



MEDICAL CARE ADVISORY COMMITTEE (MCAC) QUARTERLY MEETING MINUTES SEPTEMBER 16, 2022 (10:30 a.m. – 12:30 p.m.)

(Virtual Meeting w/Microsoft Teams Access)

Participant Call-in (by audio only): +1 984-204-1487, Access Code: 293259016#

MCAC MEMBERS PRESENT

Gary Massey, MCAC Chair, Marilyn Pearson, MCAC Vice Chair, Samuel Clark, David Tayloe, Benjamin Smith, Ivan Belov, Billy West, Casey Cooper, LaSonia Barnett, David Sumpter, Paula Cox-Fishman, Trent Cockerham, Jenny Hobbs, Heather Burkhardt and a host of other MCAC Interested Parties.

STAFF PRESENT

Dave Richard, Adam Levinson, Erika Johnson, Melanie Bush, Kelly Crosbie, Julia Lerche, John Thompson, Sandra Terrell, Joel Mercer, Sabrena Lea, Michael Leighs, Mark Casey, WRenia Bratts-Brown, Melissa Papadopoulos, Angela Smith, Betty Staton, Pratrice Partee, Andrea Phillips, Adam Short, Kelsi Knick, Emma Sandoe, Patrick Pickett, Ivy Jones, Kathleen Batton, Pamela Beatty, and a host of others.

CALL TO ORDER

Gary Massey, MCAC Chair

- Chairman Massey called the MCAC meeting to order at 10:30 a.m. and reminded participants to review the Clinical Policy Written Reports and Proposed State Plan Amendments included in the meeting materials. Roll call was taken and a quorum declared by Pamela Beatty. Paula Cox Fishman motioned to approve the June 2022 MCAC meeting minutes and Trent Cockerham seconded the motion. Minutes were approved by the Committee.

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Thanked the members and all in attendance for their continued commitment to the MCAC.
- Dave commented on the success of the Managed Care (MC) launch despite the recent press report pertaining to provider claims payment issues. Dave thanked the leadership of the MC organizations for being responsive and working to resolve the issues.
- Announced the Department finished the fiscal year in the black and did not need the General Assembly to appropriate additional funds. Acknowledged the fine work of the Medicaid Budget Management team and staff.
- Expressed appreciation to the MCAC for being in front of issues with presentations and letters to the GA pertaining to Direct Care Workforce (DCW), Medicaid Expansion, and rate structures across the board. These are critical issues for us, Dave stated.
- There has been a lot of press coverage on Medicaid Expansion (ME). The House and Senate leaders, healthcare associations, and the Governor are working hard for its passage. Dave stated he is optimistic about ME and encouraged continuing conversations with legislators. Dave reminded participants that ME would result in \$8 billion worth of recurring new revenue to the State.
- Dave mentioned the WRAL article regarding allegations surrounding the Medicaid Enterprise System (MES) and misspending of Medicaid funds. Dave stated that there are no claims at the federal level (CMS) of wrongdoings. The Department hired an outside firm to review the concerns that were raised. The State Auditor is doing a review and if there are adverse findings, the Department will address them.
- Chairman Massey thanked Dave for the very timely comments and opened the floor for questions or comments prior to the Tailored Plans update. There were none.

OPENING REMARKS (Continued)

Dave Richard, Deputy Secretary, NC Medicaid

- In Jay Ludlam's (Assistant Secretary, NC Medicaid) absence, Dave provided the following update on the Tailored Plans: Decision will be made in September on whether the Department can go live with Tailored Plans. Past six weeks, the Department has been doing readiness reviews onsite with our Tailored Plan partners. Issues were identified and are being addressed.
- Tailored Plans Open Enrollment has taken place and provided beneficiaries the opportunity to make decisions about physicians and tailored care management agencies. Contracting is still happening and is slower than expected. Adequate providers are needed for TPs as we do not want disruptions with beneficiaries' lives.
- Chairman Massey opened floor for questions or comments. Dave answered a question from Paula Cox Fishman regarding the availability of ME funds for individuals on the Registry of Unmet Needs/Waitlist for the NC Innovations Waiver.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Reported on the monthly Medicaid enrollment by category, change since start of Public Health Emergency (PHE): 637,000 (29%) total growth: The numbers are not evenly distributed across the different categories. Every category is up and the growth continues to be driven primarily by parents and other adults
- Overall growth since the beginning of the pandemic is just under 30%.
- The current PHE is scheduled to officially end in October which will trigger redeterminations and decrease enrollment. According to federal guidelines, redeterminations are required to be completed within a year.
- Chairman Massey requested clarification on whether the extra money will continue into 1st quarter of 2023 because of the notification process. Adam responded stating the bonus FMAP goes to the end of that quarter.
- Highlighted the monthly Medicaid enrollment by month, actual and forecast (excluding Family Planning).
- NC Medicaid finished SFY 2022 with a \$49m surplus, compared to a \$201m surplus in SFY 2021.
- Chairman Massey opened the floor for questions and comments. Billy West, MCAC Member, commented that the argument for ME is in higher demand for the State. If ME does not take place, the State will spend more money and people will be without coverage. Billy further stated that this is scary and expressed appreciation for all the State's hard work.
- Adam ended with a brief recap of how NC Medicaid ended the year with a \$49m surplus and things to watch for in SFY 2023.
- Adam responded to question from Jenny Hobbs, MCAC Member, regarding why PDN did not receive an extension of the temporary COVID add-on rates as the other home and community-based services?

POPULATION HEALTH UPDATE

Kelly Crosbie, Chief Quality Officer, NC Medicaid

- Presented a high-level update on what the Department has been tracking in terms of population health before, during, and after Medicaid Transformation.
- Highlighted the Advanced Medical Home (AMH) program – AMH program was developed as the primary vehicle for care management as the state transitioned to Medicaid Managed Care on July 1, 2021. AMHs are primary care doctors in three different tiers. AMH evolved from our Carolina Access program as we moved the Carolina Access program into Standard Plans. AMHs receive value-based payment (additional dollars) to perform local care management for their members.
- 80% of our members are enrolled in Tier 3s which was our highest level of primary care practice.
- Overall, all categories of primary care have remained steady or increased through Managed Care transition.
- Member Demographics – data is being reviewed by race, ethnicity, and gender identity to understand disparities. The vast majority of our members are enrolled in AMH Tier 3 practices.
- Percentage of Standard Plan Members Enrolled in AMH -- Regions 2 and 3 have the lowest share of beneficiaries at an AMH Tier 3.
- Provided an overview of the various AMH dashboards that the Department is tracking: 1) Maternal Health Dashboard, 2) Care Management, 3) Adult Health Dashboard, and 4) Child Health Dashboard.

- The Division is working through data ingestion issues. In the past, dashboards were populated by Medicaid claims. Now they are populated by the encounters received from health plans.
- Chairman Massey opened the floor for questions and comments. There were none.

DIRECT CARE WORKFORCE (DCW) UPDATE

Heather Burkhart, North Carolina Coalition on Aging

- Expressed appreciation to Dave for his comments and recognizing the Direct Care Workforce (DCW) as one of the Department's number one priorities. Long Term Services and Supports (LTSS) and DCW is directly tied to publicly funded services and Medicaid. Therefore, it is the responsibility of the government to take care of its most vulnerable. Heather also thanked Dave for having the Direct Care Workforce (DCW) standing update on the MCAC meeting agenda.
- We need to keep working to increase wages for the DCW which is a very important part but the system is much more complex than wages. There are other things like data. In looking at Kelly Crosbie's great dashboards, we may need to have Kelly work on a dashboard for DCW across the different settings and populations.
- Duke University Sanford School of Public Policy (working with key partners: Appalachian State University, National Domestic Workers Alliance, NC Coalition on Aging, and PHI, as part of WECARE: Workforce Engagement with Care workers to Assist, Recognize and Educate) received a grant to create a streamlined curriculum/trainings across the Long Term Services and Supports (LTSS) system. This initiative is being funded essentially by UNC Cares and Money Follows the Person (MFP) grant dollars. A kickoff meeting and informational session will be conducted next week. Heather extended an invitation to the MCAC members and meeting participants. Individuals with lived experiences as well as DCW professionals will be at the table.
- Nursing homes are still experiencing a high rate of staff turnover. CMS recently released data showing that the national turnover rate is at 53% in nursing homes. Unfortunately, North Carolina is nationally ranked and included in that number. Fifteen percent of nursing home staff is being contracted.
- In closing, Heather stated we need to make sure that we are seeing improvement in DCW quality, wages and reimbursement rates.
- Chairman Massey thanked Heather for her very timely remarks and opened the floor for comments.
- Benjamin Smith, MCAC member, stated in addition to the challenges with the nursing homes and the facility staffing, there is the budget impact from the health system side and the hospitals that are unable to discharge patients to certain facilities as well. We need to think of solutions pertaining to this challenge as well. Jenny Hobbs, MCAC member, added that children with high acuity needs who could potentially be served by HCBS are not because of lack of staffing in place. There are various reports from advocacy groups stating hospitals are backing up due to having to wait to discharge them.

PUBLIC COMMENTS -- There were none.

CLOSING REMARKS

- Chairman Massey thanked everyone for their time and presentations.
- Acknowledged the members who are rotating off the MCAC: Casey Cooper, representing Congressional District 11, and four At-Large Members, Benjamin Koren, Thomas Johnson, Duncan Sumpter and Paula Cox Fishman are among the members rotating off the Committee due to having served the maximum terms according to the MCAC Bylaws. Chairman Massey thanked the members for their many years of volunteered service and devotion to the MCAC.
- Next MCAC Meeting will be hybrid and held at the NCSU McKimmon Training Center (1101 Gorman Street, Raleigh, NC 27606) on December 9, 2022.

MEETING ADJOURNED