



2024 Annual Medicaid Managed Care Organization 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, 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 2024 results are presented in a series of topically focused, easy-to-use fact sheets.

2024 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
- Health Equity
- Telehealth



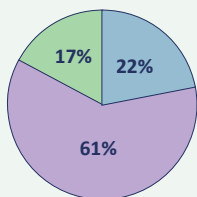
Annual Medicaid Managed Care Organization Survey High-Risk Care Coordination

Demographics

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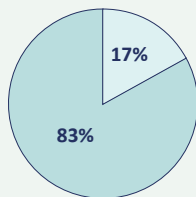
Health Plan Tax Status

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



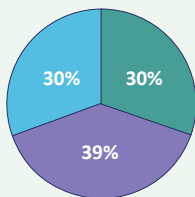
Health Plan Markets

- Single State
- Multistate



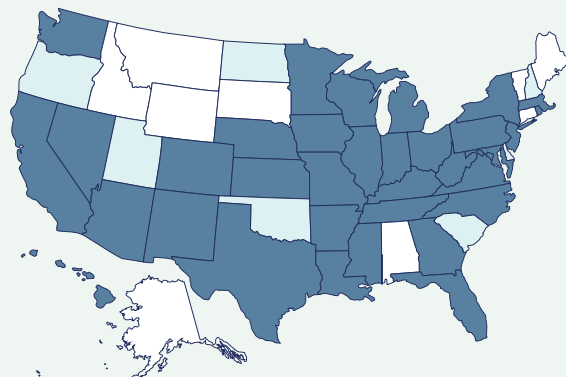
Health Plan Size

- 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.

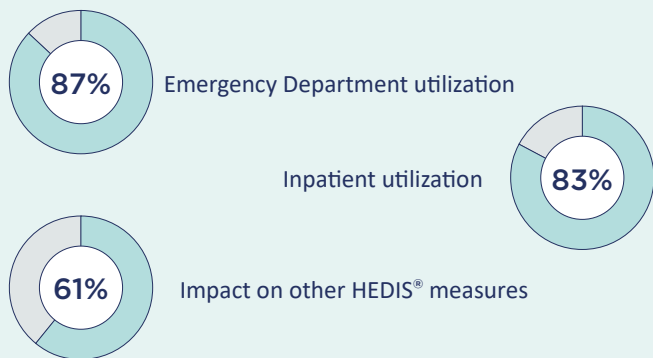
Health Plan States



- 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."

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



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

Notes: HEDIS®—Healthcare Effectiveness Data and Information Set. Other HEDIS Measures responses included: Follow-up after Hospitalization for Mental Illness (FUH); Hemoglobin A1c Control for patients with diabetes (HBD), Glycemic Status Assessment for Patients with Diabetes (GSD); Controlling High Blood Pressure (CBP); Blood Pressure Control for Patients with Diabetes (BPD) and Transitions of Care (TRC), Prenatal and Postpartum Care (PPC), Breast Cancer Screening (BCS), and Colo-rectal Cancer Screening (COL).

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

Measure	All Health Plans
Total spending	100%
Members' experience survey results (e.g., Consumer Assessment of Healthcare Providers and Systems® survey)	91%
Emergency Department utilization (unrelated to HEDIS® measure)	87%
Inpatient utilization (unrelated to HEDIS® measure)	87%
Outpatient primary care utilization	87%
Complaints and grievances	83%
Preventive care utilization	78%
Provider experience survey results	70%
Other*	9%

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

Notes: *Other includes health risk assessments, follow-up post d/c from ED. HEDIS®—Healthcare Effectiveness Data and Information Set.

Barriers Medicaid Health Plans Experience When Providing Effective High-Risk Care Coordination


























All Health Plans

Ability to contact member	100%
Members' access to behavioral and mental health care	96%
Members' willingness to engage with high-risk care coordination	91%
Members' access to primary care	65%
Members' access to specialty care	83%
Access to information from previous providers (e.g., mental health)	65%
Provider willingness to engage with high-risk care coordination	74%
Members' ability to navigate multiple care coordinators from health systems, provider practices, clinics, etc.	83%
Members' unmet social determinants of health	91%
Churn (member- or eligibility-related)	74%
Members' knowledge of managed care	57%
Ability to share information with service providers	39%
Availability of social supports	78%
Ability to connect individuals to necessary nonclinical social supports	57%
Language barriers	39%
Other*	13%

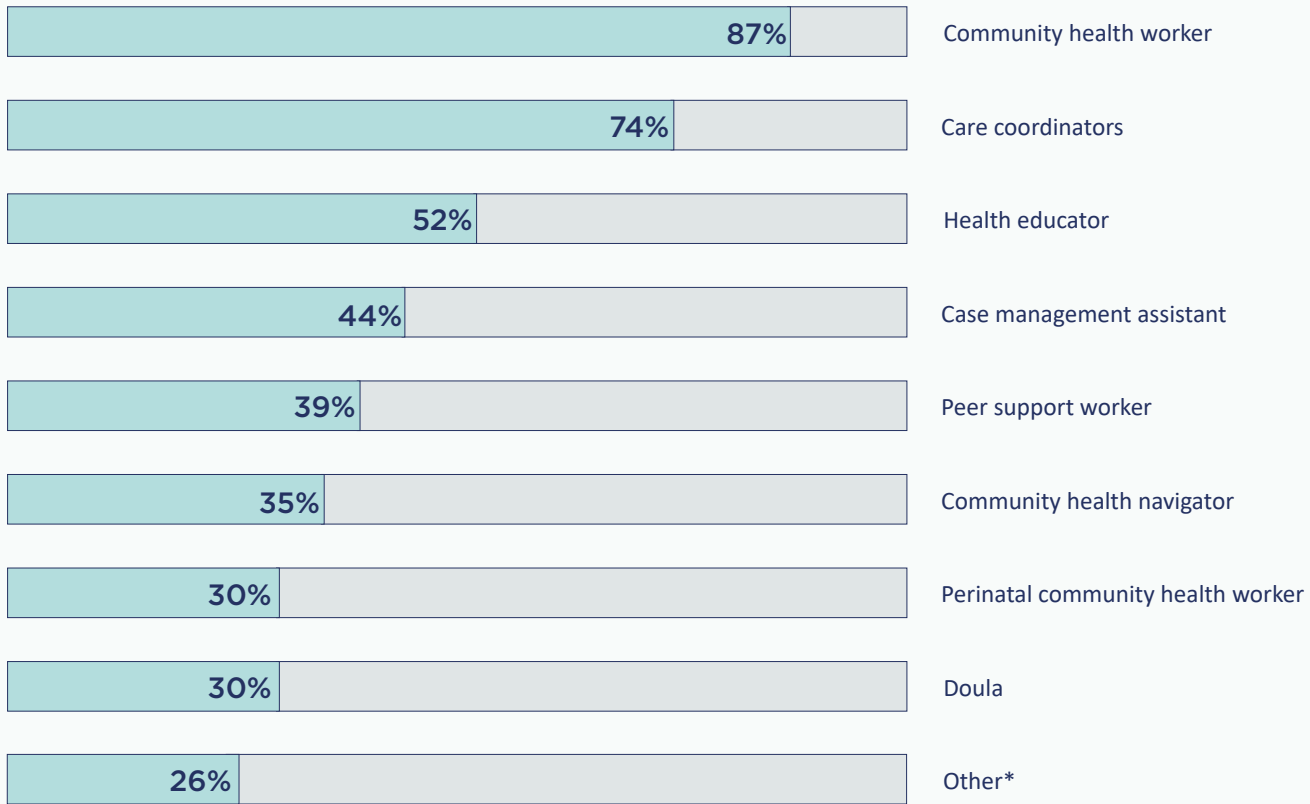
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Note: *Other includes immigration status-based fears, ability to share data between state and MCOs, and member compliance with treatment plan.

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	Medical Systems Data	Social Determinants of Health Data
<p>100% Contact data (e.g., phone numbers, email addresses) </p>	<p>96% Behavioral health diagnoses, treatment, or providers (including mental health and substance use disorder) </p>	<p>91% Participation in other state programs (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children – WIC) </p>
<p>87% Demographic data (e.g., age, sex, education level) </p>	<p>91% Historical claims data and clinical encounters </p>	<p>91% Housing situation or stability (e.g., unhoused) </p>
<p>87% Household data (e.g., power of attorney, guardian, head of household information, or household composition) </p>	<p>91% Special health care needs indicators </p>	<p>83% Child welfare involvement </p>
<p>78% Language </p>	<p>91% Chronic medical conditions or diagnoses (e.g., sickle cell disease, HIV/AIDS) </p>	<p>74% School enrollment </p>
<p>74% Gender identity </p>	<p>87% Case management or social work encounters </p>	<p>74% Criminal justice system involvement </p>
<p>74% Race </p>	<p>83% Health status indicators </p>	<p>65% Juvenile justice system involvement </p>
<p>74% Ethnicity </p>	<p>83% Smoking, vaping, or nicotine or tobacco use </p>	<p>17% Other* </p>
<p>70% Sexual orientation </p>	<p>4% Other* </p>	<p>Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey." Notes: *Other includes community-based organization involvement, and housing, food, and employment issues. Four percent (4%) of health plans selected "none."</p>
<p>57% Pronouns </p>	<p>Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey." Notes: *Other includes food insecurity and dental data. No health plan selected "none."</p>	
<p>22% Other* </p>		

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



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

Note: *Other includes connector, care systems manager, resource coordinators, maternal health navigator, wellness coaches, outreach navigators, RN Care team manager, enhanced care management RN, care manager, and housing navigator.



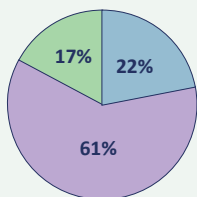
Annual Medicaid Managed Care Organization Survey Alternative Payment Models

Demographics

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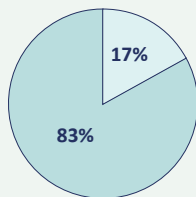
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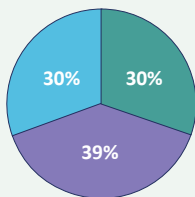
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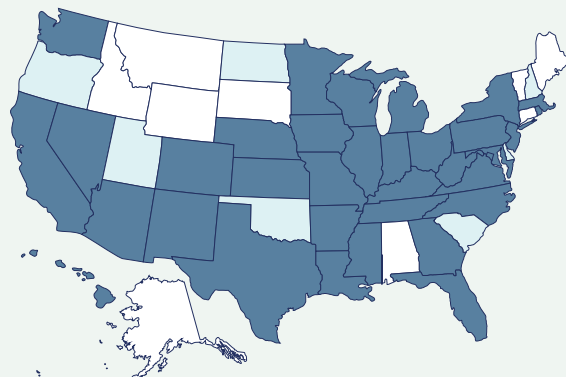
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Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."



96%

of responding Medicaid health plans use value-based payment (VBP) or alternative payment models (APMs) as an alternative to Fee for Service.

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

Notes: Health plans that do not use VBP models or APMs did not respond to questions in the APM section of the 2024 Annual Medicaid Health Plan survey. Alternative Payment Models (APMs) are payment approaches that incentivize high-quality and cost-efficient care. These models focus on rewarding healthcare providers for delivering better health outcomes, enhancing patient care experiences, and reducing healthcare costs, rather than the traditional fee-for-service model, which reimburses based on the volume of services provided. Source: The Health Care Payment Learning & Action Network.

Payment Strategies Used by Medicaid Health Plans

- 68%** Payment incentives based on performance measures related to access to care
- 50%** Enhanced payment rates for hard-to-recruit provider types
- 41%** Incentive payments for addressing health disparities
- 36%** Enhanced payment rates for providers in rural or frontier areas
- 36%** Payment incentives to integrate behavioral health care into primary care

- 36%** Payment incentives for availability of same-day or after-hours appointments
- 36%** Incentive payments for addressing health inequities
- 23%** Other*
- 18%** Enhanced payments to providers for reimbursement parity with other health plans
- 14%** Optional benefits for select populations as authorized by statute (e.g., sickle cell disease)

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

Notes: *Other includes special programs such as bundled payments to support access to medications for opioid use disorder services, payment to improve transitions in care, and payment incentives tied to performance in quality measures. Health Equity, "means everyone has a fair and just opportunity to be as healthy as possible." Source: [Robert Wood Johnson Foundation](#). Health Inequities, "are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age." Source: [World Health Organization](#).



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.

Value-Based Payment and Alternative Payment Model Approaches Used by Medicaid Health Plans with Providers

All Health Plans

Incentive or bonus payments tied to specific performance measures (e.g., pay for performance)	96%
Shared savings arrangements	73%
Arrangements with upside risk	73%
PMPM for care management services	73%
Global or capitated payments to primary care providers or integrated provider entities	73%
Bundled or episode-based payments	59%
Arrangements with downside risk	41%
Payment withholds tied to performance	36%
Upfront payments to encourage faster movement to more advanced APM arrangements	27%
Nonpayment or reduced payment for patient safety issues (e.g., never events)	23%
Nonpayment or reduced payment for elective deliveries before 39 weeks	9%
Other*	9%

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

Note: *Other includes payments made through community-based care management.

Barriers to the Adoption and Innovation in Alternative Payment Models and/or Value-Based Payment Models

Health Plan Operational Barriers

64%	Staff capacity	
55%	Data sharing & readiness	
55%	Information technology system preparedness	
50%	Pricing structures or actuarial soundness	
46%	Contract requirements on APMs and/or VBP approaches	
36%	Staff expertise/skills	
23%	Willingness to participate in APMs and/or VBP models	
5%	Other*	

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

Notes: *Other includes small enrollment. Nine percent (9%) of health plans selected "none."

Provider Operational Barriers

100%	Willingness to participate in APMs and/or VBP models	
91%	Staff capacity	
82%	Data sharing & readiness	
73%	Information technology system preparedness	
73%	Staff expertise/skills	
50%	Contract requirements on APMs and/or VBP approaches	
41%	Pricing structures or actuarial soundness	
23%	Lack of consistent evidence of efficacy of APMs and/or VBP approaches	
9%	Other*	

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

Note: *Other includes small enrollment, staffing shortages at providers, and limitations of funding.

Policy Barriers

67%	Variation in payment models across payers (e.g., Medicaid, commercial, Medicare)	
62%	Medicaid payment rates	
57%	Uncertain or shifting state policy requirements or priorities	
33%	Uncertain or shifting federal policy requirements or priorities	
29%	Impact of 42 C.F.R Part 2 on limiting access to behavioral health data	
24%	State requirements limiting APMs and/or VBP models	
10%	Other*	

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

Notes: *Other includes misalignment of strategic priorities and state regulations. Ten percent (10%) of health plans selected "none."

Other External Barriers

20%	Lack of consistent evidence of the efficacy of APMs and/or VBP models	
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Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: Ten percent (10%) of health plans selected "other." Other includes workforce issues, provider burnout, and labor shortages. Fifty percent (50%) of health plans selected "none."

Trends in Value-Based Payment and Alternative Payment Model Approaches Used by Medicaid Health Plans with Providers

	2018	2019	2020	2021	2023*	2024
Incentive/bonus payments tied to specific performance measures (e.g., pay for performance)	95%	87%	94%	100%	96%	96%
Global or capitated payments to primary care providers or integrated provider entities	59%	47%	67%	68%	61%	73%
Bundled or episode-based payments	53%	40%	50%	53%	57%	59%
Payment withholds tied to performance	30%	33%	33%	32%	39%	36%
Nonpayment or reduced payment for patient safety issues (e.g., never events)	30%	7%	6%	11%	17%	23%
Nonpayment or reduced payment for elective deliveries before 39 weeks	18%	7%	11%	11%	9%	9%
Arrangements with upside risk	^	^	^	74%	83%	73%
Arrangements with downside risk	^	^	^	47%	48%	41%
Upfront payments to encourage faster movement to more advanced APM arrangements	^	^	^	21%	22%	27%

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

Notes: *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. ^These questions were not asked until 2021.

Trends in External Barriers that Influence the Adoption and Innovation in Value-Based Payment Models and/or Alternative Payment Models

	2017	2018	2019	2020	2021	2023	2024
Provider readiness and willingness	100%	88%	100%	94%	89%	91%	100%
Medicaid payment rates	92%	65%	57%	67%	58%	52%	62%
Uncertain or shifting state policy requirements/priorities	92%	35%	43%	22%	32%	39%	57%
Impact of 42 CFR Part 2 on limiting access to behavioral health data	100%	24%	21%	17%	37%	35%	29%
State requirements limiting VBP and/or APM models	85%	41%	14%	39%	26%	30%	24%
Uncertain or shifting federal policy requirements/priorities	85%	29%	29%	11%	5%	17%	33%

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

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

Changes to State Requirements and Guidance That Would Assist Medicaid Health Plans to Effectively Implement Value-Based Payment Models and/or Alternative Payment Models

Better education for providers on state and health expectations	77%
Policies to facilitate data sharing between payers and providers	73%
Reporting of consistent metrics	68%
Provision of additional policy and/or fiscal levers for health plans to ensure provider engagement in VBP models	64%
Streamlined VBP model design across payers, including aligned performance measures	46%
Better education for health plans on state expectations for VBP models	46%

Removal of data sharing restrictions	41%
More flexibility in the design of VBP components (e.g., member attribution, benchmarking)	36%
Development of multiyear VBP strategy to allow for longer-term contracts with Medicaid	36%
Multi-payer alignment in VBP strategies	27%
Removal of requirements that limit VBP models and APM development	23%
Other*	9%

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

Notes: *Other includes more consultation with plans and elimination of yearly cost neutrality requirement. Five percent (5%) of health plans selected "none."



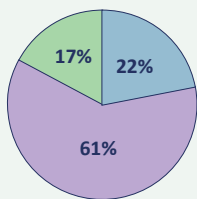
Annual Medicaid Managed Care Organization Survey Pharmacy

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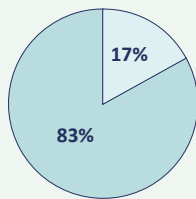
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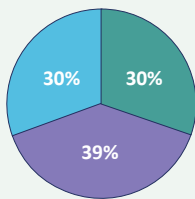
Health Plan Markets

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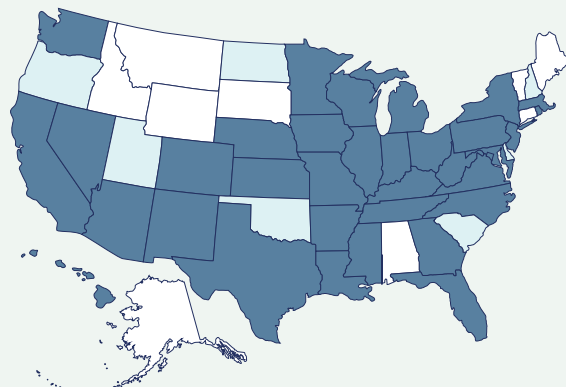
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Health Plan States



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

Challenges Medicaid Health Plans Experience when Managing the Prescription Drug Benefit

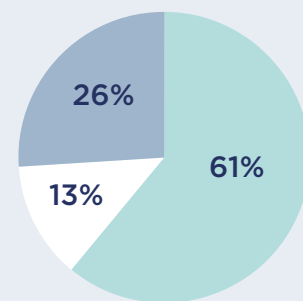
Challenge	All Health Plans
Utilization and cost history unknown for new drugs entering a market	71%
Increase in cost of specialty pharmacy medications	94%
Members' comprehension of and engagement in programs	35%
Single preferred drug list (PDL)/formulary requirements	59%
Increase in number of specialty 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."








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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."

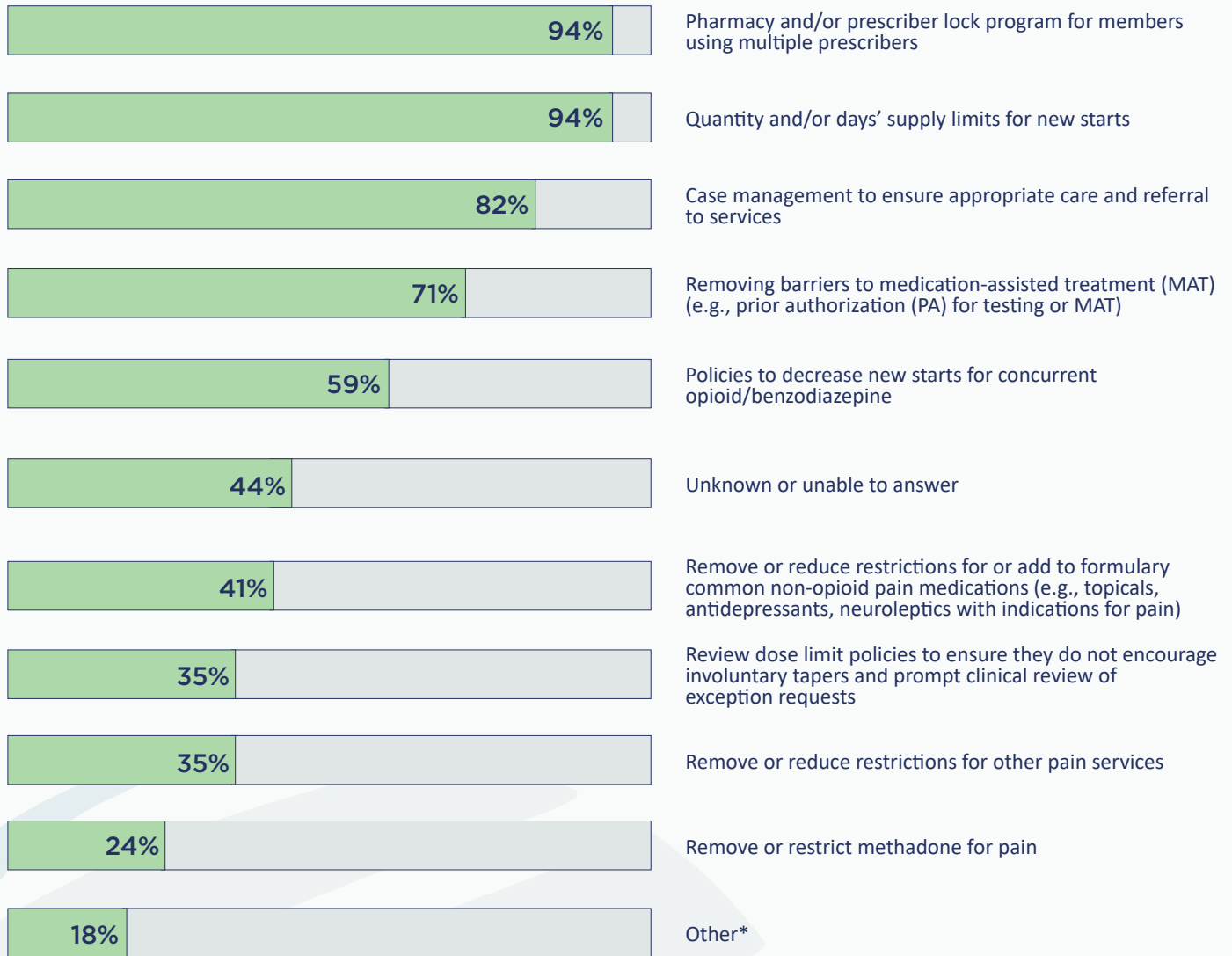
Note: *Other includes remote state preferred drug list requirements, flexibility on specialty drug list requirements, targeted carved-out drug costs, and involve managed care entities in design of the programs, rebate, and pricing discussions.

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.



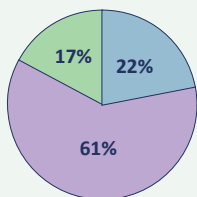
Annual Medicaid Managed Care Organization Survey Behavioral Health

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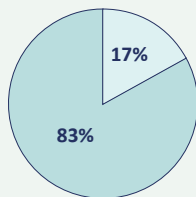
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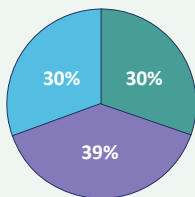
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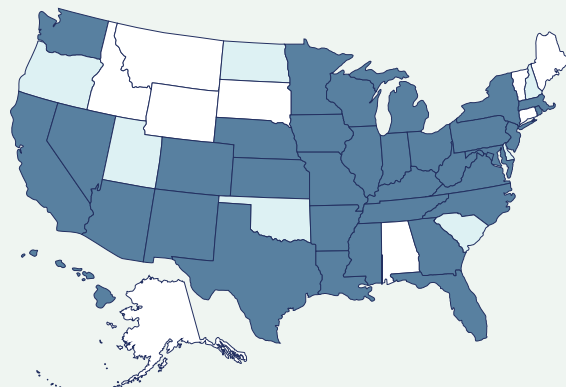
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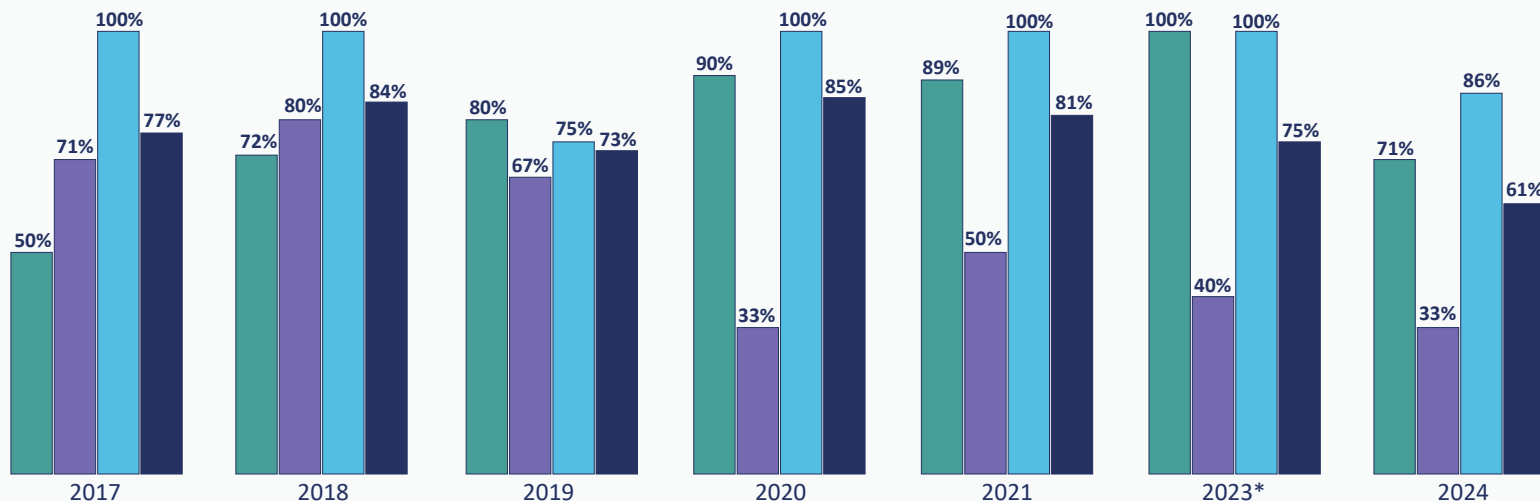


- Managed Care States Represented in Findings (states with capitated managed care)
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- States without Medicaid Managed Care

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.



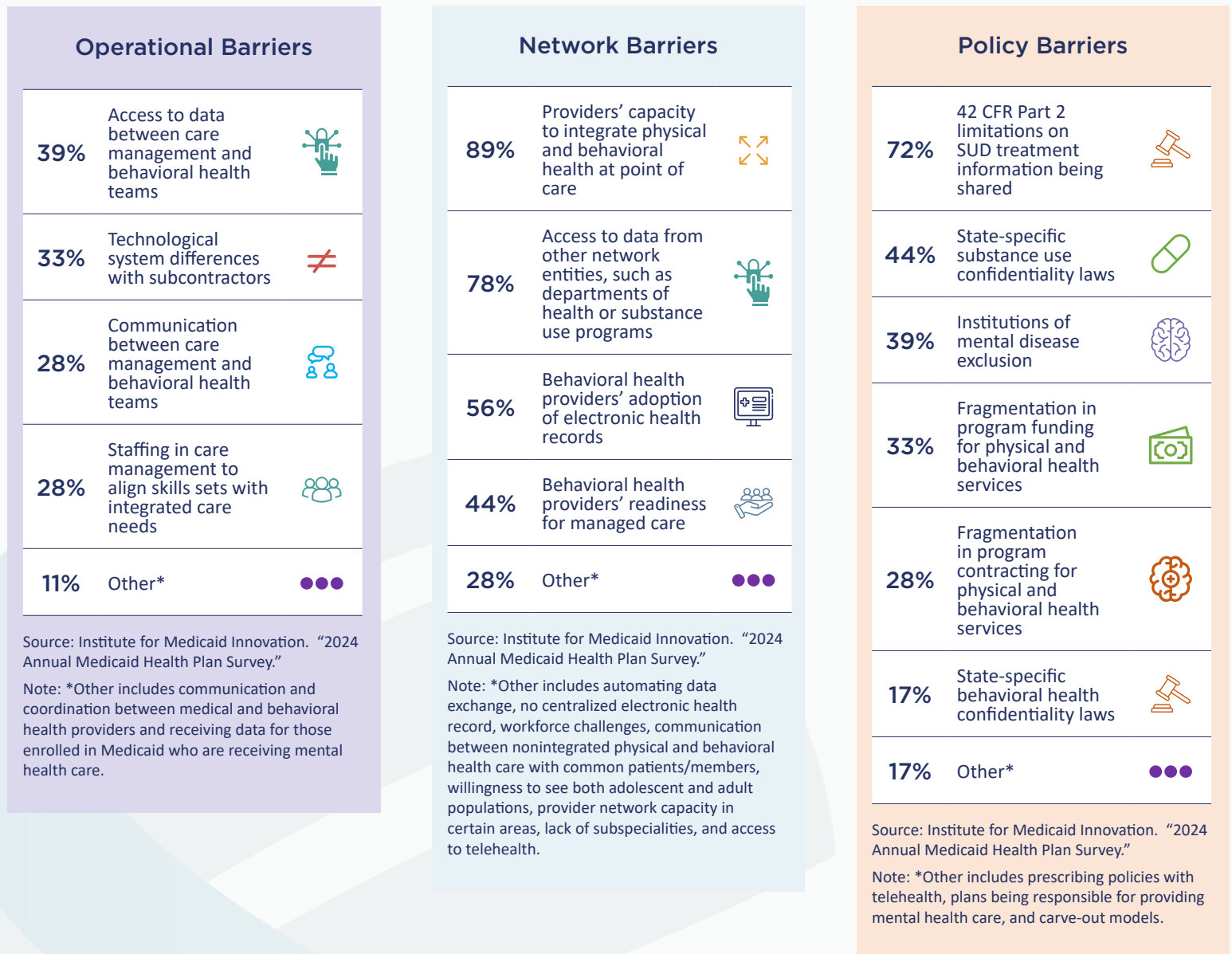
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Percentage of Medicaid Health Plans Experiencing Barriers for Behavioral and Physical Health Integration by Barrier Type



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)



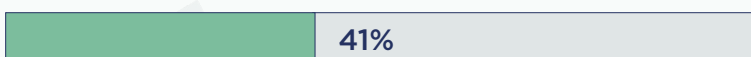
Expand payment around audiovisual delivery of mental health and SUD services



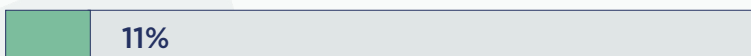
Authorize mobile crisis services



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."



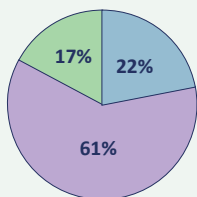
Annual Medicaid Managed Care Organization Survey Maternal & Perinatal Health

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.

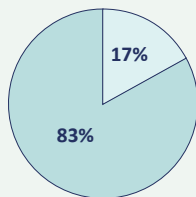
Health Plan Tax Status

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



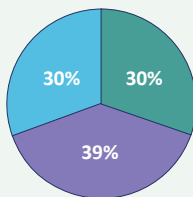
Health Plan Markets

- Single State
- Multistate



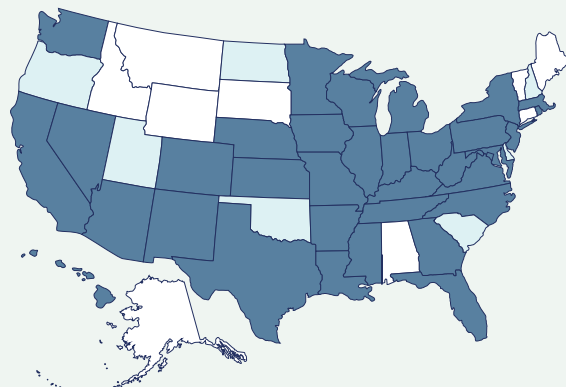
Health Plan Size

- 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."

Contracted Primary Care Providers for Maternal & Perinatal Health

Nurse-Midwife/ 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 ACME, the Accreditation Commission for Midwifery Education.

Certified Professional Midwife

Has varying educational and/or training experiences that might include work as an apprentice.

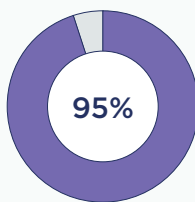
Certified Midwife

Graduate from a masters-level midwifery education program that is also accredited by ACME (Accreditation Commission for Midwifery Education). The training is similar to that of a CNM, but they do not have a nursing degree.

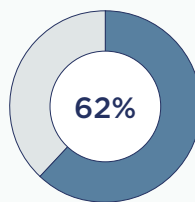
Licensed Midwife

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.

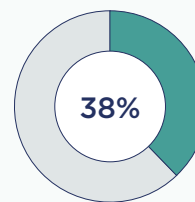
Nurse Practitioners



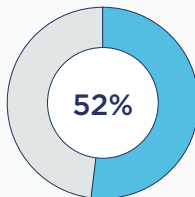
Certified Nurse Midwives



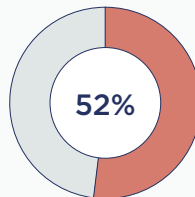
Certified Professional Midwives



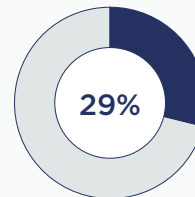
Certified Midwives



Licensed Midwives



Other*



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

Notes: *Other includes obstetricians, gynecologists, perinatologists, doulas, mental health therapists for pregnancy/postpartum periods, registered dietitians for pregnant and postpartum, and physician assistants. Five percent (5%) of health plans selected "none."


83%

of responding Medicaid health plans are responsible for managing maternal/perinatal health benefits.

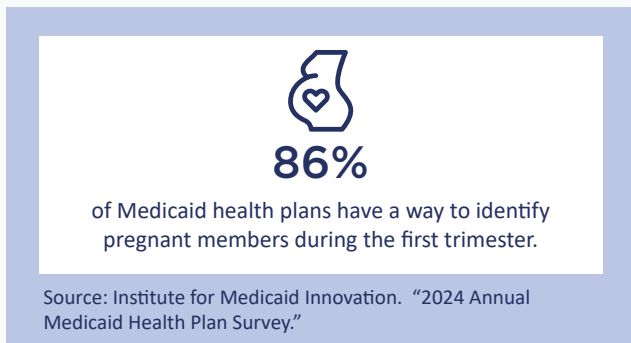
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Medicaid Health Plans' Contracted Settings to Provide Members with Sexual and Reproductive Health Care Including Pregnancy, Childbirth, and the Postpartum Period

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Federally Qualified Health Centers	86%	88%	100%	91%
Freestanding family planning providers	71%	63%	100%	76%
Freestanding birth centers	57%	50%	83%	62%
Planned Parenthood health centers	43%	63%	83%	62%
Telehealth platforms	43%	63%	67%	57%
Other*	14%	0%	17%	10%

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

Notes: *Other includes maternal fetal medicine, obstetrician offices. No health plans selected "none."



How Medicaid Health Plans Identify Pregnant Members

Electronic health record, claims data, laboratory results, encounter data, or provider information (e.g., Obstetric Needs Assessment Form)



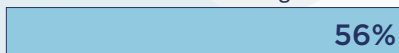
Members self-identify through case managers or member services



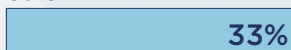
Enrollment data received from state



Health information exchange



Other*



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

Note: *Other includes internal risk stratification using claims data, using a public-private collaboration of health care organizations, specific algorithms, Maternal Prenatal Risk Assessment (MPRA), enrollment into the Delfina app, incentive for member self-identification, emergency notification service (ENS) in some markets.

Medicaid Health Plans' Covered Ancillary Benefits for Pregnant Members

100%	Support from a social worker and/or nurse case manager	
91%	Lactation counseling (e.g., postpartum services provided by a lactation consultant)	
91%	Nutritional counseling	
86%	Support from a community health worker	
76%	Breastfeeding or chestfeeding education	
76%	Childbirth education	
67%	Comprehensive dental care	
67%	Physical therapy	
62%	Services through telehealth.^	
57%	Support from a doula	
52%	Group prenatal care (e.g., CenteringPregnancy)	
52%	Parenting education	
33%	Acupuncture	
24%	Other*	

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

Notes: ^Telehealth services include: Teladoc for all members at no cost. Members can visit their provider via telehealth, including doula, mental health, and registered dietician services through Delfina applications. Televideo visits with case managers and community health assistants and virtual appointments are all available services via telehealth and telehealth related to lactation, doula services, urgent care. *Other includes comprehensive vision care, medically necessary durable medical equipment, Delfina application, lactation via telehealth, transportation, chiropractic services, and meals on wheels. No health plan selected "none."

Provider Types Where Increased Medicaid Reimbursement Rates Would Help Health Plans Address Sexual and Reproductive Health Needs

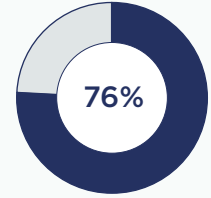
	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Behavioral health providers	57%	75%	67%	67%
Certified professional midwives	57%	75%	67%	67%
Freestanding birth centers	29%	88%	83%	67%
Certified nurse midwives	43%	63%	83%	62%
Certified midwives	43%	75%	50%	57%
Community health workers	57%	63%	50%	57%
Doulas	14%	75%	83%	57%
Licensed midwives	43%	63%	67%	57%
Perinatal community health workers	43%	75%	50%	57%
Perinatal nutritionist	29%	63%	33%	43%
Other*	0%	0%	50%	14%

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

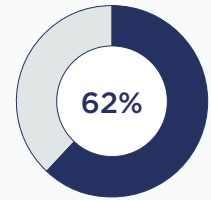
Notes: *Other includes lactation support providers (in-home support), maternal/newborn home visitation programs, high risk obstetricians, obstetricians in isolated areas, providers with Maternal Mental Health training/awareness and lactation consultants. Fourteen percent (14%) of health plans selected "none."

Provider Settings Medicaid Health Plans Contracted with to Provide Maternal and Perinatal Health in 2024

Freestanding family planning clinics

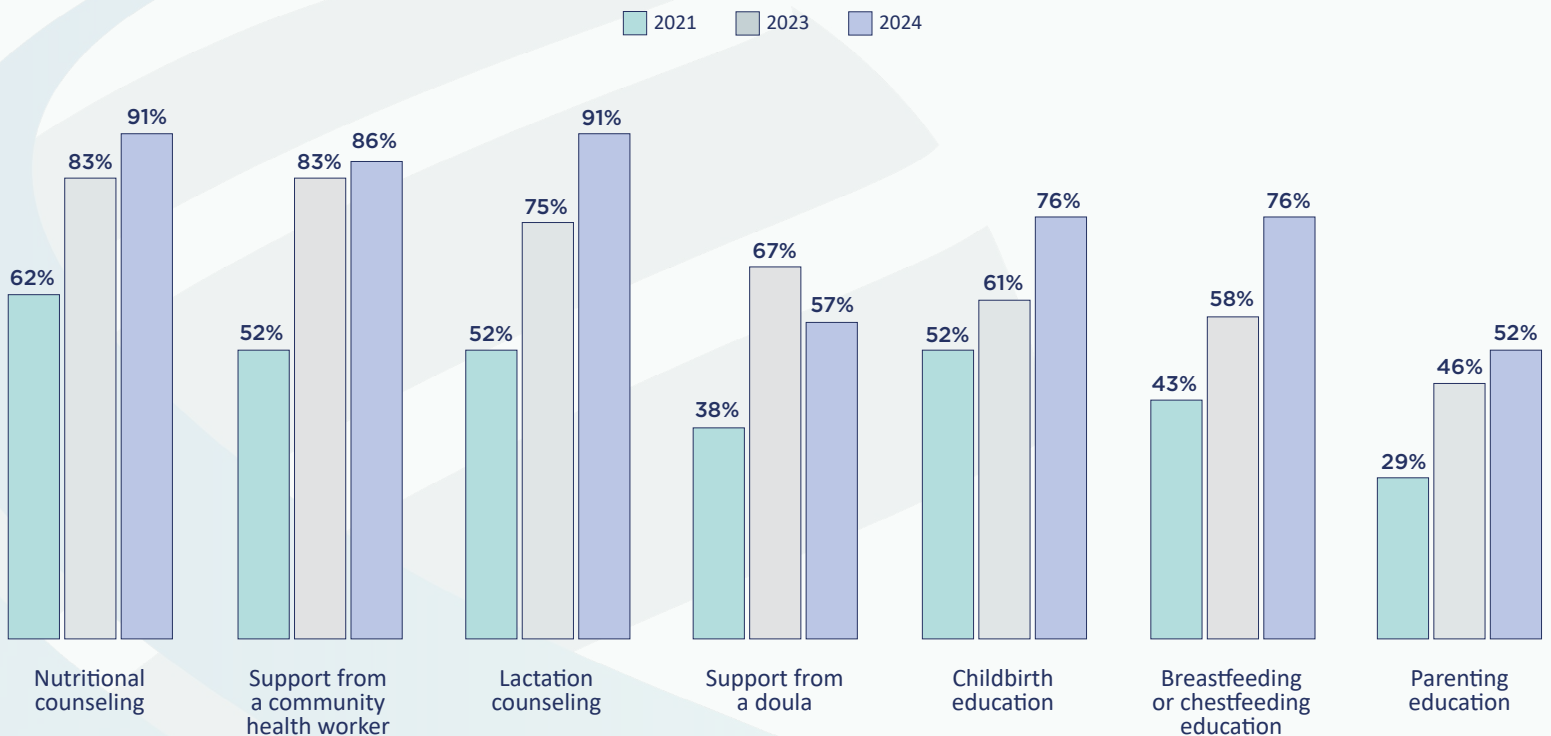


Planned Parenthood clinics



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

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



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

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

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

Establish equitable and sustainable payment levels for doulas	75%
Establish equitable and sustainable payment levels for midwives	75%
Establish sustainable payment levels for behavioral health providers	70%
Improve data sharing between government agencies (e.g., Child Welfare System, Justice System) and managed care organizations	70%
Improve data sharing between managed care organizations and community-based organizations	70%
Improve data sharing between the state and managed care organizations	70%
Improve quality of data sharing between the state and managed care organizations	70%
Facilitate contracting with community-based organizations	65%
Improve data sharing between managed care organizations and provider groups	60%
Increase resources to support partnerships facilitation	60%
Establish sustainable payment levels for perinatal physicians	55%
Establish equitable and sustainable payment levels for births in freestanding birth centers	55%
Remove regulatory burdens and obstacles for midwives to practice at the top of their license	55%
Remove regulatory burdens and obstacles for freestanding birth centers	45%
Remove coverage restrictions for reproductive health care	35%
Remove regulatory burdens and obstacles for home births	30%
Other*	10%

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

Notes: *Other includes adding doulas as a covered benefit under Medicaid, live data exchange, childcare options to allow families access to care, and mobile care. Five percent (5%) of health plans selected "states cannot provide further assistance."



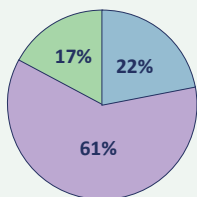
Annual Medicaid Managed Care Organization Survey Sexual and Reproductive Health

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.

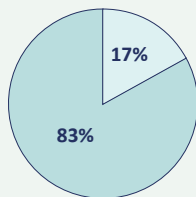
Health Plan Tax Status

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



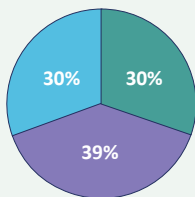
Health Plan Markets

- Single State
- Multistate



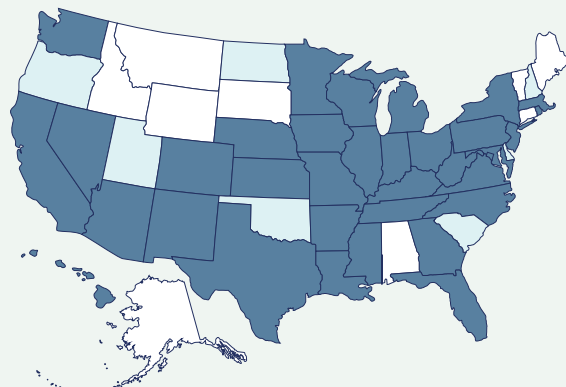
Health Plan Size

- 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."

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

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Adult medical care (e.g., hormone therapy)	57%	78%	83%	73%
Adult surgery	57%	78%	83%	73%
Adult behavioral health (e.g., treatment for gender dysphoria or incongruence)	57%	44%	71%	57%
Adult mental health assessments needed for access to gender-affirming services	57%	56%	71%	61%
Youth behavioral health (e.g., treatment for gender dysphoria or incongruence)	14%	56%	71%	48%
Youth mental health assessments needed for access to gender-affirming services	14%	56%	71%	48%
Youth medical care (e.g., hormone therapy)	0%	78%	50%	46%
Youth surgery	0%	56%	33%	32%
Other*	14%	33%	29%	26%
It is not permitted by state agencies	43%	11%	0%	17%







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

Notes: *Other includes behavioral health carve-out from physical health; surgical services for youth under 16 are not covered; treatments for youth 15 years or older if emancipated through marriage; behavioral health and mental health assessments for both youth and adults are covered by the behavioral health MCO; and all medically necessary procedures as informed by the World Professional Association for Transgender Health. Nine percent (9%) of health plans selected "none."



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.








Medicaid Health Plans' Data Source(s) for Members' Gender Identity

78%	Members' self-reports collected by the health plan	
26%	State Medicaid enrollment files	
17%	Imputed from other data sources	
17%	Data feed from provider organizations or state health information exchanges	
13%	We do not receive this data from any source	
13%	Other*	

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

Notes: *Other includes currently trying to get information from providers and through the member portal; electronic medical records. Four percent (4%) of health plans selected "our health plan's data system does not currently record gender identity separate from sex."

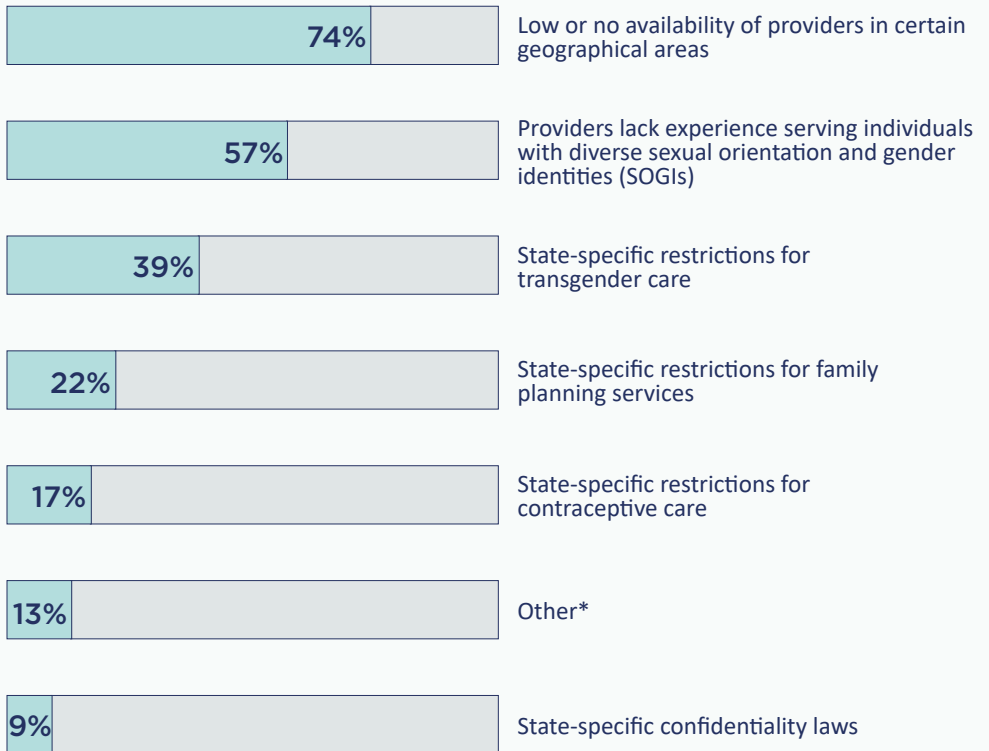
Medicaid Health Plans' Data Source(s) for Members' Sexual Orientation

83%	Members' self-report collected by the health plan	
17%	Imputed from other data sources	
17%	Data feed from provider organizations or state health information exchange	
17%	Other*	
13%	State Medicaid enrollment files	
13%	Our health plan's data system does not currently record sexual orientation	
4%	We do not receive this data from any source	

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

Note: *Other includes currently trying to obtain from providers and through member portal so member can input; collect from vendor partners; members' self-report collected by the hospital system; EMR from clinical enterprise (integrated health delivery system).

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



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

Notes: *Other includes state not sharing complete SOGI information; lack of provider data associated with serving individuals with diverse SOGIs. Thirteen percent (13%) of health plans selected "none."

Provider Settings Health Plans Contract with to Provide Sexual and Reproductive Health Care

Freestanding family planning providers	78%
Freestanding birth centers	57%
Planned Parenthood health centers	52%
Telehealth platforms	52%
Other*	4%

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

Notes: *Other includes any Medicaid provider. Nine percent (9%) of health plans selected "none."

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

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Medicaid enrollment forms do not collect SOGI data	86%	67%	71%	74%
Health plan receives incomplete sexual orientation and gender identity (SOGI) data from state data files	43%	67%	86%	65%
Response options on forms are not comprehensive or inclusive of all identities	43%	56%	71%	57%
The software the health plan uses does not maintain or display SOGI data	57%	56%	43%	52%
Members express concern about sharing SOGI data	29%	67%	43%	48%
Health plan staff expresses concern with collecting SOGI data	14%	44%	43%	35%
Other*	0%	11%	14%	9%

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

Notes: *Other includes state collecting SOGI data, but not sharing at this time; data is not standardized; lack of best practices on collecting SOGI data for minors; and not included in the state eligibility file. No health plans selected "we do not experience any barriers."

Data Points Health Plans Track Related to Sexual and Reproductive Health Care

Grievances from members who indicate not being able to access gender-affirming care



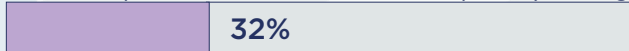
Grievances from members who indicate not being able to access LGBTQ+ competent care



Number of providers who provide gender-affirming care



Number of providers who have LGBTQ+ competency training



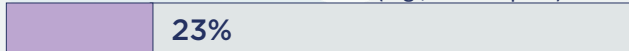
Grievances from members who indicate not being able to access an alternative birth center



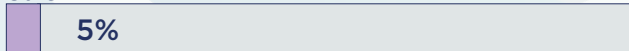
Grievances related to abortion access



Number of alternative birth centers (e.g., nonhospital)



Other*



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

Notes: *Other includes grievances from members seeking to deliver their babies at home. Eighteen percent (18%) of health plans selected "none."

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

Improve data sharing between state and health plans	78%
Improve the quality of data shared between state and health plans	74%
Improve data sharing between health plans and provider groups	74%
Improve data sharing between government agencies (e.g., child welfare system, criminal justice system) and health plans	70%
Improve data sharing between health plans and community-based organizations (CBOs)	70%
Increase resources to support facilitation of partnerships	61%
Increase technical assistance resources	57%
Facilitate contracting with CBOs	57%
Remove coverage restrictions for reproductive health care	48%
Monitor network adequacy specific to related groups of services (e.g., measure network adequacy of reproductive health care providers)	48%
Advocate against legislation that restricts access to gender-affirming care	44%
Advocate against legislation that restricts access to abortion	30%

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

Note: Nine percent (9%) of health plans selected "states cannot provide further assistance."

Contraceptive Quality Measures Health Plans Monitor

Contraceptive care—most and moderately effective methods	48%
Contraceptive care—postpartum most and moderately effective methods	44%
Contraceptive care—postpartum access to long-acting reversible contraception	44%
Contraceptive care—access to long-acting reversible contraception	39%
None	35%
Person-centered contraceptive counseling measures	17%

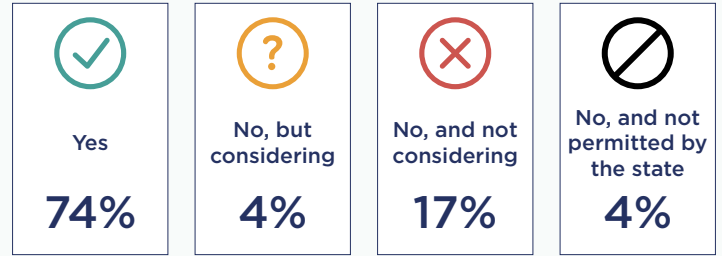
Source: Institute for Medicaid Innovation. “2024 Annual Medicaid Health Plan Survey.”

Barriers Health Plans Experience Related to Abortion Care

Not an allowable or covered benefit by state	39%
Lack of providers in geographic areas	26%
Restrictions on when abortion health care services can be provided	26%
None	26%
Provider confusion around state policies	17%
Age restrictions on consenting for abortion health care services	17%
Lack of clarity around state policies	13%
Providers no longer providing care due to fear of losing medical license	13%
Long wait time for members	9%
Wait time restrictions	9%

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

Health Plans that Cover Treatment of Perimenopause- and Menopause-Related Symptoms



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

How State Medicaid Agencies Could Further Assist Health Plans in Addressing Gender-Affirming Health Needs

Facilitate sexual orientation and gender identity (SOGI) data sharing between health plans and providers	70%
Develop standards for health plans to collect SOGI data	70%
Partner with other existing community-based organizations (CBOs) and governmental entities to develop gender-affirming best practices for Medicaid operations	70%
Monitor network adequacy specific to related groups of services (e.g., measure network adequacy of gender-affirming health care providers)	61%
Provide gender-affirming care education for health care providers	61%
Provide gender-affirming care education for health plans	57%
Facilitate contracting with nontraditional medical practices (e.g., electrolysis providers, laser therapy) to increase access to services	52%
Require or allow health plans to cover gender-affirming health care	44%
Advocate against legislation that restricts access to gender-affirming care	44%
Establish guidelines and certification processes for qualified providers	44%
Other*	9%

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

Notes: *Other includes allow Medicaid managed care organizations to collect member self-reported SOGI data. Nine percent (9%) of health plans selected “states cannot provide assistance.”

Percent of Health Plans' Member Data that Includes Sexual Orientation and Gender Identity Options

Only Male or Female



of health plans had **0–25%** of their data that includes gender identity options that are only male or female



of health plans had **26–50%** of their data that includes gender identity options that are only male or female



of health plans had **more than 75%** of their data that includes gender identity options that are only male or female

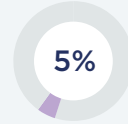
Source: Institute for Medicaid Innovation. “2024 Annual Medicaid Health Plan Survey.”

Notes: Eighteen percent (18%) of health plans selected “unknown/unable to answer;” five percent (5%) of health plans selected “not applicable;” no health plan selected “51–75%.” Totals may not equal 100 percent due to rounding.

Nonbinary, Male, and Female



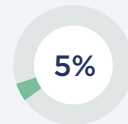
of health plans had **0–25%** of their data that includes gender identity options that include nonbinary, male, and female



of health plans had **26–50%** of their data that includes gender identity options that include nonbinary, male, and female



of health plans had **51–75%** of their data that includes gender identity options that include nonbinary, male, and female

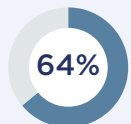


of health plans had **more than 75%** of their data that includes gender identity options that include nonbinary, male, and female

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

Notes: Twenty-three percent (23%) of health plans selected “unknown/unable to answer;” fourteen percent (14%) of health plans selected “not applicable.” Totals may not equal 100 percent due to rounding.

Gender Identity Reported Separately from Sex



of health plans had **0–25%** of their data that includes gender identity reported separately from sex

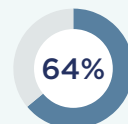


of health plans had **more than 75%** of their data that includes gender identity reported separately from sex

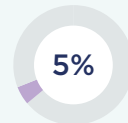
Source: Institute for Medicaid Innovation. “2024 Annual Medicaid Health Plan Survey.”

Notes: Eighteen percent (18%) of health plans selected “unknown/unable to answer;” fourteen percent (14%) of health plans selected “not applicable;” no health plan selected “26–50%” or “51–75%.” Totals may not equal 100 percent due to rounding.

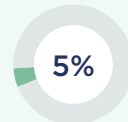
Sexual Orientation



of health plans had **0–25%** of their data that includes sexual orientation



of health plans had **26–50%** of their data that includes sexual orientation



of health plans had **more than 75%** of their data that includes sexual orientation

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

Notes: Fourteen percent (14%) of health plans selected “unknown/unable to answer;” fourteen percent (14%) of health plans selected “not applicable;” no health plan selected “51–75%.” Totals may not equal 100 percent due to rounding.



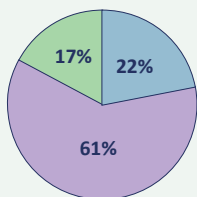
Annual Medicaid Managed Care Organization Survey Child & Adolescent Health

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.

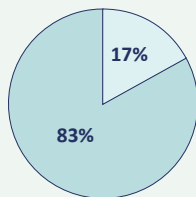
Health Plan Tax Status

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



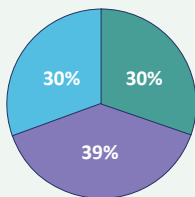
Health Plan Markets

- Single State
- Multistate



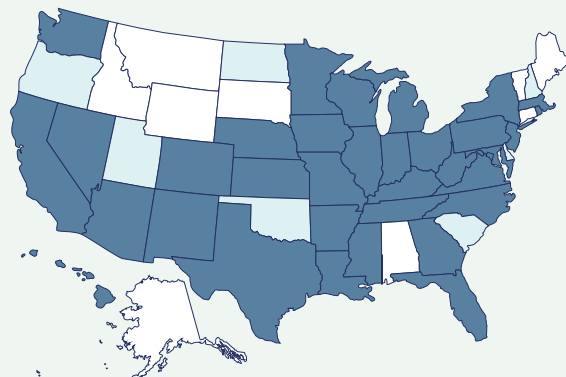
Health Plan Size

- 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."

Barriers Medicaid Health Plans Encounter when Serving Children

86%	Families express lack of transportation to health care location		67%	Language barriers	
81%	Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)		62%	Engaging family members who are not enrolled in the health plan	
81%	Engaging family members to address Social Determinants of Health (SDOH)		57%	Families express inability to access telehealth	
81%	Other unmet social needs expressed by families		52%	Barriers related to the child welfare system	
71%	Program fragmentation		52%	Immigration status of parents or caregivers	
71%	Churn (member or eligibility-related)		52%	Carved-out benefits	
71%	Inability finding needed health care providers/beds		33%	State policies	
71%	Coordinating with Departments of Child Services or Departments of Juvenile Justice for children engaged with child welfare or juvenile justice systems		33%	Federal policies	
			14%	Other*	

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

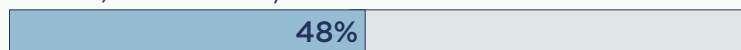
Notes: *Other includes data sharing, lack of specialized pediatric providers, reimbursement rates for Medicaid, and lack of affordable housing, childcare, and groceries. No health plan selected "none."

Medicaid Health Plans' Barriers Addressing Child and Adolescent Obesity

Lack of coverage for obesity medication-based treatment options



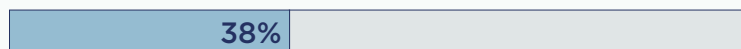
Families express barriers to accessing treatment (e.g., transportation, childcare, work schedules)



Lack of policies or structures supporting pediatric dietician coverage



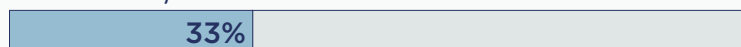
Other*



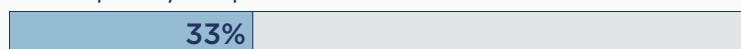
Lack of payment structure allowing for treatment coordination among different providers



Lack of ancillary services such as nutritionists



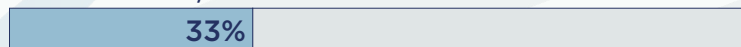
Lack of specialty care providers



Carved-out benefits



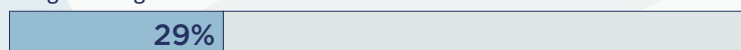
Lack of screening and support for families with food and nutrition insecurity



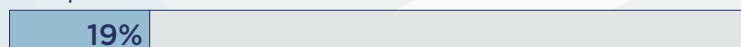
Lack of coverage for school physical activities



Program fragmentation



State policies



Federal policies



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

Notes: *Other includes behavioral health component completed by behavioral health MCOs; factors related to SDOH; lack of opportunities for gym membership to support increased safe place to play/expend energy; some of the newer diabetic drugs indicated for weight loss are not approved by the Food and Drug Administration for those under 18; affordable, available, and convenient healthy food options; decreased recess time for children in school; and cost of specialty drugs. Ten percent (10%) of health plans selected "we do not experience any barriers."



67%

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

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

How State Medicaid Agencies Could Further Assist Health Plans in Addressing Child and Adolescent Health

Improve data sharing between state and health plans	76%
Improve data sharing between government agencies (e.g., child welfare system, criminal justice system) and health plans	71%
Champion policies to facilitate data sharing between payers and providers	71%
Improve the quality of data shared between state and health plans	67%
Improve data sharing between health plans and community-based organizations (CBOs)	67%
Provide better education for providers on state and health plan expectations for child and adolescent health initiatives	67%
Streamline data sharing between providers and CBOs	62%
Improve data sharing between health plans and provider groups	57%
Increase resources to support the facilitation of partnerships	57%
Carve in school-based services to managed care	57%
Increase technical assistance resources	48%
Facilitate contracting with CBOs	43%
States cannot provide further assistance	14%
Other*	5%

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

Note: *Other includes addressing the entire family; consistent directives across organizations and systems that impact child and adolescent health.



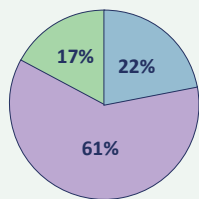
Annual Medicaid Managed Care Organization Survey Managed Long-Term Services & Supports

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.

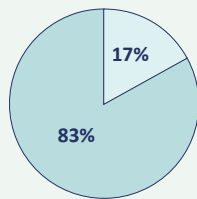
Health Plan Tax Status

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



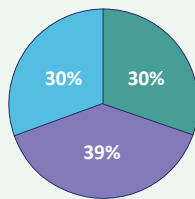
Health Plan Markets

- Single State
- Multistate



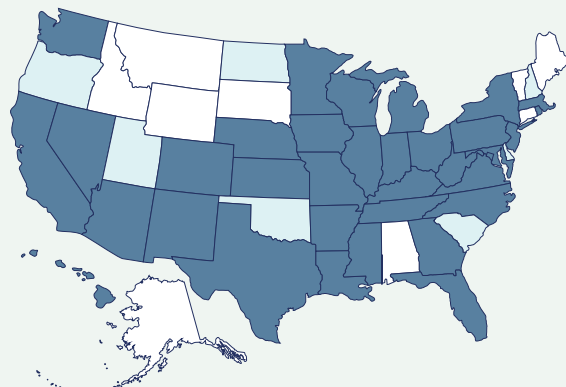
Health Plan Size

- 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."

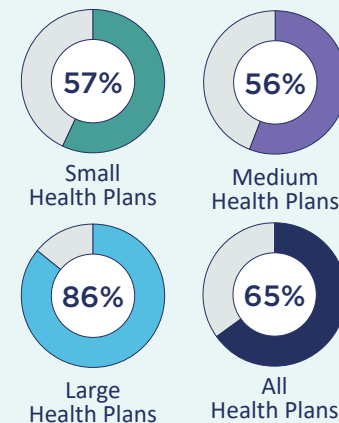
Barriers Experienced by Medicaid Health Plans when Managing Long-Term Services & Supports

93% Challenges related to the direct-care workforce (e.g., lack of staff, turnover, training, and qualification challenges)	40% 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)
73% Medicare and Medicaid misalignment and financial disincentives	40% Churn (member or eligibility-related)
53% State program requirements that limit the effectiveness of managed care strategies (e.g., any-willing-provider provisions, continuity-of-care provisions)	27% Restrictions to in-person assessments and care delivery due to COVID-19
53% Waiver waitlists	27% Operationalizing electronic visit verification requirements
40% Fragmented Medicaid benefit design—behavioral health and/or physical health benefits—limiting the ability to serve the whole individual	7% Other*
40% State requirements for health plans to contract with specific organizations or providers for care coordination	4% Lack of data sharing of members receiving other state/waiver programs to avoid duplication when coordinating care

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

Note: *Other includes lack of data sharing about members receiving other programs to avoid duplication when coordinating care.

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



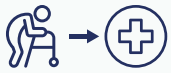
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Note: Thirty-five percent (35%) of plans reported they were not at risk for MLTSS. Health plans that are not at risk for MLTSS did not respond to questions in the MLTSS section of the 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.

Barriers Medicaid Health Plans Encountered During...



Nursing Facility to Hospital Transitions

Barrier	% of Health Plans
Data exchange	60%
Bed availability	33%
Availability of caregivers	27%
Availability of respite care	27%
Awareness and availability of resources to support caregivers	27%
Availability of in-home support	20%
Coordination of community services in advance of transition	20%
Continuity of services	13%

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

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



Hospital to Nursing Facility Transitions

Barrier	% of Health Plans
Bed availability	73%
Data exchange	60%
Availability of caregivers	33%
Coordination of community services in advance of transition	27%
Continuity of services	27%
Availability of respite care	27%
Awareness and availability of resources to support caregivers	27%
Availability of in-home support	20%
Availability of hospice	7%

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



Hospital to Home Transitions

Barrier	% of Health Plans
Housing availability	87%
Availability of caregivers	87%
Availability of in-home support	67%
Coordination of community services in advance of transition	67%
Availability of respite care	53%
Data exchange	47%
Awareness and availability of resources to support caregivers	47%
Continuity of services	33%
Availability of hospice	13%

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



Home to Hospital Transitions

Barrier	% of Health Plans
Data exchange	40%
Coordination of community services in advance of transition	27%
Continuity of services	27%
Bed availability	20%
Availability of caregivers	20%
Awareness and availability of resources to support caregivers	20%
Availability of in-home support	13%
Availability of respite care	13%

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

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



Nursing Facility to Home Transitions

Barrier	% of Health Plans
Availability of caregivers	93%
Housing availability	80%
Availability of in-home support	73%
Coordination of community services in advance of transition	67%
Availability of respite care	60%
Data exchange	47%
Awareness and availability of resources to support caregivers	47%
Continuity of services	33%
Availability of hospice	13%

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

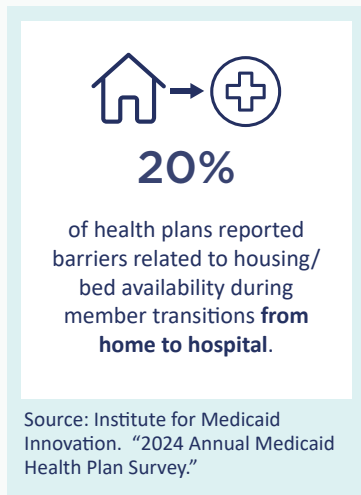
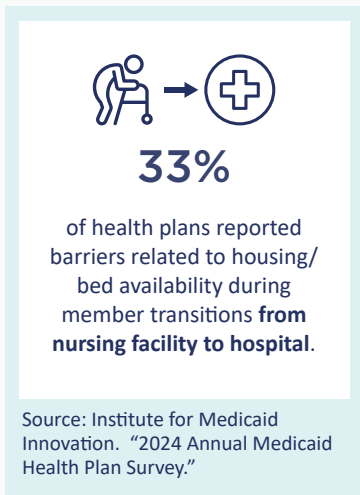
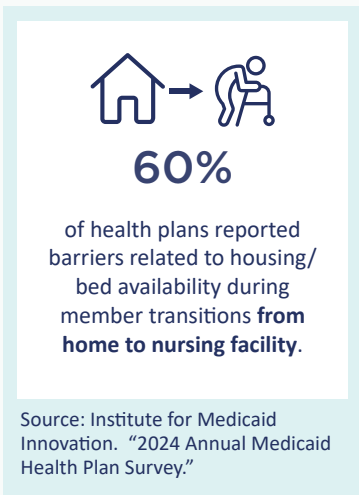
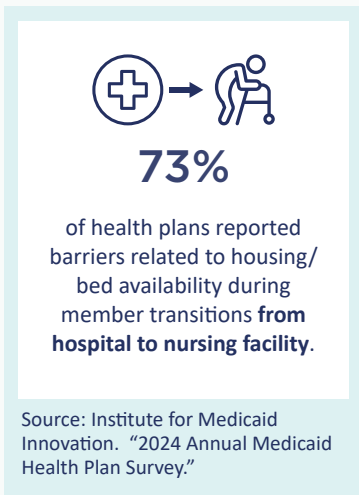


Home to Nursing Facility Transitions

Barrier	% of Health Plans
Bed availability	60%
Data exchange	47%
Availability of caregivers	27%
Coordination of community services in advance of transition	20%
Continuity of services	20%
Availability of respite care	20%
Awareness and availability of resources to support caregivers	20%
Availability of in-home support	13%

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

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



How State Medicaid Agencies Could Further Assist Health Plans in Addressing Managed Long-Term Services & Supports

79%	Improve the quality of data shared between state and health plans	
71%	Improve data sharing between state and health plans	
64%	Improve data sharing between government agencies (e.g., Office on Aging, child welfare system, criminal justice system) and health plans	
64%	Improve data sharing between health plans and community-based organizations (CBOs)	
57%	Improve data sharing between health plans and provider groups	
50%	Increase technical assistance resources	
43%	Increase resources to support the facilitation of partnerships	
43%	Facilitate contracting with CBOs	
36%	Streamline data sharing between providers and CBOs	
57%	Address backlogged waiver approval processes	
86%	Implement policies to increase long-term care and direct-care workforce	
79%	Facilitate alignment of Medicare and Medicaid requirements	
7%	Other*	

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

Note: *Other includes increasing reimbursement for home- and community-based services.



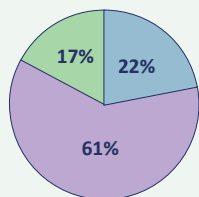
Annual Medicaid Managed Care Organization Survey Social Determinants of Health (SDOH)

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.

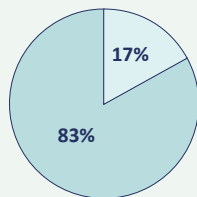
Health Plan Tax Status

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



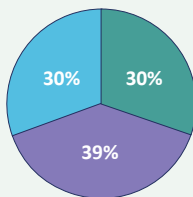
Health Plan Markets

- Single State
- Multistate



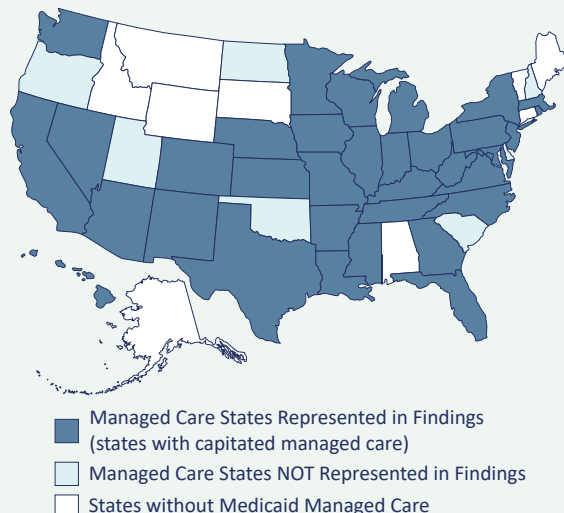
Health Plan Size

- 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



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

Specific Populations for which Medicaid Health Plans had Social Determinants of Health Programs

Pregnant and postpartum individuals	74%	Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)	48%
People experiencing homelessness or housing insecurity	74%	Child welfare—or or child protective services—involved families	48%
Adults with a substance use disorder	65%	People living with HIV/AIDS	44%
People with limited English proficiency	61%	Aged, blind, and disabled	44%
Medicare and Medicaid enrollees (dual eligible)	57%	Children or adolescents with behavioral health diagnoses (mental health or substance use)	44%
Our SDOH programs are open to all members	57%	Children with disabilities	39%
People with justice system involvement	52%	Long-term services and supports population	35%
Foster care youth or youth transitioning to adulthood	52%	Expansion members	30%
Adults with disabilities (e.g., physical, intellectual, developmental)	52%	Other*	26%
Adults with serious mental illness	52%		

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










Notes: *Other includes those who are socially isolated and people with cognitive issues, dementia, and Alzheimer's; children with autism; Indigenous populations; members with less than a high school diploma; members facing food insecurity; members experiencing employment, transportation, and isolation challenges; high inpatient or emergency department utilizers; and veterans. Four percent (4%) of health plans selected "we do not have SDOH programs for specific populations." Expansion members are adults with low-incomes under age 65 who are not eligible for other enrollment categories.

Trends in Social Determinants of Health Screening Tools used by Medicaid Health Plans	2018	2019	2020	2021	2023	2024
Internally developed tool that is not based on one of the tools listed	-	47%	53%	52%	42%	48%
Adaptation of one or more of the tools listed	-	27%	47%	33%	38%	39%
Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)	36%	27%	37%	19%	21%	35%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	29%	20%	16%	14%	17%	30%
Tool(s) embedded in provider electronic health record (EHR)	-	13%	26%	24%	33%	22%
State-mandated tool	-	20%	16%	14%	21%	13%
American Community Survey data	15%	13%	11%	0%	8%	13%
Vulnerability Index—Service Prioritization Decision Assistance Tool (VISPDAT)	22%	20%	21%	14%	8%	13%
Social Needs Screening Toolkit, HealthLeads USA	0%	7%	0%	0%	4%	13%
Arizona Self-Sufficiency Matrix	0%	0%	0%	0%	4%	4%
Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version	0%	0%	0%	0%	0%	4%
Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version	0%	7%	0%	0%	0%	4%
We do not use SDOH screening tools	14%	13%	0%	5%	4%	0%
The EveryOne Project: Advancing Health Equity in Every Community Toolkit by American Academy of Family Physicians	0%	0%	0%	0%	0%	0%
Other*	50%	27%	16%	24%	21%	17%

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

Notes: *Other includes enrollment broker survey and the Health Information Form/Member Evaluation Tool. Dash (-) indicates that the answer option was not included in the survey. 2022 data is not available as the survey was changed from retrospective to current in 2023.

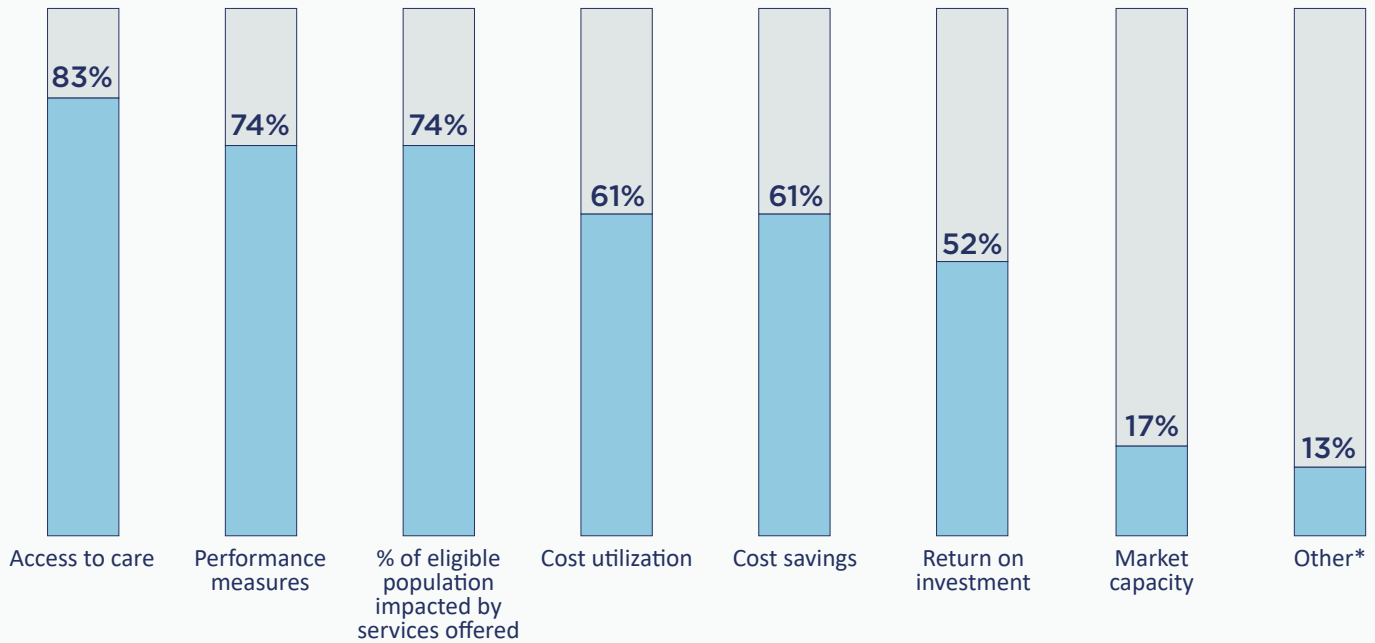
How States Supported Medicaid Health Plans' Social Determinants of Health Initiatives

 Make policy or regulatory changes to support Social Determinants of Health (SDOH) initiatives	65%	 Provide screening tools	39%
 Submit and receive approval for a Medicaid waiver that included support of SDOH initiatives	52%	 Provide support for cultural and linguistic competency	35%
 Provide financial support	48%	 Provide administrative assistance (e.g., staff resources)	26%
 Provide tools and support for data analysis	44%	 Other*	26%
 Allow or improve data sharing	44%		

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

Notes: *Other includes recently added in-lieu-of services to state contract, cultural services, faith-based services, digital connectivity, childcare, partnered on a learning collaborative, SDOH Medicaid waivers are submitted, but not yet approved and/or applying for a waiver. Four percent (4%) of health plans selected "states do not support social need initiatives."

Metrics Used by Medicaid Health Plans to Assess and Evaluate Social Determinants of Health Initiatives



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

Notes: *Other includes number of members engaged with community health workers, peer specialist or health coordinator, internal data measuring SDOH drivers based on admission, readmission, engagement with community-based organizations, and metrics tailored to the specific program. Nine percent (9%) of health plans selected "no performance metrics used."

How State Medicaid Agencies Could Further Assist Medicaid Health Plans in Addressing Social Determinants of Health Needs

91%	Standardize 834 enrollment file to include social needs information		78%	Increase resources to support capitated payments models, pay-for-performance, and risk programs with providers	
87%	Improve data sharing between state and health plans		65%	Increase resources to support facilitation of partnerships	
83%	Improve data sharing between government agencies (e.g., child welfare system, criminal justice system) and health plans		65%	Facilitate contracting with community-based organizations	
83%	Improve data sharing between health plans and community-based organizations		57%	Increase technical assistance resources	
78%	Improve data sharing between health plans and provider groups		57%	Purchase tools and resources that require a license and provide access to all health plans	
78%	Increase financial resources from state to health plans		17%	Other*	

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

Notes: *Other includes states to share additional information with health plans, expanded benefits for SDOH, improve data-sharing specifically by ensuring that engaged community-based organizations can also access data, add SDOH billing codes to the fee schedule and reimburse for services. No health plans selected "states cannot provide any further assistance."



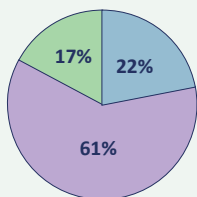
Annual Medicaid Managed Care Organization Survey Health Equity

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.

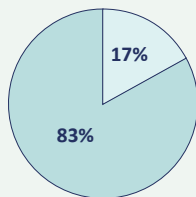
Health Plan Tax Status

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



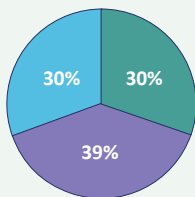
Health Plan Markets

- Single State
- Multistate



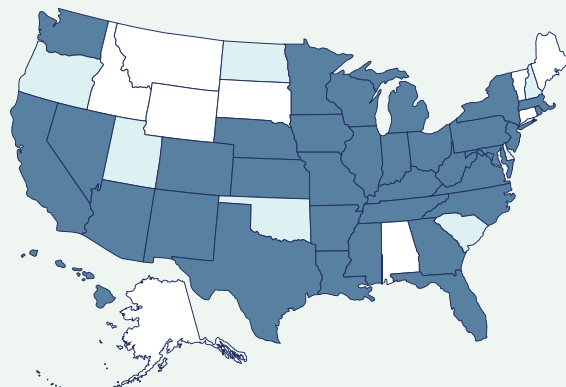
Health Plan Size

- 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."

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	29%	89%	86%	70%
Black/African American individuals	14%	100%	86%	70%
Hispanic, Latinx, or Latine individuals	14%	78%	86%	61%
Individuals with chronic illness	29%	67%	57%	52%
Individuals living with a disability	14%	78%	43%	48%
LGBTQ+ individuals	0%	78%	57%	48%
Indigenous individuals	0%	56%	57%	39%
Asian/Pacific Islander individuals	0%	67%	43%	39%
Other*	57%	33%	14%	35%
Refugees	0%	44%	14%	22%
Individuals with justice involvement	0%	22%	43%	22%
Individuals without United States citizenship	0%	33%	0%	13%










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

Notes: *Other includes people experiencing homelessness, rural access to services, individuals with any immigration status (state only funds), all other Medicaid members, rural members with substance use disorder, and members receiving prevention and vaccination services. LGBTQ+ represents lesbian, gay, bisexual, transgender, queer, and other sexual orientations. A health equity plan is an action-oriented, results-driven approach for advancing health equity by removing barriers and improving access to and the quality of care provided to minoritized and other underserved demographic groups. Thirteen percent (13%) of health plans selected "none."



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.

Provider Groups for which Medicaid Health Plans have a Documented Health Equity Plan

41%	Primary care providers	
41%	None	
36%	Federally qualified health centers	
32%	Behavioral health providers	
27%	Reproductive health providers	
23%	Substance use disorder providers	
18%	Rural health centers	
14%	School-based clinics	
9%	Other*	

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

Notes: *Other includes clinicians, solo practitioners, and specialty providers. A health equity plan is an action-oriented, results-driven approach for advancing health equity by removing barriers and improving access to and the quality of care provided to minoritized and other underserved demographic groups.

 **73%**

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

 **46%**

of Medicaid health plans that have a documented health equity plan for **community-based partnerships**.

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

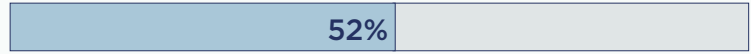
Notes: Five percent (5%) of health plans noted that they have a documented health equity plan for vendors. Twenty-three percent (23%) of health plans selected "none."

Actions Taken by Medicaid Health Plans to Address Structural Racism

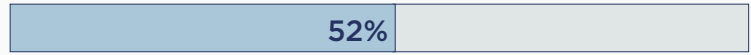
Collaboration with community-based organizations related to social investments or advancing racial equity



Required trainings for internal staff to identify and address the impact of structural racism



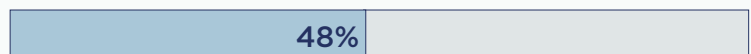
New policies and programs to address the impact of structural racism



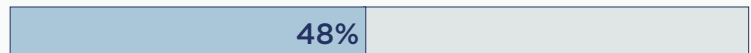
Formal workgroup or committee that focuses on addressing the impact of structural racism externally (e.g., members)



Organizational messaging internally acknowledging the impact of structural racism



Review of existing policies and programs to identify if they perpetuate racial inequities



Revisions to existing policies and programs to address the impact of structural racism



Required trainings for providers to identify and address the impact of structural racism



Organizational messaging externally acknowledging the impact of structural racism



Required trainings for external contractors or vendors to identify and address the impact of structural racism



Other*



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

Notes: *Other includes training for all staff, providers, and contractors/vendors, and cultural competency training for providers. Seventeen percent (17%) of health plans selected "nothing at this time."

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

50%	Level of granularity needed not available in public data sources
41%	Data received was incomplete and/or inconsistent
23%	The data available did not meet our needs
18%	We do not know what data are available
14%	We do not experience any challenges
9%	We did not have the analytic capabilities to use the data
9%	Other*

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

Notes: *Other includes differences in units of measurements (individual vs household vs census tract vs zip code). Five percent (5%) of health plans selected "we were unable to access the data."

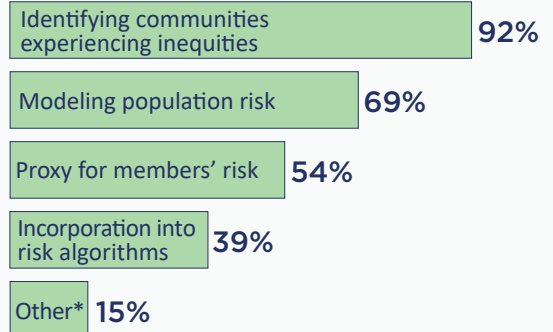


59%

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

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

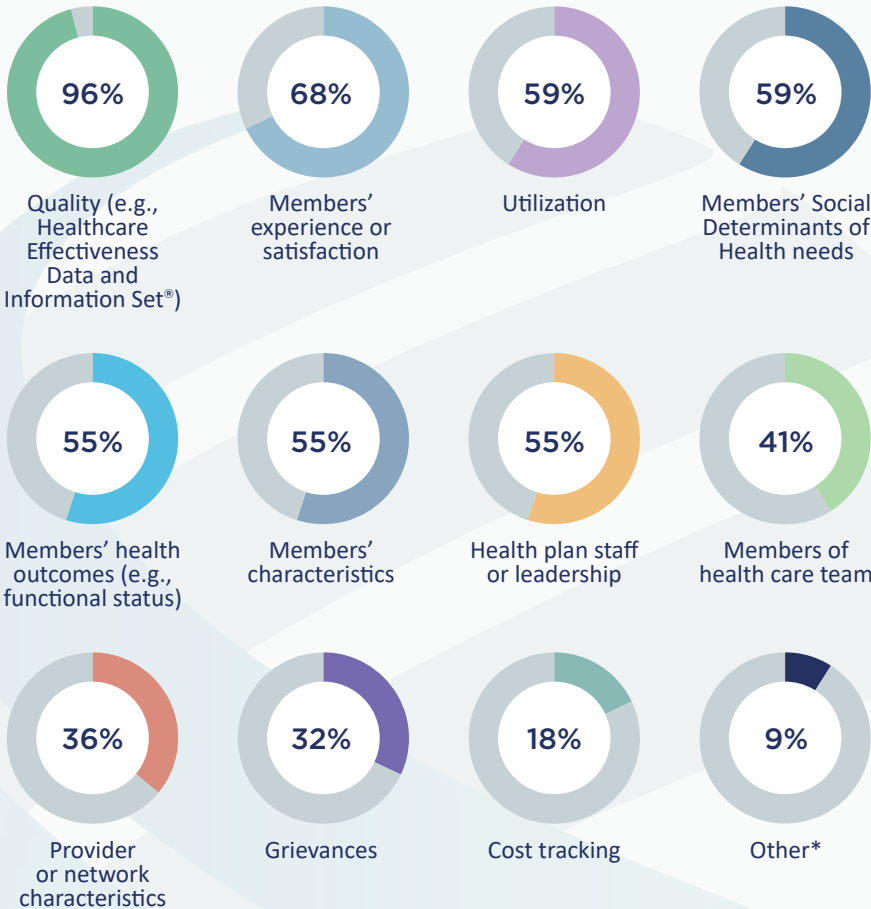
Of these Health Plans, the Data are Used in:



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

Note: *Other includes using community-specific data to drill down into regional data and program development.

Metrics Medicaid Health Plans Stratify by Race and Ethnicity



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

Notes: *Other includes women, minority, or veteran owned businesses. No health plan selected "none."

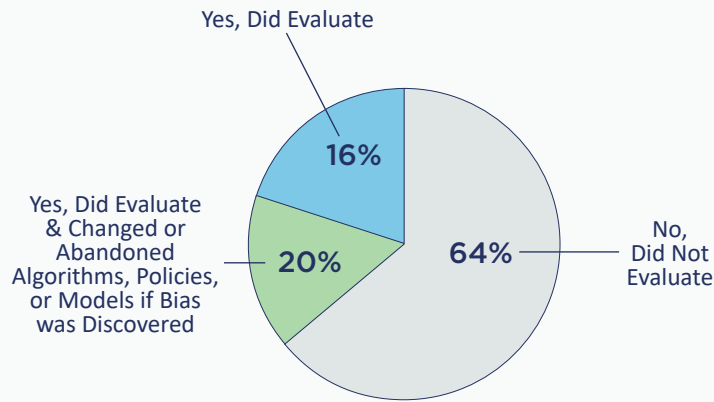
Medicaid Health Plans' Data Source(s) for Member's Race and Ethnicity

	Race	Ethnicity
State Medicaid enrollment files	91%	91%
Inputted from other data sources	41%	36%
Member self-reported as collected by the health plan	77%	77%
Data from provider organizations	32%	23%
Data from state health information	32%	36%

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

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

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. "2024 Annual Medicaid Health Plan Survey."

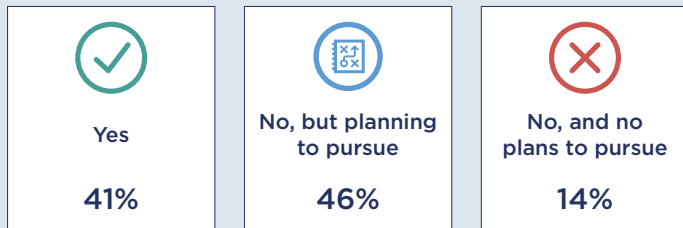
Percent of Medicaid Health Plans with Health Equity Accountability Measures in Provider Contracts

61%	None	
30%	Pediatric primary care providers	
30%	Adult primary care providers	
26%	Reproductive health providers	
13%	Specialty care providers	
4%	Hospitals	
4%	Other*	

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

Notes: *Other includes "equity measures are only at the health plan level at this time." [Health equity accountability](#) measures are provider-level performance measures linked to provider accountability for advancing health equity and reducing disparities. Source: The Assistant Secretary for Planning and Evaluation (ASPE)

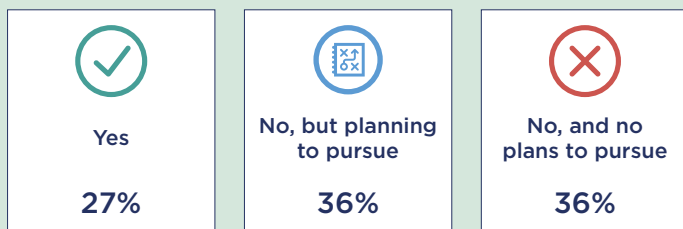
Percentage of Medicaid Health Plans that Have NCQA Health Equity Accreditation



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

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

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



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

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

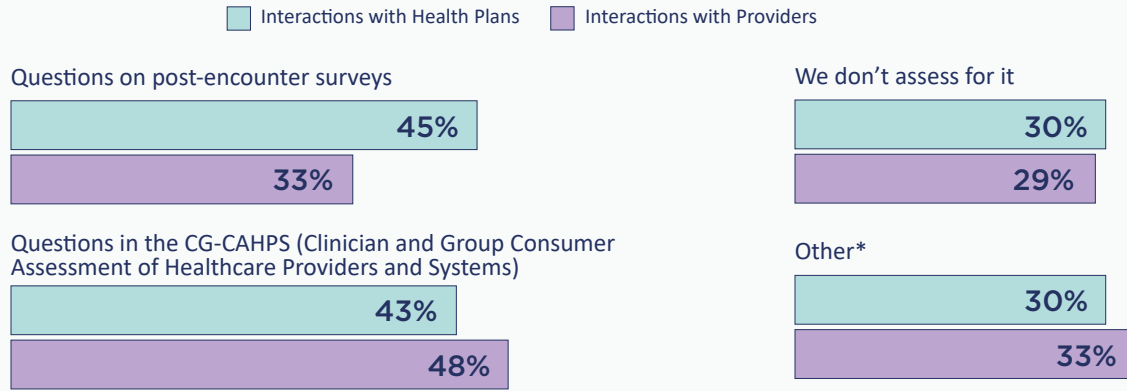
Provider Characteristics that are Tracked or Shared by Medicaid Health Plans

Characteristic	Tracked	Shared with Members
Race	64%	27%
Ethnicity	55%	18%
Sex (e.g., male, female)	86%	77%
Gender identity (e.g., man, woman, nonbinary)	18%	5%
Language or languages spoken	91%	91%
Sexual orientation or sexual identity (e.g., LGBTQ+)	18%	5%

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

Note: Five percent (5%) of health plans selected "none" for tracked and shared with members.

Ways Medicaid Health Plan Assess for Member Perception of Discrimination Experienced with Interactions with the Health Plan and Providers



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

Note: *Other includes focus groups and member advisory committee meetings, analyzing internal appeals and grievances, and post-encounter surveys.

Actions Health Plans are Taking to Advance Health Equity

Internal Actions

96%	Setting staff training requirements
96%	Focusing on achieving health equity by addressing social determinants of health
91%	Monitoring health equity metrics along with other clinical or quality indicators
86%	Assessing and updating data capture and analytical capabilities
82%	Establishing a workgroup or committee focused on health equity and internal business operations (e.g., policies, processes)
82%	Creating health equity framework or assessment for business functions to apply to all activities
77%	Hiring staff with dedicated health equity portfolio
64%	Establishing education and communication platform focused on health equity
50%	Developing products with a specific focus on advancing health equity
9%	Other*

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

Note: *Other includes working for National Committee for Quality Assurance's Health Equity Accreditation.

External Actions

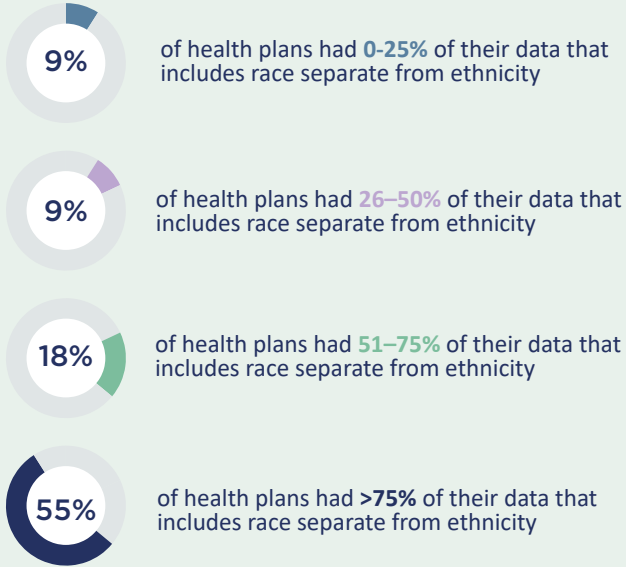
81%	Prioritizing working with vendors who align with health plan's health equity plan
71%	Establishing a workgroup or committee focused on health equity and external actions (e.g., partnerships, investments)
62%	Setting provider expectations (e.g., detect and correct bias, implement culturally and linguistically appropriate services, incentives to implement quality improvement)
62%	Implementing performance improvement projects to reduce disparities and with an equity focus
57%	Targeting investments in communities to reduce disparities and with an equity focus
14%	None
5%	Other*

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

Note: *Other includes Improving provider training offerings and expectations.

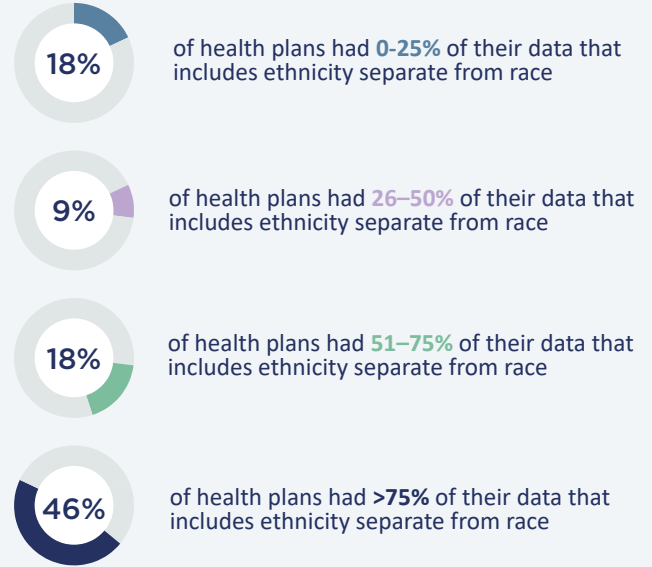
Percent of Member Data that Includes Race, Ethnicity, and Language

Race Separate from Ethnicity



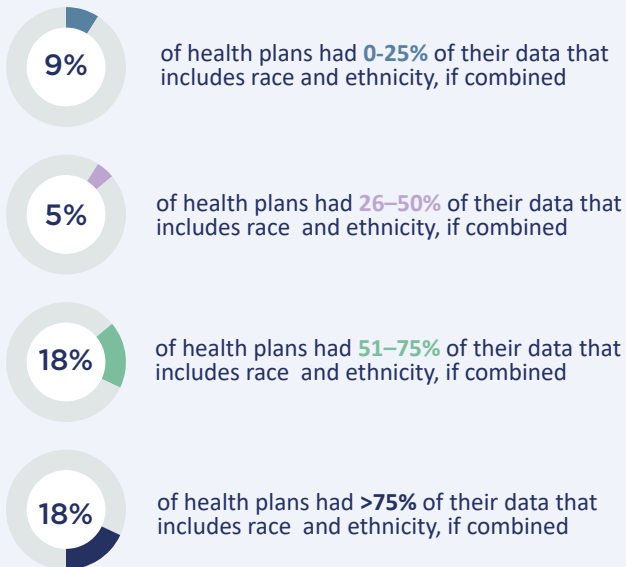
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Ethnicity Separate from Race



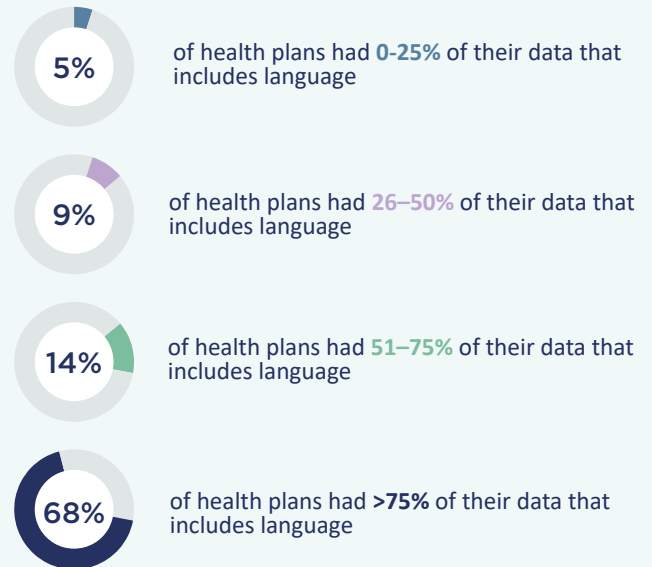
Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Race and Ethnicity, if Combined



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

Language



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



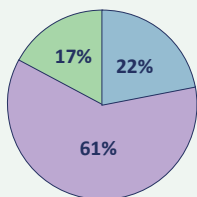
Annual Medicaid Managed Care Organization Survey Telehealth

Demographics

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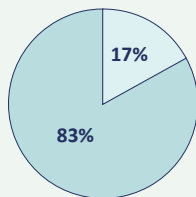
Health Plan Tax Status

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- Private For-Profit
- Government or Other



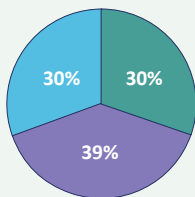
Health Plan Markets

- Single State
- Multistate



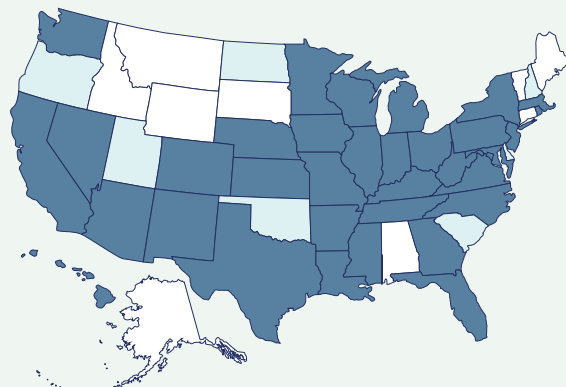
Health Plan Size

- Small Health Plans (<250K Covered)
- Medium Health Plans (250K–1 Million Covered)
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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."

Provider Barriers Encountered by Medicaid Health Plans for Telehealth

	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Computer or technology literacy	71%	89%	71%	78%
Lack of technological resources	86%	78%	71%	78%
Broadband internet access	71%	78%	71%	74%
Information technology systems	57%	67%	86%	70%
Provider disinterest	57%	56%	57%	57%
State telehealth coverage policies influencing provider adoption	29%	56%	57%	48%
Insufficient internet speed for telehealth	43%	33%	43%	39%
Integration into care models	0%	56%	43%	35%
Payment incentives	0%	44%	29%	26%
Lack of interpreter services	29%	33%	14%	26%
Quality concerns from the provider	43%	22%	14%	26%
Lack of training on telehealth best practices	14%	22%	43%	26%
Other*	0%	22%	43%	22%
Payment parity	0%	22%	14%	13%









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

Notes: *Other includes getting visit notes back to the primary care providers when telehealth is accessed through a vendor; ongoing regulatory telehealth clarifications; resources to support program implementation; inconsistency within provider networks; dedicated or sufficient staff availability; and technology optimization. Four percent (4%) of health plans selected "none."



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Modalities Medicaid Health Plans Cover as a Billable Visit or Service

91%	Live video visits	
83%	Audio only or telephone	
48%	Provider-to-provider eConsult	
48%	Remote patient monitoring (e.g., blood pressure monitoring, digital scales, blood glucose monitoring, heart rate, oxygen saturation)	
35%	Use of a health portal (e.g., for online appointment scheduling, obtaining test results, and secure messaging with one's provider)	
30%	Store and forward (e.g., receiving digital images of a patient's skin condition)	
13%	Live text chat	
4%	Other*	

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

Notes: *Other includes in-home medical services. Four percent (4%) of health plans selected "none."

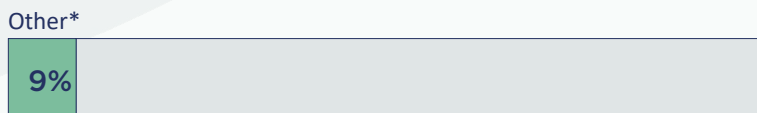
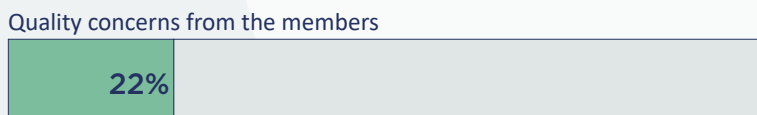
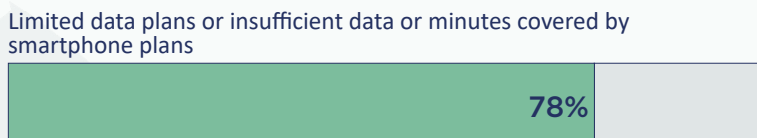
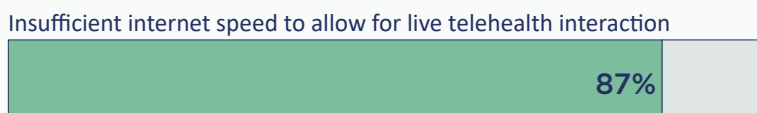
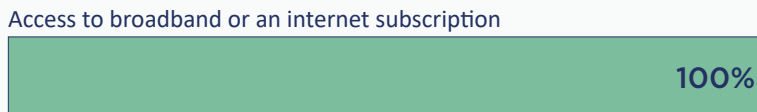
Outcomes Medicaid Health Plans Attribute to Telehealth

Outcomes Medicaid Health Plans Attribute to Telehealth	All Health Plans
Increased patient access to services	73%
Increased behavioral health care utilization	64%
Increased member satisfaction	64%
Improved continuity of care	59%
Improved patient compliance with care	59%
Decreased member no-shows	55%
Decreased emergency department utilization	50%
Increased provider satisfaction	46%
Decreased urgent care utilization	41%
Increased primary care utilization	32%
Increased cost savings	32%
Increased prescribing	9%

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

Notes: Nine percent (9%) of health plans selected "none." No health plans selected "increased fraud or abuse" or "increased duplication of services."














Member Barriers Encountered by Medicaid Health Plans for Telehealth



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

Notes: *Other includes provider scheduling hours of operation and uncertainty about the care most appropriate for telehealth. No health plan selected "none."

Changes to State Medicaid Policies or Requirements that Could Assist Medicaid Health Plans to Create More Equitable Access to Telehealth

	Support school-based health services delivered via telehealth, including behavioral health services	61%
	Reimburse for evidence-based remote patient monitoring	52%
	Enable health plans to create innovative reimbursement models	52%
	Incentivize for evidence-based remote patient monitoring	48%
	Reimburse for provider-to-provider consultations, including eConsults leveraging asynchronous telehealth modalities (such as store and forward) when a professional medical opinion is sought	48%
	Allow federally qualified health centers, rural health clinics, Indian Health Service clinics, and community mental health centers to serve as origination and distant site providers	48%
	Reimburse for services that can be delivered appropriately via audio only, including outpatient evaluation and management services and professional outpatient mental health care	43%
	Reimburse nontraditional providers for facilitating telehealth appointments (e.g., emergency medical service providers facilitating a telehealth visit versus transporting a low-acuity patient to the ED)	43%
	Remove site restrictions that limit where members can be located during a telehealth visit	43%
	Enable health plans to support community-based organizations with telehealth technology to support members' telehealth appointments	43%
	Reimburse for translation and interpreting services	39%
	Remove restrictions on the type of entity that can be reimbursed for remote patient monitoring (e.g., limiting reimbursement to home health agencies)	30%
	Other*	4%

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

Notes: *Other includes allowing providers to be in states other than the one in which the member resides. Seventeen percent (17%) of health plans selected "none."

Actions Medicaid Health Plans are Taking to Create More Equitable Access to Telehealth

	All Health Plans
Digital literacy or technology literacy education for members	61%
Leveraging or promoting the Federal Communications Commission's Lifeline Program	48%
Leveraging or promoting the Federal Communications Commission's Affordable Connectivity Program	39%
Connecting members to community-based organizations (CBOs) that support access to technology or devices	39%
Digital literacy or technology literacy education for providers	35%
Connecting members to CBOs that support access to internet services	35%
Connecting members to CBOs that support interpretation for needed languages	30%
Digital navigators for members	26%
Supporting community telehealth access points	26%
Supporting community hot spots for internet access	22%
Other*	13%
Supplemental payments to members for in-home internet subscriptions	4%
Supplemental payments to members for mobile devices or data packages	4%

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

Notes: *Other includes digital literacy program under development; interpretation support for needed languages. Seventeen percent (17%) of health plans selected "none." No health plans selected "partnering with telecom companies to offer low-cost internet to members."