

Kick-off Meeting

Thursday, June 23, 2016 | 11:00 a.m. – 2:00 p.m.

McKimmon Conference & Training Center | 1101 Gorman St., Raleigh NC 27606

Minutes

North Carolina Dual Eligibles Advisory Committee (NCDEAC) met Thursday, June 23, 2016, at 11:00 a.m.

ATTENDEES

Dee Jones (Division of Health Benefits/DHB) and Dave Richard (Division of Medical Assistance/DMA) – Department of Health and Human Services (DHHS) liaisons to the Advisory Committee

NCDEAC: Blair Barton-Percival; Mary Bethel; Vickie Bradley; Conor Brockett; Sally Cameron, Hugh Campbell; Ronnie Cook (for Jeff Weegar); Kelly Crosbie; Ken Jones; William Lamb; Marsha Vanhecke (for Carol Meyer); Benjamin Money; Jay Peters (for Ken Lewis); Sharnese Ransome; Tim Rogers; Richard Scott (for Bill Griffin); Craig Souza; David Grigsby

Audience: Daniel Balm (Aetna); Van Braxton (NC Dept. of Insurance); Sam Clark (NC Health Care Facilities Assoc.); Tracy Colvard (Assoc. for Home and Hospice Care); Marc Hewitt (Smith Moore Leatherwood); Randy Jackson (NC Assisted Living Assoc.); Ryan Minto (United Health Group); David Shafer (United Health Care); Adam Sholar (NC Health Care Facilities Assoc.); Yolanda Stith (NC Assoc., Long Term Care Facilities); Julie Wiggins (NC Assoc. of Area Agencies on Aging); Lou Wilson (NC Assoc., Long Term Care Facilities)

DHHS Dual Eligibles Planning Committee: Wayne Black; Tabitha Bryant; Angela Diaz; Trish Farnham; Nancy Henley; Jamal Jones; Sabrena Lea; Suzanne Merrill; Julia Schoenberger; Sandra Terrell

DHHS: Natasha Adams (DHB); Wrenia Bratts-Brown (DMA); Joseph Breen (DMA); Donald Browning (DHB); Heather Burkhardt (Division of Adult and Aging Services); Stephan Demeritte (DHB); Julia Lerche (DHB); Jeff Mobley (Division of Services for the Deaf and Hard of Hearing); Shannon Spence (DMA)

WELCOME/INTRODUCTIONS

Dee Jones, Chief Operating Officer, Division of Health Benefits (DHB) and Dave Richard, Deputy Secretary, Medical Assistance (DMA)

- Meeting agenda overview. NCDEAC members, DHHS attendees and audience introductions.
- Department will work with NCDEAC and others outside of the committee to develop a consensus regarding Department strategy to address dual eligibles population needs. The Department values stakeholder engagement and wants everyone provide input and have their voice heard.

ADVISORY COMMITTEE BACKGROUND AND PROCESS

Dave Richard, Deputy Secretary, DMA

- Reviewed session law 2015-245 that requires DHHS, with NCDEAC input, to develop a strategy to bring dual eligibles into capitated managed care and present that recommended strategy to the General Assembly by Jan. 31, 2017. Other recommendations may result from NCDEAC efforts.
- NCDEAC will meet monthly for a three-hour period. NCDEAC assistance needed to identify beneficiaries to participate on the NCDEAC to ensure their input. Reminder that members are acting in an advisory capacity, and the Department reserves the right to make adjustments to NCDEAC recommendations. A small, representative group of NCDEAC volunteers will serve on a steering committee. Its role will be to help DHHS set agendas and capture comments at NCDEAC meetings. NCDEAC recommendations will be made public.

ADVISORY COMMITTEE MEMBER INTRODUCTIONS (PART I)

Dave Richard, Deputy Secretary, DMA

NCDEAC in-depth member introduction including organization represented, professional or personal experience with dual eligibles, and goal for dual eligibles and long-term services and supports (LTSS) capitated plan integration.

- **Jay Peters**, on behalf of Ken Lewis (NC Association of Health Plans) – Represents health plans across the state. Wants to learn from the group how his organization can help to integrate care across NC.
- **Hugh Campbell** (NC Association of Long Term Care Facilities). Represents assisted living communities and serves a large portion of dual eligibles in NC. Concerned about a transition of this magnitude involving so many vulnerable people; need to ensure their participation. Wants to bring suggestions to facilitate a successful transition.
- **Craig Souza** (NC Health Facilities Association). Represents skilled nursing facilities. People in the program should be the primary focus. Moving to a managed care system requires state capacity to support it.
- **Blair Barton-Percival** (NC Association of Area Agencies on Aging). Administers funds to support elder programs, houses and runs the Long-Term Care Ombudsman program, and very involved with senior needs including home delivered services. Wants to contribute knowledge, insight and experience to the group.
- **Sally Cameron** (NC Psychological Association). Represents behavioral health community. Wants to determine how dual eligibles, who have physical and behavioral health needs, can better navigate and understand entire system.
- **Conor Brockett** (NC Medical Society) – Represents practitioners. Transition of the dual eligibles will be key part of Medicaid reform success. This population deserves and needs many programs. Room for improvement over classic fee-for-service program. People providing services on the ground have most to offer to strategize how state moves forward.

1115 WAIVER APPLICATION OVERVIEW

Dee Jones, Chief Operating Officer, DHB

- Overview of the 1115 demonstration waiver application, including its purpose and intended goals. Application was submitted June 1, 2016, and the contents were designated as complete earlier this week by the Centers for Medicare & Medicaid Services (CMS). Waiver application included limited details because it is a demonstration application, not a full program design. CMS will now begin its review and the Department anticipates a lengthy negotiation process. Changes to the application are to be expected during the negotiation process.
- Primary waiver application goals are payment alignment, budget stability and predictability while achieving better health outcomes. Department is excited to move to operationalization stage of the transformation process, and emphasized that losing providers through the transformation is considered a failure.
- Completed transformation milestones: Draft waiver application and report to Joint Legislative Oversight Committee on Medicaid and NC Health Choice (JLOC); draft waiver application public comment period; changes requested of the General Assembly to language in S.L. 2015-245; NC Health Transformation Center report delivered to JLOC; final waiver application submitted June 1.
- Key changes from draft to final waiver application: Improved flow and readability; recent Medicaid Managed Care Rule provisions; public hearing feedback; and financing and budget neutrality information.

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- While dual eligibles population complicated needs were appropriately excluded from the waiver application, it included some LTSS initiatives this population regularly accesses, including those to leverage technology and focus on care transitions.
- Twelve public hearings (CMS requires only two) were successful, with approximately 1,600 participants. Common themes: Beneficiary concerns about losing a voice in the new system; provider concerns about administrative burden; continued care/case management; and Medicaid expansion.
- Department wants to build a data-oriented system that promotes consumer choice, and dual eligibles are a subset. Department will secure technical assistance in program design and implementation, continue stakeholder engagement at all levels, and begin negotiations with CMS.

ADVISORY COMMITTEE MEMBER INTRODUCTIONS (PART II)

Dave Richard, Deputy Secretary, DMA

Remaining NCDEAC member introductions.

- **Sharnese Ransome** (NC Association of County Departments of Social Services). Represents county Department of Social Services agencies that serve as point of entry to Medicaid system for many dual eligibles. Wants to ensure behavioral health needs are addressed.
- **Benjamin Money** (NC Community Health Association). Represents federally qualified health centers that serve a disproportionate percentage of dual eligibles across the state.
- **Kelly Crosbie** (NC Community Care Networks). Represents over 1,800 primary care medical homes. Is most vested in better supports and coordination of services for dual eligibles; supporting providers/practices serving this complex population; and using data and lessons learned from the past work.
- **Ronnie Cook**, on behalf of Jeff Weegar (NC Hospital Association). Represents hospitals and health systems. Concerned about transformation finances, but also wants to ensure dual eligibles' benefits are not compromised because of the transformation.
- **Ken Jones** (Brain Injury Association of NC). Represents individuals living with brain injuries throughout the state; many are dual eligible. Experienced in managing PHP contracts and wants to see how new Traumatic Brain Injury waiver fits into dual eligibles process.
- **David Grigsby** (NC Commission of Indian Affairs). NC is home to largest population of American Indians east of the Mississippi, but are traditionally underserved by these types of programs. Wants population's concerns to be addressed to improve access to care.
- **Marsha Vanhecke** (Carolinas Center for Hospice and End of Life Care). Focused on hospice and palliative care providers. Concerned that reducing cost is one intent of the transformation; it will be counterproductive to leave hospice out of the waiver.
- **Tim Rogers** (Association for Home & Hospice Care of NC). Represents 820 home care and hospice agencies. Vast majority of dual eligibles want to reside in their homes. Wants to be a critical player to help ensure the state gets this transformation right; it is about the needs of patients and their families.
- **Richard Scott**, on behalf of Bill Griffin (NC Governor's Advisory Council on Aging). Governor's appointee, charged with reporting on needs of the elderly. Main concern is educating legislators who may not be knowledgeable on needs of seniors throughout the state.
- **Vicki Bradley** (Eastern Band of Cherokee Indians). Represents only federally recognized tribe in NC with a population of almost 16,000. Has a very robust, self-insured health system that includes private home health and a Level 3 patient-centered medical home. Excited about opportunity to opt in and wants to be a partner with DHHS to ensure that it is accessing all financial incentives to better serve the tribe. The elder tribal population, about 1,300 members, is held in high regard and the community takes its responsibility to serve them very seriously.

- **Mary Bethel** (NC Coalition on Aging). Coalition on Aging is an advocacy organization that addresses aging issues in NC through public policy and legislative advocacy, and provides an opportunity for various agencies to collaborate to make things better.
- **William Lamb** (Friends of Residents in Long-Term Care). Represents long-term care consumers and their families who live in facilities and community. Goal is to achieve quality care regardless of the setting.

ADVISORY COMMITTEE OBJECTIVES

Dave Richard, Deputy Secretary, DMA

- DHHS recognizes that it needs a strong and engaged provider network for transformation to be successful. Must recognize and address financial concerns and programmatic issues. Requested members think about NCDEAC's objectives and respond to: What are the greatest fears about the state making this transition from your organizational perspective? What should NCDEAC do to address them? What are you excited about that could be improved?
- **K. Jones.** Concern regarding coordination of benefits. If anyone moves from one community to another (ex. current LME-MCO system), process takes time to hit the system, and this problem may only get worse with many more organizations managing care in the new system.
- **Rogers.** Do not lose sight of what is best for the patient when trying to achieve budget stability. Make sure that Medicaid individuals gets same end-of-life services as other individuals because there tends to be a discrepancy. Additionally, NC has a chance to learn from other states that have already done this and should learn from their mistakes.
 - **Richard.** It will be helpful to get perspectives from NCDEAC members' contacts in other states on how they handled this transition.
- **Members** agreed that transition has to be as hassle-free as possible.
 - **Richard** requested NCDEAC members think about how to do things outside of the box, what can be done to support families in this process, and how to be innovative to give families what they need.
- **Cameron.** Integration of behavioral health for dual eligibles needs to continue to remain a high priority along with network adequacy. Indicated that system has lost providers over the years, and wants to examine structure to bring providers back.
- **Lamb.** How system outliers will be treated in managed care arena; opportunity to support direct care workers. NCDEAC should look at what is a living wage for direct care workers and what can be done to stabilize that work force as demands increase.
 - **Richard** asked if he felt that this is currently done well. **Lamb** responded not really.
- **Bradley.** Discussed value-based purchasing in home care as a major concern in current health care system structure. Lose-lose situation for EBCI community and that people will fall through the cracks and go unserved because providers will have to become more selective to maintain star ratings, which dictate reimbursement rates.
- **Barton-Percival.** Multiple systems exist for managing beneficiary data. Wants a single system that coordinates IT data; one that multiple users can access to make it easier to track individuals.
- **Money.** Address regulatory barriers that prevent going to a capitated system and recommend changes; how Medicaid and Medicare currently work together to provide recommendations for changes to CMS for better utilization of those benefits; how patient-centered medical homes are operationalized in an outpatient setting to allow primary care physicians to coordinate care; necessity of robust community services; and whether expanding Medicaid would make NC better equipped to make this transition.

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- **Members.** Quality of care while saving the state money makes transition to managed care appealing, but state should be cautious about entering into a transition timeline without due consideration to listed objectives or without looking at what other states have done. Transition timeline must allow state to adequately equip and train providers to hit the ground running to effectively manage a transition of this magnitude.
 - **Richard.** High degree of understanding within DHHS that this is the most vulnerable population and DHHS knows it has to be done correctly.
- **Ransome.** Transition to be seamless as possible, particularly around long-term care and adult care homes. Wants to make sure state takes sufficient time to develop program prior to transition.
- **Crosbie.** NCDEAC may need to have an intentional process to separate spectrum of represented service providers/services by settings (facilities, home care, etc.) to be more effective in its feedback.
- **Rogers.** Need for continued oversight once managed care organizations get involved. Heard from colleagues in other states about negative impacts on families when state Medicaid agency does not continue to provide sufficient oversight.
 - **Richard.** State will continue to retain ultimate responsibility for program.
- **Brockett.** This vulnerable population will have to undergo multiple transitions throughout transformation process.
 - **Richard.** It is in scope of NCDEAC to provide recommendations to mitigate impact of multiple transitions on dual eligible population.

AUDIENCE COMMENTS

Actuarial/financing is important piece of the transformation and data need to be much better to establish good reimbursement rates and ensure adequate funding.

REMINDERS/NEXT STEPS

Dee Jones, Chief Operating Officer, DHB

- Five NCDEAC seats are reserved for beneficiaries. Members are to submit nominations to Angela Diaz (angela.diaz@dhhs.nc.gov) by July 8, 2016. Each nomination is to include name of the nominee, why the nominee should be part of the NCDEAC and what perspective the nominee will bring.
 - **Money.** Will participating beneficiaries receive compensation and reimbursement of travel expenses for participation?
 - **D. Jones.** Understands that if individuals will not otherwise be compensated for participation, they will be compensated and provided reimbursement for travel expenses.
- Continued education regarding the dually eligible population is important and requested NCDEAC members bring to the group thoughts regarding what NCDEAC could or should be doing between meetings.
- NCDEAC to submit steering committee nominations by July 1, 2016, to Angela Diaz (angela.diaz@dhhs.nc.gov). First steering committee meeting will be Monday, July 11, 2016. Call-in number will be available for steering committee meetings.
- Next NCDEAC meeting will be Thursday, July 28, 2016. Members are requested to be at NCDEAC meetings in person or send a delegate. No call-in number will be available.

ADJOURNMENT

Meeting adjourned at 1:15 p.m.