



Ensuring Access and Improving Quality through Medicaid Managed Care

Most states contract with Medicaid Managed Care Organizations (MCOs) as a strategic way to ensure access to care, improve quality and achieve budget certainty and cost savings for people enrolled in Medicaid.

KEY FACTS

More than **74 MILLION** are enrolled in Medicaid and CHIP and about **70%** are enrolled in Medicaid MCOs



39 STATES AND DC have comprehensive Medicaid Managed Care programs



BCBS companies currently provide coverage for more than **7 MILLION** Medicaid and CHIP enrollees in **24 states and Puerto Rico**



BCBSA RECOMMENDS

BCBSA urges Congress and the Administration to ensure continued flexibility and financial support for Medicaid so that states can properly invest in improvements through Medicaid Managed Care. Medicaid MCOs are bringing private-market innovations to the Medicaid program by:

1 ENHANCING ACCESS TO TREATMENT AND PROVIDING BETTER CARE COORDINATION

- Medicaid MCOs focus on prevention and managing chronic illnesses through care coordination and case management. In addition, Medicaid MCOs offer services that typically are not provided in the fee-for-service system, such as disease management programs, robust care coordination programs and access to other innovative care treatments.
- Medicaid MCOs employ a number of methods to identify how beneficiaries are interacting with healthcare providers and the types of services they receive. This information is used to set standards, promote primary care and chronic disease management, structure payments to providers and deliver information to consumers to make informed decisions about their healthcare needs.
- States have reported achieving program savings of up to 20 percent by moving to Medicaid MCOs. These savings are largely attributable to decreases in inpatient hospital use and reductions in emergency room visits.

2 IMPROVING CARE QUALITY AND PROVIDING QUALITY ASSURANCE

- Quality performance measures are commonly used by states to evaluate performance and incentivize Medicaid MCOs to develop quality improvement initiatives. Medicaid MCOs typically earn high marks on performance measures and receive high satisfaction rankings from enrollees.
- Through Medicaid Managed Care, BCBS companies help address both the social and economic needs of Medicaid enrollees, along with their medical and behavioral health needs. BCBS companies have programs in place to identify the most effective ways of facilitating access to community and social supports such as housing, education, nutrition assistance and job training.
- As a result of chronic disease prevention and treatment programs developed by BCBS companies, members enrolled in BCBS Medicaid MCOs have seen measurable improvement in health outcomes.