

How to Affiliate an Individual Provider Record to a Group/Organization in NCTracks

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Overview

The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider In NCTracks system, the affiliation is managed by the Individual providers using the Manage Change Request process. This guide provides step-by-step instructions for affiliating an individual provider record to an organization/group provider record in NCTracks.

	<p>Certain types of changes will route the application to CSRA for review and approval. For example, adding taxonomy will require credentialing. Adding a new managing employee requires that a background investigation be completed.</p> <p>The provider affiliation process is an automatic process that will NOT route the application to CSRA as long as no other changes are made to the application.</p>
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Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov
2. The following page will display. Click the Providers tab at the top of the page.

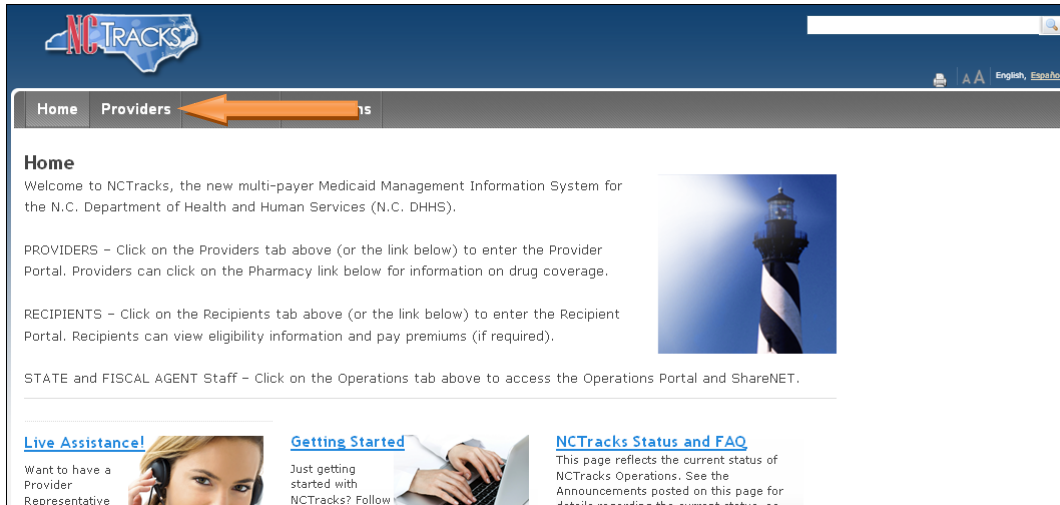


Figure 1: NCTracks Home

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

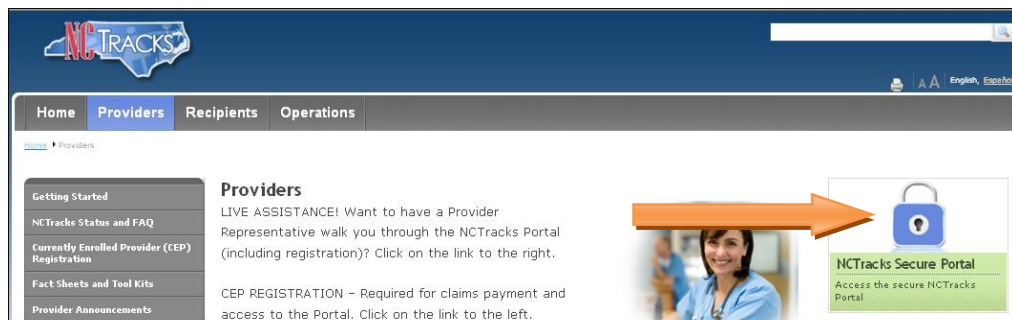


Figure 2: Providers Page

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

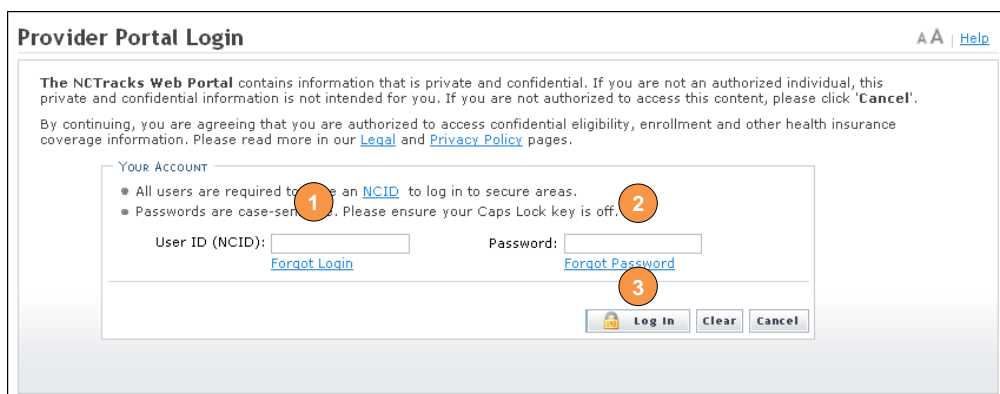


Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

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

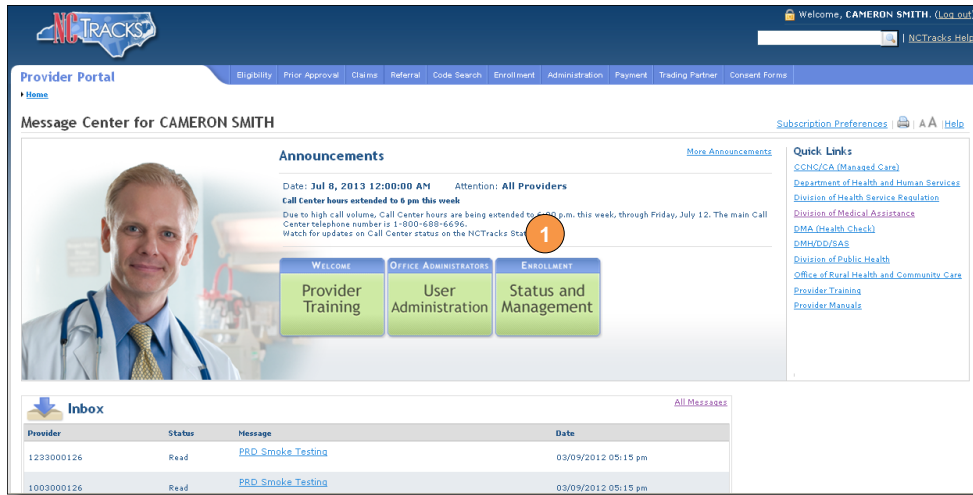


Figure 4: Select Status and Management

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

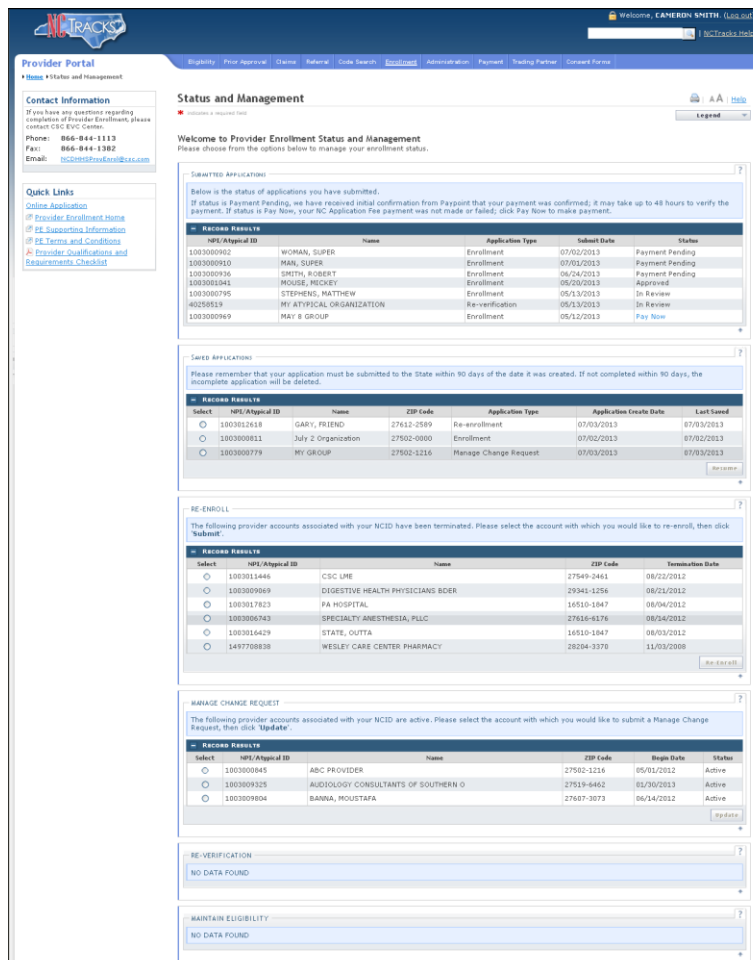


Figure 5: Status and Management Page

Status and Management Sections

Submitted Applications: Displays a list of applications that have been previously submitted.

Saved Applications: Displays a list of applications 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. It will also be deleted if the Fiscal Agent Operations (CSRA) makes a change to the provider record. If this occurs, you will receive notification message when attempting to resume the application.


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.

1. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed.
2. Next, click the **Update** button.




If the Manage Change Request section reads **NO DATA FOUND**, 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.

MANAGE CHANGE REQUEST						
The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.						
RECORD RESULTS						
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status	
<input checked="" type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active	
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active	
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active	
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Ac	

Figure 6: Select Manage Change Request

- The **Individual Basic Information** screen will display. Click the “Next” button to continue.



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 **Affiliate Provider Information** screen.

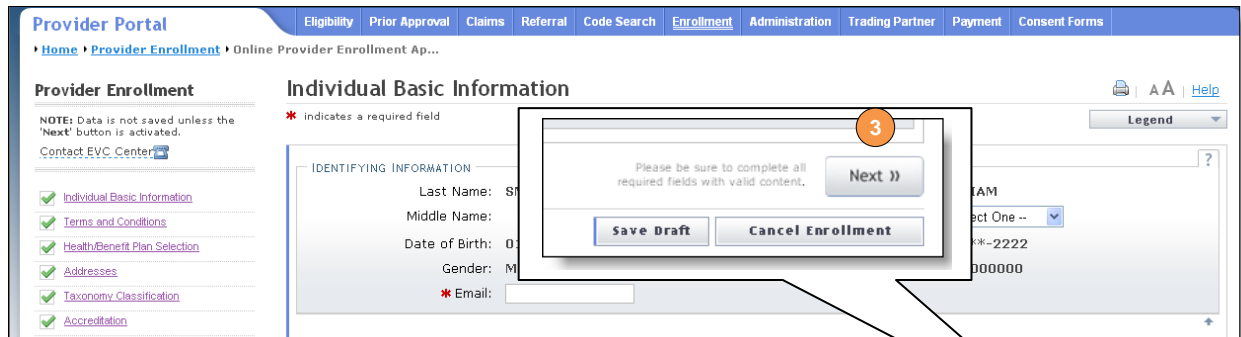


Figure 7: Basic Information Page

- On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box.
- Click the **Next** button. Continue to click the **Next** button until you reach the “Affiliated Provider Information” screen.

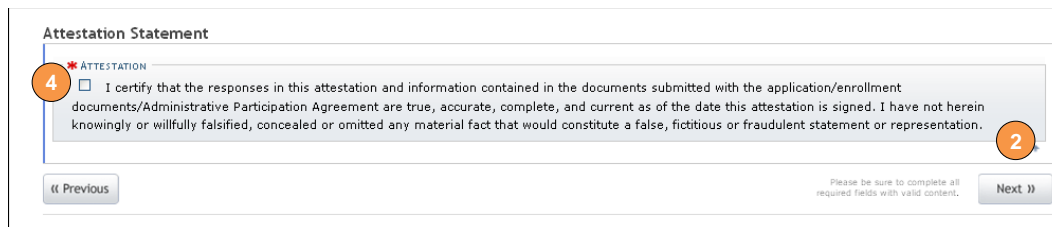


Figure 8: Attestation Statement

Searching for the Group/Organization NPI

1. The **Affiliated Provider Information** screen will display. To display the search option, click the **Yes** radio option illustrated below.

Affiliated Provider Information

* indicates a required field

* AFFILIATED PROVIDER INFORMATION

Do you wish to link or affiliate with another enrolled provider?

1 Yes No

Figure 9: Affiliate Provider Option

2. Once you reach the **Affiliated Provider Information** page, enter the Group/Organization NPI in the search field.
3. Click the **Lookup NPI** button.

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

e Provider Enrollment Ap...

Affiliated Provider Information

* indicates a required field

AFFILIATED PROVIDERS

The affiliation allows this organization to bill and receive payment on your behalf.

Add Affiliated Provider

Enter organization's NPI and click **Lookup NPI**.

* NPI: 0000000000 **Lookup NPI**

« Previous

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


Next »

Save Draft Delete Draft

Figure 10: Affiliated Provider Information Page

Adding the Group/Organization NPI

- The search results will display. Click the checkbox next to the appropriate provider.



The provider to which you are affiliating must be first be enrolled in Medicaid. If you are not able to locate the provider record using the search criteria, check with the provider to ensure their enrollment has been fully completed and approved.

- Click the **Add** button in the bottom right corner of the window.

The screenshot shows the 'Affiliated Provider Information' form. At the top, there are navigation tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. The 'Enrollment' tab is active. Below the tabs, the form title is 'Affiliated Provider Information'. A legend indicates that an asterisk (*) denotes a required field. The form contains a section for 'AFFILIATED PROVIDERS' with instructions: 'The affiliation allows this organization to bill and receive payment on your behalf.' Below this is an 'Add Affiliated Provider' section with a text input field for 'Enter organization's NPI and click 'Lookup NPI''. The NPI field contains '1808080808' and a 'Lookup NPI' button is next to it. Below the NPI field, the 'Organization Name' is 'HOME CARE'. A note says '* Please select locations of affiliated provider.' Below this is another instruction: 'Select box next to the location(s) you wish to affiliate and click 'Add''. A table with one row is shown:

	Location
<input checked="" type="checkbox"/>	2020 LUMBERVILLE RD , LUMBERTON , NC 28358-2112

 An 'Add' button is located at the bottom right of the table area. A red circle with the number '4' is placed over the checkbox, and another red circle with the number '5' is placed over the 'Add' button.


Figure 11: Search Results

- The provider will be added on the dark blue bar, as illustrated below. To review the provider, click the plus sign on the dark blue bar.

The screenshot shows the 'Affiliated Provider Information' form after the affiliation is completed. The 'AFFILIATED PROVIDERS' section now has a dark blue bar at the top with a plus sign and the text '+ AFFILIATED PROVIDER (HOME CARE)'. Below this bar is the 'Add Affiliated Provider' section, which is now disabled. The 'Add' button at the bottom right is also disabled. A red circle with the number '6' is placed over the dark blue bar. At the bottom of the form, there are navigation buttons: '<< Previous', 'Next >>', 'Save Draft', and 'Delete Draft'. A note at the bottom right says 'Please be sure to complete all required fields with valid content.'

Figure 12: Affiliation Completed

7. The affiliated provider details will display. To delete the provider, click the **Delete** button.



The **Delete** button is ONLY available until you submit the Manage Change Request application. Once a provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated.

Figure 13: Deleting an Affiliated Provider

End-Dating the Group/Organization Affiliation

Once a provider affiliation has been processed, the affiliated provider cannot be completely removed or deleted from the individual provider record. It can only be end-dated.

8. To edit the provider, click the “Edit” button in the bottom right corner.

The screenshot shows the 'Affiliated Provider Information' page. At the top, there are navigation tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. Below the tabs, the page title is 'Provider Enrollment Ap...' and 'Affiliated Provider Information'. A legend indicates that an asterisk (*) denotes a required field. The main content area is titled 'AFFILIATED PROVIDERS' and contains a table with the following data:

Location	Begin Date	End Date	New Begin Date	New End Date
555 MEDICAL LOOP SYLVA , NC 28779-5271	06/01/2005	12/31/9999		

An 'Edit' button is located at the bottom right of the table row, highlighted with a red circle '1'. Below the table, there is a section for 'Add Affiliated Provider' with a text input field and a 'Lookup NPI' button.

Figure 14: Select Edit

9. Select the “End Date” and click the “Save” button.

The screenshot shows the 'Affiliated Provider Information' page with a date picker open for the 'End Date' field. The date '02/14/2014' is selected. The calendar shows February 2014. A red circle '1' is over the 'End Date' field, and a red circle '2' is over the 'Save' button. The table data is as follows:

Location	Begin Date	End Date	New Begin Date	New End Date
154 MEDICAL PARK LOOP SYLVA NC 28779-5271	06/01/2005	02/14/2014		

Buttons for 'Save', 'Save Draft', and 'Delete Draft' are visible at the bottom of the page.

Figure 15: Select End Date

10. Click the “Next” button to continue.

Figure 16: Click “Next”

Reviewing, the Manage Change Request


1. 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. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Figure 17: Review Application

Manage Change Request - Navigation Error

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 each section.



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

Provider Enrollment

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](#)

Review Application

* indicates a required field

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct submitting the next page. You will need access to this email address to receive your application confirmation. (If the email below is incorrect, you may now navigate to the "Contact Information" page to change.)

Contact Email:

REVIEW APPLICATION

To review your application in Adobe PDF format, click 'Review'

Figure 19: Review Application - Incomplete Pages

Signing and Submitting the Manage Change Request

1. The **Sign and Submit Electronic Application** page will display.
2. Enter your NCID and password, as well as the **PIN** number. Click the **Submit Now** button.

Sign and Submit Electronic Application AA | [Help](#)

* Indicates a required field **Legend** ▾

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.

ELECTRONIC SIGNATURE CONFIRMATION ?

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 **866-4-1113** if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

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 **4** will not be saved.

Figure 20: Sign and Submit

Printing the Application

1. The **Final Steps** page will display. You may click on the links below, to print or save a copy of the application or cover sheet in PDF format.

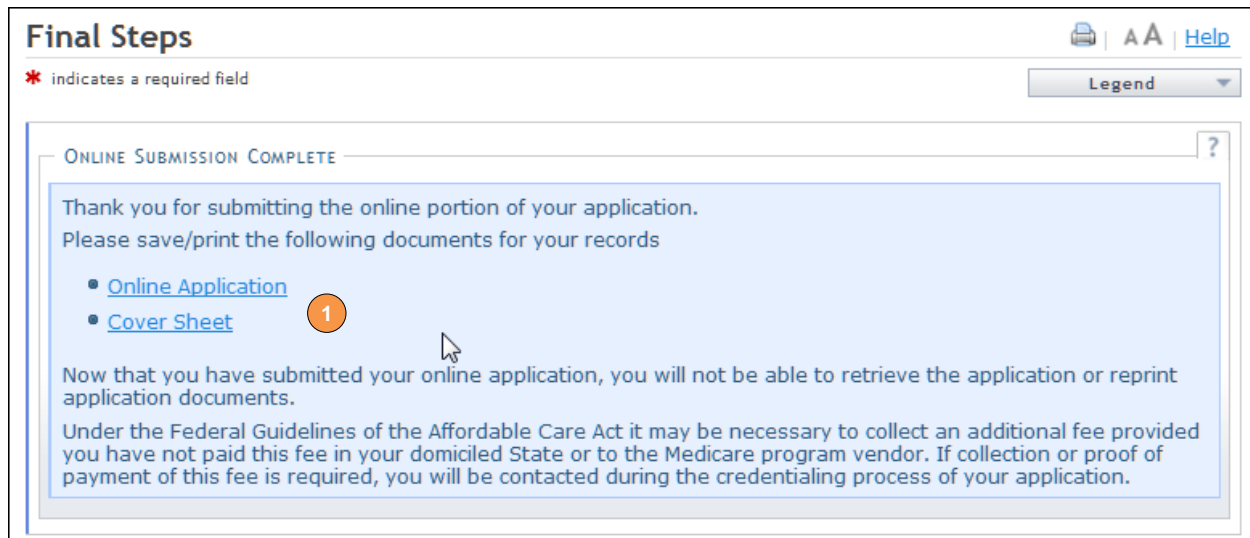


Figure 21: Final Steps Page

Application Status

To verify the status of the request, navigate to the Status and Management page. As long as no other changes have been made to the provider record, the status should read **Approved**. This indicates that the affiliation has been completed. If the status reads **In Review**, this indicates that other changes were made that require CSRA to review or credential the application. You may check back periodically to review the status.

