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

MCOs serve 75 million Medicaid Enrollees

81% of all Medicaid enrollees

41 states, DC, and Puerto Rico now partner with MCOs

Quality of Care

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

Financial Impact

MCOs save taxpayers and the federal and state governments as much as $7.1 billion each year.

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 3D. Percentage of Medicaid Enrollees in Managed Care by State and Eligibility Group, 2020.
- KFF Total Medicaid MCO Spending, FY 2021.