Medical Care Advisory Committee
May 5, 2016

Department of Health and Human Services
Medicaid Reform Updates
Agenda

• Public Hearings/Public Comments Update

• NC Health Transformation Center

• Legislative Changes

• Anticipated Future Work Streams

• Near Term Next Steps
# Public Hearings – by the numbers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Volume</th>
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<tbody>
<tr>
<td>Public Hearings</td>
<td>12</td>
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<tr>
<td>Public Hearing Attendance</td>
<td>1,600</td>
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<tr>
<td><em>Public Hearing Speakers With Comments</em></td>
<td>300</td>
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<tr>
<td><em>Inds/Orgs Submitting Written Comments</em></td>
<td>400</td>
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<tr>
<td>Total Commenters</td>
<td>700</td>
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<tr>
<td>Total Comments</td>
<td>1,700</td>
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<tr>
<td>Location</td>
<td>Date</td>
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</tr>
<tr>
<td>Raleigh</td>
<td>March 30</td>
</tr>
<tr>
<td>Charlotte – south</td>
<td>March 31</td>
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<tr>
<td>Charlotte – dial in</td>
<td>March 31</td>
</tr>
<tr>
<td>Charlotte – north</td>
<td>March 31</td>
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<tr>
<td>Sylva</td>
<td>April 5</td>
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<td>Boone</td>
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<td>Greenville</td>
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<td>Elizabeth City</td>
<td>April 16</td>
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<td>Lumberton</td>
<td>April 18</td>
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<tr>
<td>Lumberton – dial in</td>
<td>April 18</td>
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<td><strong>TOTAL</strong></td>
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</table>
General public comment themes

• **Beneficiary concerns.** Ensure appropriate beneficiary advocacy continues; ensure adequate patient access to providers and specialists; unify enrollment processes; and continue FFS coverage of HIPP, LEA, CSDA and fluoride varnishing.

• **Provider concerns.** Standardize and/or unify other processes; ensure appropriate provider protections; support for local health departments, HIV specialists and psychiatry.

• **Expansion.** Strong advocacy for expansion by attendees.

• **Case/care management.** Ensure continuation of supports and analytics.

• **Supplemental payments.** Ensure levels of funding are maintained for providers (LHD, EMS, hospitals, etc.); support for GME funding.

• **Behavioral health.** Consider lessons learned from previous behavioral health reform project; integration of physical and behavioral health.
North Carolina Health Transformation Center

• Outward-facing Support for Medicaid Transformation
  – Spur innovative programs
  – Enable health care leadership transformation and development
  – Foster clinical information sharing
  – Disseminate grant funding and incentive payment programs
  – Provide collaboratives and technical assistance to providers and prepaid health plans
  – Measure prepaid health plan performance
  – Evaluate the effectiveness of the waiver program

• Build upon North Carolina history of innovations

• Robust data usage

• The work for a phased implementation starts now
Proposed Approach

Measurements, analysis and best practices drive improvements
Proposed Approach

**Performance Measurement and Analytics**
- Population analytics
- Performance measures and metrics
- Provider incentives

**Communications and Stakeholder Engagement**
- Communicating information across NC
- Central point for gathering information

**Support Center**
- Provide collaboratives and technical assistance
- Provider and PHP liaison
- Community collaboration and support

**Center of Excellence**
- Workforce development
- Innovation pilots
- Grant writing
- Provider clinical and operational best practices
Legislative changes to support program

• Exclude from waiver
  – Populations with short eligibility spans (e.g., medically needy, emergency only coverage etc.)
  – PACE program
  – Local Education Agency (LEA) services
  – Child Development Service Agencies (CDSAs)
  – NCHIP

• Maintain eligibility for parents of children placed in foster care system

• Allow EBCI tribal members to “Opt In” to plan participation

• Recognize DHHS’ operational authority for Medicaid, rather than “through” the Division of Health Benefits

• Clarify “cooling off period” requirements for staff without leadership role or contract decision making authority
Planned work streams

**WORK STREAMS**

- **REFORM STRATEGIST (ATLAS)**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **WAIVER & RPT DEVPT (MERCER)**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **WAIVER PROGRAM IMPLEMENTATION**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **ORGANIZATIONAL DESIGN & TRANSITION**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **INNOVATIONS CENTER DEV & IMPLEMENTATION**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **TECHNOLOGY INTEGRATION REQUIREMENTS**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **ENROLLMENT BROKER / IMPLEMENTATION**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **COMMUNICATIONS & EDUCATION**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **STAKEHOLDER ENGAGEMENT**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

- **DUALS STRATEGY**
  - JAN-2016
  - JUL-2016
  - JAN-2017
  - JUL-2017
  - JAN-2018
  - JUL-2018
  - JAN-2019
  - JUL-2019
  - JAN-2020

30-day scale

- **High Level Requirements**
- **Procurement**
- **Initial Deliverable**
- **Final Deliverable**
Near-term next steps

• Collaborate with DHB, DMA and Mercer to summarize public comments for waiver submission

• Work with DHB, DMA and Mercer to review and understand impacts of new Medicaid Managed Care rules posted by CMS on 4/26/16

• Post public comments log or summary on DHHS website

• Finalize “federal” communication strategy for 1115 demonstration waiver submission

• Submit 1115 demonstration waiver application by June 1 (anticipating that this document may change over the course of NC/CMS negotiation)

• Post notification of CMS’ Public Comment period on the DHHS website and other communication vehicles

• Finalize strategy for securing professional and technical expertise for future work streams; begin procurement

• Continue building the Division of Health Benefits team