

JOB AID

Re-verification Dates – Provider

OVERVIEW

This Job Aid provides:

- Information on reviewing and understanding provider Re-verification dates via the NCTracks Provider Portal.
- Instructions for locating and using the “Active Provider Recredentialing Due Date” spreadsheets via the Division of Health Benefits (DHB) website.

RE-VERIFICATION PURPOSE

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, Division of Public Health (DPH), and Migrant Health providers are required to complete the Re-verification process every 5 years.

The process includes a criminal background check and database check on the provider, all owners and managing relationships associated with the provider record.

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. Once fingerprinting results are on file at NCTracks, the results are valid for a full five-year period for a provider or any person with a five percent or greater direct or indirect interest ownership interest in the provider, who has submitted a set of fingerprints within the past five years, as the owner on a separate and newly enrolling provider. NC Medicaid will rely on the results from the previous fingerprint submission.

If applicable, a Federal Fee may be required. A Federally mandated Site Visit for providers classified as moderate and high-risk (per 42 CFR 455 Subpart E and NCSG 108C) will be conducted by Public Consulting Group (PCG). For more information on the provider enrollment criteria, please refer to the [Provider Permission Matrix](#).

RE-VERIFICATION DATES

There are two (2) dates to keep in mind for Re-verification:

- **Re-verification Due Date** – The Re-verification due date is the date by which the Re-verification application must be submitted in order to avoid suspension of the provider’s NC Medicaid, DPH, and Migrant Health health plans.

If the Re-verification application has not been submitted by this date, the provider’s applicable health plans will be suspended for 50 days. Claims submitted during the suspension period will pend.

All pended claims will be released for processing if the Re-verification application is submitted during the suspension period. The affected health plans will also be reinstated, and the provider will receive the following letter in the Message Center Inbox: ‘Re-verification Suspension Removed Letter’.

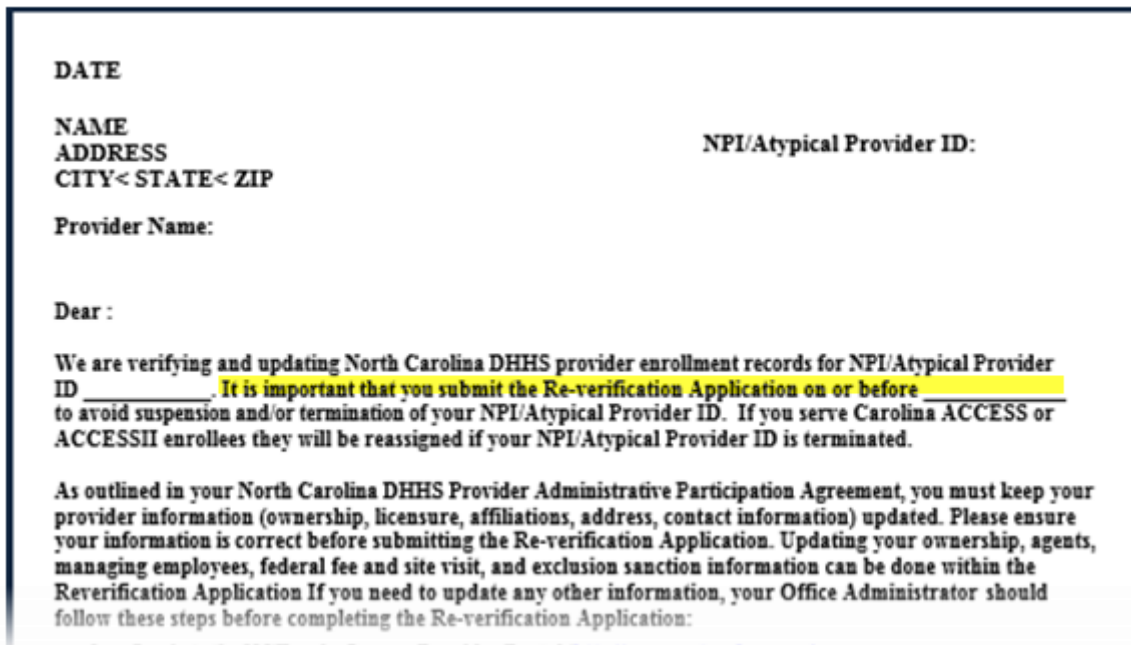
- **Termination Date** – The provider’s record is terminated at the end of the 50-day suspension period if the Re-verification application has not been submitted.

There are several methods of confirming the Re-verification due date. Providers should refer to (1) the Re-verification notification letter sent to the Message Center Inbox on the Provider Portal, (2) the Status and Management page, and/or (3) the [DHB website Recredentialing Due Date list](#).

NCTRACKS PROVIDER PORTAL

Secure Provider Portal Message Center Inbox

When it is time for a provider to complete their Re-verification, the provider is notified 70 days in advance via a Re-verification letter. This letter is delivered to the Provider Portal Message Center Inbox; the subject line in the Inbox for this letter will read: 'Re-verification Letter'.



The Re-verification letter indicates the date by which the Re-verification application must be submitted in order to avoid suspension and/or termination.

After this initial notification, the provider will continue to receive reminder letters until they submit a Re-verification application. The reminder letters are delivered to the Message Center Inbox; the subject line in the Inbox will read: 'Re-verification Reminder Letter'.

If the Re-verification application is not submitted by the due date, the provider's record will be suspended. Suspension letters are delivered to the Message Center Inbox and also via US Mail to the correspondence address on file. The subject line in the Inbox for this letter will read: 'Re-verification Suspension Letter'.

09/27/2024

[Redacted]

Provider Name: [Redacted]

NPI/Atypical Provider ID: [Redacted]

Re: Re-verification Reminder

Dear [Redacted]

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 11/16/2024 to complete the Re-verification Application. If you meet this deadline, your pending 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

The suspension letter includes the date by which the Re-verification application must be submitted in order to avoid termination. The suspension period is 50 days. If the Re-verification application is not submitted during the 50-day suspension period, the provider record will be terminated and the provider will need to submit a Re-enrollment application (and applicable fees) if they wish to continue their participation.

Termination letters are mailed to the correspondence address on file via certified mail.

Status and Management Page

In addition to receiving Re-verification notification letters, the National Provider Identifiers (NPIs) owned by the provider's Office Administrator (OA) will populate in the **Re-verification** section of the **Status and Management** page.

RE-VERIFICATION
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The following provider accounts associated with your NCID require a Reverification Application to be completed by the due date indicated. Please select the record with which you would like to proceed, then click 'Submit'.

Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Due Date
<input type="radio"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	THE XXXXXXXX CENTER	XXXXXX XXXX	09/02/2018

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.

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.

The OA or Enrollment Specialist (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.

DHB WEBSITE

By visiting the **Provider Enrollment** section of the DHB website, providers can access spreadsheets of active providers’ Re-verification/Recredentialing dates (due and termination).

Providers can access the “Active Provider Recredentialing Due Date” spreadsheets at <https://medicaid.ncdhhs.gov/providers/provider-enrollment>.

The spreadsheets are sorted by Re-verification due date, which is the date by which the Re-verification application must be submitted in order to avoid suspension.