

Medicaid and NC Health Choice Provider and Health Plan Lookup Tool

The online provider directory allows beneficiaries to find any Medicaid or NC Health Choice provider and select their health plan and primary care provider (PCP).

The [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool](#) provides an online resource for beneficiaries to use while researching and ultimately selecting a health plan and PCP. The lookup tool also allows searching to inform beneficiaries of all types of providers participating in their selected health plan.

In preparation for the launch of the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plans in December 2022, the lookup tool has been updated to identify provider participation with the Tailored Plan health plans and to offer more detailed information related to behavioral health services. Tailored Plans will offer both behavioral and physical health services to enrolled members, but the lookup tool is designed to offer information for all types of participating providers across all NC Medicaid Managed Care programs to ensure continuity of care for beneficiaries.

WHAT TYPES OF PROVIDERS ARE SHOWN IN THE TOOL?

The lookup tool contains all active Medicaid and NC Health Choice providers including primary care providers, behavioral health providers, specialists, hospitals and facilities. Beneficiaries may search for any type of provider through a variety of selectable criteria. Results display all pertinent information related to the provider and will guide the beneficiary through selection of a provider for primary care as appropriate.

HOW WILL THE INFORMATION BE UPDATED?

Each health plan submits their provider network to the Department daily. The information is then processed and transmitted to the Enrollment Broker from NC Medicaid's provider data management system nightly. When a provider utilizes the NCTracks Manage Change Request process to modify their provider enrollment record, the new information is shared with the Enrollment Broker once the change completes processing and is then reflected in the lookup tool.

WHAT IS REQUIRED IN A SEARCH?

There are four search options: Search by Plan for a Provider, Search by Plan for an Organization, Search by Provider for a Plan, Search by Organization for a Plan. Each option offers instruction about which fields are required to conduct a search. Location is required for all searches as well as at least one additional search criteria. Required fields are designed to narrow search results to a level manageable to find a provider or health plan.

WHAT SPECIFIC INFORMATION ABOUT PROVIDERS WILL DISPLAY IN THE SEARCH RESULTS?

Depending on the search conducted, the results are expected to display the following applicable information for individual and/or organization providers:

- Provider’s Last Name (or Organization name)
- Provider’s First Name
- Provider Gender (individual providers only)
- National Provider Identifier (NPI) or Atypical Provider Number
- Service Location/s
- Hours of Operation
- Benefit Programs
- Contracted Health Plan
- Languages Supported
- Accepting New Patients
- Accepting Siblings
- Accepting Female Age Group
- Accepting Male Age Group
- Provider’s Specialty (based on Taxonomy)
- Accessibility indicators including those for Blind/Vision Impaired Services, Braille, Deaf/Hearing Impaired Services, Disruptive Behavior Services, Language Interpreter, Sexual Aggression Services, Sign Language Interpreter, TDD/TTY information, Wheelchair Accessible
- PCP Indicator
- Tailored Care Management Provider Indicator

For organizations, the results will also display a list of individual affiliated providers and include the specialties of those affiliated providers under the specialty information.

WHY ARE ADDRESSES MISSING FROM PROVIDER SEARCH RESULTS?

The lookup tool allows the user to search for a provider, which results in a list of individual providers that meet the criteria specified in the search. The information in these results is sourced from the individual provider NCTracks record. If an expected address is not displayed in the results, it is because the address is not an active Service Location on the individual NCTracks provider record.

In addition, when individual providers affiliate to an Organization NPI and location, NCTracks only captures the affiliation. If the individual provider desires to have the affiliated organization’s address display in the lookup tool results under their name, then the individual provider must also add the affiliated organization’s address as a Service Location on the Individual provider NCTracks record by submitting a Manage Change Request (MCR). Once the MCR processes, the address will display as a location in a provider directory search result.

HOW DO PROVIDERS ENSURE ACCURATE INFORMATION DISPLAYS IN THE DIRECTORY?

Provider information displayed in the Lookup Tool (see specific information outlined below) is sourced from their NCTracks provider record and supplemented with health plan contract data. To ensure that accurate information is displayed, providers must review the NCTracks provider record and make any necessary updates using the MCR process, and also confirm that the information given to health plans during contracting is up to date with NCTracks.

In addition to the Lookup Tool, interim reports are available on the [Managed Care Provider Playbook Trending Topics page](#) to assist providers in verifying their records. The Provider Directory Listing Report, as well as the Provider Affiliation Report, contains Medicaid and NC Health Choice providers. In combination, these reports offer a resource to providers to confirm the information visible to NC Medicaid beneficiaries in the lookup tool.

- If the Provider Affiliation information is incorrect, the appropriate authorized individual must update the Individual to Organization affiliation with an MCR submitted under the individual provider record.
- Providers unable to find their practice associated with the correct health plans should reach out directly to the health plan to discuss contracting options. If contracting with health plans through a Clinically Integrated Network (CIN), providers should reach out to their CIN to resolve.

More information is available [here](#).

SOME SERVICE LOCATIONS ARE USED FOR CLAIMS PAYMENTS OR FOR STAFF ALLOCATION PURPOSES AND SHOULD NOT BE CONTACTED TO SCHEDULE APPOINTMENTS. HOW WILL THIS BE HANDLED IN THE TOOL?

All active service locations will be displayed in the tool. However, only PCP/Advanced Medical Home (AMH)-designated providers will be selectable by users. It is the responsibility of the provider to only contract with health plans for locations where services are rendered.

WHAT IF I HAVE QUESTIONS?

Additional resources for providers on the transition to managed care can be found in the [Provider Playbook](#) and on the NC [Medicaid Transformation website](#).

For general inquiries and complaints regarding health plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman:

- Provides resources and assist providers with issues through resolution.
- Assists providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each health plan's provider manual.

For questions related to your NCTracks provider information, please contact the GDIT Call Center at 800-688-6696. To update your information, please log into the [NCTracks Provider Portal](#) to verify your information and submit a MCR or contact the NCTracks Call Center.