

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:

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

September 25, 2024

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





Document Revision History

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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 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 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 (<u>www.nctracks.nc.gov</u>) 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.

	CIRACKS			A A English, <u>En Español</u>
	Home <u>Providers</u> Re	cipients Operations		
	Home Providers Provider Enrollment			
	Provider Announcements	Provider Enrollment	A	Provider
	Provider Enrollment	NC DHHS recognizes the need to promote access		Enrollment Fee
2	Getting Started	to care by enrolling all providers in a timely manner and is committed to ensuring the	*PROCEN BLOOLINGHT APPLICATION TYPE	Sep 1, 2009 In accordance with NC Session Law 2009- 451, Section 10.58.A, the
	Terms and Conditions	provision of quality care for our citizens.	Individual provider is a person enrolled directly who may r	Division of Medical Assistance read on

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.





TRACKS		
Home Providers Red	cipients Operations	
Home + Providers + Getting Started		
Getting Started	Getting Started	Recommended Links
Provider Communication	Just getting started with NCTracks? Follow these easy steps to begin using the new system.	Sign Up for NCTracks Email <u>Newsletter</u>
Frequently Asked Questions		Attend Provider Training
Currently Enrolled Provider (CEP) Registration	Step 1 – All Users must have an NCID 1	Asked Questions
Claims	o If you do not have an NCID, go to <u>ncid.nc.gov</u> and click on Register!	Instructions for Completing
Prior Approval	Step 2 Identify the Office Administrator	NCTracks Fact Sheets
Provider Enrollment	o The Onice Administrator must be either an owner or a managing employee.	Provider Policies, Manuals,
Provider Re-credentialing/Re- verification	Step 3 - Register with NCTracks	Guidelines, and Forms
Provider Policies, Manuals, Guidelines and Forms	 In order to have access to the NCTracks Provider portal, each provider (NPI) must complete the NCTracks Currently Enrolled Provider (CEP) Registration. This registration captures information about your Office Administrator, as well as your Electronic Funds Transfer (EFT) information, so you can receive 	(PDF, 237 KB)
Provider User Guides and Training	payment from NCTracks. See NCTracks Step-by-Step Registration for instructions on how to register.	
ICD-10	Step 4 – Add Users and Assign User Access	
Dental Services	 One of the features of the new NCTracks Provider Portal is the ability for providers to control the level of access they give to their staff members. Staff members can be granted access based on their area of responsibility for example, force office staff may need access to regiment eliability information, but may 	
Pharmacy Services	not be involved with submitting claims.	
Trading Partner Information Office Administrator (OA)	 Office Administrators can set up user access for the staff in their organization who will be using the Portal. Authority is granted by the Office Administrator using the User Administration button in the secure provider portal. For details, see the User Access Setup document. 	
change process	Step 5 - NCTracks generates PINs	
	 NCTracks will generate a Personal Identification Number (PIN) for every user. This PIN will be required in NCTracks not only to complete enrollment and recredentialing applications, but also to submit FL2 (long term care level of care) requests, and Prior Approval (PA) requests. Electronic signature is accomplished with the combination of NCID, password, and PIN. For more information, see the <u>e-Signature Fact Sheet</u>. 	
	Step 6 - Distribute User PINs	
	o A personal Identification Number (PIN) is sent via email to the Office Administrator and all registered	

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.





Home Providers Rec	ipients Operations	
Home • Providens		
ICD-10	Providers	
Gettino Started With NCTracks		
Provider Communication	. Charle user Wittender mannan senter inher. Not	
Provider Communication	AVOID will receive a netification 70 days prior to your	MCTracker Scotters Dartal
Prequently Asked Questions	SUSPENSION: due date. Do not delay in completing re- verification before the due date. Talking to	Access the server Millionia Portal
Currently Enrolled Provider (CEP) Registration	RE-VERIFICATION complete threly re-verification will end to	
Claims	DUE DATE TODAY suspension. Providers in suspension will not ratio dates payments.	Password Help
Prior Approval		NCID
Provider Enrollment	Check the "NC DHD Active Provider Re- verification Due Dates" spreadsheet listed under	HULL SON SON
Denvidor De-crodentialine/De-	Oxick Links on the Provider Re-credentialing/Re- credition in a second Without A Table Million and A	Quick Links
varification	by DHB twice per year.	NCTracks Issues List
Provider Policies, Manuels, Guidelines and Forms	P	OFFICEDOCUMENT.SPREADSHEETI
Provider Liser Guides &		<u>56 KB)</u>
Training	Providers of services from the Division of Mental Health/Developmental Disabilities Abuse Services should contact their LME/MCO to obtain information recording eligibility	s/Substance NCTracks Contact , claims status Information (PDF, 562 KB)
Dental Services	and payment, etc.	2024 Checkwrite Schedule
Pharmacy Services	G. H. J.	DHB (PDF, 423 KB)
Pharmacy Claim Service Limits	Provider Announcements	DHB (PDF, 360 KB)
Trading Partner Information	April 2024 Provider Training Schedule Now Available	8 2023 Checkwrite Schedule -
Office Administrator (OA)	Apr 1, 2024 read on (8	DMH/DPH/ORH (PDF, 362 KB)
Change Process	Reminder- NCTracks Call Center Closed For Good Friday 2024	NCTracks User Access Setup
(formerly SSNRI)	Mar 27, 2024 read on ®	(PDF, 2781 KB)
June 2018 HIEA Update	Issues List Updated	Attachments (DOCK, 137 KB)
	Mar 27, 2024 read on ®	AVRS Features Job Aid (PDF,
	NCTracks System Issue: SFTP Submission Authentication Errors	<u>164 KB)</u>
(m) (m=)	Mar 27, 2024 read on ®	(PDF, 448 KB)
	Attention Trading Partners	NCTracks Glossary of Terms
Enrolled Practitioner Search	Intermittent Authentication Error Guidance For Trading Partners	FAQs re Enrollment of
Look up providers enrolled in NC Medicaid		Ordering, Prescribing, and
	All An	nouncements () Referring Providers
INVICITIES THE T	bioid Criteria Educational Naterials	Adult Care Home Outbreak
elecci Satura	Shon-Opioid Alternatives (PDF, 276 KB)	Rates and Units Report (VND-OPENXMLFORMATS-
hendal in it a serion encoded di	FAQ on Naxolone Standing Order (2017 FINAL, 251 KB)	OFFICEDOCUMENT.SPREADSHEETI
Provider Enrolment	Provider Considerations for Tapering of Opioids (PDF, 221 KB) Preferred Drug List Opioid Analgesics and Combination Therapy Daily MME (17, 389)	<u>76 KB)</u>
Enroll now to provide Medicaid services in North Carolinal	Governor's Institute Opioid Use and Misuse Website	
	CPharmacy PA for Opioid Analgesics Job Aid (PDF, 2619 KB)	State Agencies

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.





Tione Troviders Re	cipients Operations		
iome + Providers + Provider Enrollment			
Getting Started Provider Communication Frequently Asked Questions Currently Enrolled Provider (CEP) Registration Claims	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.	Increase Section Amicanow Tree Individual Androdua provider is a person enrolled directly who may if androdua provider is a person enrolled directly who may if amore share you are completing the Individual Provider En trees Care Instar (PCP) in the CONCACA program if your	Fingerprinting Information Page This page includes a list of answers to frequently asked questions (FAQs) and other resources regarding provide fingerprint-based criminal background checks, read on
Prior Approval Provider Enroliment Getting Started Supporting Information	The enrollment process includes credentialing, endorseme Enrollment Team completes this verification to ensure that requirements and are in good standing. Once participation providers are notified by email and may begin submitting	nt, and licensure verification. The CSRA t all providers meet the professional as a DHHS provider has been approved, claims to NC DHHS for services rendered.	Contact CSRA Call Center Provider Enrollment 2610 Wycliff Road, Suite 10 Raleigh, NC 27607
Terms and Conditions Enrolled Practitioner Search Provider Re-credentialing/Re- verification	The CSRA Enrollment Team cannot provide special conside due to provider error, incomplete information, or due to a or licensure information from another agency. Applicants must meet all program requirements and qualit before they can be enrolled as DHHS providers. Specific q the <u>Provider Permission Matrix</u> .	ration for processing of enrollment applications delay in obtaining credentialing, endorsement ications for which they are seeking enrollment ualifications for each provider type are listed in	Work 800-688-6696 Fax 855-710-1965 E-Mail NCTracksprovider@nctracks
Provider Policies, Manuals, Guidelines and Forms Provider User Guides and Training	If you have any questions regarding completion of the Pro contact the CSRA Call Center by phone—800-688-6696, email—NCTracksprovider@nctracks.com.	vider Enrollment Online Application, please fax— 855-710-1965 , or	Quick Links Provider Enrollment Frequently Asked Questic (FAQs)
ICD-10 Dental Services Pharmacy Services	The Provider Enrollment Online Application is a user-friend information needed to enroll you or your organization as a The following information will help you get started with yo	ly web application that gathers all the licensed Medicaid provider in North Carolina. ur application. read on ®	 Provider Permission Matri (XLSX, 938 KB) Provider Permission Matri Instructions (PDF, 540 KB)
Trading Partner Information Office Administrator (OA) Change Process	PDF documents on this page require the free <u>Adobe Reade</u>	g to view and print.	FAQs re Enrollment of Attending, Rendering, Ordering, Prescribing, an Referring Providers
Status and Management.			
Eegin Application Start your own Provider Enrollment Chline Application			

Exhibit 5. Public Provider Home Screen – Begin Application Option

Step	Action
2	Select the Begin Application option at the bottom left of the screen.





	L.
	A A English, Esp
Home + NCTracks Provider Portal Login	
Provider Enrollment 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 im Authentication (MFA) updates. Please complete the following steps to update your NCID profile by Sept. 6, 2024, in advance of the MFA update	plementing Multi-Factor
These instructions are for Individual and Business users only, not Local and State Government users.	
 Login to the MyNCID portal at https://myncidpp.nc.qov/with your NCID Username and Password. You will see the Destile Information area user full login 	
 Citck on the MEA table on your profile page. 	
 Click on the ADD ENROLLMENTbutton on the bottom right. 	
 A pop-up window will appear prompting you to choose an MFA method. Please note that office phone extensions are not supported. Follow the onscreen prompts to add your chosen MFA method. 	
For detailed instructions, including images of each step, refer to the <u>NCID User Guide for MFA</u> .	
Important Note: Providers who do not currently use MFA will not be impacted at this time. MFA updates will be implemented through a pl time, your current login method will continue to work. However, you are being asked to update your profile to ensure a seamless transition to th receive further communication when your MFA is to be updated.	hased approach. Until that he new MFA method. You wil
If you are an Individual or Business User who currently uses MFA, these updates will impact you on Sept. 15, 2024. Once these up are no longer required to access and maintain MFA using https://tmfamobile.nc.gov/userportal/ . All profiles, including MFA, will be managed through https://tmfamobile.nc.gov/userportal/ . All profiles, including MFA, will be managed through https://myncidep.nc.gov/	dates are implemented you
If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at 919-754-60	000 or 800-722-3946.
For more information and training videos, visit the NCID Citizen Identity Project NCDIT 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,	3
this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.	Provider Enrollment Login
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.	Start your own Provider Enrollme Online Application
By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> 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 sec user access rights granted by NCDHHS (State users) or the provider's Office Administrator. Recipient NCIDs does not require additional rights to a	ure area is allowed per the 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

Step	Action
3	Select the Provider Enrollment Login button.





	0
USERNAME *	
4	
Next	
Trouble Signing On?	
Don't have an account? Register Nov	v
Need Help?	
Privacy and Other Policies	Contact Us
	-
WARNING: This is a government computer system, which m and used only for authorized business by authorized p	ay be accessed personnel.

Step	Action
4	User ID: Enter your NCID username.
	Note : 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 Register Now link displayed on the login page, which will navigate you to the NCID home page.



North Carolina Medicaid Management Information System (NCMMIS)



USE	ERNAME *	
PAS	SWORD*	
•	<u>Ø</u>	
USE	6 Sign On	
	Trouble Signing On?	
	Trouble Signing On? Don't have an account? Register now	
Nee	Trouble Signing On? Don't have an account? Register now	
Nee and Oth	Trouble Signing On? Don't have an account? Register now d Help?	Contact Us
Nee ind Oth and ac	Trouble Signing On? Don't have an account? Register now d Help? her Policies ARNING: This is a government computer system, which may be accessed d used only for authorized business by authorized personnel. Unauthorized cess or use of this computer system may subject violators to criminal, civil and/or administrative action.	Contact Us

Exhibit 6. NCTracks Login Screen

Step	Action
5	Enter the Password associated with the NCID.
6	Select the Sign On button.





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.

indicate	e a required field	Legend
PROTIN	as cotarion	
Pleas	e enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border, or Out-of-State enrolling	nent.
	• #ZIP Code:	
n Pao	VIDER ENROLLMENT APPLICATION TYPE	
= 1	IDIVIDUAL PROVIDERS	
	DIVIDUAL FULL ENROLLMENT	
	n individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for service impleting the Individual Provider Engellment application, you will be given the opportunity to also enroll as a Primary Care Provider (PC organ of your provider type qualifies you to be a PCP.	a. When you are p) in the CCNC/0
A	TYPICAL INDIVIDUAL	
	re you an atypical individual? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIU gulations at 45 CFR section 150.10.3. Taxi services, home and volkide modifications, and respiret services are examples of atypical prov e Modicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health ca innot receive an NPL.	AA in Federal ders reimburser ire and therefor
N	EDICARE ONLY LITE PROVIDER	
	s a time-limited Medicare-only provider (Itte), you are enrolling for submission of cost-sharing claims, adjuication of cost-sharing claims, adjuication of cost-sharing claims adjuication of cost-sharing claims adjuication between the device of the standard and claim Medicare bad debt. Your enrollment will automate year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participa are year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participa are.	s, and insurance lically be end-date tion after the or
0	RDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION	
• N	ith the implementation of section 640S of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to e edicaid program for the sele purpose of ordering, referring, or prescribing items or services for Medicaid or Mealth Choice beneficiaries	nroll in the (42 CFR 455.41
0 A a	UT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION a time-limited GOS provider (iste), your enrollment will automatically be end-dated one year after your Effective Date Requested enter plication. You will be required to re-emroll if you wish to continue participation after the one year. This option only applies to providers ddress is outside the 40 miles border area.	red on the whose primary
= 0	RGANIZATION PROVIDERS	
0	RGANIZATION FULL ENROLLMENT	
O A	n Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organizz nrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies y	ation Provider ou to be a PCP.
A	TYPICAL ORGANIZATION	
	re you an atypical organization? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under 1 guidations at 45 CSR section 160.103. Taxi services, home and volicle modifications, and respite services are examples of atypical provi e Modicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health ca innot receive an NPL.	HIPAA in Federa ders reimburse ire and therefor
N	EDICARE ONLY LITE PROVIDER	
O a o y	a Lime-Limited Medicare-only provider (Lite), you are enrolling for submission of cost-sharing claims, adjuication of cost-sharing claims adjuication of cost-sharing claims adjuication of cost-sharing claims adjuication in the process will calculate your ability to receive all addicate addicate start and bility to receive all addicate addic	s, and insurance ically be end-dation after the o
0	UT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION	
0 A a	a a time-limited OOS provider (Rte), your enrollment well automatically be end-dated one year after your Effective Date Requested ente oplication. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers diversi is outside the 40 miles border area.	red on the whose primary

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 Name:			
* EIN:	00-0000000	* NPT	0000000000
* Email:		Month of Escal Year End	- Select One V
- cinan.			- Constraint - C
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:			
OFFICE ADDRESS TRATOR LAUTHORITE	n Industriar I		
ounde when a suprementer	t real reports		
Individual authorized to receive a below.	formation or make business decisions on	behalt of applying provider. This	role currently belongs to the person popu
Last Name:	(*************************************	· First Name:	§
Middle Name:		Suffix:	- Select One -
	(Enter your full middle name)		
• Contact Email:	· - · ·		
 Office Phone #: 	(000) 000-0000 ext.	Office Fax #:	(000) 000-0000
User ID (NCID):	jodytary		
I attest that I have entered th	e full legal name of the individual, and th	e individual does not have a mide	Se name.
I attest that I have entered th	e full legal name of the individual, and th	e individual does not have a mide	Se name.
I attest that I have entered the I s this contact person an Own	e full legal name of the individual, and th ir or Managing Employee?	e individual does not have a mide	de name.
I attest that I have entered th Is this contact person an Own O Owner O Managing Emplo	e full legal name of the individual, and th or or Managing Employee? Type	e individual does not have a mid	de name.
I attest that I have entered th Is this contact person an Own O Owner O Managing Emplo	e full legal name of the individual, and th or or Managing Employee? Syne	e individual does not have a mid	Se name.
I attest that I have entered th Is this contact person an Own Owner O Managing Emple EFFECTIVE DATE REQUESTED	e full legal name of the individual, and th Ir or Managing Employee? Syde	e individual does not have a mid	Se name.
I attest that I have entered th Is this contact person an Own Owner Managing Emple Effective Date REQUESTED The effective date is the earliest date that a complete Provider Er your letter of endorsement.	e full legal name of the individual, and th or or Managing Employee? Type date a provider may begin billing for servi rollment Packet is received and may not p	e individual does not have a mide ices. The effective date of enrollm precede, as applicable, the curren	fie name. ent may not be more than 365 days prior t date of your licensure or the current date
I attest that I have entered th Is this contact person an Own Owner Managing Emple EFFECTIVE DATE REQUESTED The effective date is the earliest date that a complete Provider Er your letter of endorsement. Note: CCNC/CA participation eff	e full legal name of the individual, and th or or Managing Employee? Type date a provider may begin billing for servi rollment Packet is received and may not p ective date may not be retroactively reque	e individual does not have a mide ices. The effective date of enrollm recede, as applicable, the curren ested.	Se name. ent may not be more than 365 days prior t date of your licensure or the current date

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. Note: The Organization Name and DBA Name fields only allow the following characters: Alpha (A - Z) Numeric (0 - 9) Hyphen (-) Ampersand (&)
3	Office Administrator (Authorized Individual): Enter Last Name, First Name, Contact E-mail, Office Phone, and User ID (NCID).
4	Is this contact person an Owner or Managing Employee?: Select Owner or Managing Employee.
5	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.
6	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. 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.

indicates a required field					Legend
Do you have one or more Shareholder	n/Partners with 5%	or more ownership? \	'es		
Owners with 5% or more ownersh intity, licensure board and Medicare.	ip in the enrolling pr	ovider entered on the	application match what was report	ted to the provider's state business	registration
- INDIVIDUAL -	(AUTHORIZEDI	NDIVIDUAL) NE	WLY ADDED		
Last Name ;	1000		First Name :		
Middle Name :			Suffix:	Select One V	
* Date of Birth:	mm/dd/yyyyy	2	SSN:		
* Gender:	Select One V				
· Email:	1		* Phone Number:	k	
* Address Line 1:					
Address Line 2:					
* City:					
* State:	-	~			
ZIP Code:	00000-0000				
					Verify Addres
Relationship to Another Disclosing Person:	Select One Y	1	* Percent of Ownership/Control Interest:	96	
					Sav
Add Shareholder/Partner					
Please complete the required infor	mation for each shar	eholder/partner with	596 or more ownership.		
* This shareholder/partner is: O an individual O a business					•
					2

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.

Provider Enrollment	Health / Benefit Plan Selection		
NOTE: Data is not saved unless the 'Next' button is activated.	* indicates a required field		Legend 🔻
Contact CSRA Call center 🔤	Which NC DHHS Health Plan(s) are you applying fo	or at this time?	
Individual Basic Information	What are the qualifications and requirements for the	ne NC DHHS Health Plans?	
Terms and Conditions	See <u>Provider Permission Matrix</u> .		
Health/Benefit Plan Selection	DIVISION OF HEALTH BENEFITS, DIVISION OF PUBLIC HEALTH, OF	FICE OF RURAL HEALTH	?
Addresses	Please select any coverage types for which you	wish to enroll by checking the corresponding box.	
Review Application	If you are a Behavioral Health provider intending before completing an application in NCTracks. E	g to contract with a Local Management Entity-Managed Care Organization (LME-MCO), c nrollment in Medicaid does not guarantee a contract with a LME-MCO.	ontact the LME-MCO
	If applying for Medicaid, a \$100 NC Application f	fee will be required. Upon application submission, you will be directed to Paypoint to mal	ke the payment.
	NC Session Law 2022-74 eliminates NC Health C offered by DHB.	Choice and moves beneficiaries to Medicaid. Effective April 1, 2023, Medicaid is the only	NC DHHS health plan
_	Division of Health Benefits (DHB)		
3	Division of Public Health (DPH)		
•	✓ Infant Toddler	Sickle Cell	
	Early Hearing Detection Intervention	✓ AIDS Drug Assistance Program	
	Office of Rural Health (ORH) Migrant Health		
			+
	((Previous	Please be su required fields v	vith valid
			Save Draft Delete Draft

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 .
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.

PORTAL-DEV				
inrollment Ap				
Addresses				AA Help
 Indicates a required field 				Legend *
PRIMARY PHYSICAL LOCATION				?
This is the primary physical locat	ion where service will be rendered, or in	the case of mobile services, where	management/supervision.co	ours.
Office Phone #:	ext.	Office Fax #:	(000) 000-0000	
Address Address Line 1:				
Address Line 2:				
• City:	DURHAM	State:	NC	
ZIP Code:	27707-0000	County:		
			[Verify ANTess

Exhibit 11. Addresses Screen #1



North Carolina Medicaid Management Information System (NCMMIS)



Action				
Primary Phy Select the V Service add	sical Location: Enter the erify Address button (th ress).	e Office Phone , Offi ne address must cor	ce Fax , Address , C respond to an actua	ity , and I U.S. Po
* Servicing Counties				
Note to CCNC/CA pro enrollees.	viders: In addition to your county, pleas	se select the contiguous counties	for which your practice will accep	t CCNC/CA
I NEW HANOVER	NORTHAMPTON	C ONSLOW	ORANGE	
PAMLICO	PASQUOTANK	PENDER	PERQUIMANS	
E PERSON	E PITT	E POLK	RANDOLPH	
RICHMOND	ROBESON	ROCKINGHAM	ROWAN	
RUTHERFORD	SAMPSON	SCOTLAND	STANLY	
STOKES	SURRY	SWAIN	TRANSYLVANIA	
TYRRELL	UNION	VANCE	I WAKE	
WARREN	WASHINGTON	C WATAUGA	WAYNE	5
WILKES	WILSON	YADKIN	T YANCEY	
- 1099 REPORTING/PAY-TO) ADDRESS	mber (ETN) must have the same	1000 Reporting Address, You only	i need to
* Do you have a separ Yes No	n per EIN. Upon application approval, all rate Pay-To address?	records with the same EIN will b	e updated with the new address.	•
CORRESPONDENCE ADDRES	55			?
This is the address wh	ere all paper and accounting correspond	dence is to be mailed.		
* Do you have a separ Yes No	rate correspondence address?			
				+
SERVICE LOCATIONS				?
* Do you have additio	nal service locations?			
(C) Marco (C) Marco				
© 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 .





Yes O No						
Service Locations						
	10.11.					
Please complete all the require	d fields and click t	he Add button.				
Service Location Name:						
* Office Phone #:	(000) 000-0000	ext.	Office Fax #:	(000) 000-0000		
Address						
* Address Line 1:						
Address Line 2:						
* City:						
* State:	-	•				
* ZIP Code:	00000-0000		County			
					Verity Ad	dress
					6	d Clear
					-	

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.





TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION	TYPE, CLASSIFICATION AND AREA OF
Please select a Provider Type, Classification and Area of Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.	Please select a Provider Type, Cl. rendering. You may enter up to 1
* TAXONOMY CLASSIFICATION - 193200000X - MULTI-SPECIALTY	* TAXONOMY CLASSIFICATION -
* TAXONOMY CLASSIFICATION - 282N00000X - GENERAL ACUTE CARE HOSPITAL	* TAXONORY CLASSIFICATION -
Add Taxonomy Classification	Add Taxonomy Classification
Please complete all the required fields and click the Add button.	Please complete all the required
* Provider Type: - Select One	* Provider Type:
* Classification: - Select One	* Classification:
* Area of Specialization: - Select One	Area of Specialization:
2 Add Clear	
Once all taxonomies have been added, click the "Save Location" button to save.	Once all taxonomies have been a
*	
Previous Please be sure to comp 3 Next. 39	« Previous
Save Draft Cancel Enrollment	

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.





creditation		🚔 AA 🗄
indicates a required field		Legend
Report Locations		
Select	Location	Form Status
		Incomplete
0		Sncomplete
0		Incomplete

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 .

To complete information for this	location, fill out this form section then	click 'Save Location' in lower right.	
Please provide certification, licer	nse, accreditation, and endorsement in	formation that qualifies you to render services.	
ACCREDITATIONS			
If one or more accreditations is	required for your taxonomy, enter the a	ccreditations required fields and click the Add button.	
Taxonomy 261QB0400X - Birth Commission for Accreditati	<i>ing</i> requires the following Accreditation ion of Free-standing Birthing Centers	n Type:	
- ACCREDITATION - COMMISSIO	ON FOR ACCREDITATION OF FREE-STAND	NING BERTHEING CENTERS	
Accreditation Type * Accreditation = * Effective Date Copy this accreditation to al service locations	E Commission for Accreditation of Fr E mm/dd/yyyy E mm/dd/yyyy E	ee-standing Birthing Centers 3 Expiration Date: mm/dd/yyyy	
		6	Add Cle
TIRCATIONS		4	Add Cle
TIRCATIONS one or more certifications is req	puired for your taxonomy, enter the cer	4 tifications required fields and click the Add button.	Add Cle
TIRCATIONS one or more certifications is rea exonomy 261QF0030X - Family	prired for your taxonomy, enter the car Planning, Non-Surgical requires the	4 tifications required fields and click the Add button. following Certification Type:	Add Cie
Trincations one or more certifications is req exonomy 283QF0030X - Family * Planned Parenthood Agency I	quired for your taxonomy, enter the cer Planning, Nen-Surgical requires the By Planned Parenthood Federation of A	4 tifications required fields and click the Add button. following Certification Type: umerica	Add Cle
TIRCATIONI one or more certifications is req exonomy 263QF0030X - Family • Planned Parenthood Agency I Control Carton - Plannet Plan	quired for your taxonomy, enter the car Planning, Non-Surgical requires the By Planned Parenthood Federation of A EXTENDIO Alterney By Plannes Passa	4 tifications required fields and click the Add button. following Certification Type: umerica	Add Cle
TIRCATIONS one of more certifications is rea exonomy 263QF0050X - Family • Planned Parenthood Agency I Certification - Plannes Plan Certification Type: Certification Certification Type: Certification Certification Type: Certification Certification Certification Type: Certification Certification Certification Certification Certification Type: Certification Certification	puired for your taxonomy, enter the car Planning, Non-Surgical requires the By Planned Parenthood Federation of A Extremol Parenthood Agency Planned Parenthood Agency Planned Parenthood Federation of A	4 tifications required fields and click the Add button. following Certification Type: merica merica	Add Cie
TIRCATIONS one or more certifications is rea exenuity 263QF0030X - Family * Planned Parenthood Agency I Certification Type: Certification Type: Certification Type: Certification Type: Certification = * State: * Certification = * Effective Date: Copy this certification to all	puired for your taxonomy, enter the cer Planning. Nen-Surgical requires the By Planned Parenthood Federation of A ENTERIOD Assess BY Planned Parenthood Agency Planned Parenthood Federation of A Damed Parenthood Federation of A	tifications required fields and click the Add button. following Certification Type: menica record Fails Ansiston of Ansiston merica Expiration Date: mm/dd/yyyy	Add

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.

and a state and a second of the second se	are Anapore requires the following I	Irenne Tuner			
Child Placing Assessy By NC 1	Solution of English Englishes	All and a state of the state of			
- come instant report of the t	and the proper periods				
LICENSE - CHILD PLACENS AGES	CY BY NC DEVISION OF SOCIAL SE	AVION .			
License Agency:	NC Division of Social Services				
License Type:	Child Placing Agency				
• State:		7			
• License #i					
 Effective Date: 	lass/dd/ywww		Expiration Date:	mm/dd/yyyyy	
Copy this license to all service					
Laur Articles 1					
IDC4DDASI					-
IDC#DDAS)					B Add Clear
f Lionia					B Add Clear
d Lionse elist a license type from the dro	p down list and provide the license	numbar.			8 Add Creat
alect a license type from the dro	p down list and provide the license	number.			8 Add Clear
elect a license type from the dro License Agencys	p down list and provide the license	number.			B and Core
elect a license type from the dro Ucense Agency: Ucense Type:	e down list and provide the license Select One Select One	number. T			B [Ant] Cover
elect a license type from the dro License Agency: License Agency: State:	p down list and provide the license Select One Select One I	number. M			B [Ant] Cover
elect a license type from the dro Ucense Agency: Ucense Type: State: Ucense Agency:	e down list and provide the license Select One Select One	number. M			B [Add Core
elect a license type from the dro License Agency: License Type: State: License #) Effective Date:	p down list and provide the license Select One Select One 	number. M	Expiration Date:	mm/(4)yyyy [8	B [Add] Core
elect a license type from the dro License Agencyi License Agencyi License Type: State: License #: Effective Date:	p down list and provide the license Select One Select One Select One 	number.	Expiration Date:	mm/66/0000 - 18	B Add Clear
elect a license type from the dro Ucense Agencyi Ucense Type State: Ucense #) Effective Date:	p down list and provide the license 	number,	Expiration Date:	mm/66)0000 🕅	B And Cour

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.



North Carolina Medicaid Management Information System (NCMMIS)

September 25, 2024



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.



1



3.14 EXCLUSION SANCTION INFORMATION SCREEN

	Contraction of the local data	(L)
		I NCIAd
ligibility Prior Approval Claims Referral Code Search <u>Enrollment</u> Administration Tradin	ng Partner Payment Consent For	ms Training
ider Enrollment Ap		
clusion Sanction Information	6	AAI
dicates a required field		Legend
XCLUSION SANCTION INFORMATION		
The questions below must be answered for the enrolling provider, its owners, and agent 104; 106 and 42 CFR 1002.3.	ts [†] in accordance with 42 CFR 4	55.100; 101
 * TAn agent is defined as any person who has been delegated the authority to obliga include managing employees, general managers, business managers, office manager (EFT) authorized individuals, individual officers, directors, board members, etc. • All applicable adverse legal actions must be reported, regardless of whether any re nearSine. 	ste or act on behalf of a provide rs, administrators; Electronic Fu cords were expunged or any app	r. This may nds Transfer peals are
or each exclusion sanction question answered yes, you must submit a complete copy Consent Order, documentation, and/or final disposition clearly indicating the final resol the supporting documentation.	v of the applicable criminal comp lution in addition to a written exp	plaint, planation of
 A thorough written explanation signed by the subject of the offense if an individual the subject of the offense is an organization of the occurrence and dated within 6 n provider's Office Administrator, an owner or managing employee of the occurrence infraction/conviction date(s) entered and the resolution. 	al or by the provider's Office Ad nonths of the application date, i including references to the	ministrator i by the
2. All supporting documentation (See Job Aid/FAQ) that relates to the incident.		
Failure to submit all of the request information may result in the application being deel Exclusion Sanction Supporting Documentation Job Aid/FAO	med incomplete.	
 A. Has the applicant, managing employees, owners, or agents ever been convicted o 	f a felony, had adjudication with	held on a
elony, pled no contest to a felony, or entered into a pre-trial agreement for a felony? O Yes O No	un antista de la composition de la composition de 1995.	
♥ B. Has the applicant, managing employees, owners, or agents ever had disciplinary a rofessional license held in this or any other state, or has your license to practice ever t my other state or been previously found by a licensing, certifying, or professional stand standards or conditions relating to licensure or certification or the quality of services pro y a licensing, certifying, or professional standards board or agency? ○ Yes ○ No	ction taken against any busines: been restricted, reduced, or revi ards board or agency to have vi vvided, or entered into a Consen	s or oked in this iolated the it Order issu
C. Has the applicant, managing employees, owners, or agent sever been denied enrol r involuntarily withdrawn from Medicare, Medicaid, or any other government or private h tate; or been employed by a corporation, business, or professional association that has r involuntarily withdrawn from Medicare, Medicaid, or any other government or private h rogram in any state; or ever been directly or indirectly affiliated with a provider or sup terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other gover r health insurance program in any state? O Yes O No	liment, been suspended, exclude health care or health insurance g ever been suspended, exclude health care or health care or hea bier that has been suspended, e emment or private health care or	ed, terminat program in a d, terminate alth insurand xcluded r health can
Ø. D. Has the applicant, managing employees, owners, or agent sever had suspended py tate; or been employed by a corporation, business, or professional association that eve tedicaid in any state; or ever been directly or indirectly affiliated with a provider or sup tedicare, Medicaid or CHIP in any state? O'Yes O'No	ayments from Medicare or Medic r had suspended payments from plier that ever had suspended p	aid in any 1 Medicare o ayments fro
E. Has the applicant, managing employees, owners, or agents ever had civil monetary ther State or Federal Agency or Program, including the Division of Health Service Regula aid in full? O Yes O No	y penalties levied by Medicare, Mation (DHSR), even if the fine(s)	Medicaid, or have been
F. Does the applicant, managing employees, owners, or agents owe money to Medica eeen directly or indirectly affiliated with a provider or supplier that has uncollected debt O Yes O No	ere or Medicaid that has not bee owed to Medicare, Medicaid, or	n paid; or e CHIP?
C. Has the applicant, managing employees, owners, or agents ever been convicted u elated to the neglect or abuse of a patient in connection with the delivery of any healt O Yes O No	inder federal or state law of a cr h care goods or services?	riminal offen
K H. Has the applicant, managing employees, owners, or agents ever been convicted u elating to the unlawful manufacture, distribution, prescription, or dispensing of a control O'Ves O'No	inder federal or state law of a cr fied substance?	riminal offen
 I. Has the applicant, managing employees, owners, or agents ever been convicted of mbezzlement, breach of fiduciary responsibility, or other financial misconduct? O'Yes O'No 	f any criminal offense relating to	fraud, thef
* J. Has the applicant, managing employees, owners, or agent sever been found to have gulations governing North Carolina's Medicaid program or any other state's Medicaid pr ealth care or health insurance program and been sanctioned accordingly; or ever been r supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked? O'Ves O'No	ve violated federal or state laws ogram or any publicly funded fed directly or indirectly affiliated wi	, rules, or deral or stat ith a provide
K. Has the applicant, managing employees, owners, or agents ever been convicted of infor traffic violation? O Yes O No	f an offense against the law oth	er than a
L. Has the enrolling provider had any liability insurance carrier canceled, refused cove ave any procedures been excluded from coverage? O Yes O No	erage, or rated up because of ur	nusual rísk o
M. Has the enrolling provider ever practiced without liability coverage?		
 K N. Does the enrolling provider have any medical, chemical dependency or psychiatric bility to practice medicine or surgery or to perform the essential functions of your posit Core - Core 	conditions that might adversely ion?	affect your
K O. Has the enrolling providers hospital and/or Clinic privileges ever been limited, restri ot renewed, or have you voluntarily surrendered or limited your privileges during or unde uch actions pending? O'Yes O'No	icted, reduced, suspended, revo er the threat of an investigation	ked, denied or are any
# P. Has the enrolling provider had a professional liability claim assessed against them in rofessional liability cases pending against them? OYes ONo	n the past five years or are ther	e any





Exhibit 18. 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	🖨 A- A+ Help
ELECTRONIC SIGNATURE - EMAIL CONFIRMATION	
 Please confirm that the email address below is correct. If you don't already have Electronic Signature PIN will be sent to this address upon submitting the next access to this email address to retrieve/reset your PIN and complete this Online If the email below is incorrect, you may now navigate back to the <u>Basic Information page</u> to store your change.) 	e one, an page. You will need Application. <u>tion page</u> to
Contact Email: abc@123.com	
REVIEW APPLICATION	
To review your application in Adobe PDF format, click ' Review Application ' below. If successfully completed all required information for your provider enrollment application the information is complete and accurate, you may proceed to the Attachments/Sub Application page by clicking ' Next '.	if you have on and are satisfied bmit Electronic 1
Review	w 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.





	ronic application			AA 📾	H
dicates a required field				Legend	
for any reason you navigate :	away from this page without clicking '	Submit Now', you will be required	i to re-enter the informat	ion.	
LECTRONIC SIGNATURE CONTIRMATIC					
Attestation: I have read and a the documents submitted with current as of the date this elec nay subject me to administrati	agreed to the terms and conditions of the application/errollment documents ctronic document is submitted. I do he rve, civil, or criminal liability.	participation. By submitting this /Administrative Participation Agr reby attest that any falsification	form, I confirm the inform eement are true, accurat h, omission, or concealme	nation contained e, complete, and nt of material fac	n t
• Login ID (NCID):		2 . Password:			
	Eorgot Login IQ		Eorgot Password		
If there is a PIN already as ID (NCID) and Password an Please contact the CSRA C 2 PIN:	mociated with this NCID, please use it of clicking the "Forgot PIM" link. The PI Call center at 800-688-6696 if y Eorgot PIN	now. If you have forgotten you N will be sent to your email addr rou have any trouble with yo	r PDA, you may reset it by ess. our Electronic Signatur	v entering you Loy re PIN Number.	pin
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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.





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	🖨 A A	<u>Help</u>
k 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 • <u>Online Application</u> • <u>Cover Sheet</u> Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.		
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 e	electronic	?
attachments on the Status Management Page.	Upload Docum	ents

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	If any documents need to be attached select the Upload Documents button.
3	Select the Provider Enrollment Status and Management Home link.

3.18 UPLOAD DOCUMENTS SCREEN

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

	Upload Documents
Quick Links	* indicates a required field Legend
Status and Management	ELECTRONIC ATTACHMENTS
	Only one file can be submitted at a time. File cannot be more than 25 MB.
	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).
	To upload a file:
	1. Click the Browse button.
	2. Locate the file and Add. Note: The file name will display to the right of the Browse button.
	3. Click the Upload File button to submit the file to NCTracks.
	4. When the upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted attachments, click the printer icon located in the right hand corner of the screen.
	1 Browse NCTracks_CSS_analysis.docx upload file

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 Unload Documents Screen – Printer Icon	_		
Quick Links	R indicates a required field	-	Legend	*
	Upload Documents	3_≞	AA	i Help

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.





alaama ta Dra	vider Farallmont	Status Management					
ase choose from	the options below to	o manage your enrollmer	t nt status.				
SUBMITTED APPLI	CATIONS						
 RECORD RESUL NPI/Atypical 	Name	DBA Name		Application Type	Submit Date	Status	
ID			ENROLI	I MENT	03/20/2019	Withdraw, Pay Now, Up	load Documer
			DE LIER		00/20/2025	- Payment Pending	
			RE-VER		03/20/2019	Withdrawn	
			ABBRE	VIATED	12/20/2018	Manage Change Reques	t Complete
			MITLD	UTONO PIMIMO			
SAVED APPLICATI Please remembe within 90 days,	ONS	on must be submitted to	MANAG	E CHANGE REQUEST	10/26/2018	Withdraw, Upload Docu <u>Returned</u> was created. If not co	ments -
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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.

equest, t	nen click ' Update '.	ryour NCID are active. Please select the		to submit a Manage	change
RECORD Select	RESULTS NPI/Atypical ID	Name	ZIP Code	Begin Date	Stati
0			27502-0000	12/05/2012	Active
\odot			27502-1216	02/01/2013	Active
0			27707-5055	03/01/2013	Active
\odot			27502-1216	12/26/2012	Active
0			27502-1216	12/28/2012	Active
0			27502-1215	12/01/2012	Active
0			27409-2027	03/20/2006	Active
0			27522-8297	12/06/2000	Active
0			27577-3933	08/01/2007	Active
\odot			27105-1332	01/01/1988	Active
0			27502-5316	02/05/2007	Active

Exhibit 25. Status and Management Screen #2

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





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*.

quest, t	ng provider accounts associated with nen click ' Update '.	ryour NCID are acuve. Please select the	account with which you would like	e to submit a Manage	Change
elect	NPI/Atypical ID	Name	ZIP Code	Begin Date	Statu
0			27502-0000	12/05/2012	Active
\odot			27502-1216	02/01/2013	Active
0			27707-5055	03/01/2013	Active
\odot			27502-1216	12/26/2012	Active
0			27502-1216	12/28/2012	Active
\odot			27502-1215	12/01/2012	Active
0			27409-2027	03/20/2006	Active
\odot			27522-8297	12/06/2000	Active
0			27577-3933	08/01/2007	Active
\odot			27105-1332	01/01/1988	Active
0			27502-5316	02/05/2007	Active

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.

equested Manage Cha	nge Request Type	AA @	ť
redicates a resurred field		Legend	
Manage Change Request Type			
Select the type of Manage Chan	ge Request you would like to complete.		
NPI/Atypical ID: Name:			
0	©Provider back-dating5 ©Update Electronic Funds Transfer (EFT) Account Information1		
v	Cadd/Update Affiliations ¹ Odd/Update Method of Claim and Electronic Transactions and/or billing Agent Information ¹		
	Complete multiple changes or review your complete provider record		
TPlease have all information avail	lable, this application must be completed in one session.		
		9	ō
		2	

Exhibit 28. Requested Manage Change Request Type Screen





Step	Action
 Select the Manage Change Request Type. This field specifies the type of abbreviated application to be submitted. The available options are: Provider Back-dating: Select this option if you want to submit a request to back-da effective begin date of all or specific health plans, service locations, taxonomy codes 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 Enrollme 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 Enforment Specialist and you need to update EFF 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.





			L.
DENTIFYING INFORMATION			
If you need to update the Org 855-710-1965 or by email a	anization Name, submit documenta t NCTracksprovider/Roctracks.com	tion that shows proof of a legal na	me change to CSRA via fax at
Organization Name:			
EIN:		NPI/Atypical Provider ID:	
* Emai:	TESTØFAKEEMAIL.C	Month of Fiscal Year End:	December
ODING BUSINESS AS (DBA)			
Do you operate under a tra Yes No	de or company name?		
DBA Information	20		
* DBA Name:			
* Years Doing Business Under	5		
1100 100110			
ut ar State Executerat	na limited films and of state provider	•	and the bar second at a solar
ht or State Executes" to are currently enrolled as a to provider. As a full provider, your 8 be required to pay the \$100 Pri you with to path to the \$100 10 by the state of the state of the state by Yes State of the state of the state to be state of th	ne-limited (like) out of state provider, enrollment will be open-ended and yo W: Application Fee. Do you wish to se e to full enrollment?	You can required to change your en u will be required to complete Re-w tack from the to but enrolment?	rollment to be enrolled as a full enflication every five (5) years and
but an Stars Executator ou are currently enrolled as a th rovider. As a full provider, your is be required to pay the \$100 > Do wou wide to pay the \$100 > Do wou wide to pay the \$100 > The wou wide to pay the \$100 > Do wou wide to pay the \$100 > Do be a start of	ne-limited (Ne) out of state provider. enrollment will be open-ended and yo VC Application Fee. Do you wish to sw e to full enrollment? 22ED INDIVIDUAL)	You can request to change your en u will be required to complete Re-w tich from the to full veroliment?	rollment to be enrolled as a full erflication every five (5) years and
Art or State Executer ou are currently enrolled as a bi rovider. As a full provider, your if be required to pay the \$100 bit with the cetter with the * Yes No FFICE ALMENISTRATOR (AUTHOR Individual authorized to receive populated below.	ne-limited (bite) out of state provider. empliment will be open-ended and yo KC Application File. Do you wish to se a to full envoltment? SEED INDIVIDUAL) e information or make business dec	You can request to change your en u will be required to complete Re-vi tach from lite to full enrollment?	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t
An or Store Executes ou are currently enrolled as a bi provider. As a full provider, your if be required to pay the \$100 Driver with to switch form life * Yes Store To Store to PEFICE ADMINISTRATOR (AUTHOR Individual authorized to receiv populated below. * Last Name:	ne limited (lite) out of state provider. enrollment will be open-ended and ye KC Application Fee. Do yeu wish to ov e to full enrollment? FZED INDIVIDUAL) e information or make business dec	You can request to change your an u will be required to complete Re-vi tack from lite to full enrolment? sions on behalf of applying provid # First Name:	rollment to be enrolled as a full enflication every five (5) years and er. This role currently belongs to t
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And an State Executed out are currently enrolled as a bi movider. As a full provider, your off be required to pay the \$100 be very with to switch the state office Administrator (AUTHOS Individual authorized to receiv populated below. * Last Name: Middle Name:	ne-limited (lite) out of state provider. enrollment will be open-ended and ye WC Application Fee. Do yeu wish to ov e to full enrollment? ZEED INOV(DUAL) e information or make business dec (Enter your full middle name)	You can request to change your en u will be required to complete Re-vi to from the to full enrolment? sions on behalf of applying provid # First Name: Suffix:	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t
Arr ar Stats Executes" to are currently enrolled as a the rowleter. As a full provider, your all be required to pay the \$100 Deriver which to setting * Yes No DEFICE ADMINISTRATOR (AUTHOR Individual authorized to receive populated below. * Last Name: Middle Name: * Contact Email:	ree-limited (iller) out of state provider. enrollmost will be open-ended and yo KC Application Fies. Do you wish to so a to full enrollment? IZED INDIVIDUAL) e information or make business dec (Enter your full middle name) [TEST@FAKEEMAIL.C	You can request to change your en will be required to complete Re- itch from the to full enrolment? sions on behalf of applying provid # First Name: Suffix:	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t Select One
Dur ar Start Executer ou are currently enrolled as a th rowled. As full provider, your it be required to pay the \$100 Driver who To setting the full Yes No Office Apainistrator (AUTHOS Individual authorized to receiv populated below. & Last Name: Middle Name: & Contact Email: & Office Phone #:	ne-limited (iller) out of state provider. enrollment will be open-ended and yo VC Application Fiel. Do you wish to so a to full enrollment? 22CD INDEVIDUAL) e information or make business dec (Enter your full middle name) TEST@FAKEEMAIL.C (919) 123-2132 ext.	You can request to change your en will be required to complete Re- vitch from the to full enrolment? sions on behalf of applying provid First Name: Suffix: Office Fax #:	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t Select One + (000) 000-0000
And an Start Executer Tool are currently enrolled as a bit Torolder. As a full provider, your all be required to pay the \$100 Derived and the results Torolly and the results	ne-limited (ilia) out of state provider. empliment will be open-ended and yo 4C Application File. Do you wish to so a to full enrollment? IZED INDIVIDUAL) e information or make business dec (Enter your full middle name) TEST@FAKEEMAIL.C (919) 123-2132 ext.	You can request to change your en u will be required to complete Re-vi tack from lite to full enrollment? sions on behalf of applying provid # First Name: Suffix: Office Fax #:	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t Select One
And an Start Executed ou are currently enrolled as a th rowled. As full provide \$100 in the start with To setting the \$100 in the very with To setting the start in the very with To setting the start in the start in the start in the start is the start in the start is the start is the start populated below. * Last Name: Middle Name: * Contact Email: * Office Phone *: * User ID (NCID): ØI attest that I have entered	ne-limited (iller) out of state provider. emuliment will be open-ended and yo VC Application Fies. Do you wish to so a to full envoltment? 2210 INDIVIDUAL) e information or make business dec (Enter your full middle name) TEST@FAKEEMAIL.C (919) 123-2132 ext.	You can request to change your en will be required to complete Re- with the required to complete Re- its from the to full enrolment? sons on behalf of applying provid # First Name: Suffix: Office Fax #: and the individual does not have	rollment to be enrolled as a full erification every five (5) years and er. This role currently belongs to t Select One + (000) 000-0000 a middle name.

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.

Ownership Information	
* indicates a required field	Legend 🔻
 ★ Do you have one or more Shareholders/Partners with 5% or more ownership? Yes ○ No 	*
« Previous	Please be sure to complete all required fields with valid content.

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.

Ownership Information		AA Help
* indicates a required field	Leg	end 🔻
 Do you have one or more Shareholders/Partners with 5% or more ownership? Yes O No 		
Add Shareholder/Partner		?
Please complete the required information for each shareholder/partner with 5% or more ownership.		
* This shareholder/partner is:		
		+
((Previous Please be surrequired fields w	re to complete all ith valid content.	Next))

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				
 Indicates a required field 				Legend 🔻
Do you have one or more Sharehol (• Yes O No - SHAREHOLDER/PARTNER INFORMATION - Add Shareholder/Partner - Please complete the required inform • This shareholder/partner is: @enoise individent O on beingen •	ders/Partners with 5% or more ownershi mation for each shareholder/partner with	p? 1 5% or more ownership. 3		?
Individual Information A Last Name: Middle Name: X Date of Birth:	(Enter your full middle name) mm/dd/yyyy	* First Name: Suffix: * SSN: * Phone Number:	Select One 🔽	
I attest that I have entered the Address Line 1: Address Line 2: City: State: ZIP Code:	e full legal name of the individual, and th	e individual does not have a middle	I NAME.	4 Vertty Address
* Relationship to Another Disclosing Person:	Select One 💌	* Percent of Ownership/Control Interest:	96	
* Begin Date:	mm/dd/yyyy			5 Add Clear
a Previous			Please be sure to required fields with v	complete 6 Next 10

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.	





Ownership Information		📾 A A Help
* Indicates a required field		Legend V
Do you have one or more Sharehol ONo	lers/Partners with 5% or more ownership?	
Add Shareholder/Partner Information		1
Please complete the required infor	nation for each shareholder/partner with 5% or more ownership.	
* This shareholder/partner is: O an individual () a business		
- Business Information * Business Legal Name: * EIN:	00-0000000	
* Address Line 1:		
* City:		
* State:	∠ v	
* ZIP Code:	2	Vertfy Address
* Percent of Ownership/Control Interest:	%	
* Begin Date:	mm/dd/yyyy	
		3 Add Clear
		+
« Previous	Please be sure to required fields with va	om 4 Next 30

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.





RELATIONSHIP DISCLOSURE		
As required by 42 CFR 1002.3, prov Funds Transfer (EFT) authorized inc	viders must disclose the following for each individual officer, managing empl dividual.	loyee, director, board member, and Electronic
Failure to provide the required infor	mation may result in a denial for participation.	
 Does the applicant have any age Yes O No 	nt(s) and/or managing employee(s)?	
Managing agents and employees Medicare. NC Medicaid will compare provider's Medicare enrollment reco Managing Relationships	s entered on this application match what was reported to the provider's stat the owners and managing employees entered on this application with the rd when applicable.	e business registration entity, licensure board an owners and managing employees listed on the
Diagona add all managing relationed	size below	
Please add all managing relationsr	nps below.	
Add Relationship		
Please complete all the required f	ields 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	
* Email:	* Phone Number:	(000) 000-0000
Business Relationship:	Select One 🗙	
□ I attest that I have entered th	e full legal name of the individual, and the individual does not have a middl	e name.
* Address Line 1:		
Address Line 2:		
* City:		
* State:	V	
* ZIP Code:	00000-0000	
		Verify Addre

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	
* 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 documents.	ation or reprint
Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additi you have not paid this fee in your domiciled State or to the Medicare program vendor. If collecti payment of this fee is required, you will be contacted during the credentialing process of your a	onal fee provided on or proof of application.
APPLICATION FEE REQUIRED	?
Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application Application fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to payment. Pay Now	on, a \$100 NC) make the
Return to <u>Provider Enrollment Status an</u>	id 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 <u>Addendum B</u>).
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.



North Carolina Medicaid Management Information System (NCMMIS)



			_	🔒 Welcome,	(<u>Log out</u>) <u>NCTracks Help</u>
Provider Portal Eligibility Home Message Center for	Prior Approval Claims Referral Code Search	Enrollment Administration Payment Trading Partner	Consent For	ms otion Preferences 🔒	AA <u>Help</u>
Anosadge centering Anouncements More Announcements Circle Announcements Anouncements Announcements More Announcements Circle Announcements Circle Announcements Anouncements Anouncements Announcements Circle Announcements Circle Announcements Anouncements Anouncements Announcements Circle Announcements Circle Announcements Anouncements Announcements Announcements Circle Announcements Circle Announcements Materia Circle Announcements Circle Announcements Circle Announcements Circle Announcements Materia Circle Annunistrations Ensolution assister or call the toll-free NC Navigator Heipline at 1-855-735 Circle Annunistrations Materia Origine Annunistrations Ensolution Circle Annunistrations Circle Annunistrations Materia Origine Annunistrations Ensolution Circle Annunistrations Circle Annunistrations Materia Origine Annunistrations Ensolution Circle Annunistrations Circle Annunistrations Materia Origine Annunistration Disea Circle Annunistrations Circle Annunistrations					man Services vlation
Inbox		All Messages (45)	ICD-10 Ne	ws	۵
Provider Status Message	•	Date	Taking Advant	tage of CMS Resources - Nov 18, 1	2013 12:00:00 AM
1992825848 Read Prior Ap	proval Record Assigned For Review	11/12/2019 11:55 am	Just in time f	ior Halloween - an ICD-10 Vamp 00:00 AM	ire Detector
1992825848 Read Submit	ted Prior Approval Record	11/12/2019 11:44 am	Revenge of th	20-10: mapping - Sep 18, 2013 12:0 he grilled corn - Sep 13, 2013 12:0	00:00 AM
1659493492 Unread Prior Ap	proval Record Assigned For Review	11/12/2019 11:33 am			
1659493492 Read Prior Ap	proval Record Assigned For Review	11/12/2019 11:10 am			

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.





Form Legend

Legend 🥄 🔻
📰 Calendar 🛛 😡
Add New Entry
📝 Editing Entry
🥜 Pending Update
Pending Deletion
+ Expand Section
Collapse Section
🛕 Row Error
🖉 File Attached
ଟ Audit
* Required Field

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	Legend 🔻	to
open the list.		

Data / Section Group Help

- PATIENT INFORMATION * Recipient ID:	or	* SSN: * Date of Birth:/dd/yyyyy	
Date of Service * From: mm/dd/yyyyy		* To: mm/dd/yyyy	
			Verify Clear

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

Varify Dationt	
Identifies the Account based on the User ID used to log into the system	
Account Information: NCMMIS	

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 (<u>Section</u> <u>3.17, Final Steps Screen</u>) or from the Status and Management screen (<u>Section 3.19, Status and</u> <u>Management Screen</u>).

NCTracks	Provider Enrollmen
Language: English 💌	
Payment Method	
	* Indicates required field
	Provider Application Fee
	NPI/ATypical ID:
	Provider Name: Total Amount Due:
	Tracking Number:
	Choose method of payment
	Pay by electronic check
	* Account Type: Personal
	Pay by credit card
	VISA More
	Back Next Exit
All trademarks, service marks and trade names u property of their respective owners.	ed in this material are the Powered by PayPoi

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.





NCTracks	Provider Enrollment
Language: English 💌	
Payment Information	
	 Indicates required field
Billing Address	
*First Name	
M.I.:	
*Last Name:	
*Street Line 1:	
Street Line 2:	
*City:	
*State:	
*Zip:	
Phone:	
C-Pion.	
2 Payment Details	
*Payment Amount: 100.00 USD	
3 Payment Method	
*Name as it Appears on Card:	
*Card Number:	
*Expiration Date:	
capitation parts	
* Enter the above code: N2U93	
Can't read? Try a diffe	erent code.
	राजनाम् स्टब्स्ट
	DOUX NON EXIL
I trademarks, service marks and trade names used in this material are the	Powered by PayPoint

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.





NCTracks	Prov	ider Enrollment
Language: English 💌		
Payment Information		
	* Indicates required field	_
1	Billing Address	
2	*First Name:	
	*Payment Amount: 100.00	
	Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking date your payment will be executed on the next available banking day. Current date payments received 4:00 PM MT will be executed on the next valid banking date.	
3	Payment Method	
	*Name On Account:	
	*Account Number: <u>What's This?</u>	
	*Re-Type Account Number:	
	*Account Type: O Checking O Savings	
	Back Next Exit	

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.	





NCTracks		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	
All trademarks, service marks an	d trade names used in this material are the		Powered by PayPoint(

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.





NO TO LOUGH	🔒 Welcome, 🖬		
CILIRACKS		NCTracks Help	
Provider Portal	Eligibility Prior Approval Claims Referral Code Search Administration Trading Partner Payment	Consent Forms	
Home • Provider Enrollmer	mt		
Contact Information	Payment Confirmation	AA Help	
If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center	* indicates a required field	egend 🔻	
Phone: 800-688-6696 Fax: 919-851-4014 NCDHHSProvEnnel@csc.com	ONLINE PAYMENT SUBMISSION COMPLETE Below is your payment summary and confirmation; please print the page for your records. Payments are posted and the payment status will be updated within 2 business days of being re Contact the CSRA Call Center at BOD 688 -6696 if you have any questions about this payment.	ceived.	
Quick Links		?	
Status and Management @ Provider Enrollment Home @ PE Supporting	Confirmation Number: NPI/Atypical ID: Provider Name:		
PE Terms and Conditions	Payment Amount: \$100.00	+	
Provider Qualifications and Requirements Checklist	Return to Provider Enrollment Status and Mana	gement Home	

Exhibit 41. PayPoint Payment Confirmation Screen





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