NCMMIS
How to Enroll in NC Medicaid – Individual Participant User Guide

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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.

Document Revision History

Version	Date	Description of Changes
V2.0	August 06, 2025	Final version
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D1.0.1	May 28, 2013	Initial submission for review

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1.0 Welcome

1.1 OVERVIEW

This Participant User Guide provides step-by-step instructions for completing the enrollment application for an individual provider using the NCTracks Provider Portal.

The enrollment process includes credentialing, endorsement, and licensure verification to ensure that all providers are in good standing in the community.

A $100 NC Application Fee is required from individual providers to be active in Medicaid. The $100 fee is required for initial enrollments, every 5 years when completing the re-credentialing process, and if for any reason there was a termination resulting in submission of a Re-enrollment application.

Note: Providers are encouraged to pay special attention to their full legal name, Social Security Number (SSN), and Date of Birth (DOB). Submitting applications with inaccurate or invalid data, especially in these fields, can cause the application to be withdrawn and/or increase processing time. If the application is withdrawn, a new application must be submitted with the correct information and will require all appropriate application fees to be paid again.

1.2 COURSE OBJECTIVES

At the end of this training, you will be able to submit an enrollment application for an individual provider using the NCTracks Provider Portal.

1.2 PREREQUISITES

- HIPAA Security & Privacy Training

1.3 BEFORE YOU BEGIN

Before you begin the application process, it is important to ensure that you meet the program requirements and qualifications. Specific qualifications for each provider type are listed in the Provider Permission Matrix located under Quick Links on the NCTracks Provider Enrollment page.

The enrollment application is completed online via the NCTracks Provider Portal. To log in to the Provider Portal, you will need an NCID. Refer to the Getting Started page of the portal for additional information.

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2.0 Enrollment Application

2.1 ACCESSING THE ENROLLMENT APPLICATION

You will navigate to Provider Applications via the NCTracks Provider Portal.

1. Navigate to www.nctracks.nc.gov using a supported browser. The NCTracks Home page displays.

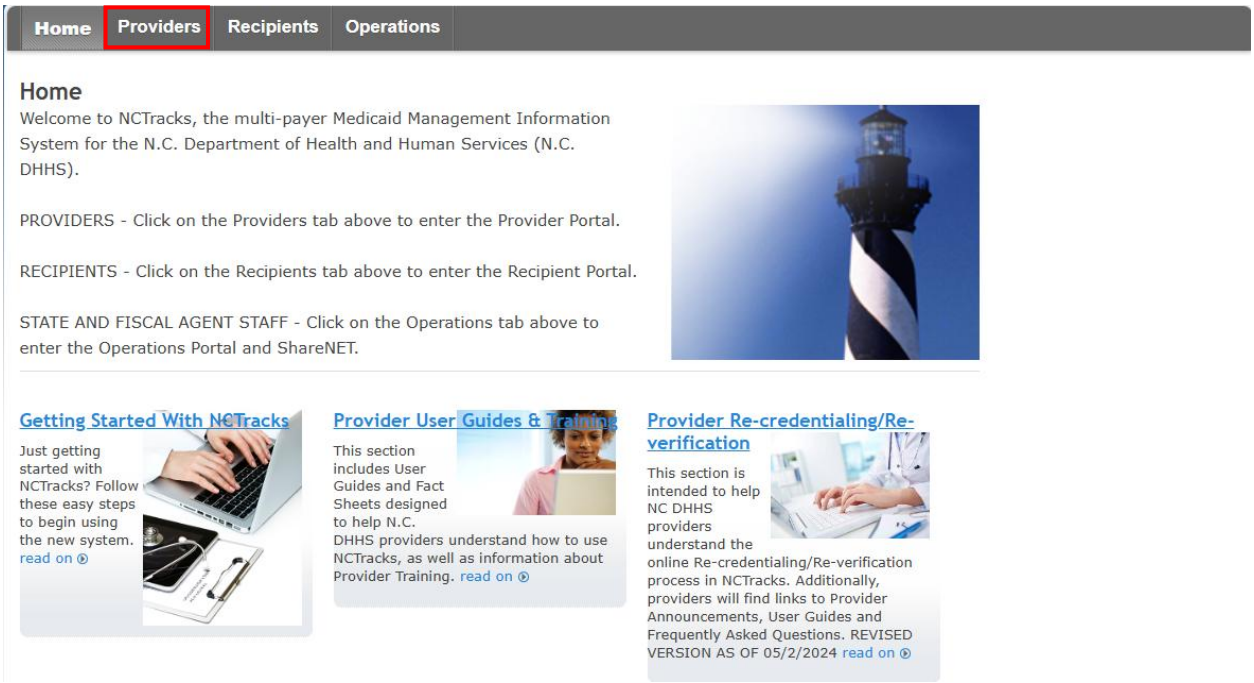


Exhibit 1. NCTracks Home Page

2. Select the **Providers** tab at the top of the page. The public **Providers** page displays.

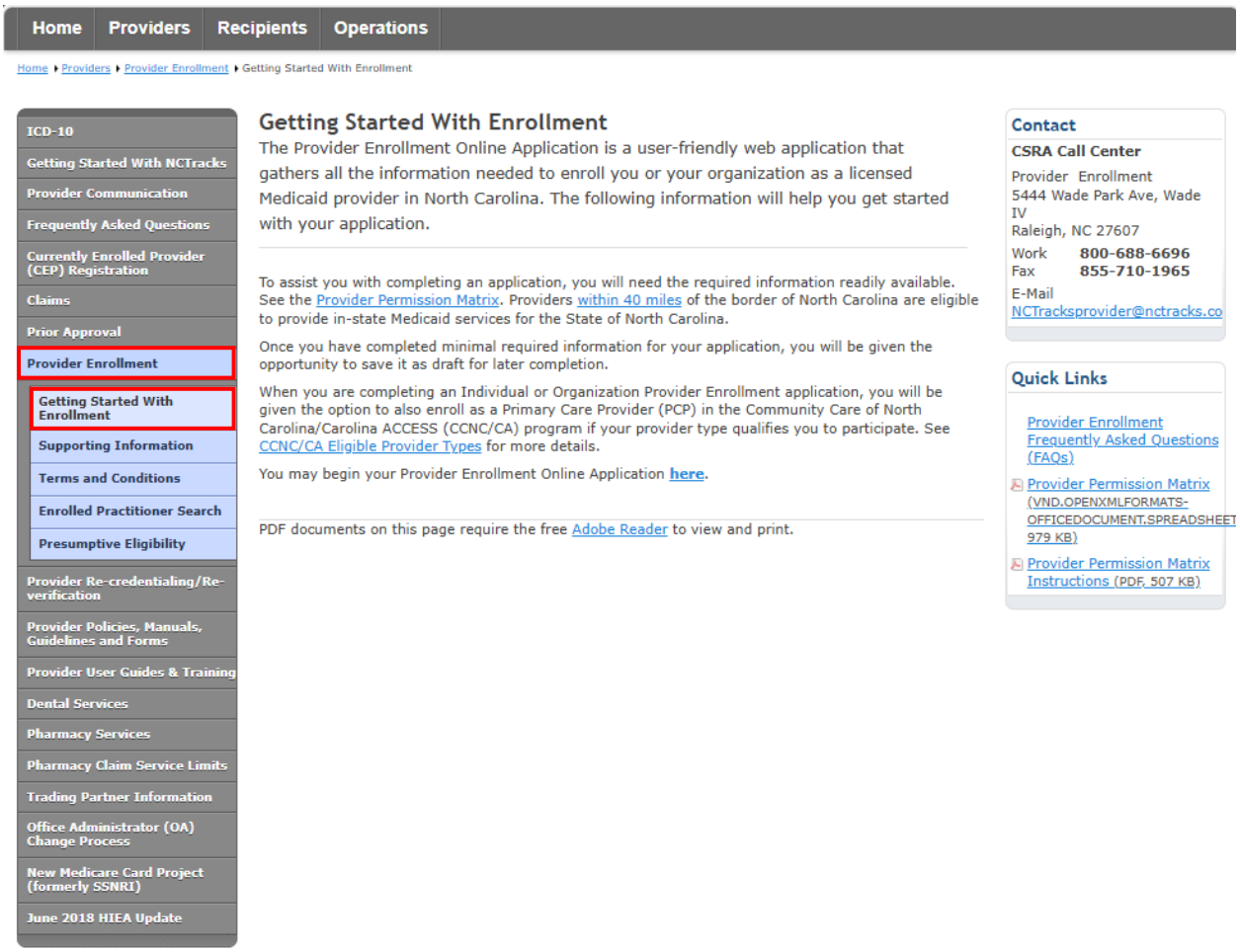


Exhibit 2. Public Providers Page

3. Select the **Provider Enrollment** menu option.
4. Select the **Getting Started With Enrollment** menu option. The **Getting Started** page displays.

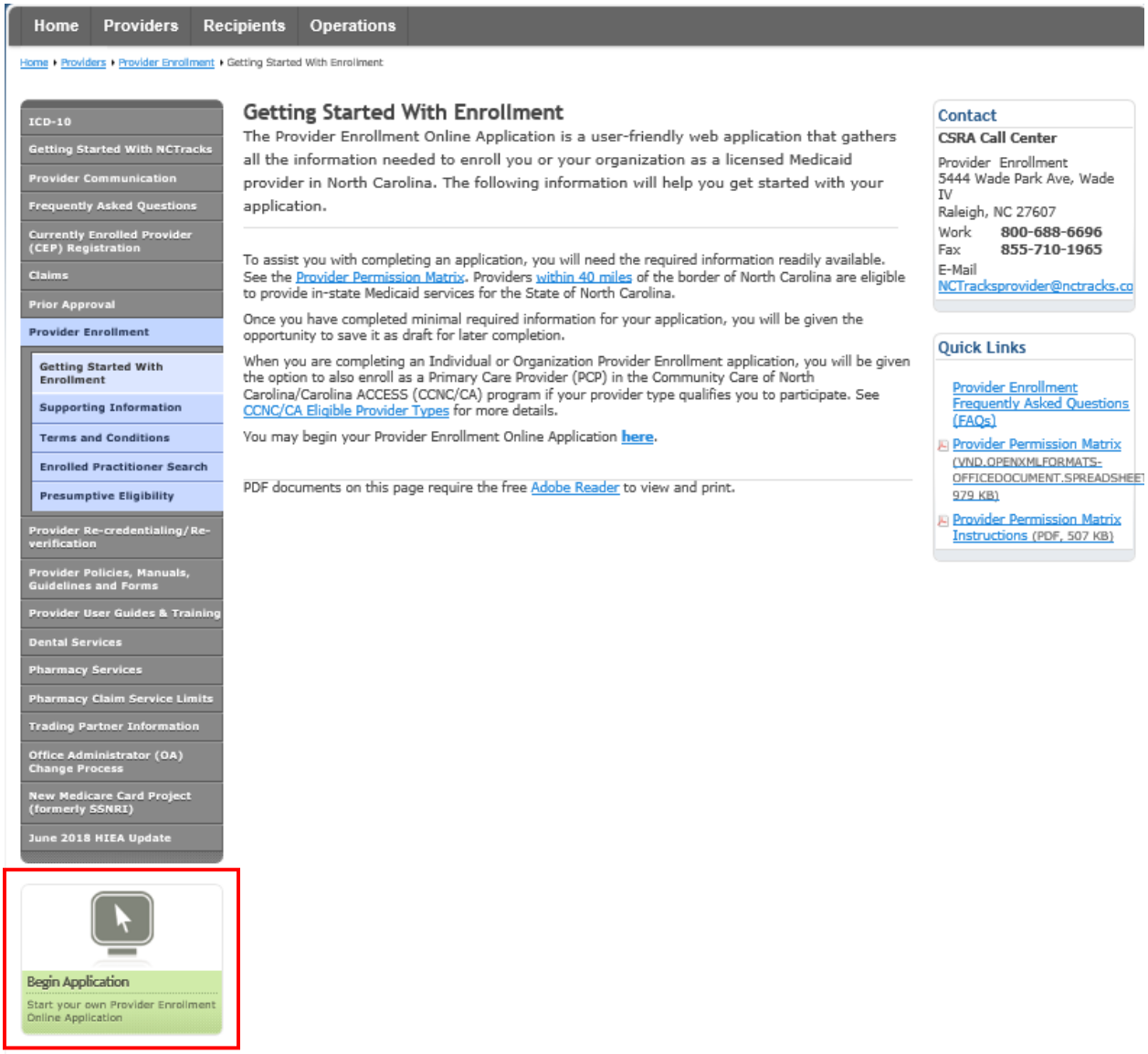


Exhibit 3. Getting Started Page

5. Select the **Begin Application** button. The **Provider Enrollment Login** page displays.

Home ▸ NCTracks Provider Portal Login

Provider Enrollment Login

Important Announcement

In accordance with the North Carolina Identity Management (NCID) Citizen Identity Project, NCTracks implemented Multi-Factor Authentication (MFA) updates to the NCTracks Portal on ***Sept. 15, 2024***. This change has an updated User Login process.

If you are ***Individual & Business Users*** and you are NOT registered to MFA yet, please register now. For detailed instructions, including images of each step, refer to the NCID User Guide for MFA

MFA updates will be implemented through a phased approach for all users in 2025. You will receive further communication when your MFA is to be updated.

If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at **919-754-6000 or 800-722-3946**.

For more information and training videos, visit the NCID Citizen Identity Project | NCDIT training page.

If you are **State & Local Government Users** and you are NOT registered to MFA yet follow the steps below:

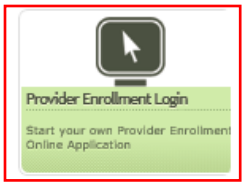
1. Go to https://ncid.nc.gov/ and sign in using your NCID username and password, to ensure your NCID account is in good standing, before proceeding with next steps
2. Check with your NCID Delegated Administrator, if you happen to have 2 or more NCID's associated with one email address, your NCID Delegated Administrator will have to Archive the disabled NCIDs. The key requirement for your MFA Setup to work and log in successfully is to have one NCID associated with a unique email address.
3. Clear all the browser cookies and log into NCTracks https://www.nctracks.nc.gov
4. Sign in using your NCID username
5. Enter your State / County email address, if that does not work use your NCID username followed by @nc.gov (example: If your NCID username is jdoe1 you will enter jdoe1@nc.gov).
6. Enter the NCID password
7. You will be prompted to complete your MFA.
8. Any future emails for issues , Always reference with these details to: NCTracks.MFA.Support@dhhs.nc.gov , with your active NCID, Email , Full Name and Screenshot(s) of the error

The **NCTracks Web Portal** contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click '**Cancel**'.

NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our Legal and Privacy Policy pages.



All users are required to have an NCID to log in to their secure area. An NCID does not grant access to all secure areas. Access to a specified secure area is allowed per the user access rights granted by NCDHHS (State users) or the provider's Office Administrator. Recipient NCIDs does not require additional rights to access Recipient portal.

To create/update NCID record, use the appropriate link as per your NCID type.

- External Users (Provider or Recipient) click here
- State and Local Government employees (State or Fiscal Agent) click here

Exhibit 4. Provider Enrollment Login Page

6. Select the **Provider Enrollment Login** button. The **NCTracks Login** page displays.

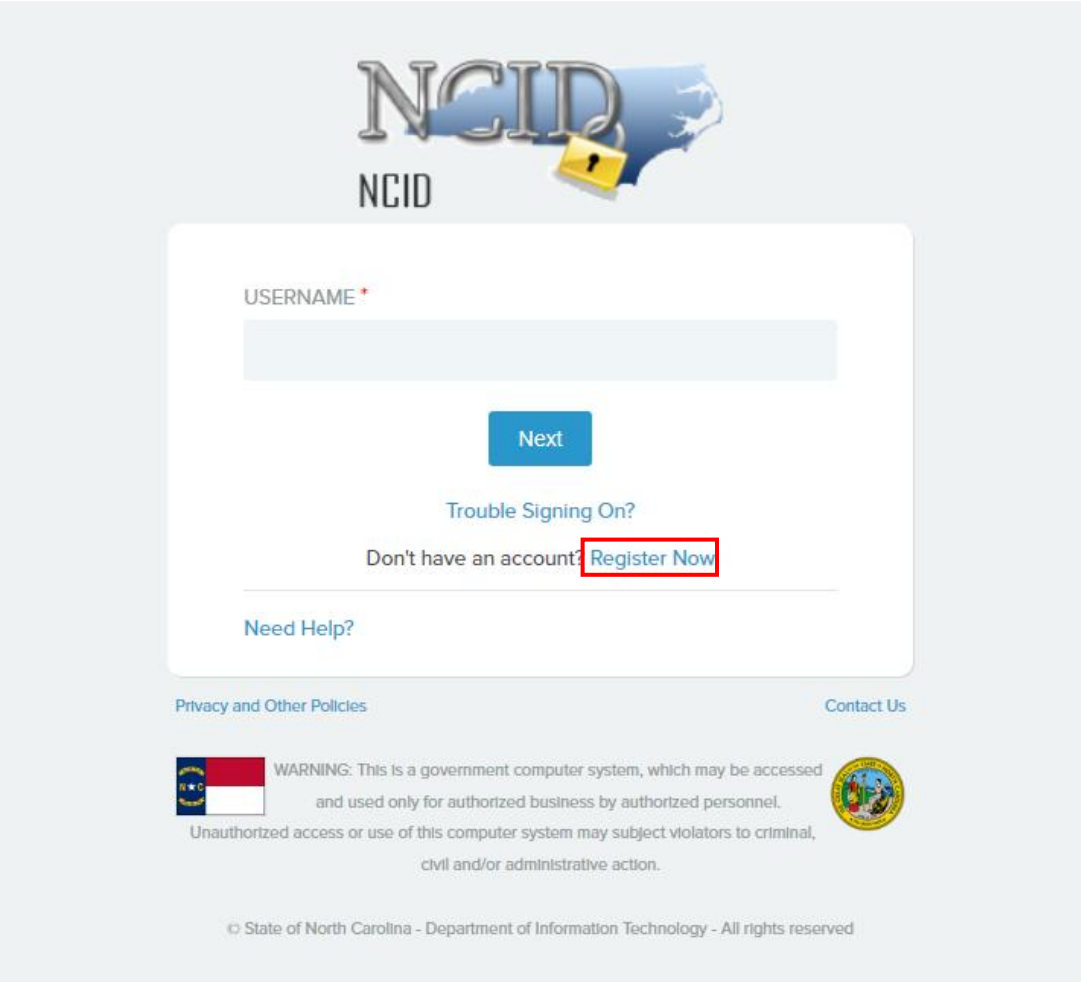


Exhibit 5. NCTracks Login Page – Enter NCID Username

7. 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.

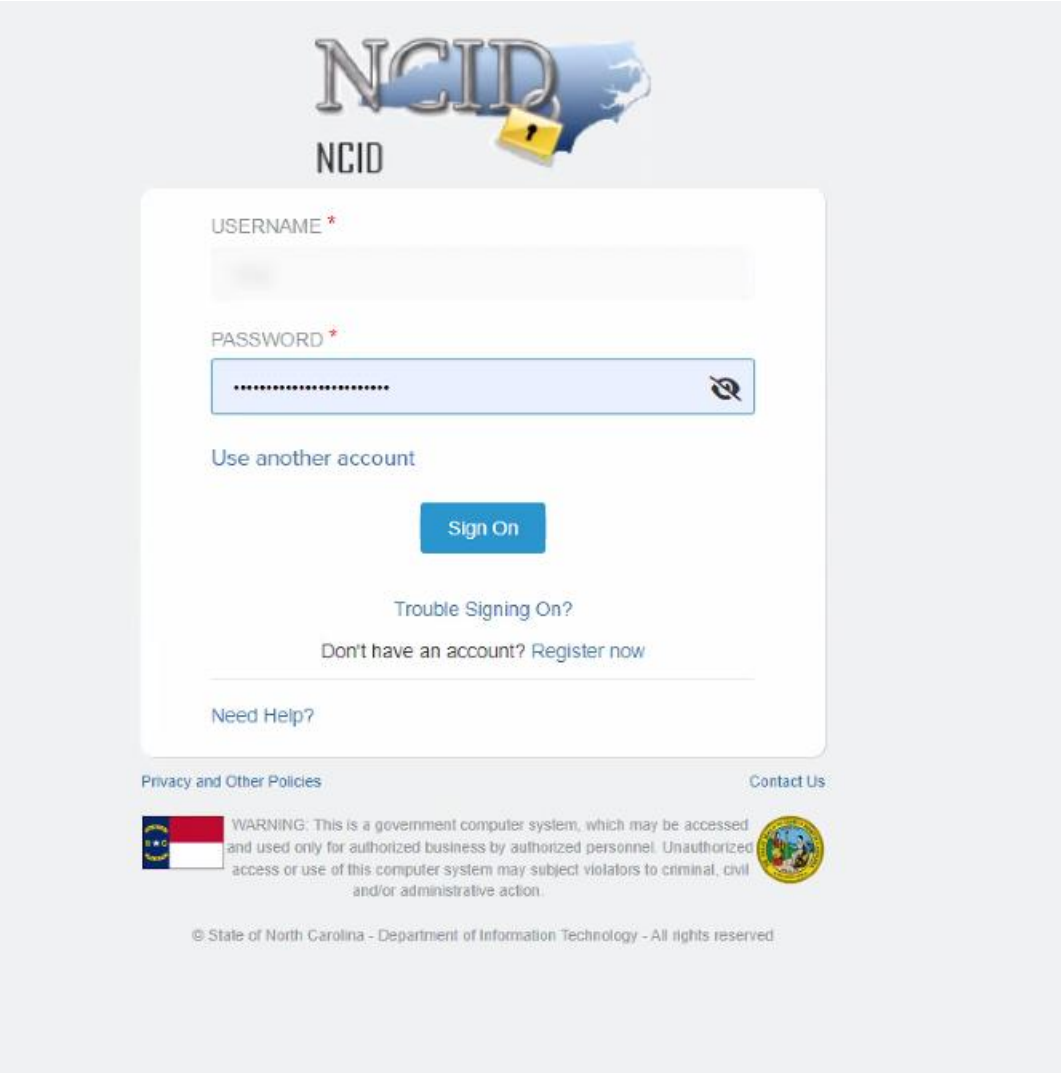


Exhibit 6. NCTracks Login Page – Enter Password

8. Enter the **Password** associated with the NCID.
9. Select the **Sign On** button. The **Online Provider Enrollment Application** page displays.

   Note: If a user is required to use Multi-Factor Authentication (MFA), the State NCID system will prompt with preselected MFA preference. Upon successful verification of MFA, the user will be navigated back to the desired secure Portal page.

   Passwords are case sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number that the user can call for access assistance. MFA is required. Once the user has entered the user ID and password, the second level authentication will be sent via the user's preferred method (Phone or Mobile App). For more information on the MFA registration process, please refer to the Provider Multi-Factor Authentication Registration Process at this State of North Carolina weblink: https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404.

2.2 COMPLETING THE PROVIDER LOCATION AND SELECTING THE ENROLLMENT APPLICATION TYPE

On the **Online Provider Enrollment Application** page, you will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or Out-of-State (OOS) provider. You will also select your Provider Enrollment Application Type. For information on the basic application types, see Section 4.0.

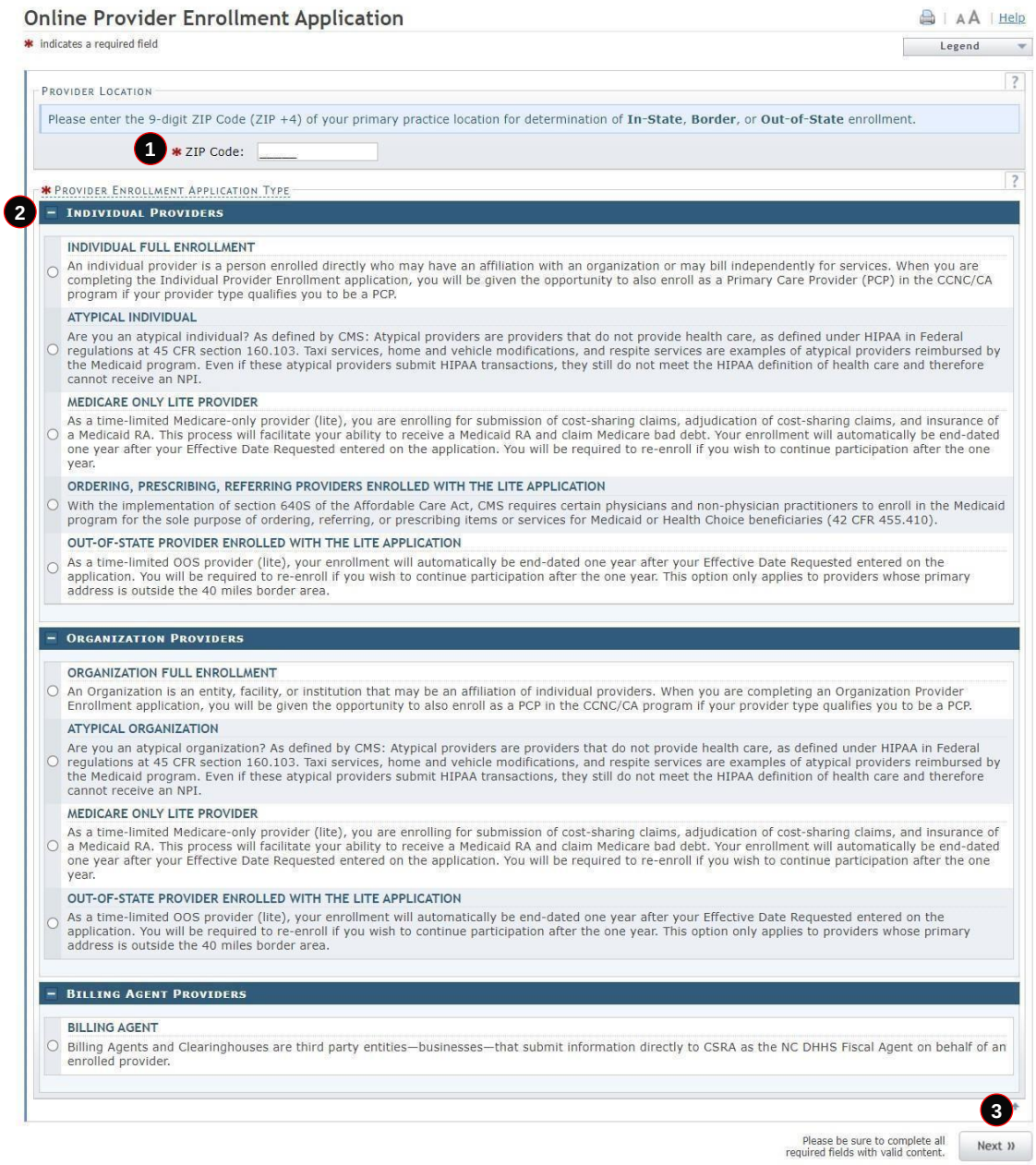


Exhibit 7. Online Provider Enrollment Application Page

1. Enter the 9-digit ZIP Code (ZIP+4) of your primary practice location for determination of In-State, Border, or OOS enrollment.

   Border providers are those providers who render services within 40 miles of the North Carolina border. OOS services are defined as services rendered more than 40 miles outside the North Carolina border. For additional information and requirements regarding border and OOS providers, please refer to the following website:

   https://medicaid.ncdhhs.gov/providers/provider-enrollment/out-state-provider-enrollment

   Note: This document assumes you are enrolling as an In-State or Border provider.

2. Under **Individual Providers**, select the radio button next to the type of individual that applies to you as a provider.
3. Select the **Next** button to continue.

2.3 COMPLETING THE INDIVIDUAL BASIC INFORMATION

The **Individual Basic Information** page displays. This page captures basic applicant information for individual providers.

1. Complete the following required fields in the **Identifying Information** section:
   - Last Name
   - First Name
   - Date of Birth
   - SSN
   - Gender
   - NPI
   - Email

   Important: It is critical that you enter a valid name, DOB, and SSN and that you verify the accuracy of this information before continuing to the next section.

   An inaccurate or invalid name, DOB, or SSN will cause your application to be withdrawn, and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees.

   If your legal name contains a suffix such as Jr. or Sr., you must select the suffix from the drop-down menu.

2. Select the attestation checkbox if you have given your full legal name and you do not have a middle name.

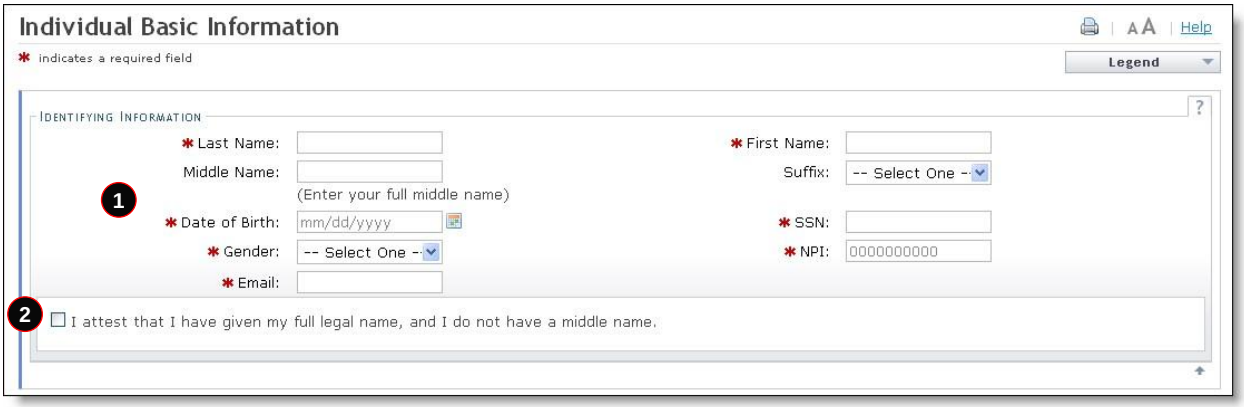


Exhibit 8. Individual Basic Information Page – Identifying Information

3. The **Individual Basic Information** page has been modified to capture individual provider's race, ethnicity, and language information. Note thatthe provider can choose to opt out of providing this information.
   - At least one checkbox must be selected for race.
     - If the checkbox **Prefer not to disclose** is checked, all other checkboxes must be cleared for race.
   - At least one checkbox must be selected for ethnicity.
     - If check the checkbox 'Prefer not to disclose', all other checkboxes must be cleared for ethnicity. If language select 'Other', is chosen, a field a field is displayed that requires you to enter the other language that is not listed.

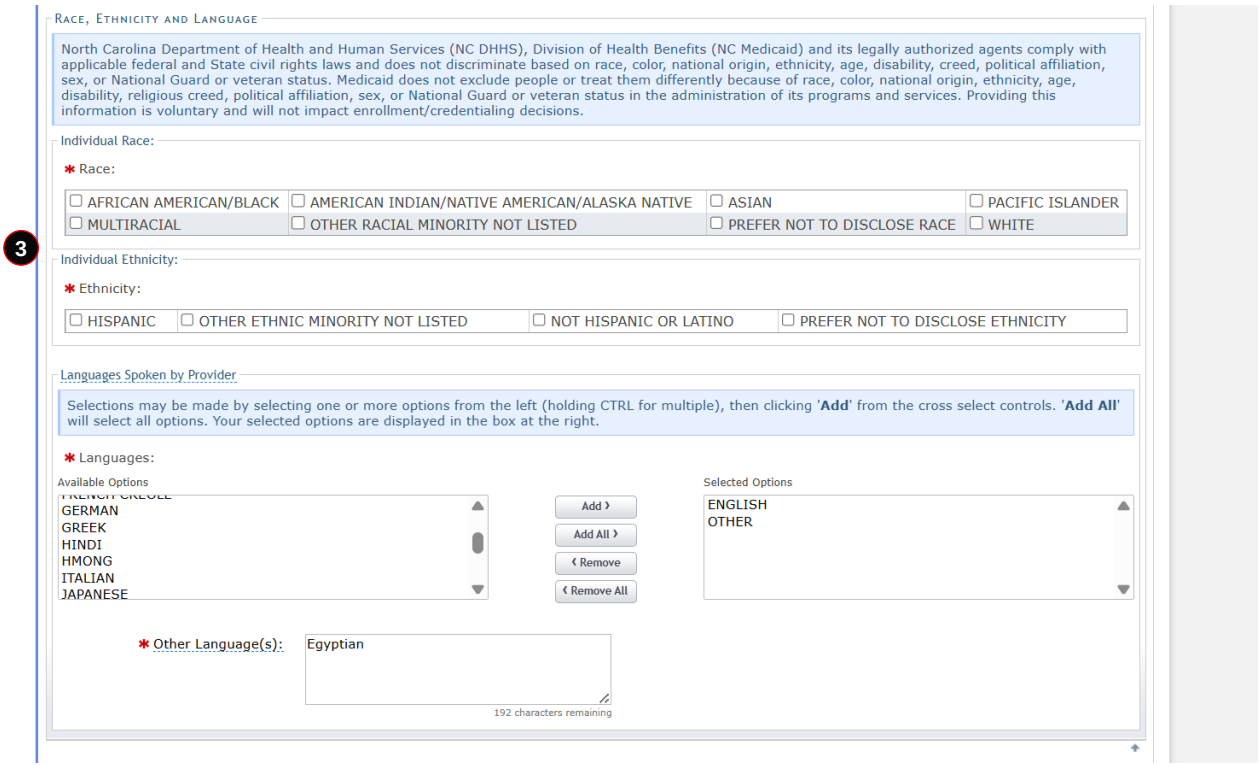


Exhibit 9. Race, Ethnicity, and Language

4. If you want to enroll as an ordering, referring, or prescribing (OPR) provider, select **Yes**.

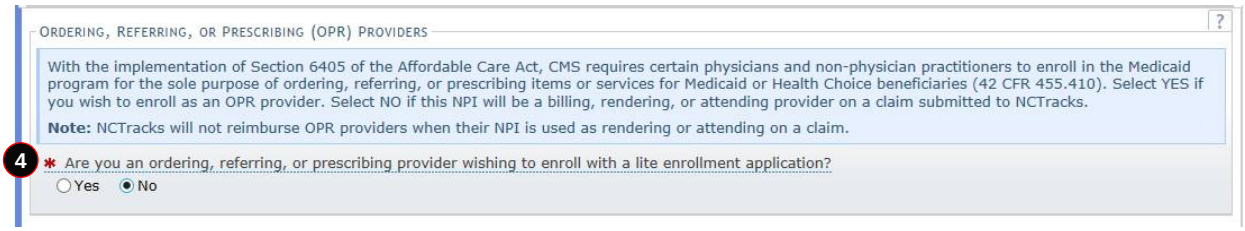


Exhibit 10. Individual Basic Information Page – OPR Provider

Note: This document assumes you selected **No** for this question.

5. If you want to report income to an Employer Identification Number (EIN), under the **Employer Identification Number (EIN)** section, select **Yes** and enter your EIN, full Doing Business As (DBA) name, and years of operation under that name.

Exhibit 11. Individual Basic Information Page – EIN/DBA Name

6. Under the **Ownership Information** section, from the **Business Type** drop-down menu, select SELF, SINGLE-OWNER LLC, or SOLE PROPRIETOR. The options for this drop-down menu will depend on whether you will report income toward the SSN of the provider or toward an EIN. If you are unsure which option to select, it is recommended that you consult an attorney.

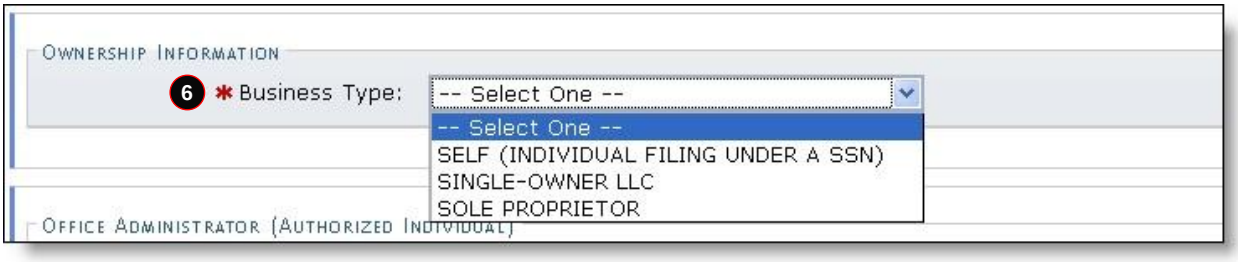


Exhibit 12. Individual Basic Information Page – Ownership Information

7. if you will not be independently billing for services, under the **Rendering/Attending Only Provider** section, select **Yes** for the question '**Are you a Rendering/Attending Only provider?**'. By selecting **Yes**, you are indicating that you are affiliated with an organization or group and that the group will be billing for services on your behalf.

   If you select **Yes** for this question, you will not be able to enter Electronic Funds Transfer (EFT) information, as it is assumed that another provider record will be billing for all services rendered under this provider record. In addition, you will be required to complete the **Affiliated Provider Information** page to affiliate to another provider record (see Section 2.18).

Exhibit 13. Individual Basic Information Page – Rendering/Attending Only Provider

7. The **Office Administrator (Authorized Individual)** section identifies the person who is authorized to receive information or make business decisions on behalf of the applying provider. Enter the name and contact information for the Office Administrator (OA).

   The OA MUST be the enrolling provider or a managing employee. A managing employee is a general manager, business manager, administrator, or director who exercises operational or managerial control over the entity either directly or indirectly.

   Complete the following required fields:

   - Last Name
   - First Name
   - Contact Email
   - Office Phone
   - User ID (NCID) – this is prepopulated and read-only
   - SSN

8. If the OA does not have a middle name, select the attestation checkbox.

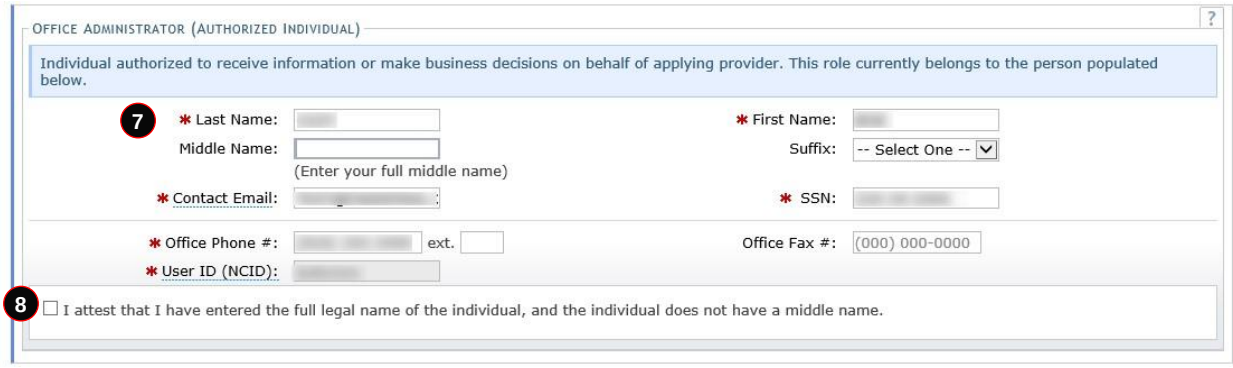


Exhibit 14. Individual Basic Information Page – Office Administrator

9. Under the **Effective Date Requested** section, select the effective date.

   The date will default to the current date. This date will determine the effective dates of your service locations and taxonomies. The effective date is the earliest date a provider may begin billing for services. If you do not back-date this date, your effective date of enrollment will be the current date.

   The effective date of the enrollment cannot be more than 365 days prior to the date that the enrollment application is submitted. In addition, the effective date cannot precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

   Note: The Community Care of North Carolina / Carolina ACCESS (CCNC/CA) participation effective date cannot be retroactively requested.

10. Select the checkbox to attest that the requested effective date is correct and that you understand it cannot be changed once the application is submitted (you must withdraw the application and apply again with a new effective date, or if you are the owner or managing employee, wait until the application is approved and submit an application back-date request).
11. Once all required fields have been completed, select the **Next** button to continue.

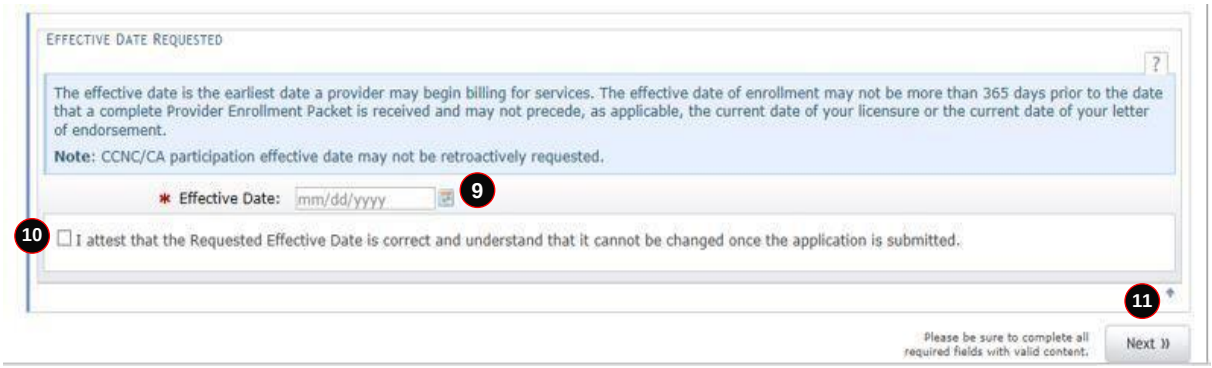


Exhibit 15. Individual Basic Information Page – Effective Date Requested

12. On the **Terms and Conditions** page, carefully read the terms and conditions. Select the **Attestation Statement** checkbox.
13. Select the **Next** button to continue.

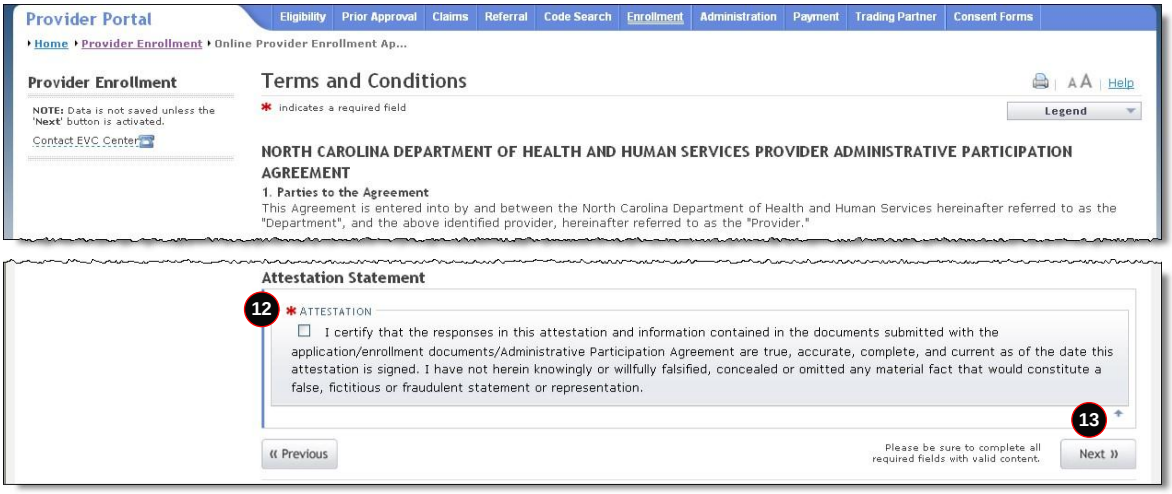


Exhibit 16. Terms and Conditions Page

14. The **Basic Information Completed** page displays. Select the **Next** button to continue.

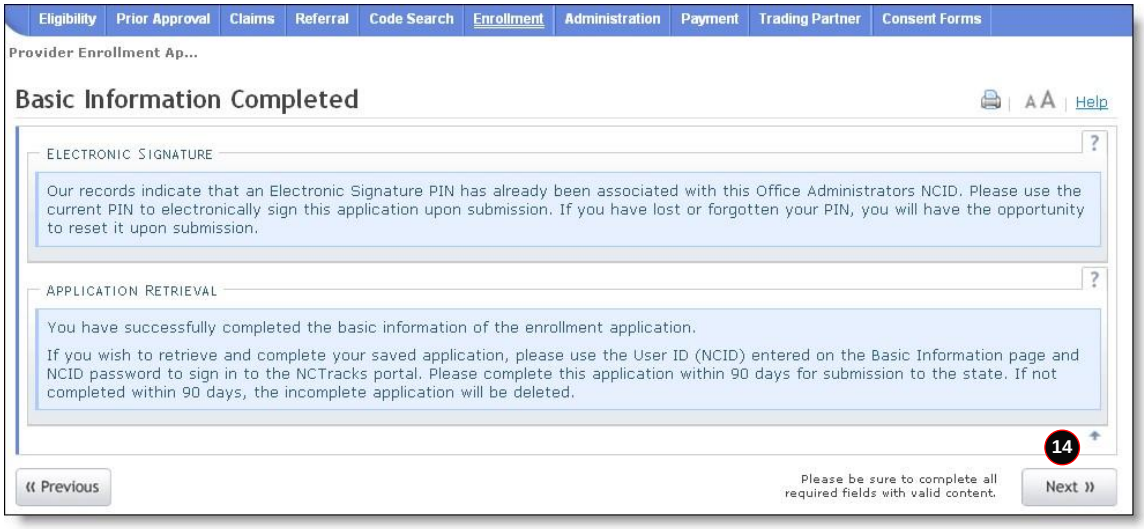


Exhibit 17. Basic Information Completed Page

2.4 ENTERING PREVIOUS HEALTH PLAN INFORMATION

The **Previous Health Plan Information** page displays. This page captures the various past NC DHHS IDs for health plans in which the applicant was previously enrolled.

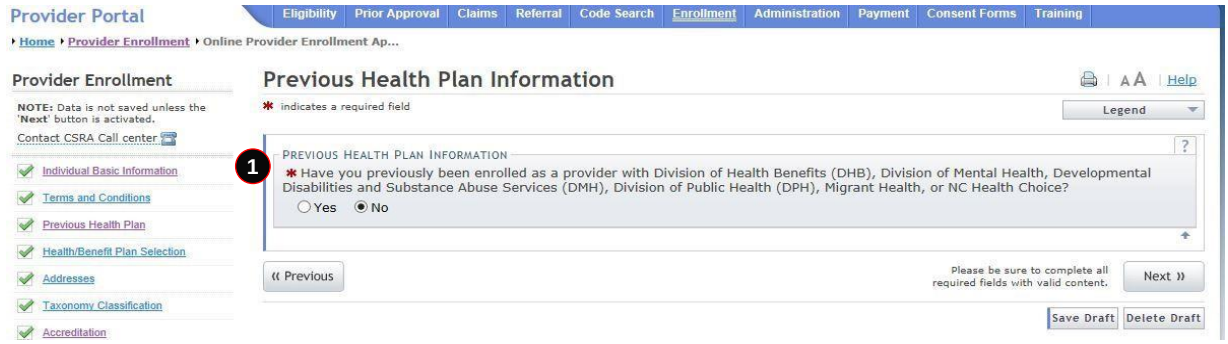


Exhibit 18. Previous Health Plan Information Page

1. If you have previously been enrolled as a provider with the Division of Health Benefits (DHB), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH), Division of Public Health (DPH), or Office of Rural Health (ORH), select **Yes** to enter health plan information. Otherwise, select **No** and select the **Next** button to continue.
2. If you select **Yes**, the **Previous Health Plans** section displays. Select the applicable health plan from the drop-down menu.
3. Enter your **NC DHHS #**.
4. Select the **Add** button to add the health plan.

   Note: If you do not enter any previous health plan information, the effective dates of your health plans will be set to the requested effective date of your enrollment application, which was selected on the **Individual Basic Information** page (see Section 2.3).

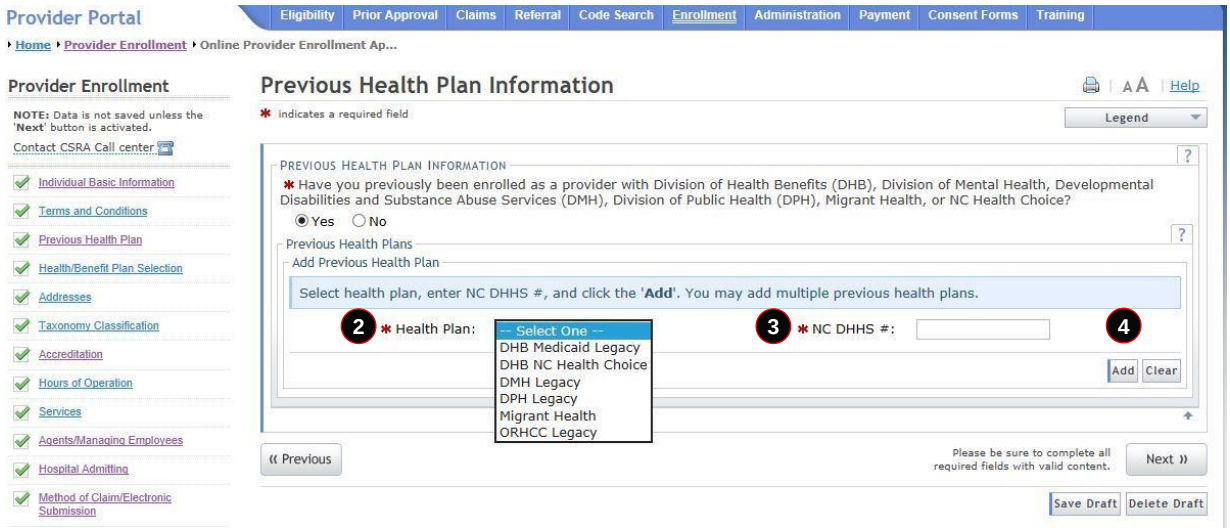


Exhibit 19. Previous Health Plan Information Page – Enter Previous Health Plan

5. The entered health plan names will be listed on dark blue title bars. To review an entered health plan, expand its section by selecting the plus sign (+) icon.

Exhibit 20. Expand Previous Health Plans

6. Select the **Edit** or **Delete** buttons to edit or delete the added information.
7. Repeat these steps for each previously enrolled health plan. Select the **Next** button to continue.

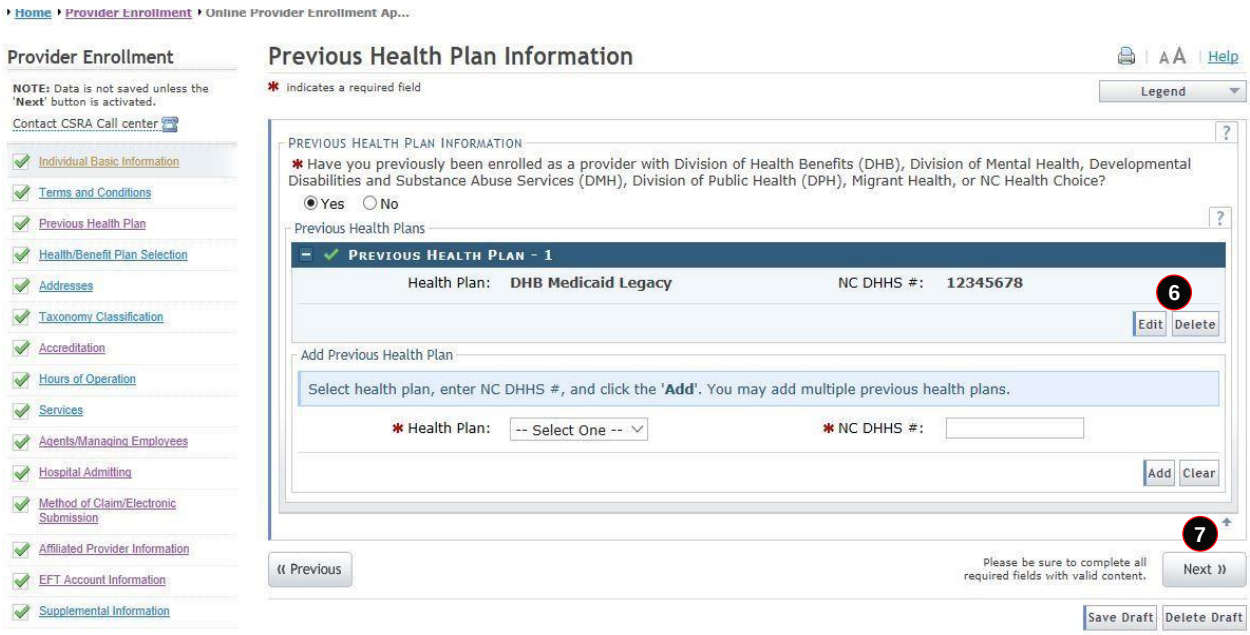


Exhibit 21. Edit or Delete Previous Health Plans

2.5 SELECTING NEW HEALTH/BENEFIT PLANS

The **Health / Benefit Plan Selection** page displays. This page captures the various Payers and corresponding health plans in which the applicant wants to enroll.

Note: Providers are responsible for maintaining the required licensure, endorsement, certification, and accreditation specific to their provider type to remain eligible for participation in North Carolina Medicaid.

1. To view the qualifications for each health plan, select the **Provider Permission Matrix** link.
2. Select or deselect the coverage types in which you wish to enroll/unenroll by selecting or deselecting the applicable checkboxes.
3. Select the **Next** button to continue.

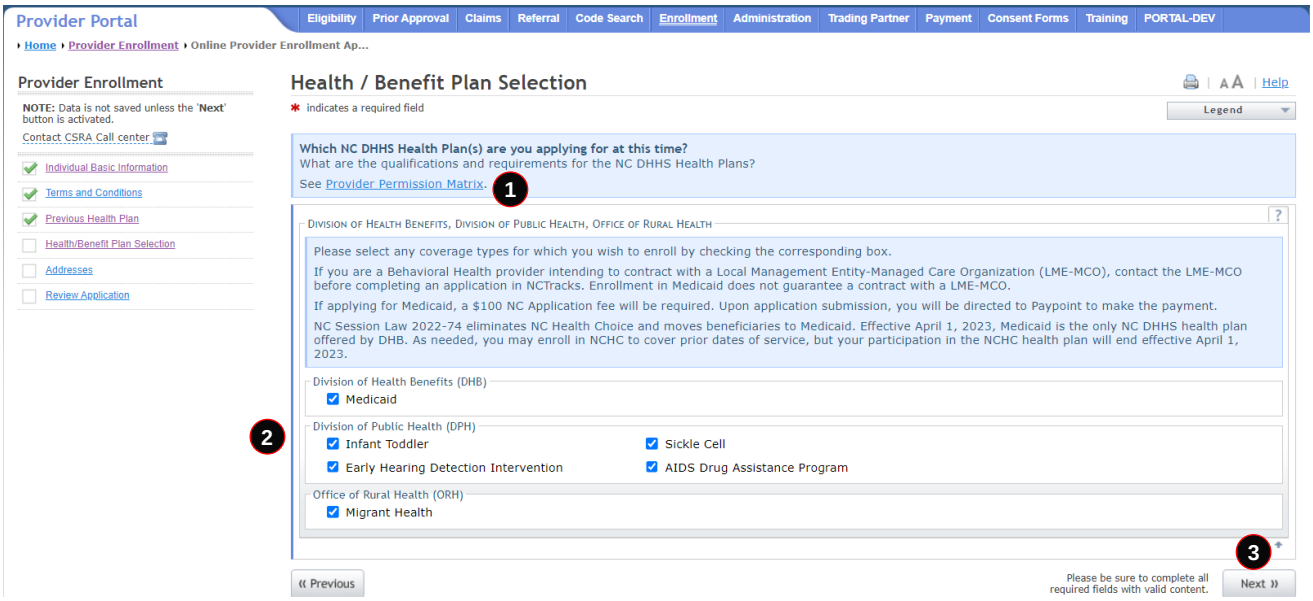


Exhibit 22. Edit or Delete Previous Health Plans

2.6 ENTERING THE PRIMARY SERVICE LOCATION ADDRESS

The **Addresses** page displays. This page captures the primary physical location, pay-to/RA, correspondence, and other service location addresses and contact information.

1. Under the **Primary Physical Location** section, enter the address where services are primarily rendered. In the case of mobile services, enter the address where management/supervision occurs.
   - In the Office Phone # field, enter a valid contact phone number.
   - In the Address Line 1 field, enter a valid street address.
   - Enter the City, State, and ZIP Code.
2. Select the **Verify Address** button.

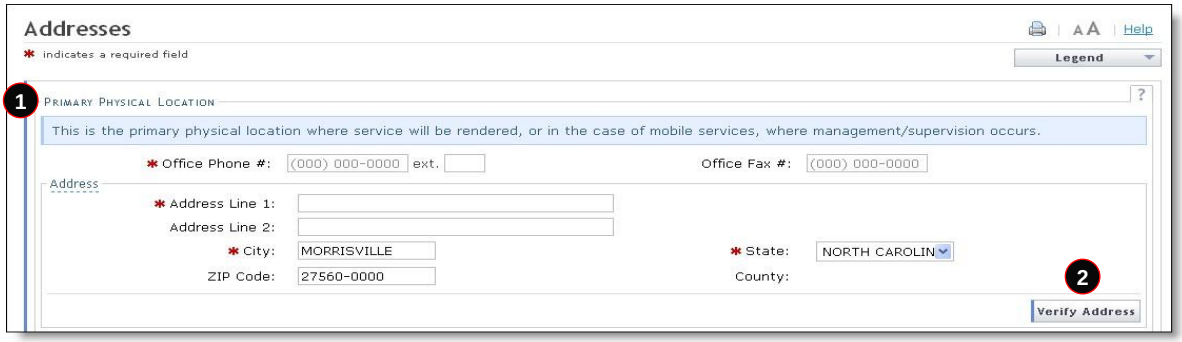


Exhibit 23. Addresses Page

3. If the address does not match the United States Postal Service (USPS) database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid. See Section 5.0 for some common errors when updating addresses.

Note: To ensure the accuracy of the address, NCTracks verifies the entered information against the USPS database. As long as the address matches the USPS database, the **Addresses** page will refresh with the new address.

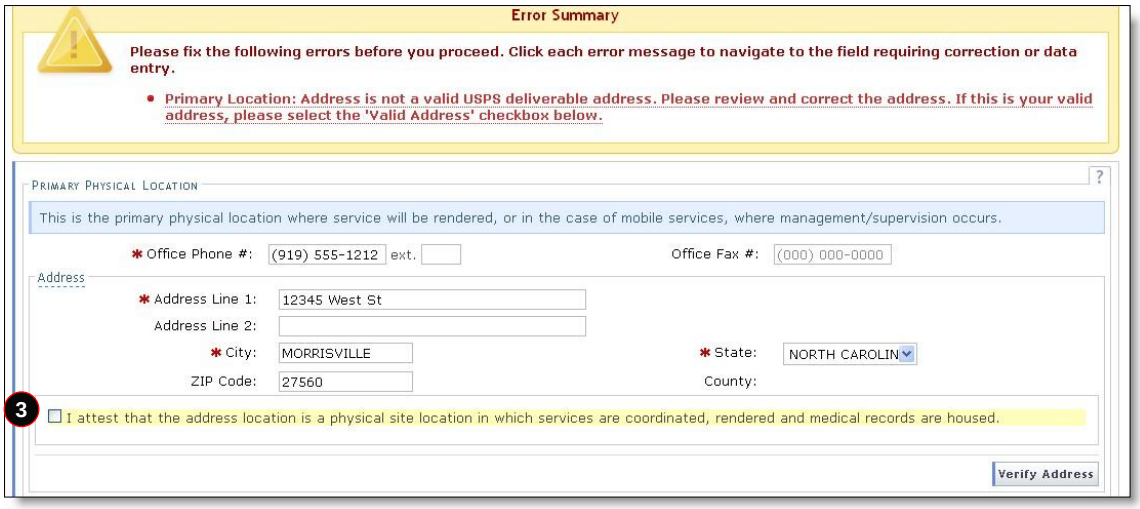


Exhibit 24. Addresses Page – Address Not Valid Error

2.7 ENTERING ADDITIONAL SERVICE LOCATION ADDRESSES

4. Under the **Service Locations** section, for the question '**Do you have additional service locations?**', select **Yes** if you will be rendering services at more than one location. Otherwise, select **No**.
5. Complete all required fields:
   - In the Office Phone # field, enter a valid contact phone number.
   - In the Address Line 1 field, enter a valid street address.
   - Enter the City, State, and ZIP Code.
6. Select the **Verify Address** button.

   Note: If the address does not match the USPS database, you will need to update and re-verify the address OR select the checkbox below the address to attest that the address is valid.

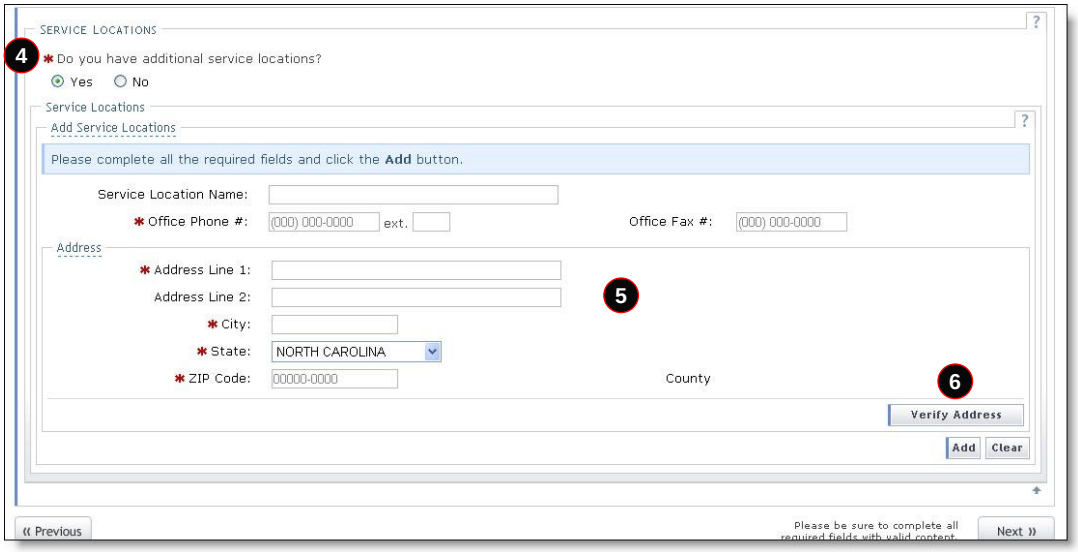


Exhibit 25. Adding Service Locations

7. In the **Servicing Counties** section, select the county associated with this particular service location. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees.
8. Select the **Add** button to add the service location.
9. Select the **Next** button to continue.

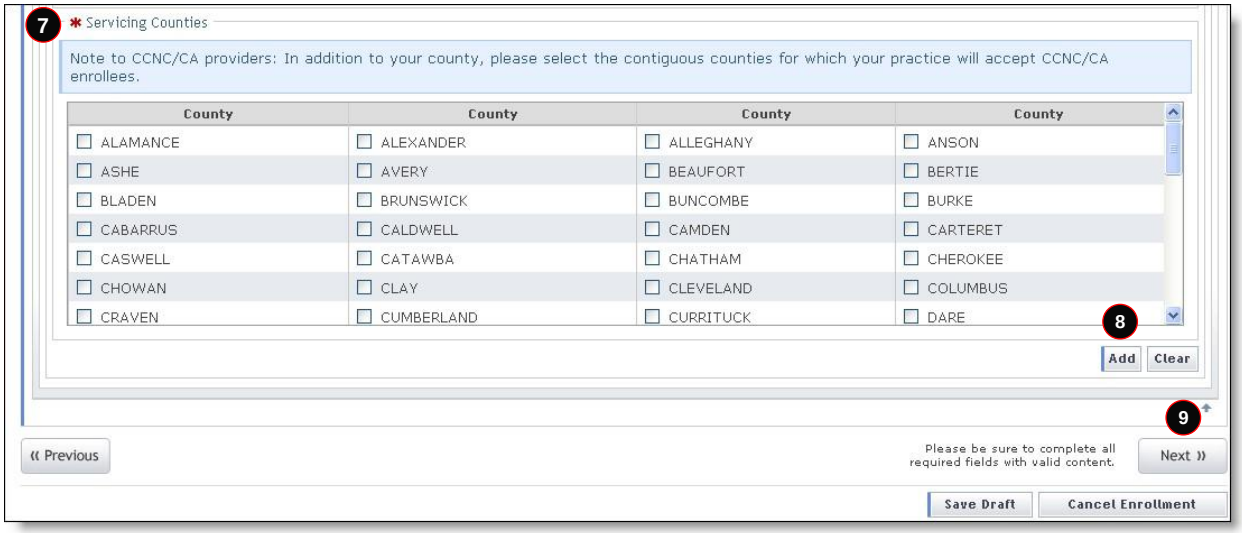


Exhibit 26. Adding Service Locations – Select Counties

10. The new service location will be listed on a dark blue title bar. To review the service location, expand its section by selecting the plus sign (+) icon.

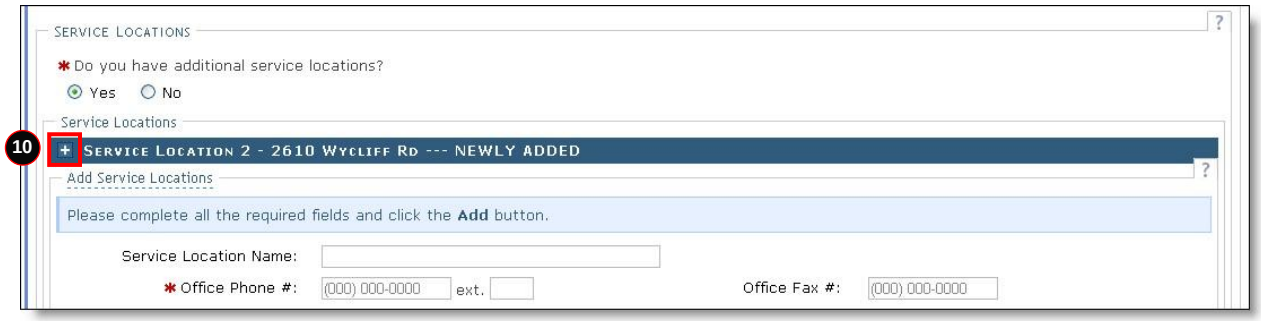


Exhibit 27. Adding Service Locations – Expand Service Location Section

11. Select the **Edit** or **Delete** buttons to edit or delete the added information.

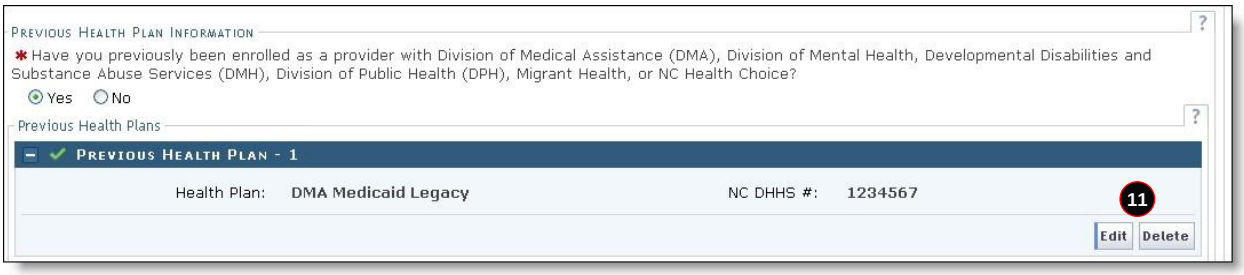


Exhibit 28. Edit or Delete Service Location

Note: Repeat these steps to add additional service locations. Select the **Next** button to continue.

2.8 ADDING TAXONOMIES TO THE SERVICE LOCATION(S)

The **Taxonomy Classification** page displays. This page captures taxonomy code set(s) (Provider Type, Classification, and Area of Specialization). If there are multiple service locations, the service locations will be displayed at the top of the page, as shown in the following exhibit. At least one taxonomy must be added to each service location.

1. To add or edit the taxonomies for a service location, select the radio button next to the service location.
2. Select the **Edit Location** button.

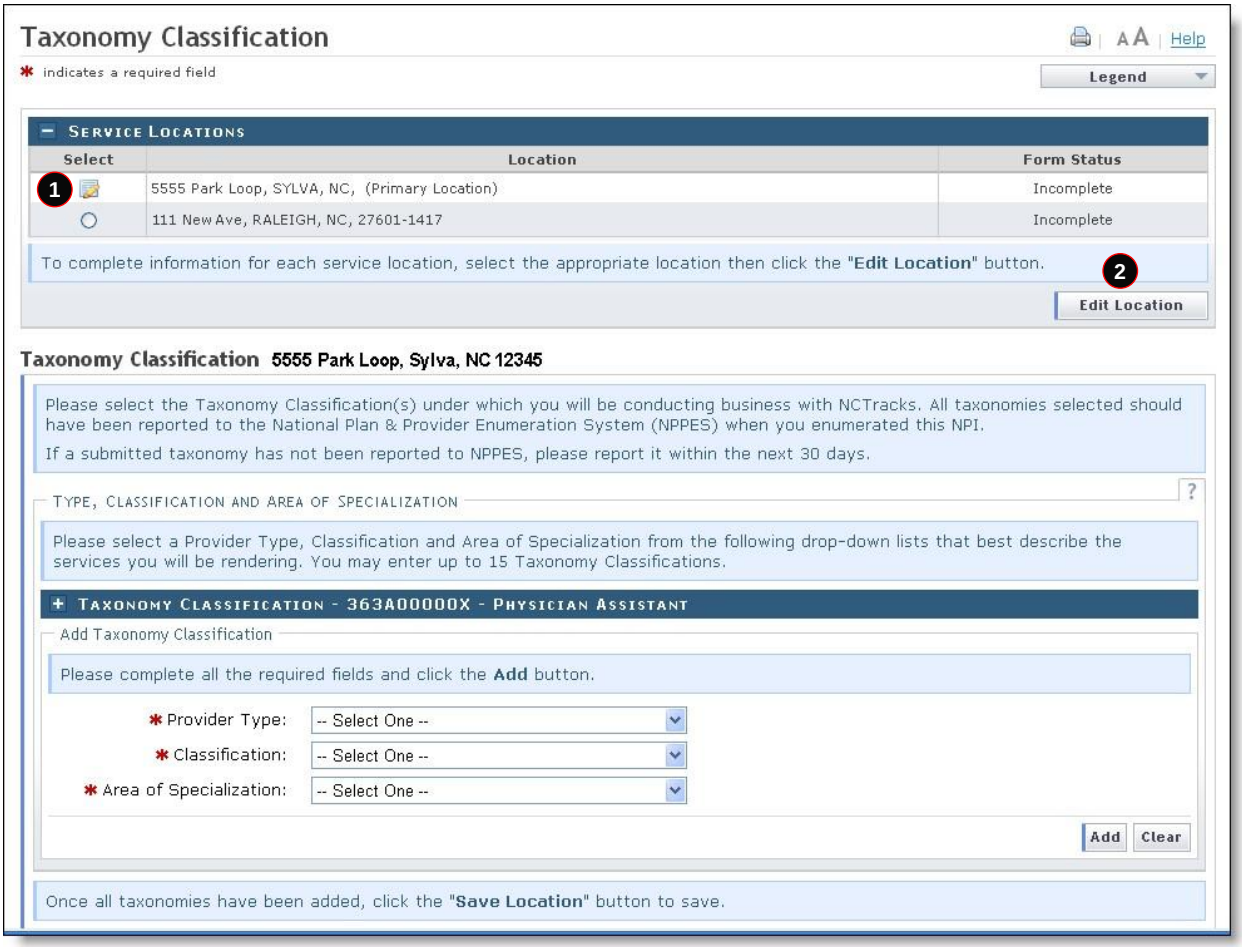


Exhibit 29. Taxonomy Classification Page

3. Select the taxonomies that best describe the services rendered. You can enter up to 15 Taxonomy Classifications.
   a. Select a Provider Type. **Note**: Taxonomies for fully licensed physicians, trained in diagnosing and treating illnesses and disorders, and in providing preventive care will be listed under the Provider Type of ALLOPATHIC & OSTEOPATHIC PHYSICIANS.
   b. Select a Classification.
   c. Select an Area of Specialization.
4. Select the **Add** button to add the taxonomy to the application.

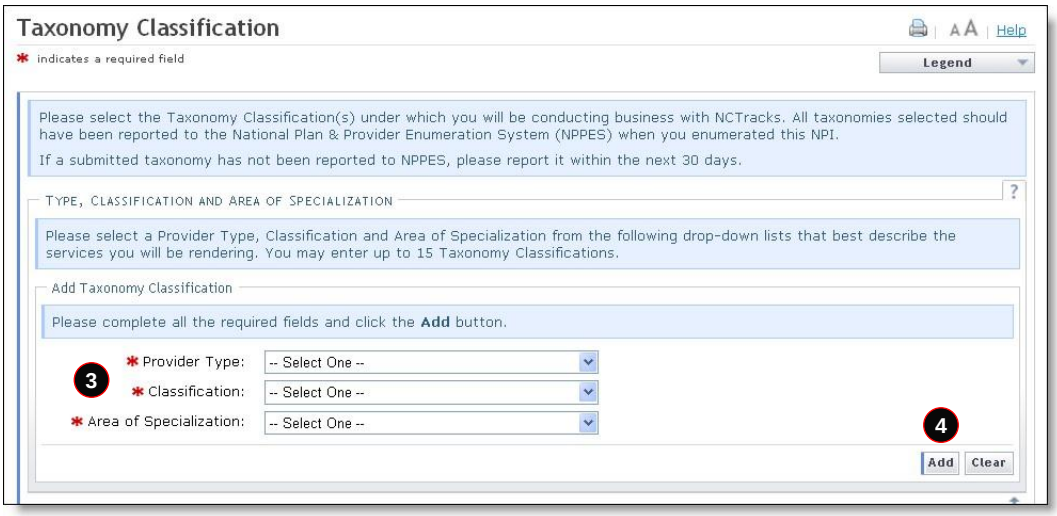


Exhibit 30. Add Taxonomy

5. The added taxonomies will be listed on dark blue title bars. Repeat these steps for each taxonomy code. To review a taxonomy, expand its section by selecting the plus sign (+) icon.

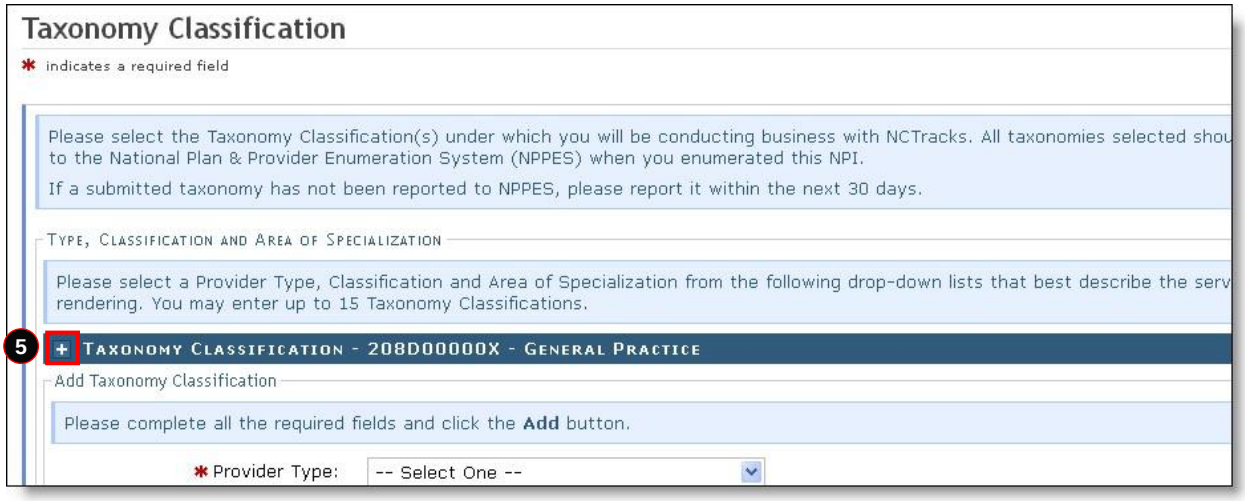


Exhibit 31. Expand Taxonomy Section

6. Select the **Edit** or **Delete** buttons to edit or delete the added taxonomy.

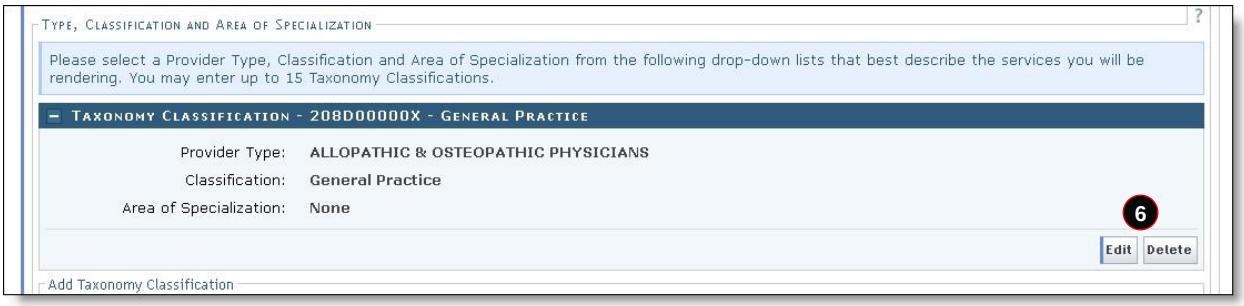


Exhibit 32. Edit or Delete Taxonomy

7. If adding taxonomies to multiple locations, you MUST select the **Save Location** button after adding the taxonomies.

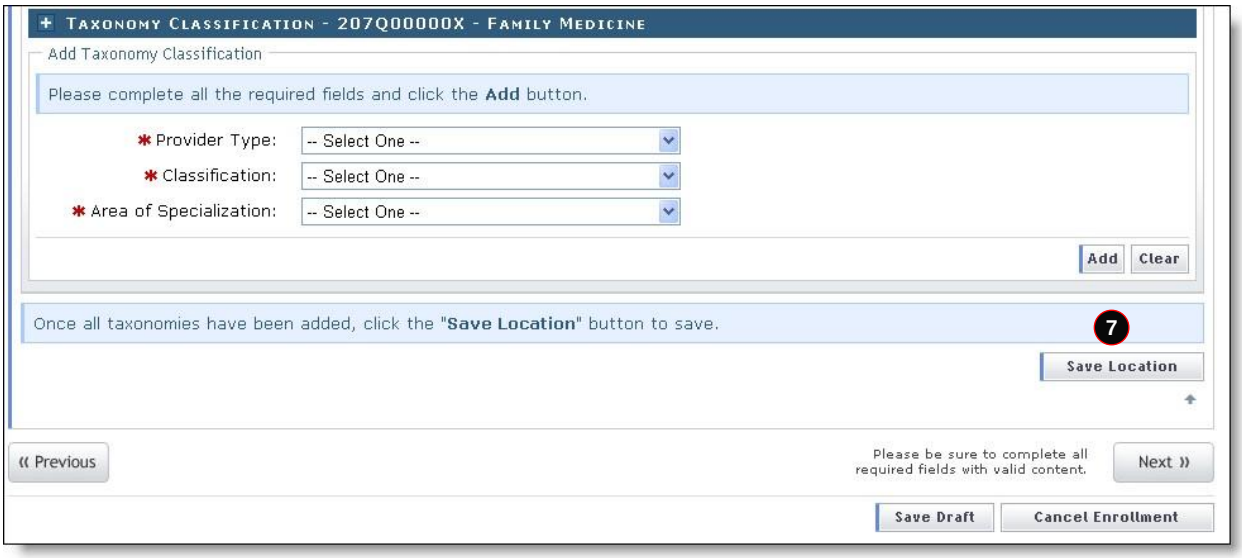


Exhibit 33. Save Location

8. Before continuing to the next page, review your information and ensure that all service locations read 'Complete' under the **Form Status** column. If one or more locations read 'Incomplete', you will need to edit the location(s). Be sure to select the **Save Location** button after selecting the **Add** button when adding taxonomies.

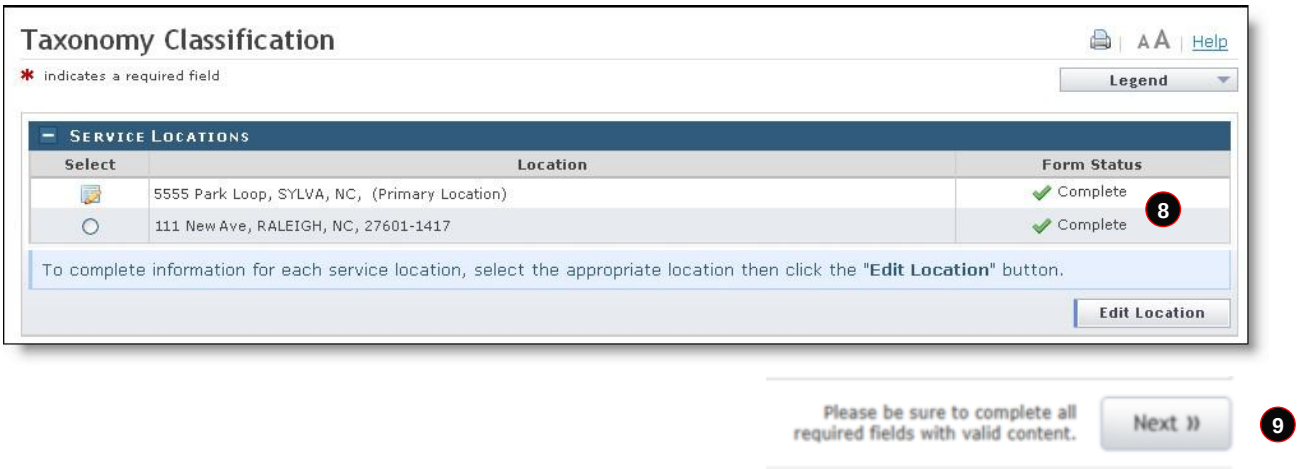


Exhibit 34. Service Locations Complete

9. Select the **Next** button to continue.

2.9 ADDING ACCREDITATION INFORMATION

The **Accreditation** page displays. This page captures licenses, certifications, and accreditations. This page may display several sections, depending on the number of taxonomies you selected. Not all sections are required.

Note: Required accreditations must be added to each taxonomy and each service location. For example, if you have added a taxonomy that requires an accreditation to seven different service locations, the accreditation MUST be added to the taxonomy seven times, once for each service location.

1. To add or edit the accreditations for a service location, select the radio button next to the location.
2. Select the **Edit Location** button.

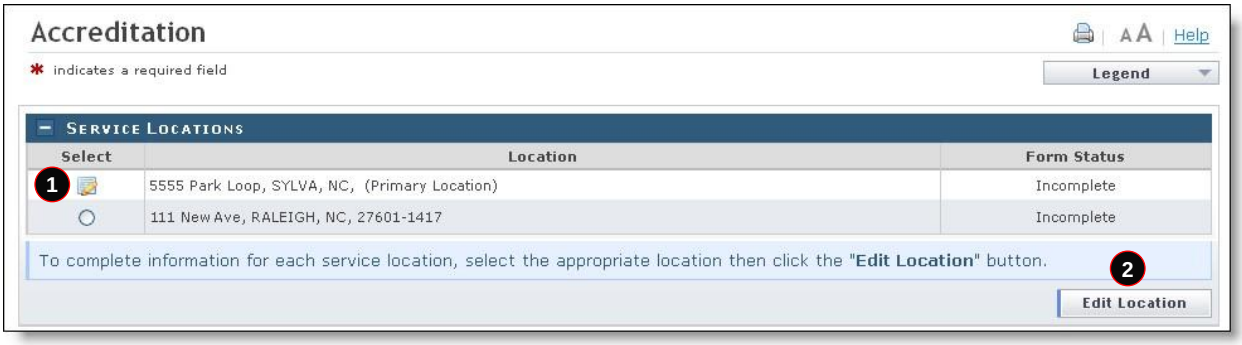


Exhibit 35. Accreditation Page – Edit Service Location

3. To determine the required accreditations, scroll down and identify the light blue sections that display the added taxonomies. See the following exhibit.

   Note: The licenses and certifications listed directly **BELOW** the referenced taxonomy in the light blue section are required.

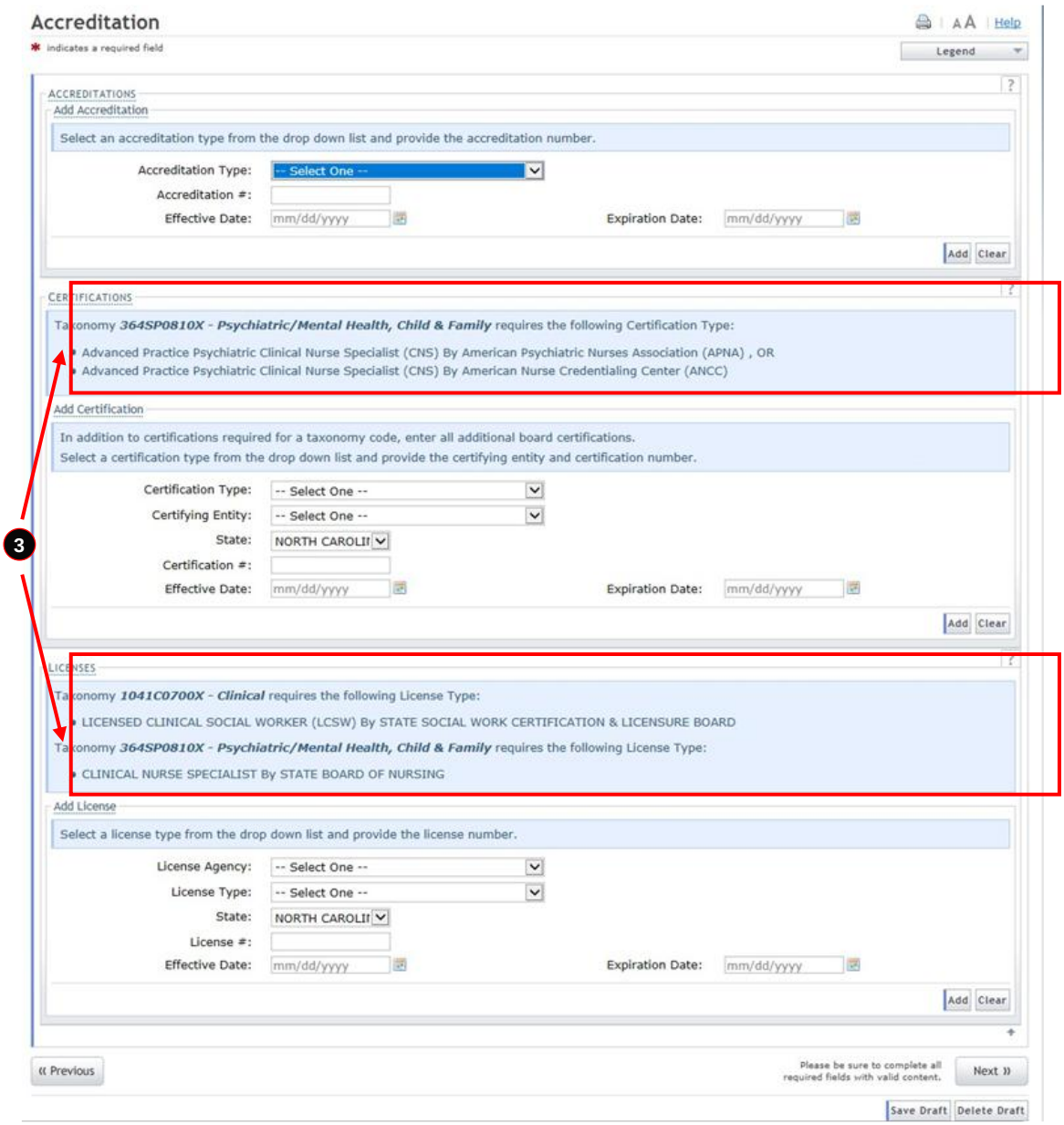


Exhibit 36. Accreditation Page – Required Accreditations

4. To add an accreditation, select the appropriate option from the **Certifying Entity** drop-down menu. Ensure all required fields are populated.
5. Select the State (if required).
6. Enter a valid License/Accreditation/Certification number.
7. Enter the Effective Date.
8. Enter the Expiration Date.
9. Select the **Save** or **Add** button depending on the accreditation type.

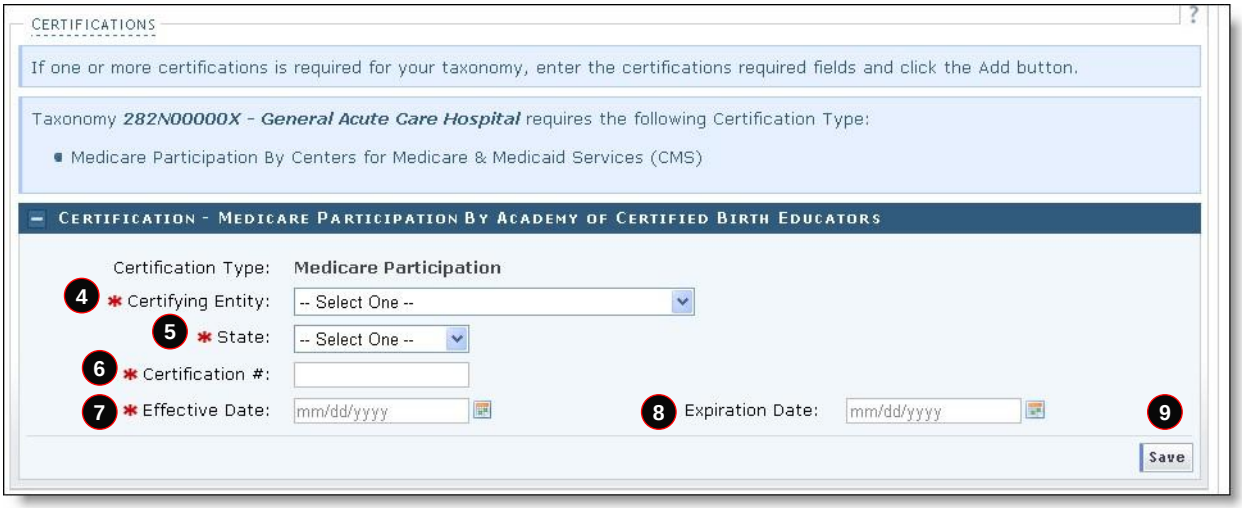


Exhibit 37. Add Accreditation

10. When adding accreditations to multiple service locations, be sure to select the **Save Location** button after selecting the **Add** button.

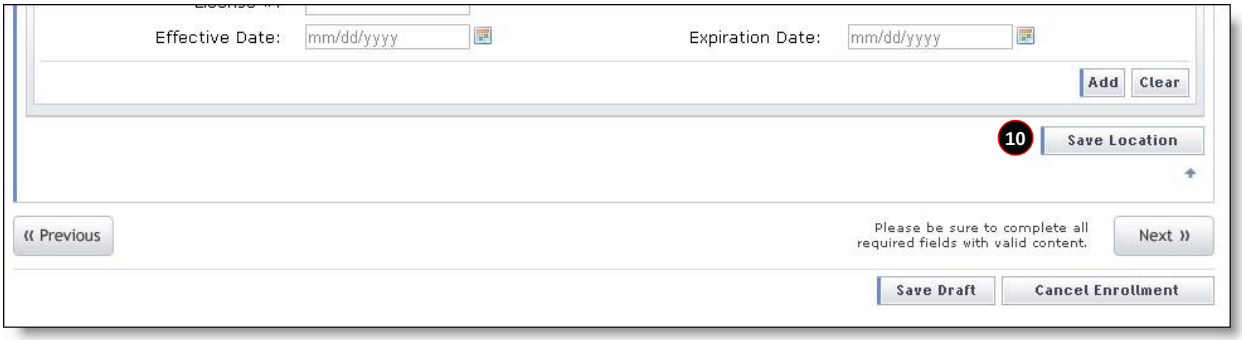


Exhibit 38. Add Accreditation – Save Locations

11. Before continuing to the next page, review your information and ensure that all service locations read 'Complete' under the **Form Status** column. If one or more locations read 'Incomplete', you will need to edit the location(s) and add any required accreditations.

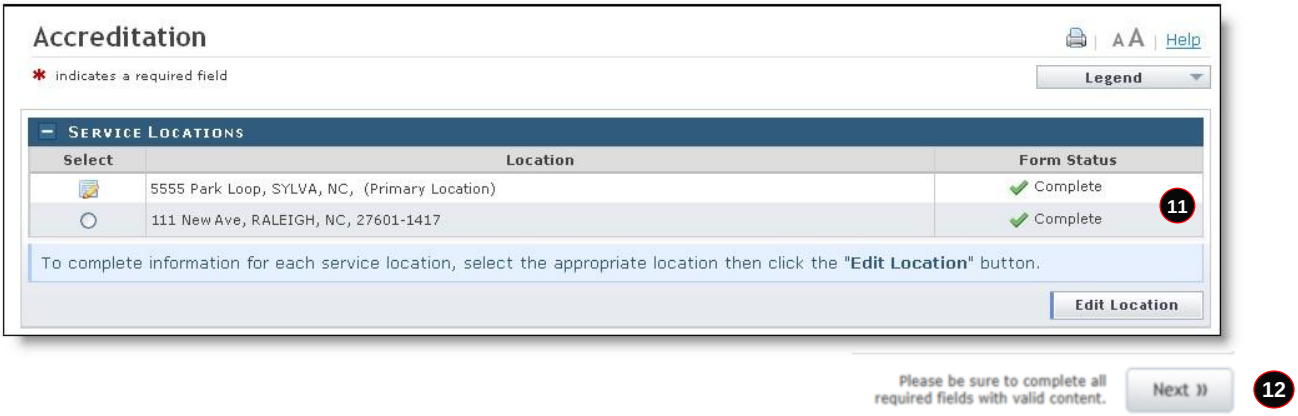


Exhibit 39. Add Accreditation Service Locations Complete

12. Select the **Next** button to continue.

2.10 APPLYING FOR CCNC/CA ENROLLMENT

If you are not a Rendering/Attending Only provider and your selected taxonomy codes identify you as eligible to participate in the CCNC/CA program, the **Community Care of North Carolina / Carolina ACCESS** page displays. This page captures providers who want to enroll in CCNC/CA and CCNC/CA contact person information.

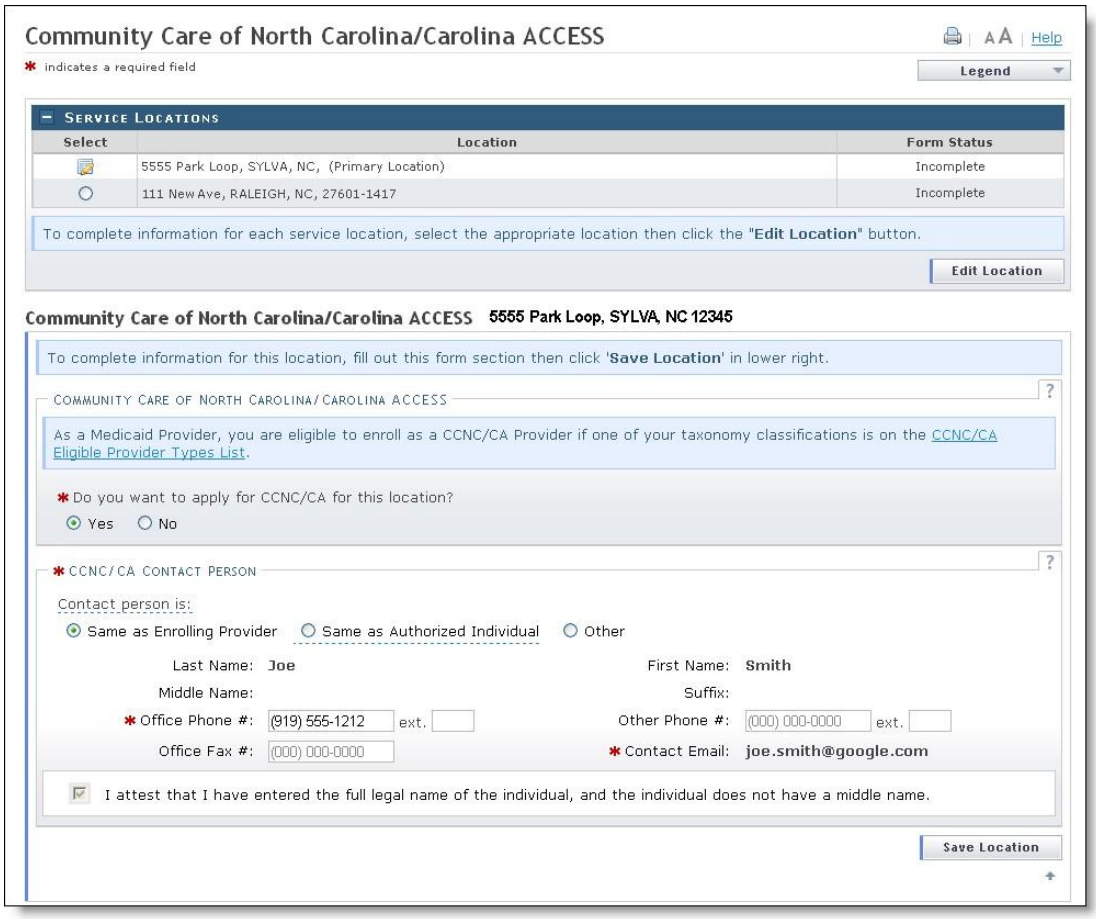


Exhibit 40. CCNC/CA Page

Note: It is not necessary for individual providers to enroll in CCNC/CA if they are affiliated with a group or organization that is already enrolled in CCNC/CA.

- CCNC/CA is a primary care case management health care plan for a majority of North Carolina Medicaid recipients. For additional information on CCNC/CA, please visit the DHB website at https://medicaid.ncdhhs.gov/aboutCCNC.
- Only qualified taxonomies are eligible for enrollment in CCNC/CA. To view a list of these taxonomies, select the **CCNC/CA Eligible Provider Types List** link, shown in the following exhibit.
- OOS providers (or providers beyond the 40-mile area bordering North Carolina) are not eligible to enroll as primary care providers (PCPs) in the DHHS CCNC/CA program.

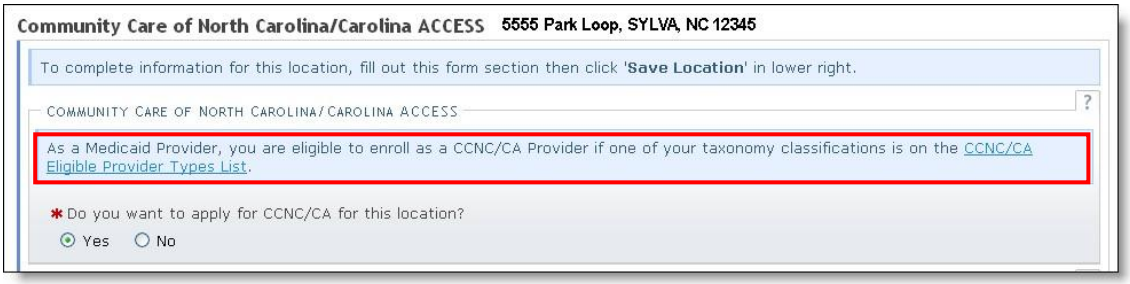


Exhibit 41. Review CCNC/CA Eligibility

1. Applications for CCNC/CA must be completed for each service location. To edit a service location, select the radio button next to the location.
2. Select the **Edit Location** button.

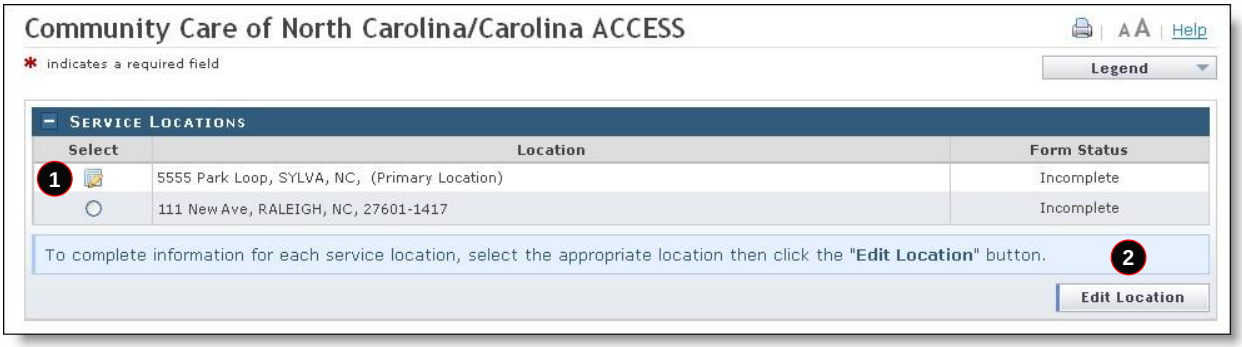


Exhibit 42. CCNC/CA Page

3. To apply for CCNC/CA for the selected service location, select **Yes** for the question '**Do you want to apply for CCNC/CA for this location?**' and complete the required fields.
4. For multiple service locations, remember to select the **Save Location** button.

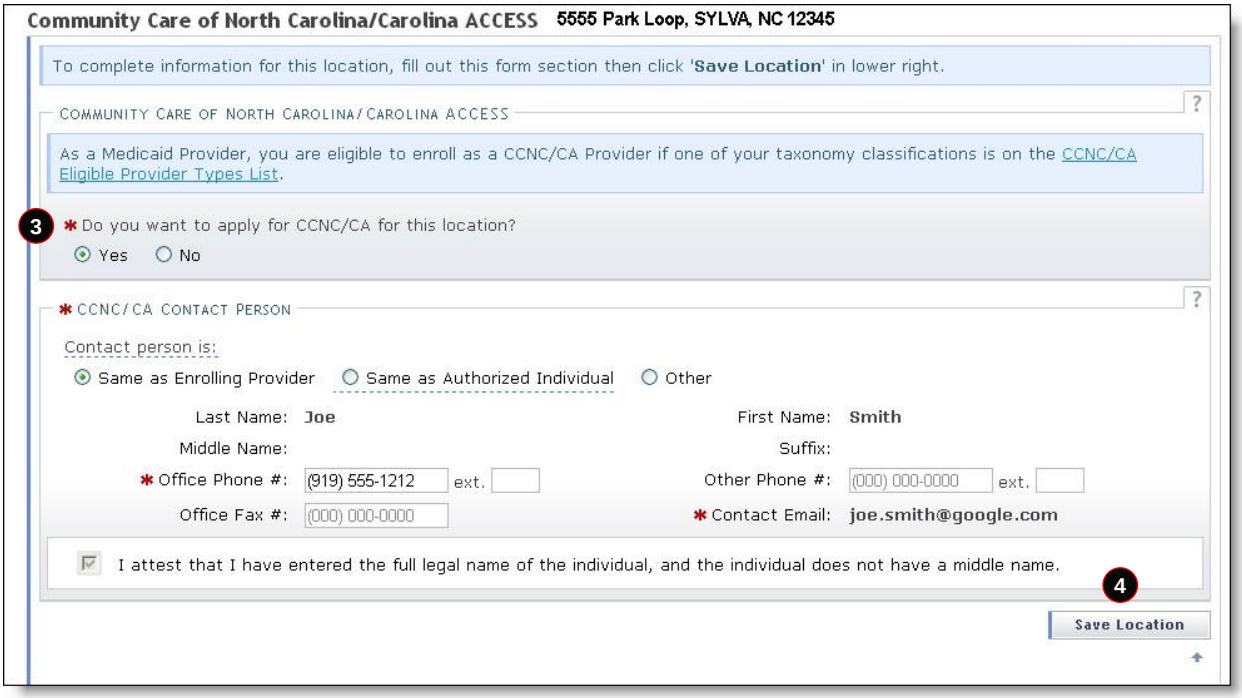


Exhibit 43. CCNC/CA Page – Enter Required Fields

5. Before continuing to the next page, review your information and ensure that all service locations read 'Complete' under the **Form Status** column. If one or more locations read 'Incomplete', you will need to edit the location(s) and complete the required fields.

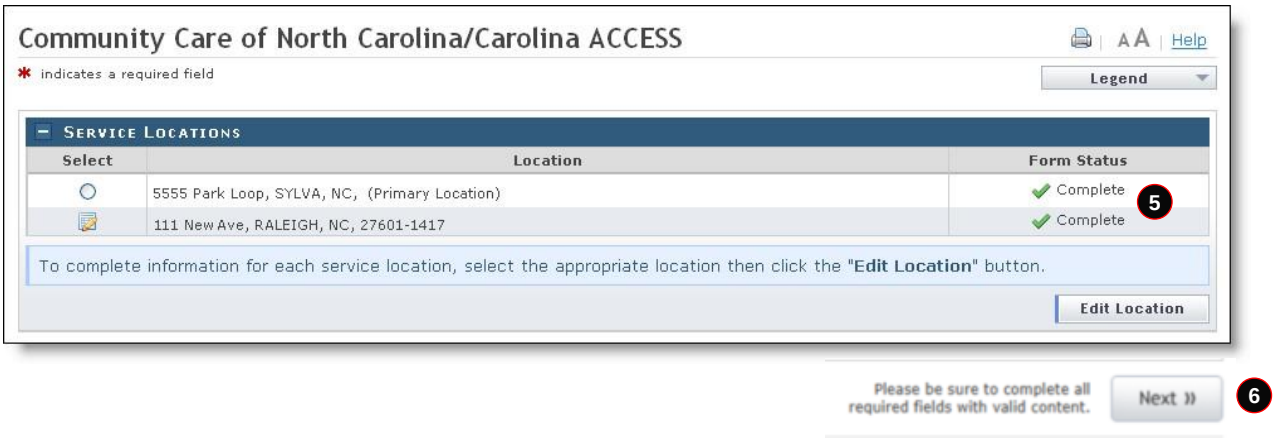


Exhibit 44. CCNC/CA Page – Service Locations Complete

6. Select the **Next** button to continue.

2.11 ADDING PHYSICIAN EXTENDERS PARTICIPATION FOR CCNC/CA

The **Physician Extenders Participation** page displays if the provider applied for CCNC/CA. This page allows providers to specify the maximum number of CCNC/CA enrollees per physician, up to a maximum of 2,000 per practitioner.

1. To add physician extenders, select **Yes** for the question '**Are there any Physician Extenders at this location?**'.

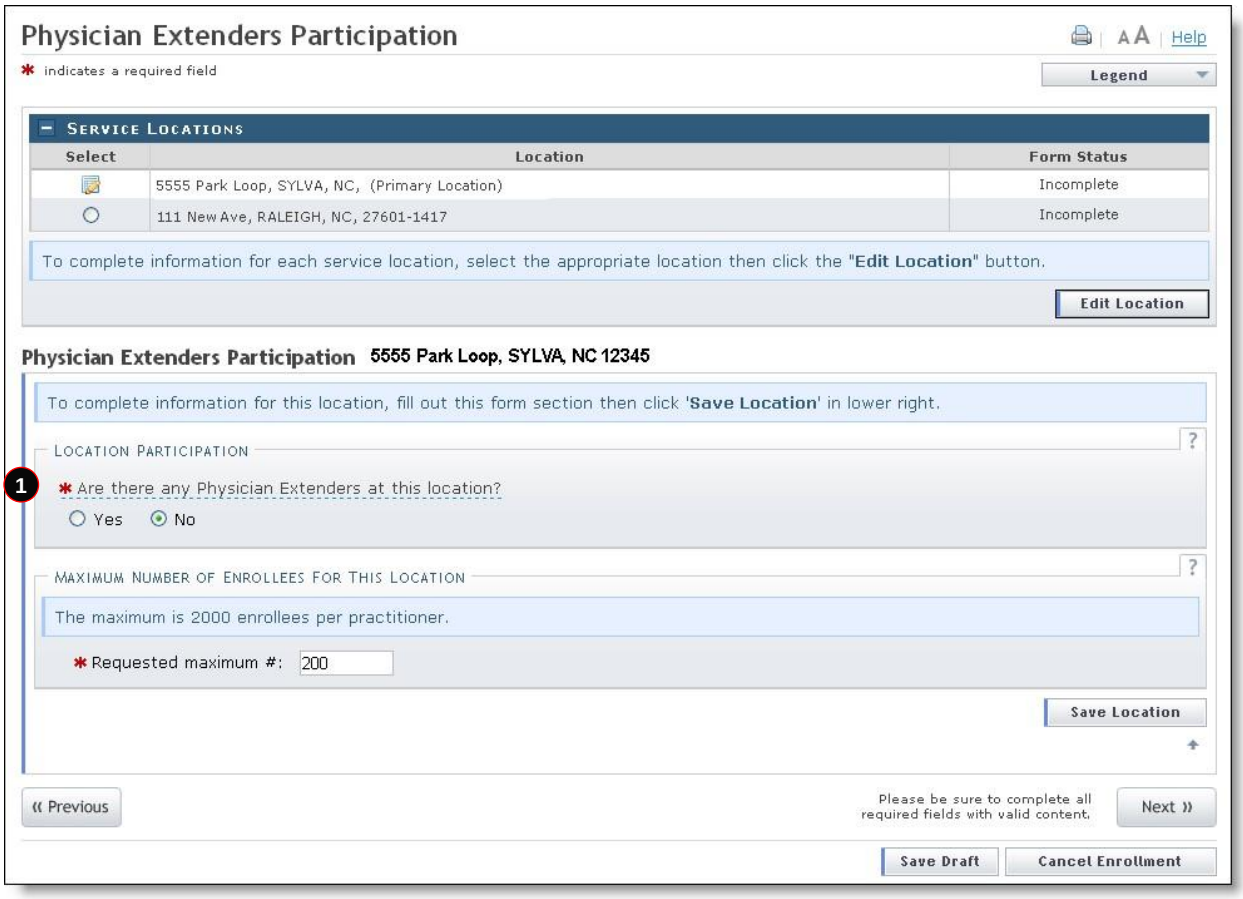


Exhibit 45. Physician Extenders Participation Page

2. The **Add Physician Extender** section displays. Complete the required fields.
   - Last Name
   - First Name
   - Physician Extender Type (Nurse Midwife, Nurse Practitioner, Physician Assistant)
   - License #
   - NPI
3. Select **Yes** or **No** for the question '**Will this Physician Extender be participating in CCNC/CA?**'.
4. If you selected **Yes**, enter the requested maximum number of enrollees (up to 2,000).
5. Select the **Add** button.
6. For multiple service locations, remember to select the **Save Location** button.

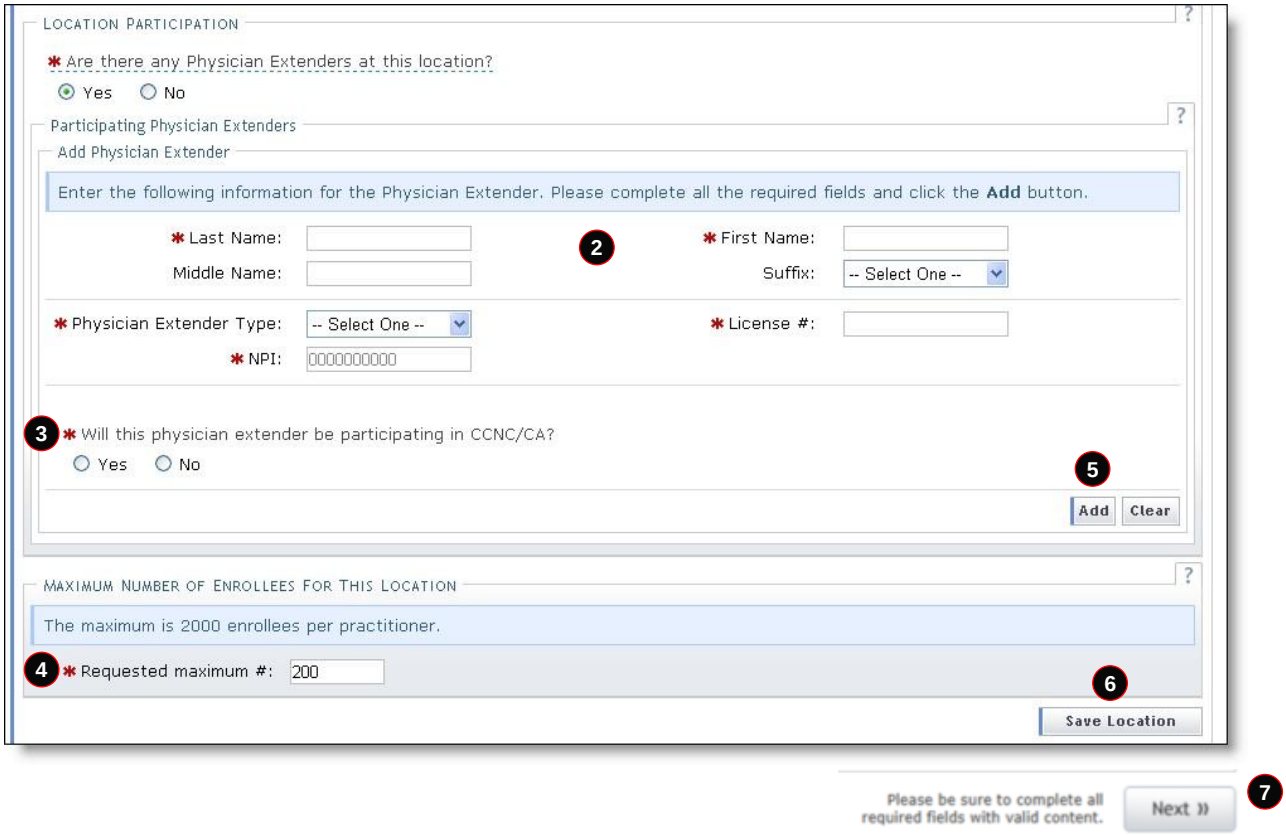


Exhibit 46. Physician Extenders Page – Add Physician

7. Select the **Next** button to continue.

2.12 ADDING PREVENTIVE AND ANCILLARY SERVICES

The **Preventive and Ancillary Services** page displays. This page captures preventive and ancillary services provided.

Note to CCNC/CA providers: In order to meet the requirements for enrolling in CCNC/CA, providers must provide certain preventive health services for the applicable age range. For a list of the services, see Section 7.0.

If you are unable or choose not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 year age group. For additional information, refer to the following website: https://medicaid.ncdhhs.gov/aboutCCNC.

1. To add or modify a preventive or ancillary service, select the checkbox next to the service name.
2. Select **On-site** or **Off-site**. The **Off-site** option is not available for every service.

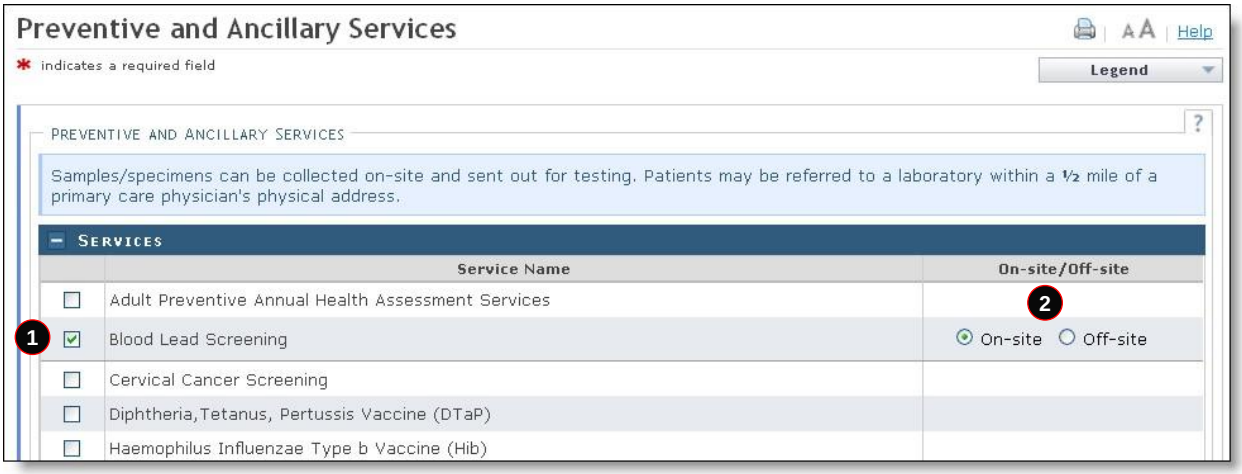


Exhibit 47. Preventive and Ancillary Services Page

3. If you select **Off-site**, the address section displays. Complete the required **Name** and **Address** fields. To meet CNCC/CA requirements, patients must be referred to a laboratory within a half-mile of the PCP's physical address.
4. Select the **Verify Address** button.

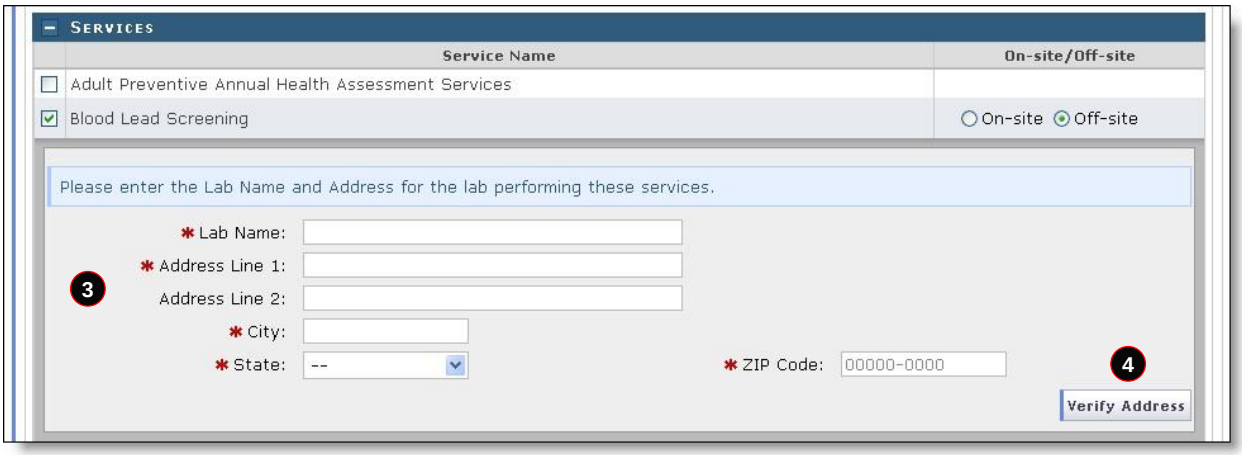


Exhibit 48. Preventive and Ancillary Services – Add Offsite Address

5. For multiple service locations, remember to select the **Save Location** button.
6. Select the **Next** button to continue.

Exhibit 49. Preventive and Ancillary Services – Save Location

2.13 INDICATING THE HOURS OF OPERATION

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

Note to CCNC/CA providers: CCNC/CA participation requires the following:

- Establish hours of operation for treating patients at least 30 hours per week.
- Provide medical advice/services that are accessible 24/7. Acceptable options include an answering service, answering machine that gives the number of the provider to call, hospital operator who pages on-call provider, call forward or stay online transferring, or Nurse Triage Service.

1. The provider hours of operation need to be set for each service location. To switch between service locations, select the radio button next to the appropriate service location.
2. Select the **Edit Location** button.

Exhibit 50. Hours Page

3. Select the appropriate hours from the **From** and **To** drop-down menus.
4. Use the **Copy** link to copy the first row to rows Tuesday through Friday.

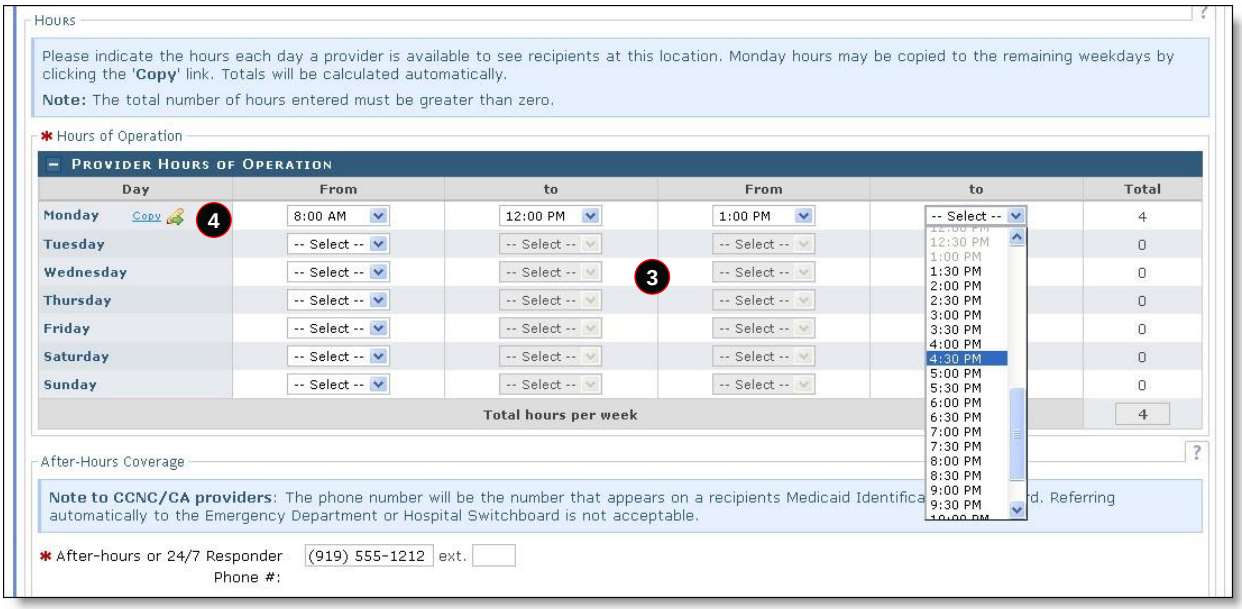


Exhibit 51. Hours Page – Add Hours of Operation

5. Under the **After-Hours Coverage** section, enter the phone number.

   Note to CCNC/CA providers: The phone number will be the number that appears on the recipient's Medicaid Identification (MID) card. Telephone numbers for Emergency Department or Hospital Switchboard are not acceptable as **After-hours or 24/7 Responder**.

6. Select the types of after-hours services provided.
7. For multiple service locations, remember to select the **Save Location** button.
8. Select the **Next** button to continue.

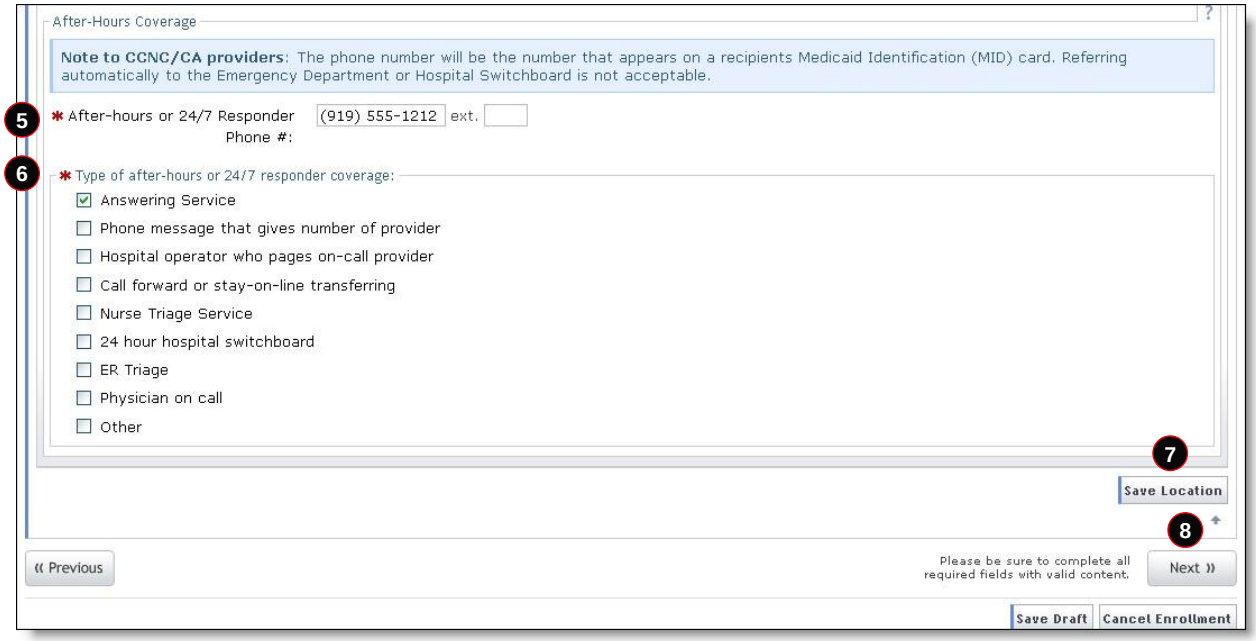


Exhibit 52. Hours Page – Add After-Hours Number and Services

2.14 ADDING SERVICES

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

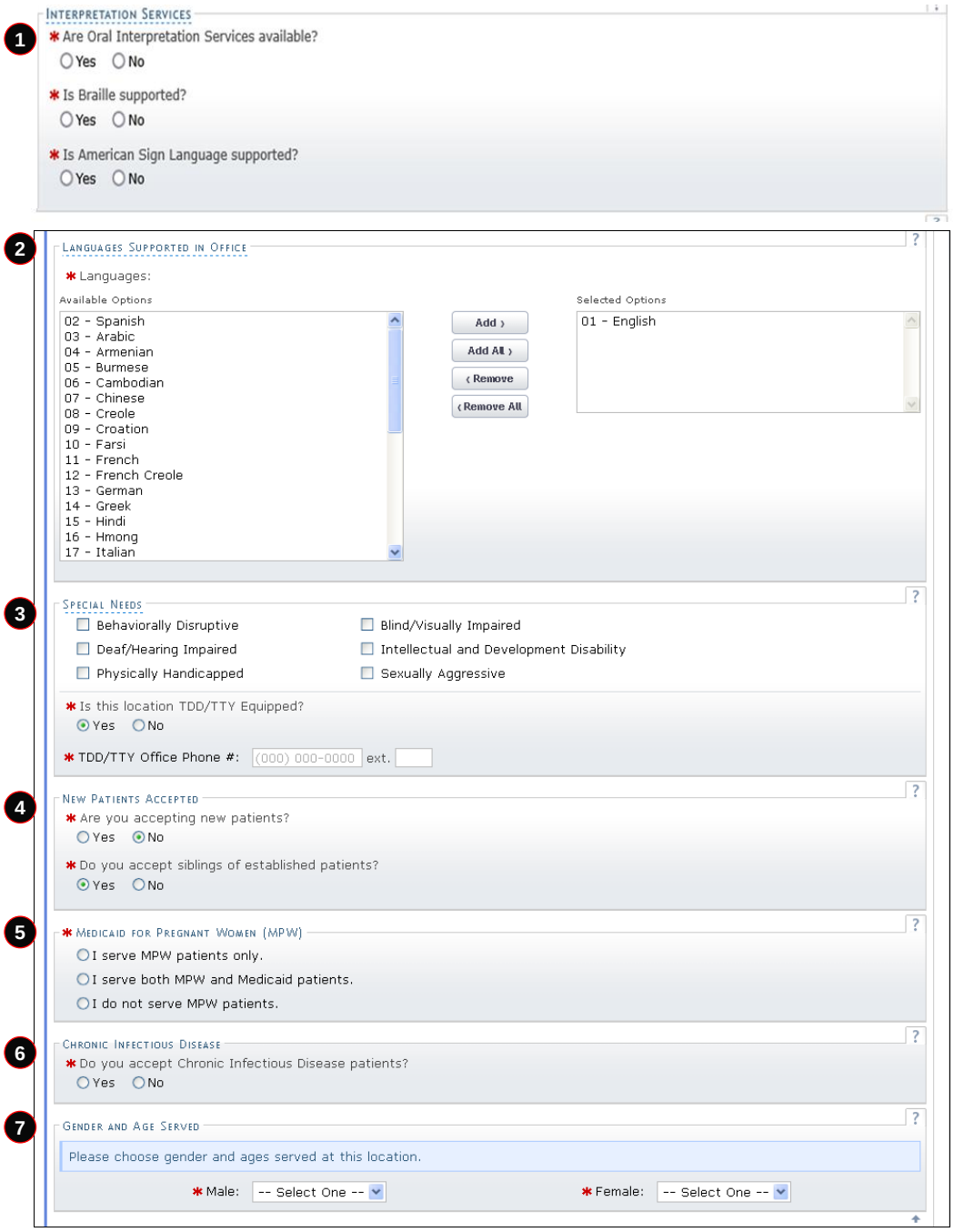


Exhibit 53. Services Page

1. In the **Interpretation Services** section, select the appropriate options for **Are Oral Interpretation Services Available**, **Is Braille Supported**, and **Is American Sign Language Supported**.

   Note to CCNC/CA providers: CCNC/CA participation requires providers to offer Oral Interpretation services.

2. In the **Languages Supported in Office** section, highlight each supported language and select the **Add >** button to add it to the **Selected Options** list.
3. In the **Special Needs** section, select the checkbox(es) next to the Special Needs service(s) offered, if applicable. To indicate whether your office is equipped with TDD/TTY services, select **Yes** or **No**.

   Note: TDD (Telecommunications Device for the Deaf) and TTY (Teletypewriter) are electronic devices for text communication over a telephone line, designed for use by persons with hearing or speech difficulties.
4. Select the appropriate options in the **New Patients Accepted** section.
5. Indicate the appropriate choice in the **Medicaid for Pregnant Women** section.

   Note: Human Service Organizations (HSOs) would select option 2, '**I serve both MPW and Medicaid patients**'.
6. To indicate whether your office currently accepts Chronic Infectious Disease patients, select **Yes** or **No**.
7. Select the age ranges serviced from each gender drop-down menu. If you do not serve a particular gender, select **Not Served** from the drop-down menu.

Providers are requested to answer the telehealth services questions on any application submitted through the Provider Portal. Any provider requesting telehealth services to be added to their provider record must submit the request through the application process. The telehealth services questions will only be displayed for select Individual and Organization application types.

8. Under the **Telehealth Services** section, select **Yes** or **No** for the question '**Do you offer telehealth services covered by Medicaid?**'.
9. If you selected **Yes**, select one or more of the following telehealth service types:
   - Remote Patient Monitoring
   - Store and Forward
   - Telephone Conversations
   - Virtual Portal Communications
10. Select **Yes** or **No** for the question '**Are in-person services available at this location?**'.
11. Select one of the following options for the question '**Do you have an internet website URL you would like to display in a provider directory?**':
    - Select **Yes** if the provider wants to display their website in a provider directory.
    - Select **Prefer not to display** if the provider does not want to disclose their internet website URL.
    - Select **Not available** if the provider does not have a website.
12. If you selected **Yes**, enter the provider's website URL.

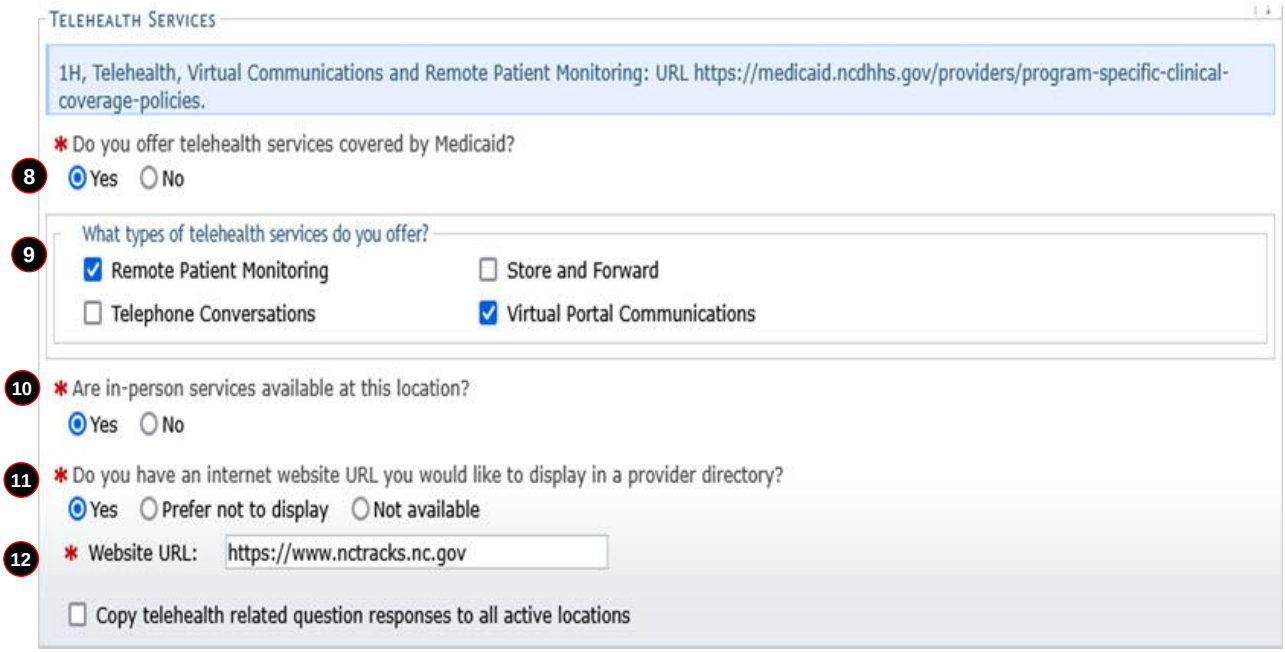


Exhibit 54. Services Page – Telehealth Services

2.15 ADDING AGENTS OR MANAGING EMPLOYEES

The **Agents and Managing Employees** page displays. This page captures provider managing relationships. The enrolling individual and the OA (if they are not the enrolling provider) will be displayed with pre-populated data.

Note: A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

As required by 42 CFR 1002.3, providers must disclose specific information for each individual officer, managing employee, director, board member and EFT authorized individual. Failure to provide the required information may result in a denial for participation.

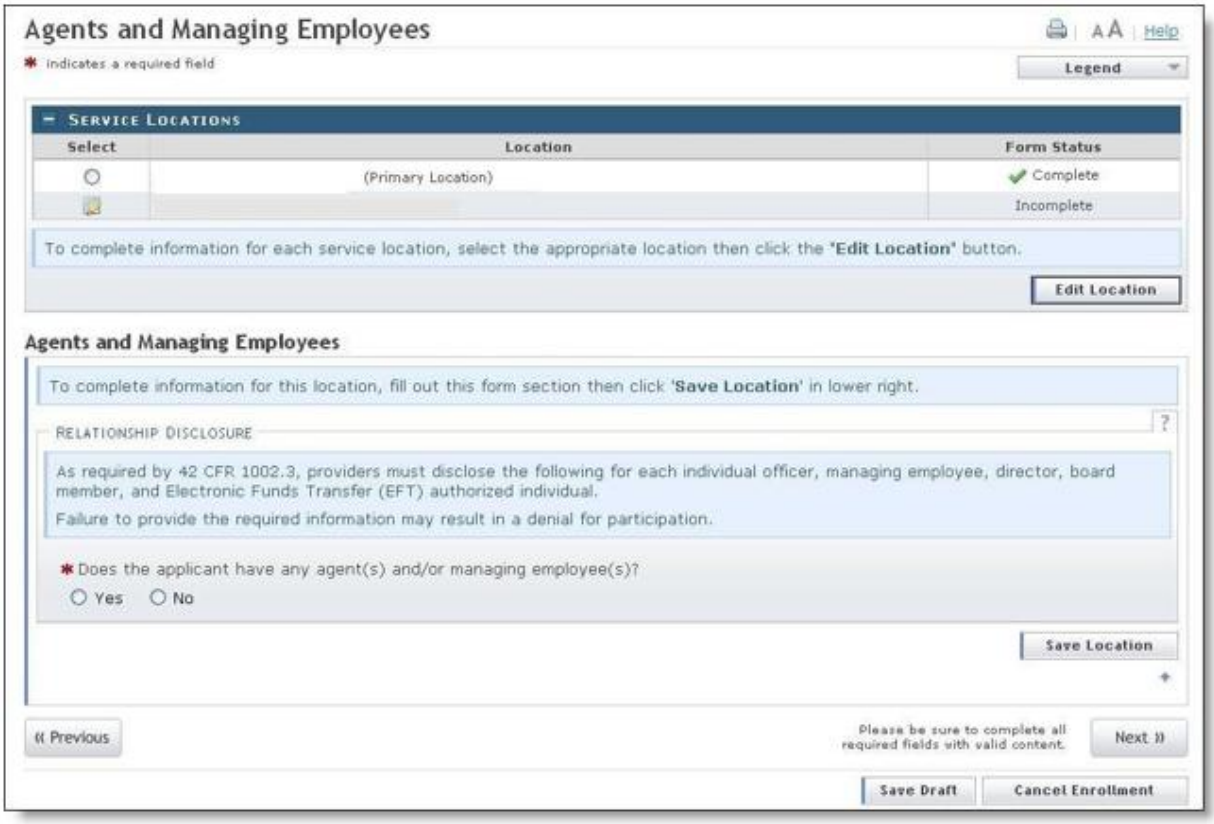


Exhibit 55. Agents and Managing Employees Page

Important: It is critical that when entering information on this page, you enter the legal name, including the full middle name, Date of Birth (DOB), and Social Security Number (SSN) for each owner or managing employee and that you verify the accuracy of this information before continuing to the next section. An inaccurate or invalid Name, DOB, or SSN will cause your application to be denied and you will have to resubmit a new application with the correct information and resubmit all appropriate Application Fees.

1. To add a new managing employee, under the **Relationship Disclosure** section, select **Yes** for the question '**Does the applicant have any agent(s) and/or managing employee(s)?**'.
2. Enter the required fields for the individual and the OA and select the **Update** button, which displays when you select **Add**.
3 Select the **Add** button to add the managing relationship.
4. When adding managing employees for multiple service locations, remember to select the **Save Location** button.
5. For multiple service locations, remember to select the **Save Location** button.
6. Select the **Next** button to continue.

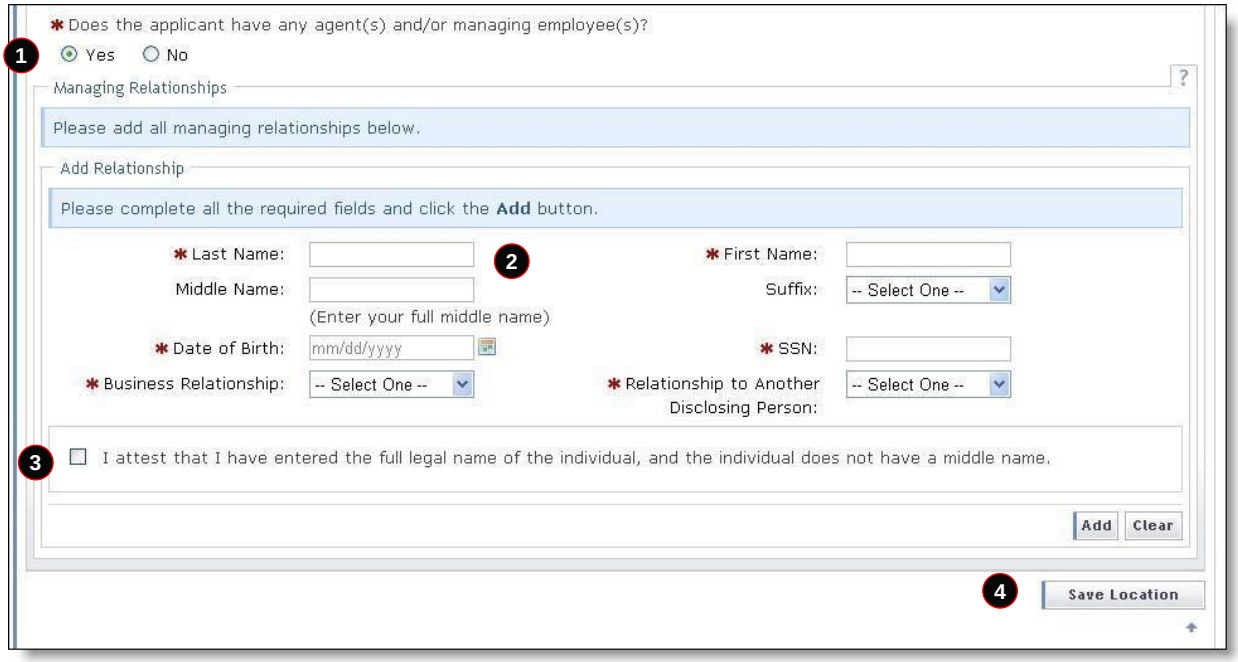


Exhibit 56. Agents and Managing Employees Page – Required Fields

5. Once all service locations display as 'Complete' in the **Form Status** column, select the **Next** button to continue.

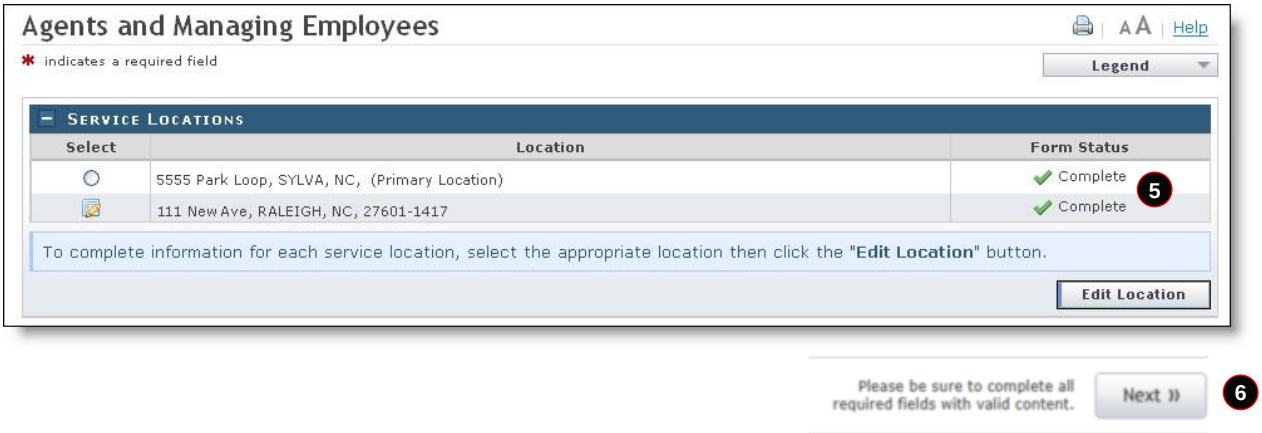


Exhibit 57. Agents and Managing Employees Page – Service Locations Complete

2.16 ADDING HOSPITAL ADMITTING PRIVILEGES

The **Hospital Admitting** page displays. This page captures hospital admitting information for individual providers.

Note to CCNC/CA providers: CCNC/CA participation requires the following: Maintain hospital admitting privileges or have a formal agreement with another doctor based on ages of the recipients accepted.

1. To add hospital admitting privileges, select **Yes** for the question '**Does the enrolling provider have hospital admitting privileges?**'.
2. The **Add County Hospitals** section displays. Select the county from the drop-down menu to display a list of hospitals in that county.

3. Select the hospital in the **Available Options** list and select the **Add >** button to add it to the **Selected Options** list.
4. Select the **Add** button to add the hospital to your record. You may repeat these steps to add other hospitals from other counties.
5. Select the **Next** button to continue.

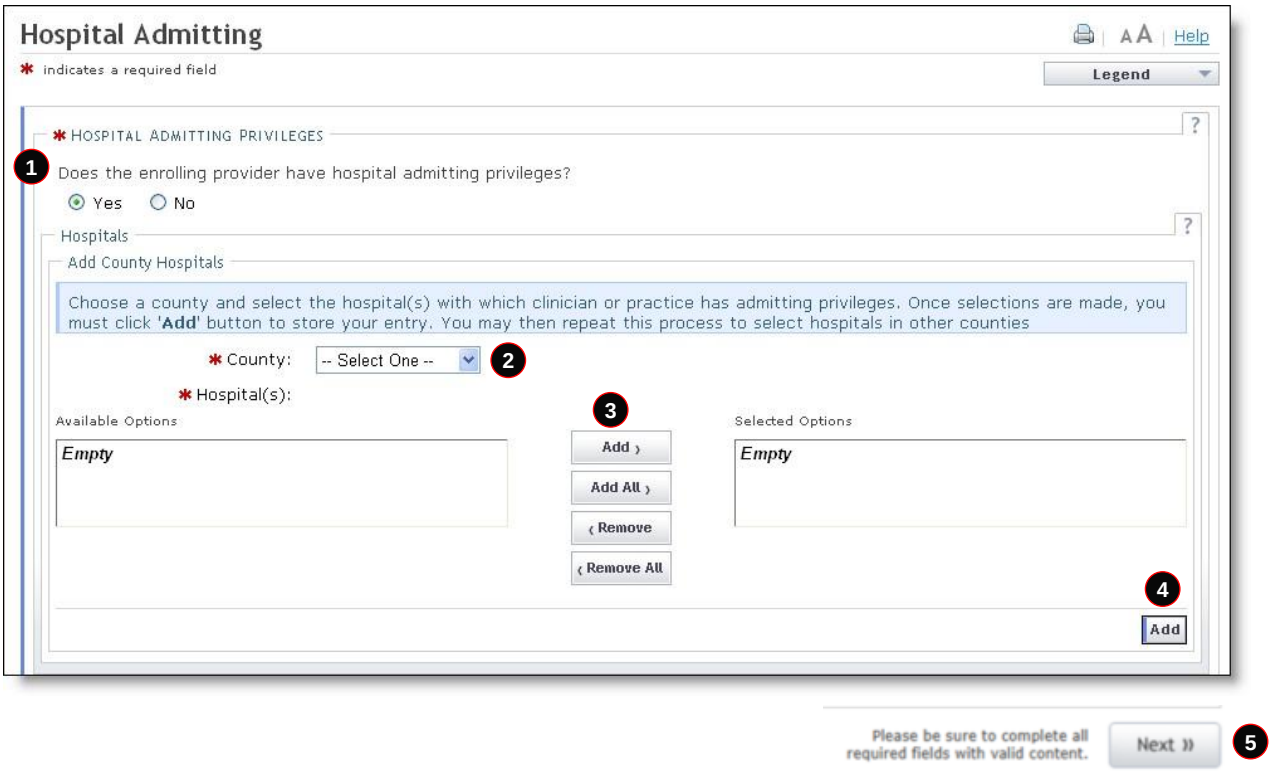


Exhibit 58. Hospital Admitting Page – Add Hospitals

2.17 ADDING METHOD OF CLAIM AND ELECTRONIC TRANSACTIONS

If you are not a Rendering/Attending Only provider, the **Method of Claim and Electronic Transactions** page displays. This page captures how you will be submitting and/or receiving electronic transactions.

1. Select at least one option and all that apply.
2. Select the **Next** button to continue.

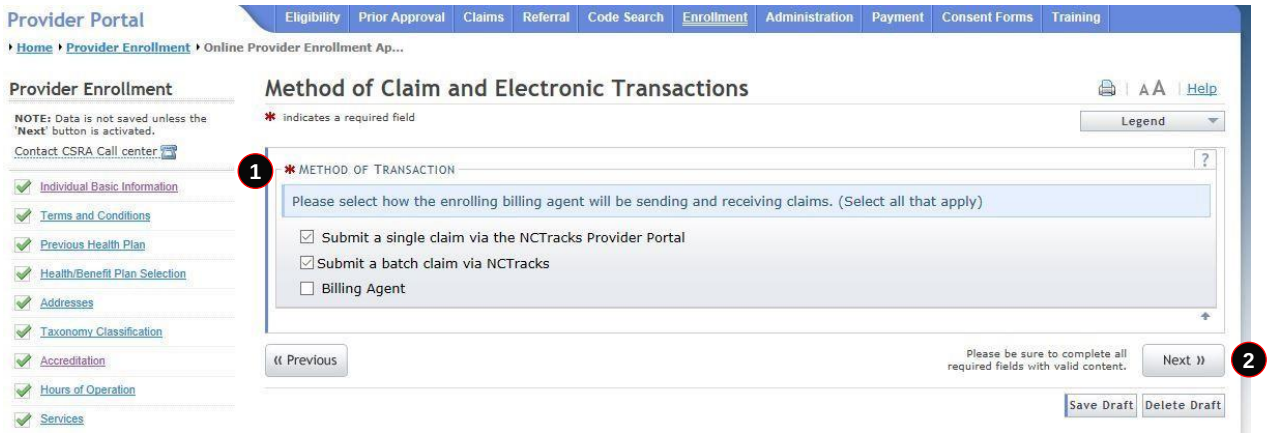


Exhibit 59. Method of Claim and Electronic Transactions Page

2.18 AFFILIATING TO A PROVIDER

The **Affiliated Provider Information** page displays. This page captures information on the organization(s) with which an applicant wants to affiliate. Individual providers who answered **Yes** to the question '**Are you a Rendering/Attending Only provider?**' on the **Individual Basic Information** page (see Section 2.3) will be required to complete this page during the initial enrollment process.

The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider in the NCTracks system. If you are affiliated with a group or organization provider, and that provider will be submitting claims on your behalf, complete the following steps. Otherwise, select **No** and select the **Next** button to continue.

Note: If this page requires you to affiliate with a provider, and you do not wish to affiliate, please return to the **Individual Basic Information** page and select **No** for the question '**Are you a Rendering/Attending Only provider?**'. You must select **No** in order to make the provider affiliation step optional and not required.

1. To affiliate to a provider, select **Yes** for the question '**Do you wish to link or affiliate with another enrolled provider?**'.
2. The **Affiliated Providers** section displays. Enter the National Provider Identifier (NPI) of the organization or group with which you want to affiliate and select the **Lookup NPI** button.
3. Select the checkbox(es) next to the appropriate provider(s) and/or location(s). Multiple locations can be selected.
4. Select **Yes** or **No** for the question '**Do you wish to participate in CCNC/CA under this group at this location?**'. **Note**: If the organization with which you are affiliating does not participate in CCNC/CA, the **N/A** option will be present.
5. Select the **Add** button to save the affiliation.
6. Select the **Next** button to continue.

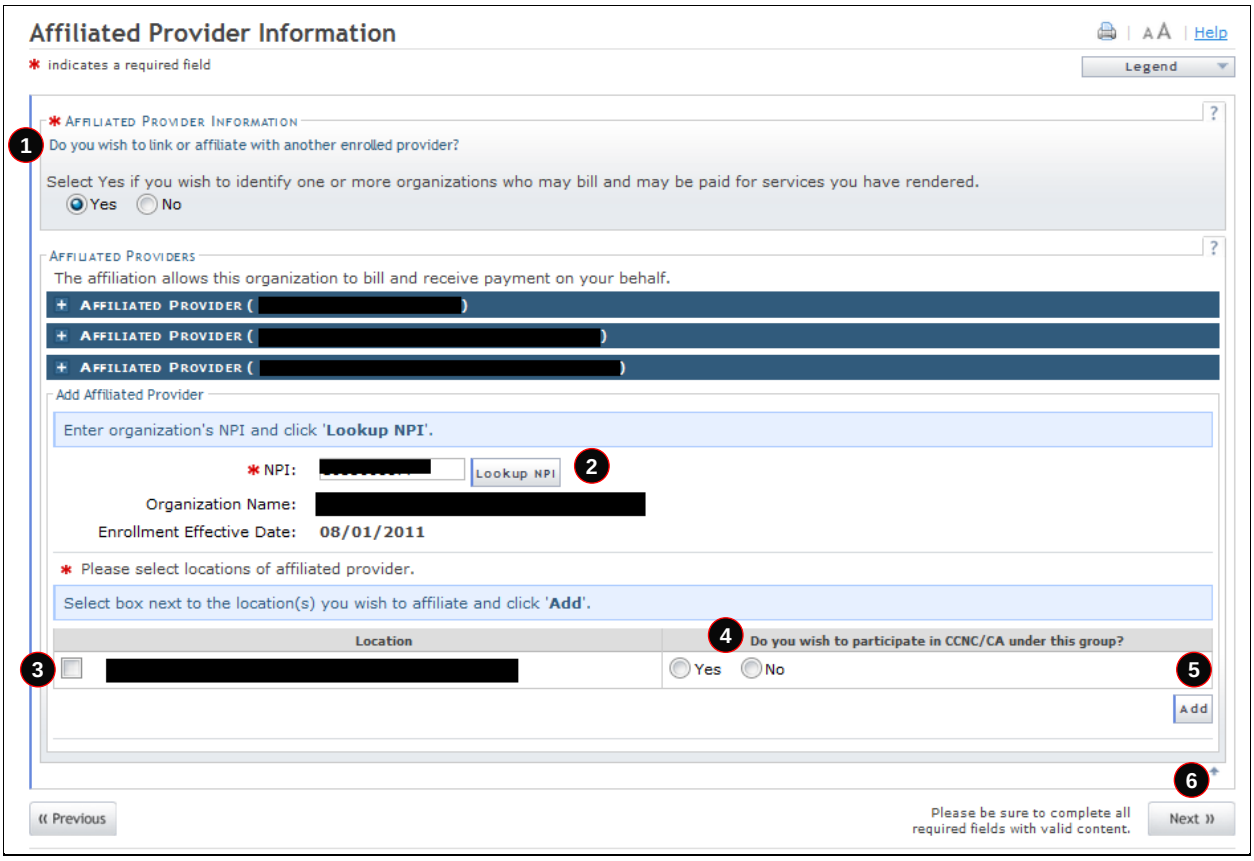


Exhibit 60. Affiliated Provider Information Page

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.

Note: The **Delete** button is ONLY available until you submit the application. Once the application is completed and the provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated. You can edit or end-date the affiliation using the Manage Change Request (MCR) process on the **Status and Management** page. From the Provider Portal home page, select the **Status and Management** button. On the **Status and Management** page, scroll down to access the **Manage Change Request** section.

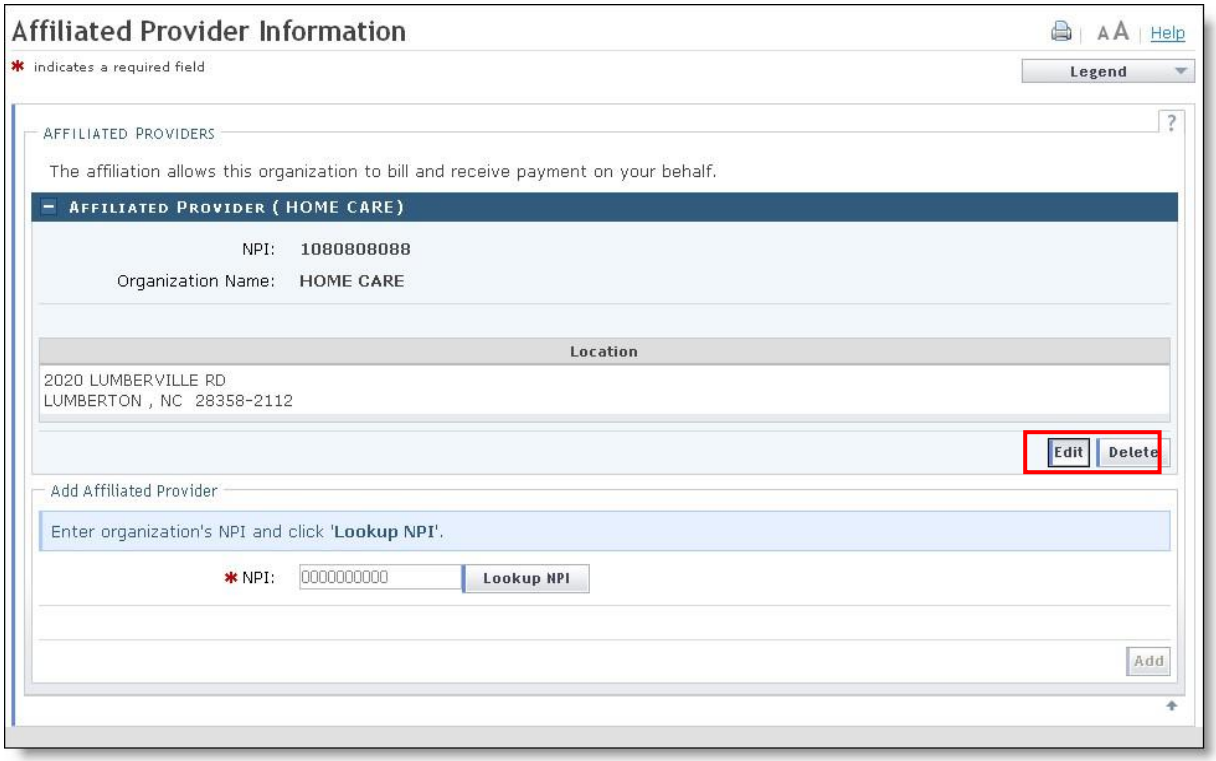


Exhibit 61. Affiliated Provider Page – Edit or Delete Provider

2.19 ADDING AN ASSOCIATE BILLING AGENT

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

2.20 ADDING EFT ACCOUNT INFORMATION

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

Note: This page does not apply to Rendering/Attending Only providers.

1. Complete all required fields.
2. Select the **Verify Address** button.
3. Select the **Next** button to continue.

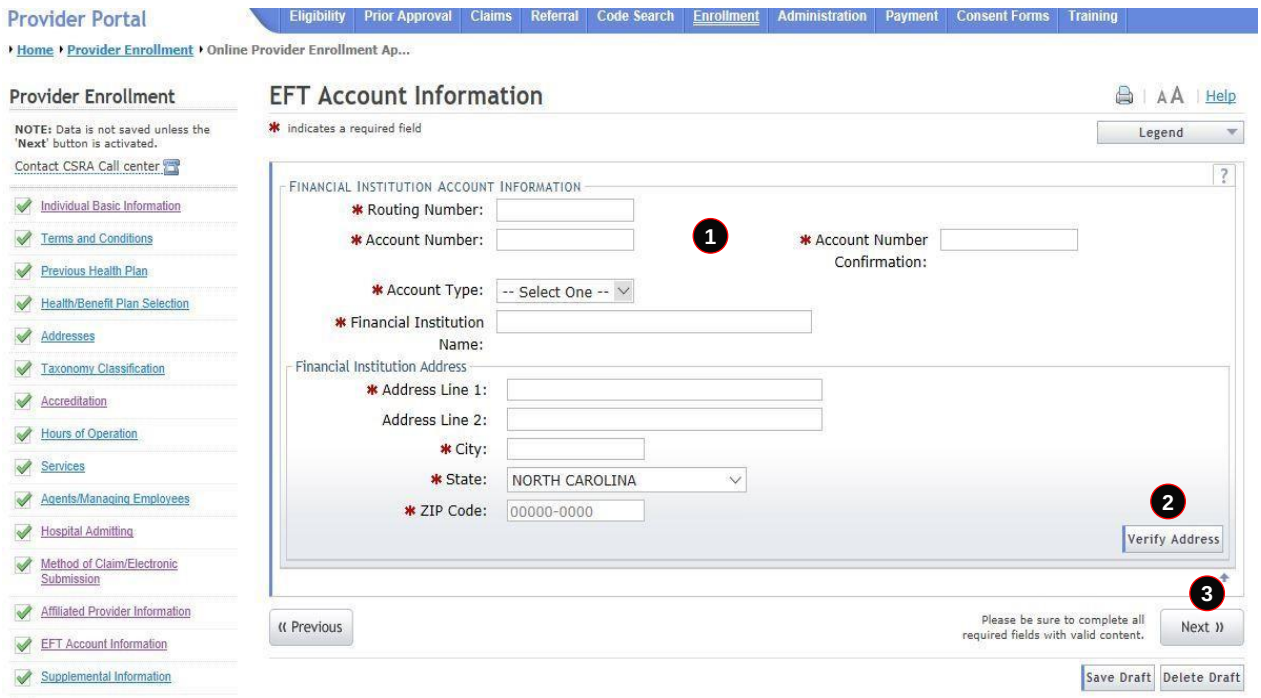


Exhibit 62. EFT Account Information Page

2.21 ADDING PROVIDER SUPPLEMENTAL INFORMATION

The **Provider Supplemental Information** page displays. This page is applicable for individual providers only.

1. Under **Work History**, enter your work history as a healthcare professional:
   - Company Name – Employer name.
   - Job Title – Position/job title. If the enrolling provider is a resident/intern, enter 'Resident' as the 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 title at this company, enter 12/31/9999.
2. Under **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. Under **Current Malpractice Insurance Coverage**, enter or select the following:
   - Do you have malpractice insurance or are you covered under a federal tort? Select **Yes** or **No**.
   - Malpractice Type – Select the type of malpractice coverage from the drop-down menu (Federal Tort Malpractice, Individual Malpractice Coverage, or Malpractice Coverage Under a Group).
   - 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 the **Next** button to continue.

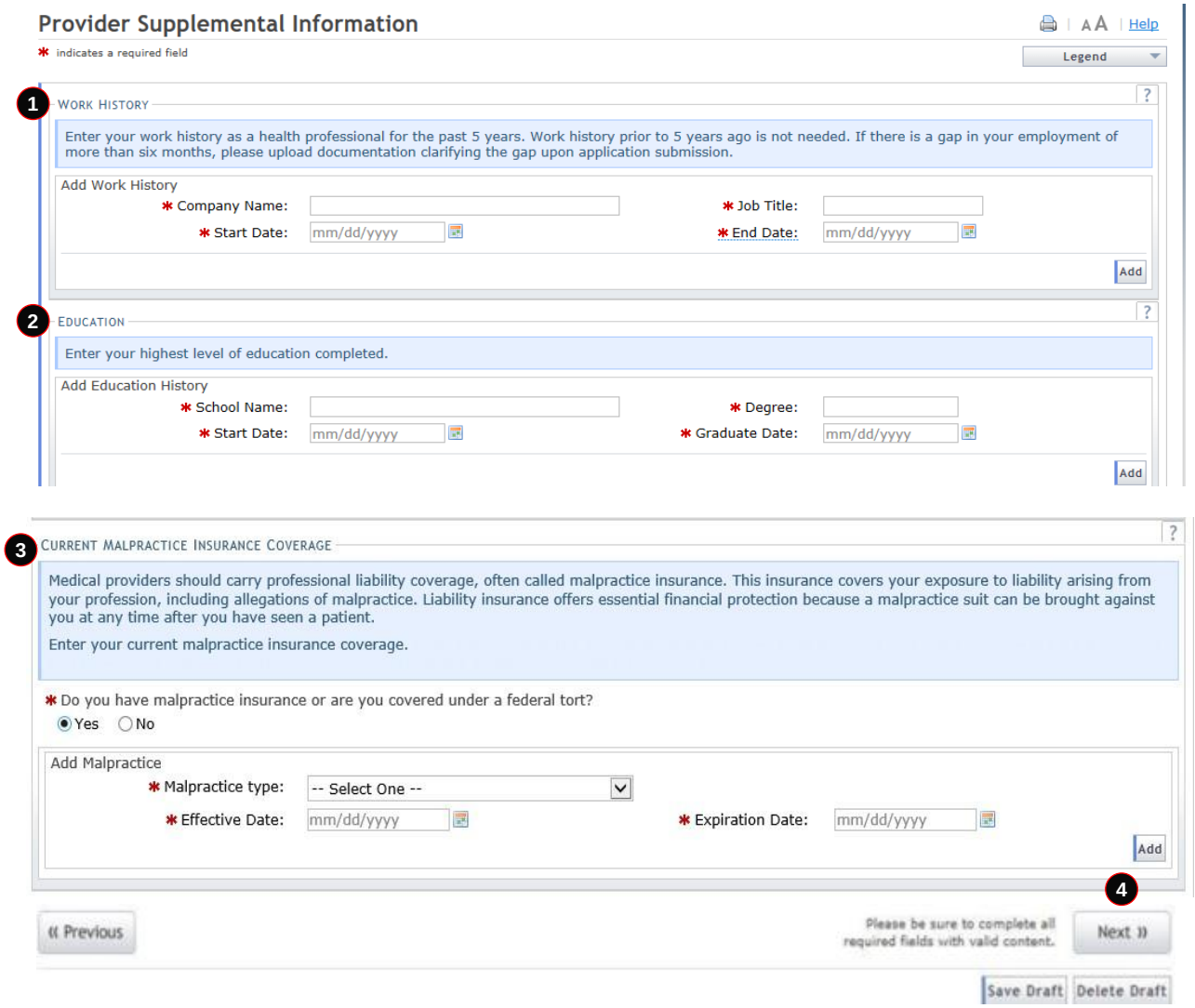


Exhibit 63. Provider Supplemental Information Page

2.22 EXCLUSION SANCTION INFORMATION

The **Exclusion Sanction Information** page displays. This page captures provider exclusion sanction information.

Important: The questions 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. For a complete list of the questions, see Section 6.0.

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 questions regarding whether the question applies to the provider, owner or agents, or other questions about how each sanction question should be answered, it is recommended that you contact an attorney.

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.

Failure to provide the necessary supporting documentation may result in the denial of the application.

1. Answer each exclusion sanction question by selecting **Yes** or **No**. If you select **Yes** for a question, the **Infraction/Conviction Dates** section displays.

   Note: Questions pertain to the enrolling provider and all managing employees listed on the provider record. The Exclusion Sanction Information page is often updated with additional questions or change in the wording of the questions, please read the questions carefully.

Welcome, **providerfn providerln**. (Log out)

NCTracks Help

Provider Portal

Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training

Home ▸ Provider Enrollment ▸ Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact CSRA Call center

- Individual Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Addresses
- Taxonomy Classification
- Prior Approval
- Accreditation
- Services
- Agents/Managing Employees
- Affiliated Provider Information
- NC Minority Provider
- Supplemental Information
- Exclusion Sanction Information
- Review Application

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 exclusion sanction 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 in addition to a written explanation of the supporting documentation.

1. A thorough written explanation signed by the subject of the offense if an individual or by the provider's Office Administrator if the subject of the offense is an organization of the occurrence and dated within 6 months of the application date, by the provider's Office Administrator, an owner or managing employee of the occurrence including references to the infraction/conviction date(s) entered and the resolution.

2. All supporting documentation (See Job Aid/FAQ) that relates to the incident.

Failure to submit all of the requested information may result in the application being deemed incomplete.

Exclusion Sanction Supporting Documentation Job Aid/FAQ

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

* 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 agents ever 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 agents ever 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 agents ever 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

* L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?
  ○ Yes ◉ No

* M. Has the enrolling provider ever practiced without liability coverage?
  ○ Yes ◉ No

* N. Is the enrolling provider currently engaged in the illegal use of drugs? "Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on ones ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. §812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.)
  ○ Yes ◉ No

* O. Has the enrolling provider's hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?
  ○ Yes ◉ No

* P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?
  ○ Yes ◉ No

* Q. Does the enrolling provider use any chemical substances that would in any way impair or limit the ability to practice medicine and perform the functions of the job with reasonable skill and safety?
  ○ Yes ◉ No

* R. Does the enrolling provider have any reason to believe that he would pose a risk to the safety or well-being of patients?
  ○ Yes ◉ No

* S. Is the enrolling provider unable to perform the essential functions of a practitioner in the area of practice even with reasonable accommodation?
  ○ Yes ◉ No

« Previous

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

Next »

Save Draft | Delete Draft

About | Legal | Privacy | Accessibility | Contact Us | System Requirements | Report Fraud

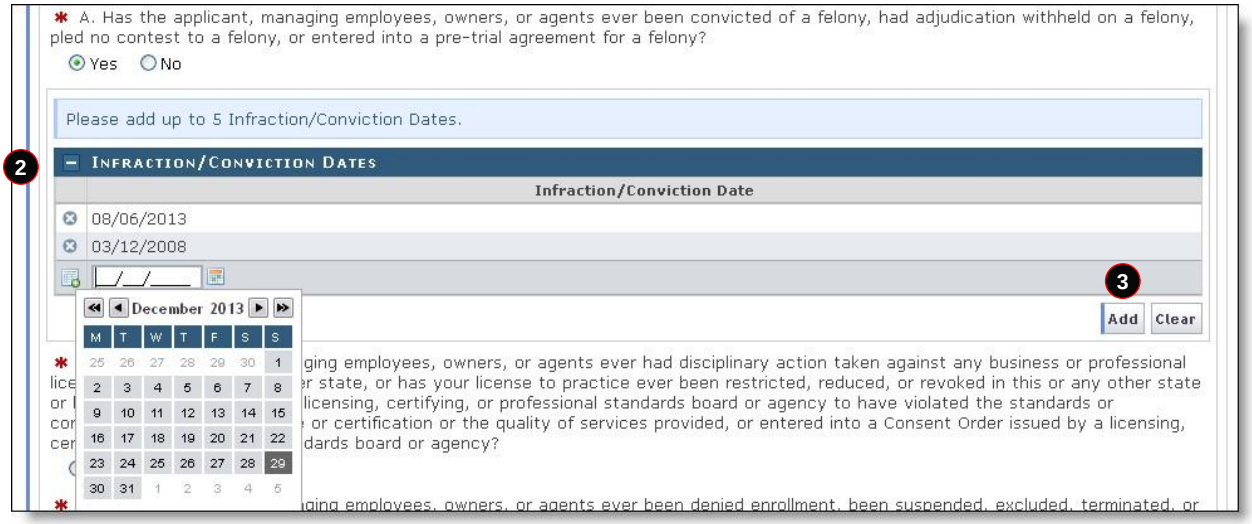
NC Department of Health and Human Services

Powered By CSRA TRANSCEND

idle timer re/init at 11:14:20 am portal: pong
none
stop-clock running :1795

Exhibit 64. Exclusion Sanction Information Page

2. In the **Infraction/Conviction Dates** section, enter the date of the infraction.
3. Select the **Add** button to add the date.



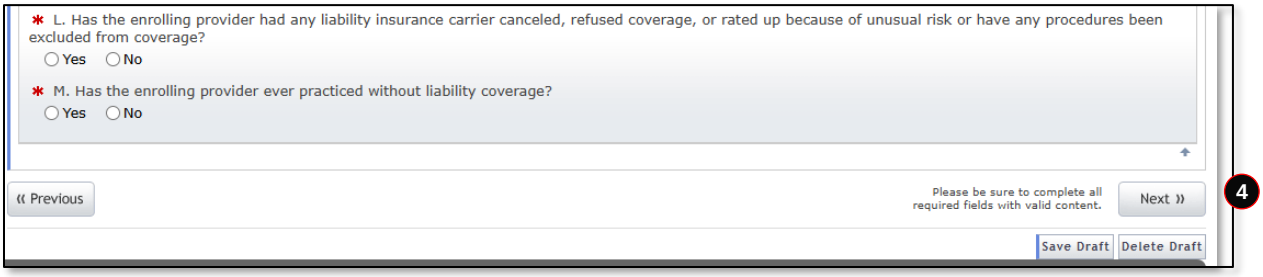


Exhibit 65. Exclusion Sanction Information Page – Add Infractions

4. Scroll down the page and select the **Next** button to continue.

   Note: You may also elect to:

   - **Save Draft:** The draft will appear in the **Saved Applications** section of the **Status and Management** page. The **Status and Management** page can be accessed from your Provider Portal home page. See the following exhibit.
   - **Delete Draft:** Will delete the application, and the NPI line will remain on the **Status and Management** page.

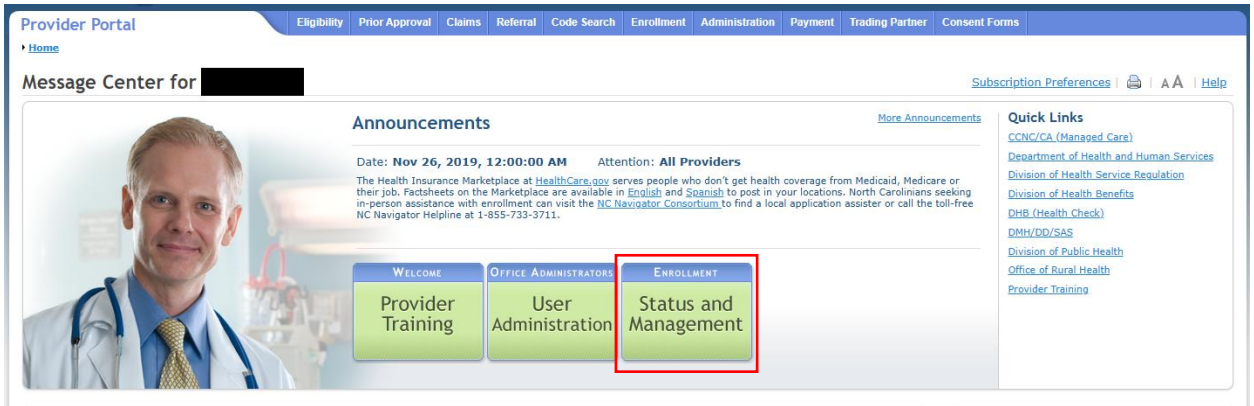


Exhibit 66. Provider Portal Home Page – Status and Management Button

2.23 TRADING PARTNER AGREEMENT

The **Trading Partner Agreement** page displays only if the provider selected (by itself or in conjunction with the other options) the '**Submit a batch claim via NCTracks**' option on the **Method of Claim and Electronic Transactions** page (see Section 2.17).

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSRA as the Fiscal Agent for the North Carolina Medicaid program. A fully executed TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

1. After reading the agreement, select the **Attestation** checkbox.
2. Select the **Next** button to continue.

I. Already known by the recipient Party without an obligation of confidentiality other than under this Agreement.
II. Publicly known or becomes publicly known through no unauthorized act of the recipient Party.
III. Rightfully received from a third Party.
IV. Independently developed by the recipient Party without use of the other Partys Confidential Information.
V. Disclosed without similar restrictions to a third Party by the Party owning Confidential Information.
VI. Approved by the other Party for disclosure.
VII. Required to be disclosed pursuant to a requirement of a governmental agency or law so long as the disclosing Party provides the other Party with notice of such requirement prior to any such disclosure. Each Party represents that it has the right to disclose information that it has made and will make available to the other hereunder.

6. Liability

CSRA liability to the Trading Partner for any damages arising out of or related to this Agreement, regardless of the form of action that imposes liability, whether in contract, equity, negligence, intended conduct, tort or otherwise, will be limited to and will not exceed, in the aggregate for all claims, actions, and causes of action of every kind and nature, the sum of Ten Thousand dollars ($10,000.00). In no event will the measure of damages payable by CSRA include, nor will CSRA be liable for any amount of loss of income, profit, or savings or indirect, incidental, consequential, exemplary, punitive, or special damages of any Party, including third Parties, even if such Party has been advised of the possibility of such damages in advance, and all such damages are expressly disclaimed. No claim, demand, or cause of action that arose out of an event or events that occurred more the 2 years prior to the filing suit alleging a claim or cause of action may be asserted by either Party against the other. The provisions of the paragraph VI will survive the expiration or termination of this Agreement for any reason.

7. Definitions

A. **Business Associate.** "Business Associate" shall mean CSRA.
B. **Covered Entity.** "Covered Entity" shall mean NC DHHS and the Trading Partner.
C. **Trading Partner.** "Trading Partner" shall mean any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid.
D. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR 160 and part 164, subparts A and E.
E. **Protected Information.** "Protected Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
F. **Required to be disclosed.** Required to be disclosed shall have the same meaning as the term "required by law" in 45 CFR 164.501.

8. Term

The term of this Agreement shall commence on the Effective Date and continue in effect until terminated by either Party upon 30 days prior written notice to the other Party.

Attestation Statement

1 * ATTESTATION
☑ I agree to the above terms, and will electronically sign for them upon submission of this application.

2

« Previous

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

Next »

Save Draft | Delete Draft

Exhibit 67. Trading Partner Agreement Attestation Statement

2.24 FEDERAL REQUIREMENTS PAGE

The **Federal Requirements** page displays when the application requires a Federal Site Visit or payment of the Federal Fee. When the provider is moderate or high risk, the Federal Site Visit and/or Fee is required. Providers are identified as moderate or high risk according to the Provider Permission Matrix, located under Quick Links on the NCTracks Provider Enrollment page.

The **Federal Site Visit** section of the page displays when the location requires a Federal Site Visit. The **Federal Fee** section displays when the location requires the Federal Fee.

Note: As of the current Provider Permission Matrix, the NEMT (Non-Emergency Medical Transportation) taxonomy requires both the Federal Site Visit and payment of the Federal Fee.

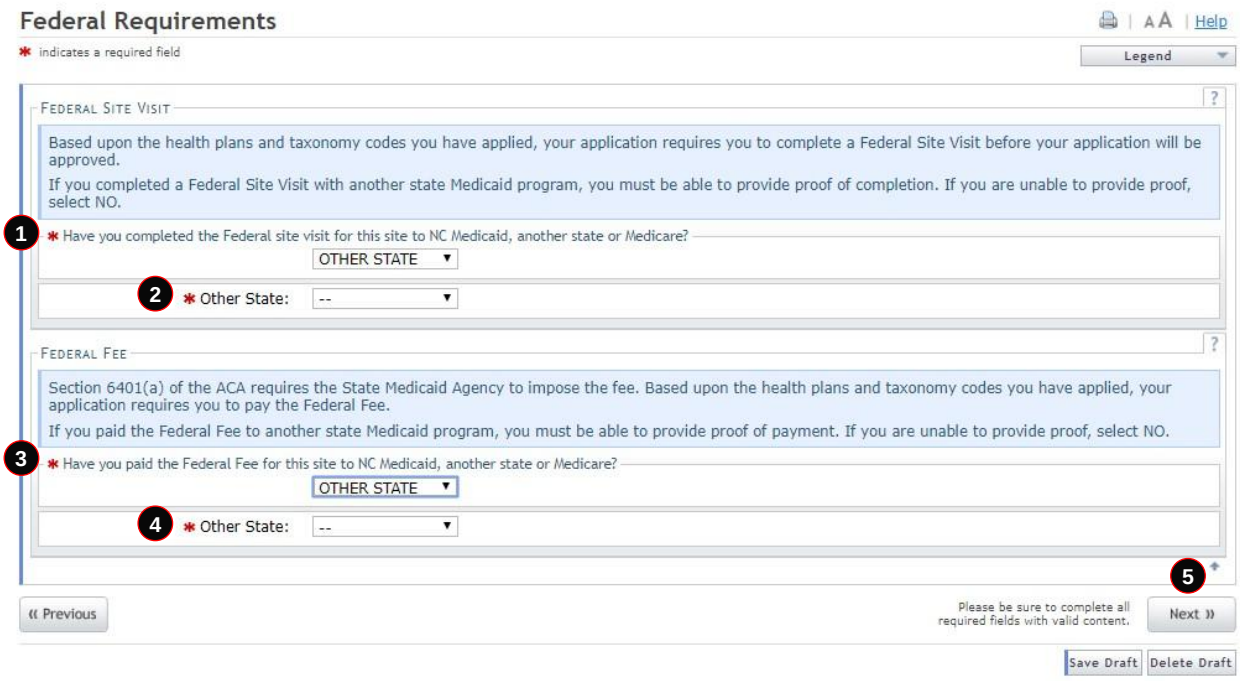


Exhibit 68. Federal Requirements Page

1. Answer the question '**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.

   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. Answer the question '**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.

   If you select **NO**, upon submission of this application, you will be directed to PayPoint to pay the fee. For instructions, see Addendum B.

   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.
4. **Other State:** If applicable, select the state.
5. Select the **Next** button to continue.

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3.0 Reviewing and Submitting the Application

3.1 REVIEWING THE APPLICATION

The **Review Application** page allows you to review the application in Adobe PDF format.

1. In the left pane of the **Review Application** page, verify that all application pages have a green check mark. In addition, verify the listed **Contact Email** address. The email address can be updated on the **Individual Basic Information** page (see Section 2.3).
2. To review the application in Adobe PDF format, select the **Review Application** button.
3. Select the **Next** button to proceed to the **Sign and Submit Electronic Application** page.

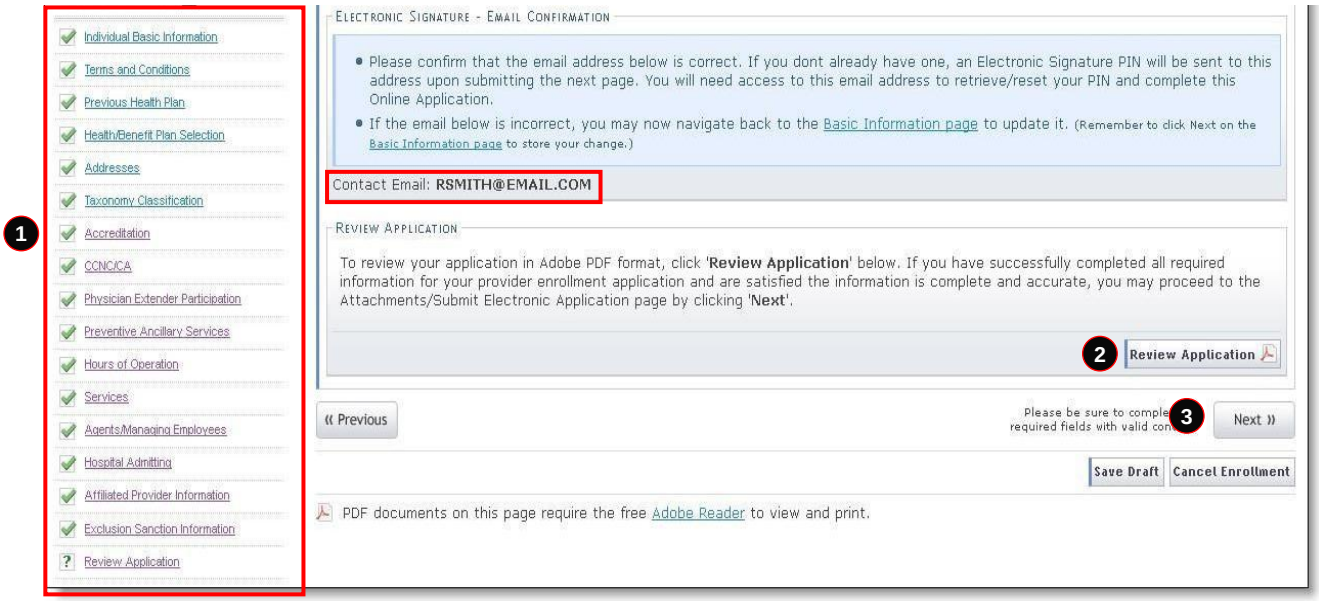

Exhibit 69. Review Application Page

3.2 SIGN AND SUBMIT ELECTRONIC APPLICATION

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

- The OA will be prompted to request the individual provider complete the provider attestation by selecting the **Request Provider Attestation** button.
- An office administrator will complete the application but will not be able to submit it until it is verified, signed, and attested by the individual provider.
- If the last four digits of the SSN of the Office Administrator and Individual Provider are the same in the application, it is assumed that the individual provider is also the office administrator for the NPI and will be able to submit the application directly.

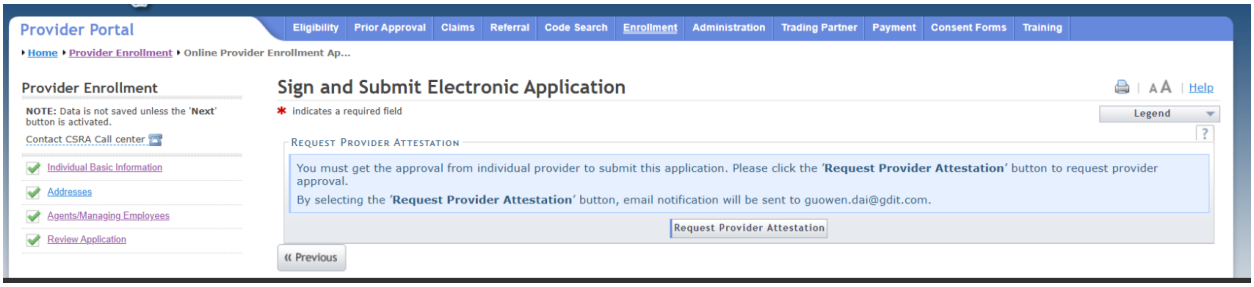

Exhibit 70. Request Provider Attestation

- If the office administrator is not the same as the individual provider, upon completion of the application, the system will use the email address of the individual provider from the application to send the email notifications.
- The email notification sent to the individual provider will contain a system-generated secure link. Once clicked, the system will verify the link and prompt the individual provider to enter their NPI, Date of Birth (DOB), and last four of their SSN.
- If the individual provider does not receive the email to complete the attestation the OA can go back in the application through Attestation section on the Status and Management page to enter an updated email address and resend the attestation request to the provider.
- The application will automatically abandon if the individual provider does not complete the attestation within 45 days of the attestation being sent to the individual provider.

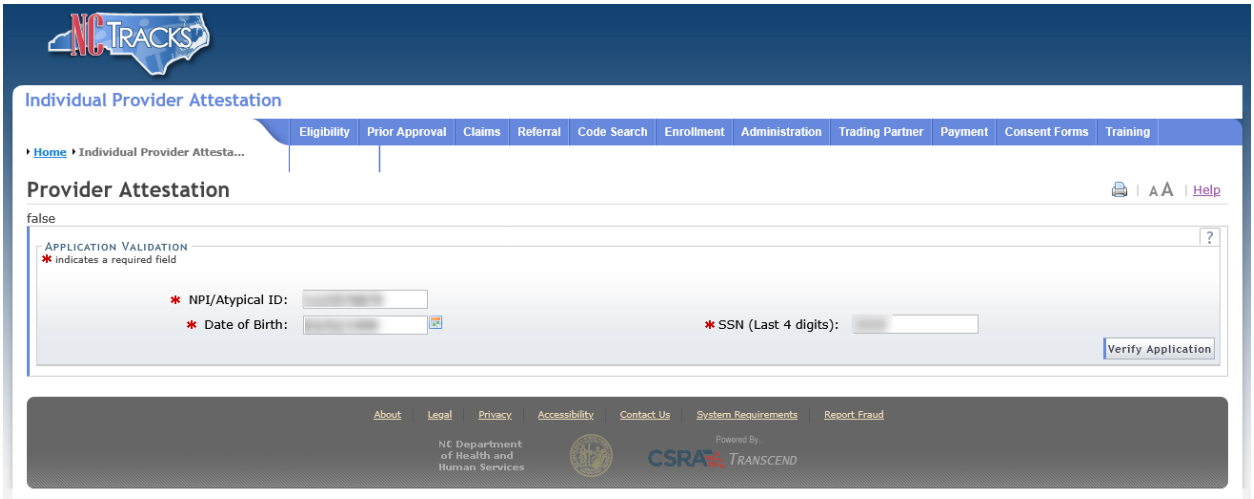

Exhibit 71. Application Validation

- Upon verification of the NPI, DOB, and SSN the system will display the application information to the individual provider to verify and attest.
- During the attestation process, the Individual Provider will not be able to modify any information from the application. Individual Providers will only have the option to Approve or Reject the information from the Application.

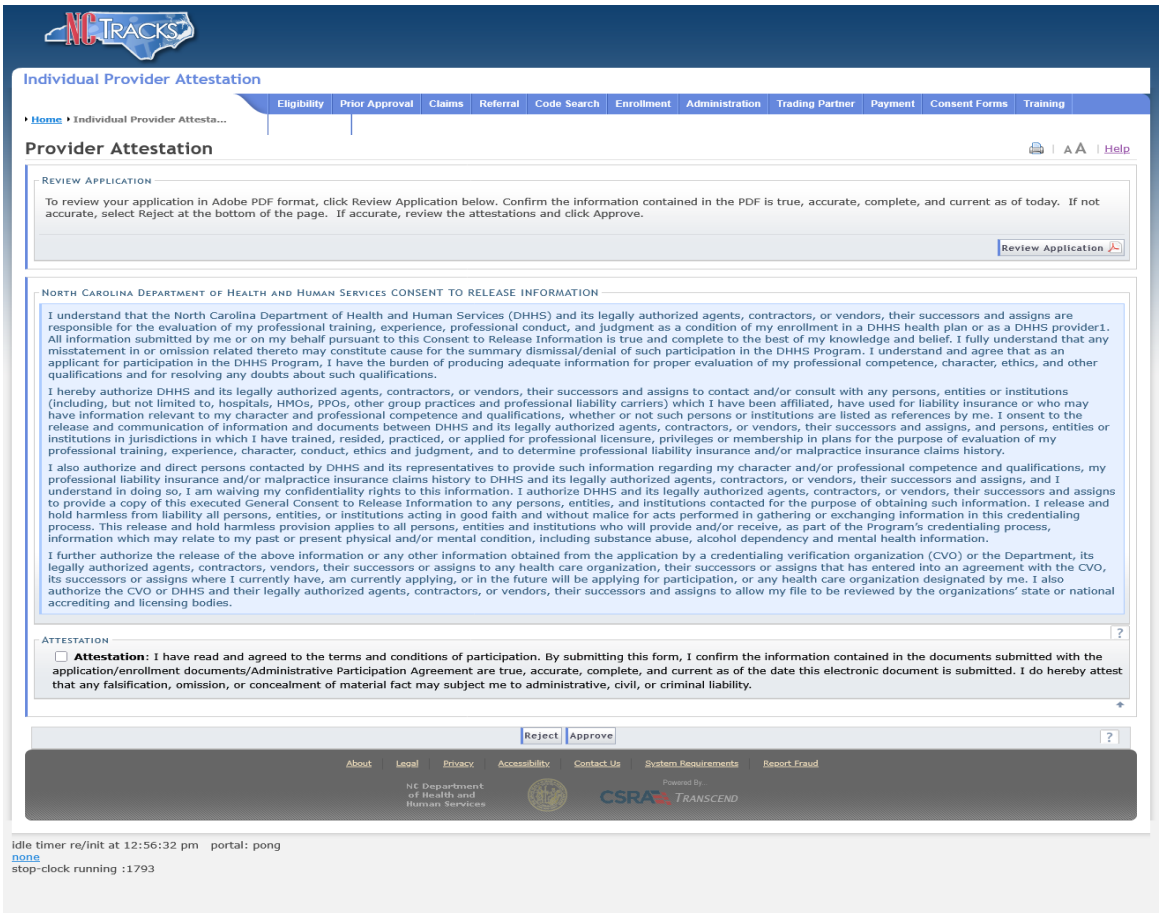

Exhibit 72. Provider Attestation

- If provider attestation request for application is approved, or if the last four digits of the SSN of the office administrator and individual provider are the same in the application, do not display **Request Provider Attestation** section for individual provider. Application submission section is displayed, so that OA/MR can submit the application.

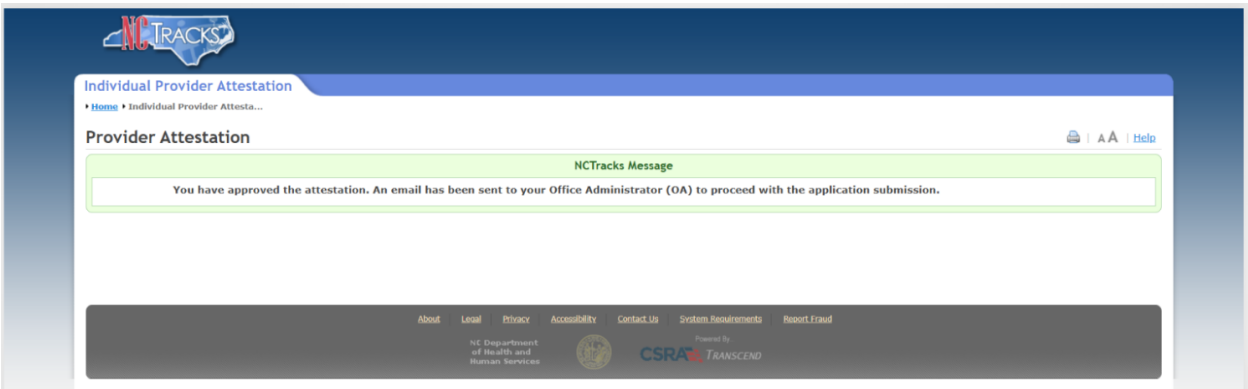

Exhibit 73. Provider Attestation Approval

- If provider attestation request for application is not approved, display section Request Provider Attestation for Individual Provider. Application submission section is not displayed.

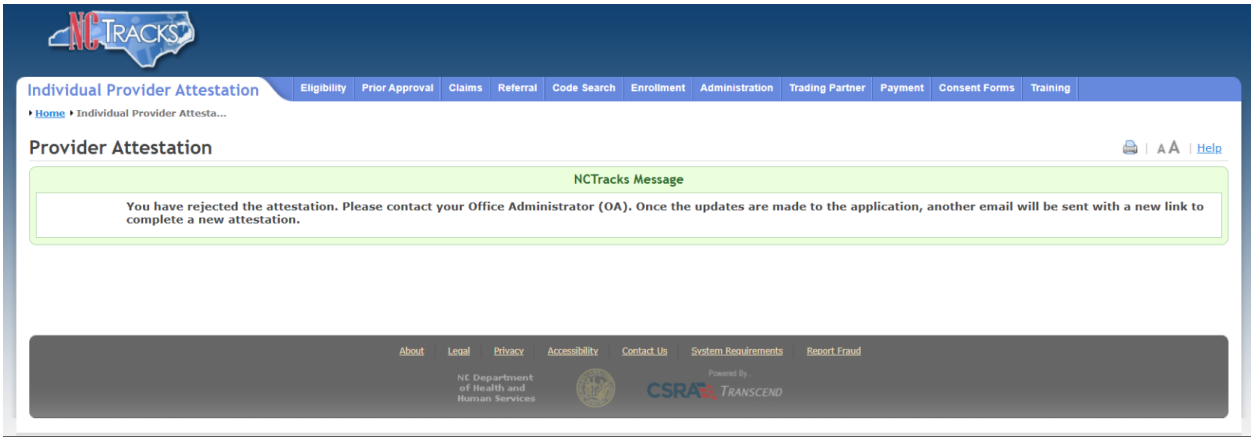

Exhibit 74. Provider Attestation Rejected

- An email notification will be sent to the office administrator when the attestation is completed, whether the individual provider attests to or rejects the application information, allowing the office administrator to take appropriate action.

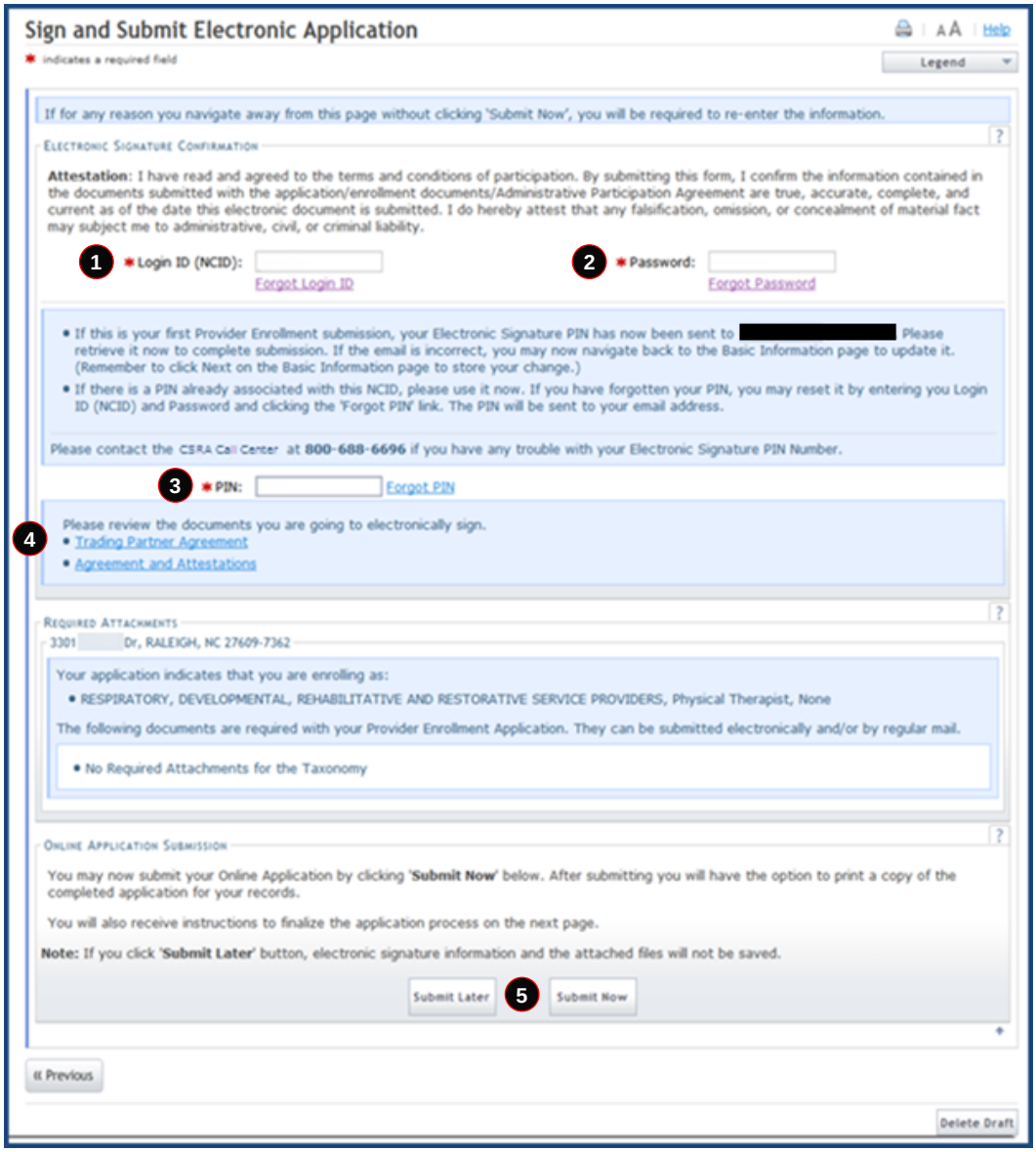

Exhibit 75. Sign and Submit Electronic Application Page

1. Enter **Login ID**.
2. Enter **Password**.
3. Enter **PIN**.
4. Select the **Trading Partner Agreement** and/or **Agreement and Attestations** links to review each.
5. Select the **Submit Now** or **Submit Later** buttons to submit the application.

3.3 FINAL STEPS PAGE

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

application. If a provider is required to complete the fingerprinting process as identified in the Provider Permission Matrix, they will be notified on this page.

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 notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA or Enrollment Specialist (ES) user will have access to the notification letters via the Message Center inbox as well as a hyperlink on the **Status and Management** page.

If the application is denied, the notification letter will be sent via email.

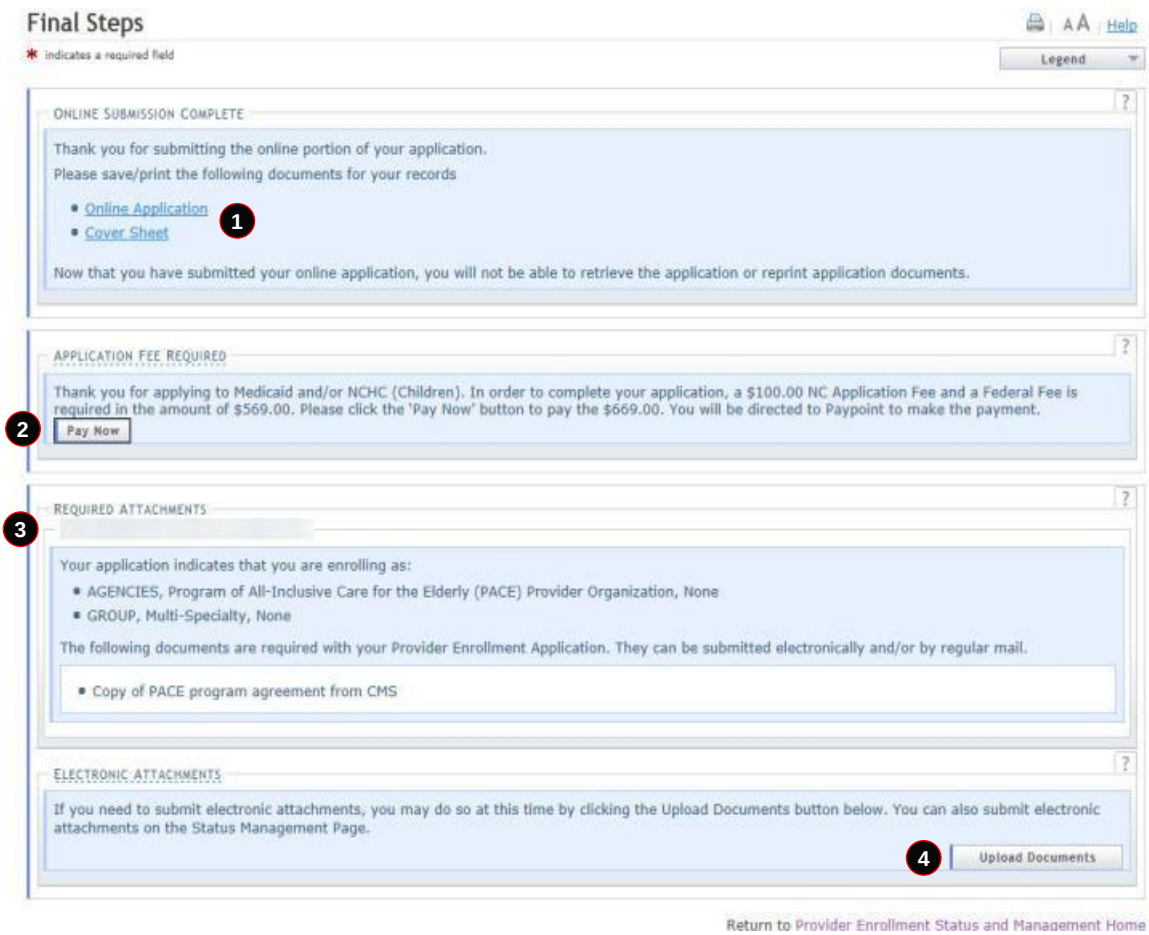

Exhibit 76. Final Steps Page

1. Print/save the **Online Application** and/or **Cover Sheet**. This will be the only opportunity to save, download, or print the PDFs.
2. Select the **Pay Now** button. The PayPoint landing page displays. For detailed information on navigating PayPoint, please see Addendum B.

Note: Application Fee Required: A $100 NC Application Fee is required when applying for Medicaid, except for OOS Lite providers.

3. **Required Attachments**: Review the list of documents that need to be included with the application.
4. Select the **Upload Documents** button.

3.4 UPLOAD DOCUMENTS

The **Upload Documents** page allows you to upload any additional relevant documents associated with a submitted application.

Reminder: Do not upload school transcripts on this page. If applicable, you will receive instructions via email regarding how to submit this information.

1. In the **General Enrollment Additions** section, select the **Browse** button to upload general documents. **Note**: The file name displays to the left of the **Browse** button.
2. Select the **Upload Document** button to submit the document to NCTracks.
3. In the **Fingerprint Evidence Documents** section, select the **Browse** button to locate the completed fingerprinting evidence form. **Note**: The file name displays to the left of the **Browse** button.
4. Select the **Upload Document** button to submit the document to NCTracks.

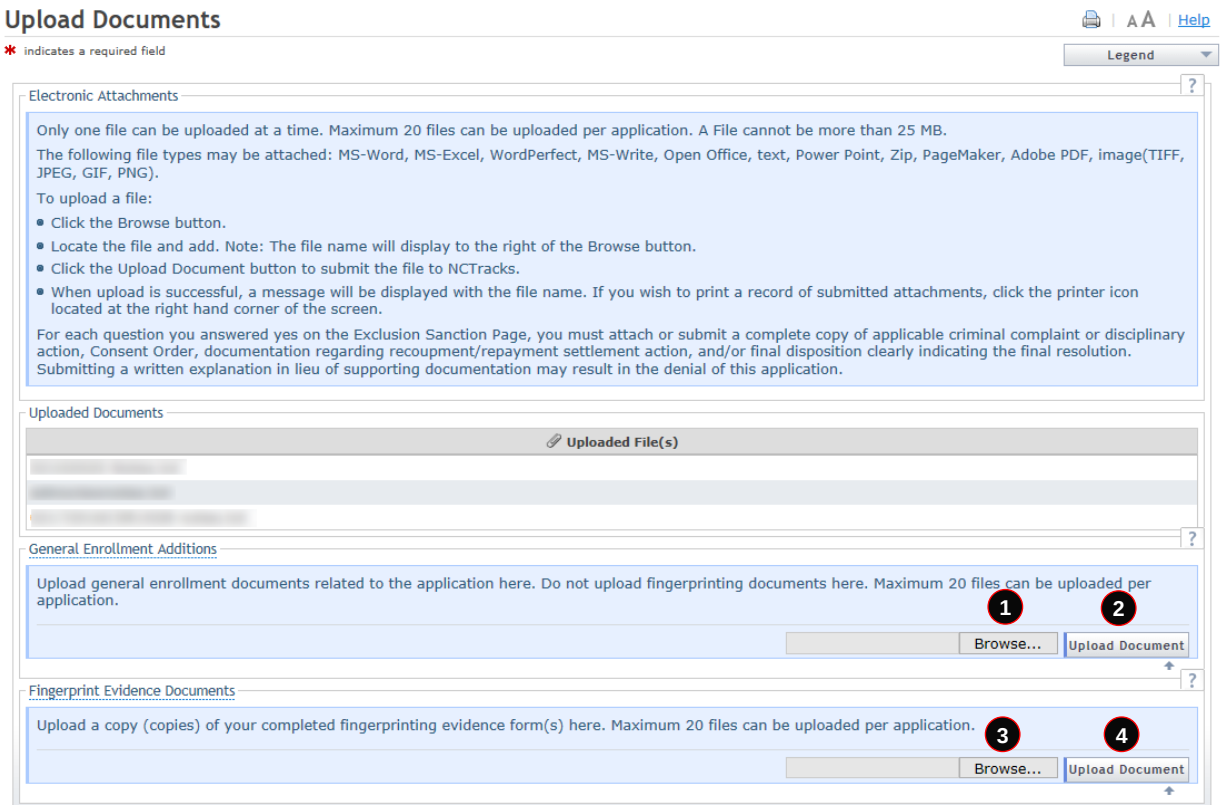

Exhibit 77. Upload Documents Page

You will receive an 'Upload Successful' message upon a successful upload of additional documents. The message will also display the filename that was successfully uploaded.

5. If you want to print a record of submitted attachments, select the printer icon located in the upper right corner of the page.

Exhibit 78. Upload Documents Page – Printer Icon

3.5 STATUS AND MANAGEMENT PAGE

The **Status and Management** page (available from the Provider Portal home page by selecting the **Status and Management** button) displays categories of applications. The **Status** column of the **Submitted Applications** section may also provide hyperlinks to allow the user to upload documents, withdraw applications that are still in review, or review notification letters if the application has been returned due to additional information being required. Notification letters will be available for review from the **Status and Management** page as well as the Message Center inbox. Notification letters for initial enrollment applications will only be delivered to the OA's email address.

If the information (Name, DOB, SSN or EIN) submitted on the application is incorrect and does not match our findings during the background check, NCTracks will return the 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 will contain 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 may also respond to the Application Incomplete letter advising that the information is incorrect and requesting NCTracks to withdraw the application. If NCTracks withdraws the application, the Application Withdrawal letter is sent to the Message Center inbox. Withdrawal letters for initial enrollment applications will be sent to the OA's email address.

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

Note: While inaccurate data is the example provided for the application withdrawal process, a provider can withdraw an application for any reason deemed necessary.

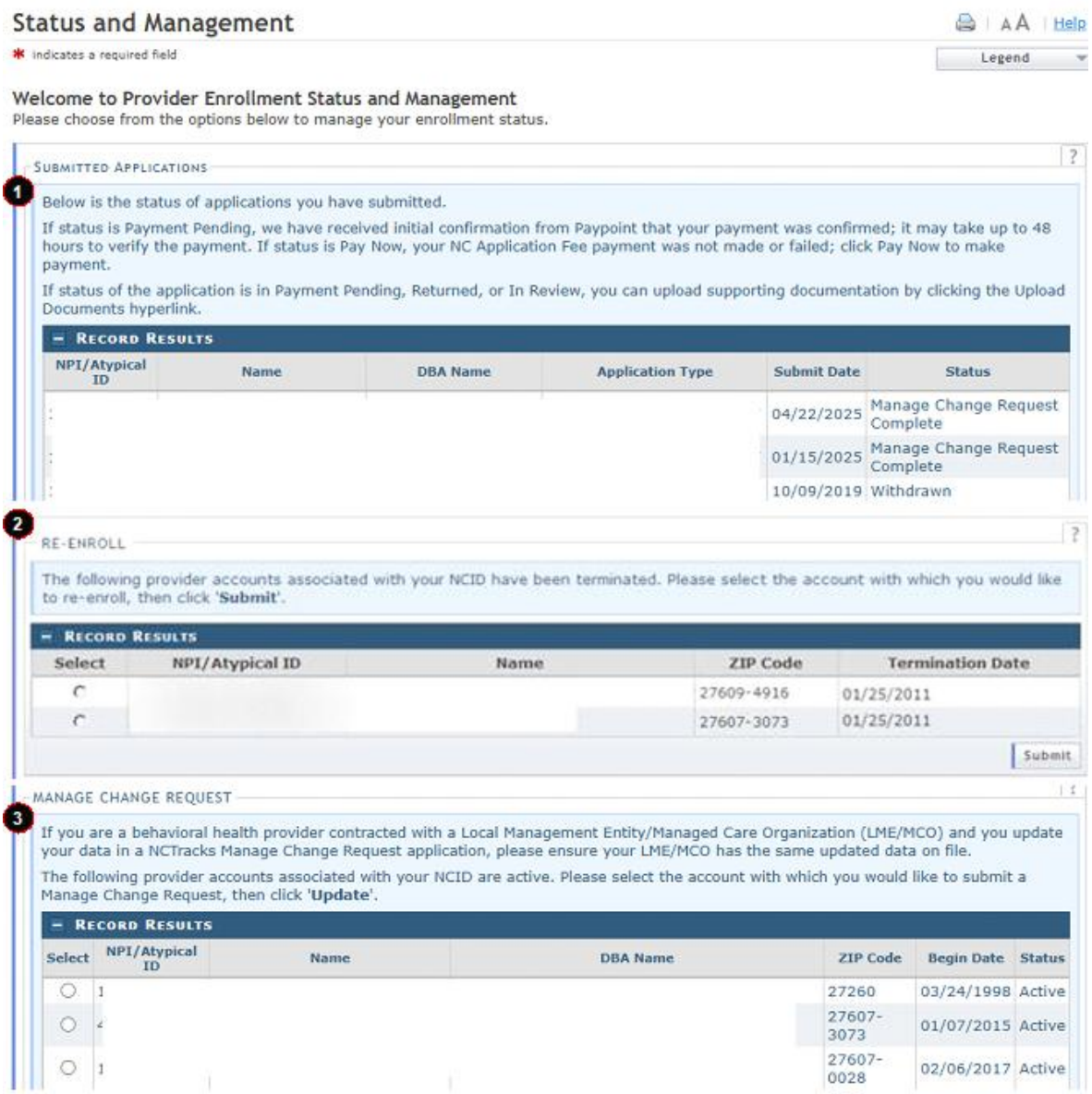

Exhibit 79. Status and Management Page

1. **Submitted Applications:** Allows you to view the status of a submitted provider enrollment application.
   - **Abandoned:** Supporting documents were not electronically uploaded by the due date in the Application Incomplete letter, or the NC Application Fee was not paid within 30 days of the submission of the application.
   - **In Review:** Application is being reviewed by CSRA or State.
   - **Returned:** Application was returned to the provider needing additional documentation. When the **Returned** link is selected, the provider will be redirected to the Application Incomplete letter.
   - **Denied:** Your participation in the program has been denied.
   - **Approved:** Your participation in the program has been approved.
   - **Withdrawn:** CSRA or the provider has withdrawn the application.

- **MCR Comp (Manage Change Request Complete):** You requested a change that does not require review; therefore, this change was instantly completed.
- **ME Comp (Maintain Eligibility Complete):** Your Maintain Eligibility does not require review; therefore, this request was instantly completed.
- **Pymt Pend:** (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment.
- **Pay Now:** You can select the **Pay Now** link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment.
- **Withdraw:** You can select the **Withdraw** link to withdraw your application.
- **Upload Documents:** You can select the **Upload Documents** link to electronically attach documents to your application.

2. **Re-enroll:** Allows you to re-enroll a terminated provider enrollment account.
3. **Manage Change Request:** Allows you to submit an MCR application for an active provider enrollment account.

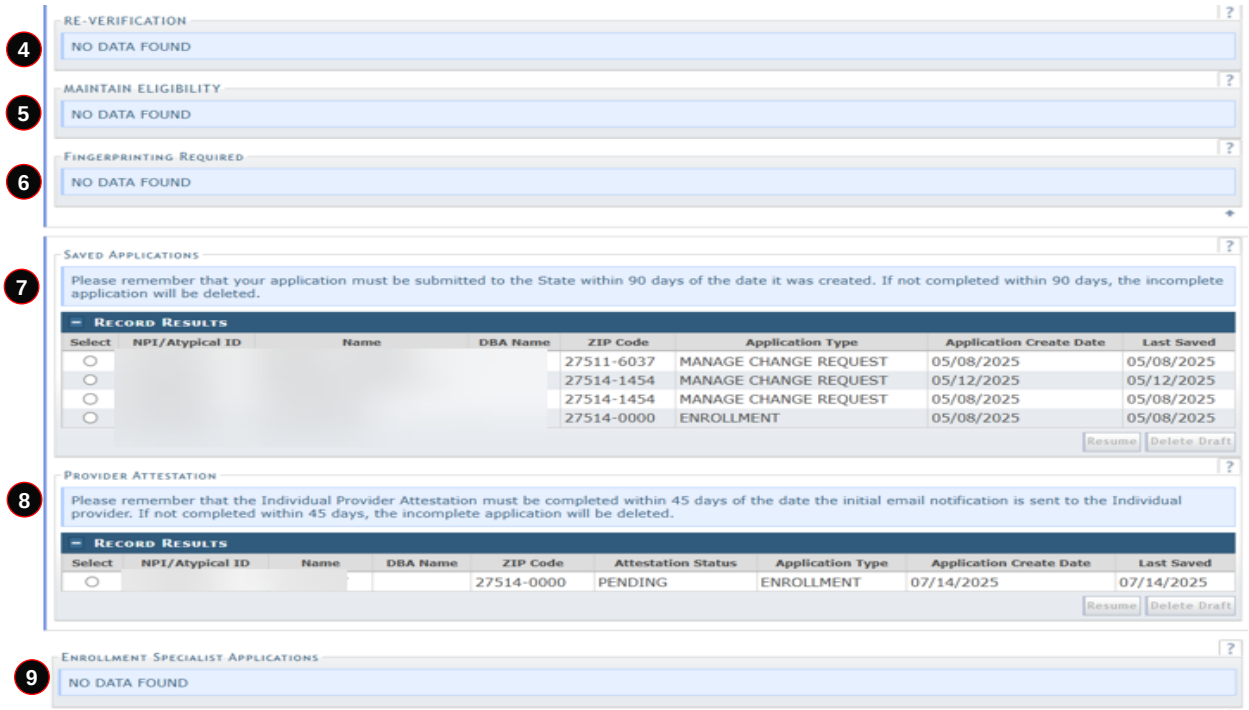

Exhibit 80. Status and Management Page – Other Applications

4. **Re-verification:** Allows you to submit a required Re-verification application for a provider enrollment account.
5. **Maintain Eligibility:** Allows you to submit a required Maintain Eligibility application for a provider enrollment account.
6. **Fingerprinting Required:** Allows you to submit a Fingerprinting Required application for the NPI or Atypical number.
7. **Saved Applications:** Allows you to resume a saved provider enrollment application.
8. **Provider Attestation:** This new section is added to display all draft applications that have provider attestation request, which will display the attestation status.

9. **Enrollment Specialist Applications:** Allows an ES user to complete a provider enrollment application; however, once completed, the application must be reviewed by the OA and approved.

4.0 Enrollment Application Types

Individual: An individual provider enrollment should be completed if the provider is a person who will be affiliated with an organization or may bill independently for services. When completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

Organization: An Organization is an entity, facility or institution that may be an affiliation of individual providers. When completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

Group: A group is considered a business entity under which one or more individuals practice. A group does not require multiple professional providers. A single provider group is a valid group and would be identified by the business entity name, for example, John Doe, PC. If you are a single provider operating as a group, DO NOT enroll as an individual. Instead, select Organization as the application type.

Atypical Organization: As defined by CMS, atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

Billing Agents and Clearinghouses: Third-party entities or businesses that submit information directly to NCTracks as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

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5.0 Common Errors When Updating Addresses

If an address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.

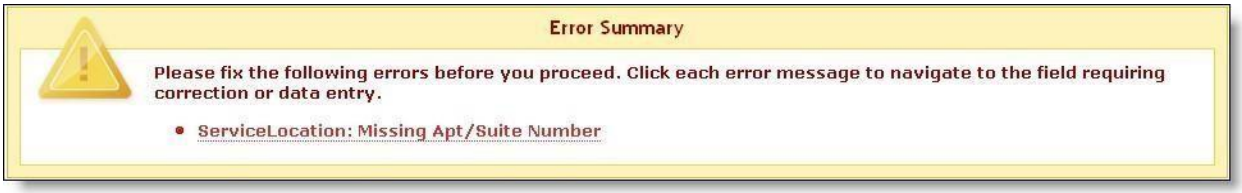

Exhibit 81. Error Message for Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite, or Floor Number in either the Address Line 1 or Address Line 2 field. The entry is not case sensitive. For example, Suite may be entered as STE or Ste.

You may also verify your address at the USPS website:
https://tools.usps.com/go/ZipLookupAction!input.action

Important: The format of the Apartment, Suite, or Floor Number must match the format that is used by the USPS. See the following list of approved abbreviations.

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

* Does not require secondary range of numbers to follow the abbreviation.

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6.0 List of Exclusion Sanction Questions

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?

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?

C. Has the applicant, managing employees, owners, or agents ever 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 insurance program in any state?

D. Has the applicant, managing employees, owners or agents ever 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?

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?

F. Does the applicant, managing employees, owners or agents owe money to Medicare or Medicaid that has not been paid?

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?

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?

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?

J. Has the applicant, managing employees, owners, or agents ever 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 other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?

K. Has the applicant, managing employees, owners or agents ever been convicted of an offense against the law other than a minor traffic violation?

L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?

M. Has the enrolling provider ever practiced without liability coverage?

N. Does the enrolling provider have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?

O. Has the enrolling provider's hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?

P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?

7.0 List of CCNC/CA Preventive Health Service Requirements

In order to meet the requirements for enrolling in CCNC/CA, providers must provide the following preventive health services for the applicable age range. If you are unable or choose not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 year age group. For additional information, refer to the following website:

https://medicaid.ncdhhs.gov/aboutCCNC

CCNC/CA Preventive Health Requirements	Required for providers who serve the following age ranges							
	0 to 6	0 to 11	0 to 21	0 to 121	11 to 18	11 to 121	18 to 121	21 to 121
Adult Preventive and Ancillary Health Assessment				Y		Y	Y	Y
Health Check Screening Assessment	Y	Y	Y	Y	Y	Y	Y	
Blood Level Screening	Y	Y	Y	Y				
Cervical Cancer Screening (applicable to Females only)				Y		Y	Y	Y
Hearing	Y	Y	Y	Y	Y	Y	Y	
Hemoglobin or Hematocrit	Y	Y	Y	Y	Y	Y	Y	Y
Standardized Written Developmental	Y	Y	Y	Y				
Tuberculin Testing (PPD Intradermal Injection/Mantoux Method)	Y	Y	Y	Y	Y	Y	Y	Y
Urinalysis	Y	Y	Y	Y	Y	Y	Y	Y
Vision Assessment	Y	Y	Y	Y	Y	Y	Y	
Diphtheria, Tetanus Pertussis Vaccine (DTaP)	Y	Y	Y	Y				
Haemophilus Influenzae Type B Vaccine Hib	Y	Y	Y	Y				
Hepatitis B Vaccine	Y	Y	Y	Y				
Inactivated Polio Vaccine (IPV)	Y	Y	Y	Y				
Influenza Vaccine	Y	Y	Y	Y	Y	Y	Y	Y
Measles, Mumps, Rubella Vaccine (MMR)	Y	Y	Y	Y				
Pneumococcal Vaccine	Y	Y	Y	Y				
Tetanus		Y	Y	Y	Y	Y	Y	Y
Varicella Vaccine	Y	Y	Y	Y				

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Addendum A. Help System

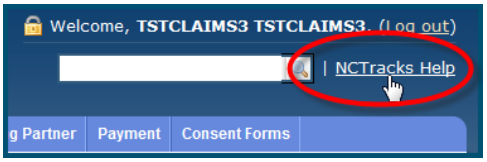
The major forms of help in the NCMMIS NCTracks system are as follows:

- Navigational breadcrumbs
- System-Level Help – Indicated by the 'NCTracks Help' link on each page
- Page-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

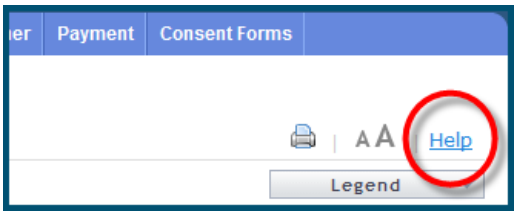
A breadcrumb trail is a navigational tool that shows the path of pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

System-Level Help



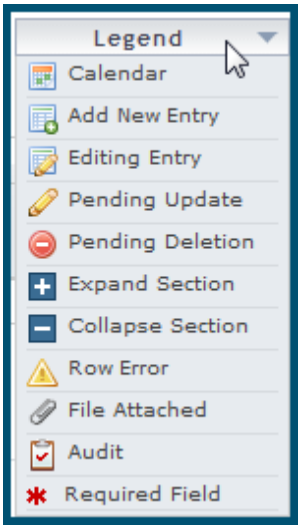
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, 'NCTracks Help', will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group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

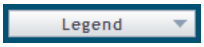
Page-Level Help



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

Form Legend



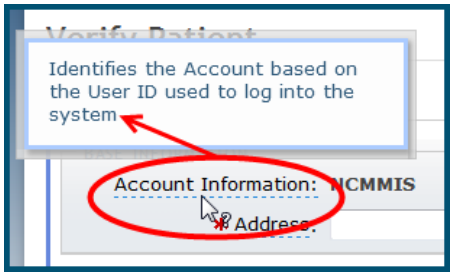
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon 

to open the list.

Data / Section Group Help

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

Tooltip Help



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

Addendum B. PayPoint Process

The PayPoint page displays after you select **Pay Now** from the **Final Steps** page or the **Status and Management** page.

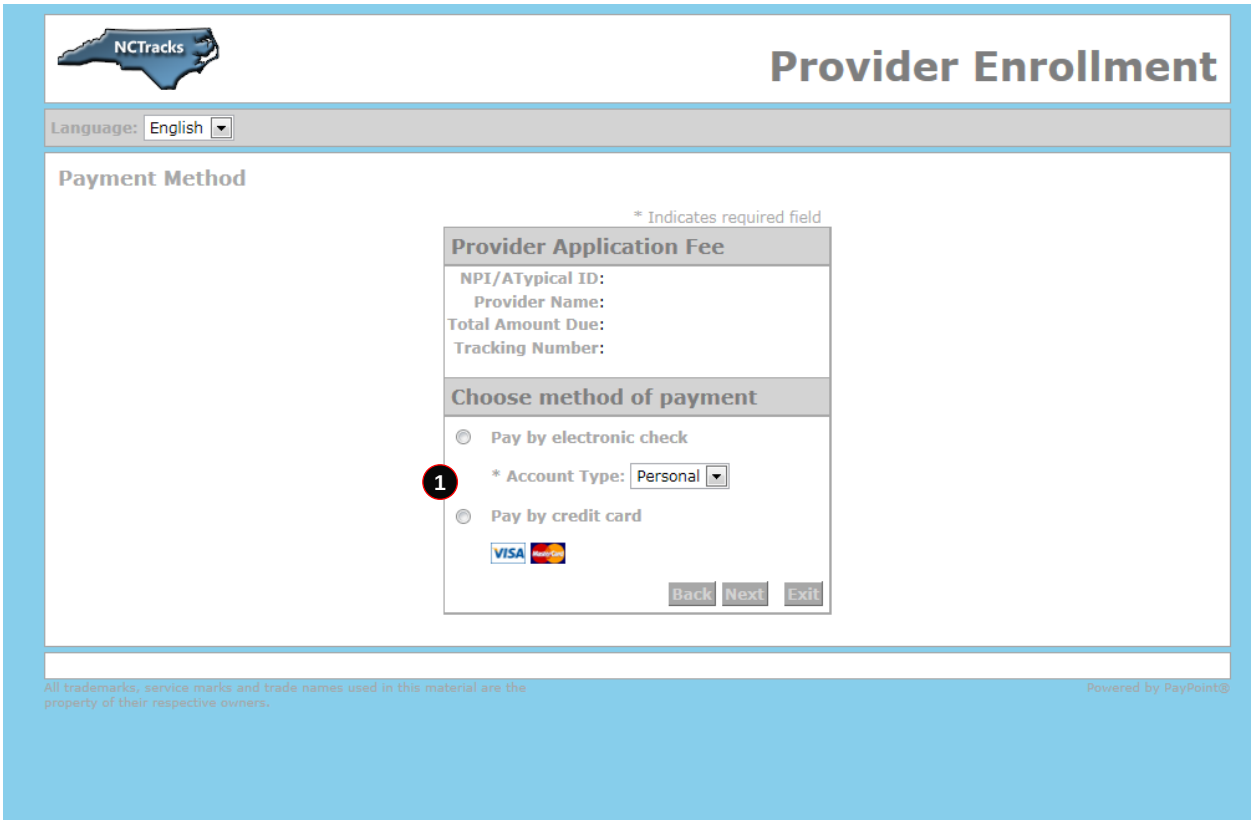


Exhibit 82. PayPoint Page

Step	Action
1	Select **Pay by electronic check** or **Pay by credit card**. • If you select **Pay by credit card**, the **Payment Information – Credit Card** page displays. • If you select **Pay by electronic check**, select **Personal** or **Business** as the Account Type. The **Payment Information – Pay by Check** page displays.

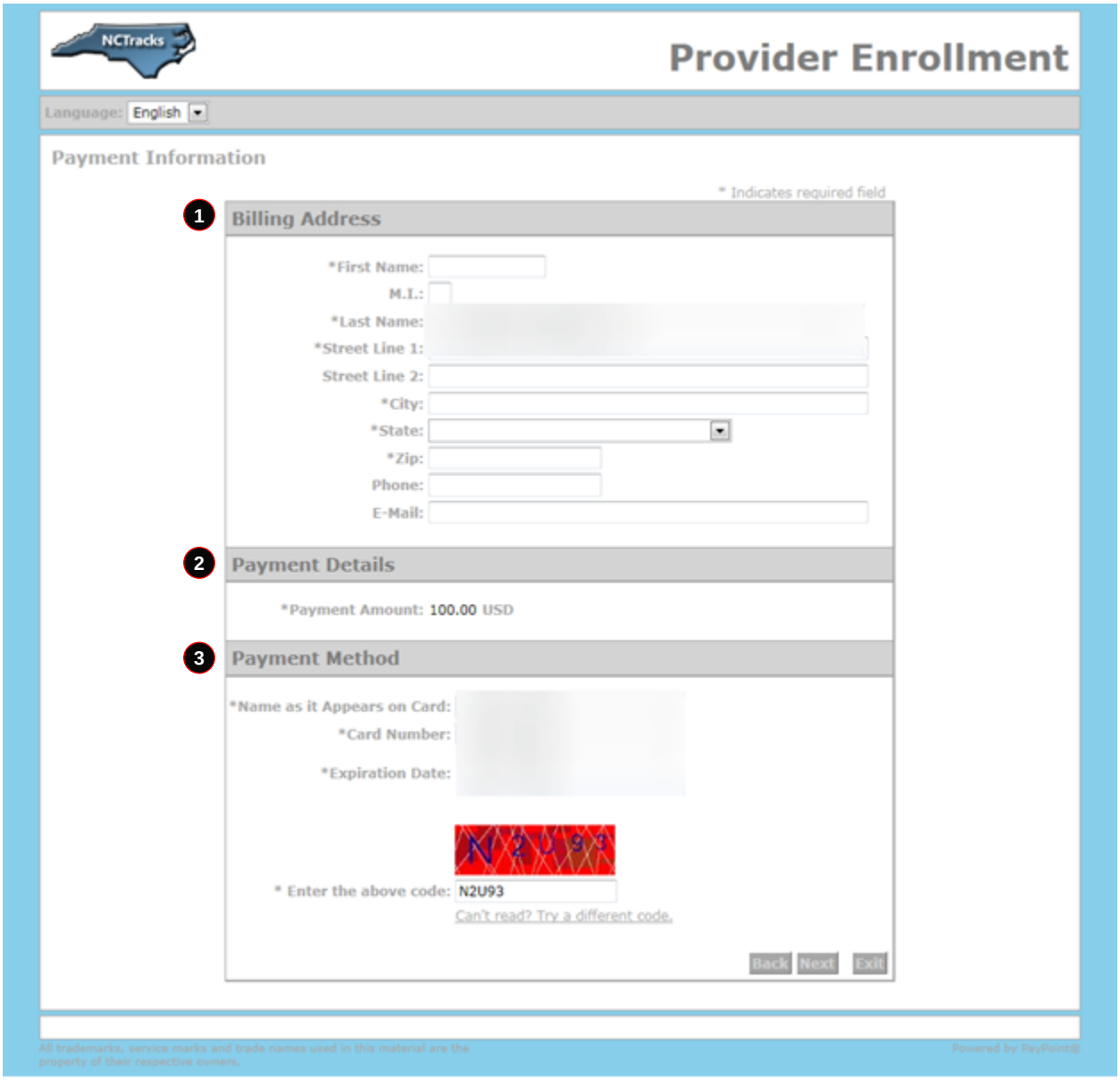


Exhibit 83. PayPoint Payment Information – Credit Card Page

Step	Action
1	Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: **Name as it Appears on Card**, **Card Number**, **Expiration Date**, and **Enter the above code**.

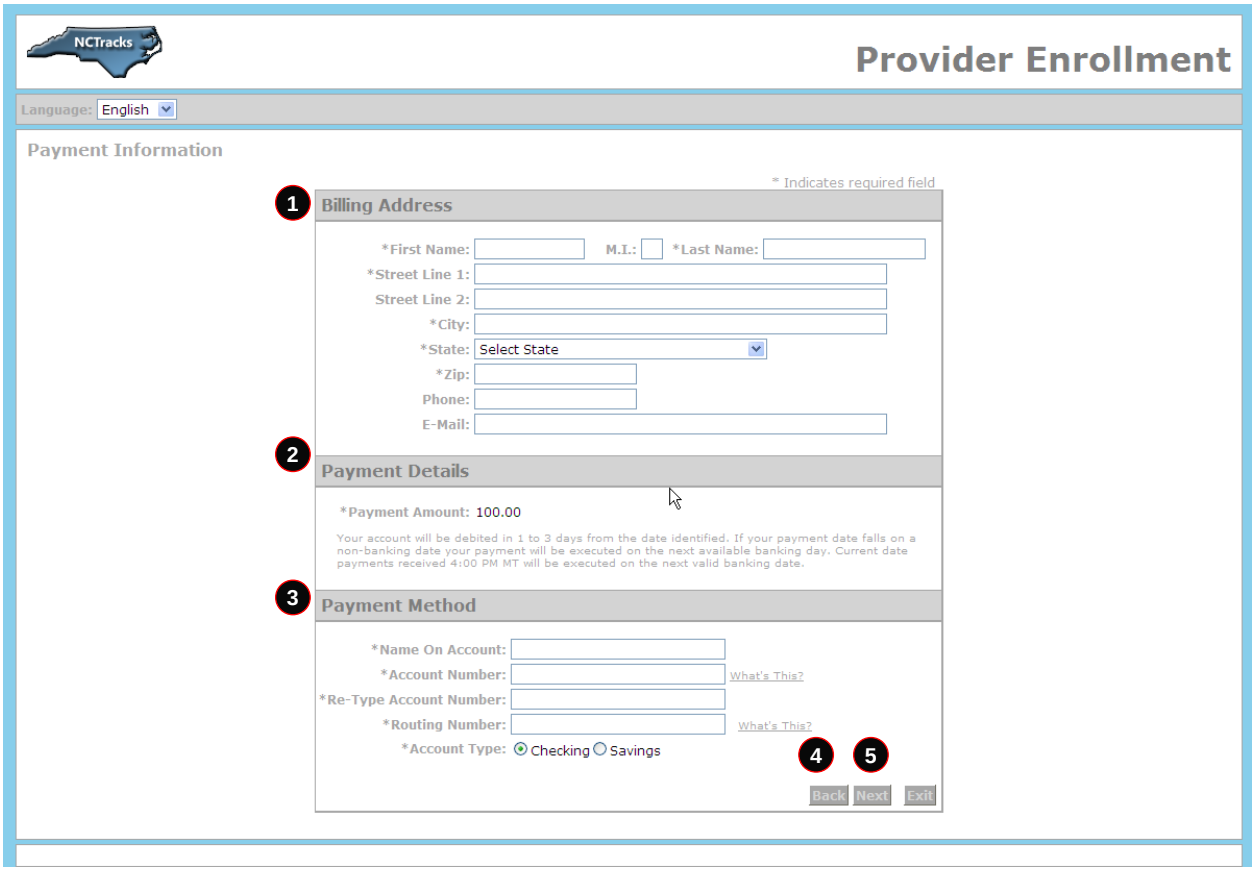


Exhibit 84. PayPoint Payment Information – Pay by Check Page

Step	Action
1	Billing Address: Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: **Name on Account**, **Account Number (Retype)**, **Routing Number**, and **Account Type** (select Checking or Savings).
4	Select the **Back** button to change Payment Type, the **Next** button to display the Payment Review page, and the **Exit** button to close the PayPoint page.
5	Select the **Next** button. The **Payment Review** page displays.

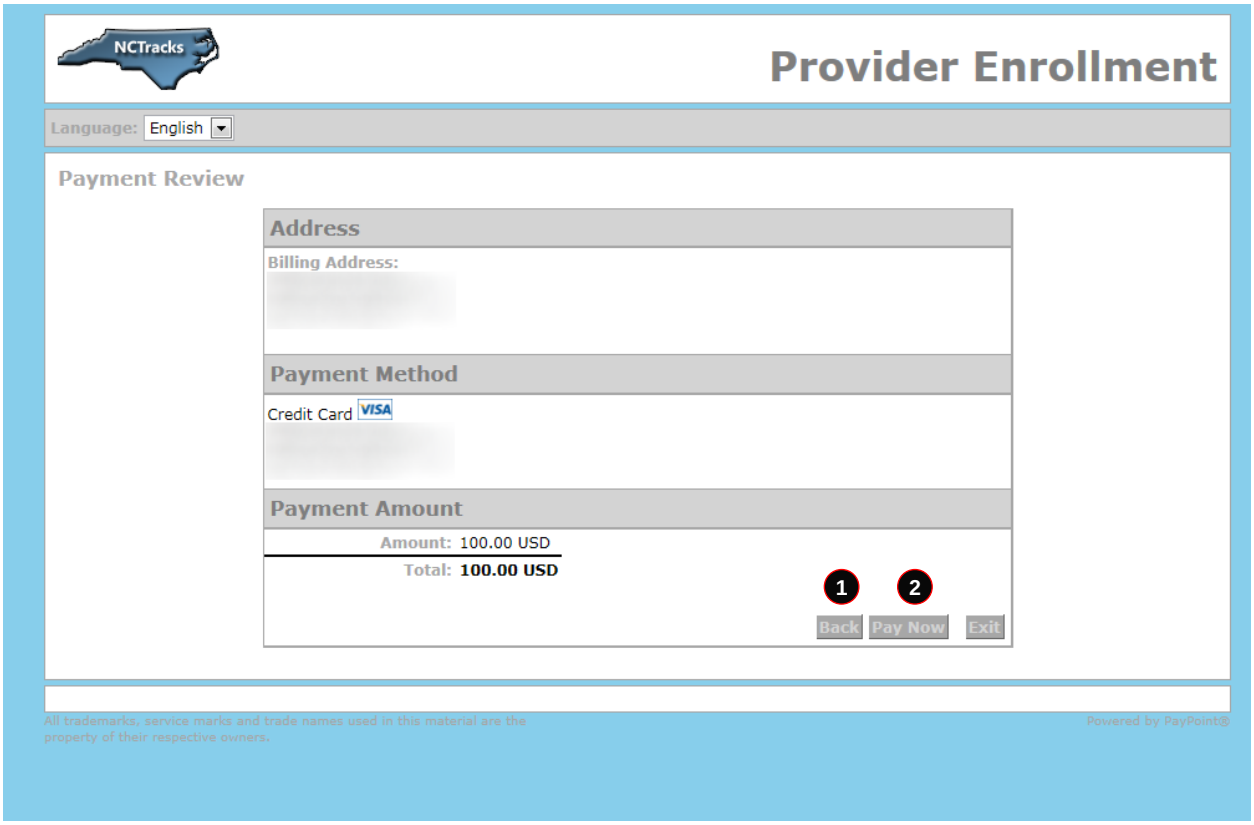


Exhibit 85. PayPoint Payment Review Page

Step	Action
1	Select the **Back** button to change payment details, the **Pay Now** button to submit payment, and the **Exit** button to close the PayPoint page.
2	After selecting the **Pay Now** button, you are redirected to the NCTracks portal to the **Payment Confirmation** page. **Note**: You will also receive an email with a copy of the confirmation.

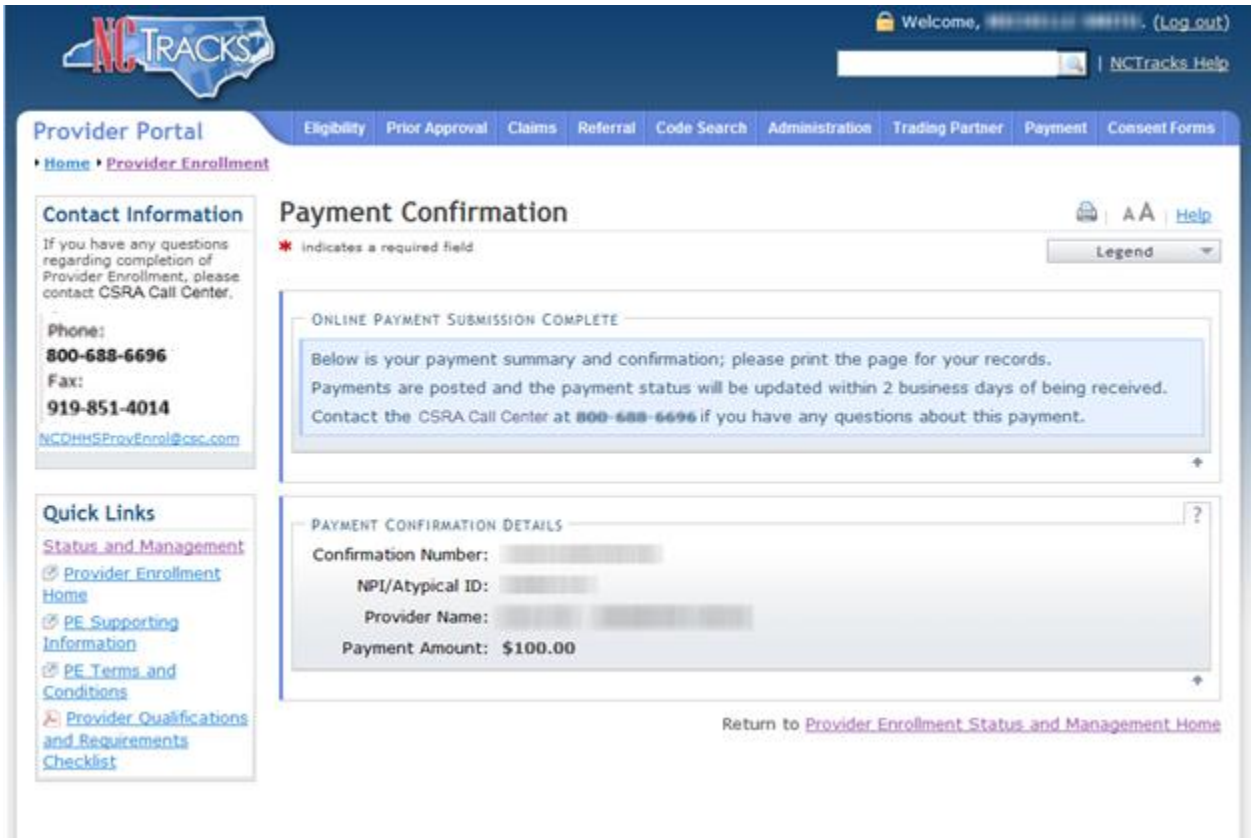


Exhibit 86. PayPoint Payment Confirmation Page

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