

# WRITTEN SECTION REPORTS

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# CLINICAL POLICY AND PROGRAMS REPORT

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REPORT PERIOD SEPTEMBER 1 – NOVEMBER 30, 2023

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

The Pharmacy & Therapeutic Committee met on 09/12/2023, 10/10/2023, 11/14/2023

The N.C. Physician Advisory Group met on 09/28/2023, 10/26/2023

### **Recommended Clinical Coverage Policies**

- 1E-5, Obstetrical Services - 09/28/2023
- 3K-1, Community Alternatives Program for Children (CAP/C) - 09/28/2023
- 3L-1, State Plan Personal Care Services (PCS) in Residential Settings (New Policy) - 09/28/2023
- 8D-3, Clinically Managed Low-Intensity Residential Treatment Services (ASAM Level 3.1) (New Policy) - 09/28/2023
- 8D-6, Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) (New Policy) - 09/28/2023
- 8A-12, Substance Abuse Intensive Outpatient Program (SAIOP) (ASAM Level 2.1) (New Policy) - 09/28/2023
- 8A-13, Substance Abuse Comprehensive Outpatient Program (SACOT) (New Policy) - 09/28/2023
- 2B-1, Nursing Facility Services - 10/26/2023

### **PAG Notifications**

- IK-2, Bone Mass Measurement - 10/26/2023

### **Recommended Pharmacy Criteria**

- Prior Approval Criteria- Reblozyl- 09/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Sotyktu -09/23/2023
- Pharmacy PDL Quarterly Changes- 10/26/2023
- Prior Approval Criteria- Neuromuscular Blocking Agents-10/23/2023
- Prior Approval Criteria- Relistor-10/23/2023
- Prior Approval Criteria- Opioid Dependence Therapy Agents- 10/23/2023
- Prior Approval Criteria- Entresto-10/23/2023

## 2. Pharmacy Items Posted for Public Comment

- PDL Changes - 11/05/2023 - 12/21/2023
- Prior Approval Criteria- Vowst - 11/22/2023 - 01/06/2024
- Prior Approval Criteria- Zolgensma - 11/22/2023 - 01/06/2024
- Prior Approval Criteria- CGM - 11/22/2023 - 01/06/2024

### **Clinical Coverage Policies Posted for Public Comment**

- 5A-3, Nursing Equipment and Supplies - 10/10/2023 – 11/25/2023
- 1E-5, Obstetrics - 11/06/2023 – 12/21/2023
- 1K-2, Bone Mass Measurement - 11/22/2023 – 12/22/2023
- 2B-1, Nursing Facilities – 11/30/2023 – 01/14/2024

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

#### **September**

- 3D, Hospice Services - 9/1/2023
- 8A, Enhanced Mental Health and Substance Abuse Services - 9/15/2023
- 8H-3, 1915(i) Individual and Transitional Support (ITS) - 9/15/2023
- 8H-6, 1915(i) Community Transition - 9/15/2023

#### **October**

- 1A-19, Transcranial Doppler Studies - 10/01/2023
- 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older - 10/01/2023
- 8H-4, 1915(i) Respite - 10/01/2023
- 1A-26, Deep Brain Stimulation - 10/15/2023
- 1A-28, Visual Evoked Potential (VEP) - 10/15/2023
- 1C-1, Podiatry Services - 10/15/2023
- 1K-1, Breast Imaging Procedures - 10/15/2023
- 1T-2, Special Ophthalmological Services - 10/15/2023
- 8A-9, Treatment Program Service Opioid - 10/15/2023
- 8H-5, Community Living and Supports - 10/15/2023
- 8H-6, 1915(i) Community Transition - 10/15/2023

#### **November**

- 1A-19 Transcranial Doppler Studies: 11/01/2023
- 1A-27, Electrodiagnostic Studies: 11/01/2023
- 1A-30 Spinal Surgeries: 11/01/2023
- 1R-4, Electrocardiography, Echocardiography, and Intravascular Ultrasound: 11/01/2023
- 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers: 11/01/2023
- 8H-2, 1915(i) Individual Placement & Support (IPS) for Mental Health & Substance Use: 11/01/2023
- 8J, Children's Developmental Service Agencies (CDSAs): 11/01/2023

### **New or Amended PA Criteria Posted**

#### **October**

- Prior Approval Criteria- Cialis- 10/20/2023
- Prior Approval Criteria- Emflaza- 10/20/2023
- Prior Approval Criteria- Hepatitis C 10/20/2023
- Prior Approval Criteria- Synagis- 10/05/2023
- Prior Approval Criteria- Topical Antihistamines- 10/20/2023

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

- DME policy 5A-3, Nursing Equipment and Supplies described in the last update 9/15/2023, has completed a 45-day public comment period and is being prepared for promulgation.
- DME policy 5B, Orthotics and Prosthetics, is progressing through the policy amendment process to update medical necessity criteria for cranial remolding orthoses. When this policy update posts for public comment, it will be available here: <https://medicaid.ncdhhs.gov/meetings-notices/proposed-medicaid-policies>.

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

- No report for this quarter.

## 6. Long-Term Services and Supports (LTSS)

- No report submitted this quarter.

## 7. Behavioral Health IDD Section

- The Innovations Waiver Amendment has been approved effective March 1, 2024.
- The TBI Waiver Amendment has been approved effective March 1, 2024.
- The Appendix K Flexibilities will end February 29, 2024.
- CCP 8F Research Based Behavioral Health Treatment for Autism Spectrum to add adults to the policy - public comment period has ended. Comments are being reviewed and policy will be posted soon.
- 1915(i) Option CCP 8H-4, Respite (for children with SED or SUD dx and children or adults with IDD or TBI) draft promulgated/posted to DHHS 10/1/2023.
- 1915(i) Option CCP 8H-5, Community Living and Supports draft promulgated/posted to DHHS 10/1/2023 website by 10/15/2023.
- 1915(i) Option CCP 8H-1, Supported Employment policy- was approved by PAG in June and will be posted in December 2023.
- Initial work is being done in preparation for the Innovations Renewal for 7/1/24. Stakeholder engagement will start this winter.

## **MH/SUD**

- 1915(i) Option CCP 8H-3 Individual and Transitional Supports Policy (ITS) promulgated/posted to the DHHS website on 9/15/2023.
- 1915(i) Option CCP 8H-6 Community Transition Policy promulgated/posted to the DHHS website on 9/15/2023.
  - 1915(i) Option CCP 8H-6 Community Transition Policy - HCPCS code and modifier updated, and policy promulgated/posted on the NC Medicaid website on 10/15/2023.
- 1915(i) Option CCP 8H-2 Individual Placement and Support Policy promulgated/posted to the DHHS website on 11/6/2023 with an effective date of 11/1/2023.
- CCP 8A Enhanced Mental Health and Substance Abuse Services the following technical changes promulgated/posted to the DHHS website 9/15/2023:
  - removed “dedicated” from Day Treatment licensed staff requirement;
  - effective date of 30-month licensure time frame for team lead seeking licensed to be effective at hire date and not date of policy (For Day Treatment and ITH);
  - removed level of care criteria for PSR and Partial Hospitalization; and
  - removed substance use as an eligible diagnosis for Partial Hospitalization
- CCP 8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers technical change to allow CPT code 96121 to be telehealth eligible promulgated/posted to the DHHS website 11/6/2023 with an effective date of 11/1/2023.
- CCP 8J Children’s Developmental Services Agency- technical changes promulgated/posted to the DHHS website 11/6/2023 effective 11/1/2023:
  - corrected omission of the following CPT codes: 90838, 90849, 90853, 96138, 96139; and
  - made the following CPT codes telehealth eligible: 90849, 90838, 96121.
- CCP 8A-9, Opioid Treatment Program promulgated/posted on the NC Medicaid website on 10/15/2023.
- State Plan Amendments were approved by the Centers of Medicare & Medicaid for the following services in 10/2023:

- Ambulatory withdrawal mgt. w/o extended on-site monitoring (ambulatory detox), ASAM Level 1-WM;
- Ambulatory withdrawal mgt. w/extended on-site monitoring, ASAM Level 2-WM;
- Clinically managed residential withdrawal management (Social setting Detox), ASAM Level 3.2-WM; and
- Medically monitored inpatient withdrawal management (non-hospital medical detox), ASAM Level 3.7-WM.

**Dental Services**

- No report submitted this quarter.

## PROVIDER OPERATIONS REPORT

**Provider Operations is responsible for the management and oversight of the enrollment, credentialing, and maintenance of approximately 108,000 NC Medicaid participating providers, the monitoring of provider related activities for twenty-three (23) vendors, and the development of a new Provider Data Maintenance/Credentialing Verification Organization system for provider enrollment. The following are the highlights of the work conducted by Provider Operations staff each day.**

### **Outreach and Education**

The Medicaid Provider Ombudsman received 1031 cases directly through the Provider Ombudsman Listserv between September and November 2023. The team responded directly to 164 of those and worked to assign other cases to the appropriate business owner including the Prepaid Health Plans (PHP), General Dynamics Information Technology/NCTracks, or another operational unit within DHB. The Provider Ombudsman follows up with the business owner if a case has aged for 14 days or greater. Open cases are also monitored bi-weekly through closure. Trends continue to be tickets related to Claims/Finance, Provider-Other and Provider Enrollment.

Our NC Area Health Education Center (AHEC) provider engagement and technical support partner reported completing 2,990 contacts to rural and independent primary care provider practices during Sept and Oct. November data is not yet available.

Provider reverification activities, paused for over three years due to the federal public health emergency, were reinstated in May of 2023. A special effort to bring impacted providers current, those whose reverification was delayed, is nearing conclusion. As of the week ending Nov 17, 2023, a total of 11,209 reverification applications have been submitted of 22,526 initial provider notifications sent, representing a 50% response rate. Of those submitted, 69% have been approved, 1% denied, 11% withdrawn, 3% abandoned, and 16% remain pending. In addition, there have been 5,303 cumulative provider suspensions due to failure to submit a reverification application and 2,383 subsequent terminations. Overall, 11% of providers notified of the requirement to reverify have ultimately terminated. Provider Operations has partnered with all vendors to raise awareness of the requirement to reverify, publishing over 50 communications and completing targeted outreach as providers experience adverse actions.

### **Monitoring**

Provider Operations has been actively involved in the following external audit activity during the timeframe of September-November 2023:

- SFY 2023 OSA Single Audit -- (4) deliverables sent to the Auditor during this timeframe.
- SFY 2024 EAGLE Audit (Enhancing Accountability in Government through Leadership and Education) - (2) deliverables sent – Submission of updated Provider Eligibility Narratives.
- 2019 Performance & SFY 2020 OSA Single Audits - (4) deliverables sent and updated Summary Schedule of Prior Audit Findings.
- Centers for Medicare and Medicaid Services Program Integrity Medicaid Personal Care Services - (1) deliverable sent as well as a Submission of CAP for Final Report Inclusion.

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

- 268 licensure disciplinary actions imposed by 19 N.C. licensure boards.

- 273 notifications from four N.C. Divisions (Health Services Regulation, Aging and Adult Services, Social Services and Public Health).
- 50 notifications from the Centers for Medicare and Medicaid Services (CMS For Cause).
- 170 provider applications processed by our Fiscal Agent.
- 45 monthly LexisNexis background checks.

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 348 items.

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:

- 12 actions reportable to CMS
- 1 action reportable to HHS-OIG
- 8 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 36 Site Visits and 36 On-line Trainings to ensure compliance with state and federal rule and regulations.

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 for greater than 1 business day included having the Plans submit monthly self-audits to report on their errors. Only 1 SP has a CAP that remains open. The remaining SP was compliant in October, and, with 2 more months of compliance, we will close the final plan's CAP as well. That SP continues to submit their self-audit to support compliance with this effort.
- The Provider Operations Managed Care team has been conducting deep dive reviews of the Standard Plans' electronic provider directories to ensure compliance with accurate fields and provider data. Meetings with the 5 SPs are ongoing as well as communications via the NC Medicaid Help Center.
- Annual SP deliverables that came into PCDU (PHP Contract Data Utility) in July and are in the last stages of review and finalization by the Provider Operations team with support from other Business Units. The team meets bimonthly with all the Standard Plans for support and to address any questions.
- The team finalized SP deliverables that were updated to include NC Medicaid Expansion language.

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 deliverables, meeting bimonthly and individually with the Tailored Plans/PIHPs as needed, to assist with Provider Operations-related questions and issues that arise, as well as to provide technical support and guidance for the BH I/DD and Medicaid Direct contracts.
- Provider Operations worked with the Business Information Analytics (BIA) team to develop a Provider Services Report that contains information supplemental to the Provider Enrollment File (PEF) to identify the services for which a provider has been approved by Taxonomy, Service Type, and Service. The report will be available monthly via PCDU beginning November 2023.
- Monitoring the PIHPs for the Medicaid Direct LMEMCO contract has gone well this quarter with only one PIHP sending 1 Provider Welcome Packet > 5 days after contract execution. Additionally, all PIHPs have remained in compliance with the requirement to have non-active NC Medicaid providers removed from their Provider Network Files (PNFs) and networks within 1 business days of receipt of notice from the Department that the provider was terminated.
- The Managed Care team continues to work on the development, approval of, and revisions to, TP and PIHP Medicaid Direct Business Procedures and monitoring processes.
- The Managed Care team has finished auditing the published PIHP and TP Provider Directories. Validations are underway for the 1 remaining Plan that submitted their final fixes for their TP/PIHP Provider Directory the last week of August.
- The team finalized PIHP deliverables that were updated to include NC Medicaid Expansion language.

## **New PDM/CVO Solution**

The Provider Data Management/Credentialing Verification Organization (PDM/CVO) project is progressing and currently on schedule with an implementation go-live date of September 30, 2024, although some risks and & issues have been identified.

The submission of the new project schedule was approved for re-baseline on 11/03/2023 and all Joint Project Alignment (JPAS) sessions have all been held. Data Conversion continues and User Acceptance Testing (UAT) design planning and kick-off work sessions with Optum have begun. Provider Operations hosted Optum on site 11/07/2023 – 11/08/2023 and in-person meetings were held during this time.

During the month of November, monitoring of (Service Level Agreements) SLA's that apply to the Design, Development, and Implementation (DDI) phase of the project will begin and the review of 30-60-90 & 120-day deliverables is up to date. Regarding most data exchanges with partners and vendors, the decision was made to use the Fast Healthcare Interoperability Resources (FHIR-pronounced fire) Standard.

The Provider Operations Stakeholder teams continues to offer educational opportunities to providers to learn about the new solution. Providers interested in learning more should contact [Medicaid.PDMCVO.team@dhhs.nc.gov](mailto:Medicaid.PDMCVO.team@dhhs.nc.gov).