

# THE ACHP DIFFERENCE

## MAKING HEALTH CARE BETTER

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health companies, which serve tens of millions of Americans across nearly 40 states and D.C. ACHP member plans collaborate with providers on high-quality coverage and care — leading the industry in practical reforms.



### A UNIQUE APPROACH

Nonprofit community health organizations are different. Locally connected, consumer-centric and laser-focused on quality and value, ACHP members exemplify the bright spots in health care today. The ACHP approach means that health plans and provider networks work hand-in-hand, and in collaboration with the community, partnering on behalf of patients. **This approach has proven results – ACHP plans consistently outperform the largest insurers in Star measures for Medicare Advantage (MA) plans**, indicating that consumers report better outcomes and experiences in ACHP plans. This close collaboration facilitates better care outcomes and increased cost savings. To further exemplify this unique approach, ACHP members committed to shifting our nation's current sick care model to one designed for wellbeing by actively focusing on preventing and managing chronic disease in their communities across the nation.

### COMMUNITY STAKEHOLDERS INSTEAD OF SHAREHOLDERS

As nonprofit organizations, ACHP members don't answer to corporate shareholders, but to their patients. On average, **ACHP member companies have been in their communities for more than forty years**. That rich history and local knowledge have led to better innovations and improved clinical outcomes, especially when compared to larger, for-profit insurers. According to a 2023 Press Ganey survey, ACHP members are more likely to:

- Have better patient relationships with Medicaid;
- Have consumers report higher customer satisfaction and have a personal doctor; and
- Score in the top quartile of all Medicaid managed care organizations on receiving timely care



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### CHALLENGING THE STATUS QUO TO BOOST MA PROGRAM

MA is now the choice of America's seniors – as of 2023, more than half of all seniors are enrolled in an MA plan, and that number is expected to grow. MA is a good program, but it must evolve to continue meeting seniors' needs. ACHP is the first and only payer organization willing to step beyond the status quo with a vision for the future of MA. [MA for Tomorrow](#), unveiled in 2023, is that vision, detailed by commonsense policy recommendations policymakers can take to improve MA. CMS included ACHP's proposal to eliminate administrative fees paid to brokers in its Proposed CY 2025 Medicare C&D Rule.



### LEADING THE SHIFT TO VALUE

The pandemic underscored the volatility of our fragmented health care system and the need to push further toward a system based on value. **ACHP member companies are leading the charge on enacting value-based payment models**, thanks to their unique relationships with providers, transforming care and developing innovative approaches to coverage for all. ACHP member companies lead the industry in dual risk models and condition specific or population-based models, laying the groundwork for widespread transformation towards value over volume. ACHP's *Leading the Way on Value-Based Payments* further illustrates our members' commitment to these models.



### IMPROVING AFFORDABILITY

**ACHP members provide access to high-quality, affordable coverage and care.** They have expanded access and lowered premiums in the individual market, offered novel benefits in Medicare Advantage and improved value in Medicaid. They also have deployed virtual-first insurance products and real-time price transparency tools and advanced 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.