Medicaid Managed Care Enrollment Activity

As of January 1, 2016, there were 1,650,824 Medicaid beneficiaries, including 467,688 Healthy Michigan Plan (HMP) beneficiaries and 23,125 MIChild beneficiaries, enrolled in 11 Medicaid Health Plans (HMOs); this is an increase of 24,172 since December. The increase includes 646 HMP enrollees, 401 non-HMP enrollees and 23,125 MIChild enrollees.

The January 2016 managed care enrollment reports (pdf) (xls) reflect the results of several significant changes. As noted in previous editions of The Michigan Update, the Michigan Department of Health and Human Services (MDHHS) requested and received federal approval to transition the MIChild population from a stand-alone program to a Medicaid expansion group, still funded with Children's Health Insurance Program (CHIP) dollars effective January 1, 2016. This transition resulted in an increase of 23,125 enrollees in the Medicaid HMOs. In December 2015 there were 31,195 MIChild enrollees, all in capitated plans, and at least 5,600 of these enrollees were in plans not contracted to serve Medicaid beneficiaries or in Medicaid HMOs no longer available in their county beginning January 1st. For most Medicaid HMOs the January MIChild enrollment represents only a program category change for individuals they have been serving and not a net increase in enrollment. The number of MIChild enrollees in the Medicaid HMOs can be expected to increase in February as more families select an HMO for their children. However, there will now also be a fee-for-service component of MIChild, just as there is for other Medicaid populations, especially for new enrollees before they select an HMO.

Other significant changes result from the new Medicaid HMO contracts effective January 1st and affect the distribution of enrollees among the health plans successful in last summer’s re-procurement. As shown in the following table, HAP Midwest
Saw an enrollment reduction of 84,335 in January because that plan no longer has a contract to serve Wayne, Oakland and Macomb counties. As noted in a prior edition of The Michigan Update, most of those members were acquired by Molina Healthcare of Michigan, which saw an increase of 77,846 members (net of the MIChild transfer) in January. In addition, since Sparrow PHP was not a successful bidder in the re-procurement, most of its enrollees were acquired by Blue Cross Complete and contributed to that plan's increased January enrollment. And, while Priority Health Choice has a net service area increase of three counties, Priority lost several populous counties from its service area under the prior contract, and as a result experienced an enrollment decrease of just over ten percent (excluding the MIChild transfers).

Many of the plans with expanded service areas saw increases in enrollment and some of these increases were due to the "auto-assignment" of members from plans no longer available in the enrollee's county. As members have their annual open enrollment opportunity over the next several months they will be able to choose a different plan if they wish. Since the plan choices have changed in many counties, there may be further migration of membership over time.

<table>
<thead>
<tr>
<th>Medicaid Managed Care Enrollment Changes - December 2015 to January 2016</th>
<th>Dec 2015 Total Enrollment</th>
<th>Jan 2016 Total Enrollment</th>
<th>Jan 2016 MIChild Enrollment</th>
<th>Enrollment Change Net of MIChild</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health of MI Members Counties Served</td>
<td>39,811 5</td>
<td>45,738 16</td>
<td>1,311</td>
<td>4,616</td>
</tr>
<tr>
<td>Blue Cross Complete of MI Members Counties Served</td>
<td>88,250 3</td>
<td>113,311 32</td>
<td>575</td>
<td>24,506</td>
</tr>
<tr>
<td>HAP Midwest Health Plan Members Counties Served</td>
<td>85,316 6</td>
<td>983 7</td>
<td>2</td>
<td>(84,335)</td>
</tr>
<tr>
<td>Harbor Health Plan Members Counties Served</td>
<td>6,691 1</td>
<td>7,089 3</td>
<td>177</td>
<td>221</td>
</tr>
<tr>
<td>McLaren Health Plan Members Counties Served</td>
<td>175,339 53</td>
<td>182,103 68</td>
<td>4,141</td>
<td>2,623</td>
</tr>
<tr>
<td>Meridian Health Plan of MI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Members</td>
<td>Counties</td>
<td>Served</td>
<td>Members</td>
</tr>
<tr>
<td>----------------</td>
<td>----------</td>
<td>----------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Molina Healthcare of MI</td>
<td>445,244</td>
<td>67</td>
<td>455,359</td>
<td>68</td>
</tr>
<tr>
<td>Priority Health Choice</td>
<td>300,192</td>
<td>50</td>
<td>386,192</td>
<td>68</td>
</tr>
<tr>
<td>Total Health Care</td>
<td>110,222</td>
<td>17</td>
<td>102,499</td>
<td>20</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>62,654</td>
<td>4</td>
<td>58,218</td>
<td>3</td>
</tr>
<tr>
<td>Upper Peninsula Health Plan</td>
<td>250,805</td>
<td>25</td>
<td>256,592</td>
<td>65</td>
</tr>
<tr>
<td>Sparrow PHP</td>
<td>41,124</td>
<td>15</td>
<td>42,720</td>
<td>15</td>
</tr>
<tr>
<td>Total Enrollees</td>
<td>1,626,652</td>
<td>1,650,824</td>
<td>23,125</td>
<td>1,047</td>
</tr>
</tbody>
</table>

As the enrollment reports reflect, every county in the state is served by at least one Medicaid HMO. Auto-assignment of beneficiaries into the HMOs is available in every county, and in addition to those HMOs with smaller service areas, there are three HMOs - McLaren Health Plan, Meridian Health Plan of Michigan and Molina Healthcare of Michigan - authorized to serve all counties in the Lower Peninsula. Beneficiaries in all 15 counties in the Upper Peninsula are auto-assigned, through federal "Rural Exception" authority, to the one HMO serving the counties, Upper Peninsula Health Plan. The plans with the highest enrollment as of January 1, 2016 were Meridian Health Plan of Michigan (with 27.6 percent of the total enrollees), Molina Healthcare of Michigan (with 23.4 percent), United Healthcare Community Plan (with 15.5 percent), and McLaren Health Plan (with 11.0 percent).

The MDHHS requires children (and a few adults) receiving services from both the Children's Special Health Care Services (CSHCS) program and the Medicaid program to enroll in Medicaid HMOs. As of January 1, 2016, there were 17,714 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs - an increase of 421 since December. Many of these new enrollees are believed to have been formerly
enrolled in the MIChild program and transitioned to Medicaid coverage this month. All Medicaid HMOs except Harbor Health Plan have CSHCS/Medicaid enrollees, although the numbers vary across plans.

There were 31,493 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in Medicaid HMOs to receive Medicaid benefits in January 2016, a decrease of 1,246 since December. All Medicaid HMOs have duals enrolled, although the numbers vary dramatically across plans. Molina Healthcare of Michigan has the most duals receiving Medicaid services from an HMO, 29.9 percent of the total; Meridian Health Plan of Michigan has 26.1 percent of the total (but the most voluntary enrollees); and McLaren Health Plan has 15.8 percent of the total. The other eight plans share the remaining 28.2 percent.

For additional information, contact Eileen Ellis, Managing Principal, or Esther Reagan, Senior Consultant, at (517) 482-9236.

Healthy Michigan Plan

Healthy Michigan Plan (HMP) enrollment levels have stabilized and, according to the Michigan Department of Health and Human Services (MDHHS) website, stood at 611,377 as of January 25, 2016, the highest enrollment since the beginning of the program. This higher enrollment may reflect conversion of some PlanFirst! enrollees to HMP. Although the HMP caseload drops by about 25,000 at the beginning of each month as a result of an annual eligibility redetermination requirement, it generally rebounds by the end of the month.

For additional information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

MIChild

As noted in the Medicaid Managed Care Enrollment Activity article in this newsletter, the MIChild population has transitioned from a stand-alone program to a Medicaid expansion population effective January 1, 2016. However, since MAXIMUS, the Michigan Department of Health and Human Services (MDHHS) contractor for MIChild enrollment, has reported the December 1, 2015 enrollment figures, we are providing this detail one last time. There were 31,195 children enrolled in the MIChild program as of December 1, 2015. Of the total children enrolled, 625 December enrollees were dually eligible for Children's Special Health Care
Services (CSHCS) and MIChild.

As the enrollment reports (pdf) (xls) for December show, enrollment was dispersed between 12 plans. The plans with the highest enrollment were Molina Healthcare of Michigan (with 25.5 percent of the total enrollees), Priority Health (with 16.4 percent), and McLaren Health Plan (with 15.8 percent).

Prior to January 1, 2016, MIChild-enrolled children received their dental care through two contracted dental plans: Delta Dental Plan and Golden Dental Plan. As of December 1, 2015, Delta was providing dental care to 86.3 percent of the MIChild enrollees on a statewide basis, and Golden was providing care to 13.7 percent of the enrollees in a service area covering eight counties. As of January 1, 2016, most of the children enrolled with Golden Dental Plan will be transferred to Delta Dental Plan, the state's administrator for the Healthy Kids Dental program. Medicaid children statewide receive their dental care through the Healthy Kids Dental program with the exception of children between the ages of 13 and 19 who reside in Wayne, Oakland and Kent Counties who receive dental care on a fee-for-service basis.

For additional information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

MI Health Link

In previous editions of The Michigan Update we have written about Michigan’s implementation of an integrated health care delivery system for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, will last for five years and operate in four regions of the state. The entire Upper Peninsula is one region; eight counties in the southwest corner of the state form another region; and Wayne and Macomb Counties are two single-county regions. As of January 1, 2016, the Michigan Department of Health and Human Services (MDHHS) reports there were 34,297 enrollees in these health plans, down from 34,858 in December. Also as of January 1st, almost 46,000 duals eligible for participation in the demonstration have chosen to opt out (not participate). These individuals will receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll in the demonstration at a later time.

There is one Integrated Care Organization (ICO) serving the Upper Peninsula: the Upper Peninsula Health Plan, and two ICOS serving the eight southwest counties: Aetna Better Health of Michigan and Meridian Health Plan of Michigan. There are five ICOS serving the Macomb and Wayne single county regions: Aetna Better Health, AmeriHealth Michigan, MI
Complete Health / Fidelis SecureCares of Michigan, HAP Midwest Health Plan, and Molina Healthcare of Michigan. The table below provides enrollment information by region for each ICO.

<table>
<thead>
<tr>
<th>MI Health Link Enrollment January 1, 2016</th>
<th>Upper Pen. Region</th>
<th>SW MI Region</th>
<th>Macomb Region</th>
<th>Wayne Region</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health</td>
<td>3,080</td>
<td>617</td>
<td>2,207</td>
<td></td>
<td>5,904</td>
</tr>
<tr>
<td>AmeriHealth Michigan</td>
<td></td>
<td>686</td>
<td>2,429</td>
<td></td>
<td>3,115</td>
</tr>
<tr>
<td>MI Complete Health / Fidelis</td>
<td></td>
<td></td>
<td>498</td>
<td>2,265</td>
<td>2,763</td>
</tr>
<tr>
<td>HAP Midwest Health Plan</td>
<td></td>
<td></td>
<td>989</td>
<td>4,185</td>
<td>5,174</td>
</tr>
<tr>
<td>Meridian Health Plan of MI</td>
<td></td>
<td></td>
<td></td>
<td>4,790</td>
<td>4,790</td>
</tr>
<tr>
<td>Molina Healthcare of MI</td>
<td></td>
<td></td>
<td>1,406</td>
<td>7,372</td>
<td>8,778</td>
</tr>
<tr>
<td>Upper Peninsula Health Plan</td>
<td>3,773</td>
<td></td>
<td></td>
<td></td>
<td>3,773</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,773</strong></td>
<td><strong>7,870</strong></td>
<td><strong>4,196</strong></td>
<td><strong>18,458</strong></td>
<td><strong>34,297</strong></td>
</tr>
</tbody>
</table>

Less than 12 percent of these duals voluntarily enrolled in MI Health Link. The vast majority were passively enrolled (assigned to a health plan but with the ability to change to a different plan or opt out of the demonstration). Molina Healthcare has the most enrollees, both voluntarily and passively enrolled, almost 26 percent of the combined total; Aetna Better Health has about 17 percent of the total and HAP Midwest Health Plan has about 15 percent. At this point, most of the MI Health Link enrollees are living at home, with only six percent of the enrollees living in a nursing facility. Although each of the plans has enrollees who are receiving care in nursing facilities, Molina Healthcare has the largest share, about 30 percent of the total.

The MDHHS has established an enrollment dashboard on the MI Health Link page on its website and it shows that enrollees in the program are generally low-income individuals that receive services from both Medicaid and Medicare. Almost all of these individuals qualified for Medicaid due to their age or their disability. (A very small number are enrolled in Medicaid as part of a low-income family with minor children.) According to the MI Health Link website, for January 2016, more than half
of the MI Health Link enrollees are individuals under the age of 65.

For additional information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

**Michigan D-SNPs**

Four of the 11 Medicaid HMOs in Michigan (or their parent organizations) are also federally contracted as D-SNPs to provide Medicare benefits for duals in Michigan: HAP Midwest Health Plan, Meridian Health Plan of Michigan, Molina Healthcare of Michigan, and Upper Peninsula Health Plan. As of January 1, 2016 these four D-SNPs had a combined enrollment of 12,418 duals for whom they provide Medicare services. Almost 80 percent of the duals enrolled in a D-SNP are enrolled in the Molina plan.

Not all of the duals enrolled in these D-SNPs are eligible to receive full Medicaid benefits. Some only receive assistance from the Medicaid program with Medicare coinsurance and deductible payments and/or monthly Medicare premiums.

The names of two health plans with D-SNP contracts in 2015 do not appear on the federal list of D-SNPs for January 2016: HealthPlus of Michigan (a former Medicaid HMO) and Total Health Care (a currently contracted Medicaid HMO). Also not on the January list but a health plan with both a D-SNP contract and an I-SNP (Medicare Advantage Institutional SNP) contract in 2015 is Fidelis SecureCare of Michigan (also called MI Complete Health); this plan does not hold a Medicaid HMO contract but has been approved by the state as an Integrated Care Organization in the state's duals demonstration.

For more information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

**Plan First! Program Ending**

As reported in the December 2015 edition of The Michigan Update, the PlanFirst! program has provided family planning services since 2006 for uninsured women ages 19 to 44 with income at or below 185 percent of the federal poverty level not otherwise eligible for Medicaid. In a press release dated December 7, 2015, the Michigan Department of Health and Human Services (MDHHS) stated that current Plan First! beneficiaries were notified in November that the program will end as of January 31, 2016. The notice included an opportunity to request a review of potential eligibility for other assistance programs including the Healthy Michigan Plan or "traditional"
Medicaid. Already total enrollment in PlanFirst! has dropped - from 25,268 in mid-December to 20,682 as of mid-January.

In addition to notices to beneficiaries, MDHHS has reached out to Medicaid providers, asking them to assist in reminding PlanFirst! enrollees to update any changes in their phone number or mailing address in order to explore other coverage options. In particular, MDHHS asked providers to copy a poster on this topic and display it in their reception area(s).

For more information, contact Eileen Ellis, Managing Principal, at (517) 482-9236.

**Michigan State of the State and Budget**

Michigan Governor Rick Snyder gave his fifth State of the State address to the Legislature on January 19, 2016. His message was dominated by the water crisis in the city of Flint and the health issues caused by lead in the drinking water. This issue has commanded the full attention of the Governor's office and officials in multiple state agencies, as well as federal and local government officials.

The Michigan National Guard and other organizations are delivering bottled water to the residents of Flint and water filters are being installed on faucets in homes. The state Legislature approved $9 million in supplemental funds to help address the Flint water crisis in the fall - to pay for part of the cost to switch the city's water source back to the Detroit system and away from the more corrosive Flint River - and is currently considering a bill to appropriate additional funds. President Obama, after declaring Flint's water crisis a federal emergency in mid-January, has authorized $80 million to support the Flint water crisis as well.

On January 26, 2016, Governor Snyder announced that the State will be requesting authorization from the US Department of Health and Human Services to extend Medicaid eligibility to all children under age 21 who reside in Flint, irrespective of income and as a supplement to any other available health care coverage. Approval of this request will help to assure that all children in Flint who may have been exposed to lead in the water receive necessary physical and behavioral health care services. The request is also expected to include federal funding to support lead abatement activities in impacted areas in order to minimize and/or prevent long-term health problems associated with lead exposure.

A second crisis mentioned in the State of the State message relates to the Detroit Public Schools. The Governor and the Legislature are looking into means to support and assist in
It is reported that the budgetary impact of these two issues has resulted in a re-examination of priorities for the upcoming fiscal year budget and that release of the Governor’s Executive Recommendation for next fiscal year may be delayed from the scheduled date of February 10th.

For more information, contact Eileen Ellis, Managing Principal, at (517) 482-9236.

Next Generation Accountable Care Organizations

On January 11, 2016, the federal Centers for Medicare & Medicaid Services announced its launch of the new Next Generation Accountable Care Organization (NGACO) Model of care. The NGACO Model builds on experience gained through the Pioneer ACO Model and the Medicare Shared Savings Program and includes ACOs with experience in coordinating care for patient populations and provider groups ready to assume higher levels of financial risk and reward. Twenty-one organizations are participating in the NGACO Model in 2016, including two in Michigan: Henry Ford Physician ACO in Detroit and Trinity Health ACO in Livonia.

For more information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

Pathway to Integration Section 1115 Waiver

As noted in the December edition of The Michigan Update, the Michigan Department of Health and Human Services (MDHHS) is seeking approval from the federal Centers for Medicare & Medicaid Services of a Section 1115 demonstration waiver - Pathway to Integration - to combine under a single waiver authority all behavioral health services and eligible populations currently served through Section 1915(b), 1915(c) and 1915(i) behavioral health waivers. The proposed waiver would also include services for Healthy Michigan Plan enrollees currently served under a separate Section 1115 demonstration waiver. A press release on December 22, 2015 announced that MDHHS would accept public comments until February 2, 2016 and that two public hearings were scheduled in January, one a webinar on January 13, 2016 and the other a face-to-face meeting on January 28, 2016. The current target for implementation of the new waiver is April 1, 2016, the point at which the extension of the current 1915(b) Specialty Services and Supports Waiver expires. Total estimated costs for the five years of the waiver are just over $15 billion.
The press release on the waiver notes that "a vital component of the demonstration is the alignment of quality and financial incentives between traditional Medicaid Health Plans and Michigan’s Specialty Service System. Demonstration incentives would include the joint identification and tracking of high risk and high utilizing populations, the prevention of modifiable risk factors, access to care incentives, pilot demonstrations through accountable systems of care, the enhancement of co-occurring serious mental illness and substance use disorder delivery systems, and the use of specialized complex care managers for individuals considered high utilizers."

Current benefits will not be reduced or restricted as a result of the Pathway to Integration waiver. The waiver summary notes that the state is "seeking broad flexibility to develop quality, financing and integrated care (physical and behavioral health care) initiatives for all Specialty Service Populations on a statewide basis." This waiver is expected to work in conjunction with the Accountable Systems of Care developed under the Blueprint for Health Innovation (Michigan's State Innovation Model) in advancing delivery system reforms.

For more information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

**Specialty Drugs for Cystic Fibrosis and Hepatitis C**

In December 2015 the Michigan Medicaid Pharmacy and Therapeutics (P & T) Committee recommended the use of certain specialty drugs for the treatment of Cystic Fibrosis and for the treatment of Hepatitis C. Coverage of these drugs will increase costs in the Healthy Michigan Plan (fully federally funded), Children's Special Health Care Services, and the Medicaid pharmaceutical services appropriation. The State estimates that 320 beneficiaries will meet the recommended treatment criteria for the new Cystic Fibrosis therapy. The cost for six months is estimated at $35.5 million.

The State also estimates that about half of the approximately 7,000 Medicaid beneficiaries known to have a Hepatitis C diagnosis will meet the treatment criteria established by the P & T Committee. The partial year cost estimate for the Hepatitis C drugs is $163.9 million in the Healthy Michigan Plan and Medicaid pharmaceutical services appropriations.

Based on lower than anticipated Medicaid enrollment in the current fiscal year to date, the State Budget Office recommended that funds be transferred from other parts of the Medicaid budget to cover these anticipated costs. The
recommended transfers, requested on January 13th, were approved by the House Appropriations Committee on January 20th, but have not yet been scheduled for action by the Senate Appropriations Committee.

For more information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

Local Health Department Collaboration

On January 26, 2016, the Michigan Department of Health and Human Services announced its release of a Request for Proposals for local health departments interested in exploring service sharing arrangements and collaborations. Approximately $300,000 is available for up to ten collaboration efforts, with awards ranging from $10,000 to $75,000. Funded through the Centers for Disease Control and Prevention's Preventive Health and Health Services Block Grant, the awards will be effective through September 30, 2016. Questions are due to the state by February 2nd and bids are due by February 22nd.

For more information, contact Esther Reagan, Senior Consultant, at (517) 482-9236.

Medicaid Policies

The Michigan Department of Health and Human Services (MDHHS) has issued five final and five proposed policies that merit mention. They are available for review on the department’s website.

- **MSA 15-54** notifies All Providers of a new process associated with Medicaid provider screening and enrollment requirements related to program integrity, including use of an Electronic Signature Agreement Form required if a provider wants to grant another person access to their enrollment information.
- **MSA 15-62** advises Hospitals of a change in the underlying data used to allocate payments from the Outpatient Hospital Medicaid Access to Care Initiative (MACI) Pools.
- **MSA 15-63** advises Hospitals of a new process to allocate unspent Disproportionate Share Hospital (DSH) payments to qualifying hospitals.
- **MSA 15-64** updates All Providers on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes.
• **MSA 16-01** clarifies for **All Providers** the definition of "Medically Necessary" as it relates to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children.

• A proposed policy (**1566-NEMT**) has been issued that would modify **Non-Emergency Medical Transportation (NEMT)** provider enrollment requirements to include disclosures around criminal offenses, business transactions, federal exclusions and adverse actions. Comments are due to MDHHS by February 8, 2016.

• A proposed policy (**1562-Therapy**) has been issued that would update the **Outpatient Therapy Chapter of the Medicaid Provider Manual** to include coverage and limitations for **Habilitation Services** for children covered under Medicaid and adults covered under the Healthy Michigan Plan. Comments are due to MDHHS by February 8, 2016.

• A proposed policy (**1569-MiCT**) has been issued that, contingent upon federal approval of a State Plan Amendment, would **allow Federally Qualified Health Centers and Tribal Health Centers to participate in the MI Care Team (Primary Care Health Home Benefit)**. Comments are due to MDHHS by February 10, 2016.

• A proposed policy (**1567-Eligibility**) has been issued that would remove information from the **Beneficiary Eligibility Manual** related to the **COBRA Widow(er)s Category of Medicaid eligibility** as there are no longer any eligible members in this category. Comments are due to MDHHS by February 11, 2016.

• A proposed policy (**1571-MIHP**) has been issued that would **update the required professional qualifications for registered nurses and social workers** providing **Maternal Infant Health Program (MIHP)** services. Comments are due to MDHHS by March 4, 2016.

MDHHS has also released one L-letter of potential interest, which is available for review on the same website.

• **L 15-73** was released on December 30, 2015 to advise providers of required **blood lead screening guidelines for all children up to six years of age** to address the City of Flint residents' potential exposure to lead.

For additional information, contact **Esther Reagan**, Senior Consultant, at (517) 482-9236.
Health Management Associates is an independent national research and consulting firm specializing in complex health care program and policy issues. Founded in 1985, in Lansing, Michigan, Health Management Associates provides leadership, experience, and technical expertise to local, state, and federal governmental agencies, regional and national foundations, investors, multi-state health system organizations and single site health care providers, as well as employers and other purchasers in the public and private sectors.