



# **State Flexibility and Program Accountability: Framing Work for the 2017-2018 Work Cycle**

**—  
Medicaid and CHIP Payment and Access Commission**

Moira Forbes

# Federal vs. state responsibilities

- Federal law creates broad program requirements
  - Ensure that federal dollars are used for statutory purposes
  - Establish consistent minimum eligibility and benefit standards across states
  - Ensure enrollee access to timely and appropriate services
  - Ensure that federal funds are used for the proper and efficient operation of the program
- States make many policy and operational decisions
  - Determine who is eligible for enrollment
  - Determine which services are covered
  - Establish provider payment rates and methods
  - Design delivery systems

# Additional state flexibility

- Medicaid directors and governors have asked for additional flexibility to administer Medicaid
  - Loosen federal requirements related to who and what must be covered
  - Remove perceived barriers to innovation in delivery of services
  - Change processes for approval/renewal of state plan amendments and waivers
  - Reduce data collection and reporting perceived to be duplicative or not useful

# Federal options and opportunities

- CMS can waive some but not all statutory requirements through demonstration waiver authority
- Trump Administration has indicated support for allowing states greater flexibility through statutory and administrative changes
- Efforts to constrain federal financing through per capita caps or block grants also promise greater flexibility

# Commission analyses

- Design and implementation issues relating to Medicaid eligibility under 1115 waivers
- Key accountability elements of federal managed care oversight
- Monitoring and evaluating 1115 waivers
- Considerations for converting waivers to state plan authority (1915(b))
- Design and implementation issues relating to program design under 1115 waivers
- Streamlining authorities



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