

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE MEETING
SEPTEMBER 16, 2016
MCKIMMON CENTER, 1101 GORMAN STREET (CONF. RM. #3) RALEIGH, NC 27606
TELECONFERENCE NO. 919-850-2820

The Medical Care Advisory Committee (MCAC) met on Friday, September 16, 2016 at 9:00 a.m.

ATTENDEES

Members in Person: Gary Massey-Chair, David Tayloe, Samuel Clark, Marilyn Pearson, Stephen Small, C. Thomas Jefferson, Ted Goins, and Benjamin Koren

Telephone: Carol Yates, William Cockerman, Casey Cooper, Derek Pantiel, Billy West, Linda Burhans, Paula Cox-Fishman

DMA Staff: Jeff Horton, Roger Barnes, Christal Kelly, Sandy Terrell, Beth Daniels, Dave Richard, Teresa Smith, Pamela Beatty, Mary Rhodes, Kim Shore, Virginia Niehaus, Sarah Pfau, Tabitha Bryant and Mark Casey

MCAC Interested Parties: Mary Short (Phone), Tracy Colvard, Kristen Dubay, Sarah Grimsrud, and Troy McLean

CALL TO ORDER

Gary Massey, MCAC Chair

- Meeting called to order at 9:00 a.m. Gary Massey welcomed everyone to the MCAC meeting.
- Pamela Beatty initiated the roll call of the MCAC members around the conference table and via the telephone to seek a quorum for the meeting. Pamela also made a request for all others in attendance via the telephone to identify themselves.
- The MCAC Chairman, Gary Massey, placed a motion on the floor to recommend approval of the minutes for the June 3, 2016 meeting with the revisions listed below: Ted Goins made the 1st motion and Marilyn Pearson 2nd the motion. All members were in favor of the motion to approve the minutes with the revisions; none opposed.
 - Revisions to the minutes included minor edits to some of the MCAC members' names that were present via telephone.
 - Linda Burhans and Carol Day's attendance at the June 3rd meeting needs to be reflected in the minutes.
 - Ted Goins requested a revision to his comment on the second page. "His concern was regarding the recruitment and retention of the staff for all providers" and not staff of Medicare as stated. All references to Medicare staff should be deleted, said Ted.

OPENING COMMENTS:

Dave Richard, Deputy Secretary for Medicaid

- Dave provided an overview of the CAP/C & CAP/DA merger Waiver and the forthcoming changes that would be revised in the CAP/C waiver submission to CMS.
- Due to the comments and large outcry from the public, providers, and others, DHHS-Division of Medical Assistance will not be combining the CAP/C and CAP/DA Waivers. The Agency contacted CMS immediately to update them of the large public output and requested an extension for submission of the waiver. CMS agreed to the extension so that the Agency and Department could look at all of the comments.

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: Teresa J. Smith, DMA Policy & Regulatory Affairs

- The CAP/C & CAP/DA waivers will not be combined; instead, they will be submitted to CMS to include the following revisions:
 - Moving some of the PDN services outside of the State Plan for more flexibility.
 - The waiver will go out again for public input prior to submission to CMS.
 - PCS changes in the independent assessment to change the quality of services.
 - PCS revisions regarding the independent assessments. The Agency is currently working with stakeholders, recipients and providers to incorporate their inputs on the revisions.
 - The litigation on the PCS services in the different settings will be a change forthcoming. The change will impact the recipients and the providers.
 - Comments forth going to the Secretary on the flexibility of reimbursement that has been granted from the legislation. This will take more time because of the complexity to develop the strategy and complexity of the access of the providers.
- Gary Massey proposed a question to Dave on “Do we think the changes from the reimbursement strategy will have a positive effect on the public?”(economic effect)
- Dave responded, with all respect to the Legislation, they should not be involved in the rate setting & reimbursement. That should come from the administration of the individuals that are running the program. The Agency is looking to make sure that we are working with all of the providers to make sure that all recipients are getting the services that are needed. This is not a budget cutting exercise, said Dave. We have to consider access to providers who make sure all are served and make sure that this is not a negative effect on the recipients or providers.
- The Medicaid Reform overview consisted of the creation of the Dual Advisory Committee that was created to provide stakeholder engagement.
- The reform presentation detailed carve outs of the different programs such as the proposed approach of performance measurements and analytics, NC Health Transformation Center and communication from the stakeholders for the III5 waiver.
- The details of the presentation can be found at the following link:
https://ncdma.s3.amazonaws.com/s3fs-public/MCAC_NC_Medicaid_Reform_Update.pdf

MEDICAID BUDGET UPDATE:

Roger Barnes, Deputy Director of Finance, DMA

- Roger provided an overview of the July and August Medicaid Budget. The July budget is closed; however, the August budget is still opened.
- The enrollees are slightly higher; currently at 1.9 million from 1.83 million.
- Slide 3 will show more of the fee for services instead of the capitation rates.
- SFY 15 vs. SFY 16 -- Reduction for hospitals, an increase for the SNF, the physician line had the physician bump included; drugs had the rebates; the hospital payments were consolidated and mostly funded by the hospital.
- SFY 2017 -- Enrollment is growing more conservatively; approximately at 4.3%. (See details of the presentation at the following link: https://ncdma.s3.amazonaws.com/s3fs-public/MCAC_Budget_Update_2016_09_16.pdf)

MEDICAID ACCESS MONITORING REQUIREMENTS

Jeff Horton, DMA

- Jeff presented an update 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).

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- Jeff spoke on how there is no national statistics on the trends of the rate reductions for access to care utilization.
- The “DRAFT” Access Monitoring Plan was posted on the DMA website for comments and will be taken down on September 22, 2016. The “DRAFT” was submitted to MCAC members for comments and recommendations.
- No comments received. Jeff Horton and Gary Massey encouraged members to comment because once the comment period ends, the plan will be reviewed to incorporate any changes and then submitted to CMS for review.
- The Agency had a conference call with CMS and they were satisfied overall with the Access Monitoring Plan that DMA is going to submit.
- After the initial submission and approval of the Access Monitoring Plan, the Agency is only required to submit the plan every three (3) years.
- More details of Jeff’s report can be found at this link: [https://ncdma.s3.amazonaws.com/s3fs-public/Medicaid Access Monitoring Update 2016 09 16.pdf](https://ncdma.s3.amazonaws.com/s3fs-public/Medicaid%20Access%20Monitoring%20Update%202016%2009%2016.pdf).

PUBLIC COMMENTS

Gary Massey, MCAC Chairman, opened the floor for public comments.

- Mary Short made several comments on the CAP/C Waiver and how a lot of the families did not look at the websites for updates on the SPAs, waivers, etc.
- Ms. Short’s further stated that most families are not aware of the issues until the local media catch wind of the issues and bring light to them. That is how the families impacted by the issues find out about the issues, said Ms. Short
- MCAC member, Paula Cox-Fishman, stated that most families do not have a lobbyist.

CLOSING REMARKS

- Gary Massey announced that the next meeting will be December 2, 2016.
- Meeting adjourned

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