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**Medicaid Directors Share Insight, Experiences into Redetermination, Equity, Access, and Quality of Care Efforts, Outcomes at MHPA23**

Washington, D.C. – As the implementation and oversight of new Medicaid regulations and policy proposals create even greater challenges for state regulators and lawmakers, three prominent state Medicaid directors will address the Medicaid managed care community at [MHPA23](#) on Oct. 20, 2023, at 8:45 a.m. at the Gaylord National Resort & Conference Center.

Ryan Moran, Deputy Secretary, Healthcare Funding and Medicaid Director, Maryland Department of Health; Traylor Rains, State Medicaid Director, Oklahoma Health Care Authority; and Lynnette Rhodes, Chief Health Policy Officer and Executive Director of Medical Assistance Plans for the Georgia Department of Community Health will share how they navigate issues, implement policies, and identify measures that improve health equity and access, quality of care, and program efficiency and sustainability for underserved and vulnerable populations – all while leading state redetermination efforts. Former Texas Medicaid Director and now Senior Vice President at Sellers Dorsey, Gary Jessee, will lead the session.

“During this unprecedented time in Medicaid history, state program directors have one of the most important and challenging jobs in government and health care,” said MHPA President and CEO Craig A. Kennedy. “Gaining insight and perspective into challenges that they and their programs face is crucial for Medicaid managed care organizations (MCOs) to ensure that they provide each state’s unique and diverse populations with access to affordable, quality, and appropriate care, and help states implement innovative and cost-effective care models that improve outcomes and address disparities in care.”

Medicaid now covers more than 90 million low-income, elderly, and disabled individuals (1 in 4 Americans), making the federal/state partnership the single largest health insurance program in the country, and often the largest expenditure in most state budgets. Following the end of the COVID-19 pandemic and the unwinding of Medicaid's continuous enrollment provision, states have begun the massive process of redetermining eligibility for all enrollees.

“A Conversation with State Medicaid Directors” is open to press; however, registration is required. To obtain press credentials, contact MHPA’s Director of Communications [Jill Talley](#).

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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 50 million Medicaid enrollees in 41 states, Washington, D.C., 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](http://medicaidplans.org) for more information.