



MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING MINUTES **June 11, 2021 (10:30 a.m. – 12:30 p.m.)**

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

This MCAC meeting was held via Microsoft Teams on Friday, June 11, 2021 at 9:30 a.m. -12:30 p.m.

MCAC MEMBERS PRESENT

Gary Massey, MCAC Chairman, Marilyn Pearson, MCAC Vice Chair, Kim Schwartz, MCAC Secretary, David Tayloe, III, Benjamin Smith, William (Trent) Cockerham, Ivan Belov, Ted Goins, Paula Cox Fishman, Jenny Hobbs, and a host of MCAC Interested Parties.

STAFF PRESENT

Dave Richard, Jay Ludlam, Debra Farrington, Shannon Dowler, Adam Levinson, Patrick Doyle, Karen Mann, Pamela Beatty, and others.

CALL TO ORDER

Gary Massey, MCAC Chairman

- Meeting was called to order at 9:30 a.m. by the MCAC Chairman. Members present constituted a quorum.
- Chairman Massey entertained a motion to approve the May 25, 2021 interim MCAC Meeting minutes. Motion made by Marilyn Pearson, Vice Chairwoman, and seconded by Ted Goins. Minutes were approved by the Committee.
- Chairman encouraged participants to review the Clinical Policy Written Report and State Plan Amendments (SPA) list in the meeting materials

OPENING REMARKS:

Dave Richard, Deputy Secretary, NC Medicaid

- Expressed gratitude to the Committee for the advice given over the years to assist the Department with the Medicaid Managed Care launch which will take place on July 1, 2021. Also, thanked the staff for their incredible work.
- Recognized and thanked Ted Goins for his leadership on the Direct Care Workforce issues. Dave noted the House Committee held a hearing this week and discussed this issue. Significant funds are available in House Bill 914 to address this matter. The Department has also been in contact with the General Assembly to support wage increases for direct care workers.
- Dave addressed the Vaya Health and Cardinal merger which is causing counties to disengage from Cardinal. The Department has been in discussion with Cardinal leadership regarding how they can work together to avoid destabilizing individuals in the Cardinal catchment area who need behavioral health services. The Department asked the 13 counties in that region who may be contemplating disengaging from Cardinal to let the Department know by the end of June 2021 so that we can plan the next steps.
- The General Assembly announced the House and Senate did agree on their budget targets. A budget is anticipated near the end of July. Dave stated the Medicaid program will continue to operate as it is without a budget and will go live as planned.

MEDICAID MANAGED CARE UPDATE

Jay Ludlam, Assistant Secretary, NC Medicaid

- Jay echoed Dave Richard and expressed appreciation to the Committee for their work and advice to the Department on what is important and needs to transpire for the betterment of our NC Medicaid beneficiaries.
- Jay reinforced messages on the priorities for Medicaid Managed Care launch on Day 1: 1) beneficiaries receive the care they need, and 2) providers are paid.
- Jay highlighted MC milestones and key updates on the following:
 - Auto-enrollment for Medicaid Managed Care concluded on May 21, 2021.
 - Healthy Opportunities Pilot: Approved by CMS to address social determinants (housing, food, transportation). Awarded three organizations access (Access East Inc., Community Care of the Lower Cape Fear, and Dogwood Health Trust).
 - Tailored Plans Update: Request for Application (RFA) in review and a silent period is in effect.
 - Other Program Updates –
 - Health Plan Call Centers lines went live on June 1, 2021 with 24/7 lines to address non-emergency related issues for Pharmacy, Nursing, and Behavioral Health Crisis.
 - CMS approved the EQRO contract with ongoing engagement with the State.
 - NC Medicaid Ombudsman program is available to support beneficiaries during MC transition and will also work with the Enrollment Broker and Health Plans before issues are escalated.
 - Provider Resources
 - Jay emphasized rules of the Health Plans to pay providers claims and timely filing. Confirmed that HPs will pay interest/penalties on unpaid claims in a timely manner.
 - Details were provided on the different timely filing requirements between LME-MCO and PHPs.
 - Links to provider resources were made available via PowerPoint slide for printing.
 - Chairman Massey opened the floor for comments and questions.
 - Kim Schwartz extended kudos to Jay for his informative presentation and stated she is proud of the work the Department has accomplished. We are not seeing the hiccups that we anticipated. The Department has been very anticipatory for beneficiaries and providers, Kim stated. Kim inquired whether there has been any interaction with the Ombudsman in terms of questions or calls. Jay responded, the Department is working with the Ombudsman and have overcome some hurdles. Debra Farrington added that the call volumes have been lower than anticipated; and believes they will increase after we go live and as people have experiences and interactions with the Health Plans.
 - Chairman Massey asked if beneficiaries could contact the Ombudsman through their website and/or leave voicemail messages for follow up outside of 8am – 5:00 pm. Debra responded yes, it's in the Ombudsman's contract to follow up within a certain time period.

MEDICAID ENROLLMENT AND FINANCIAL UPDATE

Adam Levinson, Chief Financial Officer, NC Medicaid

- Enrollment is higher than projected. This is largely in part due to the continuation of the public health emergency, and the maintenance of eligibility that goes along with the increased FMAP from the Families First Coronavirus Relief Act.
- Medicaid average membership has grown roughly 11% through 2021. Despite expenditures increasing, the Medicaid program is on track to finish the year below budget.
- As of May 2021, NC Medicaid has spent approximately \$55m (1.7%) less in appropriations than prior years at this time.
- Adam provided a NC Medicaid Expenditures by Service Category, summary of the Medicaid appropriations expenditures (January-May, Current vs. Prior Year) and procedure counts year to date for SFY 2021.
- As of May 2021, NC Medicaid has spent approximately \$3.3b (79%) of the authorized appropriations budget.
- Dave added, the increased FMAP allowed Medicaid to provide rate increases. As long as it continues, the Department will give thoughtful consideration of rates, Dave stated.
- Chairman Massey opened the floor for comments and questions.

- Kim Schwartz raised awareness of the perception that FQHCs are being seen as expensive in other states with managed care. She is concerned that FQHCs will not be viewed as providers of care and it is essential that we have safety nets in rural areas.
- Chairman Massey inquired about the potential for a future federal audit and asked if the State would have to pay back unspent FMAP money. Adam responded, there will definitely be state and federal audits. The Department is being very careful to document utilization of the funds. Funds will only be requested back if used inappropriately. The funds are discretionary and we are utilizing them within boundaries.

MEDICAID UPDATES FROM THE CMO

Shannon Dowler, Chief Medical Officer, NC Medicaid

- The Department across DHHS has spent lots of time reinforcing the infrastructure and stability of our medical homes. Shannon provided a high-level view of investments in the per member per month for medical homes, unique payment opportunities for practices, and figuring out how in managed care we ensure that medical homes continue to get resources.
- AMH Tier 3 glidepath was created to guarantee care management for beneficiaries at the best level possible and to help practices build their infrastructures for MC launch. Practices received advance payments prior to the launch if they completed their testing and contracting. The Department is working to find those practices that signed up and are not ready to talk to them about downgrading to a level two until they can build the infrastructure.
- The Department also created a payment for all providers called the Healthy Opportunity Screening, Assessment & Referral (HOSAR). By screening for social determinants of health and identifying positive screenings, providers get a significant reimbursement for billing for that service.
- NC Medicaid is receiving lots of attention around its focus on health equity payments. The Department increased PMPM for three months based on practices' mix of beneficiaries from high needs areas and to improve their practices.
- A Minimum Required Expenditure on Primary Care was created that will be applied to our Managed Care Health Plans to ensure primary care is being invested in MC aggressively.
- The Department invested in beneficiary reassignments to ensure that the name on the member's card is the same person that is caring for them to avoid a shakeup in medical homes during the MC launch.
- Reminded participants that the Annual Quality Report is now available for public comments.
- 2021 NC Medicaid CAHPS Survey and Performance Survey is currently being conducted. Results expected September 2021.
- Discussed telehealth and how it really improved the engagement of patients with their practices. Telehealth is a very helpful tool across the field but especially in Behavioral Health. Behavioral Health leaned into the telehealth modalities, both telephonic and telehealth claims. BH utilization of telehealth remains high and data is continuing to be tracked.
- Provider engagement through webinars & AHEC partners are held two to three times monthly. Consistently have approximately 400 providers per webinar.
- Announced many telehealth flexibilities will continue after the end of the Public Health Emergency (PHE); specifically, behavioral health services that have been put into permanent policy.
- Chairman Massey thanked Shannon for her update and data. Opened the floor for comments and questions. Jenny Hobbs, MCAC Member, inquired about Physical and Occupational Therapies continuing throughout the PHE. Shannon replied, some therapies will and some will not.

DIRECT CARE WORKFORCE CRISIS UPDATE

Ted Goins, MCAC Member

- The Direct Care Workforce crisis is seriously impacting care and services, especially for our Medicaid recipients. Karen McLeod, Benchmarks, facilitated a rally consisting of folks from the developmental disabilities, mental health and long-term care clients, providers, and advocates for support of HB 914. Ted asked Karen McLeod, to speak on HB 914.
- Karen stated that the Department asked for \$20 million recurring which would increase rates for direct support workers by 50 cents. Benchmark and others asked for \$160 million state recurring with Medicaid matching. It would have equated to approximately a \$4 increase for direct support workers. Karen extended a shout out

to Dave Richard and others in Medicaid who heard their concerns regarding the workforce crisis. Dave and his team worked with the Governor's office to include the dollars and we were extremely grateful. Because we felt it needed to be more; we had to "take the bill on", Karen stated. Karen further expounded on HB 914 and the Rally Day. There were many emails and calls to leadership, particularly on the Senate side, to get them to support and include this in their budget.

- Ted made a motion that the MCAC officially endorse the passage of HB 914 legislation. Kim Schwartz seconded and the Committee approved.
- Chair Massey asked Pamela Beatty to facilitate the logistics of the letter and obtain addresses from Ted.
- Jenny Hobbs, MCAC Member, provided additional concerns about workforce issues. Jenny addressed a gap left by the bill that affects her family and hundreds other families in our state. The language direct care workforce is causing confusion. Jenny elaborated on the shortage of nursing care and how pressure can be put on our legislators to prevent unnecessary institutionalization of our most vulnerable and medically fragile children over a budget issue. How can we convince the nursing agencies to accept an overhead cap of 20% in order to pay a competitive salary to nurses, so they can hire the number of nurses needed to serve the children currently receiving PDN services at home?
- Jenny closed by asking the MCAC to also prioritize the nursing shortage workforce issue. Also asked that the Committee be kept up to date on the Olmstead Plan that the state is developing to be in compliance with CMS regarding home and community based services. Jenny encouraged the Department to make sure that PDN and CAPC families are included in this planning.
- Chairman Massey agreed that Jenny is correct in noting direct workforce is much broader and asked Medicaid staff to prioritize keeping the Committee abreast of the activity taking place.

PUBLIC COMMENTS

- Mary Short expressed concern about whether the bills that are working their way through were for a minimum wage or not. Ms. Short asked how it would impact overtime versus having to use two workers rather than one. Is it a minimum per hour that is being established? What impact would that have on a worker who is currently working 48 hours a week and being paid overtime for the eight hours. Has the rate been adjusted so that overtime is paid for those eight hours?
- Donna Campbell, Peer Relations Director, Bioreference Laboratories. "We are a leader in delivering clinical genomic answers to an ever increasing community of Medicaid beneficiaries, their families, and providers in North Carolina. We reviewed the North Carolina Medicaid and Health Choice genetic testing clinical coverage policy and are requesting consideration for the coverage of whole exome sequencing CPT code, 81415, and 81416. Under the managed care transition, we would like to understand the process for requesting consideration for this necessary test."
- Shannon Dowler directed Donna to the Medicaid website where the public can submit requests for policy changes and coverage. NC Medicaid will still set the floor for clinical policies. Any policies that we approve and they go through our process of Physician Advisory Committee, and then public comment, or regular political policy process, the plans would then have to cover as a floor service. They are able to cover more than the floor, but it does not necessarily mean that it is included in their capitated rate. There is some risk with the plans when they choose to cover more than what is clinical policy floor, Shannon stated. Donna will follow up with Pamela Beatty for the link.

CLOSING REMARKS

- Chairman Massey thanked the Committee members who participated in discussions today and a special thanks to Medicaid staff.
- Next meeting is currently scheduled on September 24, 2021. As of now, we are looking at a face-to-face opportunity at the McKimmon Center. Start time is at 10:30 am and could change a little depending on the needs of our agenda.

MEETING ADJOURNED