NC DHHS Medical Care Advisory Committee (MCAC) Seeks Subcommittee Members

In September 2015, the General Assembly enacted Session Law 2015-245, directing the NC Department of Health and Human Services (DHHS) to transition Medicaid from a fee-for-service structure to a managed care structure. As DHHS prepares to launch Medicaid managed care in 2019, it will work with stakeholders and experts to refine program details.

DHHS currently engages the standing Medical Care Advisory Committee (MCAC) which is open to the public, as the formal stakeholder engagement body charged with providing feedback and comment on the wide range of transformation efforts. The diverse membership of the MCAC, including beneficiaries, advocates, urban and rural physicians, and hospitals with representation from each region, will help ensure DHHS is sharing information with and receiving feedback from a wide-range of perspectives. DHHS will ensure accessibility for individuals with disabilities to participate in stakeholder engagement wherever possible.

DHHS currently facilitates monthly teleconference and quarterly in-person MCAC meetings, with the option to participate by telephone for those unable to travel. DHHS contemplates the role of the MCAC extending beyond the launch of Medicaid managed care for on-going monitoring of roll-out and operations.

In the Fall of 2017, the MCAC will implement small group, ad hoc and standing subcommittees to address specific Medicaid Transformation topics. Ad hoc subcommittees will be short term, a few months in length covering Credentialing, Network Adequacy and Behavioral Health/IDD/SUD. Longer term standing subcommittees focusing on Beneficiary Support/Engagement, Provider Engagement/Support and Managed Care Quality will continue through managed care implementation, oversight and monitoring phases. Other ad hoc and standing subcommittees may be established as needed.

Individuals selected to participate in ad hoc or standing subcommittees will be expected to provide input and feedback and make recommendations that are in the best interests of the North Carolina Medicaid program and its beneficiaries. In their capacity as members of an MCAC ad hoc or standing subcommittee, each member must avoid conflicts of interests or potential conflicts of interests and shall not use their participation, or knowledge gained from participating, for their personal, familiar or employer’s benefit. As such, individuals employed by, representing the interests of, or otherwise affiliated (e.g. via familial relationship) with an entity reasonably expected to be eligible to support Medicaid Transformation via a contractual or similar relationship or arrangement with the Department may not be selected for participation.
Conflicts of Interests include situations or circumstances through which the individual, or entities or individuals closely affiliated with the individual, will derive, or reasonably may be perceived as deriving, financial or other pecuniary benefit from the individual’s participation or that might impair, or reasonably be perceived as impairing, the individual’s ability to participate in the MCAC ad hoc or standing subcommittee in the best interests of the State.

The MCAC is seeking individuals to participate in the aforementioned subcommittees. Interested participants should email the following information, not to exceed one page to Debra.Farrington@dhhs.nc.gov by 1-3-18:

- Name
- Contact information (email, telephone)
- Employer name, address, phone number (if applicable)
- In which committee(s) you are interested
- Reason for interest
- Experience, qualifications, knowledge or expertise