

May 4, 2018

TO: Executive Officers and Chief Financial Officers, Member Institutions

FROM: Ronnie Cook, Finance and Managed Care Consultant
rcook@ncha.org, 919-677-4225
Jeff Weegar, Vice President of Financial Policy
jweegar@ncha.org, 919-677-4231

NCHA Sends Letter to Congressman Jones Requesting Assistance with TRICARE Issues

In early December 2017, the North Carolina Healthcare Association (NCHA) began receiving numerous inquiries from our members regarding the transition to the new TRICARE East Regional Contractor, Humana Military. The inquiries outlined difficulties getting new providers enrolled, the inability to validate that current providers are properly enrolled and loaded into Humana's system, the inability to obtain authorizations and referrals until Wisconsin Physicians Services (WPS) also loads the providers into their claims processing system (even if Humana has the providers loaded into its system), and problems reaching Humana staff for assistance. NCHA reached out to Humana Military in mid- December 2017 and early 2018 for assistance. We shared staff contacts and other information provided by Humana with our members.

NCHA reached out to Humana Military again in April 2018 requesting a specific individual within Humana to accept responsibility for putting together a team to resolve these issues quickly and to assist our members. While Humana recently assigned someone to look at the issues with certain hospitals, we are concerned, based on the lack of progress since Jan. 1, that these issues will not be resolved timely. Thus, we reached out to Congressman Walter Jones requesting assistance in working with Humana Military to develop solutions to its operational and resource issues so that our members can better serve TRICARE beneficiaries.

NCHA understands that a letter will be sent from Congressman Jones to Vice Admiral Raquel Bono, Director of the Defense Health Agency (DHA). DHA is responsible for administering the TRICARE Health Plan.

NCHA's letter to Congressman Jones is available online here:

https://www.ncha.org/wp-content/uploads/2018/05/CongressmanJones_re-HumanMilitary_2018-04-30-Final.pdf.

Palmetto GBA Announces Updated Cost Report Re-Opening Guidelines

Effective May 1, 2018, Palmetto GBA's re-opening materiality threshold is increasing from \$5,000 to \$10,000. For cost report re-openings, the reimbursement impact at the time of the request must equal or exceed \$10,000 and will be applied to any re-opening request received on or after May 1, 2018. All supporting documentation should be submitted with the re-opening request and must include the reimbursement impact of the re-opening, itemized for each issue requested. The cost report reporting

request can be submitted either electronically (preferred method) at JMaudit.reopening@palmettogba.com or by mail. The complete Provider Communication can be found at <https://bit.ly/2HPZzHt>.

DMA Issues May 2018 Medicaid Bulletin

The May 2018 Medicaid Bulletin is available on the NC Division of Medical Assistance (DMA) website. The Medicaid Bulletin contains information about a variety of topics, including:

- Provider Risk Level Adjustment
- Update to the 340B Claim Modifier
- Coverage for Digital Breast Tomosynthesis
- Update: Pharmacy Behavioral Health Clinical Edits
- NPI Exemption List Extension to Aug. 31, 2018 - Update
- Medicaid Behavioral Health Provider Enrollment
- NC HealthConnex, State Designated Health Information Exchange, Connection Required by June 1, 2018

The May 2018 Medicaid Bulletin can be found at

<https://dma.ncdhhs.gov/documents/2018-medicaid-bulletin-and-index> by clicking on the Medicaid Bulletin 2018_05 link: https://files.nc.gov/ncdma/documents/Providers/Bulletins/Medicaid_Bulletin_2018_05.pdf.

DMA Issues April 2018 Medicaid Pharmacy Newsletter

The latest Medicaid Pharmacy Newsletter, dated April 2018, is now available on the NC Division of Medical Assistance (DMA) website. In addition to the May 2018 checkwrite schedule, this edition of the newsletter includes articles about:

- Pharmacy Behavioral Health Clinical Edits- Phase 3 Implementation set for May 14, 2018
- Preferred Brands Beginning May 2018
- Updated Prior Approval Criteria for Opioid Analgesics
- Generic Dispensing Fee Adjustments

The April 2018 Medicaid Pharmacy Newsletter can be found online at

<https://dma.ncdhhs.gov/documents/2018-pharmacy-newsletters> by clicking on the Pharm Newsletter 2018_04 link:

https://files.nc.gov/ncdma/documents/Providers/Programs_Services/Pharmacy/Pharm_News_2018_04.pdf.

United Healthcare Issues May 2018 Network Bulletin

The May 2018 United Healthcare Bulletin is now available on the United Healthcare website. The Bulletin includes medical policy, drug policy, coverage determination guidelines, utilization review guidelines, reimbursement policies, and quality of care guideline updates. The bulletin can be found by clicking on the May 2018 Network Bulletin link in the news section at <https://www.unitedhealthcareonline.com/>.

United Healthcare Issues May 2018 Medical Policy Update Bulletin

The United Healthcare Medical Policy Update Bulletin – May 2018 is online in the news section at <https://www.unitedhealthcareonline.com/>. This Bulletin provides complete details on United Healthcare Medical Policy, Drug Policy, and Coverage Determination Guideline updates.

Palmetto GBA Announces Provider Enrollment Application Status Tracker

Palmetto GBA announced that it will provide the following information through the Application Status Lookup Tool to assist providers in monitoring the status of their provider enrollment applications:

- Application received – initial screening not complete
- Initial screening complete – no additional information needed at this time
- Pending Provider response
- Pending Provider response 2nd request
- Provider response received
- Additional information request not received
- PECOS System update pending
- Claims system update pending
- Closed

The complete Provider Communication can be found at <https://bit.ly/2wcmO96>.

BCBSNC Adds Two New Provider Quality Reporting Measures

Blue Cross and Blue Shield of North Carolina (BCBSNC) announced that it is adding the following two new Provider Quality Reporting measures for both Medicare and non-Medicare populations for the period April 1, 2017 through March 31, 2018:

Controlling High Blood Pressure
Plan All-Cause Readmissions

The complete Provider Communications can be found at <https://www.bluecrossnc.com/provider-news/two-new-measures-added-provider-quality-reporting>.

BCBSNC Announces CMS Risk Validation Audits

Blue Cross and Blue Shield of North Carolina (BCBSNC) will be reaching out to providers to collect medical records for sample cases selected by the Centers for Medicaid & Medicare Services (CMS) as part of CMS’s National-Level Risk Adjustment Data Validation Audit (RADV). The audit process will begin in June 2018 after BCBSNC receives the sample of members from CMS. The complete Provider Communications can be found at <https://bit.ly/2jwPVdX>.

Please contact Ronnie Cook (rcook@ncha.org or 919-677-4225) or Jeff Weegar (jweegar@ncha.org or 919-677-4231) with any questions.