

THE ACHP DIFFERENCE

MAKING HEALTH CARE BETTER



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The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health companies, which serve tens of millions of Americans in 37 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 outperform the largest insurers in 75 percent of Star measures for Medicare Advantage (MA) plans**, indicating that consumers report better outcomes and experiences in ACHP plans. For example, in MA, ACHP member

companies perform 35 percent better on the Members Choosing to Leave star rating measure, which tracks consumer retention, and 25 percent better on the Medication Adherence for Cholesterol measure, which measures the timeliness of patient medication fills.

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 recent 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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PUBLIC HEALTH EMERGENCY WIND-DOWN

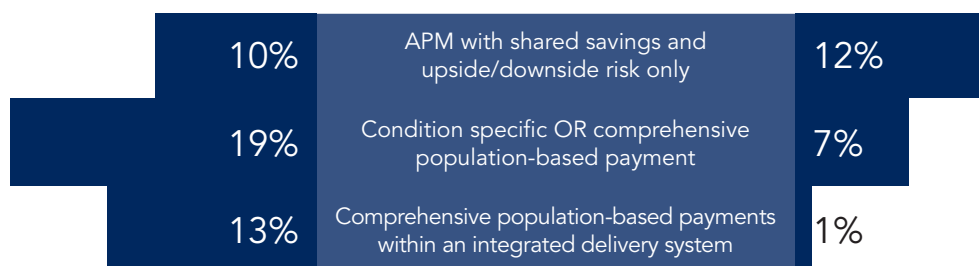
ACHP member companies are ensuring patients – especially low-income and vulnerable – will have continuous health care coverage as the nation prepares for the end of the public health emergency (PHE). Through strategic state and community partnerships, **ACHP member companies have amplified critical messaging and consumer education** about changes to health coverage after the end of the PHE.

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.

ACHP Member Companies Averages

Averages Across Industry



Approximate breakdown of provider enrollment in different types of value-based, risk-sharing agreements. Based on 2022 ACHP member survey responses, on average, ACHP member companies have a higher percentage of high-risk sharing agreements. Industry data based on data from Health Care Payment Learning & Action Network.

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, 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.