



# MACPAC's Agenda for the 2024-2025 Meeting Cycle

Want to stay up to date on some of the topics the Medicaid and CHIP Payment and Access Commission (MACPAC) will address during our 2024-2025 meetings? Missed our September meeting? Here's a look at some of the areas of focus in Medicaid policy that MACPAC plans to examine in our future meetings, reports to Congress, and other publications.

Our analytic agenda includes, but is not limited to:



## Behavioral Health

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### Residential treatment programs for youth

As part of our multi-year work plan to address the needs of youth with serious behavioral health needs, we begin a conversation about access to appropriate services in residential treatment programs. Specifically, we will look at whether states have the tools they need to provide access to residential treatment to children and youth with behavioral health needs enrolled in Medicaid and the State Children's Health Insurance Program (CHIP).

### Medications for opioid use disorder (MOUD)

MACPAC will examine the use of MOUD in Medicaid and the federal policy considerations and other factors that can affect access.



## Long-term care

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### Self-directed home-and community-based services (HCBS)

MACPAC will explore topics such as how states design and administer self-directed programs for HCBS, and the barriers that exist for self-directed HCBS. Our goal is to develop a go-to resource for policymakers looking to better understand self-direction.

### Program of All-Inclusive Care for the Elderly (PACE)

MACPAC is beginning new work on PACE and its role as part of the landscape of integrated care for dually eligible beneficiaries. Our work will summarize the existing policy framework, available outcomes data, and perspectives of program operators and stakeholders.



## Managed care

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### Managed care accountability

Managed care is the primary delivery system in Medicaid, with almost three out of every four Medicaid beneficiaries enrolled in managed care. MACPAC will explore the tools states and the Centers for Medicare & Medicaid Services (CMS) are



currently using to oversee managed care organization (MCO) performance. This work includes continuing a review of how states and CMS use external quality review organizations to improve quality as well as other tools to ensure compliance with contractual expectations.

### **Automation in prior authorization**

Earlier this year, [MACPAC issued recommendations](#) addressing improvements to managed care denials and appeals processes. We also released a [brief explaining how prior authorization operates](#). We will expand our existing body of work to examine the extent that prior authorization is used in Medicaid, the key issues related to prior authorization, and the extent to which states and MCOs use technological tools to automate parts of the prior authorization decision-making process, including artificial intelligence.



## **Children and Youth**

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### **Transitions of care for children and youth with special health care needs (CYSHCN)**

MACPAC will examine how Medicaid policy addresses transitions in care and coverage from pediatric to adult care for CYSHCN and whether there are barriers to these transitions that could be addressed in federal policy.

### **Access to care for children involved in the child welfare system**

We will look at whether federal Medicaid requirements provide appropriate access to meet the unique needs of youth involved in the child welfare system, as well as the approaches that states use to ensure access to care for this population.



## **Provider payment**

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### **Hospitals and drugs and the hospital payment index**

MACPAC will continue its work exploring how new directed payment and provider-level supplemental payment data can be used to assess whether hospital payment policies are consistent with the Medicaid statutory goals of economy, efficiency, quality, and access. We will begin work to update the hospital payment index analysis last published in our [2017 issue brief](#).

### **HCBS payment**

MACPAC will continue our review of the financial and non-financial policies that states and managed care plans are implementing to address the HCBS worker shortage with a focus on how the rate certification process can be used as a tool to ensure economic and efficient payment.

We hope you'll tune in to our [public meetings](#) as we share this work. Sign up for our mailing list on our website today so you don't miss out: <https://www.macpac.gov/>