

How to Add or Update Electronic Funds Transfer (EFT) Information in NCTracks

Overview

This user guide provides step-by-step instructions for adding or updating Electronic Funds Transfer (EFT) information in NCTracks. Providers must have EFT information on file in order to be reimbursed.

Table of Contents

Overview	. 1
Table of Contents	. 1
Logging into the Provider Portal	. 1
Accessing the Manage Change Request Application	. 2
Tips and Important Information Regarding EFT Routing and Account Numbers	. 7
Completing the EFT Account Information Page	. 8
Common Errors When Updating the Address	. 9
Completing the Manage Change Request	11
Tips for Navigating the Mange Change Request Application	13

Logging into the Provider Portal

- 1. Navigate to <u>www.nctracks.nc.gov</u>
- 2. The following page will display. Click the Providers tab at the top of the page.



Figure 1: NCTracks Home



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



Figure 2: Providers Page

4. The following login screen will display. Enter the NCID and password and click the **Log in** button.

Tracks Web Portal contains information that is private and confidential. If you are not an authorized individual, this and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.
inuing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance le information. Please read more in our <u>Legal</u> and <u>Privacy Policy</u> pages.
Your Account • All users are required to have an <u>NCID</u> to log in to secure areas. • Passwords are case-sensitive. Please ensure your Caps Lock key is off. User ID (NCID): Forgot Login Forgot Password
Log In Clear Cancel

Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

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

rovider Portal	CAMERO	Elipibility Prior Approval Disime Referral Code Search Enrollment Administration Payment Trading Partner Consert Form	
A		Announcements MetaAnnouncements MetaAnnouncements	Quick Links CCIC/CA (Manasad Cara) Desamant of Helabh and Karayia Rawijatan Divisian of Helabh Arayia Rawijatan Divisian of Helabh Arayia Rawijatan Divisian of Helabh Divisian of Dable: Heabh Office of Flour Heabh and Community Ca Channa Channas Manuala
Inbox		<u>All Mersages</u>	
Provider	Status	Message Date	
233000126	Read	PRD Smake Testing 03/09/2012 05:15 pm	

Figure 4: Select Status and Management



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

								NCTrack
der Portal	Eligibility	Prior Approval	Claims Referral Cod	w Search <u>Enrollment</u> Adm	inistration Payment Tracking Part	Iner Consult Forms		
Status and Management	-							
act Information	Status a	and Manage	ment					
ave any questions regarding tion of Provider Enrollment, please CSC EVC Center.	· POLITICA I I	record freez						Legend
866-844-1113 866-844-1382			nrollment Status a	and Management your enrollment status.				
NCOHHSProvEnrol@coc.com	Please choo	se nom die opda	ins below to manage	your enrollment status.				
	SUBAUTTE	D APPLICATIONS						
Links	Below is	the status of app	plications you have su	ubmitted.				
Application vider Enrollment Home	paymen	it. If status is Pay	Now, your NC Applic	d initial confirmation from ation Fee payment was not	Paypoint that your payment wa t made or failed; click Pay Now	to make payment.	ke up to 48 hours	to venty the
Supporting Information		RE RESULTS						
Ferms and Conditions vider Qualifications and	1003000	C/Atypical ID	WOMAN, SUPER	Name	Application Type Enrollment	Submit Date 07/02/2013	Sta Payment Pendi	
ements Checklist	1003000	910	MAN, SUPER		Enrollment	07/01/2013	Payment Pendi	ng
	1003000 1003001	.041	SMITH, ROBERT MOUSE, MICKEY		Enrollment	06/24/2013 05/20/2013	Payment Pendi Approved	ng
	1003000		STEPHENS, MATTHE		Enrollment Re-verification	05/13/2013 05/13/2013	In Review In Review	
	4025851		MY ATYPICAL ORGA MAY 8 GROUP	MILATION .	Enrollment	05/13/2013	Pay Now	
		PLICATIONS						
	Please r incomple	emember that yo ete application wi	our application must b ill be deleted.	e submitted to the State w	ithin 90 days of the date it was	created. If not comple	ted within 90 days	, the
	- Reco	AD RESULTS						
	Select	NPI/Atypical I		ZIP Code	Application Type		n Create Date	Last Saved
		1003012618	GARY, FRIEND	27612-2589 27592-0000	Re-enrollment	07/03/2013		7/03/2013
		1003000811	July 2 Organizat MY GROUP	27502-0000 27502-1216	Manage Change Request	07/02/2013		17/02/2013
	0	1000000000	in onour	-1002-1220	manage change nedecte	0770322023		
								Better
	RE-ENRO	ы.						Return
	The follo	owing provider ac t'.	ccounts associated wit	th your NCID have been te	rminated. Please select the acc	count with which you we	ould like to re-enro	
	The follo 'Submit	owing provider ac F. DRB RESULTS		th your NCID have been te	rminated. Please select the acc			oll, then click
	The follo	owing provider ac t'.		84	rminated. Please select the acc	count with which you we		
	The follo 'Submit - Reco Select	owing provider ad t'. DRD RESULTS NPL/Atyp	pical ID CSC LMI	84	me	ZIP Code	Termin	oll, then click
	The follow Submit	Dec Results NPL/Atg 1003011446 10030109069 1003017823	pical 10 CSC LM DIGEST PA HOSI	N4 E IVE HEALTH PHYSICIANS E PITAL	me	ZIP Code 27549-2461 29341-1256 16510-1847	Termin 08/22/2012 08/21/2012 08/04/2012	oll, then click
	The follow Submit	Deb Results NPL/Atg 1003011446 100309069 1003017823 1003006743	pical ID CSC LM DIGEST PA HOSI SPECIAL	Ni E IVE HEALTH PHYSICIANS B PITAL LTY ANESTHESIA, PLLC	me	ZIP tode 27549-2461 29341-1256 16510-1847 27616-6176	Temuia 08/22/2012 08/21/2012 08/04/2012 08/14/2012	oll, then click
	The folk Submit	Constant and a second s	pical ID CSC LM DIGEST PA HOSI SPECIAL STATE, /	NA E IVE HEALTH PHYSICIANS E PITAL LTY ANESTHESIA, PLLC OUTTA	ume SDER	ZIP Code 27549-2461 29341-1256 16510-1847 27616-6176 16510-1847	Termin 08/22/2012 08/21/2012 08/04/2012 08/14/2012 08/03/2012	oll, then click
	The follow Submit	Deb Results NPL/Atg 1003011446 100309069 1003017823 1003006743	pical ID CSC LM DIGEST PA HOSI SPECIAL STATE, /	Ni E IVE HEALTH PHYSICIANS B PITAL LTY ANESTHESIA, PLLC	ume SDER	ZIP tode 27549-2461 29341-1256 16510-1847 27616-6176	Temuia 08/22/2012 08/21/2012 08/04/2012 08/14/2012	oll, then click
	The folk Submit	Constant and a second s	pical ID CSC LM DIGEST PA HOSI SPECIAL STATE, /	NA E IVE HEALTH PHYSICIANS E PITAL LTY ANESTHESIA, PLLC OUTTA	ume SDER	ZIP Code 27549-2461 29341-1256 16510-1847 27616-6176 16510-1847	Termin 08/22/2012 08/21/2012 08/04/2012 08/14/2012 08/03/2012	oll, then click
	The folk 'Submit	being provider ac PRE REFUZE NPL/Aby 100301144 1003017823 1003016429 1497708838	Pical ID CSC LM DIGEST PA HOSI SPECIAL STATE, WESLEY	NA E IVE HEALTH PHYSICIANS E PITAL LTY ANESTHESIA, PLLC OUTTA	ume SDER	ZIP Code 27549-2461 29341-1256 16510-1847 27616-6176 16510-1847	Termin 08/22/2012 08/21/2012 08/04/2012 08/14/2012 08/03/2012	oll, then click
	The folk Submit	Devine Devine Seb Result NP1/Atg 100301346 100301346 1003017623 1003016429 149770836 149720836	Area 10 CSC LM DIGEST PA HOS SPECIAL STATE, WESLEY T	NU E IVITAL L'IT ARESTHESIA, PLLC OUITA CARE CENTER PHARMACY	nne ADER 7	ZIP Code 27549-2461 29341-1256 16510-1847 2788-6426 16510-1847 28204-3370	Ternin 08/22/2012 08/21/2012 08/04/2012 08/04/2012 08/03/2012 11/03/2008	ation Date
	The folk Submit	Deb Rebuilts NPL/Aby 100301146 100301146 1003017823 1003016429 1497708838 CHANKE REQUESS comp provider ac, then click 'Update	Area 10 CSC LM DIGEST PA HOS SPECIAL STATE, WESLEY T	NU E IVITAL L'IT ARESTHESIA, PLLC OUITA CARE CENTER PHARMACY	ume SDER	ZIP Code 27549-2461 29341-1256 16510-1847 2788-6426 16510-1847 28204-3370	Ternin 08/22/2012 08/21/2012 08/04/2012 08/04/2012 08/03/2012 11/03/2008	ation Date
	The folk Submit	CHANGE PROVIDER C	A Social States	NU E IVITAL L'IT ARESTHESIA, PLLC OUITA CARE CENTER PHARMACY	nne ADER 7	219 Code 25549-2451 29341-1256 16510-1647 27636-61376 16510-1847 28204-3370	Termin 08/22/2012 08/22/2012 08/22/2012 08/21/2012 08/04/2012 08/03/2012 11/03/2000 11/03/2000	ation Date
	The folk Submit	Deb Rebuilts NPL/Aby 100301146 100301146 1003017823 1003016429 1497708838 CHANKE REQUESS comp provider ac, then click 'Update	A Social States	NUE REALTH PHYSICIANS E 1977AL 1977AL CARRE CENTER SHA, PLUC OUTTA CARRE CENTER PHARMACT IN your NCID are adive. PI	nne ADER 7	ZIP Code 27549-2461 29341-1256 16510-1847 2788-6426 16510-1847 28204-3370	Ternin 08/22/2012 08/21/2012 08/04/2012 08/04/2012 08/03/2012 11/03/2008	all, then click ation Date
	The following of the fo	Deving provider ac Deb Results MR2/Atgy 100301446 100301429 1003016429 1497708130 Crishold REQUES See Results NM3/Atgy 100300445 1003016429 1497708130 Crishold REQUES NM3/Atgy 10030045 10030045 10030045	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,6703/2012 11/03/2009 Units a Manage Co Begin Bate 05/012/012 01/2/012	ation Date
	The following of the state of t	owing provider act NRE/Atty 10030146 10030146 10030146 10030146 10030146 10030146 10030146 10030146 10030148 10030148 Criator Request then click 'Upd' >>> Results NRT/Atypic 100300485	T al 10 al 10 al 10 al 10 al 20 al 2	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	200 646 27549-2461 29341-1256 16510-1647 2788-6426 16510-1847 28204-3370	Termin 08/22/2012 08/21/2012 08/21/2012 08/14/2012 08/03/2012 11/03/2006	ation Date Better hange Statue
	The following of the submit su	Deving provider ac Deb Results MR2/Atgy 100301446 100301429 1003016429 1497708130 Crishold REQUES See Results NM3/Atgy 100300445 1003016429 1497708130 Crishold REQUES NM3/Atgy 10030045 10030045 10030045	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	atten Date Balton Date Balton Cate Active Active
	The following of the submit su	Deving provider ac Deb Results MR2/Atgy 100301446 100301429 1003016429 1497708130 Crishold REQUES See Results NM3/Atgy 100300445 1003016429 1497708130 Crishold REQUES NM3/Atgy 10030045 10030045 10030045	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	Bethrd Bethrd hange Status Active Active
	The full select 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Deving provider ac Deb Results MR2/Atgy 100301446 100301429 1003016429 1497708130 Crishold REQUES See Results NM3/Atgy 100300445 1003016429 1497708130 Crishold REQUES NM3/Atgy 10030045 10030045 10030045	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	Bethrd Bethrd hange Status Active Active
	The following of the second seco	Description Description NPL/Atp NPL/Atp 1003014/46 1003004/6 1003014/46 1003004/3 1003014/42 149770836 CHANSE REQUES NPL/Atp 1003004/3 1003004/3 1003004/3 1003004/3 1003004/3 1003004/3	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	Bethrd Bethrd hange Status Active Active
	The following of the second seco	Description Description Ref Casult Ref Casult Ref Casult Ref Casult 100301446 100300469 100301429 100301429 1497708130 1497708130 Chabade Request 100300429 100300429 100300429 100300421 100300429 100300425 100300429 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	Bethrd Bethrd hange Status Active Active
	The following of the f	Description Description Ref Casult Ref Casult Ref Casult Ref Casult 100301446 100300469 100301429 100301429 1497708130 1497708130 Chabade Request 100300429 100300429 100300429 100300421 100300429 100300425 100300429 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925 100300925	T al 10 al 10	e INNE REALTH PHYSICIANS E 19TAL CARE CENTER PHARMACT CARE CENTER PHARMACT IN your NCID are active. PH Name CONSULTANTS OF SOUTH CONSULTANTS OF SOUTH	mm DDER r r ease select the account with wh	209 636 2754-9461 29341-1256 16510-1847 27856-6176 16510-1847 28204-3370	Tomin 0,222/012 0,6722/012 0,6742/012 0,6742/012 0,7072/012 11/03/2009 Units a Manage Co Begin Botts 05/012/012 01/2/012 01/2/012	Bethrd Bethrd hange Status Active Active

Figure 5: 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 users 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 to be changed. Next, click the **Update** button.

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 Applications** sections for a Manage Change Request/Enrollment that is already in process.

	wing provider accounts then click ' Update '.	associated with your NCID are active. Please select the accou	nt with which you would like to s	ubmit a Manage Cha	inge
RECO	RD RESULTS				
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
•			27502-1216	05/01/2012	Active
0	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
0	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
0	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active

Figure 6: Select Manage Change Request

8. The **Organization Basic Information** screen will display. The left hand side menu will display a list of topics.

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 **EFT Account Information** screen.

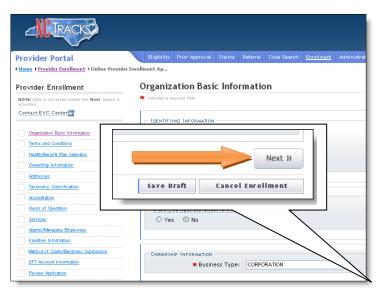


Figure 7: Organization Basic Information Page



9. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

* ATTESTATION		
	station and information contained in the documents submitted with the application/enrollment	
	ement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein	
	omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.	

Figure 8: Attestation Statement

10. Once you reach the **EFT Account Information** page, Under the **UPDATE INFORMATION** section, click the **Yes** radio button.

									🔒 Welcome,	CAMERON SMITH. (Log out)
										🔍 <u>NCTracks Help</u>
Eligibility	Prior Approval	Claims	Referral	Code Search	<u>Enrollment</u>	Administration	Payment	Trading Partner	Consent Forms	
vider Enrollr	nent Ap									
EFT Ac	count Info	rmati	on							
🗰 indicates a	a required field									Legend 🔻
- CURREN	ACCOUNT INFO	RMATION								?
	Banl	k Name:	SECU				Account	t Number: ***	*********876	55
	INFORMATION	ate your	bank acc	ount informat	ion?					?

Figure 9: EFT Account Information Page



11. The EFT Account Details section will display.



Before you complete this section, please review the next page for important tips and information regarding the formatting and use of the EFT Routing and Account Numbers.

							🔒 Welcome, CAN	MERON SMITH. (Log ou
								I <u>NCTracks He</u>
Eligibility Prior Approval Claims	Referral	Code Search	<u>Enrollment</u>	Administration	Payment	Trading Partr	er Consent Forms	
ider Enrollment Ap								
EFT Account Informati	on							
k indicates a required field								Legend 🔻
								2
CURRENT ACCOUNT INFORMATION Bank Name:	RECH				Account	Number *	*****	
Dalik Malie.	3200				Account	Number.	0703	
UPDATE INFORMATION								?
* Do you wish to update your	bank acci	ount informat	ion?					
🖲 Yes 🔘 No								
* Routing Number:								
* Account Number:					* Accoun			
* Account Type:	Select	One 🔻			Con	firmation:		
* Bank Name:								
* Bank Address Line 1:								
Bank Address Line 2:								
* City:								
* State:			•					
* ZIP Code:								
								Verify Address
								+
// Dravious							Please be sure to c	omplete all
« Previous							required fields with va	lid content. Next »

Figure 10: EFT Account Information Details



Tips and Important Information Regarding EFT Routing and Account Numbers

Checks vs. Deposit Slips

 ALWAYS use a check to reference the correct routing and account number. Do NOT use the routing number off a deposit slip. The routing number on your deposit slip is used for the bank's internal system and will cause your EFT to fail.

Bank Routing Number

 Locate the Special Characters
 The Banking Routing Number is located between these two characters and is always 9 digits in length.

Bank Account Number

 Locate the Special Character II Your Account Number is always directly to the LEFT of this character and can be up to 17 digits in length. NOTE: If you notice extra zeroes before or after your account number, please include them as part of your account number.

NOTE: You will have to put your Account Number into the system twice.

Check Number

 The check number can be located in the bottom right, middle, or bottom left corner of the check. DO NOT include this number as part of the account number or routing number.

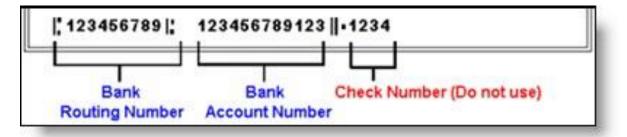


Figure 11: Check Example - Bottom Right Check Number

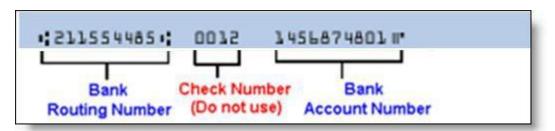


Figure 12: Check Example - Middle Check Number



Completing the EFT Account Information Page

- a. Enter The Routing Number
- b. Enter the Account Number twice
- c. Select the Account Type from the drop down men
- d. Enter the Bank Name
- e. Enter the Bank Address
- f. Click the Verify Address button.
- g. Click the Next button to continue

Important Note: For common issues/errors with resolving the Verify Address button, <u>click here</u>.

							🗟 Welc	ome, CA	MERON SM	ITH. (Log	ou
									<u></u>	<u>NCTracks</u>	He
Eligibility Prior Approval Claims	Referral (Code Search	<u>Enrollment</u>	Administration	Payment	Trading Par	tner Consent F	orms			
r Enrollment Ap											
T Account Informati	on									AA	elp
indicates a required field									Le	egend	-
											_
CURRENT ACCOUNT INFORMATION											?
Bank Name:	SECU				Account	Number:	****	**8765			
UPDATE INFORMATION											?
ම Yes ◎ No											
* Routing Number:											
* Account Number:					* Accour						
* Account Type:	Select O	ne 🔻			Lon	firmation:					
* Bank Name:											
* Bank Address Line 1:											
Bank Address Line 2:											
* City:											
* State:			•								
* ZIP Code:											
									Verify	Address	
										Audress	
										Autress	+

Figure 13: Complete EFT Account Information



Common Errors When Updating the Address

If the street name is not a recognized by USPS, it may result in the following error message. Double-check the formatting and spelling of the street name.

		Error Summary		
	Please fix the t correction or d	following errors before you proceed. Click e lata entry.	ach error messa	ge to navigate to the field requiring
	 Primary L 	ocation: Address Not Found		
	PHYSICAL LOCATION -			?
This is th occurs.	ne primary physical lo	ocation where service will be rendered, or in th	e case of mobile s	ervices, where management/supervision
	* Office Phone #:	(919) 444-2222 ext.	Office Fax #:	(000) 000-0000
- Address -	Begin Date:	05/01/2012		End Date It
Address	* Address Line 1:	2610 Easy Street]	
	Address Line 2:]	
	🗰 City:	APEX	* State:	NC
	ZIP Code:	27502-2149	County:	Wake
				Verify Address

Figure 14: Error Message Address Not Found



A

If the street name is valid, but the address numbers are not recognized, it may result in the following error message. Double-check the address numbers.



Figure 15: Error Message Address Not Deliverable



Δ

If the address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.





To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, "Suite" may be entered as "STE" or "Ste".

You may also verify your address at the USPS website:

https://tools.usps.com/go/ZipLookupAction!input.action

IMPORTANT: The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

* Does not require secondary range of numbers to follow the abbreviation

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *



Completing the Manage Change Request

12. Continue to click the next button through the Manage Change Request application until you reach the Terms and Conditions page.

1				h
1	7	1	8	
				1

The **Save Draft** button will only save your progress and will not submit the Change Request for processing.

Next X)
 Save Draft Cancel Enrollment	

Figure 17: EFT Account Information Click Next

13. 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. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

rovider Enrollment	Review Application	
NOTE: Data is not saved unless the Next' button is activated.	* indicates a required field	
Contact EVC Center 🖀	ELECTRONIC SIGNATURE - EMAIL CONFIRMATION	
Organization Basic Information		
Terms and Conditions	 Please confirm that the email address below is correct. If you dont already have one, an Electronic Signature PIN will be sent this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and comple 	
Health/Benefit Plan Selection	Online Application.	
Ownership Information	If the email below is incorrect, you may now navigate back to the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it. (Remember to dick Next on the <u>Basic Information page</u> to update it.) Contact Email: CAMERONSMITHTRAIN@GMAIL.COM REVIEW APPLICATION To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to a Attachments/Submit Electronic Application page by clicking 'Next'.	
Addresses		
Taxonomy Classification		
Accreditation		
Hours of Operation		
Services		
Agents/Managing Employees		
Method of Claim/Electronic Submission	Review Application 🖉	
Associate Billing Agent		
EFT Account Information	(/ Previous Please to required fit	
Review Application	required field	

Figure 18: EFT Review Application



14. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the **PIN** number and click the **Submit Now** button.

WA-	🔒 Welcome, CAMERON SMITH. (Log o
	I NCTracks H
Provider Portal	Eligibility Prior Approval Claims Referral Code Search <u>Errollment</u> Administration Payment Trading Partner Consent Forms
• Home • Provider Enrollment • Online Provider	r Enrellment Ap
	Sign and Submit Electronic Application
Provider Enrollment	Sign and Submit Electronic Application
NOTE: Data is not saved unless the 'Next' button is activated.	8 indicites a required field Legend
Contact EVC Center	If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded
Organization Basic Information	documentation.
Terms and Conditions	ELECTRONIC SIGNATURE CONFIRMATION ?
Health/Benefit Plan Selection	Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the
Ownership Information	documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to
Addresses	administrative, civil, or criminal liability.
Taxonomy Classification	* Login ID (NCID): * Password:
Accreditation	Forgot Login ID Forgot Password
CCNC/CA	
Physician Extender Participation	If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please
Hours of Operation Services	retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
Agents/Managing Employees	. If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID)
Facilities Information	and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.
Method of Claim/Electronic Submission	Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.
EFT Account Information	Prease contact the CSC EVE Center at 000-044-1113 in you have any double with your electronic signature PIN Number.
Review Application	PIN: Forgot PIN
	Please review the documents you are going to electronically sign.
	807 Shackleton Rd, APEX, NC 27502-1216
	Your application indicates that you are enrolling as:
	GROUP, Multi-Specialty, None
	The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.
	No Required Attachments for the Taxonomy
	2
	Electronic Attachments
	Please attach no more than 10 files for a total of 25 MB or less. The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, SIF, PNO). Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments. No files have been uploaded.
	Browse Add
	Online Application Submission
	You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.
	You will also receive instructions to finalize the application process on the next page.
	Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.
	submit How
	((Previous

Figure 19: Sign and Submit



Tips for Navigating the Mange Change Request 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 those sections.





Figure 21: Review Application - Incomplete Pages