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

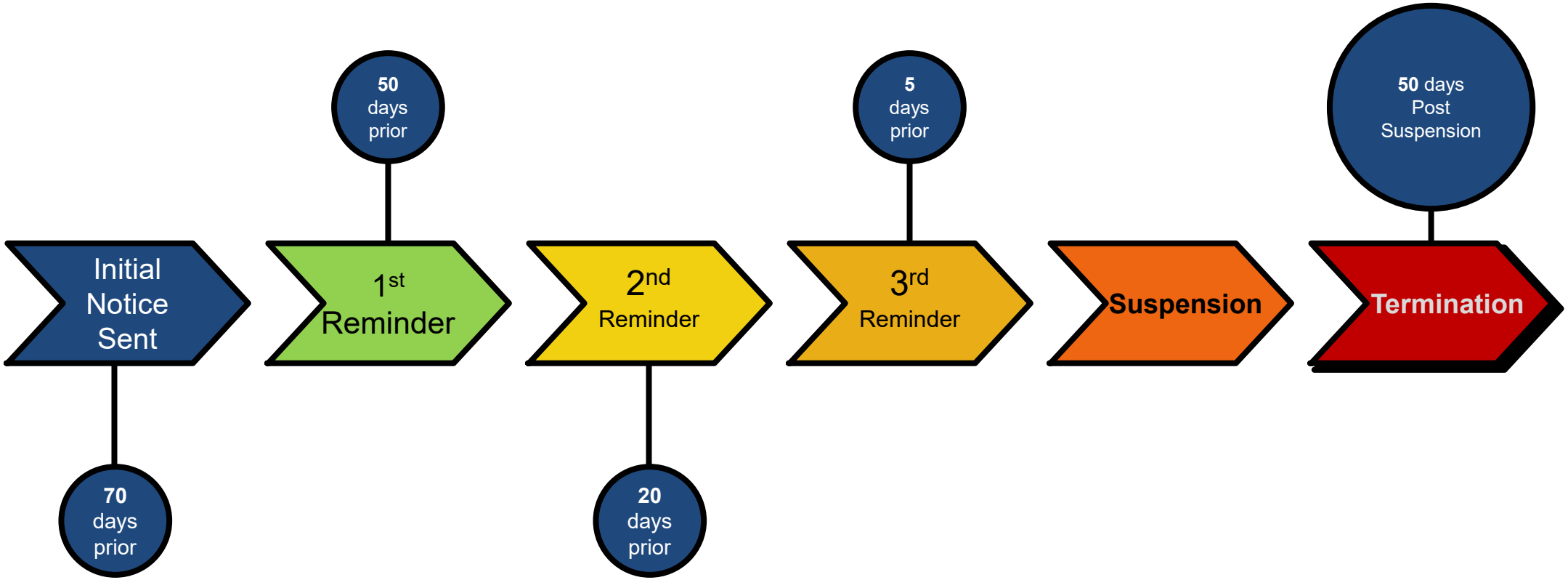
Approved Credentialing files with the following findings are bumped up:

- 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

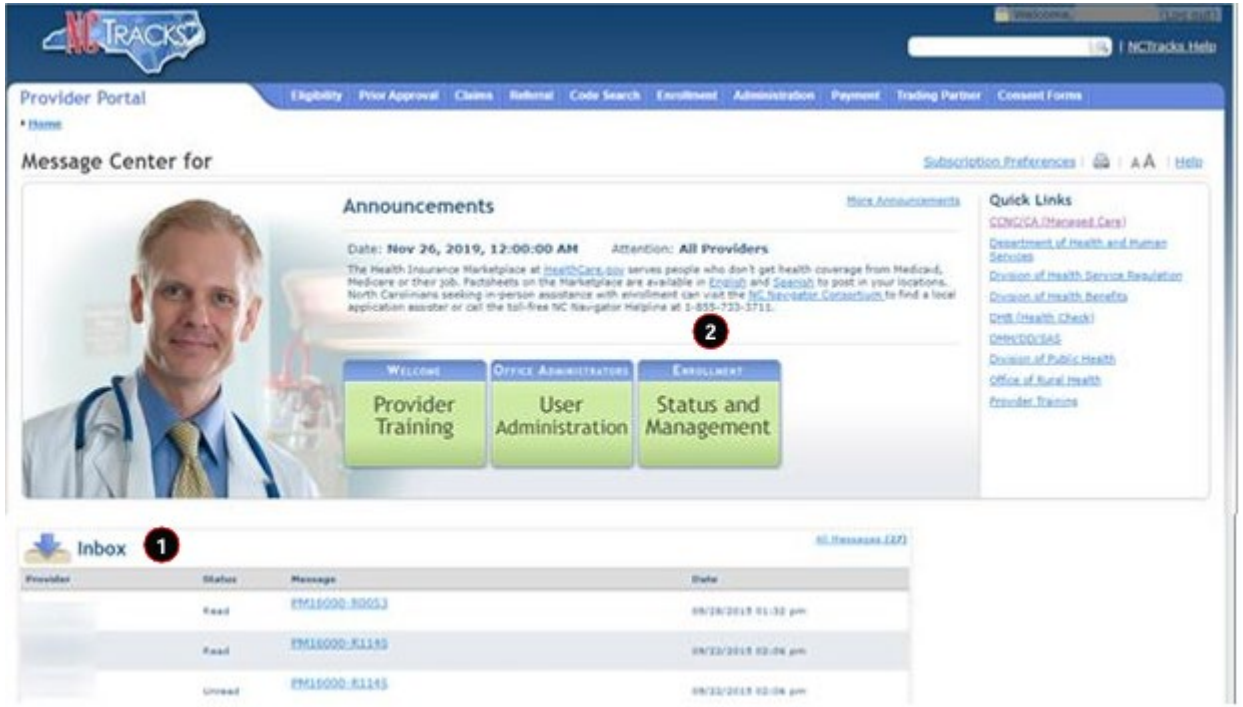


Provider Recredentialing

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

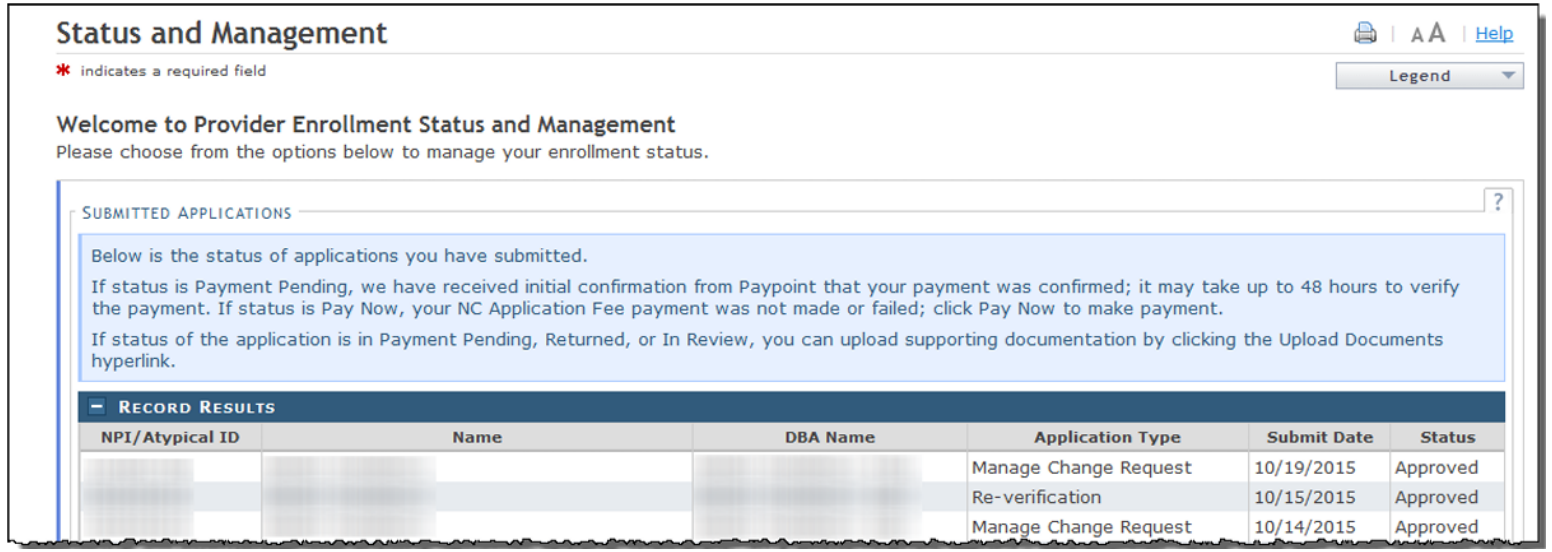
1. A Re-verification letter is sent to the provider's NCTracks Inbox
2. Select **Status and Management**



Provider Recredentialing

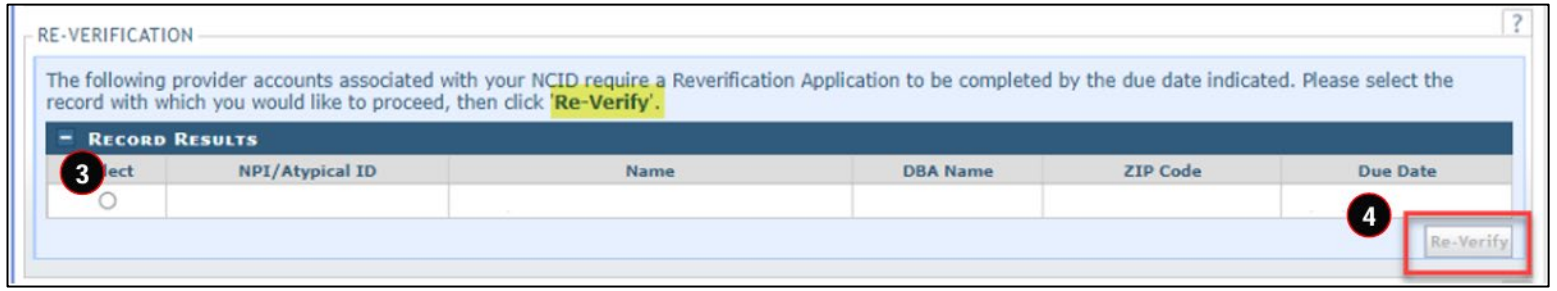
On the **Status and Management** page, providers will find sections for Submitted Applications, Saved Applications, Manage Change Request, and Re-Verification

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



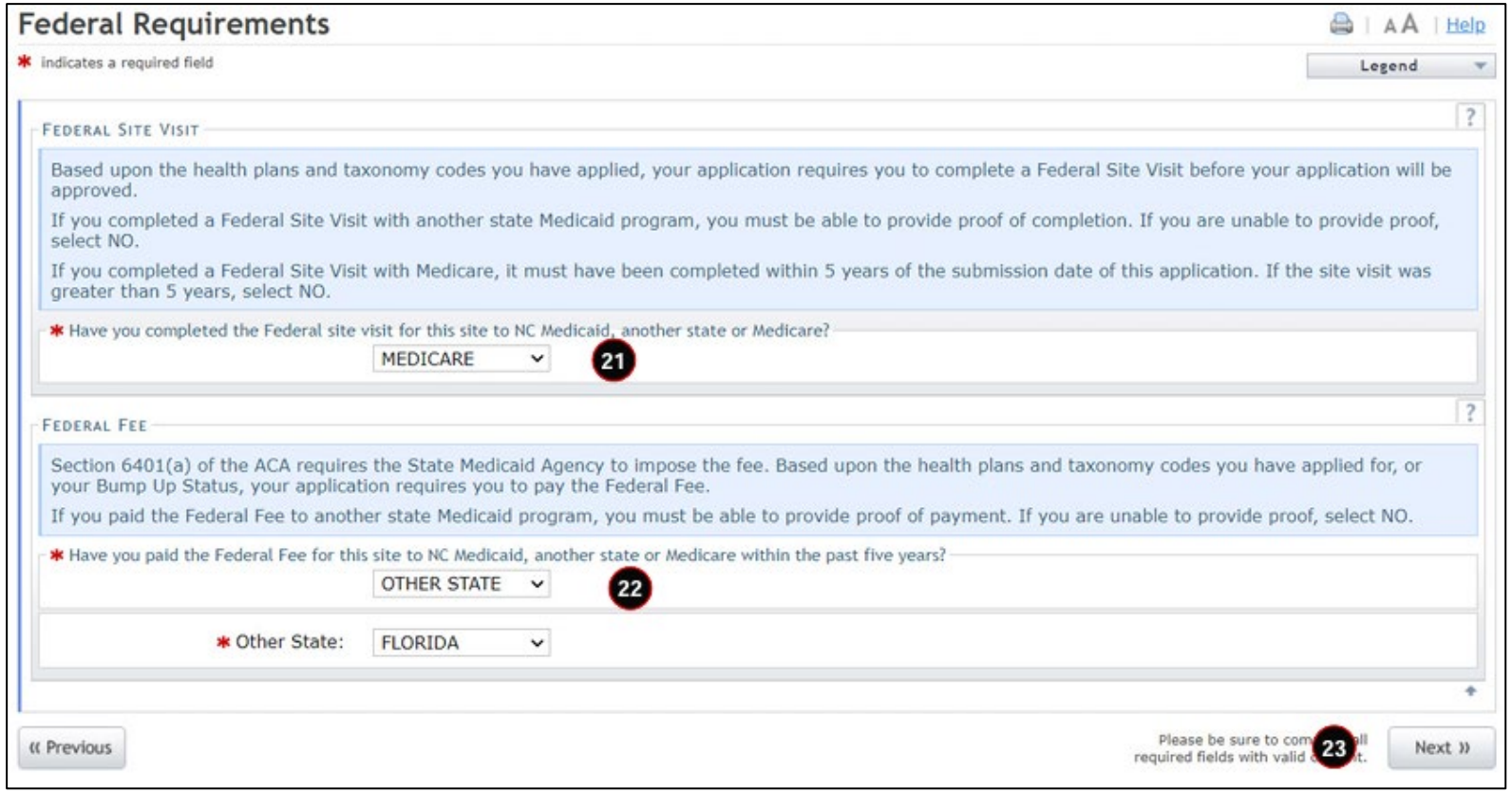
The **Re-Verification** section displays all NPIs and Atypical IDs that are due for reverification

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



Provider Recredentialing

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



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

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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?

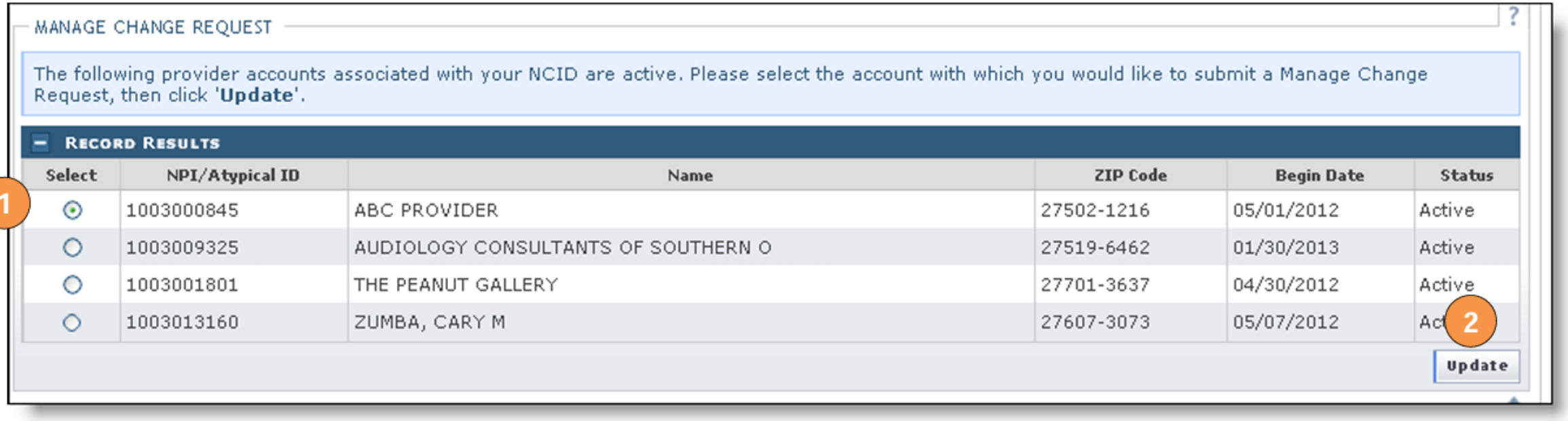
No, severity does not matter; all expunged offenses must be disclosed.

How far back must an expungement be reported?

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

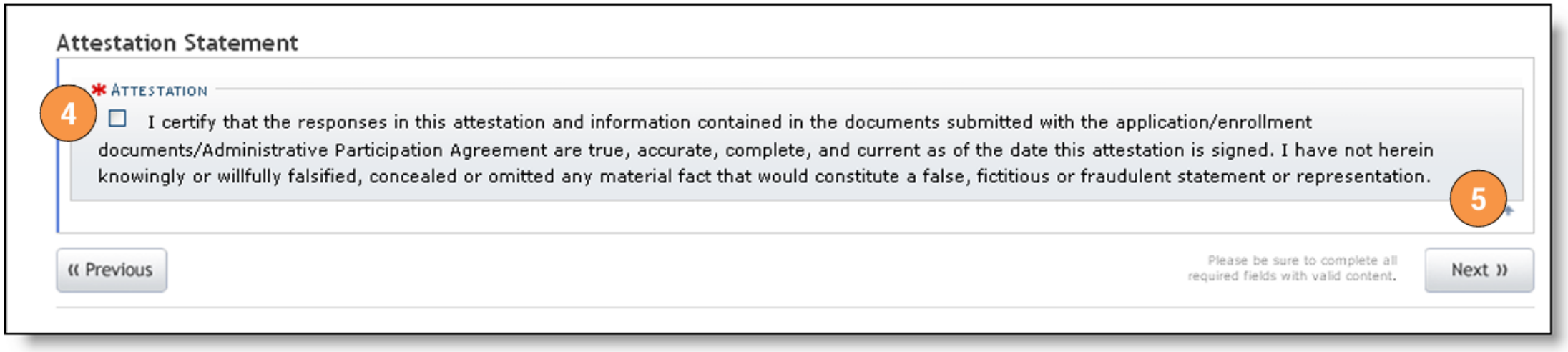
Adding or Updating Service Location(s)

Adding or Updating Service Location



Adding or Updating Service Location

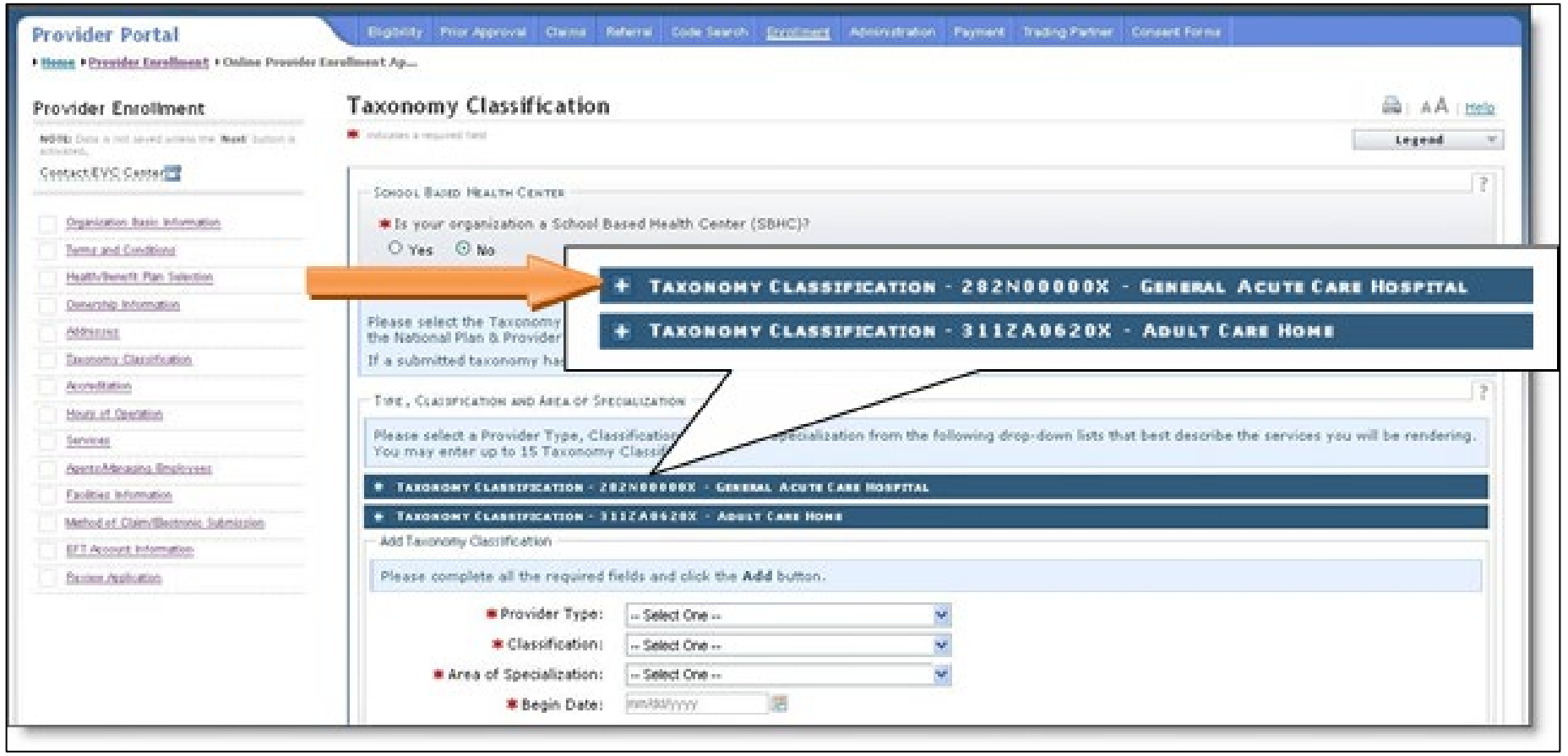
On the Terms and Conditions page, simply click the checkbox to attest to and accept the Medicaid Terms and Agreements.



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



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

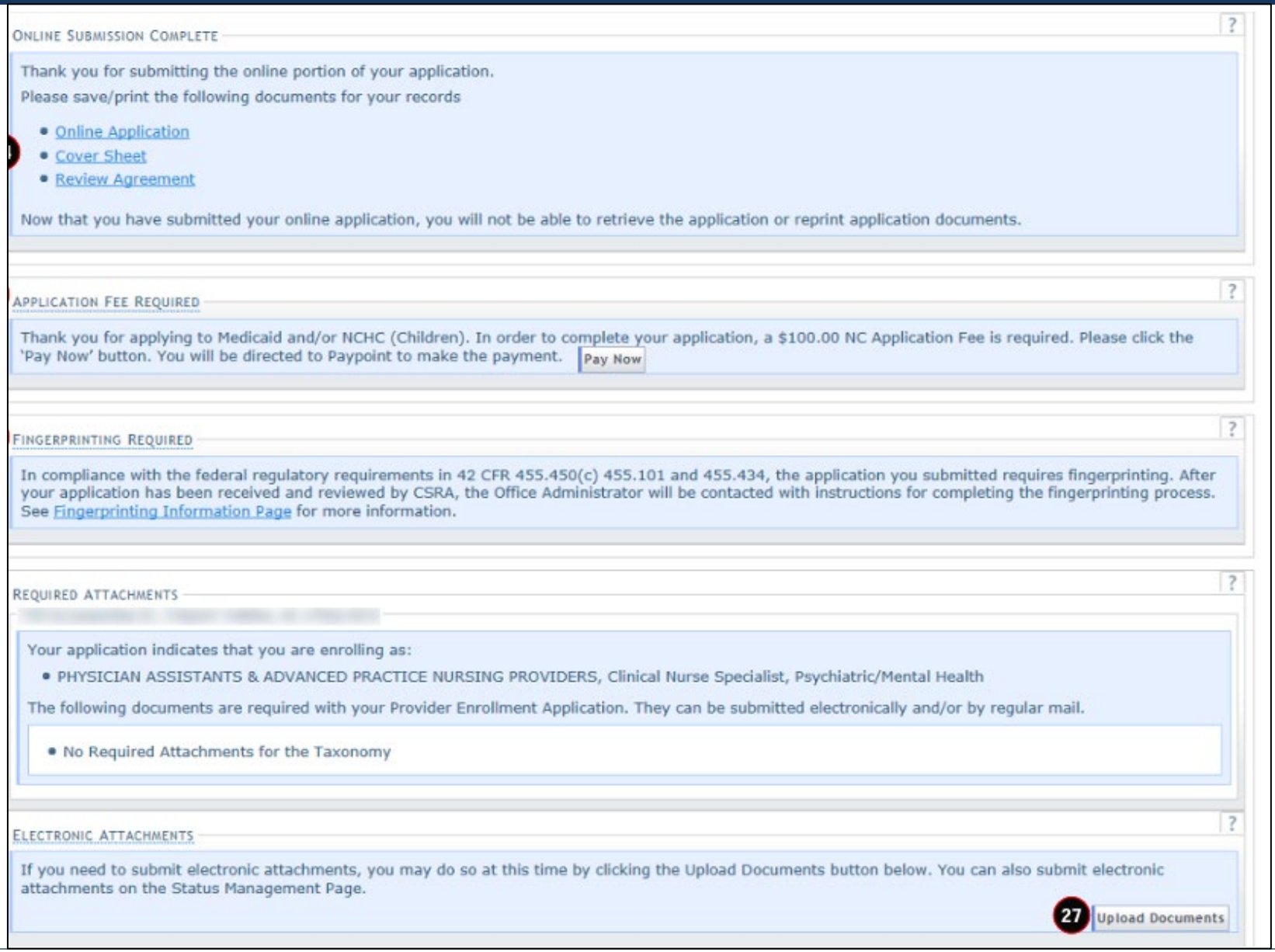
The Final Steps Page – Key Reminders

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

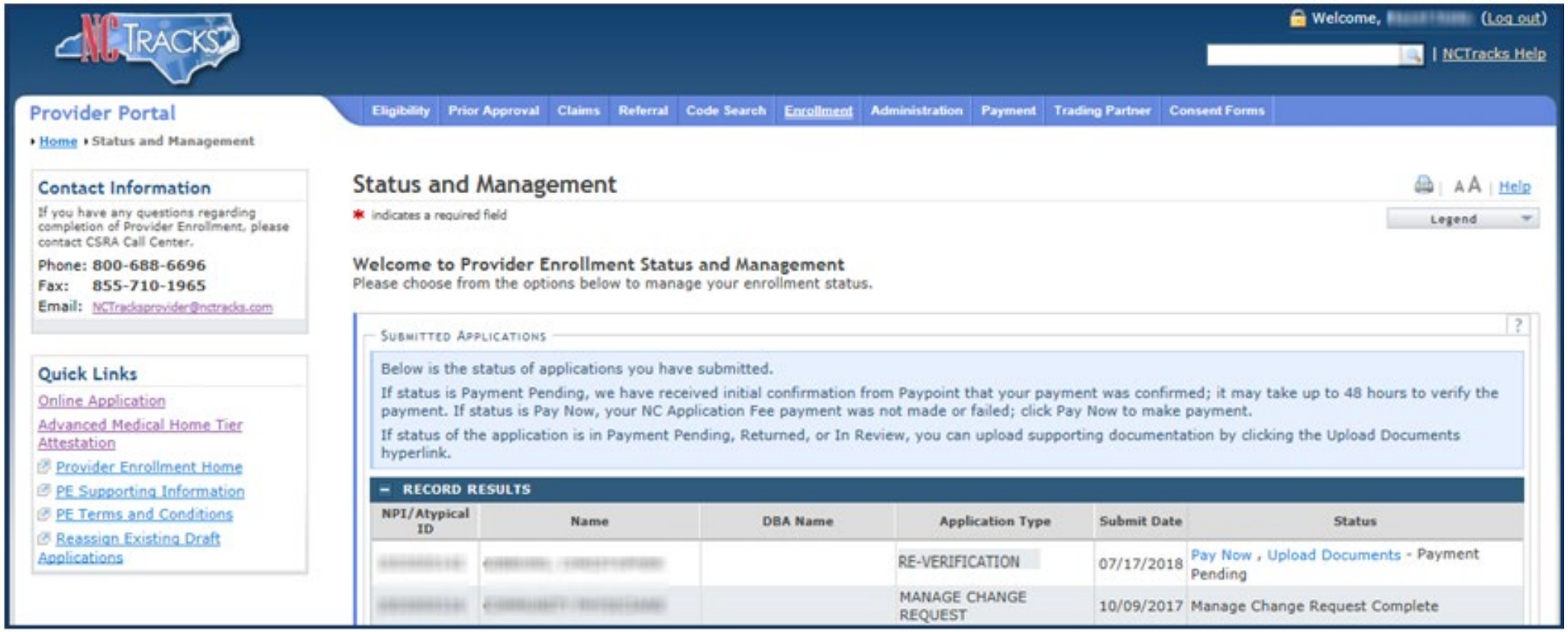
In the Electronic Attachments section, select the **Upload Documents** button to upload supporting documents

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



Provider Recredentialing

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



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!