



**MEDICAL CARE ADVISORY COMMITTEE (MCAC)**  
**TELECONFERENCE MEETING MINUTES**  
**10:30 AM– 12:00 NOON**  
**JUNE 19, 2020**

Teleconference: Dial-in No.: 866-390-1828 (Access Code: 4586030)

---

The MCAC Meeting was held via teleconference on Friday, June 19, 2020 (10:30 a.m. -12:00 p.m.).

### ATTENDEES

**MCAC Members:** Gary Massey, MCAC Chairman

**MCAC Members via Telephone:** Marilyn Pearson, MCAC Vice Chair, Samuel Clark, David Tayloe, III, Benjamin Smith, Steven Small, Ivan Belov, Chris DeRienzo, Casey Cooper, Billy West, Jr., Thomas Johnson, Ted Goins, David Sumpter, Paula Cox Fishman, Benjamin Koren, Jenny Hobbs

**MCAC Interested Parties via Telephone:** Lee Dobson, Robin Huffman

**DHB Staff:** Dave Richard, Jay Ludlam, Debra Farrington, Patrick Doyle, Andrea Phillips, Linda Provanzo, Pamela Beatty

### CALL TO ORDER

**Gary Massey, MCAC Chair**

- Chair Massey called the MCAC meeting to order at 10:30 a.m. followed by a roll call of the members. Pamela Beatty declared a quorum. Chairman Massey entertained a motion to approve the March 2020 MCAC meeting minutes. Minutes were approved by the Committee. Chairman Massey directed attention to the Written Clinical Policy Report and State Plan Amendments (SPA) list included in the meeting packets for comments.

### OPENING REMARKS:

**Dave Richard, Deputy Secretary, NC Medicaid**

- Dave applauded the DHHS and Medicaid staff for their tremendous work in responding so swiftly to address COVID-19 issues. Dave further stated he cannot say enough about Secretary Mandy Cohen's leadership and the decisions being made to protect the health of North Carolina citizens. Dave added, without the support of Medicaid beneficiaries and the provider community, our response could not have been as good as it has been.
- The Department has been working closely with CMS to make policy changes in consideration of the financial impact on providers. The Department is very pleased with the provider community and has managed to use Medicaid dollars to support primary care providers, FQHCs, public health, hospitals, behavioral health providers across the board, and long-term care facilities, Dave remarked.
- Medicaid efforts to provide rate increases across the board have been successful; particularly for providers who are facing struggles in the midst of COVID.
- Dave gave the following high-level update on the legislative process and what is taking place inside the NC General Assembly.

#### NC State Budget

- General Assembly is in town and working with the Governor's office to create what they think are the best options for the NC State Budget.
- NC DHHS and the NC Medicaid program in particular must have an adequate budget rebase to continue the Medicaid program as it is today along with enrollment and program changes. This year, the rebase is a very high number and is driven by the COVID responses, enrollment and eligibility changes because of the federal rules that restrict redeterminations.

### **Proposed Senate Bill 808**

- Directs the implementation of Managed Care no later than July 1, 2021 and provides funds to do the transformation work required. If the Department does not meet the target date, it is required to pay Health Plans. Non-regional Health Plan payments will be prorated. Discussions are ongoing about this requirement.
- DHHS will remain in Wake County and will not move to Granville County.
- Funds from the CARES Act will be available to provide behavioral health and crisis services.
- Dave concluded with saying the Department will provide an update based on actions by the General Assembly.
- Chairman Massey opened the floor for comments and questions.

### **MEDICAID MANAGED CARE UPDATE**

#### ***Jay Ludlam, Assistant Secretary, NC Medicaid***

- Jay shared that he has been assisting the Department with COVID contact tracing and testing efforts and provided a high-level overview of guiding principles and progress to date. Focus has been on the following:
  - How to address the specific nature of how COVID has presented itself in North Carolina.
  - Identifying historically marginalized populations (African Americans, Latinos, Native Americans) who are disproportionately affected by COVID.
    - Working on different initiatives related to historically marginalized populations. Recently released a procurement of contact tracers, testing vendors, and additional lab capacity. The Department intends to identify qualified vendors today, June 19, 2020. The Request for Qualifications (RFQ) process will be opened again on July 1, 2020 and will continue to be opened every month or 45 days to obtain new parties.
  - Equity and access to testing
    - Over 500 testing sites have been opened; trying to identify other testing sites to open through the RFQ process.
    - Key metric that drive goals is to expand lab capacity. Looking for community-based, historically marginalized population labs owned by minorities and women.
  - Contact tracing strategies
    - Local Health Departments staff supporting contract tracing efforts.
    - Contract with CCNC for hired staff. Need qualified staff who understand public health principles, who are trained on our technology platforms, specialized in multiple languages and understands the culture to support contact tracing.
  - The Department is trying to create a sustainable infrastructure throughout NC for support after this pandemic or for reuse in a different context such as the flu.
  - Utilize and refine our ability to use data to drive the deployment of resources to operationally scale up and respond to the virus.
  - Remain people focused – the Department is working through our decentralized local health department system, FOHCs, faith based and community leaders.
- Chairman Massey opened the floor for questions and comments. There were none.

### **NC MEDICAID COVID-19 RESPONSE UPDATE**

#### ***Shannon Dowler, Chief Medical Officer, NC Medicaid***

- Dr. Dowler provided an overview of the NC Medicaid Clinical (phased approach) response to COVID. The phases were developed the beginning of March and happened much faster than expected. Services impacted in the clinical policy arena included:
  - Pharmacy
  - Durable Medical Equipment (DME)
  - Virtual Health
  - Long-term Care and the Waiver Appendixes
- March and April were largely consumed with modernizing Medicaid's Virtual and Telehealth capabilities. Highlighted below are some of the virtual health capabilities implemented by the Department:
  - Telephonic and portal communication followed by rapid telehealth provisions.
  - Innovative work around prenatal services
  - Well Child Care telehealth
  - Creation of a hybrid home telehealth visit. We are currently tracking its progress in the field.
  - Bidirectional Communication was important to our team; therefore, weekly webinars with providers started in March 2020 with 800-900 providers in the first webinar and approximately 1400 providers in the second webinar.

- Dedicated Medicaid COVID email for individuals to send questions directly.
- Created various ways to support Medicaid Medical Homes and specialty care, including payments and adjustments, to ensure robust patient access to care.
- Tracked provider concerns through connections with CCNC and AHEC and our provider outreach.
- NC DHHS Medicaid implemented 125 telehealth flexibilities spanning almost 500 codes within a short period of time. The normal process to make a policy change with CMS is approximately nine months.
- Dr. Dowler highlighted telehealth utilization data captured by our Medicaid Quality and Evaluation Team to determine what people are using and whether telehealth makes a difference in a positive or negative way. This data will also determine how Medicaid will provide telehealth. The Department is continuing to study this.
- In collaboration with AHEC, the Department developed a provider outreach map. This hotspot mapping tool will identify which practices were not using telehealth and support them in using telehealth in their practices.
- Dr. Dowler referenced Patient/Consumer Telehealth Resources with links found in her slide deck (page 14) and a video created with practices throughout the State emphasizing the importance of telehealth, and how they were using it in their practices. The Department's Consumer Engagement Workgroup is continuing to work on this.
- The Department ranked the telehealth and virtual flexibilities that the Transitioning and Preserving Workgroup recommended keeping. It is not appropriate for all provisions/flexibilities to remain on; some maybe pandemic specific. The Department will use the circuit breaker process to flip provisions on or off. This process is still being worked through and will have authority and financial reviews.
- Provided insight on various preventive care gaps and worsening health disparities resulting from COVID and not having access to care. The Department is rapidly working with AHEC and CCNC to close the care gap with preventive care and immunizations for children.
- Dr. Dowler closed with insight on the health equity work in Medicaid and getting back to normal.
- Chairman Massey opened the floor for questions. There were none.

## **MEDICAID BUDGET UPDATE**

### ***Adam Levinson, Chief Financial Officer, NC Medicaid***

- Adam provided a high-level NC Medicaid Financial update to include the following:
  - Current Year Actual Expenditures v. Budget
    - NC Medicaid will finish SFY below budget with reversion to the State. The question now is how we can support the provider community and plan for the next year. This will be very challenging given the uncertainty around COVID-19 and the decrease in the State's revenue, Adam stated.
  - Expenditures by Service Category and Enrollment Group
    - Expenditures were up over the prior year and was expected based on inflationary services and provider rate increases (dental, physician, capitation rates for LME/MCO, PACE).
  - Factors Affecting Current Year Expenditures
    - Significant reason for the NC Medicaid budget surplus at the end of the year is the 6.2% FMAP increase states received, retroactive to January 1 and extending through the end of the public health emergency.
  - Factors Affecting Expenditures for SFY 2020-21
    - State revenue availability (OSBM/G.A. project a \$2.6 billion shortfall)
    - Length of the public health emergency
      - Gains from FMAP vs Auto-extension
      - Provider Rate increases
      - Growth in Medicaid populations as a result of the recession.
- Chairman Massey opened the floor for questions and comments.

## **PUBLIC COMMENTS**

- Dr. Joel Kelly, NC Foot Ankle Society, wanted to make sure the Committee was aware that some North Carolina podiatrists who were recently treating lower extremity wounds have been refused by the NC Medicaid system to order wound vacs. Quoting the DME requirement that only a physician, physician assistant, or nurse practitioner may order DME equipment which excludes podiatrists. This is causing a lot of hoops for the patient and doctor to jump through and limits access to the required health services. Dr. Kelly stated that he hopes this issue can be resolved. Dr. Joel requested his comment be recorded in the minutes and appear on a future agenda.

#### CLOSING REMARKS BY THE CHAIRMAN

- Chair Massey expressed appreciation to the DHHS and Medicaid staff for how they have stepped up and are meeting the pandemic challenges.
- Announced Chris DeRienzo, MCAC Member, representing the 10<sup>th</sup> Congressional District has relocated and taken a new position with Wake Med. The Department will be looking for a replacement on the MCAC to represent the 10<sup>th</sup> Congressional District. Chairman Massey thanked Chris for his service during the past couple of years.
- Next MCAC meeting is scheduled for September 18, 2020.

#### MEETING ADJOURNED