

2022 Annual Medicaid MCO Survey **High-Risk Care Coordination**

Health Plan Markets

90%

10%

100%

General Background Data

Data State Medicaid Agencies Could Provide to Help Medicaid Health Plans Better

Administer High-Risk Care Coordination

Household data (e.g., power of attorney, guardian, and head of household information)

100%

Contact data (e.g., phone numbers, email addresses)

95%

Race, ethnicity and language (REaL) data

81%

Demographic data (e.g., age, gender)

81%

Medical System Data

Historical claims data and clinical encounters

86%

Behavioral health diagnoses/ treatment/providers

86%

Special health care needs indicators

81%

Case management or social work encounters

76%

Health status indicators

76%

Smoking/tobacco use

67%

Social Determinants of Health Data



90%



Housing situation/stability (e.g., unhoused)

86%



Foster care status

81%



School enrollment

71%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid

Methods and Overview

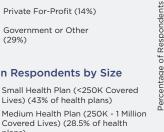
In its fifth year, the 2022 survey findings represent health plan data from almost every state with Medicaid managed care. The annual surveys collected information at the parent company/corporate levels and are intended to equip Medicaid stakeholders with the information needed to accurately articulate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

Health Plan Tax Status



plans)









100%

67%

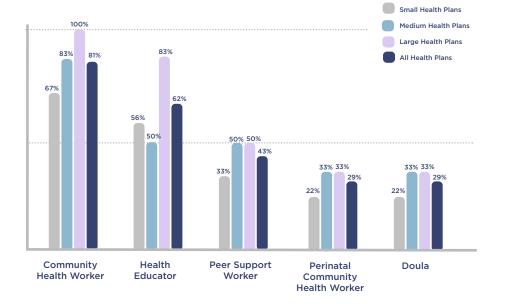
33%

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

Large Health Plan (> 1 Million Covered

Lives) (28.5% of health plans)

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



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



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Outcomes Used to Track Effectiveness

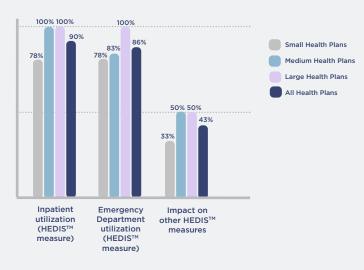
Non-HEDIS™ Outcomes

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: $\mathsf{HEDIS^{TM}}$ - $\mathsf{Healthcare}$ 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."

