



New Research Briefs Show Medicaid Managed Care Improves Access & Quality



Across the U.S., states are seeing that Medicaid Managed Care can help improve access and quality of care for beneficiaries.

Improving Access to Care

Access to care is a common challenge for states serving their Medicaid beneficiaries due to provider shortages and lower provider enrollment in Medicaid than in Commercial markets. To combat these challenges, many states have shifted from fee-for-service (FFS) models to Managed Care.

Several states have reported improved access to care after implementing Managed Care programs, as measured by the following:



Improved primary care service utilization



Increased use of transportation



Increased pediatric and children's health providers and services



Fewer hospitalizations and shorter lengths of stay



In **Florida**, implementing Medicaid Managed Care doubled the primary care providers in each network, as shown through a study of hospital length of stay and inpatient costs under Managed Care conducted between 2006 and 2012.



Iowa's global ratings of a child's doctor, health care and health plan improved upon implementing Medicaid Managed Care, according to a 2017 beneficiary satisfaction survey.



In 2016, **Louisiana** MCOs continued to demonstrate improvement on access measures from the 2011 pre-Managed Care baseline.





Improving Quality

Meanwhile, states that have shifted to Managed Care models are also seeing improvements in quality in part because of:

- Accountability for quality performance;
- Care management services;
- Connection to resources that meet the needs of beneficiaries – including those that address social determinants of health; and
- Creative payment strategies that incentivize quality care in the right setting at a lower cost.

MCOs also improve care by addressing beneficiaries’ unmet social needs:

91%

of MCOs reported activities to address social determinants of health

93%

of MCOs reported working with community-based organizations to link beneficiaries to social services

52%

of MCOs reported offering application assistance and counseling referrals for social services

MCOs Outperform FFS in Quality

Most states do not measure the quality performance of their FFS Medicaid programs, but MCOs show year-over-year improvement on quality measures.



In **Florida**, MCO quality scores are at or above national averages and Medicaid Managed Care beneficiaries had 7% shorter hospital lengths of stay than FFS beneficiaries.



After transitioning to Managed Care, **Louisiana** saw significant improvement on numerous HEDIS measures, including access to preventive services, the breast cancer screening rate, and well-child visits.



In **Mississippi**, twelve of twenty quality measures improved after implementing Managed Care.



After implementing an MCO quality incentive program in 2012, **Oregon**’s emergency department use dropped for all populations, with the biggest drop for beneficiaries with mental illness. In 2018, 64% of beneficiaries aged 12+ received a depression screening and follow up plan if needed.

