

WRITTEN SECTION REPORTS

CLINICAL POLICY AND PROGRAMS REPORT

REPORT PERIOD MARCH 4, 2019 THROUGH MAY 31, 2019

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

The N.C. Physician Advisory Group met on 03/28/2019, 04/25/2019 and 05/23/2019

The Pharmacy & Therapeutic Committee met on 03/12/2019

Recommended Pharmacy

- Preferred Drug List (PDL) – 03/28/2019
- Behavioral Health Edits for Adults and Children- 03/28/2019
- Prior Approval Criteria Immunomodulators - 03/28/2019
- Prior Approval Criteria Entresto – 03/28/2019
- Prior Approval Criteria Tropical Anti-Inflammatory Medications – 03/28/2019
- Policy 9C- Mental Health Drug Management Program Administrative Procedure- 05/23/2019

Recommended Clinical Coverage Policies

- 8A-6, Community Support Team - (*New Standalone Policy*) – 03/28/2019
- 1A-34, Dialysis Services – 04/25/2019
- 3K-1, Community Alternatives Program for Children (CAP/C) – 04/25/2019
- 3K-2, Community Alternatives Program for Disabled Adults (CAP/DA) – 04/25/2019
- 1A-33 Acupuncture – (*New Policy*) – 05/23/2019
- 1A-43 Continuous Glucose Monitoring in the Interstitial Fluid – (*New Policy*) – 05/23/2019
- 1B, Physician's Drug Program – 05/23/2019
- 1A-12, Breast Surgeries– 05/23/2019
- 1A-15, Surgery for Clinically Severe or Morbid Obesity– 05/23/2019
- 1B-1, Botulinum Toxin Treatment: Type A (Botox) and Type B (Myobloc) – (*Terminate Policy*) – 05/23/2019
- 1B-2, Rituximab (Rituxan) – (*Terminate Policy*) – 05/23/2019
- 1B-3, Intravenous Iron Therapy– (*Terminate Policy*) – 05/23/2019
- 9C, Mental Health Drug Management Program – (*Terminate Policy*) – 05/23/2019

PAG Notifications

- 15, Ambulance Services -05/23/2019

2. Policies Posted for Public Comment

- 1A-39, Routine Costs in Clinical Trial Services for Life Threatening Conditions – 03-14-19
- 8F, Research-Based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD) – 03/14/2019
- Prior Approval Criteria Quaalun- 03/14/2019
- Prior Approval Criteria Topical Local Anesthetics – 03/14/2019
- Prior Approval Criteria Opioid Analgesics – 03/14/2019
- Prior Approval Criteria Monoclonal Antibodies – 03/14/2019
- 9, Outpatient Pharmacy – 03/14/2019
- Prior Approval Criteria Continuous Glucose Monitoring (Pharmacy POS Coverage) 03/15/2019
- 9A, Over-The-Counter Products – 03/22/2019
- Preferred Drug List (PDL) – 04/02/2019
- Prior Approval Criteria Entresto – 04/08/2019
- Prior Approval Criteria Tropical Anti-Inflammatories – 04/08/2019
- Prior Approval Criteria Systemic Immunomodulators – 04/08/2019
- 8A-6, Community Support Team (CST) – 04/16/2019
- 1A-12, Breast Surgeries – 05/31/2019

3. New or Amended Policies Posted to Medicaid Website

- All 157 clinical coverage policies posted with updates to template and PHP reference – 03/15/2019
- 1H, Telemedicine and Telepsychiatry – 04/15/2019
- 10A, Outpatient Specialized Therapies – 04/15/2019
- 1K-2, Bone Mass Measurement – 05/01/2019
- 10C, Outpatient Specialized Therapies - Local Education Agencies (LEAs) – 05/15/2019

New or Amended PA Criteria Posted

- None to Report

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

- Clinical Coverage policy 5A-3, Nursing Equipment & Supplies was approved by the PAG on 01/24/2019, it is undergoing further revisions to facilitate fiscal approval.

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

- NCTracks system work was completed and the final version of clinical coverage policy 10C, Outpatient Specialized Therapies, Local Education Agencies (LEAs) was posted to the NC Medicaid website on 05/15/2019. A Medicaid Bulletin article describing the update is scheduled to be published on 06/01/2019.

6. Long-Term Services and Supports (LTSS)

Hospice

The Centers for Medicare & Medicaid Services (CMS) - mandated Hospice Payment Reform is near completion. The final Payment Reform activity was implemented within NC Tracks to reprocess claims with a date of service on or after January 1, 2016. NC Medicaid is validating the process and shall communicate with the affected providers, what they should expect.

The 3D-Hospice clinical coverage policy has passed the public comment period and shall go into effect June 2019.

Home Health

CMS Final Rule [CMS-1689 -F] is being reviewed and will require system changes as CMS seeks to change the methodology of Home Health reimbursement. Methodology shall focus toward more value-based rather than volume-based care as well as allow for more Home Health innovation. DHB will begin updating our policies and processes to comply with this final rule.

Home Infusion Therapy

The 3H-Home Infusion Therapy clinical coverage policy is being reviewed and updated to comply with CMS-1689-F. CMS has expanded Home Infusion Therapy Services to cover “transitional home infusion drugs” as well as remote monitoring for these specific drugs it is being revised with a Physician Advisory Group target date of July 2019. The policy has been updated with stakeholder input to achieve the following:

- Update formatting and grammar.
- Remove - Monitoring of Amphotericin B due to a great decrease in utilization. CPT Code T1002 and SD modifier will be removed as covered therapy.
- Clarified ambiguous policy language.
- All references have been verified and updated as needed.
- Reorganized attachments, incorporating B into A and removing Attachment C.
- Remove forms from the policy for consistency.

Private Duty Nursing

DHB held a Private Duty Nursing (PDN) stakeholder meeting on March 22, 2019 to share information about the transition to managed care in NC; discussed was quality improvement initiatives and-program updates. The Webinar power point and Q&A's was posted to the PDN website. In preparation of revising PDN clinical coverage policies: 3G-1 Private Duty Nursing for Beneficiaries Age 21 and Older and 3G-2 Private Duty Nursing for Beneficiaries Under 21 years of Age, DHB worked with 10 providers who volunteered to trial these proposed documents. The trial period is now complete, and the feedback

received from the agencies will be incorporated into the proposed documents. Surveys were conducted in May 2019 to gather input from PDN providers, beneficiaries, and families about any program concerns, ideas for process improvements, and to identify information that they would like to receive that is not currently being provided.

7. Behavioral Health IDD Section

Treatment for Autism Spectrum Disorder

The policy for Research Based Interventions for the Treatment of Autism Spectrum Disorder was posted for public comment. The public comments are being addressed and this policy is being finalized.

TBI Waiver

Alliance is currently moving individuals through the Level of Care and Individual Service Plan processes. Individuals are actively receiving TBI Waiver Services. Both the State and Alliance have TBI Waiver Stakeholder groups who have met and will continue to meet to learn from this model waiver.

Innovations Waiver

The NC Innovations Waiver is pending CMS final approval, the anticipated renewal date is 7/1/19. Stakeholder presentations are in process of being scheduled to review the renewal's changes from the current waiver.

Behavioral Health Clinical Policy Updates:

Services for Substance Use Disorders

The goal of the 1115 SUD demonstration waiver is to improve access to SUD services in North Carolina. North Carolina, along with most other states, selected the American Society of Addiction Medicine (ASAM) criteria as our best practice model. Four new services will be created (Clinically Managed Low Intensity Residential, Clinically Managed Population Specific High-Intensity Residential Services, Ambulatory Withdrawal Management with Extended On-Site Monitoring, and Clinically Managed Residential Withdrawal Management) and the other SUD services will be revised to be compliant with ASAM. Our application also included a waiver of the IMD exclusion for SUD services. We will be submitting revised State Plan Amendments, policies, and rules over the next several years. SUD Implementation Plan Protocol was submitted to CMS in March 2019 and has been approved.

Community Support Team (CST)

The public comments regarding the CST policy are being reviewed. NC Medicaid is in the process of submitting the CST SPA to CMS.

Peer Support Specialist (PSS)

Service rate/reimbursement determination request has been submitted to NC Medicaid's Reimbursement Section. The draft policy has been submitted NC Medicaid's Policy Development Office Administration to be reviewed by NC Physician Advisory Group in June 2019.

Outpatient Behavioral Health

Policy was updated to reflect the 2019 CPT Coding update for psychological and neuropsychological testing services. The updated policy was posted to the NC DHHS website on 03/01/2019.

LME-MCO Contract Section Updates:

1915 (b) Waiver

The 1915 (b) waiver renewal has been submitted to CMS. Tentative implementation date is 7/1/19 pending CMS final approval.

PROVIDER SERVICES REPORT

CENTRALIZED PROVIDER CREDENTIALING

The Department recognizes that the move to managed care may impose additional administrative burdens and program complexity to the work NC providers already do. To mitigate the administrative burden on providers as NC Medicaid transitions to managed care, the Department procured a contractor to supplement the state's existing provider enrollment data. This data will be combined with provider enrollment information NC Medicaid has on file to support the Prepaid Health Plans' (PHPs) ability to help determine which providers to contract with.

On Dec. 31, 2018, a contract was awarded to Wipro Infocrossing to serve as the Provider Data Contractor (PDC). PHPs will rely upon the provider credentialing information to determine if a provider meets the PHP's provider "quality standard" and therefore should be allowed to participate in the PHP's provider network. The Department designed a streamlined process to facilitate providers enrolling with a PHP for the first time as well as providers currently participating in North Carolina Medicaid or NC Health Choice.

- The PDC is responsible for obtaining the primary source-verified credentialing data for North Carolina Medicaid and NC Health Choice enrolled providers.
- Neither the PHPs nor the PDC will be permitted to reach out to providers to update the provider's credentialing information, though providers are encouraged to keep their credentialing file up to date.
- To ensure that PHPs have access to information from a credentialing process that is held to consistent, current standards, the credentialing data is intended to be primary source-verified under the standards of NCQA.

PROVIDER EDUCATION AND ENGAGEMENT

1. Managed Care Training Courses

This series of webinars offer providers the opportunity to learn about the transition to NC Managed Changes and action to take. It covers such topics as Provider Payments and Contracts, Provider Policies, and Contracting.

2. Health Plan Meet and Greet

Regional sessions offer providers an opportunity to meet with health plan representatives, ask specific questions about provider network participation and Medicaid Managed Care transition. Health Plans and NC Medicaid subject matter experts will be on hand to respond to provider inquiries.

A schedule of upcoming Meet and Greet sessions is on the Division of Health Benefits webpage.

3. Virtual Office Hours

The Provider Services team is conducting a series of Virtual Office Hours sessions with providers across the state. This offers an interactive format for providers to have their questions answered. Sessions are conducted monthly.