America's Health Insurance Plans

They Serve Advocating for the Health Insurance Community and the Consumers They Serve

AHIP
From the halls of the United States Capitol to the corridors of state legislatures, from the headlines of national newspapers to the pages of peer-reviewed journals, from regulatory comment letters to amicus briefs in the United States Supreme Court, America’s Health Insurance Plans (AHIP) serves as a strong, unified voice for health plans leading the way to better health care and better value for consumers.

AHIP is the national trade association representing the health insurance community. Its members provide health and supplemental benefits through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid.

Led by its Board of Directors, AHIP is committed to driving the innovation needed to create a more affordable and sustainable health care system that allows every American to access the best possible care and live the healthiest possible life.

Leading Industry Issues at the Forefront of AHIP’s Advocacy Agenda:

- Expanding access to affordable health care coverage to all Americans through competitive marketplaces that foster choice, quality, and innovation
- Reducing the cost of care and improving value to ensure health care coverage is affordable for consumers and employers and sustainable for the country
- Reforming health care delivery to ensure patients receive the safest, highest-quality care
- Preserving and expanding private health plans’ vital role in serving low-income individuals, seniors, and people with disabilities through public programs
Advancing the Health Insurance Community’s Strategic Priorities

AHIP has a long and extensive track record of achieving results for its members. AHIP’s Board of Directors determines and approves the strategic framework that guides the association’s advocacy work. Board-approved strategic priorities include regulatory, legislative, and other advocacy goals that pertain to key issues affecting the health insurance community and the consumers it serves.

The vast majority of national companies, Blue Cross and Blue Shield plans, local and regional health plans, provider-sponsored health plans, life and health companies, and reinsurers rely on AHIP as the leading voice on our changing health care system, covering topics including delivery and payment reform, high-cost drugs, Medicare Advantage (MA), Medicaid, and provider networks.

Working in Partnership with Member Companies

AHIP builds strong, collaborative relationships with people throughout member organizations. On a daily basis, AHIP staff directly support the needs of members, providing information and resources that supplement and reinforce their work on timely and ongoing issues. AHIP plays an important role bringing together member companies and facilitating dialogues to advocate on shared interests.

At the same time that AHIP is meeting the day-to-day needs of its membership, the association is looking ahead to identify opportunities and challenges on the horizon—whether that means partnering with the Centers for Disease Control and Prevention and health plan medical directors to prevent type 2 diabetes or working with member companies’ operations staff to navigate emerging business markets.

Advocating for the Health Insurance Community in Washington and the States

Major legislative and regulatory activity relating to health care makes AHIP’s advocacy efforts more important than ever. AHIP represents health insurance plans and their consumers before policymakers and regulators in Washington, at the National Association of Insurance Commissioners, and in all 50 states. Leveraging relationships in the public and private sectors, AHIP raises awareness around critical issues facing health plans and advocates for policies that align with the strategic priorities set by the Board of Directors. AHIP has a PAC that supports candidates on both sides of the aisle who share a vision for an innovative, workable, and sustainable health care system.

Data and research are critical components of AHIP’s successful advocacy approach. AHIP produces and commissions studies and reports that help make a strong, data-driven case for the industry’s policy positions. For example, the Association conducted research demonstrating that the site of care—the setting in which health care services are delivered—has a significant impact on health care costs, and that price differentials between various settings were not associated with differences in patient morbidity rates.
The association coordinates closely with member companies, routinely brings other stakeholders to the table for critical policy discussions, and actively engages with coalitions and allies to achieve common objectives. AHIP supplements member companies’ advocacy efforts by providing best-in-class resources, including policy analysis, research, federal and state updates, and access to real-time state legislative and regulatory tracking.

Where Does Your Premium Dollar Go?
This infographic produced by AHIP illustrates where consumers’ premium dollars are spent.

Where Does Your Health Care Dollar Go?

Your premium—how much you pay for your health insurance coverage each month—helps cover the costs of the medications and care you receive. It also helps to improve health care quality and affordability for all Americans. Here is where your health care dollar really goes.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Cost (cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
<td>23.3%</td>
<td>23.3¢</td>
</tr>
<tr>
<td>Doctor Services</td>
<td>22.2%</td>
<td>22.2¢</td>
</tr>
<tr>
<td>Office &amp; Clinic Visits</td>
<td>20.2%</td>
<td>20.2¢</td>
</tr>
<tr>
<td>Hospital Stays</td>
<td>16.1%</td>
<td>16.1¢</td>
</tr>
<tr>
<td>Taxes</td>
<td>4.7%</td>
<td>4.7¢</td>
</tr>
<tr>
<td>Claims &amp; Special Investigations</td>
<td>1.8%</td>
<td>1.8¢</td>
</tr>
<tr>
<td>Customer Engagement</td>
<td>1.6%</td>
<td>1.6¢</td>
</tr>
<tr>
<td>Technology &amp; Analytics</td>
<td>1.6%</td>
<td>1.6¢</td>
</tr>
<tr>
<td>Administration</td>
<td>0.7%</td>
<td>0.7¢</td>
</tr>
<tr>
<td>Provider Management</td>
<td>0.5%</td>
<td>0.5¢</td>
</tr>
<tr>
<td>Net Profit</td>
<td>2.3%</td>
<td>2.3¢</td>
</tr>
</tbody>
</table>

Expenditure estimates above produced by AHIP. Distribution of spending among administrative categories and taxes, based on analysis by Milliman, Inc. Milliman’s analysis is available upon request.

AHIP provides consultation to member companies on how to communicate effectively, promoting consistency across the industry.
Developing and Analyzing Policy

AHIP is uniquely positioned to bring together diverse players in the industry and develop policy solutions that advance our members’ related interests. These efforts are led by an experienced and effective team that has a wide-ranging understanding of product and market issues and in-depth knowledge of the legislative and regulatory processes. AHIP applies expertise to a variety of markets and product lines, including: employer-sponsored coverage; the individual and small-group markets; public programs, such as Medicare and Medicaid; and specialized coverage, such as Medigap, dental, disability income insurance, long-term care, vision, and supplemental coverage.

Working with member companies, stakeholders, and think tanks, AHIP generates highly respected and technical policy analysis that supports the industry’s legislative and regulatory aims. Strong professional relationships with regulators at the federal and state levels allow AHIP to be an effective advocate for the health insurance community and its policy objectives. AHIP directly represents its members before the Administration and regulators, including the Office of Management and Budget, the Department of Health and Human Services, the Department of Labor, the Department of the Treasury, and the National Association of Insurance Commissioners.

Advancing a High-Quality, Affordable Health Care Delivery Model

Health plans are best able to advance changes to how care is delivered and financed. AHIP and its member companies are engaged in a wide variety of activities, programs, and research directed at improving public health, the quality of health care, and adding value for patients and employers. AHIP works closely with member companies’ chief medical officers, clinical staff, and operations professionals to promote health plans’ innovative programs that emphasize evidence-based care, prevention and population health, health care equity and patient safety, using health information technology, and delivery system and payment reform to drive improvement in patient outcomes and health status.

AHIP conducts quantitative and qualitative research and publishes credible, data-driven reports showing the effectiveness of health plans’ programs and bolstering AHIP’s advocacy and communications efforts. AHIP’s original research and data analysis have been featured in several highly-respected, peer-reviewed journals, such as Health Affairs, American Journal of Managed Care, American Journal of Accountable Care, and Inquiry.
Supporting the Industry in the Courts and in the Law-making Process

AHIP serves as the voice of the industry on key legal issues and files amicus briefs in major cases facing the U.S. Supreme Court and other appellate courts. Through legal and operational analysis of laws and regulations, AHIP offers guidance to the industry on emerging issues that impact health plans’ operations. AHIP’s strong legal expertise supports several other industry initiatives—such as preventing fraud and abuse—and provides compliance programming for members.

Providing Thought Leadership, Education, and Marketplace Solutions

AHIP draws together renowned industry experts, policymakers, academics, and thought leaders to discuss and dissect the challenges and opportunities facing the nation’s health care system. In-person programs held each year—including conferences, forums, and summits—offer member companies an opportunity to directly participate in substantive and timely discussions on policy, health plan operations, state issues, and public programs.

Throughout the year, AHIP offers scores of online educational courses focused on various business products and emerging issues that can be completed to achieve industry-recognized professional designations. In addition, access to a broad spectrum of webinars, white papers, and podcasts are available that showcase solutions and thought leadership on building a smart and sustainable health care system. AHIP offers a vast catalog of marketplace innovators that work with health plans to provide products and services that tackle some of the biggest challenges facing the modern-day health care system.

More than 700 health plan executives and chief medical officers have chosen to pursue advanced professional development through the AHIP Foundation Executive Leadership Program (ELP) and Executive Leadership Program for Medical Directors (ELP-MD). These year-long fellowship programs combine mentoring, coursework, conferences, and a week-long academic session at the Kellogg School of Management.

Stay Informed with the AHIP Coverage Blog

AHIP’s blog reports on the latest health care-related news impacting health plans, patients, employers, and the economy.

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Like us on Facebook

Follow @AHIPCoverage and check out AHIP on Facebook to connect with the latest health news and information in real time. Join in the conversation.
Leadership and Expertise

Led by President and CEO Matthew (Matt) Eyles, AHIP ensures that health plans have a prominent seat at the table on every major issue impacting the industry and the people it serves.

Long recognized as one of the most effective trade associations in Washington, AHIP is comprised of a dedicated and experienced staff. Across all levels of the organization, AHIP is distinguished by its roster of experts who possess broad and deep knowledge of the industry and the critical issues facing member health plans. Drawing on valuable, first-hand experience in advocacy, health policy, politics, and health plan operations, AHIP staff is regularly sought out for their perspective. Prior to joining AHIP, staff held previous roles as senior administration officials, influential Capitol Hill staff, regulatory and budget analysts, health plan executives, and senior political operatives.

Matt Eyles is President & Chief Executive Officer of America’s Health Insurance Plans (AHIP), where he leads the association toward fulfilling its mission and vision: expanding access to affordable health care coverage to all Americans, through a competitive marketplace that fosters choice, quality, and innovation.