

## JOB AID

### Prepaid Health Plan (PHP) Inbound Spreadsheet

#### OVERVIEW

The contents of this job aid instructs the Prepaid Health Plan (PHP) and Division of Health Benefits (DHB) State personnel on how to complete the inbound data spreadsheet that will be used to establish the atypical provider record in NCTracks. The spreadsheet has multiple tabs; some data will be completed by the PHP and some data will be completed by the DHB.

When completing the inbound data spreadsheet there are important instructions that should be followed, they are:

- Do not alter the spreadsheet format (arrangement of columns, hide, etc.).
- Do not use “N/A”, if the field does not apply, leave the field blank.
- A tab may require data from the PHP and/or State personnel; complete the tabs as described.
- Rows 1 and 3 of each tab describe the data element to be captured. **GDIT use only.**
- Row 2 of each tab identifies the field name that can be entered by the PHP or State personnel.
- Row 4 of each tab is where input should begin.

#### OBJECTIVES

This Job Aid provides the following information:

- How to complete the Inbound Data Spreadsheet
- What happens after the file is uploaded to NCTracks

#### BASIC DATA

The basic information tab is where you will provide general contact information. Please complete each applicable field in row 4.

Field Name	Completed By PHP	Completed By State
PHP Legal Name	Enter your legal name (up to 35 characters) as registered with the Internal Revenue Service (IRS). Do not abbreviate.	
PHP Doing Business As Name (DBA)	Enter your DBA only if registered with the County Register of Deeds. 35 character limit.	
Tax ID	Enter Tax ID number. No hyphens.	
PHP Plan Begin Date		Enter PHP Plan begin date in YYYY-MM-DD format.
PHP Plan End Date		Enter date of 9999.12.31 from dropdown menu.
Email	Enter a general corporate email address. This address will be used for enrollment notification and general notifications.	
PHP Plan Type		Select one of the following from the dropdown menu based on the PHPs contract type:

Field Name	Completed By PHP	Completed By State
		1- Standard 2- Tailored 3- Tribal 4- Foster
PHP Contract Type		Select a contract type from the dropdown menu based on PHP contract type. S-State R-Regional
Provider Led Entity (PLE) Indicator		Select Y-Yes or N-No from the dropdown menu based on PHP contract type. PLE Governance members are required on Contact Tab; Contract Type (value 14) when this indicator is set to Y.
PHP Organization Type	This code denotes the profit status of the PHP. Select one of the following from the dropdown menu: 01- 501C3NP (501 (C)(3) Nonprofit) 02- FPROFITCH (For Profit, Closely Held) 03- FPROFITPT (For Profit, Publicly Traded) 04- Other	
Organization Begin Date	This is the start date associated with the profit sharing status indicated in PHP Organization Type (column K, Basic Data tab). Enter the origin date of your PHP in YYYY-MM-DD format.	
Organization End Date	Select 9999-12-31 from the dropdown menu.	
Percent Business	Enter the percentage of the PHP that is provider owned. Example 1.00 for 100%; 0.5 for 50%, etc.	
Managed Care Service Area		Select one of the following from the dropdown menu. 1- STAT (Statewide, The Managed Care entity provides services to beneficiaries throughout the entire state.) <b>Use for statewide Standard Plan contracts.</b> 2- COUNT (County, The Managed Care entity provides services to beneficiaries in specified counties. 3- CITT (City, The Managed Care entity provides services to beneficiaries in specified cities. 4- REGT - Region, The Managed Care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state. <b>Use for regional, Standard Plan contracts.</b>
Managed Care Plan Type		Select one of the following from the dropdown menu: 01- COMMCO (Comprehensive MCO) <b>Use for Standard Plan contracts.</b> 02- TRADPCCM (Traditional PCCM Provider) 03- ENHDPCCM (Enhanced PCCM

Field Name	Completed By PHP	Completed By State
		Provider) 04- HIO 05- MEDPIHP (Risk or non-risk/non-comprehensive/with inpatient hospital or institutional services) 06- MEDPAHP (Medical-only PAHP (Risk or non-risk/non-comprehensive/no inpatient hospital or institutional services) 07- LTCPIHP (Long Term Care) 08- MHPIHP (Mental Health PIHP) 09- MHPAHP (Mental Health PAHP) 10- SUDPIHP (Substance Abuse Disorder PIHP) 11- SUDPAHP (Substance Abuse Disorder PAHP) 12- MHSUDPIHP (Mental Health and Substance Abuse Disorders PIHP) 13- MHSUDPAHP (Mental Health and Substance Abuse Disorders PAHP) 14- DENPAHP (Dental PAHP) 15- TRANSPAHP (Transportation PAHP) 16- DIMAPAHP (Disease Management PAHP) 17- PACE 18- PHAPAHP (Pharmacy PAHP) 19- LTSSMHPIHP (Individual is enrolled in Long-Term services & supports (LTSS) and Mental Health (MH) PIHP) 20- OTHER 60- ACCCAREORG (Accountable Care Organization) 70- HLTMEDHOME (Health/Medical Home) 80- INTCAREDE (Integrated Care for Dual Eligible)
Reimbursement Arrangement		Please select one from the dropdown menu: 01- RISKCAPNO (Risk-based capitation, No Incentive for risk sharing) <b>Use for Standard Plan contracts.</b> 02- RISKCAPIN (Risk-based capitation with incentive arrangements) 03- RISKCAPOT (Risk-based capitation with other risk-sharing arrangements) 04- NONRSKCAP (Non-risk capitation) 05- FEEFORSER (Fee for service) 06- PCCMP (Primary Care Case Management) 07- Other 08- PCCMPFFS (Primary Care Case Management plus Fee for Service) 88- N/A 99- Unknown
Waiver ID		Select one of the following from the dropdown menu: 01-MCWAIVER (1915(B)(1); 1915(B)(2); 1915(B)(3), AND 1915(B)(4) Managed

Field Name	Completed By PHP	Completed By State
		Care Waivers) 02-HCBSWAIVER (1915(C) Home And Community Based Services Waivers) 03-MHCBWAIVER (Combined 1915(B) And 1915(C) Managed Home And Community Based Services Waivers) 04-DEMONSTRTS (1115 Demonstrations) <b>Use for Standard Plan contracts.</b>
National Healthcare Entity ID (NPID)	Enter the National Healthcare Entity ID if applicable. Entered only if HPID is entered in National Healthcare Entity Type (column T)	
National Healthcare Entity Type	Select one of the National Healthcare Entity types from the dropdown menu. 1- CHPID (Controlling Health Plan ID) 2-SHPID (Subhealth Plan ID) 3-OEID (Other Entity Identifier)	
Corebased Stat's Area -		Select the Core based statistical area from the dropdown menu: 01-INMETRO (MCO service area falls partially or entirely inside one or more metropolitan areas.) <b>Use for Standard Plan contracts. All SP regions have one or more metropolitan areas.</b> 02-INMICRO (MCO service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas.) 03-OUTMETMICR (MCO service area falls entirely outside of all metropolitan and micropolitan areas.)

### MAILING AND PAY-TO

This section will be used to identify the Pay-To (row 4) and Mailing Address addresses (row 5).

The Pay-To address will be used for the mailing of 1099's. NCTracks does not mail physical checks to active providers. The mailing address will be used for general correspondence purposes.

Separate rows are available to include the PHP's Pay-To address (row 4) and the Mailing address (row 5). These fields of the spreadsheet will have to be completed for each even if the addresses are the same.

Field Name	Completed By PHP	Completed By State
<b>Pay –To Row 4</b>		
Address 1	Enter address as registered at IRS	
Address 2	Enter address as registered at IRS	
City	Enter city as registered at IRS	
State	Enter state as registered at IRS	
Zip Code	Enter zip code as registered at IRS	
Phone Number	Enter Pay-To phone number (no hyphens)	
Email Address	Enter Pay-To Email address	

Field Name	Completed By PHP	Completed By State
<b>Pay –To Row 4</b>		
<b>Mailing Row 5</b>		
Address 1	Enter street address	
Address 2	Enter address Ste., Floor, Room etc.	
City	Enter city	
State	Enter state	
Zip Code	Enter zip code	
Phone Number	Enter phone number (no hyphens)	
Email Address	Enter email address	

### ELECTRONIC FUNDS TRANSFER (EFT)

All Payments will be transmitted via electronic funds transfer. Enter the EFT information in row 4 of the spreadsheet.

Field Name	Completed By PHP	Completed By State
EFT Begin date		Enter Begin Date. The begin date should be the same date as the PHP Plan begin date used for Basic Data.
EFT End date	Enter End date of 9999-12-31	
Bank Account type	Select Checking or Saving from the dropdown according to the account type.	
Routing Number	Enter Routing number	
Account Number	Enter Account number	
Bank Name	Enter Banking Institution name	
Bank Address 1	Enter local or corporate address	
Bank Address 2	Enter local or corporate address (Ste., Floor, Room, etc.)	
Bank City	Enter local or corporate city	
Bank State	Enter local or corporate state	
Zip Code	Enter zip code	

### OWNERS

Include the following information for up to five (5) owners (individual or organizations) with a 5% or more interest in the company in rows 4-8. If less than five owners, leave rows blank. Additional owners can be added later in NCTracks.

Field Name	Completed By PHP	Completed By State
Association Begin Date	Enter the date of the owners association with the company.	
Association End Date	Select the Association End Date 9999-12-31 from the dropdown menu.	
Date Of Birth	Enter the date of birth in YYYY-MM-DD format.	
Last Name	Enter the owner's Last Name (if owner is an individual) Enter the Company Legal Name (if	

Field Name	Completed By PHP	Completed By State
	owner is an organization). Do not abbreviate, Enter legal name up to 35 characters	
First Name	Enter the owner's First Name (If owner is an individual) Leave field blank if owner is an organization.	
Middle Name	Enter the Middle Name Not Applicable if Owner is an organization.	
Suffix	Select a suffix (II, III, IV, Jr., Sr.) from the dropdown menu, if applicable. Not Applicable if Owner is an organization.	
Ownership-Individual-Org-Indicator	From the dropdown menu select I-INDV if the owner is a person. Select O-ORG if the owner is a business,	
Ownership Percentage	Enter the percentage owned by individual or organization. <b>No special character (%)</b> Example: 50=50%	
Tax Id	Enter if owner is organization	
Social Security Number (SSN)	Enter SSN (no hyphens) if the owner is an individual.	
NPI	Enter the NPI if the owner is registered with the NPI registry.	
Family Relation	If any of the owners have a familial relationship to any other owner, select one of the following from the dropdown menu: 01-Spouse 02-Parent 03-Child 04-Sibling 05-None	
Address 1	Enter owner's home address if Individual. Enter Corporate address if Organization.	
Address2	Enter address (Ste., Apt., Lot, etc.)	
City	Enter city	
State	Enter state	
Zip code	Enter zip code	
Phone Number	Enter phone number (no hyphens)	
Email Address	Enter email address (business or personal)	

## CONTACT INFORMATION

The Contact Information allows you to provide information on the individuals that have a managing relationship to the enrolled entity (Board member, CFO, CEO, etc.). The individuals listed in this section are not owners but they do have the ability to make decisions on behalf of the enrolled entity. Please enter the following information for up to 20 managing employees on

rows 4-23. If less than 20 managing employees, leave rows blank. Additional managing employees can be later in NCTracks.

Field Name	Completed By PHP	Completed By State
<b>Contact Type</b>	Select one of the following from the dropdown menu: <ul style="list-style-type: none"> <li>• 01-BRDMEM (PHP Board Member)</li> <li>• 02-CEO</li> <li>• 03-CFO</li> <li>• 04-CMO (Chief Medical Officer)</li> <li>• 05-CCO (Chief Compliance Officer)</li> <li>• 06-CISOCRO (Chief Information Security Officer/Chief Risk Officer)</li> <li>• 07-QUALDIR (Quality Director)</li> <li>• 08- PNTWRKDIR (Provider Network Director)</li> <li>• 09-PHARMDIR (Pharmacy Director)</li> <li>• 10- CONISSUEAD (Contractual Issue Administrator)</li> <li>• 11- ACTADMIN (Day to Day Activity Director)</li> <li>• 12-HIPPAOFF (HIPAA/Compliance Officer)</li> <li>• 13-BHDIRECT (Behavioral Health Director)</li> <li>• 14-PLEGOV (Provider Led Governance)</li> </ul>	
<b>Begin Date</b>	Enter the Begin Date of the managing employee's association in YYYY-MM-DD format.	
<b>End Date</b>	Enter the End Date of 9999-12-31	
<b>Contact NPI</b>	Enter the National Provider Identifier (NPI), if applicable.	
<b>Last name</b>	Enter the last name.	
<b>First name</b>	Enter the first name.	
<b>Middle Name</b>	Enter the middle name, if applicable.	
<b>Suffix</b>	Select the suffix (II, III, IV, Jr., Sr.), if applicable.	
<b>Social Security Number (SSN)</b>	Enter SSN, no hyphens.	
<b>Date of Birth</b>	Enter contact date of birth in YYYY-MM-DD format	
<b>Status</b>	Select one of the following: <ul style="list-style-type: none"> <li>• 01- Active</li> <li>• 02- Interim</li> </ul>	
<b>Email</b>	Enter the email address  Contact email address can be a personal or business email address.	
<b>Phone Number</b>	Enter the business phone number, no hyphens.	

Field Name	Completed By PHP	Completed By State
Address 1	Enter business address.	
Address2	Enter business address (Ste., Floor, Room etc.)	
City	Enter City	
State	Enter State	
Zip code	Enter Zip Code	

## ACCREDITATION

The PHP completes this section if they have acquired the contract-required accreditation. This can be updated later through the NCTracks Operations Portal. Enter up to 10 accreditations on rows 4-13. If less than 10 accreditations leave rows blank.

Field Name	Completed By PHP	Completed By State
Accreditation	Select "01" from the dropdown menu only when Accreditation Type, Accreditation Number, Begin Date, End Date and Accreditation Status is entered.	
Accreditation Type	<p>Select one of the following from the dropdown menu:</p> <ul style="list-style-type: none"> <li>• 01-NCQAEXCEL (NCQA National Committee for Quality Assurance – Excellent)</li> <li>• 02-NCQACOMMEN (NCQA National Committee for Quality Assurance – Commendable)</li> <li>• 03-NCQAPRVISN (NCQA Committee for Quality Assurance – Provisional)</li> <li>• 05-NCQAFULL (NCQA URAC – Full)</li> <li>• 06-NCQACONDIT (NCQA URAC – Conditional)</li> <li>• 07-NCQAPROVIS (NCQA URAC – Provisional)</li> <li>• 08-NCQAAAAHC (NCQA Accreditation Association For Ambulatory Health Care, Inc. (AAAHC) - 3 Year)</li> <li>• 11-NCQANOTACC (NCQA Not Accredited)</li> <li>• 12-NCQAOTHER (NCQA Other)</li> <li>• 13-NCAQNCFQA (NCQA National Committee For Quality Assurance)</li> <li>• 16-NCQANCLTSD (NCQA NC Long Term SS Distinction)</li> <li>• 50-NAIC (National Association Of Insurance Commissioners)</li> </ul>	
Accreditation Number	Enter your valid accreditation number for Accreditation Types 1-16. Use the NAIC company code for Accreditation Type 50.	



Field Name	Completed By PHP	Completed By State
<b>Accreditation Begin Date</b>	Enter date accreditation was initially awarded in YYYY-MM-DD format.	
<b>Accreditation End Date</b>	Enter accreditation End date if applicable; otherwise enter 9999-12-31.	
<b>Accreditation Status</b>	Select one of the following from the dropdown menu. <ul style="list-style-type: none"> <li>• 01-ACTIVE</li> <li>• 02-ACCREDITED</li> <li>• 03-INTERIM</li> <li>• 04-DENIED</li> <li>• 05-EXPIRED</li> <li>• 06-REVOKED</li> </ul>	

### LICENSE

Not applicable.

### CERTIFICATION

Not applicable.

### REGION

The data to be entered in this section is specific to the regional offices located in each region associated with the PHP contract. If the regional office has not been established at the time of the submission of the Inbound Datasheet, the PHPs should enter the corporate phone number and email address ONLY. Once the regional office(s) have been established the information will need to be updated in NCTracks.

Complete the spreadsheet according to the regions you will be supporting. There are six rows listed for the capture of the regional information. Enter data for your region's row only. Statewide PHPs will enter the regional office information for each of the six regions. PHPs that are not statewide should enter the applicable regional office information on the corresponding region's row.

Field Name	Completed By PHP	Completed By State
<b>Region Code</b>	<b>Do NOT edit.</b> This information is intended to assist with identifying the region for which you are supporting and entering data for.	
<b>Region Begin Date</b>		Enter the effective begin date in YYYY-MM-DD format.
<b>Region End Date</b>		Select 9999-12-31 from the dropdown menu.
<b>Address 1</b>	Enter the regional office address, if applicable. If the regional office has not been established enter the corporate email address and phone number ONLY.	
<b>Address 2</b>	Enter Ste., Floor, Room etc.	
<b>City</b>	Enter City	
<b>State</b>	Enter State	

Field Name	Completed By PHP	Completed By State
<b>Zip Code</b>	Enter Zip Code	
<b>Phone Number</b>	Enter phone number, no hyphens.	
<b>Email Address</b>	Enter email address	
<b>Taxon Code 1</b>	Enter 302R00000X (Health maintenance organization HMO)	
<b>Taxon1 Begin Date</b>		Enter the taxonomy effective begin date in YYYY-MM-DD format.
<b>Taxon 1 End Date</b>	Enter 9999-12-31 as the Taxon 1 end date.	
<b>Taxon Code 2</b> <b>Taxon Code 3</b>	Although there are fields for up to 3 taxonomy codes in the spreadsheet, there is only one valid taxonomy code available to PHP's at this time. This information can be updated later via the NCTracks Operations portal if necessary.	

### REGIONAL SUBCONTRACTOR

Complete the Regional Subcontractor tabs for the regions you support. Complete only the applicable Region Subcontractor tab when subcontractors are used. If the same subcontractor performs more than one function, add the subcontractor to additional rows and identify their function(s). If the same contractor is used in multiple regions, add their information on each applicable regional subcontractor tab.

Instructions will only be given for the field names once.

Field Name	Completed By PHP	Completed By State
<b>Subcontractor Function Role</b>	Select one of the following: 01- MMMCBLIVES (Managing Medicaid Managed Care Beneficiary Lives) 02- PRONETMGMT (Provider Network Management) 03- PCMGMTFUN (Performing Care Management Functions) 04- CLAIMSPAY (Processing And Paying Claims) 05-RISKCNTRCT (Assuming Risk Through Capitated Contract) 06- OTHER	
<b>Function Begin Date</b>	Enter the date the Subcontractor began or will begin this function in YYYY-MM-DD format.	
<b>Function End Date</b>	Enter Function End Date of 9999-12-31.	
<b>Function Code Description</b>	Enter a description of the subcontractors function.	
<b>Subcontractor Organization Name</b>	Enter the Legal name of the Subcontractor.	
<b>Subcontractor Organization Doing Business As (DBA) Name</b>	Enter the DBA name, as registered with the County Register of Deeds.	
<b>Subcontractor Address 1</b>	Enter street address.	
<b>Subcontractor Address 2</b>	Enter Ste., Floor, Room etc.	

Field Name	Completed By PHP	Completed By State
City	Enter City.	
State	Enter State.	
Zip Code	Enter Zip Code, no hyphens.	
Subcontractor Tax ID	Enter Subcontractor Tax ID/EIN.	

## NOTIFICATION

### Enrollment

Once the PHP's atypical record has been successfully added to NCTracks a notification letter will be emailed to the email address provided in the mailing address section of the Mailing and Pay-to tab.

Subject of Email: PHP NCTracks Atypical ID

Your Prepaid Health Plan record has been added to NCTracks.

PHP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 NCTracks Atypical ID: XXXXXXXX

If you have questions regarding this notice, please contact the NCTracks Operations Center at 800-688-6696 or email the NCTracks Operations Center at [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

### Electronic Funds Transfer (EFT)

Notification will only be emailed to the PHP if the EFT test file is rejected.

### FUTURE UPDATES

If updates are required to the PHP data after the record has been successfully added to NCTracks, the updates will be made in the Operations Portal. See Job Aid PRV701 - Primary Health Plan (PHP) Operations Portal Access.