



JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MEDICAID AND NC HEALTH CHOICE

NC Department of Health and Human Services

Opening Remarks

**Dave Richard, Deputy Secretary
for Medicaid**

April 12, 2022

DHHS Priorities - Recover Stronger

Behavioral Health & Resilience



Improve access to mental health and reduce the stigma around accessing these services.

Child & Family Well-being



Invest in families and children's healthy development which builds more resilient families, better educational outcomes and, in the long term, a stronger society.

Strong & Inclusive Workforce



Strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina.

Addresses health insurance coverage gap for individuals with insufficient access to affordable care who experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

Opportunity to Improve Health

Low-income Parents
(annual income between
\$8,004 and \$30,305 for a
family of 3)

Low-income Childless
Adults (income less than
\$17,774 per year for a
single adult)

Low-wage
workers
(agriculture,
food service,
childcare,
construction,
etc.)

Veterans
and their
families

Children
who age out
of Medicaid

Women
prior to
pregnancy
(maternal
health
outcomes)

Uninsured Industry Workers (Pre-Pandemic)



Grocery Workers
19% Uninsured

Annual Income: \$21,680
2018 Employer Insurance: 52%



Nursing Home/Home Health
14%/19% Uninsured

Annual Income: \$33,280/\$29,952
2018 Employer Insurance: 57%/39%



Child Care Workers
20% Uninsured

Annual Income: \$22,360
2018 Employer Insurance: 52%



Hotel / Lodging Workers
28% Uninsured

Annual Income: \$24,450
2018 Employer Insurance: 40%



Restaurant Workers
28% Uninsured

Annual Income: \$17,160
2018 Employer Insurance: 40%



Hair Cutters
20% Uninsured

Annual Income: \$28,320
2018 Employer Insurance: 37%



Clothing Store Workers
14% Uninsured

Annual Income: \$19,800
2018 Employer Insurance: 55%

Medicaid Redeterminations

- **Redeterminations have been conducted as directed by law**
- **Federal PHE currently ends mid-April; expected to be extended through mid-July**
- **With PHE ending will start terminating cases of those no longer eligible**
- **CMS plans to provide states a 60-day notice prior to end of PHE to begin unwinding activities**
- **The unwinding will be complex and require**
 - **Additional workload for counties**
 - **Communication and engagement with providers, stakeholders and health plans**

Key Short Session Legislation Needed

- **BH/IDD Tailored Plan**

- Language which enables and supports plan launch in Dec. 2022 including disenrollment and essential provider contracting
- Address transfer of fund balance in event of a Tailored Plan awardee dissolution
- Address technical changes i.e. solvency ranges

- **Children and Family Specialty Plan**

- Defines features of plan including key terms, services covered, populations to be served
- Identifies type and number of entities which can operate plan
- Addresses provider network

Key Short Session Legislation Needed

- **Clarify caretaker relatives qualify to retain eligibility if meet conditions established in law**
- **Update language re: appeals of eligibility**
- **Change provider recredentialing from 5 to 3 years to align with national standards**
- **Address overpayment recoupments in managed care**