

## People Who Count on Medicaid, Count on Us.

### WHO WE ARE ...

Founded in 1995, the **Medicaid Health Plans of America (MHPA)** represents the interests of the Medicaid managed care industry through advocacy and research to support innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality healthcare 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 **94 member health plans**, known as managed care organizations (MCOs), that serve approximately **23 million Medicaid enrollees in 37 states and the District of Columbia**, or about one-third of all Medicaid beneficiaries in states with managed care delivery systems. 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.

Representatives of MHPA health plan members govern the organization through a Board of Directors, an Executive Committee, and a number of standing committees. The association's main objectives are realized through three committees led by member health plans: (1) the **Policy Committee**, which determines the public policy positions, priorities, and agenda of the organization; (2) the **Government Relations Committee**, which sets the federal legislative priorities and activities of the organization; and (3) the **Membership and Meetings Committee**, which engages MHPA's members and supporters while determining the structure and content of the association's annual conference.

MHPA is **dedicated to protecting the financial and structural viability of the Medicaid program** to ensure access to needed healthcare services for America's underserved and vulnerable populations. To that end, MHPA is a **strong advocate 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 effectiveness of Medicaid managed care;
- Furthering the integration of physical and behavioral health services;



- Supporting managed long-term services and supports programs and Dual Eligibles;
- Maintaining the principle of actuarial soundness in rate development and related state flexibility in offering 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 the association's Business Associate memberships, 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. Business Associate members can **conduct educational webinars** for MHPA member plans, participate in quarterly policy briefings, and participate in the association's membership portal, among many other exclusive benefits.

Each fall, **MHPA hosts an annual conference** in Washington, DC that 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 Business Associate 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 concerns of interest to Medicaid health plans.

### AND WHAT WE DO.



## INSTITUTE FOR MEDICAID INNOVATION

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### Institute for Medicaid Innovation

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Founded in 2015 by MHPA's member health plans, the **Institute for Medicaid Innovation (IMI)** is a 501(c)(3) non-profit, nonpartisan research organization with a **mission to improve the lives of Medicaid enrollees** through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity, and the engagement of patients, families, and communities.

IMI – funded through grants from health care foundations – provides innovative solutions that address important clinical, research, and policy issues in Medicaid through multi-stakeholder engagement, research, data analysis, education, quality improvement initiatives, and dissemination and implementation activities. The work of IMI is informed and guided by a group of national experts representing academic and non-academic research institutions, advocacy and community organizations, clinician groups, Medicaid MCOs, state and federal policymakers, as well as Medicaid enrollees and their families.

IMI is **governed by a Board of Directors** that includes MHPA member health plans, a **National Advisory Board** composed of a multi-disciplinary group of national thought leaders and practitioners, and two committees: (1) the **Dissemination & Implementation Committee**; and (2) the **Data & Research Committee** that guide IMI's work in achieving the organization's mission, vision, and strategic plan. Though a separate organization, **IMI and MHPA work closely together to provide MCOs with reports on managed care best practices** along with quantitative and qualitative analyses of the benefits and cost-effectiveness of Medicaid managed care.

The Institute aims to be a leader in Medicaid innovation by impacting

several key areas, including but not limited to:

- Improving access to quality care that positively impacts health outcomes;
- Promoting person-centered, family, and community integrated care;
- Addressing the Social Determinants of Health to increase access and engagement;
- Reducing disparities in access and quality of care;
- Accelerating dissemination of innovative initiatives and evidence-based practices;
- Informing policy decisions at the local, state, and federal levels of government;
- Facilitating collaboration and partnerships among MCOs and stakeholders; and
- Identifying areas for improvement and development of innovation solutions.

The **Institute's five-year strategic priorities** include:

- Share positive stories about Medicaid and managed care to highlight the value and importance of the program.
- Align projects and initiatives within three key clinical areas including women's children's, and behavioral health that support the advancement of specific populations and salient issues in the Medicaid program.
- Conduct analysis and develop reports on the cost of system change in Medicaid.
- Highlight best practices in high value care.
- Implementation of the annual Medicaid MCO survey and exploration of the potential development of a data warehouse.

