Leveraging Medicaid Policies to Promote Health Equity

Medicaid and CHIP Payment and Access Commission

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Overview

• General framework for the chapter
• Key themes
  – Federal actions to advance health equity
  – Data collection and reporting
  – State Medicaid agency leadership
  – Beneficiary engagement
  – Enrollment, redetermination, and renewal processes
  – Delivery system levers
  – Culturally competent workforce
• Ongoing MACPAC work
• Next steps
General Framework for the Chapter

• Review the key concepts for understanding racial disparities and inequity (e.g., structural racism and intersectionality)
• Describe what is known about health disparities and inequity in Medicaid
• Provide an overview of federal and state Medicaid efforts to address health equity
Federal Actions to Advance Health Equity

- Overview of historic and current efforts to address health equity
- CMS has announced its commitment to apply a health equity lens across all programs
- Recent actions:
  - Outreach and enrollment grants with a focus on reducing racial coverage disparities
Data Collection and Reporting

- Availability of race and ethnicity data and the strengths and limitations of various data sources
- Challenges with self-reporting
- Inconsistent data collection methods
State Medicaid Agency Leadership

• Role of state leadership in health equity initiatives
  – Grants authority to staff
  – Set expectations of staff

• Description of state health equity plans
  – Medium to long-term strategies to advance health equity
  – Identifies strategies for health equity initiatives (e.g., maternal health)
Beneficiary Engagement

• Meaningful beneficiary engagement throughout policy and program development

• Barriers to participation:
  – Feelings of intimidation
  – Lack of compensation
  – Logistical needs (e.g., child care, transportation)
Enrollment, Redetermination, and Renewal Processes

• Concern with the return to routine renewals when the COVID-19 public health emergency ends

• State efforts to reduce systemic barriers in enrollment and renewal processes for beneficiaries to gain and maintain Medicaid coverage
Delivery System Levers

• Contract requirements (e.g., MCO requirements for equity plans; conduct health equity trainings for MCO staff)
• Payment (e.g., use of incentives and value-based payments tied to equity goals)
• Quality improvement activities (e.g., stratification of quality measures; MCO quality assessment and performance improvement plans; external quality review)
Culturally Competent Workforce

• Opportunities and challenges for developing a culturally competent workforce
• Use of non-clinical workforce, such as community health workers and doulas
Ongoing MACPAC Work

- Access to behavioral health services for Medicaid-eligible individuals leaving jails or prison
- Availability of race and ethnicity data
- Approaches for improving collection and reporting of Medicaid data by race and ethnicity
- Medicaid coverage of doula services
Next Steps

- Commissioner feedback on key themes and any additional points
- Staff will incorporate commissioner feedback
- Staff presentation of draft chapter in April
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