



2022 Annual Medicaid MCO Survey

Fact Sheets

The Institute for Medicaid Innovation's (IMI) annual Medicaid managed care survey is one of the first comprehensive efforts to collect robust, longitudinal data on Medicaid managed care organizations (MCOs) across the following categories: high-risk care coordination, value-based payment, pharmacy, behavioral health, sexual and reproductive health, child and adolescent health, long-term services and supports, social determinants of health, COVID-19, telehealth, and health equity and structural racism. The findings from the survey are intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The 2022 results are presented in a series of topically focused, easy-to-use fact sheets.

2022 Annual Medicaid MCO Fact Sheets

- [Value-Based Purchasing & Alternative Payment Models](#)
- [High-Risk Care Coordination](#)
- [Pharmacy](#)
- [Sexual and Reproductive Health](#)
- [Child and Adolescent Health](#)
- [Behavioral Health](#)
- [Managed Long-Term Services and Supports](#)
- [Social Determinants of Health](#)
- [COVID-19](#)
- [Telehealth](#)
- [Health Equity and Structural Racism](#)



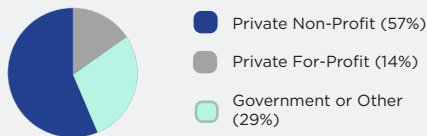
2022 Annual Medicaid MCO Survey Value-Based Purchasing

Note: VBP - Value-Based Purchasing, APM - Alternative Payment Model

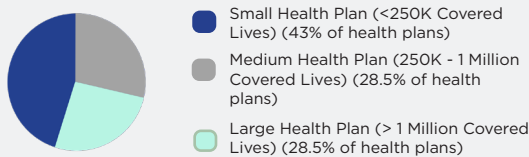
Methods and Overview

In its fifth year, the 2022 survey findings represent health plan data from almost every state with Medicaid managed care. The annual surveys collected information at the parent company/corporate levels and are intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care.

Health Plan Tax Status

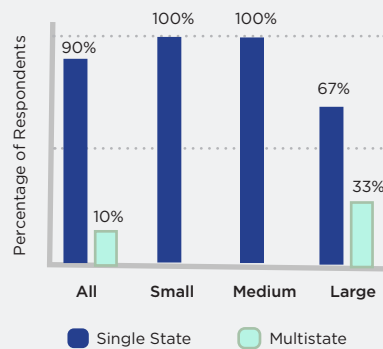


Medicaid Health Plan Respondents by Size

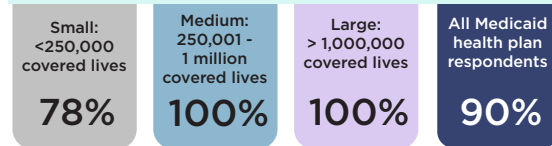


Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

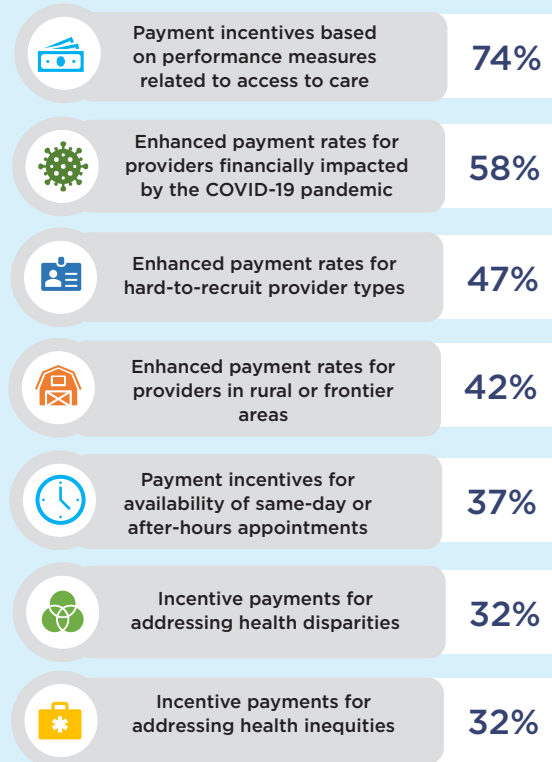
Health Plan Markets



Percentage of Medicaid Health Plans Completing Survey in 2022 that Used VBP or APM

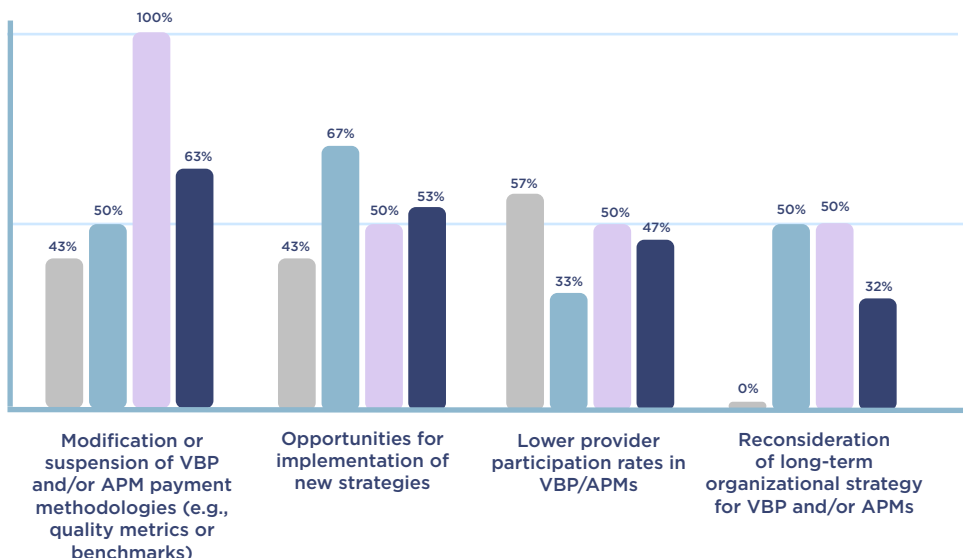


Payment Strategies used by Medicaid Health Plans



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

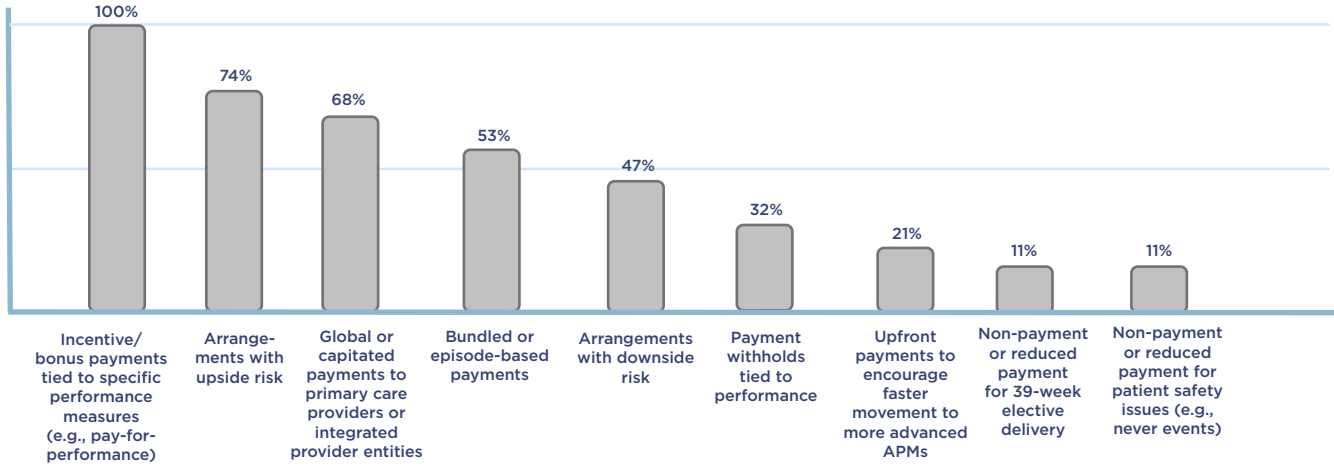
Impact of the COVID-19 Pandemic on VBP and APM Strategies



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Medicaid MCOs' Use of VBP and APMs with Providers



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Changes to State Requirements and Guidance That Would Assist Medicaid Health Plans to Effectively Implement VBP and/or APMs

Changes	Percentage of Health Plans
Better education for providers on state and health plan expectations	79%
Reporting of consistent metrics	68%
More flexibility in the design of VBP components (e.g., member attribution, benchmarking)	47%
Removal of data sharing restrictions	47%
Provision of additional policy and/or fiscal levers for MCOs to ensure provider engagement in VBP models	42%
Policies to facilitate data sharing between payers and providers	42%
Streamlined VBP design across payers, including aligned performance measures	42%
Better education for health plans on state expectations for VBP	37%
Removal of requirements that limit VBP and APM model development	37%
Development of a multi-year proposed VBP strategy to allow for longer term contracts with Medicaid	32%
Multi-payer alignment in VBP strategies	32%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Percentage of Medicaid Health Plans Completing Survey that Used VBP or APM, by Year

	2017	2018	2019	2020	2021
All Health Plans	92%	95%	93%	90%*	90%
Small Health Plans	100%	86%	80%	70%	78%
Medium Health Plans	86%	100%	100%	100%	100%
Large Health Plans	100%	100%	100%	71%	100%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
*Note: Updated February 24th, 2023.

Operational Barriers Experienced and Addressed by Medicaid Health Plans

Operational Barrier	2017	2018	2019	2020	2021
Data reporting to providers	92%	53%	86%	83%	63%
IT system preparedness	92%	47%	71%	50%	47%
Support to providers to make determinations on VBP/APM	92%	41%	71%	39%	37%
Pricing VBP/APM	77%	41%	43%	39%	47%
Tracking quality and reporting within new structure	85%	35%	71%	50%	53%
Contract requirements on VBP/APM approaches	85%	24%	50%	44%	47%
Human resources	-	-	-	-	21%

Note: Response options not included in prior years are noted with a dash (-).

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

External Barriers Influencing Medicaid Health Plans' Adoption and Innovation in VBP and/or APMs

External Barrier	2017	2018	2019	2020	2021
Provider readiness and willingness	100%	88%	100%	94%	89%
State requirements limiting VBP/APM models	85%	41%	14%	39%	26%
Medicaid payment rates	92%	65%	57%	67%	58%
Impact of 42 CFR on limiting access to behavioral health data	100%	24%	21%	17%	37%
Uncertain or shifting federal policy requirements/priorities	85%	29%	29%	11%	5%
Uncertain or shifting state policy requirements/priorities	92%	35%	43%	22%	32%
Health plan provider data sharing capabilities	-	-	-	-	58%
Variation in payment models across payers	-	-	-	-	32%
COVID-19 pandemic	-	-	-	-	84%
Lack of consistent evidence of efficacy of VBP and/or APM models	-	-	-	-	26%

Note: Response options not included in prior years are noted with a dash (-).

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



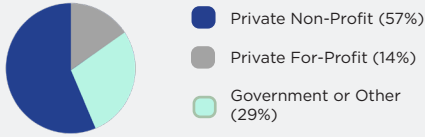
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2022 Annual Medicaid MCO Survey High-Risk Care Coordination

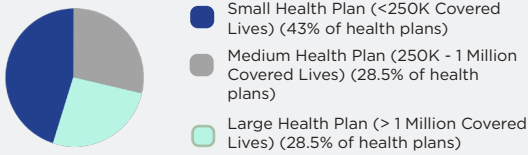
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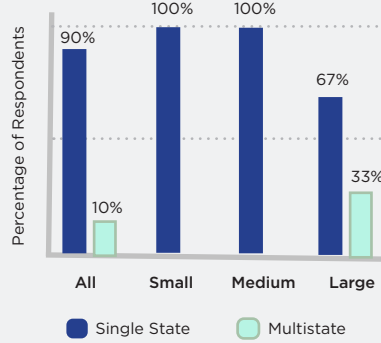
Health Plan Tax Status



Medicaid Health Plan Respondents by Size

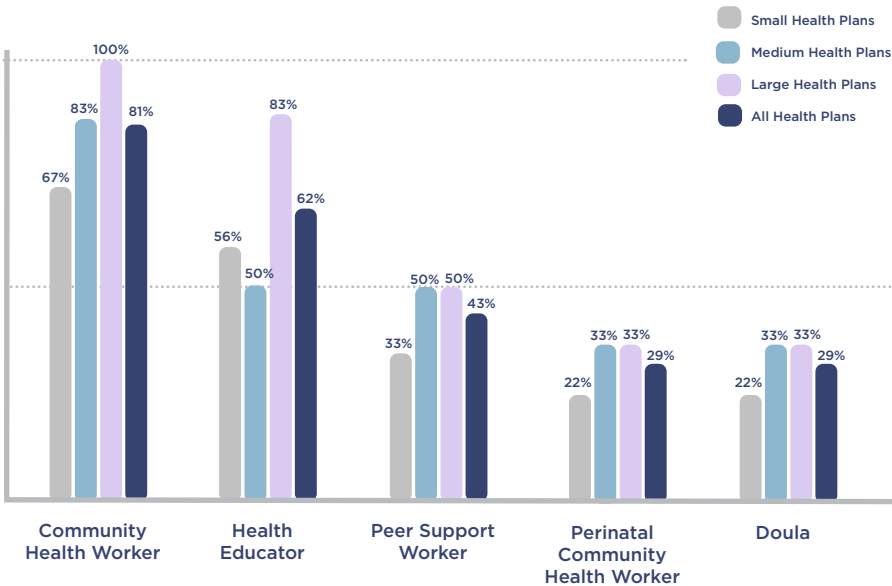


Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

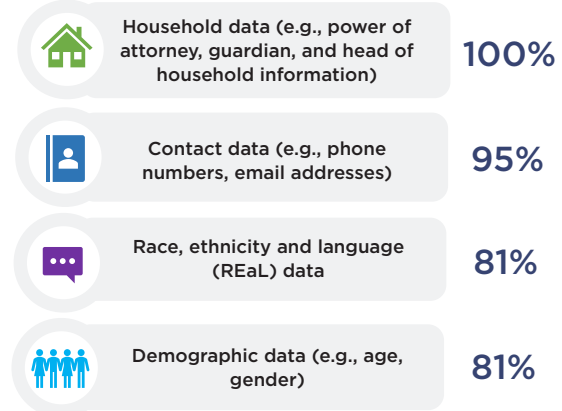
Medicaid Health Plan Non-Clinical High-Risk Care Coordination Workforce



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Data State Medicaid Agencies Could Provide to Help Medicaid Health Plans Better Administer High-Risk Care Coordination

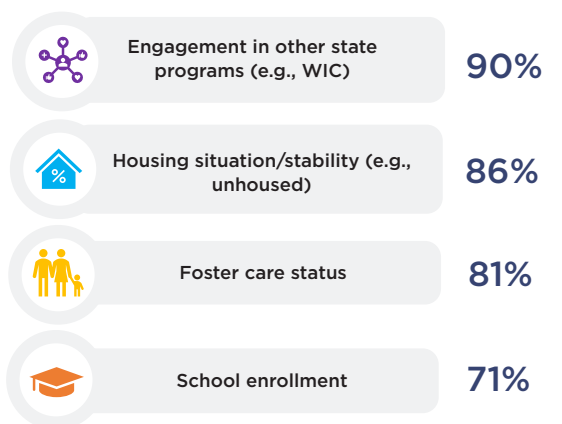
General Background Data



Medical System Data



Social Determinants of Health Data



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Outcomes Used to Track Effectiveness

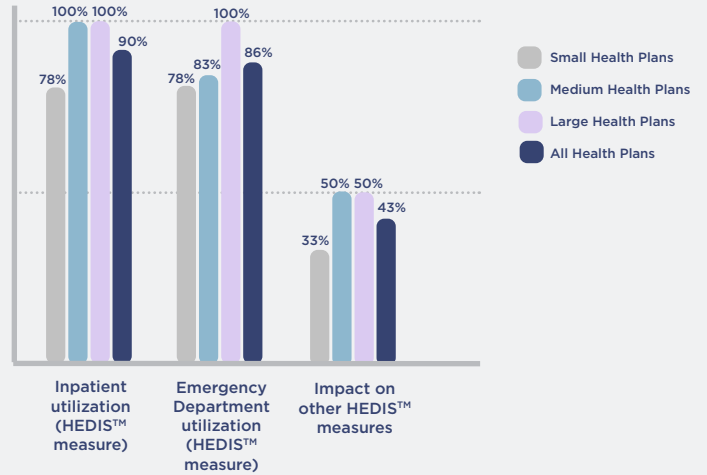
Non-HEDIS™ Outcomes

Outcome	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Patient experience survey results (e.g., Consumer Assessment of Healthcare Providers and Systems)	67%	67%	83%	71%
Emergency Department utilization (unrelated to HEDIS™ measure)	89%	83%	33%	71%
Inpatient utilization (unrelated to HEDIS™ measure)	67%	83%	67%	71%
Preventive care	56%	100%	50%	67%
Complaints and grievances	67%	50%	83%	67%
Total spending	56%	67%	83%	67%
Provider experience survey results	56%	67%	67%	62%
Outpatient primary care utilization	67%	83%	33%	62%

Note: HEDIS™ - Healthcare Effectiveness Data and Information Set.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

HEDIS™ Outcomes



Note: HEDIS™ - Healthcare Effectiveness Data and Information Set

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Barriers Experienced by Medicaid MCOs

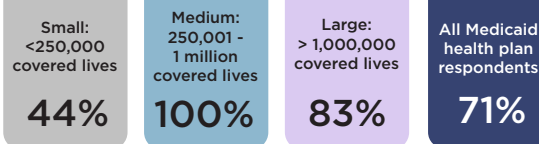
Barrier	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Ability to contact member	100%	100%	100%	100%
Members' willingness to engage	100%	100%	100%	100%
Members' unmet social needs	100%	83%	100%	95%
Access to information from previous providers (e.g., mental health)	44%	83%	100%	71%
Availability of social supports	67%	67%	83%	71%
Members' access to specialty care	56%	50%	67%	57%
Providers' willingness to engage with health plan	44%	50%	67%	52%
Members' ability to navigate multiple care coordinators from health systems, provider practices, clinics, etc.	56%	33%	67%	52%
Ability to connect individuals to necessary non-clinical social supports	67%	50%	33%	52%
Members' access to primary care	44%	33%	67%	48%
Language barrier(s)	56%	33%	50%	48%
Ability to share information with service providers	44%	33%	50%	43%
Churn (member or eligibility-related)	22%	83%	33%	43%
Obtaining consent	33%	50%	33%	38%
Members' knowledge of managed care	44%	0%	67%	38%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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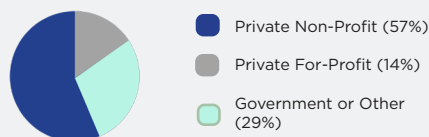
2022 Annual Medicaid MCO Survey Pharmacy



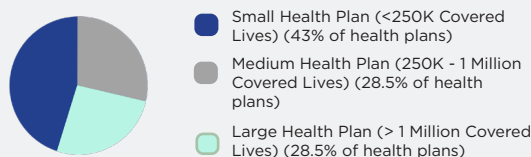
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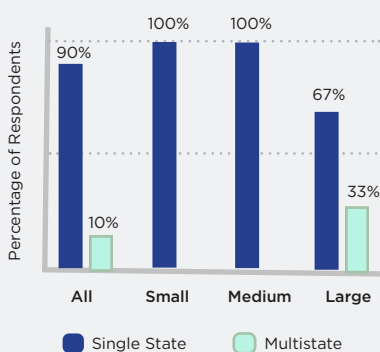
Health Plan Tax Status



Medicaid Health Plan Respondents by Size



Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Challenges Medicaid Health Plans Faced when Managing the Prescription Drug Benefit



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Pharmacy Benefit Activities and Initiatives Medicaid MCOs Implemented to Address the Opioid Epidemic

Benefit Activities and Initiatives	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Quantity and/or days' supply limits for new starts	60%	100%	80%	81%
Pharmacy and/or prescriber lock program for members using multiple prescribers	80%	83%	80%	81%
Policies to decrease new starts for concurrent opioid/benzodiazepine	60%	83%	80%	75%
Removing barriers to medication-assisted treatment (MAT) (e.g., physician advisor for testing or MAT)	60%	83%	80%	75%
Case management to ensure appropriate care and referral to services	20%	83%	60%	56%
Review dose limit policies to ensure they do not encourage involuntary tapers and prompt clinical review of exception requests to ensure harm does not exceed benefit for individual members	40%	50%	40%	44%
Remove or restrict methadone for pain	20%	67%	40%	44%
Remove or reduce restrictions for or add to formulary common non-opioid pain medications (e.g., topicals, antidepressants, neuroleptics with indications for pain)	20%	50%	60%	44%
Remove or reduce restrictions for other pain services	20%	17%	20%	19%
Other*	20%	0%	40%	19%

Note: *Other includes: Opioids under Statewide PDL and Drug Utilization Review.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans Completing Survey Fully At-Risk for Pharmacy Benefits, by Year

	2017	2018	2019	2020	2021
All Health Plans	69%	89%	93%	80%	71%
Small Health Plans	100%	86%	100%	70%	44%
Medium Health Plans	57%	80%	83%	100%	100%
Large Health Plans	75%	100%	100%	86%	83%

Source: Institute for Medicaid Innovation, "2022 Annual Medicaid Health Plan Survey."

Most Effective State Strategies Identified by MCOs to Address Cost of New or High-Cost Drugs

Strategy	2017	2018	2019	2020	2021
Carved-out the drug costs completely/Pay fee-for-service for certain drug(s)	67%	53%	46%	56%	38%
Transition period where drug(s) are offered in FFS to get claims data then rolled into contracts	11%	36%	23%	25%	6%
Capitation rate adjustments made off the normal rate cycle	56%	24%	23%	25%	13%
Capitation rate adjustment as part of regular rate adjustments	67%	59%	62%	63%	25%
Stop loss provision to cap the plan's cost for the drug	33%	24%	31%	19%	19%
Risk corridor for high-cost medications	-	-	-	19%	25%
Risk sharing	-	-	-	6%	19%
States have not addressed the cost	-	24%	39%	19%	31%
Kick payment for certain drugs	-	-	-	-	25%
Value-based payments with manufacturers	-	-	-	-	6%

Note: Response options not included in prior years are noted with a dash (-)

Source: Institute for Medicaid Innovation, "2022 Annual Medicaid Health Plan Survey."

Challenges Medicaid Health Plans Faced When Managing the Prescription Drug Benefit

Challenge	2017	2018	2019	2020	2021
Pharmacy benefits or subset of benefits carved out of managed care	78%	59%	69%	58%	25%
Difference between plan formularies and methodologies and state requirements	56%	48%	54%	38%	38%
Utilization and cost history unknown for new drugs entering a market; impacting capitation rates and pricing	100%	89%	85%	75%	69%
Member comprehension and engagement in programs	44%	65%	62%	56%	50%
Formulary notification requirements as part of MMCO Final Rule	11%	36%	31%	19%	25%
Pharmacy network requirements	11%	36%	23%	19%	19%
Single prescription drug list/formulary requirements	-	-	62%	56%	56%
Increase in number of specialty pharmacy medications	-	-	77%	69%	63%

Note: Response options not included in prior years are noted with a dash (-).

Source: Institute for Medicaid Innovation, "2022 Annual Medicaid Health Plan Survey."



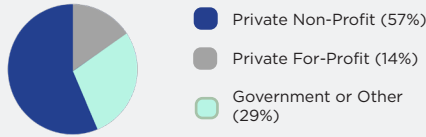
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2022 Annual Medicaid MCO Survey Sexual and Reproductive Health

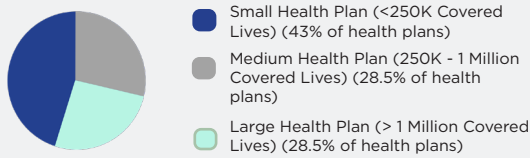
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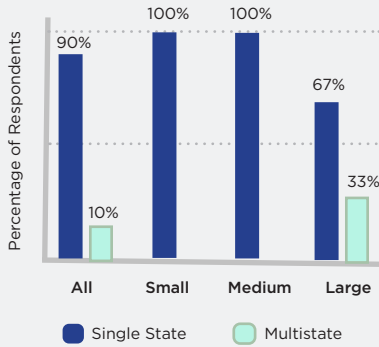
Health Plan Tax Status



Medicaid Health Plan Respondents by Size



Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid MCOs' Covered Benefits for Childbearing People

62% Nutritional counseling

52% Support from a community health worker

52% Childbirth education class

52% Lactation counseling

43% Breastfeeding class

38% Doula

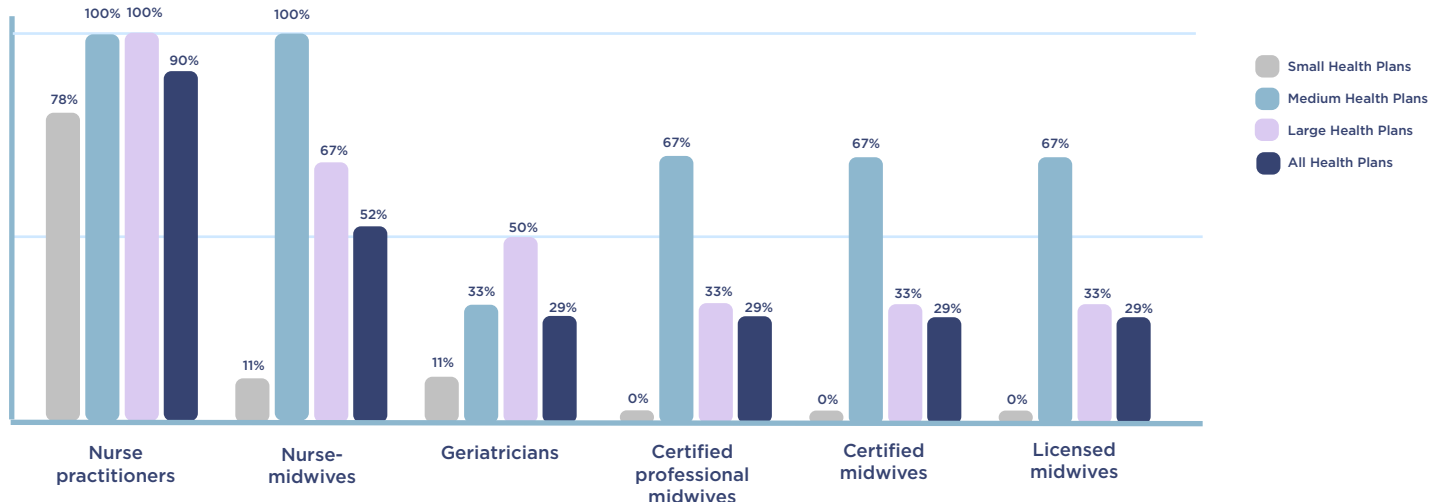
29% Parenting class

24% CenteringPregnancy

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

The Institute for Medicaid Innovation (IMI) recognizes that there are individuals who become pregnant and give birth who might not identify as women. This fact sheet frequently uses the words "woman," "women," and "maternal." These terms are used in statutory regulations and are therefore used in this fact sheet. The language has significant limitations and IMI acknowledges transgender, gender non-conforming, and non-binary individuals who might need the suite of care services related to pregnancy, birth, and postpartum care.

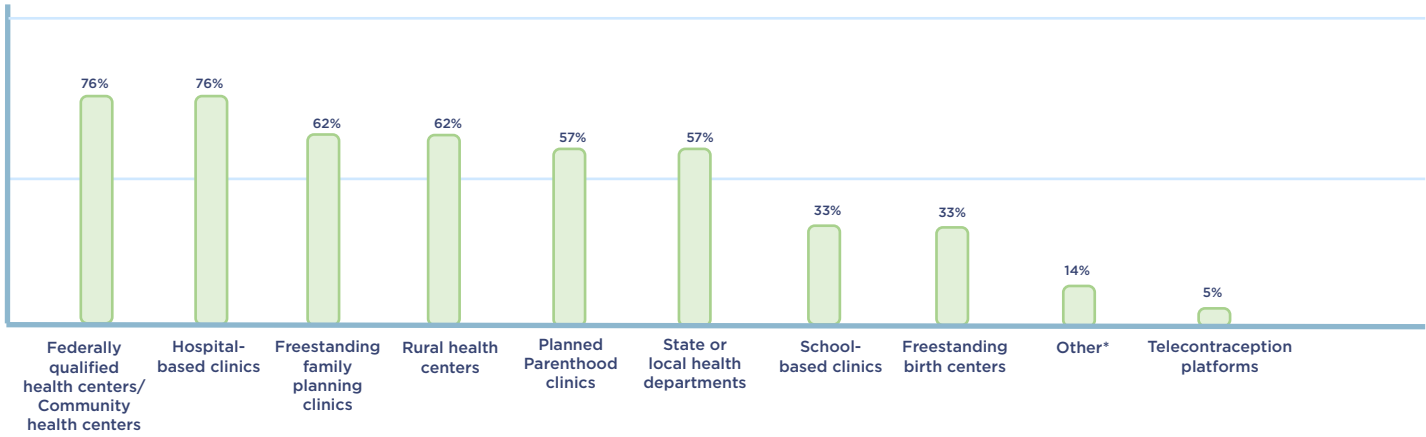
Contracted Primary Care Providers for Women's Health Care Services



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Medicaid Health Plans' Contracted Settings for Sexual and Reproductive Health Care Services

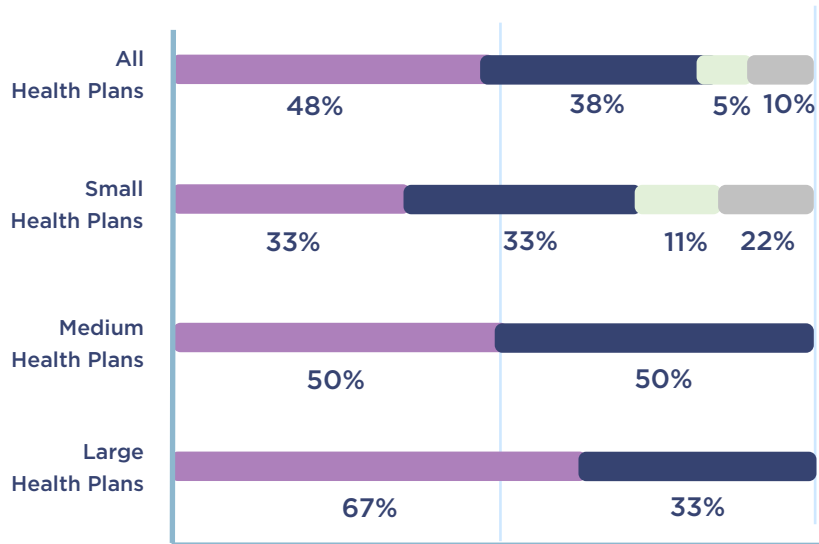


* Other includes: Retail-based clinics, safety net clinics, primary care providers

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Percent of Medicaid Health Plans Providing Maternity Focused Training to Providers/Partners to Improve Birth Equity

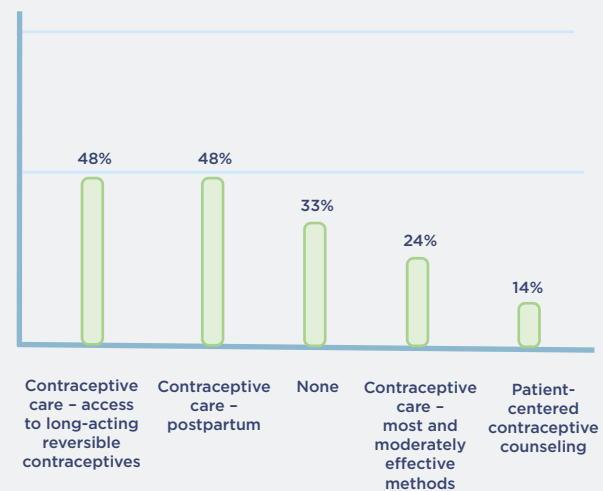
(e.g., explicit or implicit bias, trauma-informed care, structural, institutional, or interpersonal racism)



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

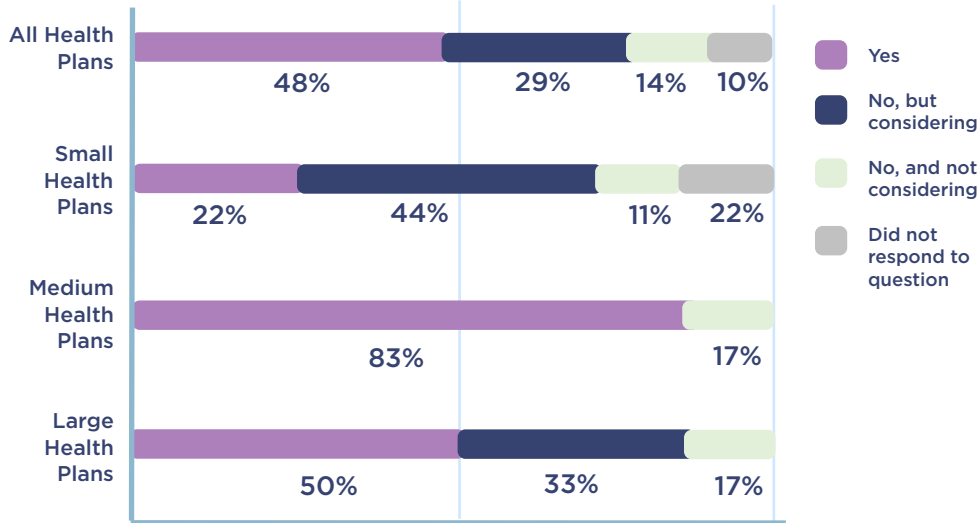
- Yes
- No, but exploring
- No, and no plans to offer this type of equity training
- Did not respond

Contraceptive Quality Measures Used by Medicaid Health Plans



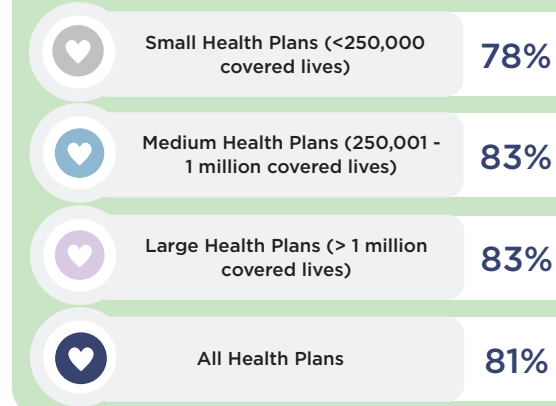
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Offering Specific Programs to Address the Health of Individuals with Diverse Sexual Orientations and Gender Identities



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Who Actively Managed Gender-Affirming Treatment Benefits Including Hormone Therapies and Surgical Procedures



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Programs and Initiatives for Individuals with Diverse Sexual Orientations and Gender Identities

Program/Initiative	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Indicated experience serving these populations	78%	100%	100%	90%
Offered telehealth initiatives	22%	17%	50%	29%
Offered social needs programs	22%	33%	50%	33%
Offered specific programs for children and adolescents, addressing disparities	43%	33%	67%	47%

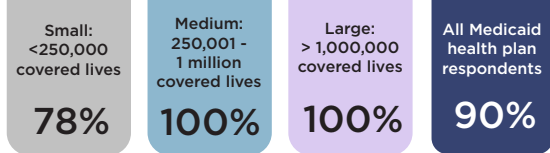
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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2022 Annual Medicaid MCO Survey Child and Adolescent Health

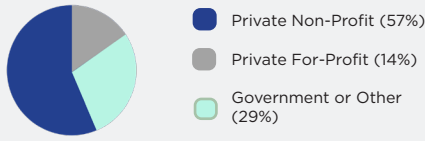
Percentage of Medicaid Health Plans Completing Survey in 2022 At-Risk for Child and Adolescent Health



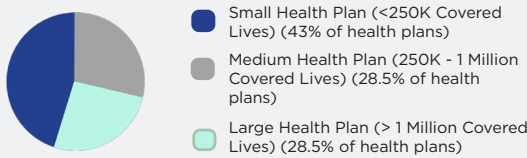
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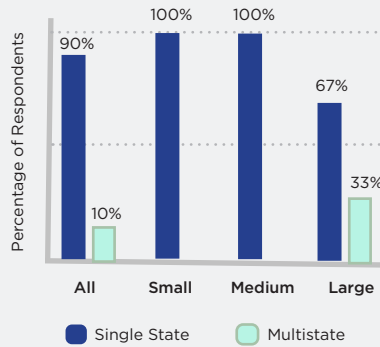
Health Plan Tax Status



Medicaid Health Plan Respondents by Size



Health Plan Markets



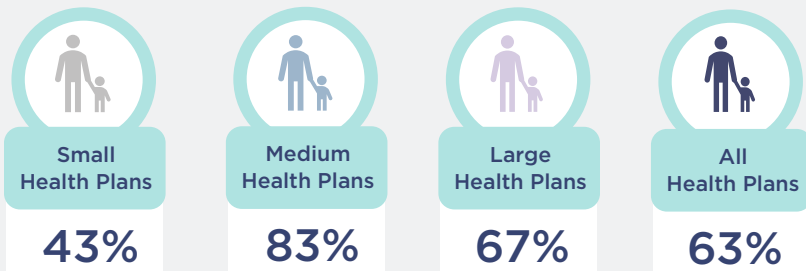
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans Completing Survey At-Risk for Child & Adolescent Health Coverage, by Year

	2017	2018	2019	2020	2021
All Health Plans	92%	95%	100%	95%	90%
Small Health Plans	100%	86%	100%	90%	78%
Medium Health Plans	86%	100%	100%	100%	100%
Large Health Plans	100%	100%	100%	100%	100%

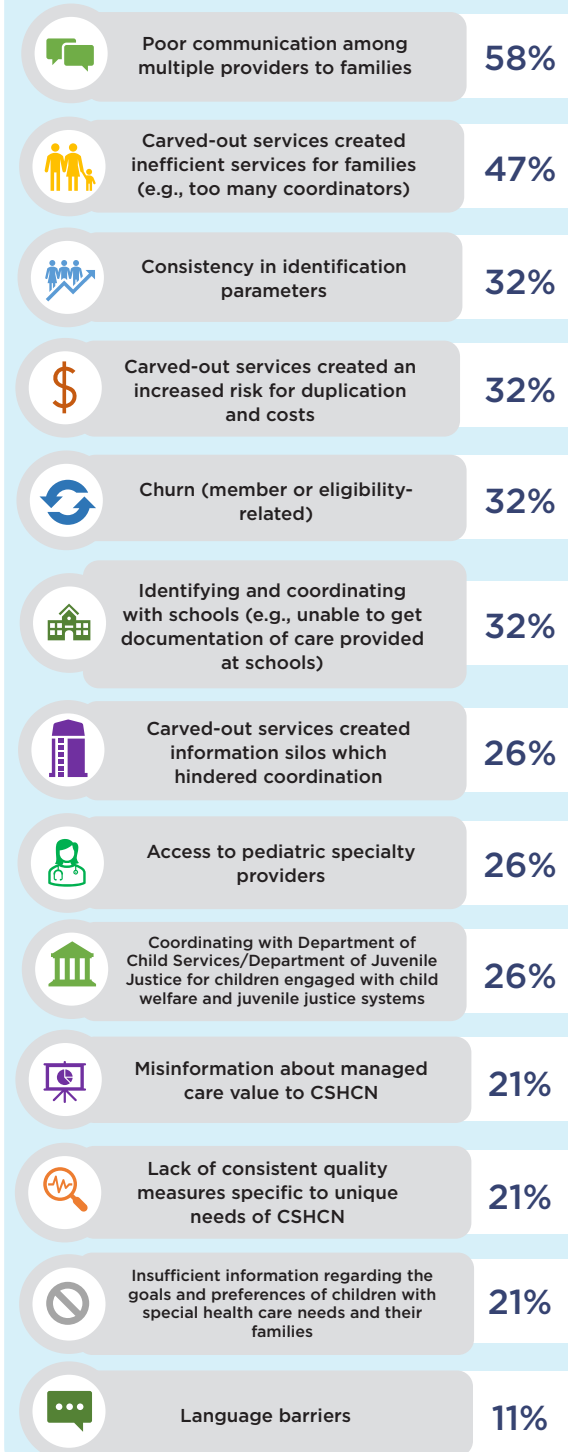
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Contracted for Children with Special Health Care Needs (CSHCN)



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Encountered when Serving Children with Special Health Care Needs (CSHCN)



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered when Serving Children with Special Health Care Needs (CSHCN)

Barriers	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Inadequate communication and coordination among multiple providers	57%	67%	50%	58%
Carved-out services created inefficient services for families (e.g., too many coordinators)	29%	50%	67%	47%
Carved-out services created an increased risk for duplication and costs	0%	33%	67%	32%
Consistency in identification parameters	14%	50%	33%	32%
Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	0%	67%	33%	32%
Churn (member or eligibility-related)	14%	67%	17%	32%
Carved-out services created information silos which hindered coordination	0%	50%	33%	26%
Coordinating with Department of Child Services/Department of Juvenile Justice for children engaged with child welfare and juvenile justice systems	0%	50%	33%	26%
Access to pediatric specialty providers	14%	50%	17%	26%
Misinformation about managed care value to CSHCN	29%	17%	17%	21%
Lack of consistent quality measures specific to unique needs of CSHCN	29%	17%	17%	21%
Insufficient information regarding the goals and preferences of children with special health care needs and their families	29%	33%	0%	21%
Language barriers	0%	0%	33%	11%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Encountered when Serving Children

Barriers	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	29%	67%	100%	63%
Program fragmentation	29%	83%	67%	58%
Engaging family members to address social determinants of health	57%	50%	50%	53%
Churn (member or eligibility-related)	29%	67%	50%	47%
Coordinating with Department of Child Services/Department of Juvenile Justice for children engaged with child welfare or juvenile justice systems	29%	67%	50%	47%
Carved-out benefits	29%	50%	67%	47%
Engaging family members who are not enrolled in the same plan to address social determinants of health	14%	50%	67%	42%
Language barriers within families	29%	17%	83%	42%
Inability to find needed healthcare providers or beds	29%	33%	67%	42%
Barriers related to foster care system	14%	50%	50%	37%
Immigration status of parents/caregivers	0%	0%	17%	5%

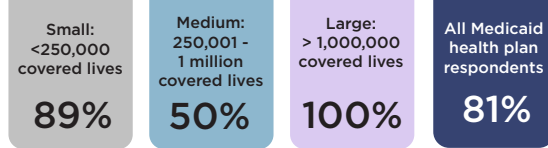
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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2022 Annual Medicaid MCO Survey Behavioral Health

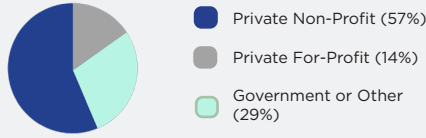
Percentage of Medicaid Health Plans Completing Survey in 2022 At-Risk for Behavioral Health



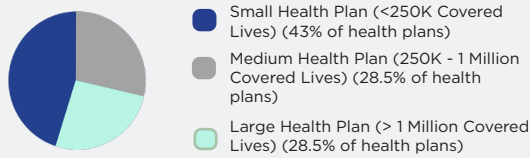
Methods and Overview

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Health Plan Tax Status

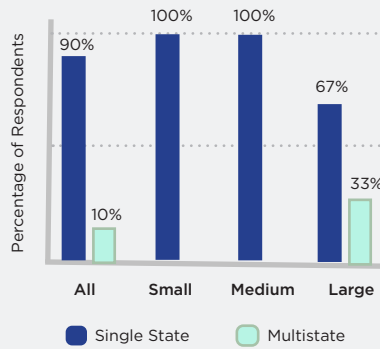


Medicaid Health Plan Respondents by Size

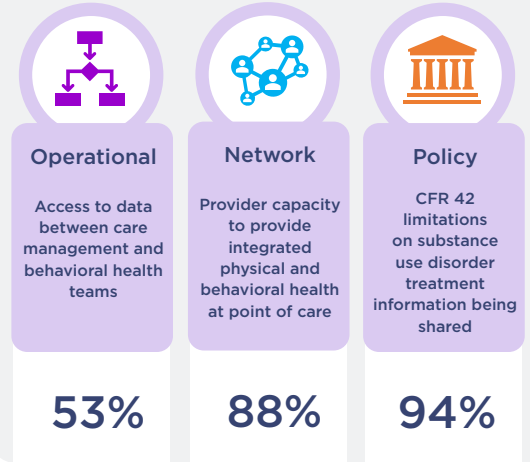


Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Health Plan Markets



Barriers for Behavioral and Physical Health Integration Experienced by Medicaid MCOs



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

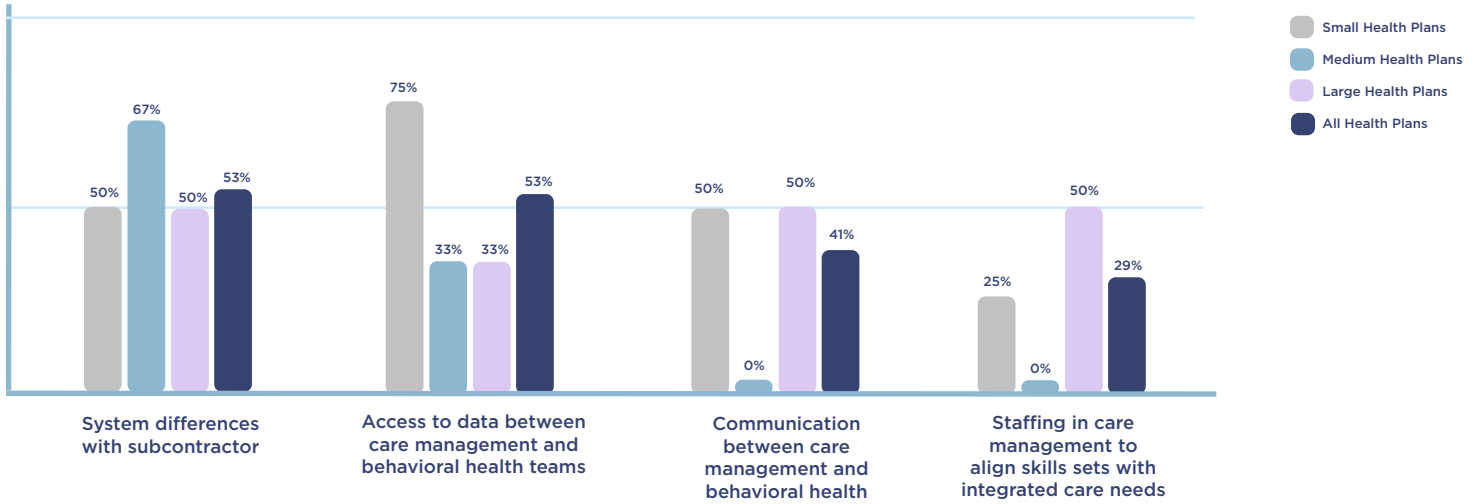
Percentage of Medicaid Health Plans Completing Survey At-Risk for Behavioral Health, by Year

	2017	2018	2019	2020	2021
All Health Plans	77%	84%	73%	85%	81%
Small Health Plans	50%	72%	80%	90%	89%
Medium Health Plans	71%	80%	67%	33%	50%
Large Health Plans	100%	100%	75%	100%	100%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

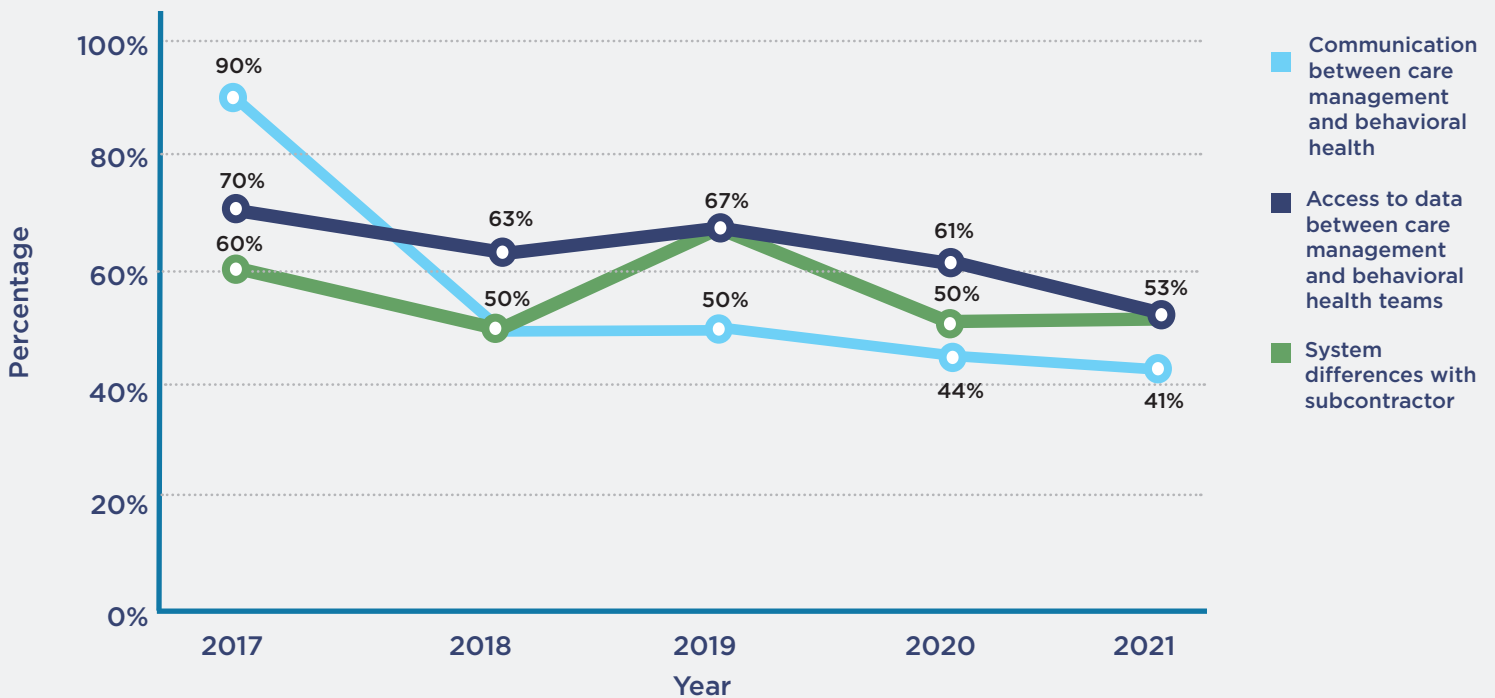


Medicaid MCOs' Operational Barriers to Behavioral and Physical Health Integration



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

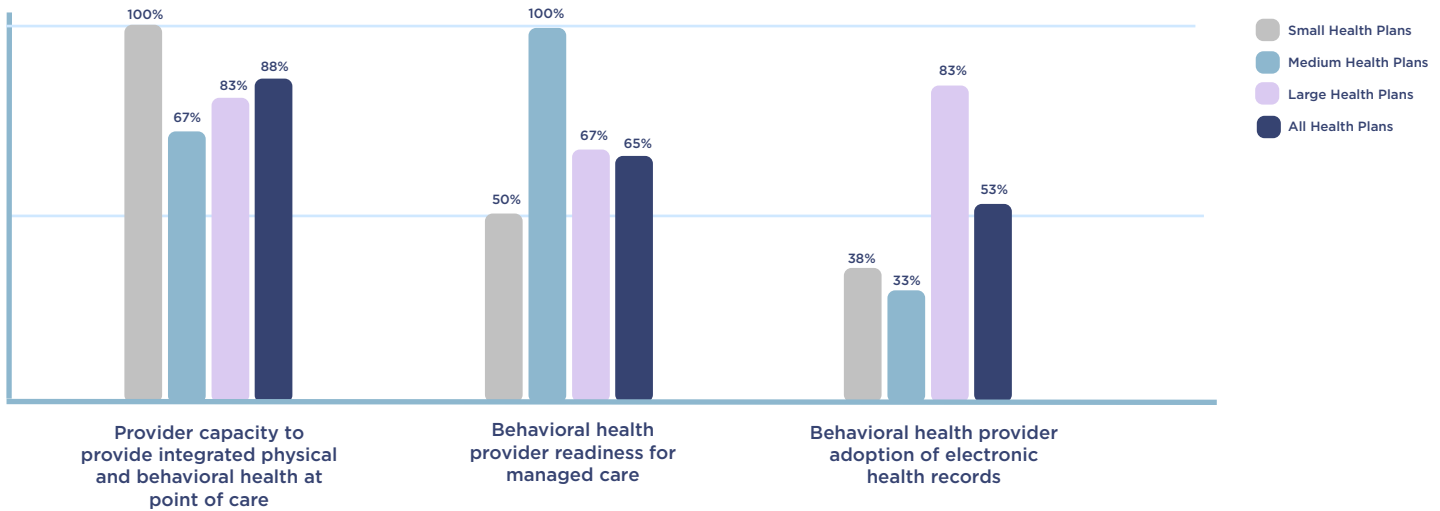
Medicaid MCOs' Operational Barriers to Behavioral and Physical Health Integration, 2017-2021



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



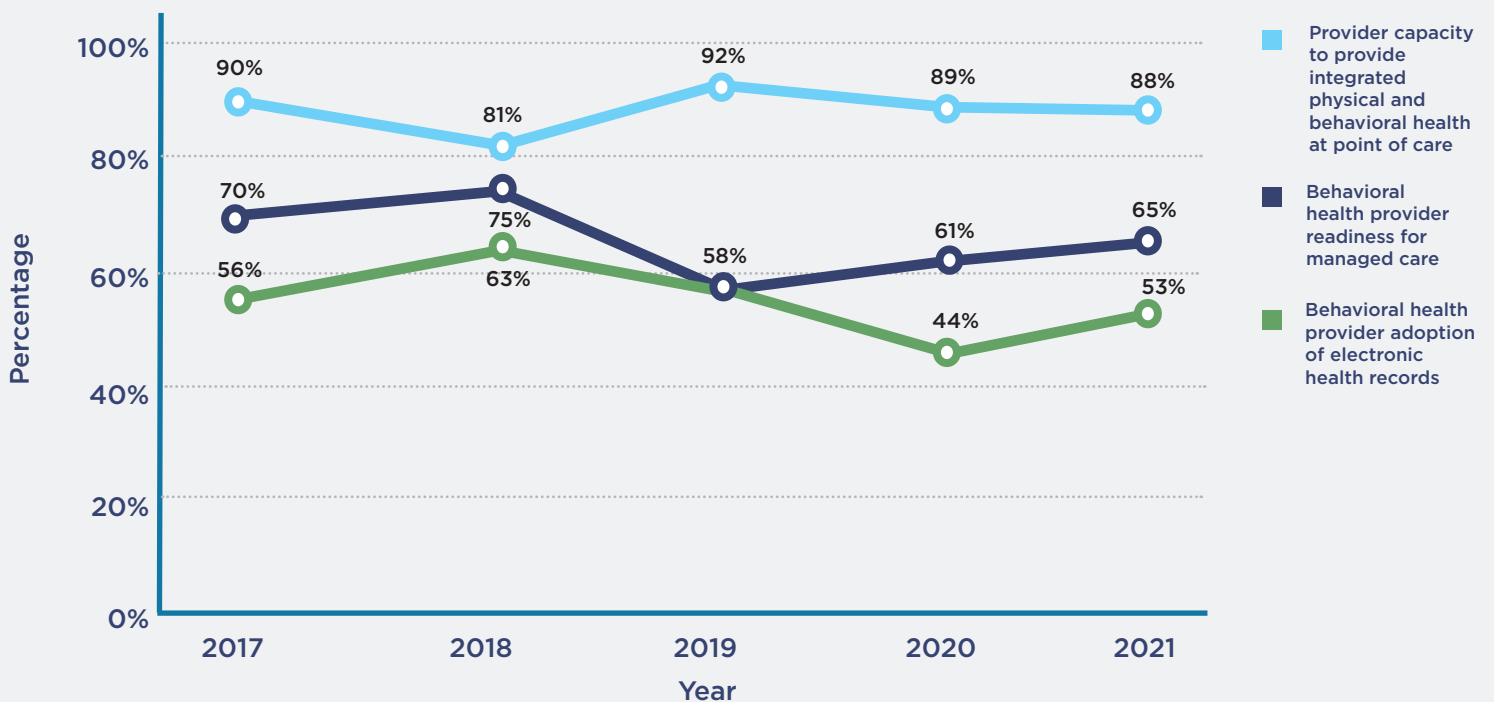
Medicaid MCOs' Network Barriers to Behavioral and Physical Health Integration



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



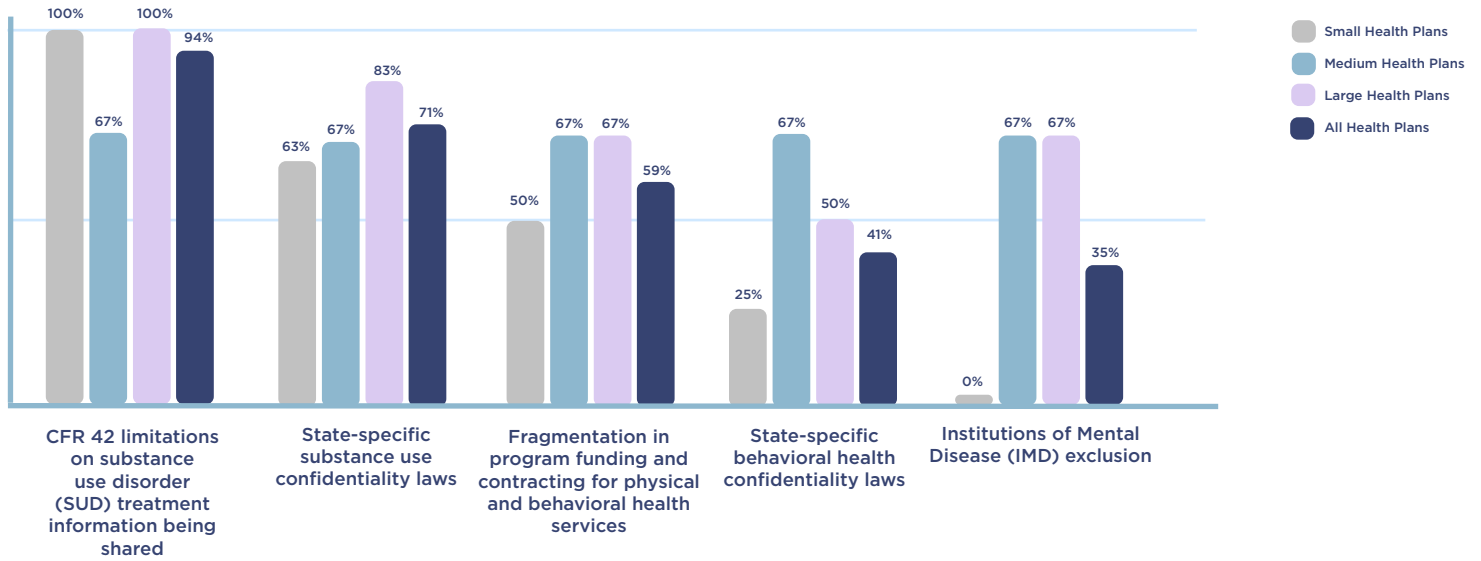
Medicaid MCOs' Network Barriers to Behavioral and Physical Health Integration, 2017-2021



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



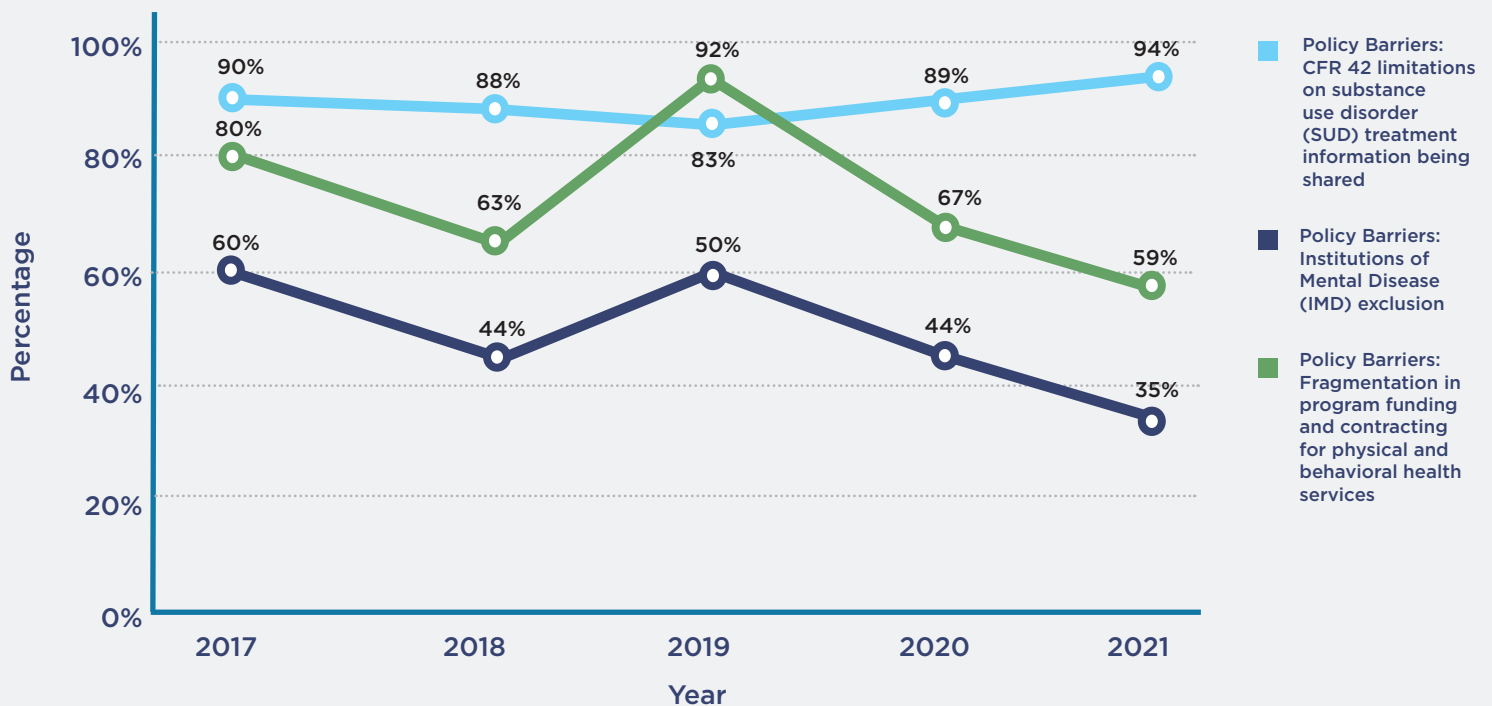
Medicaid MCOs' Policy Barriers to Behavioral and Physical Health Integration



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Medicaid MCOs' Policy Barriers to Behavioral and Physical Health Integration, 2017-2021

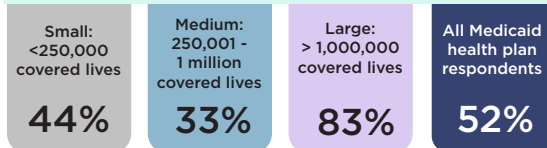


Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



2022 Annual Medicaid MCO Survey Managed Long-Term Services and Supports (MLTSS)

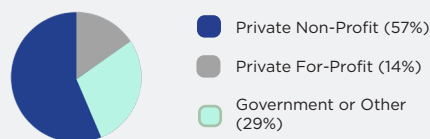
Percentage of Medicaid Health Plans Completing Survey in 2022 At-Risk for MLTSS



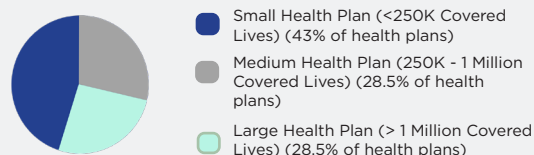
Methods and Overview

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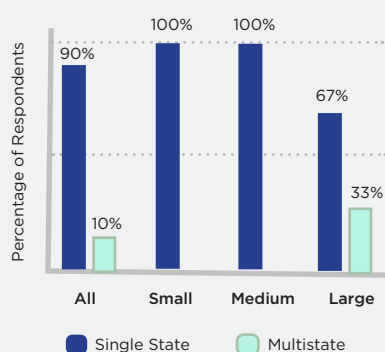
Health Plan Tax Status



Medicaid Health Plan Respondents by Size

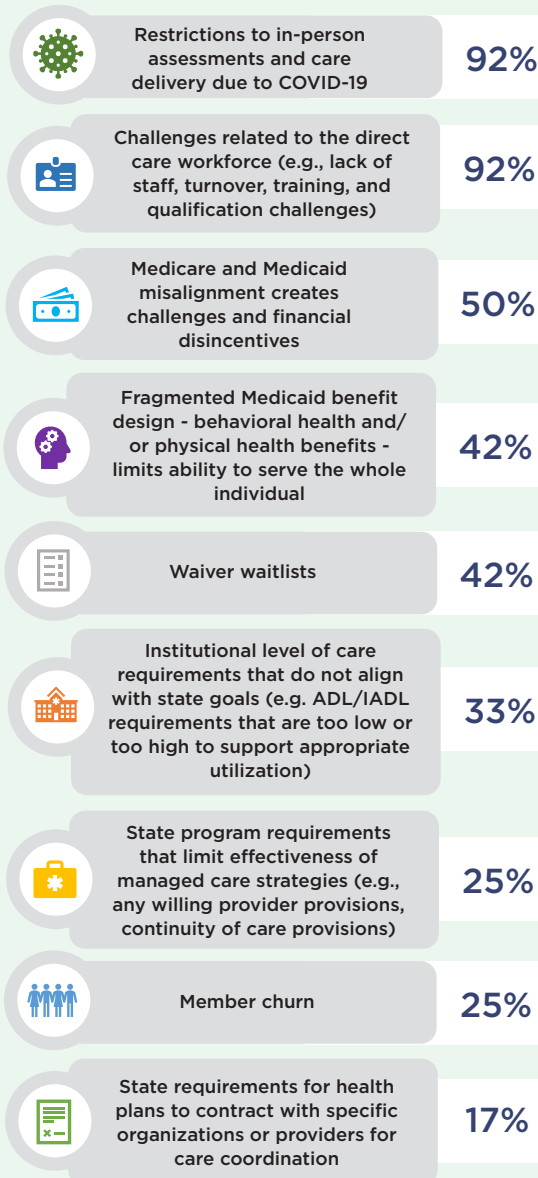


Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Barriers Experienced by Medicaid Health Plans when Managing MLTSS



Note: ADL/IADL - Activities of Daily Living/Independent Activities of Daily Living.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Community to Institution Care Transitions

Barrier	Percentage of Health Plans
Housing/ Bed availability	50%
Data exchange	33%
Caregiver support	17%
Availability of respite care	17%
Availability of in-home supports	8%
Coordination of community services in advance of transition	8%
Continuity of services	8%
Identifying and offering dedicated resources and support to caregivers	8%

Note: No health plans selected, "availability of hospice."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



IMI 2022 Annual Medicaid MCO Survey | MLTSS



Barriers Medicaid Health Plans Encountered During Institution to Institution Care Transitions

Barrier	Percentage of Health Plans
Housing/ Bed availability	50%
Data exchange	33%
Caregiver support	8%
Continuity of services	8%

Note: No health plans selected, "availability of in-home supports," "coordination of community services in advance of transition," "availability of respite care," "availability of hospice," and "identifying and offering dedicated resources and support to caregivers."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Hospital to Nursing Facility Care Transitions

Barrier	Percentage of Health Plans
Housing/ Bed availability	75%
Data exchange	25%
Caregiver support	17%
Continuity of services	8%
Identifying and offering dedicated resources and support to caregivers	8%

Note: No health plans selected, "availability of in-home supports," "coordination of community services in advance of transition," "availability of respite care," and "availability of hospice."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Hospital to Home Care Transitions

Barrier	Percentage of Health Plans
Availability of in-home supports	67%
Caregiver support	50%
Coordination of community services in advance of transition	42%
Identifying and offering dedicated resources and support to caregivers	33%
Housing/ Bed availability	25%
Availability of respite care	25%
Data exchange	17%
Continuity of services	17%
Availability of hospice	17%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Home to Hospital Care Transitions

Barrier	Percentage of Health Plans
Data exchange	17%
Caregiver support	17%
Housing/ Bed availability	8%
Coordination of community services in advance of transition	8%
Continuity of services	8%

Note: No health plans selected, "availability of in-home supports," "availability of respite care," "availability of hospice," and "identifying and offering dedicated resources and support to caregivers."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Nursing Facility to Home Care Transitions

Barrier	Percentage of Health Plans
Availability of in-home supports	67%
Caregiver support	50%
Housing/ Bed availability	42%
Coordination of community services in advance of transition	42%
Data exchange	33%
Identifying and offering dedicated resources and support to caregivers	33%
Availability of respite care	25%
Continuity of services	17%
Availability of hospice	8%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Barriers Medicaid Health Plans Encountered During Home to Nursing Facility Care Transitions

Barrier	Percentage of Health Plans
Housing/ Bed availability	50%
Data exchange	17%
Caregiver support	17%
Continuity of services	8%

Note: No health plans selected, "availability of in-home supports," "coordination of community services in advance of transition," "availability of respite care," "availability of hospice," and "identifying and offering dedicated resources and support to caregivers."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



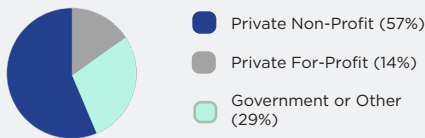
2022 Annual Medicaid MCO Survey

Social Determinants of Health (SDOH)

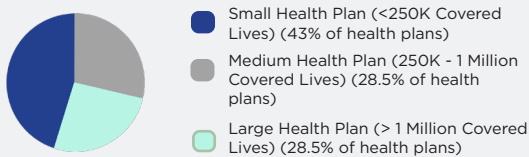
Methods and Overview

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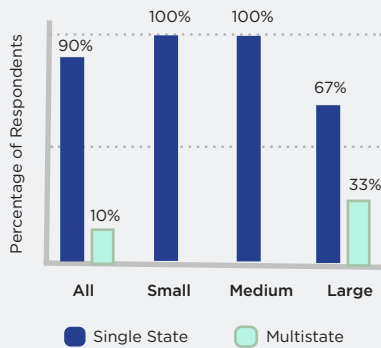
Health Plan Tax Status



Medicaid Health Plan Respondents by Size

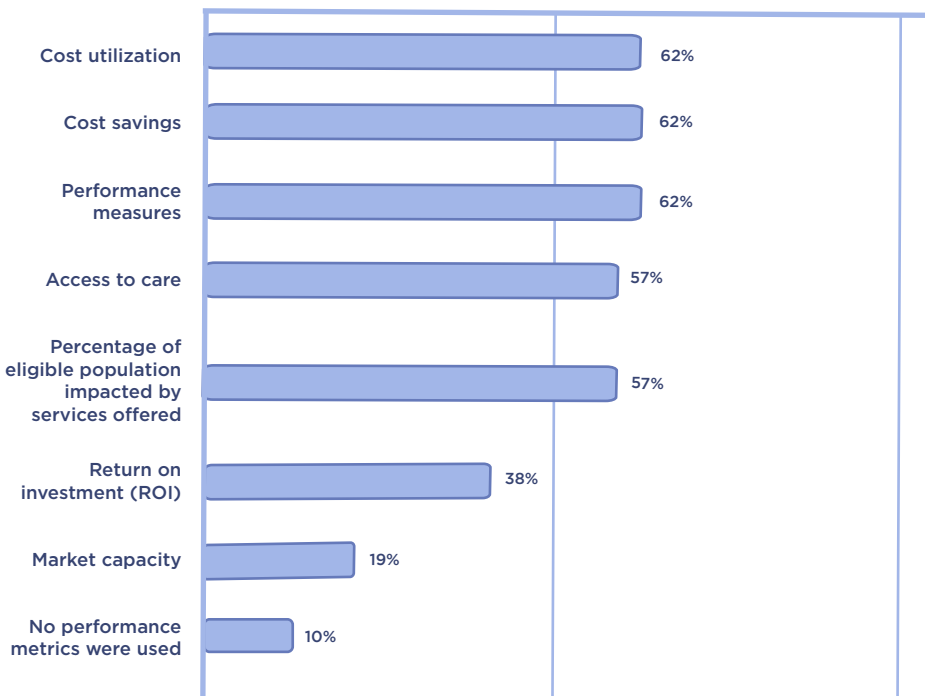


Health Plan Markets



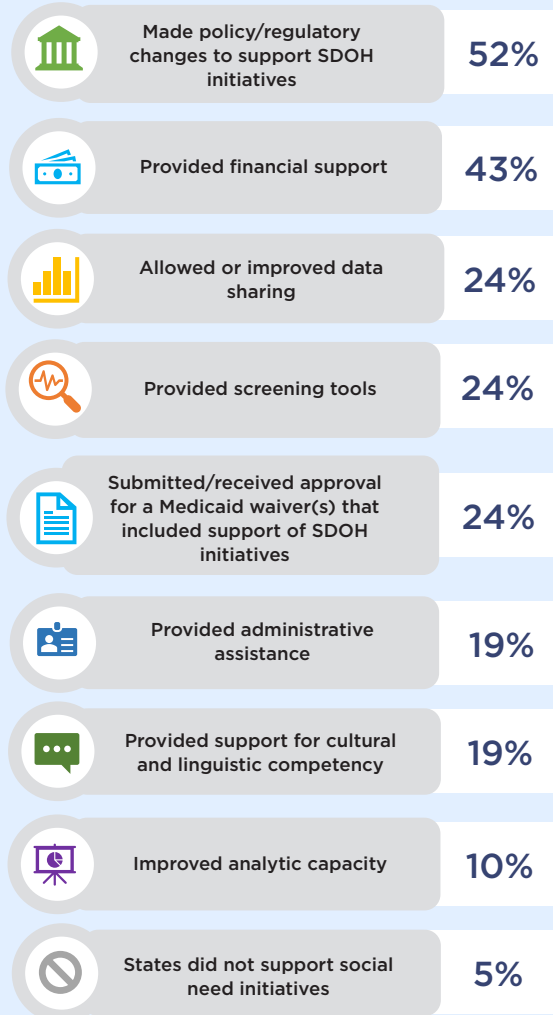
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Metrics Used by Medicaid Health Plans to Assess and Evaluate SDOH Initiatives



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

How States Supported Medicaid Health Plan SDOH Initiatives



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



Medicaid Health Plans with SDOH Programs for Specific Populations

Populations	Percentage of Health Plans
People experiencing homelessness/ housing insecurity	90%
Pregnant and postpartum Individuals	71%
Adults with substance use disorder	67%
Adults with disabilities (e.g., physical, intellectual, developmental)	67%
Adults with serious mental illness	67%
Aged, blind, and disabled	62%
Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)	57%
Medicare and Medicaid enrollees (duals)	52%
Criminal justice involved	48%
Child welfare/ Child protective services involved families	48%
Foster care youth/ Youth transitioning to adulthood	43%
CSHCN**	33%
Expansion members	33%
Sexual and gender minorities	33%
People with limited English proficiency	33%
Other*	33%
HIV/ AIDS	29%
Residential institution/ Facility placed individuals	29%
Individuals in Institutions for Mental Diseases (IMD)	10%

Notes: *Write-in responses include: Indigenous populations, people with less than high school education, people with food insecurities, chronic diseases, people with increased blood lead levels

**CSHCN - Children with special health care needs - Individuals (under age 18) who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

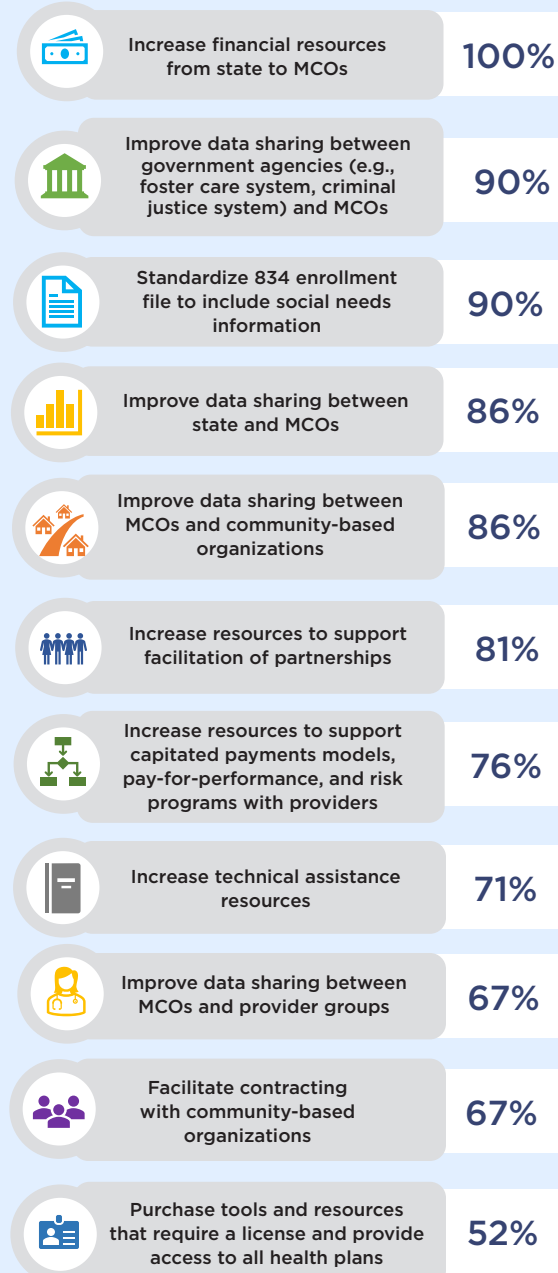
Medicaid Health Plan Use of SDOH Screening Tools

Screening Tool	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Internally developed tool that is not based on one of the tools listed	44%	67%	50%	52%
Adaptation of one or more of the tools listed**	44%	33%	17%	33%
Tool(s) embedded in provider electronic health record	22%	33%	17%	24%
Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)	11%	0%	50%	19%
Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)	11%	17%	17%	14%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	11%	17%	17%	14%
State-mandated tool	22%	0%	17%	14%

Note: ** Other tools not listed in table include: American Community Survey, The EveryOne project: Advancing health equity in every community, Toolkit by American Academy of Family Physicians, Social Needs Screening Toolkit, HealthLeads USA, Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version, Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version, Arizona Self-Sufficiency Matrix

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

How State Medicaid Agencies Could Further Assist Medicaid Health Plans in Addressing SDOH Needs



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



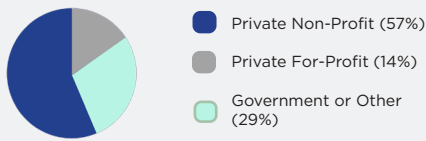
2022 Annual Medicaid MCO Survey

COVID-19 Pandemic

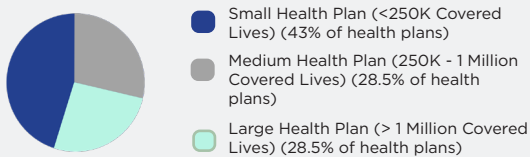
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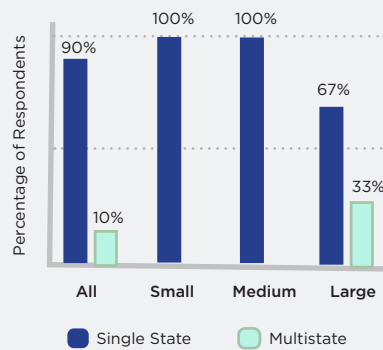
Health Plan Tax Status



Medicaid Health Plan Respondents by Size

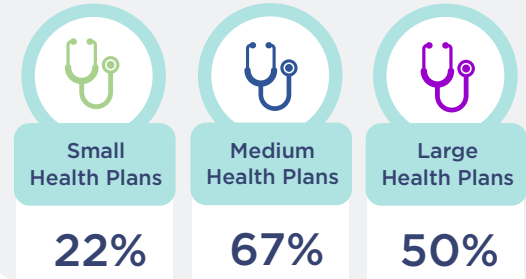


Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans that Did Not See a Decline in In-Person Visits



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

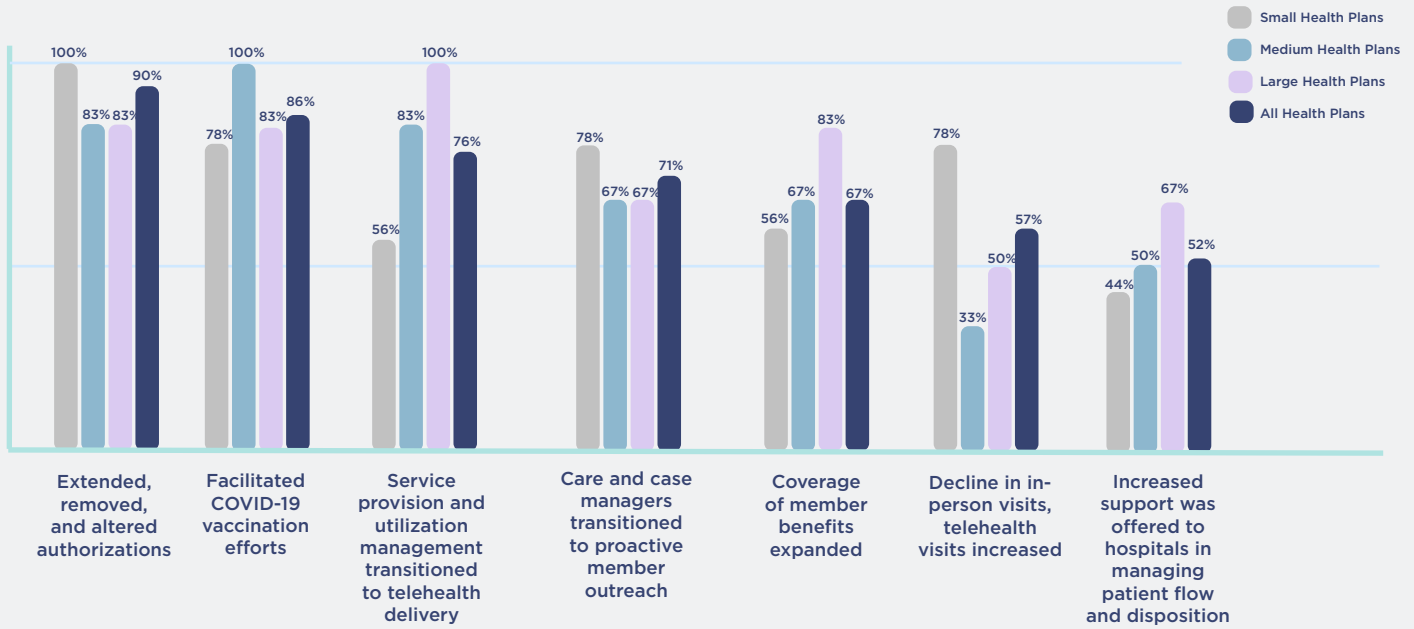
Changes Made by Medicaid Health Plans That Will Support Preparation for the Next Public Health Emergency

Change	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Supported members' social and health-related needs	100%	83%	100%	95%
Expanded and strengthened telehealth platforms and infrastructure	89%	83%	100%	90%
Enacted service and benefit flexibilities	89%	83%	100%	90%
Provided resources or support to clinicians	89%	83%	100%	90%
Efficient telehealth operations	78%	83%	100%	86%
Made changes to our operations and staffing accommodations	78%	83%	83%	81%
Public relations and messaging	78%	100%	67%	81%
Bolstered disaster planning and emergency response efforts	56%	83%	67%	67%
Provided resources or support to community-based organizations	56%	67%	83%	67%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

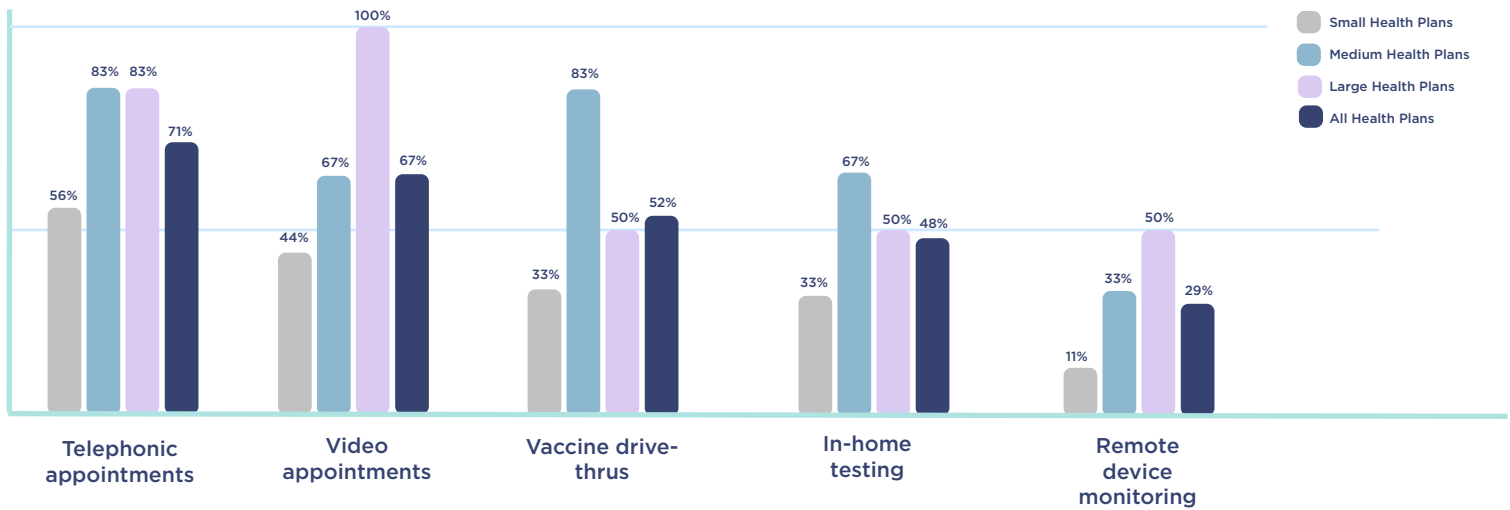


Medicaid Health Plan Actions to Respond to the COVID-19 Pandemic



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Ways Medicaid Health Plans Closed Gaps in HEDIS™ Measures with Fewer In-Person Visits



Note: HEDIS™ - Healthcare Effectiveness Data and Information Set

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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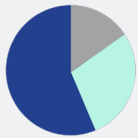
2022 Annual Medicaid MCO Survey

Telehealth

Methods and Overview

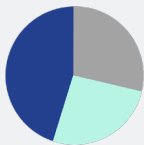
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Health Plan Tax Status



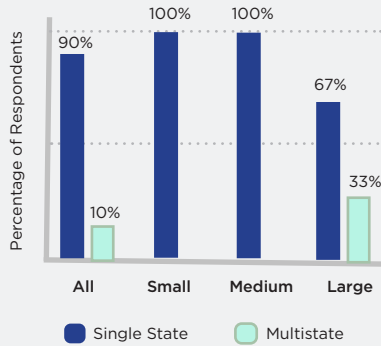
- Private Non-Profit (57%)
- Private For-Profit (14%)
- Government or Other (29%)

Medicaid Health Plan Respondents by Size



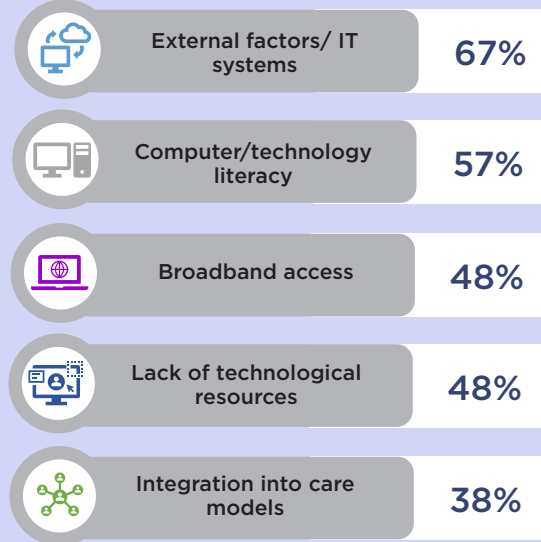
- Small Health Plan (<250K Covered Lives) (43% of health plans)
- Medium Health Plan (250K - 1 Million Covered Lives) (28.5% of health plans)
- Large Health Plan (> 1 Million Covered Lives) (28.5% of health plans)

Health Plan Markets



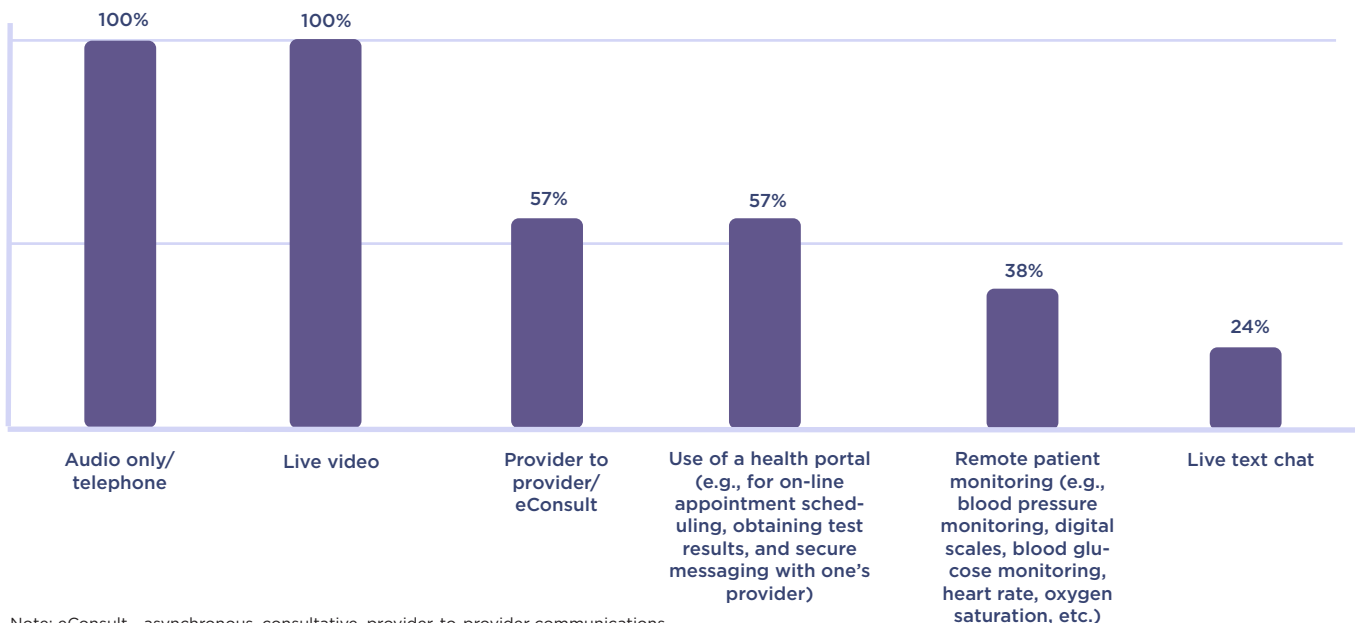
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Provider Telehealth Barriers Encountered by Medicaid Health Plans



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Use of Specific Telehealth Modalities

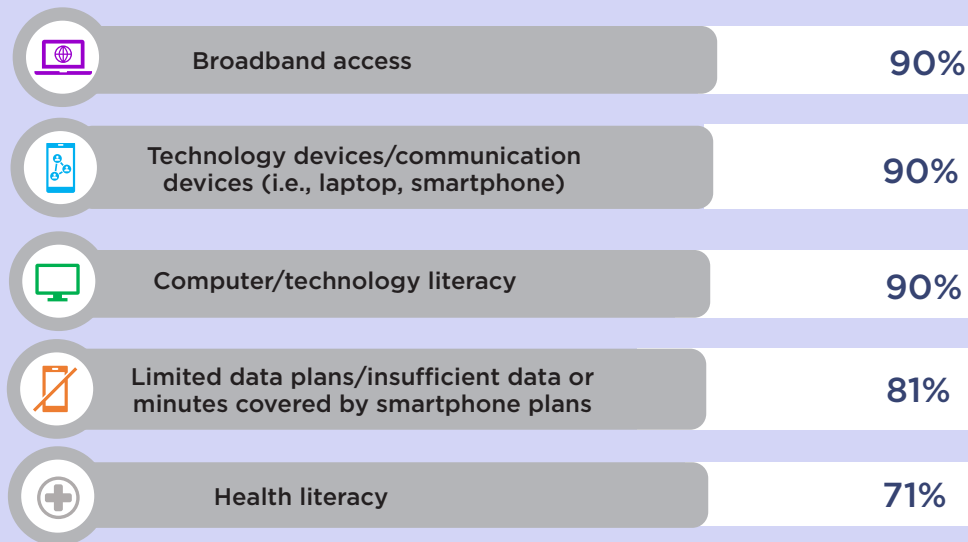


Note: eConsult - asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or web-based platform.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

IMI 2022 Annual Medicaid MCO Survey | Telehealth

Member Telehealth Barriers Encountered by Medicaid Health Plans



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Outcomes Medicaid Health Plans Attributed to Telehealth

Outcomes	Percentage of Health Plans
Increased patient access	71%
Increased member satisfaction	48%
Increased provider satisfaction	48%
Sustained or increased primary care utilization during COVID	48%
Sustained or increased mental health utilization during COVID	48%
Decreased member no shows	43%
Decreased urgent care utilization	38%
Decreased ED Utilization	33%
Increased behavioral health care utilization	33%
Improved patient compliance with care	33%
Increased primary care utilization	29%
Improved continuity of care	29%
Cost savings	10%
None	10%

Note: No health plans selected, "duplication of services."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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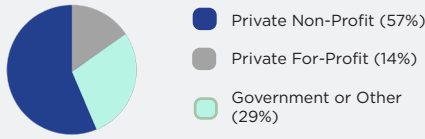
2022 Annual Medicaid MCO Survey

Health Equity and Structural Racism

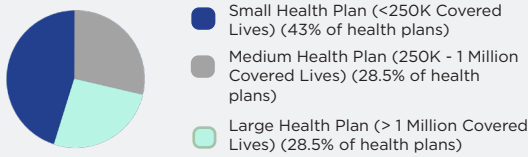
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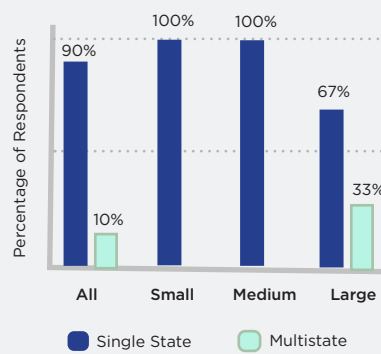
Health Plan Tax Status



Medicaid Health Plan Respondents by Size

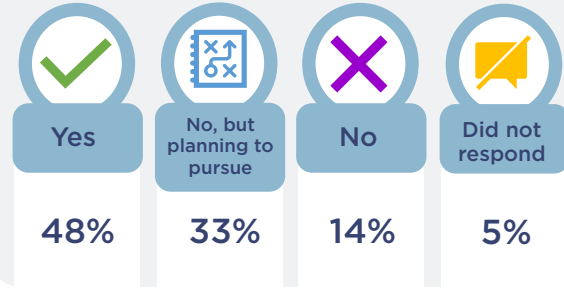


Health Plan Markets



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans that Have Pursued NCQA Health Equity Accreditation



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

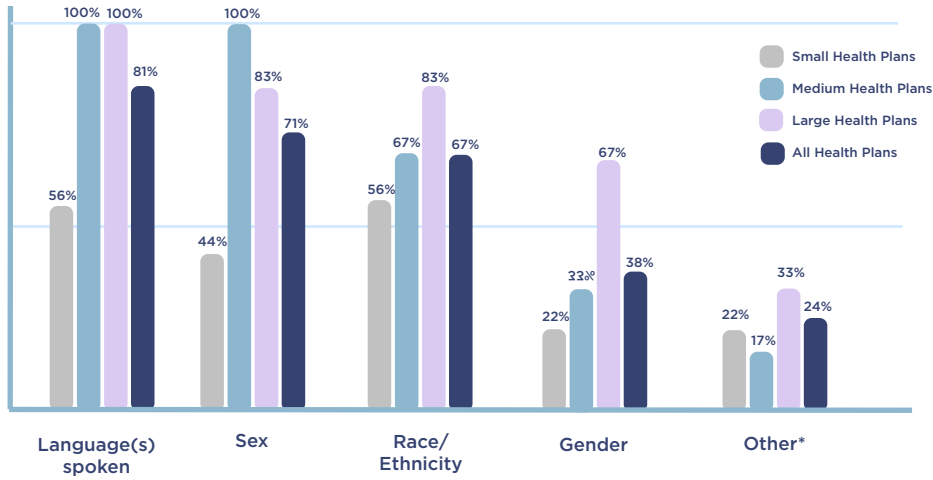
Actions Taken by Medicaid Health Plans to Address Structural Racism or Promote Racial Equity

Actions	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Programs/policies for health plan internal staff	67%	100%	100%	86%
Programs/policies for members	33%	33%	83%	48%
Changes to health plan governance or operations	22%	50%	83%	48%
Social investment with financial reserves	11%	67%	83%	48%
Programs/policies for provider groups	33%	33%	67%	43%
Programs/policies for vendors and contracting	22%	17%	50%	29%
Programs/policies for communities experiencing inequities	11%	17%	50%	24%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



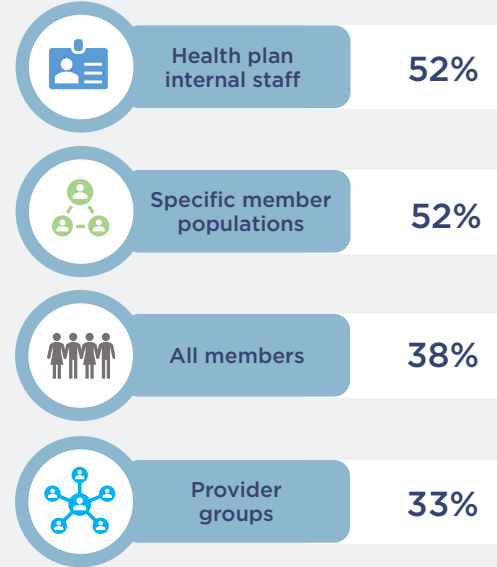
Medicaid Health Plans Tracked a Range of Provider Characteristics



* Other Includes: Age and Cultural Competency

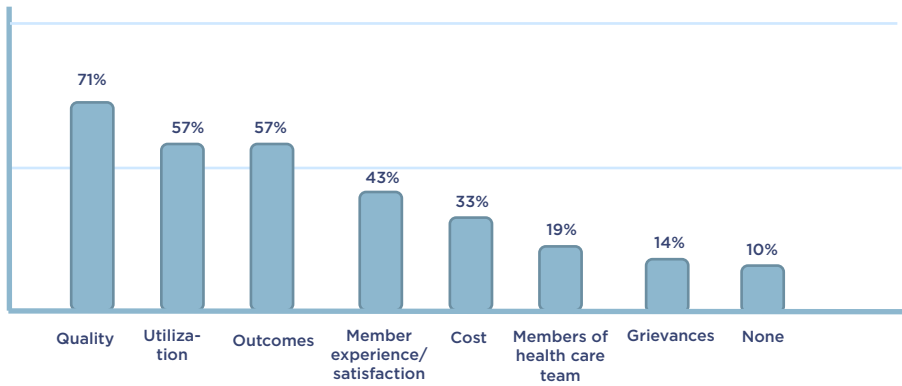
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Had a Health Equity Strategy for:

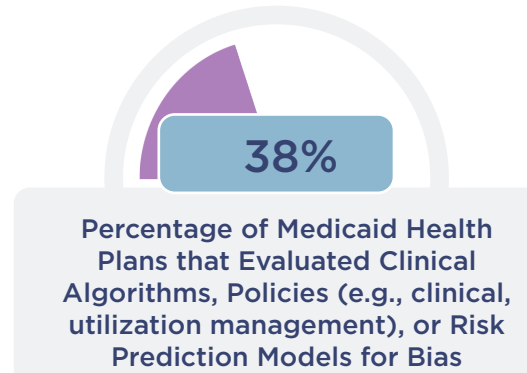


Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Data Medicaid Health Plans Stratified by Race and Ethnicity



Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



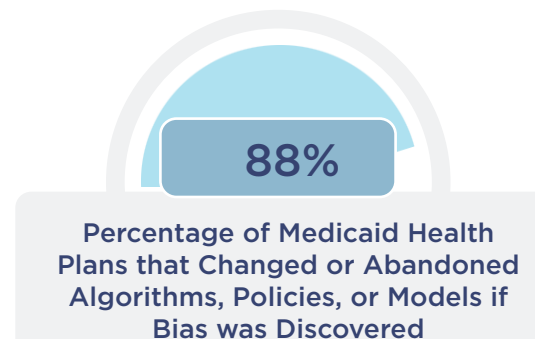
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Reported when Integrating Public Data Sources into Disparities and Equity Strategies or Approaches

33% of health plans did not experience barriers

Another 38% of health plans reported barriers. Their write-in responses suggested that health plans are still in early stages, often relying on clinical data, have challenges connecting community-level data with individual members, and are not confident in how to connect data with actionable steps.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



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