**MEMBERS PRESENT:** ☒ Ali Swiller*, ☒ Ashley Sparks, ☒ Bobbie Jo Hopf, ☒ Betsy Torsell, ☒ Erin Driver, ☒ Erin Lewis; ☐ Jean Haydon, ☐ Jesse Brayboy, ☒ Laurie Stickney, ☐ Marika Whack, ☒ Mark Sullivan, ☒ Mary Ann Johnson, ☒ Michael Boles, ☒ Sara Leonard; ☒ Sarah Hallock, ☒ Steven King, ☒ Steve Strickland, ☒ Vanessa Burden

**MEMBERS ABSENT:** Jean Hayden, Jesse Brayboy, Marika Whack,

**STAFF ATTENDEES: GUEST(S):** Amy Johndro, Beth Melcher, Cathy Downs, Cathy Stephenson, Damali Alston, Kristee Jordan, Sandra Ellis, Sara Wilson, Sean Schreiber, Vince Wagner, Melissa Payne, Bill Young, Ron Scott, Todd Day, Tina Howard

**REMOVED FROM MEMBERSHIP:** Wendy Wenzel

**NEW MEMBER:**

**MEETING CHAIRPERSON(S):** Cathy Downs

**LOCATION:** Alliance Health, Corporate Location, Bald Eagle Board Room

**SCRIBE:** Sandra Ellis

<table>
<thead>
<tr>
<th>Topic:</th>
<th>DISCUSSION:</th>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>Welcome and Introduction:</td>
<td>Welcome expressed to provider members, staff, and guests.</td>
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<td>APPROVAL OF MINUTES:</td>
<td>Motion made to approve February 26, 2019 minutes by Sara Hallock; second Steve Strickland. Motion unanimously carried.</td>
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| Care Teams: Beth Melcher    | • Update of Medicaid Transformation and moving forward to a Tailored Plan environment.  
• Expecting 15,000-20,000 people at Go-Live and are reviewing the most complex individuals to be served.  
• Moving to population health holistic approach. This will be Complete Care where every plan member is entitled to receive Care Management.  
• NC DHHS Released the Care Management white paper showing how they envision care management within the Tailored Plan. An updated white paper with more direction will be issued May 2019.  
• Care Management will be shared in three different locations:  
  o Advanced medical homes  
  o Care Management Agencies (CMAs),  
  o Certain members will be taken care of in Tailored Plan (Alliance).  
• Three metric sets have been used to determine who will be taken care of and where: | Care Team Model      | January 1, 2020                                                                                     |
|                             |                                                                                                                                                                                                                                                                                                                                 | Cumberland February 2020 |                         |
**Topic:**

**DISCUSSION:**

- Tailored Plan Care Team
- Care Management Agencies
- Tier 3 Advanced Medical Home with IDD.
- This is about Medicaid only. State funding is remaining the same as is presently.

<table>
<thead>
<tr>
<th>Legislative Updates: Sara Wilson</th>
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<tbody>
<tr>
<td>• Overview of monthly legislative updates.</td>
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<td>• Addressed potential ways providers could be supportive in this process.</td>
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<td>• Governor’s proposed budget is expanded to include a big piece for Medicaid eligibility.</td>
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<td>• House Bill 70 was recently passed by the North Carolina House of Representatives and is currently under consideration by the North Carolina Senate. If passed, this bill would make changes to the North Carolina Health Information Exchange Act (“The HIE Act”), some of which will affect the NC HealthConnex connection requirements and deadlines for some health care providers. This is still a bill and has not been signed into law as of April 18, 2019.</td>
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<tr>
<td>• Monitoring numerous bills for this session especially S548 Medicaid Changes for Transformation.</td>
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<tr>
<th>Provider Network Discussion: Sean Schreiber/Cathy Downs</th>
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<tr>
<td>• E-mail was received from NC Health Connect with status of HIE. Any providers who did not receive this e-mail, please contact Cathy Estes Downs for a copy.</td>
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<tr>
<td>• The summary consisted of changes, effect link to legislation for review that included information and identifies HIE standards that are voluntary for some. Providers are encouraged to attend the meeting.</td>
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<td>• Cathy Downs shared the questions submitted along with her registration for the Benchmarks meeting on May 3, 2019.</td>
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<tr>
<td>• Sean shared that all must become familiar with the information and what is within the Medicaid program. The State made it clear in the offering that prior to going live, Alliance must provide the last 18-month’s plan information. Health dollars in the Standard Plan is very low.</td>
</tr>
<tr>
<td>• In preparing for Standard plan, administratively make sure your system is in place to track county of residence of Medicaid.</td>
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<tr>
<th>NEXT STEPS:</th>
<th>TIME FRAME:</th>
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<tbody>
<tr>
<td>Update</td>
<td>On-going</td>
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</table>
**Topic:** DISCUSSION:

- Carlyle is requesting Providers to watch for Network Adequacy survey. Discuss with local PACs about needs/gaps feedback and recommendations to bring to May APAC meeting. Provider help is needed with trying to complete family needs/gaps.
- Sean: At the last APAC meeting we were trying to get a sense of who would stay with Alliance and the Standard/Tailored Plan(s). The State has an exercise to go through of criteria in the future.
- A letter, from Alliance, will be sent to providers seeking a count broken down by company/offices/services. If we were to go live today, based on high-level state’s criteria, we expect to see roughly 15,000 will stay with Alliance. This information is needed for planning purposes and the main criteria is diagnostic basis; will you provide your detailed number with services. This would offer providers a look at revenue needs. Provide feedback is necessary so we can commit nearer to Go-Live date.
- The goal of transition is to become an integrated system, using the same analysis for where people are getting needs.
- If agencies only provide innovations, you will not get a letter.
- Cathy: The link to the document will show eligibility/enrollment plan and exact criteria. Click on the link to see eligibility of plans. Data was run in February looking back at 18 months; this is a point of time count.
- Providers are encouraged to use Enrollment Broker.

**NEXT STEPS:**

- Provide Survey feedback to Carlyle.
- Letter/info out to providers this week. Provide feedback as soon as possible.

**QIP Updates:** Tina Howard

- Overview of Alliance’s Quality Improvement Process-meaures, specs and benchmarks.
- Providers register for interventions updates – web based
- Inpatient or ED – Providers should check boxes to “expedite”. Alliance will not know to expedite if box is unchecked.
- Providers register for maintenance survey need input. Respond with e-mails not tied to person but specific to the agency.
- Providers provide input relative to improvement
**Topic:** 

**DISCUSSION:**
- Update information is critical for Standard/Tailored Plan(s).
- Use the Provider Update Tool.

**NEXT STEPS:**

**TIME FRAME:**

**Local PAC Updates:**

**Cumberland:**
- A good turnout for meeting.
- Sara Wilson shared/discussed Medicaid Transformation presentation which was very helpful.
- April Meeting Cancelled
- At May meeting will address N&G survey for feedback to Carlyle.

**Durham:**
- TBI presentation last week was helpful.
- Discussed Needs/Gaps.

**Johnston:**
- Good turnout.
- Sara Wilson shared/discussed Medicaid Transformation presentation which was very helpful.

**Wake:**
- TBI presentation last week was helpful.
- Discussed questions for Standard Plan for the two representatives who will be present on May 9, 2019.

**All Provider Meeting:**

- June 19, 2019 (No June APAC Meeting)

**NOTE(S):**
- Going forward all APAC meetings will be in-person except for months of All Provider Meetings.

**Next APAC Meeting:**
- May 28, 2019

**Adjournment:**
- 2:55pm