NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH BENEFITS (NC MEDICAID)

MEDICAL CARE ADVISORY COMMITTEE (MCAC) TELECONFERENCE MEETING MINUTES
August 16, 2019

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

The Medical Care Advisory Committee (MCAC) met via teleconference on Friday, August 16, 2019 (10:30a.m.-12:00p.m.)

ATTENDEES

MCAC Members: Gary Massey, MCAC Chairman

MCAC Members via Telephone: Marilyn Pearson, MCAC Vice Chair, Samuel Clark, David Tayloe, Benjamin Smith, William Cockerham, Stephen Small, Chris DeRienzo, Casey Cooper, Billy West, Linda Burhans, Ted Goins, Paula Cox-Fishman, Jenny Hobbs, Benjamin Koren

MCAC Interested Parties: Jeff Horton, Lee Dobson, Mary Short, Tara Fields

DHB Staff: Dave Richard, Jay Ludlam, Debra Farrington, Terri Pennington, Beth Daniel, Lu Xu, Sharlene Mallette, Pamela Beatty

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. Pamela Beatty declared a quorum. Chairman Massey welcomed and thanked everyone for their participation. Chairman Massey entertained a motion to approve the July 19, 2019 MCAC Meeting minutes. The minutes were approved by the Committee.

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Dave spoke briefly about the circumstances of not having an approved State Budget and what it means for NC Medicaid Managed Care.
- Without a budget signed by the Governor, the Department will not be able to move forward with the November 1, 2019 launch of Medicaid Managed Care. DHHS still has hope and we are committed and working hard to meet deadlines for the November launch.
- The Department has not given a specific go live date because we do not want to create undue pressure in negotiations to go live. We will continue with open enrollment. The beginning of September is the deadline for approval of the State Budget to launch Managed Care on November 1, 2019. Dave stated there are continued conversations between the General Assembly and the Governor. We hope they can negotiate a deal on the budget and move forward.
- As more information becomes available and decisions made, we will make sure you are aware of those decisions and how we are addressing those decisions with the General Assembly, Dave stated.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary, NC Medicaid

- Jay commenced by making a correction to his title on the Managed Care Update slide deck. Jay stated he is the Assistant Secretary, NC Medicaid and not the Deputy Secretary, NC Medicaid, and asked that the change be reflected in the minutes.
- Jay stated we are very optimistic that legislature will pass the budget needed for Medicaid Manage Care to move forward and provided the following updates on Medicaid Managed Care:

  Managed Care Timeline
  - N.C. judge denied the stay requests from providers appealing Medicaid's decision on PHP awards.
  - Managed Care is still slated to go live November 1, 2019.

- Open enrollment began in July 2019 and will continue on.

Day 1 Priorities

- Jay stated "Day 1 Priorities" for beneficiaries, providers, and pharmacists are unchanged. Success will be measured by beneficiaries' access to care and prescriptions needed. We expect our providers and pharmacists are paid for services rendered. This is critical and will continue to be monitored after "go live".

Managed Care Status

- Jay stated the Department continues to meet its milestones and is working very closely with PHPs, NCTracks and NC FAST, Enrollment Broker, Credentialing vendor and other partners.
- This requires testing and careful communication to ensure that our messages and scripting is consistent across all access points through managed care.

Enrollment Metrics

- We have launched a modern enrollment infrastructure in place to include an Enrollment Broker (ER) call center, website, chat feature and app. A large component of what the Department is trying to do is be sure we are integrated and consistent across all of these different platforms. It is a complexity that is manageable and we are learning as we go, Jay said.
  - The Enrollment Broker (ER) call center handled 16,000+ calls. Our call abandonment rates remain low.
  - Prepaid Health Plans (PHPs) members service lines are open.
  - NC Medicaid plans.gov received 20,552 website visits.
  - NC Medicaid Managed Care Mobile App sessions totaled 6,808
  - Enrollments have increased to nearly 14,000 as of date.
  - Over 300,000 enrollment packets have been mailed.
  - Department's focus is on outcomes, member satisfaction surveys, and focus groups with ER brokers. We will monitor complaints and grievances.

ER Contact Center Metrics

- Approximately 530 individuals called the Enrollment Center and resolved their questions before going to an agent. Our goal is that 95% of calls will be answered in less than 3 minutes.
- February 1, 2019 is the deadline for individuals in Phase 1 to request a change in health plans.

DHHS Support to Providers

- Approximately 23,000 providers have contracted with the PHPs and are prepared in the system to be paid. It is very important from NC Medicaid's perspective that the providers get paid.
- Provider contracting velocity has dropped based on the budget situation. All current providers are not yet contracted. Providers must be in the system to maximize opportunity for beneficiary assignments. The process of loading physicians in the system takes time as there are audit requirements to be met.
- Auto Assignment occurs on September 16, 2019.
- Providers must contract to be in the Enrollment Provider Directory. Jay encouraged providers to find PHPs they want to work with and complete the process.
- DHHS will hold PHPs accountable to network adequacy standards

Managed Care Implementation Issues and Solutions

- Jay highlighted examples of beneficiary-related issues and solutions with the implementation of Managed Care.
- Jay said the Department wants to continue to improve and refine the entire program. We appreciate any feedback the Committee can provide to us and the health plans. The more detail, the better for us and we will respond as we have a great desire to make this program work.
- Chairman Massey asked, in terms of network adequacy, are you getting feedback from PHPs that they are still having problems? At one point, it was hospitals that were pushing back on signing contracts. Has that changed any? What kind of feedback are you getting from PHPs?
- Jay replied, we are continuing to see movement. We have a network adequacy operational check-in next week to determine progress made. Some providers are reluctant to tip their hand if Managed Care is not going live on November 1, 2019. Providers do not want to reveal what they will accept. The Health Plans and providers are in general agreement and lots of papers have been exchanged but not with signatures, Jay said. The hospitals are significantly more engaged. There are robust negotiations around the CINs and care management component with the AMHs.
- Chairman Massey added that some of the anecdotal pieces we are hearing is around rates; especially on the Behavioral Health (BH) side. There is still some pushback as to where the PHPs seem to be digging their heels in on the old Medicaid rate as the rate they want to put in the contracts. Providers are saying we are

getting more from the LMEs under the contract rate. Some may be willing to sign a contract with the understanding we will get a rate change addendum but are uncomfortable as to whether that addendum actually comes now that they have already signed the contract. Jay stated the Department is watching a couple of policy levers.

- Trent Cockerham asked if the Department has heard from providers that there is an inordinate delay in their receipt of contracts back from the PHPs and/or their subsequent listing in the directory?
- Jay replied, the Department is monitoring the subsequent listing in the ER Provider Directory. The PHPs are now required to submit operational reports to us – this information was not available on hand. Jay further stated the PHPs aim for approximately two weeks, so it should not be inordinate. If this is not happening, let us know. Trent and Jay will discuss further.
- Jay directed the group's attention to additional resources to support providers which are also on our website: 1) Regular Status Calls/Webinars, 2) Provider Playbook; 3) Provider Training, Webinars, TA; and 4) Provider Issues Communication.
- The Department extended its communication engagement strategy to meet with provider association leaderships to inform providers, members, and stakeholders about the Medicaid transformation to keep everybody on the same page.
- The Department is focused on staff being adept to adapt to the changing positions on the ground. We are working hard to prioritize intake issues and escalate them for resolution.
- Chairman Massey opened the floor for questions.
- David Tayloe thanked Jay for the update and presented a scenario about a patient coming into his office who has been assigned to a plan that their office does not accept. What are the steps that a practice needs to take, if this occurs? Jay replied the PHPs will pay for the visit and advise the provider to get authorization for these services as an out-of-network provider because eventually their claims will be denied or paid at a lower rate. Debra Farrington added if the PHP cannot demonstrate network adequacy, then they have to pay for a longer period of time.
- Jay stated because David asked the question means the Department has not been clear up to now. Therefore, we will work aggressively on a playbook pertaining to these two issues.

ACCESS MONITORING REVIEW PLAN (AMRP) UPDATE

Terri Pennington, Business Information Office (BIO), NC Medicaid

Terri Pennington presented a short update on the Access Monitoring Review Plan (AMRP).

- The final report is due to CMS in October 2019. The main point today is enrollment in relation to utilization of services. There is concern that enrollment is going up but adult utilization is going down particularly in PCP offices. PCP offices with a nurse practitioner or a PA seems to be steadier than physician visits.
- Terri introduced Lu XU, Data Analyst, who further discussed at length enrollment and the delusional effect for members 21-64 years of age for calendar years 2016, 17, 18.
- Terri added the final report will be shared with the Committee before the September meeting for review.
- Debra Farrington stated that staff should look at the reason for disenrollment. What are the disqualifying decisions that cause people to come out? Is it all about income or are there other things that are causing the disenrollment?
- Chairman Massey added particularly if they are dropping off of Medicaid and not picking up other healthcare coverage. Do we have a way of knowing? Debra asked could it be that people did not complete the paperwork or was it truly that they gained more income. Terri replied, her office will try to find out.

PUBLIC COMMENTS

- Mary Short commented that the July 19, 2019 MCAC Meeting minutes did not include Paula Cox Fishman's comment about the CAPDA Waiver. Mary asked if there was something the Committee could do to fix it?
- Jeff Horton made the following comments:
  1) Providers are being asked to sign contracts with PHPs that reference the provider manual. Without the provider manuals being approved by NC Medicaid, the provider really does not know what they are responsible for when signing the contract. When is NC Medicaid planning to approve the PHP provider manuals? Debra replied, we approved two of the five provider manuals. We provided our final request for edits to the PHPS a week or so ago and gave very clear instructions to complete those edits and return to us for final approval for the reasons you described.

2) Jeff expressed appreciation to Jay Ludlam for his update concerning the re-mailing of the beneficiary packets that were mailed incorrectly. Jeff further stated some of their facility's dual eligible members reported receiving packets asking them to sign up by September while Medicaid only eligibles did not receive a packet at all. What happens if you have a Medicaid only beneficiary that is probably going to be in Managed Care come November 1st, and they do not have a packet? What should they do? Debra Farrington replied, if a person's eligibility period is between July 1st, 2019 and October 31st, we did not mail letters to those people in the initial notice distribution. Letters that were sent in early July were sent to those who were mandatory to participate, whose eligibility went past November 1st. The reason for that was if someone was being redetermined eligible between July and October, we did not want to send them information if their eligibility was not going to continue. It is possible that anyone who you believe is mandatory and did not receive a letter, their eligibility period is within this period of time that goes through October 31st. If someone is unclear and believe they are mandatory, they should call the Enrollment Broker. The EB will have access to their Managed Care status.
3) Jeff continued by stating that their facility is also discovering when providers call the EB, many times they will not talk to the provider and refer them to the DSS which has not proved to be helpful. Debra provided the Medicaid SWAT Team's telephone number (919-527-7460) and email: MedicaidSWAT@DHHS.NC.gov. The Medicaid SWAT Team can research the problems.

- Ronnie Cooke asked if there will be a bulletin that tells which PHPs have had their provider manuals approved? Debra replied, no but would make a note to include an alert of this information in the provider communication blasts that the Department will very soon distribute through NCTracks.

CLOSING REMARKS

Chairman Massey thank everyone for their participation. The next meeting will be September 20, 2019 and it is a face-to-face meeting.

MEETING ADJOURNED