

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

**MCAC BENEFICIARY ENGAGEMENT SUBCOMMITTEE MEETING
April 9, 2018**

McBryde Bldg., Ave. 820 Boylan, Conference Room 444, Raleigh, NC 27603

DIAL-IN: 888-204-5984 / ACCESS: 8532608

The (MCAC) Beneficiary Engagement Subcommittee met on Monday April 9, 2018 from 9:00 am – 10:30 am.

ATTENDEES

The following people were in attendance: Karen Kranbuehl, Marilyn Pearson (Co-Chair), Mary Hooper, Lori Brigman, Brendan Riley, April Morgan, Willona Stallings, Ames Simmons, Sharon McDougal, Debra Farrington, David Richardson, Lynette Harris

The following people participated via the phone: Sam Clark, Chris Dobbins, Bonnie Foster, Jenny Hobbs (Co-Chair), Danielle Cole

CALL TO ORDER

Debra Farrington opened the meeting with introductions of all attendees.

Meeting Agenda Items

- Reviewed agenda
- Confirm Subcommittee Charter
 - Review Beneficiaries in Managed Care Concept Paper and comments received
 - Review recommendations for operations of Beneficiary Support System; i.e., PHP Member Services, Enrollment Broker, Ombudsman
 - Address strategy and methods for engaging beneficiaries
 - Identify new engagement methods
 - Evaluate and make recommendations for leveraging existing bodies; i.e., Consumer Family Advisory Committee
 - Discuss strategy for communicating with beneficiaries
 - Review marketing and member materials
- Meeting Schedule and Work Plan
 - Meeting #1
 - Subcommittee Charter
 - Expectation, logistics, meeting frequency
 - High level review of Beneficiaries in Managed Care Concept Paper
 - Comment on beneficiaries Managed Care Concept Paper
 - Meeting #2
 - Beneficiary support systems (PHP marketing and member services)
 - Ombudsman
 - Engagement strategy methods
- Logistics and member participation

- All meetings will be available in-person and by webcast/teleconference and will be open to the public. The public will also be given time at the end of meetings for public comments or by direct comment via email (Medicaid.transformation@dhhs.nc.gov).
- Challenge of communicating with beneficiaries
 - MCAC will evaluate marketing materials
 - Perhaps this subcommittee will assist with review
 - Start communicating simple messages early
 - Involve everyone in the state early (associations, DSS, cooperative extensions, aging offices, private companies, etc.)
 - Prepare one-pagers that give information, reassure, small bites, distribute widely
 - Involve non-traditional partners, community resources such as drug stores, Rx sooner
 - The “way” we communicate – transformation is not an easy concept to understand when not familiar with it.

Beneficiary Engagement Subcommittee

MCAC established 6 subcommittees:

- Managed Care Quality
- Provider Engagement
- Beneficiary Engagement (these 3 were originally slated as long-standing committees, and will continue with that plan)
- Credentialing
- BH/ID Tailored Plan
- Network Adequacy (these committees are slated to be short term). Credentialing and Network Adequacy has already had one meeting and will be having the second session of meetings this week. Both committees will have one additional meeting.

Discussion

- Beneficiary Engagement was developed because it is important to engage individuals who use the Medicaid program to pay for their care in the design process and the feedback loops as we go through this process.
- Do we have ‘health literacy’ experts involved? Do we have resources/consultants within MCAC who can assist with language?
- What is the department’s role in oversight of PHPs, EB, ombudsmen?
- Can we provide more transparency to help beneficiaries make better decisions? i.e., information on performance of PHPs, EBs to enable wise choices
- Comments on Benefits of Managed Care concept paper are still being collected/reviewed
- DSS work groups start next week to assess impact of transformation on DSS operations, eligibility, enrollment, non-emergency transportation, etc.
- (Bonnie) Has attended work groups of 50-60 consumers to educate on changes, given packets, recommends similar
- Case workers often don’t understand well enough to explain to beneficiaries

- Concern with technology capabilities: Are we proposing a selection tool that providers are not equipped electronically to handle? They can communicate with recipients, but potentially not with the plan manager or other providers.
 - Regarding NC Fast, 2013 launch was not smooth, transitioning, notices updating, modified... Are we confident that transformation rollout will be smoother? How can this committee assist? What training will be done for DSS staff? What will the resource impact be?
 - The following items were placed in the Parking Lot:
 - DHHS Oversight of EB, PHP, Ombudsman
 - HIE – connectivity issues – communication with EB, PHP
 - Transition between PHP
 - Proposed NC Fast changes – impact on capacity of staff
 - Flow Charts – SDOH
 - Algorithms for auto-assignment

Recommendations from the subcommittee:

- Meet frequently
- Make information on PHP/EB performance available to beneficiaries
- Send simple messages early to beneficiaries – DSS, Co-op Extension – wide distribution
- Utilize the one-pager from last year
- Involve Health Literacy resources
- Group asked for clear direction on expectations for meetings – Debra responded that comments can be emailed to her

Public Comment – None offered.

Next Steps

- Debra - More information on asking LOC about delayed populations/exempt
- Debra - Flow charts to next meeting – and SDOH(?)
- Debra - What algorithm will be used to determine auto-assign to plan manager for providers?
- The group agreed to meet May 7
 - Please send to Debra by April 23rd
 - specific recommendations on beneficiary enrollment, dis-enrollment, appeals, grievances, and beneficiary communications
 - expectations of PHPs around beneficiary engagement communications

Adjournment

The meeting was adjourned by Sharon McDougal.

Minutes submitted by: Sharlene Mallette

Minutes approved by: Subcommittee members

