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## MACPAC Releases June Report to Congress

*Congressional advisory panel makes recommendations designed to improve care for Medicaid beneficiaries, increase transparency of managed care directed payments, and encourage health IT use in behavioral health*

The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2022 Report to Congress on Medicaid and CHIP today, recommending a series of measures that Congress could take to create a better system for monitoring access to care for Medicaid beneficiaries, improve the oversight and transparency of managed care directed payments, increase access to vaccines for adults enrolled in Medicaid, encourage the uptake of health information technology (IT) in behavioral health, and better integrate care for people who are eligible for both the Medicaid and Medicare programs. In addition, the Commission offers policy levers that states and the federal government can use to promote equity in Medicaid.

“Integrating care for people who are dually eligible for Medicaid and Medicare, increasing access to vaccines, creating a more robust system for monitoring Medicaid beneficiaries’ access to care, and advancing health equity in Medicaid will make a real difference in the lives of beneficiaries in every state,” said MACPAC Chair Melanie Bella. “The report also offers ways to better connect clinical and behavioral health through the use of IT, as well as suggestions to better monitor how managed care directed payments, which are a growing area of Medicaid spending, are being used.”

Chapter 1 includes recommendations to create a new and more robust system for monitoring access to care for Medicaid beneficiaries. States and the federal government are obligated to ensure that Medicaid provides access to services. However, the current approach to monitoring access does not measure key domains of access or provide actionable data, which are needed for policymakers and stakeholders to assess whether the program is meeting this obligation. The Commission approved recommendations that would direct the Centers for Medicare & Medicaid Services (CMS) to develop a new system for access monitoring that is transparent, involves stakeholder input, and allows for comparisons across states and delivery systems.

Chapter 2 focuses on the oversight and transparency of managed care directed payments, which have become a large and growing share of Medicaid payments. Although information on spending under this new option is limited, state projections indicate that total spending exceeded \$25 billion in 2020. More transparency is needed to understand how much is being spent and the extent to which these payments are advancing quality and access goals. To address this, the Commission makes three recommendations,



including making more information available on directed payment approval documents, rate certifications, and evaluations; collecting new provider-level data on directed payment spending; and requiring more explanation from states on how these payments relate to program goals. The Commission also makes two recommendations to strengthen oversight, including providing guidance for more meaningful, multiyear assessments of directed payments and improving coordination among managed care payment review processes.

Chapter 3 makes recommendations to improve access to vaccines for adults enrolled in Medicaid, who generally have lower vaccination rates than those covered by private insurance. The Commission recommends a set of complementary actions to improve vaccine uptake, including making coverage of recommended vaccines a mandatory benefit for all adult Medicaid beneficiaries, promulgating regulations for vaccine payment, and encouraging the broad use of Medicaid providers in administering vaccines. The Commission also recommends that the Secretary of the U.S. Department of Health and Human Services direct a coordinated effort to improve vaccine outreach and education to Medicaid and State Children's Health Insurance Program (CHIP) beneficiaries, as well as improving immunization information systems and providing funding to support these efforts.

Chapter 4 looks at how Medicaid policy can be used to support adoption of health IT among behavioral health providers. Medicaid programs play a critical role in financing behavioral health services and are increasingly focused on ways to provide behavioral health in more integrated settings. The Commission recommends that CMS issue guidance to help states use Medicaid authorities and other federal resources to promote behavioral health IT adoption, and that the Office of the National Coordinator for Health Information Technology and the Substance Abuse and Mental Health Services Administration work together to develop voluntary standards that would encourage health IT uptake appropriate for behavioral health.

Chapter 5 takes an important step forward in making integrated care a standard for the 12.2 million people who are dually eligible for Medicaid and Medicare. While integrating care for beneficiaries of these programs has the potential to improve care and reduce federal and state spending, only about 1 million full-benefit dually eligible beneficiaries were enrolled in integrated care models in 2020. The Commission recommends that Congress require all states to develop an integrated care strategy within two years. The strategy should address the integration approach, eligibility and benefits covered, enrollment plan, beneficiary protections, data analytics, and quality measurement—and be structured to promote health equity. The recommendation includes federal financing to support states in developing the strategy.

The final chapter of the June report addresses how to advance health equity in Medicaid, which has become a cross-cutting theme across all of MACPAC's work. More than half of the adults and two-thirds of children enrolled in Medicaid and CHIP are beneficiaries of color. Health disparities have long existed for Medicaid beneficiaries of color, and the chapter provides the context for understanding these racial disparities and inequities. It highlights data showing the racial and ethnic composition of the Medicaid population and the disparities affecting these beneficiaries. In addition, the chapter discusses policy



levers, such as improving the collection and reporting of race and ethnicity data, that states and the federal government can use to promote equity and lays the groundwork for future MACPAC work.

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## **ABOUT MACPAC**

The Medicaid and CHIP Payment and Access Commission 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, and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP). For more information, please visit:

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