

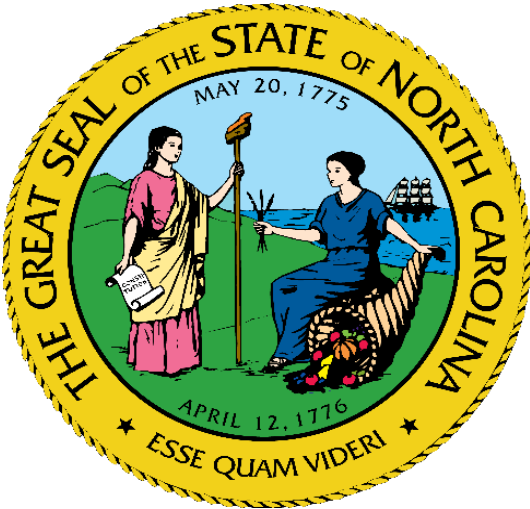
Virtual Office Hours

NC Medicaid Initiatives & Updates

June 5, 2025

NC DHB Provider Operations

NC DHB Quality Management

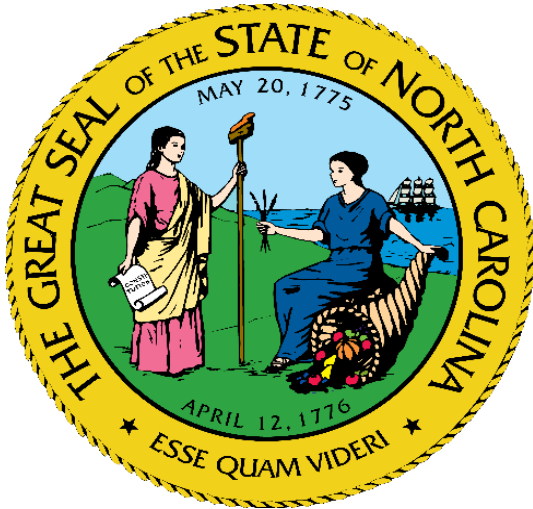


RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

AGENDA

- Quality Management Team - Maternal F Codes
- Important Updates for Optician Providers
- Telehealth Services
- Common Enrollment Application Issues FAQs
- Updates to Suspension Procedure for DMH/DD/SUS
- \$100 Application Fee Applicable to Re-Enrollment Applications
- Enhanced Security for OA Change Requests and EFT Change Requests
- Credentialing Committee Initiative
- NCQA-driven Provider Application Changes
- Children & Family Specialty Plan Goes Live 12/1/2025
- Keeping NCTracks Record Updated – Why it Matters
- NC Medicaid Provider Ombudsman
- Updated Multi-Factor Authentication Requirements
- Resources/Helpful Links
- Sneak Preview for September 4 VOH
- Q & A



Prenatal and Postpartum Care F Codes

Kate Davis RN-BSN – Clinical Nurse Quality Manager
Grace Ruffin, MPH – Quality Measurement Evaluator

Prenatal and Postpartum Care (PPC) HEDIS Quality Measure

- NC Medicaid has historically underperformed on the NCQA HEDIS® *Prenatal and Postpartum Care (PPC)* quality measure
 - Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
 - Postpartum Care. The percentage of deliveries that had a postpartum visit between seven and 84 days after delivery.

Figure 1. Comparison of Timeliness of Prenatal Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.

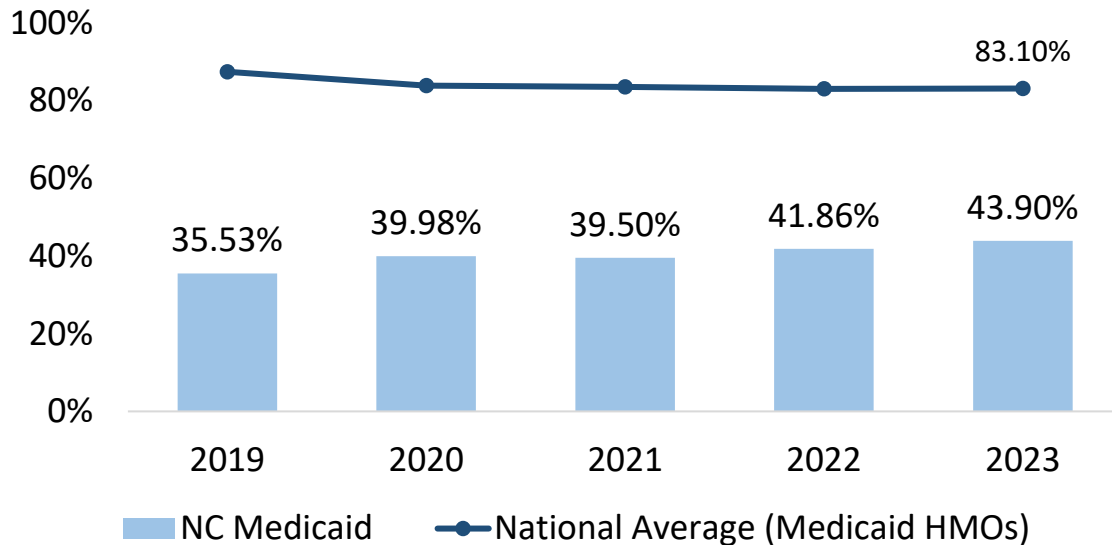
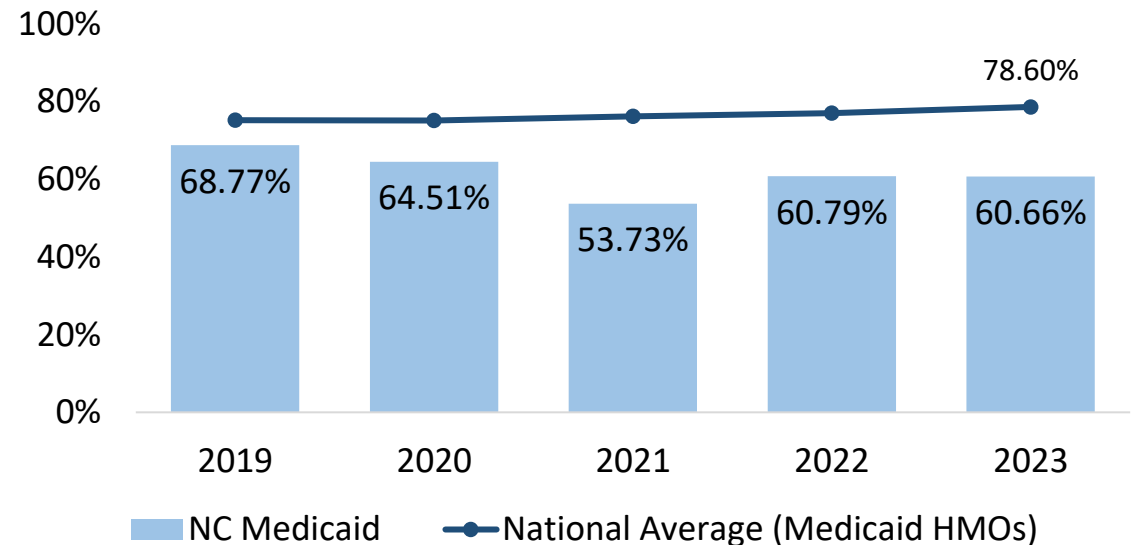


Figure 2. Comparison of Postpartum Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.



Global Billing Codes

- Reasons for NC Medicaid’s poorer performance are multifactorial, however one contributing factor driving this performance is the use of global billing codes.
- PPC services are often recorded using global billing codes that are not billed until the end of the pregnancy, meaning the first instance of prenatal care and subsequent postpartum care are often not adequately captured in claims and encounters data.

Table: Impact of Global Billing on HEDIS® Timeliness of Prenatal Care Numerator Compliance (June 2016-June 2023).

Presence of Global or Package Code	HEDIS Numerator Compliant	Number of (%) Distinct Medicaid IDs
Yes – Global or Package Code Found	Compliant	69,248 (25.53%)
	Not Compliant	137,825 (50.81%)
No – No Global or Package Code	Compliant	44,058 (16.24%)
	Not Compliant	63,487 (23.40%)

A higher proportion of people that were not numerator compliant had a global or package code for pregnancy-related services

Note: The percentage of distinct Medicaid IDs totals over 100% as members may have been eligible for this measure more than once during this time period.⁵

The Solution: F Codes

Two new F codes have been added to NC Medicaid’s [clinical policy](#):

- **0500F** for Initial Prenatal Visits and
- **0503F** for Postpartum Care Visits

Both codes are defined in the NCQA HEDIS® value sets and are meant to support more accurate and complete data collection.



Table 2: F Codes for Capturing Prenatal and Postpartum Care Added to NC Medicaid’s Clinical Policy			
CPT Code	Type	Description	Physician/NPP/LHD Services Guidelines
0500F	Individual	Initial Prenatal Care Visit*	Code reported to identify initiation of prenatal care. Report at first prenatal encounter with an obstetrical provider or other prenatal care practitioner. Report date of visit and in a separate field the date of the last menstrual period (LMP).
0503F	Individual	Postpartum Care Visit	Code reported to identify the comprehensive postpartum care visit. Postpartum visit can be to an obstetrical provider or other postpartum care practitioner, or primary care provider (PCP). Do not include postpartum care provided in an acute inpatient setting or other urgent/emergency room setting.

*NOTE: Primary care providers who do not perform prenatal care should not submit claims for 0500F.

F Codes: Moving Forward

After releasing the updated clinical policy in June 2024, the Department began encouraging providers and practices to use the new codes. **After July 1, 2025, Medicaid claims for delivery will deny if 0500F is not in the patient's history.**

This change applies to both NC Medicaid Managed Care and NC Medicaid Direct claims.

F Codes: Antepartum & Postpartum Only Billing

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 01 01 23 QUAL.										15. OTHER DATE MM DD YY QUAL.										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN John Smith, MD										17a. NPI 1897657328										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.																																																																					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z34.01 B. Z34.03 C. Z34.0 D. Z39.2 E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER																																																																															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EPSDT Facility Plan										I. ID. QUAL.										J. RENDERING PROVIDER ID. #									
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0500F: Initial prenatal encounter

S0280: Pregnancy Risk Screening forms completed at initial prenatal visit and again at 28 and 36 weeks

59426: Antepartum services

59430: Postpartum services

0503F and S0281: Postpartum follow up appointment

F Codes: Global Billing Example

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 01 01 23										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN John Smith, MD										17a. NPI 1897657328										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.									
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09	10	23	09	10	23	11				S0280				B		50	00	1		NPI	1982476891								
10	31	23	10	31	23	11				0503F				E		0	00	1		NPI	1982476891								
10	31	23	10	31	23	11				S0281				E		150	00	1		NPI	1982476891								
02	14	23	10	31	23	22				59400				D		1747	98	1		NPI	1982476891								

0500F: Initial prenatal encounter

S0280: Pregnancy Risk Screening forms completed at initial prenatal visit and again at 28 and 36 weeks

0503F and S0281: Postpartum follow up appointment

59400: Global code for antepartum, vaginal delivery and postpartum care

Frequently Asked Questions #1

Will all delivery claims be denied in the absence of these codes or only those that are globally billed?

The updated billing guidelines **will deny all delivery billing claims that do not include 0500F**, not just those that are globally billed. Claims will not be denied due to the absence of 0503F (postpartum care). However, the State may issue additional guidance or billing requirements if utilization does not mirror that of 0500F. As a reminder, global obstetric service claims are not to be submitted until postpartum care has been rendered.

Frequently Asked Questions #2

**Do the F codes need to be billed with a charge?
Historically, some quality codes needed a charge of
\$0.01.**

They do not need to be billed with a charge since they are not reimbursable codes. However, depending on a provider's electronic health record (EHR), they may have to enter a “penny charge” for the code to process appropriately

Frequently Asked Questions #3

**What if a beneficiary arrives in labor without having received prenatal care, or it's uncertain if they have?
Will my delivery charge be denied?**

The policy states, “to comply with the requirement, 0500F can be billed on line 1, and the delivery on line 2 of a professional (CMS-1500) claim for the same date of service.” In other words, prenatal care would have the same DOS as the delivery and listing 0500F on line 1 and delivery on line 2 will satisfy the requirement and the delivery claim will continue to process.

Frequently Asked Questions - #3

**What if a beneficiary arrives in labor without having received prenatal care, or it's uncertain if they have?
Will my delivery charge be denied? (cont.)**

0500F may be reported on the same date of service as delivery if:

History of antepartum care is unknown at time of billing, outside records are not available, and the beneficiary did not seek antepartum care with the delivering provider/practice. If records are available, and a prior claim with 0500F had been submitted to NC Medicaid direct, 0500F may be omitted from the delivery claim.

Frequently Asked Questions #3 (Continued)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 01 01 23										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN John Smith, MD										17a. NPI 1897657328										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. O09.30 B. O80 C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																													
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Diagnosis
O09.30:
Supervision
of pregnancy
with
insufficient
antenatal
care

O500F and
delivery with
same date of
service

Questions?

Resources:

- [PPC F Codes Fact Sheet](#)
- [PPC F Codes FAQ Document](#)
- [Clinical Coverage Policy 1E-5](#)
- [Program Specific Clinical Coverage Policies Webpage](#)
- [AHEC Updated Obstetric Clinical Policy Webinar](#)

Support:

- AHEC Coaches: practicesupport@ncahec.net
- Email: Medicaid.Quality@dhhs.nc.gov

New F Codes

Capturing Prenatal & Postpartum Care Services

NC Medicaid

BACKGROUND

Timely and adequate prenatal and postpartum care is important for ensuring the long-term health and well-being of pregnant people and their infants. Access to these services is a top priority for the Centers for Medicare & Medicaid Services (CMS) and North Carolina Medicaid. Currently, NC Medicaid is performing below the national average for Medicaid health maintenance organizations on the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Prenatal and Postpartum Care (PPC) quality measure (NQF #1517).¹ This measure is divided into two sub-measures:

1. **Timeliness of Prenatal Care:** Percent of deliveries that received at least one prenatal care visit in the first trimester.
2. **Postpartum Care:** Percent of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

THE PROBLEM

As indicated in Figures 1 and 2, NC Medicaid has historically performed below the national average for Medicaid Health Maintenance Organizations (HMOs) on the NCQA HEDIS® Prenatal and Postpartum Care (PPC) quality measure (NQF #1517).² This measure is divided into two sub-measures:

1. **Timeliness of Prenatal Care:** Percent of deliveries that received at least one prenatal care visit in the first trimester.

2. **Postpartum Care:** Percent of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

Year	NC Medicaid	National Average (Medicaid HMOs)
2017	36.92%	81.10%
2018	36.37%	81.50%
2019	35.53%	87.40%
2020	39.98%	83.80%
2021	39.50%	83.50%
2022	41.86%	82.95%

Figure 2: Comparison of Prenatal and Postpartum Care: Postpartum Care rates between the national average (Medicaid HMOs) and NC Medicaid from 2017-2022.

Year	NC Medicaid	National Average (Medicaid HMOs)
2017	58.96%	64.40%
2018	58.89%	63.60%
2019	58.77%	75.20%
2020	64.51%	75.10%
2021	53.73%	76.20%
2022	60.77%	79.95%

POTENTIAL CONTRIBUTORS TO DATA QUALITY CHALLENGES

Prenatal and postpartum related services are often documented using global billing codes (see Table 1).³ Global billing codes for perinatal services are not billed for up to 84 days after the end of pregnancy. This means the first instance of prenatal care and subsequent postpartum care are often not adequately captured in claims and encounters data.

Initial Prenatal and Postpartum Care F Code Implementation: Frequently Asked Questions

NC Medicaid Clinical Services Clinical Coverage Policy No. 1E-5, updated June 15, 2024, requires CPT billing codes for prenatal and postpartum care. These codes will assist in tracking the timeliness of prenatal and postpartum care provided to NC Medicaid beneficiaries.

For Capturing Prenatal and Postpartum Care Added to NC Medicaid's Clinical Policy

Code	Description	Physician/Non-Physician Provider/LHD Services Guidelines
0500F	Initial Prenatal Care Visit*	Code reported to identify initiation of prenatal care. Report at first prenatal encounter with an obstetrical provider or other prenatal care practitioner. Report date of visit and in a separate field the date of the last menstrual period (LMP).
0503F	Individual Postpartum Care Visit	Code reported to identify the comprehensive postpartum care visit. Postpartum visit can be to an obstetrical provider or other postpartum care practitioner, or primary care provider (PCP). Do not include postpartum care provided in an acute inpatient setting or other urgent/emergency room setting.

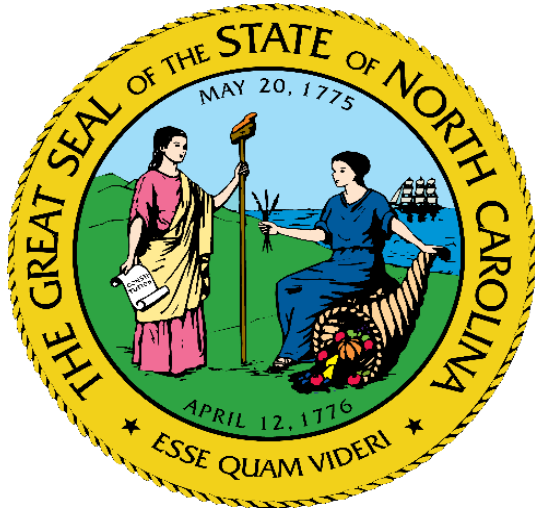
*NOTE: Primary care providers who do not perform prenatal care should not submit claims for 0500F.

After July 1, 2025, delivery claims (including global or package billing codes) submitted to NC Medicaid Direct and Managed Care Plans will be denied without a code for 0500F (Initial Prenatal Care Visit). NC Medicaid is revising billing guidelines and communicating directly with billing and claims professionals at the Managed Care Plans ahead of the July 1, 2025 implementation of this change.

ADDITIONAL RESOURCES

This FAQ document serves as a supplement to a [fact sheet](#) disseminated to the Managed Care Plans and providers. The fact sheet details the current changes, the rationale behind them, and the subsequent actions related to the new CPT billing codes for prenatal and postpartum care. Additionally, a [webinar](#) for providers in collaboration with the North Carolina Area Health Education

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Thank you!

Please email Medicaid.Quality@dhhs.nc.gov with any additional questions.

Important Updates for Optician Providers


The Optician taxonomy (156FX1800X) has been available to providers as an Organization enrollment type but is intended only for Individual provider enrollment.

Individual Opticians and their affiliated organizations must ensure correct enrollment before Sept. 1, 2025

Providers can now select this taxonomy under an Individual enrollment type in NCTracks.

Important Updates for Optician Providers - Individuals

Individual providers should complete the following to prepare for this change, as necessary:



Obtain an individual NPI, through the National Plan and Provider Enumeration System ([NPPES](#)).

Complete the provider enrollment process through NCTracks to enroll the individual with NC Medicaid.

Affiliate the individual to the organization NPI billing on their behalf.

Note: If the individual Optician is actively enrolled with NC Medicaid and affiliated to the organization billing on their behalf, the above steps are considered complete.

Important Updates for Optician Providers - Organizations

Organization provider enrollment record changes may be required:

If a taxonomy other than Optician (156FX1800X) is active at each location and can be used to bill related services (e.g., Single Specialty), then no additional action is required.

If an Optician taxonomy (156FX1800X) is the only taxonomy active for the location, then an additional taxonomy (e.g., Single Specialty) must be added. Submit a Manage Change Request making the appropriate taxonomy selection (e.g. Single Specialty)

"How to View and Update Taxonomy" and "How to Select a Taxonomy" [user guides](#) are available to assist with this process.

Once the individual Optician is enrolled and affiliated, the organization can begin billing using the individual NPI/taxonomy as the rendering provider and the organization's NPI/taxonomy as the billing provider, as appropriate.

Updates for Optician Providers – Contact Lens and Contact Lens Fitter

- **Effective December 1, 2025, Contact Lens (156FC0800X) and Contact Lens Fitter (156FC0801X) taxonomies will be terminated in NCTracks.**
- **Individual providers enrolled with either of these taxonomies must ensure an additional active Optician taxonomy for each location where services are rendered.**
- **If there is not an Optician taxonomy on the Individual provider record, submit a Manage Change Request on the NCTracks Secure Provider Portal to add the Optician taxonomy (156FX1800X) before December 1, 2025, to ensure continued payment.**

Resources for Optician Providers

- "How to View and Update Taxonomy" and "How to Select a Taxonomy" [user guides](#)
- Criterion for enrollment is displayed on the Provider Permission Matrix, available on the NCTracks Provider Enrollment [webpage](#) (additional job aids and resources are available here as well)
- National Plan and Provider Enumeration System ([NPPES](#))
- An [Important Updates for Opticians](#) NCTracks announcement was recently published on this topic

Telehealth Services

New Federal Law

- Providers must now report:
 - ✓ Telehealth services offered
 - ✓ Office website availability
 - ✓ American Sign Language (ASL) support



Changes to NCTracks

- ✓ Currently information not captured during enrollment
- ✓ NC DHB working with GDIT to update system
- ✓ Not all covered services are available
- ✓ Updates went live in NCTracks May 4, 2025

Upcoming Provider Application Changes

Common Enrollment Application Issues (FAQs)

When is supporting documentation required for an application?



Common Enrollment Application Issues FAQs (cont.)

How do I determine
which taxonomy code to
use?

What happened to the draft
application that I had saved
in Status Management?



Updates to Provider Suspension Process for Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) Health Plans



Reverification Suspension Alignment Effective June 1, 2025

What's Changing:

If a provider fails to
complete reverification:

- **Both NC Medicaid and DMH/DD/SUS plans will be suspended**
- **LME batch updates will be blocked** during suspension
- Error message: Provider not in active status
- **One-time update** will align current DMH/DD/SUS status with Medicaid suspensions
- No new notices will be issued

Who's Affected:

- Providers enrolled in **both** NC Medicaid and DMH/DD/SUS plans
- **DMH/DD/SUS-only providers are not affected**



Enhanced Security for OA and EFT Change Requests

Purpose:

- ✓ To strengthen protection of provider information and portal access.

Key Enhancements:

- ✓ **Office Administrator (OA) Change Requests:**
 - Email notifications sent upon submission and approval to:
 - Current Office Administrator (OA)
 - Provider
 - All officers tied to the NPI

Electronic Funds Transfer (EFT) Change Requests:

- ✓ Email notifications sent upon submission to:
 - Current OA
 - Provider
 - Pay-to contact and EFT authorized individual (if applicable)
- ✓ Phone verification required with authorized contact before processing
- ✓ EFT changes will not begin until confirmation is received

Re-Enrollment Applications Will Now Require the \$100 North Carolina Application Fee; Draft Applications Will Be Deleted

\$100 NC Application Fee required for re-enrollment applications (per NC General Statute 108C-2.1)

Applies to the following re-enrollments:

- **Individual Providers:**
 - ❖ Full re-enrollment
 - ❖ Atypical
 - ❖ OPR (Ordering, Prescribing, Referring)
 - ❖ Upgrade from OOS Lite or Medicare Lite to Full
- **Organization Providers:**
 - ❖ Full re-enrollment
 - ❖ Atypical
 - ❖ Upgrade from OOS Lite or Medicare Lite to Full



[Federal Fee and Application Fee FAQs](#)

NC Medicaid Credentialing Committee

NCDHHS will establish a Provider Credentialing Committee that will render final decisions on submitted applications. These decisions will be based on information found during the credentialing process.

Findings may include information disclosed by the provider as well as information discovered through background checks and continuous monitoring conducted independently of applications, **including NPDB checks.**

Applies for all Division of Health Benefits (DHB), Division of Mental Health (DMH), Division of Public Health (DPH), Office of Rural Health (ORH), and all managed care health plan practitioners.



NC Medicaid Credentialing Committee

The Credentialing Committee will:

- Meet once per week
- Pre-review practitioner's profiles for discussion at next meeting
- Ratify clean applications
- Maintain charter and bylaws (and any revisions) to ensure adherence to Medicaid, NCQA, Federal and State standards for participation

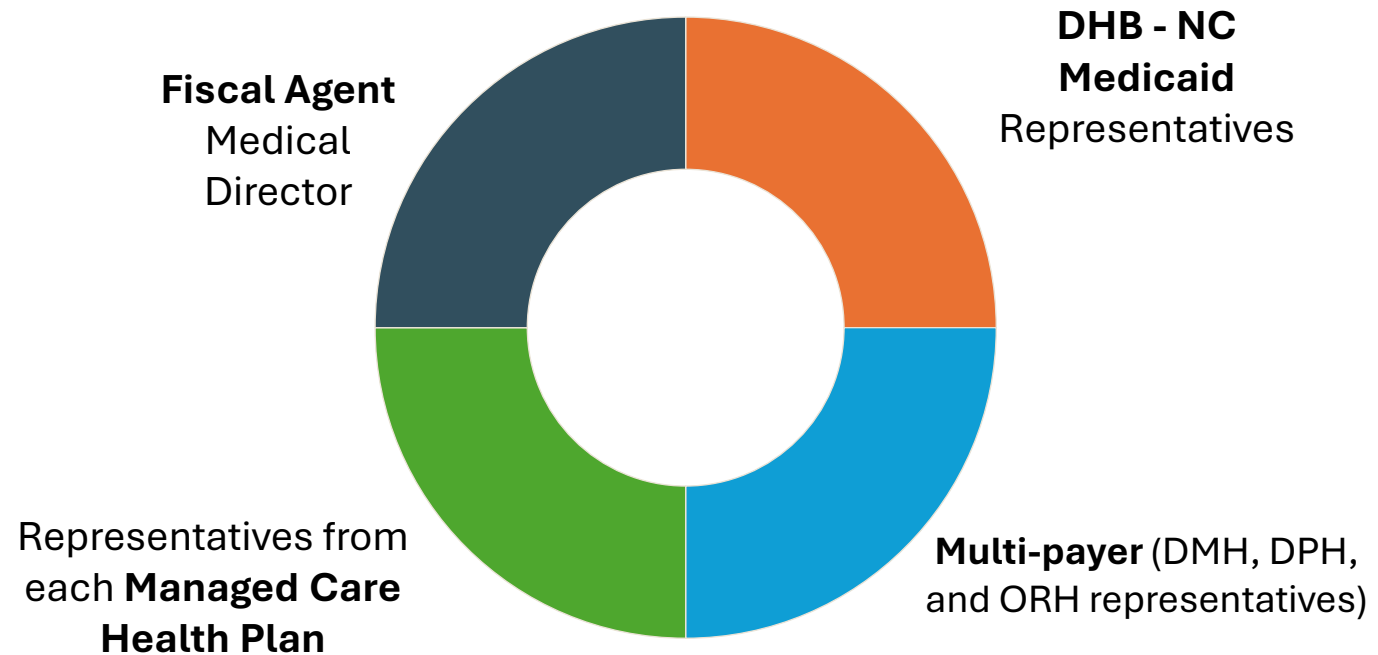
Applications with no findings will be ratified by the Credentialing Committee but will not be subject to further review

Initial	Re-enrollment	Maintenance (In the event the provider adds a credential, criminal disclosure, service location, etc.)	Recredentialing	Ongoing Monitoring
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Who makes up the Credentialing Committee?

The Credentialing Committee is comprised of voting and non-voting members

Non-voting members may include the Credentialing Coordinator, Peer Expert Specialists and Peer Expert Non-Physician Practitioners, as needed



National Practitioner Data Bank (NPDB) Checks

Additional requirements to align with the standards set by the National Committee for Quality Assurance (NCQA)

NPDB checks for malpractice claims for individual providers is being added to the application process

- **Credentialing Committee is necessary in order to query this database**
- **Negative results, as determined by the bylaws, will go to the Committee for determination**

Provider Application Updates

Additional requirements to align with the standards set by the National Committee for Quality Assurance (NCQA)

[Bulletin - Upcoming Provider Application Changes](#)

Individual Provider Attestation

New attestation and process for individual providers

- **Only required** for initial enrollment, re-enrollment, and re-verification
- Will **only** apply to new applications submitted after implementation
- An Office Administrator (OA) will complete the application but will not be able to submit it until it is **verified, signed, and attested to by the provider**

Race, Ethnicity, and Languages Spoken by Practitioner

GDIT will capture provider's race, ethnicity, and spoken languages on individual provider enrollment applications.

- Will **only** apply to Individual and Atypical Individual providers for all application types
- Option will be available for provider to **opt out** of providing race, ethnicity, and language responses
- Race, ethnicity, and language responses will be **editable in the Provider Portal**

Exclusion Sanction Questions

Replaced Question (N)

Is the enrolling provider currently engaged in the illegal use of drugs?

New Questions

- *Does the enrolling provider use any chemical substances that would in any way impair or limit the ability to practice medicine and perform the functions of the job with reasonable skill and safety?*
- *Does the enrolling provider have any reason to believe that they would pose a risk to the safety or well-being of patients?*
- *Is the enrolling provider unable to perform the essential functions of a practitioner in the area of practice even with reasonable accommodation?*

Keeping NCTracks Provider Record Updated

Why it Matters



- **Providers are contractually required to maintain accurate and current information in NCTracks record**
- **Accurate and current information critical to receive timely notifications**
- **Outdated data and information can lead to provider directory and reporting errors**

Children & Families Specialty Plan Goes Live December 1, 2025

- **New Statewide Initiative: - Healthy Blue Care Together Administered by Blue Cross**
- **Supports children, youth, and families – replaces Foster Care program**
 - Includes at-risk children, former foster youth, and families working toward reunification
- **DHHS and Healthy Blue Care Together prioritizing transitions of care to ensure smooth shift to new plan.**
- **Interested providers should contact Healthy Blue Care Together directly for more information.**



[CFSP home](#)

[CFSP Fact Sheet](#)

[What providers need to know about CFSP Part 1](#)

Healthy Blue Care Together NC_Contracting@healthybluenc.com or
NC_Provider@healthybluenc.com Phone: 844-594-5072

NC Medicaid Provider Ombudsman

- **Most important resource for providers looking to resolve issues with PHPs, NCTracks, and/or provider enrollment**
- **Should only be used as an escalation measure **AFTER** contacting Health Plans and utilizing online Help Center for assistance**

Medicaid.providerombudsman@dhhs.nc.gov



866-304-7062

Updated Multi-Factor Authentication (MFA) Requirements for All NCTracks Users

NCTracks is changing the User Login process, implementing MFA updates for all users in 2025.

This transition will occur in phases – users will be contacted via email when their account is scheduled to change to MFA.

The notification you receive will outline the steps to be taken in order to update your profile.

myncid.nc.gov/





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Links & Resources

Medicaid.providerombudsman@dhhs.nc.gov

[Provider Applicant Required Documentation](#)

[NC Medicaid Provider Recredentialing](#)

[NC Medicaid Enrollment Reminders](#)

[Change of Ownership FAQs](#)

[NC Medicaid Help Center](#)

[CFSP Home](#)

[CFSP Fact Sheet](#)

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[Federal Fee and Application Fee FAQs](#)

[Telehealth & Website related questions](#)

[What providers need to know about CSFP Part 1](#)

[User Guides & Fact Sheets](#)

<https://nppes.cms.hhs.gov>

[Provider Enrollment](#)

[NCTracks Provider Announcements 2025](#)

[Telehealth Program](#)

[Common Enrollment Application Issues FAQ 2025](#)

[EFT Change](#)

[Quarterly Provider Update – Spring 2025 | NC Medicaid](#)

[Upcoming Provider Application Changes](#)

[User Guides](#)

[Important Updates for Opticians](#)



Virtual Office Hours – September 4, 2025

- Information on Maintaining Eligibility through NCTracks
- Carolina ACCESS Enrollment Refresher

