



# Report to the Congress on Medicaid and CHIP: March 2013

*Medicaid and CHIP Payment and Access Commission*

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The Medicaid and CHIP Payment and Access Commission (MACPAC) was established in the Children's Health Insurance Program Reauthorization Act of 2009, and its charge was later revised in the Patient Protection and Affordable Care Act of 2010. MACPAC is the first federal agency charged with providing policy and data analysis to the Congress on Medicaid and CHIP, and for making recommendations to the Congress and the Secretary of the U.S. Department of Health and Human Services on a wide range of issues affecting these programs. The Commission conducts independent policy analysis and health services research on key Medicaid and CHIP topics, including but not limited to: eligibility, enrollment, and benefits; payment; access to care; quality of care; interactions of Medicaid and CHIP with Medicare and the health care system generally; and data development to support policy analysis and program accountability. As required in its statutory charge, the Commission will submit reports to the Congress on March 15 and June 15 of each year. As applicable, each member of the Commission will vote on recommendations contained in the reports. The Commission's reports provide the Congress with a better understanding of the Medicaid and CHIP programs, their roles in the U.S. health care system, and the key policy and data issues outlined in the Commission's statutory charge. This report, the Commission's fifth since its inaugural report in 2011, is delivered to the Congress as the federal government and states are working to implement the Patient Protection and Affordable Care Act (ACA) while improving Medicaid and CHIP for the people already enrolled. In 2013, key priorities for program administrators include implementing Medicaid eligibility provisions; managing the policy and operational interactions among Medicaid, CHIP, and coverage through new health insurance exchanges; and pursuing delivery system and payment innovations for individuals dually enrolled in Medicare and Medicaid, who are among the highest need and highest cost enrollees in both programs. This report advances MACPAC's work for the Congress in these areas. There are a number of eligibility issues among Medicaid, CHIP and coverage through health insurance exchanges that present challenges for program administrators. The Commission examined those issues and offers recommendations to the Congress to address how the programs will interact. If enacted, the recommendations would improve enrollment stability and better align a current Medicaid program known as Transitional Medical Assistance with new provisions enacted by the ACA. As implementation of the ACA continues to unfold, MACPAC will look at broader interactions among Medicaid, CHIP and exchange coverage for potential program improvements. This report also continues the Commission's work on persons dually eligible for Medicare and Medicaid, a group that is of great interest to the Congress because of the complexity and cost of their needs. To improve service delivery and moderate costs, the Commission highlights the necessity of pursuing policy approaches that are targeted to the subpopulations covered by both Medicare and Medicaid. Medicaid payment for Medicare cost sharing is also examined in this report, including results from a new MACPAC analysis that examines states' Medicaid payment policies for Medicare cost sharing and interactions with Medicare bad debt policy. And, the report explores how Medicaid pays managed care plans for dual-eligible enrollees, an important issue as more states seek to enroll persons covered by both Medicare and Medicaid in these plans.

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