



# Beyond the Bill: How Pair Team and MCOs Are Meeting Community Needs under HR1 (OBBBA)

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## HMA Insights Support Complex Problem Solving

HMA works on the principle that the best solutions come from those with real-world career experience making our healthcare and human services systems work better in states and communities across the nation. We work across disciplines and geographical areas to put that knowledge to work for every client.



### HMA knows all healthcare is local

HMA consultants have designed health policy and programs, managed care access and delivery. They understand the unique **geographic and community dynamics** that drive better health.

### HMA knows healthcare rules and regulations

HMA consultants have been the agency leaders and have staffed the lawmakers and regulators who set the rules. They understand the constraints that help and hinder innovation.

### HMA knows healthcare is complicated

HMA consultants come from **all sectors of the industry, public and private**. Our clinicians and business experts have led practice, systems and business transformations. They know innovation needed to make healthcare work better.

### HMA knows healthcare is data-driven

HMA analysts and actuaries have deep experience building **analytical models and tools** to support critical decisions that impact finances for payers, providers, and patients. They are leading the way toward a more digitized healthcare ecosystem.



# Speakers



**Carter Kimble**

*Principal  
HMA*



**Jami Snyder**

*Former Texas HHSC  
Commissioner and Former  
Arizona Medicaid Director*



**Neil Batlivala**

*Founder and CEO  
Pair Team*



**Nate Favini, MD, MS**

*Chief Medical Officer  
Pair Team*



Webinar

# Agenda

01

The impact of HR1 (OBBBA)

02

Pair Team's model and  
partnerships

03

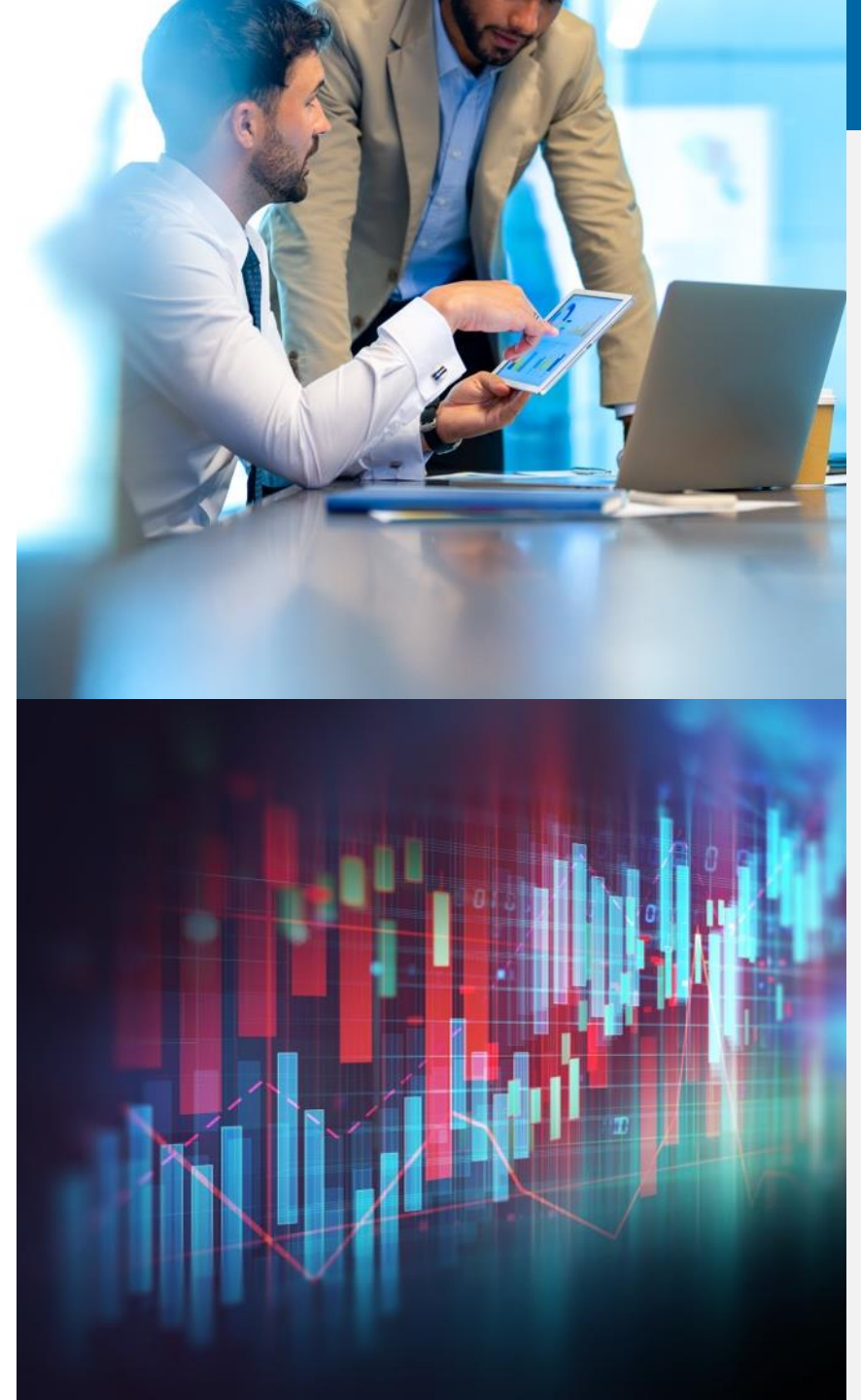
Panel discussion: Meeting  
community needs

04

Questions & Answers

# Learning Objectives

1. Briefly break down HR1's most critical provisions and what they mean for Medicaid and MCO operations.
2. Discover how Pair Team and MCOs are co-designing solutions leveraging technology.
3. Identify best practices for engaging populations facing barriers such as behavioral health needs, housing instability, and transportation challenges.



# Overview

- **On July 1, the Senate passed the budget reconciliation bill, HR1 (OBBBA), the House approved this version on July 3.** The Senate made substantial changes to the approach and scope in the initial House bill passed May 22.
- **President Trump signed HR1(OBBBA),** formally setting into motion more definitive analysis of the effects and changes to the healthcare and health adjacent sectors.
- **HR1 (OBBBA) will directly affect publicly financed coverage in 2 areas:** tightening eligibility and enrollment policies for non-citizens and restricting approaches for state Medicaid financing, including changes to parameters for provider taxes and state directed payment policies.
- **This slide deck highlights several of the most significant health and health-adjacent provisions included in HR1(OBBBA),** including key takeaways and trends that may emerge in 2025 and beyond.

# Notable Policy Changes in the Final Reconciliation Bill (OBBBA)

## Medicaid Changes

- Requires 6-month redetermination and community engagement for select populations
- Tightens rules on health care-related taxes ("provider taxes"),\* including lowering permissible tax rate
- Restricts payment levels for state-directed payment policies
- Creates a \$50B Rural Health Transformation Program to support financially strained providers

## Marketplaces

- Eliminates ACA subsidy eligibility for certain lawfully present immigrants
- Ends conditional eligibility for ACA subsidies as well as passive re-enrollment
- Eliminates the cap on ACA subsidy repayment at tax time

## More Limited Medicare Package

- Enacts ORPHAN Cures Act
- Provides modest one-year physician payment increases
- Excludes broader reforms to Medicare physician pay and pharmacy benefit managers

\*The term provider taxes is inclusive of services of managed care organizations and other classes of health care items and services listed under section 1903(w)(7) of the Social Security Act.

# Congressional Budget Office Estimates

The Congressional Budget Office (CBO) has provided several estimates of the cost and coverage effects of the healthcare coverage and tax provisions in multiple versions of the reconciliation legislation.

The Medicaid, Medicare, and ACA related provisions in the Senate substitute amendment would reduce healthcare spending by about \$1.15 trillion over the next 10 years

The Congressional Budget Office (CBO) estimates\* that H.R. 1 would decrease deficits by \$0.4 trillion, relative to the budget enforcement baseline for consideration in the Senate

CBO's analysis of the Senate Finance Committee's provisions estimates that H.R.1 will increase by 11.8 million the number of people without health insurance in 2034

\*This is based on "current-policy" baseline that assumes tax cuts will remain in place, therefore having no revenue effect. Earlier CBO estimates used a current law baseline that assumed a policy change that would increase deficits \$3.4T over the 2025-2034



# HR 1: A New Era for Medicaid

- Expands expectations for MCOs to address social drivers of health
- Emphasizes whole-person, community-centered care
- Requires stronger accountability, reporting, and engagement metrics
- Raises the bar for partnerships with community organizations



# The Challenge



- Many Medicaid members remain disconnected from needed services
- Barriers: housing, behavioral health, transportation, digital access
- Fragmented systems limit coordination between health and social services
- Trust gaps persist in underserved communities

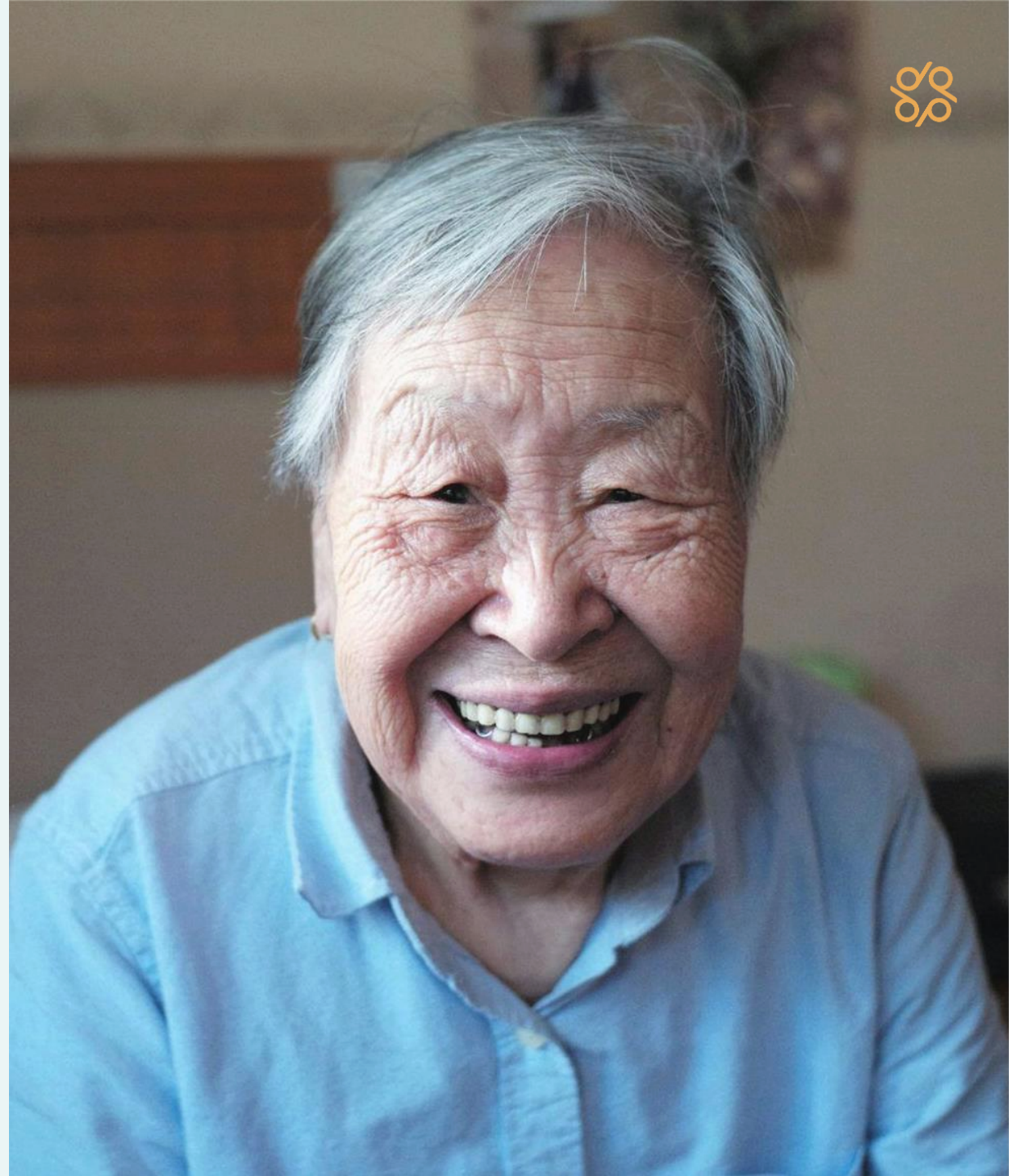


# Pair Team's Social + Medical ACO

Community-integrated Value-based  
Care Management and Navigation for  
Medicaid and Dual-Eligible Members

# Whole care, For whole lives

Pair Team is a technology-enabled medical group and connected care ecosystem: combining human empathy, cutting-edge technology and community partnerships so more people can reach their full potential.





# The Problem

More than half of Medicaid and dual-eligible members face barriers that make them difficult to engage, driving poor outcomes and high costs.

Pair Team focuses on these populations with high barriers to engagement:

- Homelessness/housing insecurity
- SMI / SUD
- Frequent ED and hospital utilization
- Justice-involved
- Kids in child welfare
- Seniors at risk of institutionalization
- Rural residents
- Limited English Proficiency

# A Novel Community-Integrated Approach

## Social-First Approach

Pair Team engages members through our **Community Care Hub**, meeting needs for **housing, food, transportation** and other **social support services** to drive deep engagement and outcomes.



## Multidisciplinary Team

Pair Team's medical group includes **Community Health Workers, RNs, LCSWs, & NPs**—working together to deliver longitudinal, whole-person care across medical, behavioral, and social needs.



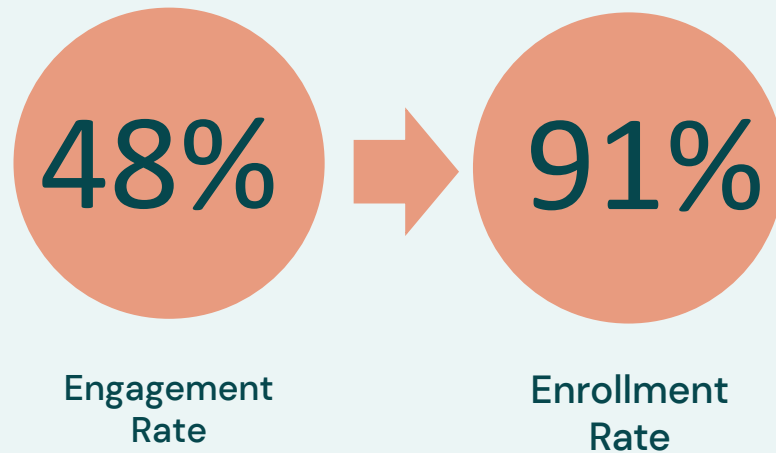
## AI-Enabled Care

Pair Team leverages technology to deliver **efficient, high-quality care at scale**—streamlining coordination, reducing barriers, and ensuring every member receives timely support.

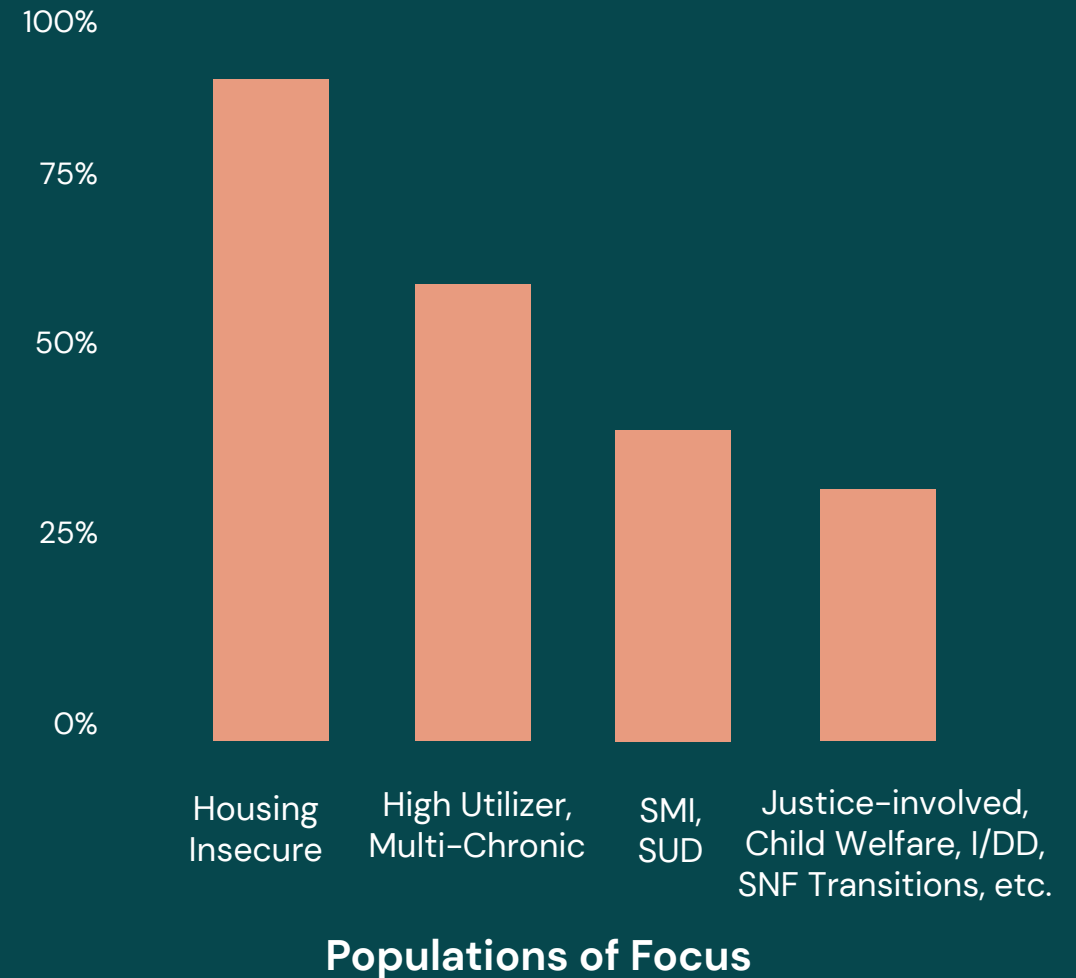


## We Reach Unengaged and At-Risk Members in the Community

- CHWs & Contracted Network of CBOs
- Payer Rosters
- Social-First Digital Marketing



Serving >15K patients with high social and medical complexity today



# 95% Member Retention *with Supporting Patients with:*

## HRSN via CBOs & CHWs

- **Food Resources**  
Food stamp applications, pantry coordination, grocery delivery
- **Coaching and Education**  
Chronic care education, smoking cessation, nutrition, health literacy
- **Housing Coordination**  
Emergent, transitional and long-term placement support
- **Work and Financial Support**  
Job search, eligibility and recertifications

## Care Navigation

- **Virtual Urgent Care**  
NP after hours support for ED diversion
- **Transportation Support**  
Bus pass programs, coordinate all care-related travel, accompaniment
- **Care Coordination**  
Across PCP, BH, dental, specialty, and diagnostics

## Clinical Quality

- **Quality Gap Closures**  
Targeted HEDIS gap closure and improved STARS performance
- **Behavioral Health Support**  
PHQ-9s, med management, psychiatrist coordination
- **Chronic Care Management**  
NP medication management, RN check-ins, education



# Actuarially Demonstrated, Peer-Reviewed Results



## Sources:

Mueller, L., Batlivala, N., et al. A Novel Intervention for Medicaid Beneficiaries with Complex Needs. *JGIM* (2025).

Wakely Actuarial Study (2024). Savings reflect total medical + BH cost of care, expressed as PMPM and % of baseline.



Engagements per patient  
per month



Reduction in Emergency  
Department Utilization



Reduction in Inpatient  
Admissions



Annual Net Savings Per  
High-Risk Patient

# Improvements in Key HEDIS Measures

## Diabetes (GSD)

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% of diabetic patients  
with Hemoglobin  
A1c > 9% or missing

**63% pre → 30% post**

% of diabetic patients  
with Hemoglobin  
A1c < 8%

**29% pre → 59% post**

## Hypertension (CBP)

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% of hypertensive  
patients with BP  
<140/90

**50% pre → 67% post**

## Depression (DRR- E)

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Patients with  
depression at  
onboarding

**57% experience  
remission of their  
depression**

(79% experience reduction  
in PHQ-9)

## Transitions of Care (FUA, FUM, FUH)

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**>95% completion  
rate  
<7 day average**



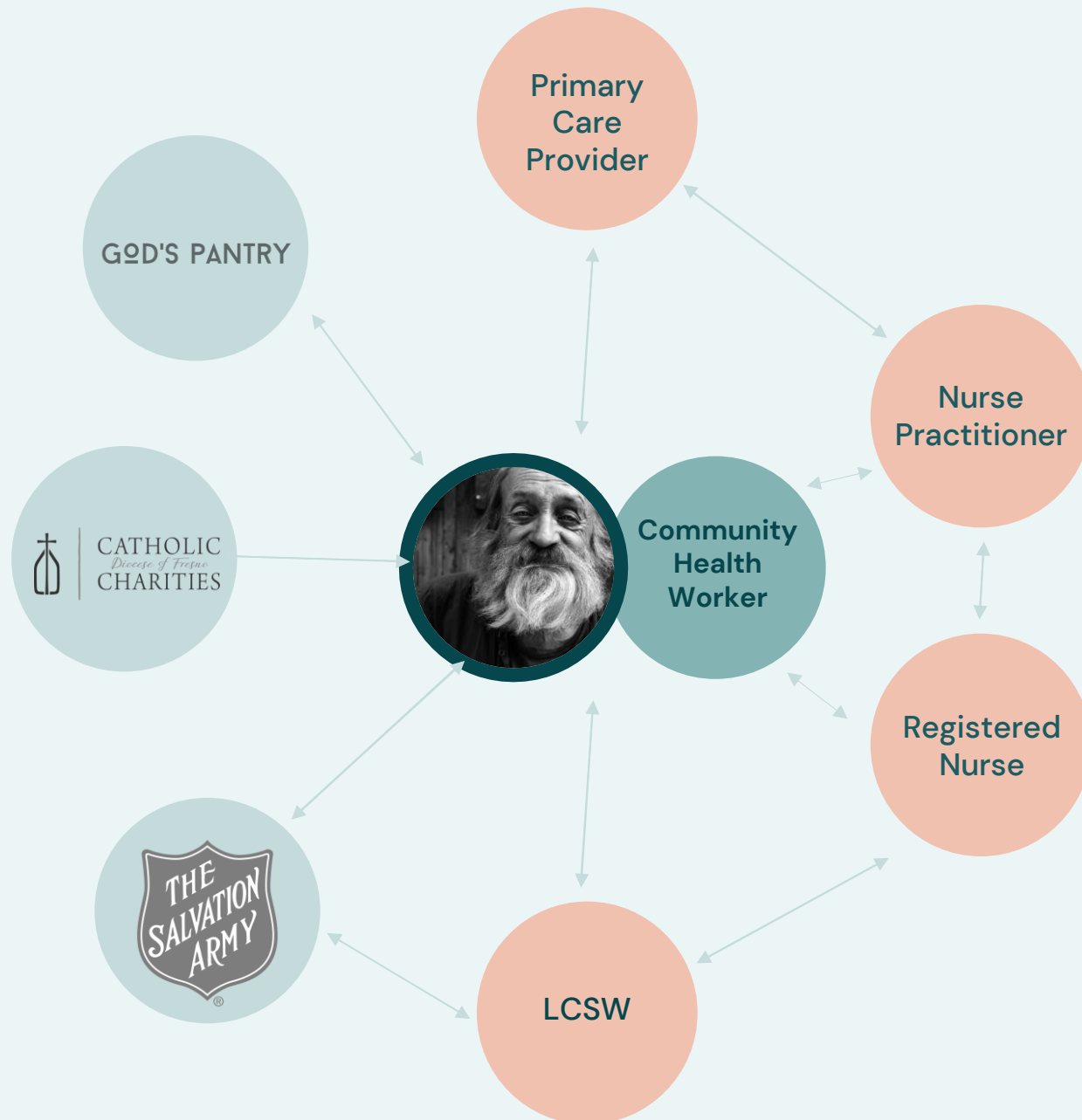
# A High-Touch Model for the Most Complex Needs

Pair Team's integrated model brings together **medical, behavioral, and social care** with a **Community Care Hub** for social supports.

This includes:

- Community Health Workers (CHWs)
- Registered Nurses (RNs)
- Licensed Clinical Social Workers (LCSWs)
- Nurse Practitioners (NPs)
- Shelters, food pantries, domestic violence organizations, etc.

We collaborate with PCPs in the community or can serve as PCP directly



# Our care platform is designed for care teams and network of community partners

>500

Community-Based  
Care Team  
Members

>100

Community  
Partners



CATHOLIC  
Diocese of Fresno  
CHARITIES



mercyHOUSING

GOD'S PANTRY

Avalon LA  
A HOMELESS ORGANIZATION

LightHouse  
Social Service Centers

interfaith  
community services

TruConnect



24hour  
home care®

Parent  
RESOURCE CENTER  
portfamilies.org

CRM with phone, call,  
and SMS support

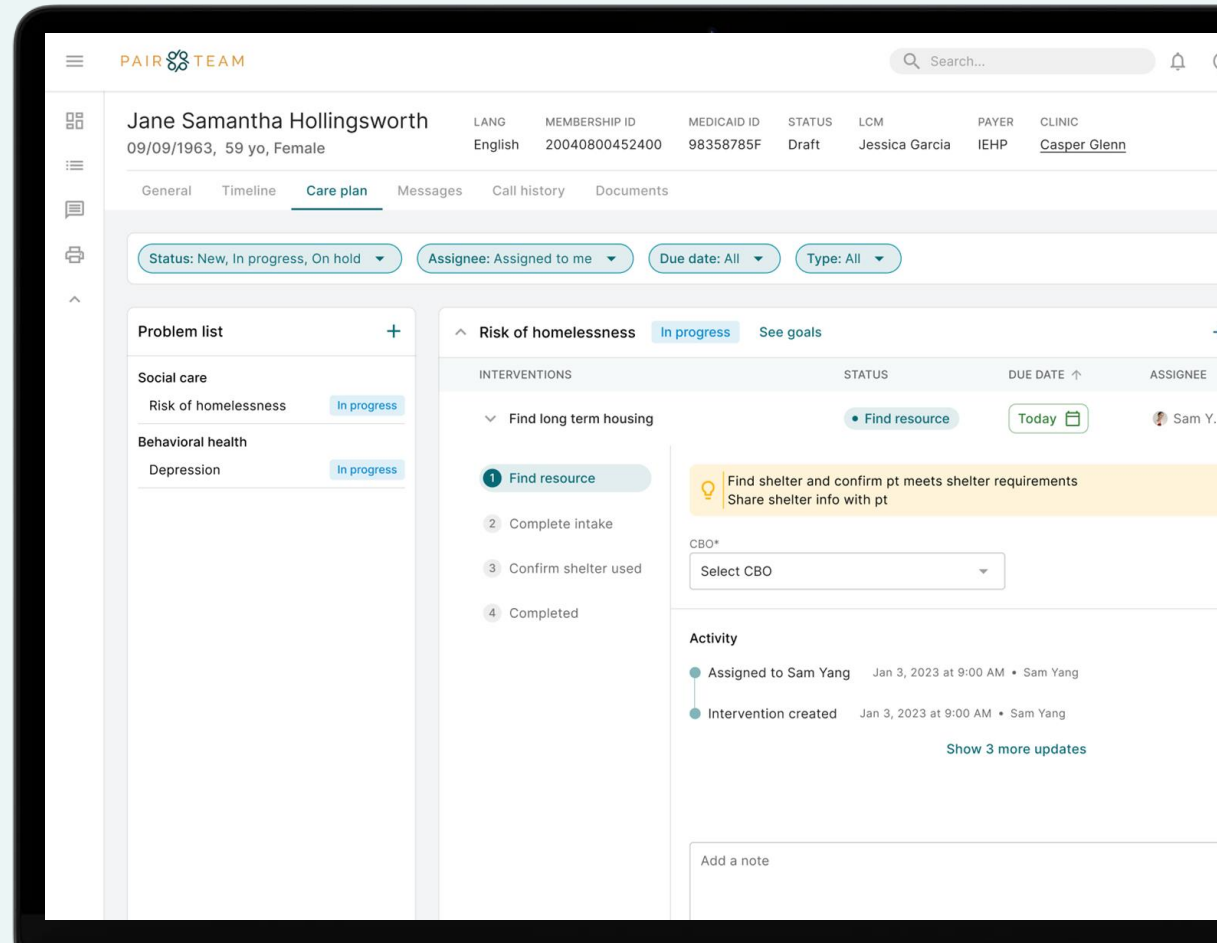
Care planning and  
workflow  
management

Benefits eligibility  
and enrollment

Network and  
referral management

Reporting,  
payments, and  
claims management

HIPAA and SOC II  
compliant

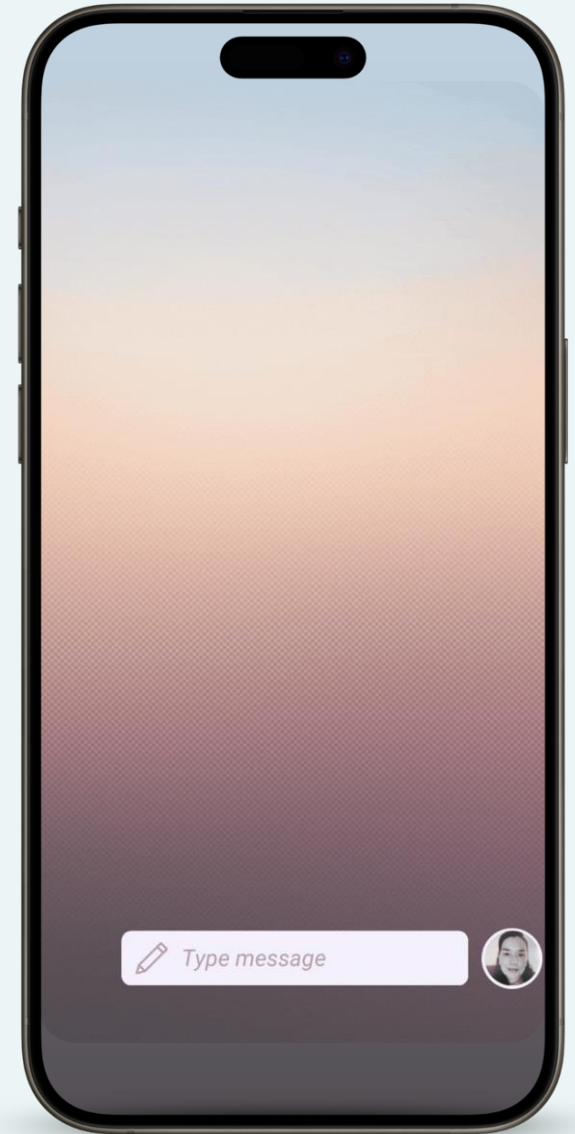




# Cost-effective Care Navigation for Everyone Who Needs It

Pair Team's AI-enabled CHWs deliver proactive outreach at scale:

- HEDIS gap closure
- Complete screenings and assessments
- Medicaid redetermination support
- Address social needs



# Working with Leading Health Plans

Serving High-Needs Medicaid & Dual-Eligible Members



# Our Philosophy of Care



## Built on Trust

At Pair, trust starts in the community. Our CHW-led care teams, in partnership with local CBOs, build real relationships by meeting patients where they are. Because our care team has lived experience within the communities we serve, patients know they'll be heard, supported, and treated with dignity.



## Whole Person Care

Beyond addressing specific health concerns, we focus on the entire well-being of our members. Recognizing that physical, mental, emotional, and social factors are interconnected, our holistic approach ensures that every facet of a patient's health is given attention.



## Community Collaboration

We've restructured care to start with what matters most—addressing the social drivers of health. By employing CHWs from the community and integrating with community organizations, we prioritize patients' immediate needs, build trust and create a strong foundation for long-term engagement in medical and behavioral health care.

# Panel Discussion



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# Panel Discussion Themes



- Building trust at the community level
- Aligning MCO and state priorities under HR1 (OBBA)
- Leveraging data and technology for smarter engagement
- Scaling sustainable, community-based solutions

# Closing

- HR1 (OBBBA) creates both challenges and opportunities for MCOs
- Pair Team + MCO partnerships demonstrate the power of technology and community integration
- Together, we can deliver measurable impact for vulnerable populations
- Thank you for joining us

