

MEDICAID HEALTH PLANS OF AMERICA

HEALTH PLAN NEW MEMBER APPLICATION

PEOPLE WHO COUNT ON MEDICAID, COUNT ON US

February 2022









Letter from MHPA Leadership



Catherine K. Anderson Chair, Board of Directors MHPA



Craig A. Kennedy, MPH
President & CEO
MHPA

Thank you for your consideration in joining Medicaid Health Plans of America (MHPA). As an association, we are solely focused on representing Medicaid programs because our members believe in the value and importance of providing integrated, capitated care to our nation's most vulnerable populations. MHPA is dedicated to being the premier resource for both elected policymakers and regulators to help them make informed, quality decisions that support the continuous improvement of America's most important insurance program.

MHPA's platform is uniquely powered by the member plans of our Association. We are comprised of all types of Medicaid managed care organizations: multistate Medicaid managed care plans that have traditionally been Medicaid insurers; commercial insurers with Medicaid lines of business; Blue Cross and Blue Shield plans; and single state for-profit and not-for-profit plans.

MHPA's mission is to forcefully advocate for the value of managed care in the Medicaid program. Our Board is made up of leaders who are accountable for their plans' Medicaid markets. The collaborative efforts of our Board provide a strategic overlay to the development of policy and advocacy tactics that help inform and educate stakeholders about important questions relating to the program and its future. This charge extends beyond Congressional and White House staff, and includes regulatory experts at the Centers for Medicaid and Medicare Services (CMS) and the Department of Health and Human Services (DHHS). We also extensively coordinate with state health plan trade associations to help drive plan efforts nationwide.

We would welcome the opportunity to talk with you and your team about the benefits of joining MHPA and how we can work together to help strengthen Medicaid today and into the future!

Catherine K. Anderson

MHPA Chair, Board of Directors

Craig A, Kennedy MHPA President & CEO

Our Mission

Medicaid Health Plans of America (MHPA) is an organization dedicated to protecting the financial and structural viability of the Medicaid program to ensure access to needed health services for America's underserved populations. MHPA supports efforts to address the needs of the Medicaid beneficiaries through innovative strategies that drive better health outcomes, greater beneficiary choice, and whole-person care.

MHPA is committed to:

- Prioritizing the needs of each Medicaid beneficiary
- Highlighting the value of managed care organizations (MCOs)
- Increasing our influence on federal regulators
- Driving legislative initiatives that highlight MCOs as 'Engines of Innovation'



MEDICAID & MHPA BY THE NUMBERS

Over 75 MILLION Americans rely on Medicaid to gain access to quality health care

69 PERCENT of Medicaid enrollees are in MCOs

MHPA represents more than **130 PLANS** that serve Medicaid enrollees

MHPA members represent for profit, non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market'

MHPA members serve nearly
43 MILLION Medicaid enrollees

MHPA members cover 40 STATES, DC and Puerto Rico





Board Tenets

- 1. **Medicaid is a vital program** that provides care to underserved populations who deserve access to quality care.
- Medicaid managed care health plans ensure value-based health care through unparalleled care coordination.
- 3. This state-federal partnership that provides the financial resources for this care should be prudently managed.
- 4. MHPA member plans are risk-bearing entities that provide Medicaid beneficiaries with access to comprehensive, high-quality, and cost-effective care, while delivering program cost-savings and state budget predictability.
- 5. MHPA represents the Medicaid interests of the nation's Medicaid managed care plans and strives to advance public policy that controls costs and improves access in delivery of quality health care to Medicaid enrollees.
- 6. MHPA strongly supports payment rates to health plans that are actuarially sound and ensure the financial stability of health plans, allowing them to provide necessary services to beneficiaries.
- 7. **MHPA** believes in a person-centered approach to patient care through a comprehensive, integrated package.
- 8. MHPA supports the ability of states to tailor their Medicaid programs to meet the needs of their unique population, but also strongly encourages them to adopt comprehensive, person-centered programs.
- MHPA strongly opposes state- or federal-level barriers to adoption of comprehensive, risk-based care for Medicaid beneficiaries.
- 10. MHPA supports efforts to bring high-needs populations, such as individuals who are aged, blind, or living with disabilities, into managed, coordinated care.
- 11. MHPA focuses on issues unique to managed care organizations participating in the Medicaid program.
- 12. MHPA supports the use of standardized, national measurements of quality which allow consumers to compare the performance of health plans.



Membership Benefits

With your MHPA membership, you will receive the following benefits:

- Ensures a seat on the MHPA Board of Directors for your Chief Executive Officer (or equivalent with profit and loss responsibility). Participation on the Board of Directors provides opportunity to set strategic framework for health plan members to inform policy and government relations activity.
- MHPA policy staff provides detailed information on federal regulations that protects your plan's interests and state relationships, and facilitates direct conversation with the Centers for Medicare and Medicaid Services (CMS).
- MHPA government relations and advocacy staff provide access to key legislators and staff on Capitol Hill.
- Attendance for your Board representatives during quarterly Board meetings — at least three will be inperson. All in-person meetings include a networking reception and dinner program with industry peers.
- Provides member representation on all core MHPA committees.
- Recognition as an MHPA member on the MHPA website (medicaidplans.org) which also includes a board listing.
- Attendance at weekly educational Webinar Wednesdays hosted by MHPA Business Partners.
- Invitation to attend and participate in MHPA conferences, events, and meetings.



MHPA Committee Structure

Board of Directors

MHPA Staff Lead: Craig Kennedy, President & CEO

The Board sets the strategic vision and policy initiatives on behalf of MHPA. The Board evaluates annually the performance of the organization in achieving its mission. The annual commitment includes quarterly Board meetings, at least three of which are in-person. Board meetings can be held virtually when needed.

Executive Committee

MHPA Staff Lead: Craig Kennedy, President & CEO

Responsibilities: Oversees and provides guidance for tactical decision-making and implementation of all strategic efforts approved by the MHPA Board. All standing committees report to the Executive Committee, and actions proposed by the standing committees are sent to the Executive Committee for approval before going to the full Board for ratification/alteration. The Committee is made up of the officers of MHPA — namely the Chair, Vice Chair, Secretary, and Treasurer as well as the Chairman of each of the MHPA Committees.

Government Relations

MHPA Staff Lead: Shannon Attanasio, Vice President, Government Relations and Advocacy

Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity in the Federal legislative or Executive Branch. Coordinates MHPA member company responses to proposed federal legislation or executive branch initiatives that may need to be, or could be impacted by, Congressional activity. Coordinates with other committees (particularly policy committees) to ensure continuity of MHPA message and activities to key federal decision-makers.

Policy

MHPA Staff Lead: Jeanine Boyle, MHPA Consultant

Federal Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity or initiatives inside the administrative branch, including, but not limited to, the agencies of HHS (CMS, HRSA, etc.), GAO and administrative branch OIG efforts, and third party regulatory governmental or quasi-governmental entities (e.g., NAIC, NAMD). Provides input on the development of policy positions to be taken at the federal-level by MHPA. Reviews and contributes content to comment letters and other communications to federal agencies. Provides policy analysis and review of legislative proposals.





State Responsibilities: Oversees and provides guidance to MHPA staff directly relating to activity or initiatives occurring or directly impacting specific state Medicaid programs. The Committee may be tasked with data collection and analysis of state efforts to implement federal directives to support policy development by the Federal Policy Committee, and will primarily be staffed by MHPA member companies' state GR and policy staff. Will also oversee and provide guidance for engagement activities with state-level agencies and organizations (e.g. state Medicaid agencies, legislative bodies, and health plan associations). Review state policy developments embedded in procurement activities.

NOTE: Members have the opportunity to provide representation on ad hoc sub-committees that represent key issues and initiatives set forth by the Board of Directors for the given calendar year. Previously, sub-committees have been instituted to address Behavioral Health, MDRP, MLTSS/Duals, Regulatory Issues, and Specialty Care.

Conference Planning

MHPA Staff Lead: Cindy Martin, MHPA Consultant

Responsibilities: Oversees and provides guidance to MHPA staff on efforts relating to the annual conference. This includes structure, invitations, location, and logistics. The Committee also helps establish the annual budget relating to the conference activities. The Committee ensures a successful conference for all parties involved, including participants, exhibitors, sponsors, speakers, presenters and other invited guests.

Communications

MHPA Staff Lead: Jenni Muns, Associate Director of Communications & Media Relations

Responsibilities: The Communications Committee is devoted to the public relations efforts important to Medicaid Plans and their beneficiaries. This includes both industry news, political issues, project communications and stories concerning millions of Medicaid lives. The goal of the committee is to coordinate and share news from Medicaid Plans with pertinent stakeholders. During committee meetings, Medicaid Plans have the opportunity to share their success stories and learn about potential venues from communications growth.

Finance

MHPA Staff Lead: Lola Kumuyi, Interim Finance Manager

Responsibilities: Ensures financial compliance with all applicable state and federal laws. Creates and manages fiscal programs within the organization that safeguards budget stability. Oversees annual audit and auditor selection.

MHPA Member Plan Application

2022 Application for Health Plan Organizations

Organization Name (as it should appea	ar):	
Primary Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Website:	
Mailing Address (If different):		
City:	State:	Zip:
KEY BUSINESS INFORMA	ATION	
NOTE: Only a plan's Medicaid enrollment is comedicaid (Title XIX), CHIP (Title XXI), and du or Medicare enrollment. List States in which the Compa	counted toward assessment of MHPA dues. Medicain als enrolled in MCOs for at least Medicaid benefits. Inny does Business: the Most Employees:	d enrollment includes members covered in Do not include commercial, ASO, exchange,
ORGANIZATIONAL CONTA	ACTS LISTING	
CEO / P&L Medicaid Leader		
Name:	Title:	
Email (for internal use only):		
Phone:	Mobile:	
Assistant to above Executive	(Designee appointed to represent or receive mate	erials on behalf of MHPA Board Member.)
Name:	Title:	
Email (for internal use only):		
Phone:	Fax:	

ORGANIZATIONAL CONTACTS LIST - CONTINUED

Chief Medical Officer ______Title: _____ Name: Email (for internal use only): Phone: Mobile: _____ **Chief Information Officer** Name: _____ ______Title: _____ **Email** (for internal use only): Phone: _____ Mobile: _____ **Chief Marketing Officer/Public Affairs/Communications** _____Title: ______ Name: **Email** (for internal use only): Phone: Mobile: _____ **Policy** Name: Title: Email (for internal use only): Phone: Mobile: **Government Affairs** Name: ______ Title: _____ Email (for internal use only): Phone: Mobile: **Chief Operating Officer/C00** Name: Title: Email (for internal use only): Phone: _____ Mobile: _____ **Vendor Contracting** Name: ______Title: _____ **Email** (for internal use only):

Phone: ______ Mobile: _____

MHPA-ASSIGNED SERVICE REPRESENTATIVES

MHPA Committee Representatives

AGREEMENT

In submitting this Member Organization Application, the Applicant agrees to the following:

- 1. If admitted to membership, to pay annual dues as determined by the MHPA Board of Directors and to comply with the provisions of the MHPA Bylaws.
- 2. All invoices are to be paid 30 days of invoice date.
- 3. On behalf of the applicant, the undersigned agrees to the foregoing conditions and certifies that the information in this application is true and correct.

Signature

Print Name: _	
Title:	
Ciamat	
Signature:	
Date:	

Please send completed/signed application form to Craig Kennedy, MHPA President & CEO to ckennedy@mhpa.org. Questions? Call Craig at (202) 857-5771 or the MHPA Membership Department at 1575 I Street NW, Suite 300, Washington, DC 20005.





Plans of America

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WWW.MEDICAIDPLANS.ORG







