

## 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 **130+ member health plans**, known as managed care organizations (MCOs), that serve more than **40 million Medicaid enrollees in 40 states, DC and Puerto Rico**. 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 five 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; (4) the **Conference Planning Committee**, which engages MHPA's members and supporters to determine the structure and content of the association's annual conference; and the (5) **Finance Committee**, which determines how MHPA's money is spent.

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

### Medicaid Health Plans of America

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### AND WHAT WE DO.