

Fact Sheet

Overview of Provider Directory and Data Flow

Provider Data is exchanged with Departmental vendors to support information displayed in the Medicaid Provider and Health Plan Lookup Tool.

The Medicaid and NC Health Choice Provider and Health Plan Lookup Tool provides an online resource for beneficiaries to research and ultimately select a health plan and/or primary care provider (PCP). The website, as well as the mobile application, has two searchable portals:

1. A **public-facing portal** that includes all active Medicaid and NC Health Choice Providers. This portal, launched in January 2021, allows anyone to search for a Medicaid participating provider. Providers can also use the tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.
2. A **secured portal** that is used by NC Medicaid beneficiaries for health plan and PCP selection as applicable to the plan in which they are enrolling. Search results in this portal will only include active NC Medicaid providers that are designated as Advanced Medical Homes (AMHs) or PCPs. This portal launched March 1, 2021.

WHAT SPECIFIC PROVIDER INFORMATION WILL DISPLAY IN SEARCH RESULTS IN THE TOOL?

As additional managed care programs are introduced, the Medicaid Provider and Health Plan Lookup Tool is updated to include new and enhanced features. See the [Enrollment Broker Learn webpage](#) for more information.

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.

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.

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.

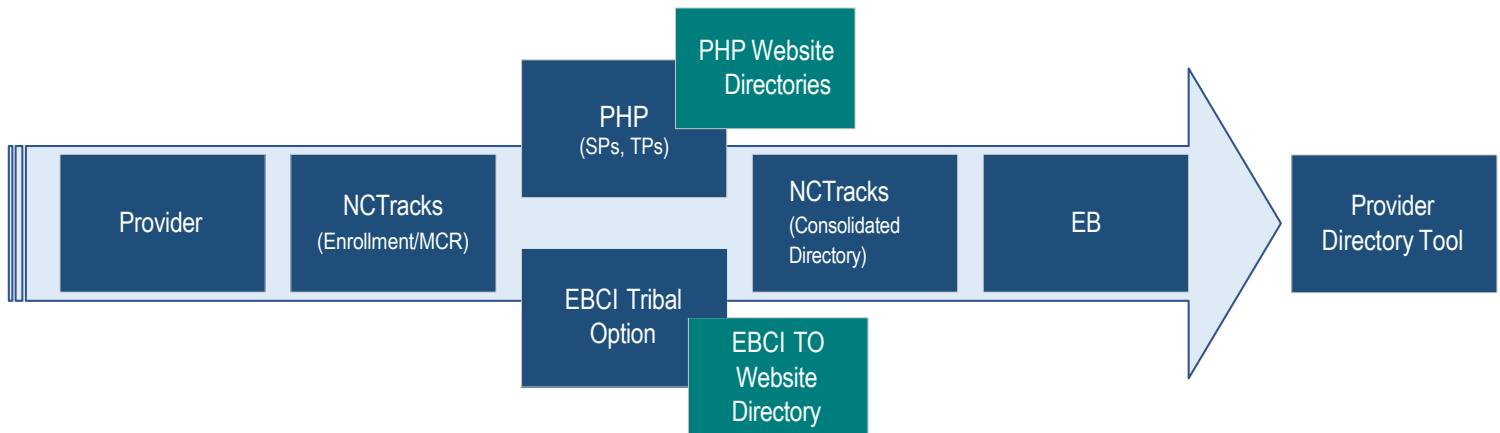
SOME SERVICE LOCATIONS ARE USED FOR CLAIMS PAYMENTS OR FOR STAFF ALLOCATION PURPOSES AND SHOULD NOT BE CONTACTED TO SCHEDULE APPOINTMENTS. HOW WILL THIS BE HANDLED IN THE TOOL?

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.

PROVIDER DATA FLOW

The diagram below details the provider data flow from the individual or organization provider to the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool and is followed by a statement of the purpose and responsibility of each party.

Provider Directory Data Flow



Provider

Using NCTracks, providers are responsible for completing and maintaining their provider data for any service location intended for inclusion in the lookup Tool or in the prepaid health plan (PHP) network's directory. The provider or designated office administrator may access their provider data using the secured NCTracks provider portal and submit changes using the Managed Change Request (MCR) process. Depending on the type of update, the change may occur immediately upon submission of the MCR, or may trigger credentialing activities, which may take up to three weeks to become final. Once the MCR has completed processing, the updated information is shared with the enrollment broker and updated in the lookup tool, a process that takes up to two days. Providers having trouble submitting MCRs may contact the NCTracks Call Center at 800-688-6696 for support.

NCTracks - Provider Enrollment and Manage Change Requests

Provider information is maintained in the NCTracks system through enrollment and/or managed change request (MCR) applications. This information becomes the source of record for provider data defined by service location. See *PCP Data Structure and Organization Roster* for additional references.

PHPs (SPs, TPs)/Eastern Band of Cherokee Indians (EBCI) Tribal Option

PHPs, which include Standard and Tailored Plan partners, as well as the EBCI Tribal Option, use the Department's provider source of record to engage in their network contracting. All health plan entities shall accept provider credentialing and verified information from the Department and shall not request any additional credentialing information from a provider without the Department's written prior approval. These health plan entities are **NOT** prohibited from collecting other information from providers necessary for their contracting decisions. PHPs and the EBCI Tribal Option submit their provider network to the Department. The same information is used to display on their own website directories. *Note: Provider information that PHPs obtain from Clinically Integrated Networks (CINs) must be reconciled against the NCTracks provider data before the PHP reports the information in their respective network file.

NCTracks – Consolidated Provider Directory

NCTracks reconciles the PHP and Tribal Option network information and creates a consolidated directory of all NC Medicaid participating providers, including those not contracted with a PHP or Tribal Option network. Any PHP reported network data that fails validation is rejected and does not become part of the provider's managed care record. Rejected network data is also excluded from the consolidated provider data information transmitted to the enrollment broker for the provider directory tool.

KEY TAKEAWAY POINTS

Daily Data Flow

The Provider Data Flow is a daily process that begins at 5 p.m. and will include data updated by the PHPs, EBCI Tribal Option, and provider that was approved that day. The process ends prior to the start of the next business day when the Lookup Tool will display verified data received by the Department.

PCP Data Structure

For NC Medicaid, member PCP assignment is typically made to a practice and not an individual provider unless the individual is not affiliated with any participating PCP organizations. Organizations and qualified unaffiliated individuals are assigned the AMH/PCP designations when specified criteria is met.

- A member may perform a search on an organization within the public-facing portal to view the list of "Providers Working at this Location" based on affiliated individual providers.
- From the search result, a member may click on "Enroll" to be directed to the secured portal. Once in the secure portal, the member repeats the search, and makes their selection as appropriate for the health plan in which they are enrolled. The Lookup Tool uses the group affiliation data available in NCTracks to connect the individual providers to their respective organizations by service location.

Organization Roster

NCTracks does not maintain an organization's rostered doctors. NCTracks allows individual providers to affiliate with organizations authorized to bill fee-for-service claims on their behalf. Providers are not required to add affiliated organization addresses as service locations to their own individual NCTracks provider record. The individual to organization affiliation can only be maintained by the individual provider or their authorized office administrator.

Clinically Integrated Networks (CIN)

A CIN is an organization that provides support to AMH providers including managing data, supporting analytics, and delivering advanced care coordination and care management services. An AMH provider may choose to work with CINs to coordinate contracting and support across all of the AMH's or PHPs or to address areas where they have gaps in their technology infrastructure. As PHPs work with CINs to build their network, the PHP MUST reconcile the provider's information (service location, enrollment eligibility, organization affiliation, etc.) obtained from the CIN with the information the PHP receives from NCTracks. Only the information provided by NCTracks shall be reported in the PHP Provider Network.