An Ohio AAA reveals lessons learned from decades of managed care

Direction Home made a conscious effort to slowly woo healthcare executives and practitioners into vacant seats on their board of directors.

This Aging Today supplement features four organizations that have been selected to participate in a Trailblazers Learning Collaborative (TLC), convened by n4a and funded by ACL. They are the “front runners” from the Aging and Disability Networks, the first group of CBOs to tackle CBO–healthcare partnerships issues. They will serve as a “think tank” for prototyping and collectively work toward solutions to address next-generation challenges and opportunities in contracting.

Direction Home’s first foray into working with healthcare systems began almost 20 years ago with partnerships to provide community assessments directly in the hospital. In this collaboration, nurse assessors from Cook’s Area Agency on Aging (AAA) would meet with patients and families to determine the level of care needed for an older adult, and specifically what supports were required around activities of daily living. From there, assessors would evaluate a family’s financial situation and assess its ability to cover costs of necessary services and supports and then develop an actionable care plan. Up to this point, this was a free service to the community, funded by the Ohio Department of Aging. PASSPORT Medicaid Waiver, but not routinely accessible in the hospital itself.

Direction Home decided years ago that one of their main missions was to keep people who were transitioning from hospital settings out of nursing homes, it would make sense to base their community assessors within hospitals. Direction Home now has assessors in 12 hospitals, reporting on health systems in the Akron-Canton area.

The hospitals provide offices, telephones and access to patients and staff. AAA assessors are part of the care planning process, taking care of such details as determining whether patients are eligible for Medicaid waiver home- and community-based services, which will eventually help patients when they transition to their home from the hospital or from rehabilitation facilities. Connecting patients to community services before they leave care plans, thereby reducing hospital readmissions. Having assessors as such an intrinsic part of hospital transition protocols also means that Direction Home can facilitate access to the Medicaid waiver program for more people.

When the Centers for Medicare & Medicaid Services (CMS) put up a $500 million pilot program to test the premise that CBOs could play a role in reducing hospital readmissions through the Community-based Care Transitions Program, one of the first agencies to receive funds for the project was Direction Home.

Culture Change a Key Partnership Strategy

Such strategies for partnering with healthcare entities need to be a part of an organization’s long-term objectives, and require through thinking, says Cook. Direction Home made a conscious effort to slowly woo healthcare executives and practitioners into vacant seats on their board of directors, as part of a method they call IDEA: Identify, stake- holders, Develop, relationships, Explore.

Aging and Disability Business Institute—
a helpful resource for CBOs on the integrated care path

The Aging and Disability Business Institute was established in April 2016 to improve the health and well-being of older adults and people with disabilities through improved and increased access to quality services and evidence-based programs. Led by the National Association of Area Agencies on Aging (n4a), it includes seven other leading organizations in the aging and disability sector—the American Society on Aging, Independent Living Research Utilization/National Center for Aging and Disability, Partners in Care Foundation, Elder Services of the Merrimack Valley, Inc., the National Council on Aging (NCOA), the Evidence-Based Leadership Council and Meals on Wheels America. The Business Institute is funded by the John A. Hartford Foundation, the Administration for Community Living, The SCAN Foundation, The Gary and Mary West Foundation, the Colorado Health Foundation and The Buck Family Fund of The Marin Community Foundation.

The Business Institute has been busy since its inception a year ago creating the Business Institute website (www.aginganddisabilitybusinessinstitute.org) is an all-encompassing resource for business acumen skill development. The site is organized to help CBOs determine how far along they might be in their evolution toward working with managed care or other healthcare partners in contracting arrangements, walking site visitors through steps and related resources via level of knowledge.

Each website category, “Get Started,” “Understand the Landscape,” “Define Your Value,” etc., up to “Deliver Measureable Results,” includes a variety of resources from participating partners and in the form of webinars, articles (many are from Aging Today), presentations, toolkits, roadmaps and videos.

The site also offers grant announcements, upcoming event notifications, a blog with practical tips about contracting with healthcare entities, as well as the latest news about policy changes that may impact the ability of CBOs to partner with managed care organizations and other healthcare entities. Also featured are detailed success stories of CBOs that have effectively worked with healthcare entities and are reaping the benefits, and contacts for and descriptions of consultants working in this field. Finally, the site’s “Ask an Expert” section lets visitors submit detailed questions from their organizations.
TIM Talks webinar series: lively advice on business acumen

Webinars offer a path to navigate the world of integrated care

Ohio AAA reveals lessons

common interests and Align activities. “It really works, it’s an evolutionary process that’s strategic in nature,” says Cook. Throughout this journey, healthcare executives and physicians were able to see in detail how Direction Home ran its agency. These close relationships helped im-

mense for future partnering, but by an overwhelming margin, the biggest key to partnering success for Direction Home was culture change. As AAs, Cook says, have traditionally acted as extensions of government, with virtually all contracts flowing through local, state and federal governments. In the new managed care world order, these contracts are risk-

The Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) have joined efforts to integrate care for people with Medicare and Medicaid (dual eligibles) and how ag-

certainty and Health Promotion Pro-

growing their business model, marketing plan, strategy and implementation of a business plan to operate a care management program connecting with local health care providers.

CMS-Proposed 2016 Medicare Rule Changes and the Role of the CBO

Hear from the Administration on Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) about new efforts to integrate care for people with Medicare and Medicaid (dual eligibles) and how age-

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“Time of Transformation: Changing Long Term Services and Supports (LTSS) Environment for the Aging and Disability Network”

July 22, 2016: “Finding Champions and Building Partnerships between Community-Based Organizations (CBOs) and Long Term Care Providers”

If you see changes coming down the pike as a threat, you won’t position yourself to survive. As Ohio increasingly employs a managed care model to operate what had pre-

viously been state government-operated Medicaid systems, it has established rela-
tionships with Managed Care Organiza-
tions (MCOs), which in turn use Direction Home as a subcontractor that takes over the long-term care portion of their services. When offered the choice of building an MLTSS infrastructure from scratch or buying services from Direction Home and the Ohio Aging network, Cook says they have convinced MCOs in north-
east Ohio that it’s preferable to buy long-
term care management services, leaving the MCOs to do what they do best, which is acute care management.

Direction Home and the Ohio AAs already knew how to run long-term care services, being familiar with all the nec-

essary details daily to provide clients with the help and support that allow them to successfully live in their commu-

ity. “We’ve been doing this for 30 years under the PASSPORT Waiver,” says Cook. “So the MCOs can start with the assumption that the product (we pro-

device).”

Lessons Learned

Much of the process of evolving into a more business-like, outcomes-directed organization centers around practical challenges like quantifying risk and true-
cost accounting, says Cook. Direction Home must accurately evaluate the true costs of providing services, in order to charge the right amount and ensure their agency’s financial sustainability. There is a degree of specificity for which a much smaller margin of error to running a business this way, when compared to the previous government-dominated model of “spending X dollars now or Y dollars getting something the next year,” says Cook. Any monies made over and above expenses are chan-

neled back into the business to further its mission and improve its services.

Effecting a culture change that em-

phasizes this business model is the big-

gest takeaway lesson from his work with managed care. Cook says the culture change depends upon your corporate culture.

Many boards of directors resist rather than move with change. If you see chang-
es coming down the pike as a threat, you won’t position yourself to survive. But, if you see changes as opportunities, then you can figure out how to make it work. A second lesson lies in the value of data. This can also be a part of evolving corporate culture because data analysis, computer program morality and financial analysis are not in plentiful supply at AAs, says Cook, so such experts may have to be hired on staff or as contractors. But the data need to exist and must be mined. This also applies to the healthcare side: MCOs and healthcare systems have to be willing to collect and share their data on outcomes and other commonly agreed upon performance metrics such as hospital admissions, emergency de-

partments visits and readmissions.

FQHCs’ relationship relates to language. “Hospitals and MCOs are not going to learn your language,” says Cook. It is up to the CBO to learn the health-
care lexicon. Finally, reinventing on one’s laurels is not an option. Cook is currently working through the Ohio Association of Area Agencies on Aging, figuring out how to carve out a role for Direction Home within a new Ohio state proposal that would take what re-

mains of the old Medicaid waiver system and give it a new role in managed care.

It’s likely Cook’s experience helping to secure a new role for his organization with the state will serve as valuable fod-
er for imparting wisdom through the Trailblazer Learning Collaborative.

Continued on page S-6
A meals program in Connecticut keeps cardiac patients at home and out of the hospital

According to Labonte, hospitals are just beginning to understand that if a patient can be kept healthy at home, they likely will not be readmitted. But hospitals in Connecticut and across the nation are struggling, she says, so it is difficult to convince them to begin new programs or procedures that might be needed to save them while providing quality services that will keep their patients healthy at home. "This will require CBOs to shift from an output to an outcome mentality," Labonte says.

"I'm now confident that the package we're providing services to at home, including ongoing nutrition counseling and monitoring, can do, with success," says Labonte. "But that's not to say that what we were saying didn't make sense. We have to be ready and willing to serve [the hospitals] immediately."
Tool assesses CBO readiness to partner with healthcare entities

By Erin Lockwood and Lori Peterson

Collaborations and partnerships of community-based organizations (CBOs) and healthcare providers are transforming the way older adults are being served and supported in the community. In its third year, the ASA and n4a Business Acumen Summit will present lessons learned in the ASA/n4a partnership and via the Trailblazers Learning Collaborative. This is proven, actionable content that can help CBOs and health-care providers progress to new levels of expertise in seeking productive and financially sound collaborations and partnerships.

The ASA and n4a Business Acumen Summit will be held on Thursday, March 29, 2018, from 9 a.m. to 1 p.m. during ASA’s 2018 Aging in America Conference, March 26–29, at the San Francisco Hilton Hotel. For the Summit program schedule and other information, visit www.asaging.org/aiac (the AIA Web page will be live on Oct. 2, 2017). ■

Aging Today Sept.–Oct. 2017

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The March 29 Managed Care Summit will take attendees through the key elements of a community-based organization readiness assessment that will help CBOs to re-craft systems and processes in alignment with new business practices and changing incentives. Other sessions include three 90-minute Managed Care Boot Camps, as well as many other workshops offered during the Aging in America Conference—education that focuses on related critical issues and topics. The 2018 Boot Camps will take place on Monday, March 26, from 9 a.m. to 10:30 a.m.; Tuesday, March 27, from 9 a.m. to 10:30 a.m.; and Wednesday, March 28, from 1 p.m. to 2:30 p.m.

20 more peer-reviewed workshops will cover an extensive selection of topics from community-based organizations that have substantial experience in the integrated care space plus offerings from other organizations involved in the Aging and Disability Business Institute. Please visit ASA’s site for 2018 conference details and to register, at http://asaging.org/aiac (the AIA Web page will be live on Oct. 2, 2017).

The Managed Care Academy series of programs is part of a larger project, the Aging and Disability Business Institute. ASA is grateful to our Business Institute funders and partners. Each issue of Aaging Today includes Business Institute-sponsored columns about improving the ways healthcare is delivered to older adults, and how community-based organizations can create sustainable business practices. Additionally, ASA has created multiple web seminars on managed care and will release a second Managed Care Field Guide, later this year. Though ASA’s Generations journal, in Spring 2018. This project is made possible by a three-year grant funded by The SCAN Foundation, The John A. Hartford Foundation, the Administration for Community Living, the Gary and Mary West Foundation, the Marin Community Foundation and the Colorado Health Foundation.
Foster growth, while preserving a service culture of dignity and respect

Abil360: fostering growth, while preserving a service culture of dignity and respect

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Phyll Pangrazio, president and CEO of Ability360, an independent living center in Phoenix, Ariz., readily admits he wasn’t working there when the center first conceived its highly successful homecare program, but he has known what is now one of our country’s largest centers for independent living grow rapidly and steadily during its 17-year tenure and nine prior years of service on the board of directors.

The center offers a long list of services: independent living skills training, peer support and mentorship, information and referral, advocacy, home modifications, recreational and social programs, early intervention and outreach to rehabilitation hospitals, re-integration from nursing homes to the community, youth transition to adulthood in school districts, (regarding independent living skills) sports and fitness, Social Security work incentives consulting and a Ticket to Work employment program. Though the center doesn’t offer housing, it operates one small residence—a donated gift from a community member—that serves as transitional housing for people coming out of rehabilitation facilities.

Expansion Sparked by the Advent of Managed Care

Arizona was the last state to opt into the federal Medicaid program and the first to adopt managed care when in 1982 it created its state Medicaid agency: AHCCCS (the Arizona Health Care Cost Containment System). “Arizona’s conservative legislature liked the name and acronym ‘AHCCCS’ because it didn’t use the word Medicaid. In fact, some probably didn’t know it was, thus we became the first state in which the Medicaid agency was under managed care,” says Pangrazio. “I may the county got out of managing the long-term-care business entirely as AHCCCS4 put it out to bid to the private sector. ‘That’s when companies like United Healthcare, CIGNA, MeritCare (part of Dignity Health), and eventually Centene came into the marketplace to bid on the long-term-care program, and when we first started having a relationship with a healthcare managed care company,” says Pangrazio. From 2000 on, Ability360 has had contractual relationships with Mercy Care, a Medicaid Managed Care organization, and other such healthcare entities.

Today, Ability360 employs 2,600 homecare workers, scattered across the state.

Formerly named ABIL [Arizona Bridge to Independence], the Maricopa County health system employed just enough workers to pop up across the country. Pangrazio says, and the center had a three-year, $25,000 per year grant with Dignity Health’s Barrow Rehabilitation Center, for consumers leaving the hospital to use the Ability360 sports and fitness center for rehabilitation and transition back to community life. This is another service Pangrazio recommends independent living centers consider offering in some fashion to healthcare entities.

In the future, Pangrazio would like to build up a program that he feels has been very well received, which is outreach to rehabilitation hospitals to offer information and referral and peer counseling and mentorship. Currently, he has one staffer who has lived successfully for many years with a significant disability working on that program, but Ability360 has had to shift costs to subsidize that staffer, instead of securing a service contract.

“We collect 99.9 percent of what we bill.”

Photo: Courtesy Ability360

Photo: Courtesy Ability360

Photo: Marc Angel

Photo: Courtesy Ability360

Photo: Courtesy Ability360

Photo: Courtesy Ability360

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Webinars help navigate integrated care > CONTINUED FROM PAGE S-2

(CBOs) and Healthcare Entities”

Learn practical strategies that can enable CBOs to establish positive working relationships with physicians groups, hospitals and health plans. August 17, 2016: “Preparing CBOs for Successful Health Care Partnerships: How to Make the Business Case”

Learn methods CBOs can use to make a convincing business case to the healthcare sector.

September 21, 2016: “A Promising Collaboration: Managed Care and Independent Living”

This webinar highlights one successful CBO–health plan partnership in San Diego between Care4ist Health Plan and Access to Independence—learn how these organizations were able to work together to achieve common goals to serve an especially vulnerable population.

September 28, 2016: “Tapping into New Payment and Delivery Models: An Innovative AAA-ACO Partnership to Improve Care and Reduce Costs”

This webinar highlights a successful partnership in Maine between the Southern Maine Agency on Aging and the MaineHealth ACO that resulted in better care, lower costs and opportunities for diversifying the CBO’s funding stream.


Learn how to meet the health and LTSS needs of health plan members with chronic conditions and functional limitations to keep them living at home.

November 16, 2016: “Leadership and Change Management for CBOs”

The presenter provides tangible strategies for leading an organization through change, focusing on understanding models for change, describing the role leader-ship plays during change and identifying strategies for communicating change.


Expert advice on how a CBO can determine readiness to engage in health care contracting, what steps to take to begin such work and the shift in perspective that can enable CBOs to evolve their business development practices to drive performance and demonstrate value in the changing healthcare landscape.

January 9, 2017: “Expand Your Vision and Grow Your Mission: Driving Culture Change in Aging and Disability CBOs Looking to Work with Health Care Partners”

New payment policies that mandate value and accountability have opened a crack in the healthcare reimbursement wall, and CBOs are poised to climb through. This webinar highlights two successful Massachusetts CBOs that have navigated the shift in thinking necessary to succeed in this new world of integrated social and medical care.

January 31, 2017: “Preview the Most Comprehensive Source of Information and Resources to Boost Your Bottom Line! Introductory Webinar for the Aging and Disability Business Institute”

Aging and Disability Business Institute staff provide an overview and introduction to the Business Institute’s new website.

February 13, 2017: “We Know We Do Good Work, Now What: How to Package your CBO Services to Attract Interest from Payers”

Hear from two aging and disability CBO experts with extensive experience packaging services and preparing organizations for contractual-based reimbursement arrangements. Get tips on identifying service populations, establishing product lines, building relationships, setting fees and more.

March 13, 2017: “Addressing CBO Technology Challenges: Using HITECH Act Matching Funds to Facilitate Communication across Medical and Non-medical Medicaid Providers”

Presenters from ACL, Office of the National Coordinator for Health Information Technology and n4a discuss the state of CBO–healthcare technology collaboration, the opportunities presented by HITECH for CBOs and how to bring the promise of sophisticated CBO data systems to bear on the aging and disability networks’ mission to improve the lives of older adults and people with disabilities.


The leaders of the Council on Aging of Southwestern Ohio, a business-savvy area agency on aging, discuss how they fully embraced the changing reimbursement landscape.

May 8, 2017: “New Medicare Enrollment Opportunities for Medicare Advantage Plans and CBO Partnerships”

How do trailing-edge and leading-edge baby boomers differ, what are health plans doing to attract them and how might that affect aging and disability organizational “relationships” with private payers in the future?

June 2, 2017: “Cost-Modeling CBO Services for Health Care Partnership Success”

An aging network business development expert walks through the importance of cost- and price-modeling for CBOs looking to partner with the health care sector, detailing key steps and definitions in the process, and explaining how correct pricing strategies can help CBOs achieve and advance their core missions, while maintaining viability and even growth.

July 7, 2017: “MACRA and CBOs: New Opportunities for Engagement Abound”

Find out about the new economic incentives facing providers, with a particular focus on the organizational and sustainability implications for CBOs. Also discussed are major public policy initiatives and private-sector payment models, tips and tools for staying on top of key changes in the field.


This webinar provides participants with a high-level overview of these two privacy, security and transaction standards, details the distinctions in the roles and responsibilities of covered entities versus business associates and offers CBOs recommendations for evaluating their organizations’ related compliance programs.

The n4a annual conference, a premier gathering of aging network staff and leaders from across the country, is an excellent place to connect with professionals in the aging sector, find out about new trends in the field and learn new and innovative strategies to address the critical issues facing the Aging Network. The 2018 n4a conference will be held at the Sheraton Grand Hotel in Chicago, Illinois, from July 28—August 1, 2018.

The 2018 conference, which marks its 43rd year, will offer numerous sessions that highlight the innovations occurring nationwide in integrated care. Conference curriculum also will include an entire track of conference presentations that focus on key topics of interest to community-based organizations (CBOs) that are looking to embark upon, or that are already involved in, healthcare partnerships. Sessions will offer guidance on contracting, data-sharing, how to build a CBO network and more. A multi-part Integrated Care Boot Camp will afford attendees the opportunity for a more in-depth exploration of what it takes to succeed in this new payment and delivery environment. ■

Come to Chicago in 2018 for n4a’s 43rd annual conference

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University group fosters integrated care collaborations in New Hampshire

The fourth Trailblazer in this Aging and Disability Business Institute series is unique in that the organization is neither a community-based organization (CBO), an area agency on aging nor a healthcare entity. Instead, the University of New Hampshire’s Institute on Disability (IOD) was invited by the Administration for Community Living (ACL) and n4a to join the Trailblazers Learning Collaborative for its ongoing support and training for both the CBO and healthcare systems. Funds for aging services have been given to varied “multi-purpose” nonprofit organizations, which has made it harder to develop a coordinated connection to healthcare entities. The easiest way to change this perception and move CBOs more quickly into the integrated care space is to show how CBOs have had success. “I believe in the drip, drip, drip theory of change,” says Mandrell, “that if we say [that change is necessary] over and over again, change will come.” But for now there exists no widely-publicized example of a CBO in New Hampshire that has successfully collaborated with a healthcare entity and made a noticeable profit. There have been successes, but none that existing CBOs can relate to well enough to spur them to follow a similar path. 

Beating the Drum for Success

Mandrell and Davie are anxiously awaiting such a success, as they see a large part of their job as a UCEDD as publicizing positive collaborations. “How do we take best practices and show them to the entire state of New Hampshire?” asks Davey. “We keep beating the drum here, and demonstrating that success is possible—that’s the way we’ll learn and keep going...we’re all good communicators.”

“The lesson,” says Davie, “is to keep going, even though it’s slow.” They know they may not see everything that happens, but they will witness a wave if they can continue the conversations and keep trying, in three months when the integrated care landscape changes (as it is wont to do), something that had been a barrier may no longer seem like one, or resources to surmount such barriers might be newly available.

One barrier that so far seems especially formidable is the level of technology available at the CBO level. The Centers for Medicare & Medicaid Services has poured money into technological upgrades for medical providers, says Davie, but it has not trickled down to the CBO level. “The CBOs all work with dinosaur technology,” says Mandrell. Being asked to participate as an n4a/ACL Trailblazer has been a boon for University of New Hampshire. “This is...a boost of recognition and an honor to be Davey. The University has been supportive of their work, and both women think the discussions that have occurred through their meetings and workshops have filtered up to the state level at the Department of Health and Human Services, and may in the future even affect state policy.

Aging and Disability Business Institute blog offers varied voices, expert advice

The Aging and Disability Business Institute website helps guide CBOs through the process of gaining healthcare partnerships, provides webinars, Tim Talks and “Ask an Expert” opportunities to connect with consultants, and also features lively blog content.

Recent postings include a survey taking the pulse of CBO-healthcare partnerships (in an effort to further the Institute’s mission), advice on developing a value proposition for evidence-based programs, examples of how CBOs can work with Medicare Advantage plans to help leading-edge baby boomers; lessons on the tracking of evidence-based program outcomes; and multiple case studies from The Scan Foundation’s Linkage Lab. Blog writers include representatives of funders such as The John A. Hartford Foundation, professors at the Stanford School of Medicine, healthcare consultants and professionals working at area agencies on aging. The blog mines a wide swath of experience from professionals who work directly with older adults and people with disabilities in the community, as well as professionals in the healthcare sector and funders with a full view of the integrated care process. To access, visit www.aginganddisabilitybusinessinstitute.org/blog.
To help community-based organizations (CBOs) partner with healthcare entities, the Aging and Disability Business Institute is tapping into a cadre of consultants vested and coordinated by the National Association of Area Agencies on Aging (n4a). The roster of consultants has unique expertise in integrated care, social services and disability, as well as a background in psychology and organizational development, marketing, and technology. They possess a wide array of experience in the business and healthcare sectors, with CBOs and state and federal government organizations. They are available to answer basic questions via the Business Institute website and, exclusively through this program, offer preferred rates to CBOs in addressing strategic and management topics, more go to www.aginganddisability- businessinstitute.org/ask-an-expert/. Detailed below are the consultants’ backgrounds and their thoughts on the work they do.

Collaborative Consulting
Lori Peterson, Collaborative Consulting, is lead consultant for the Business Institute’s recently launched CBO Readiness Assessment tool. With more than 25 years of experience in the healthcare industry, as well as in background in psychology and organizational development, Peterson has expertise in business development, strategic partnerships, operations, management and training and development. Collaborative Consulting specializes in government health programs, delivery systems and long-term services and supports.

“As a former director of the Illinois State Department of Aging and Medicare, I bring substantial contributions of CBOs in the aging and disability network. In the new integrated healthcare environment, the Aging and Disability Business Institute offers the business skills that innovative CBOs will need to succeed,” says Hamos.

Clear View Strategies
Paul Cantrell manages the n4a consulting program for the Business Institute and specializes in business and public affairs strategy, advocacy and training initiatives for healthcare systems, managed care organizations and social service agencies. As former director of the Georgia Insurance Department’s Life and Health Division, he led the state’s health policy development efforts, working closely with the Insurance Commissioner; Governor’s office and legislative leaders to transform the state’s rules on managed care, mental health parity, network design and adequacy and coverage portability. Cantrell provides a variety of consulting services for publicly funded consumers. A former COO for a leading area agency on aging, she also led CareSource Michigan, a top 100-ranked health plan with Medicaid and Medicare product lines, and is an expert in marketing, sales, business development, compliance, strategic planning, public policy, public relations, advocacy and government relations.

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Partners in Care Foundation (Partners) in California, CBO/Chief Executive Officer (CEO) Christine Tardiff, Chief Strategy Officer Jennifer Raymond and Senior Medical Advisor Robert Schreiber.

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