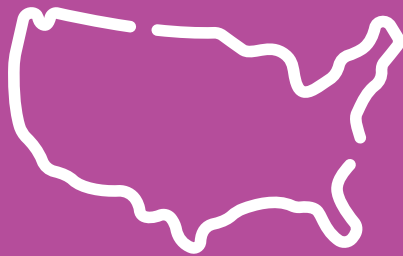


A Snapshot of Medicaid Managed Care

State Medicaid agencies partner with managed care organizations (MCOs) to provide comprehensive, coordinated health coverage for the nation's most vulnerable populations. The managed care model provides states with the flexibility to address the holistic needs of Medicaid enrollees by emphasizing preventive and comprehensive care – all while helping states manage costs. MCOs are also subject to robust access and quality standards that are mandated by states, federal agencies, and accrediting organizations.

Medicaid MCO's Reach



42 states

(including Washington, D.C.) partner with comprehensive managed care organizations in 2024

282 MCOs

provide comprehensive Medicaid coverage to:¹



over
70M
people¹



75%
of Medicaid
enrollees¹

States

also contract with MCOs to provide limited-benefit plans for qualifying individuals¹



8.4M enrolled in mental health and/or substance use disorder only plans




16.7M enrolled in dental only plans



12M enrolled in non-emergency medical transportation only plans

Comprehensive Medicaid MCOs Cover²

 **32M**
parents/caretakers,
ACA expansion adults, and
other low-income adults

 **3M**
seniors
(ages 65+)

 **5M**
people
with a
disability

 **29M**
children

 **1M** individuals
in Long-Term Services
and Supports
(LTSS) coverage³

Satisfaction, Quality, and Savings

MCOs provide data to states on **38 federally-required quality measures**, in addition to state-specific performance measures⁴

39 out of 42 managed care states require MCOs to document and/or address barriers to positive health outcomes, such as lack of food, housing, and transportation⁵

86% of adults and 92% of children gave a positive rating of their Medicaid health plan when surveyed⁶

MCOs **save** federal and state tax payers **\$7.1B** each year⁷

References

1. KFF, Medicaid Managed Care Tracker, as of 2022. 2. MACPAC, MACStats: Medicaid and CHIP Data Book, Exhibits 14 and 30, December 2024. Note: Totals exclude M- and S-CHIP enrollment. 3. CMS, Medicaid Managed Care Enrollment and Program Characteristics, 2022. 4. CMS, Child and Adult Health Care Quality Measures: 2024 Child and Adult Core Sets. 5. KFF and HMA, KFF Survey of Medicaid Officials in 50 states and DC, October 2024. 6. Dodson et al. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey Database: 2023 Medicaid and Children's Health Insurance Program (CHIP) Chartbook. (Prepared under contract by Westat). ARHQ, January 2024. NOTE: Parents or caretakers respond on behalf of children in CAHPS. 7. The Menges Group, Potential Savings of Medicaid Capitated Care: National and State-by-State Estimates, July 2017.

ABOUT MHPA

MHPA is the only national trade association with a sole focus on Medicaid, representing over 160 MCOs that serve more than 51 million Medicaid beneficiaries in 40 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.

