



Review of Recommendation for March Report



Medicaid and CHIP Payment and Access Commission

Benjamin Finder

Session Overview

- Present additional context added to the chapter
- Recap Commissioner discussion from December meeting
- Address questions raised about:
 - Population-specific beneficiary protections
 - Managed long-term services and supports (MLTSS) programs
 - Clarifications to the rationale for recommendation to allow mandatory managed care enrollment under state plan authority
- Vote on draft recommendation

Additional Context

- Added brief discussion of the history of Medicaid managed care and a timeline
- Provided some additional information around states' decision to mandate managed care enrollment

December Recap

Questions and concerns raised in December fell into several categories:

- questions around adequacy of beneficiary protections for vulnerable populations under state plan authority
- should the recommendation be inclusive of managed long-term services and supports programs
- clarify that the recommendation to allow mandatory enrollment for populations with complex health needs rests on the existence of robust requirements for states and plans to ensure that their needs are met

Beneficiary Protections

- Requirements of states and managed care organizations (MCOs) must be appropriate for the enrolled population
 - few population-specific beneficiary protection provisions in statute and regulation
- Managed care contract review process used to assess MCO compliance, quality, and performance
- Draft chapter provides more specificity around state and MCO regulatory requirements

Managed Long-Term Services and Supports

- CMS seeks same assurances of states implementing MLTSS as it does for comprehensive managed care programs
 - Additional requirements for MLTSS contracts
- Recommendation would allow states to mandate MLTSS enrollment under state plan authority
 - Additional authority allows states to make other design decisions to structure LTSS programs (e.g., 1115, 1915(c), 1915(i))

Clarifying the Rationale for Recommendation 1

The rationale has been revised to clarify:

- that the current legal framework includes standards and requirements that ensure appropriate access and coverage for enrolled populations regardless of authority
- this recommendation is not meant as incentive for states to initiate a managed care program, but to streamline administration
- CBO has estimated that this recommendation will not affect federal Medicaid spending

Draft Recommendation 1

Congress should amend Section 1932(a)(2) to allow states to require all beneficiaries to enroll in Medicaid managed care programs under state plan authority.



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