

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE CALL
JANUARY 3, 2017
KIRBY BUILDING, ROOM #297, RALEIGH, NC 27603

The Medical Care Advisory Committee (MCAC) Call on Friday, January 3, 2017 at 2:00 p.m.

ATTENDEES

Members in Person: Gary Massey – MCAC Chair, Dave Richard, Sandra Terrell, Sarah Pfau, Mary Rhodes, Pamela Beatty, Teresa Smith, Julia Lurche, Roger Barnes, Sarah Pfau, Sheila Platts; John Stancil, Christal Kelley, Alex Green, Julia Lurche, Wayne Mohr, Joel Mercer, Virginia Niehaus, Nancy Henley, Angela Diaz, Joel Johnson, Lisa Corbett, Ryan?

Telephone: Kim Schwartz, Samuel Clark, David Tayloe, Carol Yates Day, William Cockerman, Polly-Gene Cox, Marilyn Pearson, Stephen Small, Derek Pantiel, Casey Cooper, Billy West, Linda Burhans, Ted Goins, David Sumpter.

CALL TO ORDER

Gary Massey, MCAC Chair

- Meeting called to order at 2:05 pm with welcoming remarks followed by introduction of participants.
- Thanked each member for taking the time to join the call at short notice.
- Turned Opening Comments over to Dave Richards.

OPENING COMMENTS

Dave Richard, Deputy Secretary, DMA

- Expressed appreciation to Gary Massey for serving as the MCAC Chair and to the members for their participation by phone at such short notice.
- Introduction of the N. C. Governor, Roy Cooper, III.

GOVERNOR REMARKS

Governor Roy Cooper, III

- Governor Cooper thanked Dave and MCAC members for their participation. He also thanked Interim Secretary Benton and Dave Richard for putting the plan together along with William McKinney from his staff and Kevin Fitzgerald, Ginny Owen and many others.
- He stressed how important it is to have people insured. This is not just a moral obligation. It makes business sense.
- Medicaid Expansion will be a significant move forward and it puts NC in a better position for Healthcare Reform over the next couple of year. Especially for those with substance and mental health issue.
- Dr Mandy Cohen was appointed today as the new Secretary of DHHS.
- The Governor stated he looks forward to working with DHHS for a successful relationship.

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REVIEW OF STATE PLAN AMENDMENT

Dave Richard, Deputy Secretary, DMA

- Dave thanked the Governor for his leadership.
- This meeting is to discuss the expansion of Medicaid through the State Plan Amendment process, not a waiver.
- The draft State Plans have been posted on our website under the “*Get Involved*” section on Friday, January 6, 2017.
- The staff has been working with CMS to ensure requirements are met to finalize the amendments.
- We are basing our plans on the Blue Cross Blue Shield Blue Options Plans on the Market Place.
- This plan meets most of the requirements for Medicaid Expansion and is a Fee for Service plan.
- The proposal is to go live January 2018.
- This plan is robust with some of the benefits not quite on the same level but will help more people have coverage.
- There is more detail in each State Plan Amendment.
- The Mental Health and Substance Abuse benefits do not include all of the enhanced benefits that are included in our State Medicaid plan; but, if one is deemed meeting the requirements as “Medically Frail” they will be allowed to participate in the Medicaid State plan.
- Sandy Terrell mentioned this will cover the age of 19 to 64.
- Per Dave 19-21 EPSDT would be in place for those who need it.
- We are spending a lot of time modeling the cost for the General Assembly.
- Our process is to continue to work with CMS for technical answers and to submit the State Plan Amendments early next week.
- The process will be the same as any State Plan Amendment.

MCAC MEMBER COMMENTS

- Gary Massey opened the floor to members of the Committee.
- David Tayloe – I am in favor of Medicaid Expansion. Is there an estimated age range breakdown of recipients?
 - Per Julia Lurche – The estimates are based on a study by the Urban Institute regarding impacts on uninsured.
 - They estimate about 624,000 would be newly covered under the expansion; about 40,000 would qualify under the current rule.
- Derek Pantiel – I agree that Medicaid Expansion is necessary. Looking at the geographics of individuals added to the system, what is the ration and can the influx be maintained?
 - Per Sandy Terrell – Because we have started monitoring access statewide, we will use processes to look at adequacies to cover the large number of beneficiaries.
- Roger Barnes – as we look at the cost, we have mapped out information to understand the challenges in the increased load while looking at the Access to Care issue.
- David Tayloe – are the provider reimbursement rates in line with the BCBS plan or with the current Medicaid plan?
 - Roger Barnes – We are currently using the current Medicaid rates and as we go into the future we will continue to consider the rates in relation to the needs.
- Billy West – I second or third the support for the expansion of Medicaid.
- Also, in the Mental Health world, at least with the MCO’s the Medicaid rates are somewhat problematic for things like Psychiatry where the hourly rate certainly surpasses the reimbursable rates. These services are very difficult to pay for on a fee for services basis. Medicaid expansion will leave more people covered; but, it is not helpful if they are covered at a rate that will not support. It’s going to be difficult to provide crises type services.
 - Dave Richard – We are in the beginning stages of the SPA and we have recognized the opportunity. We will have to work with the current Mental Health community to think about the way to pay and integrate these services.

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- Linda Burhans – I echo my support for Medicaid expansion. I want to make sure I understand that initially the two programs will be administered differently by DMA. Managed Care will continue; but, those under the expansion would have slightly different rules?
 - Dave Richard – That understanding is correct. The expansion population would have a different health plan administered by the same Division as those on the current Medicaid plan. As economic situations improve the opportunity to move to the expansion plan will be available.
- Kim Schwartz – Thank you for the work on the 1115 and for this expansion short term notice. I echo my support for Medicaid Expansion. My question is regarding exploring presumptive eligibility and not relying on local county systems to be able to manage that in the rural settings. Thinking of the enrollment process in a larger context, what can we do with the existing organizations that have a lot of safety net patients that would be eligible and how to expedite that with the existing infrastructure?
 - Dave Richard – Thank you Kim, we will be reaching out to your group and others for ways to answer those efforts.
- Thomas Johnson – As I understand the expansion plan would run separate from the efforts to move the existing Medicaid plan under the Managed Care arena. Is there a plan down the road for the expanded plan to eventually be combined with the current plan and totally under the managed care model?
 - Dave Richard – Because the start date is January 2018, which is “pre” going live with our managed care program. We will explore the options to include the population; but, we have not gotten to that point yet but it will be part of the exploration.
- Ted Goins – Do we know when we will hear from CMS? Will there be more questions from them and how does that process work?
 - Dave Richard – CMS has 90 days to respond and we are working hard to answer the draft plan questions so that when we submit formally the plans will be approved rapidly.
- Gary Massey – Other committee member comments or questions?
 - Derek Pantiel – I just want to ask what do we do as a committee to help the initiative?
- Gary Massey – The first step is support through endorsement which I will entertain and other interaction with legislature will be critical as well. Today, I hope we will come away with an endorsement for the plan.
- Ted Goins – I would be happy to make a motion that we endorse this effort if that is the right language.
- Gary Massey – Do you have a second? (Many answered) Can one of you that seconded the motion give your name for the minutes?
 - Kim Schwartz – I’m glad to second.
- Gary Massey – If there are other questions or comments from the committee I would entertain that before we do a vote.
- Casey Cooper – Mr. Chairman, if I may, before the questions are called – the Eastern Band is in support of Medicaid Expansion. I just want it to be clear and on record that we are in a formal consultation process and that my vote in support of this endorsement is contingent upon us adequately resolving all of the issues that are occurring on the table in our consultation process.
- Gary Massey – Thank you Casey, so noted. Would other members like to raise a question or make a comment? So, if no other comments or questions, I would ask that all those in favor say “I” (multiple “I” votes); anyone voting no (none); anyone abstaining (none abstaining). I think we have a unanimous vote of support, please let the minutes reflect that, please.
- Gary Massey – We have about 15 minutes left. If the public would like to make a comment at this time, please state your name and we will entertain those comments at this point.

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PUBLIC COMMENTS

- Rose Hobin from North Carolina Health News – This is a question for Dave Richard, State Plan Amendments can take forever; will this be expedited or will it take months as is usually the case?
 - Dave Richard – We are doing everything we can to have the draft process as CMS needs to approve; but, they will take the time that they need to make a decision. We don't have a prediction on that.
- Gary Massey – other comments from the public?
- Mary Short – Could someone explain how Medicaid Expansion helps the IDD population on the wait list for the 1915 C Waiver services?
 - Dave Richard – This will not be a detailed response; because we have others that will want to get in. The best answer is that there are people with Intellectual Developmental Disabilities that don't qualify at this point for Medicaid because of their income or other qualifications. As for the Innovations Waiver, this change will not impact that because it is a Waiver inside the Medicaid plan itself that requires appropriation and additional slots to be added. I will add that if someone falls in that category of Medically Frail, and they come to the plan and they happen to have an Intellectual Disability, then they would be eligible for the services at that point.
- Gary Massey – Thank you Mary, any other comments from the public? (None). Very good, I would like to thank everybody for their time this afternoon and my compliments to the staff.

ADJOURNMENT

- Meeting adjourned.

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