



MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES
10:30 AM – 12:30 NOON
DECEMBER 11, 2020

Teleconference: Dial-in No: 984-204-1487 (Conference ID: 869 593 422#)

The MCAC meeting was held via Microsoft Teams on Friday, December 11, 2020 at 10:30 a.m. -12:30 p.m.

ATTENDEES

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

MCAC Interested Parties: Ames Simmons, Jean Anderson, Matthew James, Kimberly Clawson, Tara Fields, Mary Short, +Others

DHB Staff: Dave Richard, Jay Ludlam, Debra Farrington, Adam Levinson, Shannon Dowler, Patrick Doyle, Karen Mann, Kathleen Batton, Pamela Beatty, +Others

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 September 18, 2020 MCAC meeting minutes. Kim Schwartz motioned to approve the minutes and Marilyn Pearson seconded the motion. Minutes were approved by the Committee. Chairman Massey encouraged the members to review 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 extended his gratitude to the MCAC members for their time and the work they are doing in the field.
- Dave expressed concern about the COVID-19 metrics and continued outbreaks in the long-term care facilities. Asked everyone to continue the mitigation strategy; wear your mask, social distance, and wash your hands. Dave encouraged everyone to visit the DHHS website and read the COVID-19 vaccination resources and why it is important to take the vaccine.
- The Department plans to continue the rate changes due to COVID-19 until January 2021 and hopes the new administration will continue the public health emergency order. In doing so, the FMAP will be extended, allowing the Department to support Medicaid providers.
- Dave shared two important questions he received regarding Managed Care (MC): **1)** Will the Department go live with MC on July 1, 2021? Yes, the NC Medicaid team and the community are working very hard to hit that mark. **2)** Does it make sense to go forward with MC in a pandemic? Yes, the Department has the support of the General Assembly and the budget to move forward. The design of the NC Medicaid 1115 Waiver and how it will be implemented will put NC at the top of the list to improve the health care of NC citizens. MC is the tool we need to take us a step above the current program.
- Dave highlighted the meeting agenda items and presentations that would be shared by the Medicaid staff.
- Kim Schwartz thanked Dave and the Medicaid team for their incredible and amazing work including NC Care360 and the community health care workers initiatives. Kim emphasized, on behalf of the MCAC and the healthcare community, that the Department needs to be aware that we must have Medicaid Expansion in order to continue to save lives and make the impact that we need.
- Dave thanked Kim for her comments and stated that the North Carolina Council on Health Care Coverage is scheduled to meet next week to discuss the state of health care coverage in NC and Medicaid Expansion.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary, NC Medicaid

- The Medicaid Managed Care team has resumed the work began last November with a number of adjustments to the project timeline to accommodate the new “go-live” date, July 1, 2021.

Key Milestones for Beneficiaries

- Beneficiary enrollment packages will be mailed the beginning of March 2021. Open enrollment period will begin March 15, 2021 and end on May 14, 2021. The Enrollment Broker (EB) call center and web page will go live along with the launching of the mobile app.
- Postcards will be sent reminding families to engage with the EB to choose a health plan.
- Auto enrollment will begin on May 15, 2021 for individuals that did not choose a HP.
- The Department is working with the Eastern Band of Cherokee Indians to offer a “Tribal Option” on Indian Managed Care, first of its kind in the nation. Will go live in five counties in Region 1 on July 1, 2021.

Key Milestone for Providers

- Contracting is a key feature of Managed Care. In NC Medicaid Direct, the provider enrolled in Medicaid and participated in the program. In MC, providers still need to enroll in the Medicaid program as well as potentially execute a contract with each of the five health plans. Note, contracting with all five HPs can be executed throughout the MC program. This is a multi-year effort.
- The Department strongly advises providers to execute their contracts quickly as possible by February 1, 2021 to ensure their information is loaded and available to the EB, call center, and mobile app for day one of open enrollment.
- Second contract date for inclusion in auto enrollment is April 12, 2021.
- Auto Enrollment begins on May 15, 2021.

High-level transformation implementation update included the following:

- EORO awarded
- Enrollment Broker activities and adjustments
- Provider Directory modifications based on feedback received.
- Beneficiary Portal Launch – incredibly professional – encouraged everyone to take a look at it.
- Released Tailored Plan RFA in November 2020
- Tribal Options implementation continues
- Ongoing testing
- Healthy Opportunities procurement and design work continues
- Incorporations of lessons learned during COVID

How is Medicaid Supporting the Provider Community?

- The health plans posted revised manuals on their websites.
- Standing up a Provider Ombudsman program to support providers who have issues.
- Modernized provider directory will be launched in January 2021.
- Provider testing rollout
- DHHS & AHEC webinar series are being held successfully with real time feedback. The Department is working on training programs with AHEC as well.
- Dave Tayloe expressed appreciation for the work being done and the end-to-end testing with providers to work out any kinks. This is a very important component.
- Jay thanked Dave Tayloe for the feedback and stated the Department stands ready for any potential hardship payments if there are technical issues that take a while for the health plans to resolve issues.
- Billy West also expressed gratitude for the incredible work the Department is doing. Billy shared concern about contracts BH providers are receiving with a 2012 rate structure and H codes. Stated there are a lot of codes ranging from face-to-face, telehealth, and telephonic with drastically low rates.
- Marilyn Pearson, MCAC Vice Chair, echoed the sentiments of gratitude to the State for the ground-level work it is doing and for the AHEC webinars. Stated the AHEC webinars are very important and reminds us of things that we have not been thinking about because of all taking place with the COVID-19 pandemic.

MEDICAID BUDGET UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Monthly Medicaid enrollment by PAC is continuing to increase but at a lesser rate than what we budgeted.
- Drivers for the enrollment growth are children and TANF Adults over the course of the pandemic with some growth in family planning. Others are stable.
- SFY 2020-21 expenditures year-to-date, so far, are tracking under budget. Several reasons that current fiscal year spending is below projections is because enrollment growth is lower than expected and we are not spending at

the rate we budgeted. Our claims volume is not what we expected it to be because of social distancing. COVID treatment and testing costs for Medicaid beneficiaries have been significantly lower than expected.

- NC Medicaid expenditures by service category are still up since 2019-20; only dental expenses are below last year's expenses.
- Sam Clark inquired about the net effect of the enhanced FMAP on the increased expenditures and whether the FMAP will continue beyond March 2021. Adams replied, we have received \$800 million in enhanced FMAP above what we would have before. In the COVID-19 relief act, we will have it at least to the end of March 2021. Beyond that, it hinges on the state of the public health crisis.

NC MEDICAID COVID-19 RESPONSE UPDATE

Shannon Dowler, Chief Medical Officer, NC Medicaid

- Shannon provided the following top priorities from a clinical, quality, and population health space:

Non-Managed Care

- Completed 377 temporary pandemic flexibilities
- Telehealth changes have been very instrumental. The Department is nationally speaking and recognizing leaders from the telehealth space amongst the Medicaid programs as well as non-Medicaid programs in ways to innovate with telehealth.
- The Medicaid team is working hard on the Electronic Visit Verification (EVV) which is a CMS requirement and must be in place by January 2021.
- Created modifications to the breast and cervical cancer preventions programs so that more women can qualify for treatment.
- Created an east button for folks outside of Medicaid to submit clinical policy coverage ideas on the website.

Managed Care

- Engaged in fireside chats and AMH Webinars with the field. Dr. Shannon hosted two a month; one focused on Managed Care and the other on Clinical quality and improvements. Attendance included 400-800 doctors and their team members. Recordings available afterwards.
 - Leading the team on design thinking to provide oversight of Managed Care. Example, we look at things from different a lens to identify problems and bring solutions to the table before there is noise in the field.
- Shannon posed the following two questions to hear from the meeting participants: 1) What do you need in May to feel confident we are on a path to success for a July launch? 2) How will you know in mid-July the transition to Managed Care was successful?

Committee Responses to Shannon's questions:

- Dave Tayloe replied that he would like to see all of his current patients assigned to his practice. In mid-July, one of the biggest concerns for our Medicaid patients state-wide is going to be access. Are beneficiaries going to have access to their providers and will their providers have access to them? Gauging as we go along, are providers dropping out of the Medicaid program due to the fact that they are having to now deal with five PHPs rather than one central organization.
- Shannon thanked Dave for the feedback and stated that a team is currently working on the patient assignment. We have a resident from the Preventive Medicine Residency at UNC assigned to that project during January and February 2021 to work with our providers and benefits teams.
- Jenny Hobbs commented from a patient's perspective, when looking at provider enrollment, to ensure that all specialists are within same/multiple health plan. This would make it easier for a beneficiary to choose a plan because they can see all of their providers under one particular plan. Not doing so could be a potential problem for complex cases where individuals are seeking care under multiple specialists. Shannon responded that continuity of care is critical.
 - Kim Schwartz asked if it is possible to have a living standardized document to make it timelier and easier to navigate for provider enrollment? Commented that the payor structure for each system is still loose and needs to be tightened up around case management and the tiers. Seamless funding for Federally Qualified Health Centers (FOHCs) and Prospective Payment System (PPS) is still a little murky, Kim stated. Shannon noted Kim's comments and stated people getting paid is very important.
 - Steven Small reiterated his concern of timely payments and stated there is anxiety in the provider networks about what is going to happen. Untimely payment is a huge issue as it caused some rural providers, who depended solely upon Medicaid payments, to go out of business in the past when there were issues with NCTracks. Shannon replied, there is a real commitment to getting this issue resolved. Everybody understands that this is critically important for success.
 - Chairman Massey thanked Shannon for her presentation and raising those important questions.

DIRECT CARE WORKFORCE CRISIS UPDATE

Ted Goins, MCAC Member

- The Direct Care Workforce Crisis Workgroup met on Monday, December 7, 2020. The workgroup continues to be an independent self-identified group of concerned individuals and organizations from providers, state government, advocacy groups, and academia. Ted stated there is no other issue that has any greater impact on the quality of care and access to care for Medicaid beneficiaries than direct care staffing. Ted expressed appreciation for the opportunity to continue discussing this issue regularly.
- The workforce crisis has gotten worst since COVID, causing the use of staffing agencies to skyrocket. RNs are leaving for higher pay and sign-on bonuses. Lutheran Services is holding monthly workforce crisis calls to discuss solutions and have brought in 31 workers from Puerto Rico.
- FutureCareNC received a \$2.5 million grant from the civil money penalty fund to attract and train 4,000 new CNAs in North Carolina skilled nursing facilities. It seems everyone is coalescing around the living wages issue and understands we have to pay a decent wage for this type of work.
- Matthew James, Horizons Residential Care Center, has spearheaded the development of a pilot "Disability Support Professional" program starting in Jan. 2021, at Mt. Eagle College.
- PHI is funding a 3-state study on the direct care workforce shortage and the NC Coalition on Aging will be the lead organization for the study and will work closing with our Direct Care Workgroup.
- Ted's comments opened dialogue for further discussion from Billy West and Dave Richard.

PUBLIC COMMENTS

- Jean Anderson suggested to Billy West that Atrium has a pilot program they have been using in their intensive care unit where physicians pop in each room and consult with staff there. The thinking is to expand this service to rural hospitals where sufficient staff is not available on site.
- Mary Short questioned why the delay in Electronic Visit Verification (EVV) in the Innovations Waiver? Dave Richard replied, EVV implementation is an important federal initiative that the Department supports and does not want to implement it in a way that causes disruption in the system; therefore, decided to delay it at this time.
- Matthew James thanked Ted Goins for sharing the work of the Disability Support Professional project. Questioned if there is a mechanism for the State to look at the DST workforce pipeline as much as wages. How can they leverage the work that was done with the community health care worker pilot to actualize meaningful changes in ensuring we have a workforce of professionals in our service system? Dave commented it is important that we think about this holistically; money is one issue but there are other reasons also. Ted stated it is a pipeline and a money issue. Regardless of the money, there are enough people to do the work. This is a subject to be discussed at the next meeting, Ted stated.

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 March 19, 2021.

MEETING ADJOURNED