



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

**Report Period June 1 – August 31, 2024**

## Clinical Policy and Programs Report

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

The Pharmacy & Therapeutic Committee met June 11, 2024, and Aug. 13, 2024

The N.C. Physician Advisory Group met July 27, 2024, and Aug. 22, 2024

#### Recommended Clinical Coverage Policies

- 1F Chiropractic Services (Amend Policy): July 27, 2024
- 1N-1 Allergy Testing (Amend Policy): July 27, 2024
- 1N-2 Allergy Immunotherapy (Amend Policy): July 27, 2024
- 10A
- 10B

#### Recommended Pharmacy Criteria

- Prior Approval Criteria- Monoclonal Antibodies- June 27, 2024
- Prior Approval Criteria- Lyfgenia- June 27, 2024
- Prior Approval Criteria- Weight Management- Aug. 22, 2024
- Prior Approval Criteria- GLP-1 (Diabetes)- Aug. 22, 2024
- Pharmacy PDL Quarterly Changes- Aug. 22, 2024

### 2. Clinical Coverage Policies Posted for Public Comment

- 3L, State Plan Personal Care Services (PCS) in In-Home Setting – June 7, 2024 – July 22, 2024
- 3L-1, State Plan Personal Care Services (PCS) Provided in Congregate Setting – June 7, 2024 – July 22, 2024
- 1E-7, Family Planning Services – June 7, 2024 – July 22, 2024
- 8D-3-, Clinically Managed Low-Intensity Residential Treatment Services – July 8, 2024 – July 23, 2024

- 8D-4, Clinically Managed Population Specific High Intensity Residential Program- July 8, 2024 – July 23, 2024
- 8D-5, Clinically Managed Residential Treatment – July 8, 2024 – July 23, 2024
- 8D-6, Medically Monitored Intensive Inpatient Services – July 8, 2024 – July 23, 2024
- 1F, Chiropractic Services – July 24, 2024 – Sept. 7, 2024
- 1S-10, Genetic Testing- Carrier & Prenatal – July 27, 2024 – Aug. 8, 2024
- 1S-12, Genetic Testing- Next Generation Sequencing – July 27, 2024 - Aug.8, 2024

3. New or Amended Policies Posted to Medicaid Website

- 1A-30, Spinal Surgeries – July 15, 2024
- 5B- Orthotics & Prosthetics – July 15, 2024
- 9, Outpatient Pharmacy – July 15, 2024
- 2B-1- Nursing Facility Services – Aug. 1, 2024

New or Amended PA Criteria Posted

- Prior Approval Criteria- Weight Management- Aug. 1, 2024
- Prior Approval Criteria- Synagis- Aug. 20, 2024

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

DME policy 5B, Orthotics and Prosthetics described in the March 15, 2024 update, was promulgated July 15, 2024 and is available here:

<https://medicaid.ncdhhs.gov/providers/programs-and-services/medical/orthotic-and-prosthetic-devices>.

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

- 10A, Outpatient Specialized Therapies policy update of the adult visit limit promulgated on June 15, 2024.
- 10A, Outpatient Specialized Therapies presented to the PAG on Aug. 22, 2024, to amend the age and setting restriction on independent practitioner providers and consolidate with 10B into one comprehensive policy.
- 10B, Independent Practitioner policy presented to the PAG on Aug. 22, 2024, to terminate.

6. Long Term Services and Supports (LTSS)

Nothing to report

7. Behavioral Health I/DD Section

Nothing to report

## Provider Operations Report

Provider Operations is responsible for the management and oversight of the enrollment, credentialing, and maintenance of approximately 108,000 NC Medicaid participating providers, the monitoring of provider related activities for twenty-three (23) vendors, and the development of a new Provider Data Maintenance/Credentialing Verification Organization system for provider enrollment. The following are the highlights of the work conducted by Provider Operations staff each day.

### Outreach and Education

The Medicaid Provider Ombudsman team received 1067 cases directly through the Provider Ombudsman Listserv. The team responded directly to 255 of those and collaborated with the appropriate business owner, including the Prepaid Health Plans (PHPs), General Dynamics Information Technology/NC Tracks, or an operational unit within the Division of Health Benefits for the remaining cases. The Provider Ombudsman team offers updates to each business owner if a case has aged for 7 days or greater 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 reported completing 3,072 contacts to rural and independent primary care provider practices from June through August.

### Monitoring

For Standard Plan, Behavioral Health and Intellectual/Developmental Disability (BH/IDD) Tailored Plan and Medicaid Direct LME/MCO (Prepaid Inpatient Health Plan, PIHP) managed care programs, the Provider Operations team:

- The Provider Operations team completed Tailored Plan Readiness Review activities with no open items heading into launch. Tailored Plans (TP) launched on July 1, 2024, with no immediate operational issues for Provider Operations.
- The Managed Care team continues to host bimonthly and individual meetings with the Tailored Plans and Medicaid Direct LME/MCOs to assist with Provider Operations-related questions and issues that arise, as well as to provide technical support and guidance for the BH/IDD and Medicaid Direct LME/MCO contracts.
- Finalized updates to PCDU (PHP Contract Data Utility) criteria for all Provider Operations inbound deliverables for the TP and Medicaid Direct LME/MCO contracts in time for annual deliverables submissions which were received on July 1, 2024. The team continues to review and finalize all assigned deliverables.
- The Provider Operations team revised the Oversight Playbook for all plans.
- The Health Plans were all in compliance with sending Provider Welcome Packets to providers within 5 Calendar Days of contract execution within the last reporting period.
  - The 2 open CAPs for the SPs not in compliance in the previous quarter are closed as the health plans are back in compliance with this requirement.
- Additionally, all but one of the health plans have remained in compliance with the requirement to remove non-active providers from their Provider Network Files (PNFs) and

provider networks within one business day of receipt of notice from the Department that the provider was terminated.

- Monthly monitoring of the SP 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.
- In preparation for TP launch, Provider Operations addressed a concern related to hospitals not properly displaying in Tailored Plan provider directories that was brought about by a network analysis. The team worked with the Tailored Plans to determine the root cause and to resolve this issue timely.
- In response to a newly added liquidated damage to the Medicaid Direct LME/MCO contract regarding the Plans successfully sending a fully processed PNF file by 5:00PM each calendar day to the Department, the Managed Care team has developed and implemented a process to monitor this contract requirement. Targeted monitoring will begin next quarter.
- The Managed Care team continues to work on the review of, and revisions to, the Provider Operations TP and PIHP Medicaid Direct monitoring processes and procedures.
- The in-house report used to support the monitoring efforts for the 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 one business day.

Provider Operations has been actively involved in the following external audit activity during the timeframe of June – August 2024:

- 2024 OSA Medicaid Provider Enrollment follow-up to 2021 Audit - (14) deliverables provided to Audit
- SFY 2024 OSA Single Audit – (9) deliverables provided to Audit
- SFY 2024 EAGLE Audit – (0) deliverables requested during June – August 2024
- PERM RY 2024 (Payment Error Rate Measurement) – (2) deliverables provided

The Provider Operations Monitoring Plan dictates the monitoring of the Fiscal Agent's performance of provider enrollment, 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:

- 311 licensure disciplinary actions imposed by 19 N.C. licensure boards
- 467 notifications from four N.C. Divisions (Health Services Regulation, Aging and Adult Services, Social Services and Public Health)
- 47 notifications from the Centers for Medicare and Medicaid Services (CMS For Cause)
- 155 provider applications processed by our Fiscal Agent
- 60 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 475 items.

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:

- 5 actions reportable to CMS
- 0 actions reportable to HHS-OIG
- 5 actions reportable to NPDB

### **Provider Educational/Policy Changes Published**

Effective July 1, 2024, NCTracks will use the American Medical Association (AMA) website to obtain Physician Assistant Profiles (transcripts). If the PA has an AMA profile, and it lists the provider's education, NCTracks will no longer be requesting a transcript.

Certain Optical and Hearing Aid taxonomies have been available to providers as Organization enrollment types but were originally intended to be for Individual enrollment types. As a result, the impacted taxonomies are now selectable for enrolling Individual providers.

Effective Aug. 25, 2024, providers can no longer modify an existing service location address on their NCTracks provider record. Instead, a new service location must be created. The Begin and End date of the new service location must represent the dates services are rendered at that location. This does not impact the ability to edit Pay-to or Correspondence addresses.

A refresher bulletin article was published regarding the disclosure of information on the Exclusion Sanction Information page of the application. Providers were reminded that failing to inform NC Medicaid through disclosure on the Exclusion Sanction Information page will lead to automatic denial of the application. When the Exclusion Sanction question asks, "Has the applicant, managing employees, owners, or agents ever...", it must be answered accurately for anyone listed on the application, and regardless of the length of time since the infraction occurred. For every Exclusion Sanction question answered affirmatively, providers must submit a complete copy of the necessary supporting documentation, and a written explanation related to the infraction that is signed and dated within six months of the application date.

In accordance with the North Carolina Identity Management (NCID) Citizen Identity Project, NCTracks is changing the User Login process and implementing Multi-Factor Authentication (MFA) updates. Providers currently using MFA to access the NCTracks Provider Portal were informed to complete steps to transition their access to the new system. This effort continues into the fall.

### **New PDM/CVO Solution**

The Provider Data Management/Credentialing Verification Organization (PDM/CVO) project is ongoing. A bulletin article was published in June to inform providers and advise of the need to maintain an accurate provider record, stay informed, participate in educational opportunities, and express interest in User Acceptance Testing (UAT). A dedicated webpage is available for additional information and updates.