MACPAC Strategic Plan

The Medicaid and CHIP Payment and Access Commission (MACPAC) 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 (HHS), and the states on a wide array of issues affecting Medicaid and the State Children’s Health Insurance Program (CHIP).

This strategic plan represents the future focus and commitments of the agency for January 2024 through September 2026. It has been developed with insights and inputs from Commissioners, federal and state policy leaders, and staff.

# Agency Commitments

In executing the strategic plan over the next three years, the Commission remains steadfast in our commitment to conducting non-partisan and independent research and building the evidence base to inform federal and state policymakers about critical issues affecting Medicaid and CHIP. Our work also seeks to examine and identify approaches for addressing disparities in access to care and health outcomes among people with Medicaid and CHIP who have diverse backgrounds, whether they live in rural or urban areas, have physical or intellectual disabilities, or have different identities based on race and ethnicity or other demographic characteristics. We conduct our work to ensure federal and state policymakers have the best available knowledge to inform policy and program administration decisions so that Medicaid and CHIP beneficiaries are well served by an efficient and effective program.

# Mission

MACPAC provides non-partisan, independent, data-driven policy analysis, and recommendations to federal and state policymakers to ensure the effectiveness and efficiency of Medicaid and CHIP.

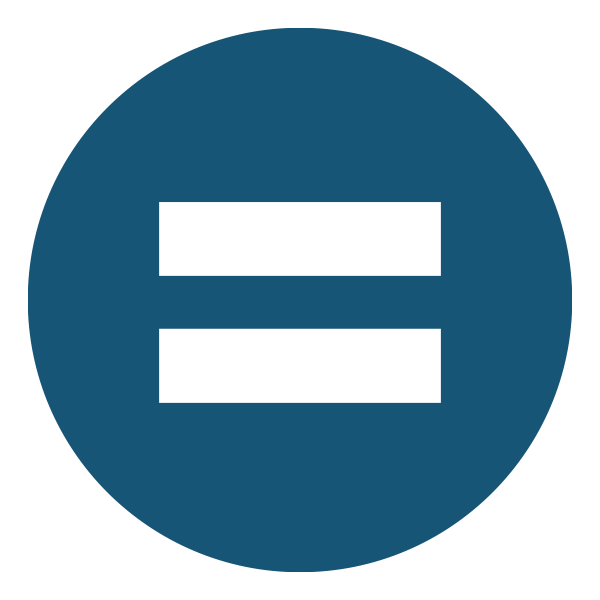
# Values

**Non-partisan and independent.** MACPAC conducts its work as a non-partisan, independent body and is responsive to federal and state policymakers without regard to political affiliation.

**Evidence Based.** MACPAC provides analysis and recommendations based on rigorous research and objective evidence.

**Accountable and Transparent.** MACPAC operates with full transparency and accountability and aims to have its work informed by a broad range of perspectives, including beneficiaries, and make its work accessible and relevant to federal and state policy makers and the public.

**Excellence.** MACPAC staff and Commissioners are committed to excellence and conduct our work with rigor and integrity.

**Diversity, Equity, Inclusion, and Accessibility (DEIA).** MACPAC is committed to fostering and maintaining an agency culture of DEIA and belonging that is reflected in how we recruit and retain staff, carry out our daily work, and the design of our analyses of Medicaid and CHIP policy.

Strategic Priorities

# Strategic Priority 1. Ensure MACPAC is a credible and trusted source of information.

MACPAC’s reputation as a credible and trusted source of information is driven by the staff and Commissioners deep commitment to conducting rigorous research and presenting objective qualitative and quantitative analyses. The Commission welcomes the opportunity to engage with federal and state policymakers, Medicaid and CHIP beneficiaries, and other stakeholders to ensure the work of the Commission is informed by and used by a broad range of stakeholders.

## Objectives

1. Support the success and effectiveness of the Commission.

* Conduct the business of the Commission with excellence and the highest standards.
* Enable each Commissioner to contribute their expertise and perspective on research and policy analysis conducted by MACPAC.

1. Assure Commission activities are informed by and responsive to federal and state policymakers and partners.

* Engage and collaborate with Congressional leaders and staff.
* Engage and collaborate with federal government leaders and staff.
* Engage and collaborate with state Medicaid and CHIP leaders and staff.
* Engage and collaborate with organizations that represent, convene, and inform Medicaid and CHIP beneficiaries and leaders.

1. Maximize the impact of Commission’s work through strategic communications and engagement activities.

* Develop and deploy a strategic communications plan for the broad range of Commission activities and products that leverages a variety of communications channels to inform diverse audiences about Commission activities and research products.
* Create opportunities for diverse audiences to participate in the work of the Commission and engage with research and analyses.

# Strategic Priority 2. Conduct research and analysis on issues affecting Medicaid and CHIP.

MACPAC’s mission is to provide non-partisan, independent, data-driven policy analysis, and recommendations to federal and state policymakers to ensure the effectiveness and efficiency of Medicaid and CHIP. The issues we research are driven by federal statutory requirements and through identification of issues by Congress, HHS, states and the Commission. Each year the Commission produces a range of research and analytic products that describe current operations and performance of Medicaid and CHIP, including in addressing disparities in access to care and health outcomes, and that provide recommendations to Congress, HHS, and states on issues affecting the programs.

## Approach

Over the next three years, the Commission will focus our research activities in the following core areas:

1. Evaluate payment and financing policies for hospitals and prescription drugs

Hospital services and prescription drugs are expected to be key drivers of Medicaid spending over the next several years. Hospital services are the largest category of benefit spending. States make several different types of Medicaid payments to hospitals, including supplemental and directed payments that are typically made in a lump sum for a fixed period of time and financed by the provider through provider taxes and intergovernmental transfers. Supplemental payments make up over half of hospital spending in fee for service and the use of managed care directed payments has grown substantially over the past few years. The broad use of supplemental and directed payments and the associated financing makes it difficult to assess whether Medicaid hospital payment policies are consistent with the statutory principles of efficiency, economy, quality, and access. There are several high-cost drugs in the pipeline that are expected to have significant effect on state spending and budgets. Several of the high-cost drugs are likely to be administered by a physician or other healthcare professional in an office or facility setting, including cell and gene therapies. Because physician-administered drugs may be subject to different payment policies and utilization management strategies than other outpatient prescription drugs, states may need new payment and rebate models to help manage spending on these high-cost therapies. MACPAC work may include analyzing hospital payments compared to certain benchmarks, with a particular focus on the role of supplemental and directed payments; examining the availability of data on sources of financing the non-federal share; and assessing opportunities for strategies to manage the cost of physician-administered and other high-cost drugs.

1. Assess whether Medicaid payment policies and oversight processes ensure appropriate beneficiary access to medically necessary services in fee-for-service and managed care

Medicaid’s primary role is to provide coverage of and access to medically necessary services. States and managed care organizations (MCOs) need to establish payment policies that ensure beneficiary access to a sufficient network of providers. It is unclear to what extent Medicaid payment policy by itself can influence the availability of providers and their willingness to participate in the program. Furthermore, states and MCOs may implement policies to reduce the use of low-value or unnecessary services. However, there is a need for sufficient oversight at the federal- and state-level to ensure that states and MCOs are providing appropriate coverage of and access to medically necessary care. MACPAC work may include reviewing how Medicaid payment policies may influence workforce availability and provider participation; examining federal and state monitoring of beneficiary access in relation to payment policies or managed care programs; and assessing policy levers to address instances where care has been denied inappropriately.

1. Evaluate access for Medicaid beneficiaries to home- and community-based services (HCBS) and institutional settings, including nursing facilities or intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

States have efforts underway to increase access to HCBS and have prioritized it over institutional care when individuals can live safely in a community setting, making HCBS the leading category of spending on long-term services and supports (LTSS) at the national level. People who use LTSS are a diverse population that tends to have more complex needs including people who are elderly and people who are disabled. Issues of Medicaid program sustainability and an emphasis on providing care in a community setting have led to increased interest in improving care and managing federal and state spending as this population and higher per person costs than other Medicaid eligibility groups. Within this strategic priority area, analytic work may include timely access to HCBS, employment supports for people with disabilities, persistent shortages of direct care workers to provide services, and timelines in completing eligibility determinations.

1. Identify policy levers to improve care and to create programmatic efficiencies for people who are dually eligible for Medicaid and Medicare across delivery systems

Dually eligible beneficiaries must navigate a complex patchwork of coverage across Medicare and Medicaid. They are a diverse population of people with low incomes who are eligible for Medicare on the basis of disability or because of their age. Relative to non-dual Medicare beneficiaries, they have complex care needs and high per person costs and are more likely to be Black or Hispanic. Dually eligible beneficiaries receive Medicare and Medicaid coverage across a varied landscape of managed care and fee-for-service delivery systems. Efforts to integrate their coverage have primarily occurred in managed care and have been limited in their ability to reach large shares of the dually eligible population, particularly in states that do not enroll dually eligible beneficiaries in Medicaid managed care. Recent changes to codify Medicare Advantage dual eligible special needs plans (D-SNPs) as the primary vehicle for integration may provide an opportunity for states to expand their use of existing authority to oversee the provision of Medicaid benefits through their contracts with D-SNPs. Streams of work in this priority area may include state contracting with D-SNPs, Medicaid assistance with Medicare premiums and cost sharing, spending and utilization of services among the dually eligible population, and the landscape of delivery systems providing coverage to this population.

1. Assess Medicaid and CHIP policy levers for addressing the behavioral health needs of beneficiaries

Medicaid is the primary payer for behavioral health services among payers, and with the ongoing behavioral health crisis, there is a critical role for the program in addressing beneficiaries’ needs. Challenges accessing the continuum of behavioral health services are well-documented and persistent, including for mental health services, substance use disorder (SUD) services, and crisis services. At the same time, the need for behavioral health treatment has increased, for example, for children and youth and individuals with SUD and pregnant women. To address this strategic priority, MACPAC work will focus on Medicaid policy levers to promote access to the array of services needed by beneficiaries with behavioral health conditions. Specifically, our work may focus on access to behavioral health services for children and other vulnerable populations, access to SUD care and crisis services, and examining available data to better understand utilization of behavioral health services by different beneficiary characteristics.

1. Examine the effects of federal Medicaid and CHIP policies on enrollment in and renewal of coverage

It is an opportune time to examine whether existing Medicaid and CHIP policies meant to facilitate coverage, enrollment, and retention of eligible individuals and access to care for enrolled individuals are achieving their intended purposes. Many of these policies are long-standing and have been areas of interest for the federal and state governments, Congress, and other stakeholders. The unwinding of the Medicaid continuous coverage condition and its effects on coverage have refocused attention on Medicaid and CHIP enrollment and renewal policies and opportunities to ensure that individuals enroll and remain enrolled in the programs for which they are eligible. Within this strategic priority area, streams of work may include ongoing monitoring of the effects of the public health emergency on the programs; examining coverage, enrollment, and renewal policies (e.g., screen and enroll); and identifying any disparities among covered populations.

## Objectives

1. Develop and execute an annual analytic plan that outlines the research priorities and planned analyses and deliverables.

* Gather input from the Commission, Congress, HHS, states, and key partners to develop an analytic plan.
* Dedicate agency resources and engage contracted partners to conduct research and analysis.
* Provide research findings to Commissioners to advance understanding of complex policies, inform the consideration of whether the policies support the goals of Medicaid and CHIP, and to support debate and deliberation on proposed recommendations.
* Submit and publish annual reports to Congress that describe findings from our work, policy considerations, and the Commission’s recommendations.

1. Produce research and educational products that describe the current operations and performance of Medicaid and CHIP.

* Publish Medicaid 101s, Issue Briefs, Access in Briefs, and other publications.
* Develop and publish state comparison tools and data reports.

1. Monitor and respond to issues and trends that impact Medicaid and CHIP.

* Actively participate in conferences, forums and other engagement to identify issues and trends impacting Medicaid and CHIP.
* Evaluate and provide comments on priority proposed rules.

# Strategic Priority 3. Achieve operational excellence.

MACPAC’s team is its most important asset. We are committed to attracting a workforce that has a wide range of life experiences, knowledge, inventiveness, and talent and ensuring that staff can contribute their best selves to the agency. To support staff and agency success, we are focused on continuous improvement of our operations and strengthening our infrastructure to support efficient operations and compliance.

## Objectives

1. Develop and support a diverse, multidisciplinary, exceptional workforce.

* Attract and retain staff with diverse experiences, expertise and skills needed to deliver on the agency mission.
* Provide staff development and training activities that enhance the skills and competencies of staff.
* Enhance and sustain a culture of diversity, equity, inclusion, and accessibility that provides opportunities for all staff to excel.

1. Strengthen internal operational infrastructure.

* Develop and document core operational policies and procedures.
* Maximize technology and improve business processes to support efficient agency operations.
* Develop formal mechanisms for staff cross training and succession planning to ensure continuity of agency core operations.

1. Assure fiscal stewardship and operational compliance.

* Meet all federal financial management expectations and requirements.
* Assure compliance with core operational requirements.