

October 12, 2023

Ms. Sarah Gregosky
NC Department of Health and Human Services
820 S. Boylan Ave.
Raleigh, NC 27603

Dear Sarah,

On behalf of North Carolina's prepaid health plans (PHPs), we recognize and applaud the Department's ongoing support and advocacy to help successfully pass legislation this year adding Substance Abuse Intensive Outpatient (SAIOP), Substance Abuse Comprehensive Outpatient Treatment (SACOT) and social setting detox to the NC Medicaid Standard Plan service array.

Closing this loophole will be a critical step to help ensure timely access and continuity of care for North Carolinians battling addiction. With Medicaid expansion now firmly on the horizon, the significance of ensuring that Standard Plan members are able to access these important mid-level substance use disorder treatments cannot be understated. Thank you.

In order to operationalize this, and ensure high quality care and appropriate transition of members to the LME/MCO and Medicaid Direct, we would like to clarify a few issues:

Effective Date for SAIOP and SACOT – Is there an effective date that the PHPs are able to begin covering SAIOP and SACOT within the standard plan?

Social Setting Detox Clinical Coverage Policy and CSM Approval – The budget as approved indicates coverage of substance abuse intensive outpatient program, substance abuse comprehensive outpatient treatment and social setting detoxification. At this time, we have only seen clinical coverage policies under Medicaid for SAIOP and SACOT.

- Has social setting detox (ASAM 3.2) been approved by CMS for inclusion as a Medicaid covered service? We are currently aware only of the state policy for Social Setting Detox (YP790).

Tailored Plan Transitions – We would like to also confirm that SAIOP and SACOT remain as tailored plan qualifying services, and how members will be moved to the LME/MCO to support connection to tailored care management and other services.

- Will this be via a state data pull based on claims submission for H2035 and H0015, taking effect the first of the following month after the state receives the qualifying encounter? Or should we be expecting the SAIOP/SACOT providers to initiate the request to move process?

DHSR Licensing – At present, the provider enrollment files (PEF) from the state do not include information on the services for which the Department of Health Service Regulation (DHSR) has licensed a provider.

- When can the plans expect an update that would allow for the plans to have direct information from NCTracks regarding the services a mental health facility is licensed to provide?
- Without this information, there is risk of plans authorizing and paying for services a provider agency is not licensed to provide, as plans are not able to request additional credentialing materials from a provider.

Rates – Finally, we understand that the Department is currently in the process of determining reimbursements rates. PHPs would appreciate greater clarity on the following:

- Will reimbursement rates be aligned across the state or will rates align to LME rates in a region?
- When will reimbursement rates be determined?
- Given the possibility of access issues in some areas, if rates are not aligned, access for Standard plan members may be restricted.

Again, we really appreciate your partnership in expanding access to these important services for Standard Plan beneficiaries.

Sincerely,

Taylor Griffin