How do we access health care?

CHIP BAGGETT, NCMS EVP/CEO

FEBRUARY 2, 2022 – LEADERSHIP NC
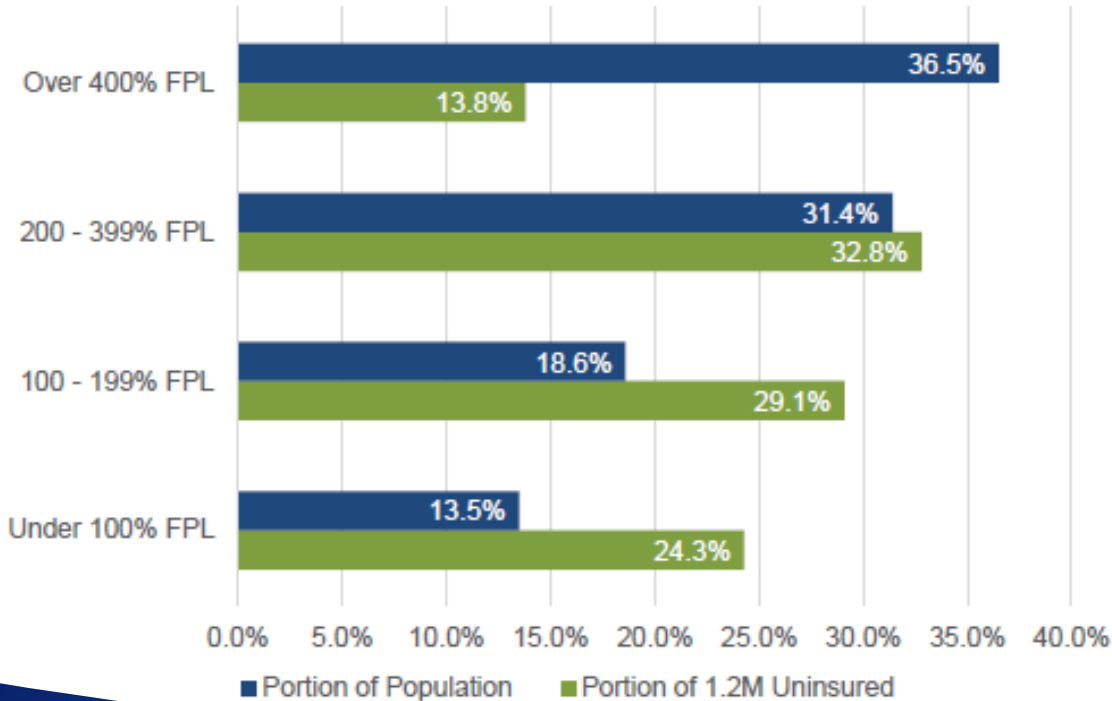
North Carolina **Medical Society**
Leadership in Medicine

NC Coverage 2019

▶12% Uninsured

▶1,258,800

Sources: Census Bureau, American Community Survey data, 2019; MEPS
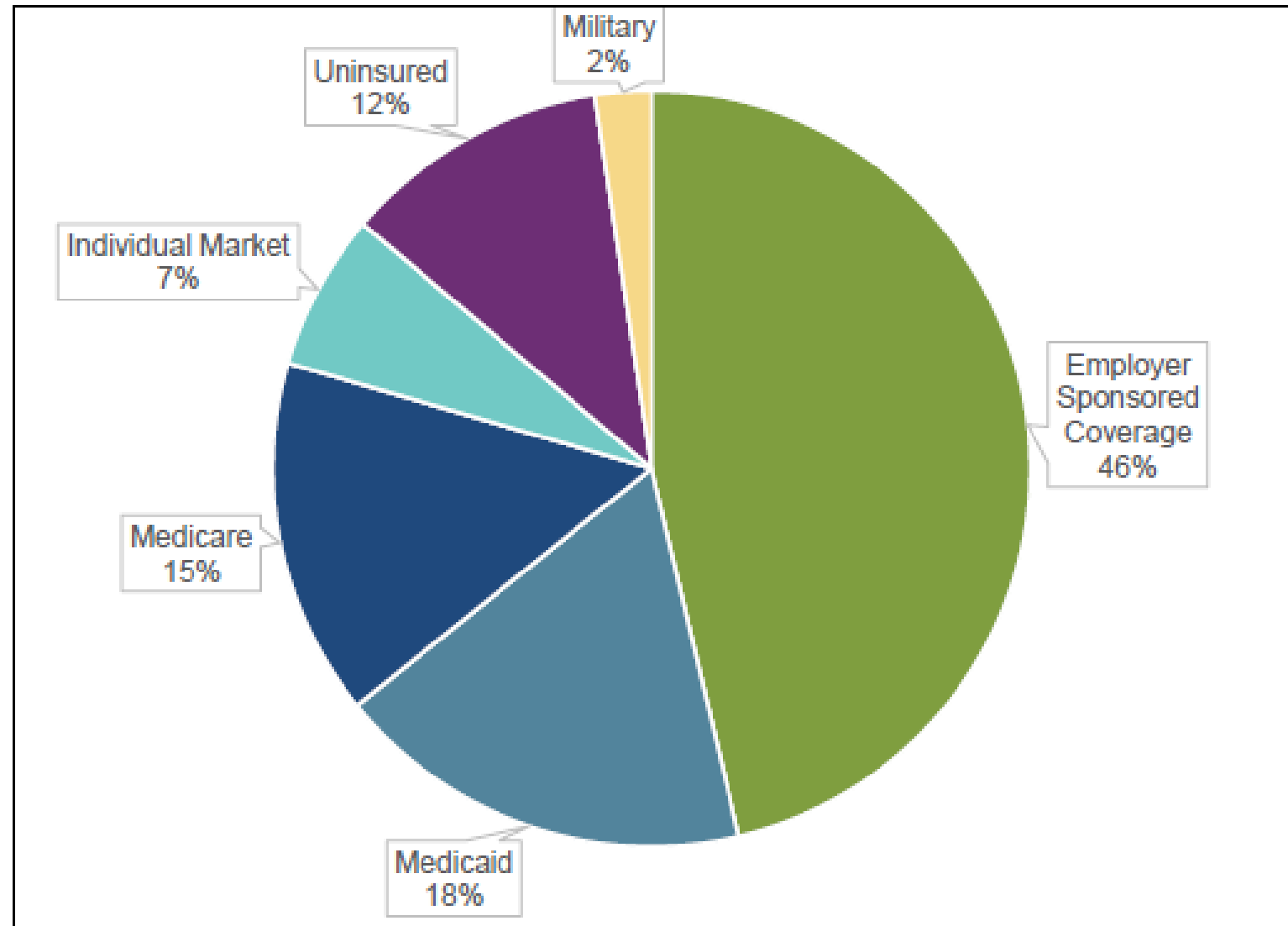
Distribution of Total NC Population vs. Uninsured

FPL Category	Portion of Population	Portion of 1.2M Uninsured
Over 400% FPL	36.5%	13.8%
200 - 399% FPL	31.4%	32.8%
100 - 199% FPL	18.6%	29.1%
Under 100% FPL	13.5%	24.3%

■ Portion of Population   ■ Portion of 1.2M Uninsured

Over 400% Federal Poverty Level
- Not eligible for Marketplace subsidies or Medicaid

100 – 400% Federal Poverty Level
- Marketplace subsidies available if ineligible for other public programs and no available employer coverage with employee-only premium less than 9.83% of household income (not considering premium cost for other family members)
- Medicaid coverage limited to children <210% FPL and pregnant women <196% FPL

Under Federal Poverty Level
- Not generally eligible for Marketplace subsidies
- Medicaid limited to those meeting categorical and income eligibility criteria

Defining The Gap

TABLE 1

HEALTH INDICATORS AND DATA
(TOTAL NC POPULATION, 2030 TARGET, AND DATA BY RACE/ETHNICITY, SEX, AND POVERTY LEVEL)

Legend:
W = WHITE
B/AA = BLACK/AFRICAN AMERICAN
H/LX = HISPANIC/LATIN(X)
A/PI = ASIAN/PACIFIC ISLANDER
AI = AMERICAN INDIAN
FPL = FEDERAL POVERTY LEVEL
‡ NOT AVAILABLE OR NOT APPLICABLE

* 2016-18 AVERAGE
^ INCLUDES HISPANIC ETHNICITY
# DATA FROM 2015
A - ASIAN ONLY
B - PACIFIC ISLANDER
C - ECONOMICALLY DISADVANTAGED STUDENTS, AS DEFINED BY NC DEPARTMENT OR PUBLIC INSTRUCTION

D - 50% ... LEVEL
E - 101% ... LEVEL
F - 151% ... LEVEL
G - TWO ...
H - STUD...
... NOMICALLY
DISADVA... NC DEPARTMENT OF PUBLIC
INSTRU...

	HEALTH INDICATOR	DESIRED RESULT	CURRENT (YEAR)	2030 TARGET	W	B/AA	H/LX	O	A/PI	AI	MALE	FEMALE		0-399%	400%+
1	INDIVIDUALS BELOW 200% FPL	Decrease the number of people living in poverty	36.8% (2013-17)	27.0%	30.7%	51.1%	63.6%	46.1%G	30.6%	51.5%	34.8%	38.7%	‡	‡	‡
2	UNEMPLOYMENT	Increase economic security	7.2% (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower	5.7%*	11.7%^	7.1%^	7.3%* 11.0%*G	5.2%*	10.3%*	6.4%	6.7%	‡	‡	‡
3	SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	Dismantle structural racism	1.39 (2017-18)	0.80	0.73	3.00	0.88	1.69	0.18A	2.46	1.98	0.74	2.09C	‡	‡
4	INCARCERATION RATE (PER 100,000 POPULATION)		341 (2017)	150	203#	915#	209#	‡	‡	488#	649	50	‡	‡	‡
5	ADVERSE CHILDHOOD EXPERIENCES	Improve child well-being	23.6% (2016-17)	18.0%	17.5%	36.0%	23.2%	37.2%	11.1%	‡	23.8%	23.5%	47.9%	19.9%	8.3%
6	THIRD GRADE READING PROFICIENCY	Improve third grade reading proficiency	56.8% (2018-19)	80.0%	70.1%	40.8%	42.6%	59.5%G	75.6%A	44.5%	54.0%	59.8%	42.6%C	70.6%H	‡
7	ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2010/18)	92%						DATA NOT AVAILABLE					
8	LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%											
9	SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%											
10	DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	Decrease drug overdose deaths	20.4 (2018)	18.0	26.4	12.9	5.4	4.4	‡	32.6	27.8	13.2	‡	‡	‡
11	TOBACCO USE	Decrease tobacco use	YOUTH 19.8% (2017) / ADULT 23.8% (2018)	9.0% / 15.0%	20.6% / 25.9%	17.0% / 22.5%	20.7% / 12.2%	19.0% / 17.1%	‡	‡	23.0% / 29.9%	16.5% / 18.5%	‡ / 32.8%	‡ / 21.6%	‡ / 17.2%
12	EXCESSIVE DRINKING	Decrease excessive drinking	16.0% (2018)	12.0%	17.2%	12.5%	17.8%	13.1%	‡	‡	21.7%	10.8%	14.5%	17.6%	21.2%
13	SUGAR-SWEETENED BEVERAGE CONSUMPTION	Reduce overweight and obesity	YOUTH 33.6% (2017) / ADULT 34.2% (2017)	17.0% / 20.0%	36.1% / 32.6%	31.5% / 38.7%	28.9% / 37.0%	24.3% / ‡	‡	‡	38.7% / 37.6%	28.3% / 31.0%	‡ / 41.0%	‡ / 32.7%	‡ / 24.1%
14	HIV DIAGNOSIS (PER 100,000 POPULATION)	Improve sexual health	13.9 (2018)	6.0	4.9	40.8	17.7	‡	4.3	5.9	23.1	5.4	‡	‡	‡
15	TEEN BIRTH RATE (PER 1,000 POPULATION)		18.7 (2018)	10.0	12.9	24.1	34.3	6.9	‡	38.3	‡	‡	‡	‡	‡
16	UNINSURED	Decrease the uninsured population	13% (2017)	8%	10%	13%	31%	8%	9%	18%	14%	11%	21%	12%	4%
17	PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1:1,500 PROVIDERS TO POPULATION)	Increase the primary care workforce	62 (2017)	25% decrease for counties above 1:1,500 providers to population						NOT APPLICABLE					
18	EARLY PRENATAL CARE	Improve birth outcomes	68.0% (2018)	80.0%	74.8%	60.5%	57.5%	66.0%	‡	54.3%	‡	‡	‡	‡	‡
19	SUICIDE RATE (PER 100,000 POPULATION)	Improve access and treatment for mental health needs	13.8 (2018)	11.1	17.8	5.7	5.8	7.7	‡	‡	22.4	5.9	‡	‡	‡
20	INFANT MORTALITY (PER 1,000 BIRTHS)	Decrease infant mortality	6.8 (2018) / Black/white disparity ratio = 2.4	6.0 / Black/white disparity ratio = 1.5	5.0	12.2	4.8	5.0	‡	9.3	8.0	5.5	‡	‡	‡
21	LIFE EXPECTANCY (YEARS)	Increase life expectancy	77.6 (2018)	82.0	78.3*	75.5*	‡	87.0*	‡	75.6*	74.8	80.3	‡	‡	‡

NC Medicaid Financing SFY2019

Pie chart:
- Federal Revenue: 64%
- State Appropriations: 25%
- Other Revenue: 11%
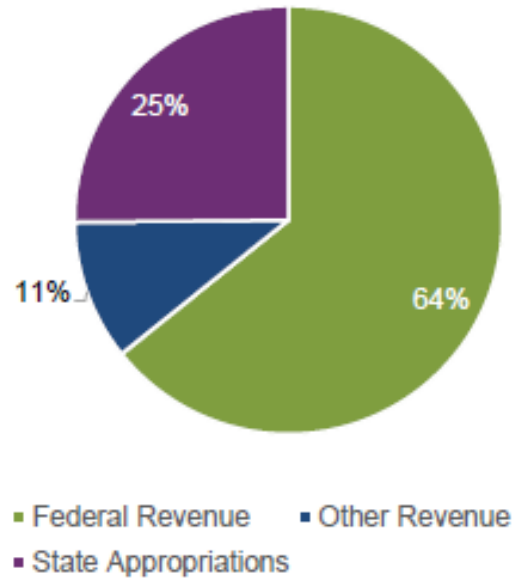
- Medicaid is jointly funded by states and federal government
- Regular federal match rates vary by state based on per capita income and other factors
  - NC's regular match rate is ~67%
- There are different match rates for certain populations such as the Children's Health Insurance Program (CHIP), and administrative and technology expenditures
- Overall, the federal government funds about 64% of NC Medicaid's program expenditures
- State appropriations cover about 25%
- The remaining 11% is financed primarily by hospital assessments, intergovernmental transfers and certified public expenditures

How is Medicaid Funded?

Source: NC Council on Health Care Coverage January 8, 2021 slides

Health Care Coverage Options

- Individual Market Reinsurance Program
- Association Health Plans
- Commercial options (Exclusive Provider Organizations)
- Small Business Tax Credit
- Full Medicaid Expansion (<138% FPL)
- Partial Medicaid Expansion (<100% FPL)
- Medicaid coverage extension for pregnant women 12 months postpartum
- Medicaid coverage extension for parents of children in foster care