

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE MEETING
MAY 5, 2016
DHHS KIRBY CONFERENCE ROOM 297, RALEIGH, NC 27606
TELECONFERENCE NO. 919-662-4658

The Medical Care Advisory Committee (MCAC) met via teleconference on Thursday, May 5, 2016 at 1:00 p.m.

ATTENDEES

Members In Person: Krystal Hilton, Rob Kindsvatter, Linda Rascoe, Dave Richard, Sandy Terrell, Joel Mercer, Mark Casey, Roger Barnes, Nancy Henley, Sarah Pfau, Dee Jones, John Stancil, Mary Rhodes, Pam Beatty
Telephone: Gary Massey, Sara Grimsrud, Julia Lerche, Jamal Jones, Stephanie McGarrah, Terisha Hammer, Trey Suttan, Kim Schwartz, Samuel Clark, David Tayloe, William Cockerman, Derek Pantiel, Linda Burhans, Thomas Johnson, Ted Goins, Paula Cox Fishman, Benjamin Koren, Marilyn Pearson

CALL TO ORDER

Gary Massey, MCAC Chair

- Meeting called to order at 1:00 p.m. followed by roll call.

OPENING COMMENTS

Dave Richard, Deputy Secretary, DMA

- Extended a thank you to everyone for being on the call. Informed the telephone participants that a host of Medicaid people were in the room.
- Informed the group that we have gotten off to a rousing start in the General Assembly. Multiple things are a part of the legislature; one of the most important items is the budget adjust. We will be able to make available approximately \$318.5 million to the General Assembly due to a lot of factors. One is the incredible hard work from DMA.
- The Governor's budget has come out and included the rebate number mentioned earlier of \$318.5 million, the expansion of the CAP/ DA waiver slots by 320 slots this fiscal year, and the increase of CAP Innovations waiver slot by 250. A non-Medicaid; but, related expenditure is an increase of \$30 million towards the mental health task force recommendations. We have many programs related to behavior health.
- There is one last thing to add, in the packet there will be an increase in 45 positions for analytics; \$2 million to train current DMA staff and \$1 million for DHB to bring it to \$6 million.

III5 REFORM WAIVER DISCUSSION

Dee Jones, Chief Operating Officer, Division of Health Benefits

- Dee expounded on four important items: **Public Hearings** in regard to feedback; the **North Carolina Health Transformation Center (NCHTC)**; **Legislation** we are trying to move forward and anticipated next steps.
- **Public Hearings:** There were 12 hearings; the attendance was approximately 1600 attendees, with 300 or so speakers, with 400 attendees submitting written comments. In total there were over 1700 comments. We will be compiling information to summarize and place on our website. The general theme hasn't change since our last meeting. We've broken them into several groups. Beneficiaries wanted to ensure appropriate advocacy, we will provide advocacy groups; enrollment process, we are working with the

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>

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

General Assembly on this. On the provider side, enrollment and the processes regarding the 5 different plans and provider protections to name a few. Expansion is a strong advocated issue. Supplemental payments and behavior health processes and lessons learned with LME/ NCOs and the support for beneficiaries. Any questions? (None)

- **North Carolina Health Transformation Center:** We were required by law to submit a report that we have submitted on our thoughts and ideas on a Transformation Center similar to one in Oregon. Last Friday we submitted a concept paper around the NC HTC. The HTC will provide outward facing support to assist in Medicaid transformation to enable health care leadership, funding, collaborative assistance to providers and many other things for effectiveness in the waiver program. The work needs to start now to benchmark efforts we want to measure. The HTC will have four primary focus areas.
 - Measures and analytics
 - Stakeholder engagement to enable improvements on a high level
 - A liaison center, which will be a support center to help wherever assistance is needed
 - A center of excellence. If providers are displaying best practices, this will share those practices with other like providers.
- David Taloe said it sounds a lot like what the CCNC is doing now. Is this what the CCNC is going to become?
- Dee Jones replied at one level it does sound like the work the CCNC is doing, that is a small level of what the HTC will be doing going forward. We will have discussions with the CCNC and many other contractors around the state on how we will handle this process in the future. We will evaluate all possible options.
- Work streams going forward – we will be working toward identifying expertise in a variety of areas, the main one being the waiver program design, development and implementation. As we go through the process we are learning the best way to structure it. The organizational design and transition for the Division of Medical Assistance (DMA) and the Division of Health Benefits (DHB) and how it will migrate to one being put together; we will be much better as one entity as opposed to two as it is now. The HTC design and implementation will help evaluation the best way to provide opportunities for use of contractors. Technology integration is a big area we are focusing on. We want to be sure we have proper integration. Communications, education and marketing along with stakeholder engagement, we are committed to that and a way to make it even more robust than it is today. We are in the early stages for planning rules. Rules strategy is to work with an advisory committee and provide a report to the General Assembly by the end of January 2017.
- **Legislation:** There are Technical issues with the law to ensure that DHB is able to achieve the Federal Match.
- **Anticipated Next Steps:** DHB, DMA and Mercer are working together to summarize public comments to help modify the Waiver application and are working on getting it publish on the website. The Waiver application will be submitted by June 1 to CMS.
- The MCAC can certainly help us in the process. The comments in the forums and outside the forums are welcomed.
- Dee Jones said we received a number of comments on GME funding and the support for it and there are big efforts by Randall Williams and we will be a component of it.
- Thomas Johnson said it feels good to hear that a group will be doing considerable work on coordinating behavior health and non-behavioral health. Can you speak to that a little more? the bringing together DHB and DMA
- Right now the law is still separating behavioral health and non-behavioral health and leaving it in the current status as managed care. There are a number of suggestions on how we can provide some integrations, I would refer to Dave on that, said Dee.
- Dee Jones stated that it is our expectation that everything we have presented at this point from a department level has been discussed with the law makers and we do anticipate that they would be passed within the short session. One small bit of leverage we might have is that some are tide to funding streams and I think there will be a great desire to make those realized.

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.ncdhs.gov/get-involved/committees-work-groups>

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

- Dave Richard – From the very beginning the value from the Secretary and the team is that public comments matter. The comment process has had a significant impact. You may not see huge changes in the waiver because a huge piece is the contractual piece with the terms. We will not and cannot allow this to be burdensome to our providers. Any loss in provider care, we will consider a failure.
- Marilyn Pearson asked how does NC Tracks fit into this?
- Dave Richard – at the highest level, they will pay our health plans with a healthy portion fee for service.
- Gary Massey – at this time we would like to open for public comments.

PUBLIC COMMENTS

- Mary Short asked when will CMS holding public comment sessions?
- Dee Jones – After the June 1 submission. The MCAC will be informed.

CLOSING REMARKS

- MCAC members will be informed of CMS's public comments period on the 1115 Reform Waiver.
- DHHS/Medicaid portion of the Governor's budget will be sent to the MCAC.
- Dee Jones' presentation slides will be sent to the MCAC.

MEETING ADJOURNED