NC Medicaid Provider Operations

Provider Enrollment
2026 Summer and Fall Series
Session #1

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Agenda

1. Types of Applications
2. What is an NCID?
3. NCTracks Enrollment
4. Provider Permission Matrix
5. Application Process
6. Categorical Risk Levels
7. PCG Training
8. Common Mistakes to Avoid
9. Enrollment Status Verification
10. Updates to Provider Enrollment Process
11. Maintaining an Accurate Provider Enrollment Record
12. Issue Resolution
13. Learning Management System
14. Links & Resources
15. Questions & Answers

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

What is an NCID?

The **North Carolina Identity Management Service** provides security and access control to real-time resources such as customer-based apps and information retrievals

NCID & MyNCID Help

Verify Identity

Manage User Accounts

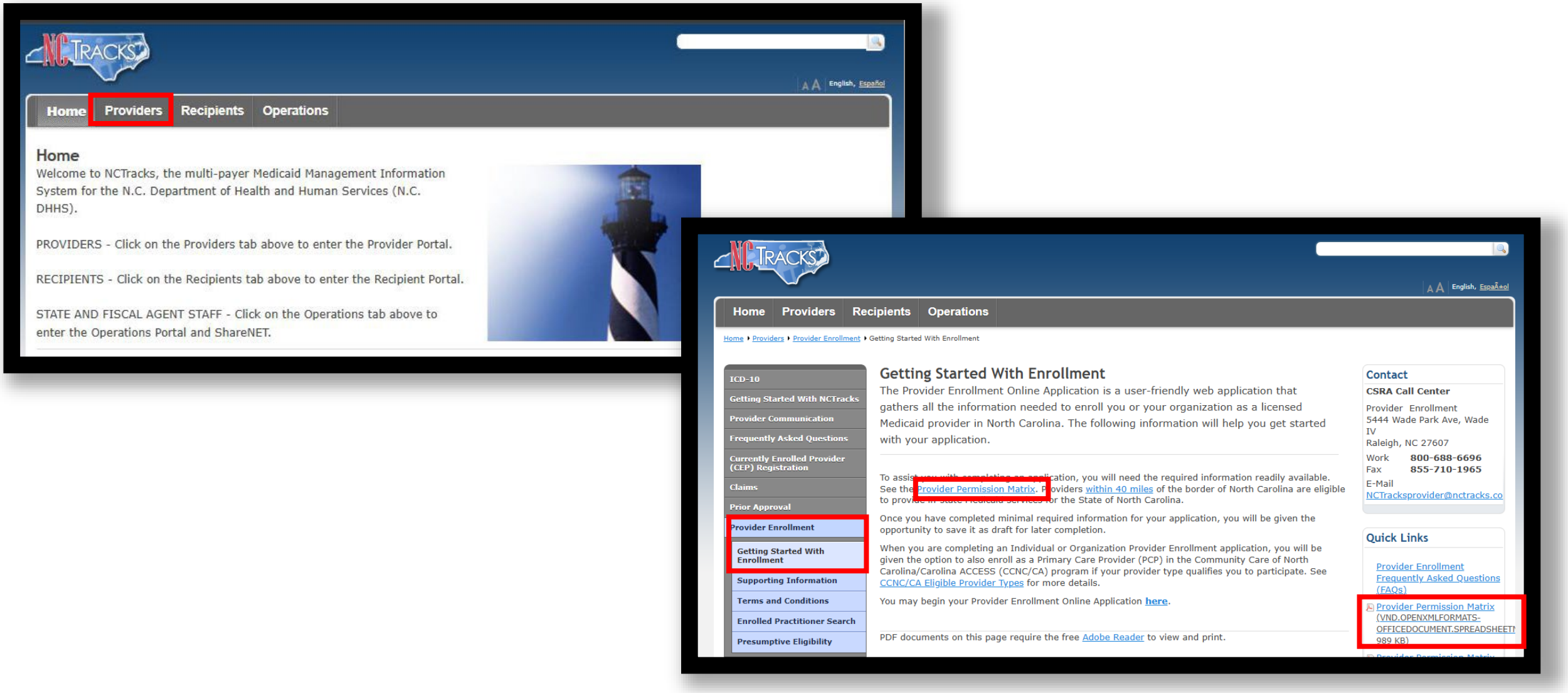
Assign Access

Delegate Authority

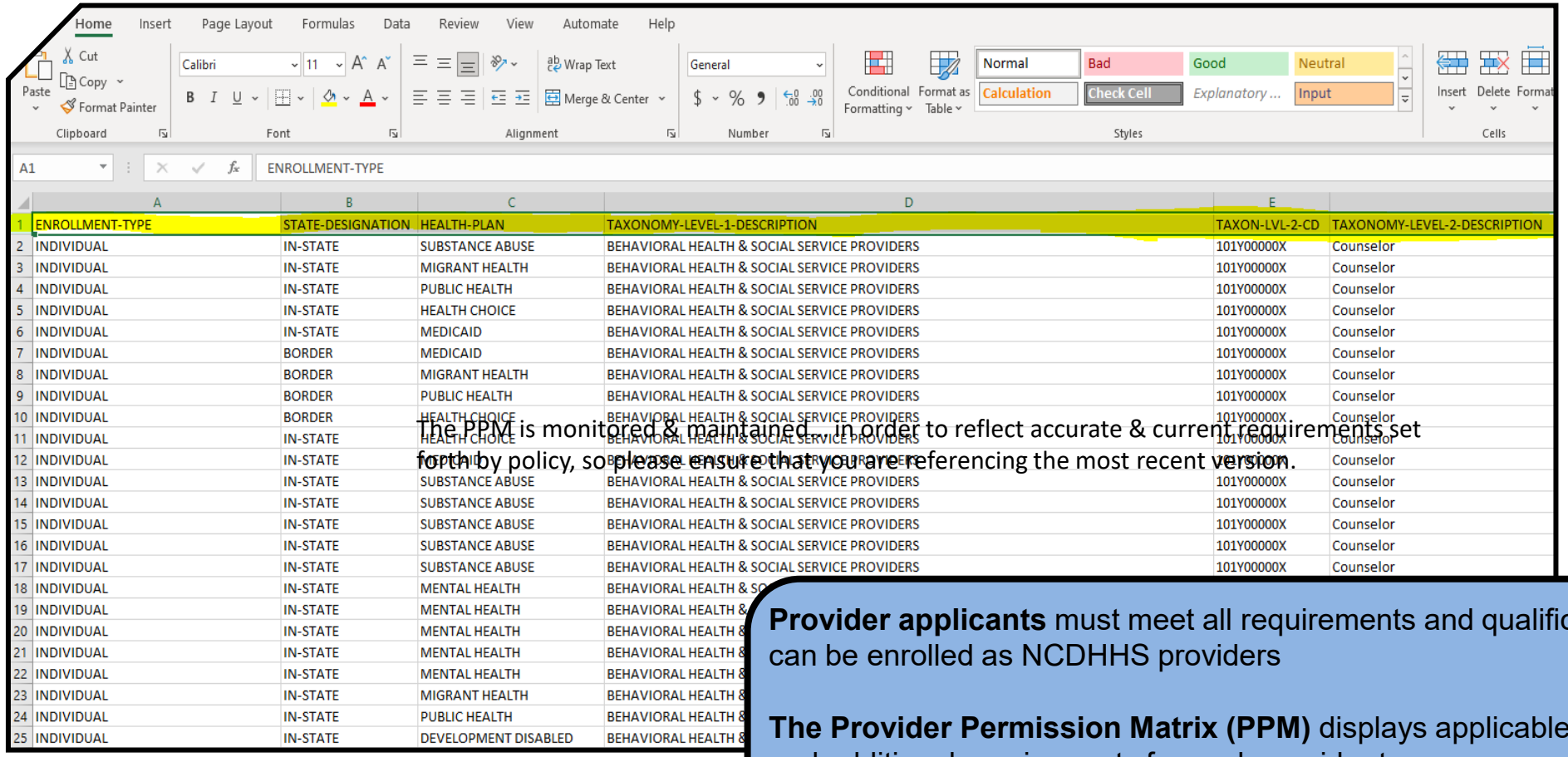
Automate Key Functions

An NCID is required to enroll in NCTracks

Getting Started – NCTracks Enrollment



Provider Permission Matrix (PPM)



	A	B	C	D	E	
1	ENROLLMENT-TYPE	STATE-DESIGNATION	HEALTH-PLAN	TAXONOMY-LEVEL-1-DESCRIPTION	TAXON-LVL-2-CD	TAXONOMY-LEVEL-2-DESCRIPTION
2	INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
3	INDIVIDUAL	IN-STATE	MIGRANT HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
4	INDIVIDUAL	IN-STATE	PUBLIC HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
5	INDIVIDUAL	IN-STATE	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
6	INDIVIDUAL	IN-STATE	MEDICAID	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
7	INDIVIDUAL	BORDER	MEDICAID	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
8	INDIVIDUAL	BORDER	MIGRANT HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
9	INDIVIDUAL	BORDER	PUBLIC HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
10	INDIVIDUAL	BORDER	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
11	INDIVIDUAL	IN-STATE	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
12	INDIVIDUAL	IN-STATE	[illegible]	[illegible]	[illegible]	Counselor
13	INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
14	INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
15	INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
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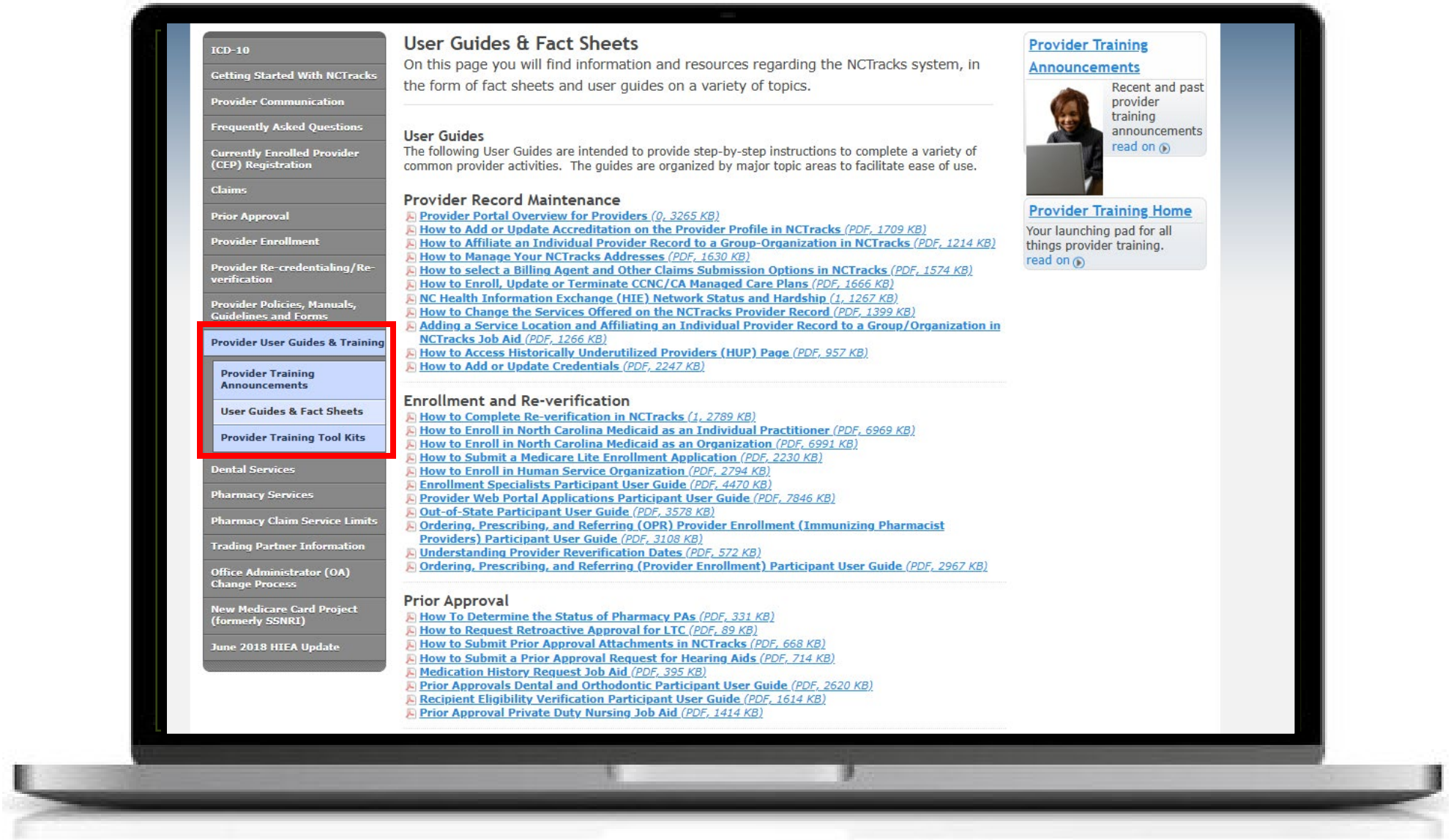
17	INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
18	INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SO		
19	INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH &		
20	INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH &		
21	INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH &		
22	INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH &		
23	INDIVIDUAL	IN-STATE	MIGRANT HEALTH	BEHAVIORAL HEALTH &		
24	INDIVIDUAL	IN-STATE	PUBLIC HEALTH	BEHAVIORAL HEALTH &		
25	INDIVIDUAL	IN-STATE	DEVELOPMENT DISABLED	BEHAVIORAL HEALTH &		

The PPM is monitored & maintained... in order to reflect accurate & current requirements set forth by policy, so please ensure that you are referencing the most recent version.

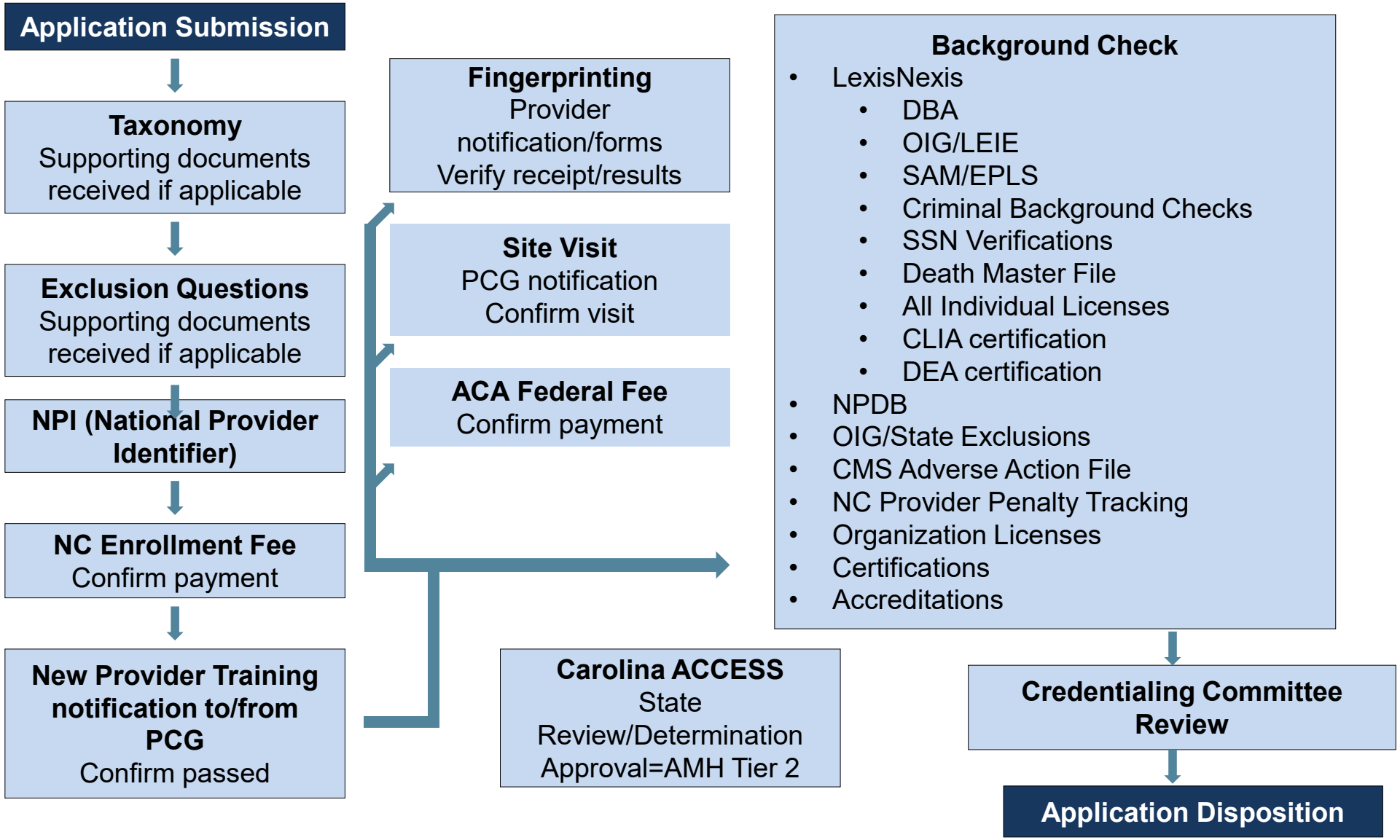
Provider applicants must meet all requirements and qualifications before they can be enrolled as NCDHHS providers

The Provider Permission Matrix (PPM) displays applicable qualifications, fees, and additional requirements for each provider type

NCTracks User Guides and Fact Sheets



NCTracks Provider Application Process



Categorical Risk Levels

Providers are categorized by risk level as outlined by CMS, NC General Statute Sec. 108-C3, or DHB clinical policy

"Moderate" and "High" risk level providers may be subject to additional screening requirements

Moderate and High-Risk Provider Requirements

Federal Enrollment Fee

The Centers for Medicare & Medicaid Services (CMS) set the fee, which may be adjusted annually. The 2026 calendar year fee is $750

Fingerprint-based Background Checks

In accordance with Title 42 CFR 455.434 and 42 CFR 455.450 (c), fingerprint-based background checks are required for all high categorical risk providers

Site Visit

On-site visits are required for all providers who fall in the “Moderate” or “High” categorical risk levels

PCG Training Modules

- Newly enrolling providers must pass a training course as part of the enrollment process
- Providers are required to pass a quiz before training is considered complete
- Approx 90 minutes to complete (within 15 calendar days)
- You must achieve a score of 70% or greater
- Ideally, providers should complete training themselves; however, it is acceptable for knowledgeable provider staff to complete the training
- If training is failed within established timeframe, the training can be retaken

PCG 877-522-1057, option 2

Provider Enrollment: Common Mistakes to Avoid

- **Provider names listed on applications must match their legal name, name on NPPES registry, and their name on any LACs. This includes middle names**
- **Incomplete uploaded supplemental documentation:**
  - For example: If you are required to provide an explanation for a work history gap, please ensure the explanation is signed by the provider and dated within the past six months
- **Respond to NCTracks notifications that require action**
- **Update licenses, accreditations, and certifications in a timely fashion**

Risks of Unmatched Names

NCTracks requires providers to use their full legal name

It must also match:

- National Plan and Provider Enumeration System (NPPES)
- Applicable accreditation, certification and licensure agencies. For Drug Enforcement Agency (DEA), only first and last name must match
- Employer Identification Number (EIN)/Taxpayer Identification Number (TIN)

Matching records allow NCTracks to complete credentialing and background checks successfully

Providers may email NCTracksProvider@nctracks.com and include relevant documentation if their name on NCTracks does not match their full legal name

If a name associated with NPPES, DEA certification (except middle name) or other credentialing entities does not match government-issued ID, the provider should contact the appropriate entity to reconcile the name

Risks of Unmatched Names (continued)

Application Denial/Withdrawal and Additional Fee Payment

- **Initial enrollment applications:** If an initial enrollment application is submitted with an incorrect name, the provider must withdraw and submit a new application with their correct legal name. This will require a new payment of the NC Application fee

- **Reenrollment, MCR or reverification applications:** The provider cannot alter their name on a pending application

- Before applying, confirm that the name matches across entities used for enrollment: Government-issued identification; NPPES; credentialing agency; DEA (except middle name); EIN/TIN (if applicable)

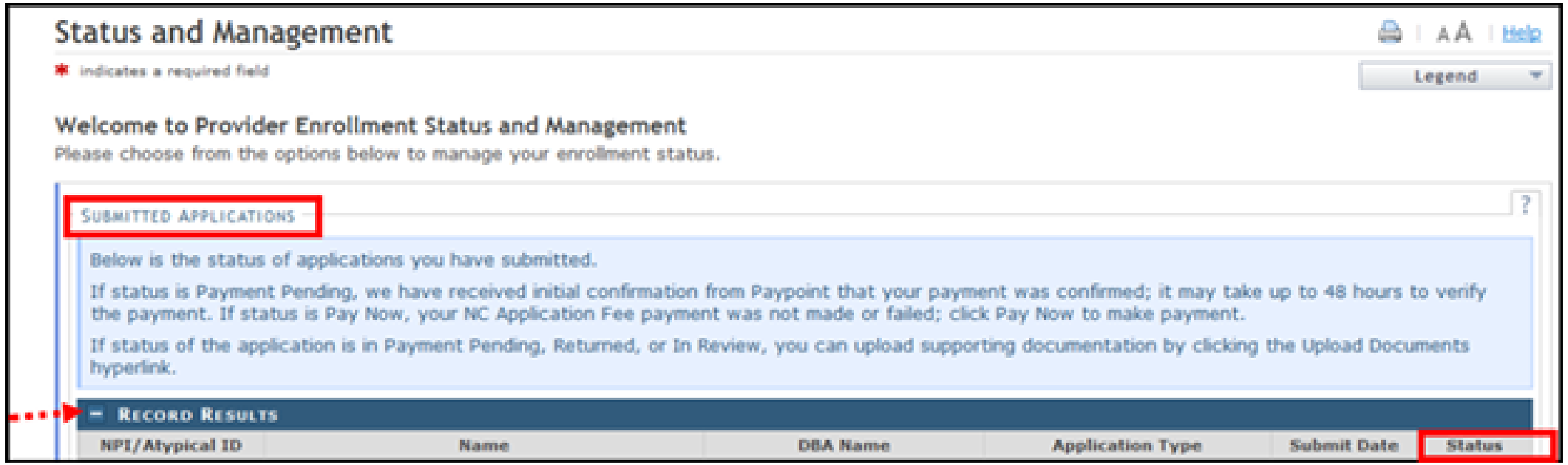
NCTracks Helpful Hints: What is the Process to Update a Name, DOB and/or SSN on a Provider's Record?

Enrollment Application Status Verification

To check the status of a submitted application on NCTracks, log in to the NCTracks Provider Portal and click the **"Status and Management"** icon. A provider can locate their status under **"Submitted Applications"** to the right of the NPI

Most common status descriptions are:

- **In Review:** Provider's application has been successfully submitted and is being reviewed and processed
- **Returned:** Application has been returned to the provider. Additional documentation is required before processing can continue



Updated Exclusion/Sanction Questions

Updated Exclusion/Sanction Questions in Provider Application

Previous Question:
"Is the enrolling provider currently engaged in the illegal use of drugs?"

Replaced Question:
"Does the enrolling provider use any chemical substances that would in any way impair or limit the ability to practice medicine and perform the functions of the job with reasonable skill and safety?"

Previous Question:
"Does the enrolling provider have any reason to believe that they would pose a risk to the safety or well-being of patients?"

Replaced Question:
"Is the enrolling provider unable to perform the essential functions of a practitioner in their area of practice even with reasonable accommodation"?

Individual Provider Attestation

GDIT has created a new attestation process for Individual provider applications requiring the Individual provider to electronically sign through the provider portal

- Required for initial enrollment, reenrollment, and reverification
- Applies to new applications submitted after implementation and does not affect applications already in progress
- An Office Administrator (OA) will complete application but cannot submit until it is verified, signed, and attested to by the provider
- Upon email notification, the provider can verify and attest to the application information
- During this process, application information may not be modified. Providers can only **Approve** or **Reject** the information. If rejected, the OA can then modify the information and resend to the provider without starting over
- Email is sent to the OA when attestation is complete informing them whether provider attests to or rejects the information

Learn more about the new Attestation Process

Race, Ethnicity, and Languages Spoken

Race, Ethnicity, and Languages Spoken
NCTracks now captures provider's race, ethnicity, and languages spoken on individual provider enrollment applications
▪ Applies to individual and atypical providers for all application types
▪ An option is available for provider to opt out
▪ Race, ethnicity, and language responses are editable in the Provider Portal

NC Medicaid Credentialing Committee

NCDHHS has established a Provider Credentialing Committee:

- The committee reviews all submitted provider applications
- It issues final determinations on those applications
- Determinations are based on information gathered during the credentialing process
- The committee also considers whether applicants are active NC Medicaid providers

This applies to providers for all Division of Health Benefits (DHB), Division of Mental Health (DMH), Division of Public Health (DPH), Office of Rural Health (ORH), and all NC Medicaid practitioners.

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
- Providers may correct erroneous data with an MCR (Manage Change Request)
  - Ensure OA name is correct and current
  - Confirm Active Taxonomies
  - End-Date Owners/Managing Employees
  - 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

Provider Enrollment Questions

What if I have questions about enrollment or my application?

GDIT / NCTracks
800-688-6696
nctracksproviderenrollment@nctracks.com

Issue Resolution: NC Medicaid Provider Ombudsman

- **Consists of a team of NC Medicaid Provider Operations Engagement Staff**

- **Represents the interests of the provider community**
  - Receives and responds to inquiries and complaints
  - Provides resources
  - Offers quick and efficient resolution

- **Common Inquiries:**
  - Provider Enrollment
  - Contracting /Health Plans
  - Administrative
  - Claims
  - Oversight

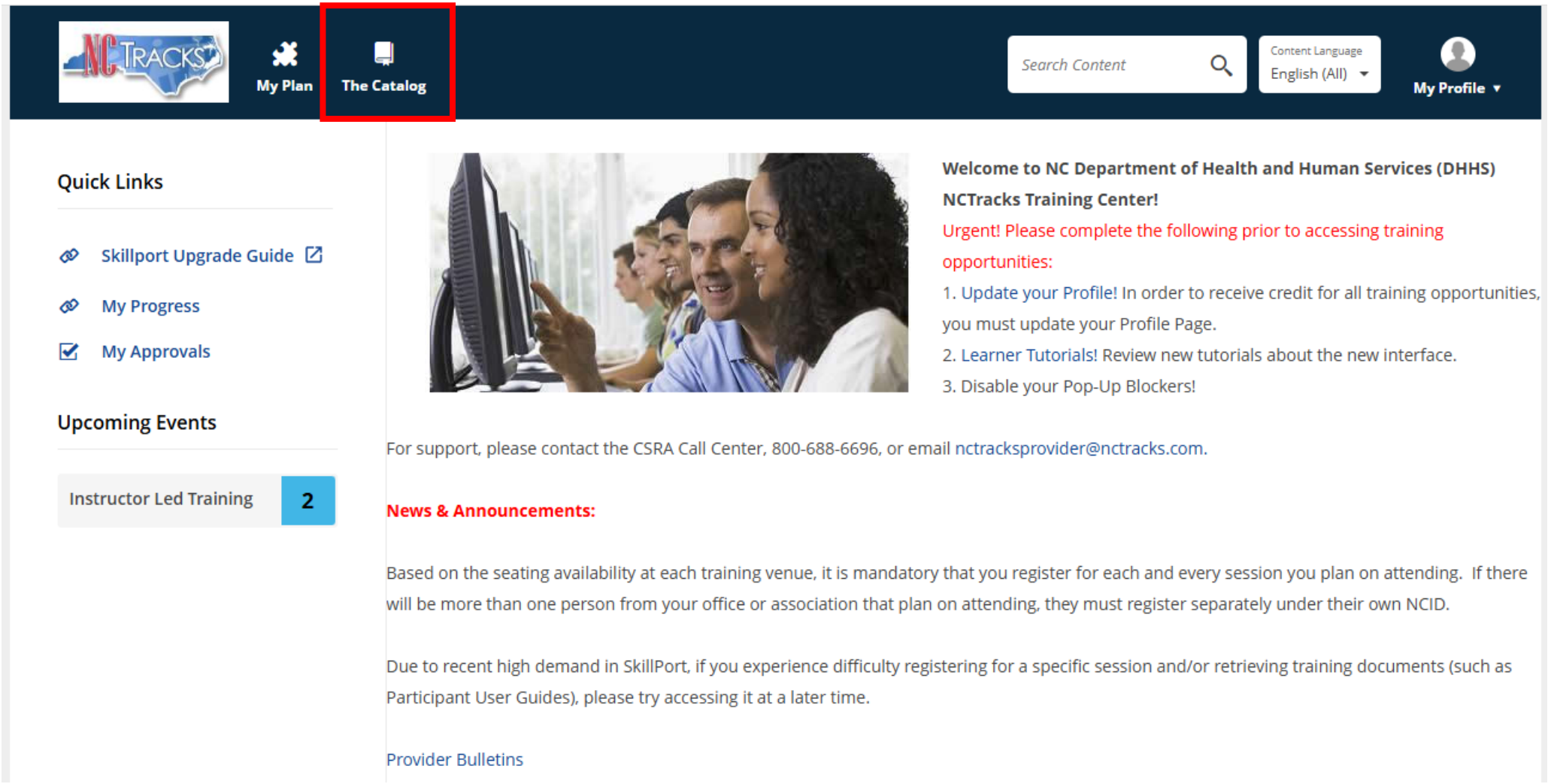
- **866-304-7062**

Medicaid.providerombudsman@dhhs.nc.gov

Provider-Playbook-/ Trending-Topics

Skillport/Learning Management System

Resources for Providers who are Seeking More Information and Knowledge



Links & Resources

- Providers with License Limitations or Non-Practice Agreements Ineligible for NC Medicaid Participation
- How to Disassociate from an Office Administrator
- Deadline Extended to Oct. 1, 2026, for 251S0000X Providers With No Services Selected
- NC Medicaid Provider and Health Plan Lookup Tool
- NCDHHS Provider Administrative Participation Agreement
- NCTracks Exclusion Sanction Questions FAQs
- NCTracks Helpful Hints: What is the Process to Update a Name, DOB and/or SSN on a Provider's Record?
- NC Medicaid Program Specific Clinical Coverage Policies
- Confirming Medicaid Coverage for Beneficiaries
- Reminders About Required Provider Disclosures Including Expungements
- NCTracks July Provider Trainings
- Providers: Risks of Not Accurately Reporting on Your NCTracks Provider Record
- NCTracks User Guides & Trainings
- NC Medicaid Provider Page
- NCTracks Provider Announcements
- NC Medicaid Bulletins
- NCTracks Provider Enrollment
- NC Medicaid Help Center

Thank you!

Thank you!

Stay tuned for further information on our Summer/Fall Provider Enrollment webinar series