



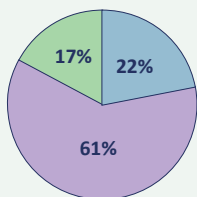
## Annual Medicaid Managed Care Organization Survey Behavioral Health

### Demographics

In its seventh year, the 2024 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.

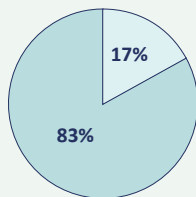
#### Health Plan Tax Status

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



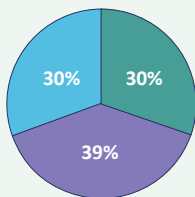
#### Health Plan Markets

- Single State
- Multistate



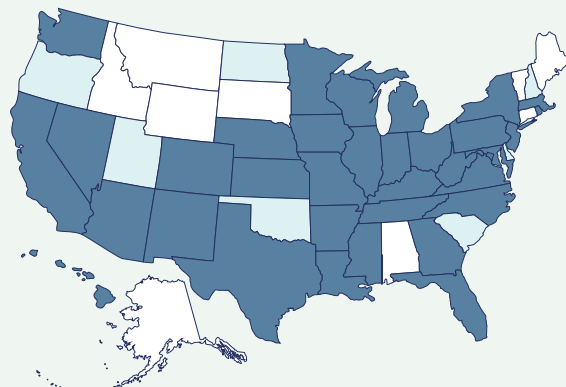
#### Health Plan Size

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



Note: Percentage does not equal 100% due to rounding.

#### Health Plan States

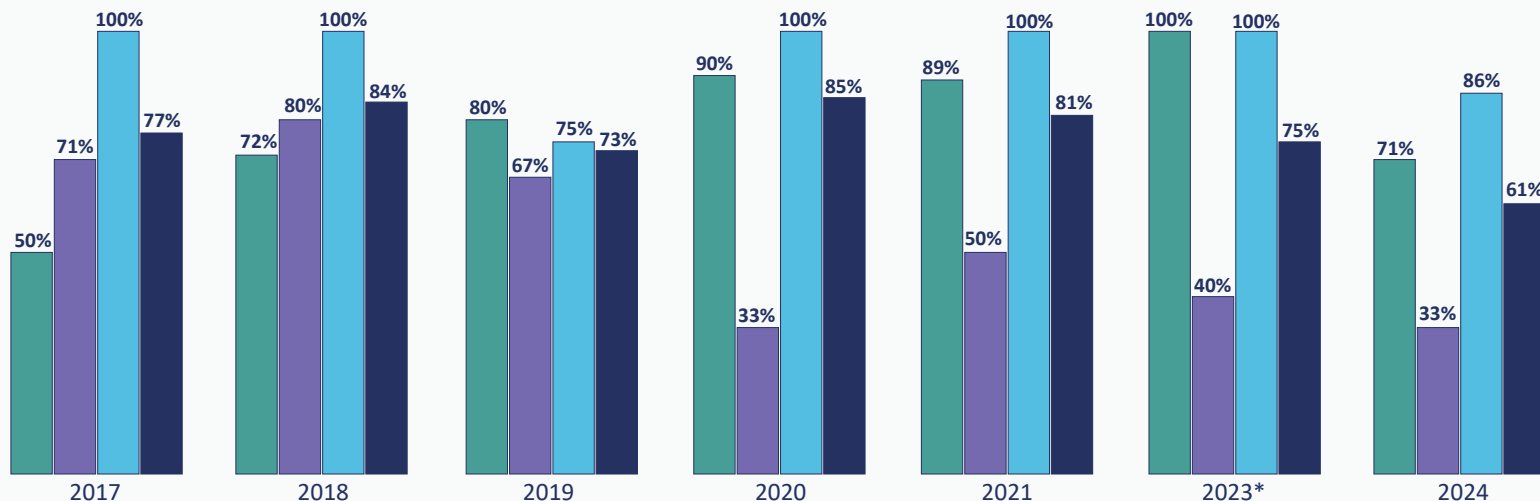


- Managed Care States Represented in Findings (states with capitated managed care)
- Managed Care States NOT Represented in Findings
- States without Medicaid Managed Care

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

### Medicaid Health Plans At Risk for Behavioral Health

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



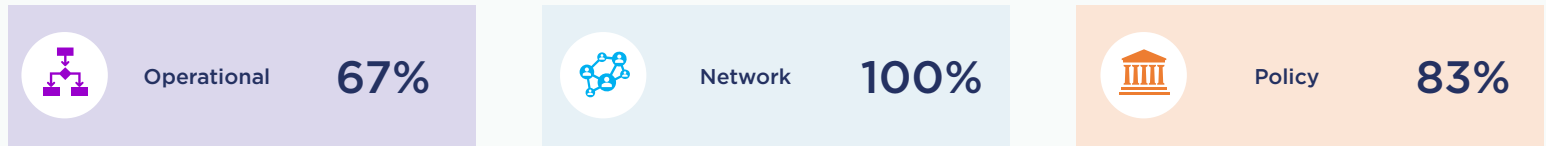
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Note: Health plans that are not at risk for behavioral health did not respond to questions in the behavioral health section of the 2024 Annual Medicaid Health Plan Survey. Prior to 2023, Annual Medicaid Health Plan Survey questions requested information on prior year activities. In 2023, the survey began requesting information on the current year.



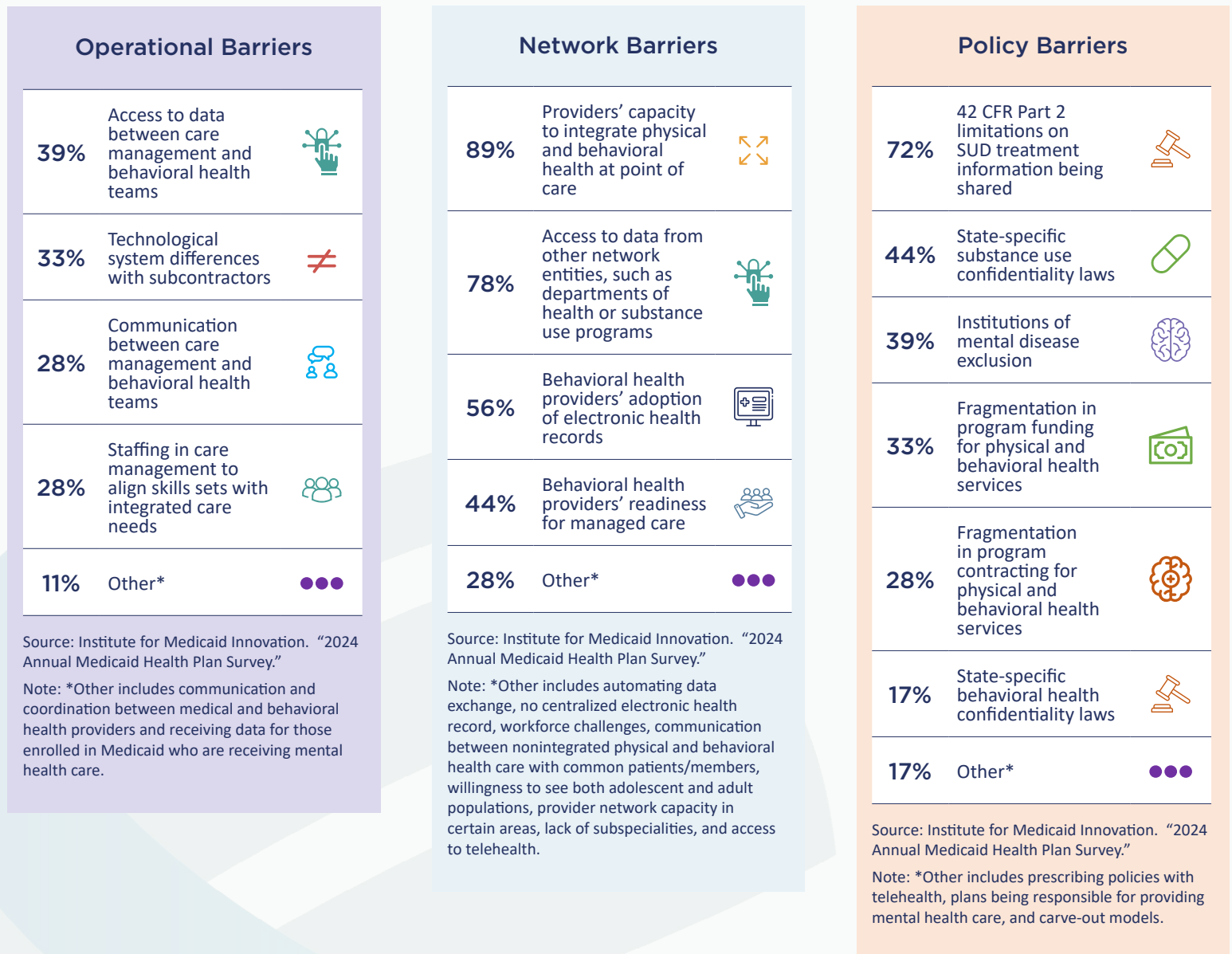
Support for this project is provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

## Percentage of Medicaid Health Plans Experiencing Barriers for Behavioral and Physical Health Integration by Barrier Type



Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

## Medicaid Health Plan Barriers to Behavioral and Physical Health Integration



Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Note: \*Other includes communication and coordination between medical and behavioral health providers and receiving data for those enrolled in Medicaid who are receiving mental health care.

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."



Note: \*Other includes automating data exchange, no centralized electronic health record, workforce challenges, communication between nonintegrated physical and behavioral health care with common patients/members, willingness to see both adolescent and adult populations, provider network capacity in certain areas, lack of subspecialties, and access to telehealth.

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."






Note: \*Other includes prescribing policies with telehealth, plans being responsible for providing mental health care, and carve-out models.

# Child & Adolescent Behavioral Health

## Barriers Medicaid Health Plans Experience Managing Child & Adolescent Behavioral Health

100%	Availability of in-person behavioral health providers		60%	Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	
87%	Members' ability to access in-person behavioral health		60%	Coordinating with departments of child services or departments of juvenile justice for children engaged with child welfare or juvenile justice systems	
87%	Excessive wait times for specialty care		53%	Churn (member or eligibility related)	
80%	Providers' inability to embed a behavioral health provider in a primary care setting		47%	Immigration status of parents or caregivers	
80%	Availability of virtual behavioral health providers		47%	Carved-out benefits	
80%	Pediatricians' capacity to provide appropriate levels of care for behavioral health needs		47%	Providers' infrastructure to support virtual behavioral health	
80%	Members' parents' or caregivers' willingness to engage with behavioral health services		47%	Providers' inability to adopt the Collaborative Care Model	
80%	Cultural and familial stigma around mental illness		40%	Language barriers	
80%	Availability of treatment options for substance use disorders, specifically for children or adolescents		27%	Other*	
73%	Members' access to technology to engage in virtual behavioral health services		Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."		
73%	Pediatricians' capacity to assess behavioral health needs		Notes: *Other includes lack of providers who offer services to children 12 and younger, and workforce challenges. No health plan selected "none."		

## How Medicaid Health Plans Address Access Barriers for Child & Adolescent Behavioral Health Services

	Educate members to help destigmatize mental illness	73%		Provide training to pediatricians on integrating behavioral health into their practice	40%
	Provide services in multiple languages	67%		Incentivize members' parents/caregivers to engage with behavioral health services	33%
	Connect members to infrastructure to access virtual care	53%		Provide coaches and peer support to expand available resources	33%
	Contract with more virtual behavioral health providers	40%		Other*	20%
	Administer behavioral health services in schools	40%		Provide behavioral health services in medical emergency rooms	7%

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: \*Other includes recruiting efforts, working with schools, peer support, hosting community events, provider training, and community health workers. No health plan selected "none."



100%

of health plans selected that the availability of in-person behavioral health providers is a top barrier that Medicaid health plans experience managing child and adolescent behavioral health.

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

## Ways State Medicaid Agencies Could Assist Health Plans in Addressing Behavioral Health Needs of Members

Facilitate increase of behavioral health provider participation in Medicaid



Support behavioral health home and community-based service providers



Champion policies to facilitate data sharing across physical health and behavioral health MCOs



Remove data sharing restrictions



Facilitate increase in behavioral health provider workforce



Increase Medicaid payment rates for behavioral health



Cover codes for mental health screening, peer support, and collaborative care



Authorize telehealth regulations that permit virtual-only providers for behavioral health, including OUD treatment or buprenorphine prescribing



Carve-in behavioral health (where not carved in)



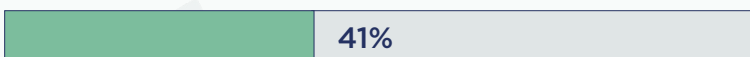
Expand payment around audiovisual delivery of mental health and SUD services



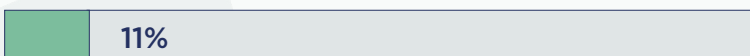
Authorize mobile crisis services



Expand payment around audio-only delivery of mental health and SUD services



Other\*



Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Note: \*Other includes covering partial hospitalization and intensive outpatient services as standard benefits under Medicaid. Six percent (6%) of health plans in the survey selected "states cannot provide further assistance."