

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH BENEFITS (NC MEDICAID)

MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES  
July 19, 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, July 19, 2019 (10:30a.m.-12:00p.m.

ATTENDEES

MCAC Members: Gary Massey, MCAC Chairman

MCAC Members via Telephone: Marilyn Pearson, MCAC Vice Chair, Linda Burhans, Benjamin Smith, Samuel Clark, David Tayloe, William Cockerham, Stephen Small, Ivan Belov, Chris DeRienzo, Billy West, David Sumpter, Paula Cox Fishman, Jenny Hobbs, Casey Cooper, Ted Goins

MCAC Interested Parties: Corinna Miller, Lee Dobson, Mary Short, Robert Hardyman, Valerie Arendt, Tara Fields

DHB Staff: Dave Richard, Jay Ludlam, Debra Farrington, Sabrena Lea, Patrick Doyle, Wrenia Bratts-Brown, Andrea Phillips, Terri Pennington, 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 June 14, 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 Medicaid Managed Care Phase 1 Open Enrollment started this week, July 15, 2019.
  - o The House and Senate negotiated a final proposed budget. N.C. Governor Roy Cooper vetoed the General Assembly proposed budget partly because it did not include Medicaid Expansion.
  - o The General Assembly's rebase number was not what the Governor requested, which would cause the agency to exceed the proposed budget.
  - o Governor Cooper also does not agree with the Department of Health and Human Services (DHHS) proposed move to Granville County.
  - o The House bill amendment that stated if there was not a budget passed by July 15, 2019, Medicaid Transformation would not move forward was sent to the Senate but did not get approved on time to pass.

## MEDICAID MANAGED CARE UPDATE

### Debra Farrington, Chief of Staff, NC Medicaid

Debra provided an update to the MCAC regarding the rollout of the standard plans for the 1<sup>st</sup> Phase Open Enrollment which covers Regions 2 & 4.

- The go-live date for the soft rollout of Managed Care at the end of June 2019 was slightly delayed by the pending legislation that did not pass.
- The Enrollment Broker (Maximus) Call Center opened and the website went live. NC Medicaid MC mobile apps for Apple and Android were also made available.
- Approximately 208,000 enrollment packets were mailed to Phase 1 counties. Packets were sent to anyone with an enrollment period that goes through November 2019. If redetermination is still open, a letter was not sent to those individuals.
- David Tayloe inquired about the Enrollment Broker (EB), Maximus, having inaccurate information on providers and plans selected. How will the EB help the recipients navigate to the correct provider? Debra replied, the PHP sends the EB all providers contracted with them. The EB consolidates all providers in a searchable provider directory and uses it to counsel the members.
- Marilyn Pearson inquired about how often the directory is updated. Debra stated some files are updated daily and others are weekly.
- Jenny Hobbs asked if excluded beneficiaries received the welcome packets. Debra replied, no. Jenny stated that the Health Plan Comparison Chart that was originally distributed was not updated with the differences between the plans. Debra stated the comparison chart would be updated and integrated into the new packets. Debra stated that recipients are encouraged to call the EB to get the most accurate information
- As of July 15, 2019, open enrollment current member contacts included the following:
  - Enrollment Broker Call Center: 1,591 calls handled
  - Website Visits: 3,420
  - NC Medicaid Managed Care Mobile App: 752 Sessions and 383 Enrollments
  - EB Staff: At least 1 person based in each DSS office in Phase 1 Counties
  - Web Chats: 241
- Jay Ludlam joined the call and spoke briefly about the current number of enrollments versus where we want to be. We are at the point now of making improvements. We have an Interactive Voice Response Center, adjustments have been made to provider search tools, and downloadable documents are available on the web and in DSS offices. Medicaid staff is participating in many trainings and interviews.
- Debra provided a status update on the Ombudsman
  - Proposal deadline has been moved to July 31, 2019. The Department is in the silent period and awaiting responses.
- Debra provided a brief overview of additional supports to the providers
  - Development of a provider playbook
  - Continuing with the face-to face and webinar trainings
  - Health Plans meet and greets
  - Jay stated a beneficiary support document targeted towards providers/partners to assist beneficiaries during the transition will be published within the next week. It describes Phase 1 and 2 processes and provides available resources.
- Jay gave a brief overview on provider contracting requirements for payment and their ability to opt out of Prepaid Health Plans (PHPs) contracts under Managed Care. Jay stated a key requirement for provider payments and protection is providers must be in a health plan contract and their records loaded in the provider directory before they contract with a PHP. Health plans must contract and credential providers within 45 days.

- Debra stated that the Department is committed to ensuring there is no disruption in beneficiaries' care and that providers are being paid. Debra concluded her presentation with information on the following:
  - Beneficiary Support and contact information
  - Enrollment Broker contact information
  - DHHS Priorities for Day 1 of Managed Care
  - Upcoming Major activities
    - Phase 1 Open Enrollment (July 15 – September 13, 2019)
    - Standard Plan/Tailored Plan Split
    - Health Plan/Provider Contracting to Build Adequate Networks
    - Phase 1 Auto-Assignment (September 16, 2019)
    - Readiness Reviews – network, operations, IT
    - Phase 2 Open Enrollment (October 15-December 13, 2019)
    - Phase 1 Health Plan Effective (November 1, 2019)

#### COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) WAIVER UPDATE

##### *Wrenia Bratts-Brown / Waiver Operations Manager, CAP*

- NC Medicaid has been working with CMS to make the changes for the renewed Community Alternatives Program for Disabled Adults (CAP/DA) HCBS Waiver for another 5-year period. Changes to the waiver administration will include:
  - New to the waiver is an Independent Assessment Entity (IAE) to provide eligibility decisions, level of care and needs.
  - CAP/DA will no longer manage individual cost limit by a monthly threshold amount. The individual cost limit will be managed by institutional cost limit thresholds demonstrated in the waiver application as cost neutral.
  - Legal guardians, Power of Attorney (POA) and Health Care Power of Attorney (HPOA) are excluded from providing personal care services and receiving payment. Exceptions are made in certain circumstances.
  - CAP/DA Waiver renewal anticipated effective date is October 1, 2019

#### ACCESS MONITORING REVIEW PLAN (AMRP)

- Terry Pennington stated the AMRP is well on the way. Data and the narrative will be sent at least a week before the next meeting.

#### PUBLIC COMMENTS

Mary Short commented, the CAP/DA Waiver states only Activities of Daily Living (ADLs) may be reimbursed not Instrumental Activities of Daily Living (IADLs). Mary asked how staffing is going to work. Mary stated as for CMS asking for restrictions, this is not true. CMS does not put restrictions on legal guardians. It is completely the State's choice. The old waiver discussed backup staff and the new waiver does not discuss it at all. Regarding the new service definition of coordinated care, the low reimbursement rate is \$33.29, and the skilled reimbursement rate is \$54.91.

#### CLOSING REMARKS

The next meeting will be August 16, 2019 and it is a teleconference meeting. Thank you.

MEETING ADJOURNED