



Adding a Service Location and Affiliating an Individual Provider Record to a Group/Organization in NCTracks

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 service location and affiliation are managed by the individual providers by using the Manage Change Request process. This Job Aid provides step-by-step instructions for adding a service location and affiliating an individual provider record to a group/organization provider record in NCTracks.

Note: Certain types of changes will route the application to CSRA for review and approval. For example, adding a taxonomy requires credentialing; adding a new managing employee requires completion of a background investigation.

LOGGING INTO THE PROVIDER PORTAL

- 1. Navigate to <u>www.nctracks.nc.gov</u>.
- 2. The **NCTracks Home** page displays. Select the **Providers** tab at the top of the page.



Exhibit 1. NCTracks Home Page

3. The public **Providers** page displays. Select the **NCTracks Secure Portal** icon.





		A A English, Escabol
Home Providers Re	cipients Operations	
Getting Started NCTracks Status and FAQ Currently Enrolled Provider (CEP) Registration	Providers LIVE ASSISTANCE! Want to have a Provider Representative walk you through the NCTracks Portal (including registration)? Click on the link to the right.	NCTracks Secure Portal
Fact Sheets and Tool Kits Provider Announcements	CEP REGISTRATION - Required for claims payment and access to the Portal. Click on the link to the left.	Access the secure NCTracks Portal

Exhibit 2. Public Providers Page

4. The **Provider Portal Login** page displays. Enter the **NCID** and **Password** and select the **Log In** button.

The NCT rivate a	F racks Web Portal contains information that is private and confidential. If you are not an authorized individual, this Ind confidential information is not intended for you. If you are not authorized to access this content, please click ' Cancel '.
y contin overage	nuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance e information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> pages.
	YOUR ACCOUNT
	 All users are required to have an <u>NCID</u> to log in to secure areas.
	 Passwords are case-sensitive. Please ensure your Caps Lock key is off.
	User ID (NCID): Password: Forgot Login Forgot Password
	A Log In Clear Cancel

Exhibit 3. Provider Portal Login Page

ACCESSING THE MANAGE CHANGE REQUEST APPLICATION

1. The secure **Provider Portal Home** page displays. Select the **Status and Management** button.

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Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trade	g Parbuer Consent Forms
Message Center for	Date: Nov 26, 2019, 12:00:00 AM Attention: All Providers Date: Nov 26, 2019, 12:00:00 AM Attention: All Providers The Health Insurance Marketplace at HealthCare, go; serves people who don't get health coverage from Nedula Mediane or their (a). Another to be an environment of the full-formation are wanted in a formation of the provider of the server o	ta Quick Links SCHCLCA. (Hansood Care) Department of Health Services Resultion Division of Health Service Resultion Division of Health Service
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Exhibit 4. Secure Provider Portal Home Page





The Status and Management page displays.

Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms
• Home • Status and Management	
Contact Information	Status and Management 🚔 I A A I Help
If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center. Phone: 800-688-6696	* Indicates a required field Legend Welcome to Provider Enrollment Status and Management Place for the entions below to manage your arcelerant status
Fax: 855-710-1965 Email:	Prease choise noin the options below to manage your enrollment status.
NCTracksprovider@nctracks.com	SUBMITTED APPLICATIONS
Quick Links	Below is the status of applications you have submitted. If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.
Online Application Advanced Medical Home Tier	If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.
Attestation P Health Information Exchange	+ RECORD RESULTS
(<u>HIE) Status</u>	RE-ENROLL
PE Supporting Information	NO DATA FOUND
<u>PE Terms and Conditions</u> <u>Reassign Existing Draft</u> Applications	MANAGE CHANGE REQUEST
·····································	If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.
	The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.
	E RECORD RESULTS
	Update
	RE-VERIFICATION ?
	NO DATA FOUND
	MAINTAIN ELIGIBILITY -
	NO DATA FOUND
	FINGERPRINTING REQUIRED
	NO DATA FOUND

Exhibit 5. Status and Management Page

Status and Management Page Sections

The Status and Management page contains the following 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 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:** Lists provider accounts associated with the user's NCID that have been terminated. The user can select an account to re-enroll, then select **Submit**.
- **Manage Change Request:** Allows the user to submit a Manage Change Request application for an active provider enrollment account.
- **Re-verification:** Allows the user to submit a required Re-verification application for a provider enrollment account.
- **Maintain Eligibility:** Allows the user to submit a required Maintain Eligibility application for a provider enrollment account.





- **Fingerprinting Required:** Allows the user to submit a Fingerprinting Required application for a provider enrollment account.
- 2. Scroll down to the Manage Change Request section.

Starting the Application

- 1. To begin a new Manage Change Request, select the radio button next to the National Provider Identifier (NPI) to be updated.
- 2. Select the **Update** button.

Note: 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 application that is already in process.

ir you are a behavioral hea your data in a NCTracks Ma	Ith provider contracted with a Lo nage Change Request application	ocal Management Entity/Managed Care on, please ensure your LME/MCO has th	Organization (LME/MC e same updated data o	O) and you up on file.	odate
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Exhibit 6. Status and Management Page – Manage Change Request Section

- 3. The **Requested Manage Change Request Type** page displays. Select the option **MANAGE CHANGE REQUEST: Complete multiple changes or review your complete provider record**.
- 4. Select the **Next** button.





Indica	tes a required neid	Legend 🔻
MAN	age Change Request Type	?
Sel	ect the type of Manage Change Request you would like to complete.	
	NPI/Atypical ID:	
	Name:	
Ξ	Organization Providers	
0	BACK-DATING - ABBREVIATE MANAGE CHANGE REQUEST Provider back-dating ¹	
0	EFT - ABBREVIATE MANAGE CHANGE REQUEST Update Electronic Funds Transfer (EFT) Account Information ¹	
0	METHOD OF CLAIM, ELECTRONIC TRANSACTIONS - ABBREVIATE MANAGE CHANGE REQUEST Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information ¹	
۲	MANAGE CHANGE REQUEST Complete multiple changes or review your complete provider record	
1P	ease have all information available, this application must be completed in one session.	
-		÷
		Next »

Exhibit 7. Requested Manage Change Request Type Page

5. The Individual Basic Information page displays. Select the Next button to continue.

Important: Do NOT select the hyperlinks on the left side of the page to advance to the next page. It is required that each box has a check mark before the Manage Change Request can be submitted. Instead, select the **Next** button in the bottom right corner of each page to navigate through the pages.

Provider Portal	Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
Home Provider Enrollment Online	Provider Enro	llment Ap									
Provider Enrollment	Individu	ıal Basic I	nform	nation							
NOTE: Data is not saved unless the 'Next' button is activated.	✤ indicates a	required field						_			Legend 🔻
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Individual Basic Information Individual Conditions		r	req	Please be uired field	sure to compl s with valid co	ete all ntent.	Next »	t Name: Suffix:	WILLIAM Select On	e 💙	
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Accreditation											÷

Exhibit 8. Individual Basic Information Page – Select Next

6. On the **Terms and Conditions** page, to attest and accept Medicaid Terms and Agreements, select the **Attestation** checkbox. Select the **Next** button.

* ATTESTATION I certify that the responses in this attestation and information documents/Administrative Participation Agreement are true, accura knowingly or willfully falsified, concealed or omitted any material fa	contained in the documents submitted with the application/enrollment te, complete, and current as of the date this attestation is signed. I have not herein ct that would constitute a false, fictitious or fraudulent statement or representation.	
(Previous	Please be sure to complete all required fields with valid content.	Next

Exhibit 9. Terms and Conditions Page – Attestation



Adding Service Locations

On the Addresses page, to add an additional service location:

- 1. Select Yes to the question 'Do you have additional service locations?'.
- 2. Enter the service location address in the Address fields.
- 3. Select the Verify Address button.

Note: To ensure the accuracy of the address, the system verifies the entered information against the United States Postal Service (USPS) database. If the address matches the USPS database, the **Addresses** page will refresh with the new address.

4. Select the **Add** button to add the service location.

54/	rvice Location Name:					
Advanta	Office Phone #:	ext.	Office Fax #1	8		
007450	Address Line 1:	27sb stycliff Ad				
	Address Line 2:					
	City:	RALEIGH				
	State:	NORTH CAROLINA				
	ZIP Code:	27607-3033	County	Wake		
	Basis Date:	01/01/2016				
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Servicing C Note to CC	Counties CNC/CA providers: In at County	ddition to your county, please select County	the contiguous counties for which you County	r practice will accept CCI G	Yenty NC/CA enrollees.	Addre
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Servicing C Note to CC	Counties CNC/CA providers: In at County NCE	ddition to your county, please select t	the contiguous counties for which you Ceunty ALLEGMANY BEAUFORT	r practice will accept CCI G ANSON BERTIE	Verify NC/CA enrollees. Jounty	A44++
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ALAMAI	Counties CNC/CA providers: In a County NCE N RUS ILL AN	ddition to your county, please select t County ALEXANDER AVERY BRUNSWICK CALDWELL CATAWBA CLAY	the contiguous counties for which you County ALLEGMANY BEAUFORT BUNCOMBE CAMDEN CHATHAM CLEVELAND	r practice will accept CO G ANSON BERTIE BURKE CARTERET CHEROKEE COLUMBUS	Verify. NC/CA enrollees.	A.64**
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Exhibit 10. Addresses Page

5. Select the Next button.





Service Locations Message

Note: Since a second service location has been added, the following message will display at the top of each page until the **Method of Claims Submission** page is reached. Each location should be shown as 'Complete' before proceeding to the next page.

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

Exhibit 11. Service Locations Message

Adding Taxonomy Codes

On the **Taxonomy Classification** page, to add a Taxonomy:

- 1. Under the Add Taxonomy Classification section, select the Provider Type.
- 2. Select the Classification (if available).
- 3. Select the Area of Specialization (if available).
- 4. Enter or select the **Begin Date**.
- 5. Select the **Add** button.
- 6. Select the Save Location button.
- 7. Select the Next button to proceed to the Accreditation page.

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Exhibit 12. Taxonomy Classification Page





Adding Accreditation Information

On the Accreditation page, to add accreditation information:

- 1. Select the License Agency.
- 2. Select the License Type.
- 3. Select the State of the license.
- 4. Enter the License #.
- 5. Enter or select the **Effective Date**.
- 6. Select the Add button.
- 7. Select the Save Location button.

Note: Once the **Accreditation** page displays, the service locations message (shown in <u>Exhibit 11</u>) 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**'. Select the **Next** button. Continue to select the **Next** button until you reach the **Affiliated Provider Information** page.

LICENSES				17
If one or more licenses is required	for your taxonomy, enter the licenses required field	Is and click the Add butto	n.	
Taxonomy 111N00000X - Chirop	ractor requires the following License Type:			
Licensed Chiropractor By State	e Board of Chiropractic Examiners			
- LICENSE - LICENSED CHIROPR	ACTOR BY STATE BOARD OF CHIROPRACTIC EXA	MINERS		
License Agency:	State Board of Chiropractic Examiners			
License Type:	Licensed Chiropractor			
* State:	NORTH CAROLII			
* License #:				
* Effective Date:	03/24/1998	* Expiration Date:	01/01/0001	
Copy this license to all service				
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Select a license type from the dro	p down list and provide the license number.			
License Agency:	Select One 🔽			
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State:	NORTH CAROLII			
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Exhibit 13. Accreditation Page



8. The Affiliated Provider Information page displays. To expand the page to display the search option, select Yes to the question 'Do you wish to link or affiliate with another enrolled provider?'.



Exhibit 14. Affiliated Provider Information Page

- 9. Enter the Group/Organization NPI in the **NPI** search field.
- 10. Select the Lookup NPI button.

	Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
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Exhibit 15. Affiliated Provider Information Page – Lookup Group/Organization NPI

Adding the Group/Organization NPI

1. The search results display. Select the checkbox(es) next to the appropriate provider location(s).

Note: The provider organization to which you are affiliating must 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.

2. Select the **Add** button.





Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms		
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Enter o	rganization's N	IPI and o	lick 'Look	up NPI'.							
	organization I	NP1: Name:			Lookup NPI]					
* Plea	se select locat	ions of	affiliated p	rovider.							
Select	box next to th	e locatio	on(s) you	wish to affilia	te and click	'Add'.					
						Location					
2											
										A	bb
l											-

Exhibit 16. Affiliated Provider Information Page – NPI Search Results

3. A new section for the provider is added and is marked with a dark blue bar, as shown in the following exhibit. To review the provider, select the plus sign to expand the section.

	Eligibility	Prior Approval	Claims	Referral	Code Search	Enrolment	Administration	Trading Partner	Payment	Consent Forms	
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I	Add Aff	iliated Provider									
I	Enter	organization's M	IPI and (click 'Lool	up NPT.						
			* NPI:		- [Lookup NPI]				
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ĺ	II Previous								Please b required fie	e sure to complete Ids with valid cont	ent. Next 10
										Save Draft	Delete Draft

Exhibit 17. Affiliation Completed

The affiliated provider details display.

4. To remove the provider affiliation, select the **Delete** button.

Note: 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. The affiliation can only be <u>end-dated</u>.





Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms		
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Add Aft	filiated Provider										
Enter	organization's N	IPI and o	click 'Look	up NPI'.							
		NPI:	00000000	00	Lookup NPI						
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-											-

Exhibit 18. Deleting an Affiliated Provider

End-Dating the Group/Organization Affiliation

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

1. To edit the provider record to end-date the affiliated provider, select the **Edit** button.

Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Trading Partner	Payment	Consent Forms	
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	Organization	Name:								
	Locat	ion		Begin	Date	End Date	New	Begin Date	Nes	w End Date
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Exhibit 19. Select Edit





2. Select the End Date and select the Save button.

TICase	select locations of amiliated provider.											
	Location	Begin Date		E	nd	Dat	е		Ne	w Begin Date	New E	nd Date
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			24	25	26	27	28	1	2			

Exhibit 20. Select End Date

3. Select the Next button to continue.

REVIEWING THE MANAGE CHANGE REQUEST

- 1. The **Review Application** page displays. On the left side of the page, verify that each listed application page has a green check mark. In addition, verify the contact email address listed on the page. The email address can be updated on the **Basic Information** page, if necessary.
- 2. To review the application in Adobe PDF format, select the **Review Application** button. Select the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms
• <u>Home</u> • <u>Provider Enrollment</u> • Online	e Provider Enrollment Ap
Provider Enrollment	Review Application
NOTE: Data is not saved unless the 'Next' button is activated.	★ indicates a required field Legend ▼
Contact 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
Terms and Conditions	this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.
Health/Benefit Plan Selection	• If the email below is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to dick Next on the
Addresses	<u>Basic Information page</u> to store your change.)
Taxonomy Classification	Contact Email: CAMERONSMITHTRAIN@GMAIL.COM
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	Attachments/Submit Electronic Application page by clicking 'Next'.
Method of Claim Flectronic Submission	
Associate Billing Agent	Review Application A
EFT Account Information	(I Previous Please be sure to complete all Next 3)
Review Application	required heids with valid content.
	Save Draft Cancel Enrollment
	PDF documents on this page require the free <u>Adobe Reader</u> to view and print.

Exhibit 21. Review Application Page

Navigation Error

Note: All pages must be reviewed prior to continuing. If you receive the following error, select the pages that do not have check marks and select **Next** to navigate through each page.





	Error Summary
Please fix the following er Please complete all pa	rors before you proceed. ages in this application before proceeding.
Pro∨ider Enrollment	Review Application
NOTE: Data is not saved unless the 'Next' button is activated.	* indicates a required field
Contact EVC Center	Electronic Signature - Email Confirmation
Organization Basic Information Terms and Conditions	 Please confirm that the email address below is correc submitting the next page. You will need access to this
Health/Benefit Plan Selection	 If the email below is incorrect, you may now navigate change.)
Addresses	Contact Email:
Taxonomy Classification Accreditation	To review your application in Adobe PDF format, click ' Re

Exhibit 22. Review Application – Incomplete Pages

SIGNING AND SUBMITTING THE MANAGE CHANGE REQUEST

The **Sign and Submit Electronic Application** page displays. To submit the Manage Change Request:

- 1. Enter the NCID and Password.
- 2. Enter the **PIN**.
- 3. Select the **Submit Now** button.





If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploader documentation. ELECTRONIC SIGNATURE CONFIRMATION Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents/administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic documents (administrative Participation, or concealment of material fact may subject me to administrative, evil, or criminal liability. * Login ID (NCID):	and Subline Electronic Application	
If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploader documentation. ELECTRONIC SIGNATURE CONFIRMATION Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents you may prove the application/errollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic documents bubitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, evil, or criminal liability. * Login ID (NCID): Foraot Login ID * Password: Foraot Login ID Foraot Login ID * Password: Foraot Password * If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHITRAIN@GMAIL.COM. Please review to the basic Information page to store your change.) * If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the "Forget PIN" link. The PIN will be sent to your email address. Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number. * PIN: Foraot PIN Please review the documents you are going to electronically sign. OnLink APPLICATION SUBMISSION You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records. You will also receive instructions to finalize the application process on the next page. To use if you click 'Submit Later' button, electronic signatur	dicates a required field	Legend
ELECTRONIC SIGNATURE CONFIRMATION Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. * Login ID (NCID):	f for any reason you navigate away from this page without cl locumentation.	king 'Submit Now', you will be required to re-enter the information and re-attach any uploaded
Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealement of material fact may subject me to administrative, civil, or criminal liability. * Login ID (NCID): * Password: Foraot Login ID * Password: Foraot Isolanited: Foraot Login ID • If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CANERONSHITHTRAIN@GNAIL.CON. Please olick Next on the Basic Information page to store your change.) • If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the "Forget PIN" link. The PIN will be sent to your email address. Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number. * PIN: Eoraot PIN Please review the documents you are going to electronically sign. Counter Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed projection for your records. <td>Electronic Signature Confirmation</td> <th></th>	Electronic Signature Confirmation	
* Login ID (NCID): Foraot Login ID * Password: Foraot Password Foraot Login ID * Password: Foraot Password Foraot Login ID * Password: Foraot Password Foraot Login ID * Password Foraot Password Foraot Password Foraot Login ID * Password: Foraot Password Foraot Pass	Attestation: I have read and agreed to the terms and condii documents submitted with the application/enrollment docume date this electronic document is submitted. I do hereby attest administrative, civil, or criminal liability.	ons of participation. By submitting this form, I confirm the information contained in the ts/Administrative Participation Agreement are true, accurate, complete, and current as of the that any falsification, omission, or concealment of material fact may subject me to
If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.) If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address. Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number. * PIN: Forgot PIN Please review the documents you are going to electronically sign. ONLINE APPLICATION SUBMISSION You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed upplication for your records. You will also receive instructions to finalize the application process on the next page. ate: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.	* Login ID (NCID): Forgot Login ID	* Password: Forgot Password
Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.	 If this is your first Provider Enrollment submission, your retrieve it now to complete submission. If the email is ind click Next on the Basic Information page to store your ch If there is a PIN already associated with this NCID, pleas and Password and clicking the 'Forgot PIN' link. The PIN of 	lectronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM . Please prrect, you may now navigate back to the Basic Information page to update it. (Remember to ange.) puse it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) ill be sent to your email address.
* PIN: Forgot PIN Please review the documents you are going to electronically sign. DNLINE APPLICATION SUBMISSION You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed pplication for your records. You will also receive instructions to finalize the application process on the next page. You click 'Submit Later' button, electronic signature information and the attached files will not be saved.	Please contact the CSC EVC Center at 866-844-1113 if you	have any trouble with your Electronic Signature PIN Number.
Please review the documents you are going to electronically sign.	* PIN: Forac	<u>PIN</u>
ONLINE APPLICATION SUBMISSION Out may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed pplication for your records. ou will also receive instructions to finalize the application process on the next page. Ite: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved. Control of the completed process on the next page. Control of the co	Please review the documents you are going to electronicall	sign.
ONLINE APPLICATION SUBMISSION 'ou may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed pplication for your records. ou will also receive instructions to finalize the application process on the next page. >te: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and a second secon
You will also receive instructions to finalize the application process on the next page. ote: If you click ' Submit Later ' button, electronic signature information and the attached files will not be saved.	DNLINE APPLICATION SUBMISSION Tou may now submit your Online Application by clicking ' Subr pplication for your records.	i t Now' below. After submitting you will have the option to print a copy of the completed
ote: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.	ou will also receive instructions to finalize the application pro	ess on the next page.
	ote: If you click 'Submit Later' button, electronic signature i	formation and the attached files will not be saved.
SUDMILLATER SUDMIL NOW		

Exhibit 23. Sign and Submit Electronic Application Page

PRINTING THE APPLICATION

The **Final Steps** page displays. If desired, select the hyperlinks on this page to print or save a copy of the application or cover sheet in PDF format.

Final Steps	🚔 A A Help
* 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.	ation or reprint
Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an addition you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection payment of this fee is required, you will be contacted during the credentialing process of your a	onal fee provided on or proof of pplication.

Exhibit 24. 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 making other changes 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 Management				🚔 AA 1
indicates a required field				Legend
elcome to Provider Enrollme ase choose from the options below	nt Status and Management to manage your enrollment status	i.		
SUBMITTED APPLICATIONS				
Below is the status of applications	you have submitted.			
Below is the status of applications If status is Payment Pending, we l payment. If status is Pay Now, yo - RECORD RESULTS	you have submitted. have received initial confirmation fr ur NC Application Fee payment wa	rom Paypoint that your payment wa s not made or failed; click Pay Now	s confirmed; it may tal to make payment.	ke up to 48 hours to verify the
Below is the status of applications If status is Payment Pending, we l payment. If status is Pay Now, yo – RECORD RESULTS NPI/Atypical ID	you have submitted. have received initial confirmation fr ur NC Application Fee payment was Name	rom Paypoint that your payment wa s not made or failed; click Pay Now Application Type	is confirmed; it may tai to make payment. Submit Date	ke up to 48 hours to verify the States
Below is the status of applications If status is Payment Pending, we payment. If status is Pay Now, yo RECORD RESULTS NPL/Atypical ID	you have submitted. have received initial confirmation fr ur NC Application Fee payment was Name	rom Paypoint that your payment wa s not made or failed; click Pay Now Application Type Enrollment	s confirmed; it may tal to make payment. Submit Date 07/02/2013	ke up to 48 hours to verify the Status Payment Pending
Delow is the status of applications If status is Payment Pending, we payment. If status is Pay Now, yo RECORD RESULTS NPI/Atypical ID	you have submitted. have received initial confirmation fr ur NC Application Fee payment was Name	rom Paypoint that your payment wa s not made or failed; click Pay Now Application Type Enrollment Enrollment	s confirmed; it may tai to make payment. Submit Date 07/02/2013 07/01/2013	ke up to 48 hours to verify the States Payment Pending Payment Pending
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Below is the status of applications If status is Payment Pending, we payment. If status is Pay Now, yo – RECORD RESULTS NPI/Atypical ID	you have submitted. have received initial confirmation fi ur NC Application Fee payment wa Name	rom Paypoint that your payment was s not made or failed; click Pay Now Application Type Enrollment Enrollment Enrollment Enrollment Re-verification	s confirmed; it may tai to make payment. Submit Date 07/02/2013 07/01/2013 05/20/2013 05/20/2013 05/13/2013 05/13/2013	ke up to 48 hours to verify the States Payment Pending Payment Pending Payment Pending Approved In Review In Review

Exhibit 25. Status and Management Page – Application Status