

a General Dynamics Information Technology, Inc. company

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

PREPARED FOR:

DHHS IT

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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.

Home Providers Recipients Operations

Home

Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

PROVIDERS – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.



RECIPIENTS – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).

STATE and FISCAL AGENT Staff - Click on the Operations tab above to access the Operations Portal and ShareNET.



Exhibit 1. NCTracks Home Screen

 Step
 Action

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

	🖨 🗼 🗛 🛙 English, <u>Esp</u>	añol
Home <u>Providers</u> Re	cipients Operations	
Home + Providers + Getting Started		_
Getting Started Provider Communication Frequently Asked Questions	Getting Started Just getting started with NCTracks? Follow these easy steps to begin using the new system.	
Currently Enrolled Provider (CEP) Registration	Step 1 – All Users must have an NCID	
Claims	o If you do not have an NCID, <mark>g</mark> o to <u>ncid.nc.gov</u> and click on Register!	
Prior Approval	Step 2 Identify the Office Administrator	
Provider Enrollment	o The Office Administrator must be either an owner or a managing	
Provider Re-credentialing/Re- verification	employee. o An Office Administrator can be the Office Administrator for one or more NPIs.	
Guidelines and Forms	Step 3 - Register with NCTracks	

Exhibit 2. Getting Started Screen

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





Home Providers Red	cipients Operations	
Home + Providers		
Colline Sheded	Providers	\bigcirc
Getting Started	Learn more about NCTracks. Check these	
Provider Communication	opportunities:	•
Frequently Asked Questions		
Currently Enrolled Provider (CEP) Registration	Formal training -	NCTracks Secure Portal
Claims	- Computer Based Training (can be taken any time)	Access the secure NCTracks Portal
Deite Antoniol	- Instructor Led Training (scheduled periodically)	,,
	Register for formal training in SkillPort, on the secure	Password Help
Provider Enrollment	provider portal	NCID
Provider Re-credentialing/Re- verification		NEID Self Service
Provider Policies, Manuals,	Informal training -	Quick Links
Guidelines and Forms	 - User Guides (step-by-step guides on now to perform Various portal functions) - East Sheets (brief documents outlining key information about various topics) 	NCTracks Issues List (XLSX,
Provider User Guides and Training	- race sheets (prior documents obtaining key information about various topics)	<u>37 KB)</u>
ICD-10	To access, click on the Provider User Guides and Training link on the left and watch for	<u>NCTracks Contact</u> <u>Information (PDF, 116 KB)</u>
Dental Services	announcements about new resources.	<u>2016 NCTracks Checkwrite</u> Schedule - DHB (PDE, 47 KB)
Pharmacy Services		© 2016 NCTracks Checkwrite
Trading Partner Information	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	Schedule - DMH, DPH, and
Office Administrator (OA)	and payment, etc.	ORHCC (PDF, 48 KB)
change Process		Setup (PDF, 2782 KB)
TYPE	Provider Announcements	<u>Cover Sheet for Claim</u> Attachments (DOCY, 32 KB)
 PACACER BLADLINDET APPLICATION 	Joint Communication Bulletin re: Nash County LME-MCO	EDAVRS Eastures Job Aid (RDE
	Jun 5, 2017 read on 🖲	<u>44 KB)</u>
and what provider is a person enrolled of	Checkwrite Date This Week is on Wednesday May 31 Due to Holiday	NCTracks Glossary of Terms
Provider Enrollment	May 30, 2017 This is a reminder that in keeping with the published approved 2017 checkwrite	
services in North Carolina!	schedule, because read on 🥹	State Agencies
	Reminder - No NCTracks Checkwrite on June 27 2017	Department of Health and
	May 30, 2017 read on ()	Human Services
	Attention: Ambulatory Surgical Center (ASC) Providers	Division of Health Service Regulation
	Special Bulletin on Reprocessing of ASC Claims for Non-Covered Services	Division of Health
Dharman Can ing	May 25, 2017 read on ()	Benefits
Learn more about Prior Approval	NCTracks Call Center Closed Next Monday for Memorial Day Holiday	Division of Mental Health,
for North Carolina prescriptions	May 22, 2017 The NCTracks Call Center will be closed next Monday, May 29, in observance of the	and Substance Abuse
	memorial Day read on 🧶	Services
	All Announcements (6)	Division of Public Health
		Community Care

Exhibit 3. Provider Home Screen

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





•	PDF documents on this page require the free <u>Adobe Reader</u> to view and print.
Status and Management Securely manage existing enrollment records	
Begin Application Start your own Provider Enrollment Online Application	

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.

Dn	line Provider Enrollment Application	- A/	Hela
in:	dicates a required field	Legend	6 9
F	PROVIDER LOCATION		?
F	Please enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border, or Out-of-State enrolis	nent.	
	1 * ZIP Code: 00000-0000		
	R PROVIDER ERROLLMENT APPLICATION TYPE		2
	Individual		
0	An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for servic completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PC CCNC/CA program if your provider type qualifies you to be a PCP.	es. When yo CP) in the	u are
	Organization		
0	An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When you are completing an Organi Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies	zation Provis you to be a	der PCP.
	Atypical Organization		
0	Are you an atypical organization? As defined by CMS: Atypical providers are providers that do not provide health care, as defined unde Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers submit HIPAA transactions, they still do not meet the HIPAA defin care and therefore cannot receive an NPI.	r HIPAA in pical provide ition of healt	rs h
	Billing Agent		
0	Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSRA is the NC DHHS Fiscal A an enrolled provider.	gent on bei	salf of
		3	
	Please be sure to coor required fields with valid	plete all content.	Next 30

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				<u>Help</u>
✗ indicates a required field				Legend	*
1 IDENTIFYING INFORMATION					?
* Organization Name:					
* EIN:	00-000000	* NPI:	000000000		
* Email:	* Month o	f Fiscal Year End:	Select One	•	
ZIP Code:	27707-0000				
					+
2 DOING BUSINESS AS (DBA) * Do you operate unde © Yes © No	er a trade or company name?				?
					+
3 Ownership Information -					?
* Business Type:	Select One				
		lters page con	tent		*
OFFICE ADMINISTRATOR (A	FEDERAL INDIAN HEALTH SERVICES				?
Individual authorized to role currently belongs to	LIMITED LIABILITY CORPORATION (LLC) LOCAL GOVERNMENT AGENCY NON-PROFIT	ecisions on	behalf of applyir	ng provider. This	5
* Last Name:	PARTNERSHIP STATE	First Name:	MICHELLE		

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	 Doing Business As (DBA): Answer Yes or No to the question: "Do you operate under a trade or company name?". If you answer Yes, the field will expand, prompting you to enter the DBA Name and Years Doing Business Under This Name.
	 Note: The DBA Name must be registered in the county where the service is being provided. If you answer No, you may continue to the next required field on the screen.
3	 Ownership Information: Select the business type from the drop-down menu: 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

- Health Services.
- 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.

	ster with NC Secretary of State?		
Yes O No			
* Secretary of State ID #:			
OFFICE ADMINISTRATOR (AUTHORIZED	INDIVIDUAL)		
Individual authorized to receive in below.	formation or make business decisions on b	ehalf of applying provider. This	role currently belongs to the person populated
* Last Name:		* First Name:	MICHELLE
Middle Name:	(Enter your full middle name)	Suffix:	- Select One 🔻
* Contact Email;			
* Office Phone #:	(919) 333-2222 ext.	Office Fax #:	(000) 000-0000
* User ID (NCID):	uatdemoprovider		
I attest that I have entered	the full legal name of the individual, and the	e individual does not have a mi	ddle name.
Is this contact person an Owne [™] Is this contact person an Owne [™] Managing Emplo	r or Managing Employee? yee		
EFFECTIVE DATE REQUESTED			
	date a provider may begin billing for services	s. The effective date of enrollm cede, as applicable, the current	ent may not be more than 365 days prior to th date of your licensure or the current date of yo
The effective date is the earliest date that a complete Provider Enr letter of endorsement.	onnent Packet is received and may not pret		
The effective date is the earliest date that a complete Provider Enr letter of endorsement. Note: CCNC/CA participation effe	tive date may not be retroactively requested	d.	
The effective date is the earliest date that a complete Provider Enr letter of endorsement. Note: CCNC/CA participation effec Effective Date:	tive date may not be retroactively requester	d.	

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.

				I CONTRACTOR
maicates a required tiera				Legend
Which NC DHHS Health Plan(5) are you applying for at this time? What are the qualifications and requirements for the NC DHHS He	alth Plans?			
See DHHS Provider Qualifications and Requirements Checklist 8-				
DIVISION OF HEALTH BENEFITS (DHB)				
Please select any coverage types for which you wish to enroll b	v checking the correspon	ding box.		
If you are a behavioral health provider who does not provide s Health Choice in this application. Contact your Local Manageme	rvices to the Medicaid 0- nt Entity/Managed Care	3 population or to Healt Organization (LME/MCO)	Choice recipients, do no	ot enroll in Medicaid or
If applying for Medicaid and/or NCHC (Children), a \$100 NC Ap make the payment upon application submission if you are requ	plication fee may be required to pay the fee.	ired. Upon application s	bmission, you will be dir	rected to Paypoint to
Under the Federal Guidelines of the Affordable Care Act it may State or to the Medicare program vendor. If collection or proof	be necessary to collect an of payment of this fee is	additional fee provided required, you will be cor	you have not paid this for tacted during the creden	ee in your domicited tialing process of your
oplication.				
oplication. Vision of Health Benefits (DHB)				
vision of Health Benefits (DHB) Medicald				_

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.



(



	on				
dicates a required field					Legend
you have one or more Charach	olders/Dartners with 5	06 or more ownership? Y			
you have one of more Sharer	folders/Partners with 5	% or more ownership? Tes			ſ
HAREHOLDER/PARTNER INFORMATI	10N				
F INDIVIDUAL -					
F INDIVIDUAL -					
- INDIVIDUAL -	NEWLY AD	DED			
Last Name :			First Name :		
Middle Name :			Suffix :		
Date of Birth:			SSN :	***-**-	
Gender :					
Email :		PI	hone Number :		
☑ I attest that I have entere	ed the full legal name	of the individual, and the ind	lividual does not	have a middle name.	
Address Line 1 :					
Address Line 2 :					
City :					
State :					
ZIP Code :					
Relationship to Another Disclosing Person :	None	Percent of Owr	nership/Control	5 %	
			21100100011		
Begin Date :	09/16/2015		End Date :		2
Begin Date :	09/16/2015		End Date :		2
Begin Date :	09/16/2015		End Date :		2 Edit Delete
Begin Date :	09/16/2015		End Date :		Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required	09/16/2015 information for each s	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: @ an individual @ a busing	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required # This shareholder/partner is: © an individual © a busine Puringer Information	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busines Business Information * Business Legal Name:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: an individual (a) a busine Business Information * Business Legal Name: * EIN:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busine Business Information * Business Legal Name: * EIN: * Address Line 1:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: an individual a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 2: * City: * State:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 1: Address Line 2: * City: * State: * ZIP Code:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busing Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	09/16/2015 information for each s esss 00-0000000 00-000000 00-000000 00000000	hareholder/partner with 5%	e or more owners	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: an individual a busing Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of Ownership/Control Interest:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of Ownership/Control Interest: * Begin Date:	09/16/2015	hareholder/partner with 5%	e or more owner:	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busing Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of Ownership/Control Interest: * Begin Date:	09/16/2015 information for each s : : : : : : : : : : : : : : : : : : :	hareholder/partner with 5%	e or more owners	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: (a) an individual (a) a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of Ownership/Control Interest: * Begin Date:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete
Begin Date : Add Shareholder/Partner Please complete the required * This shareholder/partner is: © an individual @ a busine Business Information * Business Legal Name: * EIN: * Address Line 1: Address Line 1: Address Line 2: * City: * State: * ZIP Code: * Percent of Ownership/Control Interest: * Begin Date:	09/16/2015	hareholder/partner with 5%	End Date :	ship.	2 Edit Delete

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: 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.

Provider Portal • tiene • Provider Enrollment • Online Provide	PORTAL GCV ler Earoliment Ap	
Provider Enrollment	Addresses	AA Help
NOTE: Data is not saved unless the 'Next' button is activated.	Indicates a required field	Legend 🐨
Certest CSRA Cell certer	PRIMARY PHYSICAL LOCATION	7
🖌 Individual Basic Information	This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision	on occurs.
Termand Conditions Environ.Itenth.Elec	Office Phone #1 Office Fax #1O000.0000	
theath-Benefit Plan Selection	*Address Line 1:	
Berley Application	Address Line 2:	
	City: DURHAM State: NC	
	ZIP Code: 27707-0000 County:	
		Verify A gress

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).





	NORTHAMPTON	ONSLOW	ORANGE	
PAMLICO	PASQUOTANK	PENDER	PERQUIMANS	
PERSON	PITT	POLK	RANDOLPH	
RICHMOND	ROBESON	ROCKINGHAM	ROWAN	
RUTHERFORD	SAMPSON	SCOTLAND	STANLY	
STOKES	SURRY	SWAIN	TRANSYLVANIA	
TYRRELL	UNION	VANCE	WAKE	
WARREN	WASHINGTON	🔲 WATAUGA	WAYNE	
WILKES	WILSON	2 YADKIN	TANCEY	
★ Do you have a separate P Yes No	Pay-To address?			
* Do you have a separate F ⊘ Yes ⊘ No	Pay-To address?			
Do you have a separate F Yes No	Pay-To address?			
* Do you have a separate F Yes No CORRESPONDENCE ADDRESS This is the address where a separate set of the second sec	Pay-To address?	lence is to be mailed.		
* Do you have a separate F Yes No CORRESPONDENCE ADDRESS This is the address where a Do you have a separate c Yes No	Pay-To address? Il paper and accounting correspond correspondence address?	lence is to be mailed.		
Do you have a separate F Yes No CORRESPONDENCE ADDRESS This is the address where a Do you have a separate c Yes No	Pay-To address? Ill paper and accounting correspond correspondence address?	lence is to be mailed.		

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? ③ Yes ④ No	
	÷
SERVICE LOCATIONS	?
* Do you have additional service locations? Yes O Yes O No 5	
	6 *
((Previous Please be sure to complete required fields with valid control required fields with valid control	te all Next »
Save	Draft Delete Draf

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	vvider Enrollment Ap
Provider Enrollment	Taxonomy Classification
NOTE: Data is not saved unless the 'Next' button is activated.	* indicates a required field Legend 🔻
Contact CSRA Call center 🔤	
Organization Basic Information	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.
Terms and Conditions	If a submitted taxonomy has not been reported to NPPES, please report it within the next 30 days.
Previous Health Plan	TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION ?
Health/Benefit Plan Selection Ownership Information	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.
Addresses	Add Taxonomy Classification
Taxonomy Classification	Please complete all the required fields and click the Add button.
Review Application	1 * Provider Type: TRANSPORTATION SERVICES
	* Classification: Non-emergency Medical Transport (VAN)
	3 * Area of Specialization: None
	4 Add Clear
	Revious Please be sure to complex required fields with valid content. 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.

		🔒 Welcome, Hazel Dula. (Log
		I NCTracks I
	-	
ovider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Conse	nt Forms
ome + Provider Enrollment + Online Provider	Enrollment Ap	
rovider Enrollment	Accreditation	
OTE: Data is not saved unless le 'Next' button is activated. ontact CSRA Call center 🕾	indicates a required field	Legend
Organization Basic Information	CACCREDITATIONS	
Terms and Conditions	Select an accreditation type from the drop down list and provide the accreditation number.	
Previous Health Plan		
Health/Benefit Plan Selection	Accreditation Type: Select One	
Ownership Information	Effective Date: mm/dd/vnov	dd/sonn/
Addresses		
Taxonomy Classification		Add Clear
Accreditation	CERTIFICATIONS	6
Hours of Operation	Add Certification	
Services	Select a certification type from the drop down list and provide the certifying entity and certification number.	
Agents/Managing Employees	Certification Type: Select Ope	
Method of Claim/Electronic Submission	Certifying Entity:	
EFT Account Information		
Exclusion Sanction Information	Certification #:	
Review Application	Effective Date: mm/dd/yyyy 🔄 Expiration Date: mm/d	dd/yyyy
		Add Clear
	- LICENSES	
	Add License	
	Select a license type from the drop down list and provide the license number.	
	License Agency: Select One	
	License Type: Select One	
	State: NORTH CAROLIN	
	License #:	
	Effective Date: mm/dd/yyyy 🗷 Expiration Date: mm/d	dd/уууу
		Add Clear
		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.

Save Draft Delete Draft





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).





ents and Managing	Employees	🖨 АА не
dicates a required field		Legend
As required by 42 CED 1002 3	providers must disclose the following for each individual officer, managing employee, dire	ctor board
member, and Electronic Funds	Transfer (EFT) authorized individual.	locion, board
Failure to provide the required	information may result in a denial for participation.	
oes the applicant have any ac	ent(s) and/or managing employee(s)? Yes	
Japaging Polationships		3
Places add all second size solet		
Please add all managing relati	onsnips below.	
 MANAGING RELATIONSHI 	p - (Authorized Individual Managing Contact) NEWLY ADD	DED
Last Name :	First Name :	
Middle Name :	Suffix :	
Date of Birth :	SSN: *****-	
Business Relationship :	Agent	
I attest that I have enter	ed 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 :		
Add Relationship Please complete all the requi	red fields and click the Add button.	
* Last Name:	X First Name	
Middle Name:	Suffix: Select One 💌	
3	(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 entere	ed the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entere * Address Line 1:	ed the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entere Address Line 1: Address Line 2:	ed the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entered * Address Line 1: Address Line 2: * City:	ad the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entered * Address Line 1: Address Line 2: * City: * State:	ad the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entere * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	ad the full legal name of the individual, and the individual does not have a middle name.	
I attest that I have entered * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	ad the full legal name of the individual, and the individual does not have a middle name.	Verify Address
I attest that I have entere * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	ad the full legal name of the individual, and the individual does not have a middle name.	Verify Address Add Clear
I attest that I have entered * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	ad the full legal name of the individual, and the individual does not have a middle name.	Verify Address Add Clear
I attest that I have entere * Address Line 1: Address Line 2: * City: * State: * ZIP Code:	ad the full legal name of the individual, and the individual does not have a middle name.	Verify Address Add Clear
I attest that I have entere * Address Line 1: Address Line 2: * City: * State: * ZIP Code: revious	ad the full legal name of the individual, and the individual does not have a middle name.	Verify Address Add Clear

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: 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.





3.22 EXCLUSION SANCTION INFORMATION SCREEN

Exclusion Sanction Information
* indicates a required field
EXCLUSION SANCTION INFORMATION
The questions below must be answered for the enrolling provider, its owners, and agents† in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.
 †An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
 All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.
For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.
 * A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony? Yes
Please add up to 5 Infraction/Conviction Dates.
- INFRACTION/CONVICTION DATES
Infraction/Conviction Date
🛃 mm/dd/yyyy 🗷
Add Clear
* 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 licenshre 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?
O Yes 🖲 No

Exhibit 17. Exclusion Sanction Information Screen

Step	Action
1	Select Yes or No . When Yes is selected for a question, the Infraction/Conviction Dates section displays. Select the Add button to add an Infraction/Conviction Date.
	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.
	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).
	Note : All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.
	Note If more than five (5) infractions/convictions are present, 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 must be attached to the application as supporting documentation.





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	🖨 A A Help
* indicates a required field	Legend 🔻
Federal Site Visit	?
Based upon the health plans and taxonomy codes you have applied, your application requires you to 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, select NO.	o complete a Federal vide proof of
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 taxonomy codes you have applied, your application requires you to pay the Federal Fee.	health plans and
If you paid the Federal Fee to another state Medicaid program, you must be able to provide proof o are unable to provide proof, select NO.	f payment. If you
3 * Have you paid the Federal Fee for this site to another state or Medicare? OTHER STATE	
4 * Other State: ALABAMA	
	+
Control Please be sure to a required fields with value	somplete an Next »
	Save Draft Delete Draft

Exhibit 18. Federal Requirements Screen

Step	Action
1	Answer the question: Have you completed the Federal site visit for this site within the past 12 months to another state or Medicare?
	 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	Answer the question: Have you paid the Federal Fee for this site within the past 12 months to another state or Medicare?
	 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.

Review Application	🖨 A- A+ <u>Help</u>
ELECTRONIC SIGNATURE - EMAIL CONFIRMATION	
 Please confirm that the email address below is correct. If you don't already have Electronic Signature PIN will be sent to this address upon submitting the next access to this email address to retrieve/reset your PIN and complete this Online If the email below is incorrect, you may now navigate back to the <u>Basic Informatupdate</u> it. (Remember to click 'Next' on the <u>Basic Information page</u> to store your change.) 	e one, an page. You will need Application. I <u>tion page</u> to
Contact Email: abc@123.com	
REVIEW APPLICATION	
To review your application in Adobe PDF format, click ' Review Application ' below. If successfully completed all required information for your provider enrollment application the information is complete and accurate, you may proceed to the Attachments/Sul Application page by clicking ' Next '.	If you have on and are satisfied bmit Electronic
Review	w Application 🔎
	2 ⁺
((Previous	Next »

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.

icates a required field		Legend
for any reason you navigate awa	y from this page without clicking 'Submit Now', you will be required to re-enter the informati	ion.
LECTRONIC SIGNATURE CONFIRMATIO	DN	
ttestation: I have read and agricouments submitted with the appate this electronic document is su dministrative, civil, or criminal lia	eed to the terms and conditions of participation. By submitting this form, I confirm the inform of an analysis of the second se	nation contained in the implete, and current as of the nay subject me to
 If this is your first Provider Encomplete submission. If the elBasic Information page to sto If there is a PIN already assoc and Password and clicking the 	rollment submission, your Electronic Signature PIN has now been sent to ecrider@csc.com. mail is incorrect, you may now navigate back to the Basic Information page to update it. (Re re your change.) istated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by 'Forgot PIN' link. The PIN will be sent to your email address.	. Please retrieve it now to member to click Next on the entering you Login ID (NCID)
lease contact the CSRA Call cent	er at 800-688-6696 if you have any trouble with your Electronic Signature PIN Number.	
3 * Pani	Porgot Pan	
New sector and a sector sector	ware entry to all the start of the start	
Please review the documents yo Agreement and Attestations	ou are going to electronically sign.	
Please review the documents yo <u>Agreement and Attestations</u>	u are going to electronically sign.	
Please review the documents yo • <u>Agreement and Attestations</u>	u are going to electronically sign.	
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607-	u are going to electronically sign. 0028	
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo	u are going to electronically sign. 0028 u are enrolling as:	
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2510 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES	ou are going to electronically sign. 0028 ou are enrolling as: 5, Non-emergency Medical Transport (VAN), None	
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2510 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo TRANSPORTATION SERVICES The following documents are regi	u are going to electronically sign. 0028 u are enrolling as: i, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or	by regular mail.
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2510 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ	0028 0028 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or	by regular mail.
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ • No Required Attachments fo	0028 0028 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy	by regular mail.
Please review the documents yo Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ • No Required Attachments fo	0028 0028 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy	by regular mail.
Please review the documents yo <u>Agreement and Attestations</u> EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ • No Required Attachments fo	ou are going to electronically sign. 0028 ou are enrolling as: 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy	by regular mail.
Please review the documents yo <u>Agreement and Attestations</u> EQUINED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ • No Required Attachments for DNLINE APPLICATION SUBMISSION	ou are going to electronically sign. 0028 ou are enrolling as: 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy	by regular mail.
Please review the documents yo • <u>Agreement and Attestations</u> EQUINED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are requ • No Required Attachments for DNLINE APPLICATION SUBMISSION	ou are going to electronically sign. 0028 ou are enrolling as: 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy Application by clicking ' Submit Now ' below. After submitting you will have the option to prin	by regular mail. t a copy of the completed
Please review the documents yo Agreement and Attestations EQUINED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607- Your application indicates that yo • TRANSPORTATION SERVICES The following documents are req • No Required Attachments fo INLINE APPLICATION SUBMISSION ou may now submit your Online A pplication for your records.	ou are going to electronically sign. 0028 ou are enrolling as: 5, Non-emergency Medical Transport (VAN), None uired with your Provider Enrollment Application. They can be submitted electronically and/or r the Taxonomy Application by clicking ' Submit Now ' below. After submitting you will have the option to prin	by regular mail. t a copy of the completed
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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.





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 <u>Addendum B</u> to view the PayPoint process.
	Note : Application Fee Required: See <u>Addendum C, NC Application Fee and Federal</u> <u>Requirements</u> .
	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.

	Upload Documents 🚔 🗛 🗄 🖽
Quick Links	* indicates a required field Legend
Status and Management	ELECTRONIC ATTACHMENTS ?
	Only one file can be submitted at a time. File cannot be more than 25 MB.
	The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG).
	To upload a file:
	1. Click the Browse button.
	2. Locate the file and Add. Note: The file name will display to the right of the Browse button.
	3. Click the Upload File button to submit the file to NCTracks.
	4. When the upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted attachments, click the printer icon located in the right hand corner of the screen.
	1 Browse_ NCTracks_CSS_analysis.docx Upload File 2

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.

Quick Links	Upload Documents	3 🖨 🗚 া 📾
	* indicates a required field	Legend 👻

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.





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SUBMITTED AP	PLICATIONS							
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				Manage Change Reques	st 01/2	25/2011	09 -	Withdraw
				Manage Change Reques	st 01/2	25/2011	09 -	Withdraw
				Manage Change Reques	st 01/2	25/2011	04 -	In Review
				Manage Change Reques	st 01/2	26/2011	04 -	In Review
				Manage Change Reques	st 01/2	26/2011	07 -	Denied
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Exhibit 24. Status Management Screen

Step	Action
1	Submitted Applications: Allows you to view the status of a submitted provider enrollment application.
	 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 peeding 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.





Step	Action
	 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.

IRACKS										
Provider Portal	Eligibility	Prior Approval	Claims	Referral	Public Health	Enrollment	Administration	Code Search	PORTAL-DEV	
Home										
Message Center for JAMES D	RAKE									Sub
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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.

he followi	ng provider accounts associated with	your NCID are active. Please select the	account with which you would like	e to submit a Manage	Change
equest, th	en click ' Update '.	,			
RECORD	RESULTS				
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Statu
0			27502-0000	12/05/2012	Active
\odot			27502-1216	02/01/2013	Active
0			27707-5055	03/01/2013	Active
\odot			27502-1216	12/26/2012	Active
0			27502-1216	12/28/2012	Active
0			27502-1215	12/01/2012	Active
0			27409-2027	03/20/2006	Active
O			27522-8297	12/06/2000	Active
0			27577-3933	08/01/2007	Active
\odot			27105-1332	01/01/1988	Active
0			27502-5316	02/05/2007	Active
					2

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	
K indicates a required field	Legend 🔻
SCHOOL BASED HEALTH CENTER * Is your organization a School Based Health Center (SBHC)? Type ONo	?
Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonom National Plan & Provider Enumeration System (NPPES) when you enumerated this NPI.	 selected should have been reported to the
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 d You may enter up to 15 Taxonomy Classifications.	escribe the services you will be rendering.
+ TAXONOMY CLASSIFICATION - 193200000X - MULTI-SPECIALTY	
Add Taxonomy Classification	
Please complete all the required fields and click the Add button.	
* Provider Type: Select One	
* Classification: Select One	
5 * Area of Specialization: Select One	
* Begin Date: mm/dd/yyyy 📧 🌀	
	7 Add Clear
« Previous	Please be sure to complete all Next)) 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+ <u>Help</u>
ELECTRONIC SIGNATURE - EMAIL CONFIRMATION	
 Please confirm that the email address below is correct. If you don't already has Electronic Signature PIN will be sent to this address upon submitting the new access to this email address to retrieve/reset your PIN and complete this Online If the email below is incorrect, you may now navigate back to the <u>Basic Inform</u> update it. (Remember to click 'Next' on the <u>Basic Information page</u> to store your change.) 	ave one, an xt page. You will need ne Application. <u>mation page</u> to
Contact Email: abc@123.com	
REVIEW APPLICATION	
To review your application in Adobe PDF format, click ' Review Application ' below successfully completed all required information for your provider enrollment application is complete and accurate, you may proceed to the Attachments/S Application page by clicking ' Next '.	. If you have ation and are satisfied Submit Electronic
Rev	iew Application 🔎
	2 *
((Previous	Next »

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

cates a required field		Legend
for any reason you navigate awa	ay from this page without clicking 'Submit Now', you will be required to re-enter the information.	
LECTRONIC SIGNATURE CONFIRMATI	ON	
ttestation: I have read and agr comments submitted with the ap ate this electronic document is si dministrative, civil, or criminal liu to the submitted of the second second Login ID (NCID):	reed to the terms and conditions of participation. By submitting this form, I confirm the information of plication/enrollment documents/Administrative Participation Agreement are true, accurate, complete ubmitted. I do hereby attest that any falsification, omission, or concealment of material fact may sul ability. 2 * Password: Forgot Login ID Forgot Password	contained in the , and current as of the bject me to
 If this is your first Provider Er complete submission. If the e Basic Information page to sto If there is a PIN already asso and Password and clicking the 	nrollment submission, your Electronic Signature PIN has now been sent to ecrider@csc.com . Please small is incorrect, you may now navigate back to the Basic Information page to update it. (Remembe re your change.) clated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by enterin e 'Forgot PIN' link. The PIN will be sent to your email address.	e retrieve it now to er to click Next on the ng you Login ID (NCID)
lease contact the CSRA Call cent	ter at 800-688-6696 if you have any trouble with your Electronic Signature PIN Number.	
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3 * PIN: Please review the documents yr • Agreement and Attestations	Forget PIN ou are going to electronically sign.	
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PIN: Please review the documents ye Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607 Your application indicates that ye TRANSPORTATION SERVICE! The following documents are requ No Required Attachments for NUINE APPLICATION SUBMISSION Du may now submit your Online oplication for your records. Du will also receive instructions to	Forget PIN ou are going to electronically sign. *0028 ou are enrolling as: S, Non-emergency Medical Transport (VAN), None quired with your Provider Enrollment Application. They can be submitted electronically and/or by region the Taxonomy Application by clicking 'Submit Now' below. After submitting you will have the option to print a cop to finalize the application process on the next page.	ular mail.
PIN: Please review the documents ye Agreement and Attestations EQUIRED ATTACHMENTS 2610 Wycliff Rd, RALEIGH, NC 27607 Your application indicates that ye TRANSPORTATION SERVICES The following documents are requ No Required Attachments for NUINE APPLICATION SUBMISSION Du may now submit your Online polication for your records. Du will also receive instructions to	Forget PIN ou are going to electronically sign. -0028 ou are enrolling as: S, Non-emergency Medical Transport (VAN), None quired with your Provider Enrollment Application. They can be submitted electronically and/or by region the Taxonomy Application by clicking 'Submit Now' below. After submitting you will have the option to print a cop to finalize the application process on the next page. Submit Later 5	ular mail.
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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.

Delete Draft





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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

Legend
📰 Calendar 🛛 😡
Add New Entry
Editing Entry
🥜 Pending Update
Pending Deletion
+ Expand Section
Collapse Section
🛕 Row Error
🖉 File Attached
🔽 Audit
🗰 Required Field

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	Legend 🔻	to
open the list.		

Data / Section Group Help

PATIENT INFORMATION * Recipient ID:	or	* SSN: * Date of Birth: mm/dd/yyyy		0 1
Date of Service * From: mm/dd/yyyy		* To: mm/dd/yyyy		J
			Verity Cle	ar +

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

Vorify Dationt Identifies the Account based on the User ID used to log into the system	
Account Information: NCMMIS	

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 (<u>Section</u> <u>3.26, Final Steps Screen</u>) or from the **Status and Management** screen (<u>Section 3.27, Status</u> <u>and Management Screen</u>).

	Provider Enrollme
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
	Back Next Exit

Exhibit 30. PayPoint Screen

Step	Action
1	Select Pay by electronic check or Pay by credit card.
	• 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.





NCTracks	Provider Enrollment
anguage: English 💌	
Payment Information	
•	* Indicates required field
1 Billing Address	
*FIFST Name: MICHELLE	
M.L.:	
*Streat Line 1:	
Street Line 2:	
*City: ADEX	
*State: North Carolina	
*7in: 27502	
Phone:	
E-Mail:	
2 Payment Details	
*Payment Amount: 100.00 USD	
3 Payment Method	
*Name as it Appears on Card:	
*Card Number:	
*Evolution Data	
*Expiration Date:	
	2. 8.4
	Try a different code.
	Back Next Exit
trademarks, service marks and trade names used in this material are the	Powered by PayPoin

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.





NCTracks	Prov	vider Enrollment
Language: English 💌		
Payment Information		
	* Indicates required field	
1	Billing Address	
_	*First Name: M.I.: *Last Name: *Street Line 1:	
	Street Line 2:	
	*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:	
	*Re-Type Account Number:	
	*Routing Number: What's This?	
	*Account Type: Checking O Savings 4 	
	Back Next Exit	1

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.





NCTracks		Provider Enrollment
Language: English 💌		
Payment Review		
	Address	
	Billing Address:	
	Payment Method	
	Credit Card VISA	
	Payment Amount	
	Amount: 100.00 USD	
	Total: 100.00 USD	1 2
		Back Pay Now Exit

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.





						. (<u>Log out</u>)		
	9							<u>NCTracks Help</u>
Provider Portal	Eligibility	Prior Approval	Claims Ref	erral Code Searci	Administration	Trading Partner	Payment	Consent Forms
Home Provider Enrollment	<u>t</u>							
Contact Information	Paymer	nt Confirm	ation					AA Help
If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center.	* indicates a	required field						Legend 🔻
Phone:	ONLINE PAYMENT SUBMISSION COMPLETE							
866-844-1113 Fax:	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.							
866-844-1382								
Email:	Contact the CSRA Call Center at 866-844-1113 if you have any questions about this payment.							
								÷
Ouick Links								?
Status and Management	PAYMEN	CONFIRMATION	DETAILS					
Provider Enrollment	Confirm	ation Number:						
Home	NPI/Atypical ID:							
PE Supporting	Provider Name: ACA FEE - ABANDON CHECK							
Information	Payment Amount: \$100.00							
PE Terms and Conditions								÷
Provider Qualifications				Re	turn to Provider	Enrollment Stat	us and Mar	and the second second
and Requirements				Re	carries <u>Provider</u>	en onnent stat		lagement Home
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.