

People Who Count on Medicaid, Count on Us.

WHO WE ARE ...

Founded in 1995, the **Medicaid Health Plans of America (MHPA)** is the only association representing the interests of the Medicaid managed care industry. Through both advocacy and research, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. Originally founded as the National Association of Urban-Based Health Maintenance Organizations, MHPA was first headquartered in Los Angeles before relocating to Washington, DC in 2001.

MHPA works on behalf of its **90 member health plans**, known as managed care organizations (MCOs), that serve approximately **23 million Medicaid enrollees across 36 states**, or about one-third of all Medicaid beneficiaries in states with managed care delivery systems. MHPA's members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market.

MHPA health plan members govern the organization through a **Board of Directors, an Executive Committee, and several committees**. The association's main objectives are realized through four committees led by member health plans: (1) the **Policy Committee**, which determines the public policy positions (including on regulatory issues), priorities, and agenda of the organization; (2) the **Government Relations Committee**, which sets the federal legislative priorities and activities of the organization; (3) the **Communications Committee**, which establishes a comprehensive communications strategy for the association; and (4) the **Conference Planning Committee**, which engages MHPA's members and supporters to determine the structure and content of the association's annual conference.

MHPA is **dedicated to protecting the financial and structural viability of the Medicaid program** to ensure access to needed health care services for America's underserved and vulnerable populations. To that end, MHPA **advocates for maintaining and expanding managed care's benefits to all eligible individuals and populations**, and as such, MHPA's member health plans have adopted the following top priorities:

- Showcasing the quality and cost-effectiveness of Medicaid managed care;
- Furthering the integration of physical and behavioral health services;



- Supporting managed long-term services and supports programs and improving the integration of Medicare and Medicaid services for dually-eligible enrollees;
- Maintaining the principle of actuarial soundness in rate development while also supporting more flexibility for states to offer managed care services; and
- Emphasizing the importance of the social determinants of health.

Non-health plan companies, organizations, and individuals may participate in the work of MHPA through our **Partners Program**, which allows a select group of private-sector companies interested in the Medicaid market to build relationships with MHPA's member health plans, explore potential collaboration, and share best practices. MHPA Partner members can **conduct educational webinars** for member health plans, participate in quarterly policy briefings, and many other exclusive benefits.

MHPA's annual conference in Washington, DC brings together MHPA's leadership, executives and senior officials from member and non-member Medicaid health plans, Medicaid thought leaders, advocates, state and federal policymakers and regulators, as well as MHPA's MHPA Partner members and conference sponsors. This two-day annual meeting features plenary sessions and keynote speakers, workshops, and panels to address topical policy, educational, operational, and clinical concerns of interest to Medicaid health plans.

AND WHAT WE DO.



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Institute for Medicaid Innovation

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INSTITUTE FOR MEDICAID INNOVATION

Founded in 2015 by MHPA's member health plans, the **Institute for Medicaid Innovation (IMI)** is a 501(c)(3) non-profit, nonpartisan research organization with a **mission to improve the lives of Medicaid enrollees** through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity, and the engagement of patients, families, and communities.

IMI – funded through grants from health care foundations – provides innovative solutions that address important clinical, research, and policy issues in Medicaid through multi-stakeholder engagement, research, data analysis, education, quality improvement initiatives, and dissemination and implementation activities. The work of IMI is informed and guided by a group of national experts representing academic and non-academic research institutions, advocacy and community organizations, clinician groups, Medicaid MCOs, state and federal policymakers, as well as Medicaid enrollees and their families.

IMI is **governed by a Board of Directors** that includes MHPA member health plans, a **National Advisory Board** composed of a multi-disciplinary group of national thought leaders and practitioners, and three committees: (1) **Dissemination & Implementation Committee**; (2) **Data & Research Committee**; and (3) **Communications Committee** along with several topical subcommittees that guide IMI's work in achieving the organization's mission, vision, and strategic plan. Though a separate organization, IMI and MHPA work closely together to provide MCOs with reports on managed care best practices along with quantitative and qualitative analyses of the benefits and cost-effectiveness of Medicaid managed care.

The Institute aims to be a leader in Medicaid innovation by impacting several key areas, including but not limited to:

- Improving access to quality care that positively impacts health outcomes;
- Promoting person-centered, family, and community integrated care;
- Addressing the Social Determinants of Health to increase access and engagement;
- Reducing disparities in access and quality of care;
- Accelerating dissemination of innovative initiatives and evidence-based practices;
- Informing policy decisions at the local, state, and federal levels of government;
- Facilitating collaboration and partnerships among MCOs and stakeholders; and
- Identifying areas for improvement and development of innovation solutions.

The **Institute's five-year strategic priorities** include:

- Share positive stories about Medicaid and managed care to highlight the value and importance of the program.
- Align projects and initiatives within three key clinical areas including women's, children's, and behavioral health that support the advancement of specific populations and salient issues in the Medicaid program.
- Conduct analysis and develop reports on the cost of system change in Medicaid.
- Highlight best practices in high value care.
- Implementation of the annual Medicaid MCO survey and exploration of the potential development of a data warehouse.