

JOB AID

Change Office Administrator Application Process

OVERVIEW

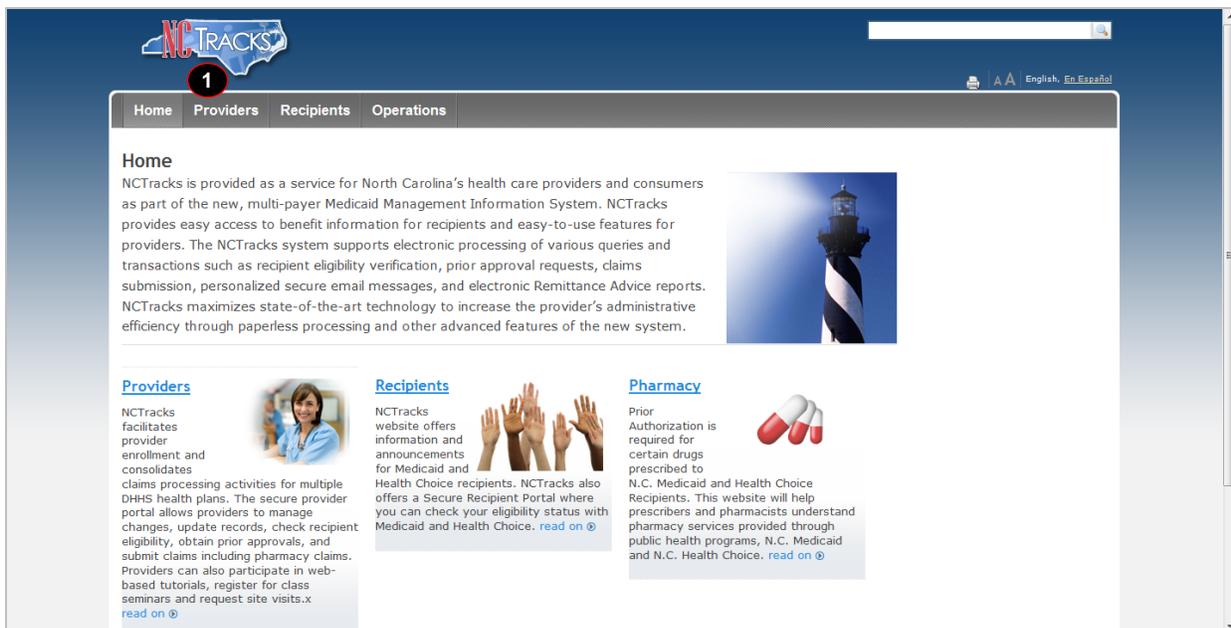
This Job Aid provides instructions on how to change the Office Administrator (OA) associated with the Provider's record (National Provider Identification [NPI]/ Atypical ID).

Providers may change their OA when:

- An individual officer for the organization used one NCID to register the organization and all of its individual providers.
- Since registration, the individual no longer works for this organization and the OA role needs to be transferred to the individual provider or to the organization's new OA.
- The existing OA left the company before establishing a new OA.

BEGIN CHANGE OFFICE ADMINISTRATOR APPLICATION

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



Step	Action
1	Click on Providers .

Providers
Learn more about NCTracks. Check these opportunities:

Formal training -
- Computer Based Training (can be taken any time)
- Instructor Led Training (scheduled periodically)
Register for formal training in SkillPort, on the secure provider portal

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

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

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

Getting Started
Provider Communication
Frequently Asked Questions
Currently Enrolled Provider (CEP) Registration
Claims
Prior Approval
Provider Enrollment
Provider Policies, Manuals and Guidelines
Provider User Guides and Training
ICD-10
Dental Services
Pharmacy Services
Trading Partner Information
Office Administrator (OA) Change Process

NCTracks Secure Portal
Access the secure NCTracks Portal

Password Help

Quick Links
NCTracks Issues List (XLSX, 21 KB)
NCTracks Contact Information (PDF, 65 KB)
2019 NCTracks Checkwrite Schedule - DMA (PDF, 47 KB)
2019 NCTracks Checkwrite Schedule - DPH, DPH, and ORICC (PDF, 48 KB)

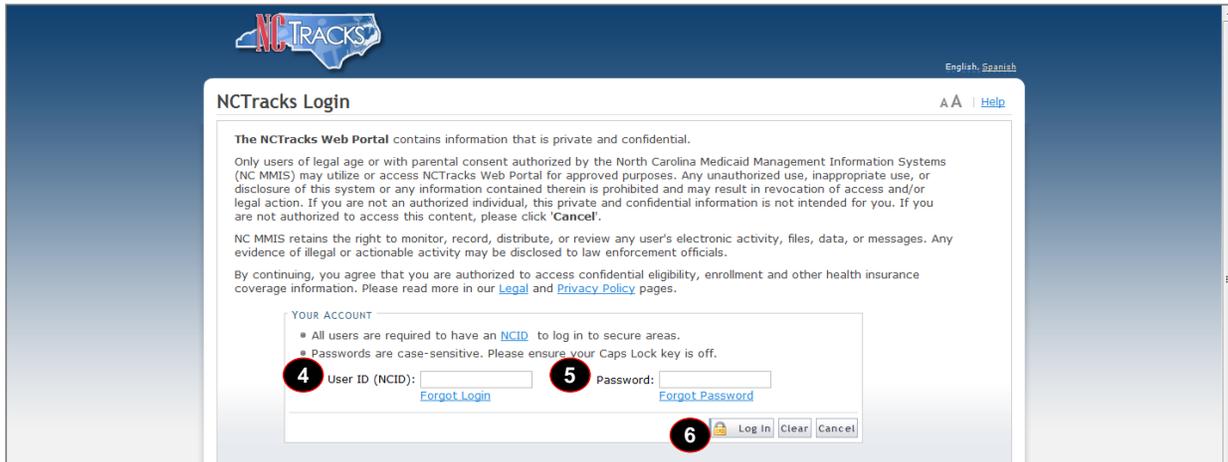
Step	Action
2	Select the Office Administrator (OA) Change Process .

Office Administrator (OA) Change Process
Every NPI enrolled in NCTracks must have an Office Administrator (OA). The Office Administrator is typically the owner or managing employee of the provider organization. Some aspects of the provider record in NCTracks can only be updated

OA Change Process
Automated process to change OA in NCTracks

Quick Links

Step	Action
3	Click on Office Administrator (OA) Change Process button.

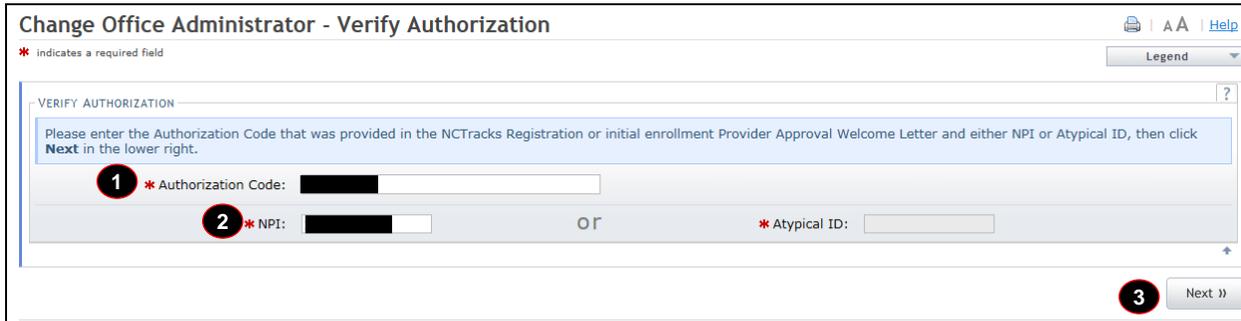


Step	Action
4	Enter the User ID (NCID) .
5	Enter the Password associated with the NCID.
6	Click Log In .

NOTE: The new office administrator should login with his/her NCID and password.

NEW OFFICE ADMINISTRATOR IS THE ACTUAL INDIVIDUAL PROVIDER

On the Change Office Administrator – Verify Authorization screen, the user must enter Authorization Code associated with the NPI.



Step	Action
1	Enter the Authorization Code
2	Enter the National Provider Identification (NPI)
3	Click the NEXT button

The Authorization Code is the code that was distributed before Go-Live and used as part of the Currently Enrolled Provider NCTracks Registration process. If you no longer have the code, please contact the CSC Call Center at 800-688-6696.

If your NPI is new to NCTracks since Go-Live (July 1, 2013), an Authorization Code has been created for you. Please contact the CSC Call Center at 800-688-6696 to obtain your Authorization Code.

CHANGE OFFICE ADMINISTRATOR – OFFICE ADMINISTRATOR SCREEN

Individual Provider Information

The last name displayed is the last name on file in NCTracks for the NPI entered. If the last name or organization name displayed is incorrect, please contact the CSC Call Center at 800-688-6696 or e-mail NCTracksprovider@nctracks.com.

Authorized Individual (Office Administrator)

The Office Administrator (Authorized Individual) section will pre-populate with the last, first, middle, and suffix name that is currently on the provider’s record. The authorized user must enter the Date of Birth, SSN, Office Phone #, and Contact Email.

The question “Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?” displays select **Actual Individual Provider**

NOTE: The User ID (NCID) field will be pre-populated to the NCID of the user logged into this application.

Step	Action
4	Select Actual Individual Provider
5	Enter the provider’s (and OA’s) Date Of Birth .
6	Enter the provider’s (and OA’s) Social Security Number .
7	Enter the provider’s (and OA’s) Office Phone Number .
8	Enter the provider’s (and OA’s) Email Address .

9	Select Yes or No
10	Click the NEXT button

NCTracks Users

The question “Do you want the existing users to continue to have access to this NPI?” displays allowing the authorized user to answer Yes or No.

All existing owner and managing employee users (including the old Office Administrator) associated with this NPI will remain as NCTracks users for this NPI. You can terminate their access in User Maintenance and end-date them as owners/managing employees in a Manage Change Request application once you are approved as the Office Administrator.

There may be other NCTracks users who have access to this NPI/Atypical ID. Please indicate whether you want the existing users to continue to have access to this NPI/Atypical ID. If you select 'No', any existing user (excluding owner/managing employee users) who logs in to NCTracks will no longer see messages for this NPI/Atypical ID in the Message Center and will no longer see your NPI in the drop-down for Claims, Check Eligibility, and Prior Approvals.

NOTE: If you select 'No' and you later decide that the users do need access to your NPI, you can add them in User Maintenance.

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Step	Action
11	Select the Attestation checkbox.
12	Enter the User ID (NCID) .
13	Enter the Password associated with the NCID.
14	Click Submit

NEW OFFICE ADMINISTRATOR IS A MANAGING EMPLOYEE

The new Office Administrator should login with his/her NCID and password on the NCTracks Login screen. On the Change office Administrator – Verify Authorization screen the new OA

must enter the Authorization Code associated with the National Provider Identification (NPI) or the Atypical ID entered.

Individual Provider Information

The Office Administrator (Authorized Individual) section will pre-populate with the last and first name associated with the NCID used, the authorized user must ensure the name entered is the Office Administrator (Authorized Individual's) legal last and first name. The authorized user must enter the Date of Birth, SSN, Business Relationship, Relationship to Another Disclosing Person, Office Phone #, and Contact Email.

The question "Are you (the new Office Administrator) a Managing Employee or the Actual Individual Provider?" displays select **Managing Employee**.

NOTE: The User ID (NCID) field will be pre-populated to the NCID of the user logged into this application.

The screenshot shows a web form titled "Change Office Administrator - Office Administrator". It contains several sections: "INDIVIDUAL PROVIDER INFORMATION", "OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)", and "NCTRAKES USERS". Numbered callouts (1-10) point to specific elements: 1. Radio button for "Managing Employee"; 2. Date of Birth field; 3. SSN field; 4. Business Relationship dropdown; 5. Relationship to Another Disclosing Person dropdown; 6. Office Phone # field; 7. Office Fax # field; 8. Contact Email field; 9. "Do you want the existing users to continue to have access to this NPI?" question; 10. "Next" button.

Step	Action
1	Select Managing Employee
2	Enter the Office Administrator's (Authorized Individual's) Date Of Birth .
3	Enter the Office Administrator's (Authorized Individual's) Social Security Number .
4	Select the Office Administrator's (Authorized Individual's) Business Relationship .
5	Select the Relationship to Another Disclosing Person from the drop-down menu.
6	Enter the Office Administrator's (Authorized Individual's) Office Phone # .



7	Enter the Office Administrator's (Authorized Individual's) Office Fax # . This entry is optional.
8	Enter the Office Administrator's (Authorized Individual's) Contact Email .
9	Select Yes or No .
10	Click the NEXT button.

NOTE: The Office Administrator's (Authorized Individual's) full legal middle name and suffix should be entered, if applicable.

EXCLUSION SANCTION PAGE

This page captures the exclusion sanction information.

Exclusion Sanction Questions

Select Yes or No. When 'Yes' is selected for a question, the Infraction/Conviction Date Section is displayed.

For each question answered yes, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution, and a brief statement regarding any adverse action to be submitted on letterhead which should be signed and dated. Please note: Submitting a written explanation in lieu of supporting documentation may result in the denial of this 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).

Infraction/Conviction Date

The user may type the date in the mm/dd/yyyy format. The user may also use the Calendar icon to select the date by clicking on the forward or back arrows to select the year, month, and day. Click the 'Add' button to save the date. The user may add up to five dates.

NOTE: All applicable adverse legal actions must be reported regardless of whether any records were expunged or any appeals pending.



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 No

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

* C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state?
 Yes No

* D. Has the applicant, managing employees, owners, or agents ever had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state?
 Yes No

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

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid?
 Yes No

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

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

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

* J. Has the applicant, managing employees, owners, or agents ever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?
 Yes No

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

Please add up to 5 Infraction/Conviction Dates.

INFRACTION/CONVICTION DATES	Infraction/Conviction Date
mm/dd/yyyy	<input type="text"/>

1

2 Add Clear

3 Next >

Step	Action
1	Enter Infraction/Conviction Date .
2	Click Add .
3	Click Next .

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Electronic Attachments

The Electronic Attachments section is displayed only if 'Yes' was an answer to one of the Exclusion/Sanction questions on the previous page. Browse and add applicable documents as required. If you are not able to attach your documents electronically, you can submit them after submission of this application.

The authorized user can send supporting documentation to:

CSC Call Center
 Fax: 919-851-4014
 E-mail: NCTracksprovider@nctracks.com

Step	Action
4	Click Browse .
5	Click Add .
6	Select the Attestation checkbox.
7	Enter the User ID (NCID) .
8	Enter the Password associated with the NCID.
9	Click Submit .

NEW OFFICE ADMINISTRATOR IS AN OWNER

The new Office Administrator should login with his/her NCID and password on the NCTracks Login screen. On the Change office Administrator – Verify Authorization screen the new OA must enter the Authorization Code associated with the National Provider Identification (NPI) or the Atypical ID entered.

Organization Provider Information

The Office Administrator (Authorized Individual) section will pre-populate with the last and first name associated with the NCID used, the authorized user must ensure the name entered is the Office Administrator (Authorized Individual’s) legal last and first name. The authorized user must enter the Date of Birth, SSN, Gender, Address Line 1, City, State, ZIP Code, Relationship to Another Disclosing Person, Percent of Ownership/Control Interest, Office Phone #, and Contact Email.

The question “Is the Office Administrator a Managing Employee or an Owner?” is not displayed to all organizations. If the organization is state-owned, federally-owned, or Indian-owned, there

are no owners. Thus, this question is not displayed because it is assumed the Office Administrator is a managing employee.

Select **Owner** if the authorized individual is an owner, if not select **Managing Employee**.

NOTE: The User ID (NCID) field will be pre-populated to the NCID of the user logged into this application.

Step	Action
1	Select Owner
2	Enter the Authorized Individual's (Office Administrator) Date Of Birth .
3	Enter the Authorized Individual's (Office Administrator) Social Security Number .
4	Select the Authorized Individual's (Office Administrator) Gender .
5	Select the Attestation checkbox.
6	Enter the Owner's Address Line 1
7	Enter the Owner's address City .
8	Enter the Owner's address State .
9	Enter the Owner's address ZIP Code .
10	Click the Verify Address button.



11	Select a Relationship to Another Disclosing Person from the drop-down menu.
12	Enter the Percent of Ownership/Control Interest this owner has of the provider.
13	Enter the Authorized Individual's (Office Administrator) Office Phone # .
14	Enter the Authorized Individual's (Office Administrator) Contact Email .
15	Select Yes or No
16	Click the NEXT button

NOTE: The Office Administrator's (Authorized Individual's) full legal middle name and suffix should be entered, if applicable.

EXCLUSION SANCTION PAGE

This page captures the exclusion sanction information.

Exclusion Sanction Questions

Select Yes or No. When 'Yes' is selected for a question, the Infraction/Conviction Date Section is displayed.

For each question answered yes, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution, and a brief statement regarding any adverse action to be submitted on letterhead which should be signed and dated. Please note: Submitting a written explanation in lieu of supporting documentation may result in the denial of this 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).

Infraction/Conviction Date

The user may type the date in the mm/dd/yyyy format. The user may also use the Calendar icon to select the date by clicking on the forward or back arrows to select the year, month, and day. Click the 'Add' button to save the date. The user may add up to five dates.

NOTE: All applicable adverse legal actions must be reported regardless of whether any records were expunged or any appeals pending.

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 No

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

C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state, or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state?
 Yes No

D. Has the applicant, managing employees, owners, or agents ever had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state?
 Yes No

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

F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid?
 Yes No

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

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

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

J. Has the applicant, managing employees, owners, or agents ever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?
 Yes No

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

Please add up to 5 Infraction/Conviction Dates.

INFRACON/CONVICTION DATE	Infraction/Conviction Date
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

1 **2** **3**

« Previous Next »

Step	Action
1	Enter Infraction/Conviction Date .
2	Click Add .
3	Click Next .

CHANGE OFFICE ADMINISTRATOR – UPLOAD AND SUBMIT SCREEN

The authorized user must read and agree to the attestation statement.

Electronic Attachments

The Electronic Attachments section is displayed only if 'Yes' was an answer to one of the Exclusion/Sanction questions on the previous page. Browse and add applicable documents as required. If you are not able to electronically attach your documents, you can submit them after submission of this application.

The authorized user can send supporting documentation to:

CSC Call Center
 Fax: 919-851-4014
 E-mail: NCTracksprovider@nctracks.com

Change Office Administrator - Upload and Submit

★ Indicates a required field

ELECTRONIC ATTACHMENTS

For each Exclusion Sanction question answered yes, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution.

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG). Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

For each question you answered yes on the Exclusion Sanction Page, you must attach or submit a complete copy of applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

No files have been uploaded.

4 Browse **5** Add

★ **ATTESTATION STATEMENT**

You must agree to the following attestation statement before registering an Administration Account with NCTracks. To agree and submit your registration, check the box below, enter your NCID and password, then click **Submit** in the lower right.

6 I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

7 User ID (NCID): **8** Password:

[Forgot Login ID](#) [Forgot Password](#)

9 Submit

Previous Cancel OA Change

Step	Action
4	Click Browse .
5	Click Add .
6	Select the Attestation checkbox.
7	Enter the User ID (NCID) .
8	Enter the Password associated with the NCID.
9	Click Submit .

CHANGE OFFICE ADMINISTRATOR – FINAL STEPS SCREEN

The **Change Office Administrator – Final Steps** screen displays. From here, the user will be informed of the successful submission of the Change Office Administrator application. The user will also be able to save or print a PDF version of their online application and agreements for their records.

Change Office Administrator - Final Steps

★ Indicates a required field

SUBMISSION COMPLETE

You have successfully completed the Change Office Administrator application. This Change Office Administrator application does not require credentialing. Within 24 hours, you will be notified via email when this Change Office Administrator application process is complete.

1 Please save/print the PDF version of your online application and agreements for your records:

• [Office Admin change Request PDF](#)

Step	Action
1	Click on the Office Admin Change Request PDF link.

If the Change Office Administrator application does **NOT** require credentialing then the following will occur within the next 24 hours:

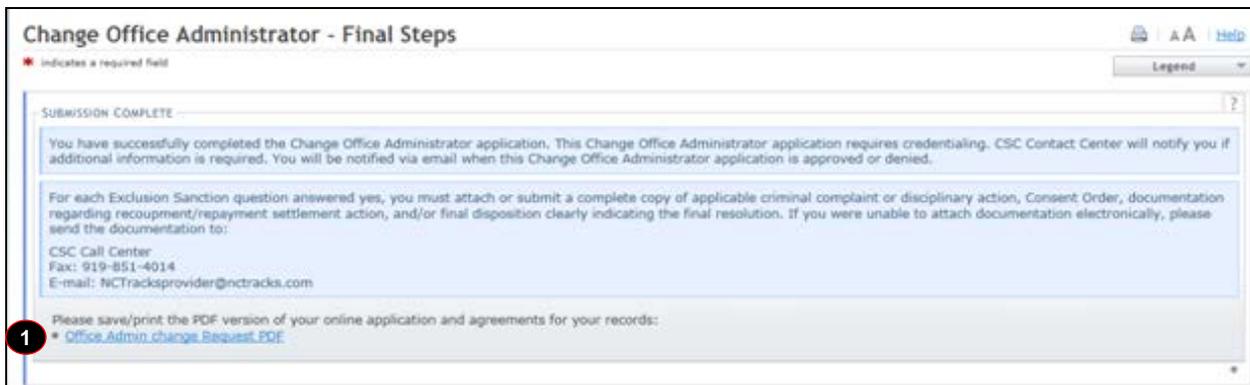
- The new OA will receive a Change OA Approved e-mail.
- The new OA will receive a PIN e-mail if the new OA's NCID is new to NCTracks.
- The previous OA will receive a Change OA e-mail.
- The new OA will be able to see this NPI on the Status Management Page in the Provider Portal.

NOTE: This application will not be displayed on the Status Management page in the Submitted Applications section; the NPI will be displayed in the other appropriate section (Manage Change Request, Re-enrollment, Re-verification, or Maintain Eligibility as applicable). For example, if the application is being completed as a result of a re-enrollment; then the NPI will display in the Re-Enrollment section of the Status Management page.

CHANGE OFFICE ADMINISTRATOR – FINAL STEPS SCREEN

The **Change Office Administrator – Final Steps** screen displays. From here, the user is informed of the successful submission of the Change Office Administrator application. The user will also be able to save or print a PDF version of their online application and agreements for their records.

NOTE: If the new OA will be completing the Change Office Administrator Application for more than one NPI/Atypical ID, he/she should complete the first application and approval process. After the first application is approved and you (the new OA) see the NPI on your Status and Management Page, future submissions with the same OA will not require credentialing.



Step	Action
1	Click on the Office Admin Change Request PDF link.

If the Change Office Administrator application **DOES** require credentialing, then the application will be forwarded to the Enrollment Unit for review. The authorized user will be contacted if



additional information is required. The authorized user is notified via e-mail when this application is approved or denied.

If approved:

- The new OA will receive a Change OA Approved e-mail.
- The new OA will receive a PIN e-mail if the new OA's NCID is new to NCTracks.
- The previous OA will receive a Change OA e-mail.
- The new OA will be able to see this NPI on the Status Management Page in the Provider Portal.

NOTE: THIS APPLICATION WILL NOT BE DISPLAYED ON THE STATUS MANAGEMENT PAGE IN THE SUBMITTED APPLICATIONS SECTION; THE NPI WILL BE DISPLAYED IN THE OTHER APPROPRIATE SECTION (MANAGE CHANGE REQUEST, RE-ENROLLMENT, RE-VERIFICATION, OR MAINTAIN ELIGIBILITY AS APPLICABLE). FOR EXAMPLE, IF THE APPLICATION IS BEING COMPLETED AS A RESULT OF A RE-ENROLLMENT; THEN THE NPI WILL DISPLAY IN THE RE-ENROLLMENT SECTION OF THE STATUS MANAGEMENT PAGE. WHAT HAPPENS AFTER THE APPLICATION IS SUBMITTED?

If the new OA is the actual individual provider, no credentialing is required. The new OA becomes the OA upon submission.

If the new OA is a managing employee or an owner, the system queries NCTracks to determine if there is a background check on file for the new OA.

- If there is a background check on file within the last six months, no credentialing is required. The new OA becomes the OA upon submission.
- If there is no background check on file within the last six months, credentialing is required. Your application will complete a review process.

NOTE: The previous Office Administrator will still have access to the NPI on the Status Management Page because he/she is still an owner/managing employee. The previous Office Administrator is still able to submit Manage Change Request, Re-Verifications and Re-enrollment applications on behalf of the provider. The new Office Administrator must complete a Manage Change Request to end date all owner/managing relationship which are no longer associated with the NPI. If the new Office Administrator wishes to terminate the user's access to the NPI, they are able to update their access in the User Maintenance function.