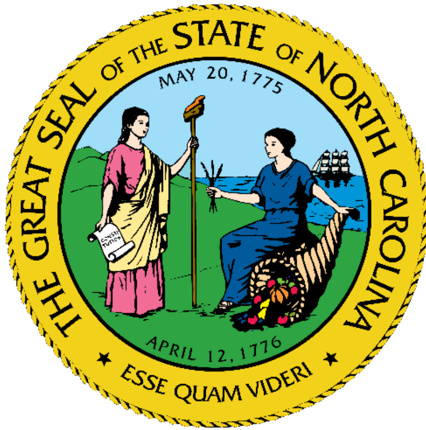


# MCAC Provider Credentialing Subcommittee Report

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Department of Health and Human Services

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# Agenda

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II. Subcommittee Recommendations

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B. Technical Difficulties – Initial Meeting on March 26, 2018

C. Provider Credentialing Subcommittee Members

# I. Provider Credentialing Subcommittee Background

- Subcommittee established in February 2018, and met 4 times from March through May 2018
- Subcommittee consisted of advocacy organizations, provider organizations, individual practitioners, hospital and the hospital/health care association, LME/MCOs, health plan association, and local health departments (complete member list shown in the Appendix)
- Meetings were open to the public
- Purpose was to provide feedback to DHHS on:
  - DHHS's standardized centralized credentialing approach
  - Parameters for what constitutes "objective quality concerns" relating to "any willing provider" provisions of authorizing legislation
  - Transitioning existing providers to managed care and centralized credentialing
  - DHHS's planning and preparing for the Credentials Verification Organization (CVO) RFP

# II. Provider Credentialing Subcommittee Recommendations

The Provider Credentialing Subcommittee offers the following key recommendations to the MCAC and DHHS:

- Develop a centralized credentialing process that is designed to ease provider administrative burden
- Establish uniform standards for contracting decisions across all PHPs
- Permit delegation of credentialing
- Continue the current 5-year period for revalidation as a Medicaid provider to ease provider burden
- Require PHPs to revalidate/recredential providers on a 5-year period

# II. Provider Credentialing Subcommittee Recommendations (cont.)

- Decrease duplication of effort in credentialing, particularly around site visits
- Bring all types of managed care organizations in Medicaid under the centralized credentialing process
- Consider others ways to ease providers burdens, such as:
  - Limiting providers who must be credentialed
  - Allowing PHPs to bypass full objective quality review when contracting with specific provider types
- Consider using providers when testing the future provider data management IT solution
- Establish outreach, education and engagement opportunities for providers

# III. Credentialing Policy Paper* Public Comments

DHHS received feedback from a variety of stakeholders via the public comment process relating to the credentialing and provider enrollment policy paper

- Comments were submitted by advocacy organizations, provider organizations, individual practitioners, hospitals and the hospital/health care association, LME/MCOs, health plans and the health plan association, and providers of interpretive services
- Many comments on the policy paper mirrored those of the Subcommittee, but also contained other perspectives and suggestions

Themes from public comments (not already highlighted in recommendations from the Subcommittee; and in no special order)

- Leverage existing enrollment system, which is familiar to providers
- PHPs must have a separate committee chaired by psychologist or psychiatrist to make contracting decisions relating to BH providers
- Engage a nationally recognized credentialing entity in the process
- Update the current provider application to contain new fields

* "Centralized Credentialing and Provider Enrollment" Policy Paper issued March 20, 2018

# III. Credentialing Policy Paper* Public Comments (cont.)

Themes from public comments (cont.)

- Engage all managed care organizations in Medicaid managed care discussions about provider application and credentialing information requirements
- Define a clear process for informing a provider when an enrollment application is not complete
- Establish standards around provider appeals at DHHS and at the PHP, and educate providers on the standards
- Permit a simple contracting process for certain types of providers
- Find ways to simplify current enrollment process
- Establish timeframes for credentialing information verification and contracting decisions by the PHP, and reduce from the current 75 days to 60 days total
- Standardize additional data items, unrelated to the contracting decision, which PHPs may require
- Establish transparency standards for PHP contacting determinations

# IV. DHHS Consideration Process for Provider Credentialing Subcommittee Recommendations and Public Feedback

DHHS reviewed the Subcommittee's recommendations and public feedback on the policy paper

- DHHS analyzed the input, and compared it to the current program design, federal and state laws or regulations, and program goals and priorities
- DHHS leadership considered those that aligned and could be achieved on a timely basis for incorporation into program design or into the overall uniform credentialing policy
- Other recommendations and feedback, and future feedback, will continue to be reviewed and considered for incorporation into the policy or standards over time

DHHS expects to establish ad hoc small stakeholder groups around specific issues, such as standardizing the objective quality standards for PHPs to use in contracting decisions and the delegation of credentialing to third parties.

# V. DHHS Response and Action Plan

Recommendations being considered based on Subcommittee feedback and public comments:

- Clarify terminology used, such as “enrollment,” “credentialing” and “quality standards”
- Establish process for handling providers previously rejected for contracting or enrollment (because of fraud, abuse, etc.) under the “any willing provider” provisions
- Prescribe criteria PHPs may use for objective quality decisions to standardize process across PHPs; engage PHPs in development of such criteria; allow PHPs the discretion to choose criteria they will use; and require transparency
- DHHS will make simplifying the provider enrollment process and application a key component of the new PDM/CVO solution, and the procurement process will emphasize the importance of simplification in the evaluation process
- DHHS will commit to review the feasibility of permitting recredentialing of all practitioners included under a Group NPI on a single date

# V. DHHS Response and Action Plan (cont.)

- Rename the Provider Network Quality Committee to Provider Network Participation Committee; clarify that this is the same as a credentialing committee
- Review the type of “additional data” PHPs may collect in the contracting process and publish permitted data fields
- Publish data requirements for an accredited health plan’s credentialing process, allowing providers to prepare for new, additional credentialing data requirements
- Ensure that the PHP’s Provider Appeals Committee uses appropriate peer review, including peer review for LTSS providers
- Promote transparency in contracting decision process at PHP level
- Develop very prescriptive requirements for expectations for PHPs, providers, DHHS and the Provider Data Vendor during the transition period

# V. DHHS Response and Action Plan (cont.)

- Consider if there are conflicts of interest related to the CVO and an affiliation with a PHP
- Address duplication of effort in credentialing across Medicaid, including LME/MCOs, as the centralized credentialing process is rolled out across programs and contracting permits
- Evaluate current system to establish a baseline against which future progress can be measured; consider time for credentialing, contracting at LME/MCOs, etc., in the baseline calculation
- Use the MCAC Provider Engagement Subcommittee to publish information to help clarify the enrollment/credentialing/PHP contract decision timeline for providers, including an example timeline to illustrate what is included in the 75-day timeframe
- Apply enrollment/credentialing standards consistently across provider types where possible

# V. DHHS Response and Action Plan (cont.)

- Use providers to test the PDM/CVO solution as it is developed
- Consider how to address group affiliation issues under the PDM/CVO solution
- Develop a comprehensive provider education and engagement strategy to ease providers' transition to managed care and centralized credentialing
- Explore how DHHS could retain the current 5-year revalidation timeframe given the nationally recognized accrediting organization's standard of 3 years

# Contacts


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For documents and additional information, visit the Medicaid Transformation website at ncdhhs.gov/medicaid-transformation

# Appendix A: Centralized Credentialing and Provider Enrollment Approach Under Medicaid Managed Care

- Federal regulation requires DHHS to establish a uniform credentialing policy that all PHPs must follow
- DHHS seeks to implement a centralized credentialing process based on the Medicaid provider enrollment process
- Providers will use a single, electronic application to enroll as a Medicaid provider, whether enrolling to participate in FFS, managed care or both
- Enrollment as a Medicaid provider will include verification of a provider's credentials using a DHHS-selected national health plan accrediting organization's standards and federal/state regulation for the data items and verification process
- DHHS expects to procure the services of a Credentials Verification Organization (CVO) that is certified by the national health plan accrediting organization to perform primary source verification

# Appendix A: Centralized Credentialing and Provider Enrollment Approach Under Medicaid Managed Care (cont.)

- Once enrolled in Medicaid as a provider, the provider is then eligible to contract with a PHP to be included in the PHP's provider network and provide services to the PHP's members
- State law provides that PHPs must contract with all providers unless:
  - Unable to negotiate rates; or
  - Provider fails the PHP's objective quality standards
- PHPs will apply the objective quality standards through a Provider Network Participation Committee (similar to a credentialing committee) that will decide if a provider meets the PHP's standards to participate in the network
- PHPs will accept the primary source verified information that is collected and verified through the enrollment process, and will not require any additional information from a provider for purposes of making a contracting decision

# Appendix B: Technical Difficulties During Initial Meeting

- DHHS experienced a number of webinar-related technical difficulties during the initial MCAC Provider Credentialing Subcommittee meeting on March 26, 2018
- Due to these difficulties, webinar participants attending remotely could not hear the presenter or the conversation and, therefore, could not participate in the discussion
- DHHS offered a conference call the following week to all subcommittee members and interested parties to provide the opportunity for discussion
- Additionally, DHHS evaluated its webinar preparation process, especially for audio quality checkpoints, and incorporated appropriate steps
- Subsequent Provider Credential Subcommittee meetings were executed with no similar audio technical difficulties

# Appendix C: Provider Credentialing Subcommittee

| SLOT REPRESENTED | PROPOSED INDIVIDUAL | COMPANY/AFFILIATION |
|---|---|---|
| MCAC co chair | Billy West | Daymark |
| MCAC | Trent Cockerham | Hospice of the Piedmont |
| Indiv. Practitioner/Provider Group | Anthony Meachem | ECU Physicians |
| Individ. Practitioner/Gp –Facility | Karen Lawrence | Carolina Rehabilitation & Surgical Assoc., PA |
| Individual Practice/Gp- Home Health | Kitty “Diane” Turner | BAYADA |
| Individual Practice/Gp- FQHC | Misty Drake | Piedmont Health |
| Individual Practice/Gp –Podiatry | Derek Pantiel | InStride |
| Hospital | Amy Massey | Wake Forest University Baptist Medical Center |
| Provider Associations | Gregory K. Griggs | NC Academy of Family Physicians |
| Provider Associations | Sandhya Thomas-Montilus, MD | Old North State Medical Society |
| Provider Associations | Conor Brockett | NC Medical Society |
| Provider Associations - Pharmacy | Gene Minton | NC Board of Pharmacy |
| Provider Association – Hospital | Linwood Jones | NC Healthcare Association |
| Provider Association | Sally Cameron (or NCPA member) | North Carolina Psychological Association |

# Appendix C: Provider Credentialing Subcommittee (cont.)

| SLOT REPRESENTED | PROPOSED INDIVIDUAL | COMPANY |
|---|---|---|
| Consumer/Advocate | Liz Boltz | The Arc |
| Other – Health Plan Association | Lu-Ann Perryman | America Health Insurance Plan (local) |
| Other – Health Plan Association | Kenneth Lewis | NCAHP |
| LME-MCO | Cathy Estes Downs | Alliance Behavioral Health |
| LME-MCO | Natalie McBride | Partners Behavioral Health |
| Academic/University | N/A | |
| Health Care policy expert | N/A | |
| Local Health Department | Lisa Harrison | Granville, Vance County Health Department |