



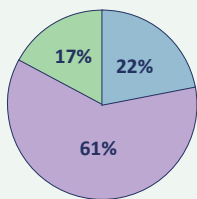
## Annual Medicaid Managed Care Organization Survey Pharmacy

### 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.

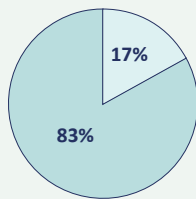
#### Health Plan Tax Status

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



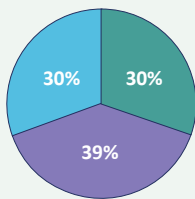
#### Health Plan Markets

- Single State
- Multistate



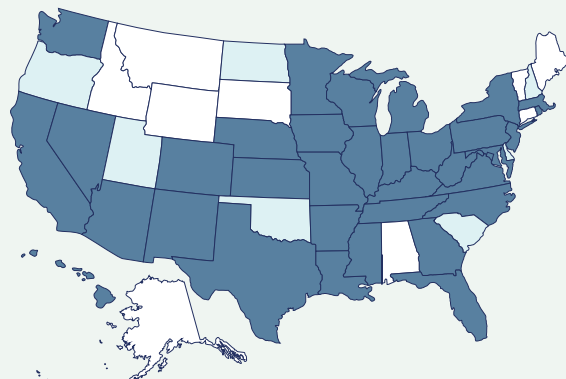
#### Health Plan Size

- 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."

### Challenges Medicaid Health Plans Experience when Managing the Prescription Drug Benefit

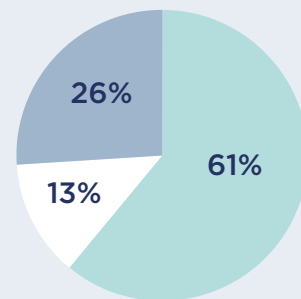
Challenge	All Health Plans
Utilization and cost history unknown for new drugs entering a market	71%
Increase in cost of specialty pharmacy medications	94%
Members' comprehension of and engagement in programs	35%
Single preferred drug list (PDL)/formulary requirements	59%
Increase in number of specialty pharmacy medications	82%
Pharmacy benefits or subset of benefits carved out of managed care	47%
Difference between plan formularies and methodologies and state requirements	29%
Pharmacy network requirements	18%
Vendor performance management (e.g., pharmacy benefit manager (PBM), specialty)	24%
Formulary notification requirements as part of Medicaid Managed Care Organization Final Rule	12%
Other*	24%

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

Note: \*Other includes state interference in pharmacy contracting, regulated state-controlled formulary and PDL, and provider engagement in programs.

### Medicaid Health Plans At Risk for Pharmacy Benefits

- Fully At Risk
- Partially At Risk
- Not At Risk



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








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.

## Strategies State Medicaid Agencies Could Use to Address New or High-Cost Drugs, as Identified by Medicaid Health Plans

53%	Risk corridor for high-cost medications	
53%	Capitation rate adjustment as part of regular rate adjustments	
47%	Stop-loss provision to cap the plan's cost for the drug	
41%	Support creating alternative reimbursement models	
41%	Value-based contracts with manufacturers	
41%	Risk sharing	
41%	Other*	
35%	Completely carve in the drug costs to managed care	
35%	Kick payment for certain drug(s)	
35%	Provide health plans with supplemental payments to cover the cost of specialty drugs	
29%	Temporarily cover specific drugs through the state fee-for-service program to get utilization data with intent to carve in to managed care contracts capitation rate adjustments made off of the normal rate cycle	

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

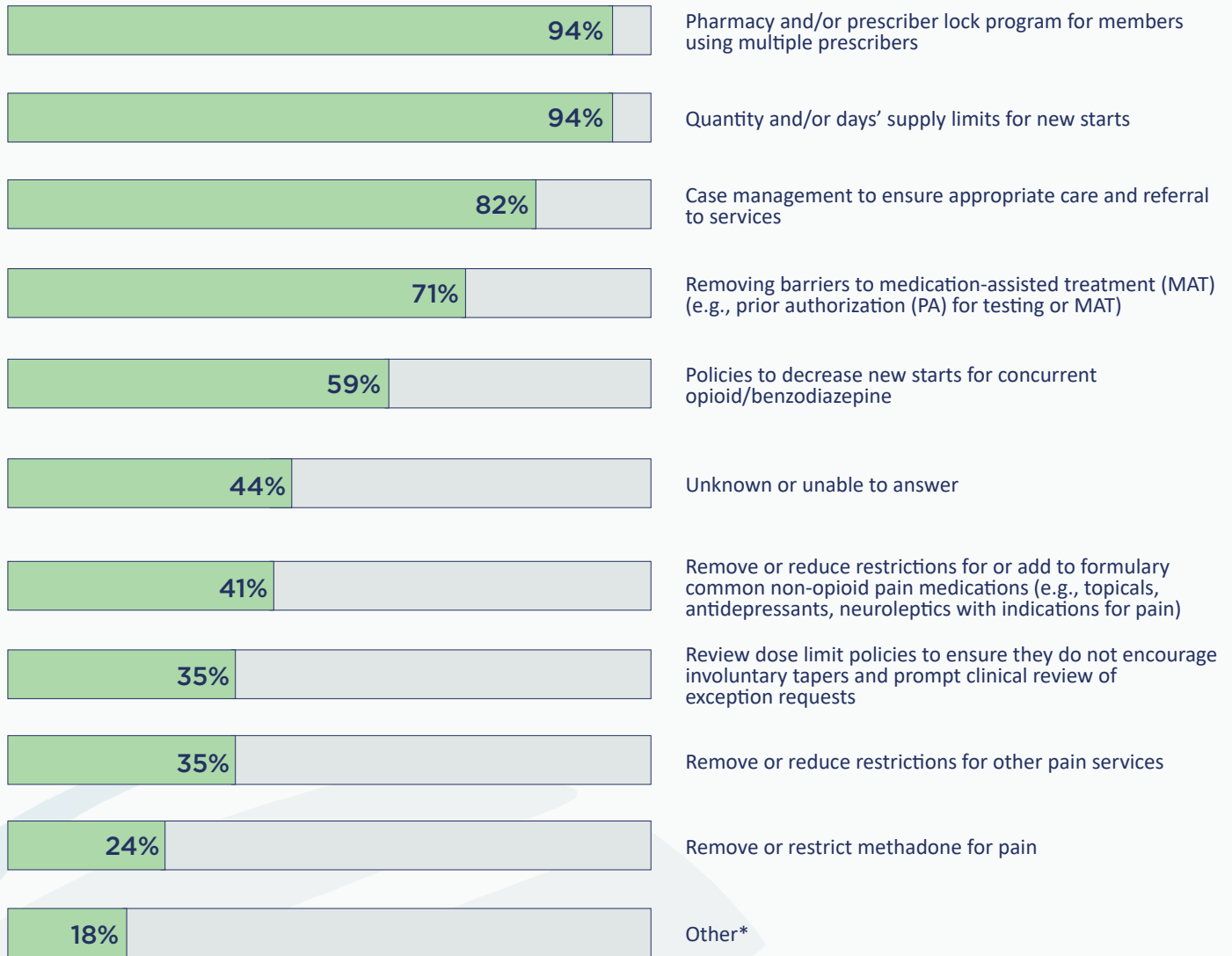
Note: \*Other includes remote state preferred drug list requirements, flexibility on specialty drug list requirements, targeted carved-out drug costs, and involve managed care entities in design of the programs, rebate, and pricing discussions.

Percentage of Health Plans That...	 Yes	 No, but considering	 No, and not considering	 No, and not permitted by the state	 Unable to answer
Are Currently or Plan to Cover or Reimburse Members for the First Over the Counter Hormonal Birth Control Pill, Opill	25%	31%	6%	19%	44%
Cover or Reimburse Members for Over the Counter Emergency Contraceptive Pills	65%	12%	0%	29%	-
Cover or Reimburse Members for Prescription Emergency Contraceptive Pills	65%	12%	0%	29%	-

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

Note: Dash ( - ) indicates that health plans were not given the answer option "unable to answer."

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



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

Note: \*Other includes opioids that fall under statewide preferred drug lists, offering DisposeRX packets to members, clinical programs for high doses, and programs to encourage dispensing of naloxone.