

**How to Change the Primary Physical Address in NCTracks**

**Overview:** This job aid provides step-by-step instructions for changing the primary physical address using the Manage Change Request process in the NCTracks.

	<p>For most providers, an update to NCTracks now allows providers to update the full address without end dating the primary physical address. <b>However, if you are an IN-STATE, BORDER and OUT OF STATE provider, please note that you will need to first, add a new service location. Once you have added the new service location and the Manage Change Request (MCR) is in a status of “Approved,” complete a second MCR to end-date the primary physical address.</b></p> <p><b><u>Do NOT end date the primary physical address until the new service location has been added, as this will terminate the provider record if it is the only service location on file.</u></b></p>
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## Logging into the Provider Portal

1. Navigate to [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
2. The following page will display. Click the Providers tab at the top of the page.

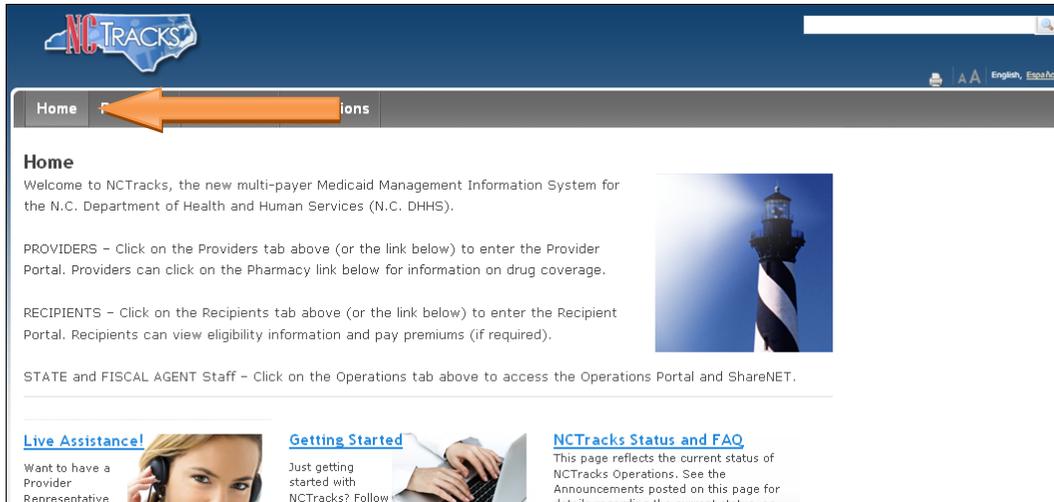


Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.

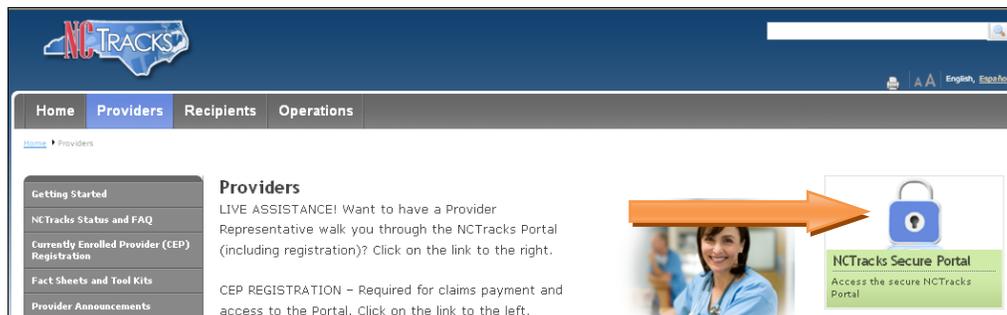


Figure 2: Providers Page

4. The following login screen will display. Enter the NCID and password and click the **Log in** button.

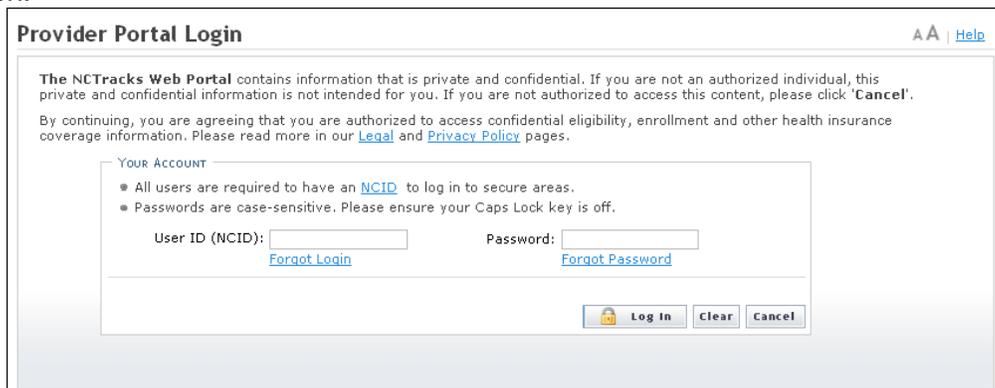


Figure 3: Provider Portal Login

## Accessing the Manage Change Request Application

5. The following Providers page will display. Click the **Status and Management** button.

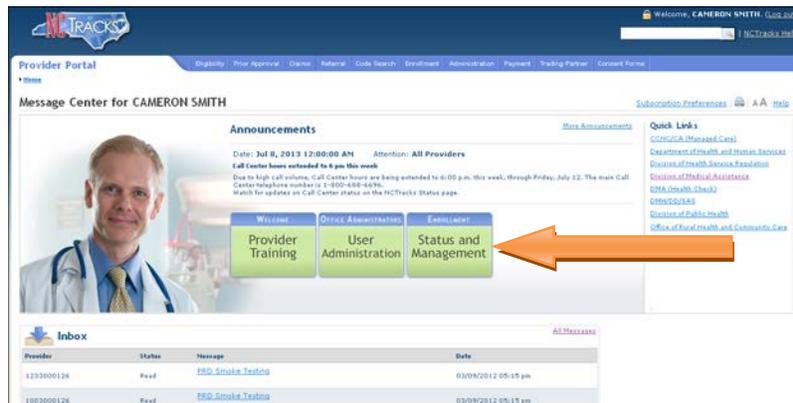


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 6 sections.

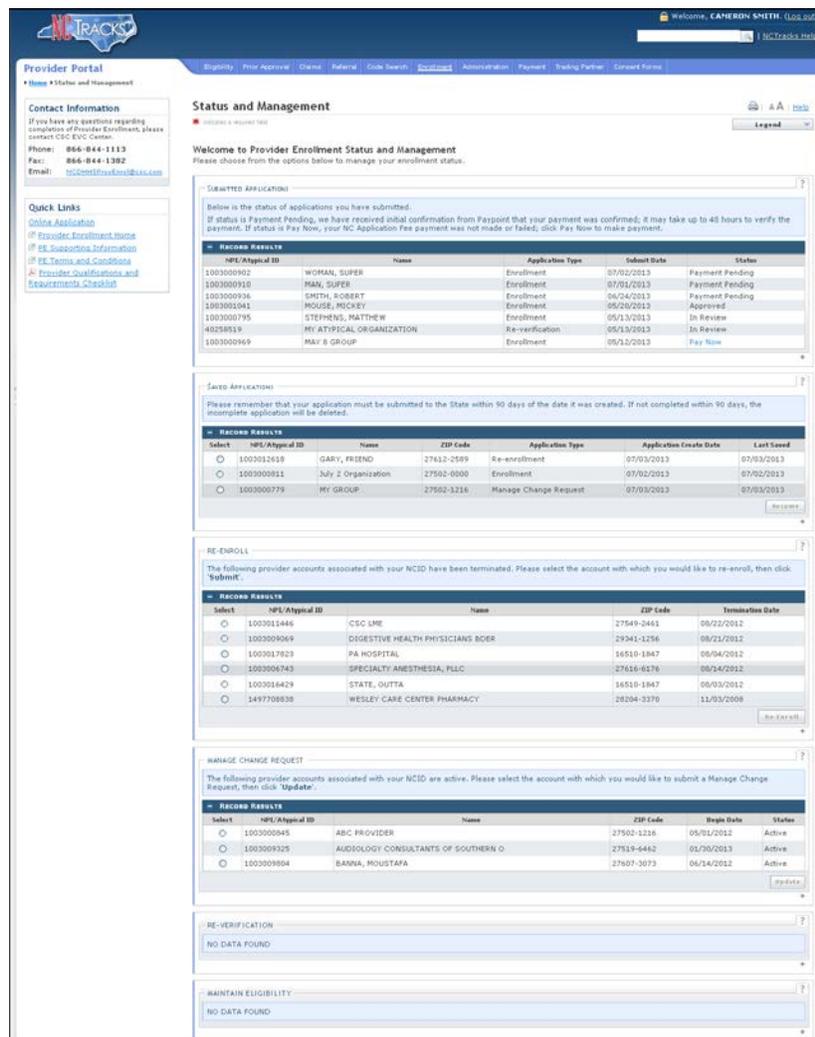


Figure 5: Status and Management Page

### Status and Management Sections

- **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. 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.
- **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
- **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
- **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
- To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.

 If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

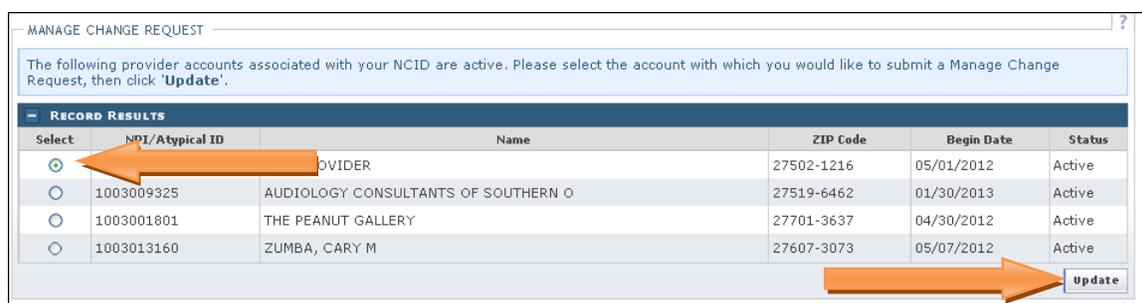


Figure 6: Select Manage Change Request

- The **Organization Basic Information** screen will display. The left hand side menu will display a list of topics.



Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Addresses** screen.

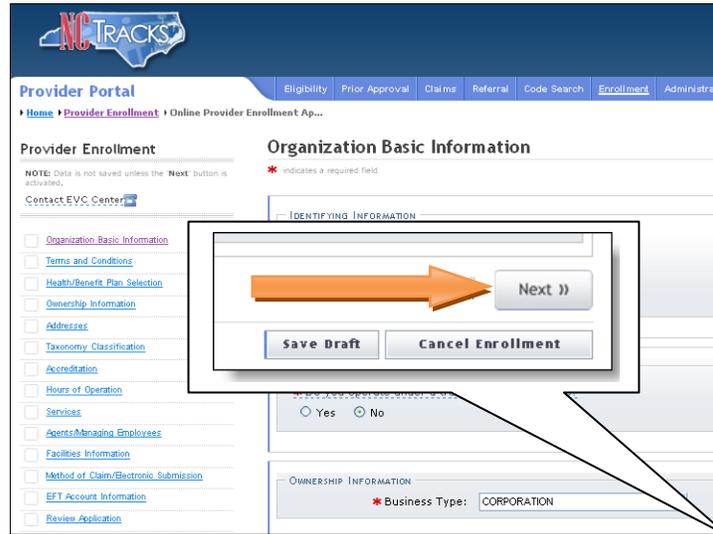


Figure 7: Organization Basic Information Page

- On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

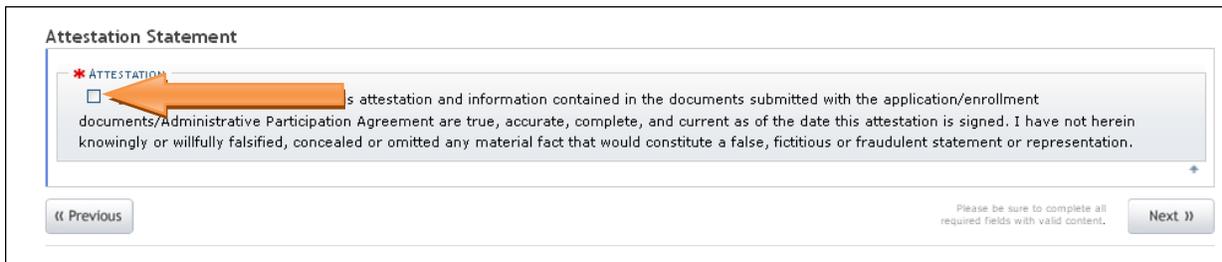


Figure 8: Attestation Statement

### Address Validation Enhancements



Before you begin, please read the following important address validation enhancement information.

During provider Initial Enrollment, Manage Change Request and Re-enrollment applications, a change has been made to the address validation for the following pages to allow the provider to continue the application even if the address is not deemed valid by the address verification:

- Addresses Page: Primary address and Servicing addresses only
- Preventive Ancillary Services Page: Lab addresses
- EFT page: Bank address
- Ownership Info Page: Owner's address

**Pay-To and Correspondence addresses must be deliverable and are excluded from the override.**

### Updating the Address

9. The following Addresses screen will display. Enter the new Office Phone (If different), Street Address, City, State and Zip Code. Click the Verify Address button.



**If the primary physical location is the only service location on your record, do NOT click the “End Date It” check box, as this will terminate the provider record.**



**If you are an IN-STATE, BORDER and OUT OF STATE provider, please note you will need to first add a new service location. Once the new service location has been added, and the Manage Change Request (MCR) is in a status of “Approved”, complete a second MCR to end-date the primary physical address.**

**Do NOT end date the primary physical address until the new service location has been added, as this will terminate the provider record if it is the only service location on file.**

The screenshot shows the 'Addresses' form with the following fields and annotations:

- Office Phone #:** (000) 000-0000 ext. [ ] (An orange arrow points to this field.)
- Office Fax #:** (000) 000-0000
- Address:**
  - \* Address Line 1:** [ ] (An orange arrow points to this field.)
  - Address Line 2:** [ ]
  - \* City:** CARY (An orange arrow points to this field.)
  - \* State:** NORTH CAROLIN (An orange arrow points to this dropdown menu.)
  - ZIP Code:** 27519-0000 (An orange arrow points to this field.)
  - County:** [ ]
  - End Date It:**  (An orange arrow points to this checkbox.)
- Verify Address:** [ ] (An orange arrow points to this button.)

Figure 9: Update Address Line 1

To ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the **Addresses** screen will refresh with the new address.

If the address does not match the USPS database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid. [Click here](#) to view some common errors with verifying the address.

The screenshot shows the 'Addresses' form with an error summary box. The error message states: 'Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.' One error is listed: 'Primary Location: Address is not a valid USPS deliverable address. Please review and correct the address. If this is your valid address, please select the 'Valid Address' checkbox below.' Below the error message, the 'PRIMARY PHYSICAL LOCATION' section is visible. It includes fields for Office Phone #, Office Fax #, Address Line 1, Address Line 2, City, State (set to NORTH CAROLINA), and ZIP Code. At the bottom of this section, there is a checkbox labeled 'I attest that the address location is a physical site location in which services are coordinated, rendered and medical records are housed.' An orange arrow points to this checkbox. A 'Verify Address' button is located at the bottom right of the form.

Figure 10: Override Error

10. Next, place a check-mark next to each servicing county.

The screenshot shows the 'Servicing Counties' form. It includes a note: 'Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.' Below the note is a table with four columns, each labeled 'County'. Each cell in the table contains a checkbox and the name of a North Carolina county. The counties listed are: ALAMANCE, ALEXANDER, ALLEGHANY, ANSON, ASHE, AVERY, BEAUFORT, BERTIE, BLADEN, BRUNSWICK, BUNCOMBE, BURKE, CABARRUS, CALDWELL, CAMDEN, CARTERET, CASWELL, CATAWBA, CHATHAM, CHEROKEE, CHOWAN, CLAY, CLEVELAND, COLUMBUS, CRAVEN, CUMBERLAND, CURRITUCK, DARE, DAVIDSON, DAVIE, and DUPLIN.

Figure 11: Select Counties

11. Next, if your organization has separate “Pay-To” or “Correspondence” addresses, select the appropriate options and enter the appropriate addresses. You will also need to click the **Verify Address** buttons for each of these options (if applicable). Click the Next button to continue.

 An orange square icon with a white exclamation mark inside a white triangle, indicating a warning or important note.	<p>Pay-To and Correspondence addresses must be deliverable. Therefore, to ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. If the address does not match the USPS database, the user will not be able to add the separate address.</p>
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## Common Errors When Updating the Address



If the address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.

Error Summary



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- ServiceLocation: Missing Apt/Suite Number

Figure 12: Error Message Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, “Suite” may be entered as “STE” or “Ste”.

You may also verify your address at the USPS website:

<https://tools.usps.com/go/ZipLookupAction!input.action>

**IMPORTANT:** The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

\* Does not require secondary range of numbers to follow the abbreviation

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

 If the street name is not a recognized by USPS, it may result in the following error message. Double-check the formatting and spelling of the street name.

**Error Summary**



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Primary Location: Address Not Found](#)

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 #:

Begin Date:   End Date It

Address

\* Address Line 1:

Address Line 2:

\* City: APEX \* State: NC

ZIP Code: 27502-2149 County: Wake

Figure 13: Error Message Address Not Found

 If the street name is valid, but the address numbers are not recognized, it may result in the following error message. Double-check the address numbers.

**Error Summary**



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Pay-To Address: Address Not Deliverable](#)

Figure 14: Error Message Address Not Deliverable

## Completing the Manage Change Request

- Continue to click the next button through the Change Request application until you reach the Terms and Conditions page.

The **Save Draft** button will only save your progress and will not submit the Change Request for processing.



Figure 15: EFT Account Information Click Next

- The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

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

Figure 16: EFT Review Application

14. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the **PIN** number and click the **Submit Now** button.

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

Welcome, CAMERON SMITH. (Log out) | NCTracks Help

**Provider Enrollment** | Home | Provider Enrollment | Online Provider Enrollment Ap...

**Sign and Submit Electronic Application**

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCNC/CA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

**ELECTRONIC SIGNATURE CONFIRMATION**

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#) \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

**REQUIRED ATTACHMENTS**

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

**ELECTRONIC ATTACHMENTS**

Please attach no more than **10 files** for a total of **25 MB** or less.

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).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

**Note:** If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

Figure 17: Sign and Submit

## Tips for Navigating the Mange Change Request Application



All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click Next through those sections.

**Error Summary**

**Please fix the following errors before you proceed.**

- **Please complete all pages in this application before proceeding.**

Figure 18: Error - Complete all Pages in the Application

Figure 19: Review Application - Incomplete Pages