JOB AID
Submitting a Disaster Relief Provider Enrollment Application

OVERVIEW

When a natural disaster is declared, there may be providers who are not currently enrolled in NCTracks as NC Medicaid providers, who have rendered or will be rendering services to NC Medicaid recipients. The Disaster Relief abbreviated application type discussed in this Job Aid is intended for qualified providers who have rendered services to NC Medicaid recipients during a disaster response period, not for providers who see NC Medicaid recipients on a regular basis.

Using the NCTracks system allows providers to enroll and their applications to be processed in an expeditious manner. The Disaster Relief application type is available to In-State, Border, and Out-of-State (OOS) individual and organization providers. Once the Disaster Relief provider application is approved, the enrollment period will be 120 days from the requested enrollment effective begin date.

Providers wishing to enroll must be in good standing with the Provider Enrollment, Chain and Ownership System (PECOS) or their state Medicaid agency.
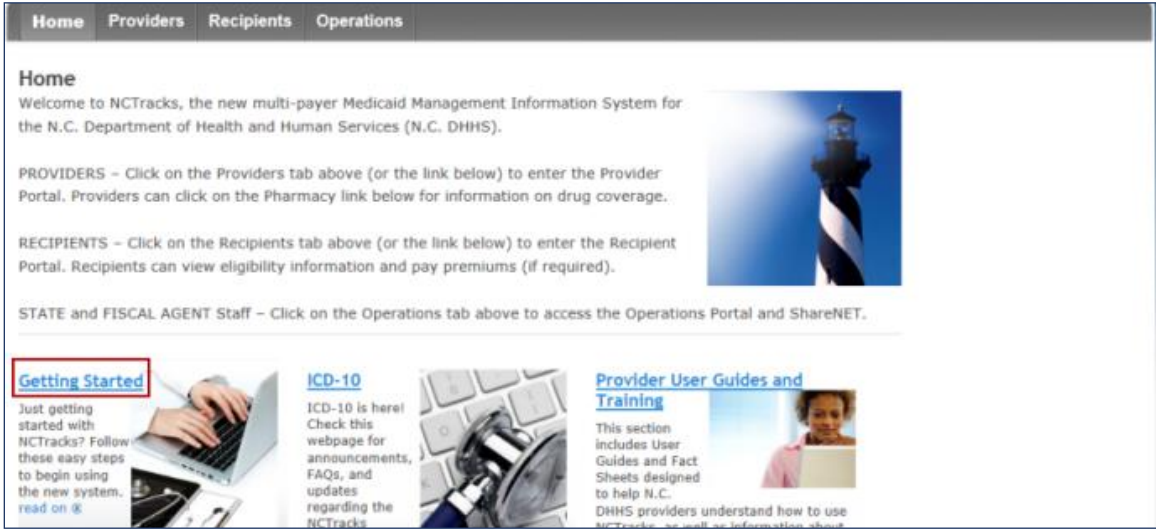
OBJECTIVES

This Job Aid provides information on:

- Accessing the NCTracks Provider Portal
- Completing and submitting a Disaster Relief abbreviated application
- Abbreviated Manage Change Request (MCR)
- Additional resources

GETTING STARTED

You will navigate to the Provider Applications via the NCTracks Provider Portal.

Obtain NCID

All users are required to have their own NCID. The Office Administrator (OA) will need to navigate to the NCID website to obtain their NCID. The OA can access this website by selecting the **Getting Started** option from the Provider Portal. Once the OA has obtained their NCID, proceed to the Provider Permission Matrix.

Provider Permission Matrix

Prior to beginning the enrollment process, please review the Provider Permission Matrix (PPM) to confirm that you hold the required state-issued license. Although providers wanting to enroll will only need to be in good standing with the PECOS or another state Medicaid agency, a license may be required for your provider type and specialty.

The PPM is located within the **Provider Enrollment** section.

Begin Application

Select the **Begin Application** icon at the bottom left of the screen to start the enrollment process.
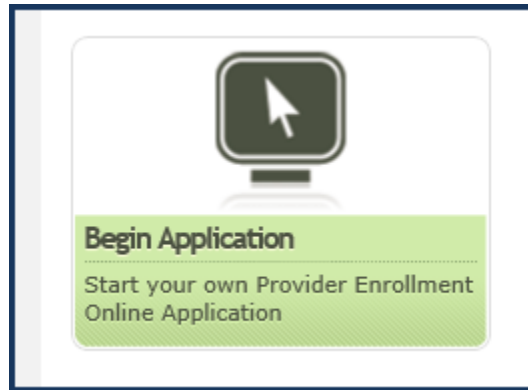
COMPLETING AND SUBMITTING DISASTER RELIEF PROVIDER ENROLLMENT APPLICATION

Enter your NCID and Password and select **Log In**.

The **Online Provider Enrollment Application** is the first screen of the application. This screen identifies, based on the ZIP code entered, if the provider is an In-State, Border, or Out-of-State (OOS) provider. You will also be able to indicate if you will be enrolling as an Individual, Organization, Atypical Organization, or Billing Agent.

Enter your ZIP code and select the Provider Enrollment Application Type. Select **Next**.

Individual Basic Information Screen

The **Individual Basic Information** screen captures basic information for Individual providers.

The Disaster Relief question will only be present during a disaster response period. If this question is not present, you will be submitting an enrollment application for an open-ended enrollment period. Disaster Relief applications are limited to a 120-day enrollment period.

Complete all fields marked with a red asterisk (*). The Effective Date will default to the State-defined begin date of the disaster period. This field is not editable. The enrollment period will be 120 days from the Effective Date.

The Attestation checkbox must be selected in order to navigate to the next screen. Complete the attestation and select **Next**.

Individual Basic Information

🖶 | A A | Help

* indicates a required field

Legend ▼

IDENTIFYING INFORMATION ?

* Last Name:	[ ]	*** First Name:**	[ ]
Middle Name:	[ ]	Suffix:	-- Select One -- ▼
	(Enter your full middle name)		
* Date of Birth:	[ ] 📅	*** SSN:**	[ ]
* Gender:	Male ▼	*** NPI:**	[ ]
* Email:	[ ]		

☑ I attest that I have given my full legal name, and I do not have a middle name.

DISASTER RELIEF ?

Disaster Relief lite enrollment is intended for qualified providers who have provided services for recipients during a disaster response period, not for providers who see recipients on an ongoing basis.

* Are you enrolling as a provider to provide disaster relief services to a North Carolina recipient? Yes/No.

◉ Yes ○ No

EMPLOYER IDENTIFICATION NUMBER (EIN) ?

* Will your income be reported to an EIN?

○ Yes ◉ No

▲

RENDERING/ATTENDING ONLY PROVIDER ?

* Are you a Rendering/Attending Only provider?

○ Yes ◉ No

OWNERSHIP INFORMATION ?

* Business Type: SELF (INDIVIDUAL FILING UNDER A SSN) ▼

▲

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL) ?

Individual authorized to receive information or make business decisions on behalf of applying provider. This role currently belongs to the person populated below.

☐ Authorized Individual is the same as enrolling provider

* Last Name:	[ ]	*** First Name:**	[ ]
Middle Name:	[ ]	Suffix:	-- Select One -- ▼
	(Enter your full middle name)		
* Contact Email:	[ ]		
* Office Phone #:	[ ] ext. [ ]	Office Fax #:	(000) 000-0000
* User ID (NCID):	ProviderTraining1		

☑ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

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EFFECTIVE DATE

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The effective date is the earliest date a provider may begin billing for services as identified by the State of North Carolina.

✱ Effective Date: 05/03/2019

☑ I confirm that I have or will provider services to a North Carolina beneficiary.

Please be sure to complete all
required fields with valid content.

Next »

Organization Basic Information Screen

The **Organization Basic Information** screen captures your Organization's basic information.

Complete all fields marked with a red asterisk (*). The Effective Date will default to the State-defined begin date of the disaster period. This field is not editable. The enrollment period will be 120 days from the Effective Date.

The Attestation checkbox must be selected in order to navigate to the next screen. Complete the attestation and select **Next**.

Note: When completing the **Ownership Information** screen, selecting Corporation, Limited Liability Corporation, Non-Profit, or Partnership will require that you indicate if the Office Administrator (Authorized Individual) is an Owner or a Managing Relationship.

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Organization Basic Information

Terms and Conditions Screen
=============================

The **Terms and Conditions** screen captures the terms and conditions to which you must agree in order to enroll in NCTracks. It also requires that you attest your agreement to the terms and conditions.

Complete the attestation and select **Next**.

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Basic Information Completed Screen

The **Basic Information Completed** screen notifies you that the **Basic Information** screen has been completed and provides instructions for resuming an In Process application, if you choose.

Select **Next**.

Basic Information Completed   🖨 | A A | Help

ELECTRONIC SIGNATURE   ?

Our records indicate that an Electronic Signature PIN has already been associated with this Office Administrators NCID. Please use the current PIN to electronically sign this application upon submission. If you have lost or forgotten your PIN, you will have the opportunity to reset it upon submission.

APPLICATION RETRIEVAL   ?

You have successfully completed the basic information of the enrollment application.

If you wish to retrieve and complete your saved application, please use the User ID (NCID) entered on the Basic Information page and NCID password to sign in to the NCTracks portal. Please complete this application within 90 days for submission to the state. If not completed within 90 days, the incomplete application will be deleted.

《《 Previous   Please be sure to complete all   Next 》》
                                     required fields with valid content.

Health / Benefit Plan Selection Screen

The **Health / Benefit Plan Selection** screen captures applicable health and benefit plans with begin and end dates. Medicaid and North Carolina Health Choice (NCHC) will be the default selections. These are the only health plans available for Disaster Relief Lite enrollment.

Select **Next**.

Health / Benefit Plan Selection   🖨 | A A | Help

✱ indicates a required field   Legend ▼

Which NC DHHS Health Plan(s) are you applying for at this time?
What are the qualifications and requirements for the NC DHHS Health Plans?
See Provider Permission Matrix.

DIVISION OF HEALTH BENEFITS, DIVISION OF PUBLIC HEALTH, OFFICE OF RURAL HEALTH AND COMMUNITY CARE   ?

Please select any coverage types for which you wish to enroll by checking the corresponding box.

If you are a Behavioral Health provider intending to contract with a Local Management Entity-Managed Care Organization (LME-MCO), contact the LME-MCO before completing an application in NCTracks. Enrollment in Medicaid or NC Health Choice does not guarantee a contract with a LME-MCO.

If applying for Medicaid and/or NCHC (Children), a $100 NC Application fee will be required. Upon application submission, you will be directed to Paypoint to make the payment.

Division of Health Benefits (DHB)
☑ Medicaid   ☑ NCHC (Children)

《《 Previous   Please be sure to complete all   Next 》》
                                     required fields with valid content.

                                                Save Draft   Delete Draft

Ownership Information Screen

The **Ownership Information** screen never displays for Individual providers; this screen displays only for Organizations when the user has indicated on the **Organization Basic Information** screen that the OA is an Owner. You will be required to complete the screen with the OA's information.

Once the OA's information has been added, select **Save** to save the updates, then select **Next**.

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Addresses Screen

The **Addresses** screen captures the primary physical location, 1099 Reporting/Pay-To, Correspondence, and other service location addresses. Servicing counties are captured for the primary physical location address and for each other servicing address entered.

After each address has been entered, select **Verify Address** to confirm that the address entered is a deliverable address as defined by the United States Postal Service (USPS).

✶ Servicing Counties

Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

☐ NEW HANOVER	☐ NORTHAMPTON	☐ ONSLOW	☐ ORANGE
☐ PAMLICO	☐ PASQUOTANK	☐ PENDER	☐ PERQUIMANS
☐ PERSON	☐ PITT	☐ POLK	☐ RANDOLPH
☐ RICHMOND	☐ ROBESON	☐ ROCKINGHAM	☐ ROWAN
☐ RUTHERFORD	☐ SAMPSON	☐ SCOTLAND	☐ STANLY
☐ STOKES	☐ SURRY	☐ SWAIN	☐ TRANSYLVANIA
☐ TYRRELL	☐ UNION	☐ VANCE	☑ WAKE
☐ WARREN	☐ WASHINGTON	☐ WATAUGA	☐ WAYNE
☐ WILKES	☐ WILSON	☐ YADKIN	☐ YANCEY

1099 REPORTING / PAY-TO ADDRESS   [?]

All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting Address. You only need to submit one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.

✶ Do you have a separate Pay-To address?
 ○ Yes   ○ No

CORRESPONDENCE ADDRESS   [?]

This is the address where all paper and accounting correspondence is to be mailed.

✶ Do you have a separate correspondence address?
 ○ Yes   ○ No

SERVICE LOCATIONS   [?]
✶ Do you have additional service locations?
 ○ Yes   ○ No

Additional service locations can be added to the application by completing the **Service Location** section. After the addition of each service location, select **Add**. Once all service locations have been added to the application, select **Next**.

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Taxonomy Classification Screen

The **Taxonomy Classification** screen allows you to add taxonomy code sets (Provider Type, Classification, and Area of Specialization). Select the taxonomy code(s) under which you will be conducting business with NCTracks for each service location.

Organizations are required to answer the question "Is your Organization a School Based Health Center (SBHC)?" before adding the Provider Type, Classification, and Area of Specialization.

You are able to add more than one taxonomy classification. Before adding a new code, the current code must be added first. Select **Add** to either add additional taxonomy classifications or proceed to the next screen.

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Select **Next**.

Taxonomy Classification

🖨 | A A | Help

✱ indicates a required field

Legend ▾

?

SCHOOL BASED HEALTH CENTER
✱ Is your organization a School Based Health Center (SBHC)?
☐ Yes ⦿ No

Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonomies selected should have been reported to the National Plan & Provider Enumeration System (NPPES) when you enumerated this NPI.

If a submitted taxonomy has not been reported to NPPES, please report it within the next 30 days.

?

TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION

Please select a Provider Type, Classification and Area of Specialization from the following drop-down lists that best describe the services you will be rendering. You may enter up to 15 Taxonomy Classifications.

➕ TAXONOMY CLASSIFICATION - 193200000X - MULTI-SPECIALTY

Add Taxonomy Classification

Please complete all the required fields and click the **Add** button.

✱ Provider Type: -- Select One -- ▾

✱ Classification: -- Select One -- ▾

✱ Area of Specialization: -- Select One -- ▾

Add | Clear

《 Previous

Please be sure to complete all
required fields with valid content.

Next 》

Save Draft | Delete Draft

Accreditation Screen

The **Accreditation** screen allows you to add relevant accreditations, certifications, and licenses.

Based on the location, health plans, and taxonomies that you selected in the application, required accreditation, certification, and/or license fields will be populated. You must complete the required fields. If multiple locations have been added, the credentials can be added to all locations by selecting the **Copy this accreditation, certification or license to all service locations** checkbox.

Additional accreditations, certifications, and/or licenses can be added as desired; however, you should only add the information that the system requires.

After all information has been added to the application, select **Next**.

Accreditation:

To complete information for this location, fill out this form section then click '**Save Location**' in lower right.

Please provide certification, license, accreditation, and endorsement information that qualifies you to render services.

ACCREDITATIONS

If one or more accreditations is required for your taxonomy, enter the accreditations required fields and click the Add button.

Taxonomy **261QB0400X - Birthing** requires the following Accreditation Type:

- Commission for Accreditation of Free-standing Birthing Centers

ACCREDITATION - COMMISSION FOR ACCREDITATION OF FREE-STANDING BIRTHING CENTERS

Accreditation Type: Commission for Accreditation of Free-standing Birthing Centers
* Accreditation #:
* Effective Date: mm/dd/yyyy   Expiration Date: mm/dd/yyyy

Copy this accreditation to all
service locations:

[Add] [Clear]

CERTIFICATIONS

If one or more certifications is required for your taxonomy, enter the certifications required fields and click the Add button.

Taxonomy **261QF0050X - Family Planning, Non-Surgical** requires the following Certification Type:

- Planned Parenthood Agency By Planned Parenthood Federation of America

CERTIFICATION - PLANNED PARENTHOOD AGENCY BY PLANNED PARENTHOOD FEDERATION OF AMERICA

Certification Type: Planned Parenthood Agency
Certifying Entity: Planned Parenthood Federation of America
* State: NORTH CAROL
* Certification #:
* Effective Date: mm/dd/yyyy   Expiration Date: mm/dd/yyyy

Copy this certification to all
service locations:

[Add] [Clear]

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Agents and Managing Employees Screen

For Individual providers, the **Agents and Managing Employees** screen captures information for the individual provider and/or the OA if the OA is not the actual enrolling provider. For Organizations, only the OA's information is required.

A managing relationship is between the provider and an employee (i.e., general manager, business manager, administrator, director, or other person who exercises operational or managerial control of a provider, or who directly or indirectly conducts the day-to-day operations of a provider).

Complete all required marked with an asterisk (*). After the completion of all fields, select **Update**.

Select **Next**.

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Agents and Managing Employees

✱ indicates a required field

Legend ▼

RELATIONSHIP DISCLOSURE   ?

As required by 42 CFR 1002.3, providers must disclose the following for each individual officer, managing employee, director, board member, and Electronic Funds Transfer (EFT) authorized individual.

Failure to provide the required information may result in a denial for participation.

Does the applicant have any agent(s) and/or managing employee(s)? **Yes**

Managing Relationships   ?

Please add all managing relationships below.

MANAGING RELATIONSHIP – DULA , HAZEL (AUTHORIZED INDIVIDUAL MANAGING CONTACT) --- NEWLY ADDED

After completing all required fields, click the **Submit** button to save.

Last Name :	Dula	First Name :	Hazel
Middle Name:		Suffix:	-- Select One -- ▼
✱ Date of Birth:	mm/dd/yyyy	SSN :	***-**-1111
Email:		Phone Number:	
✱ Business Relationship:	-- Select One -- ▼		

☑ I attest that I have entered the full legal name of the individual, and the individual does not have a middle name.

✱ Address Line 1:	
Address Line 2:	
✱ City:	
✱ State:	-- ▼
✱ ZIP Code:	00000-0000

Verify Address

Update

« Previous

Please be sure to complete all required fields with valid content.

Next »

Save Draft | Delete Draft

Method of Claim and Electronic Transactions Screen

The **Method of Claim and Electronic Transactions** screen is required for Organizations and Individual providers who answered **No** to the question "Are you a Rendering/Attending only provider?" on the **Basic Information** screen.

This screen captures how you will be submitting and/or receiving electronic transactions (when applicable).

Make a selection and select **Next**.

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Method of Claim and Electronic Transactions   🖨 | AA | Help

✱ indicates a required field   Legend ▼

✱ METHOD OF TRANSACTION   ?

Please select how the enrolling billing agent will be sending and receiving claims. (Select all that apply)

☐ Submit a single claim via the NCTracks Provider Portal
☐ Submit a batch claim via NCTracks
☐ Billing Agent

                                                                              ⬆

《 Previous   Please be sure to complete all   Next 》
                                        required fields with valid content.

                                                          Save Draft | Delete Draft

Associate Billing Agent Screen

The **Associate Billing Agent** screen captures associated Billing Agent(s) information. If you use a Billing Agent, you must report the Billing Agent.

Associate Billing Agent   🖨 | AA | Help

✱ indicates a required field   Legend ▼

BILLING AGENT INFORMATION   ?
Search Billing Agents

Choose a search method, then add all Authorized Billing Agents from Results.

Search

Billing Agent ID: [_____]

                            —— o r ——

Last Name: [_____]   First Name: [_____]

                            —— o r ——

Organization Name: [_____]

                                                                    Search

                                                                              ⬆

《 Previous   Please be sure to complete all   Next 》
                                        required fields with valid content.

                                                          Save Draft | Delete Draft

Affiliated Provider Information (Individual Provider Only) Screen

During the initial enrollment process, an Individual provider is able to add an affiliation to an Organization whose overall status is active, terminated, or suspended, as well as affiliate to an Organization's location that is active or end-dated. The effective begin date of any affiliation will be set to the most recent Enrollment Effective Date. If the Organization's Enrollment Effective Date is the most recent, that will be the affiliation's Begin Date. If the Individual provider's Enrollment Effective Date is the most recent, that will be the date of the affiliation.

The **Affiliated Provider Information** screen captures information on the Organization(s) to which an individual applicant wants to affiliate. Individual providers who answered **Yes** to the question "Are you a Rendering/Attending only provider?" on the **Basic Information** screen will be required to complete this screen during the initial enrollment process.

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EFT Account Information Screen

The **EFT Account Information** screen captures Electronic Funds Transfer (EFT) and Remittance information. All payments are by EFT in NCTracks.

This screen is required for Organizations and Individual providers that answered **No** to the question "Are you a Rendering/Attending only provider?" on the **Basic Information** screen.

For Individual providers, enter the EFT information of the individual provider, not the organization to which the provider is affiliated.

Select **Verify Address**, then select **Next**.

Note: The EFT information is confirmed after the enrollment has been approved. The NCTracks Finance department will send the banking institution listed a $0 pre-note to confirm the accuracy of information provided. This process can take 6 – 10 business days. Claims submitted will not pay until an active EFT account is listed on the enrollment record.

EFT Account Information

❋ indicates a required field

Legend ▼

FINANCIAL INSTITUTION ACCOUNT INFORMATION

❋ Routing Number:

❋ Account Number: ❋ Account Number Confirmation:

❋ Account Type: -- Select One -- ▼

❋ Financial Institution Name:

Financial Institution Address

❋ Address Line 1:

Address Line 2:

❋ City:

❋ State: NORTH CAROLINA ▼

❋ ZIP Code: 00000-0000

Verify Address

« Previous

Please be sure to complete all
required fields with valid content.

Next »

Save Draft Delete Draft

Trading Partner Agreement Screen

The **Trading Partner Agreement** screen displays when the **Submit a batch claim via NCTracks** option is selected on the **Method of Claims and Electronic Transactions** screen. The selection requires that you test the software you will be using to transmit the HIPAA compliant X12 electronic claims batches (837P, 837I, and 837D).

Complete the attestation at the bottom of the screen and select **Next**.

The NCTracks Electronic Data Interchange (EDI) will contact you with more information on how to complete the testing of your software.

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Trading Partner Agreement   🖨 | AA | Help

* indicates a required field   Legend ▼

A Trading Partner Agreement (TPA) is a document required to be completed for any entity that is transmitting or receiving Health Insurance Portability and Accountability Act (HIPAA) compliant X12 Electronic Transactions with North Carolina Medicaid. An entity could be a Provider, Billing Agency, Point of Sale/Switch Vendor, Clearinghouse/Value Added Network (VAN), or Insurance Company. This TPA stipulates the general terms and conditions by which the Trading Partners agree to exchange information electronically. TPAs are used by all entities that wish to establish an electronic relationship with CSRA as the Fiscal Agent for the North Carolina Medicaid program. A fully executed, TPA must be on file prior to testing electronic transactions with North Carolina Medicaid.

The following information is requested to process your TPA:

Trading Partner Name:
User ID (NCID):
Provider Number(s) or Atypical Number:
Provider Transmission Supplier Number(TSN): **PENDING SUBMISSION**

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSRA help desk for Electronic Data INterchange (EDI) support:

1. General
This Agreement effective on **05/08/2019**, is between CSRA, with offices located at 2610 Wycliff Road. Raleigh. NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A. below:

    A. Trading Partner Name: Kenneth Fortner
        I. Contact Name:
        II. Contact Telephone Number:
        III. Contact Fax Number:

8. Term
The term of this Agreement shall commence on the Effective Date and continue in effect until terminated by either Party upon 30 days prior written notice to the other Party.

Attestation Statement

* ATTESTATION
   ☐ I agree to the above terms, and will electronically sign for them upon submission of this application.

《 Previous   Please be sure to complete all
                                    required fields with valid content.   Next 》

                                                                    Save Draft | Delete Draft

Review Application Screen

By selecting the **Review Application** button, you will be presented with a window that will allow you to open a PDF file of your application, which you can print and review for accuracy before submitting.

Review Application   🖨 | AA | Help

* indicates a required field   Legend ▼

EMAIL CONFIRMATION

  • The below email address is the email for the Office Administrator for this provider. During the approval process, communication will be sent to this email address.
  • If the email below 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.)

Contact Email:

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 the Attachments/Submit Electronic Application page by clicking '**Next**'.

                                      Trading Partner Agreement | Review Application 📄

《 Previous   Please be sure to complete all
                                    required fields with valid content.   Next 》

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Sign and Submit Electronic Application Screen

The **Sign and Submit Electronic Application** screen allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach the documents to the application.

- Select **Submit Later** to save the application. The application will be saved for 60 days from the creation date. If the application is not submitted, NCTracks will delete the application from the system.

  OR

- Select **Submit Now** to submit the application now.

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Final Steps Screen

The **Final Steps** screen informs you that the application submission is complete. This screen contains the final steps that you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application.

Final Steps

* indicates a required field

Legend ▼

ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.

Please save/print the following documents for your records

- Online Application
- Cover Sheet
- Trading Partner Agreement
- Review Agreement

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

REQUIRED ATTACHMENTS

Your application indicates that you are enrolling as:

- DENTAL PROVIDERS, Dentist, General Practice

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

ELECTRONIC ATTACHMENTS

If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page.

[Upload Documents]

Return to Provider Enrollment Status and Management Home

APPROVAL NOTIFICATION

Once the Disaster Relief Lite application has been approved, a Provider Approval Welcome Letter will be e-mailed to the OA. The letter will list the health plans, taxonomies, and end date of the enrollment.

An authorization code will be provided in the event that the enrollment record requires a change of the OA. For more information on completing an OA change process, please see the instructions at Office Administrator (OA) Change Process.

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Date

PROVIDER NAME
CORRESPONDENCE ADDRESS LINE I
ADDRESS LINE 2
CITY, STATE POSTAL CODE

Provider name:
NPI:
Effective date:

Dear Provider:

Welcome to the North Carolina Department of Health and Human Services (DHHS) Program.
Your Disaster Relief application has been approved.

APPROVED

You have been approved for participation in the following DHHS health and benefit plans(s):

XXXXXX
XXXXXX

You have been approved to provide services using the listed taxonomies at the following
location (s):

XXXXXX
XXXXXX
XXXXXX

On your application, you indicated that you selected to enroll as a time-limited provider. Your
participation will automatically end on MM/DD/YYYY. You will be required to re-enroll to
continue participation. Disaster Relief lite enrollment is intended for qualified providers who have
provided services for recipients during a disaster response period, not for providers who see
recipients on an ongoing basis.

AUTHORIZATION CODE

If you need to change the Office Administrator for this provider in the future, you will need the
Authorization Code below to complete the Change Office Administrator application.

Authorization Code: XXXXXXXXXX

MORE INFORMATION

- Please visit the NCTracks website (https://www.nctracks.nc.gov) for more information.

- The NCTracks Operations Center is available at 1-800-688-6696 or
  NCTracksprovider@nctracks.com to assist you.

Sincerely,

NCTracks Operations Center
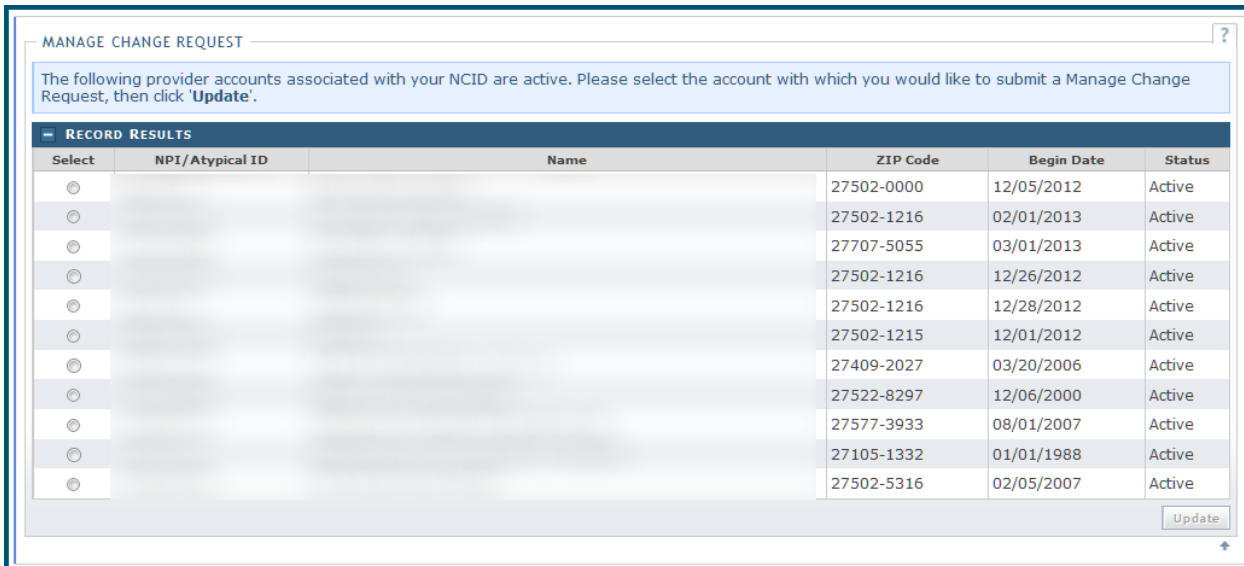
MANAGE CHANGE REQUEST

Once the provider has become enrolled, they may need to update information on the provider
record such as EFT information, affiliations, or method of claims submission. These changes
will require an abbreviated Manage Change Request (MCR).

Since the provider will only be enrolled for a limited time, other updates are not allowed.

From the secure Provider Portal, the user will need to navigate to the **Status and Management**
screen by selecting the **Status and Management** option.

CSRA≡≡

North Carolina Medicaid Management
Information System (NCMMIS)

June 03, 2019

NC
Information Technology Division
HEALTH AND HUMAN SERVICES

To begin an abbreviated MCR, scroll down to the **Manage Change Request** section and select the radio button next to the NPI to be updated. Select **Update**.

Requested Manage Change Request Type

The abbreviated applications to which the Disaster Relief provider will have access are listed.

Select the application type that applies and select **Next**.

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Requested Manage Change Request Type

🖨 | A A | Help

* indicates a required field

Legend ▼

| MANAGE CHANGE REQUEST TYPE | ? |

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID:

Name:

○ Update Electronic Funds Transfer (EFT) Account Information1

○ Add/Update Affiliations1

○ Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information1

1Please have all information available, this application must be completed in one session.

Next »

All of these application types are considered to be provider record maintenance updates and do not require credentialing by the NCTracks Enrollment team. Upon submission of these abbreviated application types, the applications will have an "Approved" status.

Note: EFT abbreviated applications will have an "Approved" status, but the EFT information must still go through the same pre-note process as with initial enrollment. Please allow 6 – 10 business days for this process to be completed.

ADDENDUM A. SYSTEM HELP

The major forms of help in the NCMMIS NCTracks system are as follows:

- Navigational breadcrumbs
- System-Level Help – Indicated by the "NCTracks Help" link on each screen
- Screen-Level Help – Indicated by the "Help" link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb
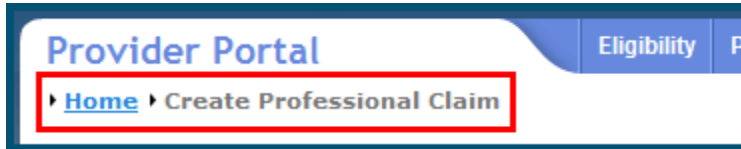
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help
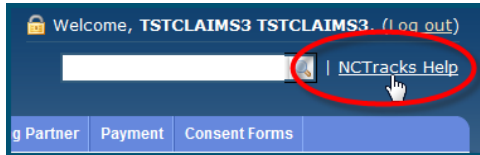
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, "NCTracks Help", will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.
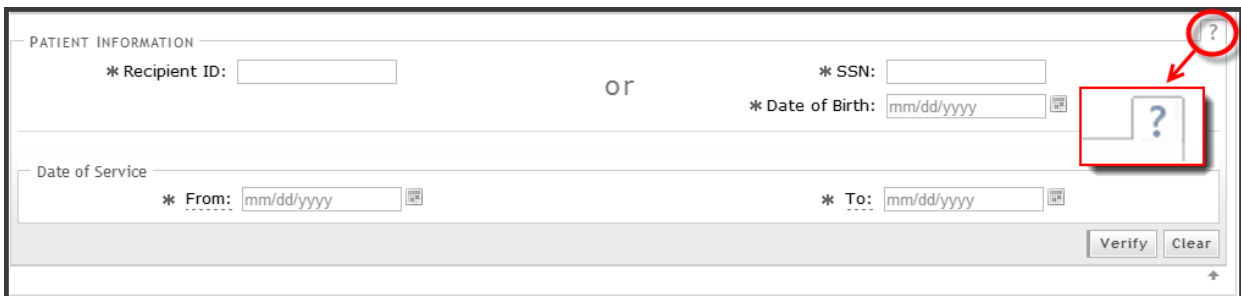
Screen-Level Help
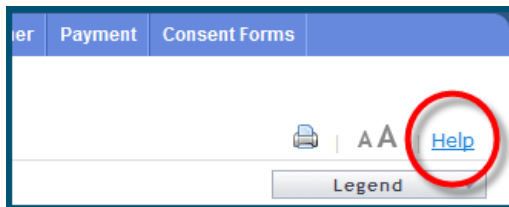
Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

Form Legend
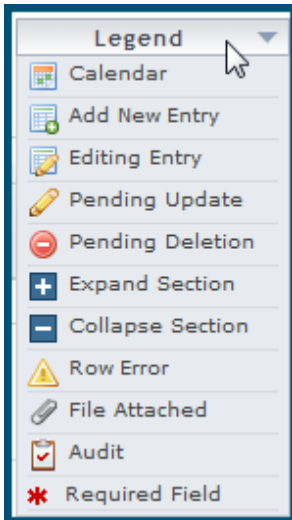
A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon to open the list.

Data / Section Group Help

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

Tooltip Help
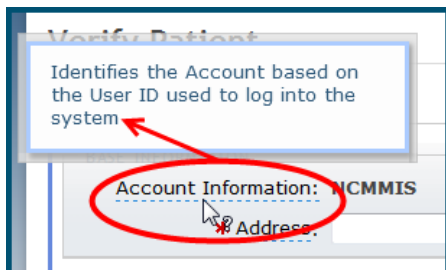
Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.