



MACPAC

Medicaid and CHIP Payment and Access Commission



National Association of Medicaid Directors: NAMD Boot Camp

MACPAC Overview

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Presentation Overview

- MACPAC Charge
- March 2011 Report
 - Chapters 1-3: Background and overview of Medicaid and CHIP
 - Chapters 4-6: Foundation for MACPAC's initial approach to addressing payment, access and data in Medicaid and CHIP
 - Medicaid and CHIP Program Statistics (MACStats)
- June 2011 Report
- Looking Ahead

MACPAC Statutory Charge

Legislative History

- Established in February 2009 (Children's Health Insurance Program Reauthorization Act)
- Expanded and funded in March 2010 (Patient Protection and Affordable Care Act)

Commission

- Appointed by the Comptroller General of the United States to 3-year terms
- 17 Commissioners represent broad spectrum of interests and expertise on Medicaid and CHIP

Goals

- Serve as a federal non-partisan and analytic resource on Medicaid and CHIP policy for the Congress
- Review federal and state Medicaid and CHIP policies and data sources

MACPAC Duties

- Review Medicaid and CHIP policy issues:
 - Payment policies
 - Access to care issues
 - Eligibility
 - Quality of care
 - Interactions between Medicaid and Medicare
 - Data policy analysis and program accountability
- Review and comment on Secretarial reports and regulations that relate to policies under Medicaid and CHIP
- Submit annual reports to the Congress in March and June
- Collaborate and consult with states, MedPAC, and the Medicare-Medicaid Coordination Office

Collaborative State Activities

- Regular updates with state-based groups prior to Commission meetings:
 - National Association of Medicaid Directors (NAMD)
 - Robert Wood Johnson Medicaid Leadership Institute Fellows
 - National Conference of State Legislatures (NCSL)
 - National Governors Association (NGA)
 - Southern Governors Association (SGA)
 - National Association of State Budget Officers (NASBO)
 - National Academy of State Health Policy (NASHP)
- Public testimony from state Medicaid and/or CHIP policy officials
- Additional plans for state consultation under development
 - Review process for reports and other materials
 - State policy information tracking
 - MACPAC staff contacts for states
- Preliminary discussions to develop approach to estimate the state-level budgetary impacts of Commission's recommendations

Overview of MACPAC's March 2011 *Report to the Congress*

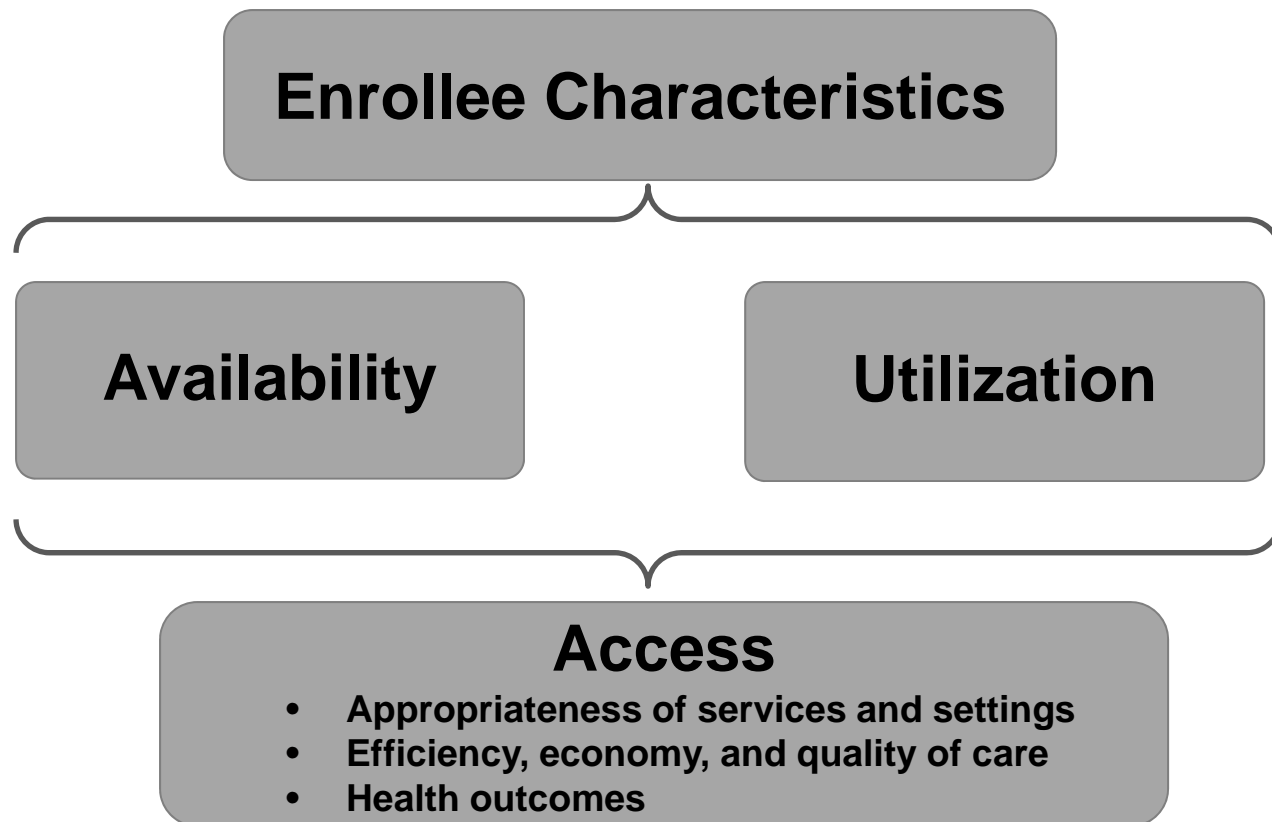
- Chapters 1-3: Background and overview of Medicaid and CHIP
- Chapters 4-6: Foundation for MACPAC's initial approach to addressing payment, access and data
 - Evolving framework for Commission to examine access to care
 - Initial approach for examining Medicaid provider fee-for-service payment policy across states and providers
 - Outlines federal data sources, issues and potential areas for improvement for policy and accountability
- Medicaid and CHIP Program Statistics (MACStats): original MACPAC data analysis

Chapters 1-3: Primers on Medicaid and CHIP

- Chapter 1: Medicaid and CHIP in the context of the U.S. health care system
 - Covers diverse, complex and often costly health needs of enrollees
 - Directly supports safety net providers and reduces the burden of uncompensated care
 - Covers services Medicare and other health care insurance do not (e.g., long-term services and supports) and wraps around Medicare
- Chapter 2: Overview of Medicaid: eligibility, benefits, financing and administration
- Chapter 3: Overview of CHIP
 - Eligibility, benefits and cost-sharing, and program design
 - Differences between CHIP and Medicaid: flexibility in program design and financing

Chapter 4: Examining Access to Care in Medicaid and CHIP

- Developed framework to guide the Commission's analytic approach and research on access to care in Medicaid and CHIP
- Will evolve over time to address changing health care practice patterns



Elements of Initial Framework on Access for MACPAC Research and Analysis

Elements	Description
Unique Characteristics of Medicaid and CHIP Enrollees	<ul style="list-style-type: none"> • Lower incomes and assets • Discontinuous eligibility • Geographic location and state variation in composition of enrollees • Complex health care needs • Cultural diversity • Level of health literacy
Availability	<ul style="list-style-type: none"> • Provider supply (e.g., health care workforce issues) • Provider participation (e.g., willingness to accept Medicaid patients)
Utilization	<ul style="list-style-type: none"> • Services used (e.g., having a usual source of care) • Affordability of services (e.g., cost-sharing requirements) • System navigation/patient experiences (e.g., enrollee satisfaction)
Evaluative components in access analyses	<ul style="list-style-type: none"> • Appropriateness of services and settings • Efficiency, economy and quality of care • Impact on health outcomes

Chapter 5: Examining Medicaid Payment Policy

- Addresses MACPAC's charge to examine Medicaid payment policies
- State flexibility under federal statute and regulations
- Focuses on federal requirements and current state payment methods for hospital and physician fee-for-service payment
- Describes Section 1902(a)(30)(A) of the Social Security Act, which includes several broad requirements for Medicaid payments
- Future issues for Commission's consideration may include:
 - Fee-for-service payments for additional provider sectors and managed care
 - State financing
 - Payment for long term services and supports
 - Develop a comprehensive information source on how states set and evaluate Medicaid payment policy

Chapter 6: Improving Medicaid and CHIP Data for Policy Analysis and Program Accountability

- Describes use and importance of and necessary improvements to Medicaid and CHIP federal administrative data
- States report a variety of data to CMS on Medicaid and CHIP
 - Enrollment, service use, and spending
 - Program policies (e.g., eligibility levels, covered benefits)
- Discusses several potential areas of improvements to federal administrative data
- Can help answer key policy and program accountability questions, such as:
 - Do enrollees receive appropriate care?
 - Which policy choices most affect that care and its costs?
 - Do legislators and administrators have a clear picture of how Medicaid and CHIP dollars are spent?

Medicaid and CHIP Program Statistics: MACStats

- Original MACPAC data analysis
 - State-level and national data
 - Included in all future MACPAC Reports
- Selected March 2011 MACPAC state-by-state tables include:
 - Medicaid Enrollment
 - CHIP Enrollment
 - Medicaid Spending by Category, and Source of Funds
 - Total Medicaid Benefit Spending
 - Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level
 - Medicaid as a Share of States' Total Budgets and State-Funded Budgets
 - Historical and Projected National Health Expenditures by Payer for Selected Years

Preview of the June 2011 Report

- Current, baseline information on Medicaid managed care:
 - Medicaid managed care in the context of the U.S. health care system
 - Populations enrolled in Medicaid managed care
 - Managed care models
 - Payment policies
 - Access and quality
 - Program accountability, integrity and data
 - Future issues facing Medicaid managed care
- MACStats tables and figures include:
 - Trends in Medicaid enrollment and spending
 - Current health characteristics, enrollment, and benefit spending among Medicaid populations
 - Medicaid managed care enrollment

Looking Ahead

- Pending forthcoming Commission discussion, key issues may include:
 - Program populations, focusing on high-cost, high-need populations
 - Managed care in Medicaid and CHIP
 - Care coordination for Medicaid and Medicare
 - Payment policies, including drug payment policy
 - Data, program accountability and program integrity
 - CHIP children and adults
- Additional products and activities
 - Research Briefs and Program Basics
 - MACStats
- Continued outreach to the states

Contact Information

Questions?

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