

NC Medicaid Provider Operations

Provider Enrollment 2026 Summer & Fall Series

Session #2: A DEEPER DIVE

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



Agenda

1. Provider Recredentialing Introduction
2. Recredentialing Process
3. Off-Cycle Provider Reverification
4. Importance of Maintaining Accurate Provider Enrollment Record
5. Exclusion Sanction Questions & Disclosures
6. Updating Provider Service Locations
7. Updating Taxonomy
8. Links & Resources
9. Questions & Answers
10. Thank You

Application Types

Initial Enrollment

Recredentialing
(aka Reverification/Revalidation)



Reenrollment

Manage Change Request (MCR)

Ordering, Prescribing, Referring (OPR Lite)

Out-of-State Lite

Medicare Lite

Disaster and Recovery Application

Provider Recredentialing - Background

Evaluation of an established provider's ongoing eligibility for continued participation in NC Medicaid

- CMS mandates recredentialing every five years
- Credentials and qualifications are evaluated
- Also includes criminal background check
- NC law requires that providers pay a \$100 fee for Medicaid recredentialing

Recredentialing = Reverification = Revalidation

[Active Provider Re-verification Report](#)

[CFR 455.414 Revalidation of Enrollment](#)



Provider Recredentialing - Background

- Providers receive notice of **forthcoming recredentialing due date** via NCTracks
- Failure to complete process on time will cause **suspension** from Medicaid program participation
- Providers will be **terminated following 50 days of suspension**
- Providers with a **moderate or high categorical risk level** may be required to complete a site visit
- **Note:** Recredentialing does **not** apply to time-limited enrolled providers, such as Out-Of-State providers

Provider Recredentialing – Risk Level Adjustment

The Credentialing Committee is responsible for reviewing provider files that contain flagged items for disposition of their enrollment, reenrollment and recredentialing applications

Clean Files	Approved by Credentialing Committee Medical Director
Low Risk	
Medium Risk	Findings that are significant but have either occurred in the distant past or have been fully resolved
High Risk	Findings that reflect serious or unresolved adverse actions where the State has discretionary authority, prior adverse licensure actions that are now resolved, substantial malpractice settlements, significant criminal findings

Risk Level Adjustment

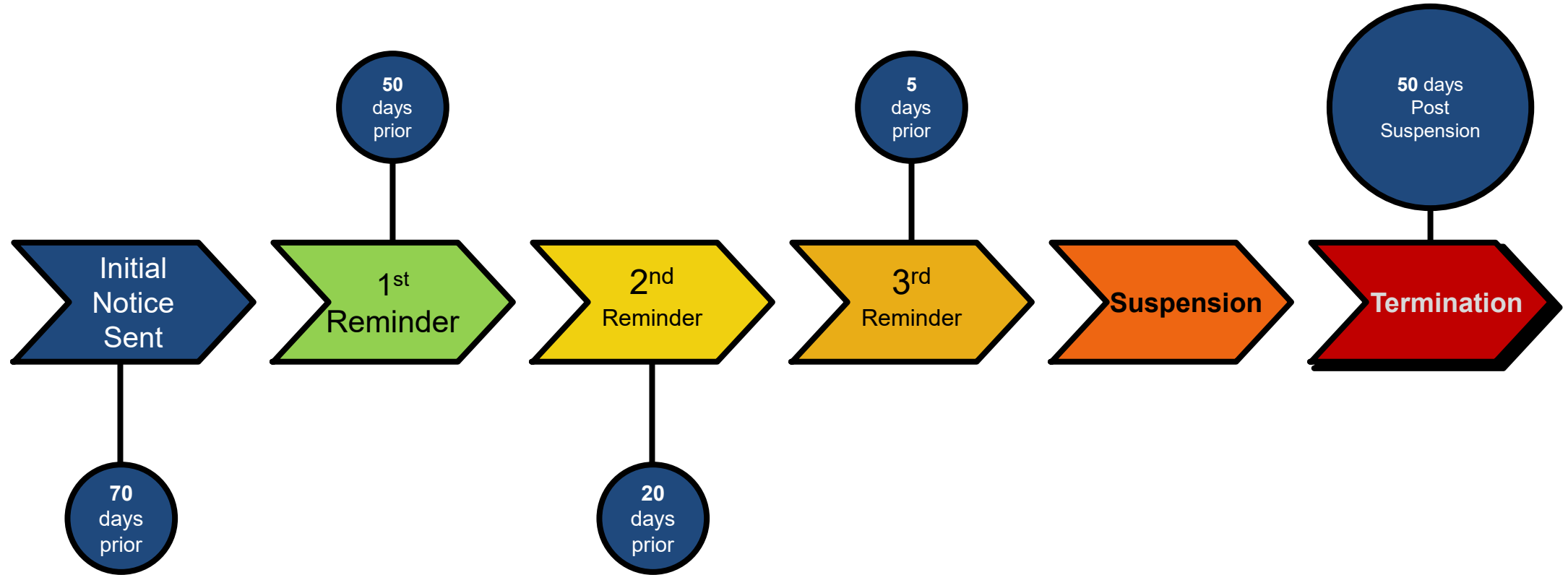
Approved Credentialing files with the following findings are bumped up:

- A provider, owner(s), managing employee(s) that has been excluded from OIG, Medicare, SAM or any other Federal Health Care Program within the past 10 years
- A provider, owner(s), managing employee(s) with criminal convictions of offenses within NCGS 108c-4 occurring less than 10 years ago

Bump Up Process

- Fingerprinting
- Site Visit (if not already completed)
- Revalidation within 2 years of credentialing committee approval

Recredentialing Timeline

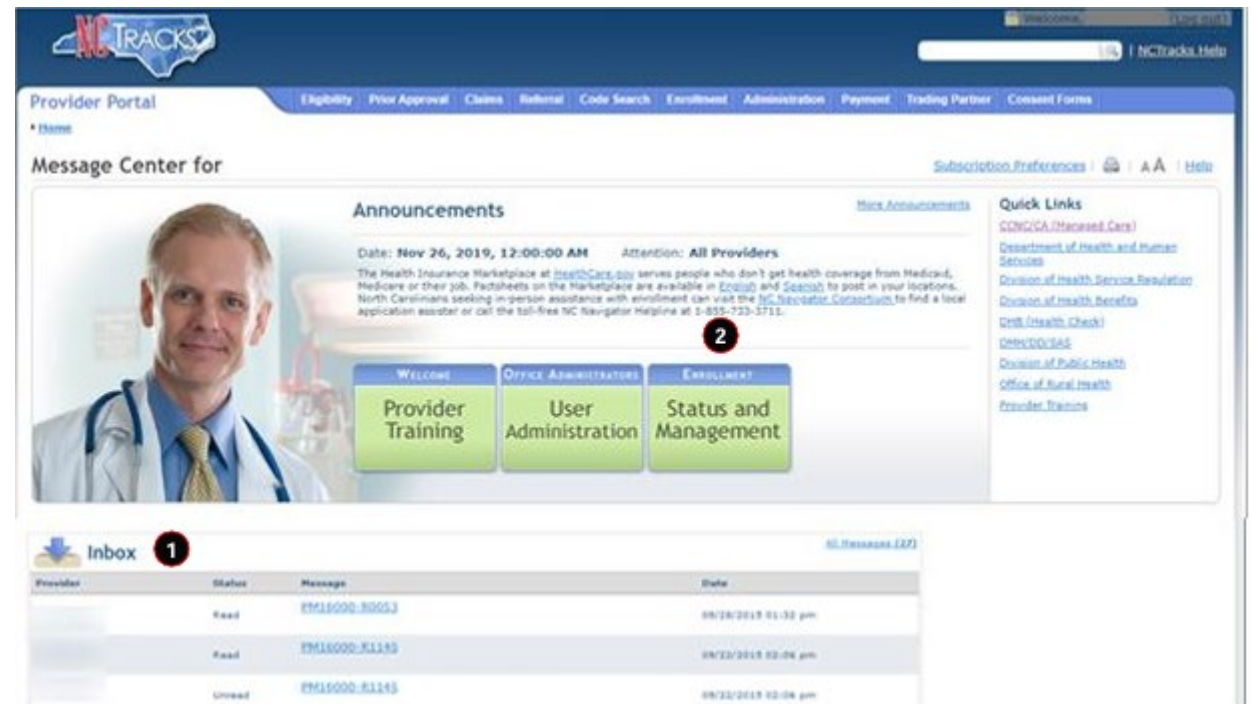


Provider Recredentialing

The **Reverification process** is completed from the **Status and Management** section of the NCTracks Provider Portal

Note: The OA or someone who has been designated as the Enrollment Specialist (ES) can complete re-verification. However, the **OA** is the **only** person who can submit the Re-verification application

1. A Re-verification letter is sent to the provider's NCTracks Inbox
2. Select **Status and Management**



Provider Recredentialing

On the **Status and Management** page, providers will find sections for Submitted Applications, Saved Applications, Manage Change Request, and Re-Verification

3. Scroll down to the **Re-verification** section

Status and Management AA [Help](#)

* 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.

If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

RECORD RESULTS					
NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			Manage Change Request	10/19/2015	Approved
			Re-verification	10/15/2015	Approved
			Manage Change Request	10/14/2015	Approved

The **Re-Verification** section displays all NPIs and Atypical IDs that are due for reverification

4. Select the line with the desired NPI
5. Select **Re-Verify**

RE-VERIFICATION ?

The following provider accounts associated with your NCID require a Reverification Application to be completed by the due date indicated. Please select the record with which you would like to proceed, then click **Re-Verify**.

RECORD RESULTS					
Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Due Date
☒					

Re-Verify

Provider Recredentialing

The **Re-Verification Application – Federal Requirements** page displays for providers whose taxonomy classification is categorized as **moderate or high risk**

The screenshot shows a web form titled "Federal Requirements". At the top right, there are icons for a user profile, font size adjustment (AA), and a "Help" link. Below the title, a legend indicates that a red asterisk (*) denotes a required field. The form is divided into two main sections: "FEDERAL SITE VISIT" and "FEDERAL FEE".

FEDERAL SITE VISIT

Based upon the health plans and taxonomy codes you have applied, your application requires you to complete a Federal Site Visit before your application will be approved.

If you completed a Federal Site Visit with another state Medicaid program, you must be able to provide proof of completion. If you are unable to provide proof, select NO.

If you completed a Federal Site Visit with Medicare, it must have been completed within 5 years of the submission date of this application. If the site visit was greater than 5 years, select NO.

* Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare?

MEDICARE 21

FEDERAL FEE

Section 6401(a) of the ACA requires the State Medicaid Agency to impose the fee. Based upon the health plans and taxonomy codes you have applied for, or your Bump Up Status, your application requires you to pay the Federal Fee.

If you paid the Federal Fee to another state Medicaid program, you must be able to provide proof of payment. If you are unable to provide proof, select NO.

* Have you paid the Federal Fee for this site to NC Medicaid, another state or Medicare within the past five years?

OTHER STATE 22

* Other State: FLORIDA

At the bottom of the form, there are navigation buttons: "Previous" and "Next". A note at the bottom right states: "Please be sure to complete all required fields with valid information. 23".

Maintaining an Accurate Provider Enrollment Record

Participating providers are contractually obligated to maintain and update their NCTracks record

What is the provider's role in this process?

- Confirming information within NCTracks and Health Plan Lookup Tool
- Correcting outdated information that may cause disruption or delays
 - Ensure OA name is correct and current
 - Confirm Active Taxonomies
 - End-Date Owners/Managing Employees
 - End-Date unused Service Locations
 - Confirm LACs are not expiring (reach out to affiliated associations who possibly receive notification from NC Medicaid)
 - Submit supporting documentation on time
 - Follow the CHOW protocol

Other Record Review Options

[Provider and Health Plan Lookup Tool](#)

[NC Medicaid Enrollment Broker](#)

[Standard Plan/CFSP Provider Directory Report](#)

[Tailored Plan Provider Directory Report](#)

Exclusion Sanction Questions and Disclosures

Exclusion Sanction questions must be accurately answered on applications, and new adverse actions must be reported to the Department

At time of re-verification providers must:

- Answer all Exclusion Sanction questions accurately.
- Failure to disclose required information could result in automatic denial.

Currently enrolled providers must:

Notify the Department within 30 calendar days of learning of any adverse action.

Importance of Reporting Expungements

What is an expungement?

An expungement is a court-ordered removal of criminal history from public view.

Does the provider's outcome have to be reported during the re-verification process?

Yes, the final court order must be included with your NC Medicaid re-verification application.

Does the severity of the offense matter?

No, severity does not matter; all expunged offenses must be disclosed.

How far back must an expungement be reported?

All expunged offenses must be reported, **regardless** of when they occurred.

Adding or Updating Service Location(s)

Adding or Updating Service Location

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 ☒	1003000845	ABC PROVIDER	27502-1216	05/01/2012	Active
☐	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
☐	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
☐	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Act

2

Update

Adding or Updating Service Location

On the Terms and Conditions page, simply click the checkbox to attest to and accept the Medicaid Terms and Agreements.

Attestation Statement

4

*** ATTESTATION**

☐ 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.

« Previous

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

Next »

Adding or Updating Taxonomies

Adding or Updating Taxonomy Codes

The Taxonomy Classification screen will list assigned taxonomy codes, as illustrated below.
To view taxonomy details, click the + (plus) sign to expand the taxonomy

Provider Portal

Home • **Provider Enrollment** • Online Provider Enrollment App...

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is selected.

Contact EYO Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Address
- Taxonomy Classification**
- Accreditation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EDI Account Information
- System Evaluation

Taxonomy Classification

indicates a required field

SCHOOL BASED HEALTH CENTER

Is your organization a School Based Health Center (SBHC)?

☐ Yes ☒ No

Please select the Taxonomy the National Plan & Provider If a submitted taxonomy has

+ TAXONOMY CLASSIFICATION - 282N00000X - GENERAL ACUTE CARE HOSPITAL

+ TAXONOMY CLASSIFICATION - 311Z00620X - ADULT CARE HOME

Time, Classification and Area of Specialization

Please select a Provider Type, Classification, and Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.

+ TAXONOMY CLASSIFICATION - 282N00000X - GENERAL ACUTE CARE HOSPITAL

+ TAXONOMY CLASSIFICATION - 311Z00620X - ADULT CARE HOME

Add Taxonomy Classification

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

Provider Type: -- Select One --

Classification: -- Select One --

Area of Specialization: -- Select One --

Begin Date: mm/dd/yyyy

Finalizing the Individual Application

- Attestation appears after the Office Administrator (OA) completes their portion of the re-verification application.
- The OA selects “Request Provider Attestation” to trigger the attestation step.
- The provider receives a secure email link prompting them to review and confirm the application.
- The attestation must be completed by the provider before the application can be submitted for processing.
- If the attestation is not completed within 45 calendar days, the application will automatically abandon.

Provider Recredentialing: Final Steps

The Final Steps Page – Key Reminders

Print/save the Online Application and/or Cover sheet

When **Fingerprinting** is required, the system advises that the OA will be contacted with more information

In the Electronic Attachments section, select the **Upload Documents** button to upload supporting documents

Select the **Provider Enrollment Status and Management Home** link to return to the Status and Management page

The screenshot displays the 'ONLINE SUBMISSION COMPLETE' page. It includes a thank you message and a list of documents to save/print: Online Application, Cover Sheet, and Review Agreement. Below this, it states that the application cannot be retrieved or reprinted. The next section, 'APPLICATION FEE REQUIRED', informs the user that a \$100.00 NC Application Fee is required and provides a 'Pay Now' button. The 'FINGERPRINTING REQUIRED' section explains that fingerprinting is necessary for federal regulatory compliance and that the Office Administrator will be contacted for instructions. The 'REQUIRED ATTACHMENTS' section shows that the user is enrolling as a 'PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS, Clinical Nurse Specialist, Psychiatric/Mental Health' and that no attachments are required for the Taxonomy. The 'ELECTRONIC ATTACHMENTS' section provides instructions on how to upload documents. At the bottom right, there is a red circle with the number '27' and a button labeled 'Upload Documents'.

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](#)
- [Review Agreement](#)

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

APPLICATION FEE REQUIRED

Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100.00 NC Application Fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. [Pay Now](#)

FINGERPRINTING REQUIRED

In compliance with the federal regulatory requirements in 42 CFR 455.450(c) 455.101 and 455.434, the application you submitted requires fingerprinting. After your application has been received and reviewed by CSRA, the Office Administrator will be contacted with instructions for completing the fingerprinting process. See [Fingerprinting Information Page](#) for more information.

REQUIRED ATTACHMENTS

Your application indicates that you are enrolling as:

- PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS, Clinical Nurse Specialist, Psychiatric/Mental Health

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ELECTRONIC ATTACHMENTS

If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

27 [Upload Documents](#)

Provider Recredentialing

The **Status and Management** page displays with the **current status** of the Re-Verification application

The screenshot shows the NC Tracks Provider Portal. The top navigation bar includes links for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment (highlighted), Administration, Payment, Trading Partner, and Consent Forms. The left sidebar contains 'Contact Information' (Phone: 800-688-6696, Fax: 855-710-1965, Email: NCTracksprovider@nctracks.com) and 'Quick Links' (Online Application, Advanced Medical Home Tier Attestation, Provider Enrollment Home, PE Supporting Information, PE Terms and Conditions, Reassign Existing Draft Applications). The main content area is titled 'Status and Management' and includes a 'Welcome to Provider Enrollment Status and Management' message. Below this, there is a section for 'SUBMITTED APPLICATIONS' with explanatory text. A table titled 'RECORD RESULTS' displays the status of submitted applications.

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
[REDACTED]	[REDACTED]		RE-VERIFICATION	07/17/2018	Pay Now , Upload Documents - Payment Pending
[REDACTED]	[REDACTED]		MANAGE CHANGE REQUEST	10/09/2017	Manage Change Request Complete

Off-cycle Provider Reverification

According to CMS guidance, NC Medicaid will conduct off-cycle, expedited provider reverification for providers who are classified as high categorical risk level and meet one of the following:

- Have not been reverified in the last 12 months
- Are due within the next 12 months

The process to initiate this reverification is currently under development. Notifications with specific deadlines for application submission are expected in the Fall of 2026

Links & Resources

- [Providers with License Limitations or Non-Practice Agreements Ineligible for NC Medicaid](#)
- [How to Disassociate from an OA](#)
- [NC Medicaid Provider and Health Plan Lookup Tool](#)
- [NCDHHS Provider Administrative Participation Agreement](#)
- [NCTracks Exclusion Sanction Questions FAQs](#)
- [NCTracks: Process to Update a Name, DOB and/or SSN](#)
- [NC Medicaid Program Specific Clinical Coverage Policies](#)
- [Confirming Medicaid Coverage for Beneficiaries](#)
- [Reminders About Required Provider Disclosures Including Expungements](#)
- [Risks of Not Accurately Reporting on Provider Record](#)
- [NCTracks User Guides & Trainings](#)
- [NC Medicaid Provider Page](#)
- [NCTracks Provider Announcements](#)
- [NC Medicaid Bulletins](#)
- [NCTracks Provider Enrollment](#)
- [NC Medicaid Help Center](#)
- [Off-cycle Provider Reverification](#)
- [Upcoming Changes to Service Location Management](#)
- [Reminders About Required Provider Disclosures](#)
- [Provider Permission Matrix \(PPM\)](#)
- [Changes to Service Location Management: Draft Applications to be Deleted](#)
- [Powerpoint & Recording: July 23, 2026 Provider Enrollment Presentation](#)

Thank You

Questions?



**Thank you
for joining
us today!**

Stay tuned for more details about our third webinar in the Summer/Fall Provider Enrollment Series. We're looking forward to sharing what's next!