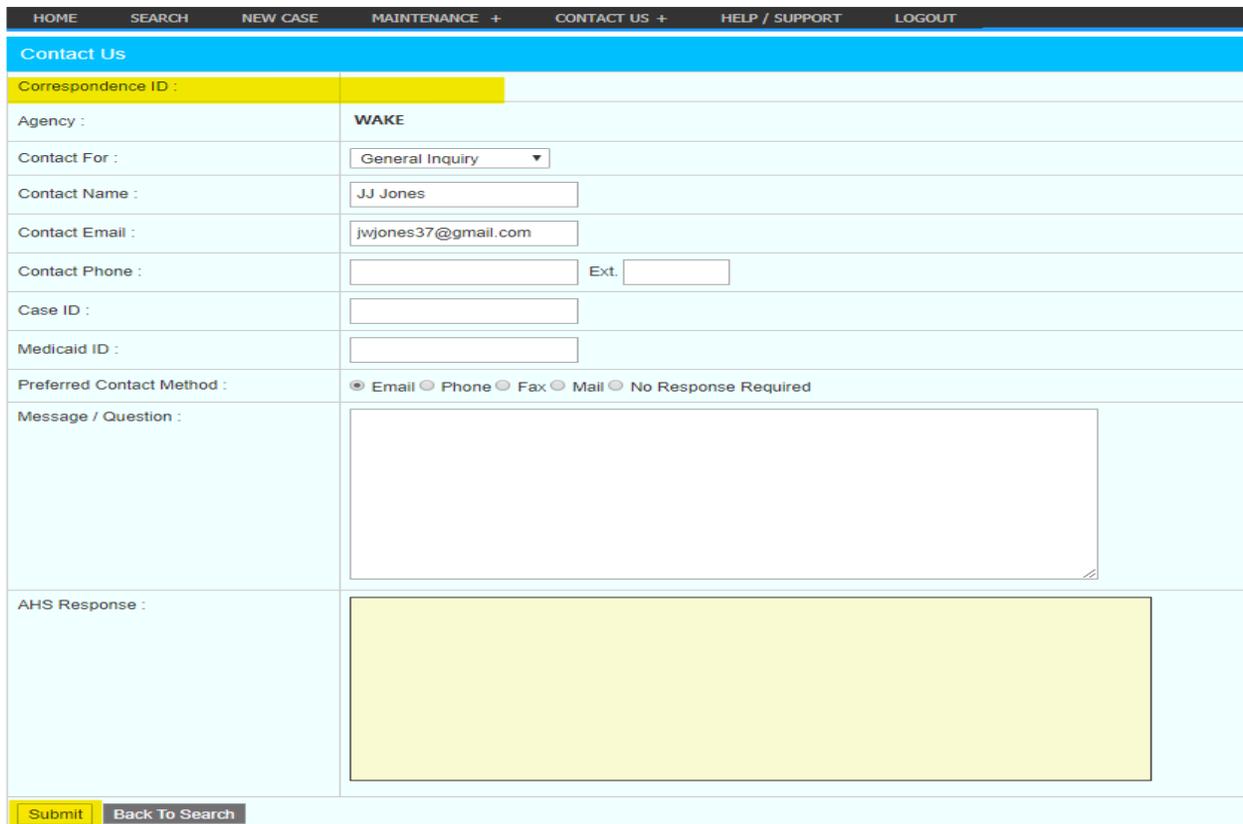
Notification of available determinations or request for additional records will be sent to the individual County DSS Medicaid CM via email. When the email is received, they will have to log into the Portal, search by Case ID (Alliant Case Number) noted in the email to retrieve the document.

Contact Us

County DSS Medicaid CM should use **Contact Us +** via the **NC EMS Portal** if they have questions or want to send a message to review staff. When they select the **Contact Us +** module, they will be able to search for previous conversations with Alliant staff or create a new conversation.



Select “**New Contact**” to begin a new conversation with Alliant staff regarding your request. When filling out a new correspondence, verify that your contact information is accurate, then type your question or concern. Once “**Submit**” is selected, a Correspondence ID will be assigned that will allow you search correspondence or reference when speaking with representatives from Alliant. You will also be able to upload any additional records that have been requested.



| Contact Us | |
|---|--|
| Correspondence ID : | |
| Agency : | WAKE |
| Contact For : | General Inquiry |
| Contact Name : | JJ Jones |
| Contact Email : | jwjones37@gmail.com |
| Contact Phone : | <input type="text"/> Ext. <input type="text"/> |
| Case ID : | <input type="text"/> |
| Medicaid ID : | <input type="text"/> |
| Preferred Contact Method : | <input checked="" type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Mail <input type="radio"/> No Response Required |
| Message / Question : | <input type="text"/> |
| AHS Response : | <div style="background-color: #ffffcc; height: 80px;"></div> |
| <input type="button" value="Submit"/> <input type="button" value="Back To Search"/> | |

To upload a file or additional records, select “**Choose File**”, browse for the file you want to attach and select it, then select “**Attach File**”.

| HOME SEARCH NEW CASE MAINTENANCE + CONTACT US + HELP / SUPPORT LOGOUT | |
|---|--|
| Contact Us | |
| Correspondence ID : | C0000002 |
| Agency : | WAKE |
| Contact For : | General Inquiry ▾ |
| Contact Name : | JJ Jones |
| Contact Email : | jwjones37@gmail.com |
| Contact Phone : | <input type="text"/> Ext. <input type="text"/> |
| Case ID : | <input type="text"/> |
| Medicaid ID : | <input type="text"/> |
| Preferred Contact Method : | <input checked="" type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Mail <input type="radio"/> No Response Required |
| Message / Question : | <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;"> test </div> |
| AHS Response : | <div style="border: 1px solid #ccc; height: 100px; background-color: #ffffcc;"></div> |
| <input type="button" value="Submit"/> <input type="button" value="Back To Search"/> | |

Create an Attachment

No file chosen

A representative will respond to your request as soon as possible.

To search for previous correspondence, select “**Search**” under **Contact Us +**.



Enter all available information and select “**Search**”. The information will be displayed below the **Search** and **Clear Search** buttons. To perform a search for a different correspondence, select “**Clear Search**” and repeat previous steps.

Contact Us - Correspondence Search

| | | | |
|------------------------|--|----------------|--|
| Contact Name : | <input style="width: 90%;" type="text"/> | | |
| Agency : | WAKE | | |
| Contact For : | <input style="width: 80%;" type="text"/> | Case ID : | <input style="width: 20%;" type="text"/> |
| Medicaid ID : | <input style="width: 95%;" type="text"/> | | |
| Correspondence ID : | <input style="width: 40%;" type="text"/> | Phone Number : | <input style="width: 60%;" type="text"/> |
| Date Entered Between : | <input style="width: 20%;" type="text"/> | And | <input style="width: 20%;" type="text"/> |
| | <input style="width: 20%;" type="text"/> | | <input style="width: 20%;" type="text"/> |

| Correspondence ID | Case_ID | Medicaid ID | Contact For | Contact Name | Contact Email | Date Entered | Processed | Contact Phone | Date Processed |
|-------------------|---------|-------------|-------------|--------------|---------------|--------------|-----------|---------------|----------------|
| No data found. | | | | | | | | | |

Help and Support

County DSS Medicaid CM can contact the service desk by selecting the [Alliant Help Desk](#) link to send an email to the Alliant IT Help Desk if there are any issues relating to accessing the NC EMS Portal. In addition, there are numerous documents available for County DSS Medicaid CM that include user guides, manuals and instructional videos demonstrating how to submit records and use the portal.



Help & Support

Please use following information for any inquiries:



Help Documents

- [NC EMS Review Portal User Guide](#)

Logout

County DSS Medicaid CM will select logout when wanting to exit the NC EMS Review Portal application. The application logs off automatically if no activity is detected after 20 minutes.