

WRITTEN SECTION REPORTS

CLINICAL POLICY AND PROGRAMS REPORT

REPORT PERIOD MARCH 2021 THROUGH MAY 2021

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

The Pharmacy & Therapeutic Committee met on 03/09/2021

The N.C. Physician Advisory Group met on 03/25/21

Recommended Pharmacy Criteria

- Prior Approval Criteria- Hepatitis C - 03/09/2021
- Prior Approval Criteria- Lupus Medications - 03/09/2021
- Prior Approval Criteria- Parkinson's Medications - 03/09/2021
- Prior Approval Criteria-Neuromuscular Blocking Agents -03/09/2021
- Prior Approval Criteria-Duchenne's Muscular Dystrophy Medications - 03/09/2021
- Prior Approval Criteria- PCSK9 Inhibitors - 03/09/2021

Recommended Clinical Coverage Policies

- 1A-31, Wireless Capsule Endoscopy - 03/25/21
- 3G-1, Private Duty Nursing Age 21 and Older - 03/25/21
- 10B, Independent Practitioner - 03/25/21
- 10C, Outpatient Specialized Therapies (LEAs) - 03/25/21

2. Policies Posted for Public Comment

- 1A-31, Wireless Capsule Endoscopy 3/26/2021 - 5/10/2021
- 3G-1, Private Duty Nursing Age 21 and Older 3/26/2021 - 5/10/2021
- 10B, Independent Practitioner 3/26/2021 - 5/10/2021
- 10C, Outpatient Specialized Therapies (LEAs) 3/26/2021 - 5/10/2021
- 9, Outpatient Pharmacy Program 4/27/2021 - 5/12/2021
- 1S-5, Genetic Testing for Susceptibility to Breast and Ovarian Cancer (BRCA) 05/17/21 - 07/01/21
- 8-P, North Carolina Innovations 05/18/21 07/02/21

Pharmacy Items Posted for Public Comment

- Prior Approval Criteria- Epidiolex- 03/01/2021 - 04/15/2021
- Prior Approval Criteria- Monoclonal Antibodies-03/01/2021 - 04/15/2021
- Prior Approval Criteria- Cystic Fibrosis Medications-03/01/2021 - 04/15/2021
- Prior Approval Criteria- Systemic Immunomodulators-03/01/2021 - 04/15/2021
- Prior Approval Criteria- Lupus Medications- 03/29/2021 - 05/13/2021
- Prior Approval Criteria- Parkinson's Medications- 03/29/2021 - 05/13/2021
- Prior Approval Criteria- Neuromuscular Blocking Agents-03/29/2021 - 05/13/2021
- Prior Approval Criteria- Duchenne's Muscular Dystrophy Medications-03/29/2021 - 05/13/2021
- Prior Approval Criteria- PCSK9 Inhibitors- 03/29/2021 - 05/13/2021
- Prior Approval Criteria-Hepatitis C-03/29/2021 - 05/13/2021
- Prior Approval Criteria- Hetlioz- 03/29/2021 - 05/13/2021

3. New or Amended Policies Posted to Medicaid Website

- 3A, Home Health Services - 3/1/2021
- 3D, Hospice Services - 3/1/2021
- 1A-4, Cochlear and Auditory Brainstem Implants - 3/15/2021
- 2B-1, Nursing Facility Services - 3/15/2021
- 6A, Routine Eye Examination and Visual Aids for Beneficiaries Under 21 Years of Age - 3/15/2021
- 6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 Years of Age and Older - 3/15/2021
- 13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair - 3/15/2021
- 7, Hearing Aid Services - 4/1/2021
- 8A, Enhanced Mental Health and Substance Abuse Services - 4/1/2021
- 8A-5, Diagnostic Assessment - 4/1/2021
- 3G-2, Private Duty Nursing for Beneficiaries Under 21 Years of Age - 4/1/2021
- 1E-7, Family Planning Services - 5/1/2021
- 1A-20, Sleep Studies and Polysomnography Services - 5/1/2021
- 5A-2, Respiratory Equipment and Supplies - 5/1/2021
- 5A-3, Nursing Equipment and Supplies - 5/1/2021
- 1A-5, Child Medical Evaluation and Medical Team Conference for Child Maltreatment - 5/15/2021

New or Amended PA Criteria Posted to Medicaid Website

- Prior Approval Criteria Duchenne's Muscular Dystrophy- 03/01/2021
- Prior Approval Criteria- Opioid Analgesics- 03/01/2021
- Prior Approval Criteria- Migraine Calcitonin Gene Related Inhibitors- 03/11/2021
- Prior Approval Criteria – Anti-narcolepsy – 03/15/2021
- Prior Approval Criteria- Cystic Fibrosis Medications- 03/15/2021
- Prior Approval Criteria- Monoclonal Antibodies- 03/15/2021
- Prior Approval Criteria- Antiemetics- 03/17/2021
- Prior Approval Criteria- Neuromuscular Blocking Agents- 03/21/2021
- Prior Approval Criteria- Outpatient Pharmacy Clinical Edits- BH- Pediatric - 4/1/2021
- Prior Approval Criteria- Outpatient Pharmacy Clinical Edits- BH- Adult – 4/1/2021
- Prior Approval Criteria- Therapeutic Continuous Glucose Monitors - 04/08/2021
- Prior Approval Criteria- Triptans - 04/13/2021
- Prior Approval Criteria- Sedative Hypnotics - 04/13/2021
- Prior Approval Criteria- Crinone 8% -04/13/2021
- Prior Approval Criteria- Movement Disorders Medications - 04/13/2021
- Prior Approval Criteria- Evrysdi - 04/14/2021
- Prior Approval Criteria-Growth Hormones - 04/14/2021
- Prior Approval Criteria-Juxtapid - 04/14/2021

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

March 2021 – May 2021

An amended version of **Clinical Coverage Policy 5A-2, Respiratory Equipment and Supplies** was promulgated with an effective date of May 1, 2021. Following is a summary of updates:

New **Subsection 5.3.5, Tracheostomy Supplies**, and medical necessity criteria was added:

5.3.5 Tracheostomy Supplies

Refer to Attachment A, Section C: Procedure Code(s) for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Medical Supplies. To request a medical necessity review for an item not listed, refer to sections 1.2, 2.2 and Attachment D for instructions.

Medicaid and NCHC shall consider supplies for the care of a tracheostomy site medically necessary following an open surgical tracheostomy which has been opened or is expected to remain open for at least three months.

A tracheostomy care kit for a new tracheostomy is considered medically necessary during the first two (2) postoperative weeks. The following supplies should be included in the kit:

- a. 1-plastic tray
- b. 1-basin
- c. 1-pair sterile gloves
- d. 1-tube brush
- e. 3-pipe cleaners
- f. 1-pre-cut tracheostomy dressing
- g. 1-roll gauze
- h. 4-4x4 sponges
- i. 2-cotton tip applicators
- j. 30 inches-twill tape

A tracheostomy care kit for an established tracheostomy is considered medically necessary after the first two postoperative weeks. The following supplies should be included in the kit:

- a. 1-tube brush
- b. 2-pipe cleaners
- c. 2-cotton tip applicators
- d. 30 inches-twill tape
- e. 2- 4x4 sponges

Quantities included in a tracheostomy care kit are to provide ALL necessary supplies for the care of the tracheostomy site. Additional supplies may be considered medically necessary ONLY for the care of another site, such as a speaking valve.

Note: A tracheostomy or laryngectomy tube plug or stop is used as an alternative to a tracheostomy laryngectomy tube.

Note: The HCPCS code for tracheostomy tube collar or holder should not be used for twill ties, twill tape or equivalent fabric or plastic supplies.

The following HCPCS codes were added for coverage:

HCPCS code	Description
A4481	Tracheostoma filter, any type, any size, each
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each

A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7524	Tracheostoma stent/stud/button, each

An amended version of **Clinical Coverage Policy 5A-3, Nursing Equipment and Supplies** was promulgated with an effective date of May 1, 2021. Following is a summary of updates:

In **Subsection 5.3.6 Nutrition**, medical necessity documentation requirements were updated for clarity.

In **Subsection 5.3.9, Miscellaneous Durable Medical Equipment and Medical Supplies**, medical necessity criteria was added for wound care supplies:

Covered **wound care supplies** may be considered medically necessary for a beneficiary who is required by their medical provider to independently perform dressing changes at home, due to conditions such as the presence of an open wound, surgical site or ventricular assist device driveline site.

The following HCPCS codes were added for coverage:

HCPCS code	Description
A4245	Alcohol wipes, per box
A4247	Betadine or iodine swabs/wipes, per box
A4248	Chlorhexidine containing antiseptic, 1 ml
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

Temporary COVID-19 flexibilities previously reported, remain in effect.

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

March 2021 – May 2021

Temporary COVID-19 telehealth flexibilities previously reported, remain in effect.

6. Long-Term Services and Supports (LTSS)

Hospice

- LTSS Managed Care Planning: TOC Coordination Process Flow for Hospice (DRAFT)
- Collaborated with GDIT (Ellen Mundt) to enhance existing Hospice Care Transition Log Report, adding capability of identifying election statements uploaded into NC Tracks for new hospice admissions. Prior to this enhancement, each new admission's information was reviewed for this documentation manually.

Home Health

- LTSS Managed Care Planning: TOC Coordination Process Flow for HH (DRAFT)
- Collaboration with Cardinal and CCNC: TCLI/CCNC Integrated Care Management Pilot Program (on-going)

Home Infusion Therapy

- LTSS Managed Care Planning: TOC Coordination Process Flow for HIT (DRAFT)

Private Duty Nursing

- 3G-1 Private Duty Nursing for Beneficiaries 21 and older: Review of responses received from public comment posting. Responses and Policy Changes are being prepared for submission as per process.
- LTSS Managed Care Planning: TOC Coordination Process Flow for PDN (DRAFT)

7. Behavioral Health IDD Section

TBI Waiver

The renewal for the TBI waiver is currently under review at CMS.

Innovations Waiver

Clinical Coverage Policy 8P: NC Innovations is currently reposted for public comment.

PROVIDER OPERATIONS REPORT

The Provider Operations team continues to assist with managed care launch activities including but not limited to, amending contract language, reviewing inbound deliverable and desktop reviews, preparing for participation in PHP onsite readiness including Virtual Onsite Reviews, studying Contract Management Playbooks, developing end user business procedures to support oversight; administrative simplification initiatives to streamline common communication amongst the Health Plans, and operationalizing PHP contract monitoring oversight.

With the operationalization of the Medicaid and NC Health Choice Health Plan and Provider Look-up Tool, the work of Provider Operations has shifted to the identification and resolution of issues with how individuals and organization provider information displays. As a result, many providers have initiated corrections with their provider records that cause the information to display in the Look-up Tool as intended, which is of benefit to the provider, the community, and the Department.

Apart from the Medicaid managed care activities, Provider Operations has also continued its involvement in the Department COVID-19 Pandemic Response, from monitoring emergency applications to continuing action to bypass fingerprinting and reverification requirements. To date:

- 195 Emergency applications processed
- 628 provider enrollment required fingerprinting have been delayed
- 11 provider enrollment required site visits have been delayed
- 8,292 provider reverifications have been delayed

Amid the state of emergency and the transition to managed care, Provider Operations has continued the daily operational tasks of provider monitoring, support, issue resolution, stakeholder engagement, provider communication and education, and timeliness of enrollment and credentialing of providers. The team continues its participate in provider association meetings to address any provider enrollment related concerns.

Although the Division received updated license credential information for 59,126 providers from eighteen (18) licensing boards and utilizes a monthly automated credentials review process to continuously monitor and update provider credentials, Provider Operations is working to implement more stringent processes as part of the corrective action plan to address the findings in response to the recent FY2019 Medicaid Enrollment Audit. Provider Operations has updated procedures to expand monitoring of license board and state agency disciplinary actions and sanctions and is implementing a requirement for primary source verification of all records during the revalidation process. Also, while verification of ownership is not required by CMS and all omitted ownership disclosures do not indicate fraudulent intent, Provider Operations is implementing ways to verify ownership and managing relationship disclosures as a means of establishing a best practice and viable method of ensuring the integrity of the program, and continues evaluating license limitations as reported by the respective boards. Since the inception of the license limitation reviews, 80 providers have been reviewed resulting in 15 provider terminations and 5 being subjected to additional monitoring efforts. Lastly, Provider Operations recently implemented, in collaboration with our fiscal agent, a process to verify active home state Medicaid participation, or Medicare participation, for all border and out-of-state locations. These actions are in addition to the continued functions necessary to ensure the accuracy and timeliness of enrolling and credentialing providers.

Beginning May 9, 2021, Provider Operations initiated additional steps to ensure NC Medicaid providers meet their contractual obligation to keep credentials current on their NCTracks provider enrollment record. In addition to NCTracks generating notifications to providers with expiring credentials at designated intervals beginning sixty days prior, the fiscal agent is taking action to suspend and subsequently terminate providers who fail to update their required credential. Weekly bulletin articles, as well as resource information, have been published to inform and assist providers with compliance with this requirement. Also, effective March 1, 2021 NC Medicaid's Fiscal Agent began primary source verifying all credentials required for initial and re-enrollment applications and stopped relying on the background check vendor, LexisNexis for this verification.

The Medicaid Provider Ombudsman operations team assisted and closed 282 cases. This effort required speaking to several hundred provider practices and researching over 900 provider records. Most cases were related to PHP participating/contracting concerns, incorrect or missing provider data in the Medicaid provider directory, or enrollment related

questions needing clarity. Additionally, the team emailed over 800 providers to request they check their enrollment record for accuracy.

Through DHB's contract with NC AHEC to engage with and provide education and technical support to rural and essential primary care providers, 30 regional AHEC coaches contacted over 800 providers during the quarter. The coaches engage with providers via virtual meetings, in-person, telephone, or email contact. NC AHEC also supported over 30 webinars or meeting events for the Division.

The Provider Relations team successfully processed high volumes of CCNC/CA enrollment applications for Carolina ACCESS, CCNC Mass Change notifications, and CCNC Network Affiliation requests. In addition, 1,100 Pregnancy Medical Home requests were processed.

Regarding oversight of the Eastern Band of Cherokee Indians—Tribal Option Program, we are addressing concerns of the Tribe regarding enrollment of primary care providers to the EBCI-TO provider network and making modifications to the provider enrollment file. During the past quarter, 60 enrollment requests were processed.

Provider Operations continues to collaborate in a cross-functional effort to transition to a new provider data management, credentialing verification organization (PDM/CVO) model for provider enrollment and credentialing through an NCQA certified vendor. Requirements for the new system are under development and review to ensure that all federal and state requirements, as well as quality determinant and state-specific needs, are met for Medicaid and NC Health Choice provider participation in both NC Medicaid Direct and Medicaid Managed Care. The new PDM/CVO model is slated for implementation by July 2023.

With the release of a new version of CMS' Medicaid Provider Enrollment Compendium (MPEC), Provider Operations is reviewing the changes against current processes and requirements to determine the impact and severity of any necessary modifications to operations, as well as staff and provider education and training.

Provider Operations helped to finalize contractual requirements for the Tailored Plan which were presented to and accepted by the Department's Change Control Board. Provider Ops has begun the framework for the first Tailored Plan outbound deliverable which is the Provider Training Plan. Additionally, Provider Ops has supported work efforts to develop the certification strategy for AMH+ and CMA providers.

Daily operations have continued with compliance monitoring of Service Level Agreements and work scopes of other contracted vendors such as GDIT, Public Consulting Group, and UNC.

The above-mentioned activities also run concurrently with 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 agents GDIT, UNC, PCG, and the 5 awarded PHPs.