Medicaid is US

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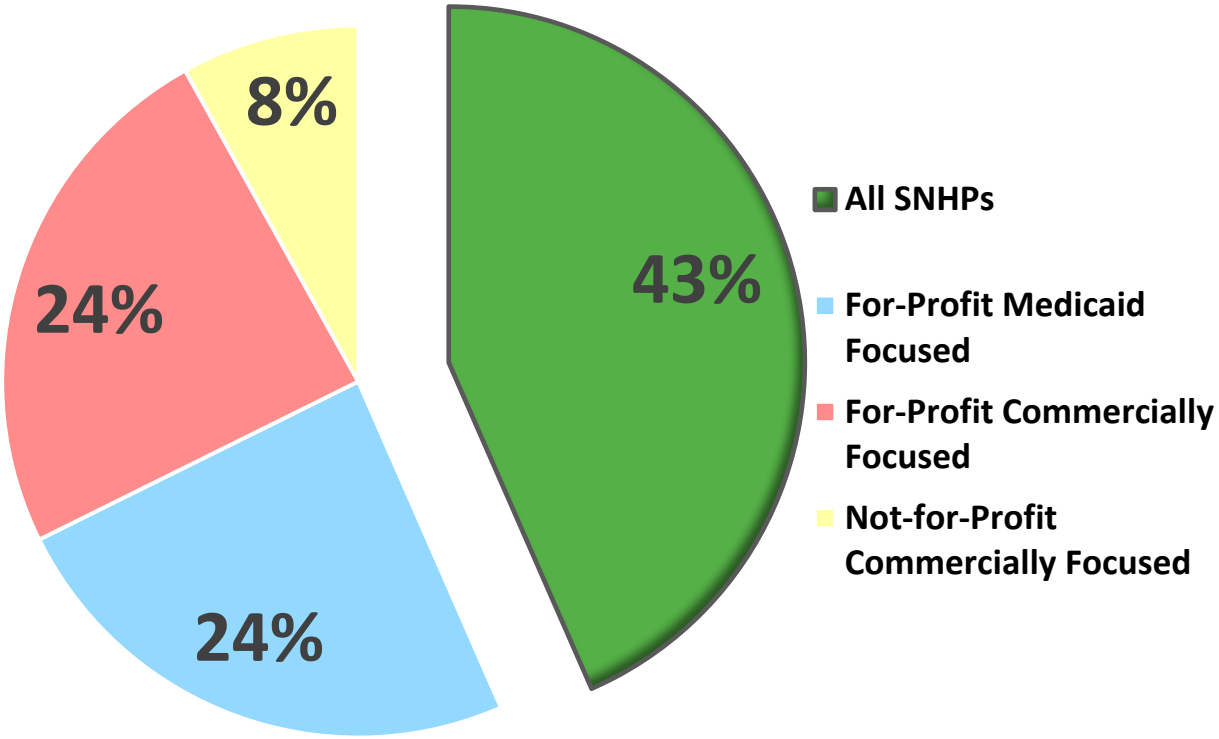
Association for Community Affiliated Plans

ACAP by Numbers

- 62 plans in 29 states includes new member!
- Over 21 M Lives in all LOB
- 18 M in Medicaid/CHIP
- Over 1,700 staff on ACAP roundtables
- Over 1,100 “Friends of ACAP”

Nascentia Health

Enrollment Proportion of Safety Net Health Plans in Medicaid Managed Care, 2018



Source: HMA Data 2018 and ACAP Plans Survey 2018

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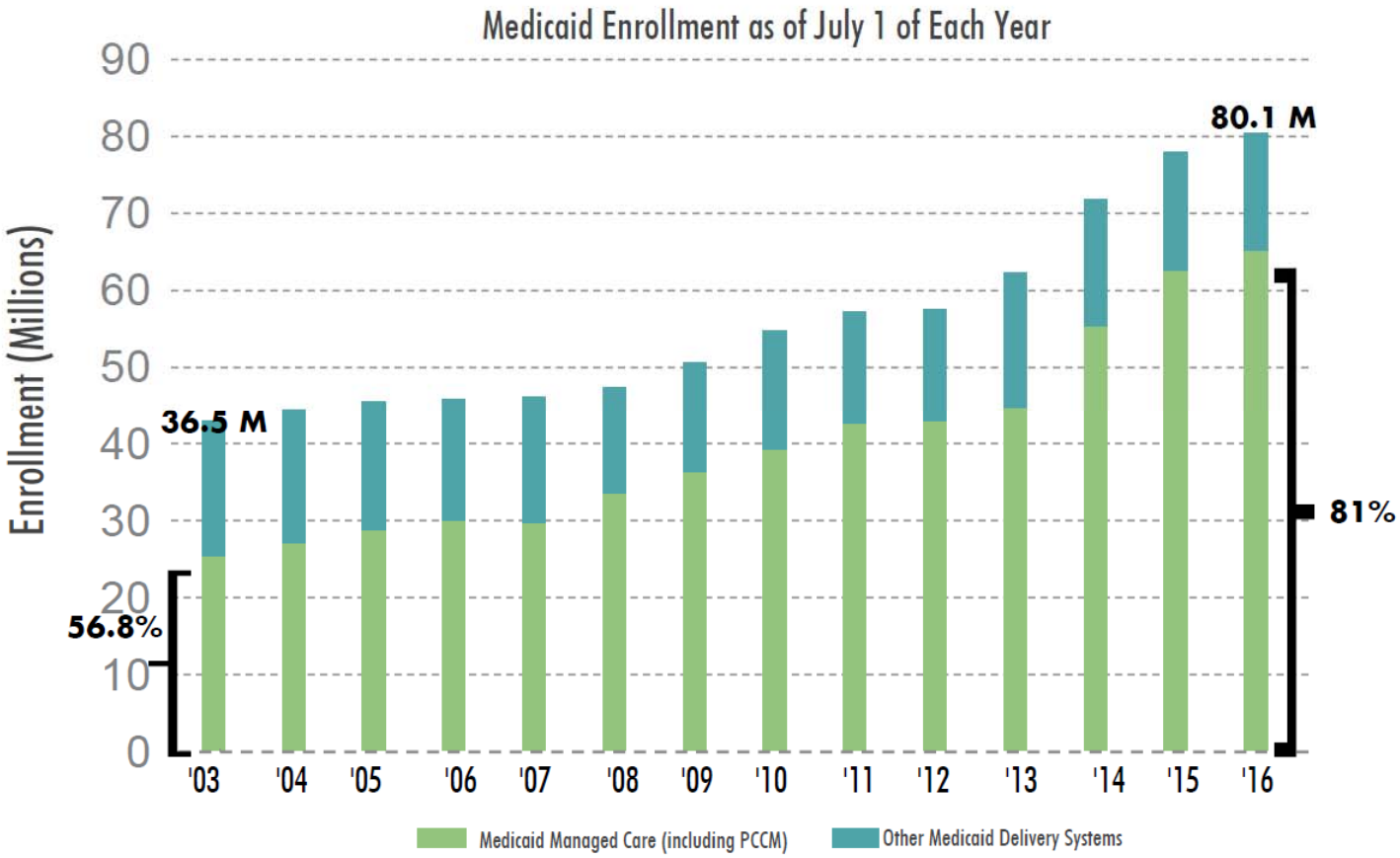
Enrollment in Managed Care Programs Continues to Rise (2001-2016)



Source: CMS MMC Enrollment Reports, 2001-2016, 2012 enrollment was estimated.

June 2018

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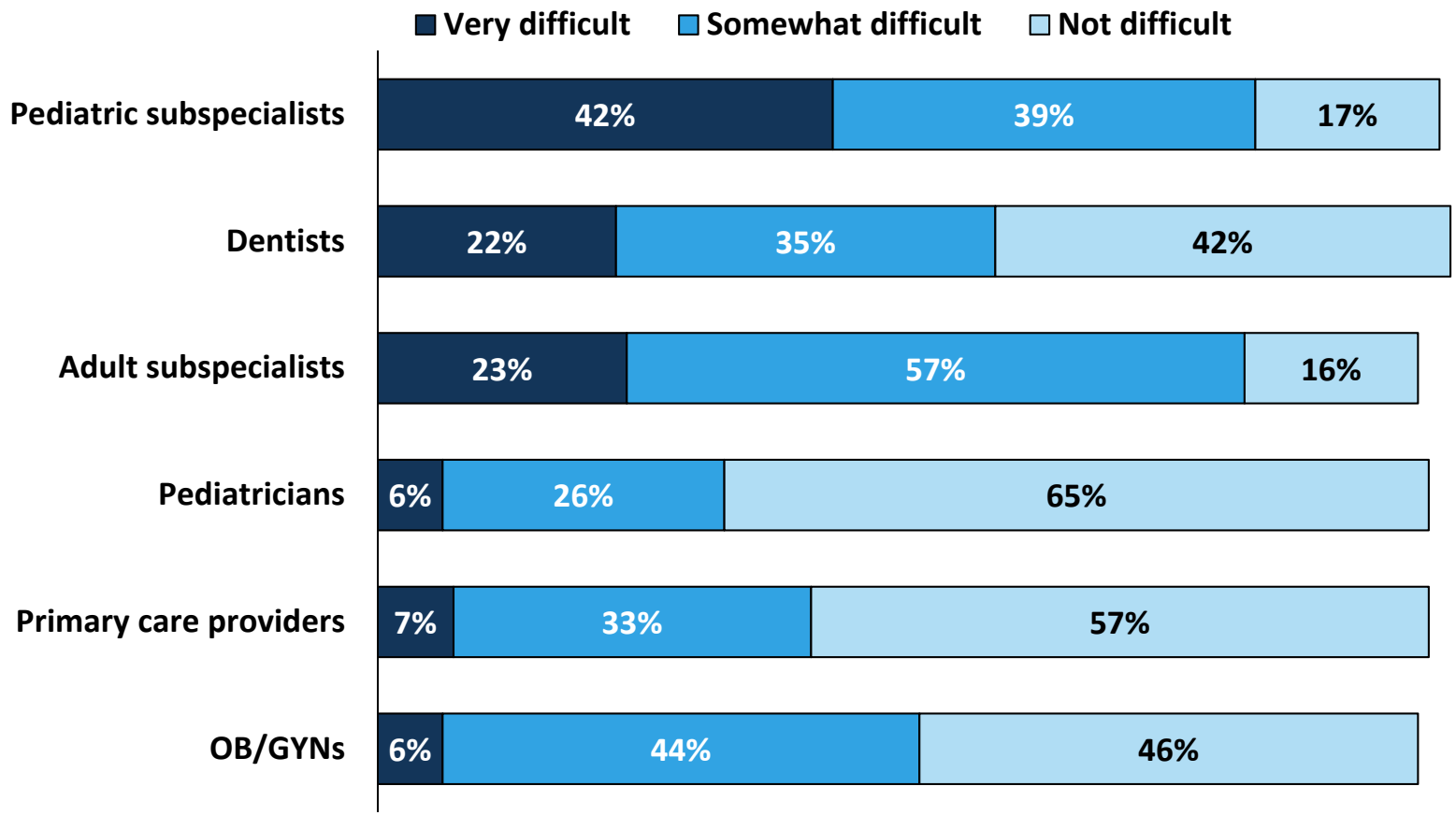
Figure 5

Medicaid MCO Views of Difficulty of Recruiting Providers, by Provider Type

Among Medicaid MCOs contracting with each provider type, share of MCOs reporting that recruiting provider type is:



NOTES: "Don't know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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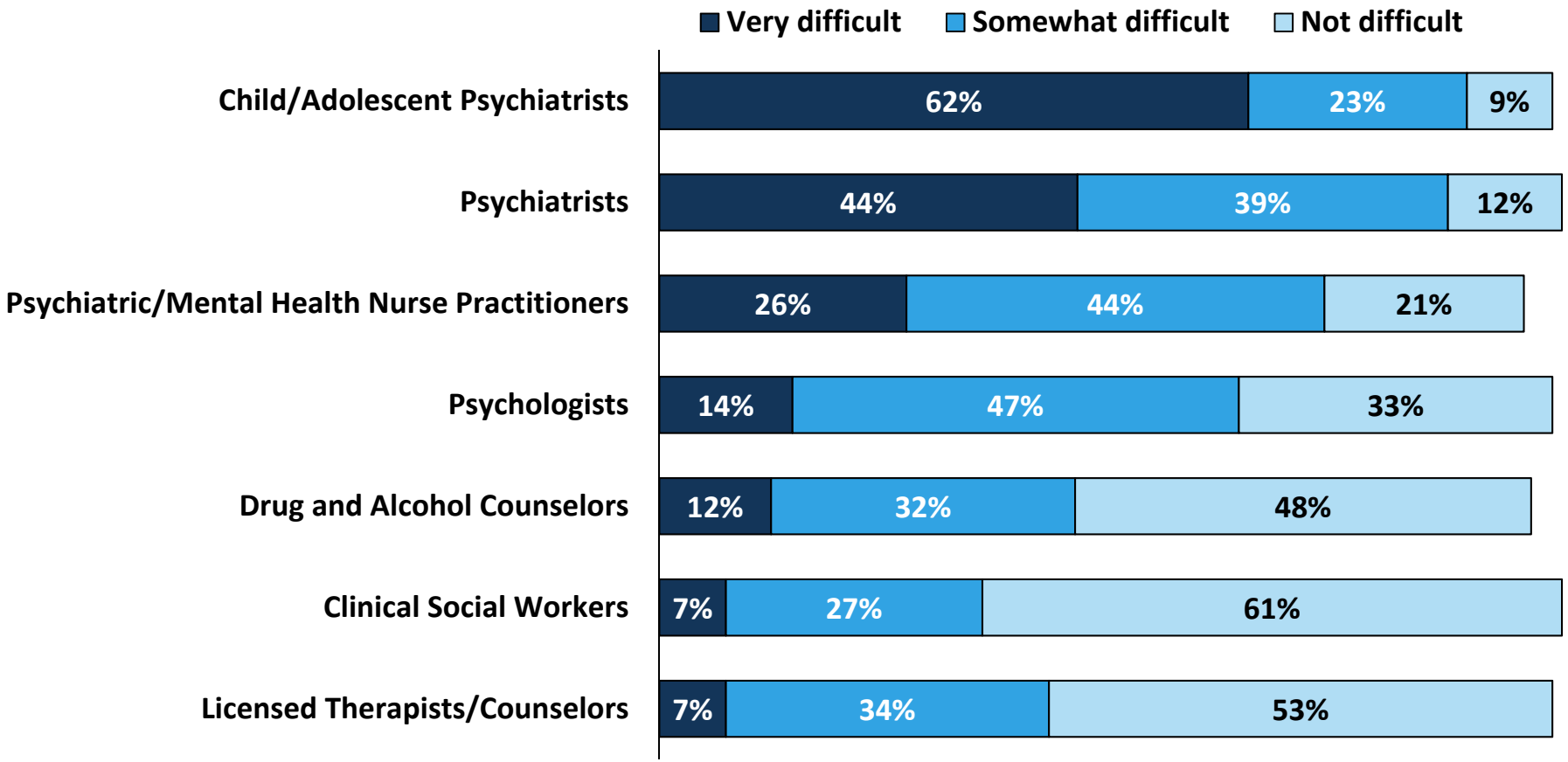
Figure 6

Medicaid MCO Views of Difficulty of Recruiting Behavioral Health Providers, by Provider Type

Among Medicaid MCOs contracting with each provider type, share of MCOs reporting that recruiting provider type is:



NOTES: "Don't Know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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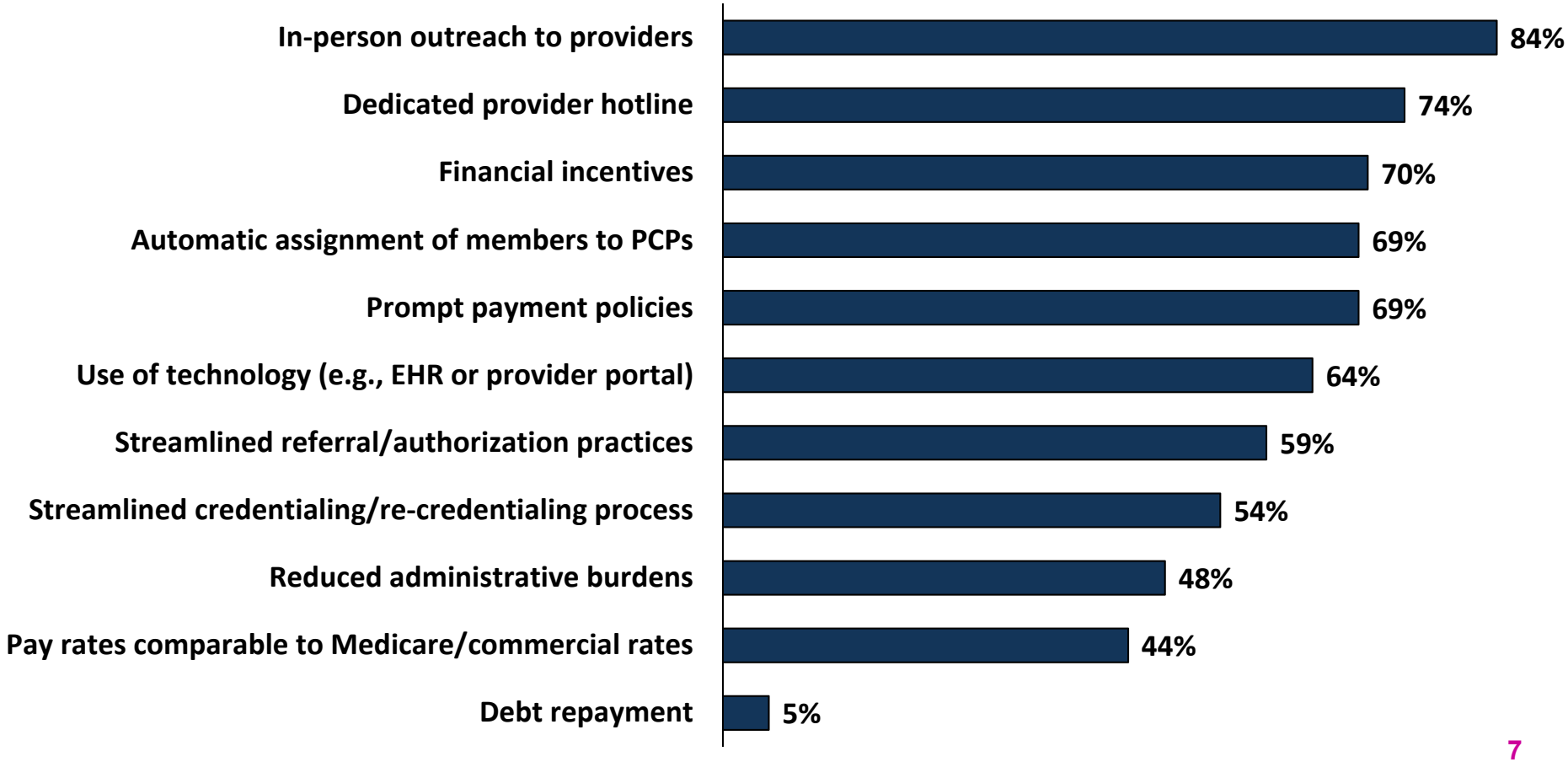
Figure 7

Medicaid MCO Strategies to Recruit and Retain Providers

Share of Medicaid MCOs that use strategy:



NOTES: "Don't Know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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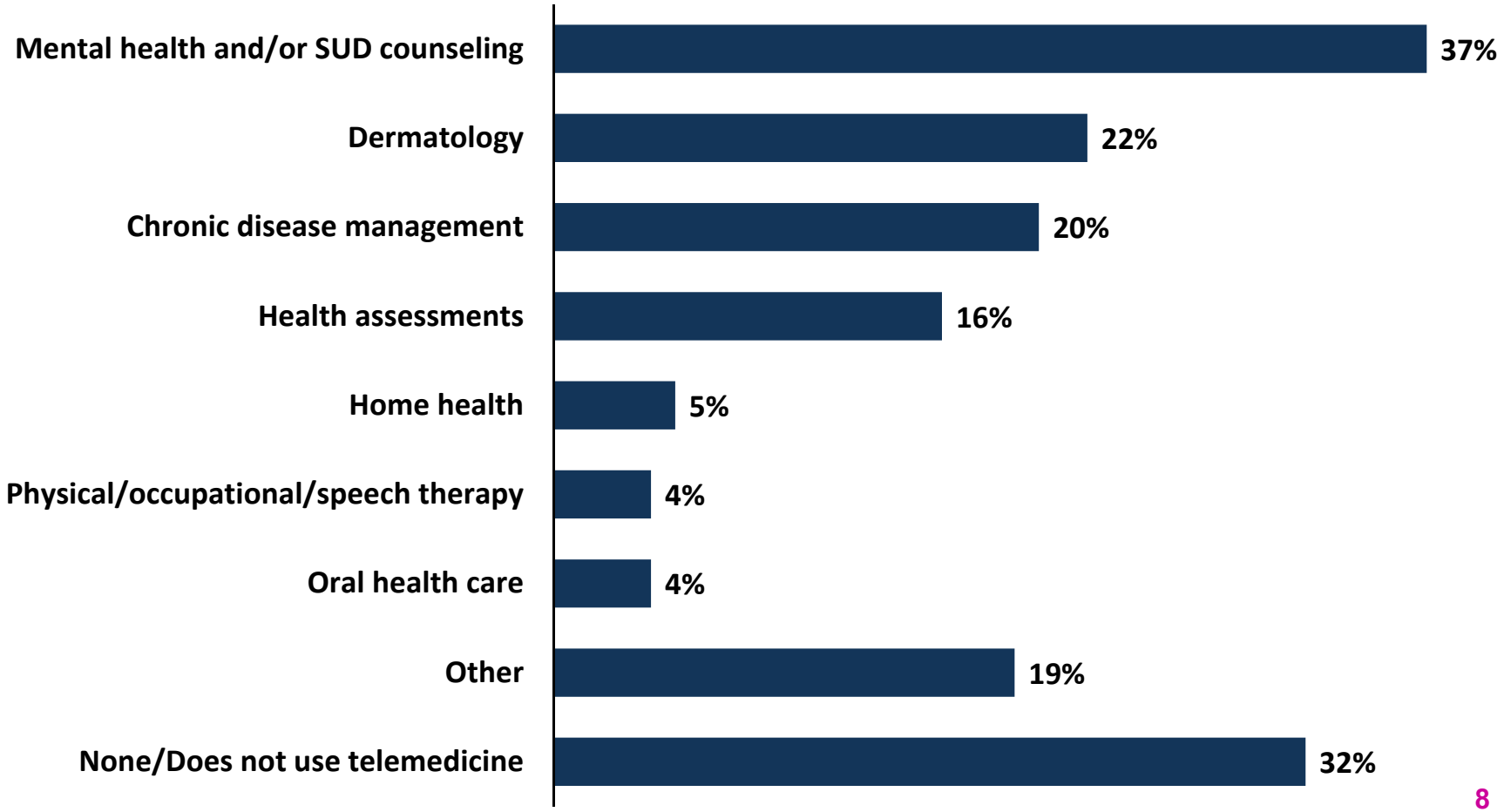
Figure 8

Medicaid MCO Use of Telemedicine for Medicaid Members

Share of Medicaid MCOs that use telemedicine in:



NOTES: "Don't Know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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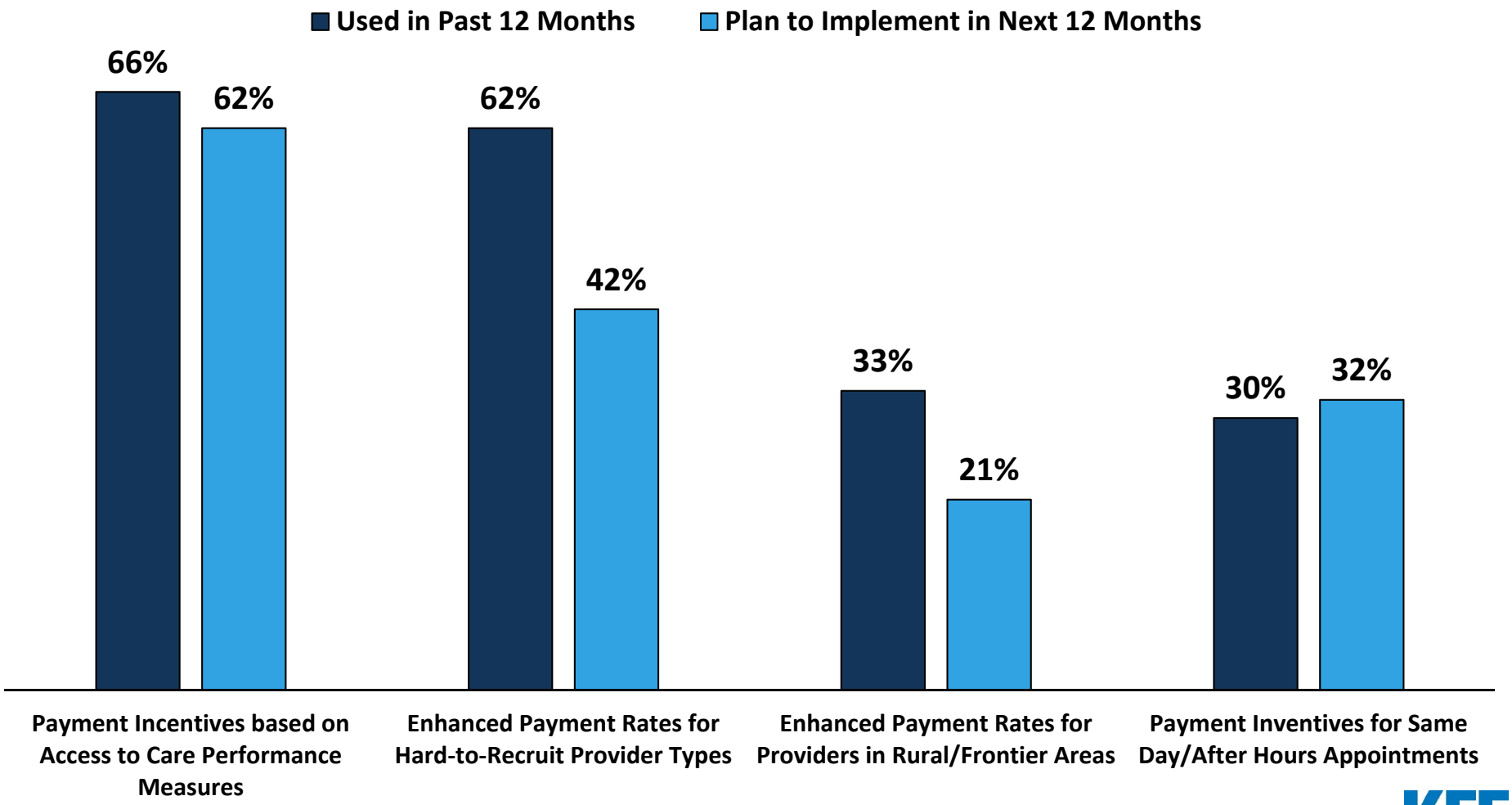
Figure 9

Medicaid MCO Use of Payment Strategies to Promote Access to Care

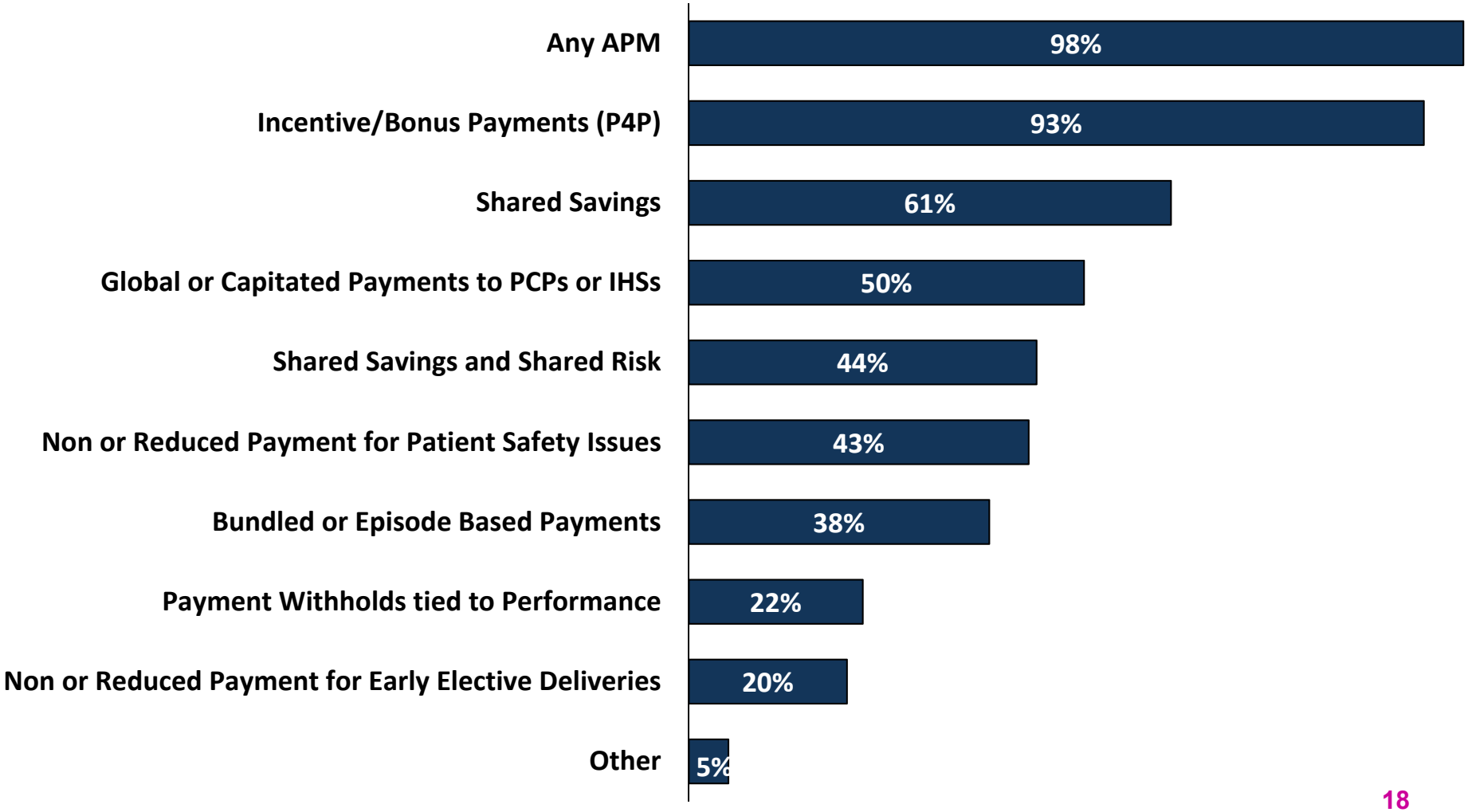
Share of Medicaid MCOs that:



NOTES: "Don't Know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

Figure 10

Share of Medicaid MCOs Using Alternative Payment Models (APMs)



NOTES: IHS = Integrated Health System. P4P = Pay for Performance. "Don't Know" responses not shown.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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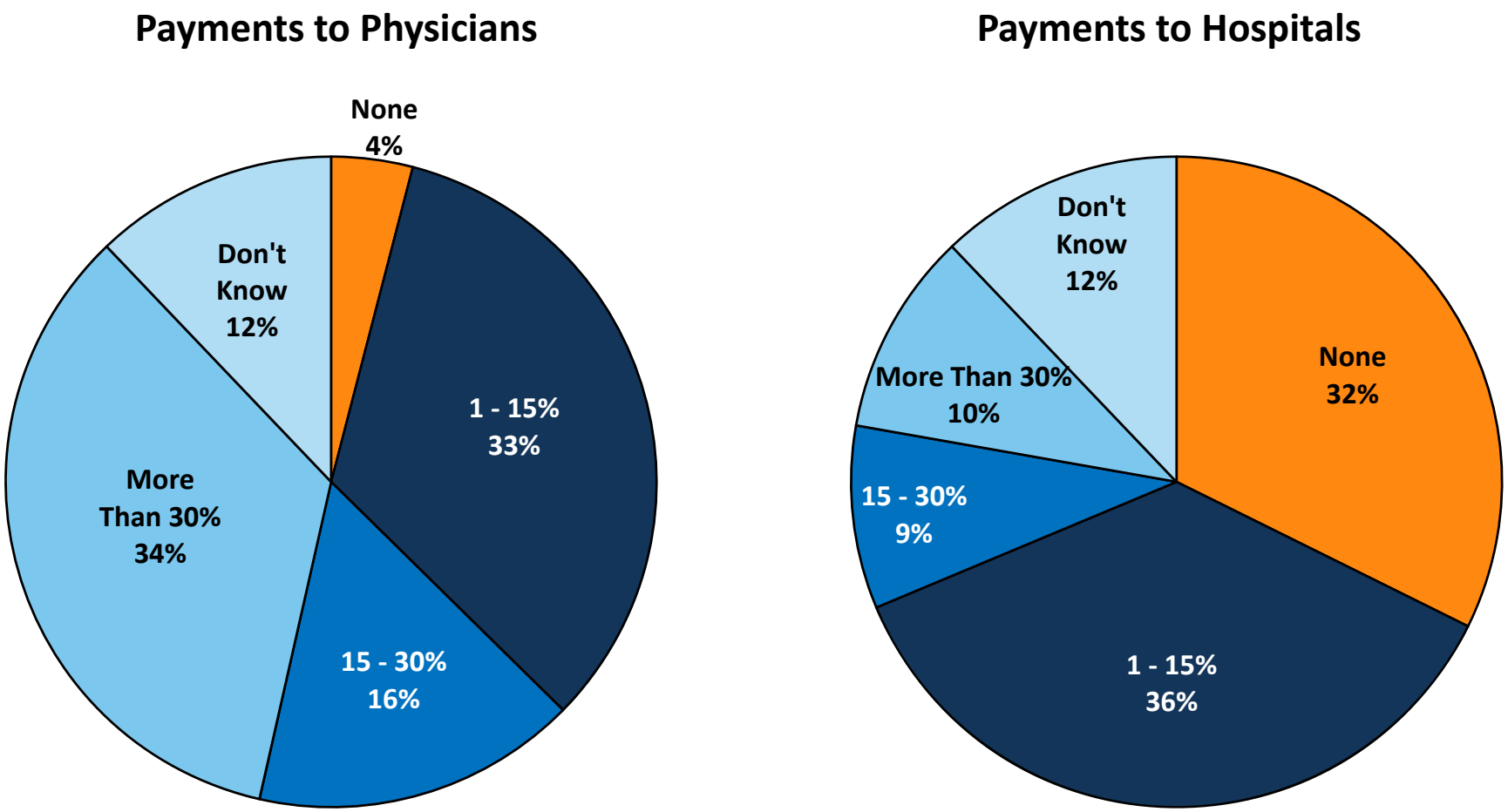
Figure 11

Share of Medicaid MCO Payments Made Through Alternative Payment Models (APMs)



NOTES: Totals may not sum to 100% due to rounding.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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Figure 12

Social Determinants of Health Breakdown by Plan

Table 4: Plan Activities Related to Social Determinants of Health	
Share of Plans that Addressed Social Area in Past 12 Months	
Housing	77%
Nutrition/Food Security	73%
Education	51%
Employment	31%
Other	5%
None	9%
Share of Plans Using Strategy in Past 12 Months	
Work with community-based organizations to link members with needed social services	93%
Assess member needs	91%
Maintain database of community/social service resources	81%
Use community health workers	67%
Use interdisciplinary community care teams	66%
Offer social services such as WIC application assistance and employment counseling referrals	52%
Assist justice-involved individuals with community reintegration	20%
Other	4%
None	0%

NOTES: Responses of "Don't Know" are not shown, and missing answers are not included in calculations.
SOURCE: Kaiser Family Foundation Survey of Medicaid Managed Care Plans, 2017.

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Figure 13

Plan Responses to Repeal and Replace Debate

- Bullets here

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CMS Quality Scorecard: State Administrative Accountability

- Prong 2, State Administrative Accountability includes four measures:
  1. SPA and 1915 Waiver Processing
  2. States' Managed Care Rate Submissions
  3. States' Managed Care Rate Review Time
  4. Home & Community-based Services by State

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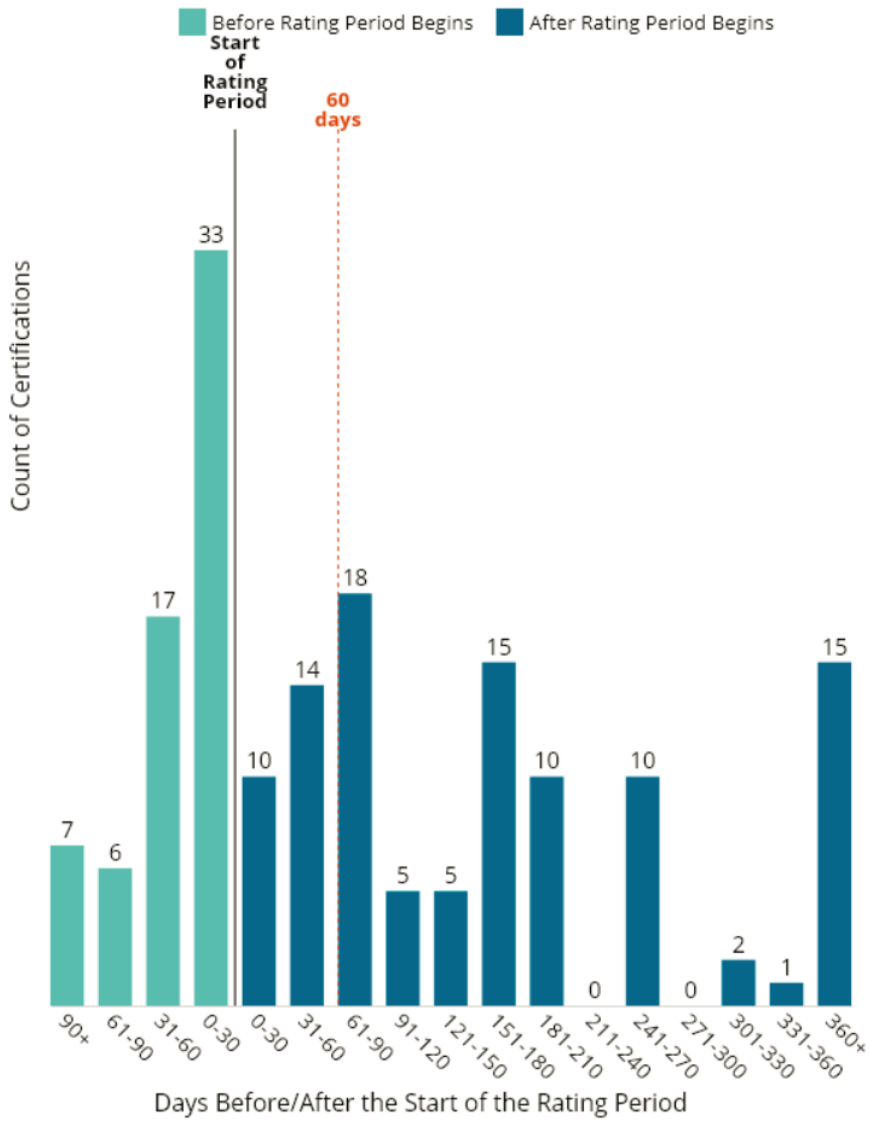
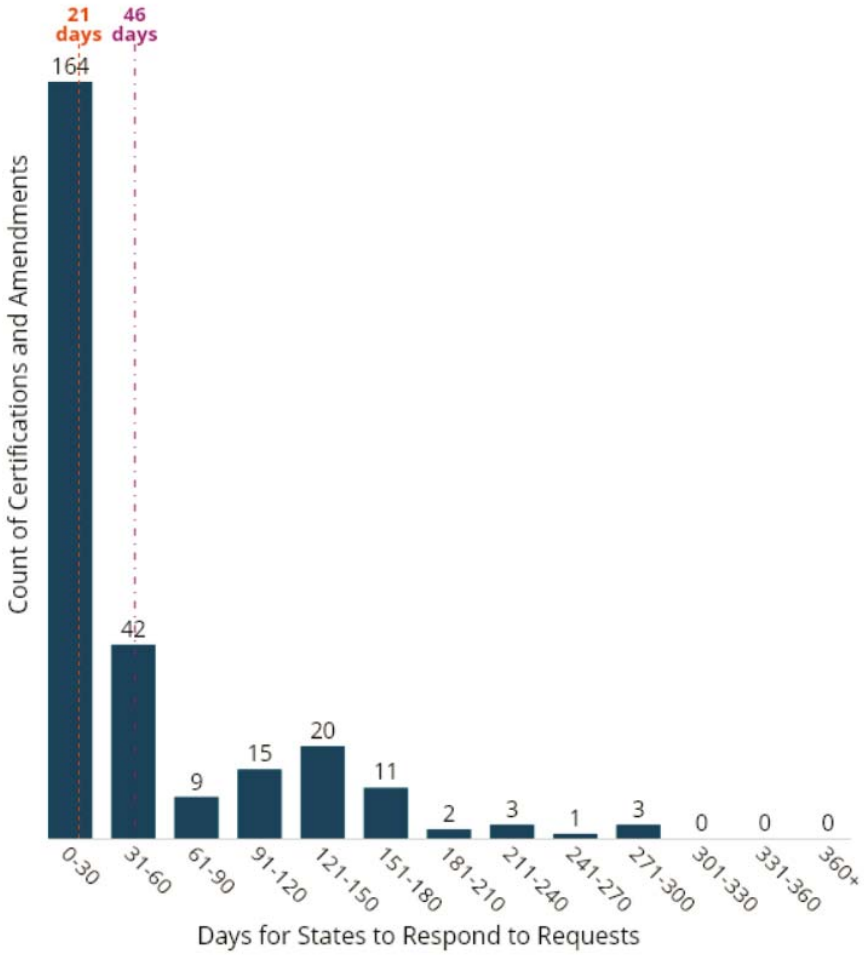
States' Managed Care Rate Submissions



States' Managed Care Rate Review Time



CMS Quality Scorecard: Federal Administrative Accountability

- Prong 3, Federal Administrative Accountability includes four measures:
  1. SPA and 1915 Waiver Processing
  2. Total Managed Care Rate Review Time
  3. CMS Managed Care Rate Review Time
  4. Section 1115 Demonstrations: Time from Submission to Approval

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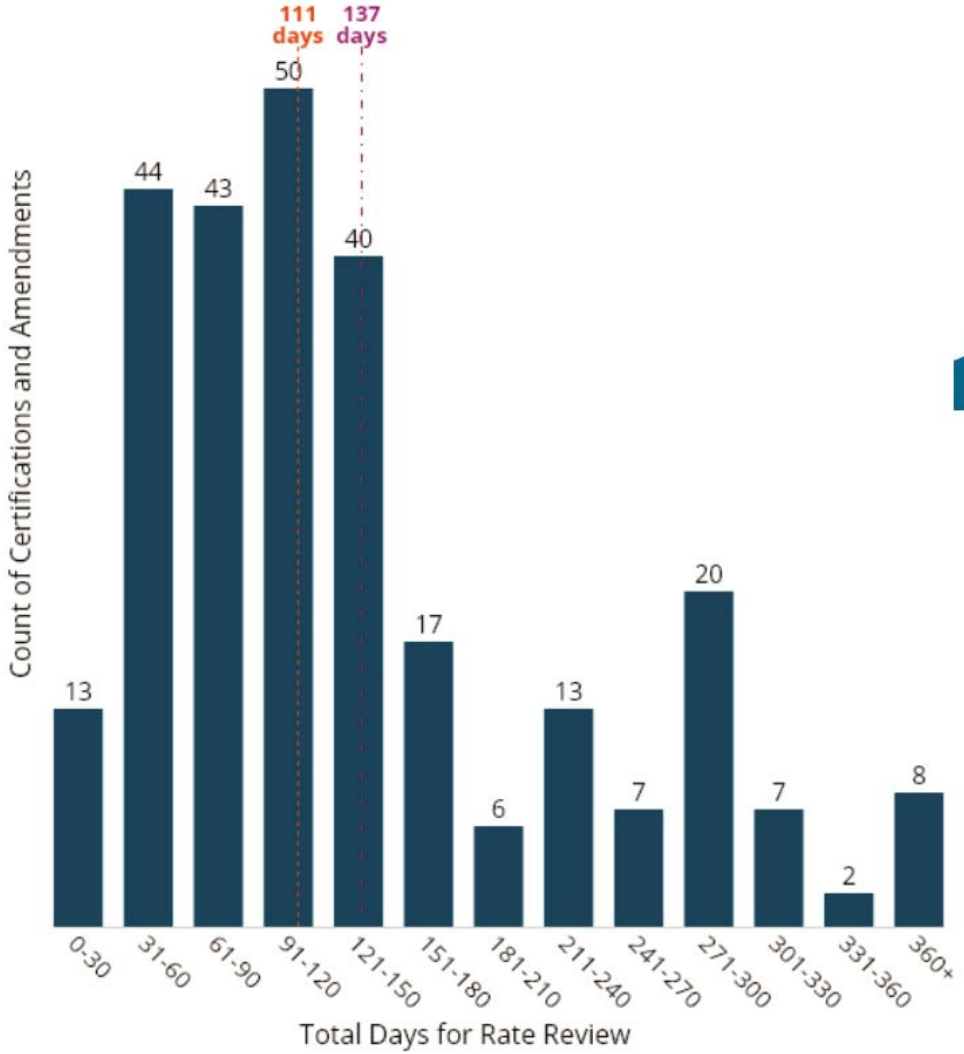
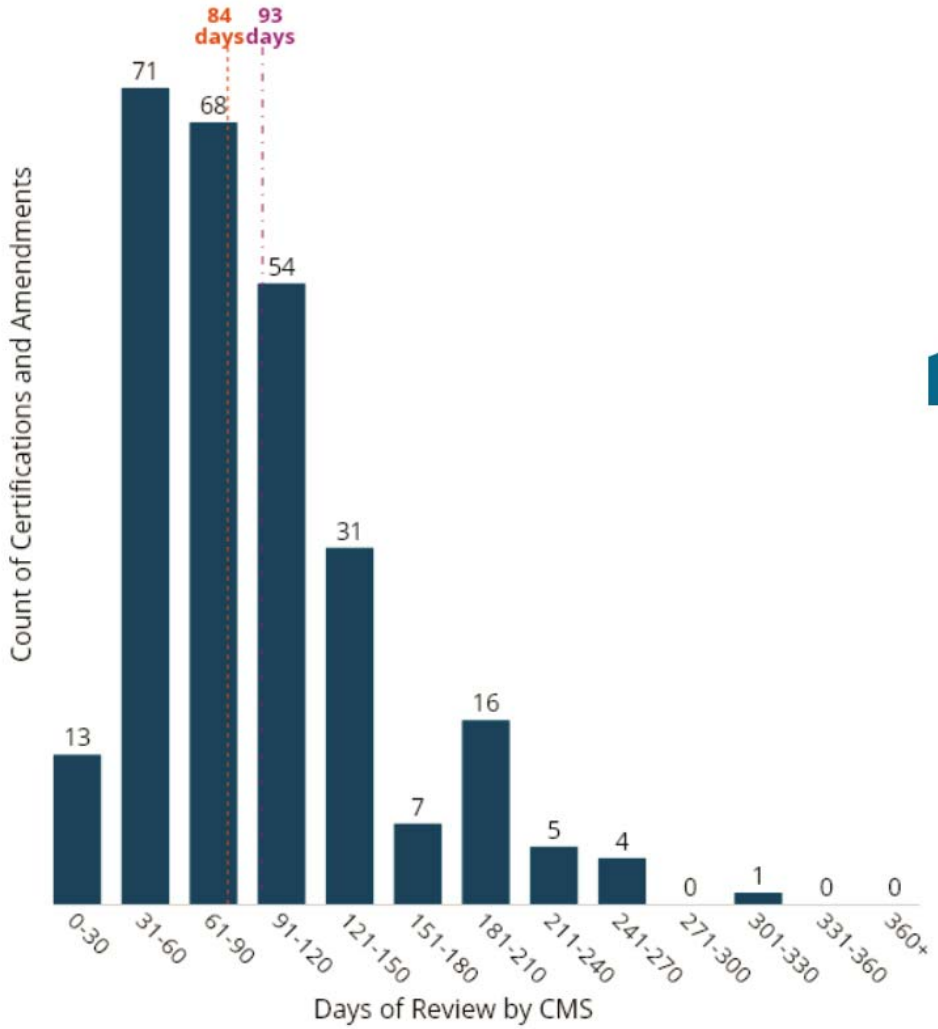
Total Managed Care Rate Review Time



CMS Managed Care Rate Review Time