How to Complete the Re-Credentialing (Re-verification)

Overview

This user guide provides step-by-step instructions for completing the re-credentialing process (otherwise known as re-verification) in NCTracks.

Some providers have received two separate re-verification letters from NCTracks: one for the NPI and one for the Atypical ID. This process is only required for NPIs and/or Atypical IDs that are actively used. If your NPI or Atypical ID is no longer active, you do not need to complete this process. The NPI or Atypical ID will automatically deactivate 45 days after date of the re-verification letter.

Please also be sure that your enrolled NPI has valid effective dates for the benefit plans that you participate in to facilitate accurate claims payment.

Providers must complete the re-credential/re-verification process every three years to ensure that provider information is accurate and current. As part of this process, the provider’s credentials and qualifications will be evaluated to ensure they meet the professional requirements and are in good standing. The recredentialing process also includes a criminal background check on all owners and managing relationships associated with this provider record.

Providers will receive a re-credentialing/re-verification letter, or an invitation via their NCTracks secure portal inbox or e-mail, when they are scheduled to begin the recredentialing process.

Providers cannot access the recredentialing application until they receive an invitation to begin the process.

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Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov

2. The following page will display. Click the Providers tab at the top of the page.

![Figure 1: NCTracks Home](image1)

3. From the Providers page, click the NCTracks Secure Portal icon.

![Figure 2: Providers Page](image2)
4. The following login screen will display. Enter the NCID and password and click the **Log in** button.

![Figure 3: Provider Portal Login](image)

**Accessing the Manage Change Request Application**

5. The following Providers page will display. Click the **Status and Management** button.

![Figure 4: Select Status and Management](image)
6. The **Status and Management** screen will display. The screen is divided into 6 sections.

![Figure 5: Status and Management Page](image)

**Status and Management Sections**

1. **Submitted Applications**: Contains enrollment applications or change requests that have already been submitted and are currently in process.

2. **Saved Applications**: Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

3. **Re-enroll**: This section will list provider accounts associated with the user’s NCID that have been terminated. The user can select the account to re-enroll, then click **Submit**.

4. **Manage Change Request**: This section will list provider accounts associated with the user’s NCID that are active.
5. **Re-verification**: This section allows the user to submit a required re-verification application for a provider enrollment account.

6. **Maintain Eligibility**: This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

7. To open the Re-verification application, under the **RE-VERIFICATION** section, click the radio button next to the NPI. Next, click the **Re-verify** button.

   If this section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment Application that is already in process. It could also indicate that it is not yet time to re-verify. **Providers cannot access the recredentialing application until they receive an invitation to begin the process.**

8. The **Re-Verification Application - Organization** screen will display. This panel displays specific information about you as an Individual or Organization Provider. This information must match what is reported on your income tax return. Click the **Next** button to continue.
9. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the \textbf{Next} button.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Fig8.png}
\caption{Terms and Conditions}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Fig9.png}
\caption{Attestation Statement}
\end{figure}
10. The **Exclusion Sanction Information** page will display. Click the **Yes** or No radio button for each question. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed. Select the appropriate date of the infraction or conviction. Click the **Add** button to add the information to the application.

At the end of this application, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant’s eligibility for participation with the NC Medicaid Program and is required by federal law (See 42 CFR Chapter IV, part 455, Subpart B).

Note, all applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

![Figure 10: Exclusion Sanction Information Page](image-url)
Completing the Manage Change Request

11. Continue to click the next button through the application until you reach the **Review Application** screen. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

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

![Figure 11: Review Application](image-url)
12. The **Sign and Submit Electronic Application** page will display.

If you answered Yes to any of the questions, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution.

To attach supporting documentation, click the Browse button at the bottom of the page. Select the appropriate files and click the Add button to add the attachments. Once the appropriate files have been added, enter the NCID and password, as well as the PIN number and click the **Submit Now** button.

![Sign and Submit Electronic Application](image)

Figure 12: Sign and Submit
13. The **Final Steps** page will display.

A $100 NC Application Fee is required from individual providers if active in Medicaid and/or NCHC. A $100 NC Application Fee is also required per tax ID from organizations and atypical organizations if active in Medicaid and/or NCHC.

Figure 12: Final Steps Page
Paying the Re-Verification Fee

14. The **Pay Now** page will display. Not all providers will be required to pay this fee. This page will display the fee amount if the fee is required. To pay the fee, click the radio button next to the **Pay by electronic check** or **Pay by credit card** options and click the **Next** button.

![Figure 13: Pay Now Page](image-url)
Credit Card Option

15. The **Payment Information** page will display. If you selected the credit card option, the following screen will display. Complete the **Billing Address** fields along with the **Payment Method** fields. Click the **Next** button to continue.

*Figure 14: Pay Now - Credit Card Option*
Bank Account Option

16. The **Payment Information** page will display. If you selected the electronic check option, the following screen will display. Complete the Billing Address information fields along with the Payment Method information fields. Click the **Next** button to continue.

![Bank Account Option](image)

Figure 15: Pay Now - Bank Account Option
17. The **Payment Review** page will display. Review the payment details. Click the **Back** button to make changes. Click the **Pay Now** button to continue.

![Figure 16: Preview Payment](image)

18. The following **Payment Confirmation** page will display. The office administrator will also receive an email with a copy of the confirmation.

![Figure 17: Payment Confirmation](image)
Tips for Navigating the Manage Change Request Application

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through those sections.

![Error Summary](image)

**Figure 18 Error - Complete all Pages in the Application**

![Review Application](image)

**Figure 19: Review Application - Incomplete Pages**