

How to Add or Change a Billing Agent and Other Claim Submission Options in NCTracks

Overview

This user guide provides step-by-step instructions for adding or changing a billing agent or making other claim submission options in NCTracks. Providers have several options for processing claims and sending/receiving electronic transactions in NCTracks. Providers will configure these options and settings using the Manage Change Request application.

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Logging into the Provider Portal

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



Figure 1: NCTracks Home



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



Figure 2: Providers Page

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

Provide	r Portal Login	AA Help
The NCT private a	racks Web Portal contains information that is private and confidential. If you are not an authorized individual, this nd confidential information is not intended for you. If you are not authorized to access this content, please click 'Cance	Ρ.
By contin coverage	uing, you are agreeing that you are authorized to access confidential eligibility, enrollment and other health insurance 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>NCIO</u> to log in to secure areas. Passwords are case-sensitive. Please ensure your Caps Lock key is off. User ID (NCID):	
	Log In Clear Cancel	

Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

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

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						📑 <u>NCTracks Help</u>
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Figure 4: Select Status and Management



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

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fment.	ir status is Pay N	ow, your wo appacation ree	payment was not	made or failed; Dick Pay Now b	o make payment.		
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300104	11 1	OUSE, MICKEY		Enrollment	05/20/2013	Approved	
/300079	95 S	TEPHENS, MATTHEW		Enrollment	05/13/2013	In Review	
58519	0	Y ATYPICAL ORGANIZATIO	N	Re-verification	05/13/2013	In Review	
/300096	59 P	AY 8 GROUP		Enrollment	05/12/2013	Pay Now	
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ase rem	nember that your	application must be submitt	ed to the State wit	thin 90 days of the date it was c	reated. If not complet	ed within 90 days,	the
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Figure 5: Status and Management Page

Status and Management Sections

- 1. **Submitted Applications**: Contains enrollment applications or change requests that have already been submitted and are currently in process.
- 2. **Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- 3. **Re-enroll**: This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- 4. **Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.



- 5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
- 6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
- 7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.

If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

MANAGE C The follow Request,	CHANGE REQUEST	associated with your NCID are active. Please select the accou	nt with which you would like to :	ubmit a Manage Cha	ange
Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
. 🤜		OVIDER	27502-1216	05/01/2012	Active
0	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
0	1003001801	THE PEANUT GALLERY	27701-3637	04/30/2012	Active
0	1003013160	ZUMBA, CARY M	27607-3073	05/07/2012	Active

Figure 6: Select Manage Change Request

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



A

Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **Addresses** screen.



Figure 7: Organization Basic Information Page



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

documents/Administrative Parti knowingly or willfully falsified, o	is in this attestation and information contained in the documents s cipation Agreement are true, accurate, complete, and current as concealed or omitted any material fact that would constitute a fals	submitted with the application/enrollment of the date this attestation is signed. I have not herein e, fictitious or fraudulent statement or representation.	

Figure 8: Attestation Statement

10. Once you reach the **Method of Claim and Electronic Transactions** page, read the following information carefully, as each menu option can dictate how electronic transactions are sent and received.

	-	~~~	1101
dicates a required field	Le	gend	
* 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			
INCOMING ELECTRONIC TRANSACTIONS			?
O Yes O No			
			1
Previous Please be sure to com	plete all content.	Ne	xt »

Figure 9: Method of Claim and Electronic Transactions



Submitting Single Claims on Behalf of Yourself or another Provider

If you intend on submitting single, individual claims on behalf of yourself or another provider, select the first option titled "Submit a single claim via the NCTracks Provider Portal".



If you do not intend on sending or receiving batch claims or electronic transactions, do NOT select the Batch Claims or Billing Agent Options

- Submit a single claim via the NCTracks Provider Portal
- 🔀 🛛 Submit a batch claim via NCTracks
- 🔀 🛛 Billing Agent

Figure 10: Select Single Claim Option Only

See the <u>Provider User Guides and Training page</u> for steps to complete the Manage Change Request.



Batch Claims and other Electronic Transaction Types

The following electronic transactions and corresponding responses can submitted through the NCTracks Provider Portal.

There are two main types of transactions:

Inbound: Transactions sent from the billing agent/TP/provider into NCTracks are considered Inbound Transactions.

Outbound: Transactions sent from NCTracks to the billing agent/TP/provider are considered outbound transactions.

Transaction #	Transaction Type	Description
270	Inbound	Inquiry request sent by the provider, billing agent or trading partner to NCTracks to check eligibility benefits of a recipient
271	Outbound	Response sent from NCTracks to the billing agent, trading partner or provider regarding recipient eligibility benefits request when a 270 electronic inquiry has been received
276	Inbound	Inquiry request sent to NCTracks to check claims status
277	Outbound	Response sent from NCTracks to a billing agent, trading partner or providers regarding the claim status request when a 276 electronic inquiry has been received.
820	Outbound	Response from NCTracks to the billing agent/TP/provider regarding payroll deducted and other Group Premium Payment for Insurance Products/payment remittance advise for 834 transaction.
834	Inbound	Benefit enrollment and maintenance
835	Outbound	Response sent from NCTracks to the billing agent/TP/provider regarding Health Care Claim Payment/ Remittance Advice
837P	Inbound	Electronic Batch Claims (Professional) sent by the billing agent/TP/provider to NCTracks
8371	Inbound	Electronic Batch Claims (Institutional) sent by the billing agent/TP/provider to NCTracks
837D	Inbound	Electronic Batch Claims (Dental) sent by the billing agent/TP/provider to NCTracks



Transaction #	Transaction Type	Description
999	Outbound	The 999 is used to return functional acknowledgement for all electronic batch transactions submitted, including 837 claims, 276 Claim Status Request, 270 Eligibility or Benefit Inquiry, and 834 Benefit Enrollment and Maintenance file submissions. In addition, it reports X12 compliance errors and whether the received transaction(s) were rejected or accepted.

Submitting Batch Claims/Electronic Transactions

If you intend on submitting batch claims, or exchange other types of electronic transactions with NCTracks on behalf of yourself or other provider(s), there are several setup steps required. These steps are usually performed by the office administrator or user administrator.



Please note that this process is still required even if you only intend on receiving the 835 Health Care Claim Payment/ Remittance Advice

1. User Provisioning and Mailbox Creation Steps

In order to access the X12 transactions, the OA will need to assign the appropriate user role to each user that will need access to the 835 mailbox. In addition, these users must be assigned to at least one group.

a. From the **Home** screen, click the **User Maintenance** button.

NO TO LOUGH	2											🚔 Welcome, CAMERON SMITH. (Log out)
	2											I NCTracks Help
Provider Portal		Eligibility	Prior Approval	Claims	Referral	Code Search	Enrollment	Administration	Payment	Trading Partner	Consent Forms	=
Message Center fo	or CAMERO	N SMITH									S	ubscription Preferences 🚔 A A Help
			Announce	ments						More An	nouncements	Quick Links CCNC/CA (Managed Care)
6	0		Date: Jul 8, 2 Call Center hour Due to high call Center telephon Watch for updat	2013 12: s extended volume, C e number i es on Call	d to 6 pm th all Center h is 1-800-6 Center stat	Attention Attention	IN: All Prov extended to e racks Status	i ders 6:00 p.m. this we bage.	ek, through F	Friday, July 12. Tl	ne main Call	Department of Health and Human Services Division of Health Service Regulation Division of Medical Assistance DMA (Health Check) DMH/DD/SAS
4	24		Wr.com Provid Traini	ler ng	Orrice A L Admir	Jser Distration	ENR	us and		Ì		Division of Public Health Office of Rural Health and Community Care Provider Training Provider Manuals
R	11											
k Inbox										All Message	21	
Provider	Status	Message						Date				
1233000126	Read	PRD Sm	oke Testing					03/09/2011	2 05:15 pm			
1003000126	Read	PRD Sm	oke Testing					03/09/2013	2 05:15 pm			

Figure 11: Home - Select User Maintenance

- b. The User Maintenance screen will display.
- c. In the Search Criteria window, enter the user's last name in the Last Name field.
- d. Click the Search button.
- e. The search results will appear below the Search Criteria window. To open the **Edit User** window, double click on the user ID hyperlink.
- f. Scroll down to locate the **Access Rights** window on the lower right hand side of the screen.
- g. Availed roles to be added, will be listed in the Available Roles pane.
- h. To add user roles, highlight the applicable role and click the **Add** button to move the role to the right side pane titled Assigned Roles. The following roles should be added:
 - Claims
 - Outbound-IND-4010-835
 - Outbound-IND-5010-835
- i. Click the **Save** button to save the changes.



2. Complete the Manage Change Request - Trading Partner Registration

To register as a Trading Partner, you will need complete the Manage Change Request process. On the **Method of Claim and Electronic Transactions** page, and click the option titled "Submit a batch claim via NCTracks".



Do NOT select the "Billing Agent" option if you do not use a billing agent. For instructions on using a billing agent, see the <u>Provider User Guides and Training page</u>.

- 🗑 🛛 Submit a single claim via the NCTracks Provider Portal
- 🝸 🛛 Submit a batch claim via NCTracks
- 🔀 🛛 Billing Agent

Figure 11: Select Single Claim and Batch Claim Options



At this time, the Transaction Supplier Number (TSN) is generated. Proceed to the end of the application. At the REVIEW screen, click the REVIEW APPLICATION button to review the application so that you may write down the TSN number as it is needed for the next step.

See the <u>Provider User Guides and Training page</u> for steps to complete the Manage Change Request.

CONTINUED ON THE NEXT PAGE



3. Complete and Submit the Trading Partner Contact Document

The MCR must be in an **Approved** status before the next step can be completed. Once the MCR is approved, complete the **Trading Partner Contact Document**, which can be access from the <u>Trading Partner page</u> of the NCTracks provider portal.

Complete all the fields on the form.

Remember to include your TSN number on the form. For the type of sender, select from the following options:

Type of Sender	Description
Provider	 Sends/receives EDI transactions on behalf of their own organization
Clearinghouse	 Transfers EDI transactions for a provider
	 Translates the provider data into the required format
	 Accepts multiple types of claims and sends them to various payers including Medicare
	 Accepts EDI transactions from payers for routing to and/or reformatting for providers
	 Performs general and payer-specific edits on claims, and usually handles all of the transactions for a given provider
	 Frequently reformats data files to submit to various payers and manage response reports including acknowledgements, edit reports, and remittance advices
Billing Service	 Collects the provider's claim information and creates the electronic claim to bill to the appropriate insurance companies, including Medicare
	 May provide claims billing services only or provide full financial accounting and/or other services
	 May view beneficiary or provider data to perform their obligations to the provider, if the provider designates them for that access
	 Must submit initial claims on the provider's behalf in order to quality as a billing service.

Select the type(s) of transactions that will be sent/received

- Institutional Claims (837I)
- Professional Claims (837P)
- Dental Claims (837D)
- Eligibility Inquiry (270/271)
- Claims Inquiry 276/277
- Benefit Enrollment and Maintenance 834
- Electronic Remittance 835 (Testing is not required)

Email the completed form to NCMMIS_EDI_Support@CSRA.COM

Once the form is received, the EDI Team will update the provider record in the Operations portal to enable the provider to receive the 835 transactions. No testing is required to complete this setup. Once the provider setup is complete, the EDI team will notify the provider via email.



4. Complete Transaction Testing

If you intend on submitting electronic transactions to NCTracks, you will need to submit test transactions to ensure that the transactions are compliant with HIPAA standards. Plan ahead, as this can take some time. For detailed instructions regarding testing, please reference the companion guides located at the following link for the Trading Partner page.

https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html

The NCTracks Trading Partner Connectivity Guide provides screen shots and steps for submitting batch claims. Reference the Trading Partner page to view this guide.

Using Billing Agent(s) or Trading Partner(s)

a. If you intend on using one or more billing agents or TPs to submit claims or send and receive all electronic transactions, select the third option. It is recommended that you also select the first option, to allow you to submit a single claim if needed.

With this option, the billing agent/TP sends and receives all transaction types



For this configuration, do **NOT** select the Batch Claim option. If you select this option, the billing agent/TP will **NOT** receive the outbound transactions such as the 835 Health Care Claim Payment/ Remittance Advice). This option, by default routes the 835 transaction to the provider in lieu of the billing agent/TP.

- 😴 Submit a single claim via the NCTracks Provider Portal
- 🗙 🛛 Submit a batch claim via NCTracks 🛛
- 🗹 🛛 Billing Agent

Figure 12: Select Single Claim Option Only



b. The **Associate Billing Agent** page will display. To link the provider to a billing agent or clearinghouse, click the **Yes** radio button.

indicates a required field	Legend
Current Authorized Billing Agents	
BILLING AGENT INFORMATION	
the little wild were like the constant for your Dilling Acousts to add?	
* would you like to search for new billing agents to add?	
Yes ONO	
Yes No	
Yes No	Please be sure to complete all required fields with valid content.

Figure 13: Associate Billing Agent

c. The **Search** window will display. Enter the Billing Agent ID, Last Name/First Name or Organization name. Click the **Search** button to search for a billing agent.

BILLING AGENT INFORMATION
* Would you like to search for new Billing Agents to add?
Search Billing Agents
Choose a search method, then add all Authorized Billing Agents from Results.
Search
Billing Agent ID:
or
Last Name: First Name:
or
Organization Name:
Search
*
((Previous Please be sure to complete all required fields with valid content. Next))

Figure 14: Billing Agent Information

d. The search results will display. Click the radio button next to the appropriate billing agent, and click the **Add** button to link the provider to the billing agent.

Billing Agent ID	Name	Address	🗰 Begin Date
50000803	BILL ME AGENCY	65 TW ALEXANDER DR, DURHAM, NC, 27709-0000	07/18/2013 📑





e. The Selected Authorized Billing Agents screen will display.

If you are using multiple billing agents or TPs, you may specify that each billing agent/TP handle, manage or receive different types of electronic transactions.

For example, you may designate one billing agent to process all professional claims (837P Transactions), while designating the other billing agent/TP to receive the remittance advices (835 transactions). Reference the attached screen shots to assign/designate different transaction types for multiple billing agents/TPs. Otherwise, click the **Next** button.

Selected Authorized Billing Agents						
Th be	The list below will be submitted as associated Authorized Billing Agents. You may remove the selection by clicking the ' x ' at the beginning of a row.					
- SELECTED AUTHORIZED BILLING AGENTS						
	Billing Agent ID	Name	Ad	Idress		
0	50255958	BILLING AGENTS R US	700 HOLLY SPRINGS ROAD, HOLLY SPR	INGS, NC, 27540-0000		
Select Transaction Type and Billing Agent						
Se	Receive Electr	ronic Select One	Billing Agent ID:	Select One 💽		
	Transacti	ons: All transactions 835 Only				
revi	ous			Please be sure to complete all required fields with valis		

Figure 16: Designate Transactions to Billing Agent

See the <u>Provider User Guides and Training page</u> for steps to complete the Manage Change Request.

CONTINUED ON THE NEXT PAGE



Submitting Batch Claims in Conjunction with using Billing Agent(s)/Trading Partner(s)

Some providers select both the "Batch Claim" and "Billing Agent" options. The benefit of this configuration is that the billing agents/TPs can be setup to submit the inbound transactions, such as batch claims into NCTracks, while the outbound transactions such the Remittance Advices can route directly to the provider.

To complete this configuration, your provider will need to register as a trading partner and complete other steps.

For additional information on the Trading Partner/Provider registration and testing, please reference the companion guides located at the following link:

https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html

a. If you intend on using one or more billing agents/TPs to submit claims or send and receive other electronic transactions but would also like to receive the batch outbound transactions such as the remittance advices, select all three options.

%	Submit a single claim via the NCTracks Provider Portal	í
M	Submit a batch claim via NCTracks	
	Billing Agent	
-		

Figure 17: Select Single Claim Batch Claim and Billing Agent Options

b. The **Associate Billing Agent** page will display. To link the provider to a billing agent or clearinghouse, click the **Yes** radio button.

 indicates a required field 	Legend
Current Authorized Billing Agents	
BILLING AGENT INFORMATION	
Yes No	
« Previous	Please be sure to complete all required fields with valid content.
	Save Draft Cancel Enrollmen

Figure 18: Associate Billing Agent



c. If you selected **Yes** to add a billing agent, the **Search** window will display. Enter the Billing Agent ID, Last Name/First Name or Organization name. Click the **Search** button to search for a billing agent.

BILLING AGENT INFORMATION * Would you like to search fo • Yes O No Search Billing Agents	or new Billing Agents to add?				?
Choose a search method, the	en add all Authorized Billing Age	ents from Results			
Search Billing Agent ID:					
Last Name:		or —	First Name:		
Organization Name:		or		-	
				Search	
« Previous				Please be sure to complete all required fields with valid content.))

Figure 19: Billing Agent Information

d. The search results will display. Click the radio button next to the appropriate billing agent, and click the **Add** button to link the provider to the billing agent.

Billing Agent ID	Name	Address	🗰 Begin Date
50000803	BILL ME AGENCY	65 TW ALEXANDER DR, DURHAM, NC, 27709-0000	07/18/2013 🗷

Figure 20: Billing Agent Search Results



f. The Selected Authorized Billing Agents screen will display.

If you are using multiple billing agents or TPs, you may specify that each billing agent/TP handle, manage or receive different types of electronic transactions.

For example, you may designate one billing agent to process all professional claims (837P Transactions), while designating the other billing agent/TP to receive the remittance advices (835 transactions). Reference the attached screen shots to assign/designate different transaction types for multiple billing agents/TPs. Otherwise, click the **Next** button.

The	The list below will be submitted as associated Authorized Billing Agents. You may remove the selection by clicking the ' x ' at the beginning of a row.						
	- SELECTED AUTHORIZED BILLING AGENTS						
	Billing Agent ID	Name	Ad	dress			
Θ	50255958	BILLING AGENTS R US	700 HOLLY SPRINGS ROAD, HOLLY SPR	INGS, NC, 27540-0000			
Sel	lect a transaction ty	pe and a billing agent who re	ceives electronic transactions.				
	Receive Electr Transacti	ons: All Transactions 835 Only	Billing Agent ID:	Select One 💽			
revi	ous			Please be sure to complete all			

Figure 21: Designate Transactions to Billing Agent

Completing the Manage Change Request

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



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



Figure 22: EFT Account Information Click Next



12. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.



If you have selected the "Batch Claims" option, you must click the REVIEW APPLICATION button so that you may write down the TSN number as it is needed to complete the Trading Partner Registration process.

To review the application in Adobe PDF format, click the **Review Application** button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

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

Figure 23: EFT Review Application



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

MOT	🔒 Welcome, CAMERON SMITH. (Log out)
	I NOTrasks Help
Provider Portal	Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Payment Trading Partner Consent Forms
Home Provider Enrollment Online Provider	Enrollment Ap
Provider Enrollment	Sign and Submit Electronic Application
NOTE: Data is not saved unless the 'Next' button is	* indicates a required field
activated.	
Contacce vo center	If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded
Organization Basic Information	documentation.
Terms and Conditions	ELECTRONIC SIGNATURE CONFIRMATION
Health/Benefit Plan Selection	Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents of the information contained in the documents of the information agreement are burned as of the information agreement are burned as a fit in the document and the information agreement are burned as a fit in the information are burned as a fit in the information are bur
Winership Information	docurrence submixed man alle application/ein offinen duccher duck annihist dave para capacito may esment are rule; accuration alle compression and content as on the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concesiment of material fact may subject me to
Addresses	administrative, civil, or criminal liability.
Taxonomy Classification	* Login ID (NCID):
Accreditation	rorgot Login 10 rorgot Yassworg
CCNC/CA	
Physician Extender Participation	If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please
Hours of Operation	retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to dick Next on the Basic Information page to store vour chance.)
Services	. 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)
Agents/Managing Employees	and Password and clicking the "Forgot PIN" link. The PIN will be sent to your email address.
Hathed of Chim/Restronic Submission	
EFT Account Information	Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.
Review Application	* PIN: Forgot PIN
	Please review the documents you are going to electronically sign.
	2
	Required ATTACHMENTS
	- OU/ 3H4KR4UUI RU, MFCA , INC 27 502-1215
	Your application indicates that you are enrolling as:
	 GROUP, Huturspectatory, Note The following downmark: any exonuted with your Devuider Excellment Areliantian. They are he submitted electronically and/or by regular mail.
	The following accuments are required what your provider chromment application. They can be submitted electronically and/or by regular main.
	No Required Attachments for the Taxonomy
	2
	LECTODIC ATTACHMENTS
	Please attach no more than 10 files for a total of 25 MB or less.
	The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).
	Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.
	No files have been uploaded.
	Browse Add
	You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.
	You will also receive instructions to finalize the application process on the next page.
	Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.
	Submit New
	1*
	(I Previous

Figure 24: Sign and Submit

Steps for Sending/Receiving Batch Claims and Other Electronic Transactions

The NCTracks Trading Partner Connectivity Guide provides screen shots and steps for submitting batch claims. Reference this guide on the <u>Trading Partner page</u>.



Removing a Billing Agent



Figure 25: Remove Billing Agent

Tips for Navigating the Mange Change Request Application



OTE: Data is not saved unless the 'Next' button is tivated.	We instruction a second first	
	 Indicates a required seta 	Legend
ontact EVC Center	ELECTRONIC SIGNATURE - EMAIL CONFIRMATION	
Organization Basic Information Terms and Conditions Health/Benefit Plan Selection	Please confirm that the email address below is correct. If you dont already have one, an Electronic Signature PIN pointing the next page. You will need access to this email address to retrieve/reset your PIN and complete this the email below is incorrect, you may now navigate back to the <u>Basic Information page</u> to update it. (Remember to the second seco	will be sent to this address upon Online Application . click Next on the <u>Base Information page</u> to store your
Ownership Information	Conduct Email: CAMERONSMITHTRAIN@GMAIL.COM	
Taxonomy Classification	REVIEW APPLICATION	
Accreditation CONC/CA Physician Extender Participation	To review your application in Adobe PDF format, click ' Review Application ' below. If you have successfully complete provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Al page by clicking 'Next'.	ad all required information for your tachments/Submit Electronic Application
Hours of Operation		Review Application 🔎
Services		B
Agents/Managing Employees	((Previous	Please be sure to complete all Next 30 required fields with valid content.
Facilities Information		
Method of Claim/Bectronic Submission		Save Braft Cancel Enrollment
EFT Account Information	DDE documents on this page require the free Adobe Reader to view and print	

