

FOURTH EDITION

# TRENDS IN BEHAVIORAL HEALTH



Volume 2

## The State Behavioral Health Landscape



A Reference Guide On  
The U.S. Behavioral Health  
Financing & Delivery  
System

# Table Of Contents



1. [Executive Summary](#)
2. [State Medicaid Coverage, By % Of Population, National Summary, 2011-2022](#)
3. [State Medicaid Enrollment, % By Program, National Summary, 2017-2022](#)
4. [At-A-Glance: Medicaid Enrollment By Coverage Type, 2017-2022](#)
5. [Types Of State Medicaid Behavioral Health Carve-Out Financial Models: Overview](#)
6. [State Medicaid Behavioral Health Carve-Out Financial Models By Number Of State Medicaid Programs: At-A-Glance, 2017-2022](#)
7. [State Medicaid Behavioral Health Financing & Management Models: By Number Of State Medicaid Programs, 2011-2022](#)
8. [States With At-Risk Capitated Health Plan Medicaid Contracts In 2022](#)
9. [States With At-Risk Capitated Medicaid Contracts Plus Alternative Payment Model Requirements For Health Plans In 2022](#)
10. [States With Medicaid MCO Contract Requirement To Meet A Specific Target % Of Provider Contracts In APM In 2022](#)
11. [Tracking State Innovations in Medicaid Behavioral Health, 2017-2022](#)
12. [Appendix: State Medicaid Enrollment By Coverage Type, 2017-2022, By State](#)

### The State of State Behavioral Health

Behavioral health (mental health and substance use treatment) services vary significantly from one state jurisdiction to the next. Within a framework of minimum regulations established by the federal government, individual states have substantial power to make decisions about their local mental health delivery systems. This means standards for how behavioral health programs are funded and operate are highly sensitive to local community beliefs and values.

States establish standards across a variety of issues, from treatment facilities and provider qualifications to the content of medical records. While states cannot offer fewer protections than the federal government mandates, they have discretion to strengthen laws and increase standards to add additional protections or to innovate in service delivery. Common areas of difference include:

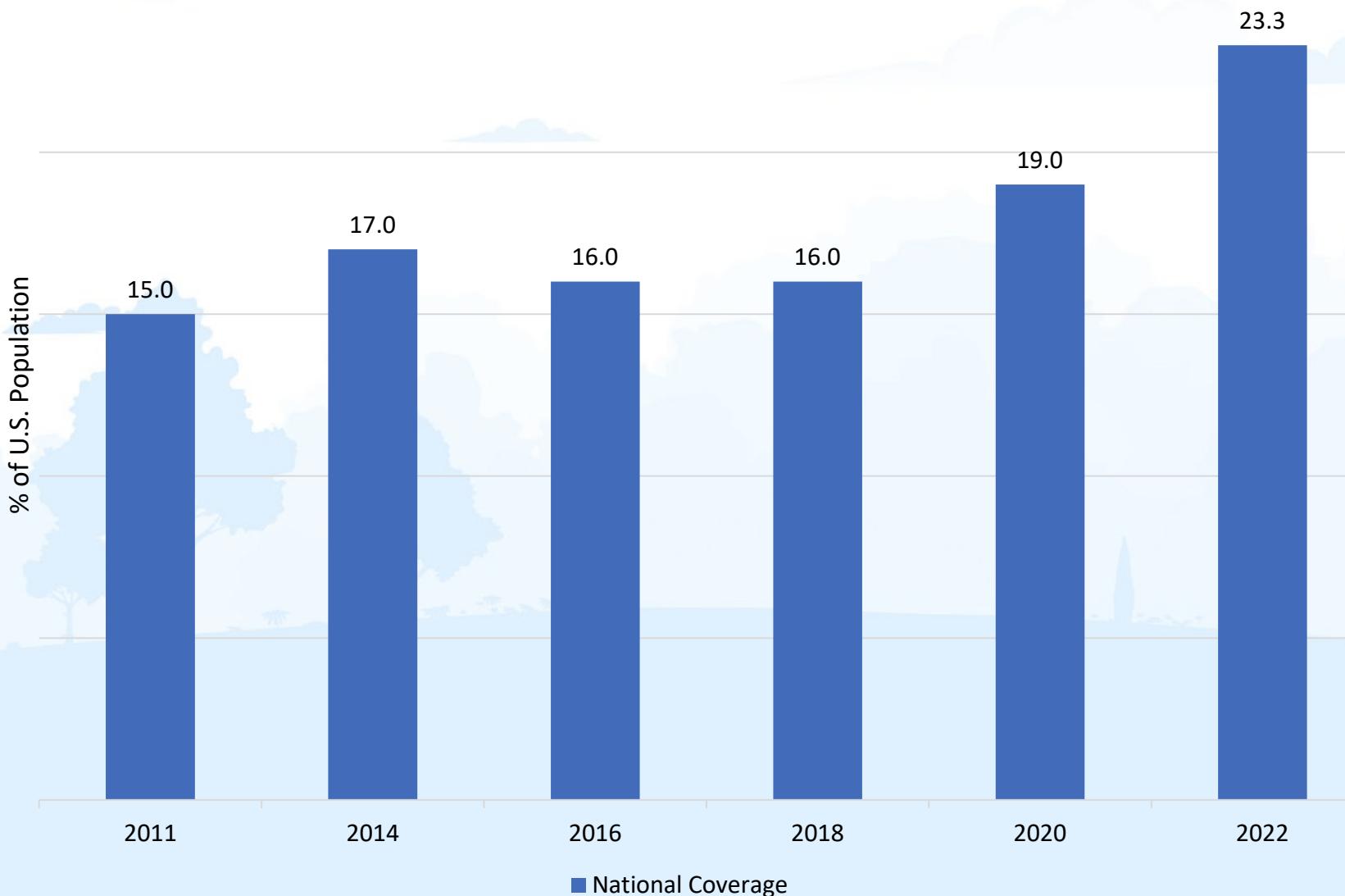
- **Civil Commitment Standards** – Laws that define the conditions under which residents can be required to undergo mental health treatment (involuntary treatment, including taking psychiatric medication) under the order of a judge.
- **Duty-To-Warn** – Requirements for mental health professionals to report to the state and potential victims if they believe their patient poses a danger to themselves or others. There is no blanket federal requirement for duty-to-warn.
- **State Hospitals** – States differ in the number of facilities and psychiatric hospital beds that are operated directly by the state. While amount of funding for state hospital operations made available by state legislators is important (the federal Medicaid program does not cover state hospital services), local values regarding the balance of institutional care versus serving individuals in the least restrictive level of care that keeps them in the community also influence bed capacity.

## 1. Executive Summary *Continued*

- **Substance Abuse Treatment vs. Incarceration** – States vary widely in their approach to addressing non-violent drug offenses, with some favoring a strong public safety and incarceration model and others adopting a more public health approach providing treatment in lieu of jail time.
- **Medicaid** – Within minimum federal guidelines, states have broad discretion to establish income limits for Medicaid eligibility, define the covered health benefits, set payment rates, determine qualified provider types, and adopt business models and rules for operating their state programs.
- **Other State Spending** – How much states spend on their behavioral health service system varies widely. While all states receive federal funding through block grants and health programs like Medicaid, state investments in local behavioral health services are highly subject to local values and beliefs. Some states favor a lower tax burden that provides fewer safety net services, while others favor a larger tax bill in exchange for more services.



## 2. State Medicaid Coverage, By % Of Population, National Summary, 2011-2022<sup>1,2</sup>



Medicaid is the single largest payer for behavioral health services in the United States today, providing coverage for over 95 million U.S. residents.

### 3. State Medicaid Enrollment, % By Program, National Summary, 2017-2022<sup>1</sup>



	2017		2020		2022		% Change (2017-2022)
Medicaid Enrollment By Program*	Enrollment	%	Enrollment	%	Enrollment	%	
<b>Total Number Of Medicaid Beneficiaries, Including Expansion Population</b>	<b>87,342,468</b>	<b>100%</b>	<b>86,975,312</b>	<b>100%</b>	<b>95,135,042</b>	<b>100%</b>	<b>9% ↑</b>
<b>Adult Expansion Group</b>	20,300,830	23%	19,940,480	23%	22,722,989	24%	<b>12% ↑</b>
<b>CHIP</b>	6,455,008	7%	6,952,304	8%	7,060,500	7%	<b>9% ↑</b>
<b>Full Dual Eligibles</b>	9,192,400	11%	9,271,629	11%	8,713,998	9%	<b>-5% ↓</b>
<b>Partial Dual Eligibles</b>	3,367,576	4%	3,413,069	4%	3,367,915	4%	<b>0% ↑</b>

\*Enrollment totals may vary, due to inconsistency in State and CMS reported data. The programs listed do not encompass every program offered by Medicaid.

States can choose whether to participate in Medicaid Expansion under the Affordable Care Act: as of May 2023, 41 states plus the District of Columbia had adopted the ACA expansion, while 10 states (Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming) had not.<sup>1,3</sup>

## 4. At-A-Glance: Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



	2017		2020		2022		% Change (2017-2022)
Medicaid Enrollment By Coverage Type*	Enrollment	%	Enrollment	%	Enrollment	%	
<b>Total Number Of Medicaid Beneficiaries, Including Expansion Population</b>	<b>87,342,468</b>	<b>100%</b>	<b>86,975,312</b>	<b>100%</b>	<b>95,135,042</b>	<b>100%</b>	<b>9% ↑</b>
<b>FFS</b>	16,334,072	19%	11,931,880	14%	17,784,506	19%	<b>9% ↑</b>
<b>Comprehensive Managed Care</b>	65,172,524	75%	67,824,128	78%	73,335,808	77%	<b>13% ↑</b>
<b>Primary Care Case Management (PCCM)</b>	5,835,872	7%	7,219,304	8%	4,014,728	4%	<b>-31% ↓</b>

\*Enrollment totals may vary, due to inconsistency in State and CMS reported data. The programs listed do not encompass every program offered by Medicaid.

Most states have adopted a managed care business model for their Medicaid program. In 2022, 77% of recipients were served in Comprehensive Managed Care (CMC) plans nationwide, and 4% through the Primary Care Case Management (PCCM) program.

## 5. Types Of State Medicaid Behavioral Health Carve-Out Financial Models: Overview<sup>4</sup>



### Primary Carve-Out To Managed Behavioral Health Organization (MBHO) Plan

State Medicaid program delegates some or all behavioral health benefits to a separate management entity (private or governmental)

### All Behavioral Health In Medicaid FFS Plan With Physical Health In Medicaid Health Plan

State Medicaid FFS program retains responsibility for some or all behavioral health services, while delegating physical health to the Medicaid health plans.

### Behavioral Health & Physical Health In Medicaid Health Plan

Responsibility for all behavioral health benefits lies with the Medicaid health plans.

### Behavioral Health & Physical Health In Medicaid FFS Plan

The state Medicaid program retains responsibility for all behavioral health and physical health benefits, with neither delegated to a separate management entity.

### Vertical Carve-Out (Physical & Behavioral Health) For Consumer Population With Mental Health/Cognitive Disorders Plan

State Medicaid program delegates responsibility for all benefits (physical health and behavioral health) for consumers with behavioral health disorders (or other specific disorders or needs) to a specialty CMO.

## 6. State Medicaid Behavioral Health Carve-Out Financial Models By Number Of State Medicaid Programs: At-A-Glance, 2017-2022<sup>4</sup>

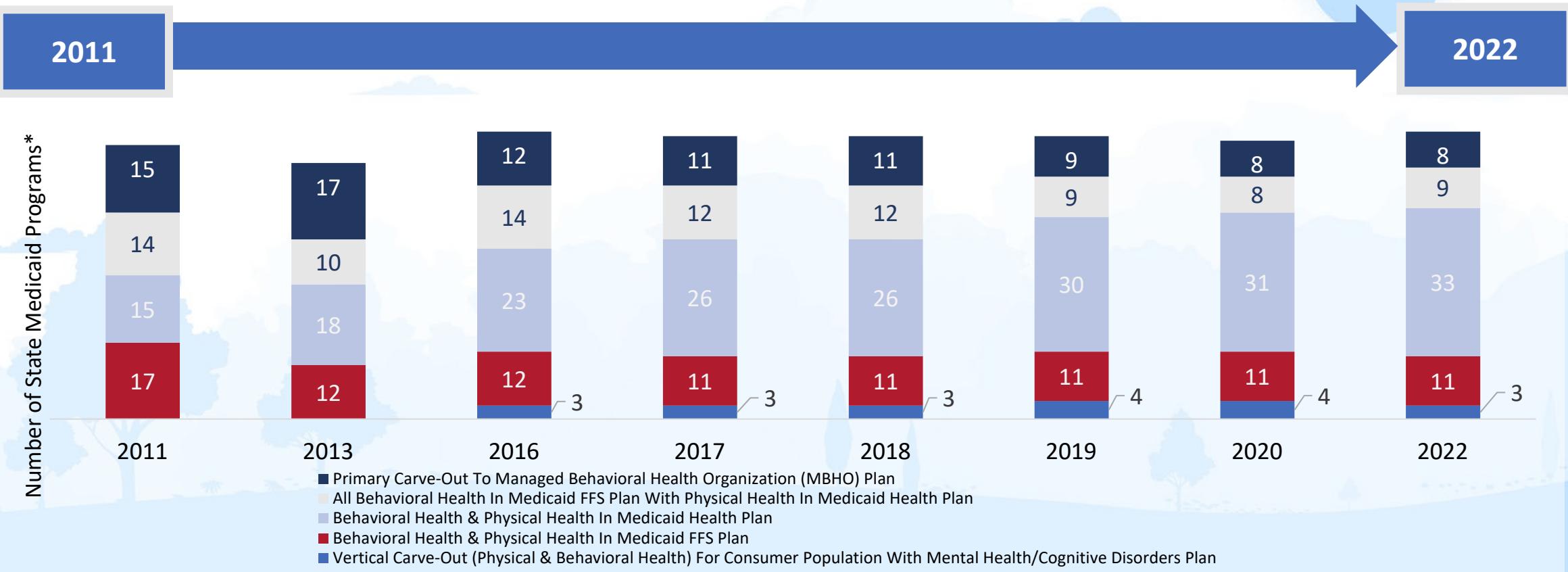


State Medicaid Behavioral Health Financing/Delivery Models*	Number Of State Programs (% of Medicaid Programs)			% Change 2011 to 2022
	2011	2017	2022	
Primary Carve-Out To Managed Behavioral Health Organization (MBHO) Plan	15 (25%)	11 (17%)	8 (13%)	-47% ↓
All Behavioral Health In Medicaid FFS Plan With Physical Health In Medicaid Health Plan	14 (23%)	12 (19%)	9 (14%)	-36% ↓
Behavioral Health & Physical Health In Medicaid Health Plan	15 (25%)	26 (41%)	33 (52%)	120% ↑
Behavioral Health & Physical Health In Medicaid FFS Plan	17 (28%)	11 (17%)	11 (17%)	-35% ↓
Vertical Carve-Out (Physical & Behavioral Health) For Consumer Population With Mental Health/Cognitive Disorders Plan	0 (N/A)	3 (5%)	3 (5%)	N/A

\*Total number of states does not total 51 (U.S. states + D.C.) due to 10 states having 15 specialty Medicaid programs

States operating behavioral health carve-out programs under Medicaid are a vanishing breed. Carve-outs, where mental health and substance use disorder treatment services are contracted and delivered through an entity separate from the physical healthcare system, have experienced a steep decline. Of 15 states with a behavioral health carve-out in 2011, only 8 states still had separation in 2022.

## 7. State Medicaid Behavioral Health Financing & Management Models: By Number Of State Medicaid Programs, 2011-2022<sup>4</sup>



\*Since 2011, total number of states does not total 51 (U.S. states + D.C.) due to 10 states having 15 specialty Medicaid programs:

1. Arizona – SMI Population
2. Arkansas – FFS
3. Arkansas – PASSE (Provider-Led Arkansas Shared Savings Entity)
4. Arkansas – ARWorks (private coverage)
5. California – SMI Population
6. Colorado – RAE (Regional Accountable Entity)
7. Colorado – DHMC (Denver Health Managed Care )
8. Florida – SMI Population
9. Hawaii – SMI Population
10. Idaho – Duals Program
11. Massachusetts – MCO Delivery System
12. Massachusetts – PCCM/ACO Delivery System (Primary Care Case Management & Accountable Care Organizations)
13. New York – Long-Term Care
14. New York – SMI Population
15. Wisconsin – Family Care Program

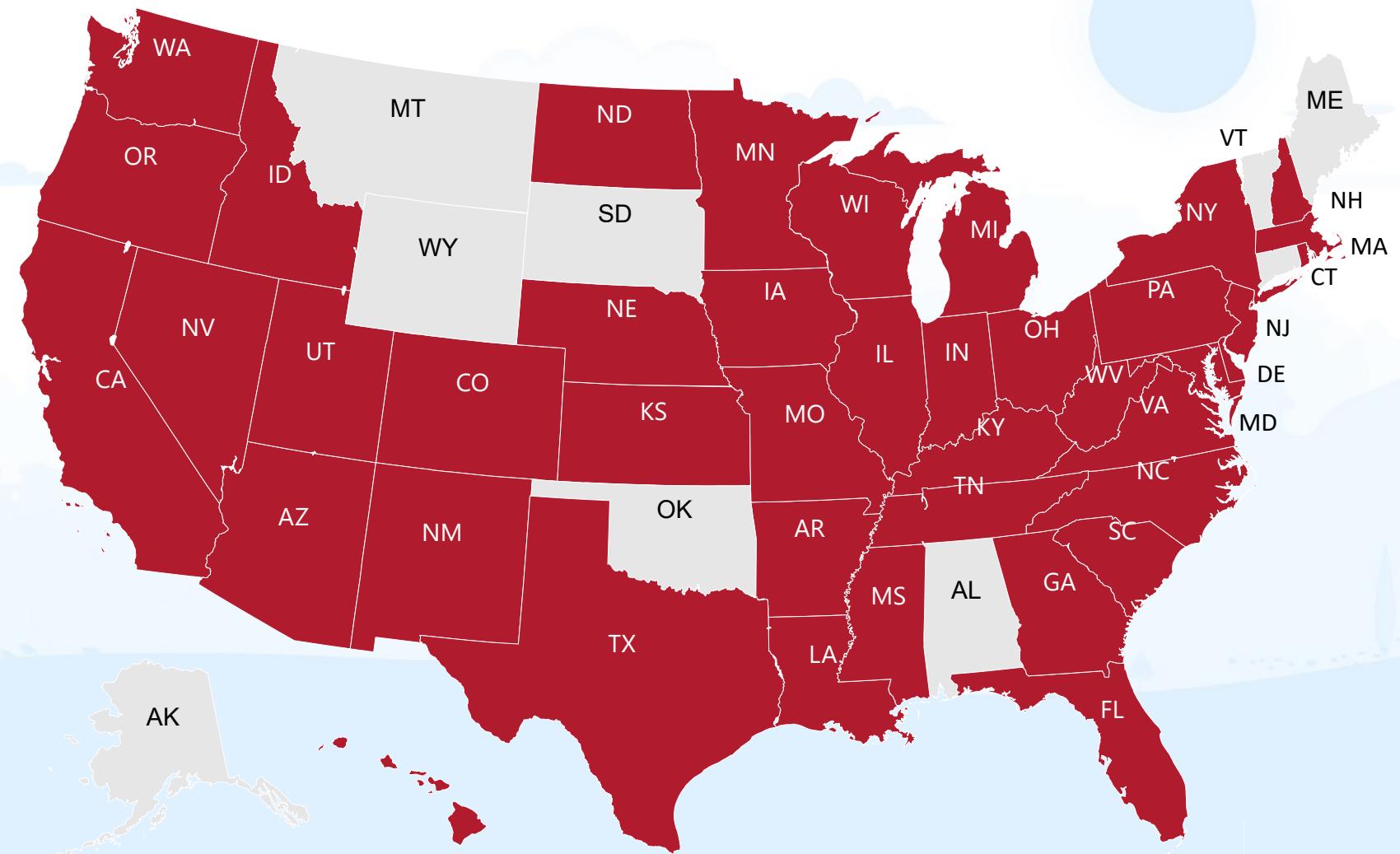
## 7. State Medicaid Behavioral Health Financing & Management Models: By Number Of State Medicaid Programs, 2011-2022<sup>4</sup> *Continued*



- States are replacing carve-out management models with Medicaid health plans that manage both physical and behavioral health service benefits.
- The growth of integrated care may reflect a growing recognition that mental health and substance use conditions are a healthcare cost driver and co-management of both physical and behavioral health offers an opportunity to both improve outcomes and reduce overall costs.
- State programs with integrated physical/behavioral health benefit management climbed from 15 in 2011 to 33 in 2022 – a 120% increase. Well over half (57%) of Medicaid recipients – 53.3 million people – now receive their healthcare in integrated plans.
- A small number of states – Arkansas, Florida, and New York – created specialty vertical carve-out plans to manage both behavioral and physical care benefits for a specialty population of members with serious mental illness.

## 8. States With At-Risk Capitated Health Plan Medicaid Contracts In 2022<sup>5</sup>

42 US States + D.C.  
Utilize At-Risk Capitated  
Contracts With Health  
Plans For Medicaid  
Programs



## 8. States With At-Risk Capitated Health Plan Medicaid Contracts In 2022<sup>5</sup> *Continued*



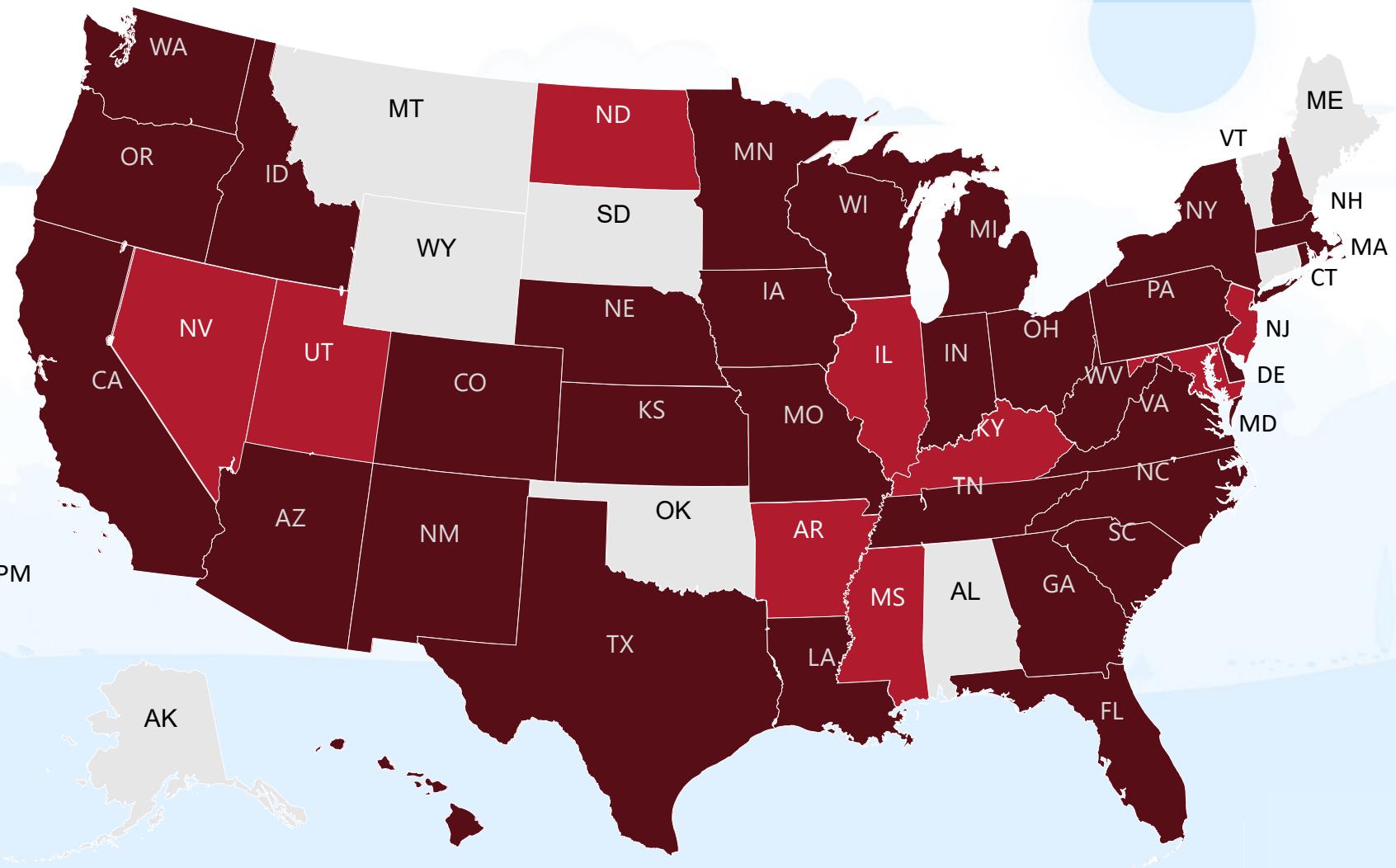
**Most states (84%) today use some form of capitated payment model for purchasing Medicaid services. Under capitation, states pay health plans a fixed amount for everyone in a population, regardless of whether they utilize services.**

**This model places all risk with the health plan, which is responsible for covering all of the population's health services.**

## 9. States With At-Risk Capitated Medicaid Contracts Plus Alternative Payment Model Requirements For Health Plans In 2022<sup>5</sup>



# 32 US States + D.C. Have APM Requirements Within Medicaid Contracts



## 9. States With At-Risk Capitated Medicaid Contracts Plus Alternative Payment Model Requirements For Health Plans In 2022<sup>5</sup> *Continued*

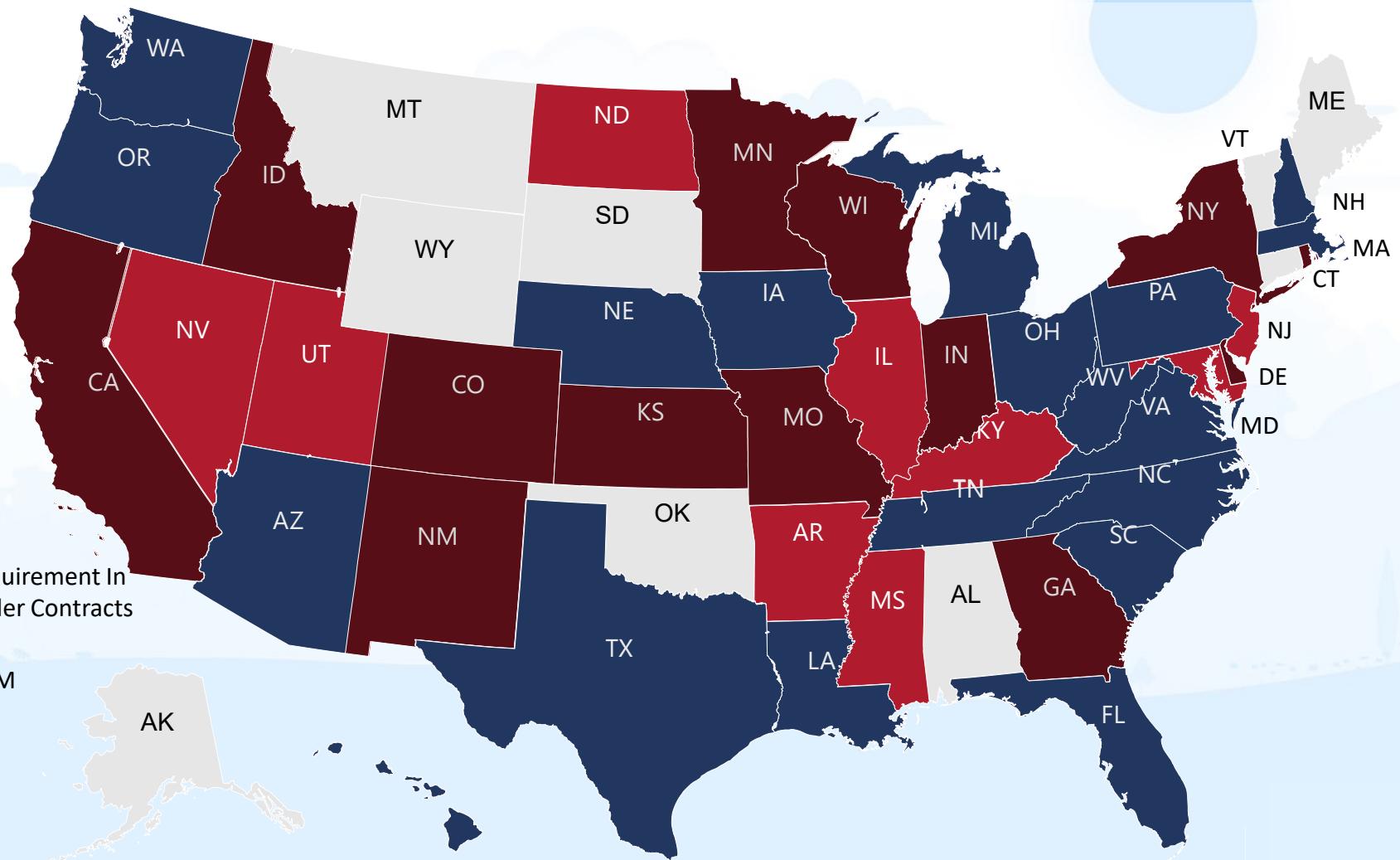


State adoption of Alternative Payment Model (APM) requirements for their contracted Medicaid health plans is also gaining momentum.

Since 2017, the number of states that required some form of APM in their at-risk capitated contracts rose 45% – from 22 to 32 states including the District of Columbia.

## 10. States With Medicaid MCO Contract Requirement To Meet A Specific Target % Of Provider Contracts In APM In 2022<sup>5</sup>

20 US States + D.C. Have APM Requirements Within Medicaid Contracts



## 10. States With Medicaid MCO Contract Requirement To Meet A Specific Target % Of Provider Contracts In APM In 2022<sup>5</sup> *Continued*

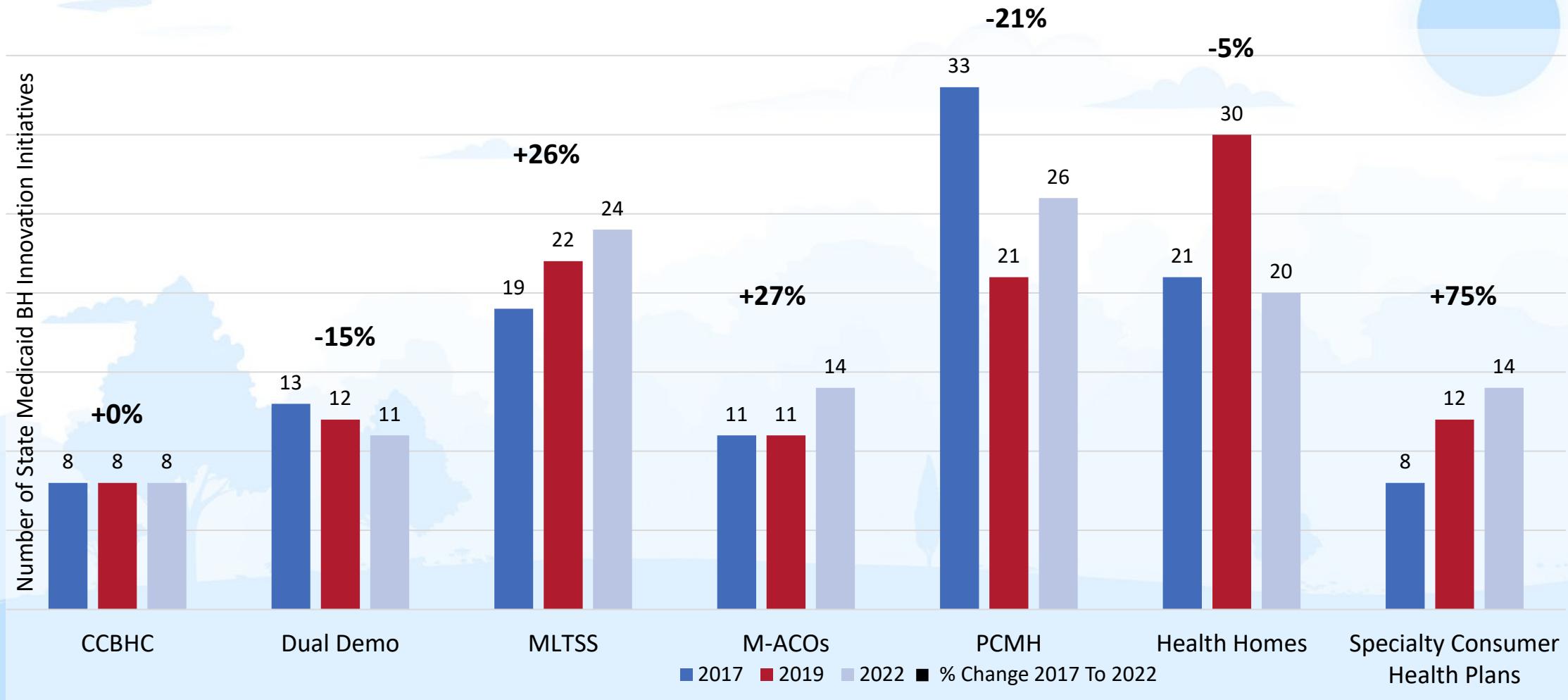


While a growing number of states are establishing health plan requirements for Alternative Payment Models, many do not set targets and goals for APM spending.

APM requirements can include targets for health plan revenue to be paid out through a specific APM model, such as performance bonuses, bundled payments and shared savings.

Of 32 APM states, just 20 set a minimum percentage of total provider revenue to be paid in an APM contract.

## 11. Tracking State Innovations in Medicaid Behavioral Health, 2017-2022<sup>6</sup>



**CCBHC:** Certified Community Behavioral Health Clinics in Medicaid Prospective Payment Demonstration  
**Dual Demo:** Medicare/Medicaid Dual Eligible Demonstration  
**MLTSS:** Managed Long Term Services & Supports

**M-ACO:** Medicaid Accountable Care Organization  
**PCMH:** Patient-Centered Medical Home  
**Health Homes:** Sect 2703, Affordable Care Act  
**Specialty Consumer Health Plans:** Special Needs Plan

### Highlights

- More states are moving Long-Term Care Services and Supports (LTSS) into Medicaid managed care. Nearly half of all states and the District of Columbia have implemented a managed LTSS program: serving more than 3.2 million seniors and persons with physical and/or intellectual and developmental disabilities nationwide.
- Fewer states are adopting Medicaid payer requirements for Patient Centered Medical Homes (PCMH)s. Just 26 states reported PCMH initiatives in 2022, down from 33 in 2017. States that adopted PCMH since 2017 include Hawaii and Kansas. States that eliminated special programs for PCMH include Maryland, New Jersey, and Rhode Island.
- Enhancing coordination of care for Medicaid populations through Medicaid Accountable Care Organizations (14 states) and Certified Community Behavioral Health Clinics (8 state demonstration).
- Providing highly coordinated care for at-risk populations through Special Needs Plans targeting institutional transitions, chronic conditions, and dual Medicaid-Medicare eligibles.

## Concluding Thoughts

The development of new benefit models and the expansion of coverage are hallmarks of behavioral health care services in the United States today, particularly where services are primarily reimbursed through Medicaid. As the country's largest payer for mental health, substance use disorder services and one of the largest for long-term care, Medicaid is an essential safety net for over 90 million Americans who meet the income requirements.<sup>1,2</sup>

The immense purchasing leverage granted to states is a second key characteristic of Medicaid, promoting a mix of program designs and benefit packages around the country based on unique economic and social factors within each state. However, cost containment and quality improvement are emerging as consistent themes across most jurisdictions. The growth of managed care delivery systems and integrated benefit plans that coordinate services across both physical, behavioral health and long-term care needs of eligible individuals are two core features of modern-day Medicaid programs: three of four recipients nationally receive their healthcare benefits through managed plans and the number of states with integrated physical/behavioral health benefit management jumped from 15 states in 2011 to 33 states in 2022.<sup>4</sup>

States are also adopting Alternative Payment Models as a method of focusing on both the quality and efficiency of care. And while adoption of state targets for risk bearing APM approaches is still in its early stages, the movement to improve healthcare management as a pathway to reduced costs and improved quality is picking up speed: the majority of states (82%) use some form of capitated payment model with their health plans and 32 states (45%) add requirements for APM participation in their plan contracts.<sup>5</sup>

Flexibility for states to adopt and test new models for configuring delivery systems to enhance service integration and coordination is a final feature of today's Medicaid program. Key innovations gaining traction at the state level since 2017 include moving Long-Term Services and Supports under managed care and adopting Special Needs Plans for specific populations. At the provider level, growing use of Medicaid ACOs (14 states in 2022) reflects the continued focus on cost, quality, and population management as tools for system improvement.<sup>6,7</sup>



## References:

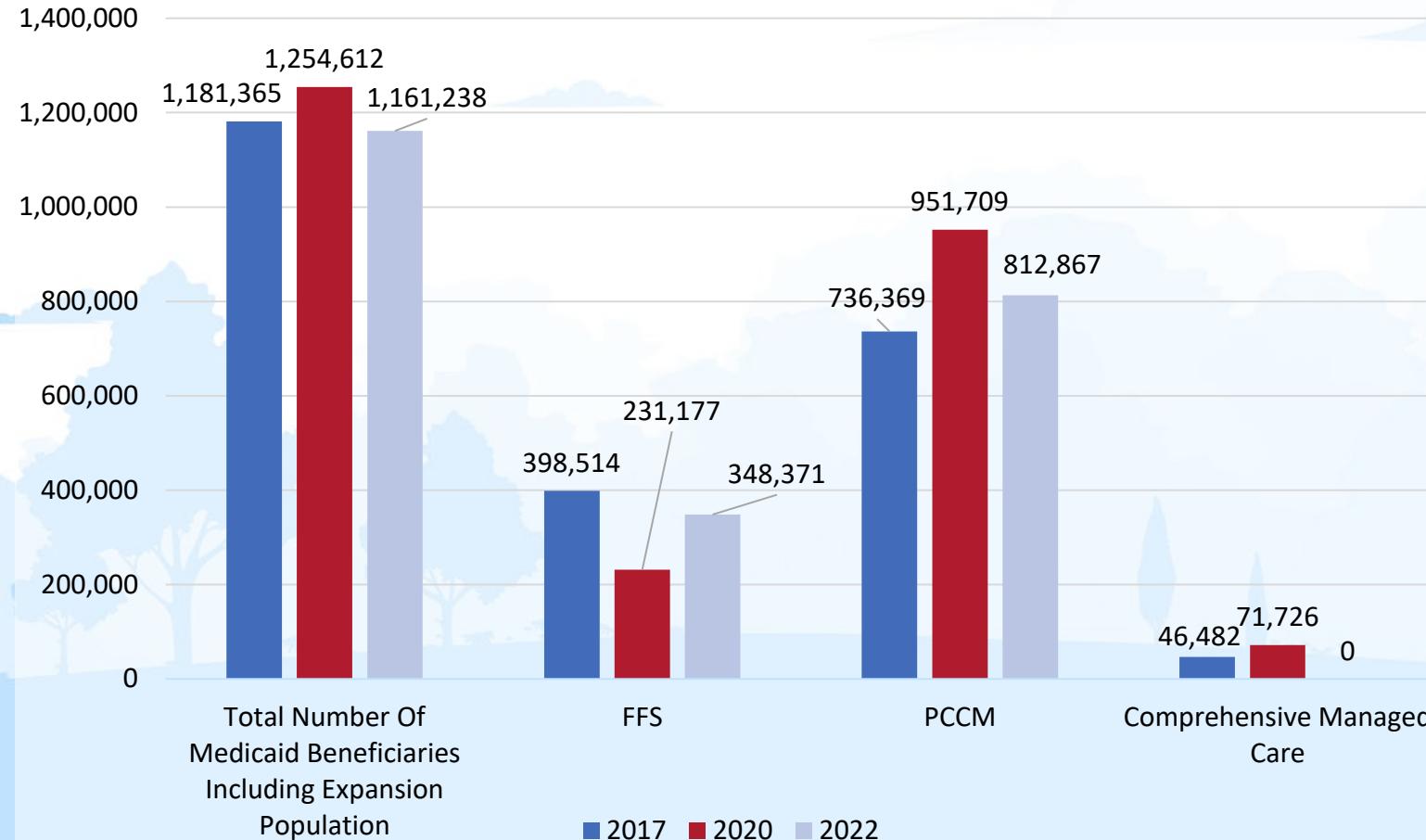


1. OPEN MINDS. (2023, May 11). *An Update On State Medicaid Enrollment By Consumer Type & Coverage Type: An OPEN MINDS Market Intelligence Report.* <https://openminds.com/intelligence-report/an-update-on-state-medicaid-enrollment-by-consumer-type-coverage-type-an-open-minds-market-intelligence-report/>
2. OPEN MINDS. (2023). OPEN MINDS Market Intelligence Payers Proprietary Database.
3. Kaiser Family Foundation. (May 2023). *Status of State Action on the Medicaid Expansion Decision. Status of State Action on the Medicaid Expansion Decision* | KFF
4. OPEN MINDS. (2023, May 10). *An update on state Medicaid Behavioral Health Financing Models.* <https://openminds.com/intelligence-report/an-update-on-state-medicaid-behavioral-health-financing-models-an-open-minds-market-intelligence-report/>
5. OPEN MINDS. (2023, March 6). *Medicaid Health Plan Requirements For Provider Alternate Payment Methodologies: The 2023 OPEN MINDS Market Intelligence Report.* <https://openminds.com/intelligence-report/medicaid-health-plan-requirements-for-provider-alternate-payment-methodologies-the-2023-open-minds-market-intelligence-report/>
6. OPEN MINDS. (2023, June). *State Medicaid Care Coordination Initiatives The 2023 Update.*
7. OPEN MINDS. (2023, April). *Medicaid Managed Long-Term Services and Supports: An Update.*

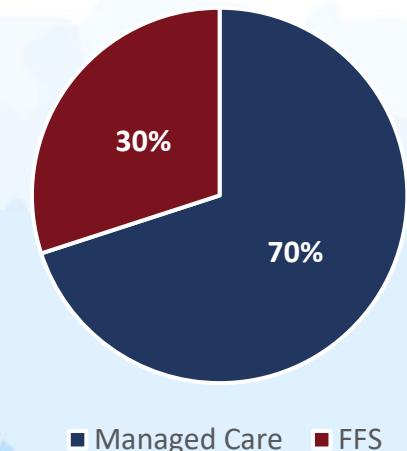
### State Medicaid Enrollment By Coverage Type, 2017- 2022, By State<sup>1</sup>



# Alabama Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>

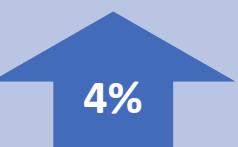


## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

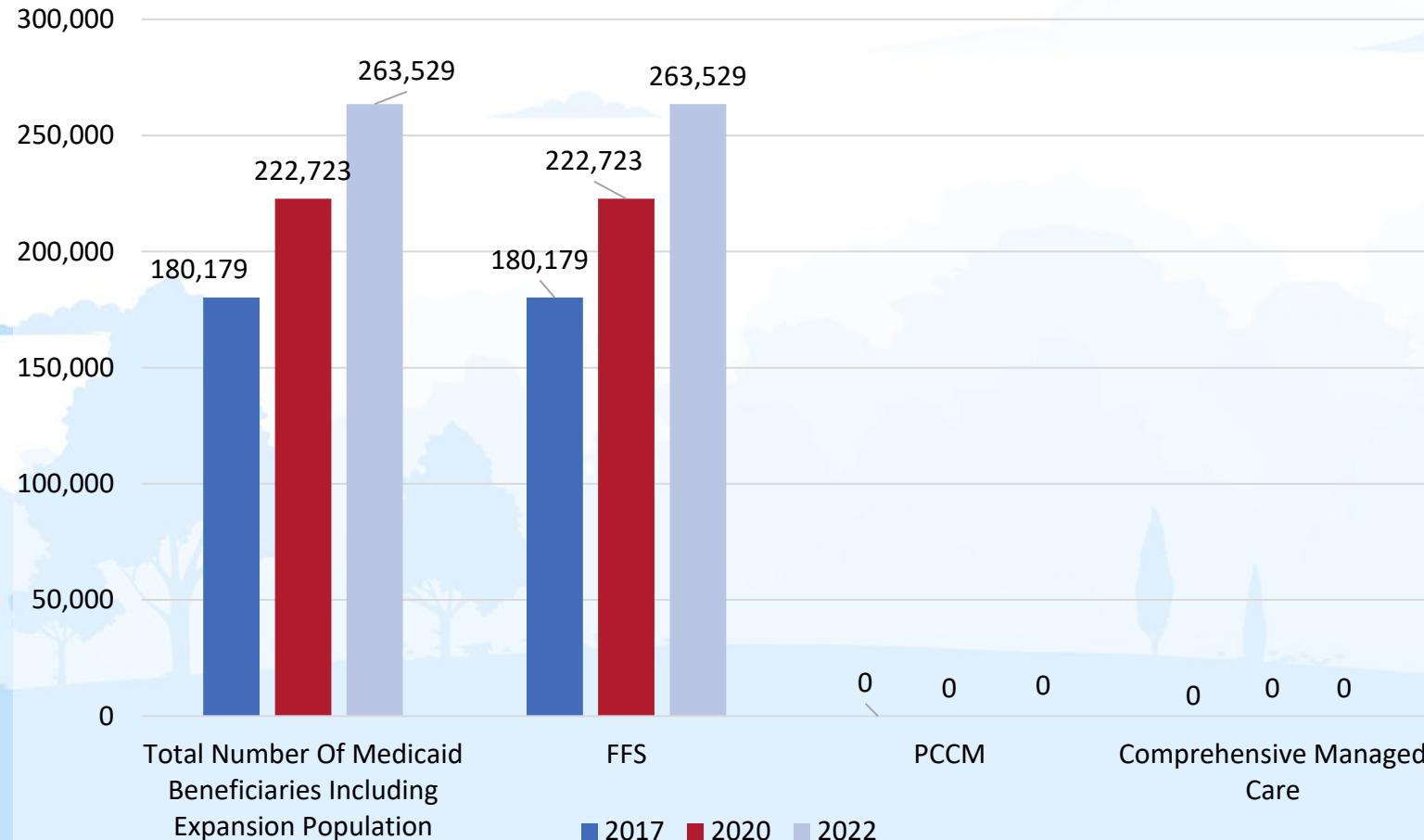
% Change in  
Managed Care\*  
(2017-2022)



\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

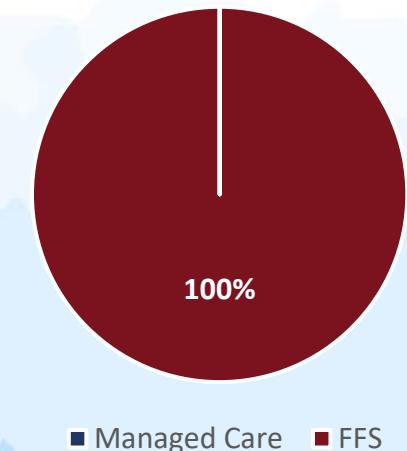
# Alaska Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



<sup>1</sup>Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

## % Of Medicaid Population In Managed Care\* 2022

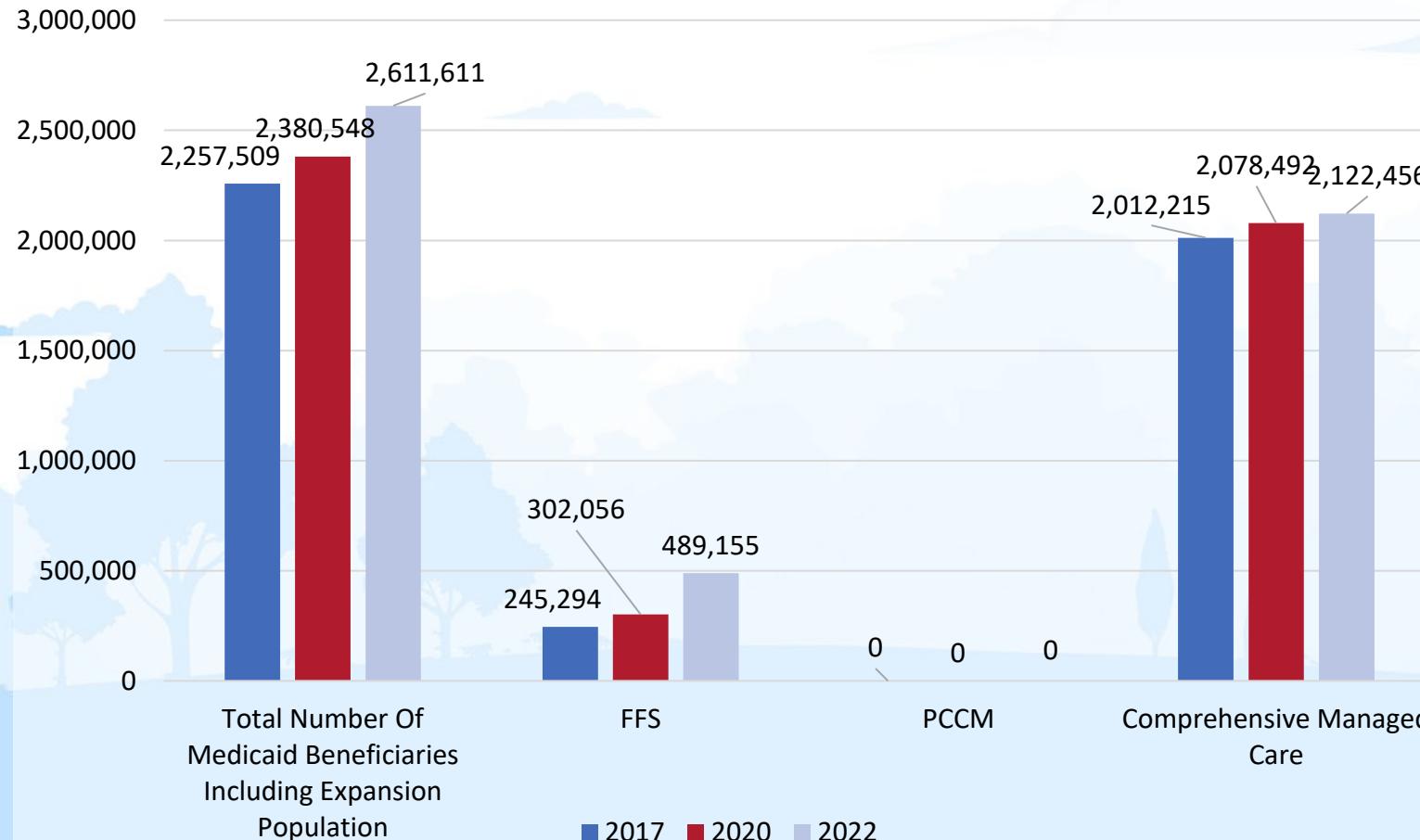


■ Managed Care ■ FFS

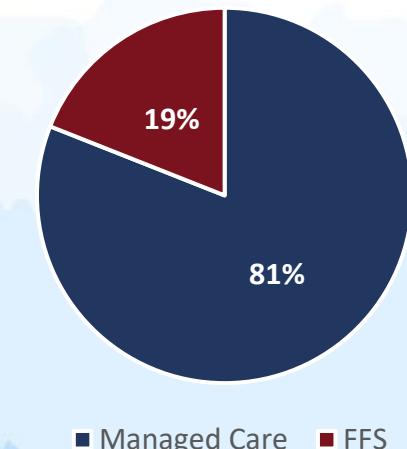
% Change in  
Managed Care\*  
(2017-2022)



# Arizona Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



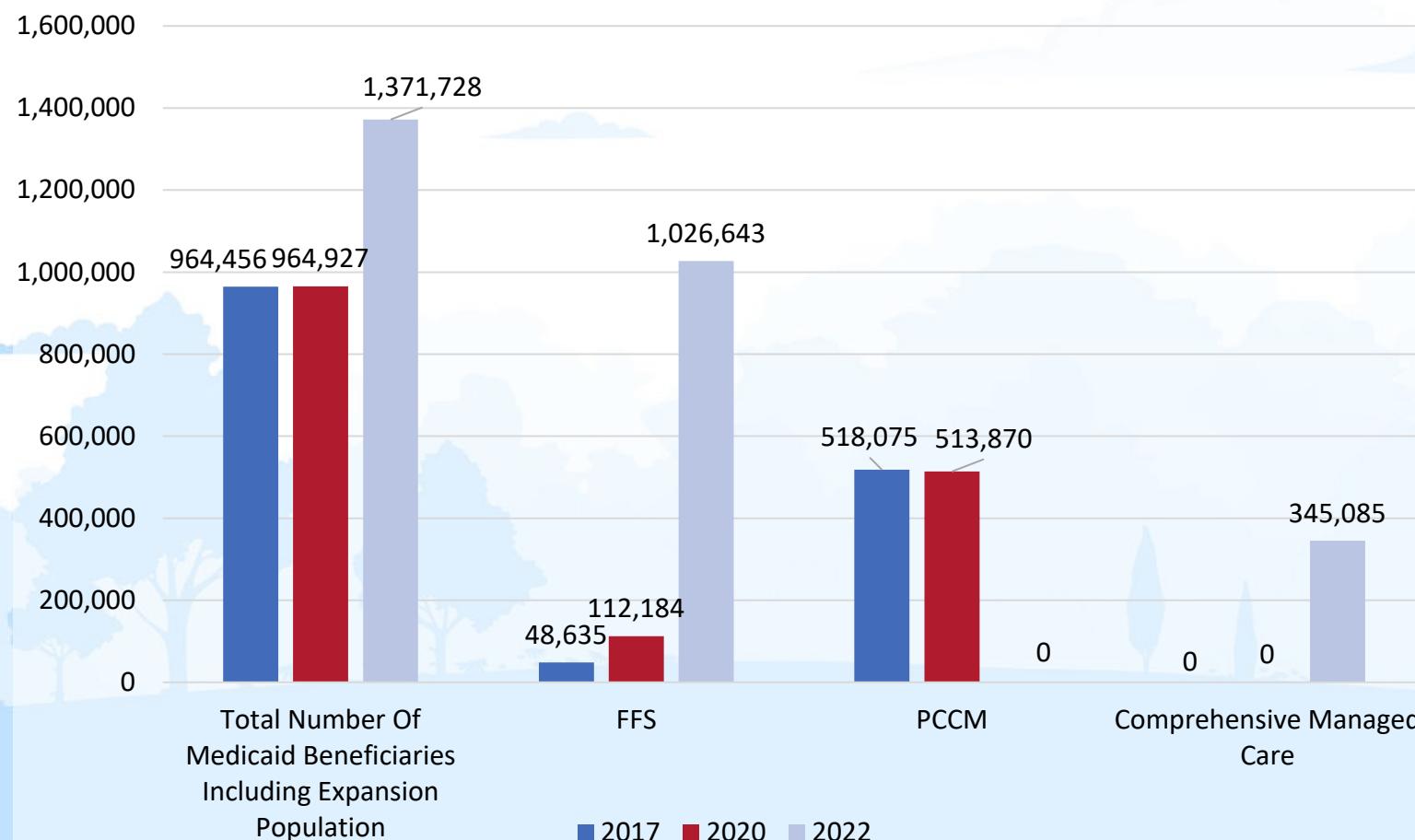
% Change in  
Managed Care\*  
(2017-2022)



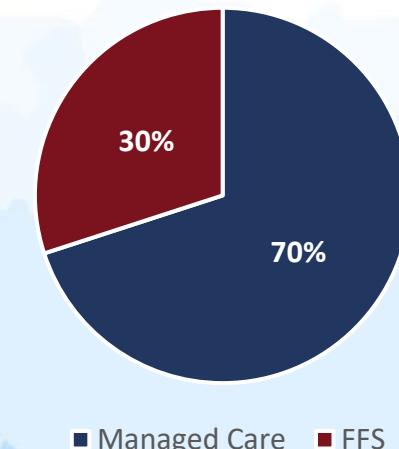
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Arkansas Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

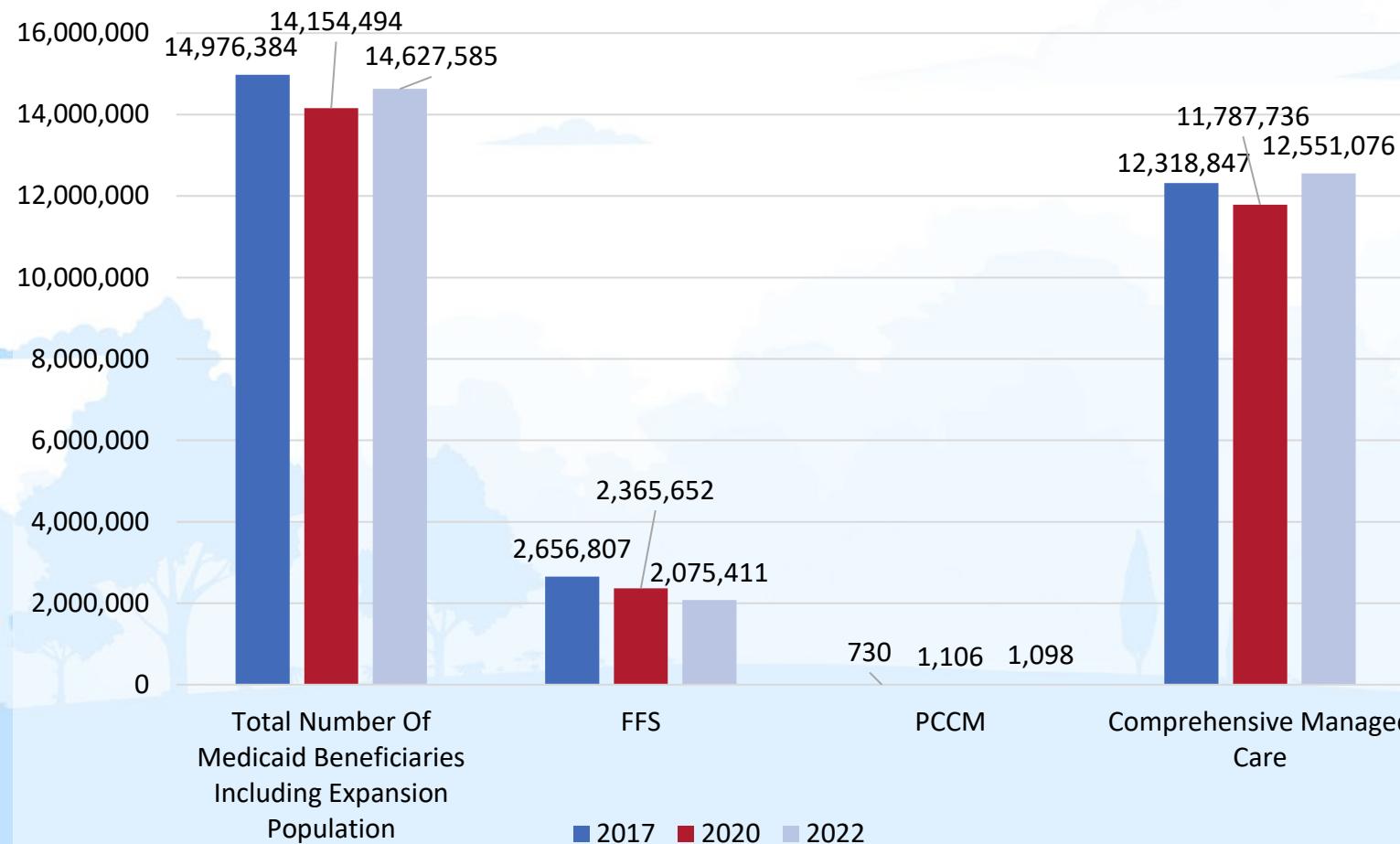
% Change in  
Managed Care\*  
(2017-2022)

-62%

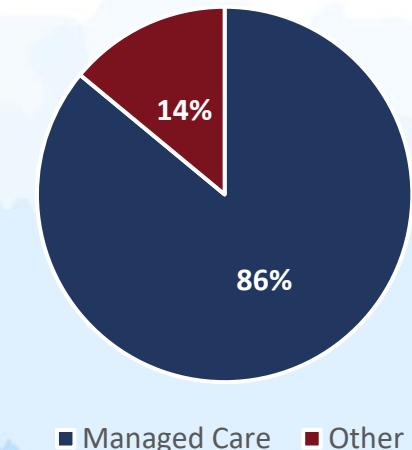
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# California Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



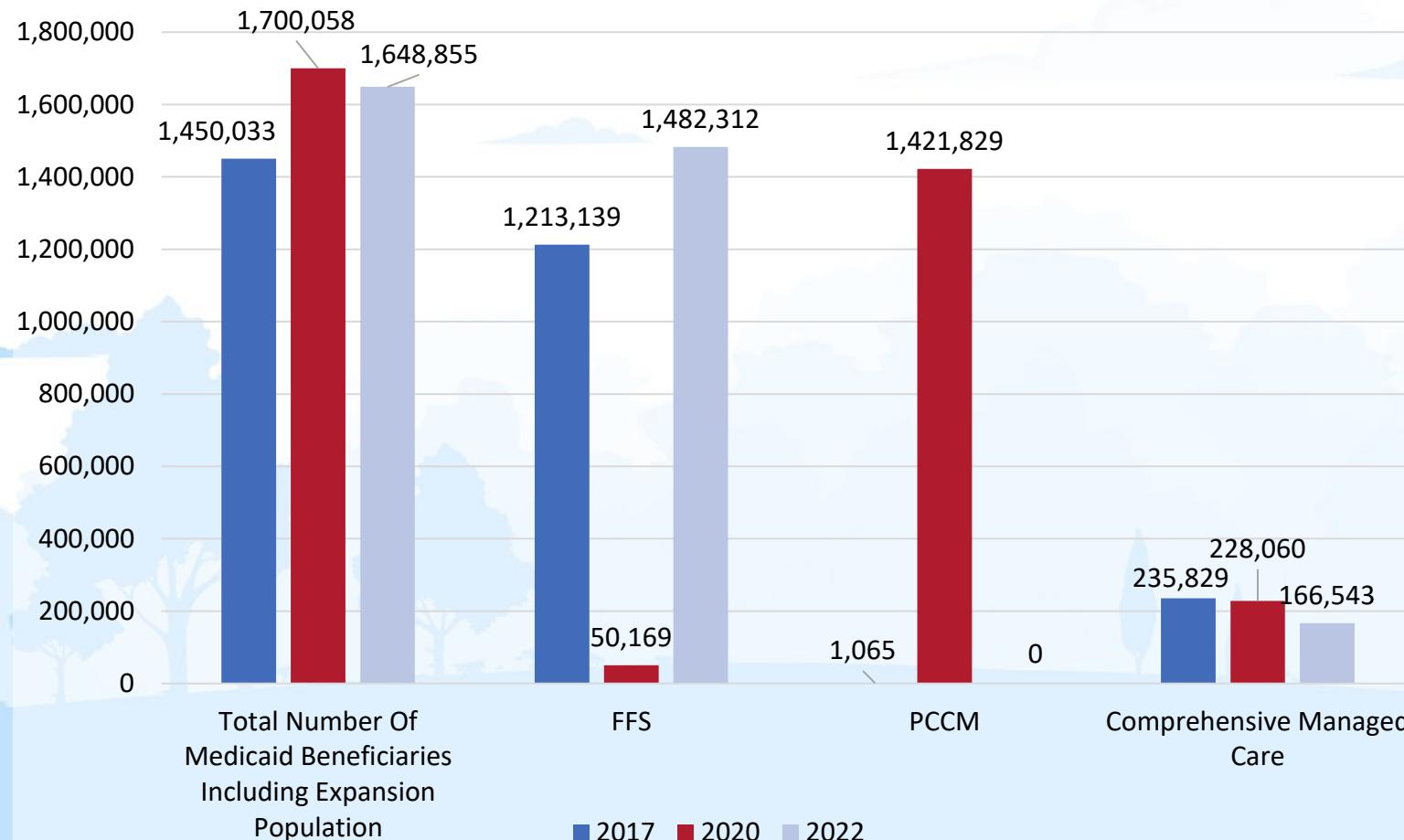
% Change in  
Managed Care\*  
(2017-2022)



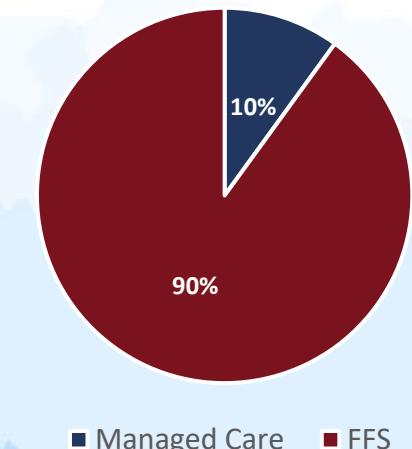
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Colorado Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



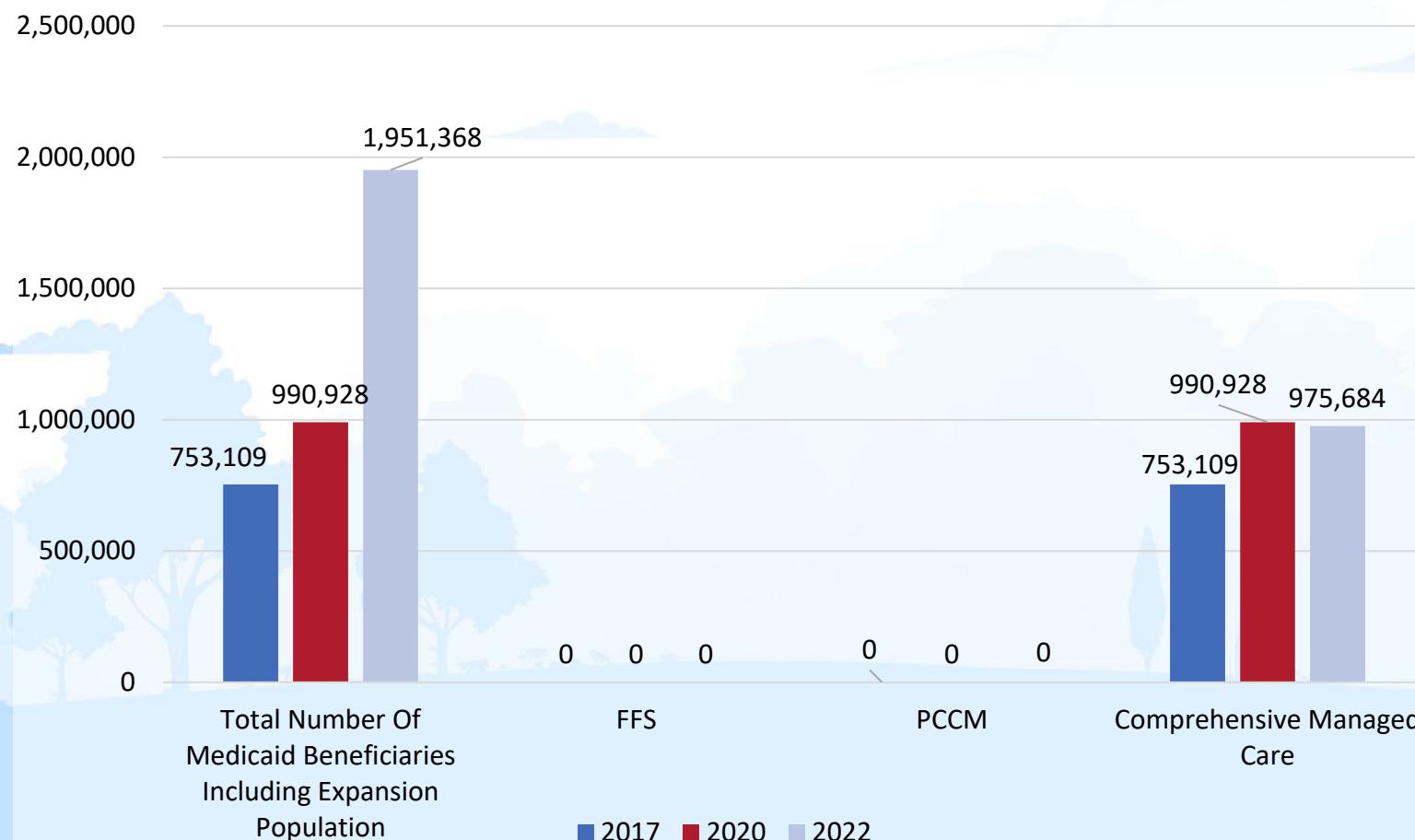
**% Change in  
Managed Care\*  
(2017-2022)**

-30%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Connecticut Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



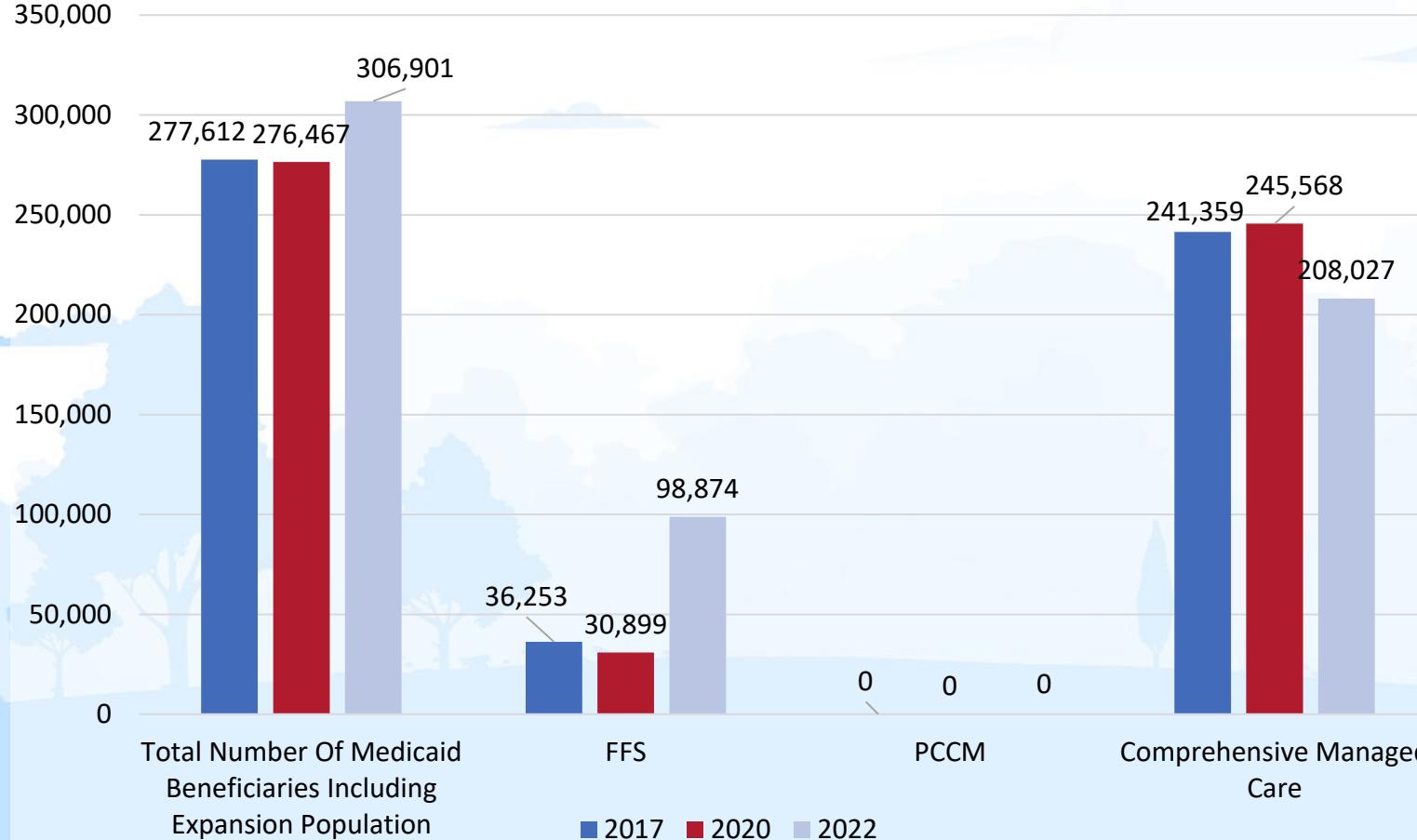
% Change in  
Managed Care\*  
(2017-2022)

30%

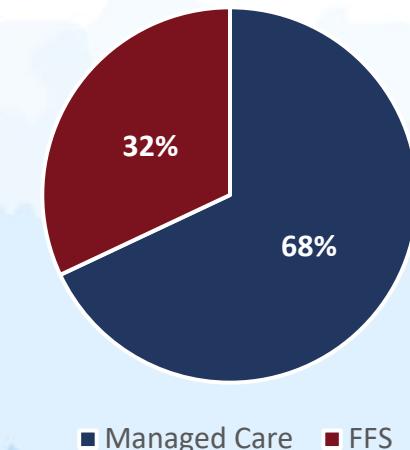
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Delaware Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

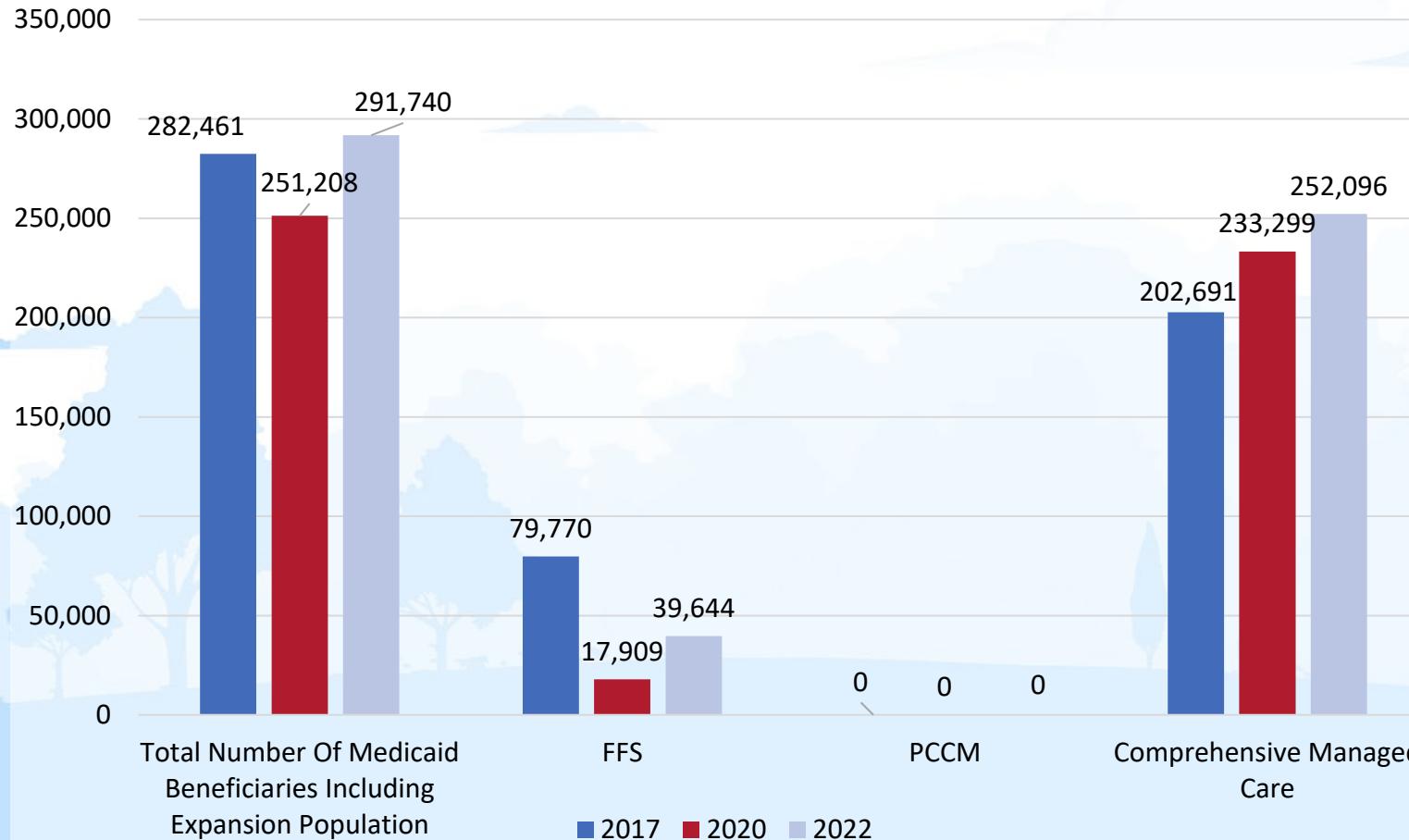
% Change in  
Managed Care\*  
(2017-2022)

-14%

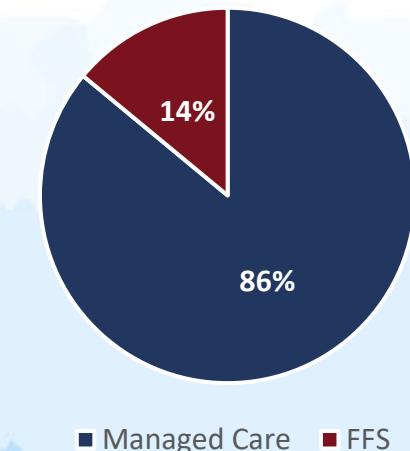
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# District of Columbia Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



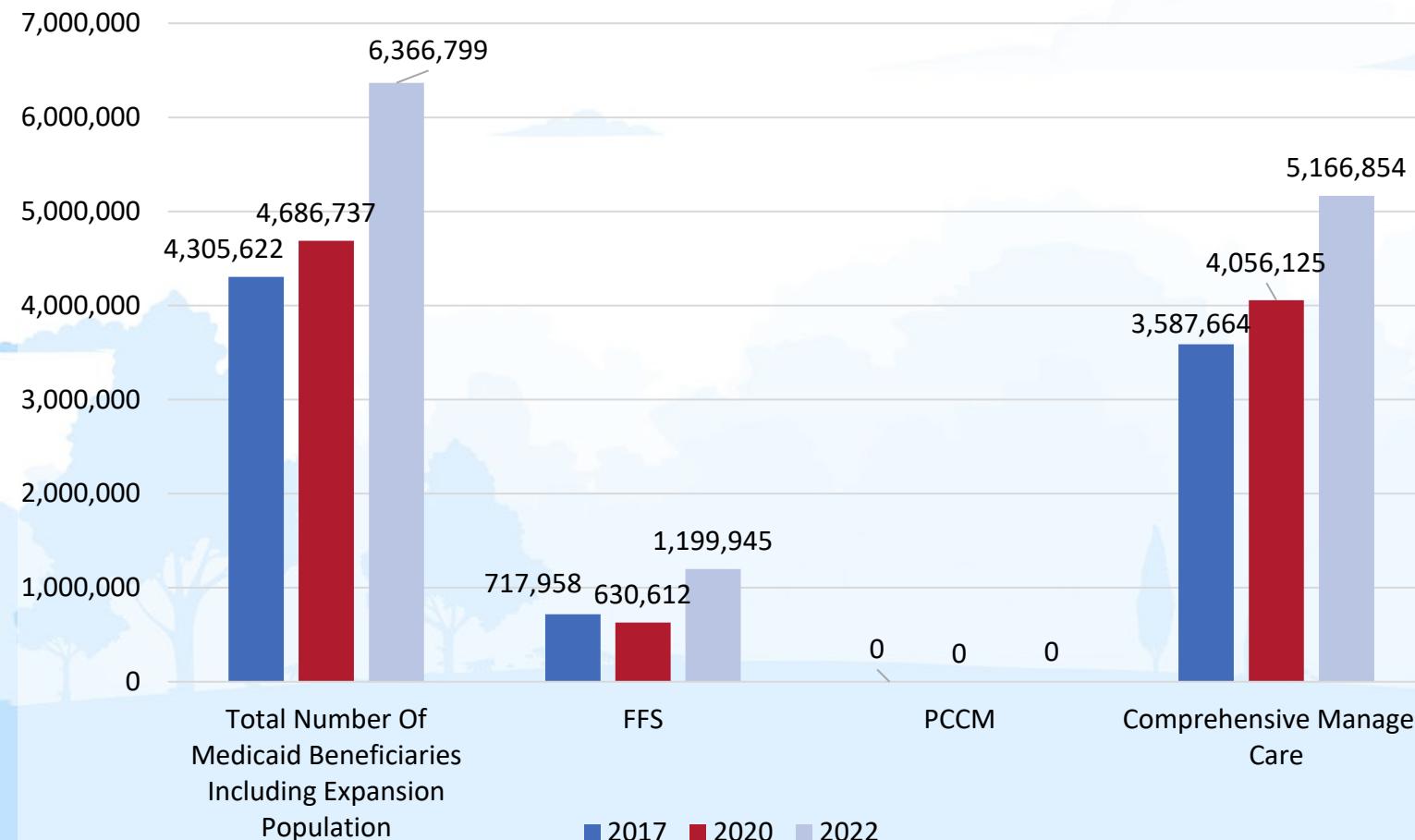
% Change in  
Managed Care\*  
(2017-2022)

24%

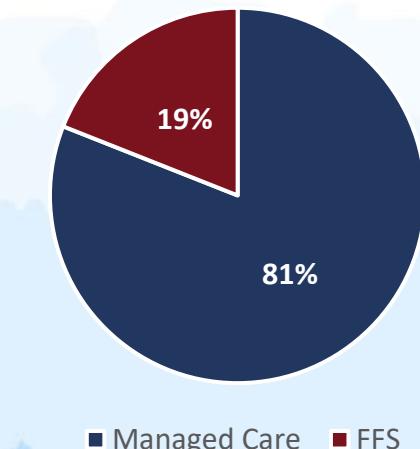
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Florida Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

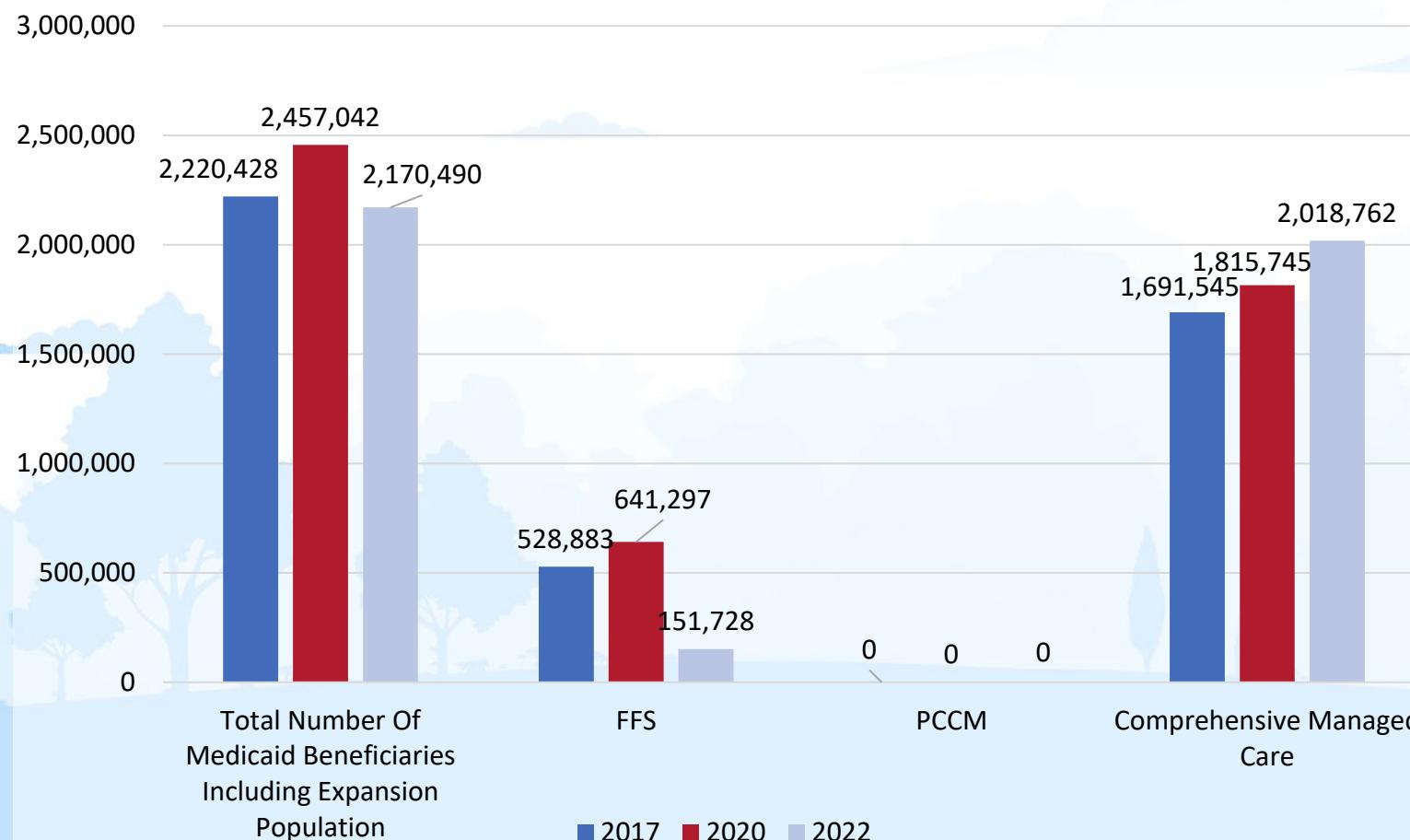
% Change in  
Managed Care\*  
(2017-2022)

44%

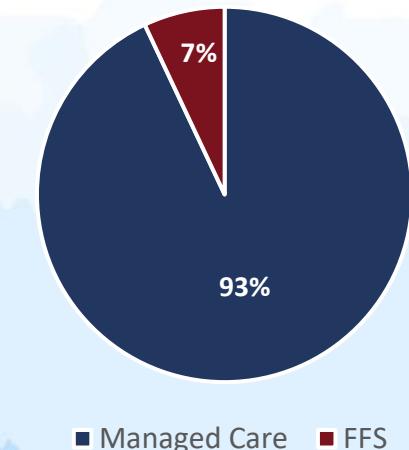
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Georgia Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

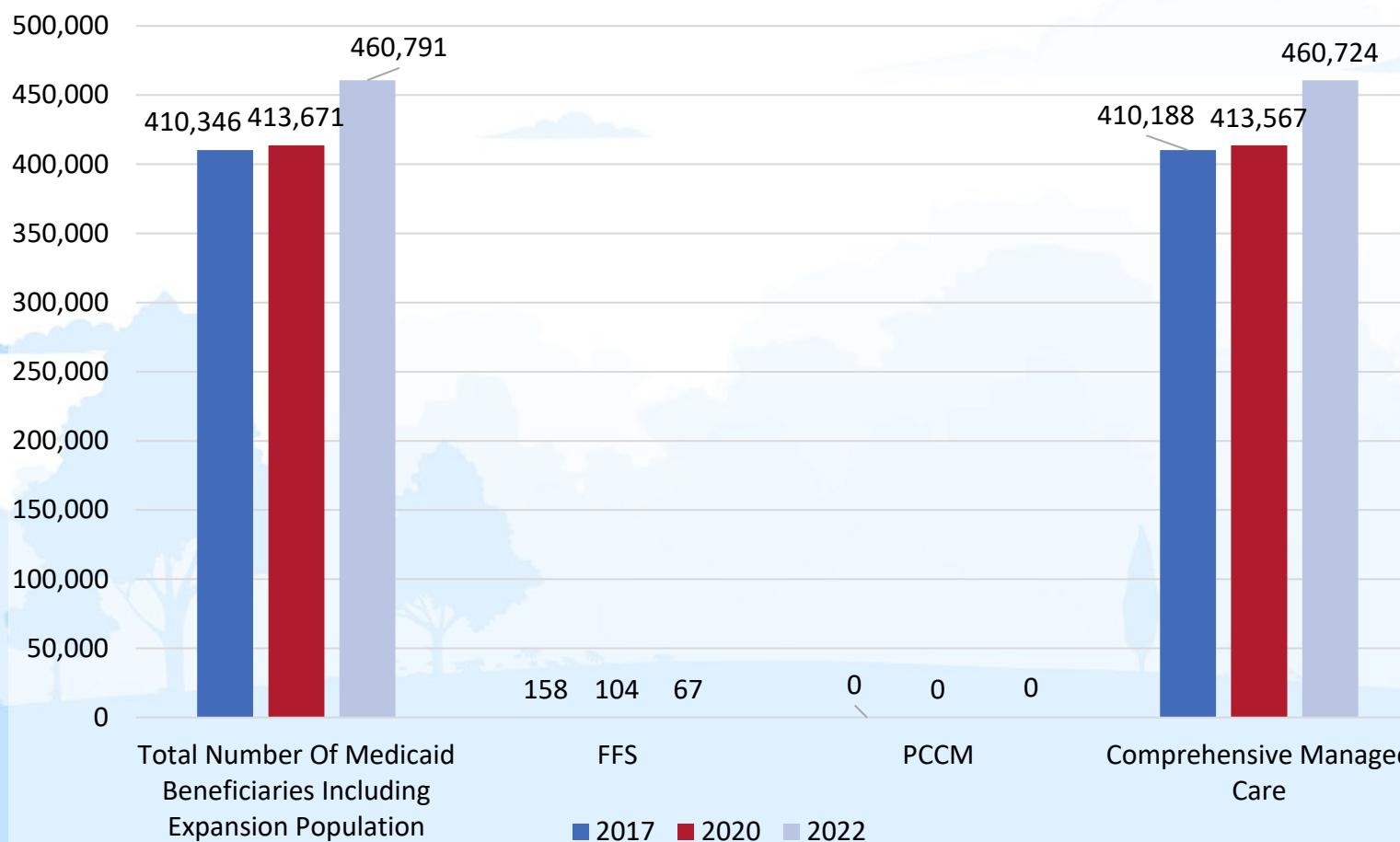
% Change in  
Managed Care\*  
(2017-2022)

19%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

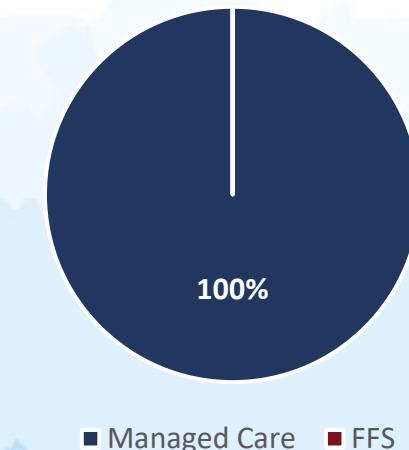
# Hawaii Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



<sup>1</sup>Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

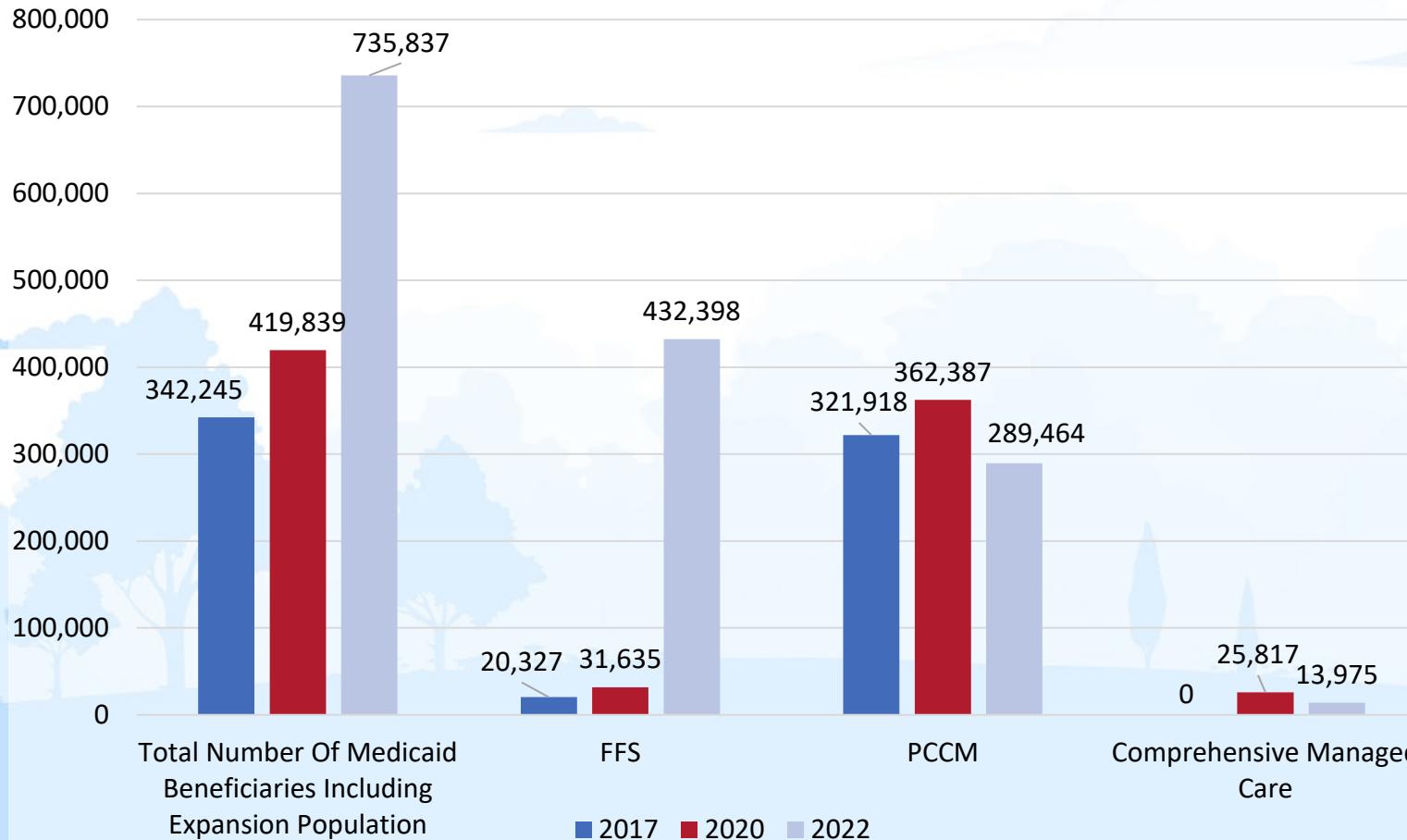
## % Of Medicaid Population In Managed Care\* 2022



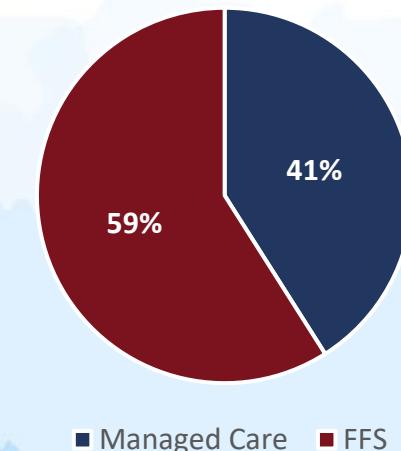
% Change in  
Managed Care\*  
(2017-2022)

12%

# Idaho Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

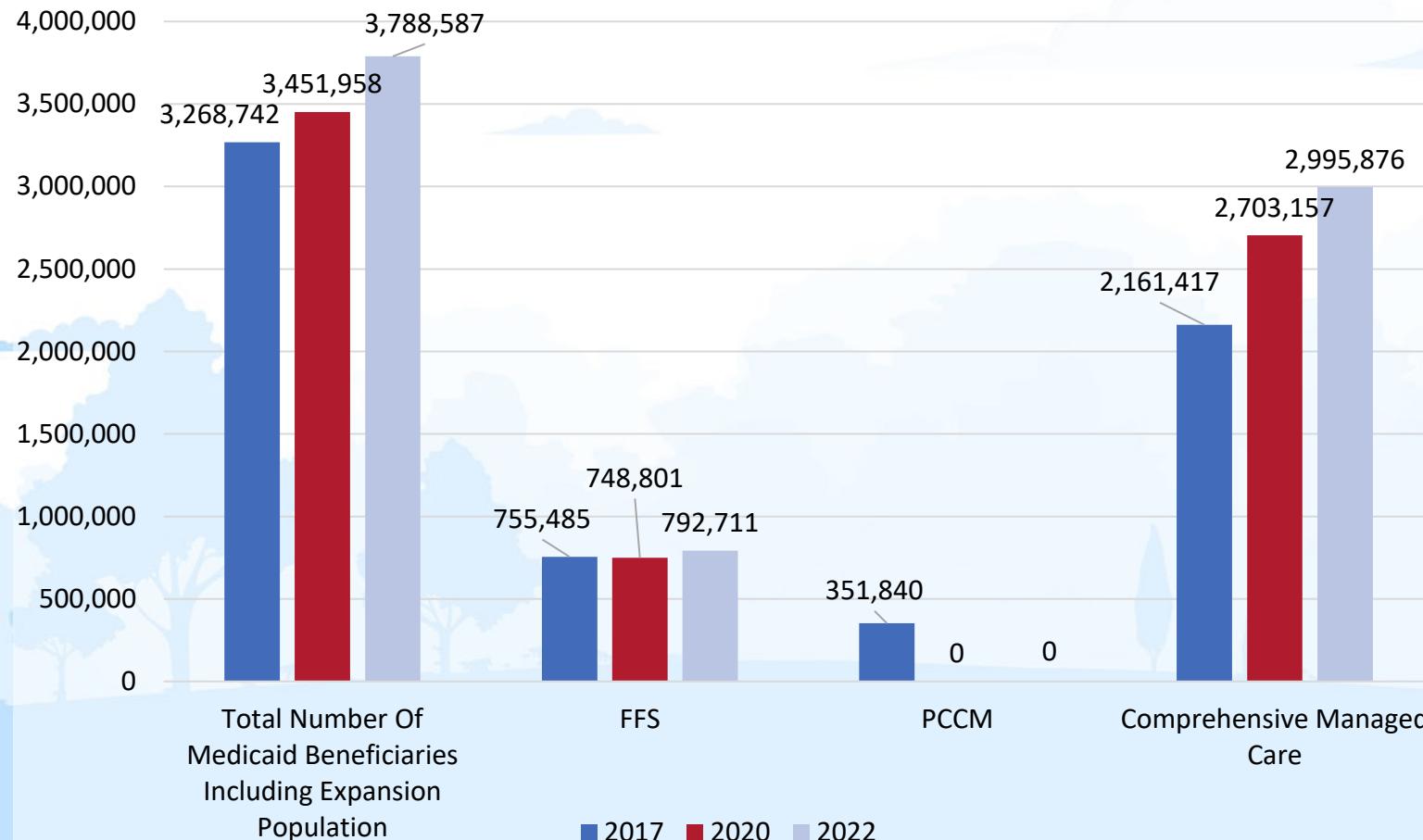
**% Change in  
Managed Care\*  
(2017-2022)**



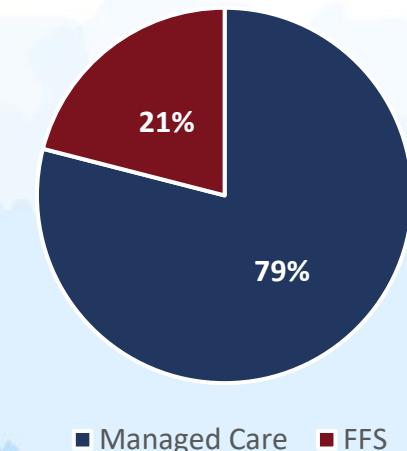
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Illinois Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

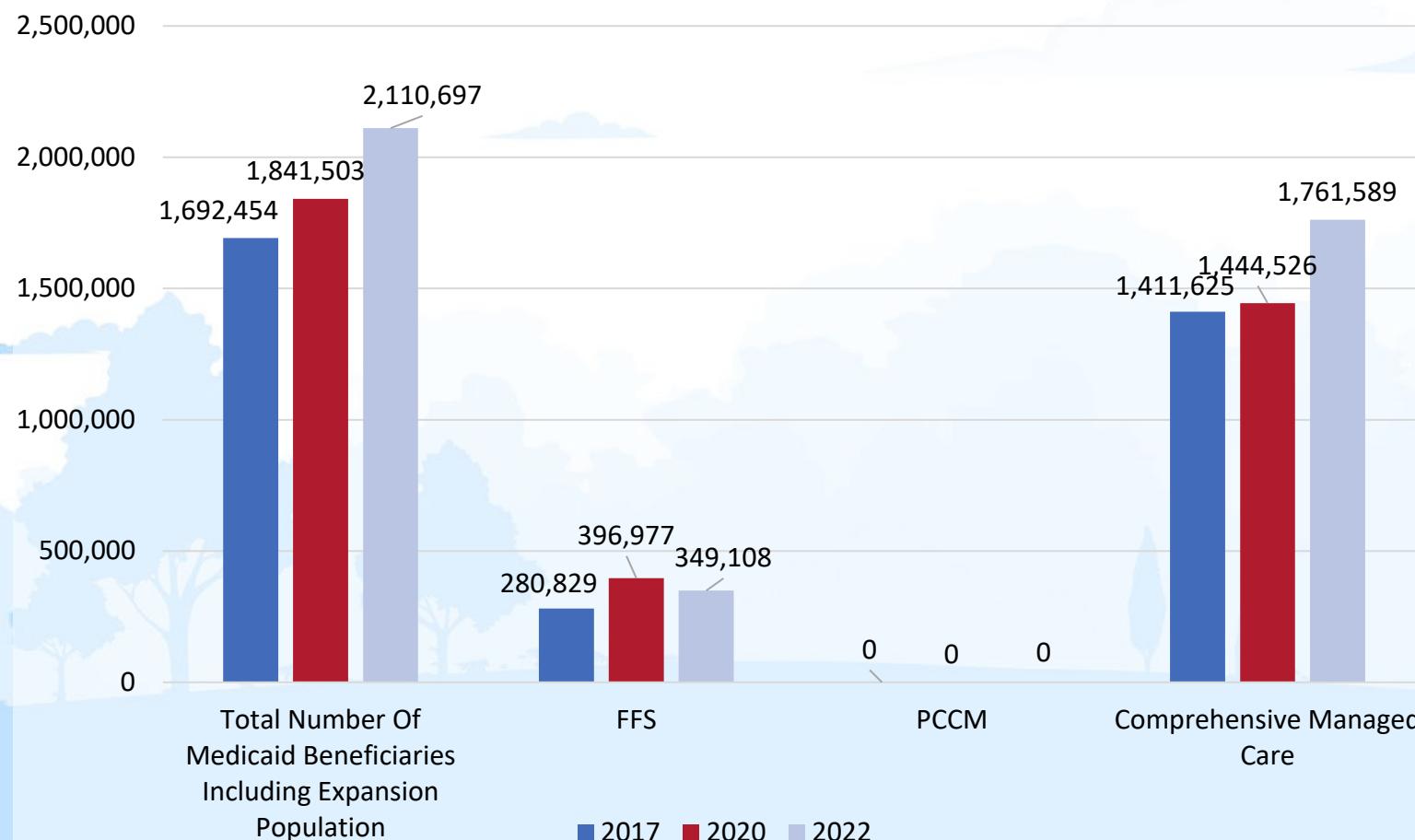
% Change in  
Managed Care\*  
(2017-2022)

19%

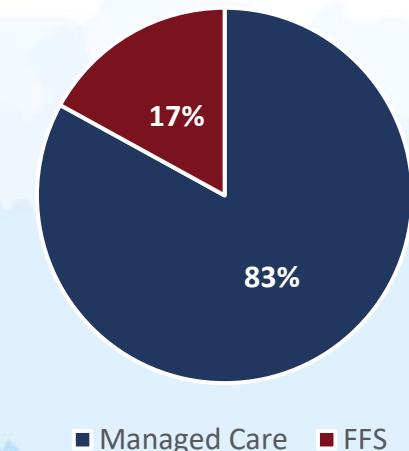
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Indiana Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



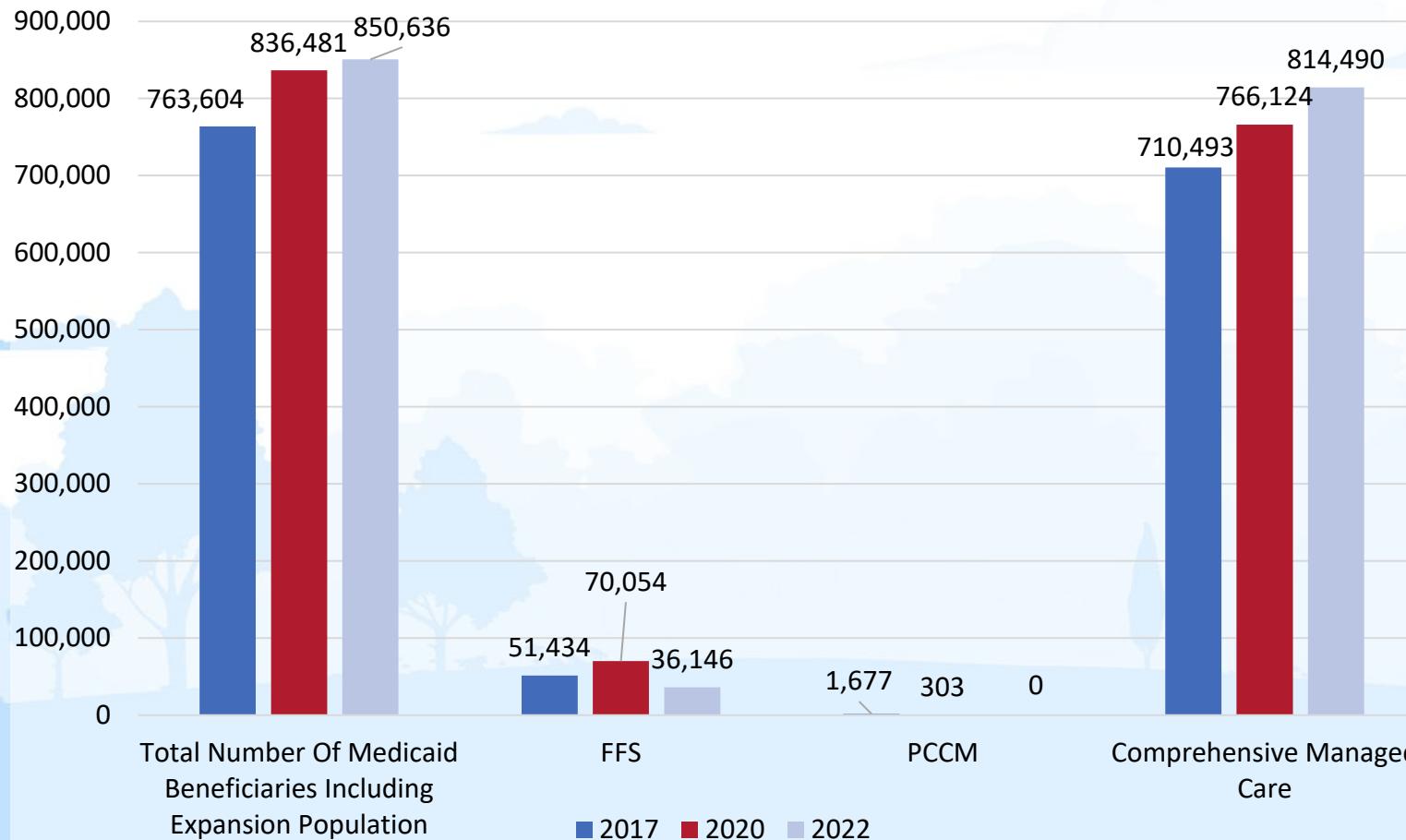
% Change in  
Managed Care\*  
(2017-2022)

25%

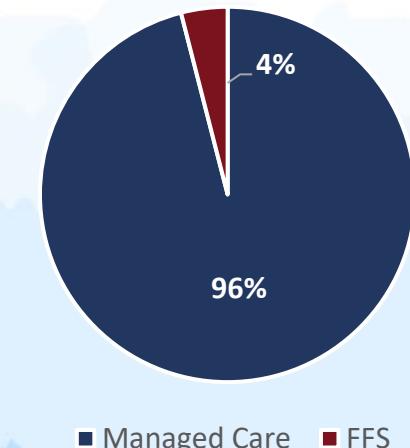
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Iowa Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

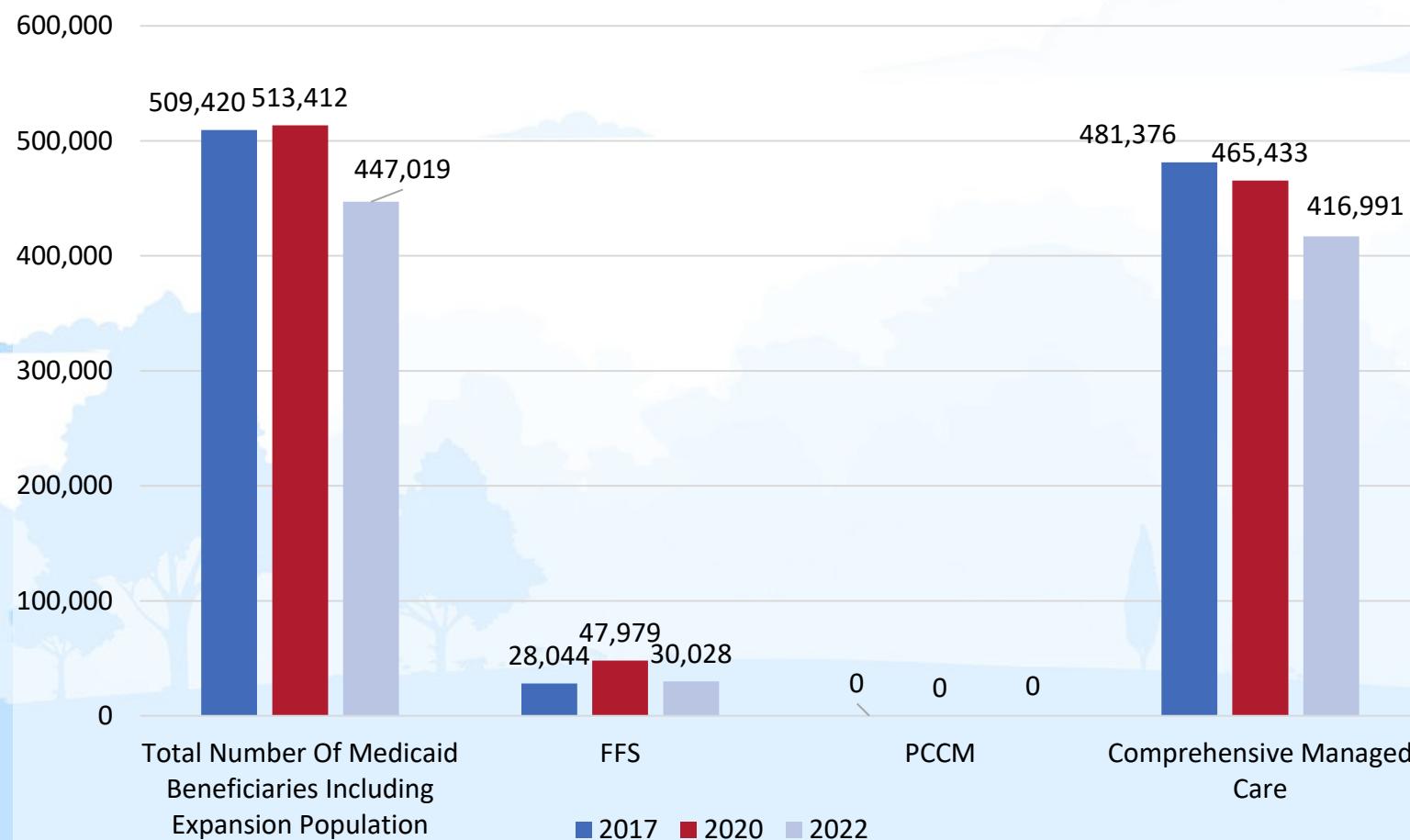
% Change in  
Managed Care\*  
(2017-2022)

14%

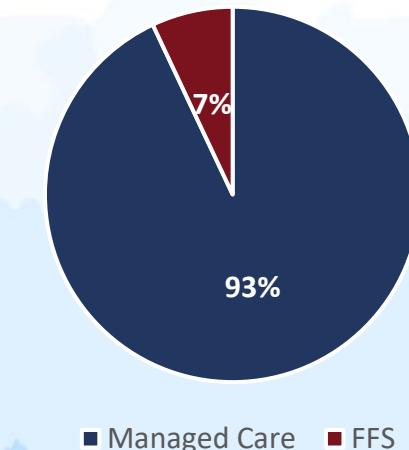
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Kansas Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



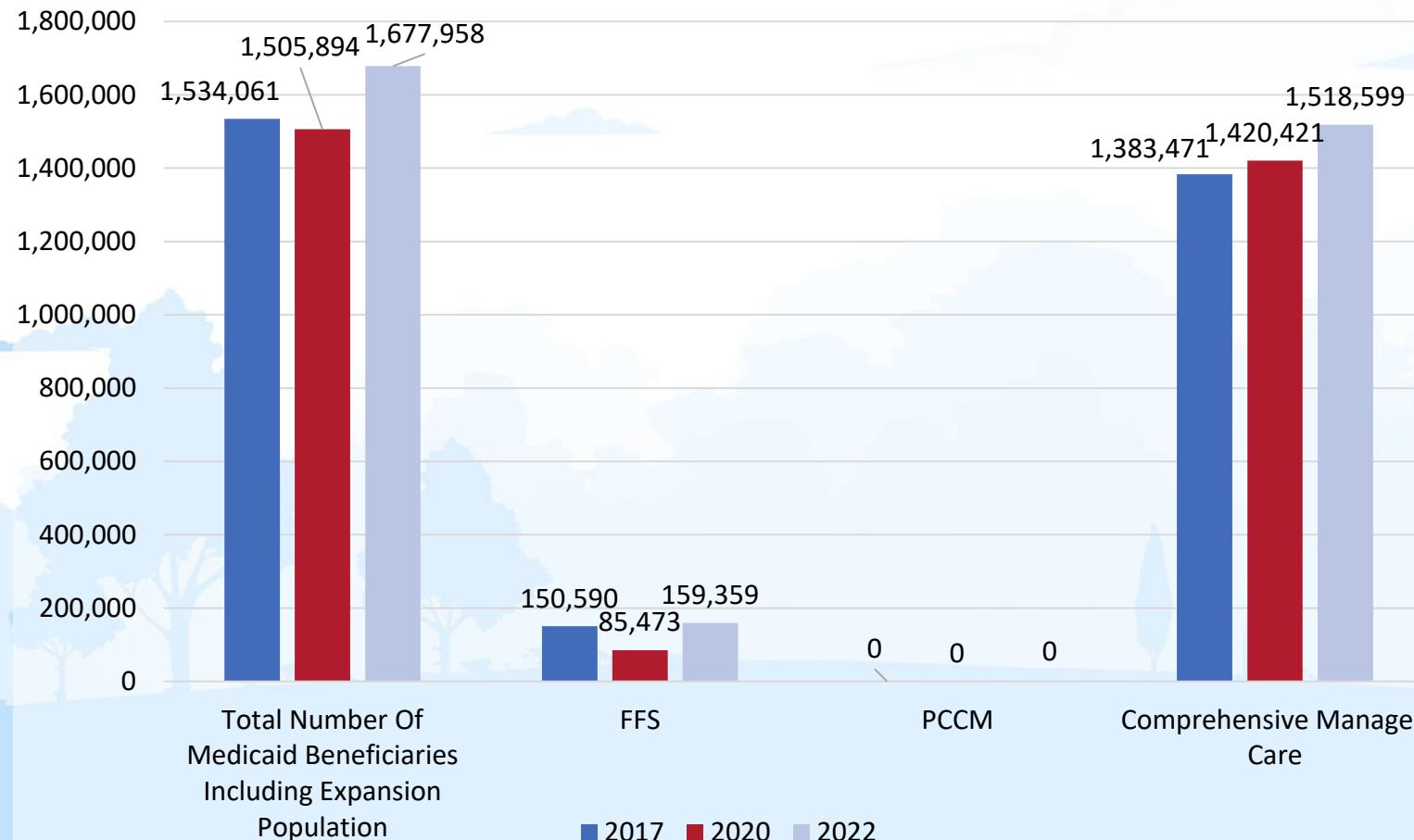
% Change in  
Managed Care\*  
(2017-2022)

-13%

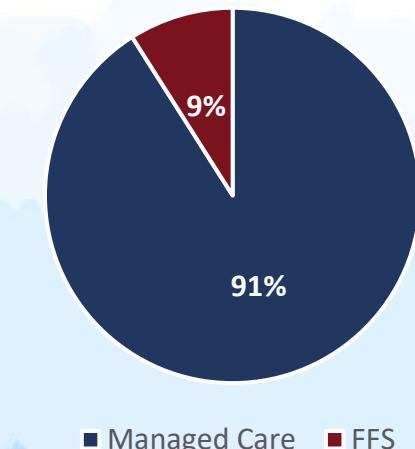
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Kentucky Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



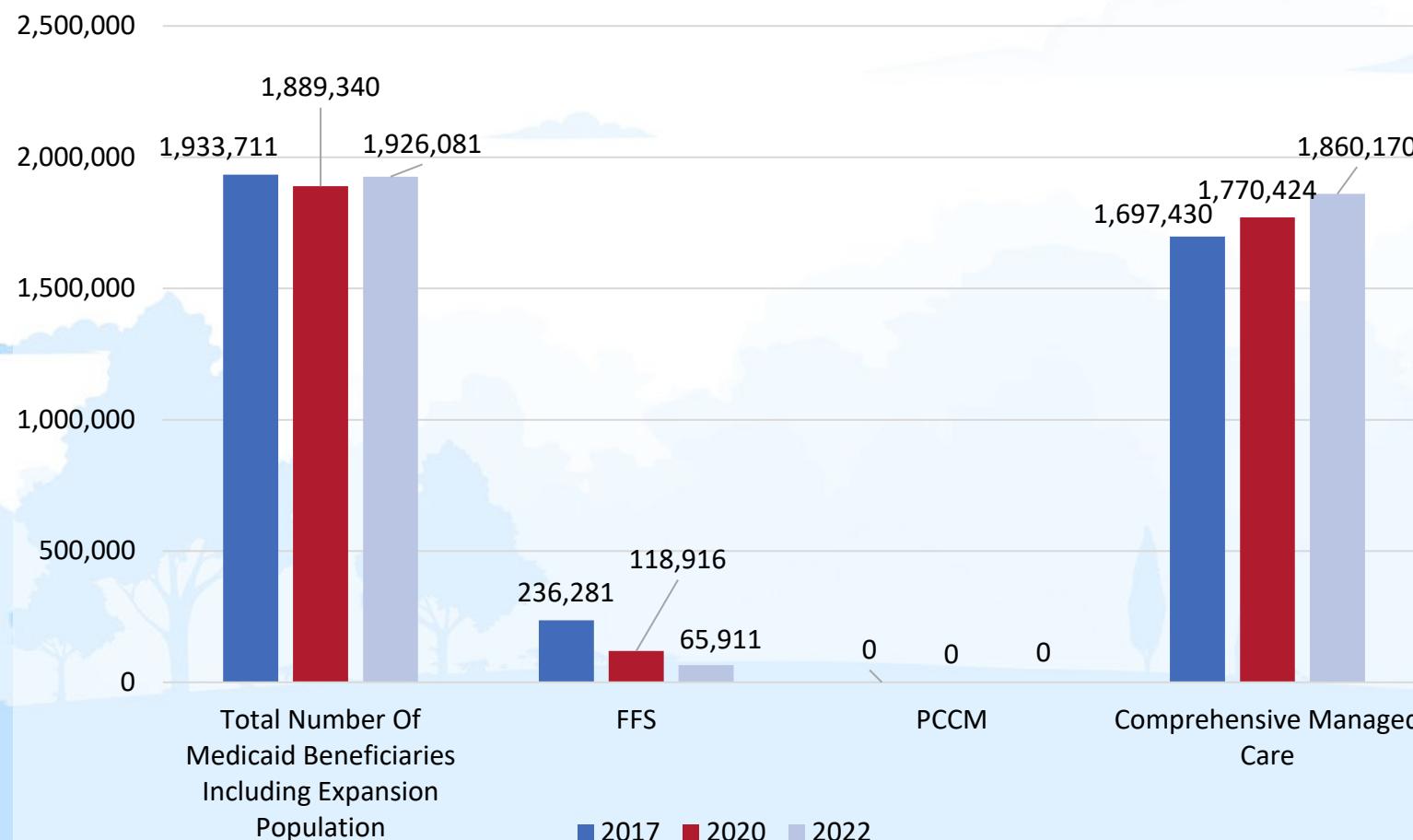
% Change in  
Managed Care\*  
(2017-2022)

10%

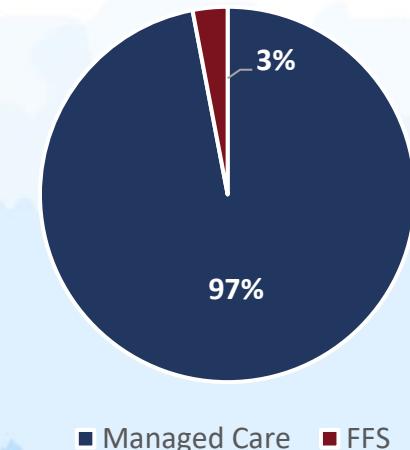
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Louisiana Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

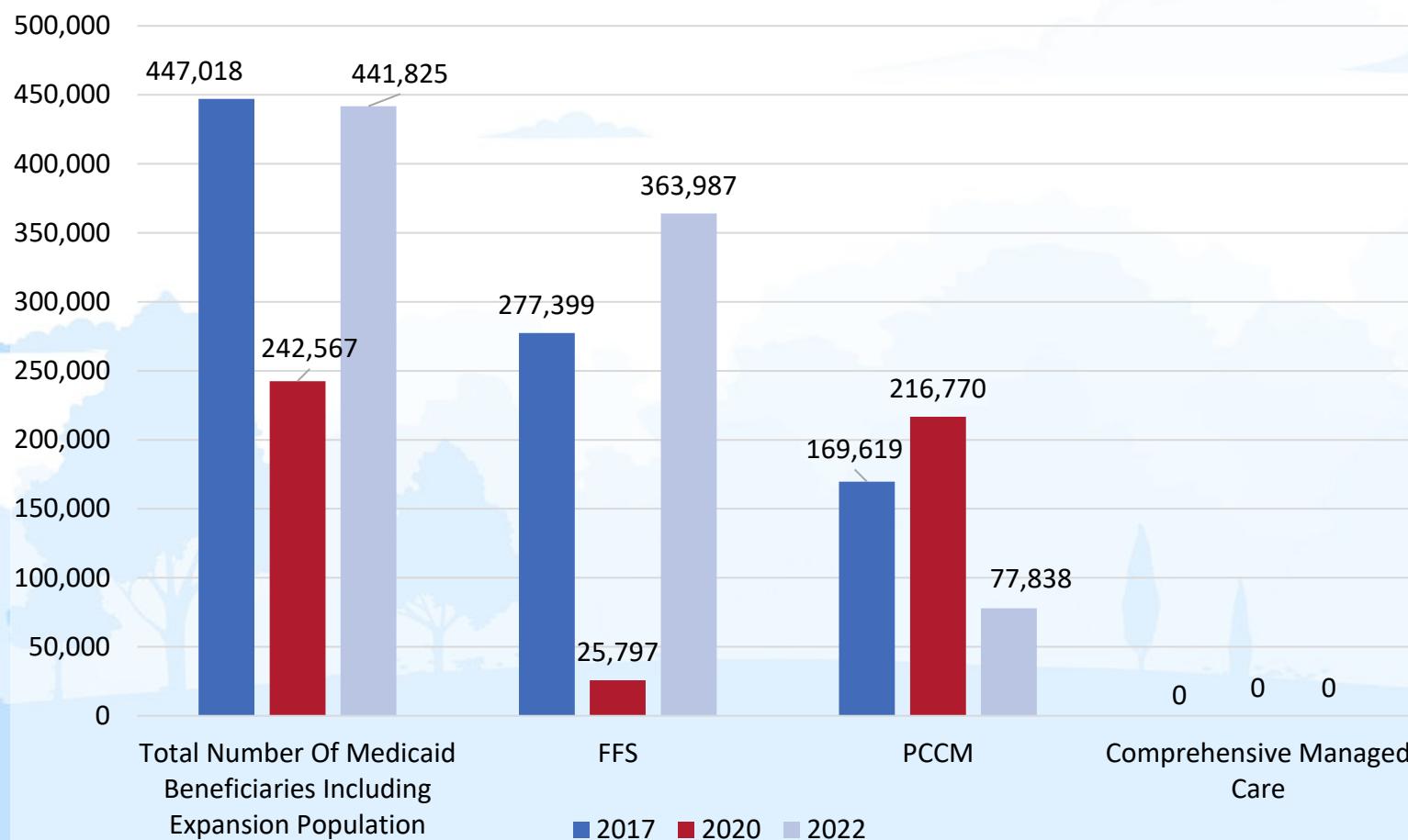
% Change in  
Managed Care\*  
(2017-2022)

10%

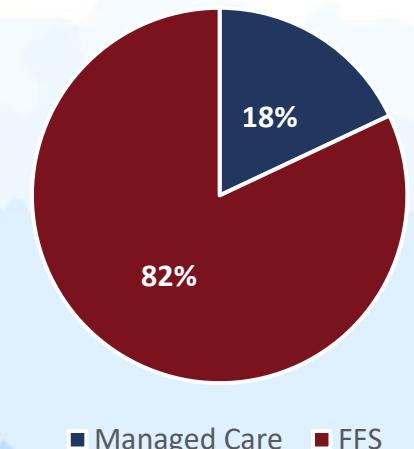
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Maine Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

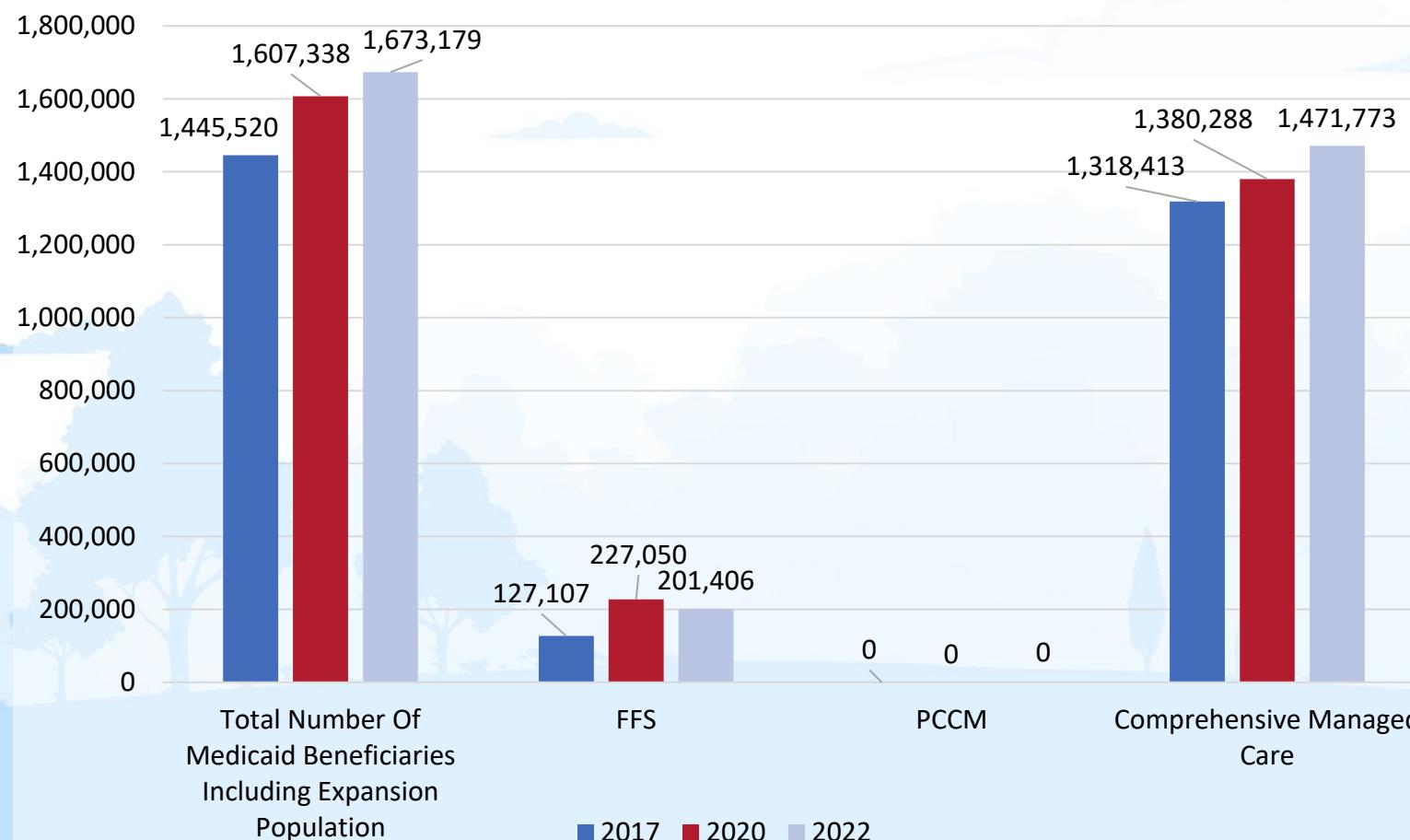
% Change in  
Managed Care\*  
(2017-2022)

-54%

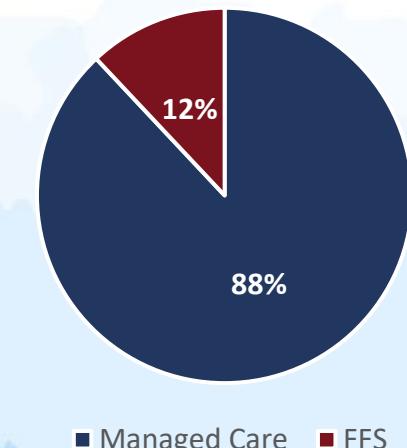
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Maryland Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



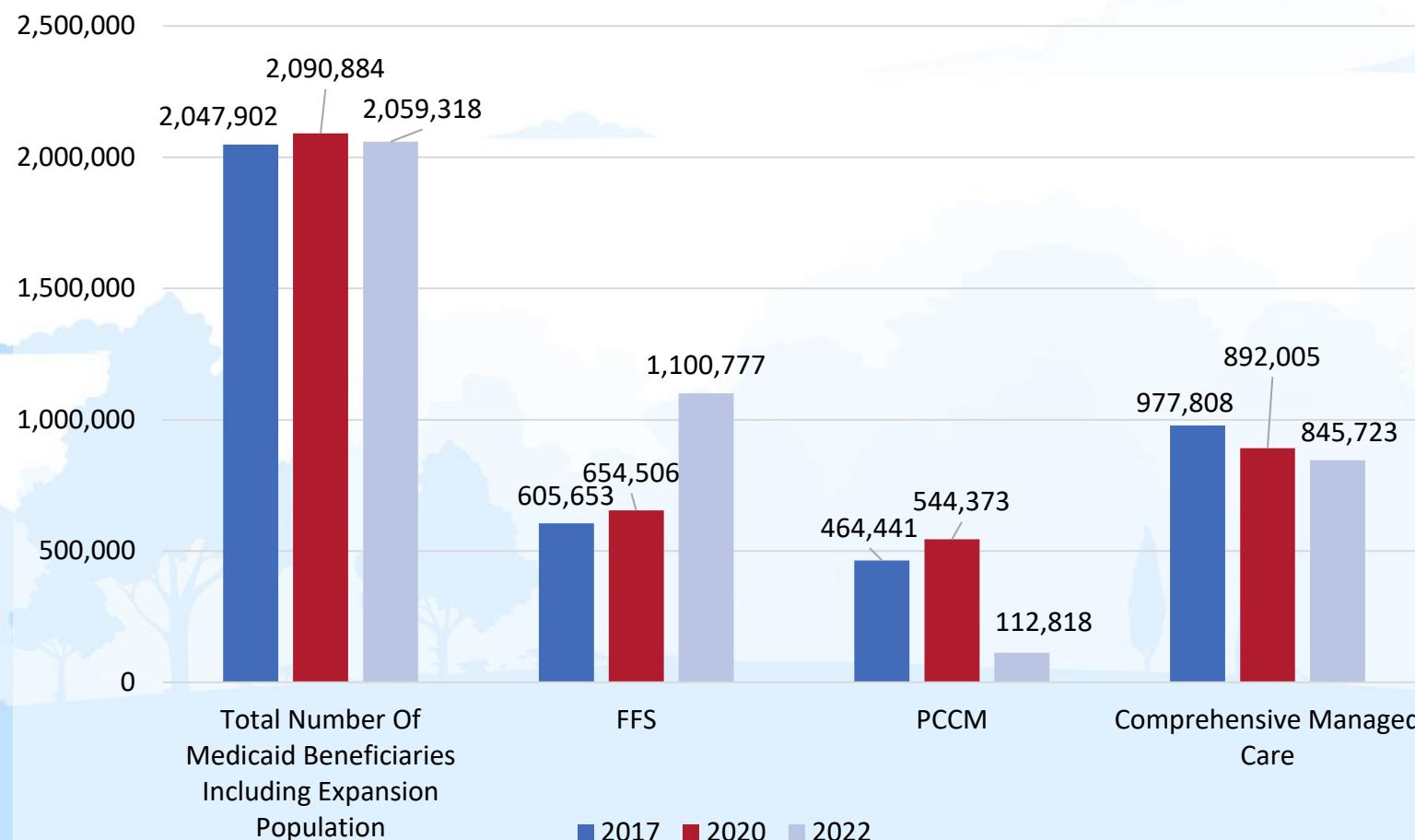
% Change in  
Managed Care\*  
(2017-2022)

12%

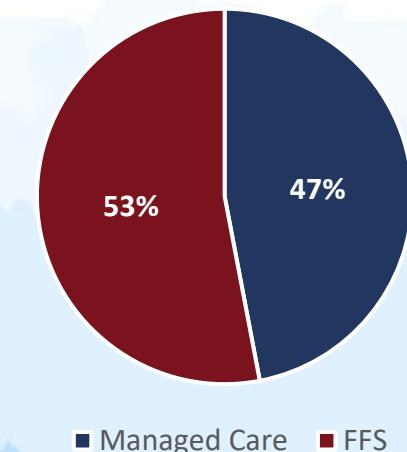
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Massachusetts Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

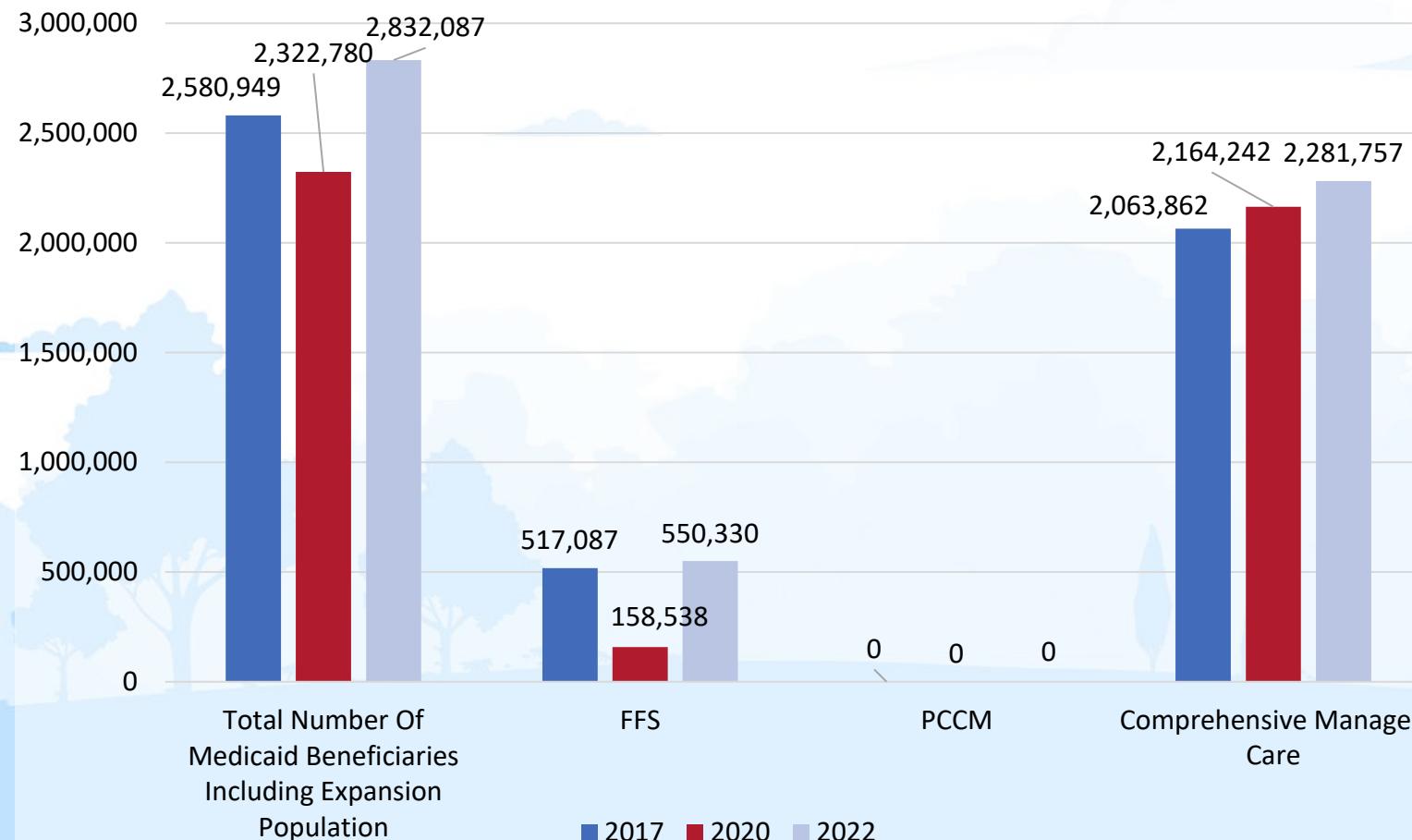
% Change in  
Managed Care\*  
(2017-2022)

-34%

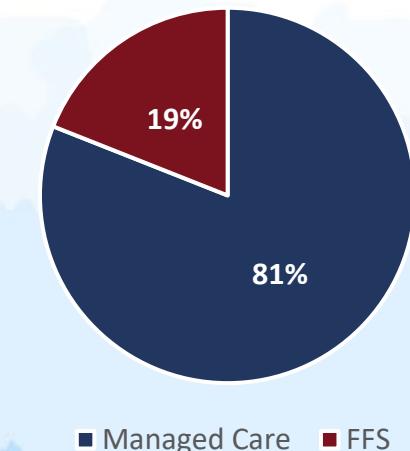
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Michigan Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



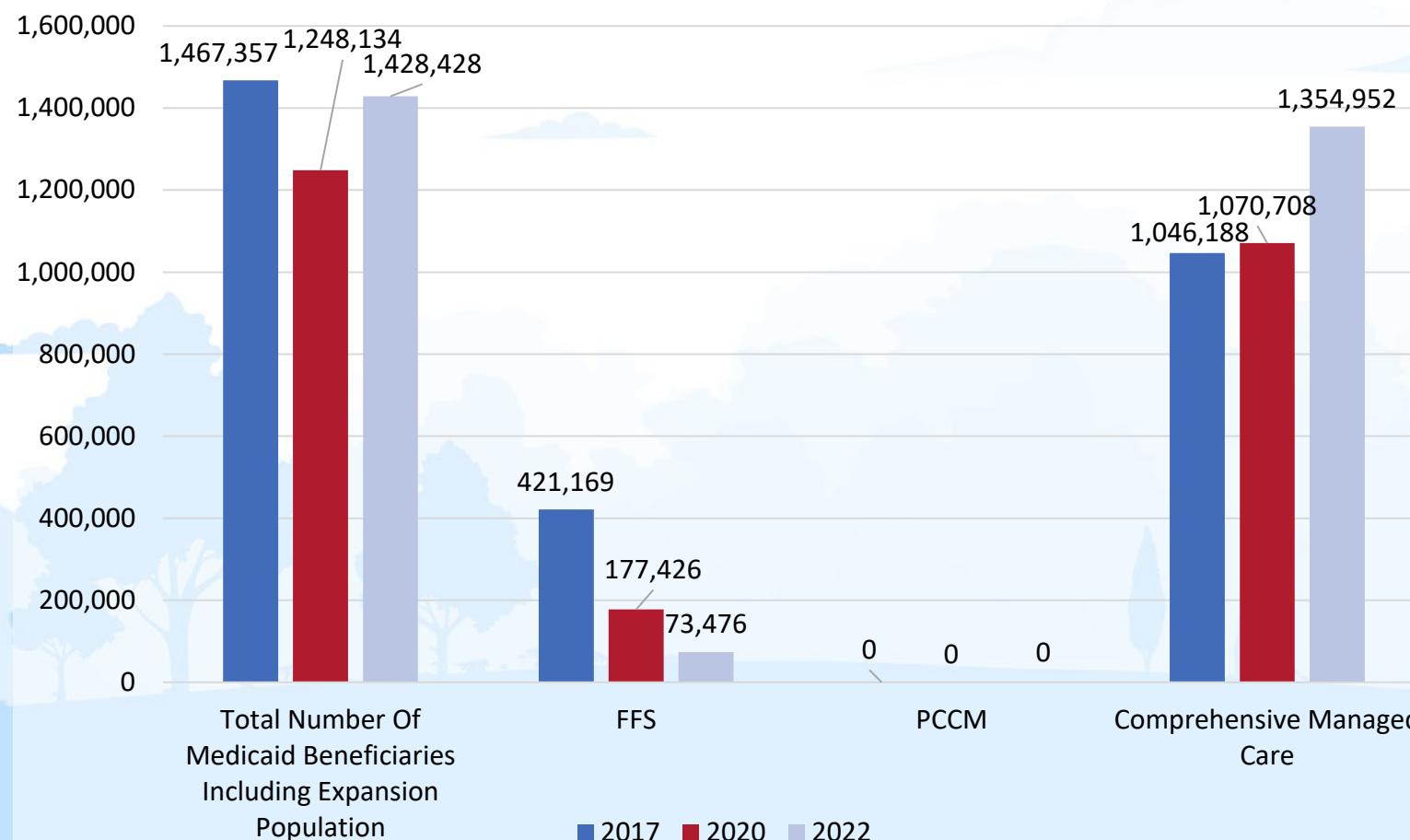
% Change in  
Managed Care\*  
(2017-2022)

11%

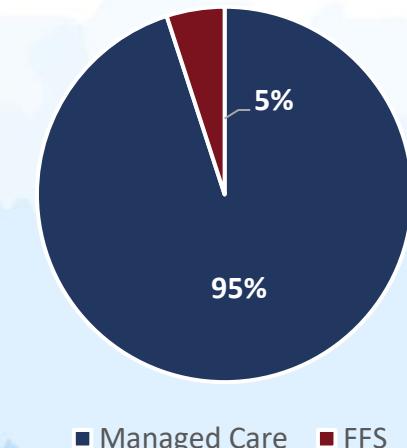
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Minnesota Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



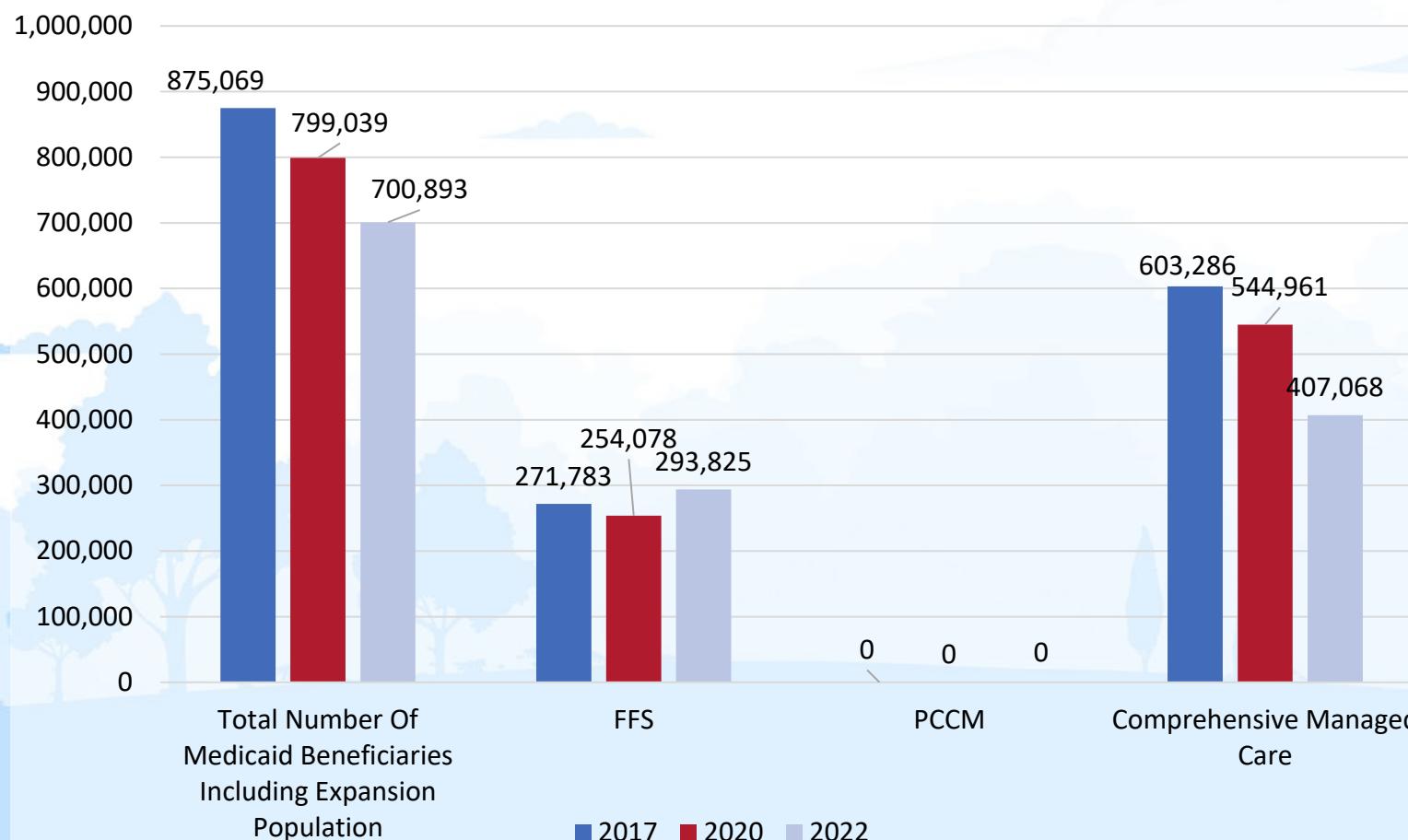
% Change in  
Managed Care\*  
(2017-2022)

30%

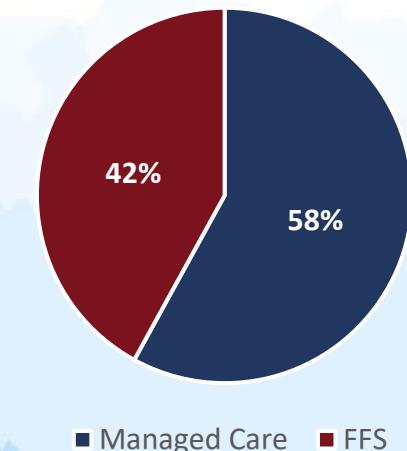
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Mississippi Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



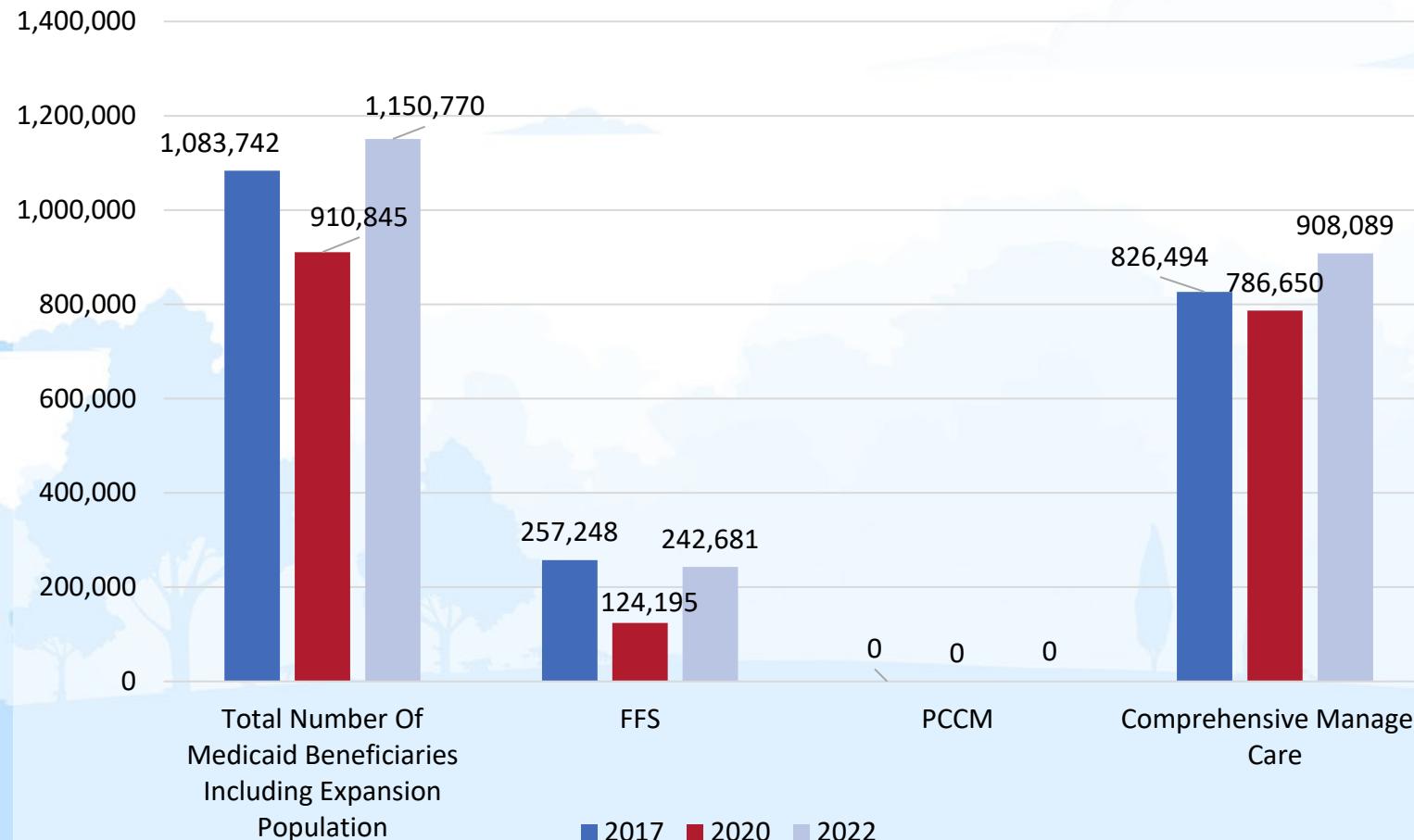
% Change in  
Managed Care\*  
(2017-2022)

-33%

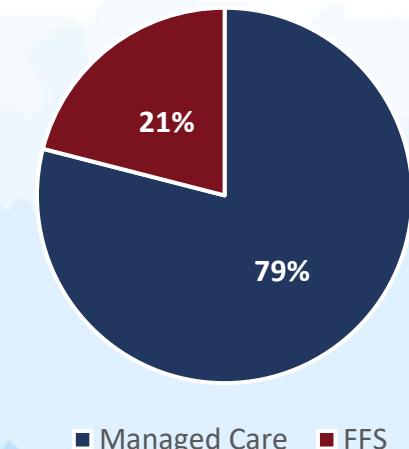
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Missouri Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

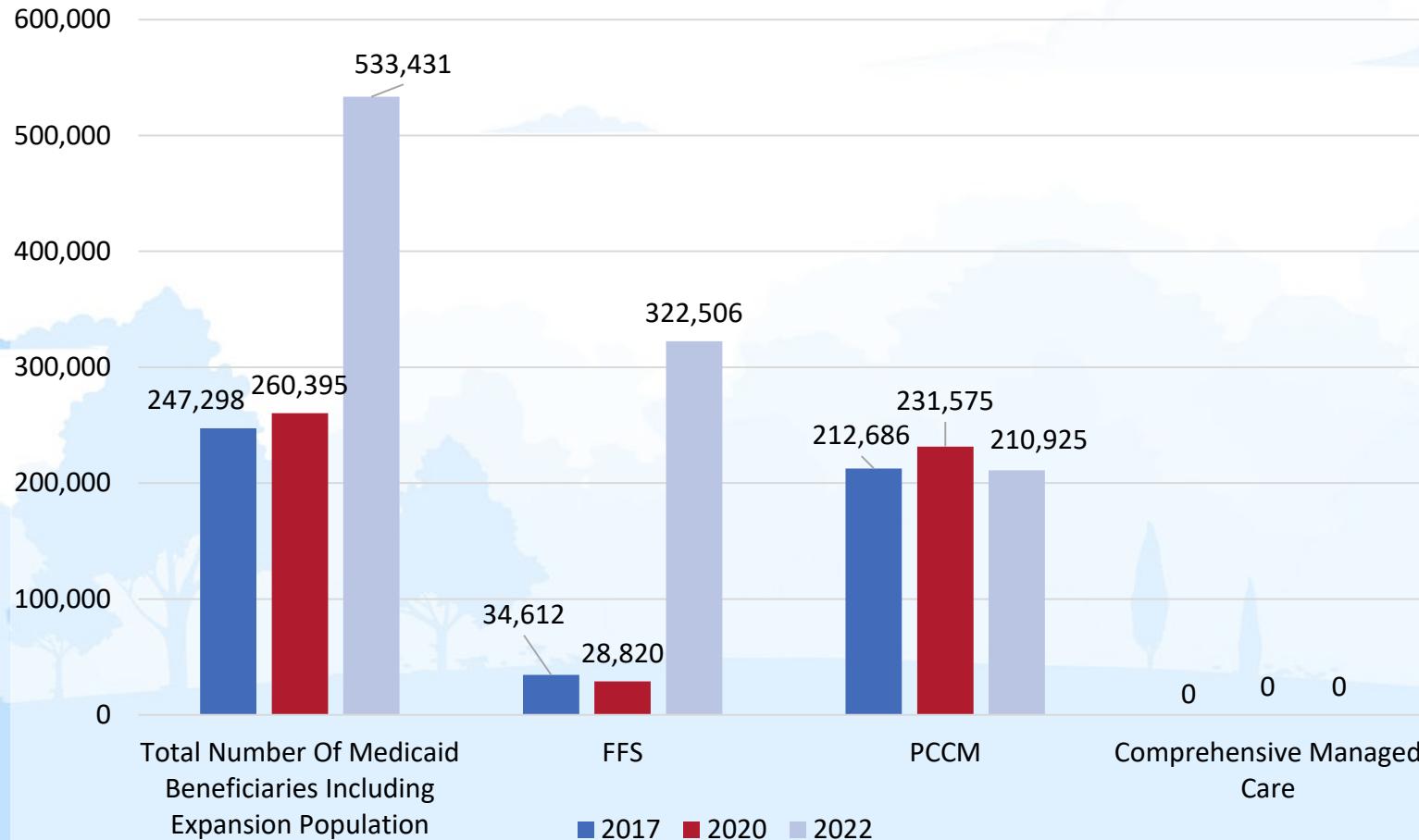
% Change in  
Managed Care\*  
(2017-2022)

10%

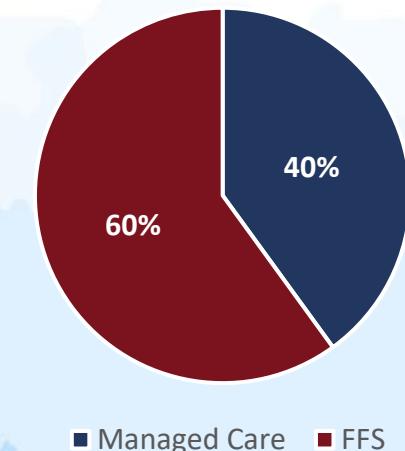
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Montana Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



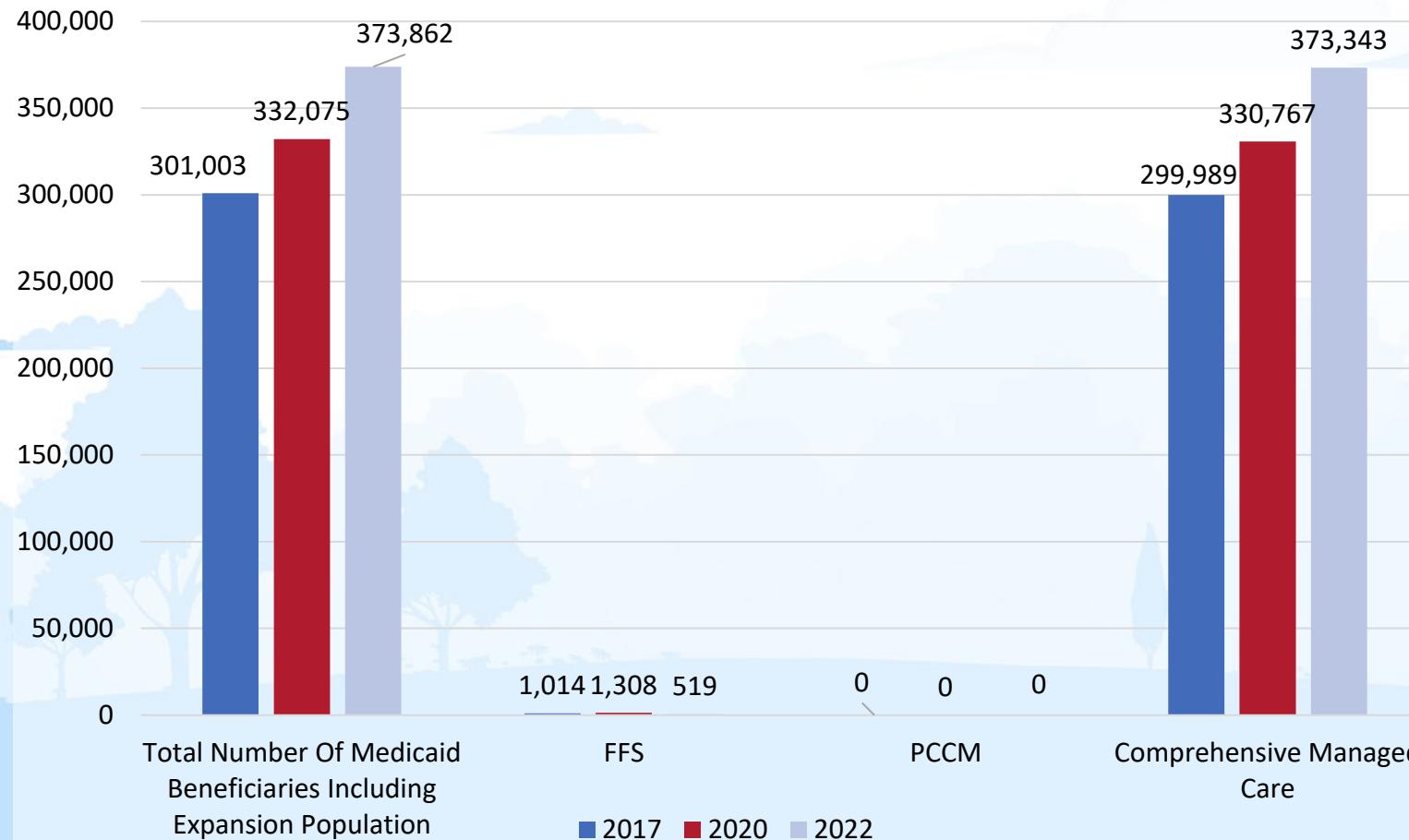
% Change in  
Managed Care\*  
(2017-2022)



\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Nebraska Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

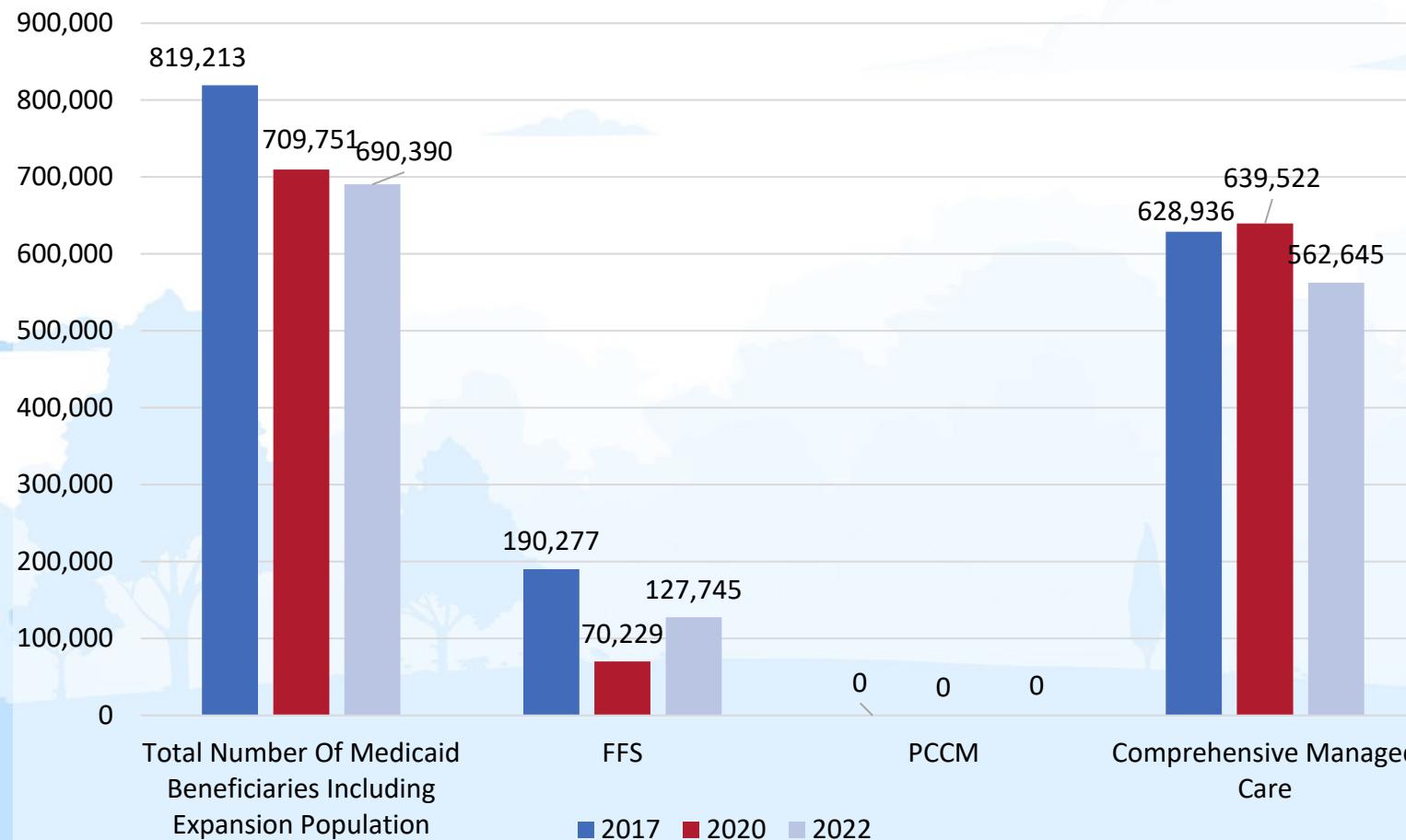
% Change in  
Managed Care\*  
(2017-2022)

24%

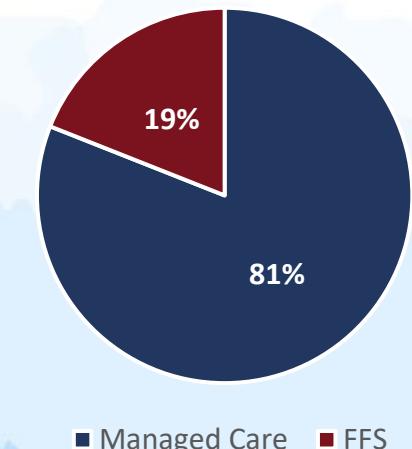
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Nevada Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



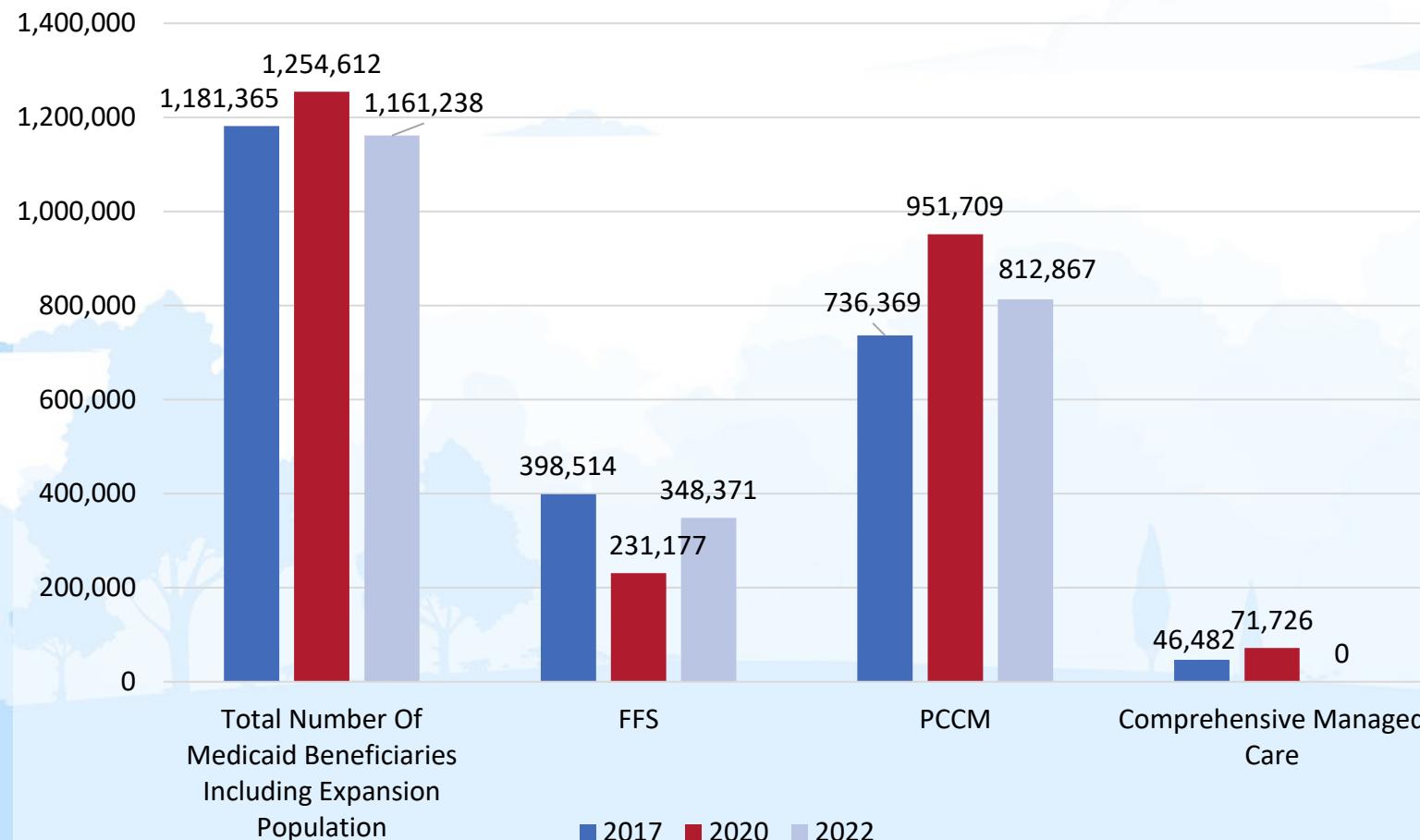
% Change in  
Managed Care\*  
(2017-2022)

-11%

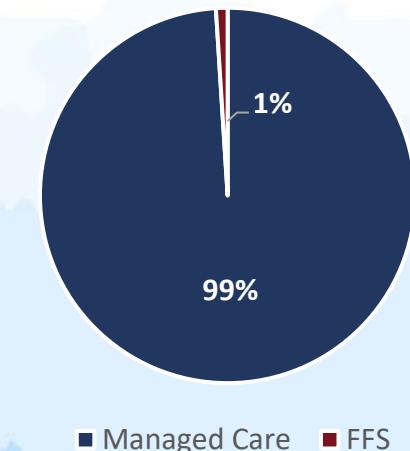
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# New Hampshire Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



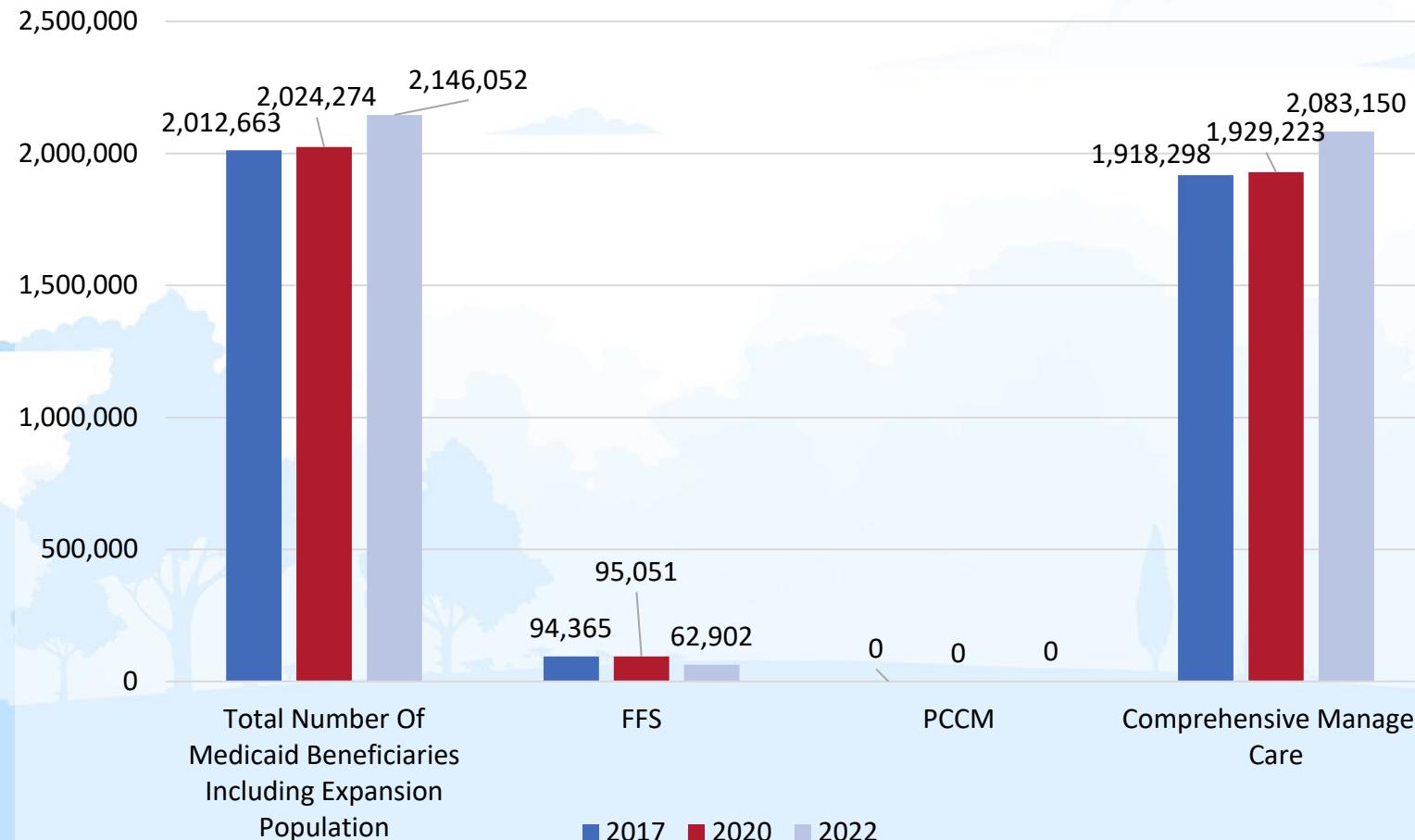
% Change in  
Managed Care\*  
(2017-2022)

58%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

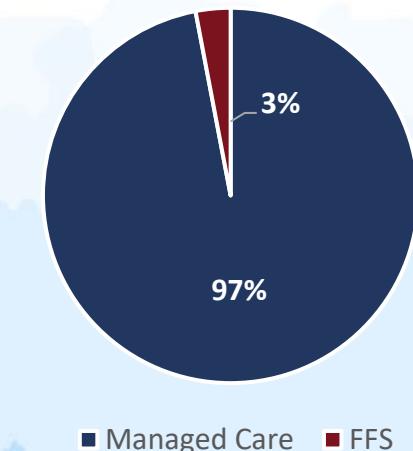
# New Jersey Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



<sup>1</sup>Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

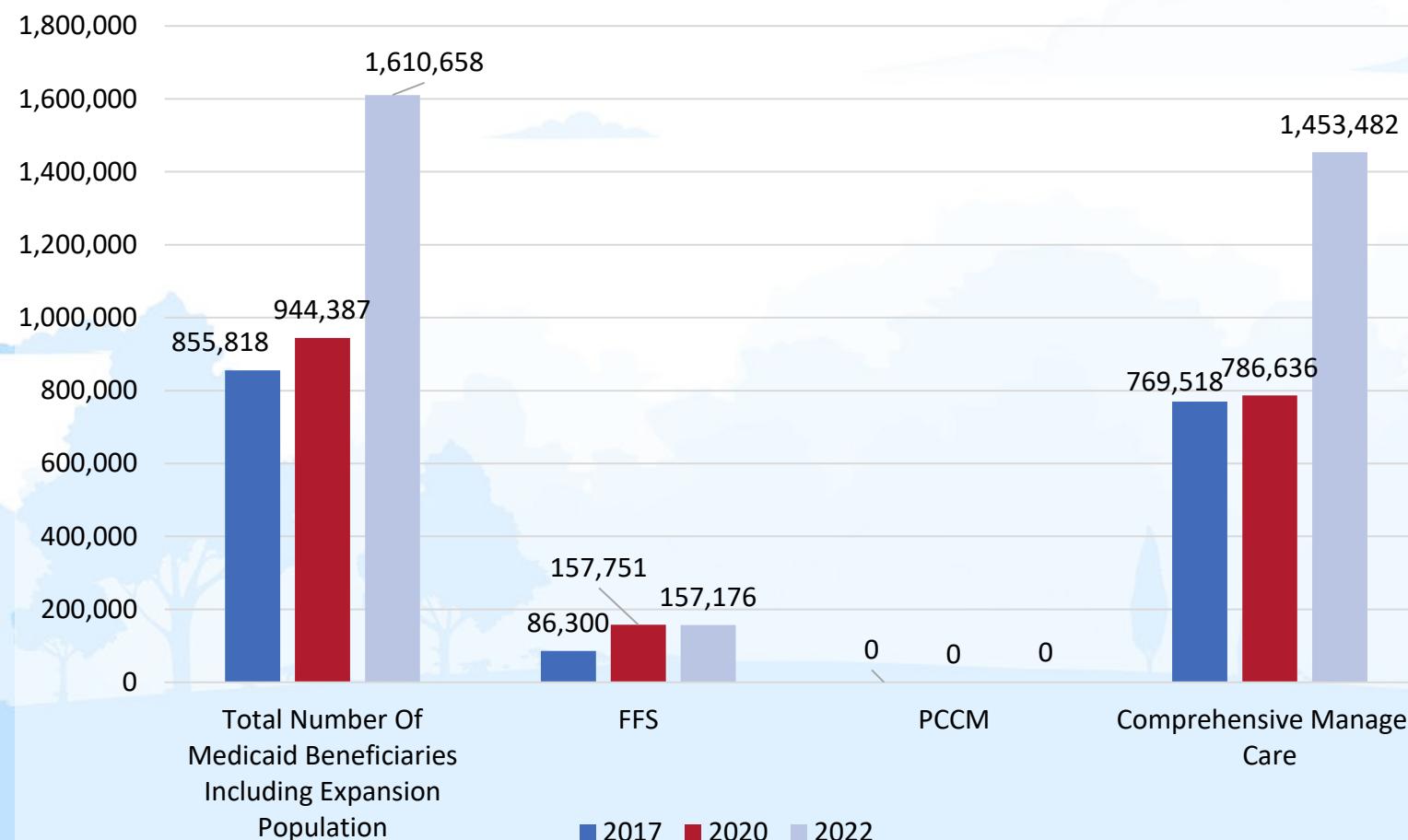
## % Of Medicaid Population In Managed Care\* 2022



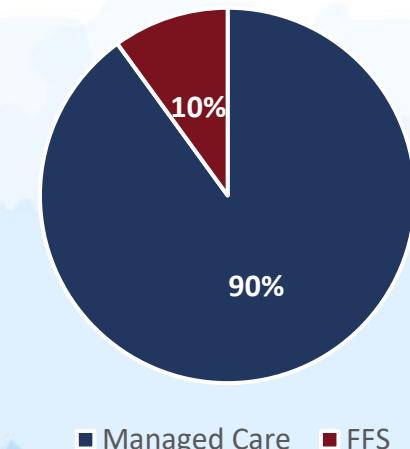
% Change in  
Managed Care\*  
(2017-2022)



# New Mexico Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



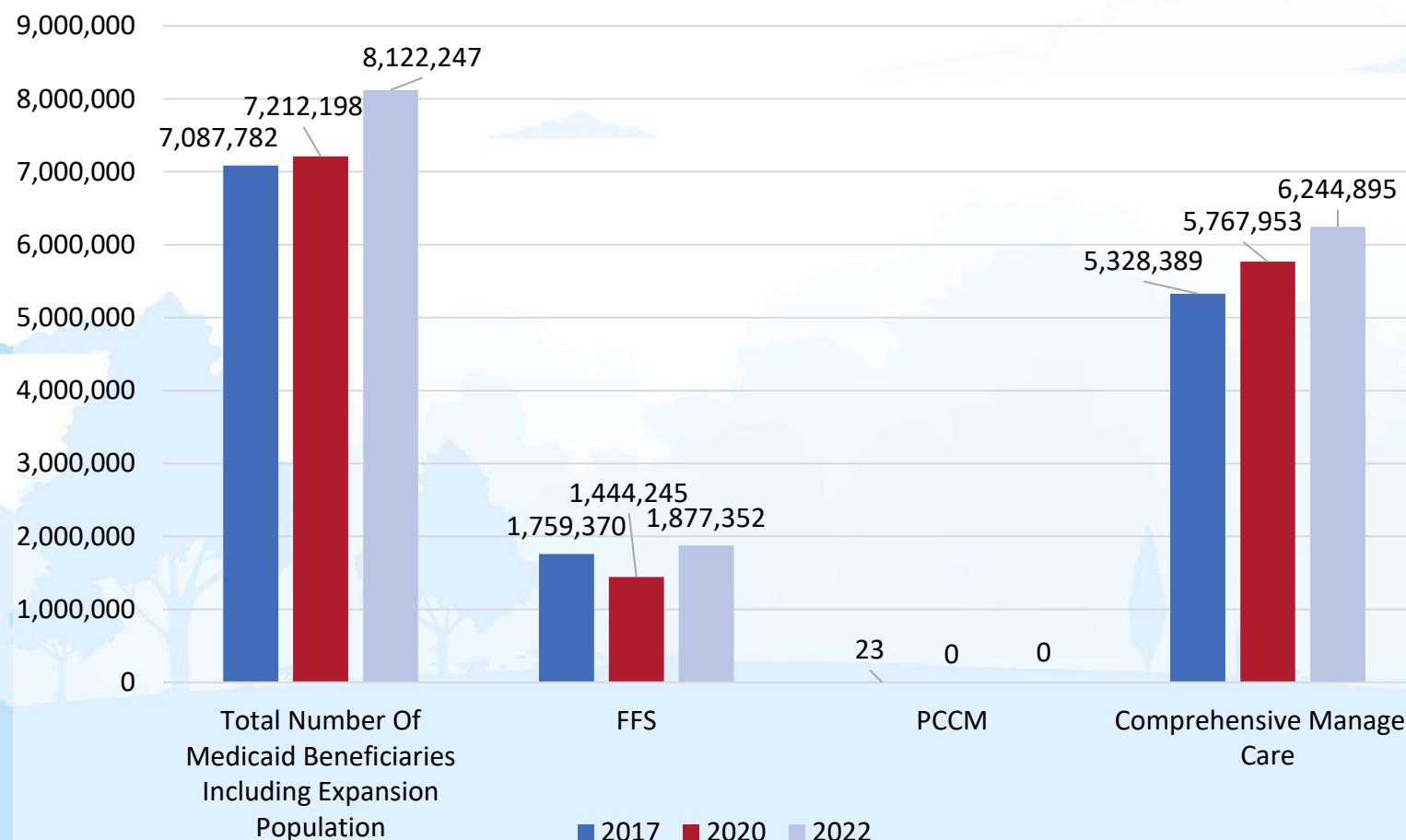
% Change in  
Managed Care\*  
(2017-2022)

89%

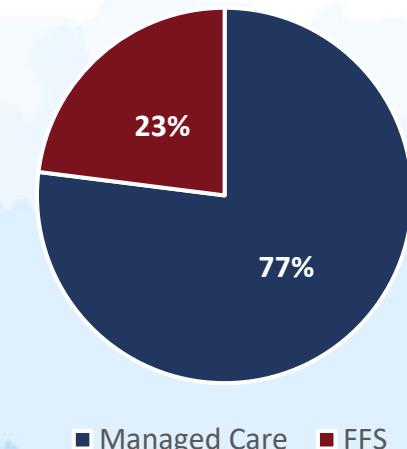
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# New York Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

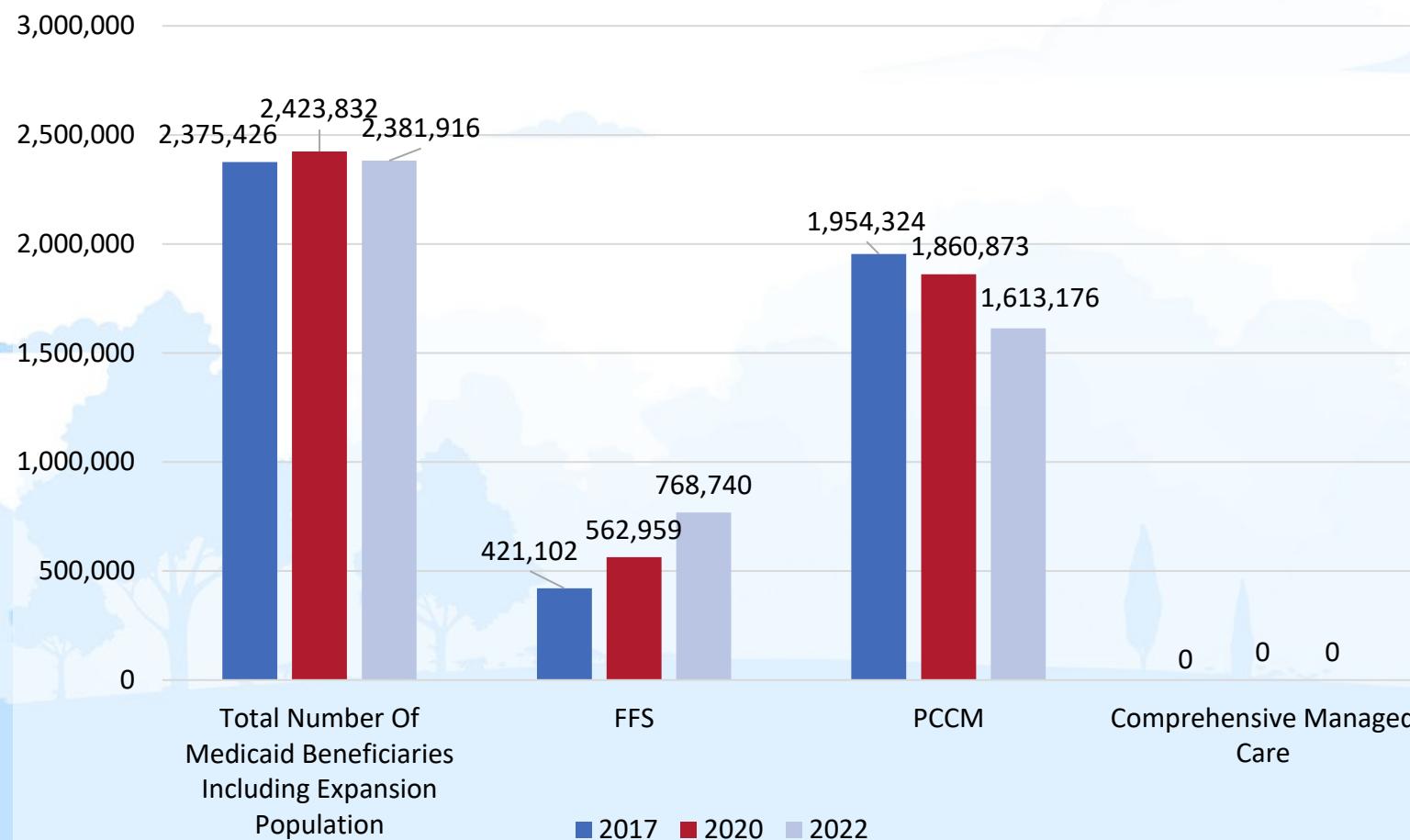
% Change in  
Managed Care\*  
(2017-2022)

17%

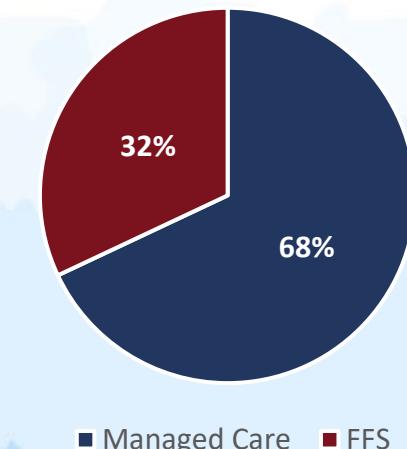
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# North Carolina Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

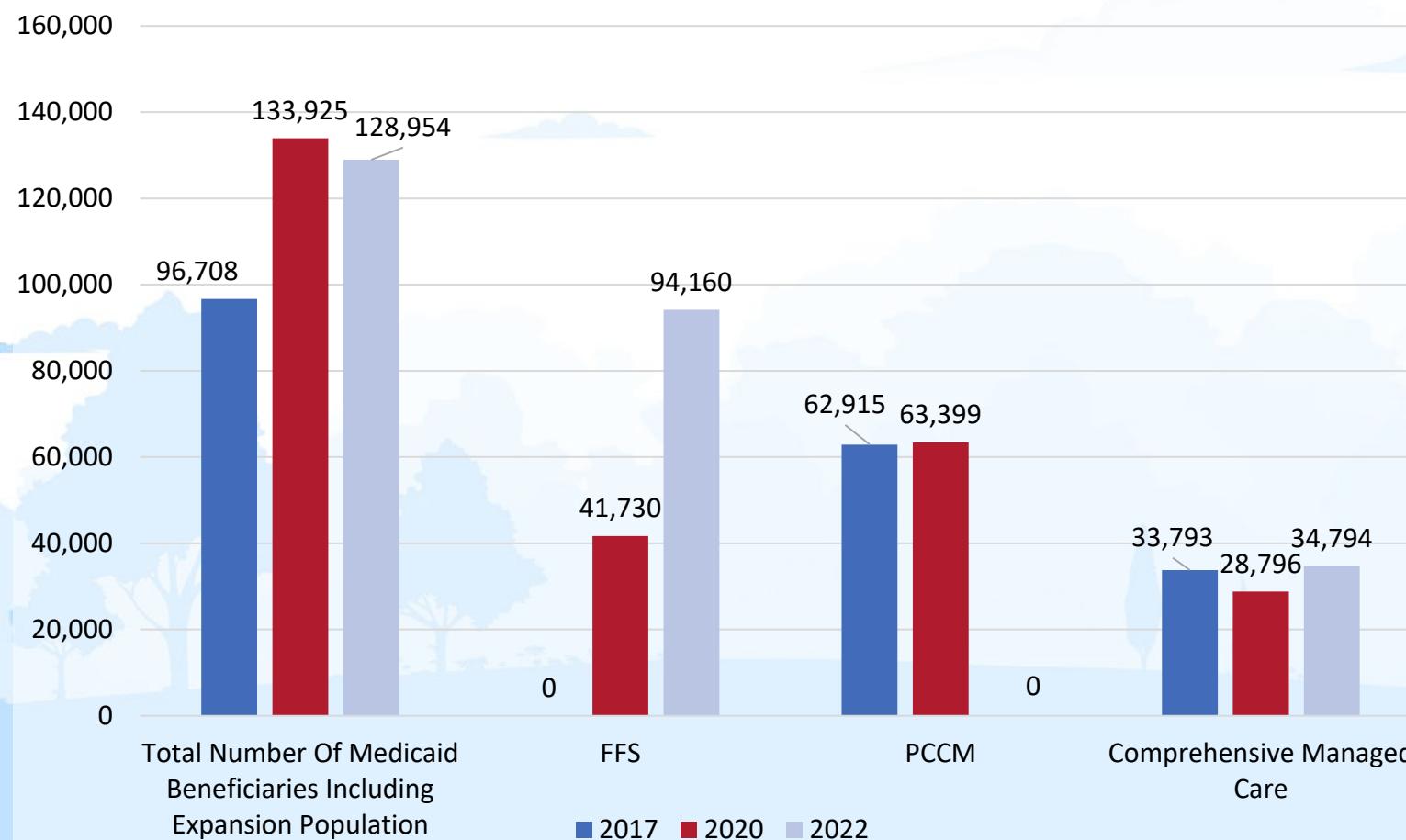
% Change in  
Managed Care\*  
(2017-2022)

-17%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

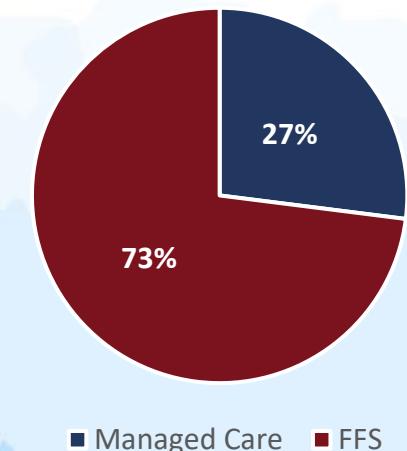
# North Dakota Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



<sup>1</sup>Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

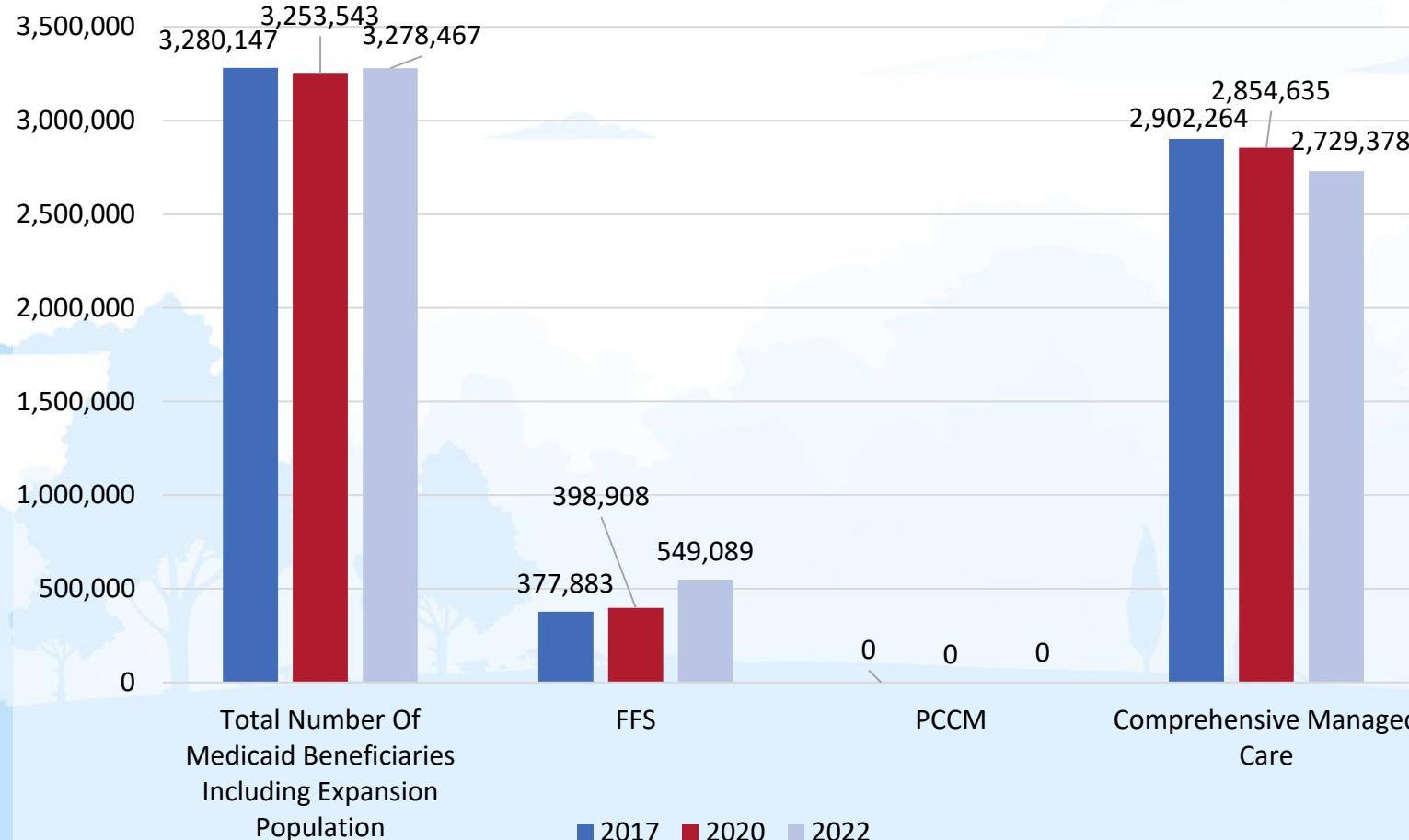
## % Of Medicaid Population In Managed Care\* 2022



% Change in  
Managed Care\*  
(2017-2022)

-64%

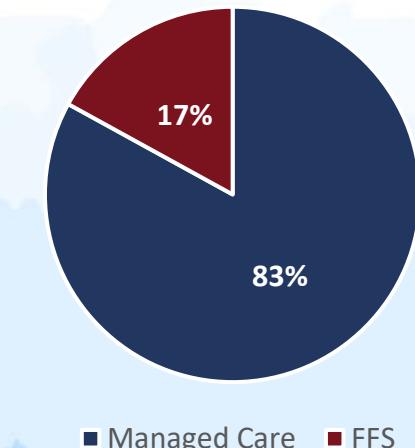
# Ohio Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



<sup>1</sup>Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

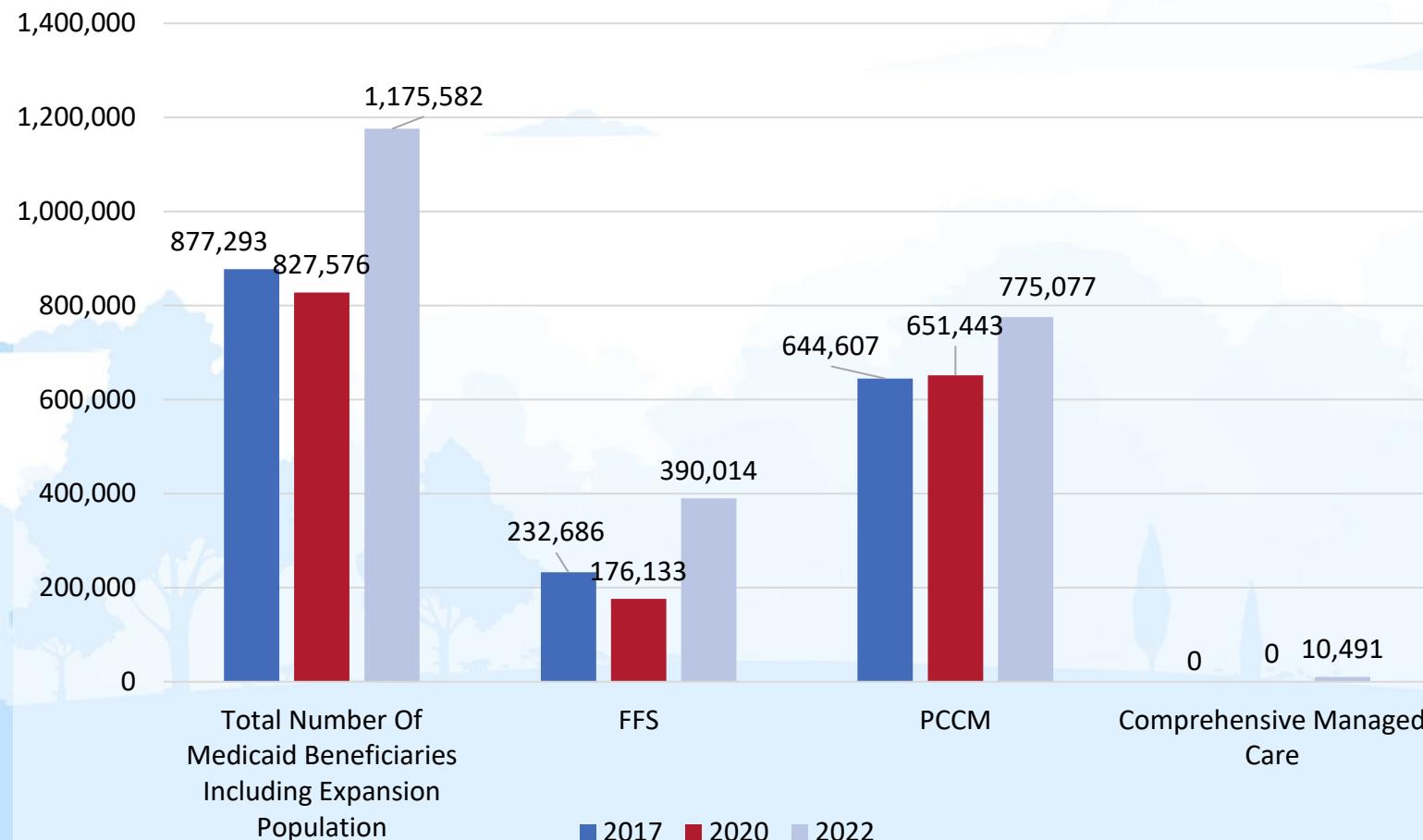
## % Of Medicaid Population In Managed Care\* 2022



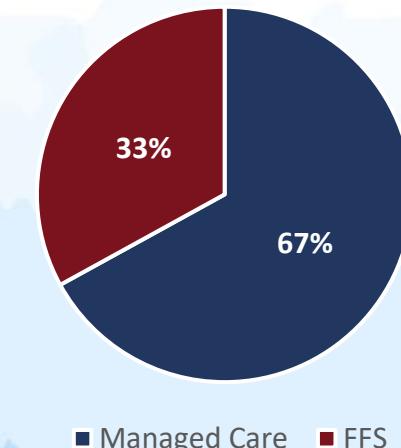
**% Change in Managed Care\* (2017-2022)**

-6%

# Oklahoma Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

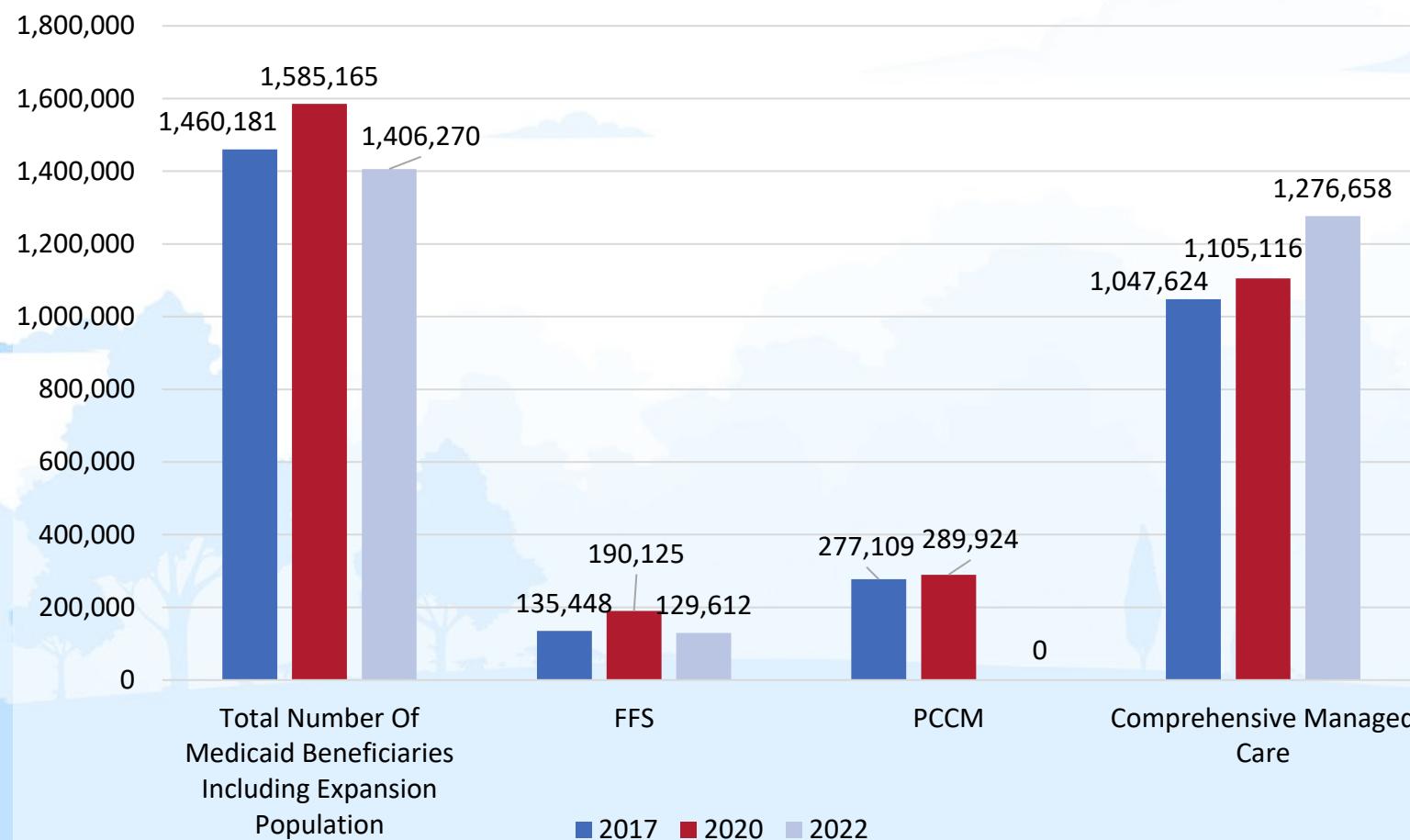
% Change in  
Managed Care\*  
(2017-2022)

22%

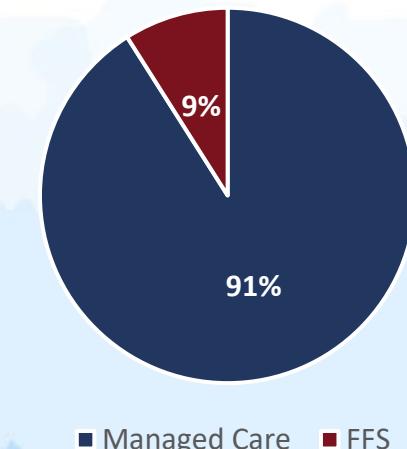
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Oregon Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



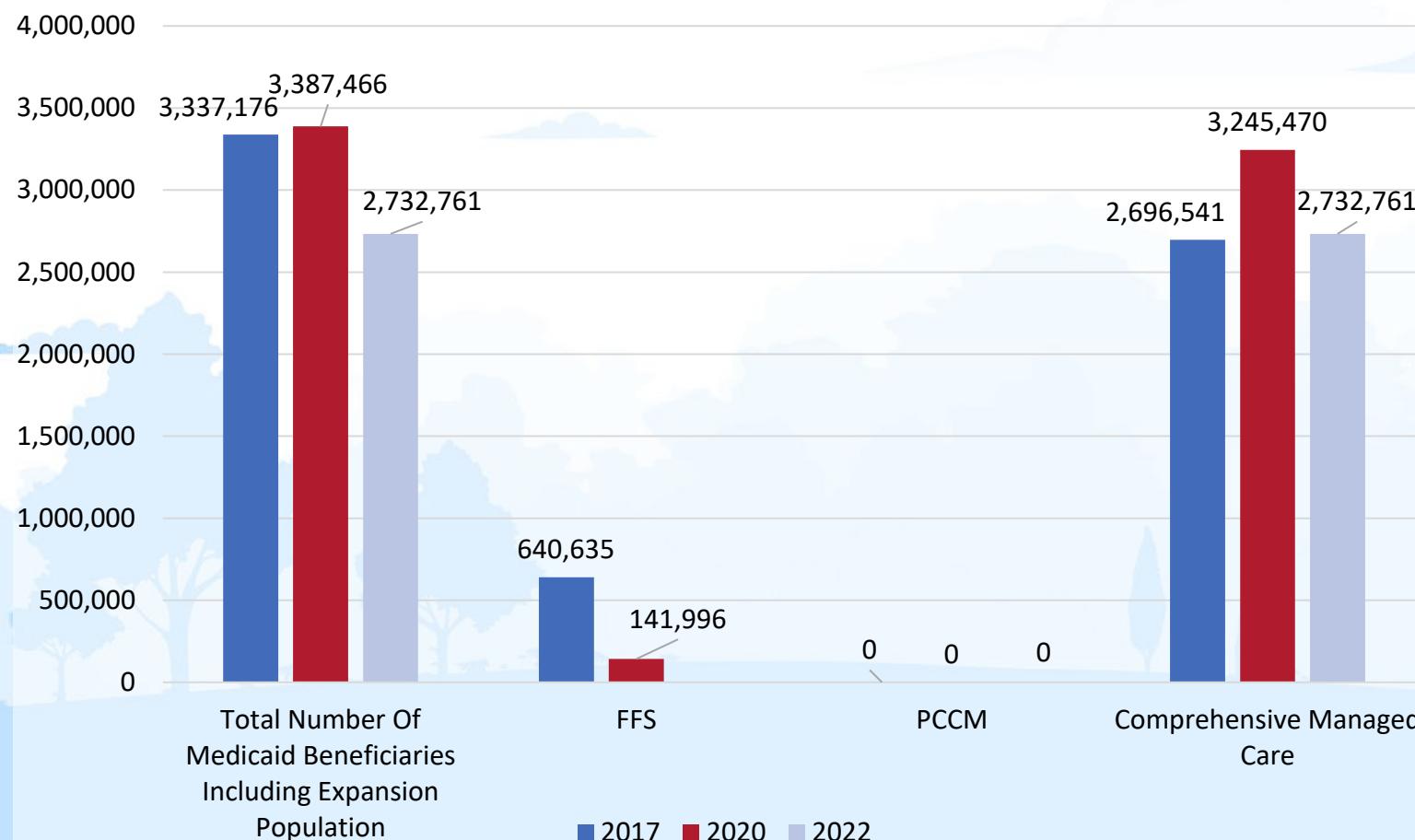
% Change in  
Managed Care\*  
(2017-2022)

-4%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Pennsylvania Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



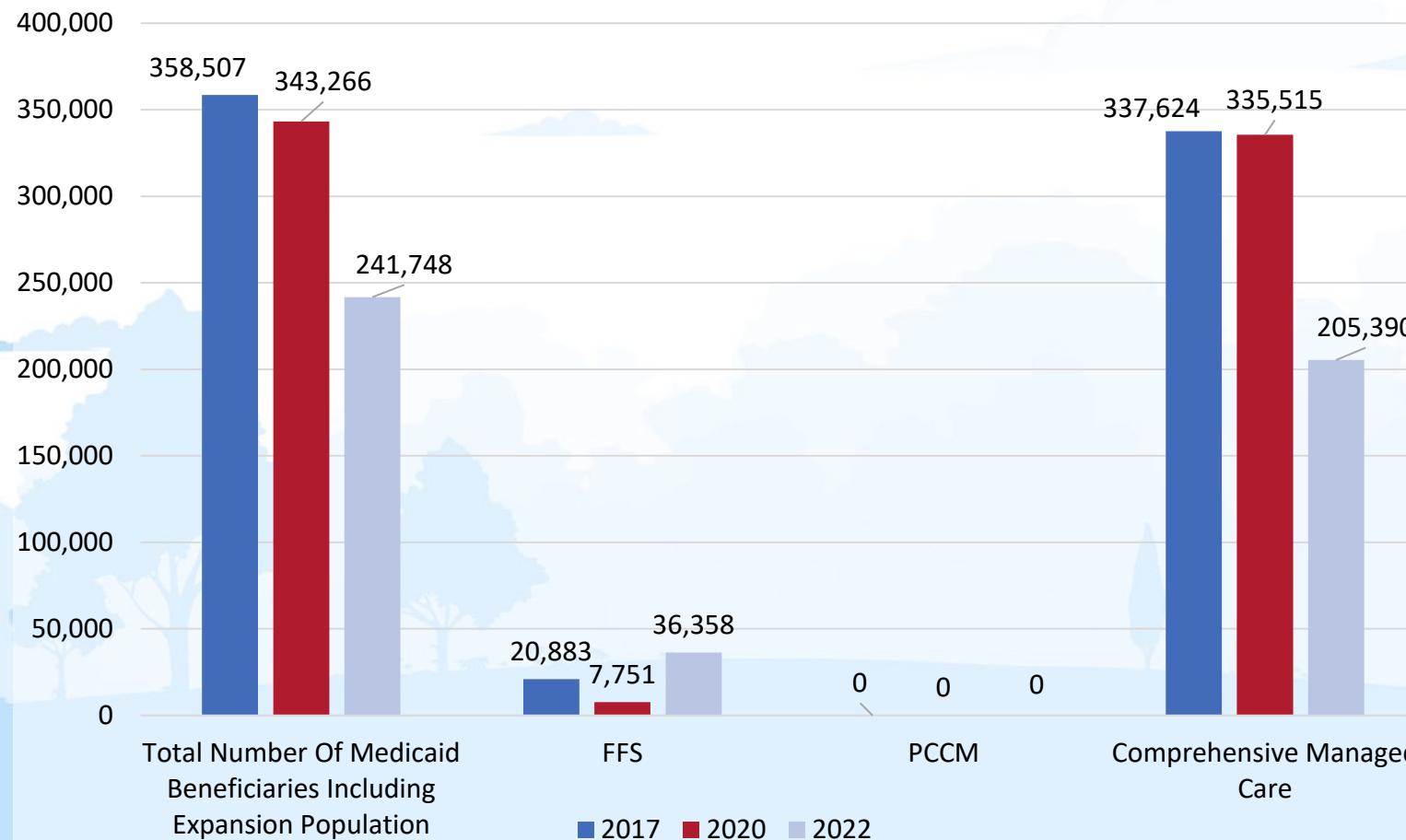
% Change in  
Managed Care\*  
(2017-2022)



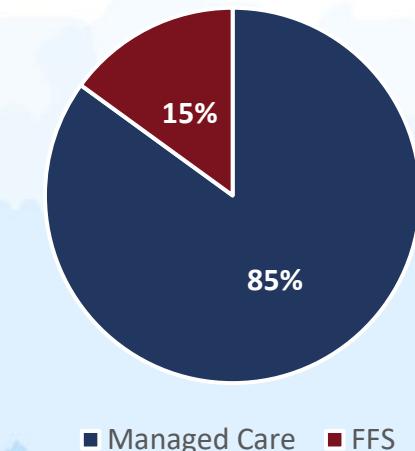
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Rhode Island Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

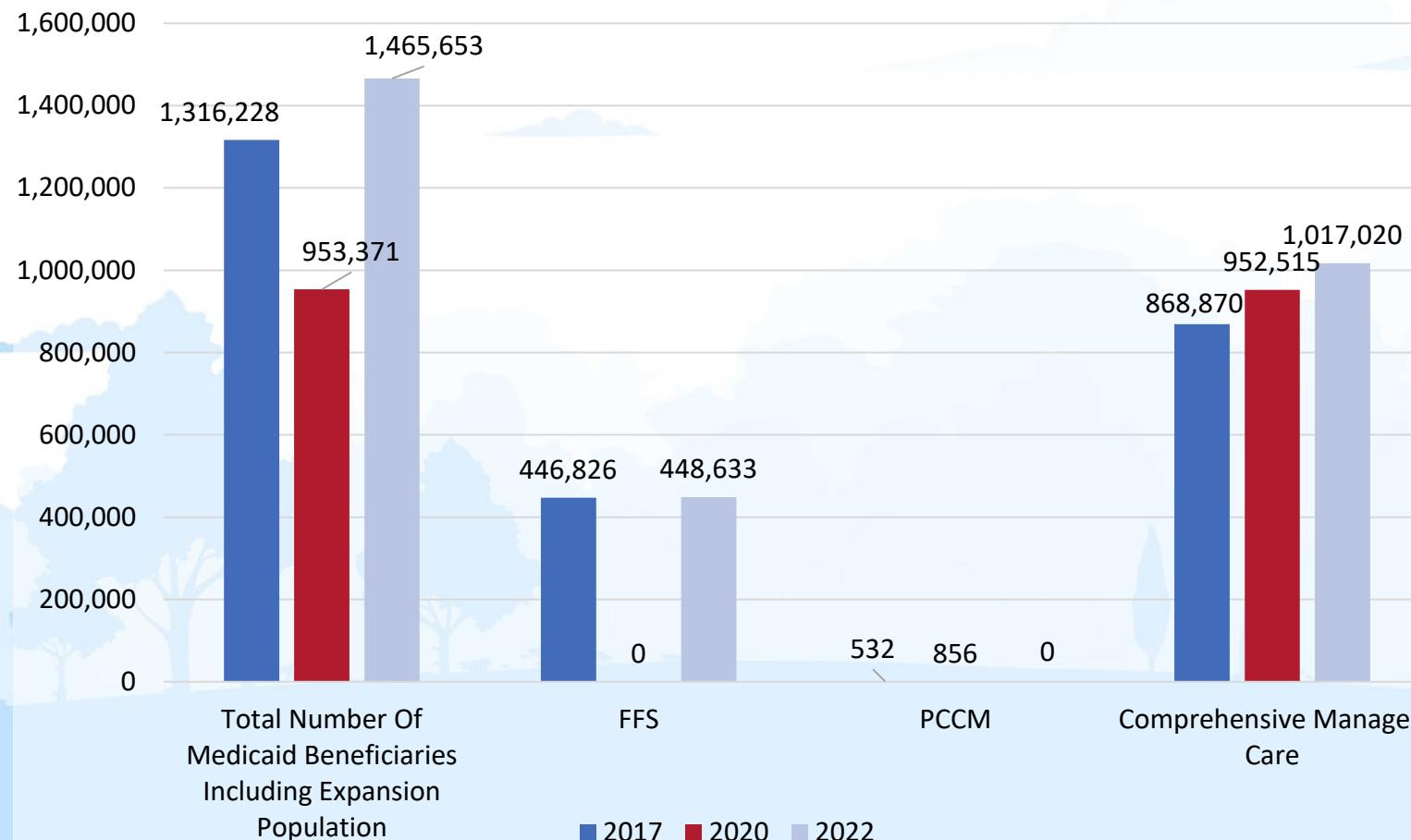
% Change in  
Managed Care\*  
(2017-2022)

-39%

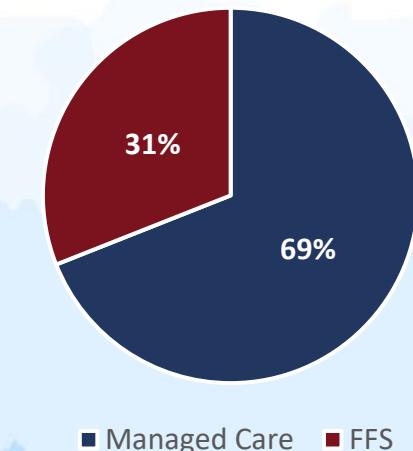
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# South Carolina Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

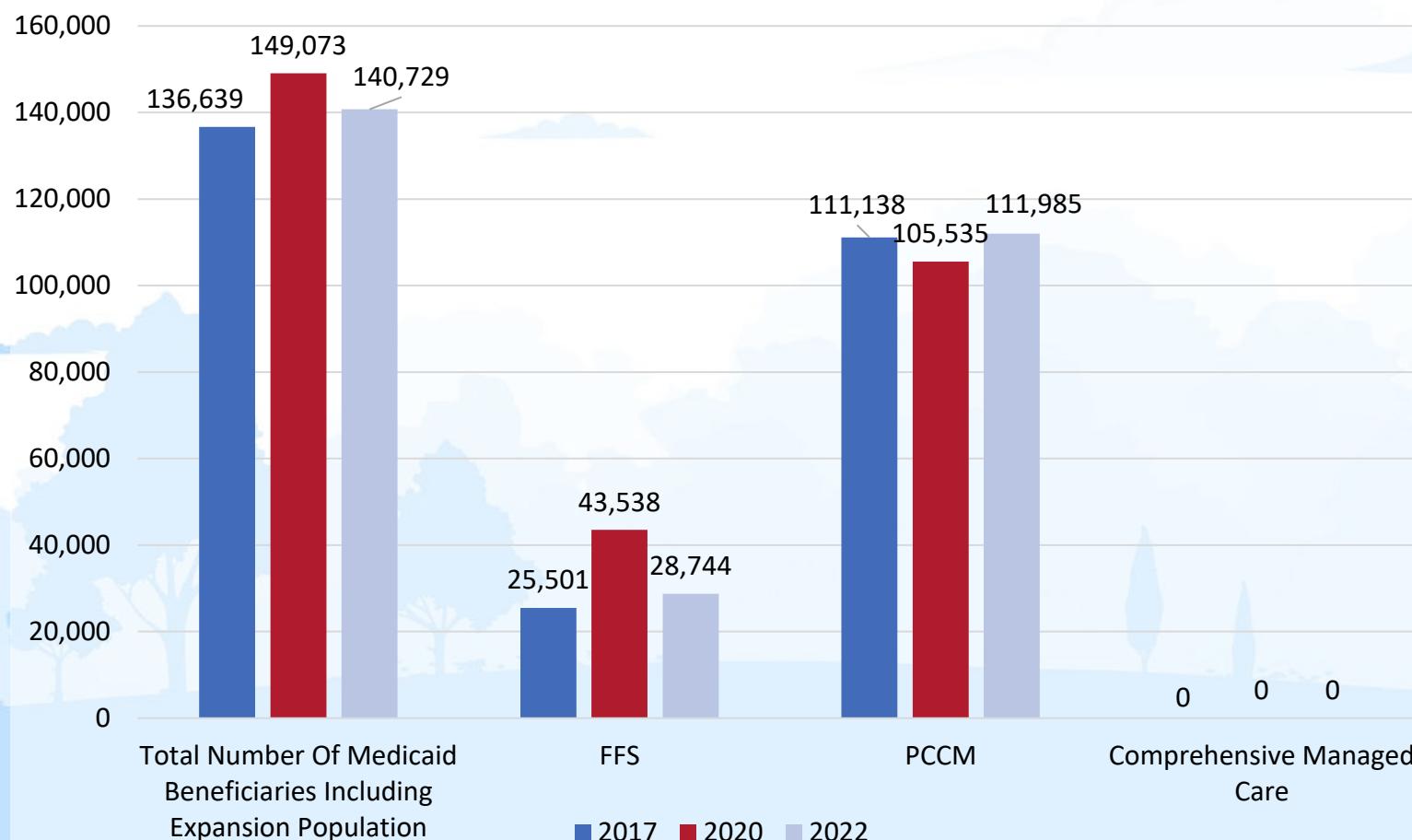
% Change in  
Managed Care\*  
(2017-2022)

17%

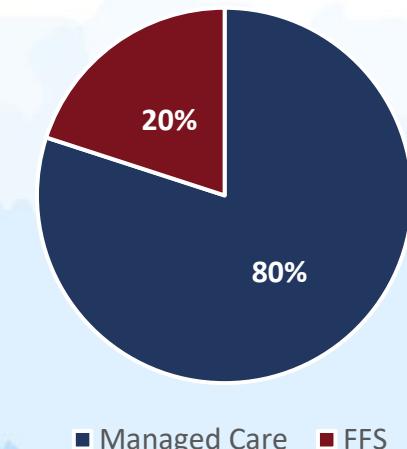
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# South Dakota Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

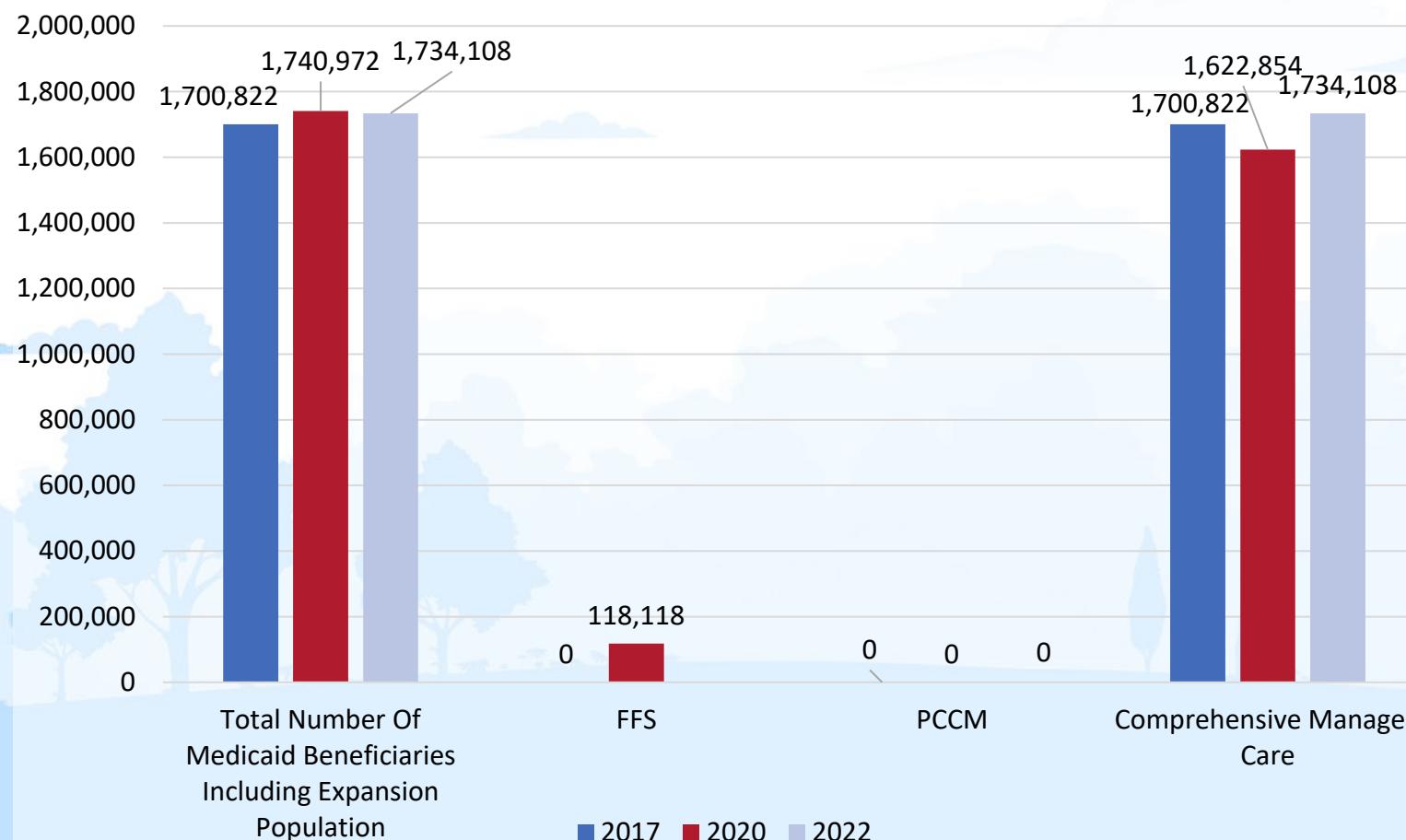
% Change in  
Managed Care\*  
(2017-2022)



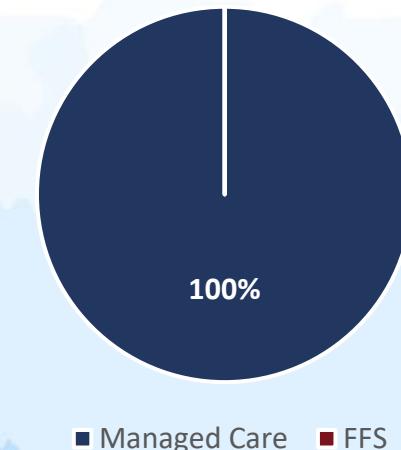
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Tennessee Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

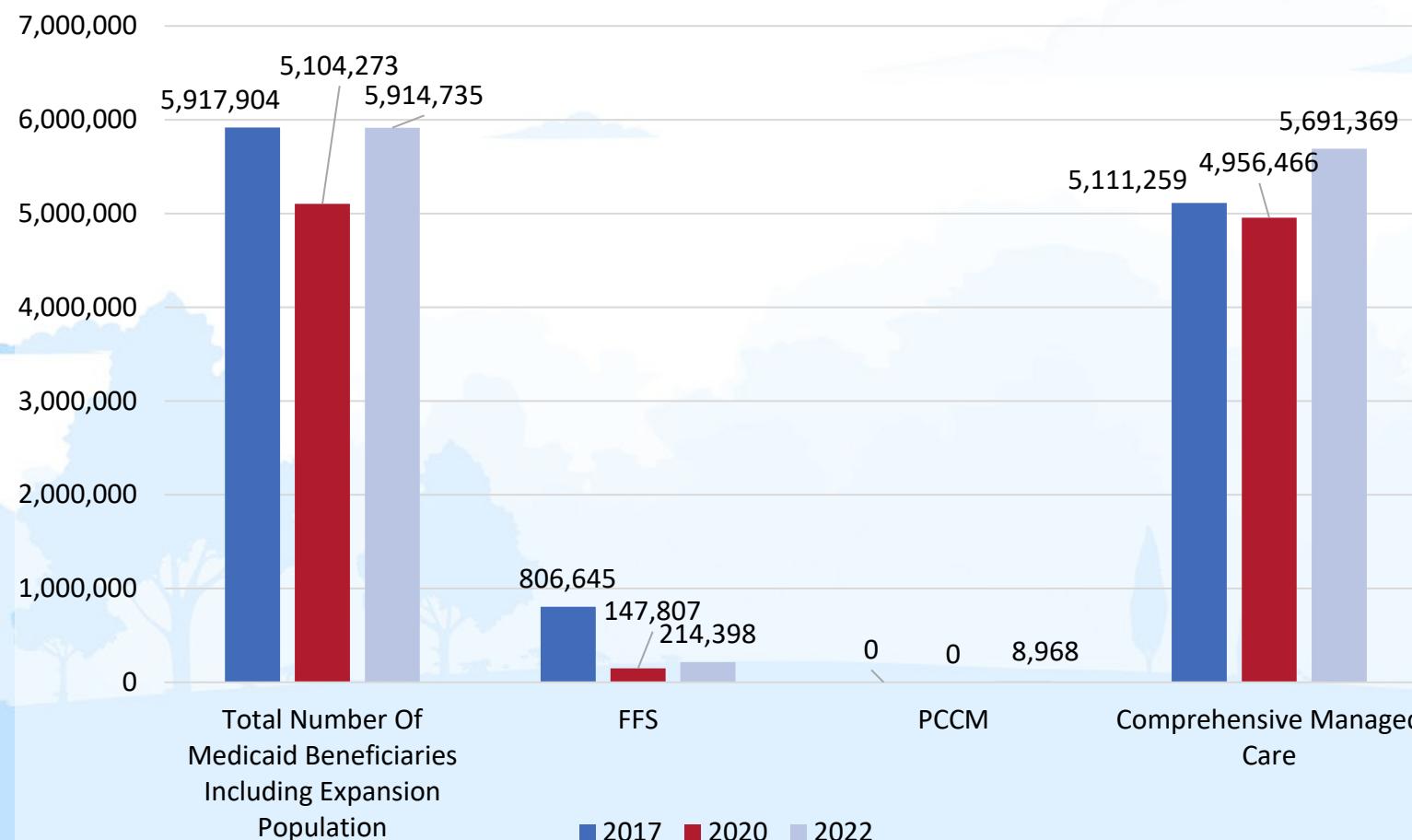
% Change in  
Managed Care\*  
(2017-2022)



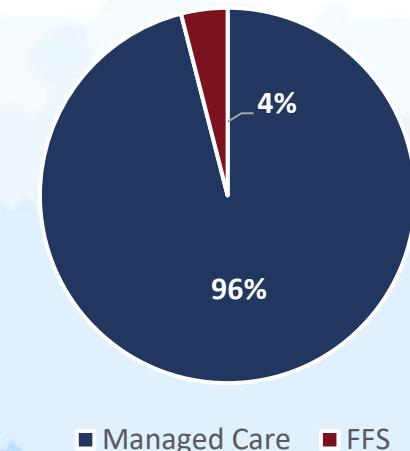
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Texas Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

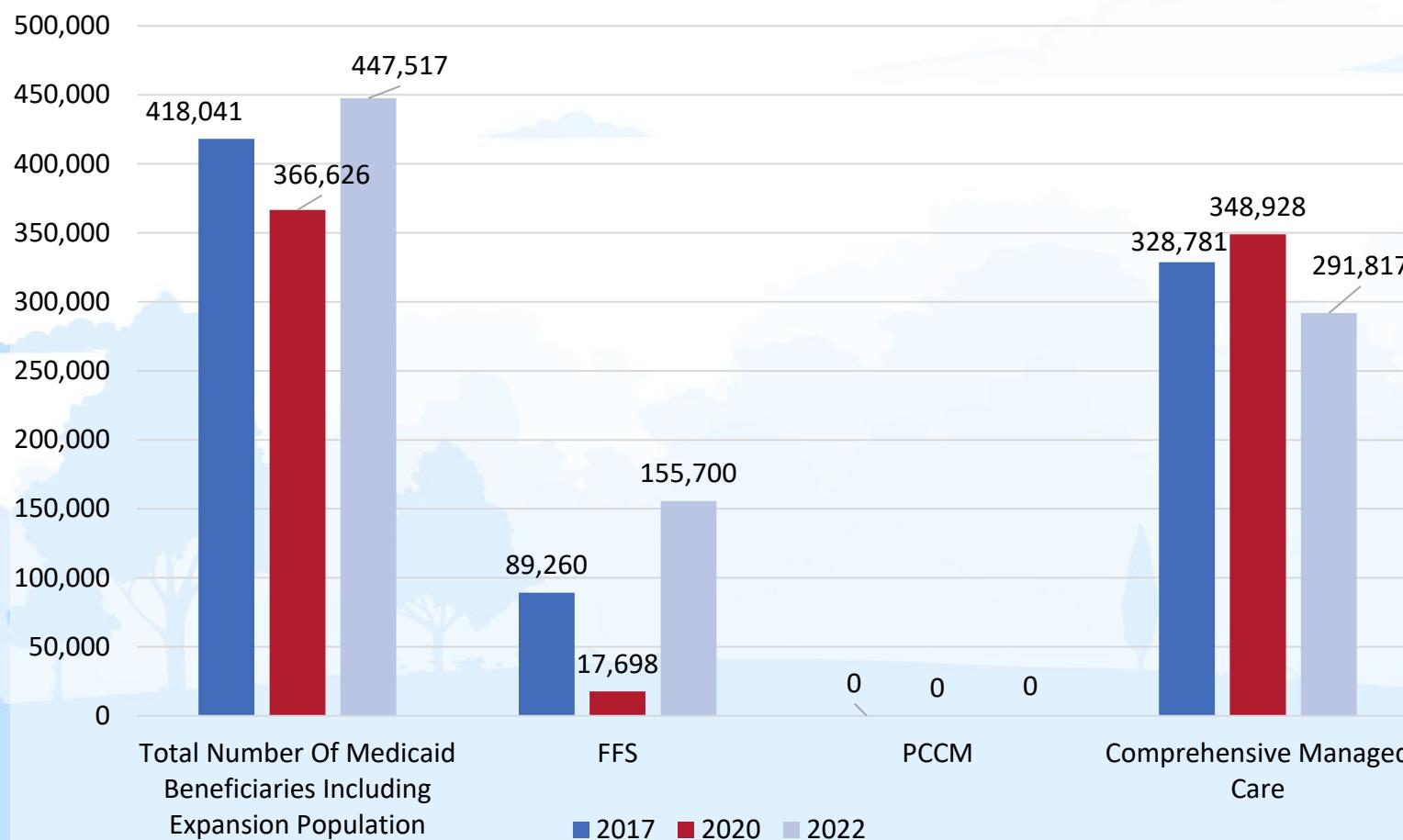
% Change in  
Managed Care\*  
(2017-2022)

12%

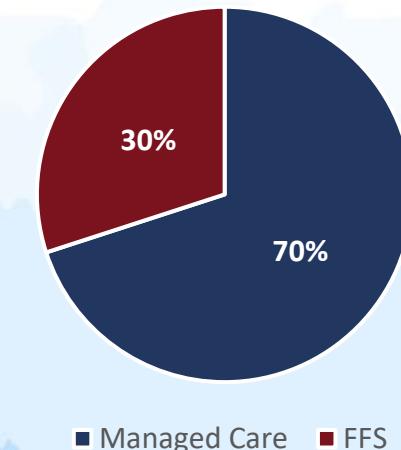
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Utah Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

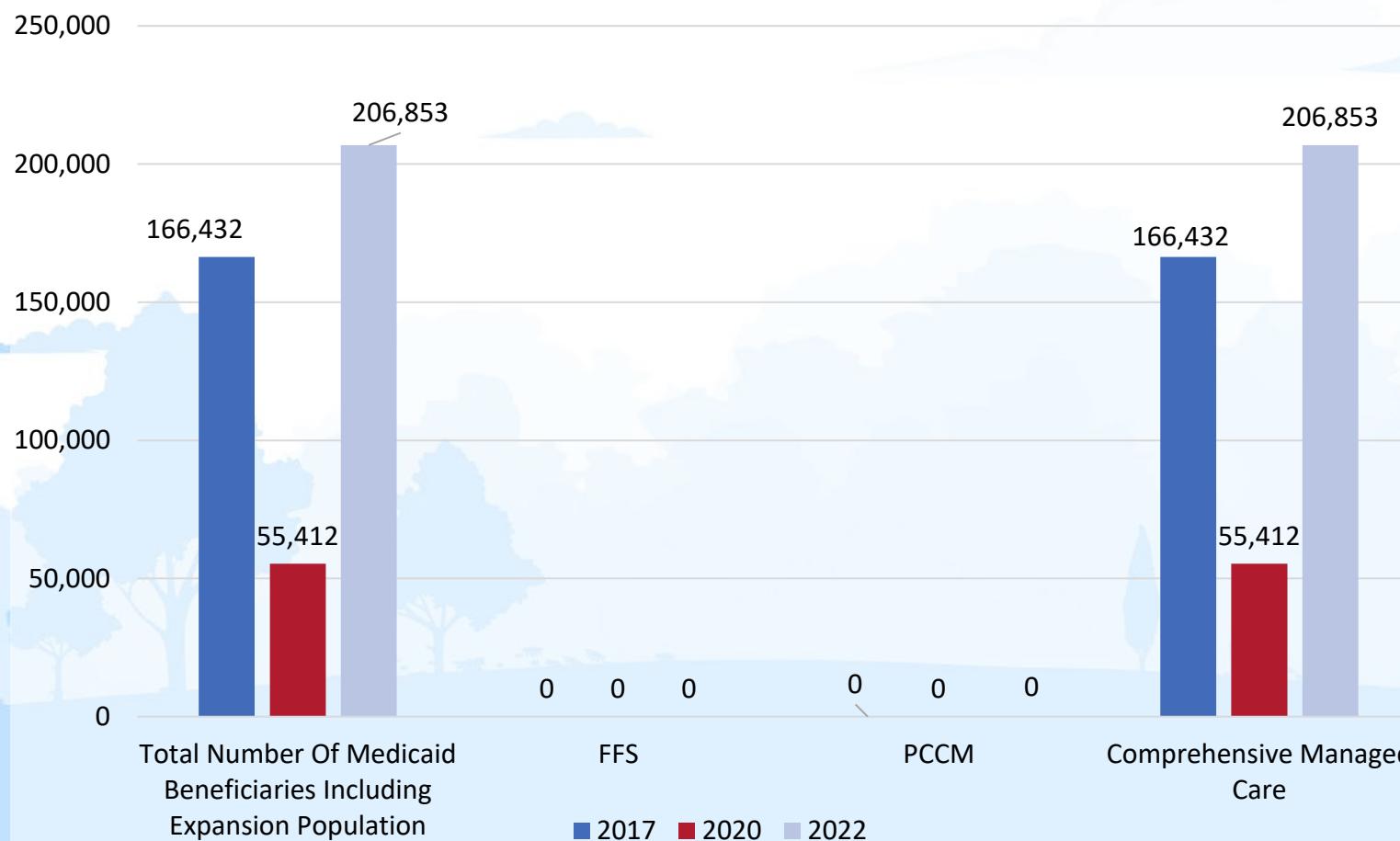
% Change in  
Managed Care\*  
(2017-2022)

-11%

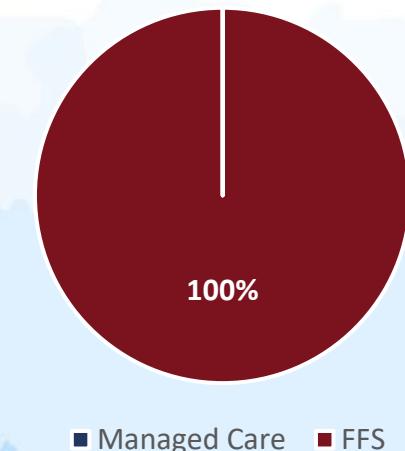
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Vermont Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



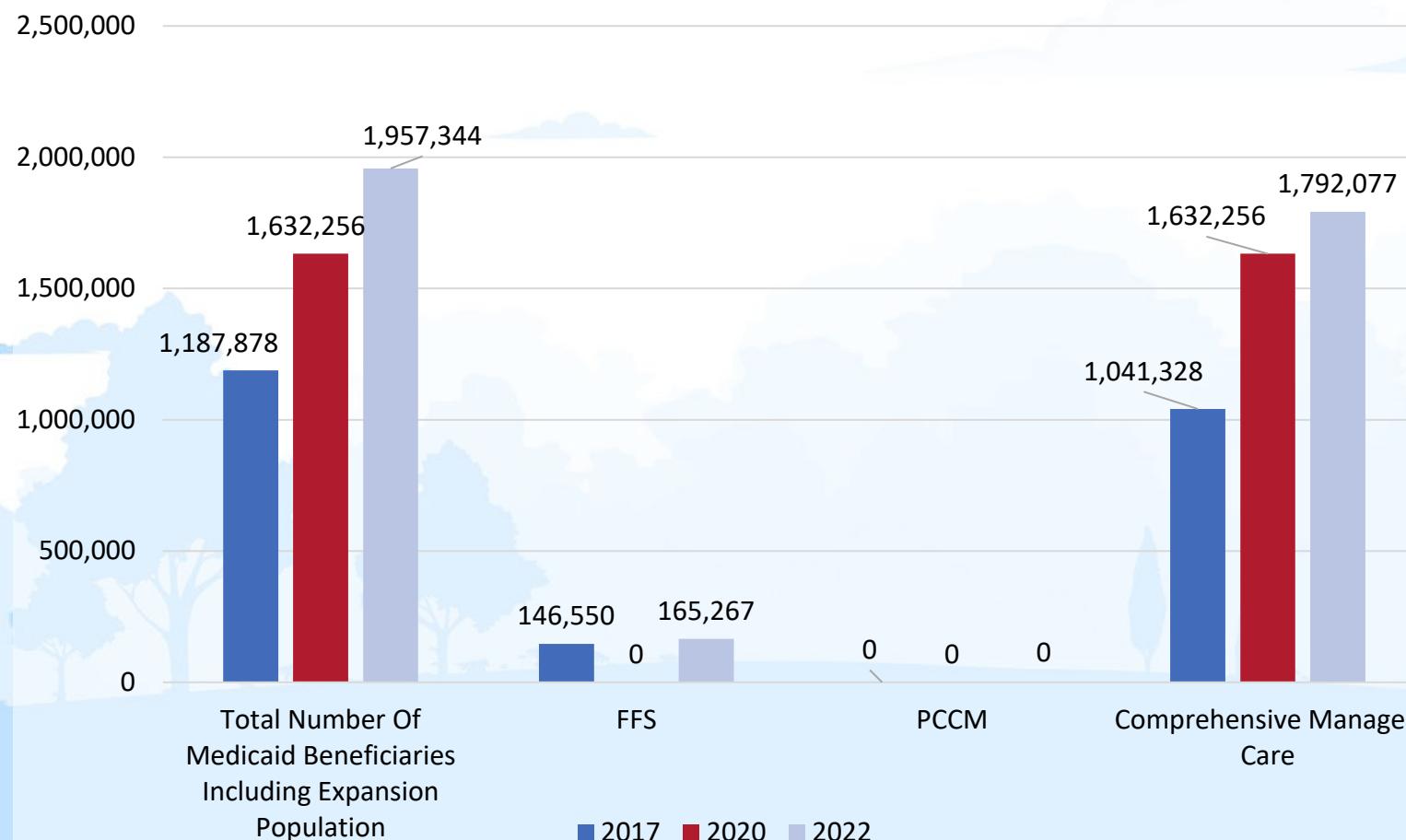
% Change in  
Managed Care\*  
(2017-2022)



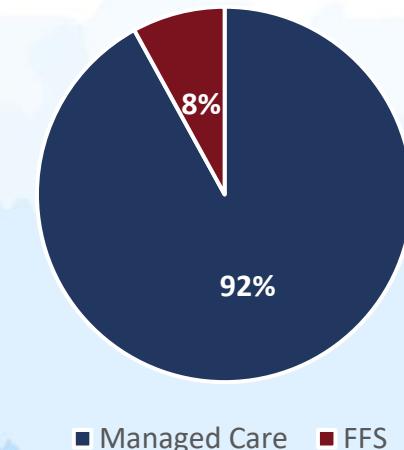
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Virginia Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

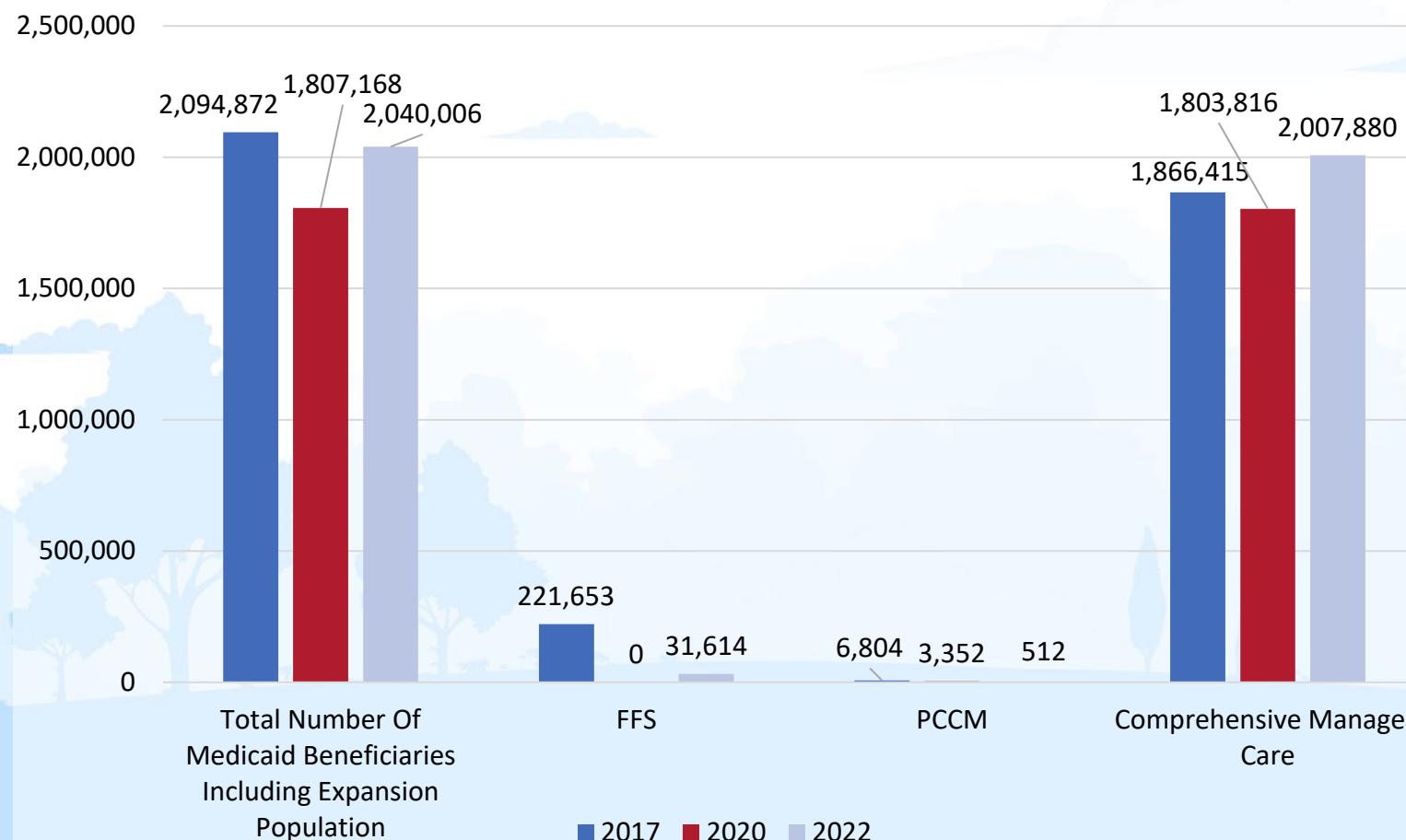
% Change in  
Managed Care\*  
(2017-2022)

72%

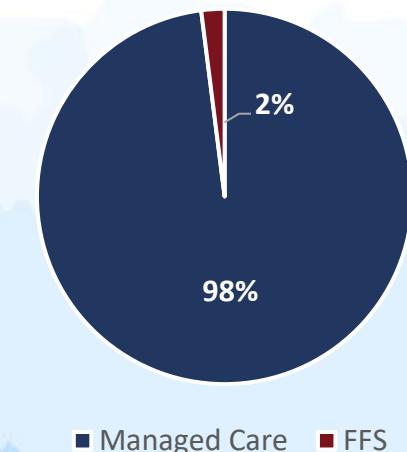
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Washington Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

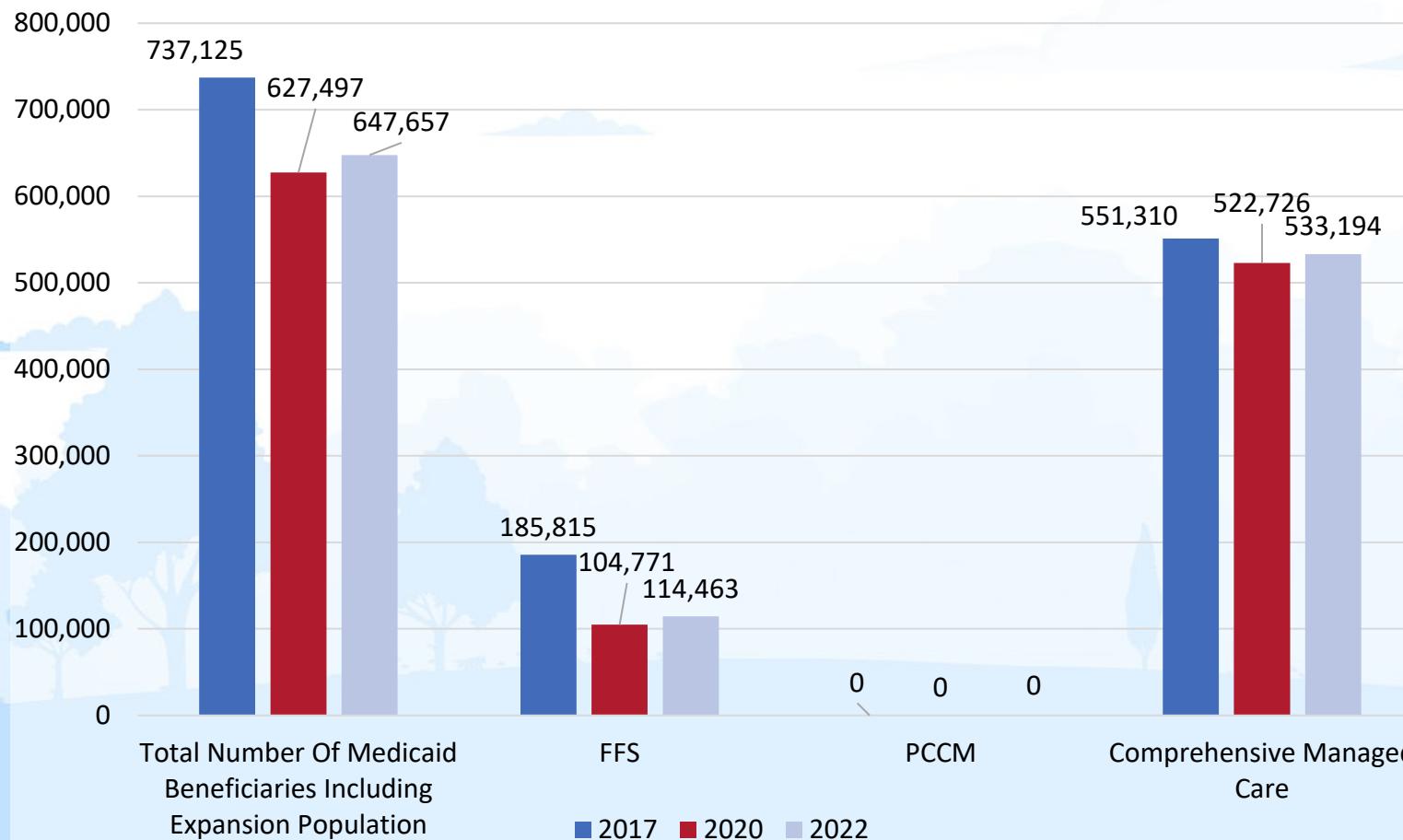
% Change in  
Managed Care\*  
(2017-2022)



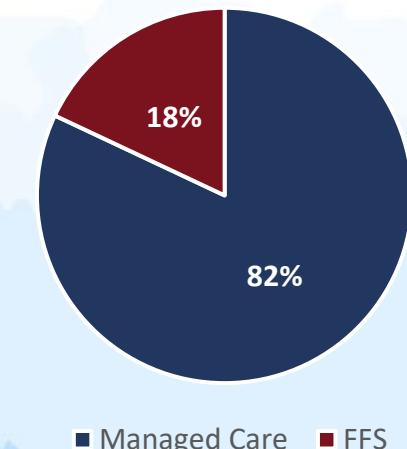
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# West Virginia Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

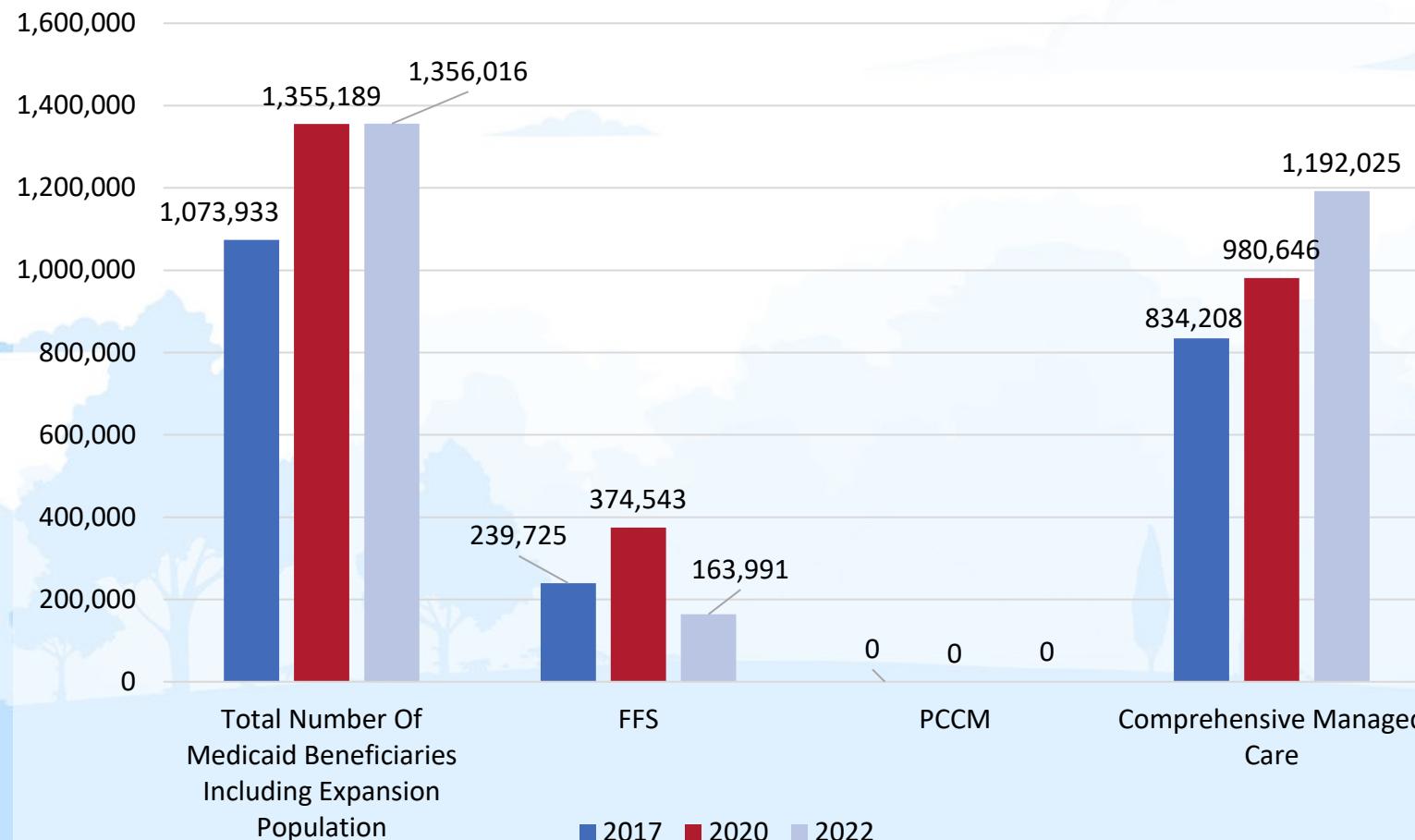
% Change in  
Managed Care\*  
(2017-2022)

-3%

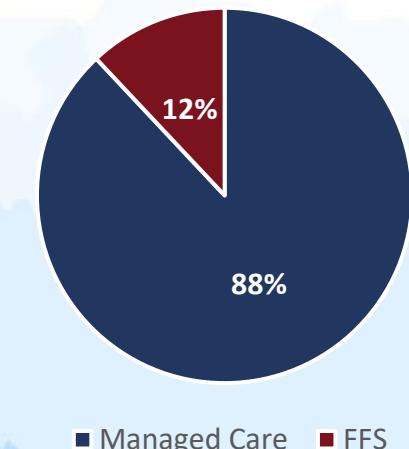
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Wisconsin Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



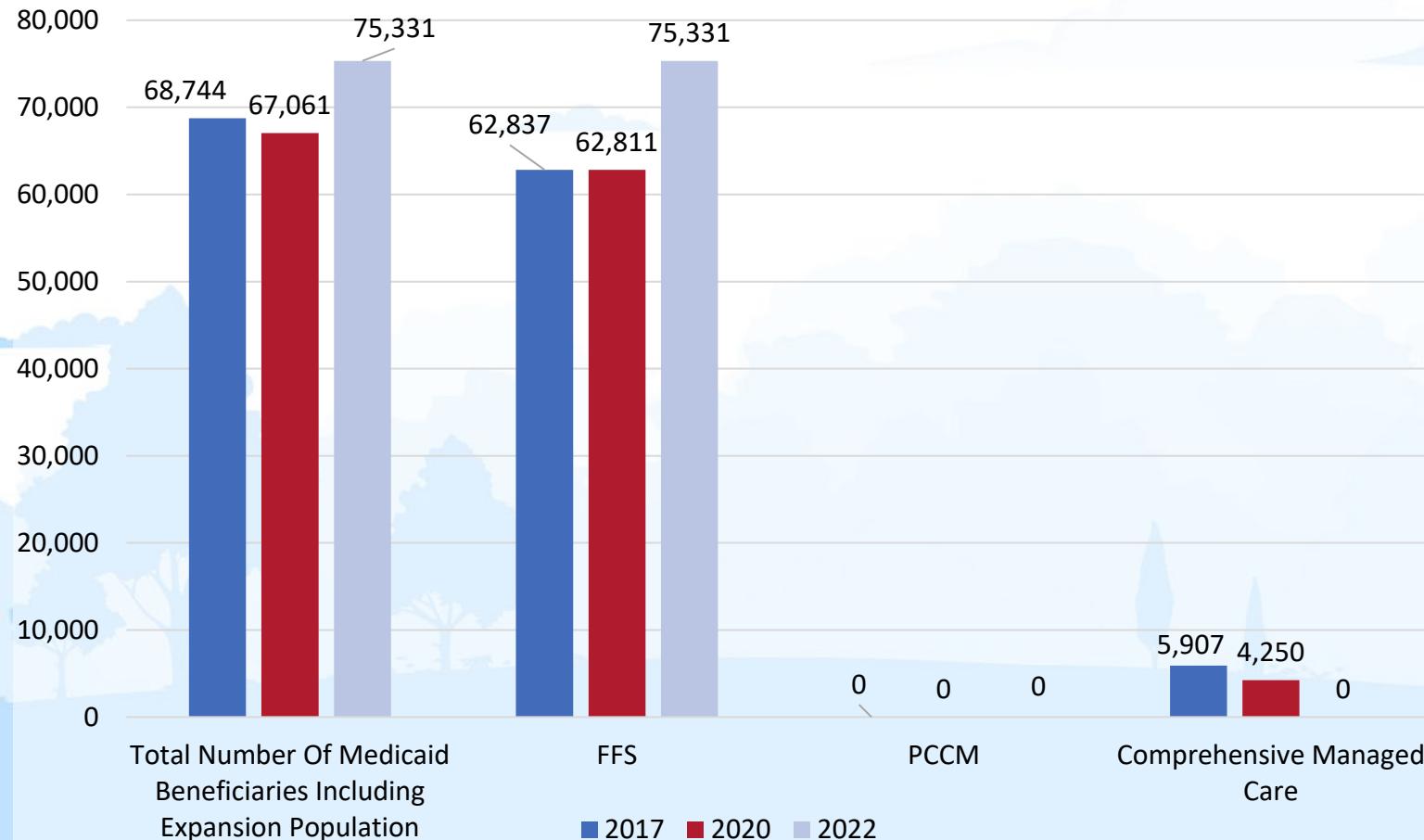
% Change in  
Managed Care\*  
(2017-2022)

43%

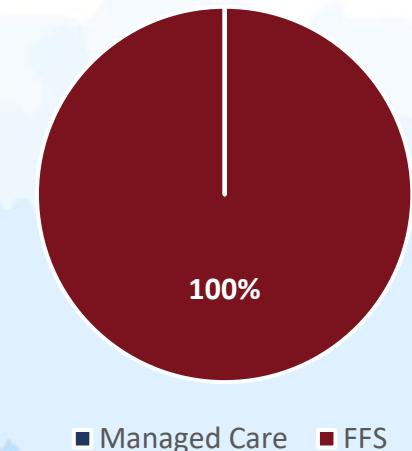
\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data

# Wyoming Medicaid Enrollment By Coverage Type, 2017-2022<sup>1</sup>



## % Of Medicaid Population In Managed Care\* 2022



■ Managed Care ■ FFS

% Change in  
Managed Care\*  
(2017-2022)

-100%

\*Managed care for this analysis includes enrollment in comprehensive managed care and PCCM.

Note: Totals may vary, due to inconsistency in State and CMS reported data



# TRENDS IN BEHAVIORAL HEALTH

Brought To You By:



The Trends Guide is made available free of charge by Otsuka America Pharmaceutical as a unique contribution to set higher standards for behavioral health policy and practice driven by the health plan perspective.