



PRESS RELEASE

For Immediate Release

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MHPA Applauds Congressional Leaders for Bipartisan Letter to HHS on Funding for Medicaid Providers

WASHINGTON, DC (June 4, 2020) - Medicaid Health Plans of America (MHPA), the only national trade association with a sole focus on Medicaid, echoes the concerns over safety-net provider funding in the CARES Act expressed by Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) of the Senate Committee on Finance and Chairman Frank Pallone (D-NJ) and Ranking Member Greg Walden (R-OR) of the House Committee on Energy & Commerce. MHPA's official statement reads:

"MHPA applauds the leaders of the House Committee on Energy & Commerce and the Senate Committee on Finance for reaching out to the Administration in a bipartisan manner and requesting more robust funding for Medicaid safety-net providers through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. As written in a separate [letter](#) to the U.S. Department of Health and Human Services (HHS) on May 8th, MHPA shared its grave concerns that these providers — who serve Medicaid and dually eligible Medicare/Medicaid beneficiaries — are not receiving adequate financial assistance amid the pandemic.

In its efforts to distribute these critical funds from the Public Health and Social Services Emergency Fund (PHSSEF) within the CARES Act to providers, HHS to date, has used methodologies that mostly benefit providers participating in Medicare. This leaves safety-net providers — those who receive most of their funding from Medicaid — struggling to keep their doors open to patients during this public health emergency and after the immediate crisis subsides. Medicaid providers are needed now more than ever. More than 75 million Americans already rely on these essential services, and millions more will likely augment this total as Medicaid enrollment increases in the coming months. HHS must act quickly to distribute CARES Act provider funds to Medicaid-dependent providers in an equitable and transparent fashion. MHPA and our member health plans stand ready to assist HHS to ensure these funds are appropriately distributed as soon as possible."

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ABOUT MHPA

Founded in 1995, the Medicaid Health Plans of America (MHPA) represents the interests of the Medicaid managed care industry through advocacy and research to support innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 90+ member health plans, known as managed care organizations (MCOs), which serve approximately 23 million Medicaid enrollees in 37 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. www.medicaidplans.org | [@MHPA](https://twitter.com/MHPA)