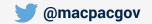


State Flexibility and Program Accountability: Framing Work for the 2017-2018 Work Cycle

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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