Budget Justification

Justification of Appropriations Request for the Committee on Appropriations for Fiscal Year 2025

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Justification of Appropriations Request Fiscal Year 2025

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Overview

The Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services (HHS), and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP).

The U.S. Comptroller General appoints the 17 Commissioners, who come from across the United States and bring expertise and a wide range of perspectives on Medicaid and CHIP. They include providers, health plan executives, parents or caregivers of beneficiaries, current and former federal and state Medicaid and CHIP officials, actuaries, and other Medicaid and CHIP experts.

The Commission's authorizing statute, Section 1900 of the Social Security Act, requires that it submit reports to Congress by March 15 and June 15 of each year. The statute also outlines a number of areas for analysis, including:

- payment;
- eligibility;
- enrollment and retention;
- coverage;
- access to care;
- quality of care; and
- the programs' interaction with Medicare and the health care system generally.

The Commission's work is accomplished in multiple ways, including:

- producing key deliverables including reports to Congress, and reviews of reports to Congress and proposed regulations issued by the Secretary of HHS as they relate to Medicaid and CHIP;
- maintaining and building a strong infrastructure for data analysis on Medicaid and CHIP enrollment, utilization, payment, spending, and beneficiary experiences with the programs;
- holding public meetings to hear from outside experts, discuss and deliberate over analyses developed by Commission staff, and vote on recommendations to be included in reports to Congress;
- consulting with the states and other stakeholders;
- coordinating with relevant federal agencies;
- providing prompt, confidential technical assistance to congressional staff; and
- serving as a non-partisan, evidence-based resource on Medicaid and CHIP.

To meet statutory requirements, MACPAC requests $10.698 million for fiscal year (FY) 2025.

Key Research and Activities for Fiscal Year 2025

The Commission's primary responsibility is to provide analysis and advice on Medicaid and CHIP to Congress. In doing so, we prioritize and design our work to be directly relevant to current congressional deliberations on Medicaid and CHIP policy and to anticipate the types of policy and programmatic information that Congress will need in the future. Given that Medicaid and CHIP are run as partnerships between the federal government and the states, variation in program design, health care markets, and population characteristics across states provide the context for our work in every issue area. State differences in how Medicaid and CHIP are designed and operated create unique challenges to data and policy analysis and the development of federal policy but also provide significant opportunity for learning and program improvement.

Congress has devoted considerable attention to Medicaid and CHIP. To both anticipate and respond to congressional interest, MACPAC has focused analytic work to inform priority topics including access to treatment for mental health conditions and substance use disorders (SUD), spending on prescription drugs, maternal health, integrating care for beneficiaries eligible for both Medicare and Medicaid, financing and payment policies (e.g., provider supplemental payments), reducing health disparities, and increasing access to home- and community-based (HCBS) services.

Since 2020, MACPAC has paid substantial attention to the effects of the COVID-19 related public health emergency and the implications for Medicaid. With the public health emergency now over and state Medicaid programs returning to routine operations, MACPAC's work will turn to examining what learnings can be leveraged to ensure that eligible individuals enroll and remain enrolled in coverage and to inform program efficiencies and improvements.

MACPAC will continue to update descriptive information and key statistics on Medicaid and CHIP, such as information on spending, enrollment, and state policies that congressional staff and others rely on for understanding how these programs function today and how they can be improved.

MACPAC's FY 2025 analytic agenda accounts for federal statutory requirements and issues identified by Congress, HHS, states, and the Commission, and focuses on six policy areas. The Commission's identified these areas as priorities during the development of our strategic plan for 2024 – 2026:

- evaluate payment and financing policies for hospitals and prescription drugs;
- assess whether Medicaid payment policies and oversight processes ensure appropriate beneficiary access to medically necessary services in fee-for-service and managed care;
- evaluate access for Medicaid beneficiaries to HCBS and institutional settings, including nursing facilities or intermediate care facilities for individuals with intellectual disabilities;
- identify policy levers to improve care and to create programmatic efficiencies for people who are dually eligible for Medicaid and Medicare across delivery systems;
- assess Medicaid and CHIP policy levers for addressing the behavioral health needs of beneficiaries; and
- examine the effects of federal Medicaid and CHIP policies on enrollment in and renewal of coverage.

Our analytic projects will examine key program issues such as whether policies promote efficiency, access, and value; accountability and transparency in program operations and outcomes; and opportunities to address health disparities.

Below we describe the activities MACPAC will undertake in FY 2025 to fulfill its statutory mandate.

Produce analytic reports

Reports to Congress

We will continue to develop MACPAC's required reports to Congress, published annually in March and June. We include issues and analyses in these reports that reflect priority policy areas, oftentimes under active consideration by Congress as well as federal and state Medicaid policymakers. Currently, we expect continued

congressional interest in issues such as access to behavioral health services, coverage and access to care for individuals with intellectual disabilities and development disabilities, integrating care for dually eligible beneficiaries, HCBS as an alternative to care in nursing facilities, prescription drug pricing, and the return to routine Medicaid operations in a post- public health emergency (PHE) environment. Commission staff will conduct analyses to support the Commission's deliberations on these issues through individual contributions as well as through competitively bid contracts.

MACPAC reports to Congress are developed over several months and involve the efforts of nearly all of MACPAC's analytic team and communications team. The analytic staff conduct and refine their research, present findings during public meetings for Commissioner deliberation, and identify policy approaches for addressing them. Depending on the scope of our research and the complexity of the policies, staff can engage in project work over a span of 12 months or longer.

MACStats data book

We will continue to produce MACStats, our annual Medicaid and CHIP data book. MACStats is one of the only publicly available data sources that brings together national and state-specific program data in one place, including comprehensive information on eligibility and enrollment for covered populations; Medicaid spending data broken out by population and services such as prescription drugs, supplemental payments to hospitals, long term services and supports (LTSS), and managed care; and program administration. MACStats also provides data on use of services and access to care. MACStats is widely used in the health policy community including by congressional staff, federal agencies, state program officials and policy makers, national and local consumer and beneficiary advocates, industry stakeholders, researchers, and the media.

In addition to the annual print edition, we will update MACStats tables and figures in real-time on the MACPAC website as new data become available. This will ensure that congressional staff and others always have access to the most up-to-date Medicaid and CHIP statistics. We will continue our longstanding practice of posting most MACStats exhibits in two formats: as PDF files for ease in reading and printing, and as Excel files, allowing users to download and analyze the data on their own.

To produce MACStats, Commission staff assess the availability and quality of administrative data and national survey data, conducts the data analysis with the assistance of a contractor, develops the tables, and produces the report.

Data book on dually eligible beneficiaries

We will continue our work on a data book on beneficiaries dually eligible for Medicare and Medicaid. The analysis and production of this data book is done in conjunction with the Medicare Payment Advisory Commission (MedPAC). Staff of the commissions review availability and quality of data sources, merge Medicare and Medicaid datasets, analyze spending and utilization among dually eligible beneficiaries. Staff produce exhibits and trend tables depicting spending and utilization across both programs and among different subsets of people including individuals who originally qualified for Medicare because of a disability and people who qualified because they turned age 65. This data book enables the two commissions to speak with one voice on key statistics such as the demographic characteristics, health care use, and program spending of this population.

Comment letters

The Commission stands ready to provide analysis and commentary on administrative actions affecting Medicaid and CHIP, as well as relevant HHS reports to Congress. We always seek to be prepared for these actions (monitoring, for example, the Unified Regulatory Agenda or tracking due dates for statutorily required reports). In some cases, commenting on reports or proposed regulations requires advance analytic work to inform the Commission's response. Comments offered by the Commission draw upon our analytic evidence base.

Other technical resources

MACPAC will continue to update other key Medicaid and CHIP resources that we make publicly available on our website. We publish annotated statutes for Medicaid and CHIP to help users understand provisions of those laws. As changes are made to the laws, we update the notations. To help those in the policy community identify specific provisions in the statutes and the corresponding implementing regulations, the Commission also publishes the Reference Guide to Federal Medicaid Statute and Regulations. This resource serves as informal index to the

statutes and regulations to simplify locating provisions. Finally, we maintain a webpage summarizing federal legislative milestones in Medicaid and CHIP dating back to 1965, the year that Congress created Medicaid.

Conduct data analysis and continue building data analysis capabilities

MACPAC has built a sophisticated analytic infrastructure that facilitates independent analysis of large and complex federal and state administrative data sets, federal household sample surveys, as well as private-sector data sources. These sources are described below.

- The Transformed Medicaid Statistical Information System (T-MSIS). T-MSIS contains person-level data on Medicaid, eligibility, service utilization, and payments. Although we are now using T-MSIS data in MACStats and other analytic work, we will continue to probe the usability of this data source over the next several years. Having validated top-level data on spending and enrollment for the purposes of MACStats, our work examining more granular codes describing services, diagnoses, and basis of eligibility as well as evaluating the completeness of managed care encounter data continues. As such, we will devote staff resources to understanding the nuances of the data and any quality or validity issues, and documenting these for both internal and external use.
- Other administrative data. Much of our analyses rely on federal administrative data maintained by the Centers for Medicare & Medicaid Services (CMS) such as:
  - Medicaid and CHIP Budget and Expenditure System data, including spending information submitted by states on the Medicaid Quarterly Expense Report (Form CMS-64), Quarterly CHIP Statement of Expenditures (CMS-21), and the Medicaid Program Budget Report (CMS-37);
  - data sources related to the Medicaid prescription drug rebate program, including state drug utilization data, Medicaid drug rebate amounts, National Average Drug Acquisition Cost, and federal upper limit files;
  - the Statistical Enrollment Data System (SEDS) information on the CHIP population;
  - Medicare data sets including the Enrollment Database and Common Medicare Environment files; Medicare Part A, Part B, and Part D claims from the Common Working File; Part D Prescription Drug Event data; and Medicare Part C payment data from Medicare Advantage Prescription Drug files to allow analysis of care provided to 12 million dually eligible beneficiaries; and
  - other CMS data sources including Medicaid and CHIP application, eligibility determinations, and enrollment reports; and National Health Expenditures accounts.
- Survey data. Large federal sample surveys provide important national- and state-level data. Examples of surveys include the American Community Survey, Current Population Survey, Medical Expenditure Panel Survey, Medicare Current Beneficiary Survey, National Ambulatory Care Survey, National Health Interview Survey, National Survey of Children's Health, and the National Survey on Drug Use and Health.
- Proprietary data sets. Such data sets include for example, the American Hospital Association annual survey. Unlike federal data sets that are made available to MACPAC at no cost, proprietary data sets must be purchased for specific purposes.

In FY 2025, we will once again use multiple data sets to inform the Commission's analysis of key Medicaid and CHIP policy questions and respond to technical assistance requests from Congress. Activities associated with data analysis including managing data use agreements; supervising work of contractors providing computer programming support (one for administrative data and one for federal household surveys); continually assessing data storage, security, and management systems; and documenting the methodologies and definitions used in all our data activities.

Conduct Commission meetings

MACPAC does its most important work in public. Meetings provide the forum for Commissioners to discuss key issues, deliberate policy options, and vote on recommendations that will be included in our reports to Congress.

Public meetings also keep stakeholders – such as organizations representing beneficiaries, providers, plans, and states – apprised of the progress of MACPAC's work. We solicit public comment at multiple points during each Commission meeting as well as through our website. In addition to staff presentations, we regularly bring in

outside experts to share insights with the Commission, ensuring that we have the benefit of expertise from states, providers, health plans, consumers, researchers, and others.

We anticipate holding six public meetings in FY 2025. MACPAC meetings use a hybrid format. Commissioners, staff, and to the extent possible, outside panelists meet in person in Washington DC.

The meetings are broadcast live so that interested parties can observe the proceedings and provide public comment virtually during the meeting. It has expanded the reach of MACPAC meetings by creating the opportunity for those outside Washington, DC to listen to and provide public comment on the Commission's deliberations.

Importantly, the hybrid format has enabled Medicaid beneficiaries to offer public comment, describing their experience on the program. For example, during a recent Commission meeting, a beneficiary in Washington state commented on her experience with denials and appeals for treatments for an ongoing medical condition. We also heard from beneficiary advocates regarding access to home- and community-based services and person-centered design for those services.

The hybrid model also supports MACPAC's ability to meet its statutory charge to engage states. State Medicaid officials have logged on to and weighed in on important and timely issues during public meetings. For example, the Medicaid medical director in Illinois and the Medicaid director in Indiana, who also is the immediate past Board President of the National Association of Medicaid Directors, have commented during multiple meetings, sharing the experiences and concerns of states. This investment in the hybrid meeting format has increased the costs of Commission meetings, but has made them more accessible to Commissioners, stakeholders, and beneficiaries. While MACPAC meetings are in person for Commissioners, the hybrid format allows Commissioners who are unable to travel to Washington DC to participate virtually.

We will also continue our practice of publishing the meeting transcript and presentation materials on the MACPAC website to both document the Commission's deliberations and extend our reach.

Consult with states

MACPAC is statutorily required to consult regularly with the states and we do so routinely both to gather specific information about state policies and to ensure that state views and concerns are represented as the Commission analyzes different aspects of Medicaid and CHIP. These activities are critical to the Commission's understanding of how Medicaid and CHIP work in different states and how federal policy changes would play out on the ground.

In FY 2025, we plan to consult with states by continuing to:

- conduct listening sessions with state officials (e.g., aging and disability directors, CHIP directors, Medicaid directors, Medicaid medical directors, mental health program directors, developmental disabilities services directors);
- invite state officials to participate in panels at public meetings;
- conduct interviews, roundtables, and site visits related to specific policy issues; and
- invite Medicaid and CHIP directors to provide a technical review of all draft report chapters and relevant contractor reports prior to publication.

Coordinate work with key agencies

In FY 2025, MACPAC will maintain and cultivate new relationships with other federal agencies working on issues related to Medicaid and CHIP. MACPAC staff are in frequent contact with leadership and staff at CMS to ensure the accuracy of our work and to stay abreast of agency actions. We also meet regularly with staff of MedPAC and the CMS Medicare-Medicaid Coordination Office on issues related to persons who are dually eligible for Medicare and Medicaid.

We maintain lines of communication and information sharing with other offices within CMS and other HHS agencies and offices, including the Office of the Assistant Secretary of Planning and Evaluation (ASPE), the

Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Administration for Children and Families (ACF) and the Office of the Inspector General (OIG). In addition, we regularly consult with the U.S. Government Accountability Office (GAO) to avoid duplication of effort on work of interest to Congress and with the Congressional Budget Office (CBO) on the budgetary effects of potential recommendations.

Provide expert technical assistance

MACPAC will continue its practice of responding promptly to technical assistance requests from Congress, including staff of committees of jurisdiction, as well as staff from other committees and member offices. Such assistance includes technical review of draft legislation, special data runs, explanations of provisions of Medicaid and CHIP statute and regulations, and information on state policies and practices. These activities are confidential, provided only to the requestor. The confidential nature of these requests also means that they are not shared with Commissioners.

MACPAC also conducts briefings for congressional staff. These are tailored to the specific needs identified by the requestors. Some briefings are geared to new or more junior staff, focusing on program basics, while others, for more experienced staff, dive deeper into more complex issues.

Although MACPAC staff have full analytic portfolios to support the Commission's deliberations, we have never failed to respond to the technical assistance requests made by congressional staff. We plan to continue responding to all requests whether they originate with a committee of jurisdiction or another member office to the extent our resources permit. However, should formal demands for MACPAC work increase, there may be pressure on our ability to respond to all requests and we may have to consider prioritizing requests.

Serve as an evidence-based non-partisan resource on Medicaid and CHIP

In the year ahead, MACPAC will continue to serve as an important source of evidence-based non-partisan information on Medicaid and CHIP. The Commission is regularly sought out by the media as a source of unbiased information on Medicaid and CHIP, including both national outlets such as the *Associated Press*, *Axios*, *Bloomberg*, *Congressional Quarterly*, *The Hill*, *Inside Health Policy*, *Kaiser Health News*, *Modern Healthcare*, *NBC News*, *Forbes, the Wall Street Journal*, and *Washington Post*, as well as many local and state media.

MACPAC's work is also frequently cited in highly regarded peer-reviewed journals such as *Health Affairs*, *The American Journal of Managed Care*, the *Journal of the American Medical Association* and the *New England Journal of Medicine*. Policy organizations, including the Bipartisan Policy Center, Center for American Progress, Association of Healthcare Journalists, Commonwealth Fund, Institute for Medicaid Innovation, Kaiser Family Foundation, Pew Charitable Trusts, and Urban Institute, often cite MACPAC's work. In addition, federal agencies (e.g., CMS, CBO, Congressional Research Service (CRS), GAO) and states continue to cite our products.

In addition to our statutorily required deliverables, MACPAC plans to continue producing other products on a wide range of topics. In FY 2025, we plan to keep building and updating such information by:

- publishing new and updating previously published issue briefs, fact sheets, and policy compendia on a wide range of Medicaid and CHIP topics;
- exploring new methods, such as YouTube, for communicating with our audience; and
- building content and improving the MACPAC website (www.macpac.gov).

Maintain a strong operational infrastructure

MACPAC adopts a practice of continuous improvement to assess our operational needs and systems required to support our core mission to identify opportunities to increase efficiency and to improve outcomes. We plan to review agency information technology requirements and architecture to seek improvements to our office IT infrastructure, remote workforce cyber security, workflow management tools, and our website. In FY 2025, we will also continue routine updates of staff laptops and network hardware.

During FY 2025, we will focus on professional development of MACPAC staff to improve specific skills (e.g., data analytics, project management, legislative process) and as a strategy for employee retention. We will continue to ensure that staff receive appropriate training in the areas of contract administration; procurement; IT security; financial management; records retention; and diversity, equity, inclusion, and accessibility. In addition, we anticipate contracting for outside technical expertise (e.g., risk management) when needed.

With respect to other operations, we will continue to seek best value for the government in contracts with shared services providers. For example, MACPAC contracts with the General Services Administration, Pegasys Financial Services External Services Branch for accounting, financial management services, and reporting. Payroll services are included in a separate service-level agreement with the General Services Administration, Payroll Services Branch. Like other federal agencies housed in leased space, we are required to pay the U.S. Department of Homeland Security for certain security services.

Justification of Budget Request and Summary

MACPAC is requesting $10,698,000, a $645,000 increase over our FY 2024 request (Exhibit 1).

This request reflects several factors. The first is the consistently high demand on MACPAC from Congress to analyze and make recommendations on important Medicaid and CHIP policy issues. As the Commission's body of work has grown over the years, we find that there are still new issues of interest to Congress and demand for us to go deeper in areas of prior work.

Second, costs for many aspects of MACPAC operations are growing due to inflation that is affecting many sectors of the U.S. economy. In particular, retaining and attracting a knowledgeable and highly productive team requires that we keep salaries competitive with those being offered by other employers (both federal and private sector) in the Washington area. Moreover, while we always negotiate with vendors when possible, it is reasonable to expect that costs for such items such as security services and meeting facilities will increase.

EXHIBIT 1. Appropriations Language

> For expenses necessary to carry out section 1900 of the Social Security Act, $10,698,000.

MACPAC was in the unique situation of having available no year funds, which Congress provided in our first appropriation. However, all of MACPAC's no year funds have been expended. We used the remaining no year funds for one-time investments that the agency needed to grow and mature. We engaged in an agency-wide strategic planning process that resulted in MACPAC's first strategic plan to guide our analytic work and fortify our operational infrastructure. We updated and refreshed our website; in particular, the search function that most visitors use to find relevant analyses. We also engaged in data projects that will facilitate future analytic work. While T-MSIS is an invaluable resource, data are not always immediately usable given variation in how states submit their data files. We funded a two-year project to ensure that HCBS data will be usable to the Commission and inform congressional deliberations.

We seek an annual appropriation adequate to fund MACPAC's statutory charge given no year funds are no longer available (Exhibit 2). While Exhibit 2 displays no year funds totaling $541,354, the amount represents our start of year balance that has already been expended.

EXHIBIT 2. Appropriations History, Fiscal Years 2010–2025

Fiscal year	Appropriation requested	Funds appropriated	No year funds available	Total available funding[1]
2010[2]	NA	NA	$11,000,000	$11,000,000
2011[3]	NA	NA	10,800,000	10,800,000
2012	$11,000,000	$6,000,000	4,600,000	10,600,000
2013	11,000,000	5,700,000	4,100,000	9,800,000
2014	9,500,000	7,500,000	3,300,000	10,800,000
2015	8,700,000	7,650,000	2,800,000	10,450,000
2016	8,700,000	7,765,000	2,300,000	10,065,000
2017	8,700,000	7,765,000	1,327,000	9,092,000
2018[4]	8,700,000	8,480,000	1,515,000	9,995,000
2019	8,700,000	8,480,000	1,288,000	9,768,000
2020	9,000,000	8,780,000	1,134,000	9,914,000
2021	9,265,000	8,780,000	781,811	9,561,811
2022	9,350,000	9,043,000	505,354	9,548,354
2023[5]	9,727,000	9,405,000	573,354	9,978,354
2024[6]	10,053,000	4,471,137	541,354	5,012,491
2025	10,698,000	–	–	–

Notes: NA is not applicable.

– Dash indicates not yet available.

[1] Total available funding reflects the total of remaining funds in MACPAC's no-year fund (appropriated in fiscal year (FY) 2010) and annual appropriations.

[2] The Patient Protection and Affordable Care Act (P.L. 111-148, as amended) appropriated $9.0 million and transferred $2.0 million from the 2010 CHIP allotment (section 2104(a)(13) of the Social Security Act).

[3] MACPAC did not request funding in FY 2011 due to the late timing of organizational establishment and the fact that we did not incur significant expenditures in FY 2010, as the Commission was newly formed.

[4] The unobligated balance brought forward in the no-year fund on October 1, 2017 included an increase of $188,000 due to prior year recoveries processed in FY 2017.

[5] The unobligated balance brought forward in the no-year fund on October 1, 2022 included an increase of $68,000 due to prior year recoveries processed in FY 2022.

[6] MACPAC received partial funding under the continuing resolution through March 22, 2024 (P.L. 118-35). The no year funds that were carried forward into FY 2024 were exhausted in the first quarter of FY 2024.

MACPAC is committed to making prudent decisions with its available resources. Our FY 2025 request reflects our practice of being responsive to increasing external demands, carefully weighing competing priorities, and continually striving to identify ways to both maximize our value as an analytic resource and improve efficiency and organizational effectiveness.

Below we outline the resources necessary to carry out our mission of providing expert, non-partisan information and analyses on Medicaid and CHIP in FY 2025. To successfully manage these activities to support Congress, the Commission will allocate funds from the requested budget to the broad areas described below (Exhibits 3 and 4).

EXHIBIT 3. Budget Summary, Fiscal Years 2023–2025 (thousands of dollars)

Category	FY 2023 actual	FY 2024 request	FY 2025 request	Percent change in request from FY 2024 to FY 2025
Salaries and benefits	$5,021	$6,086	$6,591	8.3%
Non-personnel costs	4,367	3,967	4,107	3.5%
Total	**$9,388**	**$10,053**	**$10,698**	**6.4%**

Notes: FY is fiscal year.

Because MACPAC conducts most of its work internally, much of MACPAC's resources will be devoted to staff salaries and benefits (Exhibit 3). Our team of policy analysts produces the work that forms the evidence base for the Commission's recommendations and its reports to Congress and other publications. The team also analyzes administrative and survey data; provides technical assistance to Congress; manages contractors working on research and analytic projects; conducts outreach to state, federal agency officials, and stakeholders; and shares technical expertise with external audiences by serving on advisory panels and speaking at major conferences. Resident expertise in public policy analysis, health services, research, and data analysis, along with backgrounds working in state and federal governments, health plans, research and policy firms, Congress, and academia allow staff to draw on deep reserves of knowledge and get up-to-speed quickly on new issues of concern to Congress.

Like other employers, MACPAC is facing a tight labor market with prospective employees seeking salaries competitive with those being offered by other organizations focused on Medicaid policy research and analysis. In recent searches for senior-level talent with specialized skills, we have seen candidates drop out or decline offers noting that they are not competitive with those being offered by other employers.

EXHIBIT 4. Summary of Requirements by Object Class by Fiscal Year (thousands of dollars)

Object class		FY 2023 actual	FY 2024 request	FY 2025 request	Change from FY 2024 to FY 2025
11.1	Permanent staff	$3,479	$4,216	$4,545	329 [1]
11.3	Other than permanent: Commissioners and internships	227	266	275	9 [2]
12	Personnel benefits	1,315	1,604	1,771	167 [3]
Subtotal, personnel		**5,021**	**6,086**	**6,591**	**505**
21	Travel	126	136	148	12 [4]
23	Rent, utilities, and communications	631	642	638	(4) [5]
24	Printing and reproduction	9	19	12	(7) [6]
25	Research contracts and data analysis services	2,727	2,300	2,400	100 [7]
25	Other contractual services	679	707	727	20 [8]
26	Supplies and materials	89	90	94	4 [9]
31	Equipment purchases	106	73	88	15 [10]
Subtotal, non-personnel		**4,367**	**3,967**	**4,107**	**140**
TOTAL		**$9,388**	**$10,053**	**$10,698**	**$645**

Notes: FY is fiscal year.

[1] The $329,000 increase in staff compensation reflects one additional FTE, estimates related to the annual across-the-board salary increases consistent with those provided to employees in the executive branch, and increases related to performance of MACPAC staff.

[2] The $9,000 increase in this budget line is attributed to the commissioner stipends based on the 2024 Executive Schedule with an additional increase anticipated for FY 2025.

[3] The $167,000 increase in personnel benefits includes increases in benefits for staff and commissioner payroll taxes in FY 2025.

[4] The $12,000 increase in this budget line is related to travel related expenses for guest speakers invited to speak with the Commission.

[5] The $4,000 decrease in this budget line is mostly attributed to reduced costs for postage and internet.

[6] The $7,000 decrease is due to reductions in printing costs associated with MACPAC publications.

[7] The $100,000 increase in this line is for research and data analytic services commensurate with MACPAC's planned research agenda.

[8] The $20,000 increase in other contractual services is mostly attributed to increases in legal, accounting, human resources, and payroll services.

[9] The $4,000 increase in supplies and materials is due to increased costs for technical publications.

[10] The $15,000 increase in equipment purchases is due to costs associated with replacing computers and peripherals.

MACPAC has made significant investments in its in-house ability to analyze Medicaid program data and other relevant data sources, including federal health surveys and Medicare claims for individuals also covered by Medicaid. Analysts also devote time to responding to a number of requests for technical assistance. Operations staff bring strong backgrounds in accounting, financial management, procurement and contract management, and information technology to ensure that the organization uses resources both prudently and in compliance with all applicable statutes.

MACPAC is also required to compensate its 17 Commissioners at the per diem rate equivalent to Level IV of the Executive Schedule while working on Commission business.

Our request for FY 2025 also reflects returning to historical patterns of spending on travel as we have resumed holding in-person meetings. The travel line item primarily reflects spending on travel for Commissioners and invited panelists to our public meetings and a modest amount of staff travel to professional meetings and site visits. The equipment purchases line item reflects our planned, routine replacement of staff computers and peripherals. These updates are necessary to ensure that staff have the reliable technology needed to conduct their job responsibilities, and are consistent with industry practice for technology refreshes. We anticipate reduced spending for internet and postage costs as well as printing. MACPAC is printing fewer hard copies of report and directing readers to the electronic versions. We also expect reduced spending for copy editing, which we are now doing in house, and non-recurring training expenses.

In FY 2025, MACPAC plans to increase its budgeted staffing from 33 to 34 full-time equivalents to support our considerable analytic agenda (Exhibit 5). We anticipate that regular staff turnover may require us to recruit new employees to replace outgoing team members. To recruit and retain specialized staff with the needed expertise, MACPAC must offer salaries competitive with the executive branch and other private, non-profit research organizations in Washington, DC.

EXHIBIT 5. Budgeted Staffing Level by Fiscal Year, Fiscal Years 2021–2025

Fiscal year	Budgeted full-time equivalents
2021	30
2022	30
2023	33
2024	33
2025	34

Activities and Outcomes in Fiscal Years 2023-2024

Building on past success and in light of the changing policy environment, the Commission addressed new areas within its statutory authority in FYs 2023 and 2024. In 2024, the Commission focused its analytic work on six core policy priority areas. The Commission identified the priority areas based on MACPAC's statutory charge and areas of congressional interest. While these priorities guide our analytic activities, MACPAC will remain nimble in its ability to redirect analytic resources as the policy environment changes.

In FY 2023, Congress made permanent the option for state Medicaid programs to provide one year of postpartum coverage in the Consolidated Appropriations Act of 2023 (P.L. 117-238), consistent with MACPAC's March 2021 recommendation that Congress extend the Medicaid and CHIP postpartum coverage period to 12 months to help address the problem of poor maternal health outcomes. Congress initially implemented MACPAC's recommendation in the American Rescue Plan Act of 2021 (P.L. 117-2), making available for five years a state option to extend postpartum coverage to one year. This option reduced the burden on states seeking to provide such coverage by creating a streamlined state authority. In addition, legislation was introduced in the Senate to implement MACPAC's recommendation that states be required to develop an integration strategy for services provided to individuals who are dually eligible for Medicaid and Medicare (i.e., S. 4264 and S. 4273).

In FY 2023, Congress also implemented MACPAC's June 2021 recommendations to direct the HHS Secretary to provide education and technical assistance to states in implementing a continuum of behavioral health crisis services, and for CMS and SAMHSA to issue joint subregulatory guidance on the design and implementation of benefits for children and adolescents with significant mental health conditions in Medicaid and CHIP. The Consolidated Appropriations Act of 2023 (P.L. 117-238) requires the Secretary, in coordination with the CMS Administrator and the Assistant Secretary for Mental Health and Substance Use, to issue guidance and establish a technical assistance center to support states in designing, financing, implementing, or enhancing a continuum of crisis services for children, youth, and adults no later than January 1, 2025.

In the 2023 – 2024 report cycle, MACPAC worked to enhance our analytic capacity by leveraging new data sources. For the first time, we undertook analyses using data from the following national surveys: Health and Retirement Survey and the accompanying Consumption and Activities Mail Survey, U.S. Transgender Survey, National Core Indicators-Aging and Disabilities, and National Core Indicators—Intellectual and Developmental Disabilities. We also conducted analyses of beneficiary experience with medical and behavioral health care using data from the Association of American Medical Colleges.

Fiscal year 2023 was notable for the unusually high number of Medicaid-related proposed rules and requests for information (RFI). MACPAC's practice is to comment when we are able to provide information based on our analytic work and Commission discussion. This work occurs in addition to the work on our analytic agenda, which we establish before each new report cycle.

Key MACPAC accomplishments and activities since the submission of our last budget request (FY 2023 and to mid FY 2024) are described in greater detail below.

Analysis and research

MACPAC's research and analysis includes work conducted by both staff and contractors. This work provides the evidence base for recommendations and other analyses published in our March and June reports to Congress as well as other publications. Below we describe the major areas of activity in FY 2023 and to date in FY 2024.

MACPAC has spent considerable time examining access to coverage and care, a major aspect of our statutory charge. Activities in FY 2023 and 2024 include:

- examining the relationship between physician payment and access to care beginning with an expert roundtable discussion on financial and non-financial factors affecting physician participation in Medicaid, and challenges and opportunities to evaluate how payment relates to access to care;
- updating our Access in Brief series that compares key measures of access for Medicaid beneficiaries with those covered by private insurance or who are uninsured (e.g., access by race and ethnicity and access for children and individuals with disabilities);
- assessing federal requirements and state approaches for transitioning older youth to adult coverage and care to ensure continuity of coverage and care as they move from pediatric to adult care environments;
- examining the how federal Medicaid policy ensures that children and youth in the child welfare system have access to the care needed to treat their unique needs, the role of state Medicaid agencies and child welfare agencies in the provision of such care, and how the agencies work together;
- examining the unique needs of youth involved in the juvenile justice system and their access to care, and the ways that state Medicaid programs approach transitions in care for children leaving the justice system;

- publishing findings on the factors affecting access to Medicaid coverage and care for adults leaving incarceration, including from the perspectives of state Medicaid officials, law enforcement officials, and beneficiaries with lived experience;
- analyzing the extent to which beneficiaries churn on and off Medicaid, transition to other sources of coverage (e.g., exchanges), and the barriers to those transitions;
- beginning an analysis of access to covered oral health services for adult Medicaid beneficiaries with intellectual and development disabilities;
- commenting on the HHS Notice of Benefit and Payment Parameters for 2024, which included proposals to smooth coverage transitions for individuals losing Medicaid or CHIP coverage and gaining exchange coverage; and
- commenting on the CMS proposed rules on Medicaid and CHIP managed care access, finance, quality, and on ensuring access to Medicaid services.

Evaluate payment and financing policies for hospitals and prescription drugs

Financing. As a countercyclical program, Medicaid enrollment and spending grow when there is an economic downturn, and vice versa. However, in these situations, states face this increasing demand while they also face decreasing revenue. In FY 2022, MACPAC began examining how to develop an automatic countercyclical DSH policy for periods where state finances might be strained due to an economic recession while uncompensated care increases due to a growing uninsured rate. In June 2023, the Commission recommended that Congress ensure that total state and federal DSH funding not be affected by changes in the federal medical assistance percentage (FMAP). A countercyclical DSH policy would be a complement to the Commission's 2021 recommendation for a countercyclical financing mechanism. We also restated the 2021 recommendation for a countercyclical financing mechanism to include a change to federal DSH allotments so that total available DSH funding does not change as a result of changes to the FMAP.

In FY 2024, we are conducting work to understand barriers to improving the transparency of Medicaid financing. This work builds on our recommendations for CMS to collect data on provider contributions to the non-federal share to provide greater transparency of net payments to hospitals and nursing facilities that we made in the March 2016 and March 2023 reports to Congress. Working with a contractor, we have reviewed current financing polices and conducted stakeholder interviews with national experts, federal and state officials, and provider representatives to better understand what barriers and concerns there may be to collecting additional data on and providing more transparency into how states finance the non-federal share through health-care related taxes, intergovernmental transfers, and certified public expenditures. We anticipate making recommendations in the June 2024 report to Congress.

Provider payment. MACPAC has a longstanding portfolio of work to evaluate provider payment policies. We updated prior work documenting base and supplemental payments to hospitals and use of upper payment limit supplemental payments.

MACPAC's multi-year work examining available federal data on Medicaid nursing facility payments, which accounts for a substantial portion of Medicaid benefit spending, culminated in recommendations in the March 2023 report to Congress. The report includes our findings on the limited data available on nursing facility payments and how they compare to costs, and how Medicaid payment policies affect quality outcomes. The Commission's recommendations address the need for greater transparency on these payments as well as the need for comprehensive data on nursing facility finances and ownership.

Drawing upon our analysis of nursing facility payment information, the Commission commented on a proposed rule requiring disclosure of nursing facility ownership information. The proposed changes are consistent with MACPAC's March 2023 recommendation, and the Commission expressed its support for these changes. The Commission also expressed support for efforts to use the new ownership data to examine the effects of ownership on quality outcomes and recommended that those data be made available to researchers.

In FY 2024, MACPAC began a comprehensive, multi-year review of hospital payment policies and amounts, including all payments such as base, DSH, non-DSH supplemental, and directed payments. Using newly available data from supplemental payment narratives and state directed payment preprints, we plan to develop a

compendium of supplemental payment methods and how they target specific goals, such as supporting providers that serve a high share of Medicaid and uninsured patients or supporting specific hospital types (e.g., children's hospitals, rural or critical access hospitals). MACPAC is linking these new supplemental payment data to hospital-level DSH data we have already collected to analyze how these payments are targeted to specific providers and how DSH and non-DSH supplemental payments may interact. Finally, we plan to update and refine the fee for service (FFS) inpatient hospital payment index work that we published in 2017. Similar to our prior work, the new payment index would seek to compare both inpatient and outpatient hospital payment across states as well as to external benchmarks such as Medicare.

Mandated DSH study. The Commission has reported on DSH payments in its March report to Congress since 2016. Specifically, the Commission has analyzed the relationship of state DSH allotments to (1) changes in the number of uninsured individuals, (2) amounts and sources of hospitals' uncompensated care costs, and (3) the number of hospitals with high levels of uncompensated care that also provide access to essential community services for low-income, uninsured, and vulnerable populations. In both our March 2023 and 2024 reports, we found that there is no meaningful relationship between state DSH allotments and the three factors we are charged with studying. In addition, we provided updates on the uninsured rate during the COVID-19 pandemic and changes to DSH allotments, hospital uncompensated care, and hospital margins during the PHE.

In future years, we will continue to assess DSH in the context of other Medicaid payments, including non-DSH supplemental payments and managed care directed payments to hospitals. Increases in non-DSH supplemental payments and directed payments reduce a hospital's uncompensated care costs and thus reduce the amount of DSH payments that a hospital can receive, leading some states to use directed payments instead of DSH to support safety-net hospitals. As such, MACPAC is engaging in a long-term work plan to further examine all types of payments to hospitals.

In addition, MACPAC commented on the February 2023 proposed rule regarding DSH third party payers that would implement changes to how uncompensated care is calculated for Medicaid beneficiaries (Medicaid shortfall) under Section 203 of the Consolidated Appropriations Act, 2021 (CAA, P.L. 116-260). While the CAA changes to the DSH definition of Medicaid shortfall are consistent with MACPAC's prior recommendations, there is an exception for certain hospitals to continue using CMS's previous policy. We commented on the need to modify DSH audits to separately identify costs and payments for with third-party coverage from patients who use Medicaid as their primary payer among excepted hospitals to better understand how DSH payments are targeted among all hospitals and excepted hospitals. MACPAC also offered technical comments on proposals to remove the Section 1115 budget neutrality factor for DSH allotment reduction calculations, to recoup DSH overpayments, and to remove the requirement for CMS to publish DSH and CHIP allotments in the Federal Register.

Prescription drug pricing and spending. While prescription drug spending accounts for a relatively modest share of Medicaid expenditures, these costs are expected to rise sharply over the next several years. Our prior work looked at the impact of development of new high-cost, specialty drugs on program spending, tools to manage drug spending, and Medicaid policy barriers that may impede management of drug spending.

Given the high cost of specialty prescription drugs, states are concerned about covering drugs that have yet to verify a clinical benefit. To help states address this concern, the Commission made a recommendation in the March 2023 report to Congress to allow states to exclude or restrict coverage for certain drugs based on a Medicare national coverage determination with coverage with evidence development (CED) requirements. Additionally, the Commission recommended Medicaid managed care organizations (MCOs) be required to follow the state's decision on whether to implement any CED requirements. It is important to note that these recommendations would not automatically apply current or future Medicare CED requirements to the Medicaid program. States would have the option to follow Medicare requirements, but nothing in these recommendations would prohibit a state from providing broader coverage than allowed under Medicare requirements.

In 2021, Congress gave MACPAC access to the actual price benchmarks and rebate amounts for individual drugs in the Medicaid program. Using these data, MACPAC updated analyses on drug spending trends from FYs 2018 to 2021 and presented these data in October 2022. These analyses showed how drug spending trends are being driven by high-cost drugs. For the first time, we were able to present data on the individual components of the Medicaid drug rebates and how rebates differ for certain types of drugs, including the distribution of the rebates across the basic and inflationary rebate components, the average rebate for brand drugs receiving best price, the

difference in average rebates for brand and generic drugs, and the difference in average rebates for high-cost drugs compared to other drugs.

MACPAC commented on CMS's May 2023 proposed rule on misclassification of drugs, program administration, and program integrity updates under the Medicaid Drug Rebate Program (MDRP). In general, MACPAC supported efforts to clarify key definitions, increase price transparency, and address drug misclassification to ensure the rebates are calculated appropriately and collected in a timely manner. The proposed rule would implement provisions in the Medicaid Services Investment and Accountability Act of 2019 (MSIAA, P.L. 116-16) that gave CMS authority to level intermediate sanctions to address drug misclassifications. MACPAC made this recommendation in its June 2018 report to Congress and supports efforts to develop a process with specific steps and timelines; however, we reiterated our previous concerns that a drug's suspension from the MDRP could have harmful effects on beneficiary access and that CMS should seek other remedies such as financial penalties and only suspend a drug in rare instances. MACPAC also provided technical comments on the proposed methodology to conduct a price verification survey.

In FY 2024, MACPAC convened a roundtable of experts to discuss the unique coverage and payment challenges physician-administered drugs may present and what additional tools may be needed to address these challenges, an area where little research has been conducted. Many high-cost specialty drugs are physician administered (e.g., oncology). Furthermore, many of the high-cost specialty drugs in the pipeline (e.g., cell and gene therapies) will likely require physician administration. As such, physician-administered drugs are expected to be a key driver of Medicaid drug spending in the future. Because physician-administered drugs are frequently covered under the medical benefit instead of the pharmacy benefit, states often have different payment and coverage policies for physician-administered drugs than they use for other outpatient drugs obtained from a pharmacy.

Assess whether Medicaid payment policies and oversight processes ensure appropriate beneficiary access to medically necessary services in fee-for-service and managed care

Managed care. Managed care is now the dominant delivery system in Medicaid, accounting for over half of all benefit spending, including substantial enrollment across all major eligibility groups. In FY 2023, we initiated a new body of work to take a deeper look at Medicaid managed care policies to consider whether statute and regulation are structured to produce access, value, efficiency, and equity. We have looked at multiple aspects of managed care policy as described below.

- Oversight and transparency of directed payments. Managed care directed payments are a large and growing share of Medicaid spending. However, little information is reported publicly about these payments and it is unclear what effect they have on quality and access to care for Medicaid beneficiaries. We published an issue brief examining the use of directed payments based on our review of directed payments approved by CMS as of February 2023.
- External quality review. MACPAC is examining how the mandatory external quality review (EQR) process supports states' ability to conduct oversight of and hold managed care accountable to federal and state requirements. Early findings suggest that while states find external quality review useful, there may be opportunities to consider the focus of EQR, greater transparency in reporting of findings, and a clearer and more robust role for CMS in oversight of the process. This work is ongoing.
- Denials and appeals. The Commission assessed how states and CMS monitor denials of services to mitigate inappropriate denials and how the appeals process works to ensure that beneficiaries inappropriately denied services can obtain medically necessary care. The Commission will make recommendations to strengthen denial and appeals monitoring and oversight and to improve the process for beneficiaries in the March 2024 report.

MACPAC commented on CMS's May 2023 proposed rule on managed care access, finance, and quality. In general, the Commission supported efforts to broaden measures used to monitor access in managed care, but expressed concern about the lack alignment between proposed FFS and managed care requirements on monitoring access and assessing payment adequacy. The Commission support efforts to improve oversight of managed care directed payments and noted additional opportunities to make directed payment information publicly available and to clarify how directed payments related to existing access standards. Additionally, we

offered considerations for the proposed limits on directed payments, evaluations of in lieu of services, improvements to EQR technical reports, and updates to quality rating systems.

Evaluate access for Medicaid beneficiaries to HCBS and institutional settings, including nursing facilities or intermediate care facilities for individuals with intellectual disabilities

HCBS. MACPAC made significant analytic investments into assessing opportunities to address access barriers and administrative complexity related to HCBS.

In FY 2023, MACPAC analyzed national survey data to understand how household expenditures compare to the HCBS maintenance of need allowance for individuals eligible for Medicaid through the special income pathway. Key findings included that most household spending was for essential expenditures and about 40 percent of households had essential spending that exceeded their needs allowance.

The Commission hosted a panel of experts to discuss opportunities to improve access to HCBS and to simplify administrative complexity during the October 2022 meeting. We further examined many of the issues raised in October in interviewees with experts and stakeholders throughout fall 2022. Given the historic investment made in the American Rescue Plan Act of 2021 (ARPA, P.L. 117-2) to support HCBS, we convened a panel of state officials and an industry expert to describe state ARPA spending plans and implementation experiences during a January 2023 meeting. MACPAC will continue monitoring state use of ARPA HCBS funding and lessons learned.

In FY 2024, we have several projects underway related to HCBS including a review of the timeliness of eligibility determinations for individuals not eligible for Medicaid on the basis of modified adjusted gross income and level of care determinations for HCBS users. We are also reviewing federal HCBS authorities to explore the complexity for states of managing the varying requirements and the potential to streamline to make it easier for states to administer their HCBS programs. Finally, to better understand how Medicaid HCBS payment policies are being used to support the HCBS workforce, MACPAC has engaged a contractor to review state payment methods and examine the factors that affect the development of HCBS payment policies.

We responded to a congressional request for information on disability policies related to access to LTSS to help inform their work. Our response drew from the Commission's analytic findings pertaining to the limitations of HCBS waiting lists for assessing access barriers, state barriers to increasing access to HCBS, and the effects of Medicaid estate recovery policies on beneficiaries and state Medicaid programs.

In addition, our work on LTSS has highlighted concerns about the adequacy of the direct care workforce who provide both HCBS and care in nursing facilities. We published an issue brief and a compendium of state policies regarding staffing in nursing facilities, as well as a piece focused specifically on direct care workers providing HCBS. MACPAC's nursing facility work also included an examination of nursing facility payment.

Identify policy levers to improve care and to create programmatic efficiencies for people who are dually eligible for Medicaid and Medicare across delivery systems

Integration of care for individuals who are dually eligible for Medicaid and Medicare. MACPAC undertook multiple activities in FY 2023 and 2024 related to integrating Medicaid and Medicare coverage for the dually eligible population as a tool to address the fragmented care and poor outcomes that this population often experiences. We recognize that states are at different stages in these efforts with only about 20 percent of people dually eligible enrolled in integrated coverage in 2022.

In January 2023, in response to a request for information (RFI) from Congress on recommendations to improve care for dually eligible beneficiaries, MACPAC offered comments in three areas providing evidence-based findings and recommendations on policy issues that overlap with the questions in the RFI: requiring state strategies to integrate care; state capacity to integrate care; and considerations for a new, unified program for dually eligible beneficiaries.

In FY 2023, we convened a panel of state Medicaid officials to discuss with the Commission the incremental nature of their state approaches for integrating care for dually eligible individuals in Medicaid fee for service. We also began efforts to monitor the transition from Medicare-Medicaid plans (MMPs) to Medicare Advantage dual eligible special needs plans (D-SNPs), which must be completed by the end of CY 2025. As part of our monitoring work, we will focus on lessons learned from MMPs that can inform D-SNP implementation and future state innovations in coverage for dually eligible beneficiaries. We conducted focus groups of dually eligible beneficiaries enrolled in integrated coverage in five states to understand their first-hand experiences with integrated care. We presented findings from the focus groups during the March 2023 Commission meeting and published them in the June 2023 report to Congress.

In FY 2023 and 2024, we studied state use of State Medicaid Agency Contracts (SMACs) with Medicare Advantage D-SNPs. This work builds off of work completed in 2021 in which MACPAC examined contracting strategies available to states to promote greater integration through their D-SNP contracts. Our current analysis examined how states leverage SMACs to promote integration and the challenges states face to optimizing their SMACs. We also assessed how states make use of data and reporting requirements for D-SNPs, how they monitor and provide oversight of SMACs, and where state requirements have contributed the most to progress in integrating care. We anticipate the Commission making recommendations in the June 2024 Report to Congress.

In FY 2024, we analyzed data from the Medicare Beneficiary Summary File to produce a 10-year national enrollment trend for Medicare Savings Programs (MSP). We found that enrollment has steadily increased between 2010 and 2021 but that there were some differences in trends for different MSPs. Our findings will be published in the June 2024 report to Congress. Streamlining enrollment in the MSPs was also the subject of recent CMS rulemaking finalized in September 2023, rulemaking that the Commission discussed publicly and commented on during the proposed rule phase.

Assess Medicaid and CHIP policy levers for addressing the behavioral health needs of beneficiaries

Behavioral health. MACPAC continued its focus on behavioral health issues in FYs 2023 and 2024. This body of work included analyses of access to behavioral health services for children, youth, and adults. We completed our work with the Medicaid Outcomes Distributed Research Network, a group of researchers and state officials, to understand how Medicaid and criminal justice agencies share data and work together to facilitate transitions between the two systems. We included our findings in the June 2023 report to Congress which describes considerations that could influence timely Medicaid coverage for eligible individuals, particularly those with ongoing SUD treatment needs, as they leave prisons and jails and reenter the community.

Given the youth mental health crisis, MACPAC continued its examination of school-based behavioral health services for children and youth with Medicaid. This work assessed how Medicaid policies support children's access to behavioral health services in schools and what, if any, barriers impede such access. This analysis included a literature review and interviews with state Medicaid and education officials as well as other stakeholders. We will issue a brief highlighting the key considerations for the provision of school-based behavioral health services this spring. We also kicked off a second phase of this work to examine the role of school-based health centers in providing behavioral services to students. We expect findings late summer or early fall 2024.

MACPAC also initiated an analysis to understand the effects of the federal mandate for Medicaid coverage of medication to treat opioid used disorder established in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, P.L. 115-271). Through interviews and document review, this work will shed light on policy levers affecting access to treatment for opioid use disorder. This work also includes a quantitative analysis of the prevalence of opioid use disorder-related deaths among Medicaid enrollees and the availability of outpatient treatment programs.

Other activities related to behavioral health included:

- commenting on the HHS proposed rule on the confidentiality of substance use disorder patient records;
- conducting a listening session with state mental health program leaders to obtain their views and experiences with the priority behavioral health care issues; and

- engaging the state directors of developmental disabilities services on policies affecting access to behavioral health care for individuals with intellectual disabilities and developmental disabilities.

Examine the effects of federal Medicaid and CHIP policies on enrollment in and renewal of coverage

Eligibility and enrollment. In fall 2022, MACPAC submitted comments on the CMS proposed rule on streamlining Medicaid and CHIP application, eligibility determination, enrollment and renewal processes. This rule proposed substantial changes to reduce state administrative burden, address beneficiary enrollment barriers including for children and individuals who are dually eligible for Medicaid and Medicare, and improve program integrity.

Medicaid enrollment grew substantially during the COVID-19 pandemic, due both to job losses during the early months and the continuous coverage requirement that is a condition of receiving an enhanced federal match during the PHE. MACPAC has been monitoring guidance and state actions throughout this time, convening several panels at public meetings to learn from states and beneficiary advocates about their concerns. MACPAC convened experts to examine issues and barriers to greater use of ex parte renewals. Our published brief highlights key considerations for use of ex parte.

In FY 2024, we initiated an analysis of the national survey data to assess sources of health insurance coverage for individuals losing Medicaid coverage due to the end of the continuous coverage requirement. To the extent the data allow it, we plan to report data stratified by demographic characteristics including for example, age and race and ethnicity. We have also begun designing new analyses to understand the effect of policies and procedures on the scope of procedural terminations and coverage retention of eligible individuals.

During FY 2023, we initiated work to assess enrollment barriers for individual with limited English proficiency (LEP) and to examine Medicaid levers for addressing them. In 2019, 11.6 percent of individuals with Medicaid had LEP. Those with LEP have poor health outcomes, including higher use of emergency departments and hospital readmissions, and a higher prevalence of conditions such as hypertension, asthma, and mental health diagnoses. We expect to issue findings from this work in FY 2024.

COVID-19 and the PHE. In FY 2023 and continuing in FY 2024, MACPAC has maintained its focus on Medicaid and the COVID-19 pandemic, particularly the effects of the continuous coverage policy and its unwinding. We have regularly engaged CMS, state Medicaid officials, policy researchers, and national and local beneficiary advocates and monitored state experience with the resumption of routine eligibility redeterminations. We also have focused on the implications of the end of the continuous coverage provision for beneficiaries, some of whom will lose Medicaid coverage, and states which face an unprecedented volume of redeterminations while at the same time facing state workforce shortages. We have convened numerous panels of state officials and stakeholders to share their plans and experiences with Commissioners. For example, these panel discussions addressed updates from states on their unwinding activities, challenges, and strategies to leverage managed care organizations to facilitate appropriate coverage renewals.

Given the experience of states in using ex parte eligibility renewals during the unwinding of the continuous coverage policies, MACPAC convened an expert roundtable to examine policy and technical challenges. Under ex parte requirements, states must first attempt to confirm ongoing eligibility using reliable information available to the agency without requiring information from the individual. This process can reduce the administrative burden for states and simplify the eligibility renewal process for beneficiaries. Following the roundtable, MACPAC issued a brief summarizing the key issues discussed.

Additional priority areas

Disparities and health equity. MACPAC has continued its commitment to assessing racial and ethnic disparities, as well as addressing the implications of federal Medicaid policies on beneficiaries from historically marginalized populations in all our analytic and project work. We seek to identify policy solutions to promote equity within Medicaid. The need for MACPAC to engage in such work is clear given that 60 percent of Medicaid beneficiaries identify as Black, Hispanic, or another non-white race or ethnicity.

This body of work has two components. First, we are looking specifically at the extent to which Medicaid beneficiaries of color experience disparities and the design of Medicaid policy solutions to promote equity. Second, we have infused a health equity lens throughout our work, looking at the experience of historically marginalized groups as we consider policies of broad concern.

Examples of key activities in FY 2023 and early in FY 2024 are described below.

- MACPAC published a chapter in the June 2023 report to Congress on access to Medicaid coverage and care for adults leaving incarceration. This chapter was especially well-timed with CMS's release of guidance on and work with states to approve Section 1115 demonstrations to provide pre-release services, and with legislative activity related to this issue. Our chapter identifies key considerations for providing Medicaid pre-release services. As follow-up work, staff have an analysis underway to examine pre-release services for youth in the juvenile justice system. This work is ongoing in FY 2024.
- MACPAC developed new additions to our Access in Brief series, including briefs focused on access to care for adults with intellectual disabilities and development disabilities, behavioral health and beneficiary satisfaction by race and ethnicity, and experiences in accessing medical care by race and ethnicity.
- We assessed availability of race and ethnicity data in T-MSIS and national surveys and described findings in an issue brief. We continue our analysis of Medicaid encounter data to determine its completeness, including for demographic data such as race and ethnicity and disability status.
- MACPAC responded to CMS's request for information regarding opportunities to promote efficiency and equity within CMS programs. Our comment letter highlighted learnings from our work with respect to areas in which ongoing CMS focus is needed, such as data collection, monitoring access to care, streamlining processes, and examining the effects of the public health emergency on access to care and lessons learned.
- The ongoing work pertaining to children and youth with special health care needs and those involved in the child welfare system also have health equity implications. These populations are among the most vulnerable of Medicaid beneficiaries, particularly if they also have racial and ethnic minority backgrounds or reside in rural areas of the country.

MACPAC's reports to Congress include chapters addressing health disparities and equity. The Commission's March 2024 report to Congress will include a chapter on state Medicaid program use of statutorily required medical care advisory committees (MCACs) to engage beneficiaries. The chapter will include the Commission's recommendations that CMS issue guidance to states for addressing beneficiary recruitment and engagement challenges, that states include provisions in the MCAC bylaws addressing recruitment of diverse beneficiaries, and that states develop and implement plans to facilitate beneficiary engagement and to reduce the burden on beneficiaries in participating in MCACs.

The June 2024 report to Congress will include a descriptive chapter on collecting and reporting data on beneficiary sexual orientation and gender identity, self-reported disability status, and LEP. Individuals with these characteristics may experience unique access challenges and disparities in outcomes. However, data are not systematically collected to identify those individuals, which can limit the ability of states, MCOs, and providers to target interventions.

Maternity care. In FY 2023 and 2024, MACPAC continued work to examine Medicaid's role in maternal health as poor maternal and infant health outcomes continue to rise, and significant racial and ethnic disparities persist for pregnant women. We know this is an area of significant interest for members of Congress.

Specifically, our analyses focused on the availability of maternity care providers serving the Medicaid populations, including physicians, nurse-midwives, and birthing centers, and how state Medicaid program are covering the services of doulas. We published an issue brief on access to birthing centers and midwives in May 2023, and a separate brief on case studies of state use of doulas in Medicaid in November 2023.

In FY 2024, we will examine screening and treatment of perinatal mental health among Medicaid beneficiaries. The quantitative component of this work will analyze data from the Postpartum Assessment of Health Survey to shed light on the prevalence of behavioral health conditions among people in the postpartum period. The qualitative analysis will examine the services covered by states and barriers to access to them.

Program integrity. MACPAC continues to focus on ensuring that federal Medicaid dollars are used appropriately. In FY 2023, we continued to develop a body work to examine policy levers available to states and CMS to hold Medicaid MCOs accountable for providing care to beneficiaries. Such levers include for example, monitoring of denials and appeals and the external quality review process. Our June 2024 report to Congress will include a chapter and nine recommendations for improving the denials and appeals processes. These recommendations address opportunities for greater monitoring and transparency around denials and appeals and to improve beneficiary trust in established processes. Our work on external quality review will continue in FY 2024 with an analysis of how states use external quality review to monitor and encourage improved MCO performance. In the FY 2024-2025 report cycle, we will kick off work to examine state tools to enforce MCO compliance with requirements and penalize poor performers.

Communicating the results of our work

MACPAC's efforts to disseminate information about the Medicaid and CHIP programs continue to grow. In calendar year (CY) 2023, we produced 2 statutorily required reports to Congress, the MACStats: Medicaid and CHIP Data Book, 9 issue briefs, and 10 comment letters. In February 2023, MACPAC jointly produced with MedPAC a data book on beneficiaries who are dually eligible for Medicaid and Medicare. We also published annotated statutes for Medicaid and CHIP. In January 2024, the Commission published its first policy brief, a new type of publication, on HCBS. Policy briefs provide short (one to two page) summaries of a key policy issue, MACPAC research findings, and if applicable, recommendations in an easily digestible format.

MACPAC's website continues to serve as an important resource for those seeking nonpartisan, evidence-based information on Medicaid**.** In 2023, traffic to our website remained steady from the prior year, with the site averaging 30,000 visitors per month, up from an average of about 24,000 visitors per month in 2021. MACPAC plans to update its website in 2024 to make information more accessible and easier to find.

LinkedIn and X (formerly known as Twitter) are major vehicles to announce new publications and other updates. On X, MACPAC has more than 4,000 followers who include many influential health policy reporters, organizations, and researchers who often amplify our work. MACPAC created a LinkedIn account in 2021 and now has more than 3,700 followers. In addition, MACPAC launched a YouTube channel in late 2023 to provide resources and 101s on various topics in Medicaid.

MACPAC's mailing list has more than 4,400 subscribers, including key agency leadership and staff, members of Congress and staff, Medicaid directors and other state officials, health policy reporters, and policy organizations. Our mailing list has an average open rate of 35 percent, and a click rate of 9 percent, which is 8 percent higher than click rates in comparable industries.

Commission meetings

MACPAC held six public meetings in 2023 using a mix of virtual and hybrid (in person and virtual only) meetings that allowed members of the public to participate remotely and watch the Commission deliberate in person, as well as offer public comment at selected points during the meeting. Meeting attendance during this time period has averaged to about 300 participants per meeting and reached a high of 492 attendees for the September 2023 meeting. These numbers far surpass typical attendance at in-person-only meetings, and allows more people from the states to participate.

Consultation and coordination efforts

In FY 2023 and FY 2024, MACPAC continued its practice of obtaining perspectives from those with varied interests in Medicaid and CHIP policy.

Consultation with staff of committees of jurisdiction. We briefed key staff of our authorizing committees (Senate Finance and House Energy and Commerce) prior to each Commission meeting to preview all agenda items and sent all presentation materials as follow-ups. As is our customary practice, we invited authorizing committee staff to our annual planning retreat to relay and discuss their policy priorities with the full Commission. We also provided additional briefings on our work plan to ensure that staff are apprised of the Commission's ongoing and future streams of work. Congressional priorities are a key input into the Commission's policy work.

Consultation with state policy officials and state-focused associations. The Commission meets regularly with state Medicaid and CHIP officials and other state-focused associations to better understand state information and perspectives on emerging trends in the Medicaid and CHIP programs.

In addition, MACPAC staff were guest speakers at meetings of many of these organizations and participated in invitation-only expert roundtables. We also conducted listening sessions with CHIP directors in conjunction with the National Academy for State Health Policy annual meeting, state aging and disability directors during the ADvancing States conference, the National Association of State Directors of Developmental Disabilities Services, the National Association of State Mental Health Program Directors, and with the National Association of Medicaid Directors board of directors. Moreover, MACPAC conducted structured interviews or otherwise engaged with officials in 43 states in 2023 as part of various research projects; some states participated in multiple projects.

Coordination and consultation with other federal health agency officials. In addition to working with the Centers for Medicaid and CHIP Services, the Medicare-Medicaid Coordination Office, and the Center for Medicare and Medicaid Innovation within CMS, MACPAC maintained strong working relationships with key staff in the executive branch including the Agency for Healthcare Research & Quality, CDC, ASPE, the National Center for Health Statistics, SAMHSA, and OIG. We also worked with other congressional support agencies including CBO, CRS, and GAO. These activities helped strengthen the quality of our work and reduce duplication of effort. For example, we conferred with GAO as they launched Medicaid studies. We also continued to ask relevant agency personnel to provide technical reviews of MACPAC products to ensure their accuracy.

Consultation with beneficiaries, providers, and other key stakeholders. The Commission recognizes that Medicaid and CHIP touch a broad array of other stakeholders including health plans, different types of providers (e.g., hospitals, physicians, home care agencies), and beneficiary advocates. We are pleased that meeting attendance is growing and that more organizations are offering public comments at our meetings, and in follow-up correspondence.

In FY 2023, MACPAC staff frequently met with representatives of stakeholder organizations, providing an opportunity for them to share their recent research findings, policy priorities, issue areas of concern, and potential data sources that could be available to support MACPAC analyses, and to review MACPAC's analytic agenda. Because such meetings help inform the Commission's work plans, research, and analytic agendas, we maintain an open-door policy, meeting with such groups as time permits, and value the effort and dedication of stakeholders who step forward to put public comments on the record at Commission meetings.

In addition, MACPAC staff made formal presentations at meetings sponsored by stakeholder organizations. Over the past year, in addition to the conferences of state-focused associations, staff have been featured speakers for organizations including Academy of Managed Care Pharmacy, AcademyHealth, AHIP, American Academy of Pediatrics, Association of Community-Affiliated Health Plans, Association for Public Policy Analysis & Management, Bipartisan Policy Center, Federation of American Hospitals, Georgetown Coalition for Children and Families, the Penn Leonard Davis Institute of Health Economics, and Grantmakers in Health. MACPAC staff also participated in the State Health Access Data Assistance Center health equity advisory committee, and the National Committee for Quality Assurance Public Sector Advisory Council.

Coordination with MedPAC and the Medicare-Medicaid Coordination Office on issues related to persons who are dually eligible for Medicare and Medicaid. In keeping with its statutory charge to collaborate and consult with MedPAC and the CMS Medicare-Medicaid Coordination Office, MACPAC leadership met quarterly with key contacts at MedPAC and the duals office. In addition, MedPAC and MACPAC staff collaborated formally in publishing the annual databook on dually eligible beneficiaries and informally by reviewing each other's products to ensure technical accuracy of work of mutual interest.

Technical assistance

MACPAC staff routinely respond to confidential technical assistance requests from staff of our authorizing committees as well as from the offices of other members interested in Medicaid and CHIP policy. Requests come from both chambers, and from both sides of the aisle.

In FY 2023, MACPAC staff responded to 54 requests for technical assistance. Already in FY 2024, staff have responded to numerous requests and have provided briefings to congressional staff. The volume of such requests

suggests both a demand for information on Medicaid and CHIP as well as high confidence in MACPAC as a source of relevant data and policy analyses.

Many requests sought technical feedback on draft legislation or policy proposals. These include reviewing the potential effects of proposals, pointing out gaps, and noting needed cross references and citations to other relevant provisions of statute or regulation. The topics of such requests varied but the most frequent topics included DSH, prescription drugs, and behavioral health. We also received numerous requests for background or educational information on current Medicaid rules and policies, how programs have been implemented, and what is known about their effects, challenges, and other policy considerations. Recent requests of this nature focused on behavioral health, prescription drug coverage, LTSS, coverage of individuals dually eligible for Medicaid and Medicare, and maternal health. Finally, we responded to requests for data such as enrollment and spending in areas such as hospital and provider payment.

The level of staff time needed to respond to requests varied but often required input from several staff if, for example, draft legislation touches upon multiple aspects of Medicaid. For example, some maternal health proposals addressed coverage, behavioral health, and telehealth. Similarly, some behavioral health proposals included provisions related to eligibility, coverage, and prescription drug policy. In addition, congressional staff sometimes requested data runs for multiple scenarios to understand the potential effects of modifications to the policy.

Administrative and operational enhancement

In FY 2023, MACPAC continued to adapt and invest in its fully mobile, flexible work environment by modernizing MACPAC meeting rooms audio-visual technology, upgrading the office internet bandwidth, upgrading MACPAC internal servers' Windows operating systems from 2012 to 2019, and completing the first phase of our planned laptop refresh.

In 2024, MACPAC retained the services of an attorney with health policy and Medicaid expertise to assist with legal research and provide consultation, for example with respect to statutory and regulatory authorities related to Commission analytic work, on an ad hoc basis. We proactively sought this assistance with the goal of enhancing our already rigorous analytic process.

Appendix A. Commission Members and Terms

Melanie Bella, MBA, Chair

Robert Duncan, MBA, Vice Chair

Term expires April 2024

Heidi L. Allen, PhD, MSW
Columbia University School of Social Work
New York, NY

Melanie Bella, MBA
Cressey & Company
Philadelphia, PA

Robert Duncan, MBA
Connecticut Children's – Hartford
Prospect, CT

Verlon Johnson, MPA
Acentra Health
Olympia Fields, IL

John B. McCarthy, MPA
Speire Healthcare Strategies
Nashville, TN

Katherine Weno, DDS, JD
Independent public health consultant
Iowa City, IA

Term expires April 2025

Sonja L. Bjork, JD
Partnership HealthPlan of California
Fairfield, CA

Tricia Brooks, MBA
Georgetown University Center for Children and Families
Bow, NH

Jennifer L. Gerstorff, FSA, MAAA
Milliman
Seattle, WA

Angelo P. Giardino, MD, PhD, MPH
The University of Utah
Salt Lake City, UT

Dennis Heaphy, MPH, MEd, MDiv
Massachusetts Disability Policy Consortium
Boston, MA

Rhonda M. Medows, MD
Renton, WA

Term expires April 2026

Timothy Hill, MPA
American Institutes for Research
Columbia, MD

Carolyn Ingram, MBA
Molina Healthcare, Inc.
Santa Fe, NM

Patti Killingsworth
CareBridge
Nashville, TN

Adrienne McFadden, MD, JD
Buoy Health, Inc.
Tampa, FL

Jami Snyder, MA
JSN Strategies, LLC
Phoenix, AZ

Appendix B. Biographies of Commissioners

Heidi L. Allen, PhD, MSW, is an associate professor at Columbia University School of Social Work, where she studies the impact of social policies on health and financial well-being. She is a former emergency department social worker and spent several years in state health policy, examining health system redesign and public health insurance expansions. In 2014 and 2015, she was an American Political Science Association Congressional Fellow in Health and Aging Policy. Dr. Allen is also a standing member of the National Institutes of Health's Health and Healthcare Disparities study section. Dr. Allen received her doctor of philosophy in social work and social research and a master of social work in community-based practice from Portland State University.

Melanie Bella, MBA, (Chair), is an executive advisor at Cressey & Company and a member of the firm's Distinguished Executives Council. Prior to this, she was head of partnerships and policy at Cityblock Health, which facilitates health care delivery for low-income urban populations, particularly Medicaid beneficiaries and those dually eligible for Medicaid and Medicare. She also served as the founding director of the Medicare-Medicaid Coordination Office at the Centers for Medicare & Medicaid Services (CMS), where she designed and launched payment and delivery system demonstrations to improve quality and reduce costs. Ms. Bella also was the director of the Indiana Medicaid program, where she oversaw Medicaid, the State Children's Health Insurance Program (CHIP), and the state's long-term care insurance program. Ms. Bella received her master of business administration from Harvard University.

Sonja L. Bjork, JD, is the chief executive officer of Partnership HealthPlan of California (PHC), a non-profit community-based Medicaid managed care plan. Before joining PHC, Ms. Bjork worked as a dependency attorney representing youth in the child welfare system. During her tenure at PHC, she has overseen multiple benefit implementations and expansion of the plan's service area. Ms. Bjork served on the executive team directing the plan's $280 million strategic investment of health plan reserves to address social determinants of health. These included medical respite, affordable housing, and substance use disorder treatment options. Ms. Bjork received her juris doctor from the UC Berkeley School of Law.

Tricia Brooks, MBA, is a research professor at the McCourt School of Public Policy at Georgetown University and a senior fellow at the Georgetown University Center for Children and Families (CCF), an independent, non-partisan policy and research center whose mission is to expand and improve health coverage for children and families. At CCF, Ms. Brooks focuses on issues relating to policy, program administration, and quality of Medicaid and CHIP coverage for children and families. Before joining CCF, she served as the founding CEO of New Hampshire Healthy Kids, a legislatively created non-profit corporation that administered CHIP in the state, and served as the Medicaid and CHIP consumer assistance coordinator. Ms. Brooks holds a master of business administration from Suffolk University.

Robert Duncan, MBA, (Vice Chair), is chief operating officer of Connecticut Children's – Hartford. Before this, he served as executive vice president of Children's Wisconsin, where he oversaw the strategic contracting for systems of care, population health, and the development of value-based contracts. He was also the president of Children's Community Health Plan, which insures individuals with BadgerCare Plus coverage and those on the individual marketplace, and Children's Service Society of Wisconsin. He has served as both the director of the Tennessee Governor's Office of Children's Care Coordination and the director of the Tennessee Children's Health Insurance Program, overseeing the state's efforts to improve the health and welfare of children across Tennessee. Earlier, he held various positions with Methodist Le Bonheur Healthcare. Mr. Duncan received his master of business administration from the University of Tennessee at Martin.

Jennifer L. Gerstorff, FSA, MAAA, is a principal and consulting actuary with Milliman's Seattle office. Since joining the firm in 2006, she has served as lead actuary for several state Medicaid agencies. In addition to supporting state agencies through her consulting work, Ms. Gerstorff actively volunteers with the Society of Actuaries and American Academy of Actuaries work groups, participating in research efforts, developing content for continuing education opportunities, and facilitating monthly public interest group discussions with Medicaid actuaries and other industry experts. She received her bachelor in applied mathematics from Columbus State University.

Angelo P. Giardino, MD, PhD, MPH, is the Wilma T. Gibson Presidential Professor and chair of the Department of Pediatrics at the University of Utah's Spencer Fox Eccles School of Medicine and chief medical officer at Intermountain Primary Children's Hospital in Salt Lake City, Utah. Before this, Dr. Giardino worked at Texas

Children's Health Plan and Texas Children's Hospital from 2005 to 2018. He received his medical degree and doctorate in education from the University of Pennsylvania, completed his residency and fellowship training at the Children's Hospital of Philadelphia, and earned a master of public health from the University of Massachusetts. He also holds a master in theology from Catholic Distance University and a master in public administration from the University of Texas Rio Grande Valley.

Dennis Heaphy, MPH, MEd, MDiv, is a health justice advocate and researcher at the Massachusetts Disability Policy Consortium, a Massachusetts-based disability rights advocacy organization. He is also a dually eligible Medicaid and Medicare beneficiary enrolled in One Care, a plan operating in Massachusetts under the CMS Financial Alignment Initiative. Mr. Heaphy is engaged in activities that advance equitable whole person–centered care for beneficiaries in Massachusetts and nationally. He is cofounder of Disability Advocates Advancing Our Healthcare Rights (DAAHR), a statewide coalition in Massachusetts. DAAHR was instrumental in advancing measurable innovations that give consumers voice in One Care. Examples include creating a consumer-led implementation council that guides the ongoing development and implementation of One Care, an independent living long-term services and supports coordinator role on care teams, and an independent One Care ombudsman. Previously, he worked as project coordinator for the Americans with Disabilities Act for the Massachusetts Department of Public Health (MDPH) and remains active on various MDPH committees that advance health equity. In addition to policy work in Massachusetts, Mr. Heaphy is on the advisory committee of the National Center for Complex Health & Social Needs and the Founders Council of the United States of Care. He is a board member of Health Law Advocates, a Massachusetts-based nonprofit legal group representing low-income individuals. He received his master of public health and master of divinity from Boston University and master of education from Harvard University.

Timothy Hill, MPA, is vice president for client engagement at the American Institutes for Research (AIR), where he provides leadership and strategic direction across a variety of health-related projects. Before joining AIR, Mr. Hill held several executive positions within CMS, including as a deputy director of the Center for Medicaid and CHIP Services, the Center for Consumer Information and Insurance Oversight, and Center for Medicare. Mr. Hill earned his bachelor's degree from Northeastern University and his master's degree from the University of Connecticut.

Carolyn Ingram, MBA, is an executive vice president of Molina Healthcare, Inc., which provides managed health care services under the Medicaid and Medicare programs as well as through state insurance marketplaces. Ms. Ingram is also the plan president for Molina Healthcare of New Mexico and the executive director of the Molina Healthcare Charitable Foundation. Previously, Ms. Ingram served as the director of the New Mexico Medicaid program, where she launched the state's first managed long-term services and supports program. She also held prior leadership roles, including vice chair of the National Association of Medicaid Directors and chair of the New Mexico Medical Insurance Pool. Ms. Ingram earned her bachelor's degree from the University of Puget Sound and her master of business administration from New Mexico State University.

Verlon Johnson, MPA, is executive vice president and chief strategy officer at Acentra Health, a Virginia-based health information technology firm that works with state and federal agencies to design technology-driven products and solutions that improve health outcomes and reduce health care costs. Ms. Johnson previously served as an associate partner and vice president at IBM Watson Health. Before entering private industry, she was a public servant for more than 20 years, holding numerous leadership positions, including associate consortium administrator for Medicaid and CHIP at CMS, acting regional director for the U.S. Department of Health and Human Services, acting CMS deputy director for the Center for Medicaid and CHIP Services (CMCS), interim CMCS Intergovernmental and External Affairs group director, and associate regional administrator for both Medicaid and Medicare. Ms. Johnson earned a master of public administration with an emphasis on health care policy and administration from Texas Tech University.

Patti Killingsworth is the senior vice president of long-term services and supports (LTSS) strategy at CareBridge, a value-based healthcare company dedicated to supporting Medicaid and dually eligible beneficiaries receiving home- and community-based services. Ms. Killingsworth is a former Medicaid beneficiary and lifelong family caregiver with 25 years of Medicaid public service experience, most recently as the longstanding assistant commissioner and chief of LTSS for TennCare, the Medicaid agency in Tennessee. Ms. Killingsworth received her bachelor's degree from Missouri State University.

John B. McCarthy, MPA, is a founding partner at Speire Healthcare Strategies, which helps public and private sector entities navigate the health care landscape through the development of state and federal health policy.

Previously, he served as the Medicaid director for both the District of Columbia and Ohio, where he implemented a series of innovative policy initiatives that modernized both programs. He has also played a significant role nationally, serving as vice president of the National Association of Medicaid Directors. Mr. McCarthy holds a master's degree in public affairs from Indiana University's Paul H. O'Neill School of Public and Environmental Affairs.

Adrienne McFadden, MD, JD, is the chief medical officer at Buoy Health, Inc., a virtual health service created to support patient decision making. After beginning her career in emergency medicine, Dr. McFadden has held multiple executive and senior leadership roles, including vice president for Medicaid clinical at Humana, Inc.; director of the Office of Health Equity at the Virginia Department of Health; and inaugural medical director of the South University Richmond Physician Assistant Program. Dr. McFadden received her medical and law degrees from Duke University.

Rhonda M. Medows, MD, is a nationally recognized expert in population health and health equity. Most recently, she was president of Providence Population Health Management, where she used her platform to change the way health care organizations approach large-scale issues, such as improving equity in the Medicare and Medicaid programs. Before joining Providence, she was an executive vice president and chief medical officer at UnitedHealth. In the public sector, she served as commissioner for the Georgia Department of Community Health, secretary of the Florida Agency for Health Care Administration, and chief medical officer for the CMS Southeast Region. Dr. Medows holds a bachelor's degree from Cornell University and earned her medical degree from Morehouse School of Medicine in Atlanta, Georgia. She practiced medicine at the Mayo Clinic and is board certified in family medicine. She is also a fellow of the American Academy of Family Physicians.

Jami Snyder, MA, is the president and chief executive officer of JSN Strategies, LLC, where she provides health care–related consulting services to a range of public and private sector clients. Previously, she was the Arizona cabinet member charged with overseeing the state's Medicaid program. During her tenure, Ms. Snyder spearheaded efforts to stabilize the state's health care delivery system during the public health emergency and advance the agency's Whole Person Care Initiative. Ms. Snyder also served as the Medicaid director in Texas and as the president of the National Association of Medicaid Directors. Ms. Snyder holds a master's degree in political science from Arizona State University.

Katherine Weno, DDS, JD, is an independent public health consultant. Previously, she held positions at the Centers for Disease Control and Prevention, including senior adviser for the National Center for Chronic Disease Prevention and Health Promotion and director of the Division of Oral Health. Dr. Weno also served as the director of the Bureau of Oral Health in the Kansas Department of Health and Environment. Previously, she was the CHIP advocacy project director at Legal Aid of Western Missouri and was an associate attorney at Brown, Winick, Graves, Gross, Baskerville, and Schoenebaum in Des Moines, Iowa. Dr. Weno started her career as a dentist in Iowa and Wisconsin. She earned degrees in dentistry and law from the University of Iowa.

Appendix C. Commission Public Meetings and Major Agenda Items

Fiscal Year 2023

October 27–28, 2022

- Medicaid race and ethnicity data collection and reporting: Interview findings
- Improving access to Medicaid coverage and care for adults leaving incarceration
- Monitoring the unwinding of the Public Health Emergency
- Proposed eligibility, enrollment, and renewal rule: Summary and areas for potential comment
- Potential changes to the consideration of access in actuarial soundness
- Trends in Medicaid drug spending and rebates
- Panel on streamlining delivery of home- and community-based services
  - Henry Claypool, Policy Director, Community Living Policy Center, University of California, San Francisco
  - Katie Evans Moss, Chief, TennCare Long Term Services and Supports (LTSS) Division
  - MaryBeth Musumeci, Associate Teaching Professor, Department of Health Policy and Management at George Washington University's Milken Institute School of Public Health
- Maintenance needs allowances for beneficiaries receiving home- and community-based services
- Potential recommendations for structuring disproportionate share hospital allotments during economic crises
- MACPAC response to request for information—Make your voice heard: Promoting efficiency and equity within CMS programs

December 8–9 2022

- Possible recommendations for improving Medicaid race and ethnicity data collection and reporting
- Potential nursing facility payment principles and recommendations
- Required annual analysis of disproportionate share hospital allotments
- Transitions in coverage between Medicaid and other insurance affordability programs
- Recent developments in Section 1115 demonstration waivers and implications for future policy
- In-lieu-of services and value-added benefits: Implications for managed care rate setting
- Medicare-Medicaid plan demonstration transition updates and monitoring
- Medicaid coverage based on Medicare national coverage determination: Moving towards recommendations
- Highlights from MACStats 2022
- Panel on the role of Medicaid in improving outcomes for adults leaving incarceration
  - Vikki Wachino, Executive Director, Health and Reentry Project and Principal, Viaduct Consulting LLC
  - David Ryan, Senior Policy Advisor to Sheriff Peter J. Koutoujian, Middlesex County, MA
  - DeAnna Hoskins, President & CEO, JustLeadershipUSA
  - Jami Snyder, Director, Arizona Health Care Cost Containment System
- Congressional request for information on data and recommendations to improve care for dually eligible beneficiaries

January 26–27, 2023

- Improving Medicaid race and ethnicity data collection and reporting: Review of recommendations and draft chapter for March report
- Nursing facility provider payment principles: Review of recommendations and draft chapter for March report
- Medicaid coverage based on Medicare national coverage determination (NCD): Review of recommendations and draft chapter for March report
- Interviews with experts on challenges for states administering Medicaid home- and community-based services and access barriers for beneficiaries
- Panel on the American Rescue Plan Act (ARPA): States' early experiences with implementation
  - Elizabeth Matney, State Medicaid Director, Iowa Department of Human Services
  - Dr. Kevin Bagley, Director, Medicaid & Long-Term Care, Nebraska Department of Health and Human Services
  - Heidi Hamilton, Acting Director of the Disability Services Division, Minnesota Department of Human Services
  - Camille Infussi Dobson, Deputy Executive Director, ADvancing States
- Highlights from Duals Data Book 2023
- Medicaid managed care quality oversight overview
- Examining the role of external quality review in managed care oversight
- Denials and appeals in Medicaid managed care
- Vote on recommendations for the March report to Congress
- Discussion of potential responses to HHS rulemaking
- State update on unwinding the public health emergency (PHE)
  - Chris Underwood, Chief Administrative Officer, Colorado Department of Health Care Policy and Financing
  - Traylor Rains, State Medicaid Director, Oklahoma Health Care Authority
  - Sandie Ruybalid, Deputy Administrator, Nevada Department of Health and Human Services, Division of Health Care Financing and Policy

March 2, 2023

- Additional analyses of potential recommendations for countercyclical disproportionate share hospital (DSH) allotments
- Considerations for providing pre-release Medicaid services to adults leaving incarceration
- Update on unwinding the continuous coverage requirements and other flexibilities
- Focus group findings: Experiences of full-benefit dually eligible beneficiaries in integrated care models
- Panel on state flexibilities to coordinate care in the absence of full-risk capitation
  - William Halsey, LCSW, MBA, Deputy Director of Medicaid and Division of Health Services, Connecticut Department of Social Services
  - Juliet Charron, MPH, Medicaid Division Administrator, Idaho Department of Health and Welfare
  - Ashley Berliner, MPA, Director of Healthcare Policy and Planning, Vermont Agency of
  - Human Services
- Managed care external quality review (EQR): Study findings
- CMS proposed rule on disclosures of nursing facility ownership

April 13–14, 2023

- Recommendations for automatic adjustments to disproportionate share hospital allotments
- Integrating care for dually eligible beneficiaries: Different delivery mechanisms provide varying levels of integration
- Access to Medicaid coverage and care for adults leaving incarceration
- Access to covered dental benefits for adult Medicaid beneficiaries: Panel discussion
  - Brandon Bueche, Program Operations and Compliance Manager, Louisiana Department of Health and Hospitals
  - Justin Gist, Dental Program Manager, Virginia Department of Medical Assistance Services
  - Marko Vujicic, Chief Economist and Vice President from the Health Policy Institute at the American Dental Association
- Unwinding update: State implementation and coordination with providers and community organizations
- Proposed rule on Medicaid disproportionate share hospital third-party payer policy
- Vote on recommendations for the June report to Congress
- Access to home- and community-based services
- Denials and appeals in managed care: Interview findings

September 21–22, 2023

- Monitoring and oversight of managed care denials and appeals
- Medicaid demographic data collection
- Panel discussion on unwinding Medicaid: Challenges to date and what's to come
  - Kate McEvoy, Executive Director, National Association of Medicaid Directors
  - Allison Orris, Senior Fellow, Center on Budget and Policy Priorities
  - Daniel Tsai, Deputy Administrator and Director, Center for Medicaid and CHIP Services
- Ex parte expert roundtable
- Hospital supplemental payment work plan
- Review of proposed rule on nursing facility staffing and payment transparency
- School-based behavioral health services for students enrolled in Medicaid
- Engaging beneficiaries through medical care advisory committees (MCACs)
- Medicare savings programs: Eligibility and enrollment

Fiscal Year 2024

November 2–3, 2023

- Improving the managed care appeals process
- Medicaid primary language and limited English proficiency data collection
- Unwinding the continuous coverage requirement in Medicaid: State and managed care plan strategies
  - Amir Bassiri, Deputy Commissioner of the Office of Health Insurance Programs and New York State Medicaid Director
  - Cora Steinmetz, Medicaid Director, Indiana Family and Social Services Administration (FSSA)
  - Stephanie Myers, State Affairs Director, Medicaid Health Plans of America (MHPA)
- Medical care advisory committees (MCACs) and beneficiary engagement

- School-based behavioral health services: Findings from stakeholder interviews
- Medicaid home- and community-based Services (HCBS): Comparing requirements for states
- Medicaid payment policies to support the home- and community-based services workforce
- Optimizing contracts with Medicare Advantage D-SNPs: State Medicaid agency contracts (SMACs)

December 14–15, 2023

- Medicaid sexual orientation and gender identity (SOGI) data collection
- Barriers to improving transparency of Medicaid financing
- Annual analysis of Medicaid disproportionate share hospital (DSH) allotments to states
- Engaging beneficiaries through medical care advisory committees (MCAC) to inform Medicaid policymaking
- Data update on unwinding the continuous coverage provisions
- Potential areas for comment on CMS proposed rule on Medicare Advantage for CY2025
- Highlights from MACStats 2023
- Vote on recommendations for the March Report to Congress
- Medicare-Medicaid plan (MMP) transition monitoring: Interviews on stakeholder engagement
- Panel on the Medicare-Medicaid plan transitions and the future of integrated care for dually eligible individuals
  - Tim Engelhardt, Director, CMS Medicare-Medicaid Coordination Office
  - Michael Monson, Chief Executive Officer and President, Altarum
  - Michelle Herman Soper, Vice President of Public Policy, Commonwealth Care Alliance

January 25-26, 2024

- Denials and appeals in Medicaid managed care
- Medicaid self-reported disability data collection
- Policy options for improving the transparency of Medicaid financing
- State Medicaid agency contracts: Interviews with key stakeholders
- Findings from expert roundtable on evaluating the effects of Medicaid payment changes on access to physician services
- Medicaid coverage of physician-administered drugs
- Highlights from the duals data book
- Medicare Savings Programs: Enrollment trends
- Panel on the American Rescue Plan Act (ARPA): Sustainability and evaluation
  - Jennifer Bowdoin, Director of the Division of Community Systems Transformation, Medicaid Benefits and Health Programs Group, Center for Medicaid and CHIP Services, CMS
  - Alissa Halperin, Principal Consultant, Halperin Health Policy Solutions
  - Bonnie Silva, Director of the Office of Community Living, Colorado Department of Health Care Policy & Financing

March 7-8, 2024

- Proposed recommendation for improving the transparency of Medicaid financing
- Medicaid home- and community-based services (HCBS): Addressing administrative requirements

- Optimizing state Medicaid agency contracts (SMACs): Policy options
- Findings from interviews about Medicaid payment policies to support the home- and community-based services workforce
- Themes from expert roundtable on physician-administered drugs (PAD)
- Transitions of coverage and care for children and youth with special health care needs (CYSHCN)
- Medicare Savings Programs (MSPs): Enrollment trends
- Panel discussion on authorities and state Medicaid approaches for covering health-related social needs (HRSN)
    - Dave Baden, Deputy Director for Programs and Policy, Oregon Health Authority
    - Amir Bassiri, Medicaid Director, New York State Department of Health
    - Elizabeth (Libby) Hinton, Associate Director, KFF
    - Hemi Tewarson, Executive Director, National Association of State Health Policy (NASHP)

Appendix D. Upcoming Meetings

Remainder of Fiscal Year 2024

April 11-12, 2024

June 13-14, 2024 (Retreat)

September 19-20, 2024

Fiscal Year 2025

October 31-November 1, 2024

December 12-13, 2024

January 23-24, 2025

February 27-28, 2025

April 10-11, 2025

June 12-13, 2025 (Retreat)

September 18-19, 2025

Fiscal year 2026

October 30-31, 2025

December 11-12, 2025

January 29-30, 2026

March 5-6, 2026

April 9-10, 2026

June 11-12, 2026 (Retreat)

September 24-25, 2026

Appendix E. Publications

This list includes all MACPAC products published since the submission of our last budget justification in March 2023.

Reports to Congress

- Report to Congress on Medicaid and CHIP (March 2023)
  - Medicaid Race and Ethnicity Data Collection and Reporting: Recommendations for Improvement
  - Principles for Assessing Medicaid Nursing Facility Payment Policies
  - Strengthening Evidence under Medicaid Drug Coverage
  - Annual Analysis of Medicaid Disproportionate Share Hospital Allotments to States
- Report to Congress on Medicaid and CHIP (June 2023)
  - Countercyclical Medicaid Disproportionate Share Hospital Allotments
  - Integrating Care for Dually Eligible Beneficiaries: Different Delivery Mechanisms Provide Varying Levels of Integration
  - Access to Medicaid Coverage and Care for Adults Leaving Incarceration
  - Access to Home- and Community-Based Services

Data books

- Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid (January 2024) (jointly produced with the Medicare Payment Advisory Commission)
- MACStats: Medicaid and CHIP Data Book (December 2023)

Issue briefs

- Access in Brief: Effects of COVID-19 on Medicaid Beneficiaries' Health and Health Care Utilization (March 2024)
- Access in Brief: Adults with Intellectual Disabilities and Developmental Disabilities (February 2024)
- Access in Brief: Behavioral Health and Beneficiary Satisfaction by Race and Ethnicity (January 2024)
- Doulas in Medicaid: Case Study Findings (November 2023)
- Increasing the Rate of Ex Parte Renewals (September 2023)
- Managed Care External Quality Review (July 2023)
- Directed Payments in Medicaid Managed Care (June 2023)
- Access to Maternity Providers: Midwives and Birth Centers (May 2023)
- Access in Brief: Health Care Experiences and Satisfaction by Race and Ethnicity (April 2023)
- Medicaid Access in Brief: Children and Youth with Special Health Care Needs (March 2023)
- Medicaid Base and Supplemental Payments to Hospitals (March 2023)

Policy brief

- High-Cost Drugs and the Medicaid Program: MACPAC Evidence and Recommendations (February 2024)
- Compendium of Medicaid Payment Policies for Home- and Community-Based Services in Section 1915(c) Waivers (January 2024)

Comment letters

- Comment Letter: Proposed Changes to Medicare Advantage and Medicare Part D (January 2024)
- Comment Letter: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (November 2023)
- Comment Letter: Proposed Rule on Medicaid Program: Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program (July 2023)
- Comment Letter: Proposed Rule on Service Availability and Beneficiary Engagement (June 2023)
- Comment Letter: Proposed Rule on Medicaid and CHIP Managed Care Access, Finance, and Quality (June 2023)
- Comment Letter: Proposed Medicaid Disproportionate Share Hospital Third-Party Payer Rule (April 2023)
- Comment Letter: Proposed Rule Requiring Disclosure of Nursing Facility Ownership Information (March 2023)

State policy compendia

- Compendium: Medicaid Payment Policies for Home- and Community-Based Services in Section 1915(c) Waivers (January 2024)

Contractor reports

- Federal Survey Sample Size Analysis: Disability, Language, and Sexual Orientation and Gender Identity (October 2023)

Reference material

- Annotated Statutes for Medicaid (July 2023)
- Annotated Statutes for CHIP (July 2023)