

WRITTEN SECTION REPORTS

CLINICAL POLICY AND PROGRAMS REPORT

REPORT PERIOD: DECEMBER 1, 2022 – FEBRUARY 28, 2023

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

The Pharmacy & Therapeutic Committee met on 01/10/2023 and 02/14/2023.

The N.C. Physician Advisory Group met on 12/08/2022, 01/26/2023, and 02/23/2023.

Recommended Clinical Coverage Policies

- 11B-9, Thymus Tissue Transplantation (new policy) 12/08/2022
- 1A-27, Electrodiagnostic Studies 01/26/2023
- 8H-6, Community Transition (new policy) 01/26/2023

Recommended Pharmacy Criteria

- Prior Approval Criteria- Opioid Dependence Therapy Agents-01/26/2023
- Prior Approval Criteria- Cardiac Myosin Inhibitors (Camzyos)-02/23/2023
- Prior Approval Criteria- Systemic Immunomodulators (Spevigo) -02/23/2023
- Prior Approval Criteria- Antifungals (Vivjoa) -02/23/2023 |
- Prior Approval Criteria- SGLT2 Inhibitors and Combination-02/23/2023
- Prior Approval Criteria- GLP-1 Receptor Agonists and Combinations-02/23/2023
- Prior Approval Criteria- Opioid Analgesics-02/23/2023

PAG Notifications

- 1A-39 Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials 12/08/2022
- 3A Home Health Services 12/08/2022
- 46 CCPs: *Removing NC Health Choice (NCHC) from these 46 policies (listed on excel provided) along with the approved policy template. NCHC will move to Medicaid per Session Law 2022-74(House Bill 103). Effective 4/1/2023* 02/23/2023

2. Pharmacy Items Posted for Public Comment

- Immunomodulators 11/08/2022 - 12/23/2022
- Opioid Dependence Therapy Agents 11/08/2022 - 12/23/2022
- Monoclonal Antibodies 11/08/2022 - 12/23/2022
- Nextoletol 11/08/2022 - 12/23/2022
- PA Criteria Lupus Medications 11/18/2022 - 12/18/2022
- PA Criteria Sedative Hypnotic 11/18/2022 - 01/02/2023
- PA Criteria Triptans 11/18/2022 - 01/02/2023
- PA Criteria Topical Local Anesthetics 11/18/2022 - 01/02/2023
- PA Criteria Migraine Therapy Calcitonin Gene-Related Inhibitors 11/18/2022 - 01/02/2023

Clinical Coverage Policies Posted for Public Comment

- 1E-5, Obstetrical Services 11/08/2022 – 12/08/2022
- 1E-6, Pregnancy Management Program 11/08/2022 - 12/23/2022
- 2A-1, Acute Inpatient Services 11/09/2022 - 12/09/2022
- 8H-3, Individual and Transitional Support (ITS) *New Policy* 11/29/2022 - 01/13/2023
- 8H-2 Individual Placement and Support (IPS) *New Policy* 12/07/2022 - 01/21/2023
- 15, Ambulance Services 12/07/2022 - 01/21/2023
- 8C, Outpatient Behavioral Health Services 12/20/2022 - 01/04/2023
- 8A, Enhanced Mental Health 01/04/2023 - 01/18/2023
- 5A-3, Nursing Equipment and Supplies 12/20/2022 - 02/03/2023
- 3A, Home Health Services 01/05/2023 - 02/06/2023
- 1S-4, Genetic Testing 01/09/2023 - 01/23/2023
- 8A-9, Opioid Treatment Program Service 01/10/2023 - 02/24/2023
- 8A-7, Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring *New Policy* 01/17/2023 - 03/03/2023
- 8A-8, Ambulatory Withdrawal Management (WM) with Extended On-Site Monitoring *New Policy* 01/17/2023 - 03/03/2023
- 8F, Behavioral Health Treatment For Autism Spectrum Disorder 01/24/2023 - 03/10/2023
- 1A-39 Routine Costs in Clinical Trial Services for Life Threatening Conditions 02/06/2023 - 03/08/2023
- 3G-1, Private Duty Nursing 21+ 02/09/2023 - 3/11/2023
- 3G-2 Private Duty Nursing Under 21 02/09/2023 - 3/11/2023

3. New or Amended Policies Posted to Medicaid Website

- 2B-1, Nursing Facility Services – 12/01/2022
- 5A-2, Respiratory Equipment and Supplies – 12/15/2022
- 5B, Orthotics & Prosthetics – 12/15/2022
- 1A-9, Blepharoplasty/Blepharoptosis (Eyelid Repair)– 01/15/2023
- 1A-16, Surgery of the Lingual Frenulum – 01/15/2023
- 1A-40, Fecal Microbiota Transplantation – 01/15/2023
- 1-O-1, Reconstructive and Cosmetic Surgery – 01/15/2023
- 1-O-2, Craniofacial Surgery – 01/15/2023
- 1-O-3, Keloid Excision and Scar Revision – 01/15/2023
- 2A-3, Out-of-State Services – 01/15/2023
- 2B-2, Geropsychiatric Units in Nursing Facilities – 02/01/2023
- 1E-5, Obstetrical Services – 02/01/23
- 1E-6, Pregnancy Management Program – 02/01/2023
- 1E-3, Sterilization Procedures – 02/15/2023
- 1E-7, Family Planning Services – 02/15/2023
- 8A-5, Diagnostic Assessment – 02/15/2023
- 8J, Children's Developmental Service Agencies (CDSAs) – 02/15/2023

New or Amended PA Criteria Posted

- Behavioral Health Clinical Edits (Pediatric)- 01/01/2023
- Behavioral Health Clinical Edits (Adult)- 01/01/2023
- Prior Approval Criteria-Growth Hormones- 02/06/2023
- Prior Approval Criteria-Monoclonal Antibody- 02/06/2023
- Prior Approval Criteria-PCSK9 Inhibitors- 02/06/2023

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

1. DME policy 5B, Orthotics and Prosthetics was promulgated 12/15/2022 with updates summarized as follows:
 - a. Added coverage for lower extremity prosthetic code K1022 and removed outdated spinal orthotic code L0430.
 - b. Podiatrists added as prescribing and rendering providers for appropriate foot, ankle, and other lower extremity HCPCS codes.
 - c. Updated lifetime expectancies, quantity limits and age limits for clarity throughout.
 - d. Updated **Attachment A, Section F**, Place of Service to 04-homeless shelter, 12-home, 13-assisted living facility, 14-group home, 33-custodial care facility, 34-hospice, in alignment with NCTracks configuration.
2. DME policy 5A-3, Nursing Equipment and Supplies completed 45-day public comment period and is being prepared for promulgation with updates summarized as follows:
 - a. Adding coverage for in-line digestive enzyme cartridges coded B4105 with medical necessity criteria, but without PA review.
 - b. Adding coverage for electric breast pumps and supplies coded A4281, A4282, A4283, A4284, A4285, A4286, E0603, E0604, and K1005, with medical necessity criteria and PA review.
 - c. Adding coverage for incontinence, ostomy, and urinary catheter supplies coded A4315, A4434, A5081, A5082, A5083 and A5112.
 - d. Increasing quantity limits in alignment with Medicare for ostomy supplies coded A4371, A5056 and A5057.
 - e. Updating **Attachment A, Section F**, Place of Service to 04-homeless shelter, 12-home, 13-assisted living facility, 14-group home, 33-custodial care facility, 34-hospice, in alignment with NCTracks configuration.

5. Behavioral Health IDD Section

IDD/TBI

- Home and Community Based Standards Final Rule – Statewide Transition Plan has been approved by CMS.
- CCP 8F Research Based Behavioral Health Treatment for Autism Spectrum to add adults to the policy has been posed for public comment.

MH/SUD

- Revised CCP 8A-5, Diagnostic Assessment posted on Feb. 15, 2023. Policy revised to include training requirements for The American Society of Addiction Medicine (ASAM).

- Revised CCP 8A, Enhanced MH and SA Services – Mobile Crisis Management (MCM) posted on Feb. 15, 2023. MCM policy to align with the American Rescue Act of 2021 and the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Joint Communication Bulletin #J443 summarized those changes.
- Revised CCP 8C, Outpatient Behavioral Health Services policy is scheduled to post in Feb. 2023. Revisions consists of adding ASAM training language and Screening, Brief Intervention, and Referral to Treatment (SBIRT) to the policy; and select additional psychological services were made eligible to be provided via telehealth which was based on stakeholder feedback.
- Revised CCP 8J, Children’s Developmental Service Agencies posted on Feb. 15, 2023. Revisions included Diagnostic Assessment and select Outpatient Behavioral Health services as being eligible to be provided as telehealth or telephonically or both.
- 1915(i) draft CCP 8H, Individual and Transitional Support Policy - public comment period ended Jan. 13, 2023. Policy is being amended to address public comments and to integrate the 1915 (b)(3) Intensive Recovery Support services for those with substance use disorders.
- 1915(i) draft CCP 8H-2, Individual Placement and Support Policy (IPS) - public comment period ended Jan. 21, 2023. Public comments are being reviewed and policy amended.
- 1915(i) draft CCP 8H-6, Community Transition was approved by the Physician Advisory Group in Jan. 2023 and will be posted for 45-day public comment period.
- CCP 8A-7 Ambulatory Withdrawal Management Without Extended Onsite Monitoring draft – Posted for 45-day public comment on Jan. 17, 2023. Public comment period will end Mar. 3, 2023.
- CCP 8A-8 Ambulatory Withdrawal Management with Extended Onsite Monitoring draft –Posted for 45-day public comment on Jan. 17, 2023. Public comment period will end Mar. 3, 2023.
- CCP 8A-9 Opioid Treatment Program (OTP) draft - posted for 45-day public comment on Jan. 10, 2023. Public comment period will end Feb. 24, 2023.
- Stakeholder Engagement Webinars were conducted for Substance Abuse Intensive Outpatient Program (SAIOP) on Feb. 8, 2023.
- Stakeholder Engagement Webinars conducted for Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) on Feb. 9, 2023 and Feb. 10, 2023.

Waiver/SPA Updates:

- We are working with CMS on changes to the 1915(b) and 1915(c) Innovations and TBI waivers as well as the 1915(i) SPA due to the delay of TP launch.

PROVIDER OPERATIONS REPORT

Provider Operations proceeds to be involved in the development and oversight of managed care programs, pursuit of successful internal and external audit efforts, and management of the enrollment of 100,738 distinct providers representing 365,143 locations enrolled in NC Medicaid programs. This report offers a summary of the principal work activities from the last quarter.

Ongoing monitoring of the Standard Plans (SP) continues to ensure compliance with the contract and federal/state regulations with collaboration from the Managed Care Oversight team.

- The in-house report used to support the monitoring efforts for the Prepaid Health Plan (PHP) Provider Network Files (PNFs) continues to be utilized for validation of identified data errors, specifically with providers who are not active in Medicaid remaining on the PNFs for longer than 1 business day.
- Corrective Action Plans (CAPs) opened in March 2022 to address non-active providers who remain on the PHP PNFs, and therefore in the PHPs' networks, for greater than 1 business day included having the Plans submit monthly self-audits to report on their errors. Two of the SPs are now in compliance, however the other three will receive an Additional Notice of Deficiency and a Liquidated Damage (LD) assessment for failure to remove those providers. Reporting encounter data on each non-active provider will be added as a newly required component of the PHPs' self-audits.
- The Provider Team continues to work with the Managed Care Oversight team on the development of a new LD targeting missing PHP Network Files that are required to be submitted to NCTracks daily by 5pm. Additionally the two teams are collaborating on potentially adding an LD for Provider Welcome Packets that are not sent to providers within 5 calendar days of contract execution. Currently, all Standard Plans have trending issues of non-compliance with this requirement.
- The Managed Care Oversight team is presenting these trending issues in both the SP Quarterly Leadership meeting and SP/Provider Ops meeting.

For Behavioral Health and Intellectual/Developmental Disability (BH/IDD) Tailored Plan and Medicaid Direct LMEMCO (Prepaid Inpatient Health Plan, PIHP) managed care programs, the Provider Operations team:

- Continues to review and approve all Provider Operations post-contract award inbound deliverables, meeting weekly and individually with the Tailored Plans/PIHPs to assist with Provider Operations-related questions and issues that arise during implementation, as well as provide technical support and guidance for the BH I/DD and NC Medicaid Direct contracts.
- Continues Readiness Review through completion of the Business Unit Evaluation of the Tailored Plan/NC Medicaid Direct Onsite Readiness Review. Provider Operations continues to attend live demonstrations of operations.
- Continues to work on the development and approval of TP and PIHP Medicaid Direct Business Procedures and monitoring processes.

The Provider Data Management/Credentialing Verification Organization (PDM/CVO) project remains in the silent period as the process of selecting a vendor continues. However, the Stakeholder Engagement Team initiated outreach to provider associations throughout the state, informing them of the PDM/CVO project and offering to share a high-level overview presentation entitled "Journey to Modernization" with their members. Since outreach began at the start of 2023, the presentation has been shared with over 400 members of the provider community.

Provider Operations has been actively involved in the following external audit activity during this time:

- 2022 Office of State Audit (OSA) SFY Single Audit which was complete as of Feb 20, 2023
- RY2023 Payment Error Rate Measurement (PERM) Audit which remains in progress with a target end date of April 15, 2023

- 2023 Enhancing Accountability in Government through Leadership and Education (EAGLE) Audit, which is complete.
- 2021 Office of Inspector General (OIG) Risk Assessment Audit which is complete. Responses to Provider Enrollment Inquiries were delivered to Auditor and the formal interview was completed.

Monitoring the Fiscal Agent's performance of provider enrollment and termination, as well as the performance of vendors, contractors, and health plans was carried out in accordance with our Provider Operations' Monitoring Plan to ensure approved providers meet qualification requirements and ineligible providers are terminated in a timely manner. As part of this effort, Provider Operations monitored:

- 200 licensure disciplinary actions imposed by 19 N.C. licensure boards
- 158 notifications from four N.C. Divisions (Health Services Regulation, Aging and Adult Services, Social Services and Public Health)
- 32 notifications from the Centers for Medicare and Medicaid Services (CMS For Cause)
- 114 provider applications processed by our Fiscal Agent
- 54 monthly LexisNexis background checks

NC Medicaid's Fiscal Agent reports certain provider termination action to CMS, the U.S. Department of Health, and Human Services (HHS-OIG) and the National Practitioner Databank (NPDB) in accordance with federal and state regulations. During this quarter Provider Operations monitored the following number of actions to ensure they were reported timely and accurately:

- 42 actions reportable to CMS
- 5 action reportable to HHS-OIG
- 11 actions reportable to NPDB

NC Medicaid's Fiscal Agent is responsible for initiating provider screenings, site visits, and initial enrollment online training, which is conducted by Public Consulting Group (PCG). During this quarter, Provider Operations monitored 30 Site Visits and 30 On-line Trainings to ensure compliance with state and federal rule and regulations.

The Provider Operations' Monitoring Plan also requires management quality control review of monitoring activities conducted by its staff including, but not limited to the activities listed above. During this quarter, management reviewed 498 items.

The Medicaid Provider Ombudsman received 1,489 inquiries this quarter. The team responded directly to 314 and worked to assign all other cases to the appropriate business owner including the PHPs, General Dynamics Information Technology/NC Tracks, or an operational unit within DHB. The Provider Ombudsman continuously tracks inquiries that have aged for 7 or more days, and open cases are monitored bi-weekly through closure. Trending topics for provider inquiries continue to be related to Claims/Finance and Provider Enrollment.

In addition, our NC Area Health Education Center (AHEC) provider engagement and technical support partner reported completing 2,600 contacts to rural and independent primary care provider practices this quarter. AHEC's regional based coaches aid practices through multiple channels including virtual meetings, on-site visits, telephone conversation, or e-mail communication.

Lastly, Provider Operations has worked extensively with our fiscal agent to develop a unique opportunity for providers to complete their reverification, which has been ceased since the federal Public Health Emergency (PHE) began in March 2020, by voluntarily submitting the necessary application through the secure provider portal of NCTracks. This helps the Department clear some of the inventory of providers for whom reverification has been delayed and allows impacted providers an additional opportunity to complete the process while the NC Application fee is waived. During the voluntary program, there is no adverse action if the provider elects not to submit their reverification application. The federal PHE is currently expected to end on May 11, 2023.

The above-mentioned activities run alongside staff involvement in provider communication and engagement activities, the development of new Division initiatives, and continued partnering and vendor management activities, which include the fiscal agent (GDIT), Enrollment Broker, and PCG.