

NC Department of Health and Human Services (NC DHHS)

Division of Health Benefits (DHB)

MEETING AGENDA

Introduction to the NCDHHS DHB Credentialing Committee Initiative
Wednesday, April 30, 2025 2:00 PM – 3:00 PM

Join the meeting now

Meeting ID: 265 111 852 194
Passcode: 8Lg9PF9r

Dial in by phone:

+1 984-204-1487, 919093346# United States, Raleigh
Find a local number
Phone conference ID: 919 093 346#
Join on a video conferencing device
Tenant key: ncgov@m.webex.com
Video ID: 119 592 920 7

Meeting Objective

To engage stakeholders with NC Medicaid’s efforts to implement a Credentialing Committee and provide opportunities for program partners to offer collaborative input on the project’s design.

Agenda	
Topics	Presenter
Welcome, agenda, review of meetings objective by Meeting Facilitator (3 min)	LaRhonda Cain, Manager of Stakeholder Relations
Welcome and Opening Remarks by Associate Director of Provider Operations (3 min)	Melanie Whitener, Associate Director of Provider Operations
Project Background – Goals and Key Objectives (4 min)	Jay TerLouw, Project Manager
What is the NC Medicaid Credentialing Committee and when are providers reviewed by the Credentialing Committee (5 min)	Michael Herrera, Provider Relations Supervisor
Who makes up the Credentialing Committee and a deeper look, Future Charter and Bylaws. Ask for future input (5 min)	Serja Goram, Provider Relations Representative
NCQA Requirements: Individual Provider Attestation (including new sanction exclusion questions), optional questions on race, ethnicity, and languages spoken by provider, and NPDB Checks (5 min)	Susan Sartain, Provider Relations Representative
Learn More (Review website, contacts, and publications) (5 min)	Michael Herrera, Provider Relations Supervisor
LaRhonda Cain, Manager of Stakeholder Relations	LaRhonda Cain, Manager of Stakeholder Relations

What is the 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.



When are providers reviewed by the Credentialing Committee?

The Credentialing Committee may review a provider’s enrollment application (*see below*) based on adverse findings during the credentialing process.

In addition, the Credentialing Committee may review a provider’s continued participation when ongoing monitoring reveals findings that can impact eligibility.

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.)

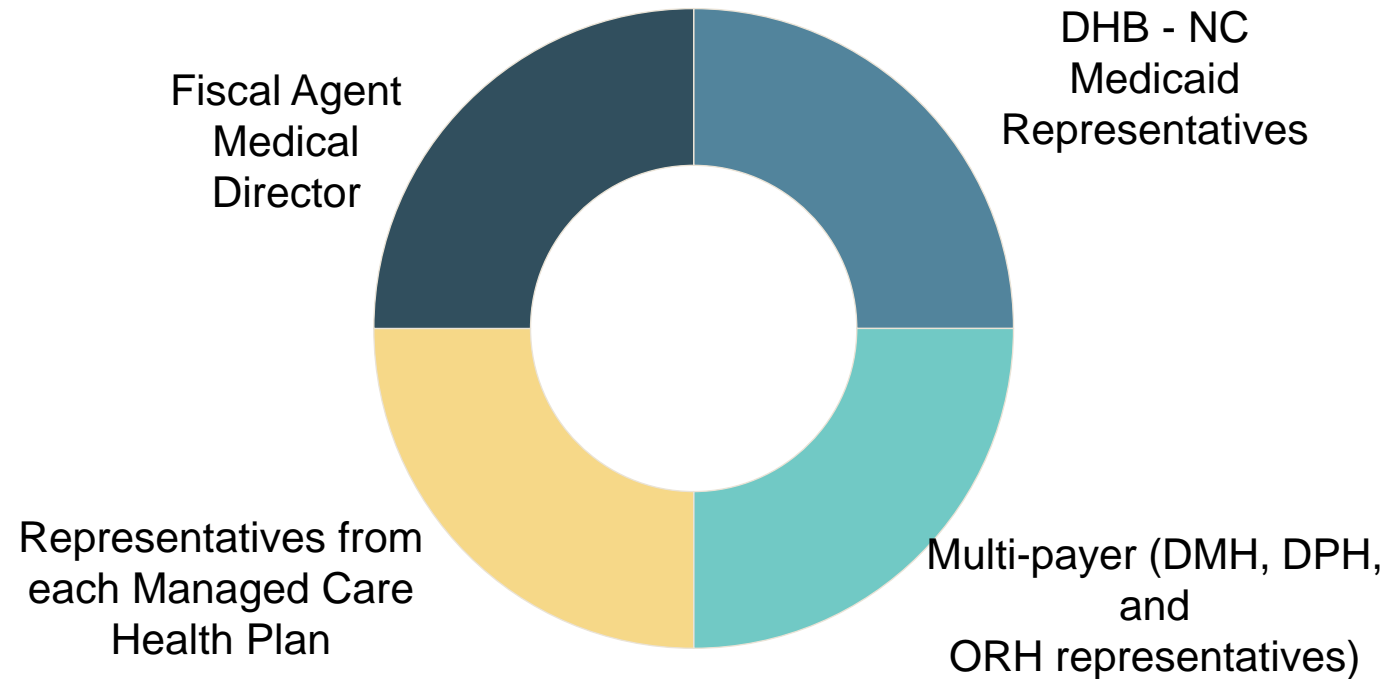
Recredentialing

Ongoing Monitoring

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



Credentialing Committee

A deeper look

Only applications with discretionary issues will be discussed in the Credentialing Committee meeting with brief ratification of the “clean” applications.

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

Individual Provider Attestation

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

GDIT will create a new attestation and process for individual providers to electronically sign through the Provider Portal

- **Only required** for initial enrollment, re-enrollment, and re-verification
- Will apply to new applications submitted after implementation; **will not affect inflight applications**
- 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
- Upon email notification, the Provider will be able to verify and attest the application information
- During this process, application information **may not be modified**. Providers will only have the option to Approve or Reject the information. If rejected, the OA will then have the option to modify the information and resend it to the provider without needing to start over.
- An email will be sent to the OA when attestation is complete informing them whether the Provider attests to or rejects the information

Race, Ethnicity, and Languages Spoken by Practitioner

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

GDIT will also start capturing a provider's race, ethnicity, and languages (the provider speaks) on individual provider enrollment applications.

- Will only apply to Individual and Atypical Individual providers for all application types
- An 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

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

Learn more

[Credentialing Committee Fact Sheet](#)

[Credentialing Committee Web Page](#)

**[Register: NC Medicaid Provider Operations and NC AHEC
Virtual Office Hours: June 5, 2025](#)**

**[NC Medicaid Managed Care Webinar Series: Back Porch Chats
on Hot Topics: May 15, 2025](#)**

[NC Medicaid Bulletins & Other Communications](#)

Contact

Medicaid.credcommittee.stakeholders@dhhs.nc.gov