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[caroline.broder@macpac.gov](mailto:caroline.broder@macpac.gov)

## MACPAC Releases June 2024 Report to Congress

*Congressional advisory panel proposes ways to improve transparency of financing in Medicaid and CHIP, and gives recommendations to states that address integrated care for people who are dually eligible for Medicaid and Medicare*

The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2024 *Report to Congress on Medicaid and CHIP* today, with recommendations to Congress for increased transparency in Medicaid and the State Children's Health Insurance Program (CHIP) financing, tools that states can use to optimize state Medicaid agency contracts (SMACs), enrollment trends in Medicare Savings Programs (MSPs), and improvements to demographic data collection in Medicaid.

"This report provides strategies and tools that federal and state policymakers can use to make the Medicaid program more transparent, and to meaningfully improve the experience for the program's beneficiaries," MACPAC Chair Verlon Johnson said.

Chapter 1 focuses on improving the transparency of financing the non-federal share of Medicaid and CHIP. In the Commission's view, the primary goal of improving financing transparency in these two programs is to better understand how much providers are paid today under currently permissible financing mechanisms. Identifying payment amounts is the first component of MACPAC's provider payment framework for assessing whether payments are consistent with the statutory goals of efficiency, economy, quality, and access. The Commission makes two recommendations to require states to collect and publicly report information on the sources of non-federal share of Medicaid and CHIP spending, including financing methods, state-level financing amounts, and provider-level financing amounts.

Chapter 2 explores steps toward better coordination of care for people who are dually eligible for Medicaid and Medicare and makes recommendations for how states can optimize and oversee SMACs with Medicare Advantage dual eligible special needs plans (D-SNPs). Dually eligible beneficiaries who are eligible for both Medicaid and Medicare may experience fragmented care and poor health outcomes when their benefits are not coordinated. The chapter highlights the role of care coordination data in assisting state efforts to evaluate integrated care and to oversee and monitor D-SNPs. Building on prior work, the Commission makes recommendations to states and the Centers for Medicare & Medicaid Services that are intended to support states by providing a starting point for optimizing and overseeing SMACs and to explain how integrated care may benefit beneficiaries residing in their states.

Chapter 3 examines MSPs. People who are eligible for both Medicare and Medicaid may be eligible to receive Medicaid assistance with their Medicare premiums and cost sharing through MSPs. The Commission has had a longstanding interest in MSPs because of their potential to improve access to care for low-income Medicare beneficiaries. The chapter provides an overview of the MSPs, and then discusses MACPAC's prior work analyzing participation rates in the programs, including prior Commission recommendations aimed at improving participation in the MSPs. The chapter concludes with a new analysis of enrollment trends, including comparisons across MSPs and enrollment trends by demographic characteristics including age, sex, and urban or rural residence. In 2021, around 80 percent of dually eligible beneficiaries, or about 10 million people, were enrolled in



an MSP. These findings indicate that state and federal efforts over the last decade to increase awareness of the MSPs among eligible low-income Medicare beneficiaries may have achieved their intended goals and have made substantial progress.

The final chapter of the June report looks at the collection of demographic data in Medicaid. Medicaid plays an important role in providing health insurance coverage to historically marginalized populations, and disparities in health care access and outcomes persist among these populations. However, gaps in demographic data collection can impede efforts to measure and address these health disparities. Prior MACPAC work and this chapter evaluates the availability of primary language, limited English proficiency, sexual orientation and gender identity, and disability data to help measure and address health disparities among the Medicaid population. This chapter describes the importance of collecting demographic data and federal and state priorities for collecting and using these data. The chapter concludes with key considerations for collecting these data and factors affecting data quality.

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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: [www.macpac.gov](http://www.macpac.gov).

