

Medicaid Health Plans and MHPA



About Medicaid Health Plans

- **Most Medicaid beneficiaries receive health benefits through managed care.** 72% of the Medicaid population is enrolled in some type of managed care (Medicaid health plans or primary care case management). 47% of Medicaid beneficiaries are enrolled in Medicaid health plans.
- **Most states utilize Medicaid managed care.** Currently, 35 states and the District of Columbia contract with Medicaid health plans.
- **Medicaid health plans add value to the Medicaid program:** access to provider networks; care coordination; delivery system innovation; predictable costs for states; accountable, high quality care

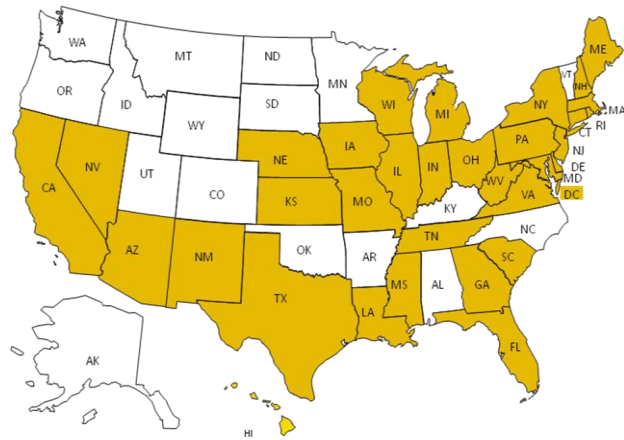
About Medicaid Health Plans of America

MHPA is the leading trade association solely focused on representing health plans in Medicaid. Our member companies provide coverage for more than 14 million Medicaid and CHIP beneficiaries in 33 states and the District of Columbia. MHPA represents Medicaid health plans ranging from large multi-state plans to small community-based plans.

MHPA Member Health Plans

- Aetna
- AIDS Healthcare Foundation
- AMERIGROUP
- AmeriHealth Mercy Health Plan
- Blue Cross Blue Shield of Michigan
- Bravo Health
- Centene
- Coventry Health Care, Inc.
- 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
- MDwise
- Midwest Health Plan
- Prestige Health Choice
- Select Health Of South Carolina, Inc.
- University of Pittsburgh Medical Center Health Plan
- United Healthcare – Community and State
- Vantage Health Plan, Inc.
- Volunteer State Health Plan
- Wellcare Health Plan, Inc.
- WellPoint

States with MHPA Member Health Plans



MHPA's Mission is to develop and advance public policy that controls costs and improves access and delivery of quality health care to Medicaid members.