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 120 days from the requested enrollment effective begin date.

Providers wishing to enroll must be in good standing with the Provider Enrollment, Chain and Ownership System (PECOS) or their state Medicaid agency.

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

![NCTracks Provider Portal](image)

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.
Provider Permission Matrix

Prior to beginning the enrollment process, please review the Provider Permission Matrix (PPM) to confirm that you hold the required state-issued license. Although providers wanting to enroll will only need to be in good standing with the PECOS or another state Medicaid agency, a license may be required for your provider type and specialty.

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
Enter your NCID and Password and select **Log In**.
The Online Provider Enrollment Application is the first screen of the application. This screen identifies, based on the ZIP code entered, if the provider is an In-State, Border, or Out-of-State (OOS) provider. You will also be able to indicate if you will be enrolling as an Individual, Organization, Atypical Organization, or Billing Agent.

Enter your ZIP code and select the Provider Enrollment Application Type. Select [Next].

**Individual Basic Information Screen**

The Individual Basic Information screen captures basic information for Individual providers.

The Disaster Relief question will only be present during a disaster response period. If this question is not present, you will be submitting an enrollment application for an open-ended enrollment period. Disaster Relief applications are limited to a 120-day enrollment period.

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 120 days from the Effective Date.

The Attestation checkbox must be selected in order to navigate to the next screen. Complete the attestation and select [Next].
Disaster Relief

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.

Are you enrolling as a provider to provide disaster relief services to a North Carolina recipient? Yes/No.
- Yes
- No

Employer Identification Number (EIN)

Will your income be reported to an EIN?
- Yes
- No

Rendering/Attending Only Provider

Are you a Rendering/Attending Only provider?
- Yes
- No

Ownership Information

Business Type: SELF (INDIVIDUAL FILING UNDER A SSN)

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
- Yes
- No

I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.
**Organization Basic Information Screen**

The **Organization Basic Information** screen captures your Organization’s basic information.

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 120 days from the Effective Date.

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

**Note:** When completing the **Ownership Information** screen, selecting Corporation, Limited Liability Corporation, Non-Profit, or Partnership will require that you indicate if the Office Administrator (Authorized Individual) is an Owner or a Managing Relationship.
Terms and Conditions Screen

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

Select Next.

Health / Benefit Plan Selection Screen
The Health / Benefit Plan Selection screen captures applicable health and benefit plans with begin and end dates. Medicaid and North Carolina Health Choice (NCHC) will be the default selections. These are the only health plans available for Disaster Relief Lite enrollment.

Select Next.

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

Once the OA’s information has been added, select Save to save the updates, then select Next.
Addresses Screen

The **Addresses** screen 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).
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.
**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.

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 are able to add more than one taxonomy classification. Before adding a new code, the current code must be added first. Select **Add** to either add additional taxonomy classifications or proceed to the next screen.
Select Next.

**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 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**.
Agents and Managing Employees Screen
For Individual providers, the **Agents and Managing Employees** screen 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**.
Method of Claim and Electronic Transactions Screen

The **Method of Claim and Electronic Transactions** screen is required for Organizations and Individual providers who answered **No** to the question “Are you a Rendering/Attending only provider?” on the **Basic Information** screen.

This screen captures how you will be submitting and/or receiving electronic transactions (when applicable).

Make a selection and select **Next**.
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.

Affiliated Provider Information (Individual Provider Only) Screen
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, then 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.

The Affiliated Provider Information screen 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 screen will be required to complete this screen during the initial enrollment process.
EFT Account Information Screen

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

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

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.
Trading Partner Agreement Screen

The Trading Partner Agreement screen displays when the Submit a batch claim via NCTracks option is selected on the Method of Claims and Electronic Transactions screen. 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 screen and select Next.

The NCTracks Electronic Data Interchange (EDI) will contact you with more information on how to complete the testing of your software.
North Carolina Medicaid Management Information System (NCMMIS)  
June 03, 2019

Trading Partner Agreement

A Trading Partner Agreement (TPA) is a document required to be completed by 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 Asymptotic Numbers: [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 Forther
B. Contact Name: [Redacted]
C. Contact Telephone Number: [Redacted]
D. Contact Fax Number: [Redacted]

6. 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

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

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.
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.

- 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.

OR

- Select **Submit Now** to submit the application now.
Final Steps Screen

The **Final Steps** screen informs you that the application submission is complete. This screen 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 Screen Image]

**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 plans, 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**.
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 screen 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.
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. SYSTEM HELP
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

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.