THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

HPM 758
Underserved Populations and Health Reform
(Credit Hours: 3)
Department of Health Policy and Management
School of Public Health

Fall, 2017 Syllabus
Class Location: 2308 McGavran-Greenberg
Meeting Times (Tuesday 5:00-8:00pm)

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Course Overview

This is an elective policy course offered to give students a greater understanding of programs available to serve underserved populations, and how the ACA (or any replacement) will impact on care provided to underserved populations. The course is divided into two sections: (1) Historical overview of publicly funded programs and new coverage options for the uninsured; (2) Impact of other changes in the ACA (or any replacement) on underserved populations.

Learning Objectives and HPM Competencies

	Course Learning Objective	*Competencies*
1	Understand the history, eligibility and recent changes in the delivery of services provided by safety net programs.	Information Seeking

2	Understand Medicaid, CHIP and Medicare Part D eligibility and coverage options, so that students can assist underserved populations in accessing needed health services.	Information Seeking Professionalism Analytical Thinking
3	Understand and be able to articulate how different implementation options within the Patient Protection and Affordable Care Act will impact on underserved populations.	Analytic Thinking Communication Skills Political Savvy Change Management
4	Gain practical skills by helping a community group identify evidence-based or best practices to implement PPACA, or otherwise improve access or quality of care for underserved populations.	Analytical Thinking Innovative Thinking Information Seeking Professionalism
5	Achieve Objective #4 by working effectively in a team of fellow students	Accountability Team Dynamics Interpersonal Awareness
6	Gain knowledge and skills needed to develop public policies or safety net programs to address the needs of the uninsured	Professionalism Information Seeking Community and Public Health Orientation

Requirements and Expectations

Medicare Part D Analysis

Students will be given the prescription drug information for Mr. Smith (a fictional Medicare beneficiary). You will be required to go online to: https://www.medicare.gov/find-a-plan/questions/home.aspx and do a generalized search for the different plans that are offered in the 27705 zip code area. I want you to look at the different drug plans, and help write up a one-page description of which plan is best for him, and why. **You should look at both stand alone drug plans, and comprehensive care plans (HMO, private fee-for-service, PPOs that offer drug benefits).** This 2-3 page analysis will constitute 5% of your class grade.

The grade for the Medicare Part D analysis is based on:

- Demonstration that you explored different options including both PDPs and Medicare Advantage Plans with prescription drugs
- Analysis of whether all of Mr. Smith's drugs are on the formulary, or whether there are any other limits which could impact on his ability to obtain necessary drugs
- Discussion of different ways in which Mr. Smith could further reduce his drug costs (if any). Lowering his drug costs is one of his main concerns.
- Potential impact of the choice of prescription drug plans on access to other health services or

- Cogent explanation of why you chose the plan that you chose

Case Studies

The class will go over different case studies of families that need help obtaining needed health services. Through this exercise, students will learn how to determine eligibility for Medicaid and CHIP, as well as identify other appropriate safety net resources. Students will not be graded on this exercise, but similar case studies will be included on the first exam.

Students will also be asked to select a Marketplace plan assuming different scenerios.

Exams

The first exam (October 10, 2017) is in-class, closed book, and may consist of true-false, short answer, short essays, or case analysis (determining eligibility for public programs or safety net programs), and brief essay questions.

The second exam will be a task home exam and due on November 22, 2017. Exams require students to demonstrate basic knowledge and comprehension, to apply concepts to specific problems and situations, and to analyze how changes in the health care delivery system, broader market, and Patient Protection and Affordable Care Act affect care for underserved populations. Exams cover material from required readings, lectures, and in-class discussions. The first exam covers Section I. The second exam covers Section II.

Note, to receive full credit for any question which focuses on current Medicaid and CHIP eligibility, the students must address three questions: 1) Is the individual or family categorically eligible? 2) Does the individual or family have income below the Medicaid/CHIP income eligibility limits? 3) Are the individual/family's resources below the Medicaid/CHIP resource limits (if any)? Students who do not address all three questions will not receive full credit for the answer. In addition, students will also be expected to identify potential safety net resources for families who are not otherwise eligible for public programs.

There may not be a specific "right" answer for some of the policy questions. These questions will be evaluated based on:

- Whether the student articulated a reasonable argument and is able to articulate your perspective. Occasionally, I have included questions that require the student to respond from the perspective of a particular stakeholder—eg, consumer, provider, insurer. In that instance, I will evaluate the response to make sure it makes sense from that stakeholder's perspective.
- Whether the student included information from the class readings or discussion in support of their positions

Note: In the second exam (take-home), I expect students to do research and to properly cite their sources. You can use readings from the syllabus, or from other sources. I expect you to properly cite your work (I do not care about citation style, just that you properly attribute your work to others when you use their ideas.) See section on Plagiarism and Citation below.

Class Projects

Students will work in groups of three to five students, and will work with a local community group which is attempting to improve population health, expand care or improve quality of health care services to vulnerable populations. Depending on the project, the students may be required to research other successful models around the state/country; identify and review relevant literature; determine key elements needed to make the program successful; identify possible financing sources; and may be asked to conduct interviews with key stakeholders. At the culmination of the semester, students will be expected to present the results of their small group projects. Students will write a report (to submit to the community group contact and professor), and will present the findings to the class. The report should be no less than 20 typed pages, double spaced (unless, with permission of instructor, the project necessitates a different end product). The powerpoint presentations should be about 15 minutes with 5 minutes for question and answer (depending on the number of student presentations). The presentation and paper should summarize the work of the small group, and strategies you identified to improve population health, access or quality of care for underserved populations. The paper will constitute 25% of your grade. I expect you to properly cite your work. (I do not care about citation style, just that you properly attribute your work to others when you use their ideas.) See section on Plagiarism and Citation below.

As an alternative to a group project, students can volunteer to serve as certified navigators to help people enroll (or reenroll) into a health plan in the Marketplace. Students who select this option will need to be federally certified (web-based training) and will need to volunteer with Legal Aid of North Carolina and attempt to assist a minimum of 7-10 individuals with Marketplace coverage during the semester. If you choose to serve as a navigator, you will need to write a 5-10 page reflection paper about what you learned from serving as a navigator, and what changes you would recommend to improve the functioning of the Marketplace, or the availability of affordable coverage. The open enrollment period runs from Nov. 1 – Dec. 15, 2017.

Group project grades are based on the following:

- Evidence that students have thoroughly examined the workgroup's questions and explored the relevant research (if appropriate)
- Clearly written paper with topics arranged logically.
- Effectiveness of class presentation
- Logical, appropriate, recommendations in both the presentation and paper
- **Peer reviews will be factored into your grades (in other words, if you don't pull your share of the project, you won't get the same grade as the others who did).**

Final papers are due by 5:00pm, Tuesday, November 28, and must be submitted on Sakai.

Class Participation

Students are expected to come to class prepared to participate in discussions. There will be small group discussions in most classes, in addition to the discussion throughout class.

The course is designed to encourage interaction and debate by students both in class. Failure to participate in class discussions can affect your final grade (ie, from H to a P, or A- to B+)

Cell Phones and Laptops

Turn off cell phones in class and during exams. Laptops may be used in class only for taking notes and for looking up information relevant to the topic being discussed.

Evaluation Method

Grade Components

Component	% of Grade
Exam I	35%
Exam II	35%
Medicare Part D analysis	5%
Class Project	25%
TOTAL	100%

Grading Scale

98-100	H or A+
95-97	H or A
92-94	H or A-
87-91	P or B+
83-86	P or B
80-82	P or B-
75-79	P or C+
73-74	L or C
70-72	L or C-
66-69	L or D+
63-65	L or D
60-62	L or D
59 or below	Fail

Recognizing, Valuing, and Encouraging Diversity

The importance of diversity is recognized in the mission statement of HPM. In the classroom, diversity *strengthens* the products, *enriches* the learning, and *broadens* the perspectives of all in the class. Diversity requires an atmosphere of inclusion and tolerance, which oftentimes challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

Diversity includes consideration of: (1) life experiences, including type, variety, uniqueness, duration, personal values, political viewpoints, and intensity; and (2) factors related to "diversity of presence," including, among others, age, economic circumstances, ethnic identification, family educational attainment, disability, gender, geographic origin, maturity, race, religion, sexual orientation, social position, and veteran status.

UNC Honor Code, Plagiarism and Citation

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone in either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042).

Read "The Instrument of Student Judicial Governance" (http://instrument.unc.edu).

Note: In the past, I have had students who have not properly cited when they used other people's work (eg, using direct passages from other studies without using quotations, or paraphrasing other people's work without giving proper attribution). I strongly encourage students to review the UNC Health Sciences Library information on plagiarism and citing sources. It only takes about 15 minutes to review, and is available at: http://www.hsl.unc.edu/Services/Tutorials/PlagiarismTutorial/intro.html.

Accommodations for People with Disabilities or Certain Medical Conditions

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), http://accessibility.unc.edu; phone 919-962-8300, email accessibility@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented."

Course Evaluation

HPM participates in the UNC-CH's online course evaluation system, enabled at the end of each semester by DigitalMeasures. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor assessment.

Resources

Website

HPAA 758 has its own website using Sakai software. (See http://sakai.unc.edu.) The readings are in the document entitled "Course Schedule, Readings, and Assignments."

Articles

Readings for each class are listed the Course Schedule, Readings, and Assignments.

Note: Under each class there are required readings and optional readings. Each student will be expected to read the required readings. The optional readings may be helpful for the class discussions.

Web Sources

There are many useful websites with information about the uninsured and underserved populations. The most common websites used for the course include:

- The Henry J. Kaiser Family Foundation (www.kff.org)

- Center for Studying Health System Change (www.hschange.com)
- Health Affairs (articles available through the UNC electronic journal holdings)
- North Carolina Institute of Medicine (www.nciom.org) (particularly useful for NC health policy information)

Other relevant websites are identified under specific topics throughout this syllabus, and/or in a separate handout of useful websites. Review of websites is not required. The URLs are provided as a service.

MODULE I:	**HISTORICAL OVERVIEW OF PUBLICLY FUNDED PROGRAMS**	
SESSION 1.1	**AUG 22**	**INTRODUCTION – HISTORY OF HEALTH AND SOCIAL PROGRAMS**
Rationale:		This session provides an overview of course content and describes how the course is structured and operates. The history helps put course content in context.
Session Learning Objectives:		• Know what the course will cover • Know how the course is structured, including its website, readings, exams, group discussions, and group project • Know what is expected of students • Understand the history of social programs that care for the poor, and a brief overview of the structure of the US health care delivery system • Understand key concepts used for the class
Key Concepts:		Entitlement programs, block grants, social insurance, means tested programs, vulnerable or underserved populations, concentration of health care spending, ERISA, COBRA, HIPAA, managed care concepts, consumer directed care
Required Readings:		**Mechanic D, Tanner J. Vulnerable People, Groups, and Populations: Societal View. Health Affairs. Sept/Oct 2007;26(5):1220-1230. Available at: http://content.healthaffairs.org/content/26/5/1220.full.pdf.** **Cohen SB, Uberoi N. Differentials in the Concentration in the Level of Health Expenditures across Population Subgroups in the US, 2013. Agency for Healthcare Research and Quality. Statistical Brief #480. Sept. 2015. Available at: https://meps.ahrq.gov/data_files/publications/st480/stat480.pdf** **Wolf SH, Braveman P. Where Health Disparities Begin: The Role of Social and Economic Determinants—And Why Current Policies Make Matters Worse. Health Affairs. 2011;30(10):1852-1859. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/30/10/1852.full.pdf.**
Assignments:		**Readings** **Print out class slides**
Optional Readings:		*National Health Spending*: Keehan S, Stone D et. al. National Health Expenditures Projections, 2016-25: Price Increases, Aging Push Sector to 20 Percent of Economy. Health Affairs. 2017;36(3):553-563. http://content.healthaffairs.org/content/36/3/553.full.pdf *Tax Subsidies:* Federal Tax Expenditures. Center on Budget and Policy Priorities. Feb. 23,

		2016. http://www.cbpp.org/sites/default/files/atoms/files/policybasics-taxexpenditures.pdf Miller E, Selden T. Tax Subsidies for Employer-Sponsored Health Insurance: Updated Microsimulations Estimates and Sensitivity to Alternative Incidence Assumptions. Health Services Research. 2013;48(2):866-883. http://www.ncbi.nlm.nih.gov.libproxy.lib.unc.edu/pmc/articles/PMC3626328/pdf/hesr0048-0866.pdf *Health and Social Justice*: Gostin LW, Powers M. What Does Social Justice Require for the Public's Health? Pubic Health Ethics and Policy Imperatives. Health Affairs. July/Aug 2006;25(4):1053-1060. Available online at: http://content.healthaffairs.org/content/25/4/1053.full.pdf. *Social Determinants*: McGovern L, Miller G, Hughes-Cromwick P. The Relative Contribution of Multiple Determinants to Health Outcomes. Researchers Continue to Study the Many Interconnected Factors that Affect People's Health. Health Policy Brief. Health Affairs. August 21, 2014. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_123.pdf Arora A, Spatz E, et. al. Population Well-Being Measures Help Explain Geographic Disparities in Life Expectancy at the County Level. Health Affairs. Nov. 2016;35(11): 2075-2082. http://content.healthaffairs.org/content/35/11/2075.full.pdf
SESSION 1.2	**AUG. 29**	**UNDERSERVED POPULATIONS: THE UNINSURED, UNDERINSURED, AND MEDICALLY UNINSURABLE**
Rationale:		This session explains how data on the uninsured is collected, numbers and demographics of the uninsured and how it has changed over time. This session also covers the impact of being uninsured on health status, as well as data on people who are underinsured. The class also covers other access barriers, including race/ethnicity, geography, cultural, language, age and disability. Public health practitioners need a solid understanding of financial and non-financial access barriers.
Session Learning Objectives:		• Gain an understanding of the uninsured, including which groups are most likely to be uninsured • Understand how data on the uninsured is collected, how researchers measure underinsurance • Gain an understanding of non-financial access barriers to care (including health literacy, geographic access barriers, racial and ethnic disparities in health care delivery, language barriers) • Understand the impact of the recession on the uninsured.
Key Concepts:		Uninsured, underinsured, medically uninsurable, health literacy, health disparities
Required Readings:		**KCMU. The Uninsured. A Primer. Key Facts about Health Insurance and the Uninsured in America. November 2016. Available online at:** http://files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Unisured-in-America-in-the-Era-of-Health-Reform

		Schoen C, et. al. America's Underinsured: A State-by-State Look at Health Insurance Affordability Prior to the New Coverage Expansions. The Commonwealth Fund. March 2014. Available online at: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/mar/1736_schoen_americas_underinsured.pdf. **Ubri P, Artiga S. Disparities in Health and Health Care: Five Key Questions and Answers. KCMU. August 2016. Available at:** http://files.kff.org/attachment/Issue-Brief-Disparities-in-Health-and-Health-Care-Five-Key-Questions-and-Answers **Goodell S. Uninsurance Rates and the Affordable Care Act. Health Affairs. Health Policy Brief. May 2016. Available at: http://healthaffairs.org.libproxy.lib.unc.edu/healthpolicybriefs/brief_pdfs/healthpolicybrief_157.pdf**
Assignments:		**Readings** **Print out class slides (for this class and for next class)** **NOTE: If we finish covering the slides on the uninsured, we will move onto the slides on the organization of the current health care delivery system)**
Optional Readings:		*Underinsured* Collins, S et. al. The Problem of Underinsurance and How Rising Deductibles Will Make it Worse: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014. The Commonwealth Fund, May 2015. Available at: http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/may/1817_collins_problem_of_underinsurance_ib.pdf Collins S, et. al. How High is America's Health Care Cost Burden? Findings from Commonwealth Fund Health Care Affordability Tracking Survey. July-Aug. 2015. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/nov/1844_collins_how_high_is-americas_hlt_care_cost_burden_tb_v1.pdf *Racial and Ethnic Disparities and Access to Care:* Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. 2002. Executive Summary (pp. 1-28. Available online at National Academy Press. Available online at: http://books.nap.edu/books/030908265X/html/index.html. Dower C. Health Gaps. Among Different Populations Across the United States, Substantial Disparities in Health and Health Care Persist. Health Affairs. Health Policy Brief. August 15, 2013. Available online at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_98.pdf. Agency for Healthcare Research and Quality. 2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy. April 2016. http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr1

		5/2015nhqdr.pdf Harper S, MacLehose R, Kaufman J. Trends in the Black-White Life Expectancy Gap Among US States, 1990-2009. Health Affairs. 2014;33(8):1375-1382. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/8/1375.full.pdf Artiga S, et. al. Key Facts on Health and Health Care by Race and Ethnicity. Kaiser Family Foundation. June 7, 2016. http://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/ *Geographic disparities in access and coverage:* Ziller EC, Lenardson JD, Coburn AF. Health Care Access and Use Among the Rural Uninsured. Journal of Health Care for the Poor and Underserved. 2012:23(3):1327-1345. Available at: https://muse.jhu.edu/article/481751/pdf
SESSION 1.3	**SEPT. 5**	**ORGANIZATION OF THE CURRENT HEALTH CARE DELIVERY SYSTEM**
Rationale:		Historical market-based changes have impacted on the structure of our health care delivery system and how we provide care to underserved populations. This session describes some of the historical changes in the health care delivery system affecting the broader health care system.
Session Learning Objectives:		• Understand historical changes in the broader health care system • Understand basic health insurance concepts (including deductibles, coinsurance, copayments) and different payment models (including fee-for-service, capitation, salary, pay-for-performance or incentive systems) • Understand different forms of managed care • Understand past cost-containment strategies, including consumer directed health plans
Key Concepts:		Managed care models (HMOs, PPOs, POS); cost-containment strategies, provider payment and incentive systems; privatization of the health care industry; consumer driven health plans
Required Readings:		**KFF/HRET. Employer Health Benefits: 2016 Summary of Findings. KFF. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2016/09/employer-health-benefits-2016-summary-of-findings.pdf.** **Dolan, Rachael. High-Deductible Health Plans. Health Policy Brief. Health Affairs. Feb. 4, 2016. Available at: http://healthaffairs.org.libproxy.lib.unc.edu/healthpolicybriefs/brief_pdfs/healthpolicybrief_152.pdf.** **Ginsburg PB, Pawlson G. Seeking Lower Prices Where Providers are Consolidated: An Examination of Market and Policy Strategies. Health Affairs. 2014;33(6):1067-1075. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/6/1067.full.pdf.**

Assignments:		**Readings** **Print out class slides (for this class and next)** **Note: if we finish these slides early, we will move onto the Medicaid/CHIP slides.**
Optional Readings:		*Trends in Health Care Costs:* Claxton G, Levitt L, Long M. Payments for Cost Sharing Increased Over Time. Peterson-Kaiser Health System Tracker. April 12, 2016. Insight Brief. Available at: http://www.healthsystemtracker.org/insight/payments-for-cost-sharing-increasing-rapidly-over-time/. Lassman D, et. al. Health Spending by States 1991-2014: Measuring Per Capita Spending by Payers and Programs. Health Affairs. 2017;36(7):1318-1327. Available at: http://content.healthaffairs.org/content/36/7/1318.full.pdf. KFF. Health Care Costs: A Primer. May 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7670-03.pdf Vladeck B. Paradigm Lost: Provider Concentration and the Failure of Market Theory. Health Affairs. 2014;33(6):1083-1087. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/6/1083.full.pdf. Melnick GA, Shen YC, Wu VY. The Increased Concentration of Health Plan Markets Can Benefit Consumers Through Lower Hospital Prices. Health Affairs. 2011;30(9):1728-1733. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/30/9/1728.full.pdf. Abdus S, Selden T, Keenan P. The Financial Burdens of High-Deductible Health Plans. Dec. 2016. 35(12):2297-2301. http://content.healthaffairs.org/content/35/12/2297.full.pdf. *Hospitals:* Xu T, Wu A, Makary M. The Potential Hazards of Hospital Consolidation: Implications for Quality, Access, and Price. JAMA. Viewpoint. August 13, 2015. Available at: https://www.researchgate.net/profile/Albert_Wu3/publication/280997272_The_Potential_Hazards_of_Hospital_Consolidation_Implications_for_Quality_Access_and_Price/links/55e83e6608ae21d099c16d2a.pdf. Baker L, Bundork MK, Kessler D. Vertical Integration: Hospital Ownership of Physician Practices is Associated with Higher Prices and Spending. Health Affairs. 2014;33(5):756-763. http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/5/756.full.pdf Gruber J. The Role of Consumer Copayments for Health Care: Lessons from the RAND Health Insurance Experiment and Beyond. Kaiser Family Foundation. Oct. 2006. Available online at: http://www.kff.org/insurance/upload/7566.pdf. *Insurance Consolidation* Dafny L. Evaluating the Impact of Health Insurance Industry Consolidation: Learning from Experience. Commonwealth Fund. Issue Brief. Nov. 2015. Available at:

		http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/nov/1845_dafny_impact_hlt_ins_industry_consolidation_ib.pdf. *Tiered "Value" Payment Models and Other Insurance Models to Reduce Costs:* Giovannelli J, Lucia K, Corlette S. Regulation of Health Plan Provider Networks. Health Policy Brief. Health Affairs. July 28, 2016. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_160.pdf. Robinson J, et. al. Reference Pricing Changes the 'Choice Architecture' of Health Care for Consumers. Health Affairs. 2017.36(3):524-530. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/36/3/524.full.pdf, Wharam JF, Zhang F, et. al. Low-Socioeconomic Status Enrollees in High-Deductible Plans Reduced High-Severity Emergency Care. Health Affairs. August 2013;32(8):1398-1406. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/8/1398.full.pdf. Sommers R, Goold SD, McGlynn E, Pearson SD, Danis M. Focus Groups Highlight that Many Patients Object to Clinicians' Focusing on Costs. Health Affairs. 2013;32(2):338-346. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/2/338.full.pdf.
SESSION 1.4	**SEPT. 12**	**MEDICAID AND CHIP**
Rationale:		Medicaid and the Children's Health Insurance Programs (CHIP) are the primary publicly funded insurance programs covering low-income underserved populations. This class gives students an understanding of how these programs currently operate, the history, eligibility requirements, financing, and services covered.
Session Learning Objectives:		• Understand Medicaid and CHIP program rules, including eligibility rules, covered services, payment policies, different financing and delivery models • Gain the skills to determine Medicaid and CHIP eligibility
Key Concepts:		Historical overview of Medicaid program; Mandatory and optional eligibility requirements; mandatory and optional services; amount, duration and scope; enabling services; copayments; statewideness, freedom of choice; Federal and state financial participation; Medicaid managed care; CHIP
Required Readings:		**Paradise J. 10 Things to Know about Medicaid: Setting the Facts Straight. Kaiser Family Foundation. Issue Brief. May 9, 2017. http://files.kff.org/attachment/Issue-Brief-10-Things-to-Know-about-Medicaid-Setting-the-Facts-Straight** **Snyder L, Rudowitz R. Trends in State Medicaid Programs: Looking Back and Looking Ahead. Kaiser Commission on Medicaid and the Uninsured. June 2016. Issue Brief. Available at: http://files.kff.org/attachment/Issue-Brief-Trends-in-State-Medicaid-Programs.** **Rosenbaum S. Medicaid: What Happens Now? Health Affairs Blog. May 17, 2017. http://healthaffairs.org/blog/2017/05/17/medicaid-what-happens-now/**

		GAO. Medicaid Managed Care: Serving the Disabled Challenges State Programs. GAO/HEHS-96-136. July 1996:12-60. Available online at: http://www.gao.gov/archive/1996/he96136.pdf. (Important to Read!) **Differences between SSI and Social Security. (In readings in Sakai)**
Assignments:		**Readings** **Print out class slides** **CASE STUDIES: DETERMINING MEDICAID ELIGIBILITY** **Students will work in small groups in class to work through Medicaid and CHIP eligibility problems during class, to gain a better understanding of current Medicaid and CHIP eligibility requirements. Review the case studies before coming to class.**
Optional Readings:		*Medicaid Generally:* Paradise J, Lyons B, Rowland D. Medicaid at 50. KCMU. May 2015. Available online at: http://files.kff.org/attachment/report-medicaid-at-50 . Iglehart JK, Sommers B. Medicaid at 50—From Welfare Program to Nation's Largest Health Insurer. NEJM. May 28, 2015;372(22):2152-2159. Available at: http://www.nejm.org.libproxy.lib.unc.edu/doi/pdf/10.1056/NEJMhpr1500791. Paradise J. Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. Kaiser Family Foundation. Data Note. March 2017. http://files.kff.org/attachment/Data-Note-Three-Findings-about-Access-to-Care-and-Health-Outcomes-in-Medicaid. *Medicaid Health Impacts:* Milbank Memorial Fund. Exploring Claims that Medicaid Doesn't Improve Health. Issue Brief. July 2014. Available at: http://www.milbank.org/uploads/documents/papers/MedicaidDoesntImproveHealth_WhitePaper.pdf. *Medicaid Spending/Financing:* Snyder L, Rudowitz R. Medicaid Financing: How Does it Work and What are the Implications? Kaiser Commission on Medicaid and the Uninsured. May 20, 2015. Issue Brief. Available at: http://files.kff.org/attachment/issue-brief-medicaid-financing-how-does-it-work-and-what-are-the-implications. Clemans-Cope L, Holahan J. Medicaid spending Growth Compared to Other Payers: A Look at the Evidence. Kaiser Commission on Medicaid and the Uninsured. Issue Brief. April 2016. Available at: http://files.kff.org/attachment/issue-brief-medicaid-spending-growth-compared-to-other-payers-a-look-at-the-evidence Data Note: Variation in Per Enrollee Medicaid Spending Across States. Kaiser Family Foundation. Feb. 2017. http://files.kff.org/attachment/Data-Note-Variation-in-Per-Enrollee-Medicaid-Spending-Across-States Smith V. Can States Survive the Per Capita Medicaid Caps in the AHCA? Health Affairs Blog. May 17, 2017. http://healthaffairs.org/blog/2017/05/17/can-

		states-survive-the-per-capita-medicaid-caps-in-the-ahca/ *Medicaid: Miscellaneous* Antonisse L, et. al. The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review. Kaiser Family Foundation. Issue Brief. Feb. 2017. http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Medicaid-Expansion-Under-the-ACA-Updated-Findings Artiga S, et. al. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. Issue Brief. June 2017. http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations Musumeci MB, et al. Key Themes in Section 1115 Medicaid Expansion Waivers. Kaiser Family Foundation. Issue Brief. March 2017. http://files.kff.org/attachment/Issue-Brief-Key-Themes-in-Section-1115-Medicaid-Expansion-Waivers *Medicaid Managed Care:* Paradise J. Data Note: Medicaid Managed Care Growth and Implications of the Medicaid Expansion. Kaiser Family Foundation. April 2017. http://files.kff.org/attachment/Data-Note-Medicaid-Managed-Care-Growth-and-Implications-of-the-Medicaid-Expansion Paradise J, Musumeci MB. CMS's Final Rule on Medicaid Managed Care: A Summary of Major Provisions. Kaiser Commission on Medicaid and the Uninsured. June 2016. http://files.kff.org/attachment/CMSs-Final-Rule-on-Medicaid-Managed-Care
SESSION 1.5	**SEPT. 19**	**MEDICARE**
Rationale:		Medicare is the primary source of health insurance for older adults (65 or older) or people with disabilities. This class gives students an understanding of the history of this program, eligibility requirements, financing and services.
Session Learning Objectives:		• Understand Medicare program rules, including eligibility, covered services, financing • Gain skills to help Medicare recipients consider options for Medicare Part D prescription drug plans
Key Concepts:		Historical overview of Medicare; eligibility requirements; covered services; Medigap and Medicare savings programs; Medicare Advantage, Medicare Part D; Medicare financing; long-term financial solvency
Required Readings:		**Kaiser Family Foundation. An Overview of Medicare. April 2016. Issue Brief. http://files.kff.org/attachment/issue-brief-an-overview-of-medicare** **Kaiser Family Foundation. Policy Options to Sustain Medicare for the Future. January 2013. Available at:** https://kaiserfamilyfoundation.files.wordpress.com/2013/02/8402.pdf. **Note: All students should read v-ix; and review pp. 197-209 (which summarizes all the options), then pick one of the options for each Sections 1-5 that you find interesting. (Note: I only want you to read about one of the options in each section, such as 1.1 or 1.2 or 1.3a etc.—one option per Section, so a total of 5 options altogether).**

Assignment		**Readings** **Print out class slides** **2-3 PAGE ANALYSIS OF MEDICARE PART D OPTIONS DUE** **Make sure to look at the Medicare Part D case study which will be on Sakai. This one page analysis will constitute 5% of your class grade.** **SMALL GROUP DISCUSSION: Students will discuss options to ensure the long-term solvency of the Medicare program. Which proposals do you support to reduce Medicare costs? You should be prepared to discuss both the pros and the cons of the approach, and potential cost savings. Also, think about how this proposal is likely to impact on the most vulnerable. Who is most likely to support this proposal? Oppose it?**
Optional Readings:		*Medicare General* Blumentahl D, Davis K, Guterman S. Medicare at 50—Origins and Evolution. NEJM. Jan. 29, 2015;372(5):479-486. Available at: http://www.nejm.org/doi/pdf/10.1056/NEJMhpr1411701. Blumentahl D, Davis K, Guterman S. Medicare at 50—Moving Forward. NEJM. Feb. 12, 2015;372(7):671-677. Available at: http://www.nejm.org/doi/pdf/10.1056/NEJMhpr1414856. Cubanski J, et al. How Much is Enough? Out-of-Pocket Spending Among Medicare Beneficiaries: A Chartbook. July 2014. Kaiser Family Foundation. Available at: http://files.kff.org/attachment/how-much-is-enough-out-of-pocket-spending-among-medicare-beneficiaries-a-chartbook-report *Prescription drug benefits and low-income subsidy*: Trish E, et. al. Medicare Beneficiaries Face Growing Out-of-Pocket Burden for Specialty Drugs while in Catastrophic Coverage Phase. Health Affairs. 2016;35(9):1564-1571. Available at: http://content.healthaffairs.org/content/35/9/1564.full.pdf The Medicare Part D Prescription Drug Benefit. Kaiser Family Foundation. Fact Sheet. Sept. 2016. Available at: http://files.kff.org/attachment/Fact-Sheet-The-Medicare-Part-D-Prescription-Drug-Benefit. *Medicare Spending and Financing:* Cubanski J, Neuman T. What are the Implications for Medicare of the American Health Care Act. Kaiser Family Foundation. Issue Brief. March 2017. http://files.kff.org/attachment/Issue-Brief-What-Are-the-Implications-for-Medicare-of-the-American-Health-Care-Act Cubanski J, Neuman T. 10 Essential Facts about Medicare's Financial Outlook. KFF. Issue Brief. Feb. 2017. http://files.kff.org/attachment/Issue-Brief-10-Essential-Facts-About-Medicares-Financial-Outlook Medigap Enrollment Among New Medicare Beneficiaries. Kaiser Family Foundation. Issue Brief. April 2015. Available at: http://files.kff.org/attachment/issue-brief-medigap-enrollment-among-new-medicare-beneficiaries.

		Medicare Advantage: Jacobson G, et. al. Medicare Advantage Plans in 2017: Short-Term Outlook is Stable. KFF. Issue Brief. Dec. 2016. http://files.kff.org/attachment/Issue-Bried-Medicare-Advantage-Plans-in-2017. Jacobson G, et. al. Medicare Advantage 2016 Spotlight: Enrollment Market Update. Kaiser Family Foundation. Issue Brief. http://files.kff.org/attachment/Issue-Brief-Medicare-Advantage-2016-Spotlight-Enrollment-Market-Update Medicare Advantage. Fact Sheet. Kaiser Family Foundation. May 2016. Available at: http://files.kff.org/attachment/Fact-Sheet-Medicare-Advantage. MedPac. Report to Congress. Chapter 13. Medicare Advantage program: Status Report. March 2017. Available at: http://www.medpac.gov/docs/default-source/reports/mar17_entirereport.pdf?sfvrsn=0 Sprague L. The Star Rating System and Medicare Advantage Plans. National Health Policy Forum. Issue Brief. May 5, 2015. https://www.nhpf.org/library/issue-briefs/IB854_StarRatingMAPlans_05-05-15.pdf. *Medicare Cost Containment:* Cubanski J, Neuman T. What are the Implications for Medicare of the American Health Care Act. KFF. Issue Brief. March 2017. http://files.kff.org/attachment/Issue-Brief-What-Are-the-Implications-for-Medicare-of-the-American-Health-Care-Act. Jacobson G, Neuman T. Turning Medicare Into a Premium Support System: Frequently Asked Questions. KFF. Issue Brief. July 2016. http://files.kff.org/attachment/issue-brief-Turning-Medicare-Into-a-Premium-Support-System-Frequently-Asked-Questions Cassidy A. Geographic Variation in Medicare Spending. Health Policy Brief. Health Affairs. March 6, 2014. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_109.pdf. Schwartz A, Merlis M. Premium Support in Medicare. Health Policy Brief. Health Affairs. March 22, 2012. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_66.pdf. Cassidy A. Restructuring Medicare. Health Affairs. Health Policy Brief. June 20, 2013. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_95.pdf.
SESSION 1.6	**SEPT. 26**	**OTHER SAFETY NET PROGRAMS**
Rationale:		There are many other safety net programs that provide health services to underserved populations, and/or that expand access to health services. Public health practitioners should understand the different options available to expand access to health services.

Session Learning Objectives:		• Understand different safety net programs, services provided, and eligibility requirements (if any) • Students will be able to identify appropriate community safety net programs that may be appropriate for different groups that are having difficulty accessing health services
Key Concepts:		Federally qualified health centers; public health departments; hospital emergency departments; Hill-Burton; provider charity care; free clinics; rural health clinics; publicly funded services for people with mental illness, substance abuse or developmental disabilities; IDEA; National Health Services Corp; Title V and Title X programs; Indian Health Services, Veterans health benefits
Required Readings:		**Shin P, Sharac J, Barber Z, Rosenbaum S, Paradise J. Community Health Centers: A 2013 Profile and Prospects as ACA Implementation Proceeds. KCMU. March 2015. Available at: http://files.kff.org/attachment/issue-brief-community-health-centers-a-2013-profile-and-prospects-as-aca-implementation-proceeds** **NCIOM. Health Care Services for the Uninsured and Other Underserved Populations. A Technical Assistance Manual to Help Communities Create or Expand Health Care Safety Net Services. Read "Types of Health Care Safety Net Organizations" on pp. 35-54. Available at: http://www.nciom.org/wp-content/uploads/NCIOM/pubs/safetynet_tam.pdf.** **Creedon TB, Le Cook B. Access to Mental Health Care Increased but not for Substance Use, While Disparities Remain. Health Affairs. 2016;35:1017-1021. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/6/1017.full.pdf**
Assignment:		**Readings** **Print out class slides and for slides on coverage.** **CASE STUDY: Students will work in small groups in class to analyze case studies to determine availability of other safety net programs.** **Note: If we finish the class early, we will begin to cover the class on ACA coverage.**
Optional Readings:		*Safety net services generally:* Coughlin TA, Holahan J, et. al. An Estimated $84.9 Billion in Uncompensated Care was Provided in 2013; ACA Payment Cuts could Challenge Providers. Health Affairs. 2014;33(5):807-814. http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/5/807.full.pdf Neuhausen K, Grumbach K, et. al. Integrating Community Health Centers into Organized Delivery Systems Can Improve Access to Specialty Care. Health Affairs. 2012;31(8):1708-1716. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/31/8/1708.full.pdf. *FQHCs:* NACHC. Strengthening the Safety Net: Community Health Centers on the Front Lines of American Health Care. March 2017. http://www.nachc.org/wp-

		content/uploads/2017/03/Strengthening-the-Safety-Net_NACHC_2017.pdf. NACHC. A Sketch of Community Health Centers. Chartbook, August 2016. http://www.nachc.org/wp-content/uploads/2016/08/Chartbook16.pdf. Shin P, Sharac J, Rosenbaum S. Quality of Care in Community Health Centers and Factors Associated with Performance. Kaiser Commission on Medicaid and the Uninsured. June 2013. Available at: http://kaiserfamilyfoundation.files.wordpress.com/2013/06/8447.pdf. *Rural Health Clinics:* Rural Health Clinic Fact Sheet. Centers for Medicare and Medicaid Services. January 2016. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf. *Public Health* National Association of County and City Health Officials (NACCHO). National Profile of Local Health Departments (2016). Available at: http://nacchoprofilestudy.org/wp-content/uploads/2017/04/ProfileReport_Final3b.pdf. North Carolina Division of Public Health. Local Health Department Staffing and Services Summary. December 2014. Available at: http://www.schs.state.nc.us/data/other/lhd/2013/FacStaff.pdf. *Hospitals:* Safety-Net Emergency Departments: A Look at Current Experiences and Challenges. KCMU. Feb. 2014. Available at: http://files.kff.org/attachment/issue-brief-safety-net-emergency-departments-a-look-at-current-experiences-and-challenges. Rosenbaum S. The Enduring Role of the Emergency Medical Treatment and Active Labor Act. Health Affairs. 2013;32(12):2075-2081. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/12/2075.full.pdf. Weiss A, et. al. Overview of Emergency Department Visits in the United States, 2011. Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality. Statistical Brief #174. June 2014. Available at: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb174-Emergency-Department-Visits-Overview.jsp *Mental Health and Substance Abuse* Thorpe K, et. al. Prevalence and Spending Associated with Patients who have a Behavioral Health Disorder and other Conditions. Health Affairs. Jan. 2017;36(1):124-132. http://content.healthaffairs.org/content/36/1/124.full.pdf Grogan C, et. al. Survey Highlights Differences in Medicaid Coverage for Substance use Treatment and Opioid Use Disorder Medications. Health Affairs. Dec. 2016;35(12):2289-2296. Available at: http://content.healthaffairs.org/content/35/12/2289.full.pdf. Zhu J, et. al. Emergency Department Length-of-Stay for Psychiatric Visits was Significantly Longer than for Nonpsychiatric Visits, 2002-11. Sept.

		2016;35(9):1698-1706. Available at: http://content.healthaffairs.org/content/35/9/1698.full.pdf. Zhu J, et. al. Emergency Department Length-of-Stay for Psychiatric Visits was Significantly Longer than for Nonpsychiatric Visits, 2002-11. Sept. 2016;35(9):1698-1706. Available at: http://content.healthaffairs.org/content/35/9/1698.full.pdf. Gold J. Advocates Say Mental Health 'Parity' Law is Not Fulfilling its Promise. Kaiser Health News. August 3, 2015. http://khn.org/news/advocates-say-mental-health-parity-law-is-not-fulfilling-its-promise/. Goodell S. Mental Health Parity. Health Policy Brief. Health Affairs. April 3, 2014. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_112.pdf. Mark T L, Yee T, et. al. Insurance Financing Increased for Mental Health Conditions But Not For Substance Use Disorders, 1986-2014. Health Affairs. 2016(6):958-965. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/6/958.full.pdf. *Other:* Knopf J, et. al. School-based Health Centers to Advance Health Equity. A Community Guide Systematic Review. American Journal of Preventive Medicine. July 2016;51(1):114-126. http://www.sciencedirect.com.libproxy.lib.unc.edu/science/article/pii/S074937971600043X Stencel K. The 340B Drug Discount Program. Health Policy Brief. Health Affairs. Nov. 17, 2014. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_130.pdf .
SESSION 1.7	**OCT. 3**	**COVERAGE PROVISIONS IN PATIENT PROTECTION AND AFFORDABLE CARE ACT**
Rationale:		The Patient Protection and Affordable Care Act (PPACA) will change how people obtain health insurance coverage. This session describes how people will access health care coverage after health reform is fully implemented in 2014.
Session Learning Objectives		• Understand new PPACA provisions dealing with Medicaid, CHIP, Medicare, health insurance exchange, and subsidies • Understand new options states have to expand coverage • Understand the implications of the Supreme Court's decision
Key Concepts		Health insurance exchange, essential benefits, health insurance subsidies, insurance reforms, reinsurance, risk adjustment, risk corridors, community rating, modified adjusted gross income, individual mandate, employer mandate, small business tax credits, premium credits and cost-sharing subsidies for individuals, free choice voucher.
Required Readings:		**Silberman P. Implementing the Affordable Care Act in North Carolina: The Rubber Hits the Road. NC Med J. 2013;74(4):298-307. Available at: http://classic.ncmedicaljournal.com/wp-**

		content/uploads/2013/07/74403.pdf. **Collins S et. al. Americans' Experiences with Marketplace and Medicaid Coverage: Access to Care and Satisfaction. Commonwealth Fund. May 2016. Available at: http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2016/may/1879_collins_americans_experience_aca_marketplace_feb_april_2016_tb.pdf**
Assignments:		**Class readings** **Print out class slides** **CASE STUDY: Students should help select a Marketplace plan for the fictitious 31 year old man living in Orange County.** **Note: if we finish class early, we will do some exam review. Come prepared with any questions you have about issues we discussed during the year.**
Optional Readings		*Coverage Generally* Cox C, Claxton G, et. al. Analysis of 2017 Premium Changes and Insurer Participation in the Affordable Care Act's Health Insurance Marketplaces. Kaiser Family Foundation. July 2016. Issue Brief. Available at: http://files.kff.org/attachment/Issue-Brief-Analysis-of-2017-Premium-Changes-and-Insurer-Participation-in-the-ACA-Marketplaces Jost T. HHS Marks Sixth Anniversary of Affordable Care Act (Update). Health Affairs Blog. March 22, 2016. Available at: http://healthaffairs.org/blog/2016/03/22/hhs-marks-sixth-anniversary-of-affordable-care-act/. Hamel L, Firth J, et. al. Survey of Non-Group Health Insurance Enrollees, Wave 3. Kaiser Family Foundation. May 20, 2016. Available at: http://kff.org/health-reform/poll-finding/survey-of-non-group-health-insurance-enrollees-wave-3/ Carman K et. al. Trends in Health Insurance Enrollment, 2013-15. Health Affairs. 2015. Web First 2015;34(6):1-5. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/34/6/1044.full.pdf. Glovannelli J. Regulation of Health Plan Provider Networks. Health Affairs. Health Policy Brief. July 28, 2016. Available at: http://healthaffairs.org.libproxy.lib.unc.edu/healthpolicybriefs/brief_pdfs/healthpolicybrief_160.pdf. *Impact on Medicaid and CHIP:* Antonisse L, Garfield R, Rudowitz R, Artiga S. The Effects of Medicaid Expansion from the ACA: Findings from a Literature Review. Kaiser Commission on Medicaid and the Uninsured. June 20, 2016. Available at: http://kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-findings-from-a-literature-review/ Pines et. al. Medicaid Expansion in 2014 Did Not Increase Emergency Department Use But Did Change Insurance Payer Mix. Health Affairs. August

		2016:35(8):1480-1486. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/8/1480.full.pdf. Musumeci MB, Rudowitz R. The ACA and Medicaid Expansion Waivers. Kaiser Commission on Medicaid and the Uninsured. Issue Brief. Nov. 2015. Available at: http://files.kff.org/attachment/issue-brief-the-aca-and-medicaid-expansion-waivers. Medicaid Expansion, Health Coverage, and Spending: An Update for the 21 states that have not expanded eligibility. KCMU. April 2015. Available at: http://files.kff.org/attachment/issue-brief-medicaid-expansion-health-coverage-and-spending-an-update-for-the-21-states-that-have-not-expanded-eligibility *Employer-Based Coverage* Buettgens M, Dubay L, Kenney G. Marketplace Subsidies: Changing the 'Family Glitch' reduces Family Health Spending But Increases Government Costs. Health Affairs. 2016;35(7):1167-1175. Available at: http://content.healthaffairs.org/content/35/7/1167.full.pdf. *Essential Health Benefits* Cassidy A. Essential Health Benefits. Health Policy Brief. Health Affairs. May 2, 2013. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_91.pdf. *Health Insurance Exchanges and Insurance Law Changes:* CMS. Changes in ACA Individual Market Costs from 2014-2015: Near Zero Growth Suggests and Improving Risk Pool. August 11, 2016. Available at: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Final-Risk-Pool-Analysis-8_11_16.pdf. Jacobs P, et. al. Risk Adjustment, Reinsurance Improved Financial Outcomes for Individual Market Insurers with the Highest Claims. April 2017;36(4):755-763. Available at: http://content.healthaffairs.org/content/36/4/755.full.pdf. Explaining Health Care Reform: Risk Adjustment, Reinsurance, and Risk Corridors. Kaiser Family Foundation. Issue Brief. Jan. 2014. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2014/01/8544-explaining-health-care-reform-risk-adjustment-reinsurance-and-risk-corridors1.pdf *Outreach, Education, and Enrollment Assistance* Pollitz K, Tolbert J, Semanskee A. 2016 Survey of Health Insurance Marketplace Assister Programs and Brokers. Kaiser Family Foundation. June 2016. Available at: http://files.kff.org/attachment/2016-Survey-of-Marketplace-Assister-Programs-and-Brokers
SESSION 1.8	**OCT. 10**	**EXAM**
Comments		**This is a closed book exam. The exam will count as 30% of your class grade. The exam will have true-false questions, short essay questions, and case studies (where students will be expected to determine eligibility for public programs and/or safety net programs). Students will not be expected to**

		memorize different income or resource eligibility limits for different programs (this will be provided as part of the exam); however, students must be able to apply the eligibility information pre- and post-reform to the case studies.

MODULE II:	**THE IMPACT OF OTHER CHANGES IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ON UNDERSERVED POPULATIONS**	
SESSION 2.1	**OCT. 17**	**FOCUS ON NON-INSURANCE ACCESS PROVISIONS: SAFETY NET AND PROVIDER SUPPLY**
Rationale:		When Massachusetts implemented Mass Health Reform, many people who were previously uninsured sought health care services. This increase demand led to provider shortages and early access barriers. FQHCs also experienced increases in their patient population. PPACA attempts to address these potential access barriers with new provisions to expand the health care safety net and increase provider supply.
Session Learning Objectives:		Understand different options to expand the health professional workforce and the healthcare safety net. PPACA also has workforce training provisions to ensure cultural competency, understanding of health literacy, and training health professionals from rural, minority and low-income communities.
Key Concepts:		Interdisciplinary training, health literacy, cultural competency, National Health Service Corp, community benefits, community health workers.
Required Readings:		**Han X, Luo Z, Ku L. Medicaid Expansion and Grant Funding Increases Helped Improve Community Health Center Capacity. Health Affairs. Jan. 2017;36(1):49-56. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/36/1/49.full.pdf.** **Andrulis DP, Siddiqui NJ. Health Reform Holds Both Risks and Rewards for Safety-Net Providers and Racially and Ethnically Diverse Patients. Health Affairs. 2011;30(10):1830-1836. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/30/10/1830.full.pdf.** **Bodenheimer T, Smith M. Primary Care: Proposed Solutions to the Physician Shortage without Training More Physicians. Health Affairs. 2013;32(11):1881-1886. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/32/11/1881.full.pdf.**
Assignments:		**Readings** **Print out class slides** **NOTE: If we finish the slides early, we will move onto the Prevention slides.** **Small group discussion. Come prepared to discuss the following questions:** **1) Qualified health plans are required to contract with essential community providers. Should they be required to do so? Should they be required to pay FQHCs higher rates than other health care providers? What are the arguments for insurers? Safety net providers?** **2) The ACA authorized, but did not appropriate, much funding to**

		expand the health professional workforce. Given the impending expansion of coverage to more uninsured, what do you think the workforce priorities should be if new funding is available? What are the most important ways we need to change health professional education?
Optional Readings:		*Essential Community Providers* Centers for Consumer Information and Insurance Oversight. Letter to Issuers in Federally-Facilitated and Stat Partnership Exchanges. March 1, 2013. (pp 6-10 Essential Community Providers). http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/draft-issuer-letter-3-1-2013.pdf. *Safety Net* Cole M, et. al. At Federally Funded Health Centers, Medicaid Expansion was Associated with Improved Quality of Care. Health Affairs. Jan. 2017;36(1):40-48. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/36/1/40.full.pdf. Shin P, et. al. Health Center Patient Trends, Enrollment Activities, and Service Capacity: Recent Experience in Medicaid Expansion and Non-Expansion States. Kaiser Commission on Medicaid and the Uninsured. Issue Brief. Dec. 2015. Available at: http://files.kff.org/attachment/issue-brief-health-center-patient-trends-enrollment-activities-and-service-capacity-recent-experience-in-medicaid-expansion-and-non-expansion-states Dranove D, et. al. Uncompensated Care Decreased at Hospitals in Medicaid Expansion states, Not in Hospitals in Nonexpansion States. Health Affairs. Aug. 2016;35(8):1471-1479. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/8/1471.full.pdf. Cunningham P, Rudowitz R, et. al. Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes. Kaiser Commission on Medicaid and the Uninsured. June 2016. Issue Brief. Available at: http://files.kff.org/attachment/issue-brief-understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes. Kaufman B, Reiter K, Pink G, Holmes GM. Medicaid Expansion Affects Rural and Urban Hospitals Differently. Health Affairs. Sept. 2016;35(9):1665-1672. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/9/1665.full.pdf. Neuhausen K, et. al. Disproportionate-Share Hospital Payment Reductions May Threaten the Financial Stability of Safety-Net Hospitals. Health Affairs. 2014;33(6):988-996. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/6/988.full.pdf. *Provider supply post ACA.* Abdus S, Hill S. Growing Insurance Coverage Did Not Reduce Access to Care for the Continuously Insured. Health Affairs. May 2017;36(5):791-798. Available at: http://content.healthaffairs.org/content/36/5/791.full.pdf.

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SESSION 2.2	**OCT. 24**	**PATIENT PROTECTION AND AFFORDABLE CARE ACT: PREVENTION**
Rationale:		National rankings show that the US does not fare well in health status measures. North Carolina ranks in the bottom half or third of most health status measures. PPACA has provisions intended to promote population health. Focusing on prevention has the potential of greatly improving care for vulnerable populations.

Session Learning Objectives:		To understand the PPACA provisions to address population health, and how this increased emphasis on has the potential to help low-income, underserved populations.
Key Concepts:		Health status indicators, incentives for lifestyle changes.
Required Readings:		**Lushniak B, et. al. The National Prevention Strategy: Leveraging Multiple Sectors to Improve Population Health. American Journal of Public Health. 2015;105(2):229-231. Available at: http://ajph.aphapublications.org.libproxy.lib.unc.edu/doi/pdf/10.2105/AJPH.2014.302257.** **Preventive Services Covered by Private Health Plans Under the Affordable Care Act. Kaiser Family Foundation. Aug. 4, 2015. Available at: http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/** **Chari R, Husssey P, et. al. Flattening the Trajectory of Health Care Spending. Promote Population Health. RAND Corp. 2012. Available at: http://www.rand.org/pubs/research_briefs/RB9690z1/index1.html**
Assignments:		**Readings** **Print out class slides** **Note: If we finish the class early, we will move onto the Quality class slides.** **Question to discuss in small groups:** **What strategies do you think are the most promising to improve population health? What role can traditional health care providers play in improving population health? Do you support or oppose health promotion incentive programs for employees? Insurance companies with tobacco surcharge for plans offered in the marketplace, or Medicaid recipients? Why?**
Optional Readings:		*Prevention:* America's Health Rankings, A Call to Action for Individuals and Their Communities. 2016 Edition. Available at: http://assets.americashealthrankings.org/app/uploads/ahr16-complete-v2.pdf Williams D, McClellan M, Rivlin A. Beyond the Affordable Care Act: Achieving Real Improvements in Americans' Health. Health Affairs. 2010;29(8):1481-1488. Available at: http:/ http://content.healthaffairs.org.libproxy.lib.unc.edu/content/29/8/1481.full.pdf/content.healthaffairs.org.libproxy.lib.unc.edu/content/29/8/1481.full.pdf. Goldman TR. The FDA's Menu-Labeling Rule. Many Restaurants will Soon be Required to List the Calorie Count of the Food They Sell. Health Policy Brief. Health Affairs. July 13, 2015. Available at: http://healthaffairs.org.libproxy.lib.unc.edu/healthpolicybriefs/brief_pdfs/healthpolicybrief_140.pdf. Thornton RL, et. al. Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health. Health Affairs. August

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		Brief. October 2009. Available at: http://www.nciom.org/wp-content/uploads/NCIOM/projects/prevention/finalreport/Prevention_issuebrief_FINAL.pdf.
SESSION 2.3	**OCT 31**	**PATIENT PROTECTION AND AFFORDABLE CARE ACT: QUALITY**
Rationale:		Just as with overall health status, national rankings show that the US does not fare well in health care quality compared with other industrialized countries. North Carolina is about average nationally in quality of care measures. PPACA has provisions intended to improve quality. Focusing on quality has the potential of improving care for vulnerable populations. However, this focus also has the potential for penalizing underserved populations—depending on how we design and measure quality and health outcomes measures.
Session Learning Objectives:		To understand the PPACA provisions to address quality, and how this increased emphasis on quality and outcomes can either help or hurt low-income, underserved populations.
Key Concepts:		Process, outcomes, and other quality measures, pay-for-performance, value-based purchasing, comparative effectiveness research
Required Readings:		**Pope GC. Overview of Pay for Performance Models and Issues. Chapter 2 in Pay for Performance in Health Care: Methods and Approaches. Cromwell J, Trisolini MG, Pope G, Mitchell JB Greenwald LM, editors. RTI International. March 2011. Available at: http://www.rti.org/sites/default/files/resources/rtipress/mitchell/bk-0002-1103-ch02.pdf.** **Accounting for Social Risk Factors in Medicare Payment. National Academies of Sciences, Engineering, and Medicine. Report in Brief. July 2016. Available at: http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2016/Medicare-SES-3-RIB.pdf** **Bernheim S, Dorsey. Tucked Away in the Cures Act, A Better Option for Addressing Readmission Penalties for Safety-Net Providers. Health Affairs Blog. Feb. 7, 2017. http://healthaffairs.org/blog/2017/02/07/tucked-away-in-the-cures-act-a-better-option-for-addressing-readmission-penalties-for-safety-net-providers/.** **Eijkenaar F, et al. Effects of Pay for Performance in Health Care: A Systematic Review of Systematic Reviews. Health Policy. 2013;110:115-130. Available at: http://ac.els-cdn.com/S0168851013000183/1-s2.0-S0168851013000183-main.pdf?_tid=a356ad88-558d-11e6-b7e7-00000aab0f27&acdnat=1469797930_200d2681d617f14933b7bc591ff33a49**
Assignments:		**Readings** **Print out class slides** **NOTE: If we finish the class slides early, we will move onto the slides on new models of care.** **Small group discussion:**

		What do you think are the most promising "pay for performance" or "value-based purchasing" option? What are the potential benefits and disadvantages of using financial incentives to reward quality? What is the potential impact of pay for performance or other value-based purchasing options on underserved populations (particularly those with complex health problems or comorbidities)? How do you think you could address any potential adverse consequences?
Optional Readings:		*Quality Generally:* AHRQ. National Healthcare Quality and Disparities Report (2015) and 5th Anniversary Update on the national Quality Strategy. Agency for Healthcare Research and Quality. April 2016. Available at: http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr15/2015nhqdr.pdf. Davis K, et. al. Mirror, Mirror on the Wall: How the Performance of the US Health Care System Compares Internationally. 2014 Update. Commonwealth Fund. June 2014. Available at: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/jun/1755_davis_mirror_mirror_2014.pdf, James J. Public Reporting on Quality and Costs. Health Policy Brief. Health Affairs. March 8, 2012. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_65.pdf. Austin JM et. al. National Hospital Ratings Systems Share Few Common Scores and May Generate Confusion instead of Clarity. Health Affairs. 2015;34(3):423-430. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/34/3/423.full.pdf. CMS. Core Quality Measures Collaborative Release. Feb. 16, 2016. https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-16.html *Pay-for-Performance* Carey MA. FAQ: Medicare Lays Out Plans for Changing Doctors' Pay. Kaiser Health News. April 29, 2016. Available at: http://khn.org/news/faq-medicare-lays-out-plans-for-changing-doctors-pay/. See also, MACRA RFI Posting. Available at: https://innovation.cms.gov/Files/x/macra-faq.pdf. Casalino L, et. al. US Physician Practices Spend More than $15.4 Billion Annually to Report Quality Measures. Health Affairs. 2016;3(3):401-406. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/3/401.full.pdf. Findlay S. Consumers' Interest in Provider Ratings Grows, and Improved Report Cards and Other Steps Could Accelerate Their Use. Health Affairs. 2016;35(4):688-696. Available online at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/35/4/688.full.pdf. Greene J, et. al. Large Performance Incentives had the Greatest Impact on Providers Whose Quality Metrics Were Lowest at Baseline. Health Affairs.

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SESSION 2.4	**NOV. 7**	**NEW MODELS OF CARE: CHANGING PAYMENT AND DELIVERY SYSTEMS**
Rationale:		Many experts argue that the current fee-for-service payment system contributes to

		rapidly escalating health care costs. PPACA includes provisions to test new models of care that can both improve quality and improve efficiencies. In addition, the bill includes new payment methodologies for certain providers and insurers intended to reduce rising health care costs.
Session Learning Objectives:		Understand new payment and delivery options, and the potential impact on cost and quality of care. The class will also explore how these new payment and delivery models could potentially impact on underserved populations.
Key Concepts:		Accountable care organizations, episodes of care, payment bundling, patient centered medical home
Required Readings:		**Abrams M, et. al. The Affordable Care Act's Payment and Delivery System Reforms: A Progress Report at Five Years. Commonwealth Fund. May 2015. Available at: http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/may/1816_abrams_aca_reforms_delivery_payment_rb.pdf** **RAND. Flattening the Trajectory of Health Care Spending. Foster Efficient and Accountable Providers. 2012. Available at: http://www.rand.org/content/dam/rand/pubs/research_briefs/2012/RAND_RB9690z2.pdf** **Center for Health Care Strategies. Medicaid Accountable Care Organizations. Fact Sheet. June 2017. Available at: https://www.chcs.org/media/ACO-Fact-Sheet-06-13-17.pdf** **Muhlestein D, et. al. Growth of ACOs and Alternative Payment Models in 2017. Health Affairs Blog. June 28, 2017. http://healthaffairs.org/blog/2017/06/28/growth-of-acos-and-alternative-payment-models-in-2017/**
Assignments:		**Class readings** **Print out class slides. If we finish early, we will move onto the dual eligibles and long-term care slides.** **Small group discussion:** **How do these "new" models compare to managed care in the past? Do you think there is something different this time that will make these models "stick." Which do you think has the greatest chance of achieving the Triple Aim of improved population health, improved patient experience with the system, and reduced costs?**
Optional Readings:		*Health care spending:* Berwick D, Hackbarth AD. Eliminating Waste in US Health Care. JAMA. 2012;307(14):1513-1516. Available at: http://jama.jamanetwork.com.libproxy.lib.unc.edu/article.aspx?articleid=1148376 Rothberg M, et. al. Little Evidence of Correlation Between Growth in Health Care Spending and Reduced Mortality. Health Affairs. 2010;29(8):1523-1531. Available at: http://content.healthaffairs.org/content/29/8/1523.full.pdf . Choosing Wisely. An Initiative of the ABIM Foundation. Lists. Available at: http://www.choosingwisely.org/doctor-patient-lists/

New Models Generally:
Centers for Medicare and Medicaid Innovation. Report to Congress. December 2016. Available at: https://innovation.cms.gov/Files/reports/rtc-2016.pdf.

Frakt AB, Mayes R. Beyond Capitation: How New Payment Experiments Seek to Find the "Sweet Spot" in Amount of Risk Providers and Payers Bear. Health Affairs. 2012;31(9):1951-1958. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/31/9/1951.full.pdf.

Medical Homes:
Berenson R, Burton R, McGrath M. Do Accountable Care Organizations Help or Hinder Primary Care Physicians' Ability to Deliver High-Quality Care. Healthcare. March 21, 2016; Available at: http://ac.els-cdn.com/S2213076415300452/1-s2.0-S2213076415300452-main.pdf?_tid=5da1e6cc-4c3c-11e6-97fc-00000aab0f02&acdnat=1468773463_58f7fc08a168785becb08636e79673ba.

Peikes D, et. al. Evaluation of the Comprehensive Primary Care Initiative: Third Annual Report. Mathematica Policy Research. Dec. 2016. Available at: https://innovation.cms.gov/Files/reports/cpci-evalrpt3.pdf.

Evaluation of the Multi-Payer Advance Primary Care Practice (MAPCP) Demonstration. Final Report. June 2017. https://downloads.cms.gov/files/cmmi/mapcp-finalevalrpt.pdf.

Evaluation of CMS' Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration. Rand. Sept. 2016. https://downloads.cms.gov/files/cmmi/fqhc-finalevalrpt.pdf.

Spillman B, et. al. Evaluation of the Medicaid Health Home Option for Beneficiaries with Chronic Conditions: Progress and Lessons from the First States Implementing Health Home Programs, Annual Report. Year Four. Urban Institute. April 1, 2016. https://aspe.hhs.gov/basic-report/evaluation-medicaid-health-home-option-beneficiaries-chronic-conditions-progress-and-lessons-first-states-implementing-health-home-programs-annual-report-year-four#execsum

Bundled Payments:
Dummit L, et. al. CMS Bundled Payments for Care Improvement (BCPI) Initiative Models 2-4: Year 1 Evaluation & Monitoring Annual Report. Lewin Group. February 2015. Available at: http://innovation.cms.gov/Files/reports/BPCI-EvalRpt1.pdf

Tsai TC, et. al. Medicare's Bundled Payment Initiative: Most Hospitals Are Focused on a Few High-Volume Conditions. Health Affairs. 2015;34(3):371-380. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/34/3/371.full.pdf.

Delbanco S. The Payment Reform Landscape: Bundled Payment. Health Affairs Blog. July 2, 2014. Available at: http://healthaffairs.org/blog/2014/07/02/the-payment-reform-landscape-bundled-payment/.

		Bailit M, De Brantes F. Bundled Payments: Moving from Pilots to Programs. Health Affairs Blog. June 2, 2014. Available at: http://healthaffairs.org/blog/2014/06/02/bundled-payments-moving-from-pilots-to-programs/ Cassidy A. Bundled Payments for Care Improvement Initiative. Health Affairs. Policy Brief. Nov. 23, 2015. http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_148.pdf. CMS. Comprehensive Care for Joint Replacement. Consumer Fact Sheet. July 9, 2015. Available at: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-07-09.html. *Accountable Care Organizations*: Colla C, et. al. Association between Medicare Accountable Care Organization Implementation and Spending among Clinically Vulnerable Beneficiaries. JAMA. Online First. June 20, 2016. Available at: http://archinte.jamanetwork.com.libproxy.lib.unc.edu/article.aspx?articleid=2528291. Hsu J, et. al. Bending the Spending Curve by Altering Care Delivery Patterns: The Role of Care Management within a Pioneer ACO. Health Affairs. 2017:36(5):876-884. Available at: http://content.healthaffairs.org/content/36/5/876.full.pdf. Fraze T, et. al. Housing Transportation, and Food: How ACOs Seek to Improve Population Health by Addressing Nonmedical Needs of Patients. Health Affairs. Nov. 2016;35(11):2109-2115. Available at: http://content.healthaffairs.org/content/35/11/2109.full.pdf. Romm I, Ajayi T. Weaving Whole-Person Health Throughout an Accountable Care Framework: The Social ACO. Health Affairs blog. January 25, 2017. Available at: http://healthaffairs.org/blog/2017/01/25/weaving-whole-person-health-throughout-an-accountable-care-framework-the-social-aco/ Kocot SL, et. al. Medicare ACOs: Incremental Progress, but Performance Varies. Health Affairs Blog. September 21, 2016. Available at: http://healthaffairs.org/blog/2016/09/21/medicare-acos-incremental-progress-but-performance-varies/ Sutherland S, et. al. Diving into the Pool of ACO Quality Measures: MSSP Year 2 Performance Metrics. Health Affairs Blog. Dec. 21, 2015. Available at: http://healthaffairs.org/blog/2015/12/21/diving-into-the-pool-of-aco-quality-measures-mssp-year-2-performance-metrics/. Schur C, Sutton J. Physicians in Medicare ACOs Offer Mixed Views of Model for Health Care Cost and Quality. Health Affairs. 2017;36(4):649-654. Available at: http://content.healthaffairs.org/content/36/4/649.full.pdf. Evaluation of CMMI Accountable Care Organization Initiatives. Pioneer ACO Final Report. L&M Policy Research. Dec. 2, 2016. Available at:

		https://innovation.cms.gov/Files/reports/pioneeraco-finalevalrpt.pdf. Evaluation of CMMI Accountable Care Organization Initiatives: Advance Payment ACO Final Report. L&M Policy Research. Nov. 25, 2016. Available at: https://innovation.cms.gov/Files/reports/advpayaco-fnevalrpt.pdf. Mahadevan R, Houston R. Supporting Social Service Delivery through Medicaid Accountable Care Organizations: Early State Efforts. Center for Health Care Strategies. Issue Brief. Feb. 2015. http://www.chcs.org/media/Supporting-Social-Service-Delivery-Final_0212151.pdf *Other Models:* Ruiz S, et. al. Innovative Home Visit Models Associated with Reductions in Cots, Hospitalizations, and Emergency Department Use. Health Affairs. March 2017;36(3):425-432. Available at: http://content.healthaffairs.org/content/36/3/425.full.pdf
Session 2.5	**Nov. 14**	**LONG-TERM CARE AND DUAL ELIGIBLES: IMPROVING CARE FOR DUAL ELIGIBLES, NURSING HOME CARE AND EXPANDING ACCESS TO HOME AND COMMUNITY BASED SERVICES**
Rationale:		PPACA includes many new provisions intended to improve coordination of care for dual eligibles, and to expand access to home and community based services, and improve the quality of care in nursing homes.
Session Learning Objectives:		Understand new options to coordinate care for dual eligibles, as well as some of the options available to provide long-term care services, including home and community based services to older adults and people with disabilities. Also, understand capitated Medicaid managed long-term services and supports waivers.
Key Concepts:		Financial models to align Medicare and Medicaid benefits, including capitated model and managed fee-for-service. Also, Money Follows the Person, Medicaid Rebalancing Initiative, Community First Initiative, PACE, and other options to expand home and community based services.
Required Readings:		**Reaves EL, Musumeci MB. Medicaid and Long-Term Services and Supports. A Primer. Kaiser Commission on Medicaid and the Uninsured. Dec. 2015. Available at: http://files.kff.org/attachment/report-medicaid-and-long-term-services-and-supports-a-primer.** **Iglehart J. Future of Long-Term Care and the Expanding Role of Medicaid Managed Care. NEJM. Health Policy Report. Jan. 14, 2016;374(2):182-187. Available at: http://www.nejm.org.libproxy.lib.unc.edu/doi/pdf/10.1056/NEJMhpr1510026** **Watts MO, Musumeci MB, Reaves E. How is the Affordable Care Act Leading to Changes in Medicaid Long-Term Services and Supports (LTSS) Today? State Adoption of Six LTSS Options. Kaiser Commission on Medicaid and the Uninsured. April 2013. https://kaiserfamilyfoundation.files.wordpress.com/2013/04/8079-02.pdf.** **KCMU. Health Plan Enrollment in the Capitated Financial Alignment Demonstrations for Dual Eligible Beneficiaries. Fact Sheet. August 2016.**

		http://files.kff.org/attachment/Fact-Sheet-Health-Plan-Enrollment-in-the-Capitated-Financial-Alignment-Demonstrations-for-Dual-Eligible-Beneficiaries
Assignments:		**Class readings** **Print out class slides. If we finish early, small groups may meet to work on presentations.** **Small group discussion:** • **More people are going to need long-term services, as the baby boomers age. What do you think are the most promising strategies to help keep people in the community?** • **Given limited state budgets, what are the first steps you would take to expand home and community based services for low-income populations?** **EXAM WILL BE AVAILABLE ELECTRONICALLY AFTER CLASS ON THE 15TH.** **THE TAKE HOME EXAM MUST BE SUBMITTED (EMAILED TO PROFESSOR) NO LATER THAN 5:00 PM ON WEDNESDAY, NOV. 22nd.**
Optional Readings:		*Dual Eligibles:* Cassidy A. Care for Dual Eligibles. Health Policy Brief. Health Affairs. June 13, 2012. Available at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_70.pdf. Musumeci MB. Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries Compared: States with Memoranda of Understanding Approved by CMS. Kaiser Commission on Medicaid and the Uninsured. Dec. 2015. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2015/12/8426-07-financial-alignment-demonstrations-for-dual-eligible-beneficiaries-compared-dec-2015.pdf. Zainulbhai S, Goldberg L, et. al. Assessing Care Integration for Dual-Eligible Beneficiaries: A Review of Quality Measures Chosen by States in the Financial Alignment Initiative. Commonwealth Fund. March 2014. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/mar/1724_zainulbhai_care_integration_dual_eligibles_ib.pdf Young K, Garfield R, et. al. Medicaid's Role for Dual Eligibles. Issue Brief. August 2013. Available at: http://kaiserfamilyfoundation.files.wordpress.com/2013/08/7846-04-medicaids-role-for-dual-eligible-beneficiaries.pdf Jacobson G, Neuman T, Damico A. Medicare's Role for Dual Eligible Beneficiaries. Issue Brief. April 2012. Available at: http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8138-02.pdf. *Medicaid and Long-Term Care Services* Medicaid's Role in Meeting Seniors' Long-term Services and Supports Needs. Kaiser Commission on Medicaid and the Uninsured. August 2016. Available at:

		http://files.kff.org/attachment/Fact-Sheet-Medicaids-Role-in-Meeting-Seniors-Long-Term-Services-and-Supports-Needs Watts MO. Medicaid Section 1115 Managed Long-Term Services and Supports Waivers. KFF. Jan. 2017. Available at: http://files.kff.org/attachment/Report-Medicaid-Section-1115-Managed-Long-Term-Services-and-Supports-Waivers. *Home and Community-Based Services* Howard J, Ng T, Harrington C, et. al. Medicaid Home and Community-Based Services Programs: 2013 Data Update. Kaiser Commission on Medicaid and the Uninsured. October 2016. Available at: http://files.kff.org/attachment/report-medicaid-home-and-community-based-services-programs-2012-data-update. Kaye HS. Gradual Rebalancing of Medicaid Long-Term Services and Supports Saves Money and Serves More People, Statistical Model Shows. Health Affairs. 2012;31(6):1195-1203. Available at: http://content.healthaffairs.org/content/31/6/1195.full.pdf. Kay HS, Harrington C, LaPlante MP. Long-Term Care: Who Gets It, Who Provides It, Who Pays, and How Much? Health Affairs. Jan. 2010;29(1):11-21. Available at: http://content.healthaffairs.org/content/29/1/11.full.pdf. Newcomer RJ, et. al. Health Care Expenditures After Initiating Long-term Services and Supports in the Community Versus in a Nursing Facility. Medical Care. March 2016;54(3):221-228. Available at: http://ovidsp.tx.ovid.com.libproxy.lib.unc.edu/sp-3.20.0b/ovidweb.cgi?&S=HNIMFPLHCIDDEGCJNCIKPDIBJHNAAA00&Link+Set=jb.search.31%7c1%7csl_10. Watts MO, Eaves EL, Musumeci MB. Money Follows the Person: A 2015 State Survey of Transitions, Services, and Costs. Kaiser Commission on Medicaid and the Uninsured. Issue Brief. Oct. 2015. Available at: http://files.kff.org/attachment/report-money-follows-the-person-a-2015-state-survey-of-transitions-services-and-costs. Garfield R, et. al. Serving Low-Income Seniors Where They Live; Medicaid's Role in Providing Community-Based Long-Term Services and Supports. Kaiser Commission on Medicaid and the Uninsured. Sept. 2015. Issue Brief. Available at: http://files.kff.org/attachment/issue-brief-serving-low-income-seniors-where-they-live-medicaids-role-in-providing-community-based-long-term-services-and-supports. *Long-Term Care Insurance Models (ACA and Otherwise)::* Gleckman H. Requiem for the CLASS Act. Health Affairs. 2011;30(12): 2231-2234. Available at: http://content.healthaffairs.org/content/30/12/2231.full.pdf. Favreault M, et. al. Financing Long-Term Services and Supports: Options Reflect Trade-Offs for Older Americans and Federal Spending. Health Affairs. 2015;34(10:2181-2191. Available at: http://content.healthaffairs.org/content/34/12/2181.full.pdf. *Long-Term Care Quality:* Wells J, Harrington C. Implementation of Affordable Care Act Provisions to

		Improve Nursing Home Transparency, Care Quality, and Abuse Prevention. Kaiser Commission on Medicaid and the Uninsured. Jan. 2013. Available at: http://kaiserfamilyfoundation.files.wordpress.com/2013/02/8406.pdf. Koren MJ. Person-Centered Care for Nursing Home Residents: The Culture Change Movement. Health Affairs. Feb. 2010;29(2):1-6 Available online at: http://content.healthaffairs.org/content/29/2/312.full.pdf.
	Nov. 21	**No Class – Happy Thanksgiving** **NOTE: Take Home Exams Due Electronically by 5:00 on Wednesday, Nov. 22rd**
Session 2.6	**Nov. 28**	**In Class Presentations**
	Dec. 5	**ACA Financing Mechanisms and Future Cost Containment Efforts** **Final Class Wrap Up and Evaluation** **Note: The content of this class is subject to change depending on whether Congress is (or has) considered new proposals to repeal or replace the ACA.**
Rationale:		ACA includes different financing and cost containment mechanisms. This session will provide a brief overview of how the ACA is financed.
Session Learning Objectives:		Understand the ACA provisions which reduce federal spending and those that increase revenues.
Key Concepts:		Excise taxes on health insurance plans with high premiums ("Cadillac plans"), impact of ACA on federal deficit versus total health care spending.
Required Readings:		**Cutler D, Walsh SM. The Massachusetts Target on Medical Spending Growth. NEJM Catalyst. May 11, 2016. Available at: http://catalyst.nejm.org/massachusetts-target-medical-spending-growth/** **Emanuel E, et. al. A Systematic Approach to Containing Health Care Spending. NEJM. Sept. 6, 2012;367(10):949-954. Available at: http://www.nejm.org/doi/pdf/10.1056/NEJMsb1205901.** **Commonwealth Fund. International Health Care System Profiles. How Are Costs Contained? http://international.commonwealthfund.org/features/cost_containment/**
Optional Readings:		*ACA and Repeal Costs:* CBO. HR 1628. Obamacare Repeal Reconciliation Act of 2017. July 19, 2017. Available: https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52939-hr1628amendment.pdf CBO. Private Health Insurance Premiums and Federal Policy. February 2016. Summary (pp. 1-2). Available: https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/51130-Health_Insurance_Premiums.pdf CBO. Insurance Coverage Provisions of the Affordable Care Act—CBO March 2015 Baseline. https://www.cbo.gov/sites/default/files/51298-2015-03-ACA.pdf.

		Keehan S et. al., National Health Expenditure Projections 2015-2025: Economy, Prices and Aging Expected to Shape Spending and Enrollment. Health Affairs. Web First. July 13, 2016. Available at: http://content.healthaffairs.org.libproxy.lib.unc.edu/content/early/2016/07/15/hlthaff.2016.0459.full.pdf. Levitt L, Claxton G, Roehrig C, Getzen T. Assessing the Effects of the Economy on the Recent Slowdown in Health Spending. Kaiser Family Foundation. April 22, 2013. http://kff.org/health-costs/issue-brief/assessing-the-effects-of-the-economy-on-the-recent-slowdown-in-health-spending-2/ Dranove D et al. Health Spending Slowdown in Mostly Due to Economic Factors, Not Structural Change in the Health Care Sector. Health Affairs. 2014;33(8):1399-1406. http://content.healthaffairs.org.libproxy.lib.unc.edu/content/33/8/1399.full.pdf. Ryu A, Gibson TB, et. al. The Slowdown in Health Care Spending in 2009-11 Reflected Factors Other than the Weak Economy and Thus May Persist. Health Affairs. 2013;32(5):835-840. http://content.healthaffairs.org/content/32/5/835.full.pdf Kaufman K, Grube M. The Slowing of Health Care Spending: Have We Turned a Corner? Health Affairs Blog. August 9, 2013. Available at: http://healthaffairs.org.libproxy.lib.unc.edu/blog/2013/08/09/the-slowing-of-health-care-spending-have-we-turned-a-corner/ Piotrowski J. Excise Tax on Cadillac Plans. Health Affairs. Health Policy Brief. September 12, 2013. http://healthaffairs.org/blog/2013/09/20/health-policy-brief-the-cadillac-tax/ *Prescription drug costs* Getting to the Root of High Prescription Drug Prices. Commonwealth Fund. Issue Brief. July 2017. Available at: http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2017/jul/waxman_getting_to_root_high_rx_drug_prices_ib_v2.pdf