NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH BENEFITS, NC Medicaid

MEDICAL CARE ADVISORY COMMITTEE TELECONFERENCE MEETING
October 18, 2018

DMA Kirby Building, 1985 Umstead Drive, Conference Room 132, Raleigh, NC 27699
Teleconference Number: 919-662-4658

The Medical Care Advisory Committee (MCAC) met via teleconference on Thursday October 18, 2018 at 10:30 a.m. – 12:00 p.m.

ATTENDEES

MCAC Members in Person: Gary Massey, MCAC Chairman

MCAC Members via Telephone: Marilyn Pearson, MCAC Vice-Chairman, Kim Schwartz, Samuel Clark, Steven Small, Ivan Belov, Chris DeRienzo, Linda Burhans, Ted Goins, Paula Cox-Fishman, David Tayloe, Benjamin Smith, William Cockerman, Casey Cooper, Billy West, David (Duncan) Sumpter, Benjamin Koren,

MCAC Interested Parties via Telephone: Jeff Horton, Tara Fields, Martha Brock, Jean Anderson

NC Medicaid Staff: Dave Richard (telephone), Sandra Terrell (telephone), Debra Farrington, Pamela Beatty, Sharlene Mallette, Madhu Vulimiri, John Stancil, Deb Goda, Sharon McDougal, Patrick Doyle

CALL TO ORDER

Gary Massey, MCAC Chair

- Gary Massey, MCAC Chair, called the meeting to order at 10:30 a.m. A roll call of the members was done by Pamela Beatty. Quorum declared. Chairman Massey welcomed and thanked everyone for their participation. Chairman Massey called for a motion to approve the September 21, 2018 MCAC Meeting minutes. Kim Schwartz motioned to approve the minutes and Paula Cox Fishman seconded the motion. The September 21, 2018 MCAC meeting minutes were approved by the Committee.
- Gary Massey announced that Dave Richard was out of town attending a meeting and would dial in to provide opening remarks.

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Dave provided the following Medicaid Transformation highlights:
  - PHP RFP responses are due tomorrow, October 19, 2018. An evaluation process will begin immediately afterwards.
  - The Department is confident that the 1115 Waiver application will be approved by CMS within days.
  - The Department intends to go live in November 2019 with the awarded health plans in the first two regions. The other four regions will go live in February 2020. Dave stated that Debra Farrington is on the agenda and will present additional Transformation information later.
  - Chairman Massey opened the floor for comments or questions for Dave.
  - Kim Schwartz thanked Dave for the update. Kim inquired about the selection process. Who will be making the final choices and what is the timeframe? As a Medical Care Advisory group, will we have any say, asked Kim? Dave replied, the Department is following a very clear procurement process which is outlined in State statutes and our regulatory process. There will be a committee of seven State staff members to review the applications and make the decision on who receive the bids. The goal is to ensure that it is an objective process, one where there is no question about the merit of the award.

- Sam Clark inquired about the anticipated date that the selected Managed Care entities will be announced? Dave replied, the 1st week of February 2019. Sam asked if someone appeals the selections, will it push implementation back? Dave stated no; however, there is always something that could change that. We intend to go live November 1, 2019.
- David Tayloe inquired about the timeline for providers to contract with PHPs and how it relates to the time period for patients to choose PHPs or be auto assigned? Dave Richard replied that the timeline will start in February 2019. Debra Farrington added that a few months after the contracts have been awarded in February 2019, the Enrollment Broker (EB) will begin to communicate with beneficiaries about their options through written means. A website will also be available for people to obtain information. An open enrollment period will begin mid-July 2019 through mid-September 2019. After the end of the open enrollment, people will be auto assigned and have 90 days after we go live November 1, 2019 to make a change in their choice of PHP.
- David Tayloe asked if it is anticipated that PHPs and providers will already have contracts in place at that time? Debra replied, yes. The timeline assumes that the EB will already have received Provider directories from the PHPs and uploaded in their systems. Beneficiaries will use the directories to help guide their PHP selection.
- Chairman Massey asked if the Committee could receive a timeline for all events that the Department perceives will occur and how they will parallel with providers getting contracts with potential PHPs? Debra agreed to provide a timeline at the December meeting.

- Chairman Massey drew attention to a one-pager in the meeting handouts prepared by MCAC member, Billy West, regarding proposed service definition changes and concerns related to Mobile Crisis Management (MCM). Chairman Massey asked Billy to explain the proposed changes in detail.
  - Billy West gave an overview of Mobile Crisis Management and stated that all mobile crisis management providers in the State are very concerned about this issue. We are getting ready to move into a system that will increase, possibly double, the cost of MCM services that is heavily accessed by indigent patients.
  - Billy West further stated that in looking at the current vs the proposed service definition requirements, this moves it from a periodic Mobile Crisis team to what looks like a mini Assertive Community Treatment (ACT) team. Billy stated that it may not be supported without Medicaid expansion. Even with Medicaid expansion, it may not be worth the cost. The money may not be there to run it. The stakes are really too high to ignore it. Billy asked MCAC member, Duncan Sumpter, who is also a mobile crisis provider to express any comments or concerns on the subject.
  - Duncan Sumpter expressed appreciation to Billy West for raising the subject and agreed the stakes are high. Duncan added that the workforce issue is a significant piece as well. It will be difficult to recruit and retain the workforce to meet the requirements. The other important piece is that the proposed change will eliminate some of the current staff credentials for providing these services.
  - Dave Richard expressed appreciation to Billy and Duncan for their remarks. Dave stated that the Department is not planning to move forward with this change at this time. The Department plans to have more robust conversations with stakeholders and others about our options. We are continuing to review our Behavioral Health system to determine what is working and what is not, said Dave.
  - Deb Goda agreed with Dave Richard and added that the change has not been posted. We need to look at rates and other options, as well as make a technical change to add the 24-hour requirement into the policy. Bert Bennett underscored what Dave and Deb said. Billy West thanked the group for listening.
  - Chairman Massey commented that this discussion is a good example of the things that he wants brought before the Committee from time to time as we are moving into the whole transition with the MCO approach, the PHPs, etc. Chairman Massey further stated that he would love for these types of discussions to take place among the subcommittees going forward to the extent that we can influence the PHPs to take these thoughts into consideration, as they implement the services that they will offer.
- Chairman Massey reminded the Committee about past discussions on the workforce issue and asked them to keep it on the radar. He further stated that there is also a growing concern about cash flow issues from the smaller provider communities. They are concerned about how their claims are going to get paid. Providers are accustomed to a system now wherein claims are submitted one week and paid the next. There will be a

change in their financing model once the PHPs get involved. Chairman Massey suggested that a MCAC meeting would be a good forum for some public comments and exchange on this topic.

- Dave Richard thanked the group for their participation and the work that they do before disconnecting from the call.

MEDICAID TRANSFORMATION UPDATE:

Debra Farrington, Senior Program Analyst, NC Medicaid

- Debra provided the following Medicaid Transformation updates:

Enrollment Broker Implementation

- Sandra Terrell is the lead for the Enrollment Broker (EB) work. The Department secured Maximus as the vendor that will offer choice counseling for individuals when we go into Managed Care.
- A kick-off meeting with Maximus was held on September 5, 2018 to review what was outlined in their response to the RFP. The Department and Maximus have been working on an implementation plan that details what Maximus will be doing in the coming months to prepare for the transition for beneficiaries. This will include lots of communication with beneficiaries, establishing Maximus' web communications, their interactions with the local Department of Social Services (DSS), the Tribes, and other local community based organizations.
- The Department intends to have a soft launch period in June 2019 wherein the EB will communicate with the beneficiaries, accept calls and emails. The open enrollment will start in mid-June through mid-September 2019.

Advanced Medical Homes (AMH)

- AMH 101 and 102 webinars were held in August 2018. We reached about 1000 providers.
- Six regional faces-to-face AMH Tier Attestation trainings were held from Wilmington, NC to Asheville, NC. We reached about 600 providers. The attestation tool went live on October 1, 2018 in NCTracks and will be available through the end of January 2019.
- Prepaid Health Plans (PHPs) will receive a list of AMHs with attestation levels after the PHP contracts have been awarded in February 2019. Providers that have not attested by the end of January can still receive a contract with the PHPs but only at Tier 2 or lower. Any primary care practices that wish to attest at a Tier 3 will need to attest by January 2019. AMH Program materials are available on the Medicaid Transformation website.
- Dave Tayloe expressed appreciation for the AMH webinars and voiced concern, on behalf of the provider community, that the PHPs will have the power to drop providers down a tier or two and essentially pay them less because they would be providing the care management. From a financial liability prospective and to remain in business, the provider community feels that it would be advantageous for practices to achieve AMH Tiers 3 and 4.
- Debra commented that the PHPs have to contract 80% of the providers who have attested to an AMH Level 3. The Department intends to do additional engagement with providers prior to the awards so that adjustments to the AMH program and PHP requirements can be made, if necessary. The MCAC will be kept informed of opportunities to participate in future discussions, said Debra.

Key Milestones in Progress:

- We released a RFI several months ago and have received responses from the community. The Department anticipates that the Request for Proposal (RFP) will go out by the end of November.

Provider Data Contractor

- We are in the procurement process and evaluation phase of the Provider Data Contractor. You will hear more about where we are with the award of that contract.

Local Health Department Care Management Initiative

- Work has begun with the Local Health Departments Care Management Initiatives. The local health departments deliver at-risk care management for pregnant women and children with high risk needs. Those local health departments will continue exclusively to deliver those care management services for 3 years going into managed care. PHPs will be able to competitively procure other vendors to deliver care management after the third year. We will continue to have webcasts targeted to the health departments and some of our primary care practices in November and December 2018. In-person trainings will take place January and February 2019. Various communications will be sent through NCTracks, emails and the Medicaid Bulletins.

- The RFP for the External Quality Review Organization (EQRO) will be released soon. You will hear more information soon.

Behavioral Health/IDD TP Engagement

- Planning is in progress with regards to the Behavioral Health IDD/Tailored plans to include a robust engagement strategy with the community
- Various documents about our design proposal will be published for comments.
- Various community forums will be held. We intend to come back to the MCAC to talk about a Behavioral Health/IDD Tailored Plan Subcommittee.

MCAC Beneficiary Engagement Subcommittee Update:

Sharon McDougal Sr. Program Analyst

- Sharon provided an update on the Beneficiary Engagement Subcommittee, co-chaired by Marilyn Pearson and Jenny Hobbs. The Committee's work goes beyond managed care implementation. This is an ongoing committee, said Sharon.

Subcommittee Background

- Representation includes members from the public, advocacy organizations, provider associations, Medicaid beneficiaries and family members, individual and hospital practitioners, LME/MCO representation, and health policy experts.
- Subcommittee was established in March 2018 and have held monthly meetings.

Subcommittee Purpose

- Purpose of this subcommittee is to make recommendations for engaging with our Medicaid beneficiaries.
- Provide input on the strategies and methods of engagement with our beneficiaries.
- Provide feedback on policy papers and other materials for use with beneficiaries.

Subcommittee Accomplishments

- The Department received a great amount of feedback on the Beneficiaries in Managed Care Concept Paper. The subcommittee reviewed the concept paper, held discussions, and consolidated feedback from the subcommittee and other external feedback (May 2018)
- Provided input on the Beneficiary Fact Sheet issued with the PHP RFP (August 2018)
- The Subcommittee had a key role in providing input to help shape how we move forward with engaging our beneficiaries. Sharon turned the floor over to Debra Farrington to share additional information pertaining to the Beneficiary Engagement Subcommittee.

Subcommittee Recommendations (Debra Farrington)

Communication with Beneficiaries

- Specific feedback was received from our subcommittee on how they would advise us to communicate with beneficiaries. It was suggested that we use a one-page document.
- The Subcommittee suggested that local organizations should be used to help disseminate early and frequent communications to beneficiaries about the changes.
- During the feedback on the Beneficiary and Managed Care Concept paper and the PHP RFP, we received very specific feedback on the performance of the PHPs and the Enrollment Broker. It was requested that the Department have clear performance expectations of those plans and make that information available to beneficiaries.
- Individuals emphasized the need for us to be very transparent. Beneficiaries must have information on PHP performance to make wise choices.
- Individuals recommended that we address language translation and interpretation requirements
- Comments were made on the PHP's ability to meet the network adequacy standards. The subcommittee recommended that the Department consider changing a PHP's position in the auto assignment algorithm based on their ability to meet our network adequacy standards.
- Recommendations were received regarding Behavioral Health choice counseling.

Ombudsman

- It was recommended that the ombudsman not have access to beneficiary information available at the State.
- Use clear mechanisms to share information with referral entities.
- Provide information to the public that they have on PHP performance and any trends that the Ombudsman tracks.

- Marilyn Pearson, added that we had great engagement on the subcommittee. Members from the public called in to help us see their perspective so that we all could be on the same page.
- Chairman Massey suggested that the Beneficiary Engagement Subcommittee make sure individuals associated with social determinants of health, housing, food pantries, and transportation are involved in the nontraditional partners group. Debra replied, we are. One of the subcommittee members who is affiliated with Care Share NC invited us to do a webinar on Medicaid Transformation, which we did a month ago. We also provided a Medicaid Transformation presentation to the Housing Coalition.

Potential Risks/Noted Concerns

- Health Information Exchange (HIE) data connectivity issues. People had some PTSD from the NCTracks implementation.
- Concerns were expressed about previous experiences with the NC Fast implementation. It was stated that we need to pay attention to how we exchange data and have our information technology systems up and ready for this Transformation.
- Questions were raised about the impact of Medicaid Transformation on DSS staff. Debra stated that the Department is working with DSS at the division and local levels to train staff and evaluate which of their processes will be impacted by the Transformation.

PUBLIC COMMENTS

- Mary Short stated that she was surprised that the Innovations Waiver is awaiting CMS approval within days. She never noticed it was posted for public comments. She is hopeful that maybe Clinical Coverage Policy 8P will be posted for public comments.
- Mary Shorts commented that the Beneficiary Engagement Subcommittee did not discuss the role of SSI and how people who apply for SSI become eligible for Medicaid. There is not a DSS application, said Mary. How will those people be directed to an Enrollment Broker?
- Mary Shorts voiced concern about the Behavioral Health tailored plans. She stated that there does not seem to be any clarity around the Behavioral Health tailored plans pertaining to the duals – the Medicare and Medicaid IDD population. In the waiver for disabled adults, the duals are excluded. The CAPDA duals are excluded from this Medicaid transformation. The tailored plans do not seem to exclude the Medicaid duals.
- Debra Farrington thanked Mary for her comments and emphasized that the Enrollment Broker will be responsible for communicating with everyone who is currently eligible for Medicaid. We will not be dependent upon the DSS caseworker to initiate that communication. Debra also stated the individuals that were eligible for the tailored plan was included in the legislation that was passed in the Short Session 2018-48. Who was included and excluded was specified by that legislation and not at the discretion of the Department.
- Martha Brock commented on outreach to beneficiaries. Suggested that the Department reach out to the local Consumer Family Advisory Committee and consumer organizations in the mental health/IDD field, if outreach has not already been done. They have lots of contacts in the community as well as being knowledgeable themselves.

CLOSING REMARKS

- Chairman Massey thanked everyone for their participation and reminded them of the teleconference meeting on November 9, 2018 and the face-to-face meeting on December 14, 2018.

MEETING ADJOURNED