

JOB AID

How to Add or Update Electronic Funds (EFT) Information in NCTracks

OVERVIEW

This user guide provides step-by-step instructions for updating Electronic Funds Transfer (EFT) information in NCTracks. Providers must have EFT information on file in order to be reimbursed. EFT updates can only be made by the Office Administrator (OA).

LOGGING INTO THE PROVIDER PORTAL

Navigate to www.nctracks.nc.gov.

The following page displays.

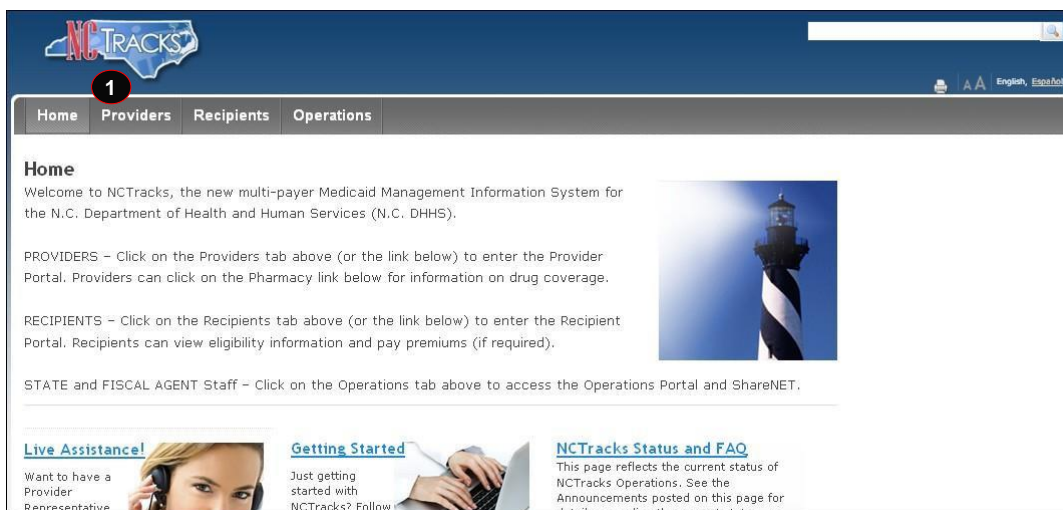


Exhibit 1: NCTracks Home

Step	Action
1	Click the Providers tab at the top of the page.

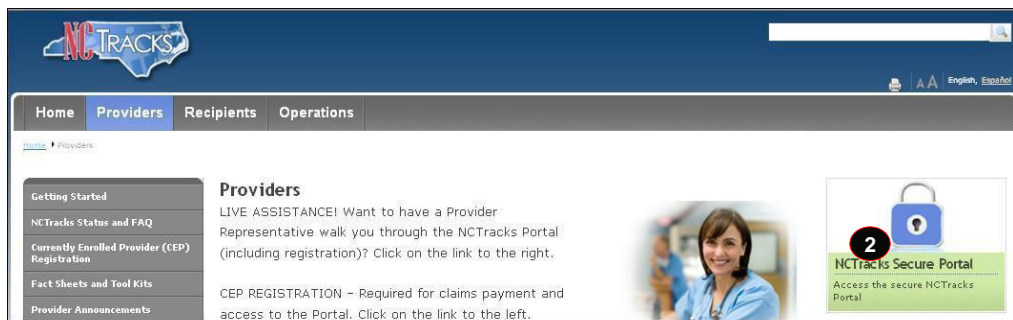


Exhibit 2. Providers Page

Step	Action
2	From the Providers page, click the NCTracks Secure Portal icon.

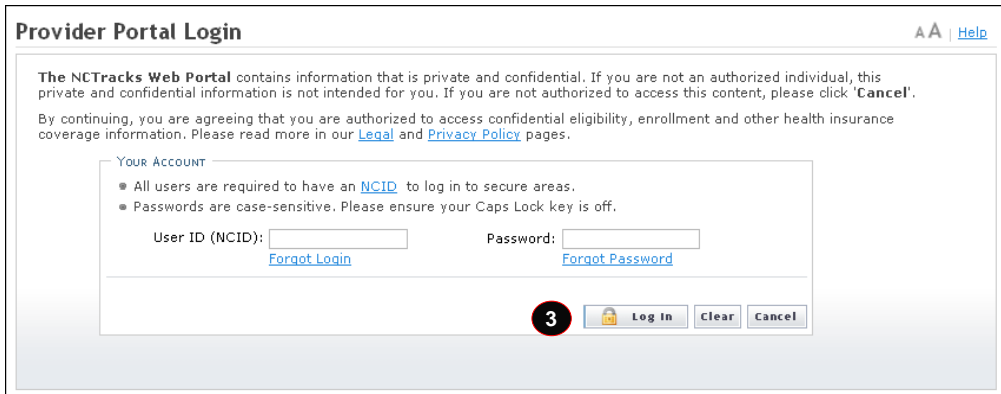


Exhibit 3. Provider Portal Login

Step	Action
3	The above login screen will display. Enter the NCID and password and click the Log in button.

ACCESSING THE MANAGE CHANGE REQUEST APPLICATION

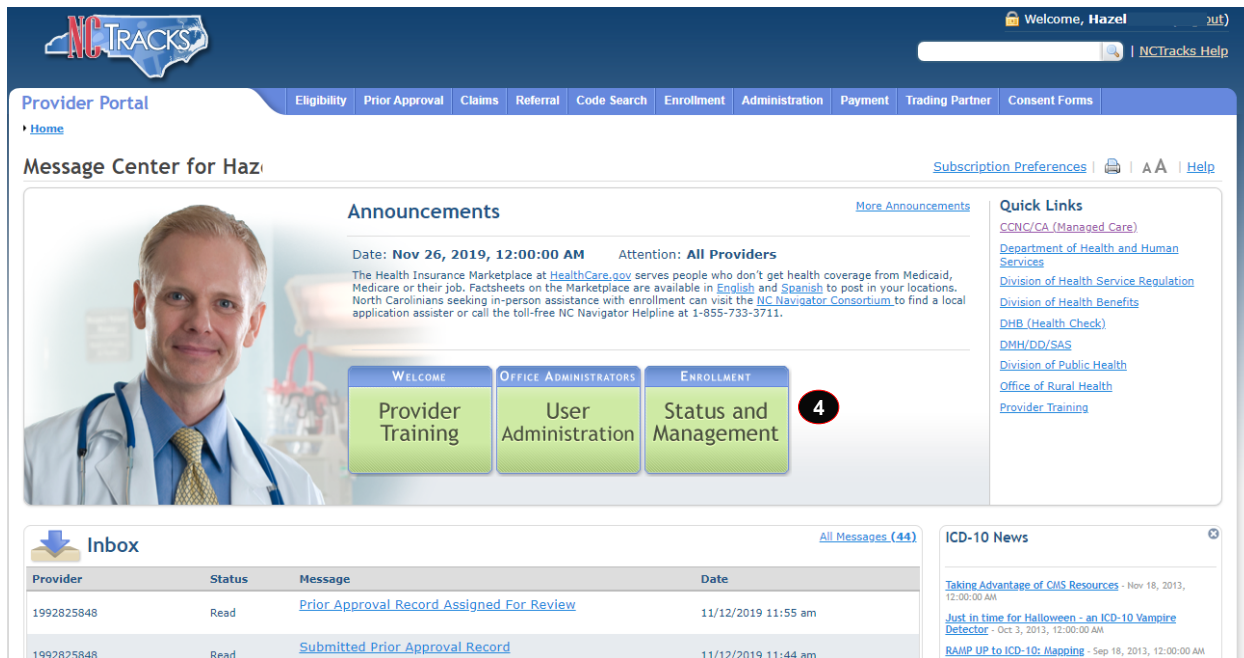
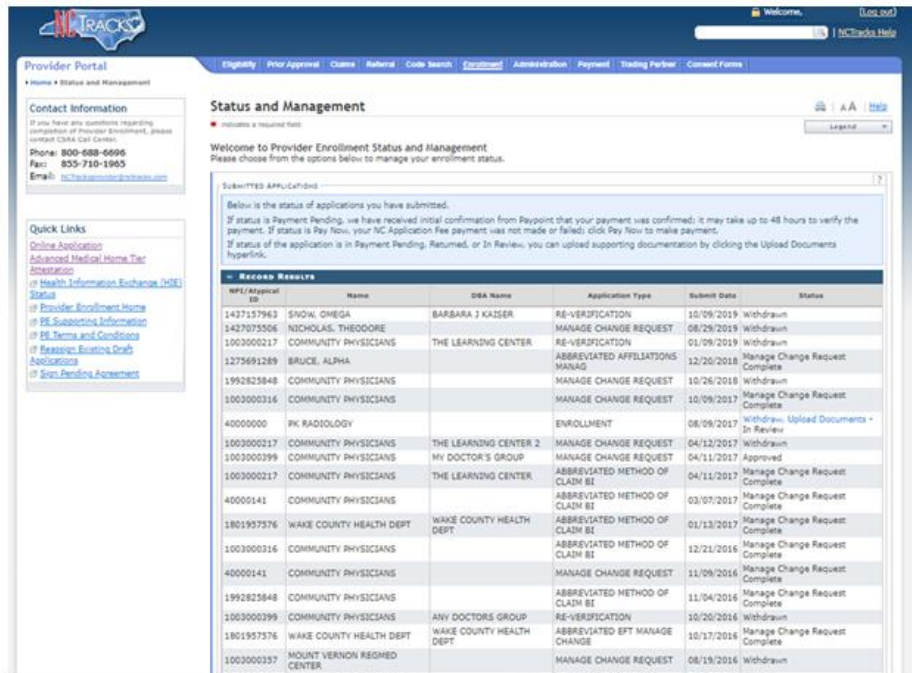


Exhibit 4. Select Status and Management

Step	Action
4	The Providers page will display. Click the Status and Management button.

The **Status and Management** screen will display. The screen is divided into six sections.



Status and Management Sections

- **Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- **Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, and then click 'Submit'.
- **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.
- **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
- **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

MANAGE CHANGE REQUEST

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input checked="" type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active

Exhibit 6: Manage Change Request

Step	Action
1	To begin a new Manage Change Request, under the Manage Change Request section, click the button next to the NPI to be changed.
2	Next, click the Update button.

NOTE: If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

Exhibit 7. Manage Change Request Type

Step	Action
1	Select the Manage Change Request Type, Add/Update Electronic Funds Transfer (EFT) Account Information to update your EFT bank account information. If you do not see this option: <ul style="list-style-type: none"> The provider is listed in NCTracks as an individual provider who is rendering/attending only. The provider is listed in NCTracks as OPR Lite. The NCID is not the OA's NCID for the provider.
2	Click Next to continue.
3	The Terms and Conditions screen will display. Note: The user is taken to the Terms and Conditions screen when the user selects the Update EFT Account Information application.

Terms and Conditions

* Indicates a required field

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

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

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

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

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

All provider administrative participation agreements with the Department are terminable at will. Nothing in these Regulations creates in the provider a property right or liberty right in continued participation in the Medicaid program.

4. License
The Provider agrees to:

- Be licensed, certified, registered, accredited and/or endorsed as required by State and/or Federal laws and regulations, and NC DHHS policies and procedures at all times that services are provided.
- Notify the Department within seven (7) calendar days of learning of any adverse action initiated against the license, certification,

Exhibit 8. Terms and Conditions

NOTE: After reading and understanding the North Carolina Department of Health and Human Services Provider Administrative Participation Agreement and the Attestation Agreement, the user must click the check box preceding the **Attestation Statement** or the user will be unable to submit this update EFT account information application.

Attestation Statement

* ATTESTATION

4 I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

« Previous

Please be sure to complete required fields with valid content **5** Next »

Exhibit 9. Attestation Statement

Step	Action
4	On the Terms and Conditions page, to attest and accept Medicaid Terms and Agreements, click the check box.
5	Click the Next button.

The EFT Account Details section will display.

NOTE: Before you complete this section, please review the next page for important tips and information regarding the formatting and use of the EFT Routing and Account Numbers.

Exhibit 10. EFT Account Information

Step	Action
1	The Electronic Funds Transfer (EFT) Account Information screen will display. Review the Current Account Information to determine if it needs to be updated. Note: The Bank Name and the last four digits of the Account Number are displayed as is on the provider file.
2	Click the Verify Address button. Note: The user must update all applicable account information in the Update Financial Institution Account Information section.
3	Select the Next button to continue.

Tips and Important Information Regarding EFT Routing and Account Numbers

- **Checks vs. Deposit Slips**

ALWAYS use a check to reference the correct routing and account number. **Do NOT use the routing number off a deposit slip. The routing number on your deposit slip is used for the bank’s internal system and will cause your EFT to fail.**

- **Bank Routing Number**

Locate the Special Characters **⑆**

The Banking Routing Number is located between these two characters and is always 9 digits in length.

- **Bank Account Number**

Locate the Special Character **||**

Your Account Number is always directly to the LEFT of this character and can be up to 17 digits in length. **Note:** If you notice extra zeroes before or after your account number, please include them as part of your account number.

NOTE: You will have to put your Account Number into the system twice.

- **Check Number**

The check number can be located in the bottom right, middle, or bottom left corner of the check. **DO NOT** include this number as part of the account number or routing number.

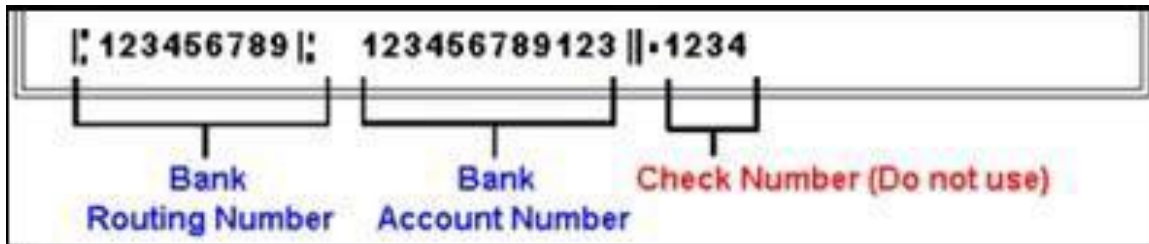


Exhibit 11. Check Example - Bottom Right Check Number

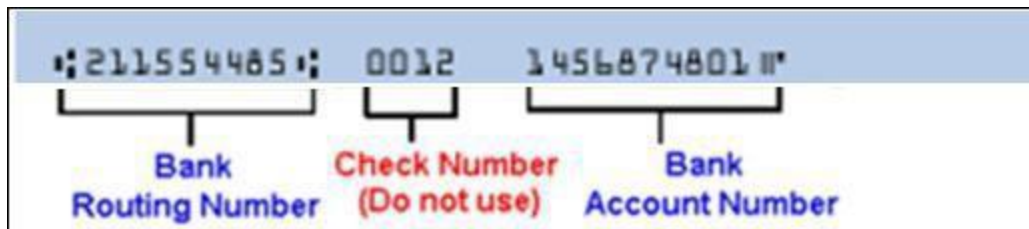


Exhibit 12. Check Example - Middle Check Number

COMMON ERRORS WHEN UPDATING THE ADDRESS

NOTE: If the street name is not a recognized by USPS, it may result in the following error message. Double-check the formatting and spelling of the street name.

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Primary Location: Address Not Found](#)

PRIMARY PHYSICAL LOCATION ?

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

* Office Phone #: ext. Office Fax #:

Begin Date: End Date It

Address

* Address Line 1:

Address Line 2:

* City: APEX * State: NC

ZIP Code: 27502-2149 County: Wake

Exhibit 13. Error Message Address Not Found

NOTE: If the street name is valid, but the address numbers are not recognized, it may result in the following error message. Double-check the address numbers.

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Pay-To Address: Address Not Deliverable](#)

Exhibit 14. Error Message Address Not Deliverable

NOTE: If the 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.

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [ServiceLocation: Missing Apt/Suite Number](#)

Exhibit 15. Error Message 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. 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. Reference the list of approved abbreviations.

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

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 *

Exhibit 16. USPS Approved Abbreviations

SUBMITTING THE MANAGE CHANGE REQUEST

Exhibit 17. Sign and Submit Screen

Step	Action
1	Login ID: Enter Login ID (NCID) .
2	Password: Enter Password .
3	PIN: Enter PIN . Note: Click the Forgot PIN link if the user needs to have the PIN reset.
4	Click the Submit Now button to submit the Update EFT Account Information application.

ABBREVIATED MCR FINAL STEPS

After the user has successfully signed and submitted the abbreviated MCR application, the Abbreviated Manage Change Request – Final Steps screen displays. A PDF of the abbreviated application is available for printing. Once the user closes this screen, the PDF can no longer be printed from this screen.

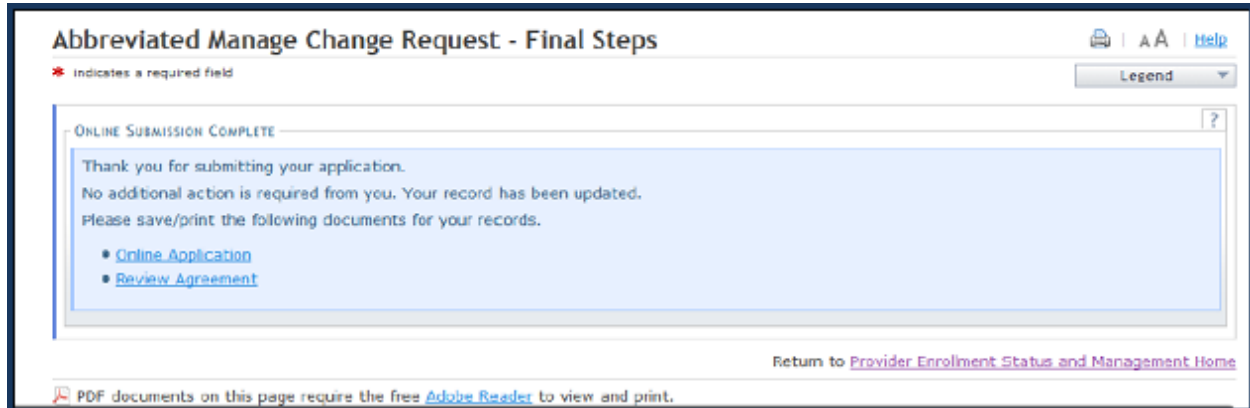


Exhibit 18. Final Steps Screen

Upon submission of an EFT change request:

- An email notification will be sent to the existing OA, the provider and the pay-to contact person (and the EFT authorized individual as it applies) associated with the NPI referenced on the request.
- NCTracks will also contact the EFT authorized individual or pay-to contact person by phone prior to initiating the EFT change process to confirm that the change is appropriate.*

NOTE: Please note that EFT processing will not begin until the change has been confirmed by phone with the appropriate parties.