



# Provider Web Portal Applications for Non-Emergency Medical Transportation



# Agenda

- Administrative Items
- Course Overview
- Learning Objectives
- Wrap-Up
- Q&A





## Course Overview

- This course will explain the changes that are occurring with Non-Emergency Medical Transportation (NEMT) providers as well as guide you through an overview of the Enrollment Application.
- Demonstrate how to navigate to and understand the Status and Management Page.
- Demonstrate how to navigate to Skillport and enroll in upcoming provider training classes.



## Course Objectives

At the end of this training, you will be able to:

- Explain the changes that are occurring with NEMT providers
- Understand the Provider Enrollment Application process
- Navigate to the NCTracks Provider Portal Status and Management page and understand the content.
- Navigate to Skillport for more information on provider training and courses available.

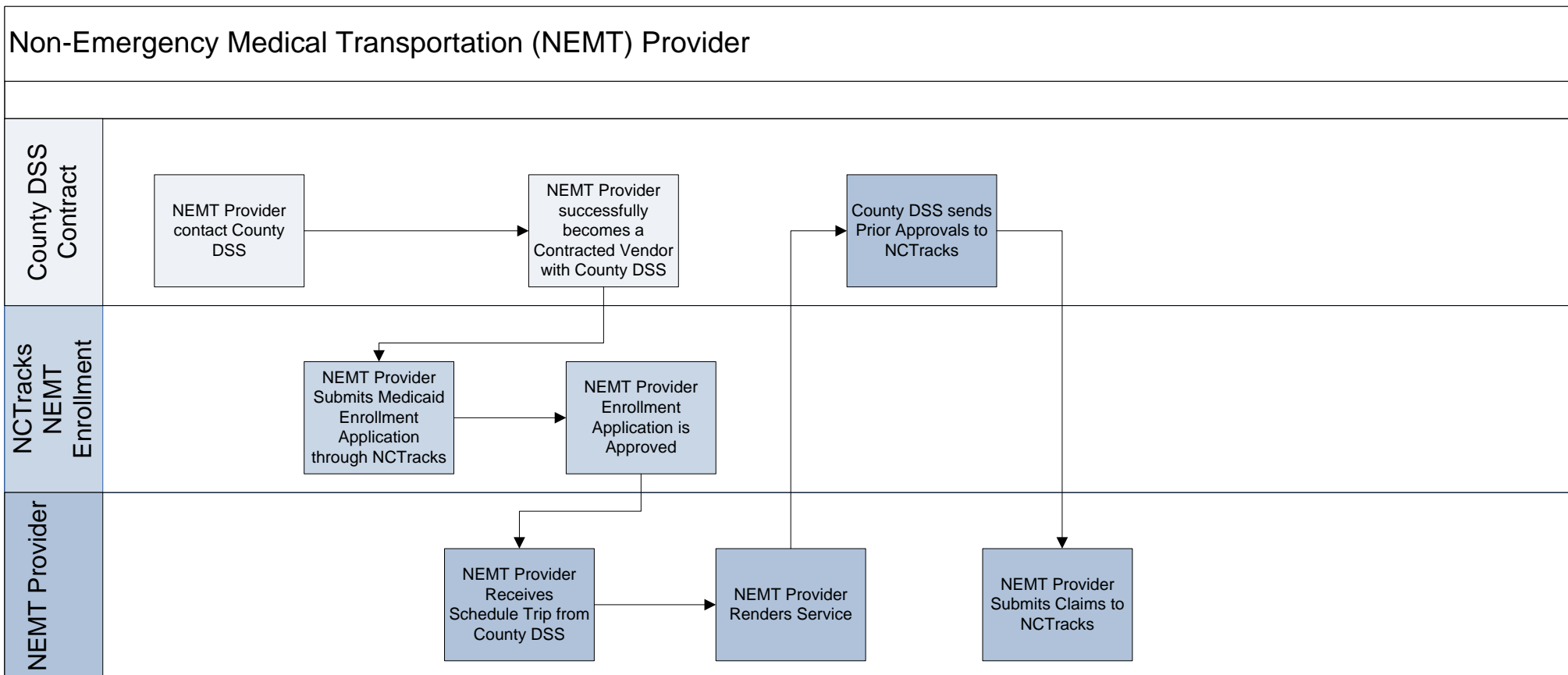


## What's New

- Effective May 1, 2016 county contracted NEMT providers will be able to enroll through NCTracks to become NC Medicaid providers.
- Effective August 1, 2016 county contracted NEMT providers will submit and receive payments for services rendered to NC Medicaid beneficiaries through NCTracks.
- The County Department of Social Services (DSS) will continue to contract with NEMT providers
- The County Department of Social Service (DSS) will issue Prior Authorizations for NEMT services for NC Medicaid beneficiaries.



# Overview of the Process





# Provider Enrollment Application Processes for Non-Emergency Medical Transportation (NEMT) Providers



# Application Processes

- **Provider Enrollment** – Providers will complete a Provider Enrollment application if they wish to participate in NC Medicaid.





# Submission of Application

- Office Administrator (OA) will complete and or submit the Enrollment application online.
- A \$100 NC Application Fee is required, the provider will make the payment online.
- In-State providers only.
- Organization and Atypical Organizations – NEMT providers can enroll with a National Provider Identifier (NPI), but they are not required to obtain an NPI. NEMT providers can enroll as Atypical providers.
- Taxonomy – 343900000X – Non- Emergency Medical Transport (VAN).
- ACA Fee of \$554 is required.
- ACA Site Visit is required.
- Online Training is required.
- No certification, accreditation or license required.
  - Note: DSS certifies the agency
  - DSS grants prior approvals for each service



# Credentialing

- CSRA Enrollment Department will credential the application. The Office Administrator will be contacted via email if more information is required.
- Public Consulting Group (PCG) will conduct an on-site visit.



# Credentialing cont.

- When the application is approved, the provider will receive a Welcome Letter via email.
- If the application is denied, the provider will receive a Denial Letter via email.






# Provider Enrollment Application Demonstration



Let's See It



# NCTracks Provider Portal- Getting Started



[Home](#) [Providers](#) [Recipients](#) [Operations](#)


## Home

Welcome to NCTracks, the new multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services (N.C. DHHS).

**PROVIDERS** – Click on the Providers tab above (or the link below) to enter the Provider Portal. Providers can click on the Pharmacy link below for information on drug coverage.


**RECIPIENTS** – Click on the Recipients tab above (or the link below) to enter the Recipient Portal. Recipients can view eligibility information and pay premiums (if required).

**STATE and FISCAL AGENT Staff** – Click on the Operations tab above to access the Operations Portal and ShareNET.




### Getting Started

Just getting started with NCTracks? Follow these easy steps to begin using the new system. [read on](#)




### ICD-10

ICD-10 is here! Check this webpage for announcements, FAQs, and updates regarding the NCTracks implementation of ICD-10. [read on](#)



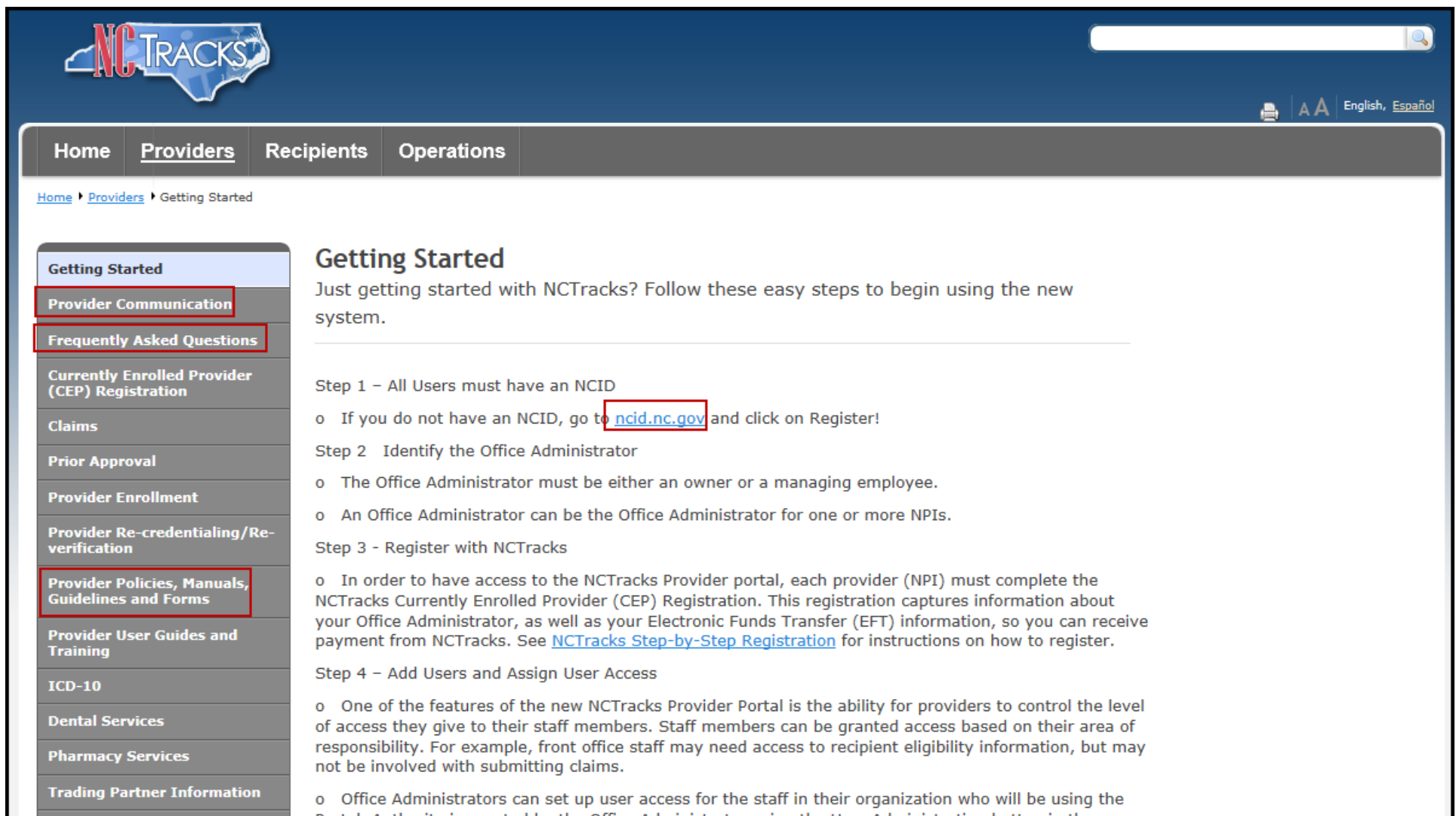
### Provider User Guides and Training

This section includes User Guides and Fact Sheets designed to help N.C. DHHS providers understand how to use NCTracks, as well as information about Provider Training.



Note: You can also use the Search feature (in the upper right corner of every webpage) to locate resources of interest on a particular topic. [read on](#)

# NCTracks Provider Portal- Obtaining an NCID



The screenshot shows the NCTracks Provider Portal interface. At the top left is the NCTracks logo, which includes a map of North Carolina. To the right of the logo is a search bar. Below the logo is a navigation menu with tabs for Home, Providers, Recipients, and Operations. The 'Providers' tab is selected. Below the navigation menu is a breadcrumb trail: Home > Providers > Getting Started. On the left side, there is a vertical sidebar menu with various options, including 'Getting Started', 'Provider Communication', 'Frequently Asked Questions', 'Currently Enrolled Provider (CEP) Registration', 'Claims', 'Prior Approval', 'Provider Enrollment', 'Provider Re-credentialing/Re-verification', 'Provider Policies, Manuals, Guidelines and Forms', 'Provider User Guides and Training', 'ICD-10', 'Dental Services', 'Pharmacy Services', and 'Trading Partner Information'. The 'Frequently Asked Questions' and 'Provider Policies, Manuals, Guidelines and Forms' items are highlighted with red boxes. The main content area is titled 'Getting Started' and contains the following text: 'Just getting started with NCTracks? Follow these easy steps to begin using the new system.' Below this, there are four steps: Step 1 - All Users must have an NCID, Step 2 - Identify the Office Administrator, Step 3 - Register with NCTracks, and Step 4 - Add Users and Assign User Access. Each step includes a list of instructions. In Step 1, the URL 'ncid.nc.gov' is highlighted with a red box. In Step 3, there is a link to 'NCTracks Step-by-Step Registration'.

**Getting Started**

Just getting started with NCTracks? Follow these easy steps to begin using the new system.

Step 1 – All Users must have an NCID

- o If you do not have an NCID, go to [ncid.nc.gov](http://ncid.nc.gov) and click on Register!

Step 2 – Identify the Office Administrator

- o The Office Administrator must be either an owner or a managing employee.
- o An Office Administrator can be the Office Administrator for one or more NPIs.

Step 3 - Register with NCTracks

- o In order to have access to the NCTracks Provider portal, each provider (NPI) must complete the NCTracks Currently Enrolled Provider (CEP) Registration. This registration captures information about your Office Administrator, as well as your Electronic Funds Transfer (EFT) information, so you can receive payment from NCTracks. See [NCTracks Step-by-Step Registration](#) for instructions on how to register.

Step 4 – Add Users and Assign User Access

- o One of the features of the new NCTracks Provider Portal is the ability for providers to control the level of access they give to their staff members. Staff members can be granted access based on their area of responsibility. For example, front office staff may need access to recipient eligibility information, but may not be involved with submitting claims.
- o Office Administrators can set up user access for the staff in their organization who will be using the Portal. Authority is granted by the Office Administrator using the User Administration button in the

# NCTracks Provider Portal – Provider Enrollment

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Recipients
Operations

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**Getting Started**

Provider Communication

Frequently Asked Questions

Currently Enrolled Provider (CEP) Registration

Claims

Prior Approval

Provider Enrollment

Provider Policies, Manuals, Guidelines and Forms

Provider User Guides and Training

ICD-10

Dental Services

Pharmacy Services

Trading Partner Information

Office Administrator (OA) Change Process

## Providers

ICD-10 is coming on October 1. Are you ready? There are a variety of resources to help, including:

ICD-10 Crosswalk - Plug in your ICD-9 codes and see the corresponding ICD-10 codes used in NCTracks

ICD-10 Inbox - Have a question about how ICD-10 impacts your practice? Email us for a personal reply

ICD-10 FAQs - Search Frequently Asked Questions for help with a variety of ICD-10 topics

ICD-10 Announcements - Watch for updates on testing and training for NCTracks

To access all of these resources and more, click on the ICD-10 link on the left

Providers of services from the **Division of Mental Health/Developmental Disabilities/Substance Abuse Services** should contact their [LME/MCO](#) to obtain information regarding eligibility, claims status and payment, etc.

## Provider Announcements

[EMDS Viewer Issue in Chrome](#)  
**Sep 8, 2015** Effective Sep 1st 2015, Chrome has disabled NPAPI based plugins and this will keep Chrome from ... [read on @](#)

[No NCTracks Checkwrite on June 30](#)  
**Jun 12, 2015** As stated in the published approved 2015 checkwrite schedules, "NCTracks will issue 50 ... [read on @](#)

[Attention: Pharmacists and Prescribers](#)  
**No More Fax Forms for A+KIDS and ASAP**  
**Jun 11, 2015** Effective June 5, 2015, the N.C. Division of Medical Assistance (DMA) re-instated the Off-Label ... [read on @](#)

[Possible Delay in Some EFT Postings Today](#)  
**Jun 10, 2015** There is a possible delay in the posting of some electronic funds transfers (EFTs) from NCTracks ... [read on @](#)

[What you told us about ICD-10 this time](#)

**Currently Enrolled Providers**

NCTracks registration for legacy DHHS providers

**Provider Enrollment**

Enroll now to provide Medicaid services in North Carolina!



**NCTracks Secure Portal**  
Access the secure NCTracks Portal

Password Help



Quick Links

- [NCTracks Issues List \(XLSX, 29 KB\)](#)
- [NCTracks Contact Information \(PDF, 113 KB\)](#)
- [2015 NCTracks Checkwrite Schedule - DMA \(PDF, 47 KB\)](#)
- [2015 NCTracks Checkwrite Schedule - DMH, DPH, and ORHCC \(PDF, 48 KB\)](#)
- [NCTracks User Access Setup \(PDF, 2782 KB\)](#)
- [Cover Sheet for Claim Attachments \(DOCX, 32 KB\)](#)
- [AVRS Features Job Aid \(PDF, 48 KB\)](#)
- [NCTracks Glossary of Terms](#)

State Agencies

- [Department of Health and Human Services](#)
- [Division of Health Service Regulation](#)
- [Division of Medical Assistance](#)
- [Division of Mental Health, Developmental Disabilities, and Substance Abuse Services](#)





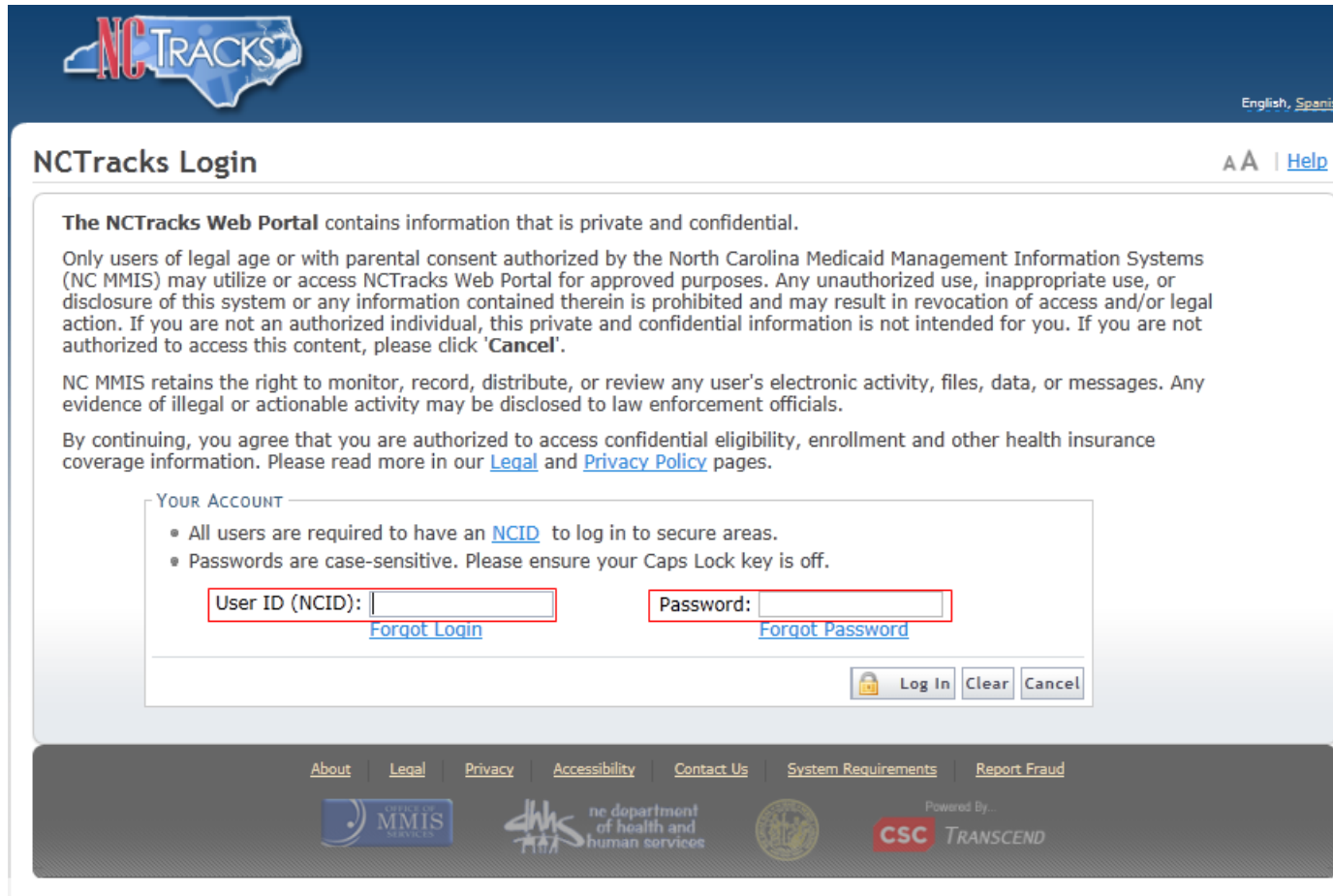
# NCTracks Provider Portal – Begin Application

Following information helps you get started on the NCTracks Provider Portal.

PDF documents on this page require the free [Adobe Reader](#) to view and print.

-   
**Status and Management**  
Securely manage existing enrollment records
-   
**Begin Application**  
Start your own Provider Enrollment Online Application

# NCTracks Login



The NCTracks Web Portal contains information that is private and confidential.

Only users of legal age or with parental consent authorized by the North Carolina Medicaid Management Information Systems (NC MMIS) may utilize or access NCTracks Web Portal for approved purposes. Any unauthorized use, inappropriate use, or disclosure of this system or any information contained therein is prohibited and may result in revocation of access and/or legal action. If you are not an authorized individual, this private and confidential information is not intended for you. If you are not authorized to access this content, please click 'Cancel'.

NC MMIS retains the right to monitor, record, distribute, or review any user's electronic activity, files, data, or messages. Any evidence of illegal or actionable activity may be disclosed to law enforcement officials.

By continuing, you agree that you are authorized to access confidential eligibility, enrollment and other health insurance coverage information. Please read more in our [Legal](#) and [Privacy Policy](#) pages.




**YOUR ACCOUNT**

- All users are required to have an [NCID](#) to log in to secure areas.
- Passwords are case-sensitive. Please ensure your Caps Lock key is off.

User ID (NCID):  Password:

[Forgot Login](#) [Forgot Password](#)

[About](#) [Legal](#) [Privacy](#) [Accessibility](#) [Contact Us](#) [System Requirements](#) [Report Fraud](#)

   Powered By...

# Provider Location/Enrollment Application Type

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

### Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSC Call Center.

Phone: 800-688-6696  
Fax: 919-851-4014  
Email: [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com)

### Quick Links

- [Status and Management](#)
- [Provider Enrollment Home](#)
- [PE Supporting Information](#)
- [PE Terms and Conditions](#)
- [Provider Qualifications and Requirements Checklist](#)

## Online Provider Enrollment Application

\* indicates a required field

PROVIDER LOCATION ?

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

\* ZIP Code:

\* PROVIDER ENROLLMENT APPLICATION TYPE ?

- Individual**  
An individual provider is a person enrolled directly who may have an affiliation with an organization or may bill independently for services. When you are 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 you are 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**  
Are you an 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 Agent**  
Billing Agents and Clearinghouses are third party entities—businesses—that submit information directly to CSC as the NC DHHS Fiscal Agent on behalf of an enrolled provider.

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

# Organization Basic Information

NC TRACKS Welcome, [User Name] (Log out)  [NCTracks 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

NOTE: Data is not saved unless the 'Next' button is activated.  
[Contact EVC Center.](#)

### Organization Basic Information

\* indicates a required field Legend

**IDENTIFYING INFORMATION** ?

\* Organization Name:

\* EIN:

\* Email:

\* Month of Fiscal Year End:

**DOING BUSINESS As (DBA)**

\* Do you operate under a trade or company name?  
 Yes  No

**OWNERSHIP INFORMATION** ?

\* Business Type:

**OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)** ?

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

\* Last Name:

Middle Name:   
(Enter your full middle name)

\* First Name:

Suffix:

\* Contact Email:

\* Contact Email:

\* Office Phone #:  ext.

Office Fax #:

\* User ID (NCID):

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

**EFFECTIVE DATE REQUESTED**

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and 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.

\* Effective Date:

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

# Basic Information – Organization

**OWNERSHIP INFORMATION** ?

\* Business Type: CORPORATION

**REGISTERING WITH NC SECRETARY OF STATE** ?

\* Are you required by law to register with NC Secretary of State?  
 Yes  No

\* Secretary of State ID #: [ ]

**OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)** ?

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

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

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

\* Is this contact person an Owner or Managing Employee?  
 Owner  Managing Employee

**EFFECTIVE DATE REQUESTED** ?

The effective date is the earliest date a provider may begin billing for services. The effective date of enrollment may not be more than 365 days prior to the date that a complete Provider Enrollment Packet is received and 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.

Effective Date: 10/14/2013

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

Next »

# Terms & Conditions

## Terms and Conditions

 | [A-](#) [A+](#) | [Help](#)

\* Indicates a required field

### NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDER ADMINISTRATIVE PARTICIPATION AGREEMENT

#### 1. Parties to the Agreement

This Agreement is entered into by and between the North Carolina Department of Health and Human Services hereinafter referred to as the "Department", and the above identified provider, hereinafter referred to as the "Provider."

#### 2. Agreement Document

The Agreement Documents shall consist of this Agreement, any addendum, and the Provider's application, incorporated herein by reference. No alterations or modifications shall be made to the terms of this Agreement unless through a written amendment executed by both parties. In the event of any conflict between the terms of this Agreement and any of its addenda, the terms of this Agreement shall control.

#### 3. Governing Law and Venue

This Agreement shall be governed by the laws of the State of North Carolina, exclusive of its conflicts of laws provisions. In the event of a lawsuit involving this Agreement, venue shall be proper only in Wake County, North Carolina. This Agreement shall not be construed as waiving any immunity to suit or liability including, without limitation, sovereign immunity, which may be available to the Department.

The Provider agrees to operate and provide services in accordance with all federal and state laws, regulations and rules, and all policies, provider manuals, implementation updates, and bulletins published by the Department, its Divisions and/or its fiscal agent in effect at the time the service is rendered, which are incorporated into this Agreement by this reference.

All provider administrative participation agreements with the Department are terminable at will. Nothing in these Regulations creates in the provider a property right or liberty right in continued participation in the Medicaid program.

#### 4. License

The Provider agrees to:

- A. Be licensed, certified, registered, accredited and/or endorsed as required by State and/or Federal laws and regulations, and NC DHHS policies and procedures at all times that services are provided.
- B. Notify the Department within seven (7) calendar days of learning of any adverse action initiated against the license, certification, registration, accreditation and/or endorsement of the Provider or any of its officers, agents, or employees.
- C. Not bill the Department for services rendered during the lapse, for whatever reason, of any required license, certification, registration, accreditation and/or endorsement as required by State and/or Federal law or policy.

#### 5. Billing and Payment

The Provider agrees:

- A. To submit claims for services rendered to eligible recipients of the Department's medical or behavioral health care benefits, hereinafter referred to as "recipients", in accordance with rules and billing instructions in effect at the time the service is rendered. Provider agrees to be responsible for research and correction of all billing discrepancies.
- B. To accept as sole and complete remuneration the amount paid in accordance with the reimbursement rate for services covered by the Department, except for payments from legally liable third parties, authorized co-payments and/or deductibles by recipients for goods, services, or supplies provided to a recipient if such are not covered by the Department.
- C. That in no event shall the Department be liable or responsible, either directly or indirectly, to any subcontractor of the provider or any other party that may provide services.
- D. To be held to all the terms of this Agreement even though a third party agent may be involved in billing claims to the Department. It is a breach of this Agreement to discount client accounts to a third party agent or to pay a third party agent a percentage of the amount collected.
- E. To investigate and bill other insurers and third parties, including the Medicare program, if applicable, before billing the Department, when the recipient is eligible for payment for health care or related services from another insurer or person.
- F. To not bill the recipient or any other person for items and services covered by Department and to refund payments made by or on behalf of the recipient for any period of time the recipient is Department approved, including dates for which the recipient is retroactively entitled to Department services.
- G. To accept assignment of Medicare payment in order to receive payment from the Department for amounts not covered by Medicare for dually eligible recipients.
- H. To refund or allow the Department to recoup or recover any monies received in error or in excess of the amount to which the Provider is entitled from the Department (an overpayment) as soon as the provider becomes aware of said error and/or overpayment or within thirty (30) calendar days of a request for repayment by the Department, regardless of whether the error was caused by the provider or the Department and/or its agents.
- I. That payment for covered services by the Department is limited to those services certified as medically necessary for the proper management, control, or treatment of recipient's medical or behavioral needs and provided under the physician's or practitioner's direction and supervision.
- J. That items or services provided under arrangements or contracts between the Provider and outside entities and professionals shall meet the requirements of paragraph 4.
- K. That payment and satisfaction of claims will be from federal and state funds.
- L. That claims are subject to the Medical Assistance Provider False Claims Act and the federal False Claims Act.
- M. That the Department may withhold, payments because of irregularity for whatever cause until such irregularity is resolved, or may recoup or recover overpayments, penalties or invalid payments due to error of the Provider and/or the Department and their agents. All provider numbers in which the provider has an interest are equally subject to such withholding, recoupment or recovery until such overpayment, penalty, or invalid payment is repaid to the Department.
- N. That billings and reports related to services rendered shall be submitted in the format and frequency specified by the Division and/or

# Basic Information Completed

## Basic Information Completed

 | [A-](#) [A+](#) | [Help](#)

\* indicates a required field

### ELECTRONIC SIGNATURE ?

Your **Electronic Signature PIN** will be sent to the email address provided on the Basic Information page. You will need this PIN to electronically sign this enrollment application upon submission. Your PIN will also be used to electronically sign future secure submissions.

[Or]

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

### APPLICATION RETRIEVAL ?

You have successfully completed the basic information portion of the enrollment application. If you wish to retrieve and complete your saved application, use the Status Management link from the [Provider Enrollment Home](#). You'll need your NCID and password to sign into the NCTracks portal. Please complete this application within 90 days for submission to the state. If it is not completed within 90 days, the incomplete application will be deleted.

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Application Last Updated: 2009-11-22

Save Draft

Cancel Enrollment

# Previous Health Plan

## Provider Portal

- Eligibility
- Prior Approval
- Claims
- Referral
- Code Search
- Enrollment**
- Administration
- Payment
- Trading Partner
- Consent Forms

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### Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- [Organization Basic Information](#)
- [Terms and Conditions](#)
- [Previous Health Plan](#)
- [Health/Benefit Plan Selection](#)
- [Ownership Information](#)
- [Addresses](#)
- [Review Application](#)

### Previous Health Plan Information

| AA | [Help](#)

Legend

#### PREVIOUS HEALTH PLAN INFORMATION

\* indicates a required field

\* Have you previously been enrolled as a provider with Division of Medical Assistance (DMA), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH), Division of Public Health (DPH), Migrant Health, or NC Health Choice?

Yes  No

« Previous

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

Next »

Save Draft

Delete Draft



# Health Benefit Plan Selection

## Provider Portal

Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

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### Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

[Organization Basic Information](#)

[Terms and Conditions](#)

[Previous Health Plan](#)

[Health/Benefit Plan Selection](#)

[Ownership Information](#)

[Addresses](#)

[Review Application](#)

## Health / Benefit Plan Selection

\* indicates a required field

Print | AA | Help

Legend

Which NC DHHS Health Plan(s) are you applying for at this time?  
What are the qualifications and requirements for the NC DHHS Health Plans?  
See [DHHS Provider Qualifications and Requirements Checklist](#).

### DIVISION OF MEDICAL ASSISTANCE (DMA)

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

If you are a behavioral health provider who does not provide services to the Medicaid 0-3 population or to Health Choice recipients, do not enroll in Medicaid or Health Choice in this application. Contact your Local Management Entity/Managed Care Organization (LME/MCO).

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

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

### Division of Medical Assistance (DMA)

Medicaid

« Previous

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

Next »

Save Draft

Delete Draft



# Ownership Information

## Provider Portal

- Eligibility
- Prior Approval
- Claims
- Referral
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### Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

Organization Basic Information

Terms and Conditions

Previous Health Plan

Health/Benefit Plan Selection

Ownership Information

Addresses

Review Application

### Ownership Information

Print | AA | Help

Legend

\* indicates a required field

\* Do you have one or more Shareholders/Partners with 5% or more ownership?

Yes  No

SHAREHOLDER/PARTNER INFORMATION

Add Shareholder/Partner

Please complete the required information for each shareholder/partner with 5% or more ownership.

\* This shareholder/partner is:

an individual  a business

« Previous

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

Next »

Save Draft

Delete Draft

# Ownership Information

## Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center 

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## Ownership Information

 |  | [Help](#)

\* indicates a required field

Legend 

\* Do you have one or more Shareholders/Partners with 5% or more ownership?

Yes  No

### SHAREHOLDER/PARTNER INFORMATION

Add Shareholder/Partner

Please complete the required information for *each* shareholder/partner with 5% or more ownership.

\* This shareholder/partner is:

an individual  a business

#### Individual Information

\* Last Name:

\* First Name:

Middle Name:   
(Enter your full middle name)

Suffix:

\* Date of Birth:

\* SSN:

\* Gender:

\* Email:

\* Phone Number:

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:

[Verify Address](#)

\* Relationship to Another Disclosing Person:

\* Percent of Ownership/Control Interest:  %

[Add](#) [Clear](#)

[« Previous](#)

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

[Next »](#)

# Addresses

**Provider Portal** PORTAL-DEV

Home > Provider Enrollment > Online Provider Enrollment Ap...

**Provider Enrollment**

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Individual Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Addresses
- Review Application

## Addresses

\* indicates a required field

Legend

### PRIMARY PHYSICAL LOCATION

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

\* Office Phone #: [ ] ext. [ ] Office Fax #: (000) 000-0000

Address

\* Address Line 1: [ ]  
Address Line 2: [ ]

\* City: DURHAM \* State: NC  
ZIP Code: 27707-0000 County: [ ]

### 1099 REPORTING/PAY-TO ADDRESS

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

\* Do you have a separate Pay-To address?  
 Yes  No

### CORRESPONDENCE ADDRESS

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

\* Do you have a separate correspondence address?  
 Yes  No

### SERVICE LOCATIONS

\* Do you have additional service locations?  
 Yes  No

# Addresses

**SERVICE LOCATIONS** ?

Do you have additional service locations?

Yes  No

**Service Locations** ?

Add Service Locations

Service Location Name:

\* Office Phone #:  ext.  Office Fax #:

Address

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP Code:  County

« Previous

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

Next »

# Taxonomy Classification

## 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

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Hours of Operation
- Services
- Agents/Managing Employees
- Method of Claim/Electronic Submission
- EFT Account Information
- Exclusion Sanction Information
- Review Application

### Taxonomy Classification

\* indicates a required field

Legend

Please select the Taxonomy Classification(s) under which you will be conducting business with NCTracks. All taxonomies selected should have been reported to the National Plan & Provider Enumeration System (NPPES) when you enumerated this NPI.  
If a submitted taxonomy has not been reported to NPPES, please report it within the next 30 days.

TYPE, CLASSIFICATION AND AREA OF SPECIALIZATION

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

#### TAXONOMY CLASSIFICATION - 34390000X - NON-EMERGENCY MEDICAL TRANSPORT (VAN)

Provider Type: **TRANSPORTATION SERVICES**  
 Classification: **Non-emergency Medical Transport (VAN)**  
 Area of Specialization: **None**

Edit Delete

Add Taxonomy Classification

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

\* Provider Type: -- Select One --  
 \* Classification: -- Select One --  
 \* Area of Specialization: -- Select One --

Add Clear

« Previous

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


Next »

Save Draft Delete Draft

# Accreditation

## Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center 

[Organization Basic Information](#)

[Terms and Conditions](#)

[Previous Health Plan](#)

[Health/Benefit Plan Selection](#)

[Ownership Information](#)

[Addresses](#)

[Taxonomy Classification](#)

[Accreditation](#)

[Hours of Operation](#)

[Services](#)

[Agents/Managing Employees](#)

[Method of Claim/Electronic Submission](#)

[EFT Account Information](#)


[Exclusion Sanction Information](#)

[Review Application](#)

## Accreditation

\* indicates a required field

  [Help](#)

Legend 

### ACCREDITATIONS

#### Add Accreditation

Select an accreditation type from the drop down list and provide the accreditation number.

Accreditation Type:

Accreditation #:

Effective Date:

Expiration Date:

### CERTIFICATIONS

#### Add Certification

Select a certification type from the drop down list and provide the certifying entity and certification number.

Certification Type:

Certifying Entity:

State:

Certification #:

Effective Date:

Expiration Date:

### LICENSES

#### Add License

Select a license type from the drop down list and provide the license number.

License Agency:

License Type:

State:

License #:

Effective Date:

Expiration Date:

# Hours

**HOURS** ?

\* Does this facility operate 24/7?  
 Yes  No

Please indicate the hours each day a provider is available to see recipients at this location. Monday hours may be copied to the remaining weekdays by clicking the 'Copy' link. Totals will be calculated automatically.  
**Note:** The total number of hours entered must be greater than zero.

- PROVIDER HOURS OF OPERATION					
Day	From	to	From	to	Total
Monday <a href="#">Copy</a>	8:00 AM	12:00 PM	-- Select --	-- Select --	4
Tuesday	8:00 AM	12:00 PM	-- Select --	-- Select --	4
Wednesday	8:00 AM	12:00 PM	-- Select --	-- Select --	4
Thursday	8:00 AM	12:00 PM	-- Select --	-- Select --	4
Friday	8:00 AM	12:00 PM	-- Select --	-- Select --	4
Saturday	-- Select --	-- Select --	-- Select --	-- Select --	0
Sunday	-- Select --	-- Select --	-- Select --	-- Select --	0
<b>Total hours per week</b>					<b>20</b>

CCNC/CA Exception

Primary Care Providers (PCPs) must be available at each practice site a minimum of 30 hours per week. Your total number of office hours does not meet CCNC/CA participation guidelines. Please enter your reason for exception in the CCNC/CA Exception box. Approval for the exception is not a guarantee.

\* Exception:

After-Hours Coverage ?

**Note to CCNC/CA providers:** The phone number will be the number that appears on a recipients Medicaid Identification (MID) card. Referring automatically to the Emergency Department or Hospital Switchboard is not acceptable.

\* After-hours or 24/7 Responder Phone #: (919) 333-4444 ext.

\* Type of after-hours or 24/7 responder coverage:

- Answering Service
- Phone message that gives number of provider
- Hospital operator who pages on-call provider
- Call forward or stay-on-line transferring
- Nurse Triage Service
- 24 hour hospital switchboard
- ER Triage
- Physician on call
- Other

\* Describe 'Other':



# Services

## Services

\* indicates a required field

Print | A- A+ | [Help](#)

Legend

### INTERPRETATION SERVICES

\* Are Oral Interpretation Services available?

Yes  No

\* Is Braille supported?

Yes  No

\* Is Sign Language supported?

Yes  No

### LANGUAGES SUPPORTED IN OFFICE

\* Languages:

Available Options

02 - Spanish  
03 - Arabic  
04 - Armenian  
05 - Burmese  
06 - Cambodian  
07 - Chinese  
08 - Creole  
09 - Croation  
10 - Farsi  
11 - French  
12 - French Creole  
13 - German  
14 - Greek  
15 - Hindi  
16 - Hmong  
17 - Italian

Add >

Add All >

< Remove

< Remove All

Selected Options

01 - English

### SPECIAL NEEDS

Behaviorally Disruptive

Blind/Visually Impaired

Deaf/Hearing Impaired

Intellectual and Development Disability

Physically Handicapped

Sexually Aggressive

\* Is this location TDD/TTY Equipped?

Yes  No

\* TDD/TTY Office Phone #:  ext.

### NEW PATIENTS ACCEPTED

\* Are you accepting new patients?

Yes  No

\* Do you accept siblings of established patients?

Yes  No

### MEDICAID FOR PREGNANT WOMEN (MPW)

I serve MPW patients only.

I serve both MPW and Medicaid patients.

I do not serve MPW patients.

# Agents/Managing Employees

## Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Previous Health Plan
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
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- Hours of Operation
- Services
- Agents/Managing Employees
- Method of Claim/Electronic Submission
- EFT Account Information
- Exclusion/Sanction Information
- Review Application

## Agents and Managing Employees

\* Indicates a required field

Legend

**RELATIONSHIP DISCLOSURE** ?

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

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

Managing Relationships ?

Please add all managing relationships below.

**MANAGING RELATIONSHIP - WOODS, TERRY (AUTHORIZED INDIVIDUAL MANAGING CONTACT) --- NEWLY ADDED**

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

Last Name : <b>WOODS</b>	First Name : <b>TERRY</b>
Middle Name :	Suffix: -- Select One --
* Date of Birth: mm/dd/yyyy	* SSN: 567-64-6913
* Email:	* Phone Number: (000) 000-0000
* Business Relationship: -- Select One --	

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

\* Address Line 1:

Address Line 2:

\* City:

Address Line 2:

\* State: --

\* ZIP Code: 00000-0000

[Verify Address](#)

[Update](#)

**Add Relationship**

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

* Last Name: <input type="text"/>	* First Name: <input type="text"/>
Middle Name: <input type="text"/> (Enter your full middle name)	Suffix: -- Select One --
* Date of Birth: mm/dd/yyyy	* SSN: <input type="text"/>
* Email: <input type="text"/>	* Phone Number: (000) 000-0000
* Business Relationship: -- Select One --	

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

\* Address Line 1:

Address Line 2:

\* City:

\* State: --

\* ZIP Code: 00000-0000

[Verify Address](#)

[Add](#) [Clear](#)

« Previous

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

Next »



# Method of Claim/Electronic Submission

## Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

[Organization Basic Information](#)

[Terms and Conditions](#)

[Previous Health Plan](#)

[Health/Benefit Plan Selection](#)

[Ownership Information](#)

[Addresses](#)

[Taxonomy Classification](#)

[Accreditation](#)

[Hours of Operation](#)

[Services](#)

[Agents/Managing Employees](#)

[Method of Claim/Electronic Submission](#)

[EFT Account Information](#)

[Exclusion Sanction Information](#)

[Review Application](#)

## Method of Claim and Electronic Transactions

| | [Help](#)

Legend

\* indicates a required field

**\* 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**

\* Will a billing agent receive any electronic transactions?

Yes  No

[« Previous](#)


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

[Next »](#)


[Save Draft](#) [Delete Draft](#)

# Associate Billing Agent

## Associate Billing Agent

 | [A-](#) [A+](#) | [Help](#)

\* indicates a required field

Legend 

### BILLING AGENT INFORMATION

Search for Authorized 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

### SEARCH RESULTS

	ID	Name	Address
<input type="checkbox"/>	123456789	John Doe I	123 Main Street, Anytown, NC
<input type="checkbox"/>	223456789	John Doe II	123 Second Street, Anytown, NC
<input type="checkbox"/>	323456789	John Doe III	123 Third Street, Anytown, NC

3 results (displaying 1-3)

prev 1 next

Add

# EFT Account Information

## EFT Account Information

 | [AA](#) | [Help](#)

\* indicates a required field

Legend

ACCOUNT INFORMATION ?

\* Routing Number:

\* Account Number:       \* Account Number Confirmation:

\* Account Type: -- Select One --

\* Bank Name:

\* Bank Address Line 1:

Bank Address Line 2:

\* City:

\* State: NORTH CAROLINA

\* ZIP Code: 00000-0000

« Previous

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

Next »

Save Draft

Cancel Enrollment

# Exclusion/Sanctions

## Exclusion Sanction Information

\* Indicates a required field

Print | A- A+ | Help

Legend

### EXCLUSION SANCTION INFORMATION

The questions below must be answered for the enrolling provider, its owners, and agents<sup>†</sup> 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.

\* 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

Please add up to 5 Infraction/Conviction Dates.

Infraction/Conviction Date	
<input type="text" value="1/23/1987"/>	<input type="text"/>
<input type="text" value="1/23/94"/>	<input type="text"/>
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

\* 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 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?

Yes  No

\* 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?

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?

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

# Review Application

## Review Application

 | [A-](#) [A+](#) | [Help](#)


### ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct. If you don't 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 Online Application.
- If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click **Next** on the [Basic Information page](#) to store your change.)

Contact Email: **abc@123.com**

### REVIEW APPLICATION

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


[Review Application](#) 

[« Previous](#)

[Next »](#)

Application Last Updated: 2009-11-22

[Cancel Enrollment](#)

 PDF documents on this page require the free [Adobe Reader](#) to view and print.

# Sign and Submit Electronic Application

## Provider Enrollment

**NOTE:** Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- [Organization Basic Information](#)
- [Terms and Conditions](#)
- [Previous Health Plan](#)
- [Health/Benefit Plan Selection](#)
- [Ownership Information](#)
- [Addresses](#)
- [Taxonomy Classification](#)
- [Accreditation](#)
- [Hours of Operation](#)
- [Services](#)
- [Agents/Managing Employees](#)
- [Method of Claim/Electronic Submission](#)
- [EFT Account Information](#)
- [Exclusion Sanction Information](#)
- [Review Application](#)

## Sign and Submit Electronic Application

\* indicates a required field

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

### ELECTRONIC SIGNATURE CONFIRMATION

**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 submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\* Login ID (NCID):  [Forgot Login ID](#)      \* Password:  [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **TEST@FAKEEMAIL.COM**. Please 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 click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

\* PIN:  [Forgot PIN](#)

Please review the documents you are going to electronically sign.

- [Agreement and Attestations](#)

### REQUIRED ATTACHMENTS

2610 Wycliff Rd, RALEIGH, NC 27607-3073

Your application indicates that you are enrolling as:

- TRANSPORTATION SERVICES, Non-emergency Medical Transport (VAN), None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

### ONLINE APPLICATION SUBMISSION



You may now submit your Online Application by clicking '**Submit Now**' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.



# Submit Application- Final Steps

## Final Steps

 |  | [Help](#)

\* indicates a required field Legend ▾

### ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.  
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)
- [Review Agreement](#)

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

### REQUIRED ATTACHMENTS

2610 Wycliff Rd, RALEIGH, NC 27607-3073

Your application indicates that you are enrolling as:

- [[[TRANSPORTATION SERVICES, Non-emergency Medical Transport (VAN), None]]]

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

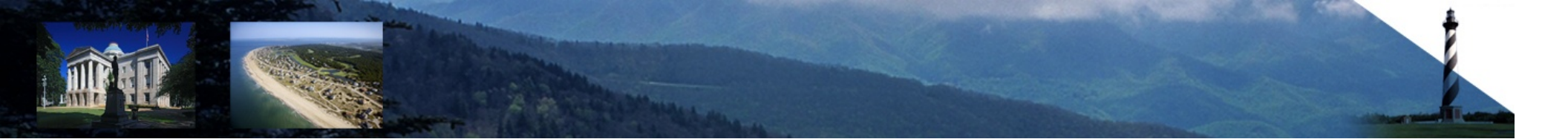
- No Required Attachments for the Taxonomy

### ELECTRONIC ATTACHMENTS

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

[Return to Provider Enrollment Status and Management Home](#)

# Upload Documents



**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

Contact EVC Center

### Upload Documents

\* indicates a required field

Legend

ELECTRONIC ATTACHMENTS

Only one file can be uploaded at a time. Maximum 10 files can be uploaded per application. A File cannot be more than 25 MB.  
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).

To upload a file:

- Click the Browse button.
- Locate the file and add. Note: The file name will display to the right of the Browse button.
- Click the Upload Document button to submit the file to NCTracks.
- When upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted attachments, click the printer icon located at the right hand corner of the screen.

No files have been uploaded.

Return to [Provider Enrollment Status and Management Page](#)



# Status and Management Page Demonstration



# Status and Management Page

## Objective:

- Understand how to navigate to the Status and Management Page
- Understand the sections within the page

# Status and Management

The screenshot displays the NCTracks Provider Portal interface. At the top left is the NCTracks logo. The top right shows a user greeting "Welcome, I" and a "(Log out)" link. Below the logo is a navigation menu with tabs for "Eligibility", "Prior Approval", "Claims", "Referral", "Code Search", "Enrollment", "Administration", "Payment", "Trading Partner", and "Consent Forms". The "Enrollment" tab is active, and a sub-menu is open, with "Status and Management" highlighted in a red box. Below the navigation is a "Message Center for Hazel Dula" section. On the left is a photo of a doctor. To the right of the photo is an "Announcements" section with a date of "Feb 10, 2016 12:00:00 AM" and attention to "All Providers". Below the announcement is a row of three buttons: "Provider Training", "User Administration", and "Status and Management", with the latter highlighted in a red box. On the far right is a "Quick Links" section with various links. At the bottom left is an "Inbox" icon and label, and at the bottom right is an "All Messages" link.

# Status and Management Page

## Status and Management

\* indicates a required field

Legend

Welcome to Provider Enrollment Status and Management  
Please choose from the options below to manage your enrollment status.

### SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.  
If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.  
If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

+ RECORD RESULTS

### SAVED APPLICATIONS

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.

+ RECORD RESULTS

Resume Delete Draft

### RE-ENROLL

NO DATA FOUND

### MANAGE CHANGE REQUEST

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.  
The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

+ RECORD RESULTS

Update

### RE-VERIFICATION

NO DATA FOUND

### MAINTAIN ELIGIBILITY

NO DATA FOUND



# Provider Training

# Provider Training- Skillport

The screenshot displays the NCTracks Provider Portal interface. At the top, there is a navigation menu with categories: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The user is logged in as 'Welcome, 1' and can access 'NCTracks Help'.

The main content area is titled 'Message Center for Hazel Dula'. It features an 'Announcements' section with a date of 'Feb 10, 2016 12:00:00 AM' and attention for 'All Providers'. The announcement encourages providers to 'Stay on top of NCTracks - sign up for the newsletter' and provides instructions on how to subscribe to the 'NCTracks Communications and Updates' newsletter.

Below the announcement, there are three navigation buttons: 'WELCOME' (highlighted with a red border), 'OFFICE ADMINISTRATORS', and 'ENROLLMENT'. Under the 'WELCOME' button, there are three sub-buttons: 'Provider Training', 'User Administration', and 'Status and Management'.


On the right side, there is a 'Quick Links' section with various links such as 'CCNC/CA (Managed Care)', 'Department of Health and Human Services', 'Division of Health Service Regulation', 'Division of Medical Assistance', 'DMA (Health Check)', 'DMH/DD/SAS', 'Division of Public Health', 'ICD-10 Webpage', 'Office of Rural Health and Community Care', 'Provider Training', and 'Provider Manuals'.

At the bottom left, there is an 'Inbox' icon and a link to 'All Messages'.



# Provider Training - Skillport

Welcome csc\_admin, Logged In: Apr 13,




SEARCH & LEARN™

Search for  Category  Language

MY PLAN

MY PROGRESS

CATALOG



Instructor Led Training

Welcome to NC Department of Health and Human Services (DHHS)  
NCTracks Training Center!


***Urgent! Please complete the following prior to accessing training opportunities:***

1. **[Update your Profile!](#)** In order to receive credit for all training opportunities, you must update your Profile Page.
2. **[Browser Test!](#)** Ensure your system is properly configured to utilize Skillsoft



# Provider Training - Skillport

Welcome csc\_



**SEARCH & LEARN™**

Search for  Category  Language  **Search**

**MY PLAN**

**MY PROGRESS**

**CATALOG**

Instructor Led Training

**Catalog**

- ⊕ Publisher Custom Content
- ⊕ Provider Training - Not Current
- ⊕ State Operations Training
- ⊕ CSC Staff Operations Training
- ⊕ **Provider Training Folder**

# Provider Training – Skillport

SEARCH & LEARN

Search for  Category  Language

**MY PLAN**

**MY PROGRESS**

**CATALOG**

Instructor Led Training

**Catalog**

- [-] Publisher Custom Content
- [-] Provider Training - Not Current
- [-] State Operations Training
- [-] CSC Staff Operations Training
- [-] Provider Training Folder
  - [-] User Guides (reference library)
  - [-] Pre-Go Live Instructor Led Training (ILT) Guides
  - [-] Reference Documents
  - [-] Provider Computer-Based Training (CBT) & Instructor Led Training (ILT)
    - [-] CBTs
    - [-] ILTs: On-site
    - [-] ILTs: Remote via WebEx
      - [-] Provider Training for Enhancements to Recipient Eligibility Inquiry
      - [-] NCTracks Crossover Workshop
      - [-] DME Claims Processing Webinar  
Due: Apr 30, 2014
      - [-] ILTs: WebEx Archived Recordings
      - [-] Provider Web Portal Applications Webinar ●  
Due: Nov 18, 2014
      - [-] Provider Web Portal Applications Participant User Guide ⓘ
      - [-] Submitting Dental and Orthodontic Claims ●  
Due: Feb 10, 2016
      - [-] Prior Approvals: Dental & Orthodontic
      - [-] New Office Administrator
      - [-] Submitting a Claim/Recipient Eligibility Verification DPH EHD/Sickle Cell
      - [-] Submitting a Professional Claim/Recipient Eligibility Verification DPH ITP
      - [-] Prior Approval DPH EHD/Sickle Cell
      - [-] Prior Approval Inquiry DPH ITP
      - [-] ICD 10 System Changes
      - [-] ES User Role\_Abbreviated MCRs\_Upload Documents



## Provider Training –Provider Resources

- NC DHHS website - <http://www.ncdhhs.gov/>
- NCTracks Provider Portal - [www.nctracks.nc.gov](http://www.nctracks.nc.gov)
  - Announcements, FAQs, User Guides, Fact Sheets, Issues List
- Email List Manager – [Provider Communication webpage](#)
  - Providers who unsubscribe will not receive any emails – Come back!
- Regional Provider Relations Representatives
  - Request help using [Contact Us](#) link in footer of every NCTracks webpage
- Provider Training
  - Instructor-Led (on-site and remote), CBTs, and Participant User Guides



# Provider Training – Recommended Resources

## From the NCTracks Provider Portal (Provider User Guides and Training)

- How to Enroll in NC Medicaid as an Organization
- How to Select a Billing Agent and Other Claims Submission Options in NCTracks

## From Skillport (Provider Catalog)

- Change Office Administrator Application Process
- Assign Enrollment Specialist User Roles
- General NCTracks Provider Portal Overview Computer Based Training (CBT)
- Provider User Provisioning Participant User Guide



## Wrap Up/Summary

You now are now able to do the following:

- Understand the Provider Enrollment Application processes
- Navigate to the NCTracks Provider Portal to the Status and Management page and check the status of your enrollment application.
- Register for classes through Skillport.





# Q & A