Fact Sheet
Provider Credentialing Committee

What is the Credentialing Committee?

The North Carolina Department of Health and Human Services (NCDHHS) will establish a Provider Credentialing Committee responsible for making the final decisions on submitted applications; including initial, re-enrollment, maintenance (in the event the provider adds a credential, criminal disclosure, service location, etc.), and recredentialing based on findings discovered during credentialing. These findings could include those disclosed by the provider or those found through the various background and database searches conducted during ongoing monitoring outside of an application. The Credentialing Committee will not review applications with no findings, those applications get ratified at the Committee.

This applies for all NC Medicaid, Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSUS), Division of Public Health (DPH), Office of Rural Health (ORH), and all managed care health plan practitioners.

The tentative launch date of the Provider Credentialing Committee is in the fall of 2025.

WHEN ARE PROVIDERS REVIEWED BY THE CREDENTIALING COMMITTEE?

The Credentialing Committee may review a provider's enrollment application — including initial, re-enrollment, recredentialing, and maintenance — based on adverse findings during the credentialing process. In addition, the Credentialing Committee may review a provider's continued participation when the ongoing monitoring process reveals findings that can impact a providers eligibility for NCDHHS programs.

WHO MAKES UP THE CREDENTIALING COMMITTEE?

The Credentialing Committee is made up of voting and non-voting members. The voting members include:

- One Medical Director (employed by GDIT)
- Two NC Medicaid representatives
- One representative from each health plan
- Multi-payers (DMHDDSUS, DPH and ORH) representatives

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

HOW OFTEN WILL THE CREDENTIALING COMMITTEE MEET?

The Credentialing Committee shall meet once per week due to NC Medicaid volumes.

WHAT ARE THE RESPONSIBILITIES OF GDIT (NCTRACKS)?

GDIT is the designated entity responsible for coordinating and facilitating all functions of the Credentialing Committee.

GDIT will facilitate weekly meetings, to include the creation and distribution of an agenda and meeting minutes and will ensure additional actions resulting from the committee's decision are fulfilled.

GDIT will employ a Medical Director who is directly responsible for and chairs the committee. The Medical Director has authority for final sign off on all cases requiring physician judgment, assists the Department in developing medical policy by actively identifying ways of improving the program with their level of expertise with an emphasis on medical policy, arranges for consultations in specialty areas, participates in professional medical association, testifies in State's appeal process as needed, reviews emergency services for undocumented immigrants, consults with nurses performing prior approval and level of care determinations, and serves as resource for medical professionals.

In addition, GDIT will develop an NCTracks/Provider Credentialing Portal which enables the Credentialing Committee to review the documentation, Primary Source Verification (PSV) results and applicable site visit, fingerprinting and criminal background check information needed for discussion and final decision.

GDIT must update the Provider Credentialing Portal Provider profile with the results for each verification data element, date and source as well as the Credentialing Committee's final determination. The Provider profile must also reflect the Credentialing Committee's final determination, date and whether or not Medicare Enrollment data is used in the process.

In collaboration with NCDHHS, policies and procedures will be developed, approved and used by the committee to render final decisions.

Providers may exercise their right to appeal adverse decisions made by the committee which allows for the committee's decision to be reviewed and reconsidered. The filing of an appeal results in a hearing. For a reconsideration of the decision, providers may submit a request within 30 business days from the date of the denial or termination letter. The letter will offer additional details about the reconsideration process, including the option for a contested case hearing if the provider disagrees with the reconsideration review decision.

WHAT IF I HAVE QUESTIONS?

For specific questions related to the Credentialing Committee, please email medicaid.credcommittee.stakeholders@dhhs.nc.gov.