

NC Medicaid

Stay Ready: LTSS Provider Enrollment & Taxonomy Updates Webinar

NC Division of Health Benefits
Provider Operations

April 15, 2026



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Getting Started – NCTracks Enrollment

Home **Providers** Recipients Operations

Home

Welcome to NCTracks, the multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

PROVIDERS - Click on the Providers tab above to enter the Provider Portal.

RECIPIENTS - Click on the Recipients tab above to enter the Recipient Portal.

STATE AND FISCAL AGENT STAFF - Click on the Operations tab above to enter the Operations Portal and ShareNET.

Getting Started With NCTracks

Just getting started with NCTracks? Follow these easy steps to begin using the new system. [read on @](#)

Provider User Guides & Training

This section includes User Guides and Fact Sheets designed to help N.C. DHHS providers understand how to use NCTracks, as well as information about Provider Training. [read on @](#)

Provider Re-credentialing/Re-verification

This section is intended to help NC DHHS providers understand the online Re-credentialing/Re-verification process in NCTracks. Additionally, providers will find links to Provider Announcements, User Guides and Frequently Asked Questions. REVISED VERSION AS OF 05/2/2024 [read on @](#)

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NC Department of Health and Human Services

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Provider Enrollment

NC DHHS recognizes the need to promote access to care by enrolling all providers in a timely manner and is committed to ensuring the provision of quality care for our citizens.

MULTI-FACTOR AUTHENTICATION (MFA) WILL BE REQUIRED FOR ALL NCTRACKS USERS SOON

In accordance with the North Carolina Identity Management (NCID) Citizen Identity Project, NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates for all NCTracks users in 2025.

This transition will occur in phases and you will be contacted via email when your account is scheduled to transition to MFA. If not already using MFA to log into NCTracks, you may also proactively follow the steps in the full announcement below to update all NCID profiles associated with your account.

Fingerprinting Information Page

This page includes a list of answers to frequently asked questions (FAQs) and other resources regarding provider fingerprint-based criminal background checks (FCBCs). Updated April 29, 2025. [read on @](#)

Job Aids

- [How to Manage Your NCTracks Addresses Job Aid \(PDF, 1630 KB\)](#)
- [Request to Back-Date Enrollment Effective Dates \(PDF, 1689 KB\)](#)
- [How to Complete Re-Verification in NCTracks \(L, 2789 KB\)](#)
- [How to Enroll In North Carolina Medicaid as an Individual Practitioner \(PDF, 6969 KB\)](#)
- [How to Enroll in NC Medicaid as an Organization \(2, 5768 KB\)](#)
- [How to Submit Medicare Lite Enrollment Application \(PDF, 2230 KB\)](#)
- [How to Enroll in Human Service Organization \(PDF, 2791 KB\)](#)
- [Enrollment Specialist Participant User Guide \(PDF, 4470 KB\)](#)

Please refer to the [Multi-Factor Authentication \(MFA\) will be Required for All NCTracks Users Soon announcement](#) for steps to enroll and links to training materials.

The enrollment process includes credentialing, endorsement, and licensure verification. The CSRA Enrollment Team completes this verification to ensure that all providers meet the professional requirements and are in good standing. Once participation as a DHHS provider has been approved, providers are notified by email and may begin submitting claims to NC DHHS for services rendered.

The CSRA Enrollment Team cannot provide special consideration for processing of enrollment applications due to provider error, incomplete information, or due to a delay in obtaining credentialing, endorsement or licensure information from another agency.

Applicants must meet all program requirements and qualifications for which they are seeking enrollment by [this deadline](#) for all DHHS providers. Specific qualifications for each provider type are listed in the [Provider Permission Matrix](#).

If you have any questions regarding completion of the Provider Enrollment Online Application, please contact the CSRA Call Center by phone—800-688-6696, fax—855-710-1965, or email—NCTracksprovider@nctracks.com.

Getting Started With Enrollment

The Provider Enrollment Online Application is a user-friendly web application that gathers all the

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NC Department of Health and Human Services

Provider Permission Matrix (PPM)

The screenshot displays the NCTracks website interface. At the top, there is a navigation bar with tabs for Home, Providers, Recipients, and Operations. Below this, a breadcrumb trail reads: Home > Providers > Provider Enrollment > Getting Started With Enrollment.

Getting Started With Enrollment

The Provider Enrollment Online Application is a user-friendly web application that gathers all the information needed to enroll you or your organization as a licensed Medicaid provider in North Carolina. The following information will help you get started with your application.

To assist you with completing an application, you will need the required information readily available. See the [Provider Permission Matrix](#). Providers [within 40 miles](#) of the border of North Carolina are eligible to provide in-state Medicaid services for the State of North Carolina.

Once you have completed minimal required information for your application, you will be given the opportunity to save it as draft for later completion.

When you are completing an Individual or Organization Provider Enrollment application, you will be given the option to also enroll as a Primary Care Provider (PCP) in the Community Care of North Carolina/Carolina ACCESS (CCNC/CA) program if your provider type qualifies you to participate. See [CCNC/CA Eligible Provider Types](#) for more details.

You may begin your Provider Enrollment Online Application [here](#).

PDF documents on this page require the free [Adobe Reader](#) to view and print.

Contact

CSRA Call Center

Provider Enrollment
5444 Wade Park Ave, Wade IV
Raleigh, NC 27607
Work **800-688-6696**
Fax **855-710-1965**
E-Mail
NCTracksprovider@nctracks.co

Quick Links

- [Provider Enrollment Frequently Asked Questions \(FAQs\)](#)
- [Provider Permission Matrix \(VND.OPENXMLFORMATS-OFFICEDOCUMENT.SPREADSHEET, 974 KB\)](#)
- [Provider Permission Matrix Instructions \(PDF, 513 KB\)](#)

ICD-10

- Getting Started With NCTracks
- Provider Communication
- Frequently Asked Questions
- Currently Enrolled Provider (CEP) Registration
- Claims
- Prior Approval
- Provider Enrollment**
- Getting Started With Enrollment
- Supporting Information
- Terms and Conditions
- Enrolled Practitioner Search
- Presumptive Eligibility
- Provider Re-credentialing/Re-verification
- Provider Policies, Manuals, Guidelines and Forms

Pre-Enrollment (Provider Permission Matrix)

ENROLLMENT-TYPE	STATE-DESIGNATION	HEALTH-PLAN	TAXONOMY-LEVEL-1-DESCRIPTION	TAXON-LVL-2-CD	TAXONOMY-LEVEL-2-DESCRIPTION
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MIGRANT HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	PUBLIC HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MEDICAID	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	BORDER	MEDICAID	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	BORDER	MIGRANT HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	BORDER	PUBLIC HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	BORDER	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	HEALTH CHOICE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MEDICAID	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	SUBSTANCE ABUSE	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MENTAL HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	MIGRANT HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	PUBLIC HEALTH	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor
INDIVIDUAL	IN-STATE	DEVELOPMENT DISABLED	BEHAVIORAL HEALTH & SOCIAL SERVICE PROVIDERS	101Y00000X	Counselor

Provider applicants must meet all requirements and qualifications before they can be enrolled as NC DHHS Providers

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

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**

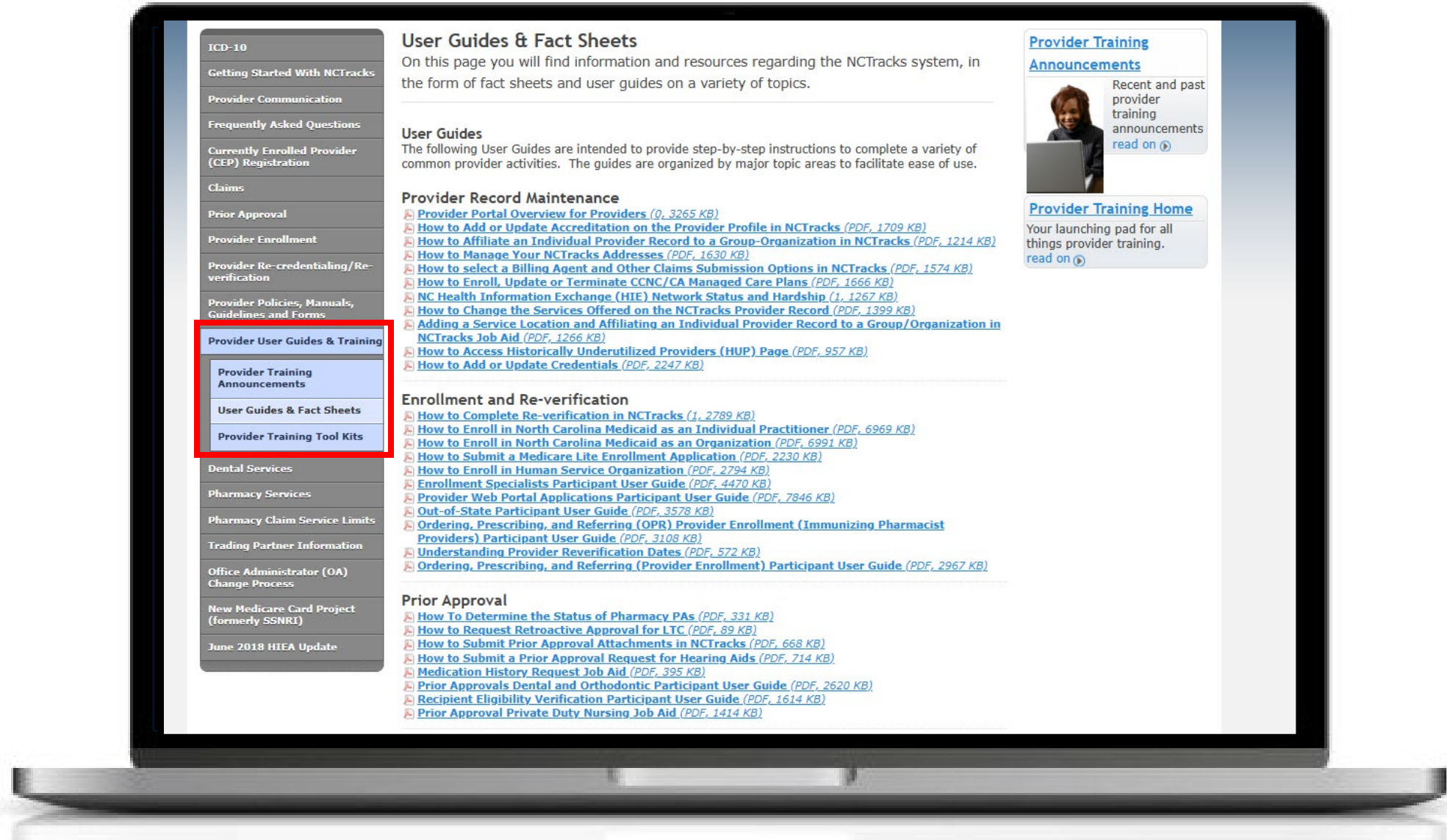
Assign access

**Delegate
authority**

**Automate key
functions**

**Obtaining an
NCID is required
to enroll in
NCTracks**

NCTracks User Guides & Fact Sheets



[NCTracks User Guides & Fact Sheets](#)

NCTracks Enrollment/Re-Enrollment Application Processing Turn Around Times - Last Quarter

January

9.42 Days

February

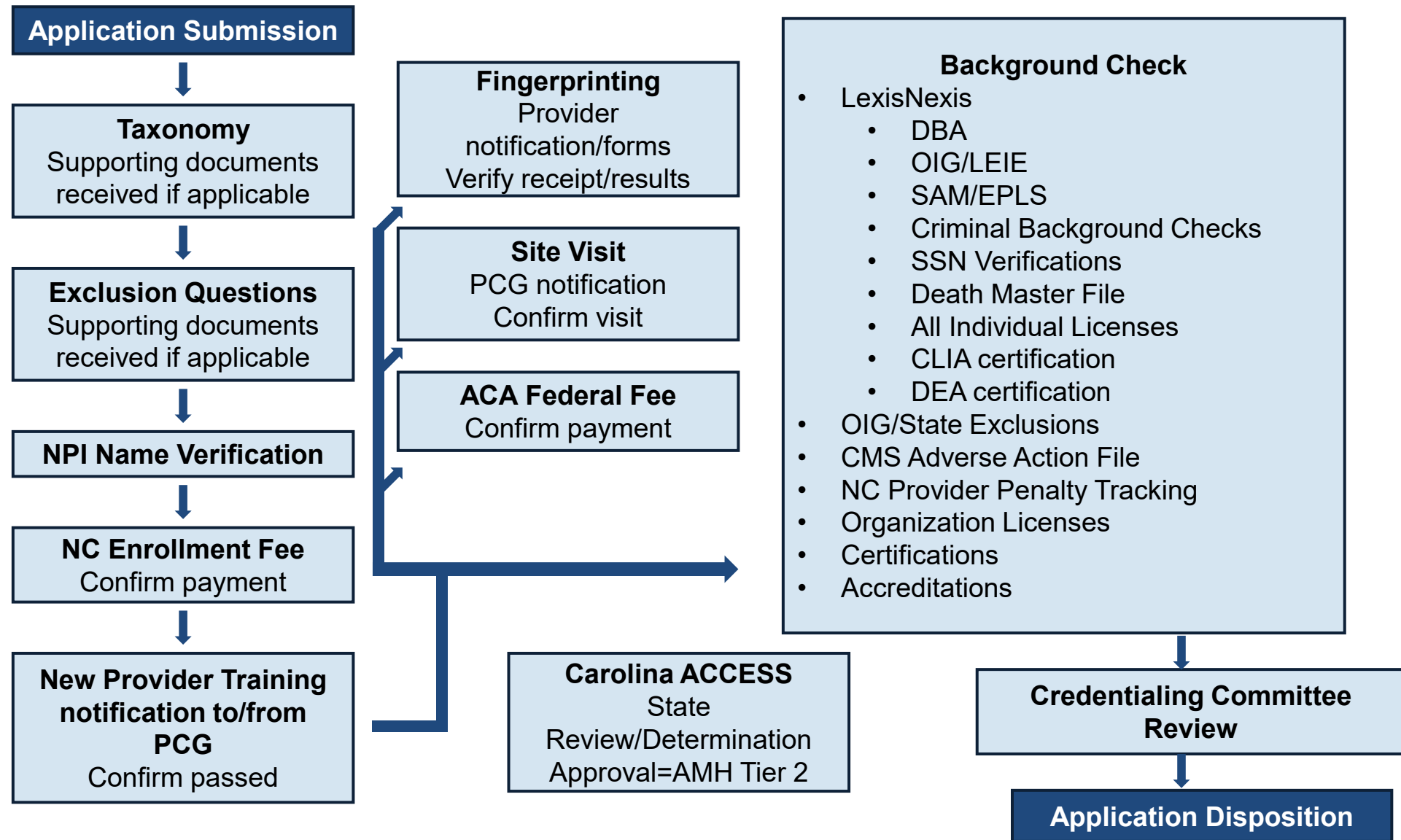
9.51 Days

March

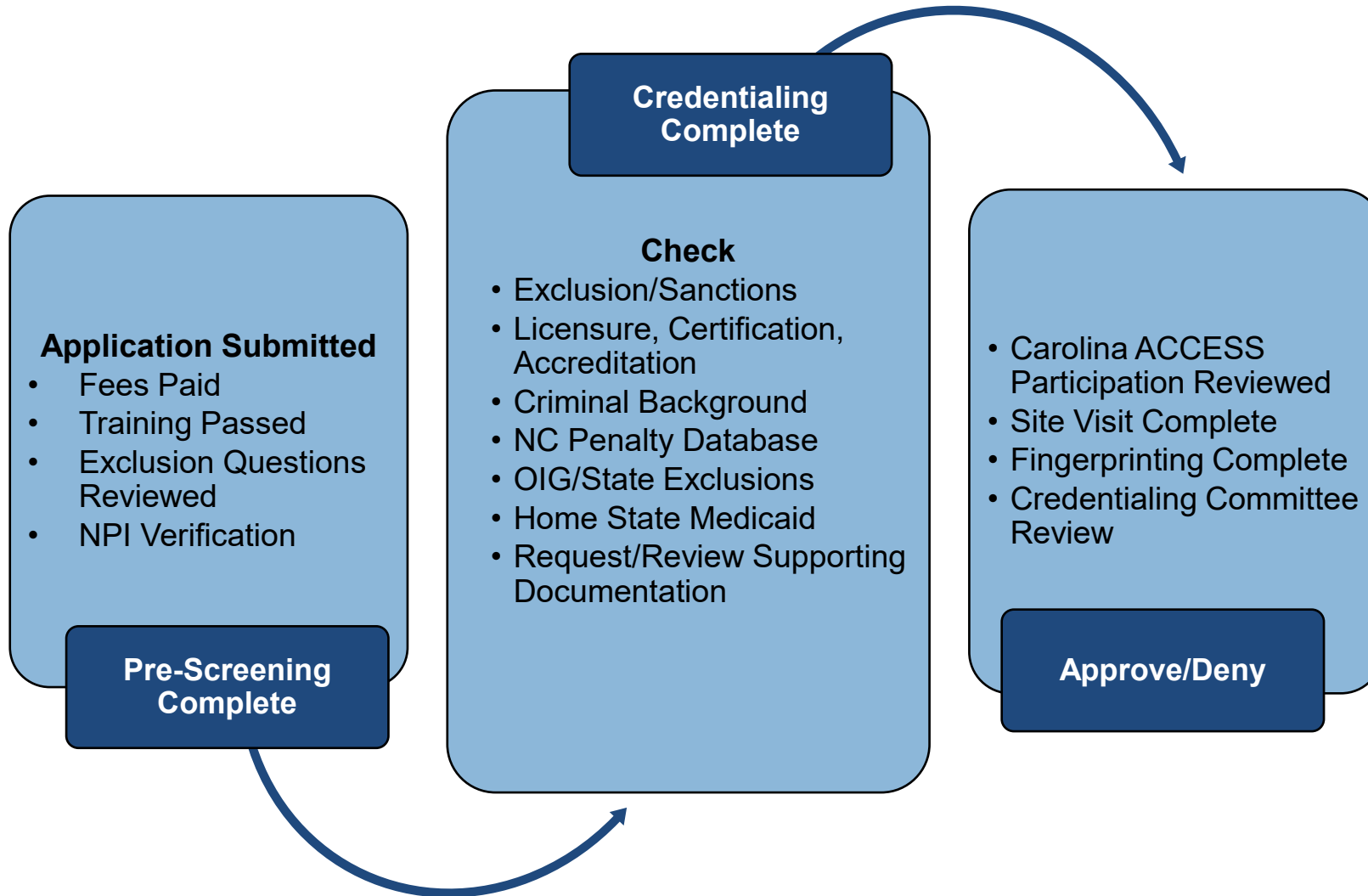
11.16 Days

These processing times are for clean applications where the application is error-free and complete, and includes any/all required supplemental information at the time of electronic submission.

NCTracks Provider Application Process



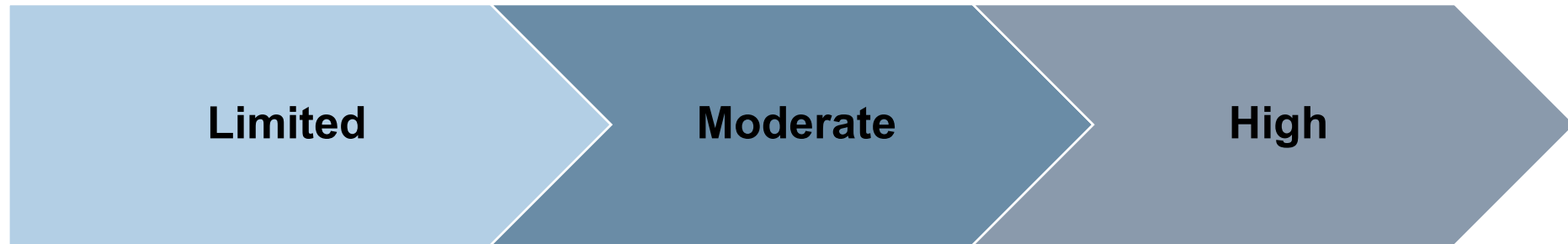
NCTracks Provider Application Process (Simplified)



Once participation is approved, the provider is notified electronically and may begin submitting claims for services rendered according to approved effective date

Provider Application Process (Simplified)

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

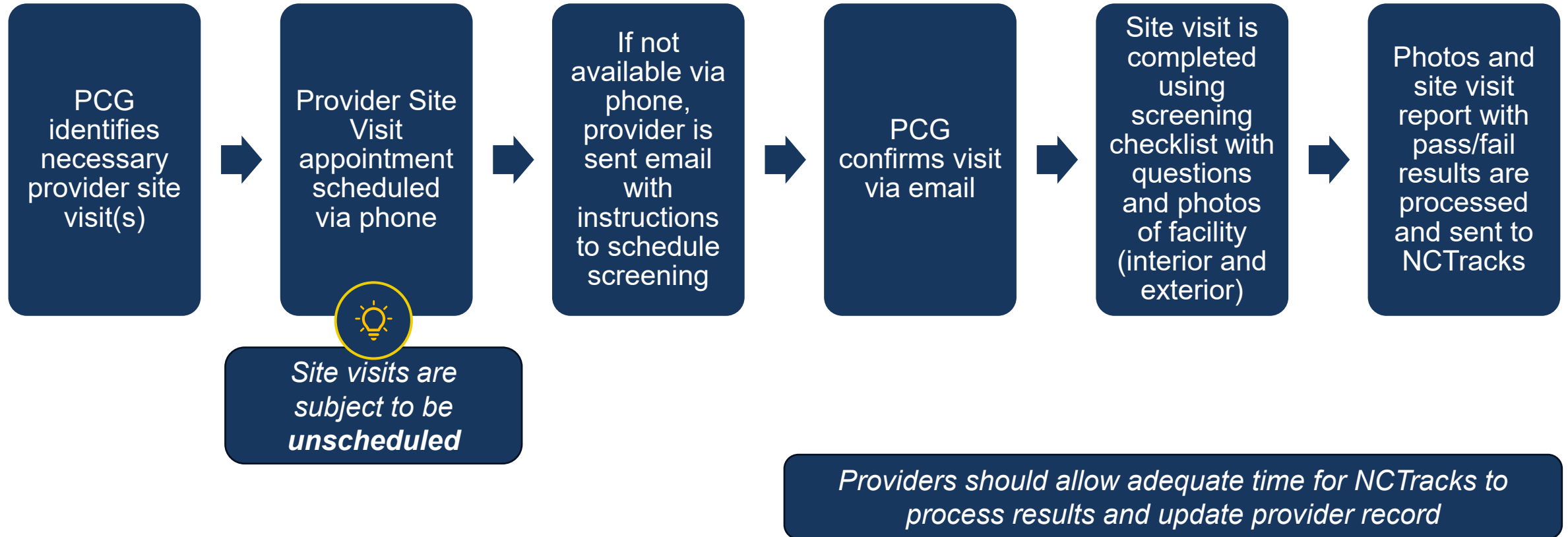
Site Visits

Public Consulting Group (PCG) is contracted by NC Medicaid to perform the federally mandated screening of NC Medicaid providers classified as moderate and high-risk (42 CFR 455 Subpart E and NCGS 108C)

The purpose of the site visit will be to verify that the information submitted to the State Medicaid agency is accurate and to determine compliance with Federal and State enrollment requirements

High Risk	Moderate Risk
<ul style="list-style-type: none">• Case Management Agencies	<ul style="list-style-type: none">• Eye and Vision Services Technicians/Technologists
<ul style="list-style-type: none">• Home Health Agencies	<ul style="list-style-type: none">• Certain Physical Therapy Provider types
<ul style="list-style-type: none">• Home Infusion Agencies	<ul style="list-style-type: none">• Community Based Hospice Care Agencies
<ul style="list-style-type: none">• Nursing Care Agencies	<ul style="list-style-type: none">• PACE Provider Agencies
<ul style="list-style-type: none">• In Home Supportive Care Agencies	<ul style="list-style-type: none">• Foster Care Agencies
<ul style="list-style-type: none">• Durable Medical Equipment & Medical Suppliers	<ul style="list-style-type: none">• Clinical Medical Laboratories
<ul style="list-style-type: none">• Home Delivered Meal Suppliers	<ul style="list-style-type: none">• Physiological Laboratories
	<ul style="list-style-type: none">• Hearing Aid Equipment Suppliers
	<ul style="list-style-type: none">• Pharmacy Suppliers
	<ul style="list-style-type: none">• NEMT Providers
	<ul style="list-style-type: none">• Respite Care Facilities

Site Visit Process



PCG Site Visit Initial Email & Timeframe



Initial Email

Subject line: "North Carolina Medicaid and Health Choice Provider Enrollment Site Visit"

Notice of North Carolina Medicaid and Health Choice Provider Site Visit

Dear "*provider first and last name or provider group name*",

This notice is to inform you that Public Consulting Group (PCG), on behalf of the North Carolina Division of Health Benefits (DHB), is required to conduct a *site visit* at your place of employment or business.

Your NC Medicaid and Health Choice provider enrollment application will not be finalized until this site visit has been completed.

It is imperative you contact us immediately. The site visit must be scheduled within 10 calendar days of receipt of this email. Failure to do so may result in your NC Medicaid and Health Choice provider enrollment application being denied.

Due to the overwhelming number of site visits that require completion, we are asking that you call our office upon receipt of this email to schedule a site visit appointment. Site visits take approximately 60 - 90 minutes and appointment times are limited.

Again, remember that your NC Medicaid and Health Choice Enrollment application will not be finalized until this site visit has been completed.

Please click the following link to view frequently asked questions (FAQs):

[https://web.pcgus.com/NCDMA/ProviderSite visit/FAQs.aspx?faqshow=S](https://web.pcgus.com/NCDMA/ProviderSite%20visit/FAQs.aspx?faqshow=S)

Please call 1-877-522-1057 and select option 1 for more information to schedule this required site visit.

Thank you,

NC Medicaid and Health Choice Provider Scheduling Team
Public Consulting Group, Inc.

NCTracks Provider Application Updates

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; does not affect inflight applications

An Office Administrator (OA) will complete application but cannot submit until it is verified, signed, and attested to by the provider

Upon email notification, 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

Race, Ethnicity, and Languages Spoken by Practitioner

GDIT has started capturing 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

Updated Exclusion/Sanction Questions in Provider Application

Old Question:

“Is the enrolling provider currently engaged in the illegal use of drugs?”

New Question 1:

“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?”

New Question 2:

“Does the enrolling provider have any reason to believe that they would pose a risk to the safety or well-being of patients?”

New Question 3:

“Is the enrolling provider unable to perform the essential functions of a practitioner in their area of practice even with reasonable accommodation”?

Willing & Qualified Provider Enrollment

Submission of an enrollment packet to the CAP team is required for approval of the following Home and Community Based Services (HCBS).

Care Management & Case Advisement (CME)

251B00000X-Case Management

Coordinated Caregiving (CC)

251B00000X-Case Management [Atypical Only]

Financial Management Service (FME)

251B00000X-Case Management [Atypical Only]

Steps to enroll as a CME, FME or CC agency

- 1. Submit an enrollment packet to the CAP Program.**
This is in addition to, and separate from, the application in NCTracks.
 - There is a different application packet for each service.
 - The packet must be sent to the Community Alternative Program (CAP).
 - This packet requests approval to provide the service.
- 2. CAP Team must approve the application.**
 - An approval or denial letter will be sent by the CAP unit.
- 3. After CAP approval, submit a Managed Change Request (MCR) to NCTracks. The MCR should will include:**
 - The approval letter.
 - The taxonomy code of the service requested.

Purpose of CAP Application Process

- Verifies Enrollment as an NC Medicaid Provider,
- Demonstrates progressive and consistent HCBS experience,
- Demonstrates connection to the service area,
- Demonstrates Financial Stability,
- Outlines Policies & Procedures,
- Verifies Qualified staff, and
- Outlines work environment, processes for HIPAA, cyber security, protecting PHI/PII, ePHI etc.

Next Steps:

1. Gather the documents that are needed.

- These requirement and documents are specific to the service requested
- These documents support the provider's qualifications for the service selected

Next Steps:

2. Assemble the packet.

- Links for application templates are found below:
 - [Case management and Care Advisement Provider Application Packet Template](#)
 - [Coordinated Caregiving Provider Application Template](#)
 - [Financial Management Services Provider Application Packet Template](#)
- Documents should be:
 - Unique to your agency.
 - Your policies should not be a direct copy of the DHHS policies.
 - Organized by subject area.
 - Use the application template to ensure the documents are:
 - Submitted in order.
 - Included behind the subject area to which they relate
 - Not all included at the end of the application.
 - Clearly labeled.
 - Each document should clearly indicate the requirements they support.

Next Steps:

3. Submitting The Enrollment Packet:

- By Fax (preferred)

Fax To:

Attention: CAP Unit at NC Medicaid
984-687-9592 * **New Number**

- By mail

Use a binder clip to assemble your packet:

Do not use: Sheet protectors, Staples, or Paperclips.

Mail to:

Attention: CAP Unit at NC Medicaid
2501 Mail Service Center,
Raleigh, NC 27699-2501

Application Approvals Currently on Hold

Due to variables at both the state and federal levels, the application review process is currently on hold. As a result of ongoing program changes, a comprehensive review of applications has been paused and is not expected to resume within the next 90 days.

If a packet has already been submitted, the agency will be contacted once the application review process is reinitiated.

We understand the importance of this opportunity and sincerely appreciate your patience during this time.

NCTracks LTSS Provider Taxonomy Updates

Case Manager/Care Coordinators Taxonomy Changes

Previously, the Case Manager/Care Coordinators taxonomy code **171M00000X** was available for both organizational and individual enrollments

However, this taxonomy code is designated for **individual provider enrollment only**

Organizational providers currently enrolled under **171M00000X** will need to end-date that taxonomy and enroll taxonomy **251B00000X**

Organizations who are NOT individual providers with only **171M00000X** must enroll in **251B00000X** to avoid the risk of disenrollment or service disruptions

Individual Providers

To enroll with Taxonomy 171M0000X as an Individual Practitioner:

1. Obtain an individual National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES)
2. Complete the provider enrollment process through NCTracks to enroll as an individual with NC Medicaid. Job Aids and resources are available on the NCTracks Provider Enrollment webpage to assist with the enrollment process
3. Affiliate the individual enrolled with taxonomy 171M0000X to the organization NPI billing on their behalf. This can be done during the initial enrollment application or after approval using the Manage Change Request (MCR) process

Organization Providers

Organization Provider Enrollment Record changes will also be required

Organizations enrolled with taxonomy 171M0000X will need to enroll with taxonomy
251B0000X

Submit a Manage Change Request (MCR) making the appropriate taxonomy selection

Important Taxonomy Update for Organizations

Organizations classified under "Health Plan Medicaid" who are enrolled under taxonomy 171M00000X were required to transition to taxonomy 251B00000X (Case Manager/Care Coordinators) by March 1, 2026

What is the recommended process?

- A Manage Change Request (MCR) must be submitted in NC Tracks
- End-date the incorrect taxonomy code
- Update the organizations enrollment taxonomy to 251B00000X (Case Management)

- Those with no active taxonomy on record (once the incorrect code is removed), may terminate as a NC Medicaid provider
- Possible claim denials
- Enrollment issues
- Potential service interruptions

What may occur if not corrected?

Why Is This Occurring?

Why is taxonomy 171M0000X being discontinued for Organizations classified under “Health Plan Medicaid”?

The National Uniform Claim Committee (NUCC) defines this taxonomy for use by **individual providers only**, not organizations; therefore, it should not have been made available for organizational enrollment

Under statute § 108C-3, agencies that provide nonbehavioral health home- or community-based services through waivers authorized by the federal Centers for Medicare and Medicaid Services under 42 U.S.C. § 1396n(c) are classified as high risk and must undergo a federal site visit

Due to federal guidelines, organizational providers that offer case management services or care coordination are identified as high-risk and require additional screening, including federal site visits. Providers classified under a different taxonomy that does not require site visits are not in compliance with this federal requirement

Organizations can access the Job Aid located in NCTracks to learn how to view or update their provider taxonomy using the links below:

[How to View or Update Provider Taxonomy](#)

[User Guides & Fact Sheets](#)

Who Does This Impact?

This change impacts NC Medicaid providers who offer Case Management/Care Coordination Services and:

- Are not individual providers but are incorrectly using the 171M00000X taxonomy (which is designated for individual providers only)
- Must maintain at least one active taxonomy to remain an active NC Medicaid provider
- Are enrolled with only one taxonomy that, if incorrect, will become inactive once it is disenrolled
- ***As a result, providers with a single, incorrect taxonomy that becomes deactivated will no longer be active and may be at risk of losing their enrollment status as a NC Medicaid provider***

Links & Resources

- [NCTracks Provider Enrollment](#)
- [NCID](#)
- [NCTracks User Guides & Fact Sheets](#)
- [NC Statute 108C-3](#)
- [Provider Data Collection FAQs](#)
- [License Board Verification Table](#)
- [NC Medicaid Managed Care Health Plans](#)
- [NC Medicaid Contact Center](#)
- [Reminders About Required Provider Disclosures](#)
- [Federal Provider Enrollment Application Fee Increase for Year 2026](#)
- [NCTracks Provider Page](#)
- [NC Medicaid Help Center](#)
- [NC Medicaid Provider Page](#)
- [2026 NC Medicaid Provider Webinars](#)
- [Provider Playbook](#)
- [NCTracks Call Center](#)
- [NC Medicaid Credentialing Committee](#)
- [NC Medicaid Bulletins](#)
- [NCTracks Provider Announcements](#)
- NC Medicaid Provider Ombudsman 866-304-7062 or Medicaid.providerombudsman@dhhs.nc.gov