CSRA

a General Dynamics Information Technology, Inc. company

# NCMMIS Credentialing Committee Bylaws

**PREPARED FOR:**

North Carolina Department of Health and Human Services

**WPDT**

Version W1.0.1F

**SUBMITTED BY:**

CSRA
a General Dynamics Information Technology, Inc. company


NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

November 06, 2025

## Version and Revision History

| Version | Date | Updated by | Description |
|---|---|---|---|
| W1.0.1 | July 30, 2025 | | Original version. |
| W1.0.1 | October 30, 2025 | CSRA | Section 1.Introduction:<br>• Updated Bylaws to reflect that CSRA will terminate providers with current adverse license limitations.<br><br>Section 4.1 Provider Profile Packages<br>• Updated statement regarding files and findings previously reviewed by NC DHHS and the Credentialing Committee to include CSRA's prior review and classification as low risk.<br><br>Section Appendix A Risk Level Classification:<br>• Section- Medium Risk: Corrected statutory reference from G.S. 108C-3(g) to G.S. 108C-4. Updated criteria to reflect that criminal findings occurring more than ten years prior are considered medium risk, excluding those designated as high risk. |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Section – Introduction: Updated Bylaws to removed "Office of Rural Health (ORH). |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Section – Introduction: Updated Bylaws to remove bullet point "Denies enrollment if provider is on the Sex Offender Registry. Validated on US Department of Justice National Sex Offender Public Website at https://www.nsopw.gov/ |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Section – Introduction: Updated Bylaws to remove bullet point "Terminates a provider is on the Sex Offender Registry. Validated on US Department of Justice National Sex Offender Public Website at https://www.nsopw.gov/ |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Section – 3. Credentialing Committee Members: Updated Bylaws to removed "One Representative of NC DHHS Office or Rural Health, as designated by the division" |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Section – 4. Credentialing Committee Meeting: Updated Bylaws to add Public Credentialing Committee Meeting details. |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Low Risk section to include "previously approved by NC DHHS. GDIT" |

| Version | Date | Updated by | Description |
|---|---|---|---|
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Low Risk section, Criteria supporting a Low Risk..., to include two additional bullets:<br>• CMS adverse action resulting in a stayed sanction.<br>• Current probation status with applicable licensing authority, without limitation. |
| W1.0.1 | 11/05/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Low Risk section, Malpractice History to specify "*Self-Reported Question P on Individual Application:*" |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Medium Risk section, Criteria supporting a Medium Risk, added additional probation status:<br>..."*that fall into one of the following categories:*<br>– *Abuse of billing privileges including misuse of billing number, billing with suspended license, or falsification of Medical Record.*<br>– *Improper prescribing practices or prescribing authority suspended or revoked*<br>– *False or misleading information*<br>– *Noncompliance – Determined out of compliance with enrollment or quality standards established by the State.*<br>– *Patient harm*<br>– *Other – Any other reason that poses a threat of fraud, waste, or abuse to the Medicaid program."* |
| W1.0.1 | 11/05/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Medium Risk section, Malpractice History to specify "*Self-Reported Question P on Individual Application:*" |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated Medium Risk section, added "*NOTE: All previously reviewed and approved findings are categorized as low risk and are approved for the purposes of ongoing credentialing evaluations. These historical findings have undergone prior review and do not require re-assessment unless new information emerges. Similarly, any findings approved by the Credentialing Committee previously will be designated as low risk and included in the approval process."* |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated All Risk section, Malpractice History to specify |

| Version | Date | Updated by | Description |
|---|---|---|---|
| | | | "*Self-Reported Question P on Individual Application:*" |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated High Risk section, Criminal Findings to add "*Convictions for criminal offenses listed under G.S. 108C-4 occurring less than ten years prior*" |
| W1.0.1 | 11/04/2025 | NCDHHS-DHB | Appendix A. Risk Level Criteria: Updated High Risk section, added "*NOTE: All previously reviewed and approved findings are categorized as low risk and are approved for the purposes of ongoing credentialing evaluations. These historical findings have undergone prior review and do not require re-assessment unless new information emerges. Similarly, any findings approved by the Credentialing Committee previously will be designated as low risk and included in the approval process.*" |
| W1.0.1F | 11/6/2025 | CSRA | Section 4. Credentialing Committee Meetings: Added references to supporting materials in the appendices:<br>• **Appendix C:** Public Credentialing Committee Agenda Template<br>• **Appendix E:** Public Credentialing Committee Minutes Template<br><br>Updated **Appendices C–E** to include the following templates:<br><br>• **Appendix C:** Public Credentialing Committee Agenda Template<br>• **Appendix D:** Credentialing Committee Minutes Template<br>• **Appendix E:** Public Credentialing Committee Minutes Template |
| | | | |

## Approval

| Date | Revision | Approval |
|---|---|---|
| | Original version. | Committee voted to approve the original version. |
| 11/12/2025 | W.1.0.1F | Committee voted to approve version W.1.0.1F |

# CREDENTIALING COMMITTEE BYLAWS

## Table of Contents

# 1. Introduction

CSRA State and Local Solutions LLC, a General Dynamics Information Technology (GDIT) Company (hereinafter referred to as CSRA) performs all required enrollment, credentialing, recredentialing, and ongoing monitoring activities (license verification, Medicaid/Medicare sanction/exclusion verifications, etc.) for North Carolina Department of Health and Human Services (NC DHHS) providers which includes all providers contracting with Division of Health Benefits (DHB), Division of Mental Health (DMH), Developmental Disabilities and Substance Use Services (DMH/DD/SUS), Division of Public Health (DPH), and all NC Medicaid Managed Care health plans.

Following State-approved desk procedures, CSRA Provider Enrollment Specialists complete the required actions for enrollment, credentialing, and recredentialing applications:

- Identifies applications as clean (no negative findings).
- Ensures all negative findings are disclosed with complete required documentation (copy of legal documents showing final disposition and a signed/dated explanation of the finding).
- Denies enrollment if a negative finding was not disclosed by the provider.
- Denies enrollment if the provider's required licensure is not currently active (revoked or suspended), or adverse license limitations (to include Non-Practice Agreement).
- Denies enrollment if the provider, owner, or anyone with a managing relationship is currently excluded based on the Adverse Actions Report (AAR), Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), State Exclusion List, or System for Award Management (SAM.gov).
- For all other applications, identifies providers as low risk, medium risk, or high risk for review by the Credentialing Committee.

See Appendix A – Risk Level Criteria for more information on how providers and risk levels are categorized.

In addition to applications, CSRA Provider Enrollment Specialists will follow approved desk procedures to monitor provider licensure boards for licensure actions, Medicare and Medicaid exclusions and sanctions, NC Provider Penalty Tracking Database (PPTD) penalties and actions, criminal findings as identified by LexisNexis, and the National Practitioner Data Bank (NPDB for individual practitioners). CSRA monitors the finding information and:

- Terminates individual provider participation if the enrolling provider is identified as deceased.
- Terminates providers when a required credential expires or is revoked or suspended, including providers with a current adverse license limitation (including non-practice agreements).
- Terminates providers if the provider, owner, or anyone with a managing relationship is currently excluded based on the Adverse Actions Report (AAR), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE), State Exclusion List, or System for Award Management (SAM.gov).
- For all other findings, identifies the finding as low risk, medium risk, or high risk for review by the Credentialing Committee.

The North Carolina (NC) Credentialing Committee ("Credentialing Committee") is a review body that performs the following functions:

- Reviews the credentials of individual and organization providers in medium-risk and high-risk categories as part of enrollment, re-enrollment, recredentialing, and ongoing monitoring. Enrollment/credentialing decisions for the identified providers to ensure quality of care to members.

Clean and Low Risk provider files are approved by the Credentialing Committee's Medical Director without the need for a full Credentialing Committee review. The approvals will be ratified during a Credentialing Committee Meeting and documented in the Credentialing Committee Meeting Minutes.

## 2. Bylaws

The Credentialing Committee Bylaws are issued and sponsored by NC DHHS DHB, which retains ultimate authority over the entire process of authorizing providers to participate in the North Carolina Medicaid program and affiliated payers. These bylaws establish a comprehensive credentialing framework and delegates certain authority and powers to the Credentialing Committee to comply with all federal and North Carolina statutes, Medicaid and other payer policies, and the standards established by the National Committee for Quality Assurance (NCQA). These bylaws uphold the centralized credentialing of providers for contracting with managed care plans.

Prior to implementation of the Credentialing Committee Bylaws, NC DHHS DHB engaged with key North Carolina Stakeholders to solicit input.

The Credentialing Committee Bylaws are approved by NC DHHS DHB and the Credentialing Committee. The bylaws will be reviewed at least annually. CSRA will make edits to the bylaws, if applicable, send to DHB for approval, and then the bylaws will be shared with the Credentialing Committee members and approved during a meeting.

The Credentialing Committee is responsible for abiding by and enforcing all applicable federal Code of Federal Regulations (CFR) and North Carolina statutes, rules and regulations, including but not limited to the following:

a. The North Carolina Medicaid State Plan, as amended; and
b. North Carolina Medicaid CMS-approved State Plan Waivers; and
c. N.C.G.S. §108A and §108C; and
d. 42 USC 1396a, et seq.; and
e. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C.
f. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, including but not limited to the Standard for Privacy of Individually Identifiable Health Information and Health Insurance Reform: Security Standards; and
g. The Family Educational Rights and Privacy Act (FERPA); and
h. Medical coverage policies of NC DHHS; and
i. Guidelines, policies, provider manuals, implementation updates, and bulletins published by CMS, NC DHHS and its divisions, its fiscal agent and/or other contracted vendors as directed by NC DHHS and in effect at the time the service is rendered.; and
j. 42 CFR 455 Subpart E - Provider Screening and Enrollment and CMS Medicaid Provider Enrollment Compendium (MPEC).

The Credentialing Committee is responsible for abiding by and enforcing the Credentialing Policies and Standard Operating Procedures issued by NC DHHS, and for making recommendations for the maintenance and improvement of those policies.

Providers have the right to request a reconsideration of a denial or termination decision. If a provider appeals a denial or termination decision made by the Credentialing Committee, NC DHHS DHB reserves the right to review, reverse, or request reconsideration of any Credentialing Committee determination as part of the appeal process.

# 3. Credentialing Committee Members

The Credentialing Committee is made up of voting and non-voting members. Each voting member shall designate a proxy (alternate) from their respective entity to attend and vote in their absence.

Voting Members will include the following:

- Credentialing Committee Medical Director (employed by CSRA) and an alternate (provided by CSRA)
- Two NC DHHS Division of Health Benefits Representatives
- One representative from each Pre-paid Health Plan Entity, as designated by the Division, to include:
  - One from each Standard Plan
  - One from each Tailored Plan/Pre-paid Inpatient Health Plan combined
  - One from Tribal Option Entity
  - The Child and Family Specialty Plan is represented by the Blue Cross/Blue Shield Standard Plan representative.
  - Each representative must have an alternative/proxy from within their entity to attend and vote in their absence.
- One representative from NC DHHS Division of Mental Health, as designated by the division
- One representative from NC DHHS Division of Public Health, as designated by the division

Non-voting members will include the following:

- Credentialing Supervisor (employed by CSRA)
- Credentialing Committee Meeting Coordinator (employed by CSRA)
- Appeals Coordinator (employed by CSRA)
- Peer Expert Specialists – See Peer Review Selection
- Peer Expert Non-Physician Practitioners – See Peer Review Selection

## Membership

- NC DHB is responsible for the recruitment, ongoing participation, annual renewal, or request for new qualified individuals and proxies to participate from NC DHB, the Pre-paid Health Plans', and the Tribe including collection of contact information and signed confidentiality agreements.
- Voting members, Peer Expert Specialists, and Peer Expert Non-Physician Practitioners participate for 1-year terms (beginning annually on October 1st), with the option to renew once the term has expired. The Credentialing Committee Meeting Coordinator will contact each member the first week of August confirming continued participation. The member is expected to reply confirming continued participation or selecting not to continue. If no response is received within two weeks, the assumption will be made that the member does not wish to continue.
- Members can serve no more than two consecutive years.

- Members may resign by submitting a letter of resignation to the Committee Chair fourteen (14) calendar days before the Committee Members resignation date.
- A member may be removed from the committee by the Credentialing Committee Chair for one of the following reasons:
  - If a voting member is absent from more than ten meetings per year.
  - The member's conduct during meetings is consistently disruptive, inappropriate, or detrimental to the committee's function. Such behavior includes, but is not limited to, failing to engage respectfully, creating unnecessary disturbances, or hindering productive discussions.
- A member will be removed immediately from the committee by the Credentialing Committee Chair for one of the following reasons:
  - A breach of the Credentialing Committee Confidentiality, Conflict of Interest, and Non-Discrimination Attestation
  - Member becomes ineligible to hold the position. See Eligibility Criteria.

If a voting member elects not to continue participation for a second term, has reached the two-term limit, has resigned, or was removed from the committee, CSRA will notify NC DHB to identify a replacement.

If a Peer Expert Specialist or a Peer Expert Non-Physician Practitioner elects not to continue participation for a second term, has reached the two-term limit, has resigned, or was removed from the committee, CSRA will post an announcement on NCTracks website to recruit a replacement member.

## 3.1 PEER EXPERT SPECIALISTS MEMBERSHIP

To ensure relevant clinical input, CSRA will make reasonable efforts to identify and nominate Peer Expert Specialists across a broad range of specialties reflective of the provider network.

- Primary Care Providers (PCPs)
- Specialists (e.g., cardiology, psychiatry, orthopedics)
- Nurse Practitioners / Physician Assistants (NPs/PAs)
- Dentists
- Pharmacists / Durable Medical Equipment (DME) Providers
- Behavioral Health Providers
- Other provider types as needed

Peer reviewer roles are non-paid and non-voting. They are called upon at the discretion of the Medical Director when specialty-specific expertise is needed for consultation during Credentialing Committee meetings.

### Eligibility Criteria

In order to be a Peer Expert Specialist on the Credentialing Committee, the individual must satisfy the following criteria:

- Must be an actively enrolled and credentialed provider with NC Medicaid
- Must be in good standing, with no current disciplinary actions, investigations, or sanctions
- Must hold appropriate licensure and board certification (as applicable to specialty)
- Must have a minimum of 2 years of experience in their area of practice

- Must sign the *Credentialing Committee Confidentiality, Conflict of Interest, and Non-Discrimination Attestation*
- Must be willing to comply with all applicable policies, procedures, and ethical standards of the Credentialing Committee

Individuals interested in becoming a Peer Expert Specialist for the NC Medicaid Credentialing Committee should email a copy of their resume. Additional information can be found on the NCTracks website: www.nctracks.nc.gov

## 3.2 ROLES AND RESPONSIBILITIES

| Role | Responsibilities |
|---|---|
| Credentialing Committee Medical Director | • Chairs the Credentialing Committee Meetings<br>• Approves clean and low risk enrollment, re-enrollment, and recredentialing applications<br>• Oversees the voting procedures, which will be jointly established, documented and agreed upon by NC DHHS and CSRA<br>• Inviting peer review experts as needed.<br>• Pre-review of the files for review at the next meeting in order to lead discussions |
| Credentialing Committee Medical Director Alternate | • Backup to the Credentialing Committee Medical Director, assumes their duties when the Credentialing Committee Medical Director is unavailable |
| NC Department of Health and Human Services Representative | • Participates in and supports the functions of the Credentialing Committee by attending meetings, providing input, feedback, and overall guidance of the Credentialing Program<br>• Reviews and gives thoughtful consideration of each Provider's enrollment/credentialing information<br>• Votes to make a final recommendation regarding Provider's participation or continued participation<br>• Monitors the entire Credentialing Committee process |
| Pre-paid Health Plan Representatives | • Participate in and support the functions of the Credentialing Committee by attending meetings, providing input, feedback, and overall guidance of the Credentialing Program<br>• Review and give thoughtful consideration of each Provider's enrollment/credentialing information<br>• Votes to make a final recommendation regarding Provider's participation or continued participation |
| Credentialing Certification Supervisor | • Ensures CSRA Provider Enrollment is following current NCQA, State, and federal policies<br>• Identifies any changes required to procedures based upon updates from NCQA, State, and federal policies<br>• Ensures meetings are run effectively, including adherence to agenda topics and timing |
| Credentialing Committee Meeting Coordinator | • Schedules the Credentialing Committee meetings<br>• Works with the Credentialing Certification Supervisor and Credentialing Committee Medical Director to |

| Role | Responsibilities |
|---|---|
| | develop the agenda for the meetings<br>• Creates the provider profile packages, uploading the packages to the NCTracks portal in advance of the meetings<br>• Attends Credentialing Committee meetings and keeps detailed meeting minutes<br>• Takes actions in NCTracks consistent with Credentialing Committee decisions<br>• Answers Credentialing Committee questions about the provider profile packages<br>• Answers Credentialing Committee questions about any aspect of the primary source verification work<br>• Performs follow-up or supplementary research, as required, to enable the Credentialing Committee to render a credentialing decision |
| Peer Expert Specialists | • Participate in and support the functions of the Credentialing Committee by attending meetings, providing input, feedback, and overall recommendations on provider's participation<br>• A Peer Expert Specialist will not be required to attend all meetings. Attendance is only requested when a provider of their type/specialty expertise is needed |
| Peer Expert Non-Physician Practitioners | • Participate in and support the functions of the Credentialing Committee by attending meetings, providing input, feedback, and overall recommendations on provider's participation<br>• A Peer Expert Specialist will not be required to attend all meetings. Attendance is only requested when a provider of their type/specialty expertise is needed. |

## 3.3 CONFIDENTIALITY, CONFLICT OF INTEREST, AND NON-DISCRIMINATION

All members of the Credentialing Committee will be required to sign the *Credentialing Committee Confidentiality, Conflict of Interest, and Non-Discrimination Attestation* annually. Guest attendees of the Credentialing Committee will also be required to sign this attestation prior to attendance at a Committee Meeting.

Members and guests of the Credentialing Committee will not discuss, share, or use any information presented at Credential Committee meetings for any purpose other than peer review of the NC DHHS provider application at the meeting. Members and invited guests of the Credentialing Committee shall exercise their best efforts to maintain the confidentiality of all information and records of the Credentialing Committee deliberations, except as otherwise required by Law. Each member or guest must disclose any actual or perceived conflict of interest specific to the application or issue under review. – "Conflict of interest" does not include routine provider contracting relationships with a Plan or unrelated financial interests. To further reduce potential conflicts, all identifying information for the provider under review shall be redacted before materials are distributed. If a member determines they have a conflict with the redacted application at hand, they must recuse themselves from discussion and abstain from voting. The committee coordinator will record every recusal in the meeting minutes, noting

which member abstained and the reason. If recusals result in loss of quorum, the Committee will defer action on that application to the next regularly scheduled meeting.

The Credentialing Committee does not make credentialing decisions based on the provider's race, ethnic/national identity, gender, age, sexual orientation, the types of procedures or patients in which the provider specializes, or the demographic location of the provider.

**This Page Intentionally Left Blank**

# 4. Credentialing Committee Meetings

The Credentialing Committee meetings occur weekly, virtually hosted through a web conference with audio. Meetings and voting are conducted live in the meetings and are not conducted through email.

1. The Credentialing Committee Coordinator will work with the Credentialing Certification Supervisor and Credentialing Committee Medical Director to develop the agenda for the meetings.
2. The Credentialing Committee Coordinator will assemble the Provider Profile Packages.
3. The Credentialing Committee Coordinator will send Meeting Agendas to voting and non-voting members upon receipt but no later than three (3) business days prior to the meeting date. The agenda includes the File ID. Members will login to a secure online portal, locate the File ID, and view the Provider Profile Package. See Appendix B – Meeting Agenda Template.
4. The Credentialing Committee Coordinator will make all reasonable efforts to confirm meeting attendance one (1) business day before the meeting date.

   The voting members are expected to confirm their availability. If not available, voting members are responsible for ensuring the availability of their assigned alternate to attend.
5. During the weekly meetings:
   a. The Credentialing Committee Medical Director or proxy must always be in attendance.
   b. The Credentialing Committee Medical Director or proxy will inform the members of the number of clean and low-risk provider files approved in the previous week and will ask members to vote to ratify the approvals. Note: Those files will be identified and attached to the meeting minutes.
   c. The Credentialing Committee Medical Director or proxy will ask the members if there are any medium-risk provider files they have an objection to approving. If there are no objections, a vote will be taken to approve all medium-risk provider files. If a member wishes to discuss and vote on a specific medium-risk provider file, the file will be reviewed during the meeting.
   d. All high-risk provider files will be reviewed during the meeting.
6. Voting is compulsory for all members with voting rights.
7. A simple majority of more than 50% of the votes cast constitute the final decision of the committee. In cases of a tie, the Medical Director or proxy will serve as the tiebreaker.
   a. A vote may result in one of four decisions during the meeting: Approved, Denied, Deferred, or Terminated. If additional information is needed to make a decision, the vote will be designated as “Deferred” to be discussed in the next meeting.
   b. A quorum is met when at least >50% of voting members, or their proxies, are present for the meeting. If a quorum is not met within ten (10) minutes of the start time of the

meeting, the meeting will be adjourned and the profiles on the agenda will be deferred to the next meeting.

8. After the meeting, the Credentialing Committee Coordinator will log into the NCTracks portal and implement the decision made by the committee. One of the following applicable notes will be added:

   a. The application was reviewed and determined to be clean/low risk. Approval decision was ratified during the Credentialing Committee Meeting held on [MM/DD/YYYY]

   b. Clean/ Low Risk provider approval decision ratified at the MM/DD/YYYY Credentialing Committee Meeting.

   c. Medium Risk provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting. The committee recommended approval of the provider's application. Application approved.

   d. High Risk provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting. The committee recommended approval of the provider's application. Application approved.

   e. Medium Risk provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting. The committee recommended denial of the provider's application. Application denied.

   f. High Risk provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting. The committee recommended denial of the provider's application. Application denied.

   g. Provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting for the ongoing monitor finding XXXX. The committee recommended to terminate the provider's enrollment.

   h. Provider reviewed at the MM/DD/YYYY Credentialing Committee Meeting. The Credentialing Committee deferred the provider enrollment decision pending further research. Note: Details of the deferral will be documented in meeting minutes, pending final decisions.

   **Note**: The above notes are in addition to the note which identifies why the provider was identified as medium or high risk.

9. The Credentialing Committee Coordinator will email meeting minutes to the voting and non-voting members (who attended the meeting) within two (2) business days following the meeting date. See Appendix D – Credentialing Committee Meeting Minutes Template.

CSRA maintains a copy of all meeting agendas, provider profile packages, meeting minutes, member rosters, the bylaws, and signed *Credentialing Committee Confidentiality, Conflict of Interest, and Non-Discrimination Attestation*. DHB can access all on the NCTracks ShareNet Page.

**Credentialing Committee Public Meetings**

The state requires that the Credentialing Committee also hold meetings that are open to the public. The Division of Health Benefits (DHB) will handle the meeting platform, inform the public of when and how to phone in to those meetings.

Public meetings will:

- Have a call to order.
- Review of previous minutes and review of open action items.
- Review of statistics from clean and low risk files approved the prior week.
- Have a member of the GDIT provider enrollment leadership team present to host the Public Meeting.
- The meeting agenda and minutes are posted online: Credentialing Committee | NC Medicaid

Note: The Credentialing Committee will meet on a weekly basis. The public portion of the meeting will take place from 11:45 a.m. - noon, followed by the closed session from noon - 1 p.m.

See Appendix C for the Public Credentialing Committee Meeting Agenda template, and Appendix E for the Public Credentialing Committee Meeting Minutes template.

All remaining business to include ongoing monitoring findings and medium/high-risk profiles will be reviewed in a closed session to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State and/or the United States.

## 4.1 PROVIDER PROFILE PACKAGES

A provider profile package is created by the Credentialing Committee Meeting Coordinator. The package is in PDF form and consists of the following: a Provider Profile Package Cover Page and supporting documentation.

CSRA will apply due diligence in redacting identifying information from all supporting documentation included in the package.

To view the provider profile package, the member will log in to the NCTracks Operations Portal with the NCID that has been provisioned to have access to the Credentialing Committee Page. **Note**: Training will be provided to all members on how to access the information in NCTracks.

**This Page Intentionally Left Blank**

# Appendix A. Risk Level Criteria

## CLEAN FILES

Clean Files have no negative findings at all.

## Low Risk

In addition to the criteria below, a Low-Risk Provider designation may be assigned when the provider's file includes findings that were previously reviewed and approved by NC DHHS, GDIT or the credentialing committee, even if the original classification was Medium or High Risk. This includes cases originally classified as medium or high risk, provided the committee has reviewed and ratified the findings without further adverse action.

Criteria supporting a Low-Risk designation includes but not limited to the following:

- Licensure Findings:
  - Reprimands, public letters, or other documented concerns that did not result in adverse action
  - Fines or penalties that have been resolved
  - Suspensions that were either stayed or subsequently rescinded
  - CMS adverse action resulting in a stayed sanction.
- Current probation status with applicable licensing authority, without limitation. Malpractice History – Self Reported Question P on Individual Application:
  - No more than two pending cases
  - Settlements exceeding five years in age where the payment made on behalf of the provider was $100,000 or less
  - Cases resulting in a finding of no liability with no payment made on behalf of the provider
- Criminal Offenses:
  - Minor infractions such as traffic violations, boating or fishing citations, expired documentation, nuisance-related complaints, minor alcohol infractions, small-scale fraudulent check offenses, hunting citations, and municipal violations (e.g., prayer for judgment, failure to pay local taxes)
  - Medicare or Medicaid exclusions that occurred more than ten years prior
- Other Considerations:
  - Hospital admitting privileges revoked more than five years prior or revoked but reinstated within two weeks
  - Liability insurance carrier actions (e.g., cancellations, refusals, exclusions) that occurred more than five years prior
  - North Carolina Provider Penalty Tracking Database (PPTD) findings resolved through either training in lieu of penalty or through payment of monetary penalties

## MEDIUM RISK

A Medium Risk Provider designation may be assigned when credentialing files contain findings that are significant but have either occurred in the distant past or have been fully resolved.

Criteria supporting a Medium Risk designation includes, but is not limited to, the following:

Licensure Findings:

- Suspensions, restrictions, or non-practice agreements that have been fully resolved, with the license remaining clean and clear for a minimum of five years
- Revocations that have been fully resolved, with the license remaining clean and clear for a minimum of ten years
- Current probation status with applicable licensing authority, that fall into one of the following categories:
    - Abuse of billing privileges including misuse of billing number, billing with suspended license, or falsification of Medical Record.
    - Improper prescribing practices or prescribing authority suspended or revoked
    - False or misleading information
    - Noncompliance – Determined out of compliance with enrollment or quality standards established by the State.
    - Patient harm
    - Other – Any other reason that poses a threat of fraud, waste, or abuse to the Medicaid program.

Malpractice History – Self Reported Question P on Individual Application:

- Cases settled in the past five years where the payment made on behalf of the provider was $100,000 or less and involved patient outcomes such as:
    - Emotional injury only
    - Minor temporary injury
    - Major temporary injury
- Minor permanent injury
- Three or more pending malpractice cases

Criminal Findings:

- Criminal findings listed under G.S. 108C-4 occurring more than ten years prior excluding those designated as high risk

Other Considerations:

- Resolved OIG, Medicare or State Medicaid exclusions occurring more than ten years prior to
- Liability insurance carrier cancellations, refusals, unusual risk ratings, or exclusions from coverage within the past five years
- Hospital admitting privileges revoked within the past five years but subsequently reinstated

- North Carolina Provider Penalty Tracking Database (PPTD) adverse actions other than training in lieu of penalty or penalties themselves
- Medicare or State Medicaid exclusions occurring more than ten years prior
- Hospital admitting privileges revoked more than five years prior or revoked but reinstated within two weeks of revocation

NOTE: All previously reviewed and approved findings are categorized as low risk and are approved for the purposes of ongoing credentialing evaluations. These historical findings have undergone prior review and do not require re-assessment unless new information emerges. Similarly, any findings approved by the Credentialing Committee previously will be designated as low risk and included in the approval process.

## HIGH RISK

A High-Risk Provider designation may be applied to credentialing files that reflect serious or unresolved adverse actions where the State has discretionary authority, prior adverse licensure actions that are now resolved, substantial malpractice settlements, significant criminal findings. Credentialing Committee review is required for any provider classified as High Risk.

Criteria supporting a High-Risk designation includes but is not limited to:

Licensure Findings:

- Prior suspensions, restrictions, adverse limitations, or non-practice agreements that have been resolved, with the license remaining clean and clear for less than five years
- Prior revocations that have been resolved, with the license remaining clean and clear for less than ten years
  - In both cases, a “clean and clear” status must reflect full relief of obligation, removal of restrictions, and closure of any applicable Consent Orders

Malpractice History – Self Reported Question P on Individual Application:

- Settlements of $1 million or greater made on behalf of the provider (regardless of timeline)
- Settlements in the past five years ranging from $101,000 to $999,000 involving outcomes such as:
  - Significant permanent injury
  - Major permanent injury
  - Grave permanent injury (e.g., quadriplegia, brain damage requiring lifelong dependent care)
  - Death

Hospital Privileges:

- Admitting privileges revoked within the past five years that were never reinstated

Criminal Findings:

- Convictions for serious criminal offenses, regardless of timeframe, including but not limited to:

  - Homicide
  - Rape and other sex offenses
  - Assault
  - Kidnapping and abduction
  - Embezzlement
- Convictions for criminal offenses listed under G.S. 108C-4 occurring less than ten years prior
- Conviction within the last ten years for a criminal offense related to involvement with Medicare, Medicaid, or any Children's Health Insurance Program

Other Considerations:

- Resolved OIG, Medicare, or State Medicaid exclusions occurring within less than ten years prior

NOTE: All previously reviewed and approved findings are categorized as low risk and are approved for the purposes of ongoing credentialing evaluations. These historical findings have undergone prior review and do not require re-assessment unless new information emerges. Similarly, any findings approved by the Credentialing Committee previously will be designated as low risk and included in the approval process.

**This Page Intentionally Left Blank**

# Appendix B. Credentialing Committee Meeting Agenda Template

## Agenda for the Credentialing Committee
## MM/DD/YYYY HH:MM
Zoom Meeting Link: XXXXX

- **Call to Order**
- **Approval of Minutes from Previous Meeting**
- **Review of Open Actions Items**
- **Clean and Low Risk Files** – The files in Attachment A – Clean and Low Risk Files met guidelines for enrollment and are categorized as clean or low risk. The Medical Director approved the providers during the time period of MM/DD/YYYY through MM/DD/YYYY. The approvals will be ratified during the Credentialing Committee Meeting.
- **Medium Risk File Review** – The following files have been identified as medium risk providers. If there are no objections during the meeting, the files will be approved.

| Item | File ID | Provider Type |
|---|---|---|
| 1 | XXXXXXX | XXXXXXX |
| 3 | XXXXXXX | XXXXXXX |
| 3 | XXXXXXX | XXXXXXX |

- **High Risk File Review** – The following files have been identified as high-risk providers and will be reviewed individually for approval during the meeting.

| Item | File ID | Provider Type |
|---|---|---|
| 1 | XXXXXXX | XXXXXXX |
| 3 | XXXXXXX | XXXXXXX |
| 3 | XXXXXXX | XXXXXXX |

- **Ongoing Monitoring** – The following approved providers have ongoing monitoring findings which require review by the committee. See summary in Attachment B – Summary of Ongoing Monitoring Findings.

| Item | Provider Type | Finding Type | Risk Level |
|---|---|---|---|
| 1 | XXXXXXX | XXXXXXX | XXXXXXX |
| 2 | XXXXXXX | XXXXXXX | XXXXXXX |
| 3 | XXXXXXX | XXXXXXX | XXXXXXX |

- **Discussion** - Are there any additional questions or concerns?
- **Action Items**

| Description | Date Assigned | Expected Completion Date | Assigned to | Status |
|---|---|---|---|---|
| | | | | |

- **Adjourn**

# Appendix C. Public Credentialing Meeting Agenda Template

North Carolina Medicaid Management Information System (MMIS)

**Agenda Public Credentialing Meeting**
**MM/DD/YYYY HH:MM**
Zoom Meeting Link: XXXXX

- **Call to Order**
- **Approval of Minutes from Previous Meeting**
- **Review of Open Actions Items**
- **Clean and Low Risk Files** – Clean and Low Risk Files met guidelines for enrollment and are categorized as clean or low risk. The Medical Director approved the providers during the time period of MM/DD/YYYY through MM/DD/YYYY. There were XXX number of Low Risk cases approved by GDIT's Medical Director.
- **Action Items**

| Description | Date Assigned | Expected Completion Date | Assigned to | Status |
|---|---|---|---|---|
| | | | | |

- **Adjourn**

# Appendix D. Credentialing Committee Meeting Minutes Template

## Credentialing Committee Meeting Minutes

**MM/DD/YYYY HH:MM**

Zoom Meeting Link: XXXXX

### I. Call to Order

The Credentialing Committee Meeting was called to order by XXXXXXX.
X or X voting members are in attendance. A quorum has been established.

### II. Review and Approve Meeting Minutes from previous Credentialing Committee Meeting

Minutes from the MM/DD/YYYY meeting were approved.

### III. Open Action Items Review

| Action Item | Speaker |
|---|---|
| XXXXXXX | XXXXXXX |

### IV. Clean and Low Risk Files

| Discussion | Speaker |
|---|---|
| The files in Attachment A – Clean and Low Risk Files met guidelines for enrollment and are categorized as clean or low risk with no identified impact to quality of care to members. The Medical Director approved the following providers during the time period of MM/DD/YYYY through MM/DD/YYYY. The approvals were ratified during today's Credentialing Committee Meeting. | XXXXXXX |

### V. Medium Risk File Review

| Discussion | Speaker |
|---|---|
| The medium risk files were reviewed for approval. | XXXXXXX |
| Motion to Approve | XXXXXXX |
| Either all files will be approved or they will be reviewed individually and voted on individually. | XXXXXXX |
| Recording of the vote count will be documented. See Attachment B – Medium Risk Files Credentialing Committee Voting Results | XXXXXXX |

### VI. High Risk File Review

| File ID XXXXXXX | Speaker |
|---|---|
| File ID XXX was presented. | XXXXXXX |
| Motion to Approve | XXXXXXX |
| Recording of the vote count will be documented. See Attachment C – High Risk Files Credentialing Committee Voting Results | XXXXXXX |

## VII. Ongoing Monitoring

| Discussion Item XXXXXXX | Speaker |
|---|---|
| Approved provider with ongoing monitoring finding was presented | XXXXXXX |
| Motion to continue provider's participation/terminate provider. | XXXXXXX |
| Recording of the vote count will be documented. See Attachment D – Ongoing Monitoring Files Credentialing Committee Voting Results | XXXXXXX |

## VIII. Additional Discussion

| Discussion Item | Speaker |
|---|---|
| XXXXXXX | XXXXXXX |

## IX. New Action Items

| | Action | Owner | Due By | Status |
|---|---|---|---|---|
| | | | | |

## X. Adjourn

Meeting was adjourned at HH:MM by XXXXXX

## XI. Attendance

### Voting Members

| Name | Role | Organization | In Attendance (Y/N) |
|---|---|---|---|
| XXXXXXXXXXX | Credentialing Committee Medical Director | CSRA/GDIT | Y |
| XXXXXXXXXXX | NC Department of Health and Human Services (DHHS) Representative | DHHS/XXX | Y/N |
| XXXXXXXXXXX | NC Department of Health and Human Services (DHHS) Representative | DHHS/XXX | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | AmeriHealth Caritas North Carolina, Inc. | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Healthy Blue of North Carolina | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | UnitedHealthcare of North Carolina, Inc. | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | WellCare of North Carolina, Inc. | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Carolina Complete Health, Inc. | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Alliance | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Partners | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Trillium | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Vaya | Y/N |
| XXXXXXXXXXX | Representative from Pre-paid Health Plan | Eastern Band of Cherokee Indians (EBCI) Tribal Option | Y/N |
| XXXXXXXXXXX | Representative from NC DHHS Division of Mental Health | DHHS/DMH | Y/N |
| XXXXXXXXXXX | Representative from NC DHHS Division of Public Health | DHHS/DPH | Y/N |
| XXXXXXXXXXX | Representative from NC DHHS Office of Rural Health | DHHS/ORH | Y/N |

### Non-Voting Members

| Name | Role | Organization | In Attendance (Y/N) |
|---|---|---|---|
| XXXXXXXXXXX | Credentialing Certification Supervisor | CSRA/GDIT | Y |
| XXXXXXXXXXX | Credentialing Committee Meeting Coordinator | CSRA/GDIT | Y |
| XXXXXXXXXXX | Peer Expert Specialist (Insert Specialty) | XXXX | Y/N |
| XXXXXXXXXXX | Peer Expert Non-Physician Practitioner (Insert Specialty) | XXXX | Y/N |

# Appendix E. Public Credentialing Committee Meeting Agenda


## Public Credentialing Committee Meeting Minutes

**MM/DD/YYYY HH:MM**

Zoom Meeting Link: XXXXX

**I. Call to Order**

The Credentialing Committee Meeting was called to order by XXXXXXX at {{HH:MM}}.

**II. Review and Approve Meeting Minutes from previous Public Credentialing Committee Meeting**

Date of Previous Minutes: {{MM/DD/YYYY}}

Corrections: Yes / No (specify if corrected)

Motion:

Second:

Outcome: Approved / Approved with Corrections / Not Approved

**III. Open Action Items Review**

| Action Item | Speaker |
|---|---|
| XXXXXXX | XXXXXXX |

**IV. Clean and Low Risk Files**

Summary {{Number and date range of files}}

**V. Adjourn to Closed Meeting**

DHB Motion:

Second:

Outcome: Approved/ Not Approved

Meeting was adjourned at HH:MM by XXXXXX