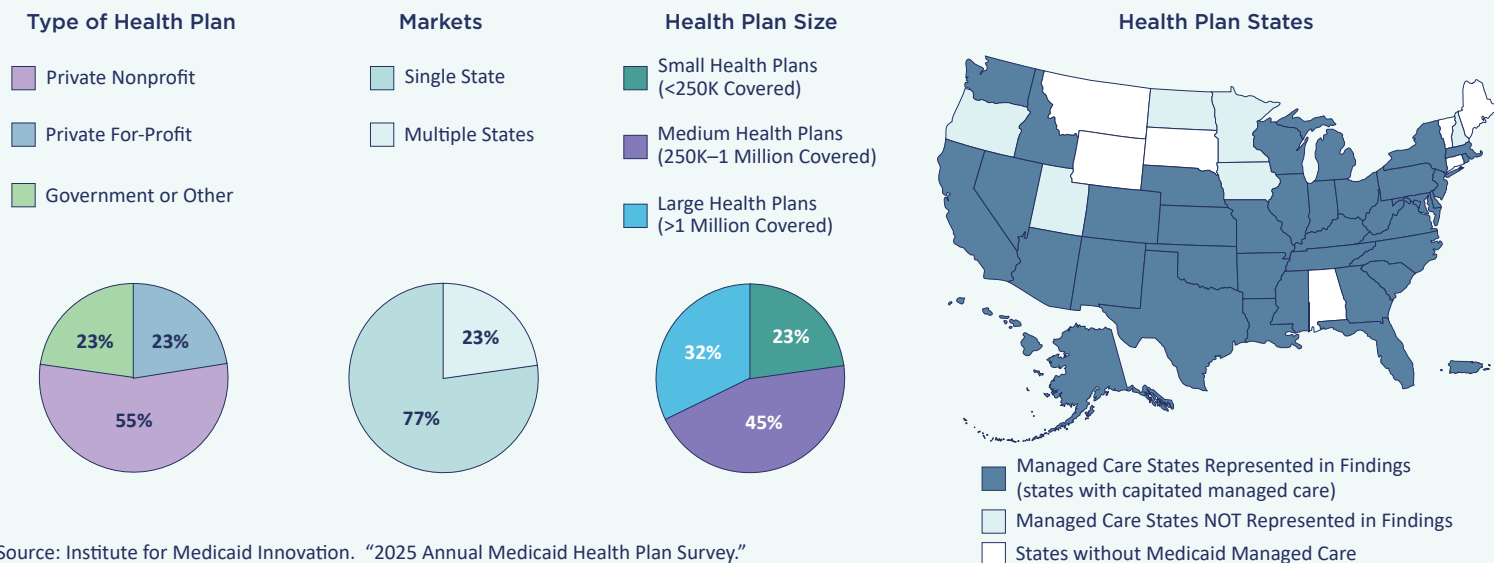




Annual Medicaid Managed Care Organization Survey Managed Long-Term Services and Supports

Demographics

In its eighth year, the 2025 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company and 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.



Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."

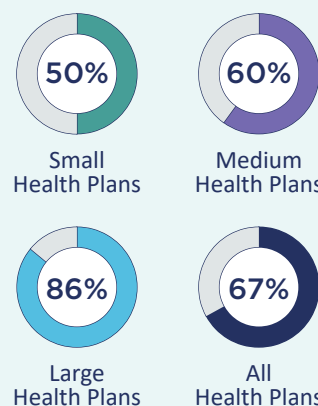
Barriers Experienced by Medicaid Health Plans When Managing Long-Term Services and Supports

100%	Challenges related to the direct-care workforce (e.g., lack of staff, turnover, training, and qualification challenges)	50%	Waiver waitlists
64%	Medicare and Medicaid misalignment and financial disincentives	43%	State requirements for health plans to contract with specific organizations or providers for care coordination
64%	State program requirements that limit the effectiveness of managed care strategies (e.g., any-willing-provider provisions, continuity-of-care provisions)	36%	Institutional level-of-care requirements that do not align with state goals (e.g., ADL or IADL requirements that are too low or too high to support appropriate utilization)
50%	Churn (member or eligibility-related)	21%	Operationalizing electronic visit verification requirements
50%	Fragmented Medicaid benefit design—behavioral health and/or physical health benefits—limiting the ability to serve the whole individual	21%	Other

Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."

Notes: **Other** includes lack of data sharing of members receiving other state or waiver programs, avoiding duplication when coordinating care, insufficient number of caregiver agencies, and language barriers. No health plans selected "Restrictions to in-person assessments and care delivery due to COVID-19" and "None."

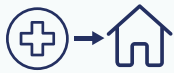
Medicaid Health Plans at Risk for Managed Long-Term Services and Supports



Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."

Note: Health plans that are not at risk for managed long term services and supports did not respond to questions in this section of the 2025 Annual Medicaid Health Plan Survey.

Barriers Medicaid Health Plans Encountered During...



Hospital to Home Transitions

Barrier	% of Health Plans
Availability of caregivers	86%
Housing availability	86%
Availability of in-home support	79%
Coordination of community services in advance of transition	64%
Data exchange	64%
Availability of respite care	57%
Continuity of services	57%
Awareness and availability of resources to support caregivers	43%
Availability of hospice	14%

Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."



Nursing Facility to Home Transitions

Barrier	% of Health Plans
Availability of caregivers	93%
Housing availability	93%
Availability of in-home support	79%
Coordination of community services in advance of transition	79%
Continuity of services	64%
Data exchange	64%
Availability of respite care	50%
Awareness and availability of resources to support caregivers	50%
Availability of hospice	14%

Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."

Agencies Could Further Assist Medicaid Health Plans in Addressing Managed Long-Term Services and Supports

93%	Improve data sharing between state and health plans	
93%	Improve the quality of data shared between state and health plans	
86%	Facilitate alignment of Medicare and Medicaid requirements	
86%	Improve data sharing between health plans and community-based organizations	
79%	Implement policies to increase long-term care and direct-care workforce	
79%	Improve data sharing between government agencies (e.g., office on aging, child welfare system, criminal justice system) and health plans	
79%	Improve data sharing between health plans and provider groups	
71%	Address backlogged waiver approval processes	
64%	Streamline data sharing between providers and community-based organizations	
57%	Facilitate contracting with community-based organizations	
57%	Increase technical assistance resources	
43%	Increase resources to support the facilitation of partnerships	
36%	Allow reimbursement for paid family caregivers	
7%	Other	

Source: Institute for Medicaid Innovation. "2025 Annual Medicaid Health Plan Survey."

Notes: **Other** includes value-based payment programs and efforts to develop risk adjustment for managed care organizations. No health plan selected "States cannot provide further assistance."