

WRITTEN SECTION REPORTS

CLINICAL POLICY AND PROGRAMS REPORT

REPORT PERIOD SEPTEMBER 1, 2020 THROUGH NOVEMBER 30, 2020

1. Policies Presented to the N.C. Physician Advisory Group (PAG)

The Pharmacy & Therapeutic Committee met on 09/18/2020, 10/13/2020, and 11/17/2020
The N.C. Physician Advisory Group met on 09/24/2020 & 10/22/2020

Recommended Pharmacy

- Prior Approval Criteria- Evyrsedi- 09/24/2020
- Prior Approval Criteria- Hepatitis C- 09/24/2020
- Prior Approval Criteria- Calcitonin Gene Related Treatments for Migraine- 09/24/2020
- Prior Approval Criteria- Treatments for Duchenne Muscular Dystrophy-10/22/2020
- Prior Approval Criteria- Immunomodulators- 10/22/2020
- Prior Approval Criteria- Opioid Analgesics- 10/22/2020

Recommended Clinical Coverage Policies

- 8A-5, Diagnostic Assessment - 10/22/2020

2. Policies Posted for Public Comment

- 1H, Telehealth, Virtual Communications and Remote Patient Monitoring 9/23/2020 - 10/8/2020
- 9, Outpatient Pharmacy 10/28 – 11/12
- 1E-7, Family Planning 10/30 – 11/14
- 8A-5, Diagnostic Assessment 11/30/2020 - 1/14/2020

Pharmacy items Posted for Public Comment

- Prior Approval Criteria Crinone 8% Gel 9/1/2020 - 10/16/2020
- Prior Approval Criteria Systemic Immunomodulators 9/1/2020 - 10/16/2020
- Prior Approval Criteria Anti-Inflammatory Medications 9/1/2020 - 10/16/2020
- Prior Approval Criteria Hepatitis C Virus Medications 9/25/2020 - 11/9/2020
- Prior Approval Criteria Sedative Hypnotics 9/25/2020 - 11/9/2020
- Prior Approval Criteria Evrysdi 10/9/2020 - 11/23/2020
- Prior Approval Criteria Monoclonal Antibody 10/9/2020 - 11/23/2020
- Prior Approval Criteria Migraine Therapy Calcitonin Gene- Related Inhibitors 10/9/2020 - 11/23/2020
- Prior Approval Criteria Antiviral - Hepatitis C Agents 10/9/2020 - 11/23/2020
- Prior Approval Criteria Opioid Analgesics 11/30/2020 - 1/14/2020
- Prior Approval Criteria Systemic Immunomodulators 11/30/2020 - 1/14/2020
- Prior Approval Duchenne Muscular Dystrophy 11/30/2020 - 1/14/2020

3. New or Amended Policies Posted to Medicaid Website

- 1A-19, Transcranial Doppler Studies - 9/15/2020
- 1A-26, Deep Brain Stimulation - 9/15/2020
- 1A-27, Electrodiagnostic Studies - 9/15/2020
- 1A-28, Visual Evoked Potential (VEP) - 9/15/2020
- 1A-33, Vagus Nerve Stimulation for the Treatment of Seizures - 9/15/2020
- 1K-1, Breast Imaging Procedures - 9/15/2020
- 1R-4, Electrocardiography, Echocardiography, and Intravascular Ultrasound - 9/15/2020
- 5A-1, Physical Rehabilitation Equipment and Supplies - 10/1/2020
- 8A-1, Assertive Community Treatment (ACT) Program - 10/1/2020
- 8A-6, Community Support Team (CST) - 10/1/2020
- 8B, Inpatient Behavioral Health Services - 10/1/2020
- 8L, Mental Health/Substance Abuse Targeted Case Management - 10/1/2020
- 5A-2, Respiratory Equipment and Supplies - 10/15/2020
- 5A-3, Nursing Equipment and Supplies - 10/15/2020
- 1S-8, Drug Testing - 11/1/2020
- 1H- Telemedicine (*Terminated*) - 11/15/2020
- 1H, Telehealth, Virtual Communications, and Remote Patient Monitoring (*New Policy*)- 11/15/2020

New or Amended PA Criteria Posted

- Prior Approval Criteria Relistor - 09/27/2020
- Prior Approval Criteria – Antinarcoclepsy/Antihyperkinesis - 10/1/2020
- Prior Approval-Topical Anti-inflammatories - 10/21/2020
- Prior Approval Criteria -Hepatitis C – 11/17/2020
- Prior Approval Criteria Topical Local Anesthetics - 11/19/2020

4. Durable Medical Equipment and Supplies, and Orthotics & Prosthetics (DMEPOS)

Sept – November 2020

Updates to Clinical Coverage Policies 5A-2, Respiratory Equipment and Supplies and 5A-3, Nursing Equipment and Supplies that were described in the previous MCAC report were finalized and posted with effective dates of Oct 1, 2020.

Temporary COVID-19 flexibilities previously reported, remain in effect.

5. Outpatient Specialized Therapies/Local Education Agencies (LEAs)

Sept – November 2020

Updates to Clinical Coverage Policies 10C, Outpatient Specialized Therapies, Local Education Agencies (LEAs) and 10D, Outpatient Specialized Therapies, Respiratory Therapy Services by Independent Practitioner Provider that were described in the previous MCAC report are currently being finalized and prepared for posting.

Temporary COVID-19 flexibilities previously reported, remain in effect.

6. Long-Term Services and Supports (LTSS)

On Oct. 19, 2020, the LTSS unit launched a new referral and enrollment process for individuals seeking participation in the Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA). This new referral and enrollment process is an interim, short-term workaround to manage the responsibilities of an Independent Assessment Entity.

In January 2020, NC Medicaid announced the awarding of the Comprehensive Independent Assessment Entity (CIAE) contract to assist in managing the CAP/C and CAP/DA waiver applications' business rules of level of care and a reasonable indication of need for enrollment in one of the CAP programs. However, the contract for the CIAE was canceled in February. Because of the cancellation of that contract, NC Medicaid implemented a short-term workaround to manage CAP/C and CAP/DA waiver applications' business rules of level of care and a reasonable indication of need while a new vendor could be procured.

The interim process for consideration for enrollment in the CAP/C and CAP/DA waivers are described below:

- To request initial enrollment in CAP/C or CAP/DA, interested individuals must voice a request of participation, and a referral will be generated electronically through the e-CAP system. The referral may be requested directly to a CAP/C or CAP/DA case management entity, completed in the e-CAP portals, or submitted directly to NC Medicaid. Upon the receipt of the referral, a member of NC Medicaid will work closely with the applicant and the primary practitioner to assist in determining clinical eligibility (medical fragility and level of care).
- Upon the approval of the service request, a case management entity chosen by the approved applicant, will be assigned to complete the in-home comprehensive assessment to identify indication of risks, gaps in the service provision, or stress on the primary caregiver(s).
- Upon the recommendation that the applicant needs at least one of the home- and community-based services approved in the CAP/C or CAP/DA waiver, the applicant will be notified of his or her approval to enroll in the CAP/C or CAP/DA waiver. The applicant must sign an enrollment form, which confirms an agreement to enroll in the waiver program.

For both the CAP/C and CAP/DA waivers, the case management entities will complete the annual reassessment of need, known as the continued need assessment (CNR). NC Medicaid will approve all annual reassessments for CAP/C beneficiaries.

Home Infusion Therapy

Clinical Coverage Policy 3H-1, Home Infusion Therapy was submitted to request review for SPA approval 10/12/2020.

To allow some temporary COVID-19 infusion flexibilities to remain in place after the current public health emergency expires, new policy language was added to make permanent two additional drug categories:

- Immunotherapy: CPT code S9338
- Hydration: CPT codes S9376 and S9377

7. **Behavioral Health IDD Section**

Behavioral Health Clinical Policy Updates:

Policy Updates

On October 1, 2020, Medicaid behavioral health policies amended to comply with NC Session Law 2019-240 Senate Bill 537 were posted to the NC Medicaid website. The amendments added Licensed Professional Licensed Clinical Mental Health Counselor (LCMHC) and Certified Alcohol and Drug Counselor (CADC) to the following policies:

- 8A-1 Assertive Community Treatment (ACT) Program
- 8A-6 Community Support Team (CST)
- 8-B Inpatient Behavioral Health Services
- 8-L Mental Health/Substance Abuse Targeted Case (TCM)

Policies Amendments

The following policies were amended to include telehealth and telephonic flexibilities in response to COVID 19 and the process to finalize continues.

- 8A: Enhanced Mental Health and Substance Abuse Services
- 8A-2: Facility Based Crisis Services
- 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities
- 8F: Research Based - Behavioral Health Treatment for ASD
- 8G: Peer Support Services
- 8-J: Children's Developmental Service Agencies (CDSAs)
- 8P: North Carolina Innovations

DHB is currently in the process of drafting a renewal of our Traumatic Brain Injury waiver to be effective 5/1/21. Our TBI waiver serves individuals in the Alliance catchment area who have a TBI on or after their 22nd birthday. An FAQ document will be posted at <https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury> by December 15th, 2020.

PROVIDER SERVICES REPORT

Since the announcement of the new Managed Care launch date, Provider Operations has led the effort to develop a redesigned provider directory for use by Medicaid and NC Health Choice beneficiaries to find information on all types of providers and allow selection of their primary care provider. This is a cross-functional project involving user acceptance testing from representatives of various stakeholder groups including physicians, associations, and department partners who will use conversational guidance to help beneficiaries locate providers within their chosen health plan. The newly designed provider directory, dubbed the “Medicaid and NC Health Choice Provider and Health Plan Look-up Tool” will be available prior to beneficiary open enrollment into Managed care.

In preparation for Medicaid Managed Care, and specifically to aid in the accuracy of information offered in the Medicaid and NC Health Choice Provider and Health plan Look-up Tool, Provider Operations has published a plea to providers to utilize the NCTracks Manage Change Request process to validate, and modify as necessary, the information on their NCTracks provider record. For more information, see Medicaid bulletin article “Ensure Your Information Displays Correctly in NC’s Provider Directory Tool.” (<https://medicaid.ncdhhs.gov/blog/2020/11/17/medicaid-managed-care-provider-update>) As part of this overall effort, Engagement Specialists are conducting email outreach campaigns to providers identified with missing or suspected erroneous information on the NCTracks provider record. To date, over one thousand providers have been contacted to review their record.

Additional activities wherein Provider Operations staff work cross-functionally with various sections in the Department to transition to Medicaid Managed Care:

- Development of policies and procedures for the monitoring of PHP data and activities;
- Development of reporting requirements and companion guides to ensure accuracy of data;
- Development of file validation processes and reporting;
- Data analysis, identification of risks and issues, and collaborative resolution;
- Continual establishment and building of relationships with managed care partners to ensure a seamless and smooth transition;
- Participation in testing from the beginning of the beneficiary and provider experience through the complete transition to managed care; and
- Review and approval of PHP policies and procedures, provider training plans and materials, and customer support materials.

To further support providers during the transition to Manage care, the Provider Escalations Team responds to inquiries received through the Medicaid transformation email listserv, Medicaid.transformation@dhhs.nc.gov, as well as the newly published provider enrollment ombudsman phone line (919-527-6666). Since our last report to the MCAC, we have resolved 72 provider inquiries and 20 provider-related legislative inquiries.

Concurrent with the above-mentioned activities, Provider Operations is driving the Department efforts to transition to a new provider data management, credentialing verification organization model for provider enrollment and credentialing. In its beginning stages, this effort will integrate with other departmental efforts to ensure that all federal, state and quality determinants are met for Medicaid and NC Health Choice provider participation.

The NC Area Health Education Centers (AHEC) continues collaborating with Provider Operations to offer managed care transformation-related education, engagement, and support to NC’s essential providers (as defined here: <https://www.ncleg.net/enactedlegislation/sessionlaws/html/2015-2016/sl2015-245.html>). AHEC has supplemented the DHB regional consultants as field workers in communities across the state with its 30 coaches who collectively touch close to 200 providers each week in-person, by phone, through video conference or via e-mail.

Apart from the Medicaid managed care activities, Provider Operations has also continued its involvement in the Department COVID-19 Pandemic Response, from validating applicants for payment under the CARES Act Provider Relief Fund, to monitoring emergency applications, to continuing action to bypass fingerprinting and reverification requirements. To date:

- 17 files have been processed for the CARES Act Provider Relief Fund
- 141 Emergency enrollment applications have been processed
- 385 enrollment required fingerprinting results have been temporarily bypassed
- 8 provider enrollment required site visits have been delayed
- 8,292 provider reverifications have been temporarily suspended

In the midst of the state of emergency and the transition to managed care, Provider Operations has continued all functions necessary to ensure the support, education, accuracy, and timeliness of enrollment and credentialing of providers. This includes the continued monitoring of 13 NC licensure boards to ensure timely action is taken on disciplinary actions, the secondary review of providers with license limitations, as well as developing processes for and the implementation of procedures to monitor the accuracy of actions recently transitioned to GDIT.

The development of a License Limitations Review Committee, as mentioned in our last report to the MCAC, was fully implemented in August 2020. The committee's function is to review all license limitations imposed by boards and render decisions on what, if any, action we must take on the enrollment record of those providers participating in Medicaid and Health Choice. The Committee is comprised of the Provider Operations Associate Director as Chairperson, and three Voting Members who are Provider Operations Managers. There are various non-voting members, including staff who are responsible for audit and monitoring oversight, as well as license board monitors. To date, the committee has rendered decisions on 25 license limitations.

Provider Operations has collaborated with the Health Information Exchange Authority and State Health Plan partners to develop and publish a formal process for eligible providers to request a hardship extension to delay connection to HIEA's NC HealthConnex system until December 31, 2022. Additional information, including the request form, can be found on the NC Medicaid Providers webpage (<https://medicaid.ncdhhs.gov/providers>).

Provider Operations has completed its meetings with the NC Office of State Auditor (OSA) for their SFY2019 Medicaid Performance Audit. We are currently meeting with the OSA for their SFY2020 Single Audit of Medicaid Provider Enrollment. During these meetings we share all our monitoring procedures and documentation demonstrating compliance with our Monitoring Plan. Our Monitoring Plan describes all monitoring activities, quantity of monitoring, and Management oversight of all Fiscal Agent and Vendor monitoring that is conducted monthly on an on-going basis.