



**MEDICAL CARE ADVISORY COMMITTEE (MCAC)  
TELECONFERENCE MEETING MINUTES  
MARCH 20, 2020**

NC Medicaid, Kirby Building-Room 132, 1985 Umstead Drive, Raleigh, NC  
Teleconference: Dial-in No.: 866-390-1828 (Access Code: 4586030)

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The MCAC Meeting was held via teleconference on Friday, March 20, 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, Kim Schwartz, Samuel Clark, Benjamin Smith, Steven Small, Chris DeRienzo, Billy West, Jr., Thomas Johnson, Ted Goins, David Sumpter, Paula Cox Fishman, Jenny Hobbs

**MCAC Interested Parties via Telephone:** Tara Fields, Michelle Bucknor

**DHB Staff:** Dave Richard, Jay Ludlam, Debra Farrington, Shazia Keller, Patrick Doyle, Andrea Phillips, 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 member roll call and introduction of staff. Pamela Beatty declared a quorum. Chairman Massey entertained a motion to approve the December 13, 2019 MCAC meeting minutes. Kim Schwartz motioned to approve the minutes and Paula Cox-Fishman seconded. 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 shared the following DHHS and NC Medicaid response plans to COVID-19 and encouraged all to use the COVID-19 website (<https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources>) for new guidance posted daily.
  - NC Medicaid Section 1135 Waiver request was submitted to the Centers for Medicare and Medicaid (CMS). If approved, the Waiver will provide significant flexibilities for NC Medicaid beneficiary services.
  - An Appendix K was also submitted to CMS for approval of flexibilities for beneficiary services received through our NC Medicaid Community Alternative Programs for Children and Disabled Adults (CAP/C and CAP/DA), Innovations Waiver, and Traumatic Brain Injury (TBI) Waiver.
  - The Department sent a four-page letter to the LME/MCOs outlining steps to support provider services to Medicaid beneficiaries during COVID-19.
- Dave announced the federal Medicaid FMAP was increased by 6.2% due to COVID 19, which is a big help to NC Medicaid. The Department is working to determine how the additional funding will be used.
- Dave stated he is incredibly impressed with the work being done by the legislators, Secretary Cohen and public health teams to reduce the curve and keep everyone healthy.

## NC MEDICAID COVID-19 RESPONSE UPDATE

*Shannon Dowler, Chief Medical Officer, NC Medicaid*

- Shannon provided an extensive overview on rapid cycles of improvements and NC Medicaid clinical policy modifications in the areas of decreasing exposure of COVID-19 to our high-risk vulnerable populations and increasing access to care for patients who need care. Emphasis was placed on telehealth provisions, aligning codes and billing, and decreasing the burden of provider care for Medicaid beneficiaries.
- Interactive webinars, specifically for providers, regarding Medicaid policy updates are held weekly and include question and answer sessions. A variety of other forums are also being held for giving and receiving communication.
- The Department is leading the NC Payers Council and holding discussions with State payers on aligning codes and billing as well as messaging to reduce administrative burden on medical and behavioral providers.
- NC Medicaid is working in a phased approach in response to COVID 19. Phase 1 included the removal of administrative burdens and prior approval authorizations, extended access to prescriptions for beneficiaries, and adding telephonic billing codes for medical and behavioral providers to care for patients by telephone.
- Phase 2 will begin March 23, 2020 and include the following: 1) telephonic billing codes will be turned on in the system, 3) limitations and walls will be removed on personal care and private duty nursing, 4) virtual patient communication codes will be turned on to allow patients and providers to communicate, 5) provider consultation code for virtual patient consults, 6) telehealth codes will be turned on in waves because of the large number of providers interested in telehealth provisions. Each set of providers will have different codes and guidance to follow; therefore, it will be broken in waves and triaged.
- Guidance for turning on the next wave of codes is forthcoming and will include specialized therapies, dental, optometry, diabetes education, well care and immunizations for infants, small children, and minimizing COVID exposure to pregnant women.
- Shannon cautiously reminded everyone that not all of the codes the Department is turning on in response to COVID 19 will remain on after the pandemic ends. The Department's goal is to keep as many codes on as possible but will have to look closely at outcomes and costs.
- Chairman Massey opened the floor for questions and comments from the Committee; there were none.

## MEDICAID MANAGED CARE UPDATE

*Jay Ludlam, Assistant Secretary, NC Medicaid*

- Managed Care remains suspended pending approval of the right budget. The Department has shifted its focus and resources from Medicaid Transformation to address COVID 19. Our top priority is our 1135 Waiver and Appendix K to implement many of the changes that Shannon Dowler outlined.
  - Approximately 85% of our staff is teleworking, in consistent with Governor Cooper's executive order, and is prepared for the next phases of implementation. We are working with those that could not transition immediately. We have pivoted the project management resources of Accenture to support us so that we have the same kind of professionalism we had with Medicaid Transformation. NC Medicaid staff is available to you, their provider associations, and will be checking office voicemails and emails.
  - Jay echoed Shannon Dowler by asking participants to send their emails to our centralized COVID email as we are trying to be as transparent as possible to address issues in the field.
  - Chair Gary Massey opened the floor for questions or comments.
  - Vice Chair, Marilyn Pearson thanked staff for what they are doing at the State level to make it easy for providers to take care of patients, and asked for a status on paramedics' transportation reimbursement?
  - Shannon Dowler responded; we do have reimbursement rates for the treatment of transport and will be turned on Monday, March 23, 2020. A bulletin regarding the treatment of transport should be made available on Monday as well. In the next phase, we will be thinking about the use of paramedics for home visits and building reimbursement rates.

## MEDICAID BUDGET UPDATE

*Adam Levinson, Chief Financial Officer, NC Medicaid*

- Adam stated the Department's primary focus is currently on making sure we have the funding to support current initiatives or interventions to support providers in continuing Medicaid beneficiaries' care during COVID-19 and making sure we can handle the increase of new services that Shannon addressed.

- Adam proceeded with a NC Medicaid Financial Update to include the following:
  - Looking back on NC Medicaid and NC Health Choice expenditures over the past five SFYs:
    - Growth in total Medicaid expenditures, appropriations have been relatively flat.
    - Scheduled increases in the federal match rate have decreased the amount of appropriations expended on Health Choice. The federal match scheduled to drop back to 88% in SFY 2019-20, 77% in 2020-21.
  - Current State Fiscal Year (SFY) 2019-20 status was provided:
    - Actual Spend versus Budget
    - Factors Affecting Current Year Expenditures
  - SFY 2019-20 Budget Outlook/Risk
- Chair Massey opened the floor for questions and/or comments. Adam Levinson, Jay Ludlam, and Dave Richard responded to the following questions and comments from the Committee members:
  - Chair Massey asked about the likelihood of using some of the increased federal FMAP funds in this SFY year. Also, how is provider billing being impacted by their back office operations during COVID?
  - Sam Clark commented on the possibility of temporarily delaying provider assessments during COVID-19. Sam also suggested placing an extension on medical provider cost reports filings as it is now a bad time for providers to have recoupment funds taken from their checks. Sam asked if those funds can be reversed?
  - Duncan Sumpter asked about efforts from the State level to ensure that the basic Behavioral Health and Primary Care services are kept in place to avoid emergency room visits.
  - Kim Schwartz expressed excitement about the provision of telehealth and emphasized to Dave, “**the telehealth day has finally come**”. Kim thanked the Department for what it is doing. She also commented that FQHCs are meeting regularly and are on the frontline with our health departments and hospitals at COVID testing sites
  - Vice Chair, Marilyn Pearson, commented that public health departments are very busy trying to do some COVID testing. Some health departments have limited testing and are trying to coordinate services with their partners and hospitals in the communities. UNC hospital has set up Respiratory Diagnostic Centers (RDCs) with one in Johnson County.
  - Billy West thanked the Department for the work being done, for acknowledging the importance of behavioral health, and keeping it going during this time and beyond.

### DIRECT CARE WORKER CRISIS

#### *Ted Goins, MCAC Member*

- Acknowledged that our State and local direct healthcare workers and public servants are finally getting the respect they have always deserved, even though it took a pandemic. A quality direct healthcare workforce is critical for our Health and Human Services system across the State never more so than today. Our Direct Care Workforce Crisis Workgroup continues and is scheduled to meet on May 4, 2020 but may get moved up due to this crisis.
- Ted stated the workgroup is still working on initiatives including the Civil Monetary Penalty Grants. Providers are beginning to see the crisis and shortage of direct healthcare workers. NC Healthcare Facilities Association and other provider groups are working with the State to loosen regulatory restrictions to address and support our direct care worker crisis. Ted thanked all for the collaboration to battle the COVID crisis.

### PUBLIC COMMENTS

- Chair Massey opened the floor to public comments; there were none.

### CLOSING REMARKS

- Chair Massey reminded all to take a look at the Written Report and other information in the meeting packet. Chairman Massey expressed appreciation to Dave and staff for all the good work and thanked everyone for joining the call.

### MEETING ADJOURNED