

MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES  
October 18, 2019

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

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The Medical Care Advisory Committee (MCAC) met via teleconference on Friday, October 18, 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, Stephen Small, Ivan Belov, Billy West, Jr., Linda Burhans, Ted Goins, David Sumpter, Paula Cox Fishman, Benjamin Koren, Jenny Hobbs

MCAC Interested Parties: Ames Simmons, Elizabeth Hudgins, Lee Dobson, Michelle Bucknor, Tara Fields, Valerie Arendt, Kristen Dubay

DHB Staff: Dave Richard, Jay Ludlam, Debra Farrington, Shannon Dowler, Shazia Keller, Andrea Phillips, Pamela Beatty, Sharlene Mallette

CALL TO ORDER

*Gary Massey, MCAC Chair*

- o 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 September 20, 2019 MCAC Meeting minutes. The minutes were approved by the Committee.

OPENING REMARKS:

*Dave Richard, Deputy Secretary, NC Medicaid*

- o Dave provided an update on recent events:
  - o The State Budget continues to be without a resolution. The Senate and House will return next week and stay until October 31, 2019. We anticipate that there will be a series of "mini-budget" bills that they will debate. We do not know if there will be any action on NC Medicaid. A veto override is possible with the Senate but it is unclear if that will happen.
  - o The Department has communicated to the Legislation that in order for NC Medicaid Managed Care to go live in February 2020, there has to be a budget no later than mid-November and it has to be the right budget. A budget that addresses the issues pertaining to the reductions to the Department, the move to Granville, and the Medicaid coverage gap for NC citizens who do not have coverage

## MEDICAID MANAGED CARE UPDATE

*Jay Ludlam, Assistant Secretary of Medicaid NC Medicaid*

Jay provided a Medicaid Managed Care to include the following:

- The Department has settled the Carolina Complete Health (CCH) protest as part of the standard plans procurement. CCH was initially awarded two regions (Regions 3 & 5) and submitted a protest for the Department to evaluate whether it should get additional regions. The Department decided to include them in Region 4 on February 1, 2020. CCH is pending the appropriate paperwork with the Department of Insurance (DOI).
- The Department has worked with the Enrollment Broker (EB) and call centers to provide scripts that will educate the beneficiaries about CCH's availability in Region 4. Members will be able to actively select CCH starting next week.
- The process has started for updating the comparison chart which outlines what plans are available in what regions and does some comparisons of the value-added services that those organizations offer.
- The EB website will be updated next week. After the update, if you find issues, please notify the Department through our Command Center so that the issues can be fixed.
- The week of October 28, the EB will send out a post card to beneficiaries in Region 4 to advise them of the additional option available to them.
- Open enrollment has started for Regions 1, 3, 5 and 6. Open enrollment for regions 2 & 4 has been extended. This means every region/county in the state is now in open enrollment and beneficiaries can select a plan.
- Approximately 479,000 Managed Care notices were mailed last week. Medicaid eligibility redetermination notices will be mailed to those with an eligibility period starting November 1, 2019 – February 1, 2020.
- Mailings are being tracked to reflect the accuracy of the addresses that are in the system. There is a service available through the US Postal service that allows us to compare the addresses we have on file with what they have on file for a match before notices are mailed. The comparison resulted in 5% mismatched addresses and 8.5% returned letters. The Department is working with local county offices to update addresses.

- **Key Transformation Milestones**

Timing	Key Milestones
November 14, 2019	Day I Open Enrollment Final Regions
Mid-November	Approved Budget by General Assembly
Mid-November	Enrollment Reminder Cards
November 15, 2019	Provider Contracts Must be Signed for Inclusion in Auto-Assignment
December 13, 2019	Open Enrollment Ends
Starting December 16, 2019	Auto-Enrollment to PHPs and PCPs
February 1, 2020	Standard Plan Effective Date

- The issue of children without a case head has come up recently, these children need someone on file that is authorized to speak on their behalf. (Guardians, Parents)
  - Effects about 82,000 which happens mostly because of people enrolling through the Federal Market place. The Department is working to get this fixed.
- The Department is continuing to work with the Health plans on readiness.
  - Working on inbound deliverables, feedback was provided for approximately 5300 documents that the state has received, only about 300 documents left for review/negotiation.

- Network adequacy documents for all regions was received at the end of September, the focus is on OBGYN, Adult child PCP's, Hospitals, Pharmacies and outpatient behavioral Health. Jay stated Phase 2 the onsite review of the PHP's will continue.
- Jay gave a brief overview of Tailored Plan update. Jay stated the Department is in the process of finalizing the design recommendation and have begun the Request for Application (RFA) drafting. Jay stated the Department is in the process of defining the contractual requirements that are expected from the Tailored plans. The Department is continuing to go through validation of eligible population, to ensure that the right populations are in the Tailor plans and the right populations are in the standard plan.
- Jay gave a brief over view of the status of open enrollment. Jay stated by the end of phase 1 10,000 beneficiaries have signed up for open enrollment. Due to the postponed go-live date recipients have a little more time to enroll.
  - 73,000 have enrolled in the standard plan.
- Jay gave a brief over view for DSS On Site support (for all counties).
  - Phase 1 :EB outreach specialists will remain onsite until April of next year.
  - Phase 2 : Outreach specialists support rolled out in phases.
    - 1 staff person in 32 counties
    - Number will increase to cover 50 counties by mid-Oct.
    - All 73 counties will be cover by the end of Oct.
    - By end of Oct the entire state will be covered.
  - Readiness activities will continue to support DSS transition to managed care.
- Jay advised that the Provider Playbook is continuously being updated. To ensure the Providers will have what they need. Jay advised to check back often for updates.
- Jay gave a brief over of Advanced Medical homes. Jay stated there has been a lot of dialogue on this subject. The Department has developed Provider facing guidance on:
  - Why contracting is important.
  - Rates
  - Timelines and PHP oversight of AMHs.
- Contract negotiations between PHPs and AMHs will continue.
- There was also a guidance on changing AMH tiers.
- Gary inquired about the 11/15 due date for Provider to sign contracts for inclusion in the auto-assignment is around the AMHs and the PCPs. Jay confirmed yes.
- Provider Training and outreach there was one in September and one coming up in November.
- Debra gave a brief overview of the service definition updates. Debra reviewed the recent changes to the service definitions.
  - Staffing increase for 3 to 4
  - Functional assessment and housing assessment now required
  - Added components of Permanent Supportive housing
- Debra also gave an update on the proposed changes to Peer support.
  - Duncan Sumter had a question around if not enough Providers are enrolled. Dave advised of the Network adequacy standards and that process will ensure that there are the right Providers are enrolled.

#### ACCESS MONITORING REVIEW PLAN (AMRP)

- Terry Pennington stated she has spoken with Dr. Shannon Dowler and Kelly Crosbie to review the AMRP and it is in the process of being drafted.

PUBLIC COMMENTS

- Kristen Dubay inquired about the status of developing a Provider Ombudsman Program. We know that once go live starts, we will run into issues with the PHPs and all sorts of things. Will we just be expected to go through the processes that are outlined in contracts with addressing provider issues?
- Jay responded, we are using an internal team through the Command Center to oversee health plans' performance and to resolve provider issues. This will continue to expand as we get closer to launch and as we have provider payment issues. We do not have a plan to procure a 3<sup>rd</sup> Party to do Provider Ombudsman work.

CLOSING REMARKS

The next meeting will be November 15, 2019 and it is a teleconference meeting. Thank you.

MEETING ADJOURNED