



FOR IMMEDIATE RELEASE

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**MHPA Statement on the Centers for Medicare and Medicaid Services’
Proposed Access, Managed Care Regulations**

WASHINGTON, D.C. – In response to the Centers for Medicare and Medicaid Services (CMS) releasing the [Ensuring Access to Medicaid Services](#) and [Medicaid and Children’s Health Insurance Program Managed Care Access, Finance, and Quality](#) proposed regulations, MHPA Vice President of Government Relations and Advocacy Shannon Attanasio issued the following statement:

“Today 92 million people in America (1 in 4) rely on Medicaid, and as many as 18 million could lose health coverage as states unwind Medicaid’s continuous coverage requirement. MHPA and its managed care members remain committed to working with the Administration; providing Medicaid beneficiaries with high quality, affordable care; and innovating to enhance and improve the nation’s health care delivery system.

“We encourage the Administration to ensure that compliance deadlines across both proposed rules provide sufficient lead time for states and health plans to implement the procedures, systems, and resources necessary to remain compliant while navigating the multifaceted process of redetermining eligibility for Medicaid beneficiaries.

“Recognizing that Medicaid is a federal-state partnership, where Medicaid programs vary significantly from state to state, we urge the Administration to take a nuanced rather than a one-size-fits-all approach to network adequacy standards that reflects the individual and complex needs of each states’ diverse populations and geographies.”

“We commend the Administration for codifying a pathway for states to address the health-related social needs of Medicaid enrollees through in lieu of services. In instances where social supports are not available through existing pathways, allowing states and Medicaid Managed Care plans to connect Medicaid and CHIP enrollees to social services can improve health outcomes.

“Just as we have engaged the Administration in our [February 9 letter](#) on Medicaid access issues and [April 2022 response](#) to the CMS Medicaid Access Request for Information, we look forward to continuing a collaborative discussion with the Administration to strengthen access to and quality of care in Medicaid while mitigating losses for Medicaid enrollees and not overstraining states with cumbersome requirements.”

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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 52 million Medicaid enrollees in 41 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.