



JOB AID

Change Office Administrator Application Process

OVERVIEW

This Job Aid provides instructions on how to change the Office Administrator (OA) associated with a provider's record (National Provider Identifier [NPI] / Atypical ID).

Providers may change their OA when:

- An individual officer for the organization used one NCID to register the organization and all of its individual providers.
- Since registration, an individual officer no longer works for the organization and the OA role needs to be transferred to the individual provider or to the organization's new OA.
- The existing OA left the organization before establishing a new OA.

BEGIN CHANGE OFFICE ADMINISTRATOR APPLICATION

Using a supported browser, navigate to <u>www.nctracks.nc.gov</u>. The public NCTracks home page displays before you are logged in to the system. To log in to the secure NCTracks portal, complete the following steps.



Step	Action
1	Select Providers.









Home Providers Office Administrator (OA) Change Process







Step	Action
3	Select OA Change Process.

Job Aid - PRV551





Home + NCTracks Provider Portal Login

NCTracks 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 ENROLLMENTbutton 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://tmfamobile.nc.gov/userportal/. All profiles, including MFA, will be managed through https://tmfamobile.nc.gov/userportal/. All profiles, including MFA, will be managed through https://tmfamobile.nc.gov/userportal/. All profiles, including MFA, will be managed https://tmfamobile.nc.gov/userportal/. All profiles, including MFA, will be managed https://tmfamobile.nc.gov/.

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 <u>NCID Citizen Identity Project NCDIT training page</u>.

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

Step Action 4 Select the Office Administrator (OA) Change Process button.





	NCID S
	USERNAME *
	Next
	Trouble Signing On? Don't have an account? Register Now
	Need Help?
	Privacy and Other Policies Contact Us
	WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.
	© State of North Carolina - Department of Information Technology - All rights reserved
Step	Action

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



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

	USERNAME		
	PASSWORD *		
6	••••••	Ś	
	Use another account		
	7 Sign On		
	Trouble Signing	On?	
	Don't have an account?	Register now	
	Need Help?		
Privacy a	and Other Policies		Contact Us
3	WARNING: This is a government computer s and used only for authorized business by auti access or use of this computer system may and/or administrative action	system, which may be accessed horized personnel. Unauthorized subject violators to criminal, civil n.	63

Step	Action
6	Enter the Password associated with the NCID.
7	Select the Sign On button.

NOTE: The new office administrator should login with his/her NCID and password. 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.

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.



North Carolina Medicaid Management Information System (NCMMIS)



For more information on the MFA registration process, please refer to the **NCID Citizen Identity Project** at the following site: <u>https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-</u> Training-4404

NEW OFFICE ADMINISTRATOR IS THE ACTUAL INDIVIDUAL PROVIDER

On the Change Office Administrator – Verify Authorization screen, the user must enter the Authorization Code associated with the NPI.

Change Office Administrator - Verify Authorization	🖨 A A Help
* indicates a required field	Legend 🔻
VERIFY AUTHORIZATION	?
Please enter the Authorization Code that was provided in the NCTracks Registration or initial enrollment Provider Approval Welcome Letter and either NPI or Atypic Next in the lower right.	al ID, then click
1 * Authorization Code:	
2 * NPI: 0 r * Atypical ID:	
	+
	3 Next »

Step	Action
1	Enter the Authorization Code.
2	Enter the NPI.
3	Select the Next button.

The Authorization Code is the code that was distributed prior to the implementation of NCTracks and used as part of the Currently Enrolled Provider NCTracks Registration process. If you no longer have the code, please contact the NCTracks Contact Center at 800-688-6696.

If your NPI was registered with NCTracks after July 1, 2013, an Authorization Code has been created for you. Please contact the NCTracks Contact Center at 800-688-6696 to obtain your Authorization Code.

CHANGE OFFICE ADMINISTRATOR – OFFICE ADMINISTRATOR SCREEN

Individual Provider Information

The last name displayed is the last name on file in NCTracks for the NPI entered. If the last name or organization name displayed is incorrect, please contact the NCTracks Contact Center at 800-688-6696 or e-mail <u>NCTracksprovider@nctracks.com</u>.

Office Administrator (Authorized Individual)

The **Office Administrator (Authorized Individual)** section is pre-populated with the last, first, middle, and suffix name that are currently on the provider's record. The authorized user must enter the Date of Birth, SSN, Office Phone #, and Contact Email.

For the question "Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?", select **Actual Individual Provider**.

Note: The **User ID (NCID)** field is pre-populated with the NCID of the user logged in to this application.





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counter a required hard				Lege	ed.
OVIDUAL PROVIDER INFORMATION					
If the name displayed is incorrect, ple	ase contact the CS	RA Call Center at 800-	688-6696 or NCTracksprovider@ndtra	cks.com	
Last Name:					
Are you (the new Office Administrat O Managing Employee Actual In	tor) a Managing Em Idividual Provider	ployee or the Actual Indiv	idual Provider?		
FFICE ADMINISTRATOR (AUTHORIZED INDI	vioual.)				
The Office Administrator (Authorized make business decisions on behalf of The Office Administrator must be the An Electronic Signature PIN will be se NCTracke Provider Portal.	Individual) is the pe the applying provid individual provider nt to the Office Adn	rson you designate to be er. or have a managing relat ninistrators email address	the Office Administrator for your provider ionship to the provider. . The Office Administrator will use this PID	account and is authorized to receive informatio	n or
# Last Name:			· First Name:		
Middle Name:			Suffix:	- Salart One (*)	
· Date of Birth:	mm/dd/yyyyy	188	+ SSN:		
Address Line 1:					
Address Line 2:					
* City:					
# State:	++	×			
* ZIP Code:	00000-0000				
				Verify	r Addre
* Office Phone #:	(000) 000-0000		Office Fax #:	(000) 000-0000	
. User ID (NCID):			* Contact Email:		
CTRACKS USERS					
Ull existing owner and managing emp ID. You can terminate their access in the Office Administrator. There may be other NCTracks users v ID. If you select No, any existing use NPI/Atypical ID in the drop-down for Note: If you select No and you later d * Do you want the existing users to O Yes O No	loyee users (includi User Maintenance a who have access to (excluding owner/ Claims, Check Eligib lecide that the user continue to have ac	ng the old Office Adminis ind end-date them as own this NPI/Atypical ID. Plea managing employee user sility, and Prior Approvals is do need access to your cess to this NPI?	trator) associated with this NPI/Atypical I heny/managing employees in a Manage Ch se indicate whether you want the existing s) who logs in to NCTracks will no longer i NPI/Atypical ID, you can add them in Use	D will remain as NCTracks users for this NPI/Aty ange Request application once you are approve users to continue to have access to this NPI/Aty see the Message Center and will no longer see yo r Maintenance.	pical d as pical our

Step	Action
4	Select Actual Individual Provider.
5	Complete all required fields: Last Name, First Name, Date of Birth, Social Security Number (SSN), Address, City, State, ZIP Code, Office Phone #, User ID (NCID), and Contact Email.
6	Select Yes or No for the question "Do you want the existing users to continue to have access to this NPI?" in the NCTracks Users section of the screen.
7	Select the Next button.





NCTracks Users

The question "Do you want the existing users to continue to have access to this NPI?" displays allowing the authorized user to answer **Yes** or **No**.

All existing Owner and Managing Employee users (including the old OA) associated with this NPI will remain as NCTracks users for this NPI. You can terminate their access via the User Maintenance function and end-date them as Owners/Managing Employees in a Manage Change Request application once you are approved as the OA.

There may be other NCTracks users who have access to this NPI/Atypical ID. Please indicate whether you want the existing users to continue to have access to this NPI/Atypical ID. If you select **No**, any existing user (excluding Owner/Managing Employee users) who logs in to NCTracks will no longer see messages for this NPI/Atypical ID in the Message Center and will no longer see the NPI in the drop-downs for Claims, Check Eligibility, and Prior Approvals.

Note: If you select **No** and you later decide that the users do need access to your NPI, you can add them via the User Maintenance function. All Owners and Managing Employees will continue to have access to the NPI as long as they are active on the provider record.

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Change Office Administrator - Upload and Submit A A I Help tes a required field Legend ATTESTATION STATEMENT st agree to the fo int before registering an Administration Account with NCTracks. To agree and submit your registration, check the box below, enter NCID and password, then click Submit in the lower right I certify that the responses in this attestation and information contained in the documents submitted with the application/envi ints/Administrative Participati It are true, accurate, complete, and current as of the date this attestation is signed. I have not herein know that would constitute a false, fictitious or fraudulent statement or representation. 9 User ID (NCID): at Previous

 Step
 Action

 8
 Select the Attestation checkbox.

 9
 Enter the User ID (NCID).

 10
 Enter the Password associated with the NCID.

 11
 Select Submit.





NEW OFFICE ADMINISTRATOR IS A MANAGING EMPLOYEE

The new OA should log in with his/her NCID and password on the NCTracks Login screen. On the Change Office Administrator – Verify Authorization screen, the new OA must enter the Authorization Code associated with the NPI or Atypical ID entered.

Individual Provider Information

The **Office Administrator (Authorized Individual)** section is pre-populated with the last and first name associated with the NCID used. The authorized user must ensure the name entered is the Office Administrator (Authorized Individual's) legal last and first name. The authorized user must enter the Date of Birth, SSN, Business Relationship, Relationship to Another Disclosing Person, Office Phone #, and Contact Email.

For the question "Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?", select **Managing Employee**.

Note: The **User ID (NCID)** field is pre-populated with the NCID of the user logged in to this application.

tes a required field	office Administ			Lawred
				Legenu
IDUAL PROVIDER INFORMATION				
e name displayed is incorrect, ple	ase contact the CSRA Center	at 800-688-6696 or NCTracksprovider@nctracks.com		
Last Name:				
e you (the new Office Administrat Managing Employee 💿 Actual In	or) a Managing Employee or the dividual Provider	Actual Individual Provider?		
E ADMINISTRATOR (AUTHORIZED INDI	vidual)			
Office Administrator (Authorized)	Individual) is the person you des	ignate to be the Office Administrator for your provide	r account and is authorized to	receive information or
ce business decisions on behalf of	the applying provider.	and a satisficaction to the environment		
Electronic Signature PIN will be se Tracks Provider Portal.	nt to the Office Administrators e	maging relationship to the provider. mail address. The Office Administrator will use this PII	N to electronically sign future s	ubmissions in the
* Last Name:		* First Name:		
Middle Name:		Suffix:	Select One 💌	
* Date of Birth:	mm/dd/yyyy	* SSN:		
* Business Relationship:	Select One 💌	* Relationship to Another Disclosing	Select One 💌	
I attest that I have entered the fu	Il legal name of the individual, a	Person: and the individual does not have a middle name.		
* Address Line 1:				
Address Line 2:				
* City:				
* State:	💌			
* ZIP Code:	0000-0000			
				Verify Addr
* Office Phone #:	(000) 000-0000	Office Fax #:	(000) 000-0000	
# User ID (NCID):		* Contact Email:		
ACKS USERS				
existing owner and managing emp You can terminate their access in Office Administrator. re may be other NCTracks users w If you select No, any existing user	oyee users (including the old Of User Maintenance and end-date ho have access to this NPI/Atyp (excluding owner/managing em Claims, Check Eligibility, and Pris lecide that the users do need ac	ffice Administrator) associated with this NPI/Atypical I them as owners/managing employees in a Manage C ical ID. Please indicate whether you want the existing ployee users) who logs in to NCTracks will no longer io r Approvals. cess to your NPI/Atypical ID, you can add them in Use	D will remain as NCTracks user hange Request application once users to continue to have acco see the Message Center and wi r Maintenance.	s for this NPI/Atypical a you are approved as ess to this NPI/Atypical Il no longer see your
Atypical ID in the drop-down for a a: If you select No and you later d	AND AND A REAL AND A R	to your remember to, you can add them in use	Harris H. Childhin H. C.	





Step	Action
1	Select Managing Employee.
2	Complete all required fields: Last Name, First Name, Date of Birth, Social Security Number (SSN), Business Relationship, Relationship to Another Disclosing Person, Address, City, State, ZIP Code, Office Phone #, User ID (NCID), and Contact Email.
3	If applicable, select the checkbox for "I attest that I have entered the full legal name of the individual, and the individual does not have a middle name". Note : If this checkbox is not selected, ensure the Middle Name field has been completed.
4	Select Yes or No for the question "Do you want the existing users to continue to have access to this NPI?" in the NCTracks Users section of the screen.
5	Select the Next button.

EXCLUSION SANCTION PAGE

This page captures the exclusion sanction information.

Exclusion Sanction Questions

Select **Yes** or **No**. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed.

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, and a brief statement regarding any adverse action to be submitted on letterhead which should be signed and dated. **Please note**: Submitting a written explanation in lieu of supporting documentation may result in the denial of this 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).

Infraction/Conviction Dates

You can enter an Infraction/Conviction Date in mm/dd/yyyy format or use the calendar icon to select the date by selecting the forward or back arrows to select the year, month, and day. Select the **Add** button to save the date. Up to five (5) dates can be entered.

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





Exclusion Sanction Information	
▲ indicates a required field	Legend 👻
Exclusion Sanction Information	?
The questions below must be answered for the enrolling provider, its owners, and agents' in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.	
 ¹An 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, genera 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 expunded or any appeals are pending. 	Il managers, business managers, office
For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.	indicating the final resolution.
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 felony? Sea ● No	entered into a pre-trial agreement for a
# B. Has the applicant, managing employees, owners, or agents ever had disciplinary action token against any business or professional license held in this or any other work hear netricted, reduced, or evolved in this or any other state or them provides) found by a licensing, certifying, or professional standards based or agency to hav relating to licensure or certification or the quality of services provided, or evolved into a Consent Order issued by a licensing, certifying, or professional standards based or agency to have 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 based or year.	r state, or has your license to practice e violated the standards or conditions or agency?
# C. Has the applicant, managing employees, owners, or agents ever been denied enrollment; been suppended, excluded, terminated, or involuntarily withdrawn from government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever bee involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state?	Medicare, Medicaid, or any other In suspended, excluded, terminated, or
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 corpor association that ever had suspended payments from Medicare or Medicaid in any state?	ation, business, or professional
★ 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 Pr Service Regulation (DHSR), even if the fine(s) have been paid in full?	ogram, including the Division of Health
# F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid? 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 delivery of any health care goods or services?	a patient in connection with the
# 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 manufact dispensing of a controlled substance? Oves @ No	ure, distribution, prescription, or
★ I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary misconduct?	responsibility, or other financial
* 3. 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 Medicald program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly? © Yes © No	s Medicaid program or any other state's
* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation? Image: Second Seco	
Please add up to 5 Infraction/Conviction Dates.	
= Infraction/Computition Dates	
Infraction/Conviction Date	
	2 Add Clear
	*
(Previous	3 Next »

Step	Action
1	Enter the Infraction/Conviction Date.
2	Select the Add button.
3	Select the Next button.

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Electronic Attachments

The **Electronic Attachments** section is displayed only if **Yes** was answered to one of the Exclusion/Sanction questions on the previous page. Browse and add applicable documents as required.





hange Office Administ	rator - Upload and Submit	😂 AA H
ndicates a required field		Legend
LECTRONIC ATTACHMENTS		
For each Exclusion Sanction quee documentation regarding recoupt	ion answered yes, you must attach or submit a complete copy of applicable crimina ent/repayment settlement action, and/or final disposition clearly indicating the fina	el complaint or disciplinary action, Consent Order, el resolution.
Please attach no more than 20 fil	m for a total of 25 MB or less.	
The following file types may be at	lached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point	r, Zip, PageMaker, Adobe POF, image(TIFF, 3PEG, GIF, PNG).
Click the printer icon, located in t	w right hand corner of the screen, to print a record of submitted attachments.	
For each question you answered Order, documentation regarding supporting documentation may re	es on the Exclusion Sanction Page, you must attach or automit a complete copy of a ecouprent/repayment settlement action, and/or final disposition clearly indicating t put in the denial of this application.	pplicable criminal complaint or disciplinary action, Consent the final resolution. Submitting a written explanation in lieu of
No files have been uploaded.		
		Browse And
ATTESTATION STATEMENT		
You must agree to the following a enter your NCID and password, t	testation statement before registering an Administration Account with NCTracks. To in click Submit in the lower right.	o agree and submit your registration, check the box below,
I certify that the responses in Agreement are true, accurate, co fact that would constitute a false	this attestation and information contained in the documents submitted with the ap implete, and current as of the date this attestation is signed. I have not herein know fictitious or fraudulent statement or representation.	plication/enrollment.documents/Administrative Participation wingly or willfully falsified, concealed or omitted any material
User ID (NCI	D): Forgot Login ID	word: Eurgol, Password
Previous	20 files	9 Sibri
		Tennet on the
		Cencel GA Ch

Step	Action
4	Select the Browse button.
5	Select the Add button.
6	Select the Attestation checkbox.
7	Enter the User ID (NCID).
8	Enter the Password associated with the NCID.
9	Select the Submit button.

NEW OFFICE ADMINISTRATOR IS AN OWNER

The new OA should log in with his/her NCID and password on the NCTracks Login screen. On the Change Office Administrator – Verify Authorization screen, the new OA must enter the Authorization Code associated with the NPI or Atypical ID entered.

Organization Provider Information

The **Office Administrator (Authorized Individual)** section is pre-populated with the last and first name associated with the NCID used. The authorized user must ensure the name entered is the Office Administrator (Authorized Individual's) legal last and first name. The authorized user must enter the Date of Birth, SSN, Gender, Address Line 1, City, State, ZIP Code, Relationship to Another Disclosing Person, Percent of Ownership/Control Interest, Office Phone #, and Contact Email.

The question "Is the Office Administrator a Managing Employee or an Owner?" is not displayed for all organization types. If the organization is state owned, federally owned, or Indian owned, there are no Owners. Thus, this question is not displayed because it is assumed the OA is a Managing Employee.

Select **Owner** if the authorized individual is an Owner; otherwise, select **Managing Employee**.





Note: The **User ID (NCID)** field is pre-populated with the NCID of the user logged in to this application.

Change Office Administrat	tor - Office Administr	rator		🚔 A A Help
Indicates a required field				Legend 👻
				2
ORGANIZATION INFORMATION				11
If the name displayed is incorrect, ple	ase contact the CSRA Call Center	at 800-688-6696 or NCTracksprovider@nctracks.co	m.	
Organization Name:				
Is this Office Administrator a Manag Managing Employee ® Owner	ing Employee or an Owner?			
OFFICE ADMINISTRATOR (AUTHORIZED INDI	noual)			?
The Office Administrator (Authorized) make business decisions on behalf of	Individual) is the person you desig the applying provider.	gnate to be the Office Administrator for your provide	r account and is authorized to rece	ive information or
The Office Administrator must be an o	wner or have a managing relation	nship to the provider.		
An Electronic Signature PIN will be se NCTracks Provider Portal.	nt to the Office Administrators em	ail address. The Office Administrator will use this PI	N to electronically sign future subm	issions in the
* Last Name:		First Name:		
Middle Name:		Suffix:	Select One 💌	
Date of Birth:	mm/dd/yyyyy	2 * SSN:		
* Gender:	Select One 💌			
3 I attest that I have entered the fu	Il legal name of the individual, an	d the individual does not have a middle name.		
Address Line 1:				
Address Line 2:				
Address Line 2:				
City:				
Scace:				
# ZIP Code:	00000-0000			Verify Address
 Relationship to Another Disclosing Person: 	Select One 💌	Percent of Ownership/Control Interest:	96	
the office Phone By	[(000) 000 0000	Office For Bu	[(000) 000 0000	
User ID (NCID):	(000) 000-0000	Contact Email:	(000) 000-0000	
		+ contact criter.		
NCTRACKS USERS				1
All existing owner and managing emp ID. You can therminate their access in the Office Administrator. There may be other NCTracks users in ID. If you select No, any existing users NPI/Atypical ID in the drop-down for 0 Note: If you select No and you later d Do you want the existing users to Yes No	loyee users (including the old Offs User Maintenance and end-date the ho have access to this NPI/Atypic (excluding owner/managing emp Claims, Check Eligibility, and Prior ecide that the users do need acce continue to have access to this NF	ce Administrator) associated with this NPI/Atypical I hem as owners/managing employees in a Manage Cl cal ID. Please indicate whether you want the existing loyee users) who logs in to NCTracks will no longer : Approvals. ss to your NPI/Atypical ID, you can add them in Use PI7	D will remain as NCTracks users to nange Request application once yo users to continue to have access t see the Message Center and will no r Maintenance.	r this NPI/Atypical u are approved as o this NPI/Atypical longer see your
				5 Next 1

Step	Action
1	Select Owner.
2	Complete all required fields: Last Name, First Name, Date of Birth, Social Security Number (SSN), Gender, Address, City, State, ZIP Code, Relationship to Another Disclosing Person, Percent of Ownership/Control Interest, Office Phone #, User ID (NCID), and Contact Email.
3	If applicable, select the checkbox for "I attest that I have entered the full legal name of the individual, and the individual does not have a middle name". Note : If this checkbox is not selected, ensure the Middle Name field has been completed.
4	Select Yes or No for the question "Do you want the existing users to continue to have access to this NPI?" in the NCTracks Users section of the screen.
5	Select the Next button.





EXCLUSION SANCTION PAGE

This page captures the exclusion sanction information.

Exclusion Sanction Questions

Select **Yes** or **No**. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed.

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, and a brief statement regarding any adverse action to be submitted on letterhead which should be signed and dated. **Please note**: Submitting a written explanation in lieu of supporting documentation may result in the denial of this 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).

Infraction/Conviction Dates

You can enter an Infraction/Conviction Date in mm/dd/yyyy format or use the calendar icon to select the date by selecting the forward or back arrows to select the year, month, and day. Select the **Add** button to save the date. Up to five (5) dates can be entered.

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

Exclusion Sanction Information	
I indicates a required field	Legend 👻
Exclusion Sanction Information	?
The questions below must be answered for the enrolling provider, its owners, and agents ⁺ in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.	
 *An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, but managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individuals, individual officers, directors, board members, etc. 	isiness managers, office
 All applicable adverse legal actions must be reported, regardless or whether any records were explinged or any appeals are pending. Exclusion equivalence adverse legal actions must be reported, regardless or whether any records were explinged or any appeals are pending. Exclusion equivalence adverse legal actions must be reported, regardless or whether any records were explicitly equivalence adverse legal actions must be reported, regardless or whether any records were explicitly equivalence adverse legal actions final disposition clearly indicating the second secon	final resolution
rol each question answerd yes, you made autimit a complete cuty or one applicable complete co	mai resolution.
* 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 felony? O Yes No	pre-trial agreement for a
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 ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards beard or agency to have violated the relating to licensure or certification or the quality of services provided, or enviced into a Consent Order issued by a licensing, certifying, or professional standards beard or agency to have violated the integration of the gradient of the services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards beard or agency?	your license to practice itandards or conditions
♥ C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Med government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, e involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state?	icaid, or any other ixcluded, terminated, or
* 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 association that ever had suspended payments from Medicare or Medicaid in any state?	, or professional
# 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, includin Service Regulation (DHSR), even if the fine(s) have been paid in full? @ Yes @ No	ig the Division of Health
# F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid? 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 co delivery of any health care goods or services?	nnection with the
★ 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 dispensing of a controlled substance? ③ Yes ● No	1, prescription, or
★ 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, misconduct? ③ Yes ④ No	or other financial
★ 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 prog Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly? © Yes © No	ram or any other state's
* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation? Image: Second seco	
Please add up to 5 Infraction/Conviction Dates.	
= Infraction/Conviction Dates	
Infraction/Conviction Date	
La Imm/ad/yyyy	
	Add Clear
	· ·
(I Previous	3 Next »





Step	Action
1	Enter the Infraction/Conviction Date.
2	Select the Add button.
3	Select the Next button.

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Electronic Attachments

The **Electronic Attachments** section is displayed only if **Yes** was answered to one of the Exclusion/Sanction questions on the previous page. Browse and add applicable documents as required.

Change Office Administrato	r - Upload and Submit	SI AA I HH
indicates a required field.		Legend
ELECTRONIC ATTACHMENTS		17
For each Exclusion Sanction guestion an documentation regarding recoupment/m	wered yes, you must attach or submit a complete copy of applicable criminal payment settlement action, and/or final disposition clearly indicating the final	el complaint or disciplinary action, Consent Order, il resolution.
Please attach no more than 20 files for	a total of 25 MB or less.	
The following file types may be attached Click the printer icon, located in the rish	MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, hand corner of the screen, to print a record of submitted attachments.	t, Zip, PageMaker, Adobe POF, image(TIFF, 3PEG, GIF, PNG).
For each question you answered yes on Order, documentation regarding recoup supporting documentation may result in	the Exclusion Sanction Page, you must attach or submit a complete copy of a nent/repayment settlement action, and/or final disposition clearly indicating t the denial of this application.	opticable criminal complaint or disciplinary action, Consent the final resolution. Submitting a written explanation in lieu of
No files have been uploaded.		
		Bigwise And
ATTESTATION STATEMENT		
You must agree to the following attestat enter your NCID and password, then cli-	on statement before registering an Administration Account with NCTracks. To k Submit in the lower right.	o agree and submit your registration, check the box below,
I certify that the responses in this a Agreement are true, accurate, complet fact that would constitute a false, fiction	testation and information contained in the documents submitted with the app , and current as of the date this attestation is signed. I have not herein know us or fraudulent statement or representation.	plication/enrollment documents/Administrative Participation wingly or willfully falsified, concealed or omitted any material
User ID (NCID):	ergott Lingen 30	word: Eurgot.Password
I Previous	20 files	g Subret
		Cancel On Chan

Step	Action
4	Select the Browse button.
5	Select the Add button.
6	Select the Attestation checkbox.
7	Enter the User ID (NCID).
8	Enter the Password associated with the NCID.
9	Select the Submit button.





CHANGE OFFICE ADMINISTRATOR – FINAL STEPS SCREEN

The Change Office Administrator – Final Steps screen displays. From here, the user is informed of the successful submission of the Change Office Administrator application. The user can also save or print a PDF version of their online application and agreements for their records by selecting the **Office Admin Change Request PDF** hyperlink.

Note: If the new OA will be completing the Change Office Administrator application for more than one NPI/Atypical ID, the OA should complete the first application and approval process. After the first application is approved and you (the new OA) see the NPI on your Status and Management Page, future submissions with the same OA will not require credentialing.

indicates a regurned field	Legend
SUBMISSION COMPLETE -	
You have successfully completed the Change Office Administrator application. This Change Office Administrator applicat additional information is required. You will be notified via email when this Change Office Administrator application is app	ion requires credentialing CSRA Contact Center will notify you it proved or denied.
For each Exclusion Sanction question answered yes, you must attach or submit a complete copy of applicable criminal or regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. If you send the documentation to: CISA-Contact Center	omplaint or disciplinary action, Consent Order, documentation were unable to attach documentation electronically, please
Fac: 855-710-1965	
e men menegerer generation	

Step	Action
1	Select the Office Admin Change Request PDF hyperlink.

WHAT HAPPENS AFTER THE APPLICATION IS SUBMITTED?

If the new OA is the actual individual provider, no credentialing is required. The new OA becomes the OA upon submission of the application.

Credentialing is not required if the new OA is a Managing Employee or an Owner or is an active OA for another provider. The new OA becomes the OA upon submission of the application.

If the Change Office Administrator application does **NOT** require credentialing, then the following will occur within the next 24 hours:

- The new OA will receive a Change OA Approved e-mail.
- The new OA will receive a PIN e-mail if the new OA's NCID is new to NCTracks.
- The previous OA will receive a Change OA e-mail informing them that they are no longer the OA of the NPI.
- The new OA will be able to see this NPI on the Status and Management page in the Provider Portal.

If the Change Office Administrator application **DOES** require credentialing, then the application will be forwarded to the Enrollment Department for review. The authorized user will be contacted if additional information is required. The authorized user is notified via e-mail when this application is approved or denied.





If the Change Office Administrator application is approved:

- The new OA will receive a Change OA Approved e-mail.
- The new OA will receive a PIN e-mail if the new OA's NCID is new to NCTracks.
- The previous OA will receive a Change OA e-mail informing them that they are no longer the OA of the NPI.
- The new OA will be able to see this NPI on the Status and Management page in the Provider Portal.

Note: This application will not be displayed on the Status and Management page in the **Submitted Applications** section; the NPI will be displayed in the other appropriate section (**Manage Change Request**, **Re-enrollment**, **Re-verification**, or **Maintain Eligibility**) as applicable. For example, if the application is being completed as a result of a re-enrollment, then the NPI will display in the **Re-enrollment** section of the Status and Management page.

Note: The previous OA will still have access to the NPI on the Status and Management page because he/she is still an Owner/Managing Employee. The previous OA is still able to submit Manage Change Requests, Re-verifications, and Re-enrollment applications on behalf of the provider. The new OA must complete a Manage Change Request to end-date all Owner/Managing Employee relationships that are no longer associated with the NPI. If the new OA wishes to terminate a user's access to the NPI, they are able to update the user's access via the User Maintenance function.