
Submit the completed **Payer Request Form** to: ABILITY Network,
ATTN: Enrollment
FAX: 888.837.2232 | EMAIL: enrollmentsupport@abilitynetwork.com

INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

Note: Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms **WILL BE RETURNED**.

If you have more than ten payers to enroll, please make additional copies of this form.

Questions or need assistance?

Contact ABILITY Network Enrollment Department at 888.499.5465 or enrollmentsupport@abilitynetwork.com

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INSTRUCTIONS

Complete one form per TAX ID.

PROVIDER BILLING INFORMATION

Please type your responses directly into the form. Please check: New Request Change Request

Billing Service Name (if applicable):

TIN or ABILITY ID:

Contact Name:

Phone: () Fax: () Email:

Group/Provider Name:

Please check for designation: Professional Institutional

Billing Tax ID: Indicate TIN/EIN SSN Billing NPI:

Street Address:

City: State: Zip:

Name of Authorized Signee:

Title of Authorized Signee:

PAYER INFORMATION

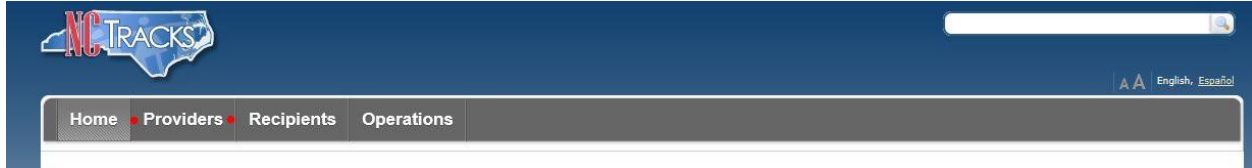
List payers with which you wish to enroll below. Please refer to the ABILITY Network Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

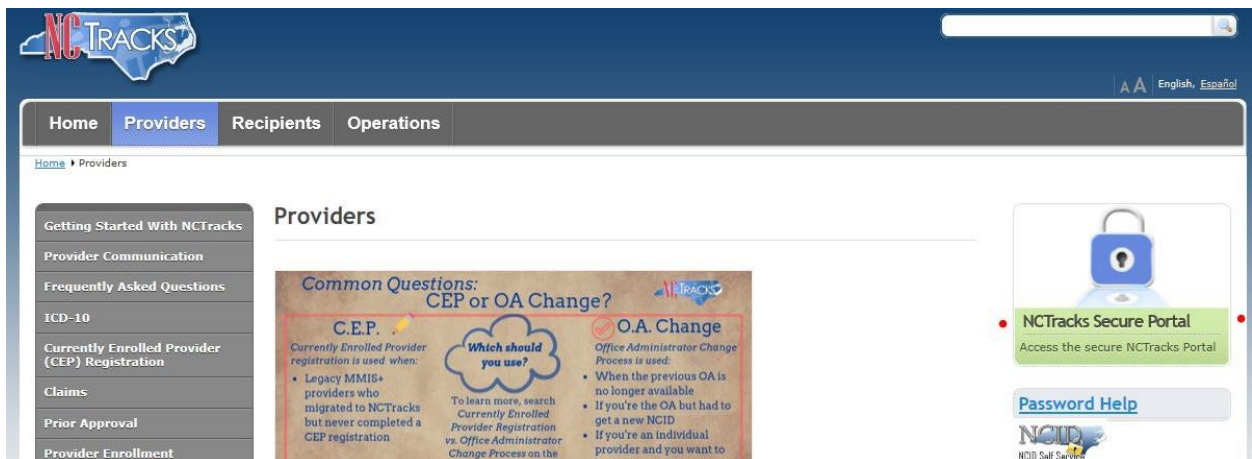
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1. Log onto the payer's website: <http://www.nctracks.nc.gov/>
2. Next page Displays as shown below click on the "Providers" Tab located in the top left-hand side of the grey bar.



3. Next Page Displays as shown below. Navigate to the right-hand side of the page and click on the icon labeled "NCTracks Secure Portal."



4. The below login screen will display for you. Here you will enter your NCID and Password.
**If you do not have an NCID and password, follow the links below to do so.
NCID Registration: <https://ncid.nc.gov>

Provider Portal 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](#)

5. The below will display on the following page. Here you will select Status and Management.

Announcements [More Announcements](#)

Date: **Jul 8, 2013 12:00:00 AM** Attention: **All Providers**

Call Center hours extended to 6 pm this week

Due to high call volume, Call Center hours are being extended to 6:00 p.m. this week, through Friday, July 12. The main Call Center telephone number is 1-800-688-6696. Watch for updates on Call Center status on the NCTracks Status page.

WELCOME

Provider Training

OFFICE ADMINISTRATORS

User Administration

ENROLLMENT

Status and Management

Quick Li

- [CCNC/CA](#)
- [Departmen](#)
- [Division of](#)
- [Division of](#)
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- [DMH/DD/S](#)
- [Division of](#)
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- [M](#)

6. The Status Management page is broken down into 6 sections. Locate the 4th Section labeled "Manage Change Request" and choose the NPI you will be updating. Click Update.

MANAGE CHANGE REQUEST ?

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'.

Select	NPI/Atypical ID	Name	ZIP Code	Begin Date	Status
<input type="radio"/>	1003008845	ABC PROVIDER	27502-1216	05/01/2012	Active
<input type="radio"/>	1003009325	AUDIOLOGY CONSULTANTS OF SOUTHERN O	27519-6462	01/30/2013	Active
<input type="radio"/>	1003009804	BANNA, MOUSTAFA	27607-3073	06/14/2012	Active



If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

- Next Page is the Organization Basic Information Screen as seen below.
**DO NOT Click on any of the menu options on the left. **
After reviewing your information, navigate to the Bottom Right-hand corner and click on the NEXT button.

Organization Basic Information

* indicates a required field

IDENTIFYING INFORMATION

Next >>

Save Draft Cancel Enrollment

Yes No

OWNERSHIP INFORMATION

* Business Type: CORPORATION

- The following page is the “Medicaid Terms and Agreement Attestation” acknowledgment. Check the box and click Next.
- This will bring you to the “Method of Claim and Electronic Transactions” page. Here in the Method of Transaction, you will choose >Submit a Single claims via the NC Tracks Portal AND BILLING AGENT. On the Incoming Transactions radio button, you will select YES. As shown below.

*** 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** »

10. Next you will be directed to the Associate Billing Agent section here you will click Yes to search. A search window will appear and here you will enter Billing Agent ID of **50300981** Search Results will display Click the radio button next to Our Clearinghouse information and click ADD.

SEARCH RESULTS				
Billing Agent ID	Name	Address	* Begin Date	
<input checked="" type="checkbox"/> 50000803	BILL ME AGENCY	65 TW ALEXANDER DR, DURHAM, NC, 27709-0000	07/18/2013	Add

11. Select Transactions section will appear, chose accordingly. All Transactions includes claims and ERA's and 835 Only is ERA only. Then click Next.
12. Continue to click on the next button through the Change Request application until you reach the Terms and Conditions page. Click Next.
13. The "Review Application" will appear and on the left-hand margin confirm that there is a green check mark in all except the last one labeled "Provider Application". Here you will verify the contact Email is correct. Here you can view the PDF version of your application. After reviewing is completed click Next.
14. Finally, you will come to a "Sign and Submit Electronic application" page. Here you are required to enter your NCID and Password as well as the PIN # generated and emailed to the contact email listed above in step #13. Scroll to the bottom of the page and click on Submit Now.

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 and re-attach any uploaded documentation.

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 **CAMERONSMITHTRAIN@GMAIL.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 **866-844-1113** if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.