NCMMIS
Ordering, Prescribing, and Referring (OPR) Provider Enrollment (Immunizing Pharmacist Providers) Participant User Guide

PREPARED FOR:
North Carolina Department of Health and Human Services
DHHS MES VMU

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SUBMITTED BY:
CSRA
a General Dynamics Information Technology, Inc. company

ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE STAKEHOLDERS OF THE NCTRAKCS APPLICATION.
# Document Revision History

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<th>Date</th>
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</tr>
</thead>
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1.0 Welcome

1.1 COURSE OVERVIEW
This document will guide you through the processes of submitting Lite enrollment applications for Ordering, Prescribing, and Referring (OPR) Immunizing Pharmacist Provider.

1.2 COURSE OBJECTIVES
At the end of this training, you will be able to:
- Submit an OPR Lite enrollment application for Immunizing Pharmacy providers
- Add the taxonomy for Clinical Pharmacist Practitioners (CPPs) to an existing enrollment
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2.0 NCTracks Provider Enrollment

2.1 INTRODUCTION
With the implementation of Section 6405 of the Affordable Care Act (ACA), Centers for Medicare & Medicaid Services (CMS) requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, prescribing, or referring items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410). An applicant may elect to enroll as an OPR provider for the sole purpose of the billing provider to use their National Provider Identifier (NPI) as an OPR provider on their claims. NCTracks will not reimburse OPR providers when their NPI is used as rendering or attending on a claim.

OPR Lite Enrollment
- Not reimbursed for services rendered to NC Medicaid
- $100 NC Application fee required
- Only available to Individual providers
- Only able to enroll in Division of Health Benefits (DHB) Health Plans (NC Medicaid)
- Re-verification required once every 5 years
- Abbreviated application

2.2 OBJECTIVES
You must be enrolled with the NC Department of Health and Human Services (DHHS) to order, prescribe, or refer services and products to NC Medicaid. The following sections will provide information on submitting an initial OPR Lite provider application.

2.3 HELP SYSTEM
The major forms of help in the NCTracks system are as follows (refer to Addendum A):
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements
3.0 New Enrollment – OPR Immunizing Pharmacist Provider

3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW ENROLLMENT

You will navigate to Provider Applications via the NCTracks Provider Portal using a supported browser.

Exhibit 1. NCTracks Home Page

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Navigate to the NCTracks website (<a href="http://www.nctracks.nc.gov">www.nctracks.nc.gov</a>) using a supported browser. Select the Providers tab. The public Providers page displays.</td>
</tr>
</tbody>
</table>
Step | Action
--- | ---
2 | Select the **Getting Started With NCTracks** menu option. The **Getting Started With NCTracks** page displays.

![Exhibit 3. Getting Started With NCTracks Page](image)

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the <strong>Getting Started With NCTracks</strong> page, you will find information on how to obtain an NCID. A valid NCID is required in order to log in to the secure Provider Portal and submit an application.</td>
</tr>
<tr>
<td>2</td>
<td>Once the NCID and password have been established, select the <strong>Providers</strong> tab at the top of the page.</td>
</tr>
<tr>
<td>3</td>
<td>Select the <strong>Provider Enrollment</strong> menu option.</td>
</tr>
</tbody>
</table>
Exhibit 4. Public Providers Page – Provider Enrollment Option

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the <strong>Getting Started With Enrollment</strong> menu option.</td>
</tr>
<tr>
<td>2</td>
<td>Select the <strong>Begin Application</strong> option at the bottom left of the page. The <strong>Provider Enrollment Login</strong> page displays.</td>
</tr>
</tbody>
</table>

**Note**: This option should only be selected if the identified Office Administrator’s (OA’s) NCID is not listed on any other provider record and the OA needs to enroll a new provider.
### Step 3
**Action:** User ID (NCID): Enter your **NCID**.

**Note:** It is assumed that your OA will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an Enrollment Specialist, refer to the Participant User Guide PRV 562 *Enrollment Specialists*.

### Step 4
**Action:** Password: Enter your **Password**.

### Step 5
**Action:** Select Log In. The Online Provider Enrollment Application page displays.

**Note**
Select the **NCID** link only if the provider (or OA) does not have an NCID.

**Note**
Passwords are case sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number that the user can call for access assistance. Multi-Factor Authentication (MFA) is required. Once the user has entered the user ID and password, the second level authentication will be sent to the user’s preferred method (Phone or Mobile App). For more information on the MFA registration process, please refer to the Provider Multi-Factor Authentication Registration Process Job Aid located in SkillPort.
3.2 ONLINE PROVIDER ENROLLMENT APPLICATION PAGE

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

Exhibit 6. Online Provider Enrollment Application Page

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ZIP Code: Enter your <strong>ZIP Code</strong>.</td>
</tr>
</tbody>
</table>
| 7    | Provider Enrollment Application Type: Select **Individual Ordering, Prescribing, Referring Providers Enrolled with the Lite Application**.  
**Note:** If an individual provider selects the option to be an OPR Lite provider, they will have fewer pages of the enrollment application to complete. Claims submitted with the NPI of an OPR Lite provider as the billing or rendering provider will not be paid. OPR Lite providers enroll for the sole purpose of ordering, prescribing, and referring products and services for NC Medicaid beneficiaries. |
| 8    | Select **Next** to continue. |
3.3 INDIVIDUAL BASIC INFORMATION PAGE

The Individual Basic Information page captures basic information about the enrolling provider.

Exhibit 7. Individual Basic Information Page #1
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Enter Identifying Information: **Last Name, First Name, Date of Birth, SSN, Gender, NPI, and Email**.  
**Note:** Individuals enter their Legal Name (Last, First, and Middle), if applicable. Ensure your legal name matches the one associated with your National Provider Identification (NPI) record. To update your NPI profile, visit NPPES at [https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/). Confirm that your email address is accurate for receiving Medicaid-related correspondence. |
| 2    | Select the **attestation checkbox** if you have given your full legal name and you do not have a middle name. |
| 3    | Employer Identification Number (EIN): Will your income be reported to an EIN?: Select **No** for this step.  
**Note:** For OPR does not receipt of payment select no |

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 5    | Ownership Information: Select the **Business Type** from the drop-down menu.  
- Select the option of **Self (Individual Filing Under an SSN)**. |
### Step 6
Office Administrator (Authorized Individual):

Select the **Authorized Individual is the same as enrolling provider** checkbox if the Individual provider is the OA. Once selected, the immunizing pharmacist’s **Last Name, First Name email** and **SSN** will populate; you will not have to enter those fields again. If not selected, the OA is always assumed to be a managing employee. Enter **Last Name, First Name, ContactE-mail, SSN, Office Phone, and User ID (NCID)**.

### Step 7
Effective Date Requested: Enter **Effective Date**.

**Note:** Pharmacists can choose to use the current date or backdate to the immunizing pharmacist’s enrollment effective date.

### Step 8
Select **Next** to continue.

### 3.4 TERMS AND CONDITIONS PAGE

The **Terms and Conditions** page captures the terms and conditions to which you must agree in order to enroll in NC Medicaid as an OPR Lite provider. It also requires that you attest to your agreement to the terms and conditions.

### 3.5 BASIC INFORMATION COMPLETED PAGE

The **Basic Information Completed** page notifies you that the **Basic Information** page has been completed and provides instructions for resuming an In Process application, if you choose.

### 3.6 HEALTH / BENEFIT PLAN SELECTION PAGE

The **Health / Benefit Plan Selection** page lists health plans that are available to OPR providers. OPR providers are only able to participate in NC Medicaid.

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the <strong>Medicaid</strong> checkbox for Division of Health Benefits (DHB).</td>
</tr>
<tr>
<td>2</td>
<td>Select <strong>Next</strong> to continue.</td>
</tr>
</tbody>
</table>
3.7 ADDRESSES PAGE
The Addresses page captures the primary physical location, 1099 Reporting/Pay-To address, correspondence address, and other service location addresses and contact information. OPR providers are not allowed to add additional service locations.

Exhibit 10. Addresses Page #1

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary Physical Location: Enter the Office Phone #, Office Fax #, Address, City, and State. Select Verify Address (the address must correspond to an actual U.S. Postal Service address). <strong>Note:</strong> If you work at multiple pharmacy locations, provide the address where you spend the majority of your time.</td>
</tr>
</tbody>
</table>

Exhibit 11. Addresses Page #2
### 3.8 TAXONOMY CLASSIFICATION PAGE

The **Taxonomy Classification** page allows you to add taxonomy code sets (Provider Type, Classification, and Area of Specialization). Select the taxonomy code(s) under which you will be conducting business with NCTracks for each service location.

Pharmacist practitioners will use the taxonomy 183500000X Pharmacist when enrolling as OPR Lite providers.

---

#### Step 2
Servicing Counties: Not applicable for OPR enrollment.

#### Step 3
1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select **No**.

**Note:** Immunizing Pharmacists enrollees will NOT receive a 1099 from Medicaid. Immunizing Pharmacists OPR lite enrollment does not allow the Immunizing Pharmacist NPI to be the billing provider. Medicaid payment is to the billing provider.

#### Step 4
Correspondence Address: Do you have a separate correspondence address?: Select **Yes** or **No**.

Select **Next** to continue.

---

**Exhibit 12. Taxonomy Classification Page**

#### Step 1
Add Taxonomy Classification: Using the drop-down menus, select **Provider Type**, **Classification**, and **Area of Specialization** (if applicable). **Note:** For Taxonomy Level 2 code 183500000X enrollment select the following:
- Provider Type: Pharmacy Services Provider
- Classification: Pharmacist
- Area of Specialization: None

Select **Add** to add the Taxonomy Classification.
3.9 ACCREDITATION PAGE

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

If you do not have the credentials that NCTracks is requesting, it is possible that you have selected an incorrect taxonomy. You can return to the **Taxonomy Classification** page (see Section 3.8) to ensure you have made the correct selection.

When completing this section, the provider must be a licensed Immunizer Pharmacist. They should select:

- License Agency – BOARD OF PHARMACY
- License Type – LICENSED PHARMACIST AND CERTIFIED IMMUNIZER

When CSRA source verifies the pharmacist license, we will be looking to verify that Immunizer = Yes.
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Add required License Agency  
**Note:** Select Board of Pharmacy. **Do not select** State Board of Pharmacy. |
| 2    | Select **License Type.** Licensed Pharmacist and Certified Immunizer.  
**Note:** Licensure and Immunizing Certification will verify with records provided by the NC Board of Pharmacy. Ensure your Board records are current to prevent delays in application approval. |
| 3    | Select **State.** |
| 4    | Input **License #.** |
| 5    | Enter **Effective Date.** |
| 6    | Enter **Expiration Date.** |

**Exhibit 13. Accreditation Page**
3.10 AGENTS AND MANAGING EMPLOYEES PAGE

The **Agents and Managing Employees** page captures the enrolling provider’s information, the OA’s information, and information on all other managing employees. The OPR Lite provider will add all managing employees as applicable.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Select <strong>Add</strong>.</td>
</tr>
<tr>
<td>8</td>
<td>Select <strong>Next</strong>.</td>
</tr>
</tbody>
</table>

**Note:** Only credentials required to support OPR Lite Immunizing Pharmacist taxonomy Level code 2 enrollment is the NC pharmacist license.
Exhibit 14. Agents and Managing Employees Page
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete all required (*) fields for the Managing Relationship (Enrolling Provider): <strong>Name</strong>, <strong>DOB</strong>, <strong>Email</strong>, <strong>Phone Number</strong>, <strong>Relationship to Another Disclosing Person</strong>, and <strong>Home address</strong>.</td>
</tr>
<tr>
<td>2</td>
<td>Select <strong>Verify Address</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Select <strong>Update</strong>.</td>
</tr>
<tr>
<td>4</td>
<td>Complete all required (*) fields for the Managing Relationship (Authorized Individual): <strong>DOB</strong>, <strong>Email</strong>, <strong>Phone Number</strong>, <strong>Business Relationship</strong>, <strong>Relationship to Another Disclosing Person</strong>, and <strong>Home address</strong>.</td>
</tr>
<tr>
<td>5</td>
<td>Select <strong>Verify Address</strong>.</td>
</tr>
<tr>
<td>6</td>
<td>Select <strong>Update</strong>.</td>
</tr>
<tr>
<td>7</td>
<td>Select <strong>Add</strong>.</td>
</tr>
<tr>
<td>8</td>
<td>Select <strong>Next</strong> to continue.</td>
</tr>
</tbody>
</table>

### 3.11 PROVIDER SUPPLEMENTAL INFORMATION PAGE

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

![Exhibit 15. Provider Supplemental Information Page](image-url)
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Work History: 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.  
  
  **Note**: Pharmacists must provide a 5-year work history. If there are gaps in employment, sign and date a Word document explaining the reasons and upload it at the end of the application. Failure to do so may result in delays as Medicaid may contact you for the missing information before approving the application. |
| 2    | Education: 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  
  
  **Note**: Do not upload transcript. The North Carolina Board of Pharmacy verifies education. |
| 3    | Current Malpractice Insurance Coverage:  
  - **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**: Type of malpractice coverage  
  - **Amount**: Amount of malpractice coverage  
  - **Effective Date**: Effective date of the coverage  
  - **Expiration Date**: Expiration date of the coverage |
### 3.12 EXCLUSION SANCTION INFORMATION PAGE

#### Exhibit 16. Exclusion Sanction Information Page

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Select **Yes** or **No** for each Exclusion Sanction question. When **Yes** is selected for a question, the *Infraction/Conviction Dates* section displays. Select **Add** to add an Infraction/Conviction Date.  

For each question answered **Yes**, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application.  

Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant’s |
### Step | Action
--- | ---
 | Eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).
 | Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending. New questions have been added to the Exclusion Sanction page. Please read all questions carefully. This page will differ for individuals and organizations.

### 3.13 REVIEW APPLICATION PAGE

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

**Exhibit 17. Review Application Page**

![Review Application Page](image)
### Step Action

1. Select **Review Application**.
2. Select **Next** to continue.

### 3.14 SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

The **Sign and Submit Electronic Application** page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the application.

Exhibit 18. Sign and Submit Electronic Application Page
3.15 FINAL STEPS PAGE

The **Final Steps** page informs you that the application submission is complete. This page contains the final steps that you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application.

Exhibit 19. Final Steps Page
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Print/save <strong>Online Application</strong> and/or <strong>Review Agreement</strong>. This will be the only opportunity to save, download, or print the PDFs.</td>
</tr>
</tbody>
</table>
| 2    | Select **Pay Now**. The PayPoint landing page displays. 
   **Note:** Application Fee Required: For individual providers, a $100 NC Application Fee is required when applying for Medicaid. |
| 3    | Required Attachments: Review the list of documents that need to be included with the application. 
   **Note:** There are no Required Attachments for the Immunizing Pharmacist Taxonomy. |
| 4    | Select **Upload Documents** to navigate to the **Upload Documents** page to attach documents required for your application. 
   **Note:** Work-gap history explanations and supporting documents to Exclusion Sanction Questions answered 'yes' should be uploaded here. |
| 5    | Select the **Provider Enrollment Status and Management Home** link. |
4.0 Adding Taxonomy – Clinical Pharmacist Practitioners (CPPs)

4.1 ADDING TAXONOMY USING A MANAGE CHANGE REQUEST (MCR)
For those providers enrolled as Clinical Pharmacist Practitioners (CPPs) you can add the new taxonomy to your provider record by submitting an MCR.

Once a provider’s enrollment application has been approved, the provider can make updates to the record by completing an MCR.

Note: For additional information on converting an OOS/OPR Lite provider to a Full provider using an MCR, please refer to the Participant User Guides PRV 595 Out-of-State Provider Enrollment or PRV 596 OPR Provider Enrollment.

4.2 PROVIDER PORTAL HOME PAGE

Exhibit 20. Provider Portal Home Page

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the Provider Portal Home page, select Status and Management.</td>
</tr>
</tbody>
</table>

4.3 STATUS AND MANAGEMENT PAGE
The Status and Management page displays. To begin an MCR application, scroll down to the Manage Change Request section.
Exhibit 21. Status and Management Page: Manage Change Request Section

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the radio button next to the record for which you want to begin an MCR application.</td>
</tr>
<tr>
<td>2</td>
<td>Select Update.</td>
</tr>
</tbody>
</table>

4.4 REQUESTED MANAGE CHANGE REQUEST TYPE PAGE

Select the MANAGE CHANGE REQUEST: Complete multiple changes or review your complete provider record option and then select the Next button.

Note: You will see different options on this page depending on your security role and/or provider type.

Exhibit 22. Requested Manage Change Request Type Page

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the MANAGE CHANGE REQUEST radio button.</td>
</tr>
<tr>
<td>2</td>
<td>Select Next.</td>
</tr>
</tbody>
</table>
4.5 NAVIGATING WITHIN THE MANAGE CHANGE REQUEST APPLICATION

The **Basic Information** page displays. Scroll down to the bottom of this page and select the **Next** button to continue to the **Terms and Conditions** page.

**Important**: Do NOT select the hyperlinks on the left side of the page to advance to the next page, as each page must be accessed/reviewed before the MCR can be submitted. Instead, select the **Next** button in the bottom right corner of each page to navigate through the pages.

![Basic Information Page](image-url)

**Exhibit 23. Basic Information Page**
4.6 TERMS AND CONDITIONS PAGE

Step | Action
--- | ---
1 | Select Next.

**Exhibit 24. Terms and Conditions Page**

- **Step 1**: Scroll down to the bottom of the Terms and Conditions page and select the attestation checkbox.
- **Step 2**: Select Next.

At this point you will need to navigate through the pages. Continue to select the Next button through the MCR application until you reach the Taxonomy Classification page.
4.7 TAXONOMY CLASSIFICATION PAGE

The Type, Classification and Area of Specialization section of the Taxonomy Classification page allows you to edit current taxonomies as well as add new taxonomies.

**Note:** If an existing provider adds a new location with a taxonomy indicated on the Provider Permission Matrix (found on the Provider Enrollment page of NCTracks), the Federal Requirements page will display. Providers are identified as moderate or high risk according to the Provider Permission Matrix. When a provider is moderate or high risk, the Federal Site Visit and/or Fee is required.

![Taxonomy Classification](image)

**Exhibit 25. Taxonomy Classification**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Add Taxonomy Classification: Using the drop-down menus, select Provider Type, Classification, and Area of Specialization (if applicable). Note: For Taxonomy Level 2 code 183500000X enrollment select the following: Provider Type: Pharmacy Services Provider Classification: Pharmacist; Area of Specialization: None.</td>
</tr>
<tr>
<td>2</td>
<td>Select Add to add the Taxonomy Classification.</td>
</tr>
<tr>
<td>3</td>
<td>Select Next to continue.</td>
</tr>
</tbody>
</table>

Continue to select the Next button through the MCR application until you reach the Accreditation page.
4.7.1 Adding Accreditation, Licensing, or Certification Information

The Accreditation page contains three sections: **Accreditations**, **Certifications**, and **Licenses**. Not all sections are required. To determine the required sections, scroll down and identify the light blue sections that display your taxonomies.

---

**Exhibit 26. Accreditation Page**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Add required License Agency  
**Note:** Select Board of Pharmacy. **Do not select** State Board of Pharmacy. |
| 2    | Select **License Type.** Licensed Pharmacist and Certified Immunizer.  
**Note:** Licensure and Immunizing Certification will verify with records provided by the NC Board of Pharmacy. Ensure your Board records are current to prevent delays in application approval. |
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Select State.</td>
</tr>
<tr>
<td>4</td>
<td>Input License #</td>
</tr>
<tr>
<td>5</td>
<td>Enter Effective Date.</td>
</tr>
<tr>
<td>6</td>
<td>Enter Expiration Date.</td>
</tr>
<tr>
<td>7</td>
<td>Select Add.</td>
</tr>
<tr>
<td>8</td>
<td>Select Next.</td>
</tr>
</tbody>
</table>

**Note:** When an accreditation, certification, or license is required, the system will notify you of the specific requirements. If the system does not require that you add credentials, then they are not considered required. Only credentials required to support the Health Plan or taxonomy are required on this page. Only credentials required to support OPR Lite Immunizing Pharmacist taxonomy Level code 2 enrollment is the NC pharmacist license.

### 4.8 SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

The Sign and Submit Electronic Application page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the application.

#### 4.8.1 Reviewing, Signing, and Submitting the Manage Change Request

1. On the left side of the Review Application page, verify that all application pages (hyperlinks) have a green check mark. In addition, verify the contact email address listed on the page. This can be updated on the Basic Information page (see Section 3.3).

2. To review the application in Adobe PDF format, select the Review Application button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, select the Next button to proceed to the Attachments/Submit Electronic Application page.

![Exhibit 27. Review Application Page](image-url)
Step  Action  
1  Select the **Review Application** button.  
2  Select **Next** to continue.  

The **Sign and Submit Electronic Application** page displays. Enter the NCID and password as well as the PIN, and select the **Submit Now** button.

![Sign and Submit Electronic Application Page](image)

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter your <strong>NCID</strong>.</td>
</tr>
<tr>
<td>2</td>
<td>Enter your <strong>Password</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Enter your <strong>PIN</strong>.</td>
</tr>
<tr>
<td>4</td>
<td>Select the <strong>Submit Now</strong> button.</td>
</tr>
</tbody>
</table>
4.8.2 Troubleshooting
All pages must be reviewed prior to continuing. If you receive the following error, navigate to the application pages that do not have check marks next to the hyperlinks and select Next through those pages.

Exhibit 29. Error – Complete All Pages in the Application

Exhibit 30. Review Application – Incomplete Pages
Addendum A. Help System

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

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

Navigational Breadcrumb

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

System-Level Help

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

Screen-Level Help

Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.
**Form Legend**

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

**Data / Section Group Help**

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

**Tooltip Help**

Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.