CSRA

a General Dynamics Information Technology, Inc. company

NCMMIS
Out-of-State Provider Enrollment Participant User Guide

PREPARED FOR:

North Carolina Department of Health and Human Services

DHHS MES VMU

TRACKING NUMBER:

PUG_PRV595
Version V1.6
FINAL

SUBMITTED BY:

CSRA

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

December 13, 2022

Document Revision History

Version	Date	Description of Changes
V1.6	December 13, 2022	Final version
D1.6.2	December 07, 2022	Addressed State review comments.
D1.6.1	November 01, 2022	Updated for CSR 2481
V1.5	April 29, 2021	Final version
D1.5.1	April 27, 2021	Resubmitted w/ Track Chgs
D1.5.1	April 20, 2021	Updated for CSR 2401
V1.4	June 07, 2019	Final version
D1.4.1	June 04, 2019	Updated with State review comments from D1.3.2.
V1.3	May 30, 2019	Final version
D1.3.2	May 29, 2019	Addressed State review comments
D1.3.1	May 16, 2019	Updated for CSR 2095.2
V1.2	November 20, 2018	Final version
D1.2.1	November 13, 2018	Updated for CSR 2070.
V1.1	January 08, 2018	Final version.
D1.1.2	January 04, 2018	Addressed State review comment.
D1.1.1	December 20, 2017	Update for review/acceptance. Addressed remaining D1.0.2 State comments #10 and #11 (Section 3.11 verbiage and Exhibit 39 screenshot).
V1.0	December 13, 2017	Final version
D1.0.2	December 08, 2017	Addressed State comments
D1.0.1	November 28, 2017	Initial submission for review/acceptance

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List of Exhibits

1.0 Welcome

1.1 COURSE OVERVIEW

This document will guide you through the processes of submitting Lite enrollment applications for Out-of-State (OOS) providers and converting from an OOS Lite provider to a fully enrolled OOS provider with a Manage Change Request (MCR).

1.2 COURSE OBJECTIVES

At the end of this training, you will be able to submit an OOS Lite enrollment application.

1.3 PREREQUISITES

- HIPAA Security & Privacy Training

NOTES:

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2.0 NCTracks Provider Enrollment

2.1 INTRODUCTION

Organizations and Individual providers whose ZIP codes are more than 40 miles beyond the North Carolina state line are considered OOS providers. These providers are able to enroll in NC Medicaid and/or North Carolina Health Choice (NCHC) with options.

Note: Providers must be active with Medicare for each out-of-state service location. If not active with Medicare, providers must be active in the provider's home state Medicaid Program.

Out-of-State Lite Enrollment:

- Enrolled for 365 days
- $100 NC Application Fee not required
  1. Re-verification not required

Out-of-State Full Enrollment:

- Open-ended enrollment period
- $100 NC Application Fee required
  2. Re-verification required once every 5 years

2.2 OBJECTIVES

You must be enrolled with the North Carolina Department of Health and Human Services (NC DHHS) to render services to North Carolina Medicaid and/or NCHC beneficiaries. The following sections will provide information on submitting an initial OOS 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

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3.0 New Out-of-State Enrollment

3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW ENROLLMENT

You will navigate to the NCTracks website (www.nctracks.nc.gov) using a supported browser. To submit an enrollment application, you will need to navigate to the Provider Portal.
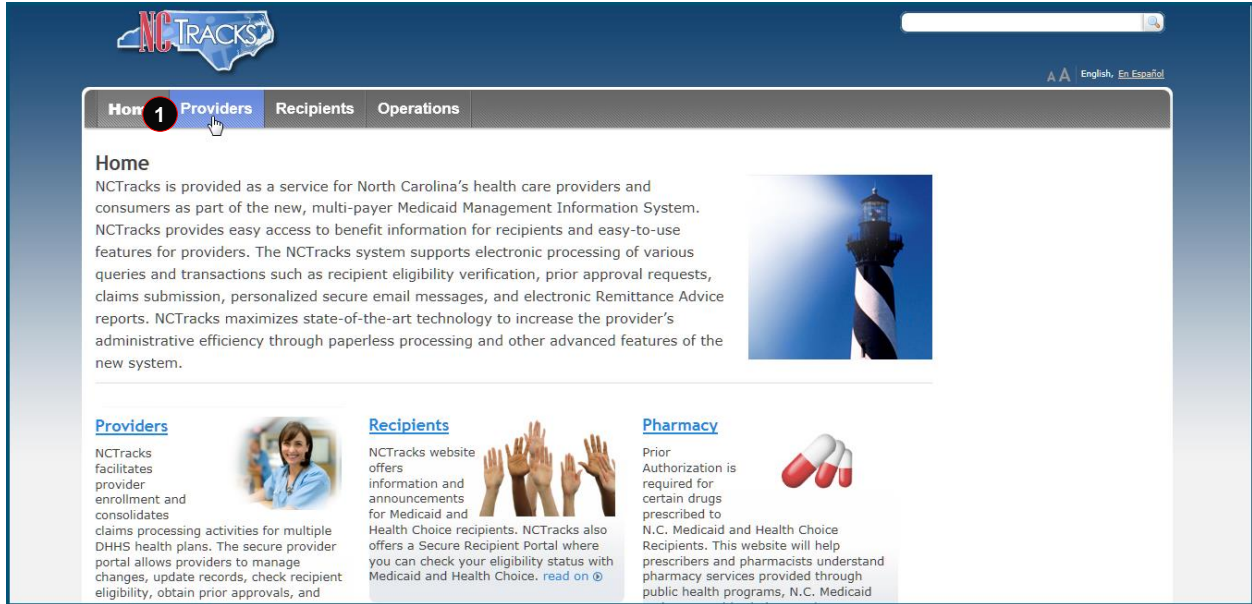
Exhibit 1. NCTracks Home Screen

Step	Action
1	Select the **Providers** link. The Public Provider screen displays.
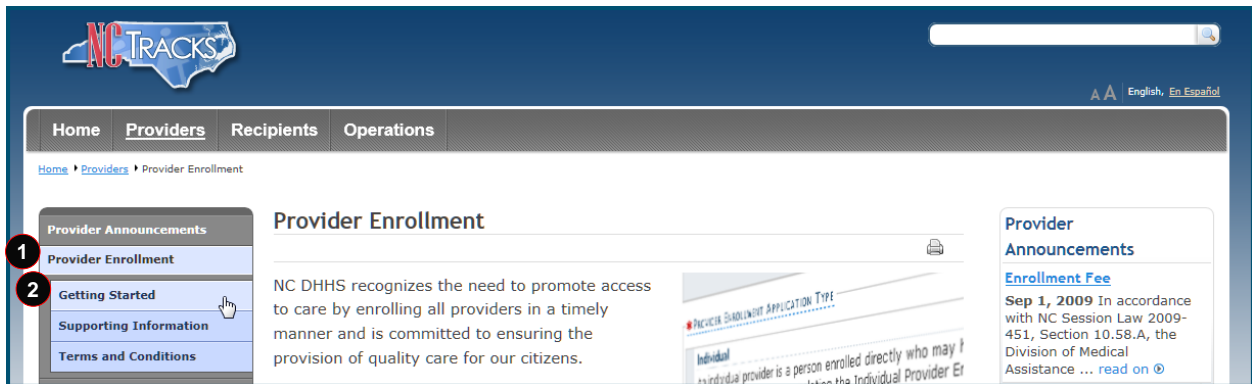
Exhibit 2. Public Provider Screen

Step	Action
1	Select **Provider Enrollment**; menu options display.
2	Select the **Getting Started** menu option. The **Getting Started** screen displays.

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Exhibit 3. Getting Started Screen

Step	Action
1	From the **Getting Started** screen, 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 **Providers** tab at the top of the screen.

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Exhibit 4. Public Provider Home Screen – Provider Enrollment Option

Step	Action
1	Select the **Provider Enrollment** option at the bottom left of the screen.
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.

Exhibit 5. Public Provider Home Screen – Begin Application Option

Step	Action
2	Select the **Begin Application** option at the bottom left of the screen.
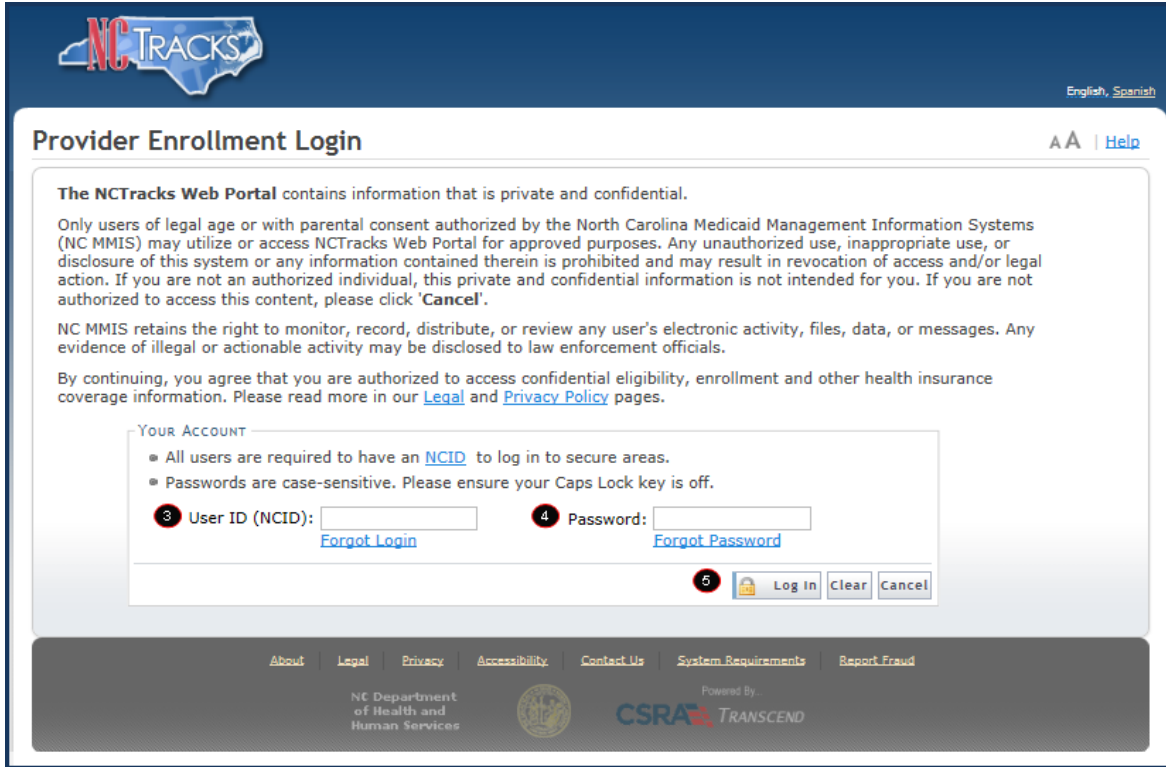
Exhibit 6. NCTracks Login Screen

Step	Action
3	User ID (NCID): Enter your **NCID**. **Note**: It is assumed that your OA will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an Enrollment Specialist, refer to the Participant User Guide PRV 562 *Enrollment Specialists*.
4	Password: Enter your **Password**.
5	Select the **Log In** button. The Provider Portal displays.
Note	Select the NCID link only if the provider (or OA) does not have an NCID.

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3.2 ONLINE PROVIDER ENROLLMENT APPLICATION SCREEN

You will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or Out-of-State provider. You will also select your Provider Enrollment Application Type.
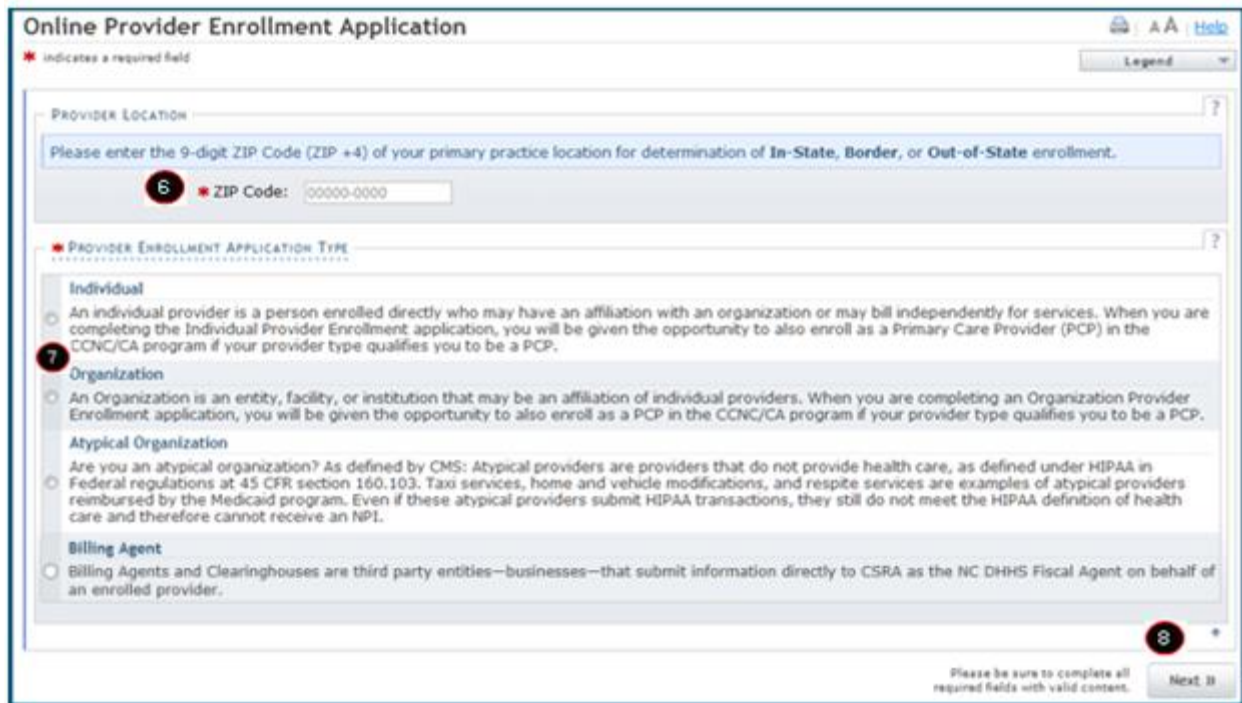
Exhibit 7. Online Provider Enrollment Application Screen

Step	Action
6	ZIP Code: Enter your **ZIP Code**.
7	Provider Enrollment Application Type: Select **Individual** or **Organization**.
8	Select the **Next** button.

3.3 ORGANIZATION BASIC INFORMATION SCREEN

The **Organization Basic Information** screen captures your organization's basic information.

Organization Basic Information

🖨 | A A | Help

★ indicates a required field

Legend ▼

① IDENTIFYING INFORMATION   ?

★ Organization Name: [   ]

★ EIN: [00-0000000]   ★ NPI: [0000000000]

★ Email: [   ]   ★ Month of Fiscal Year End: [-- Select One -- ▼]

② DOING BUSINESS AS (DBA)   ?

★ Do you operate under a trade or company name?

○ Yes   ○ No

③ OWNERSHIP INFORMATION   ?

★ Business Type: [-- Select One -- ▼]

④ 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: [▓▓▓▓]   ★ First Name: [▓▓▓▓]

Middle Name: [   ]   Suffix: [-- Select One -- ▼]

(Enter your full middle name)

★ Contact Email: [▓▓▓▓]

★ Office Phone #: [▓▓▓▓] ext. [   ]   Office Fax #: [(000) 000-0000]

★ User ID (NCID): [884string1]

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

⑤ OUT OF STATE ENROLLMENT   ?

As an out of state provider, you can enroll with a time-limited enrollment (lite provider) or as a full provider. As a time-limited provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application below.

• As a full provider, your enrollment is open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the $100 NC Application Fee.

• As a lite provider, you will be required to re-enroll if you wish to continue participation after the one year.

★ Do you wish to enroll as a time-limited enrollment (lite) or as a full provider?

○ Lite   ○ Full

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.

⑥ ★ Effective Date: [10/25/2017] 📅

⑦

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

[Next ⟩]

Exhibit 8. Organization Basic Information Screen

Step	Action
1	Identifying Information: Enter **Organization Name**, **EIN**, **NPI**, **Email**, and **Month of Fiscal Year End**.
2	Doing Business As (DBA): Select **Yes** or **No** to the question: "Do you operate under a trade or company name?" • If you select **Yes**, the field will expand, prompting you to enter the **DBA Name** and **Years Doing Business Under This Name**. • If you select **No**, you may continue to the next required field on the screen.
3	Ownership Information: Select the **Business Type** from the drop-down menu. **Note**: Organization providers must select the attestation checkbox: **The Business Type selected on this application matches what was reported to the provider's state business registration entity**. This does not apply to individual providers. • **City/Municipality:** Select this if the organization is owned by a City or a Municipality. • **Corporation:** Select this if this is a legal entity that is separate from the people who own it. Shareholders govern the corporation indirectly by electing people to manage it. • **Federal:** Select this if ownership falls within the jurisdiction of the federal government. • **Indian Health Services:** Select this if the ownership falls within the jurisdiction of the Indian Health Services. • **Limited Liability Corporation:** Select this (filing status) if this is a Limited Liability Corporation (LLC). • **Local Government Agency:** Select this if the organization is owned by a City or a Municipality. • **Non-Profit:** Select this if it is a non-profit enterprise. • **Partnership:** Select this if it is a General Partnership, or a Limited Partnership, where two or more people have created this business entity. • **State:** Select this if the entity is owned by the State in which it operates.
4	Office Administrator (Authorized Individual): Enter **Last Name**, **First Name**, **Contact E-mail**, **Office Phone**, and **User ID (NCID)**.
5	Out-of-State: Select **Lite** to enroll as an OOS Lite provider. **Note**: For more information on submitting an initial OOS Full enrollment application, refer to the Participant User Guide PRV 111 *Provider Web Portal Applications*.
6	Effective Date Requested: The date will automatically default to the current date. You should alter this date if you are seeking reimbursements from NCTracks for services rendered in the past but not to exceed 365 days.
7	Select the **Next** button.

3.4 TERMS AND CONDITIONS SCREEN

The **Terms and Conditions** screen captures the terms and conditions to which you must agree in order to enroll in NC Medicaid and/or NCHC. It also requires that you attest to your agreement to the terms and conditions.

3.5 BASIC INFORMATION COMPLETE SCREEN

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

3.6 OWNERSHIP INFORMATION SCREEN

The **Ownership Information** screen displays only if the OA is an Owner. No other Owners or Managing Relationships are allowed.

Exhibit 9. Ownership Information Screen

Step	Action
1	Enter all the required information of the OA if the OA is an Owner. **Note**: Information on Owners with 5% or more ownership in the enrolling provider entered on this application must match what was reported to the provider's state business registration entity, licensure board, and Medicare.
2	Select the **Next** button.

3.7 HEALTH/BENEFIT PLAN SELECTION SCREEN

The **Health/Benefit Plan Selection** screen lists health plans that are available to OOS providers.

Exhibit 10. Health/Benefit Plan Selection Screen

Step	Action
3	Opt out of any coverage by deselecting the appropriate checkbox: Division of Health Benefits (DHB): **Medicaid** and **NCHC (Children)**.
4	Select the **Next** button to continue.

3.8 ADDRESSES SCREEN

The **Addresses** screen captures the primary physical location, Pay-To/Remittance Advice (RA), correspondence, and other service location addresses and contact information.
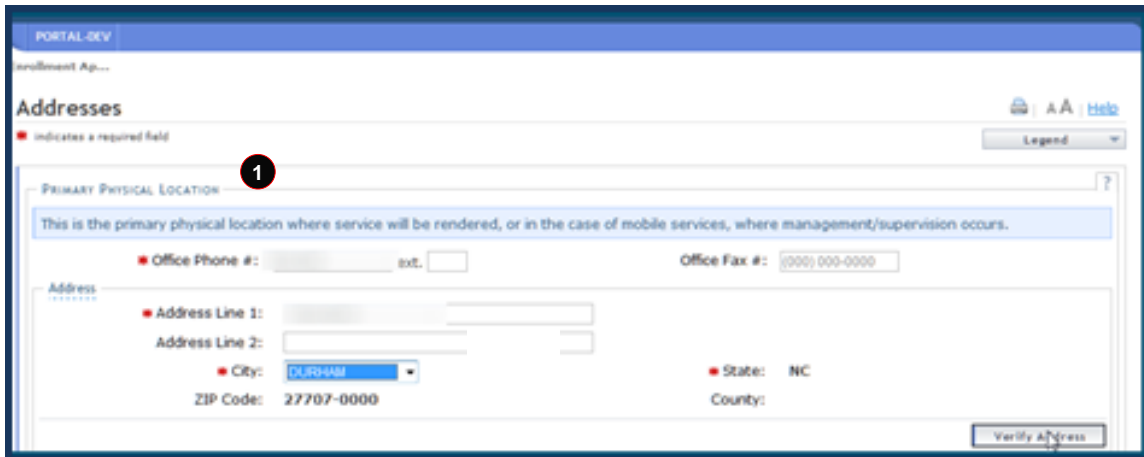
Exhibit 11. Addresses Screen #1

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

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❋ Servicing Counties

② Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

☐ NEW HANOVER	☐ NORTHAMPTON	☐ ONSLOW	☐ ORANGE
☐ PAMLICO	☐ PASQUOTANK	☐ PENDER	☐ PERQUIMANS
☐ PERSON	☐ PITT	☐ POLK	☐ RANDOLPH
☐ RICHMOND	☐ ROBESON	☐ ROCKINGHAM	☐ ROWAN
☐ RUTHERFORD	☐ SAMPSON	☐ SCOTLAND	☐ STANLY
☐ STOKES	☐ SURRY	☐ SWAIN	☐ TRANSYLVANIA
☐ TYRRELL	☐ UNION	☐ VANCE	☐ WAKE
☐ WARREN	☐ WASHINGTON	☐ WATAUGA	☐ WAYNE
☐ WILKES	☐ WILSON	☐ YADKIN	☐ YANCEY

1099 REPORTING/PAY-TO ADDRESS [?]

③ All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting Address. You only need to submit one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.

❋ Do you have a separate Pay-To address?
○ Yes ○ No

CORRESPONDENCE ADDRESS [?]

④ This is the address where all paper and accounting correspondence is to be mailed.

❋ Do you have a separate correspondence address?
○ Yes ○ No

SERVICE LOCATIONS [?]
❋ Do you have additional service locations?
○ Yes ○ No

Exhibit 12. Addresses Screen #2

Step	Action
2	Servicing Counties: Not applicable for Out-of-State enrollment.
3	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select **Yes** or **No**. **Note**: All provider records with the same Employee Identification Number (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 **Yes** or **No**.

Exhibit 13. Addresses Screen #3

Step	Action
5	Service Locations: Do you have additional service locations?: Select **Yes** or **No**. If **Yes**, enter **Office Phone**, **Address**, **City**, **State**, and **ZIP Code**.
6	Select the **Add** button to add a service location.
7	Select the **Next** button to continue.
Note	For providers submitting electronic 837 claims via a Billing Agent or Clearinghouse or paper claims (when applicable), the billing provider's address on the claim under the Billing NPI must match the address on the provider records; otherwise, the claim will pend.

3.9 TAXONOMY CLASSIFICATION SCREEN

The **Taxonomy Classification** screen 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.

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Exhibit 14. Taxonomy Classification Screen

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

3.10 ACCREDITATION SCREEN

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

Based on the location, health plans, and taxonomies that you selected in the application, required accreditation, certification, and/or license fields will be populated. You must complete the remaining required fields.

You can add additional accreditations, certifications, and/or licenses as desired.

Once a Clinical Laboratory Improvement Amendments (CLIA) or Drug Enforcement Agency (DEA) certification is added to a provider record and verified, CSRA will update the effective dates according to information received from those certifying agencies.

Licenses issued by the NC Medical Board for Medical Doctors, Physician Assistants, and Anesthesiologists will also have the effective dates automatically updated once they have been verified as active by CSRA.

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Exhibit 15. Accreditation Screen #1

Step	Action
1	Select **Service Location**.
2	Select the **Edit Location** button.
Note	If you have multiple service locations that require the same accreditation, certification, and/or license, you can copy the information to all locations by selecting the checkbox shown in **Exhibit 16** and **Exhibit 17**.

Exhibit 16. Accreditation Screen #2

Step	Action
3	Add Accreditation: Enter **Accreditation #**, **Effective Date**, and **Expiration Date**. If your accreditation does not have an expiration date, leave this field blank.
4	Select the **Add** button.
5	Add Certification: Enter **State**, **Certification #**, **Effective Date**, and **Expiration Date**. If your certification does not have an expiration date, leave this field blank.
6	Select the **Add** button.
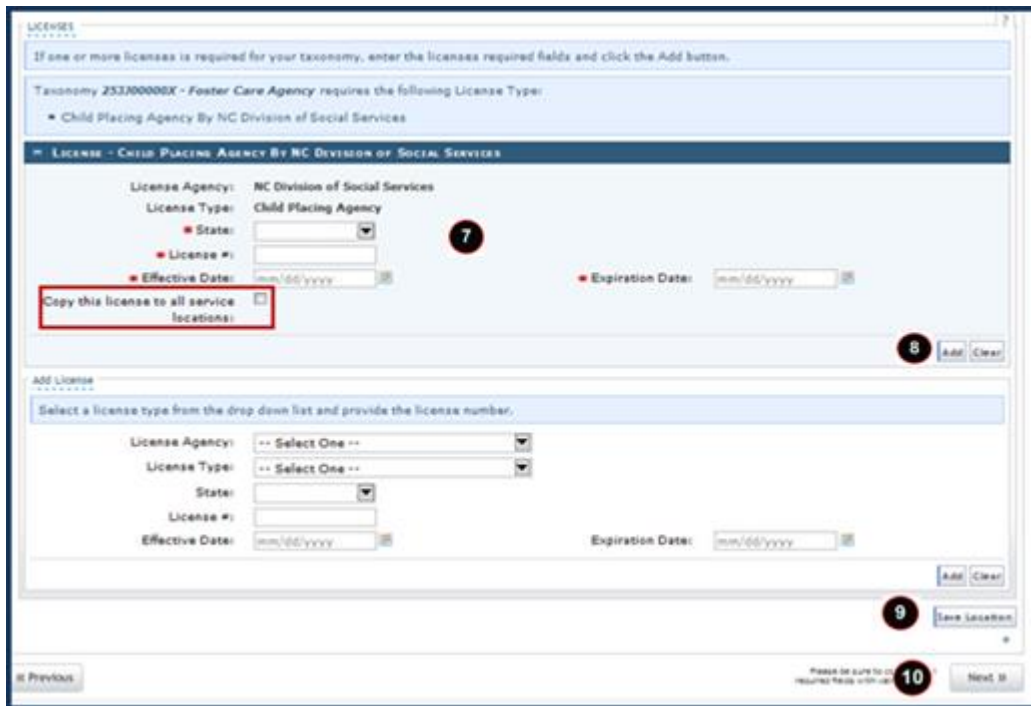
Exhibit 17. Accreditation Screen #3

Step	Action
7	Add License: Enter **State**, **License #**, **Effective Date**, and **Expiration Date**.
8	Select the **Add** button.
9	Select the **Save Location** button.
10	Select the **Next** button to continue.

3.11 METHOD OF CLAIM/ELECTRONIC SUBMISSION SCREEN

The **Method of Claim/Electronic Submission** screen captures how you will be submitting and/or receiving electronic transactions.

Note: For providers submitting electronic 837 claims via a Billing Agent or Clearinghouse or paper claims (when applicable), the billing provider's address on the claim under the Billing NPI must match the address on the provider records; otherwise, the claim will pend.

3.12 ASSOCIATE BILLING AGENT SCREEN

The **Associate Billing Agent** screen captures associated Billing Agent(s) information. If you use a billing agent, you must report the billing agent.

3.13 EFT ACCOUNT INFORMATION SCREEN

The **EFT Account Information** screen captures Electronic Funds Transfer (EFT) and Remittance information. All payments are by EFT in NCTracks.

3.14 EXCLUSION SANCTION INFORMATION SCREEN

Exhibit 18. Re-verification Application: Exclusion Sanction Information Screen

Step	Action
1	Select **Yes** or **No**. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays. Select the **Add** button to add an Infraction/Conviction Date. For each question answered **Yes**, 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. Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B). **Note**: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

3.15 REVIEW APPLICATION SCREEN

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

Review Application

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct. If you don't already have one, an **Electronic Signature PIN** will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.
- If the email below 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.)

   Contact Email: **abc@123.com**

REVIEW APPLICATION

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

1

Review Application

2

« Previous   Next »

Exhibit 19. Review Application Screen

Step	Action
1	Select the **Review Application** button.
2	Select the **Next** button to continue.

3.16 SIGN AND SUBMIT ELECTRONIC APPLICATION SCREEN

The **Sign and Submit Electronic Application** screen 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.

Exhibit 20. Sign and Submit Electronic Application Screen

Step	Action
1	Enter **User ID**.
2	Enter **Password**.
3	Enter **PIN**.
4	Select the **Trading Partner Agreement** and/or **Agreement and Attestations** links to review each.
5	Select the **Submit Now** or **Submit Later** buttons to submit.

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3.17 FINAL STEPS SCREEN

The **Final Steps** screen informs you that the application submission is complete. This screen also 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

indicates a required field

ONLINE SUBMISSION COMPLETE

1 Thank you for submitting the online portion of your application.

Please save/print the following documents for your records
- Online Application
- Cover Sheet
- Trading Partner Agreement
- Review Agreement

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

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

2 **REQUIRED ATTACHMENTS**

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

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 and Management Page.

3 Upload Documents

Return to Provider Enrollment Status and Management Home

4

PDF documents on this page require the free Adobe Reader to view and print.

Exhibit 21. Final Steps Screen

Step	Action
1	Print/save **Online Application** and/or **Review Agreement**. This will be the only opportunity to save, download, or print the PDFs.
2	Required Attachments: Review the list of documents that need to be included with the application.
3	Select the **Upload Documents** button.
4	Select the **Provider Enrollment Status and Management Home** link.

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3.18 UPLOAD DOCUMENTS SCREEN

The **Upload Documents** screen allows you to upload any additional relevant documents associated with a submitted application.

Exhibit 22. Upload Documents Screen

Step	Action
1	Select the **Browse** button to locate the file and add. **Note**: The file name will display to the right of the **Browse** button.
2	Select the **Upload File** button to submit the file to NCTracks.

You will receive an "Upload Successful" message upon a successful upload of additional documents. The message will also display the file name of the document that was successfully uploaded. If you want to print a record of submitted attachments, select the printer icon located in the upper right corner of the screen.

Exhibit 23. Upload Documents Screen – Printer Icon

Step	Action
3	Select the **printer icon** to print a record of submitted attachments.

3.19 STATUS AND MANAGEMENT SCREEN

The **Status and Management** screen displays categories of applications.

The **Status and Management** screen 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 screen, 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** screen 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 Withdrawal 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 a withdrawn letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

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Status Management

🖨️ | A⁻ A⁺ | Help

✱ indicates a required field

Legend ▼

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

① SUBMITTED APPLICATIONS ?

⊟ RECORD RESULTS

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			ENROLLMENT	03/20/2019	Withdraw, Pay Now, Upload Documents - Payment Pending
			RE-VERIFICATION	03/20/2019	Withdrawn
			RE-VERIFICATION	01/09/2019	Withdrawn
			ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
			MANAGE CHANGE REQUEST	10/26/2018	Withdraw, Upload Documents - Returned

② SAVED APPLICATIONS ?

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.

⊟ RECORD RESULTS

Select	NPI/Atypical ID	Name	ZIP Code	Application Type	Application Create Date	Last Saved
○				Re-verification	02/11/2011	02/11/2011
○				Manage Change Request	02/11/2011	02/11/2011

Resume

③ RE-ENROLL ?

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click 'Submit'.

⊟ RECORD RESULTS

Select	NPI/Atypical ID	Name	ZIP Code	Termination Date
○			27609-4916	01/25/2011
○			27607-3073	01/25/2011

Submit

Exhibit 24. Status and Management Screen #1

Step	Action
1	Submitted Applications: Allows you to view the status of a submitted provider enrollment application. • **Abandoned:** Supporting documents were not electronically uploaded by the due date in the incomplete letter or the NC Application Fee was not paid within 30 days of the submission of the application. • **In Review:** Application is being reviewed by CSRA or State. • **Returned:** Application was returned to the provider needing additional documentation from the provider. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter. • **Denied:** The provider's participation in the program has been denied. • **Approved:** The provider's participation in the program has been approved. • **Withdrawn:** CSRA or the provider has withdrawn the application.

Step	Action
	• **MCR Comp (Manage Change Request Complete):** The provider requested a change that does not require review; therefore, this change was instantly completed. • **ME Comp (Maintain Eligibility Complete):** The provider's Maintain Eligibility does not require review; therefore, this request was instantly completed. • **Pymt Pend (Payment Pending):** Records indicate that the provider has made a payment at PayPoint. It may take up to 48 hours to verify a payment. • **Pay Now:** The provider can select the **Pay Now** link to make a payment on the PayPoint website. It may take up to 48 hours to verify a payment. • **Withdraw:** The provider can select the **Withdraw** link to withdraw the application. • **Upload Documents:** The provider can select this link to electronically attach documents to the application.
2	Saved Applications: Allows you to resume a saved provider enrollment application.
3	Re-enroll: Allows you to re-enroll a terminated provider enrollment account.

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**'.

RECORD RESULTS

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

Update

Exhibit 25. Status and Management Screen #2

Step	Action
4	Manage Change Request: Allows you to submit updates to an active provider enrollment account.

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4.0 Manage Change Request

4.1 STATUS AND MANAGEMENT SCREEN

The **Status and Management** screen 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 screen, allowing the provider to determine if their application is in review, has been abandoned or returned, or has an approved status.

4.2 MANAGE CHANGE REQUEST

Once a provider's enrollment application has been approved, they are able to make updates to the record by completing an MCR.

This section will cover the screens required to convert an OOS Lite provider to an OOS Full provider. If additional information is required on completing an MCR, please refer to the Participant User Guide PRV 111 *Provider Web Portal Applications.*
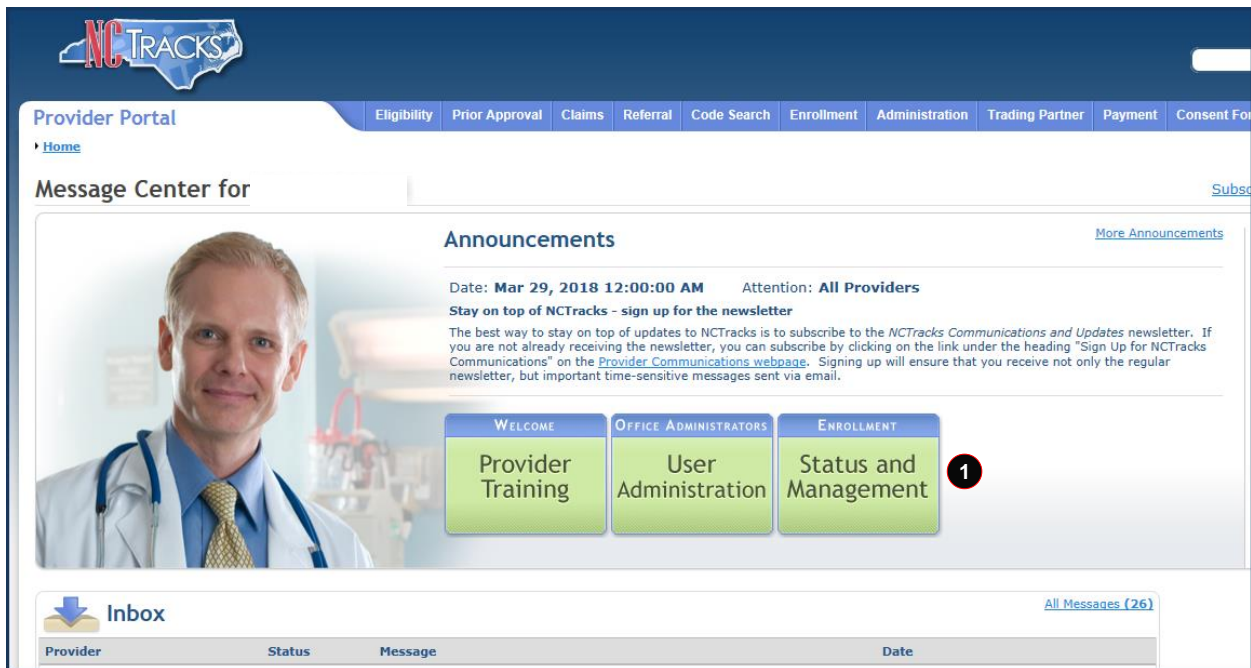

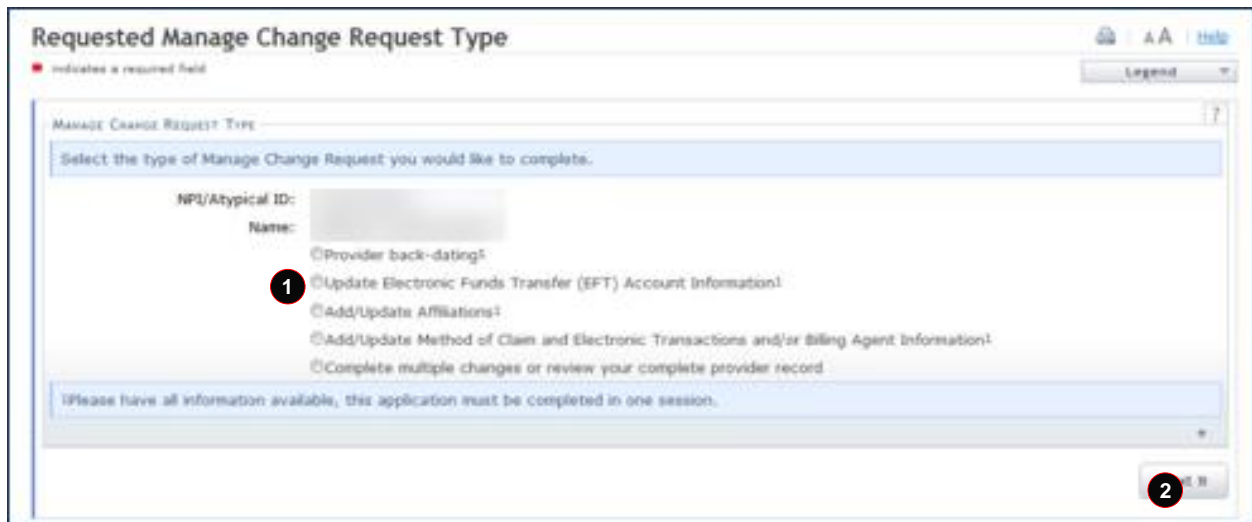**Exhibit 26. Provider Portal Home Screen**

Step	Action
1	From the secure Provider Portal home screen, select the **Status and Management** button. The **Status and Management** screen displays. To begin an MCR application, scroll down to the **Manage Change Request** section. Users with the Enrollment Specialist user role can submit all abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all abbreviated MCRs including the EFT abbreviated MCR.

Step	Action
	Note: For more information on the Abbreviated MCR options, refer to the Participant User Guide PRV 563 *Abbreviated Manage Change Request Applications*.
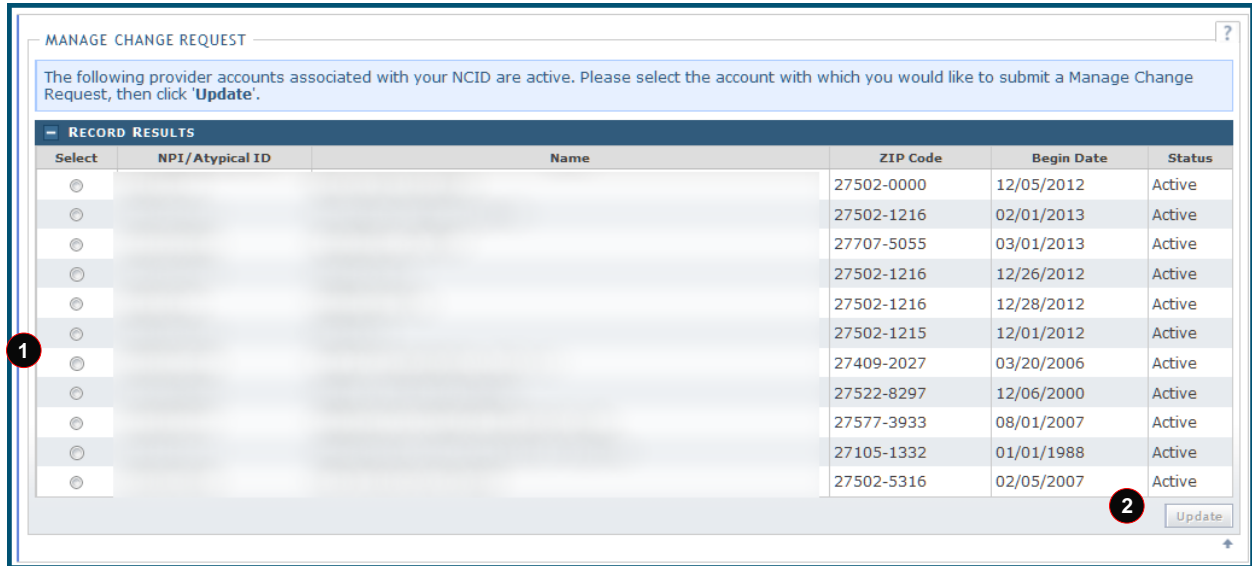
Exhibit 27. Status and Management Screen: Manage Change Request Section

Step	Action
1	Select the radio button next to the record for which you want to begin an MCR application.
2	Select the **Update** button.

Exhibit 28. Requested Manage Change Request Type Screen

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Step	Action
1	Select the **Manage Change Request Type**. This field specifies the type of abbreviated MCR application to be submitted. The available options are: • **Provider Back-dating:** 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). **Note**: This application type is not available to OOS Lite providers. OOS Full providers should refer to Job Aid PRV 702 *Request to Back-date Enrollment Effective Dates* for more details. • **Update Electronic Funds Transfer (EFT) Account Information:** 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 **Complete multiple changes or review your complete provider record** option to complete a full MCR. Please have EFT account information available; this application must be completed in one session. **Note**: The Update EFT Account Information abbreviated MCR cannot be completed by an Enrollment Specialist. • **Add/Update Affiliations:** 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. **Note**: The **Add/Update Affiliations** option displays only when the provider is an individual provider. • **Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information:** 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 **Complete multiple changes or review your complete provider record** option to complete a full MCR. Please have information available; this application must be completed in one session. • **Complete multiple changes or review your complete provider record:** Select this option if you want to make any update not listed. When you select this option, you will complete a full MCR application. **Note**: If you are an Enrollment Specialist and you need to update EFT information, use this option. **Note**: Refer to the Participant User Guide PRV111 *Provider Web Portal Applications* or the Participant User Guide PRV 562 *Enrollment Specialists* for specific instructions on completing a full MCR application.
2	Select the **Next** button to continue.

4.3 ORGANIZATION BASIC INFORMATION SCREEN

The **Organization Basic Information** screen displays with the last information provided. If there are no other changes to be made to this screen, navigate to the **Out of State Enrollment** section of the screen.

The **Out of State Enrollment** section states: "*You are currently enrolled as a time-limited (lite) out of state provider. You can request to change your enrollment to be enrolled as a full provider. As a full provider, your enrollment will be open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the $100 NC Application Fee. Do you wish to switch from lite to full enrollment? Yes/No*".

Upon the submission of the MCR, the provider will be required to remit the $100 NC Application Fee.

Exhibit 29. Organization Basic Information Screen

Step	Action
1	Select **Yes** to the question: "Do you wish to switch from lite to full enrollment?".
2	Select the **Next** button.

4.4 TERMS AND CONDITIONS SCREEN

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

4.5 OWNERSHIP INFORMATION SCREEN

If the OA was listed as an Owner during initial enrollment, only their information was allowed. When a provider converts from an OOS Lite to a fully enrolled provider, all Owners with a 5 percent or more ownership interest will need to be added to the record.

Exhibit 30. Ownership Information Screen #1

Step	Action
1	Select **Yes** or **No** to the question: "Do you have one or more Shareholders/Partners with 5% or more ownership?".
Note	If **Yes** is selected, proceed to the next section.
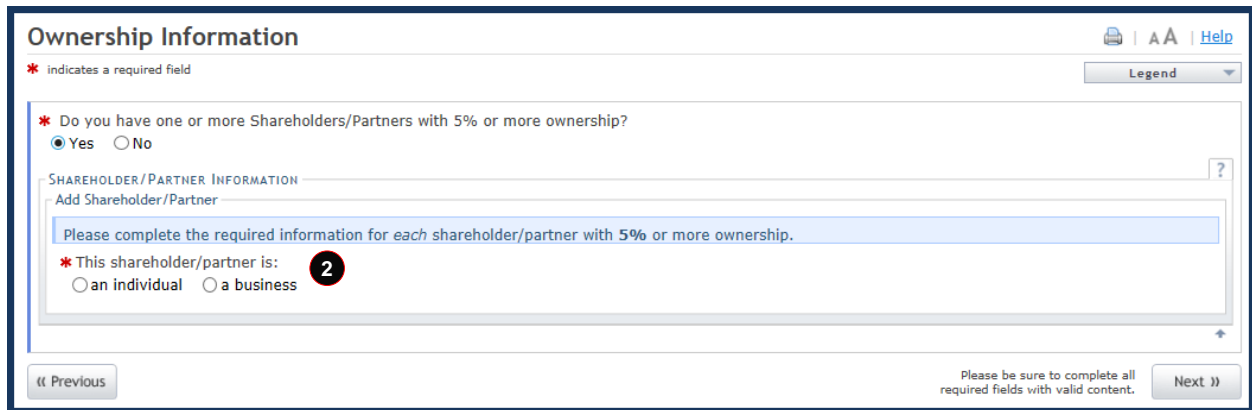
Exhibit 31. Ownership Information Screen #2

Step	Action
2	Select the Shareholder/Partner type: **an individual** or **a business**.
Note	If **an individual** was selected, proceed to Exhibit 32, Ownership Information Screen #3. If **a business** was selected, proceed to Exhibit 33, Ownership Information Screen #4.

Ownership Information

🖶 | A A | Help

✱ Indicates a required field

Legend ▼

✱ Do you have one or more Shareholders/Partners with 5% or more ownership?
◉ Yes   ○ No

SHAREHOLDER/PARTNER INFORMATION   [?]

Add Shareholder/Partner

Please complete the required information for each shareholder/partner with 5% or more ownership.

✱ This shareholder/partner is: **③**
◉ an individual   ○ a business

Individual Information

✱ Last Name:	[_____]	✱ First Name:	[_____]
Middle Name:	[_____]	Suffix:	-- Select One -- ▾
	(Enter your full middle name)		
✱ Date of Birth:	mm/dd/yyyy 📅	✱ SSN:	[_____]
✱ Gender:	-- Select One -- ▾		
✱ Email:	[_____]	✱ Phone Number:	(000) 000-0000

☐ 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:	[_____]
Address Line 2:	[_____]
✱ City:	[_____]
✱ State:	[_____ ▾]
✱ ZIP Code:	00000-0000

④ [Verify Address]

| ✱ Relationship to Another Disclosing Person: | -- Select One -- ▾ | ✱ Percent of Ownership/Control Interest: | [_____] % |
| ✱ Begin Date: | mm/dd/yyyy 📅 | | |

⑤ [Add] [Clear]

[ᐸᐸ Previous]   Please be sure to complete required fields with valid content. **⑥** [Next ᐳᐳ]

Exhibit 32. Ownership Information Screen #3

Step	Action
3	Provide all the required individual information that is marked with an asterisk (*).
4	Select the **Verify Address** button to ensure that the address provided is a deliverable address.
5	Select **Add** to save the Shareholder/Partner information.
6	If other Shareholders/Partners need to be added, an **Add Shareholder/Partner** section is provided. If no other Shareholders/Partners need to be added, select the **Next** button.

Exhibit 33. Ownership Information Screen #4

Step	Action
1	Enter all of the required Business information that is marked with an asterisk (*).
2	Select the **Verify Address** button to confirm that the address provided is a deliverable address.
3	Select **Add** to save the Shareholder/Partner information.
4	If other Shareholders/Partners need to be added, an **Add Shareholder/Partner** section is provided. If no other Shareholders/Partners need to be added, select the **Next** button.

4.6 AGENTS/MANAGING EMPLOYEES SCREEN

The **Agents/Managing Employees** screen captures managing relationships. A managing relationship is between the provider and an employee (i.e., general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider).

This screen does not display during the enrollment process if the OA is an Owner. If the OA is not an Owner, their information will be listed on this screen and all other Managing Employees can be added.

Agents and Managing Employees

🖨 | A A | Help

* 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.

① * Does the applicant have any agent(s) and/or managing employee(s)?
◉ Yes ○ No

☐ Managing agents and employees entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare. NC Medicaid will compare the owners and managing employees entered on this application with the owners and managing employees listed on the provider's Medicare enrollment record when applicable.

Managing Relationships   ?

Please add all managing relationships below.

② Add Relationship

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

* Last Name: [_____]	* First Name:	[_____]
Middle Name: [_____]	Suffix:	-- Select One -- ▾
(Enter your full middle name)		
* Date of Birth: [mm/dd/yyyy] 📅	* SSN:	[_____]
* Email: [_____]	* Phone Number:	[(000) 000-0000]
* Business Relationship: -- 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: [_____]
Address Line 2: [_____]
* City: [_____]
* State: [-- ▾]
* ZIP Code: [00000-0000]

Verify Address

③ Add | Clear

Exhibit 34. Agents and Managing Employees Screen

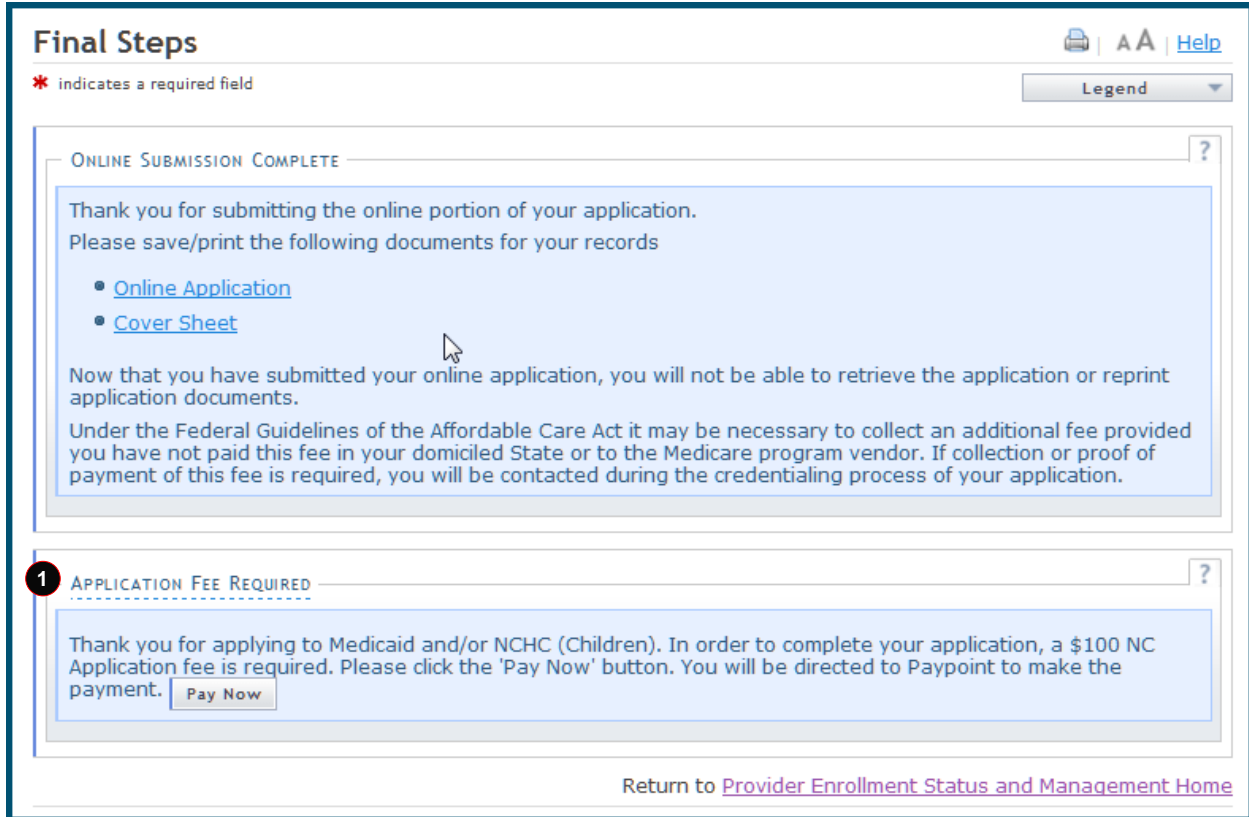| Step	Action
1	Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)?: Select **Yes** or **No**; if **Yes**, the **Managing Relationships** section displays.
2	In the **Add Relationship** section: • Complete the fields **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Email**, **Phone Number**, **Business Relationship**, **Address**, **City**, **State**, and **ZIP Code**. • If applicable, select the checkbox: **I attest that I have entered the full legal name of the individual, and the individual does not have a middle name**. • Select the **Verify Address** button.
3	Select the **Add** button to continue.

4.7 EXCLUSION SANCTION INFORMATION SCREEN

If additional Owners or Managing Employees were added, the sanctions questions must be answered for each newly added person on the application. If **Yes** is answered to any question, supporting documentation must be submitted.

Failing to disclose a sanction will cause the application to be denied.

4.8 FINAL STEPS SCREEN

Once you have submitted the MCR, the **Final Steps** screen will display. This screen provides hyperlinks to PDF versions of the application as well as the Trading Partner Agreement (if applicable).

When converting from an OOS Lite provider to an OOS Full provider, you will be required to remit the $100 NC Application Fee.

Final Steps

🖨 | A A | Help

✱ indicates a required field

Legend ▼

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

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

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

① **APPLICATION FEE REQUIRED** ?

Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a $100 NC Application fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. [Pay Now]

Return to Provider Enrollment Status and Management Home

Exhibit 35. Final Steps Screen

Step	Action
1	Select **Pay Now** to remit the $100 NC Application Fee online via check or credit card (see Addendum B).
Note	Be sure to print or save copies of the application/agreements prior to navigating away from this screen. Once you navigate away from the **Final Steps** screen, you will not be able to retrieve these documents again.

4.9 MANAGE CHANGE REQUEST APPLICATION APPROVAL LETTER

Once the application to convert from an OOS Lite to an OOS Full provider has been approved, the provider will receive the Manage Change Request Application Approval Letter in their Message Center Inbox. This letter is identified by the letter ID PM51400-R5314.

Exhibit 36. Provider Message Center Inbox

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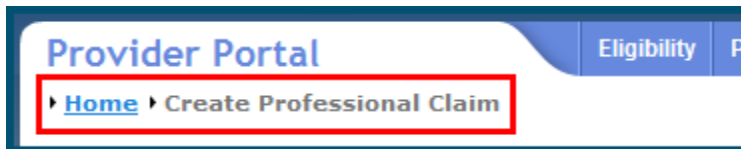
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

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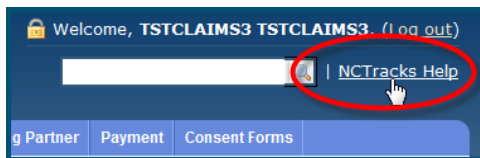
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, "NCTracks Help", will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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

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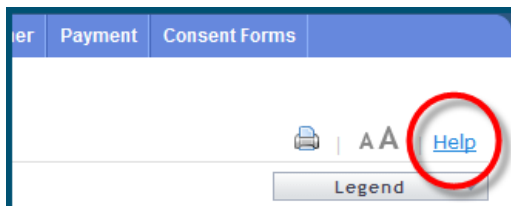
Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

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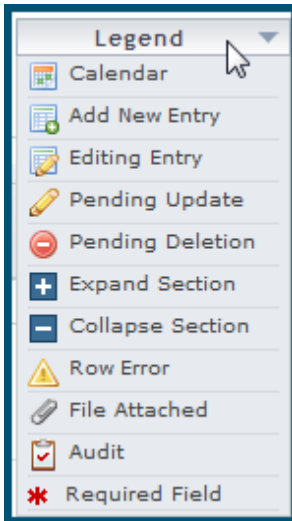
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon to open the list.

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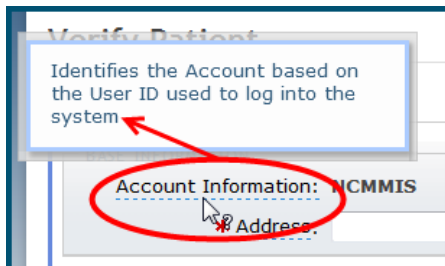
Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

Addendum B. PayPoint Process

The PayPoint screen displays after you select **Pay Now** from the **Final Steps** screen (Section 3.17, Final Steps Screen) or from the Status and Management screen (Section 3.19, Status and Management Screen).
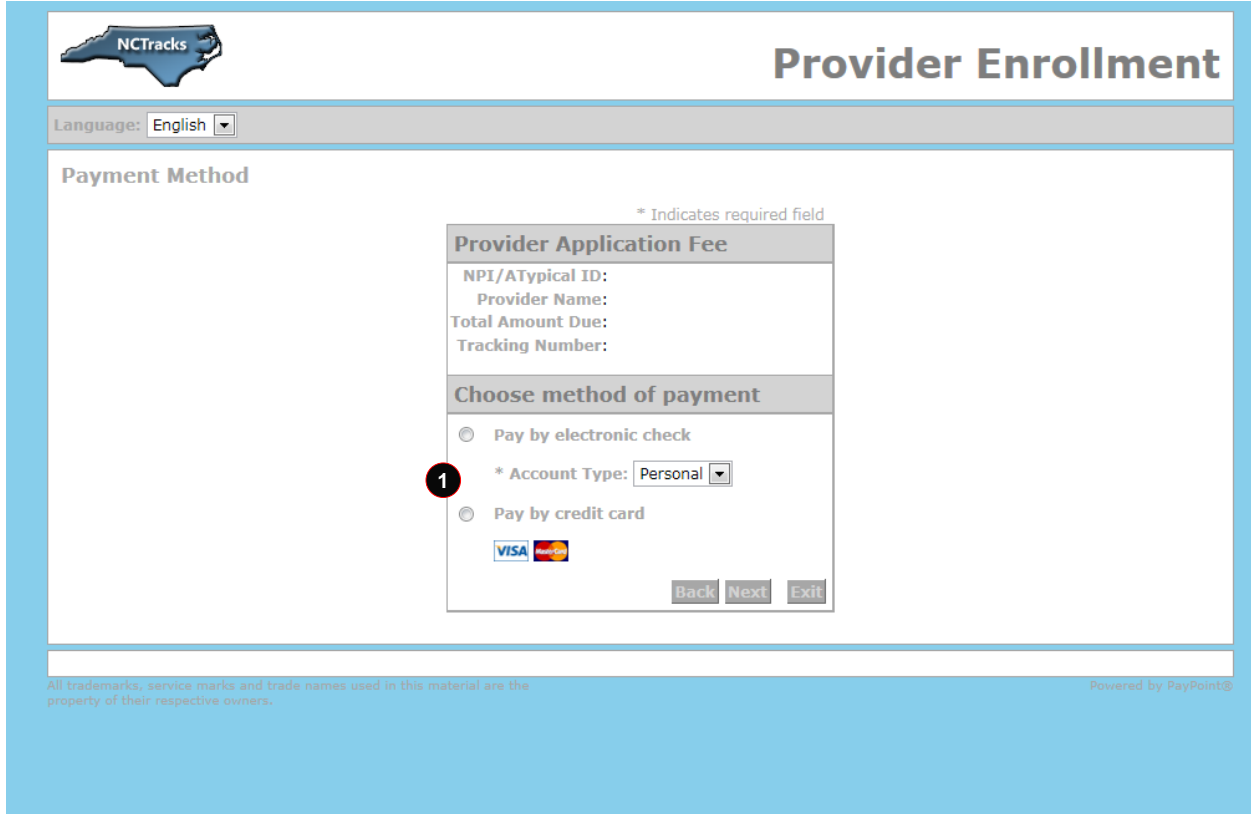
Exhibit 37. PayPoint Screen

Step	Action
1	Select **Pay by electronic check** or **Pay by credit card**. • If you select **Pay by credit card**, the **Payment Information – Credit Card** screen displays. • If you select **Pay by electronic check**, select **Personal** or **Business** as the Account Type. The **Payment Information – Pay by Check** screen displays.

Payment Information

* Indicates required field

1 Billing Address

*First Name:	MICHELLE
M.I.:	
*Last Name:	
*Street Line 1:	
Street Line 2:	
*City:	APEX
*State:	North Carolina
*Zip:	27502
Phone:	
E-Mail:	

2 Payment Details

*Payment Amount: 100.00 USD

3 Payment Method

*Name as it Appears on Card:
*Card Number:
*Expiration Date:

N2U93

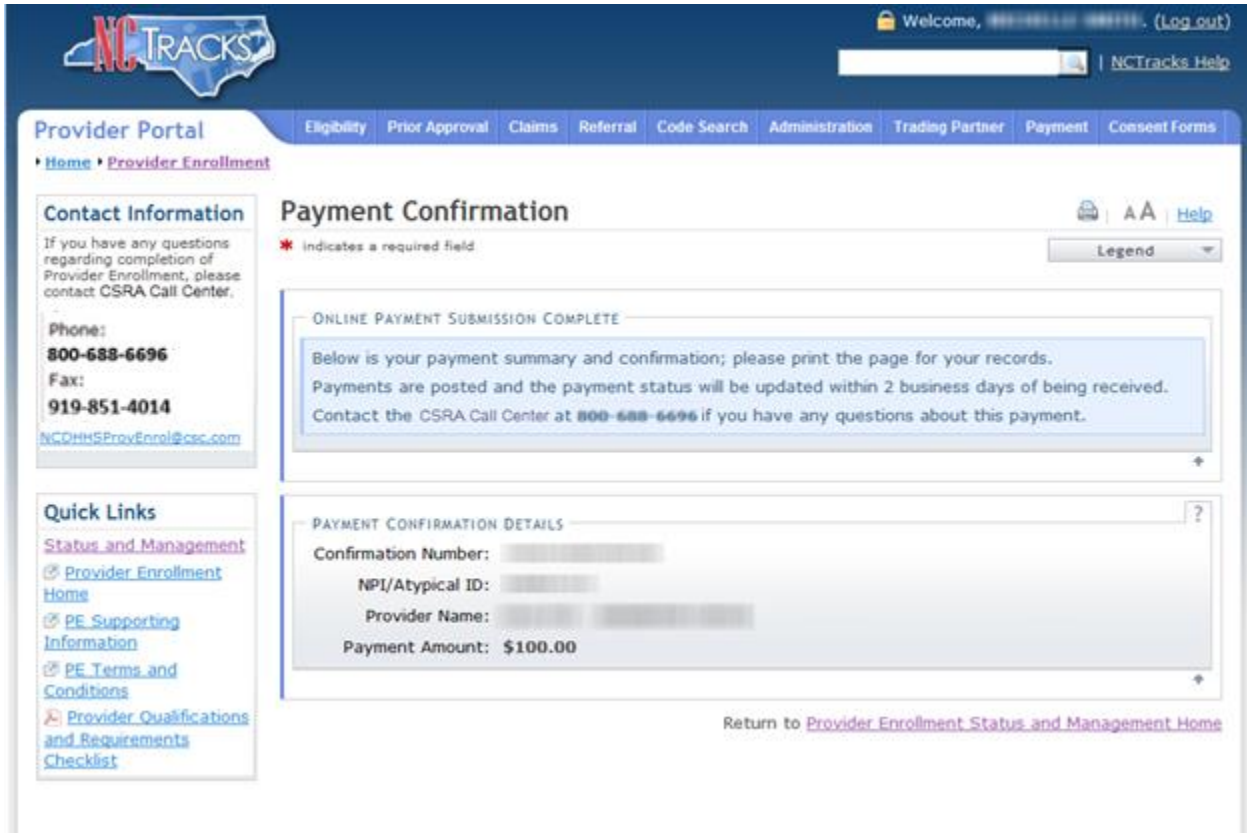* Enter the above code: N2U93

Can't read? Try a different code.

Back   Next   Exit

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Exhibit 38. PayPoint Payment Information – Credit Card Screen

Step	Action
1	Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: **Name as it Appears on Card**, **Card Number**, **Expiration Date**, and **Enter the above code**.

Exhibit 39. PayPoint Payment Information – Pay by Check Screen

Step	Action
1	Billing Address: Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: **Name on Account**, **Account Number (Retype)**, **Routing Number**, and **Account Type** (select Checking or Savings).
4	Select the **Back** button to change Payment Type, the **Next** button to display the Payment Review screen, and the **Exit** button to close the PayPoint screen.
5	Select the **Next** button. The Payment Review screen displays.

Provider Enrollment

Language: English

Payment Review

Address		
Billing Address:		

Payment Method		
Credit Card VISA		

Payment Amount		
Amount:	100.00 USD	
Total:	100.00 USD	

① ②

Back Pay Now Exit

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Exhibit 40. PayPoint Payment Review Screen

Step	Action
1	Select the **Back** button to change payment details, the **Pay Now** button to submit payment, and the **Exit** button to close the PayPoint screen.
2	After selecting the **Pay Now** button, you are redirected to the NCTracks portal to the **Payment Confirmation** screen. **Note**: You will also receive an e-mail with a copy of the confirmation.

Exhibit 41. PayPoint Payment Confirmation Screen

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