

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH BENEFITS**

**MCAC BENEFICIARY ENGAGEMENT SUBCOMMITTEE MEETING
May 7, 2018**

**Kirby Bldg., 1985 Umstead Dr., Conference Room 297 Raleigh, NC 27603
DIAL-IN: 1 (510) 365-3231 / ACCESS CODE: 717-101-232**

The (MCAC) Beneficiary Engagement Subcommittee met on Monday May 07, 2018, 1:00 pm – 3:00 pm.

ATTENDEES

Attendance (in person): Karen Kranbuehl, Brendan Riley, April Morgan, Willona Stallings, Ames Simmons, Bonnie Foster, Marilyn Pearson (Co-Chair), Sharon McDougal, Debra Farrington, Jenny Hobbs (Co-Chair)

Attendance via the Webinar/Phone: Melanie Bush, Timothy Biggerstaff, Chris Dobbins, Carla Obiol, Sheila Platts, David Richardson, Sarah Pfau.

CALL TO ORDER

Sharon McDougal opened the meeting with introduction of all attendees.

Meeting Agenda Items

- Follow up from previous meeting
- Beneficiaries in Managed Care concept paper comments
- Public comments

Follow up from Previous Meeting

- Auto Assignment algorithms for the following populations were reviewed; the cross over populations, new beneficiaries, individuals in other categories incl. those re-determined eligible, those who lost and regained Medicaid or who have been disenrolled at request of PHP.
 - Questions were raised by Sarah Pfau
 - How will geographic locations figure into auto assignment algorithm?
 - Are provider network adequacy questions based on patient need?
 - How will county residence impact auto assignment?
 - Debra responded that network time and distance standards exists which will guide how many providers are needed by various PHPs.
- Excluded and Exempt populations
 - Debra reviewed the list of managed care delayed, exempt or excluded individuals.

Beneficiaries in Managed Care Concept Paper comments

The DHB staff provided a summary of feedback received on the paper as listed below.

- **Comments were received from:**
 - Advocacy organizations
 - Health Plans
 - Private Citizens
 - LME-MCOs

- **General feedback**
 - Commenters were generally supportive of:
 - a phased approach including phase of select populations noting specifically that enrolling the more complex populations later allows the PHPs time to ensure organizational readiness.
 - DHHS' emphasis on a whole person-centered, well-coordinated system of care; BH/IDD TP delay, ombudsman program and regional roll out.
 - A few individuals did not support BH/IDD individuals having a choice of standard or tailored plans.
- **Referral process**
 - Concern expressed about beneficiaries getting stuck in a referral whirlpool among the PHP, the Enrollment Broker, the county DSS office, and the ombudsman
- **Choice counseling**
 - Request to offer proactive education on network adequacy standards and beneficiary rights to go out of network
 - Need for transparency, beneficiaries to have information on PHPs performance, response/appointment times, and appeals/grievances
 - Behavioral health choice counseling needs to be strong.
- **Eligibility and Enrollment**
 - Commenters had questions about
 - when same day eligibility determinations and PHP enrollment will be implemented
 - timing of EB Tool availability; preferably at managed care implementation however would rather have a robust useable tool if it must take more time to get the quality tool desired.
 - Concerns were expressed about:
 - EB tool simply linking to PHPs' individual provider directory
 - DSS staff must receive training,
 - Needs a mechanism to report when DSS is being asked to do managed care work that the EB or Ombudsman programs are failing to do.
 - Need clarity on the roles of DSS, EB, Ombudsman
 - Staff having to take on the role of the EB if the EB has no physical presence at DSS.
 - Request to see the work flow from DSS to EB
 - The subcommittee raised questions about:
 - Whether welcome packet information will be emailed, sent via text?
 - Whether the EB will be incentivized to make contact vs. not offering choice counseling resulting in individuals having to be auto-assigned?
 - How many days after PHP gets notice of enrolled member will they have to send information to beneficiary?
- **Provider Directory**
 - Comments included
 - Maintenance of directory must be enforced.
 - Directory must be accurate and up to date and include features of accessibility.
 - Must include cultural and language capabilities offered.
- **PHP Selection tool** needs to include information on clinical coverage policies for each PHP.

- **The Transition to Managed Care** - One entity expressed concern about the 1115 waiver's impact on children
- **Populations in managed care**
 - Questions raised about excluded populations including
 - pregnancy only beneficiaries, presumptive eligible individuals
 - Potentially confusing EBCI process described for members of federally recognized tribes.
- **PHP Marketing**
 - Questions were raised about the relationship between PHP initiated marketing and EB marketing and restrictions on provider marketing?
 - Concerns were expressed that:
 - Outreach is meaningful, barriers to outreach are addressed incl. cultural competency, using appropriate literacy levels
 - community resources and advocacy organizations are involved
- **Auto Assignment**
 - Clarity was sought on algorithm, how long process takes, if a person's serious health issues or PHP quality score can be taken into account:
 - how individuals whose eligibility changes are addressed?
 - length of time individuals must make choice.
- **Disenrollment**
 - Commenters noted that children in foster care should not be able to disenroll at any time
 - Raised concerns about
 - PHP initiated disenrollment particularly how DHHS will prevent gaming of the system and beneficiaries will not be punished for having disabilities, chronic health conditions, and behaviors the PHPs may want to avoid.
 - EB approval or denial of with cause disenrollment requests that are non-clinical
 - Allowing a PHP to refuse to cover complex medical conditions
 - Expedited work flow
 - A member of the subcommittee inquired: how PHPs will be required to disclose services they do not cover due to moral or religious objection up front?
- **Appeals and Grievances**
 - Comments were submitted about PCP changes, notice timeframes and due process rights
- **Ombudsman**
 - There was a comment that the ombudsman should not have access to beneficiary patient specific data in an effort to maintain independence of the program.
 - Question was raised as to whether the program will provide periodic public reports?
 - Other comments included:
 - Request for collaboration to facilitate understanding when a person should be referred to the other entity.
 - Consistent mechanisms are needed to share observed issues with these assistance entities. Need delineation of role for each support.
- **Other Areas from public commenters**
 - EB staff located in NC

- Redetermination should information given to PHPs
- Quality scores part of choice counseling
- EPSDT education
- Continued stakeholder engagement
- Beneficiary Communications
- Penalties for PHPs related to disenrollment

Recommendations from the subcommittee

- Make sure there is consistent messaging across PHPs
- Address language translation, interpretation requirements
- Vendors should provide EPSDT education
- Get message out that children's Medicaid and regulations around it are special
- Need to discuss Quality of Care- services not covered
- Data integrity- how data is reconciled, who reconciles the data?
- How PHPs track information on the number of beneficiaries covered?
- Consider PHP's ability to meet network adequacy standards and change PHP position in algorithm hierarchy if they request an exception to network adequacy standards.
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Public Comment – None offered.

Next Steps

- The group agreed to meet June 15th, with suggestion that PHP marketing be addressed.
- A suggestion was made that DHHS look at the FAQ that was produced for beneficiaries in 2016.

Adjournment

The meeting was adjourned.

Minutes submitted by: Sharlene Mallette