



MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES

10:30 a.m. – 12:30 p.m.
May 21, 2021

Teleconference: Dial +1 984-204-1487; Phone Conference ID: 269362643#

The MCAC meeting was held via Microsoft Teams on Friday, May 21, 2021 at 9:30 a.m. -10:30 a.m.

MCAC MEMBER PARTICIPATION

Gary Massey, MCAC Chairman, Marilyn Pearson, MCAC Vice Chair, David Tayloe, III, Benjamin Smith, William (Trent) Cockerham, Ivan Belov, Billy West, Jr., Thomas Johnson, Ted Goins, Paula Cox Fishman, Benjamin Koren, Jenny Hobbs

MCAC INTEREST PARTIES

Participant List not available

STAFF PARTICIPATION

Dave Richard, Jay Ludlam, Debra Farrington, Shannon Dowler, Adam Levinson, Patrick Doyle, Kathleen Batton, and others.

CALL TO ORDER

Gary Massey, MCAC Chair

Chairman Massey called the MCAC meeting to order at 9:30 a.m. followed by a roll call of the members. Debra Farrington declared a quorum. Chairman Massey thanked participants for joining the Interim Meeting. Entertained a motion to approve the March 19, 2021 MCAC meeting minutes. Ted Goins motioned to approve the minutes and Marilyn Pearson, Vice Chair, seconded the motion. Minutes were approved by the Committee.

REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Thanked participants for joining the interim MCAC Meeting. The Department will finish the year without any concerns about a deficit and will have a significant surplus because of the FMAP increases due to COVID 19.
- The increased FMAP is anticipated to remain through the end of the calendar year. The Department has forecasted in our rebase to continue many of the rate increases that are in place throughout the pandemic.
- The Department will go live with Managed Care (MC) on July 1, 2021. Dave thanked the MCAC, MCAC Subcommittees, providers, Medicaid staff and all who have participated over the past five years in support of making the Transformation a success.
- Dave reminded all that some things will go wrong as the Department launches Managed Care because it is a complex and difficult process but we are prepared as any State has ever been to do this. We have the right partners with our health plans and our communities. Our goal is to measure how quickly we respond and make changes to correct those things that go wrong and not repeat the same mistakes.
- The Department is looking forward to keeping you updated, receiving feedback, and a successful implementation of MC that will improve the lives of North Carolina residents using Medicaid, Dave said.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary, NC Medicaid

- Jay provided an overview of where the Department stands with going live, current enrollment statistics, auto-enrollment algorithms, next steps, key upcoming milestones, review readiness, and the countdown to July 1, 2021.
- Open enrollment was extended an additional week to provide beneficiaries an opportunity to select a plan. The Department is now in the process of concluding the extended open enrollment.

- In addition to going live with Managed Care Standard Plans, the Department is rolling out our Tribal Option with the Eastern Band of Cherokee Indians (EBCI) which is going very well.
- Approximately 200,000+ individuals have actively selected health plans via application, website, mobile app or called into the call center. Individuals who have reconfirmed or chosen a new PCP has increased.
- About 6500 individuals who are Tailored Plan eligible have selected a Standard Plan. The Department has asked the Enrollment Broker (EB) to follow up with these 6500 individuals or a subset of the 6500 individuals to make sure they have appropriate choice counseling.
- Jay highlighted the auto-enrollment algorithm which consists of rules, geographic locations, special populations, historical PCP relationship, family relationship, and other things that we contemplate when we are auto enrolling a beneficiary into a health plan. Biggest area of focus is on the historical PCP relationship.
- Auto enrollment is a key component and begins the operational administrative processes, mailing of welcome packets, ID cards and kicks off our transition of care work.
- Beneficiaries will have 90 days to change a health plan and 90 days to change primary care providers for any reason after July 1, 2021.

Key Milestone Dates

- June 1, 2021 – Health plan brokers begin scheduling Non-Emergency Medical Transportation (NEMT) appointments for July 1, 2021 or later. Health plans are required to offer at least 60 days to help providers transition payments. The Department will work closely with the health plans to monitor claims payment.
- July 1, 2021: NC Medicaid Managed Care Launch.
- September 29, 2021: Last date health plans must honor existing and active prior authorizations on file with North Carolina Medicaid or NC Health Choice programs.

Count Down to July 1, 2021

- Individuals get the care they need and providers get paid

Key Area of Focus

- Raise awareness and educate beneficiaries which is an ongoing process
- Constituent messaging regarding eligibility
- Plan contingencies to minimize disruption to providers
- Contracting & network adequacy
- PHP Readiness and CMS approval: The Department has looked at 3200+ contract deliverables and have reviewed many of the Health Plan's desktop procedures. The Health Plans have shown an eagerness and a willingness to work with the Department to close identified issues. Updated information is provided to CMS on a weekly basis about the progress our Health Plans are making. We are meeting constantly with CMS as we move towards our approval.
- Maintain Behavioral Health Crisis System and ensure it is stable throughout the transition.
- The Department is also focusing on testing, understanding where potential issues are ahead of time, and developing mitigations and contingencies that are really important. We have a robust help center and technical operations team to deal with issues as they come in.
- Chairman Massey opened the floor for questions from the Committee.
 - Dave Tayloe, MCAC Member, asked what happens if his practice gets a patient that comes in after the 90 days and they are assigned to another provider? What happens after the 90 days? Jay replied, this question requires a technical answer and will be submitted to our Technical Operations team for a response back to the Committee. Jay further stated, based on his understanding, after 90 days the transition of care period will phase out and you will have to operate within the health plan's structure of program. Dave Tayloe encouraged the Department to review this matter. Jay thanked Dave for the feedback and advised him to send to him any other questions he may have.
 - Debra Farrington added, in addition to what Jay will provide, the Department is sending out updates to our fact sheet today that will answer some of Dave Tayloe's questions regarding patients who are seen by providers who are in network for the plan but may not be assigned to that particular beneficiary. Dave Tayloe and Thomas Johnson, MCAC Members, also inquired about providers' ability to run rosters to see patient assignments. Jay replied, this functionality is believed to roll out in June 2021. More to come on this matter.

- **DIRECT CARE WORKFORCE CRISIS UPDATE**

Ted Goins, MCAC Member

- Recruitment and retention of direct-care staff remains a major quality of care and an access issue for Medicaid recipients. And, it continues to be the core responsibility of the MCAC.
- Our Direct Care Workforce Crisis workgroup has merged our efforts with the essential jobs and care efforts that are being led by the North Carolina Coalition on Aging and PHI. We feel that we can be louder together.
- Big news is about 26 different organizations including the LME/MCOs created a coalition to advocate for a direct care workers wage increase. Ted stated that part of that effort is NC House Bill 914 and encouraged all to review the Bill. Ted further stated the Bill calls for \$160 million in recurring State funding that would also bring along \$333 million in federal match to provide a significant increase for direct care workers resulting in an approximate \$4/hour increase. A press conference and advocacy day will take place soon. Ted stated he will ask, at the appropriate time, the MCAC to link its support as a group for this legislation as it is much needed. Further stated that the Department has been extremely helpful and supportive as always and thanked Dave Richard.
- Chairman Massey asked Dave Richard to weigh in on NC House Bill 914. Dave extended kudos to the advocacy groups and stated that hopefully the Bill will drive something into the State Budget. Dave stated to have sponsorship from a majority party with bi-partisan support for something this big and for all of those advocacy groups working together is remarkable.

PUBLIC COMMENTS

- There were no public comments.

CLOSING REMARKS

- Next MCAC Meeting scheduled for June 11, 2021.
- Asked the Department to start thinking about face-to-face meetings starting in September 2021.
- Chairman Massey thanked all for their hard work and feedback to make the Medicaid transition to Managed Care happen.

MEETING ADJOURNED