

# JOB AID

## How to Add or Update Credentials

### OVERVIEW

This Job Aid provides step-by-step instructions for adding and updating licensing, certifications and accreditations to the provider profile in NCTracks. Some taxonomy codes require the provider to be licensed, accredited and/or certified according to the specific laws and regulations that apply to their service type.

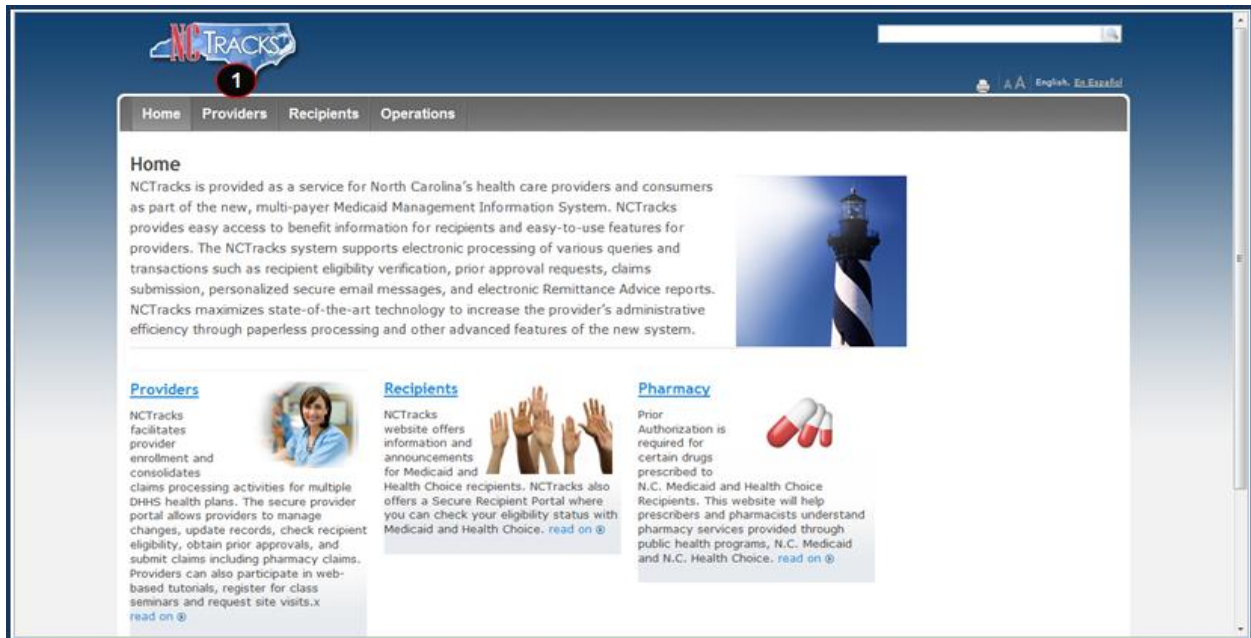
### PURPOSE

Providers are responsible for maintaining the required licensure, certification, and accreditation specific to their provider type to remain eligible for participation in Medicaid. In the event that a certification number or expiration date changes, the provider should complete a Manage Change Request (MCR) to update their record in NCTracks.

A listing of provider qualifications and requirements can be found in the Provider Permission Matrix located under Quick Links on the [Provider Enrollment page](#).

### LOG IN TO THE PROVIDER PORTAL

The public NCTracks home page displays before you log in to the system.



To log in to the secure NCTracks Provider portal, complete the following steps.

Step	Action
1	Select <b>Providers</b> . The Public Provider screen displays.

**Provider Portal Login**

**Important Announcement**  
**NCTracks Multi-Factor Authentication (MFA) Updates Coming Soon for Individual & Business Users**

In accordance with the [North Carolina Identity Management \(NCID\) Citizen Identity Project](#), NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates. Please complete the following steps to update your NCID profile by **Sept. 6, 2024**, in advance of the MFA updates:

*These instructions are for Individual and Business users only, not Local and State Government users.*

1. Login to the MyNCID portal at <https://myncidpp.nc.gov/> with your NCID Username and Password.
2. You will see the Profile Information page upon successful login.
3. Click on the **MFA** tab on your profile page.
4. Click on the **ADD ENROLLMENT** button on the bottom right.
5. A pop-up window will appear prompting you to choose an MFA method. Please note that office phone extensions are not supported.
6. Follow the onscreen prompts to add your chosen MFA method.

For detailed instructions, including images of each step, refer to the [NCID User Guide for MFA](#).

**Important Note: Providers who do not currently use MFA will not be impacted at this time. MFA updates will be implemented through a phased approach. Until that time, your current login method will continue to work. However, you are being asked to update your profile to ensure a seamless transition to the new MFA method. You will receive further communication when your MFA is to be updated.**

**If you are an Individual or Business User who currently uses MFA, these updates will impact you on Sept. 15, 2024.** Once these updates are implemented you are no longer required to access and maintain MFA using <https://mfaportal.nc.gov/nctracksmfa>. All profiles, including MFA, will be managed through <https://myncid.nc.gov/> after implementation.

If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at **519-754-6000 or 800-722-3946**.

For more information and training videos, visit the [NCID Citizen Identity Project | NCIDIT training page](#).

The **NCTracks Web Portal** contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click **'Cancel'**.

NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.

All users are required to have an NCID to log in to their secure area. An NCID does not grant access to all secure areas. Access to a specified secure area is allowed per the user access rights granted by NCDHHS (State users) or the provider's Office Administrator. Recipient NCIDs does not require additional rights to access Recipient portal.

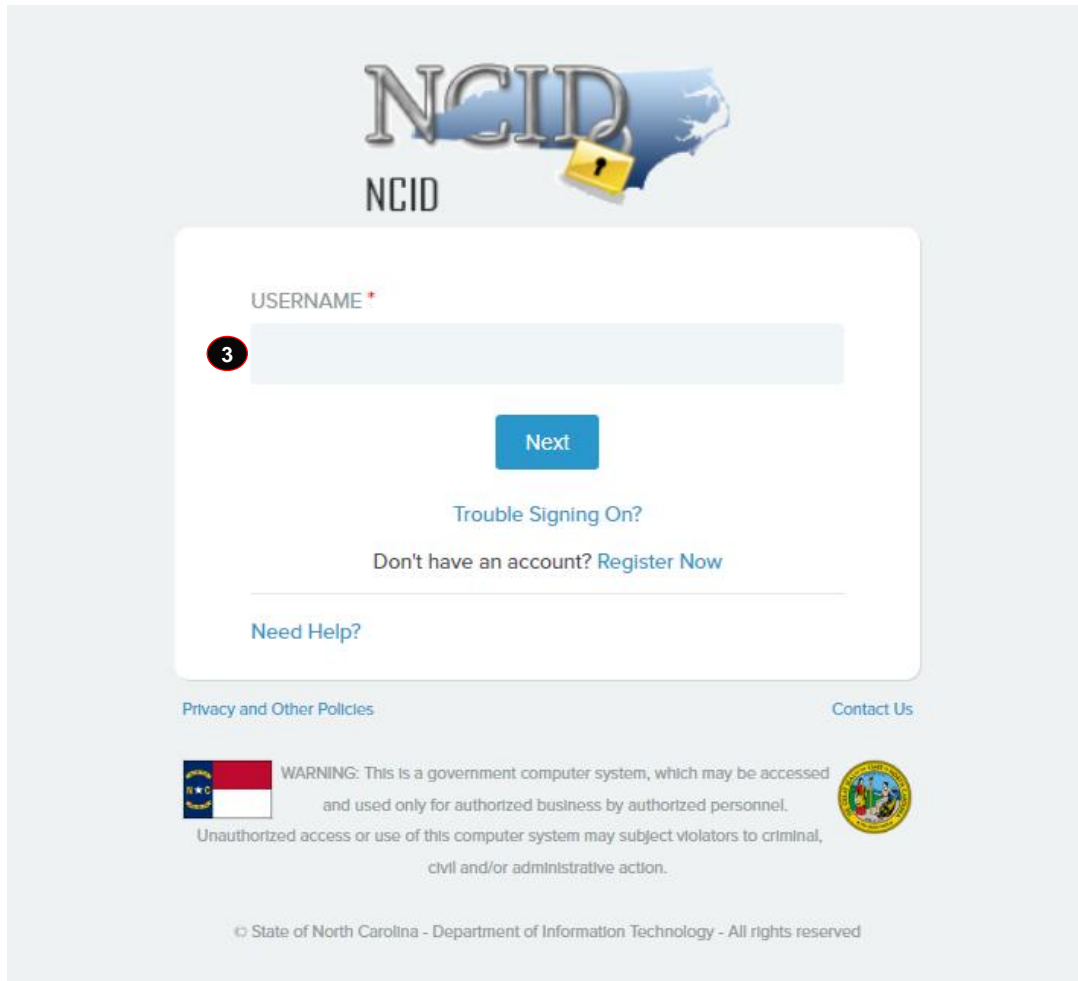
To create/update NCID record, use the appropriate link as per your NCID type.

- External Users (Provider or Recipient) click [here](#)
- State and Local Government employees (State or Fiscal Agent) click [here](#)

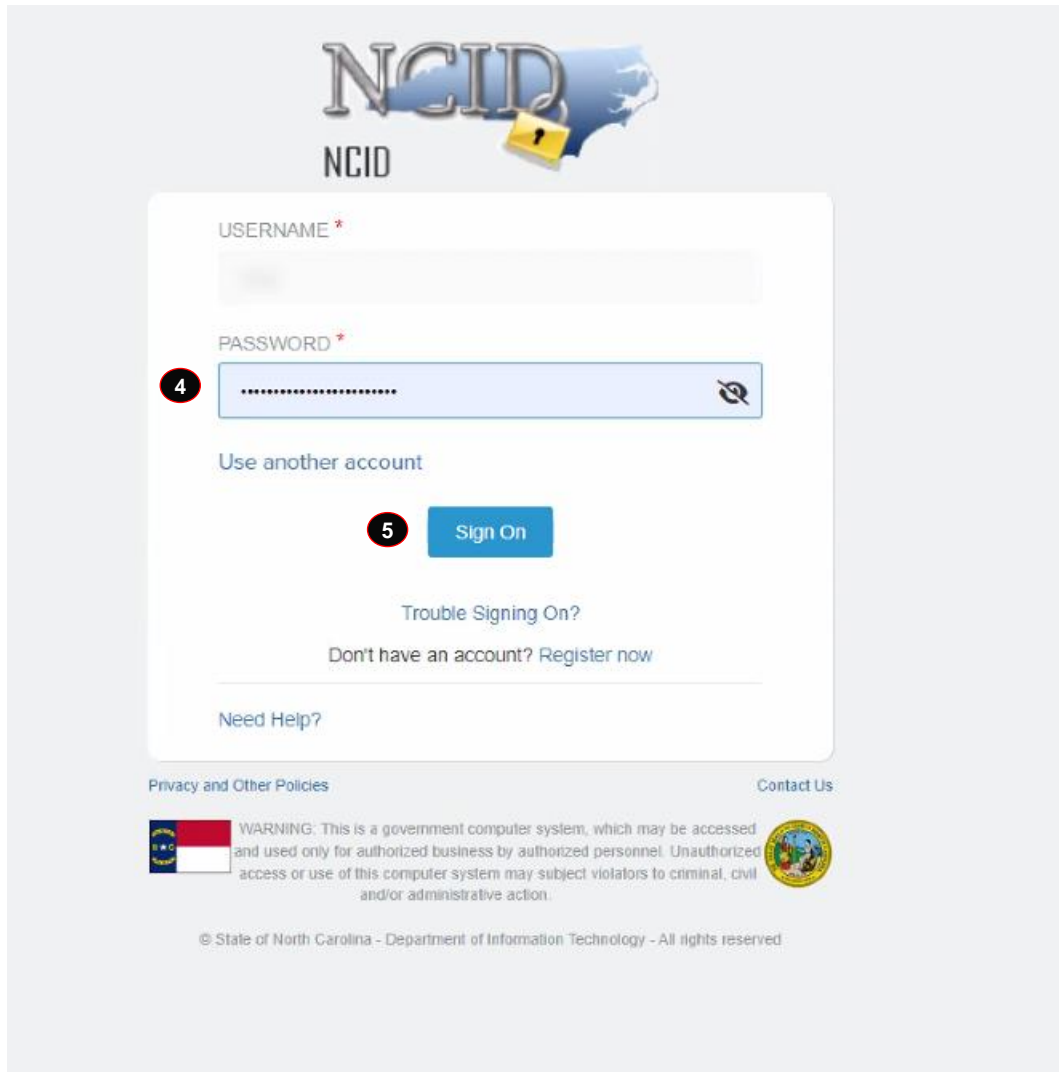
**NCTracks Secure Portal**  
 Access the secure NCTracks Portal

Footer: About, Legal, Privacy, Accessibility, Contact Us, Site Map, System Requirements, Report Fraud. NC Department of Health and Human Services, CSRA TRANSCEND.

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



Step	Action
3	<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>

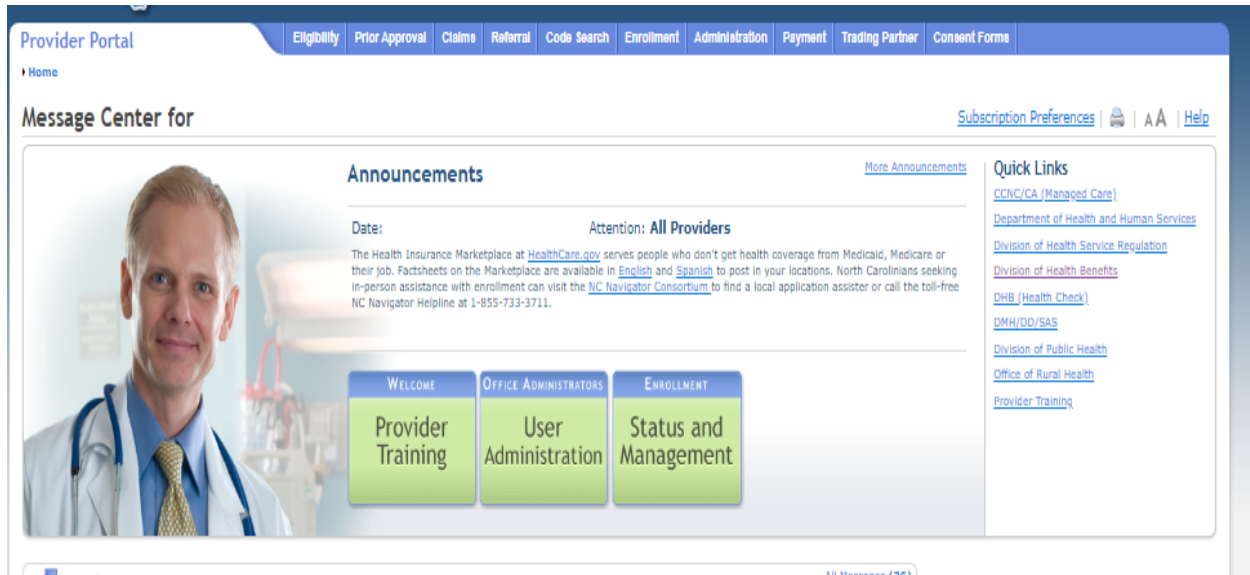


Step	Action
4	Enter the <b>Password</b> associated with the NCID.
5	Select the <b>Sign On</b> button.

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>

The secure Provider portal Home screen displays.



The process of updating the accreditation, license, and/or certification is done by accessing the provider’s record from the **Status and Management** page. The step-by-step process is completed from the **Manage Change Request** section of this page.

Please note that the Office Administrator (OA) or someone who has been designated as the Enrollment Specialist (ES) for the provider can add or update the credentials on the provider’s record. However, the OA is the only person who can submit the Manage Change Request application.

Select the **Status and Management** button to navigate to the **Status and Management** page.

## STATUS AND MANAGEMENT PAGE

The **Status and Management** screen will display. The screen is divided into eight sections.

If sections state: **No Data Found** it means that there are no outstanding documents required for that section. **Applications** sections for a Manage Change Request/Enrollment that is already in process.

1. **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
2. **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 select **Submit**.
3. **Manage Change Request:** This section will list provider accounts associated with the user’s NCID that are active.
4. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
5. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

6. **Fingerprinting Required:** Any Providers that require fingerprinting will display in this section.
7. **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.
8. **Enrollment Specialist Applications:** This section displays for Office Administrators (OA). This will contain any applications submitted by the Enrollment Specialist (ES) for the OA to sign.

**Contact Information**

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

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

**Status and Management**

\* Indicates a required field

Welcome to Provider Enrollment Status and Management  
 Please choose from the options below to manage your enrollment status.

Legend

**Quick Links**

- [Online Application](#)
- [Advanced Medical Home Tier Attestation](#)
- [Health Information Exchange \(HIE\) Status](#)
- [Provider Enrollment Home](#)
- [PE Supporting Information](#)
- [PE Terms and Conditions](#)
- [Reassign Existing Draft Applications](#)
- [Sign Pending Agreement](#)

**SUBMITTED APPLICATIONS**

Below is the status of applications you have submitted.

If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

- Record Results					
NPI / Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			RE-VERIFICATION	10/09/2019	Withdrawn
			MANAGE CHANGE REQUEST	08/29/2019	Withdrawn
			RE-VERIFICATION	01/09/2019	Withdrawn
			ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
			MANAGE CHANGE REQUEST	10/26/2018	Withdrawn
			MANAGE CHANGE REQUEST	10/09/2017	Manage Change Request Complete
			MANAGE CHANGE REQUEST	04/12/2017	Withdrawn
			MANAGE CHANGE REQUEST	04/11/2017	Approved
			ABBREVIATED METHOD OF CLAIM BI	04/11/2017	Manage Change Request Complete

RE-ENROLL ?

NO DATA FOUND

MANAGE CHANGE REQUEST ?

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.  
The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

- RECORD RESULTS						
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
<input type="radio"/>					03/24/1998	Active
<input type="radio"/>					01/07/2015	Active
<input type="radio"/>					09/01/2014	Active
<input type="radio"/>					02/06/2017	Active
<input checked="" type="radio"/>					05/01/2015	Active
<input type="radio"/>					12/01/2015	Active
<input type="radio"/>					07/22/2013	Active
<input type="radio"/>					04/01/2008	Active
<input type="radio"/>					01/22/2013	Active
<input type="radio"/>					09/04/2013	Active
<input type="radio"/>					12/01/1981	Active
<input type="radio"/>					11/20/1973	Active
<input type="radio"/>					03/10/2004	Active

Update

RE-VERIFICATION ?

NO DATA FOUND

MAINTAIN ELIGIBILITY ?

NO DATA FOUND

FINGERPRINTING REQUIRED ?

NO DATA FOUND

SAVED APPLICATIONS ?

NO DATA FOUND

ENROLLMENT SPECIALIST APPLICATIONS ?

NO DATA FOUND

To begin a new **Manage Change Request**, under the **Manage Change Request** Section, select the radio button next to the NPI/Atypical ID. Next, select the **Update** button.

If the Manage Change Request 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 that is already in process.

Requested Manage Change Request Type

Legend

\* indicates a required field

MANAGE CHANGE REQUEST TYPE

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

NPI/Atypical ID:

Name:

**ORGANIZATION PROVIDERS**

- BACK-DATING - ABBREVIATE MANAGE CHANGE REQUEST  
Provider back-dating<sup>1</sup>
- EFT - ABBREVIATE MANAGE CHANGE REQUEST  
Update Electronic Funds Transfer (EFT) Account Information<sup>1</sup>
- METHOD OF CLAIM, ELECTRONIC TRANSACTIONS - ABBREVIATE MANAGE CHANGE REQUEST  
Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information<sup>1</sup>
- MANAGE CHANGE REQUEST**  
Complete multiple changes or review your complete provider record

<sup>1</sup>Please have all information available, this application must be completed in one session.

Next »

From the **Requested Manage Change Request Type** page, the user is presented with various selections of the type of abbreviated Manage Change Request they would like to complete. In order to complete the adding or updating credentials process, the user must select the **Complete multiple changes or review your complete provider record** option, which navigates the user to the **Organization Basic Information** page.

Please keep in mind that users with the Enrollment Specialist user role can submit all abbreviated Manage Change Requests except **EFT**. The Office Administrator and Owner/Managing Employee users can submit all abbreviated Manage Change Requests, including the EFT abbreviated Manage Change Request.

Select the type of MCR. Select **Multiple Changes** to update license information.

**Organization Basic Information** Legend

\* indicates a required field

**IDENTIFYING INFORMATION**

If you need to update the Organization Name, submit documentation that shows proof of a legal name change to CSRA via fax at **855-710-1965** or by email at [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

Organization Name:

EIN:  NPI/Atypical Provider ID:

\* Email:  \* Month of Fiscal Year End:

**DOING BUSINESS AS (DBA)**

\* Do you operate under a trade or company name?  
 Yes  No

DBA Information

\* DBA Name:

\* Years Doing Business Under This Name:

**OWNERSHIP INFORMATION**

\* Business Type:

The Business Type entered on this application matches what was reported to the provider's state business registration entity.

**REGISTERING WITH NC SECRETARY OF STATE**

\* Are you required by law to register with NC Secretary of State?  
 Yes  No

\* Secretary of State ID #:

**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.

\* User ID (NCID):

\* Last Name:  \* First Name:

Middle Name:  (Enter your full middle name) Suffix:

\* Contact Email:  SSN:

\* Office Phone #:  ext.  Office Fax #:

\* Is this contact person an Owner or Managing Employee?  
 Owner  Managing Employee

Please be sure all required fields are completed. ➔

The **Organization Basic Information** page allows the ES user or OA to update basic provider information, as appropriate. This page will display questions that are specific to the enrollment application the OA or ES user has completed. At this point you will navigate through the pages of the Manage Change Request, by updating any information, if applicable, along the way as this is an already-approved application that you are making changes within.

**Important:** Providers must select the checkbox attesting that the business type selected on this application matches what was reported to the provider's state business registration entity.

Continue to select the **Next** button through the Manage Change Request application until you reach the **Accreditation** page.

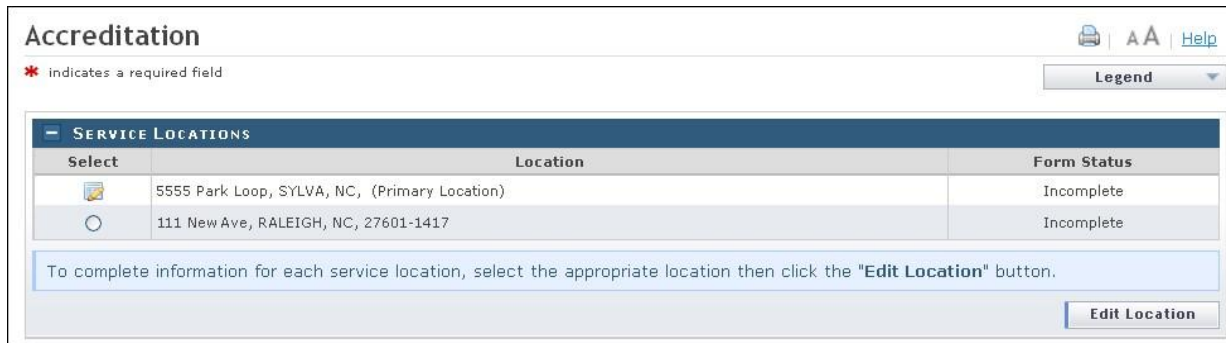
The user must receive a green check mark for each page that has been previously completed or updated. Pages without a green check mark will not allow the user to submit the Manage Change Request application.

## EDITING THE SERVICE LOCATION(S)


The Accreditation page will display. Accreditations may be required for your service location(s).

**Note:** If your provider record has more than one service location, it is important to note that accreditations will need to be completed for each taxonomy associated with each service location. Updating credentials will be based on the taxonomies that were selected on the previous page.

All service location rows must display a status of **Complete** before you will be able to proceed. To update the accreditations for each service location, select each service location row and select the **Edit Location** button.



The screenshot shows a web interface titled "Accreditation". At the top right, there are icons for printing, font size, and help. Below the title, a legend indicates that a red asterisk (\*) denotes a required field. The main content area is titled "SERVICE LOCATIONS" and contains a table with three columns: "Select", "Location", and "Form Status".

Select	Location	Form Status
	5555 Park Loop, SYLVA, NC, (Primary Location)	Incomplete
<input type="radio"/>	111 New Ave, RALEIGH, NC, 27601-1417	Incomplete

Below the table, a light blue box contains the instruction: "To complete information for each service location, select the appropriate location then click the 'Edit Location' button." At the bottom right of the form, there is an "Edit Location" button.

### Accreditation Page – Service Locations

## ADDING ACCREDITATION, LICENSING, OR CERTIFICATION INFORMATION

The Accreditation page contains three sections: Accreditations, Certifications and Licenses. Not all sections are required. To determine the required sections, scroll down and identify the light blue sections that display your taxonomies.

Accreditation

\* indicates a required field

Print | A A | Help

Legend

**ACCREDITATIONS** ?

Add Accreditation

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

Accreditation Type:

Accreditation #:

Effective Date:

Expiration Date:

**CERTIFICATIONS** ?

Taxonomy **364SP0810X - Psychiatric/Mental Health, Child & Family** requires the following Certification Type:

- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Psychiatric Nurses Association (APNA) , OR
- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Nurse Credentialing Center (ANCC)

Add Certification

In addition to certifications required for a taxonomy code, enter all additional board certifications.

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

Certification Type:

Certifying Entity:

State:

Certification #:

Effective Date:

Expiration Date:

**LICENSES** ?

Taxonomy **1041C0700X - Clinical** requires the following License Type:

- LICENSED CLINICAL SOCIAL WORKER (LCSW) By STATE SOCIAL WORK CERTIFICATION & LICENSURE BOARD

Taxonomy **364SP0810X - Psychiatric/Mental Health, Child & Family** requires the following License Type:

- CLINICAL NURSE SPECIALIST By STATE BOARD OF NURSING

Add License

Select a license type from the drop down list and provide the license number.

License Agency:

License Type:

State:

License #:

Effective Date:

Expiration Date:

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

**Note:** If an invalid taxonomy is listed on this page and requires an accreditation that the provider does not have, the invalid taxonomy must be end dated. For a step-by-step guide for editing taxonomies, select on the provider user guide titled, "How to View and Update Taxonomy" on the [User Guides & Fact Sheets page](#) under Provider User Guides & Training.

The licenses and certifications listed directly below the reference taxonomy in the light blue section are required.

In this example, this provider has one taxonomy listed under Certifications that requires one of the two certifications.

**Accreditation**

\* Indicates a required field.

Legend

**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

Add Clear

**CERTIFICATIONS**

Taxonomy **364SP0810X - Psychiatric/Mental Health, Child & Family** requires the following Certification Type:

- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Psychiatric Nurses Association (APNA) , OR
- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Nurse Credentialing Center (ANCC)

Add Certification

In addition to certifications required for a taxonomy code, enter all additional board certifications. 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 CAROLIN

Certification #:

Effective Date: mm/dd/yyyy

Expiration Date: mm/dd/yyyy

Add Clear

**Accreditation Page – Example 2**

In this example, this provider has two different taxonomies, which require two different licenses.

**LICENSES**

Taxonomy **1041C0700X - Clinical** requires the following License Type:

- LICENSED CLINICAL SOCIAL WORKER (LCSW) By STATE SOCIAL WORK CERTIFICATION & LICENSURE BOARD

Taxonomy **364SP0810X - Psychiatric/Mental Health, Child & Family** requires the following License Type:

- CLINICAL NURSE SPECIALIST By STATE BOARD OF NURSING

Add License

Select a license type from the drop down list and provide the license number.

License Agency: -- Select One --

License Type: -- Select One --

State: NORTH CAROLIN

License #:

Effective Date: mm/dd/yyyy

Expiration Date: mm/dd/yyyy

Add Clear

Previous

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

Next

Save Draft Delete Draft

**Licenses Page – Example 3**

To add a certification, accreditation or license, complete the following (this example is for a certification, but the steps are similar for accreditations and licenses):

1. Select the **License Agency/Certifying Entity** from the drop-down menu.
2. Select the License Type/Certification Type/Accreditation Type from the drop-down menu.
3. Select the **State** from the drop-down menu.
4. Enter the **License/Accreditation/Certification** number.
5. Enter or select the **Effective Date**.
6. Enter or select the **Expiration Date**.
7. Select the **Save** or **Add** button.

**Adding Certifications, Accreditations or Licenses**

To update an existing certification, accreditation or license, complete the following (this example is for a certification, but the steps are similar for accreditations and licenses).

1. Expand the existing by selecting the plus sign in the blue bar. This will show you the details of what is on file in NCTracks.
2. Select the **Edit** button.
3. Update the **License/Accreditation/Certification** number if applicable.
4. Update the **Effective Date** if applicable by entering or selecting the **Effective Date**.
5. Update the **Expiration Date** if applicable by entering or selecting the **Effective Expiration**.
6. Select the **Save** button.

**Note:** When adding or updating accreditations to more than one service location, remember to select the **Save Location** button at the bottom of the page.

A screenshot of a web form interface. At the top right, there are 'Add' and 'Clear' buttons. Below them is a 'Save Location' button, which is highlighted with a red arrow. At the bottom left is a 'Previous' button, and at the bottom right is a 'Next' button. Below the 'Next' button, there are 'Save Draft' and 'Delete Draft' buttons. A message reads: 'Please be sure to complete all required fields with valid content.'

**Save Location**

As long as one of the required licenses and accreditations for each taxonomy has been added, you may select the **Next** button at the bottom of the page to continue.

A screenshot of the 'Accreditation' section in the 'Provider Enrollment Application' system. The page has a blue navigation bar with tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, Consent Forms. The 'Accreditation' section has a legend indicating that an asterisk (\*) denotes a required field. The form contains the following fields:
 

- Accreditation Type: A dropdown menu with 'Accreditation Association for Ambulatory Health C' selected. It has a red asterisk.
- Accreditation #: A text input field with a red asterisk.
- Effective Date: A date input field with a red asterisk.
- Expiration Date: A date input field.

 There are 'Add' and 'Clear' buttons at the bottom right of the form.

**Clearing Optional Accreditations**

Although some accreditation sections may NOT be required, if you inadvertently select the **Accreditation Type** from the drop-down menu, the entire section becomes required. Select the **Clear** button to clear all fields.

Selecting the **Clear** button will remove the required field indicators, as illustrated below.

A screenshot of the 'Accreditation' section, similar to the previous one, but with the 'Accreditation Type' dropdown menu set to '-- Select One --'. The red asterisks indicating required fields are no longer present on the 'Accreditation Type' and 'Accreditation #' fields. The 'Effective Date' and 'Expiration Date' fields remain. The 'Add' and 'Clear' buttons are still at the bottom right.

## DRUG ENFORCEMENT AGENCY (DEA) AND CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)

Two certification types, Drug Enforcement Agency (DEA) and Clinical Laboratory Improvement Amendments (CLIA), are automatically updated in NCTracks. Providers do not need to update these certifications on this page.

If you receive a letter that you need to update one of these two certifications, make sure it is updated with the certification board and that NCTracks has the correct certification number on file.

NCTracks receives a monthly data file from DEA. When this file is received, NCTracks automatically updates the expiration dates for the DEA certifications in the provider record. If you have renewed your certification with DEA and your DEA number is correct on NCTracks, you can file away the letter with the associated documents.

Clinical Laboratory Improvement Amendments (CLIAs) are updated biweekly.

## NORTH CAROLINA MEDICAL BOARD LICENSES

NCTracks receives North Carolina Medical Board (NCMB) provider license information directly from NCMB. NCTracks receives this update file from NCMB once a month (by the 15<sup>th</sup>) for the previous month.

When a provider enters their NCMB license number into NCTracks, it will be validated against the information received from the NCMB.

- If the license number is validated, the Effective and Expiration Dates will pre-populate based on data received from the NCMB

If the provider has only recently obtained a license, NCTracks may not have received the information yet. If the license number is not found in NCTracks, an error message will display. The provider should try at a later date.

When the monthly NCMB file is received, NCTracks automatically updates the expiration dates in the provider record. If you receive a letter that you need to update your NCMB license, make sure it is updated with NCMB and that NCTracks has the correct license number on file.

Occasionally, there is time gap between NCTracks receiving NCMB data with updated expiration dates and providers' licenses expiring and an update being required to prevent suspension.

As of May 9, 2021, providers have the ability to enter or correct the expiration date on file for their NCMB license if NCTracks has not yet received the NCMB data to update the license. Providers are able to enter the expiration date themselves to prevent suspension or termination due to expired credentials. This information will still be validated with NCMB once the file is received, but will prevent suspension for expired credentials if the NCMB file is not received in the appropriate timeline for license expiration. Providers are encouraged to ensure their record expiration date is updated to prevent suspension. For more information on this update, please see the Medicaid Bulletin [Changes to Provider Verification Process in NCTracks Begin May 9, 2021](#).

## REVIEWING THE MANAGE CHANGE REQUEST

The “Review Application” screen will display when you have completed going through all the application pages. 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, select the **Review Application** button. Select the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

### Review Application

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

Error Summary

**Please fix the following errors before you proceed.**

- Please complete all pages in this application before proceeding.

### Error – Complete all Pages in the Application

**Review Application – Incomplete Pages**

**ATTACHING SUPPORTING DOCUMENTATION**

The **Sign and Submit Electronic Application** page will display.

Some accreditations, licenses and certifications will require that you attach proof of the credential. Scroll down to review the Required Attachments section. If your credential requires an attachment, upload the documentation on the Upload Documents page after submitting this MCR application.

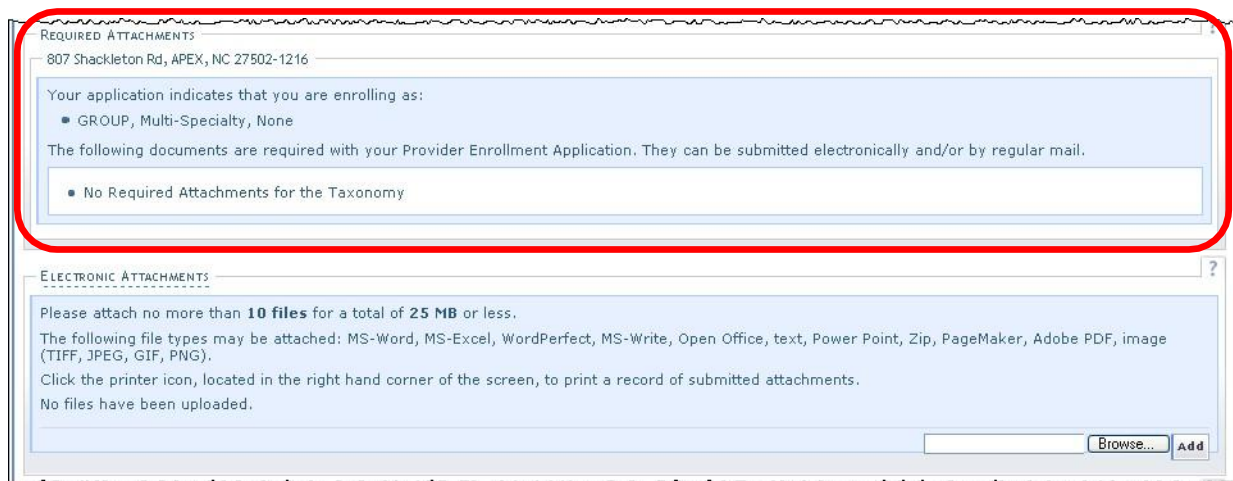
**Note:** If you answer “Yes” to any sanction questions, you must submit the required documentation applicable to the question.

## SIGNING AND SUBMITTING THE MANAGE CHANGE REQUEST

1. Enter your NCID and password as well as the **PIN** number. Select the **Submit Now** button to submit the application.



2. If attachments are required, select the **Upload Documents** link on the Final Steps Page.
3. On the Upload Documents page, select the **Browse** button to select the files. Select the **Add** button to add the attachment.



### Attach Files

4. The attachment will display as follows. Repeat these steps to add all required attachments.

**ELECTRONIC ATTACHMENTS**

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

**Attached File(s)**

License.pdf (6 KB)
--------------------

**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.

### Files Attached