

2023 Annual Medicaid MCO Survey

Fact Sheet Series

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, alternative payment models, pharmacy, behavioral health, maternal and perinatal health, sexual and reproductive health, child and adolescent health, long-term services and supports, social determinants of health, COVID-19, health equity, and telehealth. 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 2023 results are presented in a series of topically focused, easy-to-use fact sheets.

2023 Annual Medicaid MCO Fact Sheets

- High-Risk Care Coordination
- Alternative Payment Models
- Pharmacy
- Behavioral Health
- Maternal and Perinatal Health
- Sexual and Reproductive Health
- Child and Adolescent Health
- Managed Long-Term Services and Supports
- Social Determinants of Health
- COVID-19
- Health Equity
- Telehealth



Robert Wood Johnson Foundation

*Support for this project is provided by the Robert Wood Johnson Foundation.
The views expressed here do not necessarily reflect the views of the Foundation.*

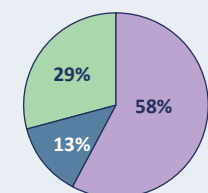


Annual Medicaid MCO Survey High-Risk Care Coordination

Demographics

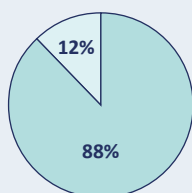
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



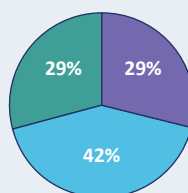
- Private Nonprofit
- Private For-Profit
- Government or Other

Health Plan Markets



- Single State
- Multistate

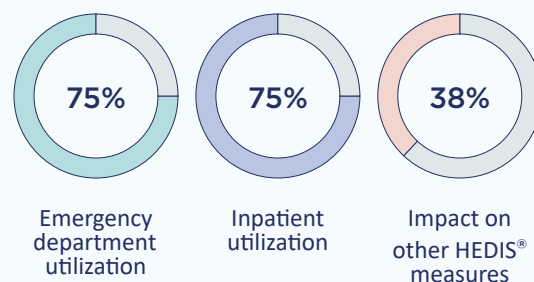
Health Plan Size



- Small Health Plan (<250K Covered)
- Medium Health Plan (250K–1 Million Covered)
- Large Health Plan (>1 Million Covered)

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

HEDIS® Measures Health Plans Currently Use to Track Effectiveness



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

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Non-HEDIS® Measures Health Plans Currently Use to Track Effectiveness in High-Risk Care Coordination

	All Health Plans
Emergency department utilization (unrelated to HEDIS® measure)	88%
Inpatient utilization (unrelated to HEDIS® measure)	88%
Patient experience survey results (e.g., CAHPS - Consumer Assessment of Healthcare Providers and Systems)	88%
Total spending	79%
Preventive care utilization	71%
Outpatient primary care utilization	71%
Complaints and grievances	67%
Provider experience survey results	63%
Other (includes member surveys, medication adherence, and enrollee advisory council)	25%

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

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plan Staff Titles for Nonclinical High-Risk Care Coordination Team Members

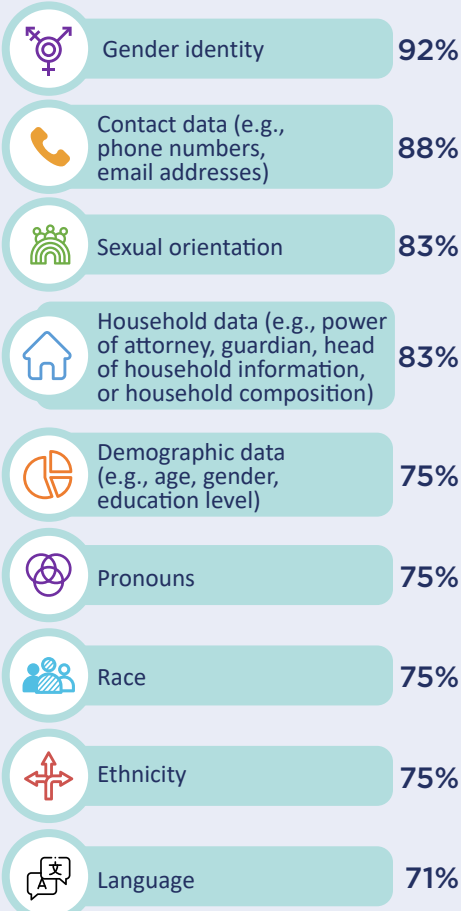
Community health worker	83%
Health educator	63%
Perinatal community health worker	38%
Peer support worker	33%
Doula	25%
Other*	25%

Note: Other* includes case management assistant, community health navigator, case management outreach coordinator, member advocate, care coordinator, outreach coordinator, health care guide, wellness guide, social worker I/II. Four percent (4%) of health plans selected none.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

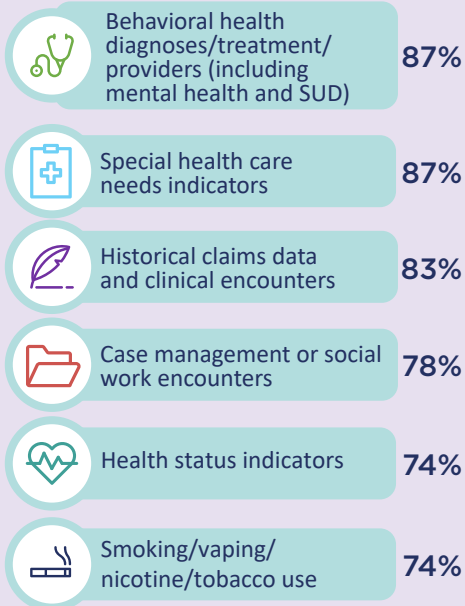
Additional Information or Categories of Data That State Medicaid Agencies Could Provide to Help Health Plans Better Administer High-Risk Care Coordination

General Background Data



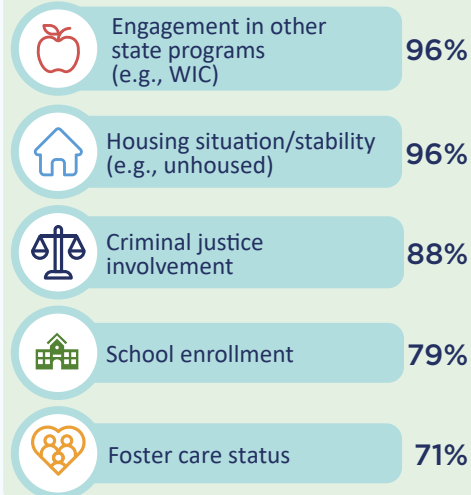
Source: Institute for Medicaid Innovation.
"2023 Annual Medicaid Health Plan Survey."

Medical Systems Data



Source: Institute for Medicaid Innovation.
"2023 Annual Medicaid Health Plan Survey."

Social Determinants of Health Data



Note: WIC - Special Supplemental Nutrition Program for Women, Infants, and Children

Source: Institute for Medicaid Innovation.
"2023 Annual Medicaid Health Plan Survey."

Barriers Experienced by Medicaid Health Plans When Providing High-Risk Care Coordination

	All Health Plans
Ability to contact member	100%
Member willingness to engage with high-risk care coordination	96%
Member unmet social determinants of health	92%
Member access to specialty care	71%
Availability of social supports	71%
Member's ability to navigate multiple care coordinators from health systems, provider practices, clinics, etc.	71%
Churn (member or eligibility related)	67%
Member access to primary care	63%
Access to information from previous providers (e.g., mental health)	54%
Provider willingness to engage with high-risk care coordinator	54%
Member's knowledge of managed care	54%
Ability to connect individuals to necessary nonclinical social supports	50%
Ability to share information with service providers	38%
Language barrier(s)	38%
Other (including health literacy, member cultural beliefs, member access to behavioral health care, member access to reproductive health care)	13%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Annual Medicaid MCO Survey Alternative Payment Models

96%

of responding Medicaid health plans use value-based purchasing (VBP) or alternative payment models (APMs)

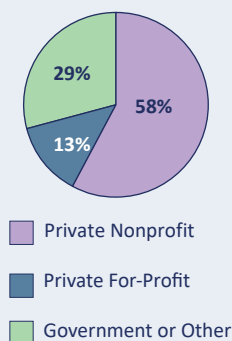
Note: Health plans that do not use VBP or APMs did not respond to questions in the APM section of the 2023 Annual Medicaid Health Plan survey.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

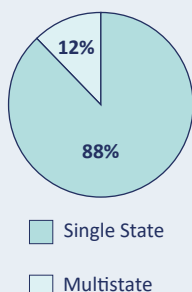
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

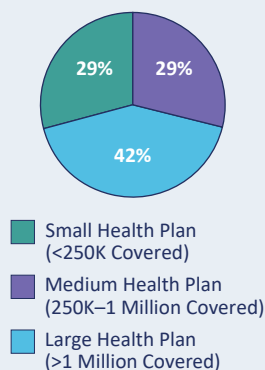
Health Plan Tax Status



Health Plan Markets



Health Plan Size



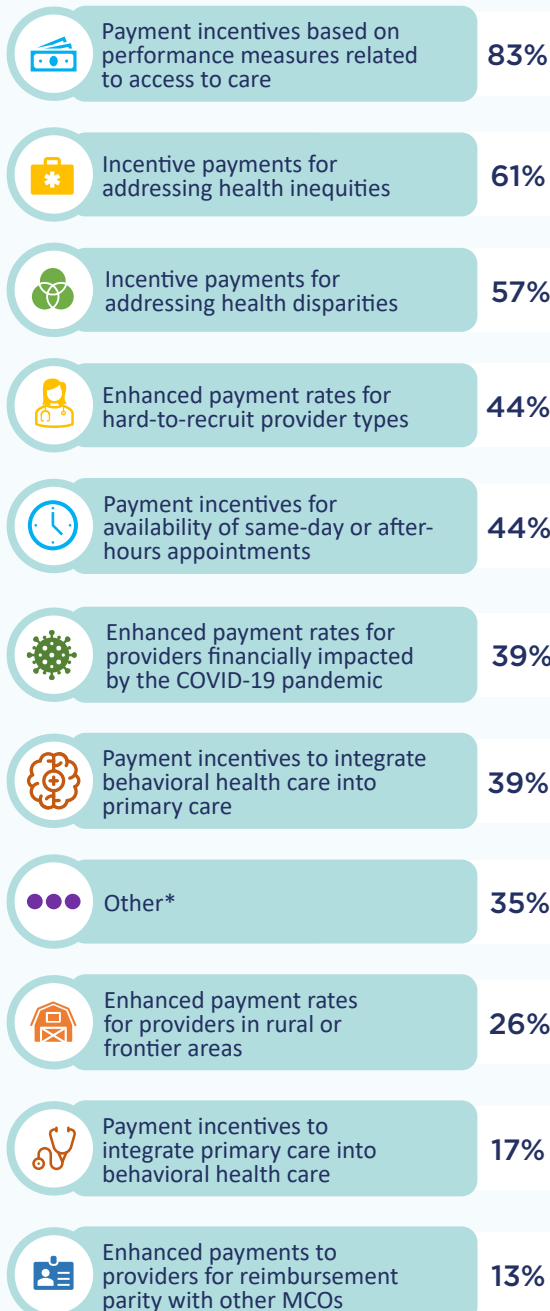
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Use of VBP and APMs with Providers

	All Health Plans
Incentive/bonus payments tied to specific performance measures (e.g., pay for performance)	96%
Arrangements with upside risk	83%
Shared savings arrangements	70%
PMPM (per member per month) for care management services	65%
Global or capitated payments to primary care providers or integrated provider entities	61%
Bundled or episode-based payments	57%
Arrangements with downside risk	48%
Payment withholds tied to performance	39%
Upfront payments to encourage faster movement to more advanced APMs	22%
Nonpayment or reduced payment for patient safety issues (e.g., never events)	17%
Nonpayment or reduced payment for elective deliveries before 39 weeks	9%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

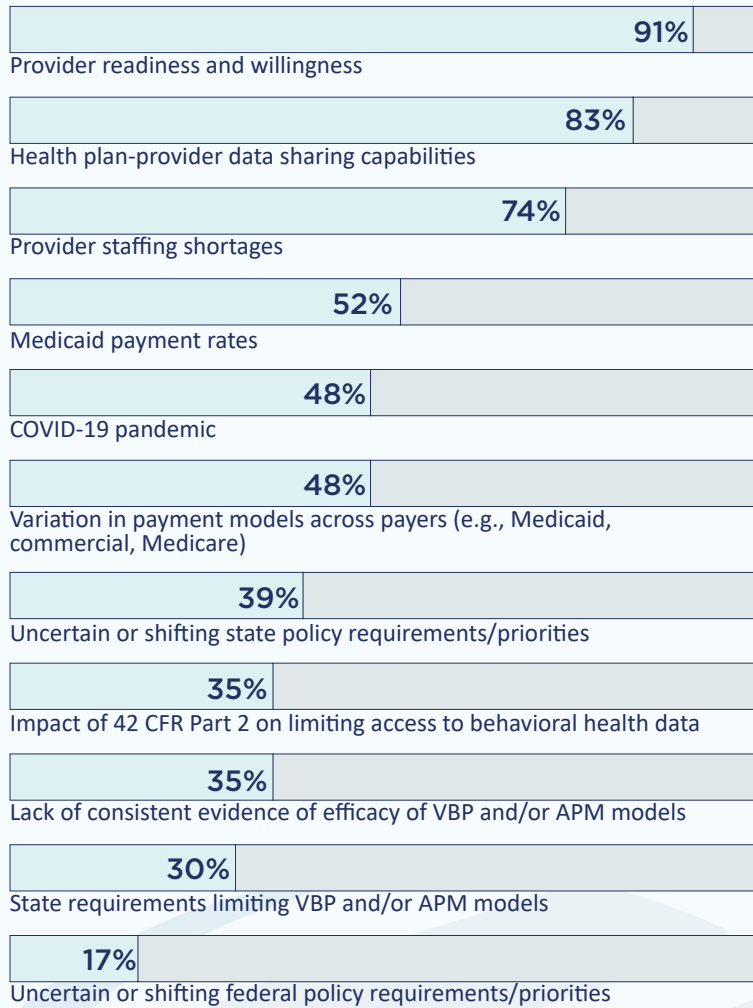
Payment Strategies Used by Medicaid Health Plans



Other* includes APMs established for a broad array of value-based purchasing strategies, including payment and quality incentives, as well as care transitions and management.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

External Barriers That Influence the Adoption and Innovation in VBP and/or APMs



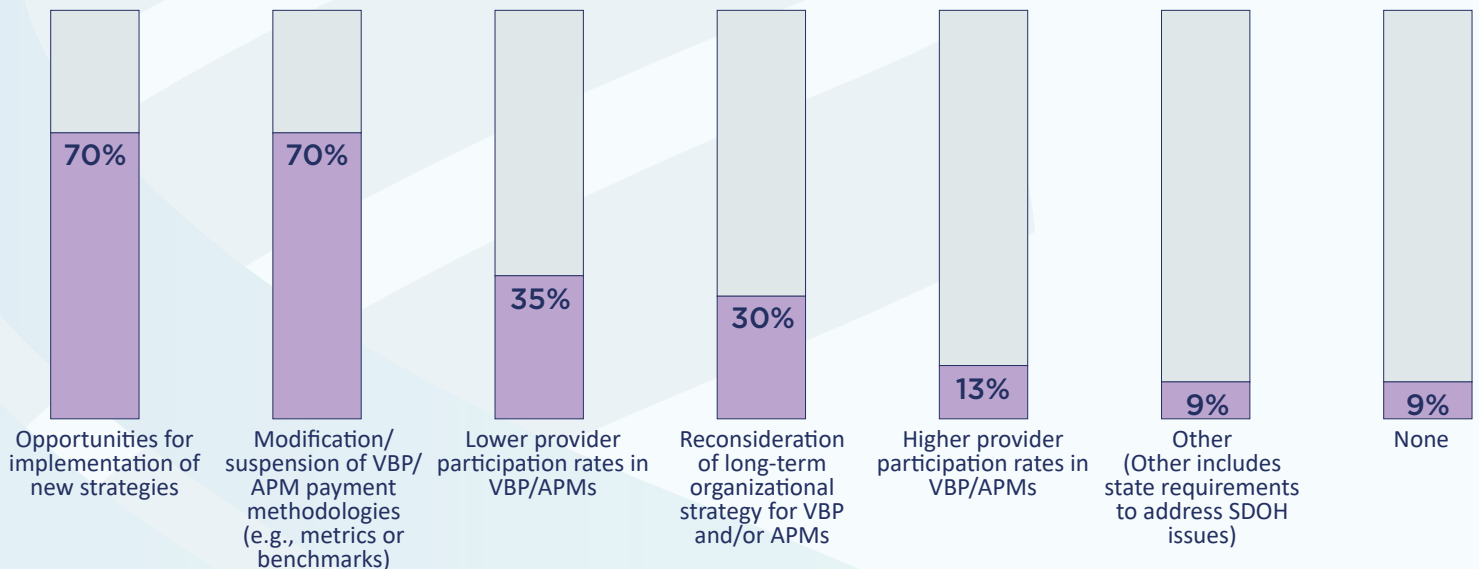
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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

	All Health Plans
Provision of additional policy and/or fiscal levers for MCOs to ensure provider engagement in VBP models	65%
Better education for providers on state and health plan expectations	65%
Reporting of consistent metrics	65%
Policies to facilitate data sharing between payers and providers	61%
Streamlined VBP design across payers, including aligned performance measures	61%
Better education for health plans on state expectations for VBP	57%
More flexibility in the design of VBP components (e.g., member attribution, benchmarking)	48%
Development of a multiyear VBP strategy to allow for longer-term contracts with Medicaid	48%
Removal of data sharing restrictions	48%
Multipayer alignment in VBP strategies	35%
Removal of requirements that limit VBP model and APM development	26%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Trends in Medicaid Health Plans' Use of VBP and APMs with Providers

	2018	2019	2020	2021	2023
Incentive/bonus payments tied to specific performance measures (e.g., pay for performance)	95%	87%	94%	100%	96%
Global or capitated payments to primary care providers or integrated provider entities	59%	47%	67%	68%	61%
Bundled or episode-based payments	53%	40%	50%	53%	57%
Payment withholds tied to performance	30%	33%	33%	32%	39%
Nonpayment or reduced payment for patient safety issues (e.g., never events)	30%	7%	6%	11%	17%
Nonpayment or reduced payment for elective deliveries before 39 weeks	18%	7%	11%	11%	9%

Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Trends in External Barriers That Influence the Adoption and Innovation in VBP and/or APMs

	2017	2018	2019	2020	2021	2023
Provider readiness and willingness	100%	88%	100%	94%	89%	91%
Medicaid payment rates	92%	65%	57%	67%	58%	52%
Uncertain or shifting state policy requirements/priorities	92%	35%	43%	22%	32%	39%
Impact of 42 CFR Part 2 on limiting access to behavioral health data	100%	24%	21%	17%	37%	35%
State requirements limiting VBP and/or APM models	85%	41%	14%	39%	26%	30%
Uncertain or shifting federal policy requirements/priorities	85%	29%	29%	11%	5%	17%

Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

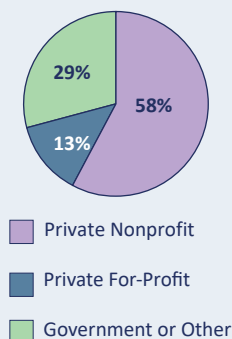


Annual Medicaid MCO Survey Pharmacy

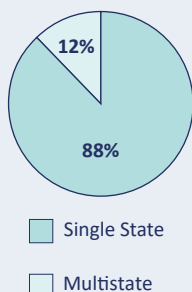
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

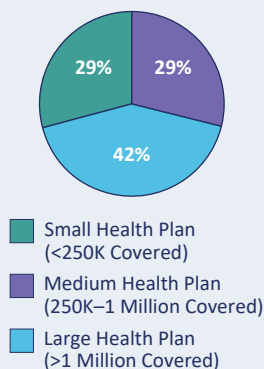
Health Plan Tax Status



Health Plan Markets



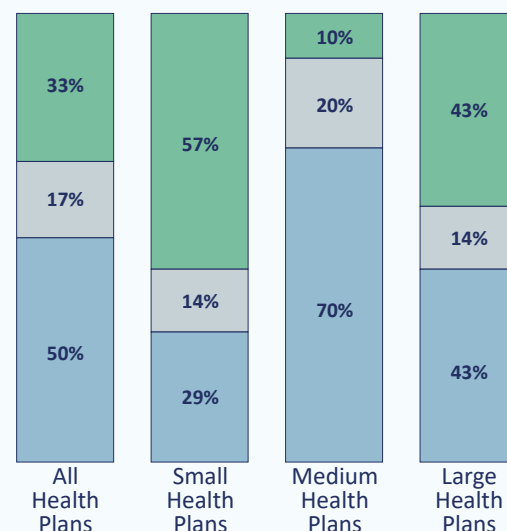
Health Plan Size



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Responsible for Managing Pharmacy Benefits

Fully at Risk Partially at Risk Not at Risk



Note: Health plans not at risk for pharmacy benefits did not respond to questions in the pharmacy section of the 2023 Annual Medicaid Health Plan survey.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Challenges Medicaid Health Plans Experience When Managing Prescription Drug Benefit

Utilization and cost history unknown for new drugs entering a market

Increase in cost of specialty pharmacy medications

Members' comprehension of and engagement in programs

Single preferred drug list (PDL)/formulary requirements

Increase in number of specialty pharmacy medications

Pharmacy benefits or subset of benefits carved out of managed care

Difference between plan formularies and methodologies and state requirements

Pharmacy network requirements











Vendor performance management (e.g., pharmacy benefit manager [PBM], specialty)

Formulary notification requirements as part of Medicaid Managed Care Organization Final Rule

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Utilization and cost history unknown for new drugs entering a market	67%	78%	50%	69%
Increase in cost of specialty pharmacy medications	33%	67%	75%	63%
Members' comprehension of and engagement in programs	100%	56%	25%	56%
Single preferred drug list (PDL)/formulary requirements	0%	67%	75%	56%
Increase in number of specialty pharmacy medications	33%	44%	75%	50%
Pharmacy benefits or subset of benefits carved out of managed care	100%	22%	50%	44%
Difference between plan formularies and methodologies and state requirements	67%	33%	25%	38%
Pharmacy network requirements	0%	11%	50%	19%
Vendor performance management (e.g., pharmacy benefit manager [PBM], specialty)	33%	0%	50%	19%
Formulary notification requirements as part of Medicaid Managed Care Organization Final Rule	0%	11%	25%	13%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Most Common State-Led Strategies to Address New or High-Cost Drugs, as Identified by Medicaid Health Plans

47%	Carved-out the drug costs completely; pay Fee-for-Service (FFS) for certain drug(s)		20%	Transition period where drug(s) are offered in FFS to get claims data then rolled into contracts.	
33%	Capitation rate adjustment as part of regular rate adjustments		20%	Capitation rate adjustments made off the normal rate cycle	
33%	Kick payment for certain drug(s)		13%	Stop-loss provision to cap the plan's cost for the drug	
27%	Risk corridor for high-cost medications		7%	Risk sharing	
27%	Other (including identifying rebates, nonrisk arrangements for high-cost gene therapy, and carved-out drugs for pharmacies)		7%	States have not addressed the cost	

Note: No health plan selected "Value-based payments with manufacturers."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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

Pharmacy and/or prescriber lock program for members using multiple prescribers	88%	
Quantity and/or days' supply limits for new starts	81%	
Case management to ensure appropriate care and referral to services	63%	
Removing barriers to medication-assisted treatment (MAT) (e.g., prior authorization (PA) for testing or MAT)	56%	
Policies to decrease new starts for concurrent opioid/benzodiazepine	50%	
44%	Review dose limit policies to ensure they do not encourage involuntary tapers and prompt clinical review of exception requests	
25%	Remove or reduce restrictions for or add to formulary common non-opioid pain medications (e.g., topicals, antidepressants, neuroleptics with indications for pain)	
19%	Remove or restrict methadone for pain	
19%	Other (includes opioids fall under statewide Preferred Drug List (PDL), health plan maintains an interactive data dashboard to monitor utilization for opioids, and health plan utilizes pharmacy claims data to monitor for high risk opioid utilization events.)	
13%	Remove or reduce restrictions for other pain services	

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Annual Medicaid MCO Survey Behavioral Health

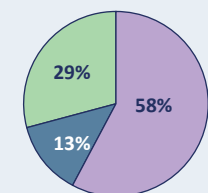
75%

of responding Medicaid health plans are at risk for behavioral health

Demographics

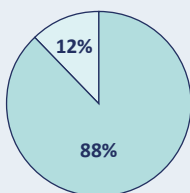
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



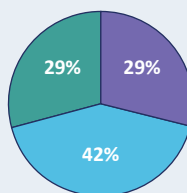
Private Nonprofit
Private For-Profit
Government or Other

Health Plan Markets



Single State
Multistate

Health Plan Size



Small Health Plan
<250K Covered
Medium Health Plan
250K-1 Million Covered
Large Health Plan
>1 Million Covered

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Note: Health plans that are not at risk for behavioral health did not respond to questions in the behavioral health section of the 2023 Annual Medicaid Health Plan survey.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans Experiencing Barriers for Behavioral and Physical Health Integration



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Barriers to Behavioral and Physical Health Integration

Network Barriers	% of Health Plans
Provider's capacity to provide integrated physical and behavioral health at point of care	78%
Behavioral health provider's adoption of electronic health records	61%
Access to data from other network entities such as departments of health or substance use programs	61%
Behavioral health provider's readiness for managed care	50%
Other*	28%

Note: Other* includes insufficient volume of high-quality providers to meet high level of need; workforce challenges; confusion with what is fee for service versus MCO billed.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Operational Barriers	% of Health Plans
Technological system differences with subcontractors	56%
Communication between care management and behavioral health teams	44%
Access to data between care management and behavioral health teams	39%
Staffing in care management to align skills sets with integrated care needs	33%
Other*	17%

Note: Other* includes partial carve outs and access to data between the health plan and county/state agencies.
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Policy Barriers	% of Health Plans
42 CFR Part 2 limitations on substance use disorder (SUD) treatment information being shared	83%
Fragmentation in program funding for physical and behavioral health services	61%
State-specific substance use confidentiality laws	44%
Fragmentation in program contracting for physical and behavioral health services	39%
State-specific behavioral health confidentiality laws	39%
Institutions of mental disease (IMD) exclusion	28%
Other*	22%

Note: Other* includes prescribing policies with telehealth, licensure and supervision requirements, and partial carve in and carve outs.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Child & Adolescent Behavioral Health

94%

of Medicaid health plans are at risk for child and adolescent behavioral health

Top Three Barriers Medicaid Health Plans Experience for Child and Adolescent Behavioral Health by Health Plan Size

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Availability of in-person behavioral health providers	83%	100%	100%	94%
Excessive wait times for specialty care	83%	50%	100%	82%
Members' ability to access in-person behavioral health	83%	50%	86%	77%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How Medicaid Health Plans Address Access Barriers for Child and Adolescent Behavioral Health

Contract with more virtual behavioral health providers	65%
Educate members to help destigmatize mental illness	65%
Administer behavioral health services in schools	59%
Provide services in multiple languages	53%
Provide coaches and peer support to expand available resources	53%
Provide training to pediatricians on integrating behavioral health into their practice	47%
Connect members to infrastructure to access virtual care	47%
Provide behavioral health services in medical emergency rooms	24%
Other (includes Community Health Workers and enhanced rates to select providers)	24%
Incentivize members' parents/caregivers to engage with behavioral health services	18%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Experience Related to Child and Adolescent Behavioral Health



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

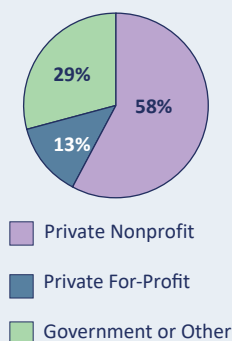


Annual Medicaid MCO Survey Maternal & Perinatal Health

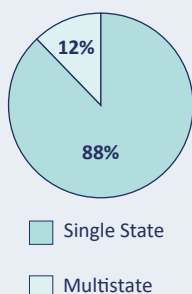
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

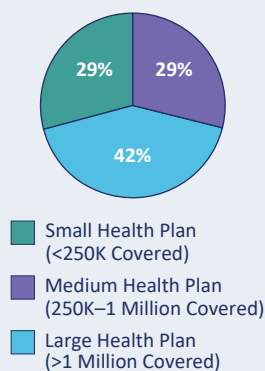
Health Plan Tax Status



Health Plan Markets



Health Plan Size



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Contracted Primary Care Providers for Maternal and Perinatal Health

Certified Nurse Midwife (CNM)

Advanced practice nurse with either a university-based master's or doctoral degree. CNMs are trained in education programs that are accredited by the Accreditation Commission for Midwifery Education (ACME).

Certified Professional Midwife

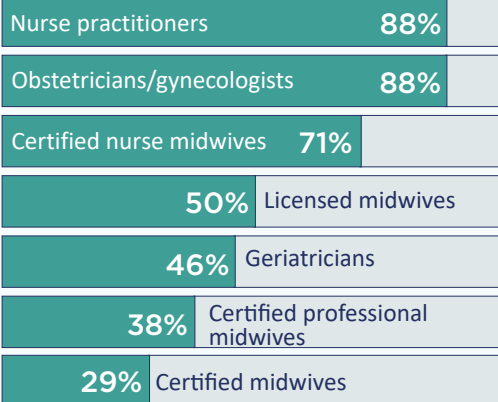
An individual who has varying educational and/or training experiences that might include work as an apprentice.

Certified Midwife

An individual who has graduated from a masters-level midwifery education program that is also accredited by ACME. The training is similar to that of a CNM, but they do not have a nursing degree.

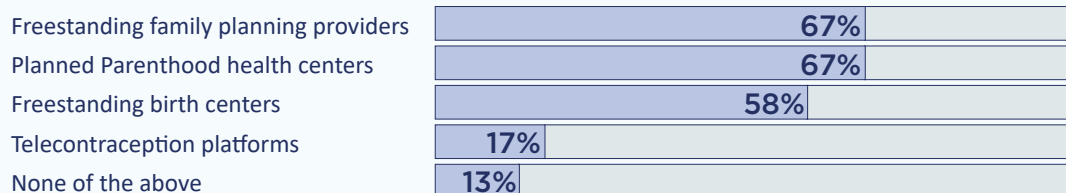
Licensed Midwife

An individual who has been issued a license to practice midwifery by a licensing board in the state where they practice. This is a legal designation conferring certain rights, restrictions, and legal status as a practitioner and is not the same as certification or credentialing by a midwifery education or accreditation board.



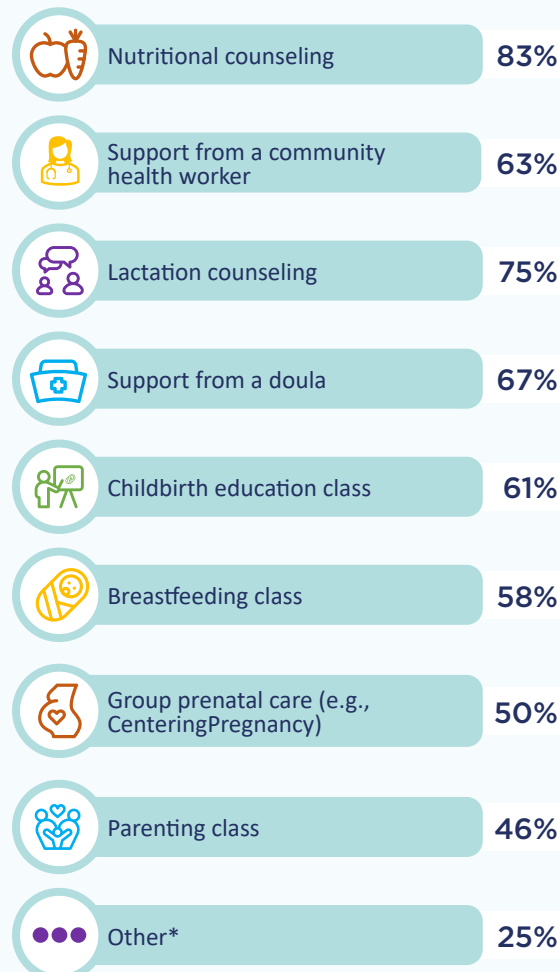
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Contracted Settings to Provide Members with Maternal and Perinatal Health



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Covered Benefits for Pregnant Members



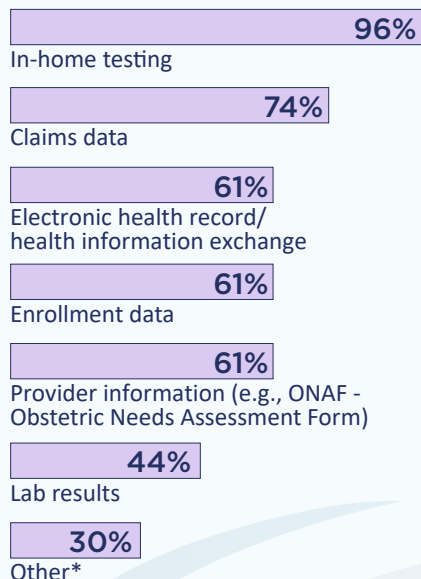
Notes: Other* includes pre- and postnatal care management for behavioral health, lactation counseling via telehealth, and dental. Four percent (4%) of health plans selected none.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



96% of Medicaid health plans have a way to identify pregnant members during the first trimester

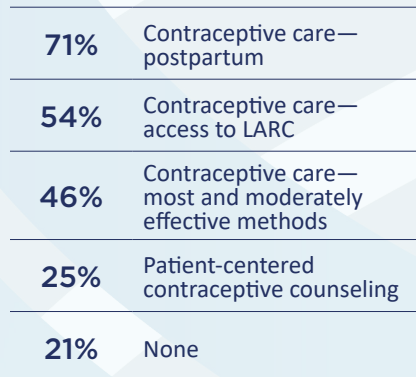
How Medicaid Health Plans Identify Pregnant Members



Note: *Other includes new member assessment, real-time emergency department data feed, and incentive for member self-identification.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Contraceptive Quality Measures Used by Medicaid Health Plans



Note: LARC - long-acting reversible contraceptive.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How State Medicaid Agencies Could Assist Health Plans in Addressing the Maternal and Perinatal Health Needs of Members

83%	Improve data sharing between state and Managed Care Organizations (MCOs)
75%	Improve quality of data shared between state and MCOs
75%	Improve data sharing between government agencies (e.g., foster care system, criminal justice system) and MCOs
67%	Improve data sharing between MCOs and provider groups
58%	Improve data sharing between MCOs and community-based organizations
58%	Establish equitable and sustainable payment levels for doulas
54%	Increase technical assistance resources
42%	Facilitate contracting with community-based organizations
38%	Increase resources to support facilitation of partnerships
38%	Establish equitable and sustainable payment levels for midwives
38%	Remove regulatory burdens and obstacles for midwives to practice at the top of their license
33%	Establish equitable and sustainable payment levels for nonhospital births (i.e., freestanding birth centers and home births)
29%	Remove regulatory burdens and obstacles for freestanding birth centers and home births
25%	Remove funding restrictions for reproductive health care

Notes: Four percent (4%) of health plans selected other. No themes were identified for other. Four percent (4%) of health plans selected "states cannot provide further assistance."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Provider Types for Which Increased Medicaid Reimbursement Rates Would Assist Health Plans in Addressing Maternal and Perinatal Health Needs

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Doulas	29%	80%	86%	67%
Perinatal community health workers	29%	80%	71%	63%
Freestanding birth centers	14%	70%	71%	54%
Midwives (e.g., certified professional midwives, certified midwives, and licensed midwives)	29%	60%	57%	50%
Perinatal nutritionist	29%	70%	43%	50%
Community health workers	14%	70%	43%	46%
Nurse-midwives	14%	60%	43%	42%
None	43%	0%	14%	17%

Notes: Eight percent (8%) of health plans selected other. No themes were identified for other.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

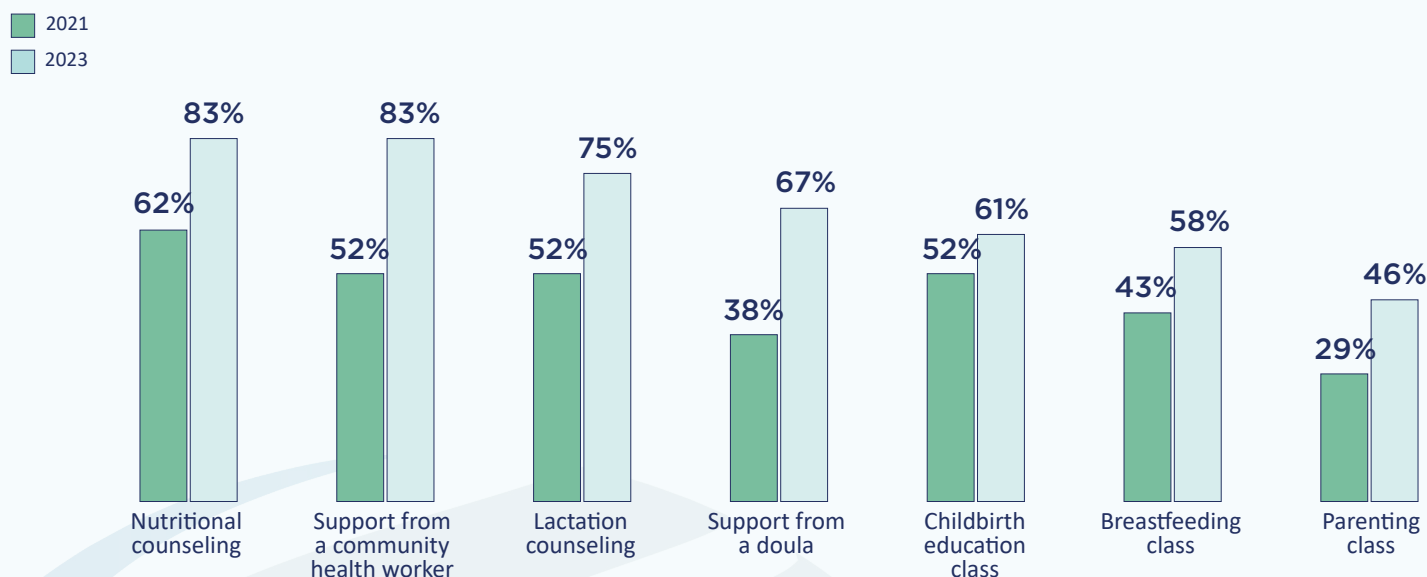
Provider Types Health Plans Contracted With to Serve as a Primary Care Provider For Maternal and Perinatal Health

	2017	2018	2019	2020	2021	2023
Nurse practitioners	78%	82%	69%	90%	90%	88%
Nurse-midwives	78%	47%	31%	53%	52%	71%

Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Year-to-Year Comparison for Medicaid Health Plans' Covered Benefits for Pregnant Individuals



Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Trends in Provider Settings Medicaid Health Plans Contracted with to Provide Maternal and Perinatal Health

	2017	2018	2019	2020	2021	2023
Freestanding family planning clinics	50%	100%	100%	79%	62%	67%
Planned Parenthood clinics	50%	100%	100%	90%	57%	67%

Note: 2022 data are not available as the survey was changed from retrospective to current in 2023.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

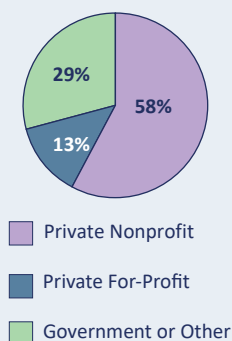


Annual Medicaid MCO Survey Sexual and Reproductive Health

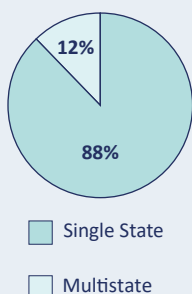
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

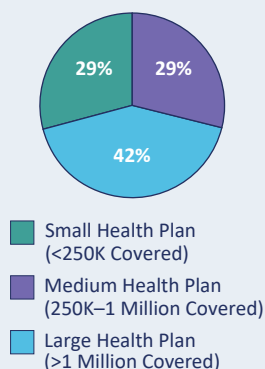
Health Plan Tax Status



Health Plan Markets

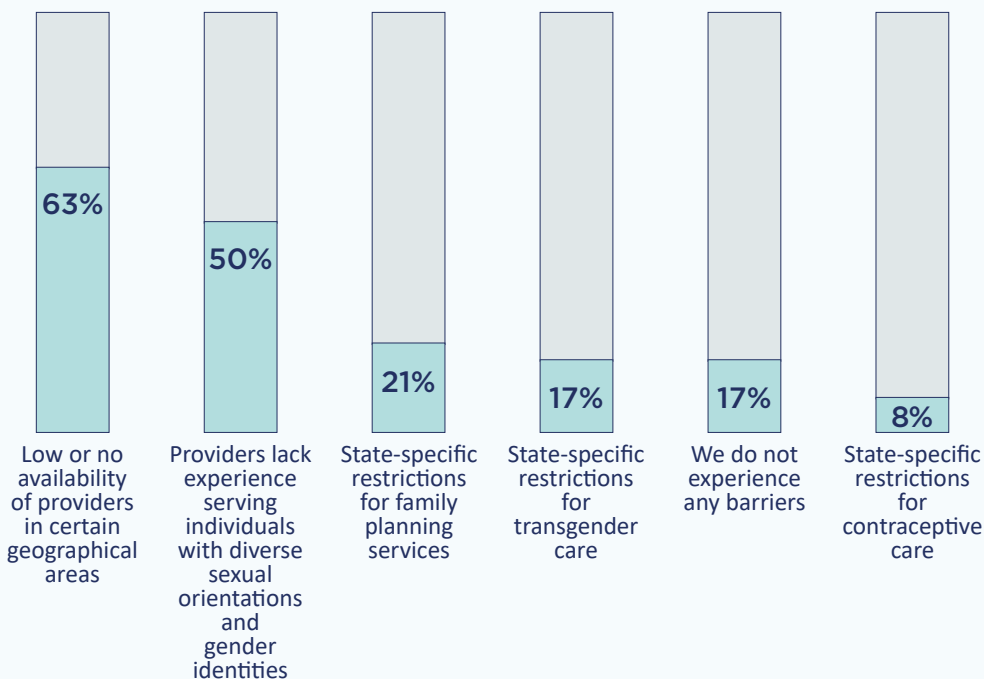


Health Plan Size



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Experience When Addressing the Sexual and Reproductive Health Needs of Members



Notes: Four percent (4%) of health plans selected other. No themes were identified for other. Four percent (4%) of health plans selected "state-specific confidentiality laws."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

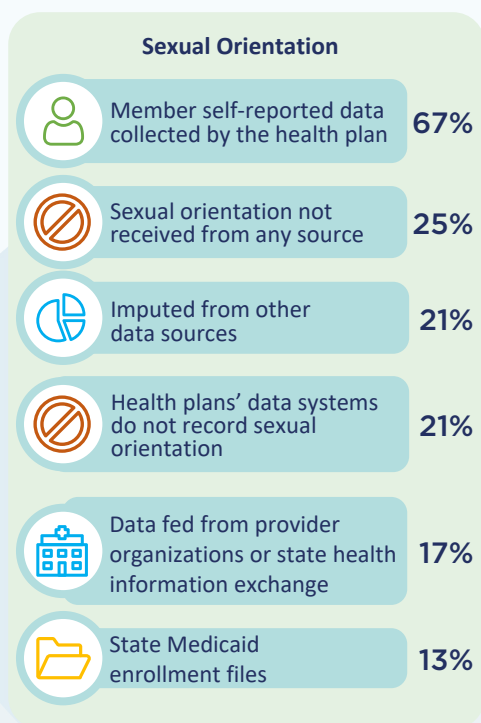
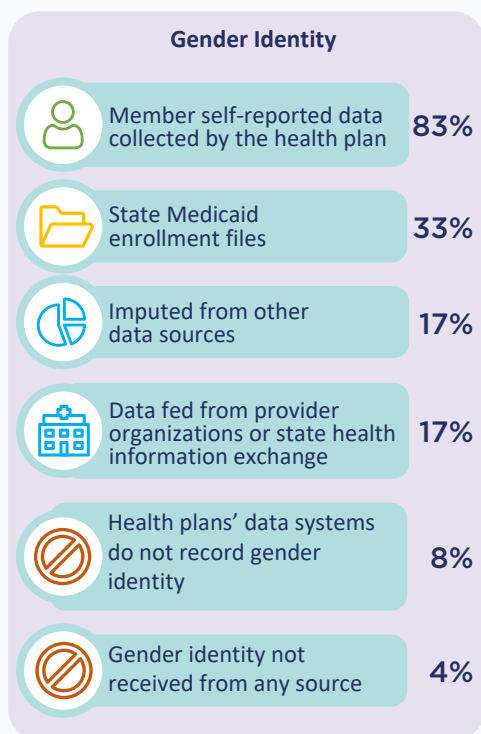
How State Medicaid Agencies Could Assist Health Plans in Addressing the Sexual and Reproductive Health Needs of Members

Improve data sharing between state and MCOs	83%
Improve quality of data shared between state and MCOs	75%
Improve data sharing between government agencies (e.g., foster care system, criminal justice system) and MCOs	75%
Improve data sharing between MCOs and provider groups	67%
Improve data sharing between MCOs and community-based organizations	58%
Establish equitable and sustainable payment levels for doulas	58%
Increase technical assistance resources	54%
Facilitate contracting with community-based organizations	42%
Increase resources to support facilitation of partnerships	38%
Establish equitable and sustainable payment levels for midwives	38%
Remove regulatory burdens and obstacles for midwives to practice at the top of their license	38%
Establish equitable and sustainable payment levels for nonhospital births (i.e., freestanding birth centers and home births)	33%
Remove regulatory burdens and obstacles for freestanding birth centers and home births	29%
Remove funding restrictions for reproductive health care	38%

Notes: Four percent (4%) of health plans selected other. No themes were identified for other. Four percent (4%) of health plans selected "states cannot provide further assistance."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

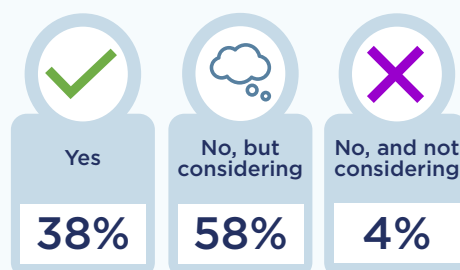
Medicaid Health Plans' SOGI Data Source(s) for Members



Note: Four percent (4%) of health plans selected other.

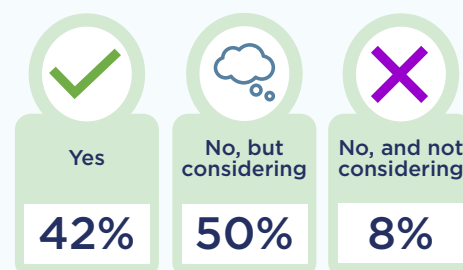
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans That Offer Specific Programs to Address Health Disparities Impacting Individuals with Diverse Sexual Orientations and Gender Identities



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans That Offer Specific Social Determinants of Health Programs to Individuals with Diverse Sexual Orientations and Gender Identities



Gender Affirming Services Medicaid Health Plans Cover for Transgender Youth and/or Adults

Adult medical care (e.g., hormone therapy)	83%
Youth medical care (e.g., hormone therapy)	78%
Adult surgery	75%
Youth surgery	57%
Other*	13%

Notes: Other* includes behavioral health, outpatient psychotherapy, and mental health screening. Eight percent (8%) of health plans selected none.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Experience Related to Sexual Orientation and Gender Identity (SOGI) Data

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Health plan receives incomplete SOGI data	86%	70%	29%	63%
Response options on forms are not comprehensive/inclusive of all identities	57%	70%	43%	58%
Members express concern with sharing SOGI data	29%	70%	57%	54%
Software the health plan uses does not maintain or display SOGI data	57%	40%	43%	46%
Other*	14%	40%	14%	25%

Notes: Other* includes data that are not systematically collected, enrollment forms do not collect SOGI data, and health plan staff express concern collecting data.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Annual Medicaid MCO Survey Child and Adolescent Health

96%

of responding Medicaid health plans are at risk for child and adolescent health

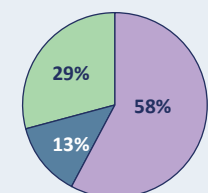
Note: Health plans that are not at risk for child and adolescent health did not respond to questions in the child and adolescent health section of the 2023 Annual Medicaid Health Plan survey.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Demographics

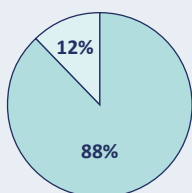
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



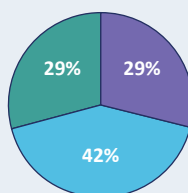
Private Nonprofit
Private For-Profit
Government or Other

Health Plan Markets



Single State
Multistate

Health Plan Size

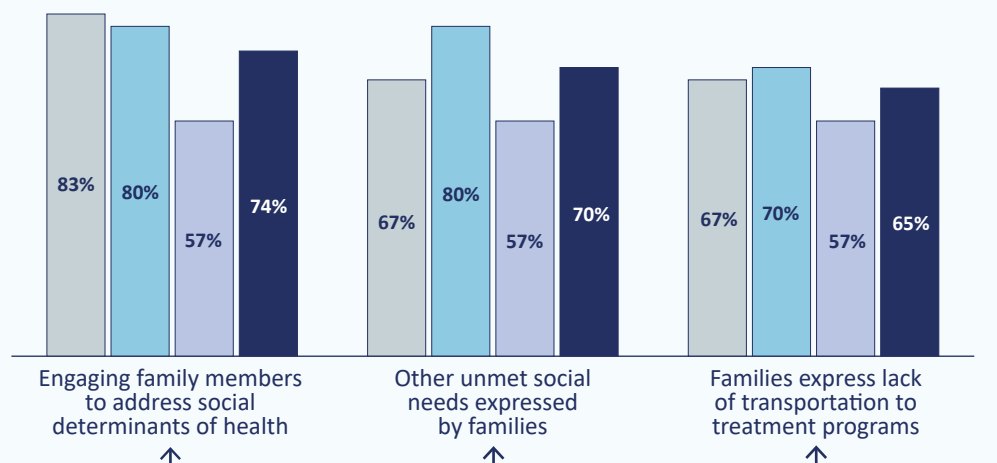


Small Health Plan (<250K Covered)
Medium Health Plan (250K-1 Million Covered)
Large Health Plan (>1 Million Covered)

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

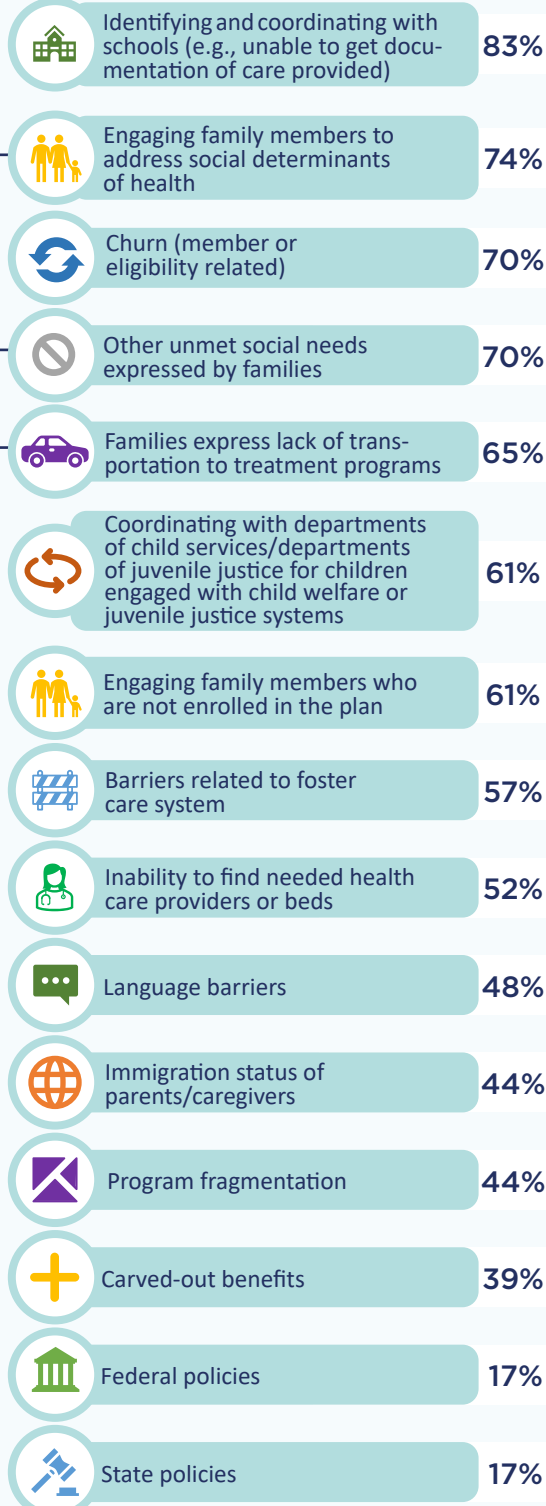
Social Determinants of Health Barriers That Medicaid Health Plans Encounter When Serving Children by Health Plan Size

Small Health Plans Medium Health Plans Large Health Plans All Health Plans



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Encountered When Serving Children



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

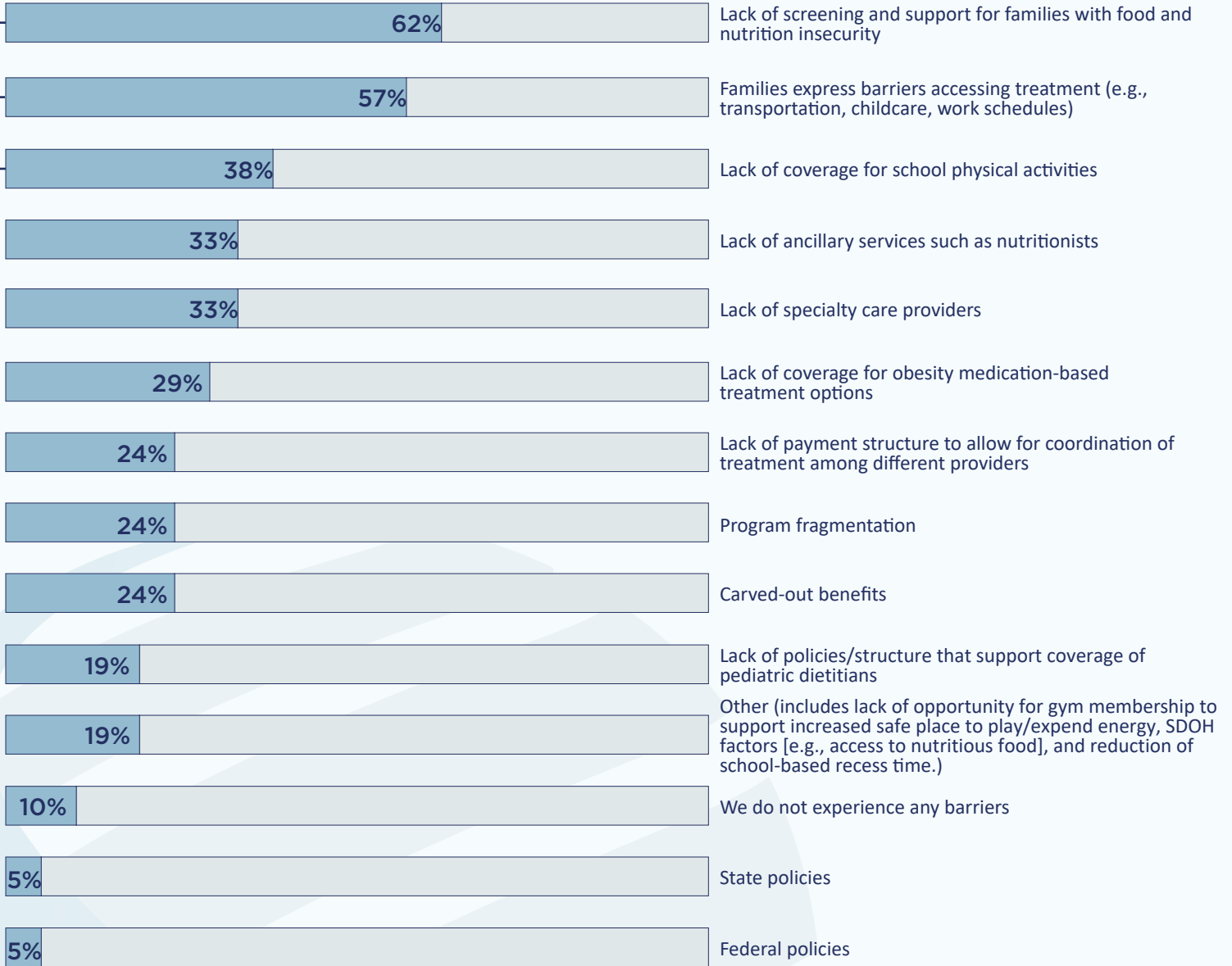


73%

of Medicaid health plans cover child and adolescent comprehensive obesity treatment, including intensive behavioral interventions, pharmacology, and metabolic and bariatric surgery.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Barriers Addressing Child and Adolescent Obesity



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Social Determinant of Health Barriers Medicaid Health Plans Experience When Addressing Child and Adolescent Obesity by Health Plan Size

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Lack of screening and support for families with food and nutrition insecurity	80%	56%	57%	62%
Families express barriers accessing treatment (e.g., transportation, childcare, work schedules)	60%	56%	57%	57%
Lack of coverage for school physical activities	40%	33%	43%	38%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Child & Adolescent Behavioral Health

94%

of Medicaid health plans are at risk for child and adolescent behavioral health

Top Three Barriers Medicaid Health Plans Experience for Child and Adolescent Behavioral Health by Health Plan Size

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Availability of in-person behavioral health providers	83%	100%	100%	94%
Excessive wait times for specialty care	83%	50%	100%	82%
Members' ability to access in-person behavioral health	83%	50%	86%	77%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How Medicaid Health Plans Address Access Barriers for Child and Adolescent Behavioral Health

Contract with more virtual behavioral health providers	65%
Educate members to help destigmatize mental illness	65%
Administer behavioral health services in schools	59%
Provide services in multiple languages	53%
Provide coaches and peer support to expand available resources	53%
Provide training to pediatricians on integrating behavioral health into their practice	47%
Connect members to infrastructure to access virtual care	47%
Provide behavioral health services in medical emergency rooms	24%
Other (includes Community Health Workers and enhanced rates to select providers)	24%
Incentivize members' parents/caregivers to engage with behavioral health services	18%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Experience Related to Child and Adolescent Behavioral Health



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



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

54%

of responding Medicaid health plans are responsible for managing MLTSS benefits

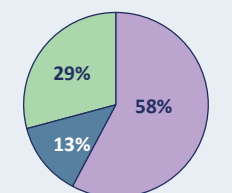
Note: Health plans that are not at risk for MLTSS did not respond to questions in the MLTSS section of the 2023 Annual Medicaid Health Plan survey.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Demographics

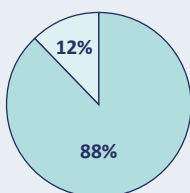
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



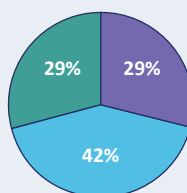
Private Nonprofit
Private For-Profit
Government or Other

Health Plan Markets



Single State
Multistate













Health Plan Size



Small Health Plan (<250K Covered)
Medium Health Plan (250K–1 Million Covered)
Large Health Plan (>1 Million Covered)












Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Percent of Medicaid Health Plans Experiencing Housing/Bed Availability Barriers During Member Health Care Transitions for MLTSS

 → 	Nursing facility to home transitions	92%
 → 	Hospital to home transitions	85%
 → 	Hospital to nursing facility transitions	77%
 → 	Home to nursing facility transitions	62%
 → 	Nursing facility to hospital transitions	31%
 → 	Home to hospital transitions	23%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Experienced by Medicaid Health Plans When Managing MLTSS

	Challenges related to the direct-care workforce (e.g., lack of staff, turnover, training, and qualification challenges)	85%
	Restrictions to in-person assessments and care delivery due to COVID-19	54%
	Medicare and Medicaid misalignment creates challenges and financial disincentives	46%
	Waiver waitlists	46%
	Fragmented Medicaid benefit design (behavioral health and/or physical health benefits) limits ability to serve the whole individual	39%
	Churn (member or eligibility-related)	39%
	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 are not enrolled in the plan)	31%
	State requirements for health plans to contract with specific organizations or providers for care coordination	23%
	State program requirements that limit the effectiveness of managed care strategies (e.g., any-willing-provider provisions, continuity-of-care provisions)	23%
	Operationalizing electronic visit verification requirements	23%
	Other*	23%

Note: Other* includes lack of data sharing between health plans and other state programs and inadequate resources to keep individuals in their communities (e.g., in-home support services, caregiver respite services, and dementia care).

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Barriers Medicaid Health Plans Encountered During Different Types of Transitions



Nursing Facility to Home Transitions

Barrier	% of Health Plans
Caregiver support	100%
Housing/bed availability	92%
Availability of in-home support	92%
Coordination of community services in advance of transition	69%
Data exchange	62%
Availability of respite care	62%
Awareness and availability of resources and support to caregivers	62%
Continuity of services	46%
Availability of hospice	31%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Hospital to Home Transitions

Barrier	% of Health Plans
Caregiver support	100%
Housing/bed availability	85%
Availability of in-home support	85%
Coordination of community services in advance of transition	77%
Awareness and availability of resources and support to caregivers	69%
Availability of respite care	62%
Continuity of services	54%
Data exchange	46%
Availability of hospice	23%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Hospital to Nursing Facility Transitions

Barrier	% of Health Plans
Housing/bed availability	77%
Data exchange	69%
Availability of in-home support	46%
Coordination of community services in advance of transition	46%
Caregiver support	31%
Awareness and availability of resources and support to caregivers	31%
Availability of respite care	23%
Continuity of services	15%
Availability of hospice	15%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Home to Nursing Facility Transitions

Barrier	% of Health Plans
Housing/bed availability	62%
Data exchange	54%
Caregiver support	39%
Awareness and availability of resources and support to caregivers	39%
Coordination of community services in advance of transition	31%
Availability of in-home support	23%
Availability of respite care	23%
Continuity of services	15%
Availability of hospice	15%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Nursing Facility to Hospital Transitions

Barrier	% of Health Plans
Data exchange	77%
Caregiver support	39%
Coordination of community services in advance of transition	39%
Housing/bed availability	31%
Availability of in-home support	31%
Availability of respite care	31%
Awareness and availability of resources and support to caregivers	31%
Continuity of services	15%

Note: No health plan selected "availability of hospice."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Home to Hospital Transitions

Barrier	% of Health Plans
Data exchange	54%
Caregiver support	31%
Awareness and availability of resources and support to caregivers	31%
Housing/bed availability	23%
Availability of in-home support	23%
Coordination of community services in advance of transition	23%
Continuity of services	8%
Availability of respite care	8%

Note: No health plan selected "availability of hospice."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

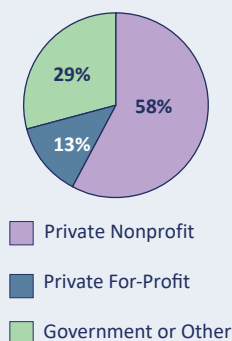


Annual Medicaid MCO Survey Social Determinants of Health (SDOH)

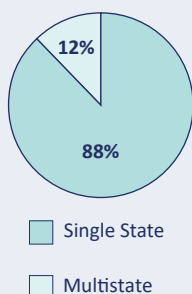
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

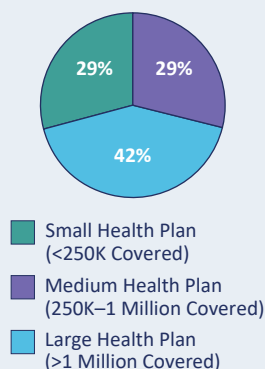
Health Plan Tax Status



Health Plan Markets



Health Plan Size



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How States Supported Medicaid Health Plans' SDOH Initiatives

	Made policy/regulatory changes to support SDOH initiatives	79%
	Submitted/received approval for a Medicaid waiver(s) that included support of SDOH initiatives	42%
	Provided financial support	38%
	Allowed or improved data sharing	33%
	Provided tools and support for data analysis	29%
	Provided screening tools	29%
	Provided support for cultural and linguistic competency	29%
	Provided administrative assistance (e.g., staff resources)	17%
	States did not support social need initiatives	13%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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

	Improve data sharing between government agencies (e.g., foster care system, criminal justice system) and Managed Care Organizations (MCOs)	88%
	Improve data sharing between state and MCOs	79%
	Improve data sharing between MCOs and community-based organizations	79%
	Standardize 834 enrollment form to include social needs information	79%
	Increase financial resources from state to MCOs	75%
	Increase resources to support facilitation of partnerships	67%
	Facilitate contracting with community-based organizations	67%
	Increase resources to support capitated payments models, pay-for-performance, and risk programs with providers	63%
	Improve data sharing between MCOs and provider groups	58%
	Increase technical assistance resources	58%
	Purchase tools and resources that require a license and provide access to all health plans	58%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Specific Populations for Which Medicaid Health Plans had SDOH Programs

Population	% of Health Plans
People experiencing homelessness/housing insecurity	83%
Pregnant and postpartum individuals	79%
Adults with a substance use disorder	75%
Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)	71%
People with justice system involvement	67%
Adults with disabilities (e.g., physical, intellectual, developmental)	63%
Adults with serious mental illness	63%
Medicare and Medicaid enrollees (Dual enrollees)	58%
Children with disabilities	58%
Foster care youth/youth transitioning to adulthood	54%
Aged, blind, and disabled	54%
Children/adolescents with behavioral health diagnoses (mental health or substance use)	54%
Medicaid expansion members	50%
People living with HIV/AIDS	46%
Child welfare/child protective services involved families	46%
People with limited English proficiency	46%
Long-term services and supports (LTSS) population	46%
Other*	29%
We do not have SDOH programs for specific populations.	8%

Note: Other* includes all members, members with cognitive issues, high inpatient utilizers, and members without a high school diploma/general education development (GED).

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

SDOH Screening Tools Used by Medicaid Health Plans

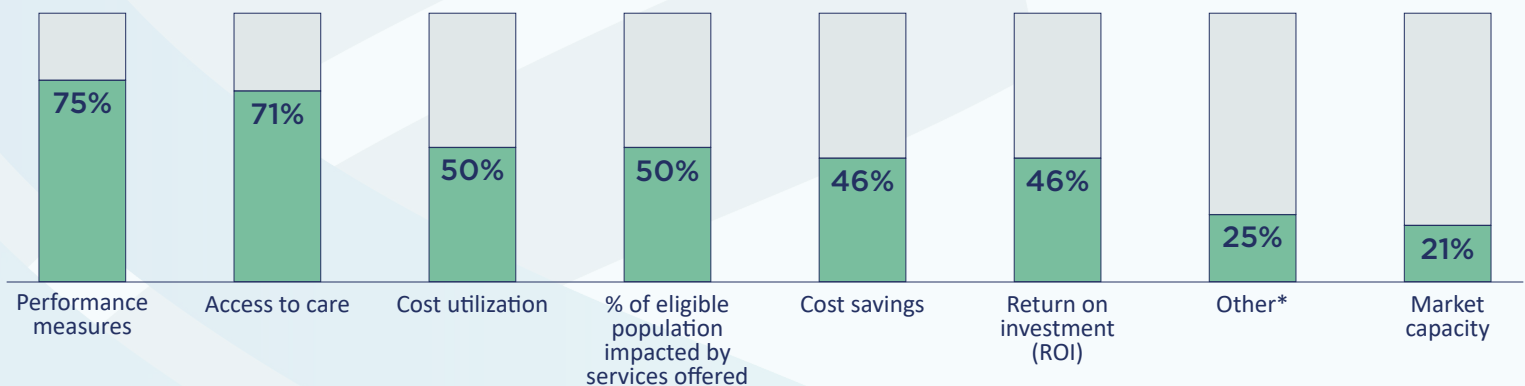
	All Health Plans
Internally developed tool that is not based on one of the tools listed	42%
Adaptation of one or more of the tools listed**	38%
Tool(s) embedded in provider electronic health record (EHR)	33%
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)	21%
State-mandated tool	21%
Other*	21%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	17%
American Community Survey data	8%
Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)	8%
Social Needs Screening Toolkit, HealthLeads USA	4%
Arizona Self-Sufficiency Matrix	4%
We do not use SDOH screening tools	4%

Note: Other* includes ACES AWARE (PEARLS), proprietary tools, and Epic EHR SDOH survey.

**Other tools not listed in the table include "The EveryOne Project: Advancing Health Equity in Every Community Toolkit by American Academy of Family Physicians"; "Social Determinants Screening Tool; AccessHealth Spartanburg, Center for Health Care Strategies version"; or "Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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



Note: Other* includes qualitative experience of members, SDOH changes over time, and rate of SDOH screening and identification.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Trends in SDOH Screening Tools Used by Medicaid Health Plans	2018	2019	2020	2021	2023
Internally developed tool that is not based on one of the tools listed	-	47%	53%	52%	42%
Adaptation of one or more of the tools listed	-	27%	47%	33%	38%
Tool(s) embedded in provider electronic health record (EHR)	-	13%	26%	24%	33%
Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)	36%	27%	37%	19%	21%
State-mandated tool	-	20%	16%	14%	21%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	29%	20%	16%	14%	17%
American Community Survey data	15%	13%	11%	0%	8%
Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)	22%	20%	21%	14%	8%
We do not use SDOH screening tools	15%	13%	0%	5%	4%

Notes: Dash (-) indicates that the answer option was not included in the survey for that year. 2022 data are not available as the survey was changed from retrospective to current in 2023. Tools not listed in the table includes the Arizona Self-Sufficiency Matrix; Social Needs Screening Toolkit, HealthLeads USA; Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version; Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version; and The EveryOne Project: Advancing Health Equity in Every Community Toolkit by American Academy of Family Physicians.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

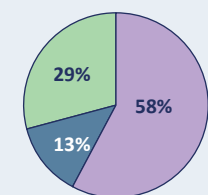


Annual Medicaid MCO Survey COVID-19 Pandemic

Demographics

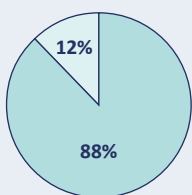
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



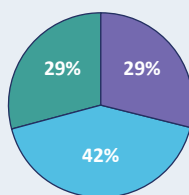
Private Nonprofit
Private For-Profit
Government or Other

Health Plan Markets



Single State
Multistate

Health Plan Size



Small Health Plan (<250K Covered)
Medium Health Plan (250K–1 Million Covered)
Large Health Plan (>1 Million Covered)

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



100%

of Medicaid health plans expanded and/or enhanced telehealth platforms and infrastructure due to the COVID-19 pandemic and in preparation for the next public health emergency

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

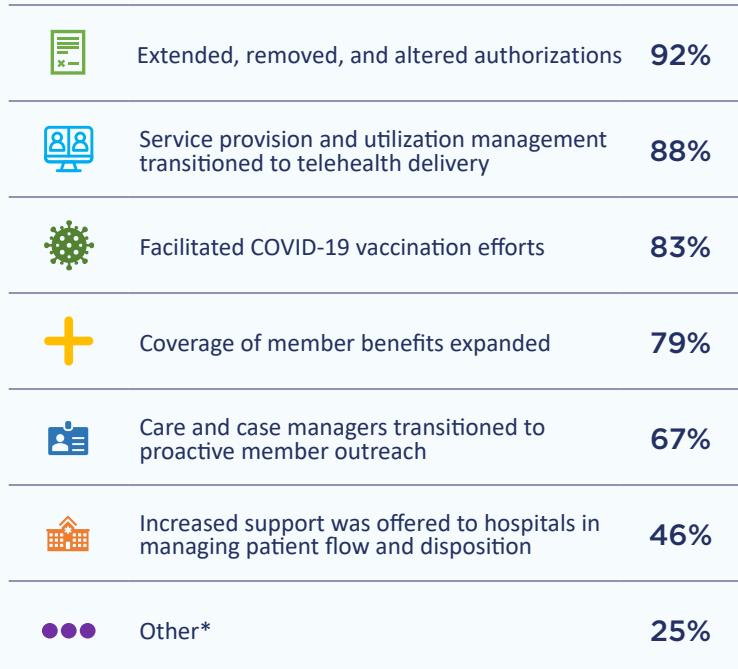
Changes Medicaid Health Plans Made That Will Support Preparation for the Next Public Health Emergency

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Expanded and/or enhanced telehealth platforms and infrastructure	100%	100%	100%	100%
Enacted service and benefit flexibilities	86%	100%	86%	92%
Made changes to operations and staffing accommodations	86%	100%	86%	92%
Supported members' social and health-related needs	86%	100%	71%	88%
Provided resources or support to clinicians	71%	100%	71%	83%
Enhanced public relations and messaging	71%	100%	57%	79%
Bolstered disaster planning and emergency response efforts	57%	80%	71%	71%
Provided resources or support to community-based organizations (CBOs)	29%	80%	57%	58%
Other*	0%	20%	29%	17%

Note: Other* includes 1.) alternative payment arrangements (APAs) to support/sustain provider workforce and 2.) vaccine incentive programs and provide technological devices to medically complex populations.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

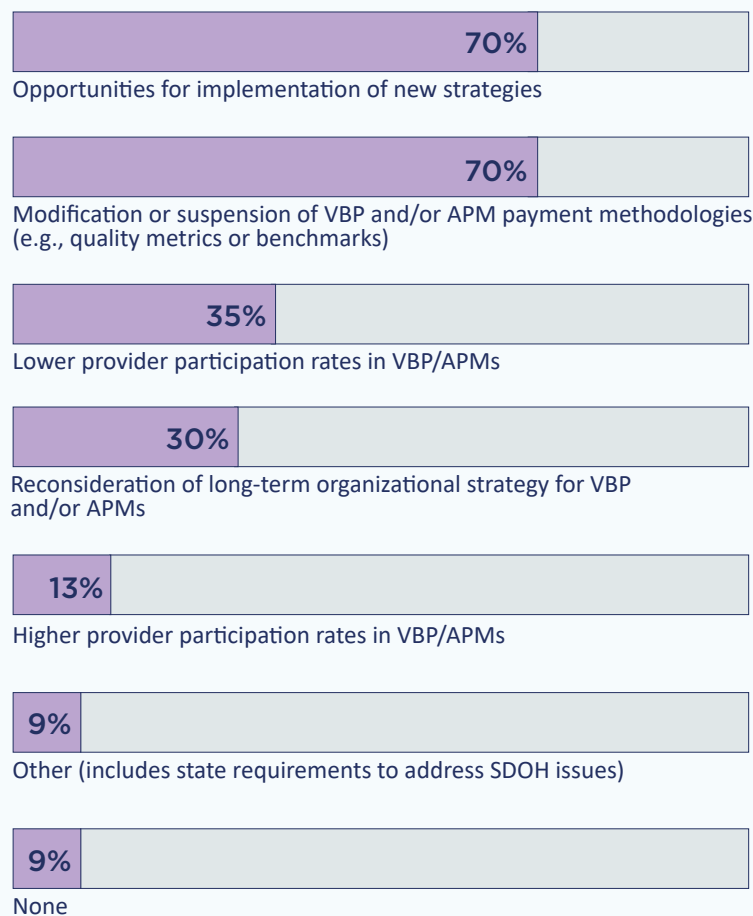
Strategies Medicaid Health Plans Deployed to Respond to the COVID-19 Pandemic



Note: Other* includes waiver for providers to eliminate barriers to access, increased flexibilities for training requirements for certain providers, allowance of telephone access for certain services, and upfront investment to providers to support their ability to stay open.

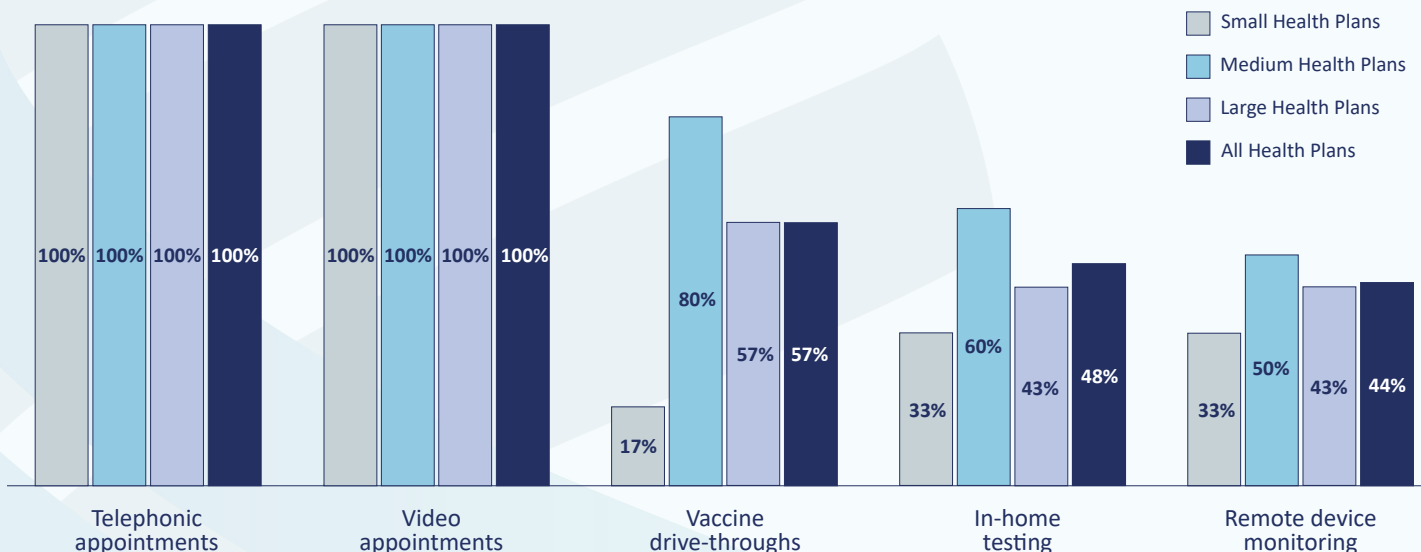
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Impact of the COVID-19 Pandemic on Value-Based Purchasing (VBP) and Alternative Payment Model (APM) Strategies



Source: Institute for Medicaid Innovation. "2023 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. "2023 Annual Medicaid Health Plan Survey."

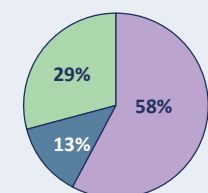


Annual Medicaid MCO Survey Health Equity

Demographics

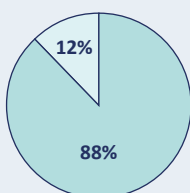
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



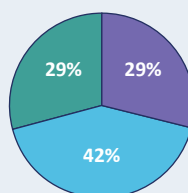
Private Nonprofit
Private For-Profit
Government or Other

Health Plan Markets



Single State
Multistate

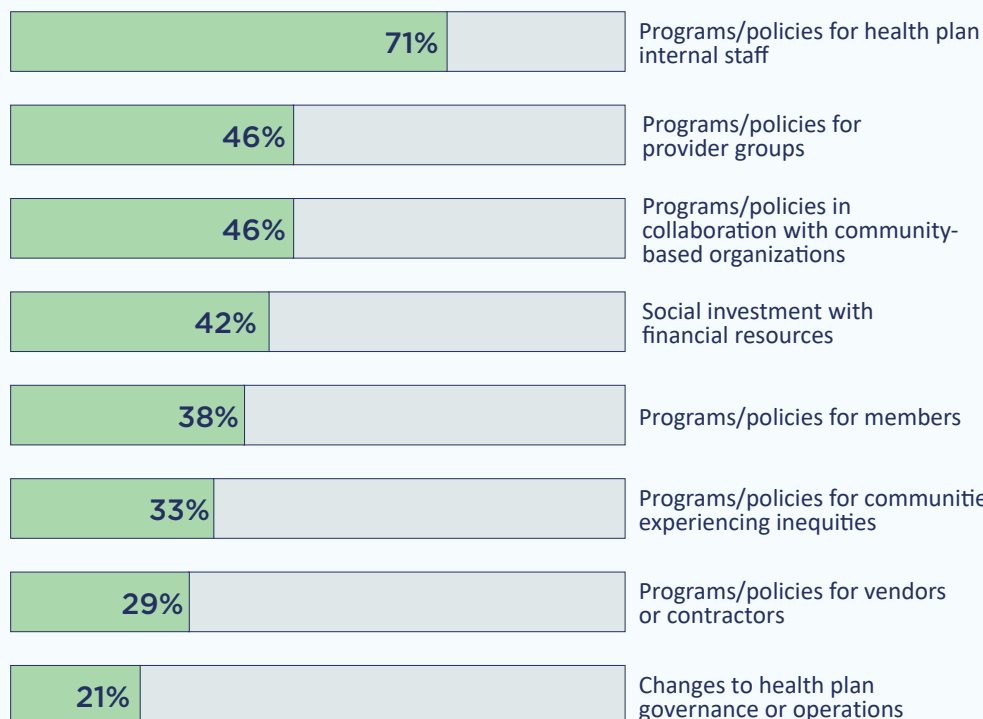
Health Plan Size



Small Health Plan (<250K Covered)
Medium Health Plan (250K–1 Million Covered)
Large Health Plan (>1 Million Covered)

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

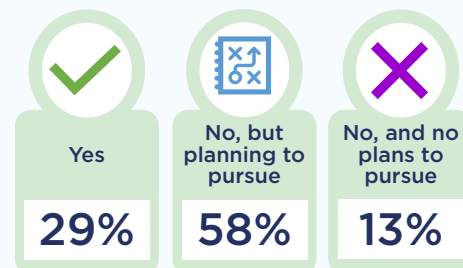
Actions Taken by Medicaid Health Plans to Address Structural Racism



Notes: Seventeen percent (17%) of health plans selected none. Four percent (4%) of health plans selected other. No themes were identified for other.

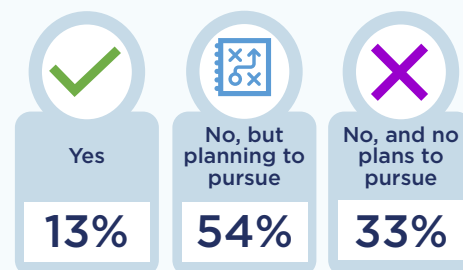
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

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



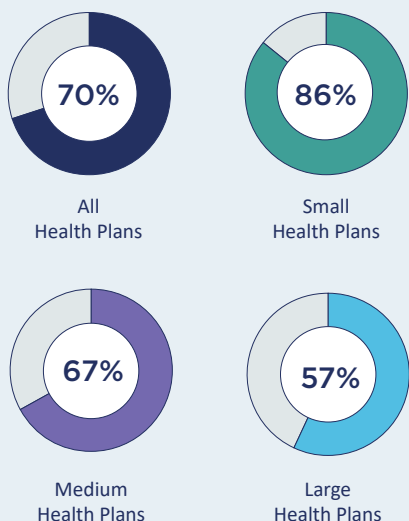
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans That Have NCQA Health Equity Accreditation Plus



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

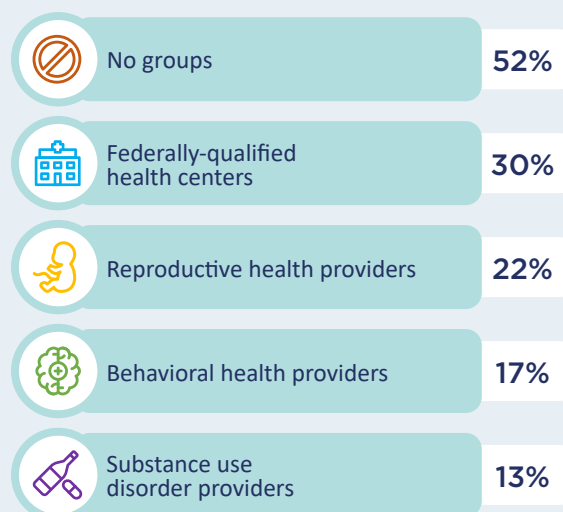
Percent of Medicaid Health Plans That Do Not Have Health Equity Accountability Measures in Provider Contracts



Note: Health equity accountability measures - provider-level performance measures linked to provider accountability for advancing health equity and reducing disparities.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Provider Groups for Which Medicaid Health Plans Have a Documented Health Equity Plan



Note: Health equity plan - an action-oriented, results-driven approach for advancing health equity by removing barriers and improving access and the quality of care provided to minoritized and other underserved demographic groups.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

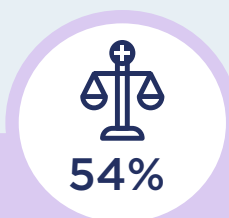
Specific Member Populations for Which Medicaid Health Plans Have a Documented Health Equity Plan

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Pregnant and postpartum individuals	43%	40%	57%	46%
Black and/or African American individuals	29%	40%	57%	42%
LGBTQ+ individuals	43%	30%	43%	38%
Individuals with chronic illness	29%	40%	29%	33%
Hispanic and/or Latinx individuals	14%	30%	57%	33%
No groups	14%	50%	14%	29%
Individuals living with a disability	14%	20%	29%	21%
Immigrants	0%	30%	14%	17%
Indigenous individuals	0%	10%	29%	13%
Refugees	0%	20%	14%	13%

Notes: LGBTQ+ - lesbian, gay, bisexual, transgender, queer, and other sexual orientations.

Health equity plan - an action-oriented, results-driven approach for advancing health equity by removing barriers and improving access and the quality of care provided to minoritized and other underserved demographic groups.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



of Medicaid health plans have a documented health equity plan for internal health plan staff

Note: Health equity plan - an action-oriented, results-driven approach for advancing health equity by removing barriers and improving access and the quality of care provided to minoritized and other underserved demographic groups.

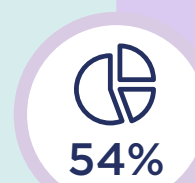
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Challenges Medicaid Health Plans Encounter When Integrating Publicly Available Data Sources into Their Operations to Address Disparities

35%	Data received was incomplete and/or inconsistent
35%	Level of granularity needed is not available in public data sources
30%	Other*
17%	We do not know what data are available
13%	We do not experience any challenges
13%	The data available does not meet our needs
9%	We were unable to access the data
9%	We did not have the analytic capabilities to use the data

Notes: Other* includes differences in geographic areas studied (e.g., census tract, census block, zip code, county); there is no universal risk model that includes social needs; and still identifying data resources.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



of Medicaid health plans are integrating publicly available data sources into their operations to address disparities.

of these health plans, the data are used to:

Identify communities experiencing inequities	92%
Model population risk	77%
Proxy for members' risk	62%
Incorporate into risk algorithms	39%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."



Metrics Medicaid Health Plans Stratify by Race and Ethnicity

Quality (e.g., HEDIS®)	88%
Health outcomes (e.g., functional status)	63%
Utilization	58%
Member experience/satisfaction	46%
Cost	29%
Provider/network	29%
Members of health care team	25%
Grievances	21%

Notes: HEDIS - Healthcare Effectiveness Data and Information Set. Thirteen percent (13%) of health plans selected other. No themes were identified for other. Four percent (4%) of health plans selected none.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

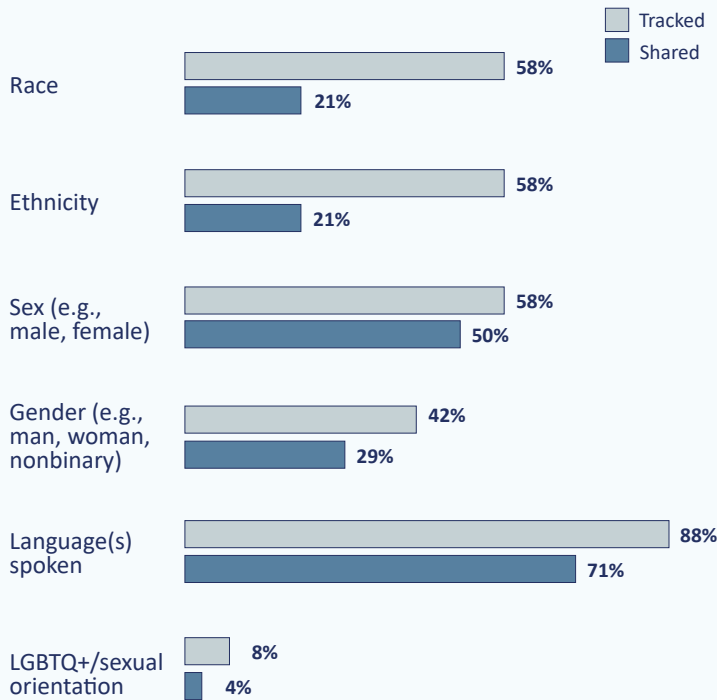
Medicaid Health Plans' Data Source(s) for Members' Race and Ethnicity

	 Race	 Ethnicity
State Medicaid enrollment files	100%	96%
Member self-reported as collected by the health plan	83%	83%
Data from provider organizations or state health information exchange	33%	33%
Imputed from other data sources	25%	21%

Note: No health plan selected "we do not receive this data from any source"; "our health plan's data system does not currently record this data"; or "other."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

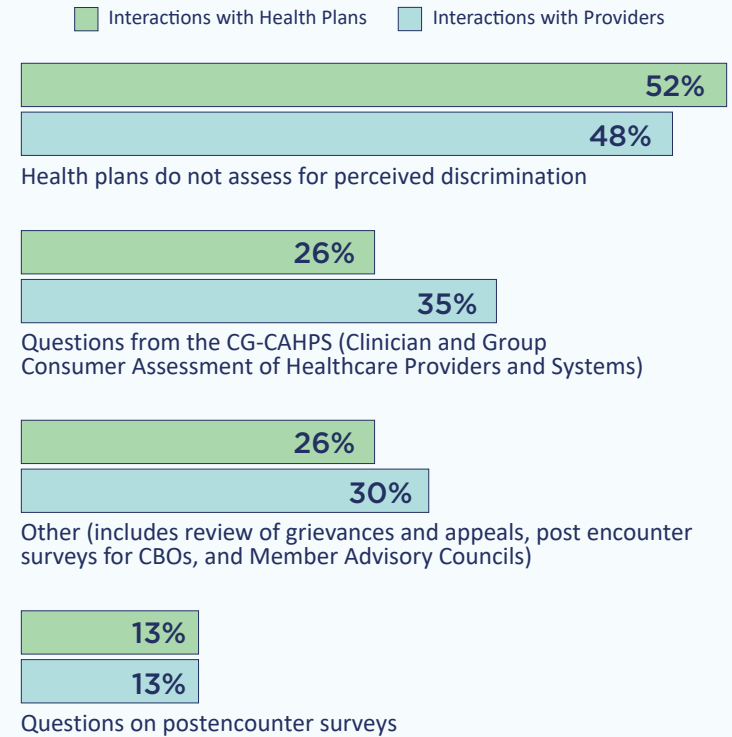
Provider Characteristics That Are Tracked or Shared by Medicaid Health Plans



Notes: LGBTQ+ - lesbian, gay, bisexual, transgender, queer, and other sexual orientations. No health plan selected other. Four percent (4%) of health plans selected none for track and none for shared with members.

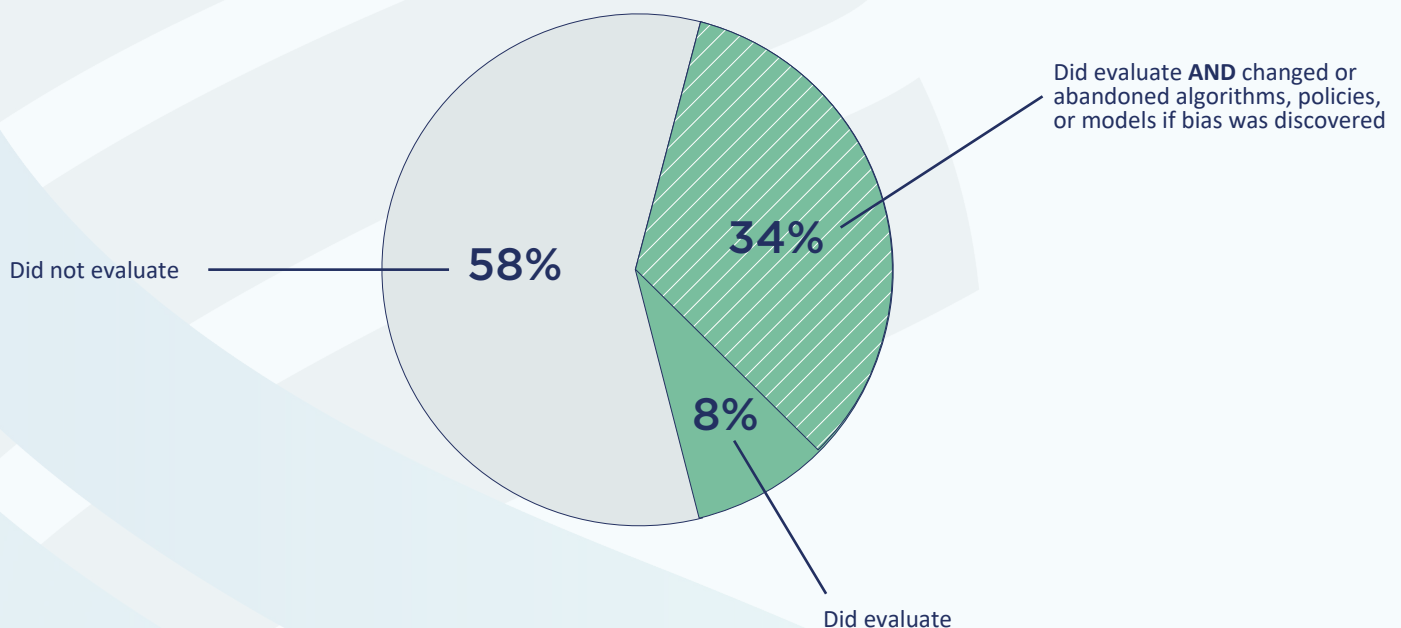
Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Ways Medicaid Health Plans Assess for Member Perception of Discrimination Experienced When Interacting with the Health Plan or Providers



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Percentage of Medicaid Health Plans That Evaluated Bias in Clinical Algorithms, Policies, or Risk Prediction Models in the Last 12 Months



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

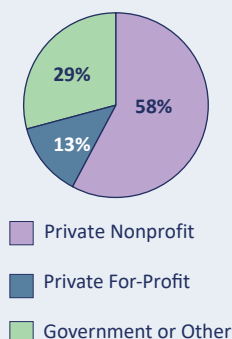


Annual Medicaid MCO Survey Telehealth

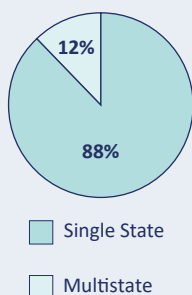
Demographics

In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

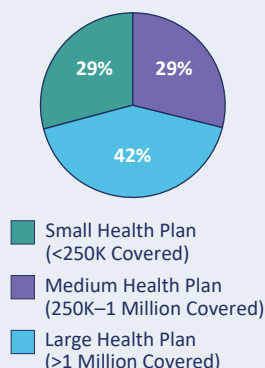
Health Plan Tax Status



Health Plan Markets



Health Plan Size



Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

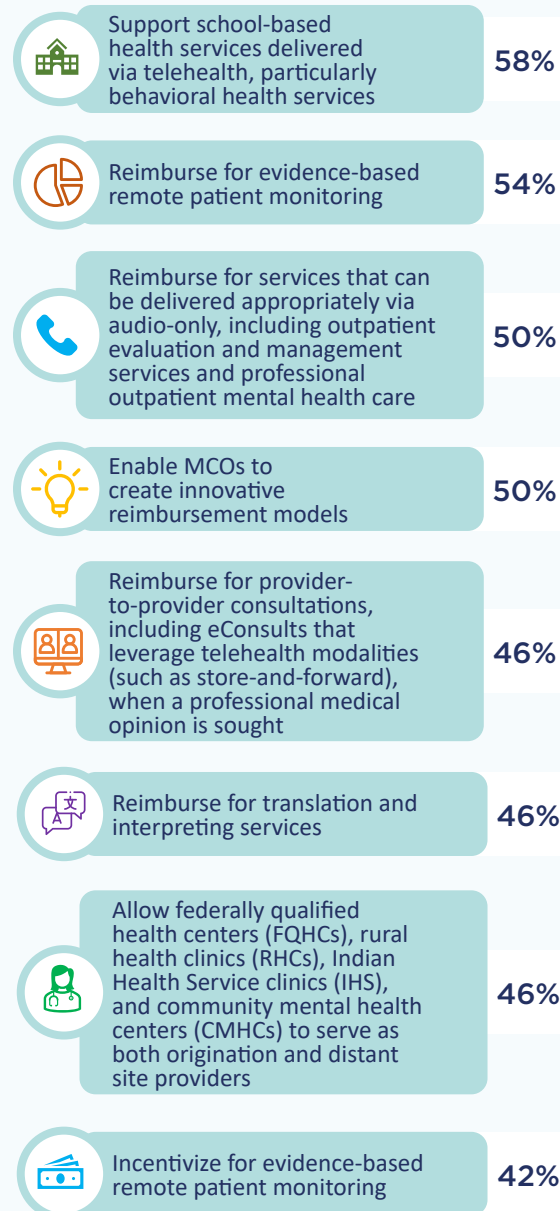
Actions Medicaid Health Plans Are Implementing to Create More Equitable Access to Telehealth

	All Health Plans
Connecting members to Community Based Organizations (CBOs) that support access to internet services	46%
Connecting members to CBOs that support access to technology/devices	46%
Leveraging/promoting the Federal Communications Commission (FCC)'s Lifeline Program	42%
Digital literacy/technology literacy education for members	38%
Leveraging/promoting the FCC's Affordable Connectivity Program	38%
None	29%
Digital literacy/technology literacy education for providers	25%
Supporting community hot spots for internet access	21%
Digital navigators for members	13%
Supplemental payments to members for in-home internet subscriptions	4%
Partnering with telecom companies to offer low-cost internet to members	4%

Notes: No health plans selected "supplemental payments to members for mobile devices or data packages."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Changes to State Medicaid Policies or Requirements That Could Help Medicaid Health Plans Create More Equitable Access to Telehealth



Notes: Four percent (4%) of health plans selected none. Thirteen percent (13%) of health plans selected other. No common themes were identified for other.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Member Barriers Encountered by Medicaid Health Plans for Telehealth

Access to broadband or an internet subscription	96%
Limited data plans/insufficient data or minutes covered by smartphone plans	88%
Technology/communication devices (i.e., laptop, smartphone)	88%
Computer/technology literacy	88%
Health literacy	79%
Lack of awareness of or interest in telehealth as an option for accessing providers	71%
Lack of interpreter services	33%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."






Provider Barriers Encountered by Medicaid Health Plans for Telehealth

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Lack of technological resources	71%	70%	57%	67%
IT systems	29%	70%	86%	63%
Computer/technology literacy	57%	80%	43%	63%
Broadband access	43%	60%	43%	50%
State telehealth coverage policies influencing provider adoption	57%	30%	57%	46%
Provider disinterest	43%	30%	57%	42%
Integration into care models	14%	40%	43%	33%
Payment incentives	14%	40%	29%	29%
Other*	0%	30%	43%	25%
Lack of interpreter services	14%	30%	14%	21%
Quality concerns from the provider	0%	40%	14%	21%
Payment parity	14%	10%	14%	13%

Notes: Other* includes resources to support program implementation; ongoing regulatory clarifications of telehealth; inconsistency within provider network (e.g., a portion of the network lacks technological resources or broadband access, but the majority does not); and the time it takes to connect patients is not built into payment models, workflows, or productivity expectations.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Outcomes Medicaid Health Plans Attribute to Telehealth

	Increased patient access to services	75%
	Increased behavioral health care utilization	50%
	Increased member satisfaction	50%
	Decreased member no-shows	46%
	Improved patient compliance with care	46%
	Decreased emergency department utilization	33%
	Improved continuity of care	33%
	Increased provider satisfaction	33%
	Increased primary care utilization	25%
	Decreased urgent care utilization	13%
	Increased cost savings	13%
	Increased duplication of services	8%
	Increased fraud/abuse	8%
	Increased prescribing	4%

Notes: Four percent (4%) of health plans selected none. Four percent (4%) of health plans selected other. No common themes were identified for other.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."