

## JOB AID

### Submitting a Disaster Relief Provider Enrollment Application

#### OVERVIEW

When a natural disaster is declared, there may be providers who are not currently enrolled in NCTracks as NC Medicaid providers, who have rendered or will be rendering services to NC Medicaid recipients. The Disaster Relief abbreviated application type discussed in this Job Aid is intended for qualified providers who have rendered services to NC Medicaid recipients during a disaster response period, not for providers who see NC Medicaid recipients on a regular basis.

Using the NCTracks system allows providers to enroll and their applications to be processed in an expeditious manner. The Disaster Relief application type is available to In-State, Border, and Out-of-State (OOS) Individual and Organization providers. Once the Disaster Relief provider application is approved, the enrollment period will be 180 days from the requested enrollment effective begin date.

Providers wanting to enroll must be in good standing with either Medicare or their home-state Medicaid agency; or if an individual provider, they must be licensed and in good standing in their home state.

#### OBJECTIVES

This Job Aid provides information on:

- Accessing the NCTracks Provider Portal
- Completing and submitting a Disaster Relief abbreviated application
- Abbreviated Manage Change Request (MCR)
- Additional resources

#### ACCESSING THE NCTRACKS PROVIDER PORTAL

Access NCTracks through a supported internet browser, using web address <https://www.nctracks.nc.gov>.

Step	Action
1	Select the <b>Providers</b> tab.
2	Select the <b>NCTracks Secure Portal</b> button. The Provider Portal Login page displays.

Step	Action
3	Select the <b>NCTracks Secure Portal</b> button.



NCID

USERNAME \*

4

Next

Trouble Signing On?

Don't have an account? [Register Now](#)

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[Need Help?](#)

[Privacy and Other Policies](#)

[Contact Us](#)

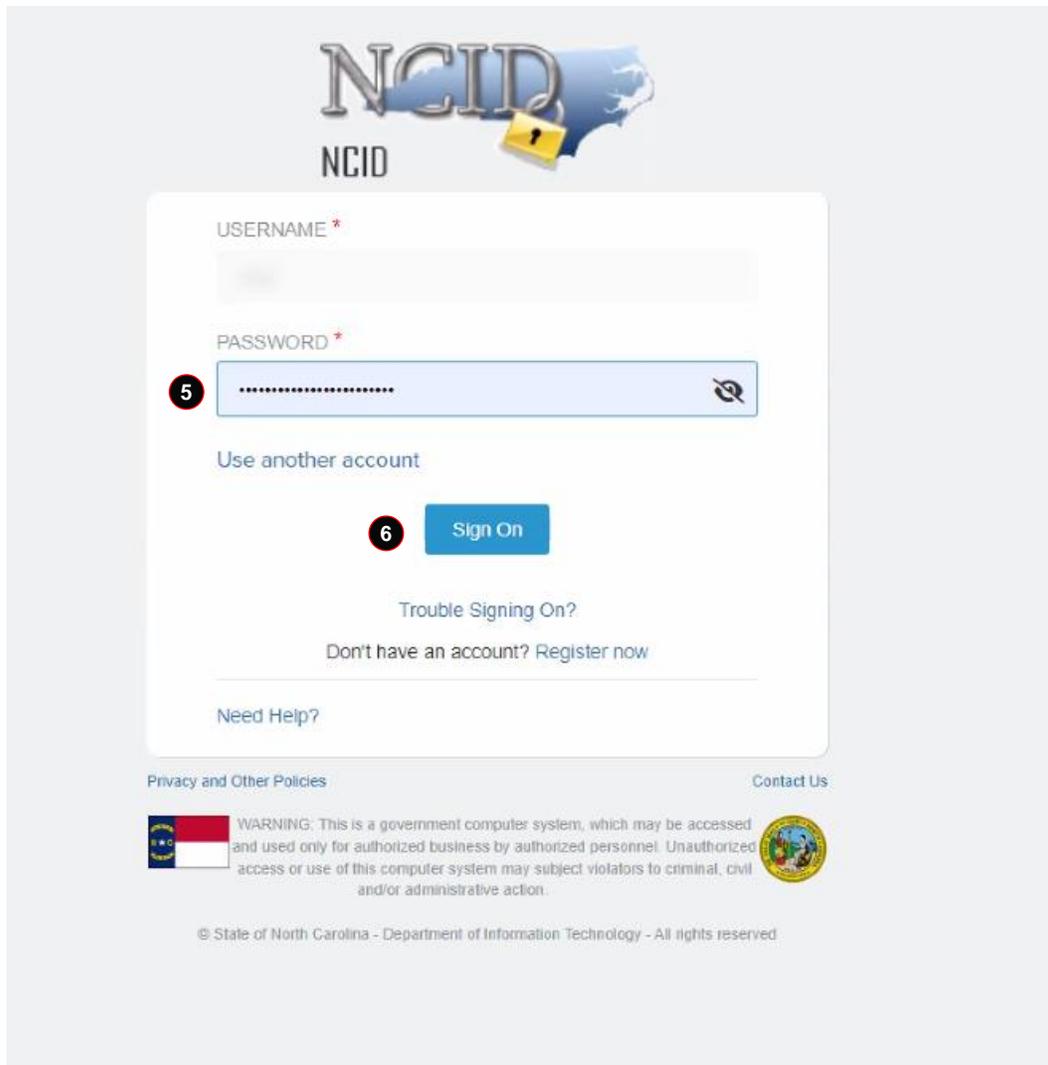


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Step	Action
4	User ID: Enter your <b>NCID username</b> . <b>Note:</b> In order to log in to the secure Provider Portal of NCTracks, all users must have an NCID. If you do not have an NCID, you can select the <b>Register now</b> link displayed on the login page, which will display the NCID home page.



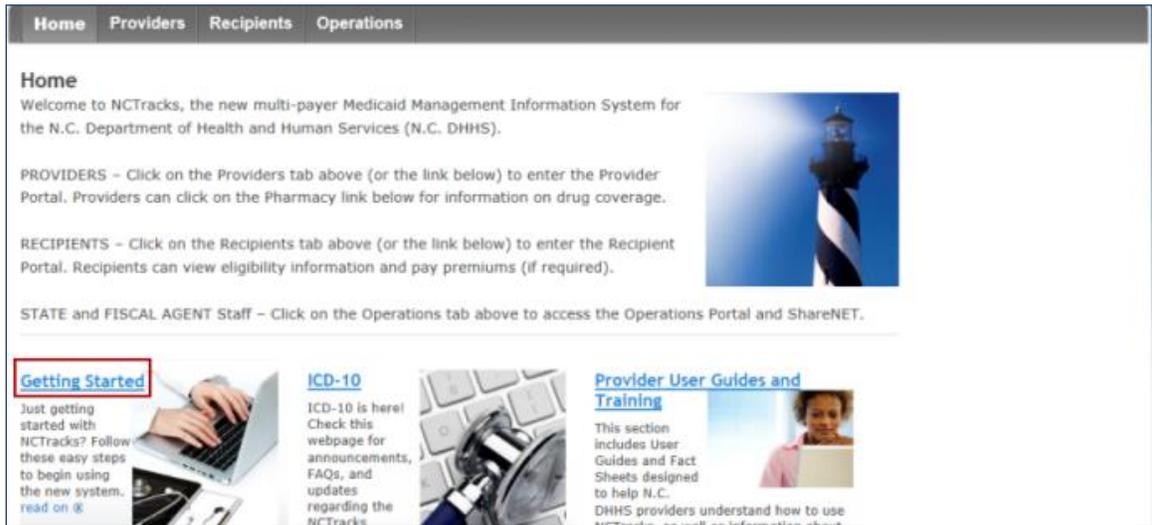
Step	Action
5	Enter the <b>Password</b> associated with the NCID.
6	Select the <b>Sign On</b> button.

If a user is required to use Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. Upon successful verification of MFA, the user is navigated back to the desired secure portal page.

**Supplemental Points:** Passwords are case-sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number that the user can call for access assistance. Multi-Factor Authentication is required. Once the user has entered the User ID and password, the second level authentication is sent via the user’s preferred method. For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project** at the following site: <https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404>

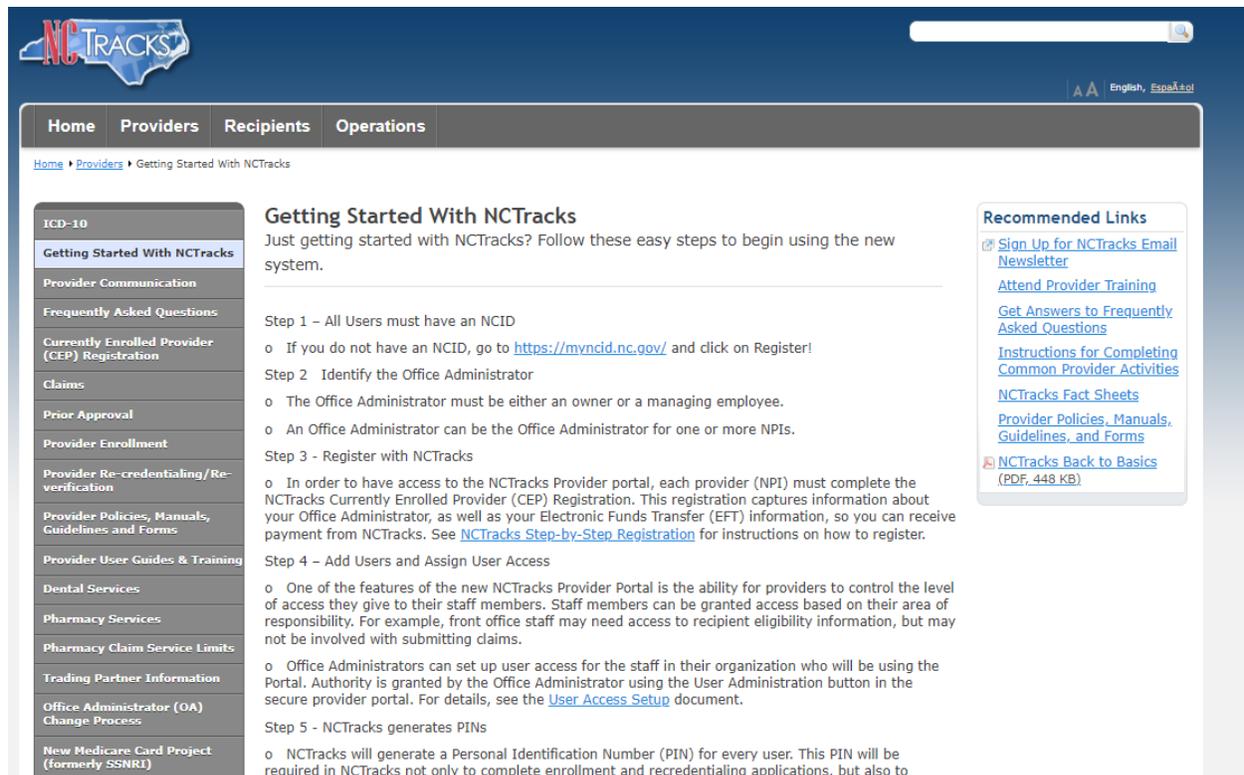
## GETTING STARTED

You will navigate to the Provider Applications via the NCTracks Provider Portal.



## Obtain NCID

All users are required to have their own NCID. The Office Administrator (OA) will need to navigate to the [NCID website](#) to obtain their NCID. The OA can access this website by selecting the **Getting Started** option from the Provider Portal. Once the OA has obtained their NCID, proceed to the Provider Permission Matrix.



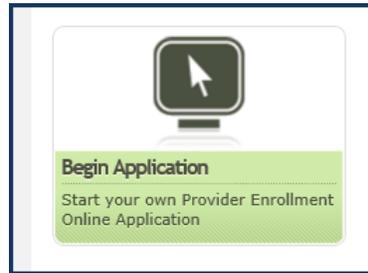
## Review Provider Permission Matrix

Prior to beginning the enrollment process, please review the Provider Permission Matrix (PPM) to confirm taxonomies eligible to participate in NC Medicaid. Providers wishing to enroll must be in good standing either with Medicare, or their home state Medicaid agency, or licensed and in good standing in their home state.

The PPM is located within the **Provider Enrollment** section.

## Begin Application

Select the **Begin Application** icon at the bottom left of the screen to start the enrollment process.



## COMPLETING AND SUBMITTING DISASTER RELIEF PROVIDER ENROLLMENT APPLICATION

Log in to the Provider Portal.

### 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://myncid.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://mfaportal.nc.gov/nctracksmfa/login.aspx>. All profiles, including MFA, will be managed through <https://myncid.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 | NCDIT training page](#).

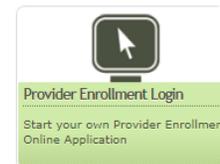
The **NCTracks Web Portal** contains information that is private and confidential.

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



The **Online Provider Enrollment Application** is the first page of the application. This page identifies, based on the ZIP code entered, if the provider is an In-State, Border, or Out-of-State (OOS) provider. Providers can specify enrollment as an Individual, Organization, Atypical Organization, Billing Agent, or Disaster Relief provider.

Enter your ZIP code in the **Provider Location** section.

In the **Provider Enrollment Application Type** section, select the appropriate **Disaster Relief Provider Enrollment** option (under either **Individual Providers** or **Organization Providers**).

The Disaster Relief options will only be present during a disaster response period. If this question is not present, the applicant will be submitting an enrollment application for an open-ended enrollment period. Disaster Relief applications are limited to a 180-day enrollment period.

Select the **Next** button.

**Online Provider Enrollment Application** Print | A A | Help

\* indicates a required field Legend ▾

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**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.

\* ZIP Code:

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\* **PROVIDER ENROLLMENT APPLICATION TYPE** ?

**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.

**ORDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION**

With the implementation of Section 6405 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 mile border area.

**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 issuance 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.

**DISASTER RELIEF PROVIDER ENROLLMENT**

Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.  
I confirm that I have or will provide services to a North Carolina beneficiary

**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.

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**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.

**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 mile border area.

**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 issuance 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.

**DISASTER RELIEF PROVIDER ENROLLMENT**

Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.  
I confirm that I have or will provide services to a North Carolina beneficiary

**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.

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**BILLING AGENT PROVIDERS**

**BILLING AGENT**

Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSRA as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

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

## Individual Basic Information Page

The **Individual Basic Information** page captures basic applicant information for Individual providers.

Complete all fields marked with a red asterisk (\*). The Effective Date defaults to the State-defined begin date of the disaster period. This field is not editable. The enrollment period will be 180 days from the Effective Date.

The Attestation checkbox must be selected in order to navigate to the next page. Complete the attestation and select the **Next** button.

**Individual Basic Information** Help

\* indicates a required field Legend

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**IDENTIFYING INFORMATION**

\* Last Name:  \* First Name:

Middle Name:  Suffix: -- Select One --

(Enter your full middle name)

\* Date of Birth:  \* SSN:

\* Gender: -- Select One -- \* NPI:

\* Email:

I attest that I have given my full legal name, and I do not have a middle name.

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**EMPLOYER IDENTIFICATION NUMBER (EIN)**

\* Will your income be reported to an EIN?

Yes  No

\* EIN:

\* DBA Name:

\* Years Doing Business Under This Name:

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**RENDERING/ ATTENDING ONLY PROVIDER**

\* Are you a Rendering/Attending Only provider?

Yes  No

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**OWNERSHIP INFORMATION**

\* Business Type: -- Select One --

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**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.

Authorized Individual is the same as enrolling provider

\* Last Name:  \* First Name:

Middle Name:  Suffix: -- Select One --

(Enter your full middle name)

\* Contact Email:

\* Office Phone #: (919)  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.

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**EFFECTIVE DATE**

The effective date is the earliest date the provider may begin billing for services as identified by the State of North Carolina.

\* Effective Date: 05/01/2019

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Please be sure to complete all required fields with valid content

**Next »**

## Organization Basic Information Page

The **Organization Basic Information** page captures basic applicant information for Organization providers.

**Note:** When completing the **Ownership Information** section of this page, selecting Corporation, Limited Liability Corporation, Non-Profit, or Partnership as the **Business Type** will require that the applicant indicate if the Office Administrator (Authorized Individual) is an Owner or a Managing Relationship.

Complete all fields marked with a red asterisk (\*). The Effective Date will default to the State-defined begin date of the disaster period. This field is not editable. The enrollment period will be 180 days from the Effective Date.

The Attestation checkbox must be selected in order to navigate to the next page. Complete the attestation and select **Next**.

### Organization Basic Information

\* indicates a required field

Legend

IDENTIFYING INFORMATION

\* Organization Name:

\* EIN:  \* NPI:

\* 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:

REGISTERING WITH NC SECRETARY OF STATE

\* Are you required by law to register with NC Secretary of State?  
 Yes  No

\* Secretary of State ID #:

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:  (Enter your full middle name) Suffix:

\* Contact Email:

\* Office Phone #:  ext.  Office Fax #:

\* 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

EFFECTIVE DATE

The effective date is the earliest date the provider may begin billing for services as identified by the State of North Carolina.

\* Effective Date:

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

### Terms and Conditions Page

The **Terms and Conditions** page captures the terms and conditions to which you must agree in order to enroll in NCTracks. It also requires that you attest your agreement to the terms and conditions.

Complete the attestation and select **Next**.

### Basic Information Completed Page

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

Select **Next**.

### Health / Benefit Plan Selection Page

The **Health / Benefit Plan Selection** page captures applicable health and benefit plans with begin and end dates. Medicaid will be the default selection. This is the only health plan available for Disaster Relief Lite enrollment.

Select the **Next** button.

## Health / Benefit Plan Selection

Print | AA | Help

\* indicates a required field

Legend

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 or NC Health Choice does not guarantee a contract with a LME-MCO.

If applying for Medicaid and/or NCHC (Children), 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. As needed, you may enroll in NCHC to cover prior dates of service, but your participation in the NCHC health plan will end effective April 1, 2023.

Division of Health Benefits (DHB)

Medicaid

### Ownership Information Page

The **Ownership Information** page never displays for Individual providers; this page displays only for Organizations when the user has indicated on the **Organization Basic Information** page that the OA is an Owner. You will be required to complete the page with the OA's information.

Once the OA's information has been added, select **Save** to save the updates, then select the **Next** button.

### Ownership Information

\* indicates a required field

Do you have one or more Shareholders/Partners with 5% or more ownership? Yes

SHAREHOLDER/PARTNER INFORMATION

**INDIVIDUAL - DULA, HAZEL ( AUTHORIZED INDIVIDUAL ) --- NEWLY ADDED**

Last Name : Dula First Name : Hazel  
 Middle Name : Suffix : -- Select One --  
 \* Date of Birth: mm/dd/yyyy SSN: \*\*\*-\*\*-1111  
 \* Gender: -- Select One -- \* Phone Number: (919) 123-4567  
 \* 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: %

Save

Previous Next

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

Save Draft Delete Draft

## Addresses Page

The **Addresses** page captures the primary physical location, 1099 Reporting/Pay-To, Correspondence, and other service location addresses. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

After each address has been entered, select **Verify Address** to confirm that the address entered is a deliverable address as defined by the United States Postal Service (USPS).

Provider Portal

PORTAL-DEV

Home Provider Enrollment Online Provider Enrollment Ap...

Provider Enrollment

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

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

### 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

**\* 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 checked="" 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

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**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

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**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

Additional service locations can be added to the application by completing the **Service Location** section. After the addition of each service location, select **Add**. Once all service locations have been added to the application, select **Next**.

**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

Add Clear

« Previous Please be sure to complete all required fields with valid content. Next »

### Taxonomy Classification Page

The **Taxonomy Classification** page 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.

**Taxonomy Classification**

\* indicates a required field

Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonomies selected should have been reported to the National Plan & Provider Enumeration System (NPPE) when you enumerated this NPI. If a submitted taxonomy has not been reported to NPPE, please report it within the next 30 days.

TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION

Please select a Provider Type, Classification and Area of Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.

Add Taxonomy Classification

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

\* Provider Type:  -- Select One --

\* Classification:  -- Select One --

\* Area of Specialization:  -- Select One --

Add Clear

« Previous Please be sure to complete all required fields with valid content. Next »

Save Draft Delete Draft

Organizations are required to answer the question “Is your Organization a School Based Health Center (SBHC)?” before adding the Provider Type, Classification, and Area of Specialization.

You may add more than one taxonomy classification. Before adding a new code, the current code must be added first. Select **Add** to add additional taxonomy classifications or proceed to the next page.

Select **Next**.

### Taxonomy Classification AA | Help

\* indicates a required field Legend

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SCHOOL BASED HEALTH CENTER ?

\* Is your organization a School Based Health Center (SBHC)?

Yes  No

Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonomies selected should have been reported to the National Plan & Provider Enumeration System (NPPE) when you enumerated this NPI. If a submitted taxonomy has not been reported to NPPE, please report it within the next 30 days.

TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION ?

Please select a Provider Type, Classification and Area of Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.

+ TAXONOMY CLASSIFICATION - 19320000X - MULTI-SPECIALTY

Add Taxonomy Classification

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

\* Provider Type:

\* Classification:

\* Area of Specialization:

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

## Accreditation Page

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

Based on the location and taxonomies that you selected in the application, the applicable required accreditation, certification, and/or license fields will be populated. You must complete the required fields. If multiple locations have been added, the credentials can be added to all locations by selecting the **Copy this accreditation, certification or license to all service locations** checkbox.

Additional accreditations, certifications, and/or licenses can be added as desired; however, you should only add the information that the system requires.

After all information has been added to the application, select **Next**.

**Accreditation:**

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.

ACCREDITATIONS

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:

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CERTIFICATIONS

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

Taxonomy **261QF0050X - 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

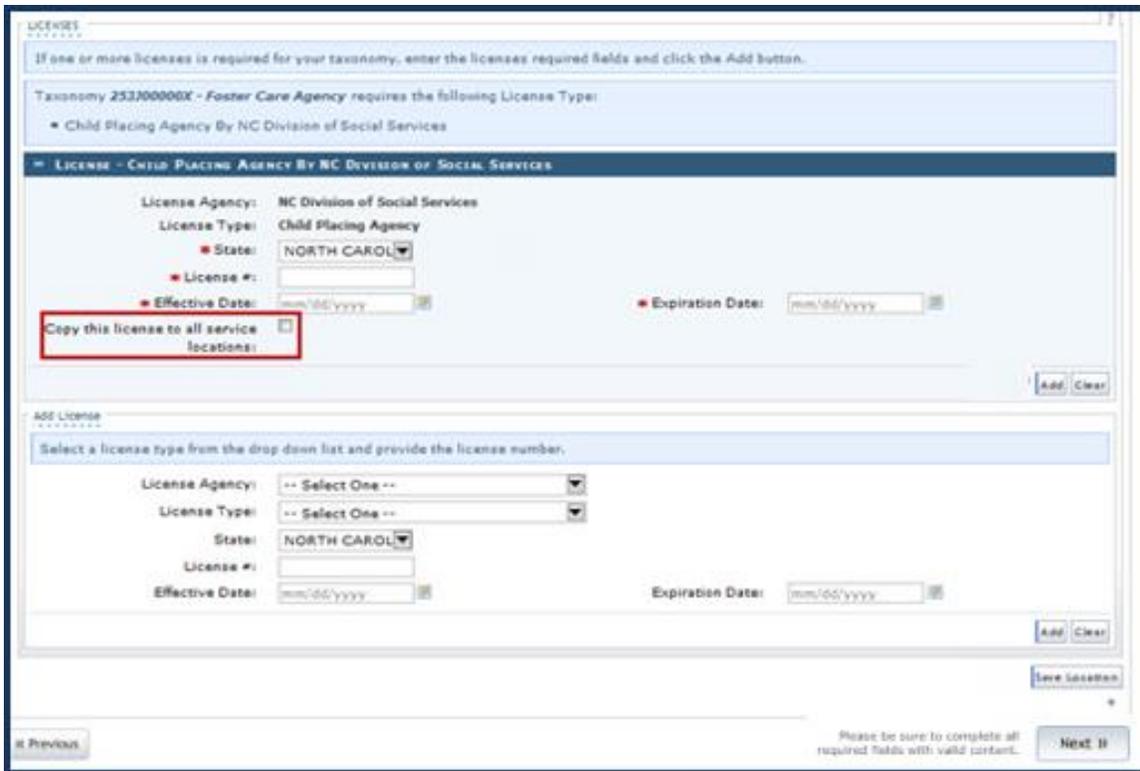
• State: NORTH CAROL

• Certification #:

• Effective Date:

Expiration Date:

Copy this certification to all service locations:



### Agents and Managing Employees Page

For Individual providers, the **Agents and Managing Employees** page captures information for the individual provider and/or the OA if the OA is not the actual enrolling provider. For Organizations, only the OA's information is required.

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).

Complete all required marked with an asterisk (\*). After the completion of all fields, select **Update**.

Select **Next**.



### Associate Billing Agent Page

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

### Affiliated Provider Information (Individual Provider Only) Page

During the initial enrollment process, an Individual provider is able to add an affiliation to an Organization whose overall status is active, terminated, or suspended, as well as affiliate to an Organization’s location that is active or end-dated. The effective begin date of any affiliation will be set to the most recent Enrollment Effective Date. If the Organization’s Enrollment Effective Date is the most recent, that will be the affiliation’s Begin Date. If the Individual provider’s Enrollment Effective Date is the most recent, that will be the date of the affiliation.

Individual providers must be affiliated with an Organization, if billing on their behalf.

The **Affiliated Provider Information** page captures information on the Organization(s) to which an individual applicant wants to affiliate. Individual providers who answered **Yes** to the question “Are you a Rendering/Attending only provider?” on the **Basic Information** page will be required to complete this page during the initial enrollment process.

### Affiliated Provider Information

\* indicates a required field

**\* AFFILIATED PROVIDER INFORMATION**  
 Do you wish to link or affiliate with another enrolled provider?  
 Select Yes if you wish to identify one or more organizations who may bill and may be paid for services you have rendered.  
 Yes  No

**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:

Organization Name:

Enrollment Effective Date: 09/01/2014

\* Please select locations of affiliated provider.  
 Select box next to the location(s) you wish to affiliate and click 'Add'.

Location	Do you wish to participate in CCNC/CA under this group?
<input type="checkbox"/> 2610 WYCLIFF RD , RALEIGH , NC 27607-3073	N/A

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

### EFT Account Information Page

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

This page is required for Organizations and Individual providers that answered **No** to the question “Are you a Rendering/Attending only provider?” on the **Basic Information** page.

For Individual providers, enter the EFT information of the individual provider, not the organization to which the provider is affiliated.

Select **Verify Address**, then select **Next**.

**Note:** The EFT information is confirmed after the enrollment has been approved. The NCTracks Finance department will send the banking institution listed a \$0 pre-note to confirm the accuracy of information provided. This process can take 6 – 10 business days. Claims submitted will not pay until an active EFT account is listed on the enrollment record.

### EFT Account Information

\* indicates a required field

[Legend](#)

**FINANCIAL INSTITUTION ACCOUNT INFORMATION**

\* Routing Number:

\* Account Number:       \* Account Number Confirmation:

\* Account Type: -- Select One --

\* Financial Institution Name:

**Financial Institution Address**

\* Address Line 1:

Address Line 2:

\* City:

\* State: NORTH CAROLINA

\* ZIP Code: 00000-0000

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

### Trading Partner Agreement Page

The **Trading Partner Agreement** page displays when the **Submit a batch claim via NCTracks** option is selected on the **Method of Claims and Electronic Transactions** page. The selection requires that you test the software you will be using to transmit the HIPAA compliant X12 electronic claims batches (837P, 837I, and 837D).

Complete the attestation at the bottom of the page and select **Next**.

The NCTracks Electronic Data Interchange (EDI) will contact you with more information on how to complete the testing of your software.

### Trading Partner Agreement

\* indicates a required field

Legend

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSRA as the Fiscal Agent for the North Carolina Medicaid program. A fully executed, TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

The following information is requested to process your TPA:

Trading Partner Name: [REDACTED]  
 User ID (NCID): [REDACTED]  
 Provider Number(s) or Atypical Number: [REDACTED]  
 Provider Transmission Supplier Number(TSN): **PENDING SUBMISSION**

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSRA help desk for Electronic Data INTERchange (EDI) support:

**1. General**  
 This Agreement effective on **05/08/2019**, is between CSRA, with offices located at 2610 Wycliff Road, Raleigh, NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A, below:

A. Trading Partner Name: Kenneth Fortner  
 I. Contact Name: [REDACTED]  
 II. Contact Telephone Number: [REDACTED]  
 III. Contact Fax Number: [REDACTED]

**8. Term**  
 The term of this Agreement shall commence on the Effective Date and continue in effect until terminated by either Party upon 30 days prior written notice to the other Party.

**Attestation Statement**

\* ATTESTATION

I agree to the above terms, and will electronically sign for them upon submission of this application.

« Previous

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

Save Draft Delete Draft

## Review Application Page

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

### Review Application

\* indicates a required field

Legend

**EMAIL CONFIRMATION**

- The below email address is the email for the Office Administrator for this provider. During the approval process, communication will be sent to this email address.
- If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your change.)

Contact Email: [REDACTED]

**REVIEW APPLICATION**

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

Trading Partner Agreement Review Application

« Previous

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

## Sign and Submit Electronic Application Page

The **Sign and Submit Electronic Application** page 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. Select one of the following:

- Select **Submit Later** to save the application. The application will be saved for 60 days from the creation date. If the application is not submitted, NCTracks will delete the application from the system.
- Select **Submit Now** to submit the application now.

### Sign and Submit Electronic Application

Legend

\* indicates a required field

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

**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 **ecrider@csc.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 CSRA Call center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

- [Trading Partner Agreement](#)
- [Agreement and Attestations](#)

**REQUIRED ATTACHMENTS**

Your application indicates that you are enrolling as:

- DENTAL PROVIDERS, Dentist, General Practice

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

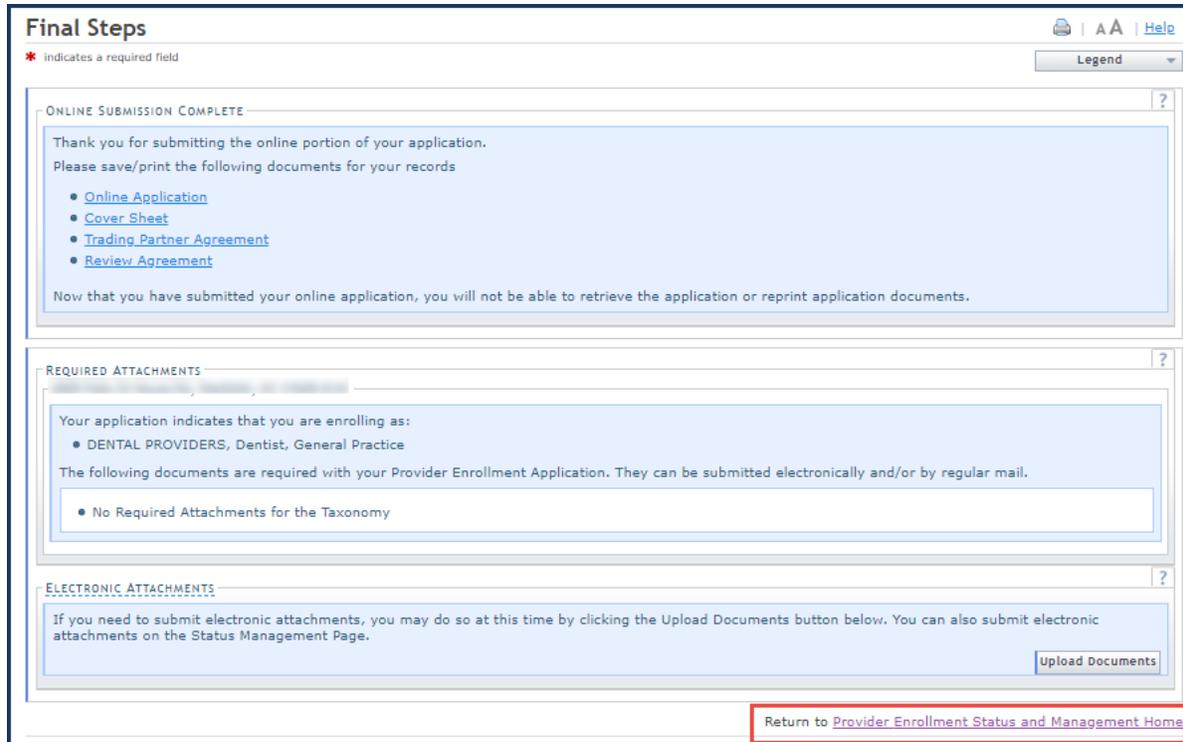
**ONLINE APPLICATION SUBMISSION**

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.

## Final Steps Page

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



**Final Steps** Print | A A | Help

\* indicates a required field Legend

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**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](#)
- [Trading Partner Agreement](#)
- [Review Agreement](#)

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

---

**REQUIRED ATTACHMENTS** ?

Your application indicates that you are enrolling as:

- DENTAL PROVIDERS, Dentist, General Practice

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

- No Required Attachments for the Taxonomy

---

**ELECTRONIC ATTACHMENTS** ?

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

[Upload Documents](#)

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

## APPROVAL NOTIFICATION

Once the Disaster Relief Lite application has been approved, a Provider Approval Welcome Letter will be e-mailed to the OA. The letter will list the health plan, taxonomies, and end date of the enrollment.

An authorization code will be provided in the event that the enrollment record requires a change of the OA. For more information on completing an OA change process, please see the instructions at [Office Administrator \(OA\) Change Process](#).

Date

PROVIDER NAME  
CORRESPONDENCE ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE POSTAL CODE

Provider name:  
NPI:  
Effective date:

Dear Provider:

Welcome to the North Carolina Department of Health and Human Services (DHHS) Program. Your Disaster Relief application has been approved.

**APPROVED**

You have been approved for participation in the following DHHS health and benefit plans(s):

XXXXXX  
XXXXXX

You have been approved to provide services using the listed taxonomies at the following location (s):

XXXXXX  
XXXXXX  
XXXXXX

On your application, you indicated that you selected to enroll as a time-limited provider. Your participation will automatically end on MM/DD/YYYY. You will be required to re-enroll to continue participation. Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.

**AUTHORIZATION CODE**

If you need to change the Office Administrator for this provider in the future, you will need the Authorization Code below to complete the Change Office Administrator application.

Authorization Code: XXXXXXXXXXXX

**MORE INFORMATION**

- Please visit the NCTracks website (<https://www.nctracks.nc.gov>) for more information.
- The NCTracks Operations Center is available at 1-800-688-8696 or [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com) to assist you.

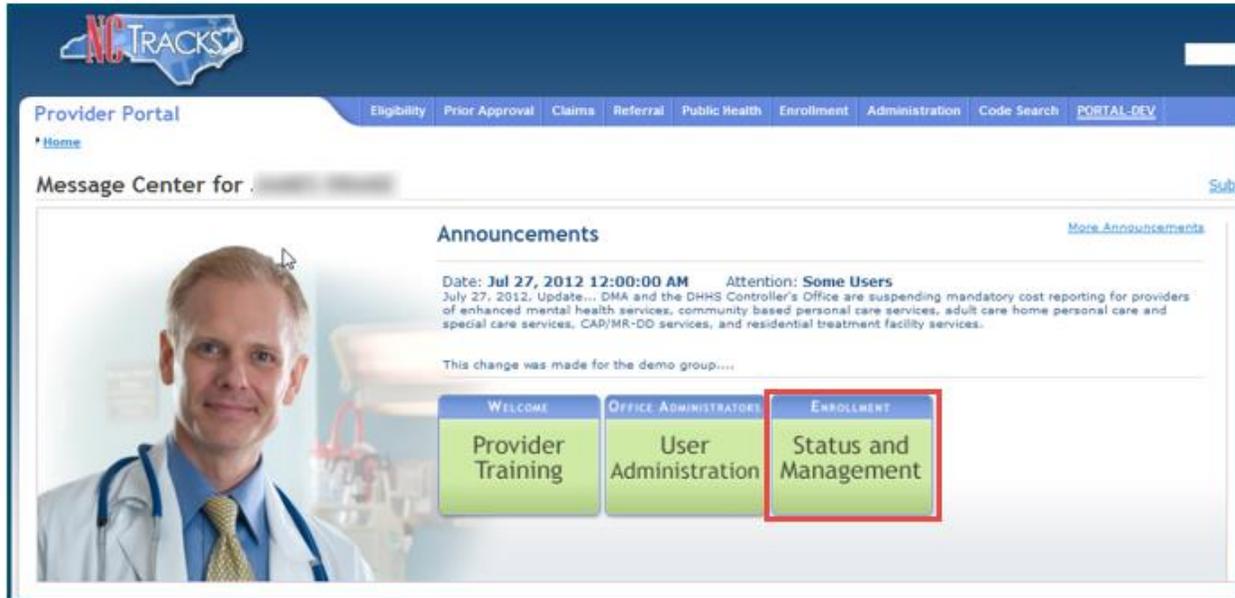
Sincerely,  
NCTracks Operations Center

## MANAGE CHANGE REQUEST

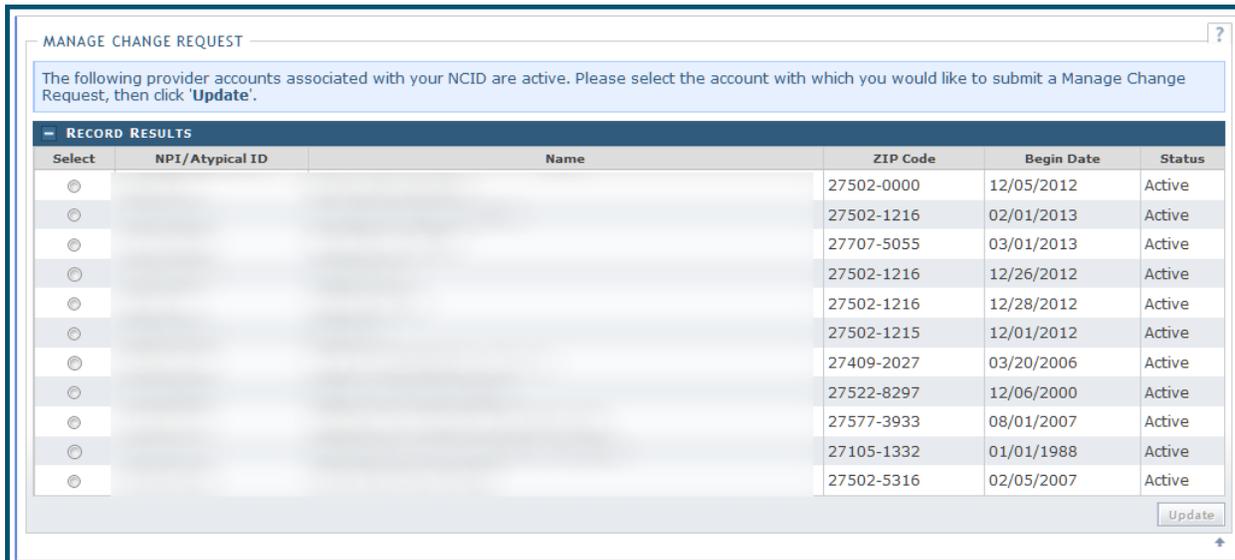
Once the provider has become enrolled, they may need to update information on the provider record such as EFT information, affiliations, or method of claims submission. These changes will require an abbreviated Manage Change Request (MCR).

Since the provider will only be enrolled for a limited time, other updates are not allowed.

From the secure Provider Portal, the user will need to navigate to the **Status and Management** page by selecting the **Status and Management** option.



To begin an abbreviated MCR, scroll down to the **Manage Change Request** section and select the radio button next to the NPI to be updated. Select **Update**.



### Requested Manage Change Request Type

The abbreviated applications to which the Disaster Relief provider will have access are listed.

Select the application type that applies and select **Next**.

Requested Manage Change Request Type

\* Indicates a required field

MANAGE CHANGE REQUEST TYPE

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

NPI/Atypical ID:  
Name:

**INDIVIDUAL PROVIDERS**

- EFT - ABBREVIATE MANAGE CHANGE REQUEST  
Update Electronic Funds Transfer (EFT) Account Information<sup>1</sup>
- AFFILIATION - ABBREVIATE MANAGE CHANGE REQUEST  
Add/Update Affiliations<sup>1</sup>
- METHOD OF CLAIM, ELECTRONIC TRANSACTIONS - ABBREVIATE MANAGE CHANGE REQUEST  
Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information<sup>1</sup>

<sup>1</sup>Please have all information available, this application must be completed in one session.

Next >>

The following are the only options available to providers with an active Disaster Relief Indicator on the Requested Manage Change Request (MCR) Type Page:

- Update Electronic Funds Transfer (EFT) Account Information
- Add/Update Affiliations
- Add/Update Method of Claims and Electronic Transactions and/or Billing Agent Information

All of these application types are considered to be provider record maintenance updates and do not require credentialing by the NCTracks Enrollment team. Upon submission of these abbreviated application types, the applications will have an “Approved” status.

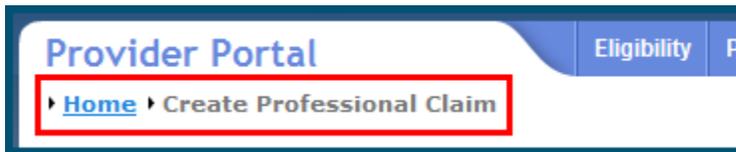
**Note:** EFT abbreviated applications will have an “Approved” status, but the EFT information must still go through the same pre-note process as with initial enrollment. Please allow 6 – 10 business days for this process to be completed.

## 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 page
- Page-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



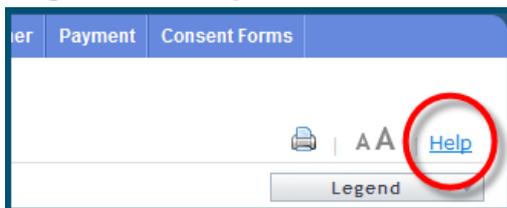
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific screens on this path.

### System-Level Help



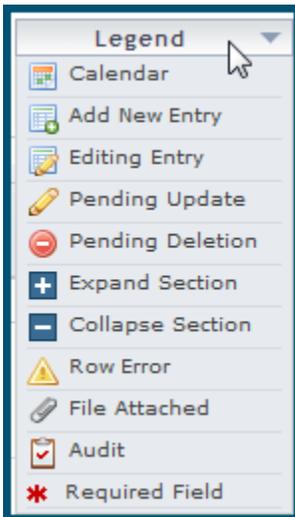
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group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

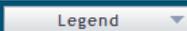
### Page-Level Help



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

### Form Legend



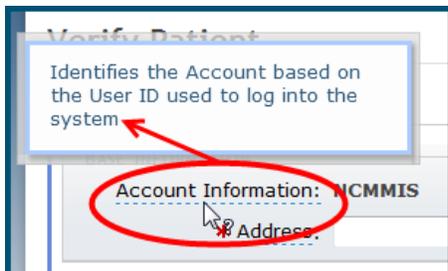
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

### Data / Section Group Help



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

### Tooltip Help



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