How to Enroll in North Carolina Medicaid as an Organization

Table of Contents

Table of Contents 1
Before You Begin 2
Overview 3
Change of Ownership 3
Accessing the Enrollment Application 4
Completing the Provider Location & Selecting the Enrollment Application Type 6
Completing the Organization Basic Information 7
Entering Previous Health Plan Information 11
Selecting New Health/Benefit Plans 13
Entering the Primary Service Location Address 14
Entering Additional Service Location Addresses 15
Adding Taxonomies to the Service Location(s) 17
Adding Accreditation Information 21
Applying for Community Care of NC/Carolina Access enrollment 25
Adding Physician Extenders Participation for Community Care of NC/Carolina Access 28
Adding Preventive and Ancillary Services 29
Indicating the Hours of Operation 31
Adding Services 33
Adding Agents or Managing Employees 35
Adding Hospital Admitting Privileges 37
Affiliating to a Provider 39
Exclusion Sanction Information 42
Reviewing the Application 44
Attaching Supporting Documentation 45
Signing and Submitting the Manage Change Request 47
Paying the Enrollment Fee 48
Paying Fee Using a Credit Card 50
Paying Fee Using a Bank Account 51
Reviewing the Payment 52
Enrollment Application Types 53
Common Errors When Updating the Address 54

Before You Begin

Before you begin the application process, it is important that you ensure that you meet the program requirements and qualifications. Specific qualifications for each provider type are listed in the Provider Qualifications and Requirements Checklist. Reference the following link. https://www.nctracks.nc.gov/content/public/dms/public/pdf/enrollment/nctracks-providerchecklist.pdf

The enrollment application is completed online via the NCTracks provider portal. To login to the provider portal you will need a NCID. Reference the "Getting Started" page of the portal for additional information. https://www.nctracks.nc.gov/content/public/providers/getting-started.html

If your taxonomy requires one or more of the following accreditations, please have a copy of this accreditation available before you begin the application process, as you will need to submit proof of the accreditation to CSC. A copy can be attached to the application or it can be faxed/emailed/mailed to CSC separately.

- CMS letter of approval verifying Medicare participation.
- Durable Medical Equipment (DME) providers must submit a current copy of the National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter).
- Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.
- Independent Laboratory providers must submit a copy of CLIA certification

If you answer "Yes" to any of the exclusion/sanction questions, you must also submit the required documentation applicable to the question. Failure to disclose exclusion, sanction, penalty or criminal convictions may result in the denial of your application.

This information can be provided by attaching the documentation to the application or by faxing/emailing/mailing the information to CSC. For faster processing, it is recommended that you attach the documentation directly to the application.

⚠	If you choose to fax, email or mail this documentation to CSC, you MUST include the NPI on the fax cover sheet, within the document, or in the body of the email to ensure that the additional information is correctly routed.

Fax #: 855-710-1965
Email: NCTracksprovider@nctracks.com
Mailing Address: CSC, PO Box 300009 Raleigh, NC 27622-8009

Overview

This user guide provides step-by-step instructions for completing the enrollment application for an organization or group provider using the NCTracks provider portal.

The enrollment process includes credentialing, endorsement, and licensure verification to ensure that all providers are in good standing in the community.

A $100 NC Application Fee is required from individual providers if active in Medicaid and/or North Carolina Health Choice. A $100 NC Application Fee is also required per tax ID from organizations and atypical organizations if active in Medicaid and/or NCHC. The $100.00 fee is required for initial enrollments, re-enrollments and every three years when providers complete the re-credentialing process.

The application fee will be collected per site location prior to submitting an initial enrollment or re-enrollment application. Initial enrollment is defined as an In-State or Border-Area provider who has never enrolled for participation in the N.C. Medicaid/Health Choice programs.

The Affordable Care Act (ACA) requires that a fee be collected from certain Medicaid and N.C. Health Choice (NCHC) providers to cover the costs of screening associated with provider enrollment processes. The ACA application fee is $542 for Calendar Year (CY) 2014 and covers the costs associated with screening. Additional information about the ACA fee can be found at the following link. https://www.nctracks.nc.gov/content/public/providers/faq-main-page/faqs-for-ACA-application-fee.html

DMA cannot provide special consideration for processing of enrollment applications due to provider error, incomplete information, or due to a delay in obtaining credentialing, endorsement or licensure information from another agency.

Providers are not guaranteed a retroactive effective date and are strongly encouraged to provide services only after they are enrolled as a Medicaid and/or Health Choice provider. However, DMA will consider specific requests for retroactive effective dates if a recipient has been granted retroactive eligibility, an emergency service was provided, or medically necessary services were rendered and the provider's credentials, licensure, certifications, etc. were active and in good standing for the earliest requested date of service.

Change of Ownership

If you have completed a change of ownership for a provider record, and you received a new NPI, you will need to complete a new enrollment for the NPI. If you did not receive a new NPI, you will need to complete a manage change request to update the update the record as needed.

NOTE: Changes to the provider name or EIN cannot be completed via a Manage Change Request. Please submit the legal documentation regarding the change to CSC so the information can be updated.

Fax #: 855-710-1965
Email: NCTracksprovider@nctracks.com
Mailing Address: CSC, PO Box 300009 Raleigh, NC 27622-8009

Accessing the Enrollment Application

1. Navigate to www.nctracks.nc.gov

2. The following page will display. Click the **Providers** tab at the top of the page.

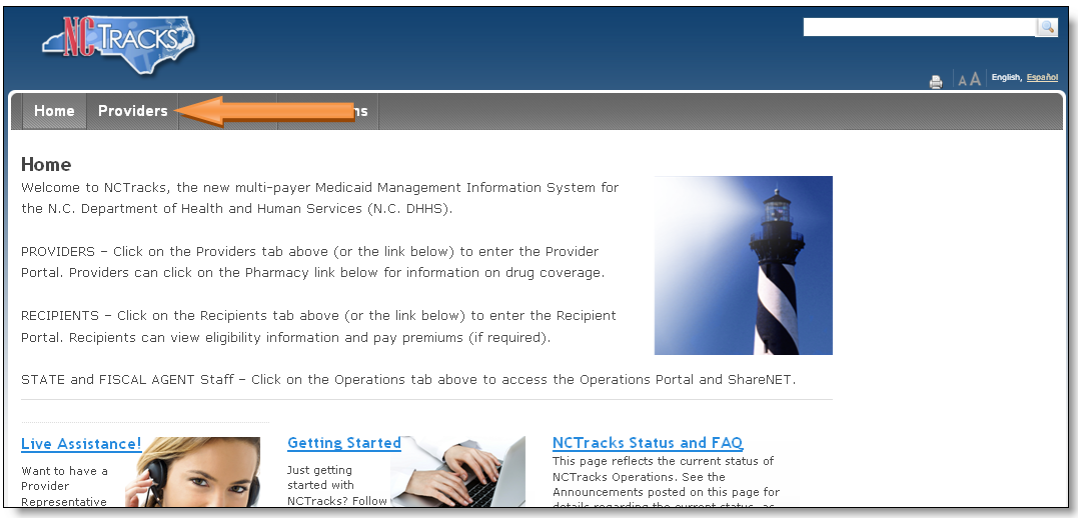


Figure 1: NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.

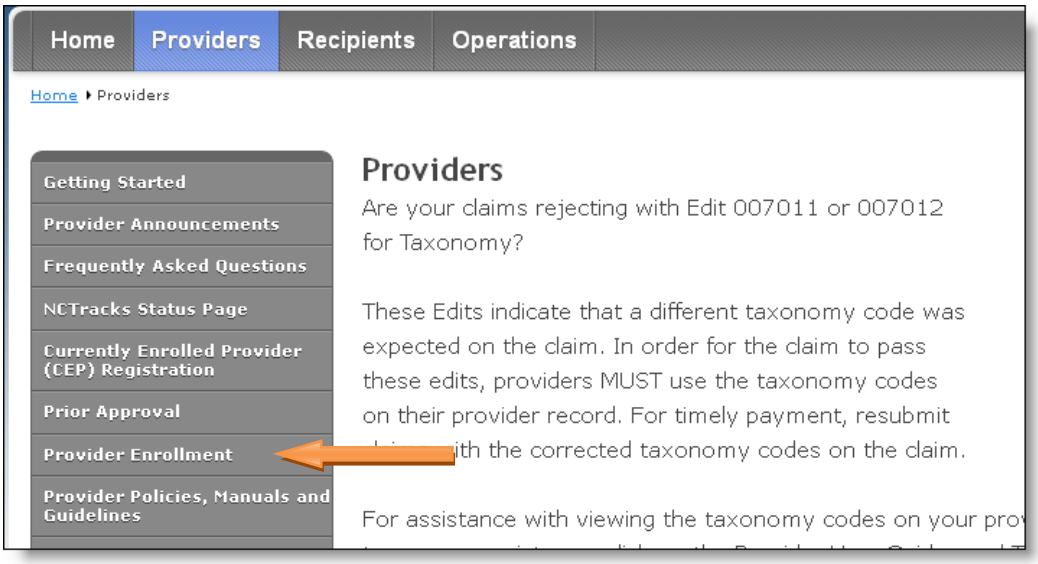


Figure 2: Providers Page

4. The following page will display. Scroll to the bottom of the page, and click the “Getting Started” link or “Begin Application” icon.

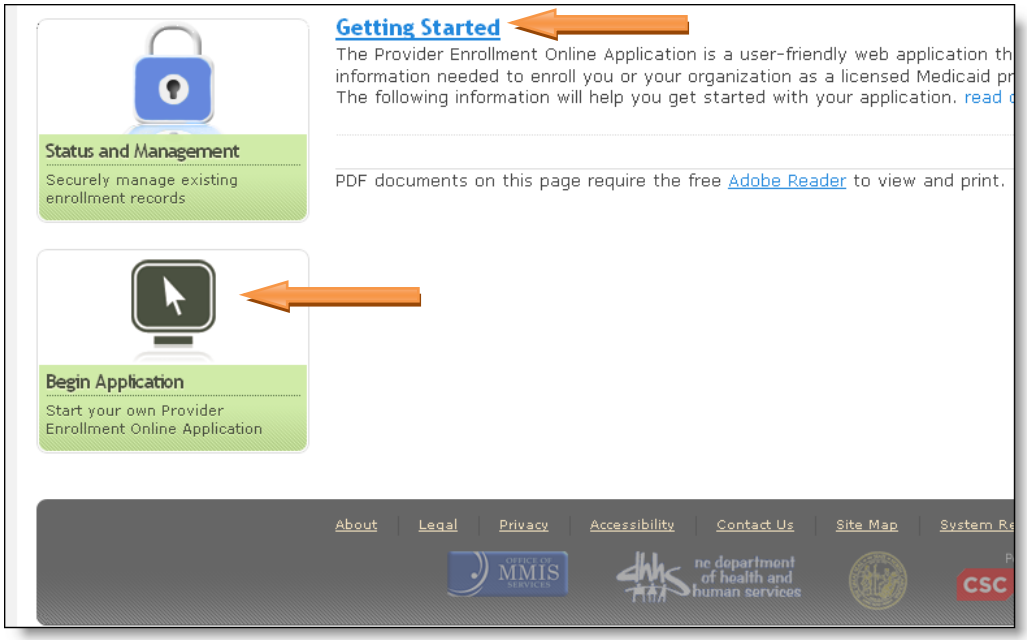


Figure 3: Begin Application

5. The following login screen will display. Enter your NCID and password and click the **Log in** button.

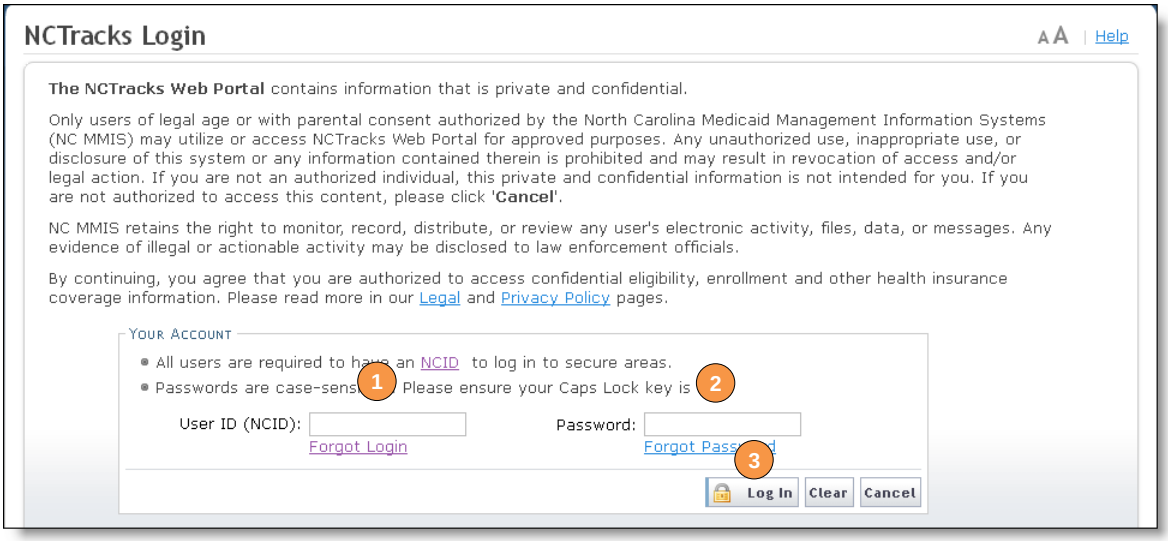


Figure 4: NCTracks Login

Completing the Provider Location & Selecting the Enrollment Application Type

The “Online Provider Enrollment Application” screen will display. For information the four different application types, click here.

	A group is considered a business entity under which one or more individuals practice. A group does not require multiple professional providers. A single provider group is a valid group and would be identified by the business entity name, for instance - John Doe, PC. If you are a single provider operating as a group, DO NOT select individual. Instead, select “Organization” as the application type. Reference the separate job aid for enrolling as an organization.

1. Enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border, or Out-of-State enrollment.

   Border providers are those providers who render services within 40 miles of the North Carolina border. Out-of-state services are defined as services more than 40 miles outside of the borders of North Carolina (NC).For additional information and requirements regarding border and OOS providers, please reference the following URL. http://www.ncdhhs.gov/dma/mp/2A3.pdf

2. For organization providers, select the radio button next to “Organization”.

3. Click the “Next” button to continue.

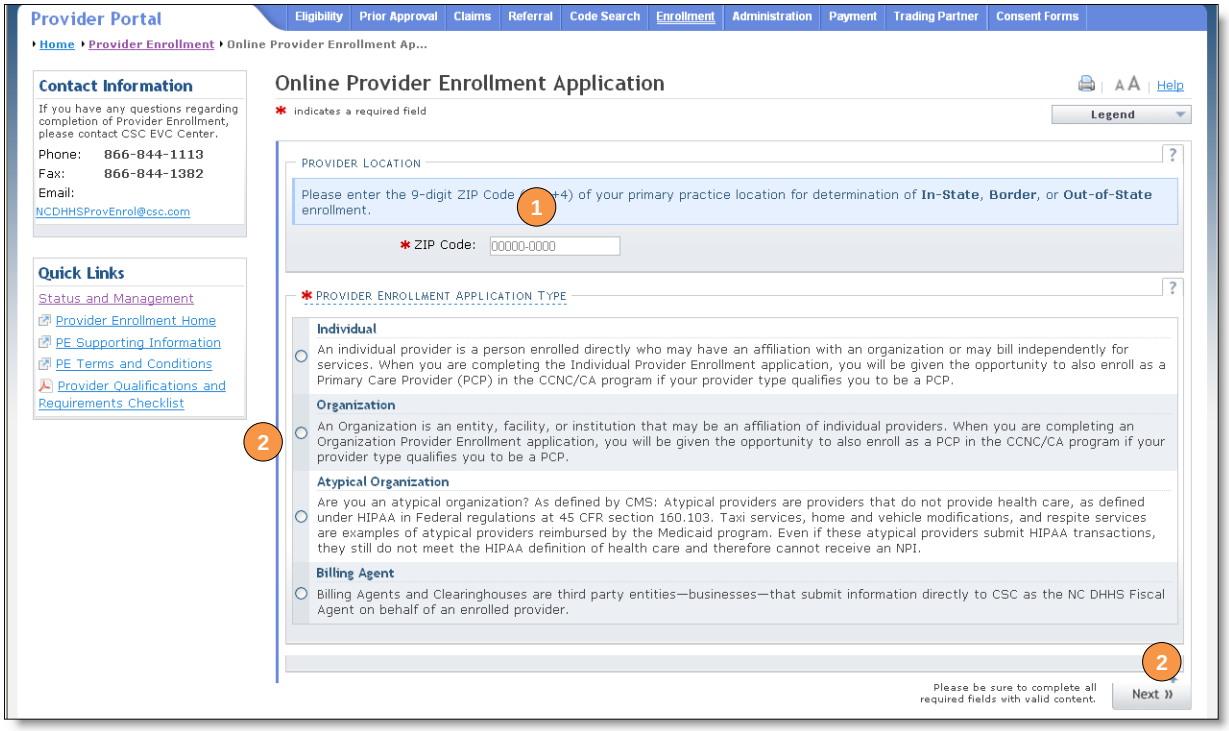


Figure 5: Select Status and Management

Completing the Organization Basic Information

1. The following screen will display. Complete the following required fields for the “Identifying Information” section.

	Do not enter your “Doing Business As” name as the Organization Name. It is critical that you enter the legal name of the organization. An inaccurate or invalid organization name may cause your application to be denied, and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees. If your organization name is longer than the field allows, simply enter as much of the name as the field allows. Truncated names are allowed due to the field size limitations.

2. The following screen will display. Complete the following required fields:
   - Organization Name
   - EIN
   - NPI
   - Email
   - Month of Fiscal Year End

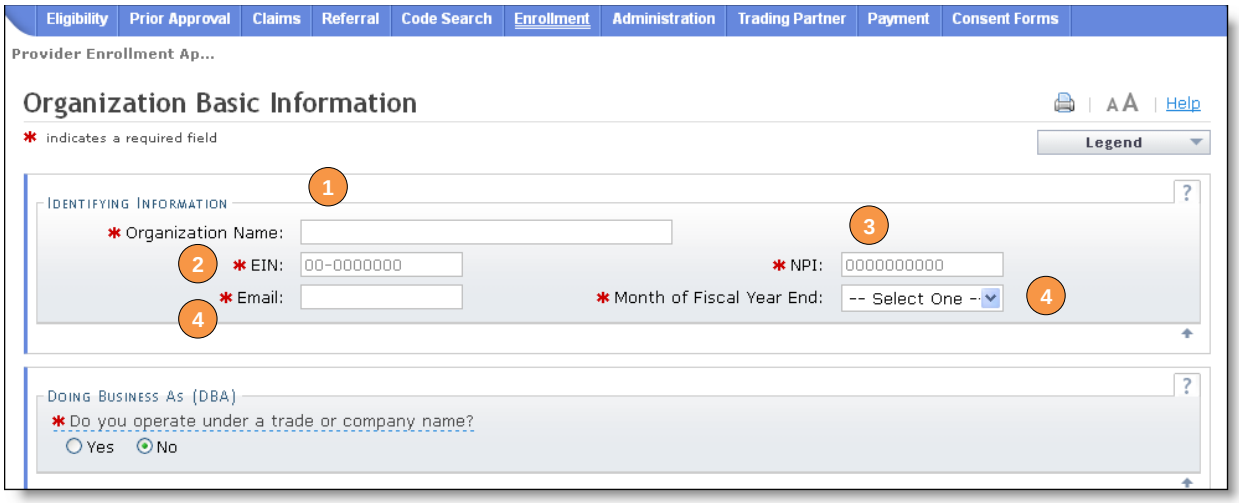


Figure 6: Organization Basic Information - Identifying Information

3. Under the DOING BUSINESS AS (DBA) section, for the question titled “Do you operate under a trade or company name?” select “Yes” or “No”.

	If you are an in-state organization and you enter a Doing Business As (DBA) name on the application, the name will need to be source-verified against the North Carolina Secretary of State’s Website or, if applicable, by searching the NPI on the National Plan and Provider Enumeration System (NPPES) Website. If the DBA name is not registered, it will be removed from the provider record during the processing of the application.

4. The fields titled “DBA Name” and “Years Doing Business under This Name” will display. Enter the full DBA name and number of years in the appropriate fields.

Figure 7: Organization Basic Information - DBA

5. Under the OWNERSHIP INFORMATION section, from the “Business Type” drop down menu. If you are unsure which option to select, it is recommended that you consult an attorney.

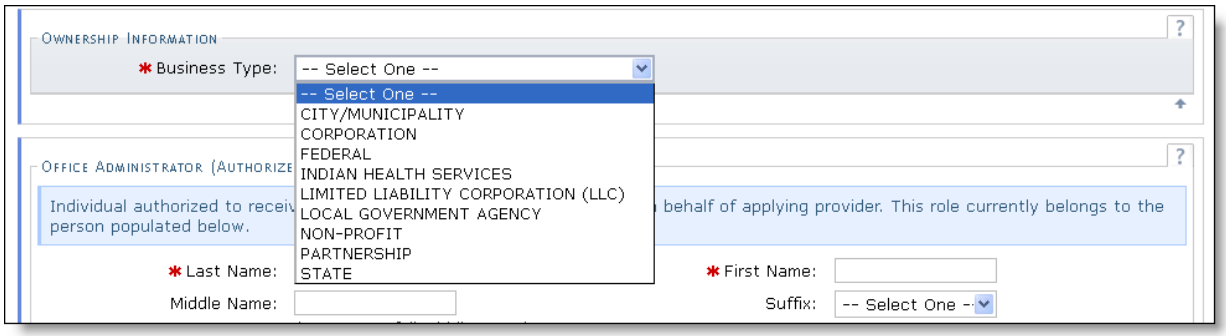


Figure 8: Organization Basic Information - Ownership Information

6. The OFFICE ADMINISTRATOR (OA) (AUTHORIZED INDIVIDUAL) section identifies the person who is authorized to receive information or make business decisions on behalf of the applying provider. Select the check box at the top to indicate that you will be the OA. Otherwise, enter the name and contact information for the OA.

	The Office Administrator MUST be added as an owner or managing employee. A managing employee is a general manager, business manager, administrator or director who exercises operational or managerial control over the entity either directly or indirectly. In addition to the provider and the office administrator, it is recommended that at least one other managing employee be added to the provider record. In the event that the current OA leaves the organization, it will make the transition to a new OA much easier.

7. Complete the following required fields.
   - Last Name
   - First Name
   - Contact Email
   - Office Phone
   - User ID (NCID)

8. Click the name attestation check box
9. Select “Owner” or “Managing Employee.

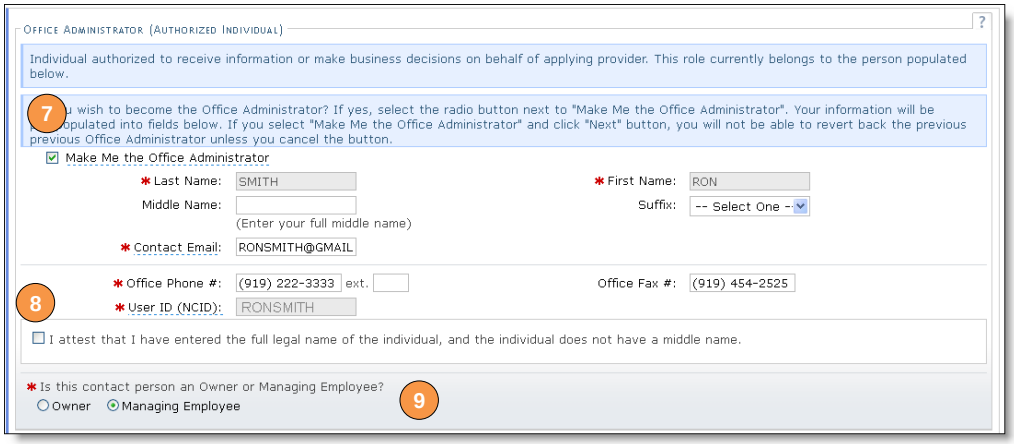


Figure 11: Organization Basic Information - Office Administrator

10. Under the EFFECTIVE DATE REQUESTED section, select the effective date.

	The date will default to the current date. This date will determine the effective dates of your service locations and taxonomies. The effective date is the earliest date a provider may begin billing for services. **<u>If you do not back date this date, your effective date of enrollment will be the current date.</u>** In addition, in later sections of the enrollment application, you will be prompted to enter previously enrolled health plan information. If you do not enter previously enrolled health plan data the requested effective date will also determine the effective dates of your health plans. It may be backdated, within certain limitations. The effective date of the enrollment may not be more than 365 days prior to the date that the enrollment application is submitted. In addition, the effective date may not precede as applicable, the current date of your licensure or the current date of your letter of endorsement. **NOTE:** CCNC/CA participation effective date may not be retroactively requested.

11. Once all required fields have been completed, click the “Next” button to continue.

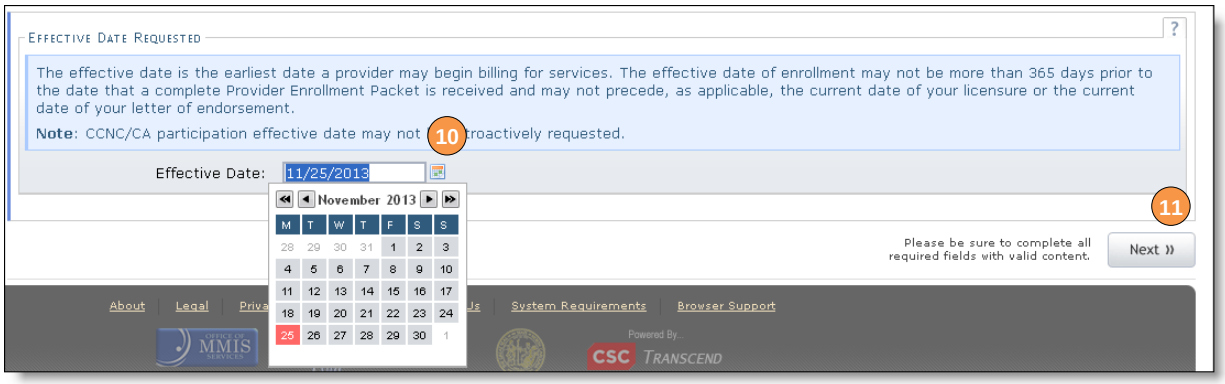


Figure 12: Organization Basic Information - Effective Date Requested

12. Under the “Terms and Conditions” page, carefully read the Provider Administrative Participation Agreement terms and conditions. Click the “Attestation Statement” checkbox.
13. Click the “Next” button to continue.

Figure 13: Terms and Conditions

14. The “Basic Information Completed” page will display. Click the “Next” button to continue.

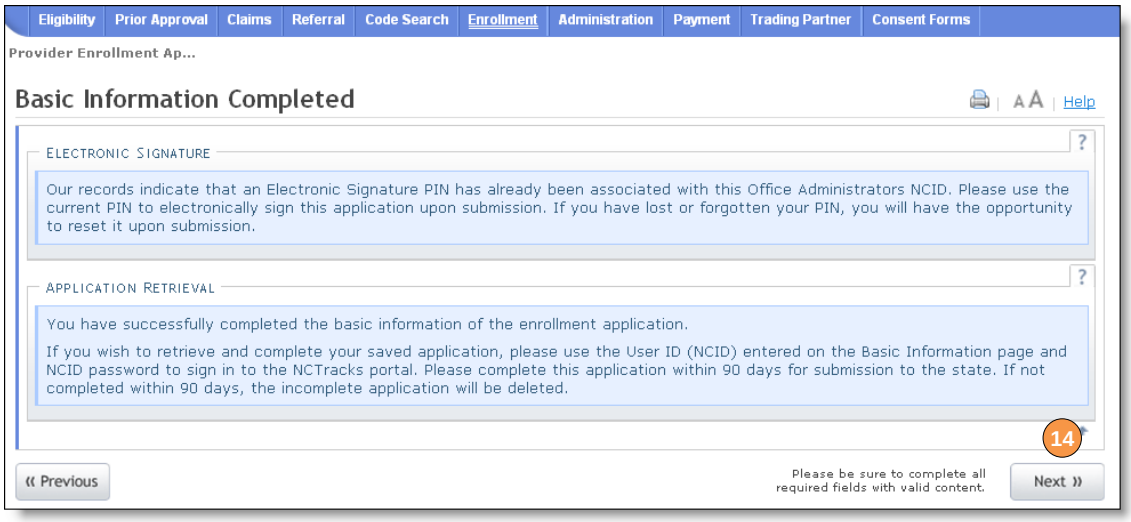


Figure 14: Basic Information Completed

Entering Previous Health Plan Information

1. If you have previously been enrolled as a provider with the Division of Medical Assistance (DMA), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH), Division of Public Health (DPH), Migrant Health, or NC Health Choice, click the “Yes” radio button to enter health plan information. Otherwise, select “No” and click the continue button.

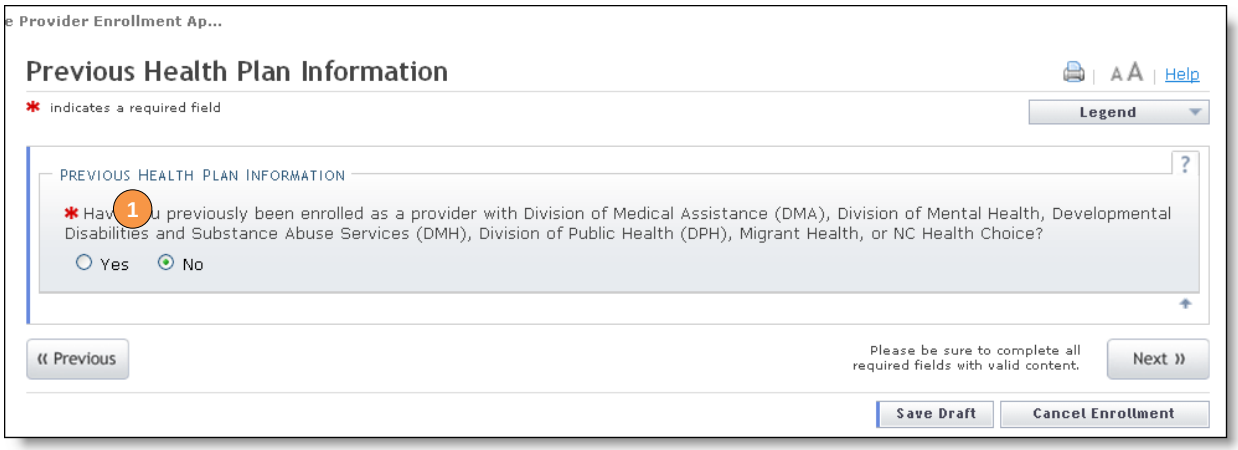


Figure 15: Previous Health Plan Page

2. If you select “Yes” the “Add Previous Health Plan” section will display. Select the applicable health plan from the drop down menu.
3. Enter your NC DHHS #
4. Click the “Add” button to add the plan.

	If you do not enter any previous health plan information, the effective dates of your health plans will be set to the requested effective dates of your enrollment application, which was ~~is~~ selected on the previous “Basic Information” page.

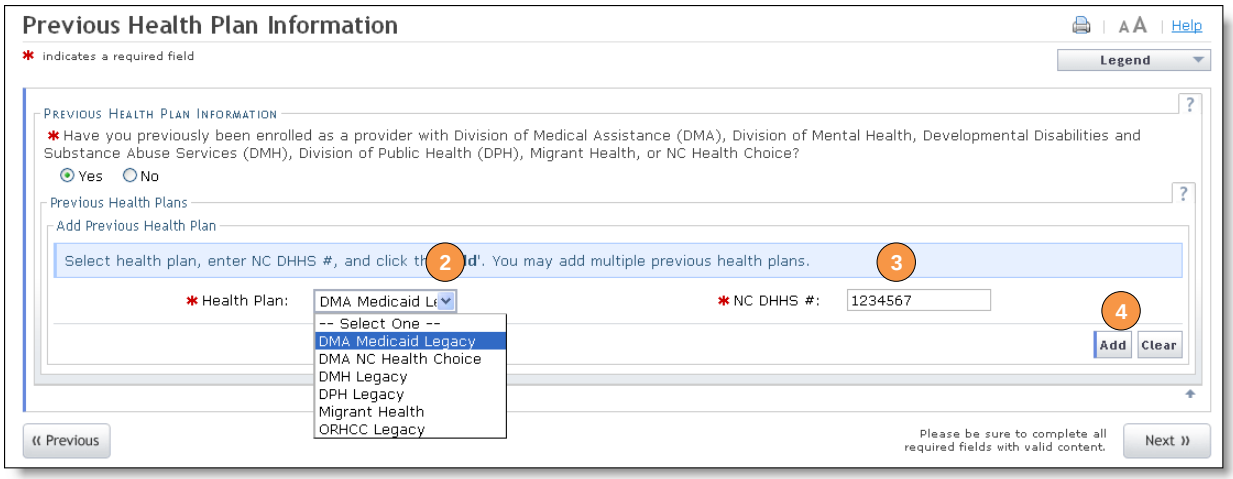


Figure 16: Enter Previous Health Plan

5. The health plans will display on the dark blue title bar. To review the entered health plan, click the “Plus” sign next to the title.

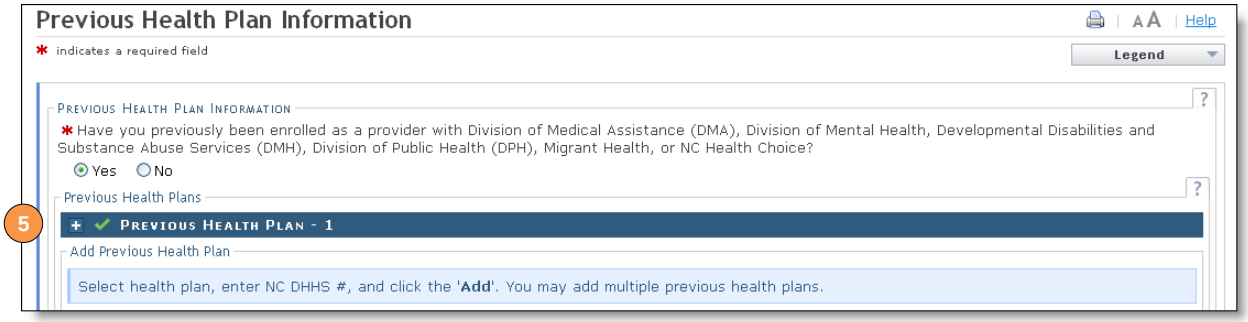


Figure 17: Expand Previous Health Plans

6. Click the “Edit” or “Delete” button to edit or delete the added information.

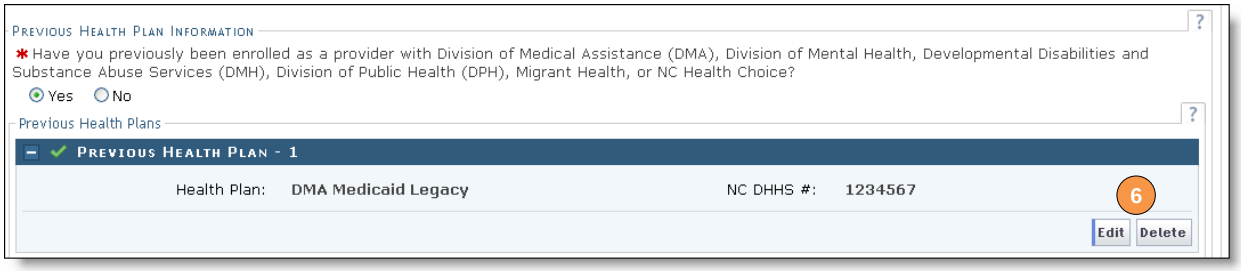


Figure 18: Edit or Delete Previous Health Plans

7. Repeat these steps for each previously enrolled health plan. Click the “Next” button to continue.

Selecting New Health/Benefit Plans

The “Health / Benefit Plan Selection” page will display.

	Providers are responsible for maintaining the required licensure, endorsement, certification, and accreditation specific to their provider type to remain eligible for participation in NC Medicaid/Health Choice.

1. To view the qualifications for each health plan, click the link titled “DHHS Provider Qualifications and Requirements Checklist”.

2. Select or de-select the coverage types for which you wish to enroll by checking or un-checking the applicable check boxes.

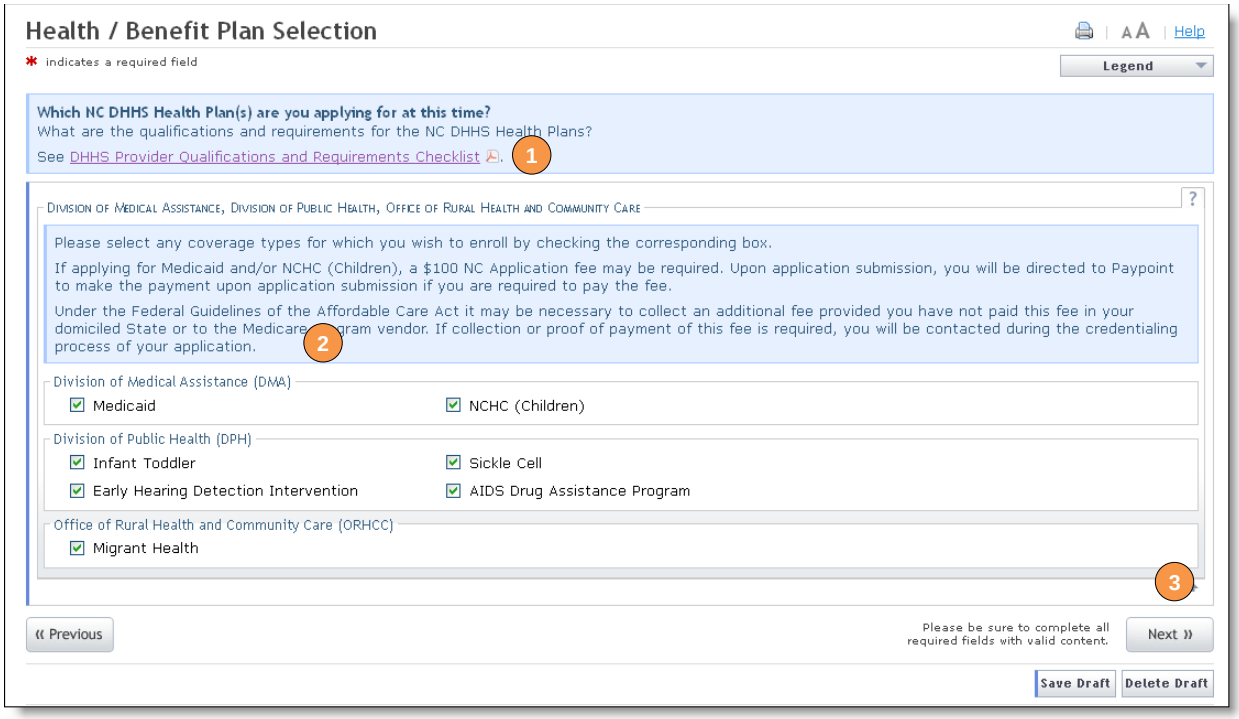


Figure 19: Edit or Delete Previous Health Plans

Entering the Primary Service Location Address

6. The following "Addresses" screen will display. Under the Primary Physical Location" section, enter the address where services are primarily rendered. IN the case of mobile services, enter the address where management/supervision occurs.

   - In the "Office Phone #" field, enter a valid contact phone number
   - In the "Address Line 1" field, enter a valid street address.
   - Enter the City, State and Zip Code.
   - Click the "Verify Address" button.

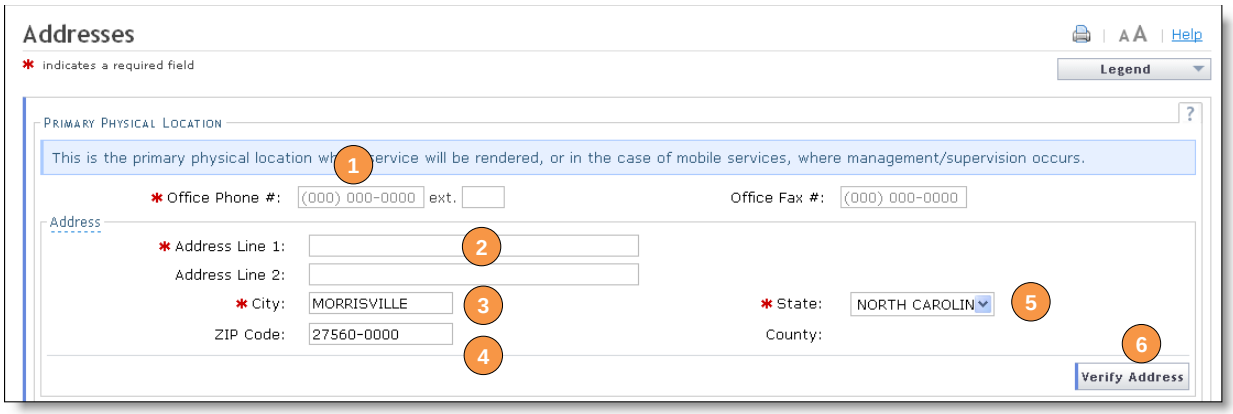


Figure 20: Addresses Page

7. If the address does not match the USPS database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid. Click here to view some common errors with verifying the address.

	To ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the **Addresses** screen will refresh with the new address.

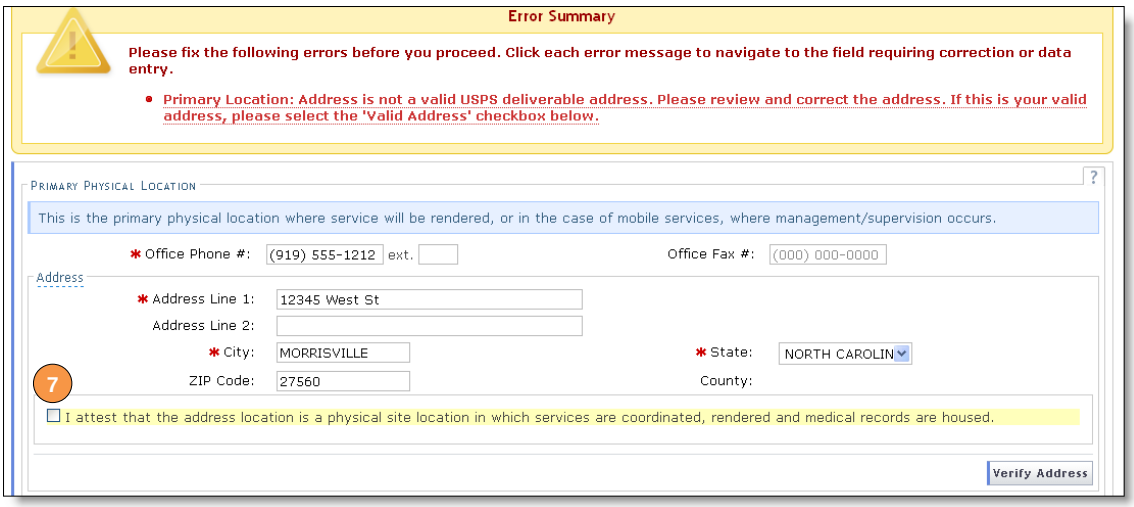


Figure 21: Addresses Page

8. In the “Servicing Counties” section, select your county. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees. Click the “Next” button in the bottom right corner of the page to continue.

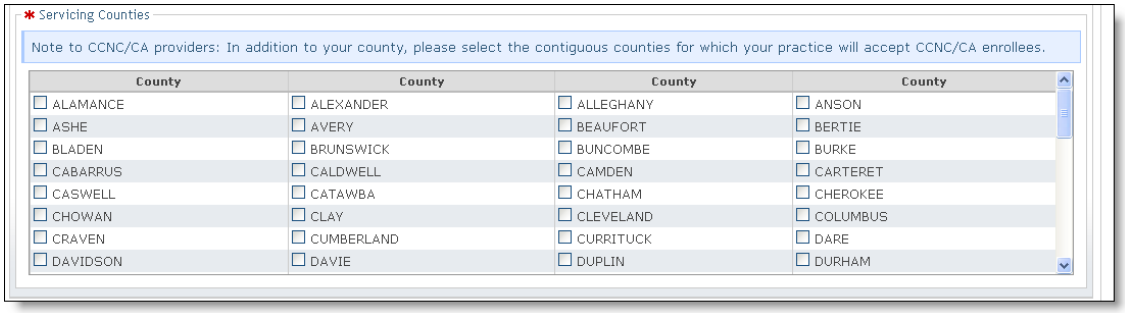


Figure 22: Servicing Counties

Entering Additional Service Location Addresses

9. Under the SERVICE LOCATIONS section, if you will be rendering services at more than one location, select “Yes”. Otherwise, select “No”.

	If you render services at an organization to which you are affiliated, you must add each organization service location at which you will be rendering services. Otherwise, the affiliated provider will not be able to successfully bill claims for the services you render at those locations.

10. Complete all required fields:
    - In the “Office Phone #” field, enter a valid contact phone number
    - In the “Address Line 1” field, enter a valid street address.
    - Enter the City, State and Zip Code.

11. Click the “Verify Address” button. **Note:** If the address does not match the USPS database, you will need to update and re-verify the address OR select the checkbox below the address to attest that the address is valid.

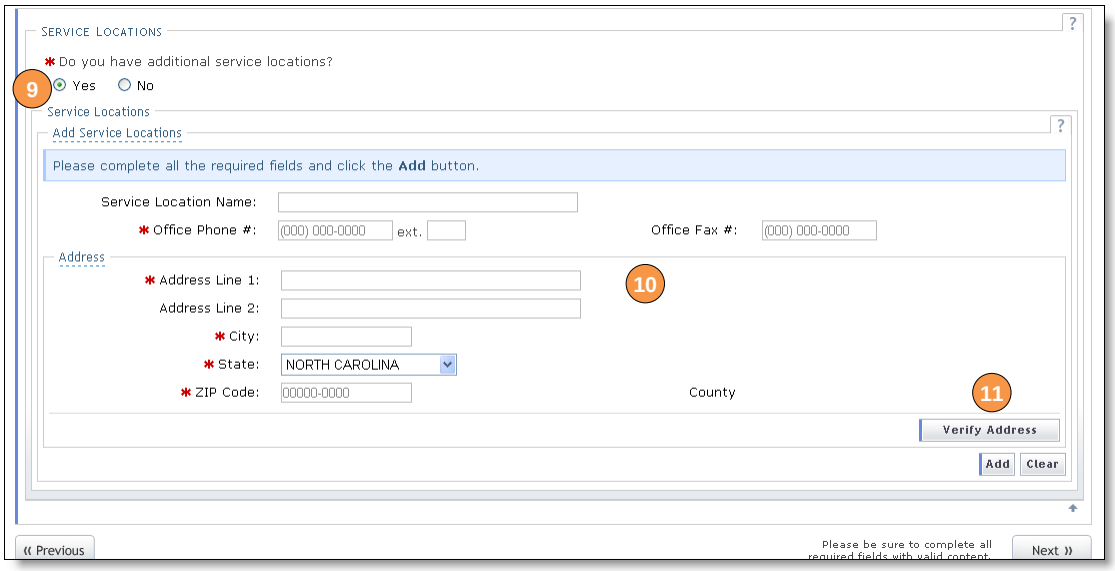


Figure 23: Adding Service Locations

12. In the “Servicing Counties” section, select the county associated with this particular service location. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees.
13. Click the “Add” button to add the service location.
14. Click the “Next” button in the bottom right corner of the page to continue.

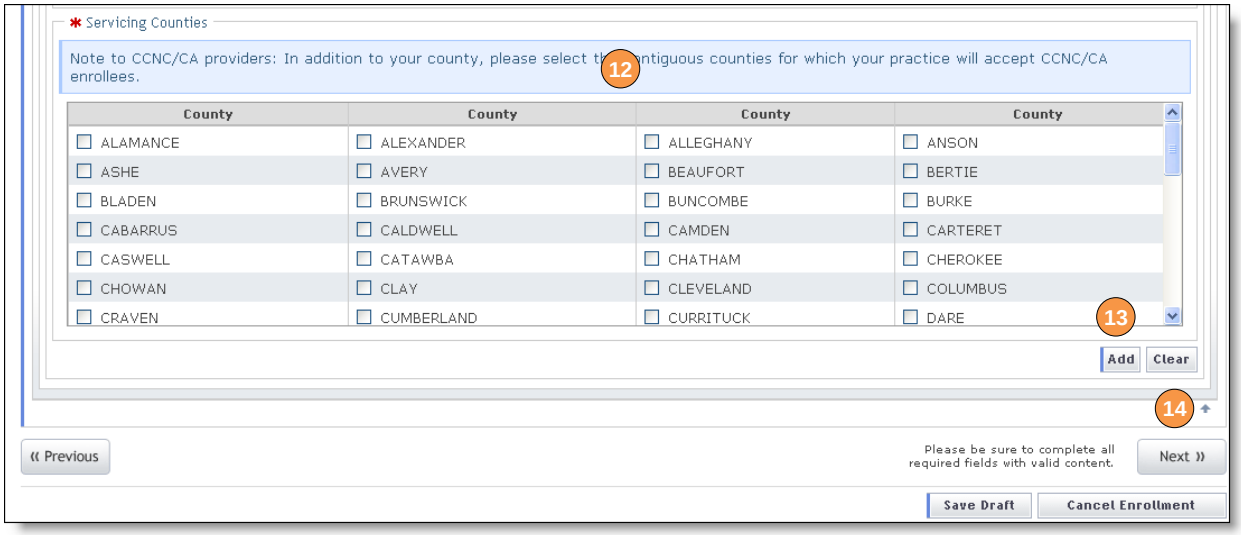


Figure 24: Adding Service Locations - Selecting Counties

15. The new service location will display on the dark blue title bar. To review the service location, click the “Plus” sign next to the title.

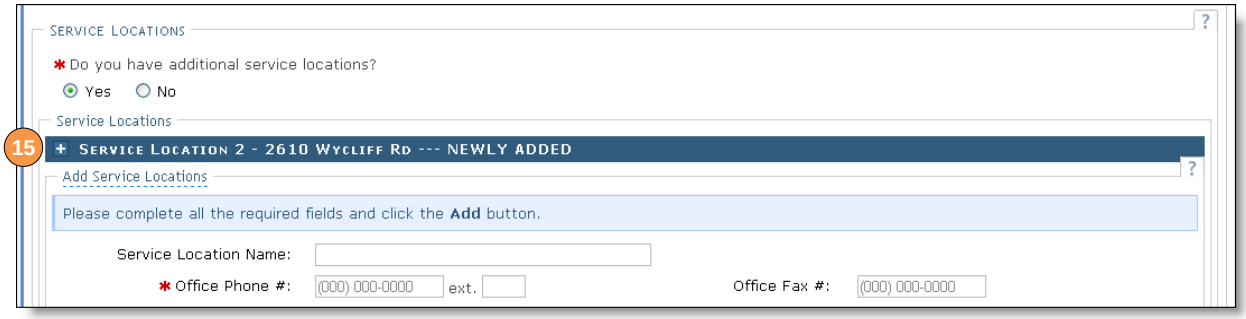


Figure 25: Adding Service Locations - Expanding Service Location Section

16. Click the “Edit” or “Delete” button to edit or delete the added information.

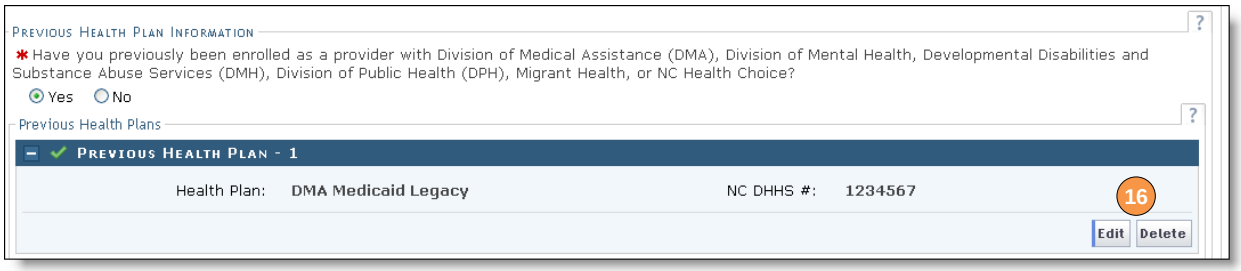


Figure 26: Editing or Deleting Service Location

17. Repeat these steps to add other service locations. Click the “Next” button to continue.

Adding Taxonomies to the Service Location(s)

The "Taxonomy Classification" page will display. If there are multiple service locations, the service locations will be displayed at the top of the page, as illustrated below. At least one taxonomy must be added to each service location.

1. To add or edit the taxonomies for each service location, select the radio button next to each location and click the "Edit Location" button.

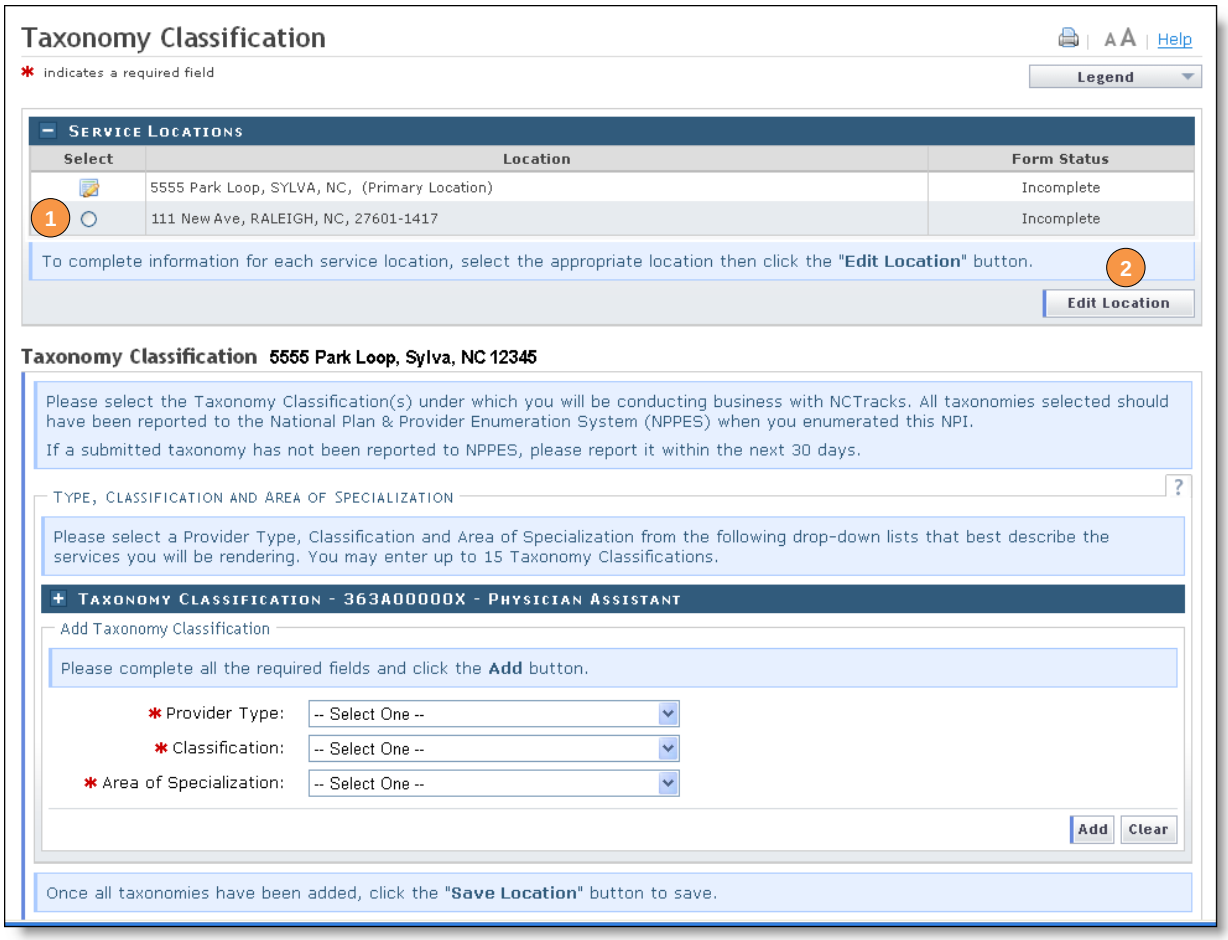


Figure 7 Taxonomy Page

	As part of the transition to NCTracks, NC DHHS reviewed all providers and pre-selected new taxonomy codes for each provider based the provider specialty. Many of these new codes are considerably different from the previous taxonomy codes selected by providers. However, these new codes have been approved for use by the state and should be used when submitting claims or prior approvals. If you do not know which taxonomy to select, review the state selected taxonomy code for your NPI at the following web address: http://ncmmis.ncdhhs.gov/taxonomy.asp. **The taxonomies available on the NCTracks drop down menus are the ONLY taxonomies that have been approved by the Office of (OMMIS).**

2. Select the taxonomies that best describe the services rendered. You may enter up to 15 Taxonomy Classifications. Select a Provider Type. Note, Taxonomies for fully licensed physicians, trained in diagnosing and treating illnesses and disorders, and in providing preventive care will be listed under the "Provider Type" of "ALLOPATHIC & OSTEOPATHIC PHYSICIANS.
3. Select a Classification
4. Select an Area of Specialization
5. Click the "Add" button to add the taxonomy to the application.

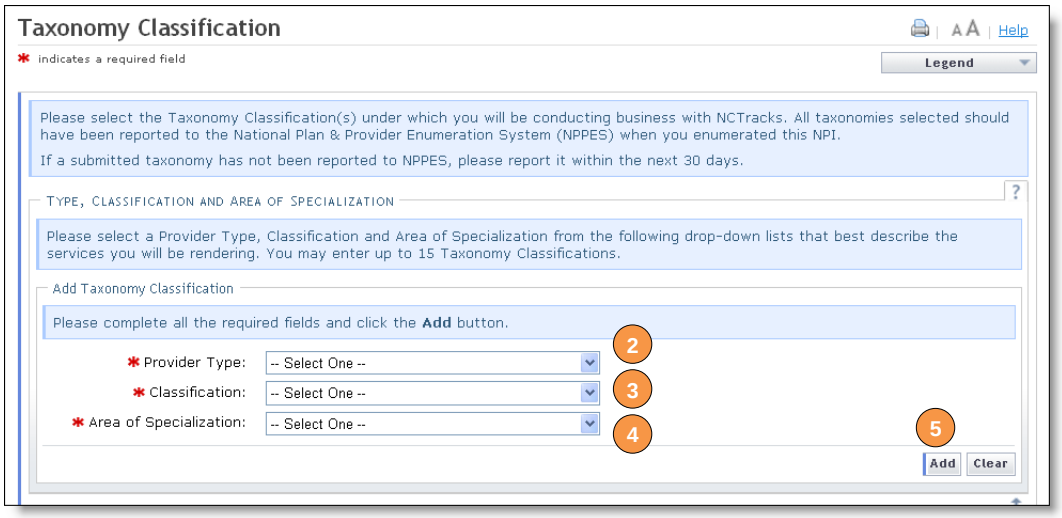


Figure 28: Add Taxonomy

6. The added taxonomies will be listed on the dark blue title bar. Repeat these steps for each taxonomy code. To review the taxonomy, click the “Plus” sign next to the title.

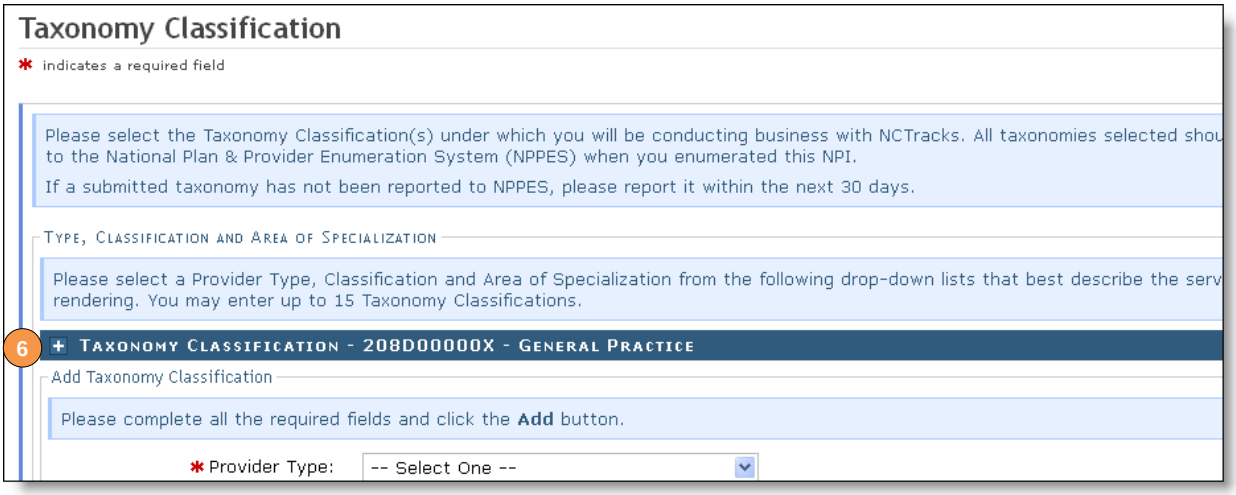


Figure 29: Expand Taxonomy Section

7. You may edit or delete the added taxonomy by clicking the “Edit” or “Delete” buttons.

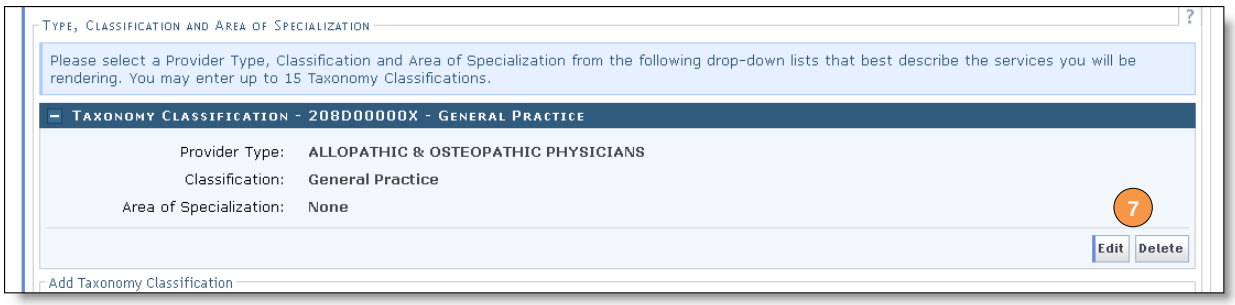


Figure 30: Edit or Delete Taxonomy

8. If adding taxonomies to multiple locations, you MUST click the “Save Location” button after adding the taxonomies.

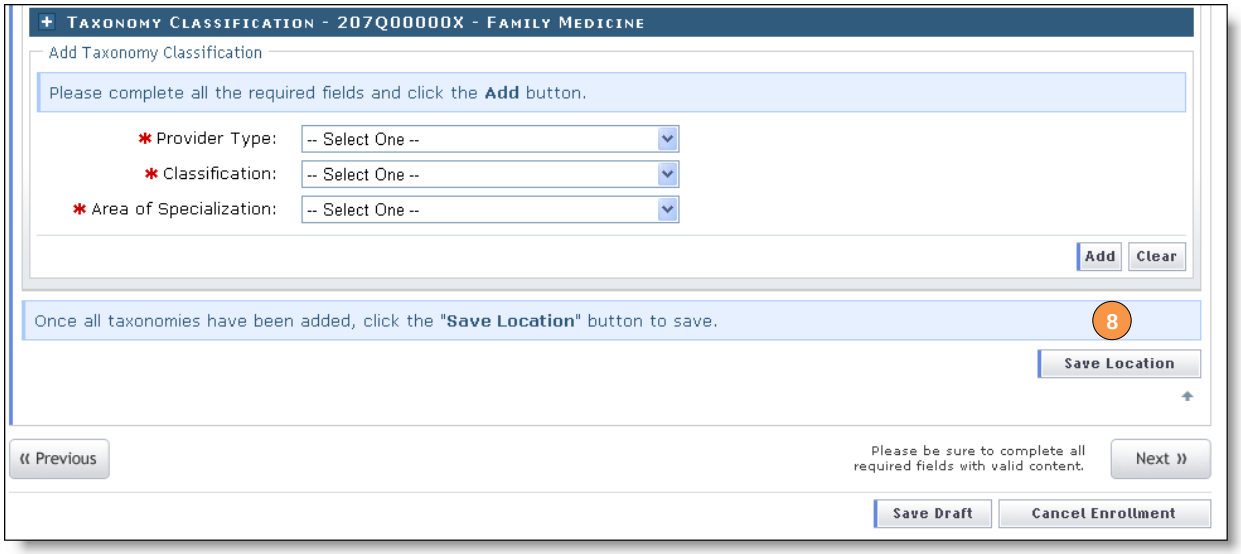


Figure 31: Save Locations

9. Before continuing to the next page, ensure that all service locations read “Complete” under the “Form Status” column. If one or more locations read “Incomplete’ you will need to edit the location. Ensure you click the “Save Location” button after clicking the “Add” button when adding taxonomies.

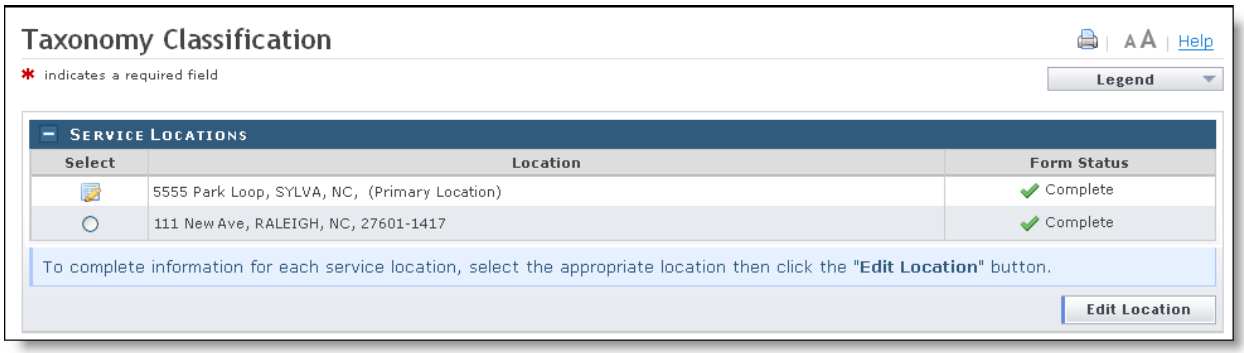


Figure 32: Service Locations Complete

10. Click the “Next” button in the bottom right corner of the page to continue.

Adding Accreditation Information

The “Accreditation” page will display. This page may display several sections, depending on the number of taxonomies you selected. Not all sections are required.

	Requried accreditations must be added to each taxonomy and each service location. For example, if you have added a taxonomy that requires an accreditation to seven different service locations, the accreditation MUST be added to the taxonomy seven times, once for each service location.

1. To add or edit the accreditations for each service location, select the radio button next to each location.
2. Click the “Edit Location” button.

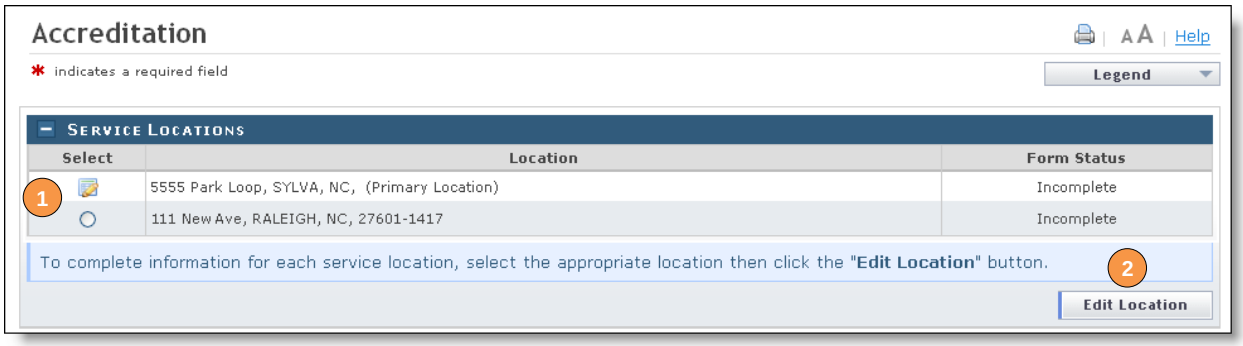


Figure 33: Accreditation Page - Edit Service Locations

1. To determine the required accreditations, scroll down and identify the light blue sections that display the added taxonomies.

	The licenses and certifications listed directly **BELOW** the reference taxonomy ~~taxmonomy~~ in the light blue section are required.

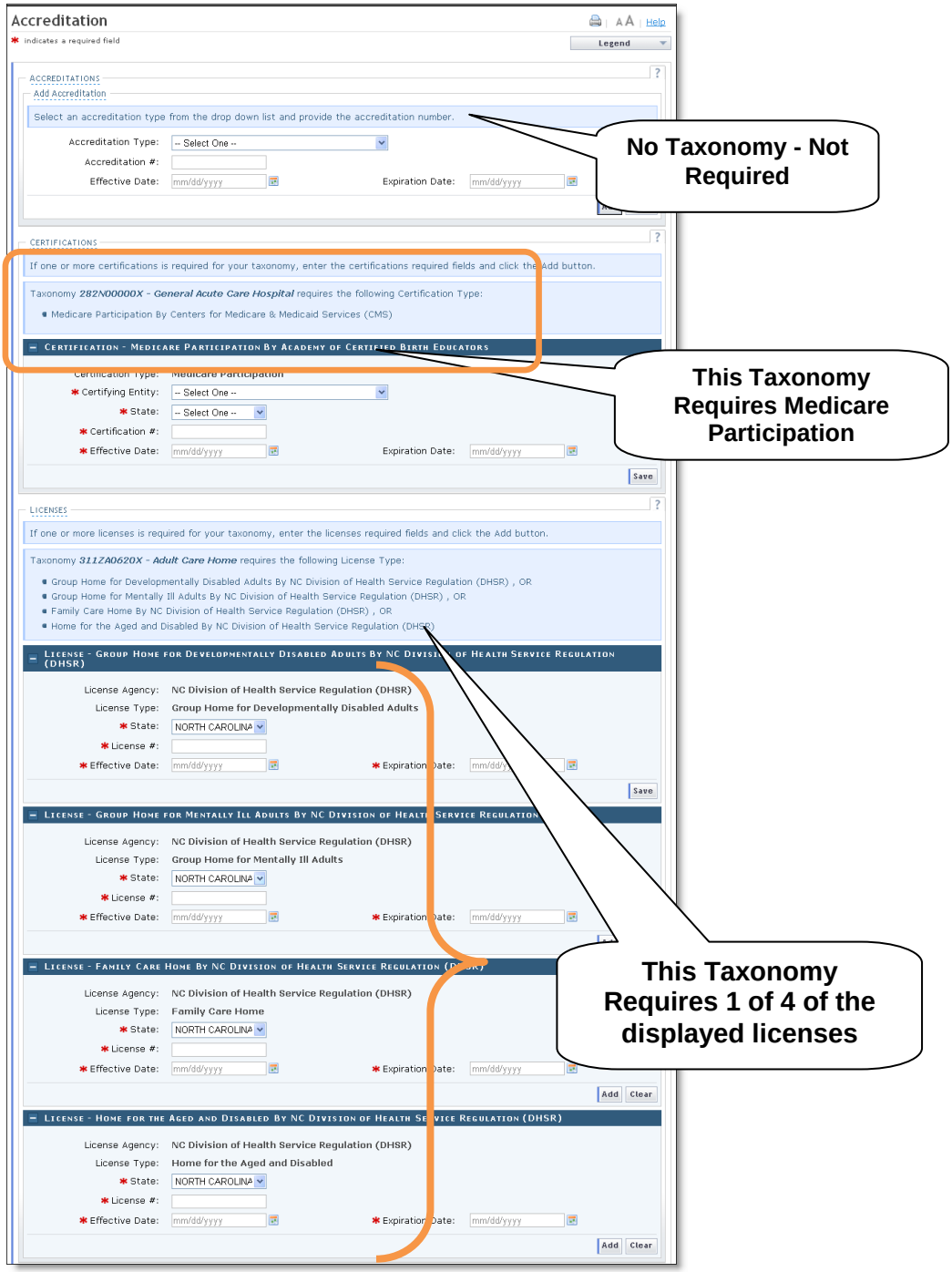


Figure 34: Accreditation Page

2. To add an accreditation, from the CERTYFYING ENTITY, make the appropriate selection from the drop down menus. Ensure are required fields are populated.
3. Select the State (if required)
4. Enter a valid License/Accreditation/Certification number
5. Enter the Effective Date
6. Enter the Expiration Date
7. Click the “Save” or “Add” button depending on the accreditation type.

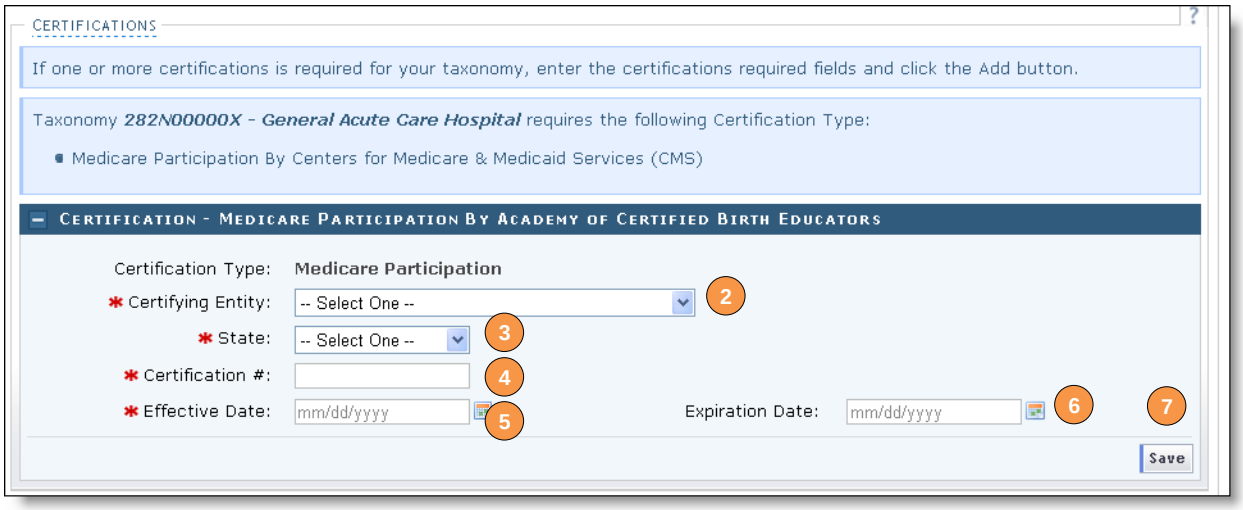


Figure 35: Add Accreditation

8. When adding accreditations to multiple service locations, ensure you click the “Save Location” button after clicking the “Add” button.

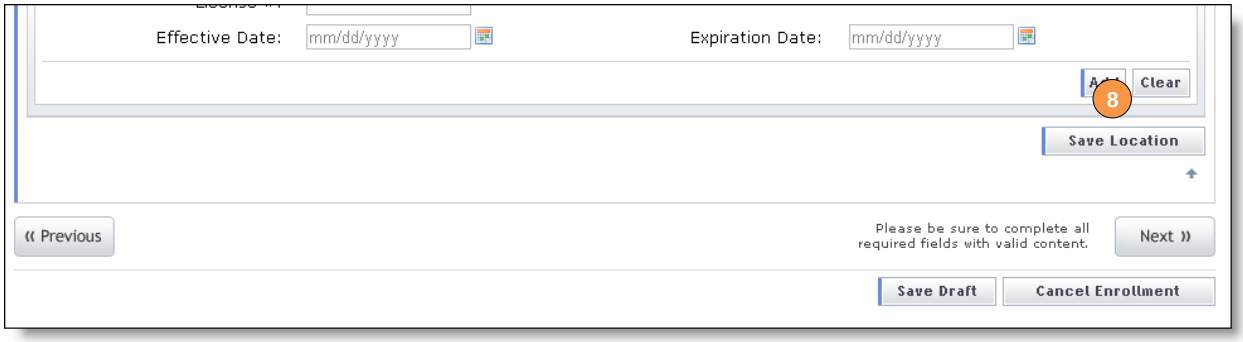


Figure 36: Add Accreditation - Save Locations

	If your taxonomy requires one or more of the following certifications, you MUST either attach a copy of the accreditation to the enrollment application or fax/email/mail a copy the accreditation to CSC. Attaching a copy of the accreditation is done on the last page of the application. This is the fastest way to process the application. – CMS letter of approval verifying Medicare participation. – Durable Medical Equipment (DME) providers must submit a current copy of the National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter). – Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body. – Independent Laboratory providers must submit a copy of CLIA certification **Fax #:** 855-710-1965 **Email:** NCTracksprovider@nctracks.com **Mailing Address:** CSC, PO Box 300009 Raleigh, NC 27622-8009

11. Before continuing to the next page, review your information and ensure that all service locations read "Complete" under the "Form Status" column. If one or more locations read "Incomplete' you will need to edit the location and add any required accreditations.

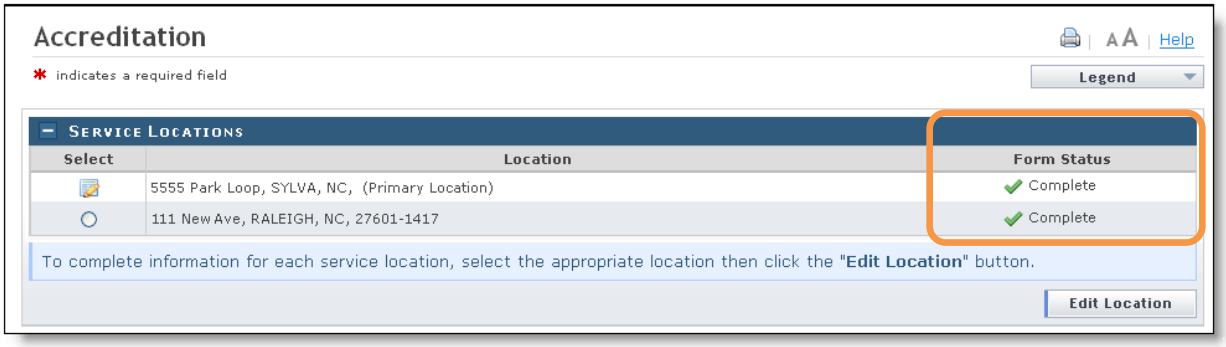


Figure 37: Add Accreditation - Service Locations Complete

12. Click the "Next" button in the bottom right corner of the page to continue.

Applying for Community Care of NC/Carolina Access enrollment

The Community Care of North Carolina/Carolina Access page will display.

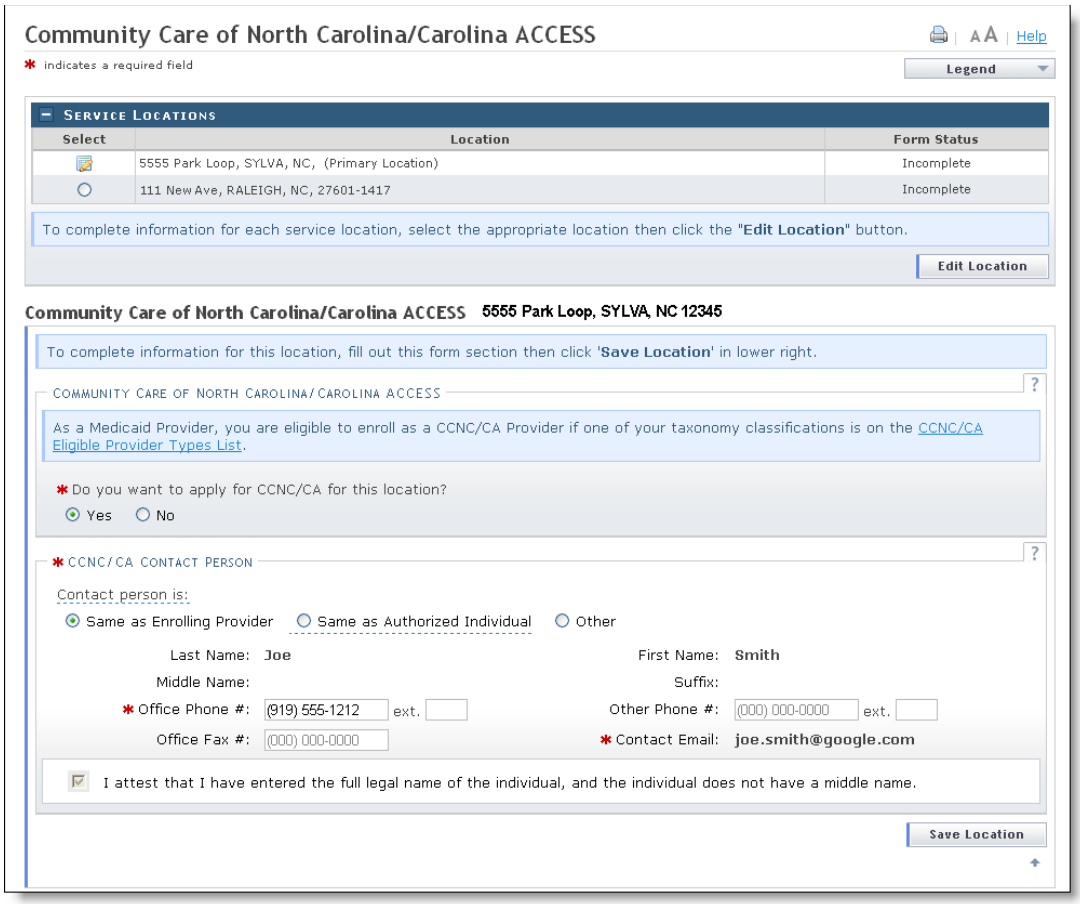


Figure 38: CCNC/CA Page

- Community Care of North Carolina/Carolina ACCESS (CCNC/CA) is a primary care case management health care plan for a majority of NC Medicaid recipients. For additional information on CCNC/CA, please visit the DMA website at http://www.ncdhhs.gov/dma/ca/ccncproviderinfo.htm

- Only qualified taxonomies are eligible for enrollment in CCNC/CA. To view a list of these taxonomies, click the link titled "CCNC/CA Eligible Provider Types List" illustrated below.

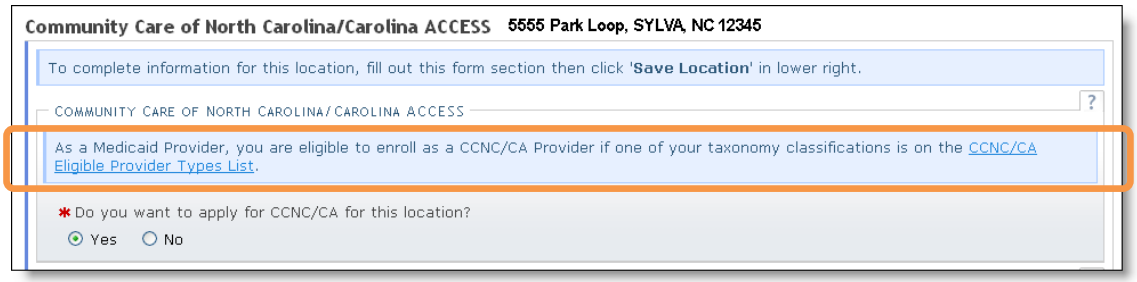


Figure 39: Review CCNS/CA Eligibility

- Out of State providers (or providers beyond the 40-mile area bordering NC) are not eligible to enroll as a PCP in the DHHS CCNC/CA program.

- If your service category and provider type are not on this list, you may contact a North Carolina Division of Medical Assistance (DMA) Regional Managed Care Consultant. Please visit http://www.ncdhhs.gov/dma/ca/mcc.pdf for additional information.

1. Applications for CCNC/CA must be completed for each service location. To edit each service location, click the radio button next to each location
2. Click the "Edit Location" button.

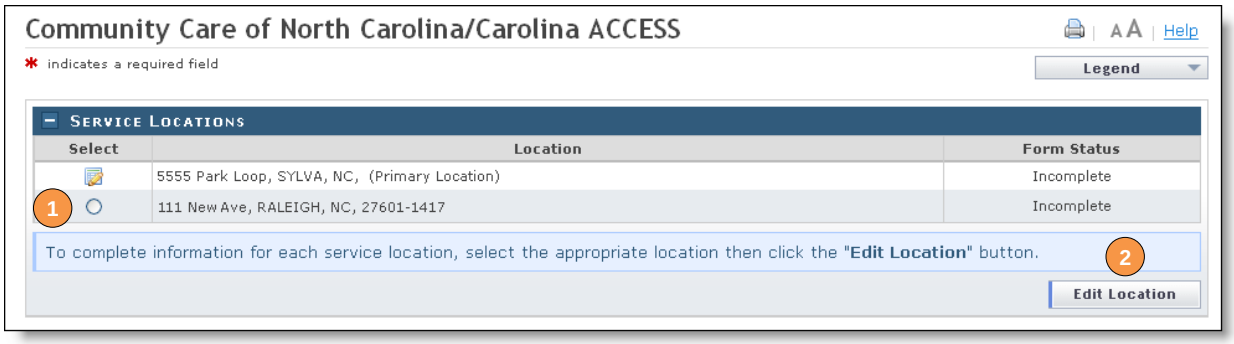


Figure 40: CCNC/CA Page

3. To apply for CCNC/CA for the selected service location, select the “Yes” radio button and complete the required fields.
4. Remember to click the “Save Location” button (if applicable).

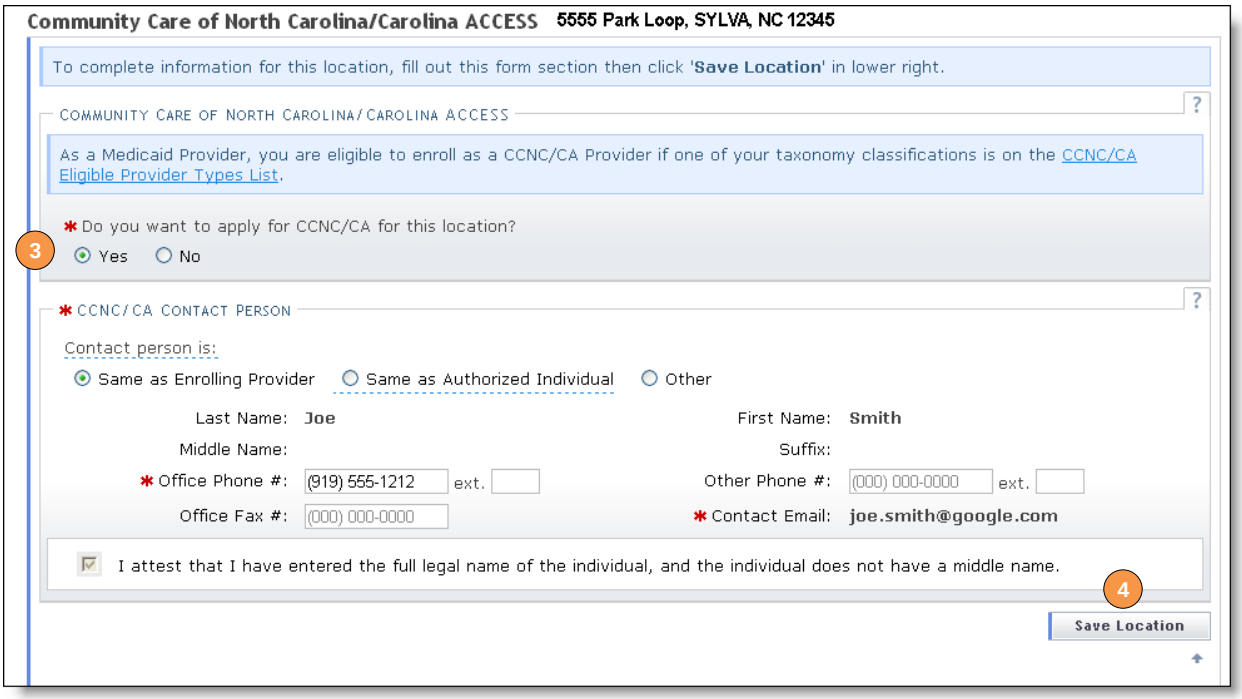


Figure 41: CCNC/CA Page - Enter Required Fields

5. Before continuing to the next page, review and ensure that all service locations read “Complete” under the “Form Status” column. If one or more locations read “Incomplete’ you will need to edit the location and complete the required fields.

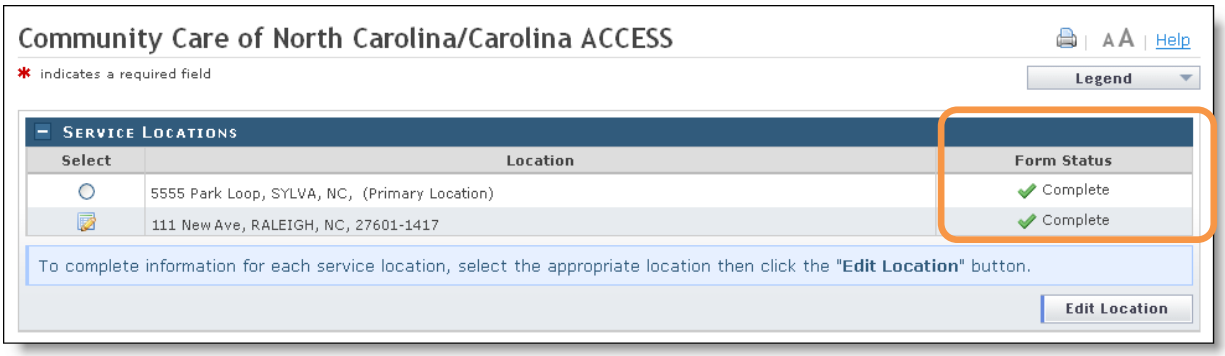


Figure 42: CCNC/CA Page - Service Locations Complete

Adding Physician Extenders Participation for Community Care of NC/Carolina Access

If you applied for CCNC/CA, the “Physician Extenders Participation” page will display. The Physician Extenders Participation page allows providers to increase the maximum number of CCNC/CA enrollees per physician, up to 2,000 per practitioner.

1. To add physician extenders, click the “Yes” radio button.

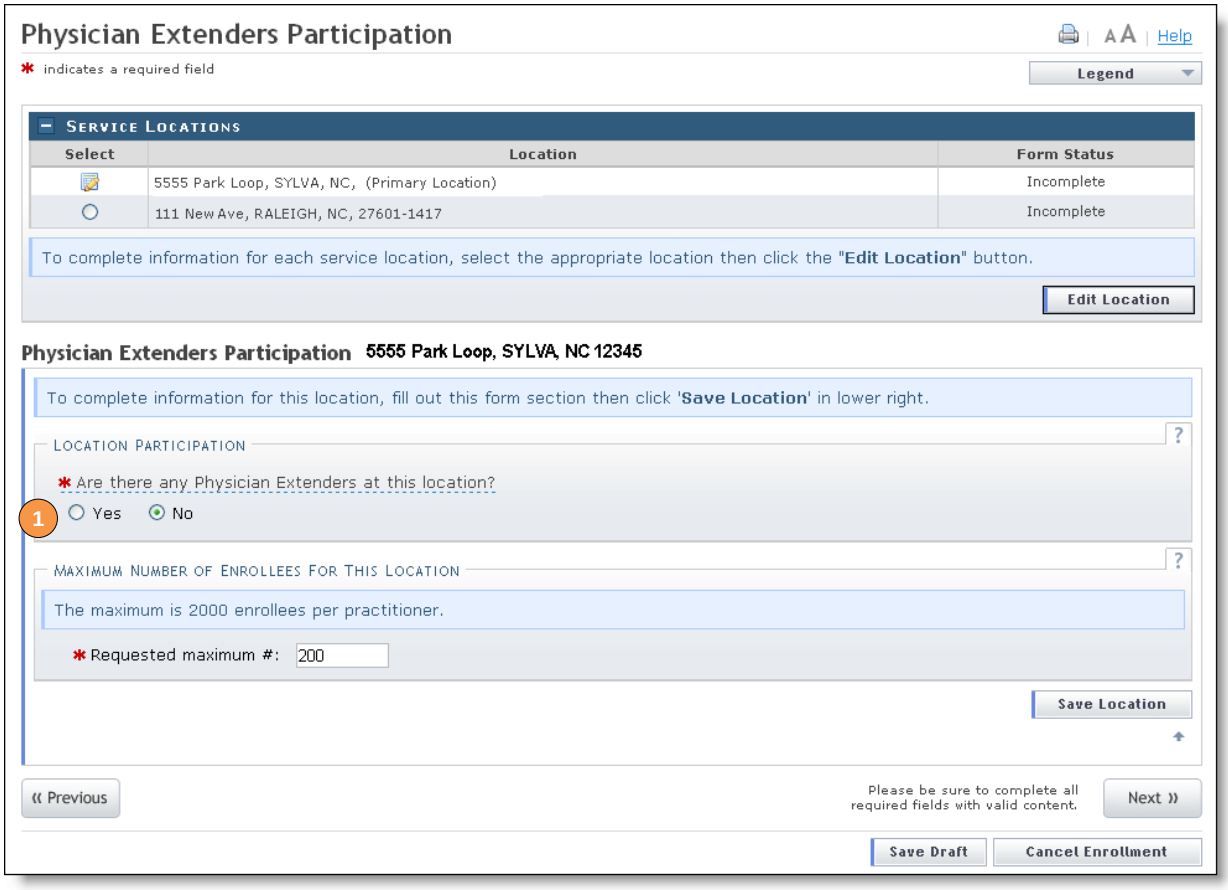


Figure 43: Physician Extenders Page

2. The “Add Physician Extender” section will display. Complete the required fields
   - Last Name
   - First Name
   - Physician Extender Type (Nurse Midwife, Nurse Practitioner, Physician Assistant)
   - License #
   - NPI

3. Click “Yes” or “No” to indicate whether the person will be participating in CCNC/CA.
4. Enter the requested increase of enrollees (2,000 max).
5. Click the “Add” button.

6. For multiple service locations, remember to click the “Save Location” button.

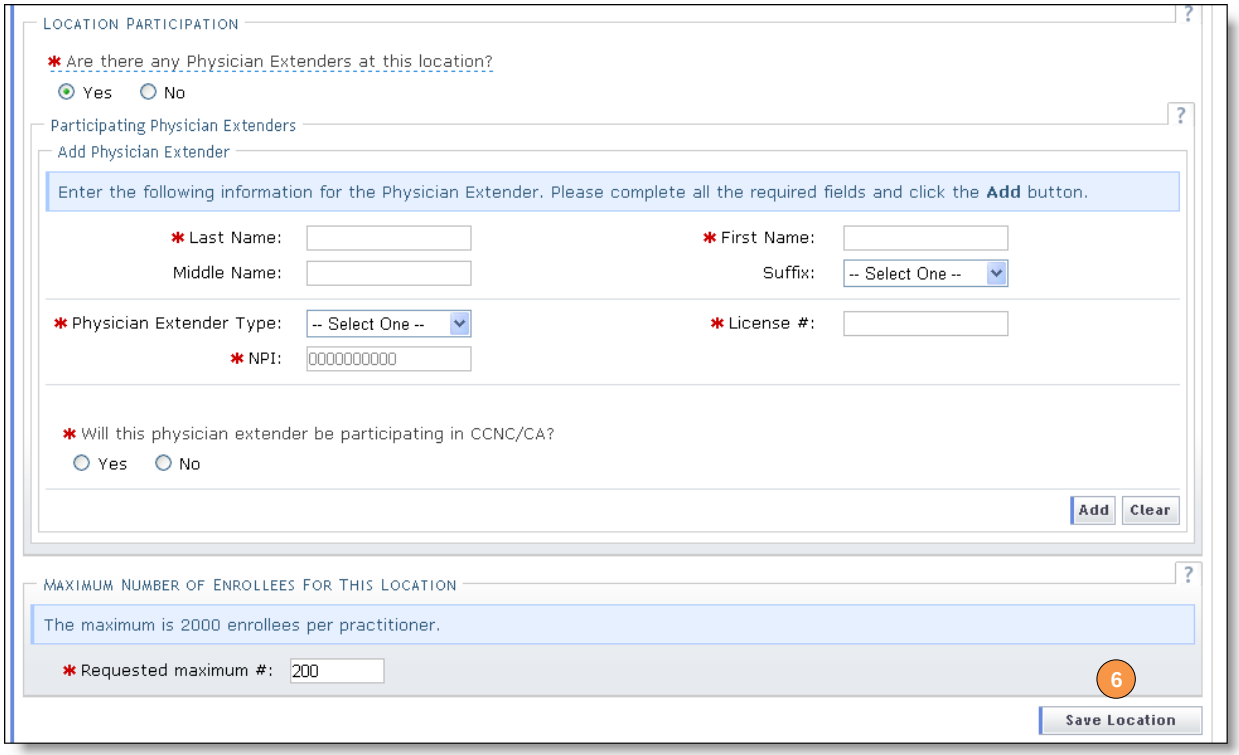


Figure 44: Physician Extenders Page - Add Physician

Adding Preventive and Ancillary Services

	Note to CCNC/CA providers:**:** In order to meet the requirements for enrolling in CCNC/CA, providers must provide certain preventive health services for the applicable age range. Click here to view the list of services If you are unable or chooses not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 year age group. For additional information, reference the following website. http://www.ncdhhs.gov/dma/ca/ccncproviderinfo.htm

1. To add or modify preventive and ancillary services, check or uncheck the box next to the applicable service.
2. Check the box for “On-site” or “Off-site”. The “Off-site” option is not available for every service.

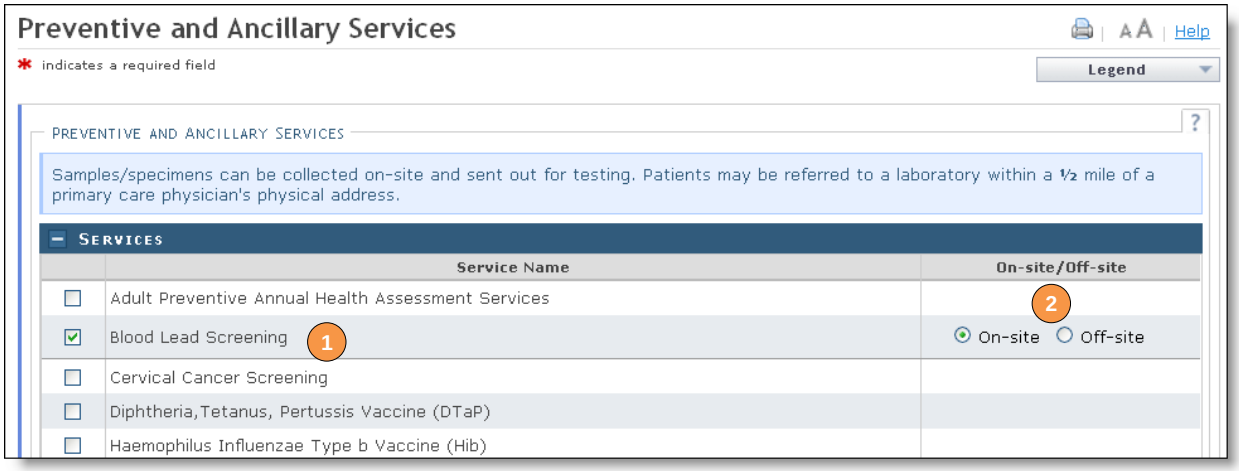


Figure 45: Preventive and Ancillary Services

3. If you select “Off-site”, the “Address” section will display. Complete the required Name and Address fields. To meet CNCC/CA requirements, patients must be referred to a laboratory within a half-mile of the primary care physician’s physical address.
4. Click the “Verify Address” button.

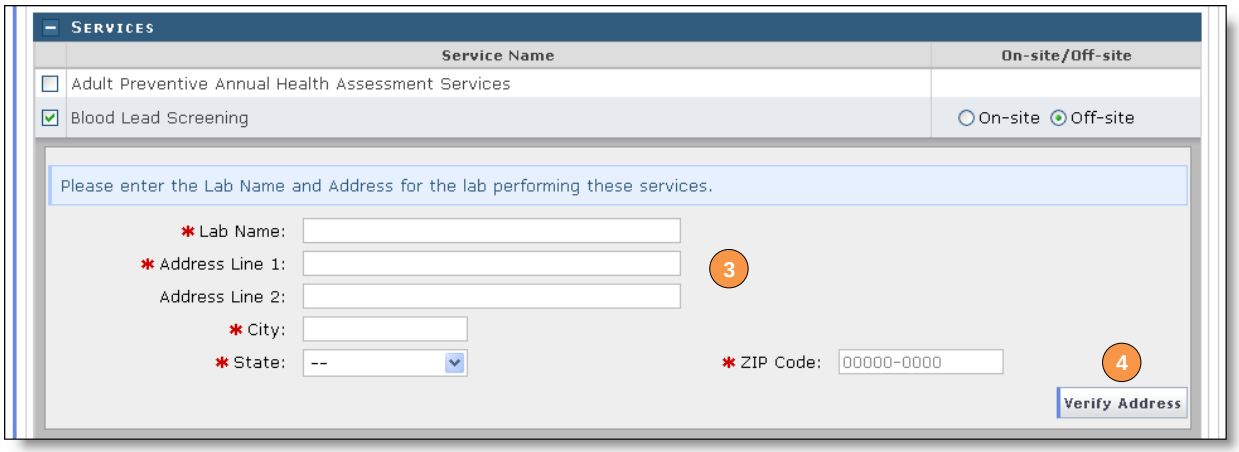


Figure 46: Preventive and Ancillary Services - Add Offsite Address

5. If you have more than one service location, click the “Save Location” button.
6. Click the “Next” button to continue.

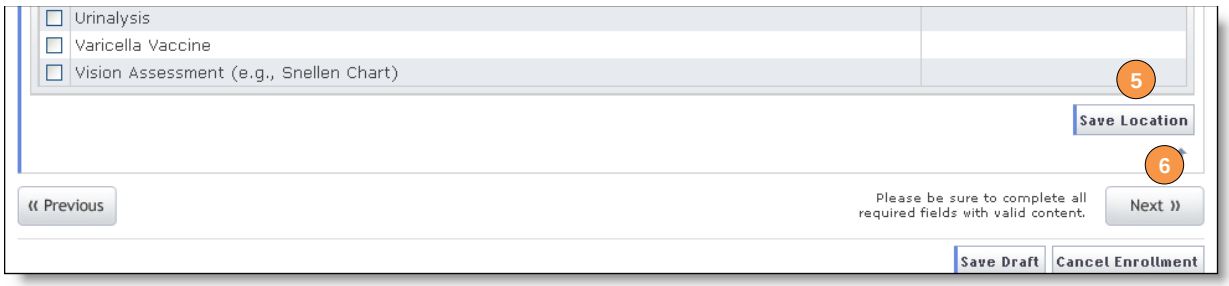


Figure 47: Preventive and Ancillary Services - Save Location

Indicating the Hours of Operation

If you applied for CCNC/CA, the “Hours” page will display.

	Note to CCNC/CA providers: CCNC/CA Participation requires the following: • Establish hours of operation for treating patients at least 30 hours per week • Provide medical advice/services that are accessible 24/7. Acceptable options include an answering Service, answering machine that gives the number of the provider to call, Hospital operator who pages on-call provider, call forward or stay-on-line transferring, or Nurse Triage Service.

1. The Provider hours of operation need to be set for each service location. To switch between service locations, select the radio button next to the appropriate service location
2. Click the “Edit Location” button.

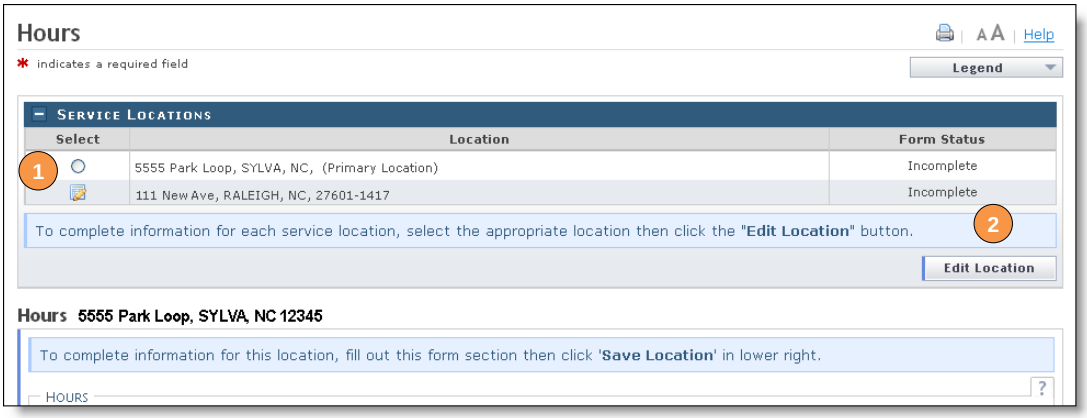


Figure 48: Hours Page

3. Select the appropriate hours from the “From” and “To” drop down menus.
4. Use the “Copy” hyperlink to copy the first row to rows “Tuesday” through “Friday”

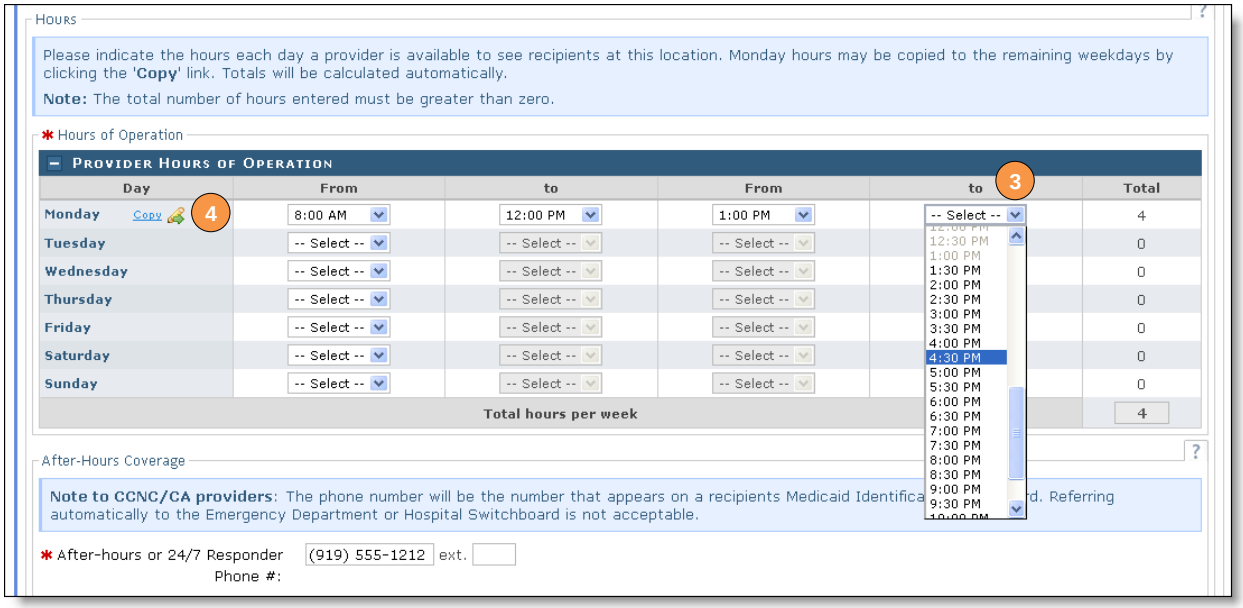


Figure 49: Hours Page - Add Hours of Operation

5. Under the “After-Hours Coverage” section, enter the phone number.
6. Select the types of after-hours services provided.
7. For multiple locations, remember to click the “Save Location” button.
8. Click the “Next” button at the bottom of the page~~,~~ to continue.

	Note to CCNC/CA providers: The phone number will be the number that appears on the recipients’ Medicaid Identification (MID) card. Telephone numbers for Emergency Department or Hospital Switchboard are not acceptable as “After-hours or 24/7 Responder.”

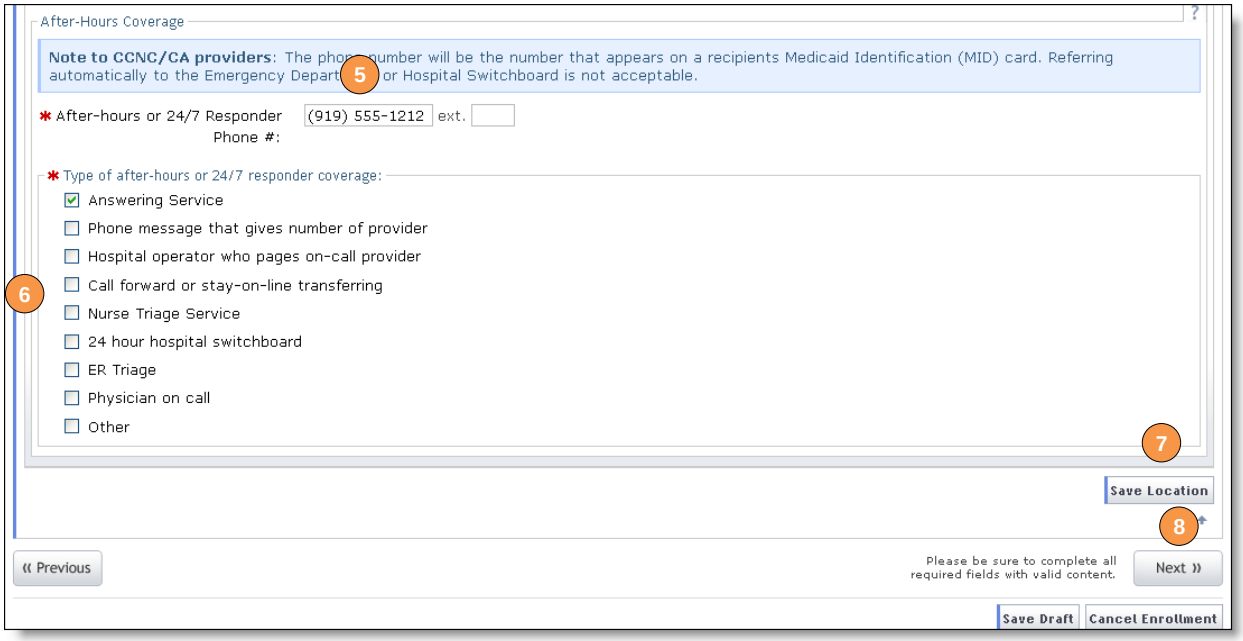


Figure 50: Hours Page - Add After Hours Number and Services

Adding Services

1. The “Services” page will display. Under the “Interpretation Services” section, select “Yes” or “No” for all three service options.

> **Note to CCNC/CA providers**: CCNC/CA Participation requires providers to offer Oral Interpretation services.

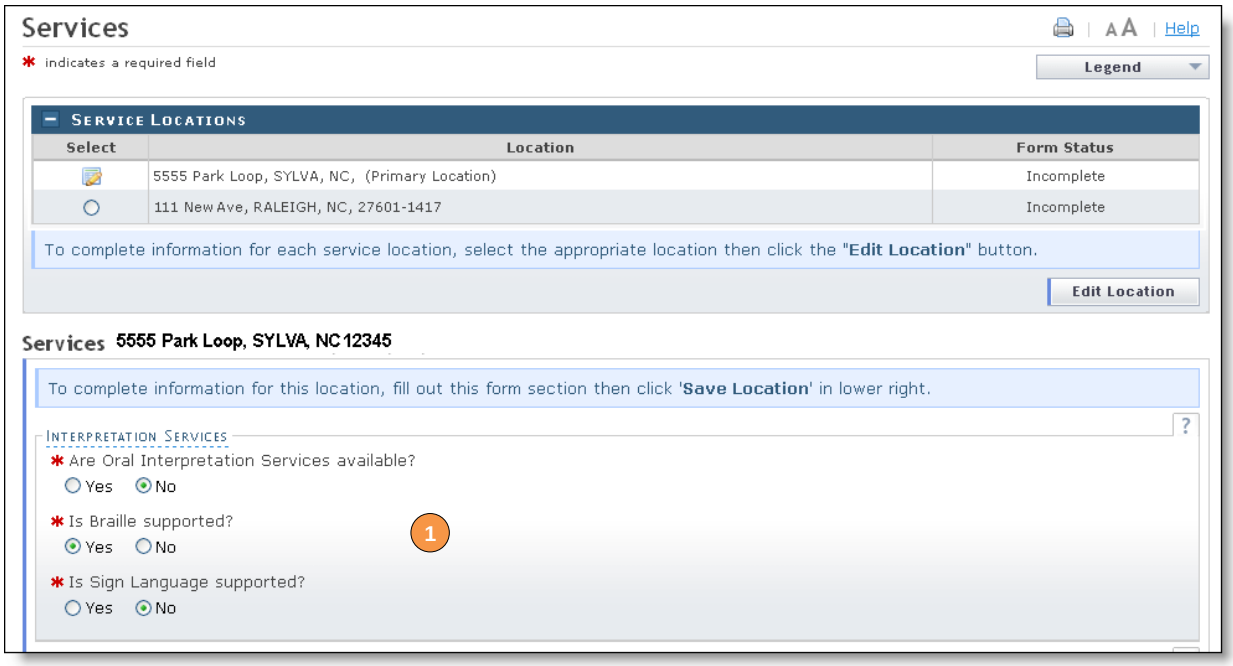


Figure 51: Services Page

2. Under the “Languages Supported in Office” section, highlight the languages supported in your office.

3. Click the “Add” button in the middle of the window to move the language to the “Selected Options” pane.

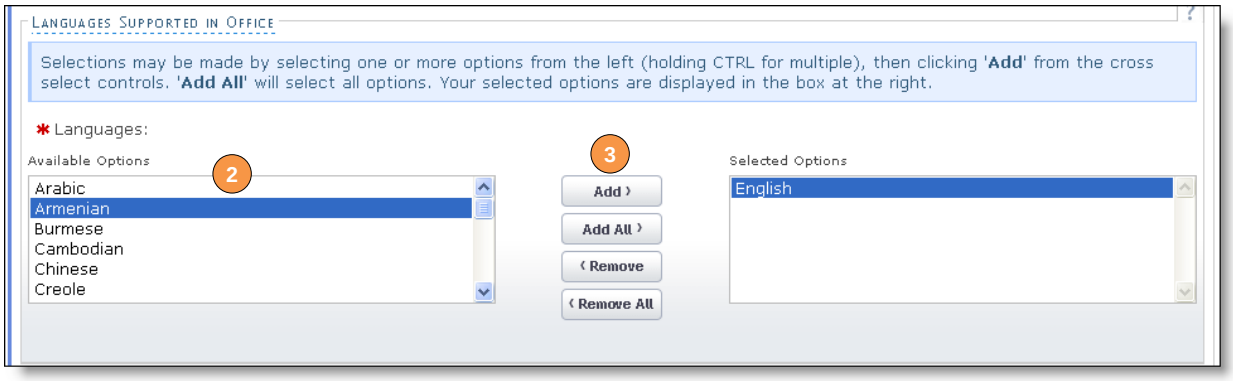


Figure 52: Services Page - Add Languages

4. Under the “Special Needs” section, click the check boxes to indicate the any special needs supported in your office.

5. To indicate whether your office is equipped with TDD/TTY services, click the “Yes” or “No” radio button.

   Note: TDD (Telecommunications Device for the Deaf) and TTY (Teletypewriter) are electronic devices for text communication over a telephone line, designed for use by persons with hearing or speech difficulties.

Figure 53: Services Page - Add Special Needs

6. To indicate whether your office is currently accepting new patients, click the “Yes” or “No” radio button.
7. To indicate whether your office currently serves Medicaid for Pregnant Women (MPW) patients, click the “Yes” or “No” radio button.
8. To indicate whether your office currently accepts Chronic Infectious Disease patients, click the “Yes” or “No” radio button.
9. Select the age ranges serviced from each gender drop down menu. If you do not serve a particular gender, select “Not Served” from the drop down menu.
10. For multiple service locations, click the “Save Location” button.
11. Click the “Next” button to continue.

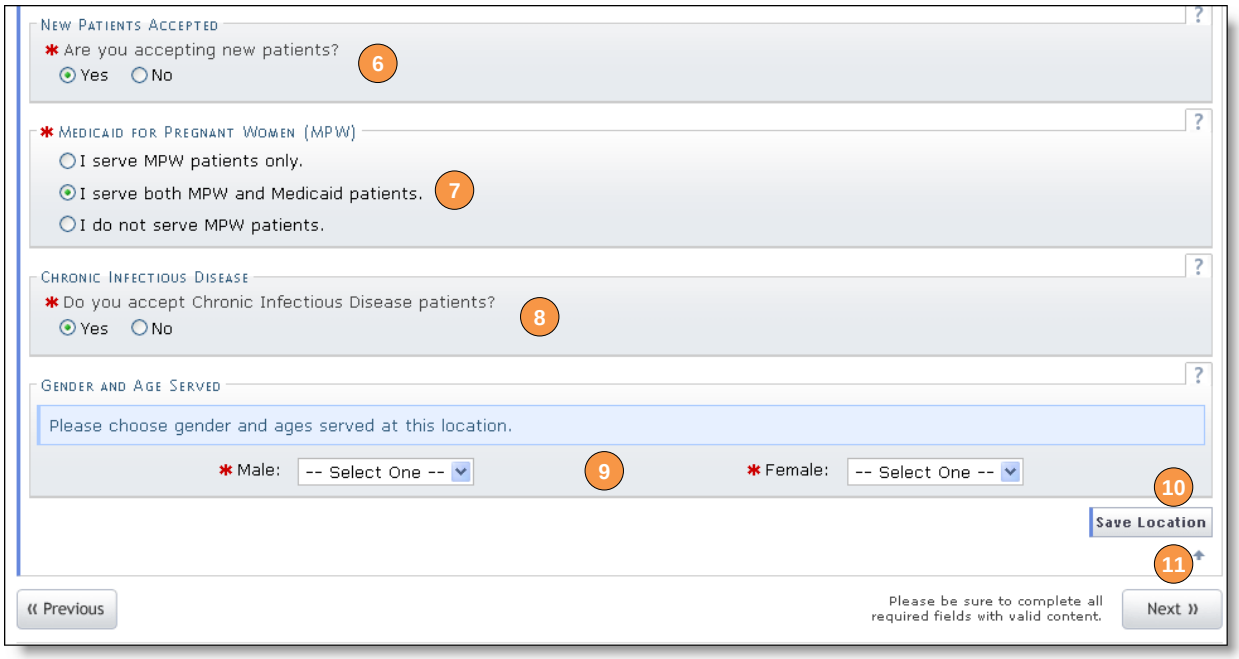


Figure 54: Services Page - Add Other Services

Adding Agents or Managing Employees

Definition: A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

The “Agents and Managing Employees” page will display.

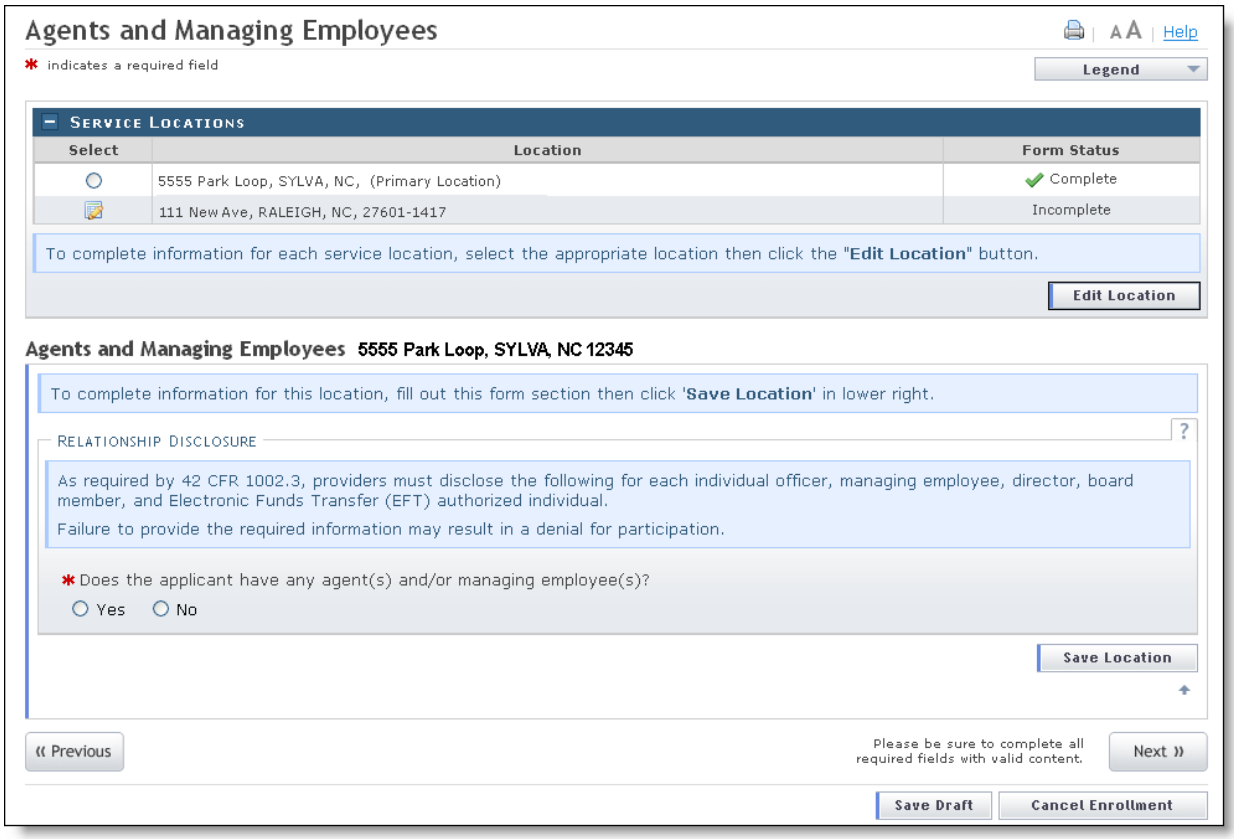


Figure 55: Agents and Managing Employees Page

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

	It is critical that when entering information on this page that you enter the legal name, including the full middle name, Date of Birth (DOB) and Social Security Number (SSN) for each owner or managing employee and that you verify the accuracy of this information before continuing to the next section. An inaccurate or invalid Name, DOB or SSN will cause your application to be denied and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees.

	The Office Administrator MUST be added as owner or managing employee. In addition to the office administrator, it is recommended that at least one other managing employee be added to the provider record. In the event that the current OA leaves the organization, it will make the transition to a new OA much easier.

1. To add a new managing employee, under the “Agents and Managing Employees” section, click the “Yes” radio button.

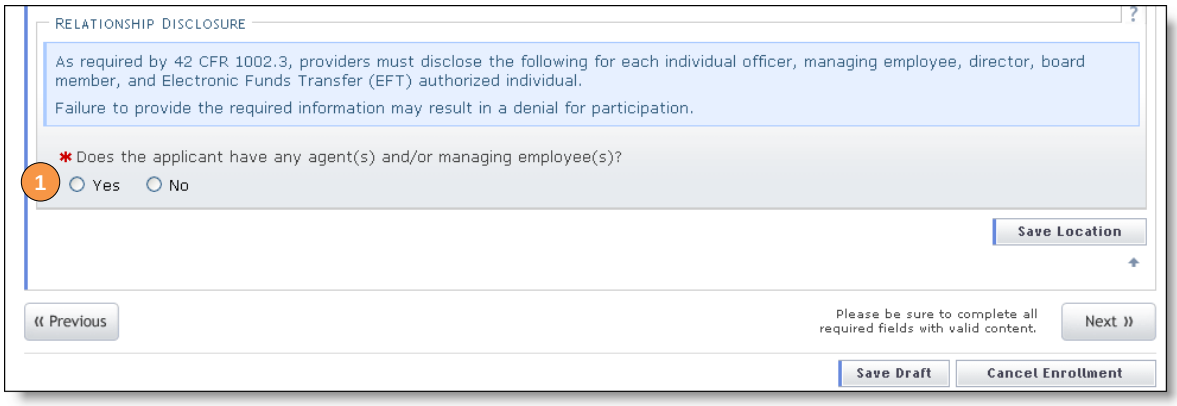


Figure 56: Agents and Managing Employees Page - Add Personnel

2. The “Add Relationship” section will display. Enter the following required fields.
   - Last Name
   - First Name
   - Date of Birth
   - SSN (Social Security Number)
   - Business Relationship (Agent, Board Member, Managing Employee, Director, Officer),
   - Relationship to Another Disclosing Person

	When adding the OA as managing employee, if the OA is someone other than the provider, you MUST select the Business Relationship of “Managing Employee”. This business relationship is the only business relationship (besides owner), that will allow the appropriate OA access to the provider record.

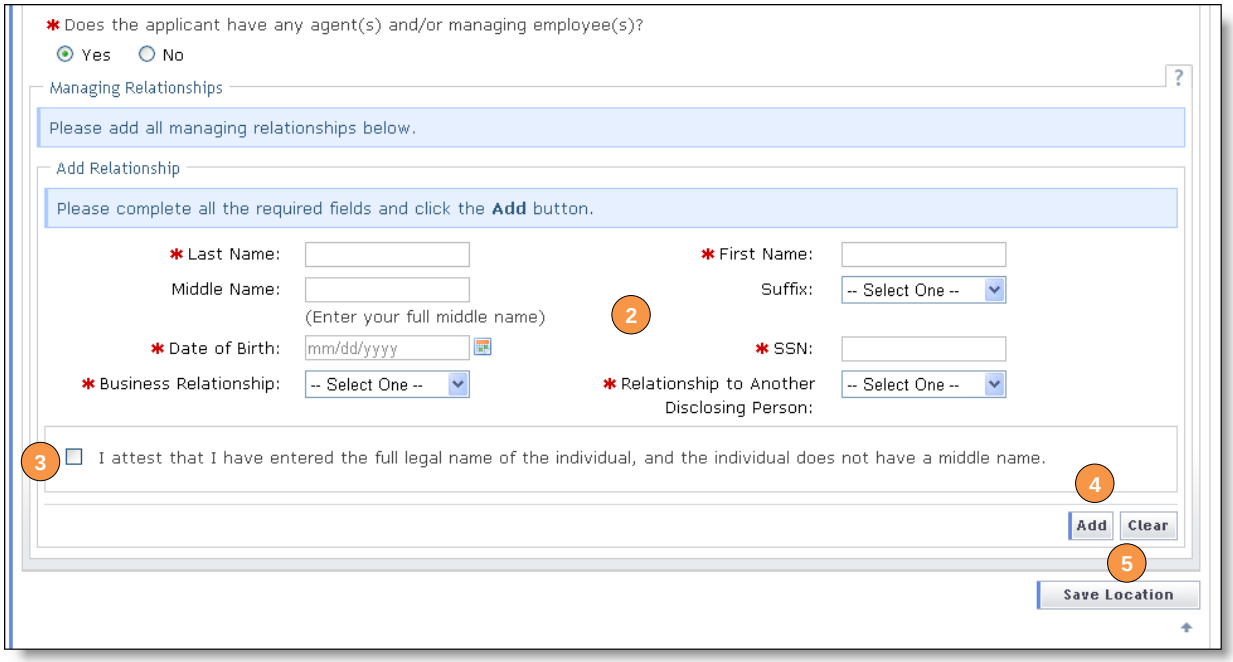


Figure 57: Agents and Managing Employees Page - Required Fields

3. Click the Attestation check box.
4. Click the “Add” button to add the Managing relationship.
5. When adding managing employees for multiple locations, remember to click the “Save Location” button.
6. Once all service locations display as “Complete, click the “Next” button in the bottom right corner of the page.

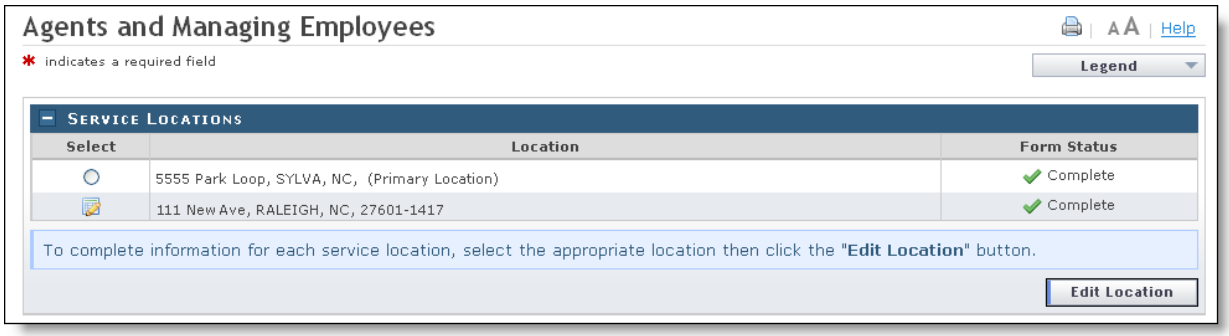


Figure 58: Agents and Managing Employees Page - Service Locations Complete

Adding Hospital Admitting Privileges

The “Hospital Admitting” page will display.

	CCNC/CA Participation requires the following: • Maintain hospital admitting privileges or have a formal agreement with another doctor based on ages of the recipients accepted

1. To add privileges, click the “Yes” radio button.

Figure 59: Hospitals Admitting Page

2. The “Add County Hospitals” section will display. Select the county from the drop down menu to display a list of hospitals in that county.
3. Select the hospital in the “Available Options” pane.
4. Click the “Add” button to move the hospital to the “Selected Options” pane.
5. Click the “Add” button to add the hospital to your record. You may repeat these steps to add other hospitals from other counties.

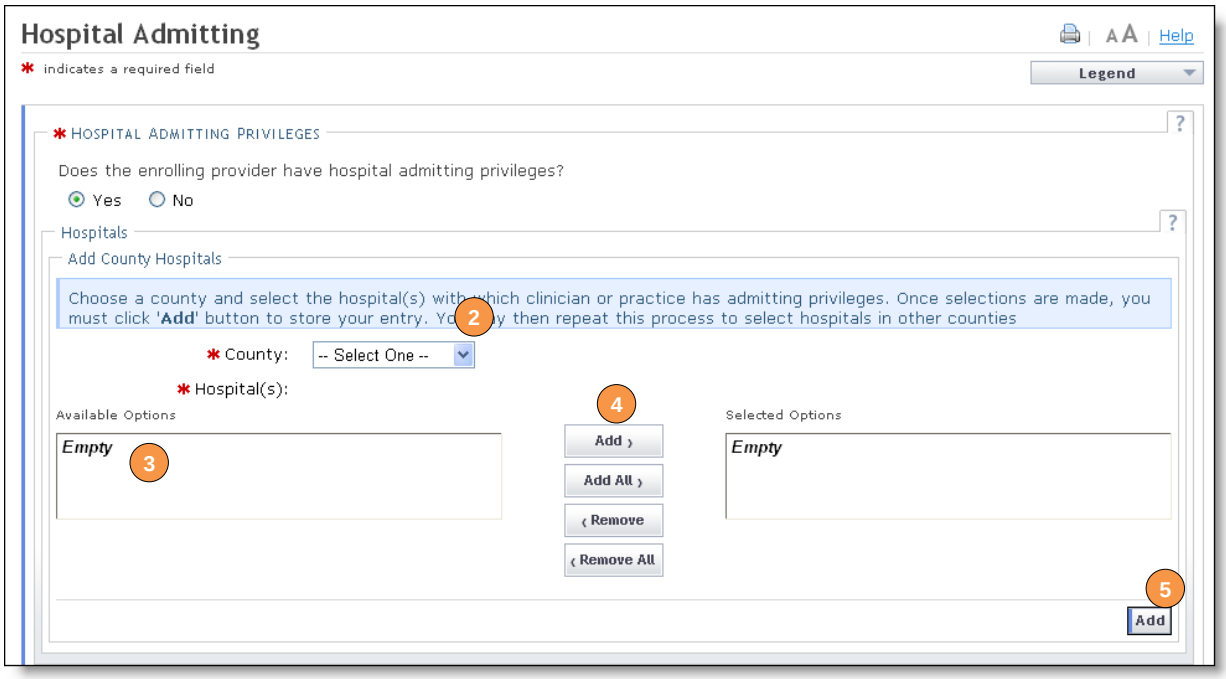


Figure 60: Hospitals Admitting Page - Add Hospitals

Affiliating to a Provider

The “Affiliate Provider Information” page will display.

The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider or another organization In NCTracks system. If you are affiliated with a group or organizational provider, and that provider will be submitting claims on your behalf, complete the following steps. Otherwise, click “No” and click the “Next” button to continue.

1. To affiliate to a provider, click the “Yes” button.

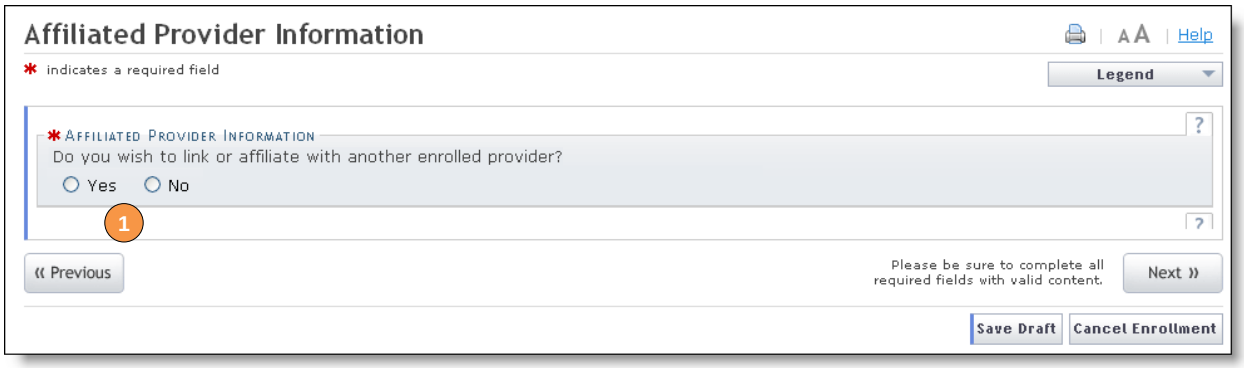


Figure 61: Affiliated Provider Page

2. The “Affiliated Providers” section will display. Enter the Group/Organization NPI and click the “Lookup NPI” button.

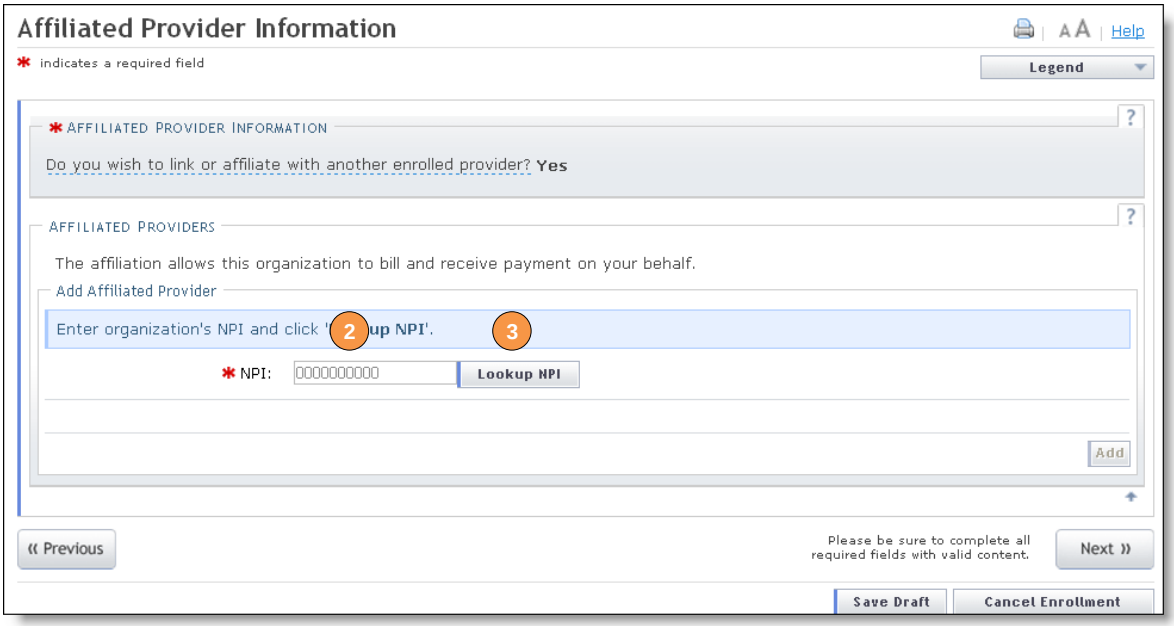


Figure 62: Affiliated Provider Page - Add Provider

3. Click the checkbox or boxes next to the appropriate provider and/or location. Multiple locations can be selected.

4. Click the “Add” button in the bottom right corner of the window.

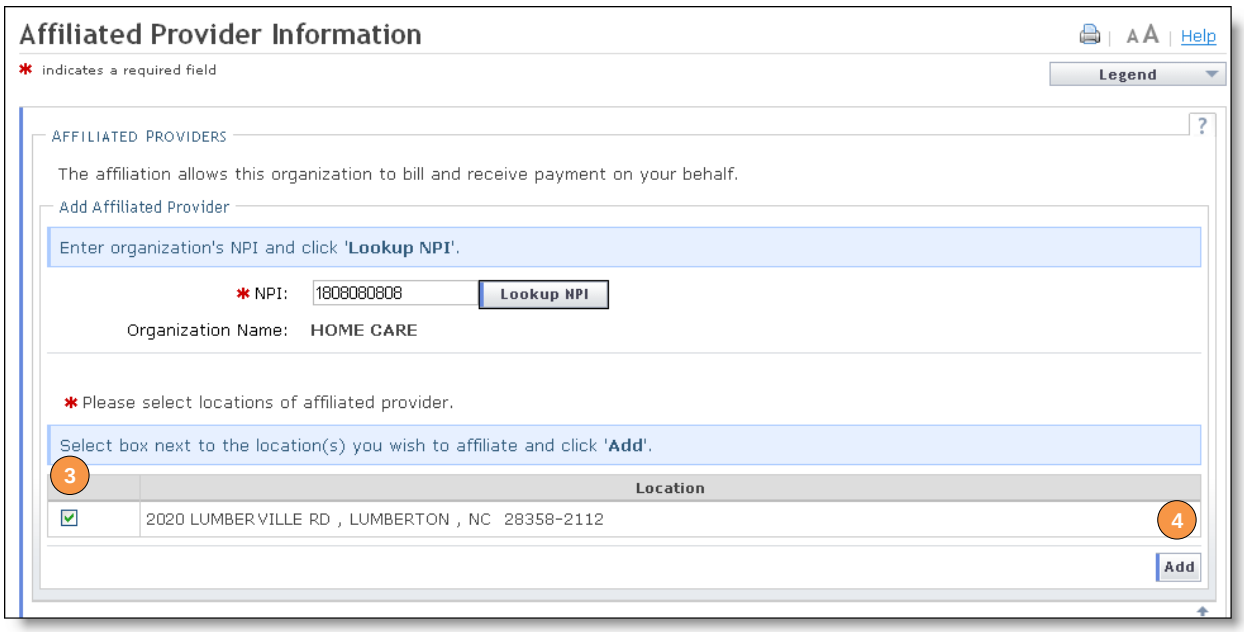


Figure 63: Affiliated Provider Page - Select Provider and Add

5. The provider will be added on the dark blue bar, as illustrated below. To review the provider, click the plus sign on the dark blue bar.

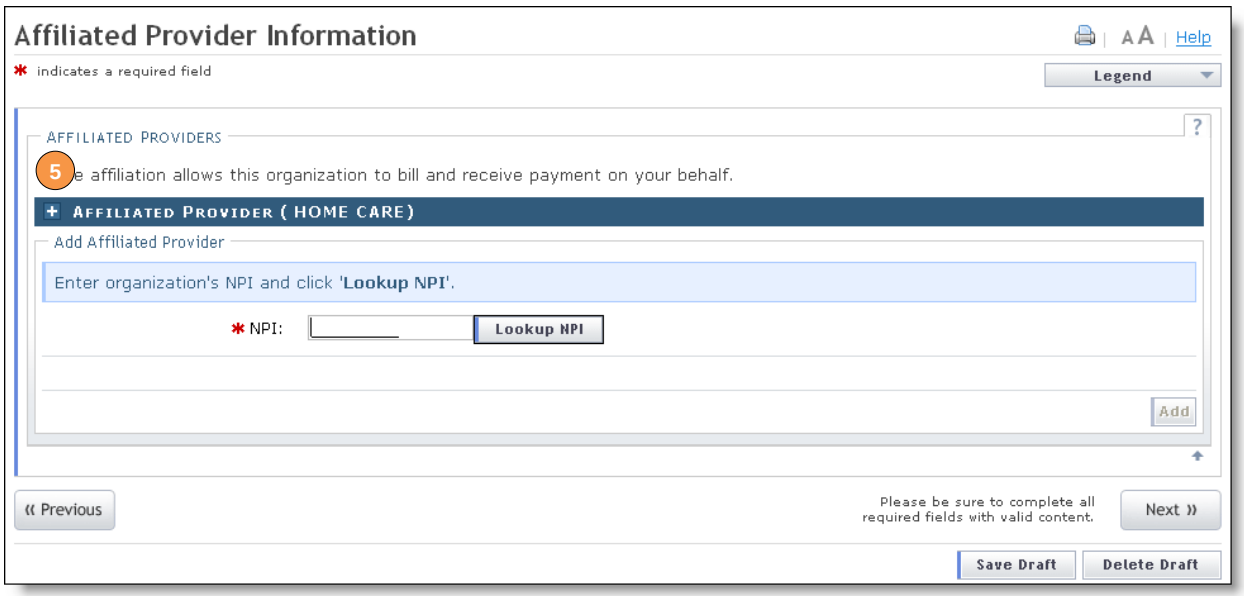


Figure 64: Affiliated Provider Page - Expand Provider Section

6. The affiliated provider details will display. To delete the provider, click the “Delete” button.

	The “Delete” button is ONLY available until you submit the application. Once the application is completed and the provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated. You may edit or end-date the affiliation using the Manage Change Request process under the Status and Management page.

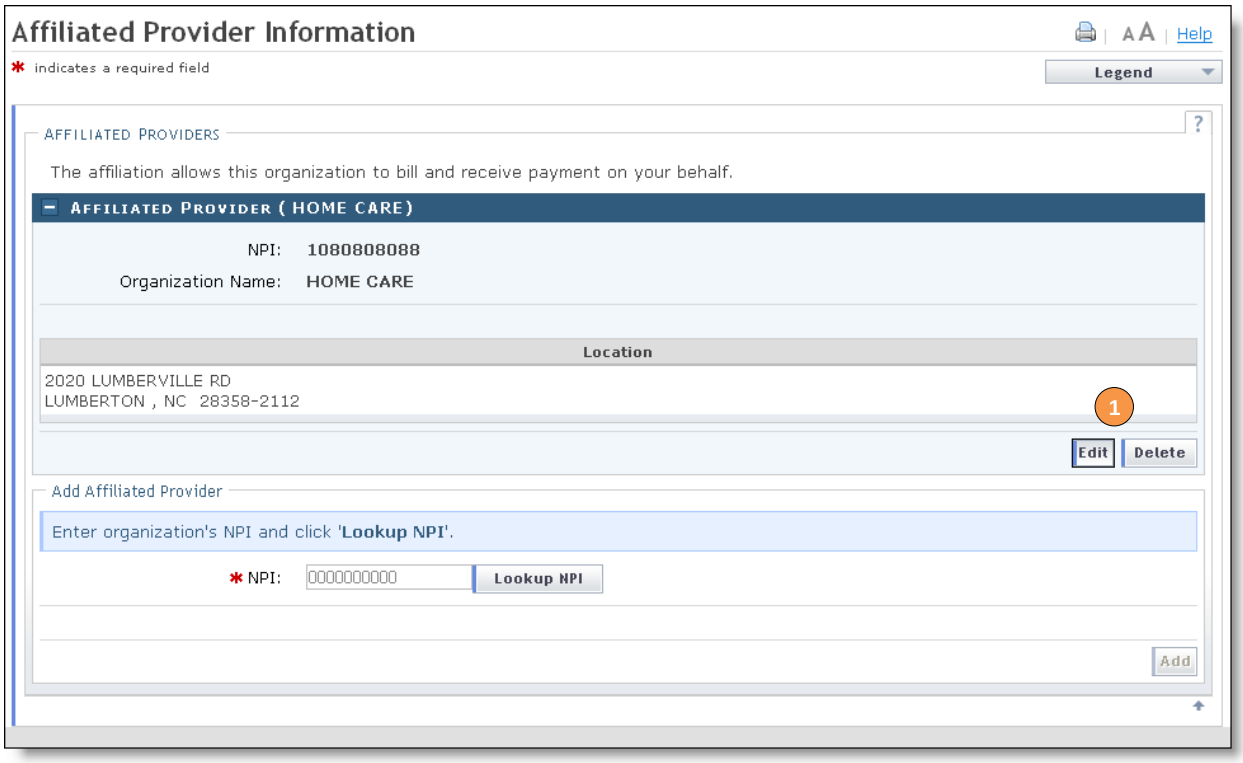


Figure 65: Affiliated Provider Page - Edit or Delete Provider

Exclusion Sanction Information

The “Exclusion Sanction Information” page will display.

	The questions 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. Click here for a complete list of the questions. 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 questions regarding whether the question applies to the provider, owner or agents, or other questions about how each sanction question should be answered, it is recommended that you contact an attorney. 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. **Failure to provide the necessary supporting documentation may result in the denial of the application.**

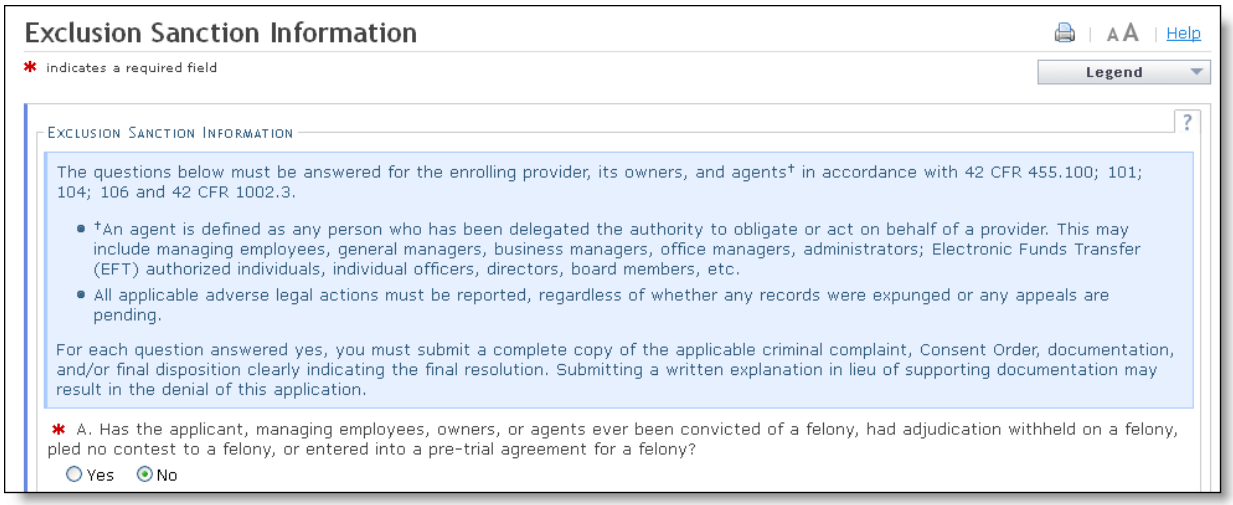


Figure 66: Exclusion Sanction Information

1. If you click the “Yes” button, the Infraction/Conviction Dates window will display.
2. Enter the date of each infraction.
3. Click the “Add” button, to add the date.

Figure 67: Exclusion Sanction Page - Add Infractions

Reviewing the Application

1. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

   To review the application in Adobe PDF format, click the **Review Application** button. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

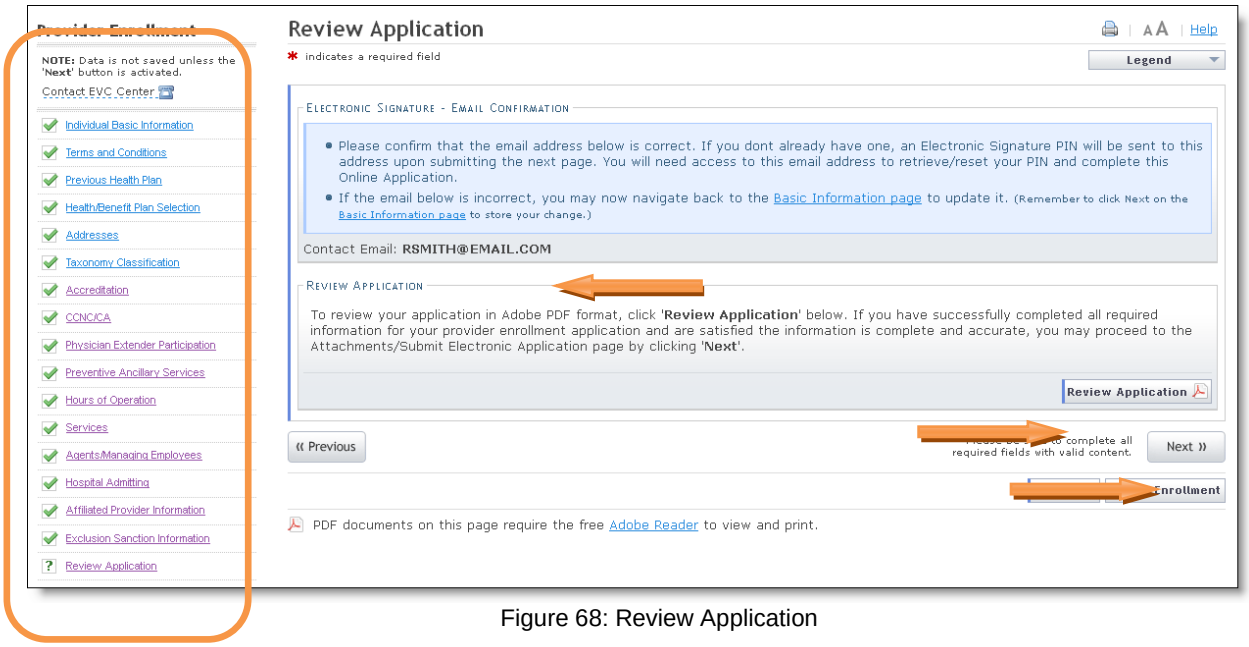


Figure 68: Review Application

Attaching Supporting Documentation

The **Sign and Submit Electronic Application** page will display.

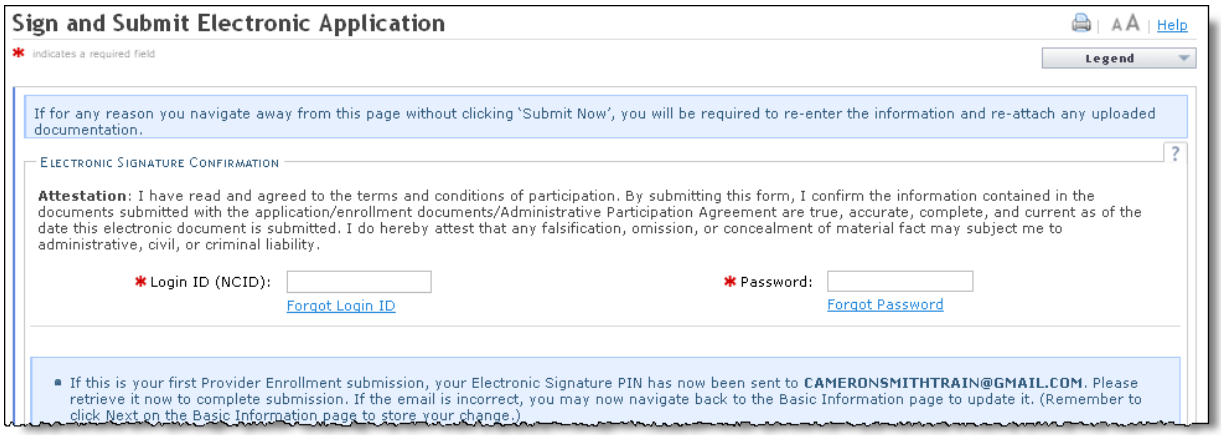


Figure 69: Sign and Submit Page

If your taxonomy requires one or more of the following certifications, you MUST attach a proof of the certification to the enrollment application, or email/fax/mail a copy of the accreditation to CSC, as they cannot be source verified online. Reference the next page for step by step instructions. This is the recommended way to provide supporting documentation, as your application will processed faster.

- CMS letter of approval verifying Medicare participation.
- Durable Medical Equipment (DME) providers must submit a current copy of the National Clearinghouse Supplier letter from CMS verifying Medicare participation (cannot be more than 3 yrs from the date of approval indicated on the letter).
- Nurse Practitioners must submit a copy of the Nurse Practitioner (NP) certification. Per 21 NCAC 36. 0805 (a) "Nurse practitioners with first-time approval to practice after January 1, 2000, shall provide evidence of certification or recertification as a nurse practitioner by a national credentialing body. NPs licensed prior to January 1, 2000 did not have to be certified by a national credentialing body.
- Independent Laboratory providers must submit a copy of CLIA certification

If you answered "Yes" to any sanction questions, you must also submit the required documentation applicable to the question.

If you fax, email or mail this documentation, you MUST include the NPI on the fax cover sheet or somewhere on the document or in the body of the email to ensure that the additional information is correctly routed.

Fax #: 855-710-1965
Email: NCTracksprovider@nctracks.com
Mailing Address: CSC, PO Box 300009 Raleigh, NC 27622-8009

2. Scroll down to the “Required Attachments” section to determine if attachments are required for the taxonomies/accreditations that have been selected.
3. If attachments are required, click the “Browse” button to select the files.
4. Click the “Add” button to add the attachment.

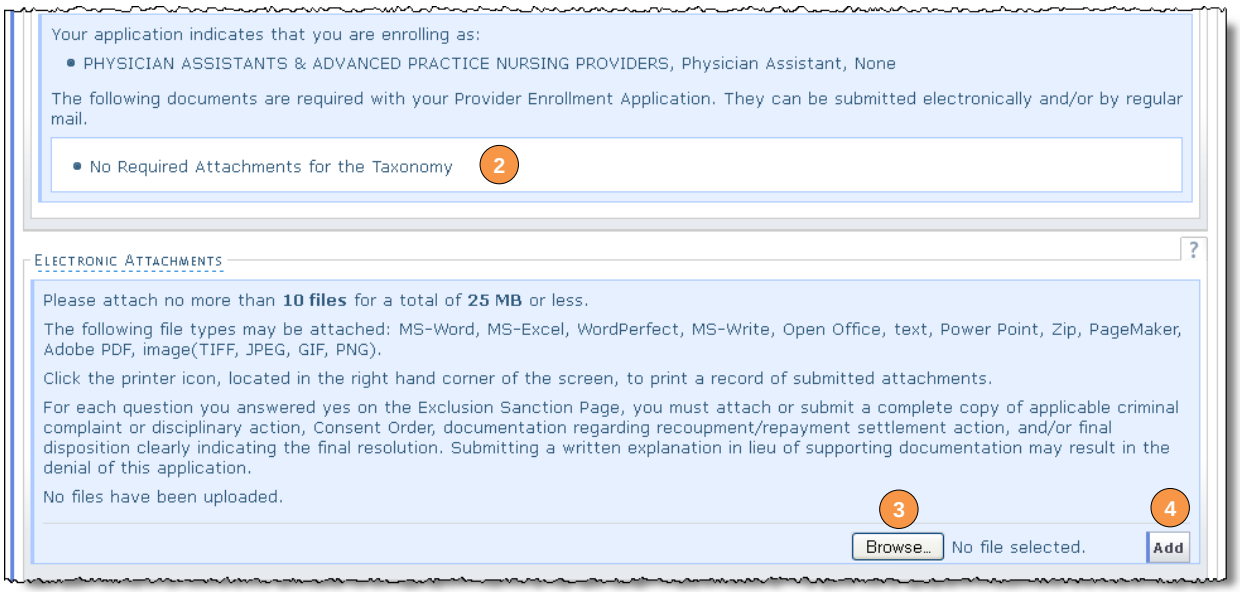


Figure 70: Sign and Submit Page - Attach Files

5. The attachment will display as follows. Repeat these steps to add all required attachments.

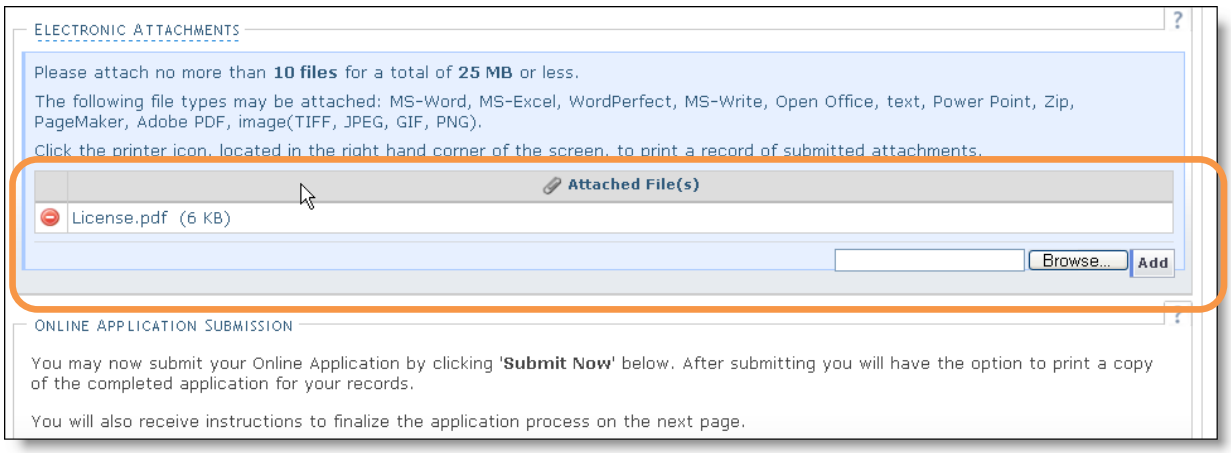


Figure 71: Sign and Submit Page - Files Attached

Signing and Submitting the Manage Change Request

1. Enter your NCID and password, as well as your PIN number. Click the “Submit Now” button to submit the application.

   Tip: If you forget your User ID, Password or PIN, click the “Forgot” link next to each field.

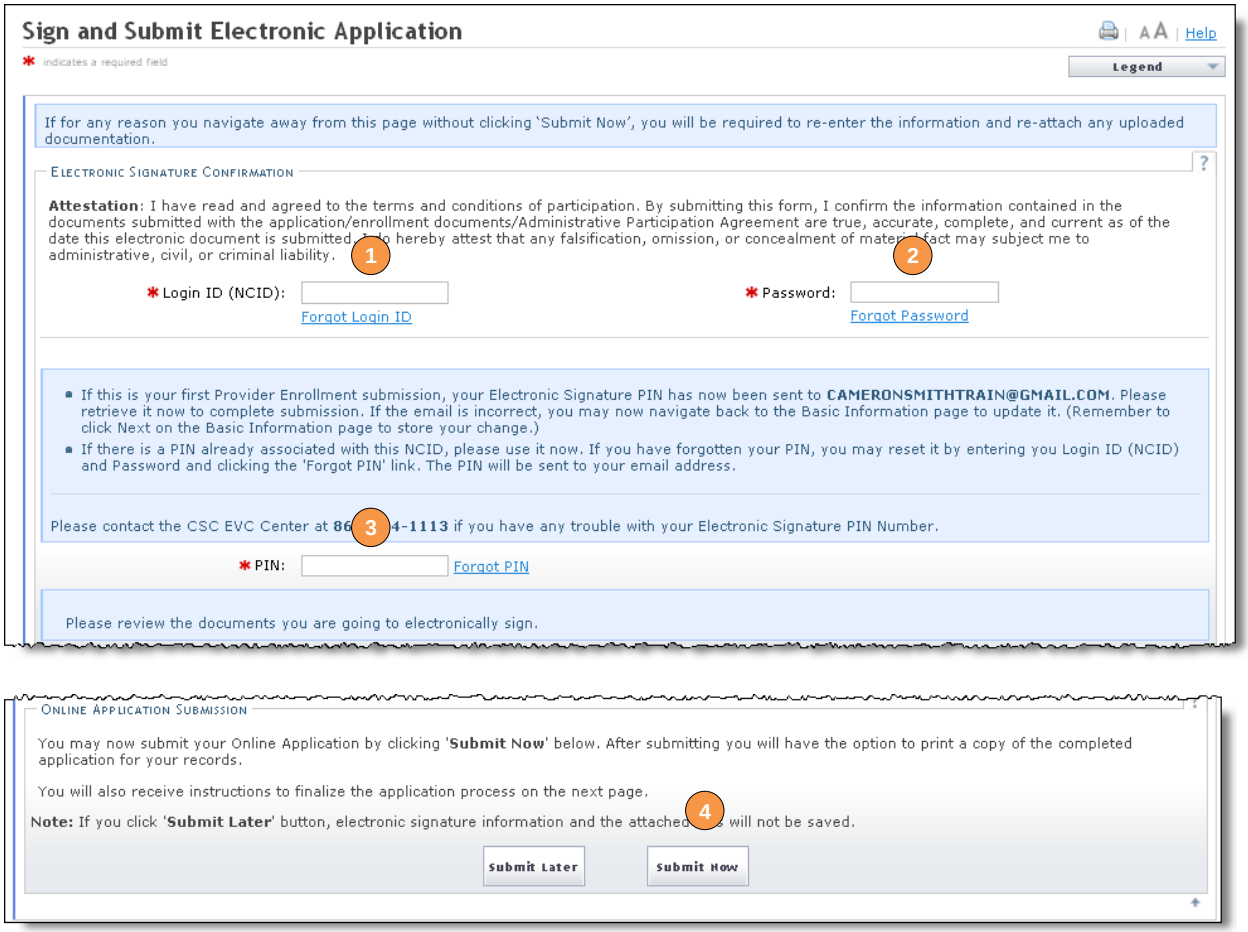


Figure 72: Sign and Submit Page - Submit Application

Paying the Enrollment Fee

1. The **Final Steps** page will display. Click the “Pay Now” link.

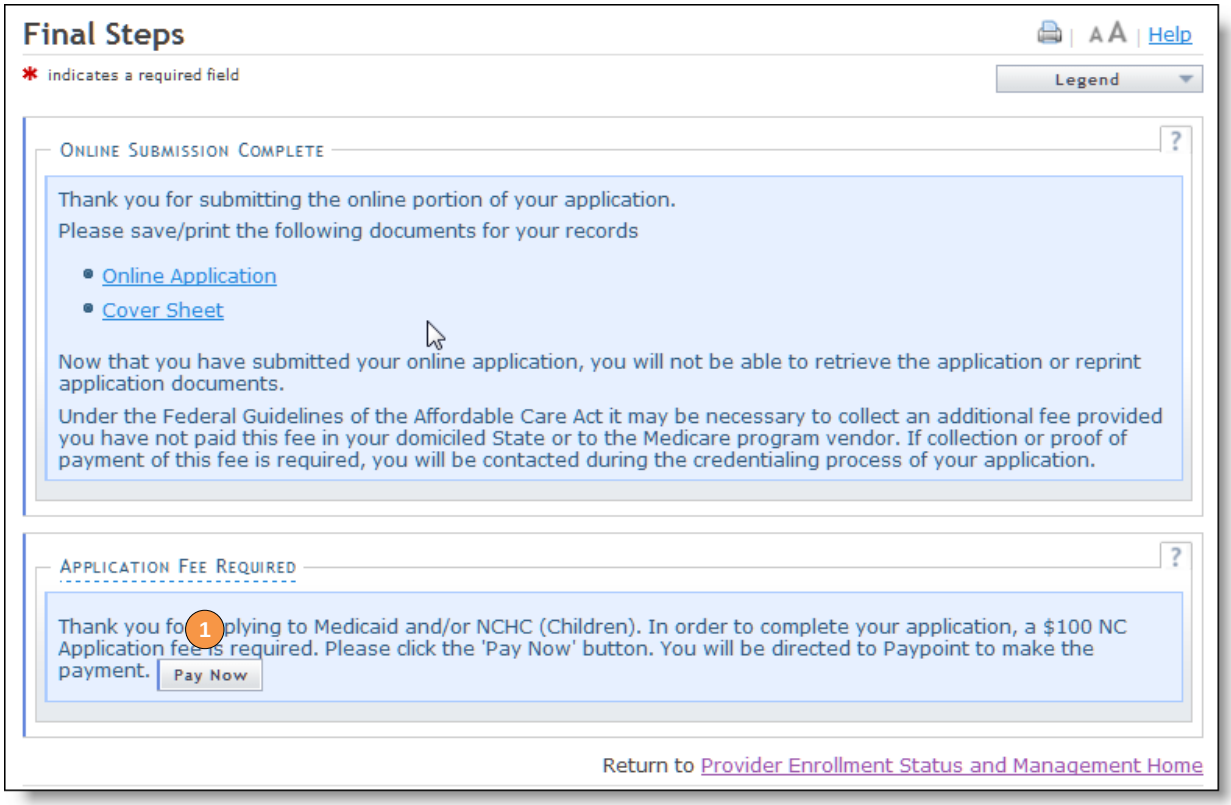
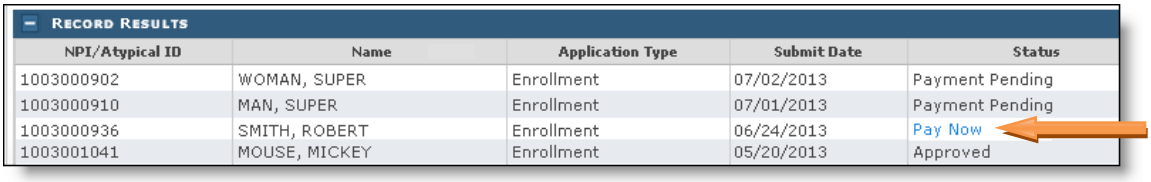


Figure 73: Final Steps Page

Your application will not be processed until the enrollment fee is paid. You have up to 30 days to pay the fee before the application is abandoned. If you do not click the “Pay Now” link and wish to pay the fee at a later date, navigate to the status and management page. At the top of the page, you may click on the “Pay Now” link in the Status column.



RECORD RESULTS

NPI/Atypical ID	Name	Application Type	Submit Date	Status
1003000902	WOMAN, SUPER	Enrollment	07/02/2013	Payment Pending
1003000910	MAN, SUPER	Enrollment	07/01/2013	Payment Pending
1003000936	SMITH, ROBERT	Enrollment	06/24/2013	Pay Now
1003001041	MOUSE, MICKEY	Enrollment	05/20/2013	Approved

Figure 74: Final Steps Page

2. The “Payment Method” page will display. Not all providers will be required to pay this fee. This page will display the fee amount if the fee is required. To pay the fee, click the radio button next to the “Pay by electronic check” or “Pay by credit card” options

3. Click the “Next” button to continue.

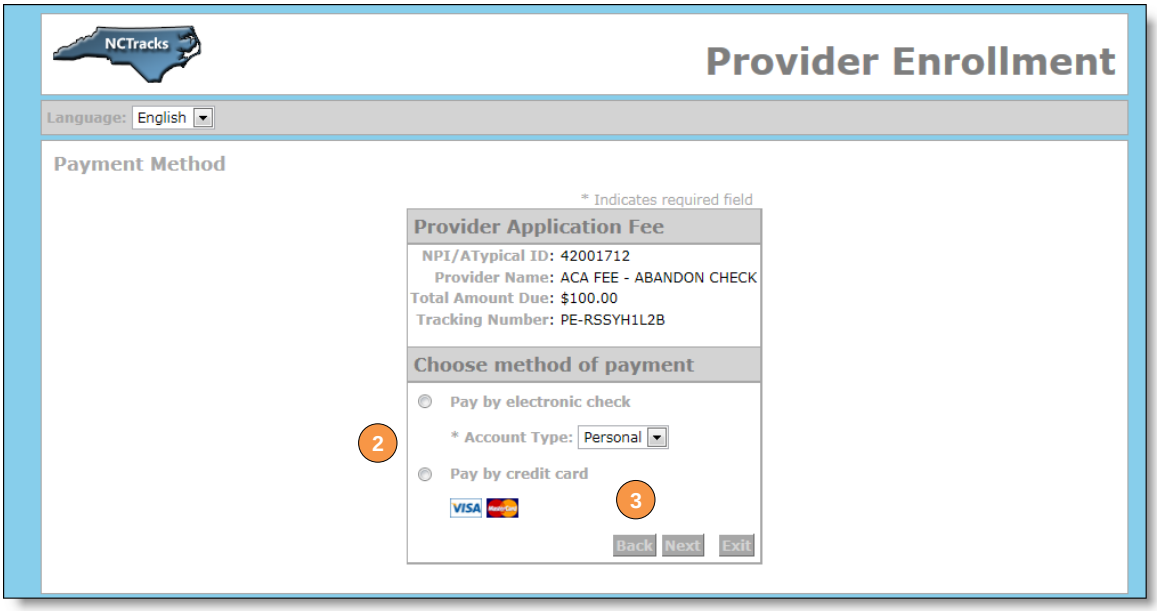


Figure 75: Pay Now Page

Paying Fee Using a Credit Card

4. If you selected the credit card option, the “Payment Information” page will display. Complete the “Billing Address” fields.
5. Complete the “Payment Method” fields.
6. Enter the security code.
7. Click the “Next” button to continue.

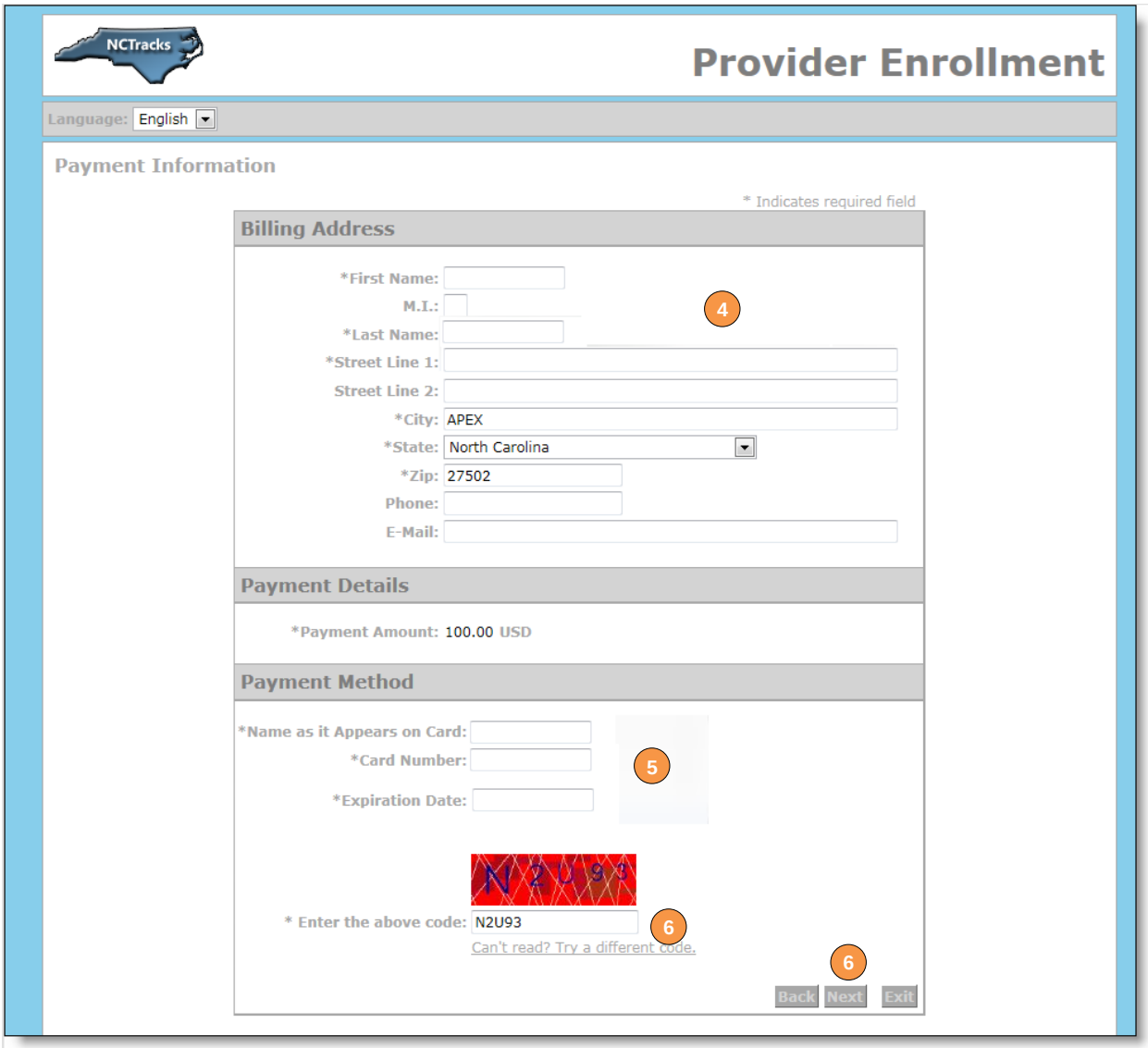


Figure 76: Pay Now - Credit Card Option

Paying Fee Using a Bank Account

4. If you selected the electronic check option, the “Payment Information” page will display. Complete the “Billing Address” information fields
5. Complete the “Payment Method” fields.
6. Click the “Next” button to continue.

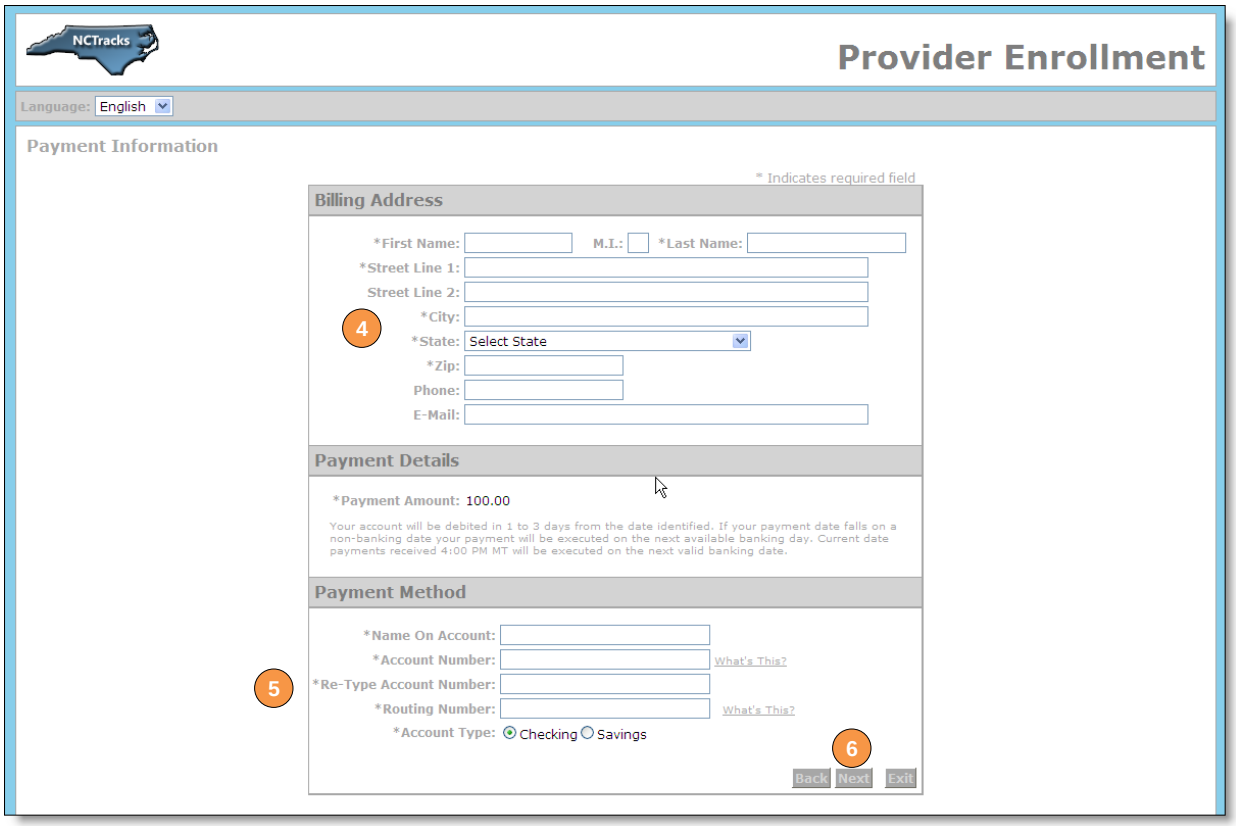


Figure 77: Pay Now - Bank Account Option

Reviewing the Payment

1. The “Payment Review” page will display. Review the payment details and click the “Pay Now” button to continue.

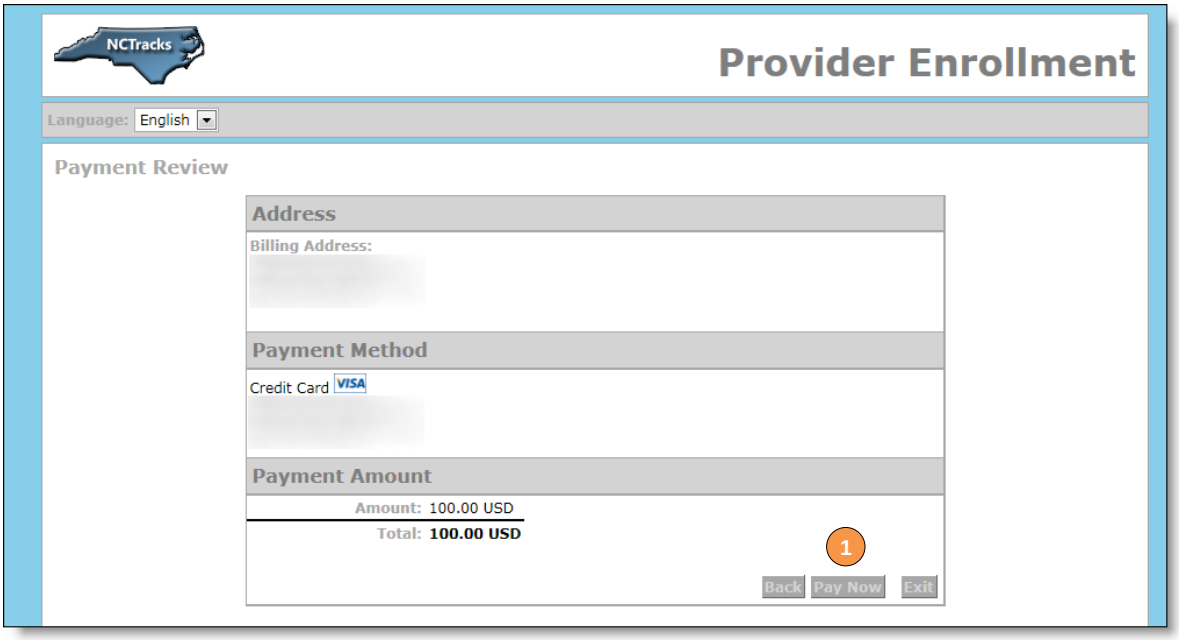


Figure 78: Preview Payment

2. The following “Payment Confirmation” page will display. The office administrator will also receive an email with a copy of the confirmation.

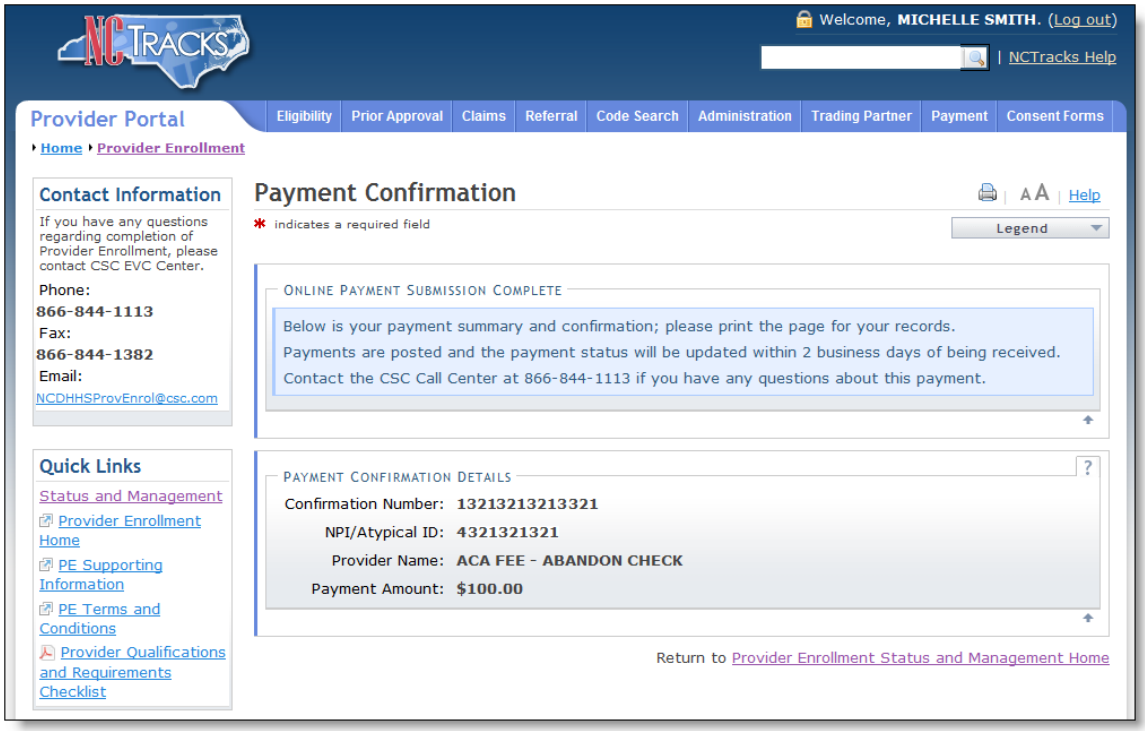


Figure 79: Payment Confirmation

Enrollment Application Types

Individual: An individual provider enrollment should be completed if the provider is a person who will be affiliated with an organization or may bill independently for services. When completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

Organization: An Organization is an entity, facility, or institution that may be an affiliation of individual providers. When completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

Group: A group is considered a business entity under which one or more individuals practice. A group does not require multiple professional providers. A single provider group is a valid group and would be identified by the business entity name, for instance - John Doe, PC. If you are a single provider operating as a group, DO NOT enroll as an individual. Instead, select "Organization" as the application type.

Atypical Organization: As defined by CMS, Atypical providers are providers that do 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 reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

Billing Agents and Clearinghouses: Third party entities or businesses that submit information directly to CSC as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

Common Errors When Updating the Address

	If the address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.

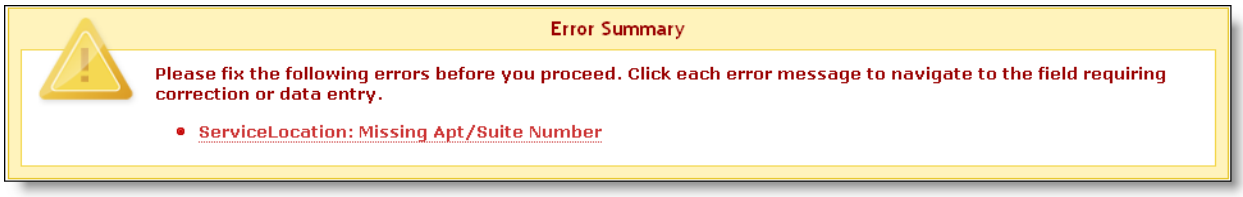


Figure 780: Error Message Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, “Suite” may be entered as “STE” or “Ste”.

You may also verify your address at the USPS website:

https://tools.usps.com/go/ZipLookupAction!input.action

IMPORTANT: The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

* Does not require secondary range of numbers to follow the abbreviation

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

List of Sanction Questions

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?

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?

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?

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?

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?

F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid?

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?

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?

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?

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?

K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?

List of CCNC/CA Preventative Health Service Requirements

In order to meet the requirements for enrolling in CCNC/CA, providers must provide the following preventive health services for the applicable age range. If you are unable or chooses not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 year age group. For additional information, reference the following website.

http://www.ncdhhs.gov/dma/ca/ccncproviderinfo.htm

CCNC/CA Preventative Health Requirements	Required for providers who serve the following age ranges							
	0 to 6	0 to 11	0 to 21	0 to 121	11 to 18	11 to 121	18 to 121	21 to 121
Adult Preventative and Ancillary Health Assessment				Y		Y	Y	Y
Health Check Screening Assessment	Y	Y	Y	Y	Y	Y	Y	
Blood Level Screening	Y	Y	Y	Y				
Cervical Cancer Screening (applicable to Females only)				Y		Y	Y	Y
Hearing	Y	Y	Y	Y	Y	Y	Y	
Hemoglobin or Hematocrit	Y	Y	Y	Y	Y	Y	Y	Y
Standardized Written Developmental	Y	Y	Y	Y				
Tuberculin Testing (PPD Intradermal Injection/Mantoux Method)	Y	Y	Y	Y	Y	Y	Y	Y
Urinalysis	Y	Y	Y	Y	Y	Y	Y	Y
Vision Assessment	Y	Y	Y	Y	Y	Y	Y	
Diphtheria, Tetanus Pertussis Vaccine (DTaP)	Y	Y	Y	Y				
Haemophilus Influenzae Type B Caccine Hib	Y	Y	Y	Y				
Hepatitis B Vaccine	Y	Y	Y	Y				
Inactivated Polio Vaccine (IPV)	Y	Y	Y	Y				
Influenza Vaccine	Y	Y	Y	Y	Y	Y	Y	Y
Measles, Mumps, Rubella Vaccine (MMR)	Y	Y	Y	Y				
Pneumococcal Vaccine	Y	Y	Y	Y				
Tetanus		Y	Y	Y	Y	Y	Y	Y
Vaicella Vaccine	Y	Y	Y	Y				