

2022 Annual Medicaid MCO Survey

Managed Long-Term Services and Supports (MLTSS)

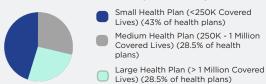
Methods and Overview

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."





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,"

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

Small: <250,000 covered lives

44%

Medium: 250.001 -1 million covered lives

Large: > 1,000,000 covered lives All Medicaid health plan respondents

33%

83%

Barriers Experienced by Medicaid Health Plans when Managing MLTSS



Restrictions to in-person assessments and care delivery due to COVID-19

92%



Challenges related to the direct care workforce (e.g., lack of staff, turnover, training, and qualification challenges)

92%



Medicare and Medicaid misalignment creates challenges and financial disincentives

50%



Fragmented Medicaid benefit design - behavioral health and/ or physical health benefits limits ability to serve the whole individual

42%



Waiver waitlists

42%



Institutional level of care requirements that do not align with state goals (e.g. ADL/IADL requirements that are too low or too high to support appropriate utilization)

33%

State program requirements that limit effectiveness of managed care strategies (e.g., any willing provider provisions, continuity of care provisions)

25%



Member churn

25%



State requirements for health plans to contract with specific organizations or providers for care coordination

17%

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

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





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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."





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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."

