

THE ACHP DIFFERENCE

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing non-profit health plans to improve affordability and outcomes in the health care system. ACHP member companies provide high-quality coverage and care to 24 million Americans across 36 states and D.C.

A Unique Approach

Nonprofit community health organizations are different. Hyper local, consumer-centric and laser-focused on quality and value, ACHP members exemplify everything that works in health care today. The ACHP approach means that the health insurer and the clinical network work hand-in-hand, and in collaboration with the community, partnering on behalf of patients to achieve common goals.

Community Stakeholders Instead of Shareholders

ACHP members are nonprofit organizations; they don't answer to corporate shareholders, but to their patients alone. On average, ACHP members have been in their communities for 43 years. That rich history and local knowledge have led to better innovations and improved clinical outcomes, especially when compared to larger, for-profit insurers.

Innovating to Address COVID-19

In the face of crisis, ACHP member companies swiftly shifted their focus, deploying creative solutions to protect the health and safety of the communities they serve. They nimbly adapted to offer enhanced testing, improved telehealth access and behavioral health resources, waived copays for treatment and lowered premiums. Now partnering with clinicians, local public health departments and local stakeholders, they are leveraging internal data to identify gaps and provide equitable access to the COVID-19 vaccine.

Incenting Value

The pandemic has also underscored the volatility of our fragmented health care system and the need to push further toward a system based on value. Many ACHP member plans employ physicians and pay them based on the value of care they provide, not the volume of services. This particular structure allowed clinicians to weather the reduction in health care services during the pandemic, while other practices shuttered or laid off staff. These value-based payment arrangements allow the health plan and physicians to focus on delivering higher quality care for all.

Improving Affordability

Providing access to high-quality, affordable coverage and care is ACHP's core value. Members have expanded access, lowered premiums in the individual market, offered novel benefits in Medicare Advantage and improved value in Medicaid. They have also deployed virtual-first insurance products, real-time price transparency tools and value-based contracts. *Health Care 2030: ACHP's Roadmap to Reform* shows the way to a better health care system devoted to affordability, effectiveness, equity, transparency and value.

