NC Department of Health and Human Services (NC DHHS)
Division of Health Benefits (DHB)

MEETING AGENDA
Credentialing Committee Initiative Stakeholder Engagement Session #3
Wednesday, June 25
2:00pm – 3:00pm

Registration:
https://us06web.zoom.us/webinar/register/WN_amYqu0VjR1qYAbKPE0peWg

Meeting Objective
Continue external stakeholder engagement on the Credentialing Committee initiative. The session will provide project updates including a recap and other important information to include the committee's bylaws, fiscal agent roles and responsibilities, deeper dive into committee structure, stakeholder input, and will conclude with next steps.

Agenda	
Topics	**Presenter**
Welcome and opening remarks	LaRhonda Cain-Fearrington
Brief recap of Credentialing Committee Initiative	Michael Herrera
Additional Provider Enrollment Updates	Michael Herrera
Why NCQA Compliance Matters	Michael Herrera
Credentialing Committee Bylaws Update	Michael Herrera
Fiscal Agent Roles and Responsibilities	Michael Herrera
Credentialing Committee Structure	Serja Goram
Credentialing Committee Responsibilities	Serja Goram
Stakeholder Feedback	Serja Goram
Resources	Serja Goram
Wrap Up, Thank you, Adjourn	LaRhonda Cain-Fearrington

Credentialing Committee Recap

Introduced the Credentialing Committee and its purpose

Reviewed the initiative rollout timeline

Shared details on provider review scheduling

Discussed upcoming changes to provider applications

Outlined committee members and their roles/responsibilities

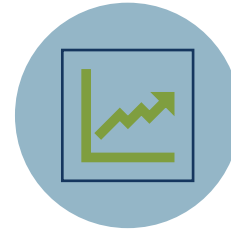# Additional Provider Enrollment Updates

- Committee collaboration with NCTracks
- Review of the Race, Ethnicity, and Language
- National Practitioner Data Bank (NPDB)
- Attestations
- Exclusions
- Affects Organizations and Individual Providers

Why National Committee for Quality Assurance (NCQA) Compliance Matters
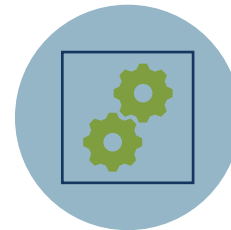
Aligns provider credentialing process with nationally recognized best practices

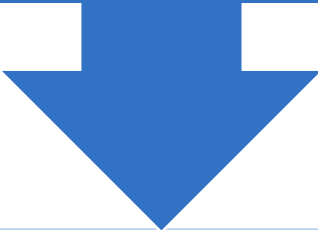Improves efficiency by reducing administrative burden

Consolidates provider data across multiple payers

Key component of Medicaid Transformation

Credentialing Committee Bylaws Update

Bylaws serve as a foundational document that guides committee operations

Included in the Bylaws

Purpose	Scope	Provider types for peer review representation	Eligibility criteria	Terms and rotation	Particpation expectations	Documentation and record keeping	Policy review

Credentialing Committee Bylaws   (public comments due by July 22, 2025,   medicaid.credcommittee.stakeholders@dhhs.nc.gov   )

Fiscal Agent (GDIT) - Roles & Responsibilities

DOCUMENTING MEETINGS AND COMMITTEE DECISIONS

ENSURING ADHERENCE TO NCQA AND NC MEDICAID STANDARDS

TRACKING OUTCOMES AND PROVIDING SUPPORT FOR AUDITS

CONTINUING TO ASSIST WITH PROVIDER ENROLLMENT ACTIVITIES

Credentialing Committee Structure

Voting Members

Medical Director (Chair)

- 2 - DHB representatives
- 1 - representative from each pre-paid Health Plan Entities
- 1 – representative from DHHS Division of Mental Health
- 1 – representative from DHHS Office of Rural Health
- 1 - representative from DHHS Division of Public Health
- 1 – representative from Tribal Option

Non-Voting Members

Credentialing Supervisor

Credentialing Coordinator

Appeals Coordinator

Peer Experts (as needed)

50% majority is needed for approval

Credentialing Committee Responsibilities

Review
- Review provider credentials in medium-risk and high-risk categories.

Ratify
- Clean applications (those without issues) are ratified by the committee without need for further review.

Meet
- Meet weekly to make recommendations and determinations regarding enrollment and credentialing decisions for the identified providers.

Stakeholder Feedback

Will this process override current laws governing NC Medicaid enrollment?

Will the Credentialing Committee cause delays in provider data transmission?

Will the re-verification/Recredentialing time-frame be changed from 5 years to 3 years to align with NCQA standards?

How many representatives from DMH and DPH will be part of the Credentialing Committee?

Is there a plan of collecting quality of care issues prior to going to the committee?

Who owns the responsibility of representation in any legal situation or litigation?

Are these paid positions or volunteer (or a part of another paid position)?

How does one apply to be a peer reviewer?

What does the appeal process look like?

Is the Credentialing Committee part of the new PDM/CVO solution?

How does NPDB relate to a group provider?

What metrics will determine whether a provider meets credentialing or recredentialing standards?

Stakeholder Feedback – Comment and Input

Establish staggered terms to balance institutional memory and fresh perspectives. Differentiate term limits for voting vs advisory roles. Allow reappointment after a break to retain talent without creating stagnation.

"I would argue that the committee should include individuals. Some members with a credentialing background".

"The committee should have a variety of clinical backgrounds included appropriate to the types of practitioners that are being credentialed".

Tenure in any committee is a wise decision, especially for the Medical Director.

Any new comments or questions?

Resources

- **Credentialing Committee Fact Sheet**
- **Credentialing Committee Web Page**
- **NC Medicaid Bulletins & Other Communications)**

Upcoming Meetings/Webinars

- **Next stakeholder engagement meeting – July 30, 2025**

- Register: NC Medicaid Provider Operations and NC AHEC Virtual Office Hours: September 4, 2025

Archive of Previous Meetings/Webinars

- **NC Medicaid Managed Care Hot Topics Webinar Series: May 15, 2025**
- **Introduction to the NCDHHS DHB Credentialing Committee Initiative (Stakeholder Meeting #1): April 30, 2025**
- **NC Medicaid Provider Operations and NC AHEC Virtual Office Hours: March 6, 2025**

Contact

Medicaid.credcommittee.stakeholders@dhhs.nc.gov

Final Thoughts

Next Steps

Adjourn

thank you