

# NCMMIS Ordering, Prescribing, and Referring (Provider Enrollment) Participant User Guide

**PREPARED FOR:**

North Carolina Department of  
Health and Human Services

DHHS IT

**TRACKING NUMBER:**

PUG\_PRV596  
Version V2.4  
**FINAL**

**SUBMITTED BY:**

CSRA



**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES  
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE  
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

## Document Revision History

Version	Date	Description of Changes
V2.4	September 25, 2024	Updated for CSR 2670 (cosmetic chgs)
V2.3	June 21, 2023	Final version.
D2.3.1	June 19, 2023	Updated for CSR 2671
V2.2	August 10, 2020	Final version.
D2.2.1	August 07, 2020	Updated for review/acceptance
V2.1	July 21, 2020	Final version.
D2.1.1	July 20, 2020	Addressed State review comments.
V2.0	July 09, 2020	Final version.
D2.0.1	July 02, 2020	Updated for CSR 2303
V1.3	May 23, 2019	Final version.
D1.3.1	May 17, 2019	Updated for CSR 2095.2
V1.2	November 26, 2018	Final version with cosmetic changes from CSR 2070.
D1.2.1	November 26, 2018	Updated for CSR 2070
V1.1	January 12, 2018	Final version.
D1.1.1	January 09, 2018	Update
V1.0	January 05, 2018	Final version.
D1.0.3	December 21, 2017	Responded to State review comments.
D1.0.2	December 14, 2017	Responded to State review comments.
D1.0.1	November 30, 2017	Initial submission for review/acceptance

## Table of Contents

<b>1.0 Welcome .....</b>	<b>1</b>
1.1 Course Overview.....	1
1.2 Course Objectives.....	1
1.3 Prerequisites .....	1
<b>2.0 NCTracks Provider Enrollment .....</b>	<b>3</b>
2.1 Introduction .....	3
2.2 Objectives .....	3
2.3 Help System.....	3
<b>3.0 New Enrollment – OPR Provider .....</b>	<b>5</b>
3.1 Navigating to Provider Applications – New Enrollment .....	5
3.2 Online Provider Enrollment Application Page .....	11
3.3 Individual Basic Information Page .....	12
3.4 Terms and Conditions Page.....	15
3.5 Basic Information Completed Page .....	15
3.6 Health / Benefit Plan Selection Page.....	15
3.7 Addresses Page.....	16
3.8 Taxonomy Classification Page .....	17
3.9 Accreditation Page .....	18
3.10 Agents and Managing Employees Page.....	20
3.11 Provider Supplemental Information Page .....	22
3.12 Exclusion Sanction Information Page .....	24
3.13 Review Application Page.....	25
3.14 Sign and Submit Electronic Application Page.....	26
3.15 Final Steps Page.....	27
<b>4.0 Manage Change Request.....</b>	<b>29</b>
4.1 Introduction .....	29
4.2 Status and Management Page .....	29
4.3 Manage Change Request .....	30
4.4 Individual Basic Information Page .....	33
4.5 Individual Basic Information Page (Full) .....	33
4.6 Terms and Conditions Page.....	35
4.7 Health Plan Selection Page.....	35
4.8 Addresses Page.....	35
4.9 Taxonomy Classification Page .....	35
4.10 Accreditation Page .....	35
4.11 Community Care of North Carolina/Carolina ACCESS Page.....	35
4.12 Hours Page .....	35
4.13 Services Page.....	35
4.14 Agents/Managing Employees Page.....	36
4.15 Hospital Admitting Page .....	36
4.16 Method of Claims Submission Page.....	36
4.17 Billing Agent Page.....	36
4.18 Affiliations Page .....	36
4.19 EFT Account Information Page .....	36
4.20 Final Steps Page.....	36

**Addendum A. Help System .....37**

## List of Exhibits

Exhibit 1. NCTracks Home Page.....	5
Exhibit 2. Public Providers Page .....	5
Exhibit 3. Getting Started With NCTracks Page .....	6
Exhibit 4. Public Providers Page – Provider Enrollment Option .....	7
Exhibit 5. Provider Enrollment Login Page .....	8
Exhibit 5.1 Provider Enrollment Login Page .....	9
Exhibit 5.2 Provider Enrollment Login Page .....	10
Exhibit 6. Online Provider Enrollment Application Page .....	11
Exhibit 7. Individual Basic Information Page #1 .....	12
Exhibit 8. Individual Basic Information Page #2.....	14
Exhibit 9. Health / Benefit Plan Selection Page .....	15
Exhibit 10. Addresses Page #1 .....	16
Exhibit 11. Addresses Page #2 .....	16
Exhibit 12. Taxonomy Classification Page.....	17
Exhibit 13. Accreditation Page .....	19
Exhibit 14. Agents and Managing Employees Page .....	21
Exhibit 15. Provider Supplemental Information Page.....	23
Exhibit 16. Exclusion Sanction Information Page .....	24
Exhibit 17. Review Application Page .....	25
Exhibit 18. Sign and Submit Electronic Application Page .....	26
Exhibit 19. Final Steps Page .....	27
Exhibit 20. Provider Portal Home Page .....	30
Exhibit 21. Status and Management Page: Manage Change Request Section .....	31
Exhibit 22. Requested Manage Change Request Type Page.....	31
Exhibit 23. Individual Basic Information Page.....	33
Exhibit 24. Individual Basic Information Page (Full).....	34

**This Page Intentionally Left Blank**



**This Page Intentionally Left Blank**



## 2.0 NCTracks Provider Enrollment

### 2.1 INTRODUCTION

With the implementation of Section 6405 of the Affordable Care Act (ACA), Centers for Medicare & Medicaid Services (CMS) requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, prescribing, or referring items or services for Medicaid beneficiaries (42 CFR 455.410). An applicant may elect to enroll as an ordering, prescribing, and/or referring (OPR) provider for the sole purpose of the billing provider to use their National Provider Identifier (NPI) as an OPR provider on their claims. NCTracks will not reimburse OPR providers when their NPI is used as rendering or attending on a claim.

An Individual provider can enroll either as an OPR Lite provider or as a fully enrolled provider. This document will discuss the differences between the two enrollment options, demonstrate how to submit an OPR Lite application, and demonstrate how to upgrade from an OPR Lite provider to a fully enrolled provider through an MCR.

#### OPR Lite Enrollment

- Not reimbursed for services rendered to NC Medicaid beneficiaries
- \$100 NC Application fee required
- Only available to Individual providers
- Only able to enroll in Division of Health Benefits (DHB) Health Plans (NC Medicaid)
- Re-verification required once every 5 years
- Abbreviated application

#### Full Enrollment

- Reimbursed for services rendered to NC Medicaid beneficiaries
- \$100 NC Application fee required
- Able to enroll in all Health Plans
- Re-verification required once every 5 years

### 2.2 OBJECTIVES

You must be enrolled with the NC Department of Health and Human Services (DHHS) to order, prescribe, or refer services and products to North Carolina Medicaid beneficiaries. The following sections will provide information on submitting an initial OPR Lite provider application.

### 2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to [Addendum A](#)):

- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

**This Page Intentionally Left Blank**

### 3.0 New Enrollment – OPR Provider

#### 3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW ENROLLMENT

You will navigate to Provider Applications via the NTracks Provider Portal using a supported browser.

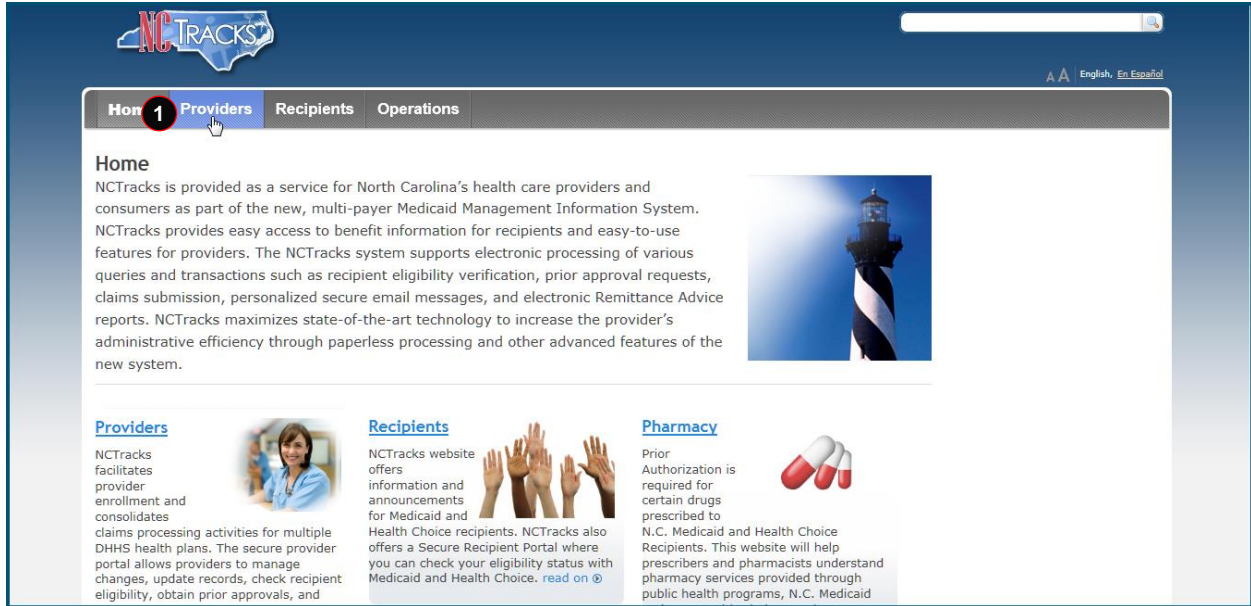


Exhibit 1. NTracks Home Page

Step	Action
1	Select the <b>Providers</b> link. The Public <b>Providers</b> page displays.

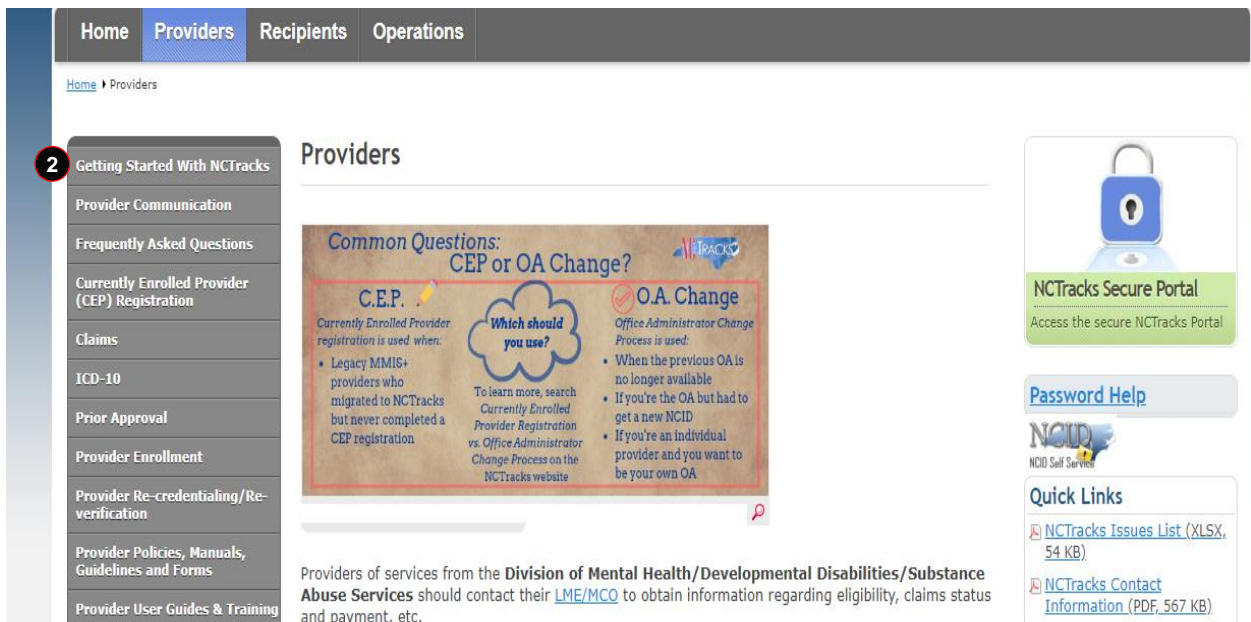


Exhibit 2. Public Providers Page

Step	Action
2	Select the <b>Getting Started With NCTracks</b> menu option. The <b>Getting Started With NCTracks</b> page displays.

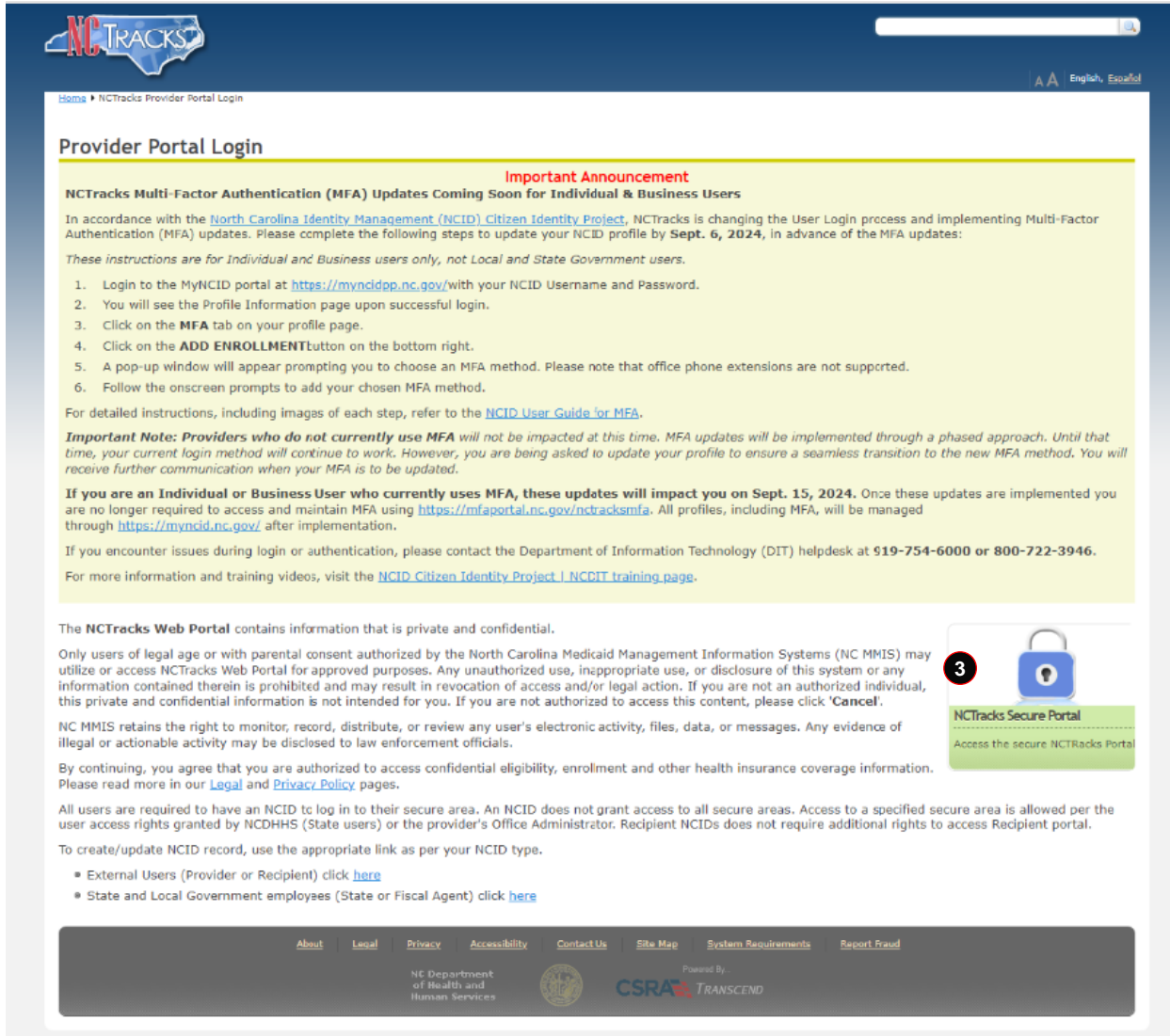
**Exhibit 3. Getting Started With NCTracks Page**

Step	Action
1	From the <b>Getting Started With NCTracks</b> page, you will find information on how to obtain an NCID. A valid NCID is required in order to log in to the secure Provider Portal and submit an application.
2	Once the NCID and password have been established, select the <b>Providers</b> tab at the top of the page.
3	Select the <b>Provider Enrollment</b> menu option.

Exhibit 4. Public Providers Page – Provider Enrollment Option

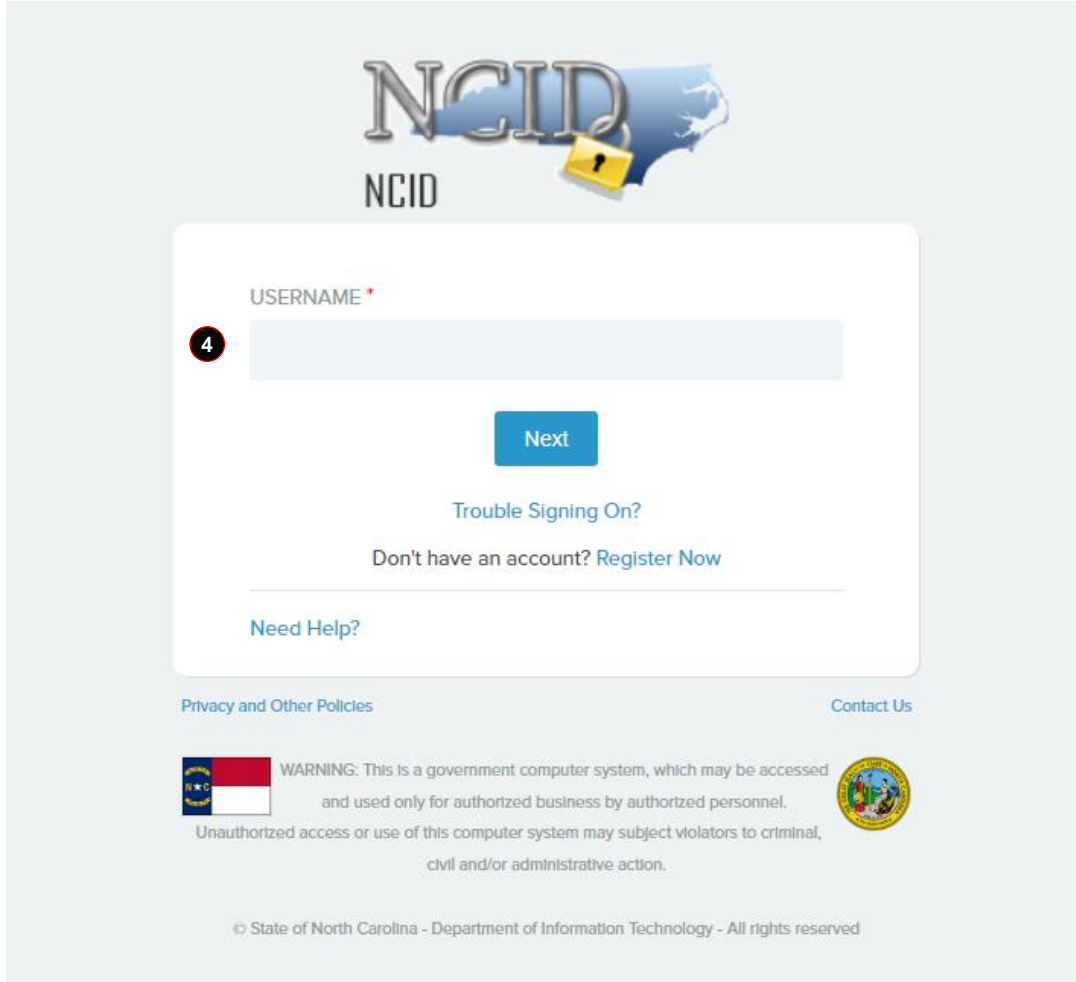
Step	Action
1	Select the <b>Getting Started With Enrollment</b> menu option.
2	Select the <b>Begin Application</b> option at the bottom left of the page.
Note	This option should only be selected if the identified Office Administrator’s (OA) NCID is not listed on any other provider record and the OA needs to enroll a new provider.

The **Provider Enrollment Login** page displays.



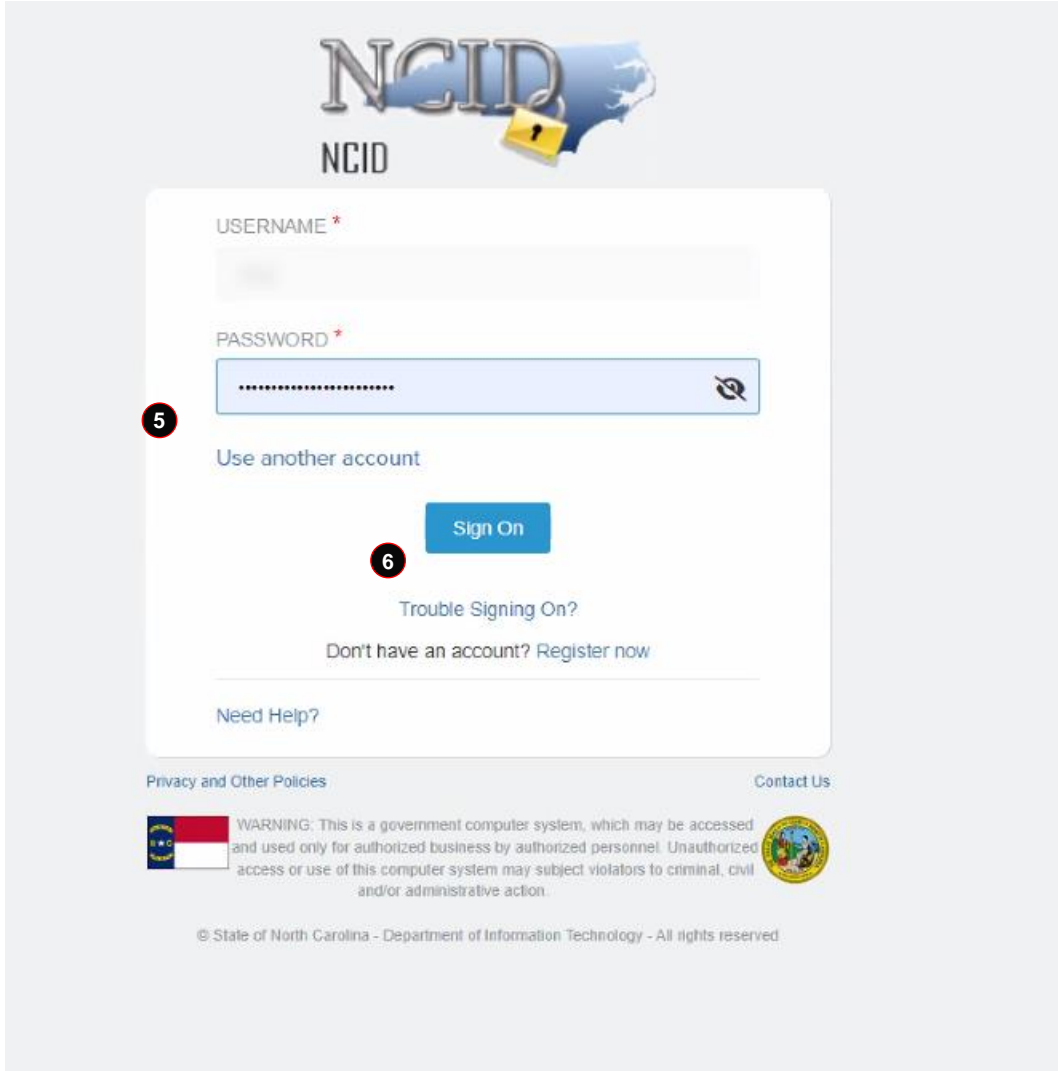
**Exhibit 5. Provider Enrollment Login Page**

Step	Action
3	Select the <b>NCTracks Secure Portal</b> button.



**Exhibit 6.1 Provider Enrollment Login Page**

Step	Action
4	<p>User ID: Enter your <b>NCID username</b>.</p> <p><b>Note:</b> In order to log in to the secure Provider Portal of NCTracks, all users must have an NCID. If you do not have an NCID, you can select the <b>Register Now</b> link displayed on the login page, which will navigate you to the NCID home page.</p>



**Exhibit 7.2 Provider Enrollment Login Page**

Step	Action
4	Enter the <b>Password</b> associated with the NCID.
6	Select the <b>Sign On</b> button.

If a user is supposed to go through Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. On successful verification of MFA, the user is navigated back to the desired secure Portal page.

**Supplemental Points:** Passwords are case-sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number to call for access assistance. Multi-Factor Authentication is required. Once the user has entered the User ID and password, the second level authentication is sent via the user’s preferred method. For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project** at the following site: <https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404>



### 3.2 ONLINE PROVIDER ENROLLMENT APPLICATION PAGE

On the **Online Provider Enrollment Application** page, you will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or Out-of-State (OOS) provider. You will also select your **Provider Enrollment Application Type**.

**Exhibit 8. Online Provider Enrollment Application Page**

Step	Action
6	ZIP Code: Enter your <b>ZIP Code</b> .
7	Provider Enrollment Application Type: Select <b>Individual</b> .
8	Select <b>Next</b> to continue.

### 3.3 INDIVIDUAL BASIC INFORMATION PAGE

The **Individual Basic Information** page captures basic information about the enrolling provider.

**Individual Basic Information**
Legend

\* indicates a required field

**1 IDENTIFYING INFORMATION**

<p>* Last Name: <input type="text"/></p> <p>Middle Name: <input type="text"/> <small>(Enter your full middle name)</small></p> <p>* Date of Birth: <input type="text"/></p> <p>* Gender: -- Select One --</p> <p>* Email: <input type="text"/></p>	<p>* First Name: <input type="text"/></p> <p>Suffix: -- Select One --</p> <p>* SSN: <input type="text"/></p> <p>* NPI: 0000000000</p>
--	---

I attest that I have given my full legal name, and I do not have a middle name.

**3 ORDERING, REFERRING, OR PRESCRIBING (OPR) PROVIDERS**

With the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410). Select YES if you wish to enroll as an OPR provider. Select NO if this NPI will be a billing, rendering, or attending provider on a claim submitted to NCTracks.

**Note:** NCTracks will not reimburse OPR providers when their NPI is used as rendering or attending on a claim.

\* Are you an ordering, referring, or prescribing provider wishing to enroll with a lite enrollment application?  
 Yes  No

**4 EMPLOYER IDENTIFICATION NUMBER (EIN)**

\* Will your income be reported to an EIN?  
 Yes  No

\* EIN:

\* DBA Name:

\* Years Doing Business Under This Name:

**6 RENDERING/ATTENDING ONLY PROVIDER**

\* Are you a Rendering/Attending Only provider?  
 Yes  No

**OWNERSHIP INFORMATION**

\* Business Type: -- Select One --

**OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)**

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

<p>* Last Name: <input type="text" value="COZY"/></p> <p>Middle Name: <input type="text" value="MARK"/> <small>(Enter your full middle name)</small></p> <p>* Contact Email: <input type="text" value="TEST@FAKEEMAIL."/></p> <p>* Office Phone #: (919) 243-2444 ext. <input type="text"/></p> <p>* User ID (NCID): <input type="text" value="judycozy"/></p>	<p>* First Name: <input type="text" value="BOB"/></p> <p>Suffix: -- Select One --</p> <p>* SSN: <input type="text" value="234-34-2444"/></p> <p>Office Fax #: (000) 000-0000</p>
--	--

**EFFECTIVE DATE REQUESTED**

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

**Note:** CCNC/CA participation effective date may not be retroactively requested.

\* Effective Date:

I attest that the Requested Effective Date is correct and understand that it cannot be changed once the application is submitted.

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

**Exhibit 9. Individual Basic Information Page #1**

Step	Action
1	Enter Identifying Information: <b>Last Name, First Name, Date of Birth, SSN, Gender, NPI, and Email.</b> <b>Note:</b> Individuals enter their Legal Name (Last, First, and Middle), if applicable.
2	Select the <b>attestation checkbox</b> if you have given your full legal name and you do not have a middle name.
3	Ordering, Referring, or Prescribing (OPR) Providers: Select <b>Yes</b> if the Individual provider wishes to enroll for the purposes of ordering, referring, and prescribing products and services only. Select <b>No</b> if the provider will be a fully enrolled provider.
4	Employer Identification Number (EIN): Will your income be reported to an EIN?: Select <b>Yes</b> or <b>No</b> ; if <b>Yes</b> , enter <b>EIN</b> . Do not enter the EIN of an Organization or group to which you may be affiliated. <b>Note:</b> A DBA is required when an Individual provider reports their income to an EIN.
5	Doing Business As (DBA): Select <b>Yes</b> or <b>No</b> ; if <b>Yes</b> , enter <b>DBA Name</b> and <b>Years Doing Business Under This Name.</b> <b>Note:</b> If you select <b>Yes</b> , the page displays a field requesting the number of “Years Doing Business Under This Name”.  The <b>DBA Name</b> field only allows the following characters: <ul style="list-style-type: none"> <li>• Alpha (A – Z)</li> <li>• Numeric (0 – 9)</li> <li>• Hyphen (-)</li> <li>• Ampersand (&amp;)</li> </ul>
6	Rendering/Attending Only Provider: Select <b>Yes</b> or <b>No</b> .
Note	If an Individual provider selects the option to be an OPR Lite provider, they will have fewer pages of the enrollment application to complete. Claims submitted with the NPI of an OPR Lite provider as the billing or rendering provider will not be paid. OPR Lite providers enroll for the sole purpose of ordering, prescribing, and referring products and services for NC Medicaid beneficiaries.

**OWNERSHIP INFORMATION**

6 \* Business Type: -- Select One --  
 -- Select One --  
 SELF (INDIVIDUAL FILING UNDER A SSN)  
 SINGLE-OWNER LLC  
 SOLE PROPRIETOR

7 OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

Authorized Individual is the same as enrolling provider

\* Last Name: [ ] \* First Name: MICHELLE  
 Middle Name: [ ] Suffix: -- Select One --  
 (Enter your full middle name)

\* Contact Email: [ ]

\* Office Phone #: (919) 333-2222 ext. [ ] Office Fax #: (000) 000-0000

\* User ID (NCID): uatdemoprovider

I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

---

**EFFECTIVE DATE REQUESTED**

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

Note: CCNC/CA participation effective date may not be retroactively requested.

Effective Date: 03/18/2013 8

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

Exhibit 10. Individual Basic Information Page #2

Step	Action
6	Ownership Information: Select the <b>Business Type</b> from the drop-down menu. <ul style="list-style-type: none"> <li>If <b>No</b> is selected for the question “Will your income be reported to an EIN?”, the user is able to select the option of <b>Self (Individual Filing Under an SSN)</b> or <b>Sole Proprietor</b> from the <b>Business Type</b> drop-down menu.</li> <li>If <b>Yes</b> is selected for the question “Will your income be reported to an EIN?”, the user is able to select one of the available options listed in the <b>Business Type</b> drop-down menu:                             <ul style="list-style-type: none"> <li><b>Self</b> – Select this type if you are an Individual filing under an SSN.</li> <li><b>Single-Owner LLC</b> – Select this type (filing status) if you are an Individual who intends to operate as a sole proprietor and act as the sole owner and manager.</li> <li><b>Sole Proprietor</b> – Select this type (filing status) if you are an Individual filing under an EIN.</li> </ul> </li> </ul>
7	Office Administrator (Authorized Individual): Select the <b>Authorized Individual is the same as enrolling provider</b> checkbox if the Individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter <b>Last Name, First Name, Contact E-mail, SSN, Office Phone, and User ID (NCID)</b> .
8	Effective Date Requested: Enter <b>Effective Date</b> .
9	Select <b>Next</b> to continue.

### 3.4 TERMS AND CONDITIONS PAGE

The **Terms and Conditions** page captures the terms and conditions to which you must agree in order to enroll in NC Medicaid as an OPR Lite provider. It also requires that you attest to your agreement to the terms and conditions.

### 3.5 BASIC INFORMATION COMPLETED PAGE

The **Basic Information Completed** page notifies you that the **Basic Information** page has been completed and provides instructions for resuming an In Process application, if you choose.

### 3.6 HEALTH / BENEFIT PLAN SELECTION PAGE

The **Health / Benefit Plan Selection** page lists health plans that are available to OPR providers. OPR providers are only able to participate in NC Medicaid.

**Exhibit 11. Health / Benefit Plan Selection Page**

Step	Action
1	Select the appropriate checkbox(es) for Division of Health Benefits (DHB): <b>Medicaid</b> .
2	Select <b>Next</b> to continue.

### 3.7 ADDRESSES PAGE

The **Addresses** page captures the primary physical location, 1099 Reporting/Pay-To address, correspondence address, and other service location addresses and contact information. OPR providers are not allowed to add additional service locations.

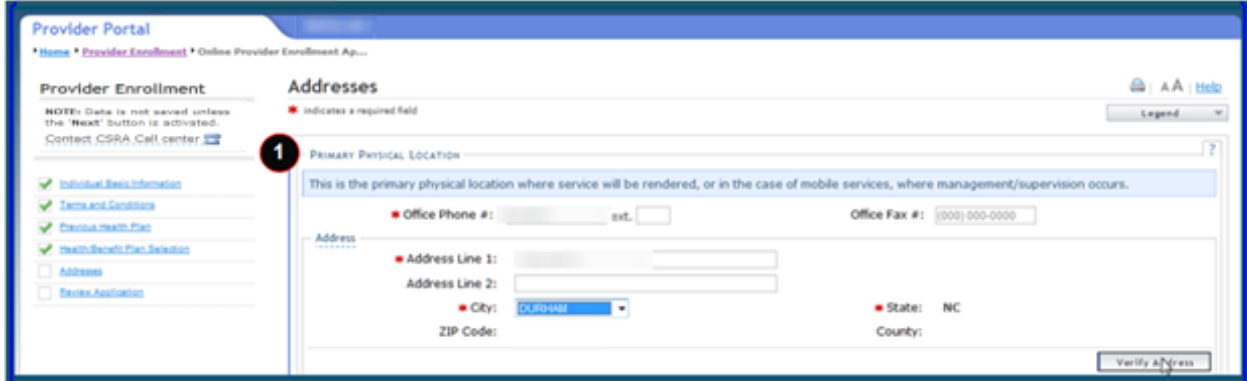


Exhibit 12. Addresses Page #1

Step	Action
1	Primary Physical Location: Enter the <b>Office Phone #</b> , <b>Office Fax #</b> , <b>Address</b> , <b>City</b> , and <b>State</b> . Select <b>Verify Address</b> (the address must correspond to an actual U.S. Postal Service address).

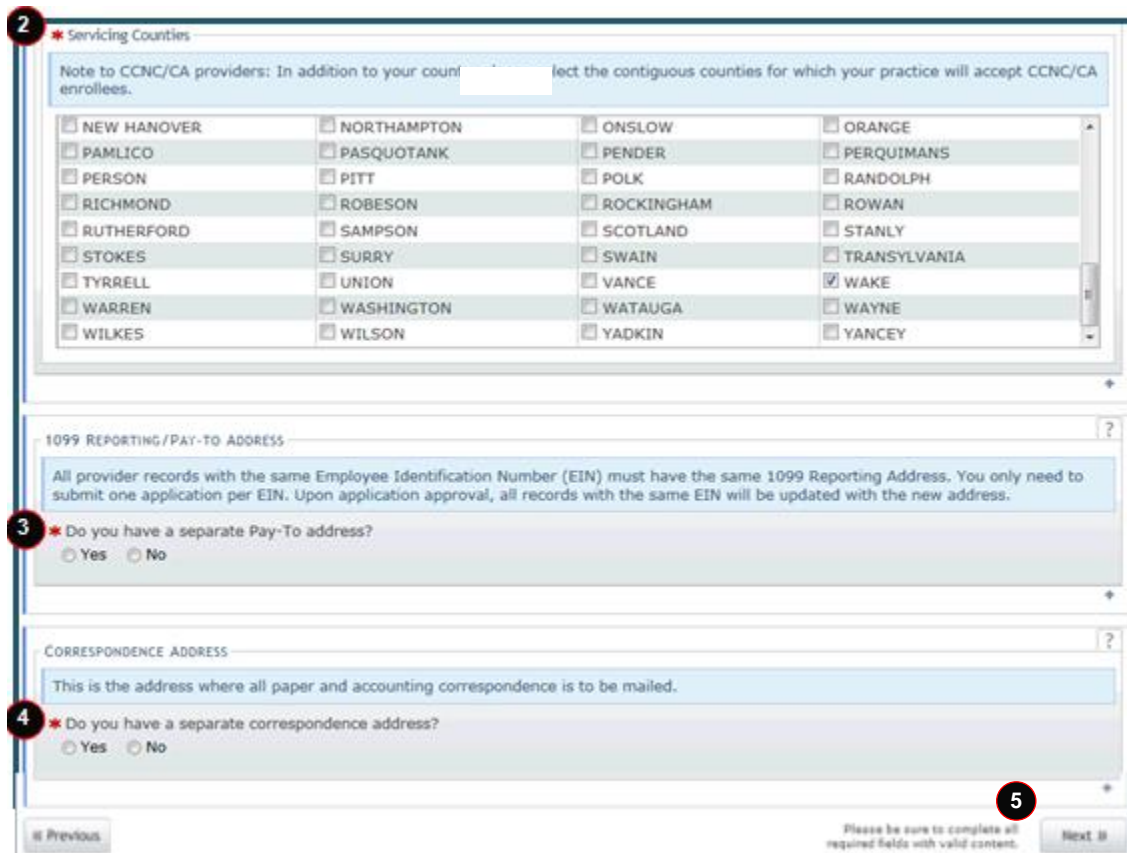


Exhibit 13. Addresses Page #2

Step	Action
2	Servicing Counties: Not applicable for OPR enrollment.
3	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select <b>Yes</b> or <b>No</b> . <b>Note:</b> All provider records with the same EIN must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.
4	Correspondence Address: Do you have a separate correspondence address?: Select <b>Yes</b> or <b>No</b> .
5	Select <b>Next</b> to continue.

### 3.8 TAXONOMY CLASSIFICATION PAGE

The **Taxonomy Classification** page allows you to add taxonomy code sets (Provider Type, Classification, and Area of Specialization). Select the taxonomy code(s) under which you will be conducting business with NCTracks for each service location.

Residents and interns licensed through the NC Medical Board with a resident in training license (RTL) can also enroll as OPR lite providers via the abbreviated Lite application. These practitioners will use the taxonomy 390200000X-Student Health Care when enrolling as OPR Lite providers.

**Exhibit 14. Taxonomy Classification Page**

Step	Action
1	Add Taxonomy Classification: Using the drop-down menus, select <b>Provider Type</b> , <b>Classification</b> , and <b>Area of Specialization</b> (if applicable).
2	Select <b>Add</b> to add a Taxonomy Classification. <b>Note:</b> Repeat this process to add multiple taxonomy codes. You can enter up to 15 taxonomy codes.
3	Select <b>Next</b> to continue.

### 3.9 ACCREDITATION PAGE

The **Accreditation** page allows you to add relevant accreditations, certifications, and licenses.

Depending on locations and taxonomies you have selected up to this point, you will need to add the required accreditations, certifications, and licenses.

Individual providers: Add all board certifications in the **Certifications** section.

NCTracks will receive monthly interface files from Clinical Laboratory Improvement Amendments (CLIA) and Drug Enforcement Agency (DEA) certifications that will be used to update the provider record when necessary.

If you do not have the credentials that NCTracks is requesting, it is possible that you have selected an incorrect taxonomy. You can return to the **Taxonomy Classification** page (see [Section 3.8](#)) to ensure you have made the correct selection.

For the addition of the Student Health Care taxonomy 390200000X, the system will require a license number that is not available for these types of providers. Please enter "RTL" as the license number and enter the applicable effective dates.



**Accreditation**

\* Indicates a required field

Legend

1 **Accreditations**  
Add Accreditation

Select an accreditation type from the drop down list and provide the accreditation number.

Accreditation Type: -- Select One --  
 Accreditation #:   
 Effective Date: mm/dd/yyyy       Expiration Date: mm/dd/yyyy

2 Add Clear

3 **Certifications**  
Add Certification

Select a certification type from the drop down list and provide the certifying entity and certification number.

Certification Type: -- Select One --  
 Certifying Entity: -- Select One --  
 State: NORTH CAROLI  
 Certification #:   
 Effective Date: mm/dd/yyyy       Expiration Date: mm/dd/yyyy

4 Add Clear

**Licenses**

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy 39020000X - Student Health Care requires the following License Type:

- RESIDENT TRAINING LICENSE By State Board of Dental Examiners , OR
- RESIDENT TRAINING LICENSE By State Medical Board

**LICENSE - RESIDENT TRAINING LICENSE BY STATE BOARD OF DENTAL EXAMINERS**

5 License Agency: State Board of Dental Examiners  
 License Type: RESIDENT TRAINING LICENSE  
 \* State: NORTH CAROLI  
 \* License #: RTL  
 \* Effective Date: 01/01/2017       \* Expiration Date: 01/01/2018

6 Add Clear

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

Previous Next

Exhibit 15. Accreditation Page

Step	Action
1	Add Accreditation: Enter <b>Accreditation Type</b> , <b>Accreditation #</b> , and <b>Effective/Expiration Dates</b> .
2	Select <b>Add</b> .
3	Add Certification: Enter <b>Certification Type</b> , <b>Certifying Entity</b> , <b>State</b> , <b>Certification #</b> , and <b>Effective/Expiration Date</b> . If your certification does not have an expiration date, leave this field blank.
4	Select <b>Add</b> .
5	Add required License: Enter <b>State</b> , <b>License #</b> , and <b>Effective/Expiration Dates</b> .
6	Select <b>Add</b> .
7	Select <b>Next</b> to continue.
Note	When an accreditation, certification, or license is required, the system will notify you of the specific requirements. If the system does not require that you add credentials, then they are not considered required. Only credentials required to support the Health Plan or taxonomy are required on this page.

### 3.10 AGENTS AND MANAGING EMPLOYEES PAGE

The **Agents and Managing Employees** page captures the enrolling provider's information, the OA's information, and information on all other managing employees. The OPR Lite provider will add all managing employees as applicable.

### Agents and Managing Employees

★ Indicates a required field

Legend

**Relationship Disclosure**

As required by 42 CFR 1002.3, providers must disclose the following for each individual officer, managing employee, director, board member, and Electronic Funds Transfer (EFT) authorized individual.  
Failure to provide the required information may result in a denial for participation.

Does the applicant have any agent(s) and/or managing employee(s)? **Yes**

**Managing Relationships**

Please add all managing relationships below.

**MANAGING RELATIONSHIP - [REDACTED] --- NEWLY ADDED**

★ Last Name: [REDACTED]      ★ First Name: [REDACTED]  
Middle Name: [REDACTED]      Suffix: -- Select One --  
★ Date of Birth: [REDACTED]      SSN: \*\*\*-\*\*-\*\*\*\*  
★ Email: [REDACTED]      ★ Phone Number: (000) 000-0000  
Business Relationship: **Self**      ★ Relationship to Another Disclosing Person: -- Select One --

I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

★ Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
★ City: [REDACTED]  
★ State: --  
★ ZIP Code: 00000-0000

2 Verify Address      3 Update

**MANAGING RELATIONSHIP - [REDACTED] (AUTHORIZED INDIVIDUAL MANAGING CONTACT) --- NEWLY ADDED**

After completing all required fields, click the **Submit** button to save.

4 Last Name: [REDACTED]      First Name: [REDACTED]  
Middle Name: [REDACTED]      Suffix: -- Select One --  
★ Date of Birth: mm/dd/yyyy      ★ SSN: [REDACTED]  
★ Email: [REDACTED]      ★ Phone Number: (000) 000-0000  
★ Business Relationship: -- Select One --      ★ Relationship to Another Disclosing Person: -- Select One --

I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

★ Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
★ City: [REDACTED]  
★ State: --  
★ ZIP Code: 00000-0000

5 Verify Address      6 Update

**Add Relationship**

Please complete all the required fields and click the **Add** button.

7 Last Name: [REDACTED]      ★ First Name: [REDACTED]  
Middle Name: [REDACTED]      Suffix: -- Select One --  
(Enter your full middle name)  
★ Date of Birth: mm/dd/yyyy      ★ SSN: [REDACTED]  
★ Email: [REDACTED]      ★ Phone Number: (000) 000-0000  
★ Business Relationship: -- Select One --      ★ Relationship to Another Disclosing Person: -- Select One --

I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

★ Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
★ City: [REDACTED]  
★ State: --  
★ ZIP Code: 00000-0000

8 Verify Address      9 Add Clear      10

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

Save Draft      Delete Draft

Exhibit 16. Agents and Managing Employees Page

Step	Action
1	Complete all required (*) fields for the Managing Relationship (Enrolling Provider): <b>Name, DOB, Email, Phone Number, Relationship to Another Disclosing Person, and Home address.</b>
2	Select <b>Verify Address.</b>
3	Select <b>Update.</b>
4	Complete all required (*) fields for the Managing Relationship (Authorized Individual): <b>DOB, Email, Phone Number, Business Relationship, Relationship to Another Disclosing Person, and Home address.</b>
5	Select <b>Verify Address.</b>
6	Select <b>Update.</b>
7	Add additional Relationships if applicable.
8	Select <b>Verify Address.</b>
9	Select <b>Add.</b>
10	Select <b>Next</b> to continue.

### 3.11 PROVIDER SUPPLEMENTAL INFORMATION PAGE

The **Provider Supplemental Information** page capture the provider’s work history, education, and current malpractice insurance information.

**Provider Supplemental Information** Print | A A | Help

\* indicates a required field Legend

**1** WORK HISTORY ?

Enter your work history as a health professional for the past 5 years. Work history prior to 5 years ago is not needed. If there is a gap in your employment of more than six months, please upload documentation clarifying the gap upon application submission.

Add Work History

\* Company Name:  \* Job Title:

\* Start Date:  \* End Date:

**2** EDUCATION ?

Enter your highest level of education completed.

Add Education History

\* School Name:  \* Degree:

\* Start Date:  \* Graduate Date:

**3** CURRENT MALPRACTICE INSURANCE COVERAGE ?

Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.

Enter your current malpractice insurance coverage. Upon submission of the application, upload a copy of the insurance face sheet from the malpractice carrier or a copy of the federal tortletter or an attestation from the practitioner of federal tort coverage.

\* Do you have malpractice insurance or are you covered under a federal tort?

Yes  No

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

Add Malpractice

\* Malpractice type:

\* Effective Date:

\* Expiration Date:

**Exhibit 17. Provider Supplemental Information Page**

Step	Action
1	<p>Work History: Enter your work history as a health professional:</p> <ul style="list-style-type: none"> <li>• <b>Company Name:</b> Employer name</li> <li>• <b>Job Title:</b> Position/job title</li> <li>• <b>Start Date:</b> Start date of the job title at this company</li> <li>• <b>End Date:</b> End date of the job. If you still hold this job title at this company, enter 12/31/9999.</li> </ul> <p><b>Note:</b> When entering their work history, if the enrolling provider is currently a resident or intern, he/she should enter the details of that residency/internship such as:</p> <ul style="list-style-type: none"> <li>• <b>Company Name:</b> Healthcare Facility XYZ</li> <li>• <b>Job Title:</b> Resident</li> <li>• <b>Start Date:</b> Date residency/internship began</li> <li>• <b>End Date:</b> 12/31/9999 if still a resident/intern</li> </ul>
2	<p>Education: Enter your Education information.</p> <ul style="list-style-type: none"> <li>• <b>School Name:</b> School or institution name</li> <li>• <b>Degree:</b> Highest degree</li> <li>• <b>Start Date:</b> Date started at the school or institution</li> <li>• <b>Graduation Date:</b> Date graduated from the school with this degree</li> </ul>
3	<p>Current Malpractice Insurance Coverage:</p> <ul style="list-style-type: none"> <li>• <b>Do you have malpractice insurance or are you covered under a federal tort?:</b> Select <b>Yes</b> if you have malpractice insurance or are covered under a federal tort.</li> <li>• <b>Malpractice Type:</b> Select the type of malpractice coverage</li> <li>• <b>Amount:</b> Enter the amount of malpractice coverage</li> <li>• <b>Effective Date:</b> Effective date of the coverage</li> <li>• <b>Expiration Date:</b> Expiration date of the coverage</li> </ul>

### 3.12 EXCLUSION SANCTION INFORMATION PAGE

#### Exclusion Sanction Information

\* Indicates a required field

Legend

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents\* in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- \* An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, 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.

\* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?

Yes  No

Please add up to 5 Infraction/Conviction Dates.

Infraction/Conviction Date
09/01/1999
mm/dd/yyyy

\* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?

Yes  No

\* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?

Yes  No

\* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?

Yes  No

\* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?

Yes  No

\* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?

Yes  No

\* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?

Yes  No

\* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?

Yes  No

\* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

Yes  No

\* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?

Yes  No

\* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?

Yes  No

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

Exhibit 18. Exclusion Sanction Information Page

Step	Action
1	<p>Select <b>Yes</b> or <b>No</b> for each Exclusion Sanction question. When <b>Yes</b> is selected for a question, the <b>Infraction/Conviction Dates</b> section displays. Select <b>Add</b> to add an Infraction/Conviction Date.</p> <p>For each question answered <b>Yes</b>, you must attach or submit a complete copy of the 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 the application.</p> <p>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).</p> <p><b>Note:</b> All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.</p>

### 3.13 REVIEW APPLICATION PAGE

Selecting the **Review Application** button displays a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.

**Exhibit 19. Review Application Page**

Step	Action
1	Select <b>Review Application</b> .
2	Select <b>Next</b> to continue.

### 3.14 SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

The **Sign and Submit Electronic Application** page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the 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.

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

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

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to @csc.com. 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 CSRA Call Center at 800-688-6696 if you have any trouble with your Electronic Signature PIN Number.

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

4 Please review the documents you are going to electronically sign.

- [Trading Partner Agreement](#)
- [Agreement and Attestations](#)

**REQUIRED ATTACHMENTS**

3301 Benson Dr, RALEIGH, NC 27609-7362

Your application indicates that you are enrolling as:

- RESPIRATORY, DEVELOPMENTAL, REHABILITATIVE AND RESTORATIVE SERVICE PROVIDERS, Physical Therapist, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

**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.

**Note:** If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

5

**Exhibit 20. Sign and Submit Electronic Application Page**

Step	Action
1	Enter <b>User ID</b> .
2	Enter <b>Password</b> .



Step	Action
3	Enter <b>PIN</b> .
4	Select the <b>Trading Partner Agreement</b> and/or <b>Agreement and Attestations</b> links to review each.
5	Select <b>Submit Now</b> or <b>Submit Later</b> to submit.

### 3.15 FINAL STEPS PAGE

The **Final Steps** page informs you that the application submission is complete. This page contains the final steps that you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application.

**Final Steps** Print | A A | Help

\* indicates a required field Legend

**1** 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](#)
- [Review Agreement](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

**2** APPLICATION FEE REQUIRED  
 Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100.00 NC Application Fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. [Pay Now](#)

**3** FINGERPRINTING REQUIRED  
 In compliance with the federal regulatory requirements in 42 CFR 455.450(c) 455.101 and 455.434, the application you submitted requires fingerprinting. After your application has been received and reviewed by CSRA, the Office Administrator will be contacted with instructions for completing the fingerprinting process. See [Fingerprinting Information Page](#) for more information.

**4** REQUIRED ATTACHMENTS  
 Your application indicates that you are enrolling as:

- PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS, Clinical Nurse Specialist, Psychiatric/Mental Health

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

**5** ELECTRONIC ATTACHMENTS  
 If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page. [Upload Documents](#)

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

**6** PDF documents on this page require the free [Adobe Reader](#) to view and print.

**Exhibit 21. Final Steps Page**

Step	Action
1	Print/save <b>Online Application</b> and/or <b>Review Agreement</b> . This will be the only opportunity to save, download, or print the PDFs.
2	Select <b>Pay Now</b> . The PayPoint landing page displays. <b>Note:</b> Application Fee Required: For individual providers, a \$100 NC Application Fee is required when applying for Medicaid.
3	<b>Fingerprinting Required:</b> This section displays if the application requires fingerprinting.
4	<b>Required Attachments:</b> Review the list of documents that need to be included with the application.
5	Select <b>Upload Documents</b> to navigate to the <b>Upload Documents</b> page to attach documents required for your application.
6	Select the <b>Provider Enrollment Status and Management Home</b> link.

## 4.0 Manage Change Request

### 4.1 INTRODUCTION

Once a provider has successfully enrolled as an OPR Lite provider, they will have the option of upgrading their record to a Full enrollment. If a provider realizes that they need to be a billing, rendering, or attending provider on a claim, they will need to complete an MCR to upgrade from OPR Lite to a fully enrolled provider.

Submitting an MCR to upgrade from an OPR Lite to a fully enrolled provider ONLY will not require credentialing of the application.

OPR Lite providers initially enrolled with the 390200000X Student Health taxonomy who want to upgrade to a fully enrolled provider will need to be sure to end-date the Student Health taxonomy and add a new taxonomy that identifies their area of specialty. A change of this nature will require credentialing of the application.

If additional service locations, taxonomies, and/or managing relationships are added, then credentialing will be required. If additional service locations, taxonomies, and/or managing relationships are added and the application is denied, the OPR Lite status will remain on the provider record. A notification letter will be sent to the provider's Message Center Inbox with details of the approval or denial.

Converting to a fully enrolled provider will allow the provider to participate in all Health Plans and receive reimbursement for services rendered to NC Medicaid beneficiaries.

### 4.2 STATUS AND MANAGEMENT PAGE

The **Status and Management** page allows the provider to manage all of their enrollment information for the application process, such as submitted applications; saved applications; MCRs; and Re-verification, Re-enrollment, Fingerprinting Required, and Maintain Eligibility applications.

The status of all submitted applications displays on this page, allowing the provider to determine if their application is in review, has been abandoned or returned, or has an approved status.

From the **Submitted Applications** section, providers can pay application required fees by selecting the **Pay Now** hyperlink; withdraw a previously submitted application by selecting the **Withdraw** hyperlink; or upload supporting documents, when requested, by selecting the **Upload Documents** hyperlink. Additionally, CSRA uses the **Submitted Applications** section to advise providers of incomplete applications.

CSRA may return an application and send the OA an Application Incomplete Letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete Letter, which contains details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** page and withdraw the application. The provider can also respond to the Application Incomplete Letter advising that the information is incorrect and requesting that CSRA withdraw the application. If CSRA withdraws the application, the Application Withdrawn Letter is sent to the Message Center Inbox. Withdrawal letters for initial enrollment applications will be sent to the OA's e-mail address.

Applications withdrawn by CSRA or the provider will have a "Withdrawn" status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by

an Application Withdrawn Letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

### 4.3 MANAGE CHANGE REQUEST

Once a provider’s enrollment application has been approved, the provider can make updates to the record by completing an MCR.

This section will cover the NCTracks pages required to convert an OPR Lite provider to a fully enrolled provider. If additional information is required on completing an MCR, please refer to the Participant User Guide PRV 111 *Provider Web Portal Applications*.

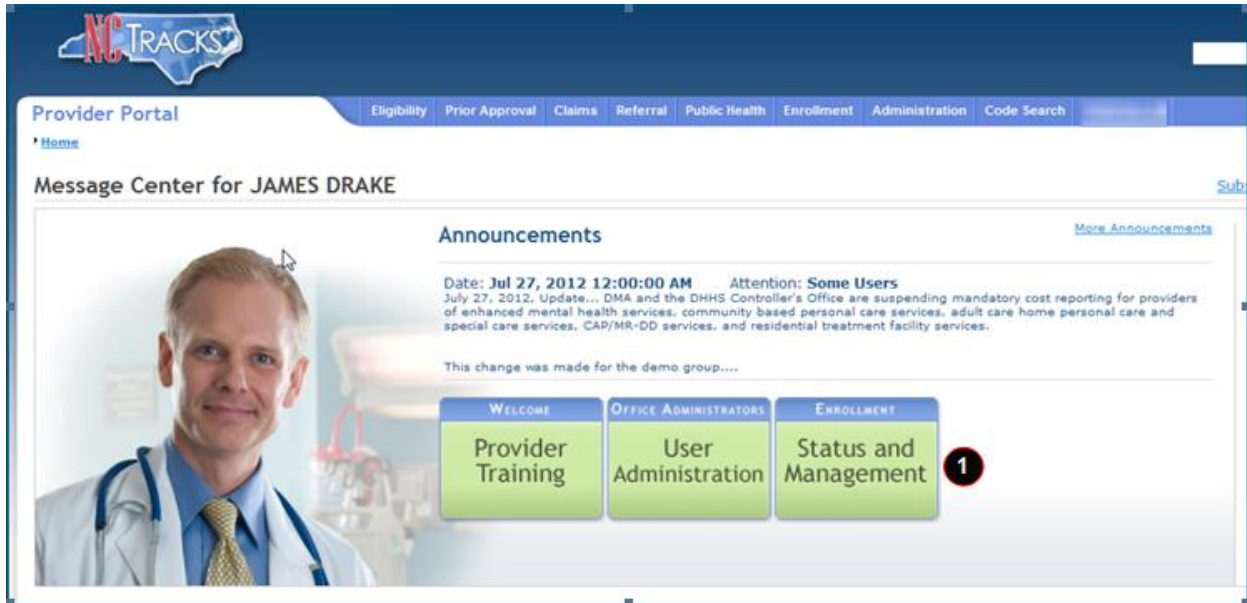


Exhibit 22. Provider Portal Home Page

Step	Action
1	<p>From the secure <b>Provider Portal</b> home page, select <b>Status and Management</b>. The <b>Status and Management</b> page displays. To begin an MCR application, scroll down to the <b>Manage Change Request</b> section.</p> <p><b>Note:</b> For more information on the Abbreviated MCR options, refer to the Participant User Guide PRV 563 <i>Abbreviated Manage Change Request Applications</i>.</p>

MANAGE CHANGE REQUEST

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'.

Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input type="radio"/>			27502-0000	12/05/2012	Active
<input type="radio"/>			27502-1216	02/01/2013	Active
<input type="radio"/>			27707-5055	03/01/2013	Active
<input type="radio"/>			27502-1216	12/26/2012	Active
<input type="radio"/>			27502-1216	12/28/2012	Active
<input type="radio"/>			27502-1215	12/01/2012	Active
<input type="radio"/>			27409-2027	03/20/2006	Active
<input type="radio"/>			27522-8297	12/06/2000	Active
<input type="radio"/>			27577-3933	08/01/2007	Active
<input type="radio"/>			27105-1332	01/01/1988	Active
<input type="radio"/>			27502-5316	02/05/2007	Active

Update

Exhibit 23. Status and Management Page: Manage Change Request Section

Step	Action
1	Select the radio button next to the record for which you want to begin an MCR application.
2	Select <b>Update</b> . The <b>Requested Manage Change Request Type</b> page displays.

Requested Manage Change Request Type

MANAGE CHANGE REQUEST TYPE

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

NPI/Atypical ID:

Name:

- Provider back-dating?
- Update Electronic Funds Transfer (EFT) Account Information?
- Add/Update Affiliations?
- Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information?
- Complete multiple changes or review your complete provider record

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

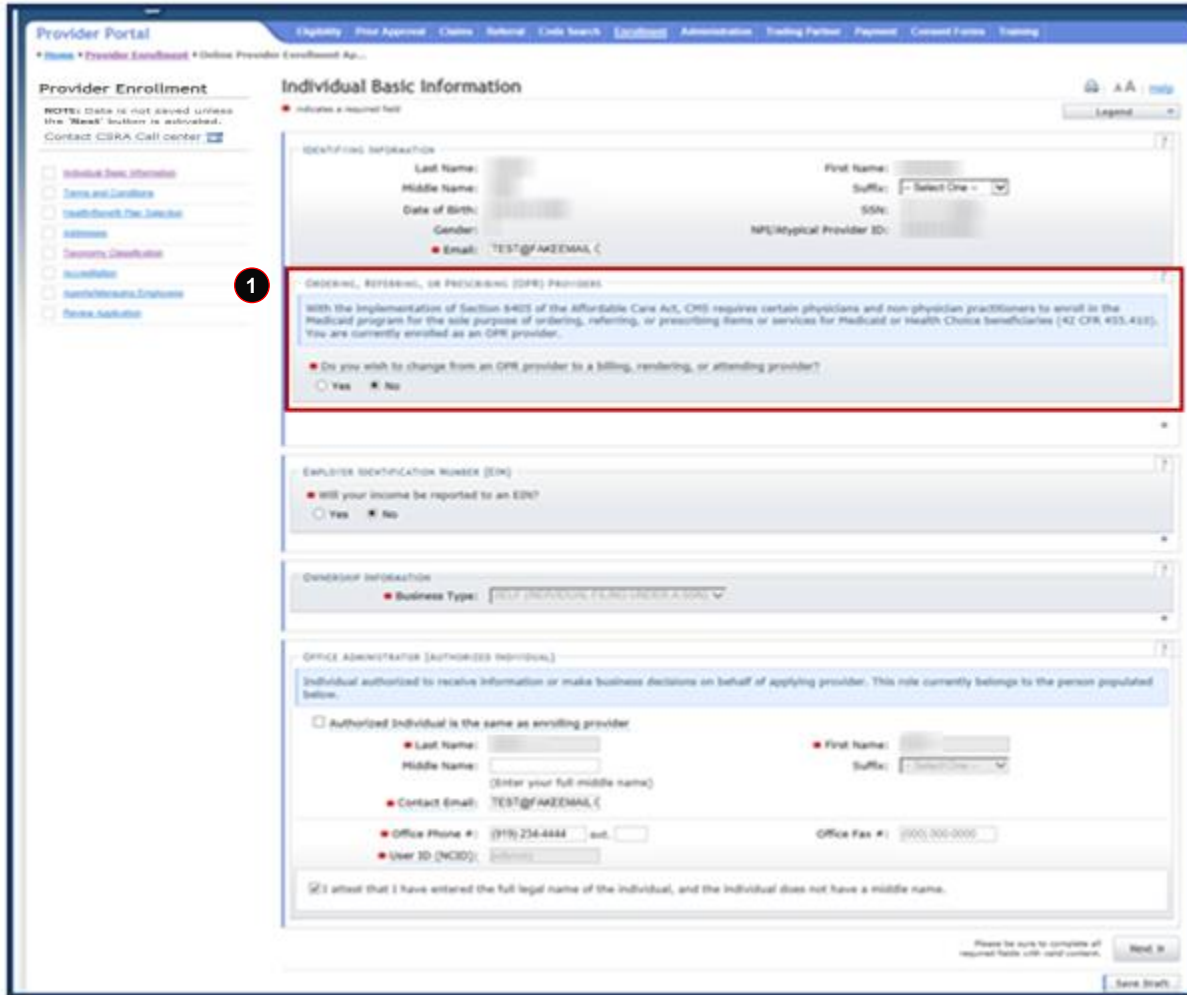
Next >

Exhibit 24. Requested Manage Change Request Type Page

Step	Action
1	<p>Select the <b>Manage Change Request Type</b>. This field specifies the type of abbreviated MCR application to be submitted. The available options are:</p> <ul style="list-style-type: none"> <li> <p><b>Provider Back-dating:</b> Select this option if you want to submit a request to back-date the effective begin date of all or specific health plans, service locations, taxonomy codes, or services (if applicable).  <b>Note:</b> This application type is not available to OOS Lite providers.                      OOS Full providers should refer to Job Aid PRV 702 <i>Request to Back-date Enrollment Effective Dates</i> for more details.</p> </li> <li> <p><b>Update Electronic Funds Transfer (EFT) Account Information:</b> Select this option if you want to update your EFT bank account information. If you do not see this option, you are listed in NCTracks as an Individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the <b>Complete multiple changes or review your complete provider record</b> option to complete a full MCR. Please have EFT account information available; this application must be completed in one session.  <b>Note:</b> The Update EFT Account Information abbreviated MCR cannot be completed by an Enrollment Specialist.</p> </li> <li> <p><b>Add/Update Affiliations:</b> Select this option if you are an individual provider who wants to add or end-date an affiliation to an organization/group. If you do not see this option, you are listed in NCTracks as an Organization provider. The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider. Please have affiliation information available; this application must be completed in one session.  <b>Note:</b> The <b>Add/Update Affiliations</b> option displays only when the provider is an Individual provider.</p> </li> <li> <p><b>Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information:</b> Select this option if you want to change how you will be submitting/receiving claims and electronic transactions OR if you want to add or end-date your association with a billing agent. If you do not see this option, you are listed in NCTracks as an Individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the <b>Complete multiple changes or review your complete provider record</b> option to complete a full MCR. Please have information available; this application must be completed in one session.</p> </li> <li> <p><b>Complete multiple changes or review your complete provider record:</b> Select this option if you want to make any update not listed. When you select this option, you will complete a full MCR application.  <b>Note:</b> If you want to upgrade from an OPR Lite provider to a Full provider, select this option.  <b>Note:</b> If you are an Enrollment Specialist and you need to update EFT information, use this option.  <b>Note:</b> Refer to the Participant User Guide PRV 111 <i>Provider Web Portal Applications</i> or the Participant User Guide PRV 562 <i>Enrollment Specialists</i> for specific instructions on completing a full MCR application.</p> </li> </ul>
2	Select <b>Next</b> to continue.

### 4.4 INDIVIDUAL BASIC INFORMATION PAGE

The **Individual Basic Information** page displays with the last information provided. If there are no other changes to be made to this page, navigate to the **Ordering, Referring, or Prescribing (OPR) Providers** section of the page.



**Exhibit 25. Individual Basic Information Page**

Step	Action
1	An OPR Lite provider can upgrade to a fully enrolled provider by selecting <b>Yes</b> to the question: "Do you want to change from an OPR provider to a billing, rendering, or attending provider?".

### 4.5 INDIVIDUAL BASIC INFORMATION PAGE (FULL)

Once the OPR Lite provider has converted to a fully enrolled provider, the following additional sections will display on the **Individual Basic Information** page:

- Rendering/Attending Only Provider
- Effective Date Requested

Individual Basic Information

Legend

\* indicates a required field

IDENTIFYING INFORMATION

\* Last Name:  \* First Name:

Middle Name:  Suffix: -- Select One --

(Enter your full middle name)

\* Date of Birth:  \* SSN:

\* Gender: -- Select One -- \* NPI:

\* Email:

I attest that I have given my full legal name, and I do not have a middle name.

ORDERING, REFERRING, OR PRESCRIBING (OPR) PROVIDERS

With the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410). Select YES if you wish to enroll as an OPR provider. Select NO if this NPI will be a billing, rendering, or attending provider on a claim submitted to NTracks.

**Note:** NTracks will not reimburse OPR providers when their NPI is used as rendering or attending on a claim.

\* Are you an ordering, referring, or prescribing provider wishing to enroll with a lite enrollment application?

Yes  No

EMPLOYER IDENTIFICATION NUMBER (EIN)

\* Will your income be reported to an EIN?

Yes  No

**1** \* EIN:

\* DBA Name:

\* Years Doing Business Under This Name:

**2** RENDERING/ATTENDING ONLY PROVIDER

\* Are you a Rendering/Attending Only provider?

Yes  No

OWNERSHIP INFORMATION

\* Business Type: -- Select One --

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

\* Last Name:  COZY \* First Name:  BOB

Middle Name:  MARK Suffix: -- Select One --

(Enter your full middle name)

\* Contact Email:  TEST@FAKEEMAIL.c \* SSN:  234-34-2444

\* Office Phone #:  (919) 243-2444 ext.  Office Fax #:  (000) 000-0000

\* User ID (NCID):  judycozy

EFFECTIVE DATE REQUESTED

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

**Note:** CCNC/CA participation effective date may not be retroactively requested.

\* Effective Date:  **3**

I attest that the Requested Effective Date is correct and understand that it cannot be changed once the application is submitted.

Please be sure to complete all required fields with valid content. **4** Next >>

Exhibit 26. Individual Basic Information Page (Full)



Step	Action
1	Doing Business As: Enter DBA information if applicable.
2	Rendering/Attending Only Provider: Now that the provider has chosen to be a fully enrolled provider, they can indicate if they are a rendering/attending only provider. Select <b>Yes</b> if you are a rendering/attending only provider; select <b>No</b> if you are a rendering, attending, and billing provider.
3	Effective Date Requested: Enter the date that the full enrollment should begin. The requested date cannot precede the initial enrollment date and cannot be requested more than 365 days prior to the current date.
4	Select <b>Next</b> to continue.

#### 4.6 TERMS AND CONDITIONS PAGE

When a provider converts from an OPR Lite to a fully enrolled provider, new Terms and Conditions will display.

#### 4.7 HEALTH PLAN SELECTION PAGE

For fully enrolled providers, additional Health Plans can be selected.

#### 4.8 ADDRESSES PAGE

Fully enrolled providers have the ability to add additional service locations.

#### 4.9 TAXONOMY CLASSIFICATION PAGE

If the converting provider type was previously enrolled with the Student Health-390200000X taxonomy and they are now converting to a fully enrolled provider, a taxonomy that represents their area of discipline will need to be added to the record and the Student Health taxonomy will need to be end-dated.

**Note:** If a provider with a Student Health Care-390200000X taxonomy fails to add a new taxonomy during the upgrade to full enrollment, the MCR may be approved. However, claims will not be paid when an NPI with the Student Health 390200000X taxonomy is used as the billing, rendering, or attending provider.

#### 4.10 ACCREDITATION PAGE

All accreditations, certifications, and licenses required to support active taxonomies will be indicated. If there are accreditations, certifications, or licenses that you want to add that are not required, you may do so.

#### 4.11 COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS PAGE

The **Community Care of North Carolina/Carolina ACCESS** page may display if the provider indicated on the **Individual Basic Information** page that they are a rendering/attending only provider.

#### 4.12 HOURS PAGE

For fully enrolled providers, hours of operation and after-hours information is required.

#### 4.13 SERVICES PAGE

For fully enrolled providers, the services offered are required.

#### 4.14 AGENTS/MANAGING EMPLOYEES PAGE

The **Agents/Managing Employees** page allows you to include all agents and managing employees.

Individual providers' and OAs' information cannot be edited. All other managing employee information can be edited with the exception of the Name, DOB, and SSN. If this information needs to be updated, you can do so by end-dating the existing information and then adding the managing employee back to the record with the correct information.

#### 4.15 HOSPITAL ADMITTING PAGE

The **Hospital Admitting** page captures hospital admitting information for Individual providers. If the provider has hospital admitting rights, they can identify the hospitals by county.

#### 4.16 METHOD OF CLAIMS SUBMISSION PAGE

The **Method of Claims Submission** page displays if the provider indicated on the **Individual Basic Information** page that they are not a rendering/attending only provider. In this case the provider needs to indicate how they will submit their claims.

#### 4.17 BILLING AGENT PAGE

If a Billing Agent is selected as the method of claims submission, the provider will need to identify the billing agent and the transactions they will receive.

#### 4.18 AFFILIATIONS PAGE

The **Affiliations** page allows the individual provider to indicate if there is an organization that will be billing and receiving payment for the services the individual has rendered. The provider can back-date their affiliation, not to exceed their enrollment date or that of the service location. The provider can also affiliate to an organization's location even if it is end-dated.

#### 4.19 EFT ACCOUNT INFORMATION PAGE

If the provider indicated on the **Individual Basic Information** page that they are not a rendering/attending only provider, the **EFT Account Information** page will display. If the enrolled NPI will be used as the billing NPI on claims, then EFT information is required. The individual's EFT information is added to the record by including the routing and accounting number as well as the financial institution's name and address.

#### 4.20 FINAL STEPS PAGE

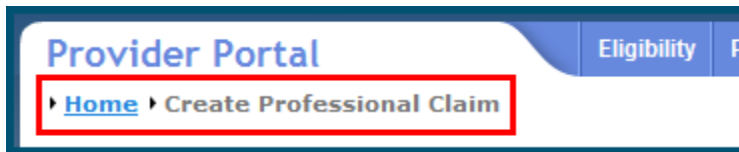
Once the MCR has been successfully submitted, the **Final Steps** page will display. This page provides hyperlinks to a PDF version of the MCR and a cover sheet to be used in the event that you fax or mail any documents, and a link to the Terms and Conditions.

## Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

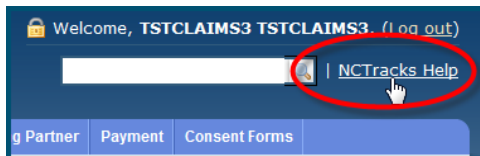
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

### Navigational Breadcrumb



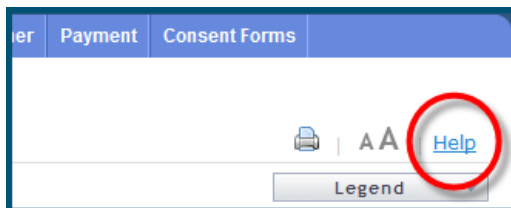
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

### System-Level Help



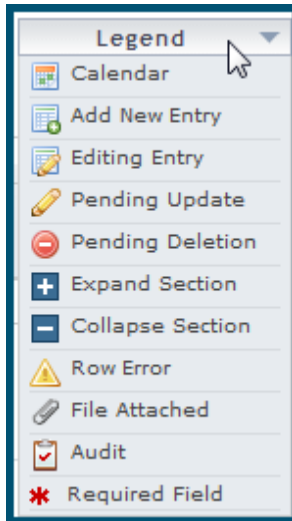
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.


### Screen-Level Help



Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

## Form Legend



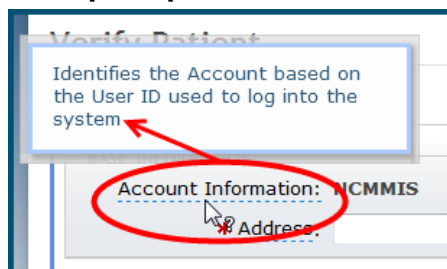
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

## Data / Section Group Help



Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

## Tooltip Help



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