

Health Care Coverage in the United States

2025 HEALTH POLICY ACADEMY
April 10, 2025
Session 3



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Introduction to the Role of the Congressional Budget Office

April 10,
2025

Presentation at the Alliance for Health Policy's 2025 Health Policy
Academy

Aditi Sen
Health Analysis Division



What Is CBO's Purpose?

CBO was created by the Congressional Budget and Impoundment Control Act of 1974.

CBO was established to give the Congress a stronger role in budget matters.

The agency provides analysis of budgetary and economic issues that is objective and impartial. It is strictly nonpartisan and does not make policy recommendations.

CBO follows processes that are specified in statute or that it has developed in concert with the Budget Committees and Congressional leadership. CBO's chief responsibility under the Budget Act is to help the Budget Committees with the matters under their jurisdiction.

What Information Does CBO Generally Provide to the Congress?

- **Baseline projections**—projections of federal spending and revenues under current law that help the Congress formulate its budget plan.
- **Cost estimates**—estimates of legislative proposals' effects on the federal budget that help the Congress stay within its budget plan.
- **Identification of federal mandates** (requirements that legislation imposes on state, local, or tribal governments or on private-sector entities) and estimates of their costs.
- **Scorekeeping information**, including estimates of the effects of proposed and enacted legislation on the major categories within the budget (appropriations, mandatory spending, and receipts).
- Estimates of the economic and budgetary effects of **policy options**.

CBO's Assessments Are Based on Detailed Analysis

CBO bases its assessments on:

- Detailed understanding of federal programs and revenue sources;
- Examination of the relevant research literature;
- Analysis of data reported by federal statistical agencies and other groups;
- Consultation with outside experts in academia, think tanks, industry groups, the private sector, and federal, state, and local agencies; and
- Discussion with CBO's Panel of Economic Advisers and Panel of Health Advisers.

What Does CBO Not Do?

- **Make policy recommendations.** CBO is strictly nonpartisan and makes no judgments about the merits of legislative proposals.
- **Write legislation.** Instead, CBO analyzes different proposals and options.
- **Implement programs or regulations or enforce budget rules.** The Budget Committees, other federal agencies, and the Office of Management and Budget are responsible for those roles.
- **Audit operations of government programs.** That is the role of the Government Accountability Office.

CBO's Organization and Staffing

The agency employs about 270 full-time staff.

The Director is appointed jointly by the Speaker of the House and the President pro tempore of the Senate.

All staff are appointed by the Director solely on the basis of professional competence, without regard to political affiliation.

Eighty percent of CBO's professional staff hold advanced degrees in economics, public policy, public administration, or a related field.

What Does CBO Produce in an Average Year?

In a typical year, CBO publishes the following on its website, www.cbo.gov:

- About 80 reports, working papers, testimonies, and interactive tools; and
- About 700 cost estimates, most with statements about the costs of mandates.

The agency also fulfills thousands of requests for technical assistance each year.



Leslie Gordon, MPP

Director

US Government Accountability Office

Contact: GordonLV@gao.gov

U. S. GOVERNMENT ACCOUNTABILITY OFFICE

Several thin, white, parallel diagonal lines run from the bottom left towards the top right, crossing the right side of the slide.

GAO'S MISSION

Independent, non-partisan agency that works for Congress; often called the "congressional watchdog"

GAO has the authority to investigate all matters related to the use of public funds.

GAO sets audit standards for internal controls, financial audits, and other types of government audits.

Comptroller General makes the appointments to several health care-related commissions, and advisory and governing boards.

RANGE OF SERVICES —

We provide to Members of Congress—

- Reports—letter, correspondence, Q&A, HC Capsule
- Technical assistance and briefings
- Science, Technology, and Cybersecurity expertise
- Legal Assistance
- Testimony and Hearing Assistance

GAO REPORTS

Mandates

- Public law
- Committee reports

Requests

- Committee/subcommittee
- Chairman and ranking minor members

CG Authority (4%) Areas of broad interest

GAO'S HEALTH CARE TEAM

Conducts analysis and prepares reports in all areas of health care delivery and financing— tangibly affecting the lives of all Americans.

Federal health care programs' expenditures collectively represent about one-quarter of all federal spending. Ensuring that these programs provide access to quality care, protect the public, and remain fiscally sustainable is a key challenge facing congress and the president in the 21st century.

- ▶ Medicaid
- ▶ Medicare
- ▶ Public Health
- ▶ Private Markets
- ▶ VA and DOD
- ▶ Indian Health Service

And, cross-cutting issues, including behavioral health, long term care, program integrity, and quality.

GAO HEALTH CARE DIRECTORS

- ▶ Jessica Farb, Managing Director
- ▶ Mary Denigan-Macauley, Public Health
- ▶ John Dicken, Private Markets, Drug Pricing
- ▶ Leslie V. Gordon, Medicare
- ▶ Alyssa M. Hundrup, VA and DOD Health Care
- ▶ Michelle Rosenberg, Medicaid, Indian Health Service
- ▶ Sharon Silas, VA and DOD Health Care

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Principal

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Medicare Payment Advisory Commission (MedPAC) 101

Presentation to

the Alliance for Health Policy's

Health Policy Academy



Health Policy Alternatives, Inc.

James E. Mathews, Ph.D.

April 10, 2025

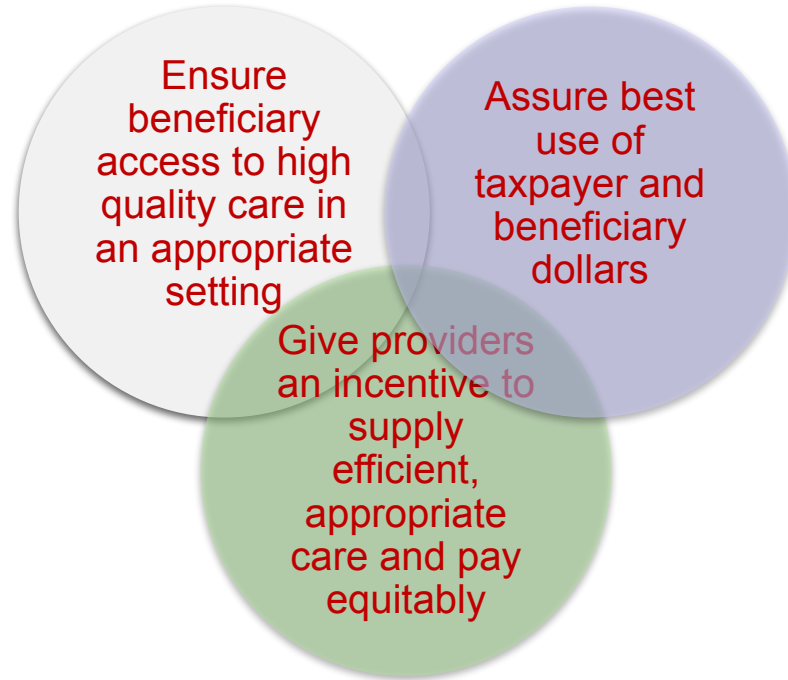
Principal, Health Policy Alternatives, Inc.

MedPAC's Mission and Structure

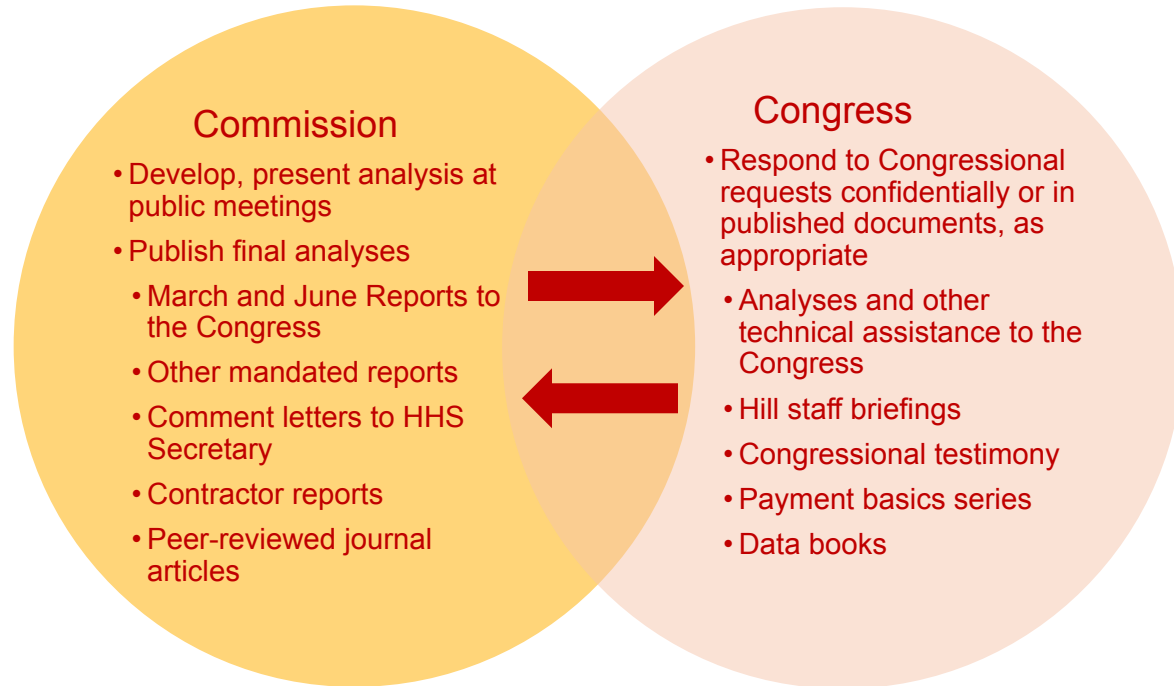
- Provides independent, nonpartisan policy and technical advice to the Congress on issues affecting the Medicare program
- 17 commissioners selected by GAO's Comptroller General for expertise, not representation; include providers, payers, economists, researchers, beneficiary-focused individuals
- Commissioners supported by 25-30 analysts; most staff analysts are experts in their fields



MedPAC's Principles of Medicare Payment



MedPAC's Work Serves a Dual Role



MedPAC's Analytic Work

- Site visits
- Focus groups with beneficiaries, providers
- Input from Medicare stakeholders
- Expert panels
- Quantitative analyses
 - Vast amounts of Medicare data – claims, cost reports, quality, survey data, *etc*
 - Overall spending/utilization
 - Adequacy of Medicare payments
 - Comparison of Medicare to commercial payer payment rates
 - Beneficiary access to care and provider participation
 - Geographic variation in use of services
 - Medicare payment models

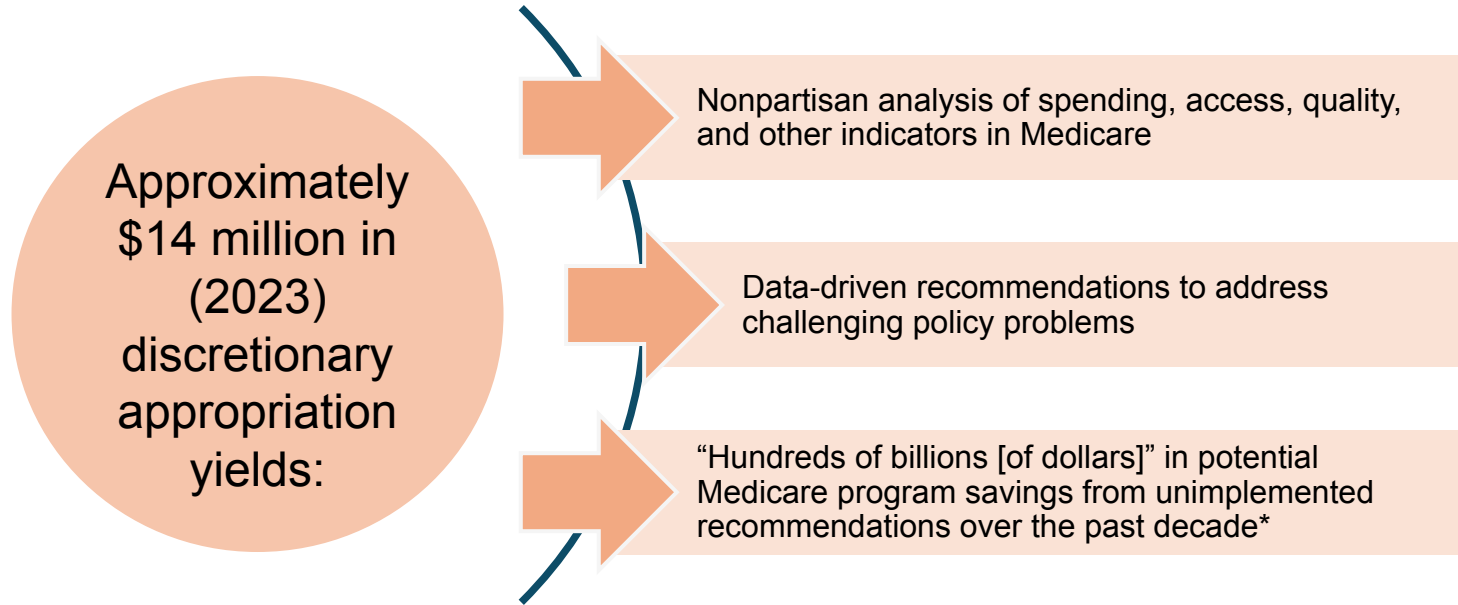


Influence of MedPAC recommendations

Commission recommendation	Legislative / regulatory action
Penalize hospitals with excessive avoidable readmissions (June 2008)	Affordable Care Act (2010) created the Hospital Readmissions Reduction Program that reduces payments for hospitals with high “excess” readmissions.
Freestanding rural emergency departments (June 2018)	Consolidated Appropriations Act, 2021 created a new type of hospital, the Rural Emergency Hospital (REH), that focuses on emergency and outpatient services only.
Reduce excessive therapy in SNFs and HHAs (June 2008, March 2011)	Bipartisan Budget Act of 2018 removed therapy as a factor in payment for HHAs. Beginning in FY 2020, CMS removed therapy as a factor in payment for SNFs through regulation.
Redesign Medicare Part D (June 2020)	Inflation Reduction Act of 2022 redesigned the Medicare Part D benefit structure directionally consistent with MedPAC’s recommended approach.



Value of MedPAC



Questions or Additional Information?





Kate Massey, MPA

Executive Director
Medicaid and CHIP Payment and
Access Commission MACPAC

April 10, 2025

Leveraging MACPAC's Medicaid Expertise and Analysis

Kate Massey, MPA, *Executive Director*



Medicaid and CHIP Payment and Access Commission

Connect with us on



www.macpac.gov

About MACPAC

- Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency
- Provides policy and data analysis and makes recommendations to Congress, the Secretary of the Department of Health and Human Services, and states
 - Report annually to Congress on March 15 and June 15
 - Provide technical assistance to Congress
 - Serve as an information resource to the broader health policy community
- Government Accountability Office appoints MACPAC's 17 Commissioners, who meet 6 times annually

Resources from MACPAC

- MACStats
- Duals Data Book
- Reports to Congress
- Annotated statute
- Policy in Briefs
- Issue briefs
- Reference guide to federal Medicaid statute and regulations
- YouTube: Medicaid 101 series



We're Here to Help: Technical Assistance from MACPAC

MACPAC provides technical assistance to Congressional staff on Medicaid and the State Children's Health Insurance Program

Contact Katherine Rogers
to get started:

Katherine.Rogers@macpac.gov



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HACAPAC | **Healthcare and CHIP Payment and Access Reauthorization Act**

What can we help you do? [Learn More](#) [Contact Us](#)



MARPAC Releases March 2025 Report to Congress on Medicaid and CHIP

Read the March 2025 Report

Advising Congress and the states on Medicaid and CHIP Policy

[Learn About MARPAC >](#)

Featured Publications

<p>Document title: Inventory of Evaluations of Integrated Care Programs for Dually Eligible Children</p> <p>Document category: View All Documents</p>	<p>Document title: Comment Letter: Proposed Rule on Policy and Technical Changes to Medicare Advantage for Contract Year 2025</p> <p>Document category: View All Documents</p>	<p>Document title: Access to Brief Psychiatric Mental Health in Medicaid</p> <p>Document category: View All Documents</p>
<p>Document title: Evaluating the Effects of Medicaid Payment Changes on Access to Physician Services</p> <p>Document category: View All Documents</p>	<p>Document title: MARPAC: Medicaid and CHIP Data Book</p> <p>Document category: View All Documents</p>	<p>Document title: State Reported Medicaid Unwinding Data</p> <p>Document category: View All Documents</p>

Public Meetings



New Opening Meeting

MARPAC holds public meetings to discuss Medicaid and CHIP issues, policy questions, and develop agenda and recommendations.



New Past Meetings

We operate public presentations and meetings from MARPAC's past public meetings.

Join Our Mailing List

MARPAC:
 600 N. Market St.
 Suite 600 South
 Washington, UT 84601
 P: 360.335.4600

Contact Us
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HACAPAC

The Medicaid and CHIP Payment and Access Reauthorization is a non-partisan legislative research organization 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 State as a whole may or may not accept MARPAC's recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the State Governor's health insurance program (CHIP).

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MACPAC Releases March 2025 Report to Congress [D](#) [Intro](#)

Medicaid and CHIP Payment and Access Commission



Advising Congress on
Medicaid and CHIP Policy

MACPAC Releases March 2025 Report to Congress

Congressional advisory panel proposes recommendations to improve transparency in Medicaid managed care, enhance access to home- and community-based services, and reduce state and federal administrative burdens

Report to Congress on Medicaid and CHIP

The Medicaid and CHIP Payment and Access Commission (MACPAC) released its [March 2025 Report to Congress on Medicaid and CHIP](#) today, with recommendations on improving the external quality review (EQR) process in Medicaid managed care, enhancing timely access to home- and community-based services (HCBS), and reducing states' administrative burdens to providing HCBS services for Medicaid beneficiaries.

"This report offers recommendations and insights that both state and federal policymakers can use to enhance transparency in the Medicaid program, reduce administrative burdens, and significantly improve the experience for its beneficiaries," MACPAC Chair Verlon Johnson said.

MARCH 2025

Read The Full Report

Chapter 1 makes three recommendations to enhance the managed care EGR process. Managed care is the primary health care delivery system in Medicaid, with 73 percent of beneficiaries enrolled in a comprehensive, full-risk managed care organization. As managed care continues to grow, both federal and state stakeholders have placed greater emphasis on effective oversight to ensure beneficiaries can access the services they need. State Medicaid agencies perform an annual independent review of the quality of care and access to services under each managed care contract, known as the EGR process. MACPAC assesses how states implement federal EGR requirements, the role the Centers for Medicare & Medicaid Services (CMS) plays in overseeing the process, and how the process supports accountability for states and MCOs and improves care for beneficiaries.

MACPAC's analysis identified gaps in how the EQR process and its findings are used to oversee managed care plans and enhance quality. Stakeholders reported difficulties in understanding states' reporting of EQR findings, as well as challenges in accessing EQR reports due to the lack of a centralized repository. The Commission offers three recommendations to the U.S. Department of Health and Human Services (HHS) aimed at improving the transparency and accessibility of findings in the EQR annual technical reports.

Moderated Q&A

Thank you!
