



Leveraging Medicaid Policies to Promote Health Equity

— Medicaid and CHIP Payment and Access Commission

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Overview

- General framework for the chapter
- Key themes
 - Federal actions to advance health equity
 - Data collection and reporting
 - State Medicaid agency leadership
 - Beneficiary engagement
 - Enrollment, redetermination, and renewal processes
 - Delivery system levers
 - Culturally competent workforce
- Ongoing MACPAC work
- Next steps

General Framework for the Chapter

- Review the key concepts for understanding racial disparities and inequity (e.g., structural racism and intersectionality)
- Describe what is known about health disparities and inequity in Medicaid
- Provide an overview of federal and state Medicaid efforts to address health equity

Federal Actions to Advance Health Equity

- Overview of historic and current efforts to address health equity
- CMS has announced its commitment to apply a health equity lens across all programs
- Recent actions:
 - Outreach and enrollment grants with a focus on reducing racial coverage disparities

Data Collection and Reporting

- Availability of race and ethnicity data and the strengths and limitations of various data sources
- Challenges with self-reporting
- Inconsistent data collection methods

State Medicaid Agency Leadership

- Role of state leadership in health equity initiatives
 - Grants authority to staff
 - Set expectations of staff
- Description of state health equity plans
 - Medium to long-term strategies to advance health equity
 - Identifies strategies for health equity initiatives (e.g., maternal health)

Beneficiary Engagement

- Meaningful beneficiary engagement throughout policy and program development
- Barriers to participation:
 - Feelings of intimidation
 - Lack of compensation
 - Logistical needs (e.g., child care, transportation)

Enrollment, Redetermination, and Renewal Processes

- Concern with the return to routine renewals when the COVID-19 public health emergency ends
- State efforts to reduce systemic barriers in enrollment and renewal processes for beneficiaries to gain and maintain Medicaid coverage

Delivery System Levers

- Contract requirements (e.g., MCO requirements for equity plans; conduct health equity trainings for MCO staff)
- Payment (e.g., use of incentives and value-based payments tied to equity goals)
- Quality improvement activities (e.g., stratification of quality measures; MCO quality assessment and performance improvement plans; external quality review)

Culturally Competent Workforce

- Opportunities and challenges for developing a culturally competent workforce
- Use of non-clinical workforce, such as community health workers and doulas

Ongoing MACPAC Work

- Access to behavioral health services for Medicaid-eligible individuals leaving jails or prison
- Availability of race and ethnicity data
- Approaches for improving collection and reporting of Medicaid data by race and ethnicity
- Medicaid coverage of doula services

Next Steps

- Commissioner feedback on key themes and any additional points
- Staff will incorporate commissioner feedback
- Staff presentation of draft chapter in April



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