



MEDICAID HEALTH PLANS OF AMERICA

HEALTH PLAN NEW MEMBER APPLICATION

PEOPLE WHO COUNT ON
MEDICAID, COUNT ON US



Letter from MHPA Leadership



Catherine K. Anderson
Chair, Board of Directors
MHPA



Craig A. Kennedy, MPH
President & CEO
MHPA

Thank you for your consideration in joining Medicaid Health Plans of America (MHPA). As an association, we are solely focused on representing Medicaid programs because our members believe in the value and importance of providing integrated, capitated care to our nation's most vulnerable populations. MHPA is dedicated to being the premier resource for both elected policymakers and regulators to help them make informed, quality decisions that support the continuous improvement of America's most important insurance program.

MHPA's platform is uniquely powered by the member plans of our Association. We are comprised of all types of Medicaid managed care organizations: multi-state Medicaid managed care plans that have traditionally been Medicaid insurers; commercial insurers with Medicaid lines of business; Blue Cross and Blue Shield plans; and single state for-profit and not-for-profit plans.

MHPA's mission is to forcefully advocate for the value of managed care in the Medicaid program. Our Board is made up of leaders who are accountable for their plans' Medicaid markets. The collaborative efforts of our Board provide a strategic overlay to the development of policy and advocacy tactics that help inform and educate stakeholders about important questions relating to the program and its future. This charge extends beyond Congressional and White House staff, and includes regulatory experts at the Centers for Medicaid and Medicare Services (CMS) and the Department of Health and Human Services (DHHS). We also extensively coordinate with state health plan trade associations to help drive plan efforts nationwide.

The Institute for Medicaid Innovation (IMI), MHPA's 501(c)(3) research arm, collaborates with third-party influencers like Robert Wood Johnson, the Commonwealth Fund, and Kaiser Family Foundation. In bringing these experts together with our plans' chief medical officers and clinical operations teams, IMI deliberately explores what is working in Medicaid, and what can be done to drive better health outcomes at lower cost.

We would welcome the opportunity to talk with you and your team about the benefits of joining MHPA and how we can work together to help strengthen Medicaid today and into the future!

A handwritten signature in blue ink that reads "Catherine K. Anderson".

Catherine K. Anderson
MHPA Chair, Board of Directors

A handwritten signature in black ink that reads "Craig A. Kennedy".

Craig A. Kennedy
MHPA President & CEO

Our Mission

Medicaid Health Plans of America (MHPA) is an organization dedicated to protecting the financial and structural viability of the Medicaid program to ensure access to needed health services for America's underserved populations. MHPA supports efforts to address the needs of the Medicaid beneficiaries through innovative strategies that drive better health outcomes, greater beneficiary choice, and whole-person care.

MHPA is committed to:

- Prioritizing the needs of each Medicaid beneficiary
- Highlighting the value of managed care organizations (MCOs)
- Increasing our influence on federal regulators
- Driving legislative initiatives that highlight MCOs as 'Engines of Innovation'
- Continuing the growth of the Institute for Medicaid Innovation as an expert data resource



MEDICAID & MHPA BY THE NUMBERS

More than **71 MILLION** Americans rely on Medicaid to gain access to quality health care

74 PERCENT of Medicaid enrollees are in MCOs

MHPA represents more than **100 PLANS** that serve Medicaid enrollees

MHPA members represent for-profit, non-profit, multi-state and BCBS-affiliate health plans

MHPA members serve more than **25 MILLION** Medicaid enrollees, nearly half of the lives covered in MCOs

MHPA members cover **38 STATES**



Board Tenets

1. **Medicaid is a vital program** that provides care to underserved populations who deserve access to quality care.
2. **Medicaid managed care health plans ensure value-based health care** through unparalleled care coordination.
3. **This state-federal partnership** that provides the financial resources for this care should be prudently managed.
4. **MHPA member plans are risk-bearing entities** that provide Medicaid beneficiaries with access to comprehensive, high-quality, and cost-effective care, while delivering program cost-savings and state budget predictability.
5. **MHPA represents the Medicaid interests** of the nation's Medicaid managed care plans and strives to advance public policy that controls costs and improves access in delivery of quality health care to Medicaid enrollees.
6. **MHPA strongly supports payment rates** to health plans that are actuarially sound and ensure the financial stability of health plans, allowing them to provide necessary services to beneficiaries.
7. **MHPA believes in a person-centered approach** to patient care through a comprehensive, integrated package.
8. **MHPA supports the ability of states to tailor their Medicaid programs** to meet the needs of their unique population, but also strongly encourages them to adopt comprehensive, person-centered programs.
9. **MHPA strongly opposes state or federal level barriers** to adoption of comprehensive, risk-based care for Medicaid beneficiaries.
10. **MHPA supports efforts to bring high-needs populations**, such as individuals who are aged, blind, or living with disabilities, into managed, coordinated care.
11. **MHPA focuses on issues unique to managed care** organizations participating in the Medicaid program.
12. **MHPA supports the use of standardized, national measurements** of quality which allow consumers to compare the performance of health plans.

Membership Benefits

With your MHPA membership, you will receive the following benefits:

- Ensures a seat on the MHPA Board of Directors for your Chief Executive Officer (or equivalent with profit and loss responsibility). Participation on the Board of Directors provides opportunity to set strategic framework for health plan members to inform policy and government relations activity.
- MHPA policy staff provides detailed information on federal regulations that protects your plan's interests and state relationships, and facilitates direct conversation with the Centers for Medicare and Medicaid Services (CMS).
- MHPA government relations and advocacy staff provide access to key legislators and staff on Capitol Hill.
- Attendance for your Board representatives during quarterly Board meetings – at least three will be in-person. All in-person meetings include a networking reception and dinner program with industry peers.
- Provides member representation on all core MHPA committees.
- Provides member representation on the Institute for Medicaid Innovation (IMI) Advisory Committee.
- Recognition as an MHPA member on the MHPA website (medicaidplans.org) which also includes a board listing.
- Attendance at weekly educational Webinar Wednesday's hosted by MHPA Business Partner Members.
- Invitation to attend and participate in MHPA- and IMI-sponsored conferences, events, and meetings.

MHPA Committee Structure

Board of Directors

MHPA Staff Lead: Craig Kennedy, President & CEO

The Board sets the strategic vision and policy initiatives on behalf of MHPA. The Board evaluates annually the performance of the organization in achieving its mission. The annual commitment includes quarterly Board meetings, at least three of which are in-person. Board meetings can be held virtually when needed.

Executive Committee

MHPA Staff Lead: Craig Kennedy, President & CEO

Responsibilities: Oversees and provides guidance for tactical decision-making and implementation of all strategic efforts approved by the MHPA Board. All standing committees report to the Executive Committee, and actions proposed by the standing committees are sent to the Executive Committee for approval before going to the full Board for ratification/alteration. The Committee is made up of the officers of MHPA – namely the Chair, Vice Chair, Secretary, and Treasurer as well as the Chairman of each of the MHPA Committees.

Government Relations

MHPA Staff Lead: Shannon Attanasio, Vice President, Government Relations and Advocacy

Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity in the Federal legislative or Executive Branch. Coordinates MHPA member company responses to proposed federal legislation or executive branch initiatives that may need to be, or could be impacted by, Congressional activity. Coordinates with other committees (particularly policy committees) to ensure continuity of MHPA message and activities to key federal decision-makers.

Policy

MHPA Staff Lead: Jeanine Boyle, MHPA Consultant

Federal Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity or initiatives inside the administrative branch, including, but not limited to, the agencies of HHS (CMS, HRSA, etc.), GAO and administrative branch OIG efforts, and third party regulatory governmental or quasi-governmental entities (e.g., NAIC, NAMD). Provides input on the development of policy positions to be taken at the federal-level by MHPA. Reviews and contributes content to comment letters and other communications to federal agencies. Provides policy analysis and review of legislative proposals.

MHPA Committees continued

State Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity or initiatives occurring or directly impacting specific state Medicaid programs. The Committee may be tasked with data collection and analysis of state efforts to implement federal directives to support policy development by the Federal Policy Committee, and will primarily be staffed by MHPA member companies' state GR and policy staff. Will also oversee and provide guidance for engagement activities with state-level agencies and organizations (e.g. state Medicaid agencies, legislative bodies, and health plan associations). Review state policy developments embedded in procurement activities.

NOTE: Members have the opportunity to provide representation on ad hoc sub-committees that represent key issues and initiatives set forth by the Board of Directors for the given calendar year. Previously, sub-committees have been instituted to address Behavioral Health, MDRP, MLTSS/Duals, Regulatory Issues, and Specialty Care.

Conference Planning

MHPA Staff Lead: Cindy Martin, MHPA Consultant

Responsibilities: Oversees and provides guidance to MHPA staff on efforts relating to the annual conference. This includes structure, invitations, location, and logistics. The Committee also helps establish the annual budget relating to the conference activities. The Committee ensures a successful conference for all parties involved, including participants, exhibitors, sponsors, speakers, presenters and other invited guests.

Communications

MHPA Staff Lead: Craig A. Kennedy, President and CEO

Responsibilities: The Communications Committee is devoted to the public relations efforts important to Medicaid Plans and their beneficiaries. This includes both industry news, political issues, project communications and stories concerning millions of Medicaid lives. The goal of the committee is to coordinate and share news from Medicaid Plans with pertinent stakeholders. During committee meetings, Medicaid Plans have the opportunity to share their success stories and learn about potential venues from communications growth.

Finance

MHPA Staff Lead: Laura Rusk, Interim Finance Manager

Responsibilities: Ensures financial compliance with all applicable state and federal laws. Creates and manages fiscal programs within the organization that safeguards budget stability. Oversees annual audit and auditor selection.



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Medicaid Health Plans of America

(202) 857-5720
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www.medicaidplans.org
www.medicaidconference.com



Institute for Medicaid Innovation

(202) 857-5724
info@medicaidinnovation.org
www.medicaidinnovation.org



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.

MHPA Member Plan Application

2020/2021 Application for Health Plan Organizations

Organization Name *(as it should appear)*: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Mailing Address *(if different)*: _____

City: _____ State: _____ Zip: _____

KEY BUSINESS INFORMATION

Tax Status: For Profit Non-profit

Medicaid Covered Lives: _____

NOTE: Only a plan's Medicaid enrollment is counted toward assessment of MHPA dues. Medicaid enrollment includes members covered in Medicaid (Title XIX), CHIP (Title XXI), and duals enrolled in MCOs for at least Medicaid benefits. Do not include commercial, ASO, exchange, or Medicare enrollment.

List States in which the Company does Business: _____

Provide State & Location with the Most Employees: _____

ORGANIZATIONAL CONTACTS LISTING

CEO / P&L Medicaid Leader

Name: _____ Title: _____

Email *(for internal use only)*: _____

Phone: _____ Mobile: _____

Assistant to above Executive (Designee appointed to represent or receive materials on behalf of MHPA Board Member.)

Name: _____ Title: _____

Email *(for internal use only)*: _____

Phone: _____ Fax: _____

ORGANIZATIONAL CONTACTS LIST - CONTINUED

Chief Medical Officer

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Chief Information Officer

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Chief Marketing Officer/Public Affairs/Communications

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Policy

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Government Affairs

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Chief Operating Officer/COO

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

Vendor Contracting

Name: _____ Title: _____

Email (for internal use only): _____

Phone: _____ Mobile: _____

MHPA-ASSIGNED SERVICE REPRESENTATIVES

MHPA Committee Representatives

Board of Directors Representative: _____

Second Board Representative: _____

Finance Committee Representative: _____

Governance Committee Representative: _____

Government Relations Committee Representative: _____

Policy Committee Representative: _____

Communications Committee Representative: _____

Conference Planning Committee Representative: _____

AGREEMENT

In submitting this Member Organization Application, the Applicant agrees to the following:

1. If admitted to membership, to pay annual dues as determined by the MHPA Board of Directors and to comply with the provisions of the MHPA Bylaws.
2. All invoices are to be paid 30 days of invoice date.
3. On behalf of the applicant, the undersigned agrees to the foregoing conditions and certifies that the information in this application is true and correct.

Signature

Print Name: _____

Title: _____

Signature: _____

Date: _____

Please send completed/signed application form to Craig Kennedy, MHPA President & CEO to ckennedy@mhpa.org. Questions? Call Craig at (202) 857-5771 or the MHPA Membership Department at 1575 I Street NW, Suite 300, Washington, DC 20005.





*Medicaid Health
Plans of America*

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