

A Look At The Numbers

Managed Care Organizations Provide Value Nationwide

State governments partner with managed care organizations (MCOs) to serve the healthcare needs of individuals facing economic and social barriers. MCOs align with state and federal requirements and oversight to deliver a higher standard of healthcare.



Public resources
Accountability
Oversight



Private sector capital
Expertise
Innovation



These partnerships lead to higher quality care and improved health outcomes for patients enrolled in Medicaid while managing government healthcare costs.

71 million

Americans are covered by Medicaid, and this number is expected to grow substantially in 2020¹

~70%

of total Medicaid enrollees receive care through MCOs,² representing nearly 50 million Americans

33 states

report that more than 75% of their Medicaid beneficiaries are enrolled with MCOs³

MCOs enable states to:

Address Social Determinants



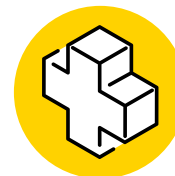
- ↑ 80% of a person's health is influenced by what happens outside of a clinical setting⁴
- ↑ In 2018, 100% of large Medicaid MCO health plans offered targeted programs to address social needs⁵
- ↑ MCOs' social determinants initiatives are widespread and address numerous aspects of health:
 - 77% of MCOs report housing activities
 - 73% of MCOs report nutrition activities
 - 51% of MCOs report education activities
 - 31% of MCOs report employment activities²

Deliver Value & Efficiency



- ↑ 2/3 of Medicaid beneficiaries are covered by MCOs,² while less than half of Medicaid spending goes through MCOs⁶
- ↑ The managed care model delivered nationwide Medicaid savings of \$7.1 billion in 2016⁷
- ↑ Had remaining fee-for-service expenditures been transitioned to the managed care model during 2017, an additional \$5 billion would have been saved⁷
- ↑ Most MCOs use alternative provider payment models to incentivize quality, coordination, and value²

Ensure High-quality Care



- ↑ Over 75% of MCO states report using chronic disease management metrics when rewarding or penalizing plan performance³
- ↑ Over 50% of MCO states link quality initiatives to perinatal/birth outcome measures or mental health measures³
- ↑ MCOs in nearly every state are accredited and regularly reviewed by the National Committee on Quality Assurance (NCQA); MCOs are held accountable for up to 69 quality measures each year by the NCQA⁸

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¹ Medicaid.gov ² Kaiser Family Foundation ³ Kaiser Family Foundation ⁴ National Academy of Medicine

⁵ Institute for Medicaid Innovation ⁶ Kaiser Family Foundation ⁷ Menges Group ⁸ National Committee on Quality Assurance