

How to Submit a Manage Change Request adding a Service Location and Affiliate an Individual Provider Record to a Group/Organization in NCTracks

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Overview

The process of adding a Service Location and Affiliation allows a group or organization to bill and receive payments on behalf of an individual Rendering/Attending provider in the NCTracks system. The affiliation and service location is managed by the Individual providers by using the Manage Change Request process. This guide provides step-by-step instructions for adding a Service Location and affiliating an individual provider record to an organization/group provider record in NCTracks.



Certain types of changes will route the application to CSRA for review and approval. For example, adding taxonomy will require credentialing. Adding a new managing employee requires that a background investigation be completed.



Logging into the Provider Portal

- 1. Navigate to <u>www.nctracks.nc.gov</u>
- 2. The following page will display. Click the Providers tab at the top of the page.



Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.



Figure 2: Providers Page

4. The following login screen will display. Enter the NCID and password and click the **Log in** button.



Figure 3: Provider Portal Login



Accessing the Manage Change Request Application

5. The following Providers page will display. Click the **Status and Management** button.



Figure 4: Select Status and Management

6. The Status and Management screen will display. The screen is divided into 7 sections.

	In CTracks Hele
Provider Portal	Englishity Prior Approval Claims Referral Code Search <u>Enrolment</u> Administration Payment Trading Partner Consent Forms
Home + Status and Management	
Contact Information	Status and Management
If you have any questions regarding	Status and management with a same set of the s
competition of Provider Enrotiment, prease contact CEC Call Center. Phone: 800-688-6696 Fex: 855-710-1965 Email: NSTracksprovider@nstracks.com	Welcome to Provider Enrollment Status and Management Plass doess from the options below to manage your enrollment status.
	SUBNITTED APPLICATIONS
Quick Links Online Application (# Provider Enrolment Home (# DE Supporting Information # DE Terms and Conditions 2) Privider Qualifications and conditions	Bellow is the status of applications you have examined. If addies in synthemic handlow, one constrained independent of the synthemic they are a prepared to an societarial. If any other we have to early the status of the applications is in Fayment Panding. Returned, or in Review, you can uplied suggesting desumentation by sticking the Uplied Documents Typesting. • Records Results
(² Reassion Existing Oraft	[7]
Applications	Saved Applications
	Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application with be detected.
	* RECORD RESULTS
	Resume Delete Draft
	لینینینا (منیز) ♦
	1911
	RE-ENROLL
	NO DATA FOUND
	*'
	2 NAMAGE CHANGE BEOURST
	If you are a fastioned and with provide indicated with a local Neargement, REN/INteraget Care Opportunities (NII/OO) and you update your data in a NYTYNAN HANGE Charge Chargen Report Registration, priore service your LIN/OO Service the same supdate data to fit. The following provider accords associated with your NCID are active. Please select the account with which you would like to submit a Hange Charge Request, then disk Update.
	+ RECORD RESULTS
	Updata •
	- RE-VERIFICATION [7]
	The following provider accounts associated with your NCID require a Revenification Application to be completed by the due date indicated. Please select the record with which you would like to proceed, then click 'Submit'.
	* RECORD RESULTS
	MAINTAIN ELIGIBILITY
	NO DATA FOUND
	ENOLMENT SPECIALITY APPLICATIONS
	NO DATA FOUND

Figure 5: Status and Management Page

Status and Management Sections

Submitted Applications: Displays a list of applications that have been previously submitted.

Saved Applications: Displays a list of applications that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted. It will also be deleted if the Fiscal Agent Operations (CSRA) makes a change to the



provider record. If this occurs, you will receive a notification message when attempting to resume the application.

Re-enroll: This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.

Manage Change Request: This section will list provider accounts associated with the user's NCID that are active.

Re-verification: This section allows the user to submit a required re-verification application for a provider enrollment account.

Maintain Eligibility: This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

Enrollment Specialist Applications: The Assigned Applications section lists applications (Enrollment, Re-enrollment, Manage Change Request, Re-verification, and Maintain Eligibility) in which the Office Administrator (OA) assigned to an Enrollment Specialist to complete.

- 1. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed.
- 2. Next, click the **Update** button.



If the Manage Change Request section reads **NO DATA FOUND**, it is possible that a Manage Change Request has already been created, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

i he follo Request,	wing provider accounts , then click 'Update '.	associated with your NCID are active. Please select the accou	int with which you would like to s	submit a Manage Cha	inge
- RECO	RD RESULTS				
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
\odot	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
\circ	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
0	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
0	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Act 2

Figure 6: Select Manage Change Request



3. Under requested Manage Change Request type you will select Complete multiple changes or review your complete provider record.

		I NCTrasks Help
Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms	
Home Provider Enrollment Online Provid	Jer Enrollment Ap	
Contact Information	Requested Manage Change Request Type	🚔 AA <u>Help</u>
If you have any questions regarding completion of Provider Enrollment, please contact CSC Call Center.	* Indicates a required field	Legend 🔻
Phone: 800-688-6696	Manage Change Request Type	?
Fax: 855-710-1965		
Email: NCTracksprovider@nctracks.com	Select the type of Manage Change Request you would like to complete.	
	NPI/Atypical ID: 1992661930	
Quick Links	Name: WAYWARD C WAYS	
Online Application	Augdate Electronic Funds Transfer (EFT) Account Information ¹	
Provider Enrollment Home		
PE Supporting Information		
PE Terms and Conditions	Oracipitate Heritadio Claim and Electronic management of animity Agent antomation	
Provider Qualifications and	Complete multiple changes or review your complete provider record	
Requirements Checklist	³ Please have all information available, this application must be completed in one session.	
I型 Reassign Existing Draft Applications		+
		2 Next »

Figure 7: Requested Manage change Request Type

Note: There is an option to Add/update affiliations. If the user chooses to submit the abbreviated application to "Add/Update Affiliations", this application will only affiliate the individual Provider NPI permitting the Organization to bill and receive payment for services rendered by the Individual Provider. Completing this application will not automatically add the service location of the Organization.

4. The **Individual Basic Information** screen will display. Click the "Next" button to continue.

Do NOT click the menu options on the left-hand side of the screen to advance to the next section. It is required that each box has a check mark before the Manage Change Request can be submitted. Instead, navigate to the appropriate section; click the Next button on the bottom right corner of the screen to advance to the next section.

Provider Portal	Eligibility Prior Approval Claims	Referral	Code Search	<u>Enrollment</u>	Administration	Trading Partner	Payment	Consent Forms		
Home Provider Enrollment Onlin	e Provider Enrollment Ap									
Provider Enrollment	Individual Basic Inforr	nation							A A	Help
NOTE: Data is not saved unless the 'Next' button is activated.	✗ indicates a required field					3			Legend	-
Contact EVC Center	DENTIFYING INFORMATION		Pleas	e be sure to (complete all	Next 1)				?
Minitia Basic Information	Last Name:	sr	required	fields with va	alid content.	HEAL II	IAM			
Terms and Conditions	Middle Name:		Save D	raft	Cancel Enro	liment	ect On	e 💙		
Health/Benefit Plan Selection	Date of Birth:	0:					**-22	22		
Addresses	Gender:	м			_	<u> </u>	0000	00		
Taxonomy Classification	* Email:									
Accreditation						\geq '				+
	Fig	jure 8:	Basic In	formati	on Page		$\overline{\ }$			

5. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box.

* ATTESTATION I certify that the responses in this attestation and inform documents/Administrative Participation Agreement are true, knowingly or willfully falsified, concealed or omitted any mat	mation contained in the documents submitted with the application/enrollment accurate, complete, and current as of the date this attestation is signed. I have not hereir erial fact that would constitute a false, fictitious or fraudulent statement or representation	n · _
(K Previous	Please be sure to complete all required fields with valid content.	Next



Adding Service Locations

- 6. To add an additional Service Location
 - 6.1. Select Yes
 - 6.2. Enter the address
 - 6.3. Verify the Address
 - 6.4. Select Add to add the location

To ensure the accuracy of the address, the **Manage Change Request** verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the **Addresses** screen will refresh with the new address.

	an one required in	elos and click the Add botton.			
Service	Location Name:				
*	Office Phone #:	ext.	Office Fax #1		
ddress	Address Line 1:	Prob March 64			
-	Address Line 2	ar as report the			
-	Address Line 2:				
(2)	* City:	KALEIGH			
\smile	* State:	NORTH CAROLINA			_
	# 219 Code:	27607-3033	County	Wake	(3)
Servicing Countie	* Begin Date: es	01/01/2016	he contiguous counties for which your	practice will accept CCNC/C	Verify Addr
Servicing Counti	* Begin Date: es CA providers: In ac	ddition to your county, please select t	he contiguous counties for which your	practice will accept CCNC/C	Verify Addre
Servicing Counti	* Begin Date: es CA providers: In ac	ddition to your county, please select t	he contiguous counties for which your County	practice will accept CCNC/C	Verify Addr
Servicing Counti Note to CCNC/C	* Begin Date: es CA providers: In ac County	01/01/2016	he contiguous counties for which your County ALLEGHANY BEAUFORT	practice will accept CCNC/C County ANSON BERTIE	Verify Addre
I Servicing Countri Note to CCNC/C	* Begin Date: es CA providers: In ac County	ddition to your county, please select t	he contiguous counties for which your County BEAUFORT BUNCOMBE	practice will accept CCNC/C County ANSON BERTIE BURKE	Verify Addre
Servicing Counti Note to CCNC/C ALAMANCE ASHE BLADEN CABARRUS	* Begin Date: es CA providers: In ac County	ddition to your county, please select to county ALEXANDER AVERY BRUNSWICK CALDWELL	he contiguous counties for which your County ALLEGHANY BEAUFORT BUNCOMBE CAMDEN	practice will accept CCNC/C County ANSON BERTIE BURKE CARTERET	Versty Addre
Servicing Countil Note to CCNC/C ALAMANCE ASHE BLADEN CABARRUS CASWELL	* Begin Date: es :A providers: In ac County	ddition to your county, please select to County ALEXANDER AVERY BRUNSWICK CALDWELL CATAWBA	he contiguous counties for which your County ALLEGHANY BEAUFORT BUNCOMBE CAMDEN CAATHAM	Practice will accept CCNC/C County ANSON BERTIE BURKE CARTERET CHEROKEE	Verify Addr
Servicing Counti Note to CCNC/C ALAMANCE ASHE BLADEN CABARRUS CASWELL CHOWAN	* Begin Date: es County	ddition to your county, please select to County ALEXANDER AVERY BRUNSWICK CALDWELL CATAWBA CLAY	he contiguous counties for which your County CalleGHANY BEAUFORT BUNCOMBE CAMDEN CHATHAM CLEVELAND	practice will accept CCNC/C County ANSON BERTIE BURKE CARTERET CHEROKEE COLUMBUS	Verify Addr
Servicing Counti Note to CCNC/C ALAMANCE ASHE BLADEN CABARRUS CABARRUS CABARRUS CABVELL CHOWAN CRAVEN	* Begin Date: es Ceunty	01/01/2016	he contiguous counties for which your County County BEAUFORT BUNCOMBE CAMDEN CLEVELAND CLEVELAND CURRITUCK	Practice will accept CCNC/C County ANSON BERTIE BURKE CARTERET CHEROKEE COLUMBUS DARE	Verify Addr



Figure 9: Adding Additional Service Locations



Since the user has added a Second service location the provider will see the following box at the top of each page until the Method of Claims Submission page is reached. Each location should be shown as "Completed" before proceeding to the next page.

SERVICE L	SERVICE LOCATIONS							
Select	Location	Form Status						
Q	999 Front St, HIGH POINT, NC, (Primary Location)	🗸 Complete						
2	2710 Wydiff Rd, RALEIGH, NC, 27607-3033	Incomplete						
To complete ir	formation for each service location, select the appropriate location then click the "Edit Location" button.							
		Edit Location						

Figure 10: Service location

Adding a New Taxonomy Code:

- 8. To add a new Taxonomy, under the **Add Taxonomy Classification** section reference the following steps:
 - 8.1. Select the Provider Type
 - 8.2. Select the Classification (if available)
 - 8.3. Select the Area of Specialization (if available)
 - 8.4. Enter or select the Begin Date
 - 8.5. Click the **Add** button
 - 8.6. Click the next to the accreditation page



TRACKEN			🔒 Welcome, Hazel Dula. (Log
			NCTracks
ovider Portal	Eligibility Prior Approval Claims Referral C	ode Search Enrollment Administration Payment Trading Part	ner Consent Forms
me • Provider Enrollment • Online Pro	ider Enrollment Ap		
ovider Enrollment	Taxonomy Classification		💩 AA 🖻
TE: Dote is not seved unless the 'Next' ten is activated.	* indicates a required field		Legend
ntact EVC Center 🔤			
Organization Basic Information	Select	Location	Form Status
Terms and Conditions	O 2610 Wydiff Rd, Ste 200, RALEIGH, I	VC, (Primary Location)	🗸 Complete
Health/Benefit Plan Selection	2710 Wydiff Rd, RALEIGH, NC, 27607	-3033	Incomplete
Ownership Information	To complete information for each service location	on, select the appropriate location then click the "Edit Locatio	n" button.
Addresses			Edit Local
Taxonomy Classification			
Accreditation	Taxonomy Classification: 2710 Wycliff Rd	, RALEIGH, NC, 27607-3033	
CONCICA	SCHOOL BASED HEALTH CENTER		
Hours of Operation	* Is your organization a School Based Health	Center (SBHC)?	
Senices	0165 0110		
Ananta Mananina Carola yaar	Plassa select the Taxonomy Classification(s) up	des which you will be conduction business with NCTracks. All I	texpooning selected should have been reported to th
Diamanu Information	National Plan & Provider Enumeration System	(NPPES) when you enumerated this NPI.	
Pharmacy information	If a submitted taxonomy has not been reported	d to NPPES, please report it within the next 30 days.	
Facilities Information	TYPE, CLASSIFICATION AND AREA OF SPECIALIZATIO	4	
Method of Claim/Electronic Submission	Please select a Provider Type, Classification at	of Area of Specialization from the following drop-down lists the	t best describe the services you will be rendering
EFT Account Information	You may enter up to 15 Taxonomy Classification	ons.	a best describe the services you will be rendering.
Review Application	* TAXONOMY CLASSIFICATION - 1932000	00X - MULTI-SPECIALTY NEWLY ADDED	
	Add Taxonomy Classification		
	Please complete all the required fields and cl	ck the Add button.	
	* Provider Type: Select	One 🔽	
	* Classification: Select	One V	
	* Area of Specialization: Select	0	
	* Benin Date: mm/dd/		
		yyy (m)	
			Add Clea
	Once all taxonomies have been added, click th	e "Save Location" button to save.	
			Save Locati
	4t Previous		Please be sure to complete all Next
			Saus Death Delate 5

Figure 11: Taxonomy Classification

Adding Accreditation Information:

- 9. Accreditation Page:
- 9.1 Enter the License agency
- 9.2 Enter the License type
- 9.3 Enter the State of the license
- 9.4 Enter the License number
- 9.5 Enter the Effective date
- 9.6 Select Add
- 9.7 Save Location

Once the **Accreditation Page** is displayed, the service location box (shown in Figure 10) will be present and will default to update the new location. However, if a selection is made to update the existing service location, there will be an option to "**Copy this license to all service locations**". Click the **Next** button. Continue to click the **Next** button until you reach the "Affiliated Provider Information" screen.



one or more licenses is required	for your taxonomy, enter the licenses required fie	elds and click the Add butto	n.	
xonomy 111N00000X - Chirop	ractor requires the following License Type:			
Licensed Chiropractor By State	Board of Chiropractic Examiners			
	· · · · · · · · · · · · · · · · · · ·			
LICENSE - LICENSED CHIROPR	ACTOR BY STATE BOARD OF CHIROPRACTIC EX	CAMINERS		
License Agency:	State Board of Chiropractic Examiners			
License Type:	Licensed Chiropractor			
* State:				
* License #:				
* Effective Date:	03/24/1998	* Expiration Date:	01/01/0001	
Copy this license to all service locations:				
				Add CI
				Add Cl
LICENSE - STATE LICENSING E	INTITY			Add CI
LICENSE - STATE LICENSING E	INTITY			Add CI
LICENSE - STATE LICENSING E d License elect a license type from the dro	NTITY o down list and provide the license number.			Add
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency:	o down list and provide the license number.			Add
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type:	o down list and provide the license number.			
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State:	down list and provide the license number. Select One Select One NORTH CAROLIT			Add
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #:	o down list and provide the license number.			
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	down list and provide the license number. Select One Select One NORTH CAROLII mm/dd/yyyy	Expiration Date:	mm/dd/yyyy	Add
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	b down list and provide the license number. Select One Select One NORTH CAROLII mm/dd/yyyy	Expiration Date:	mm/dd/yyyy	Add
LICENSE - STATE LICENSING E d License elect a license type from the droj License Agency: License Type: State: License #: Effective Date:	o down list and provide the license number. Select One Select One NORTH CAROLIT mm/dd/yyyy	Expiration Date:	mm/dd/yyyy	Add CI
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	o down list and provide the license number. Select One Select One NORTH CAROLIT mm/dd/yyyy	Expiration Date:	mm/dd/yyyy	Add Ct
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	D down list and provide the license number.	Expiration Date:	mm/dd/yyyy 3	Add Cl
LICENSE - STATE LICENSING E d License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	o down list and provide the license number. Select One Select One NORTH CAROLIT mm/dd/yyyy	Expiration Date:	mm/dd/yyyy 💽	Add Cl Add Cl Save Loo
LICENSE - STATE LICENSING E License elect a license type from the drop License Agency: License Type: State: License #: Effective Date:	e down list and provide the license number.	Expiration Date:	mm/dd/yyyy I	Add Cl Add Cl Save Loo s complete all Ne

Figure 12: Accreditation Page



1. The **Affiliated Provider Information** screen will display. To display the search option, click the **Yes** radio option illustrated below.





- 2. Once you reach the **Affiliated Provider Information** page, enter the Group/Organization NPI in the search field.
- 3. Click the **Lookup NPI** button.

	Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
0	vider Enr	ollment Ap									
A	ffiliat	ed Provid	er Inf	ormati	on						
*	indicates	a required field									Legend 🔻
_	AFFILIA	TED PROVIDERS									?
	The af	filiation allows	this orga	anization to	o bill and rec	eive paymen	t on your behal	lf.			
	Add Aff	filiated Provider									
	Enter	organization's N	NPI and	click 2 k	up NPI'.	3					
			* NPI:	000000000	0	Lookup NPI]				
											Add
											÷
(((Previous								Please b required fie	e sure to complete Ids with valid cont	e all ent. Next))
										Save Draft	Delete Draft

Figure 14: Affiliated Provider Information Page



Adding the Group/Organization NPI

4. The search results will display. Click the checkbox next to the appropriate provider location(s).



The provider organization to which you are affiliating must be first be enrolled in Medicaid. If you are not able to locate the provider record using the search criteria, check with the provider organization to ensure their enrollment has been fully completed and approved.

5. Click the Add button in the bottom right corner of the window.

Eligibili	y Prior Approval	Claims	Referral	Code Search	Enroliment	Administration	Trading Partner	Payment	Consent Forms		
Provider E	nrollment Ap										
Affilia	ted Provid	er Inf	ormati	on						A A	Help
* indicate	s a required field									Legend	•
AFFIL The Add	IATED PROVIDERS affiliation allows Affiliated Provider	this orga	nization ti	o bill and rece	eive paymen	t on your behal	f.				?
Ente	r organization's I	NPI and	olick 'Look	up NPI'.							
	Organization	* NPI: Name:	180808080 HOME C4)8 ARE	Lookup NPI						
* P	ease select loca	tions of	affiliated p	rovider.							
Sele	ct box next to th	ne locati	on(s) you	wish to affilia	te and click	'Add'.					
4						Location					
	2020 LUMB	ER VILLE	RD , LUME	BERTON , NC	28358-2112	2				1	5 Add

Figure 15: Search Results

6. The provider will be added on the dark blue bar, as illustrated below. To review the provider, click the plus sign on the dark blue bar.

	Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
Pro	ovider Enro	ollment Ap									
Δ	filiate	ed Provid	er Inf	ormati	on						
*	indicates a	required field		ormaci							Lesend .
											Legenu
	- AFFILIAT	ED PROVIDERS									?
	The off	filiation allows	thic orac	nization t	a bill and roos	ivo novmon	t on your bobal	f			
			uns orga	mzation t	o bill and rece	sive paymen	t on your benai	1.			
1	+ AFFI	ILIATED PROV	IDER (H	IOME CAI	RE)						
	AUU ATI	Illateu Provider									
	Enter o	organization's I	VPI and o	lick 'Look	up NPI'.						
			* NPI:		_	Lookup NPI	1				
							-				
											Nuu
											†
	((Previous								Please b required fie	e sure to complete Ids with valid conto	e all Next »
_										Save Draft	Delete Draft



Figure 16: Affiliation Completed

7. The affiliated provider details will display. To delete the provider, click the **Delete** button.

The **Delete** button is ONLY available until you submit the Manage Change Request application. Once a provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated.

Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
ovider Enr	ollment Ap									
Affiliate	ed Provid	er Inf	ormati	on						
k indicates a	a required field									Legend 🔻
AFFILIA	TED PROVIDERS -									?
The af	filiation allows t	his orga:	anization to	o bill and rece	eive paymen	t on your behal	f.			
= AFF	LIATED PROV	IDER (H	HOME CAI	RE)						
		NPI:	1080808	088						
	Organization	Name:	HOME G	ARE						
					L	ocation				
2020 LU	JMBERVILLE RD									
LUMBER	(TON , NC 283	58-2112								
										Edit Delete
Add Aff	iliated Provider									
Enter o	organization's N	IPI and (click 'Look	up NPI'.						
	:	* NPI:	00000000	0	Lookup NPI					
										Add
										+

Figure 16: Deleting an Affiliated Provider



End-Dating the Group/Organization Affiliation



Once a provider affiliation has been processed, the affiliated provider cannot be completely removed or deleted from the individual provider record. It can only be end-dated.

8. To edit the provider, click the "Edit" button in the bottom right corner.

E	ligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms		
Provi	der Enr	ollment Ap										
Af	filiate	ed Provid	er Inf	ormati	on							Help
* in	ndicates a	required field									Legend	-
_											0	
	AFFILIAT	fed Providers -										?
	The aff	filiation allows f	this orga	nization to	o bill and rece	eive paymer	it on your behal	f.				
	- AFFI	LIATED PROV	IDER (B	EHAVIOR	RAL HEALTH	SERVICES	5)					
			NPI:	1005005	005							
		Organization	Name:	BEHAVIO	RAL HEALTH	SERVICE	6					
		Locat	ion		Begin	Date	End Date	New I	Begin Date	New	End Date	
	555 MEI SYLVA	DICAL LOOP , NC 28779-52	71		06/01/200)5	12/31/9999					
											Ed	
	- Add Aff	iliated Provider -										
H												
	Enter (organization's N	IPI and o	click 'Look	up NPI'.							
			* NPI:	000000000	00	Lookup NPI						
-												

Figure 17: Select Edit

9. Select the "End Date" and click the "Save" button.

* P	lease select locations of affiliated provider.			(1)					
	Location	Begin Date		En	d Dat	е		Ne	ew Begin Date	New End Date
	154 MEDICAL PARK LOOP SYLVA NC 28779-5271	06/01/2005	02/1	4/201	14				_	
			• ا	Feb	ruary	201	4 🕨	• •		
			М 1	r V	ΥT	F	s	s		Save
			27 2	28 21	9 30	31	1	2		
			з -	4 5	6	7	8	9		4
			10 1	11 1:	2 13	14	15	16	be sure to compl	ete all
Previo	us		17 1	18 1!	9 20	21	22	23	elds with valid co	intent. Next X
			24 2	25 20	3 27	28	1	2		

Figure 18: Select End Date



10. Click the "Next" button to continue.

A	dd Affiliated Provider	
E	inter organization's NPI and click 'Lookup NPI '.	
	* NPI: 000000000 Lookup NPI	
	dbA t	
« Pre	vious Please be sure to complete all required fields with valid content. Next >>	
	Save Draft Delete Draft	

Figure 19: Click "Next"

Reviewing the Manage Change Request

1. The "Review Application" screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

ovider Enrollment	Review Application 🔒 🗛 🕒
DTE: Data is not saved unless the ext' button is activated.	* indicates a required field Legend
ontact EVC Center	
	ELECTRONIC SIGNATURE - EMAIL CONFIRMATION
Organization Basic Information	
	Please confirm that the email address below is correct. If you dont already have one, an Electronic Signature PIN will be sent to
Ierms and Condmons	this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this
Health/Benefit Plan Selection	• The application • If the application is incorrect, you may now payigate back to the Basic Information page to undete it. (Remember to slick Next as the
Ownership Information	 If the shall below is incerted, you may now having the back to the basic information page to opticate it. (Kemember to cick rext on the Basic Information page to store your change.)
Addresses	
Taura and Classification	Contact Email: CAMERONSMITHTRAIN@GMAIL.COM
Taxonomy Classification	
Accreditation	REVIEW APPLICATION
Hours of Operation	To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required
Services	information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the
Agents/Managing Employees	Attachments/Submit Electronic Application page by clicking "Next".
Mathematical Carlos Electronics Colonization	
metrica or clamitelectronic Submission	Review Application
Associate Billing Agent	
EFT Account Information	(CPrevious Plassa base successed all Next
	required
Review Application	

Figure 20: Review Application



Manage Change Request - Navigation Error

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through each section.





Figure 21: Review Application - Incomplete Pages



Signing and Submitting the Manage Change Request

- The Sign and Submit Electronic Application page will display.
 Enter your NCID and password, as well as the PIN. Click the Submit Now button.

n and submit Electro	ine Apprication			
dicates a required field				Legend
f for any reason you navigate awa locumentation.	ay from this page without clicking	'Submit Now', you will be required to re	e-enter the information and	re-attach any uploaded
ELECTRONIC SIGNATURE CONFIRMATION				
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* Login ID (NCID):		* Passwor	rd:	
	Forgot Login ID		Forgot Password	
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Figure 22: Sign and Submit

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Printing the Application

1. The **Final Steps** page will display. You may click on the links below to print or save a copy of the application or cover sheet in PDF format.

Final Steps	
indicates a required field	Legend 🔻
ONLINE SUBMISSION COMPLETE	?
Thank you for submitting the online portion of your application. Please save/print the following documents for your records Online Application Cover Sheet Now that you have submitted your online application, you will not be able to retrieve the application documents.	lication or reprint
Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an add you have not paid this fee in your domiciled State or to the Medicare program vendor. If collec payment of this fee is required, you will be contacted during the credentialing process of your	itional fee provided ction or proof of r application.

Figure 23: Final Steps Page

Application Status

To verify the status of the Manage Change Request, navigate to the Status and Management page in NCTracks. If the affiliation was the <u>only</u> change made to the individual provider record, the status should read **Approved**. This indicates that the affiliation has been completed. If adding service locations and/or other changes were made to the individual provider's record, the status may read **In Review**. This indicates that the other changes require CSRA to review or credential the Manage Change Request. You may check periodically to review the status.

atus and Manag	gement			🚔 A A
idicates a required field				Legend
Icome to Provider ase choose from the or	Enrollment Status and Management stions below to manage your enrollment status			
SUBMITTED APPLICATIONS				
Below is the status of If status is Payment P	applications you have submitted. anding, we have received initial confirmation fr	rom Paypoint that your payment wa	s confirmed; it may ta	ke up to 48 hours to verify the
Below is the status of If status is Payment P payment. If status is F RECORD RESULTS NPI/Atypical ID	applications you have submitted. ending, we have received initial confirmation f 'ay Now, your NC Application Fee payment wa Name	rom Paypoint that your payment wa s not made or failed; click Pay Now	s confirmed; it may ta to make payment. Submit Date	ke up to 48 hours to verify the
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