The Medical Care Advisory Committee (MCAC) met on Friday, April 15, 2016 at 2:00 p.m.

ATTENDEES
Members In Person: Gary Massey, David Tayloe, Samuel Clark, Marilyn Pearson, Jeff Horton, John Stancil, Julia Lerch, Christal Kelly, Rob Kinsvatter, Roger Barnes, Dee Jones, Sandy Terrell,
Telephone: Kim Schwartz, William Cockerman, Polly-Gean Cox, Marilyn Pearson, Stephen Small, Derek Pantiel, Billy West, Linda Burhans, Paula Cox-Fishman, Mary Short

CALL TO ORDER
Gary Massey, MCAC Chair
- Meeting called to order at 2:00 p.m.
- December 11, 2015 meeting minutes were called for revision by Samuel Clark; Stephen Small was listed as present, actually called in via phone. No revisions were noted for the March 23, 2016 meeting minutes.
- A motion was made by Samuel Clark on the December 11, 2015 and the March 23, 2016 meeting minutes as accepted including the revisions mentioned. David Tayloe seconded the motion and all were in favor of the motion; none opposed.
- Dave Richard and Sandy Terrell are attending a leadership meeting that conflicted with this meeting and hope to join later. Dee Jones, Division of Health Benefits (DHB) will start the meeting with opening remarks.

OPENING COMMENTS
Dee Jones, Chief Operating Officer, Division of Health Benefits
- The 1115 Waiver application was presented to the General Assembly along with the report.
- Today we will discuss the Public Comments and the Public Hearings as well as the work we anticipate after the submission of the Waiver application.
- Dee discussed the presentation from April 12th which was included as a handout in the packets for those present and as an attachment in the emailed that was sent out.
- Public comment period starts March 7th and concludes March 18th and exceeds the 30 day CMS requirement. We are on target to submit the 1115 Waiver Application on June 1st and are working on the work streams going forward; work streams describes the high level activity going forward.
- CMS requires two public hearings be held in two different locations, one location must dial-in. The State held more than two, the third hearing in Charlotte included the dial-in ability.
- We have touched over 1100 people to date and that does not include tallies from Wilmington and Greenville; there were approximately 150 people in Greenville, with roughly 30 speakers heading to Elizabeth City on April 16, 2016. The last public hearing will be in Lumberton on April 18, 2016.
- Expansion was mentioned in most every location; EMS, other associations and providers had coordinated efforts.

The minutes are a synopsis of the MCAC Meeting topics. All items are an update of the program area since the last meeting. Dates vary dependent upon reporting period. Available presentations may be viewed for more details on the DMA Medical Care Advisory (MCAC) web page at: https://dma.ncdhhs.gov/get-involved/committees-work-groups
● Hearing comments were recorded on a spreadsheet to categorize and sort by topic. They will be compiled as a requirement by CMS for submission.

● Gary Massey suggested Senior Centers and Council of Aging groups to meet beneficiaries and their advocates.

● Dee agreed with Mr. Massey's suggestion and continued by saying we want to make sure beneficiaries and their advocates have a voice. One option is that all the prepaid health plans have a beneficiary advisory group. Secondly it is very important that there is adequate patient access to providers.

● There is a concern from the provider perspective of working with up to five plans and the administrative burden. The desire is that the State might centralize or standardize the process without taking away innovation from the back end. They would also like to ensure an independent appeals process, rate adequacy and support from local health departments, HIV specialists, psychiatry, etc. There is a strong advocacy for expansion by the providers.

● Case and care management has been in place since the 1990's. We are very proud it is and well known for it across the country. We have a great desire to carry forward what's being done today and take it to a different level.

● Going forward, we have the Waiver program implementation, an organizational design in transition, innovation center development and implementation, technology and integration requirements, enrollment broker and implementation, communications, education and marketing. Stakeholder management, and duals long term support strategy. Deliverables are required by January 2017.

● Contracts is a detailed area; going into a prepaid healthcare contract with a managed care commercial plan is something we have not done.

● Stakeholder management is such an important effort now going forward, we plan to continue this effort.

● Next step is to complete the public comment period, the last one is on Monday (April 18), we are excited to conclude with Dr. Cummings, our former Medicaid Director.

● The Innovations Center Report will be finalized and submitted by May 1. We will submit the 1115 Demonstration Waiver Application by June 1, 2016.

● David Tayloe asked “What is the foreseen role of NC Tracks? Dee stated that we are required to run fee for service dual eligible. We have asked for additional programs; however, we will continue to use NC Tracks and the data.

● David Tayloe asked “if DHHS will serve as a central clearing house for all claims to ease administrative burdens on providers.

● Dee said we are starting to have conversations on that. Some of us agree that could be a good idea and would protect the State in the event a commercial plan decided to leave North Carolina. It is too early to tell how that discussion will go.

● Mr. Massey thanked Dee for the presentation and noted that the committee looks forward to seeing progression with this process.

**MEDICAID ACCESS MONITORING REQUIREMENTS**

Jeff Horton, DMA

- Jeff presented an overview of the new regulations proposed by CMS. CMS published a new notice of public rulemaking in May 2011 for developing access monitoring rules published under the payments for services section of the CFR (42 CFR 447).

- The final rule comment period was in November with public comments. The effective date of the rule was this past January.

- CMS had calls with the states and states asked for a template or guide. States were pointed to CA and NH which had plans, then CMS issued a template, we are using it to develop plans.

- Jeff Horton addressed questions from the committee pertaining to whether or not NC had an existing access monitoring plan, how access would be defined, and the issue of transportation.

- The plan must be submitted by October 1, 2016. Updates will be done in July of each year thereafter and a full analysis in three years. CMS will look at service utilization on an ongoing basis.

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Prepared By: Mary K. P. Rhodes, DMA Policy & Regulatory Affairs
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