

# WRITTEN SECTION REPORTS

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# CLINICAL POLICY AND PROGRAMS REPORT

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REPORT PERIOD JUNE 1, 2020 THROUGH AUGUST 31, 2020

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

The Pharmacy & Therapeutic Committee met on 07/14/2020 & 08/11/2020

The N.C. Physician Advisory Group met on 06/25/2020, 07/23/2020 & 08/27/2020

### **Recommended Pharmacy**

- Prior Approval Criteria- Crinone- 07/23/2020
- Prior Approval Criteria Immunomodulators- 07/23/2020
- Prior Approval Criteria- Topical Anti-Inflammatories- 07/23/2020
- Prior Approval Criteria- Hepatitis C-08/27/2020
- Prior Approval Criteria- Sedative Hypnotics- 08/27/2020

### **Recommended Clinical Coverage Policies**

- 1H - Telemedicine and Telepsychiatry (terminate existing policy) – 06/25/2020
- 1H - Telehealth, Virtual Patient Communications and Remote Patient Monitoring (new policy) – 06/25/2020
- 1A-24: Diabetes Self-Management Education – 07/23/2020
- 1A-34: Dialysis Services – 07/23/2020
- 1D-4: Core Services Provided in Federally Qualified Health Centers & Rural Health Clinics – 07/23/2020
- 1-I: Dietary Evaluation and Counseling & Medical Lactation Services – 07/23/2020
- 1M-2: Childbirth Education – 07/23/2020
- 1-M3: Health and Behavior Intervention – 07/23/2020
- 3A: Home Health Services – 07/23/2020
- 3D: Hospice Care – 07/23/2020
- 3G-1: Private Duty Nursing for Beneficiaries Age 21 and Older – 07/23/2020
- 3G-2: Private Duty Nursing for Beneficiaries Under 21 Years of Age – 07/23/2020
- 3H-1: Home Infusion Therapy – 07/23/2020
- 5A-2: Respiratory Equipment – 07/23/2020
- 4A: Dental Services – 07/23/2020
- 4B: Orthodontic Services – 07/23/2020
- 5A-3: Nursing Equipment and Supplies– 07/23/2020
- 8A: Enhanced Mental Health and Substance Abuse Services – 07/23/2020
- 8A-2: Facility Based Crisis Services – 07/23/2020
- 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers– 07/23/2020
- 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities – 07/23/2020
- 8F: Research-based Behavioral Health Treatment for Autism Spectrum Disorder – 07/23/2020
- 8G: Peer Support Services – 07/23/2020
- 8-J: Children’s Developmental Service Agencies (CDSAs) – 07/23/2020
- 8P: NC Innovations – 07/23/2020
- 9: Outpatient Pharmacy – 07/23/2020
- 10C: Local Education Agencies (LEAs) – 07/23/2020
- 10D: Respiratory Therapy Services – 07/23/2020
- 1E-5: Obstetrical Services – 07/23/2020
- 1E-6: Pregnancy Medical Home – 07/23/2020

- 1E-7: Family Planning Services – 07/23/2020

**PAG Notifications**

The board was notified on 07/23/2020 that Medicaid behavioral health policies were amended due to the NC General Assembly approving Session Law 2019-240 Senate Bill 537 on November 6, 2019 which amended the Licensed Professional Counselor (LPC) name to Licensed Clinical Mental Health Counselor (LCMHC)]; and the Certified Substance Abuse Counselor (CSAC) certification name to Certified Alcohol and Drug Counselor (CADC). Licensure and certification names were amended in 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)

**2. Policies Posted for Public Comment**

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

- 1H, Telemedicine and Telepsychiatry 07//2020 - 08/15/2020
- 1H, Telehealth Virtual Patient Communications and Remote Patient Monitoring 07//2020 - 08/15/2020
- 1A-24, Diabetes Outpatient Self - Management Education 07/29/2020 - 09/12/2020
- 1A-34, Dialysis Services 07/29/2020 - 09/12/2020
- 1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics 07/29/2020 - 09/12/2020
- 1-I, Dietary Evaluation & Counseling and Medical Lactation Services 07/29/2020 - 09/12/2020
- 1M-2, Childbirth Education 07/29/2020 - 09/12/2020
- 1M-3, Health & Behavior Intervention 07/29/2020 - 09/12/2020
- 3A, Home Health Services 07/29/2020 - 09/12/2020
- 3D, Hospice Services 07/29/2020 - 09/12/2020
- 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older - 07/29/2020 - 09/12/2020
- 3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age - 07/29/2020 - 09/12/2020
- 3H-1, Home Infusion Therapy - 07/30/2020 - 09/13/2020
- 4B, Orthodontic Services - 07/30/2020 - 09/13/2020
- 5A-2, Respiratory Equipment and Supplies - 07/30/2020 - 09/13/2020
- 5A-3, Nursing Equipment and Supplies - 07/30/2020 - 09/13/2020
- 8A, Enhanced Mental Health and Substance Abuse Services - 07/30/2020 - 09/13/2020
- 8A-2, Facility - Based Crisis Management for Children and Adolescents - 07/30/2020 - 09/13/2020
- 8C, Outpatient Behavioral Health Services - 07/30/2020 - 09/13/2020
- 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities 07/30/2020 - 09/13/2020
- 8F, Research - Based Behavioral Health Treatment for ASD 07/30/2020 - 09/13/2020
- 8G, Peer Support Services 07/30/2020 - 09/13/2020
- 8J, Children's Developmental Services Agencies 07/30/2020 - 09/13/2020
- 9, Outpatient Pharmacy Program 07/30/2020 - 09/13/2020
- 10C, Local Education Agencies 07/30/2020 - 09/13/2020
- 10D, Independent Practitioners Respiratory Therapy Services 07/30/2020 - 09/13/2020

- 4A, Dental Services 07/31/2020 - 09/14/2020
- 8P, North Carolina Innovations 08/4/2020 - 09/18/2020
- 1E-5, Obstetrical Services 08/4/2020 - 09/18/2020
- 1E-6, Pregnancy Medical Home 08/4/2020 - 09/18/2020
- 1E-7, Family Planning 08/7/2020 - 09/22/2020

**PAG Notifications Posted for Public Comment**

- 8A-6, Community Support Team 07/31/2020 - 08/30/2020
- 8B, Inpatient Behavioral Health Services 07/31/2020 - 08/30/2020
- 8L, Mental Health/ Substance Abuse Targeted Case Management 07/31/2020 -08/30/2020
- 8A-1, Assertive Community Treatment Program 07/31/2020 - 08/30/2020

**Pharmacy items Posted for Public Comment**

- PDL Changes- 06/25/2020-07/09/2020
- Pharmacy Policy #9- 07/30/2020-09/15/2020
- Prior Approval Criteria- Movement Disorders- 08/05/2020-08/20/2020
- Prior Approval Criteria- Epidiolex- 08/05/2020-08/20/2020

**3. New or Amended Policies Posted to Medicaid Website**

- 1-I, Dietary Evaluation and Counseling and Medical Lactation Services - 07/1/2020
- 1M-3, Health and Behavior Intervention - 07/1/2020
- 1A-34, Dialysis Services - 07/1/2020
- 4B, Orthodontic Services - 07/1/2020
- 1A-13, Ocular Photodynamic Therapy - 08/1/2020
- 3D, Hospice - 8/1/2020
- 1A-30, Spinal Surgeries - 08/15/2020
- 1E-3, Sterilization Procedures - 08/15/2020
- 1K-7, Prior Approval for Imaging Services - 08/15/2020
- 3K-1, Community Alternatives Program for Children (CAP/C) - 08/15/2020

**New or Amended PA Criteria Posted**

- Prior Approval Criteria Continuous Glucose Monitor Supplies- 07/01/2020
- Prior Approval Criteria Systemic Immunomodulators- 07/13/2020
- Sedative Hypnotics- 07/09/2020
- Prior Approval Criteria Opioid Analgesics- 07/09/2020

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

June – August 2020

Clinical Coverage Policy 5A-2, Respiratory Equipment and Supplies has been updated and is currently posted for a 45-day public comment period. Updates to policy 5A-2 include the following:

- To allow temporary COVID-19 flexibilities to remain in place after the current public health emergency expires, new policy language was added to provide medical necessity guidance for portable, battery-powered

oximeters for purchase (HCPCS code E0445), while clarifying that existing oximeter criteria is for hospital grade, table-top, electric oximeters for rental.

- The prior authorization requirement for ultrasonic nebulizers (HCPCS code E0575) was removed.
- To permit the use of home sleep studies where appropriate, when qualifying for CPAP and other respiratory assist devices, references to clinical coverage policy 1A-20, Sleep Studies and Polysomnography Services, were added to all instances of polysomnogram requirements.

Clinical Coverage Policy 5A-3, Nursing Equipment and Supplies has been updated and is currently posted for a 45-day public comment period. Updates to policy 5A-3 include the following:

- Medical necessity criteria for non-therapeutic continuous glucose monitor (CGM) systems and supplies was updated to align with Medicare guidelines (HCPCS codes A9276, A9277, A9278), while age limits and prior authorization requirements was removed. Therapeutic CGM systems were transitioned to the pharmacy benefit effective 7/1/2020 (HCPCS codes K0553, K0554).
- The prior authorization requirement for standard blood glucose monitors with integrated voice synthesizers was removed (HCPCS code E2100).
- Medical necessity criteria for wearable cardioverter defibrillators were updated to eliminate age restrictions and substitute FDA and manufacturer's requirements including but not limited to age, weight and chest circumference (HCPCS code K0606).
- Coverage and medical necessity criteria were added for automatic blood pressure monitors (HCPCS code A4670) and weight scales (HCPCS code E1639) with lifetime expectancies of 3 years.

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

June – August 2020

Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies (LEAs) has been updated and is currently posted for a 45-day public comment period. Updates to policy 10C include the following:

- To allow some temporary COVID-19 telehealth flexibilities to remain in place after the current public health emergency expires, new policy language was added to provide medical necessity guidance for the delivery of select psychological and counseling treatment interventions (CPT codes 90832, 90834, 90837, 90847, 90853) when provided using a telehealth delivery method described in Clinical Coverage Policy 1-H, Telehealth, Virtual Patient Communications and Remote Patient Monitoring.

Clinical Coverage Policy 10D, Outpatient Specialized Therapies, Respiratory Therapy Services by Independent Practitioner Provider has been updated and is currently posted for a 45-day public comment period. Updates to policy 10D include the following:

- To allow some temporary COVID-19 telehealth flexibilities to remain in place after the current public health emergency expires, new policy language was added to provide medical necessity guidance for the delivery of select respiratory therapy treatment interventions (CPT codes 94664, 94760, 99504) when provided using a telehealth delivery method described in Clinical Coverage Policy 1-H, Telehealth, Virtual Patient Communications and Remote Patient Monitoring.

## 6. **Behavioral Health IDD Section**

### **Behavioral Health Clinical Policy Updates:**

The Department of Health Benefits (DHB) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) worked together to fund and offer ASAM Criteria Skill-Building Training to licensed professionals and other staff across North Carolina. These trainings are a part of the 1115 Substance Use Disorder Demonstration Waiver implementation plan.

The plan includes:

1. the use of the ASAM Criteria to determine the appropriate level of care required for beneficiaries and
2. ensuring direct enrolled professionals providing comprehensive clinical assessments (CCA), diagnostic assessments (DA) and other evaluations have the knowledge, skills and ability to make an ASAM level of care determination for beneficiaries with a substance use disorder diagnosis.

Virtual training sessions began in July 2020 and will continue over eight months. The goal is to provide training to 5,0000 professionals.

## PROVIDER SERVICES REPORT

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Since our last report to the MCAC, Provider Operations has implemented DHB Provider Operations monitoring of 12 NC licensure boards to ensure timely action is taken on disciplinary actions that affect provider eligibility for Medicaid and Health Choice continued enrollment. Part of this monitoring is the creation of a committee within DHB Provider Operations that will review license limitations, restrictions and conditions and render decisions on provider eligibility. This effort included the transitioning of some responsibility for monitoring licensing board actions to GDIT. The primary role for managing provider appeals has been transitioned to GDIT as well, with oversight by the Provider Operations team. These changes will help relieve some of the physical workload on Provider Operations as we gear up for managed care activities to resume.

We have also developed a formal monitoring procedure for our screening and training vendor, Public Consulting Group.

DHB and NC AHEC executed a State Fiscal Year 20-21 contract amendment to continue the partnership for Provider Outreach and Education related to Medicaid Managed Care. During the suspension of Medicaid managed care transition activities, NC AHEC collaborated with DHHS, CCNC, and other stakeholders to support efforts in response to COVID.

Engagement Specialists are assisting with provider support activities, stakeholder engagement, PHP provider related data clean up, as well as addressing inbound provider related issues related to Medicaid managed care. The Specialists are conducting several outreach initiatives to assist our NC Medicaid providers with enrollment, and with contract requirements, such as ensuring that provider records in NCTracks are accurate and up to date. Outreach activities have included assistance with reverification requirements, targeted training and/or site visits as part of the enrollment process, contacting facilities reported by DHSR to have inactive licensure, and utilization of ad hoc reports to support efforts to enhance the accuracy of provider directories down-stream.

Provider Operations continues oversight of the CCNC CAHPS contract with the vendor, UNC-Charlotte. DHB executed a no-cost extension for the contract which was necessary due to unexpected vendor staffing changes. The contract is extended until 12/31/2020 and was executed timely without any disruptions to the project.

DHB Provider Operations continues to participate in provider association meetings to address any provider enrollment related concerns.

Provider Operations has voting members on each of the three Medicaid Governance Committees, with consistent participation. Our team continues to support the cross-functioning provider operations PHP liaison oversight team responsible for monitoring PHP related activities to ensure PHP compliance with managed care contract requirements. The PHP team has implemented processes for every Sellers Dorsey requirement assigned to provider operations (an average of 90 requirements) and the development of internal business procedures to support PHP oversight and compliance. The PHP team within provider ops has also contributed to several other managed care related initiatives such as IE, PHP contract amendments, inbound deliverable updates, EB directory workgroup activities, and PHP customer service quality assurance/PHP call center monitoring.

The latest version of the Medicaid Provider Enrollment Compendium (MPEC) published by CMS was proactively analyzed by Provider Operations to ensure operational compliance by DHB and GDIT. Provider Operations collaborated with OCPI, Plan Admin, and the DHB Legal team to redefine certain processes to confirm all MPEC requirements are being met.

We have continued our daily operations including monitoring provider applications processed by GDIT. Our monitoring efforts have resulted in guidance provided to GDIT to ensure their credentialing activities are thorough and ensure audit compliance.

We are actively engaged in the 2020 Single State Audit and OSA 2019 Performance Audit.

We are reviewing provider records for facilities who have reported COVID-19 outbreaks to ensure those records reflect current enrollment credentials.