



**Medical Care Advisory Committee**

**May 5, 2016**



**Department of Health and Human Services  
Medicaid Reform Updates**



# Agenda

- **Public Hearings/Public Comments Update**
- **NC Health Transformation Center**
- **Legislative Changes**
- **Anticipated Future Work Streams**
- **Near Term Next Steps**



# Public Hearings – by the numbers

Activity	Volume
Public Hearings	12
Public Hearing Attendance	1,600
<i>Public Hearing Speakers With Comments</i>	<i>300</i>
<i>Inds/Orgs Submitting Written Comments</i>	<i>400</i>
Total Commenters	700
Total Comments	1,700



# Public hearings

Location	Date	Attendees	Speakers	Total
Raleigh	March 30	180	33	213
Charlotte – south	March 31	190	41	231
Charlotte – dial in	March 31	137	20	157
Charlotte – north	March 31	43	27	70
Sylva	April 5	20	3	23
Boone	April 6	65	7	72
Asheville	April 6	98	40	138
Greensboro	April 7	91	30	121
Winston-Salem	April 8	76	24	100
Wilmington	April 13	87	27	114
Greenville	April 14	145	38	183
Elizabeth City	April 16	20	11	31
Lumberton	April 18	62	22	84
Lumberton – dial in	April 18	53	0	53
<b>TOTAL</b>		<b>1,267</b>	<b>323</b>	<b>1,590</b>

# General public comment themes

- **Beneficiary concerns.** Ensure appropriate beneficiary advocacy continues; ensure adequate patient access to providers and specialists; unify enrollment processes; and continue FFS coverage of HIPP, LEA, CSDA and fluoride varnishing
- **Provider concerns.** Standardize and/or unify other processes; ensure appropriate provider protections; support for local health departments, HIV specialists and psychiatry
- **Expansion.** Strong advocacy for expansion by attendees
- **Case/care management.** Ensure continuation of supports and analytics
- **Supplemental payments.** Ensure levels of funding are maintained for providers (LHD, EMS, hospitals, etc.); support for GME funding
- **Behavioral health.** Consider lessons learned from previous behavioral health reform project; integration of physical and behavioral health



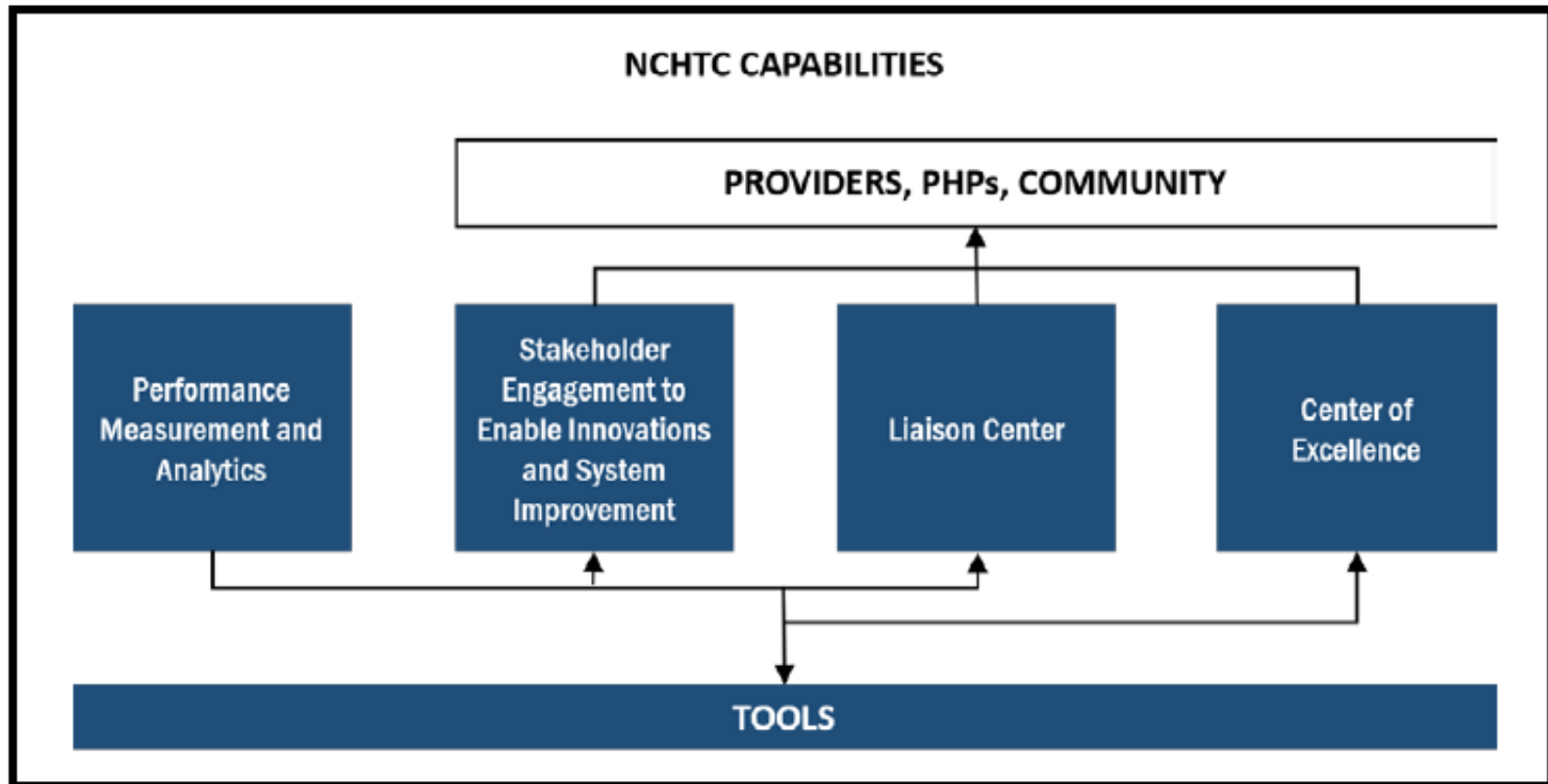
# North Carolina Health Transformation Center

- **Outward-facing Support for Medicaid Transformation**
  - Spur innovative programs
  - Enable health care leadership transformation and development
  - Foster clinical information sharing
  - Disseminate grant funding and incentive payment programs
  - Provide collaboratives and technical assistance to providers and prepaid health plans
  - Measure prepaid health plan performance
  - Evaluate the effectiveness of the waiver program
- **Build upon North Carolina history of innovations**
- **Robust data usage**
- **The work for a phased implementation starts now**



# Proposed Approach

*Measurements, analysis and best practices drive improvements*



# Proposed Approach

## *Performance Measurement and Analytics*

- Population analytics
- Performance measures and metrics
- Provider incentives

## *Communications and Stakeholder Engagement*

- Communicating information across NC
- Central point for gathering information

## *Support Center*

- Provide collaboratives and technical assistance
- Provider and PHP liaison
- Community collaboration and support

## *Center of Excellence*

- Workforce development
- Innovation pilots
- Grant writing
- Provider clinical and operational best practices



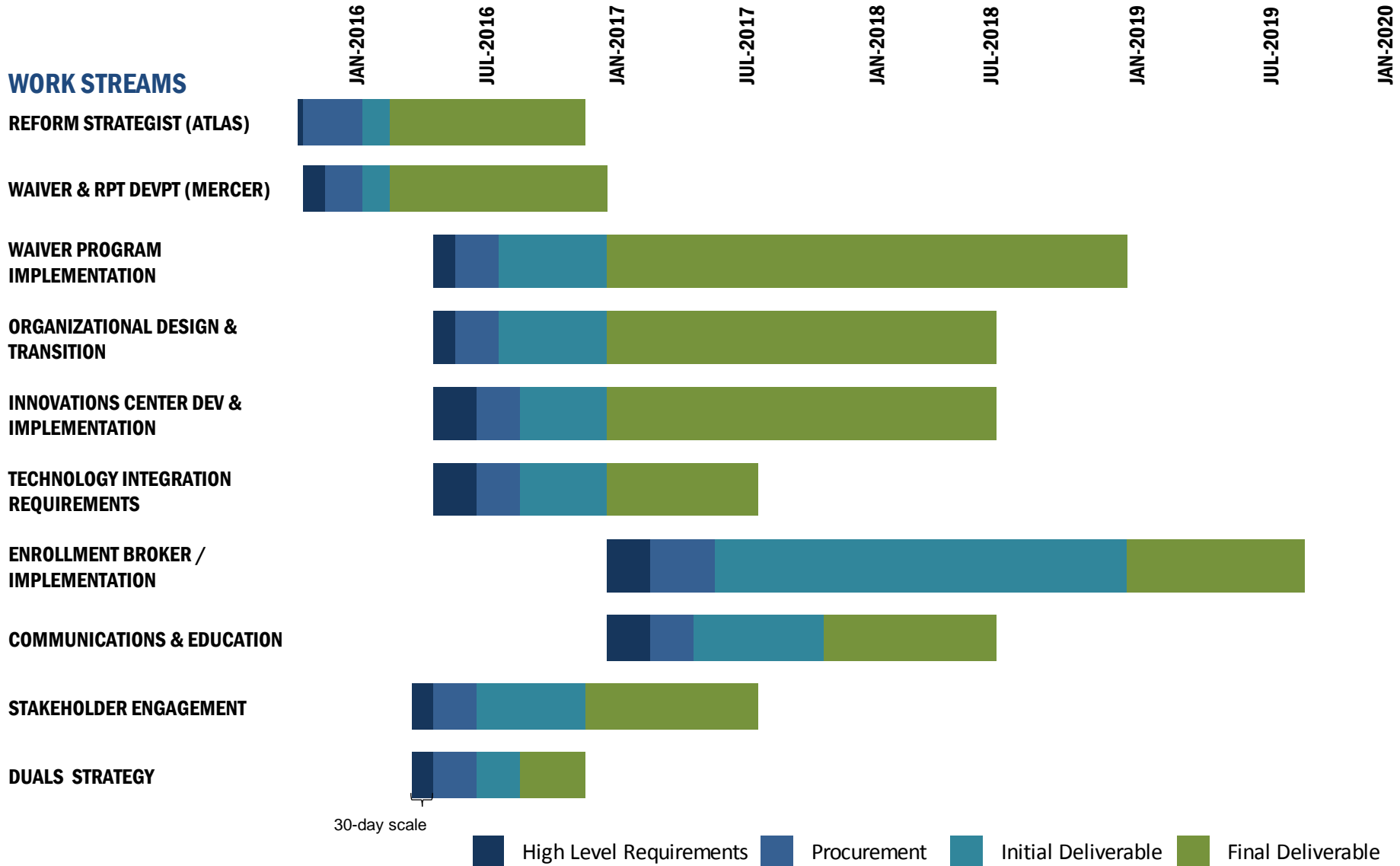


# Legislative changes to support program

- Exclude from waiver
  - Populations with short eligibility spans (e.g., medically needy, emergency only coverage etc.)
  - PACE program
  - Local Education Agency (LEA) services
  - Child Development Service Agencies (CDSAs)
  - NCHIPP
- Maintain eligibility for parents of children placed in foster care system
- Allow EBCI tribal members to “Opt In” to plan participation
- Recognize DHHS’ operational authority for Medicaid, rather than “through” the Division of Health Benefits
- Clarify “cooling off period” requirements for staff without leadership role or contract decision making authority



# Planned work streams



# Near-term next steps

- Collaborate with DHB, DMA and Mercer to summarize public comments for waiver submission
- Work with DHB, DMA and Mercer to review and understand impacts of new Medicaid Managed Care rules posted by CMS on 4/26/16
- Post public comments log or summary on DHHS website
- Finalize “federal” communication strategy for 1115 demonstration waiver submission
- Submit 1115 demonstration waiver application by June 1 (anticipating that this document may change over the course of NC/CMS negotiation)
- Post notification of CMS’ Public Comment period on the DHHS website and other communication vehicles
- Finalize strategy for securing professional and technical expertise for future work streams; begin procurement
- Continue building the Division of Health Benefits team

