

North Carolina Medicaid Waiver Proposal: Talking Points for Physicians

Consumer protections in North Carolina law

- The North Carolina Medical Society (NCMS) urges the North Carolina Department of Health and Human Services (DHHS) to use the regulatory process to define which Chapter 58 insurance protections will be made available under the reformed Medicaid program. Relying on the individual plan contracting processes to accomplish this goal will result in harm to patients, unfair competition, the inability to compare plans with objective metrics as plans will not be playing by the same rules and a lack of transparency. These protections are in place to protect patients and were put into law because the contracts in use at the time were deficient. The Department must ensure these protections will be provided in an open, transparent and consistent manner.

Rate floors

- In addition to value-based payments, which will be emphasized as part of the new Medicaid payment structure, DHHS should require a 100 percent of Medicare rate floor for both primary care and specialists to encourage broad participation by providers and ensure adequate access for patients.

No requiring Medicaid participation as a condition of participation in commercial networks

- DHHS should expressly prohibit any effort by the plans to force doctors into their Medicaid network as a condition of participating in their commercial network to ensure fair business practices take place in the new Medicaid system.

Metric development process

- NCMS urges DHHS to establish a measure development process for stakeholders and the public to provide feedback on. We are encouraged to see DHHS' commitment to creating one common set of metrics for providers and plans in the new Medicaid system, however, DHHS must go further to ensure meaningful feedback and buy-in of clinicians throughout the measure development process. This must be clearly stated and transparent.

Protect definition of a Provider Led Entity (PLE)

- NCMS urges DHHS and lawmakers to retain physicians as a majority of the governing board of Provider Led Entities (PLEs) to ensure a focus on patient outcomes and quality in the move to value-driven arrangements for Medicaid. This should be an innovation highlighted in the waiver proposal.

Ensure an open, transparent and affordable HIE

- DHHS must expressly prohibit use of data blocking and ensure fair participation rates for the new Health Information Exchange (HIE) in order to ensure its success.
- DHHS should ensure all practices and physicians can access the HIE data at a minimal cost. For the HIE to be successful, we must find ways to keep costs for physicians low.

Improve coverage for North Carolina citizens in need

- NCMS has advocated for improved coverage for health insurance for many years. Now that Medicaid reform is underway, we encourage the state to begin planning for innovative ways to improve coverage for those in need in a financially reasonable manner. Using an 1115 waiver is an opportunity to discuss innovative Medicaid proposals with the Centers for Medicare and Medicaid Services (CMS) and should be pursued by DHHS and state legislators to the extent possible as part of the waiver application process.

Patient choice in selecting a health plan

- DHHS must clarify that there is an error on page 59 of the draft waiver, which states that the DHHS plan will “restrict patient choice” as this conflicts with what is proposed throughout the rest of the waiver document. It will be critical to provide patients with a choice of health plan and for those who do not choose a plan, an auto-assignment process is used. The NCMS strongly opposes restricting patient choice in any way.
- We support providing patients with a choice in their health plan, focused around the primary care provider relationship with help of a navigator. In the auto-assignment process for those who do not actively choose a plan, DHHS must ensure a patient’s existing primary care provider relationship is preserved.

Opportunities to contract

- DHHS should establish an out-of-network structure that encourages providers to contract with Pre-paid Health Plans (PHPs) while maintaining fairness for providers. DHHS should define reasonable terms, protect against take-it-or-leave-it negotiations and oppose automatic punitive rates structures.

Pregnancy Medical Home transition

- DHHS should more clearly define its plans to transition the Pregnancy Medical Home program under Medicaid reform. The NCMS urges DHHS to consider using a common set of measures among health plans to achieve similar program goals. The Innovations Center should be tasked with creating a common set of Pregnancy Medical Home 2.0 measures and provide consistent data and feedback with practices throughout the state to achieve this goal. The NCMS believes this program is innovative, and incorporating it more clearly in the state’s waiver proposal would enhance the viability of the 1115 waiver application. This should be done in consultation with practicing OBGYN physicians to provide sufficient input on how this could best be scaled.

Continuation of incentives for providing care management services

- The NCMS supports DHHS exploring ways to encourage plans, both PLEs and CPs, to financially incentivize providers for meeting certain agreed upon performance measures (see comments above on developing metrics).

Patient accountability

- Use of the Innovations Center and the Delivery System Reform Incentive Payment (DSRIP) program allows for flexibility in the state's approach to incentivizing high quality, low cost health care. Part of these innovative proposals should include programs or funding to encourage patient accountability. This could be done with rewards systems, for example.

Supplemental Payments

- The state should provide more clarity around how supplemental payments would be continued and/or transferred to other programs as part of its public release of draft recommendations for CMS. Given the large amount of funding tied to this budget category, more details should be provided.
- The NCMS encourages DHHS to make the supplemental payment funding more broadly available to other providers such as physicians, and Ambulatory Surgical Centers for example through its DSRIP proposal to CMS. Where direct funds are provided, they should be directed only to those who are serving a higher proportion of underserved patients.

Emphasize social services to assist patients

- NCMS urges DHHS to incorporate language in the waiver proposal which would emphasize social supports as a mechanism to assist physicians and other clinicians in keeping their patients healthy. DHHS would be better served by adding language which would instruct the Innovations Center to work on connecting physicians and practices with social supports in existence in the community such as faith-based groups, the YMCAs and others. Addressing social determinants of health will be critical in transforming the health care system as desired.