How to Enroll in North Carolina Medicaid as an Individual

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Before You Begin

Before you begin the application process, it is important to ensure that you meet the program requirements and qualifications. Specific qualifications for each provider type are listed in the Provider Permission Matrix which can be found under Quick Links on the Provider Enrollment page.

The enrollment application is completed online via the NCTracks provider portal. To log into the provider portal you will need an NCID. Reference the Getting Started page of the portal for additional information.

Overview

This user guide provides step-by-step instructions for completing the enrollment application for an individual provider using the NCTracks provider portal.

The enrollment process includes credentialing and licensure verification to ensure that all providers are in good standing in the community.

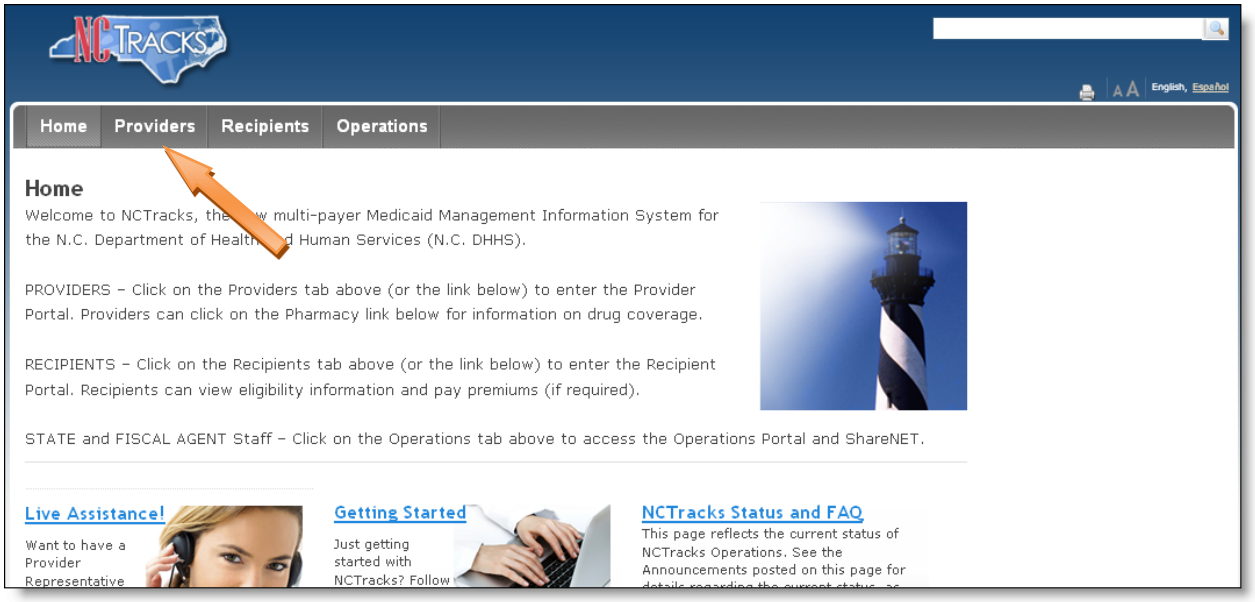
A $100 NC Application Fee is required from individual providers to be active in Medicaid and/or North Carolina Health Choice. The $100 fee is required for initial enrollments and every five years when providers complete the re-credentialing process.

NOTE: Providers are encouraged to pay special attention to their full legal name, social security number and date of birth. Submitting applications with inaccurate or invalid data – especially in these fields – can cause the application to be withdrawn and/or increase processing time. If the application is withdrawn, a new application must be submitted with the correct information and will require all appropriate application fees to be paid again.

Accessing the Enrollment Application

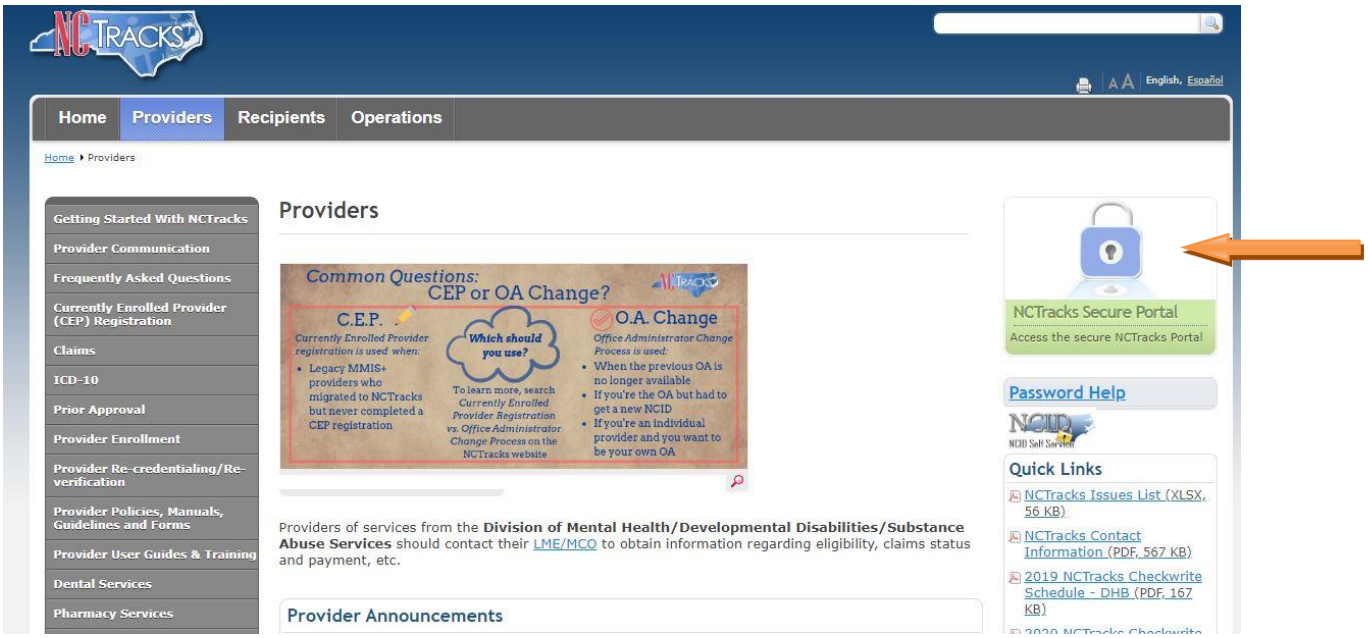
1. Navigate to www.nctracks.nc.gov

2. The following page will display. Click the **Providers** tab at the top of the page.



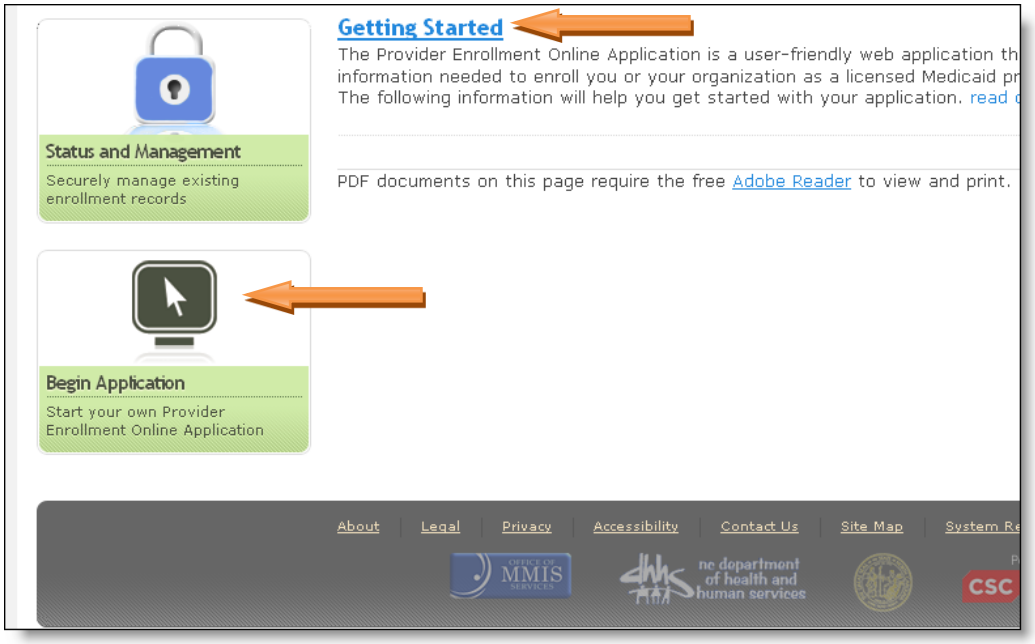
NCTracks Home

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



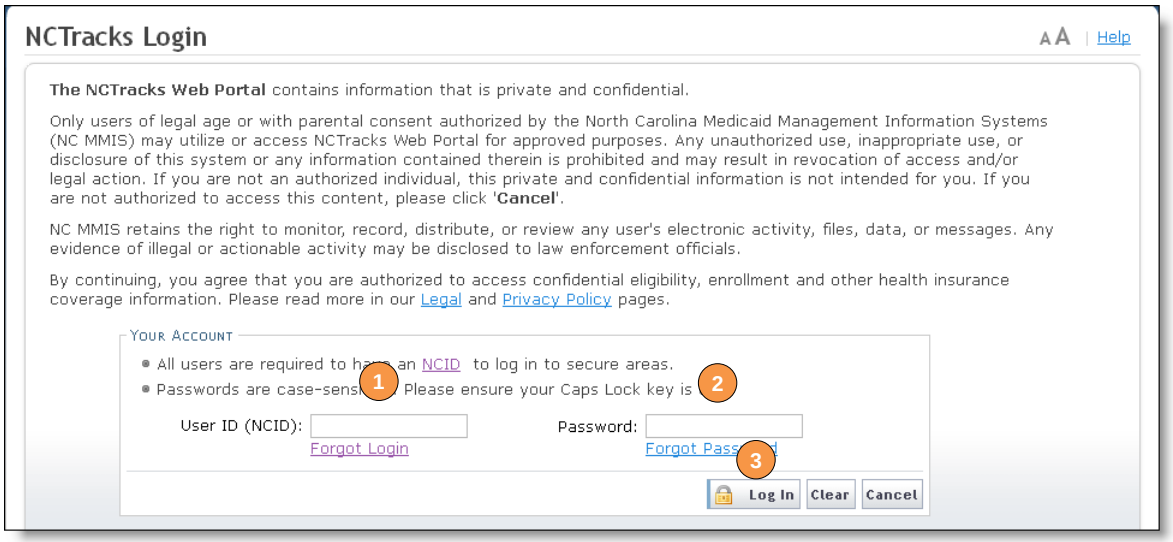
Providers Page

4. The following page will display. Scroll to the bottom of the page, and click the “Getting Started” link or “Begin Application” icon.



Begin Application

5. The following login screen will display. Enter your NCID and password and click the **Log In** button.



NCTracks Login

Completing the Provider Location & Selecting the Enrollment Application Type

The Online Provider Enrollment Application screen will display. For information on the four different application types, click here.

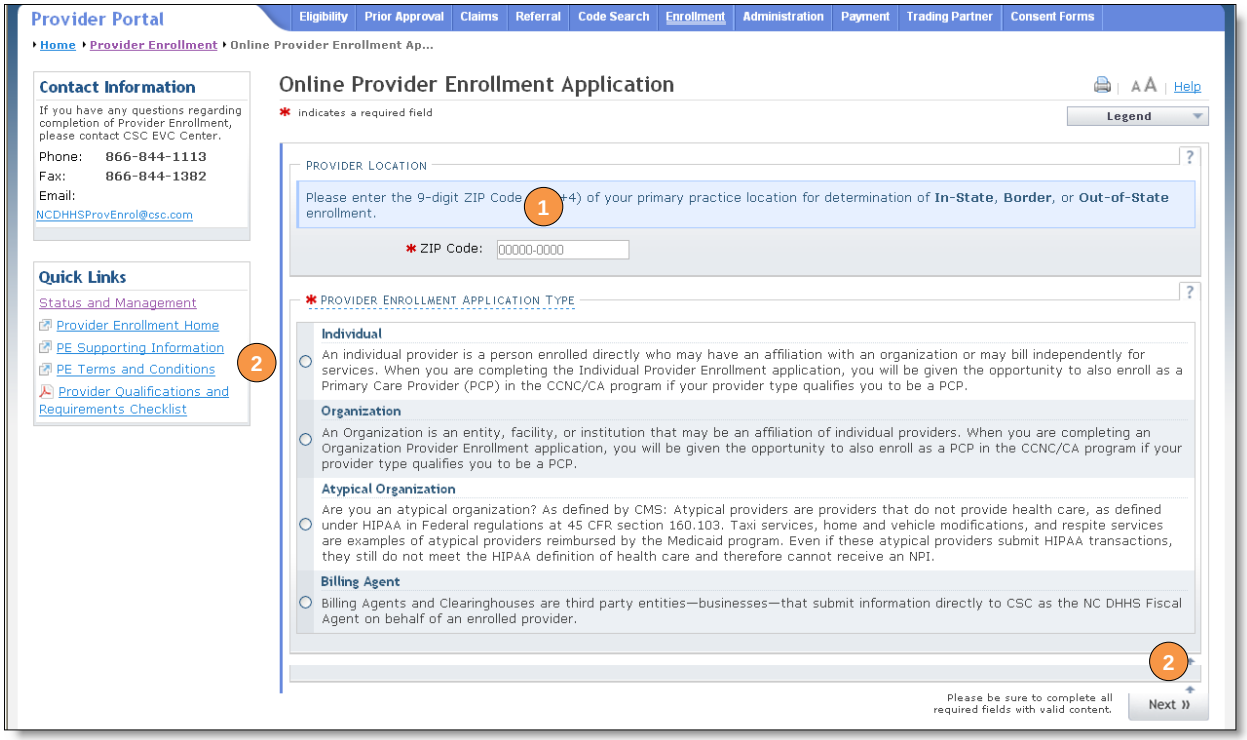
1. Enter the 9-digit ZIP Code (ZIP +4) of your primary practice location for determination of In-State, Border or Out-of-State (OOS) enrollment.

   Border providers are those providers who render services within 40 miles of the North Carolina (NC) border. OOS services are defined as services more than 40 miles outside of the borders of NC. For additional information and requirements regarding Border and OOS providers, please see the DHB webpage.

   This document assumes you are enrolling as an In-State or Border provider.

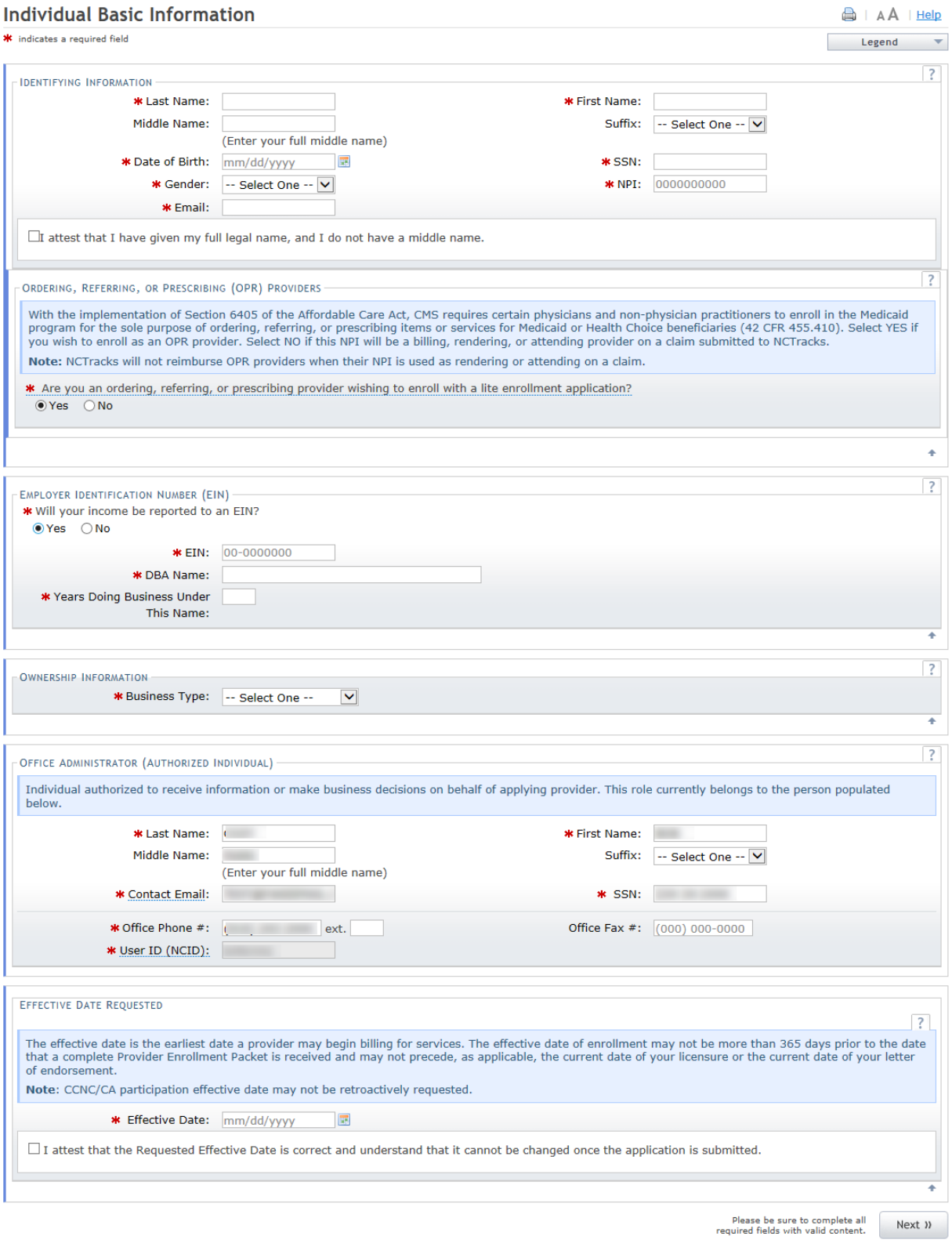
2. For Individual providers, select the radio button next to “Individual.”

3. Click the “Next” button to continue.



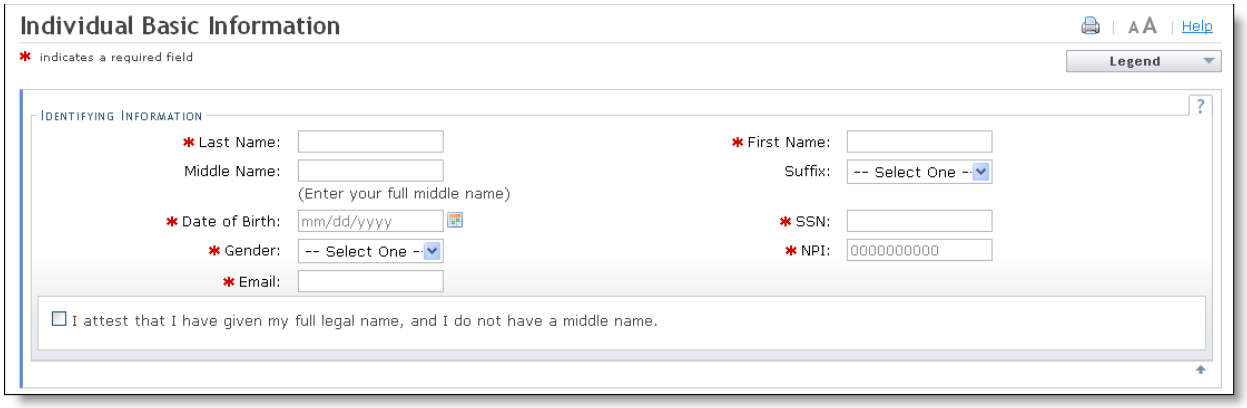
Completing the Individual Basic Information

The following screen will display.



Individual Basic Information Page

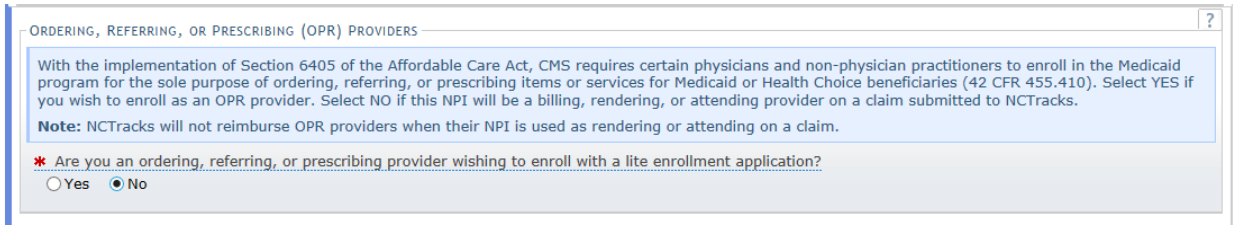
	It is critical that you enter a valid name, date of birth (DOB) and social security number (SSN) and that you verify the accuracy of this information before continuing to the next section. If your legal name contains a suffix such as Jr., Sr., you must select the suffix. **An inaccurate or invalid name, DOB or SSN will cause your application to be withdrawn, and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees.**



Individual Basic Information - Identifying Information

1. Enter your Identifying Information and select the attestation checkbox below if you have given your full legal name and you do not have a middle name.

2. If you wish to enroll as an ordering, referring or prescribing provider, select “Yes’.

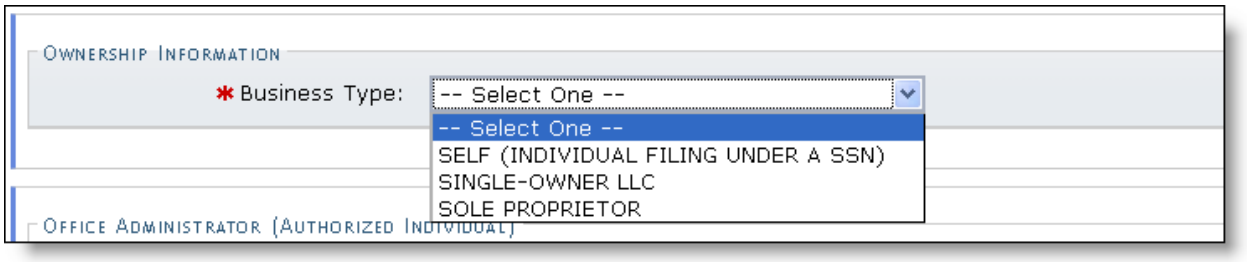


Note: The rest of this document assumes you selected NO to this question.

3. If you wish to report income to an EIN, under the EMPLOYER IDENTIFICATION NUMBER (EIN) select “Yes” and enter your EIN, full Doing Business As (DBA) name and years of operation under that name.

Individual Basic Information – EIN/DBA Name

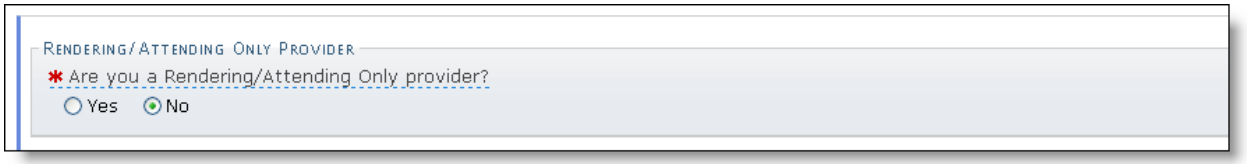
4. Under the OWNERSHIP INFORMATION section, from the "Business Type" drop down menu, select SELF, SINGLE-OWNER LLC or SOLE PROPRIETOR. The options for this drop down menu will depend on whether you will report income towards the SSN of the provider or towards an EIN. If you are unsure which option to select, it is recommended that you consult an attorney.



Individual Basic Information - Ownership Information

5. Under the RENDERING/ATTENDING ONLY PROVIDER section, select "Yes" if you will not be independently billing for services. By selecting "Yes," you are indicating that the provider is affiliated with an organization or group and that the group will be billing for services on behalf of the provider.

	If you select "Yes" for this question, you will not be able to enter EFT information, as it is assumed that another provider record will be billing for all services rendered under this provider record. In addition, you will be required to affiliate to another provider record during the application process.



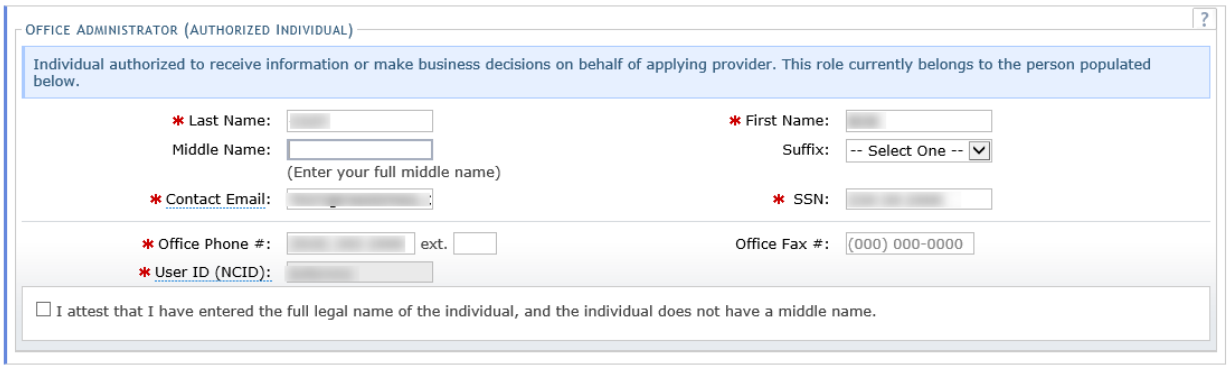
Individual Basic Information - Rendering/Attending Only Provider

6. The OFFICE ADMINISTRATOR (OA) (AUTHORIZED INDIVIDUAL) section identifies the person who is authorized to receive information or make business decisions on behalf of the applying provider. Enter the name and contact information for the OA.

	The Office Administrator MUST be the enrolling provider or a managing employee. A managing employee is a general manager, business manager, administrator or

	director who exercises operational or managerial control over the entity either directly or indirectly.

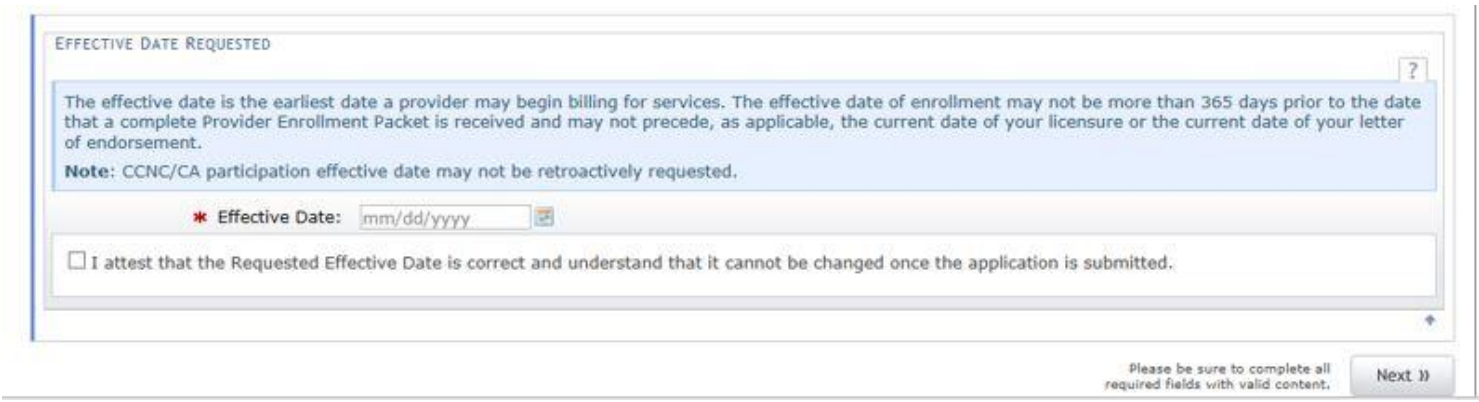
7. Complete the following required fields.
   - Last Name
   - First Name
   - Contact Email
   - Office Phone
   - User ID (NCID) – this is prepopulated and read only
   - SSN
   - If the Office Administrator does not have a middle name, select the attestation checkbox.



Individual Basic Information - Office Administrator

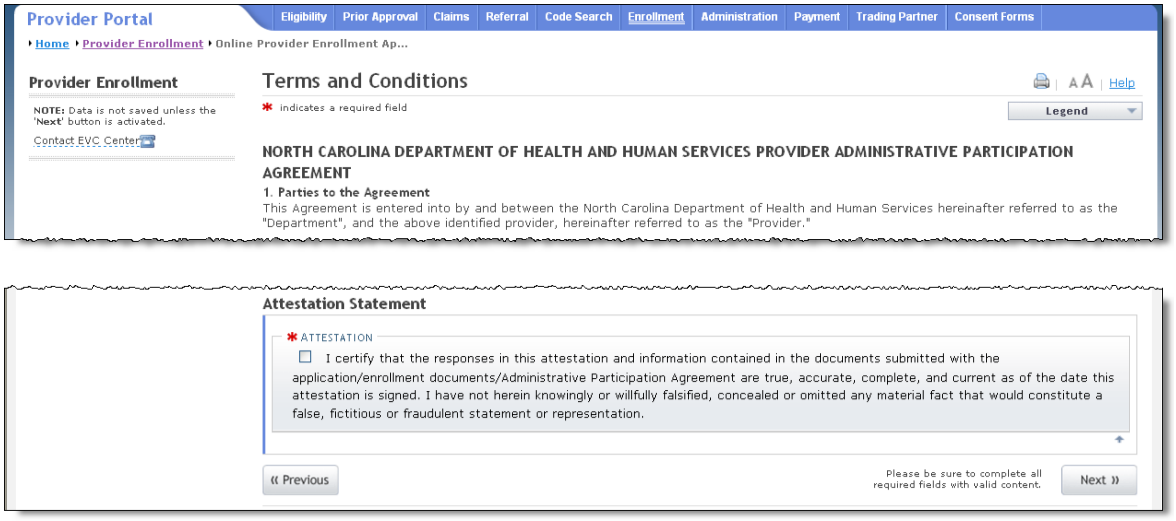
8. Under the EFFECTIVE DATE REQUESTED section, select the effective date.

	This date will determine the effective dates of your service locations and taxonomies. The effective date is the earliest date a provider may begin billing for services. The effective date of the enrollment may not be more than 365 days prior to the date that the enrollment application is submitted. In addition, the effective date may not precede as applicable, the current date of your licensure or the current date of your letter of endorsement. **NOTE:** CCNC/CA participation effective date may not be retroactively requested.



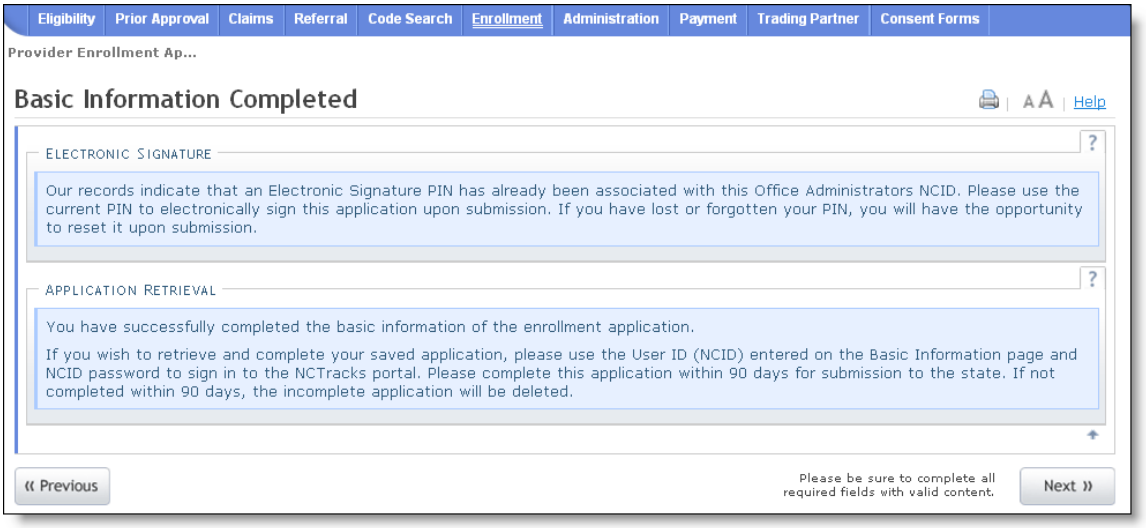
Individual Basic Information - Effective Date Requested

9. Check the checkbox to attest that the requested effective date is correct and that you understand it cannot be changed once the application is submitted (you must withdraw the application and apply again with a new effective date, or if you are the owner or managing employee, wait until the application is approved and submit an application backdate request).
10. Once all required fields have been completed, click the “Next” button to continue.
11. Under the “Terms and Conditions” page, carefully read the terms and conditions. Click the “Attestation Statement” checkbox.
12. Click the “Next” button to continue.



Terms and Conditions

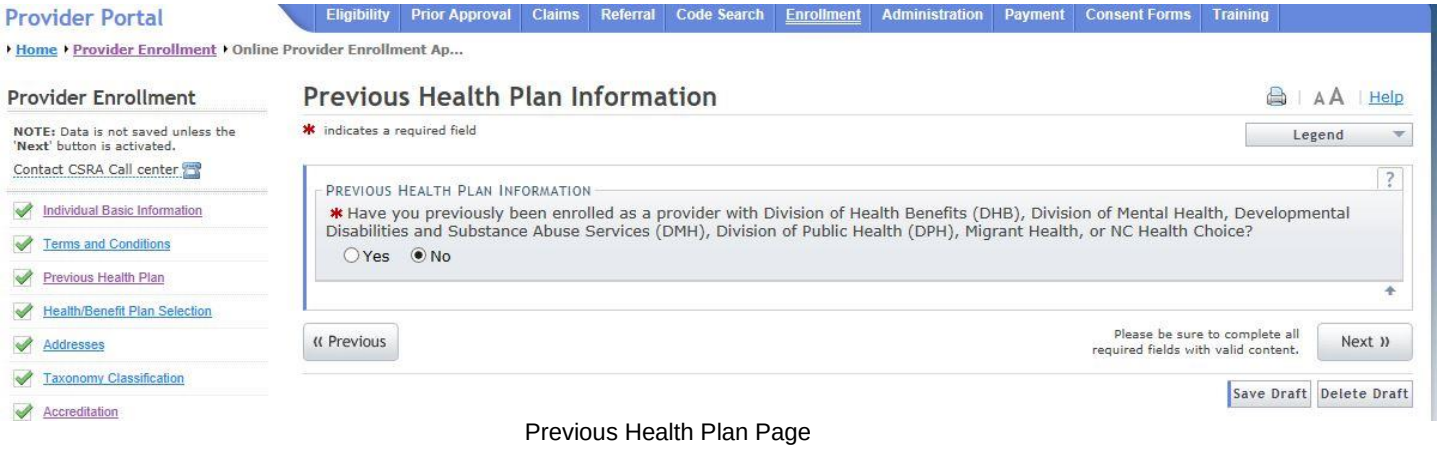
13. The “Basic Information Completed” page will display. Click the “Next” button to continue.



Basic Information Completed

Entering Previous Health Plan Information

1. If you have previously been enrolled as a provider with the Division of Health Benefits (DHB), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH), Division of Public Health (DPH), Migrant Health or NC Health Choice, click the “Yes” radio button to enter health plan information. Otherwise, select “No” and click the continue button.



Previous Health Plan Page

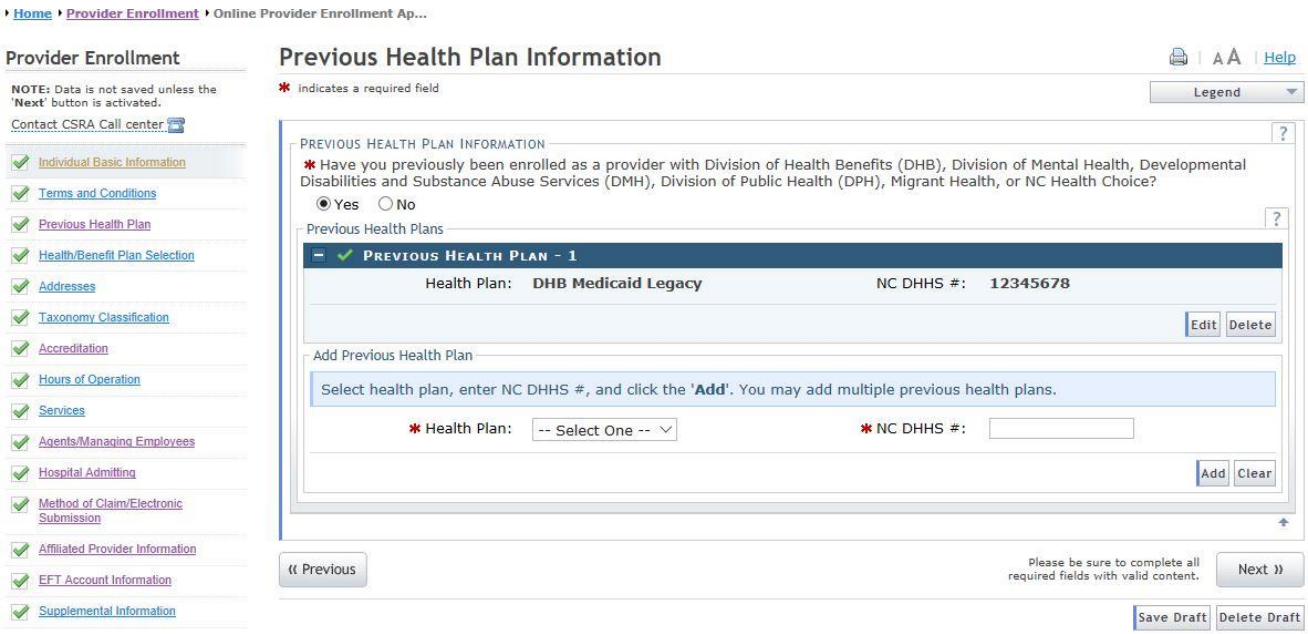
2. If you select “Yes” the “Add Previous Health Plan” section will display. Select the applicable health plan from the drop down menu.
3. Enter your NC DHHS #.
4. Click the “Add” button to add the plan.

Enter Previous Health Plan Information

5. The health plans will display on the dark blue title bar. To review the entered health plan, click the plus sign next to the title.

Expand Previous Health Plans

6. Click the “Edit” or “Delete” button to edit or delete the added information.



Edit or Delete Previous Health Plans

7. Repeat these steps for each previously enrolled health plan. Click the “Next” button to continue.

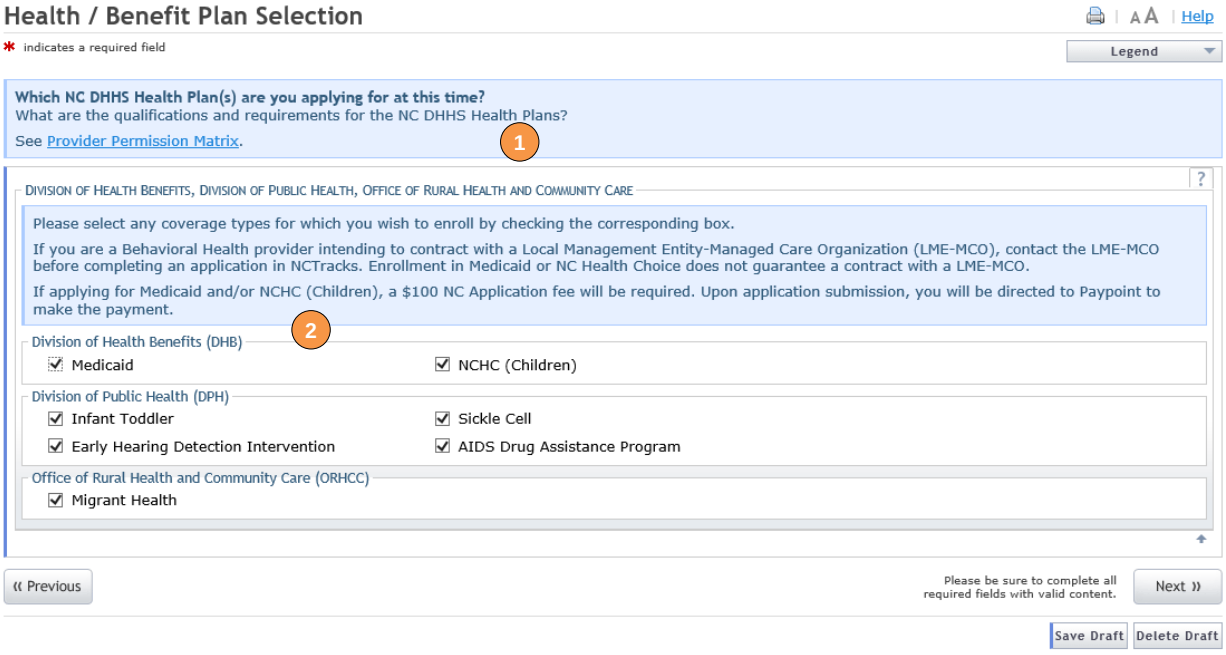
Selecting New Health/Benefit Plans

The “Health / Benefit Plan Selection” page will display.

	Providers are responsible for maintaining the required licensure, endorsement, certification, and accreditation specific to their provider type to remain eligible for participation in NC Medicaid/Health Choice.

1. To view the qualifications for each health plan, click the link titled “Provider Permission Matrix.”

2. Select or de-select the coverage types for which you wish to enroll by checking or un-checking the applicable check boxes.

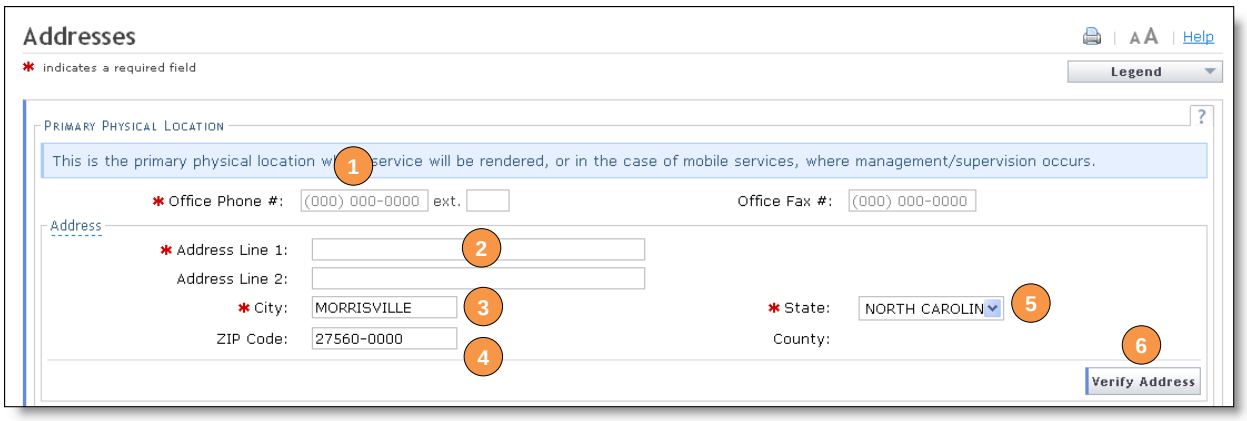


Edit or Delete Previous Health Plans

Entering the Primary Service Location Address

6. The following “Addresses” screen will display. Under the “Primary Physical Location” section, enter the address where services are primarily rendered. In the case of mobile services, enter the address where management/supervision occurs.

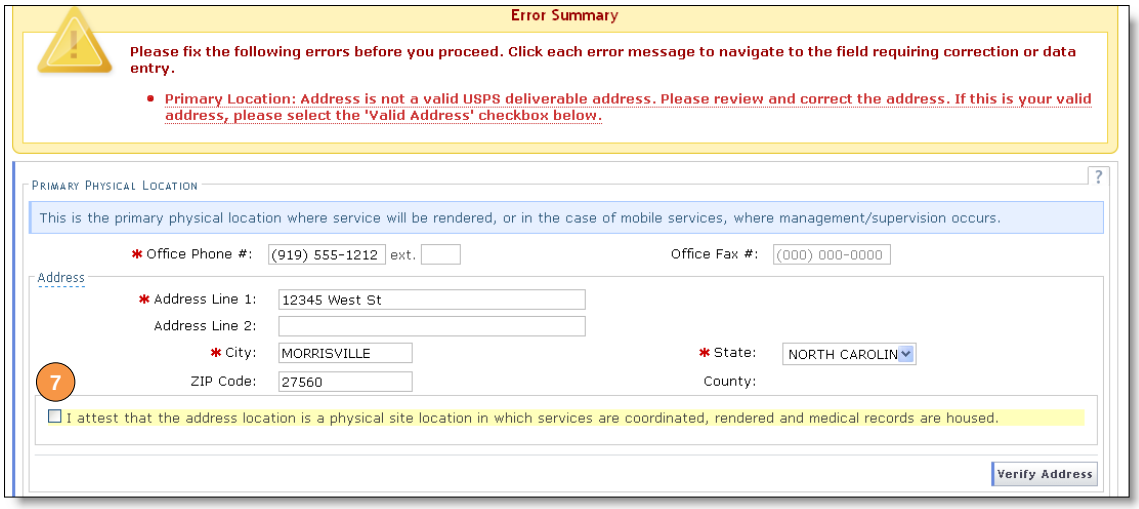
   - In the “Office Phone #” field, enter a valid contact phone number.
   - In the “Address Line 1” field, enter a valid street address.
   - Enter the city, state and zip code.
   - Click the “Verify Address” button.



Addresses Page

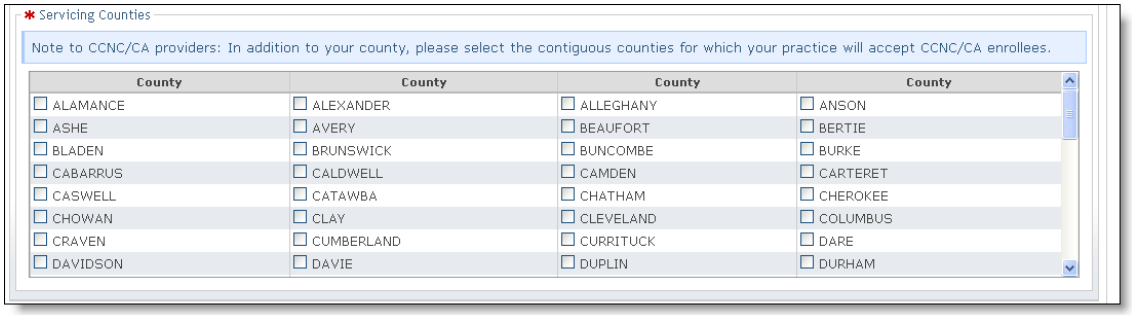
7. If the address does not match the USPS database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid. Click here to view some common errors with verifying the address.

	To ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the **Addresses** screen will refresh with the new address.



Addresses Page

8. In the “Servicing Counties” section, select your county. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees. Click the “Next” button in the bottom right corner of the page to continue.



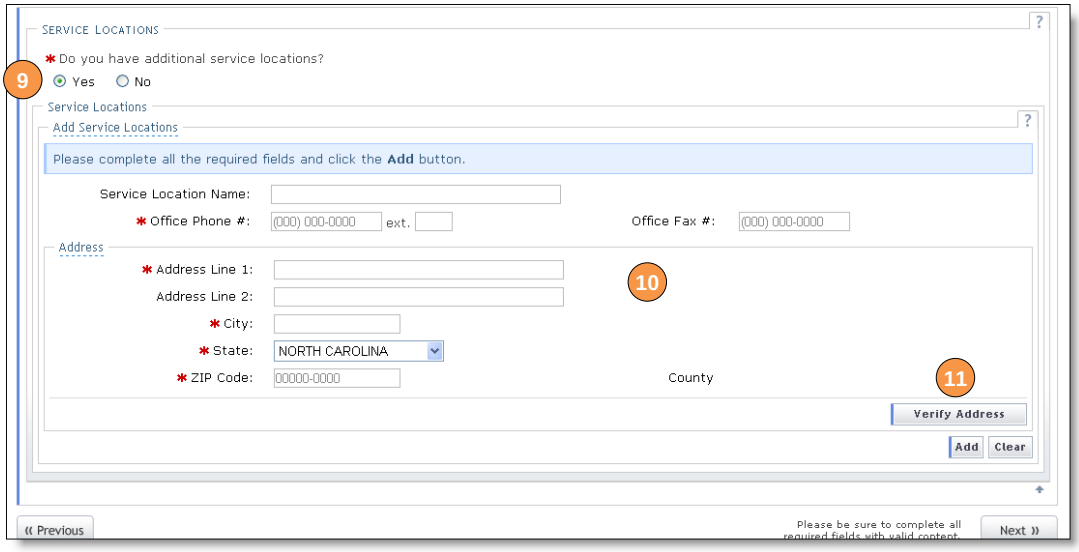
Servicing Counties

Entering *Additional* Service Location Addresses

9. Under the SERVICE LOCATIONS section, if you will be rendering services at more than one location, select “Yes”. Otherwise, select “No”.

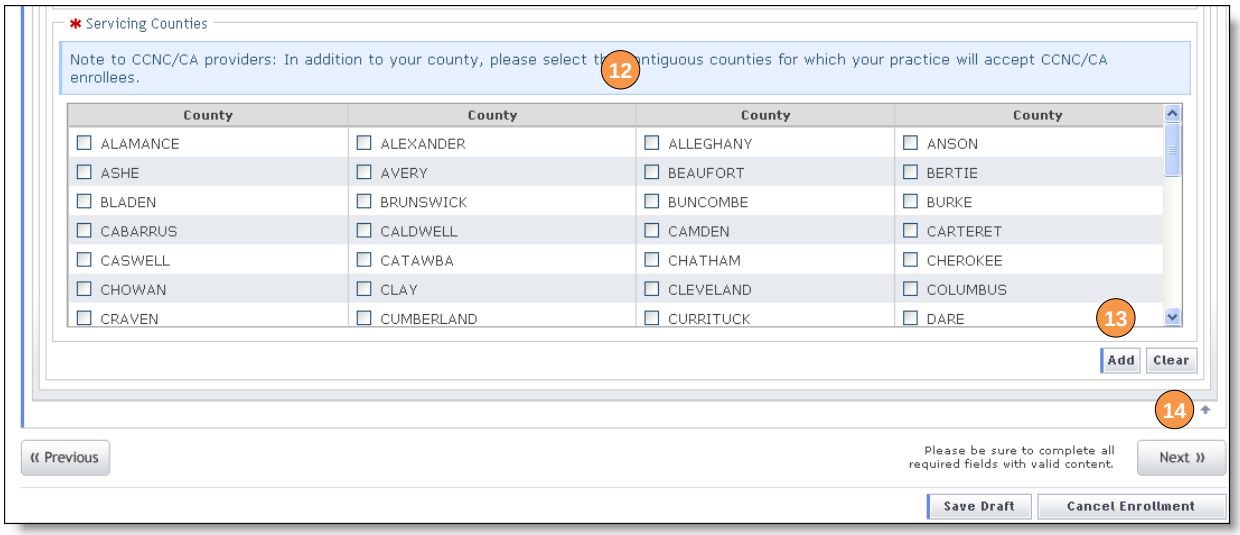
10. Complete all required fields:
    - In the “Office Phone #” field, enter a valid contact phone number
    - In the “Address Line 1” field, enter a valid street address
    - Enter the city, state and zip code

11. Click the “Verify Address” button. **Note:** If the address does not match the USPS database, you will need to update and re-verify the address OR select the checkbox below the address to attest that the address is valid.



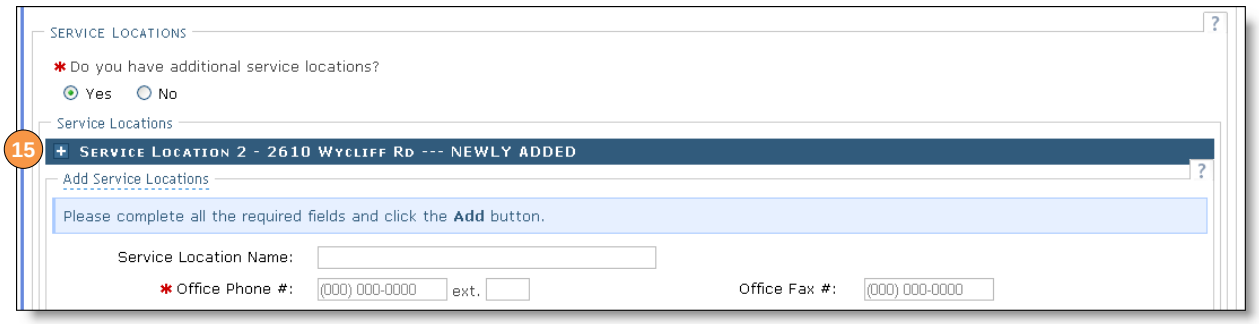
Adding Service Locations

12. In the “Servicing Counties” section, select the county associated with this particular service location. For CCNC/CA providers, please also select the contiguous counties for which your practice will accept CCNC/CA enrollees.
13. Click the “Add” button to add the service location.
14. Click the “Next” button in the bottom right corner of the page to continue.



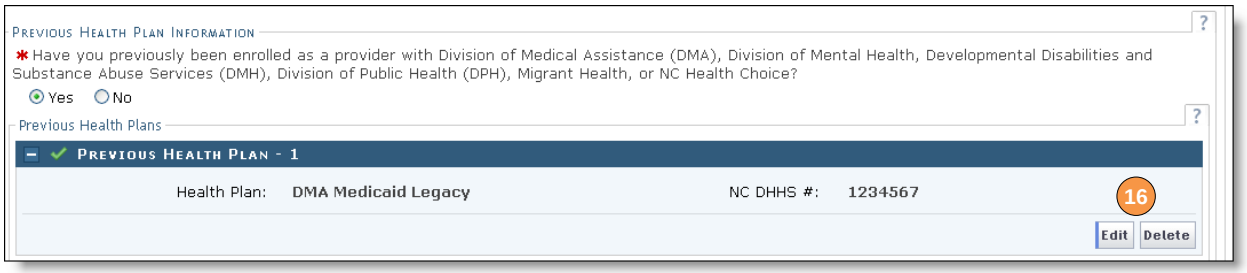
Adding Service Locations - Selecting Counties

15. The new service location will display on the dark blue title bar. To review the service location, click the “Plus” sign next to the title.



Adding Service Locations - Expanding Service Location Section

16. Click the “Edit” or “Delete” button to edit or delete the added information.



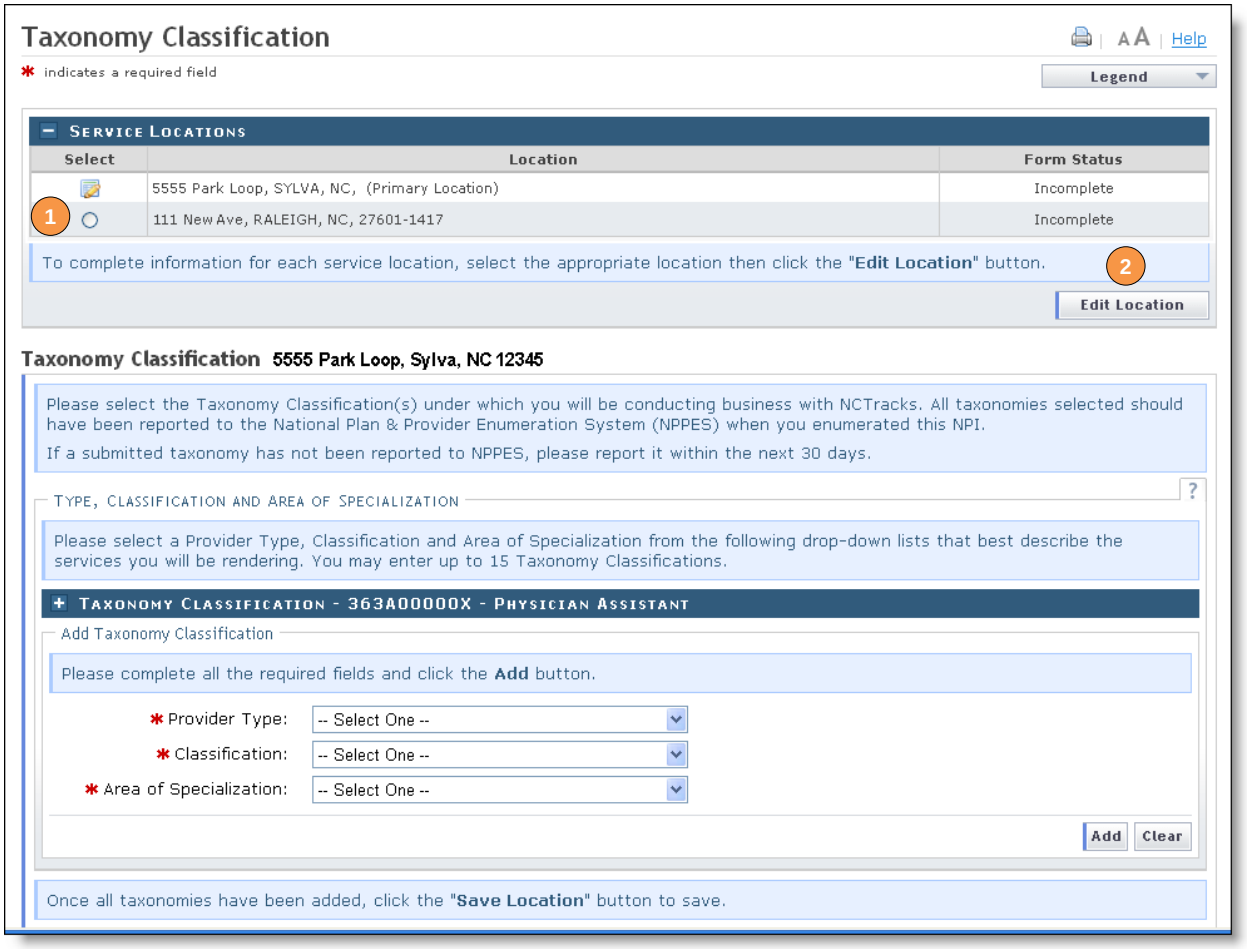
Editing or Deleting Service Location

17. Repeat these steps to add other service locations. Click the “Next” button to continue.

Adding Taxonomies to the Service Location(s)

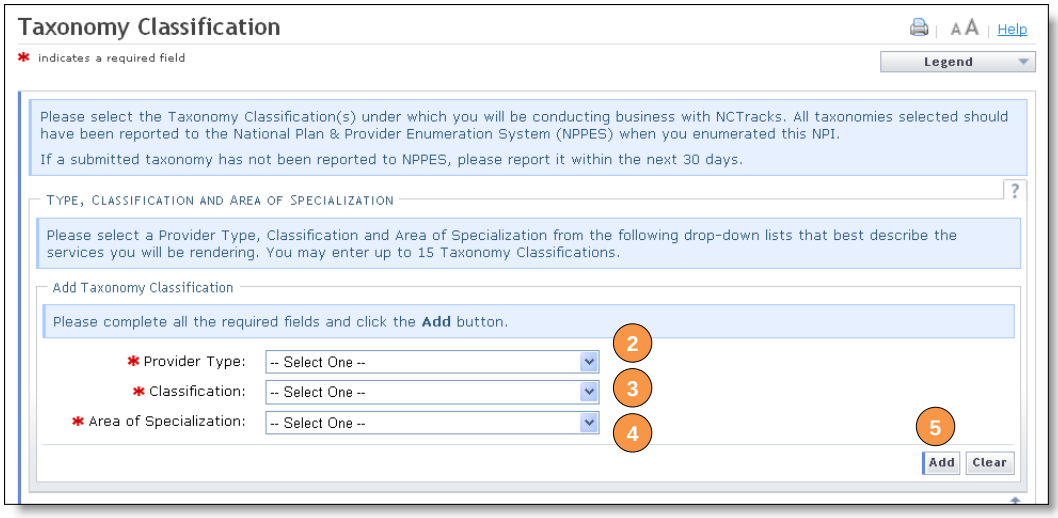
The “Taxonomy Classification” page will display. If there are multiple service locations, the service locations will be displayed at the top of the page, as illustrated below. At least one taxonomy must be added to each service location.

1. To add or edit the taxonomies for each service location, select the radio button next to each location and click the “Edit Location” button.



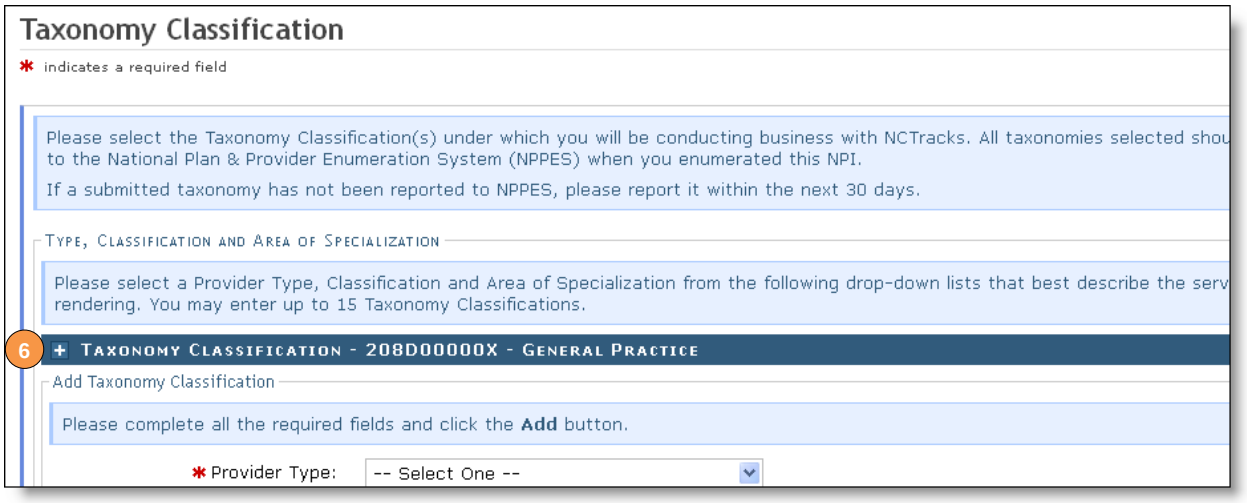
Taxonomy Page

2. Select the taxonomies that best describe the services rendered. You may enter up to 15 Taxonomy Classifications. Select a Provider Type. Note, taxonomies for fully licensed physicians trained in diagnosing and treating illnesses and disorders and in providing preventive care will be listed under the “Provider Type” of “ALLOPATHIC & OSTEOPATHIC PHYSICIANS”.
3. Select a Classification
4. Select an Area of Specialization
5. Click the “Add” button to add the taxonomy to the application.



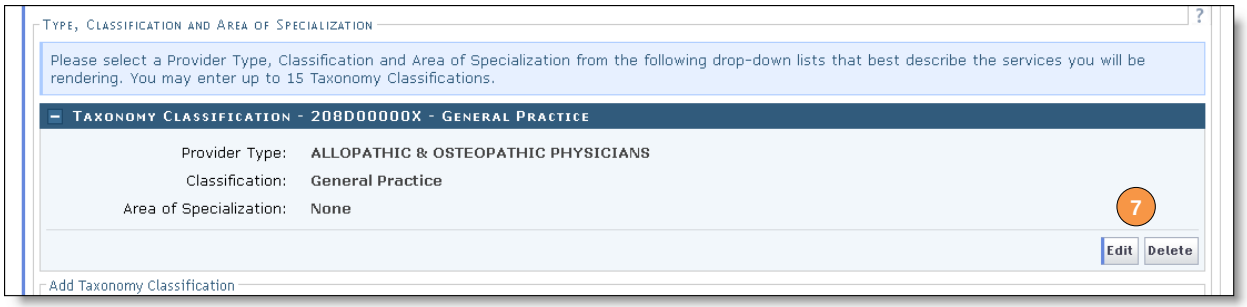
Add Taxonomy

6. The added taxonomies will be listed on the dark blue title bar. Repeat these steps for each taxonomy code. To review the taxonomy, click the “Plus” sign next to the title.



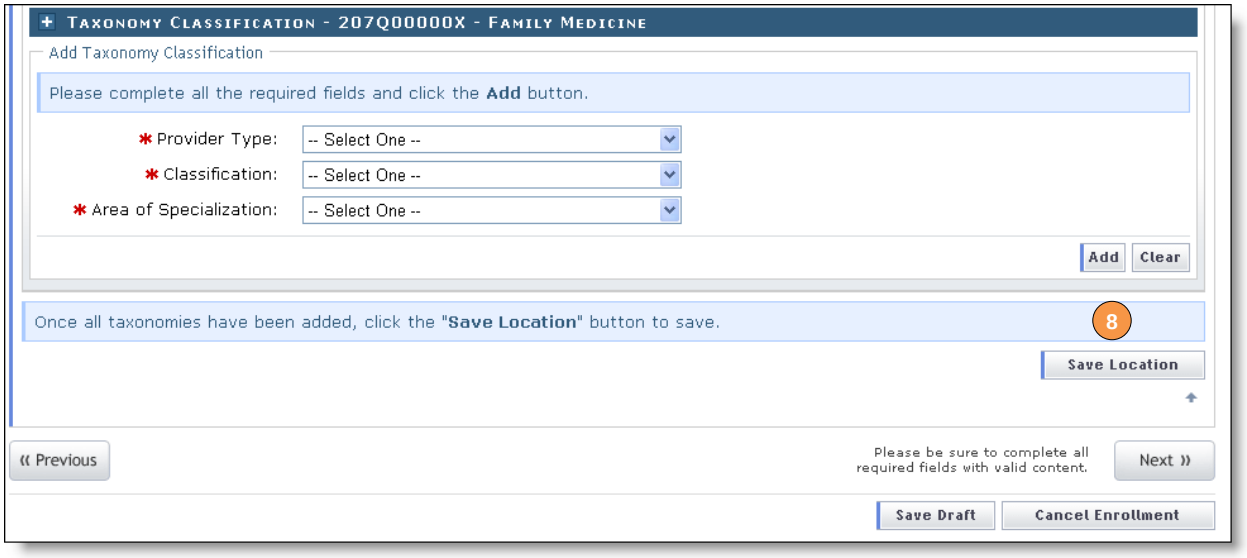
Expand Taxonomy Section

7. You may edit or delete the added taxonomy by clicking the “Edit” or “Delete” buttons.



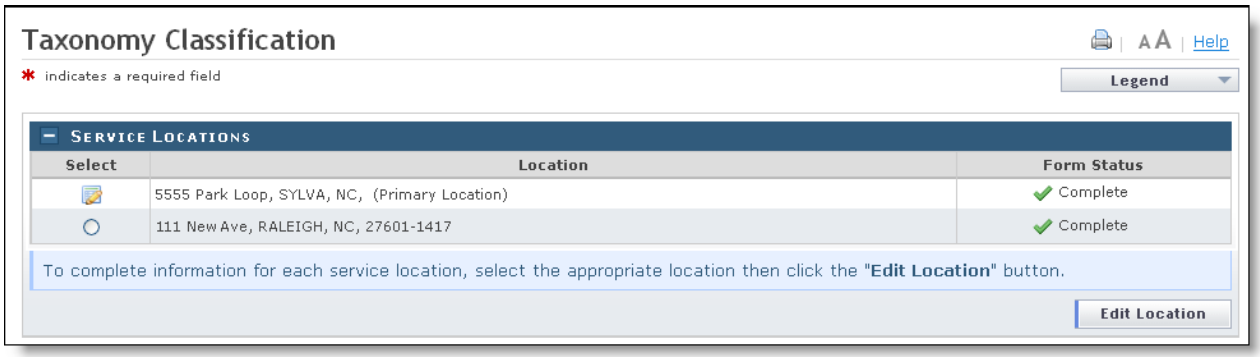
Edit or Delete Taxonomy

8. If adding taxonomies to multiple locations, you MUST click the “Save Location” button after adding the taxonomies.



Save Locations

9. Before continuing to the next page, ensure that all service locations read “Complete” under the “Form Status” column. If one or more locations read “Incomplete’ you will need to edit the location. Ensure you click the “Save Location” button after clicking the “Add” button when adding taxonomies.



Service Locations Complete

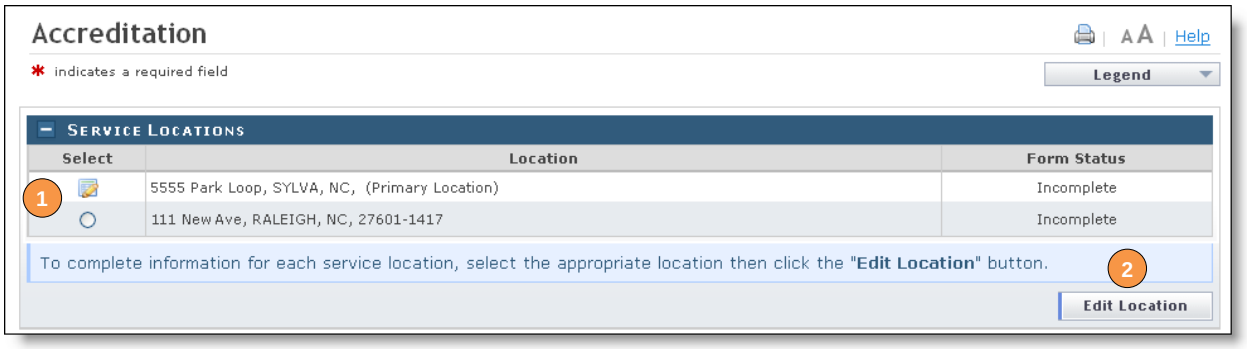
10. Click the “Next” button in the bottom right corner of the page to continue.

Adding Accreditation Information

The “Accreditation” page will display. This page may display several sections, depending on the number of taxonomies you selected. Not all sections are required.

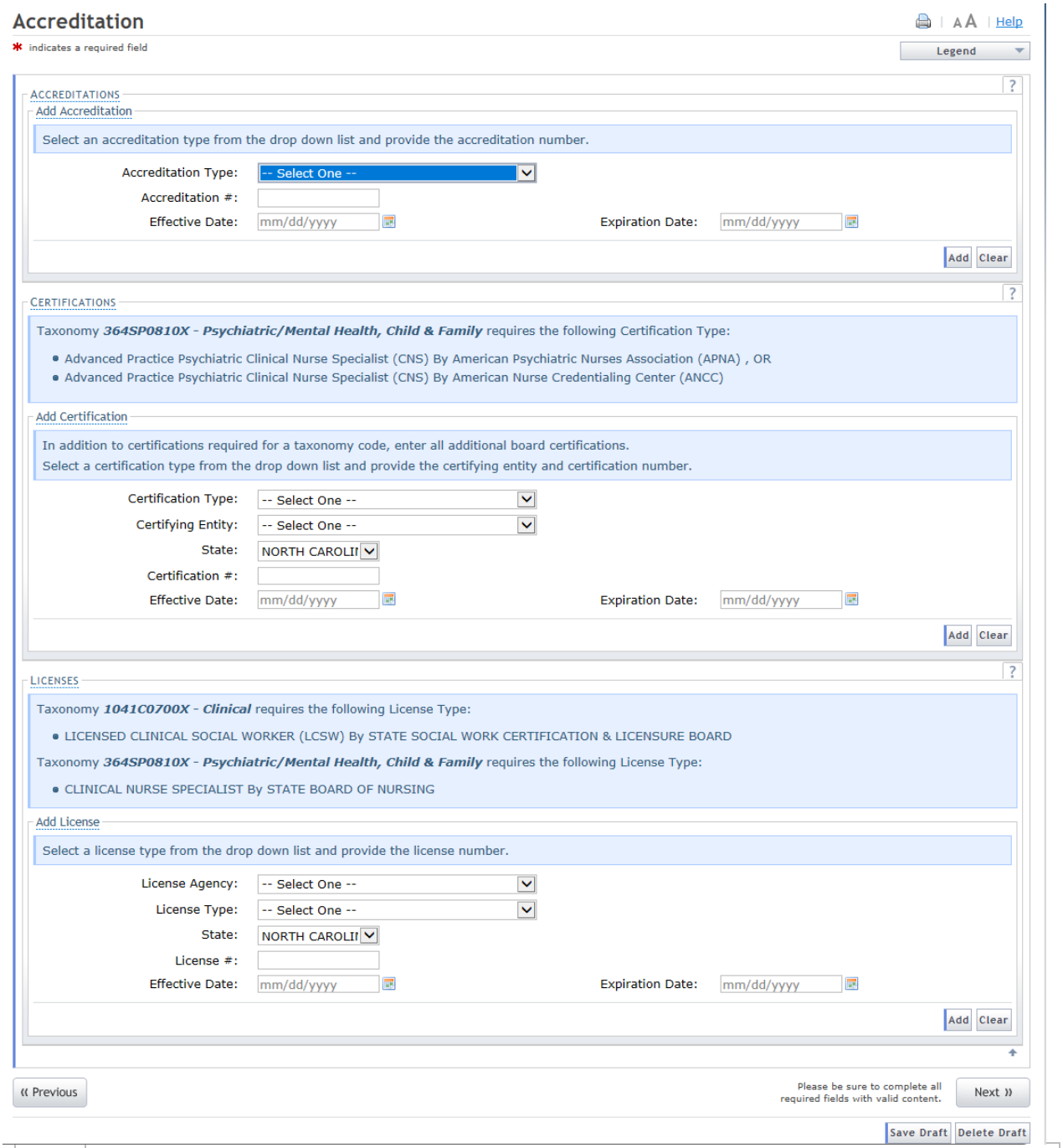
	Requried accreditations must be added to each taxonomy and each service location. For example, if you have added a taxonomy that requires an accreditation to seven different service locations, the accreditation MUST be added to the taxonomy seven times, once for each service location.

1. To add or edit the accreditations for each service location, select the radio button next to each location.
2. Click the “Edit Location” button.



Accreditation Page - Edit Service Locations

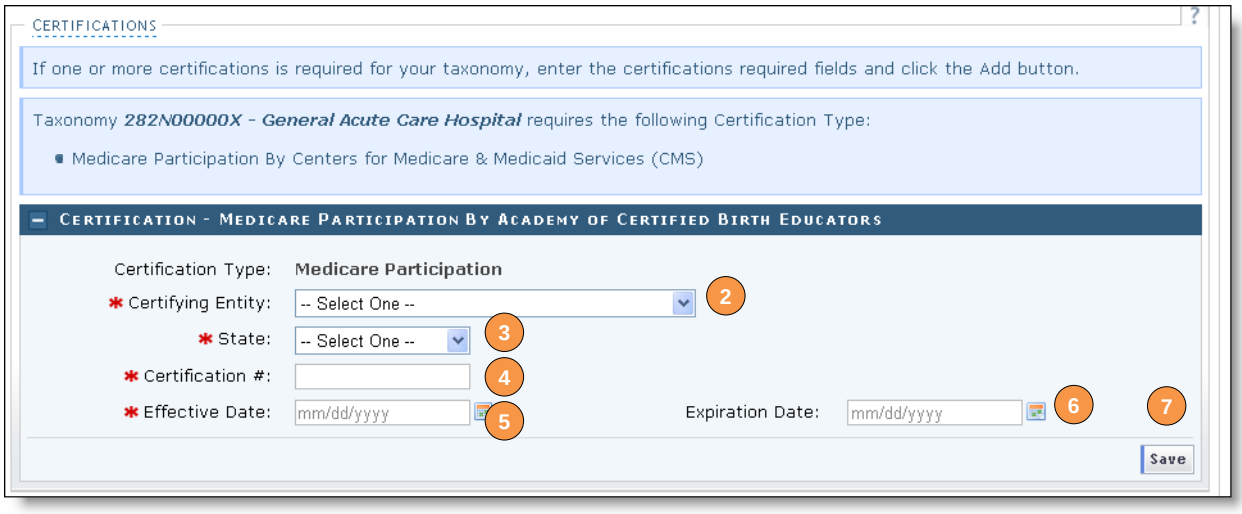
1. To determine the required accreditations, scroll down and identify the light blue sections that display the added taxonomies.



The licenses and certifications listed directly **BELOW** the reference taxmonomy in the light blue section are required.

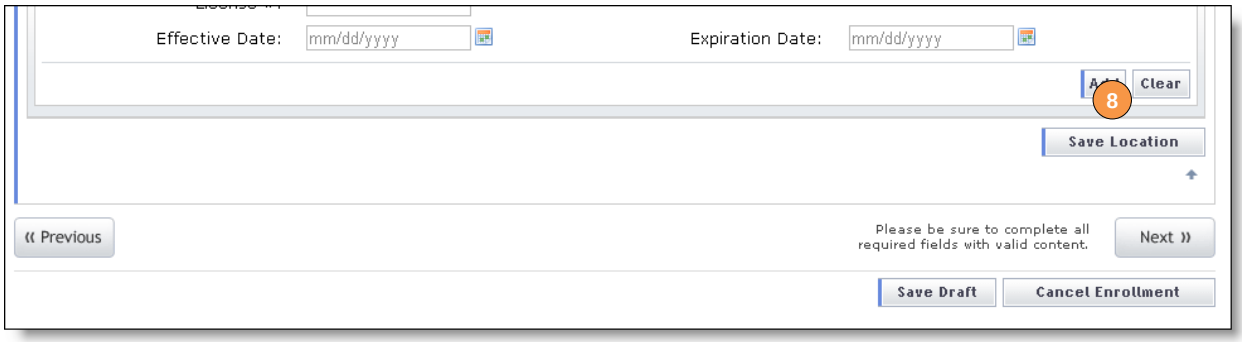
Accreditation Page

2. To add an accreditation from the certyfying entity, make the appropriate selection from the drop down menus. Ensure are required fields are populated.
3. Select the state (if required)
4. Enter a valid license/accreditation/certification number
5. Enter the effective date
6. Enter the expiration date
7. Click the “Save” or “Add” button depending on the accreditation type



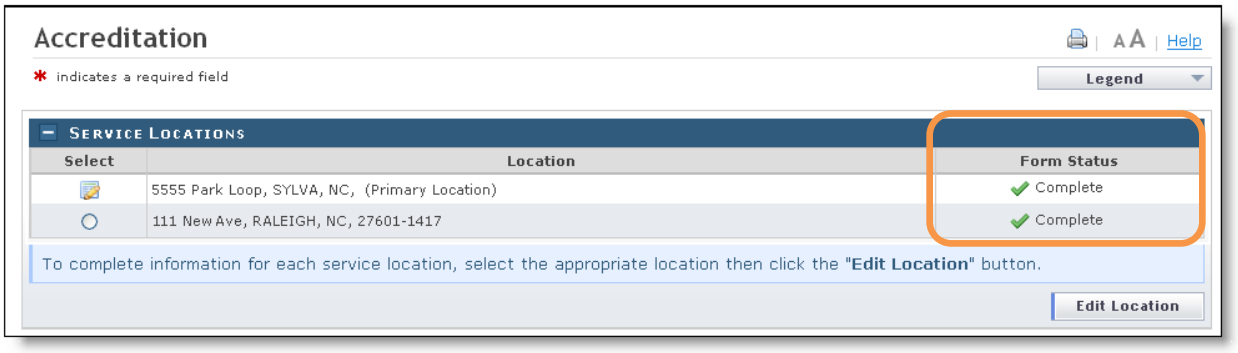
Add Accreditation

8. When adding accreditations to multiple service locations, ensure you click the “Save Location” button after clicking the “Add” button.



Add Accreditation - Save Locations

11. Before continuing to the next page, ensure that all service locations read “Complete” under the “Form Status” column. If one or more locations read “Incomplete’ you will need to edit the location and add any required accreditations.

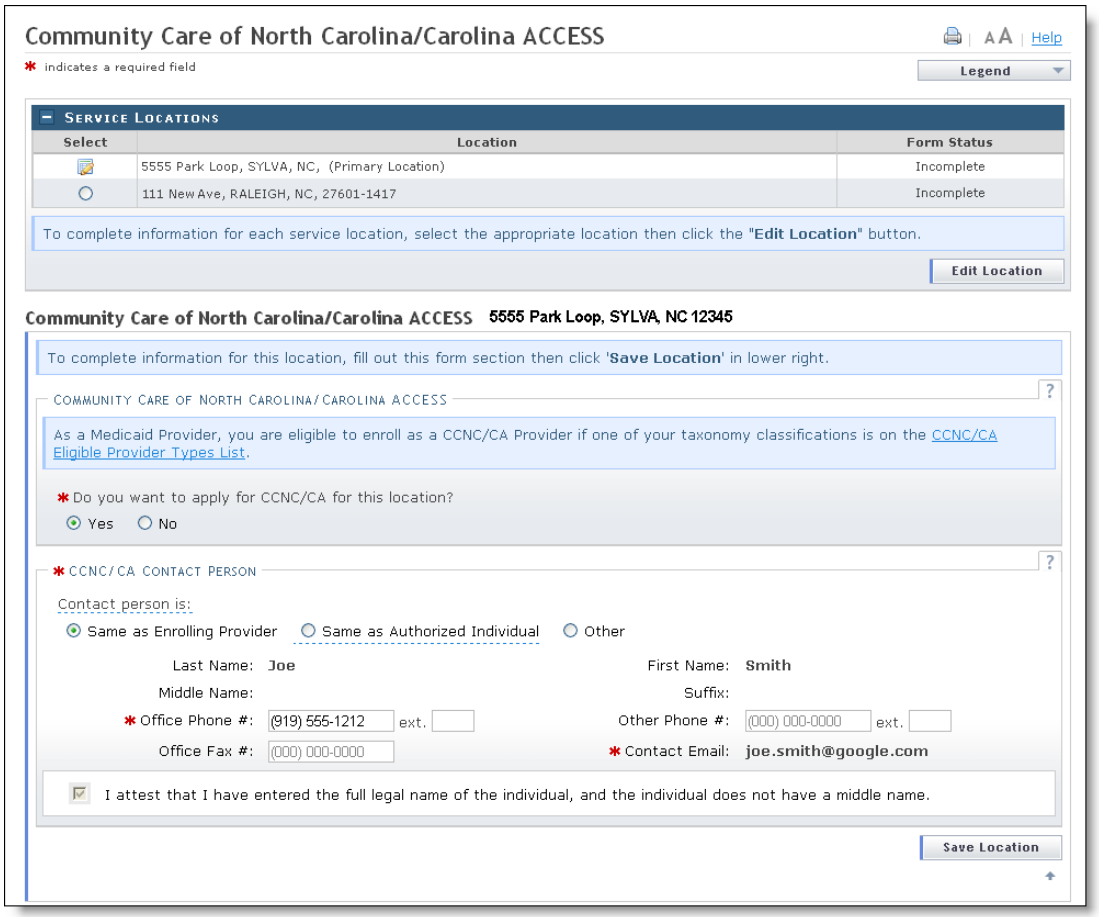


Add Accreditation - Service Locations Complete

12. . Click the “Next” button in the bottom right corner of the page to continue.

Applying for Community Care of NC/Carolina Access

If you are not a rendering/attending only provider and your taxonomy codes identifies you as eligible to participate in the CCNC/CA program, the Community Care of North Carolina/Carolina Access page will display.

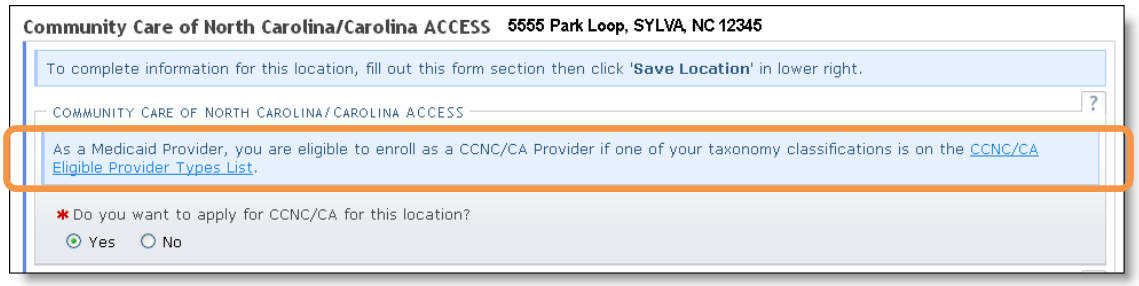


CCNC/CA Page

	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.

- Community Care of North Carolina/Carolina ACCESS (CCNC/CA) is a primary care case management health care plan for a majority of NC Medicaid recipients. For additional information on CCNC/CA, please visit the DHB website at https://medicaid.ncdhhs.gov/providers/programs-and-services/community-care-north-carolinacarolina-access-ccncca

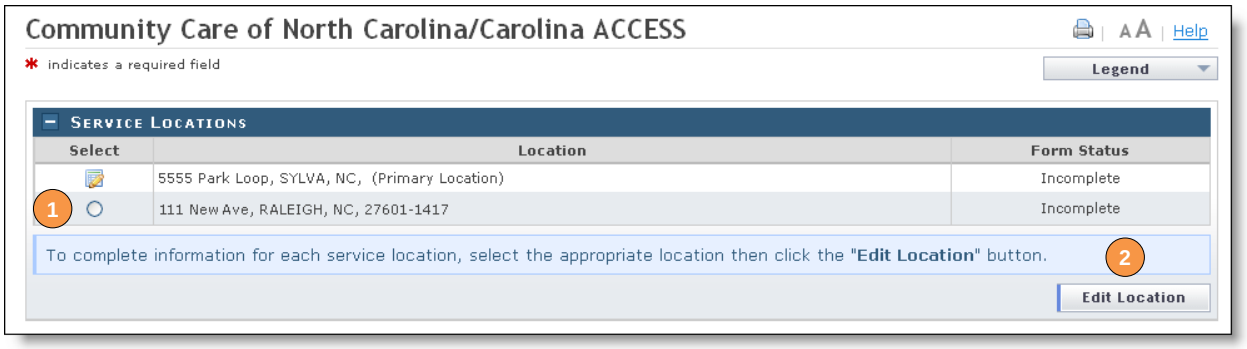
- Only qualified taxonomies are eligible for enrollment in CCNC/CA. To view a list of these taxonomies, click the link titled “CCNC/CA Eligible Provider Types List” illustrated below.



Review CCNS/CA Eligibility

  - Out of State providers (or providers beyond the 40-mile area bordering NC) are not eligible to enroll as a PCP in the DHHS CCNC/CA program.

1. Applications for CCNC/CA must be completed for each service location. To edit each service location, click the radio button next to each location.
2. Click the “Edit Location” button.

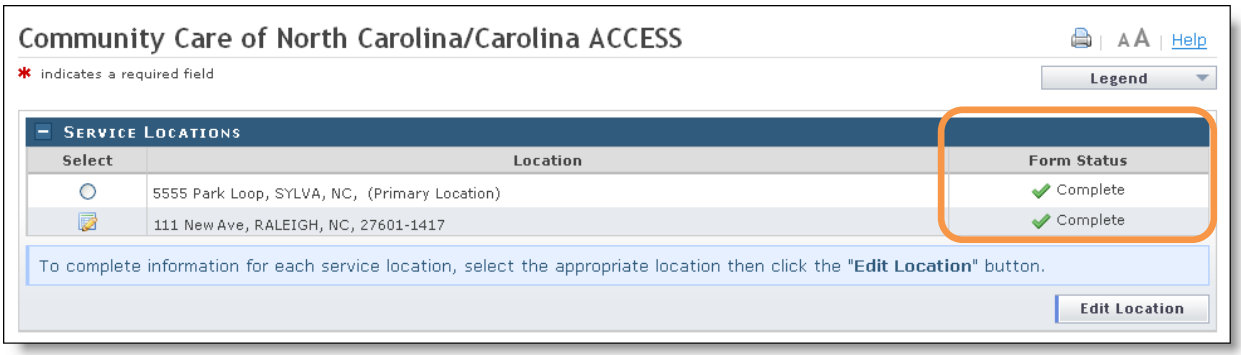


CCNC/CA Page

3. To apply for CCNC/CA for the selected service location, select the “Yes” radio button and complete the required fields.
4. Remember to click the “Save Location” button (if applicable).

CCNC/CA Page - Enter Required Fields

5. Before continuing to the next page, ensure that all service locations read “Complete” under the “Form Status” column. If one or more locations read “Incomplete’ you will need to edit the location and complete the required fields.

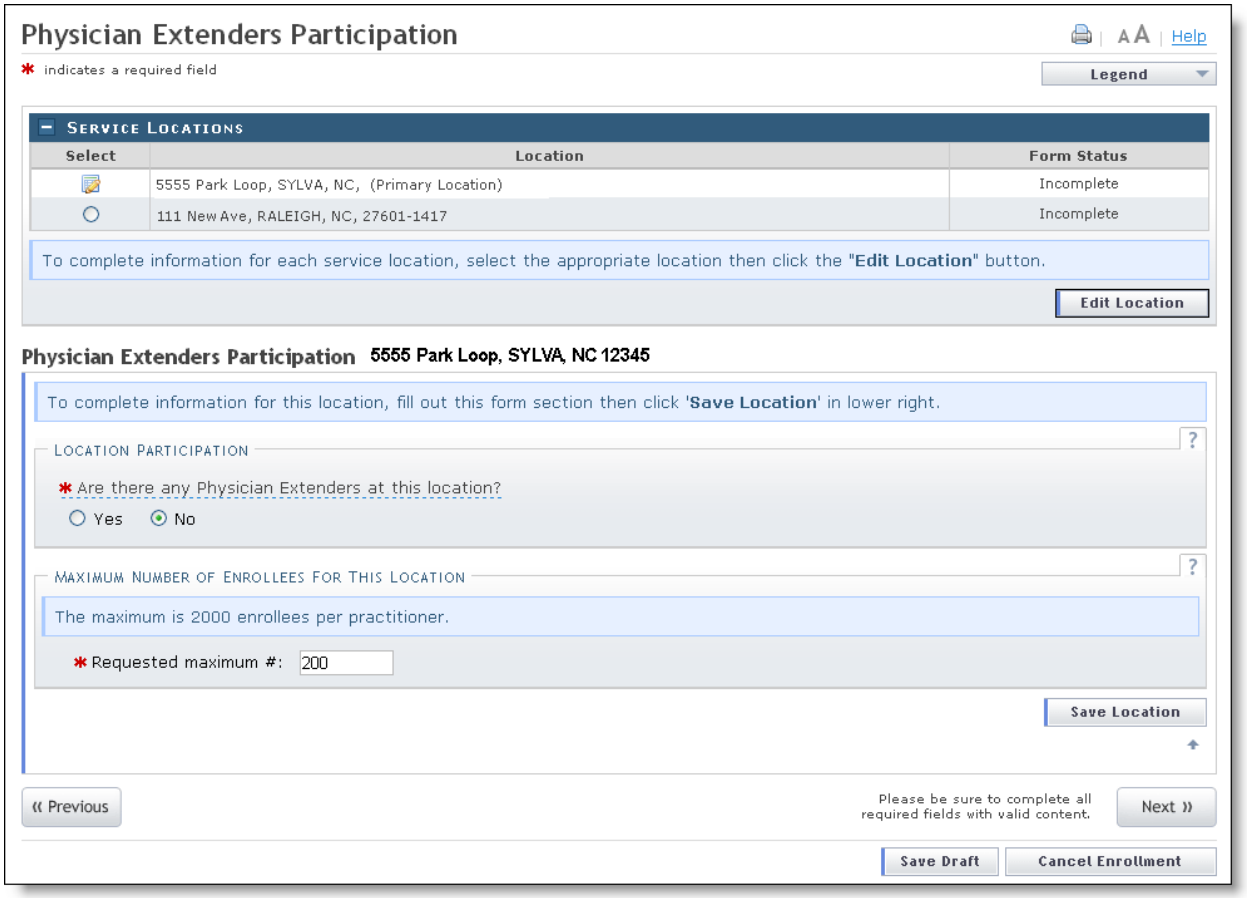


CCNC/CA Page - Service Locations Complete

Adding Physician Extenders Participation for Community Care of NC/Carolina Access

If you applied for CCNC/CA, the “Physician Extenders Participation” page will display. Physician Extenders Participation page allows providers to increase the maximum number of CCNC/CA enrollees per physician, up to 2,000 per practitioner.

1. To add physician extenders, click the “Yes” radio button.

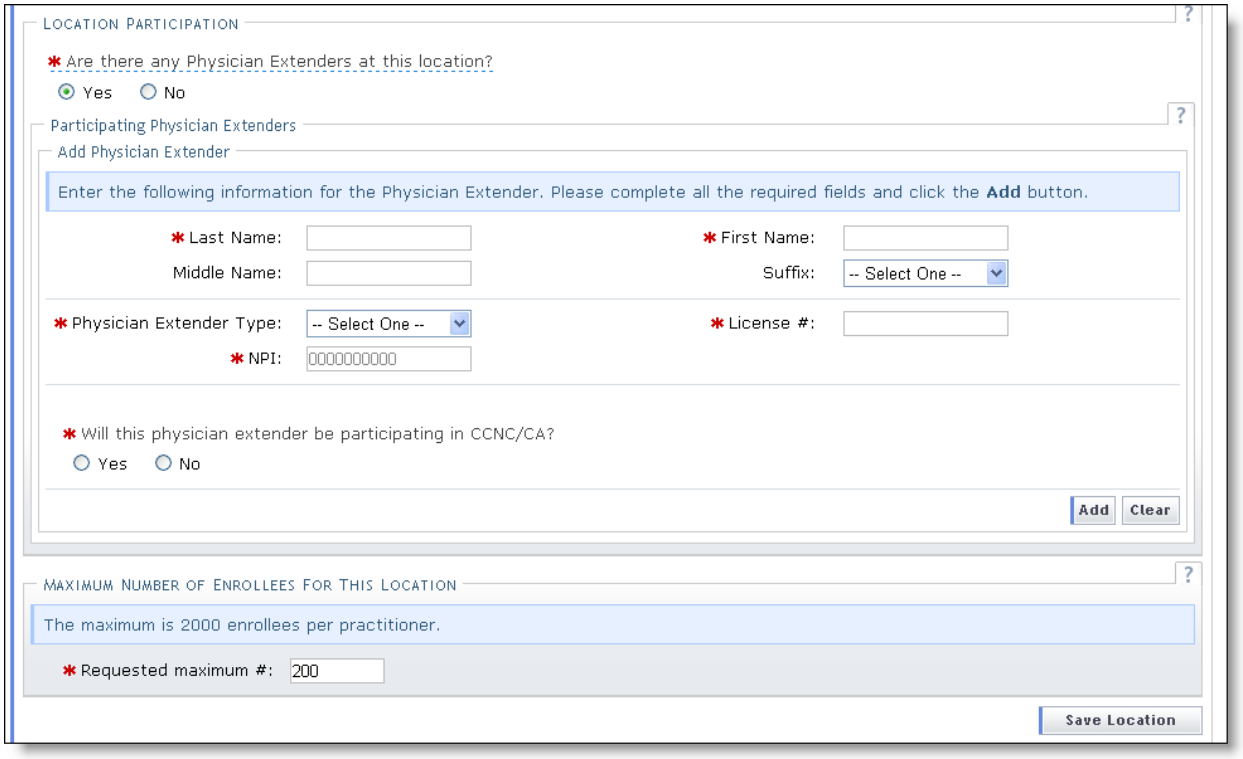


Physician Extenders Page

2. The “Add Physician Extender” section will display. Complete the required fields:
   - Last Name
   - First Name
   - Physician Extender Type (Nurse Midwife, Nurse Practitioner, Physician Assistant)
   - License #
   - NPI

3. Click “Yes” or “No” to indicate whether the person will be participating in CCNC/CA.
4. Enter the requested increase of enrollees (2,000 max).
5. Click the “Add” button.

6. For multiple service locations, remember to click the “Save Location” button.



Physician Extenders Page - Add Physician

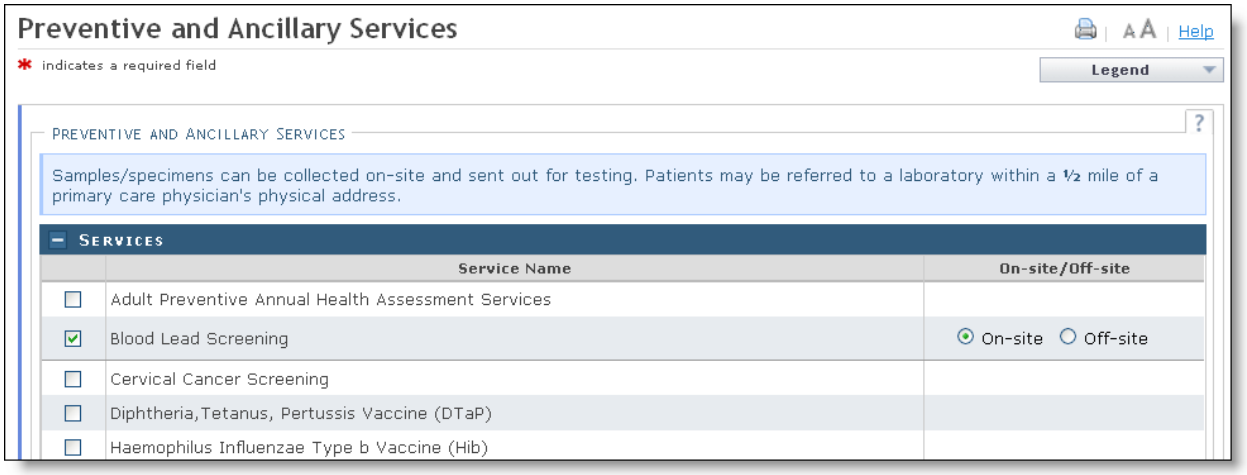
Adding Preventive and Ancillary Services

Note to CCNC/CA providers: In order to meet the requirements for enrolling in CCNC/CA, providers must provide certain preventive health services for the applicable age range. Click here to view the list of services.

If you are unable or choose not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 years age group. For additional information, reference the following website:

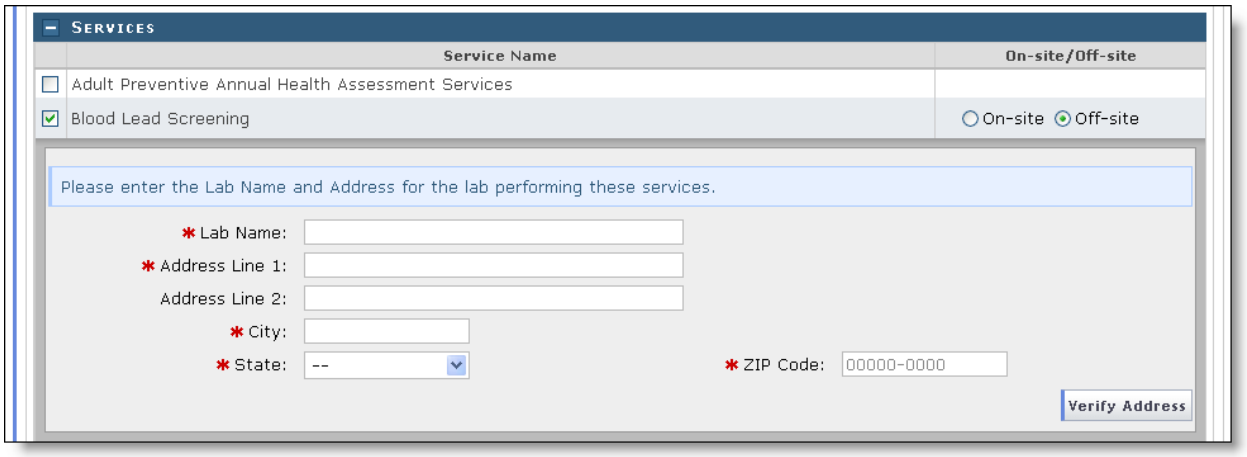
https://medicaid.ncdhhs.gov/providers/programs-and-services/community-care-north-carolinacarolina-access-ccncca

1. To add or modify preventive and ancillary services, check or uncheck the box next to the applicable service.
2. Check the box for “On-site” or “Off-site.” The “Off-site” option is not available for every service.



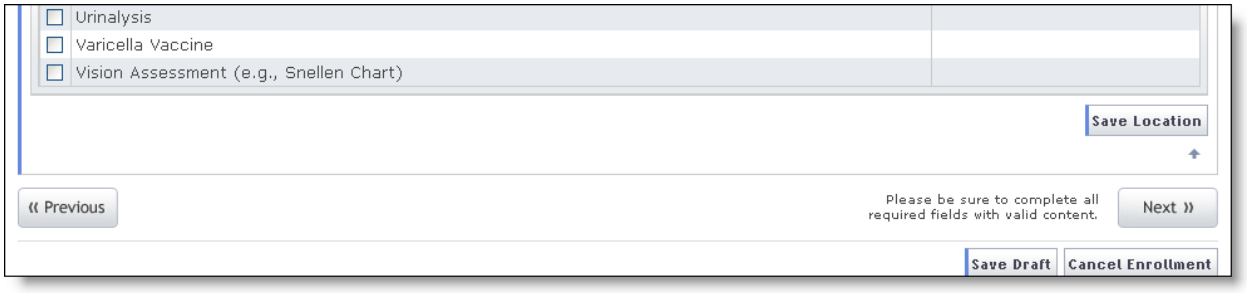
Preventive and Ancillary Services

3. If you select “Off-site,” the “Address” section will display. Complete the required Name and Address fields. To meet CNCC/CA requirements, patients must be referred to a laboratory within a half-mile of the primary care physician’s physical address.
4. Click the “Verify Address” button.



Preventive and Ancillary Services - Add Offsite Address

5. If you have more than one service location, click the “Save Location” button.
6. Click the “Next” button to continue.



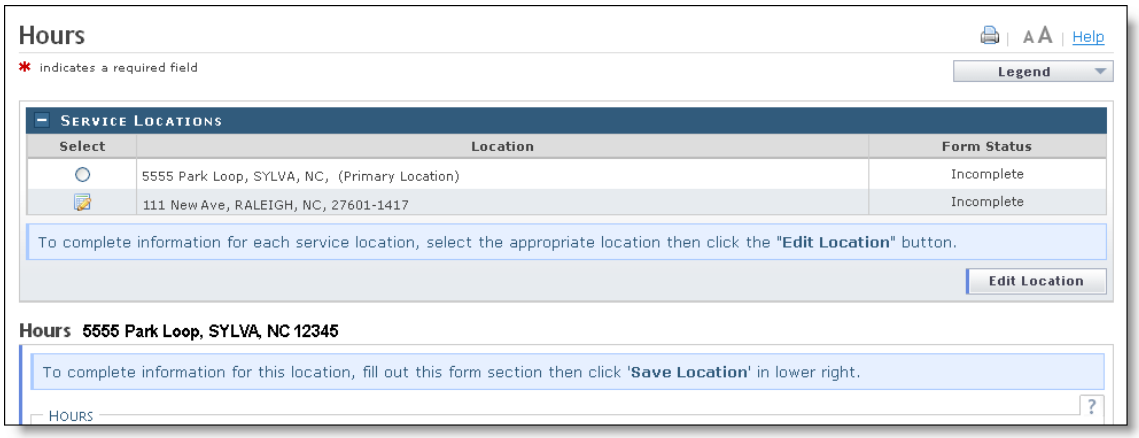
Preventive and Ancillary Services - Save Location

Indicating the Hours of Operation

Note to CCNC/CA providers: CCNC/CA Participation requires the following:

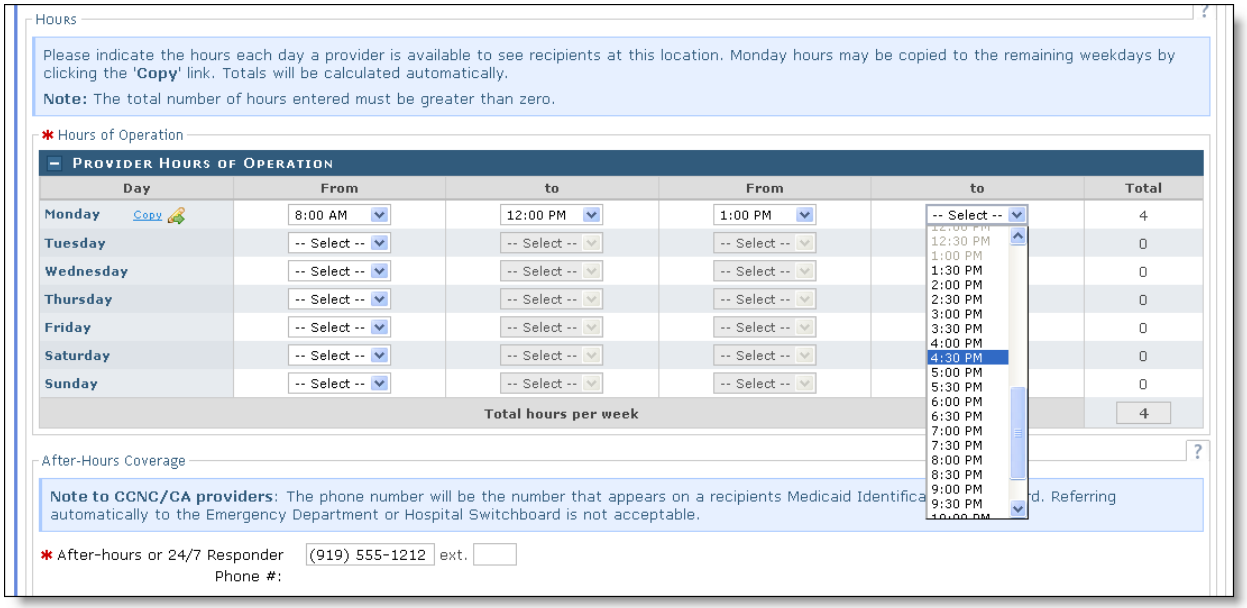
- Establish hours of operation for treating patients at least 30 hours per week
- Provide medical advice/services that are accessible 24/7. Acceptable options include an answering Service, answering machine that gives the number of the provider to call, Hospital operator who pages on-call provider, call forward or stay-on-line transferring, or Nurse Triage Service.

1. The provider hours of operation need to be set for each service location. To switch between service locations, select the radio button next to the appropriate service location.
2. Click the “Edit Location” button.



Hours Page

3. Select the appropriate hours from the “From” and “To” drop down menus.
4. Use the “Copy” hyperlink to copy the first row to rows “Tuesday” through “Friday.”

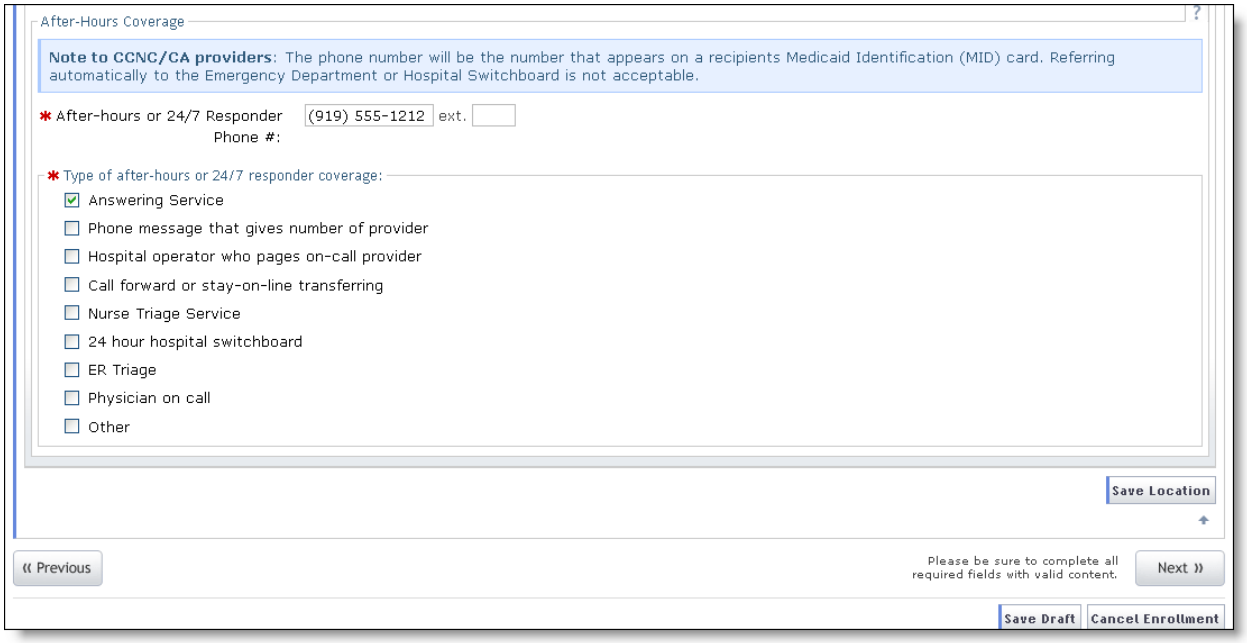


Hours Page - Add Hours of Operation

5. Under the “After-Hours Coverage” section, enter the phone number.
6. Select the types of afterhours services provided.

7. For multiple locations, remember to click the “Save Location” button.
8. Click the “Next” button at the bottom of the page to continue.

	Note to CCNC/CA providers: The phone number will be the number that appears on the recipients’ Medicaid Identification (MID) card. Telephone numbers for Emergency Department or Hospital Switchboard are not acceptable as “After-hours or 24/7 Responder.”

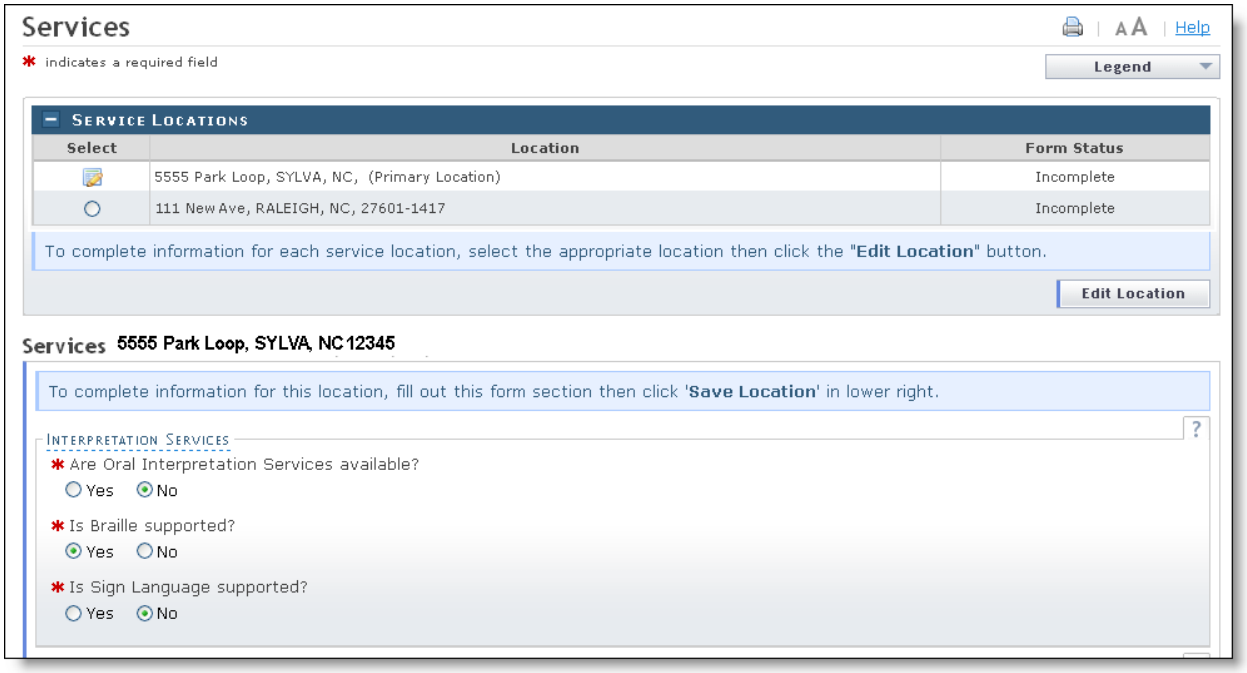


Hours Page - Add After Hours Number and Services

Adding Services

1. The “Services” page will display. Under the “Interpretation Services” section, select “Yes” or “No” for all three service options.

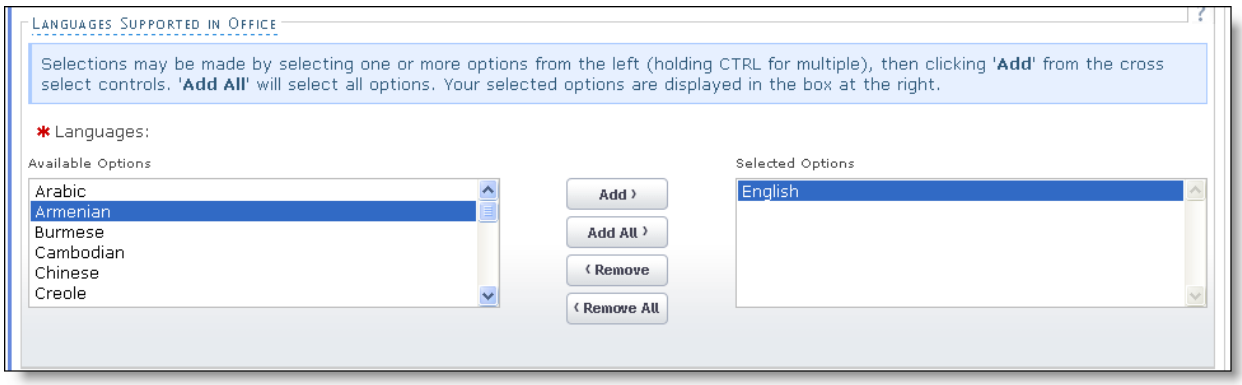
Note to CCNC/CA providers: CCNC/CA Participation requires providers to offer Oral Interpretation services.



Services Page

2. Under the “Languages Supported in Office” section, highlight the languages supported in your office.

3. Click the “Add” button in the middle of the window to move the language to the “Selected Options” pane.



Services Page - Add Languages

4. Under the “Special Needs” section, click the check boxes to indicate any special needs supported in your office.

5. To indicate whether your office is equipped with TDD/TTY services, click the “Yes” or “No” radio button.

   Note: TDD (Telecommunications Device for the Deaf) and TTY (Teletypewriter) are electronic devices for text communication over a telephone line, designed for use by persons with hearing or speech difficulties.

Services Page - Add Special Needs

6. To indicate whether your office is currently accepting new patients, click the “Yes” or “No” radio button.
7. To indicate whether your office currently serves Medicaid for Pregnant Women (MPW) patients, click the “Yes” or “No” radio button.
8. To indicate whether your office currently accepts Chronic Infectious Disease patients, click the “Yes” or “No” radio button.
9. Select the age ranges serviced from each gender drop down menu. If you do not serve a particular gender, select “Not Served” from the drop down menu.
10. For multiple service locations, click the “Save Location” button.
11. Click the “Next” button to continue.

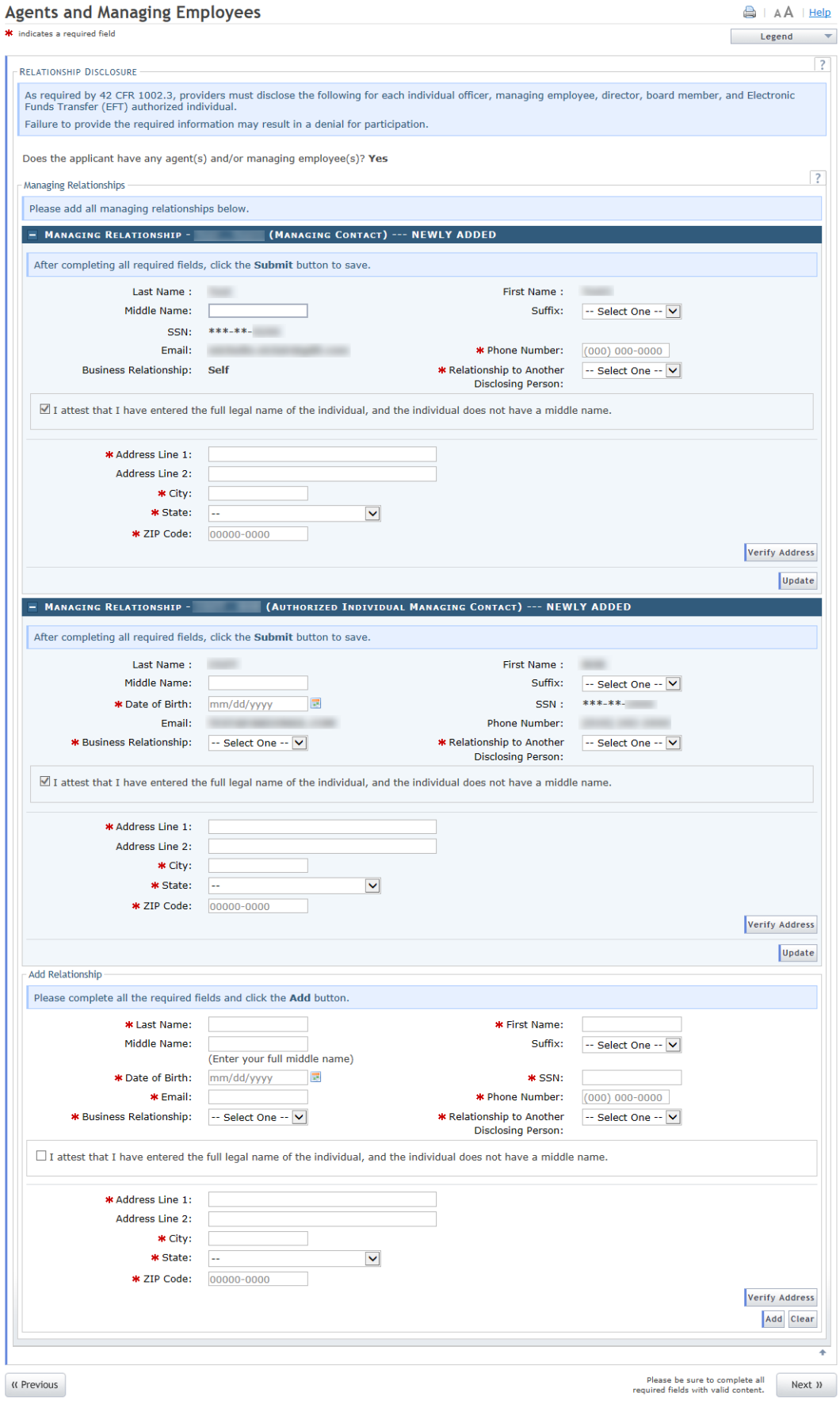
Services Page - Add Other Services

Adding Agents or Managing Employees

The “Agents and Managing Employees” page will display. The enrolling individual and the Office Administrator (if they are not the enrolling provider) will be displayed with pre-populated data.

Definition: A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

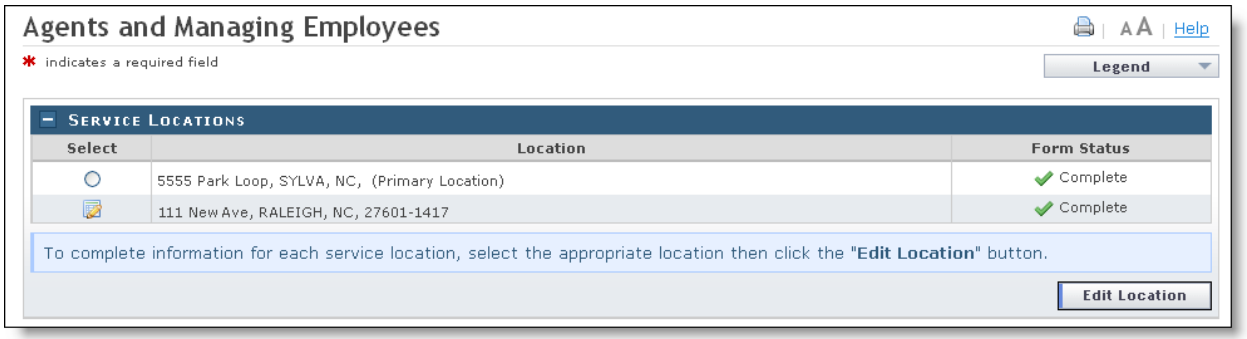
As required by 42 CFR 1002.3, providers must disclose specific information for each individual officer, managing employee, director, board member and Electronic Funds Transfer (EFT) authorized individual. Failure to provide the required information may result in a denial for participation.


Agents and Managing Employees
Help
* 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 - (MANAGING CONTACT) --- NEWLY ADDED
After completing all required fields, click the Submit button to save.
Last Name :
First Name :
Middle Name:
Suffix:
-- Select One --
SSN:
***-**-
Email:
* Phone Number:
(000) 000-0000
Business Relationship:
Self
* Relationship to Another Disclosing Person:
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
MANAGING RELATIONSHIP - (AUTHORIZED INDIVIDUAL MANAGING CONTACT) --- NEWLY ADDED
After completing all required fields, click the Submit button to save.
Last Name :
First Name :
Middle Name:
Suffix:
-- Select One --
* Date of Birth:
mm/dd/yyyy
SSN :
***-**-
Email:
Phone Number:
* Business Relationship:
-- Select One --
* Relationship to Another Disclosing Person:
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
Add Relationship
Please complete all the required fields and click the Add button.
* Last Name:
* First Name:
Middle Name:
Suffix:
-- Select One --
(Enter your full middle name)
* Date of Birth:
mm/dd/yyyy
* SSN:
* Email:
* Phone Number:
(000) 000-0000
* Business Relationship:
-- Select One --
* Relationship to Another Disclosing Person:
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
Add
Clear
« Previous
Please be sure to complete all required fields with valid content.
Next »

Agents and Managing Employees Page

	It is critical when entering information on this page that you enter the legal name, including the full middle name, Date of Birth (DOB) and Social Security Number (SSN) for each owner or managing employee and that you verify the accuracy of this information before continuing to the next section. An inaccurate or invalid Name, DOB, or SSN will cause your application to be denied and you will have to resubmit a new application with the correct information and resubmit all appropriate application fees.

1. Enter the required fields for the individual and the Office Administrator and click the Update button.
2. Add additional managing employees in the Add Relationship section.
3. Click the “Add” button to add the Managing relationship.
4. When adding managing employees for multiple locations, remember to click the “Save Location” button.
5. Once all service locations display as “Complete,” click the “Next” button in the bottom right corner of the page.



Agents and Managing Employees Page - Service Locations Complete

Adding Hospital Admitting Privileges

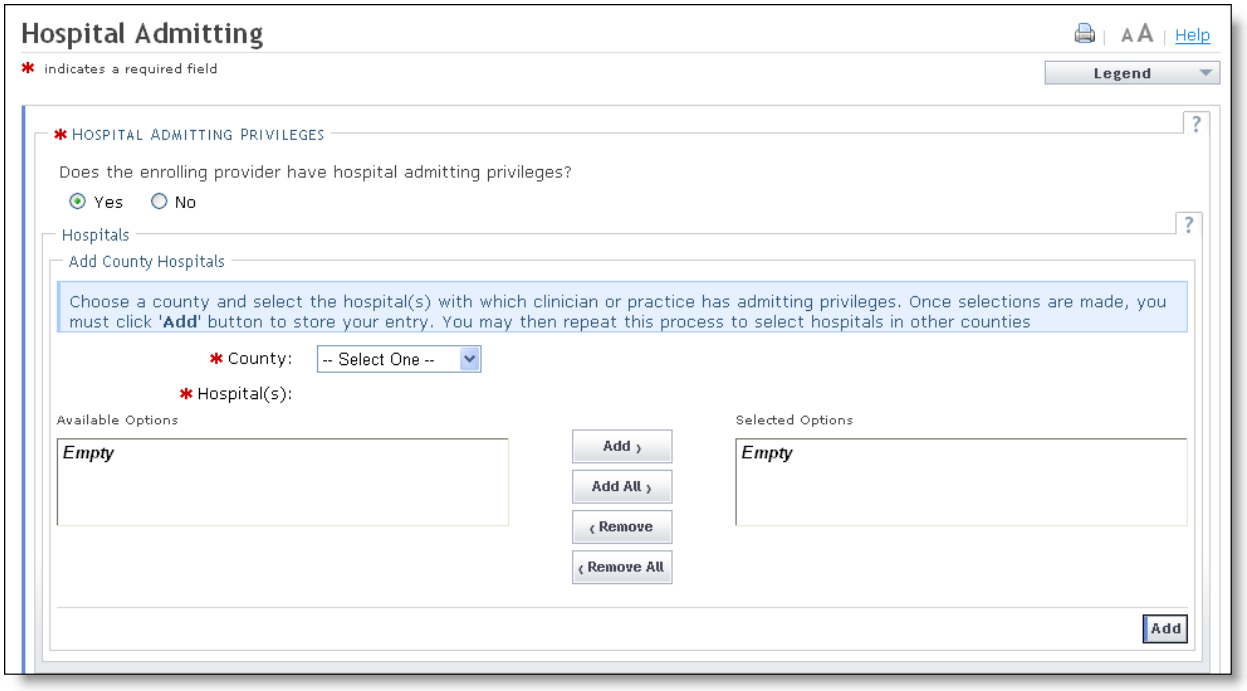
The “Hospital Admitting” page will display.

	CCNC/CA Participation requires the following: • Maintain hospital admitting privileges or have a formal agreement with another doctor based on ages of the recipients accepted

1. To add privileges, click the “Yes” radio button.

Hospitals Admitting Page

2. The “Add County Hospitals” section will display. Select the county from the drop down menu to display a list of hospitals in that county.
3. Select the hospital in the “Available Options” pane.
4. Click the “Add” button to move the hospital to the “Selected Options” pane.
5. Click the “Add” button to add the hospital to your record. You may repeat these steps to add other hospitals from other counties.

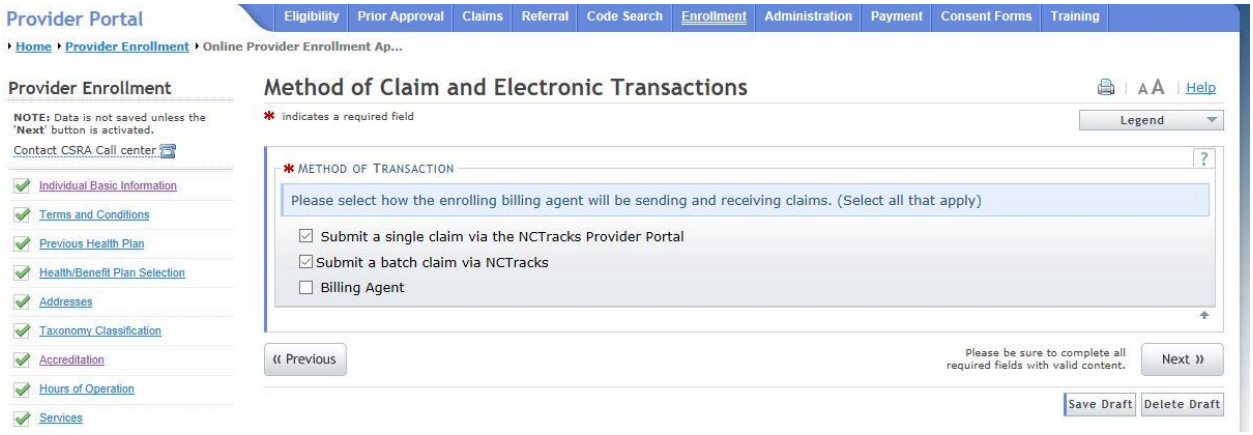


Hospitals Admitting Page - Add Hospitals

Method of Claim and Electronic Transactions

If the individual is not rendering/attending only, the Method of Claim and Electronic Transaction Page will display. This page captures how you will be submitting and/or receiving electronic transactions.

Select at least one option and all that apply, then click “Next.”



Method of Claim and Electronic Transactions page

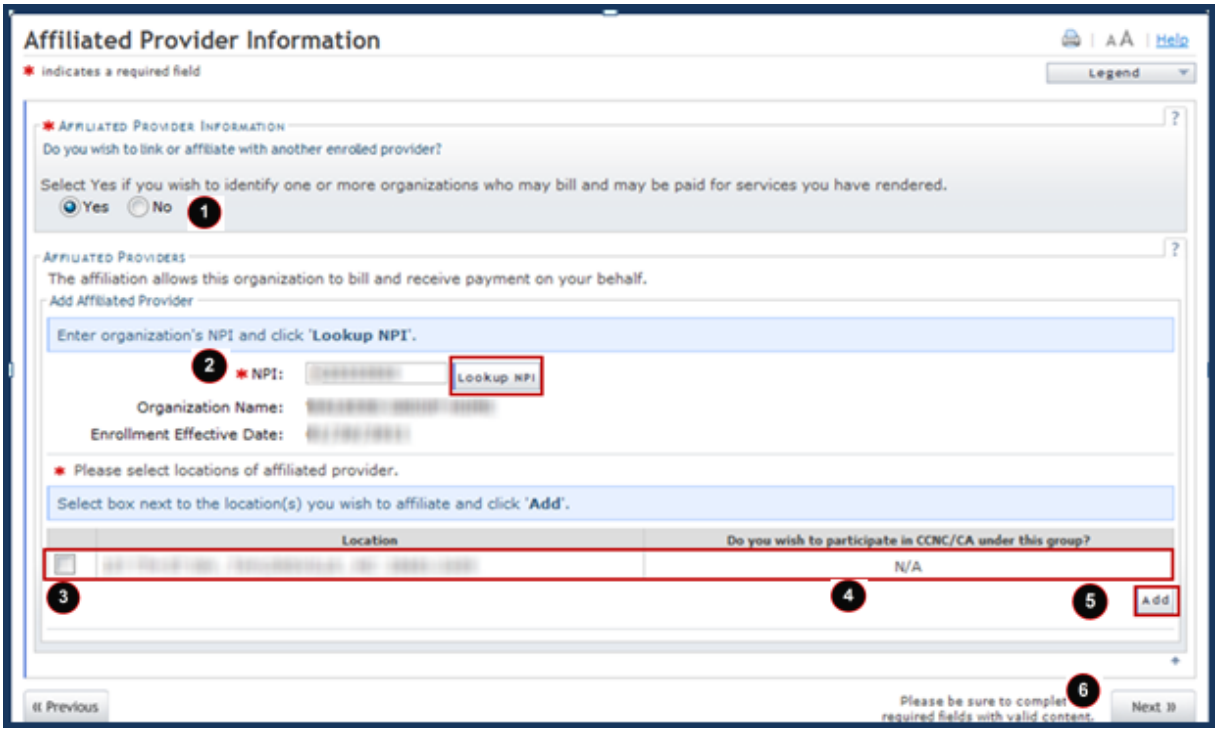
Affiliating to a Provider

The “Affiliated Provider Information” page will display.

The affiliation process allows a group or organization to bill and receive payments on behalf of an individual/rendering provider In NCTracks system. If you are affiliated with a group or organizational provider, and that provider will be submitting claims on your behalf, complete the following steps. Otherwise, click “No” and click the “Next” button to continue.

This screen captures information on the Organization(s) with which an applicant wants to affiliate. Individual providers who answered “Yes” to the question “Are you a Rendering/Attending only provider?” on the Basic Information page will be required to complete this page during the initial enrollment process.

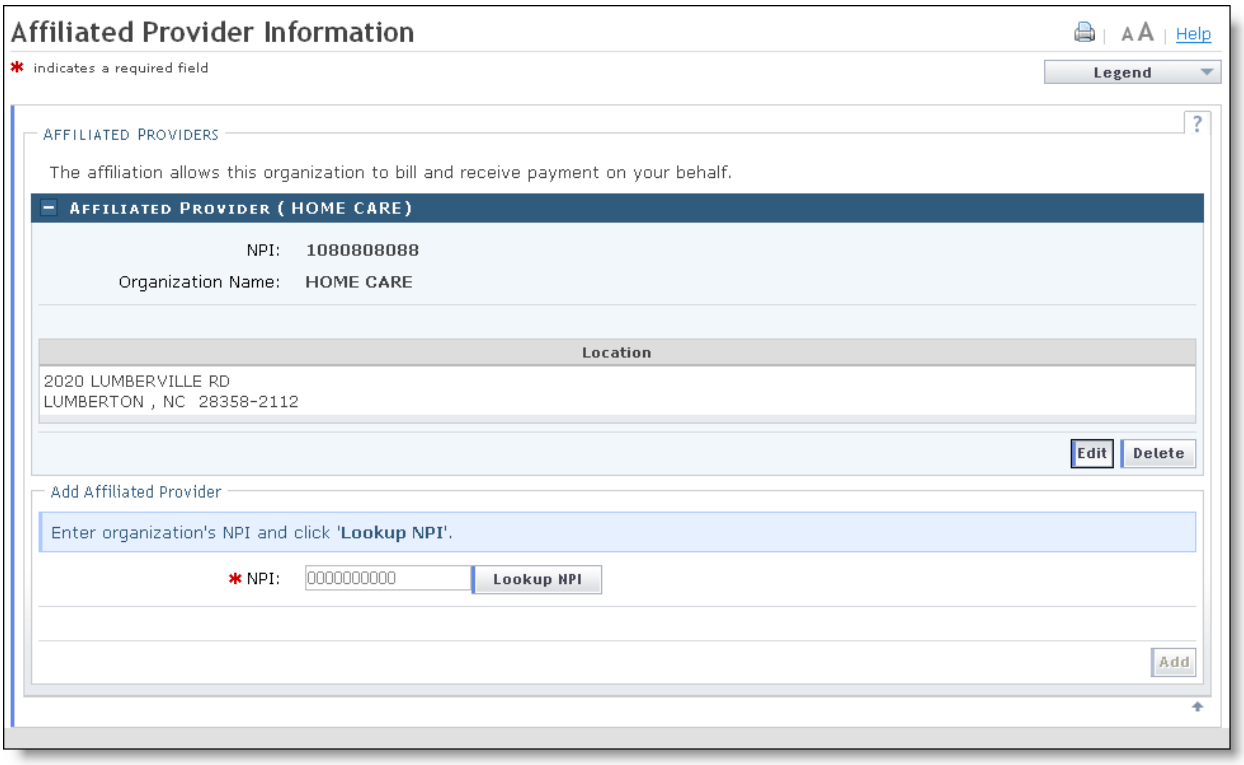
	If this page requires you to affiliate with a provider, and you do not wish to affiliate, please check the “Rendering/Attending Only” option on the Basic Information page. You will need to select “No” for that option in order to make this step optional and not required.



Affiliated Provider Information page

Step	Action
1	Affiliated Provider Information: Do you wish to link or affiliate with another enrolled provider? Select **Yes** or **No**.
2	NPI: Enter the **NPI** of the Organization or group with which you want to affiliate. Select the **Lookup NPI** button.
3	Select the location(s) with which you want to affiliate.
4	Do you wish to participate in CCNC/CA under this group at this location? Select **Yes** or **No**. **Note**: If the Organization with which you are affiliating does not participate in CCNC/CA, "N/A" will be present.
5	Select the **Add** button to save the Affiliation.
6	Select the **Next** button to continue.
Note	If a claim is pended due to Affiliation Claim Edit 07025 (Rendering Provider Not Affiliated with Billing Provider) and an affiliation is not added or updated within 60 days, the claim will deny.

	The “Delete” button is ONLY available until you submit the application. Once the application is completed and the provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. It can only be end-dated. You may edit or end-date the affiliation using the Manage Change Request process under the Status and Management page.



Affiliated Provider Page - Edit or Delete Provider

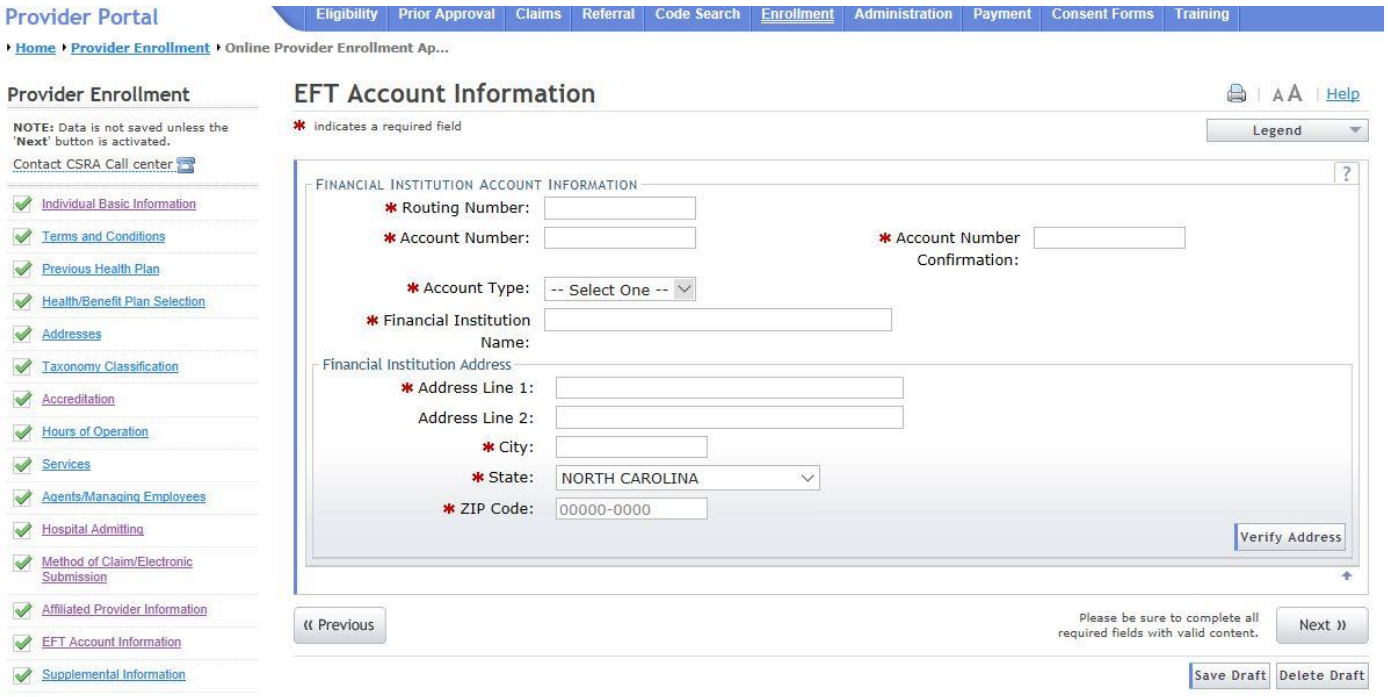
Associate Billing Agent

This page captures associated Billing Agent(s) information. If you use a Billing Agent, you must report the Billing Agent.

EFT Account Information

This page captures EFT and Remittance information. All payments are by EFT in NCTracks.

Note: This page does not apply to Rendering/Attending Only providers.

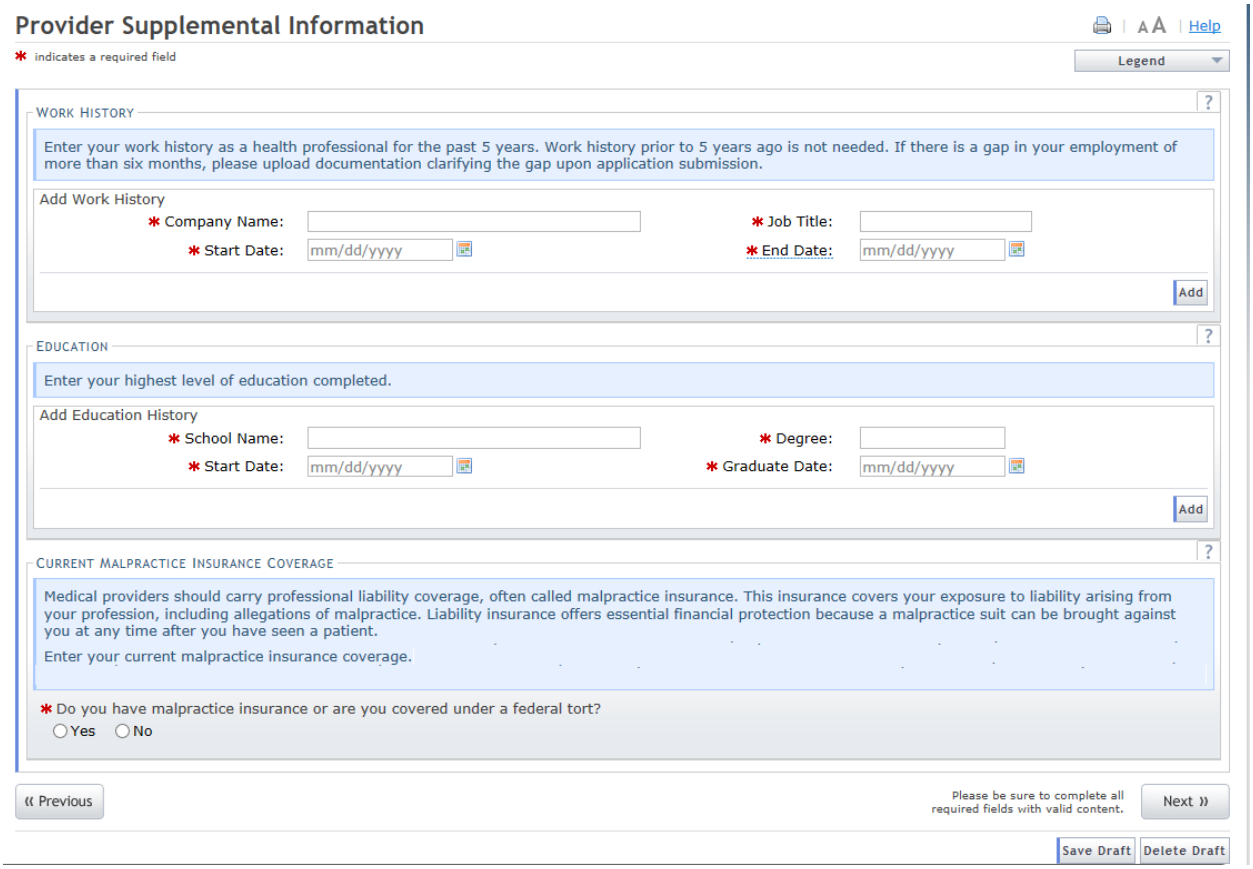


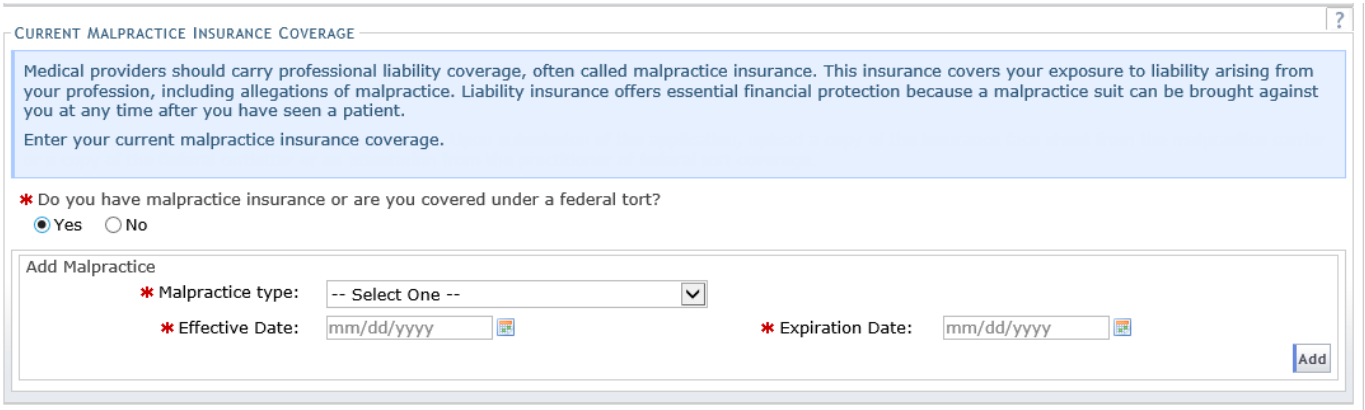
EFT Account Information page

Complete all required fields, click verify address (this will validate your address against USPS records and suggest formatting revisions as necessary). Then click “Next.”

Provider Supplemental Information Page

The **Provider Supplemental Information** page displays for individual providers only.





Step	Action
1	Enter your work history as a health professional • Company Name – Employer name • Job Title – Position/job title • Start Date – Start date of the job title at this company

Step	Action
	• End Date – End date of the job. If you still hold this job title at this company, enter 12/31/9999 • If the enrolling provider is a resident/intern, enter Resident as the job title.
2	Enter your Education information. • School Name – School or institution name • Degree – Highest degree • Start Date – Date started at the school or institution • Graduation Date – Date graduated from the school with this degree
3	Current Malpractice Insurance Coverage section: • Do you have malpractice insurance or are you covered under a federal tort? – Select yes if you have malpractice insurance or are covered under a federal tort. • Malpractice Type – Select the type of malpractice coverage from drop down (Federal Tort Malpractice, Individual Malpractice Coverage or Malpractice Coverage Under a Group) • Insurance Agency Name – Enter the name of the malpractice insurance agency • Amount – Enter the amount of malpractice coverage • Effective Date – Effective date of the coverage • Expiration Date – Expiration date of the coverage

Exclusion Sanction Information

The “Exclusion Sanction Information” page will display.

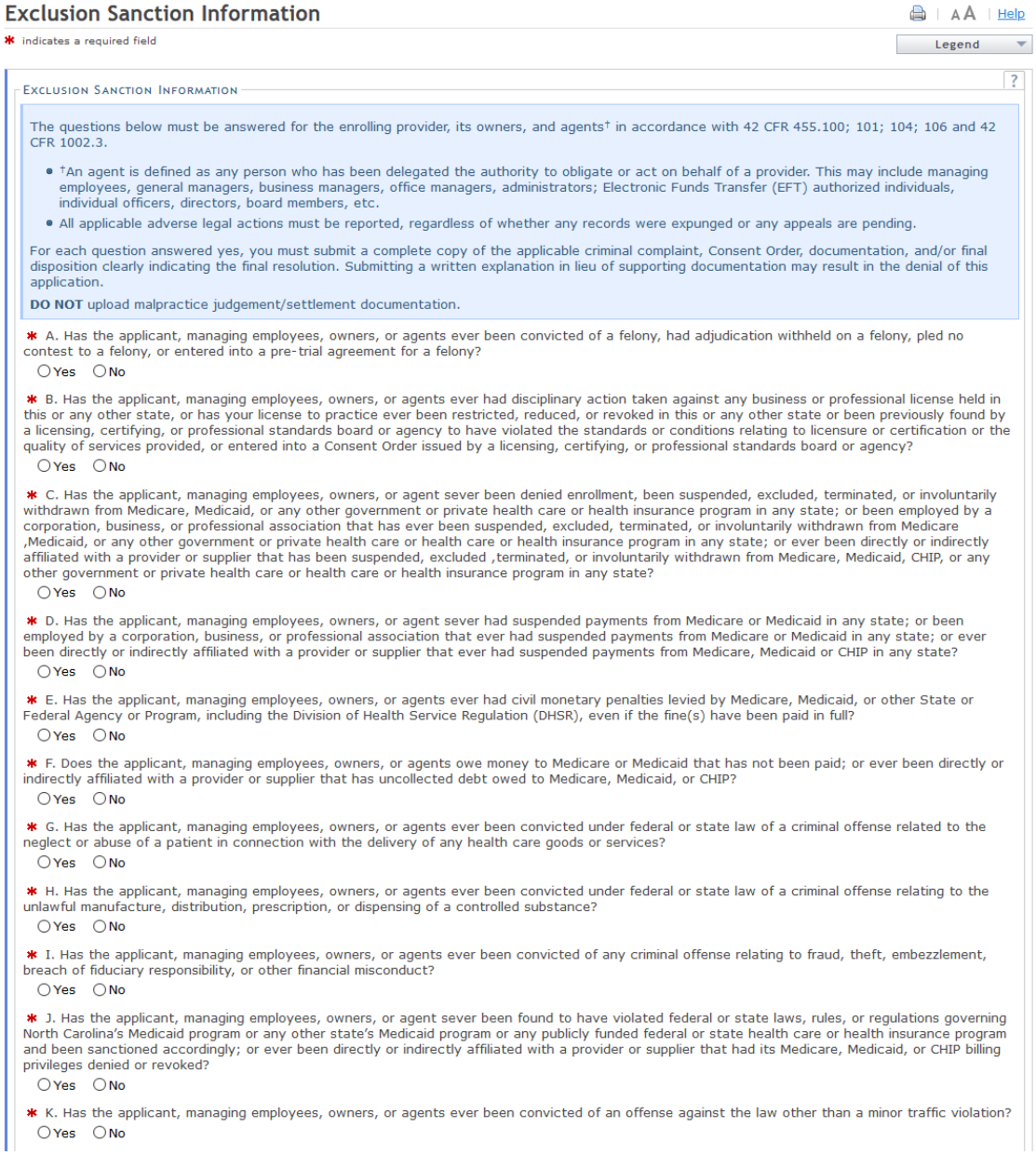
The questions must be answered for the enrolling provider, its owners, and agents in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3. Click here for a complete list of the questions.

An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.

All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending. For questions regarding whether the question applies to the provider, owner or agents, or other questions about how each sanction question should be answered, it is recommended that you contact an attorney.

For each question answered “yes,” you must upload a complete copy of the applicable documentation. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

Failure to disclose exclusion, sanction, penalty, criminal convictions and/or any other necessary supporting documentation may result in the denial of your application.



Exclusion Sanction Information

* indicates a required field

Legend

EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents† in accordance with 42 CFR 455.100; 101; 104; 106 and 42 CFR 1002.3.

- †An agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. This may include managing employees, general managers, business managers, office managers, administrators; Electronic Funds Transfer (EFT) authorized individuals, individual officers, directors, board members, etc.
- All applicable adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

For each question answered yes, you must submit a complete copy of the applicable criminal complaint, Consent Order, documentation, and/or final disposition clearly indicating the final resolution. Submitting a written explanation in lieu of supporting documentation may result in the denial of this application.

DO NOT upload malpractice judgement/settlement documentation.

* A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony, or entered into a pre-trial agreement for a felony?
Yes No

* B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying, or professional standards board or agency?
Yes No

* C. Has the applicant, managing employees, owners, or agent sever been denied enrollment, been suspended, excluded, terminated, or involuntarily withdrawn from Medicare, Medicaid, or any other government or private health care or health insurance program in any state; or been employed by a corporation, business, or professional association that has ever been suspended, excluded, terminated, or involuntarily withdrawn from Medicare ,Medicaid, or any other government or private health care or health care or health insurance program in any state; or ever been directly or indirectly affiliated with a provider or supplier that has been suspended, excluded ,terminated, or involuntarily withdrawn from Medicare, Medicaid, CHIP, or any other government or private health care or health care or health insurance program in any state?
Yes No

* D. Has the applicant, managing employees, owners, or agent sever had suspended payments from Medicare or Medicaid in any state; or been employed by a corporation, business, or professional association that ever had suspended payments from Medicare or Medicaid in any state; or ever been directly or indirectly affiliated with a provider or supplier that ever had suspended payments from Medicare, Medicaid or CHIP in any state?
Yes No

* E. Has the applicant, managing employees, owners, or agents ever had civil monetary penalties levied by Medicare, Medicaid, or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?
Yes No

* F. Does the applicant, managing employees, owners, or agents owe money to Medicare or Medicaid that has not been paid; or ever been directly or indirectly affiliated with a provider or supplier that has uncollected debt owed to Medicare, Medicaid, or CHIP?
Yes No

* G. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?
Yes No

* H. Has the applicant, managing employees, owners, or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance?
Yes No

* I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?
Yes No

* J. Has the applicant, managing employees, owners, or agent sever been found to have violated federal or state laws, rules, or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any publicly funded federal or state health care or health insurance program and been sanctioned accordingly; or ever been directly or indirectly affiliated with a provider or supplier that had its Medicare, Medicaid, or CHIP billing privileges denied or revoked?
Yes No

* K. Has the applicant, managing employees, owners, or agents ever been convicted of an offense against the law other than a minor traffic violation?
Yes No

Step	Action
1	Answer each question by selecting the **Yes** or **No** radio button. **Note**: • Questions pertain to the enrolling provider and all managing employees listed in the provider record. • When **Yes** is selected for a question, the **Infraction/Conviction Dates** section is displayed. Select the appropriate date of the infraction or conviction. Select the **Add** button to add the information to the application.
2	Scroll down the page and select **Next**.

Step	Action
	Note: You may also elect to: • **Save Draft:** The draft will appear in the **Saved Applications** section of the **Status and Management** page. • **Delete Draft:** Will delete the application, and the NPI line will remain on the **Status and Management** page.

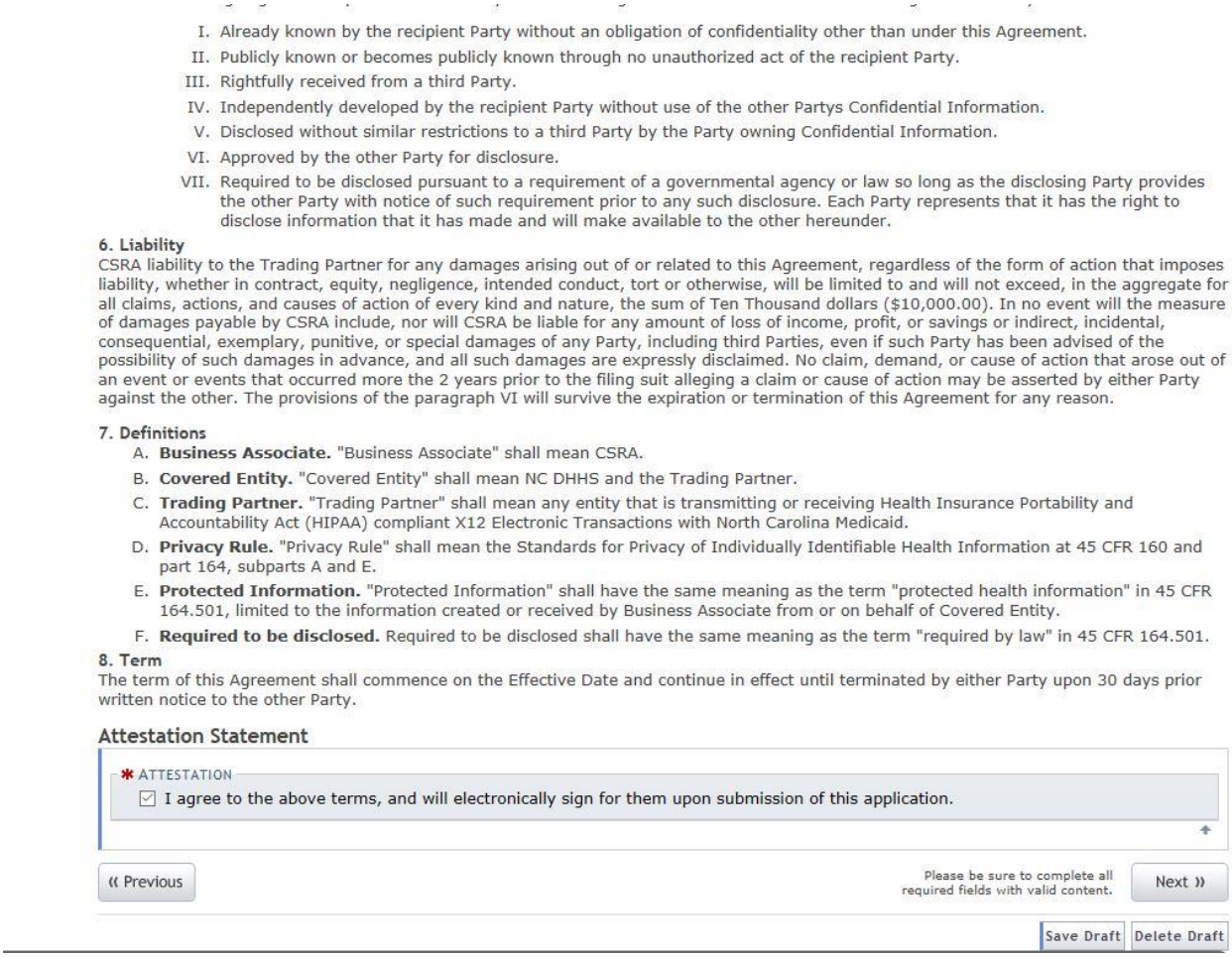
Exclusion Sanction Page - Add Infractions

1. If you click the “Yes” button, the Infraction/Conviction Dates window will display.
2. Enter the date of each infraction.
3. Click the “Add” button to add the date.

Trading Partner Agreement

The Trading Partner Agreement page appears only if the provider selected (by itself or in conjunction will the other options) the “Submit a batch claim on NCTracks” option on the Method of Claim and Electronic Transactions page.

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.



Trading Partner Agreement Attestation Statement

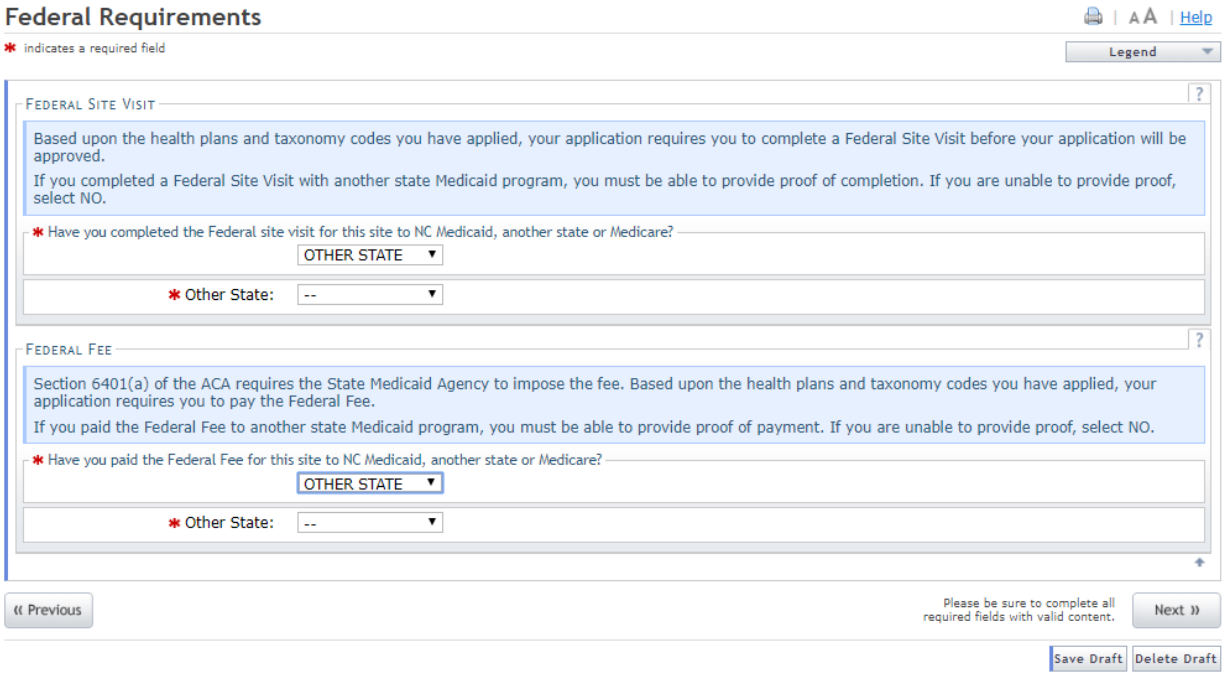
After reading the agreement, click the box under Attestation Statement to agree, and click “Next.”

Federal Requirements Page

This page displays when the application requires a Federal Site Visit or payment of the Federal Fee. When the provider is moderate or high risk, the Federal Site Visit and/or Fee is required. Providers are identified as moderate or high risk according to the Provider Permission Matrix, which can be found on the Provider Enrollment page of NCTracks.

The **Federal Site Visit** section of the page displays when the location requires a Federal Site Visit. The **Federal Fee** section displays when the location requires the Federal Fee.

Note: As of the current Provider Permission Matrix, the NEMT (Non-Emergency Medical Transportation) taxonomy requires both the Federal Site Visit and payment of the Federal Fee.



Federal Requirements Page

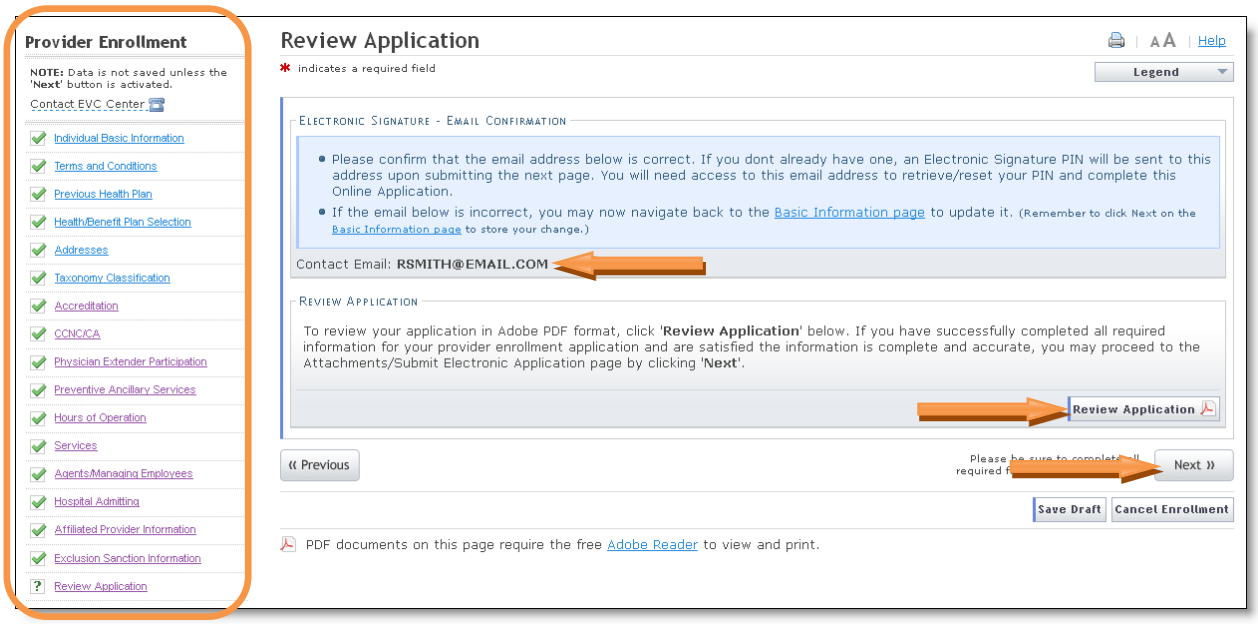
Step	Action
1	Answer the question: **"Have you completed the Federal site visit for this site to NC Medicaid, another state or Medicare?"** • Select **NO** if you have not completed a Federal Site Visit for this location with either another state or Medicare. Select **MEDICARE** if completed with Medicare. Select **OTHER STATE** if completed for another state Medicaid program. **Note**: If you select **NO**, Public Consulting Group (PCG) will contact you after the application has been submitted to set up the site visit. • If you select **MEDICARE**, CSRA will confirm the site visit completion with Medicare. • If you select **OTHER STATE**, you are required to upload proof of completion as part of the application submission.
2	**Other State:** If applicable, select the state.

Step	Action
3	Answer the question: "**Have you paid the Federal Fee for this site to NC Medicaid, another state or Medicare?"** • Select **NO** if you have not paid a Federal Fee for this location with either another state or Medicare. Select **MEDICARE** if paid to Medicare. Select **OTHER STATE** if completed for another state Medicaid program. **Note**: If you select **NO**, upon submission of this application, you will be directed to PayPoint to pay the fee. • If you select **MEDICARE**, CSRA will confirm the payment was made with Medicare. • If you select **OTHER STATE**, you are required to upload proof of payment as part of the application submission.
4	**Other State:** If applicable, select the state.
5	Select the **Next** button to continue.

Reviewing the Application

1. 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.

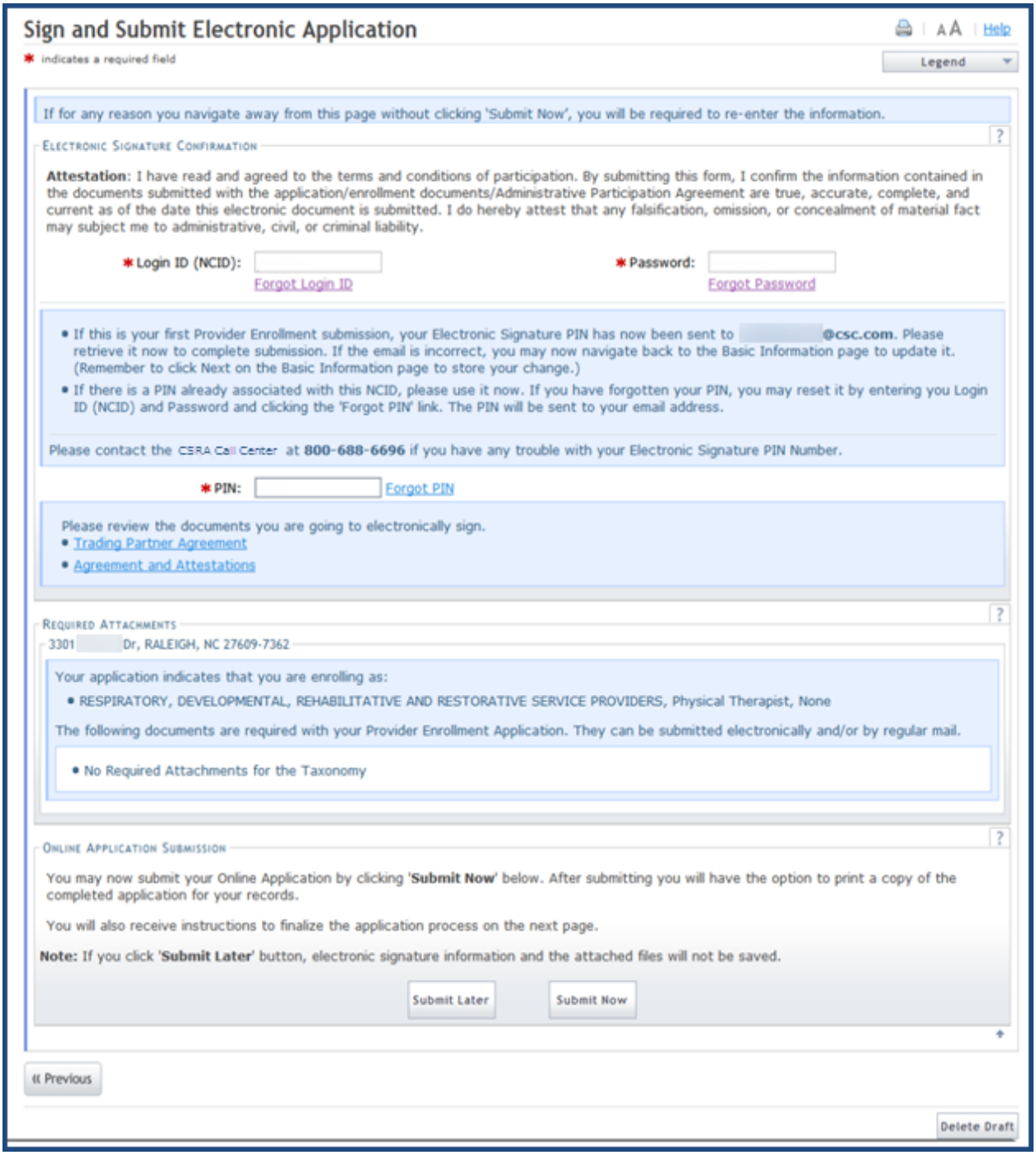
   To review the application in Adobe PDF format, click the **Review Application** button. Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.



Review Application page

Sign and Submit Electronic Application

This page allows you to electronically sign the application. It lists additional required documents with an option to electronically upload and attach them to the application.



Sign and Submit Page

Step	Action
1	Enter **User ID**.
2	Enter **Password**.
3	Enter **PIN**.
4	Select the **Trading Partner Agreement** and/or **Agreement and Attestations** links to review each.
5	Select the **Submit Now** or **Submit Later** buttons to submit.

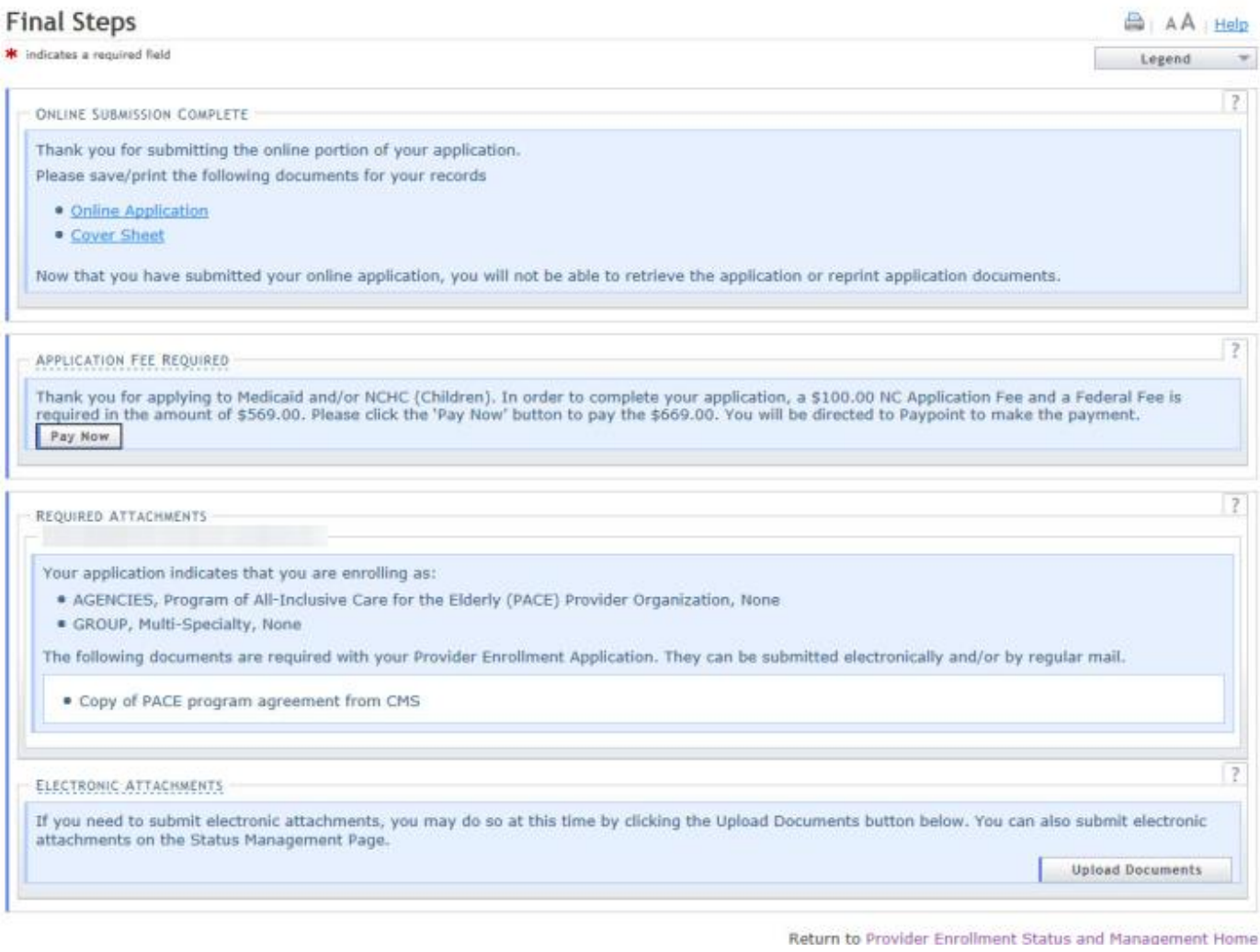
Final Steps

This page informs you that the application submission is complete. This page also contains the final steps you must take in order to complete the application process (supplemental documents required). You can also download a PDF copy of the submitted application. If a provider is required to complete the fingerprinting process as identified in the Provider Permission Matrix, they will be notified on this page.

If the application is deemed incomplete or if additional information is required, the provider will receive a notification letter indicating that they will have 30 days to submit the required information or the application will be abandoned. If documentation is received timely but is inadequate, the provider will be notified and given an additional 10 days to submit the required information. If the information is received and reviewed and it is still inadequate, the provider will be notified and given an additional 10 days. If the correct information is not received the third time, the application will be abandoned and the provider will have to resubmit the application. If no documentation is received after the first 30-day notice or either of the 10-day notices, the application will be abandoned.

The OA/ES user will have access to the notification letters via the Message Center inbox as well as a hyperlink on the Status Management page.

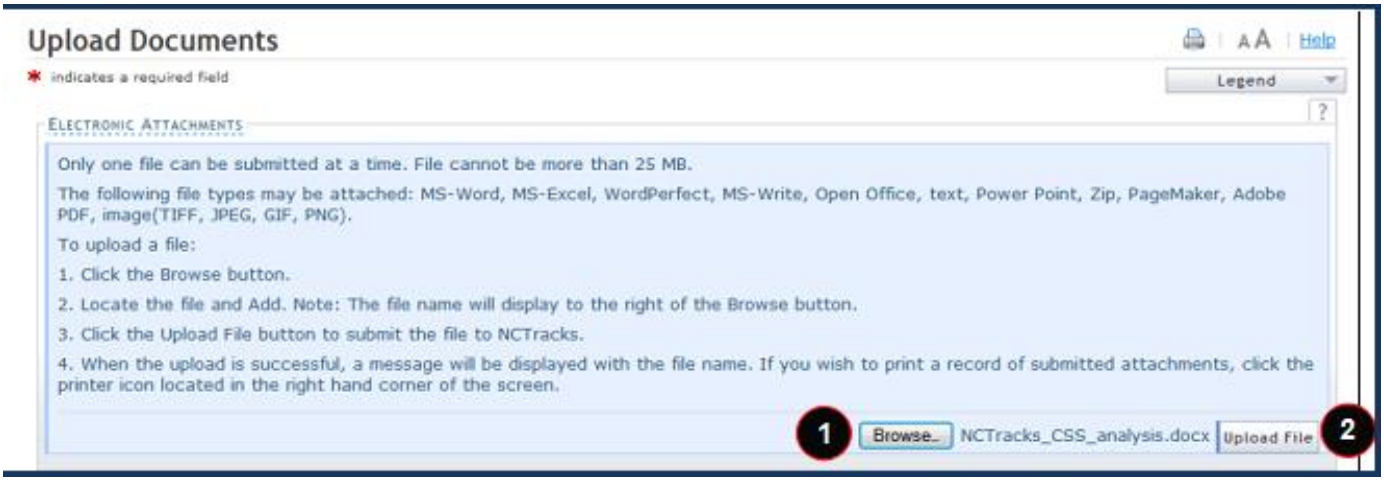
If the application is denied, the notification letter will be sent via e-mail.



Final Steps Page

Step	Action
1	Print/save the **Online Application** and/or **Cover Sheet**. This will be the only opportunity to save, download, or print the PDFs.
2	Select the **Pay Now** button. The PayPoint landing page displays. For detailed information on navigating PayPoint, please see Appendix C. **Note**: Application Fee Required: A $100 NC Application Fee is required when applying for Medicaid and/or NCHC, except for OOS Lite providers.
3	Required Attachments: Review the list of documents that need to be included with the application.
4	Select the **Upload Documents** button.

Upload Documents
This page allows you to upload any additional relevant documents associated with a submitted application.



Upload Documents Page

Step	Action
1	Select **Browse** under ***General Enrollment Additions*** to upload general documents. **Note**: The file name will display to the right of the **Browse** button.
2	Select the **Upload File** button to submit the file to NCTracks.
3	Select the **Browse** button to locate the completed ***fingerprinting evidence form***. **Note**: The file name will display to the right of the **Browse** button.
4	Select the **Upload File** button to submit the file to NCTracks.

You will receive an “Upload Successful” message upon a successful upload of additional documents. The message will also display the filename that was successfully uploaded. If you want to print a record of submitted attachments, select the printer icon located in the upper right corner of the page.

Reminder: Do not upload school transcripts on this page. If applicable, you will receive instructions via email regarding how to submit this information.

Upload Documents Page

Step	Action
3	Select the **printer icon** to print a record of submitted attachments.

Status Management Page

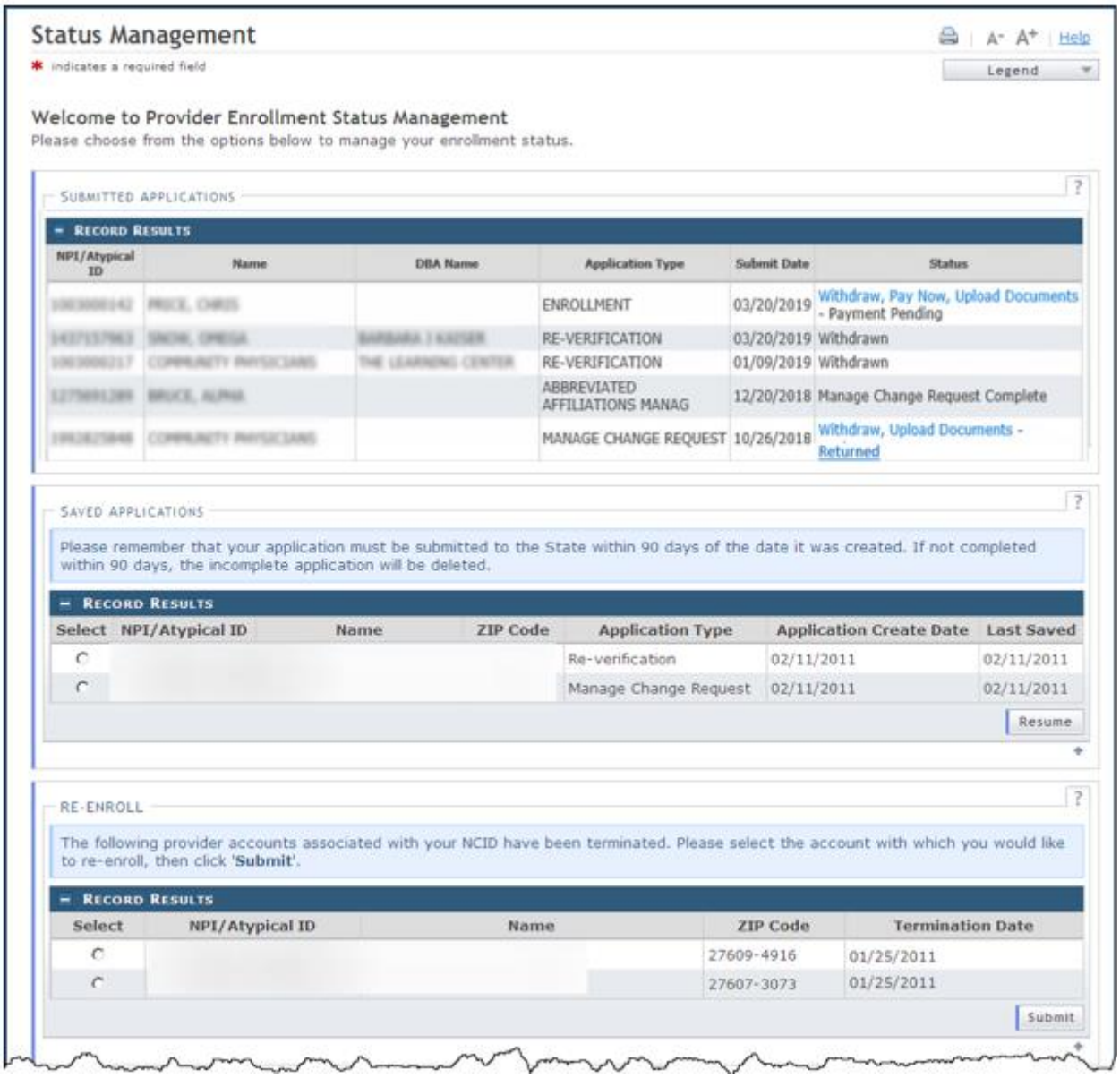
This page displays categories of applications. The “Status” column of the **Submitted Applications** section may also provide hyperlinks to allow the user to upload documents, withdraw applications that are still in review, or review notification letters if the application has

been returned due to additional information being required. Notification letters will be available for review from the Status Management page as well as the Message Center inbox. Notification letters for initial enrollment applications will only be delivered to the OA's e-mail address.

If the information (Name, DOB, SSN or EIN) submitted on the application is incorrect and does not match our findings during the background check, NCTracks will return the application and send the OA an Application Incomplete letter. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter, which will contain details of the incorrect information received. After reviewing the incorrect information indicated in the letter, if the provider agrees that the information is incorrect, the OA should navigate to the Status Management page and withdraw the application. The provider may also respond to the Application Incomplete letter advising that the information is incorrect and requesting NCTracks to withdraw the application. If NCTracks withdraws the application, the Application Withdrawal letter is sent to the Message Center inbox. Withdrawal letters for initial enrollment applications will be sent to the OA's e-mail address.

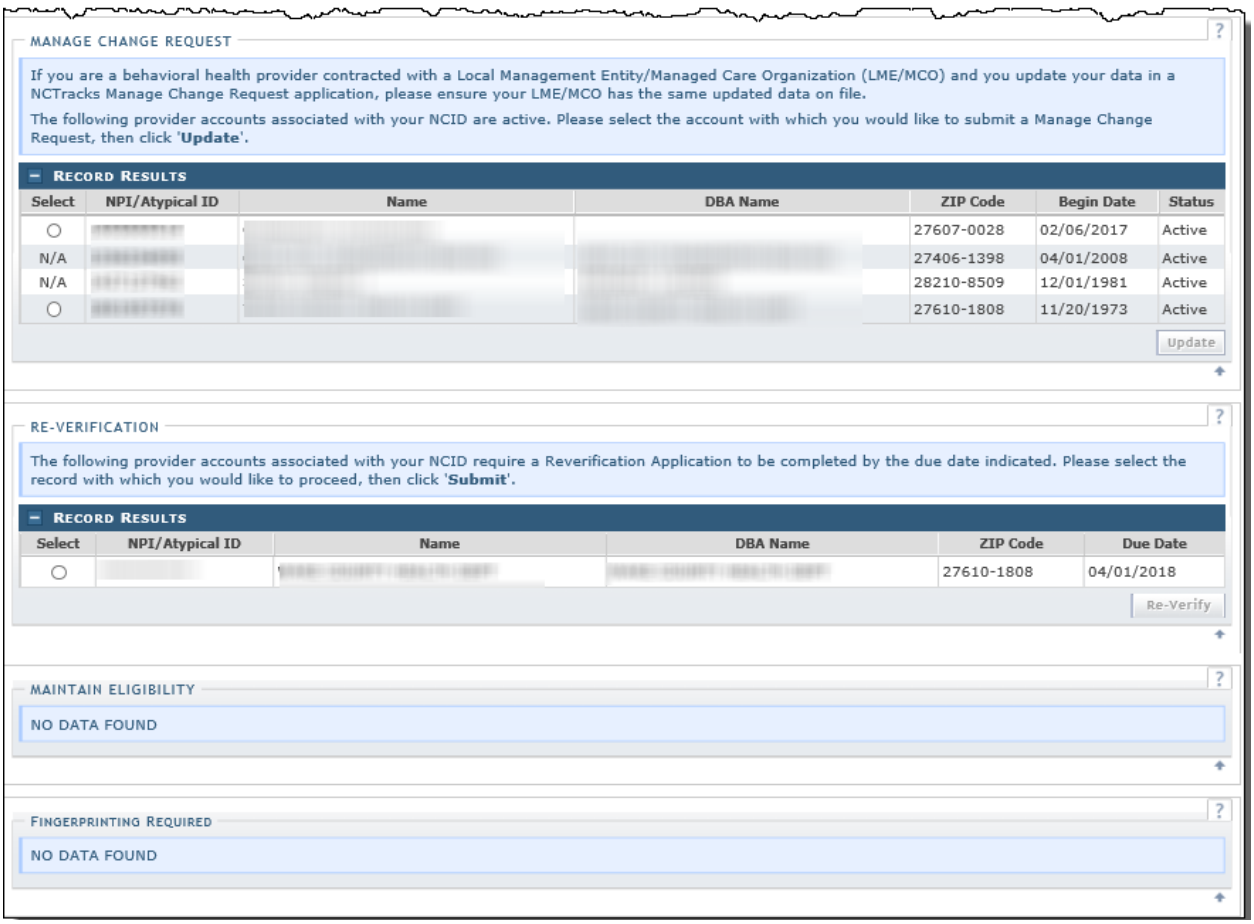
Applications withdrawn by NCTracks or the provider will have a "Withdrawn" status in the **Submitted Applications** section. NCTracks-withdrawn applications will always be accompanied by a withdrawal letter. Providers do not receive correspondence when the withdrawal is completed in the Provider Portal.

Note: While inaccurate data is the example provided for the application withdrawal process, a provider can withdraw an application for any reason deemed necessary.



Status Management Page

Step	Action
1	Submitted Applications: Allows you to view the status of a submitted provider enrollment application. • **Abandoned:** Supporting documents were not electronically uploaded by the due date in the Application Incomplete letter, or the NC Application Fee was not paid within 30 days of the submission of the application. • **In Review:** Application is being reviewed by CSRA or State. • **Returned:** Application was returned to provider needing additional documentation from the provider. When the **Returned** hyperlink is selected, the provider will be redirected to the Application Incomplete letter. • **Denied:** Your participation in the program has been denied. • **Approved:** Your participation in the program has been approved. • **Withdrawn:** CSRA or provider has withdrawn the application. • **MCR Comp (Manage Change Request Complete):** You requested a change that does not require review; therefore, this change was instantly completed. • **ME Comp (Maintain Eligibility Complete):** Your Maintain Eligibility does not require review; therefore, this request was instantly completed. • **Pymt Pend:** (Payment Pending): Records indicate that you have made a payment at PayPoint. It may take up to 48 hours to verify a payment. • **Pay Now:** You can select the **Pay Now** link to make your payment on the PayPoint website. It may take up to 48 hours to verify a payment. • **Withdraw:** You can select the **Withdraw** link to withdraw your application. • **Upload Documents:** You can select the **Upload Documents** link to electronically attach documents to your application.
2	Saved Applications: Allows you to resume a saved provider enrollment application.
3	Re-enroll: Allows you to re-enroll a terminated provider enrollment account.



Status Management Page – Other Applications

Step	Action
4	Manage Change Request: Allows you to submit an MCR application for an active provider enrollment account.
5	Re-verification: Allows you to submit a required Re-verification application for a provider enrollment account.
6	Maintain Eligibility: Allows you to submit a required Maintain Eligibility application for a provider enrollment account.
7	Fingerprinting Required: Allows you to submit a Fingerprinting Required application for the NPI or Atypical number.

Appendix A. Enrollment Application Types

Individual: An individual provider enrollment should be completed if the provider is a person who will be affiliated with an organization or may bill independently for services. When completing the Individual Provider Enrollment application, you will be given the opportunity to also enroll as a Primary Care Provider (PCP) in the CCNC/CA program if your provider type qualifies you to be a PCP.

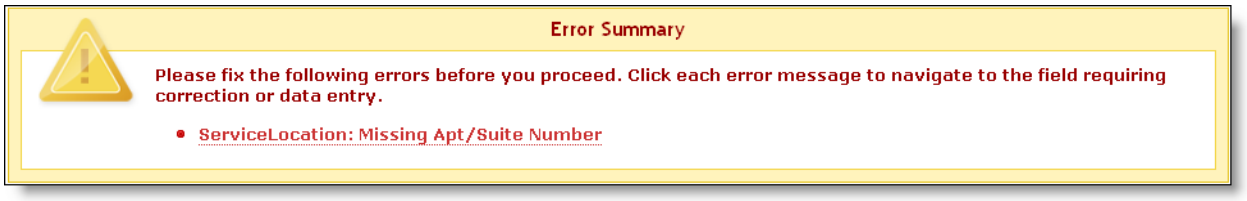
Organization: An Organization is an entity, facility or institution that may be an affiliation of individual providers. When completing an Organization Provider Enrollment application, you will be given the opportunity to also enroll as a PCP in the CCNC/CA program if your provider type qualifies you to be a PCP.

Atypical Organization: As defined by CMS, atypical providers are providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103. Taxi services, home and vehicle modifications, and respite services are examples of atypical providers reimbursed by the Medicaid program. Even if these atypical providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and therefore cannot receive an NPI.

Billing Agents and Clearinghouses: Third party entities or businesses that submit information directly to NCTracks as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

Appendix B. Common Errors When Updating the Address

	If the address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.



Error Message Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, “Suite” may be entered as “STE” or “Ste.”

You may also verify your address at the USPS website:

https://tools.usps.com/go/ZipLookupAction!input.action

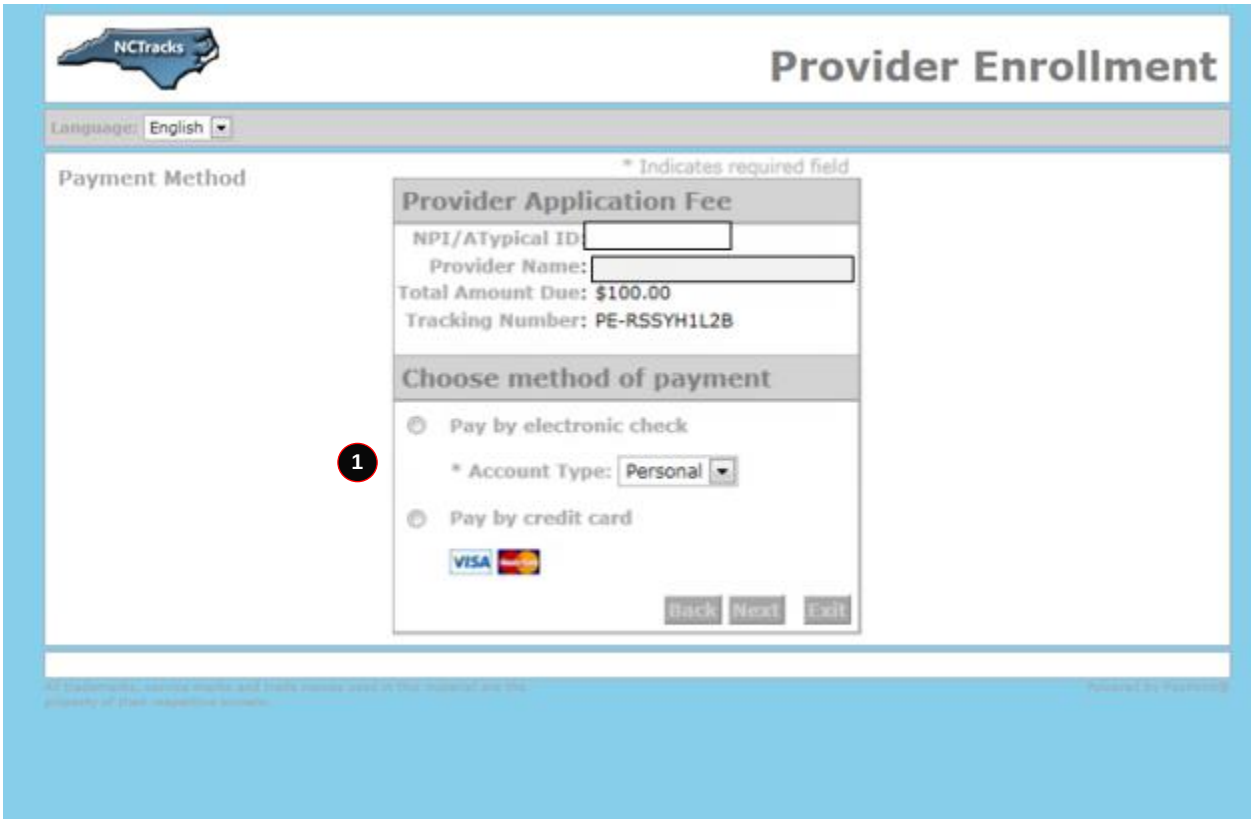
IMPORTANT: The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

* Does not require secondary range of numbers to follow the abbreviation.

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

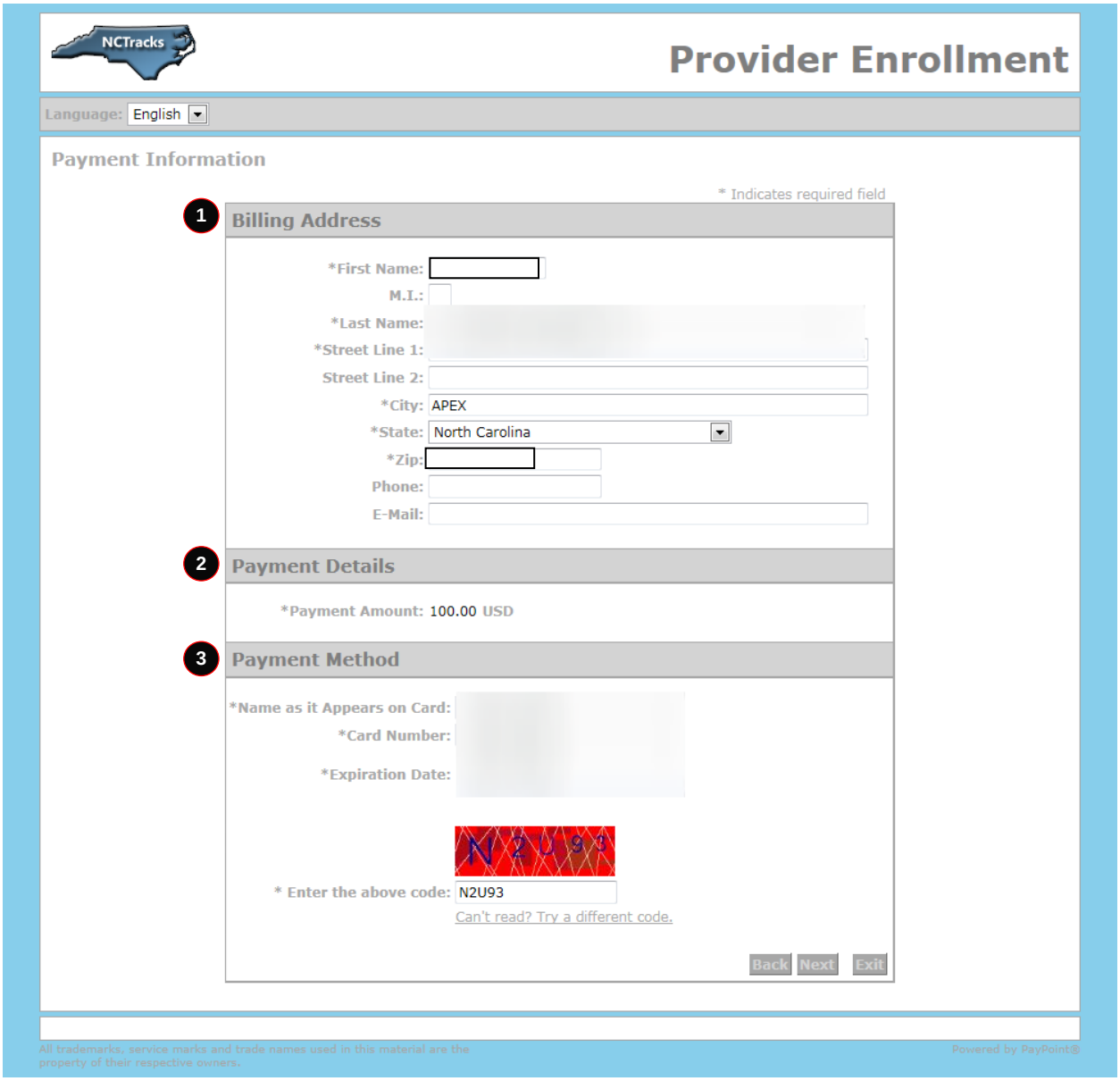
Appendix C. PayPoint Process

The PayPoint screen displays after you select **Pay Now** from the Final Steps page or from the Status Management page.



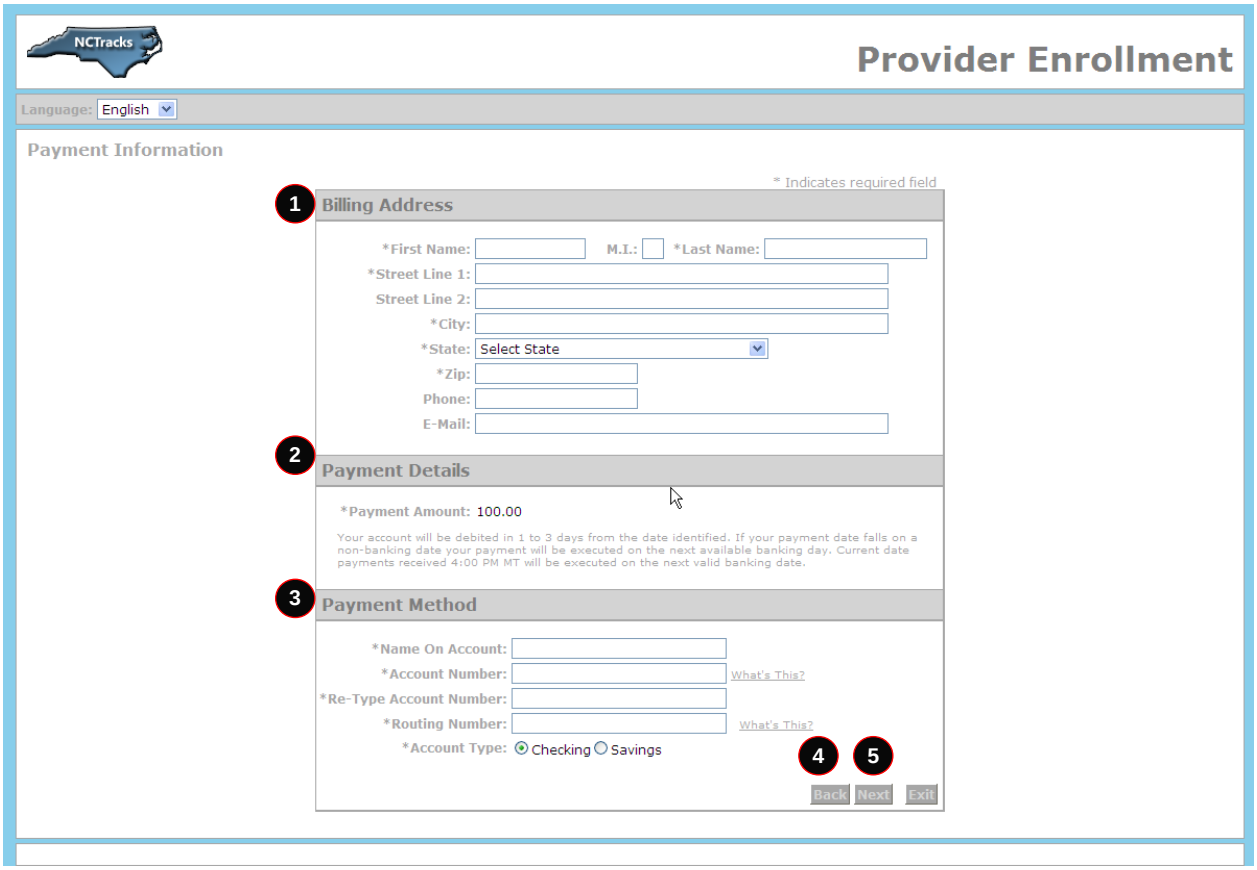
PayPoint Screen

Step	Action
1	Select **Pay by electronic check** or **Pay by credit card**. • If you select **Pay by credit card**, the Payment Information – Credit Card screen displays. • If you select **Pay by electronic check**, select **Personal** or **Business** as the Account Type; the Payment Information – Pay by Check screen displays.



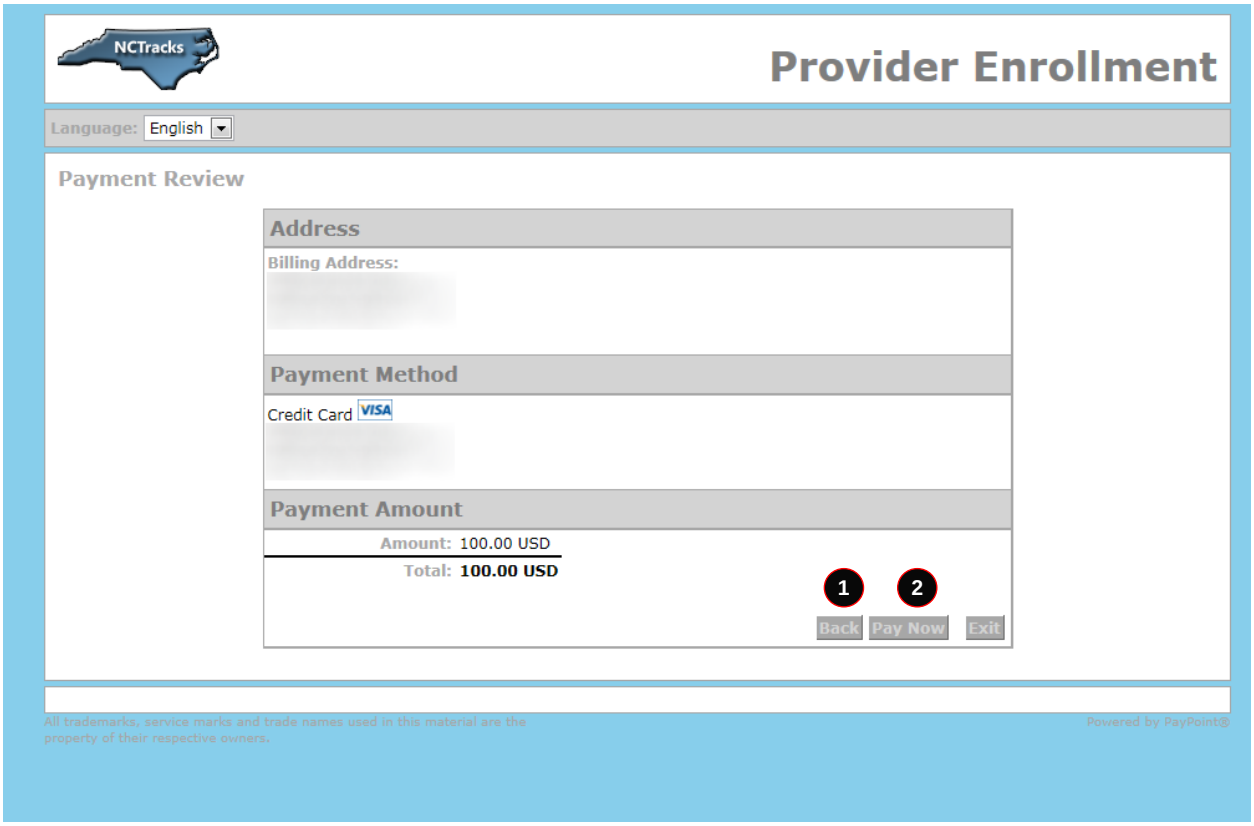
Payment Information – Credit Card Screen

Step	Action
1	Enter the information for the **Billing Address** fields.
2	Payment Details: Displays **Payment Amount**.
3	Enter Payment Method fields: **Name as it Appears on Card**, **Card Number**, **Expiration Date**, and **Enter the above code**.



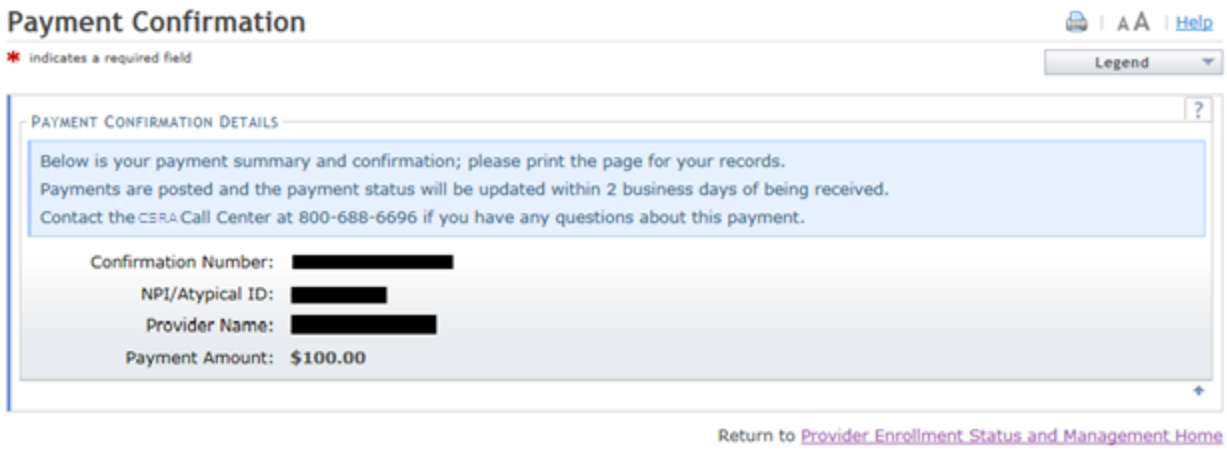
Payment Information – Pay by Check Screen

Step	Action
1	Billing Address: Enter the information for the Billing Address fields.
2	Payment Details: Displays Payment Amount.
3	Enter Payment Method fields: **Name on Account**, **Account Number (Retype)**, **Routing Number**, and **Account Type** (select Checking or Savings).
4	Select the **Back** button to change Payment Type, the **Next** button to display the Payment Review screen, and the **Exit** button to close the PayPoint screen.
5	Select the **Next** button. The Payment Review screen displays.



Payment Review Screen

Step	Action
1	Select the **Back** button to change payment details, the **Pay Now** button to submit payment, and the **Exit** button to close the PayPoint screen.
2	After selecting the **Pay Now** button, you are redirected to the NCTracks portal to the Payment Confirmation page. **Note**: You will also receive an e-mail with a copy of the confirmation.



Payment Confirmation Screen

Appendix D. List of Sanction Questions

A. Has the applicant, managing employees, owners, or agents ever been convicted of a felony, had adjudication withheld on a felony, pled no contest to a felony or entered into a pre-trial agreement for a felony?

B. Has the applicant, managing employees, owners, or agents ever had disciplinary action taken against any business or professional license held in this or any other state, or has your license to practice ever been restricted, reduced, or revoked in this or any other state or been previously found by a licensing, certifying, or professional standards board or agency to have violated the standards or conditions relating to licensure or certification or the quality of services provided, or entered into a Consent Order issued by a licensing, certifying or professional standards board or agency?

C. Has the applicant, managing employees, owners, or agents ever been denied enrollment, been suspended, excluded, terminated or involuntarily withdrawn from Medicare, Medicaid or any other government or private health care or health insurance program in any state or been employed by a corporation, business or professional association that has ever been suspended, excluded, terminated or involuntarily withdrawn from Medicare, Medicaid or any other government or private health care or health insurance program in any state?

D. Has the applicant, managing employees, owners or agents ever had suspended payments from Medicare or Medicaid in any state, or been employed by a corporation, business or professional association that ever had suspended payments from Medicare or Medicaid in any state?

E. Has the applicant, managing employees, owners or agents ever had civil monetary penalties levied by Medicare, Medicaid or other State or Federal Agency or Program, including the Division of Health Service Regulation (DHSR), even if the fine(s) have been paid in full?

F. Does the applicant, managing employees, owners or agents owe money to Medicare or Medicaid that has not been paid?

G. Has the applicant, managing employees, owners or agents ever been convicted under federal or state law of a criminal offense related to the neglect or abuse of a patient in connection with the delivery of any health care goods or services?

H. Has the applicant, managing employees, owners or agents ever been convicted under federal or state law of a criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?

I. Has the applicant, managing employees, owners, or agents ever been convicted of any criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct?

J. Has the applicant, managing employees, owners, or agents ever been found to have violated federal or state laws, rules or regulations governing North Carolina's Medicaid program or any other state's Medicaid program or any other publicly funded federal or state health care or health insurance program and been sanctioned accordingly?

K. Has the applicant, managing employees, owners or agents ever been convicted of an offense against the law other than a minor traffic violation?

Appendix E. List of CCNC/CA Preventative Health Service Requirements

In order to meet the requirements for enrolling in CCNC/CA, providers must provide the following preventive health services for the applicable age range. If you are unable or choose not to perform the comprehensive health check screenings, you may contract with the Health Department serving your county to perform the screenings for enrollees in the birth to 21 years age group. For additional information, reference the following website:

https://medicaid.ncdhhs.gov/providers/programs-and-services/community-care-north-carolinacarolina-access-ccncca

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				