



a General Dynamics Information Technology, Inc. company

NCMMIS Provider Web Portal Applications Participant User Guide (NEMT Providers)

PREPARED FOR:

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Health and Human Services

DHHS IT

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FINAL

SUBMITTED BY:

CSRA



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

January 07, 2021

**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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1.0 Welcome

1.1 COURSE OVERVIEW

This Participant User Guide will guide Non-Emergency Medical Transportation (NEMT) providers through the processes of submitting provider Enrollment and Manage Change Request (MCR) applications found on the NCTracks Provider Portal. This Participant User Guide will also detail what to expect once your applications have been submitted.

1.2 COURSE BENEFITS

This Participant User Guide will guide you through an overview of the Enrollment and MCR application processes. It will also detail the Status and Management screen, which is used to submit and track your applications.

1.3 COURSE OBJECTIVES

At the end of this training, you will be able to:

- Understand the Provider Enrollment Application processes
- Navigate to the NCTracks Provider Portal and complete the provider Enrollment and MCR application processes
- Track and submit applications using the Status and Management screen

1.4 PREREQUISITES

- HIPAA Security & Privacy Training
- Computer-Based Training (CBT) NCTracks Overview Provider Portal – Providers

NOTES:

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2.0 Provider Web Portal Applications

2.1 INTRODUCTION

You must be enrolled with the North Carolina Department of Health and Human Services (NC DHHS) to render services. There are several different types of provider enrollment applications that you might use, depending on the circumstances of your application. They are:

- **Individual** – An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services.
- **Organization** – An entity, facility, or institution that may be an affiliation of individual providers.
- **Atypical Organization** – Does 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.
- **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.

2.2 OBJECTIVES

This Participant User Guide will provide step-by-step documentation of the processes to complete and submit provider enrollment applications.

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

For more information on the Abbreviated MCR options, refer to Participant User Guide PRV 563 *Abbreviated Manage Change Request*.

2.3 HELP SYSTEM

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

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

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3.0 New Enrollment

3.1 NAVIGATING TO PROVIDER APPLICATIONS – NEW ENROLLMENT

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

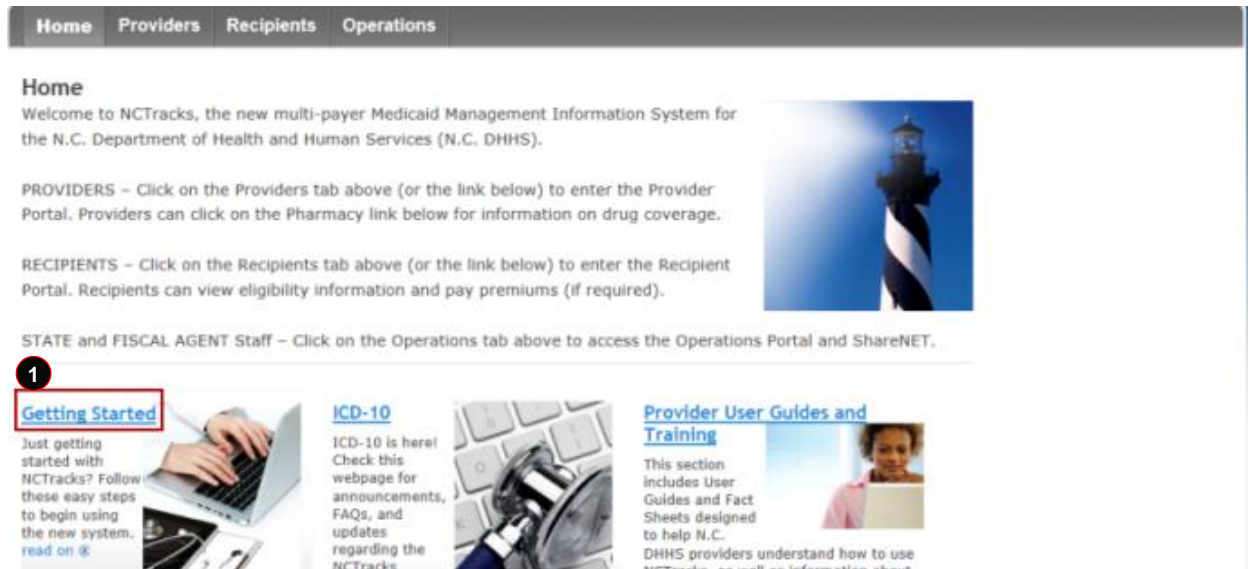


Exhibit 1. NCTracks Home Screen

Step	Action
1	Select the Getting Started link. The Getting Started screen displays.

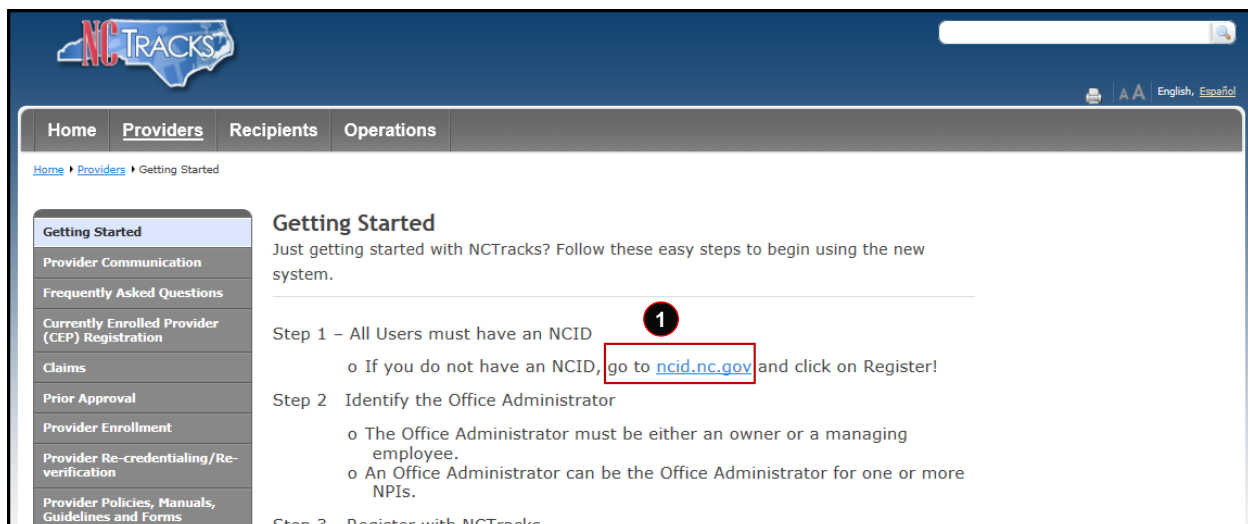


Exhibit 2. Getting Started Screen

Step	Action
1	Select the ncid.nc.gov hyperlink to create an NCID and Password.

[Home](#)
[Providers](#)
[Recipients](#)
[Operations](#)

[Home](#) > [Providers](#)

Getting Started

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 and Training

ICD-10

Dental Services

Pharmacy Services

Trading Partner Information

Office Administrator (OA) Change Process

Providers

Learn more about NCTracks. Check these opportunities:

Formal training -

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

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

Informal training -

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

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

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

NCTracks Secure Portal

Access the secure NCTracks Portal

[Password Help](#)

NCID Self Service

Quick Links

- [NCTracks Issues List \(XLSX, 37 KB\)](#)
- [NCTracks Contact Information \(PDF, 116 KB\)](#)
- [2016 NCTracks Checkwrite Schedule - DHB \(PDF, 47 KB\)](#)
- [2016 NCTracks Checkwrite Schedule - DMH, DPH, and ORHCC \(PDF, 48 KB\)](#)
- [NCTracks User Access Setup \(PDF, 2782 KB\)](#)
- [Cover Sheet for Claim Attachments \(DOCX, 32 KB\)](#)
- [AVRS Features Job Aid \(PDF, 44 KB\)](#)
- [NCTracks Glossary of Terms](#)

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 Services](#)
- [Division of Public Health](#)
- [Office of Rural Health and Community Care](#)

1

Provider Enrollment

Enroll now to provide Medicaid services in North Carolina!

Pharmacy Services

Learn more about Prior Approval for North Carolina prescriptions

Provider Announcements

[Joint Communication Bulletin re: Nash County LME-MCO](#)
Jun 5, 2017 read on

[Checkwrite Date This Week is on Wednesday May 31 Due to Holiday](#)
May 30, 2017 This is a reminder that in keeping with the published approved 2017 checkwrite schedule, because ... read on

[Reminder - No NCTracks Checkwrite on June 27 2017](#)
May 30, 2017 read on

Attention: Ambulatory Surgical Center (ASC) Providers
[Special Bulletin on Reprocessing of ASC Claims for Non-Covered Services](#)
May 25, 2017 read on

[NCTracks Call Center Closed Next Monday for Memorial Day Holiday](#)
May 22, 2017 The NCTracks Call Center will be closed next Monday, May 29, in observance of the Memorial Day ... read on

[All Announcements](#)

Exhibit 3. Provider Home Screen

Step	Action
1	Select the Provider Enrollment link. The Provider Enrollment screen displays.



Exhibit 4. Begin Enrollment Application

Step	Action
1	Select the Begin Application link. The NCTracks Login screen displays.

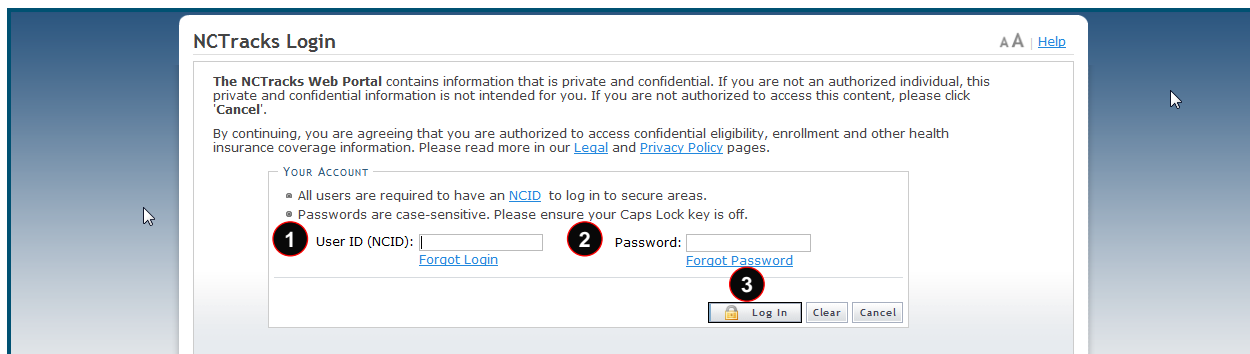


Exhibit 5. NCTracks Login Screen

Step	Action
1	User ID (NCID): Enter your NCID . Note: It is assumed that your Office Administrator (OA) will be the person who is completing the application. The OA will log in with their NCID and password. If logging in as an Enrollment Specialist (ES), refer to the Participant User Guide PRV 562 <i>Enrollment Specialist User</i> .
2	Password: Enter your Password .
3	Select the Log In button. The Provider Portal displays.
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 to 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" job aid located in SkillPort.

3.2 ONLINE PROVIDER ENROLLMENT APPLICATION SCREEN

On the **Online Provider Enrollment Application** screen, 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.

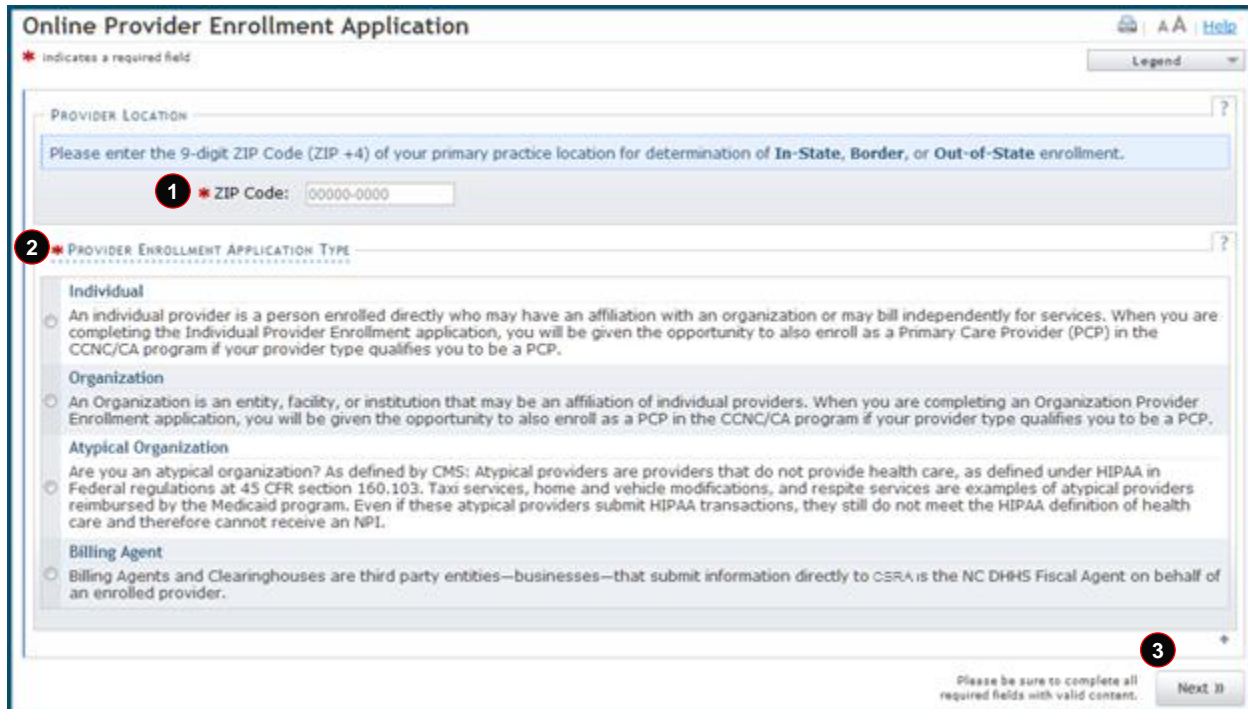


Exhibit 6. Provider ZIP Code and Enrollment Application Type Screen

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

Note: An NPI is not required to enroll. NEMT providers that will only be providing NEMT services can enroll as Atypical Organization providers.

3.3 ORGANIZATION BASIC INFORMATION SCREEN

The **Organization Basic Information** screen captures your organization's basic information.

Organization Basic Information

* indicates a required field

1 IDENTIFYING INFORMATION

* Organization Name:

* EIN: * NPI:

* Email: * Month of Fiscal Year: End:

ZIP Code: **27707-0000**

2 DOING BUSINESS AS (DBA)

* Do you operate under a trade or company name?

☐ Yes ☐ No

3 OWNERSHIP INFORMATION

* Business Type:

City/Municipality
Corporation
Federal
Indian Health Services
Limited Liability Corporation (LLC)
Local Government Agency
Non-Profit
Partnership
State

Office Administrator (A):

Individual authorized to make decisions on behalf of applying provider. This role currently belongs to:

* Last Name: First Name:

Exhibit 7. Organization Basic Information Screen #1

Step	Action
1	Identifying Information: Enter Organization Name , EIN , NPI , Email , and Month of Fiscal Year End .
2	<p>Doing Business As (DBA): Answer Yes or No to the question: "Do you operate under a trade or company name?"</p> <ul style="list-style-type: none"> If you answer Yes, the field will expand, prompting you to enter the DBA Name and Years Doing Business Under This Name. <p>Note: The DBA Name must be registered in the county where the service is being provided.</p> <ul style="list-style-type: none"> If you answer No, you may continue to the next required field on the screen.
3	<p>Ownership Information: Select the business type from the drop-down menu:</p> <ul style="list-style-type: none"> City/Municipality: Select this if the organization is owned by a City or a Municipality. Corporation: Select this if this is a legal entity that is separate from the people who own it. Shareholders govern the corporation indirectly by electing people to manage it. Federal: Select this if ownership falls within the jurisdiction of the federal government. Indian Health Services: Select this if ownership falls within the jurisdiction of the Indian

Step	Action
	<p>Health Services.</p> <ul style="list-style-type: none"> • Limited Liability Corporation: Select this (filing status) if this is a Limited Liability Corporation (LLC). • Local Government Agency: Select this if the organization is owned by a City or a Municipality. • Non-Profit: Select this if it is a non-profit enterprise. • Partnership: Select this if it is a General Partnership or a Limited Partnership, where two or more people have created this business entity. • State: Select this if the entity is owned by the state in which it operates.

Exhibit 8. Organization Basic Information Screen #2

Step	Action
4	Registering with NC Secretary of State: Select Yes or No ; if you select Yes , enter the Secretary of State ID # .
5	Office Administrator (Authorized Individual): Enter Last Name , First Name , Contact E-mail , Office Phone , and User ID (NCID) .
6	Is this contact person an Owner or Managing Employee?: Select Owner or Managing Employee .
7	Effective Date Requested: Enter the Effective Date .
8	Select the Next button to continue.

3.4 TERMS AND CONDITIONS SCREEN

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

3.5 BASIC INFORMATION COMPLETE SCREEN

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

3.6 PREVIOUS HEALTH PLAN SCREEN

The **Previous Health Plan** screen captures the various past NC DHHS IDs for health plans in which the applicant was enrolled previously. This screen does not apply to NEMT providers.

3.7 HEALTH/BENEFIT PLAN SELECTION SCREEN

The **Health/Benefit Plan Selection** screen captures applicable health and benefit plans with begin and end dates. Authorized users can update health plan information. If you are enrolling as an Organization, the only health plan that needs to be on the application is Medicaid. All others should be deselected. This will be the only health plan available to Atypical Organization provider enrollment applications.

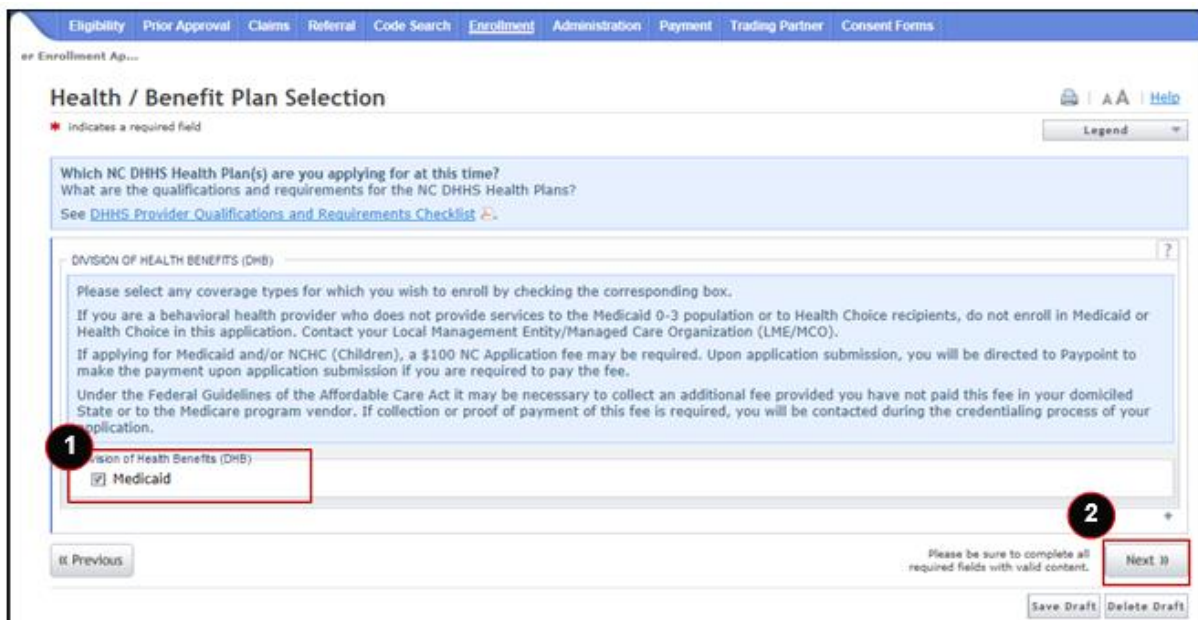


Exhibit 9. Health/Benefit Plan Selection Screen

Step	Action
1	Division of Health Benefits (DHB) is the only option available to Atypical providers. If enrolling with a National Provider Identifier (NPI), this screen will populate with other options; you can deselect any health plans that you do not want to enroll in.
2	Select the Next button to continue.

3.8 OWNERSHIP INFORMATION SCREEN

The **Ownership Information** screen captures the type(s) of ownership and information about each shareholder/partner as applicable.

The **Ownership Information** screen displays only for organizations and atypical organizations. If any other Business Type is selected on the **Basic Information** screen, this screen will not display.

Ownership Information

* indicates a required field

Legend

1 Do you have one or more Shareholders/Partners with 5% or more ownership? **Yes**

SHAREHOLDER/PARTNER INFORMATION

+ INDIVIDUAL -

+ INDIVIDUAL -

- INDIVIDUAL - --- NEWLY ADDED

Last Name : First Name :
Middle Name : Suffix :
Date of Birth : SSN : ***-**-****
Gender :
Email : Phone Number :
☒ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.
Address Line 1 :
Address Line 2 :
City :
State :
ZIP Code :
Relationship to Another Disclosing Person : **None** Percent of Ownership/Control Interest : **5 %**
Begin Date : **09/16/2015** End Date :
Edit Delete

2

Add Shareholder/Partner

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

3 * This shareholder/partner is:
☐ an individual ☒ a business

Business Information

* Business Legal Name:
* EIN:
* Address Line 1:
Address Line 2:
* City:
* State:
* ZIP Code:
Verify Address
* Percent of Ownership/Control Interest: %
* Begin Date:
4 Add Clear

5 Please be sure to complete required fields with valid content

Previous Next

Exhibit 10. Ownership Information Screen

Step	Action
1	Shareholder/Partner Information: Do you have one or more Shareholders/Partners with 5% or more ownership?: Select Yes or No ; if Yes , Managing Relationships displays.
2	Select the Edit button to edit existing Managing Relationship to change Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, Email, Phone Number, Address, City, State, ZIP Code, Relationship to Another Disclosing Person , and Percent of Ownership/Control Interest .
3	Add Shareholder/Partner: <ul style="list-style-type: none"> For Individual, enter Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, Address, City, State, ZIP Code, Relationship to Another Disclosing Person, Percent of Ownership/Control Interest, and Begin Date. Then select the Add button. For Business, enter Business Legal Name, EIN, Address, City, State, ZIP Code, Percent of Ownership/Control Interest, and Begin Date. Then select the Add button.
4	Select the Add button.
5	Select the Next button to continue.

3.9 ADDRESSES SCREEN

The **Addresses** screen captures the primary physical location, pay-to/RA, correspondence, and other service location addresses and contact information. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

Exhibit 11. Addresses Screen #1

Step	Action
1	Primary Physical Location: Enter the Office Phone, Office Fax, Address, City , and State . Select the Verify Address button (address must correspond to 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 checked="" 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 Screen #2

Step	Action
2	Servicing Counties: You must select the checkboxes for all counties in which you will render services.
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 Employee 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 .

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

6

Save Draft Delete Draft

Next

Exhibit 13. Addresses Screen #3

Step	Action
5	Service Locations: Do you have additional service locations?: No
6	Select the Next button to continue.

3.10 TAXONOMY CLASSIFICATION SCREEN

The **Taxonomy Classification** screen allows you to add taxonomy code set(s) (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.

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

Home > Provider Enrollment > Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.
Contact CSRA Call center

- Organization Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Review Application

Taxonomy Classification

* indicates a required field

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 (NPES) when you enumerated this NPI.
If a submitted taxonomy has not been reported to NPES, 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.

Add Taxonomy Classification

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

1 * Provider Type: TRANSPORTATION SERVICES

2 * Classification: Non-emergency Medical Transport (VAN)

3 * Area of Specialization: None

4 Add Clear

5 Next

Exhibit 14. Taxonomy Classification Screen

Step	Action
1	Provider Type: Select Transportation Services from the drop-down menu.
2	Classification: Select Non-Emergency Medical Transport (Van) from the drop-down menu.
3	Area of Specialization: Select None from the drop-down menu.
4	Select the Add button.
5	Select the Next button to continue.

3.11 ACCREDITATION SCREEN

There are no Accreditations, Certifications, or Licenses required for NEMT providers.

The screenshot shows the 'Accreditation' screen in the NCTracks Provider Portal. The left sidebar lists various enrollment steps, with 'Accreditation' currently selected. The main content area is titled 'Accreditation' and contains three sections: 'ACCREDITATIONS', 'CERTIFICATIONS', and 'LICENSES'. Each section has an 'Add' button and a form to enter details. The 'Next' button is highlighted with a red box and a circled '1'.

Exhibit 15. Accreditation Screen

Step	Action
1	Select the Next button. There are no Accreditations, Certifications, or Licenses required.

3.12 CCNC/CA SCREEN

The **CCNC/CA** screen does not apply to NEMT providers. This screen will display if you are enrolling as an Organization (using an NPI), but will not display on Atypical applications.

3.13 PHYSICIAN EXTENDERS SCREEN

The **Physician Extenders** screen does not apply to NEMT providers. This screen will display if you are enrolling as an Organization (using an NPI), but will not display on Atypical applications.

3.14 PREVENTIVE AND ANCILLARY SERVICES SCREEN

The **Preventive and Ancillary Services** screen does not apply to NEMT providers. This screen will display if you are enrolling as an Organization (using an NPI), but will not display on Atypical applications.

3.15 HOURS OF OPERATIONS SCREEN

The **Hours of Operations** screen does not directly apply to NEMT providers. This screen captures the hours that you are available to transport recipients.

3.16 SERVICES SCREEN

The **Services** screen captures the types of services that are provided. Ensure that all fields marked with an asterisk (*) are answered according to your organization. While this screen does not directly apply to NEMT providers, required (*) questions should be answered as they apply to your company.

3.17 AGENTS/MANAGING EMPLOYEES SCREEN

The **Agents/Managing Employees** screen 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).

Agents and Managing Employees

* indicates a required field

Legend

?

RELATIONSHIP DISCLOSURE

As required by 42 CFR 1002.3, providers must disclose the following for each individual officer, managing employee, director, board member, and Electronic Funds Transfer (EFT) authorized individual.
Failure to provide the required information may result in a denial for participation.

1 Does the applicant have any agent(s) and/or managing employee(s)? **Yes**

Managing Relationships

Please add all managing relationships below.

MANAGING RELATIONSHIP (AUTHORIZED INDIVIDUAL MANAGING CONTACT) --- NEWLY ADDED

Last Name : First Name :
Middle Name : Suffix :
Date of Birth : SSN : ***-**-
Email : Phone Number :
Business Relationship : **Agent**

☒ 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 : **NORTH CAROLINA**
ZIP Code :

2 Edit

Add Relationship

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

3

* 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: --
* ZIP Code: 00000-0000

Verify Address
Add Clear

« Previous Please be sure to complete required fields with valid content **4** Next »

Save Draft Delete Draft

Exhibit 16. Agents and Managing Employees Screen

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

3.18 FACILITIES INFORMATION SCREEN

The **Facilities Information** screen does not apply to NEMT providers. This screen will display if you are enrolling as an Organization or Atypical provider.

3.19 METHOD OF CLAIM/ELECTRONIC SUBMISSION SCREEN

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

3.20 ASSOCIATE BILLING AGENT SCREEN

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

3.21 EFT ACCOUNT INFORMATION SCREEN

The **EFT Account Information** screen captures Electronic Funds Transfer (EFT) and Remittance information. All payments are by made via EFT in NCTracks.

3.23 FEDERAL REQUIREMENTS SCREEN

The **Federal Requirements** screen displays when the application requires a Federal site visit or payment of the Federal Fee. When the provider is identified by the Provider Permission Matrix, the Federal site visit and/or Fee is required. The Provider Permission Matrix can be found on the **Provider Enrollment** screen of NCTracks. The **Federal Site Visit** section displays when the location requires a Federal site visit. The **Federal Fee** section displays when the location requires payment of the Federal Fee.

As of the current Permission Matrix, the NEMT taxonomy requires both a Federal site visit and payment of the Federal Fee.

Federal Requirements

* indicates a required field

Legend

FEDERAL SITE VISIT

Based upon the health plans and taxonomy codes you have applied, your application requires you to complete a Federal Site Visit before your application will be approved.

If you completed a Federal Site Visit with another state Medicaid program, you must be able to provide proof of completion. If you are unable to provide proof, select NO.

1 * Have you completed the Federal site visit for this site to another state or Medicare?

OTHER STATE

2 * Other State: ALABAMA

FEDERAL FEE

Section 6401(a) of the ACA requires the State Medicaid Agency to impose the fee. Based upon the health plans and taxonomy codes you have applied, your application requires you to pay the Federal Fee.

If you paid the Federal Fee to another state Medicaid program, you must be able to provide proof of payment. If you are unable to provide proof, select NO.

3 * Have you paid the Federal Fee for this site to another state or Medicare?

OTHER STATE

4 * Other State: ALABAMA

« Previous

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

Next »

5

Save Draft Delete Draft

Exhibit 18. Federal Requirements Screen

Step	Action
1	<p>Answer the question: Have you completed the Federal site visit for this site within the past 12 months to another state or Medicare?</p> <ul style="list-style-type: none"> Select NO if you have not completed a Federal site visit for this location either with another state or Medicare within the past 12 months. Select MEDICARE if completed with Medicare. Select OTHER STATE if completed for another state Medicaid program. Note: If you select NO, Public Consulting Group (PCG) will contact you after the application has been submitted to set up the site visit. If you select MEDICARE, CSRA will confirm the site visit completion with Medicare. If you select OTHER STATE, you are required to upload proof of completion as part of the

Step	Action
	application submission.
2	Other State: If applicable, select the state.
3	<p>Answer the question: Have you paid the Federal Fee for this site within the past 12 months to another state or Medicare?</p> <ul style="list-style-type: none"> Select NO if you have not paid a Federal Fee for this location either with another state or Medicare within the past 12 months. Select MEDICARE if paid to Medicare. Select OTHER STATE if completed for another state Medicaid program. Note: If you select NO, upon submission of this application, you will be directed to PayPoint to pay the fee. If you select MEDICARE, CSRA will confirm the payment was made with Medicare. If you select OTHER STATE, you are required to upload proof of payment as part of the application submission.
4	Other State: If applicable, select the state.
5	Select the Next button to continue.

3.24 REVIEW APPLICATION SCREEN

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

Exhibit 19. Review Application Screen

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

3.25 SIGN AND SUBMIT ELECTRONIC APPLICATION SCREEN

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

Sign and Submit Electronic Application Help

★ 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 ecrider@csc.com. 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.
 • [Agreement and Attestations](#)

REQUIRED ATTACHMENTS

2610 Wycliff Rd, RALEIGH, NC 27607-0028

Your application indicates that you are enrolling as:

- TRANSPORTATION SERVICES, Non-emergency Medical Transport (VAN), 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.

5

[Previous](#) [Delete Draft](#)

Exhibit 20. Sign and Submit Electronic Application Screen

Step	Action
1	Enter your User ID .
2	Enter your Password .
3	Enter your PIN .
4	Select the Trading Partner Agreement and/or Agreements and Attestations links to review each.
5	To submit the application, select the Submit Now button, or to save as a draft and submit at a later time, select the Submit Later button.

3.26 FINAL STEPS SCREEN

The **Final Steps** screen informs you that the application submission is complete. This screen also contains the final steps you must take in order to complete the application process (“Pay Now” and/or “Upload Documents”). You may also download a PDF copy of the submitted application.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA/ES user will have access to the notification letters via the Message Center Inbox as well as a hyperlink on the **Status and Management** screen.

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

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

Enrollment Ap...

Final Steps

* indicates a required field

Legend

1 ONLINE SUBMISSION COMPLETE

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

- Online Application
- Cover Sheet
- Trading Partner Agreement

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

2 APPLICATION FEE REQUIRED

Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100.00 NC Application Fee and a Federal Fee is required in the amount of \$586. Please click the 'Pay Now' button to pay the \$660.00. You will be directed to Paypoint to make the payment.

Pay Now

3 REQUIRED ATTACHMENTS

, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- TRANSPORTATION SERVICES, Non-emergency Medical Transport (VAN), 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

ELECTRONIC ATTACHMENTS

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

4 Upload Documents

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

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

Exhibit 21. Final Steps Screen

Step	Action
1	Print/save the Online Application and/or Review Agreement . This will be the only opportunity to save, download, or print the PDFs.
2	Select the Pay Now button. The PayPoint landing screen displays. See Addendum B to view the PayPoint process. Note: Application Fee Required: See Addendum C. NC Application Fee and Federal Requirements . For providers identified by the Provider Permission Matrix, the Federal Fee is required. When the NC Application Fee and/or the Federal Fee is applicable, you will be required to pay the full amount in one PayPoint transaction.
3	Required Attachments: Review the list of documents that need to be included with the application.
4	Select the Upload Documents button.
5	Select the Provider Enrollment Status and Management Home link.

3.27 UPLOAD DOCUMENTS SCREEN

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




Exhibit 22. Upload Documents Screen #1

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

You will receive an “Upload Successful” message upon a successful upload of additional documents. The message will display the name of the file that was successfully uploaded.




Exhibit 23. Upload Documents Screen #2

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

3.28 STATUS AND MANAGEMENT SCREEN

The **Status and Management** screen displays categories of applications. The “Status” column of the **Submitted Applications** section may also provide hyperlinks to allow the user to upload documents, withdraw applications that are still in review, or review notification letters if the application has been returned due to additional information being required. Notification letters will be available for review from the **Status and Management** screen as well as the Message Center Inbox. Notification letters for initial enrollment applications will only be delivered to the OA’s e-mail address.

Note: If the information (Name, DOB, SSN, or EIN) submitted on the application is incorrect and does not match our findings during the background check, CSRA will return the application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which contains details of the incorrect information received.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is

inadequate, the provider will be given an additional 10 days to submit the required information. If the information is received and reviewed and it is still deemed inadequate, the provider will be given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received within the initial 30 days, the application will be abandoned.

The OA/ES user will have access to the notification letters via the Message Center Inbox and via a hyperlink on the **Status and Management** screen to view the notifications.

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** screen 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 Management

* indicates a required field

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

1

SUBMITTED APPLICATIONS

RECORD RESULTS				
NPI/Atypical ID	Name	Application Type	Submit Date	Status
		Manage Change Request	02/01/2011	04 - In Review
		Manage Change Request	01/25/2011	09 - Withdrawn
		Manage Change Request	01/25/2011	09 - Withdrawn
		Manage Change Request	01/25/2011	04 - In Review
		Manage Change Request	01/26/2011	04 - In Review
		Manage Change Request	01/26/2011	07 - Denied
		Manage Change Request	01/26/2011	04 - In Review

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	ZIP Code	Application Type	Application Create Date	Last Saved
<input type="radio"/>				Re-verification	02/11/2011	02/11/2011
<input type="radio"/>				Manage Change Request	02/11/2011	02/11/2011

Resume

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	ZIP Code	Termination Date
<input type="radio"/>			27609-4916	01/25/2011
<input type="radio"/>			27607-3073	01/25/2011

Submit

Exhibit 24. Status Management Screen

Step	Action
1	<p>Submitted Applications: Allows you to view the status of a submitted provider enrollment application.</p> <ul style="list-style-type: none"> Abandoned: Application was waiting for additional documentation from the provider, but it was not received within 30 days of the notification. You will need to submit a new application. In Review: Application is being reviewed by CSRA or State. Returned: Application was returned to the provider needing additional documentation from the provider. Denied: Your participation in the program has been denied. Approved: Your participation in the program has been approved. Withdrawn: You have withdrawn your application. MCR Comp (Manage Change Request Complete): You requested a change that does not require review; therefore, this change was instantly completed.

PUG_PRV912

FINAL

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PUG_PRV912 ProvWebPortApps_NEMT_V1.6 (1)

Step	Action
	<ul style="list-style-type: none">• ME Comp (Maintain Eligibility Complete): Your Maintain Eligibility does not require review; therefore, this request was instantly completed.• Pymt Pend (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment.• Pay Now: You may select the Pay Now link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment.
2	Saved Applications: Allows you to resume a saved provider enrollment application.

4.0 Manage Change Request

An MCR allows the user to request changes or update information to an actively enrolled provider record. MCRs should be submitted to update information such as EFT information, ownership information, addresses, and counties served, or to add the Non-Emergency Medical Transport (Van) taxonomy to the provider record if you are already enrolled in NCTracks as an Adult Care Home or Ambulance provider and are contracted with the County Department of Social Services (DSS) to render NEMT services to Medicare beneficiaries.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA/ES user will have access to the notification letters via the Message Center Inbox and via a hyperlink on the **Status and Management** screen to view the notifications.

Note: If an existing provider adds a new location with the NEMT taxonomy at the new location, the **Federal Requirements** screen will display. The Federal site visit and Federal Fee will be required.

4.1 STATUS AND MANAGEMENT SCREEN

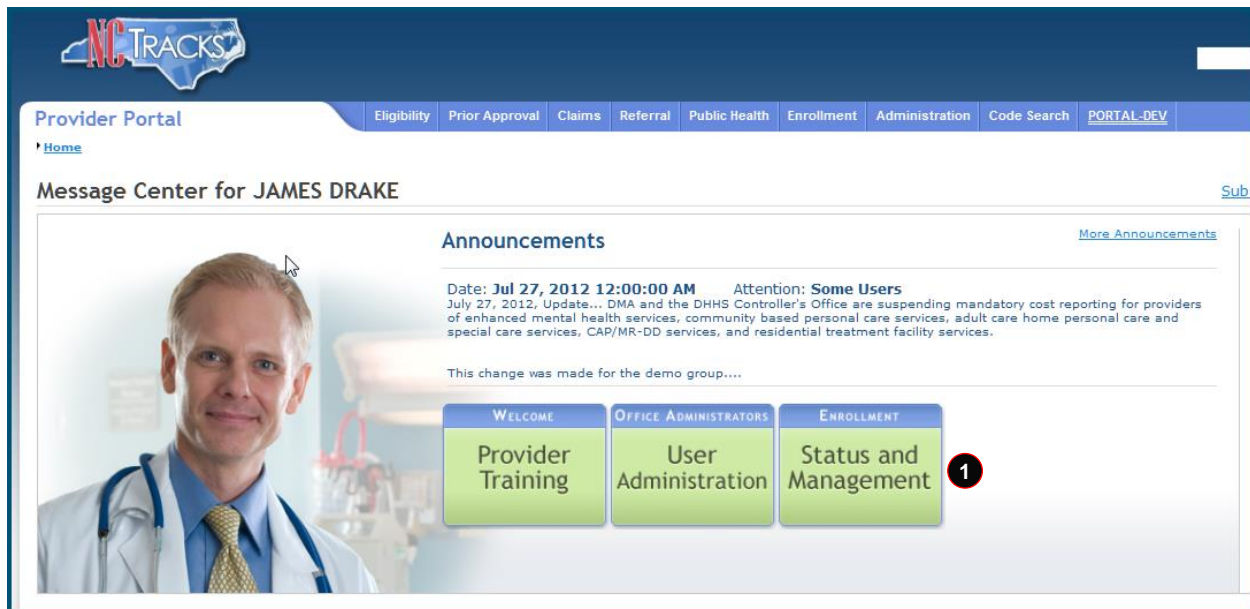


Exhibit 25. Provider Portal Home Screen

Step	Action
1	From the Secure Provider Portal Home screen, select the Status and Management button. The Status and Management screen displays. To begin an MCR application, scroll down to the Manage Change Request section.

MANAGE CHANGE REQUEST

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

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

Update

Exhibit 26. Status and Management: Manage Change Request Screen

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

4.2 TAXONOMY CLASSIFICATION SCREEN

The **Provider Type**, **Classification**, and **Area of Specialization** fields on the **Taxonomy Classification** screen allow you to edit current taxonomies. If an existing provider adds a new location with the NEMT taxonomy at the new location, the **Federal Requirements** screen will display. The Federal site visit and Federal Fee will be required.

Taxonomy Classification

* indicates a required field

1 SCHOOL BASED HEALTH CENTER

* Is your organization a School Based Health Center (SBHC)?

☐ Yes ☒ No

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.

2 **+ TAXONOMY CLASSIFICATION - 193200000X - MULTI-SPECIALTY**

Add Taxonomy Classification

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

3 * Provider Type: -- Select One --

4 * Classification: -- Select One --

5 * Area of Specialization: -- Select One --

6 * Begin Date: mm/dd/yyyy

7 Add Clear

8 Next

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

Save Draft Delete Draft


Exhibit 27. Taxonomy Classification Screen #1

Step	Action
1	Is your organization a School Based Health Center (SBHC)? Select Yes or No .
2	Navigate to the Add a Taxonomy Classification section of the screen.
3	Provider Type: Select Transportation Services from the drop-down menu.
4	Classification: Select Non-Emergency Medical Transport (Van) from the drop-down menu.
5	Area of Specialization: Select None from the drop-down menu.
6	Begin Date: Enter the date that you need the taxonomy to begin. This would be the same date that you started rendering NEMT services.
7	Select the Add button to save the new taxonomy.
8	Select the Next button to continue.

4.3 REVIEW APPLICATION SCREEN

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

Review Application

 | A- A+ | [Help](#)

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION


- Please confirm that the email address below is correct. If you don't already have one, an **Electronic Signature PIN** will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.
- If the email below 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.)

Contact Email: **abc@123.com**

REVIEW APPLICATION

To review your application in Adobe PDF format, click '**Review Application**' below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking '**Next**'.

1

Review Application 

2

Next »

« Previous

Exhibit 28. Review Application Screen

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

4.4 SIGN AND SUBMIT ELECTRONIC APPLICATION SCREEN

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 ecrider@csc.com. 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.

• [Agreement and Attestations](#)

REQUIRED ATTACHMENTS

2610 Wycliff Rd, RALEIGH, NC 27607-0028

Your application indicates that you are enrolling as:

• TRANSPORTATION SERVICES, Non-emergency Medical Transport (VAN), 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.

5

[Previous](#)

[Delete Draft](#)

Exhibit 29. Sign and Submit Electronic Application Screen

Step	Action
1	Login ID: Enter your Login ID (NCID) .
2	Password: Enter your Password .
3	PIN: Enter your PIN .
4	Select the Forgot PIN link if you have lost or forgotten your PIN and need to have your PIN reset.
5	Select the Submit button to submit the MCR application.

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5.0 Resources

5.1 RESOURCES

For more information, please refer to the *Updating Provider Records* Computer-Based Training (CBT) on SkillPort.

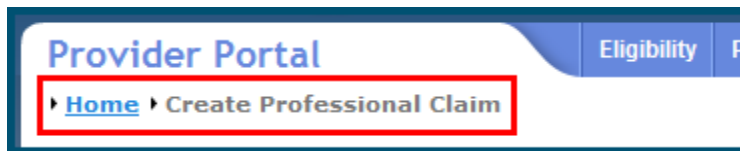
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Addendum A. Help System

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

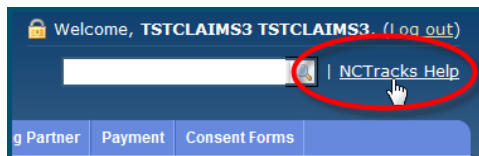
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



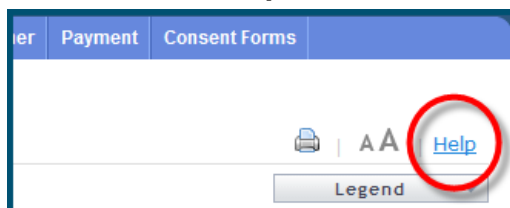
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



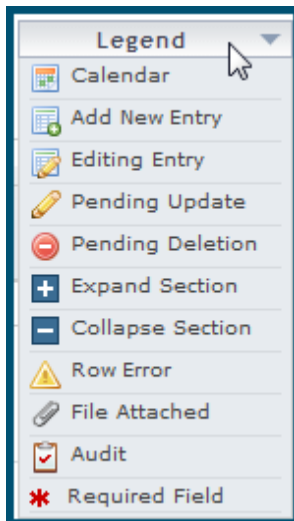
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section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


Screen-Level Help



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

Form Legend



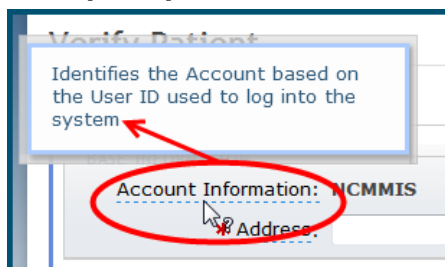
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help

A screenshot of a form titled 'PATIENT INFORMATION'. The form contains several input fields: '* Recipient ID:', '* SSN:', '* Date of Birth:', 'Date of Service', '* From:', and '* To:'. There are 'Verify' and 'Clear' buttons at the bottom right. A red circle highlights a question mark icon in the top right corner of the form, which is the Data / Section Group Help icon.

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

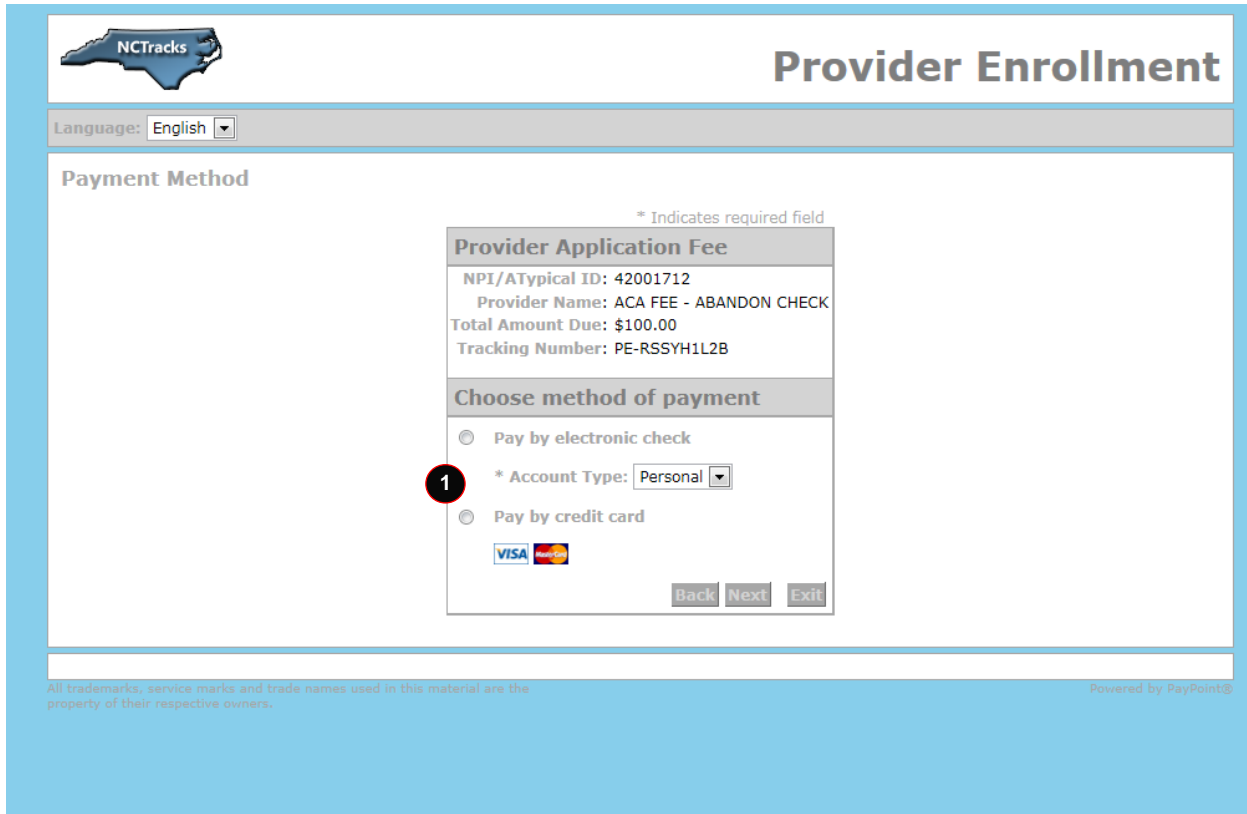
Tooltip Help



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

Addendum B. PayPoint Process

The PayPoint screen displays when you select **Pay Now** from the **Final Steps** screen ([Section 3.26, Final Steps Screen](#)) or from the **Status and Management** screen ([Section 3.27, Status and Management Screen](#)).



Provider Enrollment

Language: English

Payment Method

* Indicates required field

Provider Application Fee

NPI/ATypical ID: 42001712
 Provider Name: ACA FEE - ABANDON CHECK
 Total Amount Due: \$100.00
 Tracking Number: PE-RSSYH1L2B

Choose method of payment

☒ Pay by electronic check

* Account Type: Personal

☐ Pay by credit card


VISA MasterCard

Back Next Exit

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Exhibit 30. PayPoint Screen

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 screen displays. If you select Pay by electronic check, select Personal or Business as Account Type; the Payment Information – Pay by Check screen 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 31. Payment Method Credit Card Screen

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

Exhibit 32. Payment Method Pay by Check Screen

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 screen, and the Exit button to close the PayPoint screen.
5	Select the Next button. The Payment Review screen 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 33. Payment Review Screen

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 screen.
2	After selecting the Pay Now button, you are redirected to the NCTracks Portal to the Payment Confirmation screen. Note: You will also receive an e-mail with a copy of the confirmation.



Welcome, **866-844-1113** (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:
866-844-1113

Fax:
866-844-1382

Email:
NCDHHSProvEnrol@csc.com

Payment Confirmation

* 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 866-844-1113 if you have any questions about this payment.

PAYMENT CONFIRMATION DETAILS

Confirmation Number: [REDACTED]

NPI/Atypical ID: [REDACTED]

Provider Name: **ACA FEE - ABANDON CHECK**

Payment Amount: **\$100.00**

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

Quick Links

[Status and Management](#)

[Provider Enrollment Home](#)

[PE Supporting Information](#)

[PE Terms and Conditions](#)

[Provider Qualifications and Requirements Checklist](#)

Exhibit 34. Payment Confirmation Screen

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Addendum C. NC Application Fee and Federal Requirements

Application Type	NC Fee \$100	Federal Fee (currently \$599)	Federal Site Visit	Federal Training
Enrollment	Always required when provider applied for Medicaid and/or Health Choice. Exclusion: OOS Lite	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Federal site visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Always required when provider applied for Medicaid and/or Health Choice.
Re-enrollment	Never required.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Federal site visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Never required.
Manage Change Request	Only required when an OOS Lite provider upgrades to OOS Full provider.	Federal Fee is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Federal site visit is required per newly added/reinstated location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are added. Note: Medicaid/Health Choice health plans only	Never required.
Re-verification	Always required when provider is active in Medicaid and/or Health Choice.	Federal Fee is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are active. Note: Medicaid/Health Choice health plans only.	Federal site visit is required per location when one or more Federal taxonomy codes (as identified on the Permission Matrix) are active. Note: Medicaid/Health Choice health plans only	Never required.
Abbreviated MCR	Never required.	Never required.	Never required.	Never required.

Application Type	NC Fee \$100	Federal Fee (currently \$599)	Federal Site Visit	Federal Training
Change OA	Never required.	Never required.	Never required.	Never required.
Maintain Eligibility	Never required.	Never required.	Never required.	Never required.
Fingerprinting	Never required.	Never required.	Never required.	Never required.
CEP	Never required.	Never required.	Never required.	Never required.