



FOR IMMEDIATE RELEASE

March 30, 2023

Media Contact:

[Jill Talley](#), Communications Director

O: (202) 857-5720 | C: (240) 338-6479

MHPA Joins Connecting to Coverage Coalition

Washington, D.C. – As states return to their normal Medicaid operations and redetermine eligibility for the first time since the start of the COVID-19 pandemic, Medicaid Health Plans of America helped establish the [Connecting to Coverage Coalition](#).

Comprised of a diverse group of stakeholders spanning health plans, patient advocacy organizations, national and community medical facilities, and health care leadership, the Connecting to Coverage Coalition is coordinating with state and community leaders to ensure that people have access to trusted, reliable information that helps them stay enrolled in health insurance coverage.

“From missed appointments to insurmountable medical debt, loss of health insurance coverage has devastating effects on enrollees and the greater health care delivery system. Medicaid managed care organizations and our partners in the Connecting to Coverage Coalition are uniquely equipped to help states and patients navigate the massive and complex redetermination process. MHPA is proud to join the Coalition to help vulnerable Americans maintain access to high quality, affordable health coverage,” said Craig Kennedy, president and CEO, MHPA.

Up to 18 million Medicaid beneficiaries could lose coverage during the “redetermination” process according to various health coverage tracking resources. An alarming number of those individuals are projected to lose coverage due to administrative delays or errors.

The bipartisan Families First Coronavirus Response Act (FFCRA) included a Maintenance of Effort (MOE) provision that guaranteed continuous Medicaid eligibility and enrollment beginning in March 2020. That order expires soon as Congress authorized states to resume redeterminations and disenroll Medicaid beneficiaries effective April 1, 2023.

###

About MHPA

Founded in 1995, the Medicaid Health Plans of America (MHPA) is the only national association that solely represents the interests of the Medicaid managed care industry. Through its advocacy and research work, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 130+ member health plans, known as managed care organizations (MCOs), which serve more than 49 million Medicaid enrollees in 40 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national, regional, and single-state health plans that compete in the Medicaid market. Visit [medicaidplans.org](https://www.medicaidplans.org) for more information.