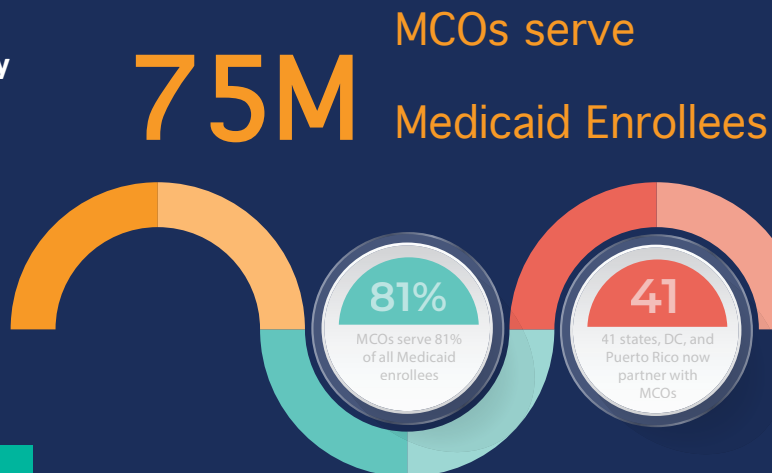


A Snapshot of Medicaid With Managed Care

Medicaid managed care organizations (MCOs) partner with states to improve access to **primary, preventive, and specialty services** for the nation's most vulnerable populations. The managed care model provides **flexibility** to address the **local, diverse, and complex** needs of Medicaid enrollees and improve health outcomes. At the same time, Medicaid MCOs must adhere to federal requirements pertaining to administrative costs and profits. This infographic provides a general overview of Medicaid managed care as of April 2023, prior to when the renewals process resumed following the end of the COVID-19 public health emergency and Medicaid's continuous enrollment provision.

Reach



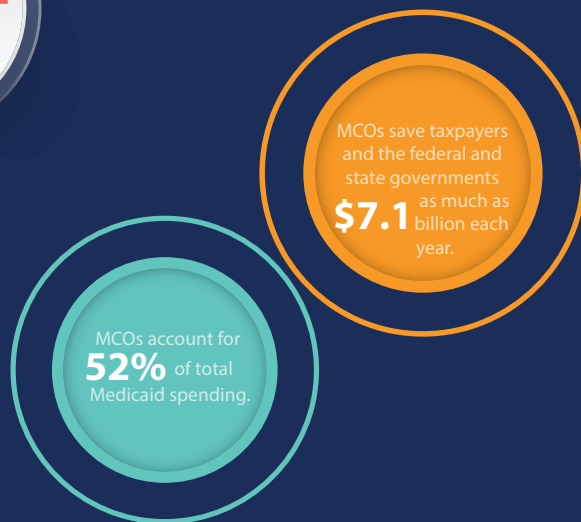
Special Populations & Services



Quality of Care

Medicaid MCOs must meet at least **50** rigorous quality measures to ensure accountability of optimal patient outcomes.

Financial Impact



About MHPA

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 140 MCOs that serve more than

50 million Medicaid beneficiaries in 41 states, Washington, D.C., and Puerto Rico. MHPA's members include both for-profit and non-profit national, regional, and single-state health plans that compete in the Medicaid market. For more information, visit www.mhpa.org.

Data Sources:

- HMA, Medicaid Managed Care Enrollment Update - Q4 2022, March 16, 2023.
- CMS, December 2022 Medicaid & CHIP Enrollment Data Highlights.
- NCQA, Health Plan Rates 2023.
- CMS Medicaid Managed Care Enrollment reports, July 1, 2020.
- MACPAC, EXHIBIT 30. Percentage of Medicaid Enrollees in Managed Care by State and Eligibility Group, 2020.
- KFF Total Medicaid MCO Spending, FY 2021.
- The Menges Group, Potential Savings of Medicaid Capitated Care: National and State-by-State Estimates, July 2017