FORMING COMMUNITY PARTNERSHIPS TO PARTICIPATE IN VBP ARRANGEMENTS (PART 1)

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AGENDA

I. Community Partnerships: Getting from A to Z

II. Legal Considerations

Learning Objectives

1. Identify steps to forming a community partnership

2. Discuss key considerations for contractual arrangements

3. Describe appropriate legal relationships for community partnerships

COMMUNITY PARTNERSHIPS: GETTING FROM A TO Z

DEFINITION OF PARTNERSHIPS

What are "partnerships?"

- Formal arrangements between independent entities for the purpose of achieving a mutually shared goal that cannot be readily attained by independent efforts.

What types of partnerships are there?

- Legal forms of partnerships range from the establishment of contractual arrangements between or among parties to more integrated approaches, such as mergers, acquisitions, and the creation of new legal entities.

How do you choose?

- The legal "form" of the partnership should follow the joint determination of the partnership's goals.

STRATEGIC PARTNERSHIP GOALS

Other partnership goals could include:

- Enhance and improve clinical, administrative and managerial capacities, expertise, or systems
- Achieve economies of scale, possibly through shared administrative staffing and infrastructure or group purchasing organizations
- Increase sources of, and access to, capital or financial support
- Increase integration within the medical community and provide opportunities to participate in programs that optimize clinical care
- Enhance value position in the marketplace, obtain entry into provider networks, or ***participate in value-based payment methodologies***.

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STEPS TO PARTNERSHIP FORMATION

1. Recruit Partners
2. Develop Preliminary Agreements
3. Conduct Joint Planning Process
4. Develop Definitive Agreements
5. Obtain Regulatory Approvals

STEP 1: RECRUIT PARTNERS

Identify collaboration partners, considering:

- Scope or goals of collaboration (if known)
- Strategic plan
- Service gaps and needs
- Regional dynamics and politics
- Existing relationships with community providers/agencies

Compile information and facts about each partner

- Number of patients served by payer type
- Scope of services
- Geographic service area

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STEP 2: DEVELOP PRELIMINARY AGREEMENTS

Non-binding Memorandum of Agreement (MOA)

- Sets forth non-binding agreement "in principle" regarding:
- Overarching goals of the collaboration
- Planning process
- Key terms of the collaboration
- Responsibility for costs and expenses incurred during planning

Terms of final agreement should be subject to satisfactory due diligence and approval of respective Boards of Directors

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MOA: KEY LEGAL TERMS

- **Scope.** Proposed scope of joint activities
- **Time frame.** Time-line for discussions
- **Planning Team.** Management and staff members who will represent each party in the planning process (i.e., the planning team)
- **Consultants.** Types of consultants (if any) that will be hired, by which party, and whose expense
- **Exclusivity.** Limitations, if any, that will apply during the planning and negotiation period with respect to the ability of the parties to negotiate with other parties regarding the subject
- **Disclosures.** Requirements for disclosure to one another of pertinent negotiations

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MOA: KEY LEGAL TERMS (PART 2)

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Expenses. Expectations of each party, financially and otherwise

Support. Identification of financial and technical resources need to support development activities including both internal and external funding resources

Term and Termination. Other critical terms of the proposed collaboration, including a party's right to terminate the MOU (as well as subsequent negotiations) for various reasons

Mutuality. All commitments should be mutual and must be compliant with applicable laws and regulations

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STEP 2: DEVELOP PRELIMINARY AGREEMENTS

Confidentiality/Non-disclosure Agreement (NDA): Designed to protect all parties to the negotiation from the unauthorized disclosure and use of confidential and/or proprietary information that may be exchanged during the planning processes, performance of due diligence reviews, and negotiation of definitive agreements.

Avoid confidentiality agreements that unilaterally bind one party to negotiate exclusively with the other party, while the other party remains free to negotiate with others during the same period of time.

NDA: KEY LEGAL TERMS

Definitions. Definitions of “confidential” and “proprietary” information, as well as information that is not considered confidential/proprietary (i.e., information in the public domain).

Uses and Disclosures. Allowable uses and disclosures of confidential and proprietary information.

Prohibitions. Prohibitions and limitations of all non-specified uses and disclosures without the written consent of the other party(s).

Return of Information. The prompt return of confidential and proprietary information, if the parties decide not to move forward, or upon request.

Remedies. Remedies for the unauthorized disclosure of confidential or proprietary information by a party, its officers, employees, and/or agents, including the right to enjoin the other party(s) from any disclosure of confidential and proprietary information.

Survival. Survival of confidentiality obligations after termination or expiration of the agreement.

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STEP 3: CONDUCT JOINT PLANNING PROCESS

Establish & conduct the planning process:

- Define goals, determining value, and strategic plan
- Identify proposed scope of joint activities
- Establish timeline for negotiations and planning
- Define critical terms of proposed collaboration
- Form planning teams (e.g., clinical, operational, financial)
- Involve boards of directors through updates and input
- Engage legal counsel and financial consultants as necessary

STEP 3: CONDUCT JOINT PLANNING PROCESS

Forming a Planning Committee:

Consists of equal number of appropriate senior-level personnel designated by each party, representing key areas relevant to partnership, e.g., clinical, financial, operational, strategic planning, etc.

Each party should retain sole discretion to designate its respective representatives, though representatives should be senior in order to maximize likelihood that the parties' respective decision-making bodies will approve or seriously consider the planning committee's recommendations

STEP 3: CONDUCT JOINT PLANNING PROCESS

Conducting Regular Planning Meetings:

The planning committee should meet at regularly scheduled times and dates to:

Review and analyze the specific collaborative options identified during discussions and make recommendations with respect to the feasibility of implementing such options

Discuss progress of current collaborative activities, if any, and address and resolve issues related to such activities; and

Identify new opportunities available to the parties and initiate feasibility studies.

STEP 3: CONDUCT JOINT PLANNING PROCESS

Feasability Studies

A feasibility study can be prepared under the direction of the planning committee by an external consultant or by a member of the planning committee.

The feasibility study should address:

The potential opportunity and why it is important to the partners	The anticipated investment and resources necessary to implement the collaboration	Potential options for obtaining the resources necessary for the collaboration to proceed	Potential obstacles for the collaboration and how they might be overcome

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STEP 3: CONDUCT JOINT PLANNING PROCESS

Establishing Subcommittees or Task Forces

As necessary, the joint planning committee may establish subcommittees or task forces to perform detailed analyses and to make recommendations to the committee regarding specific issues or matters.

Subcommittees could be formed to explore clinical, financial, operational, or legal matters that relate to the proposed collaboration.

- For example, a subcommittee could be formed to identify specific clinical programs or protocols that have been proven to result in cost-savings related to the total costs of care.

Such subcommittees should operate under specified charges and timelines to ensure efficient and effective progress is made.

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STEP 3: CONDUCT JOINT PLANNING PROCESS

Assuring Board Oversight

To fulfill their fiduciary and oversight responsibilities, each partner's board should monitor the proceedings by receiving and reviewing regular reports from the respective management teams regarding the development and negotiation of the proposed partnership.

The board of directors should review the proposed partnership to determine whether it furthers the mission of the organization, proposes terms favorable to the organization, and implements the organization's strategic plan.

KEY PLANNING CONSIDERATIONS

All collaborations, regardless of the degree of integration, require the parties to engage in thorough reviews of:

- Clinical/Operational Considerations
- Financial Considerations
- Legal Considerations

While some of these reviews will occur during the drafting of definitive agreements, initial assessments of many areas should be conducted as part of the planning process.

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CLINICAL/OPERATION CONSIDERATIONS

Whether the partners' missions and work environments can blend successfully, including a review of appropriate infrastructure to support the partnership

Whether the proposed collaboration achieves the goals and objectives of the collaboration

Ensuring patient continuity of care and confidentiality, and preparation and sharing of medical records

Communication plans to inform the staffs, patients, and community about the pending collaborative activities.

Internal/external "politics"

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FINANCIAL CONSIDERATIONS

Development of appropriate financial analyses – pro forma cost report analysis (identification of revenue and expenses).

Understanding billing rules and requirements, as well as other reimbursement rules that will impact revenues, expenses, and the financial viability of the proposed collaboration

Implementation of financial control systems

Cost of integrating operations

Evaluation of whether the collaboration will require ongoing financial support, capital investment, and/or other resources.

LEGAL CONSIDERATIONS

- Legal considerations will vary based on the specific activities contemplated by the collaboration partners, but may include:
  - Antitrust law
  - Medicaid and Medicare licensing, certification, enrollment and reimbursement rules
  - Professional licensure and certification rules
  - Federal tax considerations
  - Fraud and abuse laws (anti-kickback, false claims)
  - HIPAA and Part 2 confidentiality requirements
  - Similar state laws and regulations
  - District of Columbia law related to corporations and other legal entities.

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STEP 4: ESTABLISH DEFINITIVE AGREEMENTS

Definitive legal agreements can take many forms, including:

Single contract or multiple contracts	Partnership or shareholder agreements	Limited liability company operating agreements	Articles of incorporation/organization	Bylaws

Terms should permit the parties to modify the agreements over time and change the collaboration, as may be appropriate, or even terminate the collaboration if the goals of the parties are not being met.

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STEP 5: OBTAIN REGULATORY APPROVALS

Prior to executing the definitive documents, the parties must satisfy (or obtain assurance of satisfaction of) all relevant regulatory approvals, as necessary for the collaboration.

Common regulatory approvals include:

Complying with applicable state licensure and certification requirements, and securing, if necessary, a change in the agency’s license or certification	Securing advance rulings, advisory opinions, and other regulatory approvals (e.g., certificate of need), as may be relevant from other federal and state regulators

LEGAL CONSIDERATIONS

(LEGAL) FORM FOLLOWS FUNCTION

Have a general sense of the activities likely to be performed by the partners/partnership to select the appropriate type of legal relationship or structure.

Key considerations for selecting the appropriate legal structure for your partnership will ultimately depend upon:

The number of legal entities involved

Financial/legal risks of the partnership activities

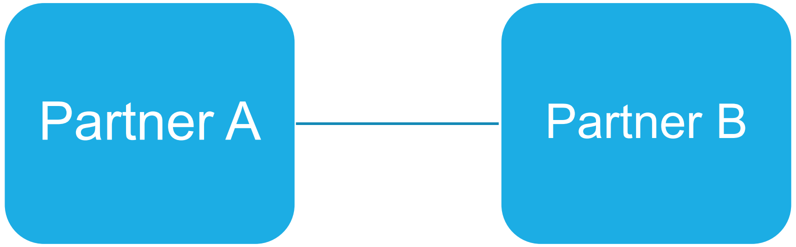
Whether the proposed activities are already being provided by one or more of the partners or are new activities

Licensure or regulatory requirements

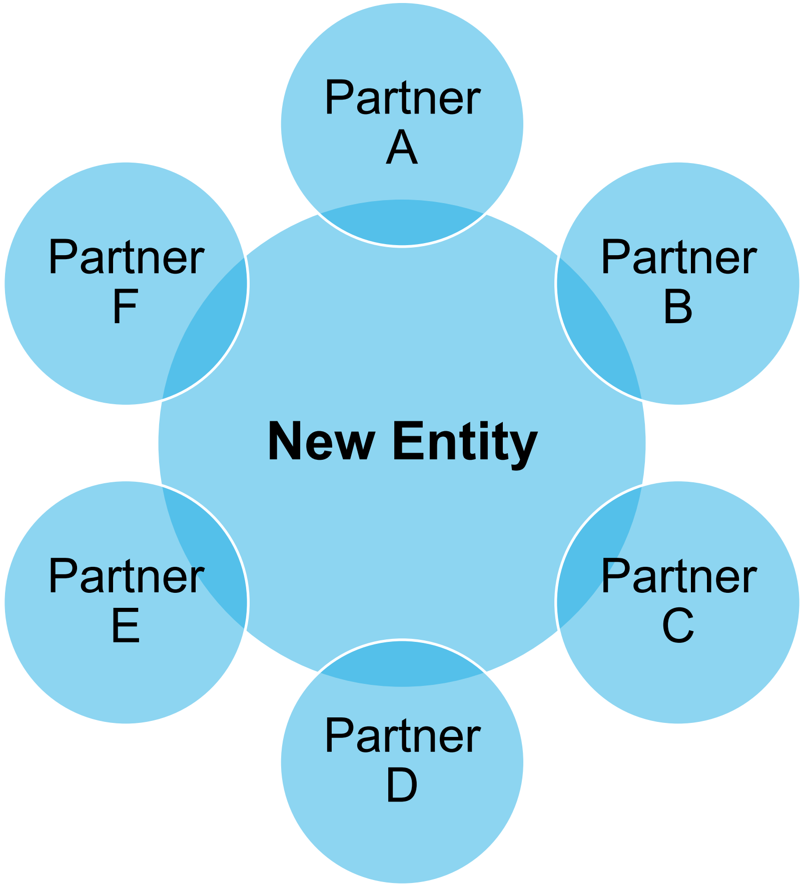
Anticipated sources for capital investments

Governance considerations

CONTRACTUAL RELATIONSHIPS VS. FORMATION OF NEW LEGAL ENTITY



Contractual Relationship



CONTRACTUAL RELATIONSHIPS

Examples:

- Referral arrangements
- Co-located referral arrangements
- Lease of personnel / purchase of services
- Merger or acquisition arrangements

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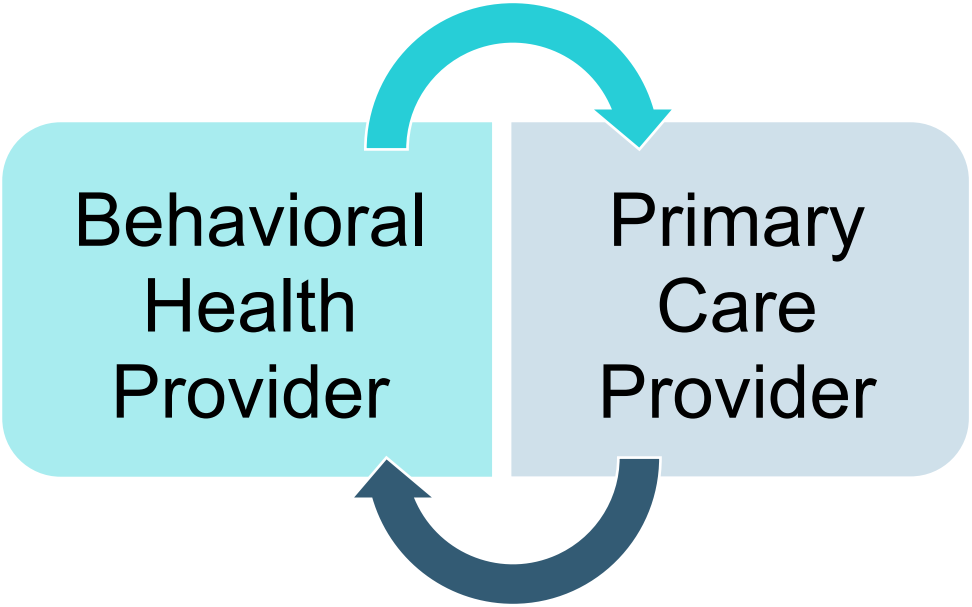
REFERRAL ARRANGEMENTS



Each provider agrees to furnish services to individuals referred by the other.

REFERRAL AGREEMENTS

- Each provider is financially, clinically, and legally responsible and is solely liable for claims related to services it directly provides:
  - Patients are patients of the provider which directly furnishes services
  - Each provider's policies, procedures, and standards govern its provision of services
  - Each provider bills and collects payment for the services it directly renders
- Each provider should furnish assurances regarding professional qualifications, eligibility to participate in federal/state health care programs, standards of care, and compliance with state and federal confidentiality laws
- Each provider agrees to accept referred patients regardless of a patient's or patient family's ability to pay or insurance status
- Patient freedom of choice and independent clinical judgment should be safeguarded

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REFERRALS AGREEMENTS: KEY OPERATIONAL ISSUES

- How will referrals be made and managed, and how will patients be tracked?
- Does each provider (if referrals go both ways) have sufficient personnel to see additional patients?
- Will all patients have reasonable access to the services provided by other provider?
- Will provider agree to accept all referred patients, regardless of ability to pay, subject to capacity limitation?
- If there is a limitation, how will the balance of patients receive the same / equal services?

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CO-LOCATED REFERRAL ARRANGEMENTS

Similar to referral relationship, but co-located partner is physically located in and provides services to its own patients (including individuals referred to it by the partner) at the partner’s facility.

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CO-LOCATED REFERRAL ARRANGEMENTS: OPERATIONAL ISSUES

- In addition to operational issues for formal written referral arrangements:
  - Are separate and distinct patient care delivery systems maintained?
  - Is there a lease of space and/or equipment?
  - Can patients distinguish between each provider (e.g., separate signage, entrances, etc.)?
  - Are providers separately identified so that neither is liable for the other's actions?
  - How will the providers share medical records for treatment purposes?

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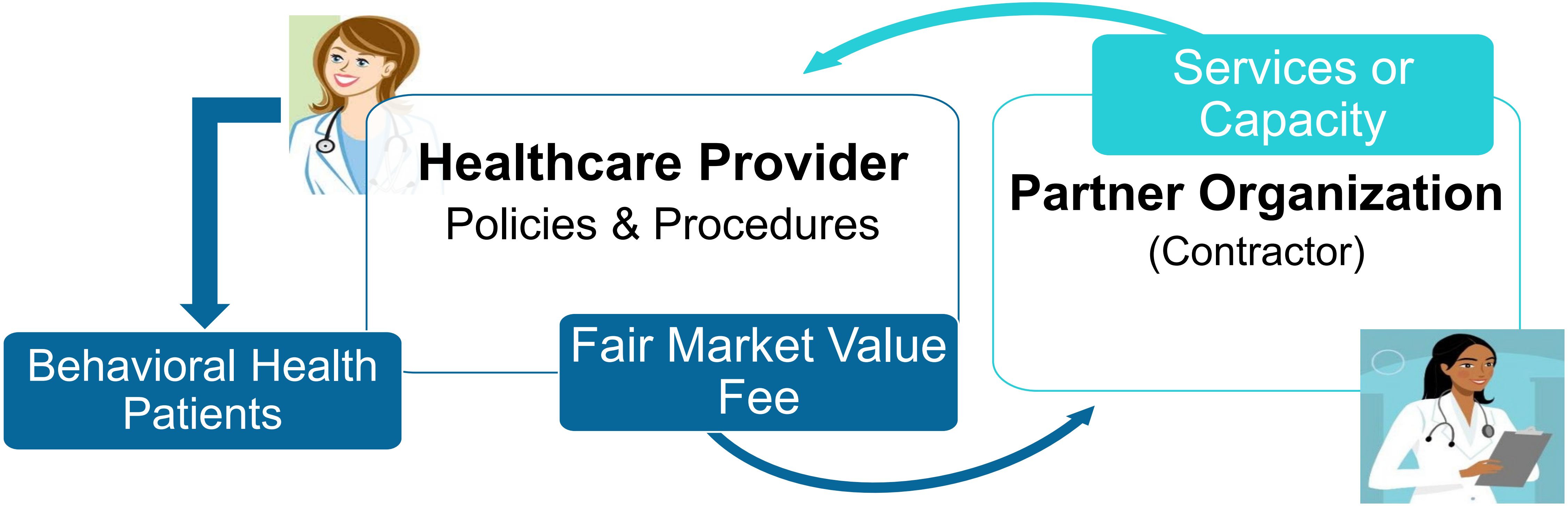
LEASE OF PERSONNEL / PURCHASE OF SERVICES



Healthcare provider leases or purchases clinical and/or administrative services from partner organization for a fair market value fee.

LEASE OF PERSONNEL / PURCHASE OF SERVICES

Healthcare provider is financially, clinically, and legally responsible for provision of the leased services

- Patients receiving services from contractor’s personnel are considered your patients and you are accountable
- You bill and collect from third party payors/patients and retains all revenue secured for services provided by contractor
- You pay a fair market value fee to contractor for all of your patients served under the agreement

Is there an assurance that partner and its personnel assigned to you will:

- Furnish services consistent with your applicable health care and personnel policies, procedures, standards and protocols?
- Satisfy your professional standards and qualifications, including licensure, credentialing and privileging, and cooperate in your clinical quality and compliance activities?
- Prepare medical records consistent with your standards?
- Provide your organization’s required programmatic and financial reports?

MERGER OR ACQUISITIONS

Partial corporate consolidation:

- Both corporations continue in existence post-integration
  - One corporation “acquires” certain lines of business that are currently operated by the other corporation
  - Transferor may reorganize to assume related, often supportive functions
- Parent/subsidiary model

Full corporate consolidation through merger

- One corporation ceases to operate as an independent entity and one corporation is the “surviving entity”

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FORMATION OF NEW LEGAL ENTITY

Two or more parties may establish a new legal entity to conduct activities under shared ownership or control.

The benefits of forming a new legal entity include:

Shielding each partner from liability for debts, obligations and other liabilities of the network and other partners

Partners retain control over their own organizational operations because shared control only extends to network's joint activities

Partners maintain their independence and autonomy while working together

Partners can pool resources to make joint investments in information technology, clinical or financial expertise, or equipment

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PROVIDER NETWORKS

» Many terms have been given to describe different types of provider networks:

- Independent Practice Association (IPA)
- Management Services Organization (MSO)
- Administrative Services Organizations (ASO)
- Clinically Integrated Network (CIN)
- Accountable Care Organization (ACO)
- Group Purchasing Organization (GPO)

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SAMPLE FUNCTIONS OF PROVIDER NETWORKS

Shared Support Services

- IT Support for Electronic Health Record (EHR)
- Health Information Exchange (HIE)
- Credentialing practitioners; exclusion/debarment background checks
- Third-Party Billing

Managed Care Contracting

- Marketing network of health care providers/agencies
- Facilitating managed care contracting
- Negotiating contracts (but consider antitrust issues)

CHOICE OF LEGAL ENTITY

- Legal entities generally available under District of Columbia law:
  - Non-profit corporation
  - Business corporation (for-profit corporation)
  - Limited Liability Company (LLC)

NON-PROFIT ORGANIZATION

Advantages

- Organization may retain funds otherwise lost to taxes.
- Often eligible for government and private foundation grants.
- For 501(c)(3) charitable organizations, can accept tax-deductible contributions from owners.

Disadvantages

- Organization have more limited scope of permissible activities.
- Funds may only be used for charitable or social welfare purposes.
- Cannot distribute profits
- State law may further limit scope of permissible activities.

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QUALIFICATION FOR TAX-EXEMPT STATUS

Fact that entity is established as a non-profit corporation, is controlled by other charitable organizations, or directly or indirectly benefits other tax-exempt organizations does not automatically confer federal tax-exemption.

Legal entity would need to independently apply for tax-exemption and satisfy the tests for exemption contained in the Internal Revenue Code and IRS regulations.

Collaborations aimed at improving or promoting health status of impoverished, medically underserved communities is clear and self-evident.

Collaborations that are formed exclusively or substantially to provide practice management and similar services to participating providers is more difficult to qualify for tax-exemption.

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TAX-EXEMPT STATUS

501(c)(3) (“Charitable Organization”)

- Usually preferable because charitable organization can receive donations that are tax-deductible to the donor while 501(c)(4) is not.
- A “supporting organization” is a charitable organization operated “exclusively” for the benefit of, to perform the functions of, or to carry out the purposes of one or more specified public charity organizations

501(c)(4) (“Social Welfare Organization”)

- Can actively engage in broader range of political activities that are not allowable for charitable organizations.

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BUSINESS CORPORATION (FOR-PROFIT)

Disadvantages

- Organization taxed at corporate level and corporate rate before any distributions are made.
- Distributions are subject to being taxed again as income to the owner (as UBIT).
- May be ineligible to apply or receive certain government or private grants.

Advantages

- Corporate owners can directly realize profit through distribution of surplus revenues.
- Can be organized for any lawful purpose
- Can raise capital more easily than nonprofit corporation
- Ownership is freely transferrable

LIMITED LIABILITY COMPANY (LLC)

Hybrid form that offers liability protections of a corporation and benefits of a partnership. Liability is limited to owners' capital contribution.

Flexible ownership and management

Changes can be made to LLC's structure (including addition of new owners and managers) without filing new articles of organization with the Secretary of State.

Tax benefits for tax-exempt charitable organizations

Income, if any, is not taxed at corporate level but only when distributed to owner(s).

If an LLC's activity furthers, and is consistent with, the tax-exempt purposes of the owner, then taxation of the distribution can be avoided altogether.

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COMPARISON OF LEGAL ENTITY OPTIONS

	FOR-PROFIT	LLC	NON-PROFIT ORGANIZATION
PURPOSE	Any lawful purpose	Any lawful purpose	Charitable purposes
CAPITAL (PRIMARY SOURCE)	Private parties, including venture capital in exchange for equity interest	Private parties, often contributed by participants in the joint venture	Grants from foundations and tax-exempt entities, tax-deductible contributions, loans, and dues
OWNERSHIP	Direct ownership as shareholders; freely transferable (per terms of Shareholder Agreement)	Direct ownership as “members”; freely transferable (per terms of Operating Agreement)	No “owners” per se but can be organized as a membership corporation in which “members” control organization.
PROFITS	Can retain or distribute dividends to shareholders based on number of shares	Can retain or distribute dividends to owners/members; profits and losses allocated based on percentage of ownership	Organization must retain surplus; no private inurement; can make unrestricted gifts to other charitable entities in furtherance of own charitable purposes
TAXATION	Profits taxed at corporate level and corporate rate before any distributions are made, though profits can be minimized through contractual payments to participating providers.	Profits are not taxed at entity level but only when distributed to owner(s); if LLC’s activity furthers, and is consistent with, the tax-exempt purposes of an LLC’s owner, then taxation of the distribution can be avoided	Surpluses are not taxed

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REFERENCES

1. Corporation for Supportive Housing, "Strengthening Partnerships with Community Mental Health Centers", March 2023.
2. Tobey R., Maxwell, J., et al., T, "Health Centers and Value-Based Payment: A Framework for Health Center Payment Reform and Early Experiences in Medicaid Value-Based Payment in Seven States", Milbank Quarterly, 100: 879-917 (2022).
3. Center for Health Care Strategies, "Building Effective Health System-Community Partnerships: Lessons from the Field", March 2021.
4. California Health Care Foundation, "How Health Centers Can Improve Patient Care Through Value-Based Payment Models", June 2, 2020.
5. California Health Care Foundation, "Making Integration Work: Key Elements for Effective Partnerships Between Physical and Behavioral Health Organizations in Medicaid", February 2020.

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WRAP-UP/NEXT STEPS

BRIEF EVALUATION

- Please Complete the Online Evaluation:

https://healthmanagement.qualtrics.com/jfe/form/SV_9zEbuA1AyGmE6IC

AFTERNOON SESSIONS

Session	Legal Track	Session	Financial Track
9 – 11 A.M. ET	Forming Community Partnerships to Participate in VBP Arrangements - Part 1	9 – 10:30 A.M. ET	Revenue Cycle Operational Excellence: A Foundation for Value-Based Payments
		9 – 10:30 A.M. ET	Evaluating Payment Models and Financial Modeling
1 – 3 P.M. ET	Forming Community Partnerships to Participate in VBP Arrangements - Part 2	1 – 3 P.M. ET	Clinical Documentation and CDPS+Rx Coding Guidelines for Value-Based Payment Optimization

Join us again from 1-3 pm ET!

https://www.integratedcaredc.com/event/value-based-payment-virtual-learning-collaborative/

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ADDITIONAL INFORMATION

Visit the Medicaid Business Transformation DC web page for more information and upcoming events:

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