

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE TELECONFERENCE MEETING  
October 26 2017

DMA Kirby Building, 1985 Umstead Drive, Conference Room 132, Raleigh, NC  
Teleconference No. 919-850-2820

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The Medical Care Advisory Committee (MCAC) met via teleconference on Thursday, October 26, 2017 at 1:00 p.m. - 2:30 p.m in the DMA Kirby Building, Raleigh, NC.

ATTENDEES

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

**MCAC Members via Telephone:** Samuel Clark, David Tayloe, Marilyn Pearson, Billy West, Jr., C. Thomas Johnson, Ted Goins, Paula Cox Fisherman, Ben Koran

**MCAC Interested Parties:** Ann Veer, Tammy Hector, Tripp Tart, Beverly Hamilton, Susan Yates, Jeff Horton, Erin Crambell

**DMA Staff:** Sandra Terrell, Jay Ludlam, Roger Barnes, Nancy Henley, Melanie Bush, Debra Farrington, Patrick Doyle, John Stancil, Sarah Pfau, Virginia Niehaus, Angelia Diaz, Sharlene Mallette, Terry Pennington, Taylor Zublena, Kelly Crosbie, Betty Staton, Kimberly Shore-Price

CALL TO ORDER

Gary Massey, MCAC Chair

- Gary Massey, MCAC Chair, called the meeting to order at 1:00 p.m. followed by a roll call of the members. Quorum declared. Chairman Massey welcomed and thanked everyone for their participation.

OPENING COMMENTS

Sandra Terrell, Director - Clinical & Operations, DMA

- Sandra Terrell expressed her appreciation to the Committee for their participation and stated that the MCAC committee serves as a key component to our transformation activities. She offered apologies on behalf of Dave Richard for not being able to attend the meeting. She also stated that Dave appreciates everyone's time and commitment in honoring this process and for the work that the MCAC is doing. The meeting was turned over to Jay Ludlam.

MEDICAID TRANSFORMATION UPDATE:

Jay Ludlam, Assistant Secretary, Medicaid Transformation, DHB

- Jay Ludlam stated that in early August, DHHS released the white paper, a program design document that the Department put out for public comments. This document included the proposed design for Medicaid managed care covering a wide range of topics. DHHS requested and encouraged feedback from the public.
- Jay shared the following comments received around MCAC and stakeholder engagement.
  - The biggest take away for the Committee is that people expressed concerns about the mix and makeup of the Committee itself.
  - There were questions about how we could encourage greater involvement in the MCAC from the general public; especially because the Department is so heavily reliant on MCAC as the conduit for stakeholder input.

*The minutes are a synopsis of the MCAC Meeting topics. All items are an update of the program area since the last meeting. Dates vary dependent upon reporting period. Available presentations may be viewed for more details on the DMA Medical Care Advisory (MCAC) web page at: <https://dma.ncdhhs.gov/get-involved/committees-work-groups>*

- Emphasis was placed on individuals who have life experiences such as Medicaid beneficiaries. Commenters were looking for specialties around behavioral health including family and youth advocates. They were looking for consumer advocates and a wider range of physicians both general and subspecialties. There was a suggestion that we include a non-denominational faith based partner.
- Jay Ludlam suggested that this is in part about marketing, promoting MCAC, and sharing information about who is on MCAC. If you look on the Department's web site there is a two-column list, one that shows what district members are from and the other their name. This is not enough information to let others know that a given name is the behavioral health specialist or that person is an advocate who has life experience around navigating this complex and confusing system.
- Chairman Gary Massey asked if we can include members' bios on the MCAC web page?
- Sandra Terrell stated that we received some of today's points regarding MCAC members' information through public comments made at the September 22, 2017 meeting. DMA has formed a task force/group of communications and Medicaid experts to look at how we can improve our MCAC website. We will run the solutions through the MCAC. Chairman Massey followed up by asking if the MCAC member application process is on the web page? Sandra Terrell replied that the application process is also an improvement that must be made.
- Questions were also raised about MCAC membership criteria, responsibilities, and how to become a MCAC member as well as how to get involved in subcommittees. People want to get engaged in the process; but, do not know how. There were comments about offering webinars and alternative methods of participation.
- Comments were received about having the meeting documents in advance for upcoming meetings or past meetings available as well as posting minutes in a reasonable time period after the conclusion of the Committee meetings.
- Questions were raised about the role of the Division Waiver Advisory Committee (DWAC) given the fact that MCAC exists? What is the DWAC's relationship to the transformation efforts? Jay shared that the DWAC is composed of state staff and advisors, physicians and CFAC members as well. That group looks at the 1915 waivers managed by LME-MCO. No specific recommendations were offered.
- There were also questions about how the MCAC will engage the Ombudsman?
- Jay emphasized how much he appreciates the public's input and how incredibly important it is for us. We take the feedback very seriously. He further added that the Agency's perspective is that Medicaid transformation does not have to start in July 2019. There are opportunities to start today. Feedback does not stop because the official time for the white paper is over, it is something that we encourage. Jay also shared that the Secretary is very committed to transparency between DHHS and the public. This concluded Jay's presentation on the Medicaid Transformation.
- Chairman Massey asked if the Committee had questions. There were none.
- Jay Ludlam introduced Kelly Crosbie and Taylor Zublena who are part of the Medicaid Transformation Team.
- Kelly Crosbie, Senior Program Manager, provided an overview of the Quality Strategy and introduced Dr. Nancy Henley, Taylor Zublena and Terry Pennington as staff members who play integral roles in monitoring and completing the quality strategy.
  - The Quality Strategy (QS) is required for all state agencies to assess and improve the quality of managed care services offered within the state. It serves as a road map for states and their contracted health plans in assessing the quality of care beneficiaries receive, as well as for setting forth measurable goals and targets for improvement.
  - Every state that has managed care has a quality strategy; some are check the box pieces of paper (compliance documents). NC envisions having a quality strategy that is a real living kind of guiding document that really does help manage, assure, promote and improve quality through this managed care transition. We do not just want it to be a compliance document.

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- Kelly stated that the Quality Strategy document is currently in the Secretary's office for review before proceeding to the next steps. The QS is being introduced to the Committee today to obtain your feedback.
- The Quality Strategy is intended to set clear directions for the programs that DHHS wants to focus on. It is a quality management document with the standards and mechanisms that will be used to hold the managed care plans accountable for quality of care.
- Kelly shared components of the Quality Strategy that States are required to have per Federal law. CMS has a good Quality Strategy upon which NC is modeling their document, said Kelly.
- States are required to: (1) Submit the initial Quality Strategy to CMS to review; (2) Submit regular reports on the implementation and effectiveness the Quality Strategy: which are met through the federally-required external quality review (EQRO) process; and (3) Review and update the Quality Strategy at least every three years or upon a significant change.
- Kelly's presentation also included an overview of the Quality Framework (slide 8) and Innovations to Drive Quality Improvement (slide 9).
- Kelly ended her presentation with the following next steps:
  - Input will be requested from several key stakeholders,
  - The Quality Strategy will be released for a 30-day public comment period
  - Upon receipt of input from the public and key stakeholders, the Quality Strategy will be submitted for CMS review prior to finalization.
- Dr. Nancy Henley clarified that the managed care quality regulations that Kelly addressed also apply to NC's other managed care waivers including behavioral health managed care.
- Gary Massey asked if the Division is going to be posting and sending the Quality Strategy to the Committee simultaneously? Kelly Crosbie replied, yes.
- David Tayloe commented that the State may have already done this; but, he strongly encourages heavy involvement from providers in behavioral health, adult, and pediatric healthcare. Also, to make sure the providers are reviewing the specific quality measures and that they are ok with them and that they will actually measure the things that the State wants measured. He further added that the State should make sure when figuring out quality measures or quality matrix measures what is desired to be measured.
- Billy West stated that he liked what he was hearing and that we are obviously living in a MCO world for behavioral health. In every contract meeting that he attends, they are talking about outcome measures and pay for performance. Billy asked what work is being done with LME-MCOs to get some of this in line to have some value-added measures. Where do LME-MCOs fit in this?
- Kelly responded that DHHS is focusing on measure that are more appropriate for integration in more of a primary care system. However, it does remark upon and link to the current strategy of the 1915 waivers which has just been updated.
- Gary Massey asked for clarification about claims based measurements. Will the measurements be restricted to claims information related to payment? Kelly replied yes. Dr. Nancy Henley added that we are not asking them to report measure via claims; we are using the claims information to develop the measure.
- Gary Massey suggested that the State think a little broader than that if we are going to use a uniform billing form. As we start thinking about valued based or outcome based care that we want to ask for payment requiring the bundling of some claims.
- Brendon Riley thanked Mr. Ludlam for the transparency.

### PUBLIC COMMENTS

Gary Massey, MCAC Chair, opened the meeting for public comments. There were none.

### MEETING ADJOURNED