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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select Providers.</td>
</tr>
</tbody>
</table>
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.
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.

![Spreadsheet Image]

**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.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the <strong>Data</strong> tab.</td>
</tr>
<tr>
<td>2</td>
<td>Highlight the <strong>Column Headers</strong> row.</td>
</tr>
<tr>
<td>3</td>
<td>Select the <strong>Filter</strong> icon.</td>
</tr>
</tbody>
</table>
Select the filters that identify the enrolling provider.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the dropdown arrow next to <strong>Enrollment Type.</strong> Deselect all checked options by selecting the (Select All) checkbox. Select the Enrollment Type of <strong>Individual.</strong></td>
</tr>
<tr>
<td>2</td>
<td>Select the dropdown arrow next to <strong>State Designation.</strong> Deselect all checked options by selecting the (Select All) checkbox. Select the State Designation of <strong>In-State.</strong></td>
</tr>
<tr>
<td>3</td>
<td>Select the dropdown arrow next to <strong>Health Plan.</strong> Deselect all checked options by selecting the (Select All) checkbox. Select the Health Plans of <strong>Medicaid and Health Choice.</strong></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Column Header</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENROLLMENT TYPE</td>
<td>Individual, Organization, Atypical Organization</td>
</tr>
<tr>
<td>STATE DESIGNATION</td>
<td>In-State Border – Zip code is 40 miles beyond NC State Line</td>
</tr>
<tr>
<td>Column Header</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>HEALTH PLAN</strong></td>
<td>Health Plan Identifier</td>
</tr>
<tr>
<td></td>
<td>Development Disabled</td>
</tr>
<tr>
<td></td>
<td>Health Choice</td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Migrant Health</td>
</tr>
<tr>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td><strong>TAXONOMY LEVEL 1 DESCRIPTION</strong></td>
<td>Provider Type</td>
</tr>
<tr>
<td><strong>TAXONOMY LEVEL 2 CODE</strong></td>
<td>Taxonomy Code</td>
</tr>
<tr>
<td><strong>TAXONOMY LEVEL 2 DESCRIPTION</strong></td>
<td>Provider Specialty</td>
</tr>
<tr>
<td><strong>TAXONOMY LEVEL 3 CODE</strong></td>
<td>Taxonomy Code</td>
</tr>
<tr>
<td><strong>TAXONOMY LEVEL 3 DESCRIPTION</strong></td>
<td>Provider Specialty</td>
</tr>
<tr>
<td><strong>OWNERSHIP</strong></td>
<td>Other than State or State</td>
</tr>
<tr>
<td><strong>CCNC/CA ELIGIBLE</strong></td>
<td>If Y, the CCNC/CA Page displays in the Provider portal application allowing the provider to elect to enroll as a Carolina ACCESS (CA) Primary Care Provider (PCP).</td>
</tr>
<tr>
<td><strong>FEDERAL SITE VISIT REQUIRED</strong></td>
<td>If Y, this taxonomy is required to complete a federal screening/site visit</td>
</tr>
<tr>
<td><strong>FEDERAL FEE REQUIRED</strong></td>
<td>If Y, this taxonomy is required to pay the federal fee</td>
</tr>
<tr>
<td><strong>FINGERPRINTING REQUIRED</strong></td>
<td>Identifies if fingerprinting is required.</td>
</tr>
<tr>
<td></td>
<td>FINGERPRINTING IS NOT REQUIRED</td>
</tr>
<tr>
<td></td>
<td>FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT, RE-ENROLLMENT, RE-VERIFICATION, AND MANAGE CHANGE REQUEST</td>
</tr>
<tr>
<td></td>
<td>FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND SHOULD BE CONFIRMED IN PECOS</td>
</tr>
<tr>
<td></td>
<td>FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY</td>
</tr>
<tr>
<td></td>
<td>IF NO CAP SERVICE IS ADDED WITH THIS TAXONOMY, FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY</td>
</tr>
<tr>
<td>Column Header</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IF NO CAP SERVICES ARE ADDED WITH</td>
<td>THIS TAXONOMY FINGERPRINT IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND CAN BE CONFIRMED IN PECOS</td>
</tr>
<tr>
<td>ADDITIONAL DOCUMENTS REQUIRED</td>
<td>Documentation that the provider is required to submit</td>
</tr>
<tr>
<td>CERTIFICATION REQUIRED</td>
<td>Indicates if Certification is required</td>
</tr>
<tr>
<td>CERTIFICATION TYPE</td>
<td>Indicates type of Certification required</td>
</tr>
<tr>
<td>CERTIFICATION AGENCY</td>
<td>Indicates Certifying entity</td>
</tr>
<tr>
<td>2ND CERTIFICATION REQUIRED</td>
<td>Additional Certifications</td>
</tr>
<tr>
<td>2nd CERTIFICATION TYPE</td>
<td>Indicates type of Certification required</td>
</tr>
<tr>
<td>2nd CERTIFICATION AGENCY</td>
<td>Indicates Certifying entity</td>
</tr>
<tr>
<td>LICENSE REQUIRED</td>
<td>Indicates if a License is required</td>
</tr>
<tr>
<td>LICENSE TYPE</td>
<td>Indicates type of License</td>
</tr>
<tr>
<td>LICENSE AGENCY</td>
<td>Indicates Licensing entity</td>
</tr>
<tr>
<td>ACCREDITATION REQUIRED</td>
<td>Indicates if an Accreditation is required</td>
</tr>
<tr>
<td>ACCREDITATION TYPE</td>
<td>Indicates the Accreditation type</td>
</tr>
<tr>
<td>SERVICE TYPE</td>
<td>Endorsed Service Type</td>
</tr>
<tr>
<td>SERVICE</td>
<td>Endorsed Service</td>
</tr>
<tr>
<td>DOES SERVICE REQUIRE ACCREDITATION</td>
<td>Indicates if an added service requires Accreditation</td>
</tr>
<tr>
<td>SERVICE ACCREDITATION TYPE</td>
<td>Service Accreditation Type</td>
</tr>
<tr>
<td>DOES SERVICE REQUIRE CERTIFICATION</td>
<td>Indicates if an added service requires Certification</td>
</tr>
<tr>
<td>SERVICE CERTIFICATION TYPE</td>
<td>Service Certification Type</td>
</tr>
<tr>
<td>SERVICE CERTIFICATION AGENCY</td>
<td>Service Certifying agency</td>
</tr>
<tr>
<td>DOES SERVICE REQUIRE LICENSE</td>
<td>Indicates if the added service requires a License</td>
</tr>
<tr>
<td>SERVICE LICENSE TYPE</td>
<td>License Type</td>
</tr>
<tr>
<td>SERVICE LICENSE AGENCY</td>
<td>Licensing entity</td>
</tr>
<tr>
<td>GENERATION DATE</td>
<td>Date of last update</td>
</tr>
</tbody>
</table>

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.