CSC

NCMMIS
Enrollment Specialists
Participant User Guide (Provider)

PREPARED FOR:

North Carolina Department of
Health and Human Services

DHHS IT

TRACKING NUMBER:

PUG_PRV562-TRN
Version V1.0
FINAL

SUBMITTED BY:

CSC

Raleigh

June 15, 2015

Document Revision History

Version	Date	Description of Changes
D1.0.1	June 08, 2015	Initial submission for the Office of NCTracks review and acceptance.
V1.0	June 15, 2015	Final version

Table of Contents

List of Exhibits

1.0 Welcome

1.1 COURSE OVERVIEW

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

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

1.2 COURSE BENEFITS

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

1.3 COURSE OBJECTIVES

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

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

1.4 PREREQUISITES

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

NOTES:

This Page Intentionally Left Blank

2.0 Enrollment Specialist User Role

2.1 INTRODUCTION

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

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

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

2.2 OBJECTIVES

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

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

2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to Addendum A):

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

NOTES:

This Page Intentionally Left Blank

3.0 New Enrollment – Enrollment Specialist

3.1 NAVIGATE TO THE PROVIDER PORTAL HOME SCREEN

The public NCTracks home screen displays before you are logged in to the system. To log in to the secure NCTracks provider portal, complete the following steps.
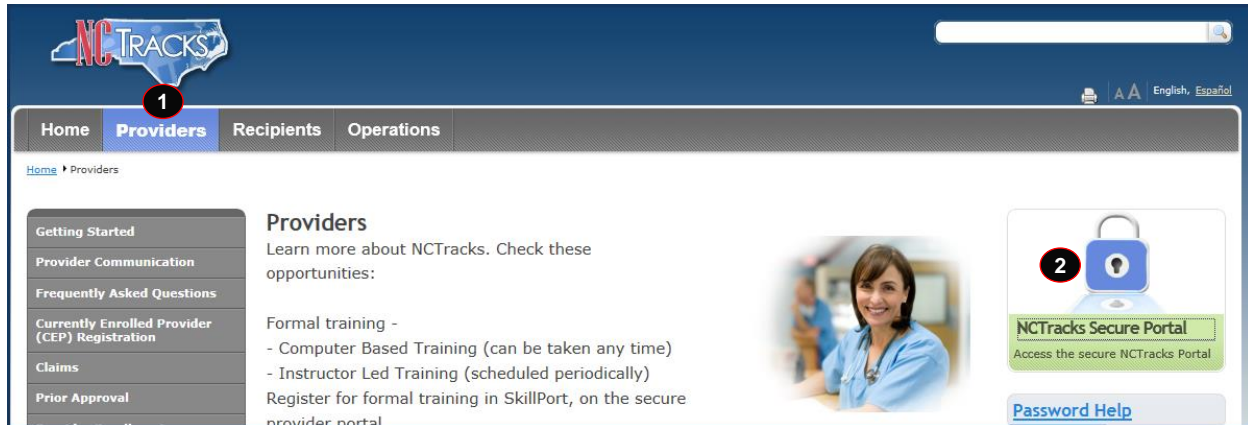
Exhibit 1. NCTracks Home Screen

Step	Action
1	Click the **Providers** link. The Public Provider screen displays.
2	Click the blue lock on the NCTracks Secure Portal image
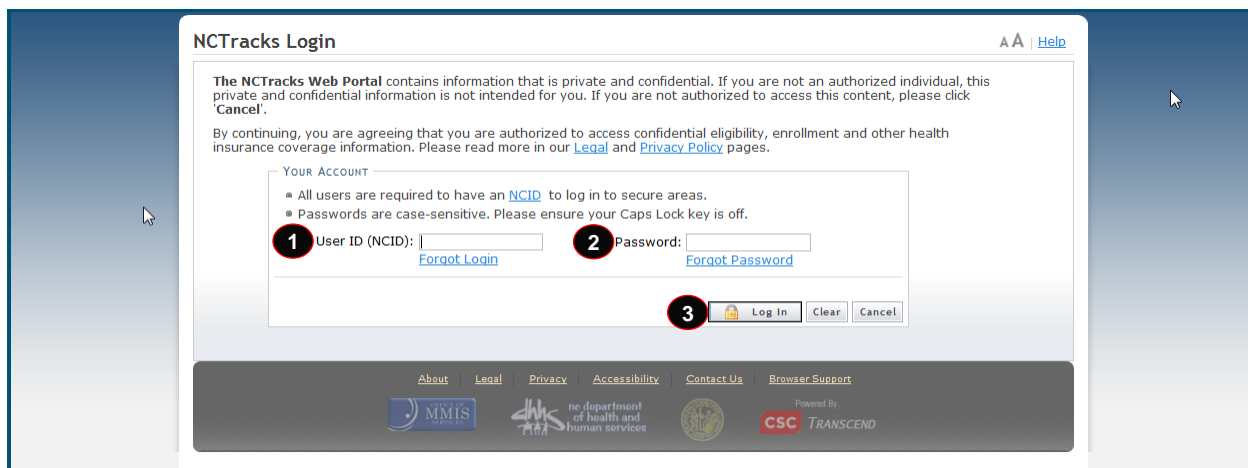
Exhibit 2. NCTracks Login Screen

Step	Action
1	User ID (NCID): Enter your **NCID**. **Note**: Click the NCID link only if Enrollment Specialist does not have an NCID.
2	Password: Enter your **Password**.

Step	Action
3	Click the **Log In** button. The secure Provider portal home screen displays.

The Secure Provider Portal Home screen displays.
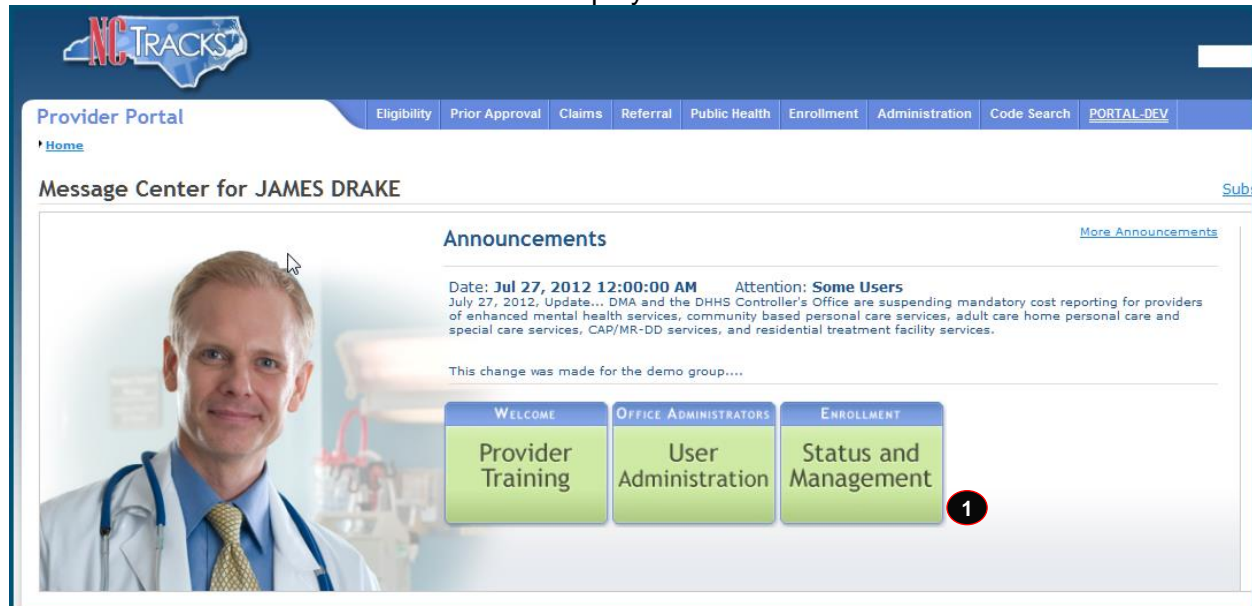
Exhibit 3. Provider Portal Home Screen

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

The Status and Management screen displays.

3.2 STATUS AND MANAGEMENT – ENROLLMENT SPECIALIST APPLICATIONS

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

The ES user can access the **Online Application** through the **Quick Links** to the left of the page or from the **Enrollment Tab**.

Exhibit 4. Status and Management Screen

NOTES:

3.3 PROVIDER LOCATION/ENROLLMENT APPLICATION TYPE

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

Exhibit 5. Provider ZIP Code and Enrollment Application Type Screen

Step	Action
1	ZIP Code: Enter **ZIP Code**.
2	Provider Enrollment Application Type: Select **Individual**, **Organization**, **Atypical Organization**, or **Billing Agent**.
3	Click **Next** to continue.

NOTES:

3.4 ORGANIZATION BASIC INFORMATION SCREEN

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

Organization Basic Information

A A | Help

✱ indicates a required field

Legend ▼

① IDENTIFYING INFORMATION ?

✱ Organization Name: [_____]

✱ EIN: [00-0000000]   ✱ NPI: [0000000000]

✱ Email: [_____]   ✱ Month of Fiscal Year End: [-- Select One -- ▼]

ZIP Code: **27707-0000**

② DOING BUSINESS AS (DBA) ?

✱ Do you operate under a trade or company name?

○ Yes   ○ No

③ OWNERSHIP INFORMATION ?

✱ Business Type: [-- Select One -- ▼]

-- Select One --
CITY/MUNICIPALITY
CORPORATION
FEDERAL
INDIAN HEALTH SERVICES
LIMITED LIABILITY CORPORATION (LLC)
LOCAL GOVERNMENT AGENCY
NON-PROFIT
PARTNERSHIP
STATE

lters page content

OFFICE ADMINISTRATOR (A ?

Individual authorized to [ ]ecisions on behalf of applying provider. This role currently belongs to[ ]

✱ Last Name: [ ]   First Name: [MICHELLE]

Exhibit 6. Organization Basic Information Screen #1

Step	Action
1	Identifying Information: Enter **Organization**, **EIN**, **NPI**, **Email**, and **Month of Fiscal Year End**.
2	Doing Business As (DBA): Select **Yes** or **No.** If **Yes** is selected, enter **DBA Name**, and enter **Years Doing Business Under This Name.**
3	Ownership Information: Select the **business type** from the drop-down list: • **City/Municipality:** Select if the organization is owned by a City or a Municipality. • **Corporation:** Select if this is a legal entity that is separate from the people who own it. Shareholders govern the corporation indirectly by electing people to manage it.

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

Exhibit 7. Organization Basic Information Screen #2

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

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

3.5 INDIVIDUAL BASIC INFORMATION SCREEN

Exhibit 8. Individual Basic Information Screen #1

Note: Individual providers who answer 'Yes', and existing providers who change their answer from 'No' to 'Yes' when answering the question "Are you a Rendering/Attending Only provider?" presented on the Individual Basic Information screen, cannot participate as Community Care of

North Carolina / Carolina ACCESS (CCNC/CA) Primary Care Providers (PCPs). If the individual provider answers 'Yes', the CCNC/CA screen will not display and ask them if they wish to enroll as a CCNC/CA PCP.

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

Step	Action
1	Enter Identifying Information: **Last Name, First Name, Middle Name, Suffix, Date of Birth, SSN, Gender, NPI, and Email.**
2	Select the **checkbox** if the authorized user has entered the full legal name of the enrolling provider and they do not have a middle name.
3	Employer Identification Number (EIN): Will your income be reported to an EIN? Select **Yes** or **No**; If **Yes**, enter **EIN**. Do not enter the EIN of an organization or group to which you may be affiliated.
4	Doing Business As (DBA): Select **Yes** or **No**; if **Yes**, enter **DBA Name**, **Years Doing Business Under This Name**.
5	Rendering/Attending Only Provider: Select **Yes** or **No**.

OWNERSHIP INFORMATION

6 * Business Type: -- Select One -- ▼

7 OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

☐ Authorized Individual is the same as enrolling provider

* Last Name:	* First Name:
Middle Name:	Suffix: -- Select One -- ▼
(Enter your full middle name)	
* Contact Email:	
* Office Phone #: (000) 000-0000 ext.	Office Fax #: (000) 000-0000
* User ID (NCID): -- Select One -- ▼	

8 ☐ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

EFFECTIVE DATE REQUESTED

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and 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.

9 * Effective Date: 04/24/2015

Please be sure to complete required fields with valid conte **10** Next »

Exhibit 9. Individual Basic Information Screen #2

Step	Action
6	Ownership Information: Select the **Business Type** from the drop-down list. If EIN is No, it defaults to Self, If Yes then it shows the last two. • **Self** – Select this type if you are an individual filing under an SSN. • **Single-Owner LLC** – Select this type (filing status) if you are an individual who intends to operate like a sole proprietor and act as the sole owner and manager. • **Sole Proprietor** – Select this type (filing status) if you are an individual filing under an EIN.
7	Office Administrator (Authorized Individual): Select **Same as Enrolling Provider** if the individual provider is the OA. If not selected, the OA is always assumed to be a managing employee. Enter **Last Name**, **First Name**, **Contact E-mail**, **Office Phone**, and select the appropriate OA's **User ID (NCID)**. **Note**: The Office Administrator information is pre-populated with the Office Administrator's name, NCID, and email address from NCTracks user provisioning.
8	Select the **checkbox** if the authorized user has entered the full legal name of the enrolling provider and they do not have a middle name.
9	Effective Date Requested: Enter **Effective Date**.
10	Click the **Next** button to continue.

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

3.6 TERMS AND CONDITIONS SCREEN

This screen captures the terms and conditions to which you must agree in order to enroll in Medicaid. It also requires that you attest to your agreement to the terms and conditions.

3.7 BASIC INFORMATION COMPLETE

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

3.8 PREVIOUS HEALTH PLAN

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

3.9 HEALTH/BENEFIT PLAN SELECTION

This screen captures applicable health and benefit plans with begin and end dates. Authorized users can update health plan information.

Exhibit 10. Health/Benefit Plan Selection Screen

Step	Action
1	Opt out of any coverage by clearing the appropriate check box: Division of Medical Assistance (DMA): **Medicaid**, **NCHC (Children)**.
2	Opt out of any coverage by clearing the appropriate check box: Division of Public Health (DPH): **Infant Toddler**, **Sickle Cell**, **AIDS Drug Assistance Program**, and **EHDR**.
3	Opt out of any coverage by clearing the appropriate check box: Office of Rural Health and Community Care (ORHCC): **Migrant Health**.
4	Click the **Next** button to continue.

3.10 OWNERSHIP INFORMATION

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

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

Ownership Information

■ indicates a required field

Legend ▼

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

① SHAREHOLDER/PARTNER INFORMATION

— INDIVIDUAL - STCLAIR, MICHELLE (AUTHORIZEDINDIVIDUAL) --- NEWLY ADDED

Last Name:		First Name:	
Middle Name:		Suffix:	
Date of Birth:		SSN:	***-**-
Gender:	Female		

Address Line 1:	
Address Line 2:	
City:	
State:	
ZIP Code:	

Relationship to Another Disclosing Person:	None	Percent of Ownership/Control Interest:	45%

② Edit

Add Shareholder/Partner

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

③ ■ This shareholder/partner is:

○ an individual   ● a business

Business Information

■ Business Legal Name:	
■ EIN:	

■ Address Line 1:	
Address Line 2:	
■ City:	
■ State:	▾
■ ZIP Code:	

④ Verify Address

■ Percent of Ownership/Control Interest:	15 %

⑤ Add   Clear

﹢

« Previous

Please be sure to complete required fields with valid content **⑥** Next »

Exhibit 11. Ownership Information

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

3.11 ADDRESSES

This screen captures the primary physical location, pay-to/RA, correspondence, and other service location addresses and contact information. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

Exhibit 12. Addresses Screen #1

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

Exhibit 13. Addresses Screen #2

Step	Action
2	**Servicing Counties:** You must check boxes of all counties in which you will render services.
3	**1099 Reporting/Pay-To Address:** Do you have a separate Pay-To address?: Select **Yes** or **No**.
4	**Correspondence Address:** Do you have a separate correspondence address?: Select **Yes** or **No**.

Exhibit 14. Addresses Screen #3

Step	Action
5	**Service Locations:** Do you have additional service locations?: Select **Yes** or **No**. If **Yes**, enter **Office Phone**, **Address**, **City**, **State**, and **ZIP Code**.
6	Click the **Add** button to add a service location.
7	Click the **Next** button to continue.

3.12 TAXONOMY CLASSIFICATION

This screen allows you to add taxonomy code set(s) (provider type, classification, and area of specialization). Select the taxonomy code(s) under which you will be conducting business with NCTracks for each service location. All taxonomies selected should have been reported to the National Plan and Provider Enumeration System (NPPES) when you enumerated this NPI.

Exhibit 15. Taxonomy Classification Screen #1

Step	Action
1	Select the **Location**.
2	Click the **Edit Location** button.

Exhibit 16. Taxonomy Classification Screen #2

Step	Action
3	School Based Health Center: Is your organization a School Based Health Center (SBHC)?: Select **Yes** or **No**.

Exhibit 17. Taxonomy Classification Screen #3

Step	Action
4	Add Taxonomy Classification: Using the drop-down menus, select **Provider Type**, **Classification**, and **Area of Specialization** (if applicable).
5	Click the **Add** button to add another Taxonomy Classification. **Note**: Repeat this process to add multiple taxonomy codes. You may enter up to 15 taxonomy codes per location.
6	Click the **Save Location** button after all taxonomies have been added.
7	Click the **Next** button to continue.

3.13 ADD SERVICES AND ENDORSEMENTS

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

Exhibit 18. Add Services and Endorsements Screen #1

Step	Action
1	Select the **Service Location**.
2	Click the **Edit Location** button.

Exhibit 19. Add Services and Endorsements Screen #2

Step	Action

3	Select Service Type: Do you wish to add CAP/DA services or CAP/C services?: Select **Yes** or **No**.
4	Select Service Type(s): **CAP/DA** (Community Alternatives Program for Disabled Adults) services, **CAP/C** (Community Alternatives Program for Children) services.
5	Check the boxes of services you wish to render at this location.
6	Click the **Save Location** button.
7	Click the **Next** button to continue.

3.14 ACCREDITATION

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

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

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

Exhibit 20. Accreditation Screen #1

Step	Action
1	Select **Service Location**.
2	Click the **Edit Location** button.

Accreditation

To complete information for this location, fill out this form section then click 'Save Location' in lower right.

Please provide certification, license, accreditation, and endorsement information that qualifies you to render services.

ACCREDITATIONS   ?

Add Accreditation

Select an accreditation type from the drop down list and provide the accreditation number.

(3)   Accreditation Type: -- Select One --   ▼

Accreditation #:   [   ]

Effective Date: [mm/dd/yyyy] 📅   Expiration Date: [mm/dd/yyyy] 📅   **(4)**

[Add] [Clear]

CERTIFICATIONS   ?

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

Taxonomy *282N00000X - General Acute Care Hospital* requires the following Certification Type:

• Medicare Participation By Centers for Medicare & Medicaid Services (CMS)

─ CERTIFICATION - MEDICARE PARTICIPATION BY CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

(5)   Certification Type: **Medicare Participation**

Certifying Entity: **Centers for Medicare & Medicaid Services (CMS)**

✱ State: NORTH CAROLINA ▼

✱ Certification #:   [   ]

✱ Effective Date: [mm/dd/yyyy] 📅   Expiration Date: [mm/dd/yyyy] 📅   **(6)**

[Add] [Clear]

Exhibit 21. Accreditation Screen #2

Step	Action
3	**Add Accreditation:** Enter **Accreditation Type**, **Accreditation #**, **Effective Date**, **Expiration Date**. If your accreditation does not have an expiration date, leave this field blank.
4	Click the **Add** button.
5	**Add Certification:** Enter **State**, **Certification #**, **Effective Date**, **Expiration Date**. If your certification does not have an expiration date, leave this field blank.
6	Click the **Add** button.

LICENSES

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

Taxonomy *3336C0003X - Community/Retail Pharmacy* requires the following License Type:

- Pharmacy Permit By State Board of Pharmacy

LICENSE - PHARMACY PERMIT BY STATE BOARD OF PHARMACY

(7)

License Agency:	**State Board of Pharmacy**
License Type:	**Pharmacy Permit**
State:	**NORTH CAROLINA**
License #:	**987654321**
Effective Date:	**03/05/2013**

Expiration Date: **03/05/2018**

Edit

Add License

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

(8)

License Agency:	-- Select One -- ▼
License Type:	-- Select One -- ▼
State:	NORTH CAROLINA ▼
License #:	
Effective Date:	mm/dd/yyyy

Expiration Date: mm/dd/yyyy

(9) Add Clear

(10) Save Location

(11) Next »

« Previous

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

Exhibit 22. Accreditation Screen #3

Step	Action
7	**Expand License:** Click the **Edit** button. Enter **State**, **License #**, **Effective Date**, **Expiration Date**.
8	**Add License:** Select **License Agency**, select **License Type**, enter **State**, **License #**, **Effective Date**, **Expiration Date**.
9	Click the **Add** button.
10	Click the **Save Location** button.
11	Click the **Next** button to continue.

3.15 CCNC/CA

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

3.16 PHYSICIAN EXTENDERS

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

3.17 PREVENTIVE ANCILLARY SERVICES

This screen captures preventive and ancillary services. This screen is displayed for CCNC/CA applicants only.

3.18 HOURS OF OPERATIONS

This screen captures the hours that services are provided on a regular basis and after-hours coverage information.

3.19 SERVICES

This screen captures the types of services that are provided.

3.20 AGENTS/MANAGING EMPLOYEES

This screen captures managing relationships. A managing relationship is between the provider and an employee (i.e., general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider).

Exhibit 23. Agents and Managing Employees Screen

Step	Action
1	Relationship Disclosure: Does the applicant have any agents or managing employees?: Select **Yes** or **No**; if **Yes**, **Managing Relationships** displays.
2	Click **Edit** to edit existing Managing Relationship to change **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Business Relationship**, and **Relationship to Another Disclosing Person**.
3	Add Relationship by filling out **Last Name**, **First Name**, **Middle Name**, **Suffix**, **Date of Birth**, **SSN**, **Business Relationship**, and **Relationship to Another Disclosing Person**. Then click the **Add** button.

Step	Action
4	Click the **Next** button to continue.

3.21 HOSPITAL ADMITTING

This screen captures Hospital Admitting Information for Individuals.

Exhibit 24. Hospital Admitting Screen

Step	Action
1	Does the enrolling provider have hospital admitting privileges?: **Yes** or **No**, Select **Yes** to add hospital(s).
2	Select the **County** in which the hospital is located.
3	Available Options: Select the hospital(s) to which you have admitting privileges. **Note**: You can select multiple hospitals in a County by holding down the CTRL key and selecting each hospital.
4	Click the **Add** button to save the hospital selections.
5	Click the **Next** button to continue.

3.22 PHARMACY INFORMATION

This screen captures pharmacy information and pharmacy manager information. This screen is displayed to pharmacy providers only.

3.23 FACILITIES INFORMATION

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

3.24 METHOD OF CLAIM/ELECTRONIC SUBMISSION

This screen captures how you will be submitting and/or receiving electronic transactions.

3.25 AFFILIATED PROVIDER INFORMATION

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

Exhibit 25. Affiliated Provider Information Screen

Step	Action
1	Affiliated Provider Information: Do you wish to link or affiliate with another enrolled provider?: Select **Yes** or **No**.
2	NPI: Enter the **NPI** of the organization or group to which you wish to affiliate.
3	Select the location(s) to which you wish to affiliate.
4	Do you wish to participate in CCNC/CA under this group at this location?: Select **Yes** or **No**.
5	Click the **Add** button to save the Affiliation.
6	Click the **Next** button to continue.

3.26 ASSOCIATE BILLING AGENT

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

3.27 EFT ACCOUNT INFORMATION

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

3.28 EXCLUSION/SANCTIONS

Exhibit 26. Re-verification Application: Exclusion/Sanction Information Screen

Step	Action
1	Select **Yes** or **No**. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed. Click the **Add** button to add Infraction/Conviction Date. For each question answered **Yes**, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application. Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B). **Note**: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.
2	Click the **Add** button to add Infraction/Conviction Date.

3.29 REVIEW APPLICATION

This screen allows you to review the application before you assign to the Office Administrator.

Exhibit 27. Review Application Screen

Step	Action
1	Confirm the **Contact Email** listed is correct, if not click on the **Basic Information Page** hyperlink to update it.
2	Click the **Review Application** button to review the information entered for accuracy. By clicking on the Review Application button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before assigning to the Office Administrator(OA).
3	Click the **Assign Application to OA** button to assign the application to the OA for review and submission, where applicable. When the Enrollment Specialist clicks the 'Assign to OA' button, the Enrollment Specialist will be redirected to the Status and Management Screen. **Note**: An email will be sent to the OA informing him/her notifying them that the application is ready to be signed and submitted.

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

3.30 STATUS AND MANAGEMENT HOME

This screen displays categories of applications.

Exhibit 28. Status and Management Home Screen

Step	Action
1	**Submitted Applications:** Allows you to view the status of a submitted provider enrollment application. - Abandoned: Application was waiting for additional documentation from the provider, but it was not received within 30 days of the notification. You will need to submit a new application. - In Review: Being reviewed by CSC or State - Returned: It was returned to provider needing additional documentation from the provider. - Denied: Your participation in the program has been denied. - Approved: Your participation in the program has been approved. - Withdrawn: You have withdrawn your application. - MCR Comp (Manage Change Request Complete): You requested a change that does not require review therefore this change was instantly updated. - ME Comp (Maintain Eligibility Complete): Your Maintain Eligibility does not require review therefore this request was instantly completed. - Pymt Pend: (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment. - Pay Now: You may click the "Pay Now" link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment. **Note**: The Enrollment Specialists, Office Administrator, all Managing Employee and Owner Users can see the submitted application, the Pay Now and Upload Documents hyperlink (if applicable) in the Submitted Applications section. Upload Documents hyperlink is present if the application is in one of the following statuses: In Review, Returned, and Payment Pending. Clicking this hyperlink takes the user to the Upload Documents Page.
2	**Saved Applications:** Allows you to resume a saved provider enrollment application.
3	**Re-enroll:** Allows you to re-enroll a terminated provider enrollment account.
4	**Manage Change Request:** Allows you to submit a manage change request to an active provider enrollment account.
5	**Re-verification:** Allows you to submit a required re-verification application for a provider enrollment account.
6	**Maintain Eligibility:** Allows you to submit a required maintain eligibility application for a provider enrollment account.

This Page Intentionally Left Blank

4.0 Manage Change Request

4.1 PROVIDER PORTAL HOME SCREEN
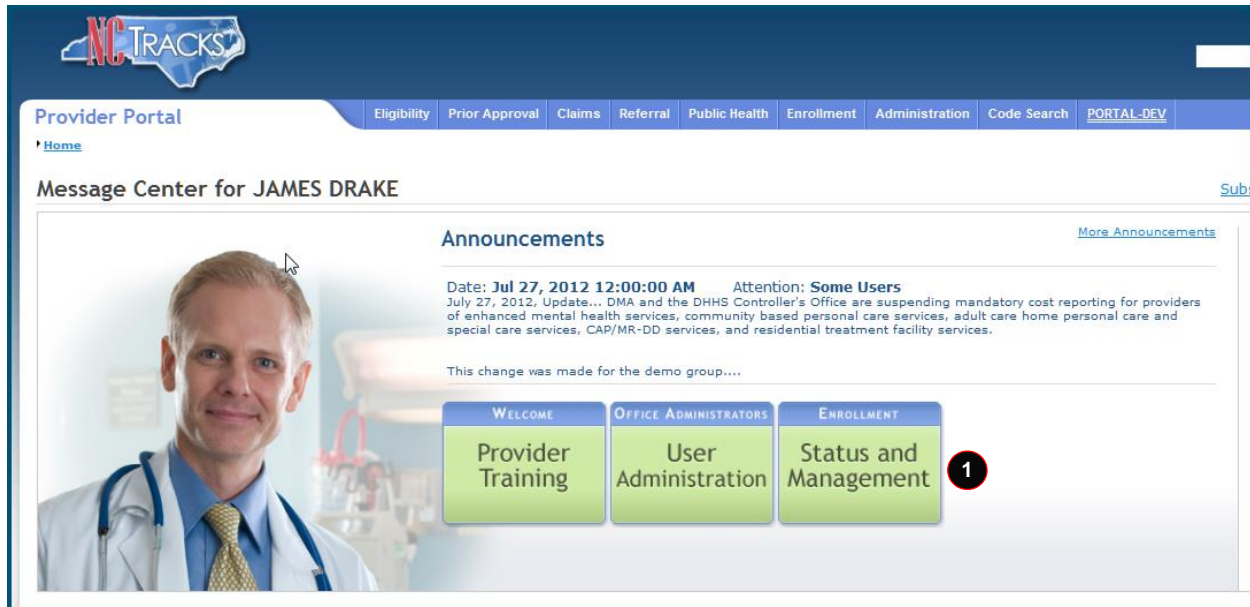
Exhibit 29. Provider Portal Home Screen

Step	Action
1	From the Secure Provider Portal Home screen, click the **Status and Management** button. The Status and Management screen is displayed. To begin a Manage Change Request application, scroll down to the **Manage Change Request** section.

NOTES:

Exhibit 30. Status and Management: Manage Change Request Screen

Step	Action
1	Click the **radio button** next to the record for which you wish to begin an MCR application.
2	Click the **Update** button.

4.2 HEALTH/BENEFIT PLAN SELECTION

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

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

NOTES:

4.2.1 Current Status

Exhibit 31. Health/Benefit Plan: Current Status Screen

Step	Action
1	**Health Plan** identifies the NC DHHS health plans: • Title NCXIX – Medicaid • Title NCXXI – North Carolina Health Choice for Children (NCHC) • Public Health • Rural Health
2	**Health Plan Status** – Your current status in the health plan: • Active – You are currently active. • Terminated – You are currently terminated (not active). • New – You can add this health plan. If you hover over using your mouse, more information is displayed.
3	**Benefit Plan** – If applicable, benefit plans are displayed.
4	Benefit Plan Status – If applicable, the status of your participation in the benefit plans are displayed: • Active – You are currently active. • Terminated – You are currently terminated (not active).
5	**Effective Date** – This is the effective date of your status. In this example, this provider has been active in Title NCXIX since 3/1/2013 and has been terminated in NCXXI since 3/13/2013.

4.2.2 Active Medicaid Providers

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

ACTIVE MEDICAID PROVIDERS

1 * Will you only be serving 0-3 population for behavioral health services?
○ Yes   ○ No

Exhibit 32. Health/Benefit Plan: Current Status Screen

Step	Action
1	Select '**Yes**' if you will only be serving the 0-3 Medicaid population for behavioral health services. Select '**No**' if you submit all your claims to your Managed Care Organization (MCO).

4.2.3 Type of Update

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

TYPE OF UPDATE

If you choose to end-date (remove) one or more coverage types, you will not have the option to add any until you start the re-enrollment or manage change request process again. Adding and removing coverage types must be completed with separate transactions.

Note: If applicable, SA Information may be updated alone, or with the *Add/Reinstate Health Plan Option(s)* choice.

1 * Update Type: Remove Health/Benefit Plan(s)   ▼
    No Updates
    Remove Health/Benefit Plan(s)
    Add/Reinstate Health Plan Option(s)

2 * Would you like to remove TI[TLE NCXIX from your active Health] Plans?
● Yes   ○ No

TITLE NCXIX End-date Info

3 * End Date: mm/dd/yyyy

4 * Reason for ending coverage: ▼

Comments:

* Would you like to remove **TITLE NCXXI** from your active Health Plans?
○ Yes   ○ No

* Would you like to remove **PUBLIC HEALTH** from your active Health Plans?
○ Yes   ○ No

* Would you like to remove **RURAL HEALTH** from your active Health Plans?
○ Yes   ○ No

Exhibit 33. Health/Benefit Plan: Type of Update Screen

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

4.3 ADDRESSES

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

4.3.1 Reinstate an End-Dated Address

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

Exhibit 34. Addresses: Reinstate an End-Dated Address Screen

Step	Action
1	Expand address.
2	**End Date:** Displays end date on file for this address.
3	Click the **Edit** button.

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

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

NOTES:

4.3.2 End-date an Active Address

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

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

Step	Action
1	Select **End Date It** checkbox.
2	End Date: Enter **End Date**.
3	Click the **Save** button.

NOTES:

4.4 TAXONOMY CLASSIFICATION

Exhibit 37. Taxonomy Classification Screen #1

Step	Action
1	Expand taxonomy.
2	**Begin Date:** Begin date of the current status.
3	**Status:** Current status of the provider for this taxonomy: • Active – You are currently active. • Terminated – You are currently terminated (not active). • Suspended – You are currently suspended.
4	Click the **Edit** button.

4.4.1 End-Date Taxonomy

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

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

Exhibit 38. Taxonomy Classification Screen #2

Step	Action
1	Click **End Date It** checkbox.
2	**End Date:** Enter **End Date**.
3	Select **Reason Code**: Reason for terminating participation.
4	Click the **Save** button.
5	Click the **Next** button to continue.

NOTES:

4.4.2 Reinstate Taxonomy

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

Exhibit 39. Taxonomy Classification: Reinstate Taxonomy Screen

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

NOTES:

4.5 CCNC/CA

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

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

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

Exhibit 40. CCNC/CA Screen

Step	Action
1	**CCNC/CA Contact Person:** Contact information on file. You can edit any of these fields.
2	**CCNC/CA Begin Date:** Your begin date as a CCNC/CA PCP.
3	Select **End Date It** checkbox if you wish to terminate your CCNC/CA participation.
4	Click the **Next** button to continue.

4.6 EFT ACCOUNT INFORMATION

Exhibit 41. EFT Account Information Screen

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

NOTES:

5.0 Re-enrollment Application

5.1 STATUS AND MANAGEMENT SCREEN
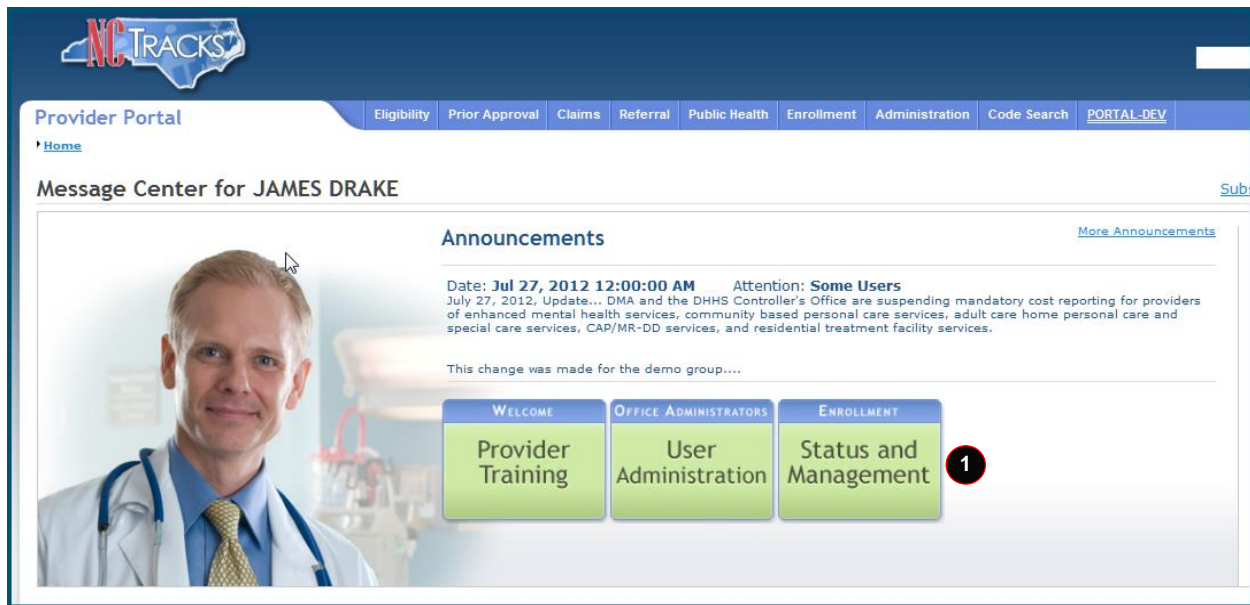
Exhibit 42. Provider Portal Home Screen

Step	Action
1	From the Secure Provider Portal Home screen, click the **Status and Management** button.

The Status and Management screen displays. To begin a re-enrollment application, scroll down to the **Re-Enroll** section.
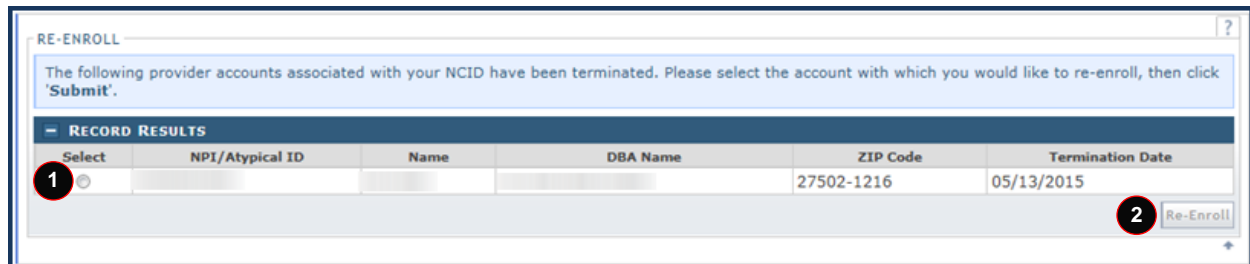
Exhibit 43. Status and Management: Re-enroll Screen

Step	Action
1	Click the radio button next to the record for which you wish to begin a Re-enrollment application.
2	Click the **Re-Enroll** button.

You will be taken to the Organization/Individual Basic Information screen to begin the application. The screens will look similar to enrollment and Manage Change Request. The only difference is that all health plans, taxonomy codes, services, etc. will be end-dated. You will need to reinstate as you wish.

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

NOTES:

6.0 Re-verification Application
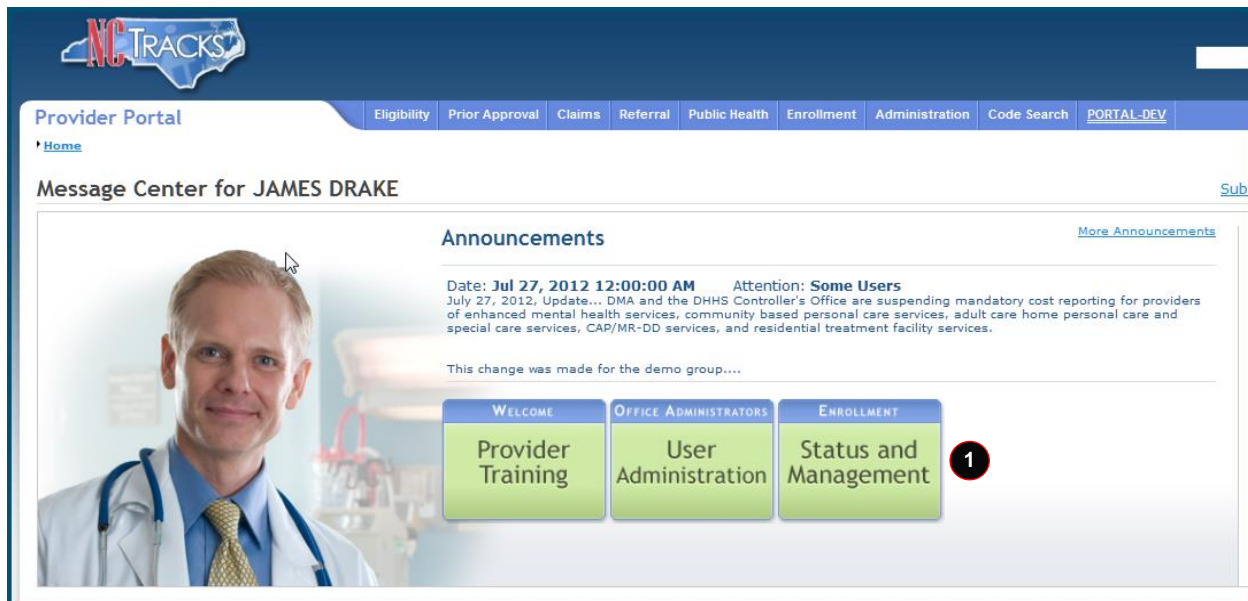
Exhibit 44. Provider Portal Home Screen

Step	Action
1	From the Secure Provider Portal Home screen, click the **Status and Management** button.

The Status and Management screen displays. To begin a Re-verification application, scroll down to the **Re-verification** section.
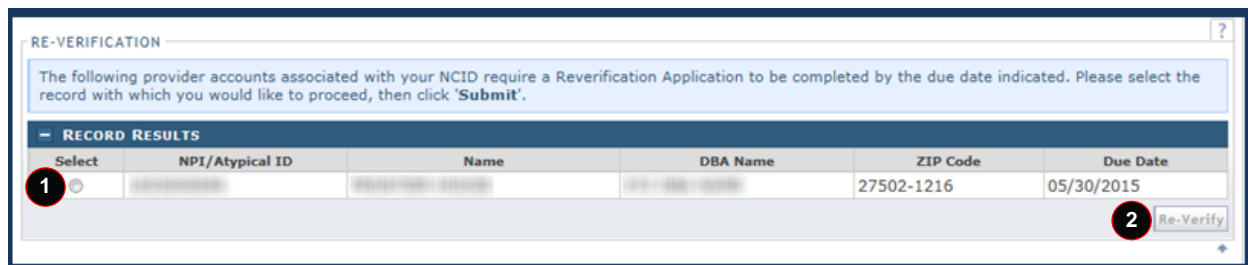
Exhibit 45. Status and Management: Re-verification Screen

Step	Action
1	Click the radio button next to the record for which you wish to begin a Re-verification application.
2	Click the **Re-Verify** button.

6.1 IDENTIFYING INFORMATION

Your Organization/Individual Identifying Information screen displays.

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

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

Re-Verification Application - Organization

🖨 | A A | Help

✳ indicates a required field

Legend ▼

Please click the 'Next' button to continue the Re-Verification Application.

IDENTIFYING INFORMATION ?

Organization Name:

EIN: NPI/Atypical ID:

❶ Next »

Exhibit 46. Organization Provider Identifying Information Screen

Re-Verification Application - Individual Provider

🖨 | A A | Help

✳ indicates a required field

Legend ▼

Please click the 'Next' button to continue the Re-Verification Application.

IDENTIFYING INFORMATION ?

Last Name: First Name: **GREGORY**

Middle Name: **T** Suffix:

Date of Birth: SSN:

Gender: **Male** NPI/Atypical ID:

Next »

Exhibit 47. Individual Provider Identifying Information Screen

Step	Action
1	Click the **Next** button if all information is correct.

6.2 TERMS AND CONDITIONS

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

Re-Verification Application - Terms and Conditions   🖨 | A A | Help

✱ indicates a required field   Legend ▼

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDER ADMINISTRATIVE PARTICIPATION AGREEMENT

1. Parties to the Agreement
This Agreement is entered into by and between the North Carolina Department of Health and Human Services hereinafter referred to as the "Department", and the above identified provider, hereinafter referred to as the "Provider."

2. Agreement Document
The Agreement Documents shall consist of this Agreement, any addendum, and the Provider's application, incorporated herein by reference. No alterations or modifications shall be made to the terms of this Agreement unless through a written amendment executed by both parties. In the event of any conflict between the terms of this Agreement and any of its addenda, the terms of this Agreement shall control.

3. Governing Law and Venue
This Agreement shall be governed by the laws of the State of North Carolina, exclusive of its conflicts of laws provisions. In the event of a lawsuit involving this Agreement, venue shall be proper only in Wake County, North Carolina. This Agreement shall not be construed as waiving any immunity to suit or liability including, without limitation, sovereign immunity, which may be available to the Department.

The Provider agrees to operate and provide services in accordance with all federal and state laws, regulations and rules, and all policies, provider manuals, implementation updates, and bulletins published by the Department, its Divisions and/or its fiscal agent in effect at the time the service is rendered, which are incorporated into this Agreement by this reference.

All provider administrative participation agreements with the Department are terminable at will. Nothing in these Regulations creates in the provider a property right or liberty right in continued participation in the Medicaid program.

4. License
The Provider agrees to:

    A. Be licensed, certified, registered, accredited and/or endorsed as required by State and/or Federal laws and regulations, and NC DHHS policies and procedures at all times that services are provided.

    B. Notify the Department within seven (7) calendar days of learning of any adverse action initiated against the license, certification, registration,

Exhibit 48. Reverification Application: Terms and Conditions Screen

6.3 EXCLUSION/SANCTIONS

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

Step	Action
1	Select **Yes** or **No**. When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed.
	For each question answered **Yes**, you must attach or submit a complete copy of the applicable criminal complaint or disciplinary action, Consent Order, documentation regarding recoupment/repayment settlement action, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of the application.
	Disclosure of adverse legal actions may not preclude participation with the NC Medicaid Program; however, full and accurate disclosure is critical to determining an applicant's eligibility for participation with the NC Medicaid Program and is required by federal law (see 42 CFR Chapter IV, part 455, Subpart B).
	Note: All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

6.4 REVIEW APPLICATION

By clicking the Review Application button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.

Exhibit 50. Review Application Screen

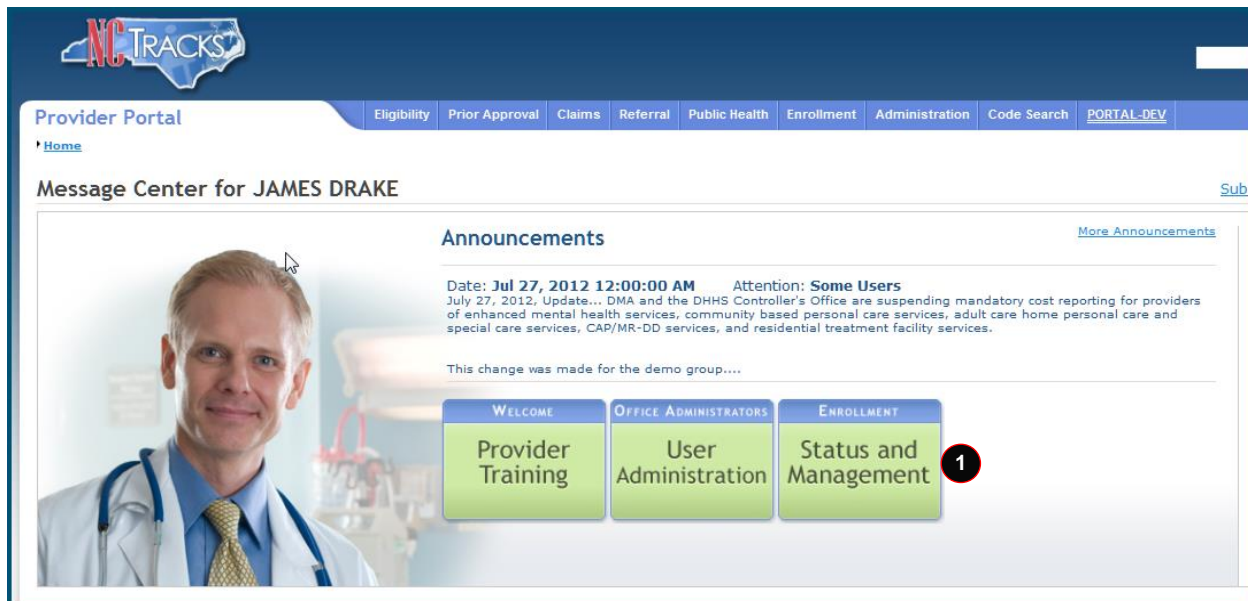| Step	Action
1	Confirm the **Contact Email** listed is correct, if not click on the **Basic Information Page** hyperlink to update it.
2	Click the **Review Application** button to review the information entered for accuracy.
3	Click the **Assign Application to OA** button to assign the application to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

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

The 'Assign Application to Office Administrator' section is displayed only when the user logged into the application is the Enrollment Specialist.
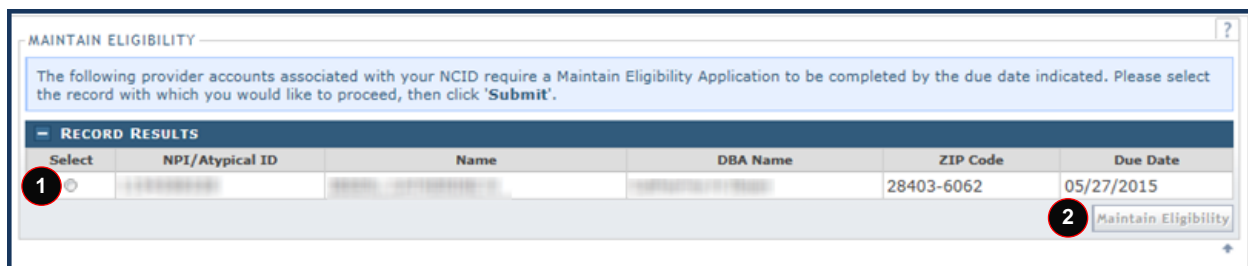
This Page Intentionally Left Blank

7.0 Maintain Eligibility Application

Exhibit 51. Provider Portal Home Screen

Step	Action
1	From the Secure Provider Portal Home screen, click the **Status and Management** button. The Status and Management screen is displayed. To begin a Maintain Eligibility application, scroll down to the **Maintain Eligibility** section.

Exhibit 51. Status and Management: Maintain Eligibility Application Screen

Step	Action
1	Select the **radio button** next to the record for which you wish to begin a Maintain Eligibility application.
2	Select the **Maintain Eligibility** button.

The screens look exactly like the Re-verification application screens. See the previous exhibits.

This concludes this course on the Enrollment Specialist User Role.

This Page Intentionally Left Blank

Addendum A. Help System

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

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

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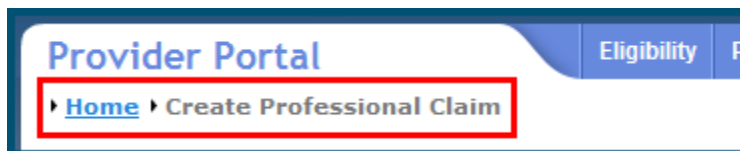
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help
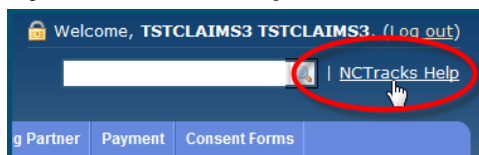
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, "NCTracks Help", will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.
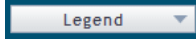
Screen-Level Help
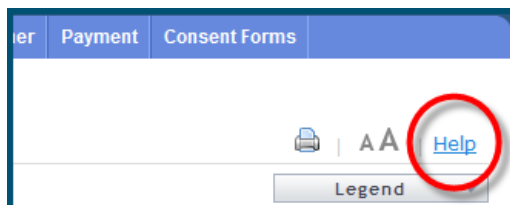
Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

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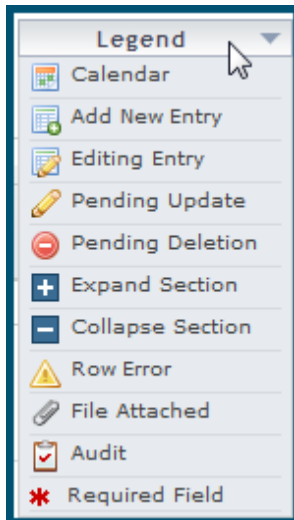
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon [Legend ▼] to open the list.

Data / Section Group Help

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

Tooltip Help
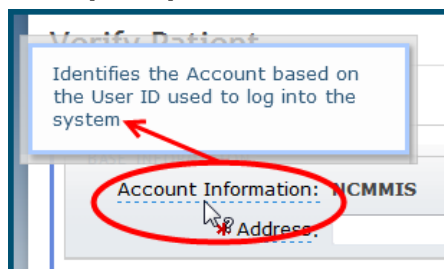
Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.