

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAL CARE ADVISORY COMMITTEE MEETING
May 25, 2017
1985 Umstead Drive (DMA Kirby Building) Raleigh, NC 27606
Teleconference No. 919-850-2823

The Medical Care Advisory Committee (MCAC) met via teleconference on Thursday, May 25, 2017 at 10:00 a.m. 9:00 a.m.

ATTENDEES

Members in Person: Gary Massey, MCAC Chairman

Members via Telephone: Kim Schwartz, Samuel Clark, Carol Yates Day, William Cockerman, Stephen Small, Derek Pantiel, Linda Burhans, Ted Goins, Paula Cox-Fishman

DMA Staff: Sandra Terrell, Roger Barnes, Sabrena Lea, Jeff Horton, Christal Kelly, Beth Daniel, Krystal Hilton, John Stancil, Charles Carter, Sam Gibbs, Angela Diaz, Janice Norris, Pamela Beatty

MCAC Interested Parties: Marsha Vanhecke, Mary Shorts, Charlotte Rash,

CALL TO ORDER

Gary Massey, MCAC Chair

- Gary Massey, MCAC Chair, called the meeting to order at 10:00 a.m. followed by a roll call of the MCAC members. Pamela Beatty declared a quorum present. Chairman Massey welcomed and thanked everyone for taking time away from their busy schedules to participate on the call. Stated that the purpose of the call is to receive feedback from the Department on the recently held Medicaid Transformation hearing sessions.

OPENING COMMENTS

Dave Richard, Deputy Secretary, DMA

- Dave extended a thank you to all who joined the call and to those that showed up at the public hearings. The Department is compiling a robust list of both the written and public comments received. Attendance was great; the least attendance was in Greensboro (100 participants) which was expected due to the short announcement. In almost all hearings, we were over capacity in terms of the public wanting to comment.
- Dave presented a broad scope of what was heard in the hearings.
 - Largest comment group supported coverage expansion that included full Medicaid Expansion using all available tools of the ACA and additional coverage for people with substance abuse and mental health needs.
 - Second largest comment group pertained to physical and behavioral health integration. LME/MCO system doesn't work and needs to be scrapped and do something different.
 - Avoid creating a system that will make access to care an issue or cause harm to anybody. We were asked not to do anything that will cause more administrative burden for providers.
 - Continued dental carve out efforts;
 - Continued support for the work that CCNC does and to address social determinants of health.
 - There were not a lot of specific comments regarding the technical issues around supplemental payments. Anticipate receiving a great deal regarding this subject in our written comments.

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Prepared by: Pamela Beatty, DMA Policy & Regulatory Affairs

- Dave stated that the reason for doing these public hearings is that we are anticipating a robust engagement with CMS starting in mid-summer. We want to have a clear path beyond what is currently in the 1115 Waiver. We want to have deeper conversations on how we do supplemental hospital payments, our support of the social determinants and population health efforts. Department is really interested in is the decision around behavioral health integrations sooner than later. There is reasonable expectation that we will be able to complete negotiations by the end of the year or beginning of 2018. Which puts us on the same timeframe as our anticipated go live period in July 2019.
- Dave turned the floor over to the Committee for comments.

MCAC Comments & Questions

- Gary Massey, MCAC Chairman asked members to share comments.
- **Derrick Pantiel** fully agreed with Dave to go forward with a comprehensive plan and make changes as needed. Reinforced having a centralized application process. Stated that it is very important to make the lives of physicians and their staff a little bit easier and not make the process any more complicated than what it is currently.
- **Dave Richard:** We have heard that everywhere. Secretary Cohen and the Division is committed to that value. If we do reform Medicaid and lose providers and physicians in the transition; we have failed in our efforts.
- **David Tayloe** thanked Dave for the presentation. Added to what Dr. Pantiel stated; the Department must be careful with the administrative burden and bureaucracy of dealing with MCOs. Important that CCNC, or some organization that CCNC evolves into, play a role because CCNC has been so vital in the success of cost savings over the past few years. Heard a lot of providers say the same thing in Pediatric meetings across the states.
- **Dave Richard:** We have heard that loud and clear. Assured Mr. Tayloe that it is one of the ongoing weekly conversations that the Department has about how to guarantee that we do not lose what is important in NC and that we do not create a system that devalues what has been happening.
- **Sam Clark** asked if the Department could create an analysis on the anticipated or expected changes in administrative burdens for providers?
- **Dave Richard:** It would be hard for us to say no. Great point, Sam. We can look at all items that might create issues and pose an administrative burden in a change to a managed care system. We will do a side by side of how we anticipate addressing those issues in our conversations with stakeholders and providers. Angela Diaz further stated that she will take this back to the team and address going forward.
- **Kim Schwartz:** Expressed appreciation for the listening sessions. Heard some good things out and about as well as feedback from folks in the community health center world. Pointed out the need for alternative payment structures pertaining to telehealth and the usage of technology to address a payment structure. Stated that NC is behind time in that. We need to pay attention to managing the critical and massive primary care workforce shortage and add more resources for behavioral health. There are world centers, community health centers and free clinics; especially in the rural area, that are at risk for shutting their doors. Attention is needed in regards to clarity and utilization of the HIEs and registry. Pleased about the emphasis being placed on integrative health care concerns. Also, stress that rural health continues to be covered; specifically, for the under resourced population and the complete person. Reemphasized uniformity of presumptive eligibility; please consider taking it out of the hands of the county social departments. There needs to be a more refined and sophisticated process, said Kim.
- **Dave Richard:** Kim, that was great! Happy to say that everything you mentioned are high on the list. Appreciate your consistency with what you say all the time.

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- **Paula Cox-Fishman** alleged that the Department is not holding the MCOs accountable and asked if there is ever going to be a point when it does? Paula shared that the NC Disability Rights of NC filed a lawsuit on behalf of guardians who signed this horrible thing that put 1100 people living in homes and centers at risk of losing their services. Paula stated that people with developmental disabilities are at risk of losing individual services and being institutionalized because MCOs are cutting services.
- **Dave Richard** stated that he cannot comment on the Disability Rights litigation. He disagreed with Paula's assumption that the Department is not holding the MCOs accountable. We always acknowledge that the system can improve and it should. We strive to do so on every opportunity that we have. The Governor's budget proposed adding an additional 2000 waiver slots; however, it was not accepted by either chambers of the General Assembly. During the audit process, things were revealed about Cardinal and the Department is formulating its actions on what it will do in terms of the audit recommendations. Paula, we will accept any recommendations that you may have on accountability and things that we should be looking at.
- **Paula** went on to say that IDD is a lifelong and does not get cured or go into remission. Will always be in care of someone else. Are you willing to step in and fix this and make sure people get the services they need? **Dave** suggested to Paula that they have an offline conversation.
- **Derrick Pantiel** posed a question for the Committee. Have we created an official plan or document to recruit and involve other members of the health profession?
- **Chairman Massey** thanked **Derrick Pantiel** for bringing this subject up. It certainly has a lot of merit and sounds like something we can review in the future and give sign off on as a Committee.
- **Dave** added that the DHHS Office of Rural Health created a plan a year and a half ago in regards to graduate medical education that extended around recruitment and development towards rural health. We will share that with you upon receipt.
- **Steve Small** questioned how Medicaid plans to deal with the managed care crisis. People are not getting appropriate follow-up care and end up back to the ERs. Steve said there is very poor access to mental health care in the communities for Medicaid patients. It is a disaster right now and the State is hemorrhaging money.
- **Dave Richard** agreed that the community based system which includes in-patient hospital beds, facility based crisis or walk-in centers, and other components including residential, are things that need to be addressed. Dave held a lengthy discussion on this subject and shared the Department's thought process. Stated that there has been a slow, but, steady increase of those resources across the State.
- The General Assembly has added the ability to have additional inpatient beds and the capital has already been assigned to that. A grant just went out from the Division of Mental Health to add inpatient beds in community based hospitals.
- **Steve Small** thanked **Dave** and commented that the Department's thought process is wonderful.
- **Dave** thanked everyone again for their participation, advice, and comments. Every bit of it is very helpful in driving us toward the right answers.
- **Chairman Massey** stressed the importance of leveraging public health services across the State and the rural health issues that **Derrick** and **Kim** discussed. Finding those innovative opportunities to leverage all of our assets for this purpose is going to be critical.
- **Charlotte Rash** expressed appreciation for the listening sessions. Reiterated the need for more physicians in NC. Shared that it is difficult to find physicians who will accept adult patients with Medicare and Medicaid.

PUBLIC COMMENTS

Meeting opened for public comments; there were none.

MEETING ADJOURNED

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