

July 13, 2018

TO: Hospital CEO, Government Relations Office, Regulatory Affairs

FROM: Mike Vicario, Vice President of Regulatory Affairs (919-677-4233) mvicario@ncha.org

SUBJECT: **Proposed Policy Changes: Medicaid and NC Health Choice**

The NC Division of Medical Assistance (DMA) has proposed several changes to its Acute Inpatient Hospital Service Clinical Coverage Policy (CCP) and to several of its Prior Approval Policies and Criteria. Among others, Policy 2A-1. Acute Inpatient Hospital Services includes proposed changes for reimbursement of behavioral health services provided to patients awaiting an inpatient psychiatric bed when they are admitted as inpatients.

See <https://dma.ncdhhs.gov/get-involved/proposed-medicaid-and-nc-health-choice-policies>.

- Section 1.0 of Policy 2A-1 amends the definition of inpatient services, also referencing Policy 8B, Inpatient Behavioral Health Services.
- Section 3.2.1(a) revises medical practice standards and (b) lists those services that are included as *Acute inpatient hospital services*.
- Section C of Attachment B refers licensed psychiatric facilities and units to Clinical Coverage Policy 8B.
- Section C also instructs general hospitals that are caring for beneficiaries receiving psychiatric care (with a psychiatric DRG) while awaiting a licensed inpatient psychiatric bed to submit claims to the Prepaid Inpatient Health Plan (PIHP) for reimbursement.
- The Policy also includes proposed changes that would affect Critical Access Hospitals and providers of Swing Bed and Rehabilitation services.

A draft of proposed changes to the North Carolina Medicaid and Health Choice Preferred Drug List (PDL) is also provided, with comments requested by July 20, 2018.

Comments on the proposed policies should be submitted to dma.webmedpolicy@dhhs.nc.gov in accordance with the deadlines established on the Division's website. Thank you for sharing a copy of your comments with mvicario@ncha.org.