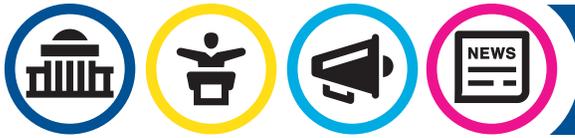




AMERICAN
ASSOCIATION
OF PAYERS,
ADMINISTRATORS
AND NETWORKS



**ENSURING VOICE, PROMOTING VALUE FOR THE
COMMERCIAL/GOVERNMENT HEALTH INDUSTRY**



A RESPECTED INDUSTRY VOICE

Change is our industry's constant. How long have we been saying it? How many "next big business solutions" have we seen come and go?

The American Association of Payers, Administrators and Networks (AAPAN) has helped our commercial/government health and workers' compensation plan members navigate that change for more than 30 years. In fact, we are the only national organization in the U.S. providing a unified, integrated voice for payers, TPAs, networks and care management in both the commercial/government health and workers' compensation arenas. AAPAN is a respected industry voice that balances the unique business needs of our members so that they may more effectively provide patient access to appropriate, quality health care.

Given the continuing uncertainty around national health-care policy, that voice...and beyond.

Industry trend watchers believe that federal and state legislative and policy changes will gain further influence and have a deeper impact. They are looking at Medicare Advantage and Medicaid managed care as critical to our industry's fortunes¹. And they see cost pressures on employers, families and governments continuing to mount and affordability grow as the industry's preeminent challenge.

But they also see promising solutions for commercial/government health in the Internet of Things, digital finance and other emerging technologies, such as blockchain and virtual/augmented reality. These technologies will extend across the back, middle and front offices and allow our industry to become much more efficient. And like us, they see a growing convergence of the health plan and payer communities, a necessary synchronization between the financing and delivery of healthcare services and products.

Are you ready for these changes? AAPAN is ready to help you.

ADVOCATING FOR YOU

AAPAN has for many years led the fight on important policy change on issues such as network adequacy rulemaking, provider contracting, provider directory compliance, Affordable Care Act (ACA) insurer fees and more.

- AAPAN advocated for the repeal of the ACA's annual fee on insurers. Congress has implemented two moratoriums on the tax. AAPAN intends to push for relief as we continue our work toward full repeal.
- Met with the American Hospital Association to determine collaborative approaches for addressing egregious billing issues, and advocated for public policy solutions with the National Association of Insurance Commissioners to combat this challenge.

On our member's behalf, we advocate directly at the federal and state levels to advance the value of networks. We partner with key national groups, such as the National Conference of Insurance Legislators. And we engage directly with state legislative committees and administrative agencies alike to inform policy makers on the many benefits our industry provides.

"AAPAN actively works with its members to make us aware of potential legislation and regulations across the country. And it offers us a strong voice in public policy discussions. That gives member companies a distinct edge in their strategic planning and ongoing business."

**Richard Gentleman AAPAN Executive Committee Member
Sr. Director, National Contracting, Aetna**

"There is no question that in this environment payers and providers need to work more closely, define mutual goals to improve our marketplace and speak with a common voice on key issues. AAPAN is making that happen."

**Tom Byrd, AAPAN Co-Chairman
Chairman, Group Resources**

"For years, AAPAN has been recognized as an important thought leader in the health space, because of its advocacy and initiatives to make us stronger as an industry. The association's efforts to expand its reach and impact by establishing regional chapters is an exciting new effort, one that will certainly bring value to industry leaders at the regional and local levels."

**Dale White, AAPAN Executive Committee Member
Senior Vice President, Sales and Account Management,
MultiPlan, Inc.**

COMMERCIAL/GOVERNMENT HEALTH ORGANIZATION MEMBERS INCLUDE:

<i>Aetna, Inc.</i>	<i>Mississippi Physicians Care Network</i>
<i>AllHealth CHOICE</i>	<i>MultiPlan, Inc.</i>
<i>AmeriHealth New Jersey</i>	<i>National Rural Electric Cooperative Association</i>
<i>Brighton Health Plan Solutions</i>	<i>Newport Healthcare</i>
<i>CareCentrix</i>	<i>Optum</i>
<i>Change Healthcare</i>	<i>Preferred Medical Claim Solutions, LLC</i>
<i>CHN PPO, a division of Medlogix</i>	<i>Prime Health Services, Inc.</i>
<i>First Health and Cofinity</i>	<i>Providence Preferred</i>
<i>Group Resources, Inc.</i>	<i>RadSite, LLC</i>
<i>HealthHelp</i>	<i>South Bay Independent Physicians Medical Group</i>
<i>HealthSmart</i>	<i>Taylor Benefit Resource</i>
<i>InterGroup, LLC</i>	<i>US Imaging Network</i>
<i>Lehigh Valley Physicians Hospital Organization</i>	<i>VPay</i>
<i>MedCost</i>	<i>Zelis Healthcare</i>
<i>Meritain Health</i>	
<i>MESVision</i>	

¹<http://blogs.deloitte.com/centerforhealthsolutions/2018-health-plans-outlook-more-policy-uncertainty-likely-ahead-but-larger-market-shifts-and-business-trends-continue-to-redefine-the-sector/>