

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.