

NC Medicaid Provider Operations

Quarterly Virtual Office Hours

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



Agenda

- Behavioral Health National Accreditation Updates
- License Limitations or Non-Practice Agreements
- Required Provider Disclosures and Expungements
- Keeping record up to date
- Risks of Not Accurately Reporting on Your NCTracks Provider Record
- NCTracks Provider Data Validation
- How to Disassociate from an OA
- Pharmacy Benefits Administrator Transition
- Provider Directory API
- WellCare of North Carolina and Carolina Complete Health Merger Update
- How to confirm Medicaid eligibility for beneficiaries
- Provider Ombudsman
- Links & Resources
- Questions & Answers

Behavioral Health National Accreditation Updates

- **National accreditation is required for specific providers enrolled in specific services under the Community/Behavioral health taxonomy (251S00000X)**
 - Certain NC Medicaid mental Health, Intellectual/Developmental Disabilities and Substance Use Services (I/DD SUS) providers
 - One or three years after initial enrollment for specific Community Intervention Services (CIS)
- **Providers of select Innovations Waiver I/DD services must be nationally accredited at time of enrollment**
- **Refer to relevant clinical coverage policies to determine the specific timeframe allowed to achieve national accreditation**

Providers with License Limitations or Non-Practice Agreements Ineligible for NC Medicaid Participation

As of Oct. 1, 2025, NC Medicaid will deny applications and/or terminate enrollment for providers when:

There is an active licensing board order with a license limitation restricting:

- A provider's range of service;
- The manner in which services are rendered that deviates from prevailing procedure, or
- The type of patients they are permitted to be served

There is a current public Non-Practice Agreements (NPAs). NPAs are entered into by a practitioner and the NC Medical Board

***Per Code of Federal Regulations § 455.412 Verification of provider licenses**

Providers with License Limitations or Non-Practice Agreements Ineligible for NC Medicaid Participation

Impact on Currently Enrolled Providers

If a currently enrolled provider is issued a licensing board order containing a limitation or enters into an NPA, termination will be effective the date of the order or NPA

License limitations do not pertain to practitioners that have a faculty, special purpose or military license. These license types are acceptable

Upon reinstatement by the licensing board, providers may apply for reenrollment with the NC Medicaid program

Reminders About Required Provider Disclosures Including Expungements

NC Medicaid providers must accurately answer all Exclusion Sanction questions on applications, as well as Manage Change Requests (MCRs)

Expungements:	An expungement is a court-ordered process that makes criminal history information unavailable to the public. While records are generally inaccessible, some government agencies are permitted to collect information about expunged records
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- Providers enrolling in NC Medicaid are required to disclose expungements
- When petitions for expungement are granted, the superior court clerk sends the petitioner a certified copy of a Final Order
- This Final Order document should be submitted with the enrollment application as verification of expungement

Reminders About Required Provider Disclosures Including Expungements

Understanding Burden of Proof

If a background report returns a match which results in the inability to make a clear determination, the burden of proof falls on the provider to produce adequate information necessary in evaluating program eligibility

In signing the consent, the provider understands:

“the North Carolina Department of Health and Human Services (DHHS) and its representatives are responsible for the evaluation of my professional training, experience, professional conduct, and judgment.”

Additionally, the provider understands and agrees he/she has:

“...the burden of producing adequate information and meeting basic requirements for the proper evaluation of professional competence, character, ethics and other qualifications, and for resolving doubts about such qualifications.”

If a disclosed event has insufficient or incomplete information, NCTracks will send correspondence advising that an application is incomplete and cannot be processed until additional information is submitted by the provider. Information must be received within 30 days of the request to avoid adverse action

Reminders About Required Provider Disclosures Including Expungements

Requirements for Current Providers

Currently enrolled providers are required to notify the Department within 30 calendar days of learning of any adverse action taken.

Additionally, within 30 calendar days, providers must disclose changes to the criminal convictions of anyone listed on the provider enrollment record to comply with the Department’s review of criminal history.

Potential Adverse Actions

- Failure to disclose or provide documentation results in application denial or termination of the provider record
- Failure by the currently enrolled providers to disclose adverse actions within 30 days as contractually required may result in termination of their NCTracks provider record

Keeping Your Provider Record Up-To-Date

Providers enrolled in NC Medicaid are contractually required to maintain their provider record to ensure data accuracy at all times

An accurate provider record, including accurate taxonomies, health plans, and locations prevents downstream impacts and adverse actions

By submitting an NCTracks MCR, providers can update their existing record data at no cost

Review Taxonomies for Accurate Screening

Providers must regularly review the taxonomies listed on their records to ensure that each one accurately represents services currently offered

Risks of Not Accurately Reporting on your NCTracks Provider Record

Incorrect Taxonomy

Failed Site Visit/Termination

If during a site visit the provider cannot demonstrate basic knowledge of expected services, the site visit is registered as a “fail.” This results in automatic termination of participation or denial of a pending application

Inaccurate Provider Directories

Incorrect data risks beneficiaries seeking services not available at the provider’s location, wasting time and effort for both the provider and the beneficiary

Unmatched Name

Application Denial/Withdrawal

- 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.
- The provider cannot alter their name on a pending **re-enrollment, MCR or re-verification application**. The provider must:
 - Upload a name change support document
 - Submit a new re-enrollment, MCR or re-verification application. This **may require a new payment** of the NC Application fee

Processing Delays

- Before submitting an application, confirm that the name matches across entities used for enrollment: Government-issued identification; NPPEs; credentialing agency; DEA (except middle name); EIN/TIN (if applicable)
- Enter your name exactly as it appears on the government-issued identification. If the system limits the number of characters, spell out as much as possible, however, do not abbreviate

Recommended Provider Data to Verify in NCTracks

- Names (matching)
- Contact info (email/phone)
- Addresses
 - Service locations
 - Billing/mailing
- Taxonomies
- Hours of Operation
 - After-hours
- Populations served
- Services
- Practice Limitations
- Affiliations
- Languages supported
- Accepting new patients?
- Health plan affiliations
- Telehealth/in-person services
- Office Administrator
- Preventative/Ancillary services
- Exclusion/Sanction questions
- Change of Ownerships

Disassociation from an Office Administrator

Role of an Office Administrator (OA)

- Primary administrator responsible for managing the organization's NPI in NCTracks
- Maintains provider enrollment and credentialing information
- Manages user access to ensure appropriate system permissions

What it Means to Disassociate from an OA

- Process to remove a previous OA's access in NCTracks
- Confirming that the individual is no longer authorized to manage provider records
- Requires end-dating the OA and the Managing Employee relationship in the provider record

Disassociation from an Office Administrator

Reasons for Disassociation

- **Personnel or Operational Changes**
 - OA leaves the organization or transitions to a different role
- **Security and Compliance**
 - Ensure only current, authorized staff have access to sensitive enrollment, beneficiary, and organizational data

Action Steps to Disassociating an OA

- **Access the provider record by logging into the NCTracks Provider Portal**
 - Go to "My Account Section"
 - Select the OA's name and click/select "Remove Selected Accounts"
- **End-date the OA's role**
- **End-date the Managing Employee Relationship** (if it applies to the OA)

[How to Disassociate from an Office Administrator - PDF](#)

Pharmacy Benefits Administrator Transition NC Medicaid Direct

Pharmacy Benefits Administrator Transition

- Effective **May 2, 2026**, pharmacy benefit administration transitions to **Prime Therapeutics**
- NCTracks will stop processing NC Medicaid Direct POS pharmacy claims after **May 1, 2026 (11:59 p.m.)**
- Applies **only to NC Medicaid Direct members** (no impact to NC Medicaid Managed Care plans)

Key Change: Prime becomes the Pharmacy Benefit Administrator (PBA) for NC Medicaid Direct

Pharmacy Benefits Administrator Transition

- **Claims, Prior Authorizations & Portal Access**
 - All NC Medicaid Direct pharmacy claims will be routed to Prime Therapeutics
 - Existing BIN/PCN remain:
 - BIN: 610242
 - PCN: 781640064
 - Group: Not required
 - Active & historical claims and prior authorizations will transfer to Prime
 - Reprocessing requests after May 2 must go through Prime
- **Prior Authorizations (Effective May 2, 2026):**
 - All PA submission, changes, and validation move to Prime system
 - NCTracks will no longer be used for pharmacy PA
- **Portal Access:**
 - Access via MES Landing Page: <https://mes.medicaid.ncdhhs.gov/>
 - Select Pharmacy Provider Portal → PBA Medicaid Pharmacy Portal

Pharmacy Benefits Administrator Transition

Go-Live Support (Starting May 2, 2026):

- Prime Pharmacy Call Center: 844-620-6116
 - Pharmacy support
 - Dispensing questions
 - System access issues

Upgrade to NC Medicaid Provider Directory Using API

Making Provider Information Easy to Find

What is the Provider Directory Application Programming Interface (API)?

- A tool that shares NC Medicaid provider information electronically
- Designed to meet enhancement requirements by the Centers for Medicare & Medicaid Services (CMS)

Where does API access the information?

- Data comes from NCTracks
 - Provides information such as provider name, location, and types of services
 - The tool is enhanced with health plan contact information

Who does it ultimately serve? How can they access it?

- NC Medicaid beneficiaries
 - Using public tools: NC Medicaid Provider & Health Plan Lookup Tool
 - Through mobile apps or websites that connect using the API
 - Doesn't require a login process for basic provider directory searches

Upgrade to NC Medicaid Provider Directory Using API

Making Provider Information Easy to Find

What is required of providers?

- Keep provider records current and accurate in NCTracks
- Submit any updates using the MCR application

Why Timely Provider Updates Matter

- Assists patients in finding providers more easily
- Intended to improve accuracy of provider information
- Supports better access to care and transparency

Provider Support

- NCTracks Call Center: (800) 688-6696

WellCare of North Carolina and Carolina Complete Health Merger



WellCare of North Carolina + Carolina Complete Health

- Effective on April 1, 2026
- Unified plan name: **Carolina Complete Health**
- Network of providers and services available statewide

Provider Impact:

- Providers in either plan's network, can automatically be included in the unified network
- No immediate action is required to remain "in-network"
- Seamless transition for providers currently contracted with Well Care or CCH
- To review merger details and updates: FAQs and training on the Carolina Complete Health provider merger webpage

[Carolina Complete Health Provider Merger Webpage](#)

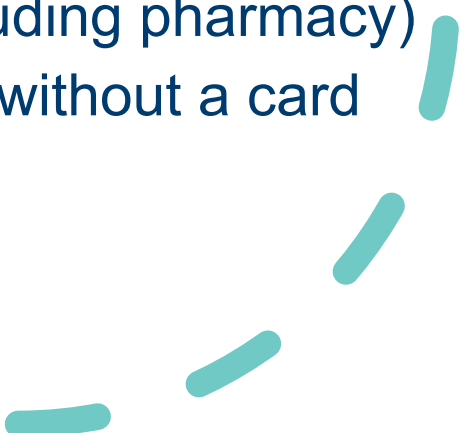
[Carolina Complete Health and WellCare Vendors List - NC Medicaid Provider Playbook](#)

How to Confirm NC Medicaid Eligibility for Beneficiaries

First Utilize NCTracks Provider Portal

- Use NCTracks Recipient Eligibility Verification Response
- Confirm eligibility, enrollment, health plan, and PCP
- Do not rely solely on member ID cards

Member ID Cards

- Issued by Health Plans
 - Not required to receive services (including pharmacy)
 - Members should not be turned away without a card
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NC Medicaid Provider Ombudsman

- Consists of Provider Operations and DHB Call Center teams
- Responses and resolutions to inquiries are delivered via email
- Most important resource for providers looking to resolve issues with health plans NCTracks, provider enrollment and/or other operational concerns
- Should only be used as an escalation measure AFTER contacting health plans, and utilizing online Help Center for assistance
- Ombudsman service tickets are independent from the grievance process

medicaid.providerombudsman@dhhs.nc.gov

866-304-7062

Links & Resources

- [Providers with License Limitations or Non-Practice Agreements Ineligible for NC Medicaid Participation](#)
- [How to Disassociate from an Office Administrator](#)
- [Behavioral Health National Accreditation Requirements Provider Update](#)
- [NC Medicaid Provider and Health Plan Lookup Tool](#)
- [NCDHHS Provider Administrative Participation Agreement](#)
- [NCTracks Exclusion Sanction Questions FAQs](#)
- NCTracksProvider@nctracks.com
- [NCTracks Helpful Hints: What is the Process to Update a Name, DOB and/or SSN on a Provider's Record?](#)
- [NC DMHDDSUS: Service Definitions.](#)
- [NC Medicaid Program Specific Clinical Coverage Policies](#)
- [CFR 455.412](#)
- [Spring 2026 Quarterly Provider Update \(Provider Directory API\)](#)
- [WellCare of North Carolina and Carolina Complete Health Merge](#)
- [Confirming Medicaid Coverage for Beneficiaries](#)
- [NC Medicaid Direct Pharmacy Benefit - Operational Transition](#)
- [Reminders About Required Provider Disclosures Including Expungements](#)
- [Providers: Risks of Not Accurately Reporting on Your NCTracks Provider Record](#)
- [NCTracks 2026 Provider Training Schedule](#)
- [NCTracks User Guides & Trainings](#)
- [NCTracks Terms and Conditions](#)
- [NC Medicaid Provider Page](#)

State Bureau of Investigation

Attn: Expungement Unit
PO Box 29500
Raleigh, NC 27626

NC Administrative Office of the Courts

Court Services Division
Attn: Records Officer
PO Box 2448
Raleigh, NC 27602

Thank you!

**Thank
you!**

**Our next VOH is
scheduled for
Aug. 6, 2026!**