



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

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FINAL

SUBMITTED BY:

CSRA



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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|---------|--------------------|--|
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| D1.1.1 | December 20, 2017 | Update for review/acceptance. Addressed remaining D1.0.2 State comments #10 and #11 (Section 3.11 verbiage and Exhibit 39 screenshot). |
| V1.0 | December 13, 2017 | Final version |
| D1.0.2 | December 08, 2017 | Addressed State comments |
| D1.0.1 | November 28, 2017 | Initial submission for review/acceptance |

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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 (www.nctracks.nc.gov) using a supported browser. To submit an enrollment application, you will need to navigate to the Provider Portal.

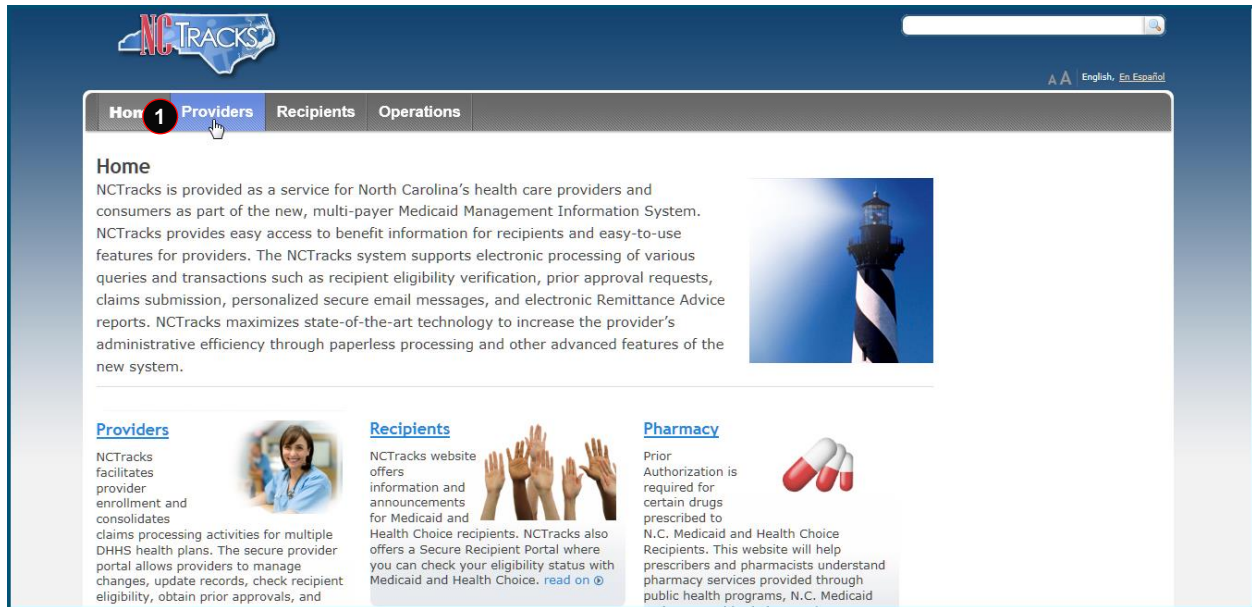


Exhibit 1. NCTracks Home Screen

| Step | Action |
|------|--|
| 1 | Select the Providers link. The Public Provider screen displays. |

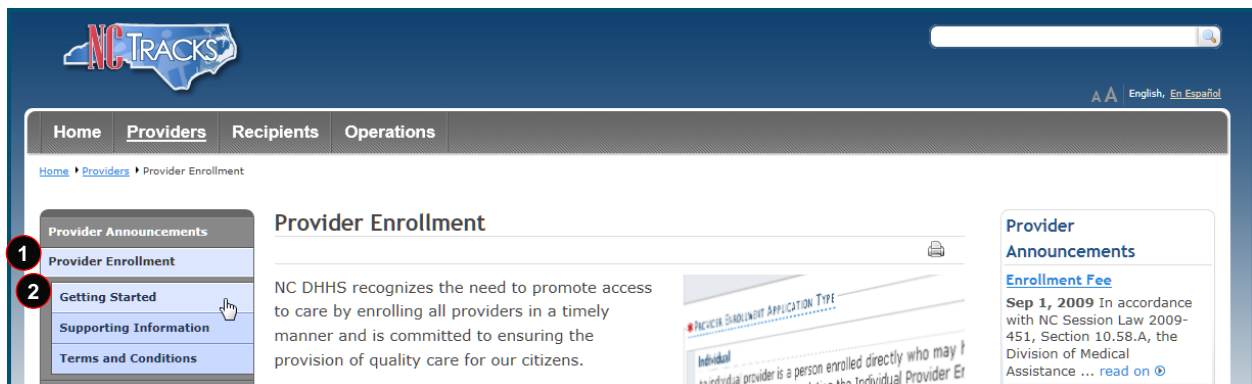


Exhibit 2. Public Provider Screen

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

Getting Started

Just getting started with NCTracks? Follow these easy steps to begin using the new system.

Step 1 – All Users must have an NCID

- If you do not have an NCID, go to ncid.nc.gov and click on Register!

Step 2 – Identify the Office Administrator

- The Office Administrator must be either an owner or a managing employee.
- An Office Administrator can be the Office Administrator for one or more NPIs.

Step 3 – Register with NCTracks

- 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 payment from NCTracks. See [NCTracks Step-by-Step Registration](#) for instructions on how to register.

Step 4 – Add Users and Assign User Access

- 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, front office staff may need access to recipient eligibility information, but may not be involved with submitting claims.
- 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.

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 [e-Signature Fact Sheet](#).

Step 6 – Distribute User PINs

- A personal Identification Number (PIN) is sent via email to the Office Administrator and all registered

Recommended Links

- [Sign Up for NCTracks Email Newsletter](#)
- [Attend Provider Training](#)
- [Get Answers to Frequently Asked Questions](#)
- [Instructions for Completing Common Provider Activities](#)
- [NCTracks Fact Sheets](#)
- [Provider Policies, Manuals, Guidelines, and Forms](#)
- [NCTracks Back to Basics \(PDF, 237 KB\)](#)

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. |

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. |

[Home](#)
[Providers](#)
[Recipients](#)
[Operations](#)

[Home](#)
[Providers](#)
[Provider Enrollment](#)

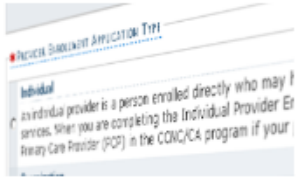
[Getting Started](#)
[Provider Communication](#)
[Frequently Asked Questions](#)
[Currently Enrolled Provider \(CEP\) Registration](#)
[Claims](#)
[Prior Approval](#)
[Provider Enrollment](#)

[Getting Started](#)
[Supporting Information](#)
[Terms and Conditions](#)
[Enrolled Practitioner Search](#)

[Provider Re-credentialing/Re-verification](#)
[Provider Policies, Manuals, Guidelines and Forms](#)
[Provider User Guides and Training](#)
[ICD-10](#)
[Dental Services](#)
[Pharmacy Services](#)
[Trading Partner Information](#)
[Office Administrator \(OA\) Change Process](#)

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.



The enrollment process includes credentialing, endorsement, and licensure verification. The CSRA Enrollment Team completes this verification to ensure that all providers meet the professional requirements and are in good standing. Once participation as a DHHS provider has been approved, providers are notified by email and may begin submitting claims to NC DHHS for services rendered.

The CSRA Enrollment Team cannot provide special consideration for processing of enrollment applications due to provider error, incomplete information, or due to a delay in obtaining credentialing, endorsement or licensure information from another agency.


Applicants must meet all program requirements and qualifications for which they are seeking enrollment before they can be enrolled as DHHS providers. Specific qualifications for each provider type are listed in the [Provider Permission Matrix](#).

If you have any questions regarding completion of the Provider Enrollment Online Application, please contact the CSRA Call Center by phone—800-688-6696, fax—855-710-1965, or email—NCTracksprovider@nctracks.com.


Getting Started

The Provider Enrollment Online Application is a user-friendly web application that gathers all the information needed to enroll you or your organization as a licensed Medicaid provider in North Carolina. The following information will help you get started with your application. [read on](#)

PDF documents on this page require the free [Adobe Reader](#) to view and print.



Status and Management
Securely manage existing enrollment records



Begin Application
Start your own Provider Enrollment Online Application

Fingerprinting Information Page

This page includes a list of answers to frequently asked questions (FAQs) and other resources regarding provider fingerprint-based criminal background checks. [read on](#)

Contact


CSRA Call Center
Provider Enrollment
2610 Wycliff Road, Suite 100
Raleigh, NC 27607
Work: 800-688-6696
Fax: 855-710-1965
E-Mail: NCTracksprovider@nctracks.com

Quick Links

- [Provider Enrollment Frequently Asked Questions \(FAQs\)](#)
- [Provider Permission Matrix \(XLSX, 938 KB\)](#)
- [Provider Permission Matrix Instructions \(PDF, 540 KB\)](#)
- [FAQs re Enrollment of Attending, Rendering, Ordering, Prescribing, and Referring Providers](#)

Exhibit 5. Public Provider Home Screen – Begin Application Option

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



[Home](#)
[NCTracks Provider Portal Login](#)

[English](#)
[Español](#)

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 implementing Multi-Factor Authentication (MFA) updates. Please complete the following steps to update your NCID profile by **Sept. 6, 2024**, in advance of the MFA updates:

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

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

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

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

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

If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at **919-754-6000** or **800-722-3946**.

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

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

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

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


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

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

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

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

3

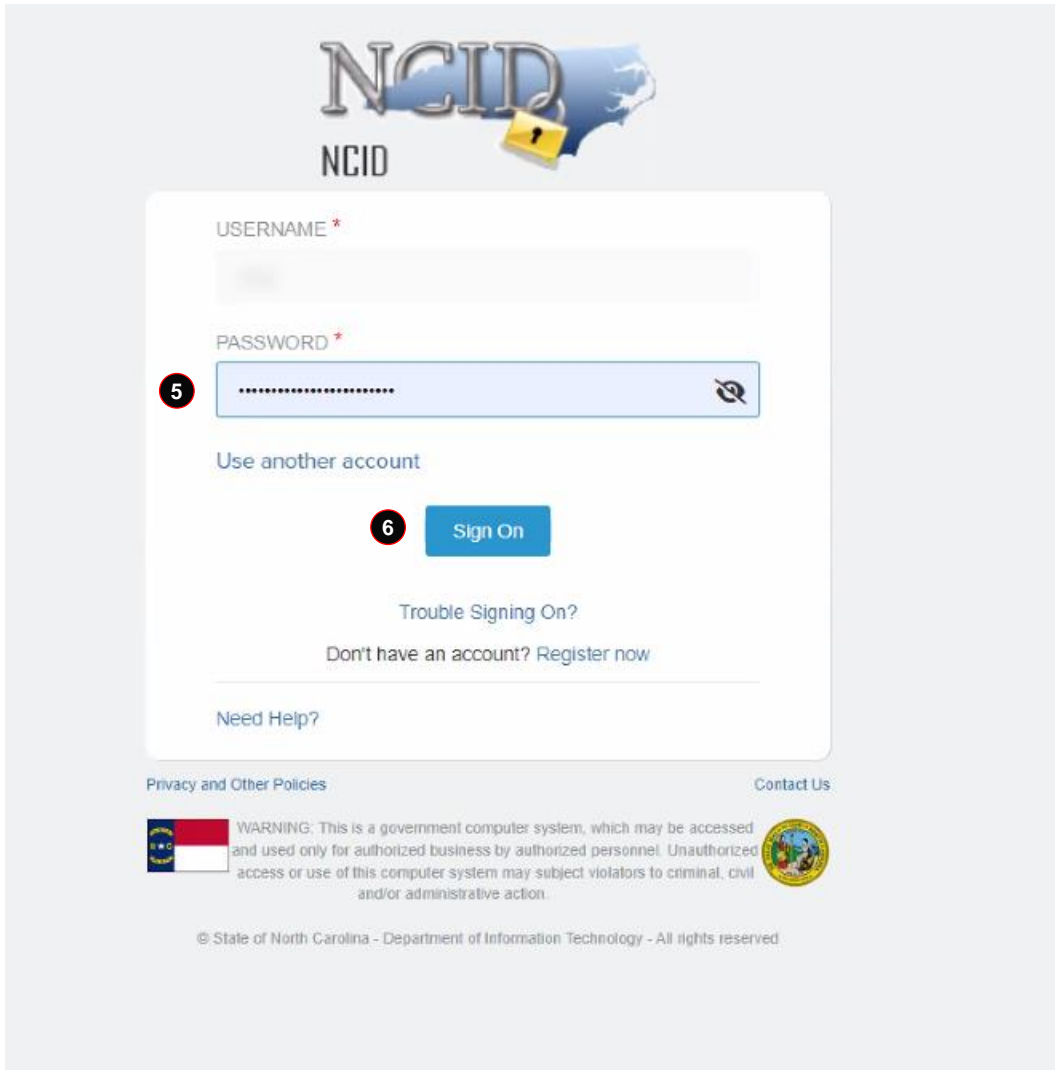


Provider Enrollment Login

Start your own Provider Enrollment Online Application

| Step | Action |
|------|---|
| 3 | Select the Provider Enrollment Login button. |

| Step | Action |
|------|---|
| 4 | <p>User ID: Enter your NCID username.</p> <p>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.</p> |



The image shows the NCID login screen. At the top, there is a logo with the text 'NCID' and a graphic of a map of North Carolina with a yellow padlock. Below the logo, there is a login form with two input fields: 'USERNAME' and 'PASSWORD'. The 'PASSWORD' field is highlighted with a red circle and the number '5'. Below the password field, there is a link 'Use another account'. Below that, there is a blue button labeled 'Sign On' with a red circle and the number '6' next to it. Below the button, there are links for 'Trouble Signing On?', 'Don't have an account? Register now', and 'Need Help?'. At the bottom of the form, there are links for 'Privacy and Other Policies' and 'Contact Us'. Below the form, there is a warning message: 'WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.' To the left of the warning is the North Carolina state flag, and to the right is the North Carolina Department of Health and Human Services logo. At the very bottom, there is a copyright notice: '© State of North Carolina - Department of Information Technology - All rights reserved.'

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.

Online Provider Enrollment Application

★ indicates a required field

Legend

PROVIDER LOCATION

Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border, or Out-of-State enrollment.

6 ★ ZIP Code:

PROVIDER ENROLLMENT APPLICATION TYPE

7

INDIVIDUAL PROVIDERS

INDIVIDUAL FULL ENROLLMENT

☐ An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services. When you are completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

ATYPICAL INDIVIDUAL

☐ Are you an atypical individual? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

MEDICARE ONLY LITE PROVIDER

☐ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and insurance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

ORDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION

☐ With the implementation of section 5405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410).

OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION

☐ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

ORGANIZATION PROVIDERS

ORGANIZATION FULL ENROLLMENT

☐ An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

ATYPICAL ORGANIZATION

☐ Are you an atypical organization? As defined by CMS: Atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

MEDICARE ONLY LITE PROVIDER

☐ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and insurance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION

☐ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

BILLING AGENT PROVIDERS

8 Please be sure to fill in all required fields with the information requested.

Next >

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.

1

IDENTIFYING INFORMATION

Organization Name:

EIN: 00-0000000

NPI: 0000000000

Email:

Month of Fiscal Year End: -- Select One --

2

DOING BUSINESS AS (DBA)

Do you operate under a trade or company name?

Yes
No

DBA Information

DBA Name:

Years Doing Business Under This Name:

3

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

Last Name:
First Name:
Middle Name:
Suffix: -- Select One --

Contact Email:

Office Phone #: (000) 000-0000 ext.
Office Fax #: (000) 000-0000

User ID (NCID):

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

4

Is this contact person an Owner or Managing Employee?

Owner
Managing Employee

5

EFFECTIVE DATE REQUESTED

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

Note: CCNC/CA participation effective date may not be retroactively requested.

Effective Date:

6

Exhibit 8. Organization Basic Information Screen

| Step | Action |
|------|--|
| 1 | Identifying Information: Enter Organization Name , EIN , NPI , Email , and Month of Fiscal Year End . |
| 2 | <p>Doing Business As (DBA): Select Yes or No to the question: "Do you operate under a trade or company name?"</p> <ul style="list-style-type: none"> 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. <p>Note: The Organization Name and DBA Name fields only allow the following characters:</p> <ul style="list-style-type: none"> 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.

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

NOTE: Data is not saved unless the 'Next' button is activated.
Contact CSRA Call center

- Individual Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Addresses
- Review Application

Health / Benefit Plan Selection

* indicates a required field

Which NC DHHS Health Plan(s) are you applying for at this time?
What are the qualifications and requirements for the NC DHHS Health Plans?
See [Provider Permission Matrix](#).

DIVISION OF HEALTH BENEFITS, DIVISION OF PUBLIC HEALTH, OFFICE OF RURAL HEALTH

Please select any coverage types for which you wish to enroll by checking the corresponding box.

If you are a Behavioral Health provider intending to contract with a Local Management Entity-Managed Care Organization (LME-MCO), contact the LME-MCO before completing an application in NCTracks. Enrollment in Medicaid does not guarantee a contract with a LME-MCO.

If applying for Medicaid, a \$100 NC Application fee will be required. Upon application submission, you will be directed to Paypoint to make the payment.

NC Session Law 2022-74 eliminates NC Health Choice and moves beneficiaries to Medicaid. Effective April 1, 2023, Medicaid is the only NC DHHS health plan offered by DHB.

Division of Health Benefits (DHB)

☒ Medicaid

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 Next

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

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

enrollment Ap...

Addresses

* indicates a required field

PRIMARY PHYSICAL LOCATION

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

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 Address

Exhibit 11. Addresses Screen #1

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

2 *** Servicing Counties**

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

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> NEW HANOVER | <input type="checkbox"/> NORTHAMPTON | <input type="checkbox"/> ONSLOW | <input type="checkbox"/> ORANGE |
| <input type="checkbox"/> PAMLICO | <input type="checkbox"/> PASQUOTANK | <input type="checkbox"/> PENDER | <input type="checkbox"/> PERQUIMANS |
| <input type="checkbox"/> PERSON | <input type="checkbox"/> PITT | <input type="checkbox"/> POLK | <input type="checkbox"/> RANDOLPH |
| <input type="checkbox"/> RICHMOND | <input type="checkbox"/> ROBESON | <input type="checkbox"/> ROCKINGHAM | <input type="checkbox"/> ROWAN |
| <input type="checkbox"/> RUTHERFORD | <input type="checkbox"/> SAMPSON | <input type="checkbox"/> SCOTLAND | <input type="checkbox"/> STANLY |
| <input type="checkbox"/> STOKES | <input type="checkbox"/> SURRY | <input type="checkbox"/> SWAIN | <input type="checkbox"/> TRANSYLVANIA |
| <input type="checkbox"/> TYRRELL | <input type="checkbox"/> UNION | <input type="checkbox"/> VANCE | <input type="checkbox"/> WAKE |
| <input type="checkbox"/> WARREN | <input type="checkbox"/> WASHINGTON | <input type="checkbox"/> WATAUGA | <input type="checkbox"/> WAYNE |
| <input type="checkbox"/> WILKES | <input type="checkbox"/> WILSON | <input type="checkbox"/> YADKIN | <input type="checkbox"/> YANCEY |

3 **1099 REPORTING/PAY-TO ADDRESS**

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

*** Do you have a separate Pay-To address?**

☐ Yes ☐ No

4 **CORRESPONDENCE ADDRESS**

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

*** Do you have a separate correspondence address?**

☐ Yes ☐ No

SERVICE LOCATIONS

*** Do you have additional service locations?**

☐ Yes ☐ No

Exhibit 12. Addresses Screen #2

| Step | Action |
|------|---|
| 2 | Servicing Counties: Not applicable for Out-of-State enrollment. |
| 3 | 1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select Yes or No . Note: All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address. |
| 4 | Correspondence Address: Do you have a separate correspondence address?: Select Yes or No . |

5 SERVICE LOCATIONS

* Do you have additional service locations?
☒ Yes ☐ No

Service Locations

Add Service Locations

Please complete all the required fields and click the **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

Verify Address

6 Add Clear

7 Next

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

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.

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.

Accreditation

★ indicates a required field

Legend

Service Locations

| Select | Location | Form Status |
|--------------------------|----------|-------------|
| <input type="checkbox"/> | | Incomplete |
| <input type="checkbox"/> | | Incomplete |
| <input type="checkbox"/> | | Incomplete |

To complete information for each service location, select the appropriate location then click the "Edit Location" button.

Edit Location

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 . |

Accreditation: 261QB0400X - Birthing

To complete information for this location, fill out this form section then click 'Save Location' in lower right.

Please provide certification, license, accreditation, and endorsement information that qualifies you to render services.

ACREDITATIONS

If one or more accreditations is required for your taxonomy, enter the accreditations required fields and click the Add button.

Taxonomy 261QB0400X - Birthing requires the following Accreditation Type:

- Commission for Accreditation of Free-standing Birthing Centers

ACCREDITATION - COMMISSION FOR ACCREDITATION OF FREE-STANDING BIRTHING CENTERS

Accreditation Type: Commission for Accreditation of Free-standing Birthing Centers

★ Accreditation #:

★ Effective Date:

Expiration Date:

Copy this accreditation to all service locations: ☐

Add Clear

CERTIFICATIONS

If one or more certifications is required for your taxonomy, enter the certifications required fields and click the Add button.

Taxonomy 261QF0036X - Family Planning, Non-Surgical requires the following Certification Type:

- Planned Parenthood Agency By Planned Parenthood Federation of America

CERTIFICATION - PLANNED PARENTHOOD AGENCY BY PLANNED PARENTHOOD FEDERATION OF AMERICA

Certification Type: Planned Parenthood Agency

Certifying Entity: Planned Parenthood Federation of America

★ State:

★ Certification #:

★ Effective Date:

Expiration Date:

Copy this certification to all service locations: ☐

Add Clear

Exhibit 16. Accreditation Screen #2

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

Exhibit 17. Accreditation Screen #3

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

3.11 METHOD OF CLAIM/ELECTRONIC SUBMISSION SCREEN

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

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

3.12 ASSOCIATE BILLING AGENT SCREEN

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

3.13 EFT ACCOUNT INFORMATION SCREEN

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

3.14 EXCLUSION SANCTION INFORMATION SCREEN

Welcome, (Log out)

Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Trading Partner Payment Consent Forms Training

Provider Enrollment Ap...

Exclusion Sanction Information

* Indicates a required field

Legend

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents* in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- * An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- * All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each exclusion sanction question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution in addition to a written explanation of the supporting documentation.

1. A thorough written explanation signed by the subject of the offense if an individual or by the provider's Office Administrator if the subject of the offense is an organization of the occurrence and dated within 6 months of the application date, by the provider's Office Administrator, an owner or managing employee of the occurrence including references to the infraction/conviction date(s) entered and the resolution.
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 deemed incomplete.

Exclusion Sanction Supporting Documentation [Job Aid/FAQ](#)

* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?

☐ Yes ☐ No

* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?

☐ Yes ☐ No

* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?

☐ Yes ☐ No

* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?

☐ Yes ☐ No

* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?

☐ Yes ☐ No

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?

☐ Yes ☐ No

* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?

☐ Yes ☐ No

* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?

☐ Yes ☐ No

* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

☐ Yes ☐ No

* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?

☐ Yes ☐ No

* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?

☐ Yes ☐ No

* L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?

☐ Yes ☐ No

* M. Has the enrolling provider ever practiced without liability coverage?

☐ Yes ☐ No

* N. Does the enrolling provider have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?

☐ Yes ☐ No

* O. Has the enrolling providers hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?

☐ Yes ☐ No

* P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?

☐ Yes ☐ No

Previous Next

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

Exhibit 18. Exclusion Sanction Information Screen

| Step | Action |
|------|---|
| 1 | <p>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.</p> <p>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.</p> <p>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).</p> <p>Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.</p> |

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.

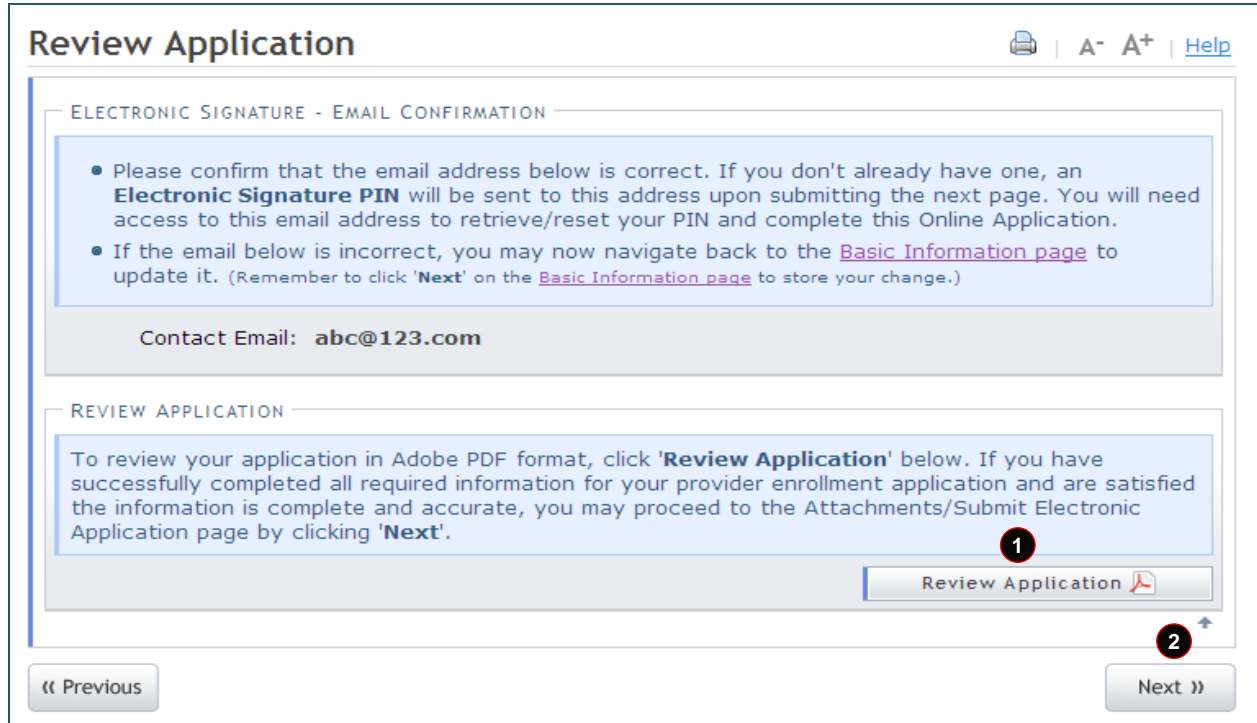


Exhibit 19. Review Application Screen

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

3.16 SIGN AND SUBMIT ELECTRONIC APPLICATION SCREEN

The **Sign and Submit Electronic Application** screen allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the application.

Exhibit 20. Sign and Submit Electronic Application Screen

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

3.17 FINAL STEPS SCREEN

The **Final Steps** screen informs you that the application submission is complete. This screen also contains the final steps that you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application.

Final Steps

* Indicates a required field

Legend

ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.
Please save/print the following documents for your records

- Online Application
- Cover Sheet

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

ELECTRONIC ATTACHMENTS

If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

Upload Documents

Return to [Provider Enrollment Status and Management Home](#)

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

* Indicates a required field

Legend

Quick Links

[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:

- Click the Browse button.
- Locate the file and Add. Note: The file name will display to the right of the Browse button.
- Click the Upload File button to submit the file to NCTracks.
- 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.

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. Upload Documents Screen – Printer Icon

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

3.19 STATUS AND MANAGEMENT SCREEN

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

The **Status and Management** screen allows the provider to manage all of their enrollment information for the application process, such as submitted applications; saved applications; MCRs; and Re-verification, Re-enrollment, Fingerprinting Required, and Maintain Eligibility applications.

The status of all submitted applications displays on this screen, allowing the provider to determine if their application is in review, has been abandoned or returned, or has an approved status.

From the **Submitted Applications** section, providers can pay application required fees by selecting the **Pay Now** hyperlink; withdraw a previously submitted application by selecting the **Withdraw** hyperlink; or upload supporting documents, when requested, by selecting the **Upload Documents** hyperlink. Additionally, CSRA uses the **Submitted Applications** section to advise providers of incomplete applications.

CSRA may return an application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which contains details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** screen and withdraw the application. The provider can also respond to the Application Incomplete letter advising that the information is incorrect and requesting that CSRA withdraw the application. If CSRA withdraws the application, the Application Withdrawal letter is sent to the Message Center Inbox. Withdrawal letters for initial enrollment applications will be sent to the OA’s e-mail address.

Applications withdrawn by CSRA or the provider will have a “Withdrawn” status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by a withdrawn letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

Status Management

* indicates a required field

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

1 SUBMITTED APPLICATIONS

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

2 SAVED APPLICATIONS

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

| Select | NPI/Atypical ID | Name | ZIP Code | Application Type | Application Create Date | Last Saved |
|-----------------------|-----------------|------|----------|-----------------------|-------------------------|------------|
| <input type="radio"/> | | | | Re-verification | 02/11/2011 | 02/11/2011 |
| <input type="radio"/> | | | | Manage Change Request | 02/11/2011 | 02/11/2011 |

[Resume](#)

3 RE-ENROLL

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

| Select | NPI/Atypical ID | Name | ZIP Code | Termination Date |
|-----------------------|-----------------|------|------------|------------------|
| <input type="radio"/> | | | 27609-4916 | 01/25/2011 |
| <input type="radio"/> | | | 27607-3073 | 01/25/2011 |

[Submit](#)

Exhibit 24. Status and Management Screen #1

| Step | Action |
|------|--|
| 1 | <p>Submitted Applications: Allows you to view the status of a submitted provider enrollment application.</p> <ul style="list-style-type: none"> 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 |
|------|---|
| | <ul style="list-style-type: none"> • 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. |

4

MANAGE CHANGE REQUEST

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

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

Update

Exhibit 25. Status and Management Screen #2

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

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*.

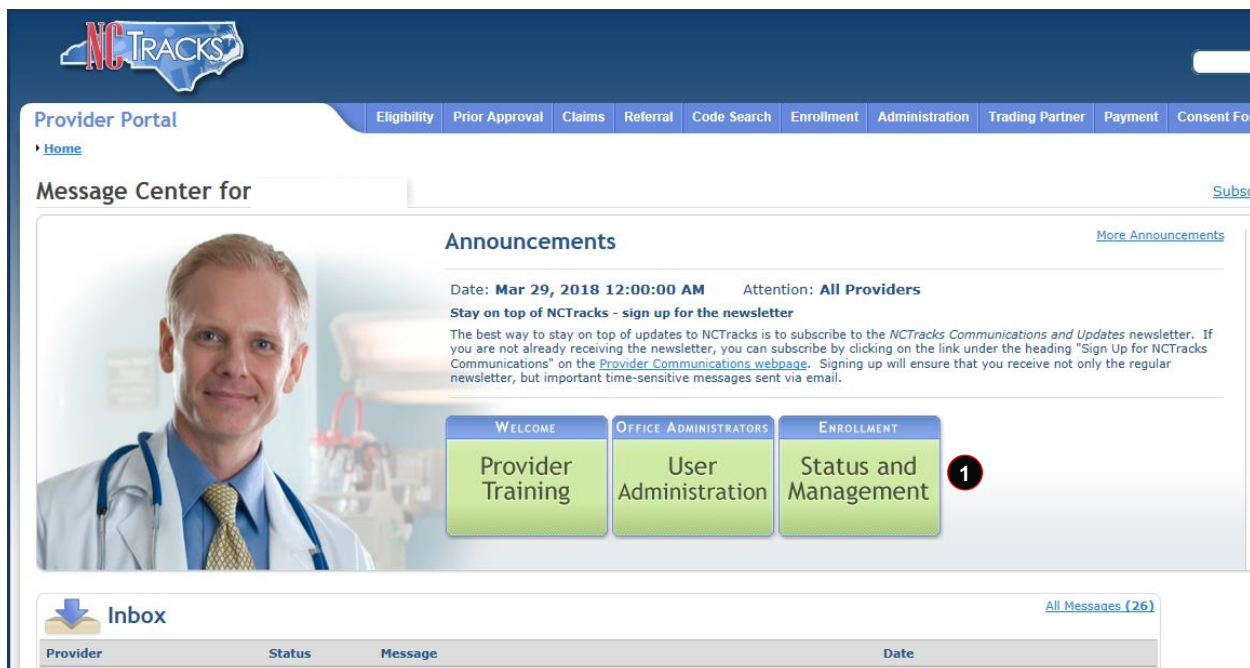


Exhibit 26. Provider Portal Home Screen

| Step | Action |
|------|---|
| 1 | <p>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.</p> <p>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.</p> |

| Step | Action |
|------|---|
| | Note: For more information on the Abbreviated MCR options, refer to the Participant User Guide PRV 563 <i>Abbreviated Manage Change Request Applications</i> . |

MANAGE CHANGE REQUEST

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

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

Update

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. |

Requested Manage Change Request Type

MANAGE CHANGE REQUEST TYPE

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

NPI/Atypical ID:

Name:

☐ Provider back-dating

☒ Update Electronic Funds Transfer (EFT) Account Information

☐ Add/Update Affiliations

☐ Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information

☐ Complete multiple changes or review your complete provider record

Please have all information available, this application must be completed in one session.

Update

Exhibit 28. Requested Manage Change Request Type Screen

| Step | Action |
|------|---|
| 1 | <p>Select the Manage Change Request Type. This field specifies the type of abbreviated MCR application to be submitted. The available options are:</p> <ul style="list-style-type: none"> Provider Back-dating: Select this option if you want to submit a request to back-date the effective begin date of all or specific health plans, service locations, taxonomy codes, or services (if applicable). Note: This application type is not available to OOS Lite providers. OOS Full providers should refer to Job Aid PRV 702 <i>Request to Back-date Enrollment Effective Dates</i> for more details. Update Electronic Funds Transfer (EFT) Account Information: Select this option if you want to update your EFT bank account information. If you do not see this option, you are listed in NCTracks as an individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the Complete multiple changes or review your complete provider record option to complete a full MCR. Please have EFT account information available; this application must be completed in one session. Note: The Update EFT Account Information abbreviated MCR cannot be completed by an Enrollment Specialist. Add/Update Affiliations: Select this option if you are an individual provider who wants to add or end-date an affiliation to an organization/group. If you do not see this option, you are listed in NCTracks as an organization provider. The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider. Please have affiliation information available; this application must be completed in one session. Note: The Add/Update Affiliations option displays only when the provider is an individual provider. Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information: Select this option if you want to change how you will be submitting/receiving claims and electronic transactions OR if you want to add or end-date your association with a billing agent. If you do not see this option, you are listed in NCTracks as an individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the Complete multiple changes or review your complete provider record option to complete a full MCR. Please have information available; this application must be completed in one session. Complete multiple changes or review your complete provider record: Select this option if you want to make any update not listed. When you select this option, you will complete a full MCR application. Note: If you are an Enrollment Specialist and you need to update EFT information, use this option. Note: Refer to the Participant User Guide PRV111 <i>Provider Web Portal Applications</i> or the Participant User Guide PRV 562 <i>Enrollment Specialists</i> 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.

Organization Basic Information

* indicates a required field

Log

IDENTIFYING INFORMATION

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

Organization Name:

EIN: NPI/Atypical Provider ID:

* Email: * Month of Fiscal Year End:

DOING BUSINESS AS (DBA)

* Do you operate under a trade or company name?

☒ Yes ☐ No

DBA Information

* DBA Name:

* Years Doing Business Under This Name:

Ownership Information

* Business Type:

Out of State Enrollment

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

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the populated below.

* Last Name: * First Name:

Middle Name: Suffix:

(Enter your full middle name)

* Contact Email:

* Office Phone #: (919) 123-2132 ext. Office Fax #: (000) 000-0000

* User ID (NCID):

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

* Is this contact person an Owner or Managing Employee?

☒ Owner ☐ Managing Employee

Please be sure to complete all

Exhibit 29. Organization Basic Information Screen

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

4.4 TERMS AND CONDITIONS SCREEN

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

4.5 OWNERSHIP INFORMATION SCREEN

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

Exhibit 30. Ownership Information Screen #1

| Step | Action |
|------|--|
| 1 | Select Yes or No to the question: "Do you have one or more Shareholders/Partners with 5% or more ownership?" |
| Note | If Yes is selected, proceed to the next section. |

Exhibit 31. Ownership Information Screen #2

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

Ownership Information

* Indicates a required field

* Do you have one or more Shareholders/Partners with 5% or more ownership?
☒ Yes ☐ No

SHAREHOLDER / PARTNER INFORMATION

Add Shareholder/Partner

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

* This shareholder/partner is:
☒ an individual ☐ a business

Individual Information

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

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

* Address Line 1:
 Address Line 2:
 * City:
 * State: * ZIP Code: 00000-0000

* Relationship to Another Disclosing Person: -- Select One -- * Percent of Ownership/Control Interest: %

* Begin Date: mm/dd/yyyy

Verify Address

Add Clear

Previous Next

Please be sure to complete required fields with valid content.

Exhibit 32. Ownership Information Screen #3

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

Exhibit 33. Ownership Information Screen #4

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

4.6 AGENTS/MANAGING EMPLOYEES SCREEN

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

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

Agents and Managing Employees

* indicates a required field

AA Help

Legend

RELATIONSHIP DISCLOSURE

As required by 42 CFR 1002.3, providers must disclose the following for each individual officer, managing employee, director, board member, and Electronic Funds Transfer (EFT) authorized individual.

Failure to provide the required information may result in a denial for participation.

* Does the applicant have any agent(s) and/or managing employee(s)?

☒ Yes ☐ No

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

Managing Relationships

Please add all managing relationships below.

Add Relationship

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

* Last Name:

Middle Name:

(Enter your full middle name)

* Date of Birth:

* Email:

* Business Relationship:

* First Name:

Suffix:

* SSN:

* Phone Number:

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

* Address Line 1:

Address Line 2:

* City:

* State:

* ZIP Code:

Verify Address

Add Clear

Exhibit 34. Agents and Managing Employees Screen

| Step | Action |
|------|--|
| 1 | Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)? Select Yes or No ; if Yes , the Managing Relationships section displays. |
| 2 | In the Add Relationship section: <ul style="list-style-type: none"> 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 or reprint application documents.

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

1 APPLICATION FEE REQUIRED

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

[Pay Now](#)

[Return to Provider Enrollment Status and Management Home](#)

Exhibit 35. Final Steps Screen

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

4.9 MANAGE CHANGE REQUEST APPLICATION APPROVAL LETTER

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

Provider Portal

Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Message Center for [Redacted]

Announcements

Date: **Nov 27, 2018 12:00:00 AM** Attention: **All Providers**

The Health Insurance Marketplace serves people who don't get health coverage from their job. Factsheets on the Marketplace are available in [English](#) and [Spanish](#) to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

Quick Links

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Health Benefits](#)
- [DHB \(Health Check\)](#)
- [DMH/DD/SAS](#)
- [Division of Public Health](#)
- [Office of Rural Health](#)
- [Provider Training](#)

Inbox

| Provider | Status | Message | Date |
|------------|--------|---|---------------------|
| 1992825848 | Read | Prior Approval Record Assigned For Review | 11/12/2019 11:55 am |
| 1992825848 | Read | Submitted Prior Approval Record | 11/12/2019 11:44 am |
| 1659493492 | Unread | Prior Approval Record Assigned For Review | 11/12/2019 11:33 am |
| 1659493492 | Read | Prior Approval Record Assigned For Review | 11/12/2019 11:10 am |

ICD-10 News

- [Taking Advantage of CMS Resources](#) - Nov 18, 2013 12:00:00 AM
- [Just in time for Halloween - an ICD-10 Vampire Detector](#) - Oct 3, 2013 12:00:00 AM
- [RAMP UP to ICD-10: Mapping](#) - Sep 18, 2013 12:00:00 AM
- [Revenge of the grilled corn](#) - Sep 13, 2013 12:00:00 AM

Exhibit 36. Provider Message Center Inbox

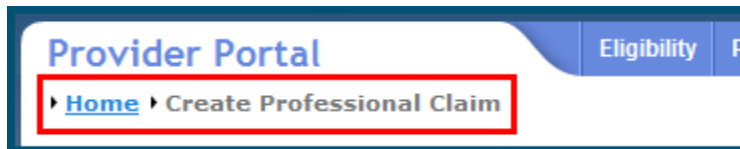
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Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

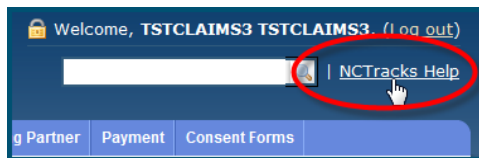
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



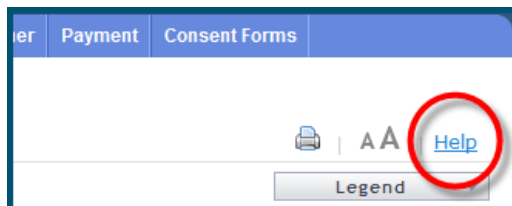
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



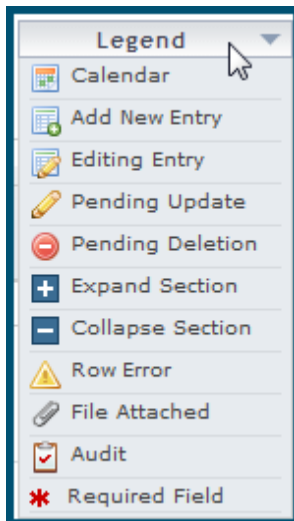
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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



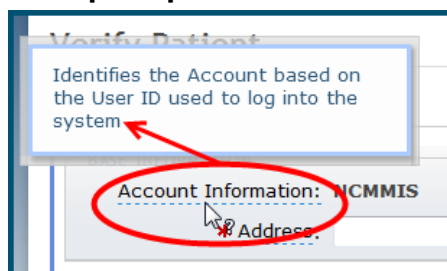
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help

A screenshot of a form titled 'PATIENT INFORMATION'. It contains fields for '* Recipient ID:', '* SSN:', '* Date of Birth:', 'Date of Service', '* From:', and '* To:'. A red circle highlights a question mark icon in the top right corner of the form, which is the Data/Section Group Help icon. A red arrow points from this icon to a larger question mark icon in a separate box.

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

Tooltip Help



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


Addendum B. PayPoint Process

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

The screenshot shows the 'Provider Enrollment' screen in the PayPoint system. At the top left is the 'NCTracks' logo. Below it is a language dropdown set to 'English'. The main heading is 'Provider Enrollment'. Underneath is the 'Payment Method' section. A red circle with the number '1' is placed next to the 'Pay by electronic check' radio button. The 'Pay by electronic check' option is selected. Below it is a dropdown for 'Account Type' set to 'Personal'. There are also 'Pay by credit card' and 'Pay by credit card' options with Visa and Mastercard logos. At the bottom of the form are 'Back', 'Next', and 'Exit' buttons. A small note at the bottom left states: 'All trademarks, service marks and trade names used in this material are the property of their respective owners.' At the bottom right, it says 'Powered by PayPoint®'.

Exhibit 37. PayPoint Screen

| Step | Action |
|------|--|
| 1 | <p>Select Pay by electronic check or Pay by credit card.</p> <ul style="list-style-type: none"> 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. |



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:
 E-Mail:
- #### Payment Details


*Payment Amount: 100.00 USD
- #### Payment Method

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

 * Enter the above code: N2U93
[Can't read? Try a different code.](#)

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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 . |



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: Select State
*Zip:
Phone:
E-Mail:
- #### Payment Details

*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.
- #### Payment Method

*Name On Account:
*Account Number: [What's This?](#)
*Re-Type Account Number:
*Routing Number: [What's This?](#)
*Account Type: ☒ Checking ☐ Savings
-
-

Exhibit 39. PayPoint Payment Information – Pay by Check Screen

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



Provider Enrollment


Language: English ▼

Payment Review

Address

Billing Address:

Payment Method

Credit Card 

Payment Amount

Amount: 100.00 USD

Total: 100.00 USD

1

2

Back

Pay Now

Exit

All trademarks, service marks and trade names used in this material are the property of their respective owners.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. |

NCTracks Welcome, [User Name] (Log out) | [NCTracks Help](#)

Provider Portal | [Eligibility](#) | [Prior Approval](#) | [Claims](#) | [Referral](#) | [Code Search](#) | [Administration](#) | [Trading Partner](#) | [Payment](#) | [Consent Forms](#)

[Home](#) | [Provider Enrollment](#)

Contact Information

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

Phone: **800-688-6696**
Fax: **919-851-4014**
NCQHHSProvEnrol@cs.com

Quick Links

[Status and Management](#)
[Provider Enrollment Home](#)
[PE Supporting Information](#)
[PE Terms and Conditions](#)
[Provider Qualifications and Requirements Checklist](#)

Payment Confirmation

* Indicates a required field

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 received. Contact the CSRA Call Center at **800-688-6696** if you have any questions about this payment.

PAYMENT CONFIRMATION DETAILS

Confirmation Number: [Redacted]
NPI/Atypical ID: [Redacted]
Provider Name: [Redacted]
Payment Amount: **\$100.00**

[Return to Provider Enrollment Status and Management Home](#)

Exhibit 41. PayPoint Payment Confirmation Screen

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