EXAMINING THE IMPACT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT IN NORTH CAROLINA

CHAPTER 10
CONCLUSION

North Carolina, like the rest of the nation, faces significant health challenges. Every year, health care spending consumes a higher percentage of employee and employer earnings as well as government revenues. This trend of ever increasing health care costs is unsustainable. Rising health care costs make it difficult for people to afford insurance coverage, businesses to offer coverage, and state and federal governments to meet their obligations. Many of the 1.6 million uninsured in North Carolina are unable to afford to the primary and preventive services they need. Without this care, they end up in the hospital for conditions that could have been prevented. We need to do more to improve overall population health to ensure that North Carolina families are healthy. Further, we need to ensure that we are getting good value and outcomes for the health care people receive.

The Affordable Care Act (ACA) was enacted by Congress in March 2010 to address some of these problems. The ACA expands coverage to the uninsured, focuses on prevention to improve population health, places an increased emphasis on quality measurement and reporting, and tests new models of delivering and paying for health care to reduce unnecessary expenditures. The federal legislation also includes provisions aimed at increasing the supply of health professionals, strengthening the health care safety net, and preventing fraud, abuse, and overutilization. North Carolina has successfully competed for federal grant funding to help support public and private initiatives aimed at increasing access to care, improving the health of North Carolinians, increasing quality, and reducing unnecessary expenditures. A complete listing of the grant funds North Carolina has received is in Appendix I.

While the ACA goals may be laudable, the legislation creates many implementation challenges. This is a complex piece of legislation that will affect everyone in the state. The Health Reform Workgroups were convened to develop recommendations for the state on how to take advantage of opportunities and handle the challenges of implementing the ACA. This report is a culmination of the work of more than 260 people across the state. The public policy leaders, public servants, health care professionals, insurers and agents, business and industry leaders, consumers, academicians, and members of the faith community who participated in these workgroups devoted their time and energy to ensure that the decisions the state makes are in the best interest of the state as a whole.

The following chart includes a summary of the workgroup recommendations, along with the organization or organizations that would have primary responsibility implementing the recommendations.

	NCGA	NCDOI	Exchange Board	DMA	Other
HEALTH BENEFITS EXCHANGE					
Recommendation 2.1: State and Federal Health Benefits Exchange Operational Responsibilities The North Carolina General Assembly should create a state-based Health Benefits Exchange (Exchange). The state-based Exchange should be responsible for most of the operational aspects of the Exchange, including consumer assistance, plan management, eligibility, enrollment, and financial management.	**X**		**X**		
Recommendation 2.2. Health Benefits Exchange Board Authority for Exchange Certification The North Carolina General Assembly should give the Health Benefits Exchange (Exchange) Board the authority, beginning in 2014, to standardize terminology, benefit designs, or limit the number of plan offerings if needed to facilitate meaningful choice and promote competition among insurers, but only if the Exchange Board determines there is a reasonable level of choice in the Exchange market. The Exchange Board should also have the authority, beginning in 2016, to require or incentivize insurers to meet state standards in addition to those required by the ACA or Secretary of the United States Department of Health and Human Services.	**X**		**X**		
Recommendation 2.3. Develop Objective Network Adequacy Standards If necessary to meet federal requirements, the North Carolina Department of Insurance (NCDOI) should develop objective network adequacy standards as may be required by the ACA that apply to all health insurers operating inside and outside the Exchange. The NCDOI should retain some flexibility in its regulations to allow insurers to test new and innovative delivery models.		**X**			
Recommendation 2.4. Monitor Essential Community Provider Provisions The Health Benefits Exchange (Exchange) Board, in collaboration with the North Carolina Department of Insurance, should monitor insurers' contracts with essential community providers to ensure that low-income and other vulnerable populations have reasonable and timely access to a broad range of providers. If necessary, the Exchange Board should provide additional guidance to insurers about what constitutes a sufficient number or reasonable geographic distribution necessary to meet this requirement for qualified health plans offered in the Exchange.		**X**	**X**		

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 2.5. Ensure Health Benefits Exchange Financial Sustainability The North Carolina General Assembly should establish a Health Benefits Exchange (Exchange) Trust Fund. Any new premium tax revenues generated as a result of the implementation of the Patient Protection and Affordable Care Act (ACA) should be deposited into the Exchange Trust Fund to pay for reasonable Exchange operations. The North Carolina General Assembly (NCGA) should transfer any funds remaining in the Inclusive Health Trust Fund after payment of outstanding health bills to the Exchange Trust Fund. The NCGA should give the Exchange Board the authority to raise other revenues, within parameters established by the NCGA, if the premium tax revenues generated as a result of the implementation of the ACA are insufficient to pay for reasonable Exchange operations.	**X**		**X**		
Recommendation 2.6. Health Benefits Exchange Outreach and Education The Health Benefits Exchange (Exchange), in conjunction with the North Carolina Department of Insurance, and North Carolina Division of Medical Assistance should develop a standardized community outreach and education toolkit and provide workshops so that interested organizations and individuals can disseminate information about public and private insurance options, the Exchange website, subsidies available to individuals and small businesses, and appropriate referral sources where people can get individualized help with eligibility and enrollment and other insurance issues.		**X**	**X**	**X**	
Recommendation 2.7. Role, Training, Certification, Oversight, and Compensation of Navigators and In-person Assisters The Health Benefit Exchange (Exchange) should contract with the North Carolina Department of Insurance (NCDOI) to develop and oversee the navigator/in-person assister program. The NCDOI, in conjunction with the Exchange, should create a standardized training curriculum along with a competency exam to certify individual navigators and in-person assisters, and should create strong conflict of interest rules.		**X**	**X**		

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 2.8. Requirements for Agents and Brokers Selling Coverage in the Health Benefits Exchange The Health Benefits Exchange (Exchange) Board should set policies allowing properly trained and certified agents and brokers to sell qualified health plans offered through the Exchange. The Exchange should contract with the North Carolina Department of Insurance (NCDOI) to create specialized training, certification, and continuing education requirements for agents and brokers. The NCDOI, in conjunction with the Exchange, should examine different ways to prevent conflicts of interest, reduce the incentive to steer individuals or businesses outside the Exchange, encourage agents and brokers to work with the smallest employers (with 10 or fewer employees), and encourage agents and brokers to reach out to small businesses that had not recently provided employer sponsored insurance coverage.		**X**	**X**		
Recommendation 2.9. "No Wrong Door" Eligibility and Enrollment Local departments of social services (DSS) should ensure that their Medicaid and North Carolina Health Choice eligibility workers are cross-trained and certified as navigators or in-person assisters so that DSS workers can assist people who are ineligible for Medicaid or NC Health Choice to enroll into a qualified health plan offered through the Health Benefits Exchange.			**X**	**X**	**X** DSS, NCACDSS
MEDICAID					
Recommendation 3.1. Expand Medicaid Eligibility up to 138% FPL Based on North Carolina Division of Medical Assistance's projections of the number of people who may gain Medicaid coverage and the costs to the state, and the REMI analysis of jobs created, increase in the state's gross domestic product, and new tax revenues generated as a result of the expansion, the North Carolina Institute of Medicine recommends that North Carolina expand Medicaid up to 138% FPL.	**X**				
Recommendation 3.2. Simplify Medicaid Eligibility and Enrollment Processes The North Carolina Division of Medical Assistance (DMA) should simplify the eligibility and enrollment processes to reduce administrative burdens to applicants, Department of Social Services offices, and the state, and to help eligible applicants gain and maintain insurance coverage.			**X**	**X**	**X** DHHS

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 3.3. Develop a Broad-Based Education and Outreach Campaign to Educate the Public about New Insurance Options The North Carolina Division of Medical Assistance, North Carolina Department of Insurance, and North Carolina Health Benefit Exchange should work together to develop a broad-based education and outreach campaign to educate the public about different health insurance options and insurance affordability programs.		**X**	**X**	**X**	
Recommendation 3.4. Retrain Department of Social Services Eligibility Workers The North Carolina Division of Medical Assistance, North Carolina Division of Social Services, and the North Carolina Association of County Directors of Social Services should provide training to county Department of Social Services (DSS) eligibility workers to help them understand the new eligibility and enrollment processes that will go into effect in the fall of 2013, and the new roles and responsibilities of DSS workers under the Affordable Care Act. Local DSS should ensure that there is at least one DSS eligibility worker who is trained and certified as a patient navigator or in-person assister in each DSS office.				**X**	**X** DSS, NCACDSS
Recommendation 3.5. Explore the Home and Community-Based Services Medicaid Expansion Options The North Carolina Division of Medical Assistance (DMA) should seek an actuarial estimate of the costs and benefits of options to expand home and community-based services (HCBS), and should explore options to use existing state dollars to leverage federal Medicaid funding to expand HCBS. DMA should give priority to support caregivers or otherwise provide services to help the frail elderly or people with disabilities to remain in their homes, and should give priority to those who have been identified as at-risk through the Adult Protective Services system. DMA should require the use of an independent assessment using standardized, validated assessment instruments so that the state can more appropriately target services to individuals based on their level of need and other supports.				**X**	

	NCGA	NCDOI	Exchange Board	DMA	Other
SAFETY NET					
Recommendation 4.1. Develop an Emergency Transition of Care Pilot Project The North Carolina College of Emergency Physicians (NCCEP) and partners should develop an emergency care pilot project to address common conditions that present to the emergency departments but could be more effectively treated in other health care locations. The pilot project should focus on dental complaints, chronic conditions, and behavioral health issues. NCCEP and partners should seek funding for the emergency care diversion project through federal sources. If adequate funding is not received from the federal sources, the North Carolina General Assembly should fund the emergency care diversion pilot project.					**X** NCCEP, CCNC, NCHA, NCDHHS, CSHA, NCCHCA, NCDS, NCFAHP, NCFCA, GISA
Recommendation 4.2. Involve Safety Net Organizations in Community Health Assessments As part of the hospital and local health department community health assessments, these organizations should include input from safety net organizations and other community-based organizations that serve low-income, uninsured individuals within the hospital and public health service area. In implementing community health needs priorities, hospitals and local health departments should collaborate and partner with organizations that have a demonstrated track record in addressing the high priority needs.					**X** Hospitals, LHDs
Recommendation 4.3. Expand 340B Discount Drug Program Enrollment among Eligible Organizations The North Carolina Division of Medical Assistance, Office of Rural Health and Community Care, North Carolina Hospital Association, and North Carolina Community Health Center Association should continue their efforts to encourage eligible hospitals, rural referral centers, and federally qualified health centers to enroll in the 340B drug discount program, and to extend the capacity to provide discounted medications to more community residents who are patients of those 340B providers.				**X**	**X** ORHCC, NCHA, NCCHCA

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 4.4. Allow Safety Net Organizations to Function as Patient Navigators or In-person assisters The Health Benefits Exchange (Exchange) should train and certify staff at safety net organizations to serve as patient navigators or in-person assisters as long as these organizations meet the federal requirements for patient navigators or in-person assisters. As staff of safety net organizations, they should also educate consumers and patients about appropriate use and location of care.			**X**		
Recommendation 4.5. Reconvene the Safety Net Advisory Council The Care Share Health Alliance should reconvene the Safety Net Advisory Council to identify communities with the greatest unmet needs; increase collaboration among safety net agencies; monitor safety net funding opportunities; make a recommendation and plan for integrating safety net tools including the North Carolina Health Care Help website and the county level resources; and serve as a unified voice for the safety net.					**X** SNAC, CSHA
HEALTH PROFESSIONAL WORKFORCE					
Recommendation 5.1. Educate Health Workforce Using New Technologies and Strategies in New Models of Care The North Carolina Community College System, the University of North Carolina University System, the North Carolina Area Health Education Centers Program (AHEC), private colleges and universities with health professions degree programs, and other interested parties should work together to create targeted programs and admissions policies to increase the number of students with expressed interested in primary care, behavioral health, and dentistry. AHEC should educate the existing workforce on new core competencies needed by the health care workforce including interdisciplinary team-based care, patient safety, quality initiatives, cultural competency, health information technology, and others.	**X**				**X** NCCCS, UNC, AHEC, NCESC, CWD

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 5.2. Support and Expand Health Practitioner Programs to More Closely Reflect the Composition of the Population Served The North Carolina Area Health Education Centers Program, the North Carolina Community College System, the University of North Carolina University System, private colleges and universities with health professions degree programs, and other interested parties, including the Alliance for Health Professions Diversity, should collaborate to create more intensive programs and coordinate efforts to expand and strengthen existing evidence-based health professions pipeline programs.	X				X AHEC, NCCCS, UNC, AHPD
Recommendation 5.3. Strengthen and Expand Recruitment of Health Professionals to Underserved Areas of the State In order to support and strengthen the ability of the North Carolina Office of Rural Health and Community Care (ORHCC) to recruit and retain health professionals to underserved and rural areas of the state, the North Carolina Department of Commerce should use $1 million annually of existing industry recruitment funds to support ORHCC in recruitment and retention of the health care industry and health care practitioners into North Carolina.					X ORHCC, NCDOC
Recommendation 5.4. Increase Reimbursement for Primary Care Services Public and private payers should enhance their reimbursement to primary care practitioners to more closely reflect the reimbursement provided to other specialty practitioners. For purposes of this recommendation, primary care practitioners include, but are not limited to: family physicians, general pediatricians, general internists, psychiatrists as well as nurse practitioners, physician assistants, and certified nurse midwives practicing in primary care.					X Public and private payers
Recommendation 5.5. Support Comprehensive Workforce Planning and Analysis The North Carolina Health Professions Data System should be expanded into a Center for Health Workforce Research and Policy to proactively model and plan for North Carolina's future health workforce needs. The North Carolina General Assembly should provide $550,000 in recurring funding beginning in SFY 2013 to support the Center for Health Workforce Research and Policy.					X NCHPDS

	NCGA	NCDOI	Exchange Board	DMA	Other
PREVENTION					
Recommendation 6.1. Increase Tobacco Cessation Among Medicaid Recipients The North Carolina Division of Medical Assistance should provide all Federal Drug Administration (FDA) approved over-the-counter nicotine replacement therapy without a physician prescription as part of comprehensive tobacco cessation services and work to reduce out-of-pocket costs for such therapies. Primary care providers and Medicaid recipients should be educated about covered tobacco cessation therapies.				**X**	**X** NCSCHS, AHEC, NCMS, NCAFP, NCOGS, CCNC
Recommendation 6.2. Support Nursing Mothers in the Work Environment The North Carolina Department of Labor and the Office of State Personnel (OSP) should partner to educate employers and employees on the requirement for reasonable break time for working mothers, and, as appropriate, the OSP policy. Small businesses should be encouraged to provide similar support to working mothers.					**X** NCDOL, OSP, DPH, NCSBA, NCBC
Recommendation 6.3. Promote and Monitor Utilization of Preventive Care Services North Carolina should provide the same coverage of preventive services for Medicaid enrollees as is provided to people with private coverage. The North Carolina Department of Insurance should monitor health plans to ensure compliance with the requirement that new employer-sponsored group health plans and private health insurance policies provide coverage, without cost sharing, for preventive services. Electronic medical record systems offered in North Carolina should provide clinical decision support tools to identify and promote prevention services. Outreach should be done to educate providers and individuals about covered preventive services.		**X**		**X**	**X** NC-HIT, CCNC, NCHQA, AHEC, NCMS, ONSMS, DSS, DAAS, NCAFP, AARP, SHIIP
Recommendation 6.4. Promote Worksite Wellness Programs in North Carolina Businesses The Center for Healthy North Carolina and the North Carolina Division of Public Health should provide information to businesses on evidenced-based wellness programs, encourage leaders within businesses and worksites to develop a culture of wellness, and provide education to employers and insurers on the specific requirements of the Affordable Care Act for employer worksite wellness programs.					**X** CHNC, DPH, ESMM

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 6.5. Build Capacity of Communities to Respond to Funding Opportunities The Center for Healthy North Carolina and the Office of Minority Health and Health Disparities should develop the infrastructure needed to allow communities of greatest need to respond to prevention-related funding opportunities.					**X** CHNC, OMHHD
Recommendation 6.6. Monitor Funding Opportunities for Prevention Provisions The state should monitor the federal appropriations process, as well as funding made available as part of the Public Health and Prevention Trust Fund, to identify additional funding of prevention provisions.					**X** DPH
QUALITY					
Recommendation 7.1. Educate Primary and Specialty Care Providers on Quality Measure Reporting Requirements The Division of Medical Assistance and partners should educate primary care and specialty physicians on the requirement to report adult health quality measures on all Medicaid eligible adults.				**X**	**X** AHEC, CCNC, ACP, NCAFP, NCMS
Recommendation 7.2. Explore Centralized Reporting The North Carolina Health Information Exchange (NC HIE) Board should facilitate mechanisms to reduce the administrative burden of the Medicaid eligible adult quality reporting requirement through centralized reporting through the NC HIE and alignment of North Carolina quality measures with federal requirements.					**X** NC HIE
Recommendation 7.3. Investigate Options for Data Storage The North Carolina Department of Health and Human Services, working with the NC HIE and other stakeholder groups, should examine options to capture data automatically from electronic health records and then coordinate submission of data to the appropriate entities. Data should be made available at the state level for research and quality and readmission reduction initiatives. These data should contain unique identifiers to foster linkage of datasets across provider types and time.					**X** NCDHHS, NC HIE

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 7.4. Educate Providers on ACA Issues The North Carolina Area Health Education Centers and partners should educate physicians on new ACA requirements and provisions aimed at improving quality.					**X** AHEC, NCMS, NCAFP, ACP, NCPS, CCNC, CCME, NCHQA
Recommendation 7.5. Educate Hospitals on ACA Issues The North Carolina Hospital Association should provide education to hospitals on new ACA requirements and provisions aimed at improving quality of care in hospitals.					**X** NCHA
Recommendation 7.6. Educate Home and Hospice Care Providers on ACA Issues The Association for Home and Hospice Care of North Carolina and the Carolinas Center for Hospice and End of Life Care should provide education to North Carolina hospice providers on quality reporting requirements, pay for performance, and the implications of the ACA value-based purchasing provisions.					**X** AHHCNC, CCHELC
Recommendation 7.7. Educate Facility Personnel on ACA Issues The North Carolina Division of Health Service Regulation and partners should educate their constituencies (ambulatory surgery centers, home health, and skilled nursing facilities) on the implications of value-based purchasing.					**X** NCDHSR, AHHCNC, NCHCFA
Recommendation 7.8. Educate Consumers on Availability and Interpretation of Provider Quality Measures The North Carolina Healthcare Quality Alliance and partners should convene a broad representation of consumer stakeholders in an effort to construct an initial effort to affect consumer participation as these new resources become available.					**X** NCHQA, AHEC, CCNC, NC HIE

	NCGA	NCDOI	Exchange Board	DMA	Other
Recommendation 7.9. Improve Transitions of Care The North Carolina Healthcare Quality Alliance should partner with the North Carolina Hospital Association, provider groups, and Community Care of North Carolina to improve transition in care, including forging of relationships between providers of care, developing mechanisms of communication including a uniform transition form, identifying, and working with the North Carolina Health Information Exchange Board to facilitate information technology requirements, and developing mechanisms to evaluate outcomes. Solutions utilizing transition principles should be applied to all patients regardless of payer.					**X** NCHQA, NCHA, CCNC, NC HIE
Recommendation 7.10. Reimburse Nurse Practitioners in Skilled Nursing Facilities The North Carolina Health Care Facilities Association and Community Care of North Carolina should collaborate with the Division of Medical Assistance to provide reimbursement for nurse practitioner services in skilled nursing facilities.				**X**	**X** NCHCFA, CCNC
NEW MODELS OF CARE					
RECOMMENDATION 8.1. DEVELOP A CENTRALIZED NEW MODELS OF CARE TRACKING SYSTEM North Carolina state government and North Carolina foundations should provide funding to the North Carolina Foundation for Advanced Health Programs (NCFAHP) to create and maintain a centralized tracking system to monitor and disseminate new models of payment and delivery reform across the state.					**X** NCFAHP
RECOMMENDATION 8.2. EVALUATE NEW PAYMENT AND DELIVERY MODELS Any health system, group of health care providers, payers, insurers, or communities that pilot a new delivery or payment model should include a strong evaluation component. Evaluation data should be made public and shared with other health system, group of health care providers, payers, insurers, or communities so that others can learn from these new demonstrations. North Carolina foundations, payers, insurers, or government agencies that fund pilot or demonstration programs to test new payment or delivery models should pay for and require the collection of evaluation data and make this data available to others as a condition of funding or other support for new models of care.		**X**		**X**	**X** Health systems, providers, insurers

	NCGA	NCDOI	Exchange Board	DMA	Other
RECOMMENDATION 8.3. CAPTURE DATA TO SUPPORT NEW MODELS OF CARE The North Carolina Department of Health and Human Services should take the lead in working with the North Carolina Department of Insurance and various stakeholder groups to identify options to capture health care data necessary to improve patient safety and health outcomes, improve community and population health, reduce health care expenditure trends, and support the stabilization and viability of the health insurance market.		**X**			**X** NCDHHS
RECOMMENDATION 8.4. EXAMINE BARRIERS THAT PREVENT TESTING OF NEW PAYMENT AND DELIVERY MODELS The North Carolina Institute of Medicine (NCIOM) should seek funding to convene a task force to examine state legal or other barriers which prevent public and private payers and other health care organizations from testing or implementing new payment and delivery models. The NCIOM Task Force should examine other health-related policies and regulations that impede implementation of new models of care or the otherwise effectively use of electronic health records. The NCIOM should present the potential recommendations to the North Carolina General Assembly, licensure boards, or appropriate groups within two years of initiation of this effort.					**X** NCIOM

Acronym	Full Name
AARP	
ACP	North Carolina Chapter of American College of Physicians
AHEC	North Carolina Area Health Education Centers Program
AHHCNC	Association for Home and Hospice Care of North Carolina
AHPD	Alliance for Health Professions Diversity
CCHELC	Carolinas Center for Hospice and End of Life Care
CCME	Carolinas Center for Medical Excellence
CCNC	Community Care of North Carolina
CHNC	Center for Healthy North Carolina
CSHA	Care Share Health Alliance
CWD	Commission on Workforce Development in North Carolina
DAAS	North Carolina Division of Aging and Adult Services
DMA	Division of Medical Assistance, North Carolina Department of Health and Human Services
DPH	Division of Public Health, North Carolina Department of Health and Human Services
DSS	Division of Social Services, North Carolina Department of Health and Human Services
ESMM	Eat Smart, Move More NC
GISA	Governor's Institute of Substance Abuse
LHD	Local Health Department
NCACDSS	North Carolina Association of County Directors of Social Services
NCAFP	North Carolina Academy of Family Physicians
NCBC	North Carolina Breastfeeding Coalition
NCCCS	North Carolina Community College System
NCCEP	North Carolina College of Emergency Physicians
NCCHCA	North Carolina Community Health Center Association
NCDHHS	North Carolina Department of Health and Human Services
NCDHSR	North Carolina Division for Health Service Regulation
NCDOC	North Carolina Department of Commerce
NCDOI	North Carolina Department of Insurance
NCDOL	North Carolina Department of Labor
NCDS	North Carolina Dental Society
NCESC	North Carolina Employment Security Commission
NCFAHP	North Carolina Foundation for Advanced Health Programs
NCFCA	North Carolina Free Clinic Association
NCGA	North Carolina General Assembly
NCHA	North Carolina Hospital Association
NCHCFA	North Carolina Health Care Facilities Association
NC HIE	North Carolina Health Information Exchange
NC-HIT	North Carolina Office of Health Information Technology
NCHPDS	North Carolina Health Professions Data System
NCHQA	North Carolina Healthcare Quality Alliance
NCMS	North Carolina Medical Society
NCOGS	North Carolina Obstetrical and Gynecological Society
NCPS	North Carolina Pediatric Society
NCSBA	North Carolina Small Business Administration

NCSCHS	North Carolina State Center for Health Statistics
OMHHD	Office of Minority Health and Health Disparities
ONSMS	Old North State Medical Society
ORHCC	Office of Rural Health and Community Care, North Carolina Department of Health and Human Services
OSP	Office of State Personnel
SHIIP	Senior's Health Insurance Information Program
UNC	University of North Carolina University System