INSTITUTE FOR MEDICAID INNOVATION

2026 Annual Medicaid MCO Survey
Survey #3: Pharmacy & High-Cost Drugs

You can complete this survey by:

- registering via Qualtrics, a **secure web-based platform**, or
- filling out a PDF version of the survey 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**.

Process for 2026: Three Brief Surveys

This year, in an effort to streamline the survey, we **pivoted from one long 200+ question survey** to **three very brief surveys** that are aligned with salient Medicaid policy topics. The new process is 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- COMPLETED	Survey #2- COMPLETED	Survey #3
Survey Topic:	Health Plan Demographics	Behavioral & Mental Health	Pharmacy & High-Cost Drugs
Number of Questions:	9	8	8
Emailed to Health Plans:	February 13th	May 13th	September 15th
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: _____

Pharmacy

Definitions and Acronyms

- **BH**—Behavioral health.
- **CMS**—Centers for Medicare & Medicaid Services.
- **EHR**—Electronic health record.
- **FFS**—Fee-for-service.
- **MAT**—Medication-Assisted Treatment.
- **MTM**—Medication Therapy Management.
- **OTC**—Over-the-counter.
- **PA**—Prior authorization.
- **PBM**—Pharmacy benefit manager.
- **PDL**—Prescription drug list.
- **SUD**—Substance use disorder.
- **VBC**—Value-based contracts.

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 pharmacy benefits?

- ○ Yes
- ○ Yes, but only a portion of the pharmacy spend
- ○ No

2. Across all of your Medicaid markets, identify the major challenges that your health plan currently faces when managing your prescription drug benefit. **Check all that apply**.

- [ ] Pharmacy benefits or a subset of benefits carved out of managed care
- [ ] Difference between plan formularies and methodologies and state requirements
- [ ] Utilization and cost history unknown for new drugs entering a market
- [ ] Managing GLP-1 agonist drug costs, benefits, and coverage requirements
- [ ] Members' comprehension of and engagement in programs
- [ ] Formulary notification requirements as part of Medicaid MCO Final Rules in 2016, 2017, and 2020
- [ ] Pharmacy network requirements
- [ ] Single PDL/formulary requirements
- [ ] Increase in number of specialty pharmacy medications
- [ ] Increase in cost of specialty pharmacy medications
- [ ] Vendor performance management (e.g., PBM, specialty)
- [ ] None
- [ ] Other, specify: _____

3. What pharmacy benefit or formulary activities or initiatives does your health plan use to manage GLP-1 agonist drugs? **Check all that apply**.

- [ ] Prior Authorization (please specify what the MCO includes for PA):

_____

- [ ] Prescription restriction (e.g., number of refills, number of pills, number of vials/injectables, or doses) Determined by state PDL and restrictions
- [ ] Formulary requirements
- [ ] Case management to ensure appropriate care and referral to services
- [ ] None
- [ ] Other, specify: _____

4. In any of your markets, please identify how state Medicaid agencies could further assist health plans in addressing the cost of new or high-cost drugs. ***Check all that apply***.

- [ ] Completely carve in the drug costs to managed care
- [ ] Temporarily cover specific drugs the state's fee-for-service program to obtain data with the intent to carve-in managed care contracts including capitation rate adjustments made off of the normal rate cycle
- [ ] Capitation rate adjustment as part of regular rate adjustments
- [ ] Stop-loss provision to cap the health plan's cost for the drug
- [ ] Risk corridor for high-cost medications
- [ ] Risk sharing
- [ ] Kick payment for certain drugs
- [ ] Value-based contracts with manufacturers
- [ ] Provide health plans with supplemental payments to cover the cost of specialty drugs
- [ ] Support creating alternative reimbursement models
- [ ] State participating in CMS Innovation Center's*: (Select all that apply*)
  - [ ] Cell and Gene Therapy Model
  - [ ] BALANCE (Better Approaches to Lifestyle And Nutrition for Comprehensive hEalth) Model
  - [ ] GENEROUS (GENErating cost Reductions fOr U.S. Medicaid) Model
- [ ] State or states cannot provide assistance
- [ ] Other, specify: _____

5. Across all of your Medicaid markets, does your health plan currently or plan to cover or reimburse members for, the first OTC hormonal birth control pill, Opill? ***Check all that apply***.

- [ ] Yes
- [ ] No, but considering
- [ ] No, and not considering
- [ ] No, it is not permitted by the state agency
- [ ] Other, specify: _____

6. What pharmacy benefit or formulary activities or initiatives does your health plan currently use to address the opioid epidemic? ***Check all that apply***.

- [ ] Quantity and/or days' supply limits for new starts
- [ ] Review dose limit policies to ensure they do not encourage involuntary tapers and prompt clinical review of exception requests
- [ ] Remove or restrict methadone for pain
- [ ] Policies to decrease new starts for concurrent opioid or benzodiazepine
- [ ] Remove or reduce restrictions for, or add to formulary, common nonopioid pain medications (e.g., topicals, antidepressants, neuroleptics with indications for pain)
- [ ] Remove or reduce restrictions for other pain services
- [ ] Pharmacy and/or prescriber lock program for members using multiple prescribers
- [ ] Ensure a strong and accessible behavioral health network, including providers who specialize in SUD care
- [ ] Implement strong communication pathways so that pharmacies and and prescribers are aware of pharmacy locks and are empowered to refer patients to accessible BH/SUD care
- [ ] Case management to ensure appropriate care and referral to services
- [ ] Removing barriers to MAT (e.g., PA for testing or MAT)
- [ ] VBCs—please describe the model, specify the metrics being tracked, and which provider types the MCO is contracting with:

_____

- [ ] None
- [ ] Other, specify: _____

7. OPTIONAL: Does your health plan have any innovative initiatives or best practices in pharmacy management (e.g., e-prescribing system, real-time benefits check)? If yes, please briefly describe.

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

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Thank you for completing the survey.
Please return your completed survey to the Survey Project Team at MCOSurvey@MedicaidInnovation.org by October 9, 2026.