It was a transformative year for ACHP as we weathered industry changes and seized upon new opportunities in 2017. For starters, we are growing! - broadening our impact through shared learning and advocacy with the addition of three new member organizations. At the same time, a volatile political environment and increased market uncertainty created new obstacles for our plans. It is no surprise that despite these challenges our plans stayed true to their values and missions – fighting for stability and access, guiding the industry to higher quality standards and transforming the health of their communities.

In this year’s report we bring you the stories of how ACHP and its member plans are inspiring an entire industry to do better. They are stories of commitment and courage, stories of impact and influence. They are stories of leadership.

I am moved by our members’ dedication to pioneering solutions that meet patient needs.

In 2017, our members again led the industry in the NCQA quality and CMS star ratings as some of the highest-rated quality plans in the U.S. Our fall collaborative meeting in Atlanta gave us the opportunity to share tips for superior customer experience – and even though our industry may lag other sectors, it is ACHP plans that top J.D. Power customer service awards, year after year.

Our plans are spearheading community health initiatives that make a lasting impact, partnering with local organizations on unique programs such as behavioral health screenings in schools, community engagement around the opioid epidemic and programming to enhance the quality of life for an aging population.

This courageous leadership plays a particularly important role in Washington, where the expertise and experiences of our members makes ACHP a valuable and trusted voice in the policy arena. Whether it’s market stability, ensuring quality incentives for seniors in Medicare Advantage or continued access to care for America’s most vulnerable, our plans are driving the conversation and influencing the health care policy agenda.

The work of ACHP members, featured in these pages, demonstrates the continued leadership of our plans, their devotion to the communities they serve and their impact on our nation’s health. I look forward to our continued collaboration on making health care better.

The past year has been a time of significant uncertainty for the health care industry. Yet, despite this uncertainty, ACHP plans continued to achieve success and provide the vital services our customers have come to know and trust.

We have achieved much because of our collaborative spirit. Working together, our plans have shared best practices, success stories and challenges – and learned how to improve the important work we do in building healthier communities.

ACHP continues to convene an incredibly diverse set of industry professionals — thought leaders, influencers, and C-suite executives — all of whom are advancing the delivery of the highest-quality care and uniting around the common goal of serving our communities.

Through ACHP, we are elevating the voice of not-for-profit health plans to deliver the most significant impact for the people we serve. In 2017, advocacy was at the heart of our work as ACHP members headed to Capitol Hill to carry the regional plan voice to D.C., exposing policymakers to the good work our plans are doing across the country.

Much of that good work is highlighted in this report. A true testament to the incredible ways ACHP plans are shaping the future of health care delivery and transforming care in their communities. It is truly an inspiration to serve as your Board Chair this term.

About ACHP

The Alliance of Community Health Plans (ACHP) is a national leadership organization bringing together innovative health plans and provider groups that are among America’s best at delivering affordable, high-quality coverage and care. ACHP’s member health plans provide coverage and care for more than 19 million Americans across 27 states and the District of Columbia. These organizations focus on improving the health of the communities they serve and are on the leading edge of innovations in affordability and quality of care, including primary care redesign, payment reform, accountable health care delivery and use of information technology.
ACHP member plans are inspiring an entire industry to do better. In this year’s annual report we illustrate how our member organizations are leaders—shaping the national health care conversation, guiding health plans to higher quality standards and transforming the health of their communities.
In Miami and across Broward County it’s hard to miss AvMed Rides’ sunny yellow bikes, which have helped thousands of riders pedal more than 90,000 miles — all while burning nearly 3.5 million calories and saving 4,500 gallons of gas! The bikes are one part of AvMed’s WELFluent campaign, which is creating a healthier community in mind, body and spirit. Through the campaign, AvMed offers tools and resources to get active, stay social and adopt healthy behaviors. Another popular program, AvMed Connect unites the community through social activities, learning opportunities and entertainment. And in partnership with Feeding South Florida, a mobile pantry has delivered more than 137,000 pounds of fruits, vegetables, bread and dairy products to more than 3,000 South Florida families in need.

### Wellbeing

There’s more to health than diet and exercise. Wellbeing is a holistic approach that includes how you feel mentally, physically and spiritually. Through bike shares, food pantries and social and educational programming, ACHP plans are treating the whole person.

### Aging Well

Through programs tailored specifically to the needs of seniors, Health Alliance in Urbana, Illinois, is helping an aging population maintain quality of life. The plan offers a host of programming for seniors and caregivers, including health care financial planning, tips on downsizing and decluttering, and ways to have the often-challenging conversations about advance directives and end-of-life issues. Downsizing can be overwhelming and stressful for many seniors, but Health Alliance aims to change that. Both practical and compassionate, sessions on downsizing homes are held at local social service agencies and focus on how to keep what’s truly special. Along with decluttering comes the feeling of being in control and a chance to relive memories.

Based in the state with the oldest population, Martin’s Point Health Care, in Portland, Maine, is paying special attention to a growing senior population. The health plan’s community centers, located within Martin’s Point facilities, are uniting seniors statewide. Programming and events at the centers promote socializing, staying active and continuing education. The Scarborough Health Care Center, for instance, has become a home-away-from home for some local seniors. Since its opening in January 2017, the center has been booked solid for catered lunches, get-togethers with pastries and games, afternoon bingo, tai chi, yoga, and educational workshops promoting healthy habits. It’s this dedication to the senior population that has helped Martin’s Point continuously top CMS Medicare star ratings. The plan has earned a 4.5 or 5-out-of-5 rating for one of its plans every year since 2011.

State fairs are typically synonymous with fried food, funnel cakes and lots of butter! But in Minnesota, the state fair is also helping seniors get fit and stay healthy. More than 1,000 older fairgoers gathered to take part in the 15th Annual Senior Stretch & Stroll event at the Minnesota State Fair, co-sponsored by Minneapolis-based UCare. Donning complimentary floppy sun protection hats and with brightly colored exercise balls, seniors took part in flexibility and strength exercises while a live band energized the crowd with songs from the ’60s, ’70s and ’80s. The program, which has been held every year since 2003, goes beyond just the day of the fair; actively teaching participants the importance of incorporating health and fitness activities into their daily routines.

### Supporting Healthy Schools

ACHP plans are investing in our nation’s young people, partnering with local schools to improve health at the earliest opportunity and give every child the best chance to succeed.

Security Health Plan, in Marshfield, Wisconsin, is helping teachers spot behavioral health risks in the classroom. Through $125,000 in school-based grants for the 2017-2018 school year, Security has helped bring behavioral, emotional and social traits universal screening services to more than 70 Wisconsin elementary schools. The program is used to determine if a child needs intensive, focused support and provides educators tailored guidance...
for helping individual children succeed. In addition to the screening itself, Security Health Plan covers the cost of project implementation and consultation to help schools translate screening results into intervention.

Madison, Wisconsin’s **Dean Health Plan** and Dean Medical Group partnered with the Dane County Immunization Coalition to help young people get engaged around health issues that affect them while also providing important (parent/guardian-approved) immunizations to nearly 200 teens. Four days of clinics at two local middle schools contributed to a marked improvement in the local adolescent immunization rate, which rose from 70.2 percent (just below the 2015 national 50th percentile) to 79.2 percent (just above the 2016 national 75th percentile). While students appreciated the free snacks and gifts following the shots, they also thanked organizers for the opportunity to ask questions and get engaged in their own health care.

**Giving Back**

ACHP plans are donating hundreds of hours and thousands of dollars to causes that keep the community safe, encourage people to get active and help community members live healthier lives.

**Group Health Cooperative of South Central Wisconsin**’s (GHC-SCW) 40th anniversary campaign Look Back, Give Back donated $452,370, volunteered 280 hours and helped raise $33,260 for local organizations making a difference. GHC-SCW also recognized 25 Community Champions by donating more than $16,000 to local causes Champions support—including the Humane Society, a local fire department and the United Way of Dane County. The year of giving commemorated the plan’s 40-year history and its commitment to the community.

**SelectHealth**, in Murray, Utah, is also helping those who help others. Every year, through the Select 25 program, SelectHealth awards $2,500 each to 25 local leaders who are making a difference in the community. Past winners included a summer camp for children undergoing cancer treatment, a charity that provides free vision screenings and an organization working to combat child hunger. The Select 25 program has recognized community leaders for nearly a decade, awarding $500,000 to 200 organizations since 2009.

One 2017 award recipient, Labs for Liberty, acknowledges, honors and empowers members of U.S. Special Operations Forces by providing service dogs for PTSD and other physical needs. Labs for Liberty’s entire volunteer staff trains each pup specifically to meet the needs of their veteran, who is gifted the dog at no cost.

Group Health Cooperative of South Central Wisconsin embarked on a year of giving to celebrate 40 years of serving the community.
As drug overdoses now outnumber car accidents in accidental cause of death, the work of our plans on the front lines of the opioid crisis is more important than ever. By engaging the community, educating clinicians and reducing inappropriate prescriptions, ACHP member organizations are leading efforts to curb the epidemic and save lives.

UPMC, in Pittsburgh, Pennsylvania, is the largest provider of addiction-related medical services in the state. Its programs begin with prevention and extend through intervention and treatment.

One notable intervention is UPMC Health Plan’s High-Emergency Department Drug Seeking Utilization Protocol, known as HEDDS UP, which brings doctors, care teams and patients together to create specialized treatment programs.

Plan members who receive prescriptions from multiple providers and fill at multiple pharmacies—or make frequent visits to the emergency department—are flagged in electronic health records for clinicians to see. Patients with the highest opioid use are referred to case managers for additional support and to develop treatment plans tailored to their needs – including referrals to pain management, behavioral health and medication-assisted treatment. Care managers engage members in their care, coordinating with health care teams as well as community paramedics, pharmacists and others for a comprehensive and integrated approach at intervention.

Geisinger Health Plan in Danville, Pennsylvania, is educating the public about opioids, opioid abuse and the danger and disease of addiction through #HadEnough, a campaign including events, programs and projects that focus on awareness and prevention. The campaign places the voice of the community at the heart of its message.

The health plan has created educational materials for parents and teenagers, sponsored opioid awareness presentations for middle and high school students—reaching more than 4,000 Pennsylvania students so far—and hosted a series of discussion panels featuring local experts. A robust website offers numerous resources including a parent’s guide to addiction and messages for teens about opioid abuse.

Through tweets and Facebook posts, the community is joining the conversation about addiction online. A YouTube video also highlights personal stories of how addiction has impacted families and communities. “I’ve had enough of this drug tearing my family apart,” said one mother.

Fostering the conversation online and face-to-face, Geisinger is leading the community fight against addiction.

As a part of Geisinger Health Plan’s #HadEnough campaign, community members are joining the conversation around addiction and the opioid epidemic.
Giving Kids a Healthy Start

Our plans believe all kids should have a healthy, happy start to life. To provide the best care for their youngest community members, ACHP plans are designing and implementing programs that screen for substance use and deploying technologies to bring families together.

When a mother uses alcohol, tobacco or other drugs during pregnancy, her child is at risk for premature birth and physical and mental disabilities. That’s why HealthPartners, based in Minneapolis, Minnesota, worked with its provider system to implement the Healthy Beginnings program, screening every woman who entered a clinic for pregnancy care.

HealthPartners connects women who are using drugs, tobacco or alcohol, or are experiencing challenges with mental health, homelessness or domestic abuse with social workers and nurses who help manage their care. These professionals counsel the women for the duration of their pregnancy, providing non-judgmental support to achieve realistic abstinence goals that give their babies the best possible start. Some counselors also continue to work with mothers for the first year of the baby’s life to ensure continued sobriety and healthy lifestyle choices.

Cheri, a HealthPartners member who participated in the Healthy Beginnings program, said the encouragement and support she received made her feel like she could overcome a relapse and be a good parent.

At Presbyterian, in Albuquerque, New Mexico, new technology is helping families stay connected to babies who have been admitted to the neonatal intensive care unit (NICU). Launched in January 2017, the NICU Virtual Bonding Program helps parents and families remain in touch with their little one, helping develop a bond even when they cannot be at the bedside. With the help of an iPad, mothers who are physically unable to visit the NICU can securely see and speak to the baby and the nurses providing care.

“At first I was apprehensive. It was the first time I could communicate with my baby and it seemed bizarre that at this very intimate moment there were all these other people involved – nurses and people holding cameras – but it was fantastic. It was amazing.”

- Stephanie Downs, NICU Virtual Bonding Program participant

Cheri, a mom and HealthPartners member who participated in the Healthy Beginnings program, reads to her daughter.

Chelsea Dahl, left, a nurse educator for the NICU, and Stephanie Downs, holding her baby, Belle. Dahl is holding the iPad that helps mothers bond with their babies in the NICU.

(Rosalie Rayburn/Albuquerque Journal)
ACHP plans are going beyond the typical role of insurers, leading to greater value for their members. That means finding a better way to understand patient needs, treating members like family and helping doctors put patients first.

Factors that impact health exist outside the walls of the doctor’s office, which is why Kaiser Permanente, in Oakland, California, is addressing patients’ non-medical needs. Kaiser Permanente is one of the first health organizations in the nation to operationalize how it addresses social factors that often play a big role in a person’s total health. Kaiser Permanente enters a special code in the patient’s record for social needs, such as food insecurity or housing, in the same way it records medical diagnoses, such as diabetes or high blood pressure. By linking the codes with community-based referrals, Kaiser Permanente can track the outcome of each referral.

Patient navigators play an integral role. They connect patients with nonprofit, community assistance to address social, economic and behavioral needs including access to food, housing, child care and transportation. By helping remove these barriers, the health plan is seeing better outcomes for patients.

The program is also bringing down costs. Patients that frequently visit the emergency department — six or more times a year — typically have double the amount of unmet social needs. By addressing the underlying factors that affect health, Kaiser Permanente is reducing visits to the emergency department and the high costs that go with them.

Personalized care is also contributing to better quality. Through the plan’s medication therapy management program, Capital District Physicians’ Health Plan, Inc. (CDPHP), in Albany, New York, is helping its members better understand their medications. Medicare Choices members are automatically enrolled in a free service called MedCheck, which provides access to plan pharmacists to review medications and make sure they’re the best fit for the patient’s needs. The review covers safety, effectiveness and cost as well as options that could improve a member’s health. Through MedCheck, as well as in-house care coordination, CDPHP helped George Knauer, a blind, retired plumber who uses many of CDPHP’s services from diabetes management to health coaching, change his health and his life.

As the health care industry is quickly moving to value-based care, many physician practices worry about the added administrative burden. That’s why ACHP plans are increasingly supporting clinicians in making the transition. Independent Health, in Buffalo, New York, has a long history of collaborating with physicians.

In 2017, it created Evolve Practice Partners to help primary care doctors provide the best care to patients while remaining independent. Evolve Practice Partners offers metrics and performance tracking, deploying data and analytics around population health management, and assisting with optimization of electronic medical records. The support helps providers continue to be high performers in the new value-based environment. Evolve Practice Partners supports 33 practices to help primary care doctors remain independent and deliver quality care while working to achieve the “quadruple aim” of better health, better care, lower costs and physician vitality.

“The team at CDPHP doesn’t treat you like random person number 437, they treat you like someone who they know and care about. If you have a problem, just call. There are programs and services available that you may not even know about. CDPHP is more than a health insurance company; it’s a health care company.”

- George Knauer, CDPHP member

“For 20 years we have been working with physicians as partners to help revitalize and grow primary care, supporting them with the resources they need to provide high-quality, patient-centered care. That kind of trust and experience will enable us to achieve what we are now calling the ‘quadruple aim’ of better health, better care, lower costs and physician vitality.”

- Michael Cropp, M.D., MBA, president and CEO, Independent Health

George Knauer, a thankful and engaged CDPHP member, and the CDPHP team.
Reaching Patients at Home

ACHP members are leading the way to deploy care outside of the traditional clinical setting. Social determinants such as safe housing and healthy food are directly tied to health, and patients with complex needs may need additional, personalized support to live healthy, productive lives.

Because Priority Health, in Grand Rapids, Michigan, knows that members with complex needs, complicated by social determinants, may require more support than the usual models of care provide, the plan takes a holistic approach.

Through an in-home model, an interdisciplinary team including a medical social worker, the member’s primary care doctor and registered nurse, work with the patient to create a plan tailored to the individual’s needs, both social and clinical. Telehealth and community resources help bring care to the patient. The program has led to better health outcomes as well as an 89 percent member engagement rate, an overall expected program savings of more than $800,000 this year, and helped the plan prevent avoidable hospital admissions.

Portland-based CareOregon is bringing health care into the home through a partnership with Housecall Providers. The partnership provides primary care, palliative care and hospice services to nearly 2,000 homebound patients each year. Patients are referred through home health agencies, assisted and residential care facilities, case workers and primary care providers. The care model tailors a program to the individual patient’s needs, providing personalized, in-home, convenient care while reducing costs.

Housecall Providers focuses on team-based care through the coordinated support of primary care providers, nurses, social workers, pharmacists and chaplains. Offering medical care in the home enables providers to not only get a better sense of a patient’s total health, but helps to prevent expensive trips to the hospital and unnecessary nursing home stays. Through the partnership, Housecall Providers and CareOregon hope to enhance and expand home-based care to bring excellent care to the most vulnerable community members.

At-home treatment plans can also lead to better outcomes when it comes to maintaining blood pressure control. Often the cost of medicine, lifestyle factors, distance from a medical center or the inability to afford an at-home monitor can contribute to the failure of a traditional treatment plan.

That’s why Scott & White Health Plan, in Temple, Texas, provided at-home blood pressure monitors to 2,500 members and community residents who experienced challenges sticking to treatment plans for high blood pressure. The at-home blood pressure tests give a more accurate picture of the patient’s health, since participants can check their blood pressure multiple times a day and are typically more relaxed at home than in a doctor’s office.

After just three office visits, 80 percent of participants went from uncontrolled to controlled blood pressure conditions. The initiative also focused on engaging patients to take control of their health. Through educational tools and a magnet with the friendly reminder “have you checked your blood pressure today,” patients learned how high blood pressure related to other chronic conditions and were encouraged to talk to their doctor about improving their overall health.

“The population of the metro area is evolving, and there is a growing need for home-based primary, palliative and hospice care in addition to the traditional clinic setting.”
-Eric C. Hunter, CEO, CareOregon
Quality is at the core of what we do. It’s getting the right care to the right patient at the right time. ACHP members work closely with providers on behalf of patients, are committed to the health of their communities and strive to deliver high-quality, affordable care and coverage. **What makes our plans different is also what makes them leaders in the industry.** From customer service to quality awards, ACHP plans continue to top national rankings year after year and guide health plans to higher quality standards.

**NCQA COMPARES THE QUALITY AND SERVICES OF MORE THAN 1,000 HEALTH PLANS NATIONWIDE. In 2017-2018, NCQA RANKED:**

- **5** **MEDICAID PLANS**  
  **score of 4.5**

- **6** **MEDICARE PLANS**  
  **score of 5**

- **12** **COMMERCIAL PLANS**  
  **score of 4.5**

- **1 of 5** **NATIONWIDE**
  **score of 5**

- **25** **NATIONWIDE**
  **score of 4.5**

**“THE NCQA RATINGS DEMONSTRATE ACHP PLANS’ COMMITMENT TO QUALITY, AFFORDABLE COVERAGE AND HEALTHIER COMMUNITIES NATIONWIDE.”**

- CECI CONNOLLY, ACHP PRESIDENT AND CEO

The NCQA ratings provide consumers with a practical and meaningful guide to understanding their health care options. The ratings focus on how plans perform in the key quality areas of consumer satisfaction, prevention and treatment. Only 10 percent of plans included in the ratings received a rating of 4.5 or 5.0 out of 5.
CMS considers 45 quality measures when evaluating Medicare plans, including preventive screenings, management of chronic conditions and adherence to prescription medications. ACHP members’ evidence-based, provider-aligned approach ensures that Medicare patients get the right care when and where they need it.

ACHP PLANS RISE TO THE TOP IN J.D. POWER’S 2017 MEMBER HEALTH PLAN STUDY

8 of 16 Medicare Advantage Contracts NationWide

34 Medicare Advantage Contracts

Our plans rank as some of the top places to work.

CMS considers 45 quality measures when evaluating Medicare plans, including preventive screenings, management of chronic conditions and adherence to prescription medications. ACHP members’ evidence-based, provider-aligned approach ensures that Medicare patients get the right care when and where they need it.
ACHP continued to lead the way on issues critical to community health plans - convening thought leaders, undertaking dynamic new programming, developing valuable tools and resources, and innovating through unique challenges. New, multi-disciplinary collaborative meetings gave ACHP plans the opportunity to come together, learn and share insights across disciplines. And we also welcomed three new members to ACHP, expanding and strengthening our collective vision for nonprofit, provider-aligned, regional plans.

3 NEW MEMBERS
EXTENDING OUR REACH TO 19+ MILLION LIVES

2 YEAR $250,000 PCORI ENGAGEMENT AWARD SHOWCASES MEMBER EFFORTS TO CHANGE PROVIDER BEHAVIOR TO IMPROVE PATIENT EXPERIENCE AND OUTCOMES

THE 30TH ANNUAL BOARDS OF DIRECTORS SYMPOSIUM BROUGHT ACHP LEADERS TO WASHINGTON TO LOBBY ON CAPITOL HILL

RELEASED THE INTERACTIVE PHARMA PLAYBOOK TO HELP MEMBERS SHAPE THE CONVERSATION ON RX DRUG COSTS

CREATED A WHITEBOARD VIDEO DEPICTING WELLBEING AND ROLLED OUT THE INITIATIVE ONLINE, SHOWCASING STANDOUT MEMBER PLANS THROUGH A BLOG WITH THE NATIONAL WELLNESS INSTITUTE

$ ACHP DRUG INFOGRAPHIC SERIES HIGHLIGHTED SURPRISING DATA ON THE RISING PRICE OF GENERIC DRUGS

FOSTERED PARTNERSHIPS WITH THE CAMPAIGN FOR SUSTAINABLE RX PRICING, THE NETWORK FOR EXCELLENCE IN HEALTH INNOVATION AND THE NATIONAL COALITION ON HEALTH CARE

@_ACHP | www.achp.org
ACHP President and CEO Ceci Connolly co-authored “The Committed Perspective – Policy Principles for Regional Health Plans” in the New England Journal of Medicine, illustrating a path forward for community health plans.

**SPONSORED PANEL DISCUSSION AT 11TH ANNUAL HFMA THOUGHT LEADERSHIP RETREAT FOR C-SUITE EXECUTIVES**

**Launched**

- **Community Benefit Learning Group** to develop evidence-based practices
- **Emerging Technology Learning Group** to learn about advancements in medical technology

**ENHANCED MEMBER PERFORMANCE THROUGH DATA AND ANALYTICS**

- **174** custom quality and utilization reports
- **22** custom quality presentations
- **1,939** Medicare Advantage Snapshot reports

**- IN 2017 -**

COMMUNICATIONS AND MARKETPLACE TEAMED UP TO TALK BRAND IN WASHINGTON, D.C.

CLINICAL EXECUTIVES ENVISONED THE FUTURE OF VALUE-BASED CARE AT MULTI-DISCIPLINARY COLLABORATIVES IN SAN DIEGO

ATLANTA’S MEETING GAVE TIPS ON CREATING A SUPERIOR CUSTOMER EXPERIENCE AND SPARKED IN-DEPTH CONVERSATIONS ON TELEHEALTH, OPIOIDS AND QUALITY

KICKED-OFF THE FINANCIAL LEADERS COLLABORATIVE IN NEW ORLEANS

**WEBINARS**

- CRIMINAL JUSTICE AND BEHAVIORAL HEALTH GOALS
- COMMUNITY AGENCY
- INTEGRATING PRIMARY CARE & BEHAVIORAL HEALTH
- CARE FOR TRANSGENDER PATIENTS

**MEMBER PLANS SHARED THEIR UNIQUE INITIATIVES AND BEST PRACTICES DURING**

**21 SITE VISITS**
In today’s uncertain political environment, telling the story of community health plans on Capitol Hill is more critical than ever. In 2017, ACHP advocated for stability in the marketplace, quality coverage for Medicaid and Medicare Advantage enrollees and highlighted the challenges of costly Rx drugs. Working closely with our plans, ACHP is further elevating the voice of nonprofit, community health plans and shaping the national health care conversation.

**ADMINISTRATION**

- Highlighted the unique work of our plans in addressing the opioid epidemic with HHS Secretary
- Filed an amicus brief in a federal case to recover risk corridor payments
- Provided HHS ideas for regulatory relief in MA and improvements in ACA implementation
- Recommended to CMS changes to Medicare star ratings to differentiate superior performance
- Attended White House event declaring the opioid crisis a public health emergency

**CAPITOL HILL**

- ACHP plan leaders testified during Senate HELP committee hearing on market stabilization
- Discussed high cost of Rx drugs with Congress and CMS during Feb & Oct fly-ins
- 30+ Hill meetings on health care reform, Medicaid funding and RX drug costs during Symposium
- 60+ Hill meetings in 2017 with congressional leaders and staff
- Protected coverage gains under ACA during 2017 repeal and replace efforts
### External Affairs

**Featured Speaker** at Modern Healthcare Leadership Symposium, Altarum Institute Symposium on Sustainable Spending, HFMA Medicare Advantage Panel, and Rx Drug Delivery System: Tackling Costs, Ensuring Access Panel hosted by the Hill


Hosted a press briefing where UCare and Geisinger Health Plan detailed the local impact of proposed Medicaid cuts — leading to superb media coverage

Published several thought leadership pieces including a Modern Healthcare Op-Ed outlining the importance of cost-sharing reduction payments and market stabilization

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<tr>
<th>Plan Name</th>
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<td>AvMed</td>
<td>Michael Gallagher CEO</td>
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<td>Hap</td>
<td>Terri Kline President and CEO</td>
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  - President and CEO

- **Hap**
  - Stephanie Beever
  - System Chief Strategy Officer

- **Capital Health**
  - John Bennett, M.D.
  - President and CEO

- **EM特色的表述**
  - John Hogan
  - President and CEO

- **CareOregon**
  - Eric Hunter
  - CEO

- **Independent Health**
  - Michael Cropp, M.D., MBA
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  - Mark Traynor
  - Diane Holder
  - Ceci Connolly

**2017 Annual Report to the Community**