

HEALTH MANAGEMENT ASSOCIATES

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MEDICAID MANAGED CARE ENROLLMENT ACTIVITY

Due to some technical issues, the Michigan Department of Health and Human Services (MDHHS) was unable to release the October managed care reports until mid-November, which delayed publication of *The Michigan Update*.

As of October 1, 2020, there were **2,004,711 Medicaid beneficiaries, including 664,879 Healthy Michigan Plan (HMP) beneficiaries**, enrolled in the 10 Michigan Medicaid Health Plans (HMOs). As the table below shows, this is an overall **increase of 31,872** since September 1, 2020. The number of HMP beneficiaries enrolled in HMOs increased by 13,745 and the number of non-HMP beneficiaries increased by 18,127.

As the table below illustrates, **managed care enrollment has grown significantly** over the last several months and is about **238,000 higher in October 2020 than in March 2020**. Managed care enrollment in October 2020 is more than 270,000 higher than in October 2019.

More than half of the growth can be seen in the Healthy Michigan Plan (HMP) enrollment figures; the count of HMP beneficiaries enrolled in the 10 Michigan Medicaid Health Plans (HMOs) in October 2020 is more than 123,000 higher than in March 2020, and more than 131,000 higher than a year ago, in October 2019. The count of non-HMP enrollees has also increased during the same period.

Some of this growth can surely be attributed to the COVID-19 pandemic and the loss of income and health insurance by many in Michigan’s population, but a contributing factor as well was the decision in April 2020 by the MDHHS to temporarily discontinue annual eligibility redeterminations and case closures.

	Oct. 2019	Dec. 2019	March 2020	June 2020	Aug. 2020	Sept. 2020	Oct. 2020
All Medicaid Beneficiaries Enrolled	1,734,266	1,743,905	1,766,779	1,880,759	1,953,437	1,972,839	2,004,711
• Total HMP Enrollees	523,823	528,713	540,935	596,382	637,696	651,134	664,879
• Total CSHCS/ Medicaid Enrollees	23,947	23,944	24,292	25,750	25,233	24,924	26,636
• Total Medicare/ Medicaid Enrollees (Duals)	39,092	39,569	39,293	40,724	41,427	41,446	44,483
• Total MICHild Enrollees	38,744	38,618	38,909	35,351	35,764	35,795	35,759

The number of beneficiaries identified as mandatory managed care enrollees but not yet enrolled in a Medicaid HMO has varied dramatically over the last two years, from a low of 45,305 in July 2018 to a high of 149,746 in May 2020. This figure dropped steadily since May, and in September 2020 the number of mandatory but not yet enrolled beneficiaries was 62,603. However, the number increased again in October 2020, to 91,162.





As the enrollment reports for October ([pdf](#), [xls](#)) 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. In addition to the 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 and a fourth – UnitedHealthcare Community Plan – authorized to serve all but three of the Lower Peninsula counties. Beneficiaries in all 15 counties in the Upper Peninsula are auto-assigned, through federal “Rural Exception” authority, to the one HMO serving these counties, Upper Peninsula Health Plan.

The plans with the highest total enrollment in October 2020 were Meridian Health Plan of Michigan with about 27 percent of the total, Molina Healthcare of Michigan with about 18 percent, and Blue Cross Complete of Michigan with about 14 percent of the total number of enrollees.

Healthy Michigan Plan (HMP)

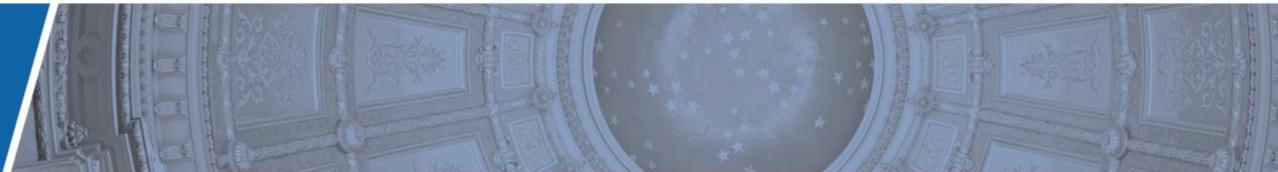
The **total count of HMP enrollees in the Medicaid HMOs in October 2020 was 664,879, an increase of 13,745** over the count for September 2020. All Medicaid HMOs have HMP beneficiaries enrolled, although the numbers vary across plans. The plans with the highest HMP enrollment in October 2020 were Meridian Health Plan of Michigan with about 25 percent of the total, Blue Cross Complete with almost 18 percent, and Molina Healthcare of Michigan with about 15 percent of the total number of enrollees.

CSHCS/Medicaid

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. There were **26,636 joint CSHCS/Medicaid beneficiaries enrolled in the Medicaid HMOs in October 2020, an increase of 1,712,309** since September 2020. All Medicaid HMOs have CSHCS/Medicaid enrollees, although the numbers vary across plans. The plans with the highest enrollment in October 2020 were Meridian Health Plan of Michigan with about 23 percent of the total, Molina Healthcare of Michigan with about 21 percent, and Blue Cross Complete with about 15 percent of the total number of enrollees.

MiChild

There were **35,759 MiChild beneficiaries enrolled in the Medicaid HMOs in October 2020, a decrease of 36** since September 2020. All Medicaid HMOs have MiChild beneficiaries enrolled, although the numbers vary dramatically across plans. The plans with the highest enrollment in October were Meridian Health Plan of Michigan with about 28 percent of the total, Molina Healthcare of Michigan with about 15 percent, and Blue Cross Complete with about 13 percent of the total number of enrollees.





Medicare/Medicaid

Aside from Michigan’s Medicare/Medicaid financial alignment demonstration, MI Health Link, there were an additional **44,483 Medicaid beneficiaries dually eligible for Medicare (duals) enrolled in October 2020 in Medicaid HMOs** for their acute care Medicaid benefits. As the table above reflects, the number of enrolled duals **increased by 3,037** between September and October 2020. All Medicaid HMOs have duals enrolled, although the numbers vary significantly across plans. The plans with the highest enrollment in October 2020 were Meridian Health Plan of Michigan with about 29 percent of the total, Molina Healthcare of Michigan with about 23 percent, and McLaren Health Plan with about 13 percent of the total number of enrollees.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

MI HEALTH LINK

In previous editions of *The Michigan Update* we have written about Michigan’s implementation of an integrated healthcare delivery system demonstration for adults dually eligible for Medicare and Medicaid (duals). The demonstration, called MI Health Link, operates in four regions of the state. The entire Upper Peninsula is one region; eight counties in the southwest corner of the state (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren) form another region; and Macomb County and Wayne County are two single-county regions. Medicaid and Medicare physical healthcare services (including long-term services and supports) are provided by HMOs that have contracts as Integrated Care Organizations (ICOs) to serve the duals.

The number of MI Health Link enrollees continues to fluctuate, with increases in some months and decreases in others. The Michigan Department of Health and Human Services (MDHHS) reports that **in October 2020, the MI Health Link enrollment total was 39,269, an increase of 214** enrollees since September 2020.

The tables below illustrate MI Health Link enrollment by month during 2018 and 2019 and for the first 10 months of 2020. Enrollment fluctuations are clear. The lowest enrollment count on the tables was in May 2019 when there were 33,095 enrollees; and the highest enrollment count is October 2020 with 39,269 enrollees.

Jan. 2018	Feb. 2018	March 2018	April 2018	May 2018	June 2018
38,045	38,571	38,562	37,798	39,021	38,327
July 2018	August 2018	Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018
37,518	37,103	36,394	35,651	34,827	34,655





Jan. 2019	Feb. 2019	March 2019	April 2019	May 2019	June 2019
34,367	34,444	33,672	33,145	33,095	35,612
July 2019	August 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019
34,771	36,621	37,295	37,018	37,377	37,321

Jan. 2020	Feb. 2020	March 2020	April 2020	May 2020	June 2020
36,647	37,575	37,006	36,864	37,675	37,898
July 2020	August 2020	Sept. 2020	Oct. 2020		
38,473	39,206	39,055	39,269		

There are seven ICOs serving one or more of the demonstration regions. The table below provides enrollment information by region for each ICO for **October 2020**.

MI Health Link Enrollment	Upper Peninsula Region	SW MI Region	Macomb Region	Wayne Region	Total
Aetna Better Health of MI		3,212	966	3,432	7,610
AmeriHealth Michigan			679	2,216	2,895
HAP Empowered Health Plan			1,018	3,506	4,524
Meridian Health Plan of MI		5,039			5,039
MI Complete Health			653	2,220	2,873
Molina Healthcare of MI			2,127	10,014	12,141
Upper Peninsula Health Plan	4,187				4,187
Total	4,187	8,251	5,443	21,388	39,269

The plans with the highest enrollment in October 2020 were Molina Healthcare of Michigan with about 31 percent of the total, Aetna Better Health of Michigan with about 19 percent, and Meridian Health Plan of Michigan with about 13 percent of the total number of enrollees.

During October 2020, about 95 percent of the MI Health Link enrollees were living in a community setting, and the remaining five percent of enrollees resided in a nursing facility. Almost six percent of the total enrollees living in a community setting were receiving home and community-based long-term services and supports through the MI Health Link program waiver; however, a significant number of the other enrollees living in a community setting received in-home services and supports from the ICOs through the Medicaid State Plan personal care benefit called Home Help.

While all plans have enrollees receiving care in nursing facilities, Aetna Better Health of Michigan had the largest share during October 2020; nearly 22 percent of the total enrollees residing in nursing facilities were part of Aetna. Upper Peninsula Health Plan had the second highest share of enrollees with almost 19 percent; and Molina Healthcare of Michigan had almost 18 percent of total enrollees residing in nursing facilities during October.





The majority of MI Health Link enrollees are passively enrolled; they are auto assigned to a health plan based on their eligibility but are able to opt out of the demonstration at any time. Beneficiaries may also voluntarily enroll in the demonstration; and during October 2020, almost 18 percent of the demonstration’s participants were voluntarily enrolled.

MDHHS also reports that about 61,000 duals eligible for participation in the demonstration have chosen to opt out. These individuals receive their Medicaid benefits on a fee-for-service basis but retain the option to voluntarily enroll, or re-enroll, in the demonstration at any time.

More than half of the MI Health Link enrollees are individuals under the age of 65. These younger individuals qualified for Medicare and Medicaid based on a disability.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

MICHIGAN MEDICARE ADVANTAGE PLANS

There are multiple types of Medicare Advantage Special Needs Plans (SNPs). Some plans focus on Medicare beneficiaries with certain chronic medical conditions; these are called C-SNPs. Other plans focus on Medicare beneficiaries residing in institutions; these are I-SNPs. Plans that focus on Medicare beneficiaries dually eligible for Medicaid (duals) are called D-SNPs. All three types of plans provide Medicare benefits, and 2020 is the first year they are all available in Michigan.

Meridian Health Plan of Michigan is offering a C-SNP focused on Medicare beneficiaries with diabetes and had 54 enrollees in October 2020. Align Senior Care Michigan is offering a C-SNP focused on beneficiaries with diabetes or cardiac issues and had 13 enrollees in October. Align is also offering an I-SNP and had 141 enrollees in October 2020.

Four of the 10 Medicaid HMOs in Michigan are also federally contracted as D-SNPs: Meridian Health Plan of Michigan, Molina Healthcare of Michigan, Priority Health Choice, and UnitedHealthcare Community Plan. As of October 1, 2020, these four D-SNPs had a combined enrollment of 33,750 duals for whom they provide Medicare services.

About 41 percent of the duals enrolled in a Michigan D-SNP (13,889 individuals) in October 2020 were enrolled with Molina; 32 percent (10,811 individuals) were enrolled with Meridian; more than 17 percent (5,803 individuals) were enrolled with UnitedHealthcare; and almost 10 percent (3,247 individuals) were enrolled with Priority. None of these duals are participating in the MI Health Link demonstration, but some may also be enrolled in these same plans to receive their Medicaid services.

In addition to these four health plans, two additional D-SNPs serve Michigan – Humana Medical/Dental Plan and Health Alliance Plan (HAP) of Michigan. Humana had 10,428 enrollees in October 2020 and HAP



had 94 enrollees. These enrollment totals are not counted in the aforementioned statistics. HAP is the parent organization for HAP Empowered Health Plan, which is both a Medicaid HMO and one of the ICOs participating in MI Health Link.

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

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

HEALTHY MICHIGAN PLAN ENROLLMENT

The Michigan Department of Health and Human Services (MDHHS) reports enrollment counts for the Healthy Michigan Plan (HMP), its Medicaid expansion program for low-income non-elderly adults who do not meet eligibility criteria for traditional program coverage, at the beginning of each week on its [website](#). Enrollment stood at **816,821 as of October 26, 2020**, the last counting day of the month. This is an **increase of 16,992 since September 28, 2020**, the last counting day in September. **The enrollment count for October 26, 2020 is the highest ever enrollment count for the program and more than 155,000 higher than one year ago.**

Normally, the enrollment count drops on the first counting day of each month due to case closures resulting from annual eligibility redeterminations, then grows again by the end of the month as new applications and redeterminations are processed. However, as reported in the April edition of *The Michigan Update*, MDHHS released a program bulletin on April 6, 2020 (MSA 20-19) announcing that virtually all case closures – for both the HMP and traditional Medicaid eligibility categories – have been temporarily suspended due to the COVID-19 pandemic. This temporary suspension as well as an assumed increase in new enrollment requests over the last few months due to the number of newly unemployed individuals losing health care benefits likely explains the dramatic rise in enrollment.

The “traditional” Medicaid population has grown significantly since April 2020 as well. In January 2020, there were 1,764,714 Medicaid beneficiaries in addition to the HMP population. By May 2020, the number of beneficiaries in traditional Medicaid categories grew to 1,826,780. As of September 2020, the most recent information available, there were 1,868,519 beneficiaries enrolled through traditional Medicaid eligibility categories. This is an increase of more than 100,000 beneficiaries between January and September 2020. When MDHHS begins to process redeterminations again, it is anticipated that the caseload count will drop.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.



COVID-19 – EXECUTIVE ORDERS

Orders intended to lessen the impact of the COVID-19 pandemic on the people of Michigan. The orders dealt with wearing face masks in public, social distancing from others, limiting the size of gatherings, closure of certain non-essential businesses or requiring other businesses to operate at limited capacity, establishment of acceptable protocols to protect the health and safety of workers and the people they serve, and many other subjects. She issued the orders through authority granted to her by the Emergency Powers of the Governor Act of 1945. On October 2, 2020, the Michigan Supreme Court ruled that the Act did not authorize these actions.

Although the Court determined that the Governor lacked authority to issue these orders, it did not preclude the Michigan Department of Health and Human Services (MDHHS) from issuing similar orders under the state’s Public Health Code. As such, MDHHS Director Robert Gordon has issued several Executive Orders since October 2 through the pandemic powers authorized to him in the Public Health Code. These orders, as well as others issued by MDHHS since March that complemented the Governor’s orders, are numerous and available on the [MDHHS website](#). In addition to the orders, the website includes a wide range of infographics, fact sheets and other informative documents. The MDHHS has also issued several [press releases](#) related to these orders, which provide additional information.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

BEHAVIORAL AND OPIOID HEALTH HOME SERVICES

On October 19, 2020, the Michigan Department of Health and Human Services (MDHHS) [announced](#) that federal approval has been received allowing expansion of the Behavioral Health Home and Opioid Health Home initiatives in select Michigan counties to provide care management and coordination services for Medicaid beneficiaries with a serious mental illness or serious emotional disturbance, and an opioid use disorder, respectively. The announcement provides details related to the service areas into which the initiatives will be expanded.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

BE KIND TO YOUR MIND

On October 28, 2020, the Michigan Department of Health and Human Services [announced](#) a new statewide media campaign – *Be Kind to Your Mind* – that urges residents to seek relief from COVID-19-related emotional distress by talking to a trained crisis counselor. The campaign promotes use of Michigan’s free and confidential *Stay Well* counseling phone line. People can access this line by dialing the COVID-19 hotline at 888-535-6136 and pressing “8” at the prompt. Language translation is available for non-English-speaking residents.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.





SUPPORTS FOR OLDER ADULTS

On October 1, 2020, the Michigan Department of Health and Human Services (MDHHS) released a new [Michigan State Plan on Aging](#) that will help older adults be more aware of available services, understand how to remain socially connected, and have the opportunity to make their own decisions.

On October 16, 2020, MDHHS [announced](#) a new service designed to help older adults learn how to navigate technology such as videoconferencing and telemedicine, which have become more necessary during the COVID-19 pandemic. The Aging & Adult Services Agency within MDHHS has partnered with GetSetup, an education technology company dedicated to creating economic and learning opportunities for older adults. With an internet connection, people can access more than 150 free online group classes covering such topics as how to use a smartphone or tablet, how to use services like videoconferencing, Gmail, Facebook, grocery delivery and telemedicine, as well as virtual social hours.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

DIRECT CARE WORKERS

The Michigan Department of Health and Human Services (MDHHS) has announced new initiatives designed to increase the number of qualified direct care workers to assist the state's growing population of aging adults and others needing community-based supports.

On October 19, 2020, MDHHS [announced](#) a \$3.9 million project, funded through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, that will offer retention payments to newly hired direct care workers. MDHHS has partnered with three waiver agencies – Detroit Area Agency on Aging, Area Agency on Aging 1-B, and Reliance Community Care Partners – to implement the project. MDHHS defines “newly hired direct care workers” as individuals who have not worked as a direct care worker in home and community-based services for at least 60 days before the date of hire. The goal is to hire and retain at least 2,000 new workers before the end of December 2020, and the workers could receive up to \$1,600 if they complete training and 300 hours of work before the end of December.

On October 22, 2020, MDHHS [announced](#) a partnership with and a \$50,000 grant to IMPART Alliance at Michigan State University's College of Osteopathic Medicine to develop infection control training for direct care workers and family caregivers providing home and community-based services for Michigan's Medicaid beneficiaries. The training will be free of charge and offered in December 2020.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

RESIDENTIAL LEAD HAZARD SERVICES

On October 12, 2020, the Michigan Department of Health and Human Services [announced](#) grant awards totaling more than \$7 million to expand residential lead hazard control services to



eligible Medicaid households. Grant funds may be used for activities including but not limited to lead inspections, removal of lead-based paint, removal of faucets and fixtures deemed a lead hazard, and temporary relocation of residents during lead abatement activities. The seven grantees are identified in the announcement, with the amounts of their awards. Activities must be completed by September 30, 2021.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.

MEDICAID POLICIES

The Michigan Department of Health and Human Services (MDHHS) issued six final and five proposed policies in October that merit mention. Three of the final policies were simultaneously released for public comment. The policies are available for review on the department's [website](#).

- **MSA 20-66** was issued September 30, 2020, as part of the state's **COVID-19** response, to inform **Nursing Facilities, Assisted Living Facilities, Hospitals, Prepaid Inpatient Health Plans, MI Choice Waiver Agencies and Others** of revised policies related to **Care and Recovery Centers to treat COVID-19 patients and residents requiring nursing facility care**. This policy was **simultaneously released for public comment** (2065-LTC) with comments due to MDHHS by November 4, 2020.
- **MSA 20-63** was issued October 1, 2020 to inform **Bridges Eligibility Manual Holders and Program of All-Inclusive Care for the Elderly (PACE) Providers** of upcoming **changes in financial eligibility requirements for applicants and participants in the PACE program**.
- **MSA 20-54** was issued October 2, 2020 to advise **Home Health Agencies, Medicaid Health Plans and Integrated Care Organizations** of **changes in home health agency documentation requirements**.
- A proposed policy (**2052-Lab**) has been issued that would **update and clarify the process for obtaining MDHHS authorization for genetic and molecular testing**. The policy would also introduce a **new laboratory authorization form** required when requesting test approval. Comments are due to MDHHS by November 13, 2020.
- **MSA 20-67** was issued October 12, 2020 to advise **Practitioners, Hospitals, Federally Qualified Health Centers, Pharmacies, Maternal Infant Health Program Providers and Others** that, **contingent upon federal approval of a State Plan Amendment**, Medicaid will **cover behavioral health services** necessary to prevent, diagnose, and treat a broad range of behavior health symptoms and disorders **for participants in the Medicaid Maternity Outpatient Medical Services (MOMS) program**. This policy was **simultaneously released for public comment** (2062-MOMS) with comments due to MDHHS by November 16, 2020.



- **MSA 20-65** was issued October 14, 2020, as part of the state's **COVID-19** response and in an effort to increase access to vaccines, to advise **All Providers** that MDHHS is **adding pharmacy reimbursement for influenza vaccines administrated to children, increasing sites where influenza vaccine services may be reimbursed, and increasing vaccine administration fees**. This policy was **simultaneously released for public comment (2064-Pharmacy)** with comments due to MDHHS by November 18, 2020.
- **MSA 20-68** was issued October 30, 2020 to inform **Bridges Eligibility and Administrative Manual Holders and the Medicaid Non-Emergency Medical Transportation (NEMT) Contractor** of **changes in medical verification and reimbursement policy for NEMT services** provided to Medicaid beneficiaries receiving such services on a fee-for-service basis.
- A proposed policy (**2048-Dental**) has been issued that would **remove the requirement to submit radiographs with prior authorization requests for complete dentures, clarify prior authorization and billing instructions for incomplete dentures, and add nitrous oxide to the list of non-covered benefits**. The policy would also promulgate and provide a **new Dental Chapter in the Medicaid Provider Manual**. Comments are due to MDHHS by December 4, 2020.

In addition, MDHHS has released six L-letters of potential interest, which are available for review on the same website.

- **L 20-59** was released October 20, 2020 to provide guidance to **Skilled Nursing Facility Providers** related to **Level of Care Determination Door 0**.
- **L 20-62** was released October 21, 2020 to remind providers of another round of federal funding available through the **Provider Relief Fund** established to compensate providers for appropriate expenses and lost revenue due to COVID-19. An additional \$20 billion of assistance is available to providers nationally with **applications due to the Health Resources and Services Administration by November 6, 2020**.
- **L 20-65** was released October 21, 2020 as part of the state's **COVID-19** response and to **update reporting requirements for Skilled Nursing Facilities**. The federal government is requiring **facilities to report specific data elements to MDHHS**, and the letter provides details.
- **L 20-63** was released October 28, 2020 as a notice to Tribal Chairs and Health Directors of the department's **intent to submit a State Plan Amendment** to CMS to update the Medicaid State Plan with **additional psychiatric services that qualify for increased reimbursement when provided to beneficiaries under age 21**.



- **L 20-66** was released October 28, 2020 to advise **Home Help Individual Caregivers** that the **\$2.00 per hour COVID-19 premium pay has been extended through December 31, 2020.**
- **L 20-67** was released October 28, 2020 to advise **Home Help and MI Choice Waiver Agencies as well as MI Health Link and Behavioral Health providers** that the **\$2.00 per hour COVID-19 premium pay for direct care workers has been extended through December 31, 2020.** The letter specifies the procedure/service codes to which the premium pay applies and provides other details regarding distribution of the payments.

For additional information, [Cammie Cantrell](#), at (517) 482-9236.





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