



Medicaid of North Carolina

Attention Providers:

Medicaid of North Carolina has developed an interactive enrollment toll called NCTracks required for all providers to submit claims electronically to the payer. Begin your online enrollment today by visiting the NCTracks website at <https://www.nctracks.nc.gov/provider/providerEnrollment/index.jsp>.

Payer:	Medicaid of North Carolina
Payer ID:	CKNC1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Payer Enrollment Application:	Currently Enrolled Provider NCTracks: Follow the steps outlined below for Managing a Change Request to Add a Billing Agent
Approval Process and Timeframe:	Once you receive notification from NCTracks, please contact the Enrollment Department at EDS to complete the enrollment process.
Special Instructions:	Only Existing NCTracks Providers can select a Billing Agent. If you are enrolling for the first time, with Medicaid of North Carolina, you will need to complete this step after you receive confirmation of your credentialing enrollment. Please see the steps below for step-by-step instructions on how to select a Billing Agent.
Step 1:	Log into the Provider Portal at https://nctracks.nc.gov
Step 2:	Select the Enrollment tab and then click on “Status & Management”



Claims Enrollment Instructions

Step 3:	Choose “Manage a Change Request” – note: if you have multiple NPIs, the following steps will need to be completed for all NPIs submitting to Medicaid of North Carolina.
Step 4:	You must go through each of the sections and confirm your information. Click “Next” at the bottom of each page for the information to be saved. Each section must have a green check mark next to it in order to submit the Change Request.
Step 5:	In the section “Method of Claim/Electronic Submission” choose “Submit through a Billing Agent.”
Step 6:	In the “Associate Billing Agent” section, select the box to search for a new billing agent. Enter #50301075 as the Billing Agent ID.
Step 7:	Select the box for Dentalxchange – EDI Health Group. This will give you two drop down boxes. In the first one, select “All Transactions” and in the second one, select “ 50301075. ” Selecting All Transactions allows ERAs to be delivered to your EDS account, as well as be available on your NC Tracks account. In order to receive your ERAs for NC, please contact the Enrollment Department at (800) 482-3518.
Step 8:	<ol style="list-style-type: none"> 1. Submit form to NCTracks. 2. Call NCTracks at 800-688-6696 to confirm that all NPIs are linked to Billing Agent #50301075 and what Taxonomy Code your NPIs are associated with. 3. Contact the Enrollment Department at EDS to complete the enrollment process (800) 482-3518



Claims Enrollment Instructions

To start sending your claims electronically to Medicaid of North Carolina through EDS you will need to follow the instructions below. (* indicates required field)

* Payer Name	
---------------------	--

A. Provider Information

* Provider Name			
* Provider Address			
Street			
City	State/Province	Zip Code/Postal Code	

B. Provider Identifiers Information
--

* Provider Identifier(s)		
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Printed Name & Title of Person Submitting Enrollment



Claims Enrollment Instructions

Provider Instructions

Provider Information:

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider

Provider Address

- **Street** - The number and street name where a person or organization can be found
- **City** - City associated with provider address field
- **State/Province** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
- **Zip Code/Postal Code** - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
- **Country Code** - ISO-3166-1 Country Code

Provider Identifiers Information:

Provider Identifiers

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
- **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

- **Provider Tax Identification Number (TIN)**
- **National Provider Identifier (NPI)**

Submission Information:

Reason for Submission:

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

- **Electronic Signature of Person Submitting Enrollment**
- **Written Signature of Person Submitting Enrollment** - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Printed Name of Person Submitting Enrollment** - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Printed Title of Person Submitting Enrollment** - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment