



North Carolina Pediatric Society

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April 24, 2018

The Honorable Mandy Cohen, MD
Secretary, N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

RE: *Centralized Credentialing and Provider Enrollment.*

Dear Secretary Cohen:

Thank you once again for the opportunity to provide comments on the Department's implementation proposals relevant to Medicaid Managed Care, including *Centralized Credentialing and Provider Enrollment*.

We will continue to focus on a subset of our main areas of concern: administrative ease; access to care/network adequacy; and payment adequacy.

Administrative Ease

Streamlined process: We appreciate the clear focus and attention on minimizing redundancies to providers by having one streamlined and centralized process for all credentialing. Thank you! In particular, we appreciate

- Requiring plans to utilize the data from the Credentialing Verification Organization (CVO) only and not allowing plans to request additional credentialing information from the provider.
- Establishing uniform credentialing and re-credentialing policies, including parameters for quality determinations, dispute resolution processes and appropriate oversight.
- Requiring the plan's network quality committee to be chaired by either their Chief Medical Officer or their designee.
- Permitting providers to continuously update information through the CVO system.
- Permitting providers to track the status of their application for enrollment.

Coordination with other existing systems: We appreciate the need to revise the current Medicaid credentialing process to show more quality. We urge appropriate use of existing systems. For example, the respective state licensing boards such as the North Carolina Medical Board already has a database of the educational board certification and malpractice history of physicians. During the transition period before the CVO is fully operational, plans should only be allowed to use existing data for enrollment purposes.

Transparency: We urge that the process be as transparent as possible.

Aggressive time-frames: We appreciate the NCDHHS is operating under aggressive time frames. We are concerned about how well more than 30,000 physicians and mid-levels will go through a rigorous risk and quality evaluation in a very short period of time through a system that does not currently exist.

Ombudsman: If a Medicaid provider is denied enrollment, the provider should be able to appeal to the Department after appealing to the individual plan. As we have stated previously, we believe that a Department level ombudsman to deal with provider disputes/complaints is a necessity as Medicaid Transformation moves forward.

Five year credentialing: Currently, Medicaid providers are recredentialed every five years, with the plan to move back to a three-year process. We urge the state **not** to change the recredentialed timeframe. The change to five years has only been recently implemented with the Legislature supporting a longer timeframe.

Chapter 58: We urge that Chapter 58 protections apply.

Access to Care/Network Adequacy

Access to specialists: Again, we applaud the streamlined process for allowing providers to be credentialed. We encourage a mechanism that will allow patients, NCDHHS, fellow providers and others to know if a practitioner, especially a specialist, can provide specialized care to children of all ages.

Credentialing in advance of PHP selection: It will be challenging for patients to choose a PHP prior to completion of the credentialing process without final information on the provider panels.

Payment Adequacy

Increased payment levels as a remedy for increased administrative burden: We appreciate that some of these changes are driven by federal requirements and would happen anyway. We appreciate the efforts to make the process as streamlined and administratively easy as possible. However, it is still going to be more administrative effort than today, on top of numerous other requirements associated with the move towards multiple PHPs. As a result, we strongly urge the Department to set rate floors for medical homes at Medicare rates (or Medicaid, whichever is higher). We also urge consideration of stabilizing monthly payments, such as the current per member per month, which represents up to 10% of income for some pediatric practices currently. These strategies would offset some of the increased administrative burden of contracting with multiple health plans and moving toward value-based healthcare.

Thank you for your consideration of our concerns.

Sincerely,



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North Carolina Pediatric Society (NCPeds)

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