

Medicaid and Managed Care: Findings from the 15th Annual Survey of Medicaid Programs

for the

*Missouri Task Force for Examining
Statewide Medicaid Delivery Models*

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15th Annual Survey of Medicaid Directors

Conducted by HMA for Kaiser Family Foundation and
National Association of Medicaid Directors

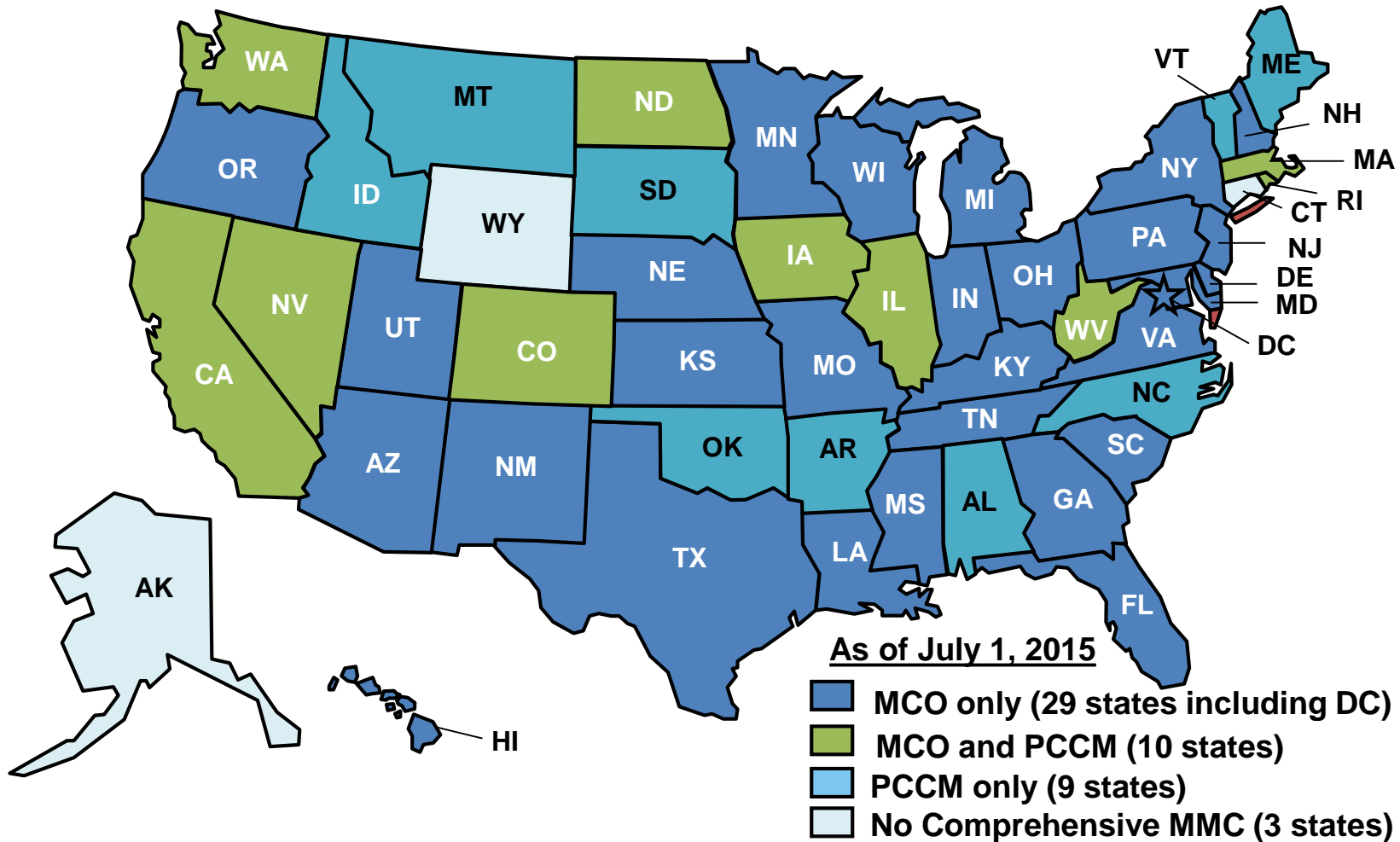
1. Medicaid Reforms to Expand Coverage, Control Costs and Improve Care. Policy changes and initiatives in all 50 state Medicaid programs.

2. Medicaid Enrollment & Spending Growth: FY 2015 & 2016. National trends in state Medicaid enrollment and spending.

3. Putting Medicaid in the Larger Budget Context: An In-Depth Look at Three States (AK, CA, TN)

Available at: www.kff.org and at: www.healthmanagement.com

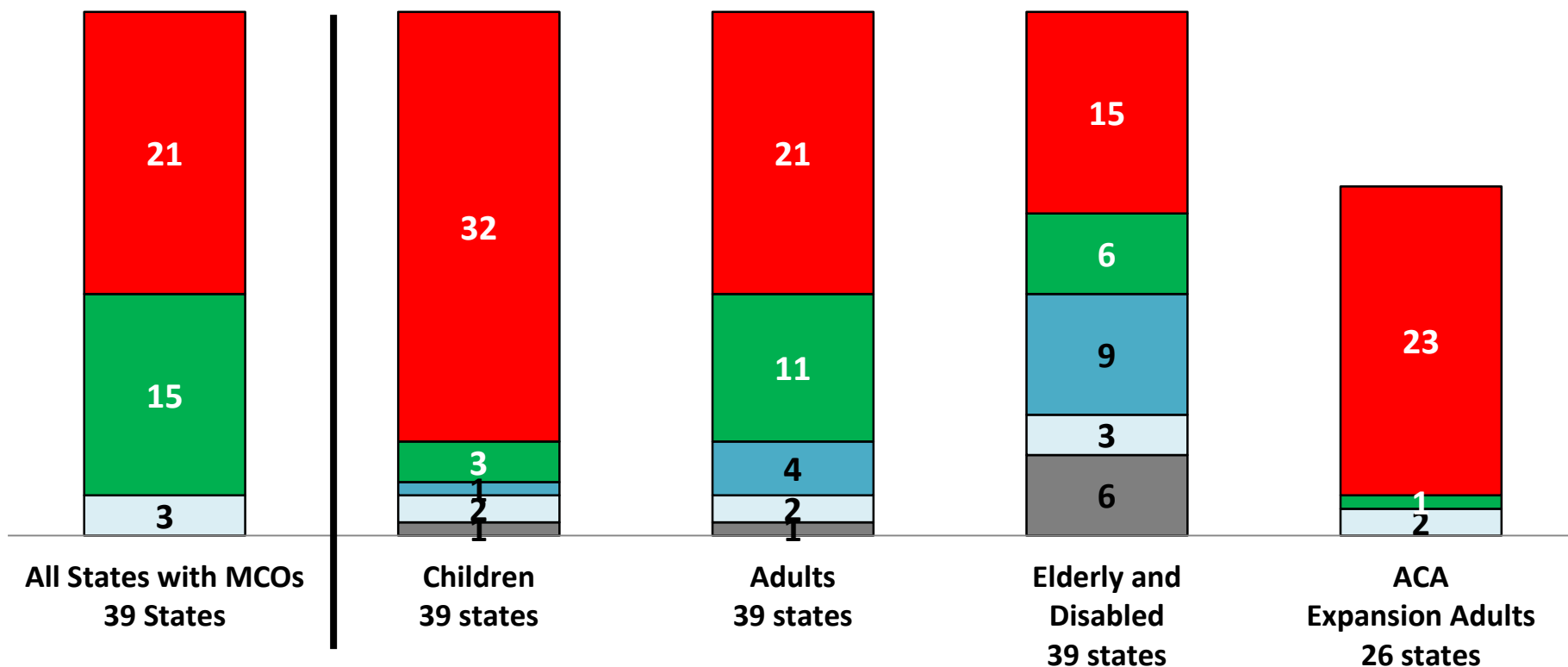
Comprehensive Medicaid Managed Care Models in the States, 2015



SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

MCO Penetration Rates for Select Groups of Medicaid Beneficiaries, July 2015

Excluded
 <25%
 25-49%
 50-74%
 75+%



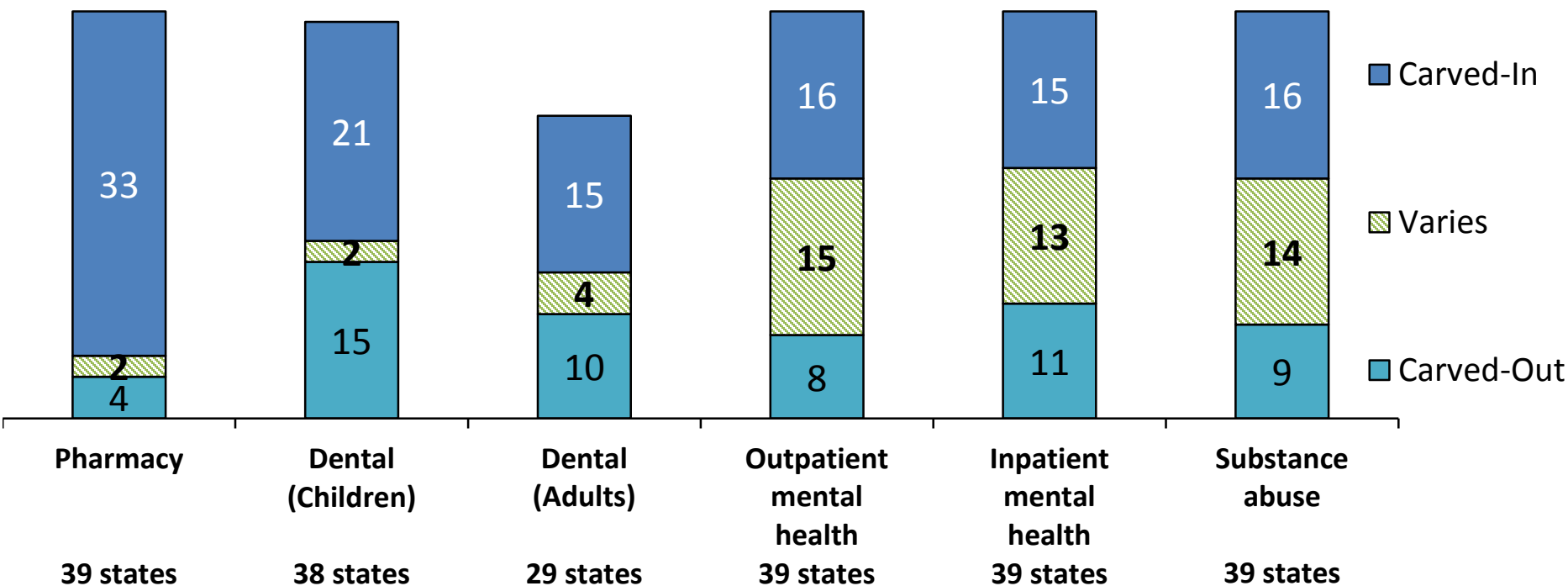
NOTES: Limited to 39 states with MCOs in place on July 1, 2015. Elderly and disabled includes dual eligible beneficiaries. Of the 29 states that had implemented the ACA Medicaid expansion as of July 1, 2015, 26 had MCOs in operation.

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

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Services Covered in State Medicaid Managed Care Contracts

Carve-ins and Carve-outs for states that have MCOs as of July 1, 2015

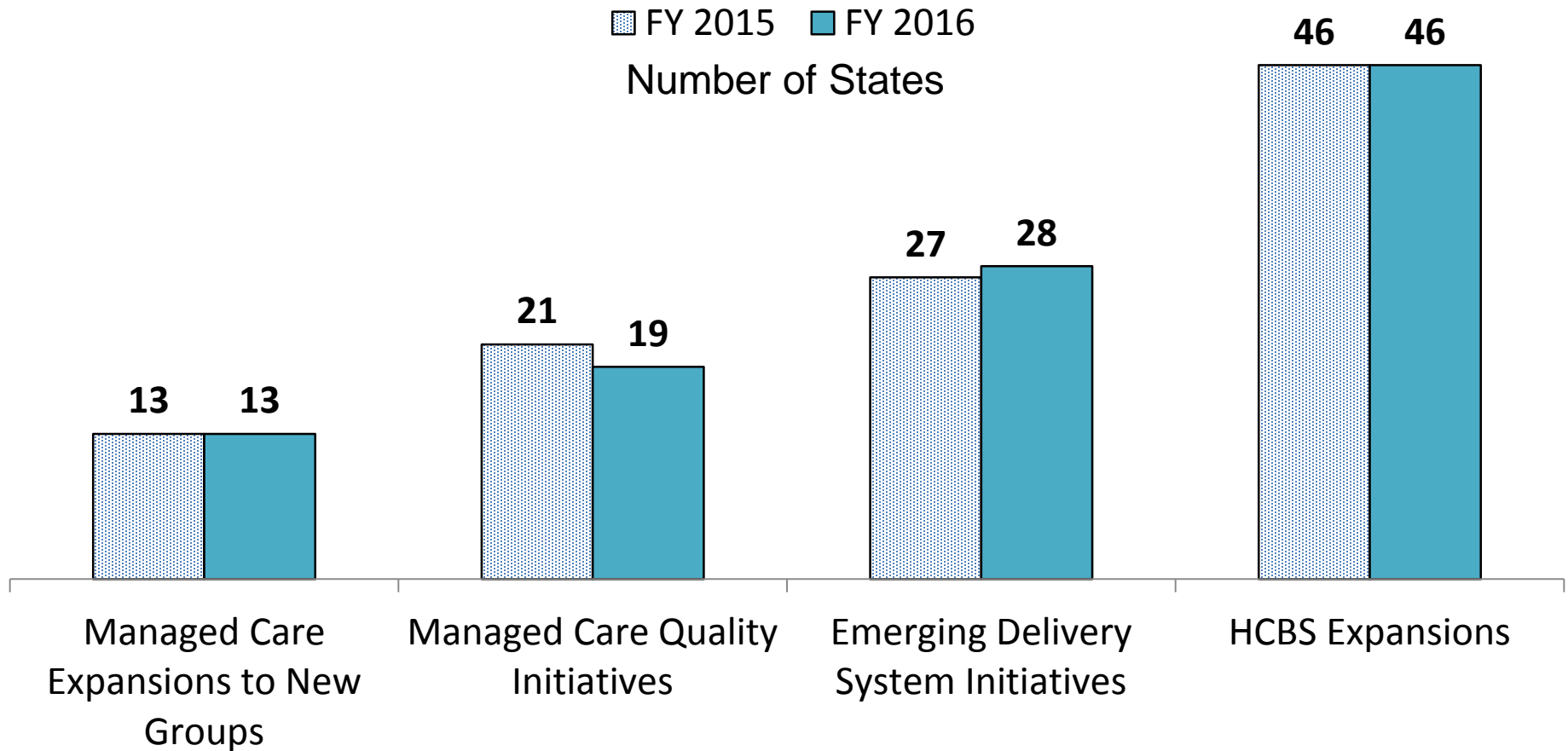


NOTES: Data limited to states that had MCOs in place as of July 1, 2015. Data limited to populations included in MCO contracts. ND does not cover children in its managed care contracts, so is excluded from the children’s dental category; 10 states that contract with MCOs do not cover dental services for adults and are excluded from adult dental category.

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

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Medicaid Programs Continue to Add and Expand Payment and Delivery System Reforms



NOTE: Managed Care Expansions to New Groups refers to expansions to new groups, new regions, increasing the use of mandatory enrollment, and new RBMC programs. Other Delivery System Initiatives include new or expanded initiatives related to PCMH, Health Homes, ACOs, Episodes of Care, DSRIP and initiatives focused on dual eligible beneficiaries.

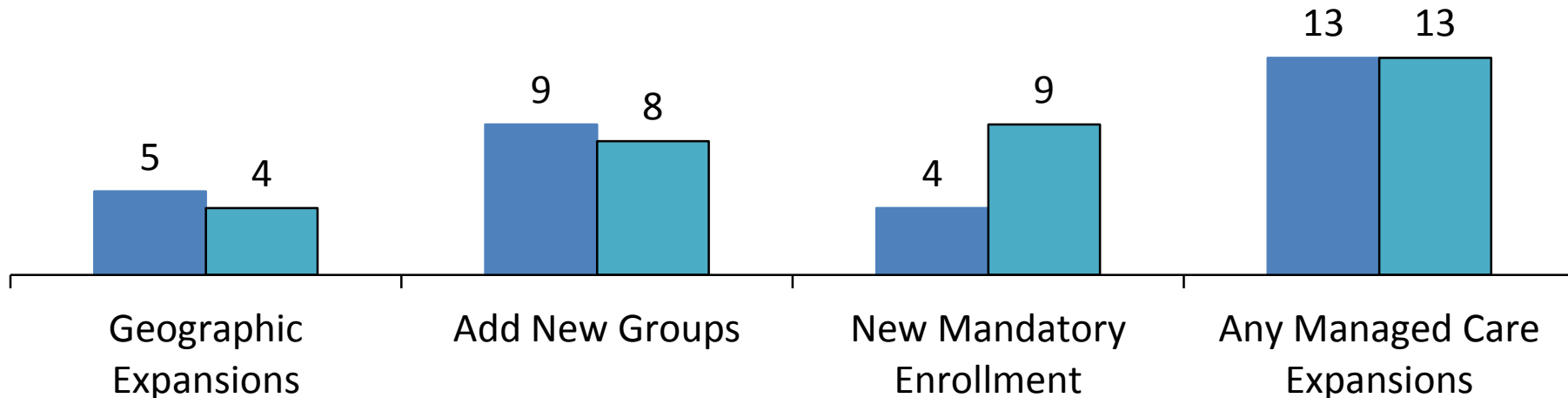
SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

Medicaid Managed Care Expansions FY 2015 and FY 2016

Actions to Expand the number served in Managed Care

■ FY 2015 ■ FY 2016

Number of States



NOTE: States with MCOs were asked to report if they were expanding managed care contracts to new geographic regions, adding new eligibility groups, or requiring new groups to enroll mandatorily. Included in adding new groups are states that transitioned new populations to managed care contracts as part of terminating PCCM programs.

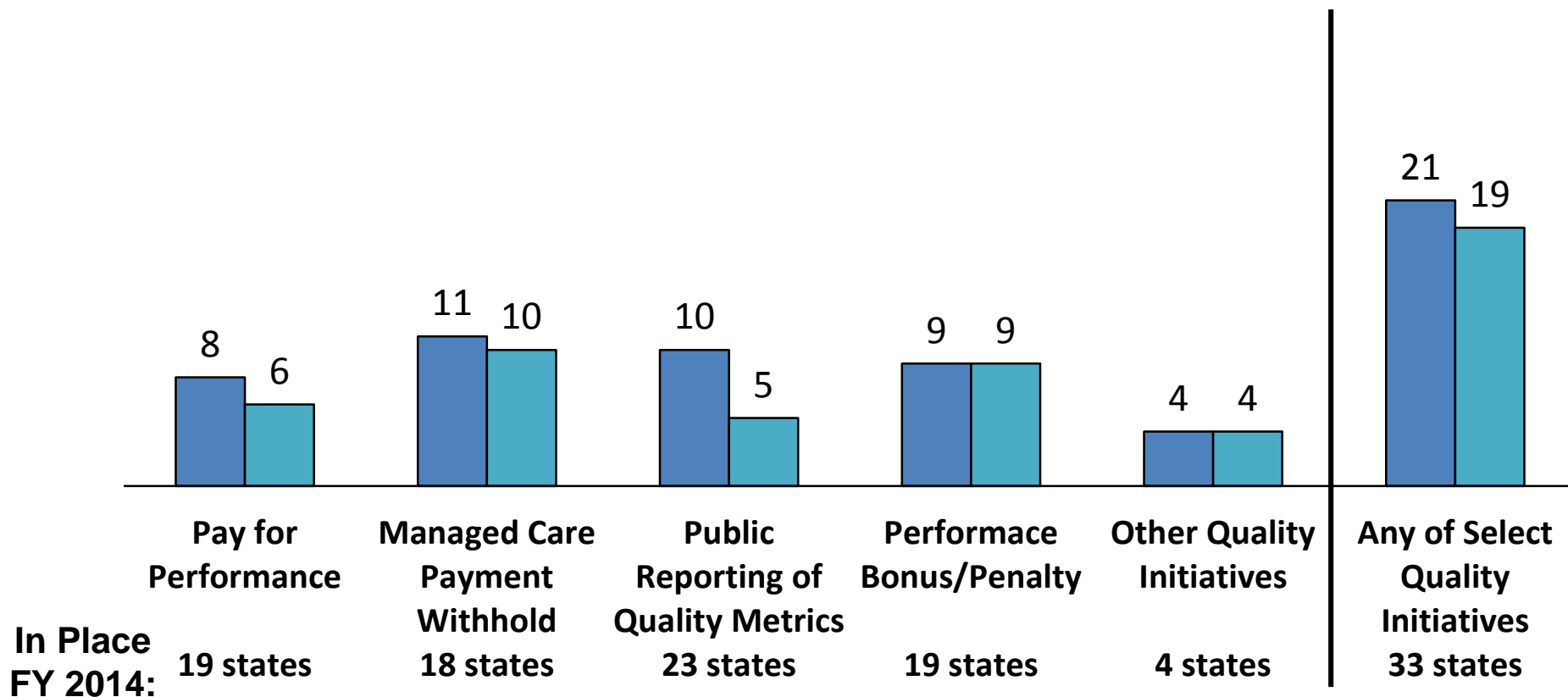
SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

Select Medicaid Managed Care Quality Initiatives

Number of States:

■ New/Expanded in FY 2015

■ New/Expanded in FY 2016



NOTES: States with MCOs indicated select quality initiatives, in place in FY 2014, new or expanded in FYs 2015 or 2016.

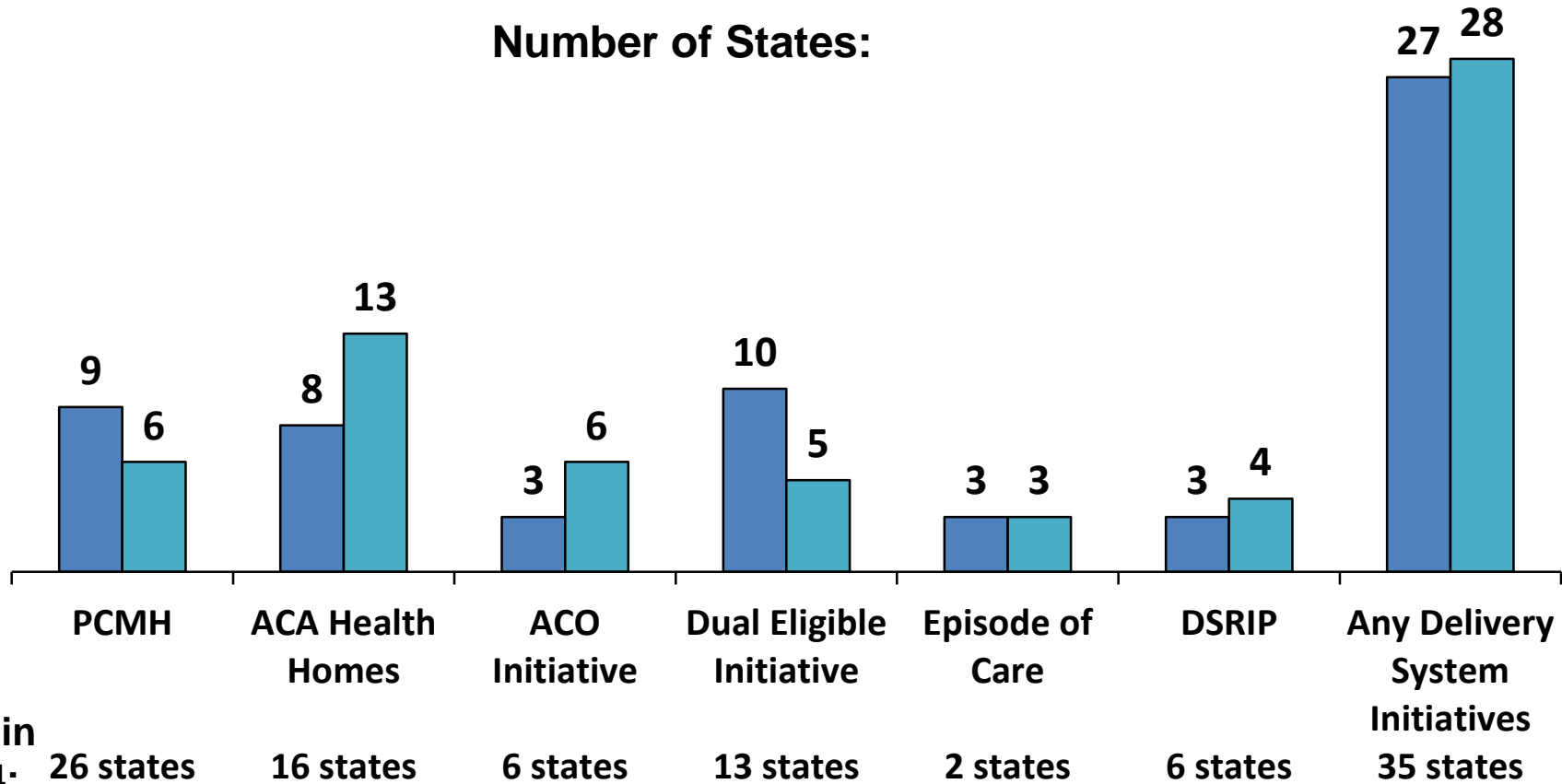
SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

State Delivery System Reform Initiatives

FY 2015 and FY2016

■ New/Expanded in FY 2015 ■ New/Expanded in FY 2016

Number of States:



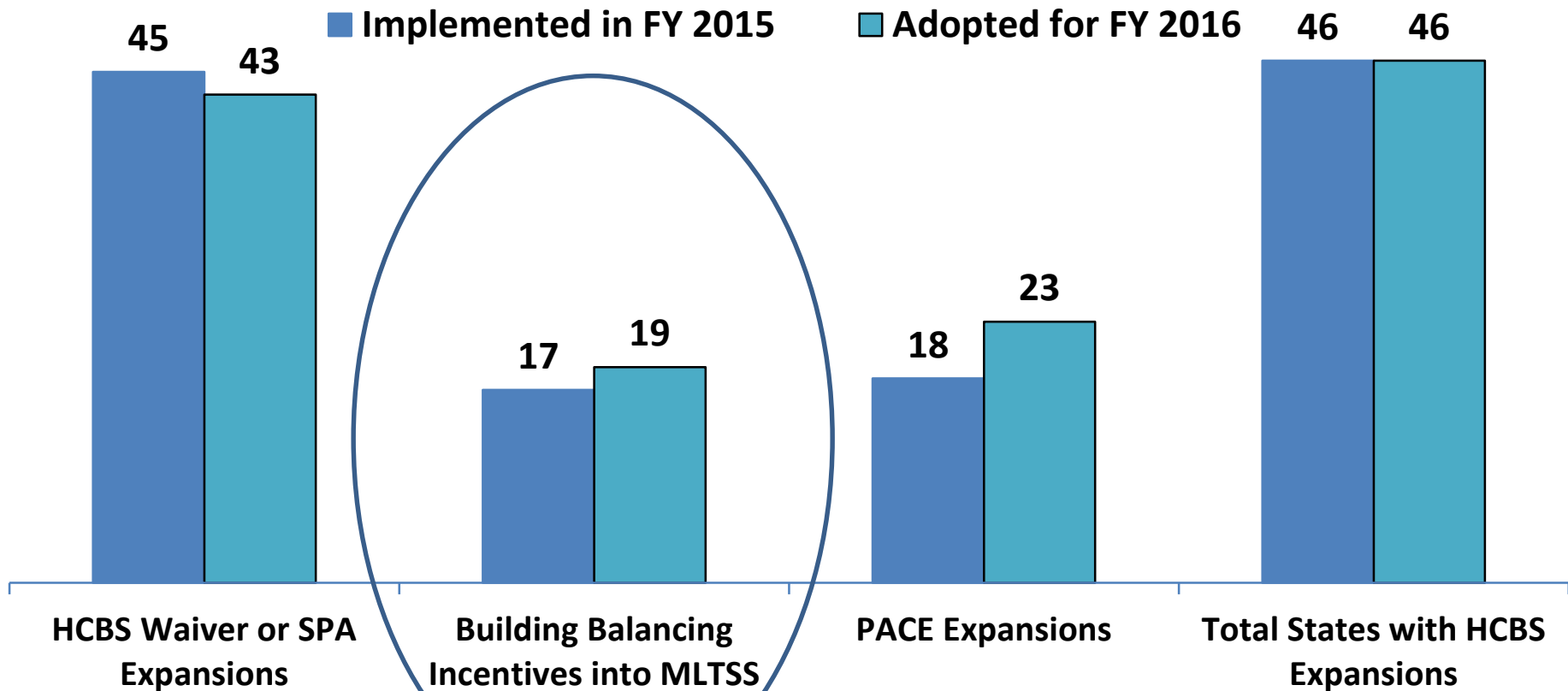
NOTE: Expansions of existing initiatives include rollouts of existing initiatives to new areas or groups and significant increases in enrollment or providers.

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

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State Long-Term Care Actions to Serve More Individuals in Community Settings

Number of States:



NOTE: HCBS Waiver or SPA Expansions includes new or expanded 1915(c) waivers as well as 1915(i) state plan option SPAs. In addition to the actions reported here, states also reported expanding the number served in the community through the Community First Choice as well as closing/downsizing state institutions and implementing/tightening certificate of need programs.

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.

Medicaid Priorities for 2016 and Beyond

ACA
and
Eligibility System
Implementation

Cost Control

Payment and
Delivery
System Reform

Population
Health and
Social
Determinants
of Health

Systems and
Administration

SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2015.