CSRA

a General Dynamics Information Technology, Inc. company

NCMMIS
Enrollment Specialists
Participant User Guide (Provider)

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a General Dynamics Information Technology, Inc. company

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ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE STAKEHOLDERS OF THE NCTRACKS APPLICATION.

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1.0 Welcome

1.1 COURSE OVERVIEW

Welcome to the Enrollment Specialist (ES) User Role course. This course is applicable to you if you have been assigned the ES user role by your Office Administrator (OA). It will guide you through the processes for completing NCTracks Enrollment, Re-enrollment, Re-verification, Maintain Eligibility, and Manage Change Request (MCR) applications on behalf of the OA.

1.2 COURSE BENEFITS

This course will guide you through an overview of the ES user role when processing Enrollment, Re-enrollment, Re-verification, Maintain Eligibility, and MCR applications. It will also detail the **Status and Management** page, which is used to submit and track these applications.

1.3 COURSE OBJECTIVES

At the end of this training, you will be able to:

- Explain the ES user role.
- Navigate the NCTracks Provider Portal to complete provider Enrollment, Re-enrollment, Re-verification, Maintain Eligibility, and MCR applications.
- Assign completed applications to the OA.

1.4 PREREQUISITES

- HIPAA Security & Privacy Training
- Computer-Based Training (CBT) NCTracks Overview Provider Portal – Providers

NOTES:

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2.0 Enrollment Specialist User Role

2.1 INTRODUCTION

Many large provider organizations have an owner or managing partner listed as the OA for the providers of that organization. However, the actual job duties of completing and maintaining provider records belong to an ES. The OA can assign the ES user role to one or more NCTracks users to perform these job duties.

The ES user can complete Enrollment, Re-enrollment, Re-verification, Maintain Eligibility, and MCR applications on behalf of the OA. The ES marks the application as complete, and the OA electronically signs and submits the application.

ES users do not have rights to submit Re-enrollment, Re-verification, Maintain Eligibility, and MCR applications, and do not have any signatory or attestation authority. However, the ES can complete and submit all abbreviated MCR application types except the abbreviated Electronic Funds Transfer (EFT) application on behalf of the OA.

2.2 OBJECTIVES

This Participant User Guide provides step-by-step documentation of the processes to complete and assign provider enrollment applications to the OA.

Demonstration sections will have graphic illustrations followed by steps. The numbers on the image will correspond with the numbers in the steps.

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

NOTES:

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3.0 New Enrollment – Enrollment Specialist

3.1 NAVIGATE TO PROVIDER PORTAL HOME PAGE

The public NCTracks home page displays before the ES user is logged in to the system. To log in to the secure NCTracks Provider Portal, complete the following steps.

Exhibit 1. NCTracks Home Page

Step	Action
1	Select the **Providers** link. The public **Providers** page displays.
2	Select the **blue lock** on the **NCTracks Secure Portal** image.

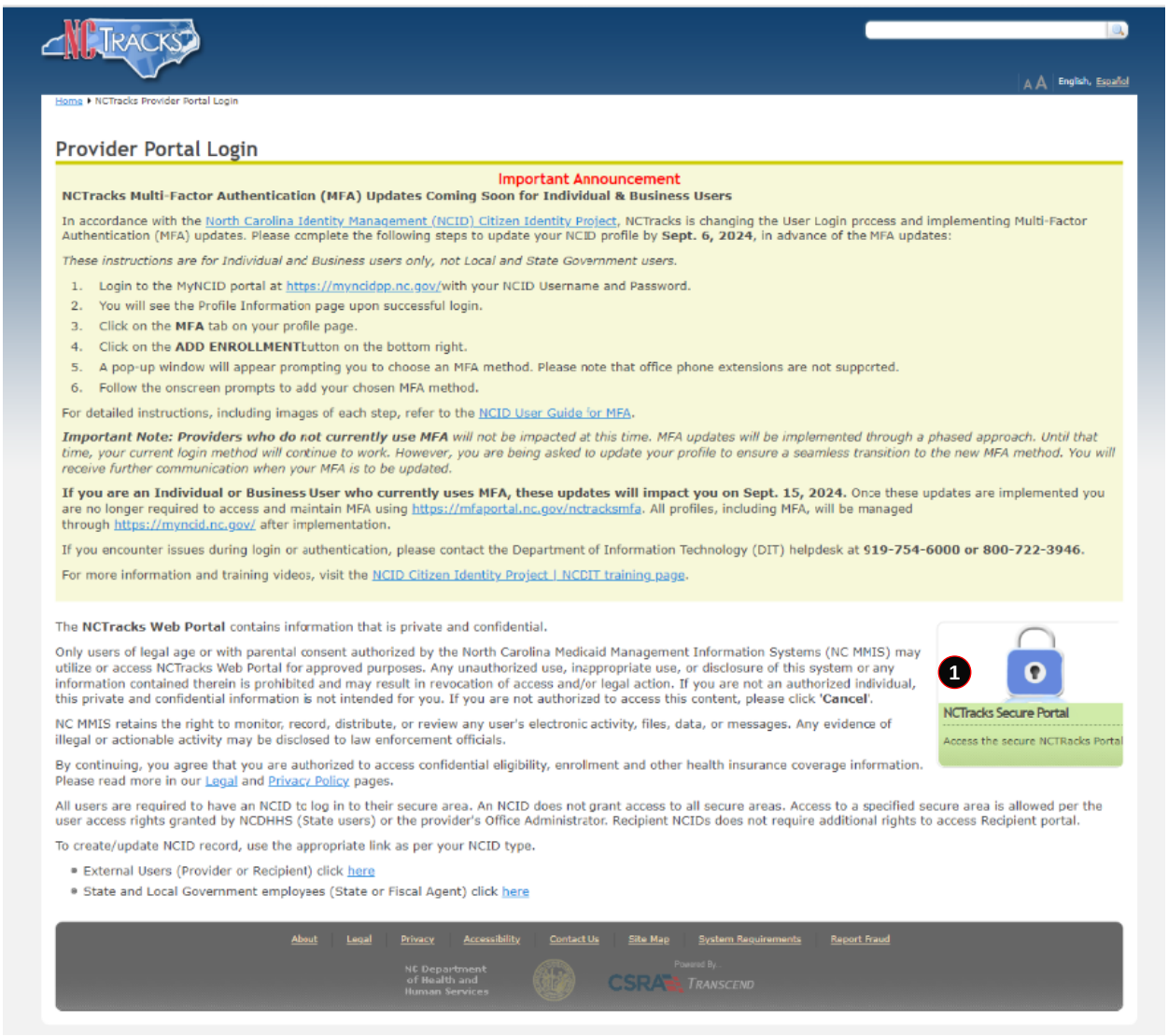

Exhibit 2. NCTracks Login Page

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

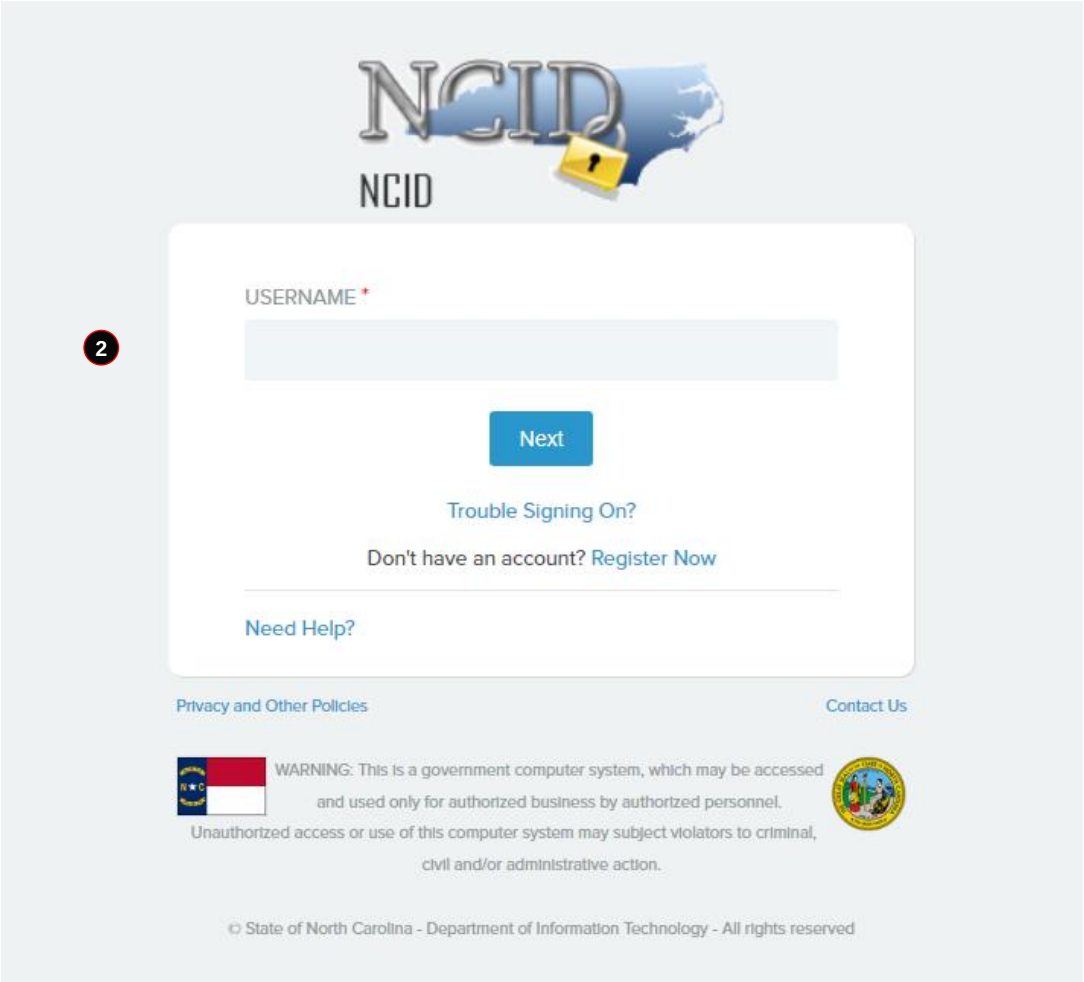

Exhibit 2.1 NCTracks Login Page

Step	Action
2	User ID: Enter your **NCID username**. **Note**: In order to log in to the secure Provider Portal of NCTracks, all users must have an NCID. If you do not have an NCID, you can select the **Register Now** link displayed on the login page, which will navigate you to the NCID home page.

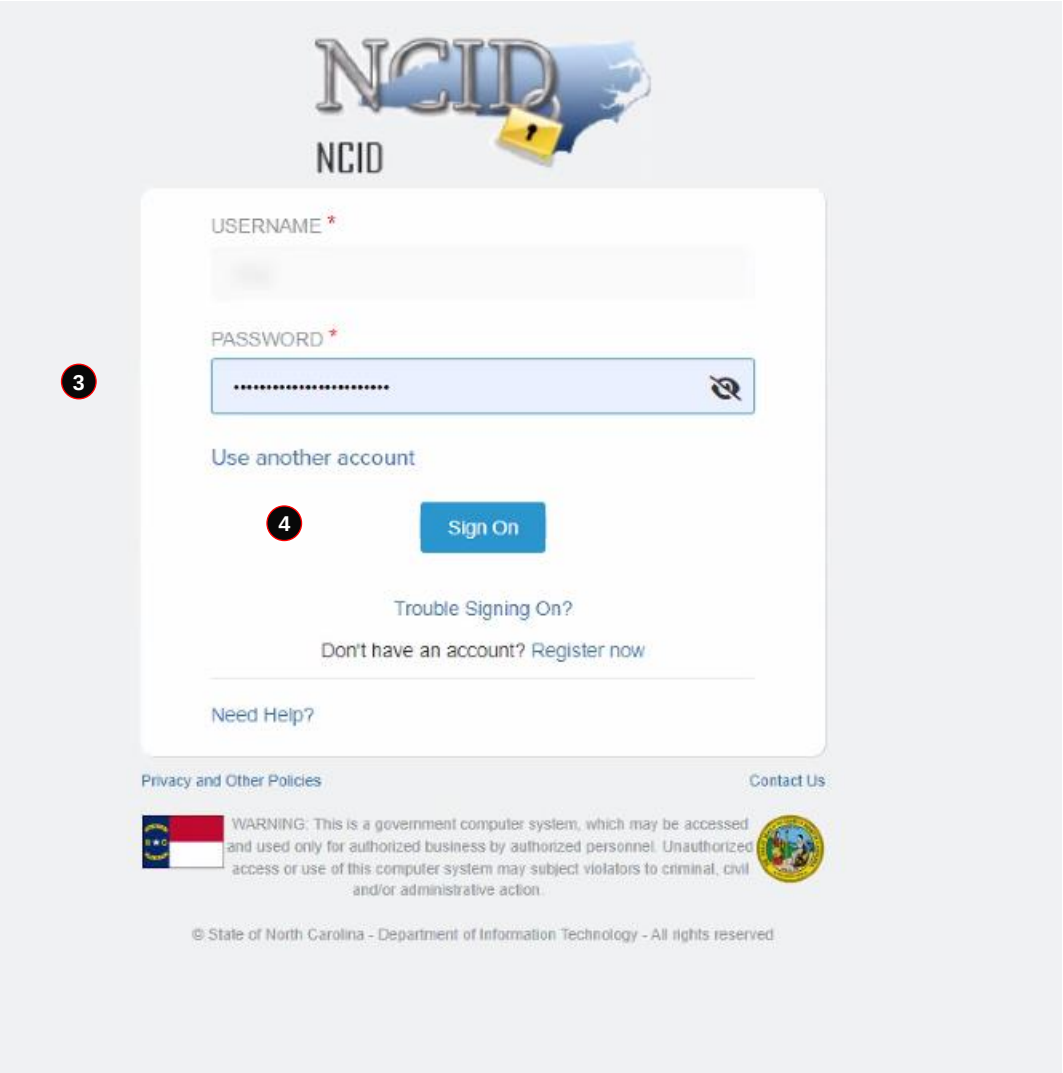

Exhibit 2.2 NCTracks Login Page

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

If a user is supposed to go through Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. On successful verification of MFA, the user is navigated back to the desired secure Portal page.

Supplemental Points: Passwords are case-sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number to call for access assistance. Multi-Factor Authentication is required. Once the user has entered the User ID and password, the second level authentication is sent via the user's preferred method. For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project** at the following site: https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404

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

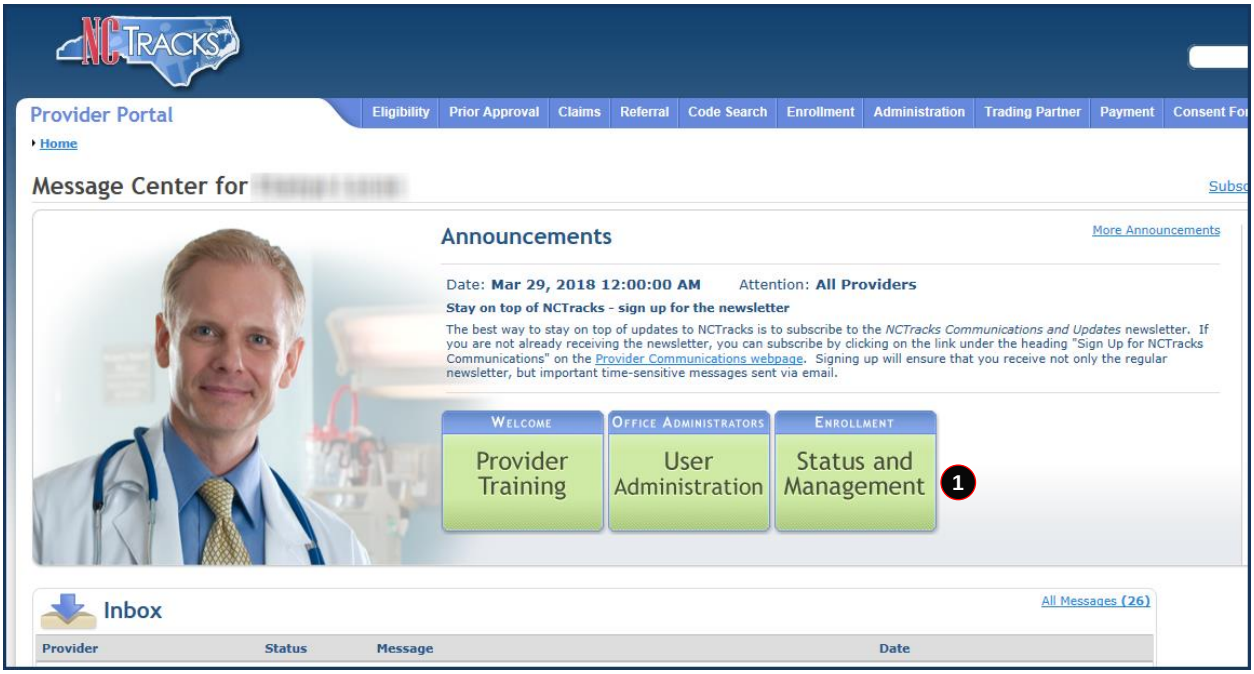

Exhibit 3. Provider Portal Home Page

Step	Action
1	Select **Status and Management**.

The **Status and Management** page displays.

3.2 STATUS AND MANAGEMENT PAGE – SELECT PAGINATION

On October 11, 2020, the **Status and Management** page of the NCTracks Secure Provider Portal was updated for authorized users (OAs, ES users, and managing employees/owners) who have access to more than 50 National Provider Identifiers (NPIs).

Note: There will be no change to the **Status and Management** page for users who have access to 50 or fewer NPIs.

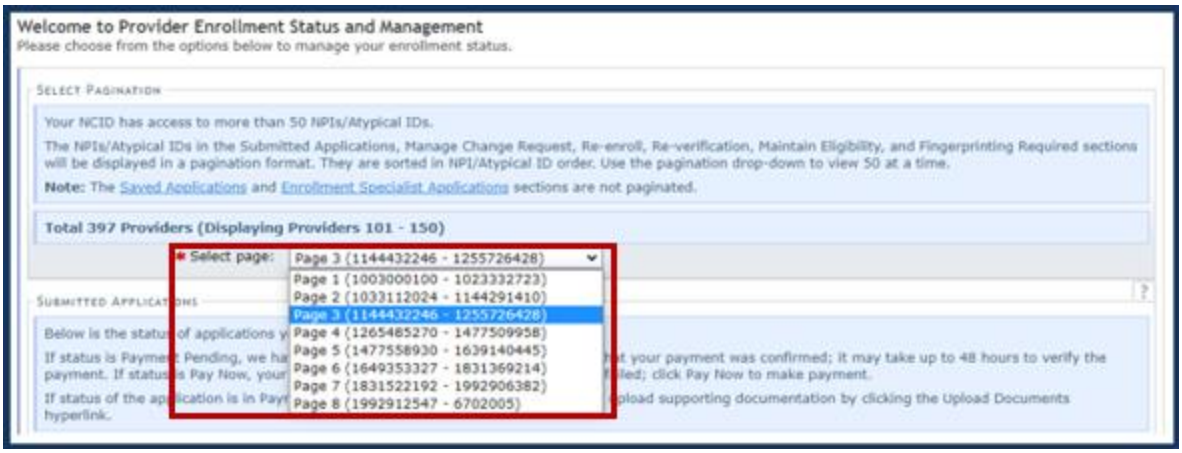

Exhibit 4. Status and Management Page – Select Pagination

Providers with access to more than 50 NPIs can use the **Select Page** filter in the **Select Pagination** section of the Status and Management page to display NPIs in the **Submitted Applications**, **Manage Change Request (MCR)**, **Re-enroll**, **Re-verification**, and **Fingerprinting** sections by selecting the page that corresponds to the NPI requested. The NPIs will be in numerical order and each page will consist of 50 NPIs.

3.2 STATUS AND MANAGEMENT PAGE – ES APPLICATIONS

The ES user can begin a new enrollment application from the **Status and Management** page.

The ES user can access the **Online Application** option through the **Quick Links** on the left side of the page or from the **Enrollment** tab.

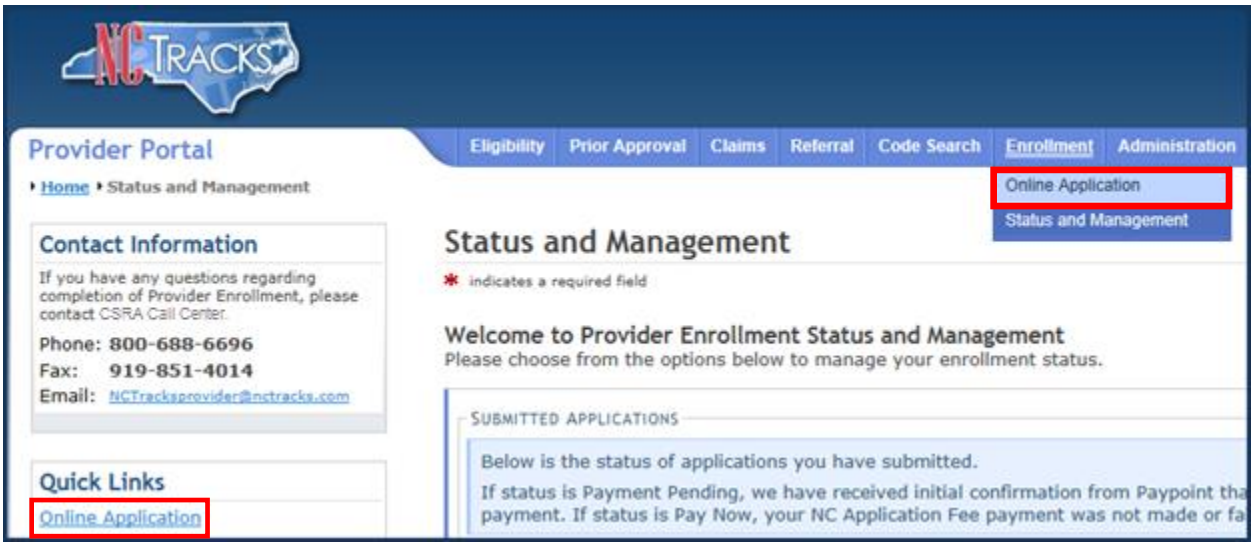

Exhibit 5. Status and Management Page

3.3 ONLINE PROVIDER ENROLLMENT APPLICATION PAGE

On the **Online Provider Enrollment Application** page, the ES user will enter the provider's ZIP code in order for NCTracks to determine if the provider is either an In-State, Border, Out-of-State (OOS), or Ordering, Prescribing, and Referring (OPR) provider. The ES user must also select the appropriate **Provider Enrollment Application Type**.

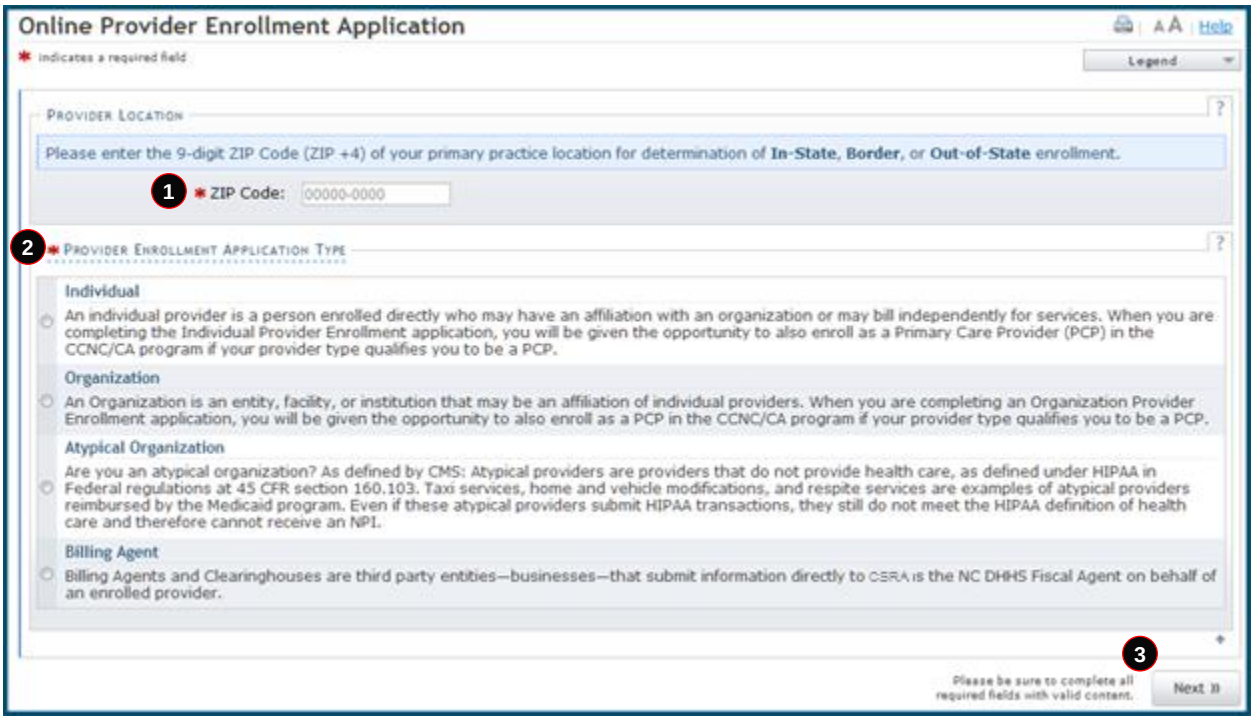

Exhibit 6. Online Provider Enrollment Application Page

Step	Action
1	ZIP Code: Enter **ZIP Code**.
2	Provider Enrollment Application Type: Select **Individual**, **Organization**, **Atypical Organization**, or **Billing Agent**.
3	Select **Next** to continue.

3.4 ORGANIZATION BASIC INFORMATION PAGE

The **Organization Basic Information** page captures an Organization's identifying information as well as Doing Business As (DBA) and ownership information. If the provider is enrolling as an Individual provider, skip to Section 3.5, Individual Basic Information Page.

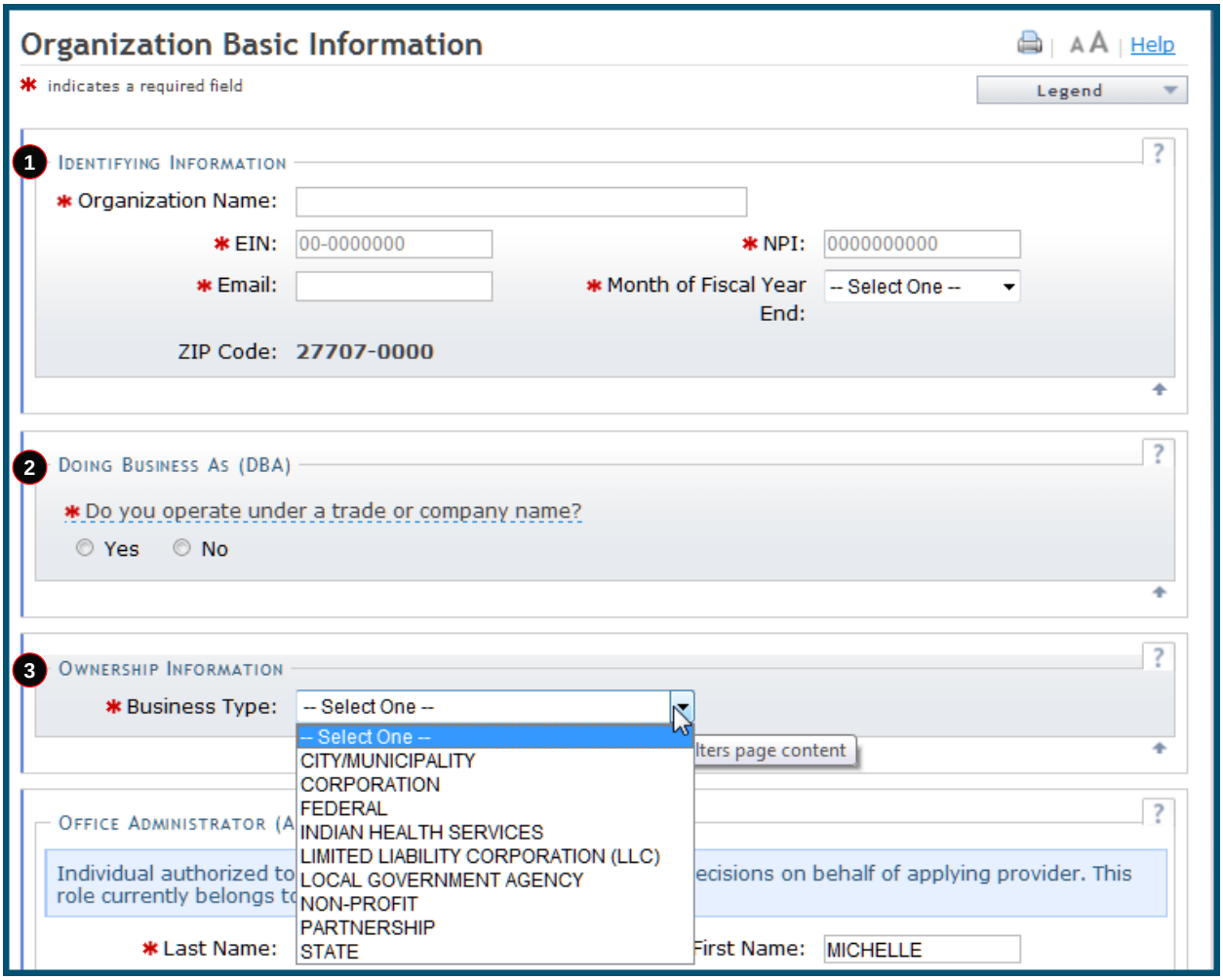

Exhibit 7. Organization Basic Information Page #1

Step	Action
1	Identifying Information: Enter **Organization Name**, **EIN**, **NPI**, **Email**, and **Month of Fiscal Year End**.
2	Doing Business As (DBA): Select **Yes** or **No**. If **Yes** is selected, enter **DBA Name** and enter **Years Doing Business Under This Name**.
3	Ownership Information: Select the **Business Type** from the drop-down menu: • **City/Municipality:** Select if the organization is owned by a City or a Municipality. • **Corporation:** Select if this is a legal entity that is separate from the people who own it. Shareholders govern the corporation indirectly by electing people to manage it. • **Federal:** Select if ownership falls within the jurisdiction of the federal government. • **Indian Health Services:** Select if ownership falls within the jurisdiction of the Indian Health Services. • **Limited Liability Corporation (LLC):** Select if the organization is a Limited Liability Corporation (LLC). • **Local Government Agency:** Select if the organization is owned by a City or a Municipality. • **Non-Profit:** Select if the organization is a non-profit enterprise. • **Partnership:** Select if the organization is a General Partnership, or a Limited Partnership, where two or more people have created this business entity.

Step	Action
	• **State:** Select if the entity is owned by the state in which it operates.

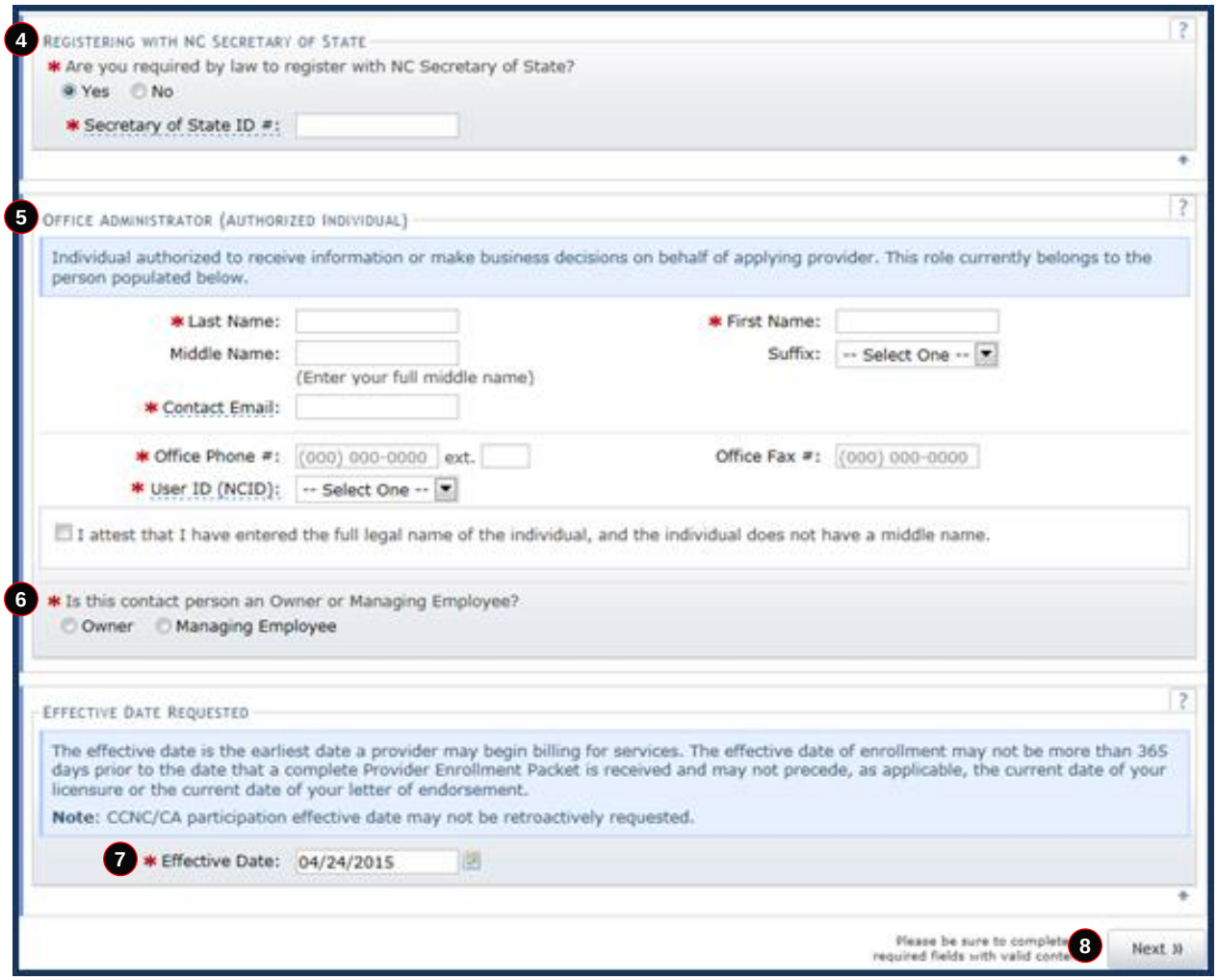

Exhibit 8. Organization Basic Information Page #2

Step	Action
4	Registering with NC Secretary of State: Select **Yes** or **No**; If **Yes**, enter **Secretary of State ID #**.
5	Office Administrator (Authorized Individual): Enter **Last Name**, **First Name**, **Contact Email**, and **Office Phone #**, and select **User ID (NCID)**. Select the **checkbox** next to the attestation statement. **Note**: The Office Administrator information is pre-populated with the OA's name, NCID, and e-mail address from NCTracks user provisioning.
6	Is this contact person an Owner or Managing Employee?: Select **Owner** or **Managing Employee**.
7	Effective Date Requested: Enter **Effective Date**.
8	Select **Next** to continue.

Note: If the ES user is associated with more than one OA, a **Select Office Administrator** drop-down menu will display. After the ES user selects the OA, the Office Administrator information will be populated with the OA's name, NCID, and e-mail address from NCTracks user provisioning.

3.5 INDIVIDUAL BASIC INFORMATION PAGE

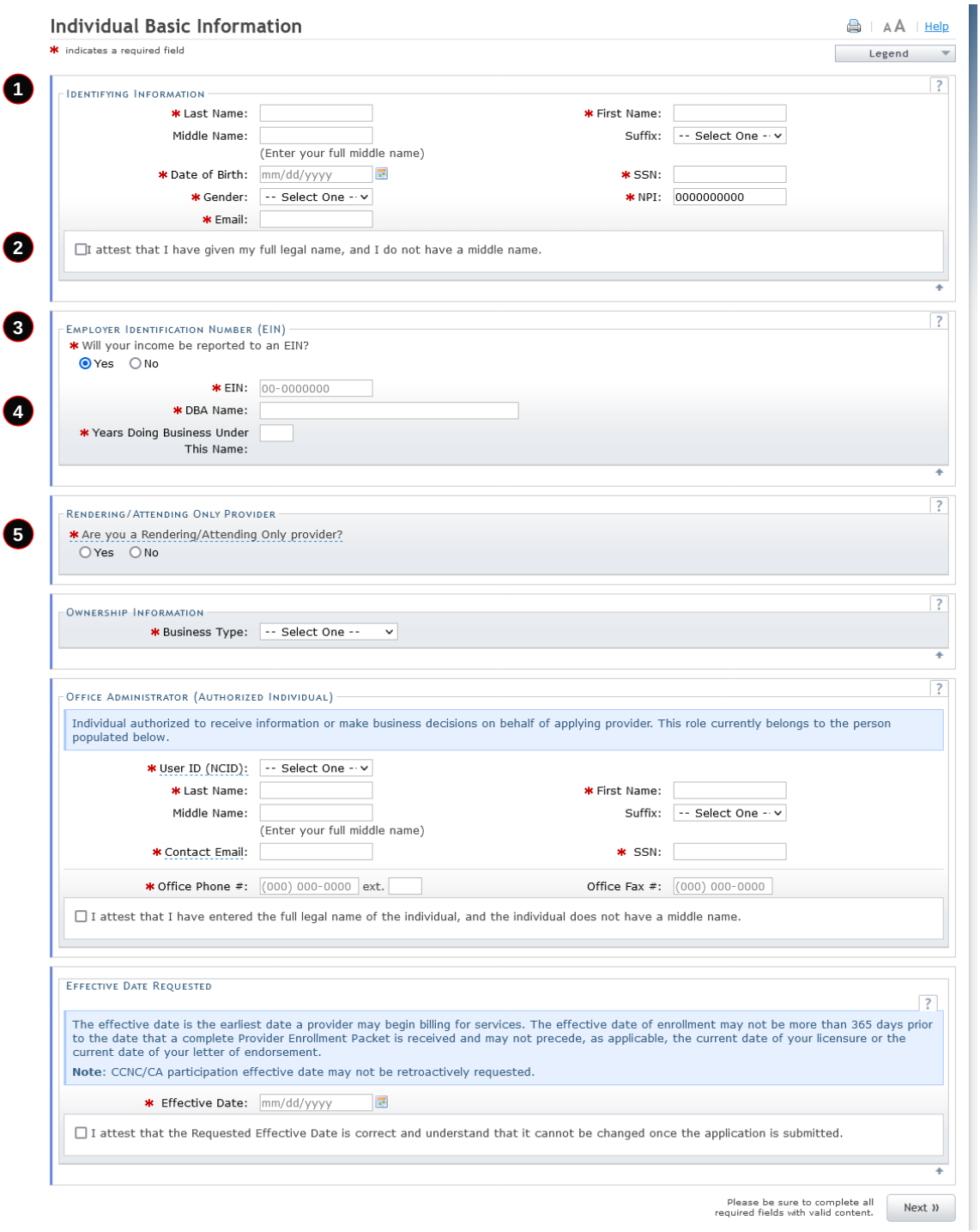

Exhibit 9. Individual Basic Information Page #1

Note: Individual providers who answer **Yes**, and existing providers who change their answer from **No** to **Yes** when answering the question "Are you a Rendering/Attending Only provider?" presented on the **Individual Basic Information** page, cannot participate as Community Care of North Carolina/Carolina ACCESS (CCNC/CA) Primary Care Providers (PCPs). If the Individual provider answers **Yes**, the CCNC/CA page will not display and ask the provider if they want to enroll as a CCNC/CA PCP.

For all existing active CCNC/CA PCPs who complete an MCR to change their answer from **No** to **Yes** to the question "Are you a Rendering/Attending Only provider?" the page will present the warning: "This change will result in the termination of your CCNC/CA participation and your recipients will be reassigned. If you have questions, please contact your local Managed Care Consultant."

If **Yes** is selected, the provider will not have the opportunity to add EFT information.

If **Yes** is selected, completion of the **Affiliations** page will be required. Affiliating to an Organization allows the affiliated Organization to bill and receive payment for the services you have rendered.

Step	Action
1	Identifying Information: Enter **Last Name**, **First Name**, **Date of Birth**, **SSN**, **Gender**, **NPI**, and **Email**. **Note**: Individuals enter their Legal Name (Last, First, and Middle), if applicable.
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 **Yes** or **No**; if **Yes**, enter **EIN**. Do not enter the EIN of an Organization or group to which you may be affiliated. **Note**: A DBA is required when an Individual provider reports their income to an EIN.
4	Doing Business As (DBA): Select **Yes** or **No**; if **Yes**, enter **DBA Name** and **Years Doing Business Under This Name**. **Note**: If you select **Yes**, the page displays a field requesting the number of "Years Doing Business Under This Name". The **DBA Name** field only allows the following characters: • Alpha (A – Z) • Numeric (0 – 9) • Hyphen (-) • Ampersand (&)
5	Rendering/Attending Only Provider: Select **Yes** or **No**.

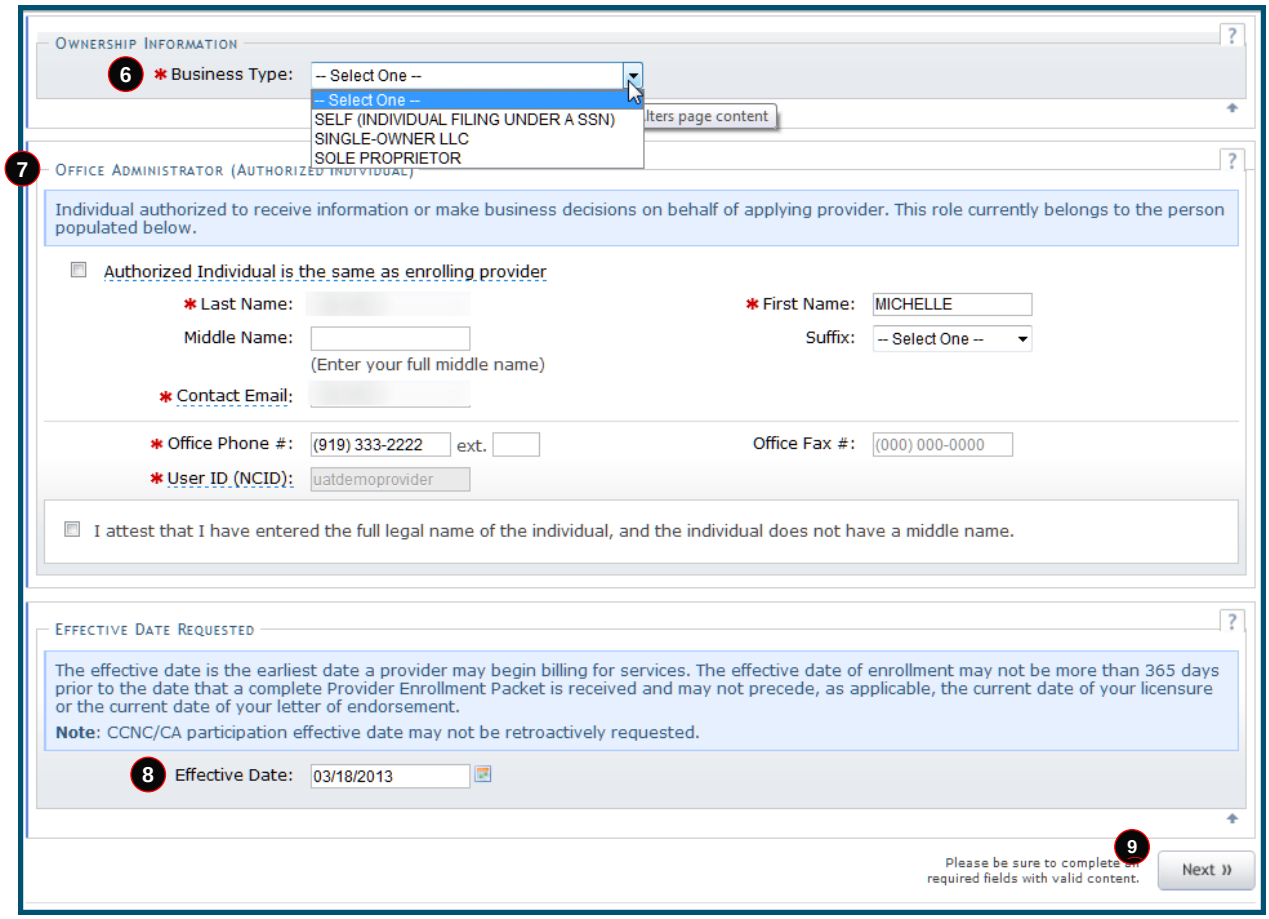

Exhibit 10. Individual Basic Information Page #2

Step	Action
6	Ownership Information: Select the **Business Type** from the drop-down menu. • If **No** is selected for the question "Will your income be reported to an EIN?" the user is able to select the option of **Self (Individual Filing Under an SSN)** or **Sole Proprietor** from the **Business Type** drop-down menu. • If **Yes** is selected for the question "Will your income be reported to an EIN?", the user is able to select one of the available options listed in the **Business Type** drop-down menu: – **Self** – Select this type if you are an Individual filing under an SSN. – **Single-Owner LLC** – Select this type (filing status) if you are an Individual who intends to operate as a sole proprietor and act as the sole owner and manager. – **Sole Proprietor** – Select this type (filing status) if you are an Individual filing under an EIN.
7	Office Administrator (Authorized Individual): Select the **Authorized Individual is the same as enrolling provider** checkbox if the Individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter **Last Name**, **First Name**, **Contact E-mail**, **SSN**, **Office Phone**, and **User ID (NCID)**.
8	Effective Date Requested: Enter **Effective Date**.
9	Select **Next** to continue.

Note: If the ES user is associated with more than one OA, a **Select Office Administrator** drop-down menu will display. After the ES user selects the OA, the Office Administrator information will be populated with the OA's name, NCID, and e-mail address from NCTracks user provisioning.

3.6 TERMS AND CONDITIONS PAGE

The **Terms and Conditions** page captures the terms and conditions to which the applicant must agree in order to enroll in Medicaid. It also requires that the applicant attest to their agreement to the terms and conditions.

3.7 BASIC INFORMATION COMPLETED PAGE

The **Basic Information Completed** page notifies the applicant that the basic information has been completed and provides instructions for resuming an In Process application if the applicant chooses not to complete the application at this time.

3.8 PREVIOUS HEALTH PLAN INFORMATION PAGE

The **Previous Health Plan Information** page captures the various past North Carolina Department of Health and Human Services (NC DHHS) IDs for health plans in which the applicant was previously enrolled.

3.9 HEALTH / BENEFIT PLAN SELECTION PAGE

The **Health / Benefit Plan Selection** page captures applicable health and benefit plans with begin and end dates. Authorized users can update health plan information.

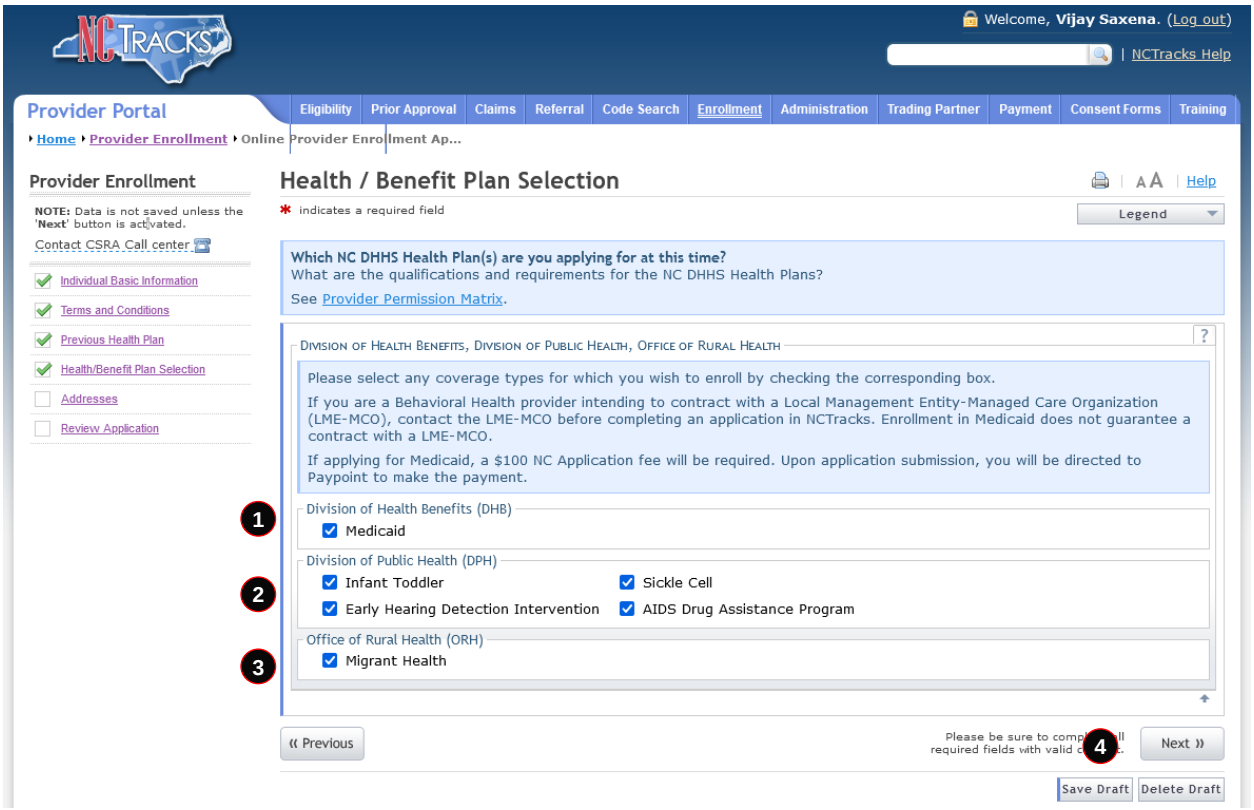

Exhibit 11. Health / Benefit Plan Selection Page

Step	Action
1	Opt out of any coverage by clearing the appropriate checkbox: Division of Health Benefits (DHB): **Medicaid.**
2	Opt out of any coverage by clearing the appropriate checkbox: Division of Public Health (DPH): **Infant Toddler**, **Sickle Cell**, **Early Hearing Detection Intervention**, **AIDS Drug Assistance Program**.
3	Opt out of any coverage by clearing the appropriate checkbox: Office of Rural Health and Community Care (ORHCC): **Migrant Health**.
4	Select **Next** to continue.

3.10 OWNERSHIP INFORMATION PAGE

The **Ownership Information** page captures the type(s) of ownership and information about each shareholder/partner with 5% or more ownership as applicable.

The **Ownership Information** page displays only for Organizations and Atypical Organizations if the Business Type (entered/displayed on the **Basic Information** page) is Limited Liability Corporation (LLC), Corporation, Non-Profit, or Partnership. The OOS Lite Organization only has access to the **Ownership Information** page when the OA is an owner, and additional owners are not allowed.

Ownership Information

Help | AA

* indicates a required field

Legend

1 Do you have one or more Shareholders/Partners with 5% or more ownership? **Yes**

SHAREHOLDER/PARTNER INFORMATION

+ INDIVIDUAL -

+ INDIVIDUAL -

− INDIVIDUAL - --- NEWLY ADDED

Last Name :
First Name :
Middle Name :
Suffix :
Date of Birth:
SSN : ***-**-
Gender :
Email :
Phone Number :

☑ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

Address Line 1 :
Address Line 2 :
City :
State :
ZIP Code :

Relationship to Another Disclosing Person : **None**
Percent of Ownership/Control Interest : **5 %**
Begin Date : **09/16/2015**
End Date :

2 Edit Delete

3 Add Shareholder/Partner

Please complete the required information for *each* shareholder/partner with **5%** or more ownership.

* This shareholder/partner is:
○ an individual ◉ a business

Business Information

* Business Legal Name:
* EIN: 00-0000000

* Address Line 1:
Address Line 2:
* City:
* State: NORTH CAROLINA
* ZIP Code: 00000-0000

Verify Address

* Percent of Ownership/Control Interest: %

* Begin Date: mm/dd/yyyy

Add Clear

4

« Previous

Please be sure to complete all required fields with valid content.

Next »

Exhibit 12. Ownership Information Page

Step	Action
1	Shareholder/Partner Information: Do you have one or more Shareholders/Partners with 5% or more ownership?: Select **Yes** or **No**; if **Yes**, **Managing Relationships** displays.
2	Select **Edit** to edit an existing Managing Relationship to change **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Gender**, **Email**, **Phone Number**, **Address**, **City**, **State**, **ZIP Code**, **Relationship to Another Disclosing Person**, and **Percent of Ownership/Control Interest**.
3	Add Shareholder/Partner: Select the radio button for **an individual** or **a business**. • If **an individual** is selected, enter **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Gender**, **Address**, **City**, **State**, **ZIP Code**, **Relationship to Another Disclosing Person**, **Percent of Ownership/Control Interest**, and **Begin Date**. Then select **Add**. • If **a business** is selected, enter **Business Legal Name**, **EIN**, **Address**, **City**, **State**, **ZIP Code**, **Percent of Ownership/Control Interest**, and **Begin Date**. Then select **Add**.
4	Select **Next** to continue.
Note	The **Ownership Information** page displays only for OOS Organizations when the OA is an owner. No other owners can be added to the record.

3.11 ADDRESSES PAGE

The **Addresses** page captures the primary physical location, Pay-To/Remittance Advice (RA), correspondence, and other service location addresses and contact information. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

Note: OPR Lite providers are not required to add additional service locations.

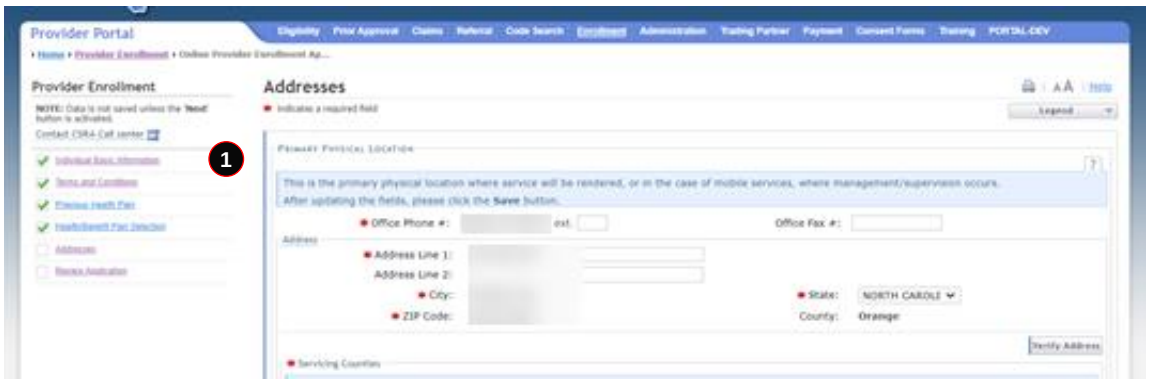

Exhibit 13. Addresses Page #1

Step	Action
1	Primary Physical Location: Enter the **Office Phone #**, **Office Fax #**, **Address**, **City**, and **State**. Select **Verify Address** (address must correspond to the actual U.S. Postal Service address).

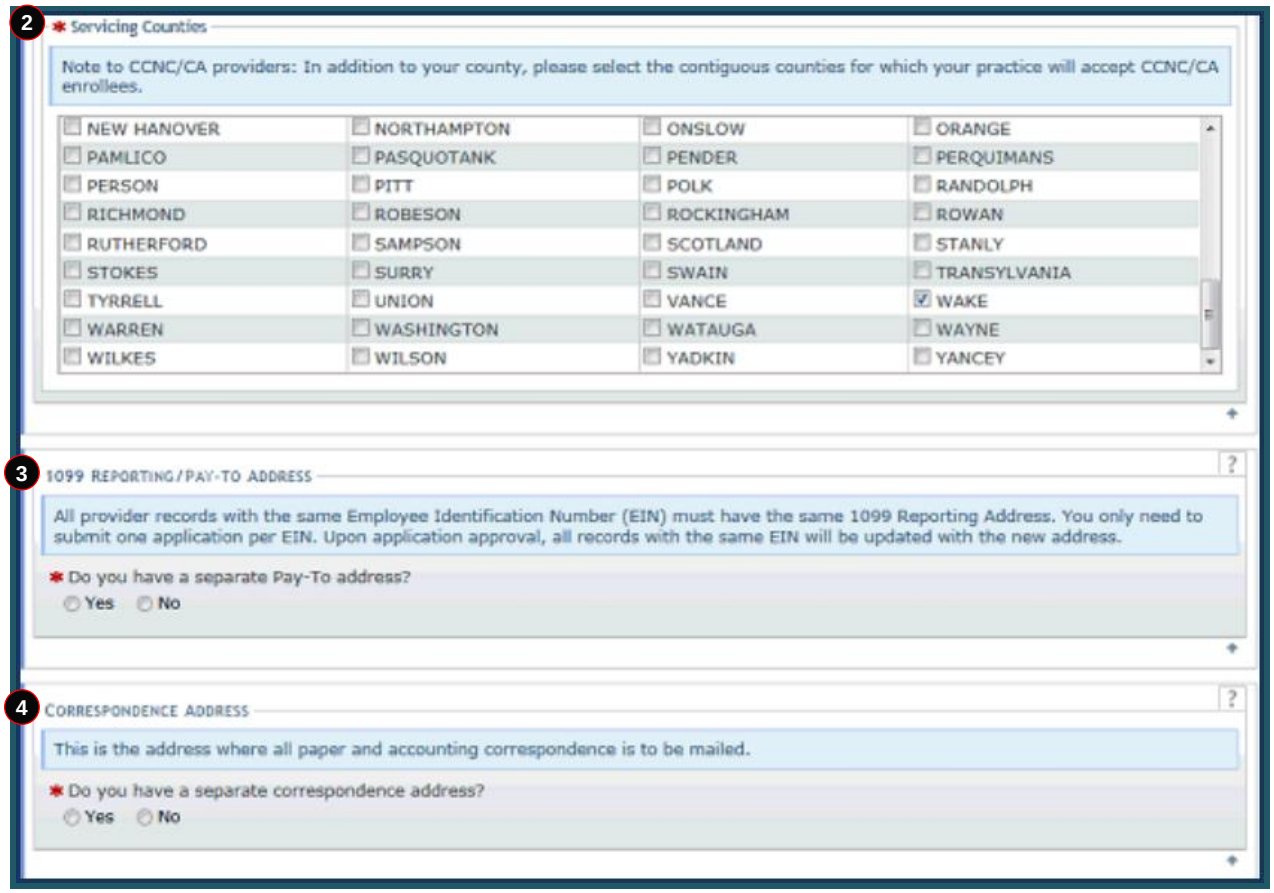

Exhibit 14. Addresses Page #2

Step	Action
2	Servicing Counties: You must select the **checkboxes** for all counties in which you will render services.
3	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select **Yes** or **No**. **Note**: All provider records with the same EIN must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.
4	Correspondence Address: Do you have a separate correspondence address?: Select **Yes** or **No**.

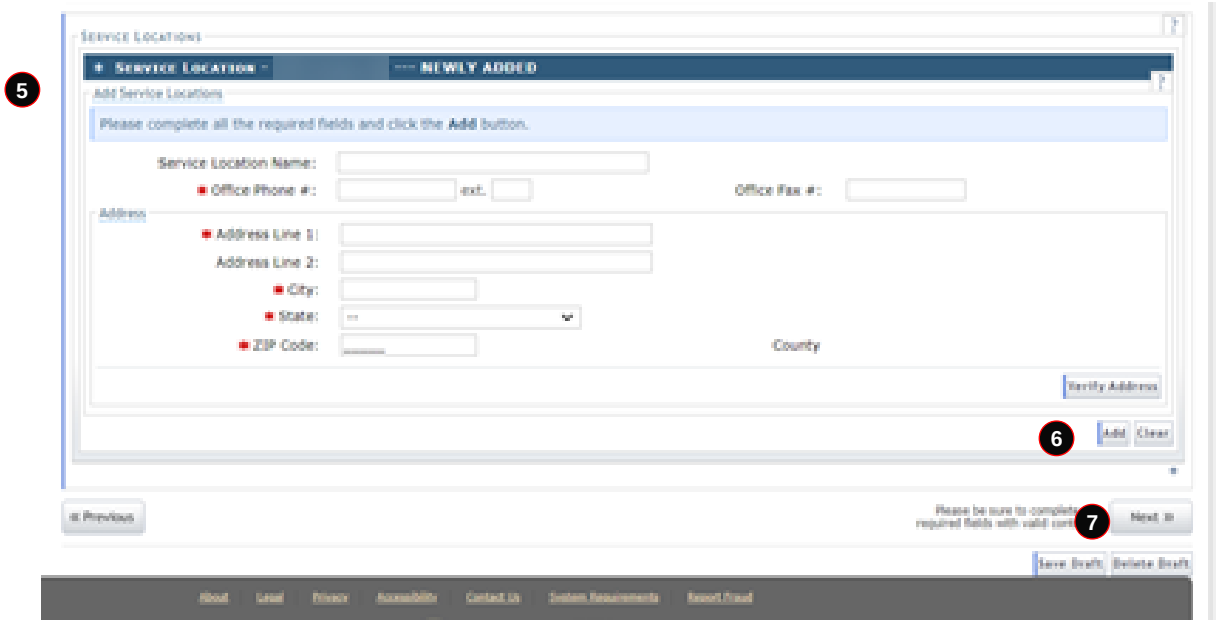

Exhibit 15. Addresses Page #3

Step	Action
5	This field is for adding any additional service locations that are required. Enter the **Office Phone #**, **Office Fax #**, **Address**, **City**, and **State**. Select the **Verify Address** button (the address must correspond to an actual U.S. Postal Service address). You must select **Add** to add the service location to your file.
6	Select **Add** to add a service location.
7	Select **Next** to continue.
Note	Additional service locations are not required for OPR Lite providers.

3.12 TAXONOMY CLASSIFICATION PAGE

The **Taxonomy Classification** page allows providers to add taxonomy code set(s) (provider type, classification, and area of specialization). Select the taxonomy code(s) under which the provider will be conducting business with NCTracks for each service location. All taxonomies selected should have been previously reported to the National Plan and Provider Enumeration System (NPPES) when the provider enumerated this NPI.

Note: Taxonomies that are identified as Moderate or High categorical risk levels will have additional enrollment criteria that must be met.

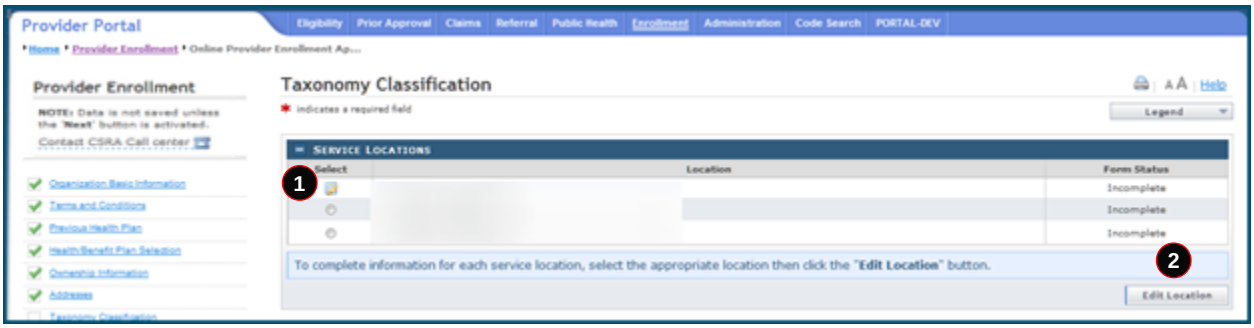

Exhibit 16. Taxonomy Classification Page #1

Step	Action
1	Service Locations: Select the **Location** for which you want to add taxonomy code set(s).
2	Select **Edit Location**.

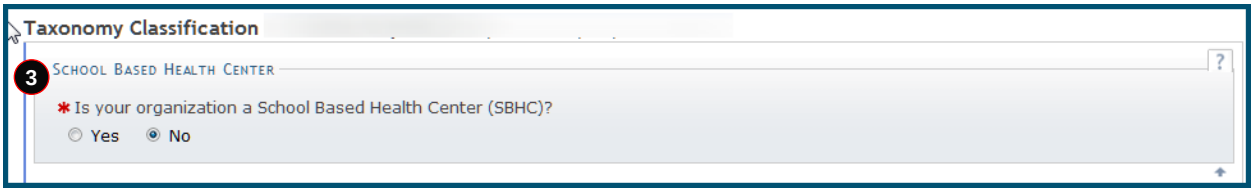

Exhibit 17. Taxonomy Classification Page #2

Step	Action
3	School Based Health Center: Is your organization a School Based Health Center (SBHC)?: Select **Yes** or **No**.

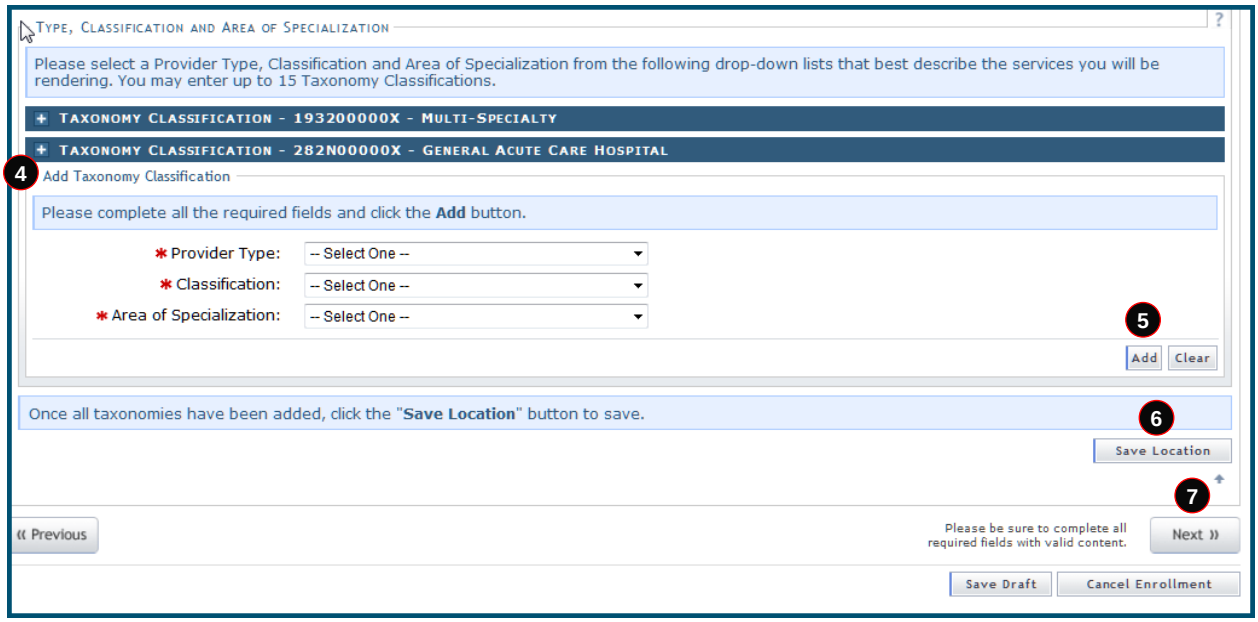

Exhibit 18. Taxonomy Classification Page #3

Step	Action
4	Add Taxonomy Classification: Using the drop-down menus, select **Provider Type**, **Classification**, and **Area of Specialization** (if applicable).
5	Select **Add** to add a Taxonomy Classification. **Note**: Repeat this process to add multiple taxonomy codes. Up to 15 taxonomy codes can be entered per location.
6	Select **Save Location** after all taxonomies have been added.
7	Select **Next** to continue.

3.13 ADD SERVICES AND ENDORSEMENTS PAGE

The **Add Services and Endorsements** page captures services and endorsement information. This page displays only for Organizations and Atypical Organizations with specific taxonomy codes.

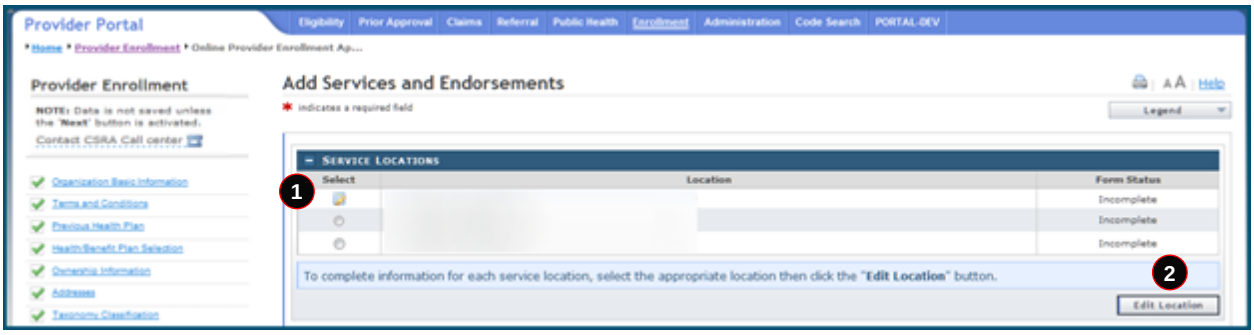

Exhibit 19. Add Services and Endorsements Page #1

Step	Action
1	Service Locations: Select the **Location** for which you want to add services and endorsements.
2	Select **Edit Location**.
Note	This page is not displayed for OPR Lite providers.

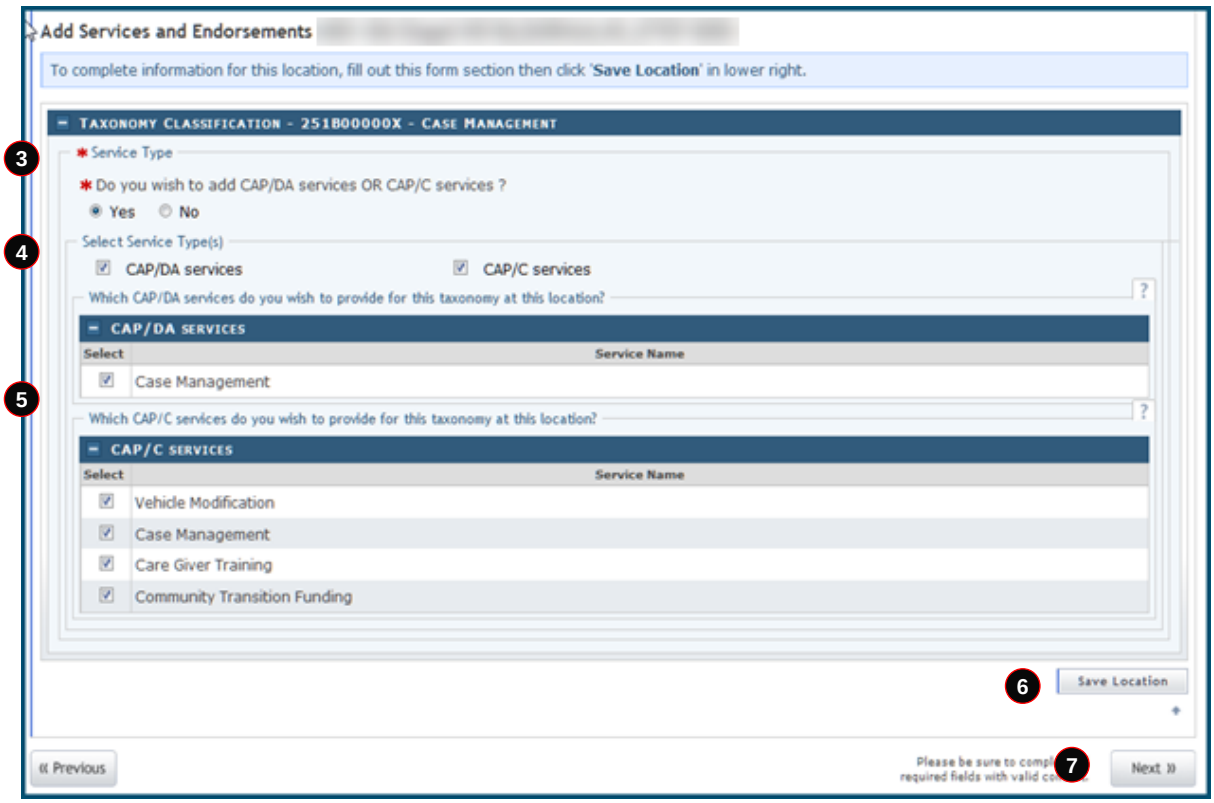

Exhibit 20. Add Services and Endorsements Page #2

Step	Action
3	Service Type: Do you wish to add CAP/DA services OR CAP/C services?: Select **Yes** or **No**.
4	Select Service Type(s): **CAP/DA** (Community Alternatives Program for Disabled Adults) services, **CAP/C** (Community Alternatives Program for Children) services.
5	Select the checkboxes of services that the provider intends to render at this location.
6	Select **Save Location**.
7	Select **Next** to continue.

3.14 ACCREDITATION PAGE

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

Based on the location, health plans, and taxonomies that you selected in the application, required accreditation, certification, and/or license fields will be populated. You must complete the remaining required fields.

You can add additional accreditations, certifications, and/or licenses as desired.

Once a Clinical Laboratory Improvement Amendments (CLIA) or Drug Enforcement Agency (DEA) certification is added to a provider record and verified, CSRA will update the effective dates according to information received from those certifying agencies.

Licenses issued by the NC Medical Board for Medical Doctors, Physician Assistants, and Anesthesiologists will also have the effective dates automatically updated once they have been verified as active by CSRA.

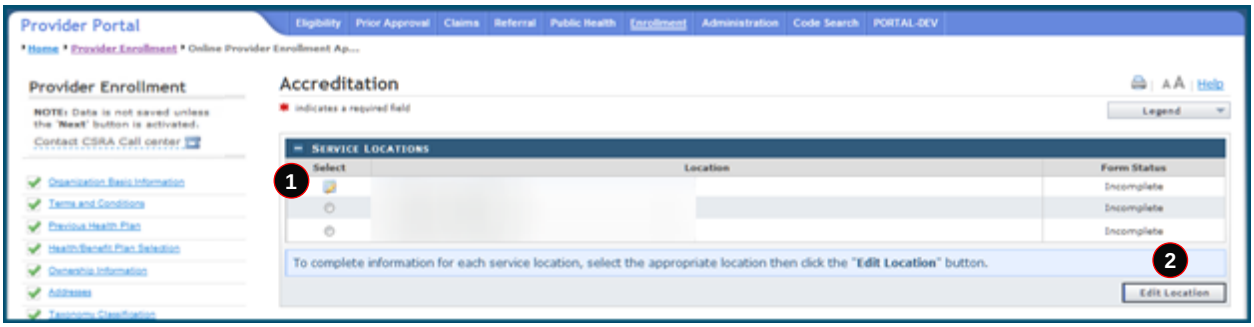

Exhibit 21. Accreditation Page #1

Step	Action
1	Service Locations: Select the **Location** for which you want to add accreditations, certifications, and/or licenses.
2	Select **Edit Location**.
Note	Providers other than OPR Lite providers with multiple service locations that require the same accreditation, certification, and/or license can copy the information to all locations by selecting the checkbox shown in **Exhibit 21**.

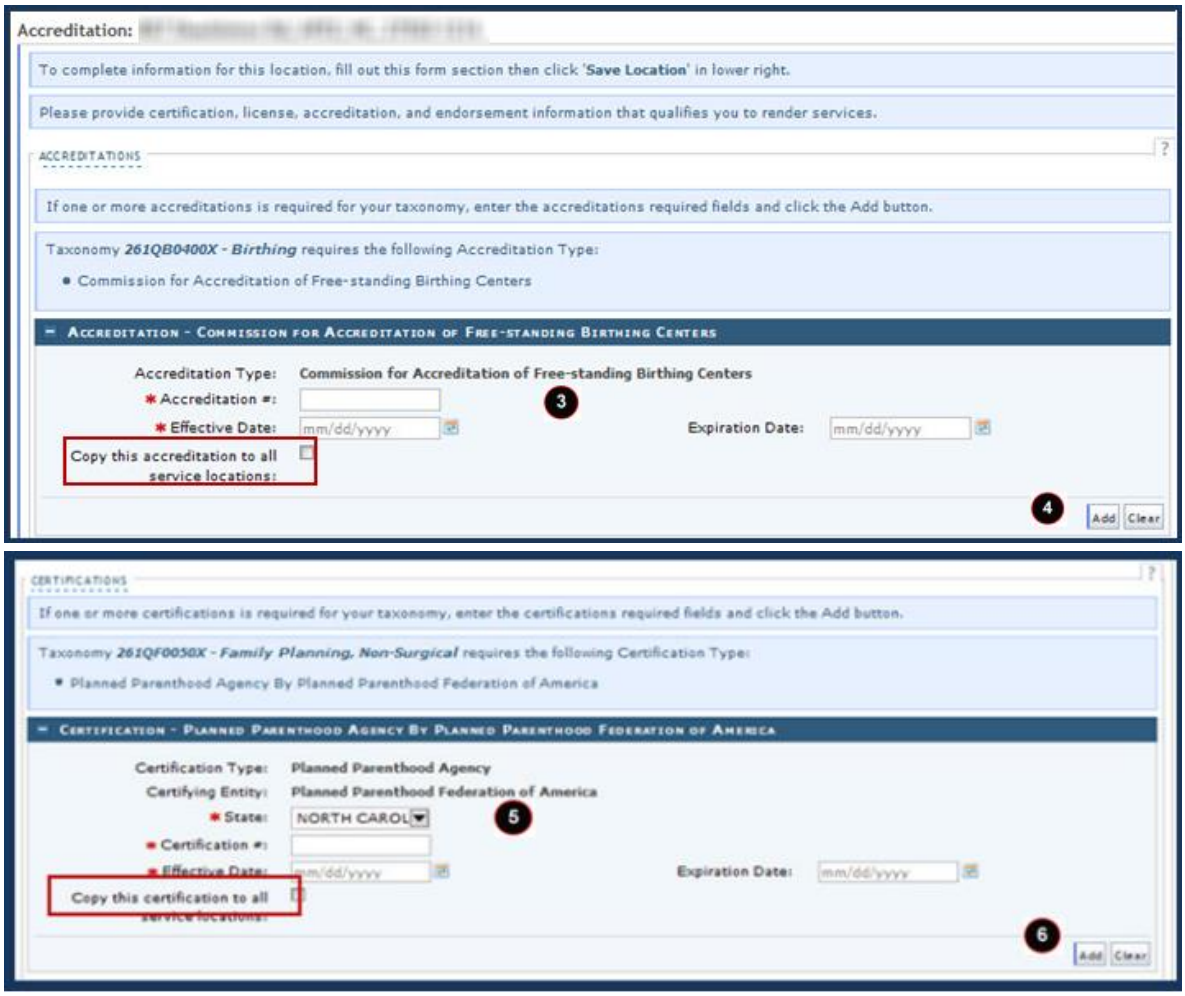

Exhibit 22. Accreditation Page #2

Step	Action
3	Add Accreditation: Enter **Accreditation Type**, **Accreditation #**, **Effective Date**, and **Expiration Date**. If your accreditation does not have an expiration date, leave this field blank.
4	Select **Add**.
5	Add Certification: Enter **State**, **Certification #**, **Effective Date**, and **Expiration Date**. If your certification does not have an expiration date, leave this field blank.
6	Select **Add**.
Note	If you have multiple service locations that require the same accreditation, certification, and/or license, you can copy the information to all locations by selecting the checkbox shown in **Exhibit 22**.

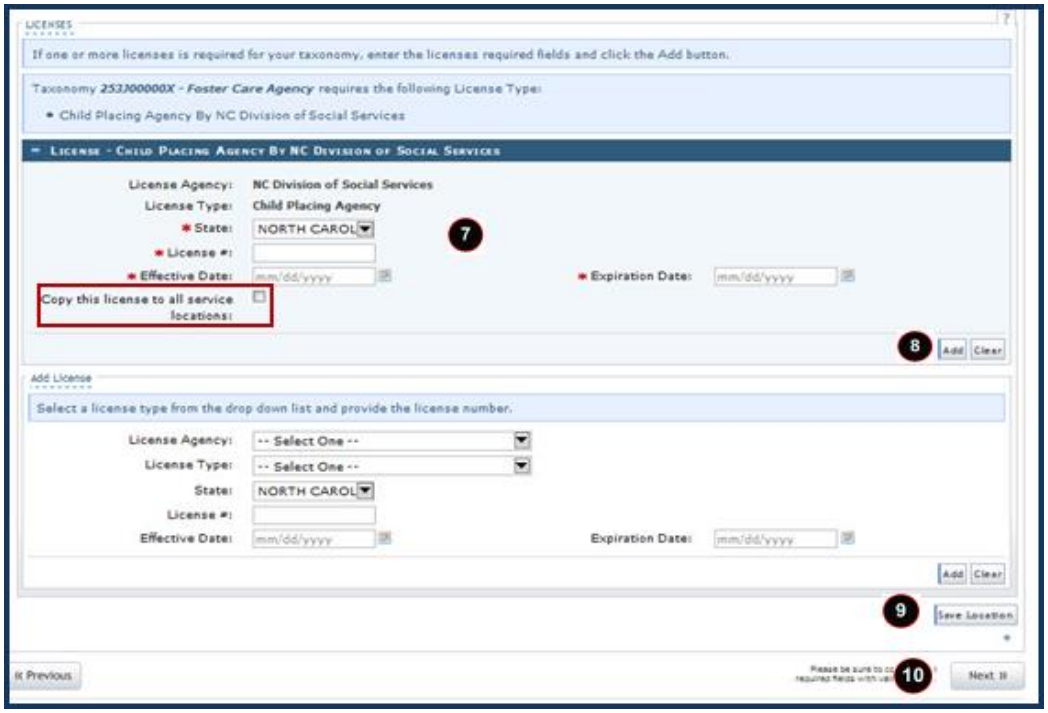

Exhibit 23. Accreditation Page #3

Step	Action
7	**Expand License:** Select **Edit**. Enter **State**, **License #**, **Effective Date**, **Expiration Date**.
8	**Add License:** Select **License Agency**, select **License Type**, enter **State**, **License #**, **Effective Date**, **Expiration Date**.
9	Select **Add**.
10	Select **Save Location**.
11	Select **Next** to continue.

3.15 COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS PAGE

The **Community Care of North Carolina/Carolina ACCESS** page captures providers who want to enroll in CCNC/CA and CCNC/CA contact person information.

3.16 PHYSICIAN EXTENDERS PARTICIPATION PAGE

The **Physician Extenders Participation** page captures participating physician extenders (nurse practitioners, nurse midwives, or physician assistants) and the requested maximum number of CCNC/CA enrollees at the location.

3.17 PREVENTIVE AND ANCILLARY SERVICES PAGE

The **Preventive and Ancillary Services** page captures preventive and ancillary services. This page is displayed for CCNC/CA applicants only.

3.18 HOURS PAGE

The **Hours** page captures the hours that services are provided on a regular basis and after-hours coverage information.

3.19 SERVICES PAGE

The **Services** page captures the types of services that are provided.

3.20 AGENTS/MANAGING EMPLOYEES PAGE

The **Agents/Managing Employees** page captures managing relationships. A managing relationship is between the provider and an employee (i.e., general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider).

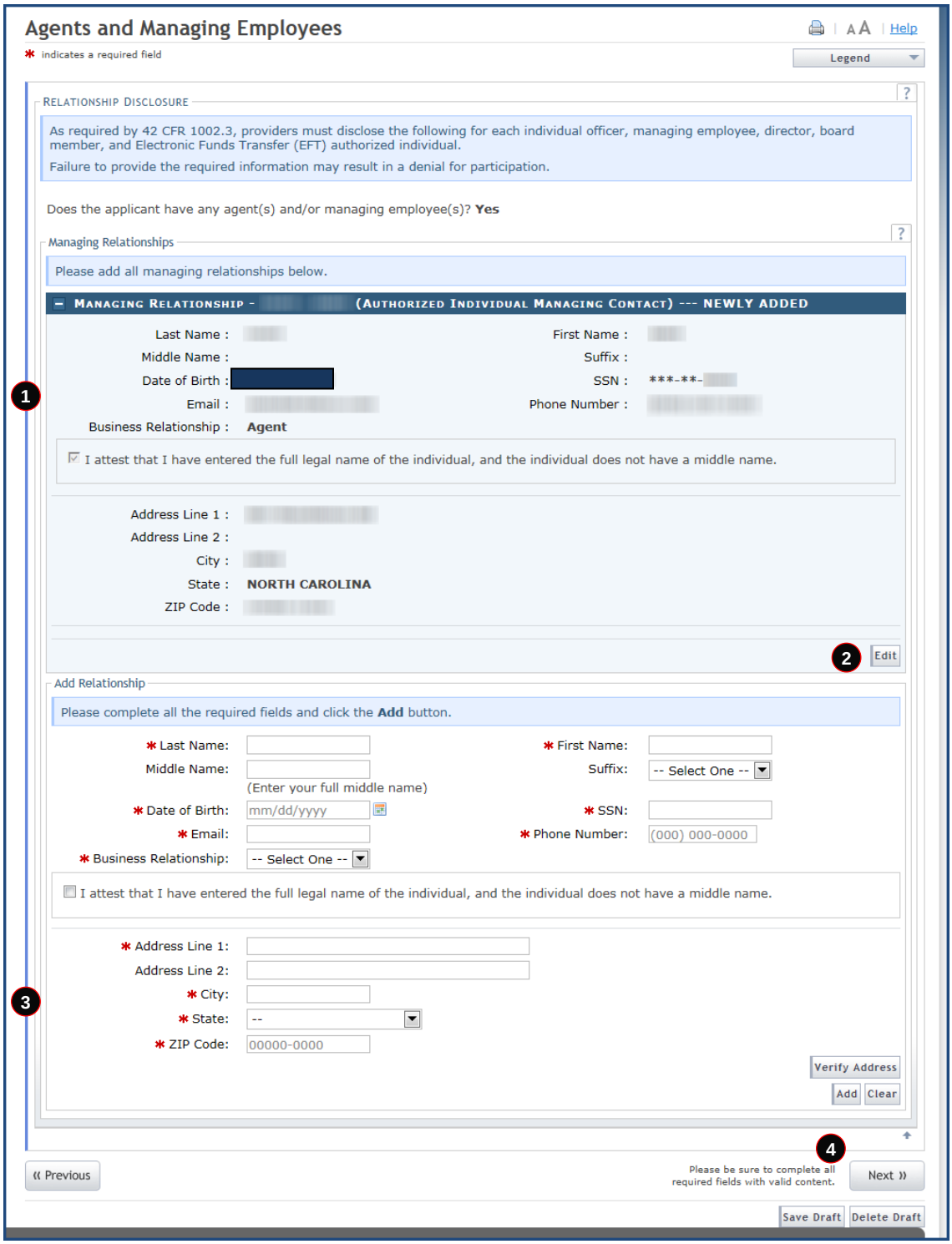

Exhibit 24. Agents and Managing Employees Page

Step	Action
1	Relationship Disclosure: Does the applicant have any agent(s) and/or managing employee(s)?: Select **Yes** or **No**; if **Yes**, **Managing Relationships** displays.
2	Select **Edit** to edit an existing Managing Relationship to change **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Business Relationship**, and **Relationship to Another Disclosing Person**.
3	Add a Relationship by entering **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Business Relationship**, and **Relationship to Another Disclosing Person**. Then select **Add**.
4	Select **Next** to continue.

3.21 HOSPITAL ADMITTING PAGE

The **Hospital Admitting** page captures Hospital Admitting information for Individual providers.

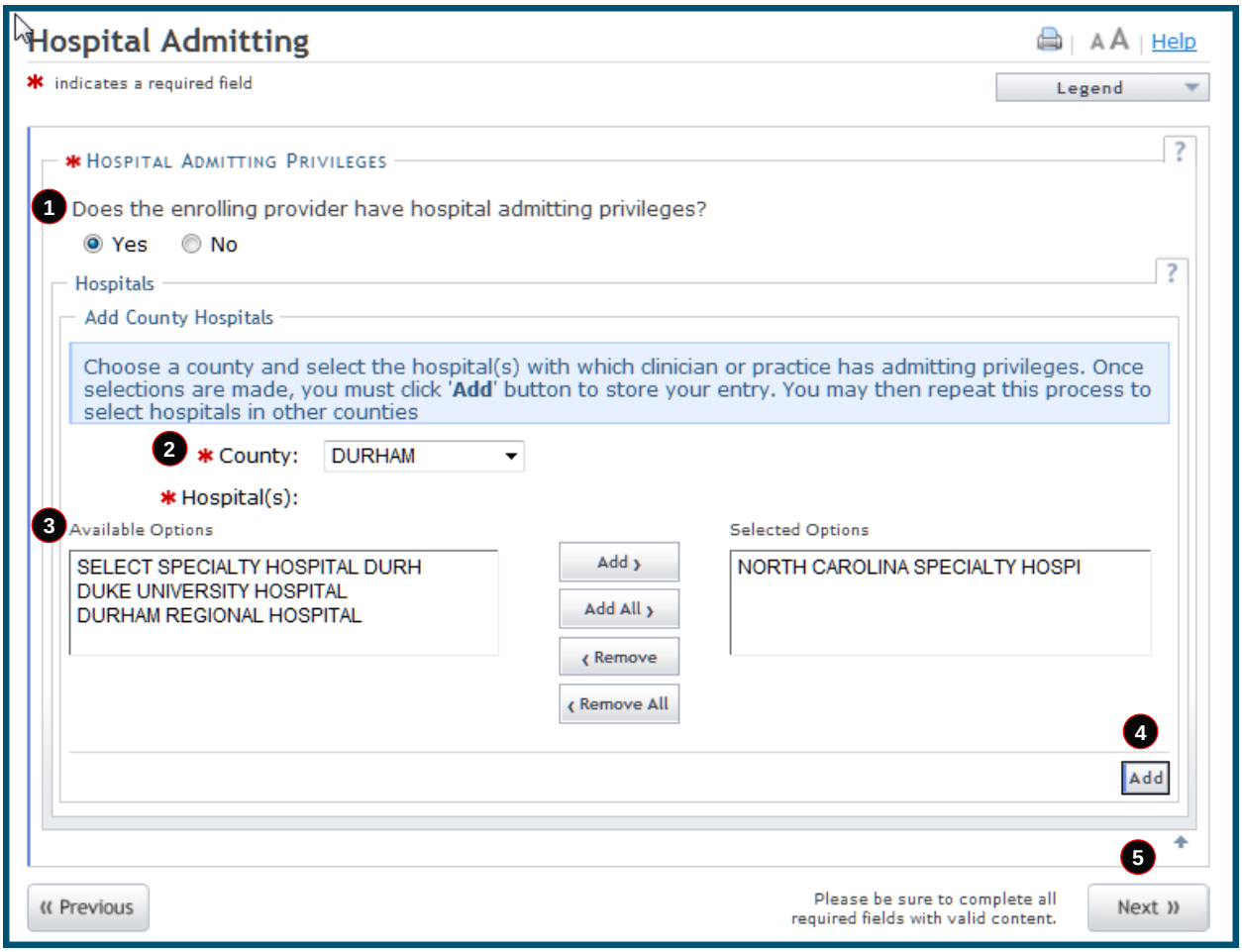

Exhibit 25. Hospital Admitting Page

Step	Action
1	Does the enrolling provider have hospital admitting privileges?: Select **Yes** or **No**. Select **Yes** to add hospital(s).
2	Select the **County** in which the hospital is located.

Step	Action
3	Available Options: Select the hospital(s) to which the provider has admitting privileges. **Note**: Multiple hospitals in a County can be selected by holding down the CTRL key and selecting each hospital.
4	Select **Add** to save the hospital selections.
5	Select **Next** to continue.

3.22 PHARMACY INFORMATION PAGE

The **Pharmacy Information** page captures pharmacy information and pharmacy manager information. This page displays for pharmacy providers only.

3.23 FACILITIES INFORMATION PAGE

The **Facilities Information** page allows providers to specify whether a hospital is a teaching hospital and to enter bed accommodations types.

3.24 METHOD OF CLAIM/ELECTRONIC SUBMISSION PAGE

The **Method of Claim/Electronic Submission** page captures how the provider will be submitting and/or receiving electronic transactions.

3.25 AFFILIATED PROVIDER INFORMATION PAGE

The **Affiliated Provider Information** page captures information on the Organization(s) to which an Individual provider wants to affiliate. Individual providers can select **Yes** or **No** to indicate their participation in CCNC/CA when they affiliate to a CCNC/CA Organization.

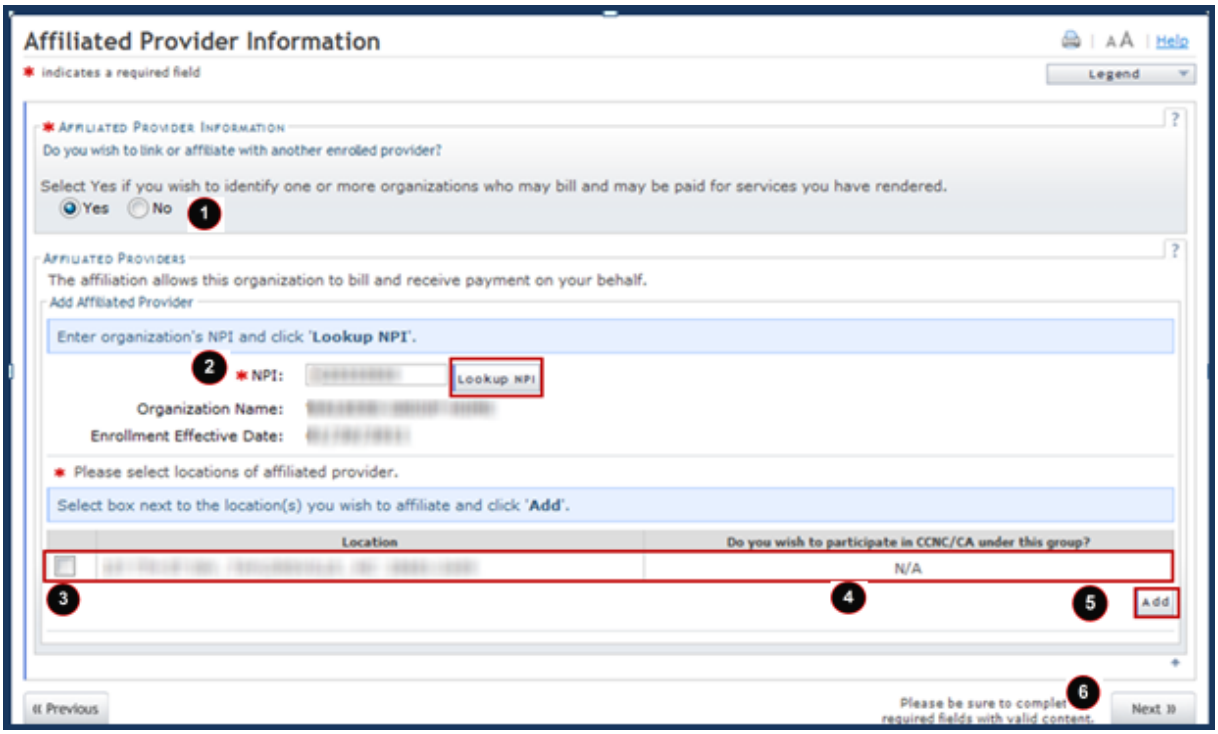

Exhibit 26. Affiliated Provider Information Page

Step	Action
1	Affiliated Provider Information: Do you wish to link or affiliate with another enrolled provider?: Select **Yes** or **No**.
2	NPI: Enter the **NPI** of the Organization or group to which you want to affiliate. Select **Lookup NPI**.
3	Select the location(s) to which you want to affiliate.
4	Do you wish to participate in CCNC/CA under this group at this location?: Select **Yes** or **No**. **Note**: If the Organization to which you are affiliating does not participate in CCNC/CA, "N/A" will be present.
5	Select **Add** to save the Affiliation.
6	Select **Next** to continue.
Note	If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny.

3.26 ASSOCIATE BILLING AGENT PAGE

The **Associate Billing Agent** page captures associated Billing Agent(s) information. If you use a Billing Agent, you must report the Billing Agent.

3.27 EFT ACCOUNT INFORMATION PAGE

The **EFT Account Information** page captures EFT and Remittance information. All payments are by EFT in NCTracks.

Note: This page does not apply to OPR Lite providers.

3.28 PROVIDER SUPPLEMENTAL INFORMATION PAGE

The **Provider Supplemental Information** page capture the provider's job history, education, and current malpractice insurance information.

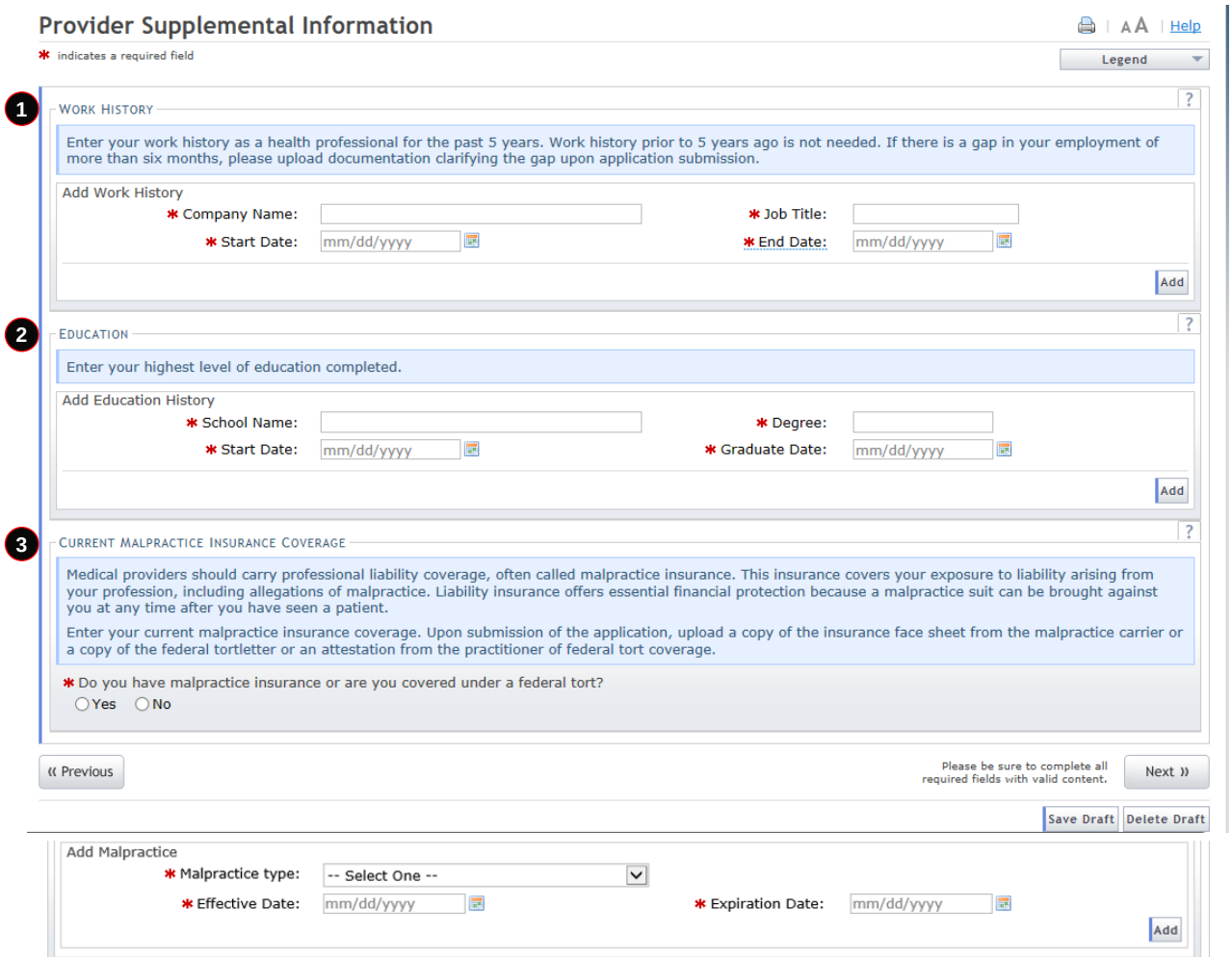

Exhibit 27. Provider Supplemental Information Page

Step	Action
1	Work History: Enter your work history as a health professional for the past 5 years. There is not a need to provide any work history prior to the 5-year timeframe. If there is a gap in the Individual provider's work history of 6 months or more, the provider is required to upload written documentation explaining any gaps that occurred in the past 5 years. • **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**: When entering work history, if the enrolling provider is currently a resident or intern, he/she should enter the details of that residency/internship such as: • **Company Name:** Healthcare Facility XYZ • **Job Title:** Resident • **Start Date:** Date residency/internship began • **End Date:** 12/31/9999 if still a resident/intern

Step	Action
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
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:** Select the type of malpractice coverage • **Amount:** Enter the amount of malpractice coverage • **Effective Date:** Effective date of the coverage • **Expiration Date:** Expiration date of the coverage

3.29 EXCLUSION SANCTION INFORMATION PAGE

Exclusion Sanction Information

Help

* indicates a required field

Legend

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents† in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- †An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?
(•) Yes ( ) No

Please add up to 5 Infraction/Conviction Dates.

1 INFRACTION/CONVICTION DATES

Infraction/Conviction Date
09/01/1999
mm/dd/yyyy

2 Add Clear

* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?
( ) Yes (•) No

* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare ,Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded ,terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?
( ) Yes (•) No

* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
( ) Yes (•) No

* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
( ) Yes (•) No

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
( ) Yes (•) No

* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
( ) Yes (•) No

* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
( ) Yes (•) No

* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
( ) Yes (•) No

* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
( ) Yes (•) No

* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
( ) Yes (•) No

« Previous

Please be sure to complete all required fields with valid content.

Next »

Exhibit 28. Exclusion Sanction Information Page

Step	Action
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. If uploading an explanation for an affirmative exclusion sanction response, ensure the letter is signed by the provider, person with infraction, or Office Administrator and that the letter is dated. The letter must be dated within the past six months of the date of this. 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 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.
2	Select **Add** to add an Infraction/Conviction Date.

3.30 REVIEW APPLICATION PAGE

The **Review Application** page allows the ES user to review the application before assigning it to the OA.

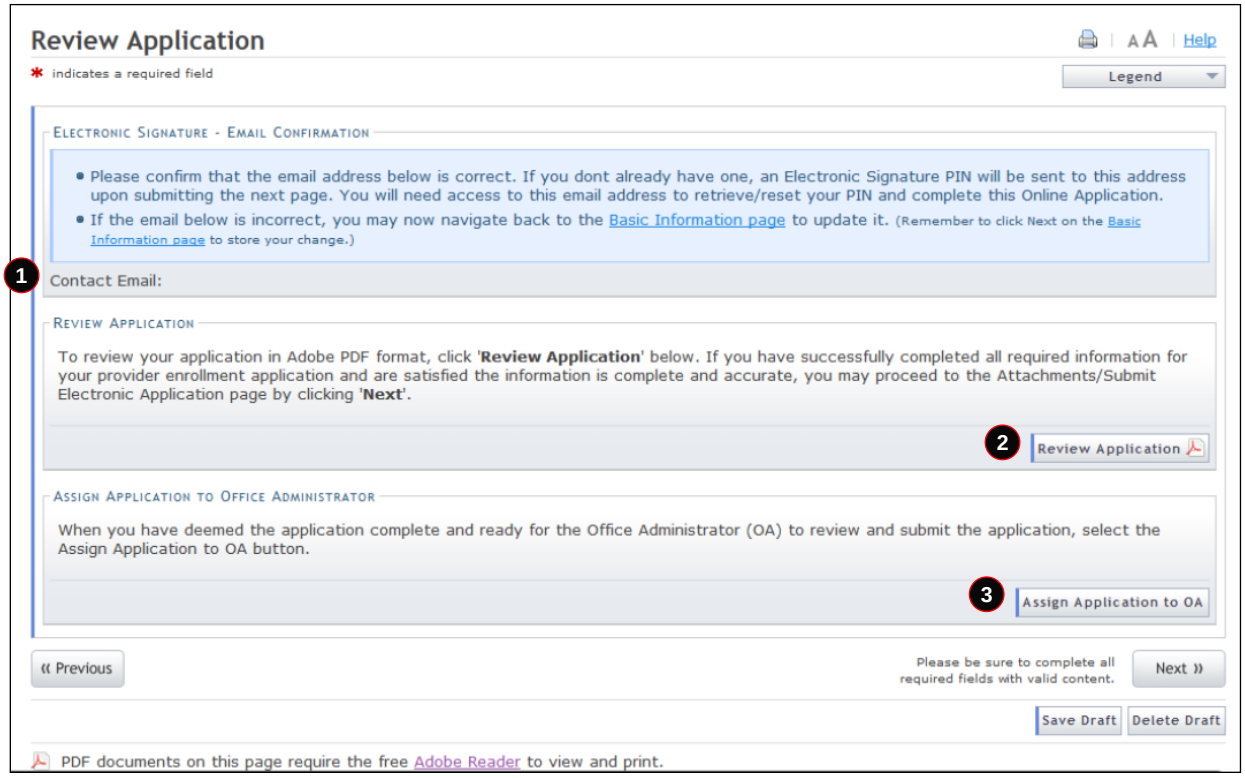

Exhibit 29. Review Application Page

Step	Action
1	Confirm the **Contact Email** listed is correct; if not, use the provided hyperlink to access the **Basic Information** page to update it.
2	Select **Review Application** to review the information entered for accuracy. Selecting this button displays a window that allows the ES user to open a PDF file of the application. The ES user can print and review the application for accuracy before assigning it to the OA.
3	Select **Assign Application to OA** to assign the application to the OA for review and submission, where applicable. When the ES user selects this button, they will be redirected to the **Status and Management** page. **Note**: An e-mail will be sent to the OA notifying them that the application is ready to be signed and submitted.

Note: The **Assign Application to Office Administrator** section displays only when the logged-in user is the ES user.

3.31 STATUS AND MANAGEMENT PAGE

The **Status and Management** page displays categories of applications. The status of all submitted applications displays on this page as well, allowing the provider to determine if their application is in review, has been abandoned or returned, or has an approved status.

From the **Submitted Applications** section, providers can pay application required fees by selecting the **Pay Now** hyperlink; withdraw a previously submitted application by selecting the **Withdraw** hyperlink; or upload supporting documents, when requested, by selecting the **Upload Documents** hyperlink. Additionally, CSRA uses the **Submitted Applications** section to advise providers of incomplete applications.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be given an additional 10 days to submit the required information. If the information is received and reviewed and it is still deemed inadequate, the provider will be given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received within the initial 30 days, the application will be abandoned.

The OA/ES user has access to the notification letters via the Message Center Inbox and via a hyperlink on the **Status and Management** page, to view the notifications.

Re-verification applications withdrawn or abandoned after the suspension date will result in the suspension or termination of the provider's Medicaid, DPH, and ORH health plans. If Medicaid, DPH, and ORH are the only active health plans on the provider's record, a Re-enrollment application will be required.

CSRA may return an application and send the OA an Application Incomplete Letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete Letter, which contains details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** page and withdraw the application. The provider can also respond to the Application Incomplete Letter advising that the information is incorrect and requesting that CSRA withdraw the application. If CSRA withdraws the application, the Application Withdrawn Letter is sent to the Message Center Inbox. Application Withdrawn Letters for initial Enrollment applications will be sent to the OA's e-mail address.

Applications withdrawn by CSRA or the provider will have a "Withdrawn" status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by an Application Withdrawn Letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

Status and Management

Help

* indicates a required field

Legend

Welcome to Provider Enrollment Status and Management
Please choose from the options below to manage your enrollment status.

1

SUBMITTED APPLICATIONS

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.

If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

RECORD RESULTS

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			RE-VERIFICATION	10/09/2019	Withdrawn
			MANAGE CHANGE REQUEST	08/29/2019	Withdrawn
			RE-VERIFICATION	01/09/2019	Withdrawn
			ABBREVIATED AFFILIATIONS MANAG	12/20/2018	Manage Change Request Complete
			MANAGE CHANGE REQUEST	10/26/2018	Withdrawn
			MANAGE CHANGE REQUEST	10/09/2017	Manage Change Request Complete
			ENROLLMENT	08/09/2017	Withdraw, Upload Documents - In Review
			MANAGE CHANGE REQUEST	04/12/2017	Withdrawn
			MANAGE CHANGE REQUEST	04/11/2017	Approved
			ABBREVIATED METHOD OF CLAIM BI	04/11/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	03/07/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	01/13/2017	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	12/21/2016	Manage Change Request Complete
			MANAGE CHANGE REQUEST	11/09/2016	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	11/04/2016	Manage Change Request Complete
			RE-VERIFICATION	10/20/2016	Withdrawn
			ABBREVIATED EFT MANAGE CHANGE	10/17/2016	Manage Change Request Complete
			MANAGE CHANGE REQUEST	08/19/2016	Withdrawn
			RE-VERIFICATION	06/15/2016	Withdrawn
			ENROLLMENT	01/14/2016	Approved
			RE-VERIFICATION	12/07/2015	Withdrawn

2

RE-ENROLL

NO DATA FOUND

3

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**'.

RECORD RESULTS

Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
○	[illegible]	[illegible]		[illegible]	[illegible]	Active
○	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Active
○	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Active
○	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Active

Update

4

RE-VERIFICATION

NO DATA FOUND

5

MAINTAIN ELIGIBILITY

NO DATA FOUND

FINGERPRINTING REQUIRED

NO DATA FOUND

6

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 will be deleted.

RECORD RESULTS

Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Application Type	Application Create Date	Last Saved
○	[illegible]	[illegible]		[illegible]	MANAGE CHANGE REQUEST	09/14/2021	09/14/2021
○	[illegible]	[illegible]	[illegible]	[illegible]	MANAGE CHANGE REQUEST	08/10/2021	08/10/2021
○	[illegible]	[illegible]		[illegible]	MANAGE CHANGE REQUEST	03/24/2021	07/21/2021
○	[illegible]	[illegible]	[illegible]	[illegible]	MANAGE CHANGE REQUEST	07/21/2021	10/20/2021
○	[illegible]	[illegible]		[illegible]	MANAGE CHANGE REQUEST	06/18/2021	10/13/2021
○	[illegible]	[illegible]		[illegible]	MANAGE CHANGE REQUEST	10/20/2021	10/20/2021
○	[illegible]	[illegible]	[illegible]	[illegible]	MANAGE CHANGE REQUEST	11/03/2021	11/03/2021

Exhibit 30. Status and Management Page

Step	Action
1	**Submitted Applications:** Allows the ES user to view the status of a submitted provider enrollment application. • **Abandoned:** Application was waiting for additional documentation from the provider, but it was not received within 30 days of the notification. The provider will need to submit a new application. • **In Review:** Application is being reviewed by CSRA or State. • **Returned:** Application was returned to the provider needing additional documentation from the provider. • **Denied:** The provider's participation in the program has been denied. • **Approved:** The provider's participation in the program has been approved. • **Withdrawn:** The provider has withdrawn their application. • **MCR Comp (Manage Change Request Complete):** A change was requested that does not require review; therefore, this change was instantly completed. • **ME Comp (Maintain Eligibility Complete):** The provider's Maintain Eligibility does not require review; therefore, this request was instantly completed. • **Pymt Pend:** (Payment Pending): Records indicate that the provider has made a payment at PayPoint. It may take up to 48 hours to verify a payment. • **Pay Now:** The provider can select the **Pay Now** link to make a payment on the PayPoint website. It may take up to 48 hours to verify a payment. **Note**: The ES, OA, and all Managing Employee and Owner users can view the submitted application via the **Pay Now** and **Upload Documents** hyperlinks (if applicable) in the **Submitted Applications** section. The **Upload Documents** hyperlink is present if the application is in one of the following statuses: In Review, Returned, and Payment Pending. Selecting this hyperlink takes the ES user to the **Upload Documents** page.
2	**Re-enroll:** Allows the ES user to re-enroll a terminated provider enrollment account.
3	**Manage Change Request:** Allows the ES user to submit an MCR to an active provider enrollment account. The ES user may need to update information on the provider record such as EFT, taxonomy, address, affiliations, licensure, or change from an OOS/OPR Lite to a fully enrolled provider. These changes would require an MCR.
4	**Re-verification:** Allows the ES user to submit a required Re-verification application for a provider enrollment account.
5	**Maintain Eligibility:** Allows the ES user to submit a required Maintain Eligibility application for a provider enrollment account.
6	**Saved Applications:** Allows the ES user to resume a saved provider enrollment application.

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4.0 Manage Change Request

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*.

4.1 PROVIDER PORTAL HOME PAGE

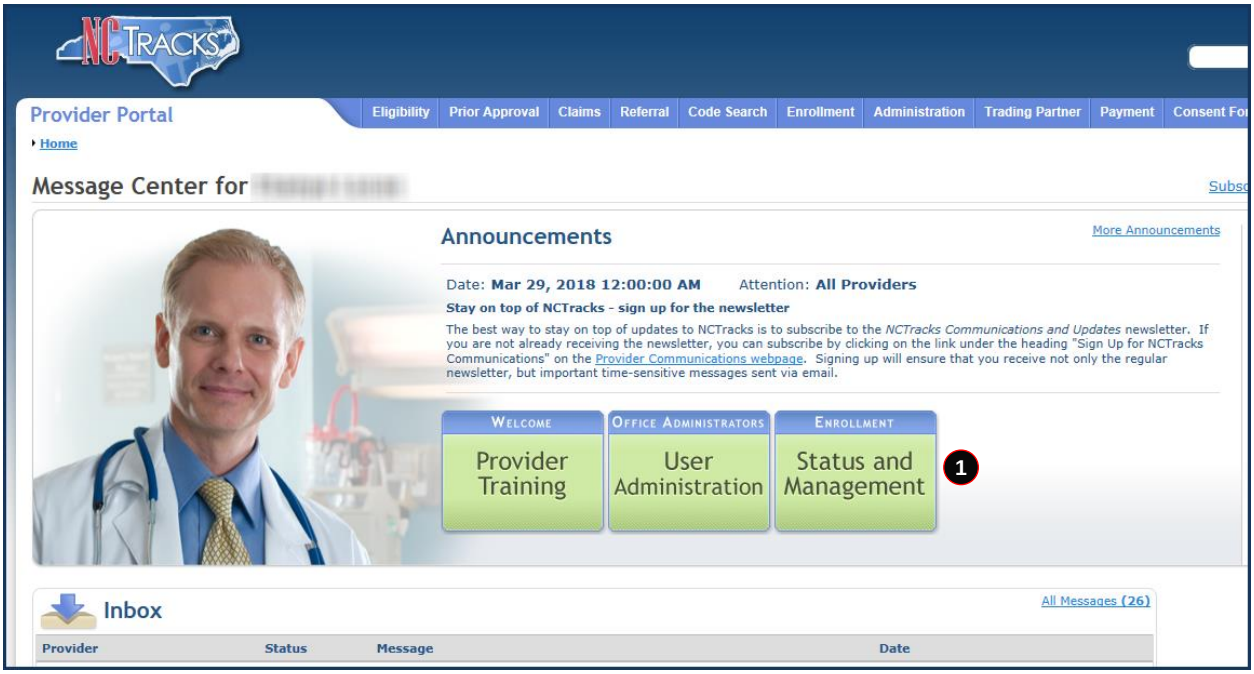

Exhibit 31. Provider Portal Home Page

Step	Action
1	From the **Provider Portal Home** page, select **Status and Management**.

The **Status and Management** page displays. To begin an MCR application, scroll down to the **Manage Change Request** section.

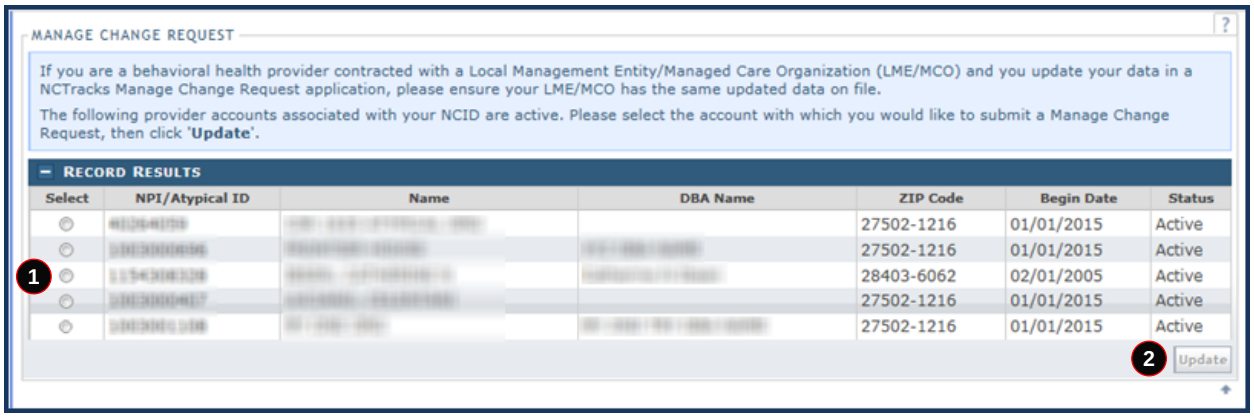

Exhibit 32. Status and Management Page: Manage Change Request Section

Step	Action
1	Select the **radio button** next to the record for which you want to begin an MCR application.
2	Select **Update**.

4.2 HEALTH / BENEFIT PLAN SELECTION PAGE

The **Health / Benefit Plan Selection** page allows providers to manage their participation in the NC DHHS health and benefit plans. Providers can view their status, reinstate participation, add new health and benefit plans, and terminate participation in health and benefit plans.

Note: A $100 NC Application Fee is required for Individual providers when applying for Medicaid. For In-State, Border, OOS Full Organizations, and Atypical Organizations, a $100 NC Application Fee is required.

4.2.1 Current Status

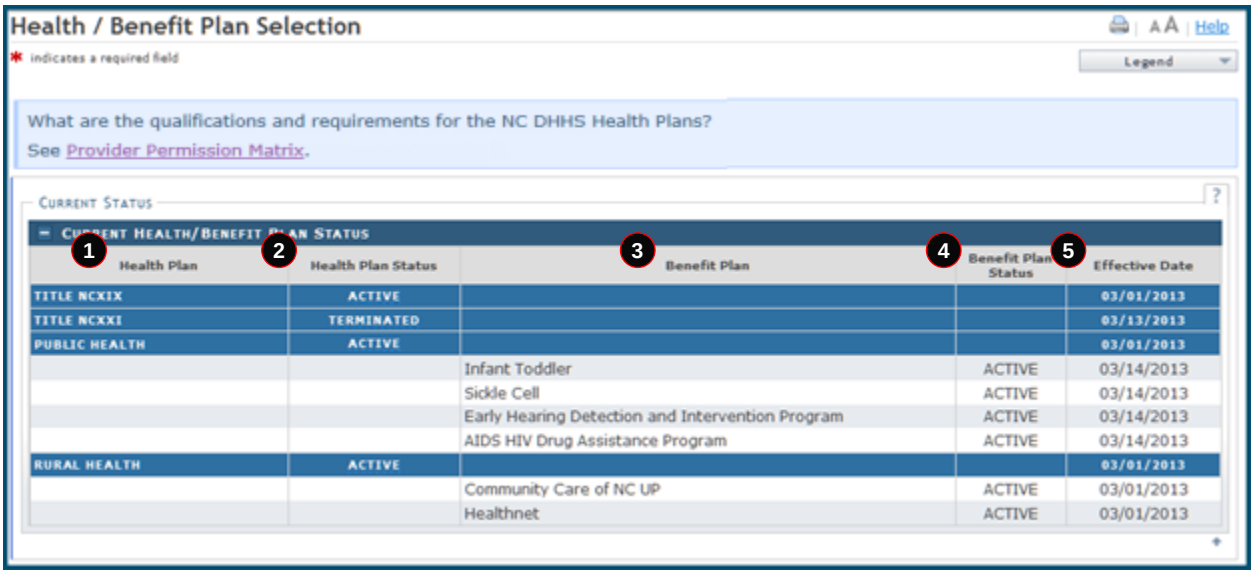

Exhibit 33. Health / Benefit Plan Selection Page: Current Status Section

Step	Action
1	Health Plan identifies the NC DHHS health plans: • **Title NCXIX** – Medicaid • **Public Health** • **Rural Health**
2	Health Plan Status – The provider's current status in the health plan: • **Active** – The provider is currently active. • **Terminated** – The provider is currently terminated (not active). • **New** – The provider can add this health plan. Hover over the field to display additional information.
3	Benefit Plan – If applicable, benefit plans display.
4	Benefit Plan Status – If applicable, the status of the provider's participation in the benefit plans displays: • **Active** – The provider is currently active. • **Terminated** – The provider is currently terminated (not active).
5	Effective Date – This is the effective date of the provider's status. In this example, this provider has been active in Title NCXIX since 3/1/2013 and has been terminated in NCXXI since 3/13/2013.

Note: If an OPR Lite provider upgrades to a fully enrolled provider, they will then have the option to participate in all health plans.

4.2.2 Active Medicaid Providers

In the **Active Medicaid Providers** section, the ES user can indicate whether a provider or organization will be providing behavioral health services.

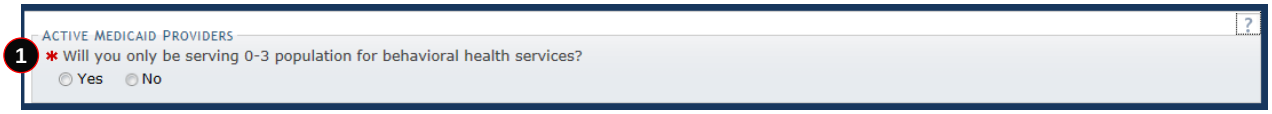

Exhibit 34. Health / Benefit Plan Selection Page: Active Medicaid Providers Section

Step	Action
1	Select **Yes** if the provider will only be serving the 0-3 Medicaid population for behavioral health services. Select **No** if the provider submits all claims to their Managed Care Organization (MCO).

4.2.3 Type of Update

In the **Type of Update** section, the ES user can select the type of update they want to make.

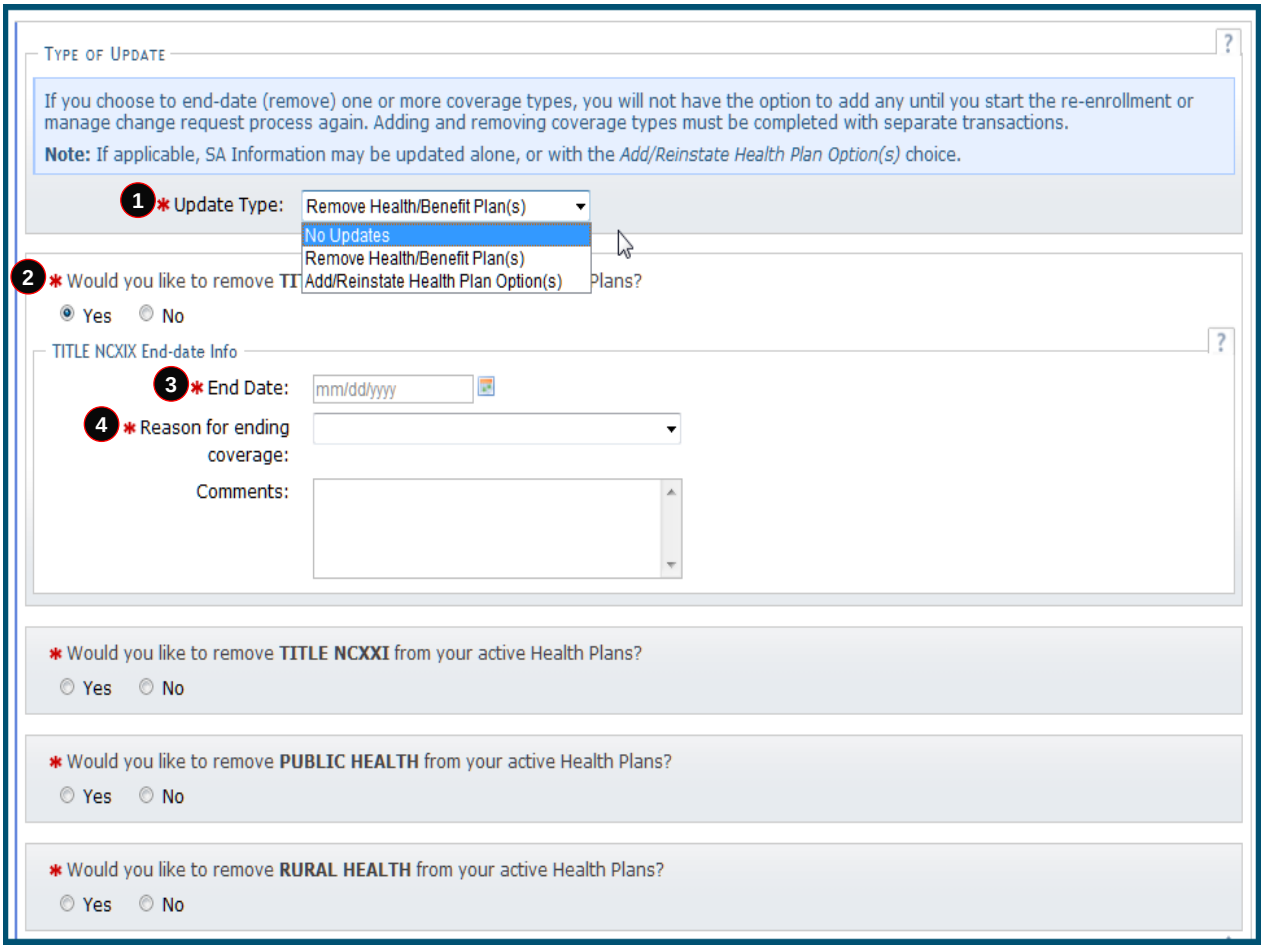

Exhibit 35. Health / Benefit Plan Selection Page: Type of Update Section

Step	Action
1	Update Type: Select one of the following: • **No Updates:** Select if you do not wish to make any changes. **Note**: In MCR applications, the default is set to 'No Updates'. • **Remove Health/Benefit Plan(s):** Select to terminate provider's participation in one or more health/benefit plans. • **Add/Reinstate Health Plan Option(s):** Select to add or reinstate terminated health/benefit plans.
2	Select **Yes** or **No** to each health plan "Would you like to remove..." question.
3	End Date: When **Yes** is selected, the ES user must enter the effective date of the termination in the **End Date** field.
4	Reason for ending coverage: When **Yes** is selected, the ES user must select a reason for the termination.

4.3 ADDRESSES PAGE

The **Addresses** page displays all addresses on file for the provider. The ES user can edit, end-date, or add addresses.

4.3.1 Reinstate an End-Dated Address

If one of a provider's addresses has been end-dated, it is not necessary to add the address; the ES user can reinstate the address.

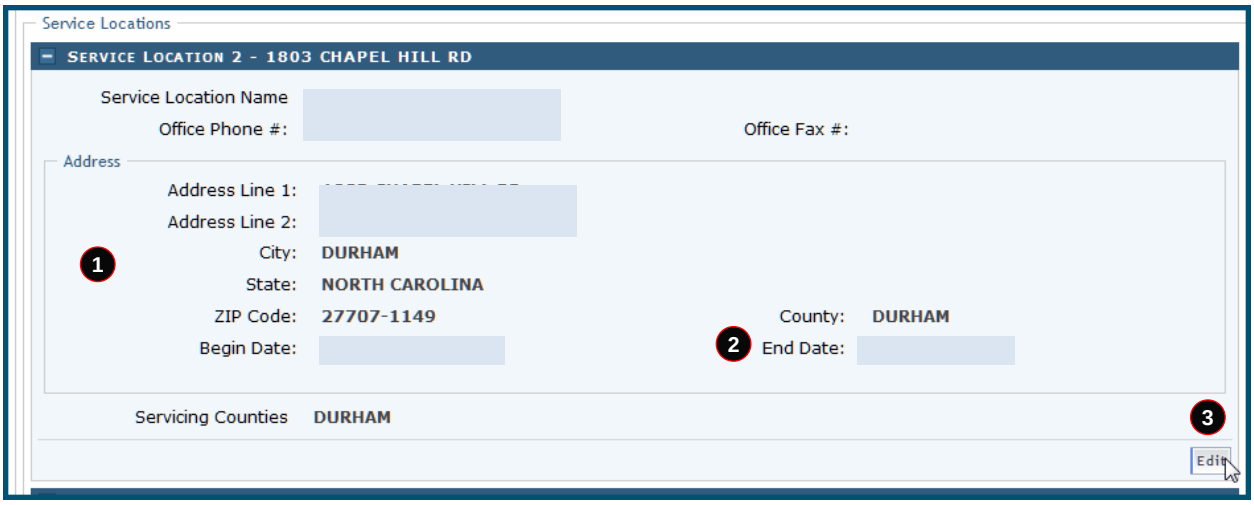

Exhibit 36. Addresses Page: Reinstate an End-Dated Address #1

Step	Action
1	Expand the desired Service Location.
2	End Date: Displays the **End Date** on file for this address.
3	Select **Edit**.

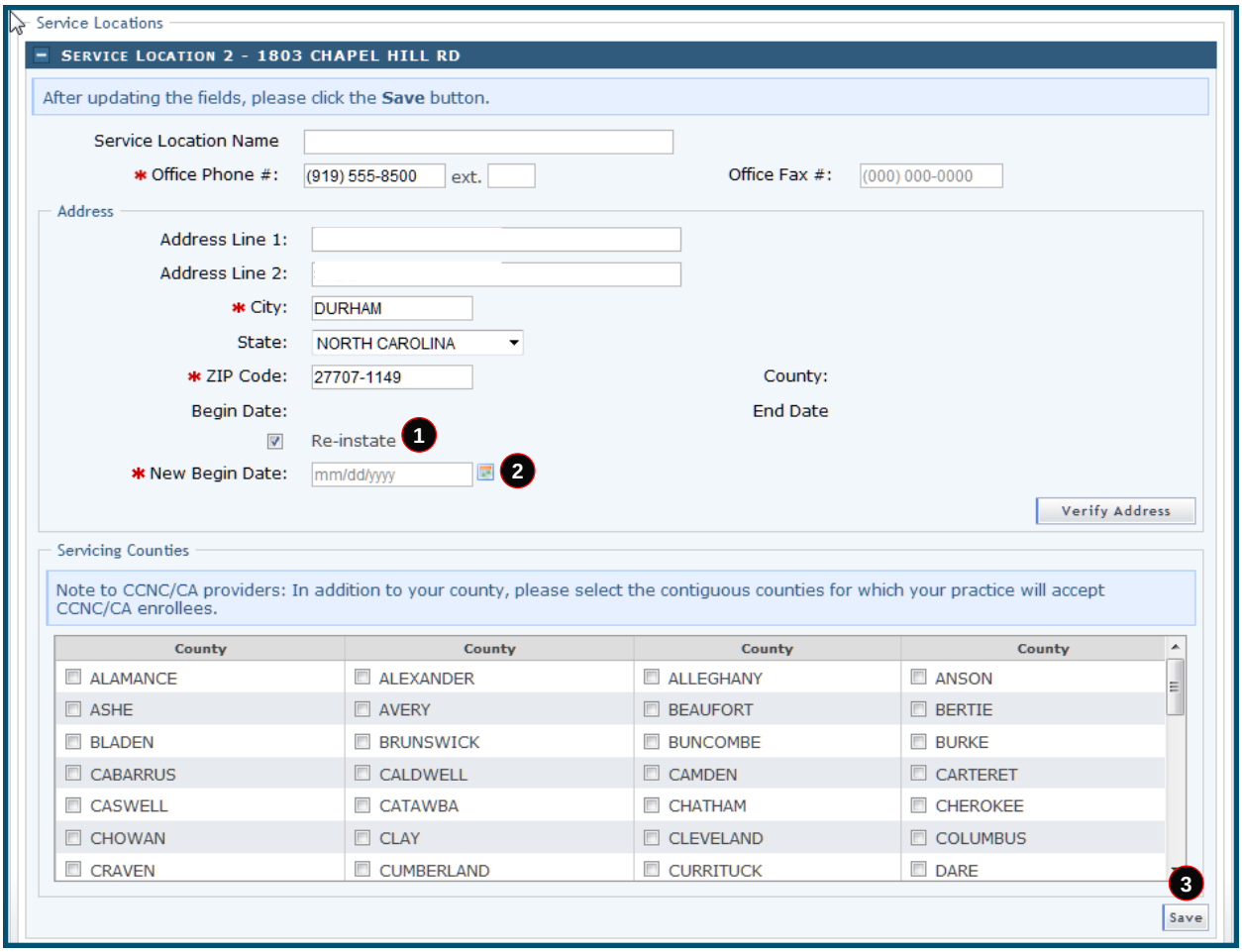

Exhibit 37. Addresses Page: Reinstate an End-Dated Address #2

Step	Action
1	Begin Date: Select the **Re-instate** checkbox.
2	New Begin Date: Enter the **New Begin Date**.
3	Select **Save**.

4.3.2 End-Date an Active Address

If one of a provider's active addresses will be closed, the ES user can end-date the address.

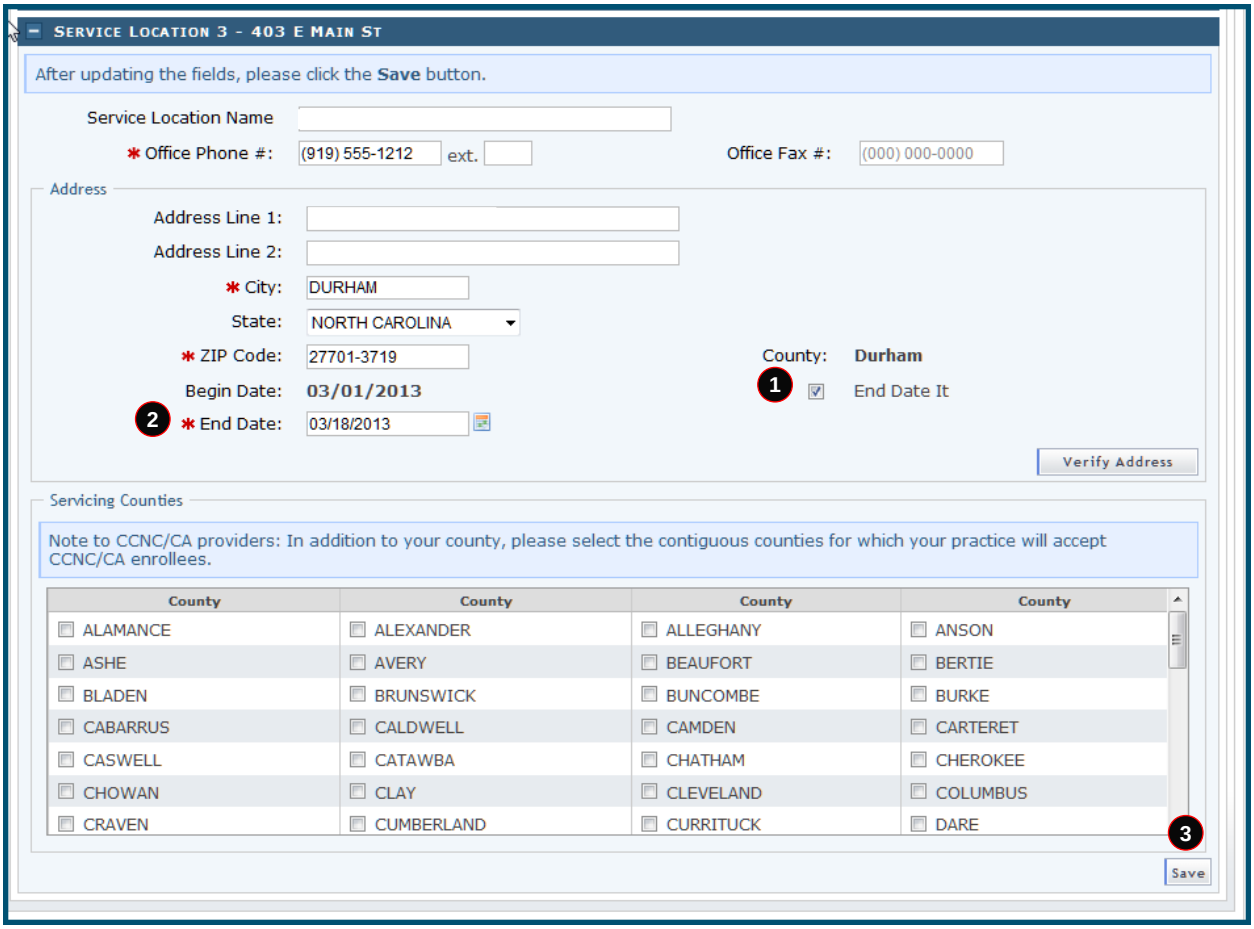

Exhibit 38. Addresses Page: End-Date an Active Address

Step	Action
1	Select the **End Date It** checkbox.
2	End Date: Enter the **End Date**.
3	Select **Save**.

4.4 TAXONOMY CLASSIFICATION PAGE

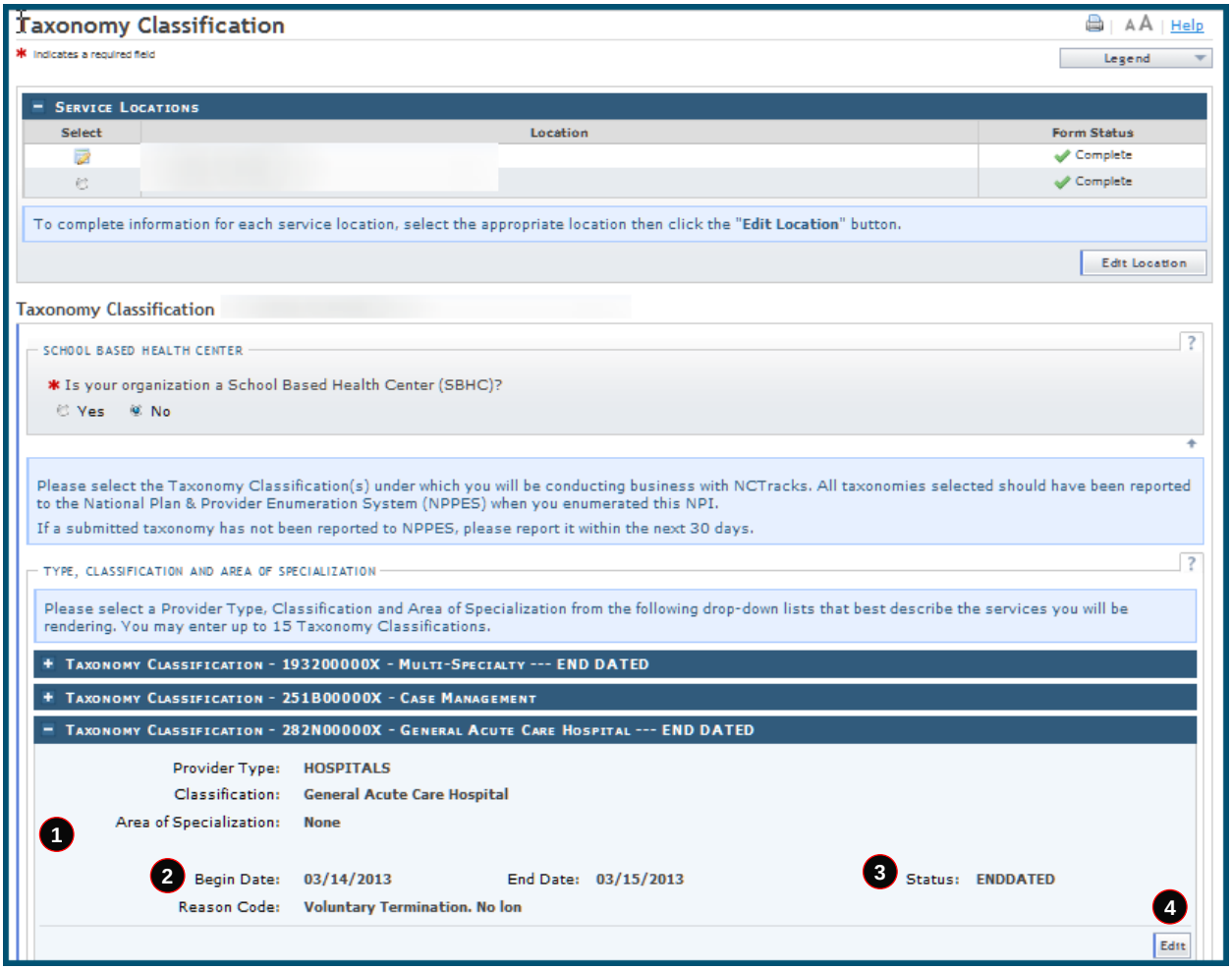

Exhibit 39. Taxonomy Classification Page: Edit Taxonomy

Step	Action
1	Expand the desired taxonomy.
2	Begin Date: Begin date of the current status.
3	Status: Current status of the provider for this taxonomy: • **Active** – The provider is currently active. • **Terminated** – The provider is currently terminated (not active). • **Suspended** – The provider is currently suspended.
4	Select **Edit**.

4.4.1 End-Date a Taxonomy

If the provider wants to terminate participation in a taxonomy, the ES user can end-date the taxonomy.

Note: The provider must have at least one active taxonomy in order to remain an active provider.

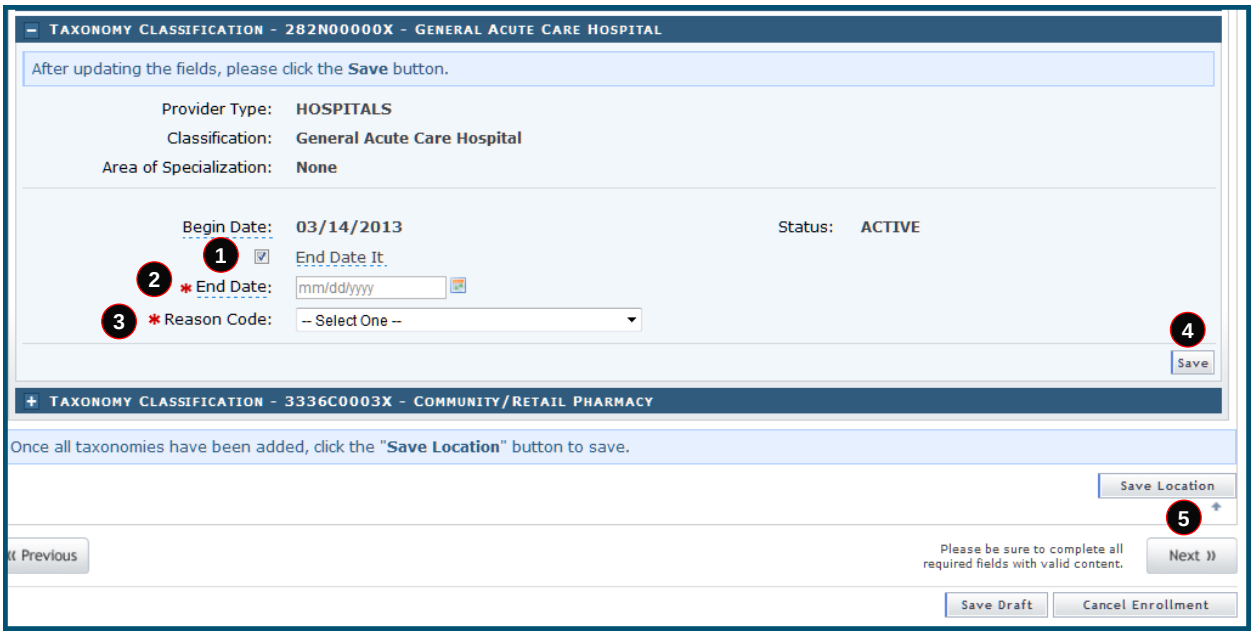

Exhibit 40. Taxonomy Classification Page: End-Date a Taxonomy

Step	Action
1	Select the **End Date It** checkbox.
2	End Date: Enter the **End Date**.
3	Reason Code: Select the **reason** for terminating participation.
4	Select **Save**.
5	Select **Next** to continue.

4.4.2 Reinstate an End-Dated Taxonomy

If one of a provider's taxonomy codes has been end-dated, it is not necessary to add the taxonomy; the ES user can reinstate the taxonomy.

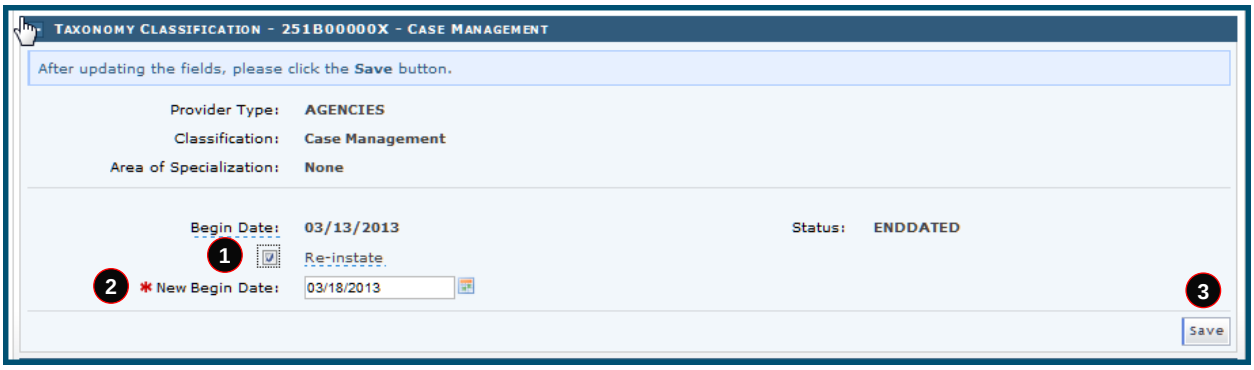

Exhibit 41. Taxonomy Classification Page: Reinstate an End-Dated Taxonomy

Step	Action
1	Select the **Re-instate** checkbox.
2	New Begin Date: Enter the **New Begin Date**.
3	Select **Save**.

4.5 COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS PAGE

If the provider is active in CCNC/CA, the **Community Care of North Carolina/Carolina ACCESS** page displays the provider's CCNC/CA Begin Date and CCNC/CA Contact Person details. The provider can edit their CCNC/CA Contact Person Information or terminate their participation as a CCNC/CA PCP.

Note: PCPs cannot terminate without giving a 30-day notice; therefore, the CCNC/CA End Date must be the last day of a month and at least 30 days in the future.

Note: If the provider is eligible to be a CCNC/CA PCP and is not currently active in CCNC/CA, this page displays exactly as it does in enrollment. See Section 3.0, New Enrollment – Enrollment Specialist.

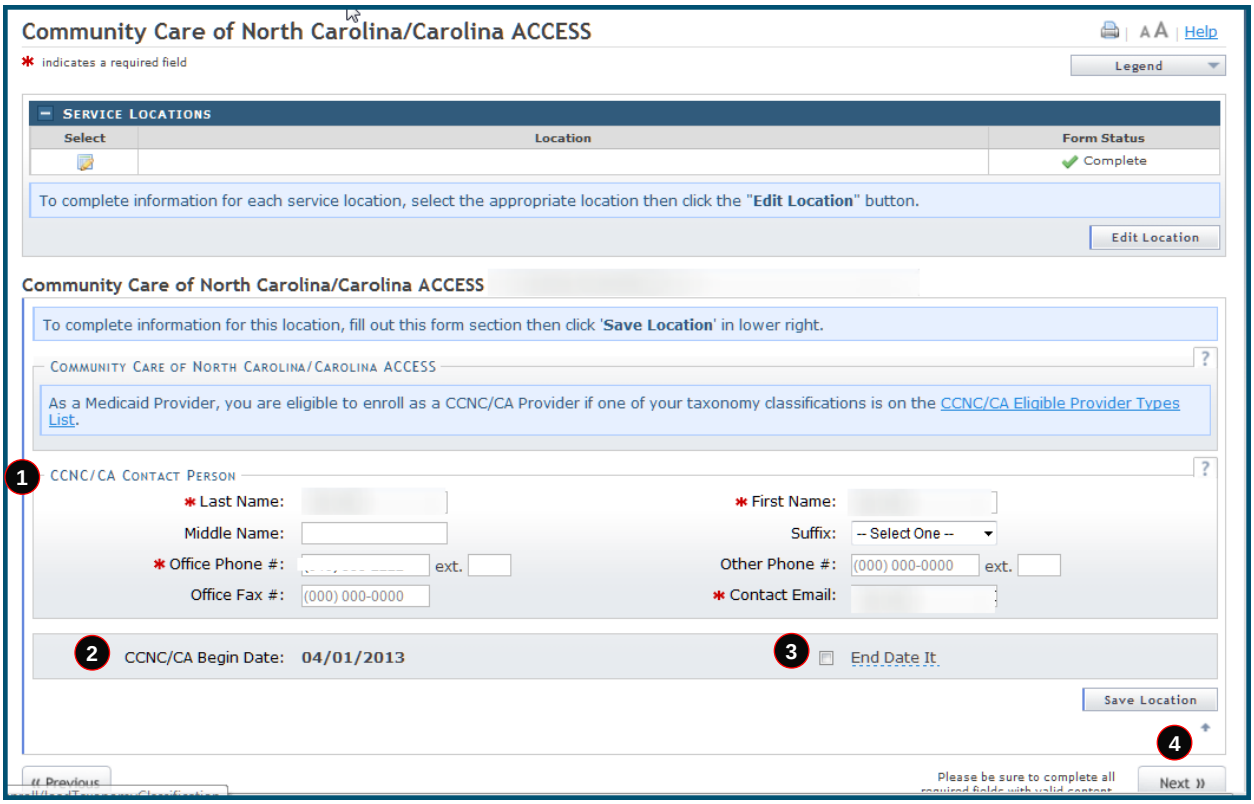

Exhibit 42. Community Care of North Carolina/Carolina ACCESS Page

Step	Action
1	CCNC/CA Contact Person: Contact information on file. The applicant can edit any of these fields.
2	CCNC/CA Begin Date: Provider's begin date as a CCNC/CA PCP.

Step	Action
3	Select the **End Date It** checkbox if provider wants to terminate their CCNC/CA participation.
4	Select **Next** to continue.

4.6 EFT ACCOUNT INFORMATION PAGE

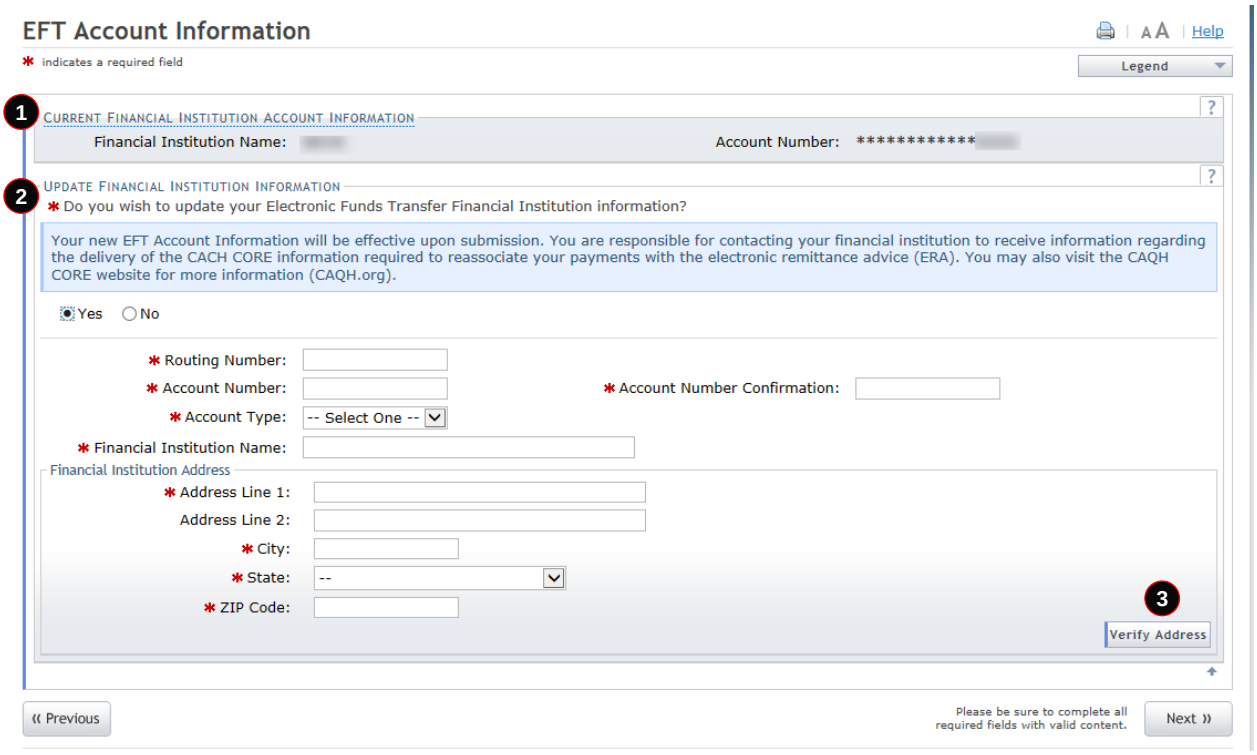

Exhibit 43. EFT Account Information Page

Step	Action
1	Current Financial Institution Account Information: Your **Financial Institution Name** and the last four digits of your **Account Number** are displayed "as is" from your provider file.
2	Update Financial Institution Information: Do you wish to update your Electronic Funds Transfer Financial Institution information?: Select **Yes** if you want to update your EFT information. **Note**: Selecting **Yes** will expand the section to present fields for the financial institution account information.
3	Complete all required fields marked with an asterisk for the financial institution account information.
4	Select **Next** to continue.

NOTES:

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5.0 Re-enrollment Application

5.1 STATUS AND MANAGEMENT PAGE

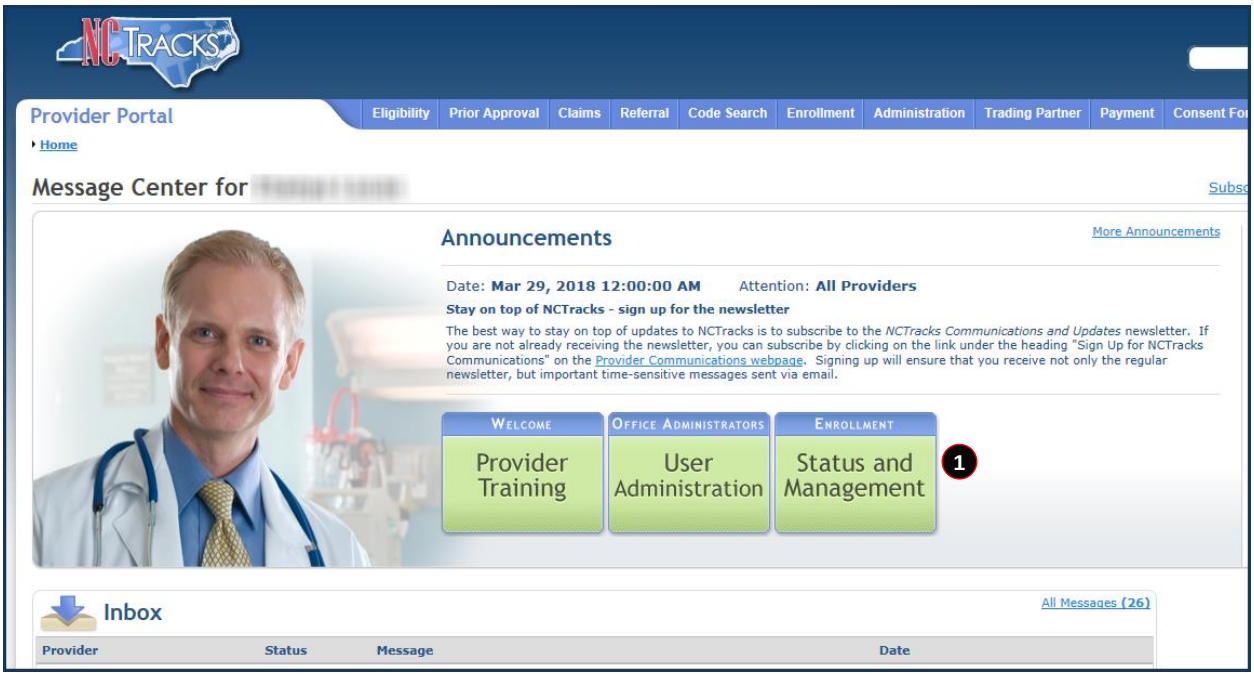


Exhibit 44. Provider Portal Home Page

Step	Action
1	From the **Provider Portal Home** page, select **Status and Management**.

The **Status and Management** page displays. To begin a Re-enrollment application, scroll down to the **Re-enroll** section.

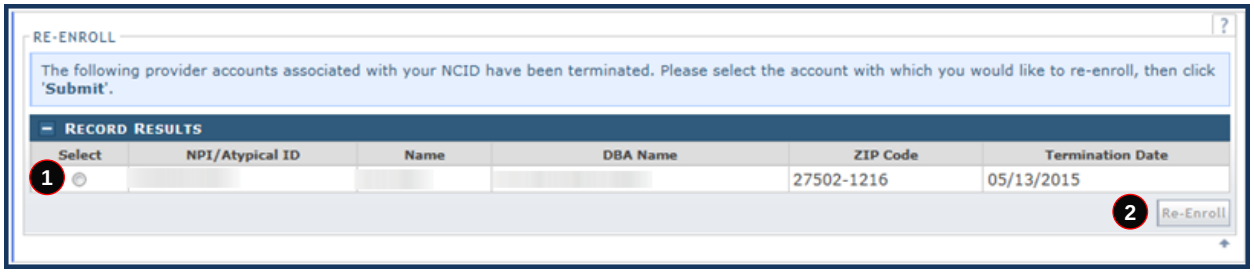


Exhibit 45. Status and Management Page: Re-enroll Section

Step	Action
1	Select the **radio button** next to the record for which you want to begin a Re-enrollment application.
2	Select **Re-Enroll**.

The **Organization/Individual Basic Information** page displays, allowing the ES user to begin the application. The pages look similar to the Enrollment and MCR application pages. See the exhibits in Section 3.0, New Enrollment – Enrollment Specialist and Section 4.0, Manage Change Request. The only difference is that all health plans, taxonomy codes, services, etc. will be end-dated. These will need to be reinstated as desired.

For Individual providers, a $100 NC Application Fee is required when applying for Medicaid. For Organizations and Atypical Organizations, a $100 NC Application Fee is required when applying for Medicaid and there is no active provider with the provider's tax ID.

NOTES:

6.0 Re-verification Application

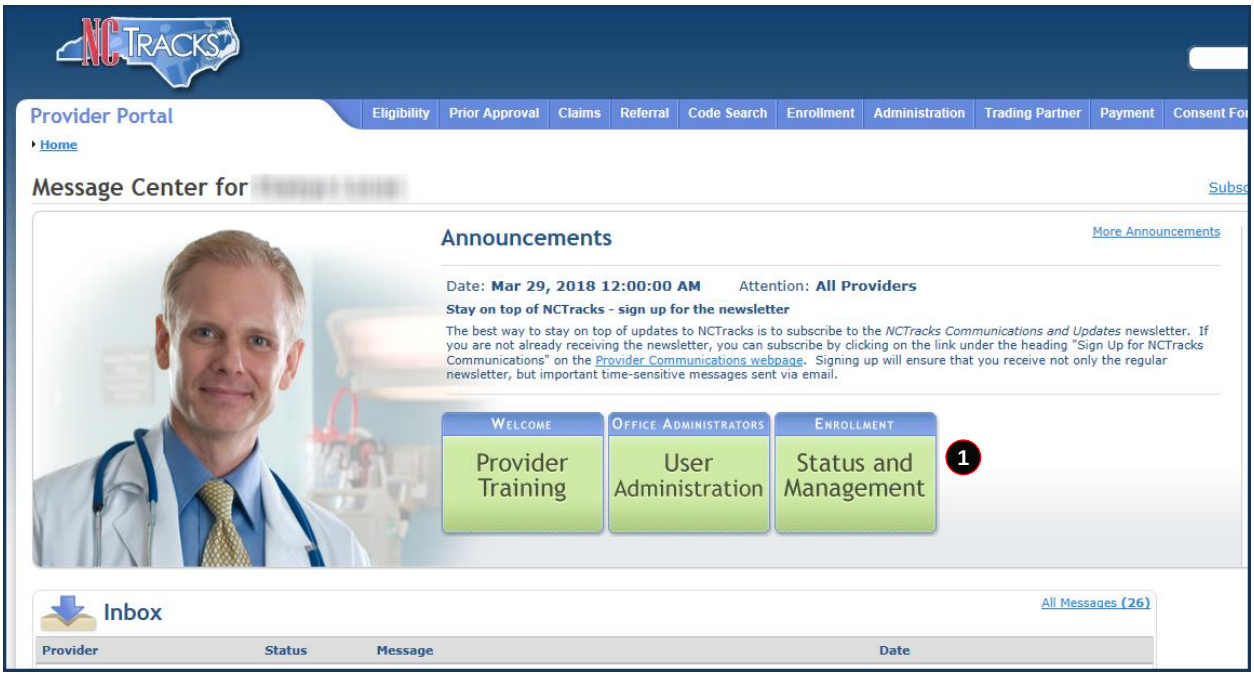


Exhibit 46. Provider Portal Home Page

Step	Action
1	From the **Provider Portal Home** page, select **Status and Management**.

The **Status and Management** page displays. To begin a Re-verification application, scroll down to the **Re-verification** section.

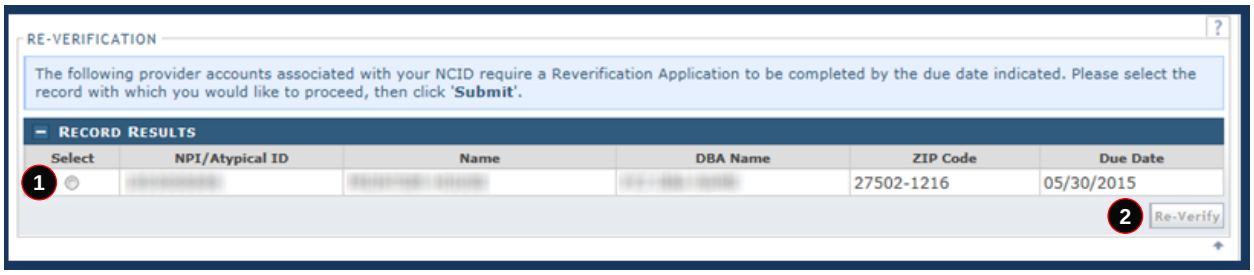


Exhibit 47. Status and Management Page: Re-verification Section

Step	Action
1	Select the **radio button** next to the record for which you want to begin a Re-verification application.
2	Select **Re-Verify**.

6.1 RE-VERIFICATION APPLICATION – INDIVIDUAL/ORGANIZATION PROVIDER PAGE

The **Re-Verification Application – Individual** or **Re-Verification Application – Organization** page displays specific identifying information about the provider as an Individual or Organization provider. This information must match what is reported on the provider's income tax return.

If you have any questions or need further information, please feel free to call the NCTracks Operations Contact Center at 800-688-6696.

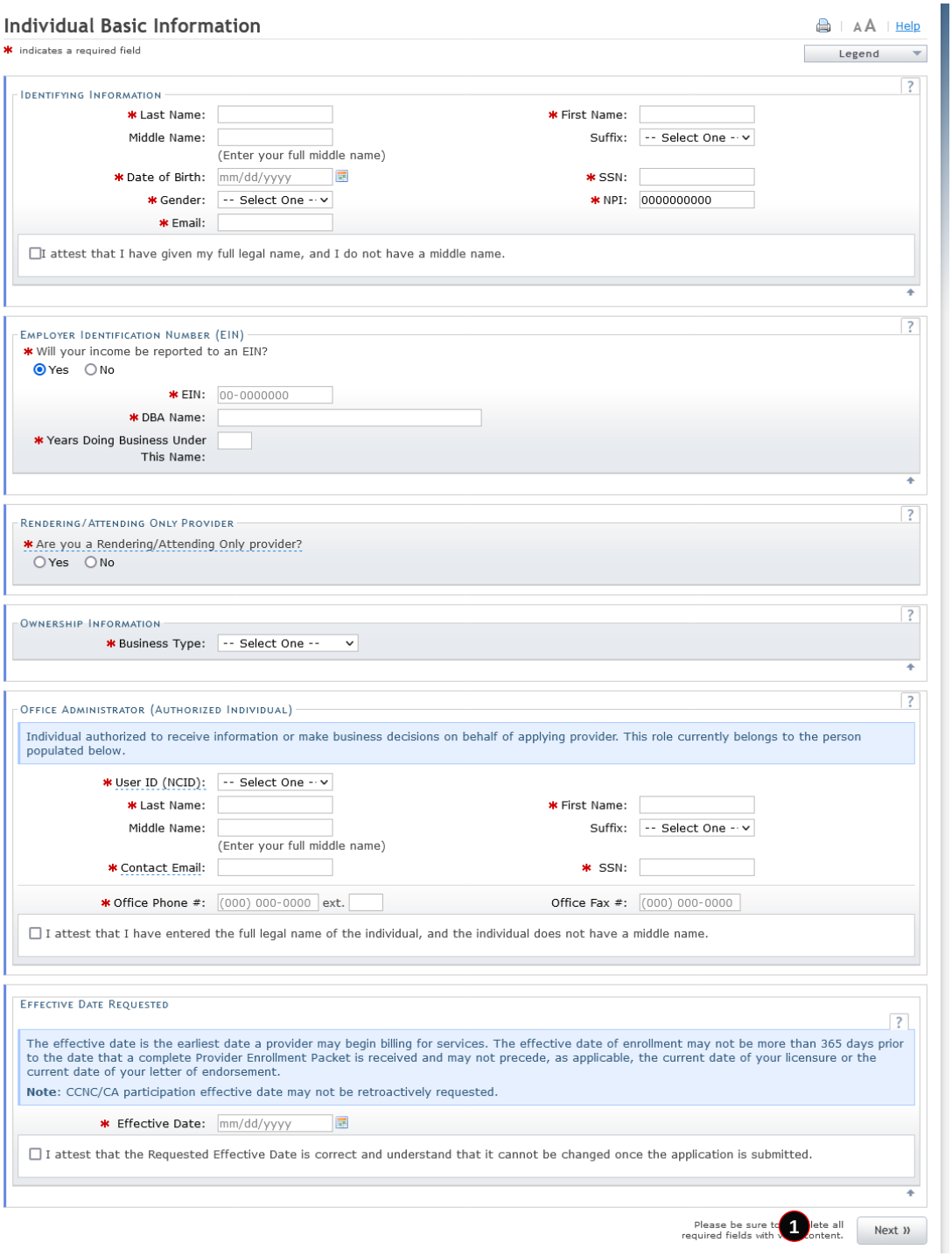


Exhibit 48. Re-Verification Application – Individual Provider Page

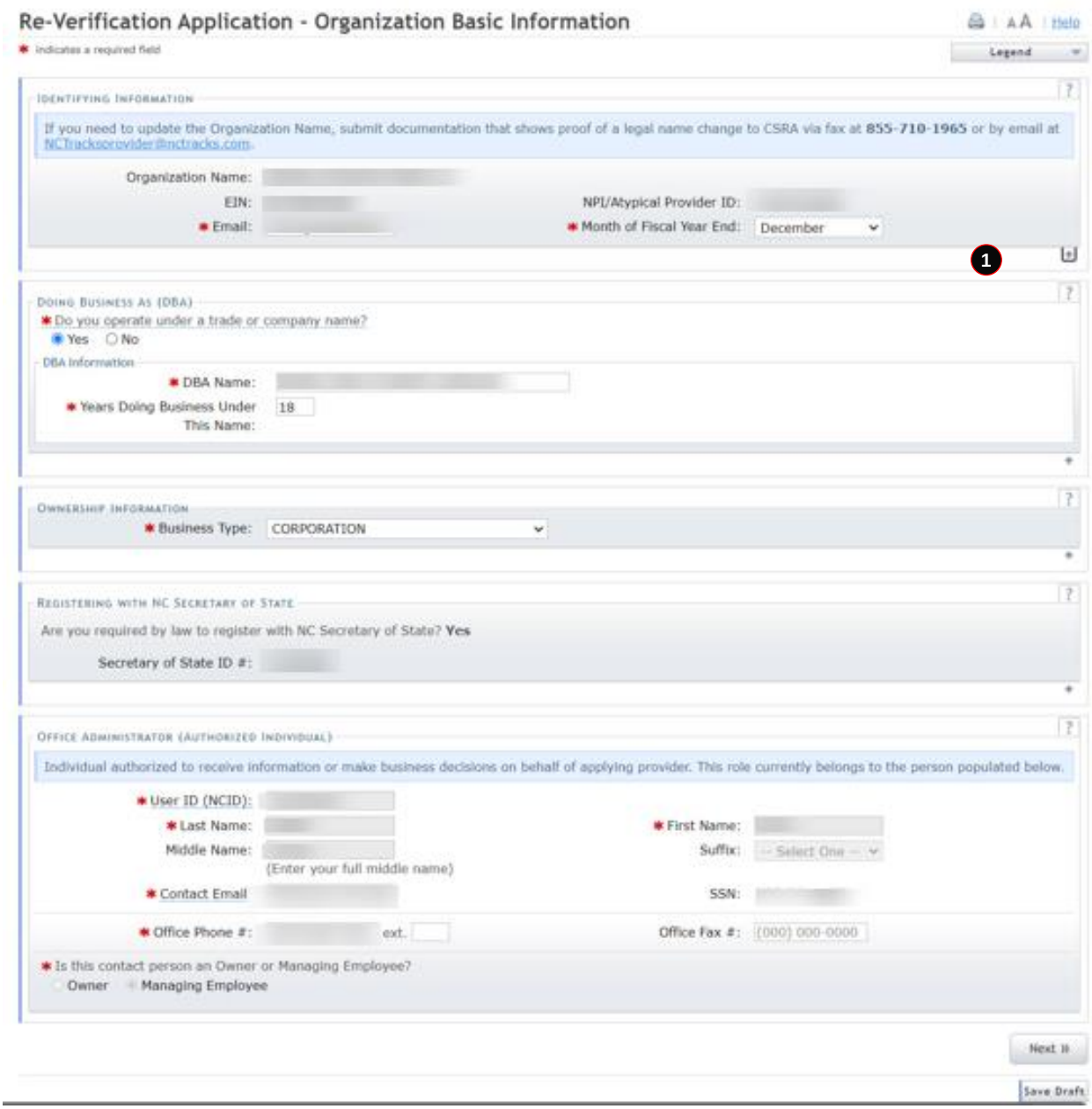
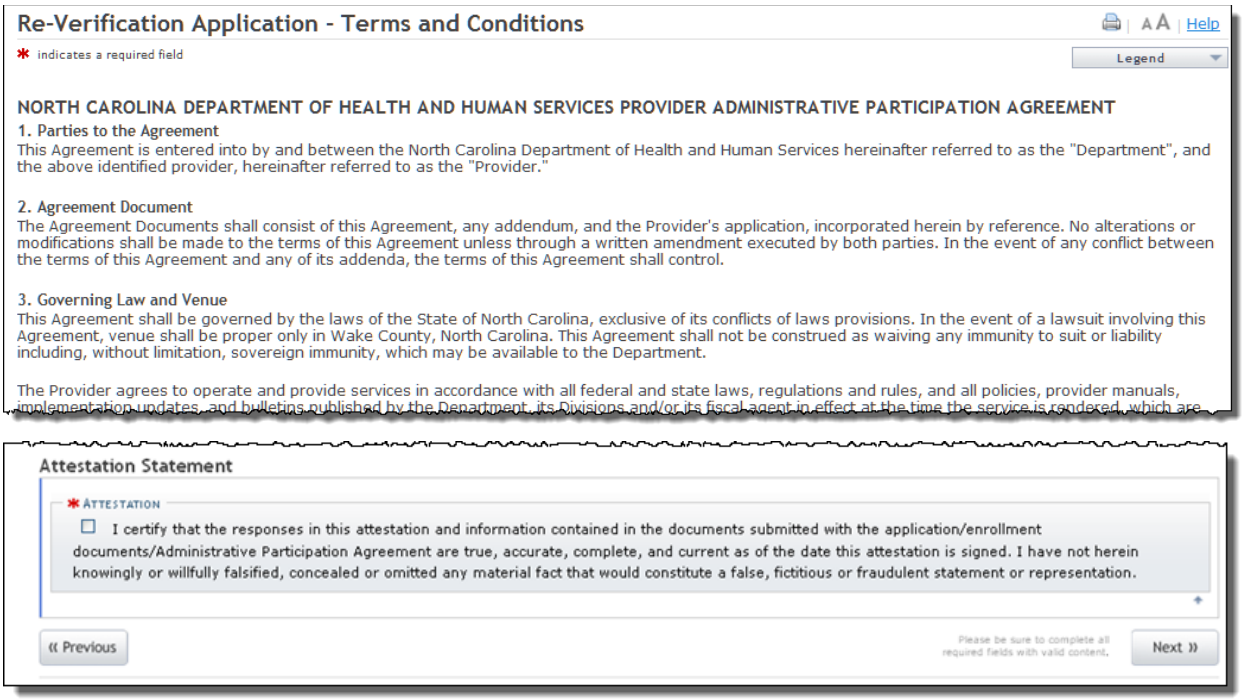


Exhibit 49. Re-Verification Application – Organization Page

Step	Action
1	Select **Next** if all information is correct.

6.2 RE-VERIFICATION APPLICATION – TERMS AND CONDITIONS PAGE

After reading and understanding the Provider Administrative Participation Agreement and the Attestation Agreement, the provider must select the checkbox next to the Attestation Statement or the provider will be unable to submit the Re-verification application.



Re-Verification Application - Terms and Conditions

Help

* indicates a required field

Legend

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDER ADMINISTRATIVE PARTICIPATION AGREEMENT

1. Parties to the Agreement

This Agreement is entered into by and between the North Carolina Department of Health and Human Services hereinafter referred to as the "Department", and the above identified provider, hereinafter referred to as the "Provider."

2. Agreement Document

The Agreement Documents shall consist of this Agreement, any addendum, and the Provider's application, incorporated herein by reference. No alterations or modifications shall be made to the terms of this Agreement unless through a written amendment executed by both parties. In the event of any conflict between the terms of this Agreement and any of its addenda, the terms of this Agreement shall control.

3. Governing Law and Venue

This Agreement shall be governed by the laws of the State of North Carolina, exclusive of its conflicts of laws provisions. In the event of a lawsuit involving this Agreement, venue shall be proper only in Wake County, North Carolina. This Agreement shall not be construed as waiving any immunity to suit or liability including, without limitation, sovereign immunity, which may be available to the Department.

The Provider agrees to operate and provide services in accordance with all federal and state laws, regulations and rules, and all policies, provider manuals, implementation updates, and bulletins published by the Department, its Divisions and/or its fiscal agent in effect at the time the service is rendered, which are

Attestation Statement

* ATTESTATION

☐ I certify that the responses in this attestation and 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 attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact 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 50. Re-Verification Application – Terms and Conditions Page

6.2 OWNERSHIP INFORMATION PAGE

The **Ownership Information** page allows the provider to manage ownership information. Providers can add, edit, or end-date ownership information in the Re-verification application.

Exhibit 51. Ownership Information Page

Step	Action
1	Select the **plus (+)** sign next to the individual or business that needs to be reviewed or edited. The section will expand.

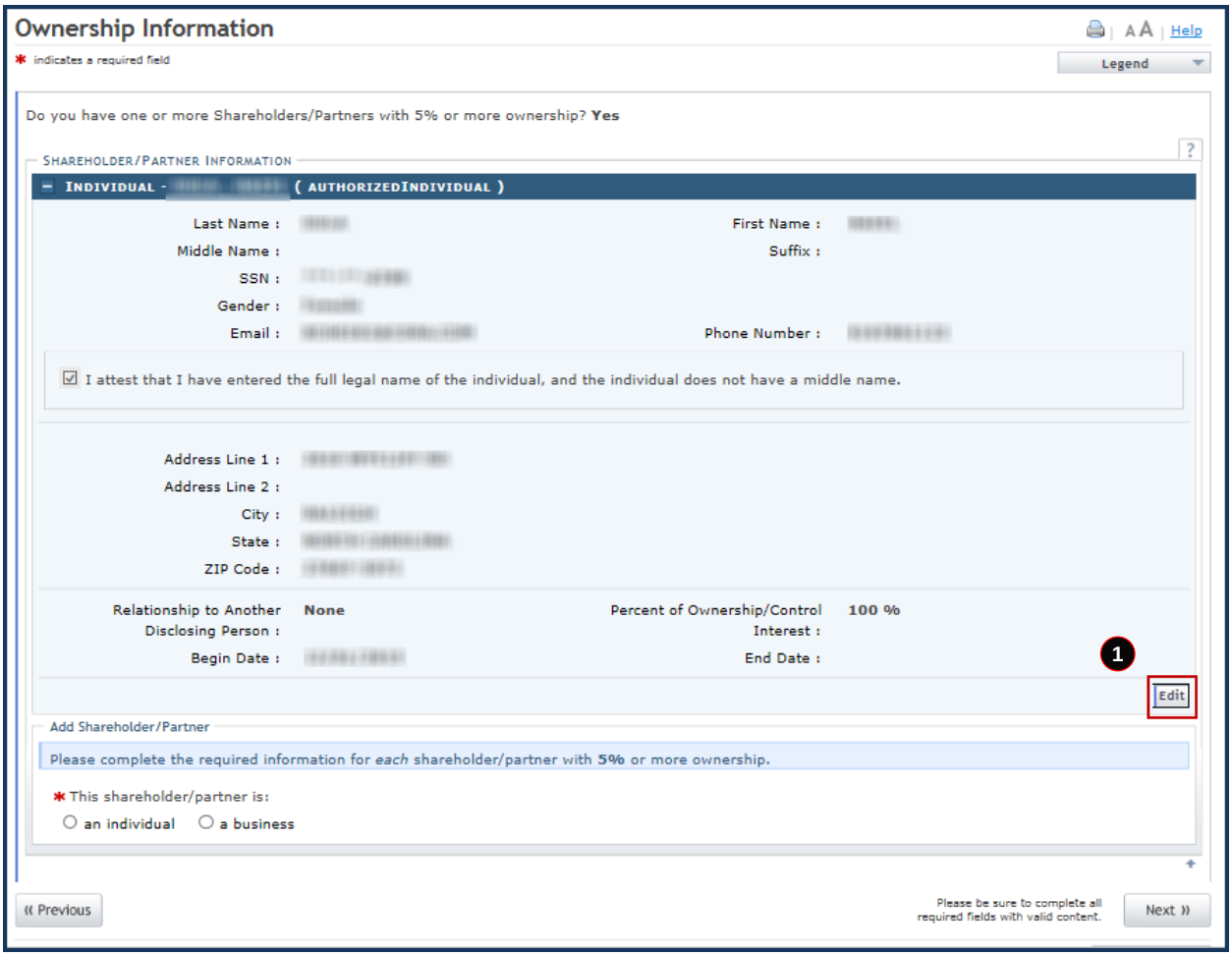


Exhibit 52. Ownership Information Page: Edit Ownership Information

Step	Action
1	Select **Edit** to update owner information or end date if the individual or business is no longer an owner of the organization.

6.3 AGENTS AND MANAGING EMPLOYEES PAGE

The **Agents and Managing Employees** page allows the provider to manage relationships. Providers can add, edit, or end-date managing relationships in the Re-verification application.

Note: An MCR is not required if the record has missing or invalid managing employee information.

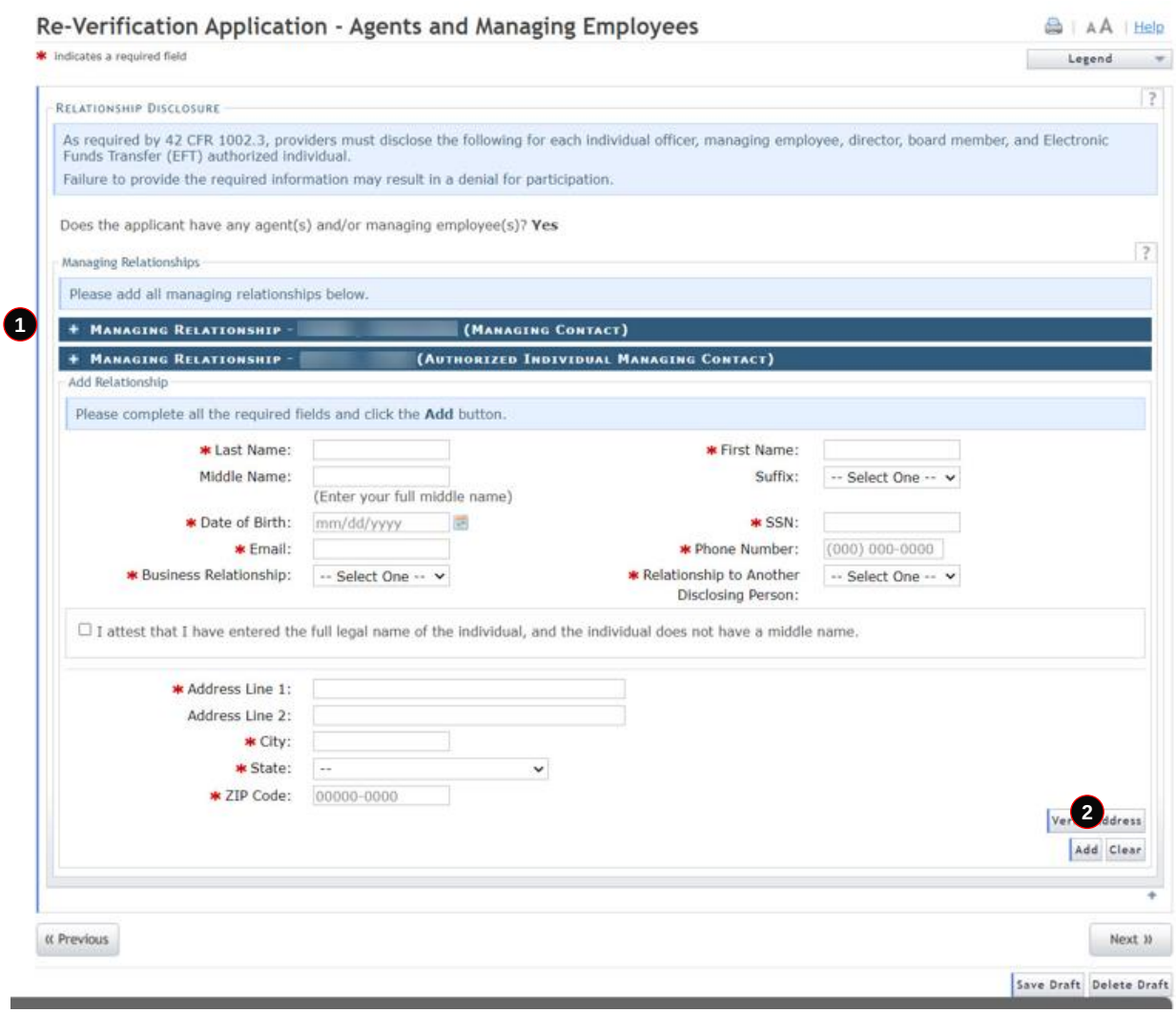


Exhibit 53. Agents and Managing Employees Page

Step	Action
1	Expand the section that needs to be updated.
2	Select **Edit**.

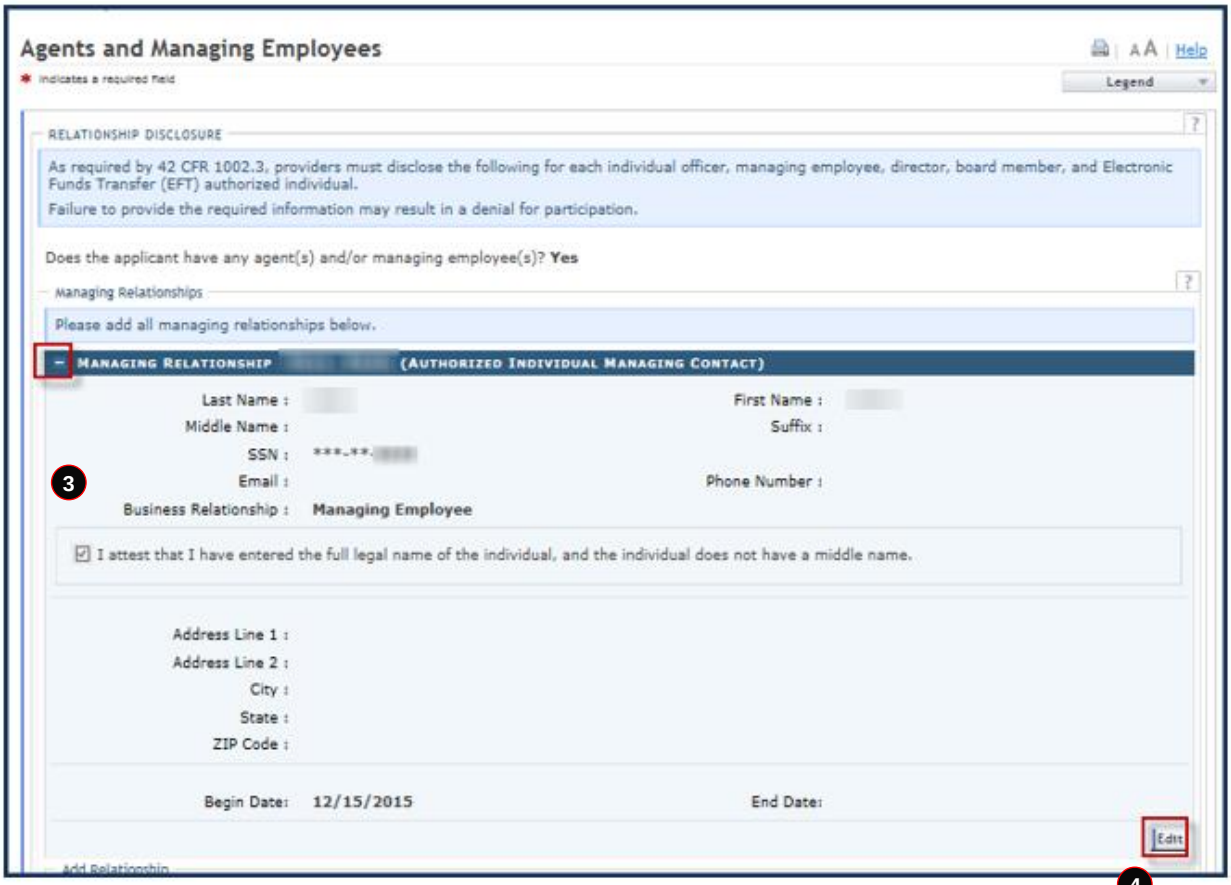


Exhibit 54. Agents and Managing Employees Page: Add/Update Information

Step	Action
3	Add or update required information.
4	Select **Save**.

6.4 RE-VERIFICATION APPLICATION – ACCREDITATION PAGE

The **Accreditation** page allows the user to view or add accreditation. The **Accreditation Type** for required accreditations may be populated as read only. If the **Accreditation Type** has not been populated, the user can select the **Accreditation Type** from the drop-down list and enter the remaining required fields.

Note: The **Accreditation** page only displays for Individual Providers.

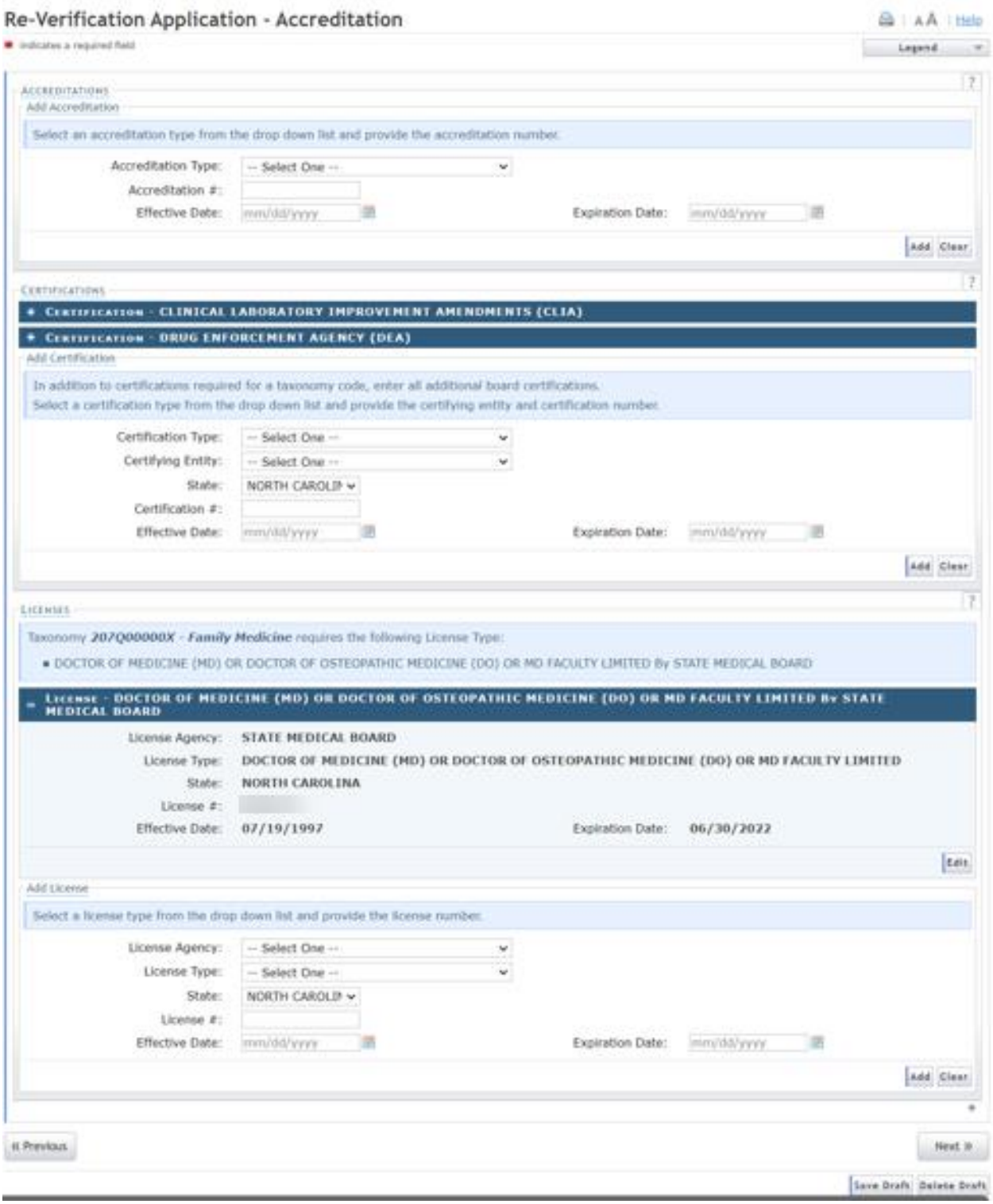


Exhibit 55. Re-Verification Application – Accreditation Page

Step	Action
1	Review, edit, and/or enter your board certifications information such as: Drug Enforcement Agency (DEA).

Step	Action
	Certification Type Certifying Entity State – Select the state in which you are certified from the drop-down menu. Certification # Effective Date Expiration Date
2	Select **Add**.
3	Select **Next**.

6.5 PROVIDER SUPPLEMENTAL INFORMATION PAGE

The Provider Supplemental Information Page allows the user to enter work history, education, and current malpractice information.

Note: The Provider Supplemental Information page only displays for Individual Providers.

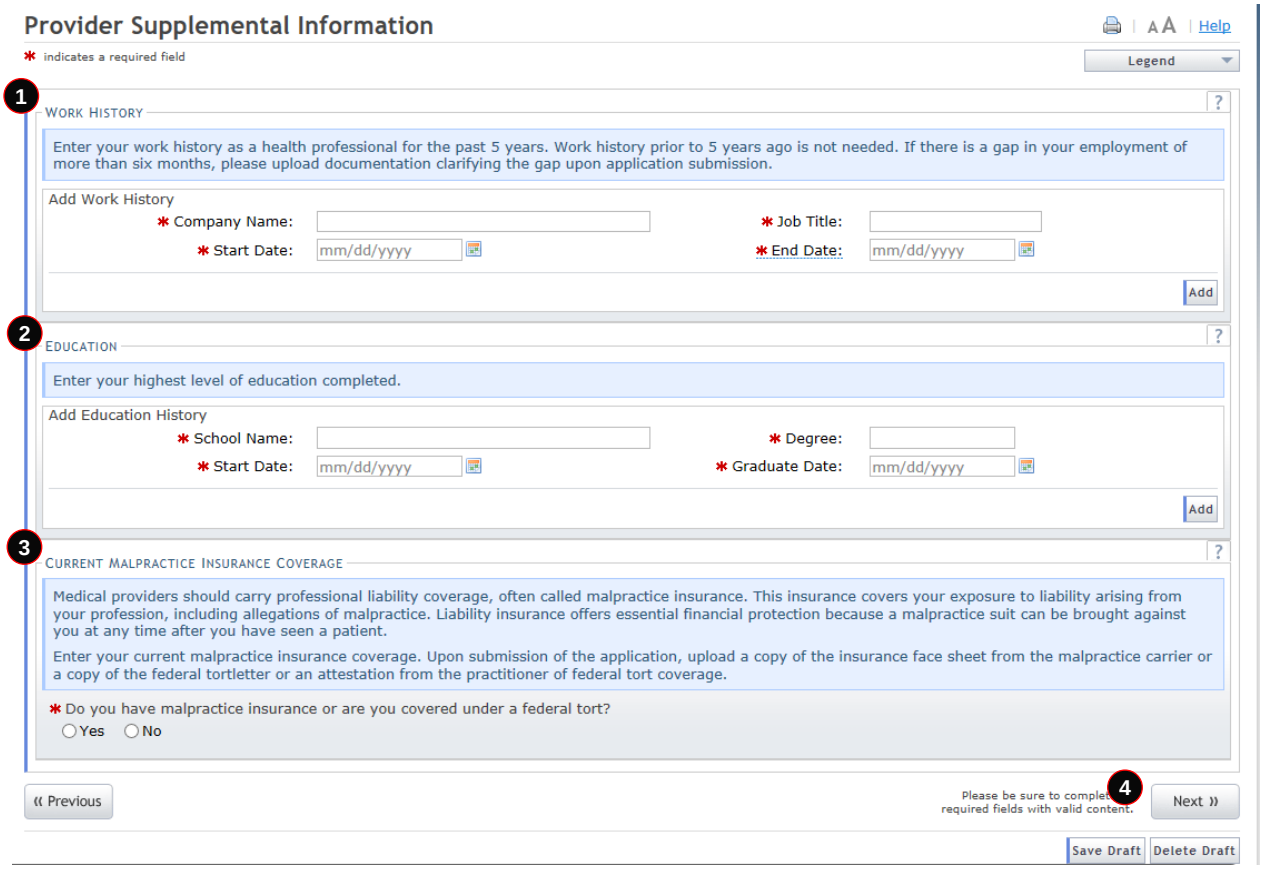


Exhibit 56. Re-Verification Application – Provider Supplemental Information Page

Step	Action
1	In the **Work History** section of the **Provider Supplemental Information** page, enter your work history as a health professional: • Company Name – Employer name • Job Title – Position/job title • Start Date – Start date of the job title at this company • End Date – End date of the job. If you still hold this job title at this company, enter 12/31/9999. If there is a gap in the Individual provider's work history of 6 months or more, the provider is required to upload written documentation explaining any gaps that occurred in the past 5 years.
2	In the **Education** section, enter your Education information: • School Name – School or institution name • Degree – Highest degree • Start Date – Date started at the school or institution • Graduation Date – Date graduated from the school with this degree
3	In the **Current Malpractice Insurance Coverage** section, enter/select the following: • Do you have malpractice insurance or are you covered under a federal tort? – Select **Yes** if you have malpractice insurance or are covered under a federal tort • Malpractice Type – Select the type of malpractice coverage • Insurance Agency Name – Enter the name of the malpractice insurance agency • Amount – Enter the amount of malpractice coverage • Effective Date – Effective date of the coverage • Expiration Date – Expiration date of the coverage
4	Select **Next**.

6.6 FEDERAL REQUIREMENTS PAGE

Providers with taxonomies that are categorized as moderate or high risk are required to meet additional federal requirements.

If the provider has not met these requirements, the **Federal Requirements** page will populate in the Re-verification application.

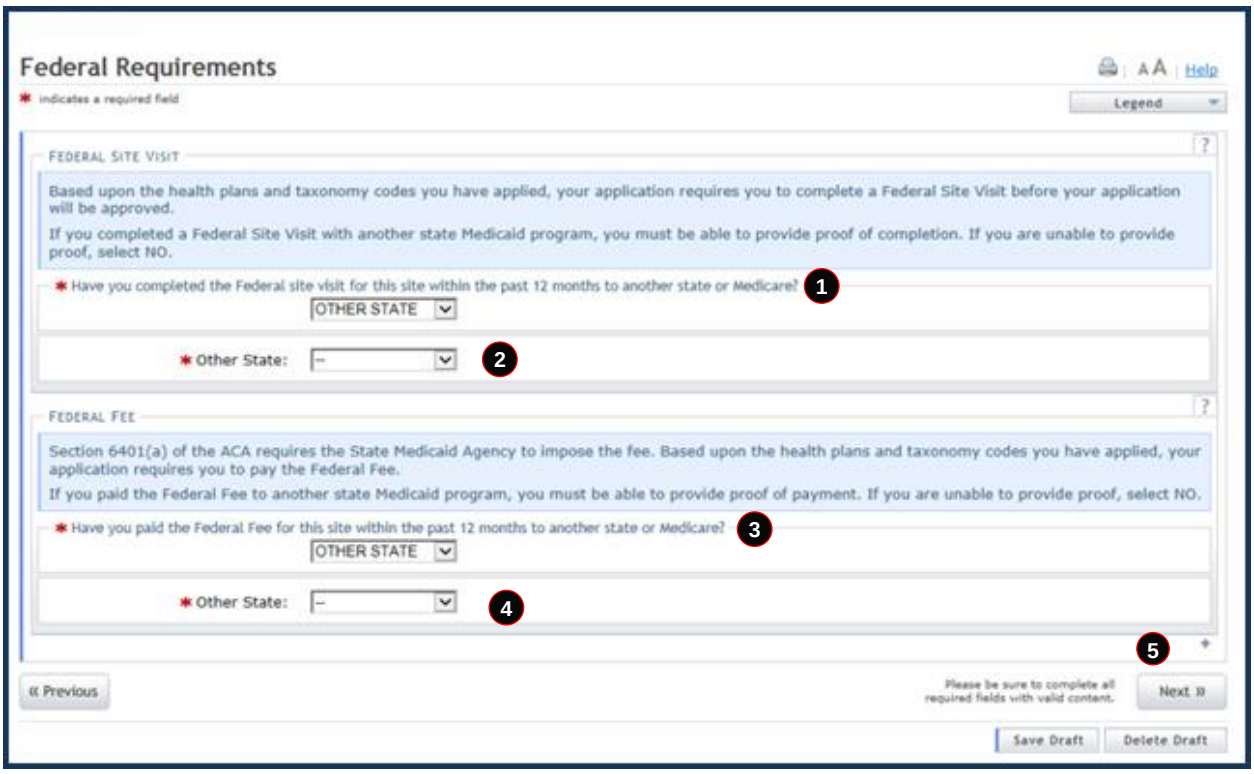
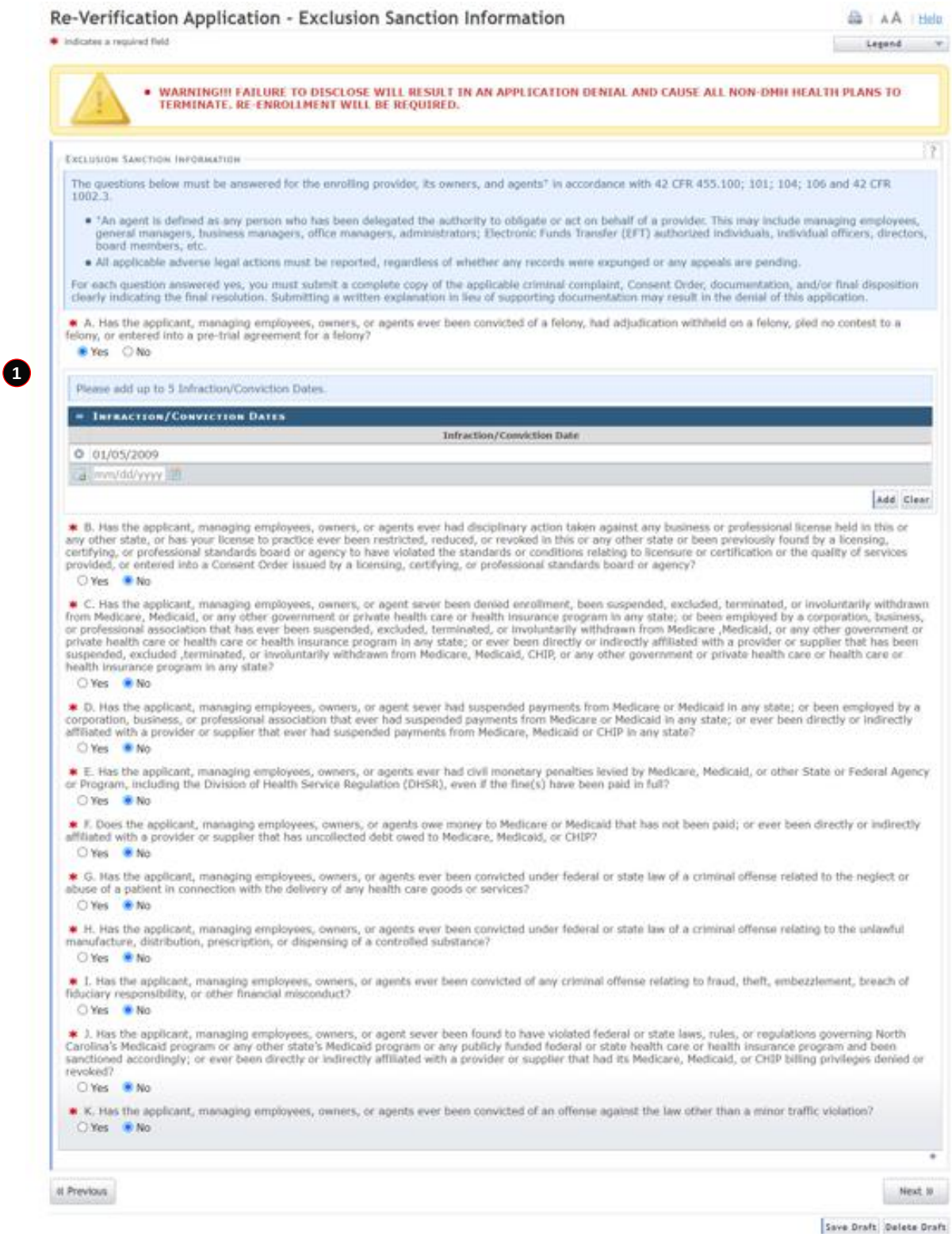


Exhibit 57. Federal Requirements Page

Step	Action
1	Federal Site Visit: Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare? • Select **NO** if you have not completed a Federal site visit for this location with either another state or Medicare. Select **MEDICARE** if completed with Medicare. Select **OTHER STATE** if completed for another state Medicaid program. **Note**: If you select **NO**, Public Consulting Group (PCG) will contact you after the application has been submitted to set up the site visit. • If you select **MEDICARE**, CSRA will confirm the site visit completion with Medicare. • If you select **OTHER STATE**, you are required to upload proof of completion as part of the application submission.
2	Other State: If applicable, select the state.
3	Federal Fee: Have you paid the Federal Fee for this site to NC Medicaid, another state or Medicare? • Select **NO** if you have not paid a Federal Fee for this location with either another state or Medicare. Select **MEDICARE** if paid to Medicare. Select **OTHER STATE** if completed for another state Medicaid program. **Note**: If you select **NO**, upon submission of this application, you will be directed to PayPoint to pay the fee.

Step	Action
	• If you select **MEDICARE**, CSRA will confirm the payment was made with Medicare. • If you select **OTHER STATE**, you are required to upload proof of payment as part of the application submission. If **OTHER STATE** is selected, the provider is required to upload proof of payment as part of the application submission.
4	Other State: If applicable, select the state.
5	Select **Next** to continue.

6.7 EXCLUSION SANCTION INFORMATION PAGE



Re-Verification Application - Exclusion Sanction Information

Help

* Indicates a required field

Legend

* WARNING!!! FAILURE TO DISCLOSE WILL RESULT IN AN APPLICATION DENIAL AND CAUSE ALL NON-DMH HEALTH PLANS TO TERMINATE. RE-ENROLLMENT WILL BE REQUIRED.

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents* in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- *An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

1

* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?
Yes No

Please add up to 5 Infraction/Conviction Dates.

INFRACTION/CONVICTION DATES

Infraction/Conviction Date
01/05/2009
mm/dd/yyyy

Add Clear

* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?
Yes No

* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare ,Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded ,terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?
Yes No

* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
Yes No

* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
Yes No

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
Yes No

* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
Yes No

* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
Yes No

* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
Yes No

* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
Yes No

* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
Yes No

« Previous Next »

Save Draft Delete Draft

Exhibit 58. Exclusion Sanction Information Page

Step	Action
1	Select **Yes** or **No** for each Exclusion Sanction question. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays. For each question answered **Yes**, the provider 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 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.

6.8 REVIEW APPLICATION PAGE

Selecting the **Review Application** button displays a window that allows the ES user to open a PDF file of the application. The ES user can print and review the application for accuracy before submitting.

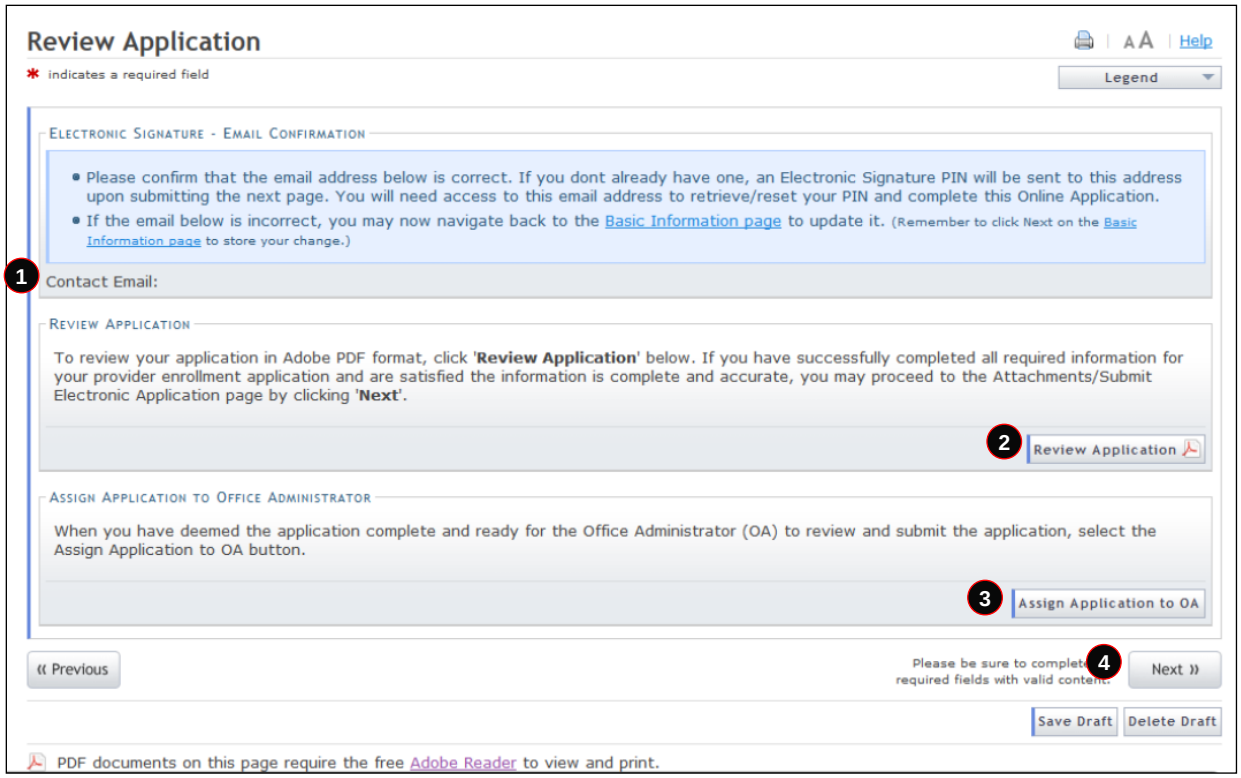


Exhibit 59. Review Application Page

Step	Action
1	Confirm the **Contact Email** listed is correct; if not, use the provided hyperlink to access the **Basic Information** page to update it.
2	Select **Review Application** to review the information entered for accuracy.
3	Select **Assign Application to OA** to assign the application to the OA for review and submission, where applicable. **Note**: An e-mail will be sent to the OA notifying them that the application is ready to be signed and submitted.
4	Select **Next** to continue.

Note: When the ES user selects the **Assign Application to OA** button, they will be redirected to the **Status and Management** page.

The **Assign Application to Office Administrator** section displays only when the logged-in user is the ES user.

7.0 Maintain Eligibility Application

A provider with no claim activity in the last 12 months will be notified that they must complete a Maintain Eligibility application in NCTracks. The provider must attest electronically to remain active or the system will terminate all health plans (except Division of Mental Health [DMH]).

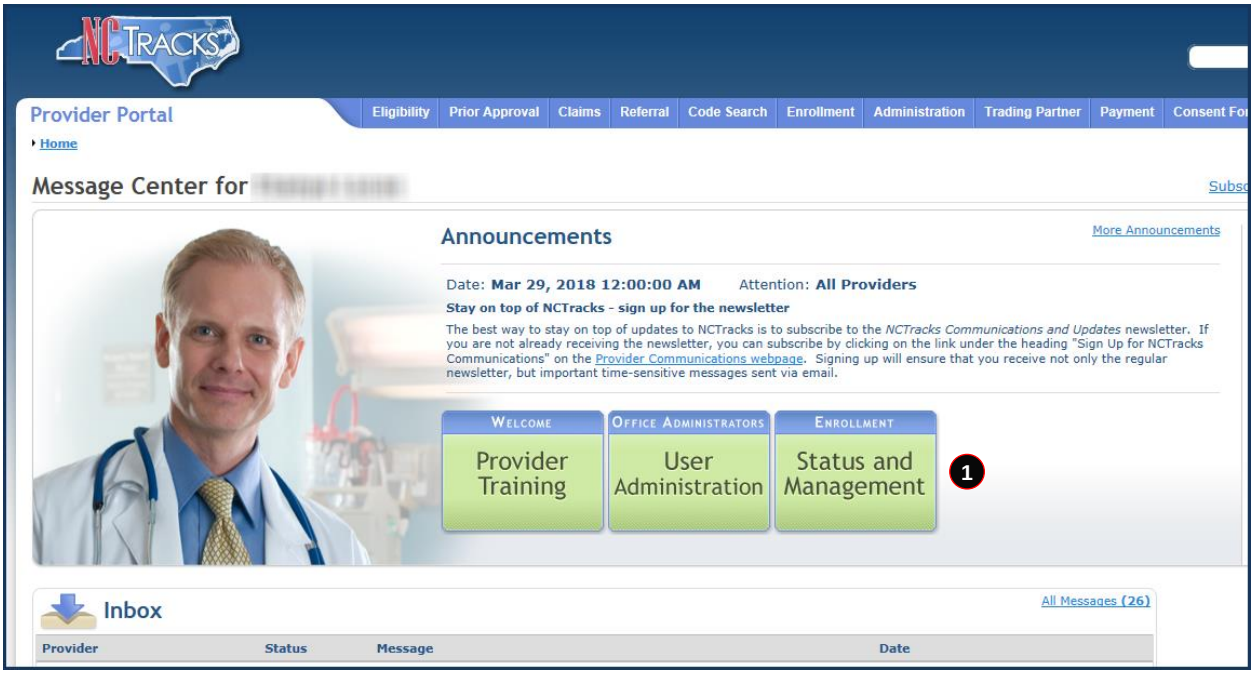


Exhibit 60. Provider Portal Home Page

Step	Action
1	From the **Provider Portal Home** page, select **Status and Management**.

The **Status and Management** page displays. To begin a Maintain Eligibility application, scroll down to the **Maintain Eligibility** section.

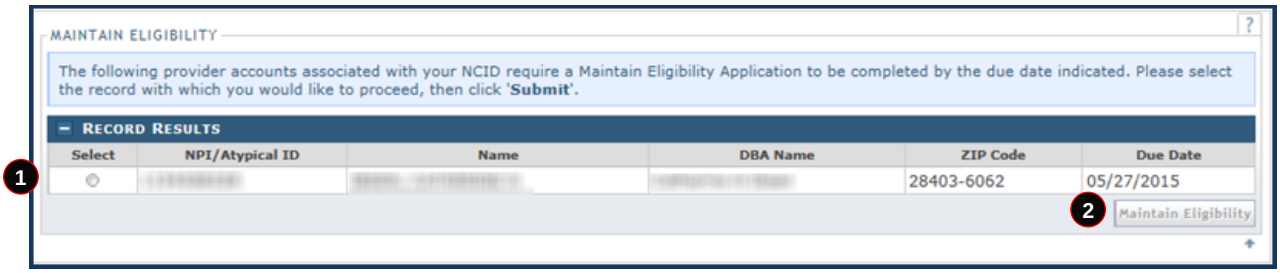


Exhibit 61. Status and Management Page: Maintain Eligibility Section

Step	Action
1	Select the **radio button** next to the record for which you want to begin a Maintain Eligibility application.
2	Select **Maintain Eligibility**.

The pages look exactly like the Re-verification application pages except that the **Exclusion Sanction Information** page will not display. See the exhibits in Section 6.0.

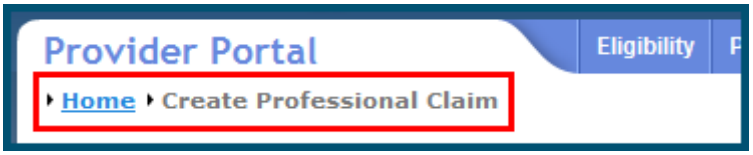
Once the Maintain Eligibility application is submitted, the provider record will be updated to indicate that the provider wishes to remain active. **Note**: The submitted Maintain Eligibility application will appear on the **Status and Management** page in the **Submitted Applications** section with a status of “Approved”.

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

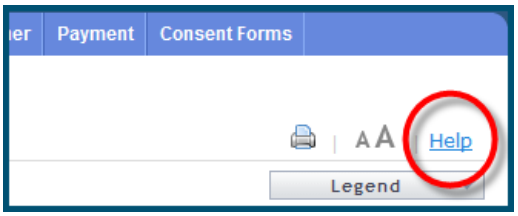


A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help

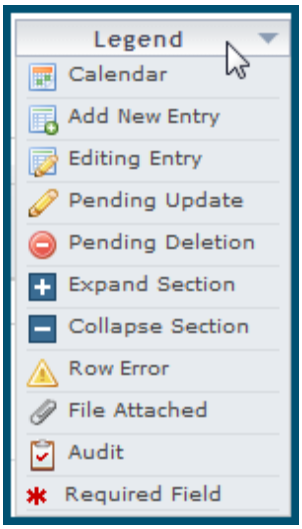
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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

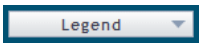
Screen-Level Help



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



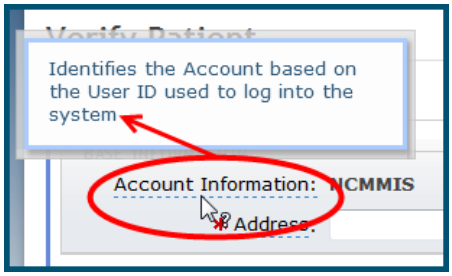
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon 

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 pop-up 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.