AHIP STRATEGIC PLAN REPORT

# Advancing Affordable and Accessible Health Care

AHIP
Guiding Greater Health

June 2022

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# A Message from Matt Eyles

As we continue to move into a new world informed by our experience with COVID-19, health insurance providers are harnessing our collective expertise to ensure that all Americans can thrive in good health. This mid-year report serves as our compendium of work over the past 6 months. We have accomplished so much in such a short time.

We started the year and reached the midyear milestone with launches of two key priority platforms. Our Privacy Priorities were introduced with a comprehensive set of core guiding priorities and detailed roadmap to further protect the privacy, confidentiality, and cybersecurity of consumer health information. A few weeks ago, we unveiled our enhanced-competition agenda with a detailed policy roadmap, Healthier People through Healthier Markets, complete with a set of solutions to improve health care affordability and access for every American. Both platforms are being well-recognized and regarded as positive, proactive work to improve health care for every patient and consumer.

AHIP also ran an extensive campaign through May – Mental Health Awareness Month – to bring more attention to the work health insurance providers are doing to improve access to mental health care. Contrary to mainstream headlines, new polling and research has found that Americans with coverage largely have affordable access to the mental health care they deserve, even with the nationwide increase in care demand and long-standing shortage of mental health professionals.

AHIP also remains on track to meet the majority of our strategic priorities:

- **Growing Support for Employer-Provided Coverage:** AHIP has reactivated our Coverage@Work campaign to engage business leaders and employees to speak publicly about the value of employer-provided coverage. We are also on track to complete and promote a steady stream of new research that highlights the value and importance of employer-provided coverage.
- **Stopping Efforts to Weaken or Overturn Surprise Bills Rules:** In addition to the research mentioned above, AHIP has led coordination of the Coalition Against Surprise Medical Billing's (CASMB) with consumer and union groups, and has filed several amicus briefs in surprise billing litigation. AHIP also recently released joint research with the Blue Cross Blue Shield Association that demonstrated that the *No Surprises Act* prevented more than 2 million surprise medical bills in the first 2 months of 2022. If the trend holds, more than 12 million surprise medical bills will be avoided for the entire year. Public attention remains strong, and we plan to maintain the spotlight on the need for these strong consumer protections.
- **Securing ARPA Subsidies Extension Beyond 2022:** AHIP has refreshed its research on the impact that ending ARPA subsidies would have on hardworking American families. Our advocacy groups remain in active dialogue with members of Congress, as well as activating voters to make their voice heard in Washington, on the importance these subsidies to ensure affordable access to care.
- **Protect and Promote the Value of MA:** The last 6 months have seen some clear challenges from critics of Medicare Advantage (MA), and AHIP remains the most active, assertive, and engaged vocal defender of the program. We continue to educate policymakers on the value of MA and how much seniors value the coverage that MA provides while taking on critics across a spectrum of MA issues and communicating with the press on the "real story" and success of MA.
- **Ensuring an Orderly Medicaid Transition After the End of the Public Health Emergency:** AHIP continues to advocate for clear state and federal guidance to allow managed care organizations to help in the Medicaid redetermination process and transition people who lose their eligibility. We are also continuing our support for a glidepath for states to receive enhanced federal matching funds to conduct redeterminations. In the second half of the year, AHIP's teams will be keenly focused on efforts to support a smooth transition, including the transition of costs for COVID-19 vaccines to the private market.
- **Preserving the Flexibility to Employ Medical Management Tools:** We are advancing policies to support electronic prior authorization standards and systems, and we are advancing evidence-based mental health support. Prior authorization prevents waste and improves affordability for patients, consumers, and employers. We know that prior authorization can be improved, and AHIP is spotlighting real solutions, including electronic prior authorization, which our Fast PATH initiative showed can dramatically improve the process for patients and providers. We will continue to develop innovative solutions to streamline processes, improve the quality of care, reduce costs, and enhance patients' overall care experience.
- **Preserving Plan Capabilities to Manage Drug Utilization and Costs:** AHIP, along with our CSRxP coalition, remains among the most vocal critics of the anticompetitive practices of Big Pharma. We continue to protect plan's ability to use clinical tools, use formularies, and employ prescription benefit designs. We are also continuing our work to limit the new adoption of policies that impose co-pay caps. A recent AHIP study found that hospitals and physicians are charging more for drugs they acquire and administer to generate higher payments, and shows how specialty pharmacies are a more affordable solution for patients.

Over the next 6 months, we will continue to focus on essential priorities as we head into the midterm elections. In addition to our priorities above, our focus will include the fight to extend ARPA subsidies, driving our Healthier People through Healthier Markets agenda, and addressing health inequities and racial disparities wherever they exist.

We at AHIP appreciate your continued engagement as we promote the value of our industry and advocate for solutions that work, as well as the opportunity to serve you and advocate for policies that deliver for your members.

Matt

**Matt Eyles**, AHIP President and CEO

# Medicare Advantage & Part D

**Medicare Advantage (MA) and Part D are effective, private-sector solutions that deliver more choices, more benefits, and more value to tens of millions of seniors and people with disabilities. MA and Part D plans are partnering with government agencies to deliver greater value to Medicare enrollees and taxpayers despite significant uncertainties created by the impacts of the COVID-19 pandemic and looming policy changes.**

## Key Accomplishments

- Secured record bipartisan support for MA from Members of Congress.
- Secured bipartisan support for MA social determinants of health (SDOH) legislation.
- Successfully advocated for Medicare coverage limits for new drugs to treat Alzheimer's disease to ensure patient safety.
- Successfully advocated for CMS to finalize the 2023 rate notice with payment policies that ensure stability for MA enrollees and plans.
- Responded to CMS MA and Part D rule for 2023, resulting in CMS applying a 1-year delay to its Part D pharmacy price concession policy.
- Corrected the record about OIG's report on prior authorization and payment in MA.
- Hosted virtual National Conference on Health Policy and Government Health Programs, strengthening important relationships with CMS and HHS staff.
- Successfully advocated for CMS to address coverage for OTC COVID test for Medicare enrollees.

## Record Bipartisan Support for MA

AHIP-led efforts secured a record number of bipartisan supporters for MA from both the U.S. Senate and House of Representatives– 409 total signatories. Signed letters were sent by 346 Members of the House of Representatives and 63 Members of the Senate in anticipation of CMS' annual MA rate notice, urging the agency to keep MA strong and stable so that it can continue to provide affordable, high-quality, patient-centered coverage.

In addition, AHIP successfully secured bipartisan support for H.R. 4074, the *Addressing Social Determinants in Medicare Advantage Act*. This bill would provide MA plans with more flexibility to offer non-medical supplemental benefits to more enrollees to help address SDOH and advance health equity.

AHIP continues to work to secure lead cosponsors of a Senate companion bill and promoted the bill through the Smarter Health Care Coalition. Further, AHIP has developed a list of members of Congress with a history of support for MA and SDOH issues to share with our member plans, helping to increase outreach activity that will advance this important legislation for seniors and people with disabilities.

## Mobilizing Seniors Through the CMC

The Coalition for Medicare Choices (CMC) launched its Rate Notice campaign in January, including field and paid advertising programs targeting over 155 Members of Congress across more than 20 states. The campaign mobilized CMC members to contact their Members of Congress, participate in earned and social media opportunities, and share their MA stories. CMC members encouraged Members of Congress to sign onto bipartisan letters to CMS on behalf of protecting and strengthening MA during the rate notice – resulting in an 85% success rate among target Members.

CMC's field program completed 53 meetings with Members of Congress or their staff and CMC members, and coordinated over 110 grasstops intercepts of target Members. CMC secured 74 earned media hits across 101 publications, 7 TV appearances, and 29 radio interviews, reaching a total audience of over 43 million nationwide. CMC engaged 34 Members of the Congressional Tri-Caucus to demonstrate the value of MA for minority communities, resulting in 19 meetings with lawmakers and their staff. CMC engaged diverse local organizations and advocates such as the Florida Hispanic Chamber of Commerce and published earned media in minority news outlets such as *Los Angeles Times en Español*.

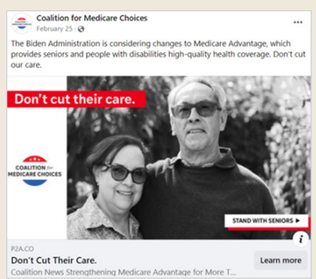
CMC mobilized seniors and advocates to encourage the Biden Administration to protect and strengthen MA. CMC activated multiple field teams in California starting in January with a focus on placing earned media and engaging local stakeholders to support our overall engagement with Department of Health and Human Services Secretary Becerra. CMC members participated in a virtual briefing with Hill and Administration staff on January 19, to share their MA story, met with officials at CMS on March 1 including the Deputy Administrator of CMS and Director of the Center for Medicare, and sent a letter in support of MA to Secretary Becerra on April 7 including signatories from several California organizations, health care advocates, faith leaders, minority community leaders, and local elected officials.

CMC's paid advertising effort during the rate notice spanned the D.C. market and all Congressional districts and states. Paid digital ads mobilized more than 187,000 constituent emails to Members of Congress. In the Beltway, CMC promoted field assets such as earned media hits and senior testimonial videos, as well as banner advertising targeting Congress, Administration offices, and prominent national news sites encouraging Congress and the Administration to protect MA during the rate notice. Beltway advertising drove nearly 37 million impressions and more than 33,000 clicks.

Following the final rate notice announcement in April, CMC launched a robust thank you campaign including paid digital and print advertising in D.C., thank you emails targeting 2022 letter signers, grasstops engagement in 50 House and Senate targets, and thank you certificates for all MA letter signers. CMC executed homepage takeovers thanking 15 key Members of Congress, which delivered over 3.5 million impressions and 2,060 clicks across local news outlets like the *Arizona Republic* and the *Charleston Gazette-Mail*. In D.C., CMC's homepage takeover of the *WashingtonPost.com* thanking Congress and the Administration, delivered over 1 million impressions and 1,200 clicks.

Looking ahead, CMC will continue its thank you campaign through June 2022 and advocate on the value of MA.

### CMC's MA Campaign




**"Tens of millions of Americans choose Medicare Advantage and Part D plans because of the tremendous value they deliver as a public/private partnership. These programs are models of consumer choice, competition, and innovation that make health care more affordable and accessible for seniors and people with disabilities."**

**Matt Eyles,** AHIP President and CEO, April 2022

## Flexibility in MA and Part D Plan Design

AHIP continues to have productive discussions with Congressional Committee staff and provided technical assistance on specific MA prior authorization (PA) legislation. This legislation would require use of electronic PA standards and systems, real-time decision making on certain services, and detailed reporting from plans on PA decisions and appeals.

AHIP also provided helpful feedback to Congressional offices on operational and other challenges with mandated use of gold carding programs.

AHIP has held productive conversations with Congressional Committee staff and influential offices over proposals to extend the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicare. While supporting the goal of increased access, AHIP highlighted the operational challenges with MHPAEA and suggested alternative proposals. Those proposals include expanding provider types under Medicare, leveraging telehealth, and supporting loan repayment and scholarship programs as well as other provider incentives to address access issues.

AHIP has also highlighted the role of health insurance providers in increasing access to mental health support, launching a weekly email to reporters with examples of the the work health insurance providers are doing in the mental health space. AHIP also created a dedicated mental health landing page containing press releases, blog posts, and other resources.

## Addressing Essential Drug Coverage Issues

AHIP educated Congressional Members and staff about the negative effects on Part D premiums of a legislative proposal to cap copays on insulin. Only 12 House Republicans voted in favor of a proposed policy with this provision, providing political cover for Senate colleagues to vote against similar measures. Additionally, AHIP engaged with Senators and staff on discouraging proposals that could drive up net costs for insulin by prohibiting rebates and utilization management under certain conditions.

AHIP also successfully advocated for CMS to finalize a national Medicare coverage policy that limited coverage for certain Alzheimer's Disease treatments that have failed to show direct clinical benefits while also having potentially serious side effects. AHIP's swift advocacy encouraged CMS to focus coverage on products that provide clear evidence of clinical benefit to patients by saving lives, reducing the burden of illness, and improving health and quality of life.

In our public statement, AHIP noted its strong support for CMS' approach to coverage of these treatments in the context of clinical trials.

## Advocating for Finalized Rules for CY 2023

AHIP submitted a detailed comment letter that supported MA payment policies for 2023 that will significantly increase overall payments (by 5.0%, on average, in the final rate notice) and not impose any major risk adjustment cuts, ensuring stability for enrollees and continued opportunities to deliver value and innovative benefits for MA plans. AHIP's comments also address numerous technical issues and concerns, including the impact of 2020's pandemic experience on cost trends and normalization factors, and continued concerns regarding end stage renal disease (ESRD) payments.

AHIP submitted extensive comments to CMS in response to the MA and Part D proposed rule for CY 2023 that covered a number of important policies, including enhanced integration for Dual Eligible Special Needs Plans (D-SNP) and Part D point-of-sale (or "DIR") pharmacy price concessions. In the final rule published on May 9, CMS finalized its DIR proposal, but AHIP successfully led a coordinated industry advocacy strategy that resulted in a 1-year delay of the policy so that changes could be operationalized and incorporated into bids.

While CMS also finalized most of its D-SNP proposals and other policy changes impacting MA and Part D plans, AHIP successfully advocated for improvements to several D-SNP provisions and compliance-related policies focused on plan networks and performance reviews. AHIP also arranged for follow-up discussions between member plans and CMS staff to clarify D-SNP requirements, and AHIP will develop and implement an advocacy strategy to further aid the transition process for greater D-SNP integration.

## Response to OIG Report on Prior Authorization and Payment in MA

In response to a report from the HHS Office of the Inspector General (OIG) and a highly misleading *New York Times* story on coverage and payment denials in MA, AHIP quickly and aggressively moved to correct the record. In a blog post, AHIP clarified the findings of the OIG report, which confirmed that prior authorization is used appropriately, and countered the misleading *New York Times* story. Subsequent news coverage was more muted and balanced, often referring to AHIP's blog as a resource.

AHIP also explained these issues in conversations with key Congressional staff. AHIP continues to highlight the appropriate use of prior authorization and advocate for common sense policies to ensure both access to care and efficient use of health care services.

**"More than 28 million Americans choose MA, and 93% say they are satisfied with their plans. It is clear that year after year, MA continues to deliver better services, better access to care, and better value. Health insurance providers remain committed to partnering with the Administration and Congress to ensure that MA and Part D delivers for Americans, including the 57% of MA enrollees who are women, and the 40% of enrollees who earn less than $25,000 a year."**

**Matt Eyles,** AHIP President and CEO, April 2022

## National Conference on Health Policy and Government Health Programs


AHIP held its first combined National Conference on Health Policy and Government Health Programs in March, featuring an array of distinguished speakers, including member plan executives, members of Congress, and CMS leadership, covering relevant and interesting Federal Programs and policy topics. Over 20 reporters covered the conference, including from *CNN*, the *New York Times*, and *Politico*.

Conference speakers included Jeffrey Zients, at the time the White House Coordinator of the COVID-19 Response and Counselor to the President, who discussed what lies ahead as the nation continues to grapple with COVID-19 and its impact. Other featured speakers included former Centers for Medicare & Medicaid Services (CMS) Administrator Mark McClellan, Center for Consumer Information and Insurance Oversight (CCIIO) Deputy Administrator and Director Dr. Ellen Montz, and Deputy Assistant to the President for Health and Veterans Affairs Christen Linke Young.

## Medicare Coverage for OTC COVID-19 Tests for Medicare Enrollees

AHIP successfully advocated for CMS to address Medicare coverage for over-the-counter (OTC) COVID-19 tests. On April 4, CMS announced the start of the agency's initiative to cover up to 8 OTC COVID-19 tests for people with Medicare (those enrolled in original Medicare and Medicare Advantage) per calendar month for free from participating pharmacies and health care providers for the duration of the COVID-19 public health emergency.

**"As Americans return to more normal day-to-day routines, regular testing remains essential to identify potential new strains and avoid new surges of the virus. We applaud CMS for providing access to free over-the-counter COVID-19 tests through Medicare Part B during the public health emergency. This is an important part of the solution – coupled with vaccines and boosters – to ensure equitable access to tests and treatment, and to support continued vigilance as we work together to end the pandemic."**

**Matt Eyles,** AHIP President and CEO, April 2022

## Next Steps

- **Support research efforts cost efficiencies and value of MA** to strengthen effort to stop MA payment cuts that would undermine the program.
- **Lead strategy and coordination with member plans** on consistent and effective messaging that responds to MA and Part D program criticisms.
- **Collaborate with member plans to develop proactive policies** that promote flexibility, choice, competition, and value in the MA and Part D programs.
- **Continue to advocate to preserve medical management tools** under the MA and Part D programs as cost-saving, waste-reducing tools.
- **Continue to educate policymakers** on implications of applying well-intentioned but misguided mental health parity laws to Medicare and MA.
- **Continue with efforts to advance MA SDOH legislation** and other policies that support plan efforts to advance health equity.
- **Work with member plans on policy and legal advocacy** in response to forthcoming risk adjustment data validation (RADV) rule.
- **Work closely with member plans and CMS** to further aid the transition process for greater D-SNP integration.

# Medicaid

**Medicaid is an essential part of American health care. It helps improve the health and financial security of millions of Americans every day, including more than 2 million veterans. Medicaid is the largest health care program in the country, covering approximately 1 in 4 Americans. Health insurance providers are committed to ensuring that Medicaid is effective, affordable, and accountable.**

## Key Accomplishments

- After a hiatus of several years, secured CMS agreement to restart regular quarterly calls between member Medicaid plans and agency staff, providing organizations with a venue to discuss Medicaid issues and concerns, as well as to understand and ask questions about CMS Medicaid priorities and initiatives.
- Engaged in extensive advocacy on actuarially sound rates and plan concerns with the use of retroactive risk mitigation strategies connected with the COVID public health emergency (PHE).
- Continued advocacy on the impending wave of Medicaid eligibility redeterminations that will occur when the PHE ends. This included securing favorable CMS guidance on how states can work with managed care organizations (MCO) to minimize coverage loss when Medicaid eligibility redeterminations start again.
- Obtained HHS support for allowing MCOs to send text messages to members about their redeterminations without violating the Telephone Consumer Protection Act (TCPA) and implemented a strategy for securing approval by the Federal Communications Commission (FCC).
- Submitted extensive comments on CMS' request for ideas on improving access to care in Medicaid and CHIP.
- Presented several successful and well attended Medicaid sessions at AHIP's National Conference on Health Policy and Government Health Programs in March.
- Submitted extensive comments on the Special Needs Plan provisions of the 2023 Medicare Advantage-Part D proposed rule, in collaboration with AHIP Medicare experts.

## Promoting Continuity of Coverage at the End of PHE

AHIP has engaged in extensive advocacy to prepare for the end of the PHE and to avoid coverage loss and for Americans when Medicaid eligibility redeterminations resume. AHIP was a key participant in a series of invitation-only meetings with agency leadership on policy and operational guidance for states partnering with MCOs and QHPs. AHIP convened and submitted consensus recommendations with multiple trade associations on issues including marketing rules, transparency, and timelines. As a result of our advocacy, CMS released several favorable guidance documents and is encouraging states to partner with MCOs.

AHIP has also worked extensively on the ground in states to obtain information about state-specific redetermination plans to assist with the advocacy work to maintain coverage in each market. Because of AHIP's work with the NGA, AHIP staff held several well-attended meetings with members and state health policy gubernatorial staff.

Our advocacy regarding redeterminations also included encouraging HHS to seek clarification of the types of outreach permitted by plans under the federal TCPA, which restricts plans from using automatic telephone dialing systems, artificial or prerecorded voice messages, and text messages without prior express consent. HHS submitted a letter to the FCC seeking the Commission's opinion on whether certain Medicaid redetermination and other enrollment-related text messages and automated, pre-recorded telephone calls to individuals' cell phones are permissible under the TCPA. AHIP submitted written comments supportive of HHS's request and is encouraging aligned organizations to similarly weigh in in support of greater health plan flexibility to engage members.

## Supporting Actuarial Soundness of Medicaid Rates

AHIP has advocated consistently with the Administration for actuarially sound rates and more active oversight and engagement on state Medicaid rate setting practices.

Our advocacy includes outreach to Hill staff and CMS for inclusion of Medicaid plan expenditures on social determinants of health and Federalwide Assurance (FWA) initiatives in calculating medical-loss ratio.

AHIP convened a meeting of Medicaid plan executives to meet with CMS leadership to advocate against the approval of retrospective risk corridors in the future. AHIP also convened a workgroup of Medicaid plan actuarial and financial experts to make recommendations to CMS on accounting for impacts of redeterminations on Medicaid rates.

AHIP filed detailed comments with CMS on the 2022-2023 Medicaid Managed Care Rate Development Guide. Our comments focused on a range of actuarial and rate setting issues, in particular the impacts of the COVID-19 crisis on utilization and costs of Medicaid services and resulting implications for actuarial forecasts for future periods. We again asked CMS to take a more aggressive leadership role in ensuring actuarial soundness of Medicaid rates in its review of state rate filings and greater clarity in requirements for minimum medical loss ratio, quality withholds, and risk sharing mechanisms.

## National Conference on Health Policy and Government Health Programs


AHIP held its first combined National Conference on Health Policy and Government Health Programs in March, featuring an array of distinguished speakers, including member plan executives, members of Congress, and CMS leadership, covering relevant and interesting Federal Programs and policy topics. Over 20 reporters covered the conference, including from *CNN*, the *New York Times*, and *Politico*.

CMS Deputy Administrator and Center for Medicaid and CHIP Services (CMCS) Director Daniel Tsai discussed the coming wave of Medicaid redeterminations and noted how the 15 million people at risk of losing eligibility is the top priority for CMCS. He also emphasized the role of Medicaid managed care plans, stating that 70% of Medicaid beneficiaries are enrolled in a managed care plan and those plans can play a critical role when it comes to outreach on redeterminations.

## Improving Access to Medicaid

AHIP continues to advocate for increased access to Medicaid, including by:

- Expanding Medicaid and Children's Health Insurance Program (CHIP) maternal health coverage to 12 months postpartum;
- Providing adequate funding for Home and Community-Based Services (HCBS);
- Closing the Medicaid coverage gap by expanding the eligibility of Affordable Care Act qualified health plans;
- Providing permanent increased funding for Puerto Rico's Medicaid program;
- Making permanent the Money Follows the Person program and HCBS spousal impoverishment protections; and,
- Extending 12 months continuous coverage for children on Medicaid and CHIP and permanently extending the CHIP program.

AHIP also submitted comments on the Special Needs Plan provisions of the 2023 Medicare Advantage-Part D proposed rule. AHIP supported enhanced integration of Medicare and Medicaid through dual eligible special needs plans (D-SNPs) and CMS' future plans to transition away from Financial Alignment Demonstrations and into a more far-reaching and permanent D-SNP program.

## Driving Advocacy Through the Modern Medicaid Alliance

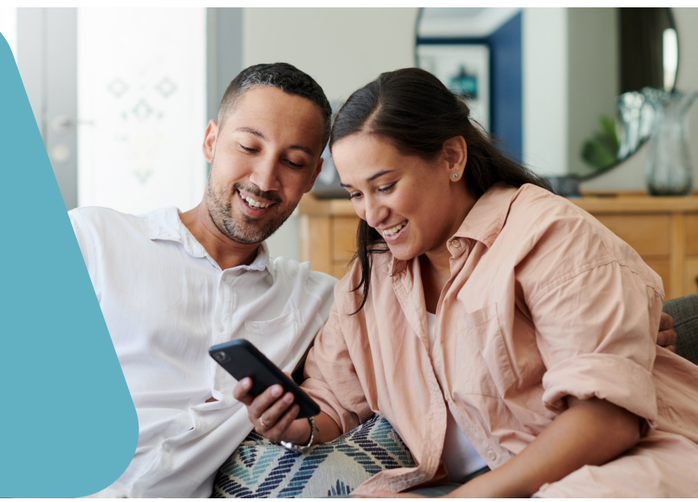
The Modern Medicaid Alliance (MMA) and our partners continue to raise awareness of Medicaid's role as a reliable safety net for millions of Americans. Since the beginning of the year, we have recruited 5 new partners, including patient advocates and provider groups, to bring the total number of MMA partners to more than 130.

MMA developed nearly 20 pieces of educational content in the first half of 2022, covering priority issues such as children's health, maternal health, mental health, and Medicaid redetermination. MMA continued to amplify its Medicaid Spotlight initiative, which highlights the work of our partners to strengthen Medicaid, support the growing number of Americans who rely on it, and counter misperceptions of the program. MMA has published 8 Medicaid Spotlight posts this year featuring innovations by Medicaid MCOs and other partners.

MMA and our partners continued our joint advocacy on behalf of strengthening Medicaid, including a February letter to Congressional leadership urging bipartisan action on HCBS funding, postpartum coverage expansion, and other key provisions. MMA developed toolkits on maternal health and mental health to equip partners with educational and advocacy resources. We also encouraged partners to submit comments to the FCC supporting the Department of Health and Human Services' letter on permitting use of text messages and telephone calls to share information about Medicaid redetermination and enrollment.

**"Medicaid plays a critical role in helping Americans when they need it most and has acted as a safety net for at-risk populations to receive high-quality, affordable care, particularly during the ongoing COVID-19 crisis. According to recent polling, nearly 90% of Americans say it's important to have a strong, sustainable Medicaid program in the U.S."**

**Modern Medicaid Alliance,** Letter to Congress, February 2022



MMA's Medicaid Dashboard continues to serve as a one-stop-clearinghouse for the latest Medicaid enrollment and polling data for partners, policymakers, and the public. MMA plans to update the Dashboard with new data in the fall, and will promote the resource in the Beltway and key states through paid digital advertising.

MMA used limited paid promotion inside the Beltway to elevate Medicaid Managed Care Organizations' actions to provide mental health support for members, reaching over 18,000 Beltway users across the Hill, Administration, and health care audiences. MMA has increased partner engagement through social media so far in 2022, including social engagement with partners spanning health care providers and hospital groups, patient advocate groups, and managed care organizations.

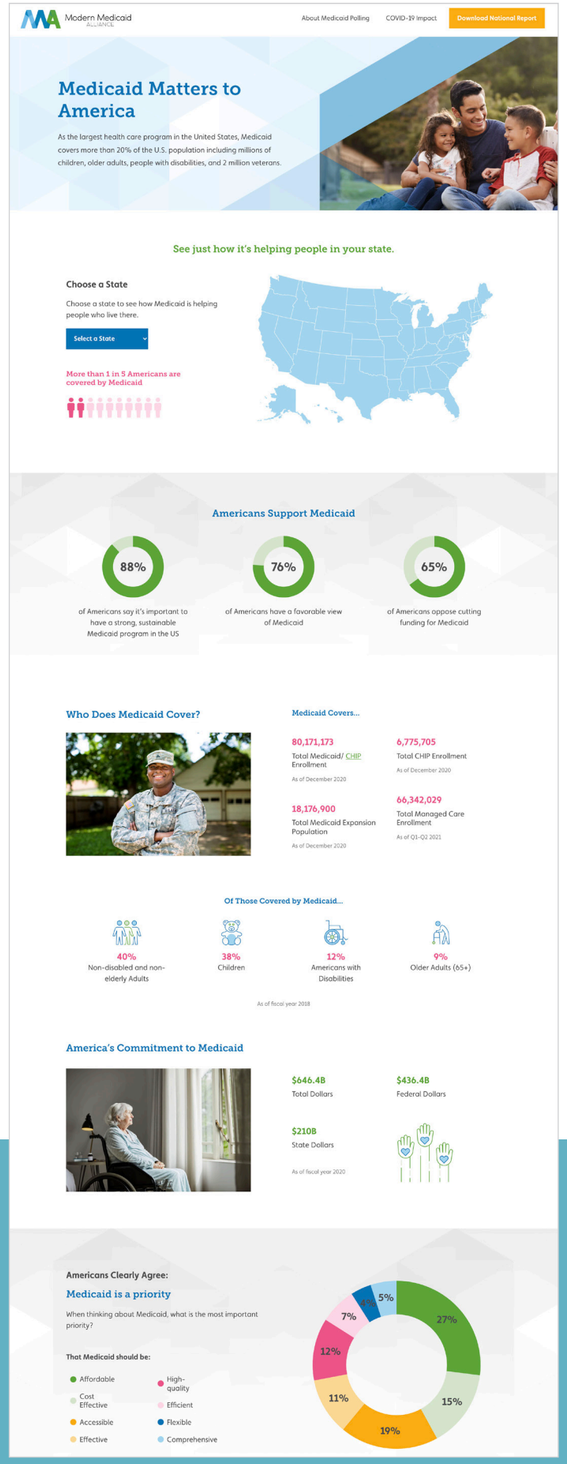
Throughout the rest of the year, MMA will continue to develop and promote both Medicaid Spotlight content and educational resources on Medicaid to advocate for a strong, sustainable Medicaid program. MMA will launch a pilot field program in 3 key states (IA, IL, TX) to protect and strengthen Medicaid Managed Care.

## Next Steps

- **Continue advocacy on actuarial soundness, transparency** in rate setting, and accounting for **impacts of redeterminations** on Medicaid rates.
- **Continue state advocacy on Medicaid eligibility redeterminations** to ensure minimal coverage loss and to encourage states use best practices to retain eligible Medicaid enrollees and transition others to appropriate coverage.
- **Update MMA Dashboard** with most reliable, up-to-date information on Medicaid enrollment data.

**"Medicaid managed care plans deliver real savings through patient-centered care coordination programs, high-quality and accessible provider networks, increased prescribing of generic prescription drugs, and other effective solutions."**

**Matt Eyles**, AHIP President and CEO, March 2022



MMA Medicaid Dashboard: Medicaid Matters to America.

# Commercial Market

**AHIP champions market-based solutions that empower people; make health care simpler; and improve affordability, value, access, and well-being. Americans deserve nothing less – including nearly 180 million Americans who get their insurance through work and the more than 20 million who purchase their own coverage in the individual market.**

## Key Accomplishments

- Relaunched Coverage@Work, an AHIP campaign to educate policymakers and the public about the value employer-provided coverage delivers to nearly 180 million Americans.
- Gained traction as we championed permanent extension of the American Rescue Plan Act (ARPA) tax credits to enhance and expand access to affordable coverage through the marketplaces.
- Led the Coalition Against Surprise Medical Billing (CASMB) in high-visibility advocacy to defend the *No Surprises Act*.
- Highlighted the value of supplemental coverage and provided policy and advocacy support in numerous state legislative, regulatory, and NAIC proposals that would impact Dental, Disability Income, Medicare Supplemental, Long-term Care, Supplemental Health, and Vision coverage.
- Deployed state advocacy to fight against state government-controlled health care, defend against state public policy actions that would eliminate protections achieved under the *No Surprises Act*, and guard ERISA preemption to ensure *Rutledge* is not expanded.

## Relaunching Coverage@Work to Promote Employer-Provided Coverage

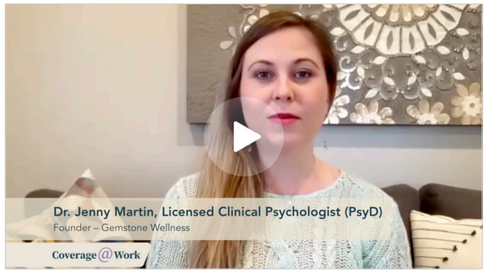
In March, AHIP relaunched its Coverage@Work (C@W) campaign to educate policymakers and the public about the value employer-provided coverage delivers to nearly 180 million Americans. C@W supports and advocates for market-based solutions that advance health, choice, affordability, and value for every American.

C@W is driving key activities to promote employer-provided coverage and build Congressional champions. Activities include Congressional advocacy, high-impact research, stakeholder engagement, educational content development, and story collection from enrollees, employers, and health care providers.

New resources and research include an employer-provided coverage primer, supplemental coverage one-pager, updated Employee Health Benefits by the Numbers research, and research on mental health support delivered to Americans with employer-provided coverage. New resources are regularly distributed to Hill, press, and stakeholder audiences.

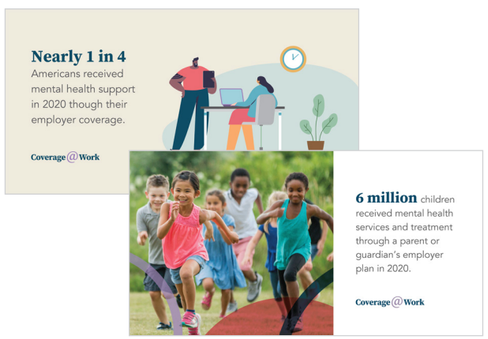
C@W will release new polling ahead of the August recess to demonstrate satisfaction with employer-provided coverage and the many ways it supports members, in addition to continuing to promote all new C@W resources and research

## Coverage@Work




Coverage@Work Testimonial: Dr. Jenny Martin


Coverage@Work Resources: Snapshot: Who Employer-Provided Coverage Serves and Coverage that Works for Americans




Coverage@Work Social Graphics

on AHIP social channels. To date, the campaign has garnered nearly **21,000 views** and **350 engagements** across AHIP digital channels since its springtime launch – with a higher-than-average overall engagement rate (2%) and high-profile likes from a former CMS official and several member professionals.

In partnership with the Alliance to Fight for Health Care (AFHC), AHIP launched a field campaign in March to grow support for employer-provided coverage in key congressional districts and states through education and champion-building. The campaign is targeting **35 federal lawmakers across 7 states,** including key Committee and Caucus members, moderate Democrat and GOP voices, Leadership, Freshmen, and vulnerable Democrats.

The field campaign is mobilizing local employers, small businesses, labor advocates, and workers to engage members of Congress through earned and social media, voter intercepts of members of Congress and staff, social media posts by key third parties and advocates, and development of leave-behind materials in coordination with federal lobbying teams. In the coming months, the campaign will focus on securing meetings for stakeholders with members of Congress and their staff, as well as community events to educate the media, the public, and other key audiences on the importance of employer-provided coverage and advance our efforts to build Congressional champions.

## Building on the Affordable Care Act for Affordability and Access

AHIP continues to advocate for policies to maintain and expand access to affordable, quality coverage through the Affordable Care Act's (ACA) marketplaces. AHIP's Better Care America campaign is mobilizing grassroots advocates in support of making ACA subsidies permanent. Grassroots advocates are contacting 47 Democrat Congressional offices through email, in addition to paid constituent phone calls into the offices of Senators Manchin and Sinema. To date, the campaign has driven over **24,800 emails** and **750 calls into target offices.** In early June, BCA launched field teams in West Virginia to deliver local earned media, third-party outreach, and direct intercepts targeting Sen. Manchin. The campaign will continue as Congress considers the upcoming reconciliation legislation.

> **"Americans have real choices and real control in the care, coverage, and protection they receive through work. By building on the strength, stability, and success of employer-provided coverage, we can ensure that more Americans have access to the affordable, high-quality care they deserve."**
>
> **Jeanette Thornton,** AHIP Senior Vice President of Product, Employer, and Commercial Policy, April 2022

In April, AHIP released updated research from Avalere Health estimating the premium impact if ARPA subsidies are not extended beyond 2022 for the average American, and for people in Phoenix, AZ; Arapahoe County, CO; Broward County, FL; Atlanta, GA; New Hampshire; New Jersey; Las Vegas, NV; Cleveland, OH; Philadelphia, PA; and Charleston, WV. These data were accompanied by results from a new poll conducted by Morning Consult on behalf of BCA showing voter perspectives on ARPA subsidies. Together with other provider and hospital stakeholders, AHIP signed on to a letter to House and Senate leaders urging permanent extension through budget reconciliation.

We continue to closely monitor activities in the states to implement novel waivers and program designs in their individual and small group markets. AHIP submitted comments to CMS opposing Colorado's 1332 waiver amendment request, including an external legal brief and new actuarial analysis released by the Partnership for America's Health Care Future (PAHCF), which would jeopardize affordability and coverage if approved. In a letter to CMS regarding Maine's 1332 waiver amendment request, we pushed back on a recently adopted federal framework for reviewing waiver amendment applications, which could have negative impacts across states and for federal spending. Our strong advocacy as well as strong partnerships with local businesses led single-payer supporters to abandon a universal-care ballot initiative this fall.

> **"Patients deserve to be protected from surprise medical bills sent by hospitals, out-of-network doctors, and other care providers, and to get more choices and lower costs by having more providers choose to participate in networks. AHIP continues to stand with consumers to defend the No Surprises Act and its rules in the wake of multiple lawsuits from providers who are suing the Biden Administration to gut these important patient protections. We should all be working together for the financial stability of all Americans."**
>
> **Matt Eyles,** AHIP President and CEO, April 2022

## Defending the *No Surprises Act* for Patients and Consumers

AHIP has led the industry's efforts to end surprise billing since 2019. Through the Coalition Against Surprise Medical Billing (CASMB), we engaged Congressional leaders as they developed and then passed the *No Surprises Act* (NSA) and worked closely with the Administration as they developed and implemented rulemaking.

CASMB executed a paid "thank you" campaign targeting Sen. Murray (D-WA), Rep. Pallone (D-NJ-6), Rep. Scott (D-VA-3) and Rep. Foxx (R-NC-5) for championing the NSA, which delivered **33.6 million impressions** and nearly **27,000 clicks** across target states, and included full-page print ads in several local newspapers thanking target lawmakers. CASMB and its partner organizations have activated to ensure the protections included in the law remain in place, including:

- Ongoing discussions with key committees and Congressional offices.
- Organized a policymaker briefing for Hill, Administration, press, and stakeholder audiences.
- Delivered a coalition letter to the Biden Administration, and helped coordinate a letter from 10 employer groups to the Administration.
- Helped secure a bipartisan op-ed by Chairman Scott and Ranking Member Foxx of the House Education and Labor Committee.

- Executed a national media tour featuring CASMB allies and surprise billing experts from U.S. PIRG and Georgetown University Center on Health Insurance Reforms, resulting in 24 total interviews reaching an audience of over **46 million.**
- Promoted AHIP and BCBSA research demonstrating the impact of the NSA in preventing over 2 million surprise bills from January through February 2022, including an upcoming policymaker briefing.
- Executed a 4-week paid advertising campaign among Beltway audiences ahead of the release of the final rule, serving over **17.4 million impressions** and **24,000 clicks.**

The AHIP-BCBSA analysis also found that should this trend hold, more than 12 million surprise bills will be avoided in 2022. The research was spotlighted in several publications, including Axios, *Modern Healthcare*, *Healthcare Finance News*, and *Becker's Hospital Review*.

So far this year AHIP has defended the favorable October 2021 interim final rules that have since been challenged in at least 7 federal lawsuits by providers, hospitals, and air ambulance operators. This has included preparation and submission of *amicus curiae* briefs from AHIP and coalition members, and meeting with Administration officials to urge the Administration to retain pro-consumer and cost-reducing approaches in new final rules.

Additionally, the Independent Dispute Resolution process opened in April 2022 and AHIP has been sharing recommendations with the Administration to improve their operation, as well as keeping AHIP members informed on development of the surprise billing dispute procedures.

## Promoting Affordable and Convenient Access to Telehealth Services

AHIP released new data as part of its Coverage@Work campaign demonstrating the overwhelming response of health insurance providers to expand affordable access to telehealth and virtual care services. These services follow the enactment of a temporary safe harbor for telehealth services offered through consumer-directed health plans (those that can be paired with a Health Savings Account). The data highlighted how important it is to extend the temporary safe harbor and how health insurance providers stepped up during the COVID-19 pandemic to meet health care needs, including that the majority of telehealth appointments were for mental health support.

## Advocated for Access to High-Quality Supplemental Coverage

AHIP continued to educate policymakers and the public on the value that supplemental coverage provides. To inform our advocacy, AHIP released an updated consumer satisfaction survey for supplemental health plans (hospital and other fixed indemnity, accident only, and specified disease). AHIP will continue to represent the industry as the National Association of Insurance Commissioners (NAIC) debates changes to model regulations for Supplemental Products.

**"President Biden and leaders in Congress have made fighting consolidation a priority across industries, and our Healthier People through Healthier Markets roadmap offers specific, concrete actions that can and should be taken at both the federal and state levels to reduce prices and costs by improving competition through smart health policy and increase affordability and access."**

**Matt Eyles**, AHIP President and CEO, May 2022

**"Affordable coverage is key to improving access to high-quality health care. And through enhanced premium assistance provided through ARPA, affordable coverage is a reality for millions more Americans and their families. American voters clearly see this as an important priority and why it's critical to help keep more Americans covered by making ARPA tax credits permanent."**

**Matt Eyles,** AHIP President and CEO, April 2022

AHIP has educated members of Congress and their staffs on the value of supplemental plans, how plans are structured, and plans' high consumer satisfaction rates.

As states debate the need for a dental loss ratio requirement, AHIP submitted an amicus brief in support of a lawsuit in Massachusetts to invalidate a proposed ballot initiative that would ask Massachusetts voters to put a minimum loss ratio requirement of 83% for dental plans in place along with a significant change in corporate financial reporting requirements. A decision is expected in June. Coalition efforts in Maine resulted in the state legislature adopting a dental loss ratio reporting requirement in lieu of a fixed minimum loss ratio requirement.

AHIP successfully advocated for the introduction the of the Long-Term Care Affordability Act in the House and its Senate re-introduction. The bills would allow individuals to withdraw funds from their 401k, 403b, and IRAs to pay for long-term care insurance. AHIP led industry efforts to advocate for the NAIC adoption of the Long-Term Care Insurance Multistate Actuarial Review Framework, which will help address state inequities in approving long-term care insurance rate review requests.

## Next Steps

- **Build congressional champions who advocate for employer-provided coverage** and take action to strengthen group coverage.
- **Advance pro-consumer final rules to implement the *No Surprises Act,*** defend the law in court when called upon, and protect against harmful or inflationary surprise billing laws at the state level.
- **Submit comments supporting the Administration's proposed approach to fix the family glitch** in a manner that promotes stability and affordability in both the employer and individual markets.
- **Release updated consumer satisfaction survey** for vision plans.
- **C@W will release new polling** ahead of the August recess to demonstrate satisfaction with employer-provided coverage and the many ways it supports members, in addition to continuing to promote all new C@W resources and research on AHIP social channels.
- **Secure expansion of ARPA tax credits** to ensure Americans can continue to access enhanced subsidies to make coverage more affordable.
- **Promote proactive policy proposals** through the Healthier People through Healthier Markets initiative and the Alliance to Fight for Health Care.
- **Fix the ACA's family glitch** so more Americans are eligible for affordable, quality coverage.
- **Continue to drive positive outcomes implementing the *No Surprises Act*** with our coalition partners.
- **Work with state and federal partners to ensure policies and systems are in place** to transition people to marketplace coverage if they lose Medicaid at the end of the public health emergency.
- **Urge passage of a permanent safe harbor for telehealth services** in Consumer-Directed Health Plans.
- **Urge passage of legislation to build upon the IRS Guidance on preventive care** and work with the Administration to ensure support for value-based benefit design.
- **Advocate at the federal and state level in support of supplemental health insurance products** that provide financial health and wellness for consumers.

# Prescription Drug Prices and Pharmacy Issues

**AHIP continues to drive policy solutions that lower drug prices and provide patients with access to affordable, life-saving medications. New challenges from manufacturers and allied groups, along with emerging issues, such as changes to the federal Public Health Emergency (PHE) declaration's status, continue to impact prescription drug pricing. AHIP is actively engaging with state governments and their regulators, the Administration, and Congress on coverage of prescription drugs.**

## Key Accomplishments

- Advocated for and secured finalization of a CMS National Coverage Determination (NCD) on Monoclonal Antibodies for the Treatment of Alzheimer's Disease (Aduhelm) that balances patient safety and access with the need to conduct additional clinical studies before potentially broadening access for the greater Medicare population.
- Submitted a comment letter on the Federal Trade Commission's (FTC) Request for Information (RFI) on the "Business Practices of Pharmacy Benefit Managers and Their Impact on Independent Pharmacies and Consumers."
- Released research on hospital and physician practice markups of specialty drugs.
- Defeated numerous state legislative initiatives to limit insurance provider tools to manage prescription drug benefits, including bans on copay accumulators, restrictions on use of white/brown bagging for specialty drugs, and point-of-sale (POS) rebate mandates.
- Launched a 5-month, 7-figure digital ad campaign through the Campaign for Sustainable Rx Pricing (CSRxP) drawing attention to Big Pharma's anti-competitive pricing practices.
- Filed an amicus brief in *Pfizer v. HHS* emphasizing that pharmaceutical manufacturer assistance programs would increase Medicare and Medicaid program costs and lead to higher premiums. AHIP supports the government's view that "corruption" is not required to trigger the anti-kickback statute.

## Federal Engagement

The Centers for Medicare & Medicaid Services (CMS) finalized a National Coverage Determination (NCD) on April 7 providing the conditions under which Medicare would cover monoclonal antibody treatments such as Aduhelm for enrollees. AHIP had been actively engaged with senior CMS staff in advocating for a policy of coverage with evidence development (CED). We advocated for a CED reflecting the lack of sufficient clinical evidence necessary to justify Medicare providing broad access to this class of drugs along with a need to balance patient safety while allowing for continued study. The final NCD adopted a CED policy that limits coverage only for enrollees participating in CMS-approved clinical trials.

After the House of Representatives announced a vote on legislation to cap insulin copays (H.R.6833, the Affordable Insulin Now Act), AHIP worked quickly and closely with Congressional committees and leadership to outline how the bill did nothing to bring down the cost of insulin. Instead, the legislation would continue to empower Big Pharma to raise insulin prices.

AHIP's work was instrumental in ensuring the legislation did not garner significant bipartisan support, slowing its momentum in the Senate. AHIP continues to engage with Senate leaders and offices on their insulin legislation and will continue to advocate to hold Big Pharma accountable for its unsustainable increase in insulin costs.

AHIP also submitted a response to the Federal Trade Commission's (FTC) Request for Information (RFI) on the business practices of Pharmacy Benefit Managers (PBM) and their impact on drug prices, pharmacies, and patients. AHIP's comments described the critical role PBMs play in working with health insurance providers as patients' and payers' bargaining power in negotiating for lower prescription drug prices with manufacturers and greater value from pharmacy providers.

Additionally, AHIP continues to engage with policy makers at multiple agencies to educate them on the role copay coupons play in allowing Big Pharma to continue price gouge patients.

## Research Uncovers How Hospitals Charge Double for Drugs

AHIP released original research in February on markups of physician-administered prescription drug prices by hospitals and other providers to counter state legislative initiatives restricting white/brown bagging practices. For example, AHIP found that for the 10 most prescribed physician-administered drugs, hospitals—on average—mark up prices for patients and insurance providers by 108%, while physician offices will charge approximately 22% more for these same drugs over what specialty pharmacies charge. This research generated positive press coverage by highlighting how specialty pharmacies, PBMs, and health insurance providers have used delivery of these specialty medications to providers or patients to reduce their costs and expand access to coverage.

## CSRxP

The Campaign for Sustainable Rx Pricing (CSRxP) launched a 5-month, 7-figure digital ad campaign in April targeted at Capitol Hill and health care influencers within the Beltway. Advertising is drawing attention to Big Pharma's egregious pricing practices, promoting market-based legislative solutions to hold drugmakers accountable, and discrediting Big Pharma's blame game messaging.

Beltway ad placements have served over 11.6 million impressions, and reached over 97,300 target DC influencers to date. CSRxP also sponsored Politico Rx Pulse, garnering 533 in-newsletter clicks (out-performing Politico's benchmark of 130 clicks), and nearly 31,000 impressions.

At the state level, CSRxP is advertising around key state legislative sessions to drive messaging on Big Pharma's bad behavior. To date CSRxP has executed campaigns in Arizona, Colorado, Georgia, Oklahoma, New York, and North Carolina.

In the first half of the year, CSRxP continued to advocate for lowering drug prices and holding Big Pharma accountable by elevating new polling and educational resources exposing Big Pharma's anti-competitive practices, as well as supporting Congressional and Administration actions to increase momentum for market-based solutions. CSRxP will continue to urge Congress and the Administration to hold pharmaceutical companies accountable for out-of-control drug pricing through lobbying, earned and paid media, and research efforts.


CSRxP Campaign Video: 'Long Enough'

### CSRxP DIGITAL AD CAMPAIGN

CSRxP's Beltway ad placements have served over 11.6 million impressions, and reached over 97,300 target DC influencers to date.

**"Health insurance providers are developing solutions to improve affordability while protecting patient safety and access. The data are clear, specialty pharmacies lower patient costs by preventing hospitals and physicians from charging patients, families, and employers excessively high prices to buy and store specialty medicines themselves. Secure, direct delivery is a safe and smart competitive alternative that improves affordability and access for everyone"**

**Matt Eyles,** AHIP President and CEO, February 2022

**"Everyone should be able to get the medications they need at a cost they can afford. When drug prices are out of control, hardworking families feel the consequences every day. Health insurance providers and pharmacy benefit managers are Americans' bargaining power, negotiating savings for millions of patients every day."**

**Matt Eyles,** AHIP President and CEO, May 2022

## Legal Updates

In April, AHIP filed an amicus brief in the Second Circuit in support of HHS in *Pfizer v. HHS*. The matter involves Pfizer's attempt to avoid the application of the anti-kickback statute to a program that it would control, and which would provide financial assistance only to patients using particular Pfizer drugs. Pfizer argues that its intent to "induce" usage of the drugs must be "improper" or "corrupting" for the program to violate the anti-kickback statute and that it lacks such improper intent. HHS and the district court disagreed with Pfizer, and Pfizer appealed to the Second Circuit.

AHIP's brief explains that imposing an extratextual "corruption" element on the anti-kickback statute will increase Medicare and Medicaid program costs and lead to higher premiums. The brief looks to the experience of the commercial market (where the statute does not apply) to show that such drug manufacturer-directed programs benefit manufacturers with higher sales, but burden consumers with higher prices. The statute's prohibition on inducement protects federal health programs from such harms, while permitting ample room for manufacturers to take steps to help consumers. For example, manufacturers could provide donations to bona fide charities that assist patients independently of drug manufacturer direction or they could reduce the high prices of drugs such as the ones involved in this case. Oral argument was held on May 25, and we now await a decision by the Second Circuit.

## State Updates

AHIP continues to engage extensively on prescription drug issues in the states. State policymakers continue to advance similar anti-PBM legislation that have been seen across the nation in recent years. In many states, legislators continue to extend those PBM restrictions to ERISA plans, sometimes beyond what was permitted in *Rutledge v PCMA*. Some state regulators are aggressively attempting to expand their authority to regulate ERISA plans, even beyond just PBM regulations. AHIP continues to provide legal expertise to fight against this type of expansion.

The hospital industry continues to aggressively advance proposals to prohibit health insurance providers' use of specialty pharmacies to directly deliver prescription medicines to providers and patients (white and brown bagging). AHIP created new advocacy tools to highlight those markups and to push back on the patient safety claims from the hospitals. AHIP has helped stop harmful bans on white and brown bagging in 7 states (FL, IN, KY, MN, NE, WV, WI) so far in 2022 and continues to engage in 6 other states still in session (AZ, CA, IL, NY, OH, OK).

AHIP continues to engage on legislation to ban or limit copay coupon accumulator programs. AHIP successfully stopped harmful legislation in 5 states (FL, MS, NE, UT, WI) and continues to fight these bills in 9 states (DC, DE, IL, LA, MI, NY, OH, PA, SC). Bills limiting copay coupon accumulator

programs passed in 3 states (ME, VT, WA). AHIP also participated in a discussion with and submitted to the National Association of Insurance Commissioners (NAIC) regarding copay accumulator programs and consumer-directed health plans with a health savings account (HSA). AHIP urged the NAIC to engage with the tri-agencies (IRS, DOL, and HHS) to request additional clarification regarding HSA plan implications when states require third-party payments to count towards a patient's deductible.

AHIP has seen growing efforts by the pharmaceutical industry to require health plans and PBMs to share rebates with patients at the point of sale (POS). Working with our state trade partners, AHIP was able to significantly improve a POS rebate mandate bill in Colorado. AHIP worked to stop harmful POS rebate bills in 7 states (CA, GA, IN, KY, MN, NE, WA) and continues to fight them in New York and South Carolina

## Next Steps

- Continue efforts to **make Administration staff, Members of Congress and their staffs aware of how variations of price setting policies fail to address drug prices themselves,** while also increasing premiums that impact broader public access to drug coverage.
- **Oppose harmful state legislative initiatives targeting the ability of plan sponsors, health insurance providers, and PBMs to utilize proven tools that reduce drug costs for patients and payers**—including threats to white/brown bagging, copay coupon accumulators, prior authorization, and other management tools.
- Support, via participation as Amici, legal positions that **protect or enhance plan authority to develop and use innovative tools that improve access to, and the affordability of, prescription drugs for patients.**
- Continue to **identify and pursue opportunities to conduct research highlighting abusive pricing practices** by manufacturers and other stakeholders in the drug supply chain, and the potential negative impacts of benefit mandates and other legislative/regulatory proposals impinging use of proven utilization management tools to lower drug prices without sacrificing patient access or quality of care.

**"Americans deserve access to prescription drugs that are safe and effective, and we applaud CMS for putting patients first in their proposed coverage policy for monoclonal antibodies for treating patients with Alzheimer's. We agree with CMS that there is a need to obtain more clinical data on efficacy, which will be essential to ensuring these new medications deliver real value to patients before broadening access. We look forward to commenting in greater detail during the comment period."**

**Matt Eyles,** AHIP President and CEO, January 2022

# Care Delivery & Innovation

**AHIP advocates for high-quality, equitable, and affordable health care for every American and has created and supported innovative programs to increase health care access and coverage. We continue to advance data interoperability efforts guided by strong privacy and security protections.**

## Key Accomplishments

- Released priorities and a roadmap for protecting privacy and security of consumer health information.
- Launched a working group with the Consumer Technology Association and the American Telemedicine Association to convene key stakeholders to determine best practices and necessary standards for the continued advancement and proliferation of telehealth.
- Conducted informal outreach and gathered member feedback to solidify industry positioning on contraception coverage for advocacy efforts and response to increased federal/media attention.
- Finalized improved demographic data standards for race, ethnicity, language, disability status, sexual orientation, gender identity, veteran status, and spiritual beliefs to foster alignment across federal, state, and credentialing efforts and to facilitate health insurance providers' collection of data to better identify and act on disparities.
- Created SDOH collaboration opportunities with National Association of Medicaid Directors (NAMD) and Medicaid agencies to advance shared goals and address common challenges.
- Advocated for essential women's health issues, including a public affairs campaign through International Women's Month and the publishing of an issue brief offering solutions to improve maternity care through value-based payment models.

## Protecting Privacy and Security of Consumer Health Information

AHIP's Board of Directors and Chief Medical Officers released core guiding priorities and a detailed roadmap to further protect the privacy, confidentiality, and cybersecurity of consumer health information. These priorities reaffirm that commitment while offering a path forward for legislators and regulators to keep Americans' health data secure and provide them with actionable health information.

The AHIP Board of Directors released the following set of core guiding priorities for helping secure vital patient data:

- Every person should have access to their data and be able to easily know how their health information may be shared. Consumers should be informed in a way that is clear, concise, and easy to understand about how to access their personal health information and how it could be used and disclosed. Health insurance providers should seek new solutions to provide consumers with more options about how their information is shared.
- Personal health information should be protected no matter who holds the data. As health and health-related data become more interoperable, entities that collect, use, store, or disclose consumer health information should be required to comply with HIPAA or new HIPAA-like protection requirements.

- Demographic data should be leveraged to improve health equity and outcomes. Demographic data such as race, ethnicity, religion, sexual orientation, gender identity, and disability status should be used to promote individual and public health initiatives, including addressing health disparities. Demographic data should not be used to discriminate against any individual or group of individuals.
- Entities offering digital tools should be required to embed consumer privacy and security protections within those tools. Defining a federal approach for privacy and security can help ensure consistent protection of health information in a variety of situations and avoid a patchwork approach that results in gaps and vulnerability.
- The commercial sale of identifiable health information should be prohibited without the agreement of the individual. Identifiable data cannot be sold under HIPAA. Digital tools not subject to HIPAA should be subject to similar robust privacy law ensuring a consumer's identifiable data cannot be sold without express consent beyond the initial "click box" terms and conditions.

The new platform was widely covered by analysts and news outlets, including an extensive feature in STAT News.

**"America's Health Insurance Plans — whose members include heavyweights like Anthem and Humana — is calling on Congress to expand its privacy oversight, including by extending the patient data privacy law HIPAA or by enacting rigorous privacy restrictions beyond just insurers, providers, and business partners to any third-party groups that collect, use or store consumers' health data."**

**Mohana Ravindranath,** STAT News, February 2022

## Value-Based Care and Delivery System Transformation

AHIP continues to engage with CMS' Innovation Center on value-based payment reform and alternative payment models (APM) through educational events and leading dialogue about improvements to payer models.

This includes working with the Blue Cross Blue Shield Association to partner with the Innovation Center through its Learning & Action Network (LAN) on an annual survey to gauge APM adoption. This effort allows AHIP to showcase members' continuing progress in payment reform. The 2021 Measurement Effort, which measures 2019 and 2020 APM adoption due to the pandemic, showed increasing participation in APMs: In 2019, 38.2% of health care payments, which represented 72.5% of covered lives, flowed through an APM; in 2020, these percentages grew: 40.9% of health care payments, representing 80.2% of covered lives, flowed through an APM, showing increasing adoption despite the pandemic.

Moreover, Medicare Advantage (MA) plans continued to outpace original Medicare in dollars flowing through APMs: More than half (58%) of health care payments from MA plans were tied to APMs in 2020, compared to 42.8% in original Medicare. Commercial adoption of APMs also showed promising progress; adoption increased from 30.1% of payments in 2018 to 35.5% in 2020.

AHIP produced an issue brief highlighting recommendations on how value-based payment reform can improve maternal health outcomes, enhance quality care, and increase affordability. This work highlighted examples from member plans, showcasing promising results from existing initiatives and offering solutions for how to continue and expand on this work going forward.


AHIP ISSUE BRIEF

Opportunities to Improve Maternal Health Through Value-Based Payments: Recommendations on how value-based payment reform can improve maternal health outcomes, enhance quality care, and increase affordability.

## Reducing the Burden of Quality Measurement

Improving the quality of care and how it is measured is essential to the success of value-based care. The Core Quality Measures Collaborative (CQMC), a partnership between AHIP and CMS, continued its work to promote quality measurement alignment across public and private payers. Together, we are reducing the burden of measurement and providing stakeholders with actionable information about health care provider performance.

The CQMC reviewed 9 of its core measures sets and updated 5 of the sets. The updates include both the addition of new measures, such as outcomes measures that are patient-focused, and the removal of measures that are no longer supported by evidence or have meaningful opportunities to improve performance. The CQMC also launched a new workgroup focused on health equity. The CQMC Health Equity workgroup will provide guidance to the CQMC on measures that should be prioritized for stratification, health equity measures that could be added to the core measure sets, and concepts for future health equity measures.

As a companion to the 2022 LAN Measurement Effort, AHIP launched a survey of public and private payers to better understand quality measure use and the utility of the measures in the CQMC core measure sets. Through both surveys, we are hoping to have a fuller picture of the adoption of value-based care models and the performance measures used to support these models.

**"It is essential that every American is confident that their personal health information is private and protected – no matter who holds it. Health insurance providers have long been committed to instituting privacy and cybersecurity practices to protect every individual's personal health information – from employer-provided coverage to the individual market, from Medicare Advantage to Medicaid managed care.**

**As new technologies emerge and the health care system continues to evolve, these priorities reaffirm AHIP's and our members' commitment to enhancing patients' access to actionable health information while keeping their personal data secure. And by following the roadmap laid out by our industry's leading experts, we believe that legislators and regulators can help give Americans the peace of mind they deserve."**

**Matt Eyles,** AHIP President and CEO, February 2022

## Advancing Interoperability and Information Flow

Health insurance providers recognize that data and technology are essential to ensure that Americans and their doctors have the information they need to make informed health care decisions. To improve interoperability policies and protect consumer privacy, AHIP submitted a letter to CMS outlining an alternative vision for the payer-to-payer data exchange requirements. This vision ensures feasible implementation of the policies, promotes seamless transitions between payers for members, and confirms that data comes from the source of truth: health insurance providers for data on costs and claims, and health care providers for information on clinical care.

AHIP also responded to several comment opportunities to improve interoperability policies. First, AHIP responded to a request for information from the Office of the National Coordination for HIT on electronic prior authorization (ePA) standards for the Certified Electronic Health Record Technology (CEHRT) Program. AHIP's response emphasized the value of prior authorization to promote timely, evidence-based, affordable, and efficient care, and the potential of ePA to streamline the prior authorization process. However, to fully realize the potential of ePA, AHIP said ONC should work closely with CMS to implement parallel requirements for electronic health record vendors and health care providers.

AHIP also provided comments focused on the Health Insurance Information data class in response to the draft United States Core Data for Interoperability (USCDI). AHIP comments emphasized protecting consumer privacy, preventing the disclosure of confidentially negotiated rates, and ensuring consumers receive data from accurate sources.

## Addressing Social Barriers to Better Health and Promoting Health Equity

AHIP continues to highlight the value of health insurance providers in addressing social determinants of health (SDOH) and advancing health equity. AHIP has developed a strategy to identify Senate co-leads and additional congressional support for H.R. 4074 (*Improving SDOH in Medicare Advantage Act*) that would give more flexibility to MA plans to offer supplemental benefits to low-income enrollees. AHIP has also worked with members and key policymakers to finalize a bill that would provide more sustained funding for Medicaid managed care organizations to address SDOH and would allow health plans to count medically related social services as medical expenses in the numerator of the MLR. AHIP is seeking congressional support for the introduction of this bill.

AHIP has submitted numerous public comments to inform the health equity and SDOH strategies of several policymaking and credentialing organizations, ranging from Department of Health and Human Services (HHS), CMS, the CDC's ICD-10 Committee, and the Congressional GOP Healthy Futures Task Force.

After a successful meeting with the National Association of Medicaid Directors (NAMD) and several Medicaid Directors, AHIP has outlined and vetted with members a list of priority areas of collaboration to advance and sustain SDOH efforts within Medicaid. AHIP will meet with NAMD and Medicaid Directors to advance these opportunities to address shared goals and common challenges.

AHIP also recently joined the Partnership to Align Social Care, a coalition led by the Administration for Community Living to enhance cross-sector collaboration between health insurance providers and community-based organizations to more effectively and efficiently address SDOH.

AHIP's Health Equity Workgroup has finalized demographic data standards for race, ethnicity, language, disability status, sexual orientation, gender identity, veteran status, and spiritual beliefs to facilitate health insurance providers' collection of data to better identify and act on disparities. AHIP will engage additional stakeholders and coalitions to more widely vet and gather buy-in for these improved data standards. AHIP will advocate for the use of these standards to foster alignment across federal, state, and credentialing efforts.

AHIP's Health Equity Measurement Workgroup continues to work on recommended health equity measures for implementation in value-based care arrangement. The Workgroup has developed a conceptual framework and measure selection principles, and it has selected measures to prioritize in 6 out of 7 domains. This work should conclude later this year.

## Advancing Women's Health

AHIP published an issue brief focused on opportunities to improve maternal health through value-based payment models. The brief determined that value-based care programs can improve health outcomes for those who are pregnant, advance health equity, and lower health care costs.

New forms of contraception coming to market have raised questions about whether health insurance providers will cover them with no cost sharing to the patient. The leaked draft opinion from the Supreme Court related to *Roe v. Wade* has further inflamed interest in access to contraception access.

AHIP continues to provide fact-based responses to press questions about coverage for contraception options, and we continue to monitor the environment on other related health issues.

## Next Steps

- **Continue to educate awareness on consumer privacy matters** related to health IT and apps, and engage on policy conversations to protect patients' and consumers' private health information.
- **Develop recommendations for the Innovation Center** to better support multi-payer alignment of provider alternative care models as well as to test more plans models.
- Publish an issue brief discussing how **value-based payment can improve and better integrate behavioral health** to promote whole person health.
- **Hold roundtable events** to seek consensus on additional areas of best practices for alignment across APMs.
- Build coalition of diverse stakeholders to **vet and gather buy-in on improved demographic data standards** to help with advocacy efforts.

AHIP CAMPAIGN

### International Women's Day

International Women's Day is a global celebration of the social, economic, cultural, and political achievements of women. It's also our moment to recognize the resources every woman needs to stay healthy. We spoke with women who are prominent leaders and changemakers in health care to learn how they see unique challenges in women's health — and how we can continue creating lasting improvements.

# Value of Health Insurance Providers

**Every American deserves affordable coverage and high-quality care—especially as our nation continues to battle the COVID-19 crisis. Every day, we're engaging policymakers and the public, and working together with doctors, nurses, hospitals, and other industry leaders to make health care more affordable, protect people with pre-existing conditions, and strengthen benefits.**

## Key Accomplishments

- Released a comprehensive roadmap of 10 specific solutions to improve health care affordability and access for every American by improving competition in non-competitive health care markets.
- Launched and continue to drive a sustained campaign promoting the work health insurance providers are doing to provide members with access to mental health support.
- Launched an industry working group to explore ways to further the proliferation of telehealth and continued to advocate the Administration for permanent telehealth flexibilities.
- Highlighted positive actions by AHIP members to advance health equity.
- Launched a state-by-state book examining employer-provided health coverage.

## Launch of Healthier People through Healthier Markets

AHIP launched Healthier People through Healthier Markets, a new policy roadmap and set of solutions to improve health care affordability and access for every American. The effort is focused on boosting competition in health care markets and reining in harmful anti-competitive practices that hurt American families.

With the launch of this policy roadmap, AHIP sent letters to President Biden and the leadership of Congress that lay out a detailed set of legislative and regulatory enforcement actions to increase competition in health care, drive down costs, and improve health care access for patients.

**"The status quo is unaffordable for American families and businesses, and that is why we're putting forward meaningful solutions that will promote greater competition and access while improving affordability. President Biden and leaders in Congress have made fighting consolidation a priority across industries, and our Healthier People through Healthier Markets roadmap offers specific, concrete actions that can and should be taken at both the federal and state levels to reduce prices and costs by improving competition through smart health policy and increase affordability and access."**

**Matt Eyles,** AHIP President and CEO, May 2022

**AHIP's solutions are designed to improve competition in 10 key areas:**

- Support consumer-centric expansion of home-based advanced care through value-based care and payment models – an alternative that can offer patients better, more convenient, and more affordable care outside of the hospital.
- Bring much-needed transparency to private equity firms' monopoly power in air ambulance, emergency, and certain specialty services that often provide services on a fee-for-service basis.
- Advance site-neutral payments to defend consumers against having to pay more for the same services depending on the site of care.
- Support patients' choice of telehealth, when clinically appropriate, as a less costly and more convenient method of care, by removing government impediments, modernizing network adequacy regulations, and guarding against regulatory structures that reduce telehealth's competitive benefits.
- Address the harms caused by the dialysis duopoly by preventing its further expansion, removing barriers to care alternatives that are better for patients, and curbing the use of charitable structures that redirect resources to fortify the duopoly.
- Stop consolidated health systems from using their monopoly position to stifle negotiation and innovation through the use of all-or-nothing, anti-tiering, and other take-it-or-leave-it contract terms.
- Accelerate the availability of prescription drug biosimilars to ensure that the pace of access matches the pace of innovation.
- Stop drug manufacturers from engaging in patent games that distort the system to maintain monopoly profits.
- Reform the system for provider-acquired drugs, which has resulted in ever-escalating prices for such drugs.
- Address the ways in which drug manufacturers have abused charitable structures to protect their monopolies, rather than help patients.

The launch was covered by news outlets that include Politico and Modern Healthcare, and it was widely noted among industry analysts and other leaders inside the Beltway.

## Improving Access to Mental Health Support

Health insurance providers have long recognized the importance of mental health support to good overall health. Growing mental health care needs during the COVID-19 pandemic – and an anticipated need for services post-pandemic – create an urgent need for a proactive mental health strategy among all stakeholders.

AHIP is undertaking a comprehensive strategic initiative to position the health insurance provider industry as a key partner in addressing America's mental health crisis. This effort entails working with health insurance provider leaders to accurately define the problems, identify the key elements of a conceptual policy model for a better mental health system, and articulate a clear policy vision for an improved system in which health insurance providers continue to be a proactive participant in delivering real solutions for enrollees.

AHIP sponsored a public opinion and messaging survey to understand how Americans perceive access, and what resonates most when it comes to accessing the mental health care they need and deserve. The results were very strong, with consumers recognizing the hard work health insurance providers are taking to help the people they serve. Those findings are informing AHIP's continuing advocacy and provide the framework for our messaging on improving mental health access for everyone. New survey findings were released in early June.

AHIP prioritized mental health coverage as part of AHIP's Coverage@Work initiative, releasing new claims analysis data and a report based on an AHIP member survey highlighting how many millions of people receive affordable, in-network mental health care through an employer-provided plan. A new poll conducted by Morning Consult on behalf of AHIP's Coverage@Work campaign demonstrates how voters perceive their access to mental health care through their employer-provided coverage. The vast majority who received mental health support – 88% – have been satisfied with the care they received – and more than three-quarters of those voters – 77% – said it was easy to find a mental health professional that was covered.

**"Health insurance providers are committed to working together to improve access to mental health support for every covered patient who needs it. We will continue to work with community leaders and government officials to improve mental health care access."**

**Matt Eyles,** AHIP President and CEO, May 2022

AHIP has also responded to numerous Congressional requests for information and testimony on the state of mental health for improving access, quality, and affordability. In addition, based on extensive interviews with members, AHIP produced an issue brief on mental health integration with primary care and the range of strategies being undertaken to promote primary care as a key access point for patients needing mental health support.

AHIP has joined a coalition led by the Groom Law Group that includes a number of insurance provider and employer trade association and individual companies working together to advocate for clearer guidance on mental health parity compliance documentation requirements.

AHIP submitted comments in support of the CDC draft Clinical Practice Guideline for Prescribing Opioids. These Practice Guidelines serve as an "update" to the 2016 Guideline for Prescribing Opioids for Chronic Pain, with new considerations for individualized treatment, team-based care, and non-clinical factors like social determinants of health and stigma-related issues. AHIP advocated in its comments for increased flexibility in provider-patient interactions, joint decision-making when establishing goals of pain management, and continued efforts to build the evidence base to enhance existing tools and inform future dosing and treatment options.

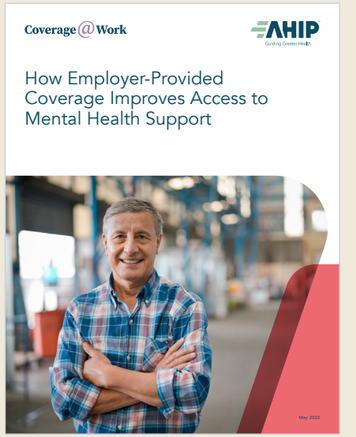
AHIP further promoted the role of health insurance providers through its presence at national conferences, both as a moderator and panelist, to exhibit industry leadership in helping coordinate and collaborate on appropriate pain care and access to appropriate treatments for those suffering from a substance use disorder.

AHIP submitted comments to the Centers for Disease Control and Prevention (CDC) in response to the Draft Clinical Practice Guideline for Prescribing Opioids, to further promote responsible prescribing of opioids and access to evidence-based treatment for those suffering from substance use disorders.

AHIP launched a campaign in May for Mental Health Awareness Month that included new content from AHIP's Coverage@Work, the Modern Medicaid Alliance (MMA), and the Coalition for Medicare Choices (CMC). Press coverage included stories in *Health Payer Intelligence*, *Bloomberg Law*, and *Insurance News Net*.

### SPOTLIGHT ON MENTAL HEALTH


AHIP: Integrating Behavioral Health and Primary Care: Better Care and Health for the Whole Person




Coverage@Work: How Employer-Provided Coverage Improves Access to Mental Health Support


AHIP Mental Health Month Social Graphics


CMC: Mental Health Month Testimonials

Spotlight blogs from MMA highlighted the work of health insurance providers in providing mental health support, while CMC updates spotlighted how members are accessing and benefiting from their mental health support.

AHIP has also continued to send weekly press alerts highlighting mental health support work from health insurance providers.

## Expanding and Improving Telehealth

AHIP launched a working group, in partnership with the Consumer Technology Association and the American Telemedicine Association, convening partners from across the health care and technology spectrum to identify best practices and key standards needed for the continued proliferation of telehealth. AHIP and partners launched this group to identify the lenses through which technology and standards should be developed in the medium-term future, with considerations for both the current climate and the possibility of long-term growth and potential. While the work group does include traditional partners of the insurance industry like telehealth providers and health systems, the group also incorporates groups that are invested in consumer technologies, including Google, Walmart, Phillips, and Samsung, among others.

AHIP also continued its advocacy for making permanent the telehealth flexibilities granted under the public health emergency. The Omnibus bill extended these flexibilities for 151 days, while granting more time to continue study of telehealth and the conditions under which it can best serve patients. AHIP will continue to work with lawmakers and other organizations to find permanent solutions beyond the public health emergency.

Additionally, AHIP submitted comments in response to the Notice of Benefit and Payment Parameters for 2023 in support of including telehealth in network adequacy calculations, as telehealth is undeniably part of the care delivery system, and signed on to a letter to the National Telecommunications and Information Administration in support of funding for broadband infrastructure programs to further expand access to telehealth.

## AHIP State of the Industry Event

Matt Eyles, AHIP President and CEO, led a discussion with AHIP experts about the state of the health insurance provider industry. Highlights included the policies we're watching in 2022, the challenges facing health care, and how health insurance providers are improving health care access and affordability for all Americans.

The annual event continues to draw a sizeable audience, with more than 120 viewers watched the event live, while xx more have watched it on demand. News outlets, including *Healthcare Finance News* and *Managed Healthcare Executive*, spotlighted it in their coverage, and the priorities established continue to set the tone as we continue through 2022.

Eyles also spoke at the University of Miami's Business of Health Care event, alongside speakers including Alex Azar, former HHS Secretary Alex Azar and Pat Geraghty, President and CEO of GuideWell and Florida Blue. The focus of his well-attended event was on innovations that are revolutionizing the health care field, including the expansion of telehealth and other interactive and transformative technologies.

## AHIP's Next Big Thing in Health Podcast

AHIP's Next Big Thing in Health podcast has started off strong in 2022 with several episodes, including a look at what to expect in 2022 with David Holmberg, AHIP Chair and Highmark Health CEO. Other episodes have featured Kim LaFontana, Senior Vice President of Strategic Growth at Teladoc Health, and Amanda Goltz, US Healthcare Lead, Worldwide Public Sector Healthcare Venture Capital and Startups at Amazon Web Services.

The podcast has had over 38,000 listens since 2019, and there has been growing demand from health industry thought leaders to be guests.

## Action in the States

AHIP continued to shape the narrative around the consequences of one-size-fits-all health care at both the national and state level, including as a founding member and active leader of the Partnership for America's Health Care Future (PAHCF).

On a national level, PAHCF released its latest edition of Voter Vitals, which showed the vast majority of voters – including Democrats – prefer for lawmakers to build on our current health care system rather than create the public option or open up Medicare to younger Americans. Most are unwilling to pay any more in taxes or health care costs to create a new government-controlled health insurance system.


AHIP's podcast "The Next Big Thing in Health" features Matt Eyles and former news anchor Laura Evans as they interview influential health care thought leaders. Recent guests include Amanda Goltz, US Healthcare Lead, Worldwide Public Sector Healthcare Venture Capital and Startups at Amazon Web Services. **To date, the podcast has been listened to over 38,000 times.**

Additionally ,PAHCF released a report by Tom Church and Daniel L. Heil, which found that expanding the Medicare eligibility age to 60 would likely lead to large cuts for health care providers, while simultaneously increasing federal deficits

PAHCF paid advertising in D.C. stressed the need for building on our current system and highlighting the findings from PACHF's recent report on the costs of Medicare at 60. Since launching, the two state campaigns have served more than 27 million impressions, resulting in more than 64,000 clicks.

At the state level, PAHCF Action engaged in Colorado, Connecticut, Illinois, Nevada, New Mexico, and Oregon. State level work included third party outreach, earned and paid media as well as state specific research.

Looking ahead, PAHCF will continue to drive the narrative with cost-based arguments that demonstrate building on America's current system is the best direction for health policy.To protect the successes of the *No Surprises Act*, AHIP defended against state public policy actions that would eliminate protections achieved under the *No Surprises Act*.

AHIP also deployed a multistate advocacy strategy, educating state policymakers, collaborating with key stakeholders, and providing legal expertise to maintain ERISA preemption of state law to ensure *Rutledge* is not expanded.

## Industry Achievements in Health Equity

AHIP continues to spotlight our members' commitment to diversity and achievements in excellence. Members were named to Fortune's 2022 100 Best Places to Work For as well as Becker's Hospital Review's list of 75 Black Health Care Leaders to Know, providing a clear indication of how health insurance providers are delivering in diversity, equity and inclusion.

The Fortune list included AHIP members Anthem, Blue Shield of California, and Mutual of Omaha, while the Becker's list included:

- Greg Adams, Chair and CEO of Kaiser Permanente
- Ruth Williams-Brinkley, President of Kaiser Foundation Health Plan of the Mid-Atlantic States
- Onyinye Enyia Daniel, PhD. Vice President of Data and Analytics Strategy and Partnerships at Highmark Health
- Margaret Larkins-Pettigrew, MD. Senior Vice President, Chief Clinical Diversity, Equity and Inclusion Officer at Allegheny Health Network

Eight AHIP members (Aflac, Blue Shield of California, Cambia Health Solutions, CareFirst, HCSC, Kaiser Permanente, Thrivent Financial, and UPMC) were also named to Ethisphere's 2022 list of the world's most ethical companies.

AHIP also spotlighted the work of health insurance providers to advance health equity. Examples included work to expand health and financial education, diversify the workforce, and reduce health care barriers.

## Next Steps

- **Continue to drive a robust advocacy agenda to improve competition** among providers and drug makers through the Healthier People through Healthier Markets campaign.
- Continue to represent the industry and **advocate for real solutions to improve mental health care access.**
- **With PAHCF, continue advocacy efforts at both the state and federal level** to promote the value of the private market over government-run insurance systems.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