

Currently Enrolled Providers NCTracks Step by Step Registration

Important Note: *In order to have access to the NCTracks Provider portal, each provider (NPI) must complete the NCTracks Registration. This registration will also capture your Electronic Funds Transfer (EFT) information so you can receive payment from NCTracks.*

CSRA mailed each active Legacy MMIS+ provider (one letter per National Provider Identifier [NPI]) an NCTracks Registration letter that contains your Authorization Code, which is required to complete the Currently Enrolled Provider NCTracks Registration Application.

Note: *If you have not received your letter, please contact the NCTracks Operations Call Center at **800-688-6696** or by e-mail at NCTracksprovider@nctracks.com.*

As part of the application, you will identify the Office Administrator, Electronic Funds Transfer (EFT) information (if applicable), and trading partner information (if applicable).

The following steps describe how to complete the Currently Enrolled Providers Registration:

1. Determine who will be the Office Administrator. For organizational providers, the Office Administrator must be an owner or a managing employee. For individual providers, the Office Administrator can be the individual provider or a managing employee.
2. The Office Administrator must have a North Carolina IDentity (NCID) Management identifier and password. If the Office Administrator does not have an NCID account, visit the NCID Website at <https://ncid.nc.gov/login/> and establish an NCID account.
3. Submit the online Currently Enrolled Providers NCTracks Registration Application.

NCID USERNAME AND PASSWORD

If the Office Administrator (an owner or managing employee) already has an NCID account from the recredentialing effort, you are ready to begin the registration process for currently enrolled providers. If the Office Administrator does not have an NCID account, you must set up an account to access the Currently Enrolled Provider NCTracks Registration Application.

To set up an NCID account, go to [NCID Registration](#). Once you register, an e-mail will be sent to the address associated with your NCID account. The e-mail will contain a link to validate your new account. You must validate your new NCID account before accessing the Currently Enrolled Provider NCTracks Registration Application.

If you have not received a validation e-mail from NCID (ncid.notifications@nc.gov) within a few minutes, check your Junk/SPAM/Bulk Mail folders. If you do not receive a validation e-mail, please contact the NCID Help Desk at **919.754.6000** or toll-free at **800.722.3946**. NCTracks Operations Call Center cannot troubleshoot NCID account issues.

Currently Enrolled Provider NCTracks Registration Application

NCTRACKS SECURE LOGIN PAGE

The Office Administrator should be the person who is completing the Currently Enrolled Provider NCTracks Registration Application.

If you are the Office Administrator, enter your User ID (NCID) and Password. Select **Log In**. If you are not the Office Administrator, select **Cancel**.

NCTracks Login AA | [Help](#)

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](#)

VERIFY AUTHORIZATION PAGE

Enter the required fields and select **Next** to continue.

Currently Enrolled Provider NCTracks Registration - Verify Authorization Print | AA | [Help](#)

* indicates a required field [Legend](#)

Welcome to NCTracks!

NCTracks is provided as a service for North Carolinas health care providers and consumers as part of the new, multi-program North Carolina Medicaid Management Information System (MMIS). The site offers information and forms to help support Division of Medical Assistance (DMA), Division of Mental Health (DMH), Division of Public Health (DPH), and Office of Rural Health and Community Care (ORHCC) payers with their multiple benefit plans. In the future, the site will expand to support additional features for Medicaid and other programs including NC Health Choice for Children, public health and mental health services.

Providers who were enrolled in one of the legacy programs are required to register an NCTracks Administration Account and designate an Office Administrator. You may begin this registration below.

VERIFY AUTHORIZATION ?

Please enter the Authorization Code that was provided in the "NCTracks Registration" letter and either NPI or Atypical ID, then click **Next** in the lower right.

* Authorization Code:

OR

* NPI: * Atypical ID:

Verify Authorization

- **Authorization Code:** Enter the Authorization Code that is printed on your NCTracks Registration Letter.
- **NPI:** Enter the NPI that is printed on your NCTracks Registration Letter. If your NPI is not printed on your letter, enter your Atypical ID.
- **Atypical ID:** Enter the Atypical ID that is printed on your NCTracks Registration Letter.

IDENTIFYING INFORMATION PAGE (INDIVIDUAL PROVIDERS)

This page is presented only to individual providers. Enter the required fields and select **Next** to continue.

Currently Enrolled Provider NCTracks Registration - Office Administrator

* indicates a required field

Legend

INDIVIDUAL PROVIDER INFORMATION

The Last Name is the legal last name we have on file for this provider. If the name displayed is incorrect, please contact the EVC Center at 866-844-1113 or email the CSC EVC Center at NCDHHSProvEnroll@csc.com.
The email address is the email address present on your provider record. You may edit the address; this will update our records. If blank, please enter the provider's email address.

Last Name: [REDACTED] * Email: [REDACTED]

RENDERING/ATTENDING ONLY PROVIDER

* Are you a Rendering/Attending Only provider?
 Yes No

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

The Office Administrator (Authorized Individual) is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.
The Office Administrator must be the individual provider or have a managing relationship to the provider.
An Electronic Signature PIN will be sent to the Office Administrators email address. The Office Administrator will use this PIN to electronically sign future submissions in the NCTracks Provider Portal.

* Last Name: [REDACTED] * First Name: [REDACTED]
Middle Name: [REDACTED] Suffix: -- Select One --
* Date of Birth: [REDACTED] * Gender: -- Select One --
* Contact Email: [REDACTED] * SSN: [REDACTED]
* Office Phone #: [REDACTED] Office Fax #: (000) 000-0000
* User ID (NCID): [REDACTED]

* Is this Office Administrator a Managing Employee or Currently Enrolled Provider ?
 Managing Employee Currently Enrolled Provider

« Previous Next »

Individual Provider Information

- Last Name: This is your last name as shown in our records. If the name displayed is incorrect, please contact the NCTracks Operations Call Center at 800-688-6696 or by e-mail at NCTracksprovider@nctracks.com.
- E-mail: This e-mail address is the e-mail address present on your provider record. You may edit the address. If there is not an e-mail address listed, please enter the provider's e-mail address.

Rendering/Attending Only

Select **Yes** if you will NOT be a billing provider; you will only be a rendering/attending provider. For example, you are a physician who only works for Group A and Group A will be the billing provider.

Authorized Individual (Office Administrator)

The Authorized Individual is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.

In NCTracks, the Authorized Individual will be able to update the provider's information online and create other users who need access to the Provider portal within the company.

- Last Name: This field was pre-populated from NCID. You may edit the last name.
- First Name: This field was pre-populated from NCID. You may edit the first name.
- Middle Name: This field was pre-populated from NCID. You may edit the middle name. Enter full middle name.
- Suffix: This field was pre-populated from NCID. You may edit the suffix.
- Date of Birth: Enter the Office Administrator's date of birth.
- Contact E-mail: This field was pre-populated from NCID. You may edit the email address.
- Gender: Select the Office Administrator's gender.
- Office Phone #: Enter the office phone number.
- Office Fax #: Enter the office fax number.
- User ID (NCID): This field was pre-populated from the NCID in which you have logged in.
- SSN: Enter the Office Administrator's Social Security Number.
- Is this Office Administrator a Managing Employee or Currently Enrolled Provider?: Select **Managing Employee** if the Office Administrator is a managing employee. Select **Currently Enrolled Provider** if the individual provider is the actual Office Administrator.

IDENTIFYING INFORMATION PAGE (ORGANIZATION PROVIDERS)

This page is presented only to organization/group providers.

Currently Enrolled Provider NCTracks Registration - Office Administrator

* indicates a required field

ORGANIZATION INFORMATION

The Organization Name is the legal name we have on file for this provider. If the name displayed is incorrect, please contact the EVC Center at 866-844-1113 or email the CSC EVC Center at NCDHHSProvEnroll@csc.com.
The email address is the email address present on your provider record. You may edit the address; this will update our records. If blank, please enter the provider's email address.

Organization Name: [REDACTED] * Email: [REDACTED]

OFFICE ADMINISTRATOR (AUTHORIZED INDIVIDUAL)

The Office Administrator (Authorized Individual) is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.
The Office Administrator must be an owner or have a managing relationship to the provider.
An Electronic Signature PIN will be sent to the Office Administrators email address. The Office Administrator will use this PIN to electronically sign future submissions in the NCTracks Provider Portal.

* Last Name: [REDACTED] * First Name: [REDACTED]
Middle Name: [REDACTED] Suffix: -- Select One --
* Date of Birth: [REDACTED] * Gender: -- Select One --
* Contact Email: [REDACTED] * SSN: [REDACTED]

* Office Phone #: (000) 000-0000 Office Fax #: (000) 000-0000
* User ID (NCID): [REDACTED]

* Is this Office Administrator a Managing Employee or an Owner?
 Managing Employee Owner

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Organization Provider Information

- Organization Name: This is your organization name as shown in our records. If the name displayed is incorrect, please complete a Manage Change request in the NCTracks Provider Portal.
- E-mail: This e-mail address is the e-mail address present on your provider record. You may edit the address; this will update our records. If there is not an e-mail address listed, please enter the provider's e-mail address.

Authorized Individual (Office Administrator)

The Authorized Individual is the person you designate to be the Office Administrator for your provider account and is authorized to receive information or make business decisions on behalf of the applying provider.

- Last Name: This field was pre-populated from NCID. You may edit the last name.
- First Name: This field was pre-populated from NCID. You may edit the first name.
- Middle Name: This field was pre-populated from NCID. You may edit the middle name. Enter full middle name.
- Suffix: This field was pre-populated from NCID. You may edit the suffix.
- Date of Birth: Enter the Authorized Individual's date of birth.
- Contact E-mail: This field was pre-populated from NCID. You may edit the email address.

- Gender: Select the Authorized Individual's gender.
- Office Phone #: Enter the office phone number.
- Office Fax #: Enter the office fax number.
- User ID (NCID): This field was pre-populated from the NCID in which you have logged in.
- SSN: Enter the Social Security Number.
- Is the contact person an owner or managing employee? This question is not displayed to all organizations. If the organization is State-owned, Federally-owned, or Indian-owned, there are no owners. Thus, this question is not displayed because it is assumed the Office Administrator is a managing employee.

METHOD/CLAIMS PAGE

This page is presented to all organization/group providers.

This page is not presented if you are an individual provider who answered **Yes** to the “Are you an individual provider who is rendering/attending only?” question.

Method of Claim and Electronic Transactions

Select how you will be sending and receiving transactions. You may select one or more methods.

- Select **Submit claims via the NCTracks Provider Portal** if you wish to interactively enter claims on the NCTracks Website. If you previously entered claims on HP's NCECS Web Tool and you wish to do the same in NCTracks, select this method.

- Select **Electronic Batch** if you wish to submit and/or receive HIPAA-compliant transaction sets. **This includes providers who only wish to receive 835 transactions.** After application approval, you will be contacted by CSRA with further instructions.
- Select **Billing Agent** if a billing agent or clearinghouse will be submitting HIPAA-compliant transaction sets (claims) for you. You will indicate which billing agent on the **Associate Billing Agent** page of the application.
- Will a billing agent receive any electronic transactions?: Select **No** if you wish to receive all outbound electronic transactions. Select **Yes** if you wish your billing agent to receive any or all of the outbound electronic transactions.

Electronic Funds Transfer

Enter the bank account information for the EFT payments.

- Routing Number: Enter your account routing number.
- Account Number: Enter your account number.
- Account Type: Select the type of account from the drop-down list.
- Bank Name: Enter your bank’s name.
- Bank Address Line 1: Enter your bank’s address line 1.
- Bank Address Line 2: Enter your bank’s address line 2 if applicable
- City: Enter your bank’s city.
- State: Select your bank’s state.
- ZIP Code: Enter the bank’s 9-digit ZIP Code.

ASSOCIATE BILLING AGENT PAGE

This page is presented to all providers who selected Billing Agent. Providers must indicate which billing agent(s) they intend to use.

Search Billing Agents

Enter the billing agent’s name and click the **Search** Button.

BILLING AGENT INFORMATION

Search Billing Agents

Choose a search method, then add all Authorized Billing Agents from Results.

Search

Billing Agent ID:

or

Last Name: First Name:

or

Organization Name:

Search

SEARCH RESULTS

Billing Agent ID	Name	Address
<input checked="" type="checkbox"/>	BILLING COMPANY	

Add

From the Search Results, select the billing agent and click **Add**.

Search Billing Agents

Choose a search method, then add all Authorized Billing Agents from Results.

Search

Billing Agent ID:

or

Last Name: First Name:

or

Organization Name:

Search

Selected Authorized Billing Agents

The list below will be submitted as associated Authorized Billing Agents. You may remove the selection by clicking the 'x' at the beginning of a row.

SELECTED AUTHORIZED BILLING AGENTS

Billing Agent ID	Name	Address
<input checked="" type="checkbox"/> 52001834	BILLING COMPANY	1724 QUAIL RIDGE RD, RALEIGH, NC, 27609-0000

Select Transaction Type and Billing Agent

Select a transaction type and a billing agent who receives electronic transactions.

Receive Electronic Transactions:

Billing Agent ID:

Previous Next

Continue to add all billing agents.

Select Transaction Type and Billing Agent

Select Transaction Type and Billing Agent

Select a transaction type and a billing agent who receives electronic transactions.

Receive Electronic Transactions:

Billing Agent ID:

Previous Next

- Receive Electronic Transactions: Select which transactions you wish the billing agent to receive.
- Billing Agent ID: Select the Billing Agent ID you wish to receive the transactions.

AGREEMENTS PAGE

The EFT Account Agreement will not be present if you are an individual provider who answered **Yes** to the “Are you an individual provider who is rendering/attending only?” question. The Trading Partner Agreement will not be present if you are an individual provider who answered **Yes** to the “Are you an individual provider who is rendering/attending only?” question.

Select the **Attestation** checkbox. Once selected, the **User ID (NCID)** and **Password** fields will be displayed as required. Enter your User ID (NCID) and Password.
Select **Submit** to submit the application.

Currently Enrolled Provider NCTracks Registration - Terms and Conditions

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

* indicates a required field

Legend

TRADING PARTNER AGREEMENT ?

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 CSC 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.

The following information is requested to process your TPA:

- Trading Partner Name: [REDACTED]
- User ID (NCID): [REDACTED]
- Provider Number(s) or Atypical Number: [REDACTED]
- Provider Transmission Supplier Number(TSN): [REDACTED]

For any questions regarding the completion of this Trading Partner Agreement, please contact the CSC help desk for Electronic Data Interchange (EDI) support:

1. General
This Agreement effective on **06/25/2013**, is between CSC, with offices located at 2610 Wycliff Road, Raleigh, NC 27607, acting on behalf of the North Carolina Department of Health and Human Services (NC DHHS) in the role of Business Associate of the NC DHHS, and the EDI Partner identified in paragraph A. below:

A. • Trading Partner Name: [REDACTED]

The Trading Partner Agreement will also not be present if you did not select **Submit** or **receive a batch claim via NCTracks** on the **Method of Claim and Electronic Transactions** page. The EFT Account Agreement will be displayed.

Select the **Attestation** checkbox. Once selected, the **User ID (NCID)** and **Password** fields will be displayed as required. Enter your User ID (NCID) and Password.
Select **Submit** to submit the application.

EFT AGREEMENT ?

I certify that the checking or savings account indicated on this form is under my direct control and access. I authorize CSC, as fiscal agent for the State of North Carolina, to initiate, change or cancel credit entries to the checking or savings account as indicated on this form. This authorization will remain in full force and effect until CSC has received written notice of the accounts termination from either me or my authorized agent, which has been verified by CSC. I understand that CSC will need a reasonable amount of time and opportunity to terminate the account after CSC receives my written notice. I further authorize the North Carolina Department of Health and Human Services (NC DHHS), or any successor fiscal agent(s) that NC DHHS may designate, to initiate, change or cancel credit entries to the checking or savings account indicated on this form, provided that I may terminate the account on the same terms by giving written notice to the fiscal agent, or if there is then no fiscal agent, by giving written notice to NC DHHS.

*** ATTESTATION STATEMENT** ?

You must agree to the following attestation statement before registering an Administration Account with NCTracks. To agree and submit your registration, check the box below, enter your NCID and password, then click **Submit** in the lower right.

I certify that the responses in this attestation and 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 attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

* User ID (NCID): [Forgot Login ID](#)

* Password: [Forgot Password](#)

[Previous](#) [Submit](#)

Both the EFT Account Agreement and Trading Partner Agreement are displayed to all other providers. After reading and agreeing to the terms and conditions, select the **Attestation** checkbox. Once selected, the **User ID (NCID)** and **Password** fields will be displayed as required. Enter your User ID (NCID) and Password. Select **Submit** to submit the application.

ONLINE SUBMISSION COMPLETE PAGE

This page is displayed upon successful submission of your Currently Enrolled Provider NCTracks Registration application. Please save a copy of each of the three (3) documents presented on the page for your records.

Currently Enrolled Provider NCTracks Registration - Final Steps

* indicates a required field

Legend

SUBMISSION COMPLETE

You have successfully completed the Currently Enrolled Provider Web Portal Setup.

Please save/print the PDF version of your online application and agreements for your records:

- [Currently Enrolled Provider Registration](#)
- [Trading Partner Agreement](#)
- [EFT Agreement](#)

Online Application

This PDF contains data entered on your application.

EFT Account Agreement

This PDF is your copy of the Electronic Funds Transfer Agreement. This link will not be present if you are an individual provider who answered **Yes** to the “Are you an individual provider who is rendering/attending only?” question.

Trading Partner Agreement

This PDF is a copy of the Trading Partner Agreement. This link will not be present if you are an individual provider who answered **Yes** to the “Are you an individual provider who is rendering/attending only?” question. This link will also not be present if you did not select **Submit** or receive a batch claim via NCTracks on the **Method of Claim and Electronic Transactions** page.

QUESTIONS ABOUT CURRENTLY ENROLLED PROVIDER NCTRACKS REGISTRATION APPLICATION

If you have additional questions regarding the Currently Enrolled Provider NCTracks Registration application, please contact the NCTracks Operations Call Center at 800-688-6696 or by e-mail at NCTracksprovider@nctracks.com.