CSRA

a General Dynamics Information Technology, Inc. company

NCMMIS
How to Enroll in
NC Medicaid – Organization
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
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Inc. company

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

September 13, 2024

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

Document Revision History

Version	Date	Description of Changes
V2.1	September 13, 2024	Final version, incorporating CSR 2670 revisions.
V1.1	April 25, 2024	Final version.
D1.1.1	April 18, 2024	Update to reformat and make CSR 2742 cosmetic changes.
D1.01	March 28, 2023	Initial submission

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List of Exhibits

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1.0 Welcome

1.1 OVERVIEW

This user guide provides step-by-step instructions for completing the enrollment application for an organization or group provider using the NCTracks provider portal

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

A $100 NC Application Fee is required from individual providers if active in Medicaid. A $100 NC Application Fee is also required per tax ID from organizations and atypical organizations if active in Medicaid. The $100.00 fee is required for initial enrollments, re-enrollments and every three years when providers complete the recredentialing process.

The application fee will be collected per site location prior to submitting an initial enrollment or reenrollment application. Initial enrollment is defined as an In-State or Border-Area provider who has never enrolled for participation in the N.C. Medicaid program.

The Affordable Care Act (ACA) requires that a fee be collected from certain Medicaid providers to cover the costs of screening associated with provider enrollment processes. The federal application fee changes by calendar year (CY) and covers the costs associated with screening. To see the current federal fee, please download the Federal

Fees & NC Enrollment Fees by Year spreadsheet, located under Quick Links on the [Provider Enrollment page](#). Additional information about the federal fee can be found on the [Federal Fee and NC Application Fee FAQs page](#).

DHB 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.

Providers are not guaranteed a retroactive effective date and are strongly encouraged to provide services only after they are enrolled as a Medicaid provider. However, DHB will consider specific requests for retroactive effective dates if a recipient has been granted retroactive eligibility, an emergency service was provided, or medically necessary services were rendered and the provider's credentials, licensure, certifications, etc. were active and in good standing for the earliest requested date of service.

1.2 BEFORE YOU BEGIN

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

The enrollment application is completed online via the NCTracks provider portal. To login to the provider portal you will need a NCID. Reference the [Getting Started](#) page of the portal for additional information.

If your taxonomy requires one or more of the following accreditations, please have a copy of this accreditation available before you begin the application process, as you will need to submit proof of the accreditation to NCTracks. A copy can be attached to the application or it can be faxed/emailed/mailed to NCTracks separately.

- CMS letter of approval verifying Medicare participation.
- Durable Medical Equipment (DME) providers must submit a current copy of the National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 years from the date of approval indicated on the letter).
- Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.
- Independent Laboratory providers must submit a copy of CLIA certification.

If you answer "Yes" to any of the exclusion/sanction questions, you must also submit the required documentation applicable to the question. Failure to disclose exclusion, sanction, penalty or criminal convictions may result in the denial of your application.

This information can be provided by attaching the documentation to the application or by faxing/emailing/mailing the information to NCTracks. For faster processing, it is recommended that you attach the documentation directly to the application.

Note: If you choose to fax, email or mail this documentation to NCTracks, you MUST include the NPI on the fax cover sheet, within the document, or in the body of the email to ensure that the additional information is correctly routed.

Fax #: 855-710-1965
Email: NCTracksprovider@nctracks.com
Mailing Address: NCTracks, PO Box 300009 Raleigh, NC 27622-8009

1.3 CHANGE OF OWNERSHIP

If you have completed a change of ownership for a provider record, and you received a new NPI, you will need to complete a new enrollment for the NPI. If you did not receive a new NPI, you will need to complete a manage change request to update the update the record as needed.

Note: Changes to the provider name or EIN cannot be completed via a Manage Change Request. Please submit the legal documentation regarding the change to NCTracks so the information can be updated.

Fax #: 855-710-1965
Email: NCTracksprovider@nctracks.com
Mailing Address: NCTracks, PO Box 300009 Raleigh, NC 27622-8009

NOTES:

2.0 Enrollment Application

2.1 ACCESSING THE ENROLLMENT APPLICATION

1. Navigate to www.nctracks.nc.gov. The following page will display.

Exhibit 1. NCTracks Home

2. Select the **Providers** tab at the top of the page.

3. From the **Providers** page, select the NCTracks Secure Portal icon.
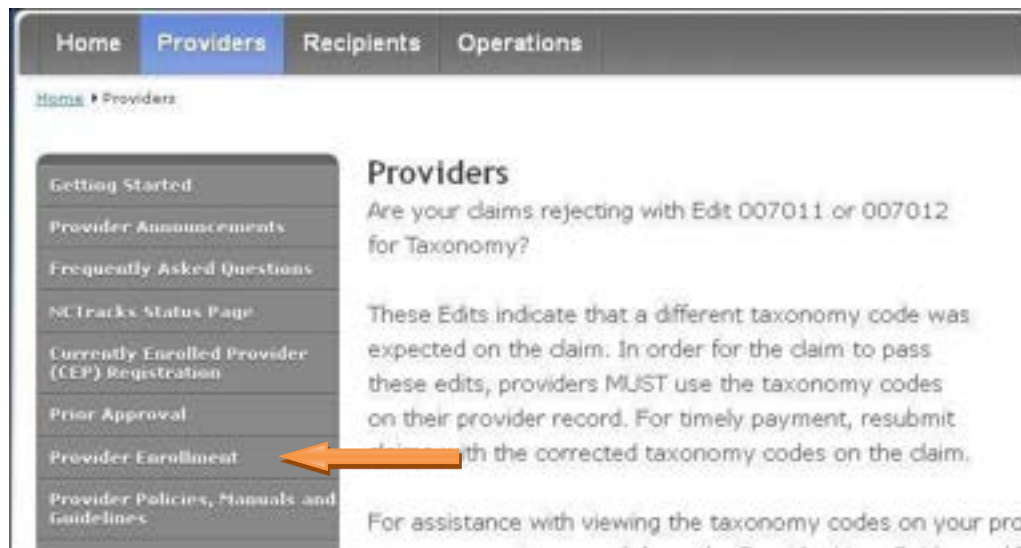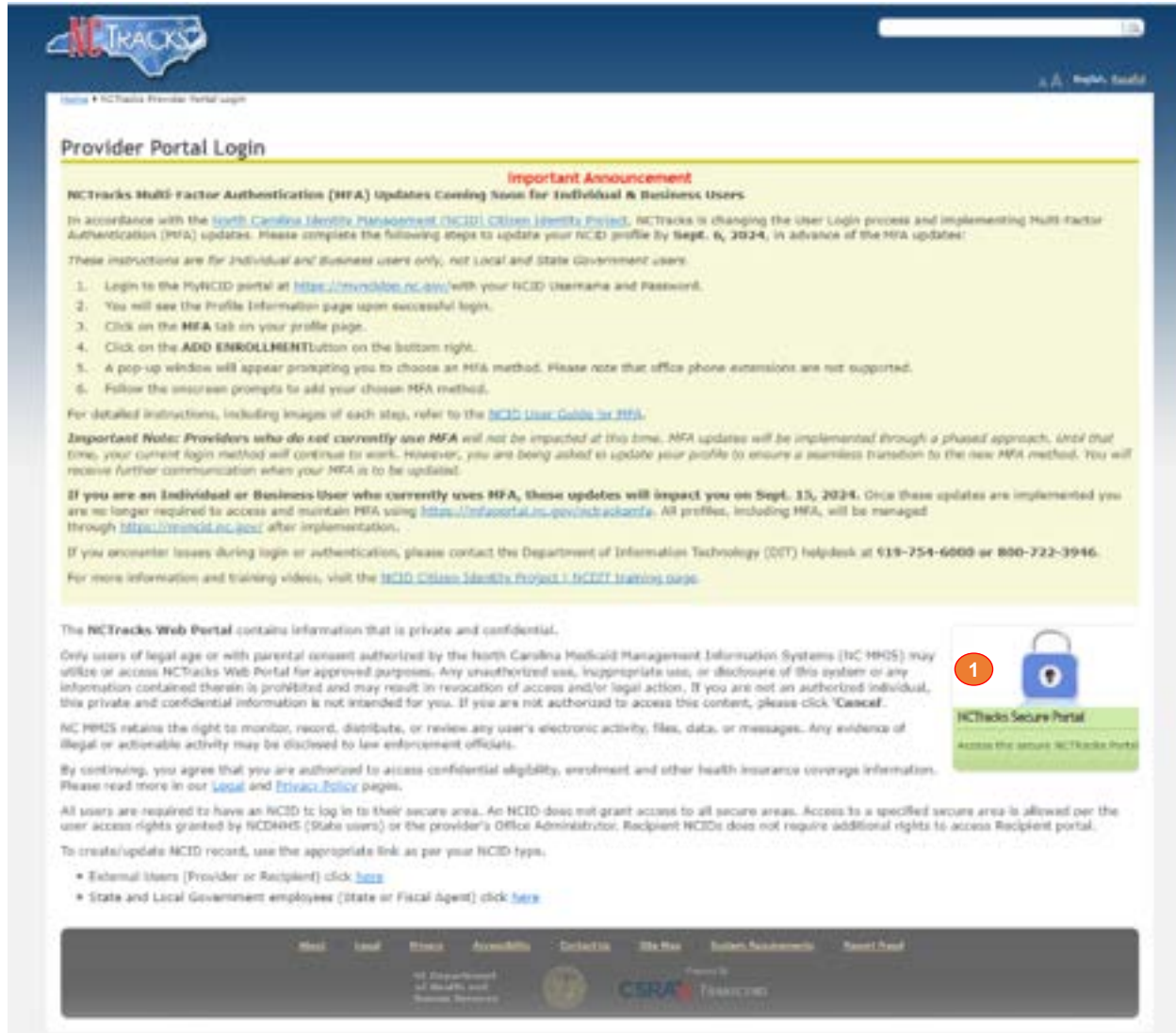
Exhibit 2. Providers Page

4. The following page will display. Scroll to the bottom of the page, and select the "**Getting Started**" link or **"Begin Application"** icon.

Exhibit 3. Begin Application

Exhibit 4. NCTracks Login

Step	Action
1	Select the **NCTracks Secure Portal** button.

Exhibit 5.1 NCTracks Login

Step	Action
2	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.

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Exhibit 6.2 NCTracks Login

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

2.2 COMPLETING THE PROVIDER LOCATION AND SELECTING THE ENROLLMENT APPLICATION TYPE

The Online Provider Enrollment Application screen will display. For information the basic application types, select here.

	A group is considered a business entity under which one or more individuals practice. A group does not require multiple professional providers. A single provider group is a valid group and would be identified by the business entity name, for instance - John Doe, PC. If you are a single provider operating as a group, DO NOT select individual. Instead, select "Organization" as the application type. Reference the separate job aid for enrolling as an organization.

Online Provider Enrollment Application

* Indicates a required field

Legend ▾

PROVIDER LOCATION

Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of **In-State, Border,** or **Out-of-State** enrollment.

① * ZIP Code: _____

PROVIDER ENROLLMENT APPLICATION TYPE

– INDIVIDUAL PROVIDERS

INDIVIDUAL FULL ENROLLMENT
○ An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services. When you are completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

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

MEDICARE ONLY LITE PROVIDER
○ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and insurance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

ORDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION
○ With the implementation of section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410).

OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION
○ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

– ORGANIZATION PROVIDERS

② ORGANIZATION FULL ENROLLMENT
○ An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

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

MEDICARE ONLY LITE PROVIDER
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OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION
○ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

– BILLING AGENT PROVIDERS

BILLING AGENT
○ Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSRA as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

Please be sure to complete all required fields with valid content. [Next »] ③

Exhibit 7. Select Status and Management

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

   Border providers are those providers who render services within 40 miles of the North Carolina border. Out-of-state services are defined as services more than 40 miles outside of the borders of North Carolina (NC).For additional information and requirements regarding border and OOS providers, please reference the following URL.
   https://medicaid.ncdhhs.gov/2a-3-out-state-services/open

2. For organization providers, select the radio button next to "**Organization**".

3. Select the "**Next**" button to continue.

2.3 COMPLETING THE ORGANIZATION BASIC INFORMATION

1. The following screen will display. Complete the following required fields for the "**Identifying Information**" section.

> ⚠️ Do not enter your "Doing Business As" name as the Organization Name. **It is critical that you enter the legal name of the organization.** An inaccurate or invalid organization name may cause your application to be denied, and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees.
>
> If your organization name is longer than the field allows, simply enter as much of the name as the field allows. Truncated names are allowed due to the field size limitations.

2. The following screen will display. Complete the following required fields:

   – Organization Name
   – EIN
   – NPI
   – Email
   – Month of Fiscal Year End

Exhibit 8. Organization Basic Information – Identifying Information

3. Under the **DOING BUSINESS AS (DBA)** section, for the question titled "Do you operate under a trade or company name?" select "**Yes**" or "**No**".

> ⚠️ If you are an in-state organization and you enter a Doing Business As (DBA) name on the application, the name will need to be source-verified against the North Carolina Secretary of State's Website or, if applicable, by searching the NPI on the National Plan and Provider Enumeration System (NPPES) Website. If the DBA name is not registered, it will be removed from the provider record during the processing of the application.

4. The fields titled "**DBA Name**" and "**Years Doing Business under This Name**" will display. Enter the full DBA name and number of years in the appropriate fields.

Exhibit 9. Organization Basic Information – DBA
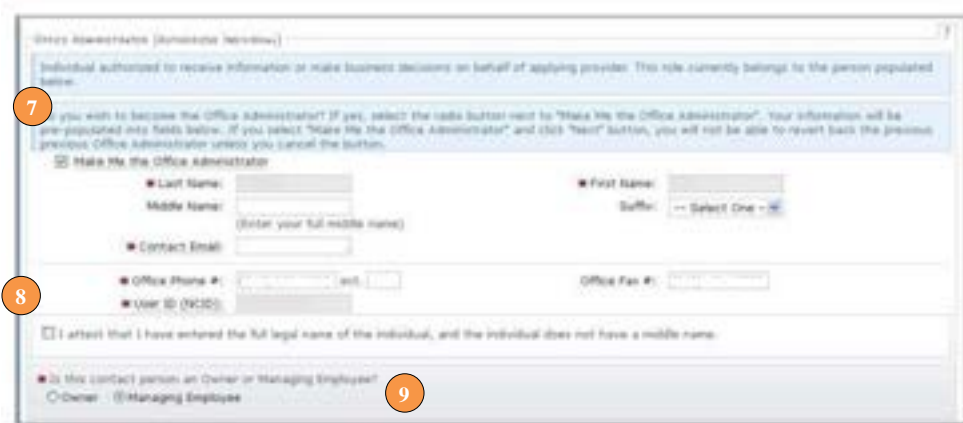
5. Under the **OWNERSHIP INFORMATION** section, from the "**Business Type**" drop down menu. If you are unsure which option to select, it is recommended that you consult an attorney.

Exhibit 10. Organization Basic Information – Ownership Information

6. The **OFFICE ADMINISTRATOR (OA) (AUTHORIZED INDIVIDUAL)** section identifies the person who is authorized to receive information or make business decisions on behalf of the applying provider. Select the check box at the top to indicate that you will be the OA. Otherwise, enter the name and contact information for the OA.

> ⚠️ The Office Administrator MUST be added as an owner or managing employee. A managing employee is a general manager, business manager, administrator or director who exercises operational or managerial control over the entity either directly or indirectly.
>
> In addition to the provider and the office administrator, it is recommended that at least one other managing employee be added to the provider record. In the event that the current OA leaves the organization, it will make the transition to a new OA much easier.

7. Complete the following required fields.

   – Last Name
   – First Name
   – Contact Email
   – Office Phone
   – User ID (NCID)

8. Select the name attestation check box

9. Select "**Owner**" or "**Managing Employee**.'

Exhibit 11. Organization Basic Information – Office Administrator

10. Under the **EFFECTIVE DATE REQUESTED** section, select the effective date.

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

In addition, in later sections of the enrollment application, you will be prompted to enter previously enrolled health plan information. If you do not enter previously enrolled health plan data the requested effective date will also determine the effective dates of your health plans. It may be backdated, within certain limitations.

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

⚠️ **Note:** CCNC/CA participation effective date may not be retroactively requested.

11. Once all required fields have been completed, select the "**Next**" button to continue.

Exhibit 12. Organization Basic Information – Effective Date Requested

12. Under the "**Terms and Conditions**" page, carefully read the Provider Administrative Participation Agreement terms and conditions. Select the "**Attestation Statement**" checkbox.

13. Select the "**Next**" button to continue.

Exhibit 13. Terms and Conditions

14. The "**Basic Information Completed**" page will display. Select the "**Next**" button to continue.

Exhibit 14. Basic Information Completed

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3.0 Entering Previous Health Plan Information

1. If you have previously been enrolled as a provider with the Division of Health Benefits (DHB), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH), Division of Public Health (DPH), Migrant Health, select the "**Yes**" radio button to enter health plan information. Otherwise, select "**No**" and select the continue button.

Exhibit 15. Previous Health Plan Page

2. If you select "Yes" the "**Add Previous Health Plan**" section will display. Select the applicable health plan from the drop down menu.

3. Enter your NC DHHS #

4. Select the "**Add**" button to add the plan.

> ⚠️ If you do not enter any previous health plan information, the effective dates of your health plans will be set to the requested effective dates of your enrollment application, which was ~~is~~ selected on the previous "Basic Information" page.

Exhibit 16. Enter Previous Health Plan

5. The health plans will display on the dark blue title bar. To review the entered health plan, select the "Plus" sign next to the title.

Exhibit 17. Expand Previous Health Plans

6. Select the "**Edit**" or "**Delete**" button to edit or delete the added information.

Exhibit 18. Edit or Delete Previous Health Plans

7. Repeat these steps for each previously enrolled health plan. Select the "**Next**" button to continue.

3.1 SELECTING NEW HEALTH/BENEFIT PLANS

The "Health / Benefit Plan Selection" page will display.

> ⚠ Providers are responsible for maintaining the required licensure, endorsement, certification, and accreditation specific to their provider type to remain eligible for participation in NC Medicaid.

1. To view the qualifications for each health plan, select the link titled **Provider Permission Matrix**.

2. Select or de-select the coverage types for which you wish to enroll by checking or unchecking the applicable check boxes.

Exhibit 18. Edit or Delete Previous Health Plans

3.2 ENTERING THE PRIMARY SERVICE LOCATION ADDRESS

6. The following "**Addresses**" screen will display. Under the "**Primary Physical Location**" section, enter the address where services are primarily rendered. In the case of mobile services, enter the address where management/supervision occurs.

  – In the "Office Phone #" field, enter a valid contact phone number

  – In the "Address Line 1" field, enter a valid street address.

  – Enter the City, State and Zip Code.

  – Select the "Verify Address" button.

Exhibit 19. Addresses Page

7. If the address does not match the USPS database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid. Select here to view some common errors with verifying the address.

⚠	To ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the **Addresses** screen will refresh with the new address.

Exhibit 20. Addresses Page

8. The "**Servicing Counties**" section, select your county. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees. Select the "**Next**" button in the bottom right corner of the page to continue.

Exhibit 21. Servicing Counties

3.3 ENTERING ADDITIONAL SERVICE LOCATION ADDRESSES

9. Under the **SERVICE LOCATIONS** section, if you will be rendering services at more than one location, select "Yes". Otherwise, select "**No**".

⚠	If you render services at an organization to which you are affiliated, you must add each organization service location at which you will be rendering services. Otherwise, the affiliated provider will not be able to successfully bill claims for the services you render at those locations.

10. Complete all required fields:

   – In the "Office Phone #" field, enter a valid contact phone number
   – In the "Address Line 1" field, enter a valid street address.
   – Enter the City, State and Zip Code.

11. Select the "**Verify Address**" button.

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

Exhibit 22. Adding Service Locations

12. In the "**Servicing Counties**" section, select the county associated with this particular service location. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees.

13. Select the "**Add**" button to add the service location.

14. Select the "**Next**" button in the bottom right corner of the page to continue.

Exhibit 23. Adding Service Locations – Selecting Counties

15. The new service location will display on the dark blue title bar. To review the service location, select the "Plus" sign next to the title.

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Exhibit 24. Adding Service Locations – Expanding Service Location Section

16. Select the "**Edit**" or "**Delete**" button to edit or delete the added information.

Exhibit 25. Editing or Deleting Service Location

17. Repeat these steps to add other service locations. Select the "**Next**" button to continue.

3.4 ADDING TAXONOMIES TO THE SERVICE LOCATION(S)

The "Taxonomy Classification" page will display. If there are multiple service locations, the service locations will be displayed at the top of the page, as illustrated below. At least one taxonomy must be added to each service location.

1. To add or edit the taxonomies for each service location, select the radio button next to each location and select the "Edit Location" button.

Taxonomy Classification

* indicates a required field

Legend ▾

SERVICE LOCATIONS

Select	Location	Form Status
☐		Incomplete
① ○		Incomplete

To complete information for each service location, select the appropriate location then click the **"Edit Location"** button. ②

Edit Location

Taxonomy Classification

Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonomies selected should have been reported to the National Plan & Provider Enumeration System (NPPES) when you enumerated this NPI.

If a submitted taxonomy has not been reported to NPPES, please report it within the next 30 days.

TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION   ?

Please select a Provider Type, Classification and Area of Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.

TAXONOMY CLASSIFICATION - 363A00000X - PHYSICIAN ASSISTANT

Add Taxonomy Classification

Please complete all the required fields and click the **Add** button.

* Provider Type: -- Select One -- ▾
* Classification: -- Select One -- ▾
* Area of Specialization: -- Select One -- ▾

Add   Clear

Once all taxonomies have been added, click the **"Save Location"** button to save.

Exhibit 27. Taxonomy Page

> ⚠ As part of the transition to NCTracks, NC DHHS reviewed all providers and pre-selected new taxonomy codes for each provider based the provider specialty. Many of these new codes are considerably different from the previous taxonomy codes selected by providers. However, these new codes have been approved for use by the state and should be used when submitting claims or prior approvals. If you do not know which taxonomy to select, review the state selected taxonomy code for your NPI at the following web address: http://ncmmis.ncdhhs.gov/taxonomy.asp.
>
> **The taxonomies available on the NCTracks drop down menus are the ONLY taxonomies that have been approved by the Office of (OMMIS).**

2. Select the taxonomies that best describe the services rendered. You may enter up to 15 Taxonomy Classifications. Select a Provider Type. Note, Taxonomies for fully licensed physicians, trained in diagnosing and treating illnesses and disorders, and in providing preventive care will be listed under the "Provider Type" of "ALLOPATHIC & OSTEOPATHIC PHYSICIANS.

3. Select a Classification.

4. Select an Area of Specialization.

5. Select the "**Add**" button to add the taxonomy to the application.

Exhibit 26. Add Taxonomy

6. The added taxonomies will be listed on the dark blue title bar. Repeat these steps for each taxonomy code. To review the taxonomy, select the "Plus" sign next to the title.

Exhibit 27. Expand Taxonomy Section

7. You may edit or delete the added taxonomy by selecting the "**Edit**" or "**Delete**" buttons.

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Exhibit 28. Edit or Delete Taxonomy

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

Exhibit 29. Save Locations

9. Before continuing to the next page, ensure that all service locations read "Complete" under the "Form Status" column. If one or more locations read "Incomplete' you will need to edit the location. Ensure you select the "**Save Location**" button after selecting the "**Add**" button when adding taxonomies.

Exhibit 30. Service Locations Complete

10. Select the "Next" button in the bottom right corner of the page to continue.

3.5 ADDING ACCREDITATION INFORMATION

The "Accreditation" page will display. This page may display several sections, depending on the number of taxonomies you selected. Not all sections are required.

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

1. To add or edit the accreditations for each service location, select the radio button next to each location.

2. Select the "**Edit Location**" button.

Exhibit 31. Accreditation Page – Edit Service Locations

1. To determine the required accreditations, scroll down and identify the light blue sections that display the added taxonomies.

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

Exhibit 32. Accreditation Page

2. To add an accreditation, from the **CERTYFYING ENTITY**, make the appropriate selection from the drop down menus. Ensure are required fields are populated.

3. Select the State (if required).

4. Enter a valid License/Accreditation/Certification number.

5. Enter the Effective Date.

6. Enter the Expiration Date.

7. Select the "Save" or "Add" button depending on the accreditation type.

Exhibit 33. Add Accreditation

8. When adding accreditations to multiple service locations, ensure you select the "Save Location" button after selecting the "**Add**" button.

Exhibit 34. Add Accreditation – Save Locations

⚠️ If your taxonomy requires one or more of the following certifications, you MUST either attach a copy of the accreditation to the enrollment application or fax/email/mail a copy the accreditation to NCTracks. Attaching a copy of the accreditation is done on the last page of the application. This is the fastest way to process the application.

CMS letter of approval verifying Medicare participation.

Durable Medical Equipment (DME) providers must submit a current copy of the

National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 years from the date of approval indicated on the letter).

Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.

Independent Laboratory providers must submit a copy of CLIA certification

Fax #: 855-710-1965

Email: NCTracksprovider@nctracks.com

Mailing Address: NCTracks, PO Box 300009 Raleigh, NC 27622-8009

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

Exhibit 35. Add Accreditation

10. Select the "**Next**" button in the bottom right corner of the page to continue.

4.0 Community Care of NC / Carolina Access Enrollment

4.1 APPLYING FOR COMMUNITY CARE OF NC/CAROLINA ACCESS ENROLLMENT

The Community Care of North Carolina / Carolina Access page will display.

Exhibit 36. CCNC/CA Page

- Community Care of North Carolina/Carolina ACCESS (CCNC/CA) is a primary care case management health care plan for a majority of NC Medicaid recipients. For additional information on CCNC/CA, please visit the DHB website at http://www.ncdhhs.gov/DHB/ca/ccncproviderinfo.htm

- Only qualified taxonomies are eligible for enrollment in CCNC/CA. To view a list of these taxonomies, select the link titled "CCNC/CA Eligible Provider Types List" illustrated below.

Community Care of North Carolina/Carolina ACCESS

To complete information for this location, fill out this form section then click 'Save Location' in lower right.

COMMUNITY CARE OF NORTH CAROLINA/CAROLINA ACCESS

As a Medicaid Provider, you are eligible to enroll as a CCNC/CA Provider if one of your taxonomy classifications is on the CCNC/CA Eligible Provider Types List.

✱ Do you want to apply for CCNC/CA for this location?
   ⦿ Yes   ○ No

Exhibit 37. Review CCNC/CA Eligibility

- Out of State providers (or providers beyond the 40-mile area bordering NC) are not eligible to enroll as a PCP in the DHHS CCNC/CA program.
- If your service category and provider type are not on this list, you may contact a North Carolina Division of Health Benefits (DHB) Regional Managed Care Consultant. Please visit http://www.ncdhhs.gov/DHB/ca/mcc.pdf for additional information.

1. Applications for CCNC/CA must be completed for each service location. To edit each service location, select the radio button next to each location.

2. Select the "**Edit Location**" button.

Community Care of North Carolina/Carolina ACCESS

✱ indicates a required field

SERVICE LOCATIONS		
Select	**Location**	**Form Status**
🔘		Incomplete
○		Incomplete

To complete information for each service location, select the appropriate location then click the "**Edit Location**" button.

Edit Location

Exhibit 38. CCNC/CA Page

3. To apply for CCNC/CA for the selected service location, select the "**Yes**" radio button and complete the required fields.

4. Remember to select the "**Save Location**" button (if applicable).

Exhibit 39. CCNC/CA Page – Enter Required Fields

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

4.2 ADDING PHYSICIAN EXTENDERS PARTICIPATION FOR COMMUNITY CARE OF NC/CAROLINA ACCESS

If you applied for CCNC/CA, the "Physician Extenders Participation" page will display. The Physician Extenders Participation page allows providers to increase the maximum number of CCNC/CA enrollees per physician, up to 2,000 per practitioner.

1. To add physician extenders, select the "**Yes**" radio button.

Exhibit 40. Physician Extenders Page

2. The "Add Physician Extender" section will display. Complete the required fields

    – Last Name
    – First Name
    – Physician Extender Type (Nurse Midwife, Nurse Practitioner, Physician Assistant)
    – License #
    – NPI

3. Select "**Yes**" or "**No**" to indicate whether the person will be participating in CCNC/CA.

4. Enter the requested increase of enrollees (2,000 max).

5. Select the "**Add**" button.

6. For multiple service locations, remember to select the "Save Location" button.

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Exhibit 41. Physician Extenders Page – Add Physician

4.3 ADDING PREVENTIVE AND ANCILLARY SERVICES

> ⚠️ **Note to CCNC/CA providers:** In order to meet the requirements for enrolling in CCNC/CA, providers must provide certain preventive health services for the applicable age range. Select here to view the list of services
>
> If you are unable or chooses not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 year age group. For additional information, reference the following website.
>
> http://www.ncdhhs.gov/DHB/ca/ccncproviderinfo.htm

1. To add or modify preventive and ancillary services, check or uncheck the box next to the applicable service.

2. Check the box for "**On-site**" or "**Off-site**". The "Off-site" option is not available for every service.

Exhibit 42. Preventive and Ancillary Services

3. If you select "Off-site", the "Address" section will display. Complete the required Name and Address fields. To meet CNCC/CA requirements, patients must be referred to a laboratory within a half-mile of the primary care physician's physical address.

4. Select the "**Verify Address**" button.

Exhibit 43. Preventive and Ancillary Services – Add Offsite Address

5. If you have more than one service location, select the "**Save Location**" button.

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

Exhibit 44. Preventive and Ancillary Services – Save Location

4.4 INDICATING THE HOURS OF OPERATION

If you applied for CCNC/CA, the "Hours" page will display.

> ⚠ **Note to CCNC/CA providers**: CCNC/CA Participation requires the following:
>
> Establish hours of operation for treating patients at least 30 hours per week
>
> Provide medical advice/services that are accessible 24/7. Acceptable options include an answering Service, answering machine that gives the number of the provider to call, Hospital operator who pages on-call provider, call forward or stay online transferring, or Nurse Triage Service.

1. The Provider hours of operation need to be set for each service location. To switch between service locations, select the radio button next to the appropriate service location

2. Select the "**Edit Location**" button.

Exhibit 45. Hours Page

3. Select the appropriate hours from the "From" and "To" drop down menus.

4. Use the "Copy" hyperlink to copy the first row to rows "Tuesday" through "Friday"

Exhibit 46. Hours Page – Add Hours of Operation

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

6. Select the types of after-hours services provided.

7. For multiple locations, remember to select the "**Save Location**" button.

8. Select the "**Next**" button at the bottom of the page, to continue.

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

Exhibit 47. Hours Page – Add After Hours Number and Services

4.5 ADDING SERVICES

1. The "**Services**" page will display. Under the "Interpretation Services" section, select "**Yes**" or "**No"** for all three service options.

⚠	**Note to CCNC/CA providers**: CCNC/CA Participation requires providers to offer Oral Interpretation services.

Exhibit 48. Services Page

2   Under the "**Languages Supported in Office**" section, highlight the languages supported in
     your office.

3.   Select the "**Add**" button in the middle of the window to move the language to the "**Selected
     Options**" pane.

Exhibit 49. Services Page - Add Languages

4.   Under the "Special Needs" section, select the check boxes to indicate the any special needs
     supported in your office.

5.   To indicate whether your office is equipped with TDD/TTY services, select the "Yes" or "No"
     radio button.

Note: TDD (Telecommunications Device for the Deaf) and TTY (Teletypewriter) are electronic devices for text communication over a telephone line, designed for use by persons with hearing or speech difficulties.

Exhibit 50. Services Page – Add Special Needs

6. To indicate whether your office is currently accepting new patients, select the "**Yes**" or "**No**" radio button.

7. To indicate whether your office currently serves Medicaid for Pregnant Women (MPW) patients, select the "**Yes**" or "**No**" radio button.

8. To indicate whether your office currently accepts Chronic Infectious Disease patients, select the "**Yes**" or "**No**" radio button.

9. Select the age ranges serviced from each gender drop down menu. If you do not serve a particular gender, select "Not Served" from the drop down menu.

10. For multiple service locations, select the "**Save Location**" button.

11. Select the "**Next**" button to continue.

Exhibit 51. Services Page – Add Other Services

> ⚠ The Office Administrator MUST be added as owner or managing employee. In addition to the office administrator, it is recommended that at least one other managing employee be added to the provider record. In the event that the current OA leaves the organization, it will make the transition to a new OA much easier.

1. To add a new managing employee, under the "**Agents and Managing Employees**" section, select the "Yes" radio button.

Exhibit 53. Agents and Managing Employees Page – Add Personnel

2. The "**Add Relationship**" section will display. Enter the following required fields.

  − Last Name
  − First Name
  − Date of Birth
  − SSN (Social Security Number)
  − Business Relationship (Agent, Board Member, Managing Employee, Director, Officer), Relationship to Another Disclosing Person

> ⚠ When adding the OA as managing employee, if the OA is someone other than the provider, you MUST select the Business Relationship of "Managing Employee". This business relationship is the only business relationship (besides owner), that will allow the appropriate OA access to the provider record.

Exhibit 54. Agents and Managing Employees Page – Required Fields

3. Select the **Attestation** check box.

4. Select the "**Add**" button to add the Managing relationship.

5. When adding managing employees for multiple locations, remember to select the "**Save Location**" button.

6. Once all service locations display as "Complete," select the "**Next**" button in the bottom right corner of the page.

Exhibit 55. Agents and Managing Employees Page – Service Locations Complete

4.7 ADDING HOSPITAL ADMITTING PRIVILEGES

The "Hospital Admitting" page will display.

> ⚠ CCNC/CA Participation requires the following: Maintain hospital admitting privileges or have a formal agreement with another doctor based on ages of the recipients accepted

1. To add privileges, select the "**Yes**" radio button.

Hospital Admitting

📄 AA Help

■ indicates a required field

Legend ▼

■ HOSPITAL ADMITTING PRIVILEGES

Does the enrolling provider have hospital admitting privileges?

(1) ○ Yes ◉ No

◀ Previous

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

Next ▶

Save Draft | Cancel Enrollment

Exhibit 56. Hospitals Admitting Page

2. The "**Add County Hospitals**" section will display. Select the county from the drop down menu to display a list of hospitals in that county.

3. Select the hospital in the "**Available Options**" pane.

4. Select the "**Add**" button to move the hospital to the "**Selected Options**" pane.

5. Select the "**Add**" button to add the hospital to your record. You may repeat these steps to add other hospitals from other counties.

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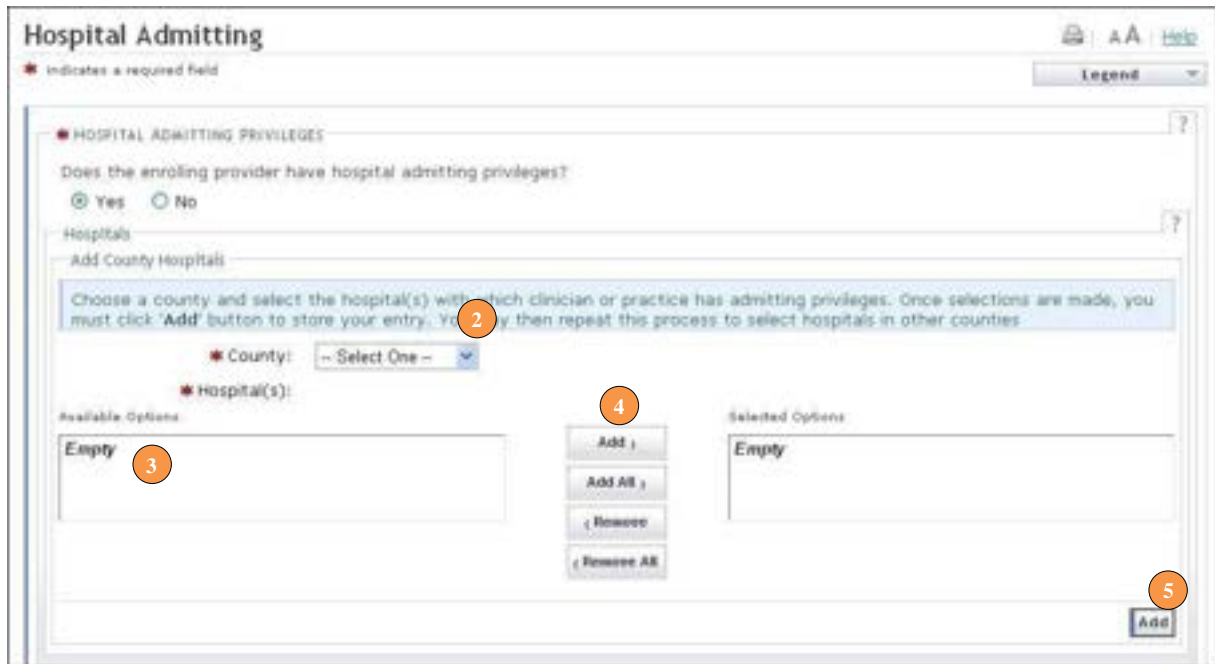
Exhibit 57. Hospitals Admitting Page – Add Hospitals

4.8 AFFILIATING TO A PROVIDER

The "Affiliate Provider Information" page will display.

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

1. To affiliate to a provider, select the "**Yes**" button.

Exhibit 58. Affiliated Provider Page

2. The "**Affiliated Providers**" section will display. Enter the Group/Organization NPI and select the "**Lookup NPI**" button.

Exhibit 59. Affiliated Provider Page – Add Provider

3. Select the checkbox or boxes next to the appropriate provider and/or location. Multiple locations can be selected.

4. Select the "**Add**" button in the bottom right corner of the window.

Exhibit 60. Affiliated Provider Page – Select Provider and Add

5. The provider will be added on the dark blue bar, as illustrated below. To review the provider, select the plus sign on the dark blue bar.

Exhibit 61. Affiliated Provider Page – Expand Provider Section

6. The affiliated provider details will display. To delete the provider, select the "**Delete**" button.

	The "Delete" button is ONLY available until you submit the application. Once the application is completed and the provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated. You may edit or end-date the affiliation using the Manage Change Request process under the Status and Management page.

Affiliated Provider Information

* indicates a required field

Legend

AFFILIATED PROVIDERS

The affiliation allows this organization to bill and receive payment on your behalf.

AFFILIATED PROVIDER

NPI:

Organization Name:

Location
1

Edit | Delete

Add Affiliated Provider

Enter organization's NPI and click 'Lookup NPI'.

* NPI: [ ] Lookup NPI

Add

Exhibit 62. Affiliated Provider Page – Edit or Delete Provider

4.9 EXCLUSION SANCTION INFORMATION

The "Exclusion Sanction Information" page will display.

| ⚠️ | The questions must be answered for the enrolling provider, its owners, and agents in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3. Select here for a complete list of the questions.

An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.

All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending. For questions regarding whether the question applies to the provider, owner or agents, or other questions about how each sanction question should be answered, it is recommended that you contact an attorney.

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

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

Exhibit 63. Exclusion Sanction Information

1. If you select the "**Yes**" button, the Infraction/Conviction Dates window will display.

2. Enter the date of each infraction.

3. Select the "**Add**" button, to add the date.

Exhibit 64. Exclusion Sanction Page – Add Infractions

5.0 Reviewing the Application

5.1 REVIEWING THE APPLICATION

1. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

2. To review the application in Adobe PDF format, select the **Review Application** button. Select the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Exhibit 65. Review Application

5.2 ATTACHING SUPPORTING DOCUMENTATION

The **Sign and Submit Electronic Application** page will display.

Exhibit 66. Sign and Submit Page

If your taxonomy requires one or more of the following certifications, you MUST attach a proof of the certification to the enrollment application, or email/fax/mail a copy of the accreditation to NCTracks, as they cannot be source verified online. Reference the next page for step by step instructions. This is the recommended way to provide supporting documentation, as your application will processed faster.

CMS letter of approval verifying Medicare participation.

Durable Medical Equipment (DME) providers must submit a current copy of the

National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 years from the date of approval indicated on the letter).

Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.

Independent Laboratory providers must submit a copy of CLIA certification

If you answered "Yes" to any sanction questions, you must also submit the required documentation applicable to the question.

If you fax, email or mail this documentation, you MUST include the NPI on the fax cover sheet or somewhere on the document or in the body of the email to ensure that the additional information is correctly routed.

Fax #: 855-710-1965

Email: NCTracksprovider@nctracks.com

Mailing Address: NCTracks, PO Box 300009 Raleigh, NC 27622-8009

3. Scroll down to the "**Required Attachments**" section to determine if attachments are required for the taxonomies/accreditations that have been selected.

4. If attachments are required, select the "Browse**"** button to select the files.

5. Select the "**Add"** button to add the attachment.

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Your application indicates that you are enrolling as:

• PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS, Physician Assistant, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

• No Required Attachments for the Taxonomy (2)

ELECTRONIC ATTACHMENTS

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.

(3) Browse. No file selected. (4) Add

Exhibit 67. Sign and Submit Page – Attach Files

The attachment will display as follows. Repeat these steps to add all required attachments.

ELECTRONIC ATTACHMENTS

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.

🔗 Attached File(s)
🔴 License.pdf (6 KB)
Browse Add

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.
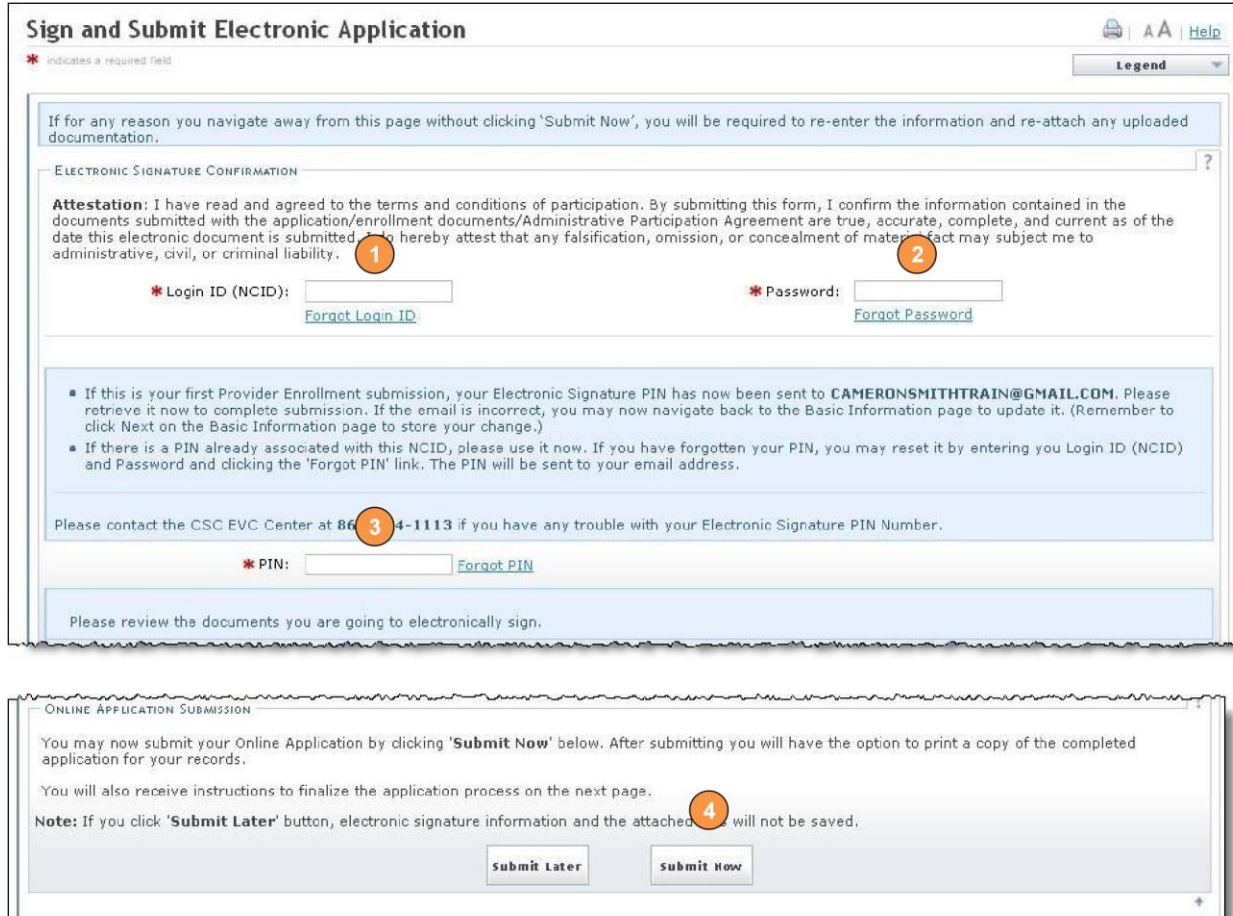
You will also receive instructions to finalize the application process on the next page.

Exhibit 68. Sign and Submit Page – Files Attached

5.3 SIGNING AND SUBMITTING THE MANAGE CHANGE REQUEST

1. Enter your NCID and password, as well as your PIN number. Select the "**Submit Now**" button to submit the application.

Tip: If you forget your User ID, Password or PIN, select the "**Forgot**" link next to each field.

Exhibit 69. Sign and Submit Page – Submit Application

5.4 PAYING THE ENROLLMENT FEE

1. The **Final Steps** page will display. Select the "**Pay Now**" link.

Exhibit 70. Final Steps Page

Your application will not be processed until the enrollment fee is paid. You have up to 30 days to pay the fee before the application is abandoned. If you do not select the "Pay Now" link and wish to pay the fee at a later date, navigate to the status and management page.

At the top of the page, you may select on the "**Pay Now**" link in the Status column.

Exhibit 71. Final Steps Page

2. The "**Payment Method**" page will display. Not all providers will be required to pay this fee. This page will display the fee amount if the fee is required. To pay the fee, select the radio button next to the "**Pay by electronic check**" or "**Pay by credit card"** options

3. Select the "**Next**" button to continue.

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Exhibit 72. Pay Now Page

5.5 PAYING FEE USING A CREDIT CARD

4. If you selected the credit card option, the "**Payment Information"** page will display. Complete the "**Billing Address"** fields.

5. Complete the "**Payment Method**" fields.

6. Enter the security code.

7. Select the **"Next"** button to continue.
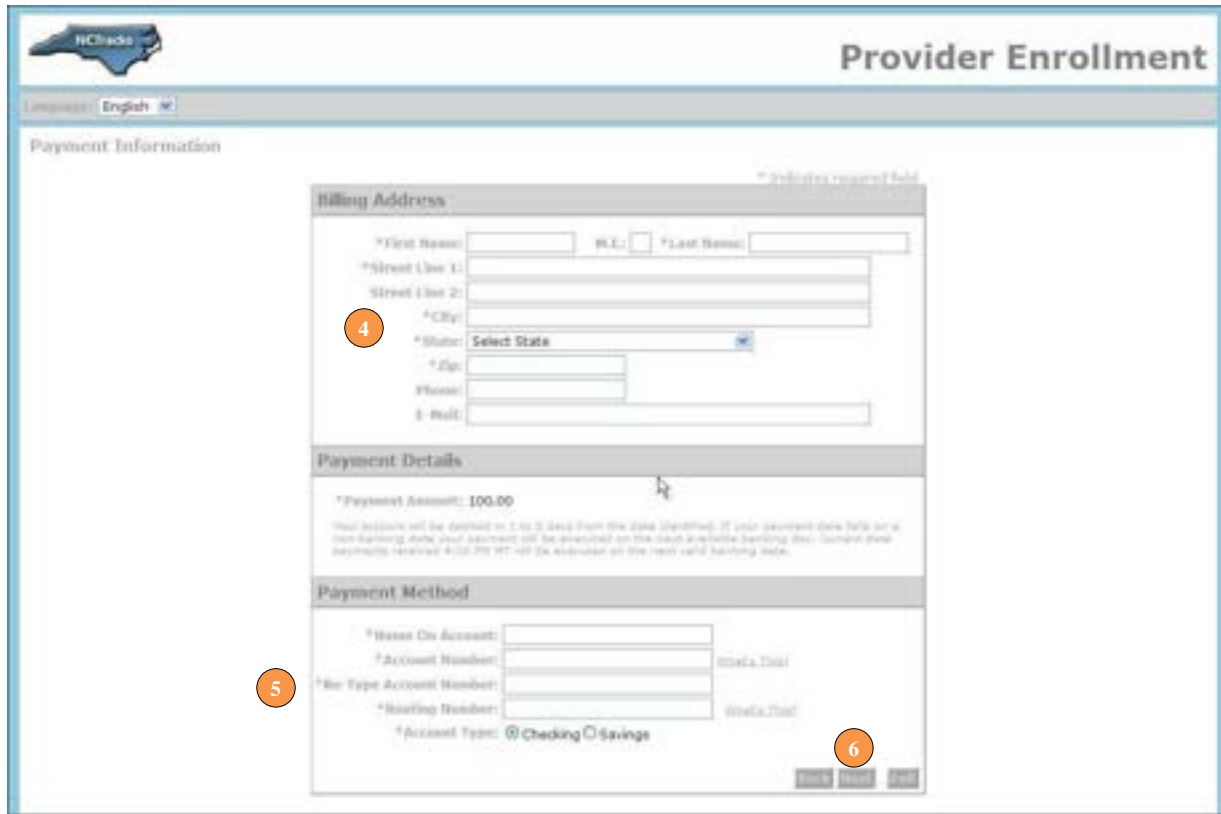
Exhibit 73. Pay Now – Credit Card Option

5.6 PAYING FEE USING A BANK ACCOUNT

4. If you selected the electronic check option, the "**Payment Information**" page will display. Complete the "**Billing Address**" information fields

5. Complete the "**Payment Method**" fields.

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

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Exhibit 74. Pay Now – Bank Account Option

5.7 REVIEWING THE PAYMENT

1. The "**Payment Review**" page will display. Review the payment details and select the "**Pay Now**" button to continue.

Exhibit 75. Preview Payment

2. The following "**Payment Confirmation**" page will display. The office administrator will also receive an email with a copy of the confirmation.

Exhibit 76. Payment Confirmation

This Page Intentionally Left Blank

6.0 Basic Enrollment Application Types

Below is a description of the most common basic enrollment application types. Please reference the image on the next page for a full list of application options and their descriptions.

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

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

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

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

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

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Online Provider Enrollment Application

🖨 | A A | Help

● Indicates a required field

Legend ▼

PROVIDER LOCATION [?]

Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of **In-State**, **Border**, or **Out-of-State** enrollment.

● ZIP Code: _____

● **PROVIDER ENROLLMENT APPLICATION TYPE** [?]

– INDIVIDUAL PROVIDERS

INDIVIDUAL FULL ENROLLMENT

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

ATYPICAL INDIVIDUAL

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

MEDICARE ONLY LITE PROVIDER

○ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and insurance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

ORDERING, PRESCRIBING, REFERRING PROVIDERS ENROLLED WITH THE LITE APPLICATION

○ With the implementation of section 6405 of the Affordable Care Act, CMS requires certain physicians and non-physician practitioners to enroll in the Medicaid program for the sole purpose of ordering, referring, or prescribing items or services for Medicaid or Health Choice beneficiaries (42 CFR 455.410).

OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION

○ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

– ORGANIZATION PROVIDERS

ORGANIZATION FULL ENROLLMENT

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

ATYPICAL ORGANIZATION

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

MEDICARE ONLY LITE PROVIDER

○ As a time-limited Medicare-only provider (lite), you are enrolling for submission of cost-sharing claims, adjudication of cost-sharing claims, and insurance of a Medicaid RA. This process will facilitate your ability to receive a Medicaid RA and claim Medicare bad debt. Your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year.

OUT-OF-STATE PROVIDER ENROLLED WITH THE LITE APPLICATION

○ As a time-limited OOS provider (lite), your enrollment will automatically be end-dated one year after your Effective Date Requested entered on the application. You will be required to re-enroll if you wish to continue participation after the one year. This option only applies to providers whose primary address is outside the 40 miles border area.

– BILLING AGENT PROVIDERS

BILLING AGENT

○ Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSRA as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

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

7.0 Common Errors When Updating the Address

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

Error Summary

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

• ServiceLocation: Missing Apt/Suite Number

Exhibit 77. Error Message Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the

Address Line 1 or Address Line 2. The entry is not case sensitive. For example, "Suite" may be entered as "STE" or "Ste".

You may also verify your address at the USPS website:

https://tools.usps.com/go/ZipLookupAction!input.action

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

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

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

Secondary Unit Designator	Approved Abbreviation
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

8.0 List of Sanction Questions

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

B. *Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?*

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

D. *Has the applicant, managing employees, owners, or agents ever had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state?*

E. *Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?*

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

G. *Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?*

H. *Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?*

I. *Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?*

J. *Has the applicant, managing employees, owners, or agents ever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?*

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

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

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

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

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

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

9.0 List of CCNC / CA Preventative Health Service Requirements

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

https://medicaid.ncdhhs.gov/aboutCCNC

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

| CCNC/CA Preventative Health Requirements	Required for providers who serve the following age ranges							
	0 to 6	**0 to 11**	**0 to 21**	**0 to 121**	**11 to 18**	**11 to 121**	**18 to 121**	**21 to 121**
Tetanus		Y	Y	Y	Y	Y	Y	Y
Vaicella Vaccine	Y	Y	Y	Y				

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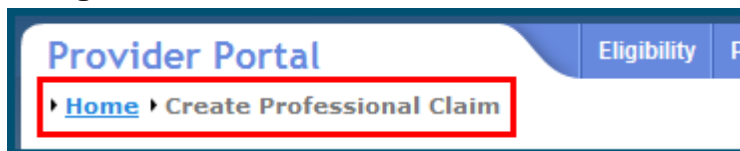
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help
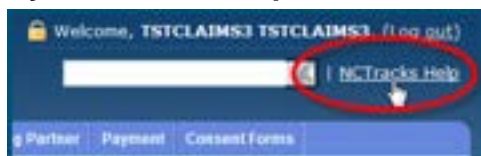

The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, "NCTracks Help", will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section 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
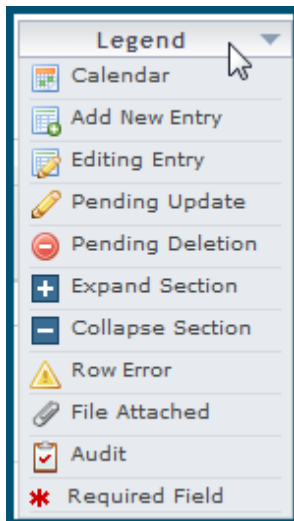
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon to open the list.

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.