

A Snapshot of Medicaid Managed Care

State Medicaid agencies partner with managed care organizations (MCOs) to deliver health coverage to the nation's most vulnerable populations. Through managed care, states leverage programmatic flexibility to provide comprehensive, coordinated services to Medicaid enrollees while maintaining oversight and accountability. MCOs are required to meet access, quality, and performance standards established by states, federal agencies, and accrediting bodies, supporting the delivery of timely, efficient, and high-quality care. This model enables states to tailor care to enrollee needs while effectively managing Medicaid program expenditures.

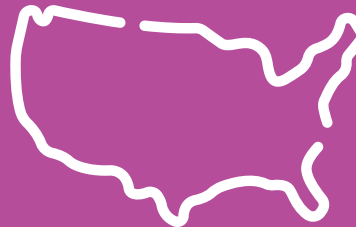
Medicaid MCO's Reach

275+ MCOs¹

provide comprehensive Medicaid coverage to (as of 2023)

Over **70M** Medicaid enrollees²

Nearly **75%** of all Medicaid enrollees²



42 states

(including DC) partner with comprehensive MCOs

MCOs Cover (as of 2023)²

34M

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



4M

seniors
(ages 65+)

5M
people
with a
disability



31M
children

1M

individuals
in Managed Long-Term
Services & Supports
(MLTSS)¹

Positive Enrollee Satisfaction with MCOs

91% of parents/guardians and **86%** of adults give a **positive rating** of their child's or their Medicaid health plan when surveyed, demonstrating Medicaid's ability to deliver high-quality, member-centered coverage.¹¹

MLTSS enrollees were **28%** more likely to have a **positive experience** of care and quality of life compared to Fee-For-Services (FFS) enrollees.¹²

Accountability



MCOs report **35** federally-required quality measures

to states, in addition to state-specific performance measures, as part of plan oversight and performance-based incentives tied to quality outcomes.¹³

Quality Care for MCO Enrollees

Studies show MCOs **increase access to preventive care** visits for children, including timely screenings, immunizations, and routine health visits.^{3, 4}

Foster children and other children enrolled in MCOs have **higher rates of well-child visits, preventive dental care visits, and behavioral health services** than those enrolled in FFS.^{5, 6}

MCOs transition enrollees from institutional care to home and community-based settings more effectively than FFS, **improving enrollee care choices.**^{7, 8}

MCOs have helped **lower the odds of all-cause deaths** among opioid users by **69%**.⁹

A recent study found that MCOs **reduced prescription drug spending** by **21%** without sacrificing quality.¹⁰



ABOUT MHPA

MHPA is the only national trade association with a sole focus on Medicaid, representing over 160 MCOs that serve more than 47 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.

References

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