NC Department of Health and Human Services
Division of Health Benefits

NC MEDICAID
CMO UPDATE

Shannon Dowler, MD

Medical Care Advisory Committee (MCAC) Meeting
September 24, 2021
Medical Home Infrastructure Investments

PMPM
Public Health Emergency Enhancements

Payment
- Glidepath
- HOSAR
- Health Equity

Managed Care
- PCP Assignment
- Primary Care Minimum Spend

Strengthening Medical Home Stability in NC
Healthy Opportunities Screening and Referral

- **HOSAR Reimbursement:** Carolina Access II providers reimbursed for positive Healthy Opportunities screenings (January – June 2021)

- **Positive Screening:** At least one unmet need identified using NCDHHS standard screening questions or an equivalent instrument covering beneficiary needs related to DHHS four priority domains (food, housing/utilities, transportation and interpersonal safety)

- **Coding:** Z codes indicating a patient’s identified resource need(s) when submitting claims for Healthy Opportunities screenings. G9919 billing code with Place of Service Indicator (school, homeless shelter, FQHC, Urgent Care, etc.)

What We Learned
- 6400 Claims January-June
- Top Needs Identified:
  - Access to Food
  - Covering the Cost of Heat, Electricity and Water
  - Transportation to Medical Care

[medicaid.ncdhhs.gov/blog/2021/02/01](medicaid.ncdhhs.gov/blog/2021/02/01)
AMH Counts by County by Glidepath Status

NC Medicaid offered time-limited payments to Advanced Medical Home (AMH) Tier 3s who demonstrated successful readiness for AMH Tier 3 responsibilities.

AMH Glide Path Eligibility

- Program offered $8.51 PMPM to AMHs to support Managed Care Launch April–June 2021, if the AMH:
  - Attested with DHHS as a Tier 3 AMH
  - Active AMH Practices (NPI + Location) must have attested as an AMH Tier 3 within NC Tracks Provider Portal
  - Completed contracting with at least two PHPs at the AMH Tier 3 level
  - Successful Data Exchange

NC DHHS conducted validation prior to initiating payment for each month.

Health Equity Payments (HEP)

Tier 3 Practice Count by County by HEP Status

- Available April–June 2021
- Eligible providers: Carolina Access I and II providers serving beneficiaries from high needs areas.
- Increased PMPM based on practice’s mix of beneficiaries (measured by poverty rate at beneficiary’s census tract).
- $53.9 million distributed March–June across 1804 primary care practices
- Payments for Health Equity Incentive Poverty Tier 1 (poverty scores 17% - 21%) received $9 PMPM
- Payments for Health Equity Incentive Poverty Tier 2 (poverty scores > 21%) received $18 PMPM

medicaid.ncdhhs.gov/blog/2021/03/19/health-equity-payment-initiative
### NC Medicaid COVID Surge Response Actions

<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHEN</th>
<th>DETAILS</th>
<th>AFFECTS</th>
<th>IMPACT</th>
<th>COST</th>
<th>HOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital at Home Reimbursement for CMS Waived Hospitals</td>
<td>Sept 1-Dec 30</td>
<td>Only CMS Waived hospitals *encourage all payers to follow</td>
<td>Hospitals</td>
<td>Opening Beds, Moderate</td>
<td>Neutral</td>
<td>Sandy Reggie</td>
</tr>
<tr>
<td>Medicaid/MPF Waive Price Authorization for Post Acute Care</td>
<td>Sept 1-Sept 30</td>
<td>Bulletin *encourage all payers to follow</td>
<td>Hospitals LTAC GRIP Home Health/Hospice</td>
<td>Opening Beds, Low</td>
<td>Neutral</td>
<td>Sandy Bevans</td>
</tr>
<tr>
<td>BSF Early Season Provision of Syngals</td>
<td>Aug 15-Mar 30</td>
<td>Initiative Coverage Allow up to 5 doses *encourage all payers to follow</td>
<td>Ambulatory Providers</td>
<td>Preventing Admissions, Moderate</td>
<td>&lt;1M State</td>
<td>Angela</td>
</tr>
<tr>
<td>Medicaid/MPF Out of Network Extensions</td>
<td>July 1-Sept 30</td>
<td>All providers considered in network</td>
<td>Hospitals Ambulatory Providers</td>
<td>Reducing Administrative Burden, High Opening Beds, Low</td>
<td>Neutral</td>
<td>Cassandra</td>
</tr>
<tr>
<td>Medicaid/MPF In Network PA Extension</td>
<td>Sept 1-Sept 30</td>
<td>A bonus for delayed PA</td>
<td>Hospitals Ambulatory Providers</td>
<td>Reducing Administrative Burden, Moderate Opening Beds, Law</td>
<td>&lt;1M State</td>
<td>Cassandra</td>
</tr>
<tr>
<td>Swing Bed Provisions</td>
<td>Mar 2020-present</td>
<td>See 1115, R, and Disaster Waivers</td>
<td>Hospitals</td>
<td>Opening Beds, Moderate</td>
<td>Neutral</td>
<td>Sandy Reggie</td>
</tr>
<tr>
<td>Skilled Nursing Surge Facilities</td>
<td>September</td>
<td>Contrasting with 4 facilities to create bed capacity; expanding</td>
<td>Hospitals</td>
<td>Opening Beds, Moderate</td>
<td>Neutral</td>
<td>Sandy Reggie</td>
</tr>
<tr>
<td>COVID Vaccine Incentives</td>
<td>September</td>
<td>MPS meets resources to incenturate members</td>
<td>All Providers</td>
<td>Decrease COVID Cases Overall</td>
<td>&lt;5M State</td>
<td>Julia Sarah</td>
</tr>
<tr>
<td>Public Health Emergency Provisions Remain, Including Payment Increases</td>
<td>Mar 2020-present</td>
<td>See 1115, R, and Disaster Waivers</td>
<td>All Providers</td>
<td>Broad Impact</td>
<td>TBD</td>
<td>Angela Reggie</td>
</tr>
<tr>
<td>3rd Dose Vaccine Covered Benefit</td>
<td>August</td>
<td>Bulletin</td>
<td>All Providers</td>
<td>Broad Impact</td>
<td>TBD</td>
<td>Angela Reggie</td>
</tr>
<tr>
<td>COVID Vaccine Administration Rate</td>
<td>September, Retro 4/1/21</td>
<td>Q-SPA All Providers</td>
<td>Broad Impact</td>
<td>Neutral, 100% Match</td>
<td>Emma Reggie/ Atkins</td>
<td></td>
</tr>
<tr>
<td>COVID Vaccine Incentive (MPF)</td>
<td>September, Retro 4/1/21</td>
<td>Q-SPA All Providers</td>
<td>Broad Impact</td>
<td>Neutral, 100% Match</td>
<td>Emma</td>
<td></td>
</tr>
<tr>
<td>NEMT/REAT Modifications</td>
<td>September</td>
<td>Bulletin</td>
<td>All Providers</td>
<td>Opening Beds, Mild</td>
<td>Neutral</td>
<td>Saray/Mike</td>
</tr>
</tbody>
</table>

NC Medicaid Busy Responding to COVID-19 SURGE*

*Meanwhile, we are continuing all existing temporary rate increases at this time.*
NC Medicaid 2020 Quality Measure Performance
NC Medicaid 2020 Performance

Rates available:

2020 HEDIS
• Statewide rates
• Available for further drill down and stratification
• By PHP, Medicaid Direct, Race, Ethnicity, Age, Primary Language, Disability Status, Geography

Rates available later this year:

2020 Non-HEDIS
• Survey Measures, Opioid, EPSDT, Developmental Screening, Family Planning, Utilization (PQI-AHRQ)
• Statewide rates
  • With further drill down and stratification
  • By PHP, Medicaid Direct, Race, Ethnicity, Age, Primary Language, Disability Status, Geography
HEDIS Measurement Year 2020

Results, especially in prevention, screening, and access to primary care measures indicate majority have little variability from prior year rates, despite COVID PHE. Slight improvement in some with slight decline in areas indicated below.

- Childhood immunizations (Combo 10) (+1.14%)
- Timeliness of Prenatal Care (+4.45%)
- Antidepressant Medication Management (+2.56%)
- Asthma Medication Ratio (+7.46%)
- Avoidance of Antibiotics for Acute Bronchitis (Total,+3.73%)
- Postpartum Care (-4.26%)
- Follow up after Hospitalization for MH (30-day) (-3.2%)
- Breast Cancer Screening (-6%)
- Diabetes Screening: Schizophrenia/Bipolar and Antipsychotics (-5%)
- Annual Dental Visit (-10.51%)
HEDIS Measurement Years 2019-2020 Comparison

Pediatric

- Measure changes 2020 for **Well Child Visits 0-21 years**- Submeasures indicate stability in comparison 2019-2020
- **Childhood immunizations** (Combo 10) (+1.14%)
- **Immunizations for Adolescents** (Combo 2) (-0.34%)
- **Annual Dental Visit** (-10.51%)
- **Lead Screening** (+1.94%)
- **Weight Assessment and Counseling for Children**- BMI (+1.43%), Nutrition (+3.73%), Physical (+2.63%)

- **Appropriate Pharyngitis Testing** (Ages 3-17yrs) (+.34%)
- **Appropriate URI Treatment** (3mo-17yrs) (+1.01%)
- **Avoidance of Antibiotic Treatment for Acute Bronchitis** (3mo-17yrs) (+3.07%)

- **Metabolic Monitoring for Children and Adolescents on Antipsychotics**: Metabolic Testing (-3.86%)
- **Follow up Care for Children on ADHD Medications**: Initiation (+1.64%), Continuation (-0.67)
- **Use of First Line Psychosocial Care for Children and Adolescents** (-1.27%)
HEDIS Measurement Years 2019-2020 Comparison

**Adult**

- Colorectal Cancer Screening (+.07%)
- Appropriate Pharyngitis Testing (+.49%)
- Appropriate URI Treatment (+1.95%)
- Asthma Medication Ratio-Total Rate (+7.46%)
- Avoidance of Antibiotic Treatment for Acute Bronchitis (+5.34%)
- Use of Spirometry Testing for COPD (-2.25%)
- Pharmacotherapy Management of COPD (Bronchodilator +.81%, Corticosteroid (-.44%)
- Plan All Cause Readmission- Observed to Expected Ratio (-.06)
- Use of Imaging Studies for Low Back Pain (-.83%)
- Follow-up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (NEW, 47.32%)
- Adult Access to Preventive Services (-2.83%)
HEDIS Measurement Years 2019-2020 Comparison

**Adult**

- Cardiac Rehabilitation - NEW
  - Initiation
  - Engagement > 12 sessions within 90 days
  - Engagement > 24 sessions within 180 days
  - Achievement > 36 sessions within 180 days

- Controlling High Blood Pressure (HIE data not yet included)
- Persistence of Beta Blocker Treatment (+1.56%)
- Statin Therapy for Patients With Cardiovascular Disease
- Statin Therapy for Patients With Diabetes

_____________________________________________________

- Comprehensive Diabetes Care
  - HbA1c Tested (-2.18%)
  - Kidney Health Evaluation for Patients With Diabetes (NEW)
HEDIS Measurement Years 2019-2020 Comparison

Women’s and Maternal Health

- Breast Cancer Screening (-6.00%)
- Cervical Cancer Screening (-0.99%)
- Chlamydia Screening (Total Rate -1.03%)
- Timeliness of Prenatal Care:
  - Prenatal Care (+4.45%)
  - Postpartum Care (-4.26%)
HEDIS Measurement Years 2019-2020 Comparison

Behavioral Health and Substance Use

- Adherence to Antipsychotics: Schizophrenia (+1.81%)
- Antidepressant Medication Management (Acute +1.95%, Continuance +2.56%)
- Cardiovascular Monitoring: Cardiovascular Disease and Schizophrenia (-5.85%)
- Diabetes Monitoring: Diabetes and Schizophrenia (-3.74%)
- Diabetes Screen: Schizophrenia or Bipolar and Antipsychotics (-5.00%)
- Follow-up after ED Visit for AOD (7-day -1.41%, 30-day -1.99%)
- Follow-up after ED Visit for Mental Illness (7-day -.94%, 30-day -.36%)
- Follow-up After Hosp for Mental Illness (7-day -1.80%, 30-day -3.20%)
- Follow-Up After Care for Substance Use Disorder (7-day -2.03%, 30-day -1.59%)
- Initiation and Engagement of AOD (Initiate -1.47%, Engagement -2.02%)
- Pharmacotherapy for Opioid Use Disorder (NEW) 45.83%
- Use of Opioids at High Dosage (NEW) 7.19%
- Use of Opioids From Multiple Providers (NEW)
  - Multiple Prescribers, Pharmacies, Multiple Prescribers and Pharmacies
# Standard Plan Measures: Pediatric

<table>
<thead>
<tr>
<th>Measure</th>
<th>NQF #</th>
<th>Measure Group</th>
<th>CY2019 NC Rate</th>
<th>CY2019 US Median</th>
<th>CY2020 NC Rate</th>
<th>AMH Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visit (AWC)*</td>
<td></td>
<td>Pediatric</td>
<td>43.4</td>
<td>57.18</td>
<td></td>
<td>x*</td>
</tr>
<tr>
<td>Childhood Immunization Status (Combination 10) (CIS-CH)</td>
<td>0038</td>
<td>Pediatric</td>
<td>35.02</td>
<td>37.47</td>
<td>36.16</td>
<td>x</td>
</tr>
<tr>
<td>Percentage of Low Birthweight Births</td>
<td>N/A</td>
<td>Pediatric</td>
<td>11.5</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness</td>
<td>0576</td>
<td>Pediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Day Follow-up (Ages 0-18)</td>
<td></td>
<td>Pediatric</td>
<td>-</td>
<td>-</td>
<td>38.16</td>
<td></td>
</tr>
<tr>
<td>30-Day Follow-up (Ages 0-18)</td>
<td></td>
<td>Pediatric</td>
<td>-</td>
<td>-</td>
<td>60.98</td>
<td></td>
</tr>
<tr>
<td>7-Day Follow-up (Ages 19-20)</td>
<td></td>
<td>Pediatric</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-Day Follow-up (Ages 19-20)</td>
<td></td>
<td>Pediatric</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization for Adolescents (Combination 2) (IMA)</td>
<td>1407</td>
<td>Pediatric</td>
<td>31.55</td>
<td>36.86</td>
<td>31.21</td>
<td>x</td>
</tr>
<tr>
<td>Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</td>
<td>N/A</td>
<td>Pediatric</td>
<td>52.1</td>
<td>49.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening for Depression and Follow-Up Plan (CDF)</td>
<td>0418/0418e</td>
<td>Pediatric/Adult</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>x</td>
</tr>
<tr>
<td>Total Eligibles Receiving at least One Initial or Periodic Screen (Federal Fiscal Year)</td>
<td>N/A</td>
<td>Pediatric</td>
<td>52.98</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</td>
<td>2801</td>
<td>Pediatric</td>
<td>52.09</td>
<td>64.89</td>
<td>50.82</td>
<td></td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)*</td>
<td>1392</td>
<td>Pediatric</td>
<td>65.71</td>
<td>67.88</td>
<td>62.3</td>
<td>x*</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*</td>
<td>1516</td>
<td>Pediatric</td>
<td>70.48</td>
<td>74.7</td>
<td>-</td>
<td>x</td>
</tr>
</tbody>
</table>

* Measure included here to report historical rates. PHPs will report the revised NCQA measures, W30 and WCV; are also AMH measures.
# Standard Plan Measures: Adult

<table>
<thead>
<tr>
<th>Measure</th>
<th>NQF #</th>
<th>Measure Group</th>
<th>CY2019 NC Rate</th>
<th>CY2019 US Median</th>
<th>CY2020 NC Rate</th>
<th>AMH Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening (CCS)</td>
<td>0032</td>
<td>Adult</td>
<td>43.82</td>
<td>61.31</td>
<td>42.83</td>
<td>x</td>
</tr>
<tr>
<td>Chlamydia Screening in Women (Total Rate) (CHL)</td>
<td>0033</td>
<td>Adult</td>
<td>58.22</td>
<td>58.44</td>
<td>57.19</td>
<td>x</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPC)</td>
<td>0059</td>
<td>Adult</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>x</td>
</tr>
<tr>
<td>Concurrent Use of Prescription Opioids and Benzodiazepines (COB)</td>
<td>3389</td>
<td>Adult</td>
<td>14.86</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Controlling High Blood Pressure (CBP)</td>
<td>0018</td>
<td>Adult</td>
<td>-</td>
<td>61.8</td>
<td>-</td>
<td>x</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness</td>
<td>0576</td>
<td>Adult</td>
<td>30</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7-Day Follow-up (Age 21+)</td>
<td></td>
<td>Adult</td>
<td>30</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>30-Day Follow-up (Age 21+)</td>
<td></td>
<td>Adult</td>
<td>45</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Flu Vaccinations for Adults (FVA)</td>
<td>0039</td>
<td>Adult</td>
<td>42.9</td>
<td>43.44</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</td>
<td>0027</td>
<td>Adult</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td></td>
<td>Adult</td>
<td>77.9</td>
<td>77.66</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td></td>
<td>Adult</td>
<td>48.1</td>
<td>54.15</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td></td>
<td>Adult</td>
<td>49.0</td>
<td>47.92</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Plan All-Cause Readmissions - Observed to expected ratio (PCR)</td>
<td>1768</td>
<td>Adult</td>
<td>0.93</td>
<td>-</td>
<td>0.99</td>
<td>x</td>
</tr>
<tr>
<td>Use of Opioids at High Dosage in Persons Without Cancer (OHD)</td>
<td>2940</td>
<td>Adult</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
### Standard Plan Measures: Maternity

<table>
<thead>
<tr>
<th>Measure</th>
<th>NQF #</th>
<th>Measure Group</th>
<th>CY2019 NC Rate</th>
<th>CY2019 US Median</th>
<th>CY2020 NC Rate</th>
<th>PMP Measure</th>
<th>CMARC/CMHRP Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Low Birthweight Births (modified measure)</td>
<td>N/A</td>
<td>Maternity</td>
<td>11.5</td>
<td>9.5</td>
<td>-</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care (Both Rates) (PPC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Timeliness of Prenatal Care</td>
<td></td>
<td>Maternity</td>
<td>35.53</td>
<td>89.05</td>
<td>39.98</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Postpartum Care</td>
<td></td>
<td>Maternity</td>
<td>68.77</td>
<td>76.40</td>
<td>64.51</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Timeliness of Prenatal Care (NC HEDIS-like)</td>
<td></td>
<td>Maternity</td>
<td>83.34</td>
<td>N/A</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postpartum Care (NC HEDIS-like)</td>
<td></td>
<td>Maternity</td>
<td>73.49</td>
<td>N/A</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of Screening for Pregnancy Risk</td>
<td>N/A</td>
<td>Maternity</td>
<td>77.5</td>
<td>N/A</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measure rates suggest that NC Medicaid performed significantly below the national median, indicating a possible area for improvement. However, the pregnant Medicaid population can also be identified using one or more claims with a pregnancy diagnosis code and then capturing other claims for pregnancy-related labs and radiology procedures, indicating a likely visit. Thus, the HEDIS-like measure rate reflect a more accurate picture of the timeliness of prenatal care.
Two-Year Trend – All Drugs

Gross Cost per Rx Trend: 3.4%
Total Rebate per Rx Trend: 3.3%
Net Net Cost per Rx Trend: 3.9%

Magellan Rx
Top 10 by Net Spend

1. Dupixent syringe (Subcut, atopic dermatitis)
2. Vraylar (PO, antipsychotics)
3. Invega Sustenna (IM, antipsychotics)
4. Stelara syringe (INJ, plaque psoriasis and psoriatic arthritis)
5. Epidiolex (PO, anticonvulsant)
6. Suboxone Film (Sublingual, opiate dependence)
7. Abilify Maintena (IM, antipsychotics)
8. Mavyret (PO, hepatitis C)
9. Ingrezza (PO, movement disorders)
10. Rexulti (PO, antipsychotics)

Data Source: MagellanRx 3QSFY21
Top 10 by Claim Count

1. Cetirizine (PO, antihistamine)
2. Gabapentin cap (PO, neuropathic pain)
3. Fluticasone (NASAL, intranasal rhinitis)
4. Omeprazole (PO, proton pump inhibitor)
5. Sertraline tab (PO, antidepressant, SSRI)
6. Cetirizine soln (PO, antihistamine)
7. Trazodone (PO, antidepressant, other)
8. Clonidine (PO, antihypertensive)
9. Atorvastatin (PO, statin)
10. Ibuprofen tab (PO, NSAID)

Data Source: MagellanRx 3QSFY21
COVID-19 Related Work

• Reimbursement for COVID-19 vaccines and Monoclonal Antibodies
  o Rates match Medicare rates ($40 per vaccine, $450 per MAB injection)
    – $2,634,602 paid for 147,386 vaccine administration claims since December 2020
    – $38,314 paid for 500 MAB claims since December 2020
  o Programming set for payment of administration of third vaccine dose

• Synagis
  o Implementation of Synagis PA for early RSV season start (8/15/2021)
  o Monitoring Synagis utilization via claims and encounters data
  o Monitoring RSV activity - local and national trends

• Ivermectin
  o Reports of toxicity, ED visits, poison control calls, prescribing of Ivermectin for COVID-19 in NC
  o Clinical criteria established for coverage only for parasitic infections and only for doses appropriate for parasitic infections
  o Prior approval form created
  o To be implemented across FFS and five Managed Care Plans
Clinical Policy Attestation Oversight Process (CPAP)

Undertaken twice since launch
- Seizure medications
- OTC medications (in process)