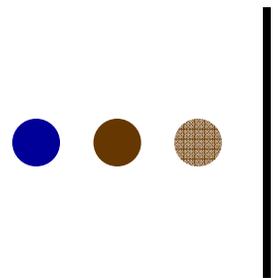




Potential Recommendations from Health Reform Workgroups

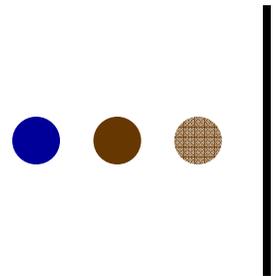
Overall Advisory Committee
November 21, 2011





Agenda

- Fraud and Abuse
- Safety Net
- Quality
- Health Professional Workforce
- New Models of Care
- Medicaid
- Prevention
- Health Benefits Exchange



Fraud and Abuse

- *Presentation by:*

Tara Larson

Chief Clinical Operations Officer

Division of Medical Assistance

NC Department of Health and Human Services

Co-Chair

- Albert P Koehler

Deputy Commissioner/Director

Criminal Investigations Division

NC Department of Insurance

Co-Chair





Fraud and Abuse Recommendations

- DMA drafted legislation utilizing the Workgroup's draft legislation and guiding principles for legislation.
- The draft legislation was introduced in to the 2011 Session as Senate Bill 496, and enacted in to Session Law (SL) 2011-399 (see handout).



Topics covered by SL 2011-399

- Medicaid and Health Choice provider screening
 - Screening of all providers as part of enrollment and re-enrollment
 - Period of enhanced oversight for newly enrolled providers
 - Creation of risk categories with different requirements for screening and oversight
- Criminal history record checks for certain providers
 - Denial of enrollment for specific offenses



Topics covered by SL 2011-399, continued

- Threshold recovery amount
 - Overpayments owed to the State of less than \$150 shall not be pursued
- Provider enrollment criteria
 - Training requirements
 - Minimum business requirements
- Change of ownership and successor liability
- Cooperation with investigations and audits



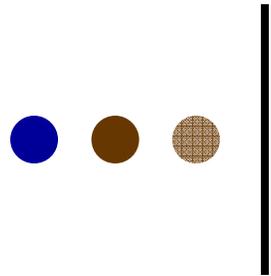
Topics covered by SL 2011-399, continued

- Payment suspension and audits utilizing extrapolation
- Registration of agents, clearinghouses, and alternative payees prior to submission of claims
- Prepayment claims review
 - Definition of criteria and process
- Appeals by Medicaid providers and applicants
- Procedures for changing medical policy



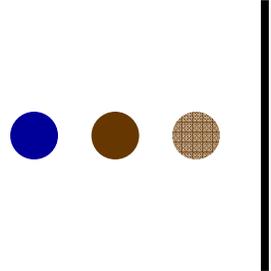
Fraud and Abuse: Ongoing work by DMA

- Provider compliance programs
- Fingerprinting as part of provider screening
- Registration of groups submitting claims on behalf of providers
- Face-to-face requirement for certification for home health services
- Surety bond size adjustment for DME and home health agencies
- Withholding of payment for DME suppliers with significant fraud risk



Safety Net

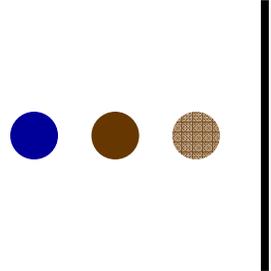
- Presentation by:
Chris Collins, MSW
Deputy Director
Office of Rural Health and Community Care
NC Department of Health and Human Services
Co-Chair
- Other Co-Chair:
Ben Money, MPH
Chief Executive Officer
North Carolina Community Health Center Association



Safety Net

Rec. 1. Involve Safety Net Organizations in Community Health Assessments

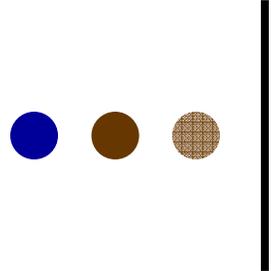
- Hospitals and local health departments (LHDs) should solicit input from safety net organizations and other community based organizations, and examine access to care issues in the community health needs assessment process.
- Hospitals and LHDs should collaborate, partner, and when possible, invest in organizations that have a demonstrated track record in addressing the high priority needs.



Safety Net

Rec. 2. Reconvene the Safety Net Advisory Council

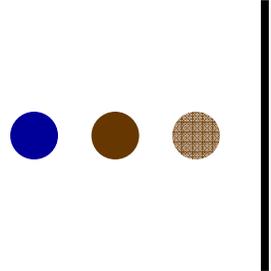
- The Care Share Health Alliance should reconvene the Safety Net Advisory Council to:
 - Identify communities with the greatest unmet needs
 - Increase collaboration among agencies in a region to leverage resources
 - Monitor safety net funding opportunities and disseminate them to appropriate organizations
 - Develop a plan to maintain and integrate existing safety net data
 - Serve as a unified voice for the safety net.
- North Carolina funding agencies should encourage safety net organizations to submit or update data to the NC Health Care Help website on a regular basis.



Safety Net

Rec. 3. Allow Safety Net Organizations to Function as Patient Navigators

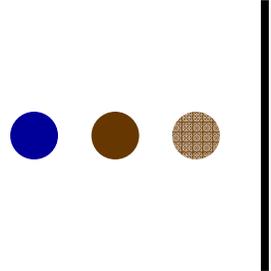
- The Health Benefits Exchange (HBE) should train and certify staff at safety net organizations to serve as patient navigators, if they can meet the ACA navigator requirements to provide fair and impartial information, facilitate enrollment, provide public education, and meet conflicts of interest protections.
- These safety net staff should also educate consumers and patients about appropriate use and location of care.



Safety Net

Rec. 4. Develop an Emergency Transition of Care Pilot Project

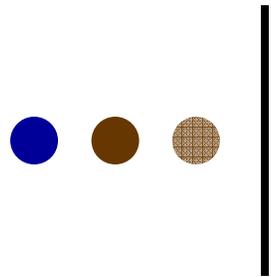
- The North Carolina College of Emergency Physicians (NCCEP) and CCNC should work with partners to develop an pilot project to address common conditions that present to the emergency departments but could be more effectively treated in other health care locations. This initiative should focus on dental care, chronic conditions, and behavioral health problems.
- NCCEP should seek federal funding for the pilot, but if no funding is available, should seek funding from state government or private foundations.



Safety Net

Rec. 5. Expand 340B Discount Drug Program Enrollment Among Eligible Organizations

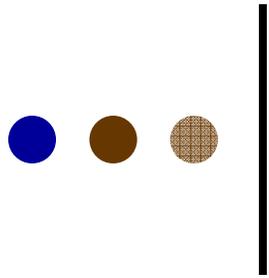
The North Carolina Hospital Association and North Carolina Community Health Center Association should continue their efforts to encourage critical access hospitals, sole community hospitals, rural referral centers, and federally qualified health centers to enroll in the 340B drug discount program, and to extend the capacity to provide discounted medications to more community residents who are patients of those 340B providers.



Quality

Presentation by:

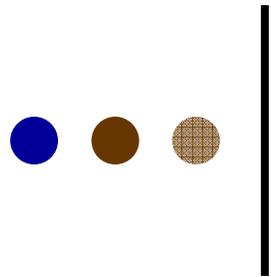
- Alan Hirsch, JD
Executive Director
North Carolina Healthcare Quality Alliance
Co-Chair
- Other Co-Chair:
Sam Cykert, MD
Associate Director for Medical Education and Quality
Improvement
North Carolina AHEC Program



Quality

Rec. 1. Educate Hospitals on PPACA Issues

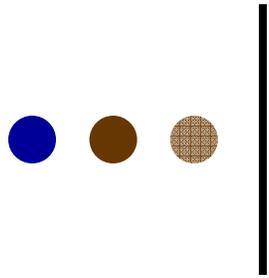
- The North Carolina Hospital Association should provide education to hospitals on the following issues related to PPACA:
 - Hospital acquired conditions,
 - Quality reporting requirements,
 - Value-based purchasing,
 - Safety evaluation system, and
 - Medical diagnostic equipment requirements.



Quality

Rec. 2. Educate Hospitals on PPACA Issues

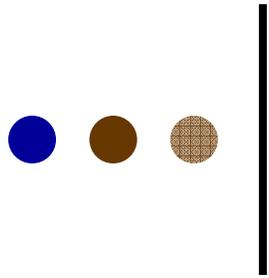
- AHEC, CCNC, CCME, NCHQA, and health professional associations should partner to educate physicians on:
 - Use of quality, efficiency, and resource use data by the public and Medicare
 - Input in to the development of quality measures
 - Penalties for not reporting quality data, and the advantages of integrating reporting and EHR
 - Value-based purchasing
 - Quality improvement systems,
 - Medical diagnostic equipment requirements
 - Care coordination and other factors to reduce hospital readmissions



Quality

Rec. 3. Educate Home and Hospice Care Providers on PPACA Issues

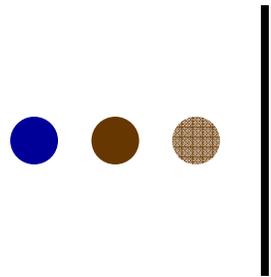
- Association for Home and Hospice Care of North Carolina and the Carolinas Center for Hospice and End of Life Care should provide education to NC hospice providers on quality reporting requirements, pay for performance, and the implications of the PPACA value-based purchasing provisions.



Quality

Rec. 4. Educate Facility Personnel on Value Based Purchasing

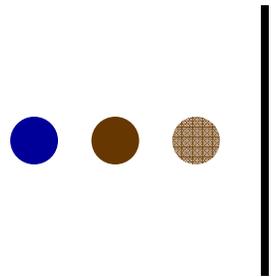
- Division of Health Service Regulation, Association for Home and Hospice Care of North Carolina, and the NC Health Care Facilities Association should provide education to their respective constituencies (ambulatory surgery centers, home health, and skilled nursing facilities) on the implications of value based purchasing.



Quality

Rec. 5. Educate Primary Care and Specialty Providers on PPACA Issues

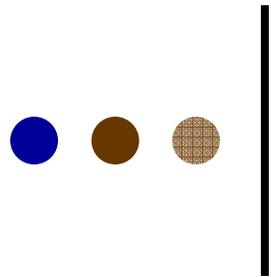
- DMA should partner with AHEC, CCNC, NC Chapter of ACP, and the NC Academy of Family Physicians to assume responsibility for educating primary care physicians, and with NCMS to assume responsibility for educating specialty physicians on the requirement to report adult health quality measures on all Medicaid eligible adults.



Quality

Rec. 6. Explore Centralized Reporting

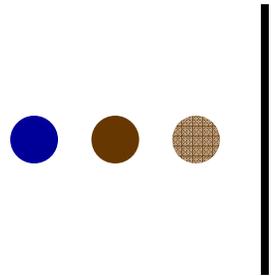
- The NC HIE Board should explore options to reduce the administrative burden of the Medicaid eligible adult quality reporting requirement through centralized reporting through the NC HIE and alignment of NC quality measures with Federal requirements.



Quality

Rec. 7. Investigate Options for NC HIE Data Storage

- The NC HIE Board should investigate storing federally reported data at the state level and make it available for research, and quality and readmission reduction initiatives. These data should contain unique identifiers to foster linkage of datasets across provider types and time.



Quality

Rec. 8. Improve Transitions of Care

- NCHQA should partner with NCHA, provider groups, and CCNC to improve transitions in care, including: forging of relationships between providers of care, enhancing communication mechanisms across systems of care, identifying and working with the NC-HIE Board to facilitate IT requirements, and developing a mechanism to evaluate outcomes.



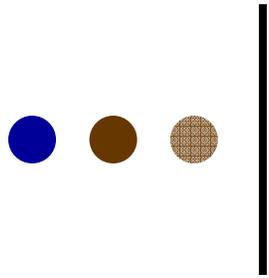
Quality (Rec. 8 Cont'd)

- Partner organizations should also work to:
 - Improve patient (or responsible family member) discharge education at hospitals
 - Improve discussions of the patient's treatment and care goals prior to hospital admission and upon discharge
 - Establish a crisis plan for each individual that addresses prevention as well as triggers and appropriate interventions
 - Align existing initiatives that address care transitions at state and local level
 - Define elements for outpatient intake after discharge.
 - Encourage collaboration and contracts between hospitals, LMEs, CAHBAs, and other community providers
 - Encourage expansion of medical home models.



Quality (Rec. 8 Cont'd)

- In each community, stakeholder alliances including provider groups, CCNC, home health representatives and hospitals should determine ways to leverage local resources to improve transition care.
- Individuals should be provided their own personal health records after hospital discharge, pending the availability of a more robust HIE.
- Solutions utilizing transitions principles should be applied regardless of payer.



Quality

Rec. 9. Reimburse Nurse Practitioners in Skilled Nursing Facilities

- The NC Health Care Facilities Association and CCNC should collaborate with DMA to provide reimbursement for nurse practitioner services in SNFs.

Rec. 10. Continue Tracking Funding

- The NC Network of Grantmakers should continue to track funding opportunities that are made available through the PPACA.



Health Professional Workforce

- *Presenter:*

Thomas J. Bacon, DrPH

Director

NC Area Health Education Centers Program

Co-Chair

- Other Co-Chairs:

John Price, MPA

Director

North Carolina Office of Rural

Health and Community Care

Kennon Briggs

Executive Vice President

and Chief of Staff

North Carolina Community

College System



● ● ● | **Health Professional Workforce**

○ **Rec. 1. Create a Center for Health Workforce Research and Policy**

The NC Health Professions Data System should be expanded into a Center for Health Workforce Research and Policy to proactively model and plan for future health practitioner workforce needs. The Center should have a representative advisory board. As part of their work the Center should:

- Identify, collect, and develop data streams needed to model future health professional workforce needs.



Health Professional Workforce (Rec. 1 cont'd)

- Use data to plan for the state's future workforce needs by identifying priorities for training and education funding
- Address barriers that affect entry into the health professional workforce or continued practice (including licensure and certification issues).
- Report findings annually to the NCGA, Dept of Commerce, Governor, and DHHS
- The NCGA should provide recurring funding to support the Center.

● ● ● | **Health Professional Workforce**

○ **Rec. 2. Strengthen and Expand the North Carolina Office of Rural Health and Community Care**

The North Carolina Office of Rural Health and Community Care (ORHCC) should maintain its independence and flexibility to respond to health professional workforce needs across the state in a timely manner. In order to support and strengthen the ability of the ORHCC to recruit and retain health professionals to underserved and rural areas of the state, the NCGA should use \$XX of One North Carolina funds to support ORHCC in recruitment and retention of the health care industry and health care practitioners into NC:



Health Professional Workforce (Rec. 2. cont'd)

- Provide financial incentives to professionals to remain in practice in HPSAs past their loan repayment obligations.
- Recruit veterans with medical training to practice in North Carolina.
- Provide enhanced technical assistance to areas to to improve the counties' HPSA scores and increase the number of NHSC eligible HPSAs.
- Create and maintain a database of private and public loan repayment opportunities for health professionals working in North Carolina.



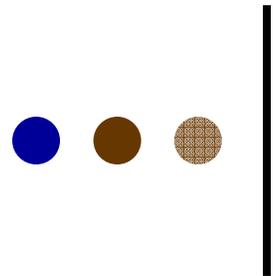
Health Professional Workforce

- **Rec. 3. Support and Expand Health Professions Programs to More Closely Reflect the Composition of the Population Served**
 - The North Carolina AHEC Programs should collaborate with the Alliance for Health Professions Diversity to create more intensive programs and coordinate efforts to expand existing health professions pipeline programs so that underrepresented minority and rural students who are likely to enter health careers can receive continued opportunities for enrichment programs in middle school, high school, and college.



Health Professional Workforce (Rec. 3. cont'd)

- After college, the Alliance should offer these students continued support in medical and other health professions schools.
- The NCGA should provide \$XX in recurring funding beginning in SFY 2013 to support these efforts.



New Models of Care

- *Presentation by:*
Craigian Gray, MD, JD, MBA
Director, Division of Medical Assistance
NC Department of Health and Human Services
Co-Chair
- Other Co-Chair:
Allen Dobson, MD
President
NC Community Care Network, Inc.
Co-Chair

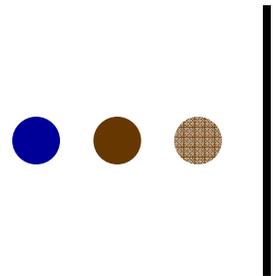


New Models of Care

- **Rec. 1. Create a Centralized Tracking System for New Models of Care**

North Carolina state government and North Carolina foundations should provide funding to NC 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.

- NCFAHP would monitor funding opportunities, convene stakeholders to examine existing data on costs and utilization, maintain a database of existing demonstrations, collect data on these demonstrations, disseminate information across the state, and provide technical assistance to communities.



New Models of Care

○ **Rec. 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. The evaluation should, to the extent possible, be based on nationally recognized metric including quality, patient satisfaction, access, costs, and population health measures.

- Evaluation data should be made available publicly.
- North Carolina funders (state, insurers, foundations) should require and pay for evaluations that meet above stated requirements.

● ● ● | **New Models of Care**

○ **Rec. 3. Collect Data to Support New Models**

NC DHHS, in collaboration with NCDOI, should work with other stakeholder groups to develop a plan 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.

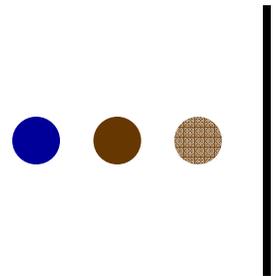
- The plan should ensure that the new data system uses data already collected for other purposes.
- All providers and payers should be required to contribute data.
- Data system should meet strict patient confidentiality and privacy protections.

● ● ● | **New Models of Care**

○ **Rec. 4. Examine Barriers to Implementation**

XXX (organization) should seek funding to convene a task force to examine state barriers which prevent organizations from testing or implementing new payment and delivery models. Barriers may include:

- Insurance laws, health professional licensure laws, anticompetitive contractual arrangements, reimbursement issues, lack of coordination across payers or financing streams, provider and consumer resistance, inadequate infrastructure, and knowledge gaps.



Medicaid Workgroup

- *Presentation by:*
Craig Gray, MD, MBA, JD
Director, Division of Medical Assistance
NC Department of Health and Human Services
Co-Chair
- *Other Co-Chair:*
Steve Wegner, JD, MD
Chairman
NC Community Care Network
Access Care, Inc.



Medicaid Workgroup

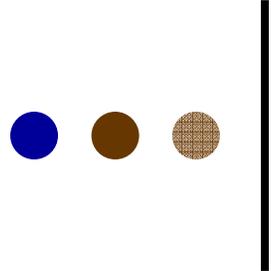
- **Rec. 1. Simplify Medicaid Eligibility and Enrollment Processes**

The North Carolina Division of Medical Assistance should simplify the eligibility and enrollment processes to reduce administrative burdens to applicants, DSS offices, and the state, and that help eligible applicants gain and maintain insurance coverage.



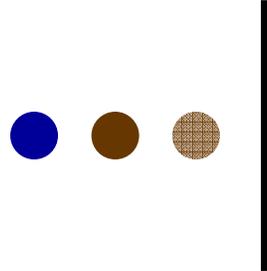
Medicaid Workgroup: Future Work

- The workgroup is planning on having a final meeting to examine additional eligibility determination options, including, but not limited to:
 - Other sources of electronic verification
 - North Carolina's outreach plan
 - The role of DSS, if any, as patient navigators
- The workgroup will also be discussing potential priorities if the state, in the future, has funding to expand home and community-based services



Prevention

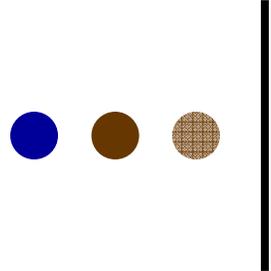
- *Presentation by:*
Laura Gerald, MD, MPH
Senior Adviser
Office of the Secretary
NC Department of Health and Human Services
Co-Chair
- *Other Co-Chair:*
Jeff Engel, MD
State Health Director
Division of Public Health
NC Department of Health and Human Services



Prevention

Rec 1. Increase Tobacco Cessation Among Medicaid Recipients

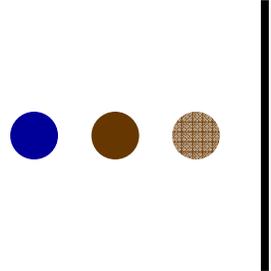
- NC-DMA should
 - Partner with NC-SCHS to monitor the utilization of tobacco-cessation drugs and the impact on tobacco-related health outcomes.
 - Provide all FDA approved over-the-counter nicotine replacement therapy without a physician prescription.
 - Reduce out-of-pocket costs for effective cessation therapies and provide access to all FDA approved tobacco pharmaceuticals



Prevention

Rec 1. continued

- AHEC, the NC Medical Society, and CCNC should promote provision of tobacco cessation counseling and pharmacotherapy to pregnant women by educating providers on billing options, and educating patients on service availability.



Prevention

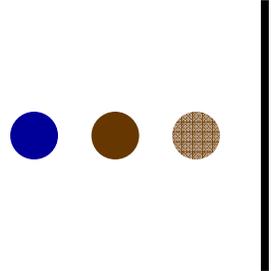
Rec. 2. Develop Infrastructure to Allow Communities to Respond to Funding Opportunities

The Office of HNC 2020 and the Office of Minority Health and Health Disparities should encourage partnerships between local health departments and community organizations, and provide technical assistance for infrastructure development required for reaching HNC2020 objectives and responding to funding opportunities.

● ● ● | **Prevention**

Rec. 3. Support Nursing Mothers at Work

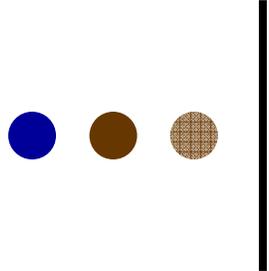
- The NC Department of Labor and the Office of State Personnel should educate employers and employees on the requirement for reasonable break time for working mothers.
- NC-DPH should partner with the SBA to provide information to small businesses on supporting breastfeeding mothers.
- The NC Department of Labor should partner with the NC Breastfeeding Coalition to provide guidance on the Business Case for Breastfeeding



Prevention

Rec. 4. Promote Worksite Wellness Programs

- The Office of HNC2020 and NC-DPH should provide information to businesses on ACA requirements for employer worksite wellness programs.
- EatSmartMoveMoreNC should provide information to businesses on CDC's worksite wellness technical assistance.



Prevention

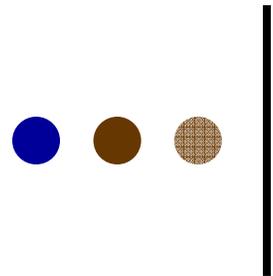
Rec. 5. Promote and Monitor Utilization of Preventive Care Services

- North Carolina should provide the same coverage of preventive services for Medicaid enrollees as is provided to other people with private coverage.
- NC-DOI should monitor health plans to ensure compliance with ACA preventive services coverage
- Electronic medical record (EMR) systems offered in NC should provide clinical decision support tools to identify and promote USPS-TF and ACIP recommended services.

● ● ● | Prevention

Rec. 5. continued

- NC-HIT, NC DMA, CCNC, and NCHQA should ensure that quality improvement initiatives include monitoring utilization of patient-targeted prevention services.
- AHEC, NCMS, Old North State Medical Society, AAFP, AARP, and others should:
 - Educate providers to ensure they are aware of appropriate clinical preventive services and how to bill for them.
 - Educate primary care physicians on Medicare annual wellness visit benefit.
 - Educate enrollees on the annual wellness visit benefit.
 - Engage community leaders to do educate the public about wellness benefits.

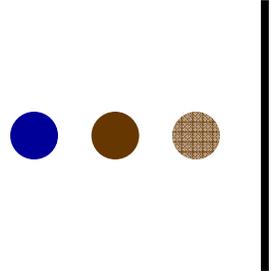


Health Benefits Exchange

- Presentation by:
Louis Belo
Chief Deputy Commissioner
North Carolina Department of Insurance
Co-Chair
- Other Co-Chair
Allen Feezor
Senior Policy Advisor
North Carolina Department of Health and Human
Services

● ● ● | Health Benefits Exchange (HBE)

- The North Carolina General Assembly did not enact legislation to create a state-based HBE in the 2011 session.
 - HB 115 passed the House, is pending in the Senate
 - HB 22 directed NCDOI and NCDHHS to continue planning for a state-based HBE
- NCDOI applied for, and received, a Level I establishment grant
 - Awarded \$12,396,019 on August 12, 2011
 - Project period runs from Aug. 2011-2012



NC Planned Activities

- 1) Engage Stakeholders and perform policy analysis on policy issues
- 2) Expand DHHS' eligibility IT system to include NCHBE functions
- 3) Develop requirements to build non-eligibility IT systems
- 4) Propose legislation and develop regulation for market reforms
- 5) Prepare consumer assistance program
- 6) Develop required elements for Level II application
- 7) Support start-up of the NCHBE, assuming establishment during project period.



HBE Workgroup Related Activities

- Analysis of value-added SHOP-Exchange (SHOP) services
 - Small employer focus groups
- Recommendations for roles of agents, brokers, navigators, community-based organizations
- Further analysis of benefit mandates following definition of Essential Benefits Package (EBP)
- Preliminary evaluation planning
- Financing options for the HBE

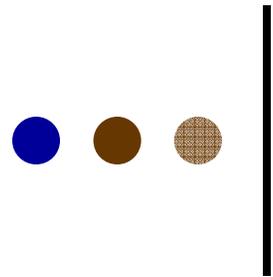
● ● ● | Other Grant Activities

- NC DOI will convene technical advisory group to discuss market reform issues, including but not limited to rating areas, reinsurance and risk adjustment, merging individual and small group market, and options to mitigate adverse selection.
- NC DOI will work with consultants to develop a budget and work plan through 2014, as required for Level II grant.
- NC DHHS and NC DOI will work together to develop the requirements for needed IT systems
 - Expansion of the existing NCFAST system for program eligibility determination and HBE subsidy calculation.
 - Health plan comparison and select, and non-eligibility related functions.



● ● ● | **HBE Related Activities**

- HBE workgroup has met on three occasions since the grant awarded
 - One meeting of a navigator subcommittee
- However, the NCIOM HBE workgroup and other DOI activities have been put on hold pending consultation with Government Operations Committee
 - DOI Level I establishment grant scheduled to be heard on Nov. 29



Questions