

North Carolina Medical Society requests for Medicaid Reform:

- 1. Require physicians that participate in NC Medicaid to compose a majority of the governing board of any Medicaid risk-bearing entity.**
  - Ensures reform will be a North Carolina-based effort
  - Keeps sound clinical practices at the center of any business decisions
  - Helps protect against out of state MCO's abandoning NC as in other states
- 2. Require any Medicaid risk-bearing entity to utilize a patient centered medical home model as an element of care delivery.**
  - Consistent with evidence that PCMH achieves long-term, sustainable savings and quality outcomes
  - Helps ensure that shared-risk/capitation will succeed in joining providers with risk-bearing partners
- 3. Require that contracts between the state and risk-bearing entities as well as the risk-bearing entities and providers include concrete, tangible goals regarding cost savings, population health outcomes and patient experience of care.**
  - Maintains accountability of risk-bearing entities to taxpayers, policymakers and patients
  - Ensures that any cost savings initiatives are based upon good clinical decision-making and protects patients
- 4. Require all Medicaid risk-bearing entities and providers be connected to the health information exchange to ensure the real-time, free flowing exchange of cost and quality data.**
  - Ensures that the same data is used across the health care system to drive, measure and compare cost savings and quality
  - A state administered, public utility model provides the most neutral and efficient platform
- 5. Require that Medicaid risk-bearing entities be subject to the same patient and provider protections afforded to those in the commercial insurance arena.**
  - Creates a consistent set of protections for both public and privately-funded health care systems throughout NC to protect against bad business practices
  - Prevents healthcare stakeholders from rushing the NCGA for statutory patient protections
- 6. Require that cost saving and efficiency programs currently being utilized are employed during the transition to any new system of care delivery.**
  - Maintains cost-saving efforts now in place – preventing surge in costs, decline in quality during transition to reform
  - Eases transition to reform for providers – helping to maintain patient access in Medicaid system during transition