



2023 SNP Alliance Members-only Policy Roundtable

“Driving the Future of Special Needs Managed Care”

April 17-18, 2023

Yours-Truly Hotel, Washington, DC

Speaker Biographies



Elizabeth M. Barnett, Partner, Avenue Solutions

Elizabeth Barnett is a Partner at Avenue Solutions, a government relations firm that provides strategic legislative, policy, and political expertise based in Washington, DC. Elizabeth advises numerous clients across the spectrum of the health care industry on a range of federal legislative and regulatory issues related to Medicare, Medicaid, and the Affordable Care Act. Ms. Barnett brings a wealth of political and legislative experience to this all-female, all-Democratic firm.

Elizabeth has 15 years of experience in health care policy both in the private sector and on Capitol Hill. Before joining Avenue Solutions, she was a lead Democratic lobbyist for the Blue Cross and Blue Shield Association. Elizabeth has a deep understanding of Capitol Hill, where she spent eight years working for U.S. Senator Blanche Lincoln (D-AR). As the Senator's principal health policy advisor, Ms. Barnett developed and managed her health care and social policy agenda, created and implemented legislative strategies, and served as her chief negotiator on priority legislation, including the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the Deficit Reduction Act of 2005, and Temporary Assistance for Needy Families reauthorization.

Elizabeth also spent time serving as the Senator's speechwriter. A true veteran of the Washington political process, Elizabeth has also served as a researcher at EMILY's List and on the Senate Committee on Energy and Natural Resources.

A native of Southern Maryland, Elizabeth's tenure in DC began with an internship with U.S. Representative Steny Hoyer (D-MD). Elizabeth holds a Master of Public Administration from George Mason University and a Bachelor of Arts in English from Washington College.

Lindsay Barnette, Director, Models, Demonstrations, and Analysis Group, Medicare-Medicaid Coordination Office

Lindsay Barnette currently directs demonstrations, models, and analytics for the CMS Medicare-Medicaid Coordination Office (MMCO) and previously led the team implementing the capitated models under the Medicare-Medicare Financial Alignment Initiative.

Prior to joining MMCO in 2010, she spent six years at the Center for Health Care Strategies designing/leading state technical assistance initiatives aimed at promoting integrated care for dual eligible individuals and Medicaid managed long-term supports and services programs.

Lindsay has a Masters in Public Health – with a focus on health policy and management – from Columbia University's Joseph L. Mailman School of Public Health and a bachelor's degree from the University of Virginia.

Danielle Chelminsky, Health Research Analyst, Mathematica Policy Research

Danielle conducts technical assistance to state Medicaid agencies to integrate care between Medicare and Medicaid for dual eligibles in behalf of the Medicare-Medicaid Coordination Office (MMCO). She specializes in large data analyses of enrollment data and trends at the national, state and county level for the dual eligible population using CMS data resources. Danielle creates state-specific data profiles of the dual eligible population, including enrollment trends at the county level, service utilization and spending, chronic conditions, and other variables. Danielle also authored a tip sheet for states to use the Medicare Advantage Star Ratings more effectively to monitor their D-SNPs and ensure quality care for their dual eligible populations. Danielle authored two other guides for state Medicaid staff to use CMS data resources more effectively to identify and better understand their dual eligible population and create tailored integrated care programs, as well as resources and reports available to states to better monitor D-SNP performance and oversight. Danielle has also presented at several "Working with Medicare" webinars aimed at state Medicaid agency staff on how state Medicaid agencies can better coordinate care including topics such as D-SNP contracting, integrating behavioral and physical health, and nursing facilities.



Teresa Fellows

Teresa is the VP of Client Solutions at NourishedRx and works closely with the clinical and technology teams in the development of the company's smart food solutions platform.

She is a product and operations expert and has held positions at various early-stage startups, including Language Testing International and Level Up Village. Teresa also has her health

coaching certification

Robbie Felton is the CEO and co-founder of Intus Care, a healthcare data platform focused on elderly, low-income patients in managed care. The company currently provides 18 PACE programs with an integrated quality management solution. In addition, he has served as a digital health fellow at the New England Medical Innovation Center and conducted research at the Brown University Center for Digital Health. For his work in healthcare, he has been featured in Forbes and on the Rhode Island Inno Under 25 Innovators list.

Eve Gelb, Chair, SNP Alliance Board of Directors

For over two decades, Eve Gelb has championed to improve health outcomes and advance health equity for seniors and high-needs individuals.

In her most recent position as Senior Vice President of Member and Community Health, Eve was responsible for the healthcare services functions at SCAN, including care management, care coordination, quality management, and utilization management. These are the areas that deliver the SCAN Model of Care, a person-centered approach that focuses on the unique needs of each member.

Eve is also highly dedicated to personal philanthropic endeavors. She serves as a mentor with SHE-CAN, an organization dedicated to equipping and empowering young women from post-conflict countries to become leaders who advocate for change in their nation, and as a volunteer for People Assisting the Homeless (PATH). Before joining SCAN in 1997, Eve worked at Texas Children's Hospital in Houston.



She holds a Master of Public Health at Tulane University and her Bachelor of Arts at the University of California, Los Angeles.

Catherine Giandurco, Business Development Lead, NourishedRX

Cathy is the Business Development Lead at NourishedRx supporting strategic growth and relationship development. Cathy has spent her career in healthcare.

Prior to joining NourishedRx, she was a Senior Executive working in Home Community Based Personal Care field for a large multi-state agency with personal care, home health, home visiting physicians, and managed care business lines. There, Cathy worked as the Executive Vice President of Operations and later as the Vice President of Business Development



Nick Johnson, FSA, MAAA, Principal and Consulting Actuary, Milliman

Nick Johnson, FSA, MAAA, is a Principal and Consulting Actuary with 14 years of experience helping clients navigate the financial impacts of trends and changes in healthcare delivery systems, with an emphasis on government-sponsored healthcare.

He provides actuarial, strategic, and programmatic support Medicare Advantage organizations, Medicaid managed care organizations, state Medicaid agencies, providers, and other stakeholders in the healthcare industry. He has written, researched, and presented on the topics of Medicare Advantage, Medicaid LTSS, and dual integration.

Rebecca Kirsh, JD, Executive Vice President of Policy and Programs, National Patient Advocate Foundation

Rebecca Kirsh is Executive Vice President of Policy and Programs for the National Patient Advocate Foundation, [Issues Archive | National Patient Advocate Foundation \(npaf.org\)](https://www.npaf.org). As such she provides strategic focus and leadership in bringing the millions of patient and family voices NPAF and PAF represent to the forefront of national health care quality improvement efforts. She previously worked 15 years at the American Cancer Society and its advocacy affiliate, the American Cancer Society Cancer Action Network.

As the Society's first director of quality of life and survivorship, she orchestrated the development of its national agenda addressing pain, symptoms, and distress experienced by patients, survivors, and caregivers. She created collaborative initiatives in research, programs, and advocacy for integrated palliative, psychosocial, and rehabilitation services, as well as enhanced clinical communication skills. Rebecca also played a leading role in planning and executing the Institute of Medicine 2015 joint workshop "Comprehensive Cancer Care for Children and Families" and the National Academy of Science, Engineering and Medicine's Quality Care for People with Serious Illness Roundtable 2017 workshop on "Integrating Patient and Family Voices in Serious Illness Care." She also serves as Quality of Life and Person-Centered Care's task force co-chair for the American Congress of Rehabilitation Medicine and a board member for children's oncology care camps.



Josh Kramer is a Senior Policy Aide with Chairman Senator Bob Casey of the United States Senate Special Committee on Aging. He advises the Chairman on issues related to Medicare, Medicaid, and CHIP. He received his bachelor's degree from Lafayette College.



Emma Kopleff, MPH (she/her) is a Managing Consultant at the Lewin Group/Optum Serve Consulting (Lewin). Kopleff's career has centered around stakeholder engagement and consensus building in support of national efforts to improve healthcare quality. She has served in roles requiring technical expertise on healthcare performance measurement, policy reform, and research across healthcare settings and providers.

At Lewin, Kopleff develops content to support the CMS Medicare-Medicaid Coordination Office in providing technical assistance and resources to providers and health plans serving dually eligible individuals, their families, and caregivers. She holds a master's degree in public health from Case Western Reserve University.

Ginger Loper, MA, Principal, Loper Consulting

Ginger Loper founded Loper Consulting in January 2010 after serving as a Vice President at Timmons and Company for four years, where she advised a range of Fortune 500 clients and major trade associations on legislative and regulatory strategy.

Prior to her work in the private sector, Ginger served as Special Assistant to the President for Legislative Affairs from 2002-2005. As a senior lobbyist for President George W. Bush, Ginger served as the primary point of contact for the President and senior White House staff to the Committees on Agriculture, Finance, and Health, Education, Labor, and Pensions (HELP). She advocated for the President's agenda in the areas of health care, Social Security, tax, education, and agriculture.

Prior to her White House service, Ginger served as a Legislative Assistant to then-Senate Majority Leader Trent Lott from 1997 to 2001. She assisted with the management of legislation in the areas of health care, tax, education, and the federal budget. In 2011, Ginger was named one of the top lobbyists under 40 by Washingtonian Magazine. Ginger serves on the Board of Directors for the Arlington Free Clinic.

She graduated with honors from the University of Alabama in 1995. She received her Master's degree from George Washington University in 1997.



Susan McGeehan, MGS, LSW, Senior Consultant, HMA

Susan McGeehan is a multi-faceted healthcare leader with extensive experience in dual eligible programs, long-term services and supports (LTSS), Medicaid managed care, area agencies on aging, dementia care models and care coordination.

Her experience and skills have supported organizations in meaningful policy application, clinical model development, operational excellence, and transformation. She has supported organizations through turbulent Medicaid policy changes, health plan service area expansion and product launch. Throughout her career,

Susan has been successful at compelling organizations to focus on the unique needs of individuals served in Medicaid programs and has a long history of advocating for health equity.

Prior to joining HMA, Susan served as the state public programs senior manager with HealthPartners in Minnesota where she oversaw products and programs for all of Minnesota's Medicaid programs serving the state as well as MinnesotaCare, the state's Medicaid expansion program. In this position, Susan demonstrated her innovation by bringing unique Medicare Supplemental Benefits to market for the first time nationally in programs serving individuals with dual eligibility. She has been recognized as a visionary leader in the aging network resulting in ongoing requests for her participation in a variety of Minnesota implementation and advisory workgroups.

Susan earned a Master of Gerontological Study from Miami University and a Bachelor of Social Work from Xavier University. Additionally, she completed the Miami University Summer Business Institute program and is a licensed social worker.

When not working, Susan can be found gardening or exploring nature in Minnesota with her kids and dog – or surviving Minnesota winters by a fireplace enjoying music.



Kathryn "Katie" Palmisano is a Senior Consultant at the Lewin Group (Optum Serve Consulting). Ms. Palmisano is a project manager and produces technical assistance resources and live events providing information to health plans serving individuals dually eligible for Medicare and Medicaid through a contract with the Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office.

She holds a master's degree in public health from the University of Minnesota School of Public Health (Minneapolis, MN), and is a certified Project Management Professional (Project Management Institute).



Deborah Paone, DrPH, MHSA serves as the Performance Evaluation Lead & Policy Consultant for the Special Needs Plan Alliance (Washington, DC). In this role, Deborah analyzes policy and regulation, facilitates leadership groups, and develops recommendations to improve how Medicare/Medicaid address the needs of complex and at-risk populations. She is the subject matter expert in quality measurement, Model of Care, social determinants of health, health equity, and person-reported outcome measurement.

Deborah also leads the SNP Alliance annual member survey and innovation projects and serves on the CMS/RAND Technical Expert Panel (TEP) on Medicare Stars and on technical expert groups of the National Quality Forum (Health Equity, and Person-Reported Outcome Measures-Performance Measurement). Deborah also maintains her practice as a consultant and independent evaluator through Paone & Associates, LLC (Minneapolis) and serves as the Implementation & Evaluation Director – for the CAPABLE program at Johns Hopkins School of Nursing [Deborah Paone: Faculty Directory \(jhu.edu\)](#). Previously, Dr. Paone served as VP for the National Chronic Care Consortium and Director of Aging & LTC Services for the American Hospital Association. Deborah holds a Doctor of Public Health (UNC-Chapel Hill), a Master of Health Services Administration (University of Michigan), and a Bachelor in Gerontological Issues in Community Health (University of Rochester).

Pamela J. Parker, MPA, Medicare-Medicaid Integration Consultant, SNP Alliance

Pamela has over 34 years of experience in state government in Minnesota, with specialized expertise in management of integrated Medicare and Medicaid health care policy, operations and financing for people with dual eligibility, managed long term services and supports, rate setting, and MA D-SNP policy and contracting.

She was responsible for the creation of the first CMS-approved state Medicare-Medicaid integration demonstration for people with dual eligibility in 1995. She also developed and managed several specialized managed care programs for seniors and people with disabilities, as well as the first Medicare Medicaid D-SNP demonstration approved by CMS in 2013.



Pam served as Director of Long Term Care and has a long history of consumer advocacy serving as the states' first long term care ombudsman. Pam has been an advisor to CHCS, MedPAC, MACPAC, AARP, NCQA, NASHP, and the Alliance for Health Reform and has been a frequent speaker at national conferences on topics related to MLTSS and dual eligibility.

After retiring from her state management position, Pam joined the SNP Alliance team as Medicare-Medicaid Integration Consultant. Pam has a Masters of Public Administration degree from Harvard's Kennedy School of Government, where she was a Bush Leadership Fellowship Recipient.



Burt Pusch, PhD - Dr. Burt Pusch has dedicated his career to changing the way society perceives and responds to bio-physical differences often mis-characterized as "disabilities". From conducting research which advanced strength-based narratives, to teaching lay persons, professionals, graduate, and undergraduate students, to starting and leading not-for-profit corporations, he continues to promote and support the real world, lived-experience of persons with complex care needs.

At the Commonwealth Care Alliance (CCA), he serves as the Member Centricity Innovation and Strategy Consultant supporting the work of the Chief Experience Officer, overseeing CCA's employee Disability Awareness training, and co-designing the member ombudsman program. Prior to his current responsibilities, he established a framework for the company's Accessibility and Accommodations program and served as the Consulting Director of the Member Voices program. As an educator, he is considered a thought leader in disability models and healthcare. Burt has conducted educational programming for numerous groups such as: the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, Rehabilitation Services Administration, Massachusetts Institute of Technology, Rehabilitation Engineering and Assistive Technology of North America, Blue Cross Blue Shield, and the Purdy Prison Pet Partnership.

Cheryl Phillips, MD, AGSF, President and CEO, SNP Alliance

Dr. Cheryl Phillips is the President and CEO of the Special Needs Plan Alliance, a national leadership association for special needs and Medicare-Medicaid plans serving vulnerable adults.

Prior to this, she was the Senior VP for Public Policy and Health Services at LeadingAge. She has also served as the Chief Medical Officer of On Lok Lifeways, the originator of the PACE (Program of All-Inclusive care for the Elderly) model based in San Francisco, and the Medical Director for Senior Services and Chronic Disease Management, for the Sutter Health System, a network of doctors, hospitals and other health providers in Northern California. As a fellowship-trained geriatrician, her clinical practice focused on nursing homes and long-term care continuum. While at Sutter Health, she developed and led a care coordination program for high-risk seniors enrolled in the Medicare Advantage plan.

Dr. Phillips is a past president of the American Geriatrics Society, the organization representing health care professionals committed to improving the health of America's seniors; and is also a past president of the American Medical Directors Association, the physician organization for long-term care. She continues to serve on multiple technical advisory groups for chronic care, nursing home quality, and home and community-based services and has provided numerous testimonies to the U.S. Congress.

She is a frequent speaker to boards of directors for aging service providers, state, and national meetings. She served as a primary care health policy fellow under Secretary Tommy Thompson, and was appointed by the Governor as a California Commissioner on Aging and appointed to the Olmstead Advisory Committee for California. Dr. Phillips is on the Board of Directors of the SCAN Foundation and the SCAN Health Plan Board.



Allison Rizer, Principal, ATI Advisory

Allison Rizer is a Principal with ATI Advisory, a research and advisory services firm that works with payers, providers, states, foundations, and other stakeholders to improve the healthcare delivery system. At ATI, Allison oversees the firm's business portfolio focused on Medicare-Medicaid integration and long-term services and supports. Previously, Allison served as Vice President of Health Policy & Strategy with UnitedHealthcare and led the organization's national policy efforts on dual eligible beneficiaries. In this role, Allison worked closely with health plan and executive leadership, state and federal policymakers, and other experts

to bridge health policy and business while informing sustainable program design and growth strategies. Allison also spent nearly a decade with The Lewin Group, leading federal contracts with CMS focused on Medicare fee-for-service, Medicare Advantage, and Special Needs Plans.



Eric Roberts, PhD, is Assistant Professor of Health Policy and Management at the University of Pittsburgh School of Public Health. His work focuses on the implementation of alternative payment models, their impacts on care quality and utilization, and their financial implications for providers serving socially disadvantaged patients. Dr. Roberts is the recipient of a career development award from the Agency for Healthcare Research and Quality to study the effects of Medicaid eligibility and payment policies on the health of low-income, aging, and disabled

patients. Eric's work has been published in Health Affairs, JAMA, Annals of Internal Medicine, and Health Services Research. He has a doctorate from Johns Hopkins University in Health Economics & Policy and was a postdoctoral fellow at Harvard Medical School.

Sarah Rosenblum, MPH, is a Director at ATI Advisory, where she focuses on issues related to Medicaid managed care, long-term services and supports (LTSS), and dually eligible populations. Prior to joining ATI, Sarah was a Strategic Solutions Director for UnitedHealthcare Community & State (C&S), a division of UnitedHealth Group. In this role, Sarah led request for proposal (RFP) readiness efforts for new market entries and existing Medicaid managed care markets, collaborating with others to create person-centered strategies that meet the diverse needs of members, including complex needs populations and dual eligible individuals.

Previously at UnitedHealthcare C&S, Sarah was a Director of Strategic Initiatives within the National Policy & Influence team. There, she conducted analysis of Medicaid policy trends and contributed to the development of thought leadership and advocacy positions related to health information technology and value-based payment models. Sarah previously worked at L&M Policy Research, where she focused on improving consumer health plan decision tools like Healthcare.gov and the Medicare Plan Finder. She also contributed to mixed-methods evaluations of federal health care delivery and financing demonstrations like the Accountable Care Organization Investment Model (AIM) ACO



initiative and the Home Health Value-based Purchasing (HHVBP) Model. Sarah received her Master of Public Health degree in Health Management & Policy from the University of Michigan School of Public Health. She holds a bachelor's degree in Human Development, with minors in Health Policy and Gerontology, from Cornell University.

Marla Rothouse, Senior Technical Advisor with Medicare-Medicaid Coordination Office

Marla currently works as a senior advisor in the Medicare-Medicaid Coordination Office. Her work focuses on the Capitated Financial Alignment Demonstration initiative and D-SNP integration. Prior to joining the Medicare-Medicaid Coordination Office, she held a variety of positions within the Medicare Drug Benefit and C & D Data Group. She served as Director of the Division of Pharmaceutical Manufacturer Management where she worked on the implementation of the Medicare Part D Coverage Gap Discount Program. Prior to her work with the Coverage Gap, Ms. Rothouse served as the technical lead for the Drug Benefit Group on the annual Medicare Part D applications.

Prior to her work at CMS, she held positions in nonprofit organizations and state government. Her position prior to joining CMS was with the State of New Jersey's Washington, D.C. Office of the Governor where she focused on health, education and welfare issues. Other work included government affairs with the State of Maryland's Washington, D.C. Office of the Governor, and the National Conference of State Legislatures.

Marc S. Ryan is MHK's Executive Advisor, providing industry insights and strategic input across the business. He was one of MHK's first executives shortly after its founding in 2010. He has served in a variety of leadership roles at MHK, including President, Executive Vice President & Chief Operating Officer and Chief Strategy & Compliance Officer. He is the author of the book *The Healthcare Labyrinth: A Guide to Navigating Health Plans and Fixing American Health Insurance*.

Prior to joining MHK, Marc held a number of executive-level regulatory, compliance, business development, and operations roles at a number of health plans. He launched and operated plans with Medicare, Medicaid, commercial and Exchange lines of business.

He also was the Secretary of Policy and Management and State Budget Director of Connecticut, where he oversaw all aspects of state budgeting and management. In this role, Marc created the state's Medicaid and SCHIP managed care programs and oversaw

its state employee and retiree health plans. He also created the state's long-term care continuum program.

Marc was nominated by then HHS Secretary Tommy Thompson to serve on a panel of state program experts to advise CMS on aspects of Medicare Part D implementation. He was also nominated by Florida's Medicaid Secretary to serve on the state's Medicaid Reform advisory panel.



Thomas von Sternberg, MD - Dr. von Sternberg is Associate Medical Director, Medicare, MSHO, Care Management and Government Programs, and he is medical director for HealthPartners dual eligible special needs plan and Medicare advantage programs. For HealthPartners he also supports the government programs division for policy and program development. He is the medical director overseeing the disease and case management programs at HealthPartners. Tom previously was HealthPartners medical director overseeing clinical programs in transitional care, assisted living, nursing home, palliative care, home care and hospice.

He helped develop the home-based medicine program. Dr. von Sternberg was part of the team that developed Minnesota's senior health options program (MSHO) one of the first fully integrated dual eligible plans in the country. He has also participated in the NQF measure applications project for long-term care and hospice quality measures. He is a member of the board of directors for the SNP Alliance. He received his medical degree from Ohio State University in 1980, did his residency at the University of Minnesota and had additional geriatrics education at the Westminster Medical School in London, United Kingdom. He completed his residency in 1983. He is board certified in Geriatrics and Family Medicine. *HealthPartners serves 1,000,000 members including 60,000 Medicare participants.*

Shayne Woods currently serves as Senior Legislative Assistant for Senator Tim Scott of South Carolina. In this capacity, he plans and develops legislative initiatives while tracking legislation through the legislative process related to health care, Social Security, trade, and budget issues. Additionally, Mr. Woods prepares public statements, drafts correspondence, and meets with constituents and advocacy groups regarding the aforementioned issues. He previously served as Senior Policy Advisor for Representative Gus Bilirakis of Florida.

Prior to Capitol Hill, Mr. Woods was the Founder and Chief Executive Officer of FwdHealth [pronounced "forward health"] – a health IT company that connected clients

and their health apps to a network of nationally-certified fitness trainers through live, two-way video chat. In addition to FwdHealth, Mr. Woods also founded and ran a health care consulting practice that advised key industry stakeholders on the Affordable Care Act while providing business development assistance.

Mr. Woods holds a B.A. from Washington University in St. Louis and resides in Northern Virginia with his wonderful wife and 2 children

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We Identify, Correlate, And Visualize Trends. Intus Care is a team passionate about people. We are driven by the needs of all people: patients, families, and caretakers alike. Our mission is to catalyze data driven change to achieve high-value, multidisciplinary care for older adults.



NourishedRx is a passionate team of healthcare professionals, food entrepreneurs, and data scientists united by our belief that nutritious food and social interaction are strong determinants of good health and a life well-lived. Our mission is to close gaps in health equity by making delicious, nutritious, and culturally-relevant food accessible. We believe that food is healthcare. Our vision is a world where food is the key to better health outcomes.

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Founded in 2001, **DataLink** connects all stakeholders in the healthcare ecosystem to enable high-quality, cost-effective, value-based care. As a leading healthcare technology company, DataLink partners with payers, at-risk provider organizations, and government agencies to inform decision-making with actionable data insights. Its proprietary Evoke360 platform simplifies value-based care, improving quality and financial performance, optimizing risk accuracy, and resulting in better health outcomes.



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Pyx Health is the first proven solution to improve the health and well-being of America's most vulnerable by treating loneliness and social isolation – the root of myriad physical and behavioral health problems. The platform combines the best of technology with compassionate human connection to identify, engage and support users in need. By reinforcing genuine relationships with data-driven insights, Pyx Health provides an antidote to loneliness and creates a ripple effect across healthcare cost and utilization. In only six months, our partners have dramatically reduced costly emergency and inpatient utilization while building long-term loyalty and trust. For more information, visit pyxhealth.com. Because no one gets better alone.



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We serve as advisors, clinical leaders and frontline operators for organizations serving Medicare Advantage, Medicaid, Special Needs, MLTSS and Commercial populations.

Medical Management services include care management (including SNP MOC2 - Care Coordination), medical and behavioral health utilization management, physician review and quality/compliance support through staff augmentation and “full responsibility” arrangements.