



**MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES**  
**10:30 AM – 12:30 PM**  
**MARCH 19, 2021**

Teleconference: Dial-in No: 984-204-1487 (Conference ID: 184 832 065#)

The MCAC meeting was held via Microsoft Teams on Friday, March 19, 2021 at 10:30 a.m. -12:30 p.m.

**MCAC MEMBER PARTICIPATION**

Gary Massey, MCAC Chairman, Marilyn Pearson, MCAC Vice Chair, Kim Schwartz, David Tayloe, III, Benjamin Smith, William (Trent) Cockerham, Steven Small, Ivan Belov, Billy West, Jr., Thomas Johnson, Ted Goins, David Sumpter, Paula Cox Fishman, Jenny Hobbs

**CALL TO ORDER**

*Gary Massey, MCAC Chair*

Chairman 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 December 11, 2020 MCAC meeting minutes. Minutes were approved by the Committee. Chairman Massey referenced the Written Clinical Policy Report, State Plan Amendments (SPA) list, and the MCAC Subcommittees Activities Update included in the meeting packets for comments.

**MEDICAID MANAGED CARE UPDATE**

*Jay Ludlam, Assistant Secretary, NC Medicaid*

- Jay provided an overview of the official managed care launch, open enrollment statistics and key milestones, an explanation of where we are from a project perspective, work we are doing to support our beneficiaries, current activities, provider resources, and health plans readiness.

**Beneficiary Focus**

- March 15, 2021: Open enrollment officially began for the Medicaid Managed Care Standard Plan Program. Jay thanked the Committee for its leadership, advocacy, and insights provided to the Department and Medicaid team that we were able to tailor our program in ways both financially and programmatically to support their work and the beneficiaries.
- April 15, 2021: Post cards will be sent to beneficiaries reminding them that open enrollment will continue through May 14th.
- May 15, 2021: Auto enrollment will begin based on information in our system followed by transition of care activities.
- On July 1, 2021: Medicaid beneficiaries who are eligible will start receiving same services received on June 30, 2021 and our providers will receive payment.
- Include investments over the past year through our call center to handle calls regarding PCP reassignment, eligibility, COVID resources, and Managed Care. Medicaid policy resources are also available for our beneficiaries, providers, and our county partners.
- Medicaid beneficiaries are being educated via radio, tv, and social media advertising campaigns – "All Paths Lead to Better Health" – in English and Spanish, encouraging engagement with our Enrollment Broker. This campaign is driven by the Department.
- A knowledge database and user-friendly beneficiary portal is available with additional resources to allow beneficiaries to research resources provided.
- CMS approval of member handbooks is pending.

- Managed Care integration testing is important to us and is taking place to garner understanding of potential issues, contingencies, and mitigations that may derive. The Department is also working with our county Department of Social Services (DSS) to ensure readiness.
- Readiness reviews are currently taking place and measuring health and readiness in five dimensions. Upon go live, the Department will continue to audit/review the health plans to ensure they are following our contract expectations and regulatory commitments.

#### **Provider Focus**

- The recommended deadline for AMH Tier 3s and PCPs is for April 12, 2021. All providers are encouraged to complete their contracting with all five of our health plans by April 12, 2021.
- Provider contracting is important and is permissible after July 1, 2021, if providers fail to do so by April 12, 2021.
- A provider ombudsman is available for providers with questions regarding contracting. There is a phone number and an email address for questions.
- AHEC will support the Department with coaching programs and additional technical assistance to support providers in the field.
- Website is available with links to manuals, state-approved contract templates, and member handbooks that are utilized by the health plans.
- Chairman Massey opened the floor for questions from the Committee members.
- Billy West (MCAC Member) inquired about clarity on signing up with a prepaid plan or risk getting paid 90% of the published Medicaid rate. What rate is the 90%? Jay replied, his understanding is that it is the published State rate not the blended rate which is referred to as the fee schedule.
- Jay will provide a written update on the behavioral health 2012 State fee schedule. The Department is working internally to correct
- Billy further commented that the rate schedule is one of two sticking points for providers to sign up with health plans. Rates and contract language are huge issues in many cases.
- Dave Tayloe (MCAC) commented that a few providers contracted with a PHP, but some of their providers, or the practice itself, is not showing up on the website. Is there any sort of leverage you guys could place to have some of this information updated and uploaded as quickly as possible? That would be super helpful. Jay replied, sharing this information with us is really helpful as those specifics allow us to engage the health plans very directly on resolving those issues. It is also important to us if you can share this information through the Ombudsman.

#### **MEDICAID BUDGET UPDATE**

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

- Overall, the Medicaid membership, excluding family planning, has grown 15% since March of 2020.
- Average Annual Enrollment by PAC (in Thousands) – Medicaid average membership forecasted to grow 8% through 2021
- NC Medicaid SFY 2020-21: Actuals vs. Prior Year – As of January 2021, NC Medicaid has spent approximately \$502 million (21.3%) less than the prior year at this time.
- NC Medicaid SFY 2020-21: Actuals vs. Budget – As of January 2021, NC Medicaid has spent approximately \$1.8b (45%) of the authorized appropriations budget.
- Provided several reasons why spending for the current fiscal year is below projections.
- Actual vs. Forecasted Spending (Through 3/2) is 20% below expected spend.
- Highlighted NC Medicaid Expenditures by Service Category
- Looking ahead to SFY 2021-23 Biennium, there are several factors anticipated to drive estimates:
  - Long-term economic effects on enrollment
  - PHE impacts on FMAP, enrollment, and policy
  - Managed Care launch and claims run-out
- Adam closed by saying the Public Health Emergency extension will prevent Medicaid from exceeding its budget.
- Chairman Massey opened the floor for questions from Committee members.
- Chairman Massey asked which fiscal year the Public Health Emergency. Which fiscal year are we referencing? Adam replied, the letter indicated the calendar year at least.
- Chairman Massey asked when the additional funding for the PHPs will become available. Jay Ludlam responded that we owe CMS a proposal on our draft rates by the end of the month. Therefore, we are

fast approaching a number of different decisions. Chairman Massey followed up by stating the Committee is looking forward to a follow up on these rates issue.

#### **DEPUTY SECRETARY REMARKS:**

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

- Dave expressed gratitude to the to the MCAC members for their commitment to serve.
- Dave highlighted the following aspects of the American Rescue Plan pertaining to the Medicaid program:
  - The American Rescue Plan Act increases the federal matching rate (FMAP) by 10% for a year for improvement in home and community based services as well as behavioral health services covered by the Medicaid program.
  - The ability for the Medicaid Program to submit a state plan amendment to address the issues of postpartum care and provide coverage up to 12 months after the birth of a child. Conversations regarding this matter with members of the General Assembly are forthcoming.
  - The American Rescue Plan Act also allows a 5% FMAP increase for States that have not expanded their Medicaid Program.
- There is interest in going live with the tailored plans in July 2022. There is also lots of noise around five counties wanting to disengage from Cardinal Innovations. Dave assured the Committee there is a legislative process and rules that direct the DHHS Secretary on how she makes decisions/determinations on this matter. The counties have to submit a packet to us and we have 90 days to make a decision.
- Kim Schwartz commented on the presentation and endorsed the expansion of the pregnant women's program with excitement that the General Assembly is looking at it, as well. Echoed the importance of Medicaid expansion and some of the work done collectively in regard to the workforce issue. Kim stated she is feeling anxieties and pressures from many folks pertaining to the workforce issues for Medicaid expansion and asked Dave to keep in mind that supplemental funding is needed for workforce issues as we move to navigate and move forward.
- Chairman Massey requested an interim meeting in May before our next scheduled meeting in June. There are lots of good things going on and the Committee wants to be a part of that.

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

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

- Shannon provided an update on telehealth. Dramatic changes were made to our telehealth provisions and we are studying and tracking the flexibilities that we want to keep on.
- NC Medicaid has established a position nationally by advising other states on how they can analyze telehealth services and look at them from an ongoing perspective.
- The Department has decided to keep codes on permanently for behavioral health counseling, speech therapy, physiotherapy, and respiratory therapy based on how these services were utilized and feedback from the field in telehealth.
- The audit team is looking at telehealth from a prospective of where there could be telehealth utilization that does not feel right and monitoring it for fraud and abuse.
- Regarding medical homes, DHB is currently testing panel assignment lists with volunteer practices (Peds, Internal Med, Family Med, FOHCs) for accuracy before transitioning to Managed Care.
- Glide path payments were launched this month to enhance extra payments for AMH Tier 3 practices who have successfully attested to glidepath requirements.
- Shannon provided an overview of the Health Opportunities Screening, Assessment and Referral Payment (HOSAR). We have turned on HOSAR for a time limit of 6 months. We created a generous payment for practices who are screening and identify social determinants of health needs to close care gaps.
- Medicaid quality reports (public reporting of performance) will be available on the website soon.
- NC Medicaid is focusing on health equity and doing a lot with health plans in Medicaid direct to improve health disparities. Enhanced time limited payments for six months per member per month will be provided to help drive health equity and close care gaps. Surveys will be provided to help us evaluate the process.
- Lastly, Shannon stated the influenza expenditure for Tamiflu was unexpectedly low during the flu season. Normally, we spend millions of dollars whereas this year we spent approximately \$60K on Tamiflu. This is a positive from the pandemic as result of washing hands, masks, and social distancing.

- Chairman Massey opened the floor for questions from the Committee members.
- Chairman Massey asked if PACE programs qualify for the health equity increased payments for the populations they serve? Shannon's understanding is that PACE is capitated and would not fall into the category. Sandra Terrell confirmed. Chairman Massey suggested as the Department looks at new dollars, to consider incorporating increased payments for PACE.
- **DIRECT CARE WORKFORCE CRISIS UPDATE**  
*Ted Goins, MCAC Member*
  - A number of organizations that are involved in the Direct Care Workforce Crisis Workgroup and others are coalescing around some state legislation to at least raise the issue of a living wage for NCDHHS. Ted stated that he hopes the MCAC will have an opportunity to discuss and support that legislation at the next meeting similarly to the position that we took on with Medicaid expansion.
  - Future Care of NC received a contract with North Carolina for a \$2.7 million dollar civil money penalty Caregivers NC Workforce grant. This is a positive step in the right direction. The objective is to recruit 4,000 new CNAs in North Carolina. This is directly related to nursing homes. The program has been successful in Wisconsin, and we hope to be able to replicate this in North Carolina.

### **PUBLIC COMMENTS**

- There were no public comments.

### **CLOSING REMARKS**

- Chair Massey thanked everyone for their participation and reminded them to email Pamela Beatty noting their participation on today's call. Announced the next MCAC Meeting is scheduled for June 16, 2021.
- MCAC is in need of additional committee members. Congressional Districts 6, 10 and 13 are missing representation. If you know of possible participants, please reach out to Pamela Beatty and Debra Farrington. Please keep in mind we need a good balance of diversity in that representation.
- Chairman Massey commented that we have had good discussions today and want to keep the momentum going as well as provide support to the staff and the Department. Pamela Beatty will schedule an interim meeting in May. Appreciate the efforts of the Department during these challenging times. NC has truly been at the forefront and doing a great job.

### **MEETING ADJOURNED**