



## Welcome to the April Newsletter

Get the latest on the following topics:

- Doula Learning and Action Collaborative Prepares for Launch
- Fourth Medicaid MCO Redetermination Survey Fact Sheet Released
- Midwifery in Medicaid Business Case Learning Series Explores Contracting Strategies for Midwives
- Help us Improve the Nation's Medicaid Program

## IMI Announcement

### Doula Learning and Action Collaborative Prepares for Launch

Yesterday, the Institute for Medicaid Innovation (IMI) announced our upcoming national [Doula Learning and Action Collaborative](#). The planning phase was funded by the [Pritzker Children's Initiative](#).

IMI will open the application process in the coming days, and we'll announce specific dates for an informational webinar and due dates for the optional interest form and application. This summer, IMI will announce the teams that are selected, and later this year, the Doula Learning and Action Collaborative will officially launch.

To be sure you are the first to get updates, [sign up](#) for IMI's announcements and monthly newsletter.



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# National Doula Learning and Action Collaborative: An Overview

Application Opens: Spring 2024



Until then, we encourage you to start forming a collaborative team and begin preparing information to submit with your application.

## Recent IMI Release

**Fourth MCO Redetermination Survey Fact Sheet Available**



# 2023–2024 Redetermination Survey Findings 4 of 4: Capturing the Impact of Redetermination

## Demographics

The fourth report of findings from the redetermination survey represents health plan data from almost every state with Medicaid managed care. The Institute for Medicaid Innovation’s primary goal is to equip stakeholders with the information they need to accurately articulate the national narrative about redetermination in Medicaid managed care. The fourth survey was fielded in February 2024.

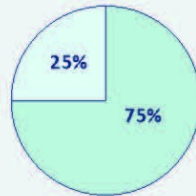
### Health Plan Tax Status

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



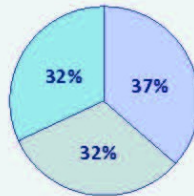
### Health Plan Markets

- Single State
- Multistate



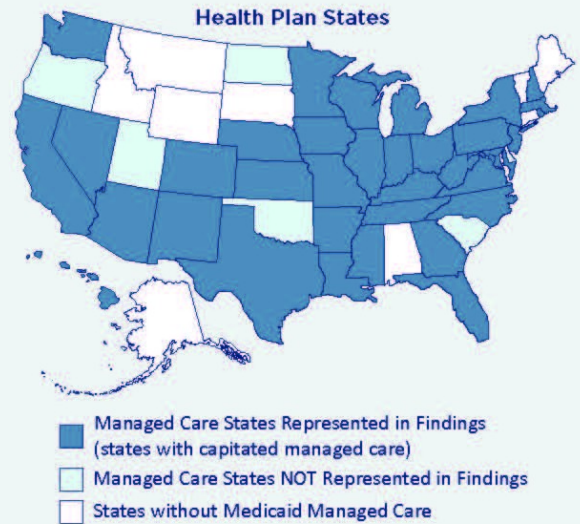
### Health Plan Size

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



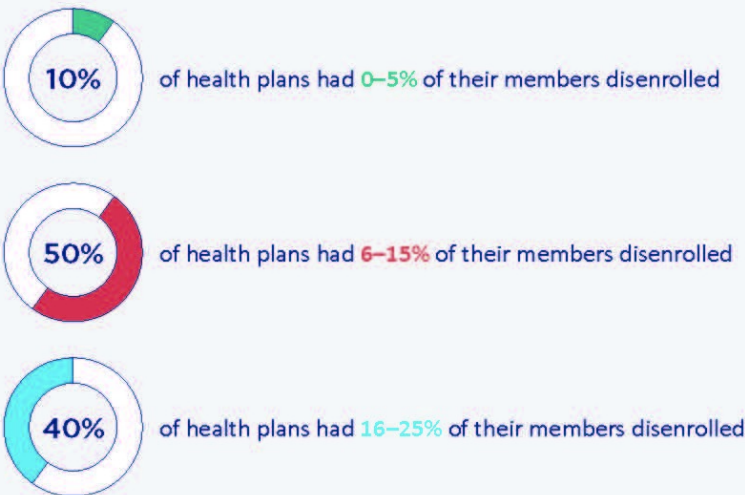
Note: Rounding percentages can cause the sum to exceed 100%.

### Health Plan States



Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 4 of 4”

## Medicaid Health Plans’ Percentage of Members who were Disenrolled Due to the End of Continuous Enrollment, for All Months of Redetermination



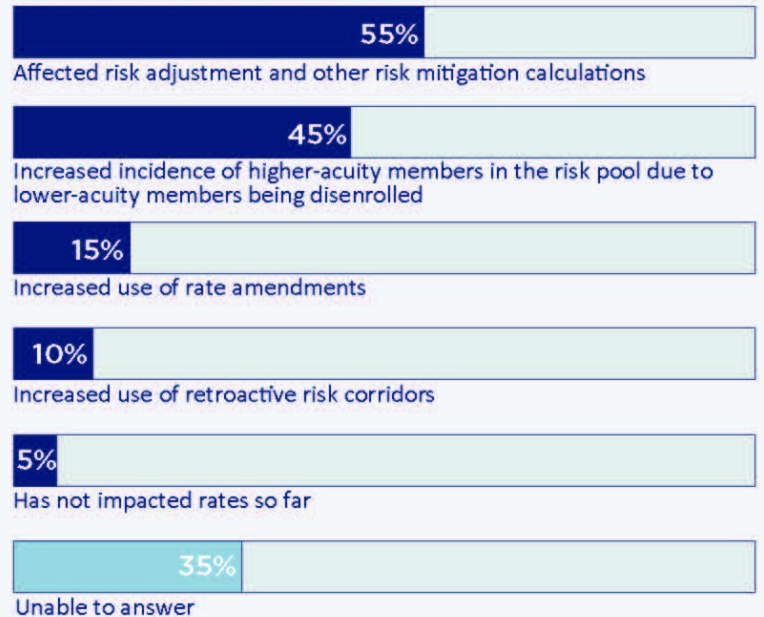
Note: No health plan selected “more than 25%” or “unknown.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 4 of 4”

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.



## Ways the Redetermination Process is Affecting the Capitation Calculations, Risk Mitigation Programs, or Actuarial Soundness of Rates for Medicaid Health Plans



Note: Five percent (5%) of health plans selected “other,” which includes states changing methods for calculating rates.

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 4 of 4”

The Institute for Medicaid Innovation (IMI) recently released the latest edition in its series of fact sheets about the national Medicaid MCO redetermination process. The survey series, funded by the [Robert Wood Johnson Foundation](#), provides an in-depth view of health plans' responses regarding risk mitigation, disenrollment, and outreach.

The [fact sheet](#) contains results of the fourth MCO redetermination survey, which was fielded in February 2024. Learn how health plans are navigating the effects of Medicaid redetermination on their members and discover the most common approaches states took to support MCOs.

## Community Power Building

### Midwifery in Medicaid Business Case Learning Series Explores Contracting Strategies for Midwives

What are the opportunities and strategies that midwives can use as they develop contracts with Medicaid managed care organizations? These topics and more were explored recently during the 12th of 15 sessions in this learning series, which is funded by the [Skyline Foundation](#).

The panelists for this latest session featured Marnie Cabezas, former certified professional midwife and



chief executive officer, [Innovation Billing Service](#), a division of [Revascent](#); James Glauber, MD, MPH, director of research, learning and evaluation, [Project Open Hand](#), and former chief medical officer at [San Francisco Health Plan](#); and Esther Macchione, MBA, cofounder and principal, [Prestige Health](#).

The series is designed to increase understanding of Medicaid payment structures, explain how to research factors relevant to a local market, and build business skills and resources to advance birth equity.

Participants are midwives and students who are learning how they can maximize Medicaid reimbursement to support the sustainability of midwifery services and build business cases to expand access to in-demand, community-based maternal care models in their communities. The series builds on earlier IMI work, including the [Essential Elements for a Maternal Health Initiative Business Case](#).

## Support IMI

### Help us Improve the Nation's Medicaid Program!

Millions of working families depend on Medicaid for access to physical and behavioral health care, which is why the Institute for Medicaid Innovation is dedicated to ensuring that *everyone* has access to the coverage and care they need.

By way of our research, reports, fact sheets, and interviews with key Medicaid providers, stakeholders, and enrollees, we provide people who hold the keys to change with critical information, data, and ideas about how Medicaid can evolve and expand to provide families and individuals with the health care they need to thrive. The Institute for Medicaid Innovation is currently funded 100% by research grants, contracts, and private donations. We do not lobby or advocate, and we are not a membership-based or trade association. We need your help to keep doing this important work.

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Together, we can help improve the nation's Medicaid program.

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