The Medical Care Advisory Committee (MCAC) met via teleconference on Thursday, February 15, 2018 at 10:30 a.m. – 12:00 p.m.

ATTENDEES
MCAC Members in Person: Gary Massey, MCAC Chairman

MCAC Members via Telephone: Marilyn Pearson, MCAC Vice Chairman, Kim Schwartz, Samuel Clark, David Tayloe, Carol Yates Day, William Cockerman, Stephen Small, Billy West, Linda Burhans, C. Thomas Johnson, Ted Goins, Paula Cox Fishman

MCAC Interested Parties: Mary Short, Peggy Terhune, Jean Andersen

DMA Staff: Sandra Terrell, Jay Ludlam, Debra Farrington, John Stancil, Terri Pennington, Pamela Beatty, Sharlene Mallette

CALL TO ORDER
Gary Massey, MCAC Chairman

- Gary Massey, MCAC Chair, called the meeting to order at 10:30 a.m. followed by a roll call of the members. Quorum declared. Chairman Massey welcomed and thanked everyone for their participation.
- Correction requested to add Committee member, David Tayloe, to the January 25, 2018 MCAC meeting minutes.
- Chairman Massey called for a motion to approve the January 25, 2018 MCAC Meeting minutes. Motion to approve the minutes was made by Marilyn Pearson, Vice Chairman. Motion seconded by Samuel Clark. All were in favor of approving the minutes as amended.

OPENING COMMENTS
Sandy Terrell, Director, Clinical & Operations, DMA

- Sandy Terrell provided an update to MCAC that on January 27, 2018, DHHS turned the oversight of Cardinal Innovations back over to the Board of Directors and Interim CEO, Trey Sutton. Sandy reiterated there were no interruption of services to our beneficiaries and Cardinal staff continued operation at that time.

MEDICAID TRANSFORMATION UPDATE:
Jay Ludlam, Assistant Secretary, Medicaid Transformation, DHB

- Jay gave a brief update on the status of the Medicaid Transformation. Jay provided details on the Enrollment Broker Request for Proposal that will be issued in the next couple of weeks. Jay advised that Debra Farrington will provide an overview of the Behavioral Health Concept Paper comments and feedback that was received.
Jay stated that the Department has been working with CMS to get the 1115 amended waiver application approved which was originally scheduled for today. Both sides felt that the timeline for approval was aggressive; but, doable. The Department has made a lot of progress. We continue to actively negotiate/work through the process and the terms of the waiver approval. The Department does not anticipate approval by spring.

Jay spoke about the scope of the Enrollment Broker (EB) to provide support for beneficiaries in managed care. He stated that we will procure an EB to support the Prepaid Health Plans (PHPs) and enrollment election for the crossover population and newly eligible beneficiaries. He stated there will be a call center and website. He also spoke about the time beneficiaries will have to choose a PHP and the availability of a directory of PCPs that are within network. The Department will remain responsible for auto enrollment. Jay stated that some beneficiaries will automatically be enrolled and given the opportunity to change their PHP. The Department will monitor the PHP operations of the EB.

Jay stated that the EB is to purpose a model supporting the local DSS offices in the redetermination of beneficiaries who are eligible for Medicaid. He also stated the EB should come up with a model to help the DSS staff.

Jay stated that the Department has published a Network Adequacy Concept Paper. The state will not rely on the PHP to monitor Network Adequacy; but, the state will monitor network adequacy as well as access and availability. The Department has additional concept papers for Beneficiary Experience, Care Management and Benefits/Clinical Coverage Policies. He also advised that the Managed Care Quality Strategy will be released in March. He stated that the Department would appreciate feedback from the MCAC.

**OVERVIEW OF THE BEHAVIORAL HEALTH CONCEPT PAPERS**

Debra Farrington, Senior Program Manager, DHB

- Debra Farrington reviewed feedback received on the BH I/DD Concept Paper which was released before Thanksgiving in 2017. She stated the feedback addressed populations, benefits, enrollment processes, mid-coverage transitions, and renewals. She stated the 20 respondents which provided feedback were from diverse stakeholders which included advocacy groups; behavioral health associations; providers; and family members. She stated the overall comments were positive. She also stated that many respondents had questions about the EB.
- Debra provided information on the support or lack thereof for tailored plans and the reasons offered by the respondents.

**MCAC SUBCOMMITTEES UPDATE**

- Debra commenced by giving an update on the recommended list for MCAC subcommittees. Debra advised that some of the subcommittees were still missing MCAC participants and that more MCAC members are needed to volunteer for leadership roles.
- Billy West raised concern about adequate representation of non-medical providers on the Network Adequacy subcommittee. Sandy advised that the Department can accept recommendations for additional representation on the Network Adequacy subcommittee. Sally Cameron, Psychological Association, volunteered to participate.
- Chairman Massey stated that there is an open position on both the Credentialing and Beneficiary Engagement subcommittees. He asked MCAC members who are not participating on a subcommittee to give consideration by Friday, February 16, 2018 or they would be automatically assigned to one of the subcommittees.
- Kim Schwartz requested that an email be sent to the subcommittee co-chairs informing them of the DHB/Transformation representative who will be assigned to each subcommittee to provide expectations, structure, and timelines.
• Chairman Massey asked the Committee for a vote on the acceptance of the subcommittee structure presented and current participants assigned.
• Ted Goins motioned to approve the MCAC subcommittee process and volunteers. Kim Schwartz seconded the motion. All were in favor.

PUBLIC COMMENTS
• Chairman Massey opened the floor for public comments.
• Mary Short raised concern about the electronic visit verification systems that are being required; effective January 1, 2019. Asked if the Committee has discussed electronic verifications. Further stated that there is supposed to be guidance from CMS to Medicaid State Directors and that these systems are supposed to apply to the 1915 C Waivers. Sandy thanked Mary Short for her comments and stated that the Department typically does not reply to public comments. However, she would address this specific comment. There will be stakeholder meetings to further discuss this requirement, said Sandy.
• Peggy Terhune, Monarch, commented that NC was not chosen for the Certified Community Behavioral Health Clinics (CCBHC) pilot. There is Federal probability that the pilot will be expanded to multiple states and NC would seriously be considered at that point. This means increased Behavioral Health providers would become helpful for primary care. Peggy echoed comments about the Managed Care Quality and Network Adequacy subcommittees and the need for increased Behavioral Health providers on those subcommittees because many behavioral health providers will be providing primary care in the future.
• Jean Anderson, NC Brain Injury Advisory Council, inquired about an increase of seats on the MCAC for consumers. Sandy replied that the Department has 7 At-large seats on our MCAC and we are capped by Federal. There was one open seat; however, we have received a nomination and it is pending approval by the DHHS Secretary, said Sandy. Chairman Massey added that we have received candidates for Districts 9 & 10 as well that are pending the Secretary’s approval.

CLOSING REMARKS
• Chairman Massey thanked everyone for joining the teleconference meeting and reminded the Committee of the next MCAC Meeting on March 16, 2018 at the McKimmon Center on March 16, 2018. Chairman Massey asked those on the call that were not recognized to send Pamela Beatty an email.

MEETING ADJOURNED