A Look At **The Numbers**

Medicaid Managed Care: The Right Model for **Kentucky**

The state of Kentucky partners with managed care organizations (MCOs) to serve the healthcare needs of individuals facing economic and social barriers. MCOs align with state requirements to deliver a higher standard of healthcare.



Public resources Accountability Oversight



Private sector capital Expertise Innovation

This partnership leads to higher quality care and improved health outcomes for members enrolled in Medicaid – while also managing Medicaid costs.

9 in 10

Kentuckians enrolled in Medicaid receive care through MCOs1

82%

Of Kentucky adults rated their MCO an 8/10 or higher²

\$1.2-1.7 billion

In overall Kentucky Medicaid savings in 2019 as a result of the managed care model¹

MCOs enable Kentucky to:

Deliver Value & **Predictability**



Increase **Quality of** Care



Improve Population Health



- With managed care, Kentucky pays a fixed, per-member, permonth rate.
- Preventive services coordinated by MCOs helped save Kentucky taxpayers \$194 million in 2017.1
- 90% of every Medicaid managed care dollar is spent directly on healthcare services, putting Kentucky's administrative efficiency ratio in the top 10 nationally.1
- In 2021, 0.04% was the managed care model's national Medicaid improper payment rate, compared to fee for service's 13.90%.3



MCOs integrate physical and mental health services to better monitor all aspects of patients' health.



Between 2016 and 2019, Kentucky's MCOs have seen:

- · 2.6% increase in access to prenatal and postpartum care.
- 6.1% increase in access to blood pressure screenings and control.
- · 3% increase in access to children's preventive care services for children ages 3-6, and 7.3% increase for children 0-15 mos.1



MCOs are regularly reviewed by state agencies and the National **Committee on Quality Assurance** (NCQA), and held accountable for up to 69 NCQA quality measures.4





