DECISIONPRO KENTUCKY

Medicaid in plain numbers

Healthcare Transparency Dashboard Subcommittee

October 28, 2026



Four questions for Medicaid oversight

01 **Where is Medicaid money going?**

Spending, cost per member and the reasons costs change.

02 **Can people get care?**

Actual access, waiting times and local service gaps.

03 **Is their health improving?**

Health measures with trends and comparable benchmarks.

04 **Who is responsible when performance falls short?**

The accountable entity and the next question to ask.

PRODUCT WALKTHROUGH

A simple starting point

A first view for legislators and their staff

Headline measures

Population and place filters

Questions that need follow-up



Demo capture: October 1, 2026. Figures retain their own source periods.

Where the money goes

Spending and cost drivers

Total spending and funding shares

Cost per member and change over time

Enrollment, service use and payment rates



Demo capture: October 1, 2026. Figures retain their own source periods.

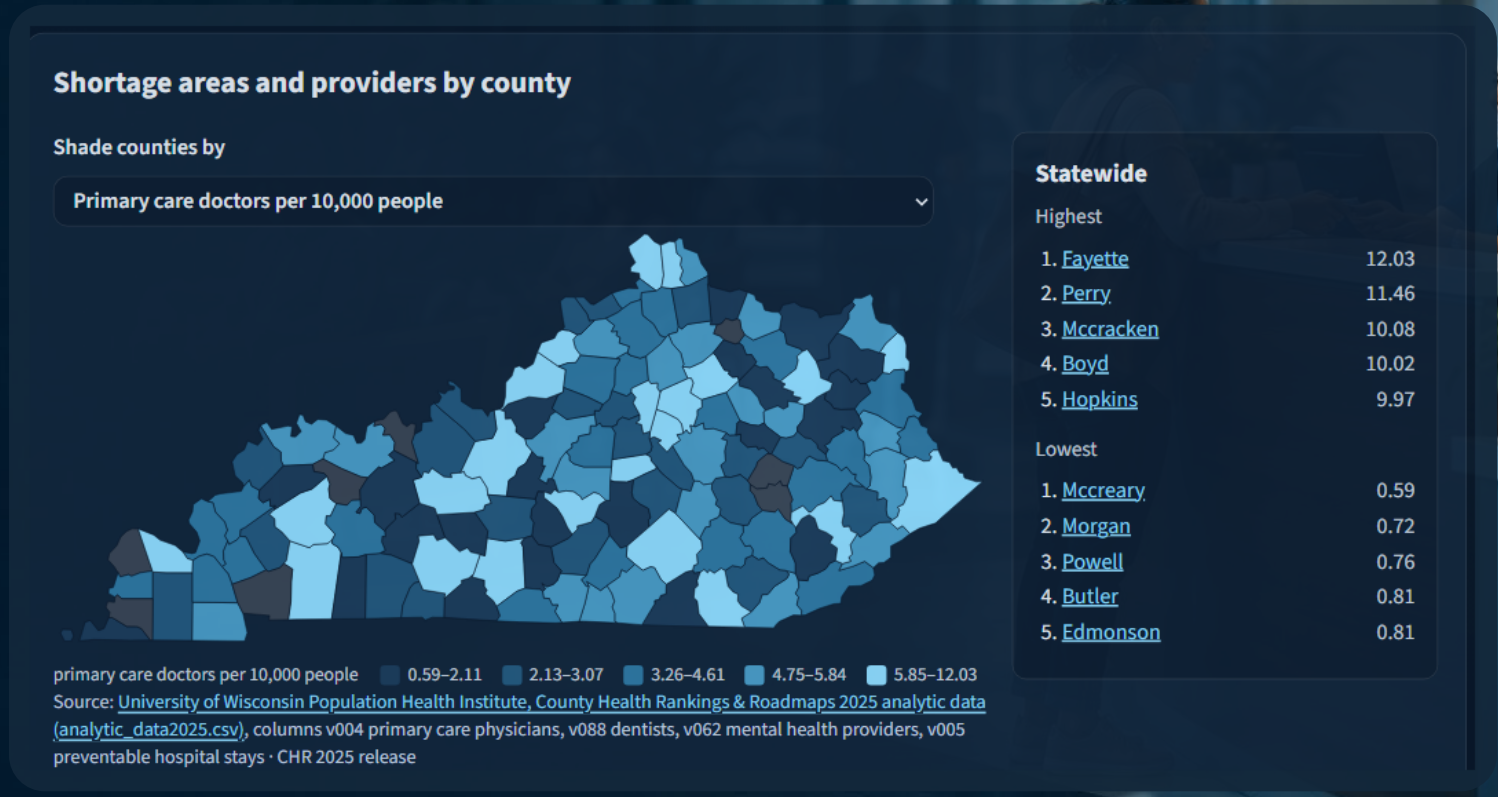
Access means getting an appointment

Local gaps in care

Providers taking new patients

Appointment availability and travel time

Different needs by population and place



Demo capture: October 1, 2026. Figures retain their own source periods.

Six health measures in KRS 7A.287

The required measures

Follow-up after emergency visits
Cancer screenings
Child and adolescent well-care
Postpartum care
Diabetes care and management
Hypertension care and management



Demo capture: October 1, 2026. Figures retain their own source periods.

ACCOUNTABILITY

Comparable performance and follow-through

Selected plan measures

Compare defined requirements.

Explain differences in populations and reporting.

Connect missed targets to a response.

Plan	Members September 2026	Routine prior authorizations denied CY 2025	Typical wait for a routine prior authorization CY 2025	Appealed denials later approved CY 2025	Well-care visits, ages 3–21 MY 2024	Postpartum visit MY 2024
WellCare of Kentucky	376,735	14.9%	1 day	79.7%	50.8%	82%
Passport by Molina Healthcare	259,087	8%	3 days	43%	56.6%	79.8%
Aetna Better Health of Kentucky	216,800	19.4%	2 days	36.1%	50.1%	85.6%
Humana Healthy Horizons in Kentucky	192,846	12.8%	1 day	29.2%	51.3%	81.5%
UnitedHealthcare Community Plan	148,489	8%	0 days	96.2%	48.9%	83.7%
Anthem Blue Cross Blue Shield Left Kentucky Medicaid on January 1, 2025	—	—	—	—	49.8%	88.1%

Demo capture: October 1, 2026. Figures retain their own source periods.

Long-term care and waiver access

Waiting for services

Waiting time, funded slots and filled slots

Time from approval to care

Recommended additions: capacity, payment adequacy and resident outcomes



Demo capture: October 1, 2026. Figures retain their own source periods.

Medicaid in a legislator’s district

Choose House or Senate

Find the counties in a district.

Explore membership and local access.

Keep estimated district figures clearly labeled.



Demo capture: October 1, 2026. District figures shown are estimates.

The source belongs beside the number

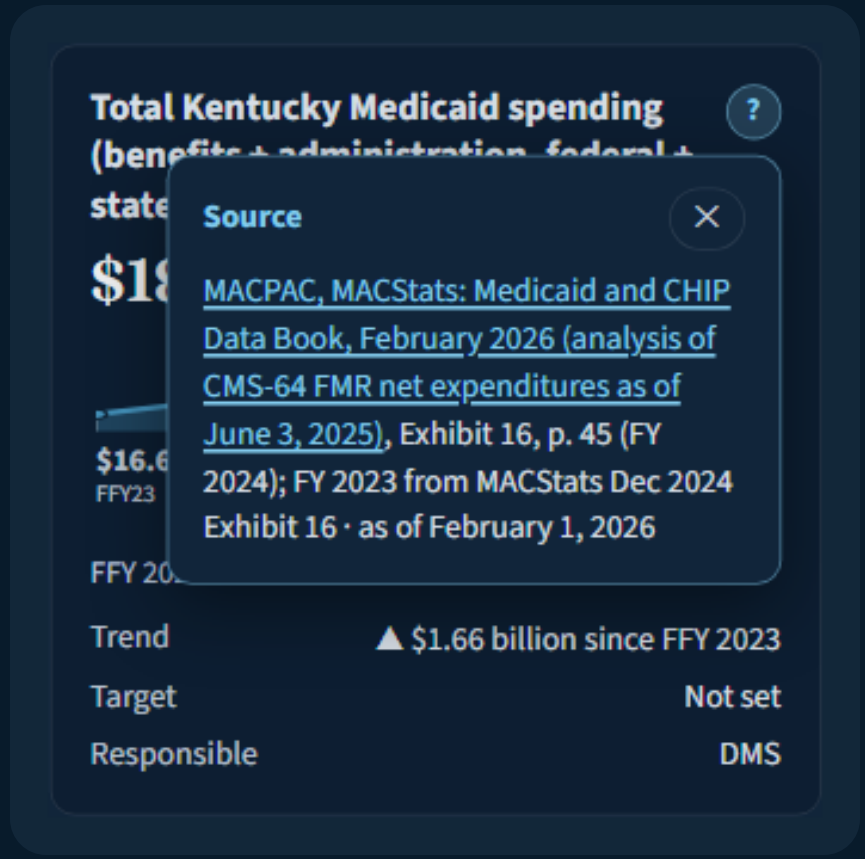
Sources and limitations

Open the source beside a measure.

Check its reporting period.

Keep estimates explicit.

Validate definitions and comparisons for operational use.



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Discussion

Which Medicaid question would you most like to answer first?

What would make the answer useful for your next decision?



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Thank you

Questions and follow-up

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