

MEDICAID PRINCIPLES

The Partnership for Medicaid is a nonpartisan, nationwide coalition made up of organizations representing health care providers, safety-net health plans, counties, and labor. The 23 members of the Partnership for Medicaid are strongly committed to the Medicaid program, which plays a vital role in delivering necessary health care and other related services and supports to the nation's most vulnerable citizens.

In addition to being a major source of funding for a variety of essential health services delivered in communities across the country, Medicaid is vital to the financial stability of safety net providers.

The Partnership is committed to the Medicaid program's foundation as a federal-state-local partnership and to its role in delivering high-quality, efficient, and cost-effective care to millions of Americans. We stand ready to work with policymakers to identify new and innovative strategies to strengthen Medicaid and improve on its promise of providing high-quality coverage and access to care for populations in need.

As lawmakers consider ways to reform Medicaid, the Partnership is united behind the following core set of principles:

Meaningful Coverage

- Medicaid must serve as a safety net program and any reform should ensure that current eligibility standards are, at a minimum, maintained.
- Federal and state financing of Medicaid-covered services should be sufficient to ensure that Medicaid enrollees have timely access to high quality, necessary care.
- Proposals should balance state flexibility and innovation with necessary federal standards to protect patients.
- Recognizing the counter-cyclical^[1] nature of the program, any reforms should strengthen the ability of Medicaid to provide coverage during an economic slowdown.

Sustainable Financing

- Medicaid reform should seek programmatic improvements, not solely short-term fiscal objectives.
- Medicaid reform must avoid shifting costs onto states, local governments, providers, and beneficiaries.

Effective Administration

- Changes to the program should improve and simplify administrative functions and ensure transparency and stakeholder engagement in the process.
- Any program to pay providers based on quality of care or efficiency should be developed collaboratively, involve all stakeholders, recognize differences across individual providers and the beneficiaries they serve, and ensure adequate transition planning and implementation time.
- Changes to the program should include adequate safeguards to ensure program integrity.

PARTNERSHIP FOR MEDICAID
TWITTER FEED





care, promote the continued innovation of health care delivery, and consider both public- and private-sector solutions while protecting essential benefits.

- Payment and delivery system innovations that require substantial investment in new technologies and resources should take into consideration the costs of implementing these changes, and should be supported with appropriate federal investment.
- Medicaid reform proposals should include efforts to develop a comprehensive quality measurement and reporting program to create a consistent, standardized method of reporting, measuring, and promoting improvement in the quality of care for our nation's most vulnerable citizens.

[1] Medicaid is a counter-cyclical program, with more people qualifying for and enrolling in the program during economic downturns because of lower incomes or lost jobs. With this increased enrollment, program spending increases while state revenues used to fund the program decrease, which makes it difficult for states to fund their share of the program as the need for Medicaid increases.

November 2016

