

Medicaid's Role in Advancing Health Equity

Medicaid and CHIP Payment and Access Commission

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Overview

- Review of the chapter
 - Key concepts
 - Disparities affecting Medicaid beneficiaries
 - Federal health equity actions
 - Opportunities for Medicaid actions
 - Data collection and reporting
 - Leadership and infrastructure
 - Beneficiary engagement strategies
 - Enrollment, redetermination, and renewal processes
 - Delivery system levers
 - Developing a culturally competent workforce
- Next steps



Key Concepts

- Health equity
- Structural vs interpersonal racism
- Health disparities vs inequities
- Intersectionality
- Social determinants of health

Race and Ethnicity of Medicaid Beneficiaries vs U.S. Total Population, by age



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Disparities Affecting Medicaid Beneficiaries

- Disparities in health outcomes for Medicaid beneficiaries of color (e.g., higher rates of maternal mortality and morbidity, higher rates of COVID-19 mortality)
- Disparities in access persist for Medicaid beneficiaries of color (e.g., reporting worse patient experience, less likely to have had a primary care visit)



Federal Health Equity Actions

- Overview of historic and current efforts to address health equity
- CMS commitment to apply a health equity lens across all programs
- Recent actions
 - Guidance to states to address SDOH, including through section 1115 demonstrations
 - Outreach and enrollment grants with a focus on reducing racial coverage disparities



Opportunities for Medicaid Actions



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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



Leadership and Infrastructure

- Role of state leadership in health equity initiatives
 - Grants authority to staff
 - Set expectations of staff
- Establishing an infrastructure to support health equity efforts
 - Health equity officials
 - Health equity plans



Beneficiary Engagement Strategies

- Meaningful beneficiary engagement throughout policy and program development
 - Role of medical care advisory committee (MCACs) or member-only advisory committees
- Barriers to participation in advisory committees
 - 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

- Managed care contract requirements (e.g., development of equity plans, SDOH initiatives)
- Payment (e.g., use of incentives, value-based payments, or alternative payment models tied to equity goals)
- Quality improvement activities (e.g., stratification of quality measures, MCO quality assessment and performance improvement plans, or external quality review)



Developing a Culturally Competent Workforce

- Provider concordance with Medicaid beneficiaries
- Opportunities and challenges for developing a culturally competent workforce
- Use of non-clinical workforce, such as community health workers, peer support specialists, and doulas



Next Steps

- Commissioner feedback on chapter
- Staff will incorporate commissioner feedback
- Chapter will be published in June





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