



MESSAGE FROM THE CEO



Jill Hayden
Chief Executive Officer
Illinois Association of
Medicaid Health Plans

When it comes to the future of Medicaid managed care, much remains uncertain. How will Illinois policymakers respond to budget pressures driven by federal legislation? What impact will forthcoming work requirements have on eligibility and enrollment? And how successful can we be in minimizing coverage losses?

While the answers are still taking shape, one important question has been resolved. We now know which Medicaid managed care organizations (MCOs) will be charting the future together in Illinois.

Just this week, the Department of Healthcare and Family Services (HFS) announced the MCOs awarded contracts to serve HealthChoice Illinois enrollees for at least the next five years:

- Aetna Better Health of Illinois
- Blue Cross Blue Shield of Illinois
- CountyCare
- Humana
- Meridian
- Molina Healthcare

Although these health plans are market “competitors,” each is a committed member of IAMHP and dedicated to improving Medicaid in Illinois. IAMHP convenes MCO leaders to implement new policies collaboratively, devise shared procedures, and advocate for solutions that benefit all Medicaid enrollees and providers.

At a time when partnership matters more than ever, we are pleased to continue working alongside these MCOs and the mission-driven experts on their teams. We will share additional updates as plans prepare for the next phase of HealthChoice Illinois, in advance of the new contracts taking effect in 2027.

Uncertainty may define the moment, but collaboration will define the outcome. IAMHP will continue to serve as a forum for shared leadership, thoughtful problem-solving, and collective action to ensure Medicaid remains a strong and stable source of coverage for millions of Illinoisans.

Sincerely,
Jill

At a glance...

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- [H.R. 1 implementation updates](#)
- [Maximizing Impact: 2026 Annual Conference](#)
- [Refreshed immunization toolkit for providers](#)
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Advocacy Update



David Vinkler
Vice President,
Public Policy & Government
Relations

The Illinois General Assembly recently concluded its busy spring session and sent a budget bill to the Governor's desk. Although massive federal cuts are approaching, the FY 2027 state budget does not yet have to contend with most of the impending funding reductions.

During hearings before the House and Senate Appropriations–Health and Human Services Committees, HFS shared that provider assessment limits included in the federal budget will reduce Illinois Medicaid program revenues by an estimated \$4.5 billion annually once fully implemented in FY 2031. This cut is in addition to new state funding obligations to sustain SNAP, which will likely require new spending of over \$800 million beginning in FY 2028.

Although the FY 2027 budget is conservative in its proposed growth, the state will need to balance spending with reduced federal revenue to support Medicaid, SNAP, and other programs that millions of families rely upon. In our conversations with lawmakers, IAMHP has been working to keep them informed of these looming impacts to ensure

Medicaid remains a top priority as they plan for FY 2028 and beyond. Our open discussions with dozens of elected officials suggest they understand the challenges and the need to identify solutions—setting the stage for a consequential year ahead.

- IAMHP held its **Advocacy Day in Springfield on April 15**, along with our annual legislative reception. Staff from the Medicaid health plans were in and around the Capitol, discussing the value of managed care with lawmakers and staff from across the state.
- In April, we held our first in-person meeting of the **IAMHP Medicaid Stakeholder Alliance**, convening trade associations and advocacy organizations to discuss the current policy issues facing Illinois' Medicaid program.
- IAMHP was represented at the **Medicaid Health Plans of America's (MHPA) Policy & Advocacy Leadership Forum** held March 17-19 in Washington, D.C.
 - Advocates met with staff and policymakers about further federal changes coming from CMS, including increased efforts at combatting fraud, waste, and abuse (FWA).
 - Illinois and other states have received requests from CMS to plan for revalidation of Medicaid providers in the next two years, with a special focus on providers considered to be higher risk of FWA—initiatives likely to compound existing enrollment challenges providers have expressed.

SNAP Changes Outreach Toolkit **Resources from the Illinois Commission to End Hunger**

Federal changes affecting SNAP began taking effect on February 1. A majority of Illinoisians who receive SNAP benefits are covered by Medicaid.

To support stakeholders and build awareness, the Illinois Commission to End Hunger has created a **SNAP Outreach Toolkit**, with social media content, flyers, and newsletter copy (in English and Spanish) to communicate about these changes.





The wait is over. The future of HealthChoice Illinois begins.

Six plans selected by HFS to manage care for over 2 million Medicaid enrollees into the next decade

The contracts are awarded and the stage is now set.

Earlier in June, HFS announced six health plans selected to administer Medicaid benefits to approximately 2.4 million Illinois residents enrolled in HealthChoice Illinois:

- **Aetna Better Health of Illinois**
- **Blue Cross Blue Shield of Illinois**
- **CountyCare [Cook County residents only]**
- **Humana**
- **Meridian**
- **Molina Healthcare**

The contract announcement maintains continuity in Illinois' Medicaid program. All existing managed care plans were awarded new contracts. Humana, which currently covers D-SNP members in Illinois, will also begin serving the broader HealthChoice Illinois population.

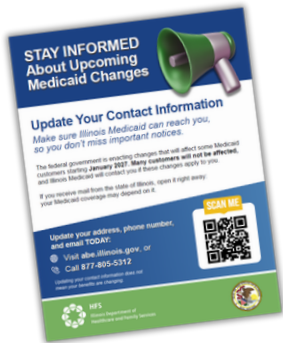
The work now begins for plans to gear up to cover enrollees beginning January 1, 2027, through 2030 (with the state having an option to renew contracts for up to 5 ½ more years). Between now and January 1, these plans will have to demonstrate readiness to fulfill their contractual obligations. This includes expanded requirements related to social determinants of health (SDOH), care coordination, and network adequacy standards.

“These contracts will really bring Illinois' Medicaid program into the future and endure beyond the current Congress and federal administration,” said Jill Hayden, IAMHP CEO. “The work we do to operationalize them—and strengthen quality through innovative value-based arrangements, effective care coordination, and health-related social needs intervention—will shape a more resilient Medicaid program that delivers better outcomes for members, providers, and communities.”

H.R. 1 Implementation Updates

‘Update Your Address’ campaign from HFS

New federal requirements will require some adult Medicaid enrollees to begin reporting work, school, or training activities beginning in 2027. Many enrollees will be exempt, and no one will be required to take action until they receive direct notice from HFS. Ensuring enrollees receive timely and accurate information is critical, which is why HFS has developed an **outreach toolkit** for providers and community organizations emphasizing the importance of keeping current contact information on file with the state.



A new [messaging toolkit](#) from HFS supports stakeholders with ready-to-print flyers in multiple languages, social media graphics, as well as sample messaging for newsletters, text messages, and emails.



Timing Snapshot

- **June 2026:** CMS required to provide implementation guidance regarding community engagement requirements
- **September 2026:** First work requirement notices from HFS issued to affected enrollees; 6-month redetermination notices sent to ACA members with a January redetermination period
- **October 2026:** Noncitizen eligibility changes take effect
- **January 2027:** Work requirements and 6-month redetermination implemented for new applicants

HFS Stakeholder Webinar Series

HFS has also launched a **series of webinars to educate stakeholders** about program changes resulting from H.R. 1. Representatives from all organizations serving Medicaid enrollees are encouraged to attend these webinars, with advanced registration required.

Rural Health Transformation Program: \$193 million awarded to Illinois for 2026

Among the many provisions in H.R. 1 was the creation of a \$50 billion fund to support rural healthcare providers. In December, **HFS announced that Illinois was awarded \$193.4 million** for calendar year 2026. HFS will distribute these funds with the goal of strengthening healthcare infrastructure in the state’s rural areas, creating more equitable access to healthcare and improving health outcomes for Illinoisans statewide.

HFS will continue engaging with stakeholders on next steps regarding funding distribution. Staff planning and implementation are underway in partnership with other state agencies and CMS. **Learn more about the state’s plan to support rural healthcare through these funds.**



Funding through the Rural Health Transformation Program will support rural healthcare delivery, strategies for addressing care barriers, and workforce initiatives informed by stakeholder input.

Early bird registration closes June 30!

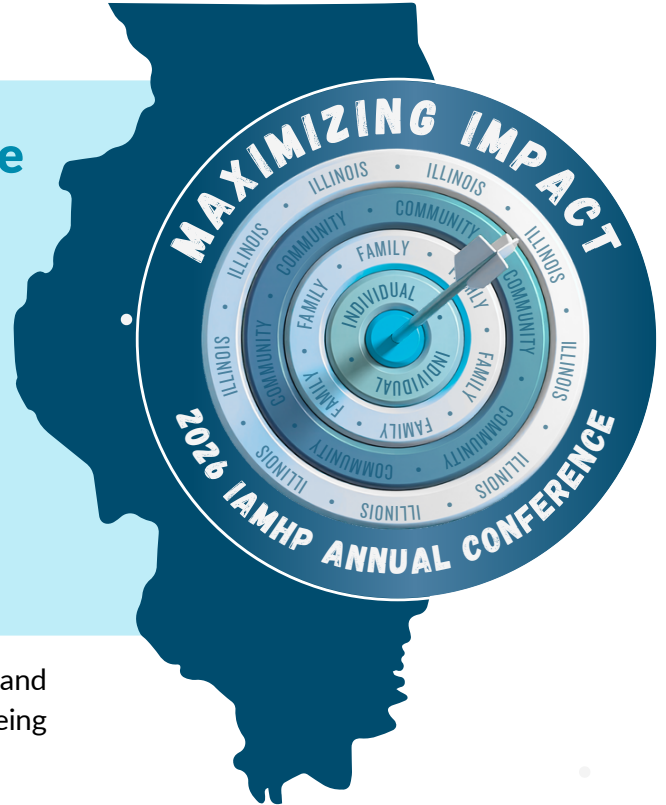
IAMHP 2026 Annual Conference

October 19-20, 2026

Hilton Chicago/Oak Brook Hills
Resort and Conference Center

 [Registration information](#)

 [Sponsorship opportunities](#)



The providers, community organizations, health plans, and policymakers focused on improving the health and well-being of Medicaid enrollees are **resilient and relentless**.

In the face of constant state and federal policy changes—along with budget pressures, workforce challenges, and rapid technological advancement—Medicaid stakeholders continue to strengthen care for millions of Illinoisians. Their work, grounded in compassion and dedication, is nothing short of inspiring.

Our 2026 annual conference, *Maximizing Impact*, celebrates the innovation and collaboration driving Illinois' Medicaid program forward. We'll spotlight the programs and partnerships delivering on the promise of Medicaid managed care to improve health outcomes, lower overall costs, and transform the health outlook for families in every corner of the state. Join fellow leaders, share insights, and help shape what comes next for Medicaid in Illinois.

- **Learn from leading experts** focused on deriving value and shaping transformative outcomes
- **Network with hundreds of colleagues** committed to making Medicaid managed care even more effective
- **Derive practical takeaways** and select from a variety of education sessions most applicable to you and your organization



Annual Conference Voices

As they shape diverse programs to seize opportunities that enhance managed care, the experts driving progress at Illinois' health plans share a passion for the Medicaid enrollees they serve.

During our annual conference, we sat down to learn more about their initiatives and what drives them. Here's what they said.

Aetna Better Health of Illinois

Building partnerships to improve the health outlook for members



For thousands of Medicaid enrollees, barriers such as unstable housing or food insecurity stand in the way of a healthier future. **Froilan Bernardo** and **Tracie Mason** from Aetna Better Health of Illinois describe their work to remove these barriers for members through collaborative partnerships with providers and community organizations.

Blue Cross Blue Shield of Illinois

Integrating doula care to improve maternal health equity

In 2024, Illinois began providing Medicaid coverage for certified doulas and midwives—a pivotal milestone in the state's efforts to address racial disparities in maternal health outcomes.

Tamatha Smith and **Jennifer Franch** of Blue Cross Blue Shield of Illinois describe the health plan's work to integrate doula services, discuss early outcomes, and share feedback from new moms who included a doula in their birth plan.



CountyCare

Shaping “Brighter Beginnings” for new moms through research-informed programs



Studies find that pregnant women covered by Medicaid—representing about 40% of expecting moms in Illinois—are more likely to experience adverse birth outcomes. Leaders of CountyCare’s maternal health team, **Ananya Stoller** and **Tine Ndhlovu**, describe how the health plan’s “Brighter Beginnings” program draws from research and the lived experiences of members to support healthier moms and babies.

Humana

Evolving operations to support members’ health-related social needs

In their everyday work with patients, Medicaid providers routinely identify health-related social needs such as food insecurity, inadequate housing, or social isolation. **Samantha Olds Frey**, CEO of Humana Illinois Integrated Plan, explains the health plan’s work to translate these insights into action that links members to needed supports.



Meridian and YouthCare

Identifying severe mental illness earlier to transform lives



People with severe mental illnesses such as schizophrenia are most often diagnosed in their late teens and 20s—a major time of transition for young people. **Marc Fagan, PsyD**, Plan President of YouthCare, describes the importance of identifying these conditions as early as possible and the efforts underway at YouthCare and Meridian to do just that.

Molina Healthcare

Quality improvement with purpose



As director of health plan quality improvement at Molina, **Katy Pakula** spearheads the health plan's efforts to ensure hundreds of thousands of members receive essential preventive services. She describes her journey into this unique role, one informed by lived experience and a passion for members.



Call for Speakers

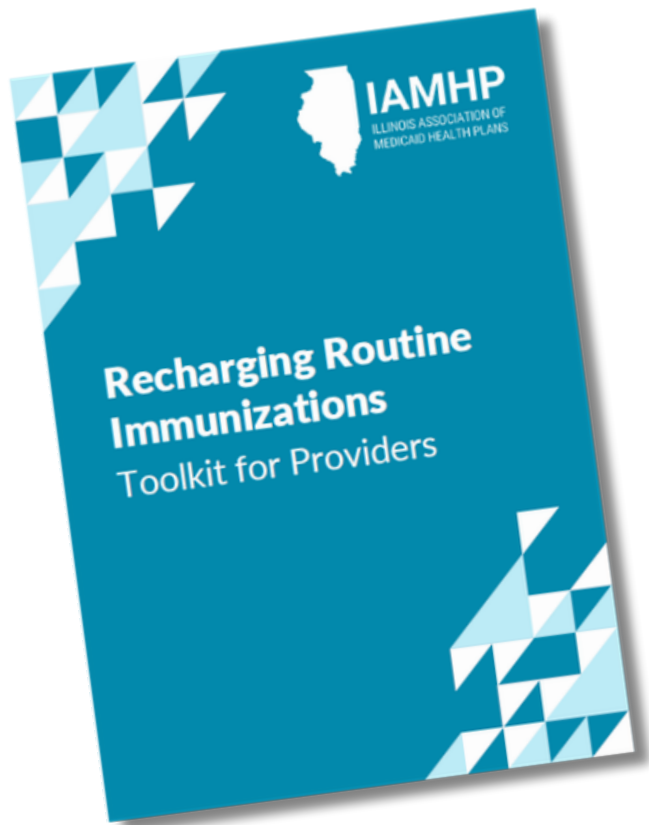
Interested in presenting at our 2026 Annual Conference?

- Cement your team as a thought leader in Medicaid.
- Share innovations and insights to inspire other stakeholders.
- Showcase best practices and collaborations making a difference.

Our competitive call for 2026 presentation proposals is now open! Learn more and submit your idea soon for consideration.



[Call for speakers](#)

[Access the toolkit](#)

Refreshed Resource

Recharging Routine Immunizations: Toolkit for Providers

As evidenced by recent measles outbreaks, declining childhood immunization rates are a local and national concern. With nearly half of Illinois children covered by Medicaid, the health plans, providers, and community organizations serving this population play a vital role in protecting children and communities from vaccine-preventable disease.

Our updated toolkit supports Medicaid stakeholders with:

- Guidance on identifying vaccine hesitancy and **strategies to build vaccine confidence**
- **Educational webinars** related to immunization
- **Outreach tools**, including ideas for effective back-to-school campaigns
- **Health plan resources** to support childhood immunization efforts

Health Plan Stories of Impact

Aetna Better Health of Illinois

Kevin's fresh start: Supporting sobriety through steady support

Kevin*, an Aetna Better Health of Illinois member, was determined to maintain his sobriety and rebuild his life after completing residential treatment and transitioning into sober living. While committed to his recovery, Kevin faced several challenges, including limited access to primary care, dental services, transportation, and ongoing support resources. Without these essential connections, maintaining stability felt overwhelming.

Maria, a behavioral health case manager at Aetna, worked closely with Kevin to understand his needs and develop a plan for long-term success. She helped connect him to a primary care provider (PCP) and dentist, ensuring he received the medical care he had been postponing. With Maria's guidance, Kevin received dental treatment and established consistent care with his PCP. He was also referred to dermatology and physical therapy to further support his health.

Recognizing the importance of emotional and community support in recovery, Maria connected Kevin with Affect Therapeutics for virtual outpatient behavioral healthcare. Through this partnership, he found encouragement and accountability as he continued working toward his sobriety goals. The additional support strengthened Kevin's confidence and reinforced his commitment to recovery.

As Kevin's stability improved, he was able to return to work and begin earning income. Although this initially affected his Medicaid eligibility, Maria



After Kevin completed residential treatment for substance use disorder, his case manager at Aetna connected him to virtual outpatient behavioral health care to support his ongoing sobriety goals.

supported him through the Medicaid reapplication process when his income fluctuated. Kevin was able to re-enroll in case management and continue receiving the services he relied on.

With consistent support and guidance, Kevin has maintained his sobriety and remains actively engaged in his care. He continues working with Affect Therapeutics and accessing community resources that help him stay focused on his health and future.

Reflecting on his journey, Kevin expressed gratitude for the support he received from Maria and his health plan, describing how instrumental it was in helping him rebuild his life and make informed decisions about his health.



The stories that inspire us

[Visit our website](#) for more examples of the impact our member health plans are having on the lives of their members

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Blue Cross Blue Shield of Illinois

“You’ve changed my life for the better”: Care coordination helps shape Kelly’s new beginning

Earlier this year, Kelly, a new member, was admitted to a behavioral health hospital. Kelly had experienced previous hospitalizations, but this was her first time getting care through Blue Cross Community Health Plans (BCCHP).

Kelly, who identifies as non-binary and uses the pronouns she/her, described how she observed care coordinators from BCCHP helping other patients during her previous hospitalizations. She wondered when someone would help her. As the BCCHP care coordinator approached during her most recent hospital stay, Kelly smiled and said, “It’s finally my turn.”

At the time of her admission, Kelly was experiencing homelessness and needed stable housing to support her long-term recovery. She described other challenges, like not having a phone or a way to stay connected with her providers, and it was difficult for Kelly to obtain needed medications after being discharged from the hospital.

Kelly’s situation required rapid coordination across care teams and community partners to ensure a safe and stable transition. Within 24 hours, the care coordinator arranged immediate housing support through a community organization that successfully secured an apartment for Kelly. Bridging the pathway to continuous care and engagement, she was given a new cell phone to keep the lines of communication open with her providers and support team. Kelly was also paired with a care coordinator who specializes in gender-affirming care, connecting her to specialized support throughout her health care journey.

Kelly made a smooth transition from the hospital to her new home. However, she faced a barrier getting three prescribed medications. Once notified, the care coordinator identified an issue related to prior authorization, contacted the provider, and resolved the problem within an hour. Kelly was able to get all medications without delay.

Thanks to the coordinated care, compassionate support and strong community relationships, the member’s care team worked together to support her recovery and help transform her life. Kelly expressed heartfelt gratitude to her care coordinator and shared photos of her new apartment.

“You and Blue Cross have had a major impact on my life. You’ve changed my life for the better... Knowing I have a team of people solely concerned about my health and well-being brings peace to my soul that I haven’t felt since my husband was alive. Thank you, from the bottom of my heart.”



Kelly was proud to send photos of her new apartment to her care coordinator, who was pivotal in arranging housing support after Kelly’s hospitalization.

Health Plan Stories of Impact

CountyCare

Stepping up for Jordyn's family after complications from a premature birth

Jordyn* is a CountyCare member who was born at 28 weeks at a local Chicago hospital. A fighter from the start, she overcame a heart defect but continued to struggle with swallowing, which required the insertion of a feeding tube. Her family initially reached out to their CountyCare care coordinator for nursing support, but when Jordyn's parents lost their home, the support they required became much more acute.

Sarah, their CountyCare care coordinator, developed a plan and connected Jordyn's parents to local resources and organizations—with the goal of connecting them to temporary housing and assistance with SNAP, WIC, and other benefits.

CountyCare continued to support Jordyn's and her parents with medical care, supplies, and transportation services while they worked toward securing stable, permanent housing.

With the help of the care team and community partners, a few weeks later, the family was able to find a permanent apartment. They were thrilled to move in and finally have a stable home for Jordyn and her two siblings. Today, Jordyn is a happy toddler who loves singing, dancing, blowing bubbles, and watching Elmo. Her family continues to cheer her on as she reaches new milestones.



Born about three months prematurely, Jordyn had special healthcare needs including care for a feeding tube. Initially engaged to provide nursing support, the team from CountyCare sprang into action when Jordyn's parents disclosed that they'd lost their home. With their care coordinator's support, the family soon secured permanent housing, where Jordyn continues to achieve developmental milestones.

*For privacy and HIPAA compliance, member names have been changed.

Health Plan Stories of Impact

Humana

Homebound and out of insulin, Joe receives immediate support to avert a medical emergency

Joe* is a 71-year-old Humana member who receives home and community-based waiver services. Functionally, Joe is primarily bedbound and requires assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as personal care, meal preparation, housekeeping, laundry, errands, and routine health management. His health conditions are numerous and include congestive heart failure, hypertension, high cholesterol, asthma, Type 2 diabetes, chronic pain, osteoarthritis, chronic diarrhea, gastritis, and incontinence.

Joe recently faced a serious situation. He had been without insulin for over a week, causing his blood sugar to rise to a critically high level. Joe contacted his care coordinator at Humana and expressed that he felt worried, overwhelmed, and unsure of what to do.

At that moment, Timeka, Joe's care coordinator, stepped in as a true advocate for his well-being. Her efforts included:

- Escalating the issue urgently to ensure the insulin refill request was prioritized
- Maintaining continuous follow-up and direct communication with Joe's primary care doctor's office
- Working persistently until the prescription refill was approved and sent to the member's pharmacy
- Providing emotional reassurance so the member did not feel alone during the crisis
- Ensuring appropriate follow-up visits were scheduled
- Following up to ensure continued medication compliance



Joe, who has limited mobility and Type 2 diabetes, faced a serious situation when he'd run out of insulin and gone without his medicine for over a week. Upon calling Timeka, his care coordinator, a scary situation was averted once the Humana team moved quickly to get Joe insulin and provide health coaching.

Because of her persistence, Joe avoided what could have become a diabetic emergency. During a follow-up call with Timeka, he expressed deep appreciation. "Thank you," Joe said. "I didn't know what I would do without you all."

Joe's kind comments reflect just how meaningful consistent, compassionate care coordination can be—especially for members navigating complex medical conditions with limited resources or support.

*For privacy and HIPAA compliance, member names have been changed.

Health Plan Stories of Impact

Meridian

Rental assistance helps Kenneth avoid eviction and maintain stable housing

Kenneth,* a 74-year-old Meridian Medicaid Plan (Meridian) member, lives alone and was managing multiple health challenges when he began experiencing housing instability. In September 2025, he received an eviction notice for unpaid rent. At his court hearing, he learned he could apply for court-based rental assistance—support that could keep him safely housed, but only if he could complete a time-sensitive online application and submit required documentation.

Like many older adults, Kenneth faced practical barriers that can derail otherwise available assistance. He was not comfortable using technology, and mobility limitations made it difficult to travel for help. His building had stairs and no elevators, and he often relied on non-emergency ambulance transportation. At the same time, his caregiver support—provided through a homemaker agency under the LTSS waiver program—was temporarily disrupted when the caregiver was hospitalized.

With another court date approaching and limited in-home support, Kenneth needed a clear plan and hands-on assistance to prevent eviction. Meridian's care team stepped in quickly to help him navigate the process and document that he was actively working to resolve the rent issue.

Kishawra, a Meridian care team member, partnered with Kenneth to begin the rental assistance application and identify the documentation needed to move it forward. When required documents were missing, she helped him create a checklist and—step by step—showed him how to take photos of paperwork and email files so they could be uploaded with the application.

NeShea, a Meridian care coordinator, then monitored the application status and kept the process moving



as deadlines approached. When the application was denied in October 2025 because the landlord did not respond, she helped Kenneth resubmit promptly and compile information he could present in court to demonstrate progress and good-faith efforts to resolve the balance.

Ultimately, Kenneth's application was approved. Rental assistance covered June 2025 through January 2026—nearly \$10,000 in support—and the landlord agreed to allow Kenneth to remain in his home. That outcome stabilized more than a lease; it protected an older adult's health and independence by preventing a disruptive move and the heightened risks that often follow housing loss.

Today, Kenneth remains in his home and is able to pay his rent. With his immediate housing needs addressed, he can focus more fully on managing his health. He is also working with Meridian's housing coordinator to explore assisted living options and longer-term support that matches his needs. Kenneth shared his appreciation for the Meridian team's guidance throughout the rental assistance process—support that helped him stay in his home and move forward with greater stability.

*For privacy and HIPAA compliance, member names have been changed.

Health Plan Stories of Impact

Molina Healthcare

Getting essential maternal health care to Lucy

Lucy* is a member who disclosed her pregnancy to Molina when she began experiencing persistent headaches and high blood pressure. She was quickly identified as a high-risk pregnancy and referred for additional support.

Initially, outreach efforts were unsuccessful due to scheduling challenges, missed appointments, and Lucy's competing responsibilities as a caregiver. Through persistent efforts, Molina's maternal health educator completed a face-to-face visit, resulting in a thorough assessment of Lucy's health and social needs. She lacked prenatal care, vitamins, and essential baby supplies, and she had not completed critical prenatal testing.

The Molina care team rapidly coordinated services, scheduling both in-person and virtual appointments with an OB provider. Lucy received immediate

telehealth consultations, prenatal education, and enrollment in Molina's pregnancy support program. Assistance extended beyond healthcare, with the Molina team helping her secure Goodwill vouchers, complete an application for WIC benefits, and obtain necessary baby items from community partners.

With ongoing support from her Molina care manager and maternal health educator, Lucy completed all recommended tests, received essential medications and supplies, and attended follow-up appointments. Blood pressure monitoring and medication adherence became part of her routine. Ultimately, Lucy delivered a healthy baby and received thorough post-partum and well-baby care education. This collaborative, caring approach empowered her to overcome barriers and achieve positive health outcomes for herself and her child.



With persistence and flexibility, the Molina team ensured that Lucy received essential prenatal care.

**For privacy and HIPAA compliance, member names have been changed.*

Trusted Partner Corner

2026 TRUSTED PARTNER MEMBERS



Contributed by Cityblock Health

Integrated Care for Vulnerable Populations

Cityblock's fully integrated model delivers clinical and wraparound care to some of the most at-risk and hardest to reach populations. Each member is supported by a dedicated, interdisciplinary team that provides care through highly flexible, member-friendly modalities, meeting members wherever they are most comfortable, whether in their homes, virtually, or in other community settings.

Powered by advanced technology and artificial intelligence that provides its care team with a data-driven understanding of patient needs and risks, Cityblock's care model features tailored clinical pathways for polychronic conditions (e.g., diabetes and COPD), an Advanced Behavioral Health program for individuals with severe mental illness or substance use disorders, and robust social care coordination to address needs like housing and food insecurity.

Additionally, Cityblock provides 24/7/365 access to care, including virtual urgent care services and in-home urgent and primary care—with real-time virtual physician and/or advanced practice provider oversight.



Cityblock is a value-based healthcare provider focusing on the complex clinical, behavioral health, and social needs of Medicaid and dually eligible individuals. Cityblock serves more than 100,000 members and partners with health plans and health systems across more than ten states.

Demonstrated Outcomes

Cityblock's industry-leading model has achieved results* including:

- 70%+ member engagement after 12 months
- 50% reduction in inpatient admissions
- 20-30%+ improvement in HEDIS quality metrics
- 75+ member Net Promoter Score (NPS)
- 10-15% reduction in total cost of care

**Results reflect aggregate outcomes across Cityblock's national member population and may vary by market and population.*



Trusted Partner Corner

IAMHP's **Trusted Partner Program** provides members with exclusive networking, the latest industry news, educational offerings, business liaison support, and opportunities to promote your company. [Learn more.](#)

Contributed by **TenderHeart**

From Fee-for-Service to a New Vision



TenderHeart began in 2004 as a traditional fee-for-service durable medical equipment company. Like much of the industry, the focus at the time was on volume rather than outcomes. That shifted in 2016 when an early customer issued a challenge: stop operating like every other DME company and start leading. The request sparked a pivotal realization—an invitation to imagine an outcomes-based approach in a space built on transactions.

The Turning Point

Accepting that challenge required courage and a willingness to rethink long-standing norms. TenderHeart became one of the first DME organizations to partner on outcomes instead of volume, demonstrating that better care can be

measured and that dignity can be treated as an outcome. That moment became a defining point in the organization's identity, shaping a commitment to member-centered care and a refusal to accept the status quo.

Scaling a New Model of Care

By 2022, the outcomes-based model had been adopted by all major Medicaid managed care organizations in Texas. That same year, TenderHeart expanded beyond value-based incontinence to closing gaps in care across a range of health conditions. Today, products and services designed to improve member health reach individuals in 36 states, including Illinois.

Building What Healthcare Can Be

What began as a single moment of truth evolved into a mission: to lead where others follow, to build trust through both heart and measurable impact, and to reshape how healthcare feels and functions. Every partnership formed today connects back to that turning point—when “the way it’s always been” gave way to what healthcare could become.

Contributed by **Sellers Dorsey**

Sellers Dorsey D-SNP Integration Playbook for Health Plans

Dual Eligible Special Needs Plans (D-SNPs) were designed around a simple premise: Members should experience Medicare and Medicaid as one coordinated system of care. But achieving this standard requires a level of integration most organizations were not originally built to deliver. The health plans that succeed are not the ones that treat D-SNP as a product. They are the ones that treat integration as an enterprise strategy. This playbook outlines what that strategy requires. With 25+ years in health plan operations across Medicaid and Medicare Advantage, Sellers Dorsey Senior Director, Joe McGrath, details what it takes to achieve successful D-SNP integration.

[**Download the playbook today.**](#)