

JOB AID

Change Office Administrator Application Process

OVERVIEW

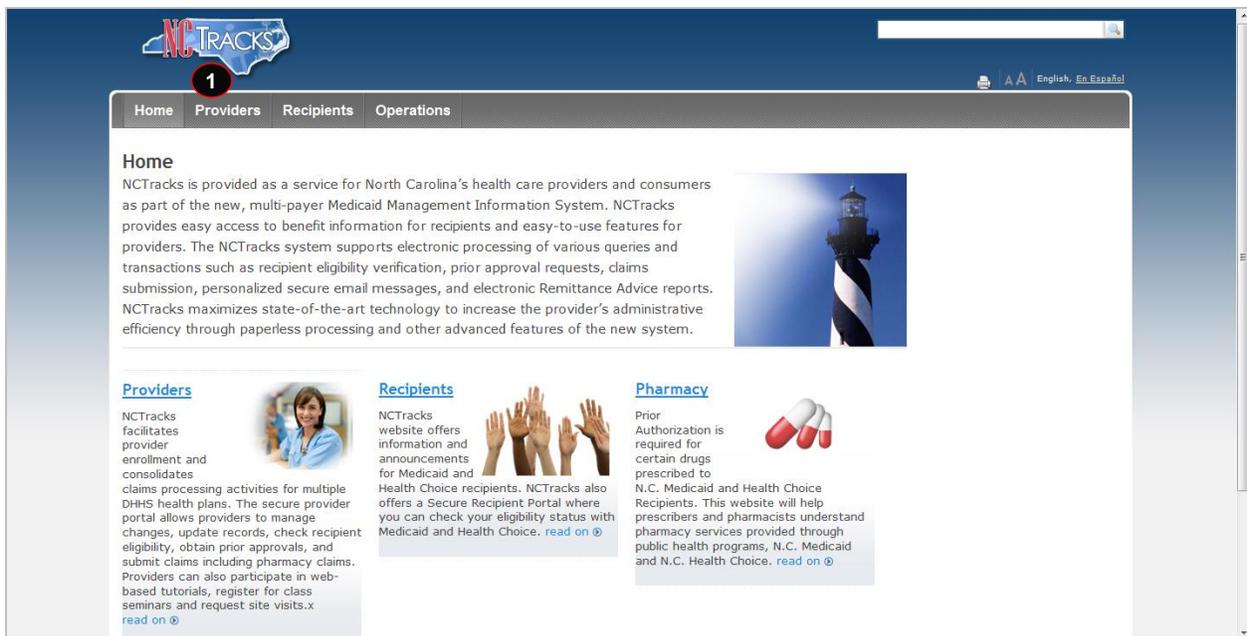
This Job Aid provides instructions on how to change the Office Administrator (OA) associated with a provider’s record (National Provider Identifier [NPI] / Atypical ID).

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 www.nctracks.nc.gov. 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 .

Providers

Learn more about NCTracks. Check these opportunities:

Formal training -

- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)

Register for formal training in SkillPort, on the secure provider portal

Informal training -

- User Guides (step-by-step guides on how to perform various portal functions)
- Fact Sheets (brief documents outlining key information about various topics)

To access, click on the Provider User Guides and Training link on the left and watch for announcements about new resources.

Providers of services from the **Division of Mental Health/Developmental Disabilities/Substance Abuse Services** should contact their [LME/MCO](#) to obtain information regarding eligibility, claims status and payment, etc.

NCTracks Secure Portal
Access the secure NCTracks Portal

Password Help

Quick Links

- [NCTracks Issues List \(XLSX, 21 KB\)](#)
- [NCTracks Contact Information \(PDF, 65 KB\)](#)
- [2015 NCTracks Checkwrite Schedule - DHB \(PDF, 47 KB\)](#)
- [2015 NCTracks Checkwrite Schedule - DMH, DPH, and ORHCC \(PDF, 48 KB\)](#)

Step	Action
2	Select Office Administrator (OA) Change Process .

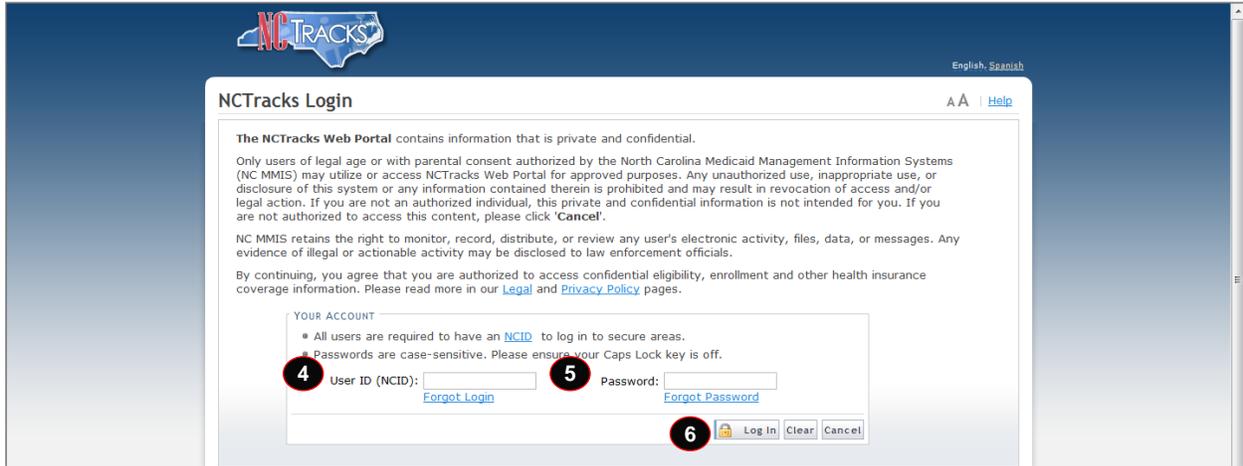
Office Administrator (OA) Change Process

Every NPI enrolled in NCTracks must have an Office Administrator (OA). The Office Administrator is typically the owner or managing employee of the provider organization. Some aspects of the provider record in NCTracks can only be updated

OA Change Process
Automated process to change OA in NCTracks

Quick Links

Step	Action
3	Select OA Change Process .

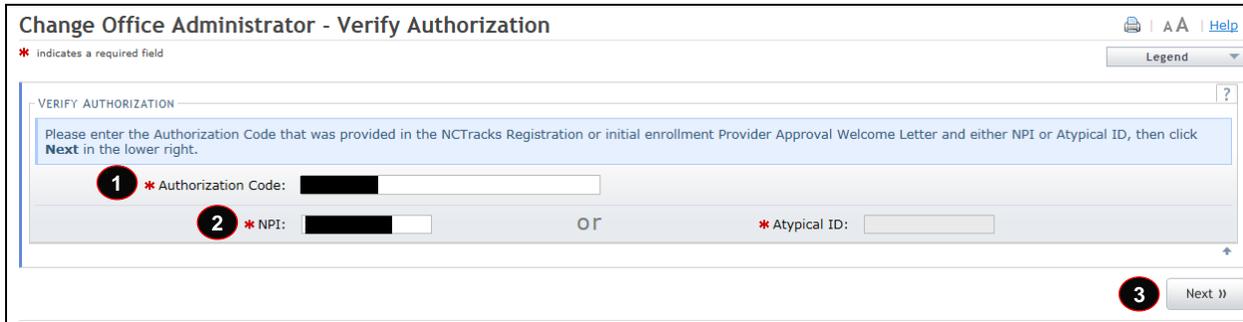


Step	Action
4	Enter the User ID (NCID) .
5	Enter the Password associated with the NCID.
6	Select Log In .

Note: The new OA should log in with his/her NCID and password.

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.



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 NCTracksprovider@nctracks.com.

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.

Change Office Administrator - Office Administrator

* indicates a required field

Legend

INDIVIDUAL PROVIDER INFORMATION

If the name displayed is incorrect, please contact the CSRA Call Center at 800-688-6696 or NCTracksprovider@ncctracks.com.

Last Name: [Text Field]

4 * Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?
 Managing Employee Actual Individual Provider

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

The Office Administrator (Authorized Individual) is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.
 The Office Administrator must be the individual provider or have a managing relationship to the provider.
 An Electronic Signature PIN will be sent to the Office Administrators email address. The Office Administrator will use this PIN to electronically sign future submissions in the NCTracks Provider Portal.

* Last Name: [Text Field] * First Name: [Text Field]
 Middle Name: [Text Field] Suffix: [Select One]
 * Date of Birth: [mm/dd/yyyy] * SSN: [Text Field]

5 * Address Line 1: [Text Field]
 Address Line 2: [Text Field]
 * City: [Text Field]
 * State: [Dropdown]
 * ZIP Code: [00000-0000]

Verify Address

* Office Phone #: [(000) 000-0000] Office Fax #: [(000) 000-0000]
 * User ID (NCID): [Text Field] * Contact Email: [Text Field]

NCTRACKS USERS

All existing owner and managing employee users (including the old Office Administrator) associated with this NPI/Atypical ID will remain as NCTracks users for this NPI/Atypical ID. You can terminate their access in User Maintenance and end-date them as owners/managing employees in a Manage Change Request application once you are approved as the Office Administrator.
 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 the Message Center and will no longer see your NPI/Atypical ID in the drop-down 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/Atypical ID, you can add them in User Maintenance.

6 * Do you want the existing users to continue to have access to this NPI?
 Yes No

7 Next >

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**.

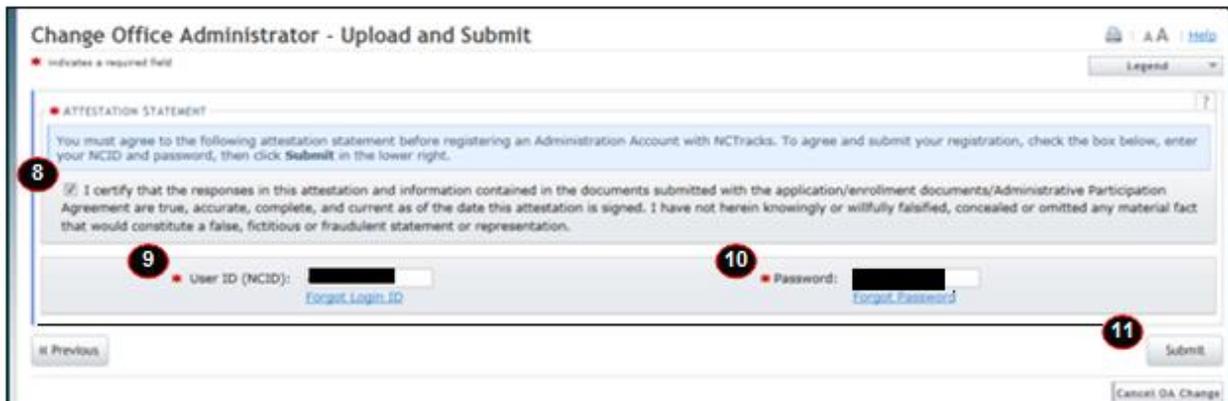
All existing Owner and Managing Employee users (including the old OA) associated with this NPI will remain as NCTracks users for this NPI. You can terminate their access via the User Maintenance function and end-date them as Owners/Managing Employees in a Manage Change Request application once you are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



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.

Change Office Administrator - Office Administrator

* indicates a required field

Legend

INDIVIDUAL PROVIDER INFORMATION

If the name displayed is incorrect, please contact the CSC Call Center at 800-688-6696 or NCTracksprovider@nctracks.com.

Last Name: [Pre-populated]

1 * Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?
 Managing Employee Actual Individual Provider

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

The Office Administrator (Authorized Individual) is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.
 The Office Administrator must be the individual provider or have a managing relationship to the provider.
 An Electronic Signature PIN will be sent to the Office Administrators email address. The Office Administrator will use this PIN to electronically sign future submissions in the NCTracks Provider Portal.

* Last Name: [Pre-populated] * First Name: [Pre-populated]
 Middle Name: [] Suffix: -- Select One --
 * Date of Birth: mm/dd/yyyy **2** * SSN: []
 * Business Relationship: -- Select One -- * Relationship to Another Disclosing Person: -- Select One --

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

* Address Line 1: []
 Address Line 2: []
 * City: []
 * State: --
 * ZIP Code: 00000-0000

Verify Address

* Office Phone #: (000) 000-0000 Office Fax #: (000) 000-0000
 * User ID (NCID): [Pre-populated] * Contact Email: [Pre-populated]

NCTRACKS USERS

All existing owner and managing employee users (including the old Office Administrator) associated with this NPI/Atypical ID will remain as NCTracks users for this NPI/Atypical ID. You can terminate their access in User Maintenance and end-date them as owners/managing employees in a Manage Change Request application once you are approved as the Office Administrator.
 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 the Message Center and will no longer see your NPI/Atypical ID in the drop-down 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/Atypical ID, you can add them in User Maintenance.

4 * Do you want the existing users to continue to have access to this NPI?
 Yes No

5 Next >>

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 agents¹ in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

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

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

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

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

★ C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health 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?
 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?
 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 other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?
 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

Please add up to 5 Infraction/Conviction Dates.

INFRACTION/CONVICTION DATES	
Infraction/Conviction Date	
dd/mm/dd/yyyy 1	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.

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.

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

* Indicates a required field

EXCLUSION SANCTION INFORMATION

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

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

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

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

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

* C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health 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?
 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?
 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 other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?
 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

Please add up to 5 Infraction/Conviction Dates.

INFRACTION/CONVICTION DATES

mm/dd/yyyy **1** **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.

Change Office Administrator - Upload and Submit

ELECTRONIC ATTACHMENTS

For each Exclusion Sanction question answered yes, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution.

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG). Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

For each question you answered yes on the Exclusion Sanction Page, you must attach or submit a complete copy of 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 this application.

No files have been uploaded.

4 Browse **5** Add

ATTESTATION STATEMENT

You must agree to the following attestation statement before registering an Administration Account with NCTracks. To agree and submit your registration, check the box below, enter your NCID and password, then click **Submit** in the lower right.

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

7 * User ID (NCID): [Redacted] **8** * Password: [Redacted]

[Forgot Login ID](#) [Forgot Password](#)

9 Submit

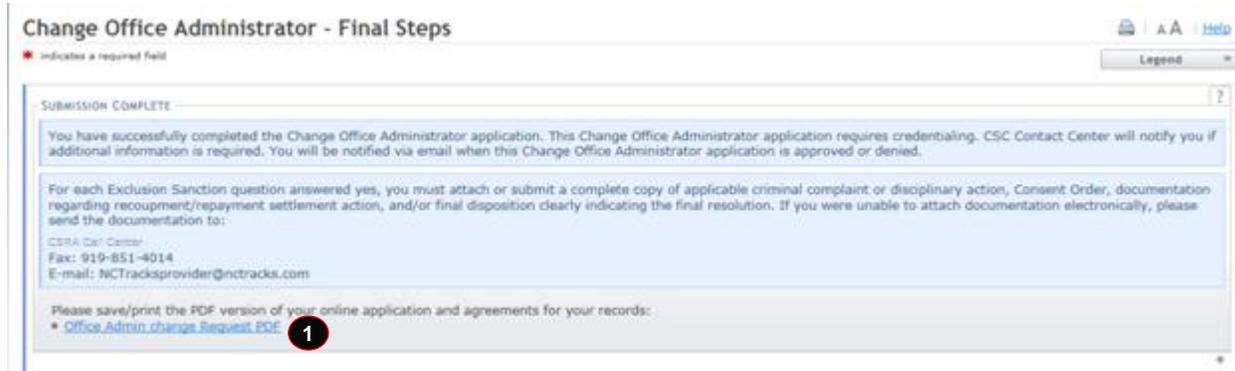
Previous Cancel OK Change

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.



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.