WRITTEN SECTION REPORTS

(REPORT PERIOD SEPTEMBER 21, 2018 THROUGH DECEMBER 01, 2018)

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

The N.C. Physician Advisory Group met on 09/27/2018,
The Pharmacy & Therapeutic Committee met on 11/13/2018

Recommended Pharmacy

- Behavioral Health Clinical Edits—Pediatric – 09/27/2018
- Behavioral Health Clinical Edits – Adult – 09/27/2018
- PA Criteria Cystic Fibrosis – 09/27/2018

Recommended Clinical Coverage Policies

- 10C, Local Education Agencies (LEAs) – 09/27/2018

2. Policies posted for Public Comment

- 11A-17, CAR-T Cell Therapy – 09/17/2018
- 6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 Years of Age and Older – 09/26/2018
- 8-J, Children's Developmental Service Agencies (CDSAs) – 09/27/2018
- Outpatient Pharmacy - Clinical Edits - Behavioral Health – Adult – (Buprenorphine) 10/01/2018
- Outpatient Pharmacy - Clinical Edits - Behavioral Health – Pediatric – (Atensio)– 10/01/2018
- Prior Approval Criteria Cystic Fibrosis (Kalydeco)– 10/01/2018
- 10B, Independent Practitioners – 10/04/2018

3. New or Amended policies posted to Medicaid website

- 1A-24, Diabetes Outpatient Self-Management Education – 10/01/2018
- 1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone – 10/01/2018
- 1K-7, Prior Approval for Imaging Services – 10/01/2018
- 1E-7, Family Planning Services - 11/01/2018
- 3L, State Plan Personal Care Services (PCS) - 11/01/2018
- 11A-10, Hematopoietic Stem-Cell Transplantation (HSCT) for Central Nervous System (CNS) Embryonal Tumors & Ependymoma – 11/01/2018
- 9, Outpatient Pharmacy Program – 11/01/2018
- 8A-1, Assertive Community Treatment (ACT) Program – 11/15/2018
- 8A-2, Facility-Based Crisis Management for Children and Adolescents – 11/15/2018
- 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers – 11/15/2018
- 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21 – 11/15/2018
- Prior Approval Criteria Monoclonal Antibodies – 11/20/2018
- Prior Approval Criteria Opioid Analgesics – 11/20/2018
- Prior Approval Criteria Opioid Dependence Therapy Agents – 10/01/2018
- Prior Approval Criteria Treatment for Movement Disorders – 11/21/2018
- 1H, Telemedicine and Telepsychiatry – 12/01/2018

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

- As planned, on October 28, 2018, CSRA/GDIT assumed responsibility for processing prior approval (PA) requests for DMEPOS not covered for recipients aged 21 and over, unlisted or otherwise restricted in NC Medicaid policy.
- On November 7, 2018, a draft update to clinical coverage policy 5A-3, Nursing Equipment & Supplies, was submitted to policy development for initial review. Proposed updates primarily include expanding coverage of continuous glucose monitors and supplies to recipients 21yoa and older; adding quantity limits for sterile and non-sterile gloves; and adding coverage for HCPCS code A7048 (vacuum drainage collection unit and tubing kit) e.g.: PleurX.

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

On November 13, 2018 a State Plan Amendment was submitted to CMS to expand the documentation options available for Local Education Agencies (LEAs) to use as a basis for providing school-based audiology services, occupational, physical and speech/language therapies, counseling/psychological services and nursing services, and receive Medicaid reimbursement. Currently, these services can be provided in the school-setting only when based on documentation in a student's Individual Education Program (IEP). The proposed amendment would allow school-based services to be provided when also documented in a student's Individual Family Service Plan (IFSP), a section 504 Accommodation Plan, an Individual Health Plan (IHP) or a Behavior Intervention Plan (BIP). The amendment also adds vision screening services to the State Plan.

6. Behavioral Health IDD Section

Treatment for Autism Spectrum Disorder:

The policy for Research Based Interventions for the Treatment of Autism Spectrum Disorder was presented to the Physician's Advisory Group on December 6, 2018 and will then be posted for public comment.

TBI Waiver:

Alliance is currently moving individuals through the Level of Care and Individual Service Plan processes.

Innovations Waiver:

The NC Innovations Waiver was posted for public comment from October 22, 2018 through November 22, 2018. NC Medicaid is in the process of reviewing Public Comment and will then submit the Waiver to CMS.

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.

Critical Access Behavioral Health Agencies (CABHA)
A special provision submitted to the legislature to remove CABHA from statute.

Psychosocial Rehabilitation (PSR)

NC Medicaid and DMH/DD/SAS are visiting Clubhouse and other PSR programs and gathering stakeholder feedback to determine the direction for the PSR policy.

Mobile Crisis Management (MCM)
NC Medicaid will be working with stakeholders to determine the best direction for mobile crisis management services.

Community Support Team (CST)
NC Medicaid is currently working on the rate methodology. Once rate is clarified, DMA will submit SPA to CMS and initiate policy promulgation process.

Peer Support Specialist (PSS)
NC Medicaid continues to collaborate with DMH to develop the service definition/policy and state plan amendment for Peer Support Services. Stakeholder engagement webinars were conducted in September and October to elicit feedback. Stakeholder questions were answered during the webinars and incoming questions are addressed as they are received by the department. Policy and State Plan Amendment will be submitted to PAG and CMS for approval once the rate/fiscal impact are determined and the policy is finalized.

LME-MCO Contract Section Updates:

1915 (b) Waiver
The 1915 (b) waiver renewal was posted for public comment in October. The public comment period has ended and NC Medicaid is reviewing the responses. The proposed effective date is 4/1/19.

Mental Health and Substance Use Disorder Parity
NC Medicaid has submitted a State Plan Amendment (SPA) to CMS demonstrating compliance with NC Health Choice and the Federal Mental Health and Substance Use Disorder Parity rules. CMS has requested additional information from NC Medicaid and the SPA has been updated to reflect CMS's feedback. The revised SPA will be sent to CMS in December 2018.

Provider Satisfaction Surveys
NC Medicaid contracts with the Carolinas Centers for Medical Excellence (CCME) to administer annual provider satisfaction surveys to LME-MCO providers. The 2018 surveys have been sent to providers and will be collected by the end of the year. A summary report of findings will be published in early 2019.

Consumer Satisfaction Surveys
NC Medicaid contracts with the Carolinas Centers for Medical Excellence (CCME) to administer annual consumer satisfaction surveys to Medicaid members and legal guardians of members receiving LME-MCO services. NC Medicaid uses the nationally recognized Experience of Care & Health Outcomes (ECHO) survey. This survey includes supplemental questions for adults and children. The surveys have been administered and collected. Preliminary results show a lower number of respondents for the 2018 survey, presumably in correlation to 2 major hurricanes occurring during the collection period. A summary report of findings will be published in early 2019.

External Quality Reviews (EQRs)
Federal regulations require states to conduct external quality reviews of managed care organizations such as the LME-MCOs. These reviews are an analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that the managed care organization provides to Medicaid members. NC Medicaid contracts with the Carolinas Center for Medical Excellence (CCME), an EQRO, to conduct these reviews annual. Reviews have been completed for Trillium, Eastpointe, Sandhills Center, Partners Behavioral Healthcare and Vaya Health. The Cardinal Innovations Healthcare Solutions review will take place in January 2019 and the Alliance Behavioral Healthcare review will

occur in March 2019. CCME will develop a state-wide summary report once all reviews have been completed. Review reports and the summary report will be posted to the NC Medicaid website once all reviews have been completed.

7. Home Care Services

Home Health Services
NC Medicaid is currently researching Telemedicine from many different viewpoints to determine how this tool may be best used to enhance the health of North Carolinians via Home Health Services.

NC Medicaid is watching the proposed rule (CMS-1689-P) that updates the Medicare Home Health Prospective Payment System (HH PPS) rates and wage index for calendar year (CY) 2019. The proposed HH PPS policies included in the rule would result in a 2.1% increase in payments to Home Health Agencies in CY 2019 and extends the rural add-on payment for CYs 2019 through 2022.

Hospice
The CMS-Mandated Hospice Payment Reform is approximately 90% complete. The final Payment Reform activity was implemented within NC Tracks to reprocess claims with a date of service on or after January 1, 2016 and processed before October 29, 2017. This will complete the reform process.

Clinical coverage policy 3D, Hospice, has been submitted for review by the Physician Advisory Group in January 2019. The policy has been updated with our stakeholder input to achieve the following:

1. Add Post-Mortem (PM) modifier. Hospice shall report visits and length of visits (rounded to the nearest 15- minute increments), that occur on the date of death, after the patient has expired.
2. Remove forms from the policy for consistency.
3. Clarified ambiguous policy language.

Home Infusion Therapy
Clinical coverage policy 3H, Home Infusion Therapy, is being updated with a target date of February 2019 for submission to the Physician Advisory Group. The policy has been updated with stakeholder input to achieve the following:

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

Private Duty Nursing
Private Duty Nursing Services 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, are being combined. We are currently gathering stakeholder input. NC Medicaid has presented proposed policy changes to the stakeholders via webinars. The webinar Powerpoints and FAQ were posted on the NC Medicaid website November 8, 2018. NC Medicaid will work with a small group of providers, who volunteered to trial the proposed documents, that have been updated and streamlined, to lessen administrative burden.

NC Medicaid is currently working with General Dynamics Information Technology to transition the prior authorization process into NC Tracks. NC Medicaid anticipates this process to begin mid-2019.

8. Dental

Services Agreement Between the American Dental Association (ADA) and North Carolina Department of Health and Human Services Division of Health Benefits (DHHS-DHB)
The Division of Health Benefits has been working for several months on a services agreement to formalize a future partnership with the American Dental Association Health Policy Institute (ADA HPI) and the North Carolina Dental Society. The initiative, known as the North Carolina Access 2.0 Project, seeks to identify potential oral health access issues among North Carolina Medicaid's enrolled pediatric and adult populations.

The study will involve two analyses:

1. a map, by census tract, where Medicaid-enrolled children and adults live and whether they utilize oral health services; and
2. a map of Medicaid participating dentists and whether they are meaningful Medicaid providers.

The ADA HPI will be working with a limited provider enrollment and claims data set to estimate the future supply of dentists in North Carolina. The analysis will incorporate predicted retirement patterns, migration patterns across state lines, and dental school graduates who choose to practice in North Carolina.

The ADA HPI will also partner with a research team at the University of Chicago to conduct a telephone mystery shopper survey. This mystery shopper survey will assess the validity of the current list of dentists participating in North Carolina's Medicaid program as well as the availability of routine and specialized dental care for North Carolina Medicaid beneficiaries.

9. Personal Care Services (PCS)

Clinical coverage policy 3L, Personal Care Services, amended effective November 1, 2018. Beneficiaries seeking admission into an adult care home are no longer required to obtain a Pre-admission screening and resident review. Beneficiaries must now be referred to the LME/MCO for the Referral Screening Verification Process. Adult Care Home providers licensed under G.S., 131 D-2.4 shall not receive a PCS assessment or prior approval without verification of a Referral Screening ID.

ONGOING SOURCE VERIFICATION

Providers must update their expiring licenses, certifications and accreditations. The system currently suspends and terminates providers who fail to respond within the specified time limits.

Providers will receive their first notification 60 days prior to expiration. If the expired item has not been updated, two reminders will be sent. In addition, a final reminder will be sent seven days prior to expiration. The provider will be suspended if the expired item is not updated by the due date. The provider's taxonomy code(s) in which the expired item is required will be terminated if the item has not been updated by day 61 after suspension.

MAINTAIN ELIGIBILITY PROCESS

NCTracks implemented a quarterly Maintain Eligibility Process which identifies providers with no claim activity within the past 12 months. NCTracks notifies the provider via the secure provider portal mailbox. The provider must attest electronically in NCTracks to remain active.

Providers will be notified 30 days before the due date to submit a Maintain Eligibility Application. Upon submission of the Maintain Eligibility Application, the provider's enrollment record will be updated with the current date. If the provider does not submit the application by the due date, the provider's participation in the North Carolina Medicaid and NC Health Choice (NCHC) programs **will be end dated**.

UPDATE PROVIDER ENROLLMENT INFORMATION

Pursuant to Section 6.a. of the NCDHHS Provider Administrative Participation Agreement, providers are required to update their enrollment records in NCTracks within 30 days of a change. Commonly, affiliation and taxonomy information are overlooked. Providers must also update their expiring licenses, certifications and accreditations. The system currently suspends and terminates providers who fail to respond within the specified time limits. Providers can avoid processing delays by ensuring all information is accurate and up-to-date.

PROVIDER RISK LEVEL ADJUSTMENT

Federal regulation 42 CFR 455.450 requires a state Medicaid agency to screen all initial provider applications based on a categorical risk level of "limited," "moderate," or "high." This includes applications for new practice locations and any applications received in response to a re-enrollment or re-validation of enrollment request. Providers are categorized by risk level as outlined in NC General Statute Sec. 108-C3, as amended by Session Law 2018-5 SB 99. Further, 42 CFR 455.450(e) mandates that state Medicaid agencies adjust the categorical risk level of providers. Per NC General Statute Sec. 108-C3(g) and amended by Session Law 2018-5 SB 99, the N.C. Department of Health and Human Services (the Department") must adjust the categorical risk level to "high" for some providers.

In these instances, the provider is notified by the Department and the new risk level will apply to processing enrollment-related transactions. This may include payment of applicable application fees, submission of fingerprints and onsite visits.