

## How to Submit a Manage Change Request adding a Service Location and Affiliate an Individual Provider Record to a Group/Organization in NCTracks

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### Overview

The process of adding a Service Location and Affiliation allows a group or organization to bill and receive payments on behalf of an individual Rendering/Attending provider in the NCTracks system. The affiliation and service location is managed by the Individual providers by using the Manage Change Request process. This guide provides step-by-step instructions for adding a Service Location and affiliating an individual provider record to an organization/group provider record in NCTracks.



Certain types of changes will route the application to CSRA for review and approval. For example, adding taxonomy will require credentialing. Adding a new managing employee requires that a background investigation be completed.

## Logging into the Provider Portal

1. Navigate to [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
2. The following page will display. Click the Providers tab at the top of the page.

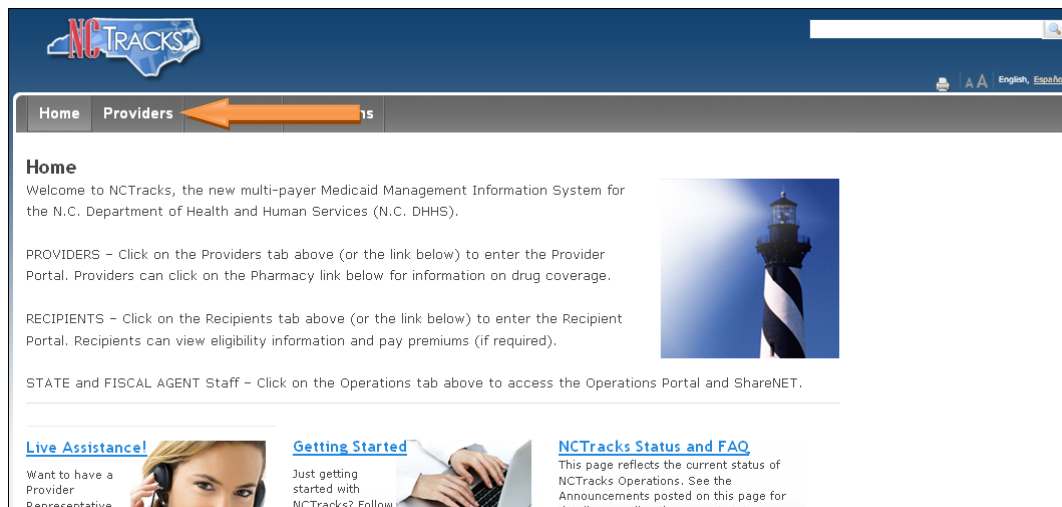


Figure 1: NCTracks Home

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

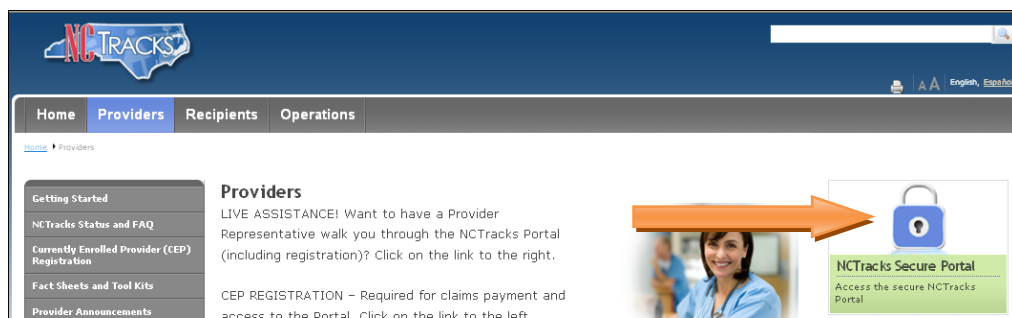
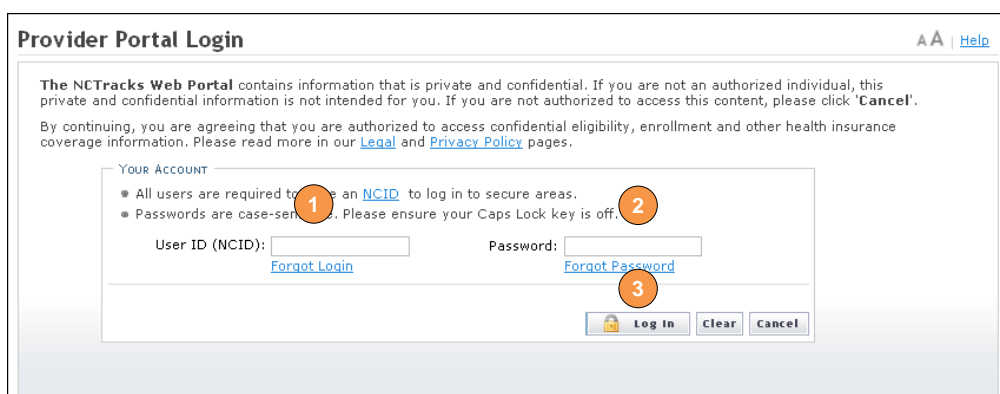


Figure 2: Providers Page

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



**Provider Portal Login**

The NCTracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

By continuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.

**YOUR ACCOUNT**

- All users are required to use an **NCID** to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

User ID (NCID):  Password:

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

Figure 3: Provider Portal Login

## Accessing the Manage Change Request Application

5. The following Providers page will display. Click the **Status and Management** button.

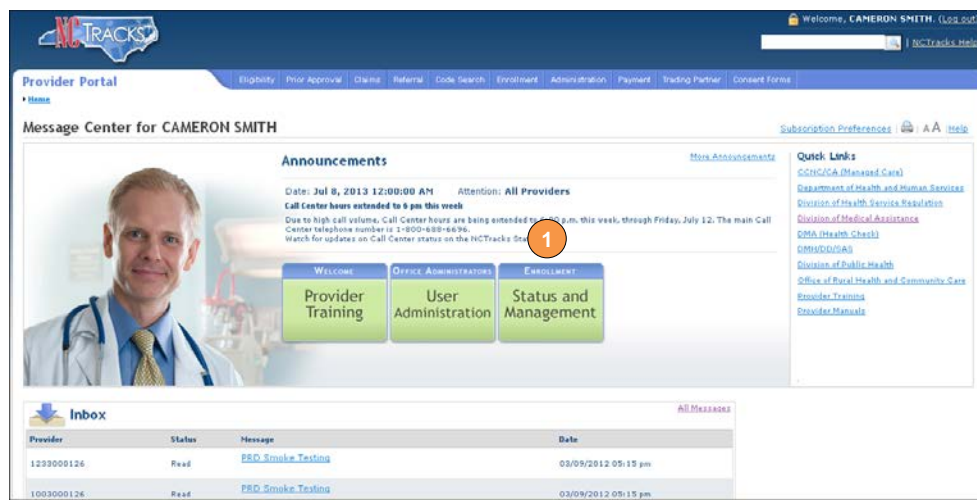


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 7 sections.

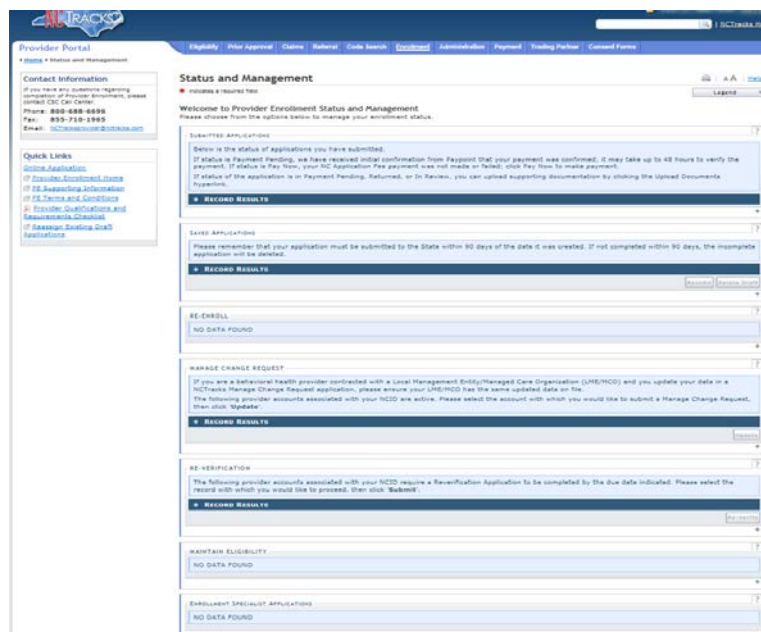


Figure 5: Status and Management Page

## Status and Management Sections

**Submitted Applications:** Displays a list of applications that have been previously submitted.

**Saved Applications:** Displays a list of applications that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted. It will also be deleted if the Fiscal Agent Operations (CSRA) makes a change to the

provider record. If this occurs, you will receive a notification message when attempting to resume the application.

**Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.


**Manage Change Request:** This section will list provider accounts associated with the user's NCID that are active.

**Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.

**Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

**Enrollment Specialist Applications:** The Assigned Applications section lists applications (Enrollment, Re-enrollment, Manage Change Request, Re-verification, and Maintain Eligibility) in which the Office Administrator (OA) assigned to an Enrollment Specialist to complete.

1. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed.
2. Next, click the **Update** button.



If the Manage Change Request section reads **NO DATA FOUND**, it is possible that a Manage Change Request has already been created, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

MANAGE CHANGE REQUEST					
The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.					
RECORD RESULTS					
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input checked="" type="radio"/>	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
<input type="radio"/>	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Ac
					<input type="button" value="Update"/>

Figure 6: Select Manage Change Request

- Under requested **Manage Change Request** type you will select **Complete multiple changes or review your complete provider record**.

Figure 7: Requested Manage change Request Type

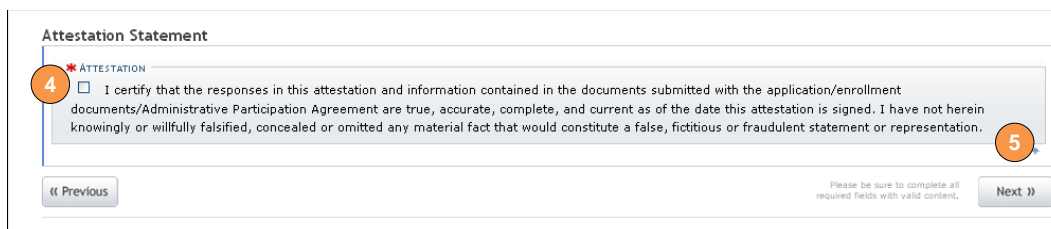
**Note:** There is an option to Add/update affiliations. If the user chooses to submit the abbreviated application to “Add/Update Affiliations”, this application will only affiliate the individual Provider NPI permitting the Organization to bill and receive payment for services rendered by the Individual Provider. Completing this application will not automatically add the service location of the Organization.

- The **Individual Basic Information** screen will display. Click the “Next” button to continue.

Do NOT click the menu options on the left-hand side of the screen to advance to the next section. It is required that each box has a check mark before the Manage Change Request can be submitted. Instead, navigate to the appropriate section; click the Next button on the bottom right corner of the screen to advance to the next section.

Figure 8: Basic Information Page

5. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box.



Attestation Statement

4 ☒ 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.

5

« Previous

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

Next »

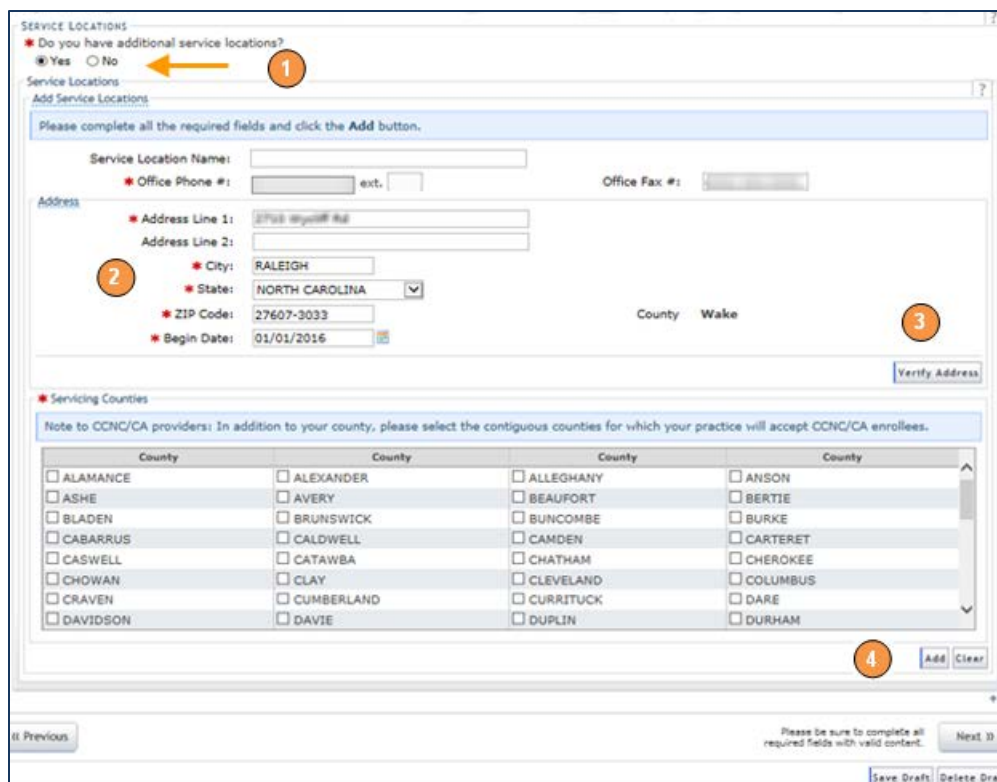
Figure 8: Attestation Statement

## Adding Service Locations

6. To add an additional Service Location
  - 6.1. Select Yes
  - 6.2. Enter the address
  - 6.3. Verify the Address
  - 6.4. Select Add to add the location



To ensure the accuracy of the address, the **Manage Change Request** 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.



SERVICE LOCATIONS

Do you have additional service locations?

☒ Yes ☐ No

Service Locations

Add Service Locations

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

Service Location Name:

Office Phone #:  ext.  Office Fax #:

Address

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

County:

Begin Date:

Verify Address

Servicing Counties

Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

County	County	County	County
<input type="checkbox"/> ALAMANCE	<input type="checkbox"/> ALEXANDER	<input type="checkbox"/> ALLEGHANY	<input type="checkbox"/> ANSON
<input type="checkbox"/> ASHE	<input type="checkbox"/> AVERY	<input type="checkbox"/> BEAUFORT	<input type="checkbox"/> BERTIE
<input type="checkbox"/> BLADEN	<input type="checkbox"/> BRUNSWICK	<input type="checkbox"/> BUNCOMBE	<input type="checkbox"/> BURKE
<input type="checkbox"/> CABARRUS	<input type="checkbox"/> CALDWELL	<input type="checkbox"/> CAMDEN	<input type="checkbox"/> CARTERET
<input type="checkbox"/> CASWELL	<input type="checkbox"/> CATAWBA	<input type="checkbox"/> CHATHAM	<input type="checkbox"/> CHEROKEE
<input type="checkbox"/> CHOWAN	<input type="checkbox"/> CLAY	<input type="checkbox"/> CLEVELAND	<input type="checkbox"/> COLUMBUS
<input type="checkbox"/> CRAVEN	<input type="checkbox"/> CUMBERLAND	<input type="checkbox"/> CURRITUCK	<input type="checkbox"/> DARE
<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DAVIE	<input type="checkbox"/> DUPLIN	<input type="checkbox"/> DURHAM

Add Clear


« Previous

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

Next »

Save Draft Delete Draft

Figure 9: Adding Additional Service Locations



Since the user has added a Second service location the provider will see the following box at the top of each page until the Method of Claims Submission page is reached. Each location should be shown as "Completed" before proceeding to the next page.



- SERVICE LOCATIONS		
Select	Location	Form Status
	999 Front St, HIGH POINT, NC, (Primary Location)	Complete
	2710 Wycliff Rd, RALEIGH, NC, 27607-3033	Incomplete
To complete information for each service location, select the appropriate location then click the "Edit Location" button.		
		<a href="#">Edit Location</a>

Figure 10: Service location

### Adding a New Taxonomy Code:

8. To add a new Taxonomy, under the **Add Taxonomy Classification** section reference the following steps:
  - 8.1. Select the Provider Type
  - 8.2. Select the Classification (if available)
  - 8.3. Select the Area of Specialization (if available)
  - 8.4. Enter or select the **Begin Date**
  - 8.5. Click the **Add** button
  - 8.6. Click the next to the accreditation page



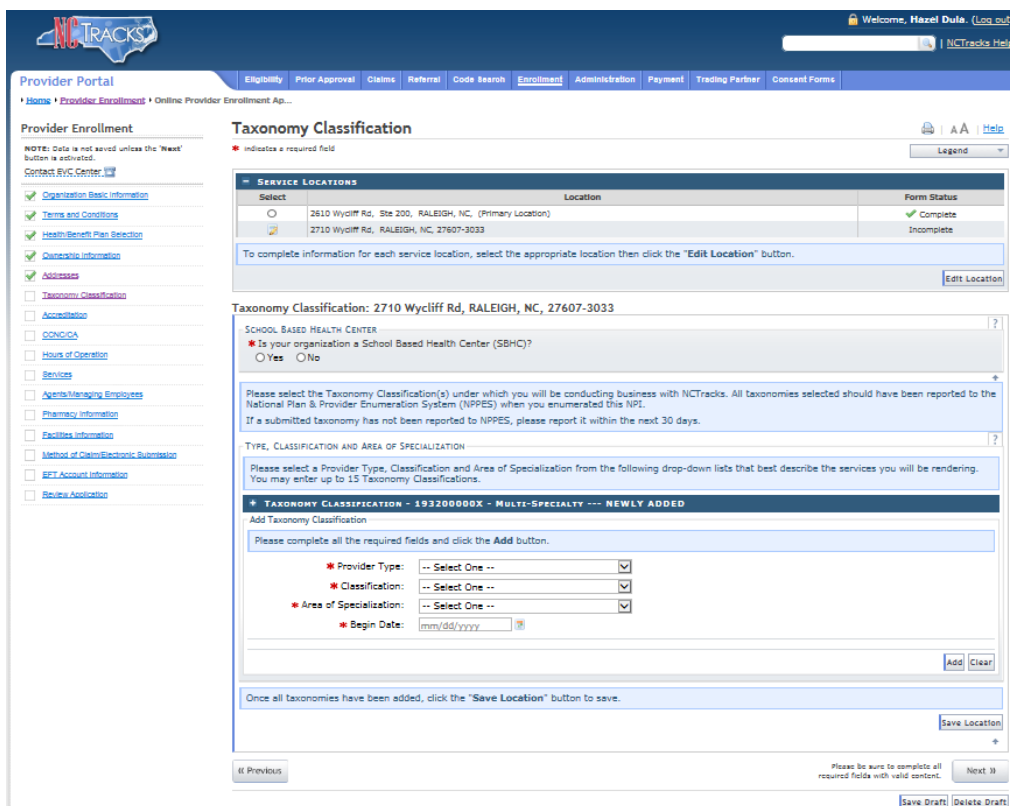


Figure 11: Taxonomy Classification

## Adding Accreditation Information:

### 9. Accreditation Page:

- 9.1 Enter the License agency
- 9.2 Enter the License type
- 9.3 Enter the State of the license
- 9.4 Enter the License number
- 9.5 Enter the Effective date
- 9.6 Select Add
- 9.7 Save Location



Once the **Accreditation Page** is displayed, the service location box (shown in Figure 10) will be present and will default to update the new location. However, if a selection is made to update the existing service location, there will be an option to **“Copy this license to all service locations”**. Click the **Next** button. Continue to click the **Next** button until you reach the “Affiliated Provider Information” screen.



[Licenses](#)

If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.

Taxonomy **111N00000X - Chiropractor** requires the following License Type:

- Licensed Chiropractor By State Board of Chiropractic Examiners

**- LICENSE - LICENSED CHIROPRACTOR BY STATE BOARD OF CHIROPRACTIC EXAMINERS**

License Agency: **State Board of Chiropractic Examiners**

License Type: **Licensed Chiropractor**

\* State:

\* License #:

\* Effective Date:

\* Expiration Date:

Copy this license to all service locations: ☐

**Add** **Clear**

**+ LICENSE - STATE LICENSING ENTITY**

[Add License](#)

Select a license type from the drop down list and provide the license number.

License Agency:

License Type:

State:

License #:

Effective Date:

Expiration Date:

**Add** **Clear**

**Save Location**

[\(\( Previous](#)

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

[Next \)\)](#)

Figure 12: Accreditation Page

1. The **Affiliated Provider Information** screen will display. To display the search option, click the **Yes** radio option illustrated below.

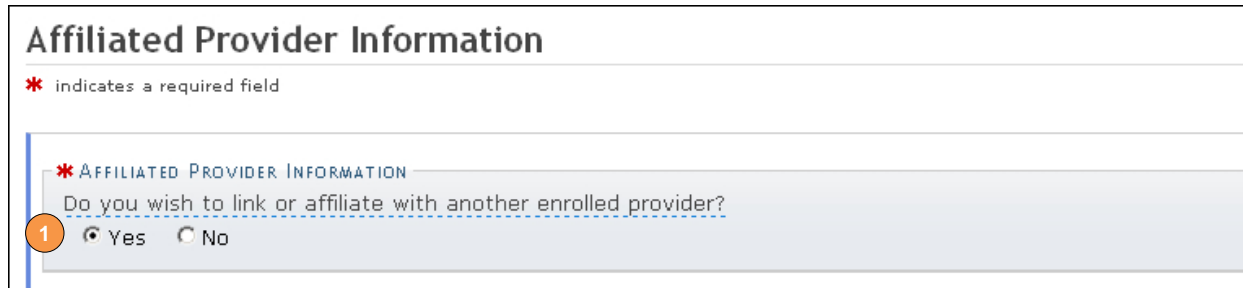


Figure 13: Affiliate Provider Option

2. Once you reach the **Affiliated Provider Information** page, enter the Group/Organization NPI in the search field.
3. Click the **Lookup NPI** button.

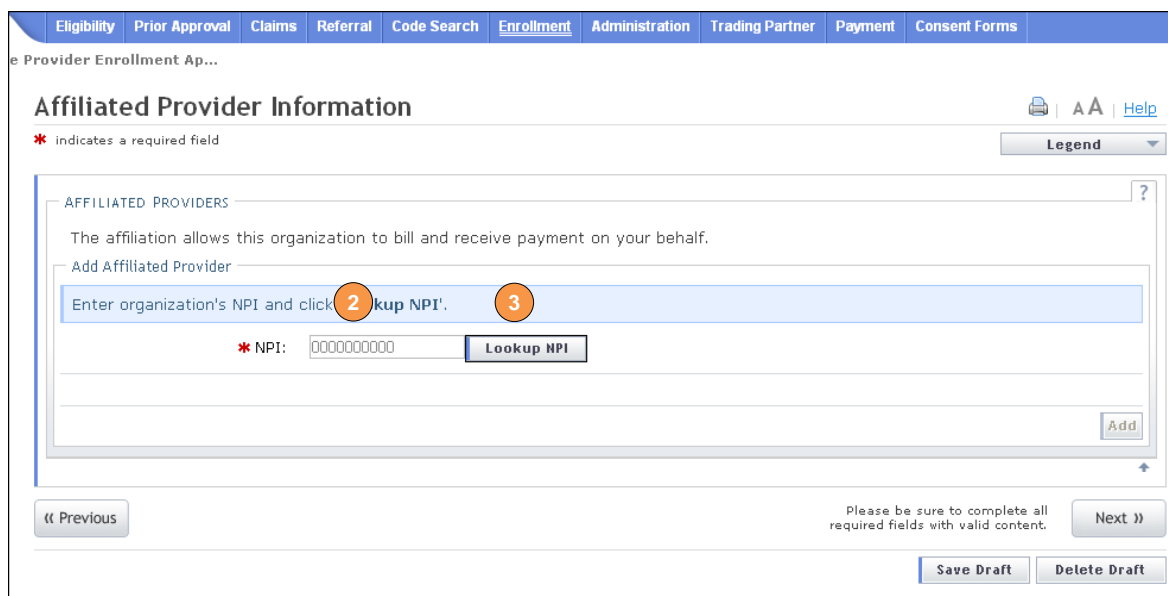



Figure 14: Affiliated Provider Information Page

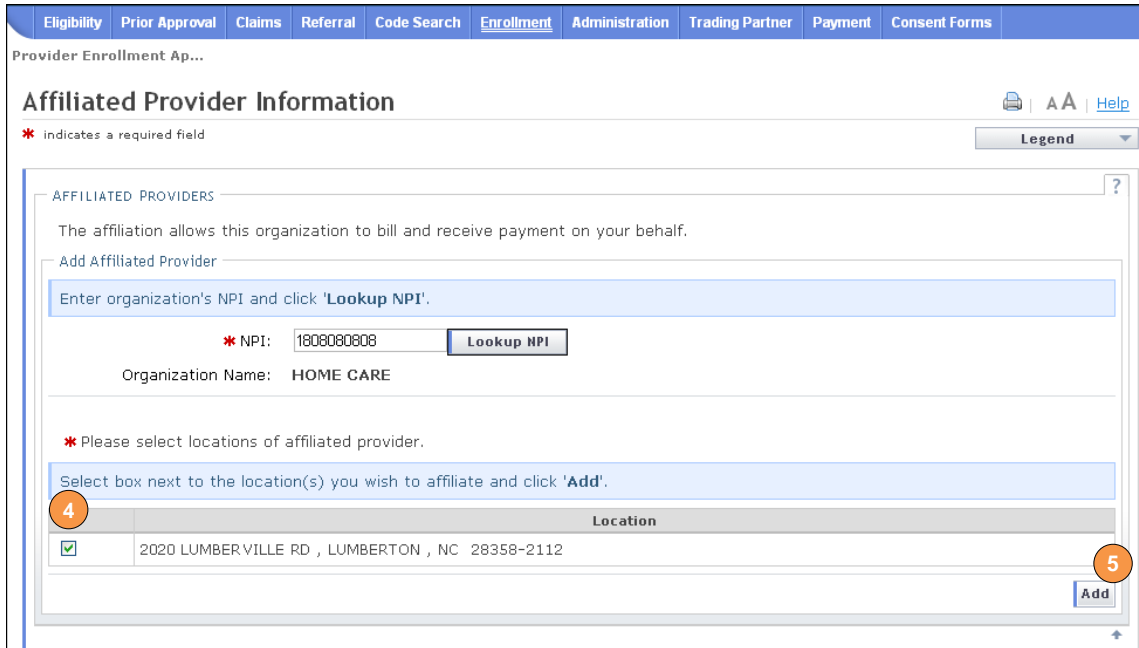
## Adding the Group/Organization NPI

- The search results will display. Click the checkbox next to the appropriate provider location(s).



The provider organization to which you are affiliating must be first be enrolled in Medicaid. If you are not able to locate the provider record using the search criteria, check with the provider organization to ensure their enrollment has been fully completed and approved.

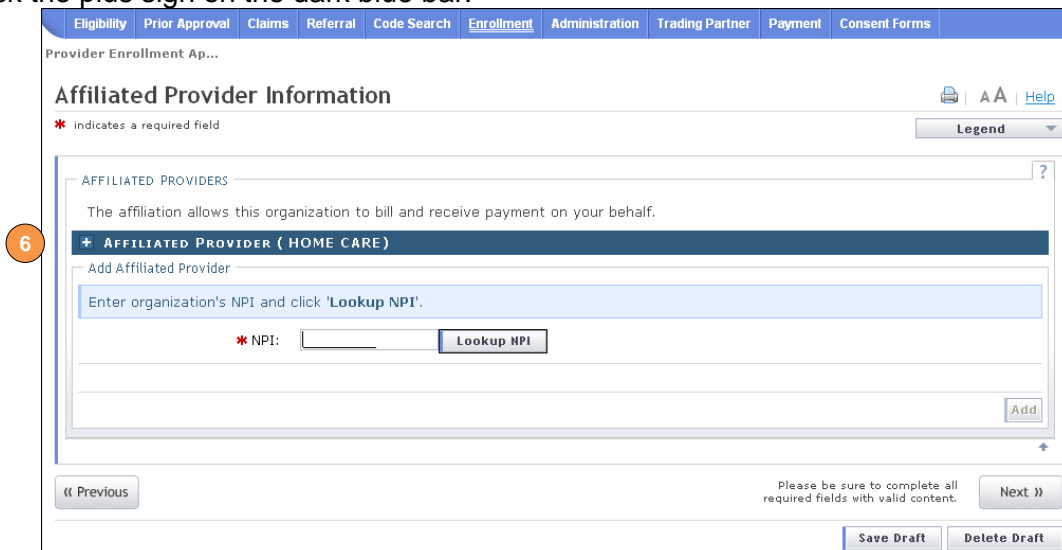
- Click the **Add** button in the bottom right corner of the window.



The screenshot shows the 'Affiliated Provider Information' form. The 'AFFILIATED PROVIDERS' section displays a table with one row: a checked checkbox, the address '2020 LUMBER VILLE RD, LUMBERTON, NC 28358-2112', and an 'Add' button. A blue bar at the bottom of the form contains the text 'AFFILIATED PROVIDER (HOME CARE)'.

Figure 15: Search Results


- 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.



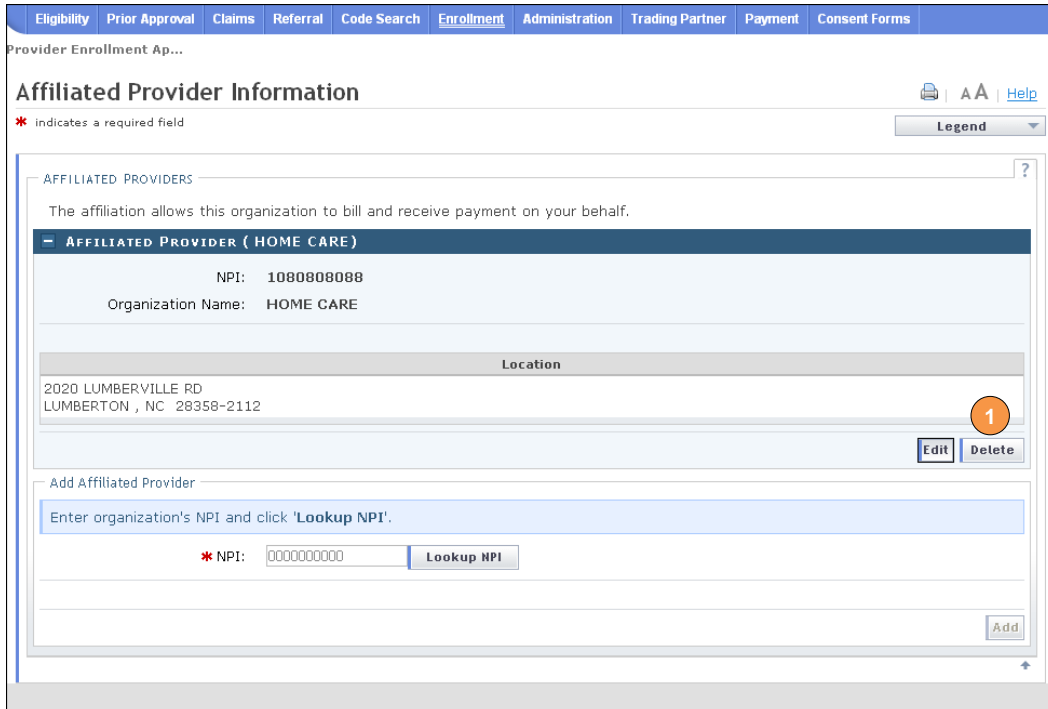
The screenshot shows the 'Affiliated Provider Information' form after the provider has been added. The dark blue bar now contains the text 'AFFILIATED PROVIDER (HOME CARE)' with a plus sign on the left. The 'Add' button is no longer visible.

Figure 16: Affiliation Completed

- The affiliated provider details will display. To delete the provider, click the **Delete** button.



The **Delete** button is **ONLY** available until you submit the Manage Change Request application. Once a provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated.



The screenshot displays the 'Affiliated Provider Information' page in the NCTracks system. The page has a navigation bar at the top with tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. The 'Enrollment' tab is active. Below the navigation bar, the page title is 'Provider Enrollment Ap...'. The main section is titled 'Affiliated Provider Information'. A legend indicates that a red asterisk (\*) denotes a required field. The page shows details for an affiliated provider named 'HOME CARE' with NPI 1080808088. The address is 2020 LUMBERVILLE RD, LUMBERTON, NC 28358-2112. A red circle with the number '1' highlights the 'Delete' button next to the 'Edit' button. Below the details is a section to 'Add Affiliated Provider' with a text input field and a 'Lookup NPI' button.

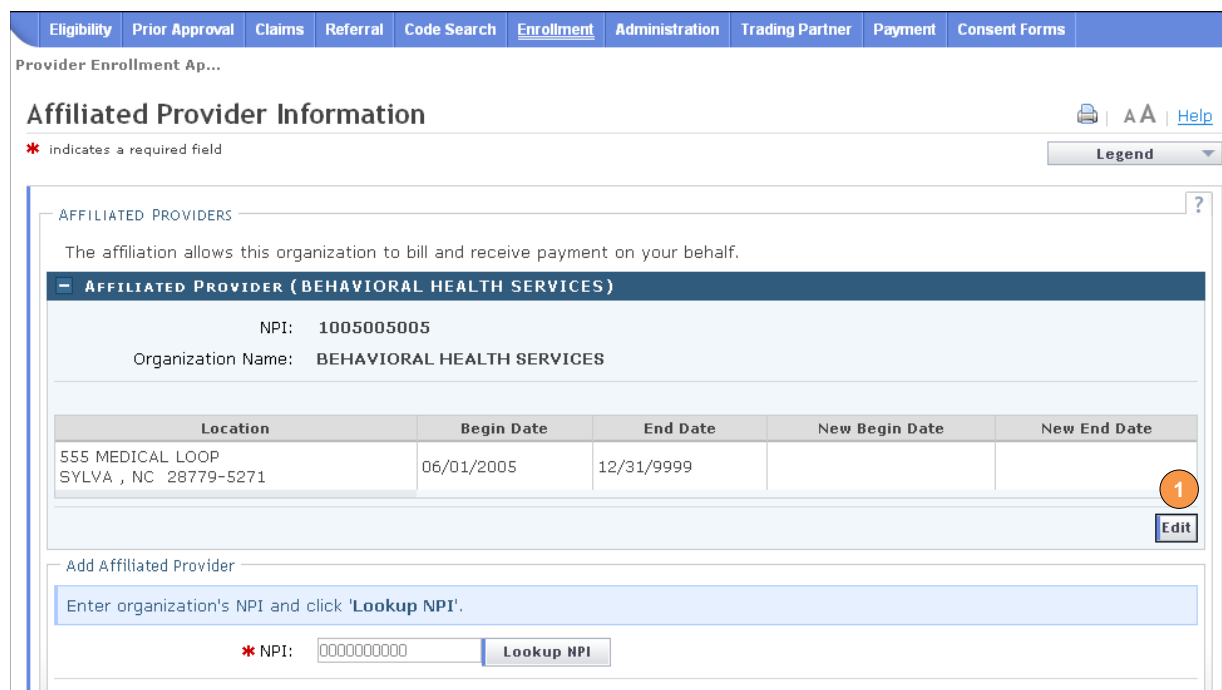
Figure 16: Deleting an Affiliated Provider

## End-Dating the Group/Organization Affiliation



Once a provider affiliation has been processed, the affiliated provider cannot be completely removed or deleted from the individual provider record. It can only be end-dated.

- To edit the provider, click the “Edit” button in the bottom right corner.



Provider Enrollment Ap...

**Affiliated Provider Information**

\* indicates a required field

Legend

**AFFILIATED PROVIDERS**

The affiliation allows this organization to bill and receive payment on your behalf.

**AFFILIATED PROVIDER (BEHAVIORAL HEALTH SERVICES)**

NPI: 1005005005

Organization Name: BEHAVIORAL HEALTH SERVICES

Location	Begin Date	End Date	New Begin Date	New End Date
555 MEDICAL LOOP SYLVA , NC 28779-5271	06/01/2005	12/31/9999		

**Edit**

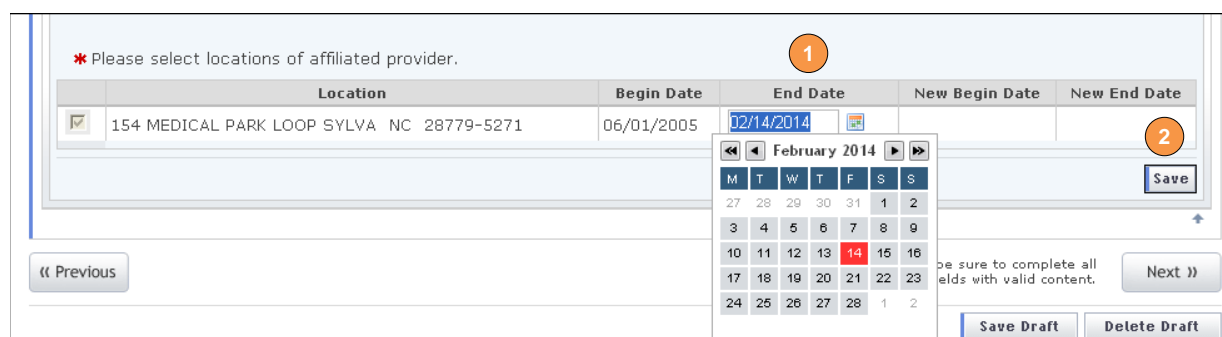
Add Affiliated Provider

Enter organization's NPI and click 'Lookup NPI'.

\* NPI: 0000000000 **Lookup NPI**

Figure 17: Select Edit

- Select the “End Date” and click the “Save” button.



\* Please select locations of affiliated provider.

Location	Begin Date	End Date	New Begin Date	New End Date
154 MEDICAL PARK LOOP SYLVA NC 28779-5271	06/01/2005	02/14/2014		

**Save**

« Previous

Next »

Save Draft Delete Draft

be sure to complete all fields with valid content.

Figure 18: Select End Date

## 10. Click the “Next” button to continue.

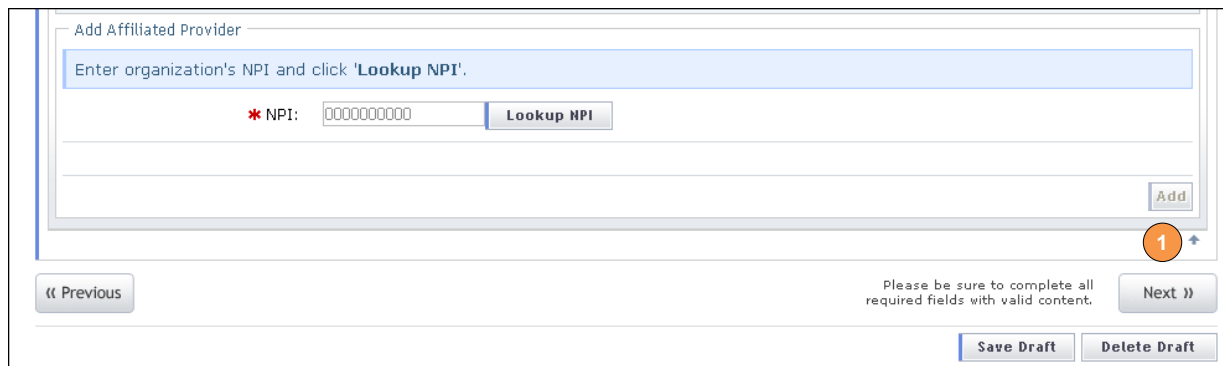


Figure 19: Click “Next”

## Reviewing the Manage Change Request

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.

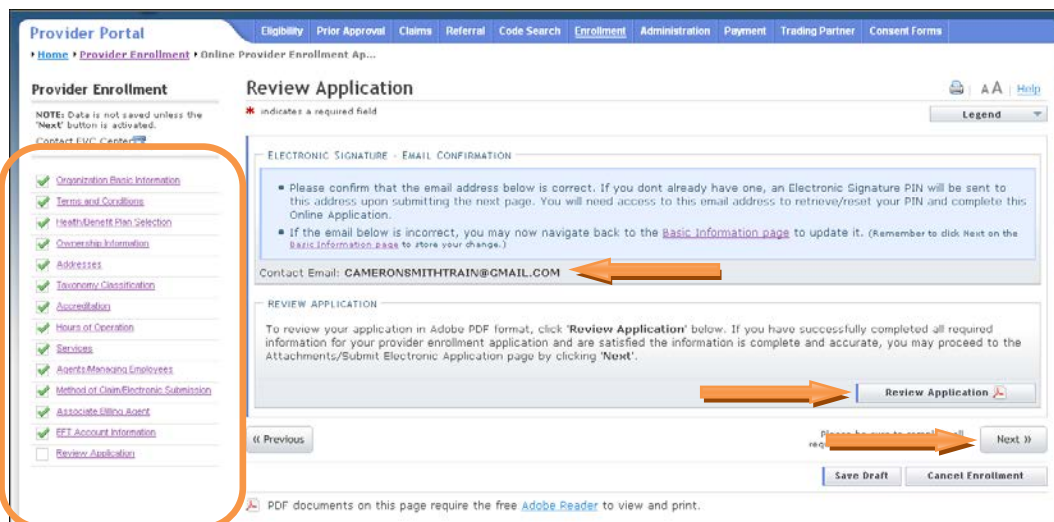




Figure 20: Review Application

## Manage Change Request - Navigation Error



All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click **Next** through each section.



**Error Summary**


Please fix the following errors before you proceed.

- Please complete all pages in this application before proceeding.

Complete all Pages in the Application

### Provider Enrollment

**NOTE:** Data is not saved unless the "Next" button is activated.

Contact EVC Center 

- ☐ [Organization Basic Information](#)
- ☐ [Terms and Conditions](#)
- ☐ [Health/Benefit Plan Selection](#)
- ☐ [Ownership Information](#)
- ☐ [Addresses](#)
- ☒ [Taxonomy Classification](#)
- ☒ [Accreditation](#)

### Review Application

**\*** indicates a required field

---

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct submitting the next page. You will need access to this email address.
- If the email below is incorrect, you may now navigate to the "Contact Email" section to change.)

Contact Email:

---

REVIEW APPLICATION

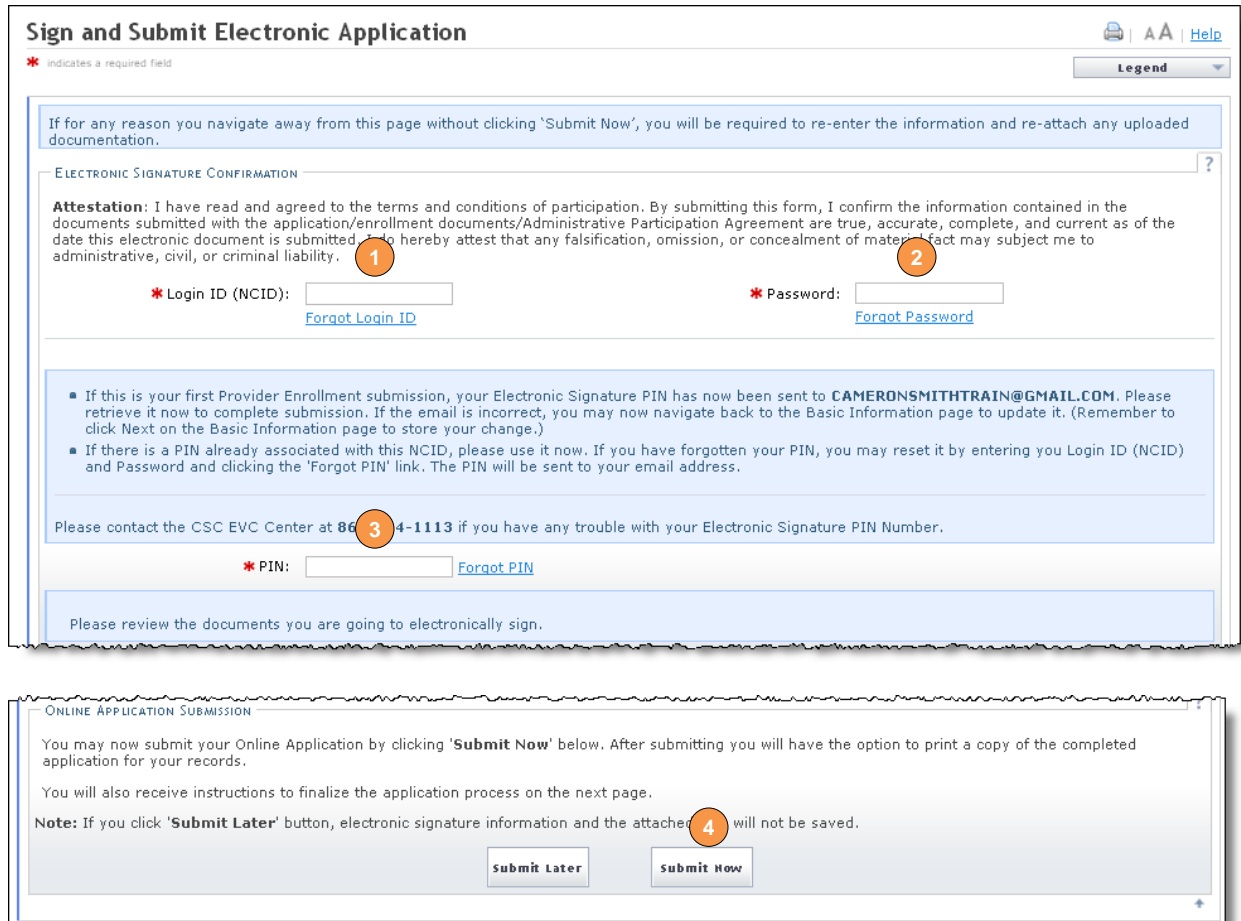
To review your application in Adobe PDF format, click 'Re

Figure 21: Review Application - Incomplete Pages



## Signing and Submitting the Manage Change Request

1. The **Sign and Submit Electronic Application** page will display.
2. Enter your NCID and password, as well as the **PIN**. Click the **Submit Now** button.



**Sign and Submit Electronic Application**

\* Indicates a required field

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

**ELECTRONIC SIGNATURE CONFIRMATION**

**Attestation:** I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

1 \* Login ID (NCID):  [Forgot Login ID](#)

2 \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **CAMERONSMITHTRAIN@GMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering your Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-4-1113 if you have any trouble with your Electronic Signature PIN Number.

3 \* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

**ONLINE APPLICATION SUBMISSION**

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

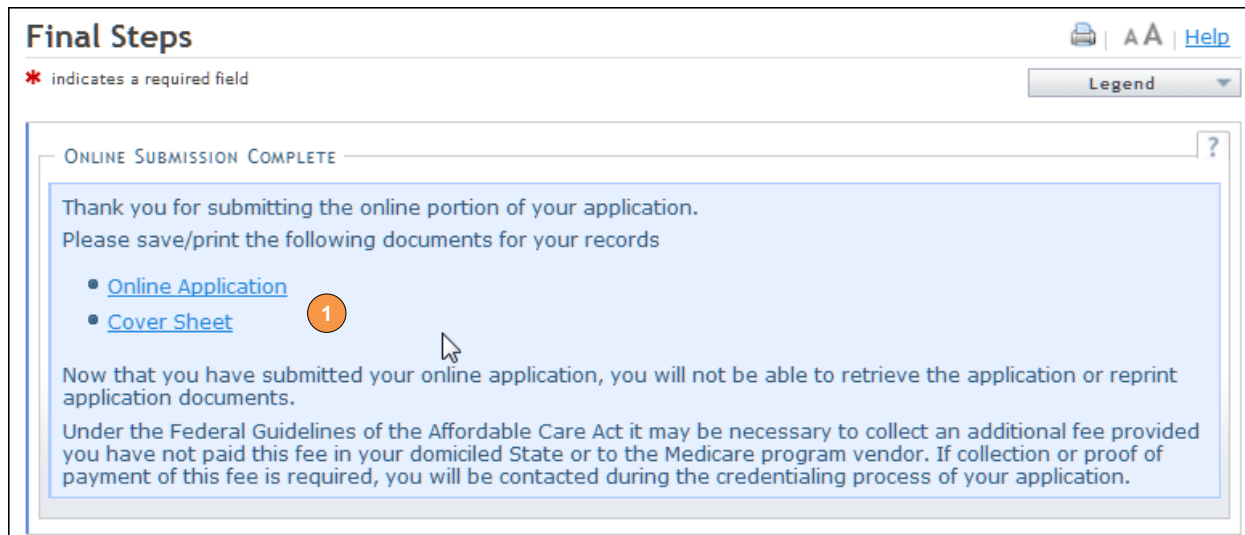
You will also receive instructions to finalize the application process on the next page.

**Note:** If you click 'Submit Later' button, electronic signature information and the attached 4 will not be saved.

Figure 22: Sign and Submit

## Printing the Application

1. The **Final Steps** page will display. You may click on the links below to print or save a copy of the application or cover sheet in PDF format.



**Final Steps**

\* indicates a required field

Legend

ONLINE SUBMISSION COMPLETE

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

- [Online Application](#)
- [Cover Sheet](#)

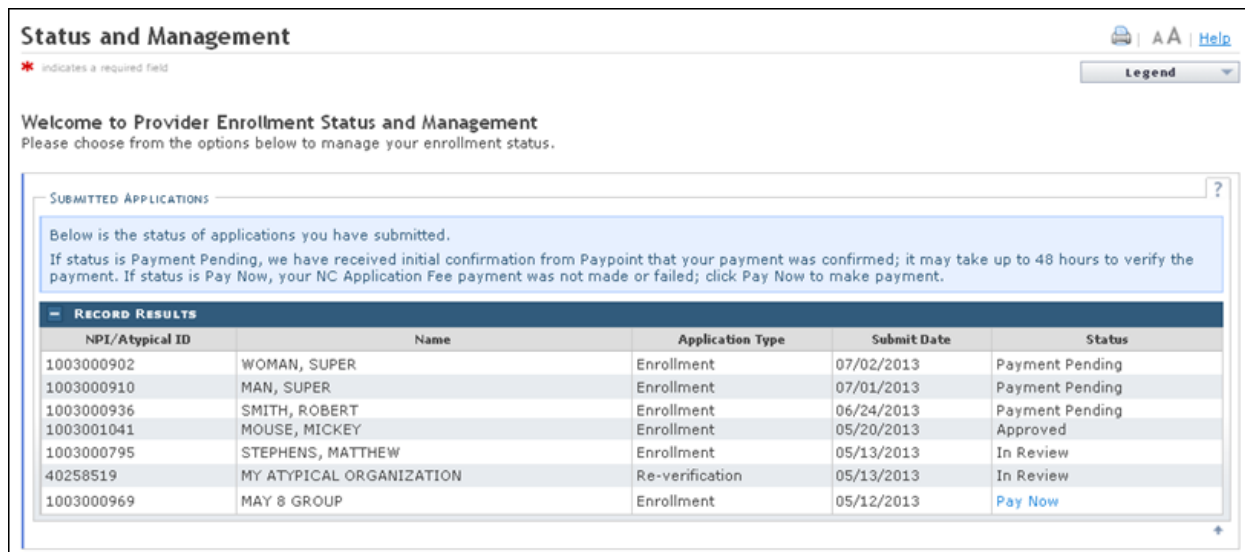
Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

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

Figure 23: Final Steps Page

## Application Status

To verify the status of the Manage Change Request, navigate to the Status and Management page in NCTracks. If the affiliation was the only change made to the individual provider record, the status should read **Approved**. This indicates that the affiliation has been completed. If adding service locations and/or other changes were made to the individual provider's record, the status may read **In Review**. This indicates that the other changes require CSRA to review or credential the Manage Change Request. You may check periodically to review the status.



**Status and Management**

\* indicates a required field

Legend

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

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.  
If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

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	Payment Pending
1003001041	MOUSE, MICKEY	Enrollment	05/20/2013	Approved
1003000795	STEPHENS, MATTHEW	Enrollment	05/13/2013	In Review
40258519	MY ATYPICAL ORGANIZATION	Re-verification	05/13/2013	In Review
1003000969	MAY 8 GROUP	Enrollment	05/12/2013	<a href="#">Pay Now</a>