JOB AID
Re-Verification

OVERVIEW

This Job Aid provides foundational information on the purpose and requirements for provider re-verification and guides the user through the steps for completing the re-verification process through NCTracks.

RE-VERIFICATION PURPOSE

The re-verification process ensures the provider record is accurate and allows a criminal background check for all owners and managing relationships associated with the provider record.

The Code of Federal Regulations, Title 42, Part 455.414 requires the state Medicaid agency to re-validate the enrollment of all providers regardless of the provider type at least every 5 years. Therefore, NC Medicaid providers are required to complete the re-verification process every 5 years.

In addition to the criminal background check, a set of fingerprints may be required from each individual provider and any owner that has a 5% or more direct or indirect ownership in the provider/entity. Fingerprint requirements are based on the provider type risk level. Only the individual provider and owners with 5% or more ownership for certain high-risk provider types will be required to upload fingerprint information.

A site visit by Public Consulting Group (PCG) may also be required.

RE-VERIFICATION FEES

- A $100 North Carolina Application Fee is required from individual providers.
- A $100 North Carolina Application Fee is also required from organizations and atypical organizations if active in Medicaid.
- The Federal Fee will be required pursuant to federal requirements. (Please refer to the Provider Permission Matrix [PPM], available under **Quick Links** on the Provider Enrollment home page.)
- The Federal Fee changes from year to year. The Federal Fee can be found under **Quick Links** on the Provider Enrollment home page by selecting the **Federal Fees & NC Enrollment Fees by Year** link.

Note: The NC Application Fee is non-refundable if the provider application is denied.

In the event that the enrolling provider type requires fingerprinting, NCTracks will not require any additional fees. However, the local fingerprinting agency may require a fee for their service. It is recommended that the agency be contacted to confirm.

WHO MUST COMPLETE RE-VERIFICATION?

Actively enrolled individual, organization, and atypical organization providers are required to complete the Re-verification application.

Note: The Office Administrator (OA) or the Enrollment Specialist (ES) for the provider can complete the re-verification process. However, the OA is the only person who can submit the Re-verification application.

RE-VERIFICATION EXCEPTIONS

Exceptions for providers who do not need to complete re-verification are:

- Providers enrolled with a Division of Mental Health (DMH) only health plan.
- Providers who are time-limited enrolled such as out-of-state (OOS) Lite providers.

  Note: Be aware that OOS Lite providers must continue to complete the enrollment process every 365 days.
- Providers with an active 302R00000X Health Maintenance Organization or 305R00000X Preferred Provider Organization taxonomy code.
- Newly enrolled providers do not need to complete re-verification for 5 years.

RE-VERIFICATION LETTER

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 due date. The Re-verification Letter instructs the provider to navigate to their **Status and Management** page and electronically complete and submit the Re-verification application.

If a Re-verification application is not submitted, reminder letters will be sent to the provider's Message Center Inbox at 50 days, 20 days, and 5 days prior to the provider's re-verification due date.

09/27/2024

Provider Name NPI/Atypical Provider ID

Dear

Pursuant to federal requirements, the North Carolina DHHS provider enrollment record(s) for NPI/Atypical Provider ID _____ is due for Re-verification. You must complete the Re-verification by or before 4 pm on _____. If the due date is not met, your enrollment record will be suspended, your claims will pend, and you will be at risk of termination.

Suspensions and terminations are automated NCTracks system actions which are triggered based on due dates and allow for no intervention. Once a suspension is in place, a provider is past his Re-verification due date, and only two scenarios are possible:

- A Re-verification Application is submitted (lifting the suspension) and processed through the system to completion with no errors, resulting in a successful completion of the Re-verification process; or,
- A Re-verification Application is submitted (lifting the suspension), but errors or omissions result in the Re-verification being abandoned or withdrawn causing health plans to return to suspension status for the remainder of the suspension period. When this occurs, providers must begin the Re-verification process, and pay any applicable fees, again if they wish to continue participation in DHHS programs.

As outlined in your North Carolina DHHS Provider Administrative Participation Agreement, you must keep your provider information (ownership, licensure, affiliations, address, contact information) updated.

As part of Re-verification, you will be required to review your entire provider record. Your Office Administrator should follow these steps to complete the Re-verification application:

1. Login to the NCTracks Secure Provider Portal (http://www.nctracks.nc.gov)
2. Navigate to the Status and Management Page
3. Your NPI/Atypical ID will be located in the Re-verification Section
4. Select the NPI/Atypical ID and click Re-verify
5. Complete and submit the Re-verification Application

MORE INFORMATION

- Please visit the NCTracks website (http://www.nctracks.nc.gov) for more information about the DHHS Programs, Claims, CCNC/CA, and other provider information.

If you have any questions regarding this notice or need additional assistance, please contact the CSRA Call Center at 800-688-6696 or NCTracksprovider@nctracks.com

Sincerely,
NCTracks Operations Center

SUSPENSION LETTER

If the Re-verification application is NOT submitted 70 days prior to the due date indicated on the initial re-verification notification letter, the provider's NC Medicaid, Division of Public Health (DPH), and Office of Rural Health (ORH)/Migrant Health plans will be suspended for 50 days.

A Re-verification Suspension Letter will be sent to the provider's Message Center Inbox. A hardcopy of the letter will also be sent by regular U.S. postal mail.

The provider's claims will pend if their record is suspended.

Claims will continue to pend until the Re-verification application is submitted by the provider.

09/27/2024

Provider Name: NPI/Atypical Provider ID:

Re: Re-verification Reminder

Dear

Our records indicate that your Re-verification is past due. (Please refer to your initial Re-verification Letter in your message center inbox.)

Your claims are now suspended.

To continue participating in NC DHHS programs, you have until 4 pm on to complete the Re-verification Application. If you meet this deadline, your pended claims will be released for processing. However, you are at risk of your enrollment record terminating.

Your Office Administrator should follow these steps to complete the re-verification application:

1. Login to the NCTracks Secure Provider Portal (http://www.nctracks.nc.gov)
2. Navigate to the Status and Management Page
3. Your NPI/Atypical ID will be located in the Re-verification Section
4. Select the NPI/Atypical ID and click Re-verify
5. Complete and submit the Re-verification Application

If you submit the Re-verification Application AFTER your enrollment record has been suspended, and errors or omissions result in the application being abandoned or withdrawn, your health plans will return to suspension status for the remainder of this suspension period. Another new Re-verification application will be required for continued participation in NC DHHS programs.

IF RE-VERIFICATION IS NOT COMPLETED BY 4 PM ON 11/16/2024, YOUR NPI/ATYPICAL ID WILL BE TERMINATED AND A RE-ENROLLMENT WILL BE REQUIRED TO PARTICIPATE IN THE DHHS PROGRAMS.

MORE INFORMATION

Please visit the NCTracks website (http://www.nctracks.nc.gov) for more information about the DHHS programs, claims, and other provider information.

If you have any questions regarding this notice or need additional assistance, please contact the CSRA Call Center at 800-688-6696 or NCTracksprovider@nctracks.com.

Sincerely,

NCTracks Call Center

TERMINATION LETTER

The provider will be terminated from the NC Medicaid, Division of Mental Health (DMH), DPH, and ORH/Migrant Health plans following 50 days of suspension.

An automated process will release “Pended” claims with dates of service prior to the re-verification due date to continue to adjudicate. “Pended” claims submitted with dates of service during the suspension period will release and deny.

CERTIFIED MAIL

[Current Date]

[Correspondence Provider Address Line 1]
[Provider Address Line 2]
[Provider Address City], [Provider Address State] [Provider Address Postal Code]

NPI/Atypical Provider ID: [Provider National Provider Identifier][Provider Atypical]
Provider Name: [Provider Name]

Re: DHHS Health Plan Termination

Dear Provider Name,

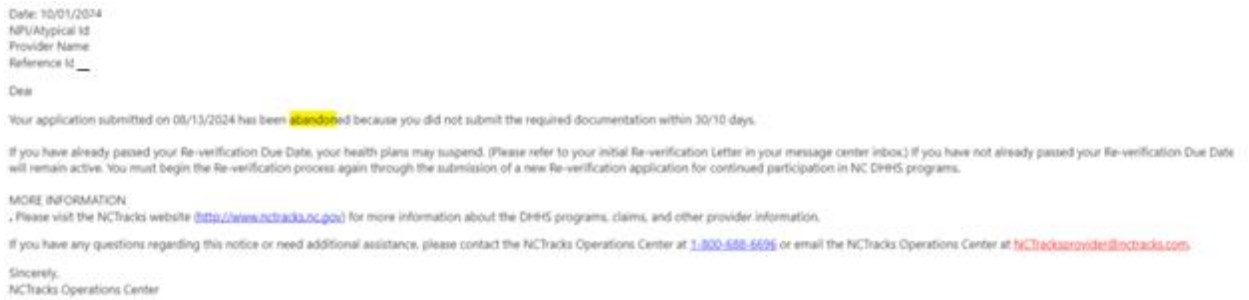
Your participation in the following DHHS health plan has been terminated:

Health Plan: [Health Plan Identifier]
Health Plan: [Health Plan Identifier]
Health Plan: [Health Plan Identifier]
Health Plan: [Health Plan Identifier]
Health Plan: [Health Plan Identifier]
Health Plan: [Health Plan Identifier]

SUPPORTING DOCUMENTATION REQUIRED

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 given an additional 10 days to submit the required information. If the information is received and reviewed, but it is still deemed inadequate, the provider will be given an additional 10 days. If the correct information is not received the third time, the application will be abandoned. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

When a provider’s health plans have been suspended because of not submitting a re-verification application, the provider can still submit the re-verification application. Once submitted the provider’s health plans will be returned back to an active status. Once submitted, if the re-verification application is withdrawn or abandoned (ONLY) and it is before the termination date, the provider will have the opportunity to submit a new re-verification application.



Date: 10/01/2024
NPI/Atypical Id
Provider Name
Reference Id __

Dear

Your application submitted on 08/13/2024 has been abandoned because you did not submit the required documentation within 30/10 days.

If you have already passed your Re-verification Due Date, your health plans may suspend. (Please refer to your initial Re-verification Letter in your message center inbox.) If you have not already passed your Re-verification Due Date will remain active. You must begin the Re-verification process again through the submission of a new Re-verification application for continued participation in NC DHHS programs.

MORE INFORMATION
. Please visit the NCTracks website (http://www.nctracks.nc.gov) for more information about the DHHS programs, claims, and other provider information.

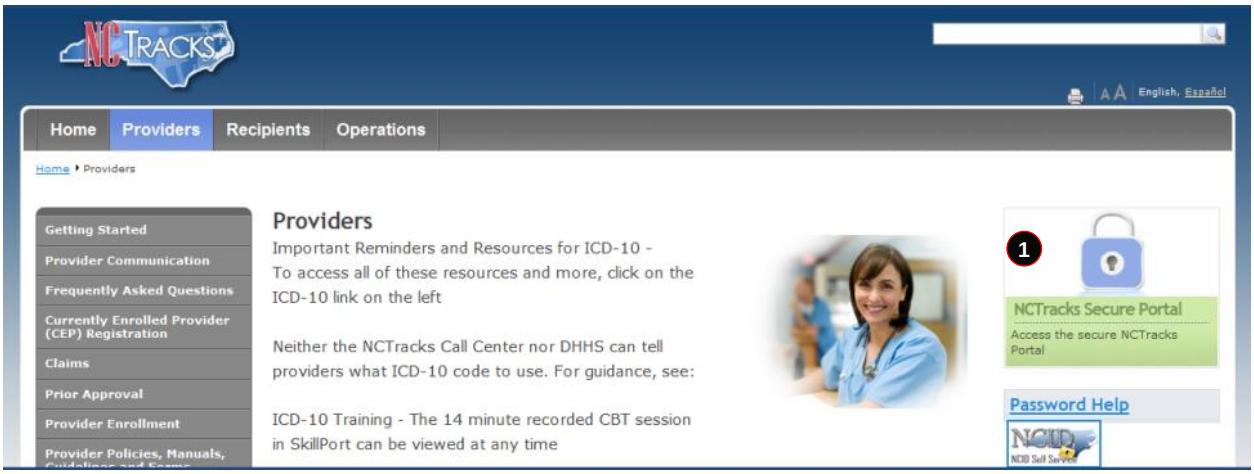
If you have any questions regarding this notice or need additional assistance, please contact the NCTracks Operations Center at 1-800-688-6696 or email the NCTracks Operations Center at NCTracksprovider@nctracks.com.

Sincerely,
NCTracks Operations Center

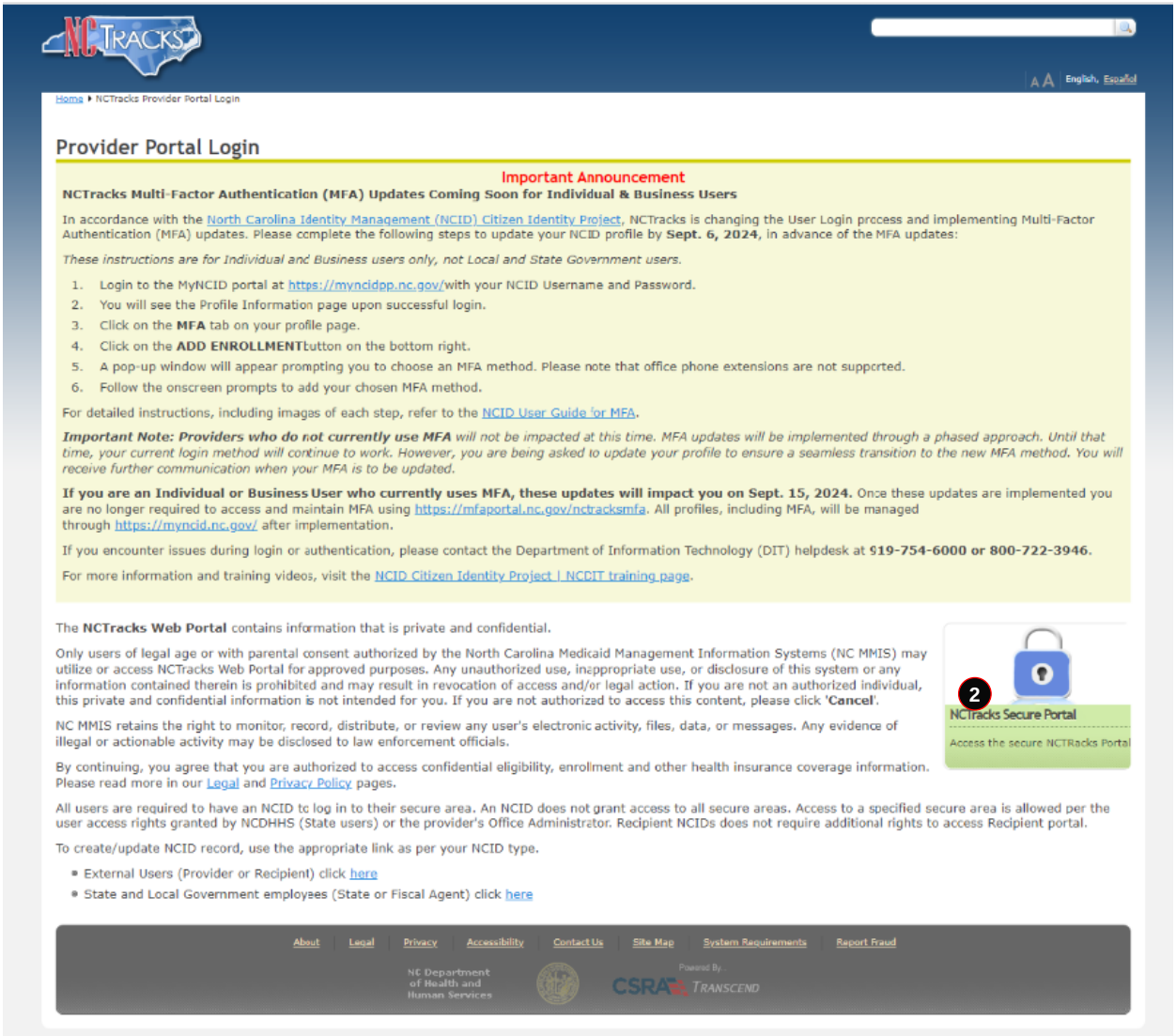
Abandoned Re-verification applications will result in the termination of the provider's Medicaid, DPH, and ORH/Migrant Health plans if the current date is after the suspension date. If Medicaid, DPH, and ORH/Migrant Health are the only active health plans on the provider's record, a Re-enrollment application will be required. If the current date is before the suspension date, the provider can resubmit the Re-verification application.

Note: The OA/ES user will have access to the notification letters via the Message Center Inbox, as well as be provided a hyperlink on the **Status and Management** page to view the notification.

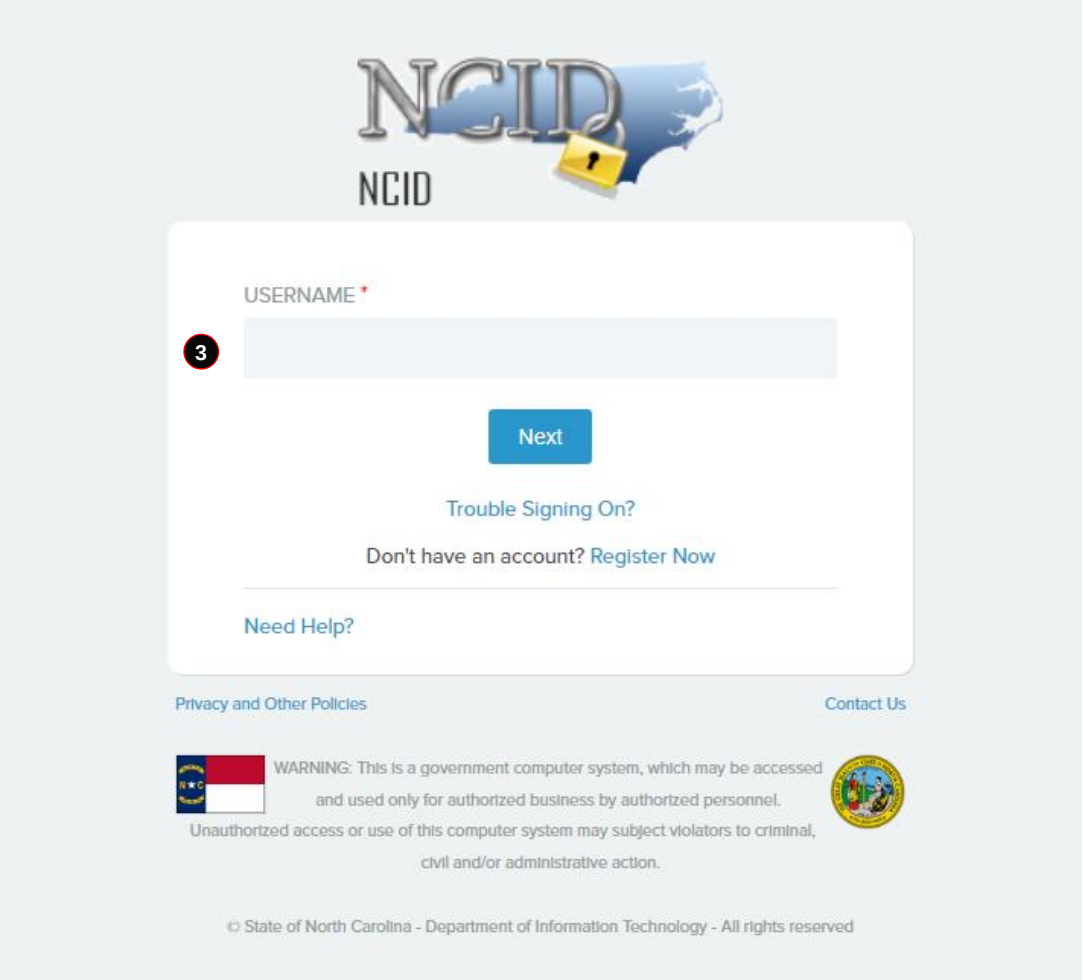
LOG IN TO NCTRACKS PROVIDER PORTAL



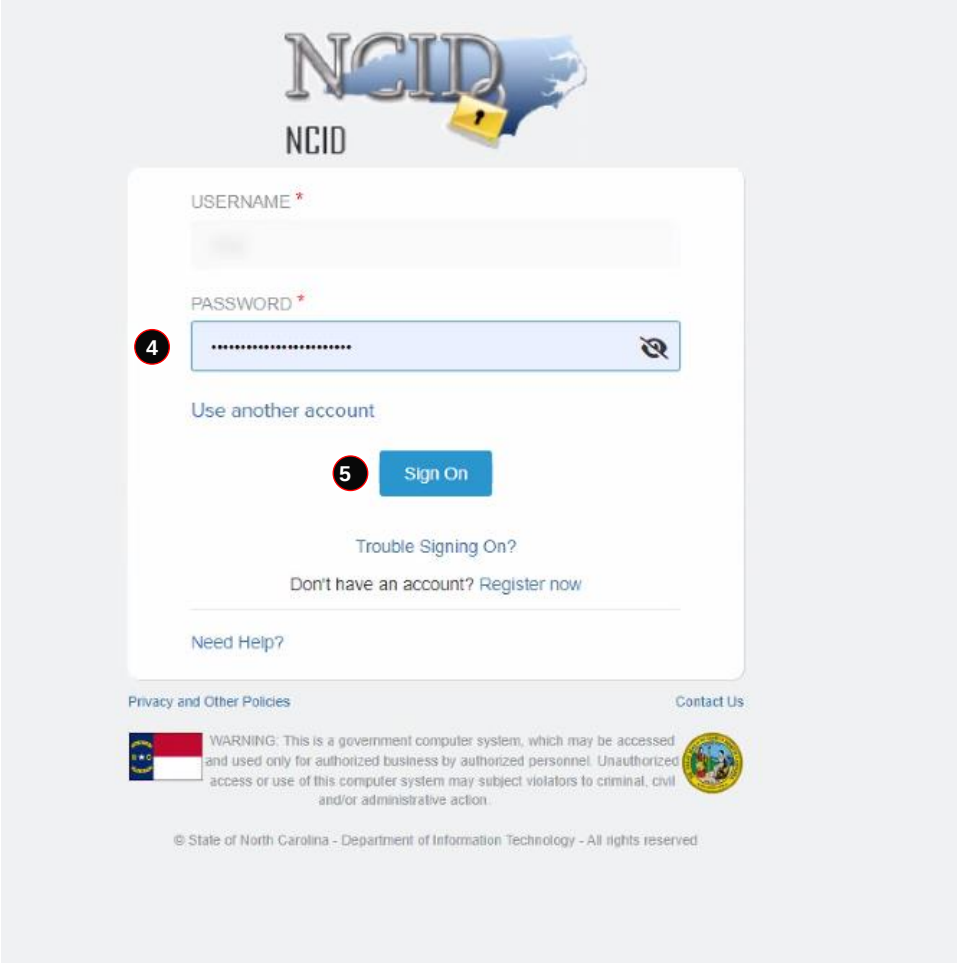
Step	Action
1	Open the latest version of a supported Internet browser. Enter the following web address: https://www.nctracks.nc.gov/content/public/providers.html NCTracks will open in the **Providers** tab. Select **NCTracks Secure Portal**.



Step	Action
2	Select the **NCTracks Secure Portal** button.



Step	Action
3	User ID: Enter your **NCID username**. **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.



Step	Action
4	Enter the **Password** associated with the NCID.
5	Select the **Sign On** button.
Note	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

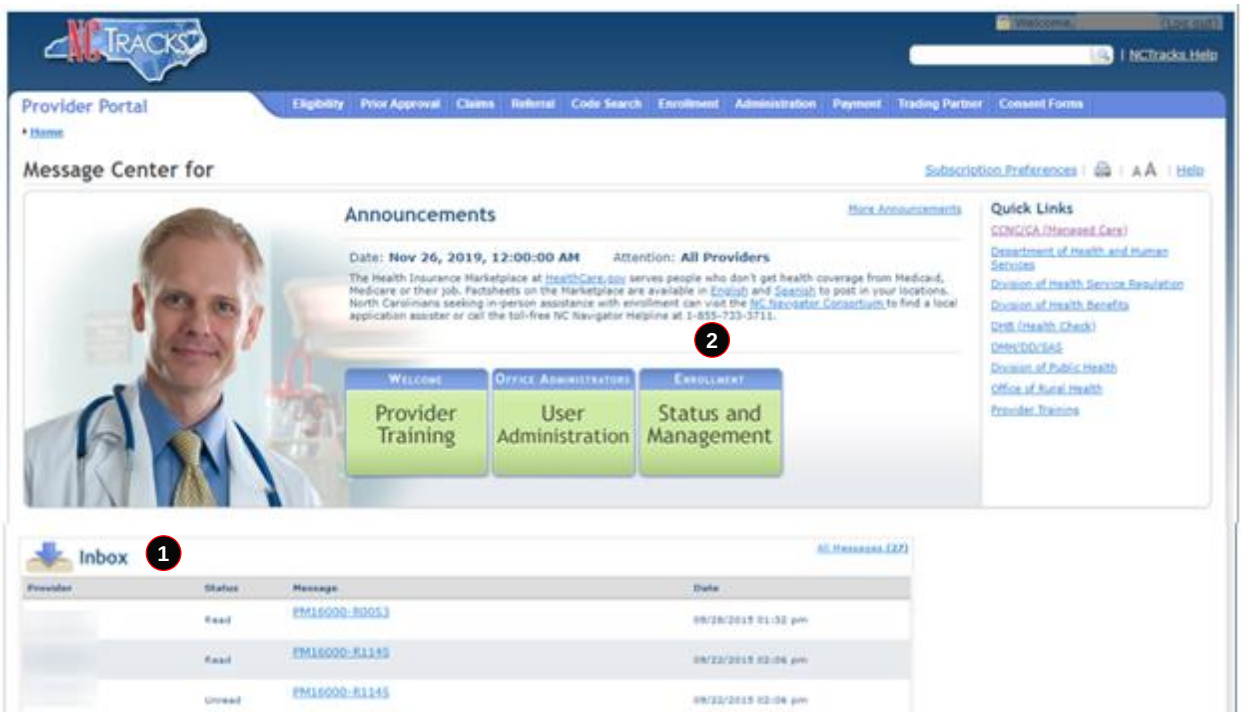
The NCTracks **Provider Portal Home** page displays.

COMPLETE THE RE-VERIFICATION PROCESS

Provider Portal Home Page

The step-by-step re-verification process is completed from the **Status and Management** section of the NCTracks Provider Portal.

Note: The OA or someone who has been designated as the ES for the provider can complete re-verification. However, the OA is the only person who can submit the Re-verification application.

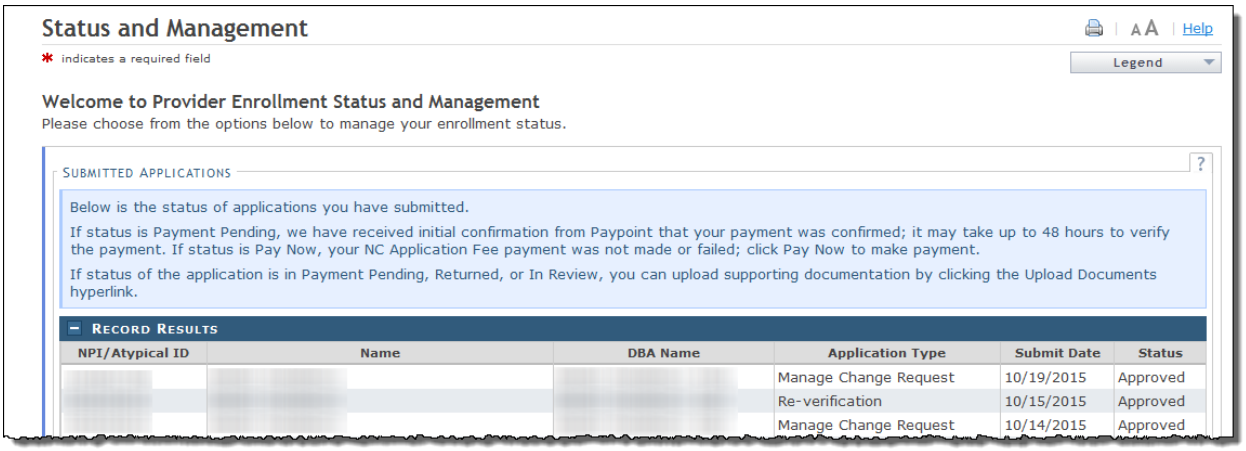


Step	Action
1	A Re-verification Letter is sent to the provider's NCTracks Inbox, alerting the provider that they need to complete the Re-verification application.
2	Select **Status and Management**.

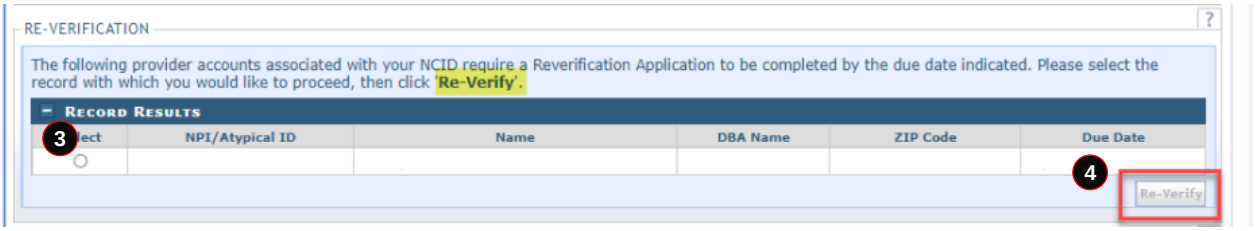
The **Status and Management** page displays.

Status and Management Page

The **Status and Management** page allows the provider to manage their enrollment for the application process. Here you will find sections for Submitted Applications, Saved Applications, Manage Change Request, and Re-verification. Scroll down to the **Re-verification** section of the page.



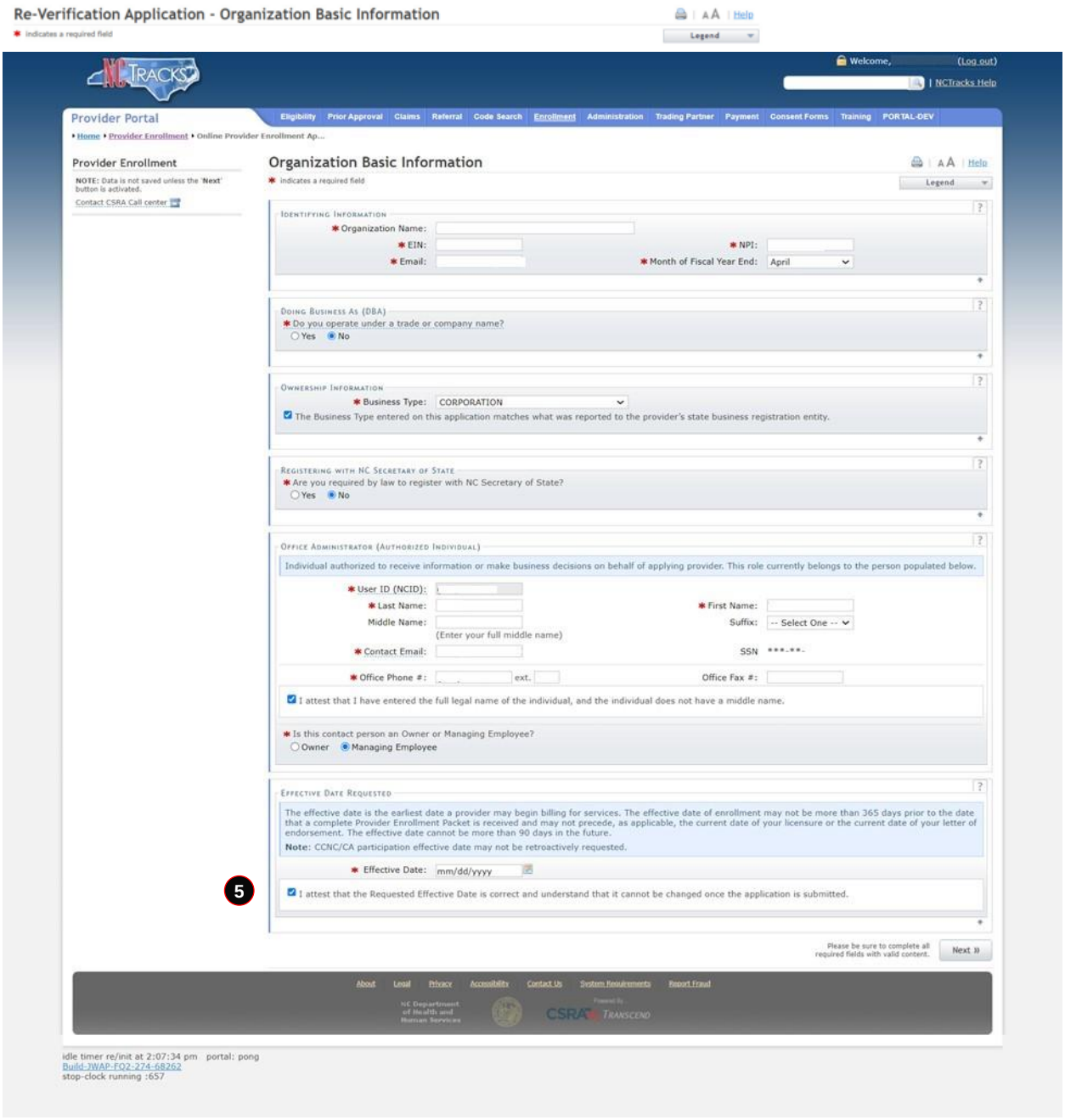
The **Re-Verification** section displays all National Provider Identifiers (NPIs) and Atypical IDs that are due for re-verification under that particular OA.



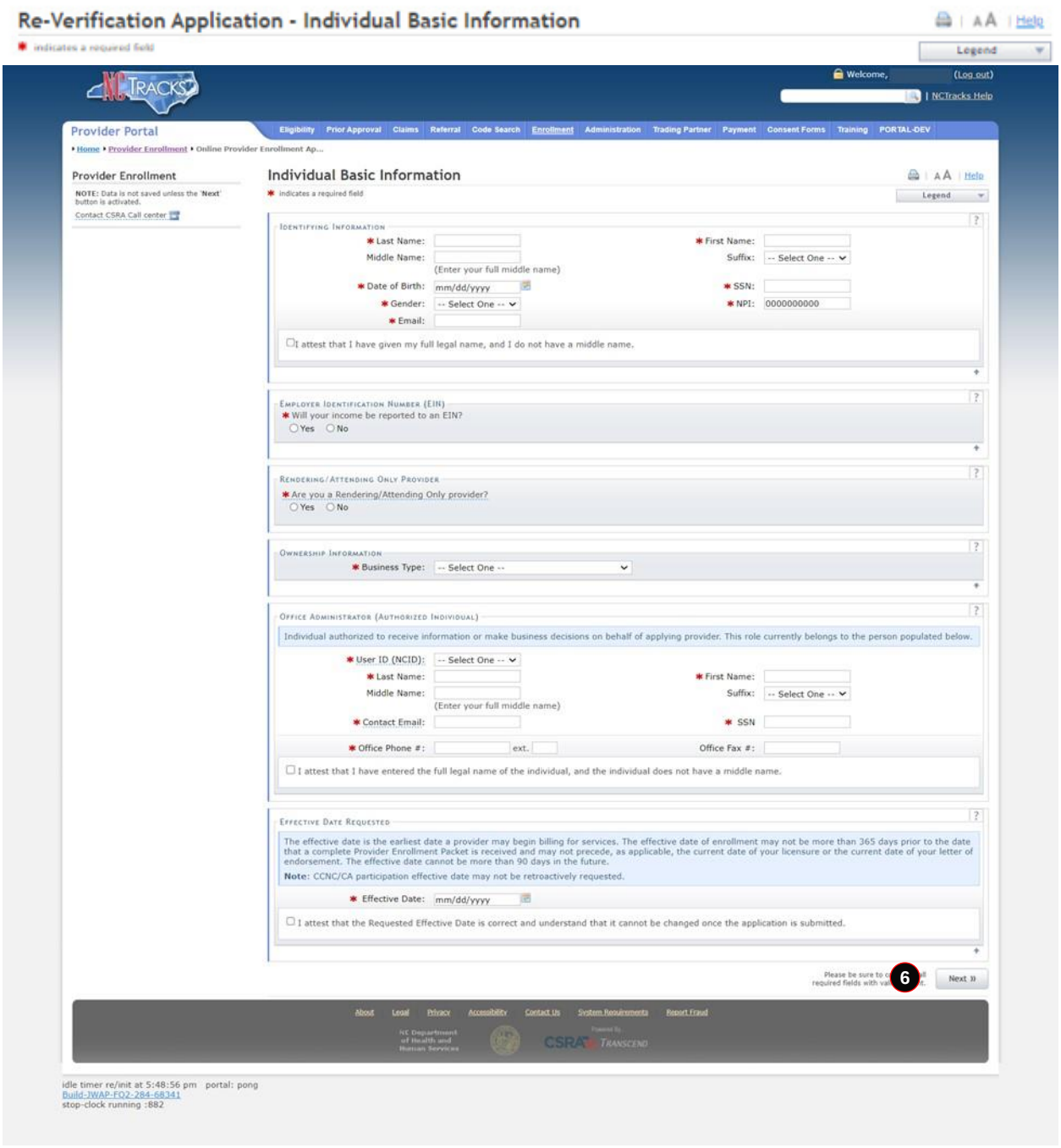
Step	Action
3	Select the line with the desired NPI.
4	Select **Re-Verify**.

The **Re-Verification Application – Organization Basic Information** or **Re-Verification Application – Individual Basic Information** page displays.

This page presents specific information about you as an Organization or Individual provider. This information must match what is reported on your income tax return.

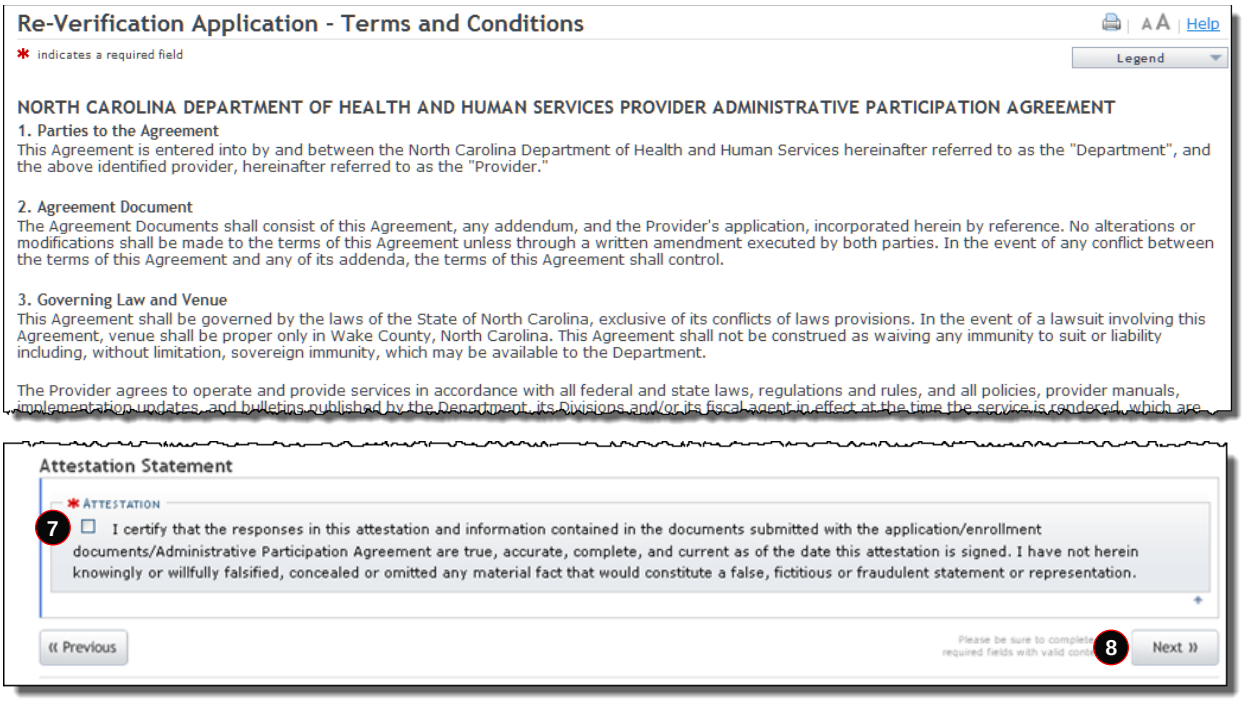


Step	Action
5	Select the **Attestation** checkbox and select **Next**. **Note**: The Business Type entered on this application must match what was reported to the provider's state business registration entity.



Step	Action
6	Review the information on the page and select **Next**.

The **Re-Verification Application – Terms and Conditions** page displays.



Step	Action
7	Read the **Terms and Conditions** page as you scroll down the page.
8	Select the **Attestation** checkbox and select **Next**.

Review all pages of the application and update your provider information as necessary. Your enrollment type determines which pages must be reviewed; the pages will present as if you are completing a Manage Change Request application.

Individual OPR Lite Provider

1. Individual Basic Information page
2. Terms and Conditions page (OPR Lite Specific Agreement)
3. Basic Information Completed page
4. Health Plan Selection page
5. Addresses page
6. Taxonomy Classification page
7. Accreditation page
8. Agents and Managing Relationships page
9. Provider Supplemental Information page
10. Exclusion Sanction Information page
11. Federal Requirements page (see PPM)
12. Sign and Submit page
13. Final Steps page

Individual Full Provider

1. Individual Basic Information page
2. Terms and Conditions page
3. Basic Information Completed page
4. Health Plan Selection page
5. Name and Address page
6. Taxonomy Classification page
7. Add Services and Endorsements page (see PPM)
8. Prior Approval (PA) Information page (N/A for OOS providers)
9. Accreditation page
10. Community Care of North Carolina/Carolina ACCESS page (N/A for rendering only providers; displayed for Medicaid providers; see PPM)
11. Physician Extenders Participation page (dependent on Taxonomy Classification page)
12. Preventive and Ancillary Services page (displayed for CCNC/CA providers)
13. Hours page (N/A for OOS providers)
14. Services page (N/A for OOS providers)
15. Agents and Managing Employees page
16. Pharmacy Information page (see PPM)
17. Hospital Admitting page (N/A for OOS providers)
18. Method of Claim and Electronic Submission page (N/A for rendering only providers)
19. Associate Billing Agent page (N/A for rendering only providers; dependent on Method of Claim and Electronic Submission page)
20. Affiliated Provider Information page
21. EFT Account Information page (N/A for rendering only providers)
22. NC Minority Provider (NCMP) Information
23. Provider Supplemental Information page
24. Exclusion Sanction Information page
25. Trading Partner Information page (N/A for rendering only providers; dependent on Method of Claim and Electronic Submission page)
26. Federal Requirements page (see PPM)
27. Sign and Submit page
28. Final Steps page

Organization Full Provider

1. Organization Basic Information page
2. Terms and Conditions page
3. Basic Information Completed page
4. Health Plan Selection page
5. Ownership Information page (displayed if business type is 1-Corporation, 5-Non-Profit, 6-Partnership, or C-LLC)
6. Addresses page
7. Taxonomy Classification page
8. Add Services and Endorsements page (see PPM)
9. Prior Approval (PA) Information page (N/A for OOS providers)
10. Accreditation page
11. Community Care of North Carolina/Carolina ACCESS page (displayed for Medicaid providers; see PPM)
12. Physician Extenders Participation page (see PPM)
13. Preventive and Ancillary Services page (displayed for CCNC/CA providers)
14. Hours page (N/A for OOS providers)
15. Services page (N/A for OOS providers)
16. Agents and Managing Employees page
17. Pharmacy Information page (see PPM)
18. Facilities Information page (see PPM)
19. Method of Claim and Electronic Submission page
20. Associate Billing Agent page (N/A for rendering only providers; dependent on Method of Claim and Electronic Submission page)
21. EFT Account Information page
22. NC Minority Provider (NCMP) Information
23. Exclusion Sanction Information page
24. Trading Partner Information page (dependent on Method of Claim and Electronic Submission page)
25. Federal Requirements page (see PPM)
26. Sign and Submit page
27. Final Steps page

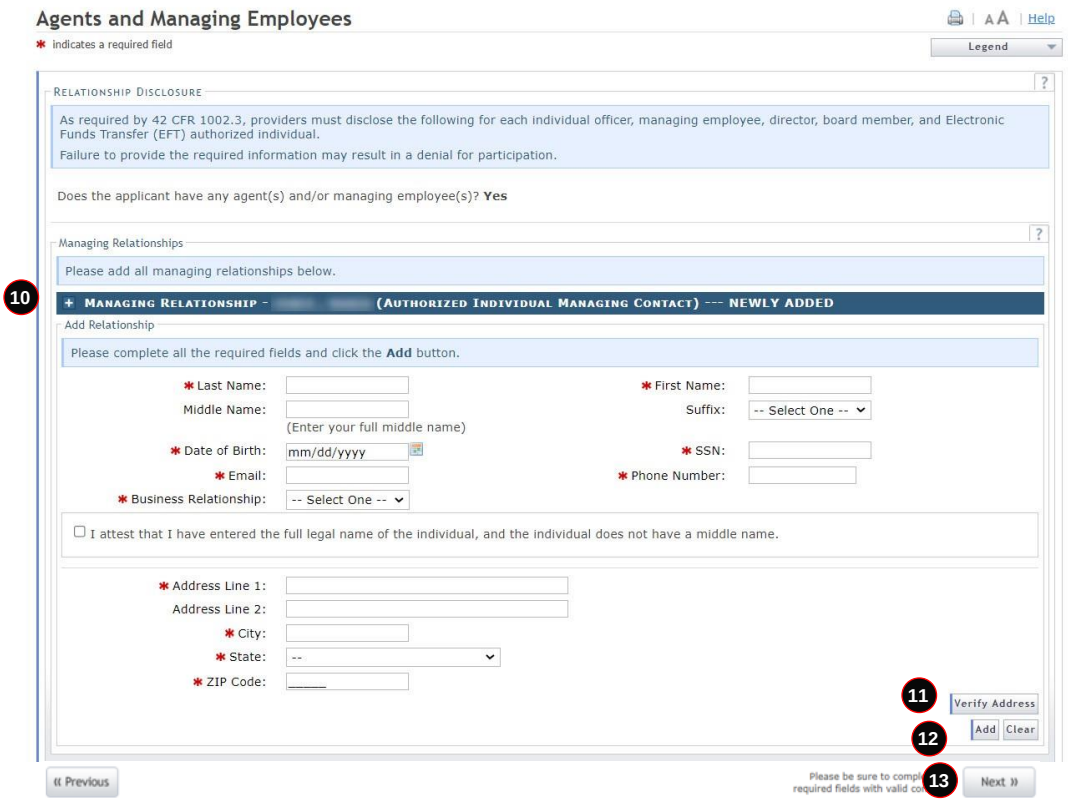
Atypical Organization Full Provider

1. Organization Basic Information page
2. Terms and Conditions page
3. Basic Information Completed page

4. Health Plan Selection page
5. Ownership Information page (displayed if business type is 1-Corporation, 5-Non-Profit, 6-Partnership, or C-LLC, or OA is Owner)
6. Addresses page
7. Taxonomy Classification page
8. Add Services and Endorsements page (see PPM)
9. Accreditation page
10. Hours page (N/A for OOS providers)
11. Services page (N/A for OOS providers)
12. Agents and Managing Employees page
13. Method of Claim and Electronic Submission page
14. Associate Billing Agent page (dependent on Method of Claim and Electronic Submission page)
15. EFT Account Information page
16. Exclusion Sanction Information page
17. Trading Partner Information page (dependent on Method of Claim and Electronic Submission page)
18. Federal Requirements page (see PPM)
19. Sign and Submit page
20. Final Steps page

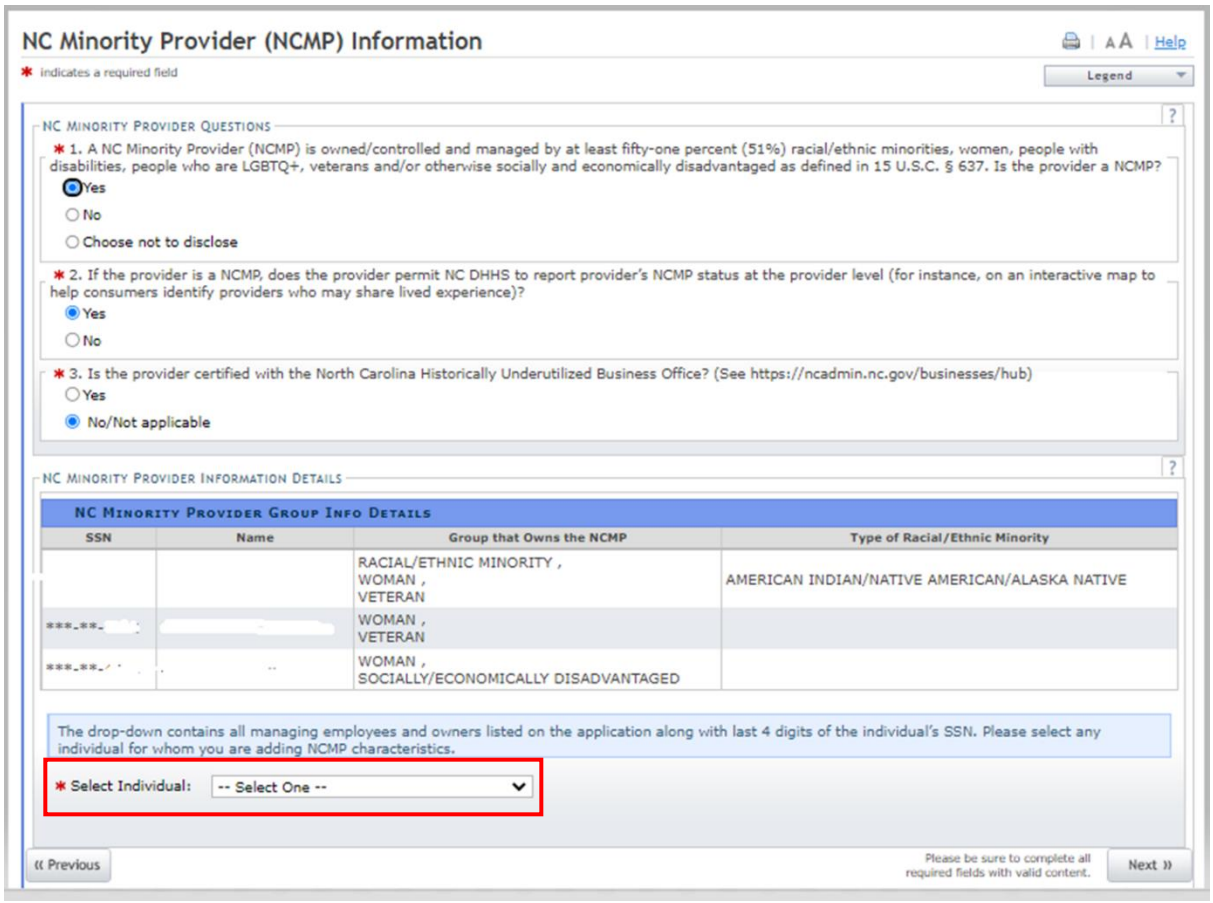
Note: This Job Aid does not contain all of the UI pages that may display as part of the Re-verification application. Key pages that differ from those for a Manage Change Request application are highlighted below.

Step	Action
9	Owners with 5% or more ownership select the **Attestation** checkbox. The enrolling provider entered on this application must match what was reported to the provider's state business registration entity, licensure board, and Medicare.



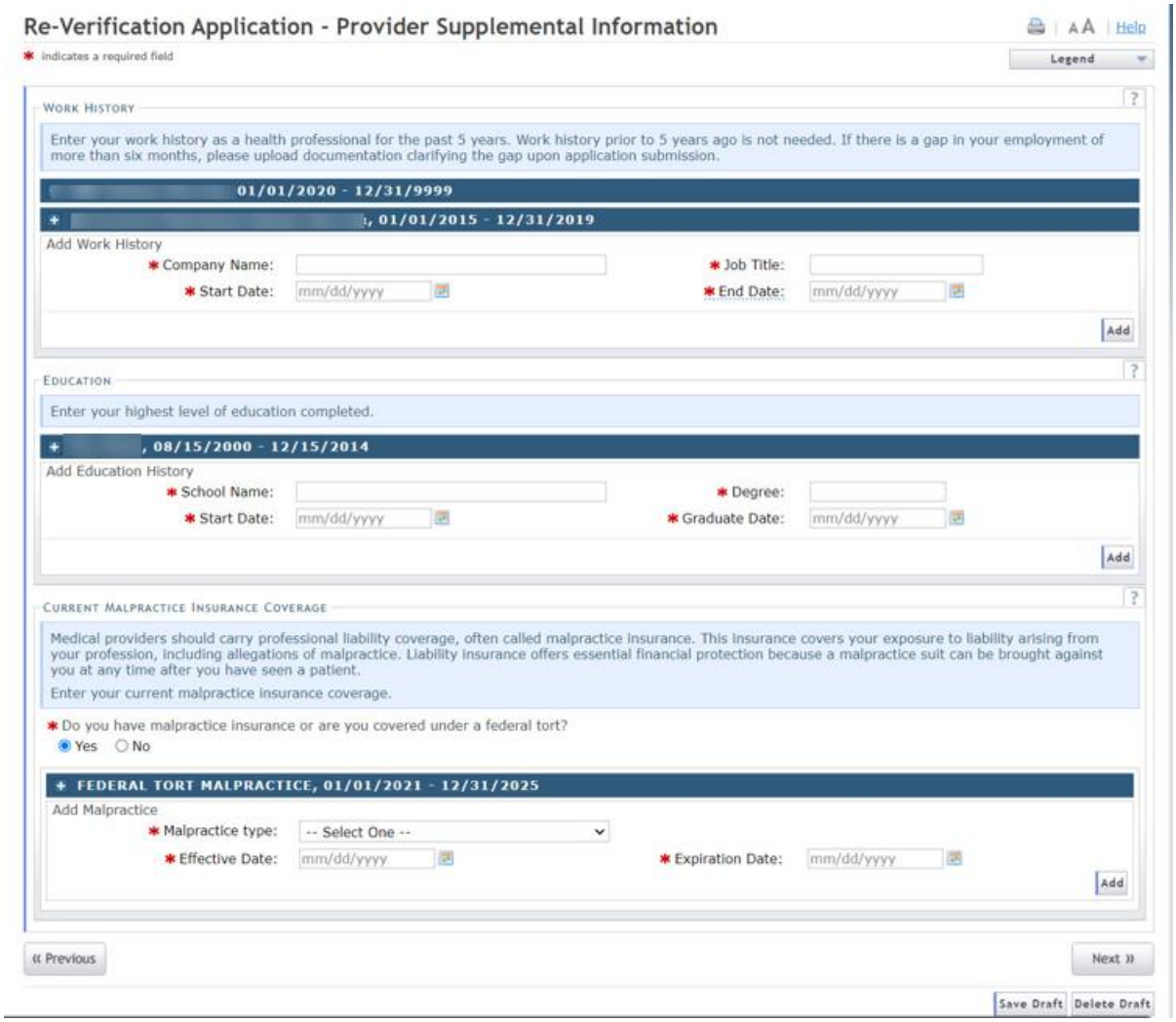
Step	Action
10	Selecting the plus sign "+" beside **Managing Relationship** allows you to edit by adding missing information or end-dating the individual if they no longer hold the role.
11	Once all changes are made, select the **Verify Address** button.
12	Select the **Add** button.
13	Once all information is correct, select the **Next** button.

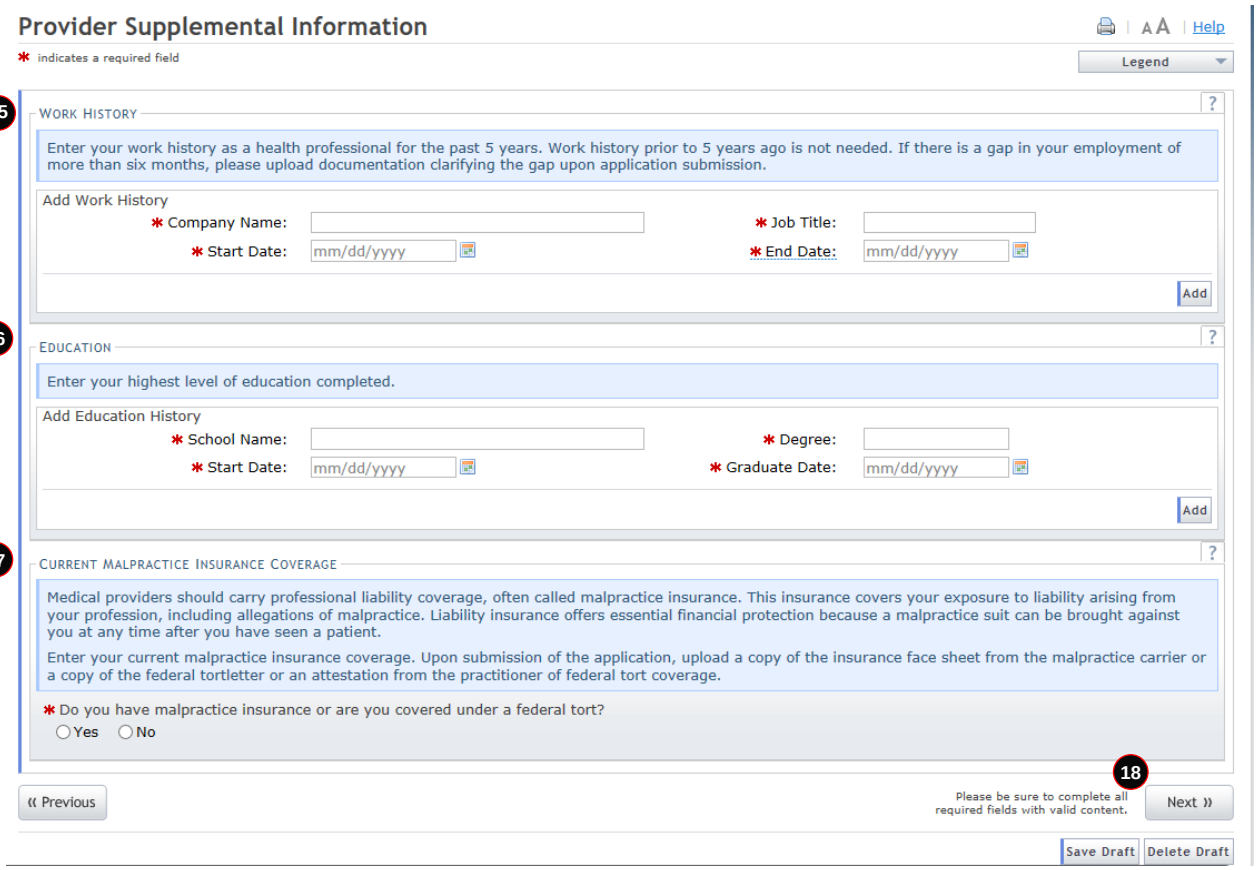
The **NC Minority Provider (NCMP) Information** page will display to ask the provider if they are an NC Minority Provider. An NC Minority Provider is owned/controlled and managed by at least 51% racial/ethnic minorities, women, people with disabilities, people who are LGBTQ+, veterans, and/or otherwise socially and economically disadvantaged as defined in 15 U.S.C.

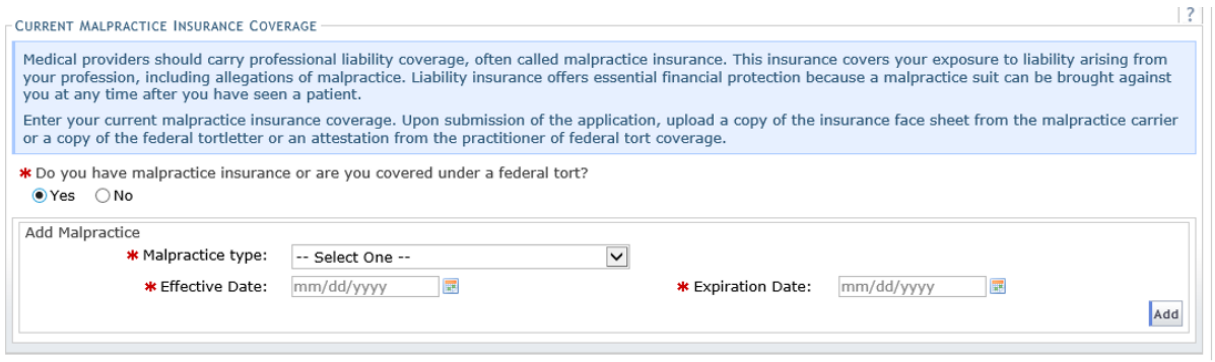


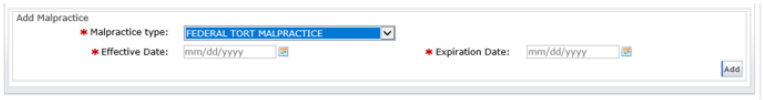
Step	Action
14	Answer **Yes** or **No** for each NC Minority Provider Question. If **Yes** is selected for a question, select the appropriate individual in the drop-down menu.

The **Provider Supplemental Information** page is required for Individual providers to add and/or edit the provider's work history, education, and current malpractice insurance information. This information was collected at initial enrollment and re-enrollment for individual providers beginning August 9, 2020. If NCTracks has data on file, your data will be pre-populated for you to review and edit if necessary.


Re-Verification Application - Provider Supplemental Information
AA | Help
* indicates a required field
Legend
WORK HISTORY
Enter your work history as a health professional for the past 5 years. Work history prior to 5 years ago is not needed. If there is a gap in your employment of more than six months, please upload documentation clarifying the gap upon application submission.
01/01/2020 - 12/31/9999
, 01/01/2015 - 12/31/2019
Add Work History
* Company Name:
* Job Title:
* Start Date: mm/dd/yyyy
* End Date: mm/dd/yyyy
Add
EDUCATION
Enter your highest level of education completed.
, 08/15/2000 - 12/15/2014
Add Education History
* School Name:
* Degree:
* Start Date: mm/dd/yyyy
* Graduate Date: mm/dd/yyyy
Add
CURRENT MALPRACTICE INSURANCE COVERAGE
Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.
Enter your current malpractice insurance coverage.
* Do you have malpractice insurance or are you covered under a federal tort?
Yes
No
FEDERAL TORT MALPRACTICE, 01/01/2021 - 12/31/2025
Add Malpractice
* Malpractice type: -- Select One --
* Effective Date: mm/dd/yyyy
* Expiration Date: mm/dd/yyyy
Add
« Previous
Next »
Save Draft
Delete Draft


Provider Supplemental Information
Help
* indicates a required field
Legend
15
WORK HISTORY
Enter your work history as a health professional for the past 5 years. Work history prior to 5 years ago is not needed. If there is a gap in your employment of more than six months, please upload documentation clarifying the gap upon application submission.
Add Work History
* Company Name:
* Job Title:
* Start Date: mm/dd/yyyy
* End Date: mm/dd/yyyy
Add
16
EDUCATION
Enter your highest level of education completed.
Add Education History
* School Name:
* Degree:
* Start Date: mm/dd/yyyy
* Graduate Date: mm/dd/yyyy
Add
17
CURRENT MALPRACTICE INSURANCE COVERAGE
Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.
Enter your current malpractice insurance coverage. Upon submission of the application, upload a copy of the insurance face sheet from the malpractice carrier or a copy of the federal tortletter or an attestation from the practitioner of federal tort coverage.
* Do you have malpractice insurance or are you covered under a federal tort?
Yes No
« Previous
18
Please be sure to complete all required fields with valid content.
Next »
Save Draft
Delete Draft


CURRENT MALPRACTICE INSURANCE COVERAGE
Medical providers should carry professional liability coverage, often called malpractice insurance. This insurance covers your exposure to liability arising from your profession, including allegations of malpractice. Liability insurance offers essential financial protection because a malpractice suit can be brought against you at any time after you have seen a patient.
Enter your current malpractice insurance coverage. Upon submission of the application, upload a copy of the insurance face sheet from the malpractice carrier or a copy of the federal tortletter or an attestation from the practitioner of federal tort coverage.
* Do you have malpractice insurance or are you covered under a federal tort?
Yes No
Add Malpractice
* Malpractice type: -- Select One --
* Effective Date: mm/dd/yyyy
* Expiration Date: mm/dd/yyyy
Add


Add Malpractice
* Malpractice type: FEDERAL TORT MALPRACTICE
* Effective Date: mm/dd/yyyy
* Expiration Date: mm/dd/yyyy
Add


Add Malpractice
* Malpractice type: INDIVIDUAL MALPRACTICE COVERAGE
* Insurance Agency Name:
* Amount:
* Effective Date: mm/dd/yyyy
* Expiration Date: mm/dd/yyyy
Add


Add Malpractice
* Malpractice type: MALPRACTICE COVERAGE UNDER A GROU
* Insurance Agency Name:
* Amount:
* Effective Date: mm/dd/yyyy
* Expiration Date: mm/dd/yyyy
Add

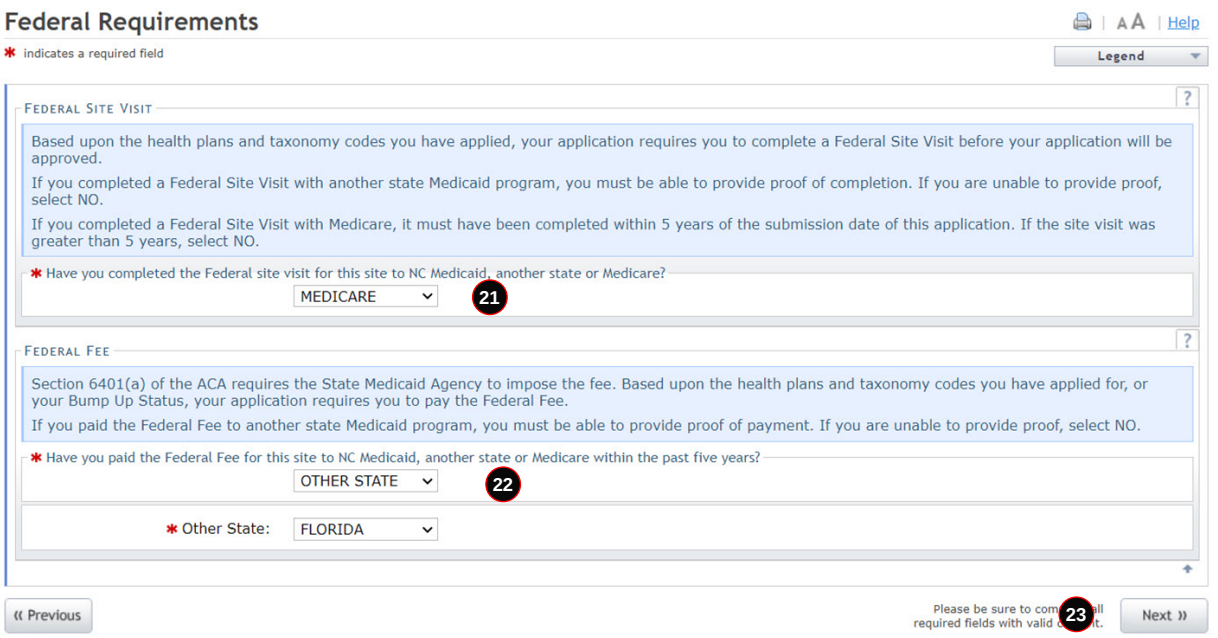
Step	Action
15	In the **Work History** section of the **Provider Supplemental Information** page, enter your work history as a health professional: • Company Name – Employer name • Job Title – Position/job title • Start Date – Start date of the job title at this company • End Date – End date of the job. If you still hold this job title at this company, enter 12/31/9999. If the enrolling provider is currently a resident or intern, when entering work history he/she should enter the details of that residency/internship, such as: • Job Title: Resident • Company Name: Healthcare Facility XYZ • Start Date: Date residency/internship began • End Date: 12/31/9999 if still a resident/intern
16	In the **Education** section, enter your Education information: • School Name – School or institution name • Degree – Highest degree • Start Date – Date started at the school or institution • Graduation Date – Date graduated from the school with this degree
17	In the **Current Malpractice Insurance Coverage** section, enter/select the following: • 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. • Malpractice Type – Select the type of malpractice coverage. • Insurance Agency Name – Enter the name of the malpractice insurance agency. • Amount – Enter the amount of malpractice coverage. • Effective Date – Effective date of the coverage • Expiration Date – Expiration date of the coverage
18	Select **Next**.

The **Exclusion Sanction Information** page displays.


Welcome,
(Log out)
NCTracks Help
Eligibility
Prior Approval
Claims
Referral
Code Search
Enrollment
Administration
Trading Partner
Payment
Consent Forms
Training
Provider Enrollment Ap...
Exclusion Sanction Information
Help
* indicates a required field
Legend
EXCLUSION SANCTION INFORMATION
The questions below must be answered for the enrolling provider, its owners, and agents† in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.
†An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.
19
For each exclusion sanction question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution in addition to a written explanation of the supporting documentation.
1. A thorough written explanation signed by the subject of the offense if an individual or by the provider's Office Administrator if the subject of the offense is an organization of the occurrence and dated within 6 months of the application date, by the provider's Office Administrator, an owner or managing employee of the occurrence including references to the infraction/conviction date(s) entered and the resolution.
2. All supporting documentation (See Job Aid/FAQ) that relates to the incident.
Failure to submit all of the request information may result in the application being deemed incomplete.
Exclusion Sanction Supporting Documentation Job Aid/FAQ
* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?
Yes No
* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?
Yes No
* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare ,Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded ,terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?
Yes No
* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
Yes No
* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
Yes No
* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
Yes No
* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
Yes No
* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
Yes No
* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
Yes No
* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
Yes No
* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
Yes No
* L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?
Yes No
* M. Has the enrolling provider ever practiced without liability coverage?
Yes No
* N. Does the enrolling provider have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?
Yes No
* O. Has the enrolling providers hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?
Yes No
* P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?
Yes No
« Previous
20
Next »

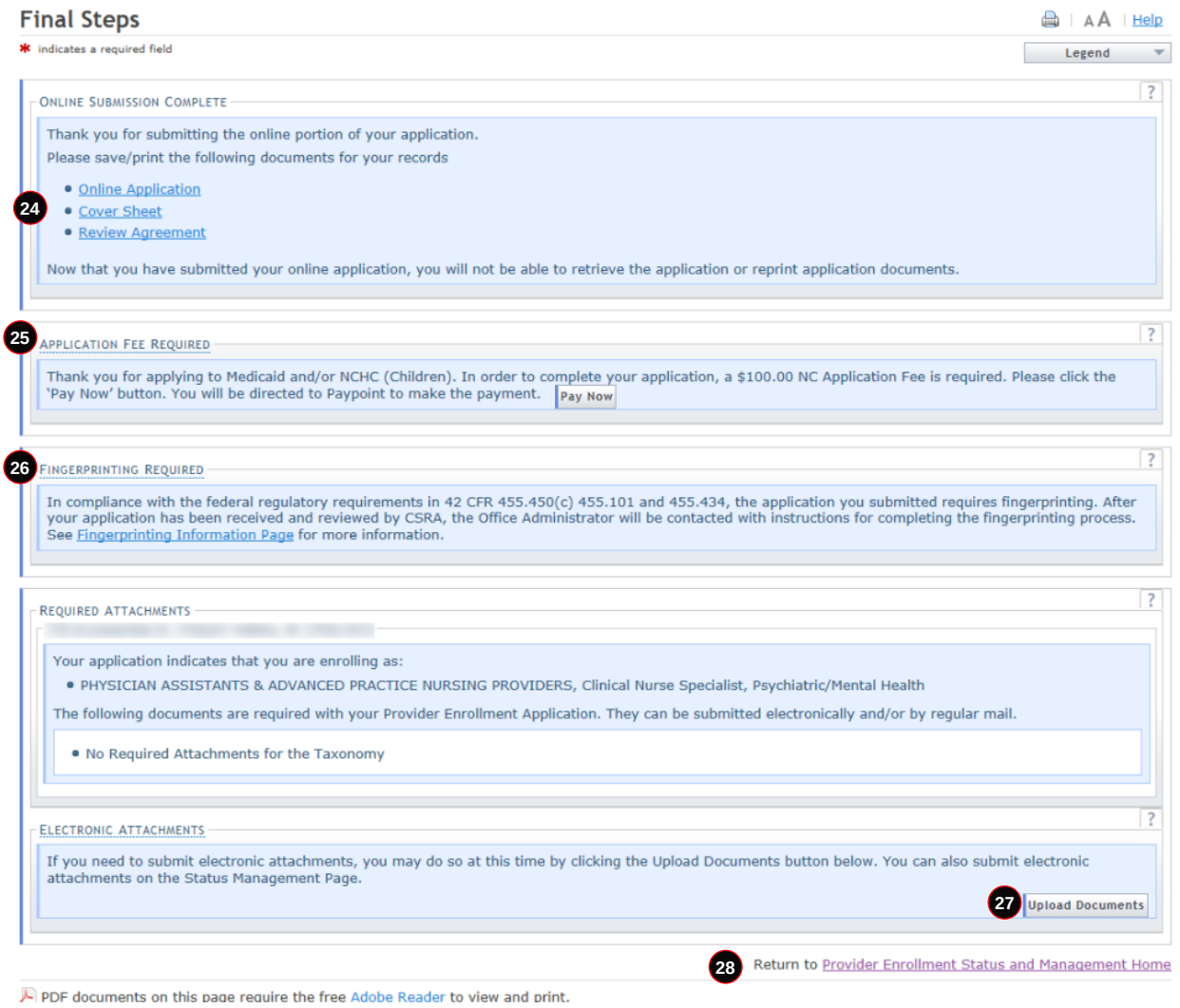
Step	Action
19	Answer each question by selecting the **Yes** or **No** radio button. **Note**: • These questions pertain to all providers, owners, and managing employees listed in the provider record. • When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays. Select the appropriate date of the infraction or conviction. Select the **Add** button to add the information to the application. • At the end of this application, you must electronically upload 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. 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 as of the date of this application. • Submitting a written explanation in lieu of supporting documentation may result in the denial of this application. • New questions have been added, so read each question carefully.
20	Select **Next**.

The **Re-Verification Application – Federal Requirements** page displays for providers whose taxonomy classification is categorized as moderate or high risk. The PPM defines which providers/taxonomy codes are required to complete the federal requirements.



Step	Action
21	Answer the question **'Have you completed the Federal site visit for this site to another state or Medicare?'**. • Answer **No** – If you have not had a site visit or are unable to provide proof of completion. • Answer **Medicare** – If you have had a site visit for Medicare certification purposes. • Answer **Other State** – If you have met this requirement for another state. If **Other State** is selected, you will need to select the state from the drop-down menu.
22	Answer the question **'Have you paid the Federal Fee for this site to another state or Medicare?'**. • Answer **No** – If you have not paid the fee or are unable to provide proof of payment. • Answer **Medicare** – If you have paid the fee for Medicare certification purposes. • Answer **Other State** – If you have met this requirement for another state. If **Other State** is selected, you will need to select the state from the drop-down menu. **Note**: The Federal Requirements page displays the Federal Fee amount charged to a provider enrolling in NCTracks. The Federal Fee is per application. The system will charge the Federal Fee only once for a provider, regardless of how many of the provider's service locations require the fee.
23	Select **Next**.

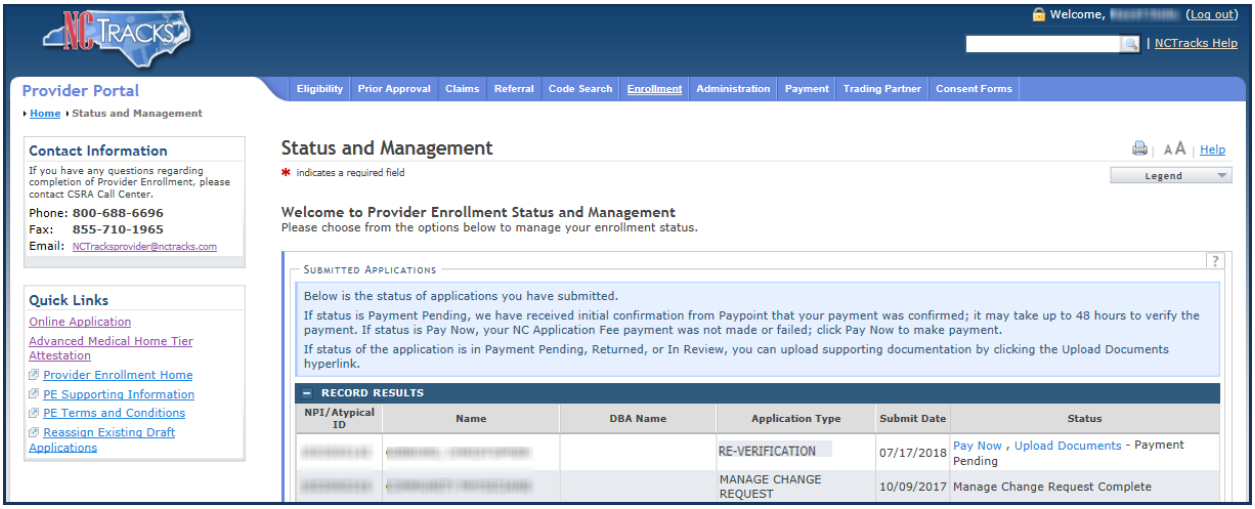
The **Final Steps** page displays.



Step	Action
24	Print/save the Online Application and/or Cover Sheet. This will be the only opportunity to save, download, or print the PDFs.
25	In the **Application Fee Required** section, select the **Pay Now** button. The PayPoint landing page displays, allowing payment of the NC Application Fee.
26	When Fingerprinting is required, the system advises that the OA will be contacted with more information on completing the process.

Step	Action
27	In the **Electronic Attachments** section, select the **Upload Documents** button to navigate to the **Upload Documents** page to upload supporting documents. Documents required include the following: • For Work Gap: If uploading a work gap history explanation, ensure the letter is signed by the provider and dated. • For **Exclusion/Sanction**: 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. Provide supporting documents if the provider answered **Yes** to any of the questions on the **Exclusion Sanction Information** page. • Supporting documents if the provider completed the Federal Site Visit or paid the Federal Fee to another state. • Notification and Electronic Fingerprint Submission Release of Information Form if the application required fingerprinting and either the Individual provider or one of the owners has completed the fingerprinting process with NCTracks within the past 6 months. For Transcripts: Do not upload transcripts here. For DEA Designation, NEMT, SLP, or OOS DME forms, the form must be signed and dated by the provider or the Office Administrator.
28	Select the **Provider Enrollment Status and Management Home** link to return to the **Status and Management** page.

The **Status and Management** page displays with the current status of the Re-verification application.



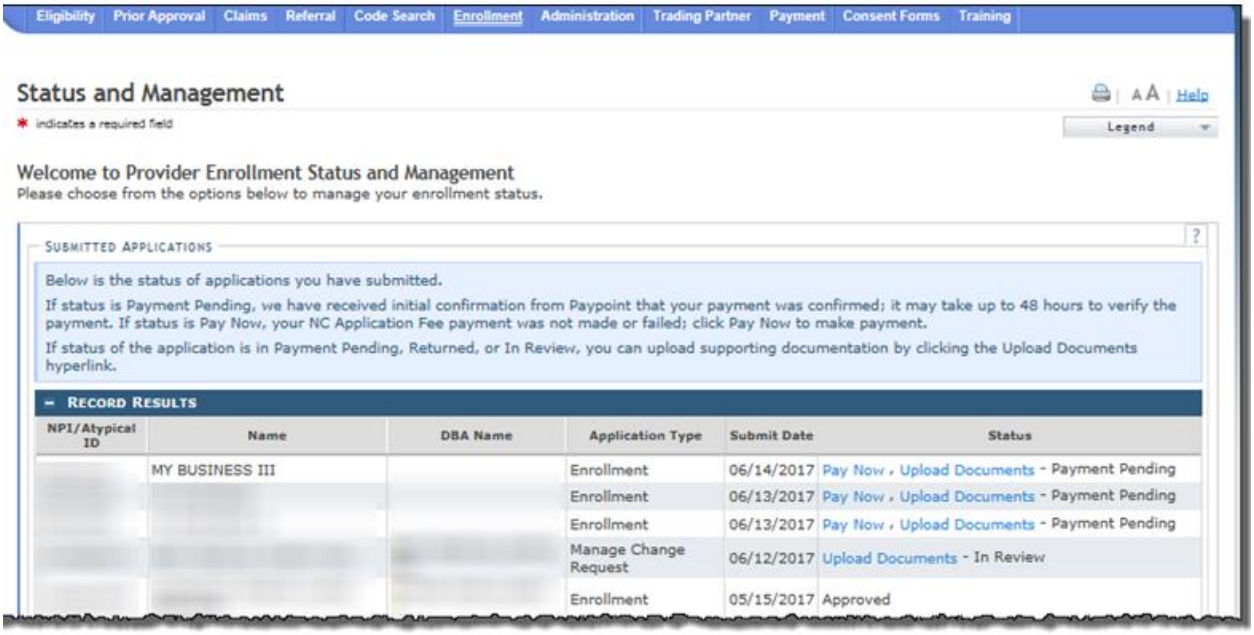
Statuses applicable to Re-verification applications:

- **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.
- **In Review:** Application is being reviewed by CSRA or State.
- **Returned:** Application was returned to provider needing additional documentation from the provider. When the **Returned** link is selected, the provider will be redirected to the Application Incomplete letter.
- **Denied:** Your participation in the program has been denied.
- **Approved:** Your participation in the program has been approved.
- **Withdrawn:** CSRA or provider has withdrawn the application.
- **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.
- **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.
- **Withdraw:** You can select the **Withdraw** link to withdraw your application.
- **Upload Documents:** You can select the **Upload Documents** link to electronically attach documents to your application.

Appendix A. Sections of the Status and Management Page

SUBMITTED APPLICATIONS SECTION

The **Submitted Applications** section displays the status of all submitted applications. Here, the provider is able to see the status specific to their submitted application. Some examples are Withdrawn, In Review, Abandoned, and Approved.



SAVED APPLICATIONS SECTION

The **Saved Applications** section displays those applications that have been initiated but have not yet been submitted. When you are ready to continue working with the application, you must select the NPI and select **Resume**. You may also delete the application by selecting **Delete Draft**.