

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.

	<p>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.</p>
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Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov
2. The following page will display. Click the Providers tab at the top of the page.

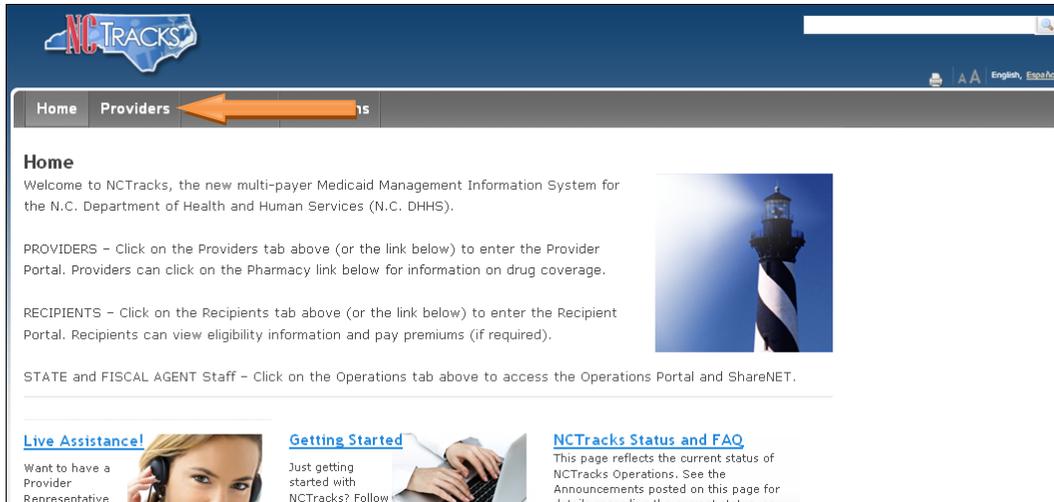


Figure 1: NCTracks Home

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

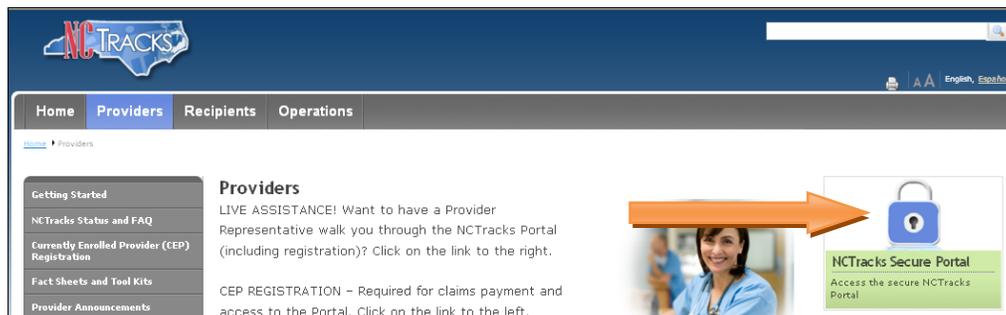


Figure 2: Providers Page

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

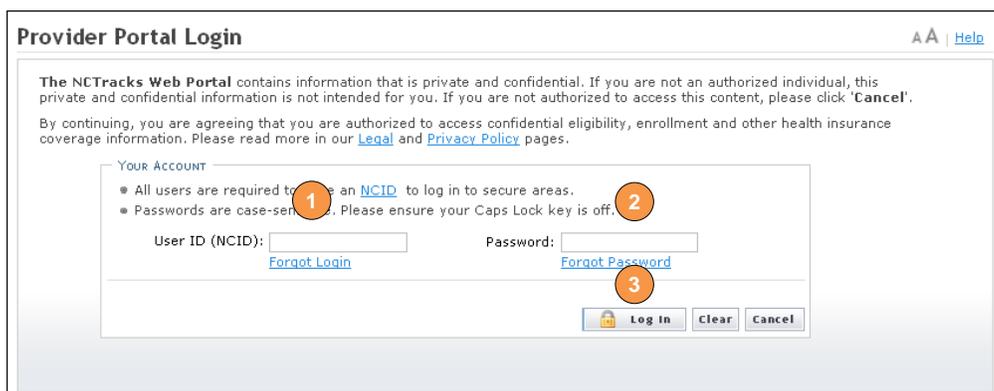


Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

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

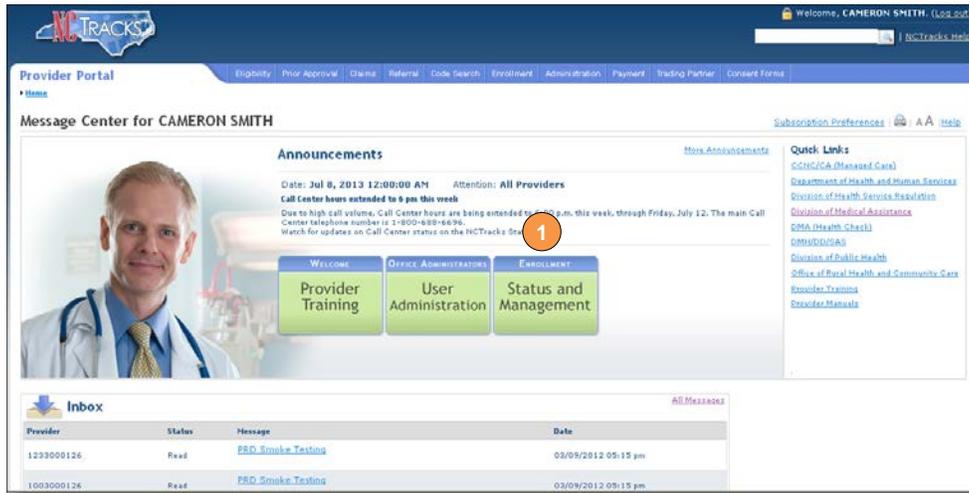


Figure 4: Select Status and Management

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

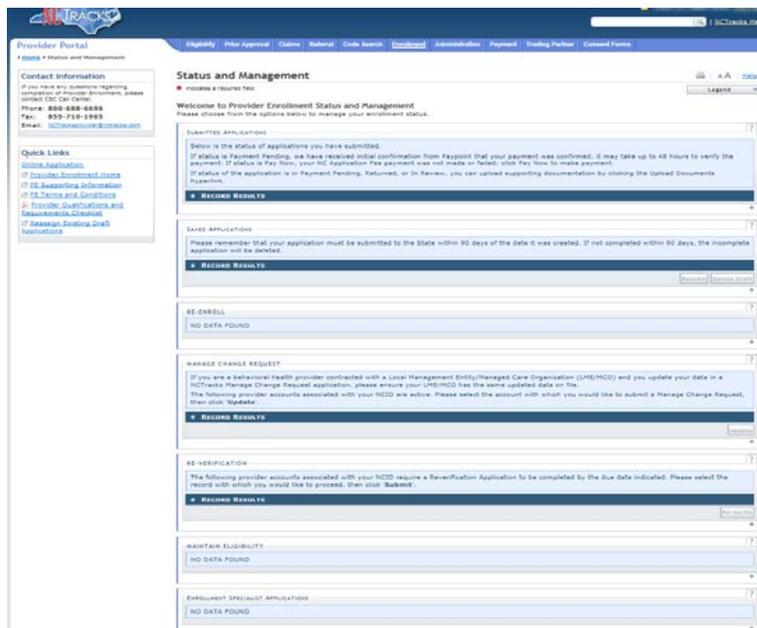


Figure 5: Status and Management Page

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
1 <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

2

Figure 6: Select Manage Change Request

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

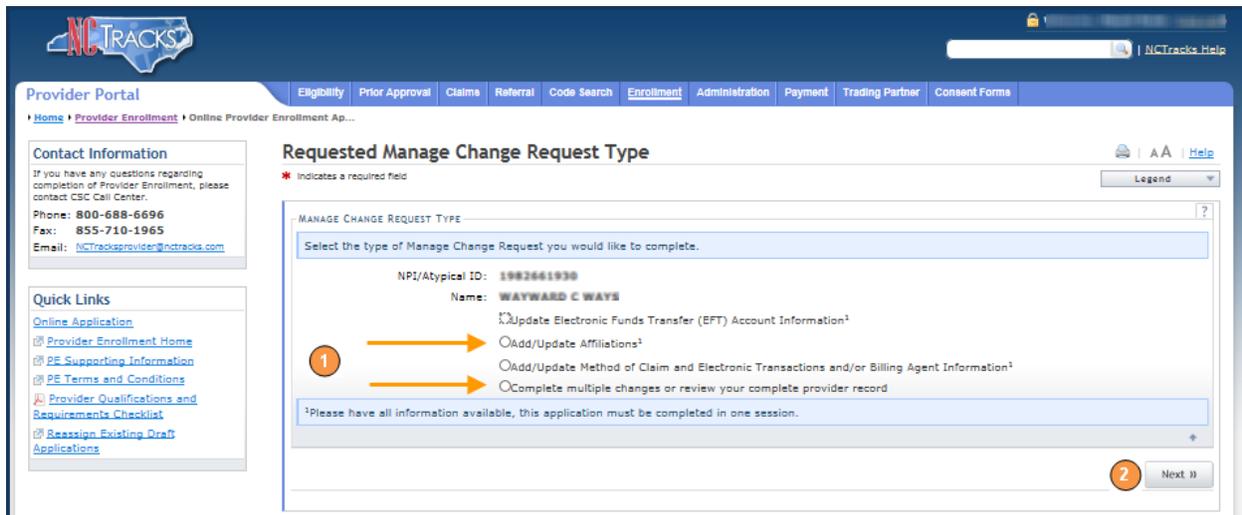


Figure 7: Requested Manage change Request Type

 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.

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.

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

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.

[Edit Location](#)

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

The screenshot shows the 'Taxonomy Classification' page in the NCTracks Provider Portal. The page has a blue header with the NCTracks logo and user information. A navigation menu is at the top, and a sidebar on the left lists enrollment steps. The main content area is titled 'Taxonomy Classification' and includes a table for 'SERVICE LOCATIONS' with columns for 'Select', 'Location', and 'Form Status'. Below this is a section for 'Taxonomy Classification: 2710 Wycliff Rd, RALEIGH, NC, 27607-3033' with a dropdown menu and a question about being a School Based Health Center (SBHC). There is also a section for 'TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION' with instructions to select provider type, classification, and area of specialization. At the bottom, there is a section for 'Add Taxonomy Classification' with dropdown menus for 'Provider Type', 'Classification', and 'Area of Specialization', and a date field for 'Begin Date'. Buttons for 'Add', 'Clear', 'Save Location', 'Previous', and 'Next' are visible.

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: **NORTH CAROLIA**
 * License #:
 * Effective Date: **03/24/1998** * Expiration Date: **01/01/0001**

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: **-- Select One --**
 License Type: **-- Select One --**
 State: **NORTH CAROLIA**
 License #:
 Effective Date: **mm/dd/yyyy** Expiration Date: **mm/dd/yyyy**

Add **Clear**

Save Location

<< Previous Please be sure to complete all required fields with valid content. **Next >>**

Save Draft **Delete Draft**

Figure 12: Accreditation Page

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

Affiliated Provider Information

* indicates a required field

* AFFILIATED PROVIDER INFORMATION

Do you wish to link or affiliate with another enrolled provider?

1 Yes No

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.

Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Trading Partner | Payment | Consent Forms

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.

Add Affiliated Provider

Enter organization's NPI and click **2** 'Lookup NPI'. **3**

* NPI: 0000000000 **Lookup NPI**

Add

« Previous

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

Next »

Save Draft Delete Draft

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 contains a table with one row:

Location	
<input checked="" type="checkbox"/>	2020 LUMBERVILLE RD , LUMBERTON , NC 28358-2112

 An orange circle with the number '4' is next to the checkbox, and another orange circle with the number '5' is next to the 'Add' button in the bottom right corner of the table area.

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. A dark blue bar with a plus sign icon and the text 'AFFILIATED PROVIDER (HOME CARE)' is now visible in the 'AFFILIATED PROVIDERS' section. An orange circle with the number '6' is next to this bar. The 'Add Affiliated Provider' section below is empty, and the 'Add' button is no longer visible.

Figure 16: Affiliation Completed

7. 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.

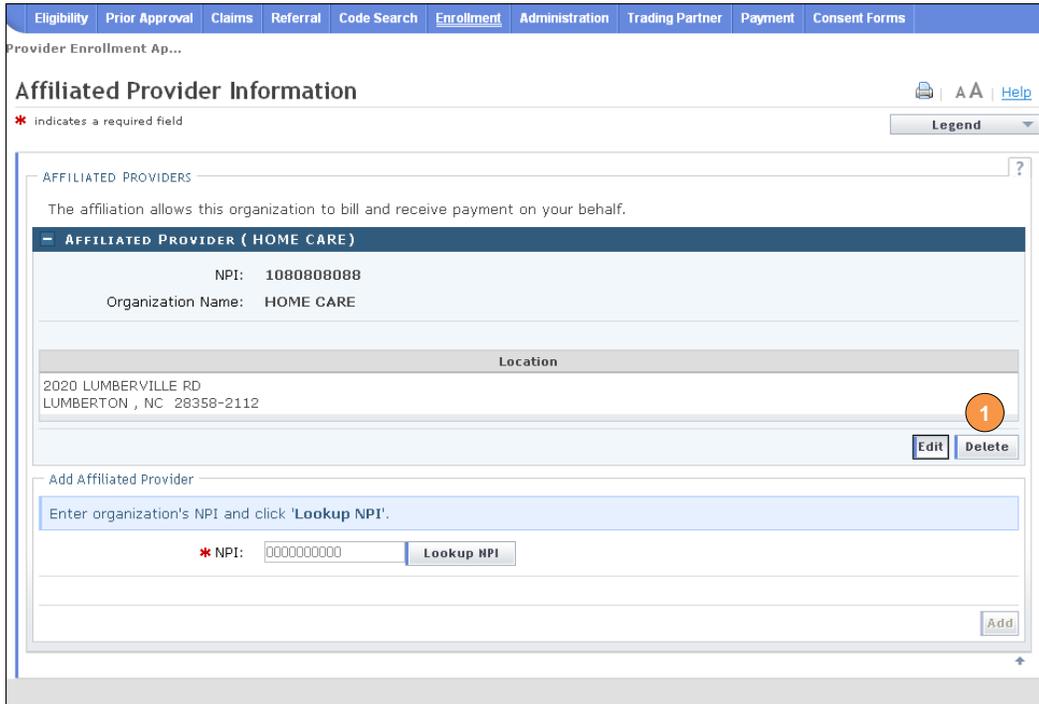


Figure 16: Deleting an Affiliated Provider

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.

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

The screenshot shows the 'Affiliated Provider Information' page. At the top, there are navigation tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. Below the tabs, the page title is 'Affiliated Provider Information'. A legend indicates that a red asterisk (*) denotes a required field. The main content area is titled 'AFFILIATED PROVIDERS' and contains a table with the following data:

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

An 'Edit' button is located at the bottom right of the table row, highlighted with a red circle and the number '1'. Below the table, there is a section for 'Add Affiliated Provider' with a text input field and a 'Lookup NPI' button.

Figure 17: Select Edit

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

The screenshot shows the 'Affiliated Provider Information' page with a date picker open for the 'End Date' field. The date '02/14/2014' is selected. The calendar shows February 2014. A red circle with the number '1' is over the 'End Date' field, and another red circle with the number '2' is over the 'Save' button. The table data is as follows:

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		

Buttons for 'Save', 'Save Draft', and 'Delete Draft' are visible at the bottom of the page.

Figure 18: Select End Date

10. Click the “Next” button to continue.

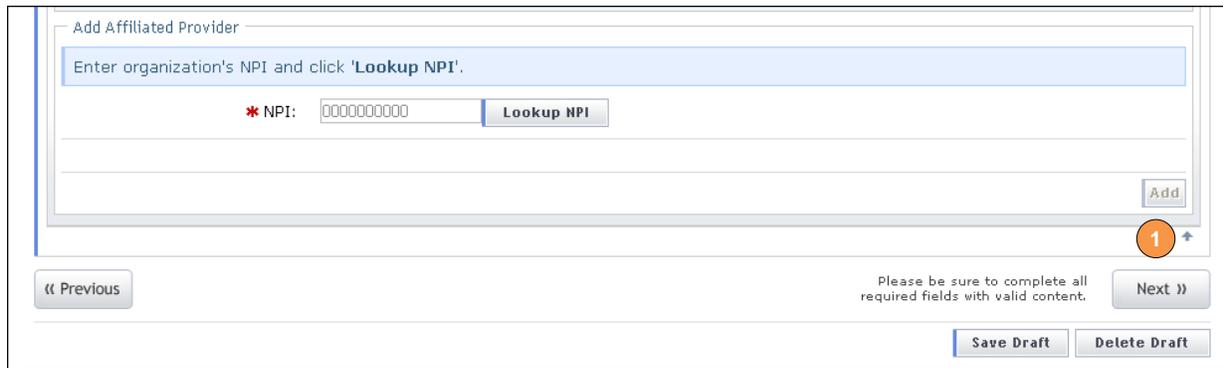


Figure 19: Click “Next”

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.

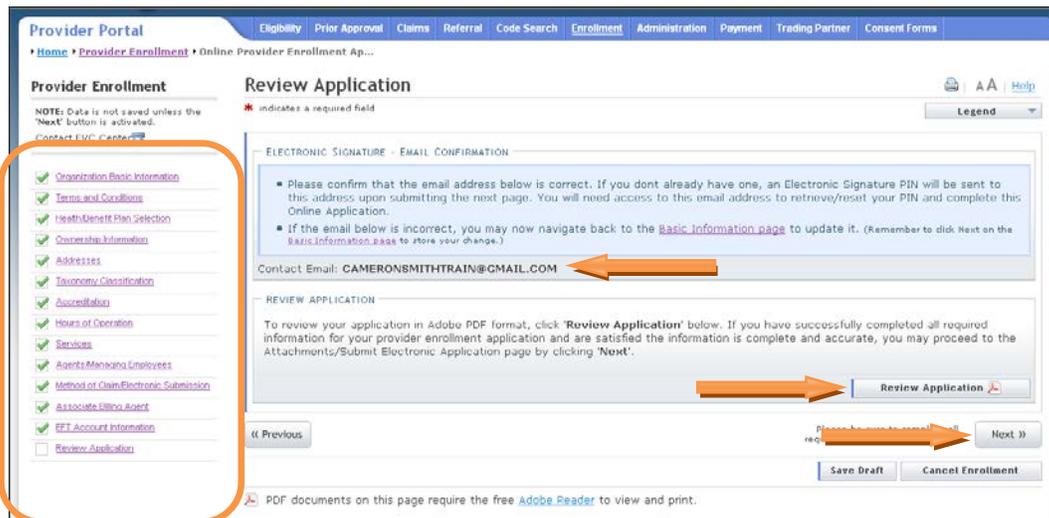


Figure 20: Review Application

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
- If the email below is incorrect, you may now navigate 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

 | | [Help](#)

* 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.

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

* Password: 2
[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 you 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 **866-34-1113** if you have any trouble with your Electronic Signature PIN Number.

* PIN: 3 [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.

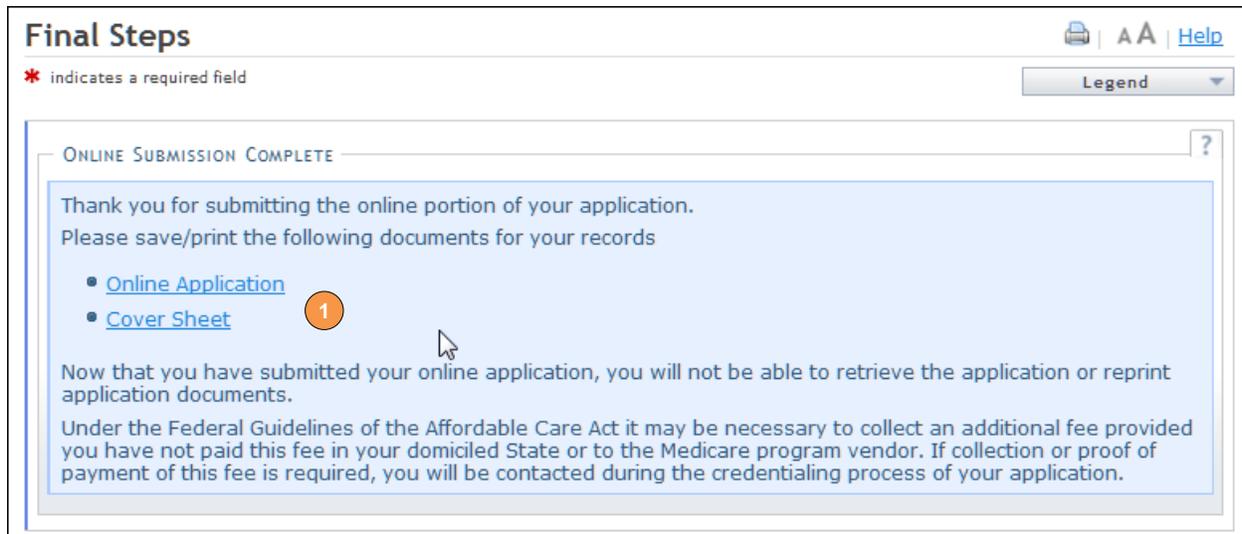


Figure 23: Final Steps Page

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.

