## North Carolina Medicaid Special Bulletin



An Information Service of the Division of Medical Assistance

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February 2016

## Attention: All Providers

## Re-credentialing Due Dates for Calendar Year 2016

Providers are responsible for informing their billing agency of information in this bulletin. CPT codes, descriptors, and other data only are copyright 2014 American Medical Association.

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## List of Providers Due for Re-credentialing

A list of providers scheduled for re-credentialing in calendar year 2016 is available on the provider enrollment page of the DMA website under the "Re-Credentialing" header. Providers can use this resource to determine their re-credentialing/revalidation due date, and determine which month to begin the re-credentialing process. Organizations and health care systems with multiple providers may download this spreadsheet, which includes NPI numbers and provider names, to compare with their provider list.

Providers will receive a notification letter 45 days before their re-credentialing due date. Providers are required to pay a \$100 application fee for re-credentialing/reverification. If the provider does not complete the process within the allotted 45 calendar days, payment will be suspended until the process is completed. If the provider does not complete the re-credentialing process within 30 days from payment suspension and termination notice, participation in the N.C. Medicaid and Health Choice programs will be terminated. Providers must then submit a re-enrollment application to be reinstated.

**Re-credentialing is not optional**. It is crucial that all providers who receive a notice promptly respond and begin the process. Providers will receive a notification letter 45 days before their recredentialing due date. When it is necessary to submit a full Manage Change Request (MCR), the provider must submit the full Manage Change Request prior to the 45th day and the application status must be in one of these status to avoid payment suspension:

- 1) In Review,
- 2) Returned,
- 3) Approved, or,
- 4) Payment Pending.

Providers are required to complete the re-credentialing application after the full Manage Change Request is completed. If the provider does not complete the process within the allotted 45 calendar days, payment will be suspended. Once payment is suspended, the provider must wait for the re-credentialing application or the Manage Change Request to process before the payment suspension will be lifted.

When the provider does **not** submit a re-verification application by the re-verification due date **and** the provider has an MCR application in which the status is In Review, Returned, Approved or Payment Pending, the provider's due date will be reset to the current date plus 45 calendar days.

**Note:** Providers must thoroughly review their electronic record in NCTracks to ensure all information is accurate and up-to-date, and take any actions necessary for corrections and updates.

Re-credentialing does not apply to time-limited enrolled providers, such as out-of-state providers. Out-of-state providers must complete the enrollment process every 365 days.

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Providers with questions about the re-credentialing process can contact the CSRA (formerly CSC) Call Center at 1-800-688-6696 (phone); 919-851-4014 (fax) or <a href="https://www.nctracks.com">NCTracksprovider@nctracks.com</a> (email).

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