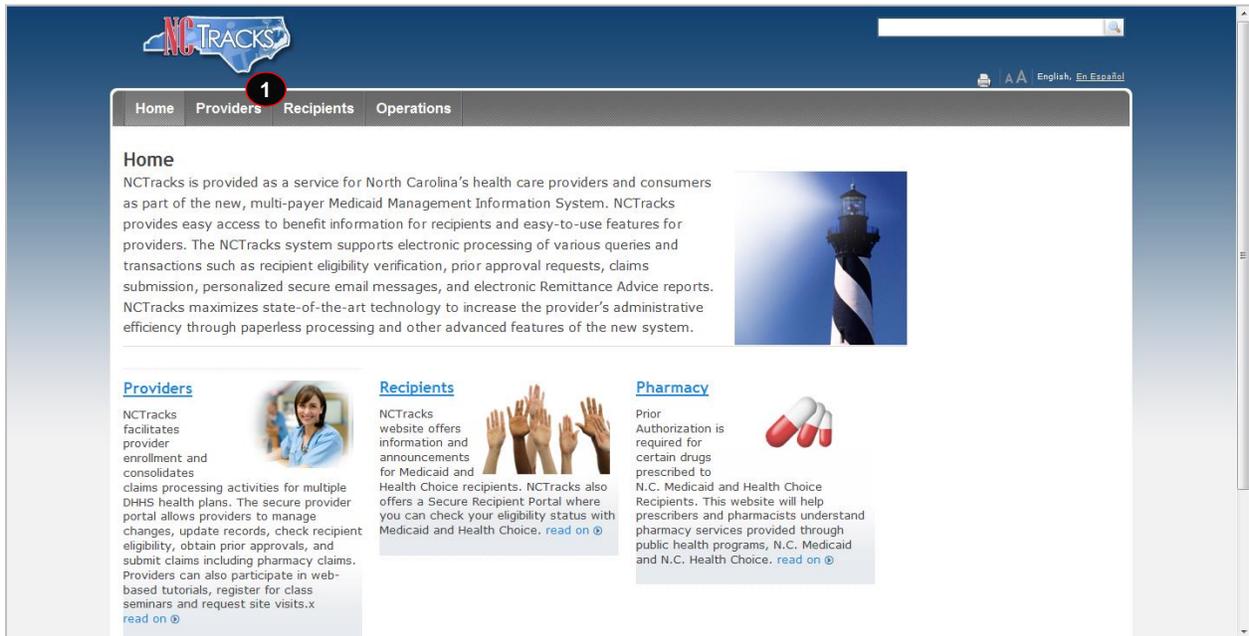# JOB AID
Provider Permission Matrix Instruction Sheet

OVERVIEW

This Job Aid provides users with instructions on how to use the Provider Permission Matrix spreadsheet in order to identify what is required for provider enrollment.

ACCESS THE NCTRACKS PUBLIC PAGE

The NCTracks public home page displays before the user logs in to the system.
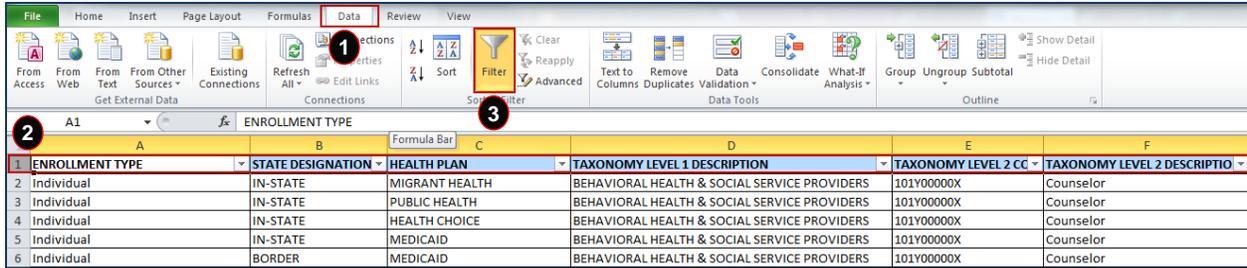

Step	Action
1	Select **Providers**.

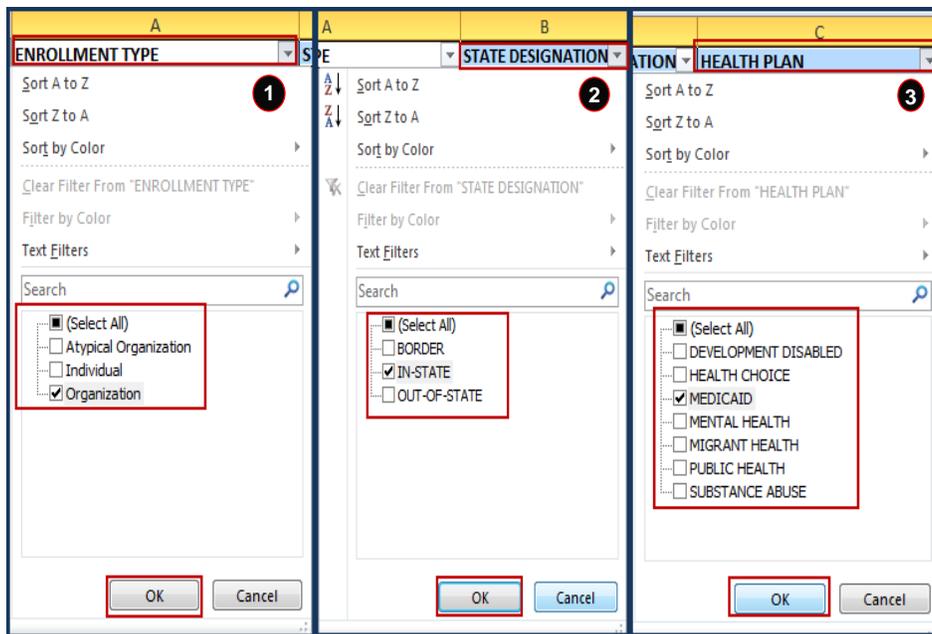| Step	Action
2	Select **Provider Enrollment**.
3	Select the **Provider Permission Matrix** hyperlink.

PROVIDER PERMISSION MATRIX – ORGANIZATION / ATYPICAL ORGANIZATION

The Provider Permission Matrix will open in an Excel Spreadsheet consisting of rows and columns with information that can be filtered. By applying filters to the spreadsheet you will be able to identify required enrollment criteria. Begin by sorting the spreadsheet to identify enrollment criteria for an In-state Organization.

Step	Action
1	Select the **Data** tab.
2	Highlight the **Column Headers** row.
3	Select the **Filter** icon.

By applying filters to the column headers you are able to select the Enrollment Type, State Designation, Health plan, etc. that apply to your specific organization. Start by applying filters to the spreadsheet to indicate that an In-State Organization is enrolling in to NC Medicaid.

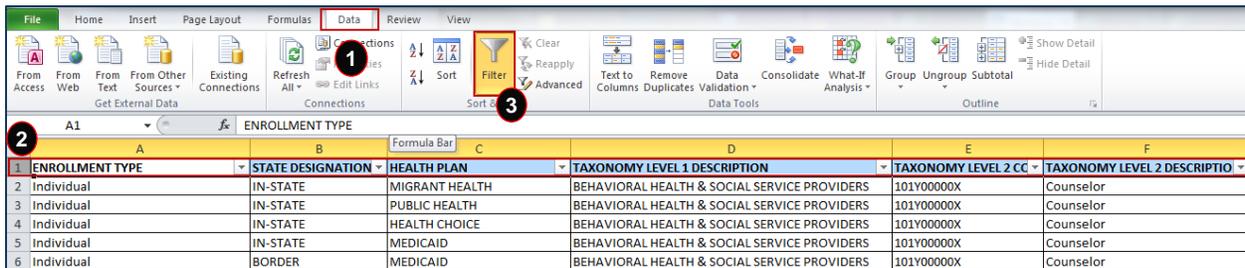| Step	Action
1	Select the dropdown arrow next to **Enrollment Type.** Deselect all checked options by selecting the (Select All) checkbox. Select the Enrollment Type of **Organization**.
2	Select the dropdown arrow next to **State Designation.** Deselect all checked options by selecting the (Select All) checkbox. Select the State Designation of **In-State.**
3	Select the dropdown arrow next to **Health Plan.** Deselect all checked options by selecting the (Select All) checkbox. Select the Health Plan of **Medicaid.**

After these filters have been applied the enrolling provider is able to continue to add filters to the column headers as they apply to the providers' area of specialty. Enrollment criteria will be displayed in the remaining columns. If the columns are not populated with any data, the field does not apply to the enrolling provider. However, fields may be populated with "Yes" or "No" responses or information that is specific to your enrollment type or documents required for your enrollment type.

PROVIDER PERMISSION MATRIX – INDIVIDUAL

The same type of information is available to individual providers. Applying filters to the Provider Permission Matrix will inform the provider of the enrollment criteria that is required for the enrollment process. In-State, Border, and Out of State providers are able to see which Health Plans they are eligible to enroll in and the specific criteria required.

In this example we will apply filters to the Provider Permission Matrix to indicate an In-state Individual provider enrolling in NC Medicaid and NC Health Choice.

Begin by applying filters to the column headers of the Provider Permission Matrix.

Step	Action
1	Select the **Data** tab.
2	Highlight the **Column Headers** row.
3	Select the **Filter** icon.

Select the filters that identify the enrolling provider.
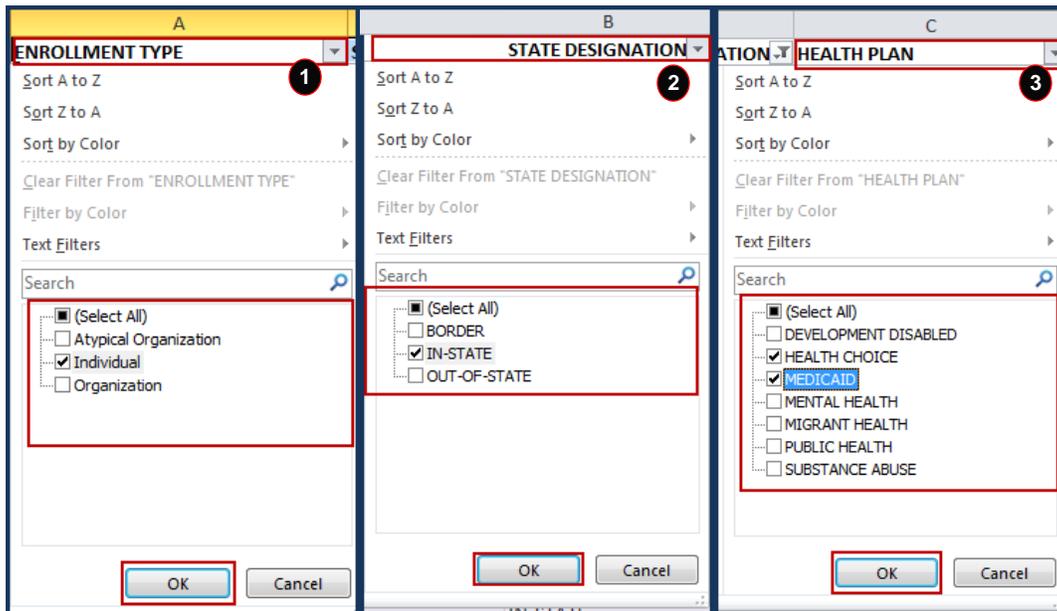
Step	Action
1	Select the dropdown arrow next to **Enrollment Type.** Deselect all checked options by selecting the (Select All) checkbox. Select the Enrollment Type of **Individual**.
2	Select the dropdown arrow next to **State Designation.** Deselect all checked options by selecting the (Select All) checkbox. Select the State Designation of **In-State.**
3	Select the dropdown arrow next to **Health Plan.** Deselect all checked options by selecting the (Select All) checkbox. Select the Health Plans of **Medicaid and Health Choice.**

After these filters have been applied, the enrolling provider is able to continue to add filters to the column headers as they apply to the providers' area of specialty. Enrollment criteria will be displayed in the spreadsheets remaining columns. If the columns are not populated with any data, the field does not apply to the enrolling provider. However, fields may be populated with "Yes" or "No" responses or information that is specific to the enrollment type or documents required for your enrollment type.

COLUMN HEADER DESCRIPTIONS

Column Header	Description
ENROLLMENT TYPE	Individual, Organization, Atypical Organization
STATE DESIGNATION	In-State Border – Zip code is 40 miles beyond NC State Line

Column Header	Description
	Out-of-State –Zip code is more than 40 miles beyond NC State Line
HEALTH PLAN	Health Plan Identifier Development Disabled Health Choice Medicaid Mental Health Migrant Health Public Health Substance Abuse
TAXONOMY LEVEL 1 DESCRIPTION	Provider Type
TAXONOMY LEVEL 2 CODE	Taxonomy Code
TAXONOMY LEVEL 2 DESCRIPTION	Provider Specialty
TAXONOMY LEVEL 3 CODE	Taxonomy Code
TAXONOMY LEVEL 3 DESCRIPTION	Provider Specialty
OWNERSHIP	Other than State or State
CCNC/CA ELIGIBLE	If Y, the CCNC/CA Page displays in the Provider portal application allowing the provider to elect to enroll as a Carolina ACCESS (CA) Primary Care Provider (PCP).
FEDERAL SITE VISIT REQUIRED	If Y, this taxonomy is required to complete a federal screening/site visit
FEDERAL FEE REQUIRED	If Y, this taxonomy is required to pay the federal fee
FINGERPRINTING REQUIRED	Identifies if fingerprinting is required. FINGERPRINTING IS NOT REQUIRED FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT, RE-ENROLLMENT, RE-VERIFICATION, AND MANAGE CHANGE REQUEST FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND SHOULD BE CONFIRMED IN PECOS FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY IF NO CAP SERVICE IS ADDED WITH THIS TAXONOMY, FINGERPRINTING IS REQUIRED FOR INITIAL ENROLLMENT ONLY

Column Header	Description
	IF NO CAP SERVICES ARE ADDED WITH THIS TAXONOMY FINGERPRINT IS REQUIRED FOR INITIAL ENROLLMENT ONLY AND CAN BE CONFIRMED IN PECOS
ADDITIONAL DOCUMENTS REQUIRED	Documentation that the provider is required to submit
CERTIFICATION REQUIRED	Indicates if Certification is required
CERTIFICATION TYPE	Indicates type of Certification required
CERTIFICATION AGENCY	Indicates Certifying entity
2ND CERTIFICATION REQUIRED	Additional Certifications
2nd CERTIFICATION TYPE	Indicates type of Certification required
2nd CERTIFICATION AGENCY	Indicates Certifying entity
LICENSE REQUIRED	Indicates if a License is required
LICENSE TYPE	Indicates type of License
LICENSE AGENCY	Indicates Licensing entity
ACCREDITATION REQUIRED	Indicates if an Accreditation is required
ACCREDITATION TYPE	Indicates the Accreditation type
SERVICE TYPE	Endorsed Service Type
SERVICE	Endorsed Service
DOES SERVICE REQUIRE ACCREDITATION	Indicates if an added service requires Accreditation
SERVICE ACCREDITATION TYPE	Service Accreditation Type
DOES SERVICE REQUIRE CERTIFICATION	Indicates if an added service requires Certification
SERVICE CERTIFICATION TYPE	Service Certification Type
SERVICE CERTIFICATION AGENCY	Service Certifying agency
DOES SERVICE REQUIRE LICENSE	Indicates if the added service requires a License
SERVICE LICENSE TYPE	License Type
SERVICE LICENSE AGENCY	Licensing entity
GENERATION DATE	Date of last update

It is important to remember the information in the Provider Permission Matrix will be updated frequently and there may be changes that would affect the enrollment process for some provider types. Please be sure to review the "Generation Date" column of the Provider Permission Matrix to ensure you have the most current information available.