

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid Enterprise Systems (MES)

Provider Data Management/Credentialing Verification Organization (PDM/CVO) Module Overview

June 7, 2024

PDM/CVO Module Overview | Journey to Modernization

In 2017, Session Law 2017-57 authorized the replacement of current Medicaid Management Information System (MMIS) technologies with modular systems. As a result of this change, the following developments can be anticipated.

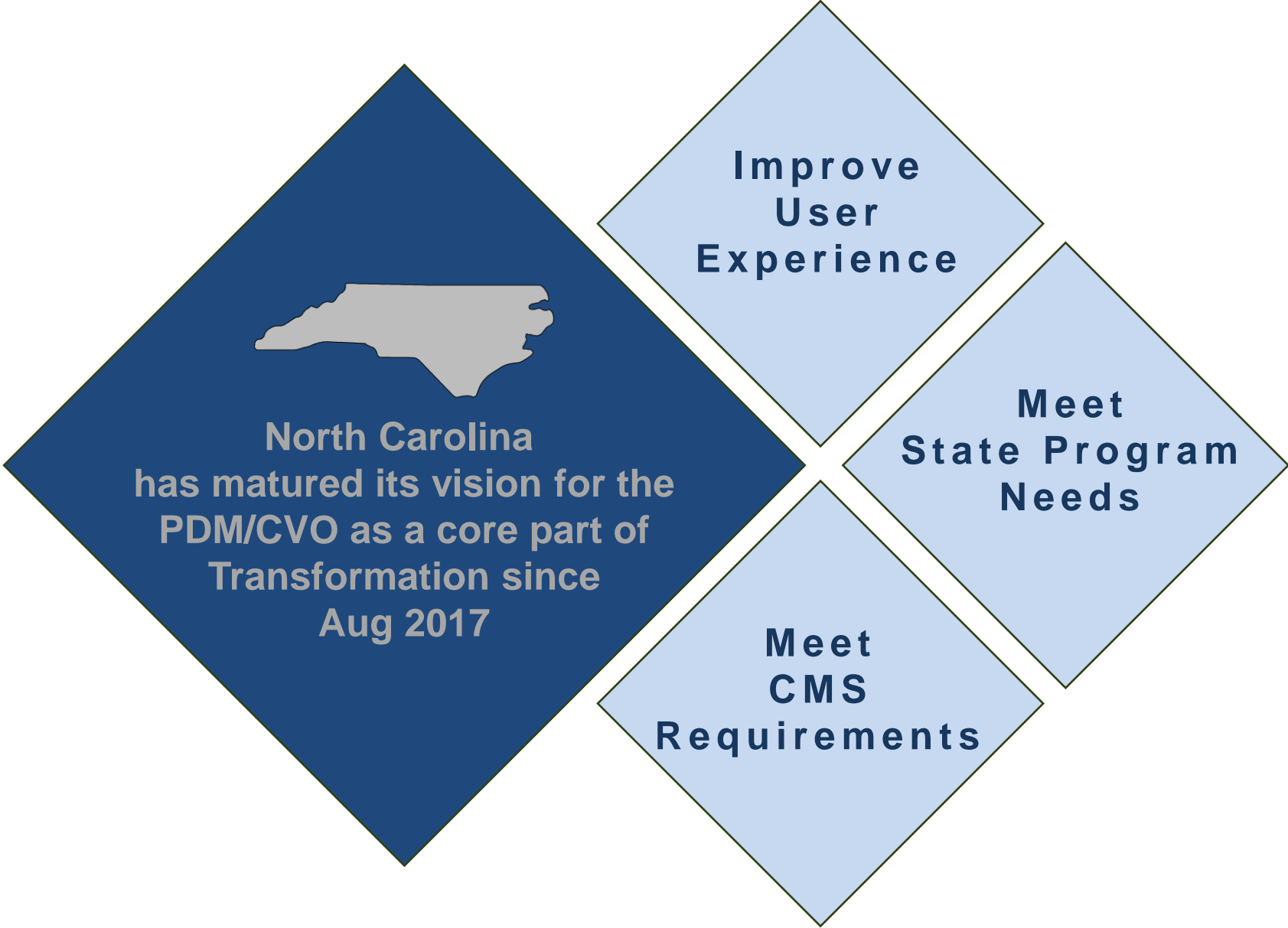
1. NC Medicaid Managed Care Transformation Roadmap will:
 - ✓ Ease the provider administrative burden
 - ✓ Modernize PDM/CVO technologies
 - ✓ Simplify and enable responsive access for Medicaid providers to participate in NC's Medicaid Program
2. PDM/CVO is anticipated to be operational in late 2026 and will:
 - ✓ Align with NC Medicaid Managed Care Transformation Roadmap
 - ✓ Streamline data intake and maintenance throughout provider lifecycle
 - ✓ Perform provider enrollment and credentialing on behalf of NCDHHS
 - ✓ Detect and prevent fraud, waste and abuse

Managed Care Commitments

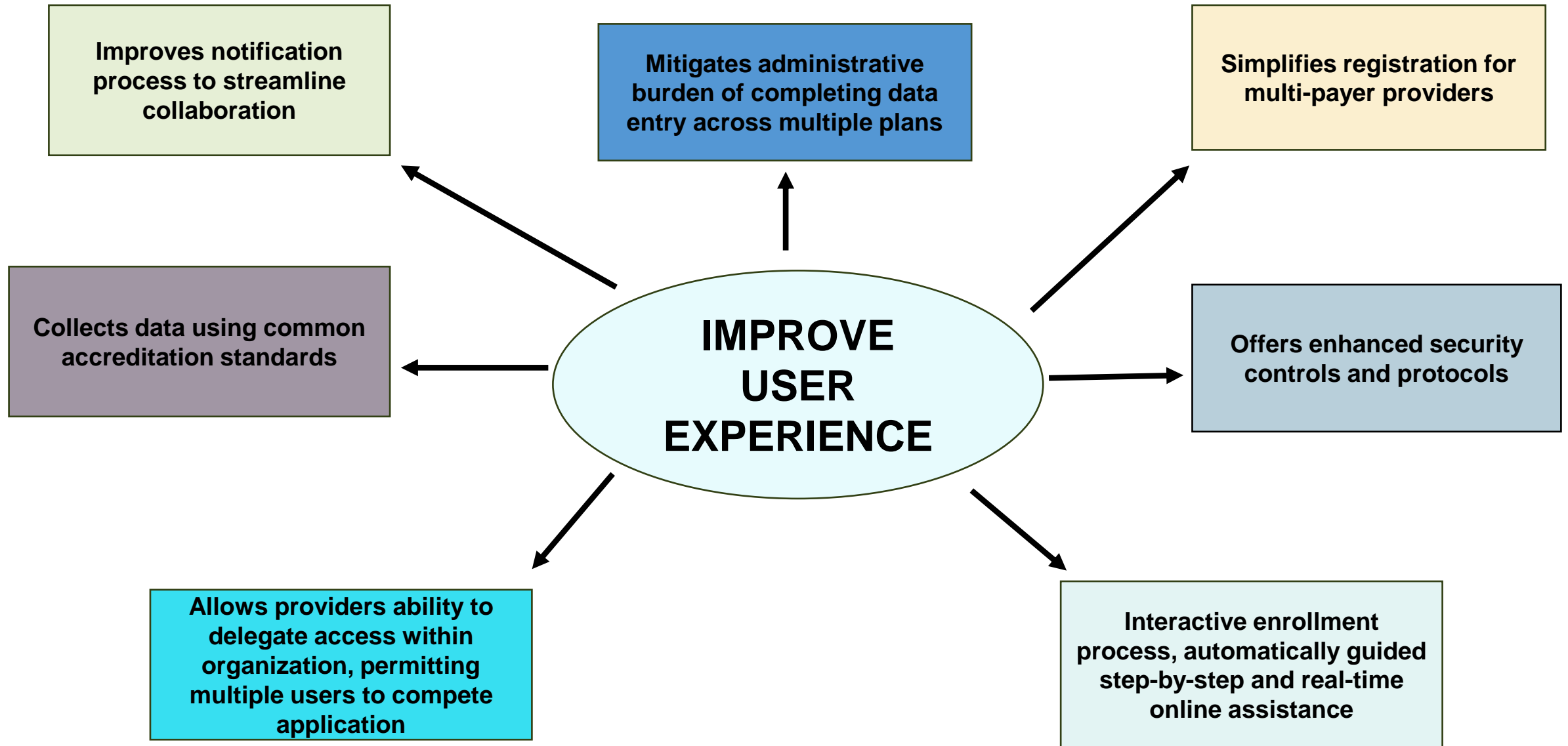




Journey to Modernization: PDM/CVO



PDM/CVO Module Overview | Journey to Modernization





**Meet State
Program
Needs**

Addresses administrative burden of multiple credentialing standards across programs and health plans

Utilizes nationally-recognized credentialing and accreditation standards

Establishes a representative centralized credentialing committee with multi-payers

Matures data architecture and interfaces

Supports a multi-payer, multi-health plan program

Meets CMS Requirements

Provides more efficient, economical, and effective administration of State plan

Ensures HIPAA privacy, security, transaction, and Section 508 standards

Increases flexibility to modify individual services efficiently and effectively

Aligns with Centers for Medicare & Medicaid Services (CMS) requirements

Supports seamless coordination and integration, allowing interoperability



PDM/CVO Module Introduction

Key Metrics (approximate monthly numbers)



101,000
Actively enrolled
individuals,
organizations, and
atypical providers



2,194
Applications received
from newly enrolling
providers
(April 2024)



3,486
Managed change
request applications
(April 2024)



551
Providers are
recredentialed/
reverified
(April 2024)



747
Fingerprint-based
background checks
(April 2024)



418
Site Visits /
Screenings
(March 2024)



1,932
Newly Enrolling
Provider Trainings
(March 2024)

PDM/CVO Product Features

Administrative
Functionality

Call Center

Internal Portal

Provider Self
Service Portal

Delegated
Credentialing

Credentialing
Verification

Credentialing
Committee

PDM/CVO Module Introduction | Journey to Modernization

Administrative Functionality

- Configure User Roles and Access Security
- Configure Business Rules
- Import and Export Provider Data
- Perform Mass Updates
- Provide Directory Service (API) to MES

Internal Portal

- Enroll and Disenroll Provider
- Inquire and Manage Provider Information
- Manage Provider Communication & Outreach
- Batch upload of delegated providers
- Manage Provider Grievances & Appeals
- Terminate Provider

Provider Self-Service Portal

- Register Provider
- Submit Application
- Process Application Fees
- Accept Grievances & Appeals

Call Center

- Interactive Voice Response System (IVRS)
- Customer Relationship Management (CRM) Tool
- Enrollment and Recredentialing Support

Credentialing Verification Organization Product Features

Credentialing Committee

- Download Provider Profile
- Update Provider Profile with Decision
- Notify Applicant of Decision
- Track Decision and Profile Histories
- Manage Meeting Schedules, Agendas and Minutes
- Credentialing Committee structure is currently under development

Credentialing Verification

- Verify Primary Source
- Assess Risk
- Screen Provider (Federal, State, & External Databases)
- Manage Site Visit Data
- Manage Fingerprint Check Data
- Assemble Provider Profile
- Pre- and Post-delegation oversight

Delegated Credentialing

- Qualifying hospital systems will have the authority to credential their health care practitioners
- Required to follow all regulatory bodies under NC Medicaid including NCQA, CMS, and federal and state laws
- Auditing and oversight will take place



PDM/CVO Module Implementation

PDM/CVO Module Implementation | Journey to Modernization

Acquired

- Defined business driven requirements and expected outcomes
- Procured solution from the vendor that provided best value, Optum

Configure & Test

- Coordinate with NC Medicaid providers to proactively communicate changes and solicit design input
- Selected vendor will configure the module to meet NC Medicaid needs
- Solicit testing input from various provider communities

Implement

- Train users and implement module
- Demonstrate that operations staff are implementation ready
- Ensure minimal disruption of services and smooth transition

Expected changes for providers at PDM/CVO full implementation



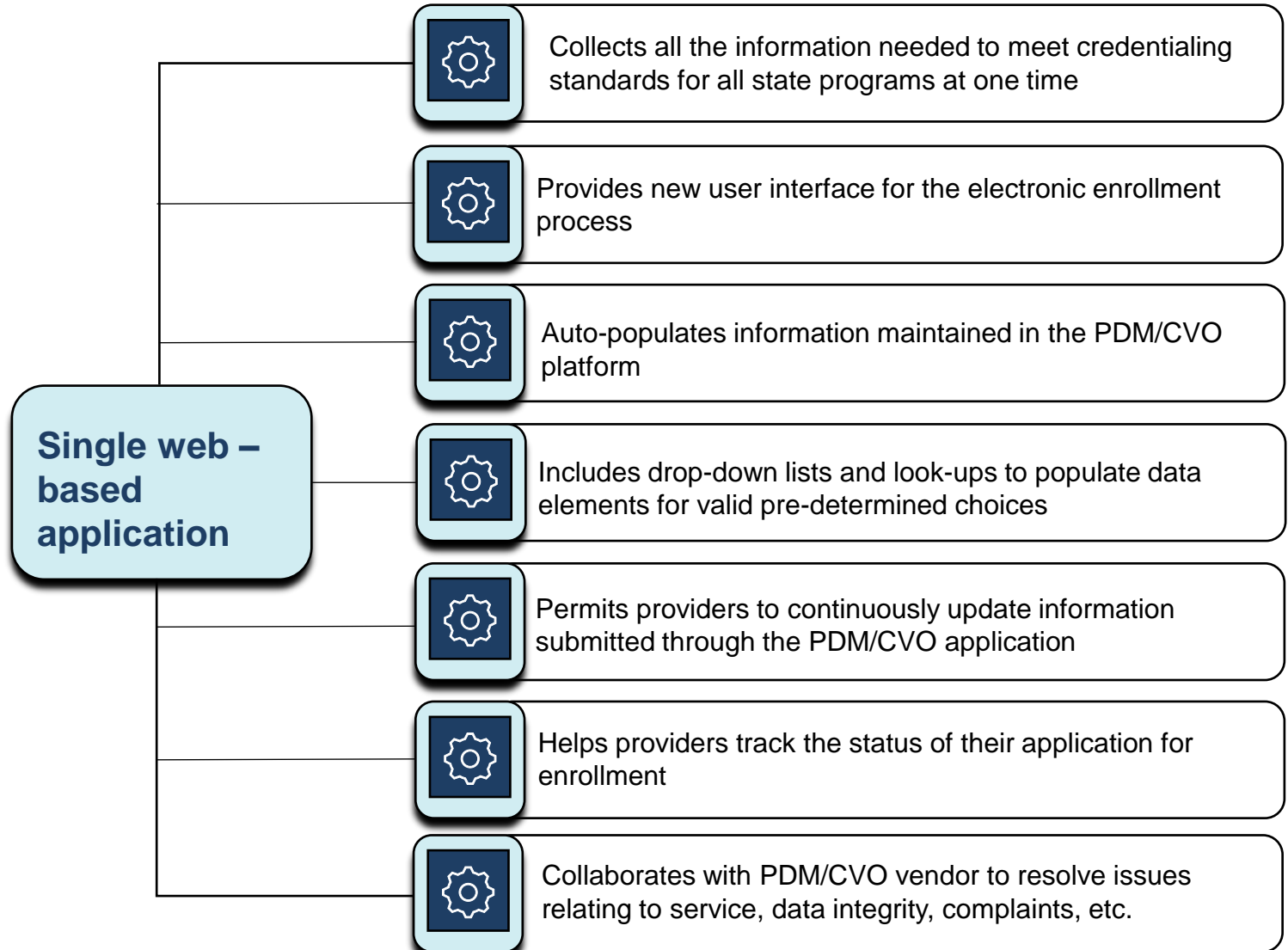
Notable Mentions

- Upon implementing the PDM/CVO, all current recredentialing due dates will remain unchanged.
- The PDM/CVO will offer delegated credentialing to qualifying hospital systems.

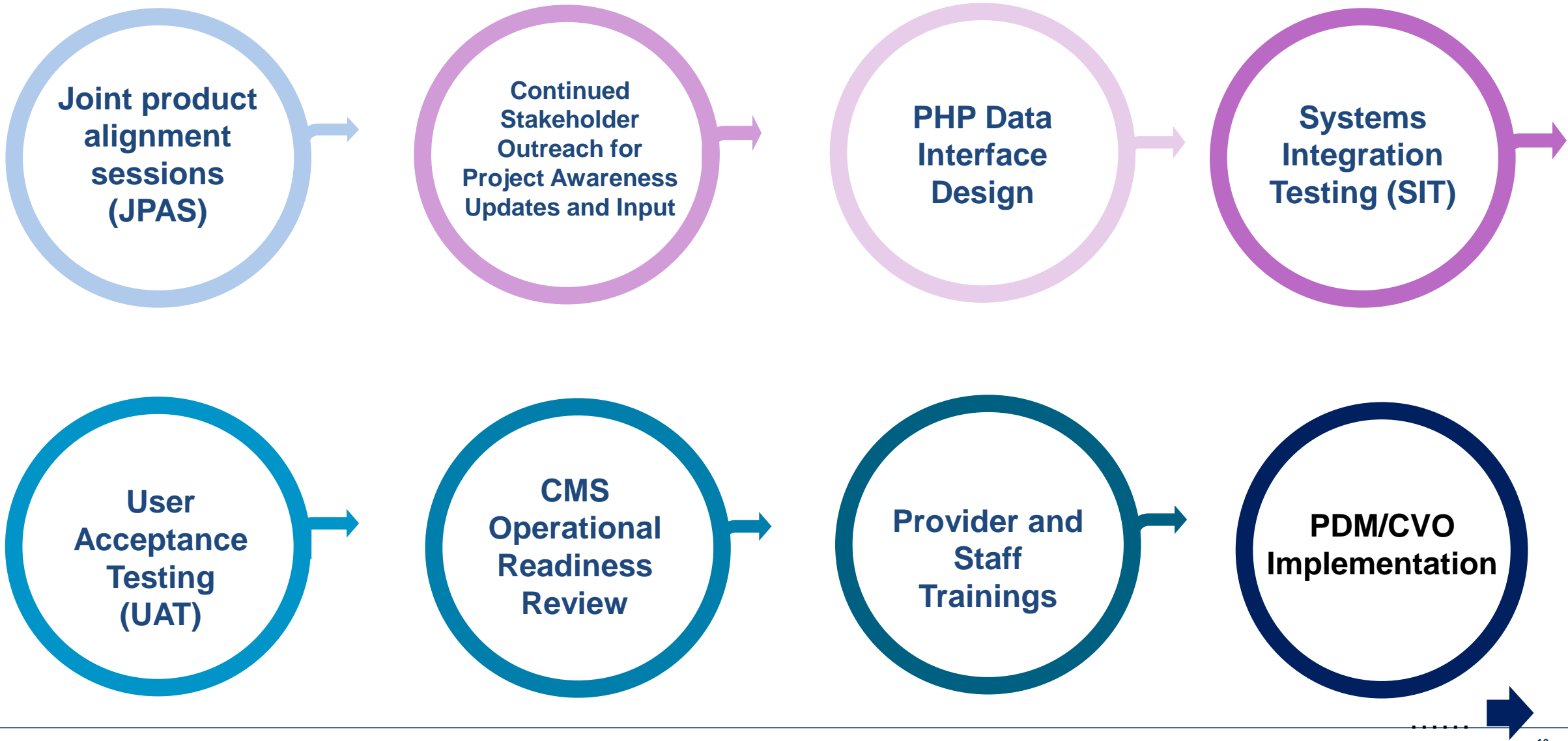


Communication

- Provider community will remain informed by way of webinars, arranging training and frequent communications.



PDM/CVO IMPLEMENTATION TIMELINE



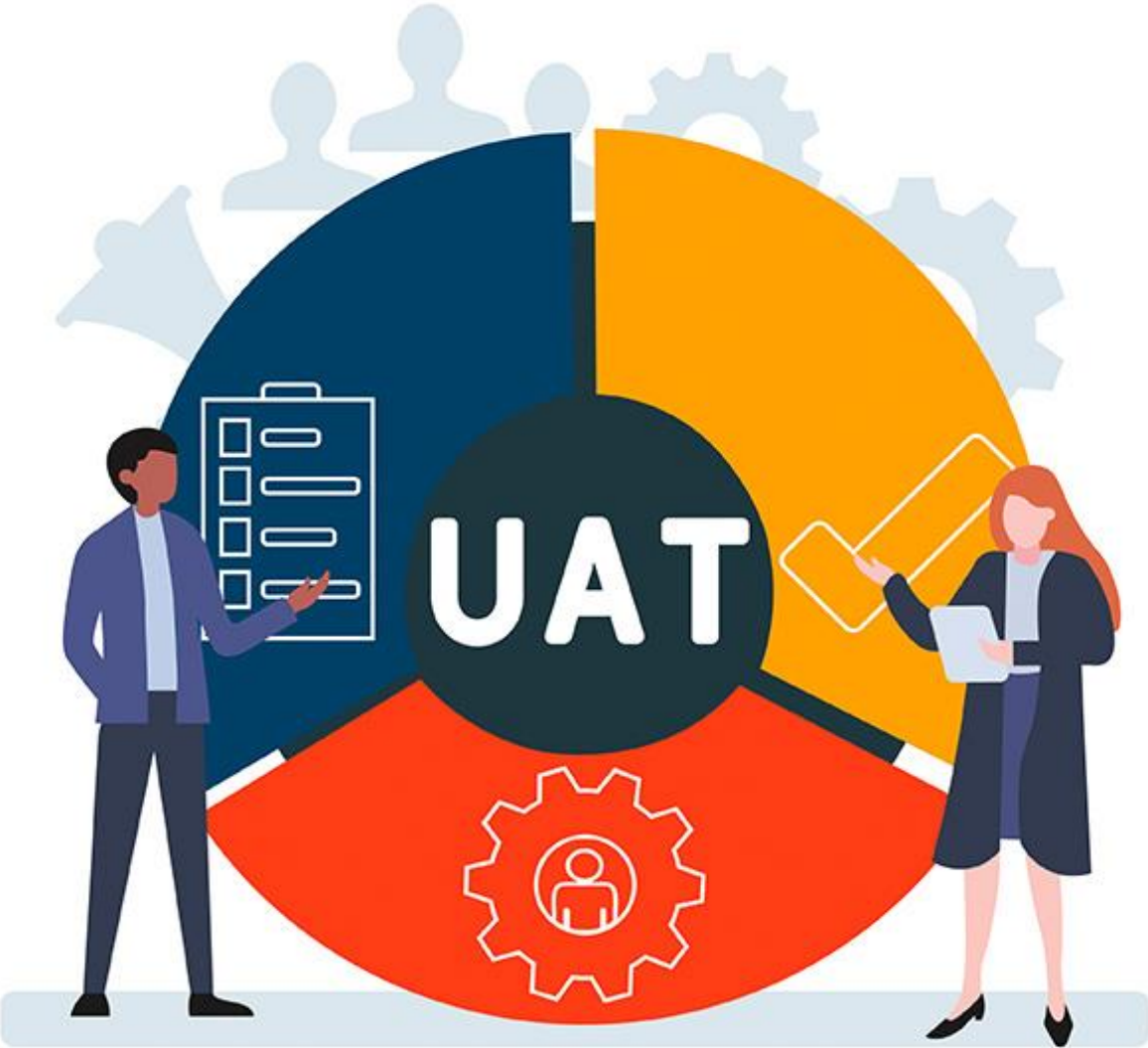
PDM/CVO Delegated Enrollment | Journey to Modernization

The PDM/CVO will introduce the ability to delegate credentialing to qualifying hospital and healthcare systems. These hospitals and large healthcare systems can enter into a delegated enrollment/credentialing relationship with NC Medicaid wherein the enrollment and credentialing activities (already done by the entity) will allow a simplified provider experience.



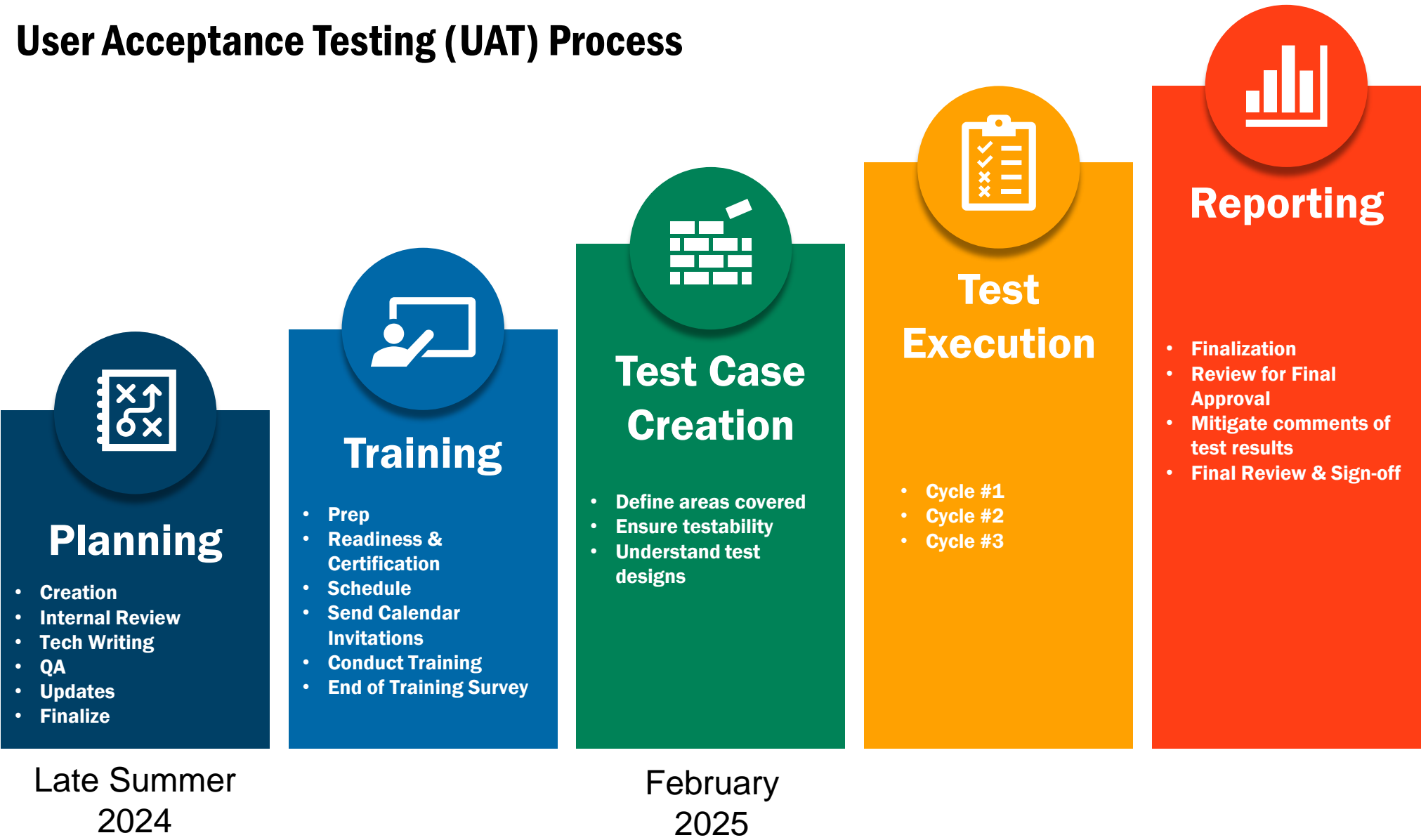
Key Benefits

- Helps entities manage large volumes of providers
- Ensures provider data accuracy and directory compliance
- Reduces administrative burden
- Expedites enrollment
- Speeds up reimbursement
- Increases practitioner satisfaction
- Removes enrollment application fees
- Accommodates network growth
- Provides more control over how the network is reflected in payer directories



USER ACCEPTANCE TESTING

User Acceptance Testing (UAT) Process



Next Steps and Communication | Journey to Modernization

Next Steps:

NCDHHS will engage in **provider-focused education** and **outreach** to help providers transition from the current Medicaid provider enrollment process to the transition period processes, and then to the entire centralized credentialing process under full implementation.

Communications include:

- Provider Association Webinars
- Ongoing Stakeholder Meetings
- Trainings
- Outreach to enrolled providers, associations, and other stakeholders
- NC Medicaid website for updates:
<https://medicaid.ncdhhs.gov/PDM-CVO>
- All PDM/CVO questions and/or requests for information can be sent to:
Medicaid.pdmcvo.stakeholderengagement@dhhs.nc.gov
- Providers or stakeholders interested in User Acceptance Testing, please email:
Medicaid.pdmcvo.stakeholderengagement@dhhs.nc.gov

