



2026 Annual Medicaid MCO Survey

Survey #2: Behavioral & Mental Health

You can complete this survey by:

- registering via our **secure web-based platform**, or
- filling out the PDF and emailing it to MCOSurvey@MedicaidInnovation.org

Each year, the Institute for Medicaid Innovation (IMI)'s annual Medicaid managed care survey is developed, piloted, refined, and finalized in partnership with health plans, researchers, clinicians, and policymakers. IMI's primary goal is to equip partners and stakeholders with the information they need to accurately articulate the national narrative about the Medicaid program and managed care. The previous reports can be accessed through the IMI website at www.medicaidinnovation.org.

New Process for 2026: Three Brief Surveys

This year, in an effort to streamline the survey, we are **pivoting from one long 200+ question survey to three very brief surveys** that are aligned with salient Medicaid policy topics. The new process will be more simplified for respondents, resulting in more rapid release of results throughout the year. The three very brief surveys for 2026 will include:

	Survey #1	Survey #2	Survey #3
Survey Topic:	Health Plan Demographics	Behavioral & Mental Health	Pharmacy & High-Cost Drugs
Number of Questions:	9	8	~ 10
Emailed to Health Plans:	February 13th	May 13th	September 11th
Completed Survey Due:	March 13th	June 12th	October 9th

Protection of Survey Data

IMI takes several steps to safeguard the data collected from health plans. Only IMI research staff have access to the survey data. All IMI staff have received extensive training in research ethics, data protection, confidentiality, and privacy. As with all IMI surveys, we aggregate the reported findings from the analysis as a composite to ensure the protection of health plan-level identifiable data. For variables with a small sample size, findings will not be reported. Finally, no findings are released without the review and approval of the IMI survey national advisory committee, composed of Medicaid health plan representatives.

Your ongoing support of the annual Medicaid managed care survey is appreciated. Thank you in advance for sharing this information with your health plan and others.

Have questions or ideas? Please contact the project team at MCOSurvey@MedicaidInnovation.org.

Contact Information

IMI staff will use the following information for the purpose of clarifying survey responses, if needed.

Name: _____

Title: _____

Email: _____

Phone: _____

Name of your health plan: _____

Behavioral & Mental Health

Definitions and Acronyms

- **CFR**—Code of Federal Regulations.
- **ODD**—Opioid use disorder.
- **MCO**—Managed care organizations.
- **SUD**—Substance use disorder.

Please respond to the following items at the **parent organizational level** for **only the Medicaid product line**.

1. For any of your Medicaid contracts, is your health plan at risk for behavioral health services?

Yes

Yes, but only specific services including: _____

No

2. Please indicate the barriers that your health plan experiences across any of your Medicaid markets when addressing behavioral and physical health integration. **Check all that apply.**

OPERATIONAL BARRIERS

Staffing in care management to align skill sets with integrated care needs

Communication between care management and behavioral health teams

Access to data between care management and behavioral health teams

Technological system differences with subcontractors

We do not experience any operational barriers

Other, specify: _____

NETWORK BARRIERS

- Providers' capacity to provide integrated physical and behavioral health at point of care
- Behavioral health providers' readiness for managed care
- Behavioral health providers' adoption of electronic health records
- Access to data from other network entities such as departments of health or substance use programs
- Willingness of behavioral health providers to contract with managed care organizations
- We do not experience any network barriers
- Other, specify: _____

POLICY BARRIERS

- 42 C.F.R. Part 2 limitations on SUD treatment information being shared
- Institutions of Mental Disease (IMD) exclusion
- Fragmentation in program funding for physical and behavioral health services
- Fragmentation in program contracting for physical and behavioral health services
- State-specific substance use confidentiality laws
- State-specific behavioral health confidentiality laws
- Requirements to see patients in person
- We do not experience any policy barriers
- Other, specify: _____

3. In any Medicaid market does your health plan provide child or adolescent behavioral health services?

- Yes
- No

4. Please indicate the barriers your health plan encounters in any Medicaid market when providing child or adolescent behavioral health services. **Check all that apply.**

- Availability of in-person behavioral health providers
- Availability of virtual behavioral health providers
- Providers' inability to adopt the Collaborative Care Model
- Providers' inability to embed a behavioral health provider in a primary care setting
- Members' access to technology to engage in virtual behavioral health services
- Members' ability to access in-person behavioral health
- Providers' infrastructure to support virtual behavioral health
- Pediatricians' capacity to assess behavioral health needs
- Pediatricians' capacity to provide appropriate level of care for behavioral health needs
- Excessive wait times for specialty care
- Members' parents' or caregivers' willingness to engage with behavioral health services
- Cultural and familial stigma around mental illness
- Availability of treatment options for substance use disorders specifically for children or adolescents
- Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)
- Language barriers
- Churn (member or eligibility related)
- Coordinating with departments of child services or departments of juvenile justice for children engaged with child welfare or juvenile justice systems
- Immigration status of parents or caregivers
- Carved-out benefits
- None
- Other, specify: _____

5. Please indicate how your health plan addresses access barriers in any Medicaid market for providing child or adolescent behavioral health services. **Check all that apply.**

- Contract with more virtual behavioral health providers
- Administer behavioral health services in schools
- Provide behavioral health services in emergency departments
- Provide coaches and peer support to expand available resources
- Provide training to pediatricians on integrating behavioral health into their practices
- Connect members to infrastructure to access virtual care
- Incentivize members' parents or caregivers to engage with behavioral health services
- Educate members to help destigmatize mental illness
- Provide services in multiple languages
- None
- Other, specify: _____

6. In any of your markets, please identify how state Medicaid agencies could further assist health plans in addressing behavioral health needs of members. **Check all that apply.**

- Support behavioral health home and community-based services providers
- Expand payment around audio-only delivery of mental health and SUD services
- Expand payment around audiovisual delivery of mental health and SUD services
- Champion policies to facilitate data sharing across physical health and behavioral health MCOs
- Remove data sharing restrictions
- Facilitate increase in behavioral health provider workforce
- Facilitate increase of behavioral health provider participation in Medicaid
- 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 providers, including OUD treatment or buprenorphine prescribing
- Carve-in behavioral health (where not carved in)
- Authorize mobile crisis services
- States cannot provide further assistance
- None
- Other, specify: _____

7. **OPTIONAL:** Does your health plan have any innovative initiatives or best practices specific to behavioral health? If yes, please briefly describe including details of program/strategy outcomes/impact.

8. **OPTIONAL:** In calendar year 2026, what major programs, care models, or policy initiatives have shaped your plan’s priorities (e.g., Certified Community Behavioral Health Clinics (CCBHC), Applied Behavior Analysis (ABA), Collaborative Care Model, alternative payment models, etc.)?

9. **OPTIONAL:** Did we miss anything? Please share any information that might help us understand how Medicaid MCOs provide behavioral health services and any issues that are encountered.
