

NCMMIS How to Submit Medicare Lite Enrollment Application (Provider) Participant User Guide

PREPARED FOR:

North Carolina Department of
Health and Human Services

DHHS MES VMU

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SUBMITTED BY:

CSRA
A General Dynamics Information
Technology Inc. company



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

Document Revision History

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2.0 Provider Medicare Lite Enrollment

2.1 INTRODUCTION

Effective January 29, 2023, a new Medicare-only Lite enrollment option will be added in NCTracks to align with the Centers for Medicare and Medicaid Services (CMS) requirements.

Currently, if a provider is present on a Medicare crossover claim as a billing provider but is not enrolled in NCTracks, they do not receive a remittance advice (RA). With this update, Medicare providers may complete a simplified enrollment process that will allow them to access an RA for the Medicare crossover claim. Although providers must be actively enrolled with Medicare, no taxonomy, application fee, training, or fingerprinting is required for this application under NC Medicaid.

Medicare-only Lite enrollment lasts one year. At the end of the one year, a termination letter will be sent to the provider with termination reason: ENROLLMENT TERMINATED DUE TO END OF MEDICARE LITE ONE YEAR ENROLLMENT PERIOD. A RE-ENROLLMENT APPLICATION IS REQUIRED IN ORDER TO CONTINUE PARTICIPATION IN MEDICAID.

Providers enrolled with a Medicare-only Lite application are not eligible to receive payment from NC Medicaid but may choose to enroll as a full provider by submitting a manage change request (MCR). All enrollment criteria must be met to become fully enrolled, including selection of a Medicaid accepted taxonomy.

2.2 OBJECTIVES

Trainees will view demonstrations of completing the above application. This Participant User Guide also provides step-by-step documentation of the processes to complete and submit applications.

A majority of the demonstration sections will have graphic illustrations followed by numbered steps. The numbers on the images will correspond with the numbers in the steps.

For more information on the Abbreviated MCR options, refer to Participant User Guide PRV563, *Abbreviated Managed Change Request*.

2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

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

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3.0 New Lite Enrollment

3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW LITE ENROLLMENT

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



Exhibit 1. NCTracks Home Page

Step	Action
1	Select the Providers link. The Public Provider page displays.

- ICD-10
- Getting Started With NCTracks
- Provider Communication
- Frequently Asked Questions
- Currently Enrolled Provider (CEP) Registration
- Claims
- Prior Approval
- 1** **2** **Provider Enrollment**
- Getting Started With Enrollment
- Supporting Information
- Terms and Conditions
- Enrolled Practitioner Search
- Presumptive Eligibility
- Provider Re-credentialing/Re-verification
- Provider Policies, Manuals, Guidelines and Forms
- Provider User Guides & Training
- Dental Services
- Pharmacy Services
- Pharmacy Claim Service Limits
- Trading Partner Information
- Office Administrator (OA) Change Process
- New Medicare Card Project (formerly SSNRI)
- June 2018 HIEA Update

Provider Enrollment

NC DHHS recognizes the need to promote access to care by enrolling all providers in a timely manner and is committed to ensuring the provision of quality care for our citizens.

MULTI-FACTOR AUTHENTICATION (MFA) WILL BE REQUIRED FOR ALL NCTRACKS USERS SOON

In accordance with the North Carolina Identity Management (NCID) Citizen Identity Project, NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates for all NCTracks users in 2025.

This transition will occur in phases and you will be contacted via email when your account is scheduled to transition to MFA. If not already using MFA to log into NCTracks, you may also proactively follow the steps in the full announcement below to update all NCID profiles associated with your account.

Please refer to the [Multi-Factor Authentication \(MFA\) will be Required for All NCTracks Users Soon announcement](#) for steps to enroll and links to training materials.

The enrollment process includes credentialing, endorsement, and licensure verification. The CSRA Enrollment Team completes this verification to ensure that all providers meet the professional requirements and are in good standing. Once participation as a DHHS provider has been approved, providers are notified by email and may begin submitting claims to NC DHHS for services rendered.

The CSRA Enrollment Team cannot provide special consideration for processing of enrollment applications due to provider error, incomplete information, or due to a delay in obtaining credentialing, endorsement or licensure information from another agency.

Applicants must meet all program requirements and qualifications for which they are seeking enrollment before they can be enrolled as DHHS providers. Specific qualifications for each provider type are listed in the [Provider Permission Matrix](#).

If you have any questions regarding completion of the Provider Enrollment Online Application, please contact the CSRA Call Center by phone—**800-688-6696**, fax—**855-710-1965**, or email—NCTracksprovider@nctracks.com.

Getting Started With Enrollment

The Provider Enrollment Online Application is a user-friendly web application that gathers all the information needed to enroll you or your organization as a licensed Medicaid provider in North Carolina. The following information will help you get started with your application. [read on](#)

PDF documents on this page require the free [Adobe Reader](#) to view and print.

Status and Management
Securely manage existing enrollment records

Fingerprinting Information Page

This page includes a list of answers to frequently asked questions (FAQs) and other resources regarding provider fingerprint-based criminal background checks (FCBCs). Updated April 29, 2025. [read on](#)

Job Aids

- [How to Manage Your NCTracks Addresses Job Aid](#) (PDF, 1630 KB)
- [Request to Back-Date Enrollment Effective Dates](#) (PDF, 1689 KB)
- [How to Complete Re-Verification in NCTracks \(1, 2789 KB\)](#)
- [How to Enroll In North Carolina Medicaid as an Individual Practitioner](#) (PDF, 6969 KB)
- [How to Enroll in NC Medicaid as an Organization \(2, 5768 KB\)](#)
- [How to Submit Medicare Lite Enrollment Application](#) (PDF, 2230 KB)
- [How to Enroll in Human Service Organization](#) (PDF, 2794 KB)
- [Enrollment Specialist Participant User Guide](#) (PDF, 4470 KB)

Quick Links

- [Federal Fees & NC Enrollment Fees by Year](#) (VND.OPENXMLFORMATS-OFFICEDOCUMENT.SPREADSHEET 13 KB)
- [Re-verification Refresher](#) (PDF, 2346 KB)
- [Provider Enrollment Frequently Asked Questions \(FAQs\)](#)

Exhibit 2. Public Provider Page

Step	Action
1	Select Provider Enrollment ; the menu options display.
2	Select the Getting Started With Enrollment menu option. The Getting Started page displays.

Exhibit 3. Getting Started Page

Step	Action
1	Select the You may begin your Provider Enrollment Online Application here link. The NCTracks Login page displays.

Provider Enrollment Login

Important Announcement
NCTracks Multi-Factor Authentication (MFA) Updates Coming Soon for Individual & Business Users

In accordance with the [North Carolina Identity Management \(NCID\) Citizen Identity Project](#), NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates. Please complete the following steps to update your NCID profile by **Sept. 6, 2024**, in advance of the MFA updates:
These instructions are for Individual and Business users only, not Local and State Government users.

1. Login to the MyNCID portal at <https://myncidpp.nc.gov/> with your NCID Username and Password.
2. You will see the Profile Information page upon successful login.
3. Click on the **MFA** tab on your profile page.
4. Click on the **ADD ENROLLMENT** button on the bottom right.
5. A pop-up window will appear prompting you to choose an MFA method. Please note that office phone extensions are not supported.
6. Follow the onscreen prompts to add your chosen MFA method.

For detailed instructions, including images of each step, refer to the [NCID User Guide for MFA](#).

Important Note: Providers who do not currently use MFA will not be impacted at this time. MFA updates will be implemented through a phased approach. Until that time, your current login method will continue to work. However, you are being asked to update your profile to ensure a seamless transition to the new MFA method. You will receive further communication when your MFA is to be updated.

If you are an Individual or Business User who currently uses MFA, these updates will impact you on Sept. 15, 2024. Once these updates are implemented you are no longer required to access and maintain MFA using <https://tmfamobile.nc.gov/userportal/>. All profiles, including MFA, will be managed through <https://myncidpp.nc.gov/> after implementation.

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](#).

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](#)

1 **Provider Enrollment Login**
 Start your own Provider Enrollment Online Application

Exhibit 4. NCTracks Login Page #1

Step	Action
1	Select the NCTracks Secure Portal button.

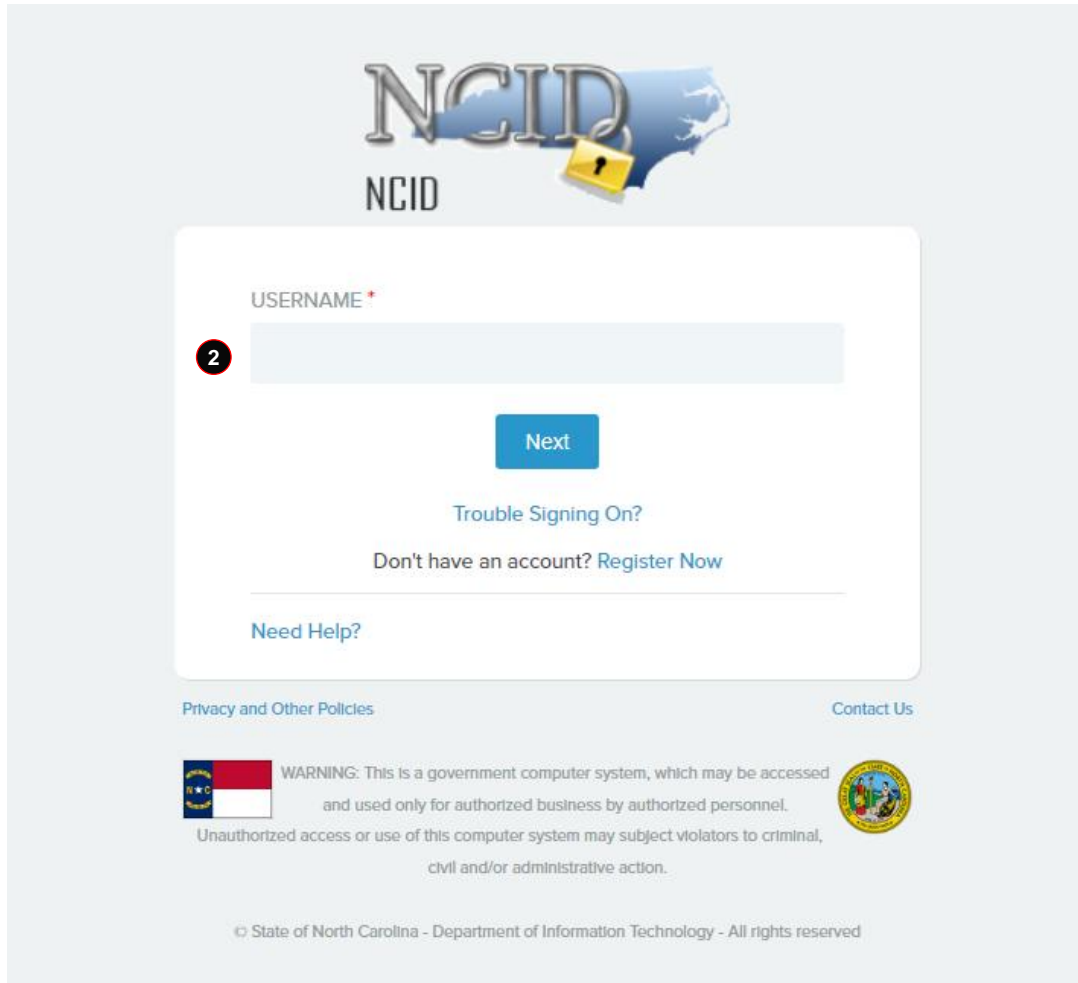


Exhibit 5 NCTracks Login Page #2

Step	Action
2	<p>User ID: Enter your NCID username.</p> <p>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.</p> <p>Note: It is assumed that your Office Administrator (OA) will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an ES, refer to the Participant User Guide PRV 562 <i>Enrollment Specialist User</i>.</p>

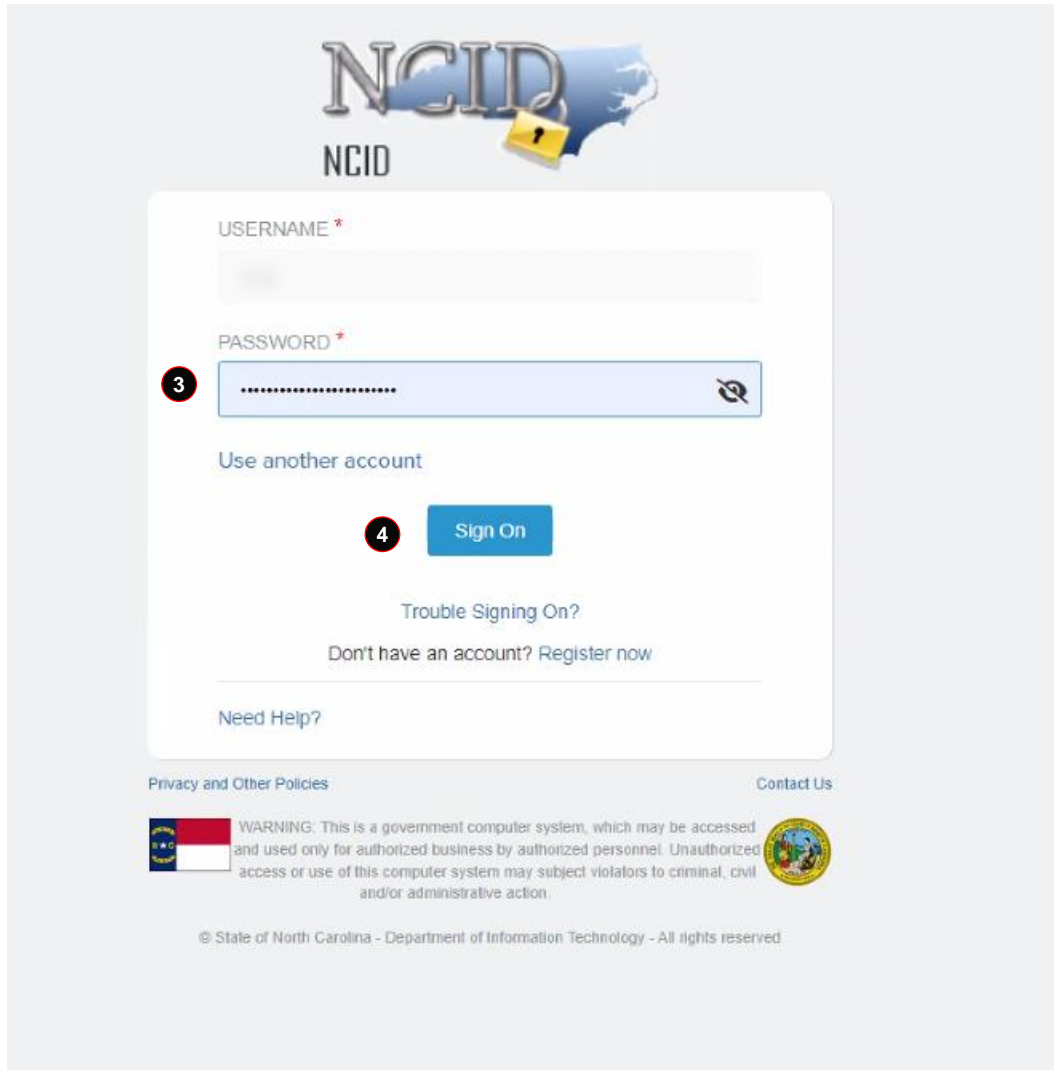


Exhibit 6. NCTracks Login Page #3

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

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

Supplemental Points: Passwords are case-sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number to call for access assistance. Multi-Factor Authentication is required. Once the user has entered the User ID and password, the second level authentication is sent via the user’s preferred method. For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project**

at the following site: <https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404>.

3.2 PROVIDER LOCATION/ENROLLMENT APPLICATION TYPE

You will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or OOS provider. You will also select your Provider Enrollment Application Type.

Exhibit 7. Provider ZIP Code and Enrollment Application Type Page

Step	Action
1	ZIP Code: Enter your ZIP Code .
2	Provider Enrollment Application Type: Select Medicare Only Lite Provider for Individual or Organization .

3.3 ORGANIZATION BASIC INFORMATION PAGE

This page captures your Organization’s basic information. If you are enrolling as an Individual, skip to [Section 3.4, Individual Basic Information Page](#).

Exhibit 8. Organization Basic Information Page #1

Step	Action
1	Identifying Information: Enter Organization Name , EIN , NPI , Email , and Month of Fiscal Year End .
2	Doing Business As (DBA): Answer Yes or No to the question: “Do you operate under a trade or company name?”. <ul style="list-style-type: none"> If you answer Yes, the field will expand, prompting you to enter the DBA Name and Years Doing Business Under This Name. <p>Note: The DBA Name must be registered in the county where the service is being provided.</p> If you answer No, you may continue to the next required field on the page.
3	Office Administrator (Authorized Individual): Enter Last Name , First Name , Contact E-mail , Office Phone , and User ID (NCID) .

Step	Action
Note	The Organization Name and DBA Name fields only allow the following characters: <ul style="list-style-type: none"> • Alpha (A – Z) • Numeric (0 – 9) • Hyphen (-) • Ampersand (&)
4	Is this contact person an Owner or Managing Employee?: Select Owner or Managing Employee .
5	Effective Date Requested: Enter Effective Date .
6	Select the Next button to continue.

3.4 INDIVIDUAL BASIC INFORMATION PAGE

This page captures basic information for Individual providers.

1 * Last Name: * First Name:
 Middle Name: Suffix: -- Select One --
(Enter your full middle name)
 * Date of Birth: * SSN:
 * Gender: -- Select One -- * NPI: 000000000

I attest that I have given my full legal name, and I do not have a middle name.

2 PROVIDER'S CONTACT EMAIL ADDRESS

Please enter the enrolling provider's email address. The enrolling provider will be sent an email to electronically attest to the information on the application being accurate and complete. This is the email address that will be used.

* Email:

3 RACE, ETHNICITY AND LANGUAGE

North Carolina Department of Health and Human Services (NC DHHS), Division of Health Benefits (NC Medicaid) and its legally authorized agents comply with applicable federal and State civil rights laws and does not discriminate based on race, color, national origin, ethnicity, age, disability, creed, political affiliation, sex, or National Guard or veteran status. Medicaid does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, disability, religious creed, political affiliation, sex, or National Guard or veteran status in the administration of its programs and services. Providing this information is voluntary and will not impact enrollment/credentialing decisions.

Individual Race:

* Race: AFRICAN AMERICAN/BLACK AMERICAN INDIAN/NATIVE AMERICAN/ALASKA NATIVE ASIAN PACIFIC ISLANDER
 MULTIRACIAL OTHER RACIAL MINORITY NOT LISTED PREFER NOT TO DISCLOSE RACE WHITE

Individual Ethnicity:

* Ethnicity: HISPANIC OTHER ETHNIC MINORITY NOT LISTED NOT HISPANIC OR LATINO PREFER NOT TO DISCLOSE ETHNICITY

Languages Spoken by Provider

Selections may be made by selecting one or more options from the left (holding CTRL for multiple), then clicking 'Add' from the cross select controls. 'Add All' will select all options. Your selected options are displayed in the box at the right.

* Languages:

Available Options

- GERMAN
- GREEK
- HINDI
- HONGKONG
- ITALIAN
- JAPANESE

Add >

Add All >

< Remove

< Remove All

Selected Options

- ENGLISH
- OTHER

* Other Language(s): 392 characters remaining

4 EMPLOYER IDENTIFICATION NUMBER (EIN) ?

* Will your income be reported to an EIN?
 Yes No

5 RENDERING/ATTENDING ONLY PROVIDER ?

* Are you a Rendering/Attending Only provider?
 Yes No

6 OWNERSHIP INFORMATION ?

* Business Type: -- Select One --

7 OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL) ?

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

* User ID (NCID): guowenprovider
 * Last Name: OA * First Name: TEST
 Middle Name: Suffix: -- Select One --
(Enter your full middle name)
 * Contact Email: guowen.dai@gdit.cc * SSN:
 * Office Phone #: ext. Office Fax #:

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

8 EFFECTIVE DATE REQUESTED ?

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement. The effective date cannot be more than 90 days in the future.
Note: CCNC/CA participation effective date may not be retroactively requested.

* Effective Date:

I attest that the Requested Effective Date is correct and understand that it cannot be changed once the application is submitted.

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

Exhibit 9. Individual Basic Information Page #1

Step	Action
1	Enter Identifying Information: Last Name, First Name, Date of Birth, SSN, Gender, NPI, and Email. Note: Individuals enter their Legal Name (Last, First, and Middle), if applicable.
2	Select the attestation checkbox if you have given your full legal name and you do not have a middle name.
3	Enter race, ethnicity, and language info or opt out of providing race, ethnicity, and language.
4	Employer Identification Number (EIN): Will your income be reported to an EIN?: Select Yes or No ; if Yes , enter EIN . Do not enter the EIN of an Organization or group to which you may be affiliated. Note: A DBA is required when an Individual provider reports their income to an EIN.
5	Select Yes if the Individual provider wishes to enroll for the purposes of ordering, referring, and prescribing products and services only. Select No if the provider will be a fully enrolled provider. Note: The use of the NPI Exemption List for residents and interns enrolled in graduate dental and medical programs and area health education centers will be extended from January 31, 2018 to April 30, 2018. Clinical pharmacist practitioners will continue to use the NPI Exemption List until further notice.
6	Ownership Information: Select the Business Type from the drop-down menu. If No is selected for the question “ Will your income be reported to an EIN? ”, then the user is able to select the option of Self (Individual Filing Under an SSN) or Sole Proprietor from the Business Type drop-down menu. If Yes is selected for the question “ Will your income be reported to an EIN? ”, then the user is able to select one of the available options listed in the Business Type drop-down menu: <ul style="list-style-type: none"> • Self – Select this type if you are an Individual filing under an SSN. • Single-Owner LLC – Select this type (filing status) if you are an Individual who intends to operate as a sole proprietor and act as the sole owner and manager. Sole Proprietor – Select this type (filing status) if you are an Individual filing under an EIN.
7	Office Administrator (Authorized Individual): Select Same as Enrolling Provider if the Individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter Last Name, First Name, Contact E-mail, SSN, Office Phone, and User ID (NCID).
8	Effective Date Requested: Enter Effective Date.
9	Select the Next button to continue.

3.5 OWNERSHIP INFORMATION

If the OA is an owner, then their information will display here.

The user must select the **Verify Address** button to allow the system to verify the address is correct. The user will then indicate the relationship to another disclosing person and the percent of ownership/control interest.

The screenshot shows the 'Ownership Information' page. At the top, it asks 'Do you have one or more Shareholders/Partners with 5% or more ownership? Yes'. Below this is a checkbox labeled '1' with the text: 'Owners with 5% or more ownership in the enrolling provider entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare.' The main section is titled 'SHAREHOLDER/PARTNER INFORMATION' and shows details for 'INDIVIDUAL - SMITH, MICHAEL (AUTHORIZED INDIVIDUAL) --- NEWLY ADDED'. This section includes fields for:

- Last Name, Middle Name, First Name, Suffix (dropdown), Date of Birth (mm/dd/yyyy), SSN, Gender (dropdown), Email, and Phone Number.
- Address Line 1, Address Line 2, City, State (dropdown), and ZIP Code.
- Relationship to Another Disclosing Person (dropdown) and Percent of Ownership/Control Interest (text input).

 A 'Verify Address' button is located to the right of the address fields, marked with a '3'. Below the main form is a section 'Add Shareholder/Partner' with a '4' callout, containing instructions and radio buttons for 'an individual' or 'a business'. At the bottom, there are 'Previous' and 'Next' buttons, a '5' callout near the 'Next' button, and 'Save Draft' and 'Delete Draft' buttons.

Exhibit 10. Ownership Information Page

Step	Action
1	Shareholder/Partner Information: Do you have one or more Shareholders/Partners with 5% or more ownership?: Select Yes or No and the attestation box. <i>Owners with 5% or more ownership in the enrolling provider entered on this application must match what was reported to the provider's state business registration entity, licensure board and Medicare and check the box.</i>
2	Select the Edit button to edit an existing Shareholder/Partner to change Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, Email, Phone Number, Address, City, State, ZIP Code, Relationship to Another Disclosing Person, and Percent of Ownership/Control Interest.
3	Then select the Verify Address button and then Save button.
4	Add Shareholder/Partner: <ul style="list-style-type: none"> • For Individual, enter Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, Address, City, State, ZIP Code, Relationship to Another Disclosing Person, Percent of Ownership/Control Interest, and Begin Date. Then select the Add button. • For Business, enter Business Legal Name, EIN, Address, City, State, ZIP Code, Percent of Ownership/Control Interest, and Begin Date. Then select the Add button.
5	Select the Next button to continue.

3.6 ADDRESSES

Enter your primary physical address section.

The screenshot shows the 'Addresses' page in the NCMMIS system. It includes a navigation bar at the top with various menu items like 'Eligibility', 'Prior Approval', 'Claims', etc. The main content area is titled 'Addresses' and contains several sections:

- Primary Physical Location:** This section includes fields for Office Phone #, Address Line 1, Address Line 2, City, State (set to NORTH CAROLINA), and County (set to Orange). A red asterisk indicates required fields. A 'Verify Address' button is present.
- Serving Counties:** A table with columns for County and checkboxes. It lists 100 counties, including ALAMANCE, ALEXANDER, ALLEGHANY, ANSON, ALBEMARLE, AVERY, BEAUFORT, BERTIE, BLADEN, BRUNSWICK, BURKHOPE, BURKE, CABARRUS, CALDWELL, CARDEN, CARTERET, CATAWBA, CHATHAM, CHEROKEE, CROWDER, CLAY, CLEVELAND, COLUMBUS, CRAVEN, CLYDE, CURRITUCK, DARE, and DAVIDSON.
- 1099 Reporting/Pay-To address:** A section with a question: 'Do you have a separate Pay-To address?' with Yes/No radio buttons.
- CORRESPONDENCE ADDRESS:** A section with a question: 'Do you have a separate correspondence address?' with Yes/No radio buttons.
- SERVICE LOCATIONS:** A section titled 'NEWLY ADDED' with a sub-section 'Add Service Locations'. It includes fields for Service Location Name, Office Phone #, Office Fax #, Address Line 1, Address Line 2, City, State, and ZIP Code. A 'Verify Address' button and an 'Add' button are also present.

Numbered callouts (1-6) are placed on the screenshot to highlight specific areas: 1 points to the Primary Physical Location fields; 2 points to the Serving Counties table; 3 points to the 1099 Reporting/Pay-To address question; 4 points to the CORRESPONDENCE ADDRESS question; 5 points to the SERVICE LOCATIONS section; and 6 points to the 'Add' button at the bottom right.

Exhibit 11. Addresses Page

Step	Action
1	Enter your primary physical address.
2	CCNC/CA providers: Also select all service counties that are contiguous to your primary county from which you will accept CCNC/CA enrollees. For example, if you are located in Wake County, but you take Managed Care enrollees from Durham County, then check Durham County.
3	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select Yes or No . Note: All provider records with the same EIN must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.
4	Correspondence Address: This is the address where all paper and accounting correspondence is mailed. Complete this field if you have a different correspondence address from your 1099 Reporting Pay To Address or Primary Service Location.
5	This field is for adding any additional service locations that are required. Enter the Office Phone #, Office Fax #, Address, City, and State . Select the Verify Address button (the address must correspond to an actual U.S. Postal Service address). You must select Add to add the service location to your file.
6	Select Next .

3.7 SERVICES PAGE

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

Exhibit 12. Services Page

Step	Action
1	Select the appropriate radio buttons beside Are Oral Interpretation Services Available , Is Braille Supported and Is American Sign Language Supported .
2	Indicate the languages supported in office. Highlight the supported language and select the Add button to add it to the Selected Options box.
3	Select the check box next to the Special Needs services offered, if applicable.
4	Select the appropriate radio buttons in the New Patients Accepted section.
5	Indicate the appropriate choice in the Medicaid for Pregnant Women section. Note: HSOs would select option 2 "I serve both MPW and Medicaid patients."

Providers will be required to answer the Telehealth questions on any application submitted through the provider portal. Any provider requesting telehealth services to be added to their provider record, will have to submit it through the application process. The telehealth questions will only be displayed for select Individual and Organization application types.

The screenshot shows a form titled "TELEHEALTH SERVICES" with the following content:

- 1H, Telehealth, Virtual Communications and Remote Patient Monitoring: URL <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.
- 1. * Do you offer telehealth services covered by Medicaid? Yes No
- 2. * What types of telehealth services do you offer?
 - Remote Patient Monitoring
 - Store and Forward
 - Telephone Conversations
 - Virtual Portal Communications
- 3. * Are in-person services available at this location? Yes No
- 4. * Do you have an internet website URL you would like to display in a provider directory? Yes Prefer not to display Not available
- 5. * Website URL:
- Copy telehealth related question responses to all active locations

Exhibit 13. Services Page

Step	Action
1	Select Yes or No if telehealth services are covered by Medicaid.
2	Select one or more telehealth service types: <ul style="list-style-type: none"> • Remote Patient Monitoring • Store and Forward • Telephone Conversations • Virtual Portal Communications
3	Select Yes if in-person services are available at this location.
4	Select Yes and enter website URL if the user would like to display their website in a provider directory. Select No Website Available if provider does not have website. Select Prefer not to display if the user does not want to disclose their internet web site URL.
5	Enter provider website URL

3.7 AGENTS/MANAGING EMPLOYEES

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

Exhibit 14. Agents and Managing Employees Page

Step	Action
1	Relationship Disclosure: Does the applicant have any agent(s) or managing employee(s)? Select Yes or No ; if Yes , the Managing Relationship section displays.
2	Select the Edit button to edit the existing Managing Relationship to change Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Email, Phone Number, and Business Relationship .
3	In the Add Relationship section: <ul style="list-style-type: none"> • Complete the fields Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Email, Phone Number, Business Relationship, Address, City, State, and ZIP Code. • If applicable, select the checkbox: I attest that I have entered the full legal name of the individual, and the individual does not have a middle name. • Select the Add button.
4	Select the Next button to continue.

3.7 EXCLUSION SANCTION INFORMATION PAGE

Welcome, providerfn providerfn. (Log out)

NCTracks Help

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

Exclusion Sanction Information

Legend

1

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents⁷ 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](#)

* 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 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; 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 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

Exhibit 15. Exclusion Sanction Information Page

Step	Action
1	<p>Select Yes or No for each exclusion sanction question. When Yes is selected for a question, the Infraction/Conviction Dates section displays. Select the Add button to add an Infraction/Conviction Date.</p> <p>For each question answered Yes, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, consent order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application.</p> <p>Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determine an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).</p> <p>Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.</p>

3.8 REVIEW APPLICATION

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

Exhibit 16. Review Application Page

Step	Action
1	Select the Review Application button.
2	Select the Next button to continue.

3.9 SIGN AND SUBMIT ELECTRONIC APPLICATION

The **Sign and Submit Electronic Application** page allows for individual provider’s enrollment/re-enrollment/Re-verification. 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.

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.

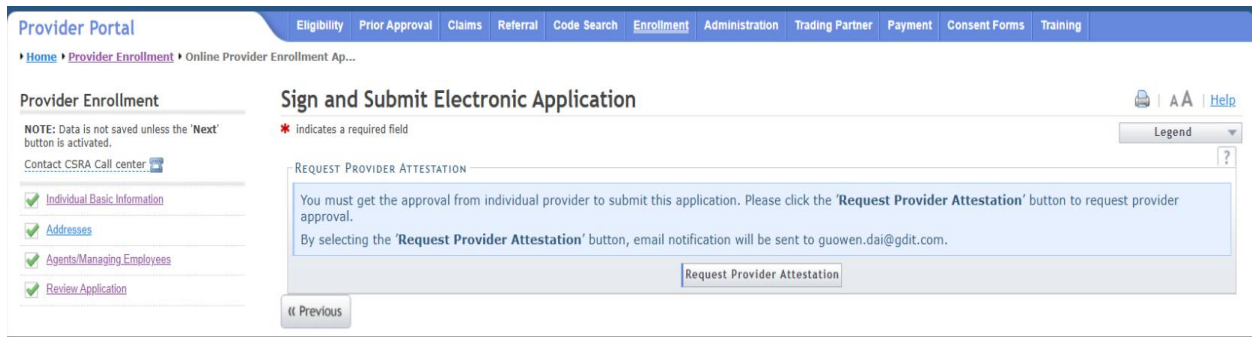


Exhibit 17. Sign and Submit Electronic Application Page

3.9.1 PROVIDER ATTESTATION PAGE

Exhibit 18. Provider Attestation Page #1

Step	Action
1	Provider application verification If a provider is an atypical individual and the application is an initial enrollment, then the SSN and Date of Birth are required.
	If the provider is an atypical individual and the application is re-enrollment or reverification, then the atypical ID, SSN and Date of Birth are required.
	If the provider is an individual, the NPI, SSN and Date of Birth are required. Provider deny/approve application.

Exhibit 19. Provider Attestation Page #2

Step	Action
1	Attestation checkbox must be checked.

Step	Action
Note:	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. 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.

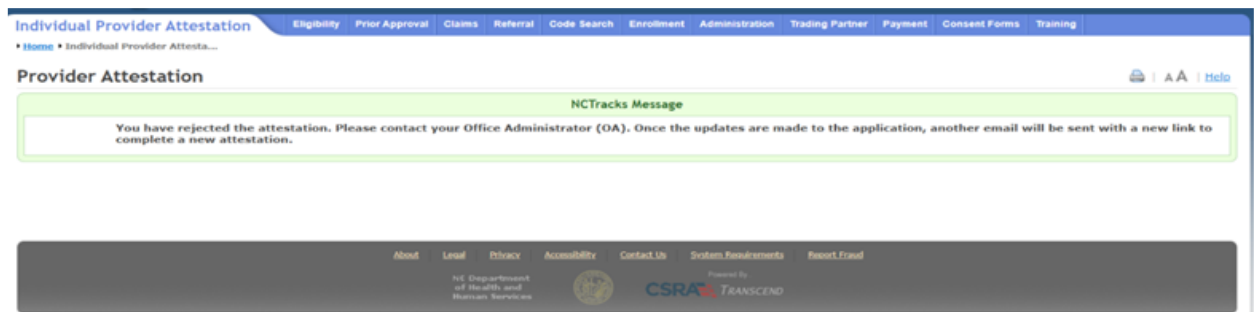
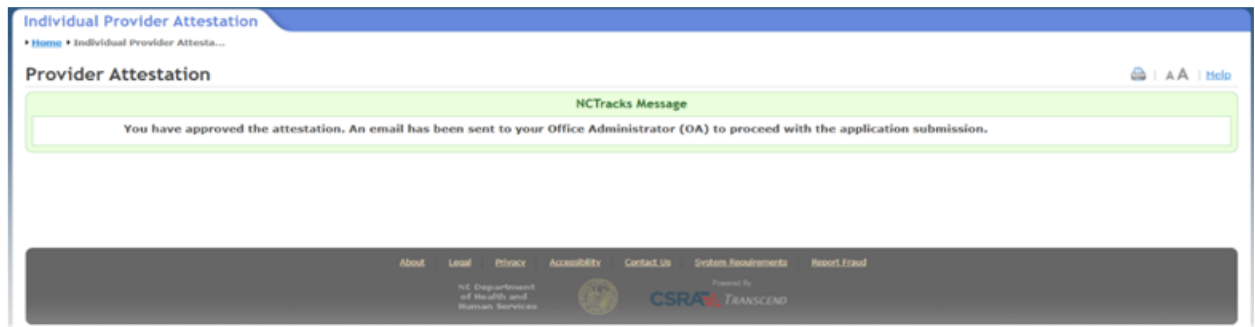


Exhibit 20. Attestation Approval / Rejection

Note: 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.

3.10 FINAL STEPS

This 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/ES will have access to the notification letters via the Message Center inbox as well as a hyperlink on the Status Management page.

If the application is denied, the notification letter will be sent via e-mail.

Final Steps Print | AA | Help

* indicates a required field Legend

ONLINE SUBMISSION COMPLETE ?

Thank you for submitting the online portion of your application.
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

ELECTRONIC ATTACHMENTS ?

If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

2

3 [Return to Provider Enrollment Status and Management Home](#)

Exhibit 21. Final Steps Page

Step	Action
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 Upload Documents button.
3	Select the Provider Enrollment Status and Management Home link.

3.11 STATUS MANAGEMENT PAGE

This page 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 Management page as well as the Message Center inbox. Notification letters for initial enrollment applications will only be delivered to the OA’s e-mail 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, CSRA 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 Management page and withdraw the application. The provider may also respond to the Application Incomplete letter advising that the information is incorrect and requesting CSRA to withdraw the application. If CSRA 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 e-mail address.

Applications withdrawn by CSRA or the provider will have a “Withdrawn” status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by 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.

1

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.

If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

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

RECORD RESULTS					
NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			MANAGE CHANGE REQUEST	05/29/2025	Manage Change Request Complete
			MANAGE CHANGE REQUEST	04/21/2025	Approved
			RE-ENROLLMENT	03/27/2025	Approved
			RE-ENROLLMENT	01/29/2025	Approved
			MANAGE CHANGE REQUEST	01/17/2025	Manage Change Request Complete
			MANAGE CHANGE REQUEST	12/20/2024	Manage Change Request Complete
			ABBREVIATED METHOD OF CLAIM BI	12/13/2024	Manage Change Request Complete
			MANAGE CHANGE REQUEST	12/10/2024	Withdrawn
			ABBREVIATED AFFILIATIONS MANAG	09/26/2024	Manage Change Request Complete
			MANAGE CHANGE REQUEST	08/22/2024	Approved

2

RE-ENROLL

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click 'Re-Enroll'.

RECORD RESULTS				
Select	NPI/Atypical ID	Name	DBA Name	Termination Date
<input type="radio"/>				27577-7915 01/12/2017
<input type="radio"/>				28501-3726 04/29/2023
<input type="radio"/>				27105-1425 09/13/2022
<input type="radio"/>				27215-8787 02/11/2019
<input type="radio"/>				23510-1065 08/31/2024

Re-Enroll

3

MANAGE CHANGE REQUEST

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.

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

RECORD RESULTS						
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
<input type="radio"/>				28806-3916	09/08/2023	Active
<input type="radio"/>				27576-9248	08/01/1995	Active
<input type="radio"/>				27157-0001	08/06/1988	Active
<input type="radio"/>				28806-4462	08/08/2022	Active
<input type="radio"/>				28516-1537	12/05/2014	Active
<input type="radio"/>				28262-3300	01/31/2012	Active

4

SAVED APPLICATIONS

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

RECORD RESULTS							
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>				27511-6037	MANAGE CHANGE REQUEST	05/08/2025	05/08/2025
<input type="radio"/>				27514-1454	MANAGE CHANGE REQUEST	05/12/2025	05/12/2025
<input type="radio"/>				27514-1454	MANAGE CHANGE REQUEST	05/08/2025	05/08/2025
<input type="radio"/>				27514-0000	ENROLLMENT	05/08/2025	05/08/2025

Resume Delete Draft

5

PROVIDER ATTESTATION

Please remember that the Individual Provider Attestation must be completed within 45 days of the date the initial email notification is sent to the Individual provider. If not completed within 45 days, the incomplete application will be deleted.

RECORD RESULTS								
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Attestation Status	Application Type	Application Create Date	Last Saved
<input type="radio"/>				27514-0000	PENDING	ENROLLMENT	07/14/2025	07/14/2025

Resume Delete Draft

ENROLLMENT SPECIALIST APPLICATIONS

NO DATA FOUND

Exhibit 22. Status and Management Page

Section	Description
1	<p>Submitted Applications: Allows you to view the status of a submitted provider enrollment application.</p> <ul style="list-style-type: none"> • Abandoned: Supporting documents were not electronically uploaded by the due date in the 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 from the provider. When the Returned hyperlink is selected, the provider will be redirected to the Application Incomplete letter. • Denied: The provider's participation in the program has been denied. • Approved: The provider's participation in the program has been approved. • Withdrawn: CSRA or the provider has withdrawn the application. • MCR Comp (Manage Change Request Complete): The provider requested a change that does not require review; therefore, this change was instantly completed. • ME Comp (Maintain Eligibility Complete): The provider's Maintain Eligibility does not require review; therefore, this request was instantly completed. • Pymt Pend (Payment Pending): Records indicate that the provider has made a payment at PayPoint. It may take up to 48 hours to verify a payment. • Pay Now: The provider can select the Pay Now link to make a payment on the PayPoint website. It may take up to 48 hours to verify a payment. • Withdraw: The provider can select the Withdraw link to withdraw the application. • Upload Documents: The provider can select this link to electronically attach documents to the application.
2	Re-enroll: Allows you to re-enroll a terminated provider enrollment account
3	Manage Change Request: Allows you to submit updates to an active provider enrollment account.
4	Saved Applications: Allows you to resume a saved provider enrollment application.
5	Provider Attestation: This new section is added to display all draft applications that have provider attestation request, which will display the attestation status.

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4.0 Manage Change Request

4.1 STATUS AND MANAGEMENT PAGE

The **Status and Management** page allows the provider to manage all of their enrollment information for the application process, such as submitted applications; saved applications; MCRs; and Re-verification, Re-enrollment, Fingerprinting Required, and Maintain Eligibility applications.

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

4.2 MANAGE CHANGE REQUEST

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

This section will cover the NCTracks user interface pages required to convert an OOS Lite provider to an OOS Full provider. If additional information is required on completing an MCR, please refer to the Participant User Guide PRV 111 Provider Web Portal Applications.

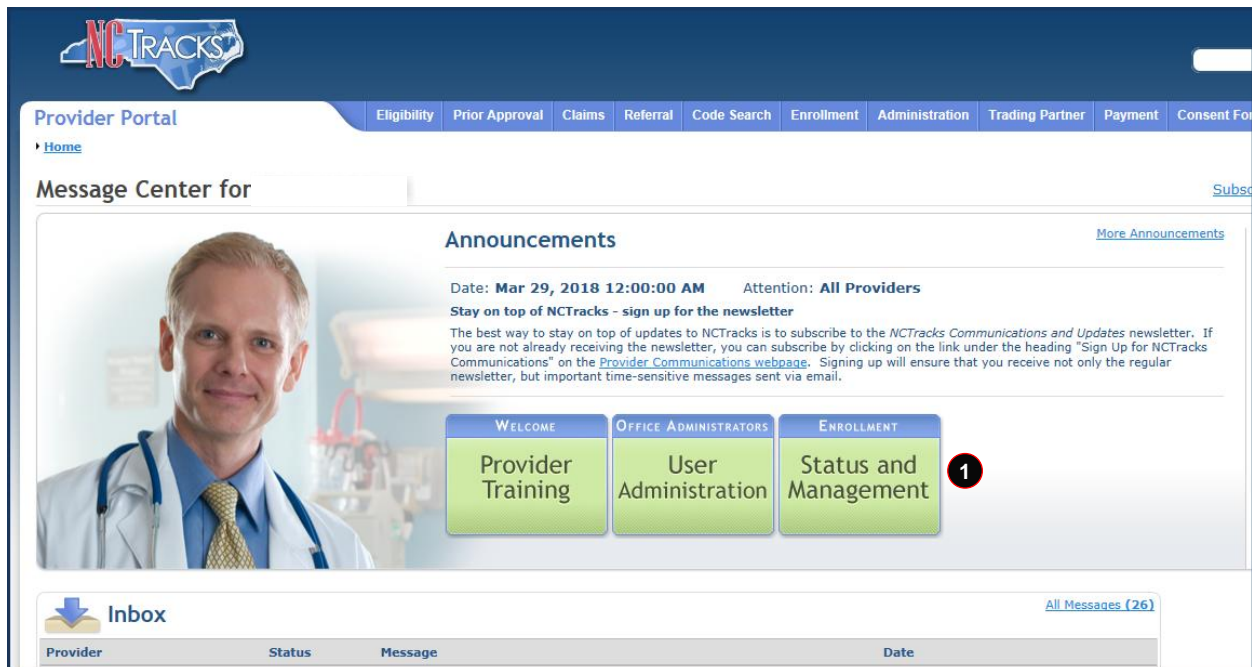


Exhibit 23. Provider Portal Home Page

Step	Action
1	<p>From the secure Provider Portal home page, select the Status and Management button. The Status and Management page displays. To begin an MCR application, scroll down to the Manage Change Request section.</p> <p>Users with the Enrollment Specialist user role can submit all abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all abbreviated MCRs including the EFT abbreviated MCR.</p>

Step	Action
	Note: For more information on the Abbreviated MCR options, refer to the Participant User Guide PRV 563 <i>Abbreviated Manage Change Request Applications</i> .

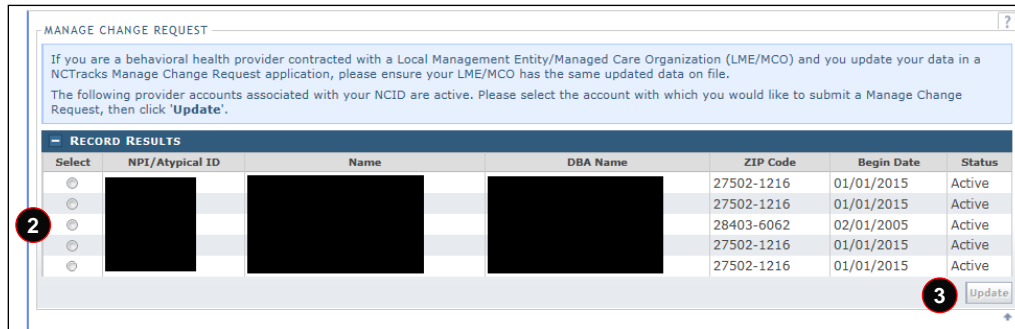


Exhibit 24. Status and Management Page – Manage Change Request Section

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

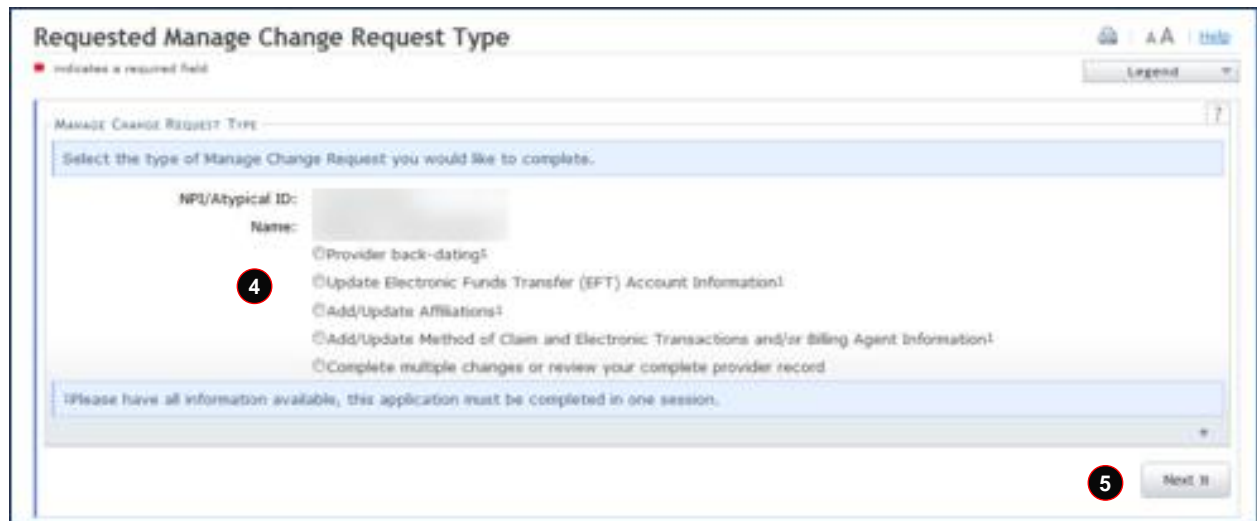


Exhibit 25. Requested Manage Change Request Type Page

Step	Action
4	<p>Select the Manage Change Request Type. This field specifies the type of abbreviated MCR application to be submitted. The available options are:</p> <ul style="list-style-type: none"> <p>Provider Back-dating: Select this option if you want to submit a request to back-date the effective begin date of all or specific health plans, service locations, taxonomy codes, or services (if applicable).</p> <p>Note: This application type is not available to OOS Lite providers. OOS Full providers should refer to Job Aid PRV 702 <i>Request to Back-date Enrollment Effective Dates</i> for more details.</p> <p>Update Electronic Funds Transfer (EFT) Account Information: Select this option if you want to update your EFT bank account information. If you do not see this option, you are listed in NCTracks as an individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the Complete multiple changes or review your complete provider record option to complete a full MCR. Please have EFT account information available; this application must be completed in one session.</p> <p>Note: The Update EFT Account Information abbreviated MCR cannot be completed by an Enrollment Specialist.</p> <p>Add/Update Affiliations: Select this option if you are an individual provider who wants to add or end-date an affiliation to an organization/group. If you do not see this option, you are listed in NCTracks as an organization provider. The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider. Please have affiliation information available; this application must be completed in one session.</p> <p>Note: The Add/Update Affiliations option displays only when the provider is an individual provider.</p> <p>Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information: Select this option if you want to change how you will be submitting/receiving claims and electronic transactions OR if you want to add or end-date your association with a billing agent. If you do not see this option, you are listed in NCTracks as an individual provider who is rendering/attending only. To change your status, you will need to complete a full MCR. Select the Complete multiple changes or review your complete provider record option to complete a full MCR. Please have information available; this application must be completed in one session.</p> <p>Complete multiple changes or review your complete provider record: Select this option if you want to make any update not listed. When you select this option, you will complete a full MCR application.</p> <p>Note: If you are an Enrollment Specialist and you need to update EFT information, use this option.</p> <p>Note: Refer to the Participant User Guide PRV111 <i>Provider Web Portal Applications</i> or the Participant User Guide PRV 562 <i>Enrollment Specialists</i> for specific instructions on completing a full MCR application.</p>
5	<p>Select the Next button to continue.</p>

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5.0 Lite to Full Enrollment

Once a provider has become successfully enrolled as a Lite provider they will have the option of converting the record to a Full, open-ended enrollment. The best time to do this would be just before the Lite end date. If a provider is terminated, they can elect to be a Full provider when re-enrolling.

Let us review the process of converting from Lite to Full through the Manage Change Request (MCR).

5.1 STATUS MANAGEMENT PAGE

From the Secure Provider Portal Home page, select the “Status and Management” shortcut from the center of the page.

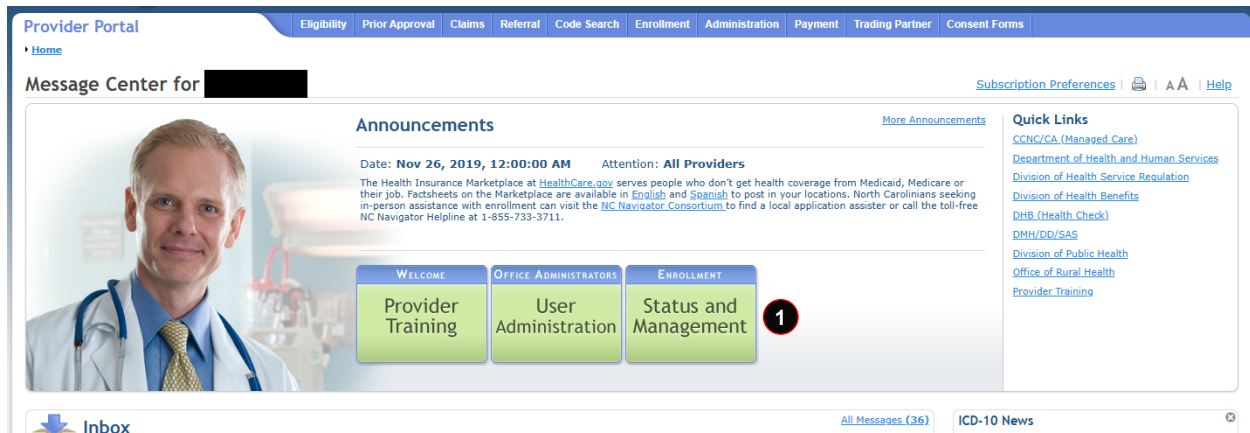


Exhibit 26. Provider Portal Home Page

Step	Action
1	<p>From the Secure Provider Portal Home Page, select the Status and Management button. The Status Management page displays. To begin an MCR application, scroll down to the Manage Change Request section.</p> <p>Note: For more information on the Abbreviated MCR options, refer to Participant User Guide PRV 563 <i>Abbreviated Managed Change Request</i>. Users with the Enrollment Specialist user role can submit all abbreviated MCRs except EFT. The OA and Owner/Managing Employee users can submit all abbreviated MCRs including the EFT abbreviated MCRs.</p>

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 type="radio"/>			27502-0000	12/05/2012	Active
<input type="radio"/>			27502-1216	02/01/2013	Active
<input type="radio"/>			27707-5055	03/01/2013	Active
<input type="radio"/>			27502-1216	12/26/2012	Active
<input type="radio"/>			27502-1216	12/28/2012	Active
<input checked="" type="radio"/>			27502-1215	12/01/2012	Active
<input type="radio"/>			27409-2027	03/20/2006	Active
<input type="radio"/>			27522-8297	12/06/2000	Active
<input type="radio"/>			27577-3933	08/01/2007	Active
<input type="radio"/>			27105-1332	01/01/1988	Active
<input type="radio"/>			27502-5316	02/05/2007	Active

Update

Exhibit 27. Status Management: Manage Change Request Page

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

5.2 REQUESTED MANAGE CHANGE REQUEST TYPE SCREEN

From the Requested Manage Change Request Type screen, the user can select the type of abbreviated Manage Change Request they would like to complete.

Requested Manage Change Request Type

* indicates a required field

Legend

MANAGE CHANGE REQUEST TYPE

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID: [REDACTED]
 Name: [REDACTED]
 Provider Lite Type: **MEDICARE ONLY LITE PROVIDER**

INDIVIDUAL PROVIDERS

UPGRADE TO FULL PROVIDER
 Complete multiple changes or review your complete provider and change provider from lite to full. You are currently enrolled as a time-limited (lite) MEDICARE only provider. You can request to change your enrollment to be enrolled as a full provider. As a full provider, your enrollment will be open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the \$100 NC Application Fee.

CONTINUE AS LITE PROVIDER APPLICATION
 Complete multiple changes or review your complete provider record

1Please have all information available, this application must be completed in one session.

Next >>

Exhibit 28. Individual Basic Information Page

Step	Action
1	Select the radio button next to the option: Upgrade to Full Provider-
2	Select the Next button.

5.3 ORGANIZATION/INDIVIDUAL BASIC INFORMATION PAGE

The Organization or Individual Basic Information page presents with the last information provided. If there are no other changes to be made to this page, we will navigate to next section of the page.

Upon the submission on the MCR, the provider will be required to remit the \$100 NC Application fee and additional pages will be added to the application.

5.4 TERMS AND CONDITIONS

Once the provider has elected to enroll as a Full provider a new Terms and Conditions page will display.

Terms and Conditions 🖨️ | 🔍 | ⏪ | ⏩ | Help

★ 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:

- A. 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.
- B. Notify the Department within seven (7) calendar days of learning of any adverse action initiated against the license, certification, registration, accreditation and/or endorsement of the Provider or any of its officers, agents, or employees.
- C. Not bill the Department for services rendered during the lapse, for whatever reason, of any required license, certification, registration, accreditation and/or endorsement as required by State and/or Federal law or policy.

5. Billing and Payment
The Provider agrees:

- A. To submit claims for services rendered to eligible recipients of the Department's medical or behavioral health care benefits, hereinafter referred to as "recipients", in accordance with rules and billing instructions in effect at the time the service is rendered. Provider agrees to be responsible for research and correction of all billing discrepancies.
- B. To accept as sole and complete remuneration the amount paid in accordance with the reimbursement rate for services covered by the Department, except for payments from legally liable third parties, authorized co-payments and/or deductibles by recipients for goods, services, or supplies provided to a recipient if such are not covered by the Department.
- C. That in no event shall the Department be liable or responsible, either directly or indirectly, to any subcontractor of the provider or any other party that may provide services.
- D. To be held to all the terms of this Agreement even though a third party agent may be involved in billing claims to the Department. It is a breach of this Agreement to discount client accounts to a third party agent or to pay a third party agent a percentage of the amount collected.
- E. To investigate and bill other insurers and third parties, including the Medicare program, if applicable, before billing the Department, when the recipient is eligible for payment for health care or related services from another insurer or person.
- F. To not bill the recipient or any other person for items and services covered by Department and to refund payments made by or on behalf of the recipient for any period of time the recipient is Department approved, including dates for which the recipient is retroactively entitled to Department services.
- G. To accept assignment of Medicare payment in order to receive payment from the Department for amounts not covered by Medicare for dually eligible recipients.
- H. To refund or allow the Department to recoup or recover any monies received in error or in excess of the amount to which the Provider is entitled from the Department (an overpayment) as soon as the provider becomes aware of said error and/or overpayment or within thirty (30) calendar days of a request for repayment by the Department, regardless of whether the error was caused by the provider or the Department and/or its agents.
- I. That payment for covered services by the Department is limited to those services certified as medically necessary for the proper management, control, or treatment of recipient's medical or behavioral needs and provided under the physician's or practitioner's direction and supervision.
- J. That items or services provided under arrangements or contracts between the Provider and outside entities and professionals shall meet the requirements of paragraph 4.
- K. That payment and satisfaction of claims will be from federal and state funds.
- L. That claims are subject to the Medical Assistance Provider False Claims Act and the federal False Claims Act.
- M. That the Department may withhold, payments because of irregularity for whatever cause until such irregularity is resolved, or may recoup or recover overpayments, penalties or invalid payments due to error of the Provider and/or the Department and their agents. All provider numbers in which the provider has an interest are equally subject to such withholding, recoupment or recovery until such overpayment, penalty, or invalid payment is repaid to the Department.
- N. That billings and reports related to services rendered shall be submitted in the format and frequency specified by the Division and/or

Exhibit 29. Terms and Conditions Page

5.5 EXCLUSION SANCTION PAGE

Select **Yes** or **No** for each exclusion sanction question. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section displays. Select the **Add** button to add an Infraction/Conviction Date.

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

Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).

Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Note: See [Exhibit 15 for Illustration](#) (Page 23).

5.5 REVIEW APPLICATION

Once completing all additional pages the user will come to the Review Application Page. By selecting the **Review Application** button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.

Exhibit 30. Review Application Page

Step	Action
1	Select the Review Application button.
2	Select the Next button to continue.

NOTES:

5.6 SIGN AND SUBMIT

The **Sign and Submit Electronic Application** page allows for individual provider’s enrollment/re-enrollment/Re-verification. 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.

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.

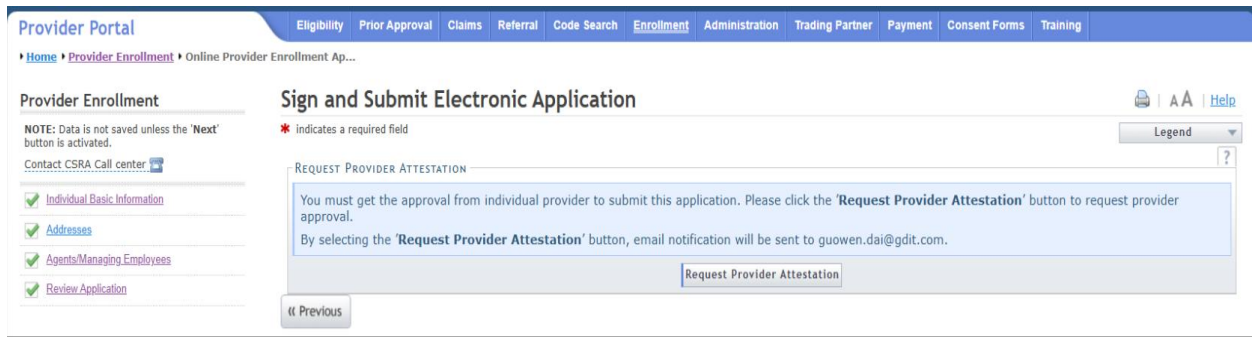


Exhibit 31. Sign and Submit Electronic Application Page

5.6.1 PROVIDER ATTESTATION PAGE

Exhibit 32. Provider Attestation Page #1

Step	Action
1	Provider application verification: If a provider is an atypical individual and the application is an initial enrollment, then the SSN and Date of Birth are required.
	If the provider is an atypical individual and the application is re-enrollment or reverification, then the atypical ID, SSN and Date of Birth are required.
	If the provider is an individual, the NPI, SSN and Date of Birth are required. Provider deny/approve application.

Exhibit 33. Provider Attestation Page #2

Step	Action
1	Attestation checkbox must be checked.
Note:	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 in the application. Individual providers will only have the option to Approve or Reject the application information. The application will automatically abandon if the individual provider does not complete the attestation within 45 days of the attestation being sent.

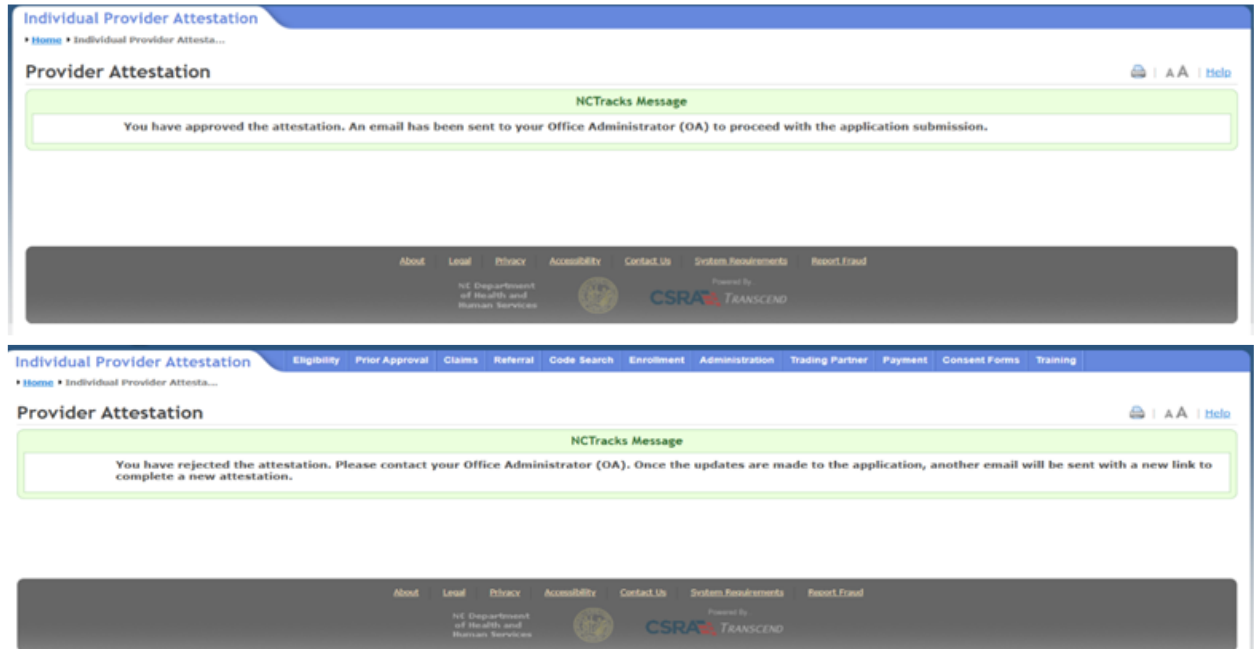


Exhibit 34. Attestation Approval/ Rejection

Note: 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.

5.7 FINAL STEPS

Final Steps Print AA Help

* indicates a required field Legend

ONLINE SUBMISSION COMPLETE ?

Thank you for submitting the online portion of your application. Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

APPLICATION FEE REQUIRED ?

Thank you for applying to Medicaid. In order to complete your application, a NC Application Fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. Pay Now

Exhibit 35. Final Steps Page

Step	Action
1	Application Fee Required: A \$100 NC Application Fee is required from Individual providers, Organizations, and Atypical Organizations if active in Medicaid, except for OOS Lite providers.
Note	If fingerprints are required, the provider will be notified on this page. The Fingerprint Release of Information form and instructions will be e-mailed to the provider and sent to the Message Center inbox.

Upon successful submission of the MCR, you will land on the Final Steps page where you are able to print a PDF version of the application. A cover sheet will be provided to be used in the event that you are required to mail or fax supporting documentation to support the changes requested in the application.

Now that you are a Full provider, you will be required to pay the \$100 NC Application fee. If you are able to make the payment now you can select the **Pay Now** button and follow the on screen instructions or you can remit the payment later from the Status and Management page where the Pay Now option will be present in the “Submitted Applications” section.

The application status will remain as “Pay Now” until the payment is made or for 30 days whichever comes first. If the payment is not made within that time frame the application will be abandoned.

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6.0 Resources

6.1 RESOURCES

For more information, please refer to the PRV111_ProvWebPortApps CBT on SkillPort.

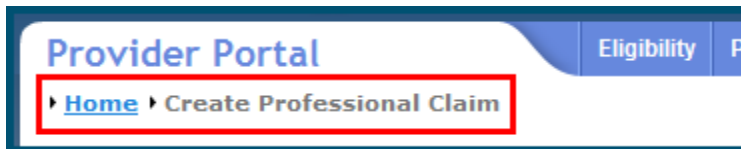
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Addendum A. Help System

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

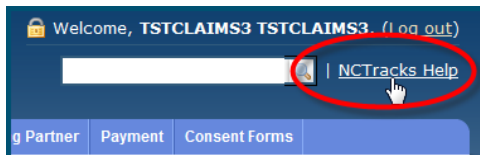
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



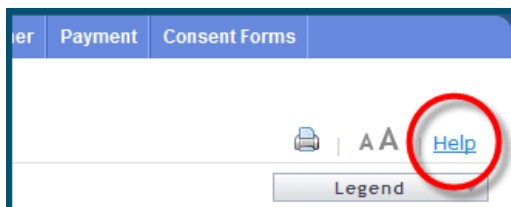
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



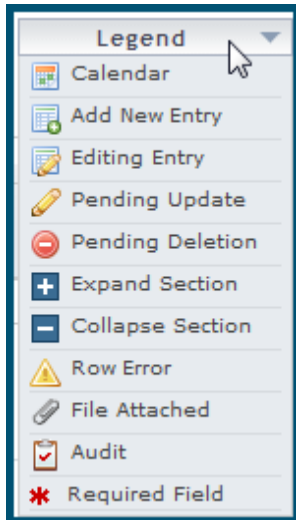
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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


Screen-Level Help



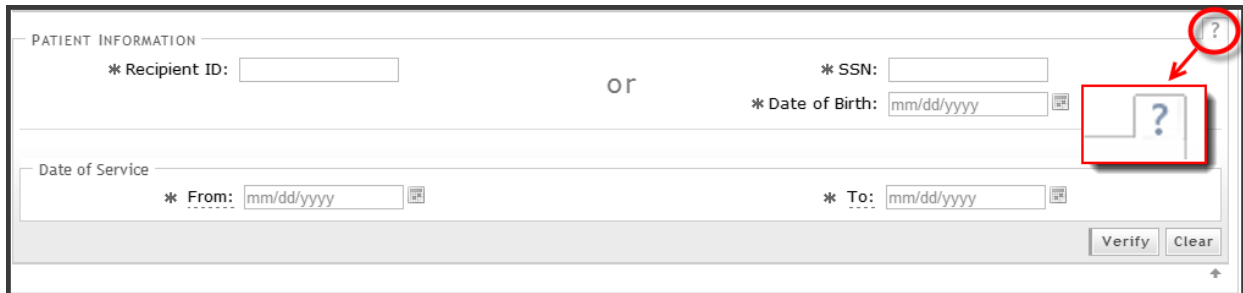
Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

Form Legend



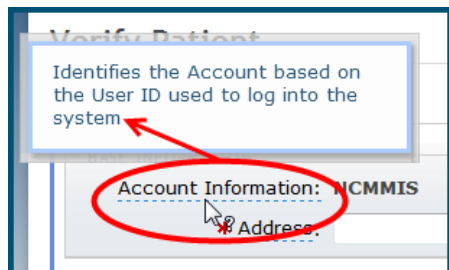
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help



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

Tooltip Help



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

Addendum B. NC Application Fee and Federal Requirements

Application Type	NC Application Fee (\$100, subject to change) Pursuant to NC Senate Bill 105 Session Law 2021-180 Section 9D.9(a), the NC application fee is waived until June 30, 2023	Federal Fee (currently \$595 subject to change)	Federal Site Visit	Federal Training
Enrollment	Always required when provider applied for Medicaid. Exclusion: OOS Lite providers.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Always required when provider applied for Medicaid.
Re-enrollment	Always required when provider re-enrolls.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Federal Site Visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Never required
Manage Change Request	Only required when an OOS Lite provider upgrades to OOS Full provider.	Federal Fee is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Federal Site Visit is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid plans only.	Never required
Re-verification	Always required when provider is active in Medicaid	Federal Fee is required by location when one or more federal taxonomy codes (as	Federal site visit is required per location when one or more federal taxonomy	Never required

Application Type	NC Application Fee (\$100, subject to change) Pursuant to NC Senate Bill 105 Session Law 2021-180 Section 9D.9(a), the NC application fee is waived until June 30, 2023	Federal Fee (currently \$595 subject to change)	Federal Site Visit	Federal Training
		identified on the Provider Permission Matrix) are active. Note: Medicaid plans only.	codes (as identified on the Provider Permission Matrix) are active.	
Abbreviated MCR	Never required	Never required	Never required	Never required
Change Office Administrator	Never required	Never required	Never required	Never required
Maintain Eligibility	Never required	Never required	Never required	Never required
Fingerprinting	Never required	Never required	Never required	Never required