

*NC Department of Health and Human Services  
NC Medicaid*

**MEDICAL CARE ADVISORY COMMITTEE TELECONFERENCE MEETING**  
Kirby Building, 1985 Umstead Drive, Conference Room 132, Raleigh, NC 27699  
Teleconference Number: 919-662-4658

July 20, 2018

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The Medical Care Advisory Committee (MCAC) met via teleconference on Friday, July 20, 2018 at 10:30 a.m. – 12:00 p.m.

ATTENDEES

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

**MCAC Members via Telephone:** Marilyn Pearson, MCAC Vice-Chairman, Samuel B. Clark, David Tayloe, William Cockerman, Stephen Small, Billy West, Linda Burhans, Ted Goins, Ivan Belov, Chris DeRienzo, David Sumpter, Paula Cox Fishman, Jenny Hobbs, Kim Schwartz, Casey Cooper, Thomas Johnson

**MCAC Interested Parties:** Jeff Horton, Tara Fields, Ames Simmons, Mary Short

**DMA Staff:** Sandra Terrell, Jay Ludlam, Debra Farrington, Jean Holliday, Patrick Doyle, Madhu Vulimiri, Pamela Beatty, Sharlene Mallette

CALL TO ORDER

*Gary Massey, MCAC Chair*

- Gary Massey, MCAC Chair, called the meeting to order at 10:30 a.m. followed by a roll call of the members by Pamela Beatty. Quorum declared. Chairman Massey welcomed and thanked everyone for their participation. Chairman Massey called for a motion to approve the minutes from the MCAC meeting held on June 15, 2018.
- Motion to approve the minutes was made by Marilyn Pearson. Ted Goins seconded the motion. The June 15, 2018, MCAC meeting minutes were approved by the Committee.
- Gary Massey announced that Dave Richard was called away for another meeting. Jay Ludlam started the meeting with an update on the Medicaid Transformation.

MEDICAID TRANSFORMATION UPDATE:

*Jay Ludlam, Assistant Secretary, Medicaid Transformation, DHB*

- Jay provided an update on the Medicaid transformation and the following key milestones in progress:
  - The Enrollment Broker (EB) RFP issued in February 2018 remains open. The team is in the process of finalizing the evaluation and making a recommendation for the award. Although the Division of Health Benefits (DHB) has not determined the awardee, the team is close to finalizing the recommendation and completing this portion of the procurement.
    - The Ombudsman RFI was released. The Department received 8 responses, including several potential bidders, and is in the process of finalizing the procurement for the ombudsman services. The Ombudsman RFI focuses predominantly on members and supports appeals, grieves, and complaints.
  - One of the key components for the Department to successfully implement managed care services is the Advanced Medical Home (AMH) model.

- In order for providers and PHPs to be ready for contracting, the AMH model has to be in place. The first step to that is the AMH certification process once the PHP RFP is awarded.
  - The Department has started the internal technology implementation and is also in the process of putting together training materials to address the AMH certification process. Training opportunities will start in August/September 2018 and will be publicized by the Department to ensure that providers understand how the program works as well as remain involved in the efforts.
- Key legislation (House Bills 403 and HB 156) were passed.
  - House Bill (HB) 403 outlined the key requirements for the tailored plan initiative. It also defines the eligibility parameters for standard plans in the first phase of managed care implementation. A report to the Legislative Oversight Committee was submitted June 26, 2018.
  - HB 156 allows the Department to move forward with managed care services licensure. The Department has begun the internal work on licensing health plans in sufficient time for PHPs to engage in the open enrollment process and go live.
- Negotiations between the Department and CMS regarding the 1115 Waiver approval continue to move forward. The Department is also in constant dialog with stakeholders, subcommittees, and advocates across the state.
- Ongoing listening sessions will be held with stakeholders regarding the Medicaid program changes and Advanced Medical Home Certification. The Department will also hold County Commissioner Webinars.
- Two more policy papers will be released before the release of the RFP.

**MCAC SUBCOMMITTEES UPDATE:**

*Debra Farrington, Senior Program Analyst, DHB*

Debra provided a status report on the subcommittees as outlined below:

- Quality Strategy subcommittee met Thursday, July 19, 2018. The Committee members were really engaged and provided expert input as well as developed recommendations for the quality strategy.
- Beneficiary Engagement Subcommittee will meet on Monday, July 23, 2018.
- Sam Clark and Thomas Johnson (MCAC Members) agreed to serve as co-chairs for the Provider Engagement Subcommittee. A planning call has been scheduled for August 1, 2018 to discuss the charter and explore potential dates for further meetings.
- There will be additional outreach to other community members and associations for the BH/IDD Subcommittee. The implementation will go well into the next year.
- The Network Adequacy and Credentialing Subcommittees have ended. A survey has been developed for all subcommittees participants.
- MCAC members were asked to comment on the following list of survey questions that have been developed for the Subcommittee participants:
  - Was the subcommittee helpful?
  - Rates the level of helpfulness from not helpful to very helpful.
  - Are you willing to participate in that type of meeting and structure in the future?
  - Were the materials helpful?
  - Was the content helpful?
  - If the timelines that were dedicated were helpful?
- Gary Massey, MCAC Chairman, suggested adding a question regarding the level of support received from staff. Debra agreed to add the question.

## NETWORK ADEQUACY SUBCOMMITTEE REPORT

### *Jean Holliday Senior Program Analyst DHB*

- The Network Adequacy Subcommittee was established in February 2018 to provide DHHS and NC Medicaid with feedback on the following:
  - Network adequacy standards
  - Provider directory standards
  - DHB plan oversight
- The Network Adequacy Subcommittee met 3 times from March through May 2018. Its membership consisted of advocacy groups, private citizens, providers organizations, practitioners, hospital and health care organizations, academic researchers, LME/MCOs.
- Jean Holliday provided a high-level overview of the Network Adequacy Subcommittee to include the following:
  - Network Adequacy Subcommittee Recommendations and Eastern Band of Cherokee Indians Standards
  - Network Adequacy Policy Paper Public Comments
  - DHHS Consideration Process for the Network Adequacy Subcommittee Recommendations and Public Feedback
  - DHHS Response and Action Plan

## DIRECT CARE WORKFORCE CRISIS

### *Sandy Terrell, Director of Clinical and Operations, DMA*

- Sandra Terrell addressed the “Direct Care Workforce Crisis” issue and discussed employment data provided by the Division of Health Service Regulations (DHSR) pertaining to the average pay for a Certified Nursing Assistant (CAN) in North Carolina.
- The “Direct Care Workforce Crisis” is an ongoing concern. Sandy stated that the Department will organize a stakeholder meeting to review different aspects of workforce development. Ted Goins (MCAC member) announced that he is planning a meeting in the fall and wants Medicaid to be a part of it.

## PUBLIC COMMENTS

- Mary Short asked if the Innovations Waiver renewal has been submitted to CMS? She also asked if Secretary Cohen could possibly attend a MCAC meeting and stay for public comments in the future?
- Additionally, Ms. Short asked if the 21st Century Cures Act has a provision for a Fee-for-Service (FFS) Provider directory? She also expressed concern about the Electronic Visit Verification (EVV).
- Ms. Short's concerns were addressed by Sandra Terrell.

## CLOSING REMARKS

- Chairman Massey thanked everyone for their participation and reminded the group of the next MCAC teleconference call on August 17, 2018. He also announced that reappointment applications have been received and will be submitted to the Secretary next week.

## MEETING ADJOURNED