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Pharmacy Claims Flexibility Available to Prevent Spread of Coronavirus Disease (COVID-19)

Given the presence of the COVID-19 virus in North Carolina, claims processing flexibility has been instituted to help reduce the administrative burden of providing appropriate medications in a timely fashion to NC Medicaid and NC Health Choice beneficiaries. We encourage prescribers and pharmacies to utilize these flexible options as we assist our beneficiaries in preparing for this public health issue.

Preparations related to the COVID-19 virus could present situations where NC Medicaid and Health Choice beneficiaries may require an early refill or expanded quantity of their prescription medications. In these situations, NC Medicaid enrolled pharmacy providers should resubmit these claims with “09” (Emergency Preparedness) in the PA Type Code field and a valid value for an E.R. override in the Reason for Service, Professional Service and Result of Service fields to override a denial for an early refill. Do not place any values in the Submission Clarification Code field. **This override code will allow for early refills and will also allow for coverage of up to a 90-day supply of the medication. Be aware that NC Medicaid policy allows 90-day supply to be filled when the prescription is either written for 90-day supply or has enough refills remaining to fill for 90 days.**

Please be aware that these edit changes do not apply to controlled substances. Additionally, we encourage providers to follow all applicable state and federal laws and regulations for controlled substances.

If necessary, up to a 14-day emergency supply can be billed for any pharmacy claim requiring prior approval when no active prior approval is showing in NC Tracks. The pharmacy provider should resubmit these claims with “09” (Emergency Preparedness) in the PA Type Code field and “03” in the Level of Service Field.

For beneficiaries in the Pharmacy Lock-in Program needing emergency supplies of Lock-In program related medications, up to a 14-day emergency supply can be billed with “09” (Emergency Preparedness) in the PA Type Code field and “03” in the Level of Service Field. This override is only valid once per beneficiary per year. Beneficiaries and providers may also contact the NC Tracks call center to change either the preferred Lock-In pharmacy or preferred Lock-In prescriber on an emergency basis.

Co-pay requirements are still applicable to these pharmacy claims.

Providers may submit any information related to market shortages of medications directly to DHB staff at Medicaid.PDL@dhhs.nc.gov.

These overrides are in effect beginning effective 03/13/2020 and ending date TBD.

NCCARE360

There is growing recognition that better coordination and investment in the non-medical drivers of health, like access to healthy food, safe and affordable housing and well-paying jobs, can improve health and decrease health care costs.

[NCCARE360](#) is the first statewide coordinated care network to electronically connect those with identified needs to community resources. It also allows for a feedback loop on the outcome of that connection.

Often times, people face a fragmented system of health and human services that can be hard to navigate. Providers often operate in silos, are disconnected and have no meaningful way of coordinating services for local residents. NCCARE360 is collaborative solution to this problem by providing a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.

Through NCCARE360, community partners will have access to:

- A robust statewide resource directory that will include a call center with dedicated navigators, a data team verifying resources and text and chat capabilities.
- A data repository to integrate resource directories across the state to share resource data.
- A shared technology platform that enables health care and human service providers to send and receive secure electronic referrals, seamlessly communicate in real-time, securely share client information and track outcomes.
- A community engagement team working with community-based organizations, social service agencies, health systems, independent providers and more to create a statewide coordinated care network.

This solution ensures accountability around services delivered, provides a “no wrong door” approach and closes the loop on every referral made.

NCCARE360 implementation started in January 2019. NCCARE360 will be available in every county in North Carolina with full statewide implementation by end of 2020.

NCCARE360 is a result of a public-private partnership between the NC Department of Health and Human Services and the [Foundation for Health Leadership and Innovation \(FHLI\)](#). The NCCARE360 implementation partners are United Way of NC/211, Expound Decision Systems and Unite Us

Additional information is available at <https://nccare360.org>

Proposed Clinical Policy Link

NCGS §108A-54.2 requires that the Department of Health and Human Services consult with and seek the advice of the North Carolina Physician Advisory Group and other professional societies and organizations in developing new or amended Medicaid clinical coverage policies. The law requires the Department to publish proposed new and amended clinical coverage policies on the Department's website and accept oral and written comments. All consultations and comments are considered.

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period follows if a proposed policy is modified as a result of the initial comment period. If the adoption of a new or amended medical coverage policy is necessitated by an act of the General Assembly or a change in federal law, then the 45- and 15-day time periods shall instead be 30- and 10-day time periods.

To view proposed clinical policies, please go to the link below.

<https://medicaid.ncdhhs.gov/notices/proposed-medicaid-and-nc-health-choice-policies>

SPECIAL BULLETIN COVID-19 #17: Prior Approval for Hydroxychloroquine and Chloroquine Products

Effective 03/27/2020, North Carolina Medicaid is requiring prior approval for hydroxychloroquine and chloroquine containing products. Prior approval is required to ensure beneficiaries continue to have access to these medications for maintenance of their autoimmune conditions, for treatment of malaria, and for treatment of extraintestinal amebiasis. This change is in support of the NC Board of Pharmacy's COVID-19 Drug Preservation Rule enacted on 03/24/2020 in an effort to alleviate shortages and ensure that these drugs are available to patients who need them to treat chronic health conditions. Medicaid desires to monitor off label use by prescribers throughout the State. Per NC Medicaid Outpatient Pharmacy Policy #9 sec.3.2.1 (a), the prescribed drug must have the Food and Drug Administration (FDA) approved indication for which it is being prescribed.

For newly diagnosed beneficiaries, providers will need to fax a prior approval request form to 1-855-710-1969 or call the NC Tracks call center at 1-866-246-8505 to request prior approval. NC Tracks will process these requests within 24 hours.

Hydroxychloroquine products are covered for:

- a. Treatment of uncomplicated malaria due to *P. falciparum*, *P. malariae*, *P. ovale*, *P. vivax*
- b. Prophylaxis of malaria in geographic areas where resistance to chloroquine is not reported
- c. Treatment of Chronic Discoid Lupus Erythematosus or Systemic Lupus Erythematosus in adults
- d. Treatment of Rheumatoid Arthritis in adults

Chloroquine products are covered for:

- a. Treatment of uncomplicated malaria due to susceptible strains of *P. falciparum*, *P. malariae*, *P. ovale*, *P. vivax*
- b. Prophylaxis of malaria in geographic areas where resistance to chloroquine is not reported
- c. Treatment of extraintestinal amebiasis

Prior approval request forms can be found at:

<https://www.nctracks.nc.gov/content/public/providers/pharmacy/forms.html>

Prior approval criteria can be found at:

<https://www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html>

The Board of Pharmacy's Emergency Covid-19 rule can be found at:

<http://www.ncbop.org/LawsRules/COVID19DrugPreservationRule21NCAC46.1819.pdf>

SPECIAL BULLETIN COVID-19 #25: Emergency Update to NC Medicaid and NC Health Choice Preferred Drug List (PDL) and REMS Program Flexibilities

Effective March 25, 2020 due to drug shortages in the marketplace, the NC Medicaid and NC Health Choice PDL Category of “Respiratory: Beta-Adrenergic Handheld, Short Acting” has changed to the following:

Preferred	Non-Preferred
albuterol HFA inhaler (generic for Proair [®] HFA Inhaler / Proventil [®] HFA Inhaler / Ventolin [®] HFA Inhaler)	levalbuterol HFA inhaler (generic for Xopenex [®] HFA Inhaler)
Proair [®] HFA Inhaler	Proair [®] Digihaler [™] Inhaler
Proair [®] RespiClick [®] Inhaler	
Proventil [®] HFA Inhaler	
Ventolin [®] HFA Inhaler	
Xopenex [®] HFA Inhaler	

Please visit the following site for a full PDL listing:
<https://medicaid.ncdhhs.gov/documents/preferred-drug-list>

Updated Guidance for REMS Requirements

NC Medicaid would like to share information about recent FDA guidance regarding REMS requirements during the COVID-19 public health emergency. Please visit <https://www.fda.gov/media/136317/download> for the current recommendations.

Suspension of Pharmacy POS Adult and Pediatric Behavioral Health Clinical Edits

The Outpatient Pharmacy point of sale (POS) adult and pediatric clinical edits for behavioral health medications will temporarily suspend effective 03/23/2020. These point of sale edits target dosages exceeding the FDA approved maximum limit and in class therapeutic duplication. Claims meeting the edit criteria deny and a message about the issue is returned to the pharmacy. After the pharmacist contacts the prescriber for clinical justification, the claim, resubmitted with the override submission clarification code (SCC) 10, pays. During the period of suspension, claims will not deny for the adult and pediatric behavioral health clinical edits and the pharmacy will not have to use override SCC 10 for the claim to pay.

Pharmacy Clinical Policy also wants to remind medical and pharmacy providers that effective 03/13/2020 NC Medicaid extended the day supply allowed for most non-controlled substance outpatient prescription medications to 90 day. NC Medicaid strongly encourages medical providers to write prescriptions for up to a 90 day supply, where clinically appropriate, and for pharmacies to fill these prescriptions for up to a 90 day supply, where appropriate.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of March 22, 2020

Brand Name	Generic Name
Actiq 1200 mcg Lozenges	fentanyl citrate 1200 mcg lozenges
Actiq 1600 mcg Lozenges	fentanyl citrate 1600 mcg lozenges
Actiq 200 mcg Lozenges	fentanyl citrate 200 mcg lozenges
Actiq 400 mcg Lozenges	fentanyl citrate 400 mcg lozenges
Actiq 600 mcg Lozenges	fentanyl citrate 600 mcg lozenges
Actiq 800 mcg Lozenges	fentanyl citrate 800 mcg lozenges
Adderall XR 10 mg Capsule	amphetamine salt combo ER 10 mg capsule
Adderall XR 15 mg Capsule	amphetamine salt combo ER 15 mg capsule
Adderall XR 20 mg Capsule	amphetamine salt combo ER 20 mg capsule
Adderall XR 25 mg Capsule	amphetamine salt combo ER 25 mg capsule
Adderall XR 30 mg Capsule	amphetamine salt combo ER 30 mg capsule
Adderall XR 5 mg Capsule	amphetamine salt combo ER 5 mg capsule
Advair Diskus 100-50	fluticasone-salmeterol 100-50
Advair Diskus 250-50	fluticasone-salmeterol 250-50
Advair Diskus 500-50	fluticasone-salmeterol 500-50
Aggrenox Capsule	aspirin-dipyridamole ER capsule
Alphagan P 0.15% Drops	brimonidine P 0.15% Drops
Androgel 1.62% Gel Pump	testosterone 1.62% gel pump
Apriso ER 0.375 Gram Capsule	mesalamine ER 0.375 gram capsule
Astepro 0.15% Nasal Spray	azelastine 0.15% nasal spray
Canasa 1,000 mg Suppository	mesalamine 1,000 mg suppository
Catapres-TTS 1 Patch	clonidine 0.1 mg/day patch
Catapres-TTS 2 Patch	clonidine 0.2 mg/day patch
Catapres-TTS 3 Patch	clonidine 0.3 mg/day patch
Cipro 10% Suspension	ciprofloxacin 500 mg/5 ml suspension
Cipro 5% Suspension	ciprofloxacin 250 mg/5 ml suspension
Clobex 0.005% Shampoo	clobetasol 0.005% shampoo
Concerta 18 mg Tablet	methylphenidate ER 18 mg tablet
Concerta 27 mg Tablet	methylphenidate ER 27 mg tablet
Concerta 36 mg Tablet	methylphenidate ER 36 mg tablet
Concerta 54 mg Tablet	methylphenidate ER 54 mg tablet
Copaxone 20 mg/ml Syringe	glatiramer 20 mg/ml syringe
Copaxone 40 mg/ml Syringe	glatiramer 40 mg/ml syringe
Derma-Smoothe-FS Body Oil	fluocinolone 0.01% body oil
Derma-Smoothe-FS Scalp Oil	fluocinolone 0.01% scalp oil
Dermotic Otic Drops	fluocinolone 0.01% otic drops
Diastat 2.5 mg Pedi System	diazepam 2.5 mg rectal gel system
Diastat Acudial 12.5-15-20	diazepam 20 mg rectal gel system

Diastat Acudial 5-7.5-10	diazepam 10 mg rectal gel system
Diclegis Tablet	doxylamine succinate/pyridoxine hcl tablet
Differin 0.1% Cream	adapalene 0.1% cream
Differin 0.3% Gel Pump	adapalene 0.3% gel pump
Dovonex 0.005% Cream	calcipotriene 0.005% cream
E.E.S 200	erythromycin ethyl succinate 200 mg/5 ml
Elidel 1% Cream	picmecrolimus 1% cream
Emend 40 mg Capsule	aprepitant 40 mg capsule
Emend 80 mg Capsule	aprepitant 80 mg capsule
Epiduo Gel	adapalene/benzoyl peroxide gel
Eryped 400mg/5ml suspension	erythromycin 400mg/5ml suspension
Exelon 13.3 mg/24 hr Patch	rivastigmine 13.3 mg/24 hr patch
Exelon 4.6 mg/24 hr Patch	rivastigmine 4.6 mg/24 hr patch
Exelon 9.5 mg/24 hr Patch	rivastigmine 9.5 mg/24 hr patch
Fazaclo 100 mg ODT	clozapine 100 mg ODT
Fazaclo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazaclo 150 mg ODT	clozapine 150 mg ODT
Fazaclo 200 mg ODT	clozapine 200 mg ODT
Fazaclo 25 mg ODT	clozapine 25 mg ODT
Focalin 10 mg Tablet	dexmethylphenidate 10 mg tablet
Focalin 2.5 mg Tablet	dexmethylphenidate 2.5 mg tablet
Focalin 5 mg Tablet	dexmethylphenidate 5 mg tablet
Focalin XR 5 mg Capsule	dexmethylphenidate ER 5 mg capsule
Focalin XR 10 mg Capsule	dexmethylphenidate ER 10 mg capsule
Focalin XR 15 mg Capsule	dexmethylphenidate ER 15 mg capsule
Focalin XR 20 mg Capsule	dexmethylphenidate ER 20 mg capsule
Focalin XR 25 mg Capsule	dexmethylphenidate ER 25 mg capsule
Focalin XR 30 mg Capsule	dexmethylphenidate ER 30 mg capsule
Focalin XR 35 mg Capsule	dexmethylphenidate ER 35 mg capsule
Focalin XR 40 mg Capsule	dexmethylphenidate ER 40 mg capsule
Gabitril 12 mg Tablet	tiagabine 12 mg tablet
Gabitril 16 mg Tablet	tiagabine 16 mg tablet
Gabitril 2 mg Tablet	tiagabine 2 mg tablet
Gabitril 4 mg Tablet	tiagabine 4 mg tablet
Glyset 100 mg Tablet	miglitol 100 mg tablet
Glyset 25 mg Tablet	miglitol 25 mg tablet
Glyset 50 mg Tablet	miglitol 50 mg tablet
Humalog 100 units/ml Vial	insulin lispro 100units/ml vial
Humalog Kwikpen 100 units/ml	insulin lispro 100units/ml pen
Kitabis Pak 300 mg/5 ml	tobramycin pak 300 mg/5 ml
Letairis 5mg Tablet	ambrisentan 5mg tablet
Letairis 10mg Tablet	ambrisentan 10mg tablet
Lialda 1.2 gm Tablet	mesalamine 1.2 gm tablet

Lotemax 0.5% eye drops	loteprednol etabonate eye drops
Lovenox 300 mg/3 ml Vial	enoxaparin 300 mg/3 ml vial
Makena 1,250 mg/5 ml Vial	hydroxyprogesterone 1,250 mg/5 ml vial
Methylin 10 mg/5 ml Solution	methylphenidate 10 mg/5 ml solution
Methylin 5 mg/5 ml Solution	methylphenidate 5 mg/5 ml solution
MetroCream 0.75% Cream	metronidazole 0.75% cream
Metrogel Topical 1% Gel	metronidazole topical 1% gel
Metrogel Topical 1% Pump	metronidazole topical 1% gel
MetroLotion 0.75% Lotion	metronidazole 0.75% lotion
Mitigare 0.6 mg capsule	colchicine 0.6 mg capsule
Moxeza 0.5% eye drops	Moxifloxacin 0.5% eye drops
Natroba 0.9% Topical Suspension	spinosad 0.9% topical suspension
Niaspan ER 1000 mg Tablet	niacin ER 1000 mg tablet
Niaspan ER 500 mg Tablet	niacin ER 500 mg tablet
Niaspan ER 750 mg Tablet	niacin ER 750 mg tablet
Novolog Mix 70-30 FlexPen	insulin aspart mix 70-30 pen
Novolog Mix 70-30 Vial	insulin aspart mix 70-30 vial
Nuvigil 150 MG Tablet	armodafinil 150 mg tablet
Nuvigil 200 MG Tablet	armodafinil 200 mg tablet
Nuvigil 250 MG Tablet	armodafinil 250 mg tablet
Nuvigil 50 MG Tablet	armodafinil 50 mg tablet
Pataday 0.2% Drops	olopatadine 0.2% drops
Protopic 0.03% Ointment	tacrolimus 0.03% ointment
Protopic 0.1% Ointment	tacrolimus 0.1% ointment
Provigil 100 mg tablet	modafinil 100 mg tablet
Provigil 200 mg tablet	modafinil 200 mg tablet
Pulmicort 0.25 mg/2 ml	budesonide 0.25 mg/2 ml
Pulmicort 0.5 mg/2 ml	budesonide 0.5 mg/2 ml
Pulmicort 1 mg/2 ml	budesonide 1.0 mg/2 ml
Ranexa ER 500mg Tablet	ranolazine ER 500mg tablet
Ranexa ER 1000mg Tablet	ranolazine ER 1000mg tablet
Renagel 800mg Tablet	sevelamer 800mg tablet
Renvela 0.8 gm powder pkt	sevelamer 0.8 gm powder pkt
Renvela 2.4 gm powder pkt	sevelamer 2.4 gm powder pkt
Retin-A 0.025% Cream	tretinoin 0.025% cream
Retin-A 0.05% Cream	tretinoin 0.05% cream
Retin-A 0.1% Cream	tretinoin 0.1% cream
Retin-A Gel 0.01%	tretinoin gel 0.01%
Retin-A Gel 0.025%	tretinoin gel 0.025%
Sabril Powder Pack	vigabatrin powder pack
Suboxone 2 mg-0.5 mg Film	buprenorphine/naloxone 2mg-0.5mg film
Suboxone 4 mg-1 mg Film	buprenorphine/naloxone 4mg-1mg film
Suboxone 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg film

Suboxone 12 mg-3 mg Film	buprenorphine/naloxone 12mg-3mg film
Suprax 100 mg/5 ml Suspension	cefixime 100 mg/5 ml suspension
Suprax 200 mg/5 ml Suspension	cefixime 200 mg/5 ml suspension
Supraz 400 mg Capsule	cefixime 400 mg capsule
Symbicort 80-4.5 mcg Inhaler	budesonide-formoterol 80-4.5 mcg inhaler
Symbicort 160-4.5 mcg Inhaler	budesonide-formoterol 160-4.5 mcg inhaler
Symbyax 12-50 Capsule	olanzepine-fluoxetine 12-50 capsule
Symbyax 3-25 Capsule	olanzepine-fluoxetine 3-25 capsule
Symbyax 6-25 Capsule	olanzepine-fluoxetine 6-25 capsule
Symbyax 6-50 Capsule	olanzepine-fluoxetine 6-50 capsule
Tamiflu 30 mg Capsule	oseltamivir 30 mg capsule
Tamiflu 45 mg Capsule	oseltamivir 45 mg capsule
Tamiflu 75 mg Capsule	oseltamivir 75 mg capsule
Tegretol 100 mg/5 ml Suspension	carbamazepine 100 mg/5 ml suspension
Tegretol 200 mg Tablet	carbamazepine 200 mg tablet
Tegretol XR 100 mg Tablet	carbamazepine ER 100 mg tablet
Tegretol XR 200 mg Tablet	carbamazepine ER 200 mg tablet
Tegretol XR 400 mg Tablet	carbamazepine ER 400 mg tablet
Tekturna 150mg Tablet	aliskiren 150mg tablet
Tekturna 300mg Tablet	aliskiren 300mg tablet
TobraDex Eye Drops	tobramycin-dexamethasone drops
Tracleer 125mg Tablet	bosentan 125 mg tablet
Tracleer 62.5mg Tablet	bosentan 62.5 mg tablet
Transderm-Scop 1.5 mg/3 day	scopolamine 1 mg/3 day patch
Travatan Z 0.004% Eye Drop	travoprost 0.004% eye drop
Vagifem 10 mcg Vaginal Tablet	estradiol 10 mcg vaginal insert
Vesicare 5 mg Tablet	solifenacin succinate 5 mg tablet
Vesicare 10mg Tablet	solifenacin succinate 10 mg tablet
Vigamox 0.5% Eye Drops	moxifloxacin 0.5% eye drops
Voltaren 1% Gel	diclofenac 1% gel
Xenazine 12.5 mg Tablet	tetrabenazine 12.5 mg tablet
Xenazine 25 mg Tablet	tetrabenazine 25 mg tablet
Zovirax 5% Cream	acyclovir 5% cream
Zovirax 5% Ointment	acyclovir 5% ointment

As a reminder, if a brand is preferred with a Non-Preferred generic equivalent, “medically necessary” is NOT needed on the face of the prescription in order for the brand product to be covered. Claims for preferred brands with non-preferred generics will be reimbursed with a generic product dispensing fee. Claims for preferred brands with no generic or preferred brands with preferred generics will be reimbursed with a brand dispensing fee.

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

When the temporary 14-day emergency supply ends, NC will return to the usual 72-hour emergency supply for drugs requiring prior approval.

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (Social Security Act, Section 1927, [42 U.S.C. 1396r-8\(d\)\(5\)\(B\)](#)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior approval requirement if an emergency supply is indicated. **Use a “3” in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.**

Note: Copayments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.

Checkwrite Schedule for April 2020

Electronic Cutoff Schedule	Checkwrite Date
April 2, 2020	April 7, 2020
April 9, 2020	April 14, 2020
April 16, 2020	April 21, 2020
April 23, 2020	April 28, 2020

POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.

The 2020 checkwrite schedules for both DHB and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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