Celebrating a Decade of Growth and Progress
2000-2010

Supporting Safety Net Health Plans
Working for Vulnerable Populations
ACAP’s first decade has been one of growth and accomplishments. Now representing 51 health plans in 25 states, the number of people served by ACAP-member plans has grown from one million in 2000 to more than seven million today.

The plans provide health coverage through public insurance programs, primarily Medicaid, Medicare, and the Children’s Health Insurance Program (CHIP). They deliver comprehensive, quality health services to low-income and vulnerable Americans who would otherwise be uninsured. ACAP plans serve as a safety net for those who fall through the gaps in a system that relies on employer-provided or privately purchased coverage.

How did it all begin? Escalating health care costs in the 1980s fueled a growth in managed care. Soon, community health centers began forming their own health plans to support their missions of caring for the underserved. In 2000, 17 of these plans created a new association, which soon expanded to represent other community-based plans that primarily served enrollees from public programs.

Today, ACAP plans remain deeply rooted in their communities. As mission-driven organizations, the plans focus on serving those who need help the most, giving the poorest and sickest citizens access to medical care.

For 10 years, ACAP has supported the work of Safety Net Health Plans and the people and communities they serve – promoting Medicaid health plans, programs that serve senior citizens eligible for both Medicaid and Medicare, and special programs for children and low-income families.

ACAP is a leading advocate for public health programs, working closely with lawmakers to craft and adopt legislative and regulatory reforms. It offers expertise and conducts groundbreaking studies to inform public policies. And it provides technical assistance to ACAP members as they continuously strive to improve the quality of care and their operational efficiency and effectiveness.

OUR MISSION

To represent and strengthen not-for-profit Safety Net Health Plans as they work in their communities to improve the health and well-being of vulnerable populations.

What a difference a decade makes. When the new century opened, health care reform had fallen off the national agenda. The future of Safety Net Health Plans was uncertain. And 17 community-based health plans had just come together to secure and promote an innovative way of delivering medical care to the underserved.

Ten years later, comprehensive health care reform is a reality. Safety Net Health Plans have expanded and are poised for further growth. And ACAP – the national association for non-profit Safety Net Health Plans – is firmly established, making a difference, and celebrating its 10th anniversary.
A young child gets a check-up and critical immunizations. An expectant mother has the prenatal care essential to delivering a healthy baby. Someone with special medical needs or a disability receives specialty care and support. The senior citizen gets the coordinated care she needs to address her multiple chronic conditions.

These are among the seven million people served by the ACAP-member health plans. From coast to coast – from Massachusetts to California, Washington to Florida, and Minnesota to Texas – the plans are committed to serving the nation’s poorest and sickest people who don’t have access to other health insurance.

Partnering with federal and state governments, local community groups, and health care providers, these plans provide access to a network of primary care and specialty providers, with a special emphasis on wellness, quality, and good stewardship of public funds.

ACAP plans are the backbone of the Medicaid managed care program. But they do much more.

- Twenty-one plans operate Medicare Special Needs Plans (SNPs) for seniors who are dually eligible for both Medicare and Medicaid.
- Most run plans for children served by the Children’s Health Insurance Program (CHIP).
- Seven run managed long-term care plans.
- Some have developed and run state and local initiatives for low-income uninsured people who don’t qualify for Medicaid or CHIP.

What sets these plans apart is their roots in the community. They provide the social supports – through strong ties to housing and food programs, for example – that people need to maintain good health. And they have strong links with other safety net providers – community health centers, public and children’s hospitals, and primary care doctors – to ensure that their enrollees have regular access to patient-centered care.

With Safety Net Health Plans, beneficiaries enjoy better care they can count on and taxpayers get more efficient programs. Studies show that nonprofit Medicaid health plans spend more of each premium dollar on medical care and less on administration than their for-profit counterparts. And they provide higher quality care than the commercial plans too. In fact, ACAP plans are regularly rated among the best Medicaid plans by *U.S. News and World Report*.

Driven by a strong people-focused mission, instead of a quest for profits, they make a difference in the lives of people who otherwise would have no regular medical care.

**People Make the Difference**

It takes thousands of dedicated ACAP-plan employees to make their missions of service real. The outstanding commitment of Juan Pablo Ramirez, of New York’s Hudson Health Plan, made him the first recipient of ACAP’s “Making a Difference” award, recognizing his outreach to the community that has helped thousands of residents gain access to health care.
A Voice, Service, and

What does ACAP do?
Simply put, through advocacy, policy expertise, and technical assistance, ACAP helps its members fulfill their missions.

Advocating for Health and the Underserved

A resource for Congress, government agencies, and the policy community, ACAP works to strengthen critical public health coverage programs. It identifies problems, conducts the research, and works with lawmakers to craft solutions. ACAP members now come to Washington twice a year to educate members of Congress about health care issues that affect low-income people.

ACAP worked strenuously on the landmark health care reform law, which contained ACAP’s top legislative priorities, including:

- The largest expansion of Medicaid since its inception, making 16 million more people eligible for coverage.
- An ACAP-initiated Medicaid drug-rebate policy, saving states and the federal government billions of dollars.
- A first-ever statutory definition of Safety Net Health Plans to exclude plans that “serve critical purposes for the community” from an insurance provider tax.
- A reauthorization of the Medicare Special Needs Program.

ACAP staff serve on numerous advisory committees – those related to Medicaid performance standards and quality, and medical conditions ranging from HIV/AIDS to asthma. And they regularly speak before congressional committees, think tanks, advocacy and provider coalitions, and government agencies and commissions. Likewise, the news media now turn to ACAP for expert insights.
Support

Producing Cutting-edge Research

Since its earliest years, ACAP has commissioned new research to inform policymakers and its members. The dozens of papers:

- Analyzed the Medicare SNP marketplace, spurring health plans to begin serving seniors with chronic conditions.
- Outlined how a greater use of Medicaid managed care could produce $83 billion in savings over 10 years, and $150 billion from SNP programs.
- Showed how Safety Net Health Plans offer a “turnkey solution” to covering the uninsured.
- Detailed federal and state savings from extending Medicaid drug rebates to managed care plans, data that was later used by the Congressional Budget Office (CBO) to estimate ten-year federal savings of $11 billion.
- Explained the problem of “churning” people off Medicaid rolls, and offered solutions to improve the continuity and quality of coverage.
- Provided strategies for recruiting and retaining medical specialists.
-Outlined ways to reduce costly emergency room visits.

Supporting Our Plans

The association provides a forum for its health plans to network and share ideas and expertise. ACAP staff provide technical assistance that helps health plans improve the efficiency of their operations and the quality of care they offer.

ACAP members regularly participate in roundtable seminars, discussions, and in-person meetings, and get a steady stream of information on best practices. For example, ACAP has:

- Conducted benchmarking studies on compliance and information-technology issues.
- Undertaken salary surveys and reports on operational challenges.
- Explored ways to improve care coordination.

Through its advocacy and support of its plans, ACAP works every day to help Safety Net Health Plans fulfill their missions.

ACAP’s Strategic Goals

I. Honest Broker
   Position ACAP as an authority on publicly sponsored coverage programs.

II. Support for Vulnerable Populations
   Influence public policy to support continuation and improvement of publicly sponsored coverage programs, particularly focused on Medicaid managed care.

III. Excellence and Accountability
   Strengthen ACAP members operationally to improve their quality, efficiency and competitiveness.
2000 Seventeen health plans in 13 states that are associated with community health centers coalesce to form the Association for Health Center Affiliated Health Plans (AHCAHP).

2001 The new association names Margaret A. Murray Chief Executive Officer.

2003 A study shows that Medicaid health plans spend less on drugs even though they don’t have access to federal drug rebates, and it outlines the savings if they were included in the rebate program.

2004 The association expands to serve all nonprofit Safety Net Health Plans and adopts the Association for Community Affiliated Plans (ACAP) name to reflect the broader scope.

2005 ACAP CEO Murray testifies before the Department of Health and Human Services’ Medicaid Commission, which then endorses ACAP’s Medicaid drug-rebate proposal.

The first Medicaid drug-rebate legislation is introduced by Senator Jeff Bingaman and is adopted by the U.S. Senate.

ACAP hosts its first CEO Summit, bringing together the top executives from all Medicaid-focused health plans.

2006 ACAP begins supporting Medicare Special Needs Plans (SNPs).

2007 For the first time, Medicaid-focused health plans serve over half of all Medicaid beneficiaries.

The Medicaid Drug Rebate Equalization Act (DRE) is introduced in the U.S. House of Representatives by Congressman Bart Stupak.

ACAP gets “Safety Net Health Plan” definition in Senate health disparities bill.

ACAP holds its first legislative fly-in day, bringing its members to Capitol Hill.

2008 ACAP releases studies showing Medicaid savings from the DRE, analysis used by the Congressional Budget Office (CBO).

ACAP secures “Safety Net Health Plan” definition in health information technology bill introduced by Senators Kennedy and Enzi.

ACAP outlines its principles for comprehensive health care reform.

ACAP hosts its first annual Quality Summit.

2009 ACAP promotes health care reform legislation, serving as an expert and leading advocate on Medicaid and Medicare issues.

The President’s budget contains savings from the DRE to help pay for reform.

An ACAP-chaired Partnership for Medicaid congressional briefing promotes expanding Medicaid.

ACAP secures the extension of a managed care organization provider tax in the House-passed reform bill.

An ACAP report outlines how to improve Medicaid’s continuity and quality of coverage.

The number of beneficiaries served by ACAP health plans hits seven million.

2010 Historic health care reform legislation – containing ACAP’s top priorities – is enacted.

ACAP begins work on the reform law’s complex and far-reaching implementation issues.

The number of health plans belonging to ACAP hits, and passes, the 50-member mark.
Two overarching concerns during the health care reform debate were how to increase access to health coverage and how to address rising costs. Medicaid managed care is at the center of both of those imperatives. And with growing calls for giving patients a “medical home,” it’s telling that patient-centered care has always been the hallmark of managed care organizations.

Medicaid managed care is a delivery system that increases access to care in a cost-effective way, while improving the quality of care patients enjoy. Studies show that childhood immunizations, routine doctor visits for children, and prenatal care are more prevalent under Medicaid managed care. This type of preventive care promotes cost savings and improves patient care and satisfaction. Likewise, under managed care there is less institutional care – fewer visits to emergency rooms, hospital admissions, and nursing homes stays – and more in-home and community-based care.

That’s why Medicaid managed care has become increasingly popular and been embraced by nearly every state. In 46 states and Washington, DC, more than half of the Medicaid enrollees are now in some form of managed care, making it the dominant care delivery system. With many for-profit companies abandoning Medicaid in the late 1990s, Medicaid-focused plans now serve 56 percent of Medicaid managed care enrollees.

The advantages of these health plans explain the extraordinary growth of Medicaid managed care – rising from serving fewer than three million beneficiaries in 1990 to 12 million in 2000 and to nearly 22 million in 2008.

In so many ways, Medicaid managed care is the wave of the future. With the expansion of Medicaid slated to add at least 15 million more beneficiaries in 2014, it will play an even bigger role in ACAP’s second decade. As a recent Kaiser Family Foundation report said, “it is likely that many states would rely on managed care to deliver services to their new Medicaid beneficiaries.”
## ACAP Members

ACAP Health Plans Operate in 25 States

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<th>State</th>
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<td>University Physicians Health Plans</td>
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<td>California</td>
<td>Alameda Alliance for Health, CalOptima, CenCal Health, Contra Costa Health Plan, Health Plan of San Mateo, Inland Empire Health Plan, L.A. Care Health Plan, Santa Clara Family Health Plan, San Francisco Health Plan</td>
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<td>Colorado</td>
<td>Colorado Access, Denver Health</td>
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<td>Connecticut</td>
<td>Community Health Network of Connecticut</td>
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<td>District of Columbia</td>
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<td>Florida</td>
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<td>Maine</td>
<td>Maine Primary Care Association</td>
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<td>Maryland</td>
<td>Maryland Community Health System, Priority Partners</td>
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<td>Massachusetts</td>
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<td>Minnesota</td>
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<td>New Jersey</td>
<td>Horizon NJ Health</td>
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<td>New York</td>
<td>Affinity Health Plan, Amida Care, Elderplan &amp; Homefirst, Health Plus, Hudson Health Plan, Monroe Plan for Medical Care, Inc., Total Care, Univera Community Health, VNS CHOICE</td>
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<td>Ohio</td>
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<td>AmeriHealth Mercy, UPMC for You</td>
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<td>Neighborhood Health Plan of Rhode Island</td>
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<td>Virginia Premier</td>
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<td>Washington</td>
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<td>Wisconsin</td>
<td>Children’s Community Health Plan</td>
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