

Provider Updates

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Federal Agency Updates

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CMS Final Rule

Will affect Tailored Plan and Standard Plan operations **beginning 1/1/2023:**

[CMS Puts Patients Over Paperwork with New Rule that Addresses the Prior Authorization Process | CMS](#)

The [Final Rule](#) is >400 pages long!

From the Rule Preamble:

“This final rule builds on the policies finalized in the CMS Interoperability and Patient Access final rule and continues to emphasize improving health information exchange and achieving appropriate and necessary access to complete health records for patients, health care providers, and payers, while simultaneously improving prior authorization processes and helping to ensure that patients remain at the center of their own care.”

CMS Final Rule Key Provisions

- **Patient Access Application Programming Interface (API)** (claims & encounters *and* pending and active PA)
- **Provider Access APIs** (provider-to-provider sharing of claims & encounter data)
- **Documentation and Prior Authorization Burden Reduction through APIs** (lookup service integrated with E.H.R.; document denial reason; PA within 7 calendar days or 72 hours for urgent; PA metrics and operational public reporting **1/1/2024**)
- **Payer-to-Payer Data Exchange on FHIR**
- **Adoption of Health IT Implementation Specifications** (Office of the National Coordinator for Health IT (ONC) is adopting the specifications with HHS collaboration)

NC DHHS Updates

January 22, 2021

Beneficiary Ombudsman Contractor Announced

NCDHHS [announced today](#) that **Legal Aid of North Carolina** (Legal Aid) will provide Medicaid Managed Care Ombudsman services for the state's Medicaid beneficiaries **beginning in Spring 2021**. Legal Aid, partnering with the **Charlotte Center for Legal Advocacy** and **Pisgah Legal Services** will serve as a central resource to educate and inform beneficiaries about the state's move to Medicaid Managed Care through outreach events, a public website and a toll-free phone number.

- “As the Ombudsman, Legal Aid will work collaboratively with CBOs and government agencies to assist beneficiaries with issues impacting their health. The Ombudsman will be available to address specific Medicaid-related questions from beneficiaries, make referrals to applicable resources and assist in resolving issues with managed care. In addition, the Ombudsman will help track crucial information regarding access to care for ongoing reporting and analysis.”
- “The Ombudsman services provided by Legal Aid are not a replacement for the Grievance and Appeals processes required of each Prepaid Health Plan, nor do the services replace the right of a member to appeal through any State-administered appeals system.”

More information about the Ombudsman will be available soon on the [NC Medicaid website](#).

COVID-19 Vaccine Rollout Updates

N.C. DHHS has released additional information regarding vaccinations for **Group 1** (**Health Care Workers and Long-Term Care Staff and Residents**) with the goal of first protecting health care workers and North Carolinians who are at the highest risk of being hospitalized or dying from COVID-19. [Learn more](#).

1/22 Press Release: [NCDOT and NCDHHS announce solution to help fund transit rides to and from COVID-19 vaccine sites](#) [\$2.5M to local transit agencies]

- Beneficiaries may also use NEMT to get to vaccination appointments

COVID-19 Vaccine Rollout Updates

Health care workers with in-person patient contact can include but are not limited to:

- Behavioral health providers
- Blood banks workers
- Chiropractors
- Community health workers
- Dental hygienists
- Dentists
- Dialysis centers
- Diagnostic and therapeutic technicians
- EMTs/paramedics
- Environmental services staff
- Food services staff
- Front desk administrative staff
- Health care trainees (e.g., medical students, pharmacy students, nursing students)
- Home health aides and workers
- Hospice homes
- Laboratory staff
- Medical Interpreter
- Morticians/funeral home staff
- Nurses
- Nursing aides, techs, and assistants
- Nurse Practitioners
- Optometrists
- Personal care aides
- Pharmacists
- Pharmacy techs
- Phlebotomists
- Physicians
- Physicians Assistants
- Physical, occupational, and speech therapists
- Podiatrists
- Public health and emergency workers
- Public health nurses
- Respiratory techs
- Syringe Exchange Providers

COVID-19 Vaccine Rollout Updates

LONG-TERM CARE STAFF AND RESIDENTS include people and staff the following settings:

- adult care homes/assisted living
- family care homes
- group homes
- skilled nursing facilities
- mental health group homes
- continuing care retirements communities
- in-patient hospice facilities

Message from Dave Richard

- *Currently NC DHHS does not have a centralized registration platform for employers with healthcare staff that live/work in multiple counties in NC. So, for now, we ask that you work directly with vaccine providers listed on the [FindYourSpot](#) webpage.*
- *Identifying a health department or another vaccine provider in those counties might be helpful for bulk uploading or scheduling local appointments with on-site registration. The local vaccine provider may direct your staff in a specific local approach for vaccination.*
- *NC DHHS anticipates opening an organization portal through CVMS [the NC DHHS [COVID Vaccine Management System](#)] that can streamline this process for essential workers and will share that broadly when it is ready for use.*

Upcoming Provider Webinar

Tips and Tricks for COVID-19 Vaccines

Tuesday, Jan. 26 | 6 - 7 p.m. – [Join the webinar](#)

This event in the North Carolina Area Health Education Centers (NC AHEC) and Community Care of North Carolina (CCNC) Navigating COVID-19 Webinar Series will feature speakers from a private practice, Federally Qualified Health Centers (FQHC) and a local health department to discuss their experiences administering COVID-19 vaccines and share lessons learned. Time will also be reserved for questions and answers.

NC Assoc. of County Commissioners Updates

January 22, 2021

Finalized 2021 HHS Legislative Priorities

Legislative Goals

- **HHS-1:** Support legislation and state resources for social service reform efforts as identified by the Social Services Working Group to improve outcomes for individuals, families, and children, as well as increase state funding for social services programs, and to continue the NCACC's opposition to mandated regionalization, including revisions to the annual written agreement process under G.S. 108A-74.
- **HHS-2:** Support continued state funding of Medicaid and support efforts to close coverage gaps.
- **HHS-3:** Support legislation for hold harmless provisions and staggered payment plans to control/cap the liability to counties under the Medicaid and NCHC overpayment recoupment plan, which holds counties financially responsible for the erroneous issuance of Medicaid benefits and Medicaid claim payments resulting when the county DSS takes any action that requires payment of Medicaid claims for an ineligible individual.
- **HHS-4:** Seek additional funding and preserve block grant allocations to increase access to high quality childcare, early childhood education, child welfare services, adult protective services and guardianship, including:
 - Women's and Children's Health Services Block Grant funding to local health departments for critical services like maternal health, child health and women's health services to address unfavorable infant mortality rates;
 - Home & Community Care Block Grant; Senior Center General Purpose Funds; Social Services and Human Services Block Grants; TANF; and
 - emergency childcare funding to ensure the safety and stability of our childcare system.

Finalized 2021 HHS Legislative Priorities

Health and Human Services, continued

Legislative Goals

- **HHS-5:** Support adequate funding and policy initiatives to support local health departments and public health services.
- **HHS-6:** Seek legislation to clarify and simplify the reaccreditation process for local health departments by aligning statutory and administrative code requirements; setting reaccreditation at five-year intervals; and making the process a contracted service between the N.C. Institute of Public Health and the governing body for the local health department.
- **HHS-7:** Increase state funding and support legislation for behavioral health services and facilities, including dedicated resources for community paramedicine projects; inpatient crisis beds; substance use disorders; specialty courts; individuals with mental health issues in county jails; and single stream funding for area authorities.
- **HHS-8:** Support legislation to improve processes and regulations to increase child support collections.
- **HHS-9:** Support legislation to ensure ROAP (Rural Operating Assistance Program) funding is restored for fiscal year 2021.

MH-SUD Updates

January 22, 2021

CMS Releases SUPPORT Act Guidance

Guidance for State Medicaid agencies on the implementation of requirements in section 1001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).

- The requirements promote the continuity of Medicaid coverage for at-risk youth who are inmates of public institutions.
- **States are prohibited from terminating the Medicaid eligibility of incarcerated “eligible juveniles.”*** The Guidance provides implementation options related to processing applications submitted by youth who are incarcerated, eligibility redetermination prior to release, and restoration of benefits upon release if individuals continue to be eligible.
- Learn more here: [Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions \(Section 1001 of the SUPPORT Act\)](#)

*Beneficiaries ≤ 21 years of age *and* individuals enrolled in the mandatory eligibility group for former foster care children

U.S. HHS Expands Access to Treatment for Opioid Use Disorder

- **Read a supplemental national policy article:** [Government Eliminates Waiver Requirement for Doctors Prescribing the Addiction Treatment Medication Buprenorphine – The National Academy for State Health Policy \(nashp.org\)](#)
- **Read the U.S. DHHS 1/14/2021 Press Release [here](#).**
 - OD deaths increased by 21% nationally in SFY2020.
 - Waives the DEA registration requirement for prescribing licensed physicians.
 - Physicians using the exemption will be limited to treating ≤ 30 patients with buprenorphine for opioid use disorder at any one time (cap does not apply to hospital-based physicians, such as ED physicians).
 - The exemption applies only to the prescription of drugs or formulations covered under the X-waiver of the Controlled Substances Act, such as buprenorphine; does not apply to the prescription, dispensation, or use of methadone for the treatment of OUD.