JOB AID
Enrolling, Updating or Terminating CCNC/CA Managed Care Plans

OVERVIEW

This job aid provides instructions that assist actively enrolled Medicaid providers with enrolling, updating information, or terminating participation in Community Care of North Carolina/Carolina Access (CCNC/CA) within NCTracks by completing a Manage Change Request (MCR).

It is not necessary for individual providers to enroll in CCNC/CA if they are affiliated with a group or organization that is already enrolled in CCNC/CA. Refer to the *How do I enroll in North Carolina Medicaid as an Individual User Guide* for specific instructions.

Note: For more information regarding CCNC/CA Participation Requirements refer to https://medicaid. ncdhhs.gov/providers/programs-and-services/community-care-north-carolinacarolina-access-ccncca

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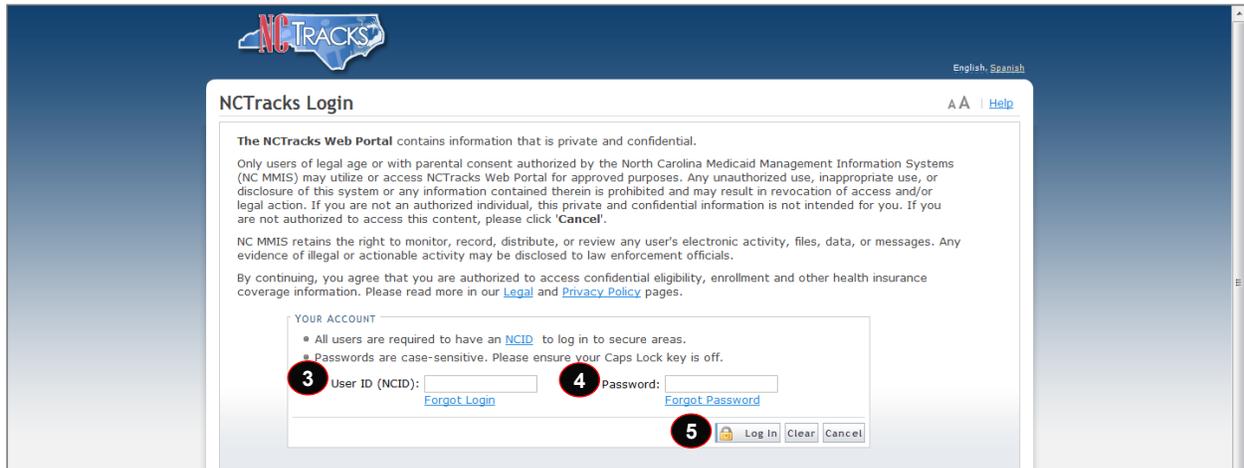## NAVIGATE TO STATUS AND MANAGEMENT – ENROLL IN CCNC/CA

The public NCTracks home page displays before you are logged in to the system. To log in to the secure NCTracks Provider Portal, complete the following steps.

Note: The NCTracks application is compatible with Internet Explorer version 11.0. It also supports Mozilla Firefox versions 49.0 or 50.0 OR Google Chrome 54.0 or 55.0. Therefore, we recommend using a supported browser.
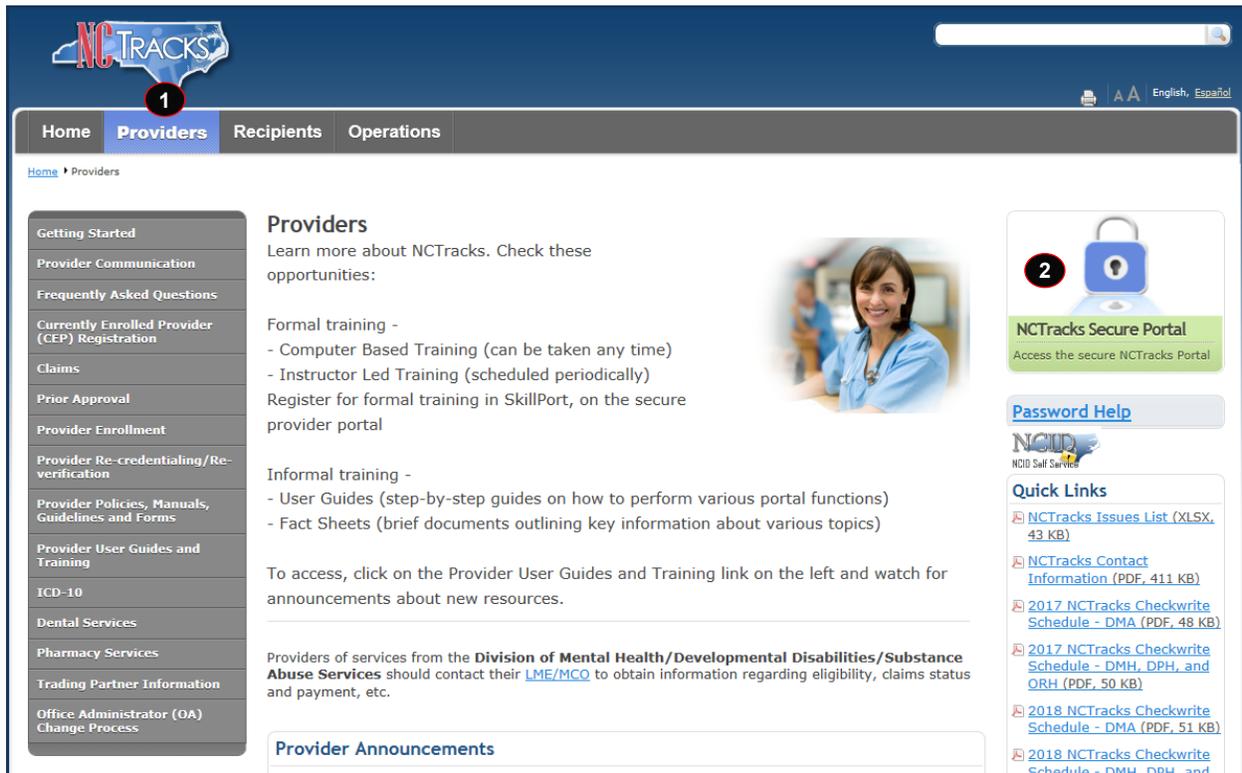
Step	Action
1	Select **Providers**. The Public Provider screen displays.

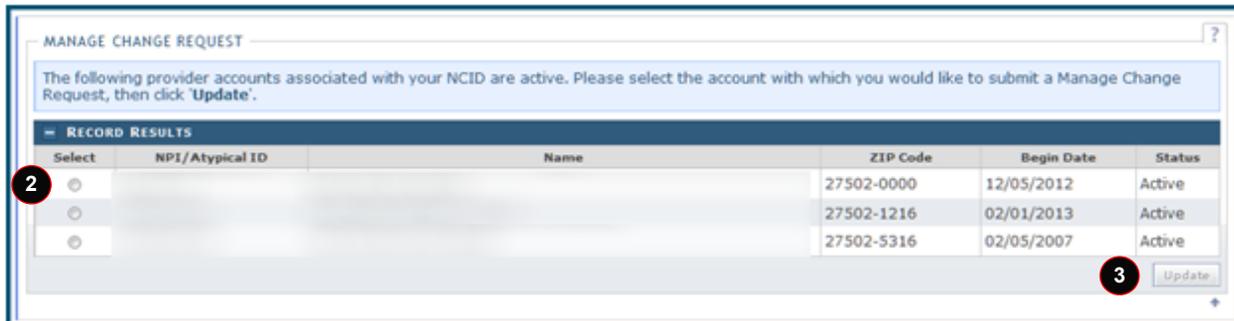| Step	Action
2	Select **NCTracks Secure Portal**. The Provider portal login screen displays.

Step	Action
3	User ID (NCID): Enter your **NCID**. **Note**: It is assumed that your Enrollment Specialist or Office Administrator will be the person who is completing the MCR application. The Enrollment Specialist or Office Administrator will log in with his or her NCID and password.
4	Password: Enter your **Password**.
5	Select the **Log In** button. The Provider portal home page display.

NAVIGATE TO STATUS AND MANAGEMENT PAGE

The user may need to update information on the provider record such as CCNC/CA, Electronic Funds Transfer (EFT), taxonomy, address, affiliations, or licensure. These changes would require an MCR.

Step	Action
1	Select the **Status and Management** hyperlink. The Status and Management screen displays. To begin a Manage Change Request application, scroll down to the **Manage Change Request** section.

Step	Action
2	Select the **Radio Button** next to the record for which you want to begin an MCR application.
3	Select the **Update** button.

REQUESTED MANAGE CHANGE REQUEST TYPE – COMPLETE MULTIPLE CHANGES OR REVIEW YOUR COMPLETE PROVIDER RECORD

When the Office Administrator, Owner/Managing Employee User, or a user with the Enrollment Specialist role selects the 'Update' button on the Status and Management screen, they will be directed to the Requested Manage Change Request Type screen.

Note: Refer to the *Provider Web Portal Applications Participant User Guide* or the *Enrollment Specialist User Guide* for specific instructions on completing a full Manage Change Request application.

Step	Action
1	Select the **Complete Multiple Changes or Review Your Complete Provider Record** manage change request type, which allows the user to complete a full Manage Change Request application.
2	Select the **Next** button to continue.

ORGANIZATION BASIC INFORMATION PAGE

This page captures your Organization's basic information.

When completing a MCR, providers must review each section for accuracy and make necessary corrections. For CCNC/CA participating providers, this is important to avoid delays in processing of the managed change request.

The provider will continue through the MCR application screens until they reach the **CCNC/CA** page.

CCNC/CA PAGE

The Community Care of North Carolina/Carolina ACCESS page display.

Note: Do **NOT** click the menu options on the left-hand side of the screen, as each page must be Accessed/reviewed before the MCR can be submitted. Instead, to navigate to the appropriate section, click the **Next** button on the bottom right corner of the page until you reach the section you would like to have changes made.

Step	Action
3	Select the **Radio Button** next to desired the location. **Note**: Applications for CCNC/CA **must** be completed for each service location.
4	Select the **Edit Location** button to continue.
5	Select **Yes** to the question **"Do you want to apply for CCNC/CA for this location"**.
6	Select the radio button for the **Same As Authorized Individual** or **Other** in the CCNC/CA Contact Person section. **Note**: When the **Same As Authorized Individual** is selected the information is populated with the authorized individual's name. When **Other** is selected, the user must complete the required fields.
7	Select the **Save Location** button (if applicable). **Note**: All service locations must have a status of Complete in the Form Status field. If Incomplete display for any location, the user must edit the location and complete all required fields.
8	Select the **Next** button to continue.

PHYSICIAN EXTENDER PARTICIPATION PAGE

The Physician Extender Participation page display. This page allows the user to view, add, or update physician extenders participating and the requested maximum number of the CCNC/CA enrollees at the location. The user can request a maximum of 2000 CCNC/CA enrollees for

each participating member of the practice including Physician Assistants, Nurse Practitioners, and Nurse Midwives.

Step	Action
9	Select **Yes** to the question **"Are there any Physician Extenders at this location?"** and enter all required information. **Note**: If applicable select **No**; when **No** is selected the user is able to continue through the MCR.
10	Select the **Add** button to add the information entered.
11	Enter the **number** of physicians who will be participating in CCNC/CA at this location.
12	Enter the total **number** of all CCNC/CA enrollees that will be seen in your practice. **Note**: If the Requested maximum number exceeds the maximum limit of 2000 enrollees per physician/physician extender; the user must enter the reason for exception in the CCNC/CA Exception box that will display.
13	Select **Save Location** to save the entered information for that specific location.
14	Select the **Next** button to continue.

PREVENTIVE AND ANCILLARY SERVICES PAGE

The Preventive and Ancillary Services page display. This page allows the user to enter preventive and ancillary services. In order to meet the requirements for enrolling, CCNC/CA providers must provide certain preventive health services for the applicable age range.

Step	Action
15	Select the **Checkbox** for the Preventive and Ancillary Services provided either on-site or off-site. **Note**: If laboratory specimen can be taken at the office, then the service is considered on-site. If the patient must go to another location for the service, then the service is considered off-site.
16	Select **Save Location** to save the entered information for that specific location.
17	Select the **Next** button to continue.

Note: In order to meet the requirements for enrolling, CCNC/CA providers must provide preventative healthcare services for applicable age range. Refer to the **CCNC/CA Preventative Health Requirements** sheet for these requirements.

CCNC/CA Preventative Health Requirements	Required for providers who serve the following age ranges							
	0 to 6	0 to 11	0 to 21	0 to 121	11 to 18	11 to 121	18 to 121	21 to 121
Adult Preventative and Ancillary Health Assessment				Y		Y	Y	Y
Health Check Screening Assessment	Y	Y	Y	Y	Y	Y	Y	
Blood Level Screening	Y	Y	Y	Y				
Cervical Cancer Screening (applicable to Females only)				Y		Y	Y	Y
Hearing	Y	Y	Y	Y	Y	Y	Y	
Hemoglobin or Hematocrit	Y	Y	Y	Y	Y	Y	Y	Y
Standardized Written Developmental	Y	Y	Y	Y				
Tuberculin Testing (PPD Intradermal Injection/Mantoux Method)	Y	Y	Y	Y	Y	Y	Y	Y
Urinalysis	Y	Y	Y	Y	Y	Y	Y	Y
Vision Assessment	Y	Y	Y	Y	Y	Y	Y	
Diphtheria, Tetanus Pertussis Vaccine (DTaP)	Y	Y	Y	Y				
Haemophilus Influenzae Type B Caccine Hib	Y	Y	Y	Y				
Hepatitis B Vaccine	Y	Y	Y	Y				
Inactivated Polio Vaccine (IPV)	Y	Y	Y	Y				
Influenza Vaccine	Y	Y	Y	Y	Y	Y	Y	Y
Measles, Mumps, Rubella Vaccine (MMR)	Y	Y	Y	Y				
Pneumococcal Vaccine	Y	Y	Y	Y				
Tetanus		Y	Y	Y	Y	Y	Y	Y
Vaicella Vaccine	Y	Y	Y	Y				

HOURS PAGE

The Hours page display. This page allows the user to enter the hours that services are provided on a regular basis and after hours coverage information.

Step	Action
18	Select **Yes** to the question **"Does this facility operate 24/7?"**. **Note**: If **No** is selected the Hours section will expand to allow the user to indicate specific hours, CCNC/CA Exception, and After Hours Coverage. CCNC/CA participation requires each practice site be available to treat patients a minimum of 30 hours per week and automatic referral to the hospital emergency department for services does not satisfy this requirement.
19	Select **Save Location** to save the entered information for that specific location.
20	Select the **Next** button to continue.

The provider will continue through the MCR application screens until they reach the Sign and Submit Electronic Application page.

SIGN AND SUBMIT ELECTRONIC APPLICATION PAGE

The Sign and Submit Electronic Application page display. This page allows the user to confirm electronic submission of a provider application, to electronically attach any additional required documents, and the option of submitting the entire application now or later.

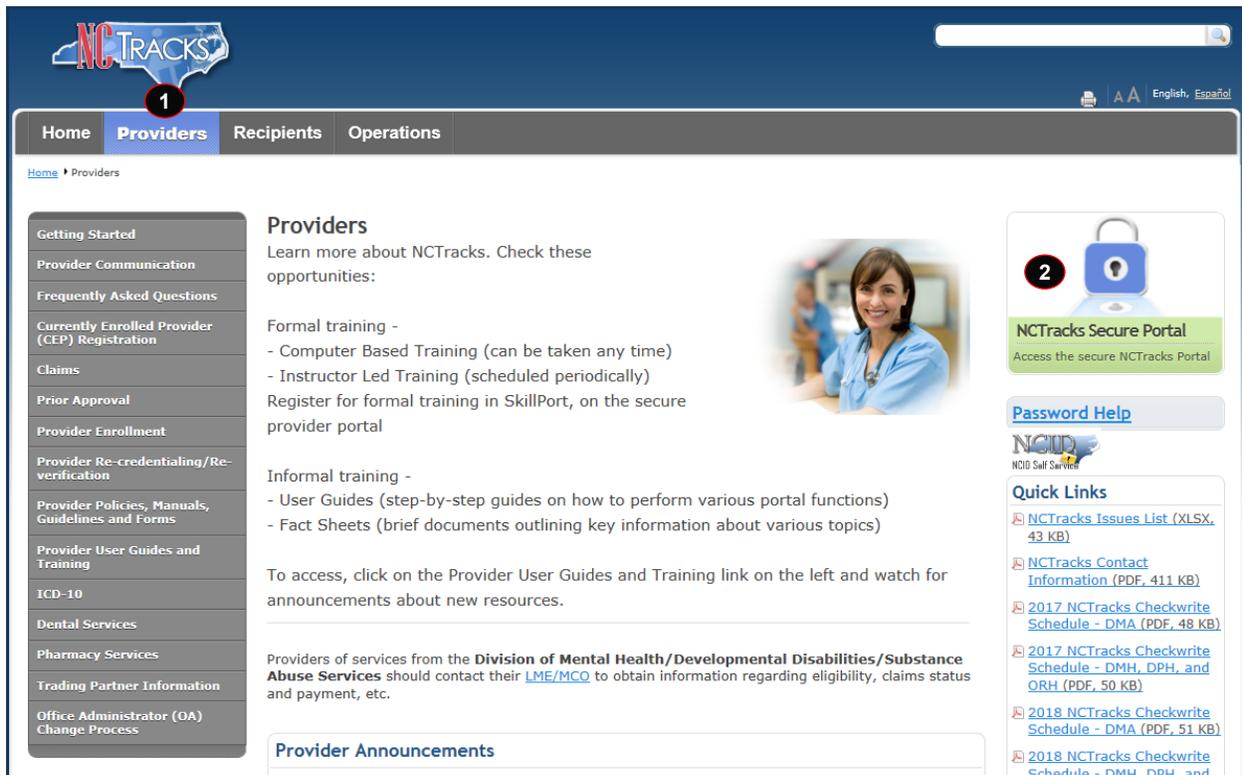| Step	Action
1	Enter the **Login ID (NCID)** username.
2	Enter the **Password**.
3	Enter the **PIN** (Personal Identification Number).
4	Select the **Submit Later** or **Submit Now** button. **Note**: When the **Submit Later** is selected the application is saved in the Saved Applications section of the status and management page. When the **Submit Now** is selected, the user is able to continue to the **Final Steps** page.

FINAL STEPS

This screen informs the user that the application submission is complete. This page also contains the final steps the user must take in order to complete the application process (supplemental documents required). The user may also download a PDF copy of the submitted application.
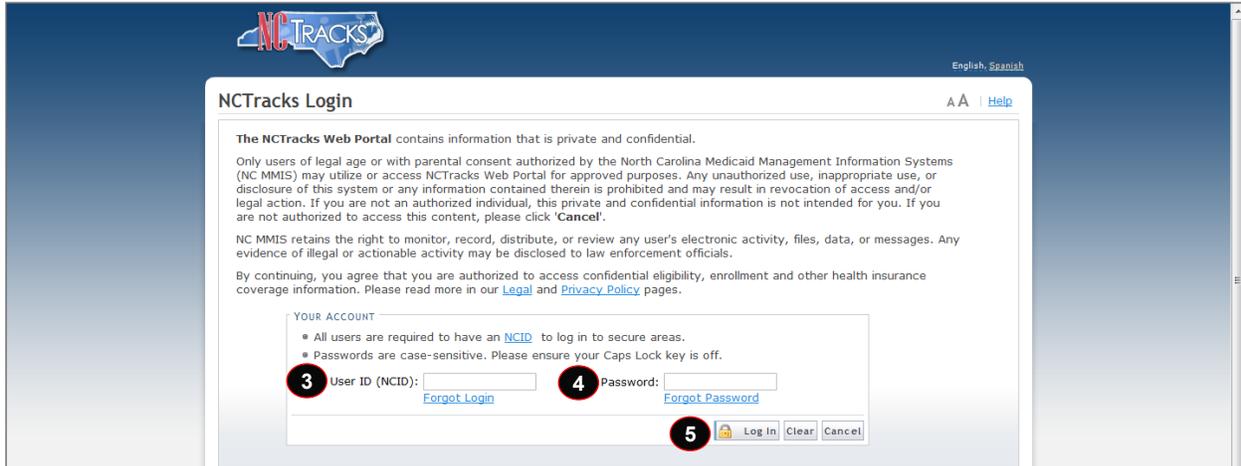
NAVIGATE TO STATUS AND MANAGEMENT – TERMINATE PARTICIPATION IN CCNC/CA

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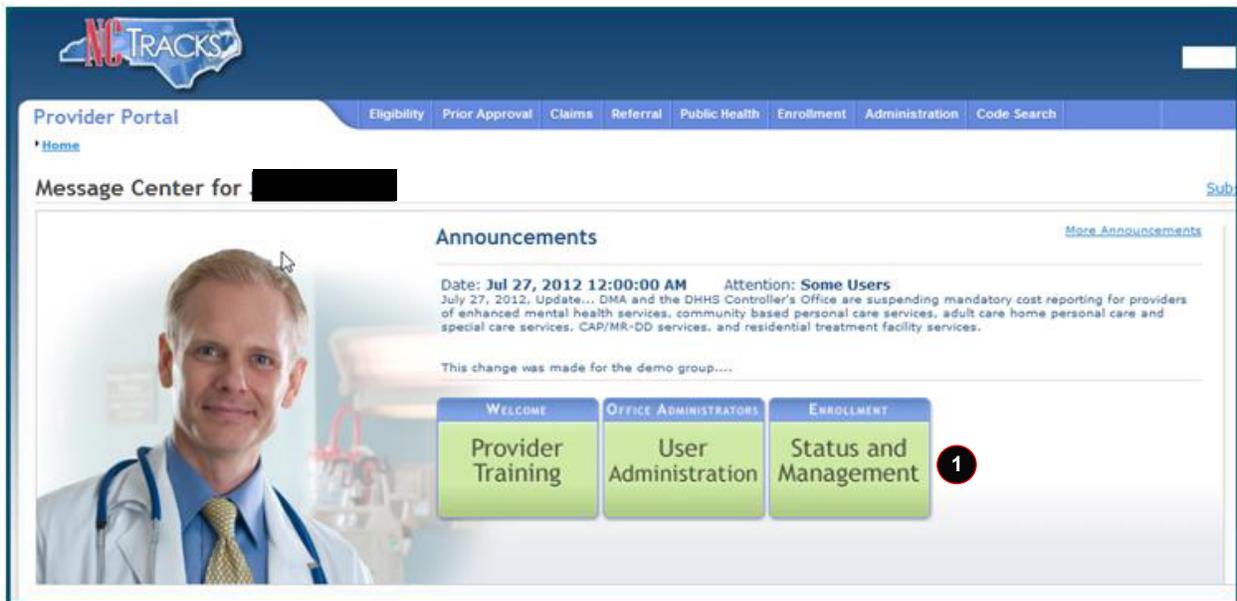

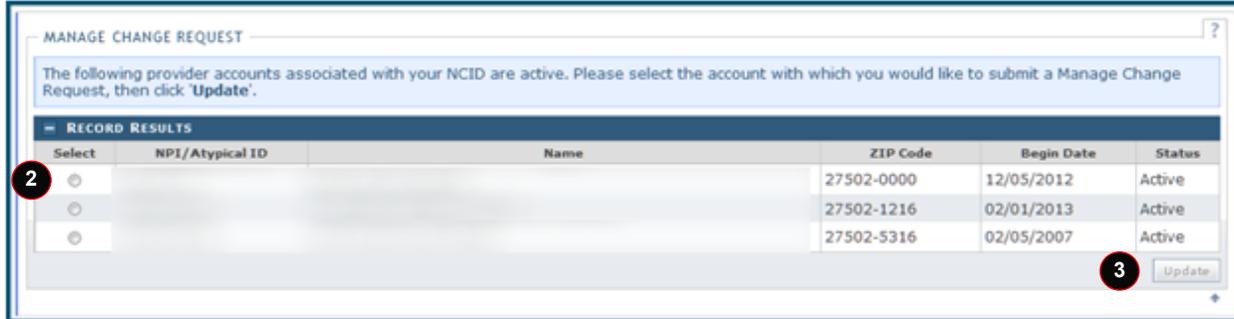| Step	Action
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2	Select **NCTracks Secure Portal**. The Provider portal login screen displays.

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3	User ID (NCID): Enter your **NCID**. **Note**: It is assumed that your Enrollment Specialist or Office Administrator will be the person who is completing the MCR application. The Enrollment Specialist or Office Administrator will log in with his or her NCID and password.
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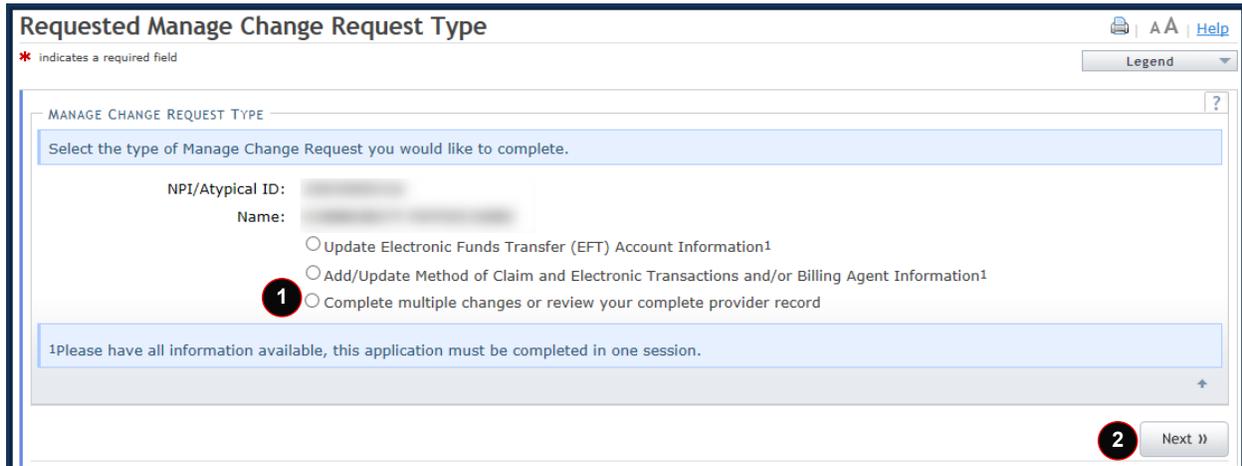
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North Carolina Medicaid Management
Information System (NCMMIS)

February 07, 2019

NC
Information Technology Division
HEALTH AND HUMAN SERVICES

Step	Action
1	Select the **Complete Multiple Changes or Review Your Complete Provider Record** manage change request type, which allows the user to complete a full Manage Change Request application.
2	Select the **Next** button to continue.

The provider will continue through the MCR application screens until they reach the Community Care of North Carolina/Carolina Access (CCNC/CA) page.

CCNC/CA PAGE.

The CCNC/CA page display. This page allows the user to **edit** the CCNC/CA Contact Person information and/or End Date It to **terminate** participation in CCNC/CA.

Note: If you are actively enrolled in CCNC/CA, this page displays your **CCNC/CA Begin Date** and your **CCNC/CA Contact Person details**. You can **edit** your **CCNC/CA Contact Person Information** or **terminate** your participation as a CCNC/CA PCP.

PCPs **cannot** terminate without giving a **30-day notice**; therefore, the **CCNC/CA End Date** will be no sooner than the following month, and will be the last calendar date for that month. (Ex: MCR is submitted on 01/13/2018. The CCNC/CA End Date would be 02/28/2018).

Note: Termination of your CCNC/CA participation will result in your enrollees being reassigned. If you have any questions, please contact your local Managed Care Consultant.
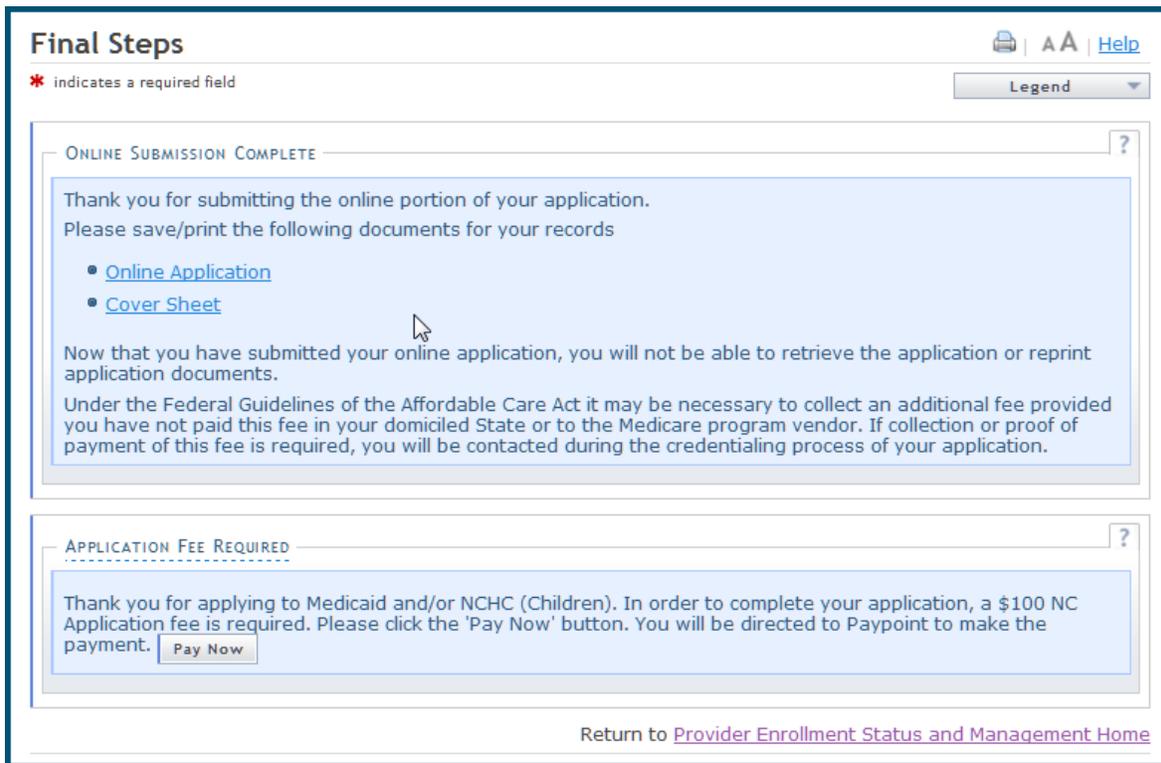
Step	Action
1	CCNC/CA Contact Person: Contact information on file. You can edit any of these fields.
2	CCNC/CA Begin Date: Your begin date as a CCNC/CA PCP.

Step	Action
3	Select **End Date It** checkbox if you want to terminate your CCNC/CA participation.
4	Select the **Next** button to continue.

The user will continue through the Manage Change Request application screens until they reach the Final Steps screen.

FINAL STEPS

This screen informs the user that the application submission is complete. This page also contains the final steps the user must take in order to complete the application process (supplemental documents required). The user may also download a PDF copy of the submitted application.