



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
DAVE RICHARD • Deputy Secretary, Division of Medical Assistance

**MEMORANDUM**

**TO:** Medical Care Advisory Committee (MCAC) Members and Interested Parties

**FROM:** Pamela Beatty, MCAC Administrative Assistant *PB*

**SUBJECT:** Medical Care Advisory Committee (MCAC) Request for Nominations

**DATE:** June 21, 2018

The NC DHHS Division of Medical Assistance (DMA) is seeking nominations for qualified candidates to serve on its Medical Care Advisory Committee (MCAC) from Congressional Districts 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, & 13, in addition to six (6) At-Large seats. We would greatly appreciate your assistance with our search. Attached are several documents to aid you in this process.

The MCAC serves as the advisory committee to the NC Department of Health and Human Services (DHHS) and NC Medicaid in providing advice and recommendations concerning health and medical care services.

The Department is seeking nominations from the following groups as outlined in the MCAC Bylaws:

- board certified physicians and other representatives of the health profession who are familiar with the medical needs of and resources available for the care of low-income groups;
- the director of the public welfare department or the public health department;
- recipients and consumer organizations such as labor unions, organizations representing the poor, civil rights organizations, business, consumer cooperatives, and unaffiliated private citizens;
- recipients or former recipients who are directly served by the Program and are aware of special problems confronting those seeking care; and
- others, including government, state and county medical societies, other professional and provider associations, health insurance industry, health and medical education, healthcare finance professionals, and community members and leaders.

Interested candidates should email a PDF of their resume and a completed biographical sketch (form attached) to [Pamela.Beatty@dhhs.nc.gov](mailto:Pamela.Beatty@dhhs.nc.gov) no later than Friday, July 13, 2018. You may nominate yourself from the congressional district in which you work or live. If you need assistance with determining your congressional district, please refer to the NC General Assembly web site. If you have any questions, please contact Pamela Beatty at 919-855-4102. Thank you for your assistance.

Attachments

Solicitation Letter for MCAC Nominations  
Biographical Sketch Form  
Current MCAC Membership Chart

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

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh NC 27603  
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**NC Department of Health and Human Services  
Division of Medical Assistance**

## **MEDICAL CARE ADVISORY COMMITTEE MEMBERSHIP TERMS**

<b>DISTRICT</b>	<b>NOMINEE</b>	<b>EXPERIENCE</b>	<b>ASSOCIATION/NOMINATED BY</b>	<b>TERM DURATION</b>
1	Kim A. Schwartz	CEO, Roanoke Chowan Community Health Center, Inc.	Self-Referral	8/5/11 – 9/30/14 8/1/15 – 8/1/18
2	Samuel B. Clark	Director of Finance	NC Health Care Facilities Association	8/1/15 – 8/1/18
3	Dr. David T. Tayloe III	Pediatrician/Partner, Coastal Children’s Clinic	NC Pediatric Society	8/1/15 -- 8/1/18
4	Carol Yates Day	Clinical Staff Pharmacists, Duke University	NC Board of Pharmacy	8/1/15 – 8/1/18
5	William T. Cockerham	Post-Acute Healthcare Provider	Association of Hospice & Home Care	8/1/15 – 8/1/18
6	Polly-Gean Cox	Crisis Behavioral Health Therapist	National Association of Social Workers	8/1/15 – 8/1/18
7	Dr. Marilyn R. Pearson	Physician/Public Health Director	NC Association of Local Health Directors	3/4/11 – 4/30/14 8/1/15 – 8/1/18
8	Dr. Stephen A. Small	Clinical Physician	NC College of Emergency Physicians	8/1/15 – 8/1/18
9	Ivan Belov	Director, Personal Home Care (PHC) of NC	Association for Home and Hospice Care (AHHC)	3/1/18 – 3/1/19
10	Dr. Chris DeRienzo	Chief Quality Officer, Mission Health	The Policy Group	3/1/18 – 3/1/19
11	Casey Cooper	CEO Cherokee Hospital; BSN	Eastern Band of Cherokee Indians	3/4/11 – 4/30/14 8/1/15 – 8/1/18
12	Billy Ray West, Jr.	Executive Director	DAYMARK Recovery Services	8/5/11 – 9/30/14 11/18/15 – 8/1/18
13	Linda D. Burhans	Registered Nurse	NC Board of Nursing	8/1/15 – 8/1/18
At-Large	C. Thomas Johnson, III	VP-Finance, Southeastern Health	NC Hospital Association	8/5/13 – 8/1/15 8/1/15 – 8/1/18
At-Large	Ted W. Goins	President & CEO of Lutheran Services Carolinas	NC Health Care Facilities Association	8/5/11 – 9/30/14 8/1/15 – 8/1/18
At-Large	Gary R. Massey, CPA	Principal-Health Care, Clifton Larson Allen	Self-Referral	8/5/11 – 9/30/14 8/1/15 – 8/1/18
At-Large	Dr. David D. Sumpter	Psychiatric Services & Facility Based Crisis	DAYMARK Recovery Services	8/1/15 – 8/1/18
At-Large	Dr. Paula Cox Fishman	IDD Advocate & Legal Guardian of Medicaid Recipient	Self- Referral	8/1/15 – 8/1/18
At-Large	Dr. Benjamin Koren	Dentist	NC Dental Society	8/5/11 – 9/30/14 8/1/15 – 8/1/18
At-Large	Jenny R. Hobbs	Co-Founder and Board Member, Advocates for Medically Fragile Kids NC -- Lived experience	NC Child (The Voice for North Carolina’s Children)	3/1/18 – 3/1/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE  
BIOGRAPHICAL SKETCH

Nominee for: MEDICAL CARE ADVISORY COMMITTEE

Mr.\_\_\_\_ Mrs.\_\_\_\_ Ms.\_\_\_\_ Miss\_\_\_\_ Dr.\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Qualifications/Statement of interest to include the benefit of you serving on the MCAC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Current board/commission appointment</u>	<u>Date term ends</u>	<u>Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Individual/Organization

\*\*\*\*PLEASE ATTACH CURRENT RESUME\*\*\*\*

Nominee's Signature: \_\_\_\_\_