How to Add or Update Licensing and Accreditation on the Provider Profile in NCTracks

Contents

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Overview

This user guide provides step-by-step instructions for adding and updating licensing, certifications and accreditations to the provider profile in NCTracks. Some taxonomy codes require the provider to be licensed, accredited and/or certified according to the specific laws and regulations that apply to their service type.

Providers are responsible for maintaining the required licensure, certification, and accreditation specific to their provider type to remain eligible for participation in Medicaid/NC Health Choice. In the event that a certification number or expiration date changes, the provider should complete a Manage Change Request (MCR) to update their record in NCTracks.

A listing of provider qualifications and requirements can be found in the Provider Permission Matrix located under Quick Links on the Provider Enrollment page.
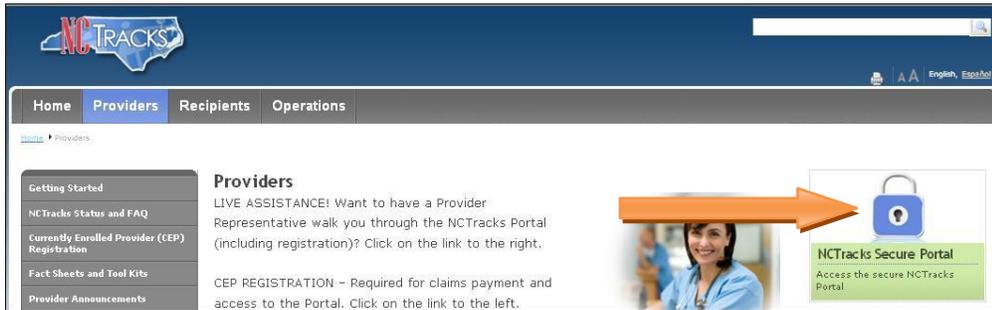
Logging into the Provider Portal

1. Navigate to www.NCTracks.nc.gov

2. The following page will display. Click the **Providers** tab at the top of the page.
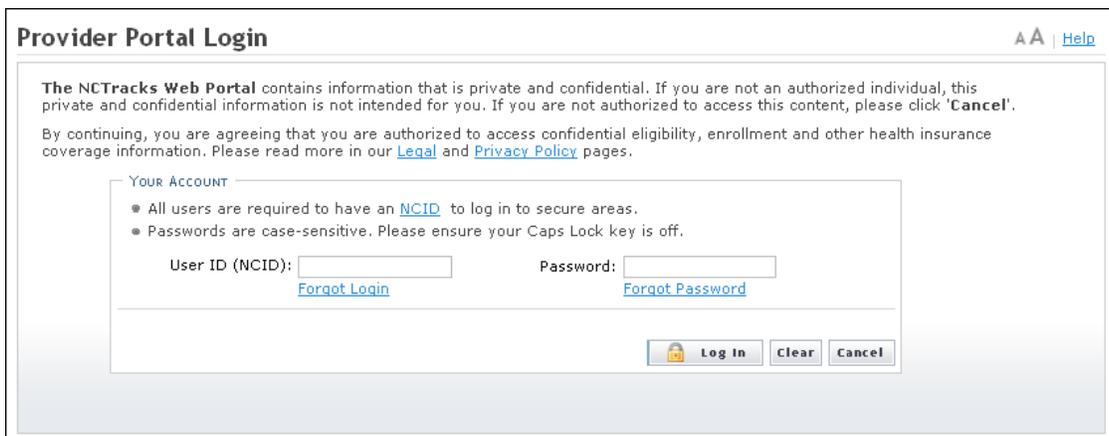

NCTracks Home

3. From the **Providers** page, click the NCTracks Secure Portal icon.
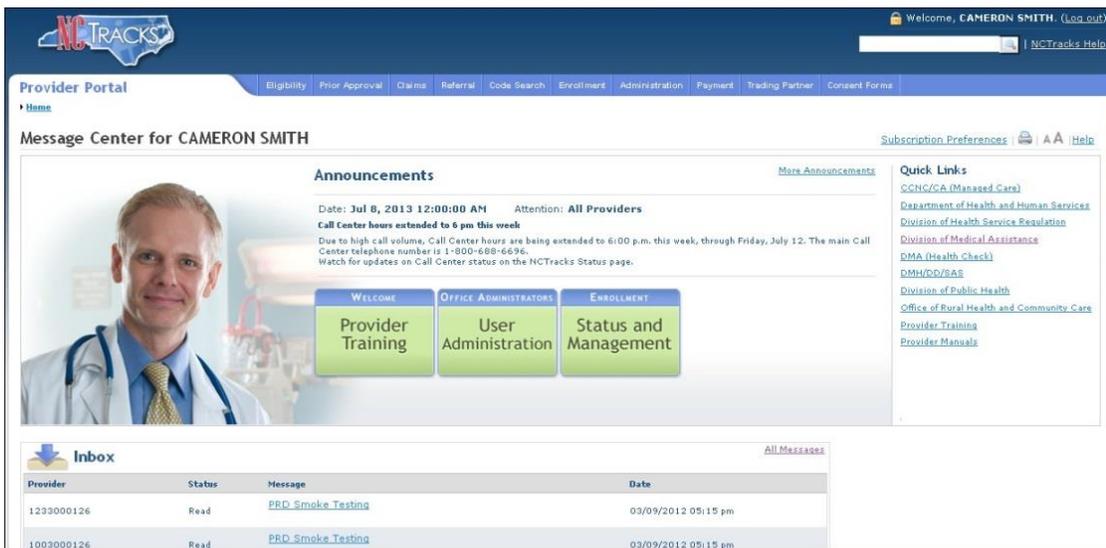

Providers Page

4. On the login screen, enter the NCID and password and click the **Log in** button.

Provider Portal Login

Accessing the Manage Change Request Application

5. The following Providers page will display. Click the **Status and Management** button.

Select Status and Management

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6. The **Status and Management** screen will display. The screen is divided into 6 sections.

Status and Management Page

Status and Management Sections

1. **Submitted Applications**: Contains enrollment applications or change requests that have already been submitted and are currently in process.

2. **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

3. **Re-enroll**: This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click "Submit."

4. **Manage Change Request:** This section will list provider accounts associated with the user's NCID that are active.

5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.

6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.

7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI/Atypical ID. Next, click the "**Update"** button. Select the type of MCR. Select "Multiple Changes" to update license information.

If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Application**s sections for a Manage Change Request/Enrollment that is already in process.
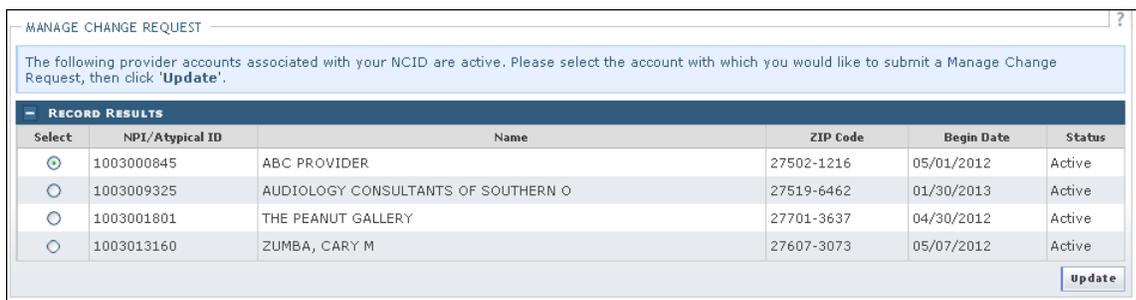
MANAGE CHANGE REQUEST	?

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
⦿	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	Active

Update

Select Manage Change Request

8. The **Individual or Organization Basic Information** screen will display. Click the "Next" button to continue.

Do NOT click the menu options on the left-hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the "**Next**" button on the bottom right corner of the screen until you reach

the **final page**. This will save your progress.

Basic Information Page

9. On the Terms and Conditions page, to attest, click the check box and click the **"Next"** button.

Attestation Statement

11. Continue to click the "Next" button through the Manage Change Request application until you reach the "Accreditation" page.

Note: The **Save Draft** button will only save your progress and will not submit the MCR for processing.

Click Next to Navigate

Editing the Service Location(s)

The Accreditation page will display. Accreditations may be required for your service location(s).

Note: If your provider record has more than one service location, it is important to note that accreditations will need to be completed for each taxonomy associated with each service location.

12. ALL service location rows must display a status of COMPLETE before you will be able to proceed. To update the accreditations for each service location, select each service location row and click the "Edit Location" button.

Accreditation page – Service Locations

Adding Accreditation, Licensing, or Certification Information

13. The Accreditation page contains three sections: Accreditations, Certifications and Licenses. Not all sections are required. To determine the required sections, scroll down and identify the light blue sections that display your taxonomies.

Accreditation

🖨 | A A | Help

✳ indicates a required field

Legend ▼

ACCREDITATIONS

Add Accreditation

Select an accreditation type from the drop down list and provide the accreditation number.

Accreditation Type: `-- Select One --` ▼

Accreditation #:

Effective Date: `mm/dd/yyyy` 📅   Expiration Date: `mm/dd/yyyy` 📅

Add | Clear

CERTIFICATIONS

Taxonomy *364SP0810X - Psychiatric/Mental Health, Child & Family* requires the following Certification Type:

- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Psychiatric Nurses Association (APNA) , OR
- Advanced Practice Psychiatric Clinical Nurse Specialist (CNS) By American Nurse Credentialing Center (ANCC)

Add Certification

In addition to certifications required for a taxonomy code, enter all additional board certifications.

Select a certification type from the drop down list and provide the certifying entity and certification number.

Certification Type: `-- Select One --` ▼

Certifying Entity: `-- Select One --` ▼

State: `NORTH CAROLI` ▼

Certification #:

Effective Date: `mm/dd/yyyy` 📅   Expiration Date: `mm/dd/yyyy` 📅

Add | Clear

LICENSES

Taxonomy *1041C0700X - Clinical* requires the following License Type:

- LICENSED CLINICAL SOCIAL WORKER (LCSW) By STATE SOCIAL WORK CERTIFICATION & LICENSURE BOARD

Taxonomy *364SP0810X - Psychiatric/Mental Health, Child & Family* requires the following License Type:

- CLINICAL NURSE SPECIALIST By STATE BOARD OF NURSING

Add License

Select a license type from the drop down list and provide the license number.

License Agency: `-- Select One --` ▼

License Type: `-- Select One --` ▼

State: `NORTH CAROLI` ▼

License #:

Effective Date: `mm/dd/yyyy` 📅   Expiration Date: `mm/dd/yyyy` 📅

Add | Clear

« Previous   Please be sure to complete all required fields with valid content.   Next »

Save Draft | Delete Draft

Accreditation Page - Example 1

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Note: If an invalid taxonomy is listed on this page and requires an accreditation that the provider does not have, the invalid taxonomy must be end dated. For a step-by-step guide for editing taxonomies, click on the provider user guide titled, "How to View and Update Taxonomy" on the User Guides & Fact Sheets page under Provider User Guides & Training.

The licenses and certifications listed directly **BELOW** the reference taxonomy in the light blue section are required.

In this example, this provider has one taxonomy listed under Certifications that requires one of the two certifications.

Accreditation Page - Example 2

In this example, this provider has two different taxonomies, which require two different licenses.

LICENSES

Taxonomy *1041C0700X - Clinical* requires the following License Type:

- LICENSED CLINICAL SOCIAL WORKER (LCSW) By STATE SOCIAL WORK CERTIFICATION & LICENSURE BOARD

Taxonomy *364SP0810X - Psychiatric/Mental Health, Child & Family* requires the following License Type:

- CLINICAL NURSE SPECIALIST By STATE BOARD OF NURSING

Add License

Select a license type from the drop down list and provide the license number.

License Agency:	-- Select One --
License Type:	-- Select One --
State:	NORTH CAROLII
License #:	
Effective Date:	mm/dd/yyyy
Expiration Date:	mm/dd/yyyy

Add Clear

« Previous   Please be sure to complete all required fields with valid content.   Next »

Save Draft Delete Draft

Accreditation Page - Example 3

14. To add a certification, accreditation or license, complete the following (this example is for a certification, but the steps are similar for accreditations and licenses):

13.1.   Select the L**icense Agency/Certifying Entity** from the drop-down menu

13.2.   Select the License Type/Certification Type/Accreditation Type from the drop-down menu

13.3.   Select the **State** from the drop-down menu

13.4.   Enter the **License/Accreditation/Certification** number

13.5.   Enter or select the **Effective Date**

13.5.   **Enter or select the Expiration Date**

13.6.   Click the **Save** or **Add** button

Add Certifications, Accreditations or Licenses

13.7 To update an existing certification, accreditation or license, complete the following (this example is for a certification, but the steps are similar for accreditations and licenses)

13.7.1 Expand the existing by clicking the plus sign in the blue bar. This will show you the details of what is on file in NCTracks.

13.7.2 Click the Edit button

13.7.3 Update the **License/Accreditation/Certification** number if applicable

13.7.4   Update the Effective Date if applicable by entering or selecting the **Effective Date**

13.7.5   Update the Expiration Date if applicable by entering or selecting the **Effective Expiration**

13.7.6 Click the Save button

Note: When adding or updating accreditations to more than one service location, remember to click the **Save Location** button at the bottom of the page.

Save Location

As long as one of the required licenses and accreditations for each taxonomy has been added, you may click the "**Next"** button at the bottom of the page to continue.

Clearing Optional Accreditations

Although some accreditation sections may NOT be required, if you inadvertently select the **Accreditation Type** from the drop-down menu, the entire section becomes required. Click the "Clear" button to clear all fields.

Clicking the "**Clear**" button will remove the required field indicators, as illustrated below.

Cleared Results

Drug Enforcement Agency (DEA) and Clinical Laboratory Improvement Amendments (CLIA)

Two certification types, Drug Enforcement Agency (DEA) and Clinical Laboratory Improvement Amendments (CLIA), are automatically updated in NCTracks. Providers do not need to update these certifications on this page.

If you receive a letter that you need to update one of these two certifications, make sure it is updated with the certification board and that NCTracks has the correct certification number on file.

NCTracks receives a monthly data file from DEA. When this file is received, NCTracks automatically updates the expiration dates for the DEA certifications in the provider record. If you have renewed your certification with DEA and your DEA number is correct on NCTracks, you can file away the letter with the associated documents.

Clinical Laboratory Improvement Amendments (CLIAs) are updated biweekly.

North Carolina Medical Board Licenses

NCTracks receives North Carolina Medical Board (NCMB) provider license information directly from NCMB. NCTracks receives this update file from NCMB once a month (by the 15th) for the previous month.

When a provider enters their NCMB license number into NCTracks, it will be validated against the information received from the NCMB.

- If the license number is validated, the Effective and Expiration Dates will pre-populate based on data received from the NCMB
- If the provider has only recently obtained a license, NCTracks may not have received the information yet. If the license number is not found in NCTracks, an error message will display. The provider should try at a later date.

When the monthly NCMB file is received, NCTracks automatically updates the expiration dates in the provider record. If you receive a letter that you need to update your NCMB license, make sure it is updated with NCMB and that NCTracks has the correct license number on file.

Occasionally, there is time gap between NCTracks receiving NCMB data with updated expiration dates and providers' licenses expiring and an update being required to prevent suspension.

As of May 9, 2021, providers have the ability to enter or correct the expiration date on file for their NCMB license if NCTracks has not yet received the NCMB data to update the license. Providers are able to enter the expiration date themselves to prevent suspension or termination due to expired credentials. This information will still be validated with NCMB once the file is received, but will prevent suspension for expired credentials if the NCMB file is not received in the appropriate timeline for license expiration. Providers are encouraged to ensure their record expiration date is updated to prevent suspension. For more information on this update, please see the Medicaid Bulletin Changes to Provider Verification Process in NCTracks Begin May 9, 2021.

Converted Licensing or Certification

Note: As a result of the data conversion from the previous system, some licensing or certifications may appear on the record that are not required by the taxonomy or duplicate/partial license information will display.

Effective Aug. 9, 2020, there will be an option available for the provider to select that a license, accreditation or certification is invalid, allowing the provider to remove it. This will help prevent any issues with your application going forward.

Legacy Accreditation

To mark a license, accreditation or certification as invalid, select Edit and the details will expand. Next, select the Disable Accreditation/Certification/License checkbox and select Save.

Exclusion Sanction Questions page

The "Exclusion Sanction Information" page will display.

	The questions must be answered for the enrolling provider, its owners and agents in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3. See below for a complete list of the questions. An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general

managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.

All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending. For questions regarding whether the question applies to the provider, owner or agents, or other questions about how each sanction question should be answered, it is recommended that you contact an attorney.

For each question answered "yes," you must upload a complete copy of the applicable documentation. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

Failure to disclose exclusion, sanction, penalty, criminal convictions and/or any other necessary supporting documentation may result in the denial of your application.

Exclusion Sanction Information

❋ indicates a required field

Legend ▼

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents† in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- †An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

DO NOT upload malpractice judgement/settlement documentation.

❋ A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?
○ Yes ○ No

❋ B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?
○ Yes ○ No

❋ C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare ,Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded ,terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?
○ Yes ○ No

❋ D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
○ Yes ○ No

❋ E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
○ Yes ○ No

❋ F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
○ Yes ○ No

❋ G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
○ Yes ○ No

❋ H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
○ Yes ○ No

❋ I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
○ Yes ○ No

❋ J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
○ Yes ○ No

❋ K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
○ Yes ○ No

Exclusion Sanction Information page

Step	Action
1	Answer each question by selecting the **Yes** or **No** radio button. **Note**: Questions pertain to the enrolling provider and all managing employees listed in the provider record.

Step	Action
	When "**Yes**" is selected for a question, the **Infraction/Conviction Dates** section is displayed. Select the appropriate date of the infraction or conviction. Select the "**Add**" button to add the information to the application.
2	Scroll down the page and select "**Next**." **Note**: You may also elect to: **Save Draft:** The draft will appear in the **Saved Applications** section of the **Status and Management** page. **Delete Draft:** Will delete the application and the NPI line will remain on the **Status and Management** page.

Exclusion Sanction Page - Add Infractions

1. If you click the "Yes" button, the Infraction/Conviction Dates window will display.

2. Enter the date of each infraction.

3. Click the "Add" button to add the date.

Reviewing the Manage Change Request

1. The "Review Application" screen will display. On the left-hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address

listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Review Application

All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click "**Next**" through each section.

Error - Complete all Pages in the Application

Review Application - Incomplete Pages

Attaching Supporting Documentation

1. The **Sign and Submit Electronic Application** page will display.

Some accreditations, licenses and certifications will require that you attach proof of the credential. Scroll down to review the Required Attachments section. If your credential requires an attachment, upload the documentation on the Upload Documents page after submitting this MCR application.

Note: If you answer "Yes" to any sanction questions, you must submit the required documentation applicable to the question.

Signing and Submitting the Manage Change Request

1. Enter your NCID and password as well as the **PIN** number. Click the "**Submit Now**" button to submit the application.

3. If attachments are required, click the "Upload Documents" link on the Final Steps Page.

4. On the Upload Documents page, click the "**Browse**" button to select the files. Click the "**Add**" button to add the attachment.

<p align="center">Attach Files</p>

5. The attachment will display as follows. Repeat these steps to add all required attachments.

<p align="center">Files Attached</p>