NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

# NC Medicaid Medical Care Advisory Committee (MCAC) Written Reports

## Report Period March 1 – May 31, 2024

### Clinical Policy and Programs Report

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

   The PAG met June 28, 2024, April 25, 2024, and May 23, 2024, and recommended the following Clinical Coverage Policies:

   - 4A, Dental Services – April 25, 2024
   - 1E-7, Family Planning – April 25, 2024
   - 15, Ambulance Services – May 23, 2024
   - 1E-7, Family Planning PAG Notifications – May 23, 2024

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

   The Pharmacy & Therapeutic Committee met March 12, 2024, and May 14, 2024
   The NC Physician Advisory Group met on March 28, 2024, April 25, 2024, and May 23, 2024

   Recommended Pharmacy Criteria

   - Prior Approval Criteria – Elevidys – March 28, 2024
   - Prior Approval Criteria – Hormones for under 18 years of age – March 28, 2024
   - Prior Approval Criteria – Emflaza – March 28, 2024
   - Prior Approval Criteria – Opioid Analgesics – March 28, 2024
   - Prior Approval Criteria – Topical Local Anesthetics – March 28, 2024
   - Prior Approval Criteria – Zolgensma – March 28, 2024
   - Pharmacy PDL Quarterly Changes – May 23, 2024
   - Prior Approval Criteria – GLP-1– May 23, 2024

   Policies Posted for Public Comment

   - Prior Approval Criteria – GLP-1 Inhibitors – April 20-June 14, 2024
   - Prior Approval Criteria – Opioid Analgesics – April 20-June 14, 2024
   - Pharmacy Policy #9 – April 20-June 14, 2024
   - PDL Quarterly Changes – June 7-July 7, 2024

New or Amended Policies Posted to Medicaid Website

- Prior Approval Criteria – Camzyos – March 1, 2024
- Prior Approval Criteria – GLP-1 Inhibitors – March 1, 2024
- Prior Approval Criteria – Hematinics – March 1, 2024
- Prior Approval Criteria – Hereditary Angiodems Agents – March 1, 2024
- Prior Approval Criteria – Opioid Analgesics – March 1, 2024
- Prior Approval Criteria – Opioid Dependence Therapy Agents – March 1, 2024
- Prior Approval Criteria – Sedative Hypnotics – March 1, 2024
- Prior Approval Criteria- SGLT2 Inhibitors and Combinations – March 1, 2024
- Prior Approval Criteria- GCM's – March 1, 2024
- Prior Approval Criteria- Topical Local Anesthetics – March 1, 2024
- Prior Approval Criteria-Vivjoa – March 1, 2024
- Prior Approval Criteria- Triptans – March 1, 2024
- Prior Approval Criteria- Vowst – March 1, 2024
- Prior Approval Criteria- Zolgensma – March 1, 2024
- Prior Approval Criteria- Cystic Fibrosis – March 1, 2024

3. New or Amended Policies Posted to Medicaid Website

    - 5A-3, Nursing Equipment and Supplies – March 1, 2024
    - 8A, Enhanced Mental Health and Substance Abuse Services – March 1, 2024
    - 3D, Hospice Services – March 15, 2024
    - 1A-26, Deep Brain Stimulation – April 1, 2024
    - 1A-21, Endovascular Repair of Aortic Aneurysm – April 15, 2024
    - 1E-5, Obstetrics – April 15, 2024
    - 6A, Routine Eye Exam and Visual Aids for Recipients Under Age 21 – May 1, 2024
    - 6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 Years of Age and Older – May 1, 2024
    - 3G-1, Private Duty Nursing for Beneficiaries Ages 21 and Older – May 15, 2024
    - 3G-2, Private Duty Nursing for Beneficiaries Under 21 years of Age – May 15, 2024

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

    DME policy 5B, Orthotics and Prosthetics described in the March 15, 2024, update, completed a 45-day public comment period and is being finalized for promulgation.

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

    - 10A, Outpatient Specialized Therapies policy is progressing through the policy development process to update to the adult visit limit that was required by CMS for Medicaid Expansion. PAG Notification was presented Feb. 22, 2024. The public comment period ended May 18, 24, and is awaiting promulgation.
    - State Plan Amendment for adult therapy visit limit was approved by CMS Nov. 28, 2023.
    - 10A, Outpatient Specialized Therapies policy update and state plan amendment work has begun to remove the restriction on individual practitioner providers that limits them to provide therapy services only to EPSDT eligibles.
    - 10B, Individual Practitioners policy will terminate if the above change to 10A and state plan amendment is approved by our governance process, CMS and PAG recommendation. The removal of age restriction on this provider type would cause 10A and 10B to be duplicative. 10A would be the standing outpatient specialized therapies policy covering all provider types.

6. Long Term Services and Supports (LTSS)

    No report.

7. Behavioral Health I/DD Section

    **Provider Operations Report**

    Provider Operations is responsible for the management and oversight of the enrollment, credentialing and maintenance of approximately 100,000 NC Medicaid participating providers, the monitoring of provider-related activities for 23 vendors and the development of a new Provider Data Maintenance/Credentialing Verification Organization system for provider enrollment. Following are the highlights of the work conducted by Provider Operations staff each day.

    **Outreach and Education**

    The Medicaid Provider Ombudsman team received 890 cases directly through the Provider Ombudsman Listserv. The team responded directly to 150 of those and collaborated with the appropriate business owner, including the health plans, General Dynamics Information Technology/NC Tracks or an operational unit within NC Medicaid for the remaining cases. The Provider Ombudsman team offers updates to each business owner if a case has aged for seven days or longer and monitors all open cases bi-weekly through closure.

    Trending inquiries continue to be related to Claims/Finance and Provider Enrollment. Our NC Area Health Education Center (AHEC) provider engagement and technical support partner completed 4,621 contacts to rural and independent primary care provider practices from March through May 2024.

    Since the end of the federal Public Health Emergency (PHE), nearly a quarter of the NC Medicaid provider community has been required to bring their records current through reverification. Due to needs and inquiries surrounding reverification, new bulletin articles and

updated NCTracks website content aim to detail the reverification process and clarify questions around timelines and requirements**.**

**Monitoring**

Provider Operations has been actively involved in the following external audit activity during March – May 2024:

- 2019 Performance & SFY 2020 OSA Single Audits, two deliverables – SSPAFs (Summary Schedule of Prior Audit Findings) revisions for closure of remaining open audit recommendations.
- SFY 2023 OSA Single Audit – no deliverables. Final report issued, no findings for Provider Operations
- SFY 2024 EAGLE Audit (Enhancing Accountability in Government through Leadership and Education) – one deliverable provided to Audit.
- PERM RY 2024 (Payment Error Rate Measurement) – two deliverables provided (State Contact Survey Docs)
- SFY 2024 OSA Single Audit – two deliverables provided to Audit.
- SFY 2024 EAGLE Audit – one deliverable provided to Audit.
- 2024 OSA Medicaid Provider Enrollment follow-up to 2021 Audit – three deliverables provided to Audit

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 ineligible providers are terminated from the program in a timely manner.

As part of this effort, Provider Operations monitored:

- 350 licensure disciplinary actions imposed by 19 NC licensure boards
- 300 notifications from four NC Divisions (Health Services Regulation, Aging and Adult Services, Social Services and Public Health)
- 60 notifications from the Centers for Medicare & Medicaid Services (CMS For Cause)
- 159 provider applications processed by our Fiscal Agent
- 56 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 535 items. NC Medicaid's Fiscal Agent reports certain provider termination action to CMS, the US 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:

- Two actions reportable to CMS
- Zero action reportable to HHS-OIG
- One action 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 Online Trainings to ensure compliance with state and federal rules and regulations.

Ongoing monitoring of the Standard Plans 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 PHP Provider Network files (PNFs) continue 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 one business day.
- All Corrective Action Plans (CAPs) that had resulted from Additional Action Notice of Deficiency (NODs) and Liquidated Damages (LD) assessments related to non-active providers remaining in the SP provider networks, and on the Standard Plan PNF, for greater than one business day after notification have been closed. All Standard Plans are following this requirement thus far in 2024.
- There were two Standard Plans with trending non-compliance in sending Provider Welcome Packets to providers within five days of contract execution within the last reporting period. The plans received NODs and provided CAP responses. The CAPs will remain open until the health plans are back in compliance with this requirement.
- The Provider Operations managed care team developed a monitoring matrix for standard plans, as well as Tailored Plans and NC Medicaid Direct that outlines all oversight responsibilities for the business unit, as well as hyperlinks to the corresponding monitoring tools and procedures.
- Monthly monitoring of the Standard Plans electronic provider directories and quarterly monitoring of the paper provider directories has been implemented to ensure compliance with accurate fields and provider data. Communications via the NC Medicaid Help Center has ensured timely updating of accurate provider data.
- The Standard Plans monitoring procedures and monitoring logs have gone through review and revision processes. Multiple revisions have been put into place for the procedures and monitoring log changes will be put into effect for State Fiscal Year 2025.

- The team meets bimonthly with all the Standard Plans for support and to address any questions.

For Tailored Plans and NC Medicaid Direct, the Provider Operations team continues to meet bimonthly and individually with the Tailored Plans and NC Medicaid Direct as needed to:

- Assist with Provider Operations-related questions and issues that arise, as well as to provide technical support and guidance for the Tailored Plans and NC Medicaid Direct contracts
- Initiate the review of, and updates to, PCDU criteria for all Provider Operations inbound deliverables for the Tailored Plan and NC Medicaid Direct LME/MCO contracts in anticipation of the annual deliverables' submissions July 1, 2024.
- Monitored the NC Medicaid Direct contract this quarter and all are sending Provider Welcome Packets within five calendar days after contract execution. Additionally, all remain in compliance with the requirement to remove non-active providers from their PNFs and networks within one business day of receipt of notice from the Department the provider was terminated.
- Provider Operations participated in Readiness Review for Tailored Plans this quarter, in the Virtual Onsite Re-reviews, the Tailored Plan demonstrations were successful with no issues identified. The team also went through Business Unit Readiness with no issues flagged for tracking.
- In addition to the Monitoring Matrix mentioned above in the Standard Plan overview, the Provider Operations managed care team developed a LHD and SLA Monitoring Matrix for Tailored Plans and NC Medicaid Direct to ensure comprehensive oversight of both the provider-specific and Department-wide LDs and SLAs.
- The Managed Care team continues to work on the review of, and revisions to, the Provider Operations Tailored Plan and NC Medicaid Direct monitoring processes and procedures.

**New PDM/CVO Solution**

The Department and Optum continue to prioritize and address critical punch list items, with a goal of drafting a contract amendment in June to cover all newly identified items and a revised schedule. Additionally, productive meetings were held between Optum and NC Medicaid vendors NC FAST, PayPoint and SBI, on closing gaps in the solutions design. During Optum's recent onsite visit, project meetings were held at our facility and key progress was made in the areas of Integration Design, System Integration Testing (SIT) test case process, and Business Process Document design & security.

The state is conducting Contract monitoring for SLAs and reporting back to Optum at the end of each month all calculated liquidated damages for any missed aspects of these service level agreements.

We continue to collaborate with our partners, such as NCTracks, NC Analytics, etc., on Fast Healthcare Interoperability Resources (FIHR; the method of data exchange between partners). The FHIR mapping guide and companion documents were shared with the partners on April 1,

2024, and regular “office-hours” meetings are being held with the partners to assist in FHIR implementation.

Our Stakeholder and Engagement Team continues to manage a User Acceptance Testing (UAT) interest list and schedule speaking engagements and conferences. Provider (and other stakeholders) engagement continues via a public facing email listserv. Additional updates on this project include:

- We have an internal interim solution for the SIP that will manage the interrelationship of all modules.
- Slow progress on Data Mapping is currently causing delays in the conversion schedule.
- Optum welcomed a new Technical Security Lead and Business Operations Lead to their team.
- The State has begun conducting SIT test case reviews.
- User data profiling has been 100% completed.