

DIVISION OF MEDICAL ASSISTANCE						
NC Medicaid Policies Annual Legislative Report						
\$500,000 < Per Year Legislative Report - Annual Report Due to Session Law 2013-360 - Total State/Federal Dollars						
State Fiscal Year 2013 (July 1, 2012- June 30, 2013)						
CLINICAL POLICY DESCRIPTION	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Assertive Community Treatment (ACT) Service - (8A) CT 2012.182 The policy was amended to update the Assertive Community Treatment (ACT) service to match the evidence-based model and to comply with model fidelity as measured by the Tool for Measurement of ACT (TMACT) under the Department of Justice (DOJ) agreement. Funds from DOJ available to cover cost of amending ACT.	No impact to eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair - (13B) CP 2008.23 New Coverage benefit available to all Medicaid beneficiaries who have bone anchored hearing aids, regardless of their age. DMA determined that these parts have been covered for children through the Purchase of Medical Care Services Program, thus the impact is only expected for adults.	The fiscal impact analysis indicates additional funds will be required.	\$5,696	\$6,142	\$6,601	\$7,073	Available fiscal analysis does not include this state fiscal year
Botulinum Toxin Treatment: Type A (Botox) and Type B (Myobloc) - 1B-1 CP 2007.3 The policy will be amended to add diagnosis codes for MMIS off label uses of Botox and other type A products and to add coverage for Dysport and Xeomin, type A products. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b).	No impact to eligibility and DMA projects stable utilization since these codes were previously approved manually. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Breast Surgeries - (1A-12) CPT 2012.88 Amendment to Subsection 3.2.6 to clarify, "The best candidates for breast reconstructive surgery are those whose cancer can be adequately treated by mastectomy plus or minus adjuvant therapy including chemotherapy and radiation therapy. The presence or absence of metastatic disease is not the controlling factor in whether a candidate is an appropriate candidate for breast reconstructive surgery."	No impact on eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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Community Alternatives Program for Individuals with Intellectual/Developmental Disabilities CAP IDD - (8M) CT 2013.176 This policy was terminated due to legislative mandate to move to the managed care model. 8M was the policy for the CAP IDD waiver.	There are currently no beneficiaries under the CAP IDD waiver (8M). However, these beneficiaries were transitioned to receive services under the Innovations Waiver, which is clinical coverage policy NC Innovations (8P). The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics (1D-4) CP 2011.95 The policy was amended to allow additional types of behavioral health practitioners other than a Licensed Clinical Social Worker or a psychologist to provide and bill for services under T1015 HI (other health visits). The fiscal impact analysis indicates additional funds will be required.	No impact on eligibility. Service utilization: DMA estimates an increase in these expenditures by 10% in the first year of implementation and an additional 3% in the second year.	\$45,174	\$58,726	\$58,726	\$58,726	Available fiscal analysis does not include this state fiscal year
Dental Services - (4A) CPT 2012.28 Amendment to update procedure codes: Procedure code D1203 (Topical application of fluoride - child) and D1204 (Topical application of fluoride - adult) were removed from policy. These codes were replaced with procedure code D1208 (Topical application of fluoride). The following procedure code descriptions were revised to replace the word "film" with "radiographic image codes." The procedure code description was also revised for procedure code D1206 (Topical application of fluoride varnish).	No impact to eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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Durable Medical Equipment - (5A) CP 2011.61 Amendment removing end-dated codes and adding new codes that are on the fee schedule, but not in policy. Adding coverage for several items currently approved under EPSDT. Coverage of these items is to allow processing of Prior Approval requests through HP (fiscal contractor), instead of through non-covered services performed by DMA staff.	No impact to eligibility as beneficiaries were already covered under EPSDT. Service utilization is expected to decrease for wheel chairs due to a change in medical necessity criteria. Prior Approval process will also change this function.	(\$235,604)	(\$235,133)	(\$234,663)	(\$234,193)	Available fiscal analysis does not include this state fiscal year
Electrocardiography, Echocardiography, and Intravascular Ultrasound - (1R-4) CT 2012.02 Amendment to stop covering CPT code 93278 (signal average ECG) as it is considered investigational and experimental. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b).	No impact to eligibility. Service Utilization: there will be a slight decrease due to ending coverage of CPT code 93278, however, in 2010 and 2011, only 48 incidences of this procedure were billed for a total billed amount of \$4,782.25 and a total paid amount of \$455.08. DMA has no reason to believe that the service utilization and expenditures for these procedures will be substantiatively different in SFY2012 and beyond for the NCHC population.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Available fiscal analysis does not include this state fiscal year
Electrodiagnostic Studies - (1A-27) 2013.136 This policy change updated certain procedure codes. Some codes were deleted and several new codes were added to better describe the services being performed, effective January 1, 2013.	No impact on eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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CLINICAL POLICY DESCRIPTION	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Hemophilia Specialty Pharmacy - (9B) CT 2012.173 This is a new policy to establish standards of care for pharmacies providing Hemophilia drugs to Medicaid beneficiaries, including assay management that will decrease unnecessary utilization of these high cost drugs. Hemophilia drugs are currently covered drugs. There is a legislative budget savings associated with this program.	No change to eligibility. The fiscal impact analysis indicates there is savings.	(\$3,888,392)	(\$9,798,748)	(\$9,414,226)	(\$9,884,938)	(\$10,379,184)
Home Health Services - (3A) CT 2012.18 The purpose of this amendment is to: Implement cost savings measures as directed in Session Law 2011-145, by reducing the allowable amount of skilled nursing visits for filling med-planners from weekly to every two weeks; placement of a 75 per beneficiary per year limit on nurse visits; and a 100 per beneficiary per year limit on nurse aide visits; limits, and prior approval requirements on T1999.	No change to eligibility. Decrease in service utilization. The fiscal impact analysis indicates there is savings.	(\$331,881)	(\$4,252,044)	(\$4,556,116)	(\$4,881,933)	(\$5,231,050)
IDD Targeted Case Management - (8N) CT 2013.150 This policy was terminated due to legislative mandate to move to the managed care model.	Eligibility and service utilization decrease to zero. The majority of case management activities are now provided by the Prepaid Inpatient Health Plan as an administrative function. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Implantable Bone Conduction Hearing Aids (1A-36) CT 2012.51 New Coverage available to Medicaid beneficiaries aged 5-20 that meet medical necessity criteria. Prior Approval will be required.	While this is a new coverage benefit, prior requests have been covered under EPSDT. As a result, net effect in both utilization and cost is zero. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

Data Source: DRIVE (Data Retrieval Information Verification Engine).

Impact Certification and OSBM Fiscal Note, Fiscal Impact Analysis Worksheet
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In-Home Care for Adults - (3E) CT 2012.159 This policy was terminated and replaced by Personal Care Services (PCS) (3L) posted 1/1/13.	A net reduction in total population served is projected. No change in service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
In-Home Care for Children - (3F) CT 2012.158 This policy was terminated and replaced by Personal Care Services (PCS) (3L) posted 1/1/13.	A net reduction in total population served is projected. No change in service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Innovations Waiver - (8P) CT 2012.171 A new policy, effective August 1, 2013, documenting existing waiver coverage for Medicaid beneficiaries. This policy does not apply to NCHC beneficiaries as it is a waiver. This policy provides coverage for beneficiaries transitioned from terminated CAP-I/DD (8M).	No change in service utilization. There is no change in coverage policy. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Intermediate Care Facilities for Individuals with Intellectual Disabilities - (8E) CT 2012.157 Session Law 2011-264 instructed DHHS to proceed with statewide restructuring of the management responsibilities for the delivery of services for individuals with mental illness, intellectual and developmental disabilities, and substance abuse disorders through expansion of the 1915(b)/(c) Medicaid Waiver. In accordance with this directive, section 5.1 was updated to include the MCOs as vendors for Prior Approval for ICF IID level of care.	No impact to eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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<p>Long Term Care Hospital (LTCH) - (2A) CPT 2012.178 This is a new designation for a specific type of hospital which has previously been covered under the umbrella of specialty hospitals in North Carolina. It also distinguishes a LTCH from a specialty hospital, which typically focuses on only one specific facet of medicine such as cancer, children, orthopedic or women. This does not apply to NCHC. This policy does not make any change in the services that are provided by these hospitals, nor does it increase any rates or costs.</p>	No impact on eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
<p>Orthotics & Prosthetics - (5B) CT 2012.132 The policy amendment added coverage for dynamic orthotic cranioplasty for non-synostotic plagiocephaly to allow for processing of prior approval requests through the fiscal agent's services instead of through non-covered services by DMA staff. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b).</p>	No impact on eligibility nor significant change in service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
<p>Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers - (8C) CT 2012.60 The policy amendment implemented several technical changes suggested by CMS and clarified the clinical expectations for outpatient behavioral health services in order to strengthen the policy. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b).</p>	No impact on eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
<p>Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers - (8C) CT 2013.60 8C_1 Amendment to add new mandated CPT codes, including the addition of crisis psychotherapy. Federal law requires that we use currently accepted CPT codes.</p>	No impact on eligibility. Service utilization should not be affected as the changes reflect the codes utilized in billing the same type services. The fiscal impact analysis of the policy information has been determined to be zero.	N/A	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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Outpatient Pharmacy Program - (9) BR 2011.12 Amendment to remove the pharmacy Opt-In Program, and to remove the monthly prescription limit. This change is due to a CMS requirement issued through the State Plan Amendment process for the removal of the Focused Risk Management (FORM) professional services fee to pharmacy providers.	No impact on eligibility and service utilization.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Reconstructive Surgery - (1-O-1) CT 2012.152 The policy amendment moved language from Subsection 4.2.1 Cosmetic Surgery, related to "excision of excessive skin," to Subsection 4.2.2 Reconstructive Surgery. Surgical area "abdomen" added to Subsection 4.2.2. Prior Approval is required for procedures that can be considered either cosmetic or reconstructive.	No impact on eligibility. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Routine Costs in Clinical Trial Services for Life Threatening Conditions - (1A-39) CT 2012.142 This new policy, mandated by Session Law 2011-145, Section 10.31 (d), documents Medicaid and NCHC coverage of routine costs in clinical trials for life threatening conditions in Phases II, III and IV of qualifying clinical trials. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b). The fiscal impact analysis of the policy information has been determined to be zero.	No impact on eligibility and service utilization. Medicaid and NCHC cover medically necessary routine beneficiary care costs in clinical trials in the same way it reimburses routine care for beneficiaries not in routine trials. The routine costs were already being paid.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Sleep Studies & Polysomnography Services - (1A-20) CT 2012.139 Policy amended to add coverage of code CPT 95806 and Prior Approval will be required.	No impact on eligibility. The fiscal impact analysis indicates there is savings.	(\$584,370)	(\$1,055,072)	(\$1,111,202)	(\$1,170,318)	(\$1,232,578)

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Special Ophthalmological - (1T-2) CP 2011.16 Amendment to add coverage for diabetic eye screening via fundus photography. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b).	No impact on eligibility. The amendment will have a fiscal impact as there will be a cost for the screening procedure. The fiscal impact analysis indicates additional funds will be required.	\$173,583	\$182,262	\$191,375	\$200,943	\$210,991
Surgery of the Lingual Frenulum - (1A-16) CT 2012.08 Amendment requiring no Prior Approval for beneficiary age one year and under when provided in the office setting (physician and dentist) and ICD-9-CM diagnosis code 750.0 describes the condition of the infant. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b). The fiscal impact analysis of the policy information has been determined to be zero.	No impact on eligibility. There may be an increase in service utilization, however it is anticipated to be minimal. Payment for services performed in the physician or dentist's office is more cost effective than performing the procedure in an outpatient clinic or an inpatient setting.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Total	N/A	(\$4,815,794)	(\$15,093,867)	(\$15,059,505)	(\$15,904,640)	(\$16,631,821)
Grand Total - (Projected savings over 5 years)	(\$67,505,627)					

Data Source: DRIVE (Data Retrieval Information Verification Engine),
Impact Certification and OSBM Fiscal Note, Fiscal Impact Analysis Worksheet
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NC Health Choice (NCHC) Policies Annual Legislative Report						
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State Fiscal Year 2013 (July 1, 2012 - June 30, 2013)						
Description of new, amended or terminated clinical coverage policy.	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Dental Services - (4A) CPT 2012.28 Amendment to update procedure codes: Procedure code D1203 (Topical application of fluoride - child) and D1204 (Topical application of fluoride - adult) were deleted. These codes were replaced with procedure code D1208 (Topical application of fluoride). The following procedure code descriptions were revised to replace the word "film" with "radiographic image codes." The procedure code description was also revised for procedure code D1206 (Topical application of fluoride varnish).	No impact to eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Electrodiagnostic Studies - (1A-27) 2013.136 This policy change updated certain procedure codes. Some codes were deleted and several new codes were added to better describe the services being performed, effective January 1, 2013.	No impact on eligibility and service utilization. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Genetic Testing for Breast and Ovarian Cancer - NCHC 2010.002 The NCHC policy was terminated due to pending Medicaid policy.	Due to service utilization the fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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Description of new, amended or terminated clinical coverage policy.	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Hemophilia Specialty Pharmacy - (9B) CT 2012.173 This is a new policy to establish standards of care for pharmacies providing Hemophilia drugs to NCHC beneficiaries due to SL 2012-142. Hemophilia drugs are currently covered drugs.	The fiscal impact analysis indicates there will be savings in Medicaid. FY 2013 Cost for Medicaid and NCHC: Due to the high cost of the diagnosis and treatment, beneficiaries are eligible under Medicaid rather than NCHC.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers - (8C) 2013.60 8C_1 Amendment to add new CPT codes, including the addition of crisis psychotherapy. Federal law requires that we use currently accepted CPT codes.	No impact on eligibility. Service utilization should not be affected as the changes reflect the codes utilized in billing the same type services. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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State Fiscal Year 2013 (July 1, 2012 - June 30, 2013)						
Description of new, amended or terminated clinical coverage policy.	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Reconstructive Surgery - (1-O-1) CT 2012.152 The policy amendment moved language from Subsection 4.2.1 Cosmetic Surgery, related to "excision of excessive skin," to Subsection 4.2.2 Reconstructive Surgery . Surgical area "abdomen" added to Subsection 4.2.2. Prior Approval is required for procedures that can be considered either cosmetic or reconstructive.	No impact on eligibility. The fiscal impact analysis of the policy information has been determined to be zero.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact

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Description of new, amended or terminated clinical coverage policy.	Fiscal Impact	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Routine Costs in Clinical Trial Services for Life Threatening Conditions - (1A-13) CT 2012.142 This new policy, mandated by Session Law 2011-145, Section 10.31 (d), documents Medicaid and NCHC coverage of routine costs in clinical trials for life threatening conditions in Phases II, III and IV of qualifying clinical trials. The health benefits coverage under NCHC shall be equivalent to coverage under Medicaid according to Session Law 2011-145 section 10.41 (b). The fiscal impact analysis of the policy information has been determined to be zero.	No impact on eligibility and service utilization. Medicaid and NCHC cover medically necessary routine beneficiary care costs in clinical trials in the same way it reimburses routine care for beneficiaries not in routine trials. The routine costs were already being paid.	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact	Zero fiscal impact
Sleep Studies & Polysomnography Services - (1A-20) CT 2012.139 Policy amended to add coverage of code CPT 95806 and Prior Approval will be required.	No impact on eligibility. The fiscal impact analysis indicates there is a savings.	(\$7,705)	(\$13,911)	(\$14,651)	(\$15,430)	(\$16,252)
Total	N/A	(\$7,705)	(\$13,911)	(\$14,651)	(\$15,430)	(\$16,252)
Grand Total - (Projected savings over 5 years)	(\$67, 949)					