

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

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.

		A A English, Español
Home Providers Re	ecipients Operations	
Home + Providers		
Getting Started Provider Communication Frequently Asked Questions Currently Enrolled Provider (CEP) Registration Claims Prior Approval Provider Enrollment Provider Re-credentialing/Re- verification Provider Policies, Manuals, Guidelines and Forms Provider User Guides and Training ICD-10 Dental Services Pharmacy Services Trading Partner Information Office Administrator (OA)	 Providers Learn more about NCTracks. Check these opportunities: Formal training - Computer Based Training (can be taken any time). Instructor Led Training (scheduled periodically) Register for formal training in SkillPort, on the secure provider portal Informal training - User Guides (step-by-step guides on how to perform various portal functions). Fact Sheets (brief documents outlining key information about various topics) To access, click on the Provider User Guides and Training link on the left and watch for announcements about new resources. Providers of services from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services should contact their LME/MCQ to obtain information regarding eligibility, claims status and payment, etc. 	Contracks Secure Portal Access the secure NCTracks Portal Access the secure NCTracks Portal Contracks Contact Information (PDF, 411 KB) Outracks Checkwrite Schedule - DMA (PDF, 48 KB) OUT NCTracks Checkwrite Schedule - DMA, DPH, and ORH (PDF, 50 K8) Outracks Checkwrite
Change Process	Provider Announcements	Schedule - DMA (PDF, 51 KB) 2018 NCTracks Checkwrite Schedule - DMH, DPH, and

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.



- TRACKS										
Provider Portal	Eligibility	Prior Approval	Claims	(Referral P	ublic Health	Enrollment	Administration	Code Search		
Message Center for .									s	ub
		Announcer Date: Jul 27, July 27, 2012, L of enhanced me special care sen This change was	2012 1 Jpdate intal hea vices. CA	2:00:00 AM DMA and the I Ith services, co P/MR-DD servi	Attent DHHS Contro mmunity ba ces. and resi	ion: Some U ller's Office ar sed personal dential treatm	Jsers e suspending m care services, ad sent facility services	andatory cost re ult care home p ces.	More Announcements porting for providers ersonal care and	
		WELCOM	t	OFFICE ADM	NISTRATORS	ENROLI	MENT			
AN		Provid Trainir	er ng	Us Adminis	er tration	Statu: Manage	and ement			
	1 .									

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.

MANAGE CH The followin Request, th	IANGE REQUEST	th your NCID are active. Please select the	account with which you would like	e to submit a Manage	? Change
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
2 💿 🗍			27502-0000	12/05/2012	Active
0			27502-1216	02/01/2013	Active
0			27502-5316	02/05/2007	Active
					Update

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.



Requested Manage Change Request Type	🖨 A A	<u>Help</u>
* 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: Oupdate Electronic Funds Transfer (EFT) Account Information1 Odd/Update Method of Claim and Electronic Transactions and/or Billing Agent Information1 Complete multiple changes or review your complete provider record		
1Please have all information available, this application must be completed in one session.		÷
	2 Ne	ext »

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.

Provider Enrollment	Organization Basic Information	Help
NOTE: Data is not saved unless the 'Next' button is activated.	* indicates a required field Legend	-
Contact EVC Center	- IDENTIFYING INFORMATION	?
Organization Basic Information Terms and Conditions	If you need to update the Organization Name, submit documentation that shows proof of a legal name change to CSRA via fax at 855-710-1965 or by em at NCTracksprovider@nctracks.com.	ail
Health/Benefit Plan Selection	Organization Name: 5	
Ownership Information	EIN: NPI/Atypical Provider ID:	
Addresses	* Email: TEST@FAKEEMAIL.0 * Month of Fiscal Year End: July	
	Doing Business As (DBA) Doing Business As (DBA) * Do you operate under a trade or company name?	*
Agents/Managing Employees Method of Claim/Electronic Submission EET Account Information	- O Yes ® No	+
Exclusion Sanction Information Review Application	OWNERSHIP INFORMATION * Business Type: LIMITED LIABILITY CORPORATION (LLC)	?

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.

Provider Enrollment	Physician I	Extenders Parti	icipation			
NOTE: Data is not saved unless the 'Next'	* indicates a require	ed field				Legend 👻
Contact EVC Center						
	- SERVICE	LOCATIONS		1 the		
Organization Basic Information	Select	2610 Wycliff Rd. R4	LEIGH, NC. (Primary)	Location		Complete
Terms and Conditions	0	2700 WYCLIFF RD,	RALEIGH, NC, 27607-3055			Complete
Health/Benefit Plan Selection	To complete	information for eac	h service location, select	the appropriate location then click th	e "Edit Location	" button.
Ownership Information	1 o comproce			the appropriate resources there are a		
Addresses						Edit Location
Tayonomy Classification	Physician Ext	enders Participatio	n: 2610 Wycliff Rd. Ste	200. RALEIGH, NC. 27607-3073		
Add Sepiece and Endomements	i nysieiun exe	chaers r ar cicipació		200, 104221011, 110, 27007 5075		
Aud Jervices and Charlestineins	To complete i	nformation for this loca	ation, fill out this form sectio	n then click 'Save Location' in lower right		
	LOCATION PA	RTICIPATION				?
	O k Are there	any Physician Extender	rs at this location?			
Physician Extender Participation		No				
Preventive Ancillary Services	- Participation	Physician Extenders				?
Hours of Operation	- Add Physicia	an Extender				
Services	Enter the f	allowing information fo	s the Dhusisian Extender Dis	ass complete all the required fields and di	ok the Add butter	
Agents/Managing Employees	Enter the	onowing information to	T the Physician Extender. Pie	ase complete all the required helds and ch	ck the Add button.	
Method of Claim/Electronic Submission		* Last Name:		* First Name	e:	
Associate Billing Agent		Middle Name:		Suffi	c: Select One	~
EFT Account Information						
Exclusion Sanction Information	* Phys	sician Extender Type:	Select One 🗸	* License #	*1	
Review Application		* NPI:	000000000			
	* Will this O Yes	physician extender be 〇 No	participating in CCNC/CA?			10 Add Clear
	MAXIMUM NUM	ABER OF ENROLLEES FOR	THIS LOCATION			?
	The rimu	m is 2000 enrollees pe	r practitioner.			
	Participa	ow many physicians ate at this location?:		12 * Requested maximum	#:	
						13 Save Location
	« Previous				Ple requir	ease be sure to complet 14 Next »
						Save Draft Delete Draft

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.

February 07, 2019



Provider Enrollment	Preventiv	e and Ancillary Services	
NOTE: Data is not saved unless the 'Next' button is activated.	🗰 indicates a requ	ired field	Legend 👻
Contact EVC Center			
	- Servic	E LOCATIONS	Form Status
Organization Basic Information	100	2610 Wycliff Rd, RALEIGH, NC, (Primary)	Complete
Terms and Conditions	0	2700 WYCLIFF RD, RALEIGH, NC, 27607-3055	Complete
Health/Benefit Plan Selection	To complet	e information for each service location, select the appropriate location then click the "Edit Locatio	n" button.
Ownership Information			Edit Location
Addresses			
Taxonomy Classification	Preventive a	and Ancillary Services: 2610 Wycliff Rd, Ste 200, RALEIGH, NC, 27607-3073	
Add Services and Endorsements	To complete	information for this location, fill out this form section then click 'Save Location' in lower right.	
Accreditation			?
CCNC/CA	PREVENTIVE	AND ANCILLARY SERVICES	
Physician Extender Participation	Samples/s	becimens can be collected on-site and sent out for testing. Patients may be referred to a laboratory within a V_2 mitterson	le of a primary care physician's
Preventive Ancillary Services	physical ad	uress.	
Hours of Operation	5 = SERVIC	5	
Services	-	Service Name	On-site/Off-site
Agents/Managing Employees	Ad	lult Preventive Annual Health Assessment Services	
Method of Claim/Electronic Submission	Bl	ood Lead Screening	
Associate Billing Agent	Ce	ervical Cancer Screening	
EFT Account Information	Di	phtheria,Tetanus, Pertussis Vaccine (DTaP)	
Exclusion Sanction Information	🗆 Ha	emophilus Influenzae Type b Vaccine (Hib)	
Review Application	E He	alth Check Screening Exam	
	- He	aring Assessment (using electronic equipment)	
	E He	emoglobin	
	🗆 He	ematocrit	
	- He	patitis B Vaccine	
	In In	activated Polio Vaccine (IPV)	
	In In	fluenza Vaccine	
	D Me	asles.Mumps.Rubella Vaccine (MMR)	
		eumococcal Vaccine (PCV)	
		andardized Written Developmental Screening	
		tanus Vaccine (Td)	
		herculin Test (PD) intradermal inicto/Mantoux)	
		inarysis	
		incenta vaccine	
		sion Assessment (e.g., Snellen Chart)	
			16 Save Location
	« Previous	1 requ	Please be sure to complet 17 Next >>
			Save Draft Delete Draft

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		Rea	uired for p	roviders wh	o serve the	following a	de randes	
	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.



Provider Enrollment	Hours		🚔 A A <u>Help</u>
NOTE: Data is not saved unless the 'Next' button is activated.	* indicates a require	d field	Legend 🔻
Contact EVC Center			
	- SERVICE	LOCATIONS	
Organization Basic Information	Select	Location	Form Status
Terms and Conditions		2610 Wycliff Rd, RALEIGH, NC, (Primary)	Complete
Health/Benefit Plan Selection	0	2700 WYCLIFF RD, RALEIGH, NC, 27607-3055	Complete
Ownership Information	To complete	information for each service location, select the appropriate location then click the "Edit Location	n" button.
Addresses			Edit Location
Taxonomy Classification			
Add Services and Endorsements	Hours: 2610 V	Vycliff Rd, Ste 200, RALEIGH, NC, 27607-3073	
Accreditation	To complete i	nformation for this location, fill out this form section then click 'Save Location' in lower right.	
CCNC/CA			2
Physician Extender Participation	HOURS	rility operate 24/72	
Preventive Ancillary Services	O Yes) No	
Hours of Operation			
Services			19 Save Location
Agents/Managing Employees			*
Method of Claim/Electronic Submission			
Associate Billing Agent	(Previous	required to the second s	Please be sure to comple 20 Next »
EFT Account Information			Saus Draft Delete Draft
Exclusion Sanction Information			Save Drait Delete Draft
Review Application			

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.

North Carolina Medicaid Management Information System (NCMMIS)

February 07, 2019



TED Date is not seved unless the 'Next' totest EVC.Center: Organization.Basis.Information Terms.and.Conditions Health/Denetif.Plan.Belection Ownership Information	# indicates a required field If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information. ELECTRONIC SIGNATURE CONFIRMATION	Legend	
Organization Basic Information Terms and Conditions Health/Renefit Plan Selection Ownership Information	If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information. ELECTRONIC SIGNATURE CONFIRMATION		
Organization Basic Information Terms and Conditions Health/Benefit Plan Selection Ownership Information	ELECTRONIC SIGNATURE CONFIRMATION		
Terms and Conditions Health/Benefit Plan Selection Ownership Information			?
Health/Benefit Plan Selection	Attentation: These and and accord to the terms and conditions of participation. Do submitting this form. Terrifers the information contained	in and 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 administrative, civil, or criminal liability.	me to	
Addresses			
Taxonomy Classification	* Login ID (NCID): Password:		
Accreditation	Forgot Login ID		
CCNC/CA			
Physician Extender Participation	• If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to TEST@FAKEEMAIL.COM. Plea	ase retrieve it nov	N D
Hours of Operation	complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to a	click Next on the	
Services	Basic Information page to store your change.) 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)	<i>.</i>
Agents/Managing Employees	and Password and clicking the 'Forget PIN' link. The PIN will be sent to your email address.	i cogini ico (nerco)	
Method of Claim/Electronic Submission			
EFT Account Information	Please contact the CSEA EVC Center at 800-688-6696 if you have any trouble with your Electronic Signature PIN Number.		
Exclusion Sanction Information			
Review Application	5 * PIN: Forgot PIN		
	Parate routed the documents you are going to electronically sign. Reguined and Attachments		
	• For each question you answered yes on the Exclusion Sanction Page, you must attach or submit a complete copy of applicable crimina disciplinary action, Consent Order, documentation regarding recoursent/repayment estimematic action, and/or final disposition clearly resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.	l complaint or indicating the fin	al
	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 application for your records.	the completed	
	You will also receive instructions to finalize the application process on the next page.		
	Submit Later 4 Submit Now		
	(/ Previous		

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.

Final Steps 🖨 A A Help
* 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
• <u>Cover Sheet</u>
Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.
Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.
APPLICATION FEE REQUIRED
Thank you for applying to Medicaid and/or NCHC (Children). In order to complete your application, a \$100 NC Application fee is required. Please click the 'Pay Now' button. You will be directed to Paypoint to make the payment. Pay Now
Return to <u>Provider Enrollment Status and Management Home</u>



NAVIGATE TO STATUS AND MANAGEMENT – TERMINATE PARTICIPATION 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.
2	Select NCTracks Secure Portal. The Provider portal login screen displays.



_ NC	TRACKS	Facility Savajak
NCTrack	cs Login	
The NCT Only use (NC MMI disclosur legal act are not a NC MMIS	racks Web Portal contains information that is private and confidential. rs of legal age or with parental consent authorized by the North Carolina Medicaid Management Infor 6) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inapprop e of this system or any information contained therein is prohibited and may result in revocation of ac ion. If you are not an authorized individual, this private and confidential information is not intended fi uthorized to access this content, please cick 'Cancel'. retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, co of ilenal or actionable activity may be disclosed to law enforcement of ficiale.	mation Systems priate use, or ccess and/or or you. If you pr messages. Any
By contin coverage	ining, you agree that you are authorized to access confidential eligibility, enrollment and other health 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.	h insurance
	3 User ID (NCID): 4 Password: Forgot Login 5 @ Log In Clear Cancel	

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.





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

MANAGE CH The followin Request, th	HANGE REQUEST	ith your NCID are active. Please select the a	account with which you would like	e to submit a Manage	? Change
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
2 💿 👘			27502-0000	12/05/2012	Active
0			27502-1216	02/01/2013	Active
0			27502-5316	02/05/2007	Active
					3 Update

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.

R	equested Manage Change Request Type	
*	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: O Update Electronic Funds Transfer (EFT) Account Information1	
	C Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information Complete multiple changes or review your complete provider record	
	¹ Please have all information available, this application must be completed in one session.	
		+
		2 Next »

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.

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.

Community Care of Nort	h Carolina/Carolina A	CCESS		
indicates a required field				Legend 🔻
- SERVICE LOCATIONS		Location		Form Status
4001 Old Chapel Hill B	d DURHAM NC (Primany Location)	Location		
				•
To complete information for each	service location, select the appro	priate location then click the "Edit Location	" button.	
				Edit Location
Community Care of North Care	olina/Carolina ACCESS			
To complete information for this lo	position, fill out this form section t	hen dick 'Save Location' in lower right.		
COMMUNITY CARE OF NORTH CAROLI	NA/CAROLINA ACCESS			£
As a Medicaid Provider, you are e	eligible to enroll as a CCNC/CA Pr	rovider if one of your taxonomy classification	ns is on the <u>CCNC</u>	C/CA Eligible Provider Types
CCNC/CA CONTACT PERSON				?
* Last Name:		* First Name:		
Middle Name:		Suffix:	Select One	•
* Office Phone #:	(010) 222 2222 out	Other Phone #:	(000) 000 0000	aut
• Once Phone #.	(919) 333-2222 Ext.		(000) 000-0000	ext.
Office Fax #:	(000) 000-0000	* Contact Email:		1
2 CCNC/CA Begin Date:	04/01/2013	3 🖻	End Date It	
				Save Location
				+
				*

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 <u>Managed Care Consultant</u>.

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.

