MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES
September 24, 2021 (10:30 a.m. – 12:30 p.m.)

Teleconference: Dial +1 984-204-1487; Phone Conference ID: 332875398#

This MCAC meeting was held via Microsoft Teams on Friday, September 24, 2021 at 9:30 a.m.-12:30 p.m.

MCAC MEMBERS PRESENT
Gary Massey, MCAC Chair, Marilyn Pearson, MCAC Vice Chair, Kim Schwartz, MCAC Secretary, Samuel Clark, Dave Tayloe, III Benjamin Smith, William Cockerham, Steven Small, Ivan Belov, Billy West, Thomas Johnson, Gary Massey, Paula Cox Fishman, Benjamin Koren, Jenny Hobbs, and a host of MCAC Interested Parties.

STAFF PRESENT
Dave Richard, Debra Farrington, Melanie Bush, Sandra Terrell, Shannon Dowler, Adam Levinson, Patrick Doyle, Karen Mann, Pamela Beatty, and others.

CALL TO ORDER
Gary Massey, MCAC Chair
- Meeting was called to order at 10:30 a.m. by the MCAC Chair along with an expression of appreciation to all who joined the call. Members present constituted a quorum as a result of the roll call by Pamela Beatty.
- Chair Massey entertained a motion to approve the June 11, 2021 MCAC Meeting minutes. Motion made by Billy West and seconded by Vice Chair Marilyn Pearson. Minutes were approved by the Committee.
- Chair Massey thanked the reappointed members for graciously continuing to volunteer and serve on the Committee to provide some continuity in the face of the COVID pandemic and the NC Medicaid transformation. Acknowledged that reappointment letters have been emailed. Individuals are being considered for vacant Districts 6, 10, and 13.
- Chair Massey encouraged participants to review the Clinical Policy Written Report and State Plan Amendments (SPA) list in the meeting materials.
- Chair Massey turned the meeting over to Sandra Terrell, who was standing in for Dave Richard, Deputy Secretary, NC Medicaid, to give opening remarks.

OPENING REMARKS:
Sandra Terrell, Chief Clinical Officer, NC Medicaid
- On behalf of Dave Richard, Sandy thanked the MCAC members for their continued collaboration and for engaging with the Division to give advice on the Medicaid transformation kickoff and other initiatives over the years.
  - Sandy provided a high-level review of the following activities:
    - NC State Budget is anticipated by mid-October.
    - Today is the 86th day of the Medicaid Managed Care rollout and it has been an overall successful rollout. Confirmations have been received from many different individuals throughout the State groups.   The Department is looking at launching the tailored plans, foster care, and other initiatives.
    - The Department is hearing from providers regarding issues with claims and some system issues. Our provider Ombudsman and the PHPs are being utilized to resolve these issues.
    - Lots of committee work and statewide stakeholder listening sessions have been held to provide input into our NC Olmstead Plan, under the direction of Dave Richard and Sam Hedrick, Senior Advisor for ADA and Olmstead. The plan is being drafted by our vendor and will consist of two-year deliverables. The Department plans to publish it during the first quarter of 2022.

- DHHS received a mobile crisis intervention planning grant from CMS to align our mobile crisis intervention services for Medicaid beneficiaries
- Reported trends of the Medicaid Long-Term Supports and Services (LTSS) and HCBS' efforts to mitigate institutional bias. The Department has made tremendous progress and expanded community-based services for individuals to remain in their community and participate in community activities.
- The Program of All-Inclusive Care for the Elderly (PACE) is expanding services to keep the elderly living in their homes throughout the State in four different areas. With the additional four PACE organizations, we anticipate having a PACE market of at least 50% across the state.
- Chair Massey opened the floor to the Committee for questions and comments.
- Vice Chair Marilyn Pearson thanked the Department for all it is doing, particularly for providers and the health departments. Marilyn stated, "we have all had concerns and issues with claims, etc. but the State has been very responsive and it is appreciated." We also appreciate the Department for it has done to get us through the pandemic.
- Chair Massey thanked Marilyn for her comments as they reflect the Committee's feelings as a whole.

MEDICAID MANAGED CARE UPDATE
Melanie Bush, Chief Administration Officer, NC Medicaid
- On behalf of Jay Ludlam, Assistant Secretary, NC Medicaid, Melanie presented the following:
  COVID Response
  - The Department is encouraging everyone to get vaccinated because of the Delta variant's high rate of transmission. Find your shot at MySpot.nc.gov. Go to ncdhhs.gov/GetTested to find testing sites in your community.
  Managed Care Key Milestones
  - September 29th: Last day that health plans honor existing prior authorizations that were approved prior to Medicaid launch on July 1.
  - September 30th: End of enrollment choice period for beneficiaries to change their PHP without cause.
  - November 30th: End of the beneficiary choice period to change their Primary Care Provider (PCP) "without cause".
  - November 30: Last date out of network claims paid at in-network rates.
  Standard Plan Update
  - Deadline for members to change their PHP without cause is September 30, 2021.
  - Beginning October 1, 2021: Beneficiaries can change their PHP at their Medicaid recertification date, or "with cause".
  - Beneficiaries can make these changes by calling the Enrollment Broker 833-870-5500 or visit the enrollment website: ncmedicaidplans.gov.
  - Out-of-network flexibilities have been extended until November 30, 2021.
  Provider Claims Payment Timely Filing Reminders
  - With 18 calendar days of receiving medical claims, PHPs are to notify the provider whether the claim is clean or request additional information. Clean claims are required to be paid within 30 days of receipt.
  - Providers are required to file the claims timely within 180 days of the date of service.
  - Unpaid claims within the required timeframe of 30 days bear interest at the annual rate of 18%, beginning on the date following the day on which the claim should have been paid or was underpaid. Additionally, there is a penalty that the PHPs must pay providers equal to 1% of the claim per day.
  - The Department is tracking claims and making sure the plans are paying appropriately.
  Current Status
  - The total weekly payment to providers for pharmacy and medical claims is at the same level as fee-for-service prior to Managed Care launch.
  - More pharmacy claims are getting paid, and fewer are getting denied in managed care.
  County Transitions
  - Vaya is assuming the counties associated with the Cardinal catchment area. DHHS is working closely with the LME-MCOs to make sure that beneficiaries' care is not disrupted and to support county transitions. Melanie highlighted the county transition dates.

Managed Care Tailored Plan Regions
- o LME-MCOs will eventually become our tailor plans.
- o The Department is working with future Tailored Plans to prepare for July 2022 implementation.

Behavioral Health I/DD Tailored Plan Member Milestones
- o February 1, 2022:   TP Member Service Lines go live
- o April 1, 2022:   Auto Enrollment
- o June 1, 2022:   PCP Auto-assignment
- o July 1, 2022:   Tailored Plan Launch

Resources
- o Melanie highlighted several important resources available for our beneficiaries.
- o Encouraged participants to join the back porch chat webinar series hosted by Dr. Shannon Dowler and to review the Medicaid Bulletins.
- o Chair Massey thanked Melanie and opened the floor to questions from committee members.
- o Melanie entertained questions from the floor and responded.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE
Adam Levinson, Chief Financial Officer, NC Medicaid
- Enrollment is higher than projected. NC Medicaid spent about $3.9b (95%) of the authorized appropriations budget in SFY 2020-21.
- Overall SFY 2021 spending was below projections. Year-end reversion $201m.
- After Medicaid Managed Care launch, July 6, 2021, Medicaid check write almost doubled. $1.2 billion, largest single week total in the Medicaid program's history.
- Through September 14, 2021, DHB has paid $361.3m in claims runout for the Standard Plan population. 79% of this was paid out in July.
- Forecasted Total Enrollment for SFY 2022 (not including family planning): Current forecast peaks at 2.3m beneficiaries in January 2022, assuming the Public Health Emergency (PHE) (ends. Actuals have continued to rise to 2.25m beneficiaries as of August 2021.
- Now that Medicaid Managed Care has launched, we will watch the following factors closely:
  - o Legislative Budget – Rebase & Transformation
  - o Continued enrollment growth
  - o Extension of PHE and the enrollment drop when PHE ends.
- Chair Massey opened the floor for questions and comments. There were none.

MEDICAID UPDATES FROM THE CMO
Shannon Dowler, Chief Medical Officer, NC Medicaid
- o Provided a high-level on the following: 1) Medicaid Healthy Opportunities Screening, Assessment and Referrals (HOSAR) payments, 2) Advanced Medical Home (AMH), and 3) quality and pharmacy summary data.

HOSAR (Patient screening for social determinants of health)
- o Access to food was the top one for people who screened positive. Housing stability and the ability to pay for electricity, heat and water came in second. Transportation to medical care was third.

AMH Glidepath Payment Status
- o NC Medicaid offered time-limited payments to Advance Medical Home (AMH) Tier 3s who demonstrated successful readiness of AMH Tier 3 responsibilities. The Department conducted validation prior to initiating payment for each month.
- o Shannon shared a map highlighting the different medical homes that applied for this incentive geographically throughout NC.

Health Equity Payments (HEP)
- o The team looked at counties and practices where the percentage of the patient population were Medicaid beneficiaries living in poverty, and increased PMPM based on the practice's mix of beneficiaries. Over $50 million was spent around the state.
- o NC Medicaid is continuing all existing temporary rate increases at this time.

NC Medicaid 2020 Quality Measure Performance
- o HEDIS Measurement Year 2020 – Results in prevention, screening, and access to primary care measures indicate majority have little variability from prior year rates, despite COVID PHE. Shannon highlighted slight improvements in some areas and slight declines in other areas.

Medicaid Pharmacy Summarization
- o Slight increases in drug prices and rate rebates -- the net costs showed a slight increase per prescription, but not huge.
- o Dr. Dowler highlighted the top 10 medications by "Net Spend" and by "Claim Count".

COVID-19 Related Work
- o Implementation of Synagis PA for early RSV season. The Department is monitoring Synagis utilization via claims, encounters data, and RSV activity – local and national trends.
- o Ivermectin is said to be a potential treatment for COVID which is not based on data, evidence, or science. Medicaid claims show really high doses are being inappropriately prescribed and is putting a prior authorization on it. The Department is also reporting inappropriate prescribing of Ivermectin to the Medical Board.

Clinical Policy Attestation Oversight Process (CPAP)
- o With the launching of Managed Care, Medicaid must keep existing clinical policies as a floor, meaning that they cannot be more restrictive than what Medicaid say should be covered. The Department is working hard at the clinical policy oversight piece and wanting to make sure that the plans are covering everything that needs to be covered.
- o Kim Schwartz shared excitement for the equity payment and thanked Medicaid for its commitment on it. Kim asked that the minutes reflect the following: "The glide payment was a godsend because the receivables suck." Kim re-emphasized that the Department is doing really good work and it is appreciated.
- o Shannon addressed questions and comments from the chat.

DIRECT CARE WORKFORCE CRISIS UPDATE
Kezia Scales, PhD., Director of Policy Research, PHI
Adam Sholar, President & CEO, North Carolina Health Care Association
- Kezia shared background on PHI and its partnership in NC with the North Carolina Coalition on Aging to implement the essential jobs, essential care, direct care workforce initiative. PHI's goal is to lead the Essential jobs, Essential Care initiative in North Carolina to advance solutions to our state's long standing, acute workforce crisis. This initiative is being led by a steering group that comprises experts with a diversity of perspective, including different long-term care providers, and academic researchers workforce.
- Three broad issue areas: 1) lifting direct care workers out of poverty, 2) investing in Workforce Innovations, and 3) improving data, to strengthen the workforce. Also focusing on policy reform including Medicaid policy because Medicaid is the largest payer of the services that direct care workers provide. Medicaid directly sets the rates and parameters within which providers employ and deploy their workers to a great extent.
- PHI is intensifying efforts because the crisis has become an emergency and because the policy window is open right now with the American Rescue Plan Act enhanced funding for HCBS, and with the Build Back Better initiative on the agenda at the federal level.
- Kezia presented a profile of North Carolina's direct care work force and stated the direct care workforce is persistently under recognized and undervalued which correlates with high rates of turnover and job vacancies. Median earnings are just about $18,000 per year (under $12/hr.) and over half of this workforce lives in poverty.
- Direct care work is very complex, challenging and rewarding. The misperceptions need to be corrected that this role requires low skills and is a dead-end job through structural changes to workforce development and compensation.
- Kezia stated Medicaid and Medicare policy and funding is vitally important, alongside labor and education policies, for investing in direct care workers and helping ensure that direct-care jobs offer a viable and sustainable career option for job seekers in North Carolina to meet our workforce needs and stabilize access to care for all those who need it in our state.
- Kezia shared PHI educational resources on the Direct Care Workforce data analyses and extended an invitation to all to visit the PHI website for more information: www.PHInational.org.

- Adam Sholar, NCHCFA, stated NC nursing homes are facing an acute direct care workforce crisis. This crisis predates COVID and is a chronic problem. Adam highlighted an article which focused on front line direct care workers in nursing homes featured in the current issue of the NC Medical Journal: "The Caregiving Crisis: Significant Changes Needed to Fill the Void of Caregivers in North Carolina Nursing Homes".
- NC nursing homes have lost 12,500+ employees since January 2020. An additional 2,686 nursing home employees quit in August 2021. Rate of pay is the largest issue.
- Adam summarized a three-page article regarding the workforce crisis facing NC Nursing Homes providing data and statistics. A recent survey of NCHCFA members, conducted August 30-September 8, 2021, underscores the workforce crisis facing NC's 400+ nursing homes.
- Adam stated that the aging population will need more individuals in this profession...there needs to be improvement in the current state of direct care workers. The alarm bell is ringing and things will get worse. Adam thanked Medicaid staff for having done all in their power. Also, thanked the Committee for the opportunity to speak.

PUBLIC COMMENTS
- Greg Griggs thanked team Medicaid for the work done during the pandemic and the Medicaid Transformation. Commented that NC Medicaid staff worked closely with the provider community and it has not gone unnoticed. Kudos for keeping the train on the track, Greg stated.

CLOSING REMARKS
- Chair Massey thanked the participants for joining and announced the next meeting will be virtually on December 10th. Pamela Beatty will distribute the 2022 MCAC meeting dates soon.

MEETING ADJOURNED