ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE STAKEHOLDERS OF THE NCTRAKCS APPLICATION.
# Document Revision History

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1.0 Welcome

1.1 COURSE OVERVIEW
Welcome to the Enrollment Specialist (ES) User course. This course is applicable to you if you have been assigned the Enrollment Specialist role by your Office Administrator (OA); guiding you through the process for completing Enrollment, Re-enrollment, Manage Change Request (MCR), or Re-verification applications on behalf of the Office Administrator.

The Enrollment Specialist is responsible for marking the application as complete for the OA to electronically sign and submit. They do not have rights to submit applications (re-enrollment, re-verification, maintain eligibility, and MCRs), nor have any signatory or attestation authority.

1.2 COURSE BENEFITS
This course will guide you through an overview of the Enrollment Specialist User role, when processing an Enrollment, Re-enrollment, Re-verification, Maintain Eligibility, and Manage Change Request application. It will also detail the Status and Management screen, which is used to submit and track these applications.

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

- Explain the Enrollment Specialist User Role
- Navigate the NCTracks Provider Portal to complete a Provider Enrollment, Manage Change Request (MCR) Re-enrollment Re-verification and Maintain Eligibility.
- Assign completed applications to the OA.

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

NOTES:
2.0 Enrollment Specialist User Role

2.1 INTRODUCTION
Many large provider organizations have an owner or managing partner listed as the Office Administrator (OA) for the providers of that organization. However, the actual job duties of completing and maintaining provider records belong to an Enrollment Specialist. The Office Administrator can assign the Enrollment Specialist role to one or more NCTracks users to perform these job duties.

The Enrollment Specialist user is able to complete Enrollment, Re-enrollment, Manage Change Request, Maintain Eligibility, or Re-verification applications on behalf of the Office Administrator. The Enrollment Specialist will mark the application as complete, and the OA will electronically sign and submit the application.

Enrollment Specialist user does not have rights to submit applications (re-enrollment, re-verification, maintain eligibility, and MCRs), nor have any signatory or attestation authority. The Enrollment Specialist can however complete and submit all abbreviated manage change request application except the abbreviated Electronic Fund Transfer (EFT) application on behalf of the Office Administrator.

2.2 OBJECTIVES
Learners will view demonstrations of the process for completing and assigning application process. This Participant User Guide will also provide step-by-step documentation of the processes to complete and assign applications to the OA.

Demonstration sections will have graphic illustrations followed by steps. The numbers on the image will correspond with the numbers in the steps.

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

NOTES:
3.0 New Enrollment – Enrollment Specialist

3.1 NAVIGATE TO THE PROVIDER PORTAL HOME SCREEN

The public NCTracks home screen displays before you are logged in to the system. To log in to the secure NCTracks provider portal, complete the following steps.

**Exhibit 1. NCTracks Home Screen**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click the Providers link. The Public Provider screen displays.</td>
</tr>
<tr>
<td>2</td>
<td>Click the blue lock on the NCTracks Secure Portal image</td>
</tr>
</tbody>
</table>

**Exhibit 2. NCTracks Login Screen**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | User ID (NCID): Enter your NCID.  
**Note:** Click the NCID link only if Enrollment Specialist does not have an NCID. |
| 2    | Password: Enter your Password. |
Step | Action
---|---
3 | Click the **Log In** button. The secure Provider portal home screen displays.

The Secure Provider Portal Home screen displays.

![Exhibit 3. Provider Portal Home Screen](image)

Step | Action
---|---
1 | Click the **Status and Management** button.

The Status and Management screen displays.

### 3.2 STATUS AND MANAGEMENT – ENROLLMENT SPECIALIST APPLICATIONS

The Enrollment Specialist can begin a new enrollment application from the Status and Management page.

The ES user can access the **Online Application** through the **Quick Links** to the left of the page or from the **Enrollment Tab**.
NOTES:
3.3 PROVIDER LOCATION/ENROLLMENT APPLICATION TYPE

The Enrollment Specialist will enter the ZIP code in order for NCTracks to determine if the provider is either an In-State, Border, or Out-of-State. The user must select the appropriate Provider Enrollment Application Type from the Online Provider Enrollment Application screen.

Exhibit 5. Provider ZIP Code and Enrollment Application Type Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ZIP Code: Enter ZIP Code.</td>
</tr>
<tr>
<td>2</td>
<td>Provider Enrollment Application Type: Select Individual, Organization, Atypical Organization, or Billing Agent.</td>
</tr>
<tr>
<td>3</td>
<td>Click Next to continue.</td>
</tr>
</tbody>
</table>

NOTES:
3.4 ORGANIZATION BASIC INFORMATION SCREEN

This screen captures your Organization’s basic information. If you are enrolling as an individual, skip to Section 3.5, Individual Basic Information Screen.

Exhibit 6. Organization Basic Information Screen #1

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identifying Information: Enter Organization, EIN, NPI, Email, and Month of Fiscal Year End.</td>
</tr>
<tr>
<td>2</td>
<td>Doing Business As (DBA): Select Yes or No. If Yes is selected, enter DBA Name, and enter Years Doing Business Under This Name.</td>
</tr>
</tbody>
</table>
| 3    | Ownership Information: Select the business type from the drop-down list:  
  - City/Municipality: Select if the organization is owned by a City or a Municipality.  
  - Corporation: Select 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. |
## Step Action

- **Federal:** Select if ownership falls within the jurisdiction of the federal government.
- **Indian Health Services:** Select if the ownership falls within the jurisdiction of the Indian Health Services.
- **Limited Liability Corporation:** Select this filing status if it is a Limited Liability Corporation (LLC).
- **Local Government Agency:** Select if the organization is owned by a City or a Municipality.
- **Non-Profit:** Select if it is a non-profit enterprise.
- **Partnership:** Select if it is a General Partnership, or a Limited Partnership, where two or more people have created this business entity.
- **State:** Select if the entity is owned by the State in which it operates.

### Exhibit 7. Organization Basic Information Screen #2
### Step 4: Registering with NC Secretary of State
- Select Yes or No; If Yes, enter Secretary of State ID #.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Registering with NC Secretary of State: Select Yes or No; If Yes, enter Secretary of State ID #.</td>
</tr>
<tr>
<td>5</td>
<td>Authorized Individual (Office Administrator): Enter Last Name, First Name, Contact E-mail, Office Phone. Check the checkbox next to the attestation statement. <strong>Note:</strong> The Office Administrator information is pre-populated with the Office Administrator’s name, NCID, and email address from NCTracks user provisioning.</td>
</tr>
<tr>
<td>6</td>
<td>Is this contact person an Owner or Managing Employee: Select Owner or Managing Employee.</td>
</tr>
<tr>
<td>7</td>
<td>Effective Date Requested: Enter Effective Date.</td>
</tr>
<tr>
<td>8</td>
<td>Click the Next button to continue.</td>
</tr>
</tbody>
</table>

**Note:** If the Enrollment Specialist user is associated with more than one Office Administrator, a Select Office Administrator drop-down option will display. After the user selects the Office Administrator, the Office Administrator information is pre-populated with the Office Administrator’s name, NCID, and email address from NCTracks user provisioning.

### 3.5 Individual Basic Information Screen

**Exhibit 8. Individual Basic Information Screen #1**

**Note:** Individual providers who answer ‘Yes’, and existing providers who change their answer from ‘No’ to ‘Yes’ when answering the question “Are you a Rendering/Attending Only provider?” presented on the Individual Basic Information screen, cannot participate as Community Care of...
North Carolina / Carolina ACCESS (CCNC/CA) Primary Care Providers (PCPs). If the individual provider answers ‘Yes’, the CCNC/CA screen will not display and ask them if they wish to enroll as a CCNC/CA PCP.

For all existing active CCNC/CA PCPs who complete a Manage Change Request to change their answer from ‘No’ to ‘Yes’ to the question “Are you a Rendering/Attending Only provider?”, the page will present the warning: “This change will result in the termination of your CCNC/CA participation and your recipients will be reassigned. If you have questions, please contact your local Managed Care Consultant.”

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter Identifying Information: Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, NPI, and Email.</td>
</tr>
<tr>
<td>2</td>
<td>Select the checkbox if the authorized user has entered the full legal name of the enrolling provider and they do not have a middle name.</td>
</tr>
<tr>
<td>3</td>
<td>Employer Identification Number (EIN): Will your income be reported to an EIN? Select Yes or No; If Yes, enter EIN. Do not enter the EIN of an organization or group to which you may be affiliated.</td>
</tr>
<tr>
<td>4</td>
<td>Doing Business As (DBA): Select Yes or No; if Yes, enter DBA Name, Years Doing Business Under This Name.</td>
</tr>
<tr>
<td>5</td>
<td>Rendering/Attending Only Provider: Select Yes or No.</td>
</tr>
</tbody>
</table>
Exhibit 9. Individual Basic Information Screen #2
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 6    | Ownership Information: Select the **Business Type** from the drop-down list. If EIN is No, it defaults to Self, If Yes then it shows the last two.  
  - **Self** – Select this type if you are an individual filing under an SSN.  
  - **Single-Owner LLC** – Select this type (filing status) if you are an individual who intends to operate like a sole proprietor and act as the sole owner and manager.  
  - **Sole Proprietor** – Select this type (filing status) if you are an individual filing under an EIN. |
| 7    | Office Administrator (Authorized Individual): Select **Same as Enrolling Provider** if the individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter **Last Name, First Name, Contact E-mail, Office Phone**, and select the appropriate OA’s **User ID (NCID)**.  
  **Note**: The Office Administrator information is pre-populated with the Office Administrator’s name, NCID, and email address from NCTracks user provisioning. |
| 8    | Select the **checkbox** if the authorized user has entered the full legal name of the enrolling provider and they do not have a middle name. |
| 9    | Effective Date Requested: Enter **Effective Date**. |
| 10   | Click the **Next** button to continue. |

**Note**: If the Enrollment Specialist user is associated with more than one Office Administrator, a Select Office Administrator drop-down option will display. After the user selects the Office Administrator, the Office Administrator information is pre-populated with the Office Administrator’s name, NCID, and email address from NCTracks user provisioning.

### 3.6 TERMS AND CONDITIONS SCREEN

This 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.

### 3.7 BASIC INFORMATION COMPLETE

This screen notifies you that the basic information page has been completed and provides instructions for resuming an In Process application, if you choose not to complete the application at this time.

### 3.8 PREVIOUS HEALTH PLAN

This screen captures the various past NC DHHS IDs for Health Plans in which the applicant was previously enrolled in.

### 3.9 HEALTH/BENEFIT PLAN SELECTION

This screen captures applicable health and benefit plans with begin and end dates. Authorized users can update health plan information.
Step | Action
--- | ---
1 | Opt out of any coverage by clearing the appropriate check box: Division of Medical Assistance (DMA): Medicaid, NCHC (Children).
2 | Opt out of any coverage by clearing the appropriate check box: Division of Public Health (DPH): Infant Toddler, Sickle Cell, AIDS Drug Assistance Program, and EHDR.
3 | Opt out of any coverage by clearing the appropriate check box: Office of Rural Health and Community Care (ORHCC): Migrant Health.
4 | Click the Next button to continue.

### 3.10 OWNERSHIP INFORMATION

This screen captures the type(s) of ownership and information about each shareholder/partner as applicable.

The Ownership screen is displayed only to organizations and atypical organizations if the Business Type (entered/displayed on the Basic Information Screen) is Limited Liability Corporation (LLC), Corporation, Non-Profit, or Partnership.
Exhibit 11. Ownership Information

Ownership Information

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

SHAREHOLDER/PARTNER INFORMATION

INDIVIDUAL - StClair, Michelle (AUTHORIZEDINDIVIDUAL) --- NEWLY ADDED

Last Name: [Redacted]  First Name: [Redacted]
Middle Name: [Redacted]   Suffix: [Redacted]
Date of Birth: [Redacted]  SSN: [Redacted]
Gender: Female

Address Line 1: [Redacted]
Address Line 2: [Redacted]
City: [Redacted]  State: [Redacted]  ZIP Code: [Redacted]

Relationship to Another Disclosing Person: None

Percent of Ownership/Control Interest: 45%

Add Shareholder/Partner

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

This shareholder/partner is:  
- an individual  - a business

Business Information

Business Legal Name: [Redacted]  EIN: [Redacted]

Address Line 1: [Redacted]
Address Line 2: [Redacted]
City: [Redacted]  State: [Redacted]  ZIP Code: [Redacted]

Percent of Ownership/Control Interest: 15%
**Step** | **Action**
--- | ---
1 | Shareholder/Partner Information: Does the applicant have any agents or managing employees?: Select Yes or No; if Yes, Managing Relationships displays.
2 | Click the Edit button to edit existing Managing Relationship to change Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, 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, and Percent of Ownership/Control Interest. Then click the Add button.
   - For Business, enter Business Legal Name, EIN, Address, City, State, ZIP Code, and Percent of Ownership/Control Interest. Then click the Add button.
4 | Click the Verify Address button (address must correspond to the actual U.S. Postal Service address).
5 | Click the Add button to add a shareholder/partner information.
6 | Click the Next button to continue.

### 3.11 ADDRESSES

This 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 12. Addresses Screen #1](image-url)

### Step | **Action**
--- | ---
1 | Primary Physical Location: Enter the Office Phone, Office Fax, Address, City, and State. Click the Verify Address button (address must correspond to the actual U.S. Postal Service address).
**Exhibit 13. Addresses Screen #2**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Servicing Counties:</strong> You must check boxes of all counties in which you will render services.</td>
</tr>
<tr>
<td>3</td>
<td><strong>1099 Reporting/Pay-To Address:</strong> Do you have a separate Pay-To address?: Select Yes or No.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Correspondence Address:</strong> Do you have a separate correspondence address?: Select Yes or No.</td>
</tr>
</tbody>
</table>
5. Service Locations: Do you have additional service locations? Select Yes or No. If Yes, enter Office Phone, Address, City, State, and ZIP Code.

6. Click the Add button to add a service location.

7. Click the Next button to continue.

3.12 TAXONOMY CLASSIFICATION

This 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. All taxonomies selected should have been reported to the National Plan and Provider Enumeration System (NPPES) when you enumerated this NPI.
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the Location.</td>
</tr>
<tr>
<td>2</td>
<td>Click the Edit Location button.</td>
</tr>
</tbody>
</table>

Exhibit 16. Taxonomy Classification Screen #2

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>School Based Health Center: Is your organization a School Based Health Center (SBHC)?: Select Yes or No.</td>
</tr>
</tbody>
</table>

Exhibit 17. Taxonomy Classification Screen #3

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Add Taxonomy Classification: Using the drop-down menus, select Provider Type, Classification, and Area of Specialization (if applicable).</td>
</tr>
<tr>
<td>5</td>
<td>Click the Add button to add another Taxonomy Classification. <strong>Note:</strong> Repeat this process to add multiple taxonomy codes. You may enter up to 15 taxonomy codes per location.</td>
</tr>
<tr>
<td>6</td>
<td>Click the Save Location button after all taxonomies have been added.</td>
</tr>
<tr>
<td>7</td>
<td>Click the Next button to continue.</td>
</tr>
</tbody>
</table>
3.13 ADD SERVICES AND ENDORSEMENTS

This screen captures services and endorsement information. This screen is displayed only to organizations and atypical organizations with specific taxonomy codes.

**Exhibit 18. Add Services and Endorsements Screen #1**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the <strong>Service Location</strong>.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Edit Location</strong> button.</td>
</tr>
</tbody>
</table>

**Exhibit 19. Add Services and Endorsements Screen #2**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Service Type</td>
</tr>
<tr>
<td>4</td>
<td>Select Service Type(s)</td>
</tr>
<tr>
<td>5</td>
<td>Case Management</td>
</tr>
<tr>
<td>6</td>
<td>Save Location</td>
</tr>
<tr>
<td>7</td>
<td>Next &gt;</td>
</tr>
</tbody>
</table>
3. Select Service Type: Do you wish to add CAP/DA services or CAP/C services?: Select Yes or No.

4. Select Service Type(s): **CAP/DA** (Community Alternatives Program for Disabled Adults) services, **CAP/C** (Community Alternatives Program for Children) services.

5. Check the boxes of services you wish to render at this location.

6. Click the **Save Location** button.

7. Click the **Next** button to continue.

### 3.14 ACCREDITATION

This screen allows you to add relevant accreditations, certifications, and licenses.

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

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

Exhibit 20. Accreditation Screen #1

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select <strong>Service Location</strong>.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Edit Location</strong> button.</td>
</tr>
</tbody>
</table>
Step | Action
--- | ---
3 | **Add Accreditation:** Enter **Accreditation Type**, **Accreditation #**, **Effective Date**, **Expiration Date**. If your accreditation does not have an expiration date, leave this field blank.
4 | Click the **Add** button.
5 | **Add Certification:** Enter **State**, **Certification #**, **Effective Date**, **Expiration Date**. If your certification does not have an expiration date, leave this field blank.
6 | Click the **Add** button.
### Exhibit 22. Accreditation Screen #3

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><strong>Expand License:</strong> Click the <em>Edit</em> button. Enter <em>State</em>, <em>License #</em>, <em>Effective Date</em>, <em>Expiration Date</em>.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Add License:</strong> Select <em>License Agency</em>, select <em>License Type</em>, enter <em>State</em>, <em>License #</em>, <em>Effective Date</em>, <em>Expiration Date</em>.</td>
</tr>
<tr>
<td>9</td>
<td>Click the <em>Add</em> button.</td>
</tr>
<tr>
<td>10</td>
<td>Click the <em>Save Location</em> button.</td>
</tr>
<tr>
<td>11</td>
<td>Click the <em>Next</em> button to continue.</td>
</tr>
</tbody>
</table>

### 3.15 CCNC/CA
This screen captures providers who wish to enroll in Community Care of North Carolina/Carolina ACCESS (CCNC/CA) and CCNC/CA contact person information.

### 3.16 PHYSICIAN EXTENDERS
This screen captures participating physician extenders (nurse practitioners, nurse midwives, or physician assistants) and the requested maximum number of CCNC/CA enrollees at the location.

### 3.17 PREVENTIVE ANCILLARY SERVICES
This screen captures preventive and ancillary services. This screen is displayed for CCNC/CA applicants only.
3.18 HOURS OF OPERATIONS
This screen captures the hours that services are provided on a regular basis and after-hours coverage information.

3.19 SERVICES
This screen captures the types of services that are provided.

3.20 AGENTS/MANAGING EMPLOYEES
This 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).
Exhibit 23. Agents and Managing Employees Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relationship Disclosure: Does the applicant have any agents or managing employees? Select Yes or No; if Yes, Managing Relationships displays.</td>
</tr>
<tr>
<td>2</td>
<td>Click Edit to edit existing Managing Relationship to change Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Business Relationship, and Relationship to Another Disclosing Person.</td>
</tr>
<tr>
<td>3</td>
<td>Add Relationship by filling out Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Business Relationship, and Relationship to Another Disclosing Person. Then click the Add button.</td>
</tr>
</tbody>
</table>
### 3.21 HOSPITAL ADMITTING

This screen captures Hospital Admitting Information for Individuals.

![Hospital Admitting Screen](image)

**Exhibit 24. Hospital Admitting Screen**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the enrolling provider have hospital admitting privileges?: <strong>Yes</strong> or <strong>No</strong>, Select <strong>Yes</strong> to add hospital(s).</td>
</tr>
<tr>
<td>2</td>
<td>Select the <strong>County</strong> in which the hospital is located.</td>
</tr>
<tr>
<td>3</td>
<td>Available Options: Select the hospital(s) to which you have admitting privileges. <strong>Note</strong>: You can select multiple hospitals in a County by holding down the CTRL key and selecting each hospital.</td>
</tr>
<tr>
<td>4</td>
<td>Click the <strong>Add</strong> button to save the hospital selections.</td>
</tr>
<tr>
<td>5</td>
<td>Click the <strong>Next</strong> button to continue.</td>
</tr>
</tbody>
</table>
3.22 PHARMACY INFORMATION
This screen captures pharmacy information and pharmacy manager information. This screen is displayed to pharmacy providers only.

3.23 FACILITIES INFORMATION
This screen allows you to edit/respond to teach hospital question and bed accommodations types.

3.24 METHOD OF CLAIM/ELECTRONIC SUBMISSION
This screen captures how you will be submitting and/or receiving electronic transactions.

3.25 AFFILIATED PROVIDER INFORMATION
This screen captures information on the organization(s) to which an individual wishes to affiliate. Individual providers can select ‘Yes’ or ‘No’ to indicate their participation in CCNC/CA when they affiliate to a CCNC/CA organization.

Exhibit 25. Affiliated Provider Information Screen
### Step Action

1. Affiliated Provider Information: Do you wish to link or affiliate with another enrolled provider?: Select **Yes** or **No**.

2. NPI: Enter the **NPI** of the organization or group to which you wish to affiliate.

3. Select the location(s) to which you wish to affiliate.

4. Do you wish to participate in CCNC/CA under this group at this location?: Select **Yes** or **No**.

5. Click the **Add** button to save the Affiliation.

6. Click the **Next** button to continue.

#### 3.26 ASSOCIATE BILLING AGENT

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

#### 3.27 EFT ACCOUNT INFORMATION

This screen captures Electronic Fund Transfer and Remittance information. All payments are by EFT in NCTracks.

#### 3.28 EXCLUSION/SANCTIONS

![Exhibit 26. Re-verification Application: Exclusion/Sanction Information Screen](image)
Step | Action
--- | ---
1 | Select Yes or No. When Yes is selected for a question, the Infraction/Conviction Dates section is displayed. Click the Add button to add 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.
2 | Click the Add button to add Infraction/Conviction Date.

### 3.29 REVIEW APPLICATION
This screen allows you to review the application before you assign to the Office Administrator.

Exhibit 27. Review Application Screen
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Confirm the <strong>Contact Email</strong> listed is correct, if not click on the <strong>Basic Information Page</strong> hyperlink to update it.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Review Application</strong> button to review the information entered for accuracy. By clicking on 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 assigning to the Office Administrator(OA).</td>
</tr>
</tbody>
</table>
| 3    | Click the **Assign Application to OA** button to assign the application to the OA for review and submission, where applicable. When the Enrollment Specialist clicks the ‘Assign to OA’ button, the Enrollment Specialist will be redirected to the Status and Management Screen.  
**Note:** An email will be sent to the OA informing him/her notifying them that the application is ready to be signed and submitted. |

**Note:** The ‘Assign Application to Office Administrator’ section is displayed only when the user logged into the application is the Enrollment Specialist.

### 3.30 STATUS AND MANAGEMENT HOME
This screen displays categories of applications.
Exhibit 28. Status and Management Home Screen
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Submitted Applications</strong>: Allows you to view the status of a submitted provider enrollment application.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In Review: Being reviewed by CSC or State</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Returned: It was returned to provider needing additional documentation from the provider.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Denied: Your participation in the program has been denied.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Approved: Your participation in the program has been approved.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Withdrawn: You have withdrawn your application.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MCR Comp (Manage Change Request Complete): You requested a change that does not require review therefore this change was instantly updated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ME Comp (Maintain Eligibility Complete): Your Maintain Eligibility does not require review therefore this request was instantly completed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pay Now: You may click the “Pay Now” link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Note</strong>: The Enrollment Specialists, Office Administrator, all Managing Employee and Owner Users can see the submitted application, the Pay Now and Upload Documents hyperlink (if applicable) in the Submitted Applications section.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upload Documents hyperlink is present if the application is in one of the following statuses: In Review, Returned, and Payment Pending. Clicking this hyperlink takes the user to the Upload Documents Page.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Saved Applications</strong>: Allows you to resume a saved provider enrollment application.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Re-enroll</strong>: Allows you to re-enroll a terminated provider enrollment account.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Manage Change Request</strong>: Allows you to submit a manage change request to an active provider enrollment account.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Re-verification</strong>: Allows you to submit a required re-verification application for a provider enrollment account.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Maintain Eligibility</strong>: Allows you to submit a required maintain eligibility application for a provider enrollment account.</td>
<td></td>
</tr>
</tbody>
</table>
4.0 Manage Change Request

4.1 PROVIDER PORTAL HOME SCREEN

Exhibit 29. Provider Portal Home Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the Secure Provider Portal Home screen, click the <strong>Status and Management</strong> button. The Status and Management screen is displayed. To begin a Manage Change Request application, scroll down to the <strong>Manage Change Request</strong> section.</td>
</tr>
</tbody>
</table>

NOTES:
Exhibit 30. Status and Management: Manage Change Request Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click the radio button next to the record for which you wish to begin an MCR application.</td>
</tr>
<tr>
<td>2</td>
<td>Click the Update button.</td>
</tr>
</tbody>
</table>

4.2 HEALTH/BENEFIT PLAN SELECTION
This screen allows you to manage your participation in the NC DHHS health and benefit plans. You can view your status, reinstate participation, add new, and terminate participation.

Note: A $100 NC Application Fee is required for individual providers when applying for Medicaid and/or NCHC. A $100 NC Application Fee is required when applying for Medicaid and/or NCHC and if there is no active provider with your tax ID.

NOTES:
### 4.2.1 Current Status

#### Step 1: Health Plan

- **Title NCXIX** – Medicaid
- **Title NCXXI** – North Carolina Health Choice for Children (NCHC)
- Public Health
- Rural Health

#### Step 2: Health Plan Status

- **Active** – You are currently active.
- **Terminated** – You are currently terminated (not active).
- **New** – You can add this health plan.

If you hover over using your mouse, more information is displayed.

#### Step 3: Benefit Plan

If applicable, benefit plans are displayed.

#### Step 4: Benefit Plan Status

- **Active** – You are currently active.
- **Terminated** – You are currently terminated (not active).

#### Step 5: Effective Date

- This is the effective date of your status. In this example, this provider has been active in Title NCXIX since 3/1/2013 and has been terminated in NCXXI since 3/13/2013.
4.2.2 Active Medicaid Providers

In this section, the user is able to indicate whether a provider or organization will be providing behavioral health services.

Exhibit 32. Health/Benefit Plan: Current Status Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select 'Yes' if you will only be serving the 0-3 Medicaid population for behavioral health services. Select 'No' if you submit all your claims to your Managed Care Organization (MCO).</td>
</tr>
</tbody>
</table>

4.2.3 Type of Update

In this section, the user can select the type of update you wish to make.

Exhibit 33. Health/Benefit Plan: Type of Update Screen
Step | Action
--- | ---
1 | **Update Type**: Select one of the following:
   - No Updates: Select if you do not wish to make any changes. **Note**: In Manage Change Request applications, the default is set to ‘No Updates’.
   - Remove Health/Benefit Plan(s): Select if you wish to terminate participation in one or more health/benefit plans.
   - Add/Reinstate Health/Benefit Plan(s): Select if you wish to add or reinstate terminated health/benefit plans.
2 | Select Yes or No to each health plan ‘Do you wish to...’ question.
3 | **End Date**: When you select Yes, you must enter the effective date of the termination in the End Date field.
4 | **Reason for ending coverage**: When you select Yes, you must select a reason for the termination.

4.3 ADDRESSES

All addresses on file display. The user can edit, end-date, or add new addresses.

4.3.1 **Reinstate an End-Dated Address**

If one of the provider’s addresses has been end-dated, it is not necessary to add the address; the user can reinstate the address.

Exhibit 34. Addresses: Reinstate an End-Dated Address Screen
Step | Action
--- | ---
1 | Expand address.
2 | **End Date**: Displays end date on file for this address.
3 | Click the **Edit** button.

---

Exhibit 35. Addresses: Reinstall an End-Dated Address Screen

**Step** | **Action**
--- | ---
1 | **Begin Date**: Select **Re-instate** checkbox.
2 | New Begin Date: Enter **New Begin Date**.
3 | Click the **Save** button.

**NOTES:**
### 4.3.2 End-date an Active Address

If one of your addresses will be closed, you can end-date the address.

![Diagram of a service location address update screen]

**Exhibit 36. Addresses: End-Date an Active Address Screen**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select <strong>End Date It</strong> checkbox.</td>
</tr>
<tr>
<td>2</td>
<td>End Date: Enter <strong>End Date</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Click the <strong>Save</strong> button.</td>
</tr>
</tbody>
</table>

**NOTES:**

- Additional notes or instructions can be included here.

- Further clarification or examples can be added here.

- Considerations for specific scenarios or边缘 cases can be discussed here.
4.4 TAXONOMY CLASSIFICATION

Exhibit 37. Taxonomy Classification Screen #1

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Expand taxonomy.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Begin Date:</strong> Begin date of the current status.</td>
</tr>
</tbody>
</table>
| 3    | **Status:** Current status of the provider for this taxonomy:  
- Active – You are currently active.  
- Terminated – You are currently terminated (not active).  
- Suspended – You are currently suspended. |
| 4    | Click the **Edit** button. |
4.4.1 End-Date Taxonomy

If you wish to terminate participation in a taxonomy, you can end-date the taxonomy.

**Note:** You must have at least one active taxonomy in order to remain an active provider.

---

**Exhibit 38. Taxonomy Classification Screen #2**

<table>
<thead>
<tr>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

### Step 1
Click **End Date It** checkbox.

### Step 2

**End Date:** Enter **End Date**.

### Step 3
Select **Reason Code**: Reason for terminating participation.

### Step 4
Click the **Save** button.

### Step 5
Click the **Next** button to continue.

**NOTES:**

---

---
4.4.2 Reinstate Taxonomy

If one of your taxonomy codes has been end-dated, it is not necessary to add the taxonomy; you can reinstate the taxonomy.

![Exhibit 39. Taxonomy Classification: Reinstate Taxonomy Screen](image)

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click <strong>Re-instate</strong> checkbox.</td>
</tr>
<tr>
<td>2</td>
<td><strong>New Begin Date</strong>: Enter <strong>New Begin Date</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Click the <strong>Save</strong> button.</td>
</tr>
</tbody>
</table>

**NOTES:**
4.5 CCNC/CA

If you are active in CCNC/CA, this screen displays your CCNC/CA Begin Date and your CCNC/CA Contact Person details. You can edit your CCNC/CA Contact Person Information or terminate your participation as a CCNC/CA PCP.

**Note:** PCPs cannot terminate without giving a 30-day notice; therefore, the CCNC/CA End Date must be the last day of a month and at least 30 days in the future.

**Note:** If you are eligible to be a CCNC/CA PCP and you are not currently active in CCNC/CA, this screen displays exactly as it does in enrollment. See Section 3.0, New Enrollment.

![Exhibit 40. CCNC/CA Screen](image)

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>CCNC/CA Contact Person:</strong> Contact information on file. You can edit any of these fields.</td>
</tr>
<tr>
<td>2</td>
<td><strong>CCNC/CA Begin Date:</strong> Your begin date as a CCNC/CA PCP.</td>
</tr>
<tr>
<td>3</td>
<td>Select <strong>End Date It</strong> checkbox if you wish to terminate your CCNC/CA participation.</td>
</tr>
<tr>
<td>4</td>
<td>Click the <strong>Next</strong> button to continue.</td>
</tr>
</tbody>
</table>
4.6 EFT ACCOUNT INFORMATION

Exhibit 41. EFT Account Information Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current Account Information: Your Bank Name and the last four digits of your Account Number are displayed as is on your provider file.</td>
</tr>
<tr>
<td>2</td>
<td>Update Information: Do you wish to update your bank account information?: Select <strong>Yes</strong> if you wish to update your bank information.</td>
</tr>
<tr>
<td>3</td>
<td>Select the <strong>Next</strong> button to continue.</td>
</tr>
</tbody>
</table>

NOTES:
5.0 Re-enrollment Application

5.1 STATUS AND MANAGEMENT SCREEN

Exhibit 42. Provider Portal Home Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the Secure Provider Portal Home screen, click the <strong>Status and Management</strong> button.</td>
</tr>
</tbody>
</table>

The Status and Management screen displays. To begin a re-enrollment application, scroll down to the **Re-Enroll** section.

Exhibit 43. Status and Management: Re-enroll Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click the radio button next to the record for which you wish to begin a Re-enrollment application.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Re-Enroll</strong> button.</td>
</tr>
</tbody>
</table>
You will be taken to the Organization/Individual Basic Information screen to begin the application. The screens will look similar to enrollment and Manage Change Request. The only difference is that all health plans, taxonomy codes, services, etc. will be end-dated. You will need to reinstate as you wish.

For individual providers, a $100 NC Application Fee is required when applying for Medicaid and/or NCHC. For organizations and atypical organizations, a $100 NC Application Fee is required when applying for Medicaid and/or NCHC and there is no active provider with your tax ID.

NOTES:
6.0 Re-verification Application

Exhibit 44. Provider Portal Home Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the Secure Provider Portal Home screen, click the <strong>Status and Management</strong> button.</td>
</tr>
</tbody>
</table>

The Status and Management screen displays. To begin a Re-verification application, scroll down to the **Re-verification** section.

Exhibit 45. Status and Management: Re-verification Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click the radio button next to the record for which you wish to begin a Re-verification application.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Re-Verify</strong> button.</td>
</tr>
</tbody>
</table>
6.1 IDENTIFYING INFORMATION
Your Organization/Individual Identifying Information screen displays.

This panel displays specific information about you as an Individual or Organization Provider. This information must match what is reported on your income tax return.

If you have any questions or need further information, please feel free to call the NCTracks Operations Contact Center at 800-688-6696. Thank you for your time and dedication.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click the Next button if all information is correct.</td>
</tr>
</tbody>
</table>
6.2 TERMS AND CONDITIONS

After reading and understanding the Provider Administrative Participation Agreement and the Attestation Agreement, you must click the check box preceding the Attestation Statement or you will be unable to submit this re-verification application.

Exhibit 48. Reverification Application: Terms and Conditions Screen
6.3 EXCLUSION/SANCTIONS

Exhibit 49. Re-verification Application: Exclusion/Sanction Information Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select <strong>Yes</strong> or <strong>No</strong>. When <strong>Yes</strong> is selected for a question, the <em>Infraction/Conviction Dates</em> section is displayed. For each question answered <strong>Yes</strong>, 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). <strong>Note:</strong> All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.</td>
</tr>
</tbody>
</table>
6.4 REVIEW APPLICATION

By clicking 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 50. Review Application Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Confirm the <strong>Contact Email</strong> listed is correct, if not click on the <strong>Basic Information Page</strong> hyperlink to update it.</td>
</tr>
<tr>
<td>2</td>
<td>Click the <strong>Review Application</strong> button to review the information entered for accuracy.</td>
</tr>
<tr>
<td>3</td>
<td>Click the <strong>Assign Application to OA</strong> button to assign the application to the OA for review and submission, where applicable. <strong>Note:</strong> An email will be sent to the OA informing him/her notifying them that the application is ready to be signed and submitted.</td>
</tr>
<tr>
<td>4</td>
<td>Click the <strong>Next</strong> button to continue</td>
</tr>
</tbody>
</table>

**Note:** When the Enrollment Specialist clicks the ‘Assign to OA’ button, the Enrollment Specialist will be redirected to the Status and Management Screen.

The ‘Assign Application to Office Administrator’ section is displayed only when the user logged into the application is the Enrollment Specialist.
7.0 Maintain Eligibility Application

Exhibit 51. Provider Portal Home Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>From the Secure Provider Portal Home screen, click the Status and Management button. The Status and Management screen is displayed. To begin a Maintain Eligibility application, scroll down to the Maintain Eligibility section.</td>
</tr>
</tbody>
</table>

Exhibit 51. Status and Management: Maintain Eligibility Application Screen

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select the radio button next to the record for which you wish to begin a Maintain Eligibility application.</td>
</tr>
<tr>
<td>2</td>
<td>Select the Maintain Eligibility button.</td>
</tr>
</tbody>
</table>

The screens look exactly like the Re-verification application screens. See the previous exhibits. This concludes this course on the Enrollment Specialist User Role.
Addendum A. Help System

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

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

Navigational Breadcrumb

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

System-Level Help

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

Screen-Level Help

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

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

Data / Section Group Help

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user clicked. 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.