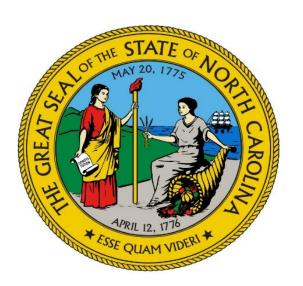
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



Credentialing Committee Stakeholder Meeting #3

NC Division of Health Benefits Provider Operations

June 25, 2025

- LaRhonda Cain-Fearrington, Manager, Stakeholder Engagement
- Serja Goram, MBA Provider Relations Representative
- Michael Herrera, Provider Relations Supervisor

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



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 for peer r represen	W Criteria rotat	and Particpation and	mentation d record Policy review eeping
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Fiscal Agent (GDIT) - Roles & Responsibilities









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 highrisk 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 timeframe 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



"I would argue that include the committee should include being 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".

Any new comments or questions?

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

Resources | Contact Information | Upcoming Meetings | Archive Recordings



Contact

Medicaid.credcommittee.stakeholders@dhhs.nc.gov

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

Final Thoughts

Next Steps

Adjourn

