



Year in Review 2010



**The 2010 Annual Report of
Medicaid Health Plans of America**

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Message from the MHPA President & CEO



Thomas L. Johnson

Welcome to the Medicaid Health

Plans of America's 2010 Annual Report. Once again, MHPA continues its pattern of growth shown in recent years. We continued to add new member plans; moved

towards health reform implementation efforts and workgroups; retained advocacy and policy staff and added marketing and communications capabilities; furthered our clinical and health information technology resources and committees; and charted a new strategic path for future success. We also held the largest annual meeting in the history of the organization, as we hosted more than 350 attendees for the first time. MHPA continues to serve as the leading trade association solely dedicated to representing the entire Medicaid health plan industry.

As I enter my seventh year with MHPA, we are poised to mirror the industry's current and future growth. Our industry has grown each year over the past 11 years, and 71 percent of those eligible for Medicaid are now enrolled in a health plan. Medicaid health plans continue to make significant contributions to positive health outcomes of health plans members in an era where government resources are increasingly scarce. Our plans represent an increasingly stronger set of public-private partnerships with states that have enjoyed the value of what our industry offers.

As we usher in a new decade, we will see Medicaid transform in a manner unseen since the program's creation. The twin challenges of increasing health coverage while controlling health costs have never been greater. The twin goals of reducing disparities and improving the health of our enrollees have never been more important. And the increased role that our industry will play in this era of health reform will never be more visible.

MHPA has also launched a new venture – the MHPA Center for Best Practices – which will document the contributions that the Medicaid health plan industry is making. Complementing this initiative is a partnership with MedAssurant, a provider of data-driven healthcare technology, to promote efficient and high-quality healthcare that is informed by robust clinical data.

As we present you with the MHPA 2010 Annual Report, we are mindful of the transformation that continues in this era of health reform. I continue to marvel at the commitment and spirit of our membership in meeting all challenges, as well as our Board's commitment to this organization.

Sincerely,

Thomas L. Johnson
MHPA President & CEO



About MHPA

History of the Organization

Medicaid Health Plans of America (MHPA) is the leading trade association solely focused on representing Medicaid health plans. MHPA is a nonprofit, tax-exempt organization formed in 1993 and incorporated in 1995. Initially known as the National Association of Urban-Based Health Maintenance Organizations (NAUHMO), the organization was based in Los Angeles until 2001, when it opened its Washington, DC-based offices, and hired its first full-time Executive Director, Cheryl A. Townsel. In September 2004, Thomas L. Johnson succeeded Ms. Townsel as Executive Director, and in October 2004, NAUHMO changed its name to MHPA. In March 2006, another new chapter opened at MHPA, when the organization moved its offices to the current Washington, DC location.



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The Mission Statement of Medicaid Health Plans of America

“**The mission of MHPA is to develop and advance public policy that controls costs and improves access and delivery of quality health care to Medicaid members.**”

Advocacy

In 2010, MHPA scored a number of successes on behalf of the Medicaid health plan industry in Washington, DC and in state capitals around the country. A significant amount of what we do focuses on advancing the policy priorities of our member plans and the industry at the federal and state levels.

Congress passed the Patient Protection and Affordable Care Act (PPACA), legislation that was signed into law on March 23, 2010. PPACA is projected to extend Medicaid coverage to an additional 16 million individuals by 2019, ensuring that more low-income Americans have access to quality healthcare and reducing the number of uninsured.

This historic law also continues advances made in covering more low-income children through the Children's Health Insurance Program by preserving and strengthening that vital program.

MHPA worked with our friends in Congress to enact Drug Rebate Equalization in PPACA, a top priority for the industry. Ensuring that states get the same pharmaceutical rebates for health plan enrollees as in fee-for-service Medicaid will encourage states to provide pharmacy benefits along with other medical benefits provided by health plans and save the states even more through better pharmacy management and care coordination.

We are dedicated to building upon this landmark legislation in the years ahead to address the underlying factors behind rising health care costs and to do our part in strengthening and improving the Medicaid program.



2010 Highlights

- Participated in public forums in Louisiana to advance a proposed Medicaid managed care program.
- Secured \$16.1 billion in additional Medicaid assistance to states.
- Enacted Drug Rebate Equalization legislation to level the playing field with traditional Medicaid.
- Expanded Medicaid to cover more uninsured low-income Americans.

2011 Priorities

- Exempting all premium revenue from Medicaid and CHIP from the insurer fee in PPACA.
- Strengthening CMS oversight of actuarial soundness requirements.
- Advancing care coordination for the dual eligibles.
- Sharing best practices with states to open new markets.
- Working with CMS and states on health reform implementation.



Other Activities

In 2010, MHPA was also involved in other activities to further expand its reach for advocating to ensure better access to quality healthcare.

MHPA PAC

The Board of Directors voted to establish a Political Action Committee (PAC) for the first time in 2010. Registered with the Federal Election Commission to make federal campaign contributions, MHPA PAC supports candidates for federal office who support the Medicaid health plan industry. Candidates must demonstrate a commitment to Medicaid, CHIP and safety-net health plan issues. In the 2010 midterm elections, MHPA PAC supported Rep. Fred Upton (R-Mich), Rep. Mary Bono Mack (R-Calif.) and Rep. Charlie Bass (R-NH).



Partnership for Medicaid

MHPA was re-elected to serve another two-year term as chair of the Partnership for Medicaid, a national coalition of organizations dedicated to preserving and strengthening the Medicaid safety-net. In 2010, the Partnership for Medicaid was engaged in the health reform debate, led the effort to extend additional FMAP funding to states during the economic downturn, weighed in with the President's National Commission on Fiscal Responsibility and Reform, and educated Congressional offices at its annual State of Medicaid Briefing. Organizations that participate in the Partnership for Medicaid include the American Academy of Pediatrics, National Association of Public Hospitals, American Congress of OB-GYNs, and the National Association of Community Health Centers.



Membership

Our members demonstrate significant depth of specialized Medicaid managed care industry experience. Our member companies represent 42 NCQA-Accredited Medicaid Health Plans — plans that have demonstrated levels of excellence in core systems and processes as well as quality care, service and efficiency.

Membership Categories

As a member of MHPA, you will join with some of America's leading health care professionals and help vulnerable populations gain access to quality health care. MHPA has six levels of membership: (1) Health Plan Members; (2) Partners; (3) Supporting Members; (4) Individual Members; (5) Student Members; and (6) State Health Plan Association Members.

The health plan member category is open to organizations with a state license and/or contract to provide prepaid health services to publicly subsidized Medicaid managed care programs. As a health plan member, your voting rights are bestowed.



Membership Facts

MEMBERSHIP DETAILS

- Each MHPA member health plan has a seat on the Board of Directors.
- MHPA member plans can have representatives join any of the MHPA committees.
- MHPA member plan membership is based upon the number of plan enrollees.
- Dues are sent no later than December 1st and are applicable to the following year. Payments are expected to be received by end of first quarter of the applicable year.



MHPA COMMITTEES

- **Board of Directors** – Each MHPA plan is a member of the MHPA Board of Directors.
- **Executive Committee** – Committee chairs are members of MHPA's Executive Committee.
- **Annual Meeting Committee** – Involved in planning for MHPA Annual Meeting.
- **Clinical Leadership Committee** – Reviews and addresses clinical and quality issues of interest to the industry.
- **Best Practices and Compliance Committee** – Reviews best practices of industry and compliance issues of industry.
- **Finance Committee** – Reviews financial matters pertaining to MHPA.
- **Government Affairs Committee** – Reviews and makes recommendations on government affairs issues affecting the Medicaid health plan industry.
- **Health IT Committee** – Reviews and addresses health information technology issues of interest to the industry.
- **Marketing & Communications Committee** – Reviews and makes recommendations regarding marketing and communications issues for MHPA and the industry.
- **Membership Committee** – Addresses membership issues and concerns of MHPA.
- **Nominations Committee** – Makes nomination recommendations for MHPA.
- **Strategic Planning Committee** – Reviews and updates the MHPA Strategic Plan.



2010 Annual Meeting

From November 4-5, 2010, MHPA held its most successful Annual Meeting to date with more than 350 senior-level health plan executives and other industry attendees convening to learn, share knowledge and network. The Annual Meeting not only set a record number of registrants attending this yearly event, but also attracted more sponsors and exhibitors than ever before.

For two days, a full slate of notable speakers and presenters graced our podiums. The Annual Meeting guest speaker lineup featured distinguished keynote presenters such as **Cindy Mann**, CMS Deputy Administrator and Director of the Center for Medicaid, CHIP, Survey and Certification; **Charlie Cook**, Publisher of *The Cook Report*; **Dr. Mark McClellan**, former CMS Administrator; **Ron Pollack**, Executive Director of Families USA; and **Sara Rosenbaum**, Health Policy Chair at The George Washington University Medical Center.

This year's 2011 Annual Meeting — MHPA's seventh conference — will again be a must-attend industry event for Medicaid health plan executives. MHPA's Annual Meeting provides attendees with the latest information on Medicaid policy, health care reform, best practices, cost containment, and discusses issues on the latest Medicaid trends.

The 2011 Annual Meeting will be held on November 7-8 at the Hyatt Regency Capitol Hill in Washington, DC, and promises to provide attendees with the opportunity to network with leaders from the Medicaid health plan industry, as well as with other MHPA Members and Partners.



Special Thanks to the Following Meeting Sponsors for Their Generous Support



Here are just a few comments from some of our 2010 Annual Meeting attendees:

“ The insight into PPACA was presented in a well-rounded fashion and was very enlightening.”

– Dr. Mary Kay Stom, Senior Vice President, Health Care Management, and CMO, Health Partners of Philadelphia

“ The best one so far! ”

– Len Kudgis, Director, Marketing & Communications, Horizon NJ Health

“ Presentations by Ron Pollack, Mark McClellan and Vernon Smith provided an excellent synopsis of the... environment, challenges and opportunities facing Medicaid programs. Charlie Cook's presentation was excellent and very informative based upon recent political changes.”

– Eugene Diebold, Controller, Health Partners of Philadelphia



Best Practices

Medicaid Health Plans of America (MHPA) launched its new 501(c)3 affiliate organization, the MHPA Center for Best Practices in 2010. The Center for Best Practices (CBP) was created to support MHPA's mission — to provide efficient health care services and improve quality and access to care for Medicaid beneficiaries. The CBP serves as a convener of Medicaid health plans on research, quality improvement, and dissemination of health plan best practices in the domains of both clinical and operational performance. The CBP provides leadership within MHPA for addressing the long-standing problems of improving health outcomes of the medically underserved.

The vision of the CBP is to convene health plans and other stakeholders to identify and implement best practices strategies that will improve care for the medically underserved and reduce health care disparities. The MHPA Center for Best Practices engages the senior leadership of MHPA's member plans— including CEOs, CFOs and Chief Medical Officers - to develop collaborative strategies that improve the health of plan members. Specifically, the CBP is developing programs, publications, and research initiatives that target health problems and identify solutions based on data and best practice information.

Leadership: The Center was created by the MHPA Board of Directors in 2010, and its implementation is a key element of MHPA's long term strategic vision. The Center is guided by a board of directors representing the senior leadership of Medicaid health plans. The Center for Best Practices Board of Director comprises the current MHPA Board of Directors (see page 18 of this booklet) in addition to **Jay Feldstein, DO**, Regional President of the Northeast Region for AmeriHealth Mercy; and **John Schaller, MD, MPH**, Medical Director, Corporate Medical Management Dept., Aetna.

2011 objectives of the CBP are to:

- Identify best practices in clinical and operations areas of Medicaid health plans;
- Analyze health plan and other data to improve cost and quality management;
- Convene and support member plans in engaging in quality improvement initiatives;
- Focus on improving quality and efficiency of health care services and reducing racial and ethnic disparities;
- Disseminate information and findings to about Medicaid health plans and their members to the health care community;
- Engage plans and stakeholders to implement collaborative strategies that improve the health outcomes of Medicaid/CHIP enrollees; and
- Offer education and information on strategies to improve health outcomes of Medicaid/CHIP enrollees.

Advisory Committee: In addition to a Board of Directors, the CBP solicits the input of key opinion leaders and stakeholders in the Medicaid and health care sectors. The first external Advisory Committee meeting is slated for February, 2011. Confirmed representatives include **David M. Kendall, MD**, Chief Scientific & Medical Officer for the American Diabetes Association; **Ken Thorpe, PhD**, Executive Director of Partnership to Fight Chronic Diseases, and **Marla J. Gold** is the Dean of Drexel University's School of Public Health, and a Professor of Health Management and Policy are members.

CBP Activities

Best Practice Awards Forum: The CBP will host its first annual one-day Best Practice Forum and Awards Program in May, 2011. The event will feature keynote speakers with sessions addressing innovations in Medicaid programming and plan design to improve member health outcomes and health plan operations.

Data: In December 2011, the MHPA CBP announced an innovative partnership with MedAssurant, an industry expert in health care data mining and reporting. Through the agreement MedAssurant will conduct analyses using its extensive Medicaid claims and medical record data base to examine issues of importance to the Medicaid industry. These data reports will be used to identify benchmark practices and to showcase Medicaid plan performance in high-priority clinical areas such as emergency room use, preventable hospitalizations, chronic condition management and maternity care outcomes.

Special Projects: Through the CBP, MHPA has secured external funding to carry out projects that help members to continuously improve the quality of care provided to Medicaid beneficiaries. Through an agreement with Merck, Inc. the MHPA CBP will be developing a compendium of best practices in childhood asthma management and hosting educational sessions. The CBP is also in discussions with corporate and foundation funders regarding other clinical initiatives. Possible project activity will focus on helping members to more effectively prevent and manage obesity, addressing serious mental illness and improving diabetes care. The CBP is also collaborating with the Association of Clinicians for the Underserved in a program to create an asthma curriculum for clinicians.

Partnership Opportunities: Center for Best Practices seeks strategic partnerships with organizations whose goals are consistent with those of the Center. Through collaborations and partnerships, the Center is leading health plan members in addressing crucial health care issues related to prevention, chronic care and complex care management for underserved populations.

Health Information Technology

MHPA formed its Health IT Advisory Committee in 2009 to focus on health information technology issues of importance to MHPA members. This committee meets to understand and address some of the major challenges to Medicaid health plans in implementing health information technology and compliance with changing privacy and coding regulations. In 2010, the workgroup submitted comments on the proposed regulations for the Electronic Health Record Incentive Program authorized in the American Recovery and Reinvestment Act. In addition to presentations on the meaningful use of health information technology, the Committee heard presentations on using health IT to: (1) improve health care quality for underserved populations; (2) improve quality and access through administrative and clinical transaction convergence; and (3) improve member communication and outreach.



Communications

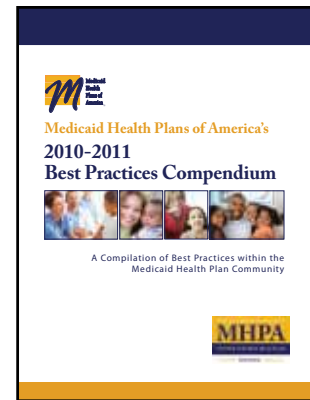
Recognizing the value of promoting the good work of Medicaid health plans and raising awareness of MHPA in the general public and policy-makers on Capitol Hill, MHPA added its first full time Marketing and Communications Manager. Under the guidance of the Marketing & Communications Committee, the Marketing and Communications Manager designed and implemented MHPA's first-ever external communications plan using several tactics including media outreach / relations, sponsorships, radio advertising, co-marketing agreements, ally development, e-mail campaigns and social media. As a result of these efforts, MHPA has been featured in several high-profile publications and online blogs in 2010. MHPA's CEO Thomas Johnson also has been interviewed frequently for print articles as well as TV and radio segments as he and MHPA are now being regarded as go-to resources for comments on policies that affect the Medicaid health plan industry.

MHPA Marketing and Communications also used these methods to aggressively promote MHPA and member/partner events like the MHPA 2010 Annual Meeting and informational conferences and webinars. These promotional activities helped achieve record attendance at most events.

MHPA Marketing and Communications still provides the same services that all its members are accustomed to, such as sending MHPA's e-newsletter, "MHPA's Industry Update" three times a week. The Industry Update highlights activity of interest at the federal and state levels, as well as news about Medicaid health plans in the industry, compliance issues and information on special needs plans. MHPA Board members also still receive a biweekly MHPA Board of Directors Update every other Friday. The MHPA Board of Directors Update is directly from the MHPA Executive Director, and highlights what is happening with MHPA. And for the third consecutive year, MHPA published an annual report which encapsulates the organization's activities throughout year in all areas. The *2009 Year In Review* was published in February.

In addition, MHPA along with the Center for Best Practices, published for the fourth consecutive year, the *2009-2010 Best Practices Compendium*. These publications, along with other marketing collateral produced by MHPA Marketing and Communications such as member and sponsorship brochures, event promotion notices, and conference programs elevate the profile of MHPA and also help increase revenue.

In May 2010, MHPA, under the direction of the Marketing and Communications Department, also unveiled a newly designed, more user-friendly MHPA website. The new www.mhpa.org site offers users ease of navigation, enhanced interactivity and new features such as the "MHPA Best Practice of the Month."



Clinical Leadership

The MHPA Clinical Leadership Committee (CLC) provides a forum for discussion of issues relating to clinical issues and quality improvement in Medicaid Health Plans. Through committee programming, members stay abreast of clinical and policy issues impacting delivery of services. In addition, members are invited to provide clinical input on policy and governmental issues as needed. **Carroll Carlson** of Group Health Cooperative of Eau Claire became Chairperson of the Committee in May, 2010 and has served as a link between the CLC and MHPA Government Affairs Activities.

Clinical Policy Input: MHPA staff represented Medicaid Health Plans and consulted regularly with the CLC on the NCQA Medicaid Health Plan Advisory Committee and Medicaid Health Plan standards update. Members provided input on scope of the standards, alignment with state oversight and quality measurement issues. MHPA also tracks, comments and reports on the AHRQ/CMS Medicaid Performance Measures initiative, and activities of the National Quality Forum.

MHPA convened a subset of Clinical Leadership Committee and Government Affairs Committee members in a work group to examine implications of the movement towards patient centered medical homes for Medicaid Health Plans. The work group produced a white paper showing the alignment of medical homes with goals and strategies of Medicaid health plans. The group also produced a policy statement recommending that state policy-makers engage health plans in development of Medicaid medical homes. The policy statement was approved by the Government Affairs Committee and the MHPA Board of Directors.



Education and Sharing of Best Practices: The Committee meets monthly by conference call and once annually in a face-to-face meeting during the MHPA Annual Meeting. At the November 2010 face-to-face meeting, MHPA members engaged with experts like Barbara Dailey of CMS, Sarah Scholle of NCQA and Edwina Rogers, Executive Director of the Patient Centered Primary Care Collaborative (PCPCC). Teleconference presentations featured:

- Poisoning Testing: Compliance and Clinical Management Issues;
- CAQH and CORE overview/update;
- Behavioral Health Care: Best Practices for Working with PCPs and Coordinating Carve Outs;
- ABIM Maintenance of Certification as A Medicaid Quality Improvement Strategy;
- Managing Cost and Utilization of Radiology Benefits: Innovations in Practice;
- Discussion – planning for Medical Home Work Group;
- Smoking Cessation Benefits in Medicaid – the Massachusetts Model;
- Improving Pharmacy Information Coordination to Manage Medical Spend in Medicaid Plans;
- Physician Reimbursement and Participation in Medicaid; and
- Data Management Best Practices to Risk Adjust Complex Care Management.



Center for Best Practices: Members of the Clinical Leadership Committee were active in developing the agenda and work plan for the new MHPA Center for Best Practices. Members advised MHPA on clinical priority areas to be addressed by the Center and are participating in implementation of MHPA’s data agreement with MedAssurant. Through the partnership with MedAssurant, the Center for Best Practices will produce data reports on Medicaid health plan practices that facilitate high quality, efficient health care. Clinical Leadership Committee members have volunteered to work on initiatives of the Center for Best Practices, including development of an Asthma Best Practice Compendium and initiatives to address complex care management.

The Future

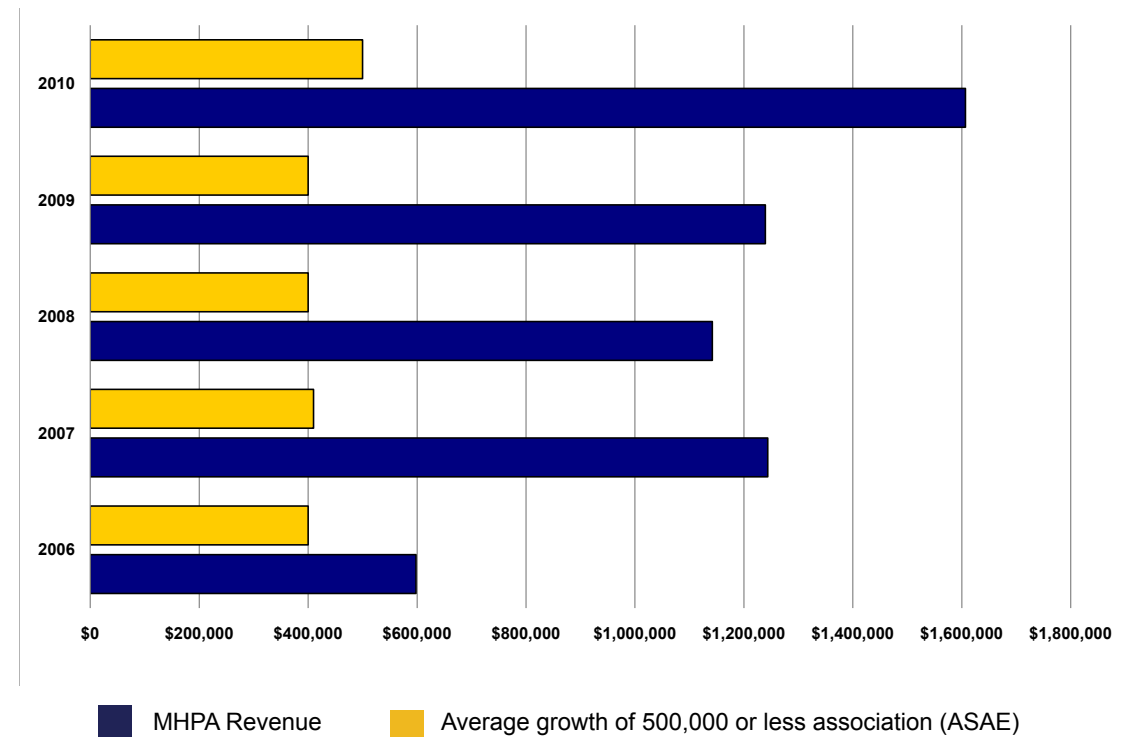
The future of MHPA is bright and MHPA will be at the forefront of health care reform implementation initiatives in the coming years. MHPA is different in that it is solely focused on Medicaid health plans, but it also represents the entire Medicaid health plan universe. MHPA also draws upon many experts from the business community to health plans grow and prosper in these challenging times. MHPA is unique to its members’ needs and concerns, and offers an ideal place for professional development, education and advocacy.



Financial Performance

As most nonprofit revenues continue to decline, MHPA continues to enjoy extraordinary financial growth over the past six years. Compared to like-sized organizations as categorized by the American Society of Association Executives, MHPA has nearly tripled its revenue since 2005. This will bode well for MHPA as it builds its resources to represent Medicaid health plans.

MHPA Revenue Growth Compared with Similar Associations





The 2011 MHPA Board of Directors

CHAIR: **Karen L. Clark**, Vice President Medicaid, HBCBSNJ/President Horizon NJ Health, **Horizon NJ Health** (West Trenton, NJ)

VICE CHAIR: **Kevin Hayden**, President of State Sponsored Business, **WellPoint** (Camarillo, CA)

SECRETARY: **Jill Joseph Bell**, Vice President of Public Affairs, **Passport Health Plan** (Louisville, KY)

TREASURER: **Kearline McKellar-Jones**, Vice President, Government Relations & Compliance, **Health Partners of Philadelphia** (Philadelphia, PA)

Bryan Baier, JD, Vice President, Government & Regulatory Affairs, **WellCare Health Plan** (Tampa, FL)

Danny Bellamy, COO, **Health Services for Children with Special Needs** (Washington, DC)

Robert Bozeman, General Counsel, **Vantage Health Plan** (Monroe, LA)

Carroll Carlson, Director of Government Programs, **Group Health Cooperative of Eau Claire** (Altoona, WI)

Brian Coyne, Vice President, Federal Government Relations, **AmeriGroup** (Washington, DC)

Christopher Drumm, Ex-Officio, **AmeriHealth Mercy Health Plan** (Philadelphia, PA)

Joe Glinka, Legislative Director, **Gateway Health Plan** (Pittsburgh, PA)

Rita Johnson-Mills, Senior Vice President, State Partnership and Accountability, **AmeriChoice / A United Health Group Company** (Minnetonka, MN)

Thomas L. Kelly, President & CEO, **Aetna** (Phoenix, AZ)

Alan Krigstein, CFO, Independence Blue Cross, representing **Keystone Mercy Health Plan** (Philadelphia, PA)

John Lovelace, Vice President Medicaid Programs (President of UPMC for You), **University of Pittsburgh Medical Center Health Plan** (Pittsburgh, PA)

Charlotte MacBeth, President & CEO, **MDWise** (Indianapolis, IN)

Joseph Musker, Senior Director, Federal Affairs, **Centene** (Washington, DC)

Sonya Nelson, President & CEO, **Volunteer State Health Plan** (Chattanooga, TN)

Michael Rashid, President & CEO, **The AmeriHealth Mercy Family of Companies** (Philadelphia, PA)

Carolyn Rose, CEO, **Health Choice Arizona** (Phoenix, AZ)

Paul Rothman, President, **Prestige Health Choice** (Miami, FL)

Mark Saffer, DPM, President & CEO, **Midwest Health Plan** (Dearborn, MI)

Frank Siano, Vice President of Business Development, **Coventry Health Care** (St. Louis, MO)

Francis S. Smith, Interim President & CEO, **DC Chartered Health Plan** (Washington, DC)

Donna Stidham, Chief Managed Care, **AIDS Healthcare Foundation** (Los Angeles, CA)

Kathy Stone, Vice President of Public Affairs, **Select Health of South Carolina** (Charleston, SC)

IN MEMORIAM

Gabriel "Gabby" Hanna ~ August 8, 1951-December 22, 2010

Gabriel "Gabby" Hanna, President & CEO of Chartered Health Plan, and MHPA Board Member, passed away December 22, 2010. Mr. Hanna had just completed his first year in his role as CEO. A native of Lebanon, Mr. Hanna had recently completed his second stint as CFO of Chartered and was recently elected to Treasurer of MHPA's Board of Directors when he passed. Mr. Hanna was well known throughout the Medicaid health plan industry for his knowledge and sharp wit and he truly will be missed.

MHPA Member Plans

The following is the current list of MHPA Members as of February 2011:

Aetna
 AIDS Healthcare Foundation
 AmeriGroup
 AmeriHealth Mercy Health Plan
 Bravo Health
 Centene
 Coventry Health Care
 DC Chartered Health Plan
 Gateway Health Plan
 Group Health Cooperative of Eau Claire
 Health Choice Arizona
 Health Partners of Philadelphia
 Health Services for Children with Special Needs
 Horizon NJ Health
 Keystone Mercy Health Plan (Independence Blue Cross)
 MDwise
 Midwest Health Plan
 Passport Health Plan
 Prestige Health Choice
 Select Health Of South Carolina, Inc.
 UnitedHealthcare Community & State
 University of Pittsburgh Medical Center Health Plan
 Vantage Health Plan, Inc.
 Volunteer State Health Plan
 Wellcare Health Plan, Inc.
 WellPoint





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