The Kaiser Family Foundation 2017 Survey of Medicaid Managed Care Plans

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Methods

The Kaiser Family Foundation Survey of Medicaid managed care organizations (MCOs) was fielded from April to September 2017 to investigate how MCOs provide and monitor access to care for Medicaid enrollees. In particular, the survey aimed to capture information about MCO policies, procedures, and strategies for ensuring optimal access to care, as well as MCOs' top challenges and priorities in regards to access. The survey also collected information on key characteristics of MCOs, such as the populations enrolled and the delivery systems and payment models used, and the impact of current policy developments on MCO operations. The Kaiser Family Foundation contracted with NORC at the University of Chicago to develop and field the web-based survey.

SURVEY SAMPLE

The target population included all comprehensive Medicaid MCOs in the 39 U.S. states (including the District of Columbia) that use comprehensive managed care for any Medicaid enrollees. Eligible plans included any plan that had a 2016 Medicaid MCO contract (as several survey questions referred to plan operations in 2016) and was active during the data collection period in 2017 (as some survey questions referred to future/current plan operations). The final sample frame comprised 280 MCOs.[1] MCO executives, such as Presidents, Chief Executive Officers (CEOs), Chief Operating Officers (COOs), Directors of State Programs, Directors of Medicaid Programs, Directors of Marketing and/or Communications, and Directors of Government Regulations or Government Affairs, were asked to complete the survey on behalf of their MCO. Each MCO was provided with a unique survey link, and multiple individuals within each MCO could collaborate to complete the survey.

FIELD PERIOD

Data collection began on April 17, 2017 and concluded on September 21, 2017. The survey was distributed by email to executives at each MCO. Outreach to plan contacts occurred multiple times throughout the field period to encourage participation. The survey was offered in English only. A PDF of the survey instrument was provided to all respondents along with a link to the web-based survey.

SURVEY RESPONSE RATE AND SAMPLE REPRESENTATION

The response rate was calculated using American Association for Public Opinion Research (AAPOR) standards for establishment surveys, which is the number of completes divided by the number of eligible reporting units (which in turn is the sum of complete and partial interviews, refusals, non-contacts, and other sample units). Out of scope cases are excluded as they are incapable of participating.

In data processing, NORC identified three cases that had complete survey data or were missing only data for the first section (respondent contact information) but did not formally complete the survey by hitting "Save and Submit." These cases were re-coded as completes at the end of data collection. All other cases with questionnaire responses were classified as Partial Completes. Cases that had timestamp data indicating they reviewed the web survey, but did not respond to any survey questions, were classified as Non Response.

The final plan participation calculations are as follows:

Table A1: Sample Definition and Plan Participation Rate	
Invited MCOs	280
Eligible Plans Not Invited[a]	2
Invited Plans Excluded[b]	5
Eligible Plans	277
Complete Surveys	95
Survey Response Rate	34.3%
Partially Complete Surveys[c]	3
[a] Two MCOs were identified post-data collection as having been eligible for inclusion in the survey. These two plans were not included in the final sample frame nor were they invited to participate during the data collection period; however, they are included in the final data file and response rate calculations. [b] Five plans were dropped from the sample frame as they were found to be ineligible after the initial email was sent. These plans were excluded due to being purchased by another plan already on the sample frame or ceasing to operate as a Medicaid MCO in the state. [c] These plans completed a majority of survey sections and were included in the analysis but not the survey response rate.	

Reported results are not weighted. In reporting data, we further included data from three partial complete plans that completed the majority of the survey (partial completes that did not complete a majority of the survey were dropped from the analysis). Comparison of plans represented in data reporting to the universe of eligible plans (Table A2) indicates that included plans represent 31 of 39 states and 38% of total comprehensive Medicaid managed care enrollment.[2] Reporting plans were slightly more likely than the universe of plans to be non-profit and in states that expanded Medicaid under the ACA. Compared to the universe of eligible plans, reporting plans were similar in average Medicaid enrollment, geographic distribution, and state Medicaid MCO penetration. When appropriate, we interpret findings in light of the higher likelihood of responding plans being non-profit plans in Medicaid expansion states.

Table A2: Comparison on Plans in Survey and Universe of Plans		
	All MMC Plans	**Plans in Survey**
Number of states	39	31
Total MMC enrollment[a]	48 million	18 million
Profit Status[b]		
Non-Profit	48%	64%
For-Profit	47%	34%
In Medicaid expansion state	72%	68%
Average plan enrollment[a]	185,130	172,908
Geographic Region		
Northeast	19%	18%
South	28%	31%
Midwest	24%	25%
West	30%	26%
At least 80% of state Medicaid population enrolled in managed care	57%	57%

NOTES [a] Based on plans for which enrollment is known. Approximately 14% of all plans have unknown enrollment. See: The Kaiser Family Foundation State Health Facts. *Medicaid MCO Enrollment.* Data Source: State Medicaid managed care enrollment reports for the timeframe indicated unless otherwise noted; available at: https://www.kff.org/other/state-indicator/medicaid-enrollment-by-mco/. [b] Approximately 5% of all plans profit status could not be determined based on online searches.

Topline

Q2	In which lines of business did the health plan under which your Medicaid MCO operates participate in the state in 2016? Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Medicaid	100%	0%	0%	100%	0%
	Children's Health Insurance Program (CHIP)	66%	34%	0%	100%	0%
	Medicare Advantage	38%	62%	0%	100%	0%
	Medicare Special Needs Plan	50%	50%	0%	100%	0%
	Health Insurance Marketplace/Exchange	36%	64%	0%	100%	0%
	Individual market	19%	81%	0%	100%	0%
	Employer market	26%	74%	0%	100%	0%
	Other	18%	82%	0%	100%	0%

Q3	How many individuals were enrolled in your Medicaid MCO in the state as of December 2016?	
	Under 10,000	6%
	10,000-99,999	30%
	100,000-299,999	41%
	300,000-499,999	9%
	500,000-999,999	11%
	1 million or more	3%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Q4	Medicaid MCO members make up approximately what percentage of your health plan's total enrollment across all lines of business in the state as of December 2016?	
	Under 25%	15%
	25%-49%	12%
	50%-74%	7%
	75%-99%	44%
	100%	20%
	Don't know	1%
	Non-Missing Total	100%
	Missing	0%

Due to rounding, total may not equal 100%.

Q5	Has the state in which your Medicaid MCO operates expanded Medicaid to adults up to 138% of the federal poverty level as provided by the Affordable Care Act?	
	Yes	72%
	No	28%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Q6	Does your Medicaid MCO enroll Medicaid members from across the entire state, or only certain geographic areas of the state?	
	Entire state	27%
	Only certain geographic areas of the state	73%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Q7	How long has your health plan participated in the state's Medicaid program?	
	Under 3 years	2%
	3-5 years	17%
	6-9 years	10%
	10 or more years	70%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Due to rounding, total may not equal 100%.

Q8	What type of organization is your health plan? Select the one option that best describes your health plan.	
	Private, for-profit	32%
	Private, non-profit	45%
	Government	11%
	Other	12%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Q9	Please indicate the organizations from which your Medicaid MCO has obtained, or plans to obtain, accreditation. Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	National Committee for Quality Assurance (NCQA)	72%	28%	0%	100%	0%
	Accreditation Association for Ambulatory Health Care (AAAHC)	5%	95%	0%	100%	0%
	URAC	7%	93%	0%	100%	0%
	Other	4%	96%	0%	100%	0%
	None	18%	82%	0%	100%	0%

Q10	Please indicate whether your Medicaid MCO enrolls/serves the following Medicaid populations. Please select one answer per row.						
		Yes	No	Don't know	Non-Missing Total	Missing Due to Logical Skips	Total Missing
	Children	94%	6%	0%	100%	0%	0%
	Pregnant women	95%	5%	0%	100%	0%	0%
	ACA Medicaid-expansion adults	92%	8%	0%	100%	28%	38%
	Adults without disabilities eligible for Medicaid prior to the ACA	89%	11%	0%	100%	0%	0%
	Children and youth with special health care needs (CYSHCN)	67%	30%	3%	100%	0%	0%
	Children in foster care	66%	32%	2%	100%	0%	0%
	Individuals covered by both Medicare and Medicaid ("dual eligibles")	67%	33%	0%	100%	0%	0%
	Individuals with disabilities who are not dual eligibles	79%	21%	0%	100%	0%	0%
	Individuals with HIV/AIDS	92%	6%	2%	100%	0%	0%
	Other*	11%	8%	5%	24%	0%	76%

* Responses of Yes/No/Don't Know for "Other" calculated among total universe including missing/skips.

Q11	Please indicate whether your Medicaid MCO is a <u>specialty plan focused primarily</u> on serving one or more of the following special populations. Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Children and youth with special health care needs (CYSHCN)	2%	98%	0%	100%	0%
	Individuals covered by both Medicare and Medicaid ("dual eligibles")	10%	90%	0%	100%	0%
	Individuals with disabilities who are not dual eligibles	7%	93%	0%	100%	0%
	Individuals with HIV/AIDS	10%	90%	0%	100%	0%
	Other	3%	97%	0%	100%	0%
	Our Medicaid MCO is <u>not</u> a specialty plan focused on serving a special population	83%	17%	0%	100%	0%

Q12	**Does your Medicaid MCO's contract with the state include the following types of services for most Medicaid members?** Select one response in each row.						
		Yes, managed by our Medicaid MCO	Yes, subcontracted to a vendor	Varies by population	No	Don't know	Non-Missing Total	Missing
	Dental services	23%	39%	4%	34%	0%	100%	0%
	Prescription drugs	48%	44%	1%	7%	0%	100%	0%
	Non-emergency medical transportation	44%	30%	3%	23%	0%	100%	0%
	Long-term services and supports (such as home health care or nursing facility care)	53%	4%	6%	36%	1%	100%	0%

Q13	**Does your Medicaid MCO's contract with the state include the following types of behavioral health services for most Medicaid members?** Select one response in each row.						
		Yes, provided by our Medicaid MCO	Yes, subcontracted to a vendor	Varies by population	No	Don't know	Non-Missing Total	Missing
	Behavioral health assessment/screening	66%	28%	1%	5%	0%	100%	0%
	Outpatient mental health services	63%	27%	3%	7%	0%	100%	0%
	Inpatient mental health services	50%	24%	3%	22%	0%	100%	0%
	Outpatient substance use treatment services	53%	23%	4%	19%	0%	100%	0%
	Inpatient/residential substance use treatment services	44%	23%	9%	23%	0%	100%	0%
	Detox services (outpatient or residential)	47%	23%	6%	23%	0%	100%	0%

Due to rounding, total may not equal 100%.

Q14	In addition to physicians and other health professionals, please indicate the following provider types with which you have at least one contract. Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Academic medical centers	93%	7%	0%	100%	0%
	Public hospitals	91%	9%	0%	100%	0%
	Urgent care clinics	92%	8%	0%	100%	0%
	Retail/Minute Clinics (CVS, Walgreens, Walmart, etc.)	61%	39%	0%	100%	0%
	Community health centers	94%	6%	0%	100%	0%
	Maternal and child health clinics	80%	20%	0%	100%	0%
	Family planning clinics (Title X)	65%	35%	0%	100%	0%
	Planned Parenthood	63%	37%	0%	100%	0%
	Behavioral health centers	90%	10%	0%	100%	0%
	Methadone and other MAT clinics	58%	42%	0%	100%	0%
	HIV/AIDS services organizations (e.g., Ryan White Providers)	65%	35%	0%	100%	0%
	School-based clinics	55%	45%	0%	100%	0%
	Indian Health Service providers or tribal clinics	42%	58%	0%	100%	0%
	Local/County health departments	82%	18%	0%	100%	0%
	None of the above	0%	100%	0%	100%	0%

Q15	What types of providers are credentialed as primary care providers in your network? Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Internists	94%	6%	0%	100%	0%
	Pediatricians	95%	5%	0%	100%	0%
	Family practice physicians	100%	0%	0%	100%	0%
	General practitioners	97%	3%	0%	100%	0%
	OB-GYNs	78%	22%	0%	100%	0%
	Nurse practitioners	70%	30%	0%	100%	0%
	Physician assistants	53%	47%	0%	100%	0%
	Nurse midwives	26%	74%	0%	100%	0%
	Specialists, in the case of people with disabilities and/or chronic conditions	54%	46%	0%	100%	0%
	Other	7%	93%	0%	100%	0%

Q16	**Indicate which of the following standards your Medicaid MCO uses in establishing networks.** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Maximum travel time or distance to provider	93%	5%	2%	100%	0%
	Minimum provider-to-enrollee ratios	66%	32%	2%	100%	0%
	Minimum share of primary care providers in your network that accept new Medicaid patients	39%	59%	2%	100%	0%
	Maximum wait time to obtain an appointment	48%	50%	2%	100%	0%
	Other	11%	87%	2%	100%	0%
	None	0%	98%	2%	100%	0%

Q17	**Indicate which of the following your Medicaid MCO uses to identify potential gaps in network capacity.** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Out-of-network encounters as a percentage of total encounters	67%	29%	4%	100%	0%
	Emergency room utilization rates	47%	49%	4%	100%	0%
	Inpatient admission and/or readmission rates	36%	60%	4%	100%	0%
	Consumer Assessment of Healthcare Providers and System (CAHPS) or other member survey data	72%	23%	4%	100%	0%
	Analysis of encounter data to assess underutilization	49%	47%	4%	100%	0%
	Call center reports	56%	40%	4%	100%	0%
	Member complaint and/or grievance reports	88%	8%	4%	100%	0%
	Provider complaints	77%	19%	4%	100%	0%
	Secret shopper calls	52%	44%	4%	100%	0%
	Site visits to provider offices	53%	43%	4%	100%	0%
	Other	17%	79%	4%	100%	0%
	None	1%	95%	4%	100%	0%

Due to rounding, total may not equal 100%.

Q18	**Which of the following <u>member</u>-focused strategies does your Medicaid MCO use to assist members with accessing care from network providers?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Member newsletters (mail or electronic)	80%	20%	0%	100%	0%
	Call center assistance	100%	0%	0%	100%	0%
	Up-to-date and searchable online provider directory	94%	6%	0%	100%	0%
	Assistance with appointment scheduling	89%	11%	0%	100%	0%
	Appointment reminders	38%	62%	0%	100%	0%
	Mobile health vans/clinics	28%	72%	0%	100%	0%
	Other	11%	89%	0%	100%	0%
	None	0%	100%	0%	100%	0%

Q19	**Which of the following <u>provider</u>-focused strategies does your Medicaid MCO use to assist members with accessing care from network providers?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Provider training and education	96%	0%	4%	100%	0%
	Dedicated provider call-in hours for consultation with Medicaid MCO medical director	13%	83%	4%	100%	0%
	Network validation activities	78%	18%	4%	100%	0%
	Other	13%	83%	4%	100%	0%
	None	0%	96%	4%	100%	0%

Q20	**Does your Medicaid MCO regularly collect data on any of the following performance measures related to access to care?** Please select one response per row.					
		Yes	No	Don't know	Non-Missing Total	Missing
	HEDIS (Healthcare Effectiveness Data and Information Set) measures related to access to care	98%	2%	0%	100%	0%
	CAHPS measures related to access to care	96%	3%	1%	100%	0%
	CMS Child Core Measures related to access to care	32%	48%	20%	100%	0%
	CMS Adult Core Measures related to access to care	37%	43%	20%	100%	0%
	Other performance measures related to access to care specified by the state	79%	14%	7%	100%	0%
	Other*	8%	8%	7%	23%	77%

* Responses of Yes/No/Don't Know for "Other" calculated among total universe including missing/skips.

Q21	**Which of the following strategies does your Medicaid MCO use to recruit and retain providers? Include strategies used for any type of provider or provider location.** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Prompt payment policies (e.g., guaranteed payment timeframe)	69%	28%	3%	100%	0%
	Financial incentives (e.g., sign-on bonus or bonus payments tied to quality indicators)	70%	27%	3%	100%	0%
	Debt repayment	5%	92%	3%	100%	0%
	Pay rates comparable to Medicare or commercial rates	44%	53%	3%	100%	0%
	Automatic assignment of members to primary care providers	69%	28%	3%	100%	0%
	In-person outreach to providers	84%	13%	3%	100%	0%
	Reduced administrative burdens (e.g., streamline reporting requirements)	48%	49%	3%	100%	0%
	Streamlined credentialing and re-credentialing process	54%	43%	3%	100%	0%
	Use of technology (e.g., electronic health records or provider portal)	64%	33%	3%	100%	0%
	Streamlined referral and authorization practices	59%	38%	3%	100%	0%
	Dedicated provider hotline for questions, problems and needs	74%	22%	3%	100%	0%
	Other	9%	88%	3%	100%	0%
	None	1%	96%	3%	100%	0%

Due to rounding, total may not equal 100%.

Q22	**How difficult is it to recruit adequate numbers of the following types of health care providers to your Medicaid MCO?** Select one response in each row.						
		Very difficult	Somewhat difficult	Not difficult	Medicaid MCO does not contract with this provider	Don't know	Non-Missing Total	Missing
	Primary care providers	7%	33%	57%	0%	3%	100%	0%
	Pediatricians	6%	26%	63%	2%	3%	100%	0%
	OB/GYNs	6%	44%	46%	1%	3%	100%	0%
	Adult subspecialists	22%	56%	16%	1%	4%	100%	0%
	Pediatric subspecialists	41%	38%	16%	2%	3%	100%	0%
	Dentists	13%	21%	26%	39%	1%	100%	0%

Due to rounding, total may not equal 100%.

Q23	If your Medicaid MCO contracts with behavioral health care providers, how difficult is it to recruit adequate numbers of the following types of behavioral health care providers? Select one response in each row.							
		Very difficult	Somewhat difficult	Not difficult	Medicaid MCO does not contract with this provider	Don't know	Non-Missing Total	Missing
	Psychologists	14%	45%	32%	3%	5%	100%	5%
	Psychiatrists	43%	38%	12%	3%	4%	100%	5%
	Child/adolescent psychiatrists	57%	22%	9%	8%	5%	100%	5%
	Psychiatric/mental health nurse practitioners	25%	43%	20%	3%	9%	100%	5%
	Licensed therapists/counselors	6%	33%	52%	3%	5%	100%	5%
	Clinical social workers	6%	26%	59%	3%	5%	100%	5%
	Drug and alcohol counselors	11%	29%	43%	10%	8%	100%	5%
	Other*	4%	2%	2%	4%	14%	26%	74%

Due to rounding, total may not equal 100%. * Responses for "Other" calculated among total universe including missing/skips.

Q24	If your Medicaid MCO's provider network is not able to provide necessary, covered non-emergency care to a member, which of the following best describes your Medicaid MCO's policy on prior authorization and/or required referral to receive service from out-of-network providers?	
	Member must obtain prior authorization	33%
	Member must obtain a referral from an in-network provider	2%
	Member must obtain both prior authorization and a referral from an in-network provider	18%
	Member is not required to obtain either prior authorization or a referral from an in-network provider	5%
	Prior authorization and referral requirements vary based on type of non-emergency service	41%
	Don't know	1%
	Non-Missing Total	100%
	Missing	0%

Q25	**In what areas of care does your Medicaid MCO currently use telemedicine?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Chronic disease management	20%	76%	4%	100%	0%
	Dermatology	22%	73%	4%	100%	0%
	Oral health care	4%	92%	4%	100%	0%
	Mental health and/or substance use disorder counseling	37%	59%	4%	100%	0%
	Physical, occupational, or speech therapy	4%	92%	4%	100%	0%
	Health assessments	16%	80%	4%	100%	0%
	Home health	5%	91%	4%	100%	0%
	Other	19%	77%	4%	100%	0%
	None -- our Medicaid MCO does not use telemedicine	32%	64%	4%	100%	0%

Due to rounding, total may not equal 100%.

Q26	**What is the average duration of enrollment among your Medicaid members?** Select one response in each row.							
		Enrolled for less than 6 months	Enrolled for 6-12 months	Enrolled for 1-2 years	Enrolled for more than 2 years	Not applicable - we do not enroll this population	Don't know	Non-Missing Total	Missing
	Children	0%	17%	18%	34%	3%	28%	100%	0%
	Pregnant women	6%	29%	18%	12%	2%	33%	100%	0%
	Parents	2%	17%	20%	18%	6%	36%	100%	0%
	Seniors and individuals with disabilities	0%	5%	13%	40%	15%	27%	100%	0%
	Other adults	1%	14%	18%	27%	7%	33%	100%	3%

Due to rounding, total may not equal 100%.

Q27	Since your health plan began offering products on the Health Insurance Marketplace, to what extent have you seen members move between Medicaid and Marketplace coverage within the health plan?	
	We have seen a significant number of members move between Medicaid and Marketplace coverage.	3%
	We have seen a moderate number of members move between Medicaid and Marketplace coverage.	31%
	We have seen an insignificant number of members move between Medicaid and Marketplace coverage.	31%
	We have not seen any members move between Medicaid and Marketplace coverage.	6%
	We do not track movement between Medicaid and Marketplace coverage.	20%
	Don't know	9%
	Non-Missing Total	100%
	Missing Due to Logical Skips	63%
	Missing	64%

Q28	Which of the following activities are part of your Medicaid MCO's process for onboarding each new Medicaid member? Please check all that apply.	Yes	No	Don't know	Non-Missing Total	Missing
	Information/welcome packet sent by mail	98%	1%	1%	100%	0%
	Provider directory sent by mail (either in or separate from welcome kit)	53%	46%	1%	100%	0%
	Telephone welcome	70%	29%	1%	100%	0%
	Invitation to enroll in or sign up for a web-based patient portal	47%	52%	1%	100%	0%
	In-person health assessment	26%	73%	1%	100%	0%
	Remote health assessment (telephone/web/paper)	65%	34%	1%	100%	0%
	Outreach to encourage member to select and make an appointment with a primary care practitioner	69%	30%	1%	100%	0%
	Other	7%	92%	1%	100%	0%
	None of these activities are part of Medicaid MCO's member onboarding process	0%	99%	1%	100%	0%

Q29	**What method(s) does your Medicaid MCO use to identify high-need or high-risk Medicaid members?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	In-person health assessments	56%	43%	1%	100%	0%
	Telephonic health assessments	79%	20%	1%	100%	0%
	Online or paper health assessments	59%	40%	1%	100%	0%
	Medical record review	58%	41%	1%	100%	0%
	Data analytics (e.g., claim analysis, predictive modeling)	85%	14%	1%	100%	0%
	Other	11%	88%	1%	100%	0%
	Our Medicaid MCO does not have a method for identifying high-need or high-risk Medicaid members	0%	99%	1%	100%	0%

Q30	**What strategies does your Medicaid MCO use to ensure that members are able to communicate in their preferred language with their providers?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Contract with providers who are proficient in the languages spoken by members	81%	18%	1%	100%	0%
	Provide language assistance to members via onsite interpreter or language interpretation line	95%	4%	1%	100%	0%
	Supply members with a list of providers who speak their preferred language and/or enable members to search the provider directory by language	71%	28%	1%	100%	0%
	Conduct mail or telephone outreach to new members in the member's preferred language, or in multiple languages	50%	49%	1%	100%	0%
	Provide taglines in multiple languages on notices	77%	22%	1%	100%	0%
	Other	7%	92%	1%	100%	0%
	None of the above	1%	98%	1%	100%	0%

Q31	**Which of the following pieces of information does your Medicaid MCO provider directory include?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Provider's specialty	99%	0%	1%	100%	0%
	Provider's medical group or health system affiliation	90%	9%	1%	100%	0%
	Whether provider is accepting new Medicaid patients	85%	14%	1%	100%	0%
	Provider's website URL, if available	35%	64%	1%	100%	0%
	Provider's cultural and linguistic capabilities	86%	13%	1%	100%	0%
	Accommodations for individuals with physical disabilities	66%	33%	1%	100%	0%
	None of these pieces of information are included in the provider directory	0%	99%	1%	100%	0%

Q32	How frequently do you update your Medicaid MCO provider directory <u>online?</u>	
	Annually	2%
	Semi-annually	0%
	Quarterly	7%
	Monthly	18%
	Whenever changes to the provider network occur	53%
	Other	14%
	Not applicable; no online directory is available	4%
	Don't know	1%
	Non-Missing Total	100%
	Missing	0%

Due to rounding, total may not equal 100%.

Q33	How frequently do you update your Medicaid MCO provider directory in <u>print?</u>	
	Annually	26%
	Semi-annually	12%
	Quarterly	24%
	Monthly	12%
	Whenever changes to the provider network occur	2%
	Other	11%
	Not applicable; no print directory is available	8%
	Don't know	4%
	Non-Missing Total	100%
	Missing	0%

Due to rounding, total may not equal 100%.

Q34	What methods does your Medicaid MCO use to pay primary care physicians and specialists for services provided to Medicaid members? Please select all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
PCPs	Salary	4%	95%	1%	100%	0%
	Prospective payment system (PPS)	29%	70%	1%	100%	0%
	Capitation	53%	46%	1%	100%	0%
	Fee-for-service (FFS)	93%	6%	1%	100%	0%
Specialists	Salary	2%	94%	4%	100%	0%
	Prospective payment system (PPS)	21%	74%	4%	100%	0%
	Capitation	22%	73%	4%	100%	0%
	Fee-for-service (FFS)	93%	3%	4%	100%	0%

Due to rounding, total may not equal 100%.

Q35	**How does your Medicaid MCO set <u>physician</u> payment rates for services provided to Medicaid members?** Please select the one method most commonly used.	
	Payment rates are based on or set at the state Medicaid fee schedule	51%
	Payment rates are based on or set at the state Medicare fee schedule	5%
	Payment rates are negotiated between the Medicaid MCO and providers	38%
	Other	6%
	Don't know	0%
	Non-Missing Total	100%
	Missing	0%

Q36	**How does your Medicaid MCO set <u>hospital</u> payment rates for services provided to Medicaid members?** Please select the one method most commonly used.	
	Payment rates are based on or set at the state Medicaid fee schedule	46%
	Payment rates are based on or set at the state Medicare fee schedule	4%
	Payment rates are negotiated between the Medicaid MCO and hospitals	46%
	Other	3%
	Don't know	1%
	Non-Missing Total	100%
	Missing	0%

Q37	**Did your Medicaid MCO use any of the following payment strategies within the past 12 months?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Enhanced payment rates for providers in rural or frontier areas	33%	64%	3%	100%	0%
	Enhanced payment rates for hard-to-recruit provider types	62%	35%	3%	100%	0%
	Payment incentives for availability of same-day or after-hours appointments	30%	67%	3%	100%	0%
	Payment incentives based on performance measures related to access to care	66%	31%	3%	100%	0%
	Medicaid MCO did not implement any of these strategies within the past 12 months	10%	87%	3%	100%	0%

Q38	**Does your Medicaid MCO plan to implement any of the following payment strategies in the next 12 months?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Enhanced payment rates for providers in rural or frontier areas	21%	68%	10%	100%	0%
	Enhanced payment rates for hard-to-recruit provider types	42%	48%	10%	100%	0%
	Payment incentives for availability of same-day or after-hours appointments	32%	58%	10%	100%	0%
	Payment incentives based on performance measures related to access to care	62%	28%	10%	100%	0%
	Medicaid MCO does not plan to implement any of these strategies in the next 12 months	16%	73%	10%	100%	0%

Due to rounding, total may not equal 100%.

Q39	**Please indicate whether your Medicaid MCO has used any of the following alternative payment models for any providers in the past 12 months.** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Non-payment or reduced payment for 39-week elective delivery	20%	79%	1%	100%	0%
	Non-payment or reduced payment for patient safety issues (e.g., "never events")	43%	56%	1%	100%	0%
	Incentive/bonus payments tied to specific performance measures ("pay-for-performance")	93%	6%	1%	100%	0%
	Payment withholds tied to performance	22%	77%	1%	100%	0%
	Bundled or episode-based payments	38%	61%	1%	100%	0%
	Global or capitated payments to primary care providers or integrated provider entities	50%	49%	1%	100%	0%
	Shared savings	61%	38%	1%	100%	0%
	Shared savings and risk	44%	55%	1%	100%	0%
	Other	5%	94%	1%	100%	0%
	None	1%	98%	1%	100%	0%

Q40	**Approximately what share of your Medicaid MCO's payments to <u>primary care providers</u> is made through alternate payment models (e.g., incentive/bonus payment tied to performance, payment withholds, bundled or episode–based payments, global or capitated payments, shared savings and/or risk)?**	
	None	4%
	1-15%	33%
	15-30%	16%
	More than 30%	34%
	Don't know	12%
	Non-Missing Total	100%
	Missing	1%

Q41	**Approximately what share of your Medicaid MCO's payments to <u>hospitals</u> is made through alternative payment models (e.g., incentive/bonus payment tied to performance, payment withholds, bundled or episode-based payments, global or capitated payments, shared savings and/or risk)?**	
	None	32%
	1-15%	36%
	15-30%	9%
	More than 30%	10%
	Don't know	12%
	Non-Missing Total	100%
	Missing	1%

Q42	**What are your Medicaid MCO's top three priorities in terms of ensuring access to care for your members?** Please select three.	Yes	No	Don't know	Non-Missing Total	Missing
	Implement new delivery models such as PCMHs	26%	73%	1%	100%	0%
	Contract with more primary care providers	14%	85%	1%	100%	0%
	Contract with more specialists	14%	85%	1%	100%	0%
	Contract with more mental health providers	15%	84%	1%	100%	0%
	Contract with more substance use disorder providers	5%	94%	1%	100%	0%
	Expand use of non-physician providers	13%	86%	1%	100%	0%
	Incentivize current network providers to accept more new Medicaid patients	23%	76%	1%	100%	0%
	Improve coordination with community-based social services organizations	39%	60%	1%	100%	0%
	Improve Medicaid MCO data and information systems	37%	62%	1%	100%	0%
	Improve integration of physical and behavioral health	49%	50%	1%	100%	0%
	Implement or expand intensive care management strategies for high-risk members	43%	56%	1%	100%	0%
	Improve member education	6%	93%	1%	100%	0%
	Other	10%	89%	1%	100%	0%

Q43	What are your Medicaid MCO's top three challenges in terms of ensuring access to care for your members? Please select three.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Capitation rate paid by the state is too low	48%	52%	0%	100%	0%
	Lack of continuous eligibility for Medicaid members (i.e., "churn")	46%	54%	0%	100%	0%
	Provider supply shortages in certain geographic areas	62%	38%	0%	100%	0%
	Provider supply shortages in certain specialties	65%	35%	0%	100%	0%
	Low physician participation in Medicaid	10%	90%	0%	100%	0%
	Member education about how to access care	38%	62%	0%	100%	0%
	Caps on providers' Medicaid patient panels	11%	89%	0%	100%	0%
	Other	11%	89%	0%	100%	0%

Q44	Approximately how much did your Medicaid MCO's enrollment increase from January 1, 2014 to December 31, 2016?	
	Not at all	9%
	1-10% increase	8%
	11-20% increase	17%
	More than a 20% increase	62%
	Not applicable (i.e., our health plan did not participate in Medicaid on January 1, 2014)	2%
	Don't know	1%
	Non-Missing Total	100%
	Missing	0%

Due to rounding, total may not equal 100%.

Q45	In what ways, if any, did your Medicaid MCO expand its provider network between January 1, 2014 and December 31, 2016 to serve the adult group newly eligible for Medicaid under the ACA expansion? Please check all that apply.						
		Yes	No	Don't know	Non-Missing Total	Missing Due to Logical Skips	Total Missing
	Added primary care providers	59%	38%	3%	100%	28%	33%
	Added specialists	56%	41%	3%	100%	28%	33%
	Added mental health providers	48%	48%	3%	100%	28%	33%
	Added substance use disorder treatment providers	35%	62%	3%	100%	28%	33%
	Other	15%	82%	3%	100%	28%	33%
	None of the above	21%	76%	3%	100%	28%	33%

Due to rounding, total may not equal 100%.

Q46	**Overall, what has the effect of Medicaid expansion been on your Medicaid MCO's financial performance?**	
	Positive effect on financial performance	62%
	Negative effect on financial performance	23%
	No significant effect on financial performance	12%
	Don't know	3%
	Non-Missing Total	100%
	Missing Due to Logical Skips	28%
	Total Missing	33%

Q47	**If the ACA Medicaid expansion were repealed, how likely is your health plan to reconsider its participation in Medicaid?**	
	Very likely	6%
	Somewhat likely	3%
	Not very likely	24%
	Not at all likely	65%
	Don't know	2%
	Non-Missing Total	100%
	Missing Due to Logical Skips	28%
	Missing	33%

Q 48	**For each of the following provisions being considered in current waiver discussions, please indicate the domain where the impact would be greatest.** Please select one response per row.							
		Enrollee access to care	Continuity of coverage	MCO admin. burden	MCO financial performance	No impact	Don't know	Non-Missing Total	Missing
	Work requirement for adults	22%	42%	17%	0%	10%	8%	100%	0%
	Increased premiums	41%	21%	8%	13%	9%	7%	100%	0%
	Lock-out (e.g., 6 months) for unpaid premiums	34%	35%	9%	8%	9%	5%	100%	0%
	Increased cost-sharing	47%	8%	21%	14%	6%	3%	100%	0%
	Elimination of non-emergency medical transportation (NEMT) benefit	82%	3%	0%	6%	7%	2%	100%	0%

Due to rounding, total may not equal 100%.

Q49	**If Medicaid financing were restructured as a federal block grant or per capita cap to states, what implication, if any, do you anticipate would be the most significant for your Medicaid MCO?**
	Open-ended text responses

Q50	**If you were to face more limited Medicaid capitation rates or limits on rate increases, what three measures might your Medicaid MCO take? Select the three measures your Medicaid MCO would most likely take.**					
		Yes	No	Don't Know	Non-Missing Total	Missing
	Increase efficiency	50%	47%	3%	100%	0%
	Reduce Medicaid provider payment rates, if state allows	63%	34%	3%	100%	0%
	Limit Medicaid enrollment	12%	85%	3%	100%	0%
	Reduce benefits to the extent permitted	51%	46%	3%	100%	0%
	Increase prior authorization, utilization management, or other requirements to contain costs	63%	34%	3%	100%	0%
	End health plan's participation in Medicaid	14%	83%	3%	100%	0%
	Other	8%	89%	3%	100%	0%
	None	0%	97%	3%	100%	0%

Q51	**Please indicate how much additional guidance or support your Medicaid MCO needs from CMS to implement the following components of the Medicaid managed care rule.** Please select one response per row.					
		Substantial additional guidance needed	Some additional guidance needed	No additional guidance needed	Don't know	Non-Missing Total	Missing
	Actuarial soundness/rate-setting	18%	48%	28%	6%	100%	0%
	Risk adjustment	11%	57%	27%	5%	100%	0%
	Medical Loss Ratio	2%	49%	45%	4%	100%	0%
	Network adequacy	8%	43%	47%	2%	100%	0%
	Encounter data reporting	8%	53%	35%	4%	100%	0%
	Quality rating system	14%	60%	22%	3%	100%	0%
	Mental health parity	18%	51%	27%	4%	100%	0%
	Other*	2%	2%	9%	13%	26%	73%

Due to rounding, total may not equal 100%.* Responses for "Other" calculated among total universe including missing/skips.

Q52	Please indicate which three areas of the Medicaid managed care rule will be most resource-intensive for your Medicaid MCO to implement. Please rank the three most resource-intensive implementation domains.			
		First	Second	Third
	Actuarial soundness/rate-setting	18%	6%	7%
	Risk adjustment	7%	24%	12%
	Medical Loss Ratio	3%	6%	7%
	Network adequacy	19%	12%	17%
	Encounter data reporting	11%	14%	17%
	Quality rating system	22%	26%	17%
	Mental health parity	6%	11%	19%
	Other	2%	1%	2%
	Don't know	11%	1%	2%
	Non-Missing Total	100%	100%	100%
	Missing	2%	13%	14%

Due to rounding, total may not equal 100%.

Q53	Has the change in Administration caused your Medicaid MCO to slow or put a hold on any activities to implement provisions of the Medicaid managed care rule?	
	Yes	23%
	No	71%
	Don't know	6%
	Non-Missing Total	100%
	Missing	2%

Q54	Does your Medicaid MCO contract with an Accountable Care Organization (ACO)?	
	Yes	28%
	No, but considering	34%
	No, and not considering	35%
	Don't know	2%
	Non-Missing Total	100%
	Missing	2%

Due to rounding, total may not equal 100%.

Q55	Does your Medicaid MCO contract with an integrated health system that is not an ACO?	
	Yes	73%
	No, but considering	15%
	No, and not considering	10%
	Don't know	2%
	Non-Missing Total	100%
	Missing	2%

Q56	Please indicate whether your Medicaid MCO currently uses any of the following strategies to promote coordinated care for all members as needed or for high-risk members. Please select one response per row.						
		Use for all members as needed	Use for high-risk members only	Not used for any members	Don't know	Non-Missing Total	Missing
	Offer members the option to enroll in a patient-centered medical home (PCMH)	69%	7%	22%	1%	100%	3%
	Use interdisciplinary care teams (e.g., primary care provider, specialist, mental health provider)	58%	34%	8%	0%	100%	3%
	Provide complex case management	46%	54%	0%	0%	100%	3%
	Provide chronic disease management	74%	25%	1%	0%	100%	3%
	Use community health workers, peer support specialists, or health coaches	61%	24%	14%	1%	100%	3%
	Participate in Medicaid health homes (Section 2703 of ACA)	24%	13%	38%	25%	100%	3%
	Implement individualized care plans	58%	41%	1%	0%	100%	3%
	Conduct home visits	36%	55%	8%	1%	100%	3%

Due to rounding, total may not equal 100%.

Q57	Approximately what percentage of your Medicaid members receives services through a PCMH?	
	Under 25%	41%
	25-49%	24%
	50-74%	17%
	75-100%	9%
	Don't know	9%
	Non-Missing Total	100%
	Missing Due to Logical Skips	19%
	Total Missing	22%

Q58	**Does your Medicaid MCO offer incentives to encourage any of the following healthy behaviors?** Please check all that apply.	Yes	No	Don't know	Non-Missing Total	Missing
	Well-child care (e.g., exams, immunizations)	76%	22%	2%	100%	3%
	Prenatal visits	73%	25%	2%	100%	3%
	Timely postpartum care	73%	25%	2%	100%	3%
	Adult primary care visits	41%	57%	2%	100%	3%
	Weight management	39%	59%	2%	100%	3%
	Smoking cessation	48%	49%	2%	100%	3%
	Diabetes management	57%	41%	2%	100%	3%
	Blood pressure control	36%	62%	2%	100%	3%
	Cholesterol control	25%	73%	2%	100%	3%
	Other	17%	81%	2%	100%	3%
	Do not offer incentives to encourage healthy behaviors	11%	87%	2%	100%	3%

Due to rounding, total may not equal 100%.

Q59	**What types of incentives does your Medicaid MCO offer to encourage healthy behaviors?** Please check all that apply.	Yes	No	Don't know	Non-Missing Total	Missing Due to Logical Skips	Total Missing
	Cash	4%	91%	6%	100%	10%	15%
	Voucher or gift card	91%	4%	6%	100%	10%	15%
	Gym membership	19%	75%	6%	100%	10%	15%
	Other	19%	75%	6%	100%	10%	15%

Due to rounding, total may not equal 100%.

Q60	**What strategies does your Medicaid MCO currently use to coordinate or integrate physical and behavioral health care?** Please check all that apply.	Yes	No	Don't know	Non-Missing Total	Missing
	Contract with practices or health systems that provide co-located or integrated physical and behavioral health care	77%	22%	1%	100%	3%
	Establish care management or care coordination teams that include both physical and behavioral health professionals	85%	14%	1%	100%	3%
	Facilitate sharing of medical records	55%	44%	1%	100%	3%
	Operate or contract with Medicaid health homes for individuals with serious mental illness and/or a substance use disorder	46%	53%	1%	100%	3%
	Offer provider training/education	64%	35%	1%	100%	3%
	Other	8%	91%	1%	100%	3%
	Our Medicaid MCO does not currently use any strategies aimed at coordinating or integrating members' physical and behavioral health care	2%	97%	1%	100%	3%

Q61	What **payment** strategies does your Medicaid MCO currently use to coordinate or integrate **physical and behavioral health care?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Payment incentives for primary care providers to screen and refer for behavioral health needs	26%	68%	6%	100%	5%
	Payment incentives for behavioral health providers to screen and refer for chronic health care needs (e.g., high blood pressure or diabetes)	16%	77%	6%	100%	5%
	Payment incentives or financial support for co-location of physical and behavioral health providers (e.g., embed a primary care physician in a behavioral health practice or a behavioral health provider in a primary care practice)	28%	66%	6%	100%	5%
	Other	8%	86%	6%	100%	5%
	Our Medicaid MCO does not currently use any payment strategies aimed at coordinating or integrating members' physical and behavioral health care	45%	48%	6%	100%	5%

Q62	What is the **greatest** challenge your Medicaid MCO has faced in coordinating or integrating of **physical and behavioral health care?**	
	Lack of integration between programs or agencies at the state level	18%
	Difficulty coordinating with outside entity or entities that provide behavioral health services, if applicable	14%
	Provider reluctance to participate in coordinated or integrated arrangements	14%
	Member reluctance to participate in coordinated or integrated arrangements (e.g., change existing care routines or share behavioral health information with other providers)	8%
	Lack of financial resources for coordination or integration activities	11%
	Lack of necessary data systems	8%
	Legal privacy protections around behavioral health information	16%
	Other	6%
	No significant challenges	1%
	Don't know	4%
	Non-Missing Total	100%
	Missing	3%

Q63	**In the past 12 months, has your Medicaid MCO undertaken any activities that directly address any of the following social determinants of health?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Housing	77%	22%	1%	100%	3%
	Nutrition/food security	73%	26%	1%	100%	3%
	Education	51%	48%	1%	100%	3%
	Employment	31%	68%	1%	100%	3%
	Other	5%	94%	1%	100%	3%
	No such activities underway in the past 12 months	9%	89%	1%	100%	3%

Due to rounding, total may not equal 100%.

Q64	**In the past 12 months, has your Medicaid MCO used any of the following strategies to connect members with social services?** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Maintain a database of community and social service resources	81%	19%	0%	100%	3%
	Assess member needs	91%	9%	0%	100%	3%
	Offer WIC application assistance, employment counseling referrals and other types of social services	52%	48%	0%	100%	3%
	Use community health workers	67%	33%	0%	100%	3%
	Use interdisciplinary community care teams	66%	34%	0%	100%	3%
	Work with community-based organizations to link members with needed social services	93%	7%	0%	100%	3%
	Assist justice-involved individuals with reintegration into the community	20%	80%	0%	100%	3%
	Other	4%	96%	0%	100%	3%
	No use of these strategies in the past 12 months	0%	100%	0%	100%	3%

Q65	**Please identify what types of programs/initiatives your Medicaid MCO has operated or participated in during the past 12 months to assist members experiencing homelessness or housing instability.** Please check all that apply.					
		Yes	No	Don't know	Non-Missing Total	Missing
	Outreach to members or potential members who are homeless to help them access health care and services	76%	23%	1%	100%	3%
	Case management or care coordination for homeless individuals	82%	17%	1%	100%	3%
	Respite care or recuperative care for homeless individuals	32%	67%	1%	100%	3%
	Payment for Medicaid-covered housing-related services	20%	79%	1%	100%	3%
	Participation in a state-level Medicaid-housing initiative	24%	75%	1%	100%	3%
	Partnership with state or local housing agencies or organizations	58%	41%	1%	100%	3%
	Other	8%	91%	1%	100%	3%
	Medicaid MCO has not operated or participated in any such programs/initiatives during the past 12 months	5%	94%	1%	100%	3%

Endnotes

[1] Two additional MCOs were identified post-data collection as having been eligible for inclusion in the survey. These two plans were not included in the final sample frame nor were they invited to participate during the data collection period; however, they are included in the final data file and response rate calculations.

[2] Based on analysis of universe of plans for which enrollment data is known. See https://www.kff.org/data-collection/medicaid-managed-care-market-tracker/ for data on MMC plan enrollment.