

# WRITTEN SECTION REPORTS

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# CLINICAL POLICY AND PROGRAMS REPORT

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REPORT PERIOD JUNE 1 – AUGUST 31, 2023

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

The Pharmacy & Therapeutic Committee met on 06/13/2023, 08/08/2023

The N.C. Physician Advisory Group met on 06/22/2023, 08/24/2023

### **Recommended Clinical Coverage Policies**

- 8H-1, 1915(i) Supported Employment (New Policy) - 06/22/2023
- 5A-3, Nursing Equipment and Supplies - 08/24/2023
- 3K-2, Community Alternatives Program for Disabled Adults (CAP/DA) - 08/24/2023
- 3L, State Plan Personal Care Services (PCS) - 08/24/2023

### **Recommended Pharmacy Items**

- Prior Approval Criteria- Cystic Fibrosis- 06/22/2023
- Prior Approval Criteria- Heredity Angioedema-06/22/2023
- Prior Approval Criteria- Hepatitis C-06/22/2023
- Prior Approval Criteria- Leqembi-06/22/2023
- Prior Approval Criteria- Monoclonal Antibodies-06/22/2023
- Prior Approval Criteria- Calcitonin-Gene Related Migraine Drugs- 06/22/2023
- Prior Approval Criteria- Epinephrine Pens-06/22/2023
- Pharmacy Policy 9A-OTC-08/24/2023
- Prior Approval Criteria- Continuous Glucose Meters (CGM)- 08/24/2023
- Prior Approval Criteria-Vowst- 08/24/2023
- Prior Approval Criteria- Zolgensma- 08/24/2023

### **PAG Notifications**

- None

## 2. Posted for Public Comment

### **Pharmacy Items Posted**

- Prior Approval Criteria- Systemic Immunomodulators Cimzia- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Enspryng- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Simponi- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Entyvio- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Ilumya- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Inflectra- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Kineret- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Temfya- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Enbrel- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Siliq- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Uplinza- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Ilaris- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Renflexis- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Kevzara- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Simponi Aria- 07/13/2023-08/27/2023

- Prior Approval Criteria- Systemic Immunomodulators Stelara Infusion- 07/13/2023-08/27/2023
- Prior Approval Criteria- Systemic Immunomodulators Olumiant- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Skyrizi- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Stelara- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Xeljanz- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Cibinqo- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Rinvoq- 07/14/2023-08/28/2023
- Prior Approval Criteria- Systemic Immunomodulators Xeljanz XR- 07/14/2023-08/28/2023
- Prior Approval Criteria- SGLT2 Inhibitors and Combinations- 07/21/2023-09/04/2023
- Prior Approval Criteria- Monoclonal Antibodies- 07/21/2023-09/04/2023
- Prior Approval Criteria- Vivjoa- 07/21/2023-09/04/2023
- Prior Approval Criteria- Continuous Glucose Monitors (CGM)- 07/21/2023-09/04/2023
- Prior Approval Criteria- GLP1 Receptor Agonists and Combinations- 07/21/2023-09/04/2023
- Prior Approval Criteria- Hepatitis C Medications- 07/21/2023-09/04/2023
- Prior Approval Criteria- Lupus Medications- 07/21/2023-09/04/2023
- Prior Approval Criteria- Lequemi- 07/21/2023-09/04/2023
- Prior Approval Criteria- Hematinics- 07/21/2023-09/04/2023
- Prior Approval Criteria- Hereditary Angiodema Medications- 07/21/2023-09/04/2023

#### **Clinical Coverage Policies**

- 8A-9, Opioid Treatment Program Service 06/06/2023 - 06/21/2023
- 8H-2, Individual Placement and Support (IPS) 06/23/2023 - 07/08/2023
- 1L-1, Anesthesia Services 06/23/2023 - 07/23/2023
- 8H-1, Supported Employment for IDD and TBI 07/14/2023 - 08/28/2023
- 8H-5, Community Living and Supports 07/14/2023 - 08/28/2023

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

#### **PA Criteria Posted**

- Prior Approval Criteria- Agents for Duchenne Muscular Dystrophy- 06/23/2023
- Prior Approval Criteria- Lupus Medications- 06/23/2023
- Prior Approval Criteria- Nexletol and Nexlizet- 06/22/2023
- Prior Approval Criteria- Continuous Glucose Monitors (CGM)- 08/07/2023

#### **Clinical Coverage Policies**

- 8B, Inpatient Behavioral Health Services 06/01/2023
- 11B-9, Thymus Tissue Implantation 06/01/2023
- 1A-39, Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials - 7/1/2023
- 3H-1, Home Infusion Therapy - 07/01/2023
- 8N, Targeted Case Management: Terminated :7/01/2023
- 8J, Children's Developmental Service Agencies (CDSAs) – 07/01/2023
- 1K-7, Prior Approval for Imaging Services: Terminated: 08/01/2023
- 11B-9, Thymus Tissue Implantation - 08/15/2023
- 1L-1, Anesthesia Services - 08/15/2023

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

DME policy 5A-3, Nursing Equipment and Supplies is in the process of being updated with proposed changes as follows:

- a) Adding coverage for replacement BP cuffs coded A4663 for patient owned automatic blood pressure monitor, with medical necessity criteria, but without PA review (subsection 5.3.11).
- b) Adding coverage and monthly quantity limits for infusion supplies coded A4221, A4222, A4224, A4225 (Attachment A, Section C).
- c) Estimated effective date 12/1/2023.

<https://medicaid.ncdhhs.gov/meetings-notice/proposed-medicaid-policies>

#### 5. **Behavioral Health IDD Section**

##### **IDD/TBI**

- The Innovations Waiver Amendment for 10/1 has been submitted to CMS; awaiting feedback.
- The TBI Waiver Amendment for 10/1 has been submitted to CMS; awaiting feedback.
- 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) draft CCP 8H-4, Respite (for children with SED or SUD dx and children or adults with IDD or TBI)- Public Comment period ended; working through comments and hope to finalize this policy in October.
- 1915(i) draft CCP 8H-5, Community Living and Supports- Public Comment period recently ended; working through comments and hope to finalize this policy in November.
- 1915(i) draft CCP 8H-1, Supported Employment policy- was approved by PAG in June and was posted for Public Comment; Public Comment period recently ended; working through comments and hope to finalize this policy in November.
- Initial work is being done in preparation for the Innovations Renewal for 7/1/24. Stakeholder engagement will occur this fall.

##### **MH/SUD**

- 1915(i) Option CCP 8H-3 Individual and Transitional Supports Policy (ITS) draft completed with anticipated posting to the DHHS website on 9/15/2023.
- 1915(i) Option CCP 8H-2 Individual Placement and Support Policy (IPS) draft completed with anticipated posting to the DHHS website on 10/1/2023.
- 1915(i) Option CCP 8H-6 Community Transition draft completed with anticipated posting date to the DHHS website on 09/15/2023.
- CCP 8D-3 Clinically Managed Low-Intensity Residential Treatment Service draft edited based on stakeholder engagement feedback and promulgation process initiated. The draft policy is scheduled for review by the Physician Advisory Group in 09/2023.
- CCP 8D-4 Clinically Managed Population Specific High Intensity Residential Programs draft awaiting posting for 45-day public comment.
- CCP 8D-5 Clinically Managed Residential Services draft awaiting posting for 45-day public comment period.
- State Plan Amendment for CCP 8A-7 Ambulatory Withdrawal Management Without Extended Onsite Monitoring was submitted to CMS for review and approval.
- State Plan Amendment for CCP 8A-8 Ambulatory Withdrawal Management with Extended Onsite Monitoring was submitted to CMS for review and approval.
- State Plan Amendment for CCP 8A-9 Opioid Treatment Program (OTP) was approved by CMS. The draft policy will be promulgated/posted to the DHHS website by 10/1/2023.

- State Plan Amendment for CCP 8A-10 Clinically Managed Residential Withdrawal Management was submitted to CMS for review and approval.
- State Plan Amendment for CCP 8A-11 Medically Monitored Inpatient Withdrawal Management was submitted to CMS for review and approval.
- CCP 8A-12 Substance Abuse intensive Outpatient Program (SAIOP) draft submitted to DHB Policy Section to initiate the policy promulgation process.
- CCP 8A-13 Substance Abuse Comprehensive Outpatient Treatment (SACOT) draft submitted to the DHB Policy Section to begin the policy promulgation process.
- CCP 8A Enhanced Mental Health and Substance Abuse Services – technical changes include:
  - 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 IHH);
  - 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 changes include:
  - made CPT code 96121 telehealth eligible.

# PROVIDER OPERATIONS REPORT

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**Provider Operations is responsible for the management and oversight of the enrollment, credentialing, and maintenance of approximately 107,000 NC Medicaid participating providers, as well as the monitoring of provider related activities for twenty-three (23) vendors. Following are the highlights of the incredible amount of work conducted by Provider Operations staff each day.**

## **Outreach and Education**

The Medicaid Provider Ombudsman received 1276 cases directly through the Provider Ombudsman Listserv during between June and August 2023. The team responded directly to 233 of those and worked to assign other cases to the appropriate business owner including the Prepaid Health Plans (PHP), General Dynamics Information Technology/NC Tracks, 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 4,219 contacts to rural and independent primary care provider practices the reporting period.

In addition, the Provider Operations Stakeholder team published multiple provider directed communications related to important topics such as provider reverification. Four presentations were shared with stakeholder groups, offering educational Medicaid information as well as to introduce providers to the new Provider Data Management/Credentialing Verification Organization (PDM/CVO) coming in the fall of 2024. Since launching a PDM/CVO presentation entitled Journey to Modernization earlier this year, over 1500 members of the provider community have participated. A new stakeholder outreach campaign is underway to reach groups who have not yet learned about the PDM/CVO project.

## **Monitoring**

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. Four of the SPs are now in compliance, including 2 of the 3 SPs that received an Additional Action Notice of Deficiency (NOD) and had a Liquidated Damage (LD) assessed for failure to remove those providers in April of 2023. The remaining SP was in compliance in July, and, with 2 more months of compliance, we will close their CAP as well. That SP continues to submit their self-audit to support compliance with this effort.
- The 4 Standard Plans that had trending issues of non-compliance with sending Provider Welcome Packets to providers within 5 days of contract execution, and were issued NODs in May, submitted CAPs that were approved by the end of July.
- Annual SP deliverables came into PCDU (PHP Contract Data Utility) in July and are well into the review process 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.
- Major edits were proposed and approved to streamline the template for the operational report we utilize to monitor Provider Welcome Packets, PRV005-J, the Contracting Activities and Determinations report.

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 bimonthly and individually with the Tailored Plans/PIHPs as needed, to assist with Provider Operations-related questions and issues that arise, as well as provide technical support and guidance for the BH I/DD and Medicaid Direct contracts.
- Monitoring the PIHPs for the Medicaid Direct LMEMCO contract has gone well this quarter. All PIHPs were in compliance in July with the requirement to have non-active Medicaid providers removed from their Provider Network File (PNF) and network within 1 business days of receipt of notice from the Department that the provider was terminated.
- The Managed Care team continue to work on the development and approval of, and revisions to, TP and PIHP Medicaid Direct Business Procedures and monitoring processes.
- Major edits were proposed and approved to streamline the template for the operational report we utilize to monitor Provider Welcome Packets.
- 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.

Additional monitoring of the Fiscal Agent's performance related to provider enrollment and credentialing, as well as the performance of vendors and contractors, occurred in accordance with our Provider Operations' Monitoring Plan to ensure approved providers meet qualification requirements and ineligible providers are terminated from the NC Medicaid program in a timely manner. More specifically, Provider Operations monitored:

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

The Provider Operations' Monitoring Plan also requires quality control review of monitoring activities conducted by its own staff, including but not limited to, the activities listed above. During this quarter, management reviewed 355 items.

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). Between June and August 2023, Provider Operations monitored 32 Site Visits and 32 On-line Trainings to ensure compliance with state and federal rule and regulations.

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:

- 15 actions reportable to CMS
- 2 actions reportable to HHS-OIG
- 10 actions reportable to NPDB

## **New Endeavors**

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. Strategic Alignment Sessions have concluded, and the Joint Planning Alignment Sessions (JPAS) are underway. The first JPAS was held on 6/5/2023 and sessions occur almost daily with Optum, along with other sessions & trainings. The final JPAS is scheduled for 10/31/2023. Provider Operations hosted Optum onsite on 7/25/2023 -7/26/2023 and in-person meetings were held during this time.

Provider Operations has been actively involved in the following external audit activity June-August 2023:

- SFY 2023 OSA Single Audit
  - Audit kicked off on 4/10/2023.
  - (8) deliverables sent to the Auditor during this timeframe.
- 2023 EAGLE Audit (*Enhancing Accountability in Government through Leadership and Education*)
  - Audit kicked off on 5/1/2023.
  - (0) request / deliverables to the Auditor during this time.
- OIG Office (*Office Inspector General*)
  - (1) deliverable – provide details related to EFT Payments / EFT enrollment information.
- CMS – (*Centers for Medicare and Medicaid Services*)
  - (1) deliverable - quarterly status update on NC Audit A-04-21-61051 finding 767-035-10-0.

The above-mentioned activities occur alongside staff's continuous involvement in provider relation and engagement activities, the development of new Division initiatives, and partnering with vendors in the development and management of activities.