NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medical Care Advisory Committee Meeting

Sept. 20, 2024

Agenda

- Call to Order
- Welcome and Introduction of New Members
- Roll Call
- Approval of June 21, 2024, Minutes
- Opening Remarks & Updates
- MAC/BAC Update
- 2024 Quality Strategy Update
- Direct Care Workforce Update
- Closing Remarks

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid & Beneficiary Advisory Committees Update

Kathy Batton
Communications Manager, Communications & Engagement

Sept. 20, 2024

MAC/BAC Requirements

Reimagine the current MCAC by creating a BAC and MAC – a more formalized structure for beneficiaries and interested parties to provide feedback to the state about Medicaid

Scope of the BAC and MAC

The BAC and MAC will advise on a broad range of topics including:

- Additions and changes to covered services
- Coordination of care
- Quality of services
- Eligibility, enrollment and renewal processes
- Enrollee and provider communications
- Cultural competency, language access and health disparity
- Access to services
- Other issues that impact the or outcomes of health and medical services

MAC/BAC Phase 1 – Planning

- Develop proposed membership and meeting requirements
  - Scope
  - Membership requirements and term limits
  - Meeting cadence and requirements
  - Meeting format
  - Compensation and reimbursement
- Develop draft application
- Schedule MAC/BAC 2024 meetings and orientation dates
- Draft MAC/BAC Recruitment Comms & Engagement Workplan
  - MAC/BAC external webinar
  - Launch MAC/BAC website with application
- Review MAC/BAC applications
- Select/notify MAC/BAC members

MAC/BAC Phase 2 – Execution

- Orientation for MAC/BAC members February 2025
- Inaugural BAC Meeting March 2025
- Inaugural MAC Meeting March 2025

MAC/BAC Requirements

Membership

The BAC – an advisory group consisting of people with lived experience with Medicaid. It must consist entirely of individuals who are or have been either:

- Medicaid beneficiary
- Family members
- Caregivers (including paid caregivers)

The MAC – a larger advisory group comprised of a diverse group of stakeholders including:

- A portion of BAC members
  - 10% July 9, 2025; 20% July 10, 2026; 25% July 11, 2027
- At least one member from each category:
  - Clinical providers or administrators
  - State, local or community-based organizations
  - Participating plans/state associations
  - Other state agencies as ex officio members (non-voting)

MAC/BAC Guidelines

The BAC and MAC can be built to meet the unique features of the program

- BAC and MAC members are selected be the Deputy Secretary of Medicaid
- Interested parties must submit applications for review by Medicaid
  - Need to ensure varied representation on the BAC and MAC (e.g., enrollees with different demographics or health care needs, different provider types).
- By July 9, 2025, Medicaid must have bylaws and a recruitment/facilitation processes in place. This includes:
  - Member selection criteria (must be selected on a continuous and rotating basis)
  - Onboarding
  - Term lengths - members may not serve consecutive terms but can serve multiple non-consecutive terms.
  - How members roll on and off
  - Compensation
- Existing MCAC can be adapted to meet requirements of the BAC and MAC, as long as
  - the existing committees meet the new requirements
  - the state declares in publicly posted bylaws the group is being used to fulfill the BAC and MAC regulatory requirements

Meeting Frequency and Format

- Meeting Frequency
  - Both the BAC and MAC must meet once each quarter with off-cycle meetings held as needed
  - The BAC must meet separately from and before each MAC meeting to ensure BAC members are prepared to participate in the MAC meeting
- Meeting Format
  - Must offer rotating meeting participation options, including all in-person, all virtual, and hybrid (virtual and in-person) attendance.
  - Regardless of the meeting format telephone dial-in option must be available
  - Two MAC meetings per year must be open to the public, with dedicated time for public comment.
  - The BAC may decide for itself which meetings (if any) are to open to the public.
  - BAC and MAC meeting agendas must include an opportunity for members to disclose any conflicts of interest.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

2024-2025 NC Medicaid Quality Strategy Update

Nicholas Bailey
Deputy Director, Quality

Sept. 20, 2024

NC Medicaid Managed Care Quality Strategy

Federal Medicaid Managed Care Quality Strategy General Rules

- NC Medicaid must draft and implement a written quality strategy for assessing and improving the quality of health care and services delivered by NC Medicaid Managed Care and NC Medicaid Direct.
- The State must review, and update must occur no less than once every three years.
- The State must make the document available for public comment before submission to the Centers for Medicare & Medicaid Services (CMS).

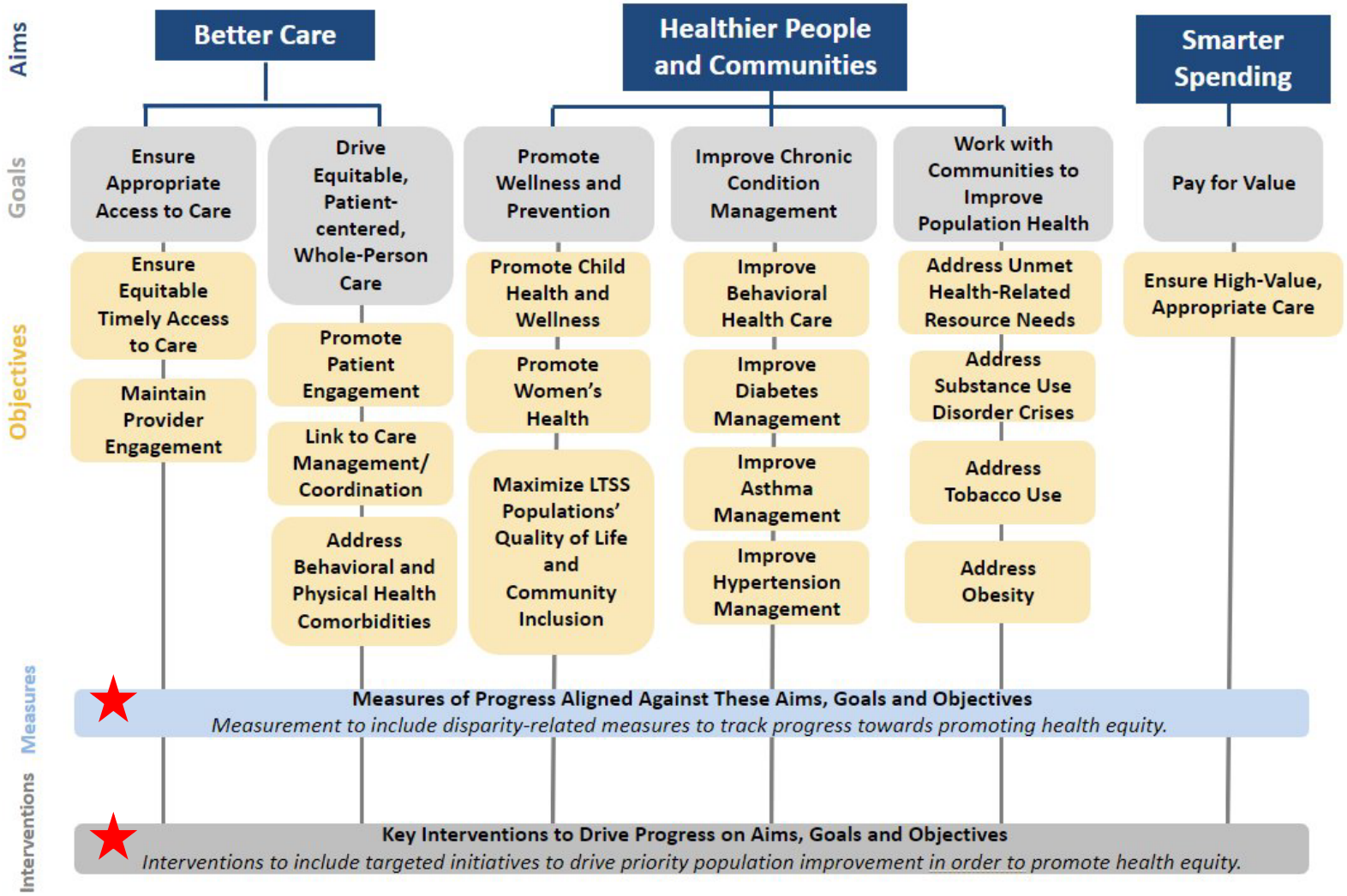
North Carolina Quality Strategy

- The North Carolina Quality Strategy is a roadmap through which the Department will use managed care infrastructure to facilitate improvements in health and health care.
- Reflects the Department's commitment to three broad goals: Better Care, Healthier People and Communities and Smarter Spending.
- The most recent published version of North Carolina's Quality Strategy is available on the NC Medicaid website at: medicaid.ncdhhs.gov/transformation/quality-management-and-improvement

42 CFR 438.340, Managed care State quality strategy.

NC Medicaid Managed Care Quality Strategy Overview

North Carolina updated the Quality Strategy's Aims, Goals and Objectives Framework to highlight the state's focus on health disparity throughout measurement and interventions (as indicated by the red stars).



Federal Requirements for State Quality Strategy: Quality Strategy Content (1/2)

At a minimum, the State's quality strategy must include the following:

Federal Rule	Corresponding NC Quality Strategy Section
The State-defined network adequacy and availability of services standards for NC Medicaid Managed Care and NC Medicaid Direct required by §§438.68 and 438.206 and examples of evidence-based clinical practice guidelines the State requires in accordance with §438.236.	Section IV(A)(1): Network Adequacy Standards Section IV(B)(2): Practice Guidelines
The State's goals and objectives for continuous quality improvement which must be measurable and take into consideration the health status of all populations in the State served by NC Medicaid Managed Care, and NC Medicaid Direct.	Section V(A): Assessment of Quality and Appropriateness of Care
A description of: a) Quality metrics and performance targets used to measure performance and improvement of NC Medicaid Managed Care and NC Medicaid Direct entities the state contracts with b) The performance improvement projects to be implemented for beneficiaries enrolled in an NC Medicaid Managed Care or NC Medicaid Direct.	Section III(A): Quality Assessment and Performance Improvement Programs Appendix A: Quality Measure Sets
Arrangements for annual, external independent reviews, in accordance with §438.350, of the quality outcomes and timeliness of, and access to, the services covered under NC Medicaid Managed Care and NC Medicaid Direct entity contract.	Role of External Quality Review Organization (External Quality Review) for Standard Plans and Tailored Plans is mentioned throughout and functions described in Section IV(A)(4) Assurances of Adequate Capacity and Services and Appendix D: External Quality Review Activities

42 CFR 438.340, Managed care State quality strategy.

Federal Requirements for State Quality Strategy: Quality Strategy Content (2/2)

At a minimum, the State's quality strategy must include the following:

Federal Rule	Corresponding NC Quality Strategy Section
A description of the State's transition of care policy required under §438.62(b)(3).	Section IV(A)(3): Access to Care During Transitions of Coverage
The State's plan to identify, evaluate, and reduce, to the extent practicable, health disparities based on age, race, ethnicity, sex, primary language, and disability status. States must identify this demographic information for each Medicaid enrollee and provide it to NC Medicaid Managed Care or Medicaid Direct at the time of enrollment. For purposes of this paragraph (b)(6), "disability status" means whether the individual qualified for Medicaid based on a disability.	Section IV(A)(1): Network Adequacy Standards
For NC Medicaid Managed Care, appropriate use of intermediate sanctions that, at a minimum, meet the requirements of subpart I of this part.	Section V(C): Use of Sanctions
The mechanisms implemented by the State to comply with §438.208(c)(1) (relating to the identification of persons who need long term services and supports (LTSS) or persons with special health care needs).	Section IV(A)(5): Coordination and Continuity of Care
The information required under §438.360(c) (relating to nonduplication of External Quality Review activities)	Section V(A): Assessment of Quality and Appropriateness of Care
The State's definition of a "significant change" for the purposes of paragraph (c)(3)(ii) of this section.	Section II(C)(2): Updates to the Quality Strategy

42 CFR 438.340, Managed care State quality strategy.

Federal Requirements for State Quality Strategy: Development, Evaluation and Revision

In drafting or revising its quality strategy, the State must abide by the following requirements.

Federal Rule Language
Make the strategy available for public comment before submitting the strategy to the CMS for review, including: i. Obtain input from the Medical Care Advisory Committee, beneficiaries and other stakeholders. ii. If the State enrolls Indians in NC Medicaid Managed Care, NC Medicaid Direct or Primary Care Case Management entity, consulting with Tribes in accordance with the State's Tribal consultation policy.
Review and update the quality strategy as needed, but no less than once every three years. i. This review must include an evaluation of the effectiveness of the quality strategy conducted within the previous three years. ii. The State must make the results of the review, including the evaluation conducted, available on the website. iii. Updates to the quality strategy must take into consideration the recommendations provided.
Prior to adopting as final, submit to CMS the following: i. A copy of the initial strategy for CMS comment and feedback. ii. A copy of the strategy: 1. Every three years following the review; 2. Whenever significant changes, as defined in the State's quality strategy are made to the document; 3. Whenever significant changes occur within the State's Medicaid program.

42 CFR 438.340, Managed care State quality strategy.

Summary of Key 2024 Updates to the Quality Strategy

Updates	Details
Updates to NC Medicaid Managed Care Implementation Timeline	Revised timeline and associated included, exempt, excluded and delayed populations
Updated language related to Tailored Plans and the Children and Families Specialty Plan	• Describes Tailored Plan launch and the forthcoming Children and Families Specialty Plan (CFSP) launch • Describes the populations served by Tailored Plans and CFSP • Outlines the CFSP care management model • Adds measure sets and specification, network adequacy standards, quality assessments and performance improvement plans for Tailored Plans and CFSP
Included information related to Medicaid expansion population	Describes the eligible populations under Medicaid expansion
Updated relevant quality measure sets	Updated the measure sets to align with Measurement Year 2024 and 2025 changes

Quality Strategy Update Timeline

North Carolina plans to review, submit and publish the updated Quality Strategy in alignment with the below timeline.

Questions?

Essential Jobs, Essential Care-NC

Update to MCAC, September 2024

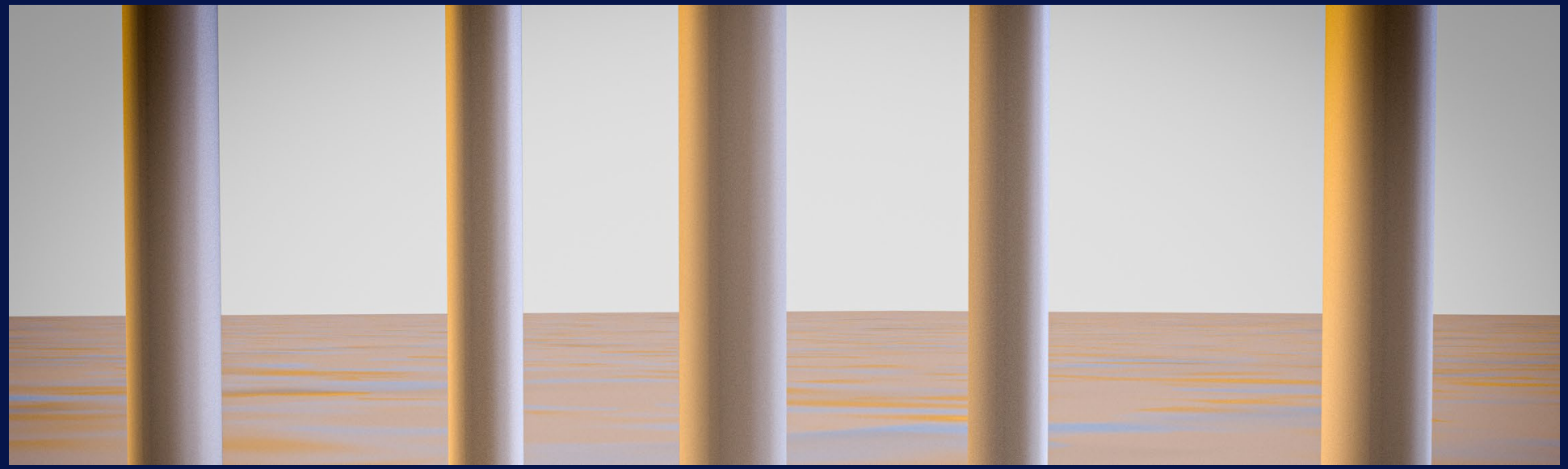
Essential Jobs, Essential Care™"" is PHI's signature multi-state advocacy initiative that works closely with state leaders to advance policy reforms on the direct care workforce. From 2020-2022, PHI worked closely with the NC Coalition on Aging to design and co-lead a 3-year advocacy initiative focused on improving these essential jobs

Continued support is thanks to the Z. Smith Reynolds Foundation.

NC COA
COALITION ON AGING

PHI
QUALITY CARE THROUGH QUALITY JOBS

PHI's 5 Pillars of Job Quality



Fair Compensation

Quality Training

Quality Supervision and Support

Respect and Recognition

Real Opportunity

Acknowledgement of Relevant DHHS-Sponsored Work

Elevating the Common Denominator in Addressing the Direct Care Workforce Crisis: the informal caregiver

1.33M

Informal caregivers in NC

AARP Public Policy Institute, Released 2023

Integrate care teams

Use training, technology and regulatory changes to integrate direct care workers and caregivers into care teams.

Expand access to self-direction programs.

Increase flexibility and reducing economic challenges for caregivers.

Increase matching service registries.

Connect individuals and families with direct care workers based on criteria like location, credentials, and experience.

Invest in research.

Develop evidence-based practices to strengthen the relationship between direct care workers and family caregivers.

Save the Date!

As Part of the NC Serious Illness Coalition's 2024 Symposium

We are in this Together: How the Caregiving Crisis Affects Us All

Wednesday, Oct. 30, 2024
Noon-1:30 p.m.

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