

MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES November 15, 2019

NC Medicaid Kirby Building Room 132, 1985 Umstead Drive, Raleigh, NC
Teleconference: Dial in: 866-390-1828 (Access Code: 4586030)

The Medical Care Advisory Committee (MCAC) met via teleconference on Friday, November 15, 2019 (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, David Tayloe, Benjamin Smith, Trent Cockerham, Ivan Belov, Chris DeRienzo, Casey Cooper, Billy West, Jr., Linda Burhans, Thomas Johnson, Ted Goins, David Sumpter, Paula Cox Fishman, Benjamin Koren

MCAC Interested Parties: Tara Fields, Ames Simmons, Lee Dobson

DHB Staff: Dave Richard, Jay Ludlam, Debra Farrington, Shazia Keller, Patrick Doyle, Sabrena Lea, Andrea Phillips, Rachel Lane

CALL TO ORDER

Gary Massey, MCAC Chair

- Gary Massey, MCAC Chair, called the meeting to order at 10:30 a.m. followed by MCAC member roll call and introduction of staff present. Rachel Lane declared a quorum. Chairman Massey welcomed and thanked everyone for their participation. Chairman Massey entertained a motion to approve the October 18, 2019 MCAC Meeting minutes. The minutes were approved by the Committee.

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Dave provided an update on recent events:
 - The Medicaid team continues to work hard towards going live with Managed Care (MC) on February 1, 2020. Dave stated nothing has changed with our operational preparations. Our providers and health plans have been working in good faith to get contracts signed to ensure the MC launch goes as smoothly as possible. We appreciate the MCAC's continued efforts. Dave also thanked our partners, the social service agencies and the enrollment brokers for the incredible job they have been doing.
 - In regard to the State budget process, the Department was very hopeful the General Assembly would have compromised with the Governor and approved a budget to allow us to go forward with Managed Care. However, those efforts have not been successful, Dave stated. The GA members are in town today. Their main objective is to finalize the redistricting. They will leave today and will not return until January 2020 for another session.
 - Dave further commented, the right approved budget is needed by mid-November 2019 to give the Department the funds and authority to go live with MC on February 1, 2020. If we do not get an approved budget today, you will hear from the Department early next week on what our plans are without an approved State budget. Dave emphasized, from the standpoint of leadership and staff, nothing changes today in terms of our efforts to drive towards the February 1st "go-live" deadline.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary of Medicaid NC Medicaid

Jay provided a Medicaid Managed Care to include the following:

- The Department mailed reminder postcards to all beneficiaries across the state encouraging them to enroll with a Prepaid Health Plan (PHP). Post cards were also mailed to beneficiaries in Region 4 advising them that Carolina Complete Health (CCH) is available to them. Steady progress has been made throughout our open enrollment process. Approximately 110,000 individuals have selected a PHP.
- Jay discussed the Department's internal dashboard used with the PHPs to monitor their readiness. The State monitored readiness assessment includes the following five dimensions: (1) Inbound Deliverables; (2) Readiness Review; (3) Network Adequacy; (4) Testing; and (5) Technology Operations & Command Center.
- Jay highlighted a version of an anonymized executive summary that the Department shares with all of the HPs participating in our Managed Care Program. The report illustrated how the HPs compare to each other and gages their relative readiness. The Department also provides each HP with a "personalized" packet that summarizes their score and issues they can act on. Jay further stated that the PHPs provide a weekly self-report on where they feel they are based on our risk rating and their own resource and schedule ratings. Across all of the metrics, the State feels the HPs are making great and consistent progress towards being ready for go-live on February 1st.
- In regard to PHP readiness, network adequacy is measured every three weeks and focuses on adult/child PCPs, hospitals, OB_GYN, behavioral health and pharmacy.
- The Department completed its first round of PHP Onsite Reviews on October 25, 2019 and its second round on November 8, 2019. Visits were made to call centers, primary and security offices. We met with all levels of staff to include local care management and appeals and grievances staff. Onsite reviews will continue after "go-live" but will be called "oversight reviews" which will be part of the normal process to hold the HPs accountable.
- Jay emphasized provider contracts must be signed by November 15th to give the provider the greatest opportunity to get enrolled in the health plans' contracting system and provider directory for open enrollment and auto-assignment.
- The Department will continue to update individuals in the field on auto assignments via fact sheets and webinars. Information will also be provided on school-based services and Non-Emergency Medical Transportation (NEMT).
- Chairman Massey opened the floor to questions and comments from the MCAC members.
- Dave Tayloe (MCAC Member) thanked Jay for his presentation and commented that it is good to see the Department is keeping close tabs on the PHPs and monitoring their progress. Dave raised the question on network adequacy in regard to hospitals and pediatric subspecialists. What kind of steps are being taken to ensure pediatric patients will have access to these pediatric subspecialists? Example, Vidant in Greenville is basically ECU's hospital and most of their subspecialists are in the East Carolina physician groups. The pediatric neurologists are in the East Carolina neurology and there are independents that belong to different groups. What is the Department doing to ensure all of these guys are included? Jay Ludlam responded, who the HPs are contracted with affects some of it. We encourage subspecialists to be part of all networks. Where they are not, we would expect the HPs to engage in single case agreements (not like what you have in the LMEs/MCOs) but in a more open way to engage those services. Also, we would expect the HPs to have a solution. As we are monitoring and find HPs to be inadequate, we will likely put them on a corrective action plan with how the HP is expected to close that gap whether it be through policy, a contracting effort, or through certain sanctions by the Department.
- Dave Tayloe inquired about auto assignment for practices that are contracting with only 1-2 HPs and not all plans. How do you ensure their patients are auto assigned to only the plans contracted with their practices? Jay replied, if the beneficiary has that PCP on their current record, we will connect that data

and enroll them. We look at the historic PCP and beneficiary relationship and expect HP to keep that PCP/beneficiary relationship.

- Chris DeRienzo (MCAC Member) inquired about the denominator of the 110,000 beneficiaries who have selected health plans during open enrollment. Is that number close to what we were aiming for? Jay replied, the denominator is a little lower than expected and continued to expound on the subject. Dave Richard added, what we are experiencing is not inconsistent with what other states have experienced with moving to Medicaid Managed Care.
- Chairman Massey reminded the meeting participants that it is still important to educate beneficiaries on getting enrolled when you have opportunities to interact with them. Hopefully, it will spur them to get enrolled.

ACCESS MONITORING REVIEW PLAN (AMRP)

Terri Pennington, Business Information Office, NC Medicaid

- Medicaid staff has continued to work on the AMRP report. Dr. Shannon Dowler made some final edits and submitted the report to the Medicaid Executive team.

PUBLIC COMMENTS

- Chairman Massey opened the floor to public comments. There were none.

CLOSING REMARKS

- Chairman Massey suggested to all participants to stay tuned until we hear from the Department next week on the status of Managed Care go-live.

MEETING ADJOURNED