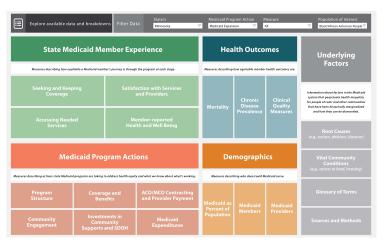# State Medicaid Program Actions Data Scan

The State Health Access Data Assistance Center (SHADAC), with support from the Robert Wood Johnson Foundation (RWJF) and in collaboration with partner organizations, is nearing the completion of a second project phase to assess whether a data tool to track indicators of health equity in state Medicaid programs can be designed, developed, and maintained to provide information and opportunities for structural change to improve health for people enrolled. At the end of the first project phase, a high-level conceptualization wireframe of a potential tool was developed. During this second planning phase, the project team has created a series of resources to shed light on the opportunities and gaps in populating sections of a first iteration data tool that aligns with the wireframe created in phase one.

Information in this specific resource is foundational for the section of the wireframe labeled "Medicaid Program Actions." This section of the tool (shown in coral in Figure 1 below) would present state-level measures of actions state Medicaid programs are taking to address health equity and what is known about what is working.

Figure 1. Medicaid Equity Monitoring Tool Wireframe

Summary of Key Takeaways

- During phase one of the Medicaid Equity Monitoring Tool project, the State Health Access Data Assistance Center (SHADAC) with support from the Robert Wood Johnson Foundation (RWJF), developed a **high-level conceptual wireframe** of a potential data tool. One section outlined in this wireframe was "Medicaid Program Actions."

- We **identified 15 subpopulations of particular interest** to keep centered in equity work.

- Phase two required **identifying both opportunities and gaps in populating proposed sections** of that wireframe. This resource focuses specifically on measures of **Medicaid Program Actions aimed at improving health equity.**

- **28 data sources were identified** that contained relevant measures **within one of the six program action measurement domains,** which could assist in assessing progress toward achieving health equity goals in Medicaid (see Appendix Table).

- Data sources **most often addressed the Program Structure domain**; the **least represented** was the **Community Engagement domain**.

- **Further engagement and research are needed to identify the most meaningful and actionable equity-specific measures**, including whether there is **documented evidence** of the effectiveness of actions in reducing disparities and improving health equity.

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Background

In May 2021, SHADAC embarked on a multi-phased project to assess the feasibility of developing a national Medicaid Equity Monitoring Tool that would be useful to state Medicaid programs, policymakers, advocates, and other organizations. The goal of this tool would be assisting with access to Medicaid and health care, along with aiding efforts to advance health equity. Visit the SHADAC website for an overview of the project.

In the initial phase, SHADAC recruited an Advisory Committee of experts, including state Medicaid agency staff, policymakers, researchers, and representatives of marginalized communities that have an interest in tracking health equity in Medicaid, and conducted key informant interviews, to explore whether there is a need for a data tool. The Committee confirmed the need for a tool and agreed on a broad purpose: to serve as an accessible, flexible, member-centered data resource that allows users to monitor health equity-related activities and outcomes and hold Medicaid accountable for actionable solutions that improve access to care and advance equity, health and well-being in communities.

The Committee also set high-level goals for future project phases, including that the tool must also include information on the root causes of health inequities in the Medicaid program, including structural racism and resulting social determinants of health. The hope was that a Medicaid Equity Monitoring Tool could provide information and opportunities for structural change to improve health equity for people enrolled in Medicaid.

In this brief, SHADAC summarizes findings related to a data scan performed by SHADAC that focused on current Medicaid program actions to address health equity. We also describe measurement domains of interest, data scan methods, and key findings, including critical gaps for moving forward.

Medicaid Program Action Measures Defined

Within the Medicaid Program Actions section of the project wireframe (Figure 1), the Advisory Committee identified six concepts they were interested in highlighting, which SHADAC adopted as "domains" within this measure:

- Program Structure
- Coverage and Benefits
- Medicaid Expenditures
- Accountable Care Organization and Managed Care Organization (ACO/MCO) Contracting and Provider Payment
- Investments in Community Supports and Social Determinants of Health (SDOH), and
- Community Engagement

See Figure 2 for further detail and definitions on each of these domains.

Figure 2. Medicaid Program Action Domains and Definitions

Program Structure

Structural and process measures that describe how state Medicaid programs are administered.

Coverage and Benefits

Measures that describe the benefits and services offered to members.

Community Engagement

Measures that describe a collaborative process between Medicaid programs and the communities impacted by their policies or practices in order to influence and inform decisions.

ACO/MCO Contracts and Provider Payment

Measures that describe how Medicaid plans and providers are held accountable to advancing health equity.

Community Supports and SDOH

Measures that describe investments state Medicaid programs are making in community supports and SDOH.

Medicaid Expenditures

Measures that describe state Medicaid program payment initiatives related to equity.

Data Scan Methods

SHADAC conducted a broad scan in the summer of 2024 (updated March of 2025) aimed at finding any available public data sources that could provide relevant measures of program actions addressing health equity goals in Medicaid within one of the six program action measurement domains outlined by the Advisory Committee. Our review included surveys, 50-state trackers, administrative data, and some curated data (such as the Medicaid and CHIP State Scorecard) as possible sources. We then evaluated each potential source in terms of its ability to provide relevant measures within each domain and support 50-state estimates. In addition, it was critical that the data be timely and collected on an ongoing basis to allow for the examination of trends over time.

We also looked for data sources that addressed issues related to the 15 specific populations of interest identified by the Advisory Committee:

- Black/African American people
- American Indian/Alaska Native people
- Hispanic people
- Asian/Pacific Islander people
- Non-English-speaking people
- People living in rural areas
- Adults (18-65) with very low income (under 50 percent Federal Poverty Level)
- Adults living with disabilities
- Dually eligible (Medicare and Medicaid) people
- Adults with mental illness and/or substance use disorder
- Justice-involved people
- Persons who identify as LGBTQ+
- Pregnant/birthing people
- Infants (0-1 years)
- Children (>1-18 years)

Findings

Based on the methods above, a total of 28 data sources were identified. The Appendix included at the end of this document summarizes our findings. Of the 28 data sources identified:

- Eleven (11) were annual/ongoing,
- Fifteen (15) were sporadic or one-time sources, and
- Two (2) were sources that didn't have full 50-state data but had selected state data.

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Additionally, we categorized our results of potential data sources for each measurement domain, noting the total number of possible measure topics for each, which ranged from only two potential measures of "Community Engagement" to up to 60 measures in the "ACO/MCO Contracting" domain (see Table 1).

Table 1. Breakdown of Program Actions Data Scan Findings

Domain	# of Possible Data Sources	# of Possible Measures	Potential Measure Topics
Program Structure	12	33	Medicaid Expansion, Continuous Coverage Postpartum, Coverage for Special Populations, Enrollment, Renewal, Language Access, Accommodation/Customer Service, Data to Support Health Equity, Workforce, Navigators/Outreach
Coverage and Benefits	10	27	Maternal Health, Community Health Workers, SUD Recovery Services, Oral Health, Telehealth, Home Visiting, Health Services for Transgender People, Benefits Covered Under 1115 Waivers
Medicaid Expenditures	6	15	Medicaid Share, Systems Expenditure, Enrollment, Provider-Related Expenditure, Pharmacy
ACO/MCO Contracting and Provider Payment	3	60	Demonstrations and Waivers, Enrollment, Program Initiatives, Renewal, Contract, Delivery Systems, Expenditures, Payment, Performance Measure, Performance Improvement, Equity Improvement, Cultural Competency, Screening, Telehealth, Maternal Health, Behavioral Health, Social Determinants of Health
Investments in Community/Social Determinants of Health	4	6	Screening, Housing, Community-Based Organizational Partners, Non-Medical Services, Social Services, Nutrition Supports, Employment Supports, Health Home Models
Community Engagement	1	2	Community Reinvestment, Community Engagement

Several data sources were available at the state Medicaid program level that contained measures for several phase one identified populations of interest, including: children, persons with disabilities, pregnant or birthing people, and justice-involved individuals. Some measures did also stratify measures by race or ethnicity and included some populations of interest (i.e., Black/African American people, American Indian/Alaska Native people, Hispanic people, and Asian/Pacific Islander people).

Just one data source was identified that contained 50-state data for adults with income under 150% Federal Poverty Level and just one data source was identified that contained 50-state data for adults with substance use disorder (SUD).

However, no data sources were available at the state Medicaid program level that contained measures for other phase one identified populations of interest, including: by geographic level (rural populations), dually eligible (Medicare and Medicaid) people, persons who identify as LGBTQ+, infants (0-1 years), and adults with mental illness. Additionally, no measures stratified populations by primary language, making data unavailable for the "non-English speaking people" population of interest.

Limitations

Our approach to identifying broad program action data had several limitations. First, limiting data sources to those with 50-state data and whose collections were ongoing or recurring eliminated many potential data sources. In order to increase the number of potential sources for populating the tool, we decided to allow the inclusion of a few select data sources that had interesting measures at the state-level that did not necessarily have data for all 50 states. We also included some sources that were only collected sporadically or singularly (as opposed to continuously) when we felt it was relevant or when we thought it might highlight an important data collection effort that should be supported or encouraged to continue.

A second challenge to our approach was the significant overlap across the measure topic areas. Deciding whether a measure topic falls under "Coverage and Benefits" or "ACO/MCO Contracting" was oftentimes not straightforward.

Finally, there is such a vast amount of data collected about what Medicaid is, how it's structured, and what's being delivered. However, even with our measurement domains as guide, it was still difficult to determine which topic areas "counted" as equity specific.

Conclusion

Although scanning data sources for potential Medicaid program actions measures yielded valuable insights, the findings—along with those from related scans—revealed significant data gaps that must be addressed before a national Medicaid Equity Tool can be developed. For example, we know authentic community involvement is a critical component of achieving health equity in Medicaid, however, only one existing data source was identified that could address measuring community engagement in Medicaid and it does not provide data on all 50 states. Similarly, there were very limited data sources that address measures of investments in the community and in social determinants of health.

The main focus of the Medicaid program actions data scan was centered on finding data sources and measures that could populate a potential tool. However, there was also an expressed desire from the Advisory Committee to understand what strategies work in Medicaid to improve equity. While SHADAC researchers were only able to conduct preliminary work on identifying documented evidence to show the effectiveness of certain Medicaid program actions in reducing disparities and improving equity, we did find evidence of several effective approaches, including: Medicaid expansion; coverage for doula services, community health workers, and peer support specialists; continuous coverage policies; language access in Medicaid forms; and targeted outreach and navigator programs.

As other innovations are implemented in Medicaid programs, such as Member Advisory Committees (MACs) and Beneficiary Advisory Committees (BACs), more research into their successes and challenges is needed so that states may learn from each other to discover what is working well and what they could implement or improve in their own Medicaid programs to further equity and reduce disparities.

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Appendix

Table A1: Potential Data Sources to Support Program Actions Measures for Medicaid Equity Monitoring Tool

#	Data Source	State-Level	Frequency	Program Structure	Coverage & Benefits	Medicaid Expenditures	ACO/MCO Contracting and Provider Payment	Investments in Community Social Determinants of Health	Community Engagement
•	**Annual/Ongoing Data Sources**	-	-	-	-	-	-	-	-
1.	CMS Data Quality (DQ) Atlas	X	Annual (since 2014)	X	-	-	-	-	-
2.	CMS Medicaid & CHIP Eligibility Levels	X	Regularly (last update Dec. 2023)	X	-	-	-	-	-
3.	CMS Medicaid and CHIP Eligibility Operations and Enrollment Snapshot	X	Monthly (since 2023 – last update Jan 2025)	X	-	-	-	-	-
4.	CMS Medicaid and CHIP Scorecard	X	Annual (since 2018)	X	-	X	-	-	-
5.	CMS Navigator Awards	X (Federally-Facilitated Marketplace States)	Annual	X	-	X	-	-	-
6.	Kaiser Family Foundation (KFF) Analysis of Approved and Pending 1115 Waivers, State Plan Amendments, and State Legislation	X	Ongoing (last update Mar. 2025)	-	X	-	-	X	-
7.	KFF Budget Survey of State Medicaid Officials Conducted by Health Management Associates	X	Annual (since 2000)	X	X	X	X	X	-
8.	KFF and Georgetown Center for Children and Families Survey of Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies	X	Annual (since 2002)	X	X	-	-	-	-
9.	KFF Medicaid Home and Community-Based Services (HCBS) Program Survey	X	Annual (since 2001)	X	-	-	-	-	-

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#	Data Source	State-Level	Frequency	Program Structure	Coverage & Benefits	Medicaid Expenditures	ACO/MCO Contracting and Provider Payment	Investments in Community Social Determinants of Health	Community Engagement
10.	MACPAC: MACStats: Medicaid and CHIP Data Book	X	Annual (since 2011 – last updated Dec. 2024)	-	-	X	-	-	-
11.	Pew: Fiscal 50: State Trends and Analysis	X	Annual (last update Mar. 2025)	-	-	X	-	-	-
•	**Sporadic/One-Time Data Sources**	-	-	-	-	-	-	-	-
12.	Commonwealth Fund: States Lean In as Federal Government Cuts Back on Navigator Funding	X (State-Based Marketplace States)	One-Time (2018)	-	-	X	-	-	-
13.	George Washington Medicaid Primary Care Workforce Tracker	X	Sporadic (data covers 2016-2019)	X	-	-	-	-	-
14.	KFF 50-State Review of Access to State Medicaid Program Information for People with Limited English Proficiency and/or Disabilities Ahead of the Public Health Emergency (PHE) Unwinding	X	One-Time (2022)	X	-	-	-	-	-
15.	KFF Survey of Medicaid Behavioral Health Policy Trends	X	Sporadic (2018, 2022)	-	X	-	-	-	-
16.	KFF Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits	X	One-Time (2021)	-	X	-	-	-	-
17.	MACPAC Brief: Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder	X	One-Time (2019)	-	X	-	-	-	-
18.	MACPAC Compendium: State Medicaid Fee-for-Service Adult Dental Services Coverage Policies	X	One-time (2021)	-	X	-	-	-	-

#	Data Source	State-Level	Frequency	Program Structure	Coverage & Benefits	Medicaid Expenditures	ACO/MCO Contracting and Provider Payment	Investments in Community Social Determinants of Health	Community Engagement
19.	National Academy of State Health Policy (NASHP) Community Health Worker Policy Tracker	X	Unknown (last update Jan. 2024)	-	X	-	-	-	-
20.	NASHP Medicaid Reimbursement for Home Visiting Services Tracker	X	Unknown (last update May 2023)	-	X	-	-	-	-
21.	NASHP Midwife Medicaid Reimbursement Policies by State Tracker	X	Unknown (updated Apr. 2022 and April 2023)	-	X	-	-	-	-
22.	NASHP Service Definitions and Reimbursement Approaches for Housing-Related Services under Medicaid	X	Unknown (last update Oct. 2023)	-	-	-	-	X	-
23.	NASHP State Efforts to Extend Medicaid Postpartum Coverage	X	Unknown (updated Jul. 2022 and May 2024)	X	X	-	-	-	-
24.	NASHP State Medicaid Approaches to Doula Service Benefits Tracker	X	Unknown (last update Apr. 2024)	-	X	-	-	-	-
25.	NASHP State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations Tracker	X	Unknown (last update Oct. 2022)	-	X	-	-	-	-
26.	Urban Institute Medicaid and CHIP Participation Rates	X	Sporadic (2013, 2016, 2019)	X	-	-	-	-	-
•	**Data Sources with Only Selected State Data**	-	-	-	-	-	-	-	-
27.	Bailit Health Addressing Health-Related Social Needs Through Medicaid Managed Care	X (20 states)	Unknown (last update Oct. 2024)	-	-	-	X	X	-
28.	Bailit Health Compendium of Medicaid Managed Care Contracting Strategies to Promote Health Equity	X (26 states)	Sporadic (updated eight times since first published in 2020. Last update Apr. 2024)	-	-	-	X	-	X

About the Robert Wood Johnson Foundation

RWJF is a leading national philanthropy dedicated to taking bold leaps to transform health in our lifetime. To get there, we must work to dismantle structural racism and other barriers to health. Through funding, convening, advocacy, and evidence-building, we work side-by-side with communities, practitioners, and institutions to achieve health equity faster and pave the way, together, to a future where health is no longer a privilege, but a right.

For more information, visit *www.rwjf.org*.

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About SHADAC

This resource was prepared by State Health Access Data Assistance Center (SHADAC) Senior Research Fellow Emily Zylla and SHADAC Research Fellow Andrea Stewart. SHADAC is an independent, multi-disciplinary health policy research center housed in the School of Public Health at the University of Minnesota with a focus on state policy. SHADAC produces rigorous, policy-driven analyses and translates its complex research findings into actionable information for states.

For more information, visit *www.shadac.org*.

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About the Medicaid Equity Monitoring Tool Project

The Medicaid Equity Monitoring Project was a multi-phased effort to explore whether a new national data tool could increase accountability for making actualized progress toward improving population health while also supporting state Medicaid programs in advancing health equity. The Robert Wood Johnson Foundation (RWJF) contracted with the State Health Access Data Assistance Center (SHADAC) and its subcontractor RACE for Equity to assess both tool need and feasibility. RWJF contracted with Health Leads to work collaboratively with the SHADAC team to engage community members in discussions of a potential monitoring tool.

Resources developed throughout the multi-year project are available here: https://www.shadac.org/Medicaid-Equity-Monitoring-Tool

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