



JOB AID

Provider Permission Matrix Instruction Sheet

OVERVIEW

This Job Aid provides users with instructions on how to use the Provider Permission Matrix spreadsheet in order to identify what is required for provider enrollment.

ACCESS THE NCTRACKS PUBLIC PAGE

The NCTracks public home page displays before the user logs in to the system.



Step	Action
1	Select Providers.





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Home Providers Recip	vients Operations						
Contrast Previder Environment Getting Started Provider Communication Frequently Acked Questions Concretly Encolled Provider (CEP) Registration Claume	Provider Enrollment NC DHHS recognizes the need to promote access to care by enrolling all providers in a timely manner and is committed to ensuring the provision of quality care for our citizens.	Actual logicity amount amount on Tell Actual Actual	Provider Announcements Issue with DME and PCS Claim Denials Dec 31, 2014 Beginning December 21, DME and PCI claims have been denying fi field 00434 (Bendering fi				
Prior Approval		Read Case Server (An) Income Case	taxonomy read on @				
Provider Enrollment	The enrollment process includes credentialing, endorsement	t, and licensure verification. The CSRA					
Getting Started	Enrollment Team completes this verification to ensure that requirements and are in good standing. Once participation	all providers meet the professional as a DHHS provider has been approved,	Contact				
Supporting Information	providers are notified by email and may begin submitting o	laims to NC DHHS for services rendered.	CSRA Call Center				
Terms and Conditions Enrolled Practitioner Search	The CSRA Enrollment Team cannot provide special conside due to provider error, incomplete information, or due to a or licensure information from another agency.	ration for processing of enrollment applications felay in obtaining credentialing, endorsement	Provider Enrollment 2610 Wycliff Road, Suite 1 Raleigh, NC 27607				
Provider Re-credentialing/Re- verification Provider Policier, Manuals, Castellines and Forms	Applicants must meet all program requirements and qualifi before they can be enrolled as DHHS providers. Specific qu the Provider Permission Matrix. 3 If you have any questions regarding completion of the Pro- contact the CSRA Call Center by phone—800-688-6696, f	cations for which they are seeking enrollment alifications for each provider type are listed in ider Enrollment Online Application, please ax=855-710-1965, or	Work 800-688-6696 Fax 855-710-1965 E-Mail <u>MCTracksprovider@nctrack</u>				
Training	email-OK_TrackaproviderIsinctracka.com+		Quick Links				
ICD-10	Getting Started		Provider Enrollment				
Dental Services	The Provider Enrollment Online Application is a user-friendly web application that gathers all the Enrollment of the provider in North Carolina.						
Marmacy Services Trading Partner Information	The following information will help you get started with you	Provider Permission Mat (KLSX, 899 KB)					
Office Administrator (OA) Change Process	PDF documents on this page require the free <u>Adobe Reade</u>	to view and print.	FAQs re Enrollment of Attending, Rendering, Ordering, Prescribing, an				

Step	Action
2	Select Provider Enrollment.
3	Select the Provider Permission Matrix hyperlink.

PROVIDER PERMISSION MATRIX – ORGANIZATION / ATYPICAL ORGANIZATION

The Provider Permission Matrix will open in an Excel Spreadsheet consisting of rows and columns with information that can be filtered. By applying filters to the spreadsheet you will be able to identify required enrollment criteria. Begin by sorting the spreadsheet to identify enrollment criteria for an In-state Organization.





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Step	Action
1	Select the Data tab.
2	Highlight the Column Headers row.
3	Select the Filter icon.

By applying filters to the column headers you are able to select the Enrollment Type, State Designation, Health plan, etc. that apply to your specific organization. Start by applying filters to the spreadsheet to indicate that an In-State Organization is enrolling in to NC Medicaid.

A	А	В	с
ENROLLMENT TYPE	SPE	✓ STATE DESIGNATION ✓	ATION V HEALTH PLAN
Sort A to Z	<mark>A</mark> ↓	Sort A to Z	Sort A to Z
Sort Z to A	Z A	Sort Z to A	S <u>o</u> rt Z to A
Sor <u>t</u> by Color		Sor <u>t</u> by Color →	Sor <u>t</u> by Color
Clear Filter From "ENROLLMENT TYPE"	\mathbb{K}	Clear Filter From "STATE DESIGNATION"	Clear Filter From "HEALTH PLAN"
Filter by Color		Filter by Color	F <u>i</u> lter by Color ▶
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OK Cancel		OK Cancel	OK Cancel

Step	Action
1	Select the dropdown arrow next to Enrollment Type. Deselect all checked options by selecting the (Select All) checkbox. Select the Enrollment Type of Organization .
2	Select the dropdown arrow next to State Designation. Deselect all checked options by selecting the (Select All) checkbox. Select the State Designation of In-State.
3	Select the dropdown arrow next to Health Plan. Deselect all checked options by selecting the (Select All) checkbox. Select the Health Plan of Medicaid.





After these filters have been applied the enrolling provider is able to continue to add filters to the column headers as they apply to the providers' area of specialty. Enrollment criteria will be displayed in the remaining columns. If the columns are not populated with any data, the field does not apply to the enrolling provider. However, fields may be populated with "Yes" or "No" responses or information that is specific to your enrollment type or documents required for your enrollment type.

PROVIDER PERMISSION MATRIX – INDIVIDUAL

The same type of information is available to individual providers. Applying filters to the Provider Permission Matrix will inform the provider of the enrollment criteria that is required for the enrollment process. In-State, Border, and Out of State providers are able to see which Health Plans they are eligible to enroll in and the specific criteria required.

In this example we will apply filters to the Provider Permission Matrix to indicate an In-state Individual provider enrolling in NC Medicaid and NC Health Choice.

Begin by applying filters to the column headers of the Provider Permission Matrix.

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Step	Action
1	Select the Data tab.
2	Highlight the Column Headers row.
3	Select the Filter icon.





Select the filters that identify the enrolling provider.

A	В	С			
ENROLLMENT TYPE	STATE DESIGNATION 🔻	ATION 🖈 HEALTH PLAN 💌			
Sort A to Z	Sort A to Z	Sort A to Z			
S <u>o</u> rt Z to A	S <u>o</u> rt Z to A	S <u>o</u> rt Z to A			
Sor <u>t</u> by Color ▶	Sor <u>t</u> by Color ▶	Sor <u>t</u> by Color			
Clear Filter From "ENROLLMENT TYPE"	Clear Filter From "STATE DESIGNATION"	Clear Filter From "HEALTH PLAN"			
F <u>i</u> lter by Color ▶	F <u>i</u> lter by Color ▶	F <u>i</u> lter by Color ▶			
Text <u>F</u> ilters ▶	Text <u>F</u> ilters ►	Text <u>F</u> ilters			
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	····■ (Select All) ····- BORDER ····· ▼ IN-STATE ····- OUT-OF-STATE	■ (Select All) DEVELOPMENT DISABLED ✓ HEALTH CHOICE ✓ MEDICAID MENTAL HEALTH MIGRANT HEALTH DUBLIC HEALTH SUBSTANCE ABUSE			
OK Cancel	OK Cancel	OK Cancel			

Step	Action
1	Select the dropdown arrow next to Enrollment Type. Deselect all checked options by selecting the (Select All) checkbox. Select the Enrollment Type of Individual .
2	Select the dropdown arrow next to State Designation. Deselect all checked options by selecting the (Select All) checkbox. Select the State Designation of In-State.
3	Select the dropdown arrow next to Health Plan. Deselect all checked options by selecting the (Select All) checkbox. Select the Health Plans of Medicaid and Health Choice.

After these filters have been applied, the enrolling provider is able to continue to add filters to the column headers as they apply to the providers' area of specialty. Enrollment criteria will be displayed in the spreadsheets remaining columns. If the columns are not populated with any data, the field does not apply to the enrolling provider. However, fields may be populated with "Yes" or "No" responses or information that is specific to the enrollment type or documents required for your enrollment type.

COLUMN HEADER DESCRIPTIONS

Column Header	Description
ENROLLMENT TYPE	Individual, Organization, Atypical Organization
STATE DESIGNATION	In-State Border – Zip code is 40 miles beyond NC State Line





Column Header	Description
	Out-of-State –Zip code is more than 40 miles
	beyond NC State Line
HEALTH PLAN	Health Plan Identifier
	Development Disabled
	Medicaid
	Mental Health
	Migrant Health
	Public Health
	Substance Abuse
TAXONOMY LEVEL 1 DESCRIPTION	Provider Type
TAXONOMY LEVEL 2 CODE	Taxonomy Code
TAXONOMY LEVEL 2 DESCRIPTION	Provider Specialty
TAXONOMY LEVEL 3 CODE	Taxonomy Code
TAXONOMY LEVEL 3 DESCRIPTION	Provider Specialty
OWNERSHIP	Other than State or State
CCNC/CA ELIGIBLE	If Y, the CCNC/CA Page displays in the
	provider to elect to enroll as a Carolina
	ACCESS (CA) Primary Care Provider (PCP).
FEDERAL SITE VISIT REQUIRED	If Y, this taxonomy is required to complete a
	federal screening/site visit
FEDERAL FEE REQUIRED	If Y, this taxonomy is required to pay the federal fee
FINGERPRINTING REQUIRED	Identifies if fingerprinting is required.
	FINGERPRINTING IS NOT REQUIRED
	FINGERPRINTING IS REQUIRED FOR
	RE-VERIFICATION, AND MANAGE CHANGE REQUEST
	FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND SHOULD BE CONFIRMED IN PECOS
	FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY
	IF NO CAP SERVICE IS ADDED WITH THIS TAXONOMY, FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY





Column Header	Description
	IF NO CAP SERVICES ARE ADDED WITH THIS TAXONOMY FINGERPRINT IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND CAN BE CONFIRMED IN PECOS
ADDITIONAL DOCUMENTS REQUIRED	Documentation that the provider is required to submit
CERTIFICATION REQUIRED	Indicates if Certification is required
CERTIFICATION TYPE	Indicates type of Certification required
CERTIFICATION AGENCY	Indicates Certifying entity
2ND CERTIFICATION REQUIRED	Additional Certifications
2nd CERTIFICATION TYPE	Indicates type of Certification required
2nd CERTIFICATION AGENCY	Indicates Certifying entity
LICENSE REQUIRED	Indicates if a License is required
LICENSE TYPE	Indicates type of License
LICENSE AGENCY	Indicates Licensing entity
ACCREDITATION REQUIRED	Indicates if an Accreditation is required
ACCREDITATION TYPE	Indicates the Accreditation type
SERVICE TYPE	Endorsed Service Type
SERVICE	Endorsed Service
DOES SERVICE REQUIRE ACCREDITATION	Indicates if an added service requires Accreditation
SERVICE ACCREDITATION TYPE	Service Accreditation Type
DOES SERVICE REQUIRE CERTIFICATION	Indicates if an added service requires Certification
SERVICE CERTIFICATION TYPE	Service Certification Type
SERVICE CERTIFICATION AGENCY	Service Certifying agency
DOES SERVICE REQUIRE LICENSE	Indicates if the added service requires a License
SERVICE LICENSE TYPE	License Type
SERVICE LICENSE AGENCY	Licensing entity
GENERATION DATE	Date of last update

It is important to remember the information in the Provider Permission Matrix will be updated frequently and there may be changes that would affect the enrollment process for some provider types. Please be sure to review the "Generation Date" column of the Provider Permission Matrix to ensure you have the most current information available.