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ABOUT ASSOCIATION FOR COMMUNITY AFFILIATED PLANS
The Association for Community Affiliated Plans (ACAP) is a national trade association which represents not-for-profit Safety Net Health Plans. Collectively, ACAP plans serve more than twenty million enrollees through Medicaid, Medicare, Marketplaces and other public health coverage programs. Our mission is to strengthen not-for-profit Safety Net Health Plans in their work to improve the health and well-being of lower-income people and/or people with significant health needs. Our vision is a country with accessible, affordable, high-quality care, regardless of income, provided through coordinated care entities.
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ABOUT AETNA MEDICAID
At Aetna Medicaid Administrators LLC (Aetna Medicaid), a CVS Health business, we share a clear purpose: helping people on their path to better health. Through our health services, plans, and community pharmacies, we’re pioneering a bold approach to total health. We’re making quality care more affordable, accessible, and seamless – to not only help people get well, but help them stay well in body, mind, and spirit.
We are proud of our deep roots in serving Medicaid members for over 30 years, and we are honored to provide integrated, managed care services for approximately 2 million people across 16 states. www.aetnabetterhealth.com

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We are AFMC. A national, nonprofit health care company dedicated to working with consumers, health care providers, businesses, and communities. We improve health and experience of care, while reducing costs. At the forefront of health care reform and practice transformation, AFMC is an established, trusted partner in private, state and federally led payment innovations by Medicaid, Medicare and commercial payers. Our solutions include: pandemic support services (contact tracing, case investigation, testing strike teams); education, outreach, data mining/analysis/surveys; HEDIS measures/abstraction; medical utilization management; and much more. Visit www.afmc.org to learn more about AFMC as your problem solver.

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ABOUT AMERICAS HEALTH INSURANCE PLANS
America’s Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services to hundreds of millions of Americans every day. Through these offerings, we improve and protect the health and financial security of Americans and their families, businesses, communities and the nation. We are committed to ensuring that Medicaid is effective, affordable, and accountable. Learn more about why more than 56 million low-income individuals – representing about 78% of total Medicaid enrollment – rely on private health plans for their Medicaid coverage. www.ahip.org/issues/medicaid

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AmeriHealth Caritas is one of the nation’s leaders in health care solutions for those most in need. Operating in 13 states and the District of Columbia, AmeriHealth Caritas serves more than 5 million Medicaid, Medicare, and Children’s Health Insurance Program (CHIP) members through its integrated managed care products, pharmaceutical benefit management and specialty pharmacy services, and behavioral health services. Headquartered in Philadelphia, AmeriHealth Caritas is a mission-driven organization with more than 35 years of experience serving low-income and chronically ill populations. www.amerihealthcaritas.com

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For more than 75 years, Anthem has been there for our members and our communities. Our family of affiliated companies serves more than 106 million people today — one in eight Americans has Anthem coverage. Our 65,000 associates are dedicated to improving the lives of individuals and supporting healthy communities every day. Anthem wants to help build a better, more equitable, and healthier America for our future. For more information, please follow @AnthemInc on Twitter or visit www.antheminc.com.

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ABOUT AURRERA HEALTH GROUP
Established in 2005, Aurrera Health Group is a mission-driven national health policy, strategic communications, and public affairs consulting firm with deep policy, operational, and outreach expertise in public programs. Our firm is rooted in a commitment to improving and strengthening the health care delivery system. We pride ourselves on our forward-thinking approach to health policy and strategic communications, our ability to adapt to changing landscapes, and our innovative spirit. Our clients span state and federal Medicaid agencies, county/local health services departments, health care foundations, consumer advocacy organizations, hospitals, health systems, trade associations, and labor unions.

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Medicaid enrollees deserve efficient dental and eye care benefits that improve overall health. And Guardian’s government healthcare team is here to help both state Medicaid agencies and Medicaid management care organizations. Our comprehensive, coordinated dental and eye care benefits management helps to improve quality of care, increase member and provider satisfaction, simplify administration, and lower costs. We strive to provide seamless implementation and hassle-free administration. Count on our experienced team to put people first—from providers to members—to help deliver healthcare from those who do it well to those who may need it most.

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ABOUT ARNOLD VENTURES
Arnold Ventures is a philanthropy dedicated to tackling some of the most pressing problems in the United States. Founded by Laura and John Arnold in 2010, Arnold Ventures’ core mission is to improve lives by investing in evidence-based solutions that maximize opportunity and minimize injustice. More information about Arnold Venture’s work is available at www.arnoldventures.org.

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For over 30 years, BerryDunn has helped state Medicaid agencies make a positive impact on the populations they serve. With an independent perspective and a collaborative approach, we help state agencies improve operations, gain value from existing programs, and identify new opportunities. We help clients plan for, procure, and implement new systems; improve business processes; meet financial and regulatory requirements; manage risk; and strengthen systems security. BerryDunn Medicaid clients gain value from our deep understanding of the daily and long-term challenges facing state agencies and expertise in public and private healthcare.
www.berrydunn.com/industries/medicaid-agencies

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CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans. Our Solutions include initiatives to ease the burden of provider data collection, maintenance and distribution, and to quickly and accurately direct coordination of benefits processes. CAQH CORE is a nonprofit collaboration of over 130 public and private health plans, hospitals and health systems, vendors and other stakeholders across the industry. CAQH CORE helps stakeholders uniformly adopt electronic transactions and exchange data efficiently.
www.caqh.org

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ABOUT CAMPAIGN FOR TRANSFORMATIVE THERAPIES
Medical science is on the cutting edge of innovation with new treatments- like gene therapies- entering the market faster than ever before. Gene therapies target genetic mutations in cells and many times do not simply treat but actually prevent or cure disease. However, because these therapies are complex and costly to develop, they generally carry large upfront price tags. This may make it a challenge to provide access to gene therapies. The Campaign for Transformative Therapies is focused on finding creative policy solutions – including outcome based arrangements (OBAs)—that can ensure patient access as well as provide value to payers.

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ABOUT CARESOURCE
CareSource is a nationally recognized leader pioneering member-centric health care coverage for special populations. Founded in 1989, CareSource is one of the nation's largest Medicaid managed care plans. Headquartered in Dayton, Ohio, the company serves nearly two million members across five states supported by a growing workforce of 4,400 employees. CareSource celebrates its mission "to make a lasting difference in members' lives by improving their health and well-being" through its holistic model of care which includes its innovative work to address social determinants of health, supporting maternal health outcomes and award-winning efforts to fight the opioid epidemic.

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ABOUT DENTAQUEST
DentaQuest is a purpose-driven oral health care company dedicated to improving the oral health of all. DentaQuest does this through Preventistry® – an all-in approach to better care, expanded access, value-based financing, and innovative solutions. DentaQuest manages dental and vision benefits for 30+ million Americans and provides direct patient care through a network of more than 80 oral health centers in 6 states. DentaQuest provides outcomes-based, cost-effective dental solutions for Medicaid and CHIP, Medicare Advantage, businesses, and individuals nationwide. DentaQuest has invested more than $200 million in grants and programs to achieve measurably healthier communities across the country.

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Deloitte's Government and Public Services practice — our people, ideas, technology, and outcomes — are all designed for impact. We team with state health organizations to bring fresh perspectives to help you anticipate disruption, reimagine the possible, and fulfill your mission promise. For more than 40 years, we have helped state health agencies design, build, implement, and integrate large and complex programs and systems to promote the health and well-being of citizens. We bring actionable insights to drive bold innovation for lasting results. Our shared purpose and passion help you make an impact and improve the lives of citizens.

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Gainwell Technologies is the leading provider of technology solutions that are vital to the administration and operations of health and human services programs. Gainwell is a new company with over 50 years of proven experience, a reputation for service excellence and unparalleled industry expertise. Gainwell offers clients scalable and flexible solutions for their most complex challenges in these areas: Medicaid, Health & Human Services, Public Health and Technology Services. These capabilities make Gainwell a trusted partner for organizations seeking reliability, innovation and transformational outcomes. Learn more about Gainwell at gainwelltechnologies.com.

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Finity is the leading health engagement solutions company. We serve millions of Medicaid and Medicare members across the country. Our clients include State Medicaid agencies, health plans, and CMS. Finity is a Healthcare Innovation Awardee and is HITRUST-certified. Our mission is to empower individuals to make conscious, healthy decisions. Finity provides state-wide quality improvement solutions that include member engagement, rewards, virtual doula, peer health coaching, health risk and SDOH assessments, and personalized LifeTracks. We also provide interoperability and patient access solutions. Finity has the most proven results in compliance improvement, improved member contacts, and cost savings in the industry.

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Humana is a leading health and well-being company focused on making it easy for people to achieve their best health. Nearly sixty years as a health services organization has afforded us broad experience serving diverse populations with complex health needs, offering best practices and innovations to address individual and population health. Humana has served Medicaid beneficiaries continuously for over two decades, offering expertise in integrating physical/behavioral health, pharmacy, social needs, and community engagement. In 2020, we launched our new Medicaid brand, Humana Healthy Horizons™, and continue to create solutions that lead to a better quality of life for our members.

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At HHAeXchange, we believe that healthcare should be simple, effective, and transparent. As an industry-leading provider of homecare management solutions, HHAeXchange has helped numerous states and MCOs manage billions of dollars in Medicaid claims while achieving a new level of oversight, engagement, transparency, and efficiency that hasn’t previously existed in the marketplace. On an annual basis, HHAeXchange confirms nearly 250 million visits and bills over $13 billion in Medicaid claims for more than 4,300 homecare agencies.

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HMS advances healthcare by helping healthcare organizations reduce costs and improve health outcomes. Through our industry-leading technology, analytics and engagement solutions, we save billions of healthcare dollars annually while helping consumers lead healthier lives. HMS provides a broad range of coordination of benefits, payment integrity and population health management solutions that help move the healthcare system forward. Visit us at www.hms.com and follow us on Twitter at @HMSHealthcare. https://hub.hms.com/event-namd

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To learn more, visit lyftbusiness.com/healthcare.

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https://solutions.risk.lexisnexis.com/PPAforMedicaid

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Magellan Health, Inc. is a leader in managing the fastest growing, most complex areas of health, including special populations, complete pharmacy benefits and other specialty areas of healthcare. Magellan supports innovative ways of accessing better health through technology, while remaining focused on the critical personal relationships that are necessary to achieve a healthy, vibrant life. Magellan’s customers include health plans and other managed care organizations, employers, labor unions, various military and governmental agencies and third-party administrators. For more information, visit MagellanHealth.com.

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The Medicaid Learning Center (MLC) is an online education company that provides self-paced Medicaid training. We deliver effective and interactive education to individuals and organizations, equipping people with deeper knowledge about Medicaid, Medicaid Information Technology Architecture (MITA), Health Information Technology (HIT), and Healthcare Reform. The HIT and Medicaid courseware qualifies for 90/10 funding from CMS when combined with a State Medicaid HIT Planning (SMHP) effort. We can also work with your organization to build customized modules for your unique training needs. The knowledge this training can provide is crucial for every State Medicaid Agency.

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For more information about Molina Healthcare, please visit our website at molinahealthcare.com.

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The Milliman Medicaid Consulting Group includes more than 65 senior actuaries and consultants focused on Medicaid, with a supporting staff of more than 125 individuals. We leverage our consultants’ extensive experience within the healthcare industry, allowing us to deliver the right team and best expertise for any situation. The breadth and depth of our knowledge also enables us to create customized solutions for our clients in an efficient and effective manner. As a firm, Milliman has provided actuarial, financial, and policy services to state Medicaid agencies and health plans in over 40 states for more than 25 years.

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Mom’s Meals is a leading provider of fully-prepared, refrigerated meals delivered direct to homes nationwide. With programs for long-term service and support, chronic care, post-discharge care and self-pay individuals, clients have access to menus to support major health conditions and get to choose every meal every order to address their specific needs.

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About Novartis Pharmaceutical

At Novartis, we are re-imagining medicine to improve and extend people’s lives. We are working hard to produce breakthroughs and address unmet needs for patients with devastating diseases, including genetic disorders and certain deadly cancers. We are also committed to ensuring our medicines reach as many people as possible. In our quest to find new medicines, we consistently rank among the world’s top companies investing in research and development. Novartis employs about 15,000 people in the United States.

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The National Association of Chain Drug Stores (NACDS) represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS’ over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. NACDS is raising awareness of the importance of flu vaccinations – particularly to help prevent a two-front war with the flu and COVID-19.

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Optum* combines technology, data and expertise to improve the delivery, quality and efficiency of health care. Optum supports government entities across 50 states plus the District of Columbia. Our solutions touch half of all Medicaid recipients nationwide. For more information on how we can help your state, visit optum.com/government.

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About Optum

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The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier and more productive lives. Since 2000, PhRMA member companies have invested nearly $1 trillion in the search for new treatments and cures, including an estimated $83 billion in 2019 alone.

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ABOUT PCMA
The Pharmaceutical Care Management Association (PCMA) is the national association representing America’s pharmacy benefit managers (PBMs). PBMs administer prescription drug plans for more than 266 million Americans who have health coverage from a variety of sponsors. PCMA continues to lead the effort in promoting PBMs and the proven tools they utilize, which are recognized by consumers, employers, policymakers, and others as key drivers in lowering prescription drug costs, increasing access, and improving outcomes.

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ABOUT QUEST ANALYTICS
Quest Analytics offers the leading software platform for provider network measurement, management and monitoring, serving more than 425 payers in including all eight of the nation’s largest payers; the Center for Medicare and Medicaid Services (CMS); and multiple state regulatory agencies. Quest Analytics solutions include the industry’s most widely utilized access software and Quest Enterprise Services, the industries’ leading adequacy solution with the only integrated directory accuracy solution. Quest Analytics solutions enable superior member experiences, improve Americans’ access to healthcare and enable more efficient and compliant network management for payers across all plan types. For more information, please visit www.questanalytics.com.

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ABOUT SELLERS DORSEY
Since our inception in 2000, we have assisted clients across 39 states with innovative strategies to fund and strengthen their Medicaid, aging, and other health care programs. Sellers Dorsey has assembled a team of experts with decades of experience turning Medicaid managed care pilots into policy. Our staff have specialized subject-matter expertise in practice transformation, value-based payment model development and implementation, and performance measurement from unique payer and provider perspectives. They have experience developing alternative payment models and performance-improvement incentives and creating financial modeling, including risk adjustment, attribution, and accountability measurement.
www.sellersdorsey.com/NAMD2020

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ABOUT THE COMPLIANCE TEAM, INC.
The Compliance Team has been redefining accreditation for over 25 years. Our programs eliminate inefficiency, are driven by a philosophy of educating, and deliver a simplified process, while never compromising quality. In fact, our Exemplary Provider accreditation is recognized as the highest standard in the industry. Our Rural Health Clinic, Patient-Centered Medical Home (PCMH), full suite of Pharmacy, and DMEPOS accreditation programs, including our COVID-19/Point of Care and Immunization (Adult and Pediatric) Certifications are simplified and better by design. Are your contracted providers Exemplary Providers?
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ABOUT TELLIGEN
Telligen is a health management and IT solutions company that serves state Medicaid programs nationwide. We deliver innovative, custom-tailored solutions by combining decades of clinical, analytic, IT and technical assistance expertise to improve outcomes and quality while reducing the cost of healthcare. Our solutions include but are not limited to: Assessments (including CSA, SIS, PASRR Level I and Level II); Care Management (including health coaching and disease management); Quality & Performance Improvement (including practice transformation); Quality Measurement & Reporting (including HEDIS and non-HEDIS measures); Utilization Management (including authorizations for inpatient, outpatient and specialty services).
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