NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE MEETING
APRIL 15, 2016
MCKIMMON CENTER, 1101 GORMAN STREET (CONF. RM. #3) RALEIGH, NC 27606
TELECONFERENCE NO. 919-662-4657

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 include a 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.

- The state has to do an Access Monitoring Review Plan for any SPA that reduces or restructures rates. This is a required process for three years after the effective date of the SPA.
- A public notice will be issued prior to October 1, 2016.
- Once a draft plan is issued, the state will communicate this information with the MCAC for comments.
- Gary Massey asked if Jeff could share the observations and trends with the MCAC as well.
- Derek Pantiel commented, "If you have physicians who take Medicaid, I would be interested to see the number they take versus the number of patients they refer out. In his rural area (Hickory, NC to Boone, NC), he see quite a few Medicaid patients. When you're looking at data, look at what patients are actually taken on. Also, when you're looking at physicians, make sure there is some incentivizing for taking on those Medicare patients due to liability. These patients need help and are being kicked out of the system because they don't have coverage."
- Sandy Terrell stated we have a provider enrollment policy for the physicians we find through claims to determine why the provider is not fitting that criteria of the 12 months billing procedure that Jeff mentioned earlier. If they are not fulfilling that requirement, we will go to that provider and ask why they are not billing Medicaid or accepting those patients.
- David Tayloe asked if physicians who are not taking new Medicaid patients and/or new siblings because of rate reductions could be sorted out as well.
- Sandy said we are analyzing this and going back another 12 months for the new patients under the federal rule of monitoring access.
- Derek Pantiel asked how that data would be extracted. As a member of this board he wants to go back to other physicians and say this is what is happening. Asked how can he disperse this information?
- Sandy said the data that is analyzed from provider enrollment will be reported back to the UM committee for review and for a coordinated effort of data.
- Stephen Small asked how data is being pulled related to the length of time for an appointment.
- Jeff Horton – The Consumer Assessment of Health Plan Survey has that data and covers almost every aspect of care. There are a number of questions around this issue; the data is compiled with a random sample of Medicaid beneficiaries. The hotline will be used as well.
- Stephen Small commented that consumers are very frustrated that they cannot get in touch with someone to help or returned calls from the hotline. Getting through the number is difficult and a number of the people I see would never fill out a survey. There are socioeconomic issues that effect a significant part of this population.
- Sandy concluded the discussion by saying we have and will engage CCNC to help us identify those practices and report back to the MCAC.

MEDICAID BUDGET UPDATE

Roger Barnes, Deputy Finance Director, DMA

- Current enrollment is 2.1% higher than the prior year. The trend has curved over the last 6 months, the end of March 2016, there were about 1.87 million enrollees.
- Total expenditures for the Medicaid budget through February were $46.8 million lower than the prior year. Hospital expenditures down about 4.5% from SFY 2015; skilled nursing is up by 3.6%; physicians were down by 12.7%
- Other expenditures, down by $196 million. David Tayloe – Can we get some additional details on the other claims regarding the 3.9?
- Medicaid expenditures are under budget as we have been all year. We are on target to return approximately $212 million to the General Assembly in unneeded funds.

PUBLIC COMMENTS

- Mary Short made several comments on the MCAC Written Report:
- Page 4, reads that the Innovations Waiver amendment would have a July 1 start; I don't believe that is true, we have been pushed back to October.
- Page 5, under LME-MCO contracts, it reads LME-MCO contracts will be amended in April 2016. Changes will include information related to the calculation of the LME-MCO Medical Loss Ratio and Program Integrity Requirements. However, there are no explanations on what the Program Integrity requirements are.
- Also on page 5, external quality review regarding access for the LME/ NCOs was not clear.
- Ms. Short's final comment had to do with access. Asked the committee if they were aware of this case out of IL where a judge issued an order requiring the IL Medicaid agency to provide immediate and affirmative steps to provide the in-home shift nursing services that the Medicaid agency approved? Medically necessary services were approved, what has occurred is that there is no one providing the services. The National Health Law Program also participated. The LME/ MCOs are contracted and they are, by extension the Medicaid Agency.
- Gary Massey – Thank you Ms. Short for your comments.
- Kirsten Dubay (NC Community Health Center Association) – I heard Dee Jones comment today that she would like more feedback from Medicaid beneficiaries. We would be happy to help facilitate with that.

CLOSING REMARKS

- Gary Massey – I would like to encourage everyone to continue to provide written comments; we have a few more days that those will be accepted in terms of the waiver plan.
- The next meeting will be via phone on May 5th.
- David Tayloe – I think the public hearings have been greatly appreciated by all those I have talked to. A number of providers and public health folks really appreciate the community interaction with providers and stake holders. Asked the Division to continue to provide communication, listen and work together.
- Meeting adjourned