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# NCMMIS Provider Web Portal Applications (Providers) Participant User Guide

**PREPARED FOR:**

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**SUBMITTED BY:**

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ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE STAKEHOLDERS OF THE NCTRACKS APPLICATION.

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# 1.0 Welcome

## 1.1 COURSE OVERVIEW

Welcome to this course on Provider Web Portal Applications – Providers. This course will guide you through the process of submitting all types of provider applications found on the NCTracks Provider Portal. This course will also detail what to expect once your applications have been submitted.

## 1.2 COURSE BENEFITS

This course will guide you through an overview of the Initial Enrollment (including Out-of-State [OOS], OOS Lite, and Ordering, Prescribing, and Referring [OPR] Lite), Re-enrollment, Re-verification, Maintain Eligibility, Fingerprinting Required, and Manage Change Request (MCR) application processes. It will also detail the **Status and Management** page, which is used to submit and track your applications.

## 1.3 COURSE OBJECTIVES

At the end of this training, you will be able to:

- Understand the Provider Enrollment Application processes
- Navigate to the NCTracks Provider Portal and complete the following Provider Enrollment Application processes: Initial Enrollment, MCR, Re-enrollment, Re-verification, Fingerprinting Required, and Maintain Eligibility
- Track and submit applications using the **Status and Management** page

## 1.4 PREREQUISITES

- HIPAA Security & Privacy Training
- Computer-Based Training (CBT) NCTracks Overview Provider Portal – Providers

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# 2.0 Provider Web Portal Applications

## 2.1 INTRODUCTION

You must be enrolled with the NC Department of Health and Human Services (DHHS) to render services. There are several different types of applications that you might use, depending on the circumstances of your application. They are:

- Initial Enrollment – You will complete an Initial Enrollment application if you want to newly enroll with NC DHHS (including OOS and OPR providers).
- Manage Change Request – You can update your information (addresses, phone numbers, e-mail addresses, Electronic Funds Transfer [EFT] information, etc.) by submitting an MCR application after the Provider Enrollment application is approved.
- Re-enrollment – If you have been terminated in all health plans and want to re-enroll, you will submit a Re-enrollment application.
- Re-verification – As a provider, you are required to complete a Re-verification application every 5 years.
- Fingerprinting Required – Required when providers have enrolled, re-enrolled, added locations with certain taxonomies in an MCR, or completed Re-verification since August 2015.
- Maintain Eligibility – If you have not had any claim activity within the last 12 months, you are required to complete a Maintain Eligibility application if you intend to stay active.

## 2.2 OBJECTIVES

This Participant User Guide will provide step-by-step documentation of the processes to complete and submit provider enrollment applications.

A majority of the demonstration sections will have graphic illustrations followed by numbered **steps**. The numbers on the images will correspond with the numbers in the **steps**.

**Note**: For more information on the Enrollment Specialist (ES) user role, refer to Participant User Guide PRV 562 *Enrollment Specialist User*.

**Note**: Abbreviated MCR applications allow providers to update EFT information, add/update affiliations, and add/update their method of claim and electronic transactions and/or billing agent. For more information on the Abbreviated MCR options, refer to Participant User Guide PRV 563 *Abbreviated Managed Change Request*.

## 2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each 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

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# 3.0 Initial Enrollment

## 3.1 NAVIGATING TO PROVIDER APPLICATIONS – INITIAL ENROLLMENT

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

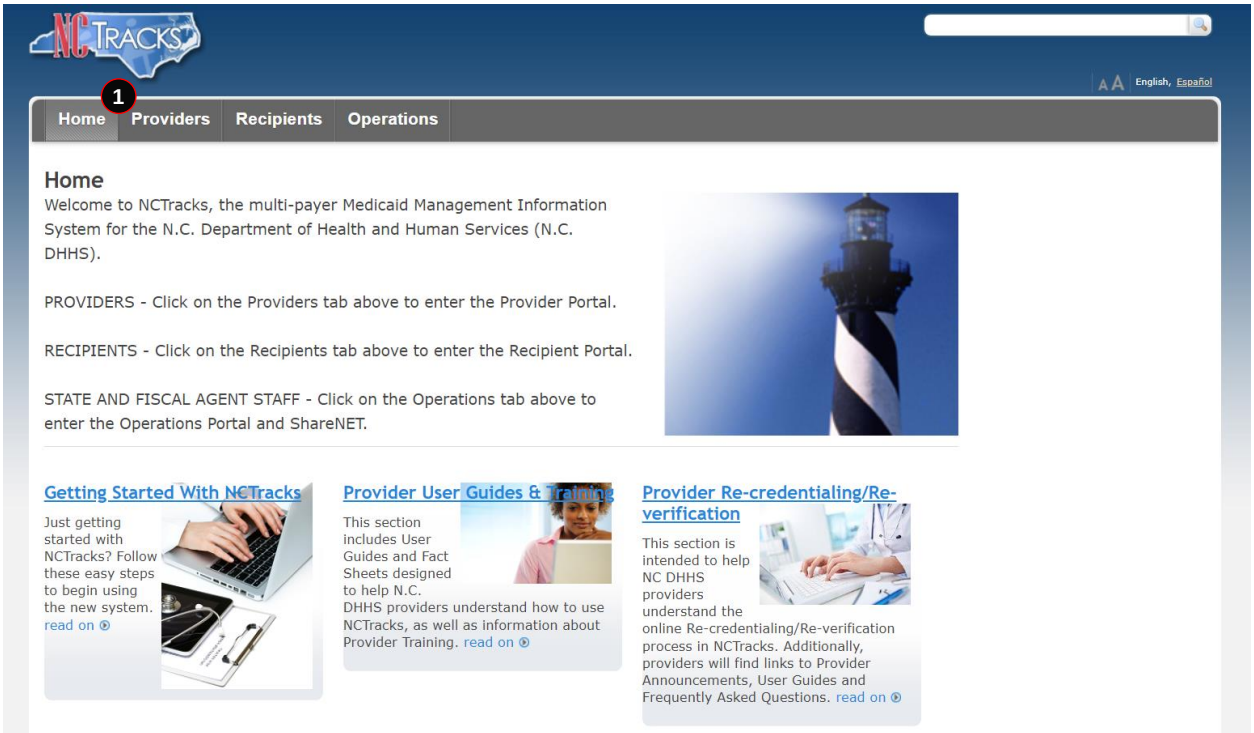



**Exhibit 1. NCTracks Home Page**

| Step | Action |
|---|---|
| 1 | Navigate to the NCTracks website (www.nctracks.nc.gov) using a supported browser. Select the **Providers** tab. The public **Providers** page displays. |

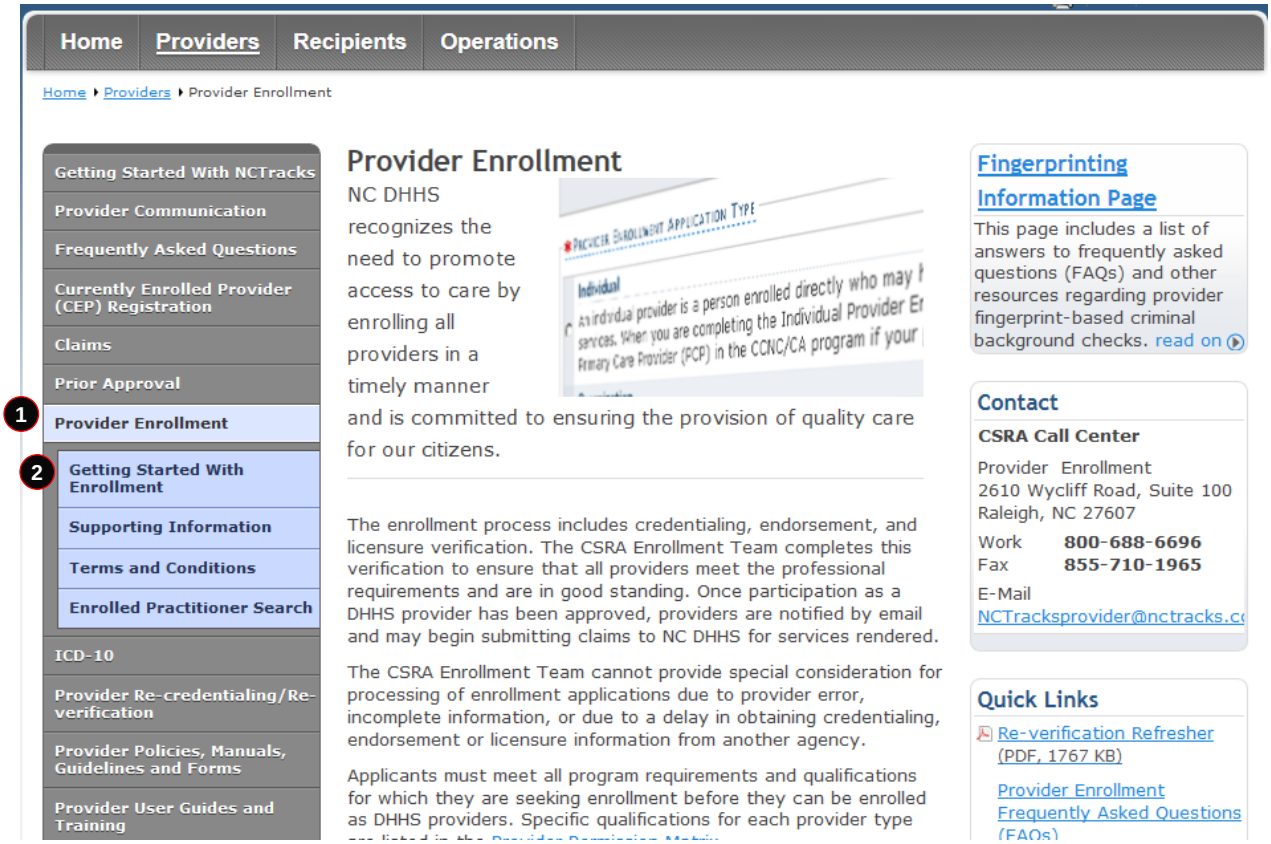



**Exhibit 2. Public Providers Page**

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

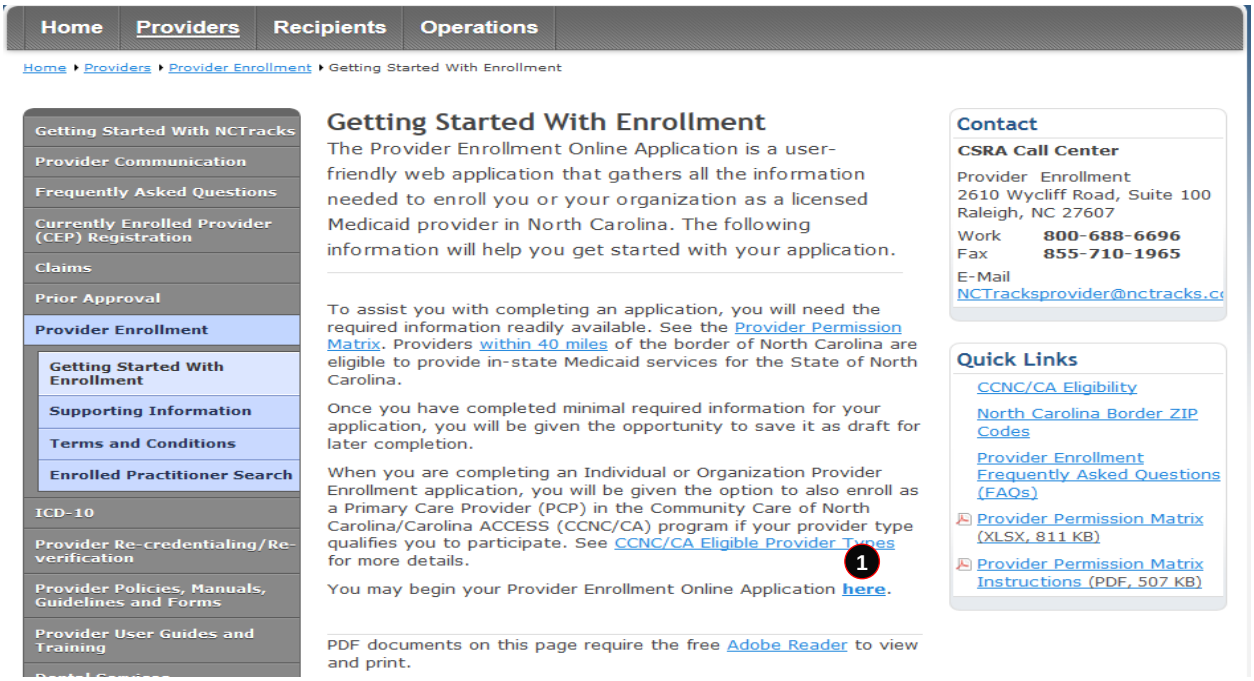



**Exhibit 3. Getting Started Page**

| Step | Action |
|---|---|
| 1 | Select the **You may begin your Provider Enrollment Online Application here** link. The **NCTracks Login** page displays. |

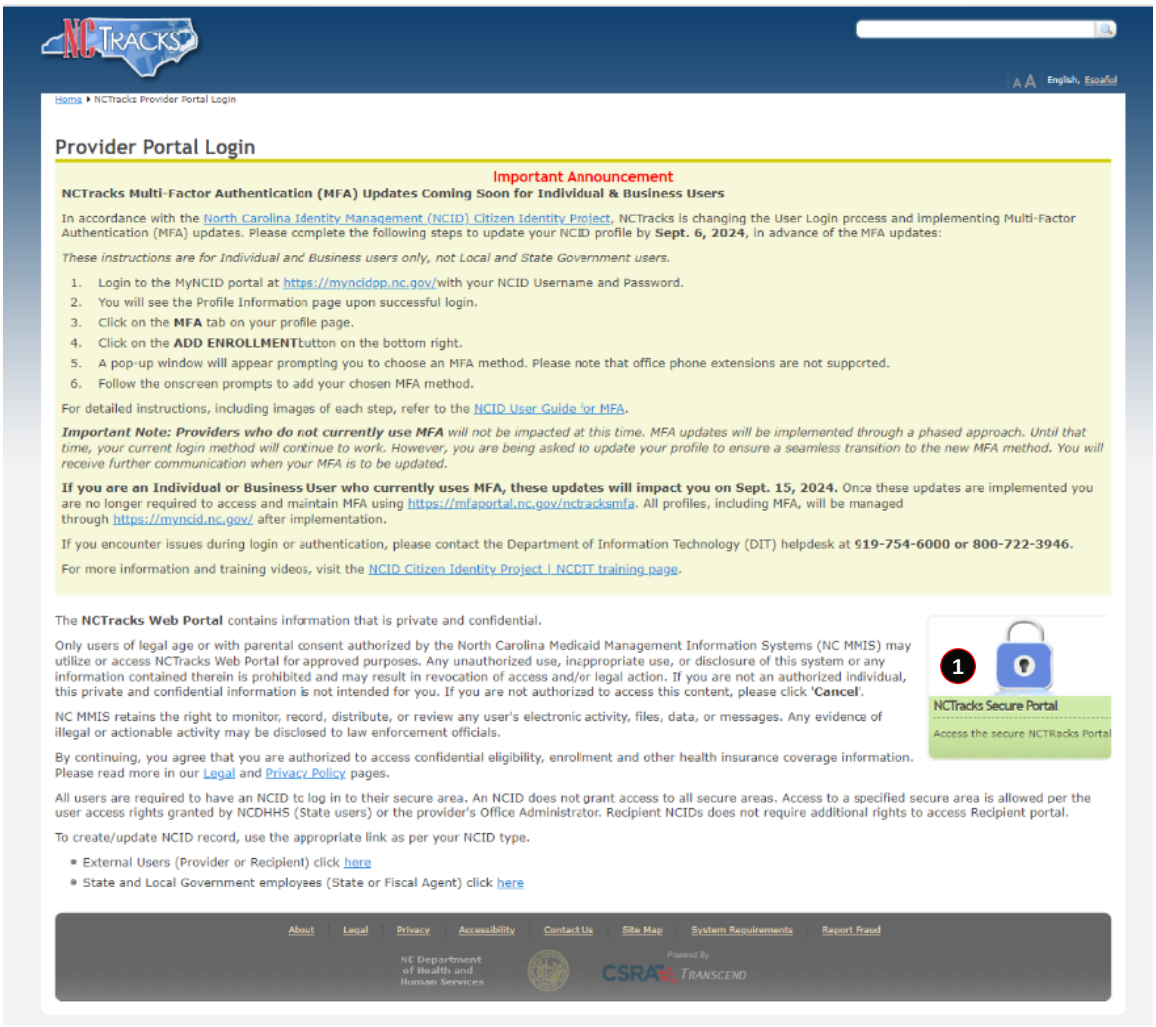



**Exhibit 4. NCTracks Login Page**

| Step | Action |
|---|---|
| 1 | Select the **NCTracks Secure Portal** button.<br>**Note**: It is assumed that your Office Administrator (OA) will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an ES, refer to the Participant User Guide PRV 562 *Enrollment Specialist User*. |

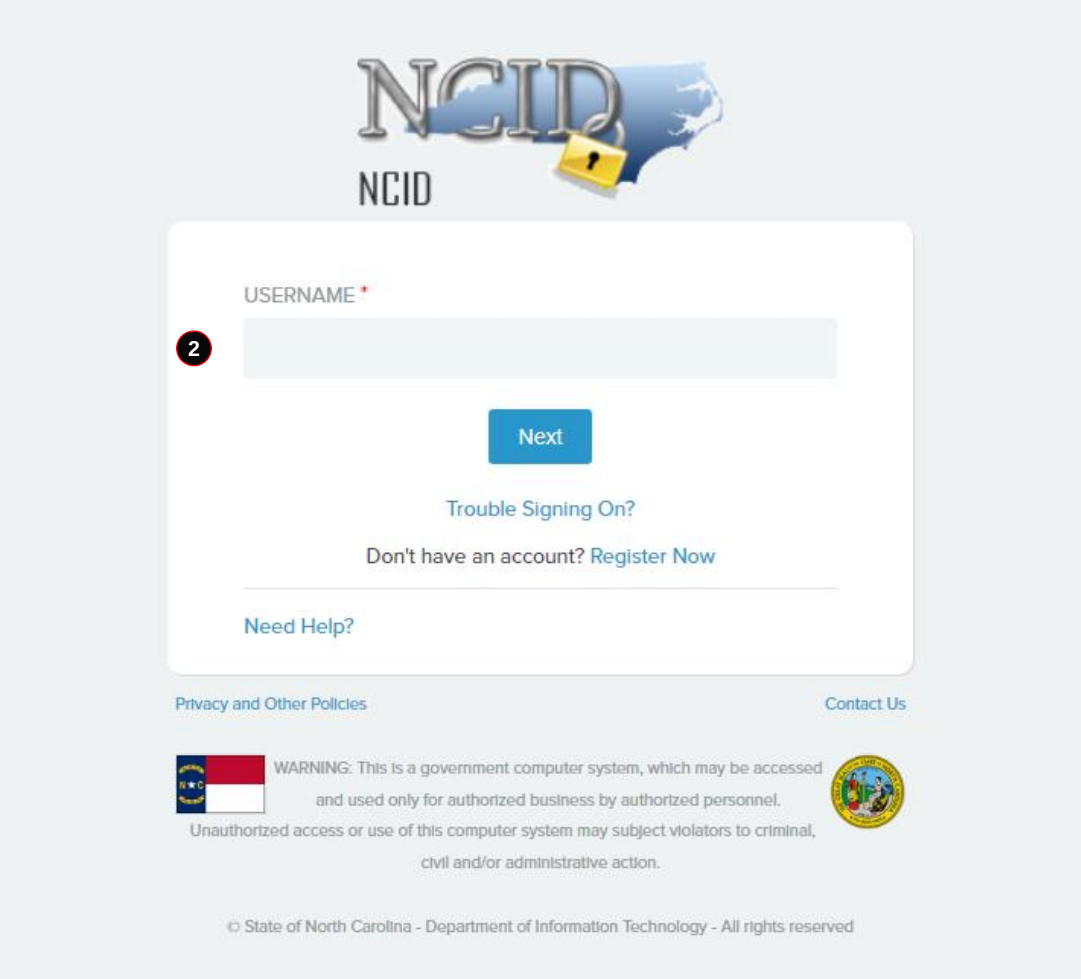



**Exhibit 4.1 NCTracks Login Page**

| Step | Action |
|---|---|
| 2 | User ID: Enter your **NCID username**.<br>**Note**: In order to log in to the secure Provider Portal of NCTracks, all users must have an NCID. If you do not have an NCID, you can select the **Register Now** link displayed on the login page, which will navigate you to the NCID home page. |

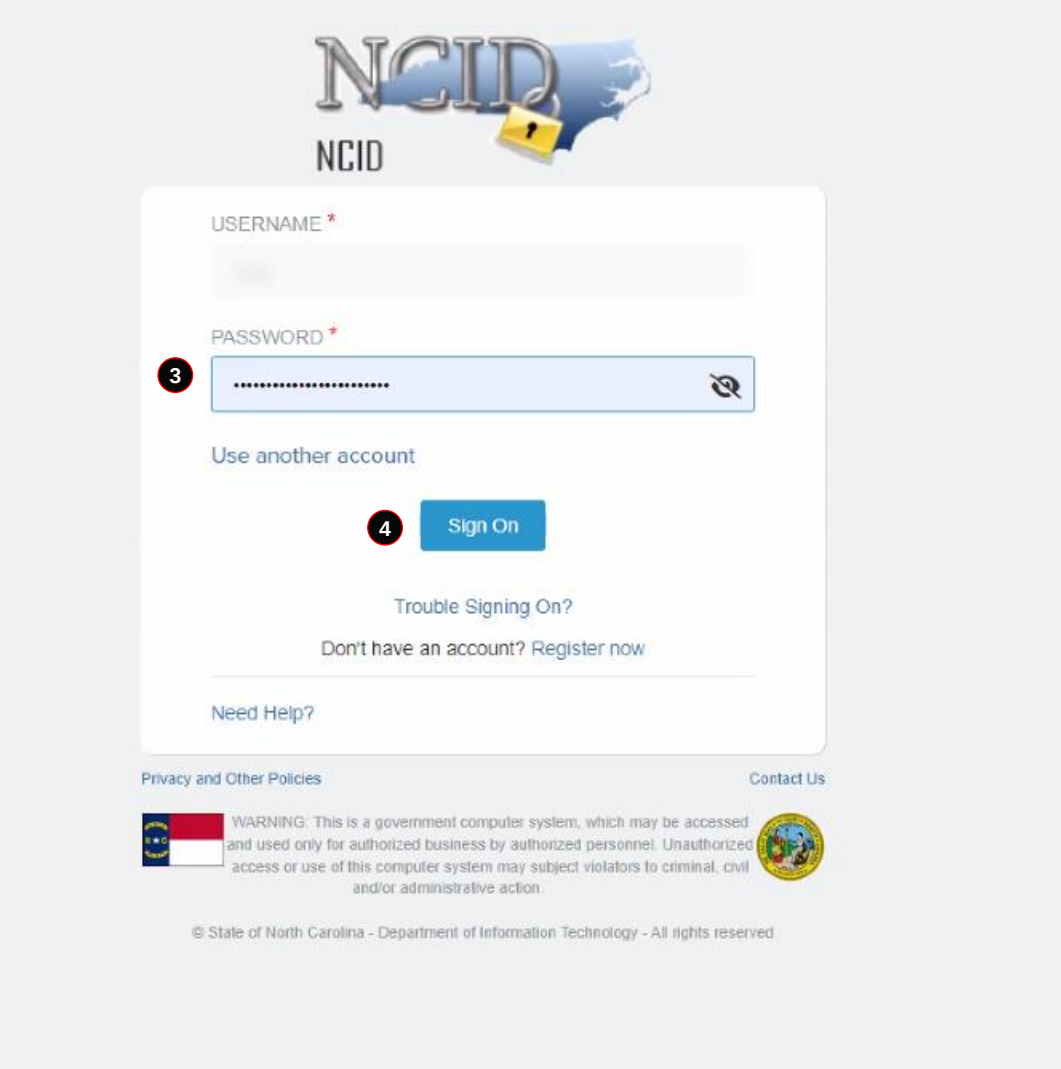



**Exhibit 4.2 NCTracks Login Page**

| Step | Action |
|---|---|
| 3 | Enter the **Password** associated with the NCID. |
| 4 | Select the **Sign On** button. |

If a user is supposed to go through Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. On 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 to 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

## 3.2 ONLINE PROVIDER ENROLLMENT APPLICATION PAGE

On the **Online Provider Enrollment Application** page, you will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or OOS provider. You will also select your **Provider Enrollment Application Type**.

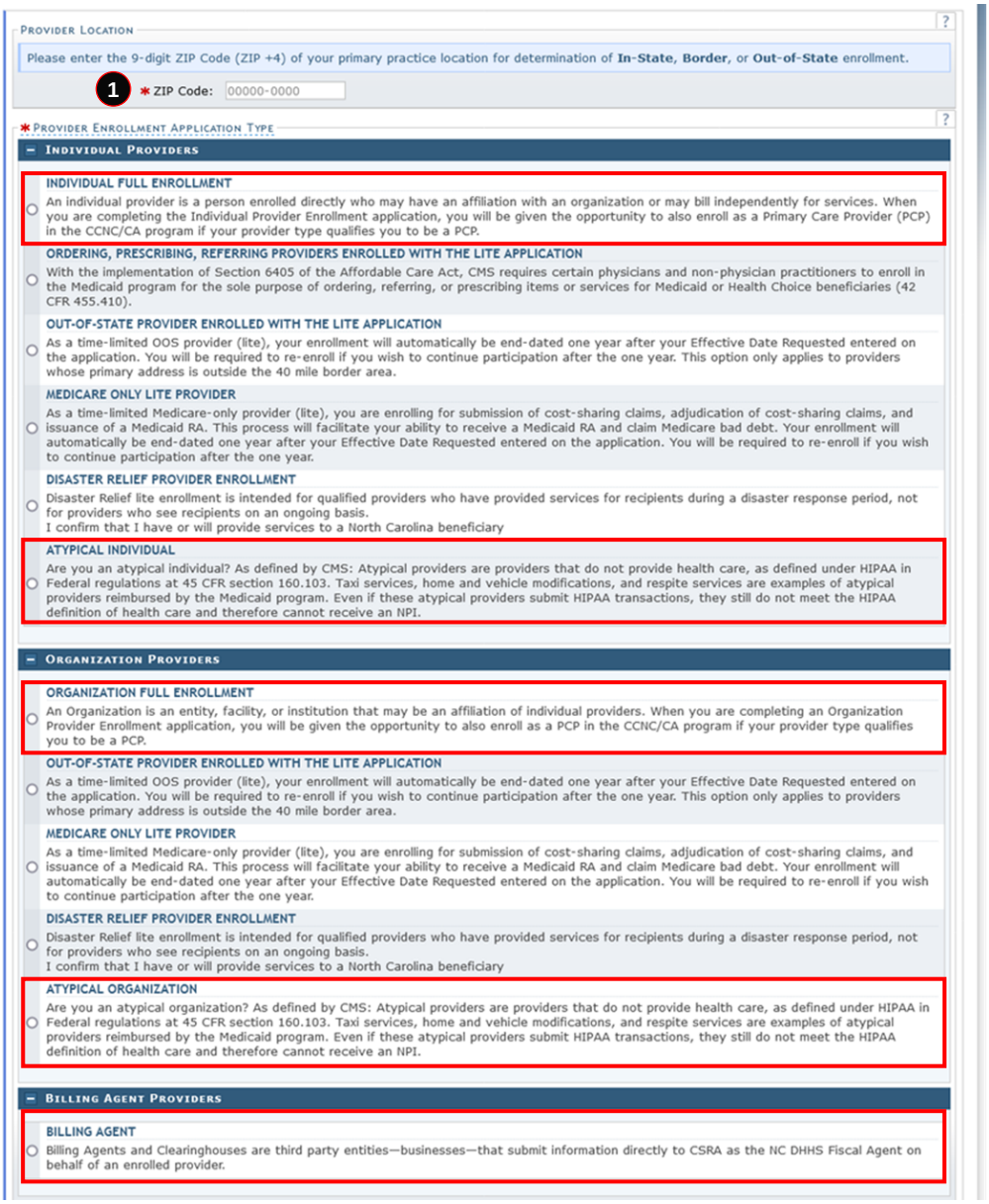



**Exhibit 5. Online Provider Enrollment Application Page**

| Step | Action |
|---|---|
| 1 | ZIP Code: Enter your **ZIP Code**. |
| 2 | Provider Enrollment Application Type: Select **Individual Full Enrollment**, **Organization Full Enrollment**, **Atypical Individual, Atypical Organization**, or **Billing Agent**. |

## 3.3 ORGANIZATION BASIC INFORMATION PAGE

The **Organization Basic Information** page captures basic information for Organization providers. If you are enrolling as an Individual provider, skip to Section 3.4, Individual Basic Information Page.

**Note:** If additional information is required on enrolling as an OOS Lite or full provider, please refer to Participant User Guide PRV 595 *Out-of-State Provider Enrollment*.

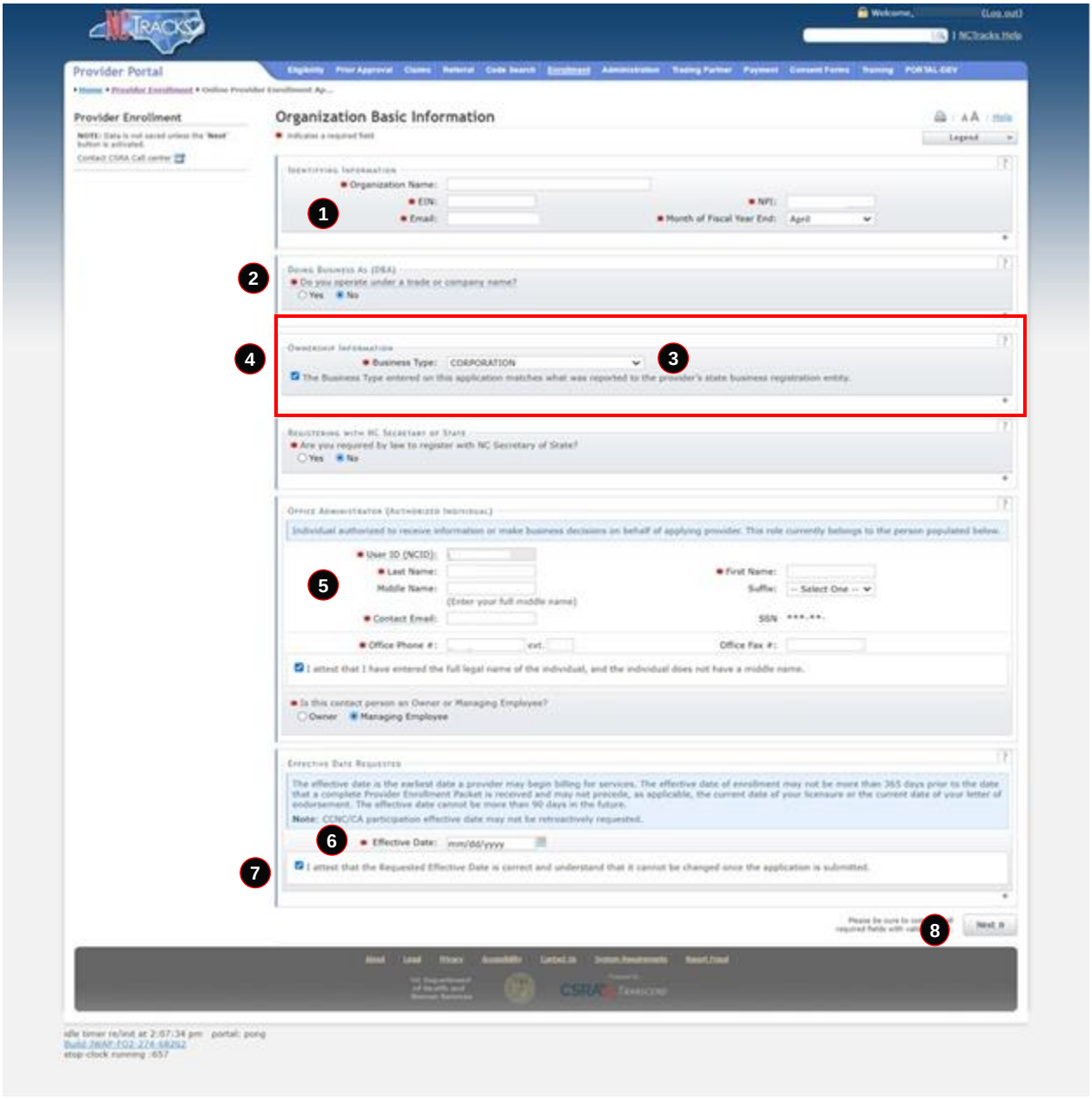



**Exhibit 6. Organization Basic Information Page #1**

| Step | Action |
|---|---|
| 1 | Identifying Information: Enter **Organization Name**, **EIN**, **NPI**, **Email**, and **Month of Fiscal Year End**. |

| Step | Action |
|---|---|
| 2 | Doing Business As (DBA): Answer **Yes** or **No** to the question: **'Do you operate under a trade or company name?'**.<br>• If you answer **Yes**, the field will expand, prompting you to enter the **DBA Name** and **Years Doing Business Under This Name**.<br>**Note**: The DBA Name must be registered in the county where the service is being provided.<br>• If you answer **No**, you may continue to the next required field on the page. |
| **Note** | The **Organization Name** and **DBA Name** fields only allow the following characters:<br>• Alpha (A – Z)<br>• Numeric (0 – 9)<br>• Hyphen (-)<br>• Ampersand (&) |
| 3 | Ownership Information: Select the **Business Type** from the drop-down menu:<br>• **City/Municipality:** Select this if the Organization is owned by a City or a Municipality.<br>• **Corporation:** Select this if this is a legal entity that is separate from the people who own it. Shareholders govern the corporation indirectly by electing people to manage it.<br>• **Federal:** Select this if ownership falls within the jurisdiction of the federal government.<br>• **Indian Health Services:** Select this if the ownership falls within the jurisdiction of the Indian Health Services.<br>• **Limited Liability Corporation:** Select this (filing status) if this is a Limited Liability Corporation (LLC).<br>• **Local Government Agency:** Select this if the Organization is owned by a City or a Municipality.<br>• **Non-Profit:** Select this if it is a non-profit enterprise.<br>• **Partnership:** Select this if it is a General Partnership, or a Limited Partnership, where two or more people have created this business entity.<br>• **State:** Select this if the entity is owned by the state in which it operates. |
| 4 | Select the checkbox beside the **attestation** statement: **'The Business Type entered on this application matches what was reported to the provider's state business registration entity.'** The provider must review and attest to this statement on all Enrollment, Re-enrollment, MCR, and Re-verification applications when selecting a **Business Type**. |
| 5 | Office Administrator (Authorized Individual): Enter **Last Name**, **First Name**, **Contact Email**, **Office Phone #**, and **User ID (NCID)**. |
| 6 | Effective Date Requested: Enter **Effective Date**.<br>The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement. The effective date cannot be more than 90 days in the future.<br><br>**Note**: CCNC/CA participation effective date may not be retroactively requested. |
| 7 | Select the checkbox beside the **attestation** statement: **'I attest that the Requested Effective Date is correct and understand that it cannot be changed once the application is submitted.'** |
| 8 | Select the **Next** button to continue. |

## 3.4 INDIVIDUAL BASIC INFORMATION PAGE

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

**Note**: If additional information is required on enrolling as an OOS Lite or full provider, please refer to Participant User Guide PRV 595 *Out-of-State Provider Enrollment*.

**Note**: Individual providers who answer **Yes**, and existing providers who change their answer from **No** to **Yes** when answering the question 'Are you a Rendering/Attending Only provider?' presented on the **Individual Basic Information** page, cannot participate as Community Care of North Carolina / Carolina ACCESS (CCNC/CA) Primary Care Providers (PCPs). If the Individual provider answers **Yes**, the CCNC/CA page will not display and ask the provider if they want to enroll as a CCNC/CA PCP.

For all existing active CCNC/CA PCPs who complete an MCR to change their answer from **No** to **Yes** to the question 'Are you a Rendering/Attending Only provider?', the page will present the warning: 'This change will result in the termination of your CCNC/CA participation and your recipients will be reassigned. If you have questions, please contact your local Managed Care Consultant.'

If **Yes** is selected, the provider will not have the opportunity to add EFT information.

If **Yes** is selected, completion of the **Affiliated Provider Information** page will be required. Affiliating to an Organization allows the affiliated Organization to bill and receive payment for the services you have rendered.

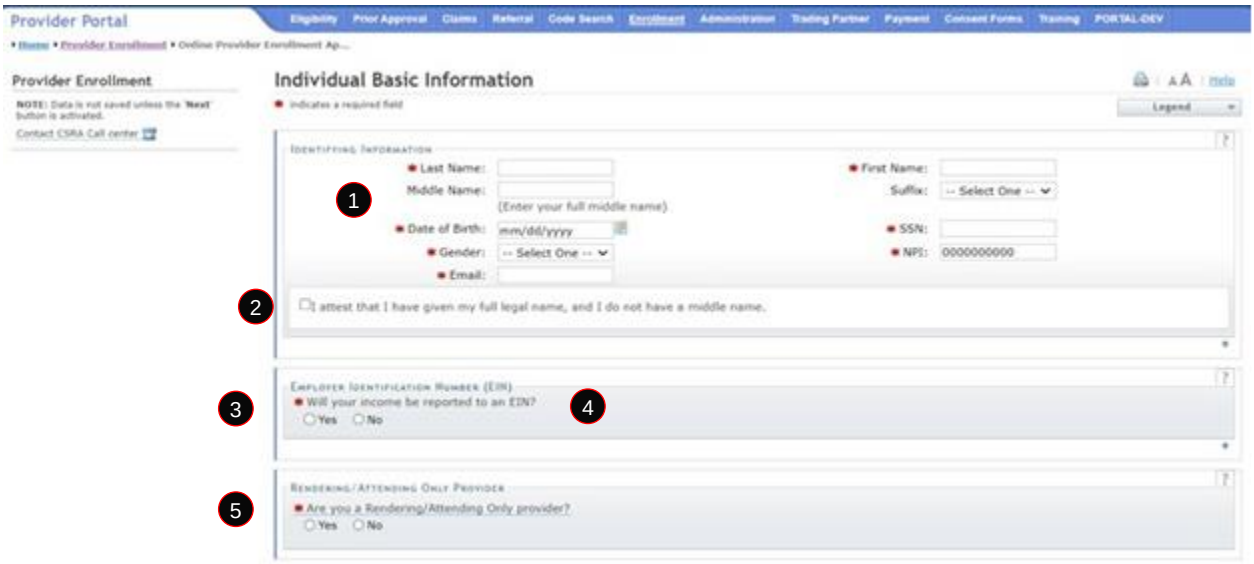



**Exhibit 7. Individual Basic Information Page #1**

| Step | Action |
|---|---|
| 1 | Identifying Information: Enter **Last Name**, **First Name**, **Date of Birth**, **SSN**, **Gender**, **NPI**, and **Email**.<br>**Note**: Individuals should enter their Legal Name (Last, First, and Middle), if applicable. |
| 2 | Select the **attestation checkbox** if you have given your full legal name and you do not have a middle name. |

| Step | Action |
|---|---|
| 3 | Employer Identification Number (EIN): Answer **Yes** or **No** to the question: **'Will your income be reported to an EIN?'**. If **Yes**, enter **EIN**. Do not enter the EIN of an Organization or group to which you may be affiliated.<br>**Note**: DBA information is required when an Individual provider reports their income to an EIN. |
| 4 | If **Yes** is selected for the question **'Will your income be reported to an EIN?'**, enter **DBA Name** and **Years Doing Business Under This Name**.<br><br>The **DBA Name** field only allows the following characters:<br>• Alpha (A – Z)<br>• Numeric (0 – 9)<br>• Hyphen (-)<br>• Ampersand (&) |
| 5 | Rendering/Attending Only Provider: Answer **Yes** or **No** to the question: **'Are you a Rendering/Attending Only provider?'**. |
| Note | If an Individual provider selects the option to be an OPR Lite provider, they will have fewer pages of the enrollment application to complete. Claims submitted with the NPI of an OPR Lite provider as the billing or rendering provider will not be paid. OPR Lite providers enroll for the sole purpose of ordering, prescribing, and referring products and services for NC Medicaid beneficiaries. |

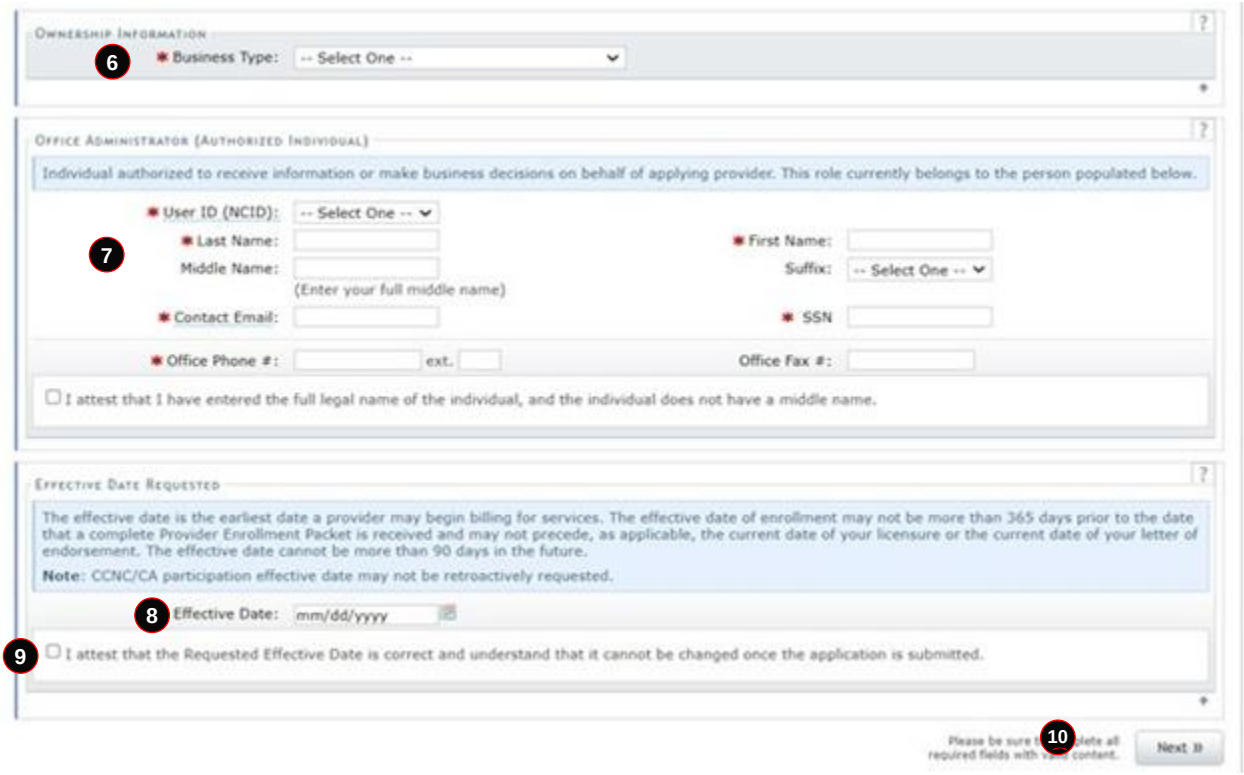



**Exhibit 8. Individual Basic Information Page #2**

| Step | Action |
|---|---|
| 6 | Ownership Information: Select the **Business Type** from the drop-down menu.<br>• If **No** was selected for the question **'Will your income be reported to an EIN?'** in Step 4, select either the **Self (Individual Filing Under an SSN)** or **Sole Proprietor** option. |

| Step | Action |
|---|---|
| | • If **Yes** was selected for the question **'Will your income be reported to an EIN?'** in Step 4, select one of the following available options:<br>– **Self** – Select this type if you are an Individual filing under an SSN.<br>– **Single-Owner LLC** – Select this type (filing status) if you are an Individual who intends to operate as a sole proprietor and act as the sole owner and manager.<br>– **Sole Proprietor** – Select this type (filing status) if you are an Individual filing under an EIN. |
| 7 | Office Administrator (Authorized Individual): Select **Same as Enrolling Provider** if the Individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter **Last Name**, **First Name**, **Contact Email**, **SSN**, **Office Phone #**, and **User ID (NCID)**. |
| 8 | Effective Date Requested: Enter **Effective Date**.<br>The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement. The effective date cannot be more than 90 days in the future.<br><br>**Note**: CCNC/CA participation effective date may not be retroactively requested. |
| 9 | Select the checkbox beside the **attestation** statement: **'I attest that the Requested Effective Date is correct and understand that it cannot be changed once the application is submitted.'** |
| 10 | Select the **Next** button to continue. |

## 3.5 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.

## 3.6 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.

**Note**: OPR providers should proceed to Section 3.9, Ownership Information Page.

## 3.7 PREVIOUS HEALTH PLAN INFORMATION PAGE

The **Previous Health Plan Information** page captures the various past NC DHHS IDs for health plans in which the applicant was enrolled previously.

## 3.8 HEALTH / BENEFIT PLAN SELECTION PAGE

The **Health / Benefit Plan Selection** page captures applicable health and benefit plans with begin and end dates. Authorized users can update health plan information.

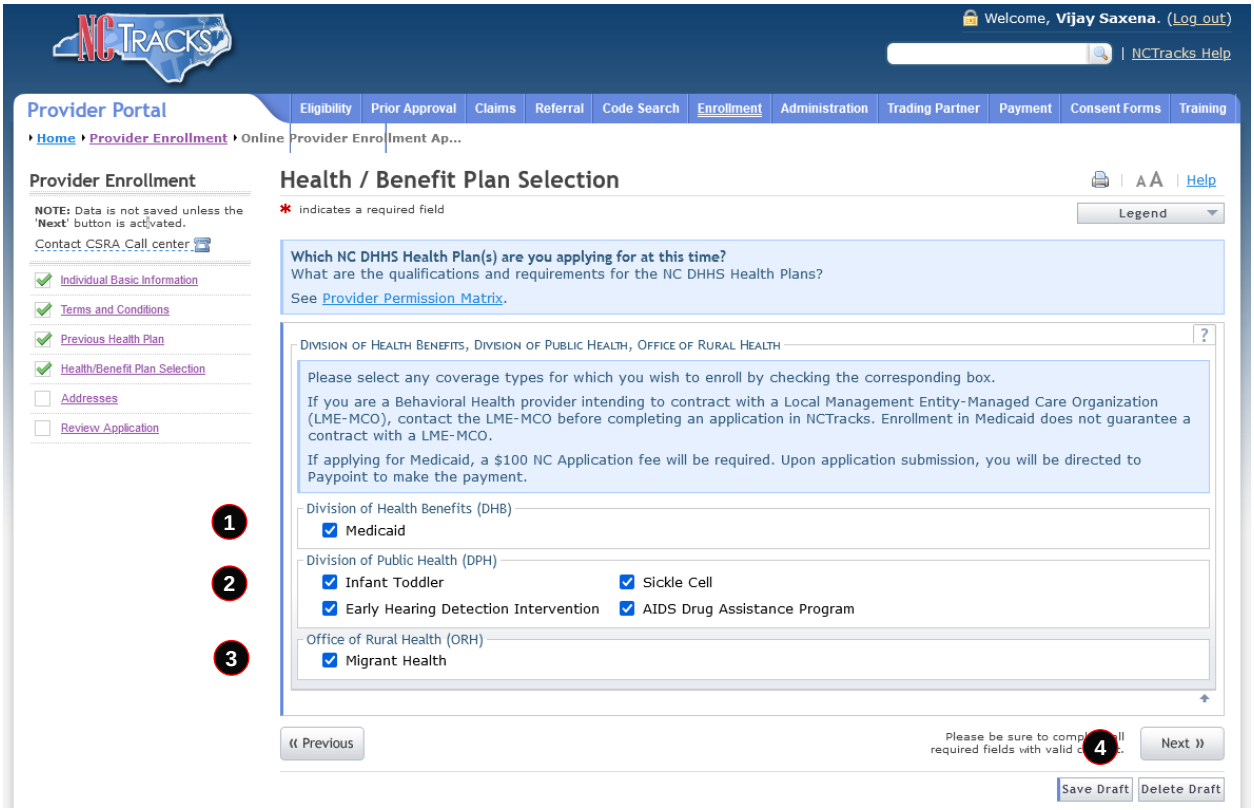



**Exhibit 9. Health / Benefit Plan Selection Page**

| Step | Action |
|---|---|
| 1 | Opt out of any coverage by deselecting the appropriate checkbox: Division of Health Benefits (DHB): **Medicaid**. |
| 2 | Opt out of any coverage by deselecting the appropriate checkbox: Division of Public Health (DPH): **Infant Toddler**, **Sickle Cell**, **Early Hearing Detection Intervention**, and/or **AIDS Drug Assistance Program**. |
| 3 | Opt out of any coverage by deselecting the appropriate checkbox: Office of Rural Health (ORH): **Migrant Health**. |
| 4 | Select the **Next** button to continue. |
| Note | If a provider is enrolling as an OPR Lite and/or OOS provider, they will only see DHB health plan: **Medicaid**. |

## 3.9 OWNERSHIP INFORMATION PAGE

The **Ownership Information** page captures the type(s) of ownership and information about each shareholder/partner with 5% or more ownership as applicable.

The **Ownership Information** page displays only for Organizations and Atypical Organizations if the Business Type (entered/displayed on the Organization Basic Information page) is Limited Liability Corporation (LLC), Corporation, Non-Profit, or Partnership. An OOS Lite Organization only has access to the **Ownership Information** page when the OA is an owner, and additional owners are not allowed.

**Note**: Individual providers should continue to the Addresses page.

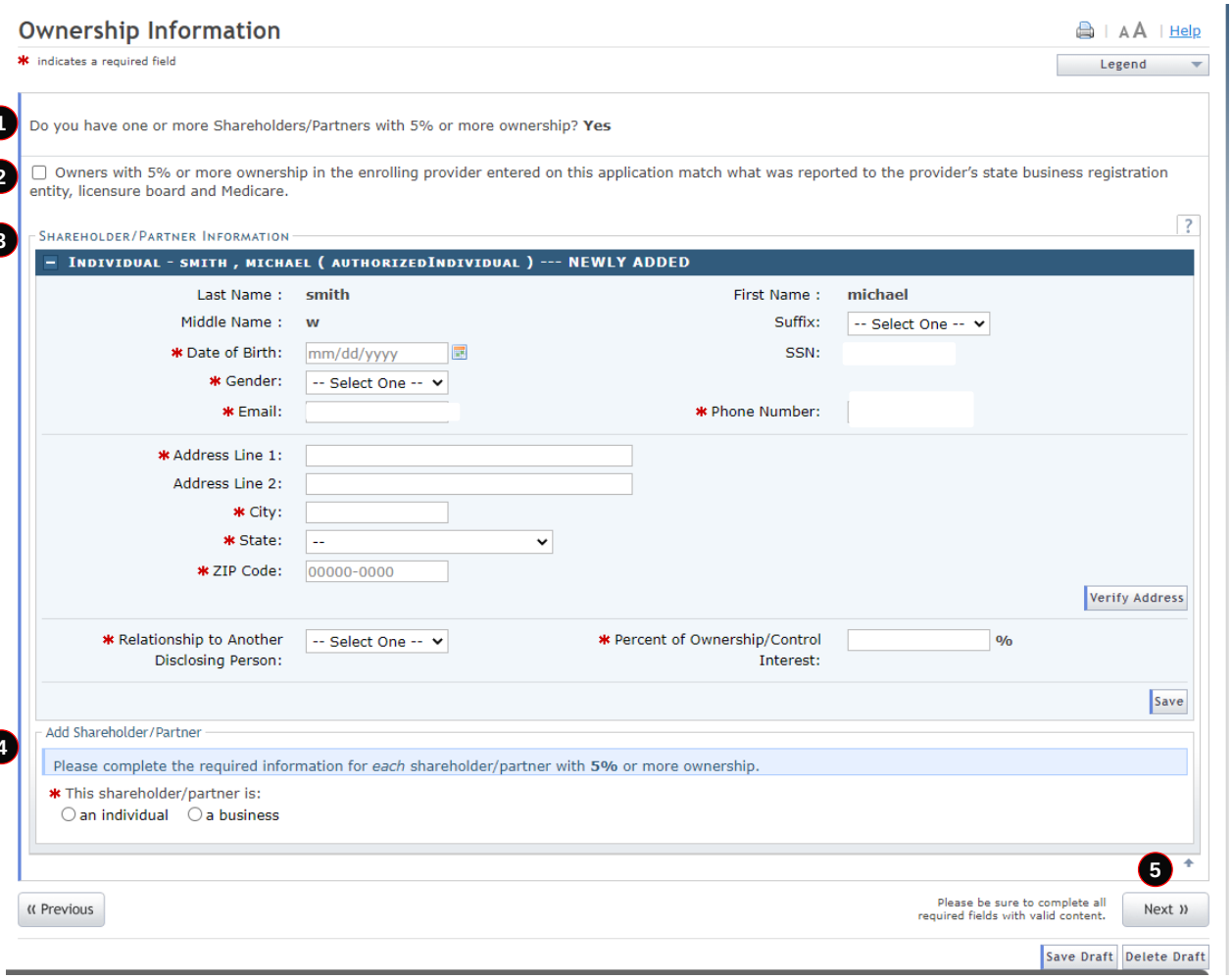



**Exhibit 10. Ownership Information Page**

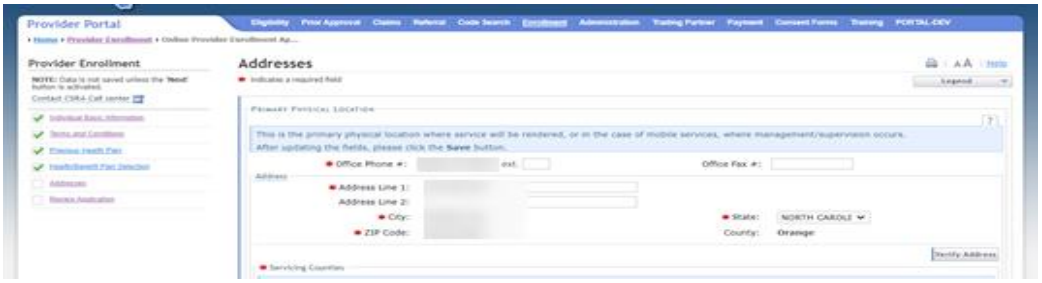
| Step | Action |
|---|---|
| 1 | Do you have one or more Shareholders/Partners with 5% or more ownership?: Select **Yes** or **No**; if **Yes**, the ownership attestation statement and the **Shareholder/Partner Information** section display. |

| Step | Action |
|---|---|
| 2 | If **Yes** was selected in Step 1, select the checkbox beside the **attestation** statement: **'Owners with 5% or more ownership in the enrolling provider entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare.'** |
| 3 | Shareholder/Partner Information: Select the **Edit** button to edit an existing Shareholder/Partner to change **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Gender**, **Email**, **Phone Number**, **Address**, **City**, **State**, **ZIP Code**, **Relationship to Another Disclosing Person**, and **Percent of Ownership/Control Interest**. Select the **Verify Address** button and then the **Save** button. |
| 4 | Add Shareholder/Partner: Select either **an individual** or **a business**.<br>• For an individual, enter **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Gender**, **Address**, **City**, **State**, **ZIP Code**, **Relationship to Another Disclosing Person**, **Percent of Ownership/Control Interest**, and **Begin Date**. Then select the **Add** button.<br>• For a business, enter **Business Legal Name**, **EIN**, **Address**, **City**, **State**, **ZIP Code**, **Percent of Ownership/Control Interest**, and **Begin Date**. Then select the **Add** button. |
| 5 | Select the **Next** button to continue. |
| Note | OOS Organizations only see the **Ownership Information** page when the OA is an owner. No other owners can be added to the record. |

## 3.10 ADDRESSES PAGE

The **Addresses** page captures the primary physical location, Pay-To/Remittance Advice (RA), correspondence, and other service location addresses and contact information. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

**Note**: OPR Lite providers are not required to add additional service locations. Providers must have active participation in Medicare or their home state Medicaid Program for every OOS and border service location entered on the application. If the provider is an OOS or border provider with an OOS or border service location, Credentialing staff will confirm the provider is active with Medicare for each location listed. If not active with Medicare, Credentialing staff will contact the provider's home state Medicaid Program.




1

**Exhibit 11. Addresses Page #1**

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

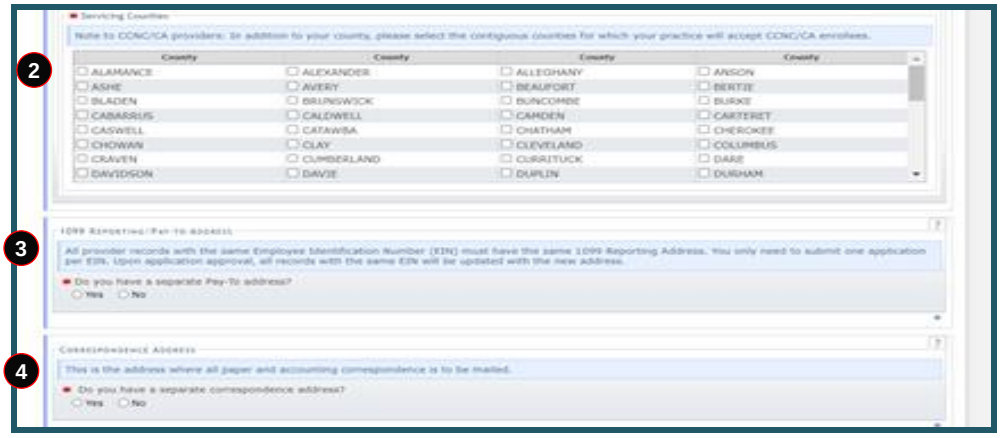



**Exhibit 12. Addresses Page #2**

| Step | Action |
|---|---|
| 2 | Servicing Counties: Select all service counties that are contiguous to your primary county from which you will accept CCNC/CA enrollees. For example, if you are located in Wake County, but you accept Managed Care enrollees from Durham County, then check Durham County. |
| 3 | 1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select **Yes** or **No**.<br>**Note**: All provider records with the same EIN must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address. |
| 4 | Correspondence Address: Do you have a separate correspondence address?: Select **Yes** or **No**. |

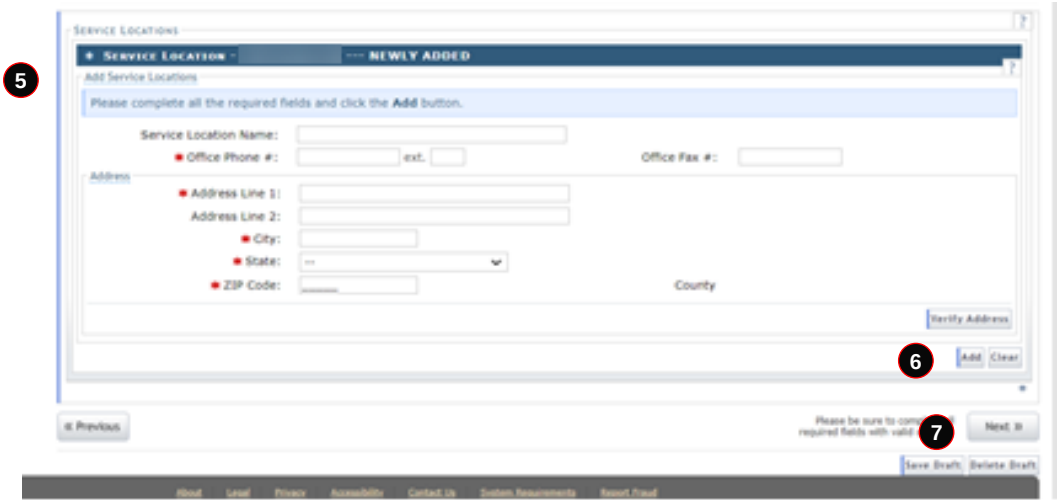



**Exhibit 13. Addresses Page #3**

| Step | Action |
|---|---|
| 5 | Service Locations: Add each service location by entering **Office Phone #**, **Address**, **City**, **State**, and **ZIP Code**. |

| | |
|---|---|
| 6 | Select the **Add** button to add the service location. To add other locations repeat the same steps for each additional service location. |
| 7 | Select the **Next** button to continue. |
| Note | Additional service locations are not required for OPR Lite providers. |

## 3.11 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. Taxonomies that are identified as Moderate or High categorical risk levels will have additional enrollment criteria that must be met.

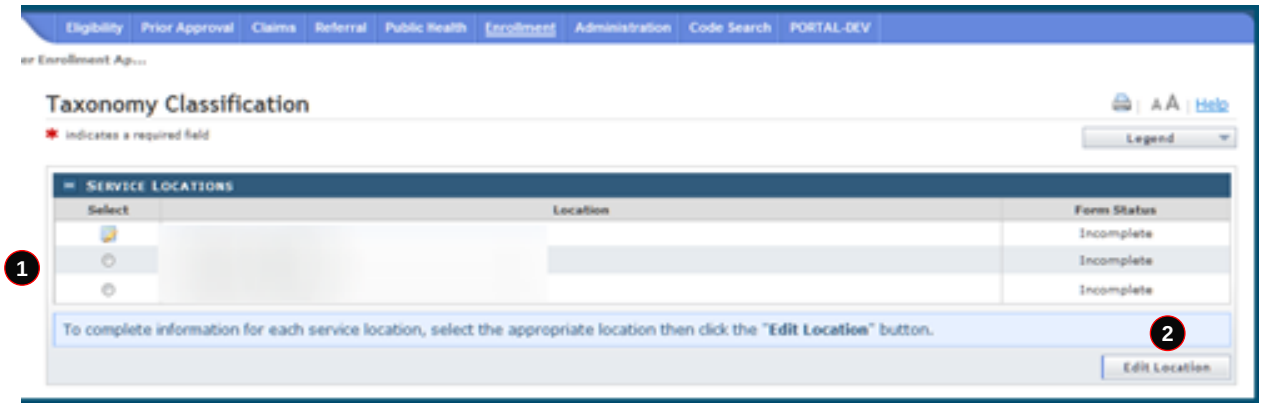



**Exhibit 14. Taxonomy Classification Page #1**

| Step | Action |
|---|---|
| 1 | Service Locations: Select the **Service Location**. |
| 2 | Select the **Edit Location** button. |

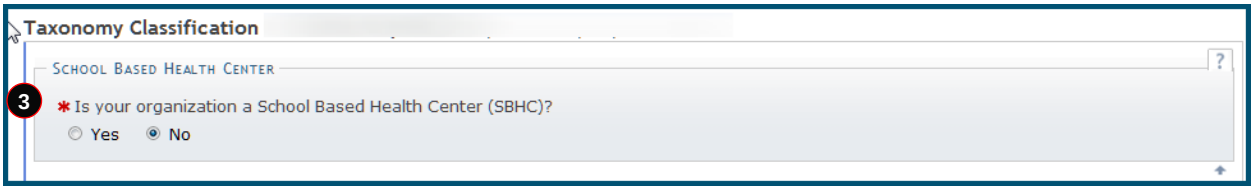



**Exhibit 15. Taxonomy Classification Page #2**

| Step | Action |
|---|---|
| 3 | School Based Health Center: Is your Organization a School Based Health Center (SBHC)?: Select **Yes** or **No**. |

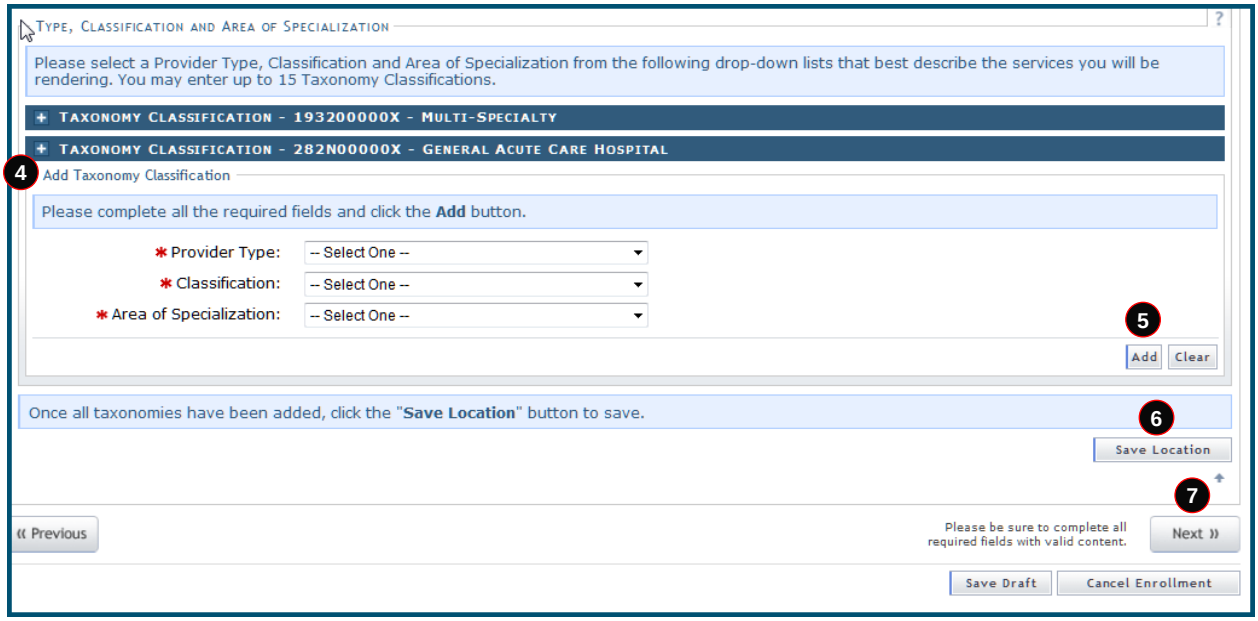



**Exhibit 16. Taxonomy Classification Page #3**

| Step | Action |
|---|---|
| 4 | Add Taxonomy Classification: Using the drop-down menus, select **Provider Type**, **Classification**, and **Area of Specialization** (if applicable). |
| 5 | Select the **Add** button to add another Taxonomy Classification.<br>**Note**: Repeat this process to add multiple taxonomy codes. You can enter up to 15 taxonomy codes. |
| 6 | Select the **Save Location** button after all taxonomies have been added. |
| 7 | Select the **Next** button to continue. |
| | **Note**: As of November 1, 2017, residents and interns licensed through the NC Medical Board with a Resident in Training License (RTL) can also enroll as OPR Lite providers. These practitioners will use the Student Health Care Taxonomy 390200000X. The system will require a license number; the RTL should be used when entering license information.<br>If a resident or intern previously enrolled as an OPR Lite provider and now has credentials to upgrade to a fully enrolled provider, they will need to add their new specialty-specific taxonomy through the MCR process. |

## 3.12 ADD SERVICES AND ENDORSEMENTS PAGE

The **Add Services and Endorsements** page captures services and endorsement information. This page displays only for Organizations and Atypical Organizations with specific taxonomy codes.

**Note**: This page does not apply to OPR Lite providers.

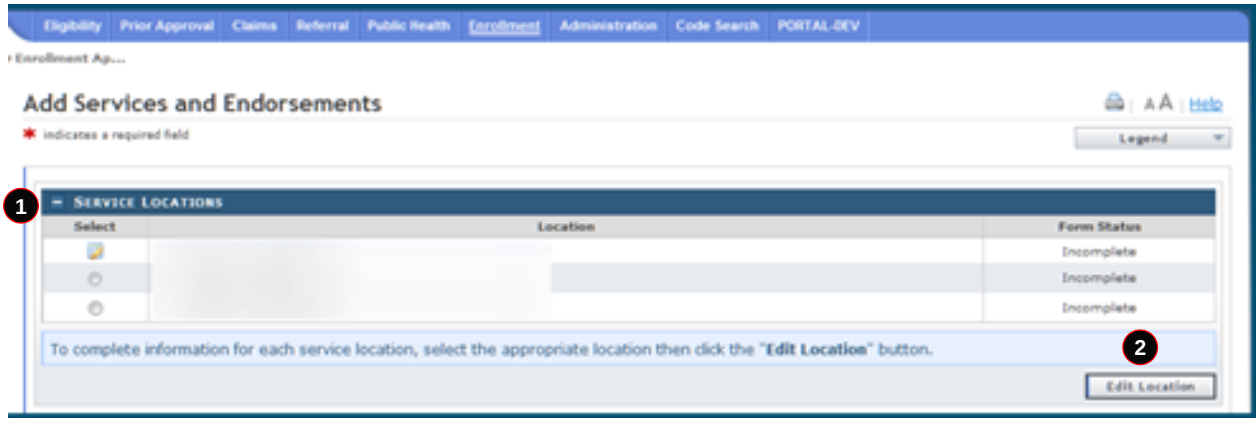



**Exhibit 17. Add Services and Endorsements Page #1**

| Step | Action |
|---|---|
| 1 | Select the **Service Location**. |
| 2 | Select the **Edit Location** button. |

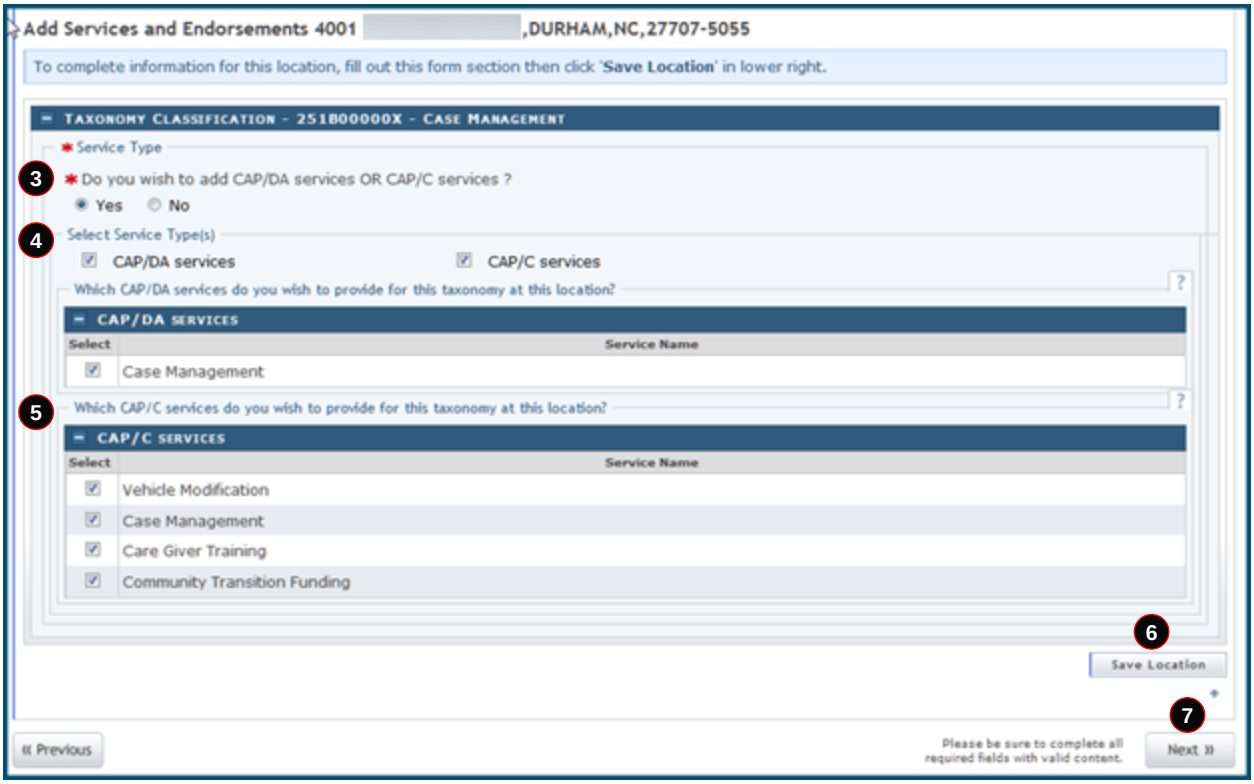



**Exhibit 18. Add Services and Endorsements Page #2**

| Step | Action |
|---|---|
| 3 | Select Service Type: Do you wish to add CAP/DA services OR CAP/C services?: Select **Yes** or **No**. |
| 4 | Select Service Type(s): **CAP/DA** (Community Alternatives Program for Disabled Adults) services, **CAP/C** (Community Alternatives Program for Children) services. |
| 5 | Select the checkboxes of services that you plan to render at this location. |

| | |
|---|---|
| 6 | Select the **Save Location** button. |
| 7 | Select the **Next** button to continue. |

## 3.13 ACCREDITATION PAGE

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

Based on the location, health plans, and taxonomies that you selected in the application, required accreditation, certification, and/or license fields will be populated. You must complete the remaining required fields.

You can add additional accreditations, certifications, and/or licenses as desired.

Once a Clinical Laboratory Improvement Amendments (CLIA) or Drug Enforcement Agency (DEA) certification is added to a provider record and verified, CSRA will update the effective dates according to information received from those certifying agencies.

Licenses issued by the NC Medical Board for Medical Doctors, Physician Assistants, and Anesthesiologists will also have the effective dates automatically updated once they have been verified as active by CSRA.

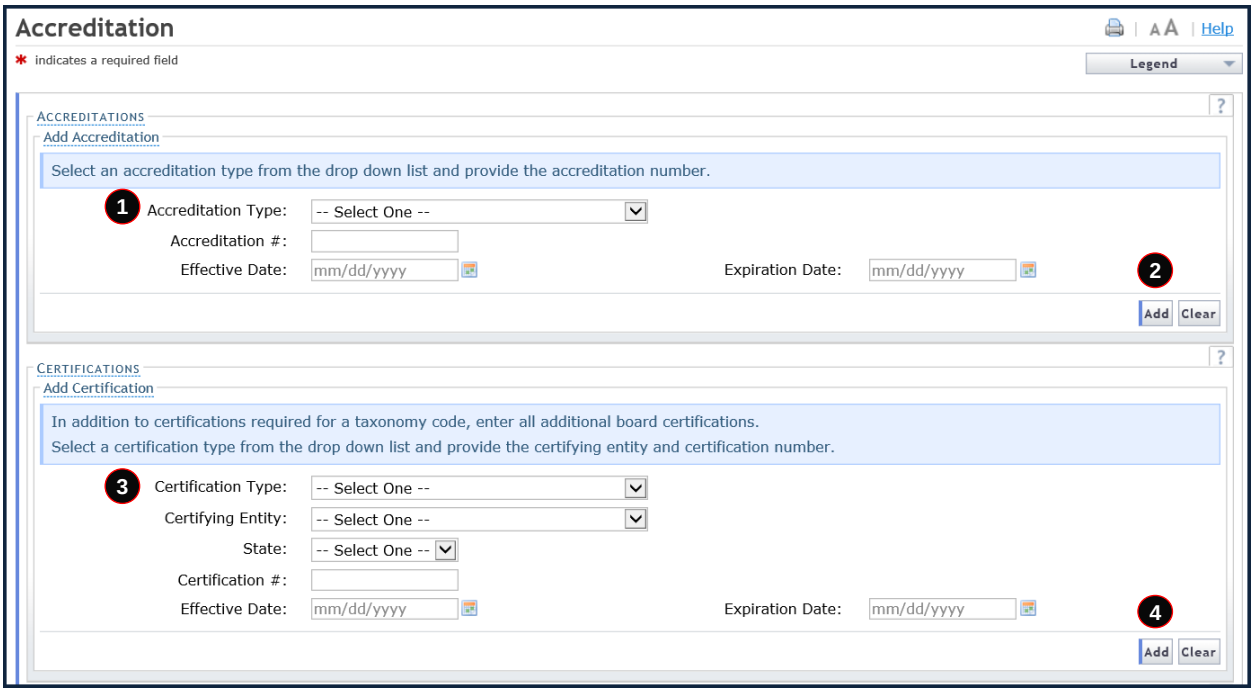



**Exhibit 19. Accreditation Page #1**

| Step | Action |
|---|---|
| 1 | Add Accreditation: Select **Accreditation Type** and enter **Accreditation #**, **Effective Date**, and **Expiration Date**. If your accreditation does not have an expiration date, leave this field blank. |
| 2 | Select the **Add** button. |
| 3 | Add Certification: Select **Certification Type**, **Certifying Entity**, and **State** and enter **Certification #**, **Effective Date**, and **Expiration Date**. If your certification does not have an expiration date, leave this field blank. |
| 4 | Select the **Add** button. |

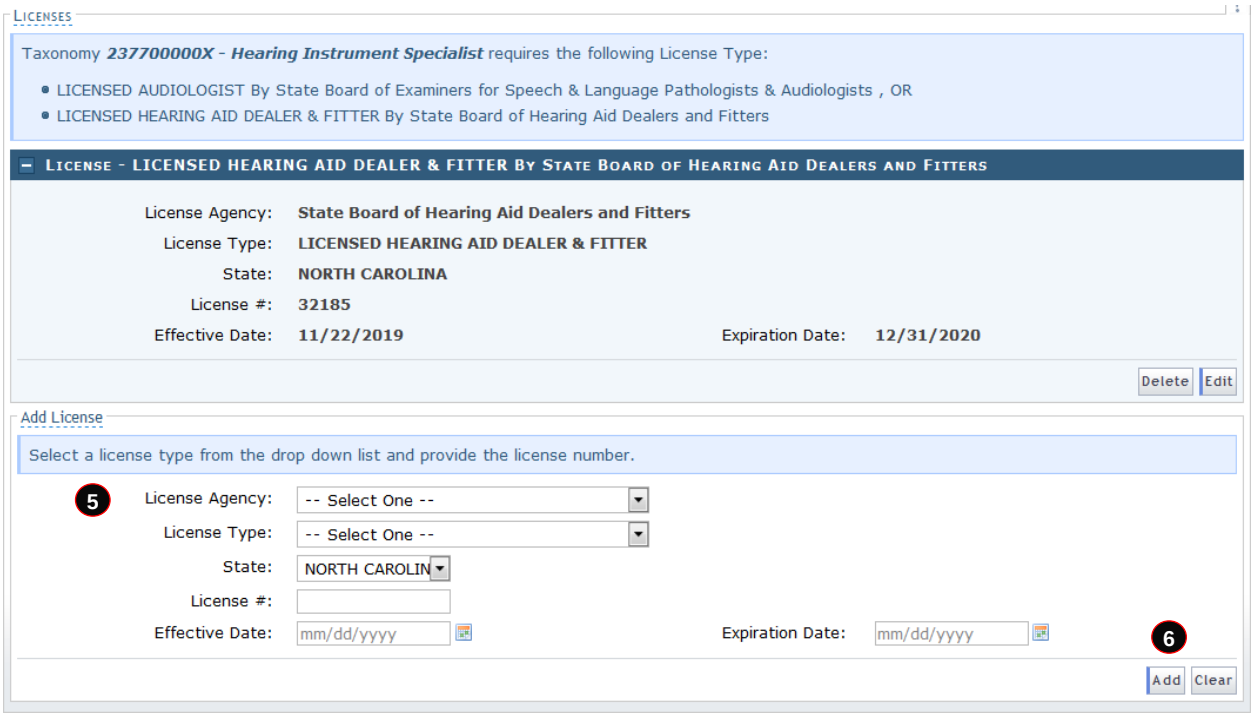



**Exhibit 20. Accreditation Page #2**

| Step | Action |
|---|---|
| 5 | Add License: Select **License Agency**, select **License Type**, and enter **State**, **License #**, **Effective Date**, and **Expiration Date**. |
| 6 | Select the **Add** button. |

## 3.14 COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS (CCNC/CA) PAGE

The **Community Care of North Carolina/Carolina ACCESS (CCNC/CA)** page captures providers who want to enroll in CCNC/CA and CCNC/CA contact person information.

## 3.15 PHYSICIAN EXTENDERS PARTICIPATION PAGE

The **Physician Extenders Participation** page captures participating physician extenders (nurse practitioners, nurse midwives, or physician assistants) and the requested maximum number of CCNC/CA enrollees at the location.

## 3.16 PREVENTIVE AND ANCILLARY SERVICES PAGE

The **Preventive and Ancillary Services** page captures preventive and ancillary services. This page displays for CCNC/CA applicants only.

## 3.17 HOURS PAGE

The **Hours** page captures the hours that services are provided on a regular basis and after-hours coverage information.

## 3.18 SERVICES PAGE

The **Services** page captures the types of services that are provided.

## 3.19 AGENTS AND MANAGING EMPLOYEES PAGE

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

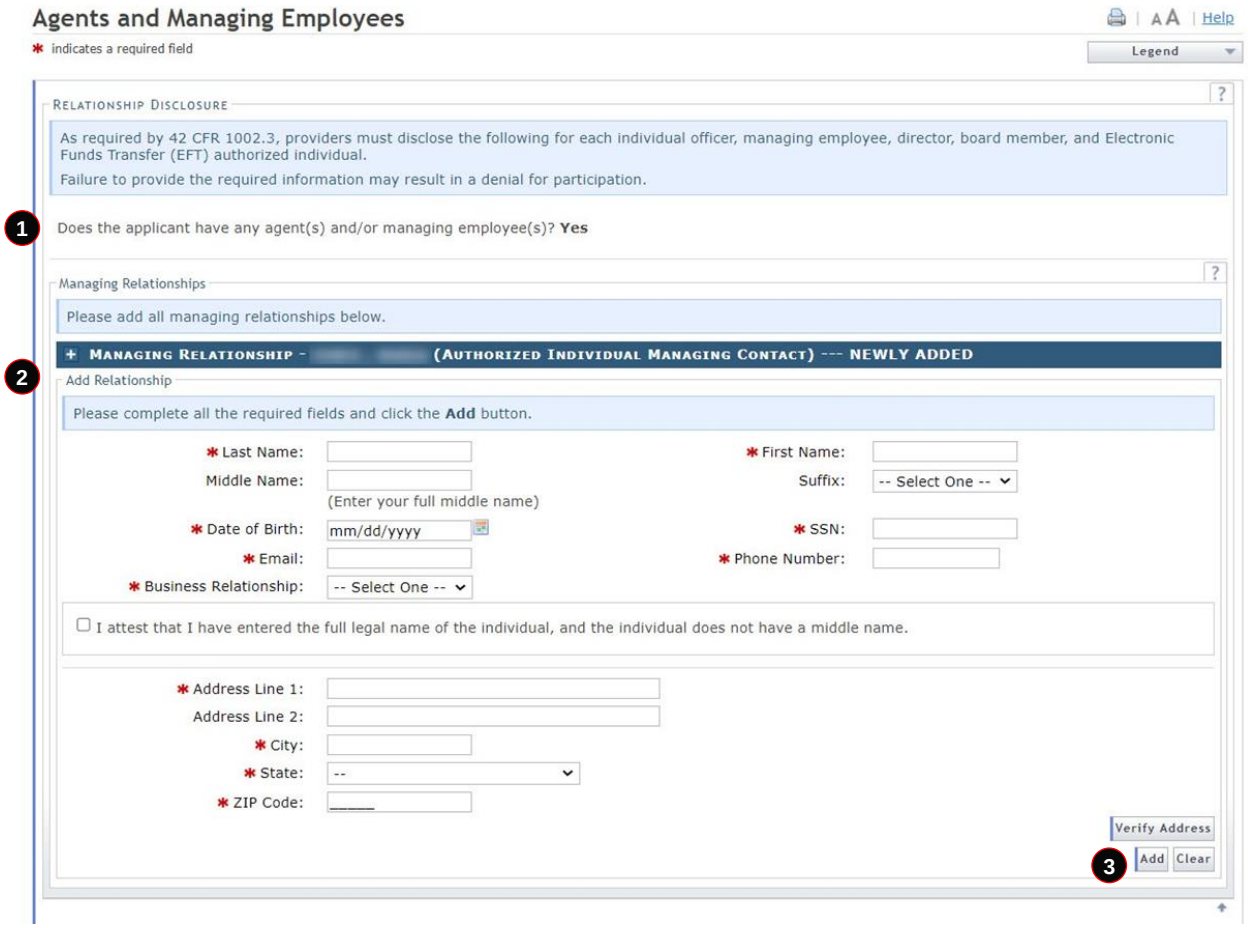



**Exhibit 21. Agents and Managing Employees Page**

| Step | Action |
|---|---|
| 1 | Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)?: Select **Yes** or **No**; if **Yes**, the **Managing Relationship** section displays. |
| 2 | In the **Add Relationship** section:<br>• Complete the fields **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Email**, **Phone Number**, **Business Relationship**, **Address**, **City**, **State**, and **ZIP Code**.<br>• If applicable, select the attestation checkbox: '**I attest that I have entered the full legal name of the individual, and the individual does not have a middle name**.'<br>• Select the **Verify** button. |
| 3 | Select the **Add** button to continue. |

## 3.20 HOSPITAL ADMITTING PAGE

The **Hospital Admitting** page captures Hospital Admitting information for Individual providers.

**Note**: This page does not apply to OPR Lite providers.

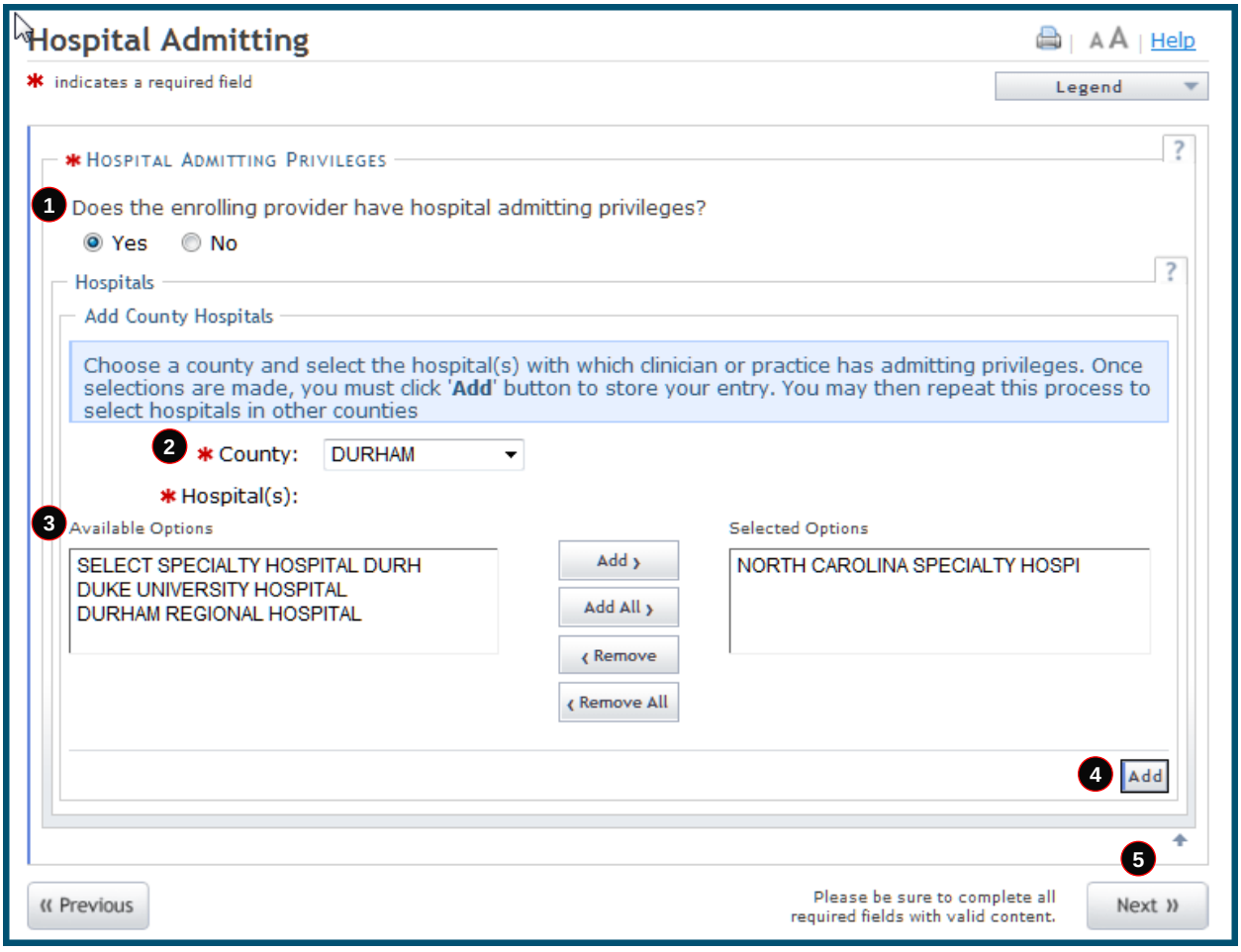



**Exhibit 22. Hospital Admitting Page**

| Step | Action |
|---|---|
| 1 | Does the enrolling provider have hospital admitting privileges?: Select **Yes** or **No**. Select **Yes** to add hospital(s). |
| 2 | Select the **County** in which the hospital is located. |
| 3 | Hospitals: Select the hospitals to which you have admitting privileges from the **Available Options** list on the left side of the page. Once the hospitals have been selected, select the **Add>** button to move them to the **Selected Options** list to the right.<br>**Note**: You can select multiple hospitals in a County by holding down the CTRL key while selecting each hospital. |
| 4 | Select the **Add** button to save the hospital selections. |
| 5 | Select the **Next** button to continue. |

## 3.21 PHARMACY INFORMATION PAGE

The **Pharmacy Information** page captures pharmacy information and pharmacy manager information. This page displays for pharmacy providers only.

**Note**: This page does not apply to OPR Lite providers.

## 3.22 FACILITIES INFORMATION PAGE

The **Facilities Information** page allows you to edit/respond to teaching hospital questions and bed accommodations types.

**Note**: This page does not apply to OPR Lite providers.

## 3.23 METHOD OF CLAIM AND ELECTRONIC TRANSACTIONS PAGE

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

**Note**: This page does not apply to OPR Lite providers.

**Note**: Abbreviated MCR applications allow providers to add/update their method of claim and electronic transactions. For more information, refer to Section 4 and to Participant User Guide PRV 563 *Abbreviated Managed Change Request*. Users with the Enrollment Specialist user role can submit all Abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all Abbreviated MCRs including the EFT Abbreviated MCR.

## 3.24 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.

**Note**: This page does not apply to OPR Lite providers.

## 3.25 AFFILIATED PROVIDER INFORMATION PAGE

During the Initial Enrollment process, a provider can 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.

The **Affiliated Provider Information** page captures information on the Organization(s) to which an 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.

**Note**: This page does not apply to OPR Lite providers.

**Note**: Abbreviated MCR applications allow providers to add/update affiliations. For more information on the Abbreviated MCR options, refer to Section 4 and to Participant User Guide PRV 563 *Abbreviated Managed Change Request*. Users with the Enrollment Specialist user role can submit all Abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all Abbreviated MCRs including the EFT Abbreviated MCR.

If the Organization participates in CCNC/CA, the enrolling provider will be given an option to participate in CCNC/CA under the group. In this example, the affiliating group does not participate in CCNC/CA, so 'N/A' is present.

Individual providers who answered **No** to the same questions can affiliate themselves to a Billing Agent.

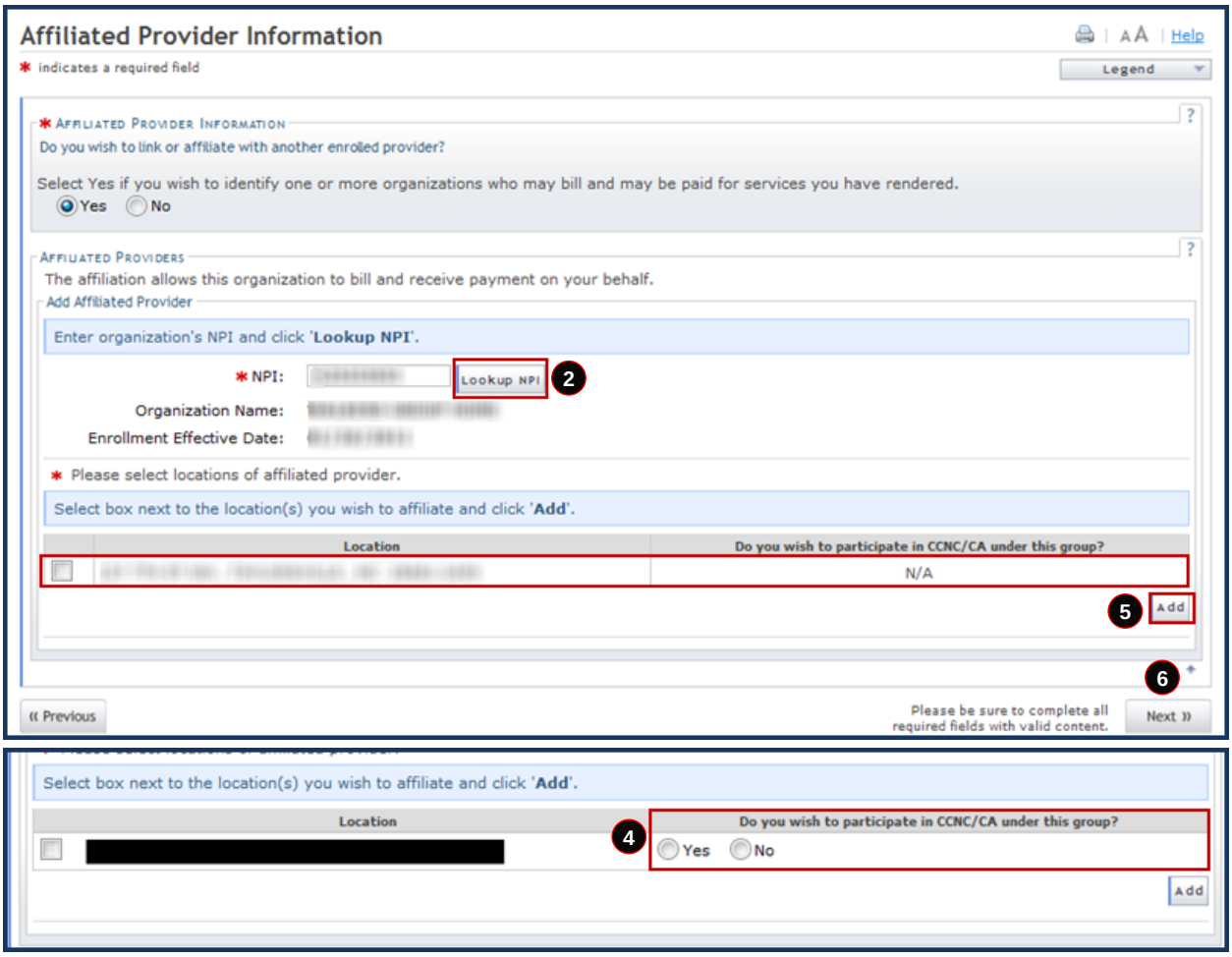



**Exhibit 23. Affiliated Provider Information Page**

| Step | Action |
|---|---|
| 1 | Affiliated Provider Information: Do you wish to link or affiliate with another enrolled provider?: Select **Yes** or **No**. |
| 2 | NPI: Enter the **NPI** of the Organization or group to which you want to affiliate. Select the **Lookup NPI** button. |
| 3 | Select the location(s) to which you want to affiliate. |
| 4 | Do you wish to participate in CCNC/CA under this group at this location?: Select **Yes** or **No**. **Note**: If the Organization to which you are affiliating does not participate in CCNC/CA, 'N/A' will be present. |
| 5 | Select the **Add** button to save the Affiliation. |
| 6 | Select the **Next** button to continue. |
| Note | If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny. |

## 3.26 EFT ACCOUNT INFORMATION PAGE

The **EFT Account Information** page captures EFT and Remittance information. All payments are by EFT in NCTracks.

**Note**: This page does not apply to OPR Lite providers.

## 3.27 PROVIDER SUPPLEMENTAL INFORMATION PAGE

The **Provider Supplemental Information** page captures the provider's work history, education, and current malpractice insurance information.

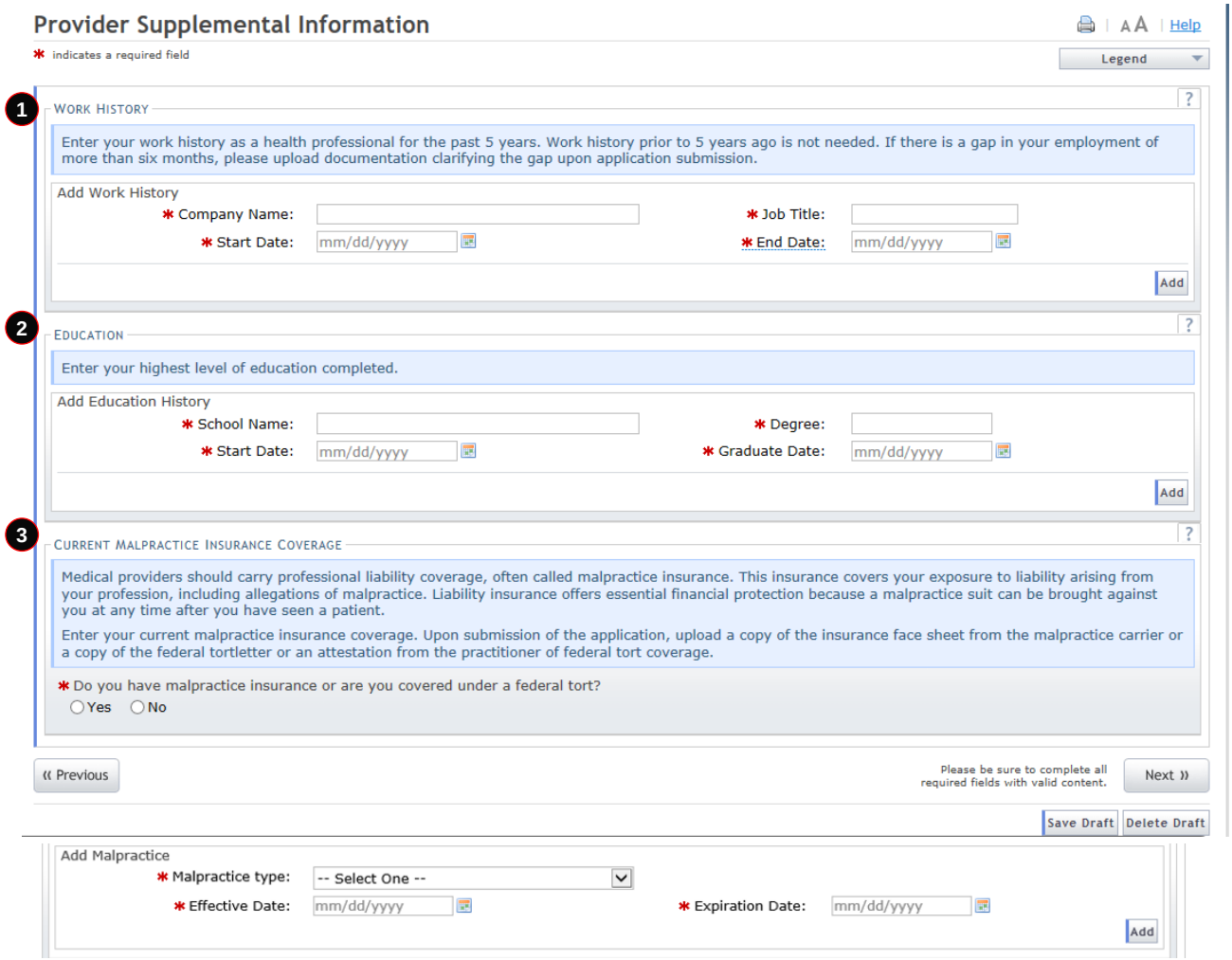



**Exhibit 24. Provider Supplemental Information Page**

| Step | Action |
|---|---|
| 1 | Work History: Enter your work history as a health professional for the past 5 years. It is not necessary to provide any work history prior to the 5-year timeframe.<br>If there is a gap in the Individual provider's work history of 6 months or more, the provider is required to upload written documentation explaining any gaps that occurred in the past 5 years.<br>• **Company Name:** Employer name<br>• **Job Title:** Position/job title |

| Step | Action |
|---|---|
| | • **Start Date:** Start date of the job title at this company<br>• **End Date:** End date of the job. If you still hold this job title at this company, enter 12/31/9999.<br><br>**Note**: When entering work history, if the enrolling provider is currently a resident or intern, he/she should enter the details of that residency/internship such as:<br>• **Company Name:** Healthcare Facility XYZ<br>• **Job Title:** Resident<br>• **Start Date:** Date residency/internship began<br>• **End Date:** 12/31/9999 if still a resident/intern |
| 2 | Education: Enter your Education information.<br>• **School Name:** School or institution name<br>• **Degree:** Highest degree<br>• **Start Date:** Date started at the school or institution<br>• **Graduate Date:** Date graduated from the school with this degree |
| 3 | Current Malpractice Insurance Coverage:<br>• **Do you have malpractice insurance or are you covered under a federal tort?:** Select **Yes** if you have malpractice insurance or are covered under a federal tort.<br>• **Malpractice Type:** Select the type of malpractice coverage<br>• **Amount:** Enter the amount of malpractice coverage<br>• **Effective Date:** Effective date of the coverage<br>• **Expiration Date:** Expiration date of the coverage |

## 3.28 EXCLUSION SANCTION INFORMATION PAGE


**Exhibit 25. Exclusion Sanction Information Page**

| Step | Action |
|---|---|
| 1 | Select **Yes** or **No** for each Exclusion Sanction question. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays. Select the **Add** button to add an Infraction/Conviction Date.<br><br>For each question answered **Yes**, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application.<br><br>Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).<br><br>**Note**: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.<br><br>**New questions have been added, so be sure to read each question carefully.** |

## 3.29 FEDERAL REQUIREMENTS PAGE

The **Federal Requirements** page displays when the application requires a Federal Site Visit or payment of the Federal Fee. When the provider is moderate or high risk, the Federal Site Visit and/or Fee is required. Providers are identified as moderate or high risk according to the Provider Permission Matrix, which can be found on the Provider Enrollment page of NCTracks.

The **Federal Site Visit** section of the page displays when the location requires a Federal Site Visit. The **Federal Fee** section displays when the location requires the Federal Fee.

**Note**: As of the current Provider Permission Matrix, the NEMT (Non-Emergency Medical Transportation) taxonomy requires both the Federal Site Visit and payment of the Federal Fee.

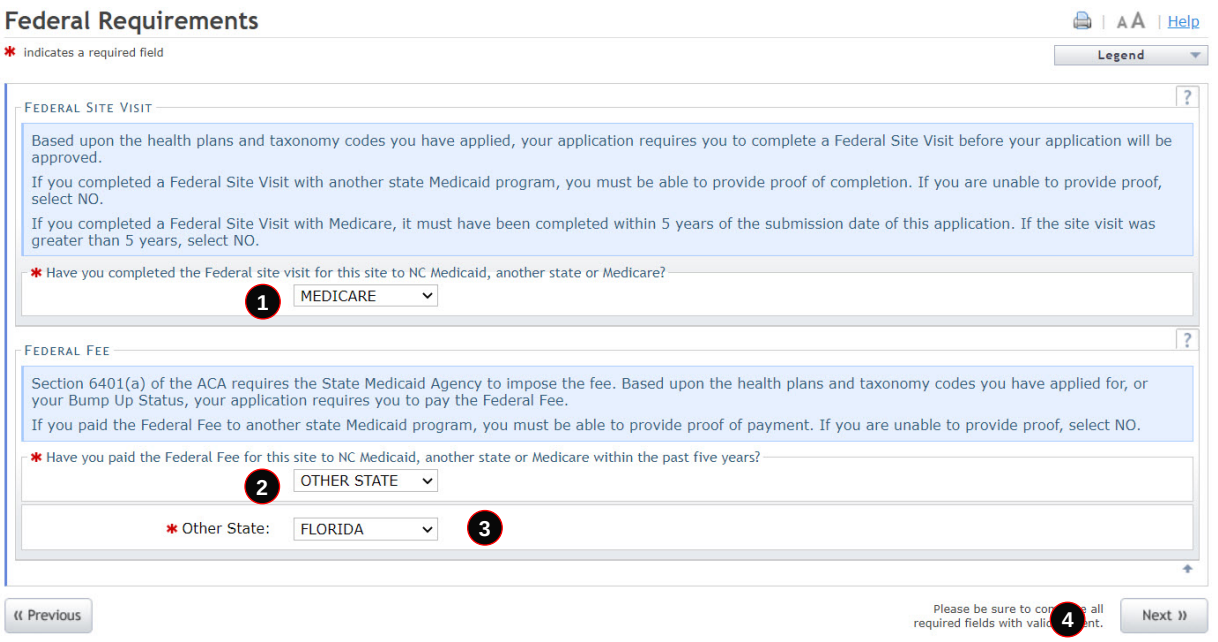



**Exhibit 26. Federal Requirements Page**

| Step | Action |
|---|---|
| 1 | Answer the question: **'Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare?'**.<br>• Select **NO** if you have not completed a Federal Site Visit for this location with either another state or Medicare. Select **MEDICARE** if completed with Medicare. Select **OTHER STATE** if completed for another state Medicaid program.<br>**Note**: If you select **NO**, Public Consulting Group (PCG) will contact you after the application has been submitted to set up the site visit.<br>• If you select **MEDICARE**, CSRA will confirm the site visit completion with Medicare.<br>• If you select **OTHER STATE**, you are required to upload proof of completion as part of the application submission.<br><br>**Note**: When a taxonomy requiring a site visit is added or reinstated to a new, reinstated, or existing location, NCTracks will present the Federal Requirements/Site Visit Completed question only if the provider has not completed a site visit within the past 5 years. Providers will not be required to complete a site visit if a site visit has been completed for the service location within the past 5 years. |
| 2 | Other State: If applicable, select the state. |
| 3 | Answer the question: **'Have you paid the Federal Fee for this site to NC Medicaid, another state or Medicare?'**.<br>• Select **NO** if you have not paid a Federal Fee for this location with either another state or Medicare. Select **MEDICARE** if paid to Medicare. Select **OTHER STATE** if completed for another state Medicaid program.<br>**Note**: If you select **NO**, upon submission of this application, you will be directed to PayPoint to pay the fee.<br>• If you select **MEDICARE**, CSRA will confirm the payment was made with Medicare.<br>• If you select **OTHER STATE**, you are required to upload proof of payment as part of the application submission. |

| Step | Action |
|---|---|
| | **Note**: The **Federal Requirements** page displays the Federal Fee amount charged to a provider enrolling in NCTracks and is per application. The system will charge the Federal Fee only a single time for a provider, regardless of how many of the provider's service locations require the fee. |
| 4 | Select the **Next** button to continue. |

## 3.30 REVIEW APPLICATION PAGE

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

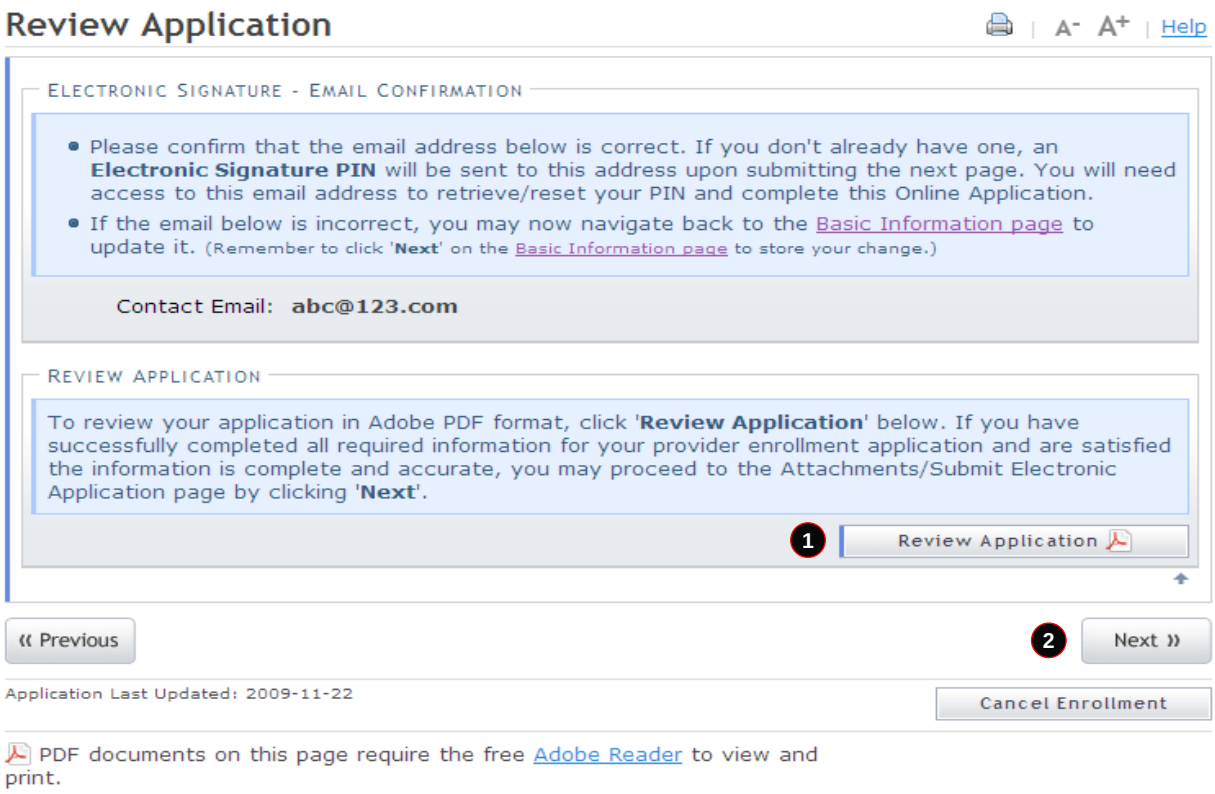



**Exhibit 27. Review Application Page**

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

## 3.31 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 them to the application.

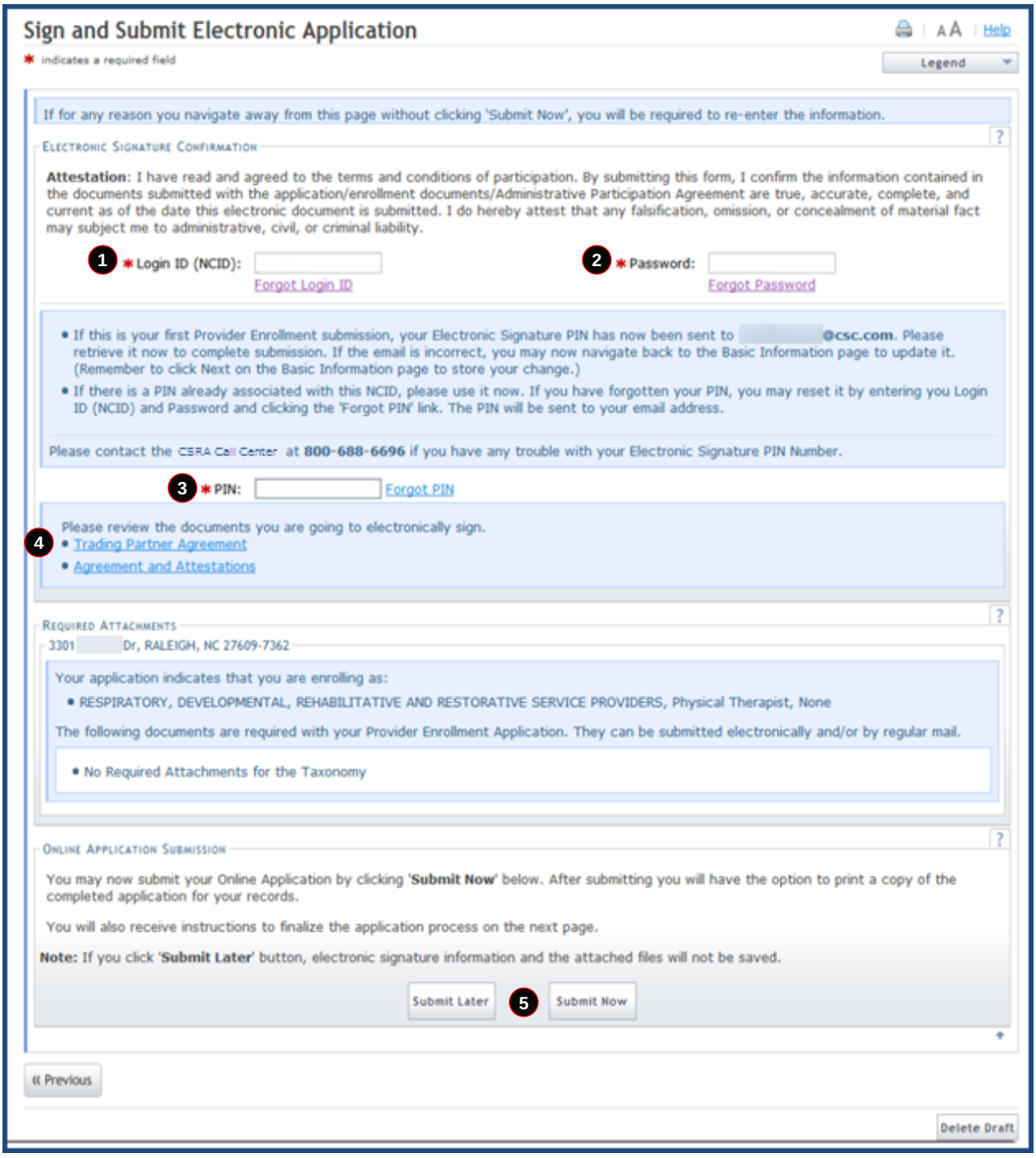



**Exhibit 28. Sign and Submit Electronic Application Page**

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

## 3.32 APPLICATION SUBMISSION STATUS PAGE

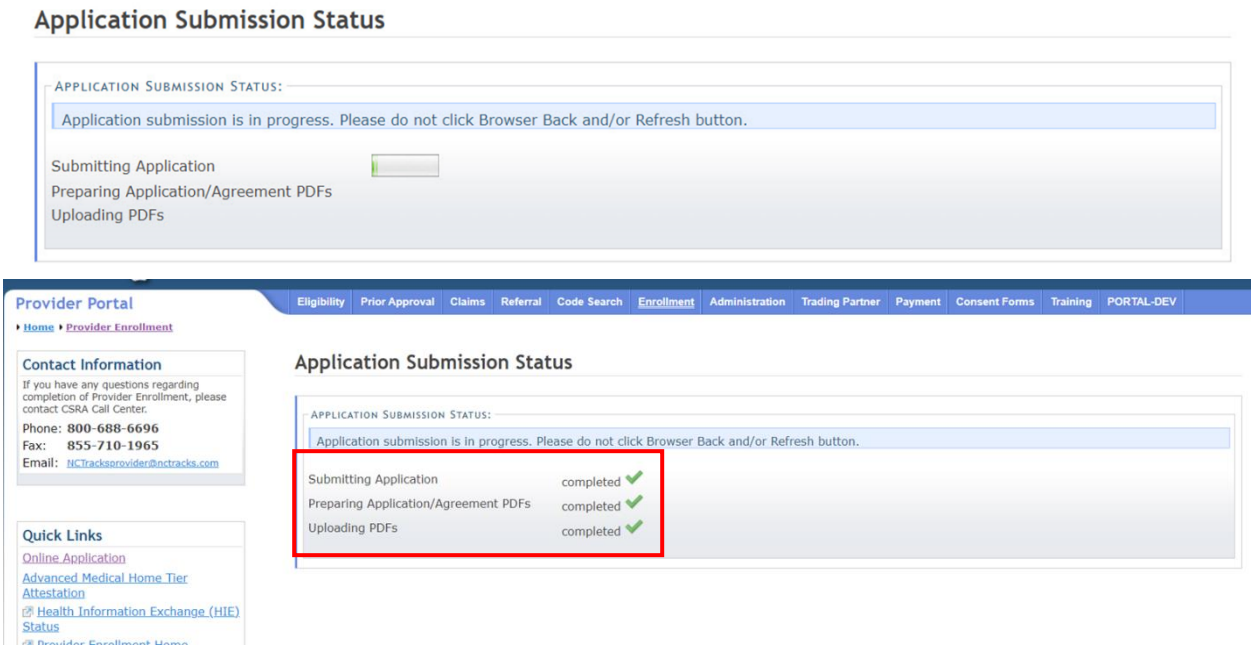



**Exhibit 29. Application Submission Status Page**

**Note**: The **Application Submission Status** page will display while your application is submitting. Do not select **Back** or **Refresh**. Wait for the display of three green check marks to know your application has been submitted successfully.

## 3.33 FINAL STEPS PAGE

The **Final Steps** page informs you that the application submission is complete. This page also contains the final steps you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application. If a provider is required to complete the fingerprinting process as identified in the Provider Permission Matrix, they will be notified on this page.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If

no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA/ES user will have access to the notification letters via the Message Center inbox as well as a hyperlink on the **Status and Management** page.

If the application is denied, the notification letter will be sent via e-mail.

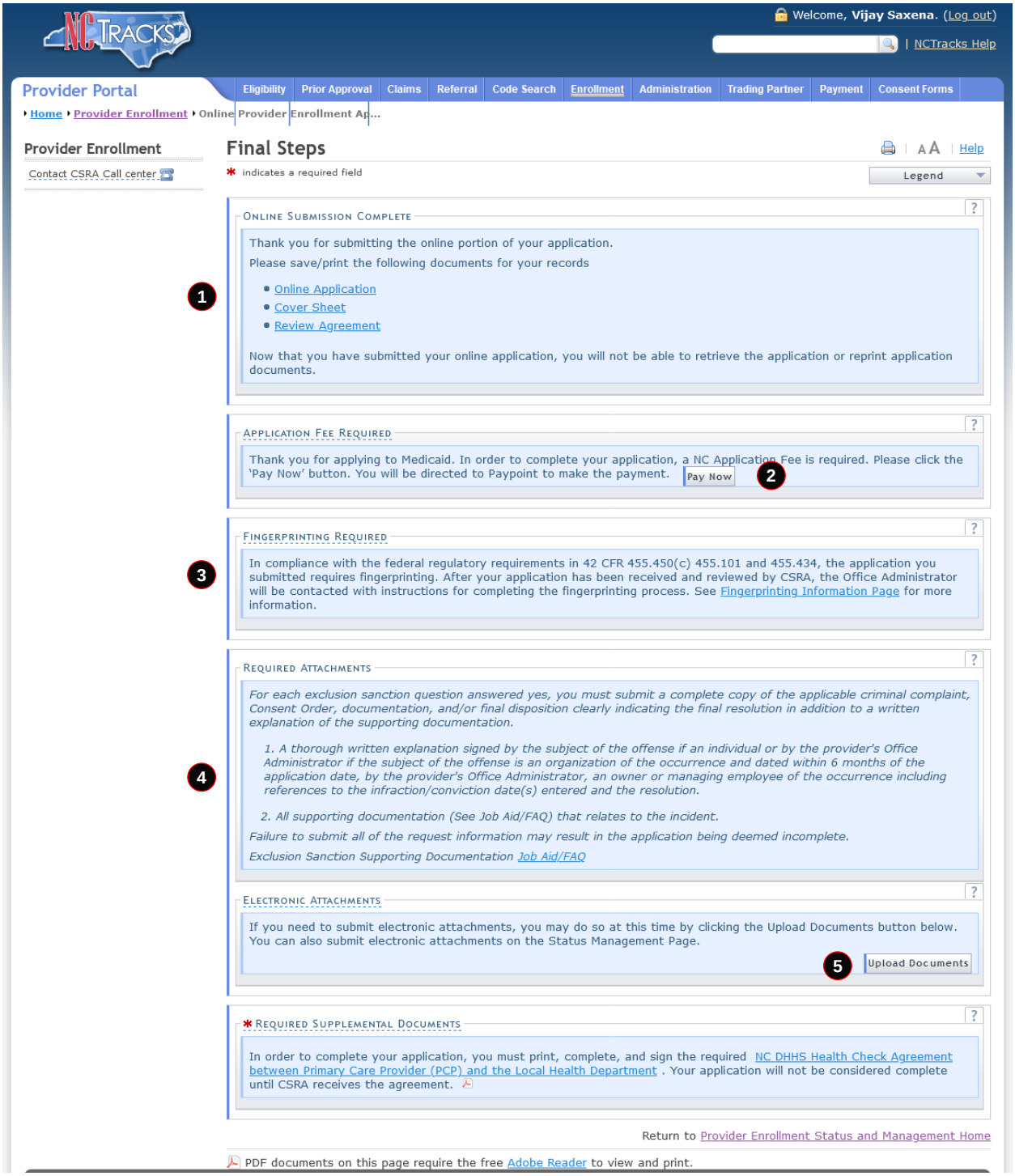



**Exhibit 30. Final Steps Page**

| Step | Action |
|---|---|
| 1 | Print/save the **Online Application** and/or **Cover Sheet**. This will be the only opportunity to save, download, or print the PDFs. |
| 2 | Select the **Pay Now** button. The PayPoint landing page displays. See Addendum B to view the PayPoint process.<br>**Note**: Application Fee Required: A $100 NC Application Fee is required when applying for Medicaid, except for OOS Lite providers. |
| 3 | Fingerprinting Required: This section will display if the application requires fingerprinting. |
| 4 | Required Attachments: Review the list of documents that need to be included with the application. |
| 5 | Select the **Upload Documents** button. |

### 3.33.1 Upload Documents Page

The **Upload Documents** page allows you to upload any additional relevant documents associated with a submitted application.

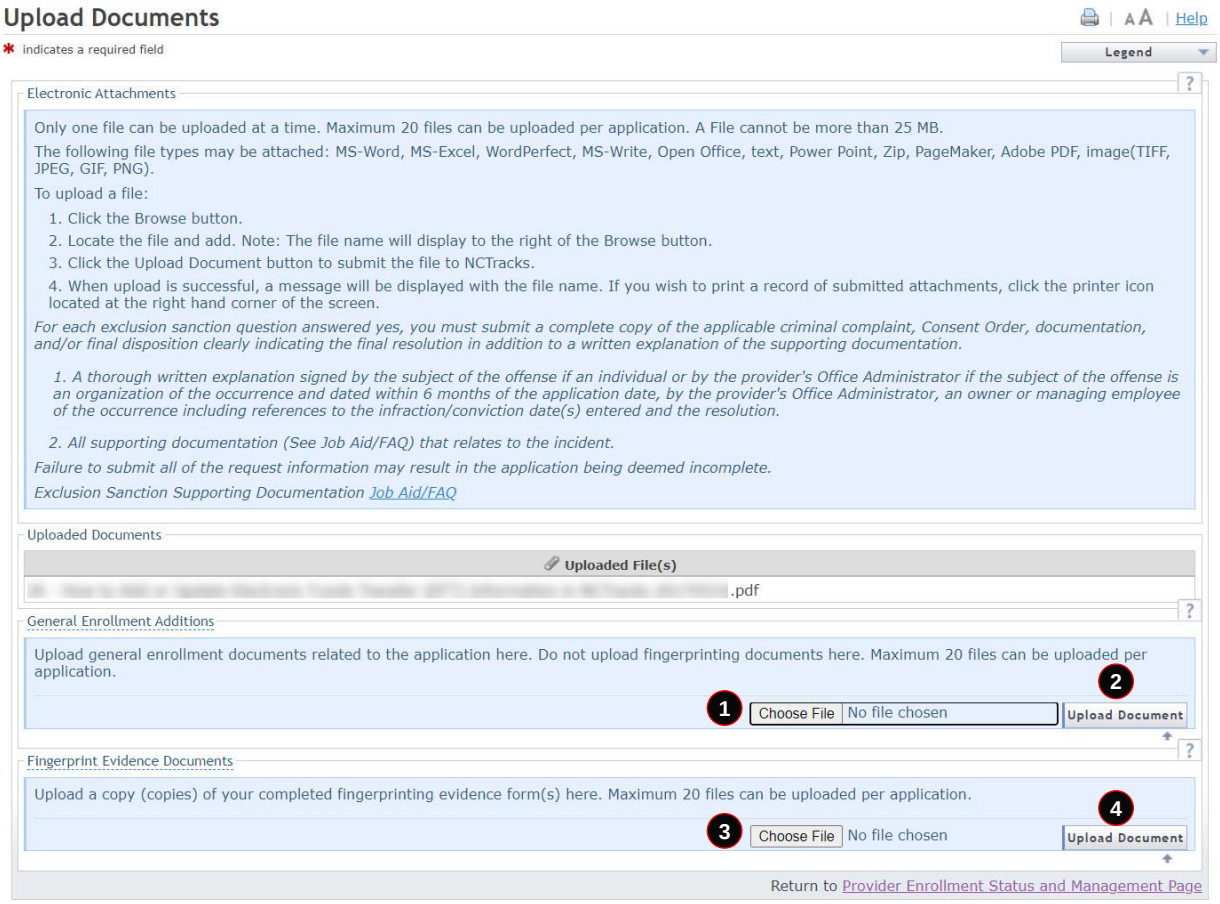



**Exhibit 31. Upload Documents Page**

| Step | Action |
|---|---|
| 1 | Select the **Browse** button under the **General Enrollment Additions** section to upload general documents.<br>**Note**: The file name will display to the right of the **Browse** button. |
| 2 | Select the **Upload Document** button to submit the file to NCTracks. |

| Step | Action |
|---|---|
| 3 | Select the **Browse** button to locate the completed Fingerprinting Evidence Form.<br>**Note**: The file name will display to the right of the **Browse** button. |
| 4 | Select the **Upload Document** button to submit the file to NCTracks. |

You will receive an 'Upload Successful' message upon a successful upload of additional documents. The message will also display the filename that was successfully uploaded. If you want to print a record of submitted attachments, select the printer icon located in the upper right corner of the page.


**Exhibit 32. Upload Documents Page – Printer Icon**

| Step | Action |
|---|---|
| 5 | Select the **printer icon** to print a record of submitted attachments. |

## 3.34 STATUS AND MANAGEMENT PAGE

The **Status and Management** page displays categories of applications. The 'Status' column of the **Submitted Applications** section may also provide hyperlinks to allow the user to upload documents, withdraw applications that are still in review, or review notification letters if the application has been returned due to additional information being required. Notification letters will be available for review from the **Status and Management** page as well as the Message Center inbox. Notification letters for Initial Enrollment applications will only be delivered to the OA's e-mail address.

If the information (Name, DOB, SSN, or EIN) submitted on the application is incorrect and does not match our findings during the background check, CSRA will return the application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which will contain details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** page and withdraw the application. The provider may also respond to the Application Incomplete letter advising that the information is incorrect and requesting CSRA to withdraw the application. If CSRA withdraws the application, the Application Withdrawal letter is sent to the Message Center inbox. Withdrawal letters for Initial Enrollment applications will be sent to the OA's e-mail address.

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

**Note**: While inaccurate data is the example provided for the application withdrawal process, a provider can withdraw an application for any reason deemed necessary.

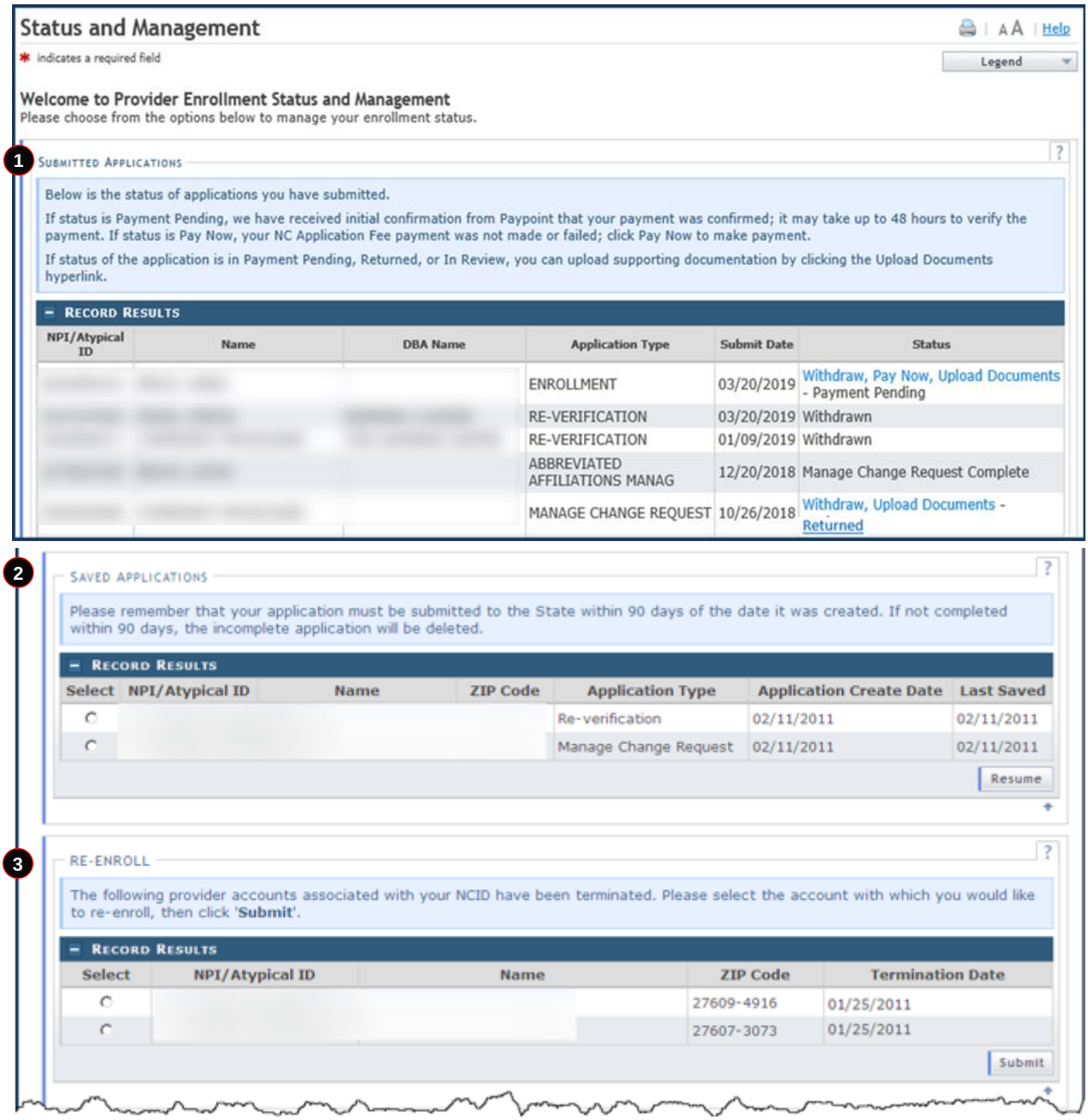



**Exhibit 33. Status and Management Page #1**

| Step | Action |
|---|---|
| 1 | Submitted Applications: Allows you to view the status of a submitted provider enrollment application.<br>• **Abandoned:** Supporting documents were not electronically uploaded by the due date in the Application Incomplete letter, or the NC Application Fee was not paid within 30 days of the submission of the application.<br>• **In Review:** Application is being reviewed by CSRA or State.<br>• **Returned:** Application was returned to provider needing additional documentation from the provider. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter.<br>• **Denied:** Your participation in the program has been denied.<br>• **Approved:** Your participation in the program has been approved.<br>• **Withdrawn:** CSRA or provider has withdrawn the application.<br>• **MCR Comp (Manage Change Request Complete):** You requested a change that does not require review; therefore, this change was instantly completed.<br>• **ME Comp (Maintain Eligibility Complete):** Your Maintain Eligibility does not require review; therefore, this request was instantly completed.<br>• **Pymt Pend:** (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment.<br>• **Pay Now:** You can select the **Pay Now** link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment.<br>• **Withdraw:** You can select the **Withdraw** link to withdraw your application.<br>• **Upload Documents:** You can select the **Upload Documents** link to electronically attach documents to your application. |
| 2 | Saved Applications: Allows you to resume a saved provider enrollment application. |
| 3 | Re-enroll: Allows you to re-enroll a terminated provider enrollment account. |

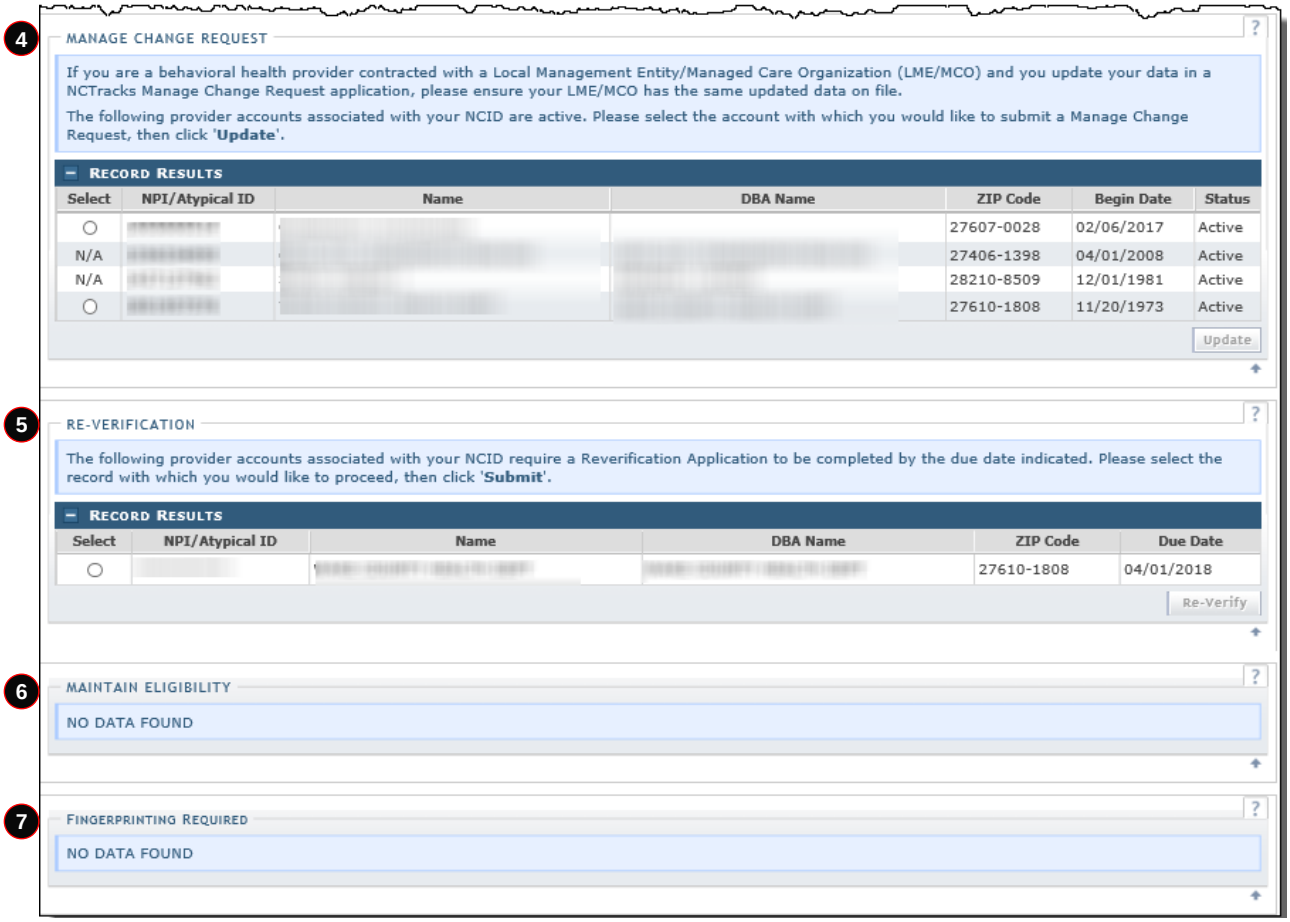



**Exhibit 34. Status and Management Page #2**

| Step | Action |
|---|---|
| 4 | Manage Change Request: Allows you to submit an MCR application for an active provider enrollment account. |
| 5 | Re-verification: Allows you to submit a required Re-verification application for a provider enrollment account. |
| 6 | Maintain Eligibility: Allows you to submit a required Maintain Eligibility application for a provider enrollment account. |
| 7 | Fingerprinting Required: Allows you to submit a Fingerprinting Required application for the NPI or Atypical number. |

### 3.34.1 Status and Management Page – Select Pagination

On October 11, 2020, the **Status and Management** page was updated for authorized users (OAs, ES users, and managing employees/owners) who have access to more than 50 NPIs.

**Note**: This change does not affect users who have access to 50 or fewer NPIs.

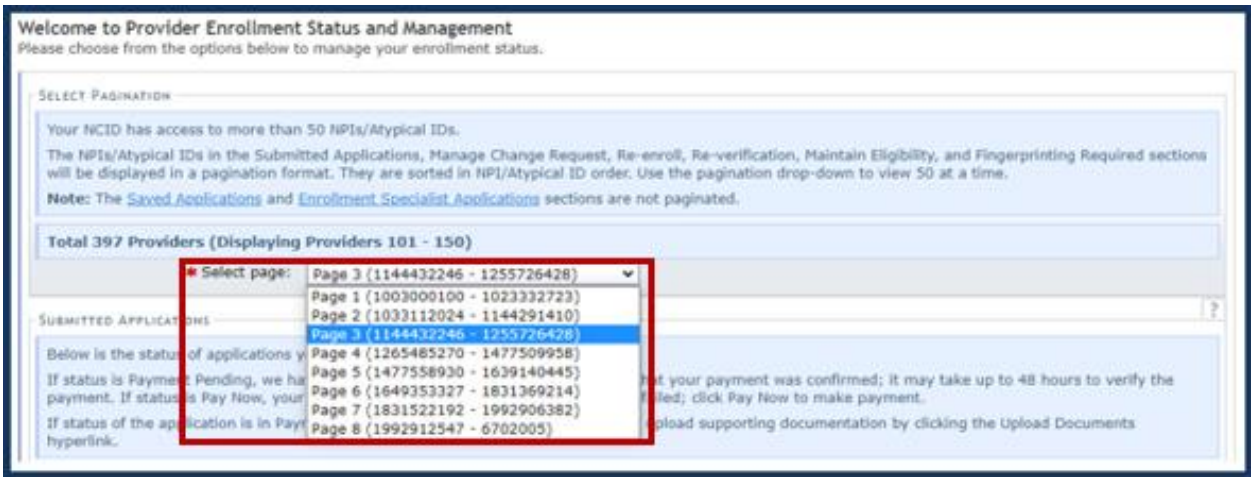



**Exhibit 35. Status and Management Page – Select Pagination**

Providers with access to more than 50 NPIs can use the **Select Page** filter in the **Select Pagination** section of the **Status and Management** page to display NPIs in the **Submitted Applications**, **Manage Change Request (MCR)**, **Re-enroll**, **Re-verification**, and **Fingerprinting** sections by selecting the page that corresponds to the NPI requested. The NPIs will be in numerical order and each page will consist of 50 NPIs.

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# 4.0 Manage Change Request

## 4.1 STATUS AND MANAGEMENT PAGE

The user may need to update information on the provider record such as effective begin dates, EFT, taxonomy, address, affiliations, licensure, or change from an OOS/OPR Lite to a full provider. These changes would require an MCR.

For more information on requesting to backdate effective dates on a provider record, please refer to Job Aid PRV 702 *Request to Backdate Enrollment Effective Dates*.

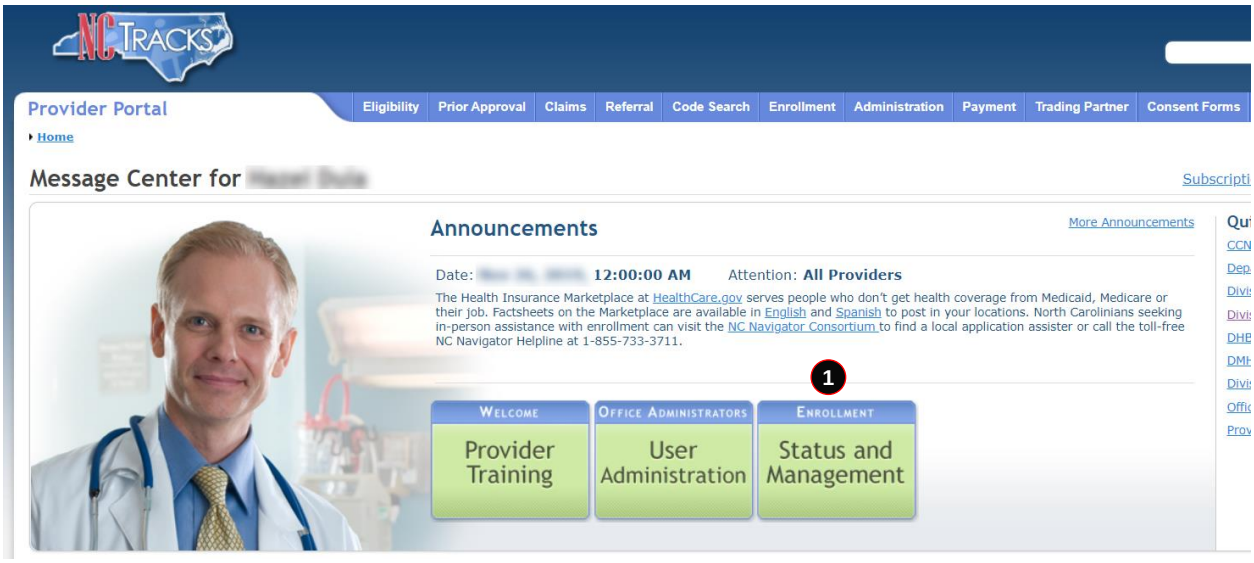


**Exhibit 36. Provider Portal Home Page**

| Step | Action |
|---|---|
| 1 | From the secure **Provider Portal Home** page, select the **Status and Management** button. The **Status and Management** page displays. To begin an MCR application, scroll down to the **Manage Change Request** section. |


**Exhibit 37. Status and Management Page – Manage Change Request Section**

| Step | Action |
|---|---|
| 1 | Select the radio button next to the record for which you want to begin an MCR application. |
| 2 | Select the **Update** button. |

## 4.2 REQUESTED MANAGE CHANGE REQUEST TYPE PAGE

When the OA, an Owner/Managing Employee user, or an ES user selects the **Update** button on the **Status and Management** page, they will be directed to the **Requested Manage Change Request Type** page.

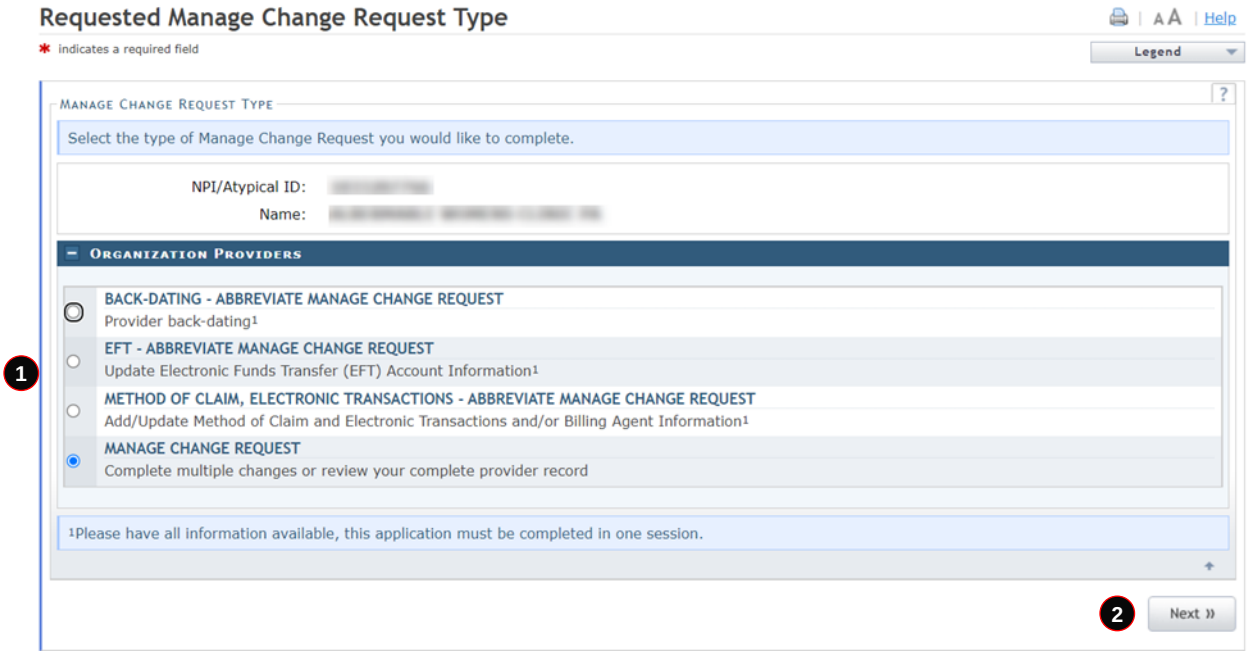


**Exhibit 38. Requested Manage Change Request Type Page**

| Step | Action |
|---|---|
| 1 | Manage Change Request Type: Select one of the following options:<br>• **Update Electronic Funds Transfer (EFT) Account Information:** Select this option to update provider EFT bank account information. If you do not see this option:<br>– The provider is listed in NCTracks as an individual provider who is rendering/attending only.<br>– The provider is listed in NCTracks as OPR Lite.<br>– The NCID is not the OA's NCID for the provider.<br><br>• **Add/Update Affiliations:** Select this option if you are an individual provider and wish to add or end-date an affiliation to an organization/group. The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider. Please have affiliation information available; this application must be completed in one session.<br>**Note**: The **Add/Update Affiliations** option displays only when the provider is an individual provider.<br><br>• **Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information:** Select this option if you wish to change how you will be submitting/receiving claims and electronic transactions OR if you wish to add or end-date your association with a billing agent. If you do not see this option, you are listed in NCTracks as an individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select **Complete multiple changes or review your complete provider record** to complete a full MCR. Please have information available; this application must be completed in one session.<br><br>• **Complete multiple changes or review your complete provider record:** Select this option if you wish to make any update not listed. When you select this option, you will complete a full MCR application. |
| 2 | Select the **Next** button to continue. |
| Note | For more information on the Abbreviated MCR options, refer to Participant User Guide PRV 563 *Abbreviated Managed Change Request*. |

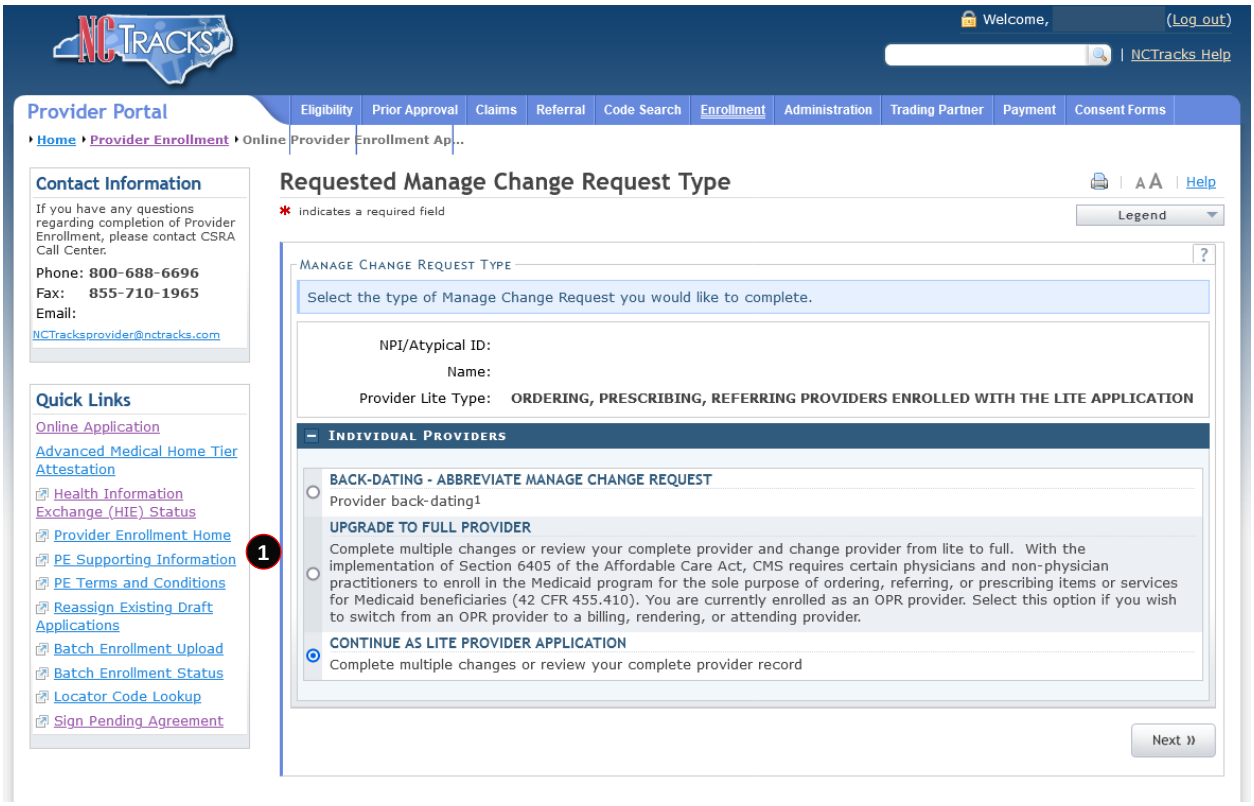


**Exhibit 39. Requested Manage Change Request Type for OPR Page**

| Step | Action |
|---|---|
| 1 | An OPR/OOS Lite provider will have the option to upgrade from OPR/OOS Lite to a fully enrolled provider.. |
| Note | Upgrading from OOS Lite to fully enrolled will require payment of the $100 NC Application Fee. |

## 4.3 INDIVIDUAL BASIC INFORMATION PAGE

The MCR is pre-populated with the last information provided.

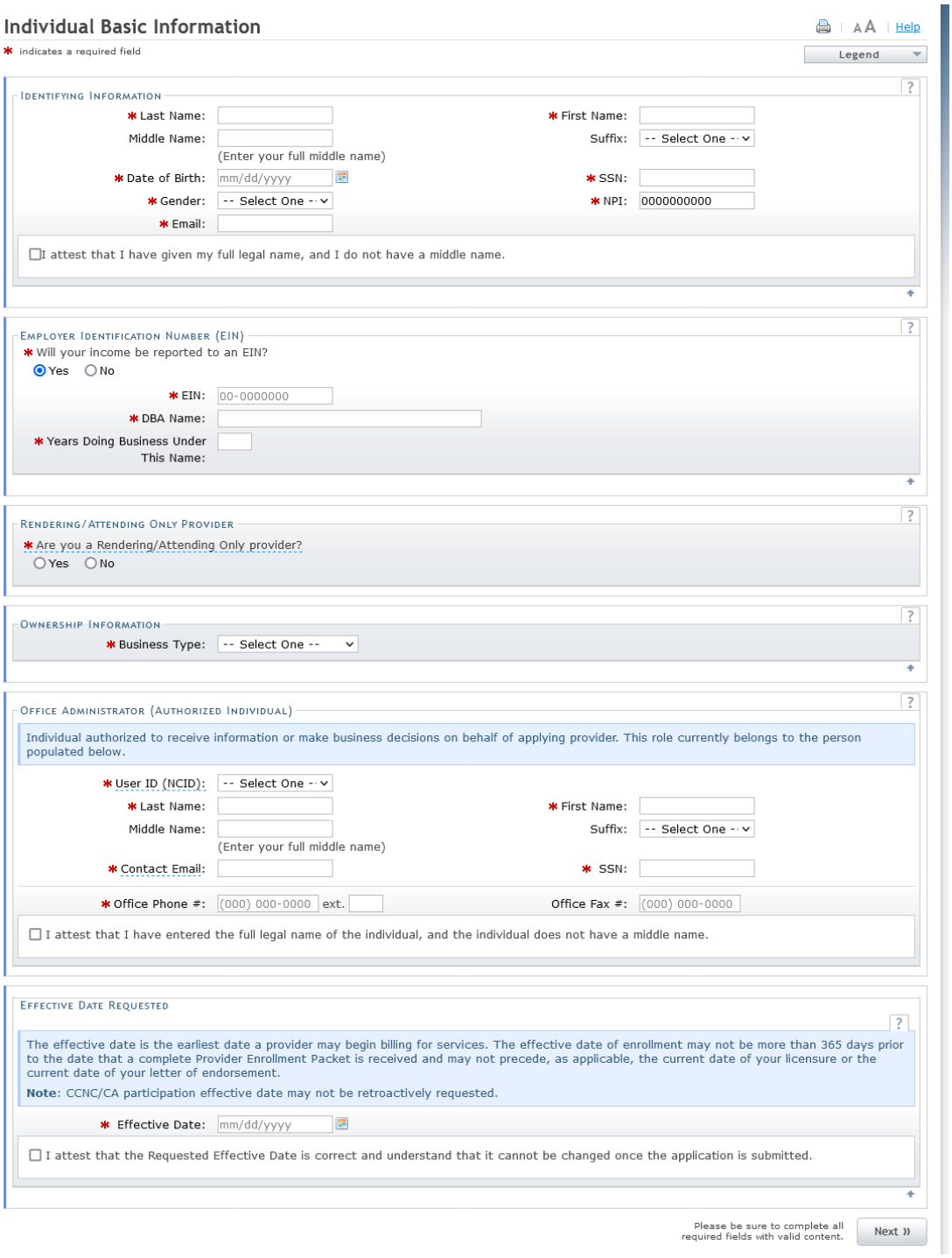


**Exhibit 40. Individual Basic Information Page**

## 4.4 HEALTH / BENEFIT PLAN SELECTION PAGE

This page allows you to manage your participation in the NC DHHS health and benefit plans. You can view your status, reinstate participation, add new participation, and terminate participation.

**Note**: A $100 NC Application Fee is required for Individual providers when applying for Medicaid. For In-State, Border, OPR Lite, and OOS Full Organizations and Atypical Organizations, a $100 NC Application Fee is required when applying for Medicaid. For OOS Lite providers, the $100 NC Application Fee is not required. Note: The $100 NC Application Fee has been reinstated for all Enrollment and Re-verification applications effective July 1, 2023.

### 4.4.1 Current Status

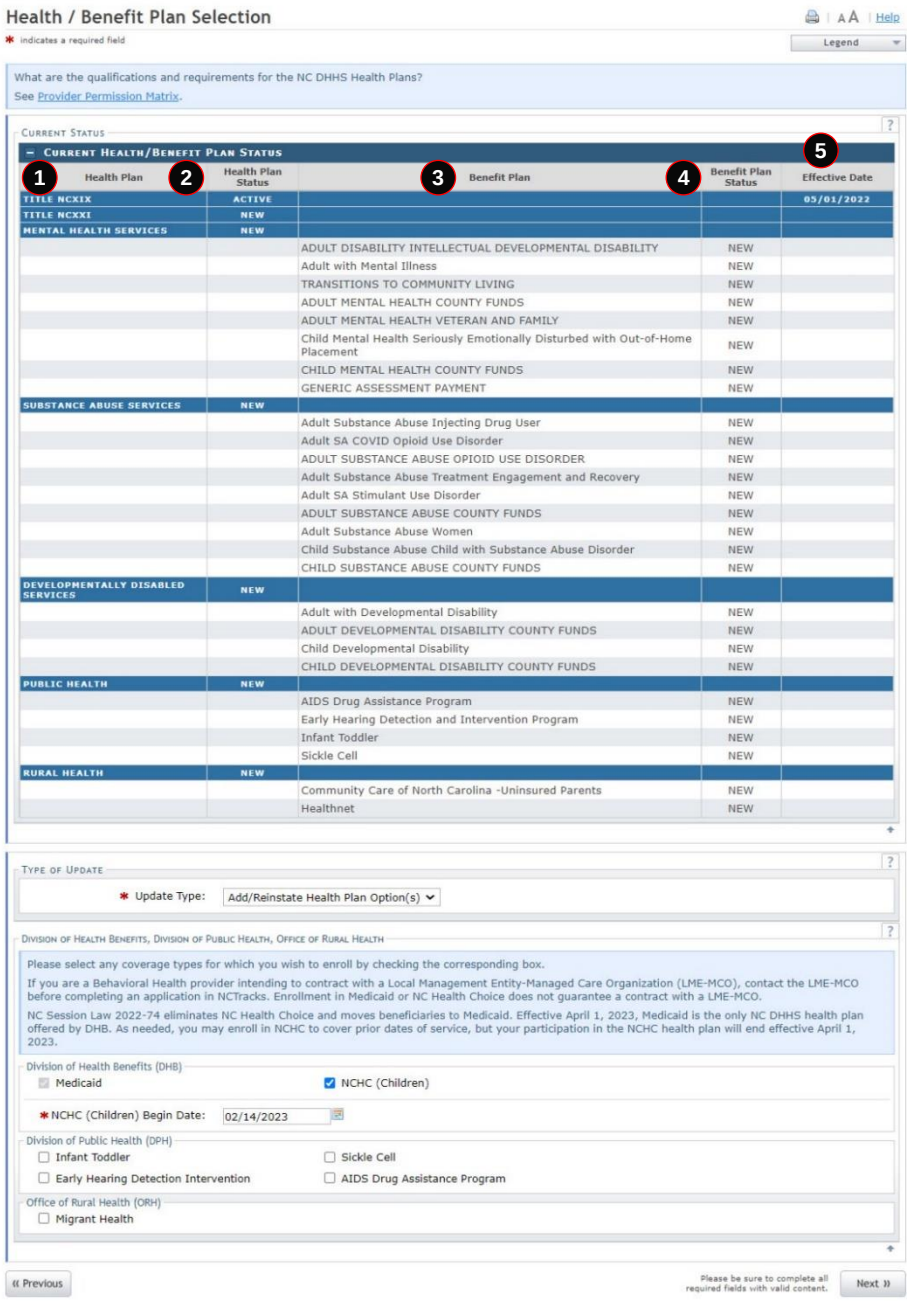


**Exhibit 41. Health / Benefit Plan Selection Page – Current Status Section**

| Item | Description |
|---|---|
| 1 | Health Plan: Identifies the NC DHHS health plans:<br>• Title NCXIX – Medicaid<br>• Public Health<br>• Rural Health<br>**Note**: Effective April 1, 2023, Medicaid will be the only NC DHHS health plan offered by DHB. |

| Item | Description |
|---|---|
| 2 | Health Plan Status: Provider's current status in the health plan:<br>• Active – Provider is currently active.<br>• Terminated – Provider is currently terminated (not active).<br>• New – Provider can add this health plan.<br>If you hover over using your mouse, more information displays. |
| 3 | Benefit Plan: If applicable, benefit plans are displayed. |
| 4 | Benefit Plan Status: If applicable, the status of your participation in the benefit plans displays:<br>• Active – Provider is currently active.<br>• Terminated – Provider is currently terminated (not active). |
| 5 | Effective Date: This is the effective date of the provider status. In this example, this provider has been active in Title NCXIX since 3/1/2013 and has been terminated in NCXXI since 3/13/2013.<br>The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement. The effective date cannot be more than 90 days in the future.<br><br>**Note**: CCNC/CA participation effective date may not be retroactively requested. |
| Note | If an OOS Lite provider upgrades to a fully enrolled provider, they will then have the option to participate in all health plans. |

### 4.4.2 Type of Update

In the **Type of Update** section, you select the type of update that you want to make.

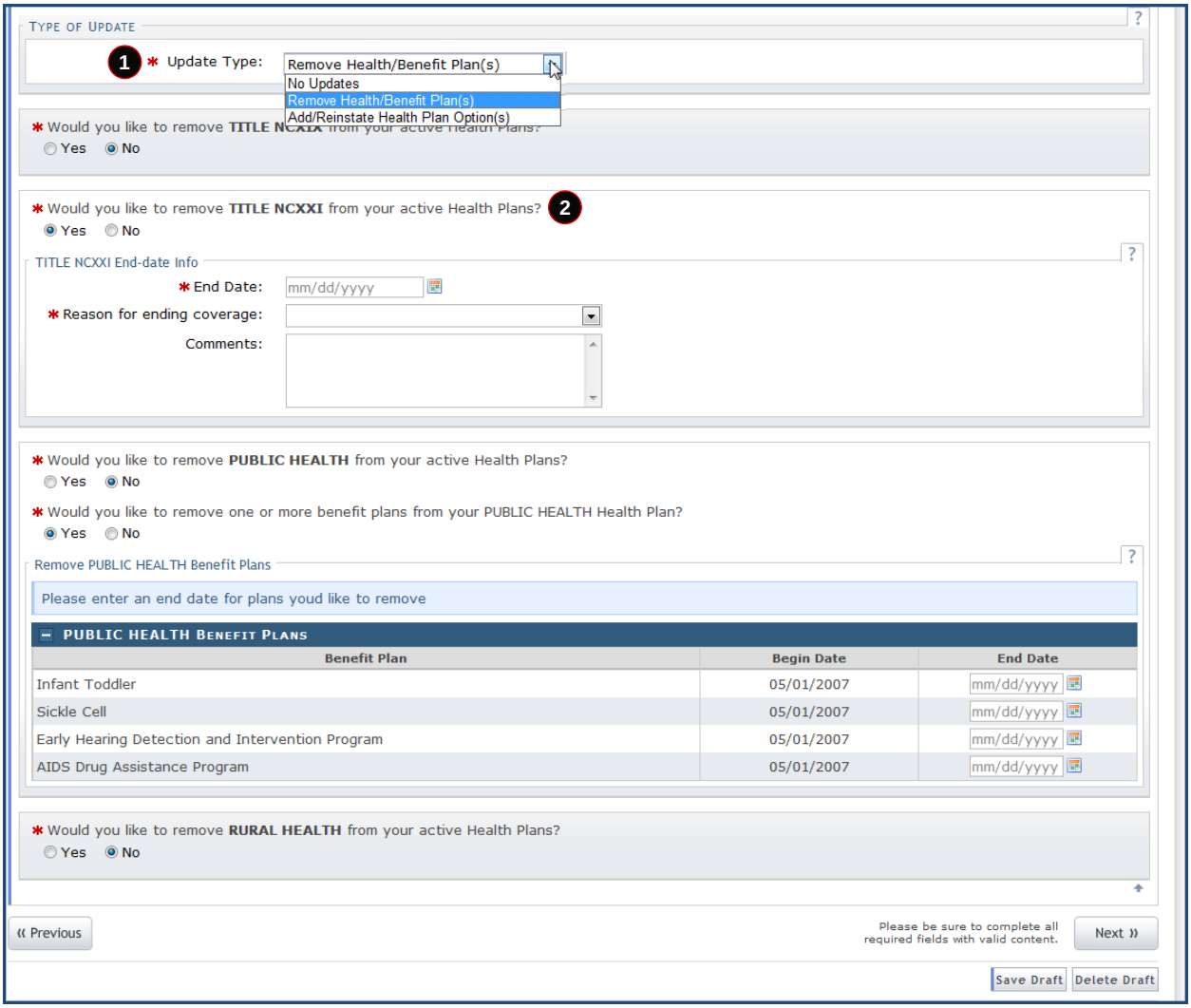


**Exhibit 42. Health / Benefit Plan Selection Page – Type of Update Section**

| Step | Action |
|---|---|
| 1 | Update Type:<br>• **No Updates:** Select if you do not want to make any changes. **Note**: In MCR applications, the default is set to 'No Updates'.<br>• **Remove Health/Benefit Plan(s):** Select if you want to terminate participation in one or more health/benefit plans. **Note**: If you select this option, the section will expand with questions that you are required to answer.<br>• **Add/Reinstate Health Plan Option(s):** Select if you want to add or reinstate terminated health/benefit plans. **Note**: If you select this option, the section will expand for you to select the health plan options to add or reinstate from DHB, DPH, or ORH. |
| 2 | For removing Health/Benefit Plans, the questions: **'Would you like to remove [title of Health/Benefit Plan] from your active Health Plans?'** display. Select **Yes** or **No** for each question.<br>• If you select **Yes**, you must enter the **End Date**, select the **Reason for ending coverage**, and enter **Comments** if applicable.<br>• If you select **No**, the section will expand, displaying the question: **'Would you like to remove one or more benefit plans from your PUBLIC HEALTH Health Plan?'**. If you select **Yes**, a list of Public Health Benefit Plans displays for you to select the end date for |

| Step | Action |
|---|---|
| | the desired plan(s).<br>• Selecting **No** to all other questions will not prompt any other questions. You may continue to the next page. |

## 4.5 ADDRESSES PAGE

All addresses on file for a provider display on the **Addresses** page. You can edit, end-date, or add new addresses.

**Note**: Providers must have active participation in Medicare or their home state Medicaid Program for every OOS and border service location entered on the application. If the provider is an OOS or border provider with an OOS or border service location, Credentialing staff will confirm the provider is active with Medicare for each location listed. If not active with Medicare, Credentialing staff will contact the provider's home state Medicaid Program.

### 4.5.1 Reinstate an End-Dated Address

If one of your addresses has been end-dated, it is not necessary to add the address; you can reinstate the address.

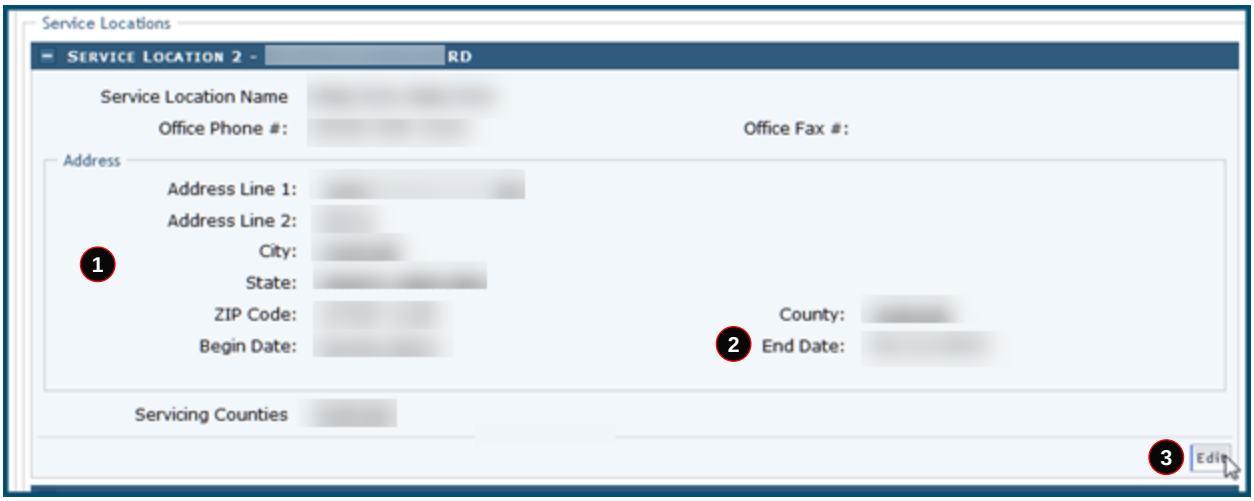


**Exhibit 43. Addresses Page – Reinstate an End-Dated Address #1**

| Step | Action |
|---|---|
| 1 | Expand the Service Location to display the **Address** fields. |
| 2 | End Date: Displays end date on file for this address. |
| 3 | Select the **Edit** button. |
| Note | If an OPR Lite provider upgrades to a fully enrolled provider, they will then have the ability to add service locations. |

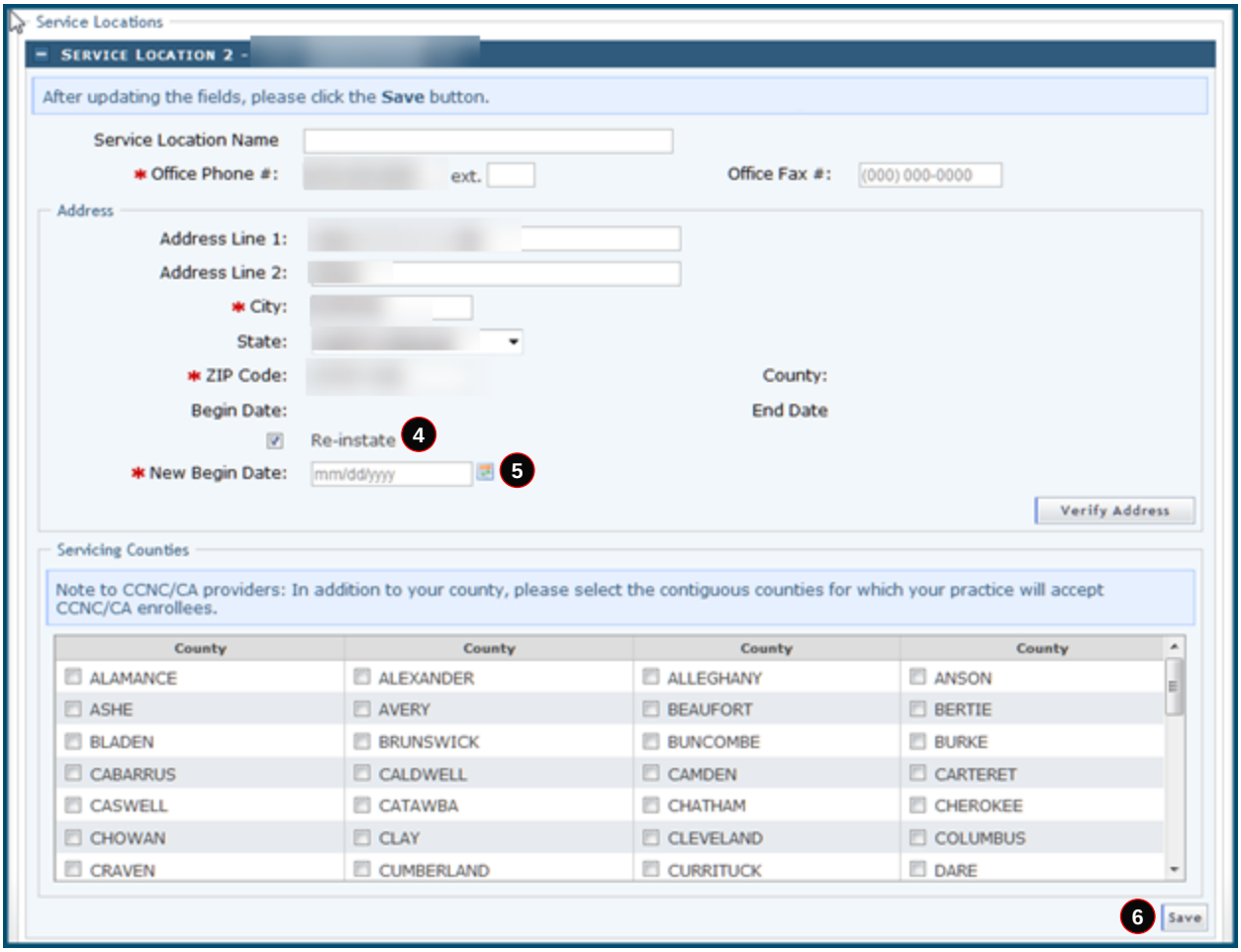


**Exhibit 44. Addresses Page – Reinstate an End-Dated Address #2**

| Step | Action |
|---|---|
| 4 | Begin Date: Select **Re-instate** checkbox. |
| 5 | New Begin Date: Enter **New Begin Date**. |
| 6 | Select the **Save** button. |

### 4.5.2 End-Date an Active Address

If one of your addresses will be closed, you can end-date the address.

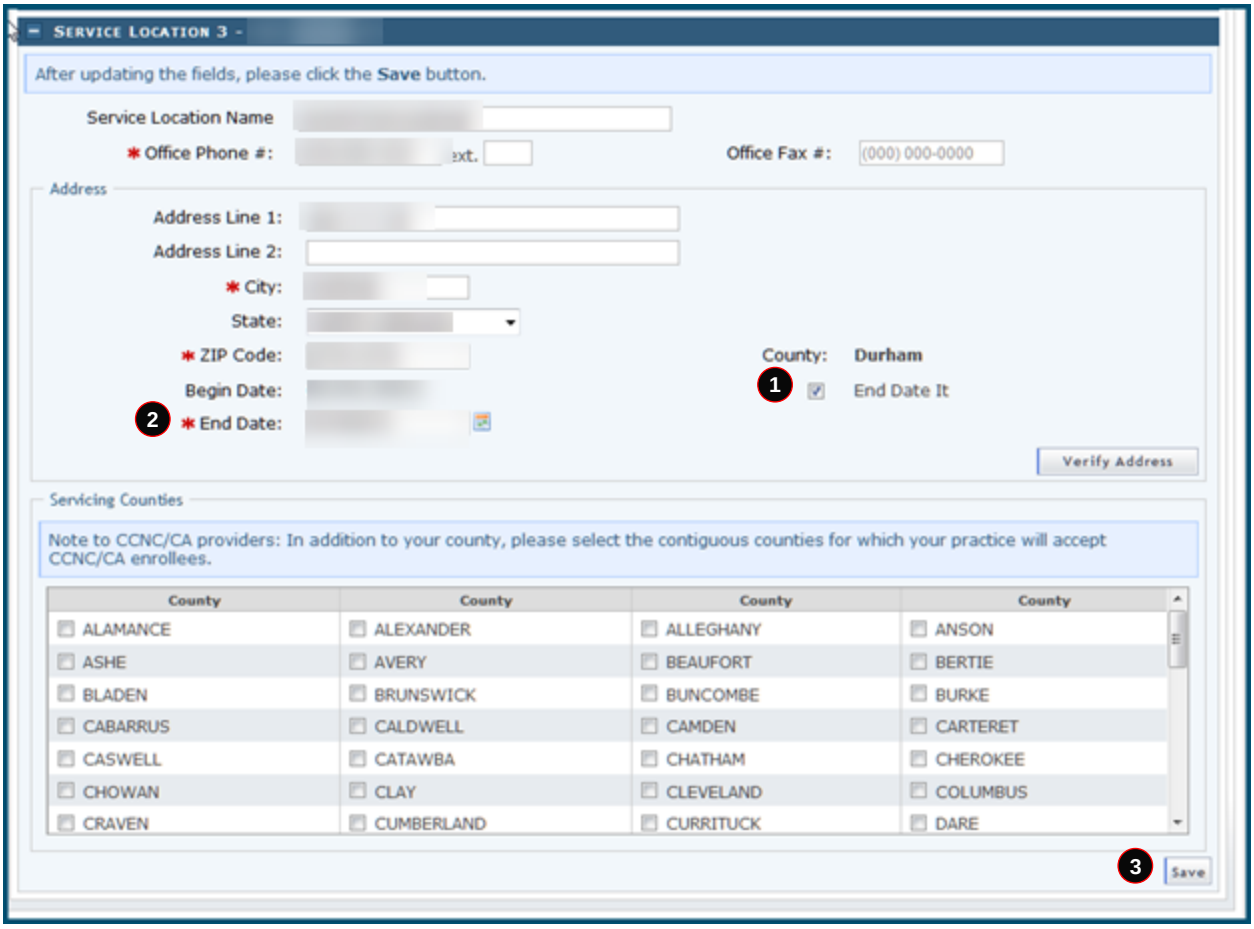


**Exhibit 45. Addresses Page – End-Date an Active Address**

| Step | Action |
|---|---|
| 1 | Select the **End Date It** checkbox. |
| 2 | End Date: Enter the **End Date**. |
| 3 | Select the **Save** button. |

## 4.6 TAXONOMY CLASSIFICATION PAGE

The **Type, Classification and Area of Specialization** section of the **Taxonomy Classification** page allows you to edit current taxonomies.

**Note**: If an existing provider adds a new location with a taxonomy indicated on the Provider Permission Matrix, the **Federal Requirements** page will display (see Section 3.29). The Federal Site Visit and Federal Fee will be required.

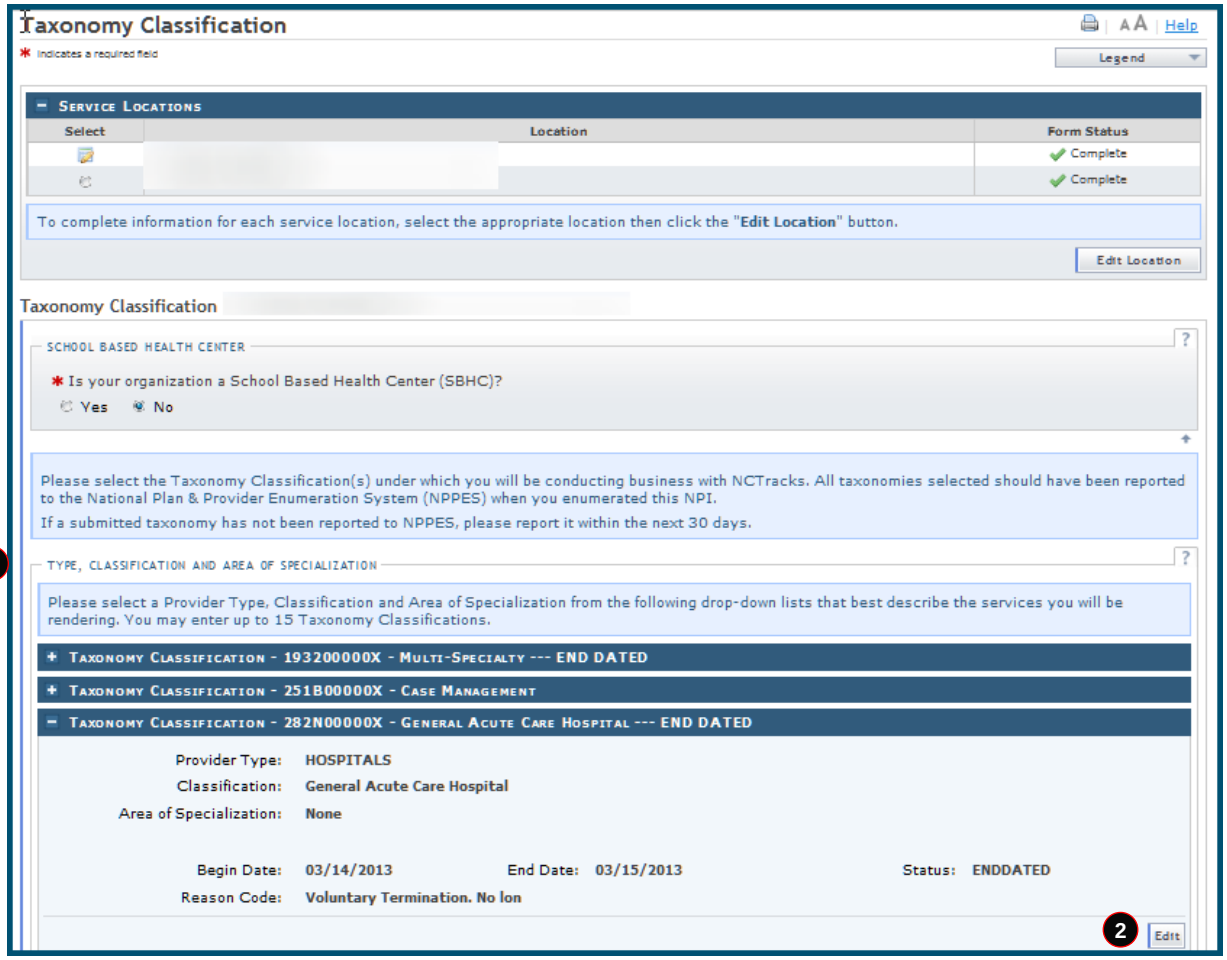


**Exhibit 46. Taxonomy Classification Page**

| Step | Action |
|---|---|
| 1 | Expand a taxonomy listed in the **Type, Classification and Area of Specialization** section.<br>**Note**: The information for the taxonomy will display as read-only. |
| 2 | Select the **Edit** button to enable the system to edit the taxonomy information. Notice certain editable information:<br>• Begin Date: Begin date of the current status.<br>• Status: Current status of the provider for this taxonomy:<br>– Active – Provider is currently active.<br>– Terminated – Provider is currently terminated (not active).<br>– Suspended – Provider is currently suspended.<br>Select the **Save** button once you have completed the edits. |

### 4.6.1 End-Date a Taxonomy

If you want to terminate participation in a taxonomy, you can end-date the taxonomy.

**Note**: You must have at least one active taxonomy in order to remain an active provider.

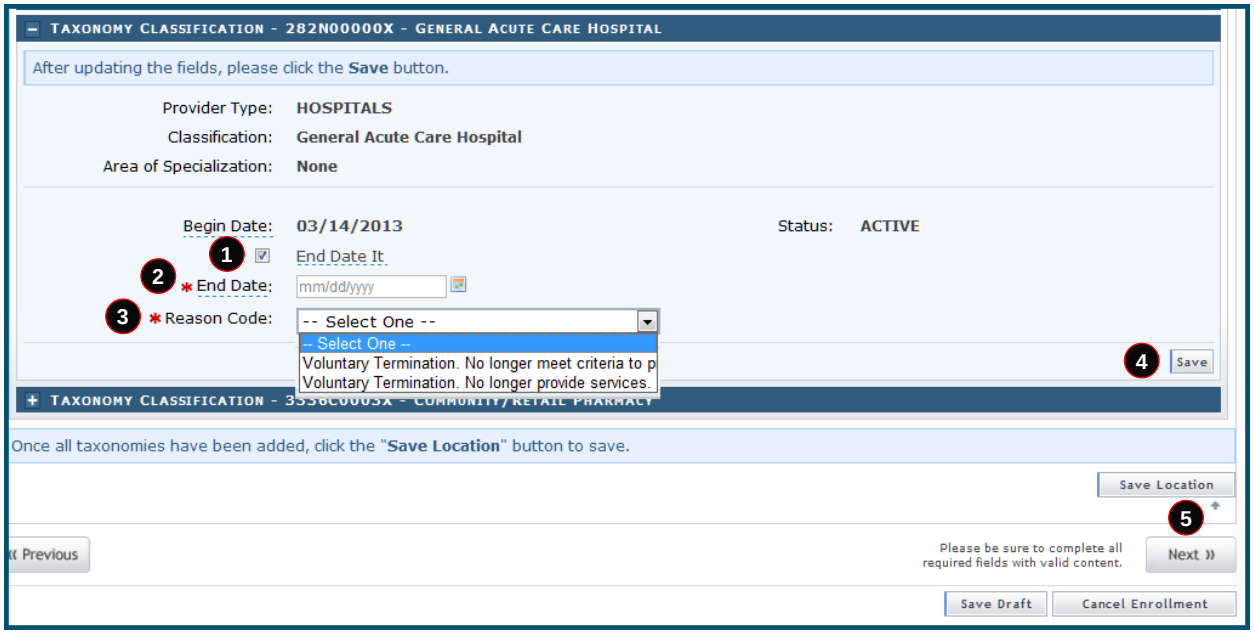


**Exhibit 47. Taxonomy Classification Page – End-Date a Taxonomy**

| Step | Action |
|---|---|
| 1 | Select the **End Date It** checkbox. |
| 2 | End Date: Enter the **End Date**. |
| 3 | Select the **Reason Code**: Reason for terminating participation. |
| 4 | Select the **Save** button. |
| 5 | Select the **Next** button to continue. |

### 4.6.2 Reinstate a Taxonomy

If one of your taxonomy codes has been end-dated, it is not necessary to add the taxonomy; you can reinstate the taxonomy.

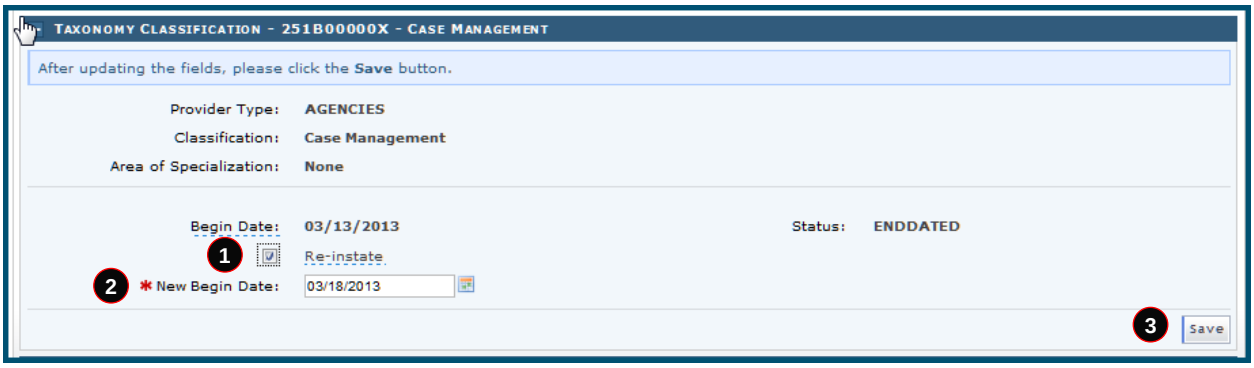


**Exhibit 48. Taxonomy Classification Page – Reinstate a Taxonomy**

| Step | Action |
|---|---|
| 1 | Select the **Re-instate** checkbox. |
| 2 | New Begin Date: Enter the **New Begin Date**. |
| 3 | Select the **Save** button. |

## 4.7 AFFILIATED PROVIDER INFORMATION PAGE

Individual providers can add, update, or end-date affiliations using an MCR. When adding a new affiliation, you can affiliate to an Organization whose overall status is active, suspended, or terminated as well as affiliate to an active or end-dated service location. You can also edit the begin date of the new affiliation (not to exceed the effective begin date of the enrolled provider or the Organization). When editing an existing affiliation, you can edit requested begin dates as well as end-date the affiliation.

**Note**: This section does not apply to OOS Lite or OPR Lite providers.

### 4.7.1 Add Affiliations

From the **Affiliated Provider Information** page, you can edit the begin date of an affiliation. Affiliations can also be terminated if necessary by editing the end date.

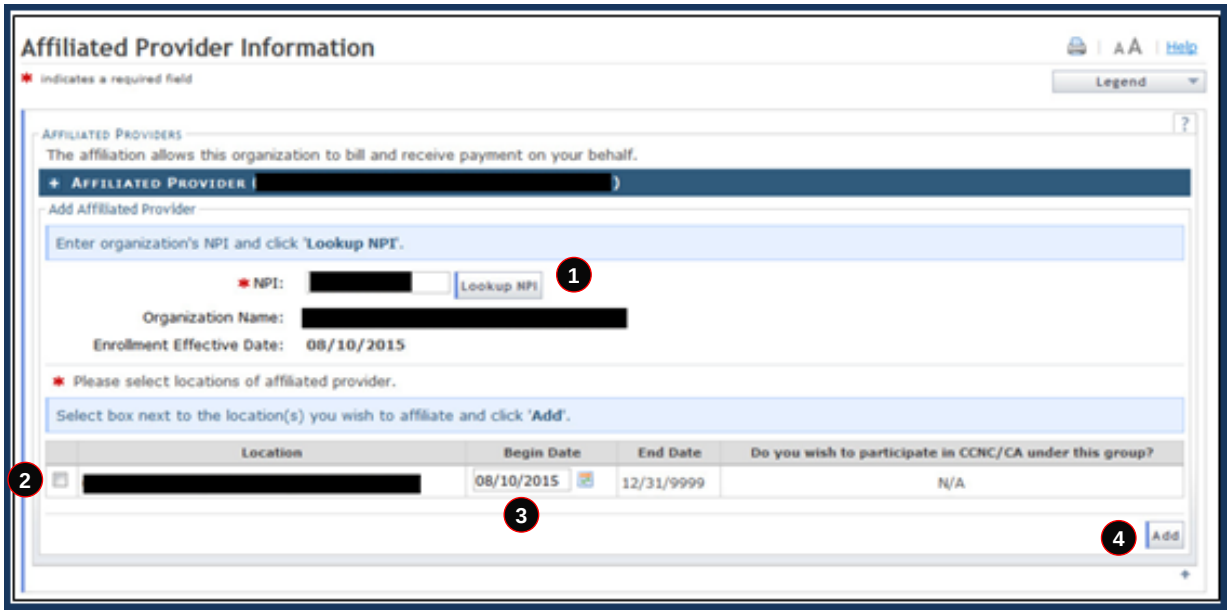


**Exhibit 49. Affiliated Provider Information Page – Add an Affiliation**

| Step | Action |
|---|---|
| 1 | Enter the NPI of the Organization or Atypical provider to which you want to affiliate. Select the **Lookup NPI** button. |
| 2 | Select the **Location** for the affiliation. |
| 3 | Enter the **effective date** of the affiliation. |
| 4 | Select the **Add** button to save the affiliation. |
| Note | If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny. |

### 4.7.2 Edit an Existing Affiliation

Users can edit the Begin Date of an existing affiliation. Users can edit the End Date if the affiliation needs to be terminated. The following exhibit shows how an existing active affiliation will display when the **Edit** button is selected.

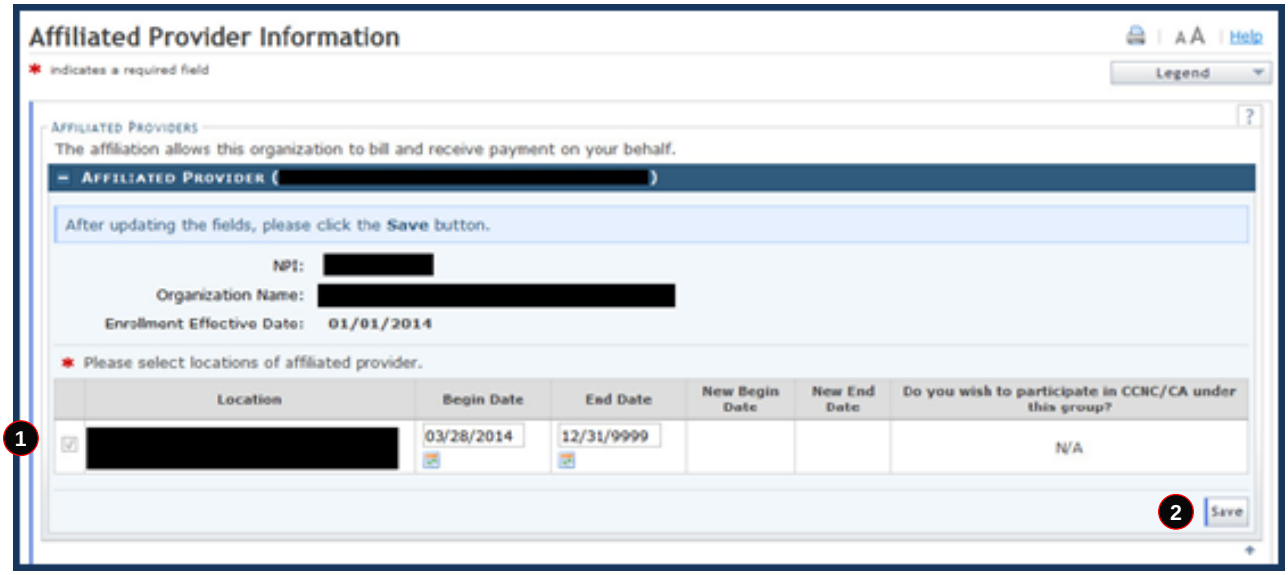


**Exhibit 50. Affiliated Provider Information Page – Edit an Affiliation**

| Step | Action |
|---|---|
| 1 | Enter the **New Begin Date** and/or the **New End Date** if the affiliation needs to be terminated. |
| 2 | Select the **Save** button. |
| Note | If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny. |

### 4.7.3 Reinstate an Affiliation

When an affiliation is end-dated, the provider can reinstate the affiliation by entering a New Begin Date. The following exhibit shows how an existing end-dated affiliation will display when the affiliation segment is expanded and the **Edit** button is selected.

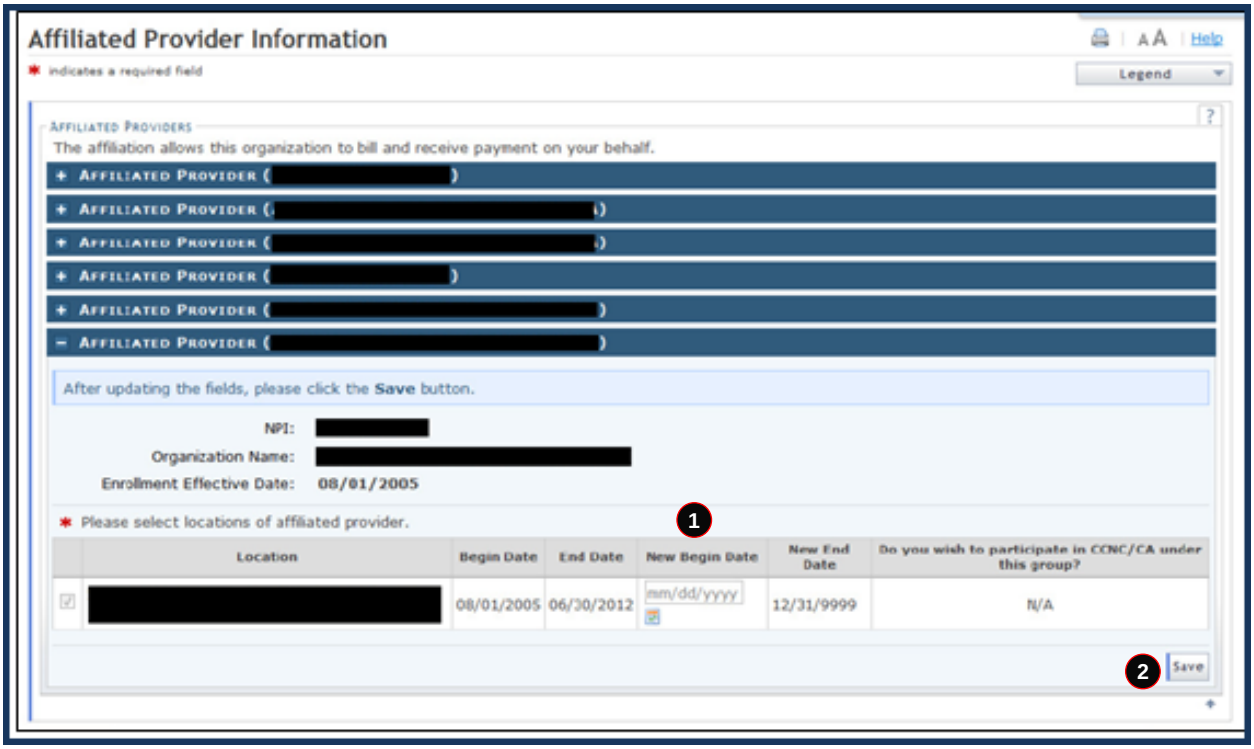


**Exhibit 51. Affiliated Provider Information Page – Reinstate an Affiliation**

| Step | Action |
|---|---|
| 1 | Enter the affiliation **New Begin Date**. |
| 2 | Select the **Save** button. |
| Note | If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny. |

## 4.8 COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS (CCNC/CA) PAGE

If you are active in CCNC/CA, the **Community Care of North Carolina/Carolina ACCESS (CCNC/CA)** page displays your CCNC/CA Begin Date and CCNC/CA Contact Person details. You can edit your CCNC/CA Contact Person Information or terminate your participation as a CCNC/CA PCP.

**Note**: PCPs cannot terminate without giving a 30-day notice; therefore, the CCNC/CA End Date must be the last day of a month and at least 30 days in the future.

**Note**: If you are eligible to be a CCNC/CA PCP and you are not currently active in CCNC/CA, this page displays exactly as it does in Initial Enrollment applications.

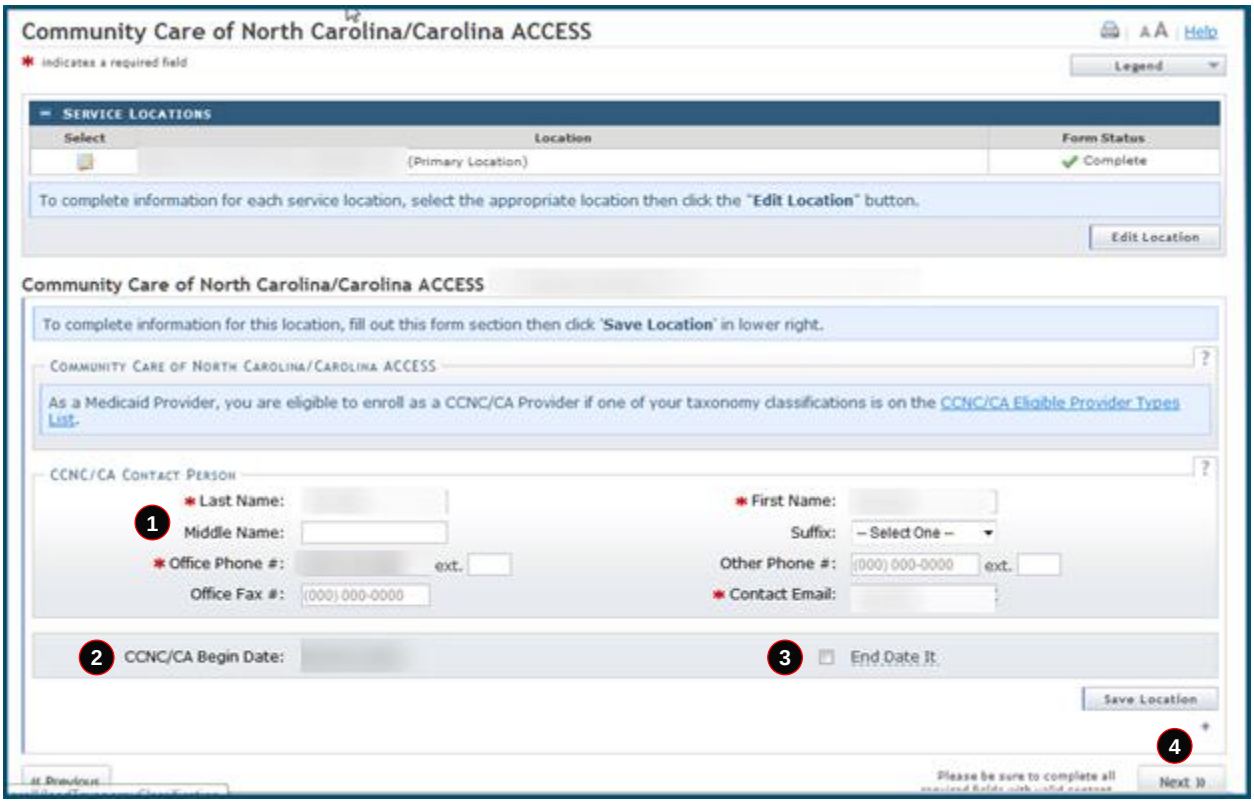


**Exhibit 52. CCNC/CA Page**

| Step | Action |
|---|---|
| 1 | CCNC/CA Contact Person: Contact information on file. You can edit any of these fields. |
| 2 | CCNC/CA Begin Date: Your begin date as a CCNC/CA PCP. |
| 3 | Select the **End Date It** checkbox if you want to terminate your CCNC/CA participation. |
| 4 | Select the **Next** button to continue. |

# 5.0 Re-enrollment Application

## 5.1 STATUS AND MANAGEMENT PAGE

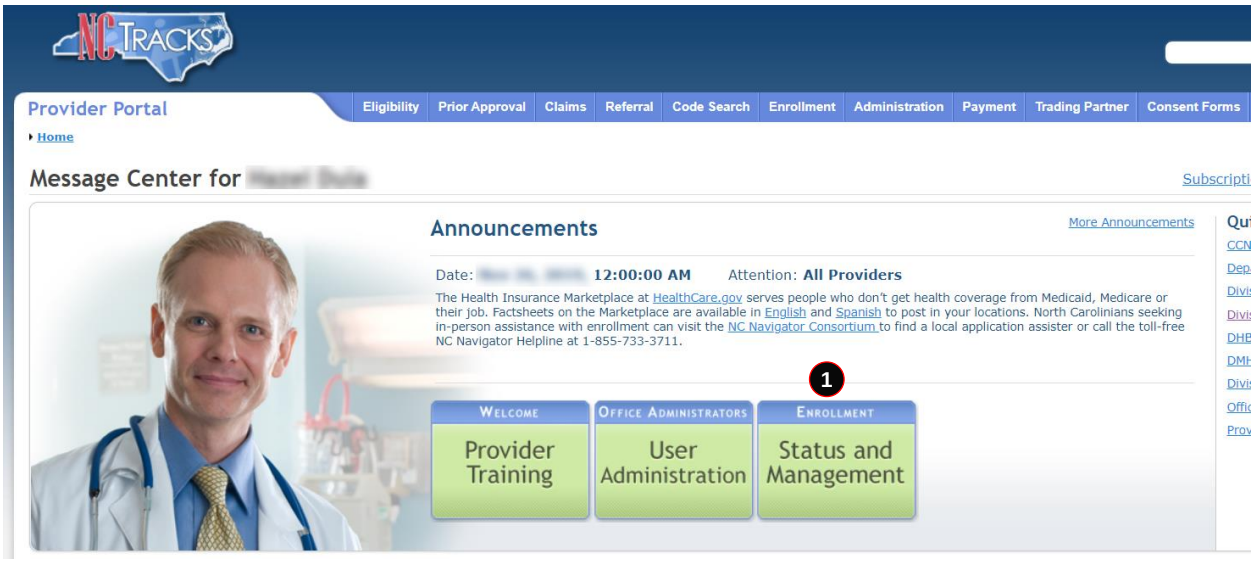


**Exhibit 53. Provider Portal Home Page**

| Step | Action |
|---|---|
| 1 | From the secure **Provider Portal Home** page, select the **Status and Management** button. The **Status and Management** page displays. To begin a Re-enrollment application, scroll down to the **Re-enroll** section. |

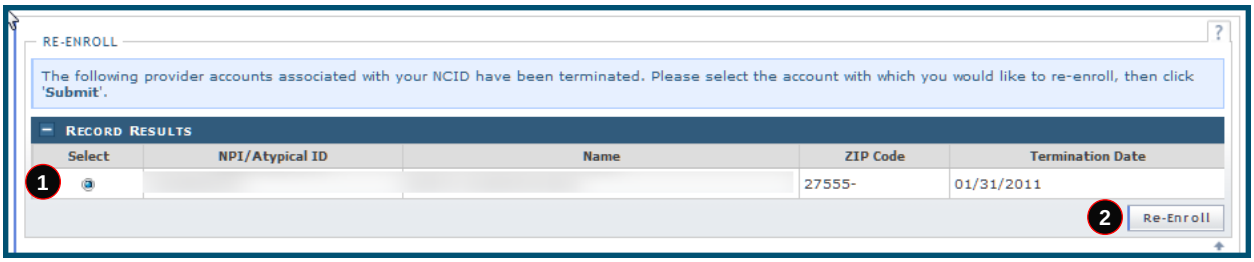


**Exhibit 54. Status and Management Page – Re-enroll Section**

| Step | Action |
|---|---|
| 1 | Select the radio button next to the record for which you want to begin a Re-enrollment application. |
| 2 | Select the **Re-Enroll** button. |

You will be taken to the **Individual Basic Information** or **Organization Basic Information** page to begin the application. The pages look similar to the pages for Initial Enrollment and MCR applications. The only difference is that all health plans, taxonomy codes, services, etc. will be end-dated. You will need to reinstate this information as desired.

**Note**: The $100 NC Application Fee is never required when submitting a Re-enrollment application.

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# 6.0 Re-verification Application

## 6.1 NOTIFICATION LETTERS

When a provider is due to complete a Re-verification application, a Re-verification Letter will be sent to the provider's NCTracks Message Center inbox 70 days before the re-verification due date. The Re-verification Letter instructs the provider to navigate to the **Status and Management** page and electronically complete and submit the Re-verification application. Reminder letters will be sent at 50, 20, and 5 days prior to the Re-verification due date if the Re-verification application has not been submitted.

If the application is NOT submitted prior to the re-verification due date, the provider's record will be suspended. A Re-verification Suspension Letter will be sent to the provider's Message Center inbox and via US Mail.

The provider's DHB and DPH claims will pend if their record is suspended. Claims will continue to pend until the Re-verification application is submitted.

If the provider has not submitted the Re-verification application during the 50-day suspension period, the provider's DHB, Division of Mental Health (DMH), and DPH health plans will be terminated. A termination letter will be mailed to the provider. An automated process will release the provider's pended claims to continue the adjudication process.

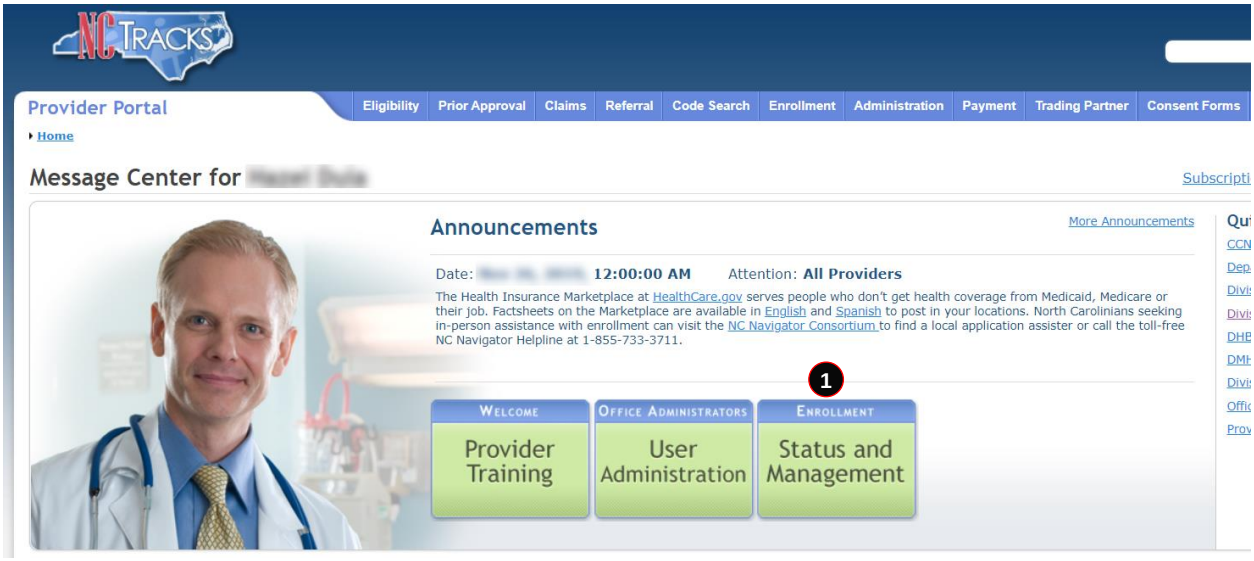


**Exhibit 55. Provider Portal Home Page**

| Step | Action |
|---|---|
| 1 | From the secure **Provider Portal Home** page, select the **Status and Management** button. The **Status and Management** page displays. To begin a Re-verification application, scroll down to the **Re-verification** section. |

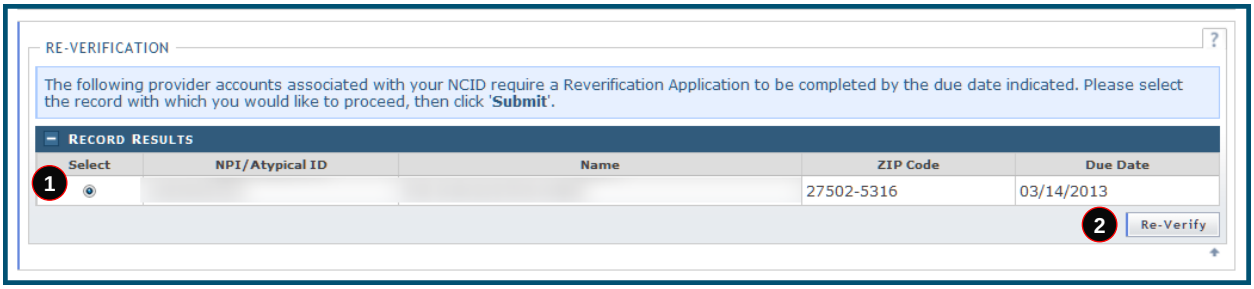


**Exhibit 56. Status and Management Page – Re-verification Section**

| Step | Action |
|---|---|
| 1 | Select the radio button next to the record for which you want to begin a Re-verification application. |
| 2 | Select the **Re-Verify** button. The **Re-verification Application – Individual Provider** or **Re-verification Application – Organization** page displays. |

## 6.2 RE-VERIFICATION APPLICATION – INDIVIDUAL PROVIDER/ORGANIZATION PAGE

When the provider selects his/her record from the **Re-verification** section on the **Status and Management** page, the Provider Portal will present all of the UI pages as if the provider is completing a full MCR. The provider will be required to review all pages and can make updates as necessary including updating required licensure, certification, and accreditation.

- The provider will be able to upgrade from OPR Lite to full provider.
- The provider will not be able to end-date health plans but will be able to add/reinstate health plans.
- The provider will be required to review and complete the **Provider Supplemental Information** page (individual providers only).

The **Re-verification Application – Individual Provider** or **Re-verification Application – Organization** page displays specific information about you as an Individual or Organization provider. This information must match what is reported on your income tax return.

If the information (Name, DOB, SSN, or EIN) submitted on the application is incorrect and does not match our findings during the background check, CSRA will return the application and send the OA an Application Incomplete letter. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** page and withdraw the application. The provider may also respond to the Application Incomplete letter advising that the information is incorrect and requesting CSRA to withdraw the application.

**Note**: CSRA strongly recommends that the provider withdraw the application from the **Status and Management** page.

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

Please note that if your Re-verification application has been withdrawn due to inaccurate data after your Re-verification due date, your health plans will terminate and you will be required to re-enroll. If you have not already passed your Re-verification due date, you must complete and submit a new Re-verification application and pay any applicable fees.

If you have any questions or need further information, please feel free to call the **NCTracks Call center** at **1-800-688-6696** for assistance.

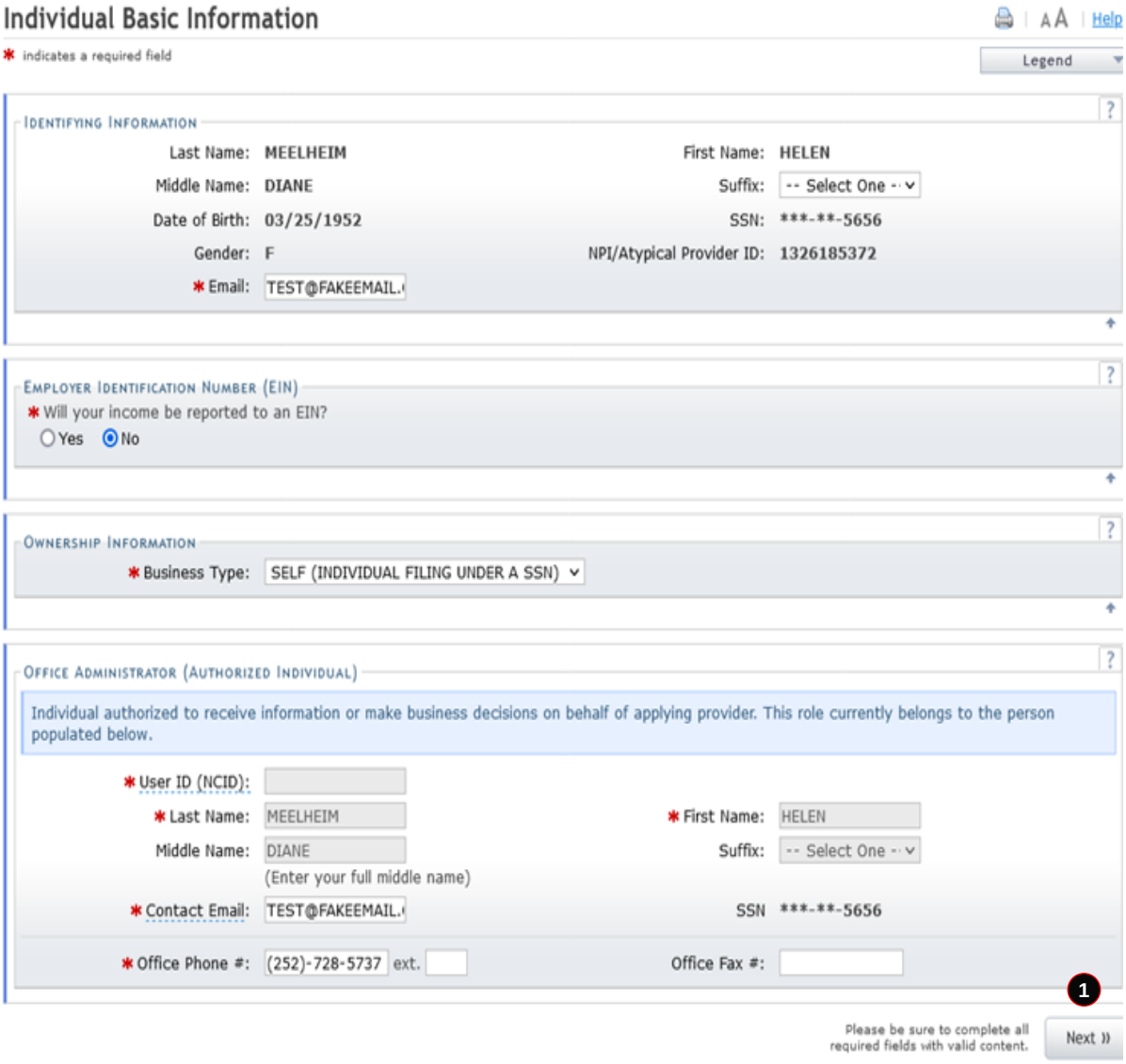


**Exhibit 57. Re-verification Application – Individual Provider Page**

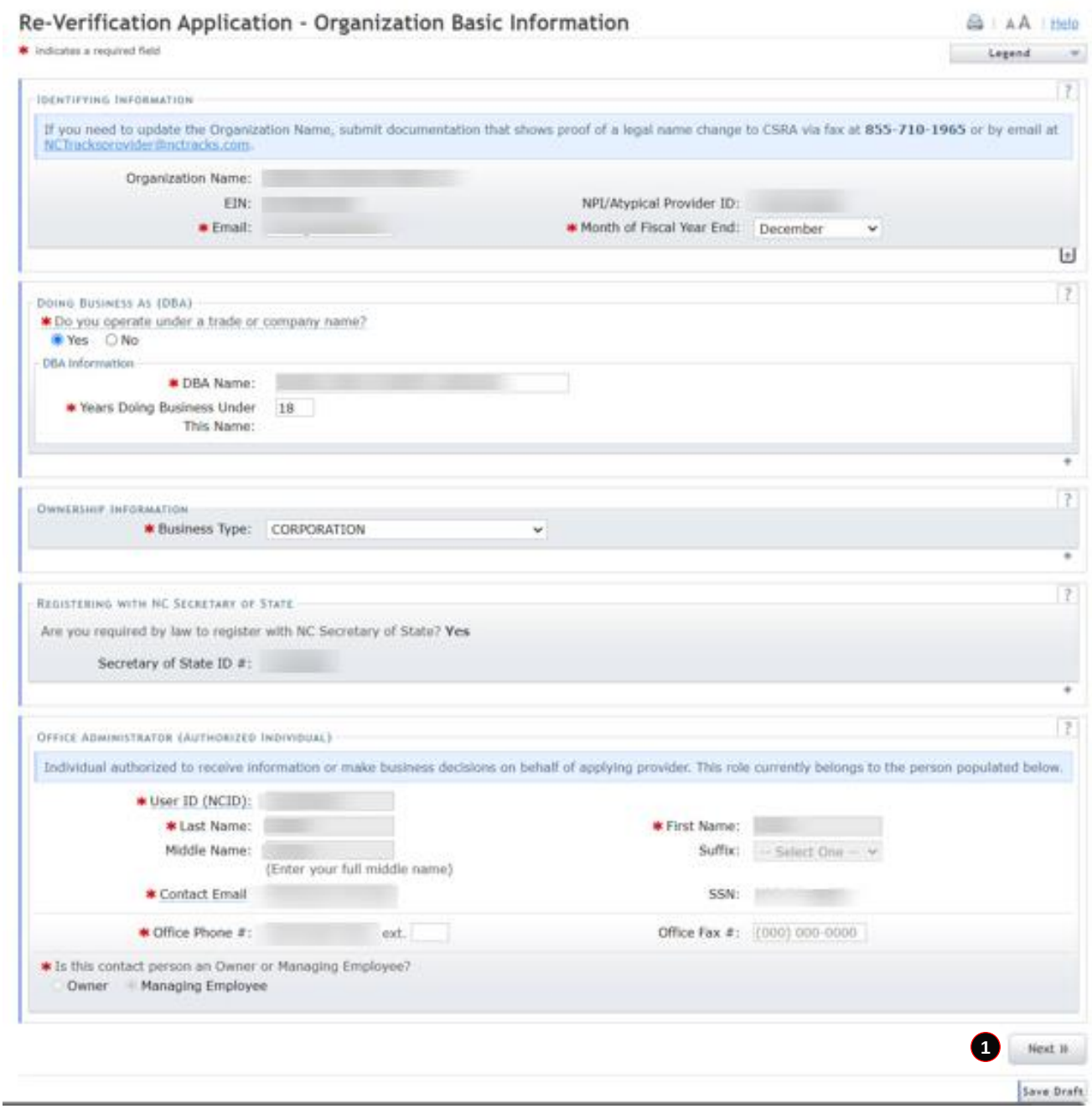


**Exhibit 58. Re-verification Application – Organization Page**

| Step | Action |
|---|---|
| 1 | Select the **Next** button if all information is correct. |

## 6.3 TERMS AND CONDITIONS PAGE

After reading and understanding the Provider Administrative Participation Agreement and the Attestation Agreement, you must select the checkbox next to the Attestation Statement or you will be unable to submit the Re-verification application.

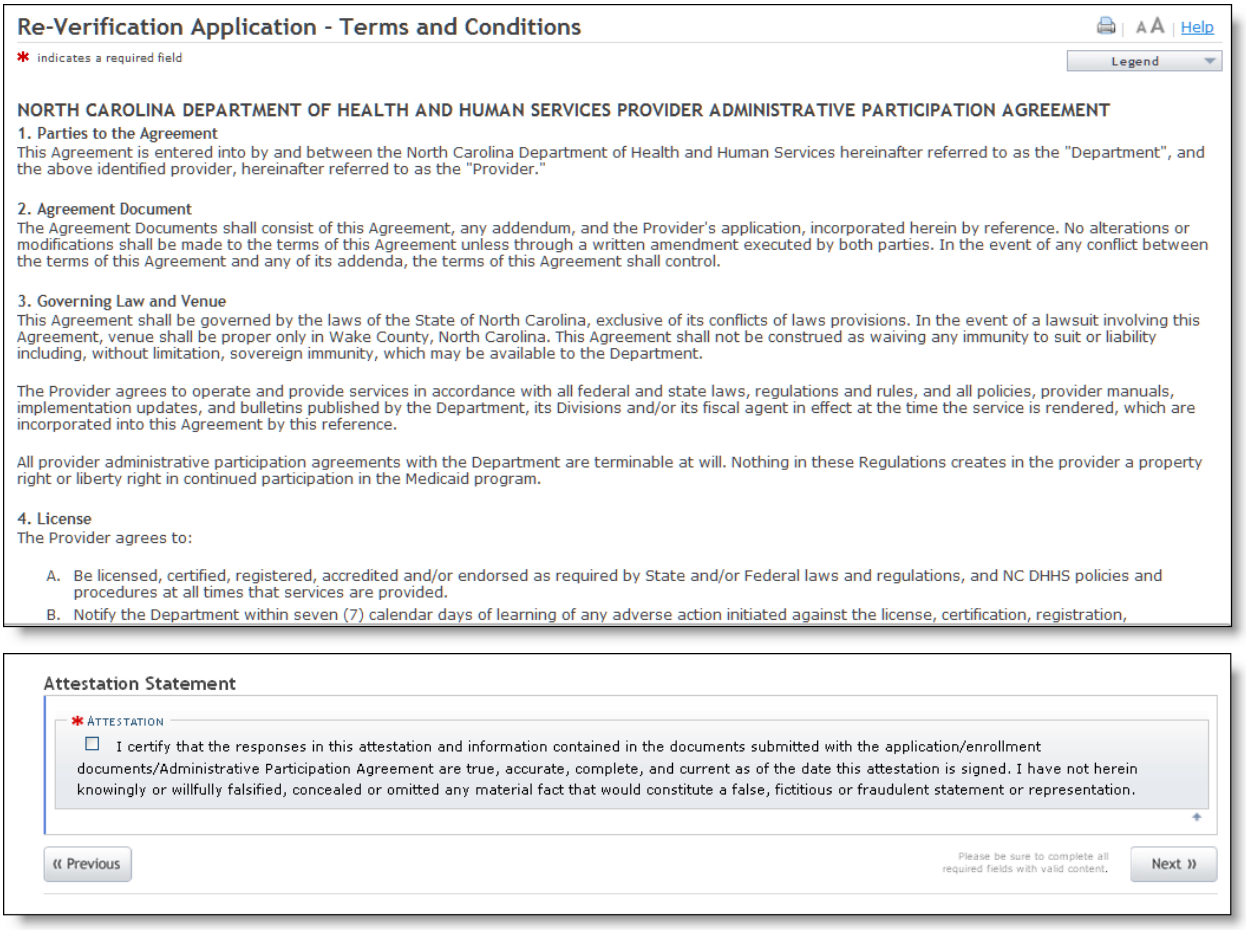


**Exhibit 59. Re-verification Application – Terms and Conditions Page**

## 6.4 OWNERSHIP INFORMATION PAGE

The **Ownership Information** page captures the type(s) of ownership and information about each shareholder/partner with 5% or more ownership as applicable. You can add, edit, or end-date ownership information in the Re-verification application.

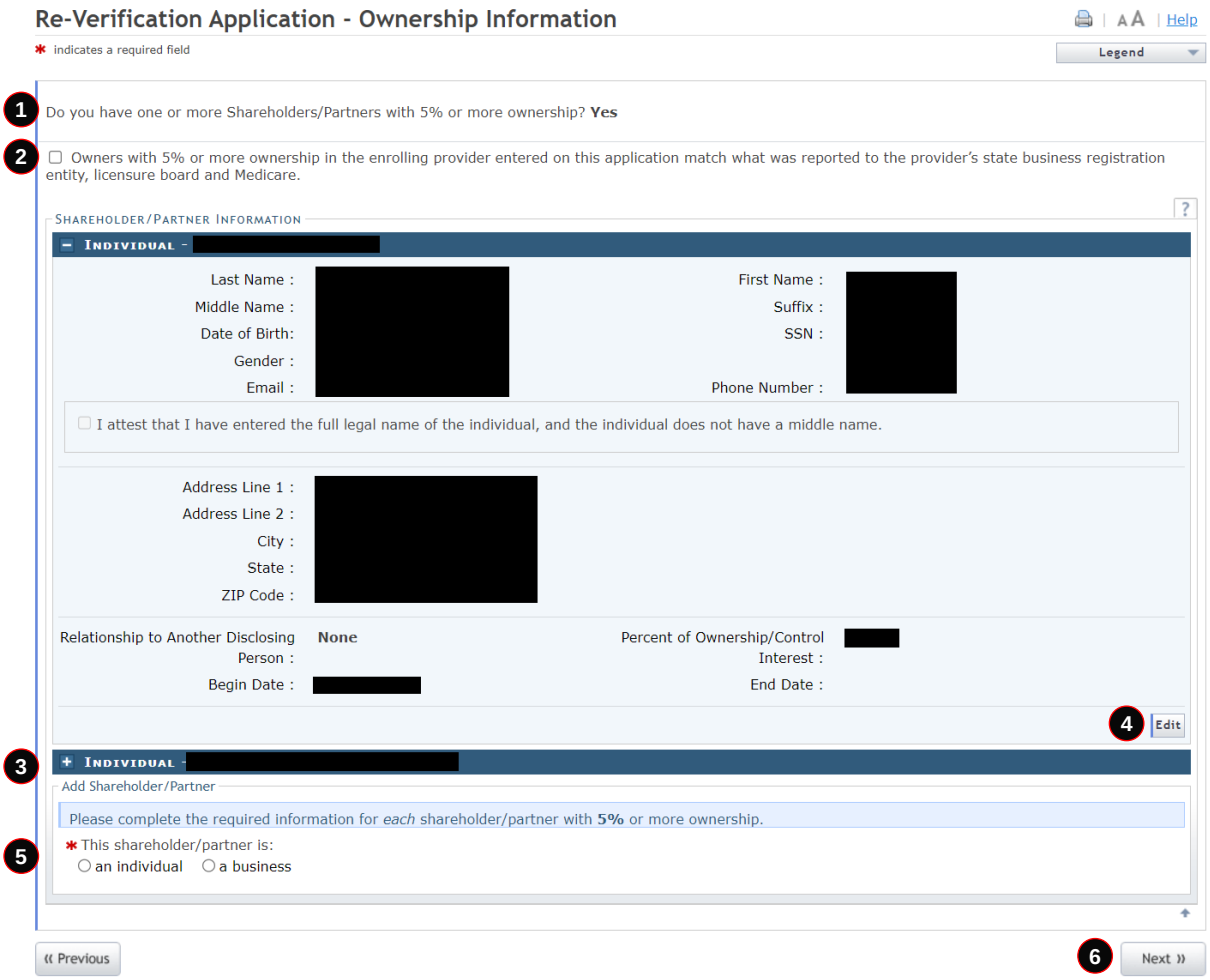


**Exhibit 60. Ownership Information Page**

| Step | Action |
|---|---|
| 1 | Shareholder/Partner Information: Do you have one or more Shareholders/Partners with 5% or more ownership?: Select **Yes** or **No**; if **Yes**, the **Shareholder/Partner Information** section displays. |
| 2 | If **Yes** was selected in Step 1, select the checkbox beside the **attestation** statement: **'Owners with 5% or more ownership in the enrolling provider entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare.'** |
| 3 | Select the **plus (+)** sign next to the individual or business that needs to be reviewed or edited. The section will expand. |
| 4 | Select the **Edit** button to update owner information or end date if the individual or business is no longer an owner of the organization. |
| 5 | Add Shareholder/Partner: Select either **an individual** or **a business**. |
| 6 | When changes are completed, select the **Next** button. |

## 6.5 AGENTS AND MANAGING EMPLOYEES PAGE

The **Agents and Managing Employees** page allows the provider to maintain managing relationships. You can add, edit, or end-date managing relationships in the Re-verification application. An MCR is not required if the record has missing or invalid managing employee information.

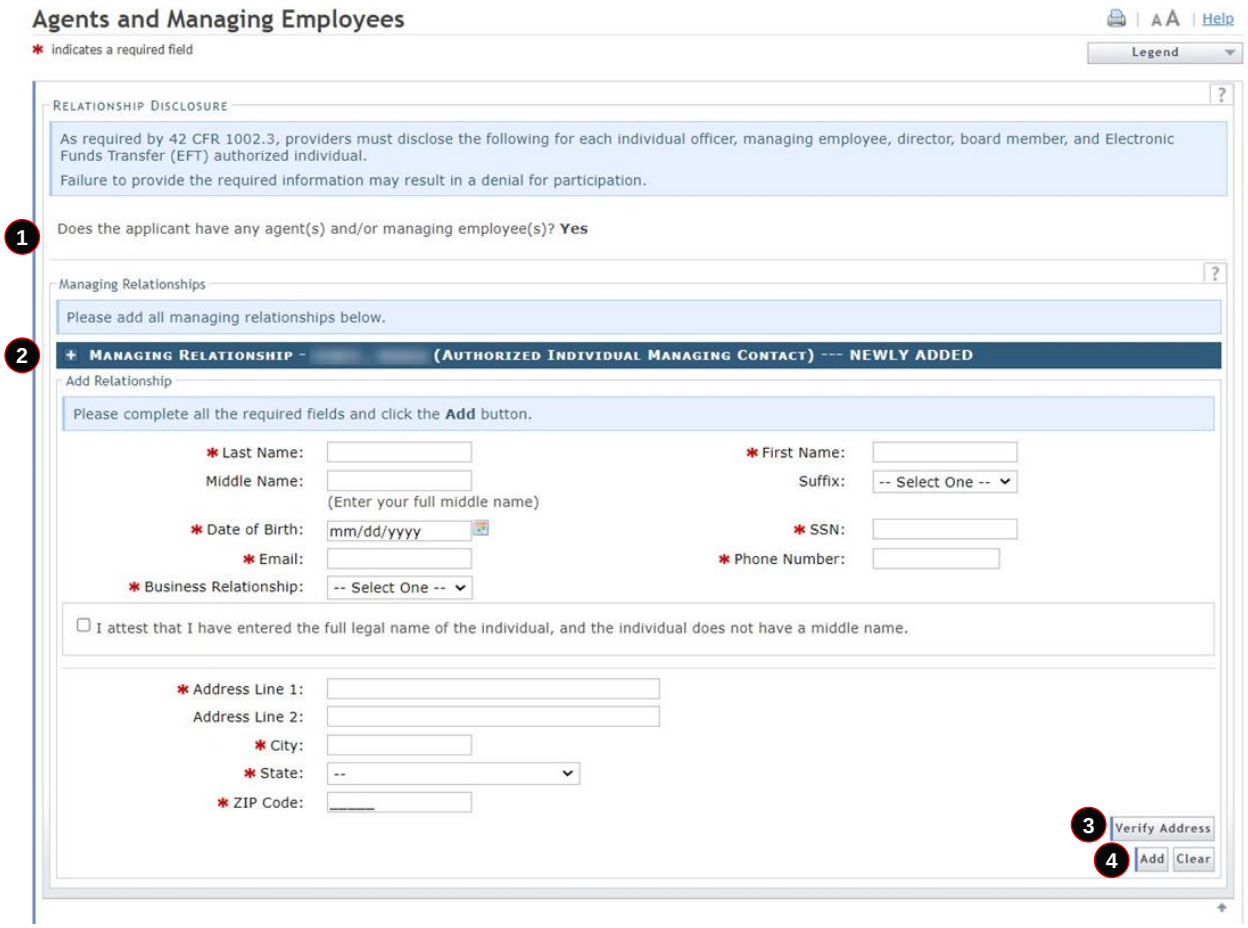


**Exhibit 61. Agents and Managing Employees Page**

| Step | Action |
|---|---|
| 1 | Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)?: Select **Yes** or **No**; if **Yes**, the **Managing Relationships** section displays. |
| 2 | Expand the managing relationship section that needs to be updated and then select the **Edit** button. |
| 3 | Add or update required information. Select the **Verify Address** button and then the **Add** button. |
| 4 | Select the **Next** button. |

## 6.6 ACCREDITATION PAGE

The **Accreditation** page allows the user to view or add an accreditation. The Accreditation Type for required accreditations may be populated as read-only. If the Accreditation Type has not

been populated, select the Accreditation Type from the drop-down menu. Enter the remaining required fields.

**Note**: The **Accreditation** page displays for Individual providers only.

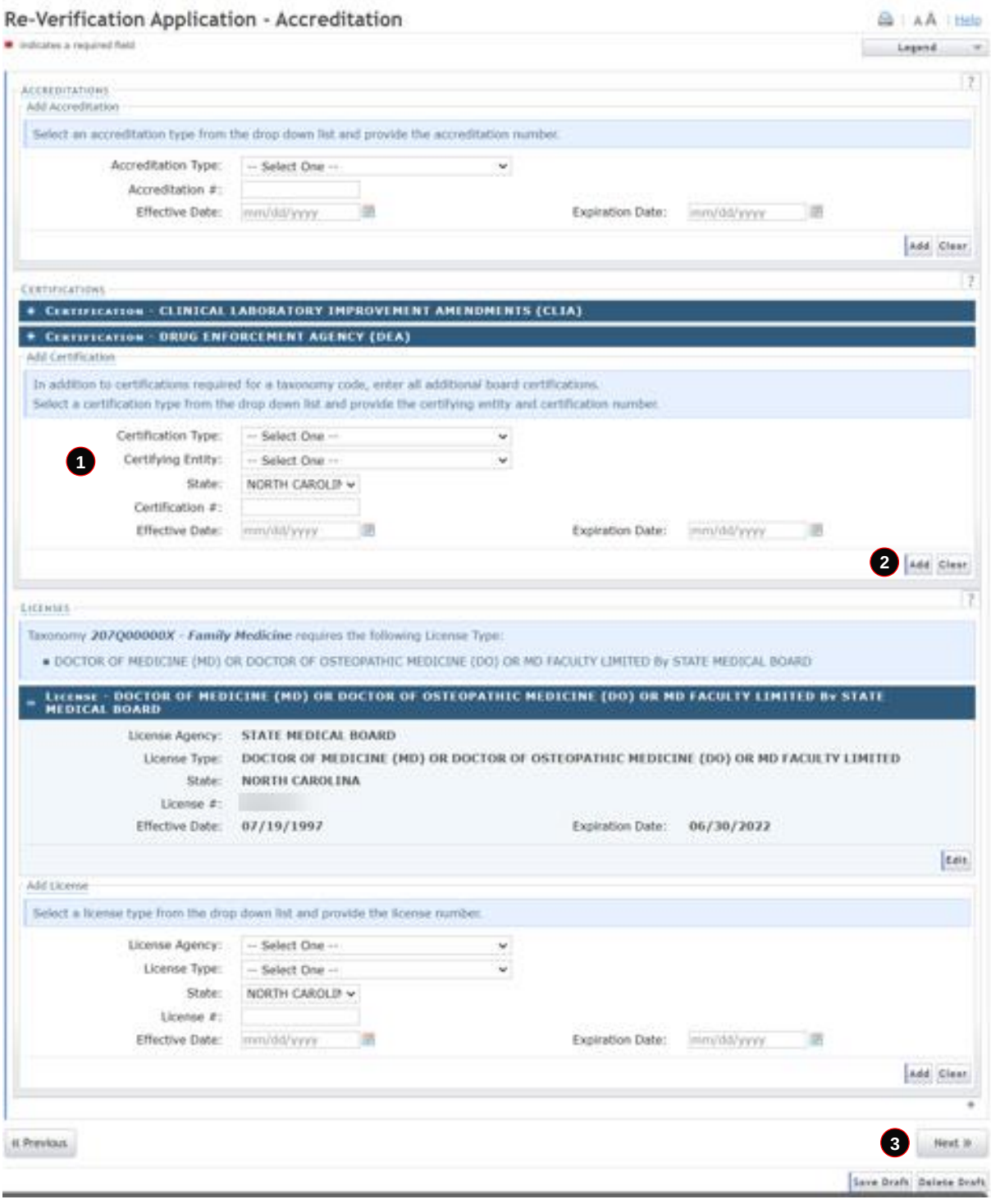


**Exhibit 62. Re-verification Application – Accreditation Page**

| Step | Action |
|---|---|
| 1 | Review, edit, and/or enter your board certifications information such as Drug Enforcement Agency (DEA) certifications.<br>• Certification Type<br>• Certifying Entity<br>• State – Select the state in which you are certified from the drop-down menu.<br>• Certification #<br>• Effective Date<br>• Expiration Date |
| 2 | Select the **Add** button. |
| 3 | Select the **Next** button. |

## 6.7 PROVIDER SUPPLEMENTAL INFORMATION PAGE

The **Provider Supplemental Information** page captures the provider's work history, education, and current malpractice insurance information.

**Note**: The **Provider Supplemental Information** page displays for Individual providers only.

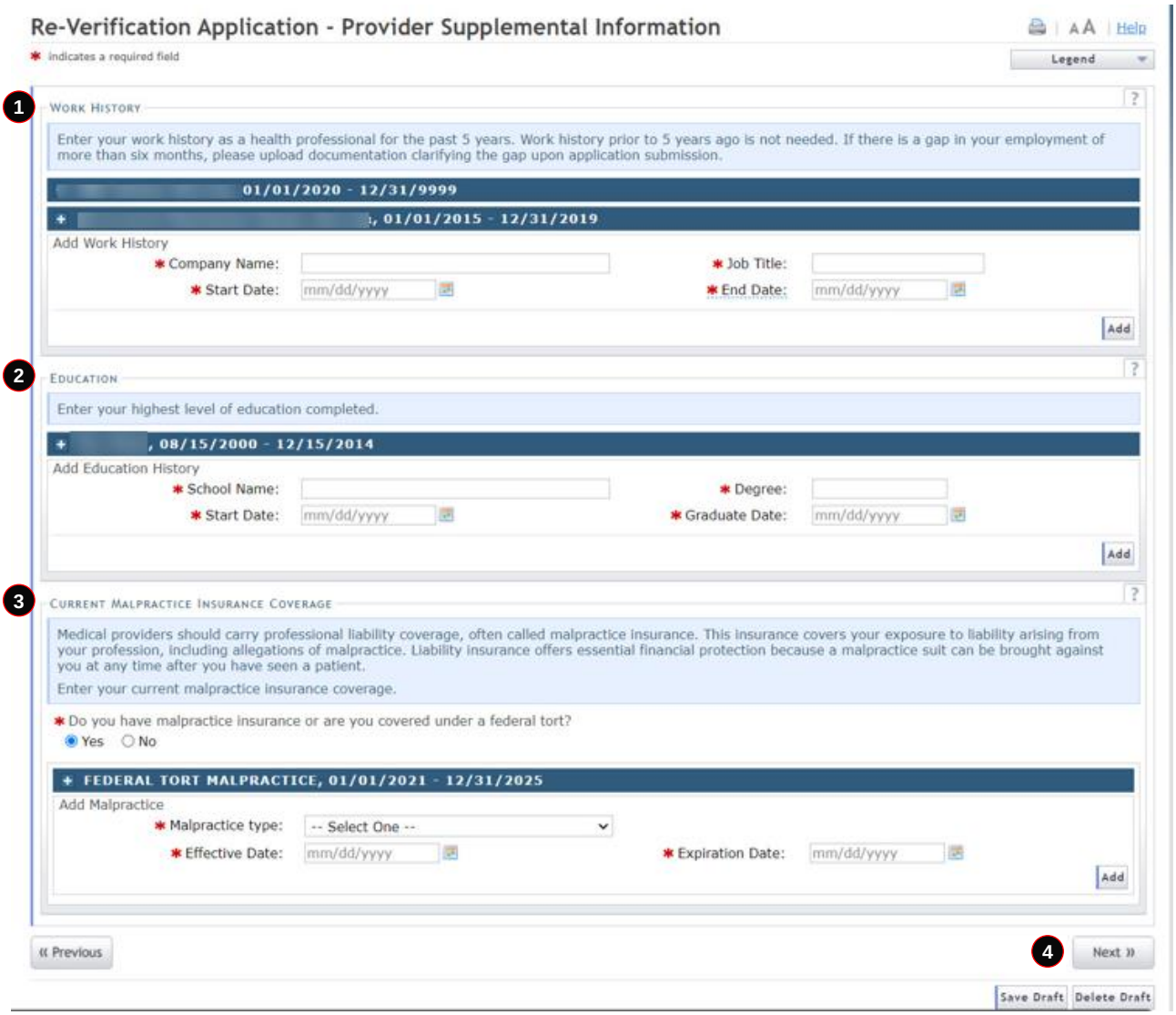


**Exhibit 63. Provider Supplemental Information Page**

| Step | Action |
|---|---|
| 1 | In the **Work History** section of the **Provider Supplemental Information** page, enter your work history as a health professional:<br>• Company Name – Employer name<br>• Job Title – Position/job title<br>• Start Date – Start date of the job title at this company<br>• End Date – End date of the job. If you still hold this job title at this company, enter 12/31/9999.<br>Note: For Work Gap: If uploading a work gap history explanation, ensure the letter is signed by the provider and dated. |
| 2 | In the **Education** section, enter your Education information:<br>• School Name – School or institution name<br>• Degree – Highest degree<br>• Start Date – Date started at the school or institution<br>• Graduation Date – Date graduated from the school with this degree |

| Step | Action |
|---|---|
| 3 | In the **Current Malpractice Insurance Coverage** section, enter/select the following:<br>• Do you have malpractice insurance or are you covered under a federal tort? – Select Yes if you have malpractice insurance or are covered under a federal tort<br>• Malpractice Type – Select the type of malpractice coverage<br>• Insurance Agency Name – Enter the name of the malpractice insurance agency<br>• Amount – Enter the amount of malpractice coverage<br>• Effective Date – Effective date of the coverage<br>• Expiration Date – Expiration date of the coverage |
| 4 | Select the **Next** button. |

## 6.8 FEDERAL REQUIREMENTS PAGE

Providers with taxonomies that are categorized as moderate or high risk are required to meet additional federal requirements.

If the provider has not met these requirements, the **Federal Requirements** page will populate in the Re-verification application. If a new service location is added or a terminated service location is reinstated AND one or more of the taxonomy codes requires the Federal Fee or Site Visit, the Federal Requirements Page will display.

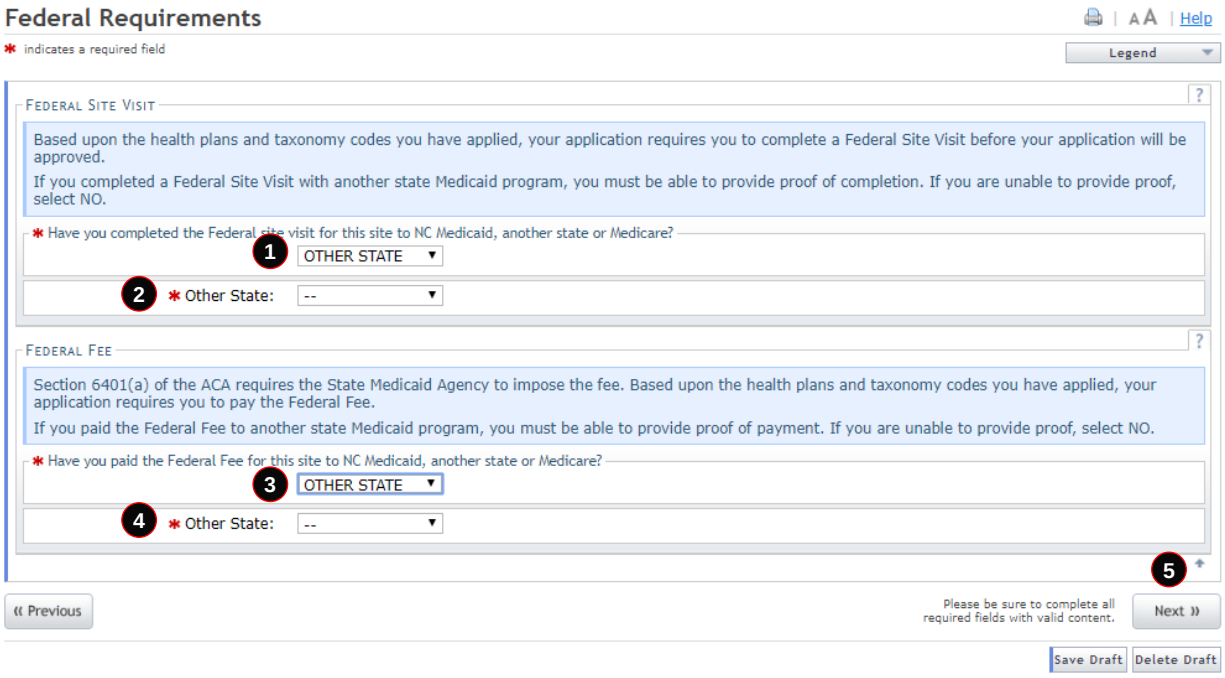


**Exhibit 64. Federal Requirements Page**

| Step | Action |
|---|---|
| 1 | Answer the question: **'Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare?'**.<br>• Select **NO** if you have not completed a Federal Site Visit for this location with either another state or Medicare. Select **MEDICARE** if completed with Medicare. Select **OTHER STATE** if completed for another state Medicaid program.<br>**Note**: If you select **NO**, Public Consulting Group (PCG) will contact you after the application has been submitted to set up the site visit.<br>• If you select **MEDICARE**, CSRA will confirm the site visit completion with Medicare.<br>• If you select **OTHER STATE**, you are required to upload proof of completion as part of the application submission. |
| 2 | Other State: If applicable, select the state. |
| 3 | Answer the question: **'Have you paid the Federal Fee for this site to NC Medicaid, another state or Medicare?'**.<br>• Select **NO** if you have not paid a Federal Fee for this location with either another state or Medicare. Select **MEDICARE** if paid to Medicare. Select **OTHER STATE** if completed for another state Medicaid program.<br>**Note**: If you select **NO**, upon submission of this application, you will be directed to PayPoint to pay the fee.<br>• If you select **MEDICARE**, CSRA will confirm the payment was made with Medicare.<br>• If you select **OTHER STATE**, you are required to upload proof of payment as part of the application submission.<br><br>**Note:** When a taxonomy requiring a site visit is added or reinstated to a new, reinstated, or existing location, NCTracks will present the Federal Requirements/Site Visit Completed question only if the provider has not completed a site visit within the past 5 years. Providers will not be required to complete a site visit if a site visit has been completed for the service location within the past 5 years. |
| 4 | Other State: If applicable, select the state. |
| 5 | Select the **Next** button to continue. |

## 6.9 EXCLUSION SANCTION INFORMATION PAGE

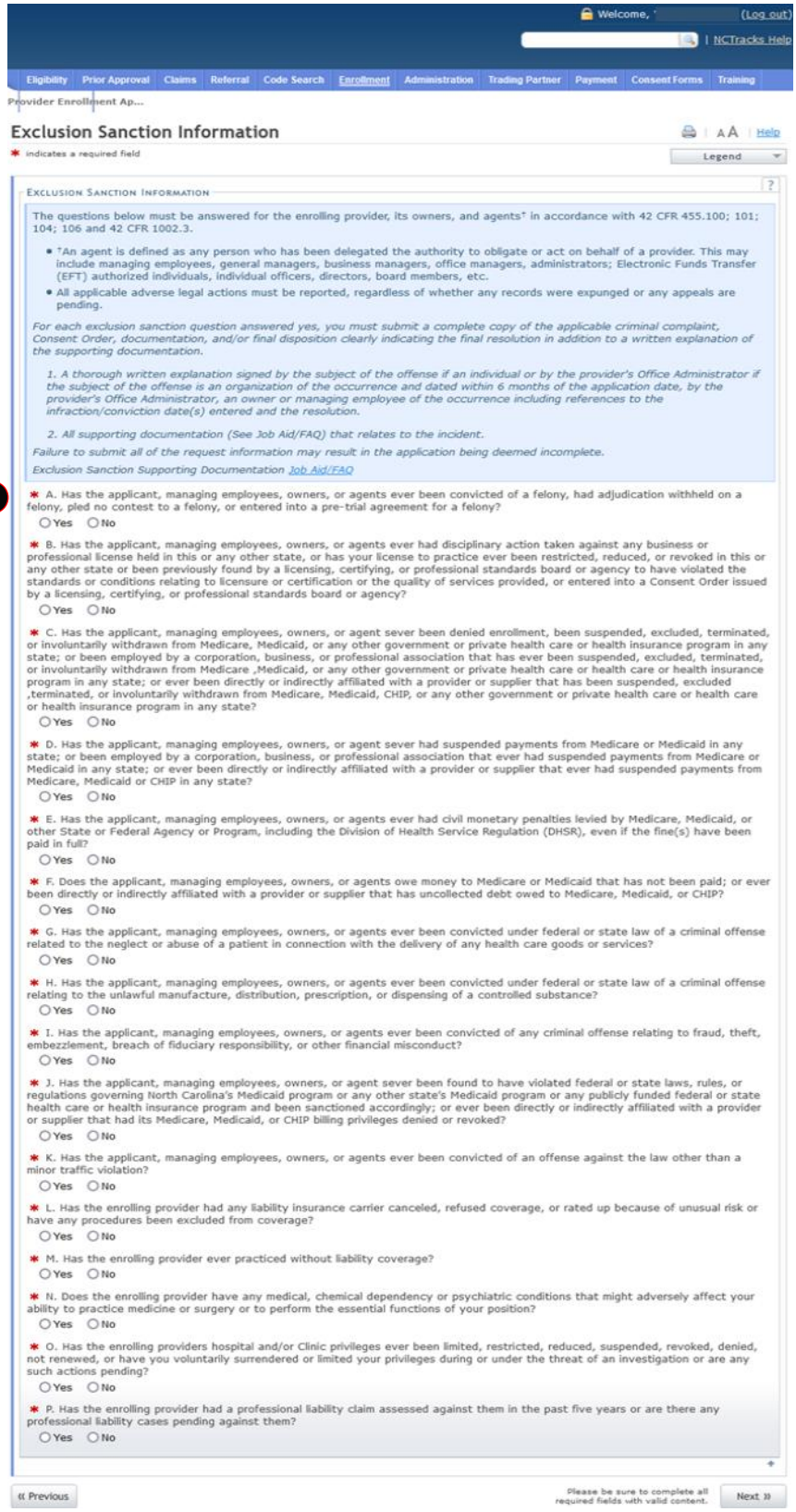


**Exhibit 65. Re-verification Application – Exclusion Sanction Information Page**

| Step | Action |
|---|---|
| 1 | Select **Yes** or **No** for each Exclusion Sanction question. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays.<br><br>For each question answered **Yes**, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application. If uploading an explanation for an affirmative exclusion sanction response, ensure the letter is signed by the provider, person with infraction, or Office Administrator and that the letter is dated. The letter must be dated within the past six months of the date of this application.<br><br>Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).<br><br>**Note**: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.<br><br>**New questions have been added, so be sure to read each question carefully.** |

## 6.10 REVIEW APPLICATION PAGE

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

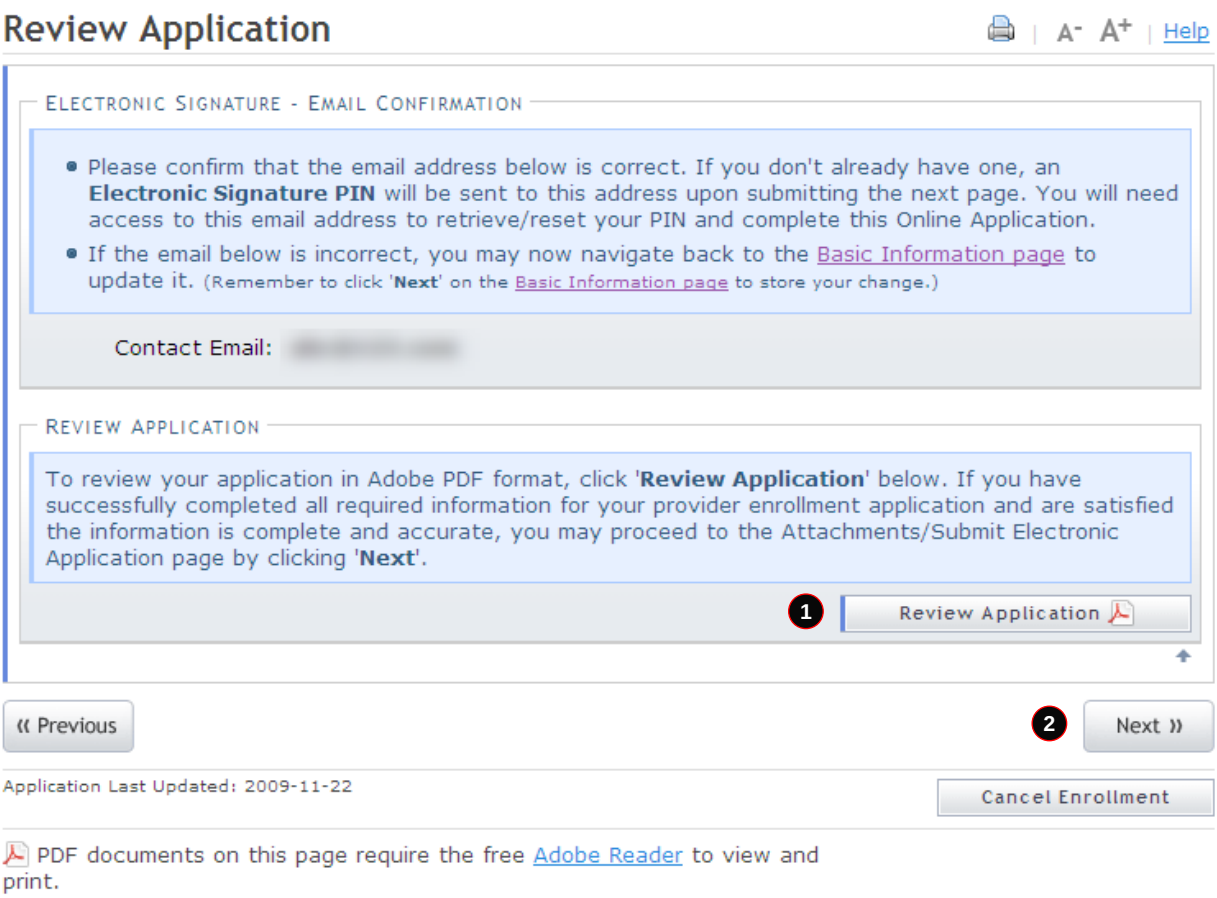


**Exhibit 66. Review Application Page**

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

## 6.11 SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

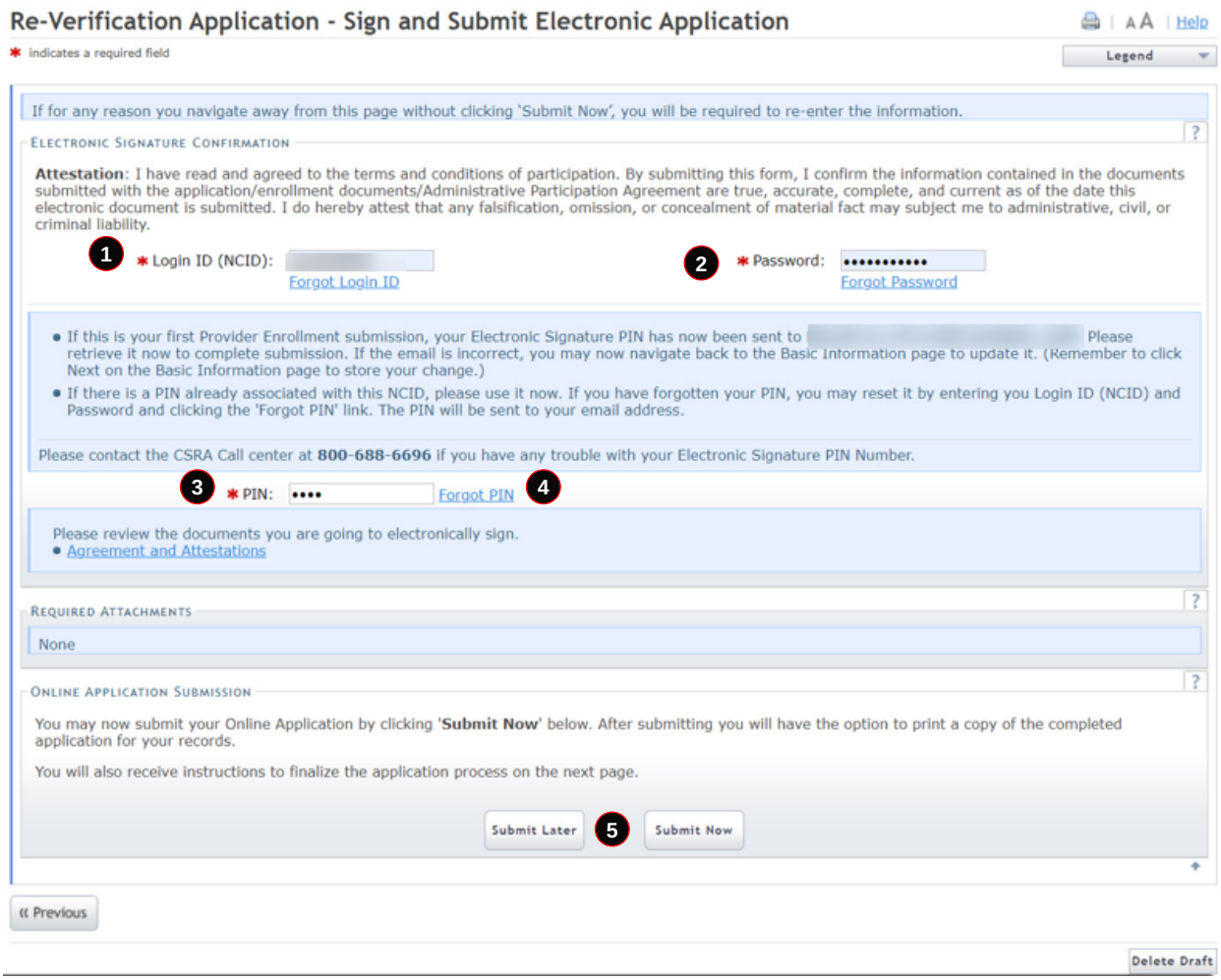


**Exhibit 67. Sign and Submit Electronic Application Page**

| Step | Action |
|---|---|
| 1 | Login ID: Enter **Login ID (NCID)**. |
| 2 | Password: Enter **Password**. |
| 3 | PIN: Enter **PIN**. |
| 4 | Select the **Forgot PIN** link if you need to have your PIN reset. |
| 5 | Select the **Submit** button to submit the Re-verification application. |

## 6.12 FINAL STEPS PAGE

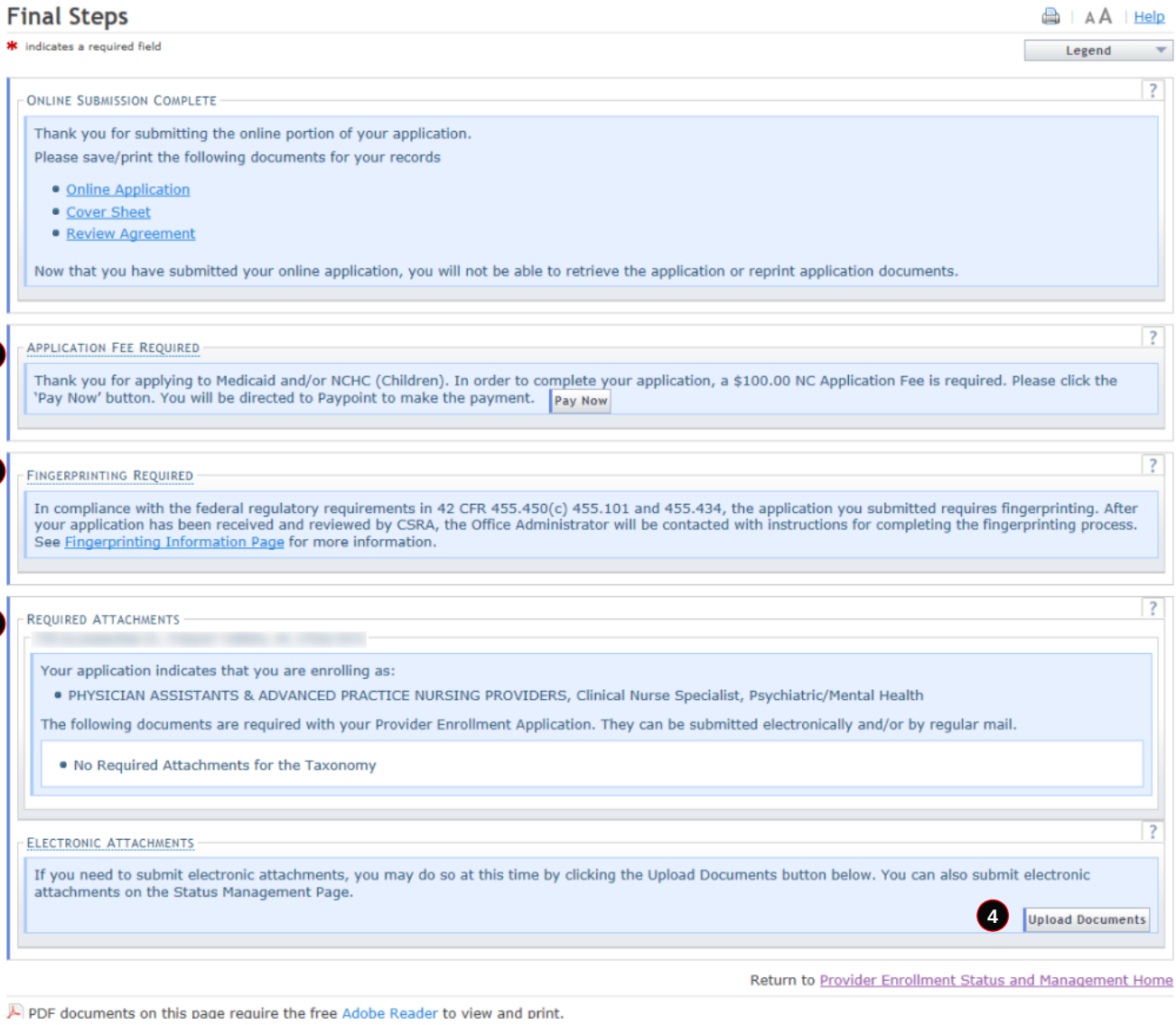


**Exhibit 68. Final Steps Page**

| Step | Action |
|---|---|
| 1 | Application Fee Required: A $100 NC Application Fee is required from Individual providers, Organizations, and Atypical Organizations if active in Medicaid. |
| 2 | If fingerprinting is required, the provider will be notified in the **Fingerprinting Required** section. The Fingerprint Release of Information form and instructions will be e-mailed to the provider and sent to the Message Center inbox. |
| 3 | Required attachments for the application, if any, will be listed in the **Required Attachments** section. |
| 4 | Upload electronic attachments by selecting the **Upload Documents** button. |

The reviewer will confirm that the provider is active in Medicare or their home state Medicaid program for all OOS /border addresses. If not, the location will be denied or terminated; and if the location is the only active location on the record, the entire provider record will terminate.

During the re-verification process, a thorough examination of the provider's qualifications will be performed. The provider's file will be reviewed, and criminal background checks will be performed on all owners and managing relationships associated with the provider record.

If during the credentialing process the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

Re-verification applications abandoned or withdrawn after the suspension date will result in the termination of the provider's Medicaid, DPH, and ORH health plans. If these are the only active health plans on the provider record, a Re-enrollment application will be required.

The OA/ES user will have access to the notification letters via the Message Center inbox as well as a hyperlink on the **Status and Management** page.

# 7.0 Maintain Eligibility Application

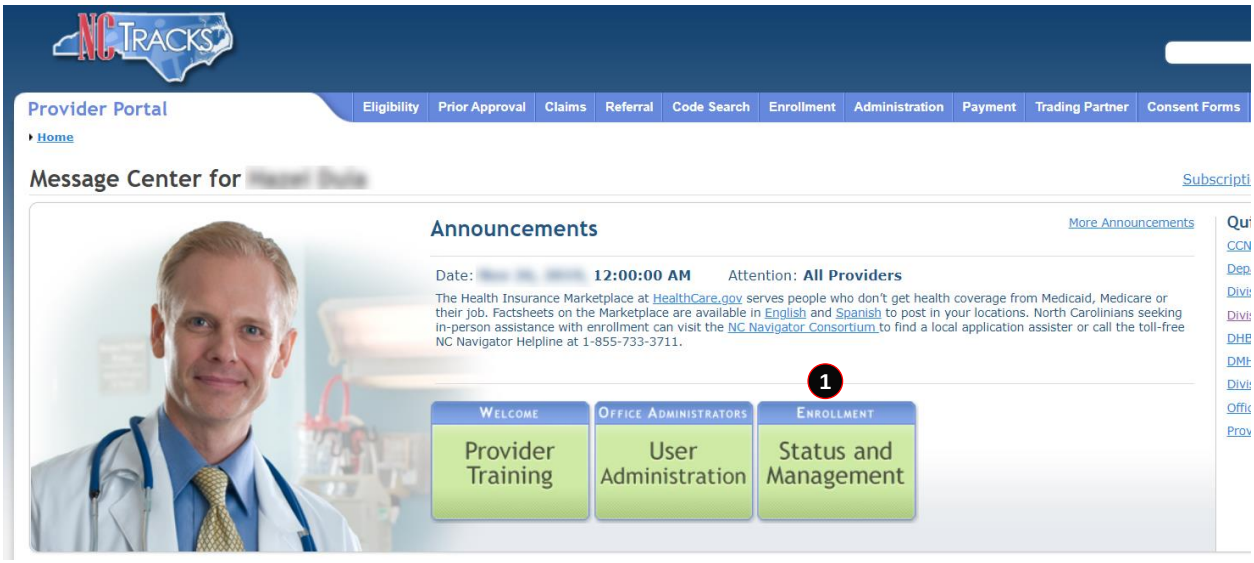


**Exhibit 69. Provider Portal Home Page**

| Step | Action |
|---|---|
| 1 | From the secure **Provider Portal Home** page, select the **Status and Management** button. The **Status and Management** page displays. To begin a Maintain Eligibility application, scroll down to the **Maintain Eligibility** section. |

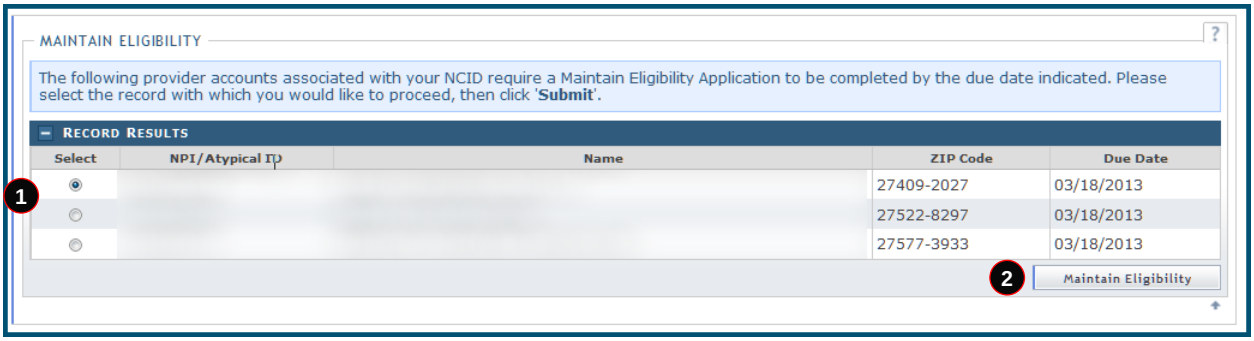


**Exhibit 70. Status and Management Page – Maintain Eligibility Section**

| Step | Action |
|---|---|
| 1 | Select the radio button next to the record for which you want to begin a Maintain Eligibility application. |
| 2 | Select the **Maintain Eligibility** button. |

The pages look exactly like the Re-verification application pages. See the exhibits in Section 6.0.

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# 8.0 Fingerprinting Required Application

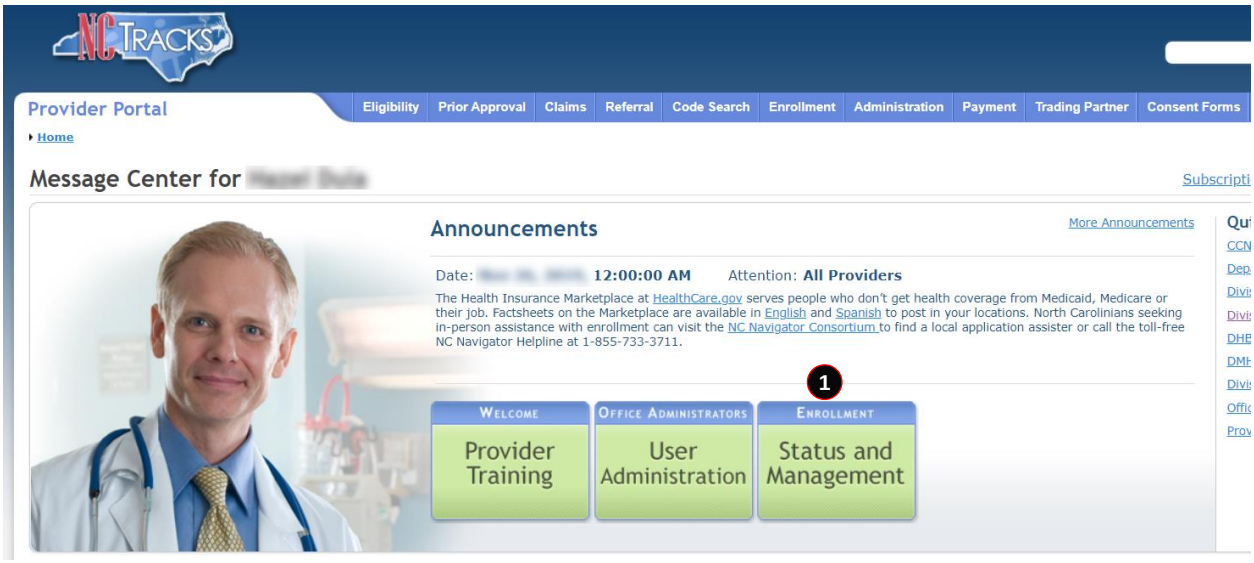


**Exhibit 71. Provider Portal Home Page**

| Step | Action |
|---|---|
| 1 | From the secure **Provider Portal Home** page, select the **Status and Management** button. The **Status and Management** page displays. To begin a Fingerprinting Required application, scroll down to the **Fingerprinting Required** section. |

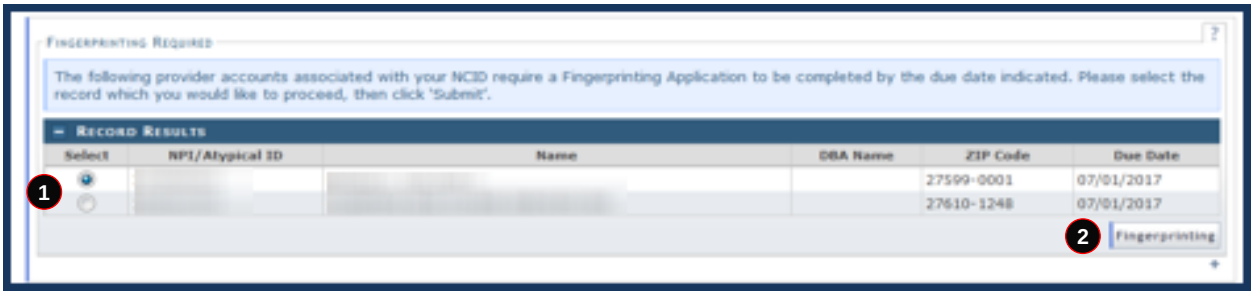


**Exhibit 72. Status and Management Page – Fingerprinting Required Section**

| Step | Action |
|---|---|
| 1 | Select the radio button next to the record for which you want to begin a Fingerprinting Required application. |
| 2 | Select the **Fingerprinting** button. |

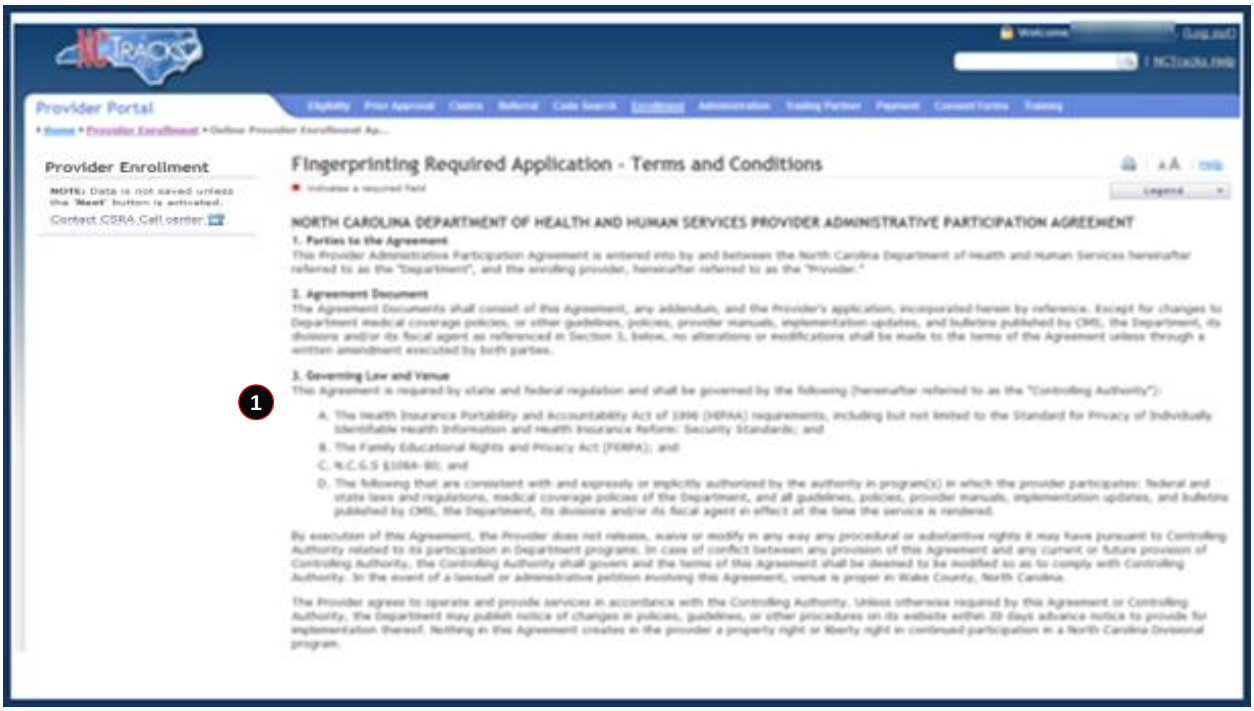


**Exhibit 73. Fingerprinting Required Application – Terms and Conditions Page #1**

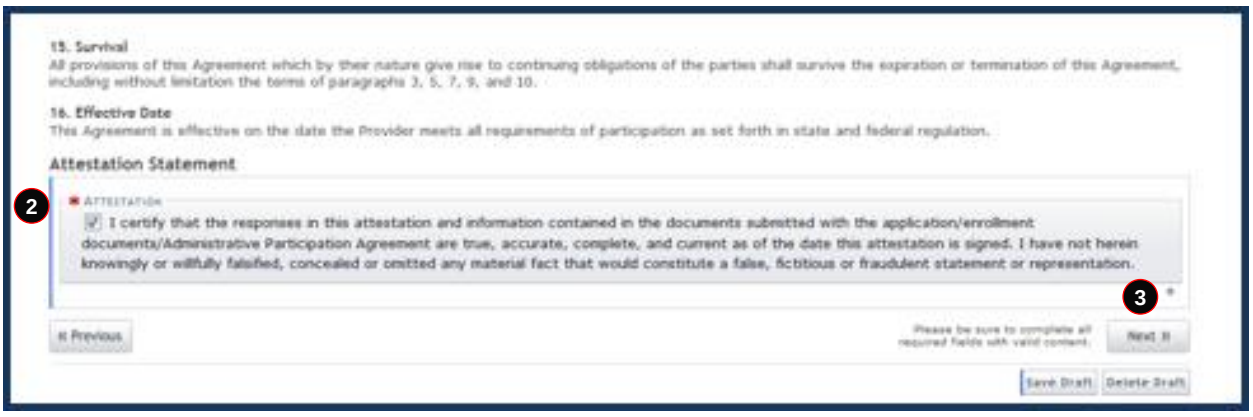


**Exhibit 74. Fingerprinting Required Application – Terms and Conditions Page #2**

| Step | Action |
|---|---|
| 1 | Review the Fingerprinting Required Application Terms and Conditions. |
| 2 | Select the **Attestation** checkbox. |
| 3 | Select the **Next** button. The **Fingerprinting Required Application – Review Application** page displays. |

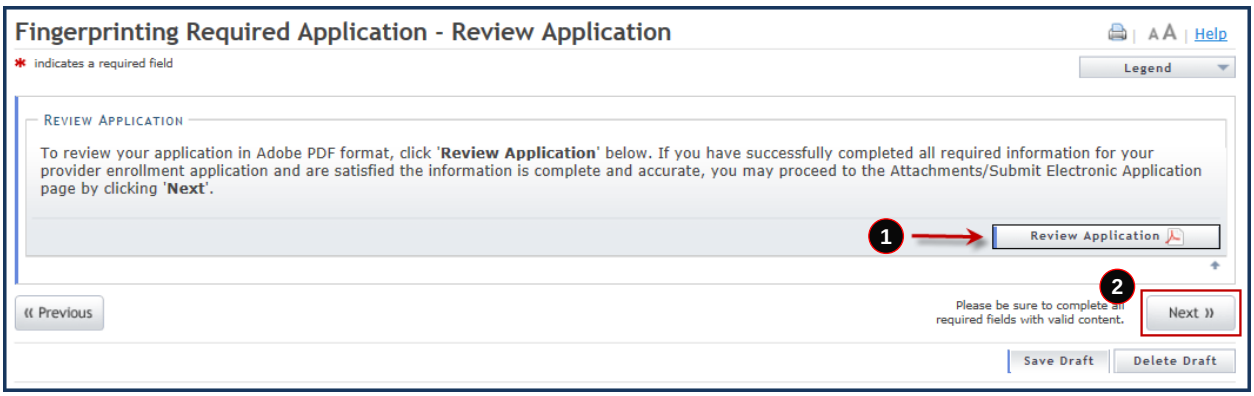


**Exhibit 75. Fingerprinting Required Application – Review Application Page**

| Step | Action |
|---|---|
| 1 | From the **Fingerprinting Required Application – Review Application** page, you can review the application in a PDF version by selecting the **Review Application** button. |
| 2 | Select the **Next** button. The **Fingerprinting Required – Sign and Submit Electronic Application** page displays. |

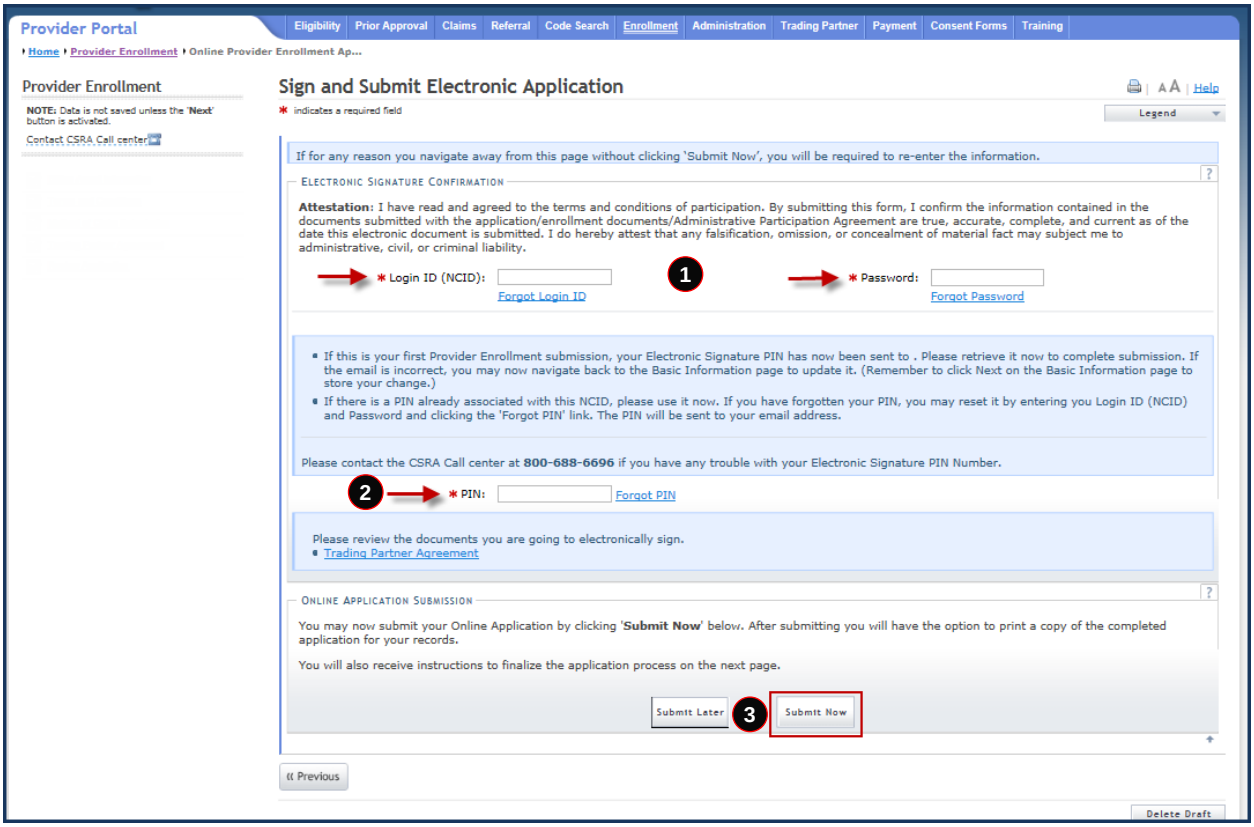


**Exhibit 76. Fingerprinting Required Application – Sign and Submit**

| Step | Action |
|---|---|
| 1 | Enter the **NCID** and **Password** that were initially used to log in to the NCTracks Secure Provider Portal. |
| 2 | Enter the 4-digit Electronic Signature **PIN**. |
| 3 | Select **Submit Later** to save the application as a draft to be submitted at a later time.<br>Select **Submit Now** to submit the application now. |

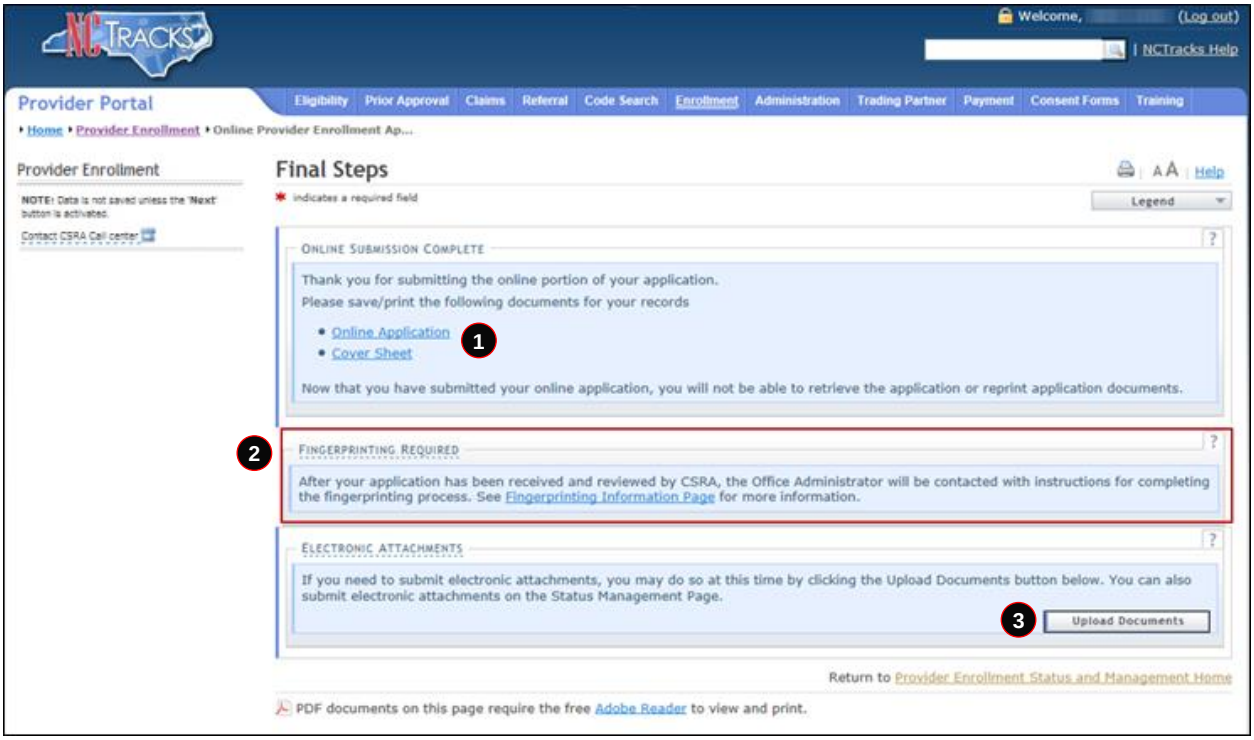


**Exhibit 77. Fingerprinting Required Application – Final Steps Page**

| Step | Action |
|---|---|
| 1 | The **Final Steps** page provides links to PDF versions of the Online Application and Cover Sheet to be used in the event that you choose to mail or e-mail supporting documentation. These documents must be printed or saved before you navigate away from this page; otherwise, you will not have access to them again. |
| 2 | The **Fingerprinting Required** section provides information on the next step of the fingerprinting process. The OA will be contacted via e-mail and through the Message Center inbox with further instructions. |
| 3 | The **Upload Documents** button allows you to attach documents directly to the application. |

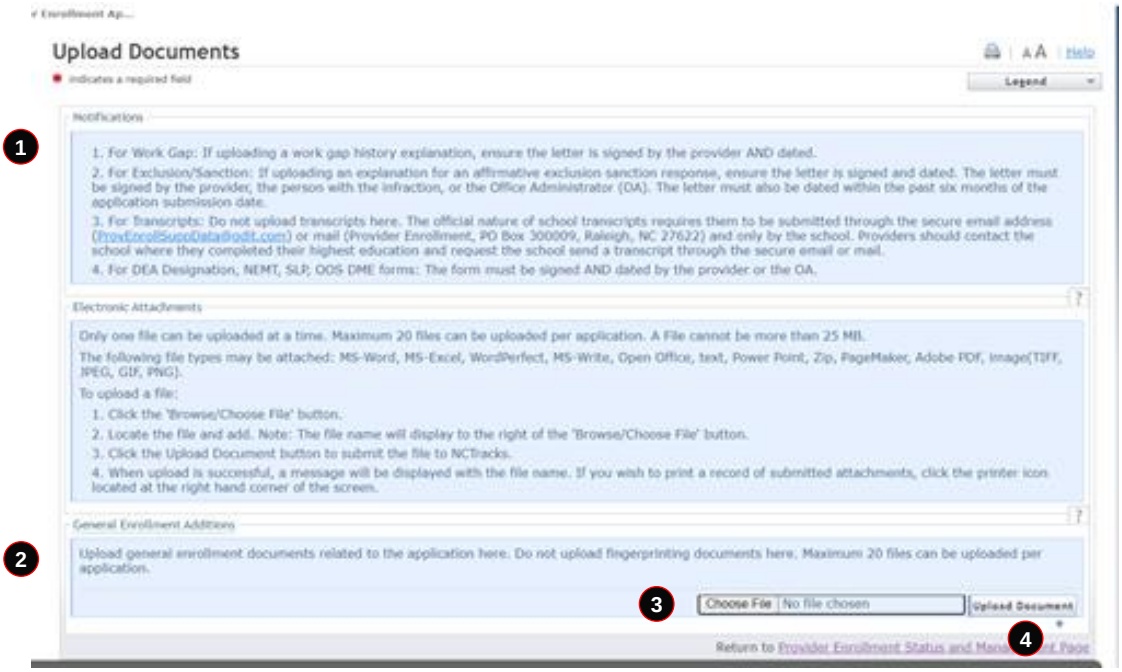


**Exhibit 78. Fingerprinting Required Application – Upload Documents Page**

| Step | Action |
|---|---|
| 1 | Information is provided on the types of documents that can be uploaded as well as step-by-step instructions. |
| 2 | The **General Enrollment Additions** section is used to electronically attach supporting documents not related to fingerprinting.<br>**Note**: Fingerprinting documents uploaded in this section will not be processed. |
| 3 | Select the **Choose File** button to locate and upload your General Enrollment supporting documents. |
| 4 | Select the Upload Document button to add the selected document. Repeat the process for each additional document. |

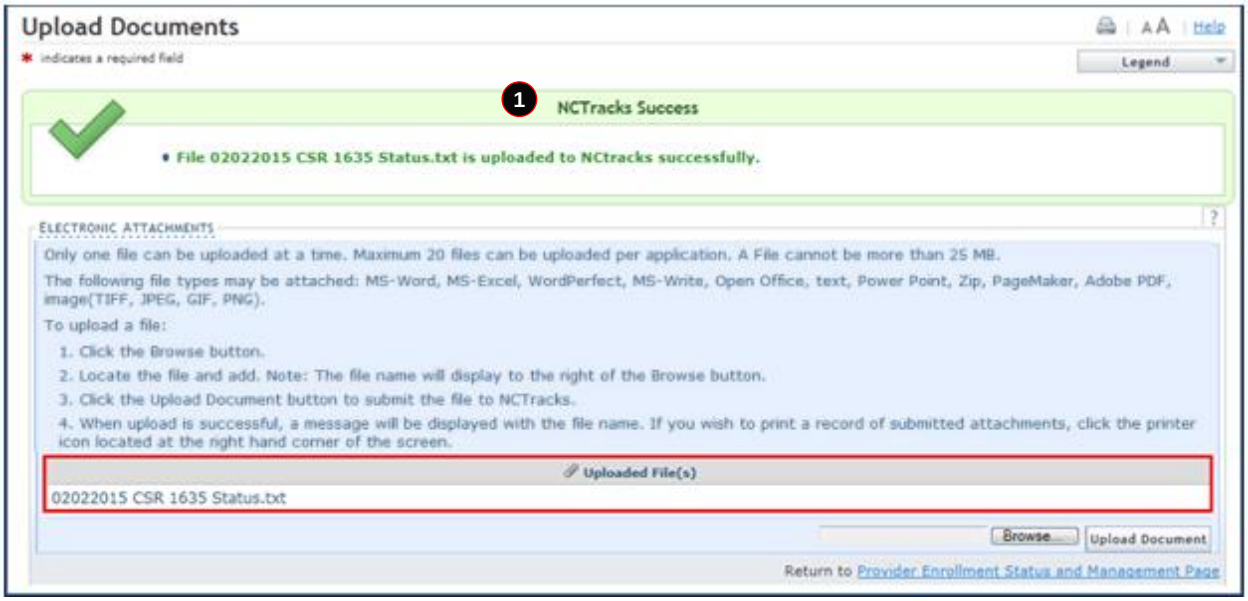


**Exhibit 79. Fingerprinting Required Page – Document Uploaded Successfully**

| Step | Action |
|---|---|
| 1 | A confirmation page will be received after the successful submission of electronic attachments. |

If required fingerprinting documents are not received in the initial 30 days, the application will be abandoned and the provider's Medicaid, DPH, and ORH health plans will be terminated. If these are the only health plans on the provider record, a Re-enrollment application will be required.

If the provider has been given extensions to submit correct supporting documentation and the information submitted is deemed inadequate, the provider's Medicaid, DPH, and ORH health plans will be terminated. If these are the only health plans on the provider record, a Re-enrollment application will be required.

# 9.0 Resources

## 9.1 RESOURCES

For more information, please refer to the *Updating Provider Records* CBT on SkillPort.

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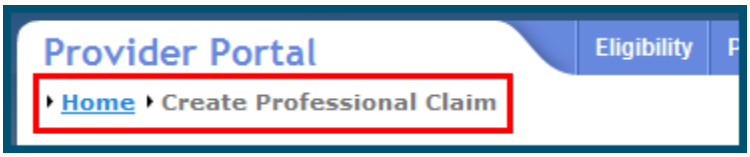
# Addendum A. Help System

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

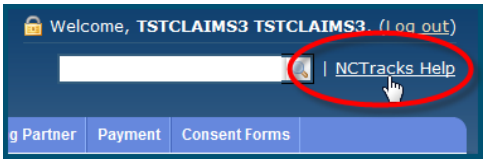
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each page
- Page-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

## Navigational Breadcrumb



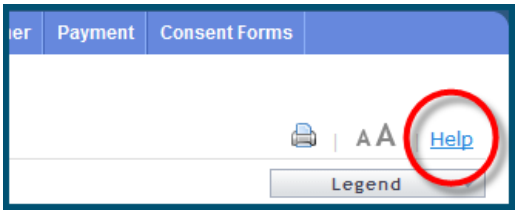

A breadcrumb trail is a navigational tool that shows the path of pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

## System-Level Help



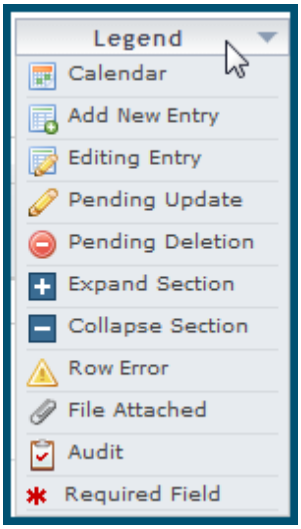

The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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

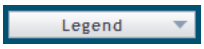
## Page-Level Help




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



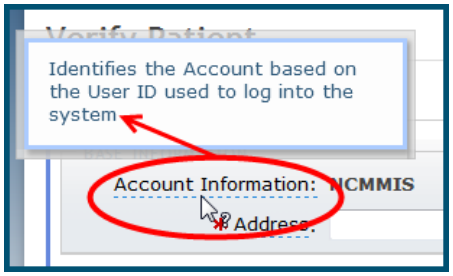

A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon 

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 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 page element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

# Addendum B. PayPoint Process

The PayPoint screen displays after you select **Pay Now** from the Final Steps page or the Status and Management page.

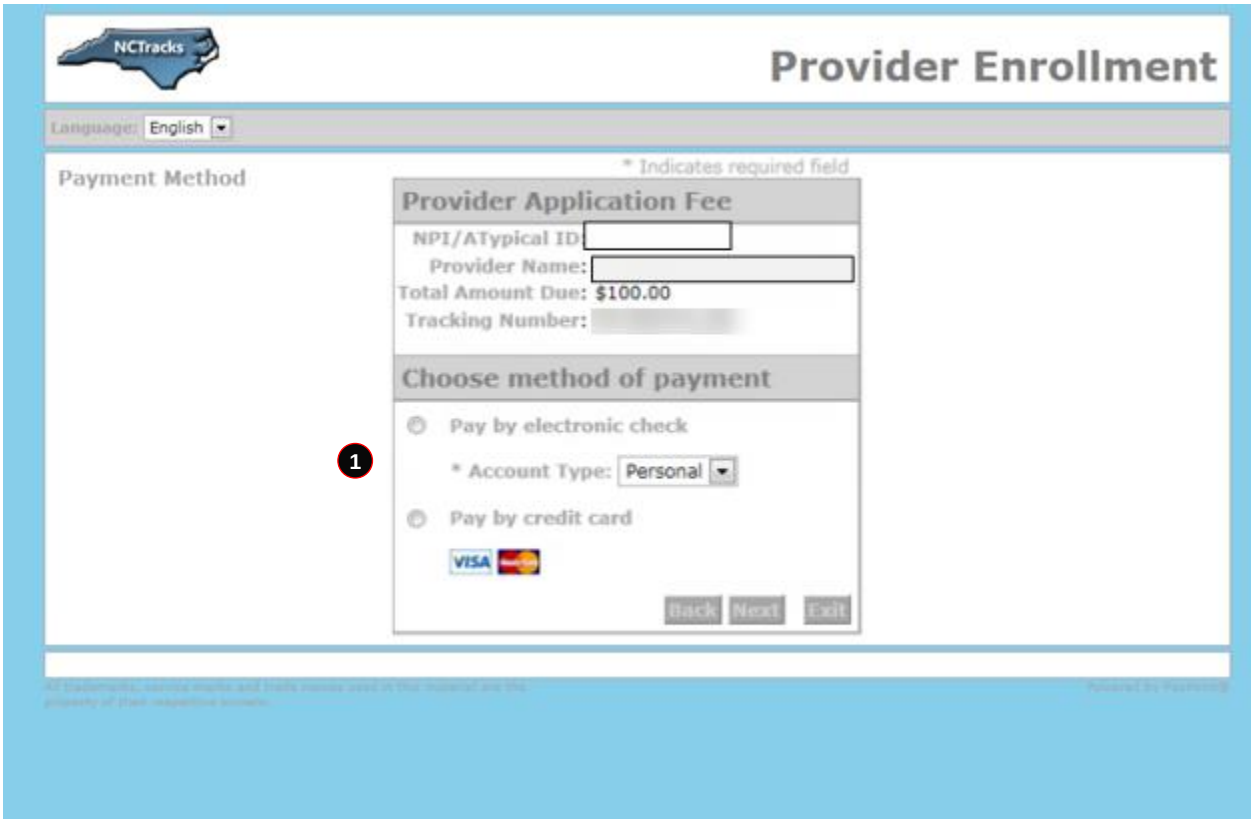



**Exhibit 80. PayPoint Screen**

| Step | Action |
|---|---|
| 1 | Select **Pay by electronic check** or **Pay by credit card**.<br>• If you select **Pay by credit card**, the **Payment Information – Credit Card** screen displays.<br>• If you select **Pay by electronic check**, select **Personal** or **Business** as the Account Type; the **Payment Information – Pay by Check** screen displays. Note: The $100 Provider Application Fee has been reinstated for all Enrollment and Re-verification applications effective July 1, 2023. |

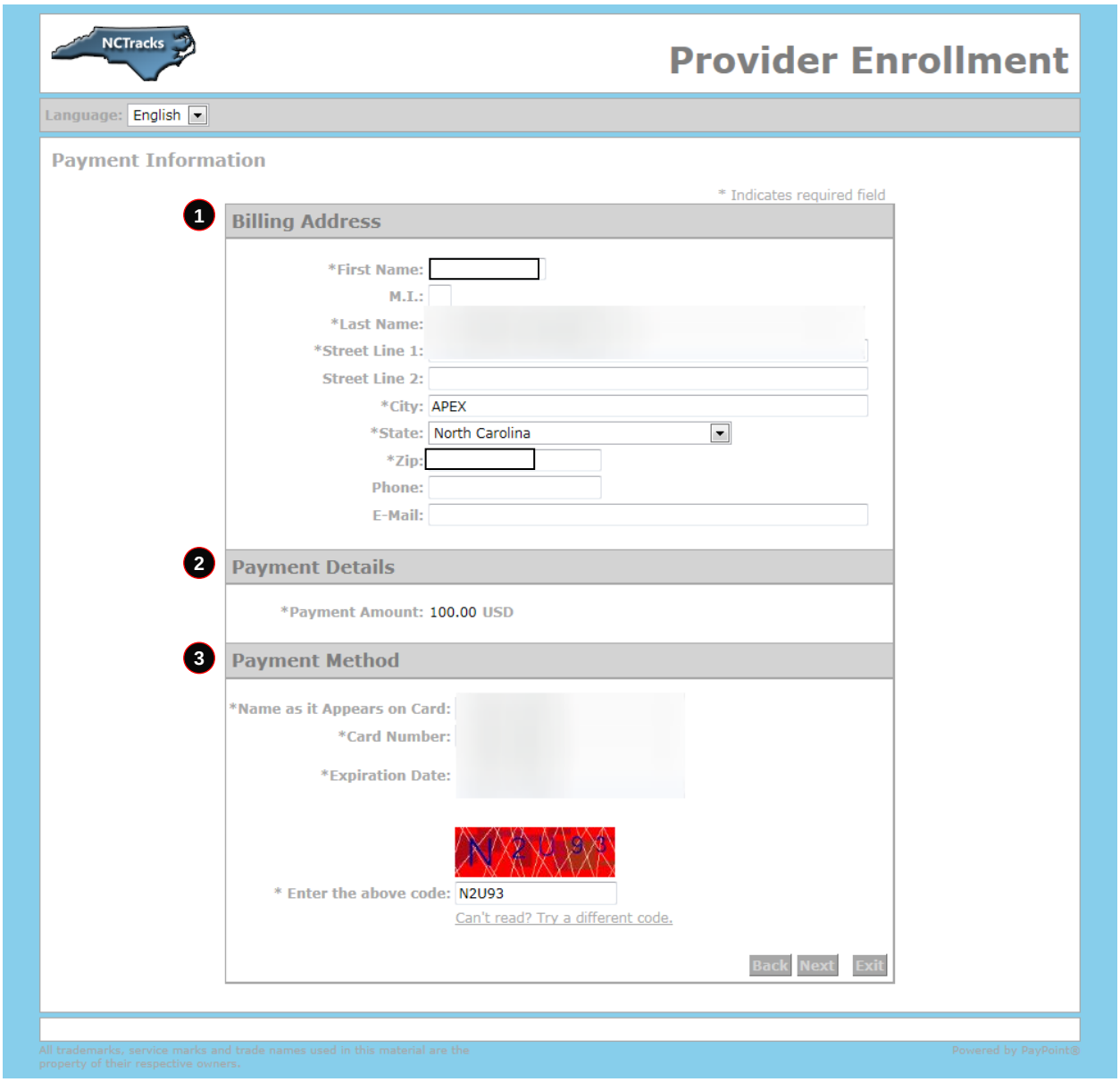



**Exhibit 81. Payment Information – Credit Card Screen**

| Step | Action |
|---|---|
| 1 | Enter the information for the **Billing Address** fields. |
| 2 | Payment Details: Displays **Payment Amount**. |
| 3 | Enter Payment Method fields: **Name as it Appears on Card**, **Card Number**, **Expiration Date**, and **Enter the above code**. |

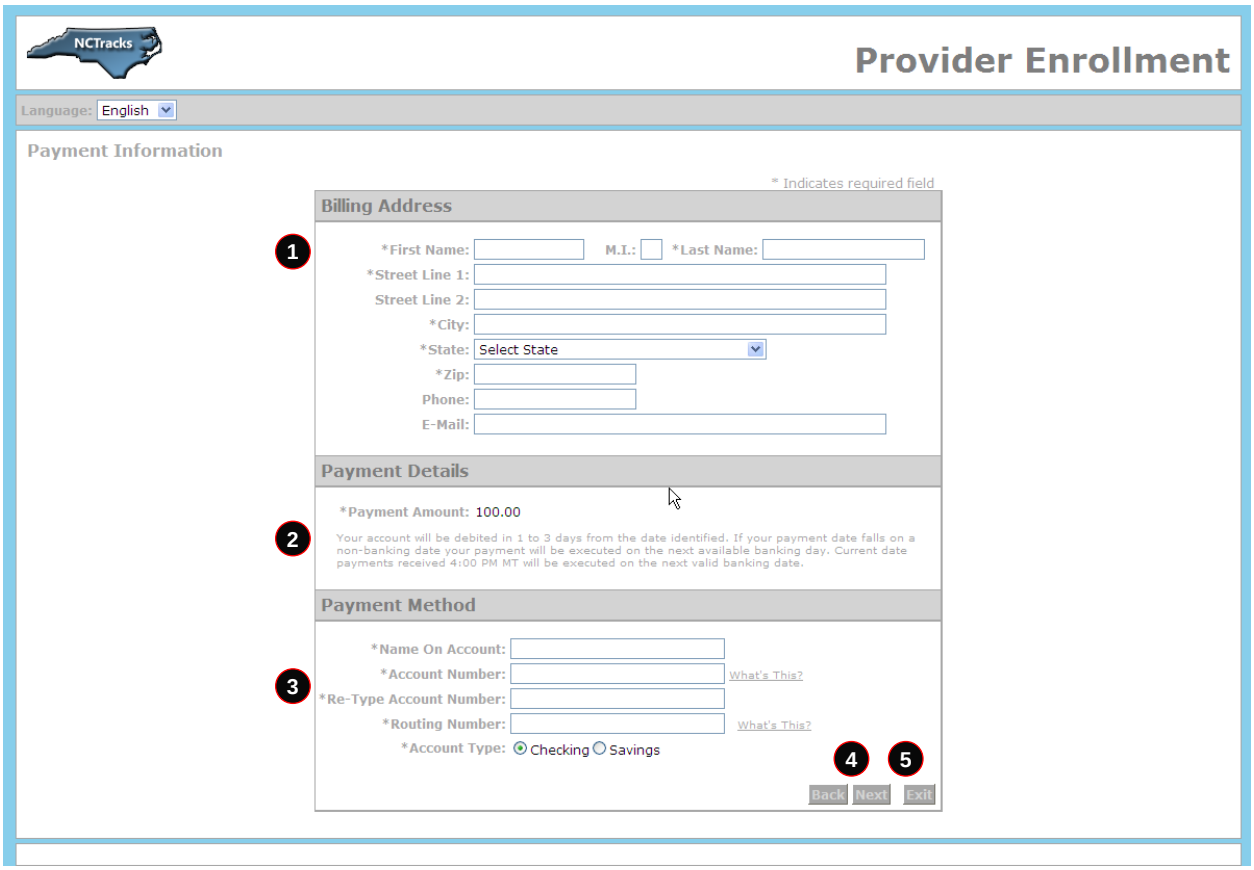



**Exhibit 82. Payment Information – Pay by Check Screen**

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

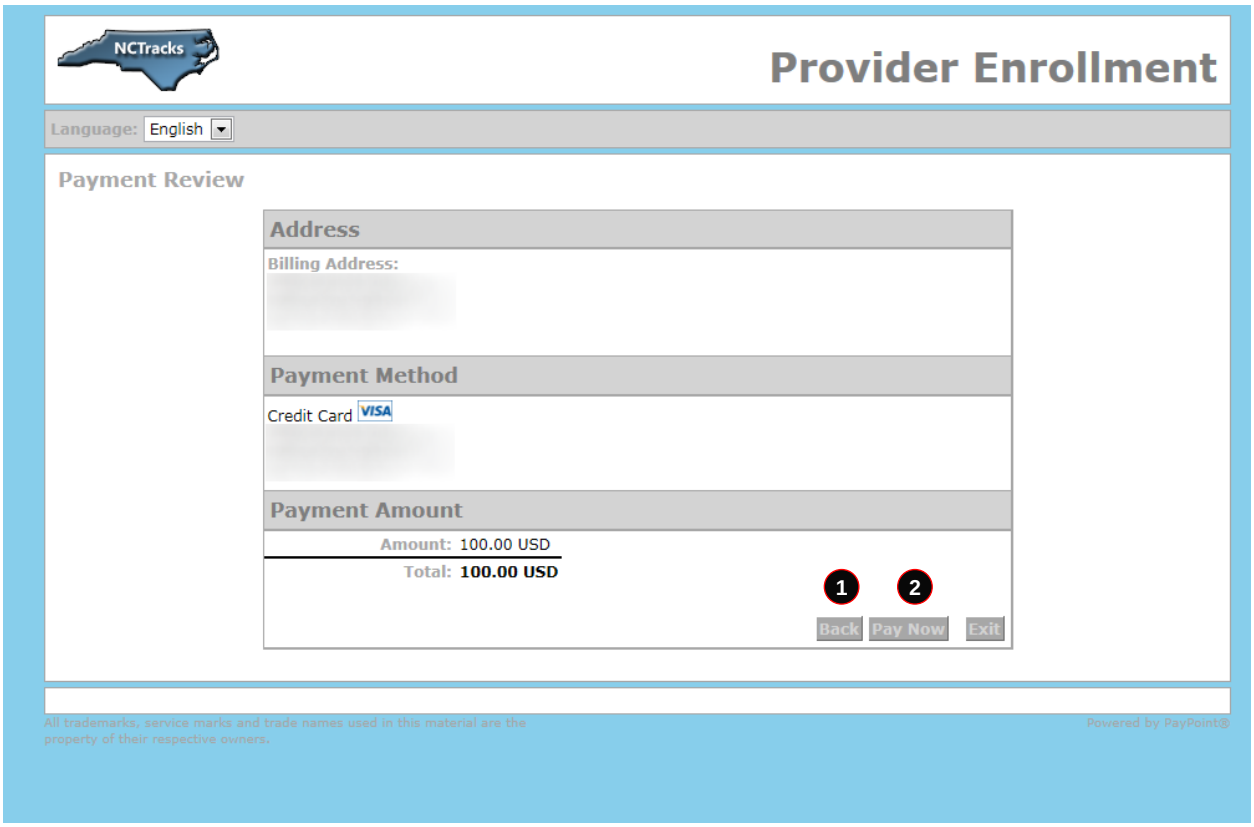



**Exhibit 83. Payment Review Screen**

| Step | Action |
|---|---|
| 1 | Select the **Back** button to change payment details, the **Pay Now** button to submit payment, and the **Exit** button to close the PayPoint screen. |
| 2 | After selecting the **Pay Now** button, you are redirected to the NCTracks portal to the Payment Confirmation page.<br>**Note**: You will also receive an e-mail with a copy of the confirmation. |

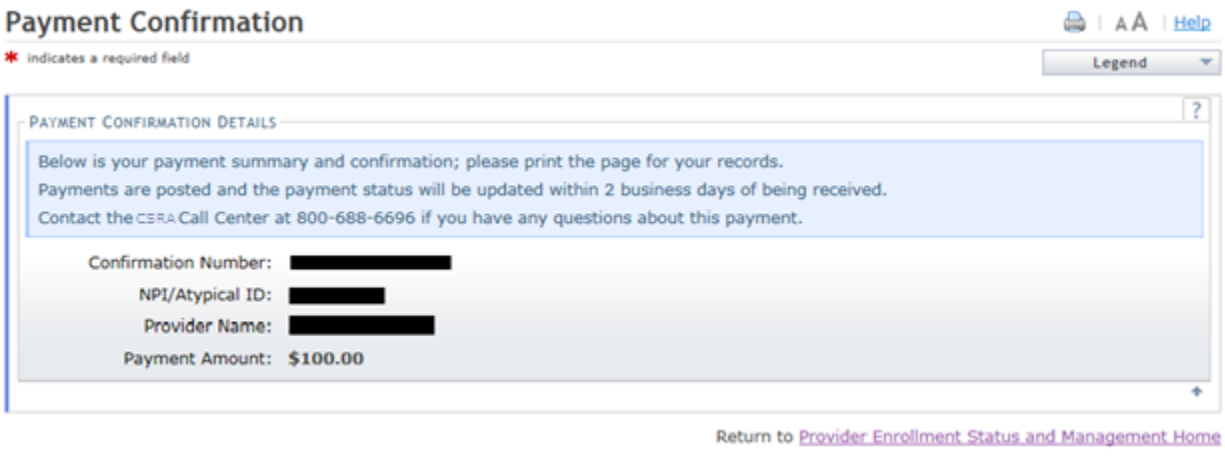



**Exhibit 84. Payment Confirmation Screen**

# Addendum C. NC Application Fee and Federal Requirements

| Application Type | NC Application Fee ($100) | Federal Fee | Federal Site Visit | Federal Training |
|---|---|---|---|---|
| Enrollment | Always required when provider applied for Medicaid.<br><br>**Exclusion**: OOS Lite providers. | Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Always required when provider applied for Medicaid. |
| Re-enrollment | Never required. | Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Never required |
| Manage Change Request | Only required when an OOS Lite provider upgrades to OOS Full provider. | Federal Fee is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Federal Site Visit is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added.<br><br>**Note**: Medicaid health plans only. | Never required |

| Application Type | NC Application Fee ($100) | Federal Fee | Federal Site Visit | Federal Training |
|---|---|---|---|---|
| Re-verification | Always required when provider is active in Medicaid. | Federal Fee is required by location when one or more federal taxonomy codes (as identified on the Provider Permission Matrix) are active.<br><br>**Note**: Medicaid health plan only. | Federal site visit is required per location when one or more federal taxonomy codes (as identified on the Provider Permission Matrix) are active. | Never required |
| Abbreviated MCR | Never required | Never required | Never required | Never required |
| Change Office Administrator | Never required | Never required | Never required | Never required |
| Maintain Eligibility | Never required | Never required | Never required | Never required |
| Fingerprinting | Never required | Never required | Never required | Never required |