

NCMMIS Out-of-State Provider Enrollment Participant User Guide

PREPARED FOR:

North Carolina Department of
Health and Human Services

DHHS MES VMU

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SUBMITTED BY:

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

Document Revision History

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D1.3.2	May 29, 2019	Addressed State review comments
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D1.1.2	January 04, 2018	Addressed State review comment.
D1.1.1	December 20, 2017	Update for review/acceptance. Addressed remaining D1.0.2 State comments #10 and #11 (Section 3.11 verbiage and Exhibit 39 screenshot).
V1.0	December 13, 2017	Final version
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1.0 Welcome

1.1 COURSE OVERVIEW

This Participant User Guide will guide you through the processes of submitting Lite enrollment applications for Out-of-State (OOS) providers and converting from an OOS Lite provider to a fully enrolled OOS provider with a Manage Change Request (MCR).

You must be enrolled with the North Carolina Department of Health and Human Services (NC DHHS) to render services to North Carolina Medicaid beneficiaries. The following sections will provide information on submitting an initial OOS Lite provider application.

Organizations and Individual providers whose ZIP codes are more than 40 miles beyond the North Carolina state line are considered OOS providers. These providers are able to enroll in North Carolina Medicaid with options.

Note: Providers must be active with Medicare for each OOS service location. If not active with Medicare, providers must be active in the provider's home state Medicaid program.

Out-of-State Lite Enrollment:

- Enrolled for 365 days
- \$100 NC Application Fee not required
- Re-verification not required

Out-of-State Full Enrollment:

- Open-ended enrollment period
- \$100 NC Application Fee required
- Re-verification required once every 5 years

1.2 COURSE OBJECTIVES

At the end of this training, you will be able to submit an OOS Lite enrollment application.

1.3 PREREQUISITES

- HIPAA Security & Privacy Training

1.4 HELP SYSTEM

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

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

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2.0 New OOS Provider Enrollment

2.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW ENROLLMENT

You will navigate to the NCTracks website (www.nctracks.nc.gov) using a supported browser. To submit an enrollment application, you will need to navigate to the Provider Portal.

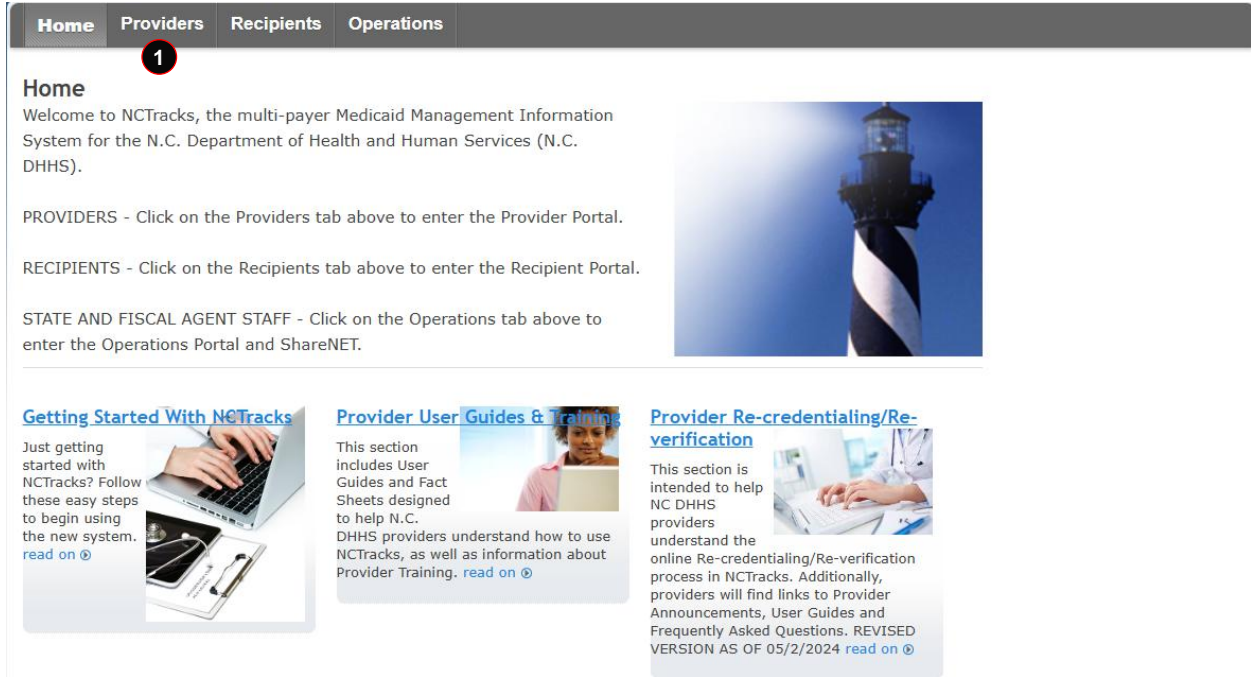


Exhibit 1. NCTracks Home Page

Step	Action
1	Select the Providers tab. The public Providers page displays.

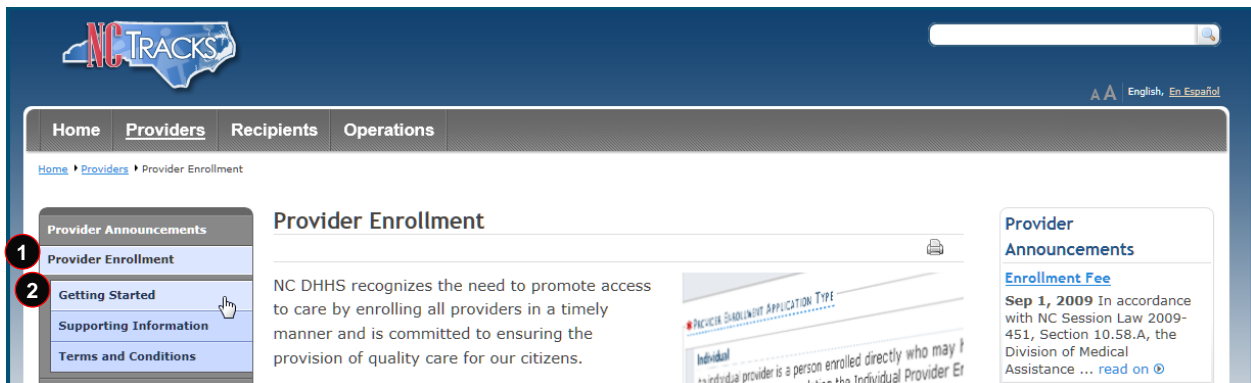


Exhibit 2. Public Providers Page

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

Getting Started

Just getting started with NCTracks? Follow these easy steps to begin using the new system.

Step 1 – All Users must have an NCID

- If you do not have an NCID, go to ncid.nc.gov and click on Register!

Step 2 Identify the Office Administrator

- The Office Administrator must be either an owner or a managing employee.
- An Office Administrator can be the Office Administrator for one or more NPIs.

Step 3 - Register with NCTracks

- In order to have access to the NCTracks Provider portal, each provider (NPI) must complete the NCTracks Currently Enrolled Provider (CEP) Registration. This registration captures information about your Office Administrator, as well as your Electronic Funds Transfer (EFT) information, so you can receive payment from NCTracks. See [NCTracks Step-by-Step Registration](#) for instructions on how to register.

Step 4 – Add Users and Assign User Access

- One of the features of the new NCTracks Provider Portal is the ability for providers to control the level of access they give to their staff members. Staff members can be granted access based on their area of responsibility. For example, front office staff may need access to recipient eligibility information, but may not be involved with submitting claims.
- Office Administrators can set up user access for the staff in their organization who will be using the Portal. Authority is granted by the Office Administrator using the User Administration button in the secure provider portal. For details, see the [User Access Setup](#) document.

Step 5 - NCTracks generates PINs

- NCTracks will generate a Personal Identification Number (PIN) for every user. This PIN will be required in NCTracks not only to complete enrollment and recredentialing applications, but also to submit FL2 (long term care level of care) requests, and Prior Approval (PA) requests. Electronic signature is accomplished with the combination of NCID, password, and PIN. For more information, see the [e-Signature Fact Sheet](#).

Step 6 - Distribute User PINs

- A personal Identification Number (PIN) is sent via email to the Office Administrator and all registered

Recommended Links

- [Sign Up for NCTracks Email Newsletter](#)
- [Attend Provider Training](#)
- [Get Answers to Frequently Asked Questions](#)
- [Instructions for Completing Common Provider Activities](#)
- [NCTracks Fact Sheets](#)
- [Provider Policies, Manuals, Guidelines, and Forms](#)
- [NCTracks Back to Basics \(PDF, 237 KB\)](#)

Exhibit 3. Getting Started Page

Step	Action
1	From the Getting Started page, you will find information on how to obtain an NCID. A valid NCID is required in order to log in to the secure Provider Portal and submit an application.
2	Once the NCID and password have been established, select the Providers tab at the top of the page.

Home **Providers** Recipients Operations

Home > Providers

ICD-10

Getting Started With NCTracks

Provider Communication

Frequently Asked Questions

Currently Enrolled Provider (CEP) Registration

Claims

Prior Approval

Provider Enrollment

Provider Re-credentialing/Re-verification

Provider Policies, Manuals, Guidelines and Forms

Provider User Guides & Training

Dental Services

Pharmacy Services

Pharmacy Claim Service Limits

Trading Partner Information

Office Administrator (OA) Change Process

New Medicare Card Project (formerly SSNRI)

June 2018 HIEA Update

Providers

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.

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

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

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

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

Provider Announcements

[Issue Submitting MCR Applications to Terminate Health Plans](#)
May 15, 2025 read on

[New Third Party Liability \(TPL\) Edit for Pending Automated Collection and Tracking System \(ACTS\) Policies](#)
May 15, 2025 read on

[New Medicaid Bulletin Articles as of May 14](#)
May 14, 2025 read on

A Message from NCTracks on Behalf of NC Medicaid
[Back Porch Chat: Thursday, May 15, 2025](#)
May 12, 2025 read on

[NCDHHS-DHB Credentialing Committee Initiative Stakeholder Engagement Session #2](#)
May 12, 2025 read on

1 All Announcements

Opioid Criteria Educational Materials

- [Non-Opioid Alternatives \(PDF, 276 KB\)](#)
- [NC Medicaid Opioid Safety - STOP Act Crosswalk \(PDF, 319 KB\)](#)
- [FAQ on Naloxone Standing Order \(2017 FINAL, 251 KB\)](#)
- [Provider Considerations for Tapering of Opioids \(PDF, 221 KB\)](#)
- [Preferred Drug List Opioid Analgesics and Combination Therapy Daily MME \(17, 389 KB\)](#)
- [General Provider Pharmacy Cover Letter - STOP Act \(PDF, 137 KB\)](#)
- [Governor's Institute Opioid Use and Misuse Website](#)
- [Pharmacy PA for Opioid Analgesics Job Aid \(PDF, 2619 KB\)](#)

NCTracks Secure Portal
Access the secure NCTracks Portal

Password Help

NCID
Registration

Quick Links

- [NCTracks Issues List \(VND.OPENXMLFORMATS-OFFICEDOCUMENT.SPREADSHEET 60 KB\)](#)
- [NCTracks Contact Information \(PDF, 613 KB\)](#)
- [2025 Checkwrite Schedule DHHS \(PDF, 420 KB\)](#)
- [NCTracks User Access Setup \(PDF, 2781 KB\)](#)
- [Cover Sheet for Claim Attachments \(DOCX, 137 KB\)](#)
- [AVRS Features Job Aid \(PDF, 164 KB\)](#)
- [NCTracks Back to Basics \(PDF, 448 KB\)](#)
- [NCTracks Glossary of Terms](#)
- [FAQs re Enrollment of Attending, Rendering, Ordering, Prescribing, and Referring Providers](#)
- [Drug Search Page](#)
- [Adult Care Home Outbreak Rates and Units Report \(VND.OPENXMLFORMATS-OFFICEDOCUMENT.SPREADSHEET 77 KB\)](#)
- [Provider Change of Ownership Disclosure Form \(VND.OPENXMLFORMATS-OFFICEDOCUMENT.WORDPROCES 54 KB\)](#)

State Agencies

- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Health Benefits](#)
- [Division of Mental Health, Developmental Disabilities, and Substance Abuse](#)

Enrolled Practitioner Search
Look up providers enrolled in NC Medicaid

Provider Enrollment
Enroll now to provide Medicaid services in North Carolina

Pharmacy Services
Learn more about Prior Approval for North Carolina prescriptions

Exhibit 4. Public Provider Home Page – Provider Enrollment Option

Step	Action
1	Select the Provider Enrollment option at the bottom left of the page.
Note	This option should only be selected if the identified Office Administrator's (OA) NCID is not listed on any other provider record and the OA needs to enroll a new provider.

Exhibit 5. Public Provider Home Page – Begin Application Option

Step	Action
2	Select the Begin Application option at the bottom left of the page.

Provider Enrollment Login

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

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

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

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

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

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

If you encounter issues during login or authentication, please contact the Department of Information Technology (DIT) helpdesk at **919-754-6000 or 800-722-3946**.

For more information and training videos, visit the [NCID Citizen Identity Project](#) | [NCDIT training page](#).

The **NCTracks Web Portal** contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.

All users are required to have an NCID to log in to their secure area. An NCID does not grant access to all secure areas. Access to a specified secure area is allowed per the user access rights granted by NCDHHS (State users) or the provider's Office Administrator. Recipient NCIDs does not require additional rights to access Recipient portal.

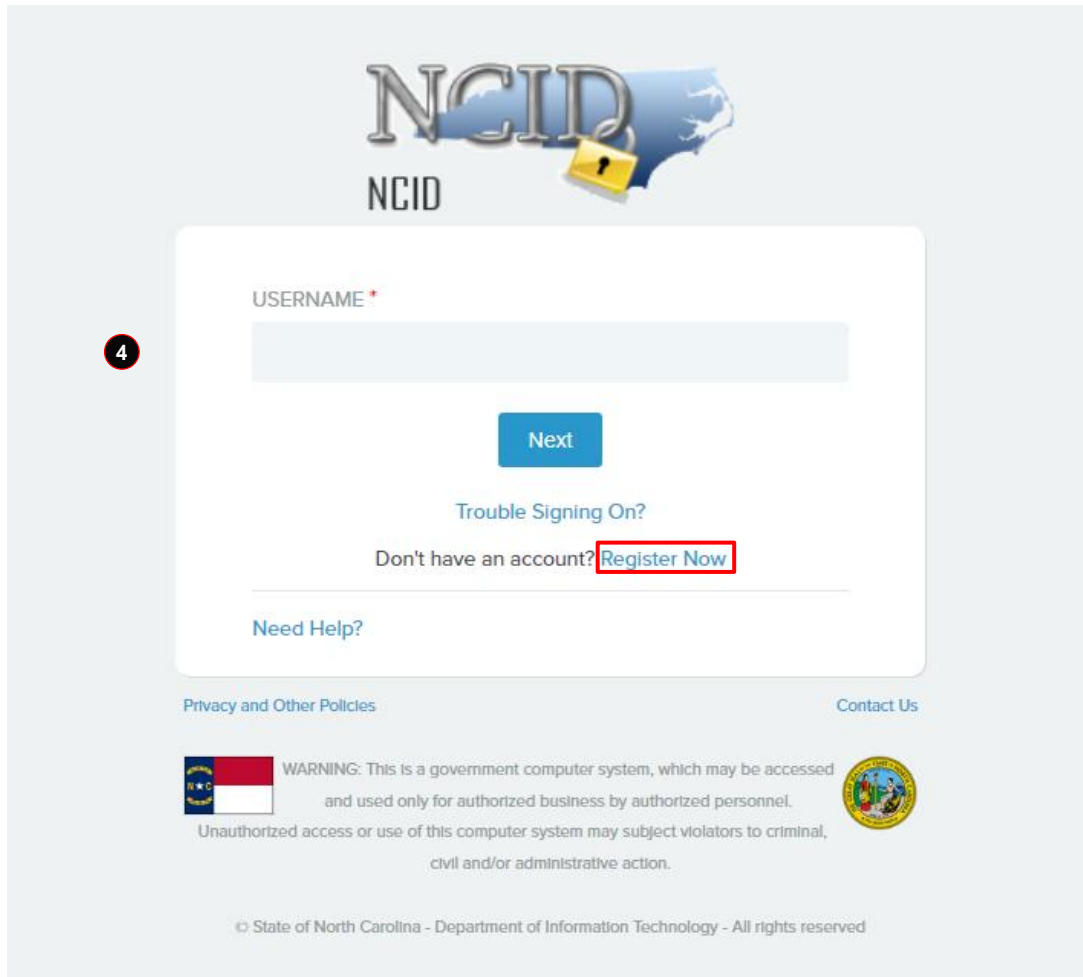
To create/update NCID record, use the appropriate link as per your NCID type.

- External Users (Provider or Recipient) click [here](#)
- State and Local Government employees (State or Fiscal Agent) click [here](#)

Provider Enrollment Login

Start your own Provider Enrollment Online Application

Step	Action
3	Select the Provider Enrollment Login button.



Step	Action
4	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.

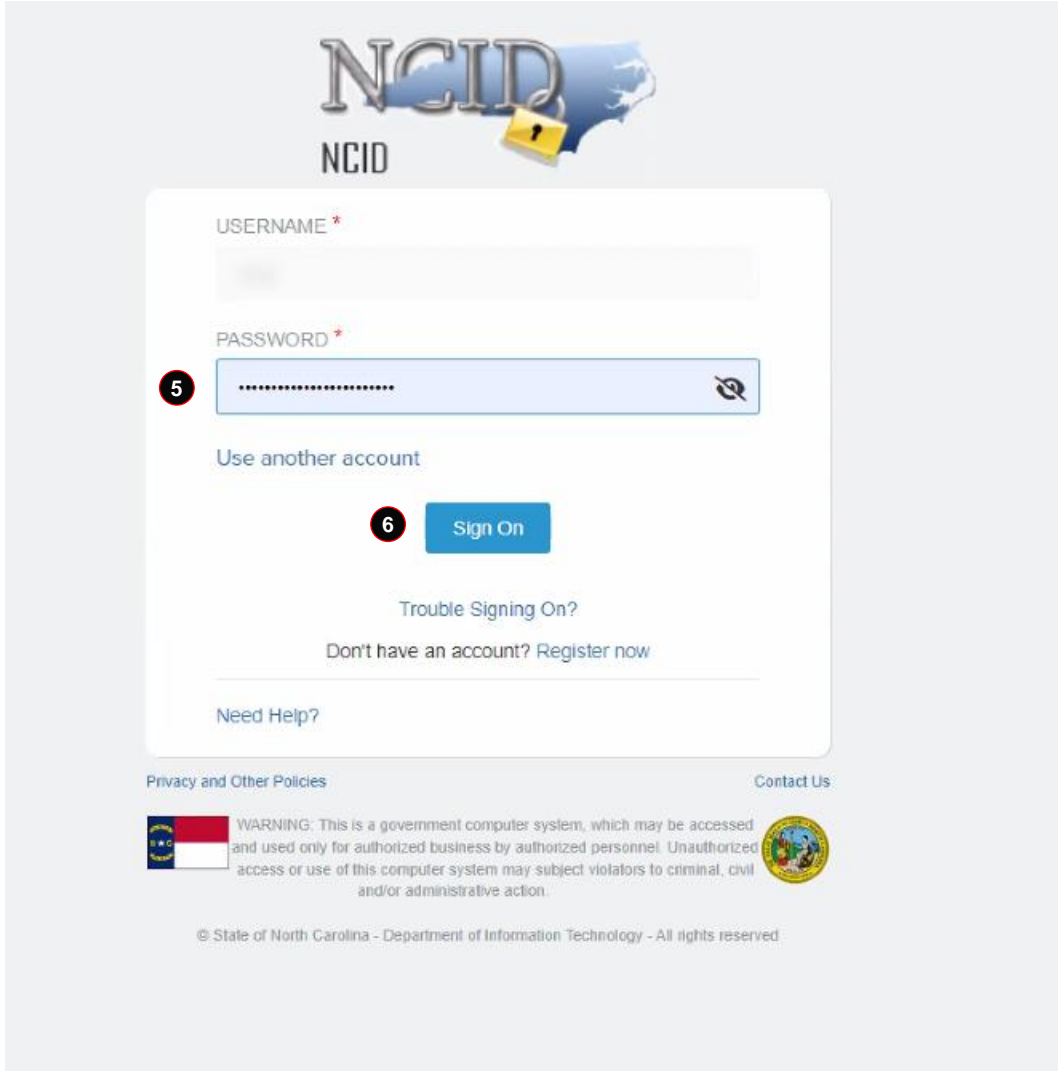


Exhibit 6. NCTracks Login Page

Step	Action
5	Enter the Password associated with the NCID.
	Note: Passwords are case sensitive. After three unsuccessful attempts, the user will be locked out; however, NCTracks will provide a contact number that the user can call for access assistance. Multi-Factor Authentication (MFA) is required. Once the user has entered the user ID and password, the second level authentication will be sent via the user's preferred method (Phone or Mobile App). For more information on the MFA registration process, please refer to the Provider Multi-Factor Authentication Registration Process at this State of North Carolina weblink: https://it.nc.gov/support/ncid/ncid-citizen-identity-project#Tab-Training-4404
6	Select the Sign On button. The Online Provider Enrollment Application page displays.

2.2 ONLINE PROVIDER ENROLLMENT APPLICATION PAGE

On the **Online Provider Enrollment Application** page, you will enter your ZIP code in order for NCTracks to determine if you are an In-State, Border, or Out-of-State provider. You will also select your Provider Enrollment Application Type.

Exhibit 7. Online Provider Enrollment Application Page

Step	Action
1	ZIP Code: Enter your ZIP Code .
2	Provider Enrollment Application Type: Select Individual or Organization .
3	Select the Next button to continue.

2.3 ORGANIZATION BASIC INFORMATION PAGE

The **Organization Basic Information** page captures your organization’s basic information.

IDENTIFYING INFORMATION

1 * Organization Name:

* EEN: * NPI:

* Email: * Month of Fiscal Year End:

DOING BUSINESS AS (DBA)

2 * Do you operate under a trade or company name?
 Yes No

DBA Information

* DBA Name:

* Years Doing Business Under

This Name:

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

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

* Last Name: * First Name:

Middle Name: Suffix:

(Enter your full middle name)

* Contact Email:

* Office Phone #: ext. Office Fax #:

* User ID (NCID):

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

4 * Is this contact person an Owner or Managing Employee?
 Owner Managing Employee

EFFECTIVE DATE REQUESTED

5 The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and may not precede, as applicable, the current date of your licensure or the current date of your letter of endorsement.

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

* Effective Date: 6

Exhibit 8. Organization Basic Information Page

Step	Action
1	Identifying Information: Enter Organization Name, EIN, NPI, Email, and Month of Fiscal Year End.
2	<p>Doing Business As (DBA): Select Yes or No for the question ‘Do you operate under a trade or company name?’.</p> <ul style="list-style-type: none"> • If you select Yes, the field will expand, prompting you to enter the DBA Name and Years Doing Business Under This Name. • If you select No, you may continue to the next required field on the page. <p>Note: The Organization Name and DBA Name fields only allow the following characters:</p> <ul style="list-style-type: none"> • Alpha (A – Z) • Numeric (0 – 9) • Hyphen (-) • Ampersand (&)
3	Office Administrator (Authorized Individual): Enter Last Name, First Name, Contact E-mail, Office Phone, and User ID (NCID).
4	Is this contact person an Owner or Managing Employee?: Select Owner or Managing Employee.
5	Effective Date Requested: The date will automatically default to the current date. You should alter this date if you are seeking reimbursements from NCTracks for services rendered in the past but not to exceed 365 days.
6	Select the Next button to continue.

2.4 TERMS AND CONDITIONS PAGE

The **Terms and Conditions** page captures the terms and conditions to which you must agree in order to enroll in NC Medicaid. It also requires that you attest to your agreement to the terms and conditions.

2.5 BASIC INFORMATION COMPLETED PAGE

The **Basic Information Completed** page notifies you that the **Basic Information** page has been completed and provides instructions for resuming an In Process application, if you choose.

2.6 OWNERSHIP INFORMATION PAGE

The **Ownership Information** page displays only if the OA is an Owner. No other Owners or Managing Relationships are allowed.

Exhibit 9. Ownership Information Page

Step	Action
1	Enter all the required information of the OA if the OA is an Owner. Note: Information on Owners with 5% or more ownership in the enrolling provider entered on this application must match what was reported to the provider’s state business registration entity, licensure board, and Medicare.
2	Select the Next button to continue.

2.7 HEALTH/BENEFIT PLAN SELECTION PAGE

The **Health/Benefit Plan Selection** page lists health plans that are available to OOS providers.

Exhibit 10. Health/Benefit Plan Selection Page

Step	Action
3	Opt out of any coverage by deselecting the appropriate checkbox: Division of Health Benefits (DHB): Medicaid .
4	Select the Next button to continue.

2.8 ADDRESSES PAGE

The **Addresses** page captures the primary physical location, Pay-To/Remittance Advice (RA), correspondence, and other service location addresses and contact information.

Exhibit 11. Addresses Page #1

Step	Action
1	Primary Physical Location: Enter the Office Phone , Office Fax , Address , City , and State . Select the Verify Address button (the address must correspond to an actual U.S. Postal Service address).

2 *** Servicing Counties**

Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

<input type="checkbox"/> NEW HANOVER	<input type="checkbox"/> NORTHAMPTON	<input type="checkbox"/> ONSLOW	<input type="checkbox"/> ORANGE
<input type="checkbox"/> PAMLICO	<input type="checkbox"/> PASQUOTANK	<input type="checkbox"/> PENDER	<input type="checkbox"/> PERQUIMANS
<input type="checkbox"/> PERSON	<input type="checkbox"/> PITT	<input type="checkbox"/> POLK	<input type="checkbox"/> RANDOLPH
<input type="checkbox"/> RICHMOND	<input type="checkbox"/> ROBESON	<input type="checkbox"/> ROCKINGHAM	<input type="checkbox"/> ROWAN
<input type="checkbox"/> RUTHERFORD	<input type="checkbox"/> SAMPSON	<input type="checkbox"/> SCOTLAND	<input type="checkbox"/> STANLY
<input type="checkbox"/> STOKES	<input type="checkbox"/> SURRY	<input type="checkbox"/> SWAIN	<input type="checkbox"/> TRANSYLVANIA
<input type="checkbox"/> TYRRELL	<input type="checkbox"/> UNION	<input type="checkbox"/> VANCE	<input type="checkbox"/> WAKE
<input type="checkbox"/> WARREN	<input type="checkbox"/> WASHINGTON	<input type="checkbox"/> WATAUGA	<input type="checkbox"/> WAYNE
<input type="checkbox"/> WILKES	<input type="checkbox"/> WILSON	<input type="checkbox"/> YADKIN	<input type="checkbox"/> YANCEY

3 **1099 REPORTING/PAY-TO ADDRESS**

All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting Address. You only need to submit one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.

* Do you have a separate Pay-To address?
 Yes No

4 **CORRESPONDENCE ADDRESS**

This is the address where all paper and accounting correspondence is to be mailed.

* Do you have a separate correspondence address?
 Yes No

SERVICE LOCATIONS

* Do you have additional service locations?
 Yes No

Exhibit 12. Addresses Page #2

Step	Action
2	Servicing Counties: Not applicable for OOS enrollment.
3	1099 Reporting/Pay-To Address: Do you have a separate Pay-To address?: Select Yes or No . Note: All provider records with the same Employer Identification Number (EIN) must have the same 1099 Reporting/Pay-To Address. If you need to update the address, submit an MCR application. You need to submit only one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.
4	Correspondence Address: Do you have a separate correspondence address?: Select Yes or No .

Exhibit 13. Addresses Page #3

Step	Action
5	Service Locations: Do you have additional service locations?: Select Yes or No . If Yes , enter Office Phone, Address, City, State, and ZIP Code .
6	Select the Add button to add a service location.
7	Select the Next button to continue.
Note	For providers submitting electronic 837 claims via a Billing Agent or Clearinghouse or paper claims (when applicable), the billing provider’s address on the claim under the Billing NPI must match the address on the provider records; otherwise, the claim will pend.

2.9 TAXONOMY CLASSIFICATION PAGE

The **Taxonomy Classification** page allows you to add taxonomy code sets (Provider Type, Classification, and Area of Specialization). Select the taxonomy code(s) under which you will be conducting business with NCTracks for each service location.

Exhibit 14. Taxonomy Classification Page

Step	Action
1	Add Taxonomy Classification: Using the drop-down menus, select Provider Type , Classification , and Area of Specialization (if applicable).
2	Select the Add button to add another Taxonomy Classification. Note: Repeat this process to add multiple taxonomy codes. You can enter up to 15 taxonomy codes.
3	Select the Next button to continue.

2.10 ACCREDITATION PAGE

The **Accreditation** page allows you to add relevant accreditations, certifications, and licenses.

Based on the location, health plans, and taxonomies that you selected in the application, required accreditation, certification, and/or license fields will be populated. You must complete the remaining required fields.

You can add additional accreditations, certifications, and/or licenses as desired.

Once a Clinical Laboratory Improvement Amendments (CLIA) or Drug Enforcement Agency (DEA) certification is added to a provider record and verified, CSRA will update the effective dates according to information received from those certifying agencies.

Licenses issued by the NC Medical Board for Medical Doctors, Physician Assistants, and Anesthesiologists will also have the effective dates automatically updated once they have been verified as active by CSRA.

Exhibit 15. Accreditation Page #1

Step	Action
1	Select Service Location .
2	Select the Edit Location button.
Note	If you have multiple service locations that require the same accreditation, certification, and/or license, you can copy the information to all locations by selecting the checkbox shown in Exhibit 16 and Exhibit 17.

Exhibit 16. Accreditation Page #2

Step	Action
3	Add Accreditation: Enter Accreditation # , Effective Date , and Expiration Date . If your accreditation does not have an expiration date, leave this field blank.
4	Select the Add button.
5	Add Certification: Enter State , Certification # , Effective Date , and Expiration Date . If your certification does not have an expiration date, leave this field blank.
6	Select the Add button.

Exhibit 17. Accreditation Page #3

Step	Action
7	Add License: Enter State , License # , Effective Date , and Expiration Date .
8	Select the Add button.
9	Select the Save Location button.
10	Select the Next button to continue.

2.11 METHOD OF CLAIM AND ELECTRONIC TRANSACTIONS PAGE

The **Method of Claim and Electronic Transactions** page captures how you will be submitting and/or receiving electronic transactions.

Note: For providers submitting electronic 837 claims via a Billing Agent or Clearinghouse or paper claims (when applicable), the billing provider’s address on the claim under the Billing NPI must match the address on the provider records; otherwise, the claim will pend.

2.12 ASSOCIATE BILLING AGENT PAGE

The **Associate Billing Agent** page captures associated Billing Agent(s) information. If you use a billing agent, you must report the billing agent.

2.13 EFT ACCOUNT INFORMATION PAGE

The **EFT Account Information** page captures Electronic Funds Transfer (EFT) and remittance information. All payments are by EFT in NCTracks.

2.14 SERVICES PAGE

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

1 INTERPRETATION SERVICES

* Are Oral Interpretation Services available?
 Yes No

* Is Braille supported?
 Yes No

* Is American Sign Language supported?
 Yes No

2 LANGUAGES SUPPORTED IN OFFICE

* Languages:

Available Options

- 02 - Spanish
- 03 - Arabic
- 04 - Armenian
- 05 - Burmese
- 06 - Cambodian
- 07 - Chinese
- 08 - Creole
- 09 - Croation
- 10 - Farsi
- 11 - French
- 12 - French Creole
- 13 - German
- 14 - Greek
- 15 - Hindi
- 16 - Hmong
- 17 - Italian

Add >

Add All >

< Remove

< Remove All

Selected Options

- 01 - English

3 SPECIAL NEEDS

Behaviorally Disruptive

Deaf/Hearing Impaired

Physically Handicapped

Blind/Visually Impaired

Intellectual and Development Disability

Sexually Aggressive

* Is this location TDD/TTY Equipped?
 Yes No

* TDD/TTY Office Phone #: (000) 000-0000 ext.

4 NEW PATIENTS ACCEPTED

* Are you accepting new patients?
 Yes No

* Do you accept siblings of established patients?
 Yes No

5 * MEDICAID FOR PREGNANT WOMEN (MPW)

I serve MPW patients only.

I serve both MPW and Medicaid patients.

I do not serve MPW patients.

Exhibit 18. Services Page

Step	Action
1	Select the appropriate options for Are Oral Interpretation Services Available, Is Braille Supported, and Is American Sign Language Supported.
2	Indicate the languages supported in the office. Highlight each supported language and select the Add > button to add it to the Selected Options list.
3	Select the checkbox(es) next to the Special Needs service(s) offered, if applicable. To indicate whether your office is equipped with TDD/TTY services, select Yes or No . 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.
4	Select the appropriate options in the New Patients Accepted section.
5	Indicate the appropriate choice in the Medicaid for Pregnant Women section. Note: Human Service Organizations (HSOs) would select option 2, 'I serve both MPW and Medicaid patients'.

Providers are required to answer the telehealth services questions on any application submitted through the Provider Portal. Any provider requesting telehealth services to be added to their provider record must submit the request through the application process. The telehealth services questions will only be displayed for select Individual and Organization application types.

TELEHEALTH SERVICES

1H, Telehealth, Virtual Communications and Remote Patient Monitoring: URL <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

- 1 * Do you offer telehealth services covered by Medicaid?
 Yes No
- 2 * What types of telehealth services do you offer?

<input checked="" type="checkbox"/> Remote Patient Monitoring	<input type="checkbox"/> Store and Forward
<input type="checkbox"/> Telephone Conversations	<input checked="" type="checkbox"/> Virtual Portal Communications
- 3 * Are in-person services available at this location?
 Yes No
- 4 * Do you have an internet website URL you would like to display in a provider directory?
 Yes Prefer not to display Not available
- 5 * Website URL:

Copy telehealth related question responses to all active locations

Exhibit 19. Services Page – Telehealth Services

Step	Action
1	Do you offer telehealth services covered by Medicaid? Select Yes or No .
2	If Yes , select one or more telehealth service types: <ul style="list-style-type: none"> Remote Patient Monitoring Store and Forward Telephone Conversations Virtual Portal Communications
3	Are in-person services available at this location? Select Yes or No .
4	Do you have an internet website URL you would like to display in a provider directory? <ul style="list-style-type: none"> Select Yes if the provider wants to display their website in a provider directory. Select Prefer not to display if the provider does not want to disclose their internet website URL. Select Not available if the provider does not have a website.
5	If Yes , enter the provider's website URL.

2.15 EXCLUSION SANCTION INFORMATION PAGE

Welcome, (Log out)

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

Provider Enrollment Ap...

Exclusion Sanction Information

* indicates a required field

Legend

1 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 exclusion sanction question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution in addition to a written explanation of the supporting documentation.

1. A thorough written explanation signed by the subject of the offense if an individual or by the provider's Office Administrator if the subject of the offense is an organization of the occurrence and dated within 6 months of the application date, by the provider's Office Administrator, an owner or managing employee of the occurrence including references to the infraction/conviction date(s) entered and the resolution.
2. All supporting documentation (See Job Aid/FAQ) that relates to the incident.

Failure to submit all of the request information may result in the application being deemed incomplete.

Exclusion Sanction Supporting Documentation [Job Aid/FAQ](#)

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

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

* C. Has the applicant, managing employees, owners, or agent sever 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; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health insurance program in any state?
 Yes No

* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
 Yes No

* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
 Yes No

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
 Yes No

* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
 Yes No

* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
 Yes No

* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
 Yes No

* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
 Yes No

* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
 Yes No

* L. Has the enrolling provider had any liability insurance carrier canceled, refused coverage, or rated up because of unusual risk or have any procedures been excluded from coverage?
 Yes No

* M. Has the enrolling provider ever practiced without liability coverage?
 Yes No

* N. 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?
 Yes No

* O. Has the enrolling providers hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?
 Yes No

* P. Has the enrolling provider had a professional liability claim assessed against them in the past five years or are there any professional liability cases pending against them?
 Yes No

« Previous Please be sure to complete all required fields with valid content. Next »

Exhibit 20. Exclusion Sanction Information Page

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

2.16 REVIEW APPLICATION PAGE

The **Review Application** page allows you to review the application in Adobe PDF format.

Exhibit 21. Review Application Page

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

2.17 SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

The **Sign and Submit Electronic Application** page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the application.

Sign and Submit Electronic Application

Indicates a required field

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the 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 electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

1 Login ID (NCID): [Forgot Login ID](#)

2 Password: [Forgot Password](#)

• If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to . Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)

• If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering your Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSRA Call center at 800-688-6696 if you have any trouble with your Electronic Signature PIN Number.

3 PIN: [Forgot PIN](#)

4 Please review the documents you are going to electronically sign.

- Trading Partner Agreement
- Agreement and Attestations

REQUIRED ATTACHMENTS

3301 Benson Dr, RALEIGH, NC 27609-7362

Your application indicates that you are enrolling as:

- RESPIRATORY, DEVELOPMENTAL, REHABILITATIVE AND RESTORATIVE SERVICE PROVIDERS, Physical Therapist, 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

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.

Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

5

Exhibit 22. Sign and Submit Electronic Application Page

Step	Action
1	Enter User ID .
2	Enter Password .
3	Enter PIN .
4	Select the Trading Partner Agreement and/or Agreement and Attestations links to review each.
5	Select the Submit Now or Submit Later buttons to submit.

2.18 FINAL STEPS PAGE

The **Final Steps** page informs you that the application submission is complete. This page also contains the final steps that you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application.

Exhibit 23. Final Steps Page

Step	Action
1	Print/save Online Application and/or Review Agreement . This will be the only opportunity to save, download, or print the PDFs.
2	If any documents need to be attached select the Upload Documents button.
3	Select the Provider Enrollment Status and Management Home link.

2.19 UPLOAD DOCUMENTS PAGE

The **Upload Documents** page allows you to upload any additional relevant documents associated with a submitted application.

Exhibit 24. Upload Documents Page

Step	Action
1	Select the Browse button to locate the file and add. Note: The file name will display to the left of the Browse button.
2	Select the Upload Document button to submit the file to NCTracks.

You will receive an “Upload Successful” message upon a successful upload of additional documents. The message will also display the file name of the document that was successfully uploaded. If you want to print a record of submitted attachments, select the printer icon located in the upper right corner of the page.



Exhibit 25. Upload Documents Page – Printer Icon

Step	Action
3	Select the printer icon to print a record of submitted attachments.

2.20 STATUS AND MANAGEMENT PAGE

The **Status and Management** page displays categories of applications.

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

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

From the **Submitted Applications** section, providers can pay application required fees by selecting the **Pay Now** hyperlink; withdraw a previously submitted application by selecting the **Withdraw** hyperlink; or upload supporting documents, when requested, by selecting the **Upload Documents** hyperlink. Additionally, CSRA uses the **Submitted Applications** section to advise providers of incomplete applications.

CSRA may return an application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which contains details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the **Status and Management** page and withdraw the application. The provider can also respond to the Application Incomplete letter advising that the information is incorrect and requesting that CSRA withdraw the application. If CSRA withdraws the application, the Application Withdrawal letter is sent to the Message Center Inbox. Withdrawal letters for initial enrollment applications will be sent to the OA’s e-mail address.

Applications withdrawn by CSRA or the provider will have a “Withdrawn” status in the **Submitted Applications** section. CSRA-withdrawn applications will always be accompanied by a withdrawn letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

Status and Management Legend

* indicates a required field

Welcome to Provider Enrollment Status and Management
Please choose from the options below to manage your enrollment status.

1 SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.

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

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

RECORD RESULTS					
NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			Enrollment	05/12/2015	Approved
			Enrollment	05/05/2015	Approved
			Enrollment	05/05/2015	Approved
			Manage Change Request	04/15/2015	Approved
			Abbreviated Method of Claim Bi	04/14/2015	Manage Change Request Complete
			Enrollment	04/10/2015	Upload Documents - Returned
			Abbreviated EFT Manage Change	04/08/2015	Manage Change Request Complete
			Enrollment	09/15/2014	Denied

2 SAVED APPLICATIONS

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

RECORD RESULTS							
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>				27502-0000	Enrollment	05/05/2015	05/13/2015
<input type="radio"/>				27502-0000	Enrollment	05/05/2015	05/05/2015
<input type="radio"/>				27502-0000	Enrollment	05/12/2015	05/12/2015
<input type="radio"/>				27502-0000	Enrollment	05/04/2015	05/05/2015

[Resume](#) [Delete Draft](#)

3 RE-ENROLL

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

RECORD RESULTS					
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Termination Date
<input type="radio"/>				27502-1216	05/13/2015

[Re-Enroll](#)

Exhibit 26. Status and Management Page #1

Section	Description
1	<p>Submitted Applications: Allows you to view the status of a submitted provider enrollment application.</p> <ul style="list-style-type: none"> Abandoned: Supporting documents were not electronically uploaded by the due date in the incomplete letter or the NC Application Fee was not paid within 30 days of the submission of the application. In Review: Application is being reviewed by CSRA or State. Returned: Application was returned to the provider needing additional documentation from the provider. When the Returned hyperlink is selected, the provider will be redirected to the Application Incomplete letter. Denied: The provider's participation in the program has been denied. Approved: The provider's participation in the program has been approved. Withdrawn: CSRA or the provider has withdrawn the application. MCR Comp (Manage Change Request Complete): The provider requested a change that does not require review; therefore, this change was instantly completed. ME Comp (Maintain Eligibility Complete): The provider's Maintain Eligibility does not require review; therefore, this request was instantly completed.

Section	Description
	<ul style="list-style-type: none"> • Pymt Pend (Payment Pending): Records indicate that the provider has made a payment at PayPoint. It may take up to 48 hours to verify a payment. • Pay Now: The provider can select the Pay Now link to make a payment on the PayPoint website. It may take up to 48 hours to verify a payment. • Withdraw: The provider can select the Withdraw link to withdraw the application. • Upload Documents: The provider can select this link to electronically attach documents to the application.
2	Saved Applications: Allows you to resume a saved provider enrollment application.
3	Re-enroll: Allows you to re-enroll a terminated provider enrollment account.

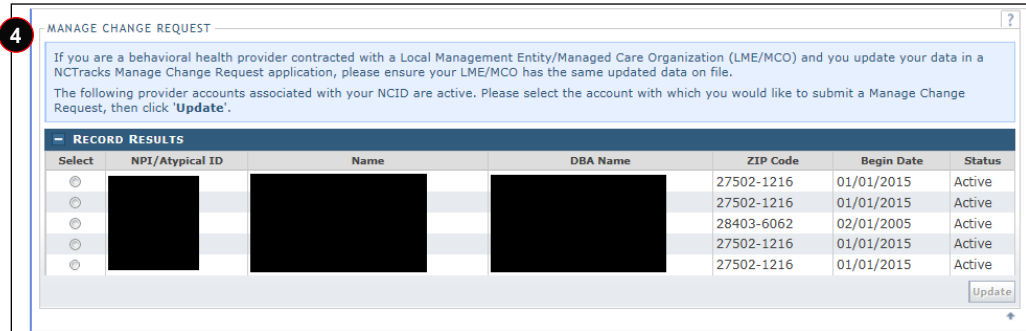


Exhibit 27. Status and Management Page #2

Section	Description
4	Manage Change Request: Allows you to submit updates to an active provider enrollment account.

3.0 Manage Change Request

3.1 STATUS AND MANAGEMENT PAGE

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

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

3.2 MANAGE CHANGE REQUEST

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

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

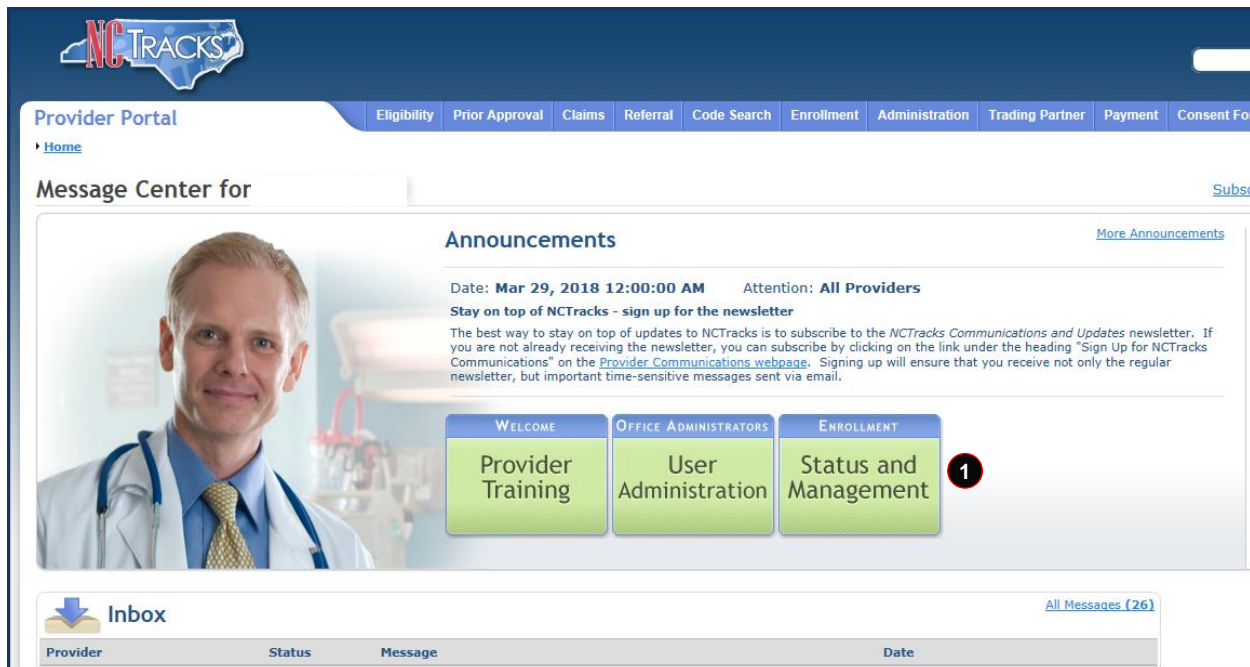


Exhibit 28. Provider Portal Home Page

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

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

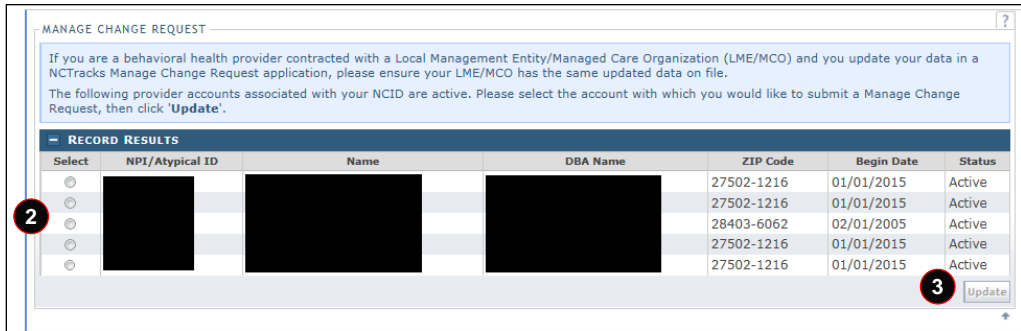


Exhibit 29. Status and Management Page – Manage Change Request Section

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

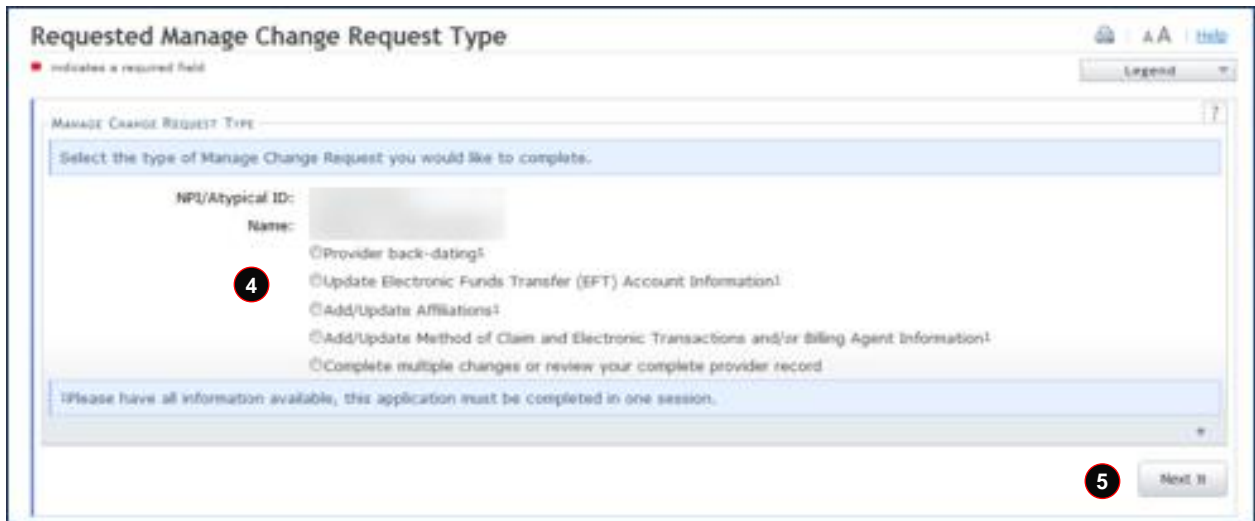


Exhibit 30. Requested Manage Change Request Type Page

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

3.3 ORGANIZATION BASIC INFORMATION PAGE

The **Organization Basic Information** page displays with the last information provided. If there are no other changes to be made to this page, navigate to the **Out of State Enrollment** section of the page.

The **Out of State Enrollment** section states: *“You are currently enrolled as a time-limited (lite) out of state provider. You can request to change your enrollment to be enrolled as a full provider. As a full provider, your enrollment will be open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the \$100 NC Application Fee. Do you wish to switch from lite to full enrollment? Yes/No”.*

Upon the submission of the MCR, the provider will be required to remit the \$100 NC Application Fee.

Organization Basic Information

• indicates a required field

IDENTIFYING INFORMATION

If you need to update the Organization Name, submit documentation that shows proof of a legal name change to CSRA via fax at 855-710-1965 or by email at NCTracksProvider@nctracks.com.

Organization Name: [REDACTED]
 EIN: [REDACTED] NPI/Atypical Provider ID: [REDACTED]
 • Email: TEST@FAKEEMAIL.C • Month of Fiscal Year End: December

DOES BUSINESS AS (DEA)

• Do you operate under a trade or company name?
 Yes No

DEA Information
 • DBA Name: [REDACTED]
 • Years Doing Business Under This Name: 5

BUSINESS INFORMATION

• Business Type: CORPORATION

Out of State Enrollment

You are currently enrolled as a time-limited (lite) out of state provider. You can request to change your enrollment to be enrolled as a full provider. As a full provider, your enrollment will be open-ended and you will be required to complete Re-verification every five (5) years and will be required to pay the \$100 NC Application Fee. Do you wish to switch from lite to full enrollment?
 Yes No

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

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

• Last Name: [REDACTED] • First Name: [REDACTED]
 Middle Name: [REDACTED] Suffix: -- Select One --
 (Enter your full middle name)

• Contact Email: [REDACTED]

• Office Phone #: [REDACTED] ext. [REDACTED] Office Fax #: (000) 000-0000

• User ID (NCID): [REDACTED]

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

• Is this contact person an Owner or Managing Employee?
 Owner Managing Employee

Please be sure to complete all

Exhibit 31. Organization Basic Information Page

Step	Action
1	Select Yes for the question ' Do you wish to switch from lite to full enrollment? '.
2	Select the Next button.

3.4 TERMS AND CONDITIONS PAGE

When a provider converts from an OOS Lite to a fully enrolled provider, new Terms and Conditions will display.

3.5 OWNERSHIP INFORMATION PAGE

If the OA was listed as an Owner during initial enrollment, only their information was allowed. When a provider converts from an OOS Lite to a fully enrolled provider, all Owners with a 5 percent or more ownership interest will need to be added to the record.

Exhibit 32. Ownership Information Page #1

Step	Action
1	Select Yes or No for the question ' Do you have one or more Shareholders/Partners with 5% or more ownership? '.
Note	If Yes is selected, proceed to the next section.

Exhibit 33. Ownership Information Page #2

Step	Action
2	Select the Shareholder/Partner type: an individual or a business .
Note	If an individual was selected, proceed to Exhibit 34, Ownership Information Page #3. If a business was selected, proceed to Exhibit 35, Ownership Information Page #4.

Exhibit 34. Ownership Information Page #3

Step	Action
3	Provide all the required individual information that is marked with an asterisk (*).
4	Select the Verify Address button to ensure that the address provided is a deliverable address.
5	Select the Add button to save the Shareholder/Partner information.
6	If other Shareholders/Partners need to be added, an Add Shareholder/Partner section is provided. If no other Shareholders/Partners need to be added, select the Next button to continue.

Ownership Information

* indicates a required field

Legend

* Do you have one or more Shareholders/Partners with 5% or more ownership?
 Yes No

Owners with 5% or more ownership in the enrolling provider entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare.

SHAREHOLDER/PARTNER INFORMATION

Add Shareholder/Partner

Please complete the required information for *each* shareholder/partner with 5% or more ownership.

* This shareholder/partner is:
 an individual a business

Business Information

* Business Legal Name:

* EIN:

1 * Address Line 1:
 Address Line 2:

* City:

* State: NORTH CAROLINA

* ZIP Code:

2 Verify Address

* Percent of Ownership/Control Interest: %

3 Add Clear

4 Next

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

Previous Next

Exhibit 35. Ownership Information Page #4

Step	Action
1	Enter all of the required Business information that is marked with an asterisk (*).
2	Select the Verify Address button to confirm that the address provided is a deliverable address.
3	Select the Add button to save the Shareholder/Partner information.
4	If other Shareholders/Partners need to be added, an Add Shareholder/Partner section is provided. If no other Shareholders/Partners need to be added, select the Next button to continue.

3.6 AGENTS/MANAGING EMPLOYEES PAGE

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

This page does not display during the enrollment process if the OA is an Owner. If the OA is not an Owner, their information will be listed on this page and all other Managing Employees can be added.

Agents and Managing Employees

* indicates a required field

Legend

1 * Does the applicant have any agent(s) and/or managing employee(s)?
 Yes No

Managing agents and employees entered on this application match what was reported to the provider's state business registration entity, licensure board and Medicare. NC Medicaid will compare the owners and managing employees entered on this application with the owners and managing employees listed on the provider's Medicare enrollment record when applicable.

Managing Relationships

Please add all managing relationships below.

2 Add Relationship

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

* Last Name: * First Name:
 Middle Name: Suffix: -- Select One --
 (Enter your full middle name)
 * Date of Birth: mm/dd/yyyy * SSN:
 * Email: * Phone Number: (000) 000-0000
 * Business Relationship: -- Select One --

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: -- Select One --
 * ZIP Code: 00000-0000

Verify Address

3 Add Clear

Exhibit 36. Agents and Managing Employees Page

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

3.7 EXCLUSION SANCTION INFORMATION PAGE

If additional Owners or Managing Employees were added, the sanctions questions must be answered for each newly added person on the application. If **Yes** is answered to any question, supporting documentation must be submitted.

Failing to disclose a sanction will cause the application to be denied.

3.8 FINAL STEPS PAGE

Once you have submitted the MCR, the **Final Steps** page will display. This page provides hyperlinks to PDF versions of the application as well as the Trading Partner Agreement (if applicable).

When converting from an OOS Lite provider to an OOS Full provider, you will be required to remit the \$100 NC Application Fee.

Exhibit 37. Final Steps Page

Step	Action
1	Select Pay Now to remit the \$100 NC Application Fee online via check or credit card (see Addendum B).
Note	Be sure to print or save copies of the application/agreements prior to navigating away from this page. Once you navigate away from the Final Steps page, you will not be able to retrieve these documents again.

3.9 MANAGE CHANGE REQUEST APPLICATION APPROVAL LETTER

Once the application to convert from an OOS Lite to an OOS Full provider has been approved, the provider will receive the Manage Change Request Application Approval Letter in their Message Center Inbox. This letter is identified by the letter ID PM51400-R5314.

Announcements

Date: **Nov 27, 2018 12:00:00 AM** Attention: **All Providers**

The Health Insurance Marketplace serves people who don't get health coverage from their job. Factsheets on the Marketplace are available in English and Spanish to post in your locations. North Carolinians seeking in-person assistance with enrollment can visit the [NC Navigator Consortium](#) to find a local application assister or call the toll-free NC Navigator Helpline at 1-855-733-3711.

Quick Links

- [CCNC/CA \(Managed Care\)](#)
- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Health Benefits](#)
- [DHB \(Health Check\)](#)
- [DMH/DD/SAS](#)
- [Division of Public Health](#)
- [Office of Rural Health](#)
- [Provider Training](#)

Inbox All Messages (45)

Provider	Status	Message	Date
1992825848	Read	Prior Approval Record Assigned For Review	11/12/2019 11:55 am
1992825848	Read	Submitted Prior Approval Record	11/12/2019 11:44 am
1659493492	Unread	Prior Approval Record Assigned For Review	11/12/2019 11:33 am
1659493492	Read	Prior Approval Record Assigned For Review	11/12/2019 11:10 am

ICD-10 News

- [Taking Advantage of CMS Resources](#) - Nov 18, 2013 12:00:00 AM
- [Just in time for Halloween - an ICD-10 Vampire Detector](#) - Oct 3, 2013 12:00:00 AM
- [RAMP UP to ICD-10: Mapping](#) - Sep 18, 2013 12:00:00 AM
- [Revenge of the grilled corn](#) - Sep 13, 2013 12:00:00 AM

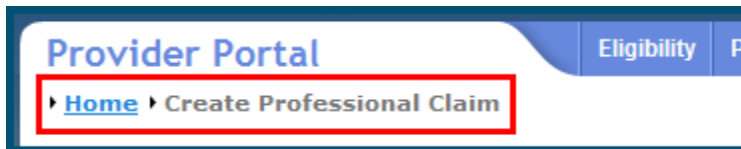
Exhibit 38. Provider Message Center Inbox

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 page
- Page-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



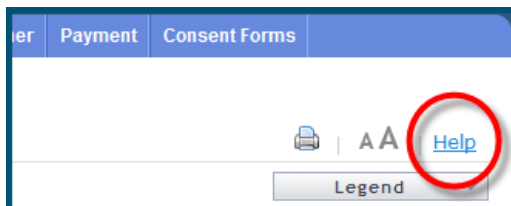
A breadcrumb trail is a navigational tool that shows the path of pages that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific pages on this path.

System-Level Help



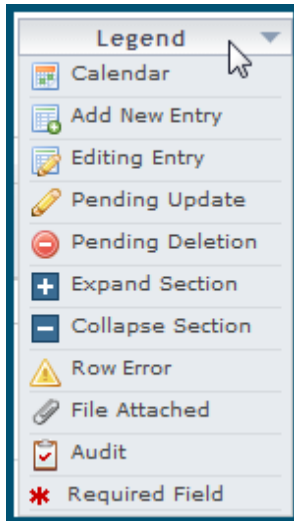
The System-Level Help link opens a new window with the complete table of contents for a given user’s account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group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


Page-Level Help



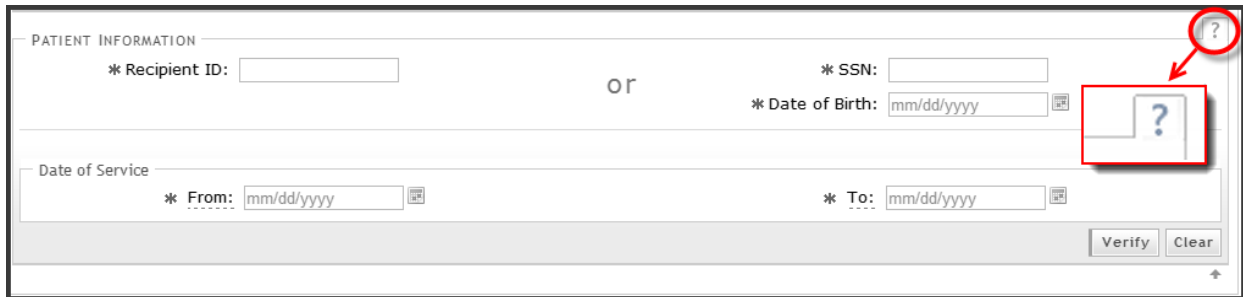
Page-Level Help opens a modal window with all of the Data/Section Group help topics for the current page. The Page-Level Help link displays across from the page title of any web application form page.

Form Legend



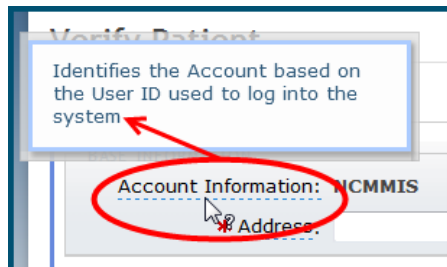
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help



Data/Section Group Help targets the same modal window as Page-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 page element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

Addendum B. PayPoint Process

The PayPoint page displays after you select **Pay Now** from the **Final Steps** page ([Section 2.18](#)) or the **Status and Management** page ([Section 2.20](#)).

Exhibit 39. PayPoint Page

Step	Action
1	<p>Select Pay by electronic check or Pay by credit card.</p> <ul style="list-style-type: none"> If you select Pay by credit card, the Payment Information – Credit Card page displays. If you select Pay by electronic check, select Personal or Business as the Account Type. The Payment Information – Pay by Check page displays.

Provider Enrollment

Language: English

Payment Information

* Indicates required field

1 Billing Address

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

Phone:

E-Mail:

2 Payment Details

*Payment Amount: 100.00 USD

3 Payment Method

*Name as it Appears on Card:

*Card Number:

*Expiration Date:

* Enter the above code:

Can't read? Try a different code.

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Exhibit 40. PayPoint Payment Information – Credit Card Page

Step	Action
1	Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: Name as it Appears on Card , Card Number , Expiration Date , and Enter the above code .

Provider Enrollment

Language: English

Payment Information

* Indicates required field

1 Billing Address

*First Name: M.I.: *Last Name:

*Street Line 1:

Street Line 2:

*City:

*State: Select State

*Zip:

Phone:

E-Mail:

2 Payment Details

*Payment Amount: 100.00

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking date your payment will be executed on the next available banking day. Current date payments received 4:00 PM MT will be executed on the next valid banking date.

3 Payment Method

*Name On Account:

*Account Number: [What's This?](#)

*Re-Type Account Number:

*Routing Number: [What's This?](#)

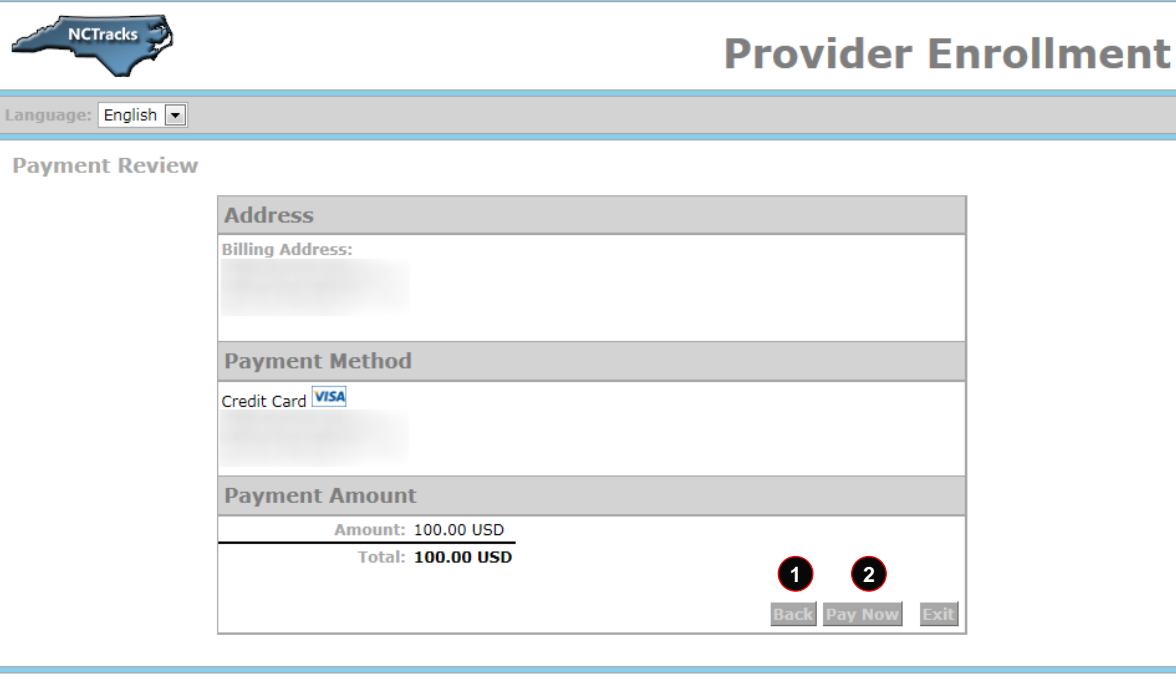
*Account Type: Checking Savings

4 **5**

Back Next Exit

Exhibit 41. PayPoint Payment Information – Pay by Check Page

Step	Action
1	Billing Address: Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: Name on Account , Account Number (Retype) , Routing Number , and Account Type (select Checking or Savings).
4	Select the Back button to change Payment Type, the Next button to display the Payment Review page, and the Exit button to close the PayPoint page.
5	Select the Next button to continue. The Payment Review page displays.




Provider Enrollment

Language: English

Payment Review

Address
Billing Address:

Payment Method
Credit Card 

Payment Amount
Amount: 100.00 USD
Total: **100.00 USD**

1 2
Back Pay Now Exit

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Exhibit 42. PayPoint Payment Review Page

Step	Action
1	Select the Back button to change payment details, the Pay Now button to submit payment, and the Exit button to close the PayPoint page.
2	After selecting the Pay Now button, you are redirected to the NCTracks portal to the Payment Confirmation page. Note: You will also receive an e-mail with a copy of the confirmation.

NC TRACKS Welcome, [User Name] (Log out) | NCTracks Help

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | Administration | Trading Partner | Payment | Consent Forms

Home • **Provider Enrollment**

Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center.

Phone:
800-688-6696

Fax:
919-851-4014

NCQHHSProvEnrol@ces.com

Quick Links

[Status and Management](#)

- [Provider Enrollment Home](#)
- [PE Supporting Information](#)
- [PE Terms and Conditions](#)
- [Provider Qualifications and Requirements Checklist](#)

Payment Confirmation Help

* Indicates a required field Legend

ONLINE PAYMENT SUBMISSION COMPLETE

Below is your payment summary and confirmation; please print the page for your records. Payments are posted and the payment status will be updated within 2 business days of being received. Contact the CSRA Call Center at **800-688-6696** if you have any questions about this payment.

PAYMENT CONFIRMATION DETAILS

Confirmation Number: [REDACTED]

NPI/Atypical ID: [REDACTED]

Provider Name: [REDACTED]

Payment Amount: **\$100.00**

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

Exhibit 43. PayPoint Payment Confirmation Page

This Page Intentionally Left Blank