



MACPAC's Agenda for the 2026-2027 Meeting Cycle

Want to stay up to date on some of the topics that the Medicaid and CHIP Payment and Access Commission (MACPAC) will address during our [2026-2027 meetings](#)? Here's a look at some of MACPAC's upcoming areas of focus in Medicaid policy.

Our analytic agenda includes, but is not limited to:



Program integrity

Federal role in program integrity

MACPAC will continue its work examining the role of federal agencies in Medicaid program integrity. This work focuses on the activities the federal government conducts to assist states' program integrity functions. Assistance in this context means providing information, resources, and direction that enhances states' ability to prevent, identify, pursue, and remediate fraud, waste, and abuse in their Medicaid programs.

Provider enrollment

MACPAC will examine how federal requirements for state provider enrollment and managed care credentialing processes ensure that only qualified providers are allowed to serve Medicaid beneficiaries, whether those processes create disincentives for participation by qualified providers, and whether there are opportunities to address those barriers in federal policy. This work follows MACPAC's June 2026 report chapter, which describes the federal policy landscape, federal requirements, and general process related to enrollment and credentialing in Medicaid.



Behavioral health

Access to behavioral health services for youth

As part of our multi-year work plan to address the needs of youth with serious behavioral health needs, we will continue our work on access to behavioral health services with two projects. First, we are assessing access to intensive behavioral health services, such as high intensity wraparound and crisis services, in the community. We will also begin an examination of federal policy levers to ensure the safety and quality of care in residential treatment facilities.

Utilization management for medications for opioid use disorder (MOUD)

MACPAC will continue to examine access to MOUD by assessing the use of prior authorization for MOUD, daily dosage caps, and refill thresholds in Medicaid. Specifically, our work will consider whether such strategies enable states and managed care organizations to manage costs and prevent overuse and diversion while also ensuring appropriate and timely access to MOUD.

Behavioral health and people with intellectual and developmental disabilities (I/DD)

MACPAC will examine the share of people with I/DD in Medicaid who received behavioral health services, as well as the policies that are in place to ensure that the behavioral health needs of people with I/DD in Medicaid are being screened and treated. We will also look at how Medicaid waivers that enroll people with I/DD account for their behavioral health service needs.



Prescription Drugs

Drug pricing and rebates

MACPAC will begin new work to understand how the Administration's Most Favored Nation (MFN) drug pricing framework and recent Center for Medicare and Medicaid Innovation (CMMI) models affect drug pricing and coverage in Medicaid in relation to the existing requirements of the Medicaid Drug Rebate Program. The MFN framework and CMMI models included in this work incorporate elements of price negotiation between the federal government and drug manufacturers on behalf of the Medicaid program either through direct negotiation or utilizing external pricing benchmarks from other countries.



Provider payment

Hospital payment index

MACPAC will continue its work exploring whether hospital payment policies are consistent with the Medicaid statutory goals of economy, efficiency, quality, and access. We will update our existing hospital payment analysis to compare Medicaid payment for inpatient hospital services across states and to Medicare. This update will expand on the prior work to include payments under managed care.

Hospital cost drivers

MACPAC will begin work to better understand the drivers of hospital costs and how states account for them in the development of Medicaid hospital payment policies. Specifically, we will examine the cost factors that may contribute to increased Medicaid expenditures for hospitals, such as labor costs, supply and equipment costs, and changes in enrollment, service mix, and intensity. This work will also explore how states respond to these cost drivers through payment rate updates, oversight over cost growth, and other hospital payment policies.



Long-term services and supports

Assistive technology

MACPAC will continue its work to understand how Medicaid covers assistive technology. Our focus is on access to the benefit for adults using home- and community-based services (HCBS) and how assistive technology may be used as a tool to increase independence and lessen the burden on the HCBS workforce.

MEETINGS



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