

## Providers with Health Plans



*There are about 90 health care systems and hospitals that solely or jointly own health plans and the number fluctuates based on the ongoing purchase and divestiture of plans. Some provider owned health plans cover just one market segment (e.g., Medicaid managed care) and other plans offer a full portfolio of products for the public and commercial sectors. There are increasing examples of health care systems and hospitals partnering with provider and commercial health plans to offer health insurance products in local markets. The American Hospital Association (AHA) supports*

*health care systems and hospitals with health plans by addressing their advocacy needs, engaging their leadership to help shape policy and advocacy positions, and working with partners to develop and provide key resources.*

### Working for Health Care Systems and Hospitals with Health Plans

*As the Trump administration and the 115<sup>th</sup> U.S. Congress take shape, AHA will continue to advocate on behalf of all health care providers, including those with health plans, for high-quality, affordable and accessible health care for all Americans. Key advocacy and policy initiatives that AHA worked on in 2016 are highlighted below.*

- **Protecting Consumers from Insurer Consolidation.** At the urging of AHA and others, the Department of Justice (DOJ) took action to stop the mergers of four of the five largest health insurers. AHA has worked to ensure that the proposed acquisitions received the highest level of scrutiny from regulators and Congress. AHA provided analysis to DOJ and testified before Congress numerous times, introducing into the record concrete reasoning why the acquisitions would decrease competition and hurt the marketplace. AHA also worked with state associations to urge their state attorney general and insurance commissioners to carefully scrutinize these proposed mergers and the impact they would have on their respective states.
- **Maintaining Viable Health Insurance Marketplaces.** The Health Insurance Marketplaces authorized by the Affordable Care Act have not yet stabilized and their future under the new Congress and Administration are uncertain, threatening access to coverage for millions of Americans. AHA has proactively promoted policy and operational changes to the new Administration and CMS that would encourage robust consumer and plan participation, including ongoing payment of the cost-sharing reductions and reinsurance payments, improvements to the risk adjustment program, and strengthening of the special enrollment periods, among other recommendations
- **Expanding Access to Medicaid.** AHA continues to support state hospital associations in non-expansion states to make the case for Medicaid expansion. Montana and Louisiana expanded their Medicaid programs in 2016.
- **Fighting Escalating Drug Prices.** As a member of the steering committee of the Campaign for Sustainable Rx Pricing, AHA has raised awareness with legislators, policymakers and the media of how rising prescription drug prices are putting a strain on the entire health care system. These efforts have included a report on the impact of high and rising drug prices on the inpatient setting and briefings on Capitol Hill and for the media.
- **Monitoring Health Coverage Trends.** AHA is monitoring employer and consumer activity related to cost-shifting to consumers, including through greater use of high deductible health plans; demands for greater transparency; and potential growth in defined contribution coverage models that could move more of the group market to private exchanges.
- **Shaping MACRA Implementation.** The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 created a new physician payment and performance measurement system, and AHA is working with CMS

to shape implementation by ensuring the regulations make sense, are aligned with other Medicare programs and do not overburden providers. Opportunities remain to further align hospital and clinician performance measurement, and we will work to make that happen. Resources can be found at [www.aha.org/macra](http://www.aha.org/macra).

- **Collaborating with National Organizations.** AHA works with national organizations as well as state hospital associations to drive positive change in federal policies to facilitate and promote high quality health care coverage. Liaison relationships are maintained, for example, with the National Association of Insurance Commissioners, America's Health Insurance Plans, the Alliance of Community Health Plans and the Association for Community Affiliated Plans.

### Engaging Leaders from Health Care Systems and Hospitals with Health Plans

*AHA fosters dialogue among health care system and hospital CEOs with health plans and offers many opportunities to take an active role in shaping AHA policies and setting direction for the association and the field. They may have a formal role in association governance and/or policy formation by serving on AHA's Board of Trustees, Committee on Health Care Strategy and Innovation or the Regional Policy Boards. In addition, leaders may participate on:*

- **Provider-Sponsored Health Plan Strategic Leadership Group** that guides the policy and advocacy agenda for members with health plans as well as directs the AHA on timely and impactful research and pilots to support these members and the field.
- **Provider-Sponsored Health Plan Executive Roundtable** that annually brings together CEOs and members of the executive teams from health care systems and hospitals with health plans to share their perspectives and experiences related to challenges and opportunities they are encountering in the field and identify areas where AHA can help.
- **Leadership Briefings** that feature CEOs and members of their executive teams to share specific lessons learned or innovations impacting the positioning of the health plan within the organization.
- **Conference Calls** so members can share recommendations and guidance on specific legislation or regulation impacting provider health plans.

### Developing and Offering Key Resources

*Based on member input, AHA, often in partnership with others, develops and offers resources to support health care systems and hospitals with health plans. Examples include:*

- **Research on Value of Provider Sponsored Plans.** AHA partnered with the Navigant Center for Healthcare Research and Policy Analysis to conduct research and explore how provider-sponsored health plans may be distinguished from non-provider sponsored health plans across several areas including access to care, quality and financial performance. The white paper and webcast are available at [www.aha.org/research](http://www.aha.org/research).
- **Coverage Matters Website.** AHA's Coverage Matters webpage, (<http://www.aha.org/advocacy-issues/initiatives/coverage/index.shtml>), provides resources and the latest news about eligibility for federal financial support and enrollment in health plans offered through the Health Insurance Marketplaces.
- **Consumer Guide on Health Care Prices:** The AHA contributed to a Healthcare Financial Management Association (HFMA) guide, *Understanding Health Care Prices: A Consumer Guide*, to help consumers compare prices among providers and manage their out-of-pocket costs. A copy of the report can be found at <http://www.hfma.org/Content.aspx?id=22306>.

*For information about the overall value of membership at AHA, please see <http://www.aha.org/about/membership/value.shtml>. More information on resources for health care systems and hospitals with health plans can be found at: <http://www.aha.org/advocacy-issues/plans/index.shtml>*