

BUILDING VALUE-BASED PARTNERSHIPS WITH BEHAVIORAL HEALTH AND SOCIAL SERVICE PROVIDERS

How the Managed, Accountable, and Coordinated
Care Markets Can Leverage Fully-Integrated Provider
Networks That Are Prepared for **Population Health
Management** and Value-based Reimbursement



Advocates for Human Potential, Inc.

For 30 years AHP has worked to improve health systems and business operations through research and evaluation, training and technical assistance, and professional consulting to help organizations and individuals reach their full potential. AHP is a trusted advisor to federal and state funders, managed care entities, and providers throughout the United States.

AHP Healthcare Solutions is the professional business and management consulting arm of AHP, dedicated to supporting the future of health, behavioral health, and human services providers and to ensuring their integration within new, more complex systems of care participating in value-based reimbursement. AHP Healthcare Solutions is a “solutions partner” to our clients, addressing the needs and implementing relevant solutions.

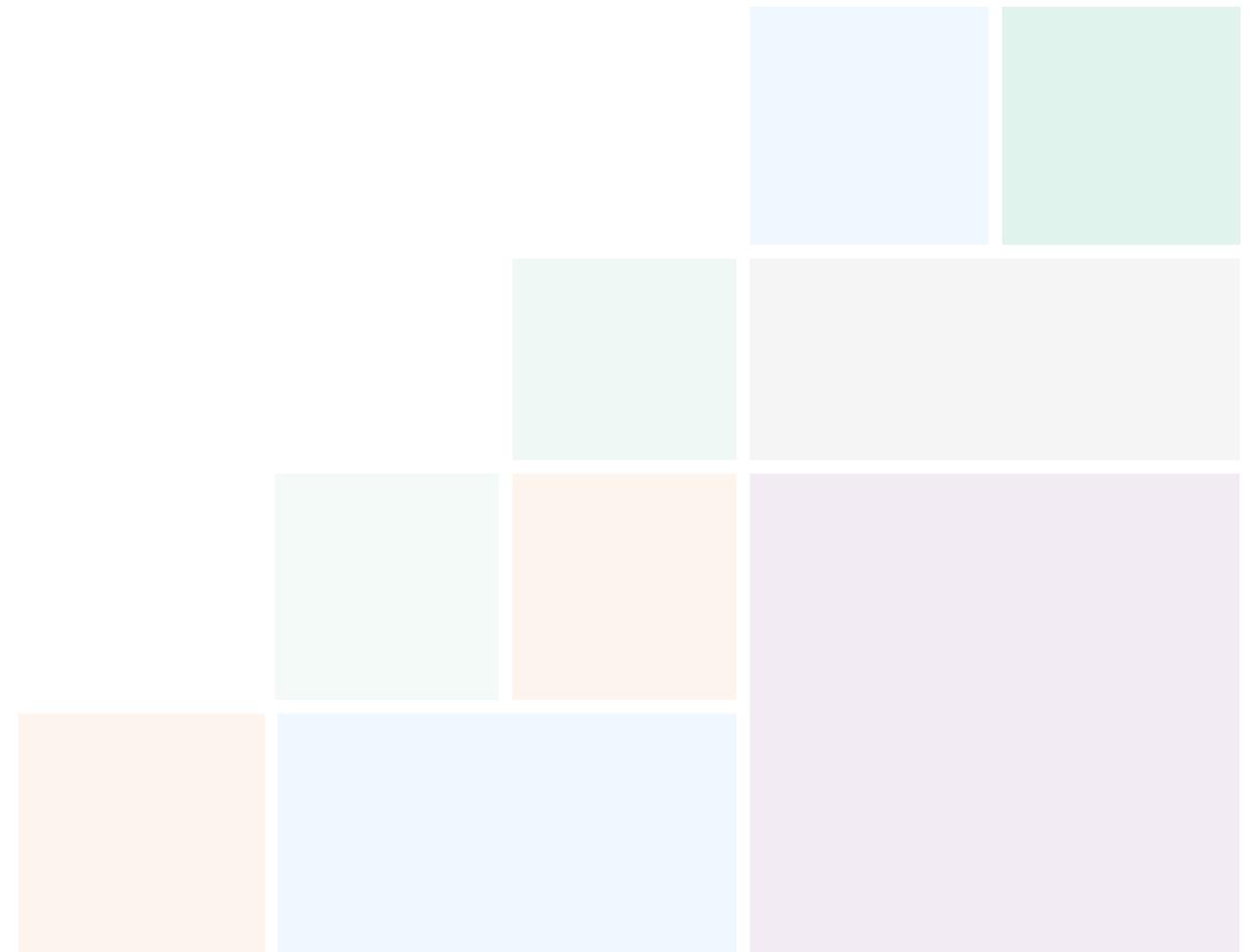
We provide continuous feedback and strategic direction, and create consistent results and success over time through:

- Understanding the true nature of your organizations’ issues, including any internal barriers and obstacles
- Helping you fully understand the scope, complexity, and interdependency of the challenges and opportunities in today’s health/behavioral health market
- Helping you understand the cost/risks associated with making no change or piecemeal change
- Making clear that even seemingly “simple” problems take time to address—to create lasting change, it takes an investment of resources: time, people, money
- Focusing on the lasting benefits of AHP intervention—moving past barriers to successfully manage change and implementing a comprehensive approach that saves you time and money

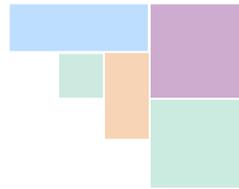


You can do well by doing good”

– Benjamin Franklin



INTRODUCTION



America's health care systems are adapting to reforms on a daily basis. The leading edge of many of those reforms—population health—illustrates how complex, urgent, and important it is to reimagine systems that include and integrate behavioral health and social service providers. Our nation's traditionally separate health care system components must navigate entirely new paths to integration. And managed care entities of all kinds play a critical role.

The health care system in the United States is undergoing rapid and inexorable transformation that pushes primary medical providers, behavioral health providers, and managed care entities to adapt and innovate. Beyond any one organization's drive to succeed, the evolution of the entire health care system demands the integration of all components. To survive and thrive, health care organizations must understand and be able to effectively navigate the changes in Medicaid and other funding streams and develop care networks that successfully attract and retain consumers, contract with new and emerging payers, and manage risk in value-based reimbursement models.

The American health care system is notoriously complex—for both consumers and providers. Services for physical health care and behavioral health care (which includes mental health care and treatment for substance use disorders) have historically been financed and delivered under separate systems. The Affordable Care Act's (ACA) Medicaid expansion has spurred the migration of millions of Americans from the ranks of the uninsured to the Medicaid enrolled.

As a result of this combination of siloed systems and increased access to health care, Medicaid enrollees with behavioral health conditions often find themselves interacting with multiple public and private agencies and receiving care from myriad providers funded by different payers.

Overwhelmed by the large numbers of Medicaid beneficiaries with a behavioral health diagnoses and the substantial costs associated with their care, state Medicaid programs are looking for ways to improve care and reduce expenses, particularly for the

subpopulations of patients with behavioral health conditions, co-occurring disorders, and social co-morbidities that place the largest burdens on costs for care. Arising from these challenges, new players and new markets are emerging in managed care, accountable care, and care coordination.

AHP is uniquely positioned to guide payers and provider organizations through the complexities of population health management in the context of Medicaid and other managed, accountable, and coordinated care plans. Bringing subject matter expertise in a wide range of subpopulations correlated to behavioral health and co-occurring disorders, combined with team of seasoned managed care and health care reform experts, AHP offers solutions at the intersection of today's health care challenges: integration of care while improving quality and reducing cost to meet the Triple Aim.

NEW MARKETS

Medicare, Medicaid, and commercial insurers are rapidly expanding managed care, accountable care organizations (ACOs), and coordinated care models. AHP refers to these new entities as **MACCs—Managed, Accountable, and Coordinated Care**.

- *Value-based reimbursement* permeates the MACC business model and is expected by the Centers for Medicare & Medicaid Services (CMS) to replace fee-for-service reimbursement in rapid succession.
- *MACCs focus on population health and chronic conditions, including those with behavioral health and social co-morbidities* (where social determinants of health are real and present risk factors).

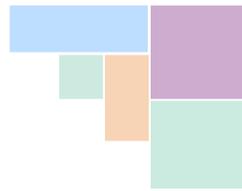
THE TRIPLE AIM

The Triple Aim of the ACA calls for improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care. Population health—the health outcomes of groups of individuals—has become one significant measure of success for carrying out the Triple Aim. Integrating all types and levels of care is an increasingly critical task for those providing and managing care.

To address the challenge, MACCs are placing providers and payers on the same team for the first time due to the explosion in health insurance coverage spurred by the ACA's Medicaid Expansion, Health Insurance Exchanges, and population health. Simultaneously, value-based reimbursement is driving behavioral health providers from the fragmented margins of the system to the center of a hotbed of activity.

The share of behavioral health expenditures being borne by Medicaid, Medicare, and commercial health insurers has risen sharply. As a result, medical providers are more open to integration and co-location strategies.

IMPLEMENTATION

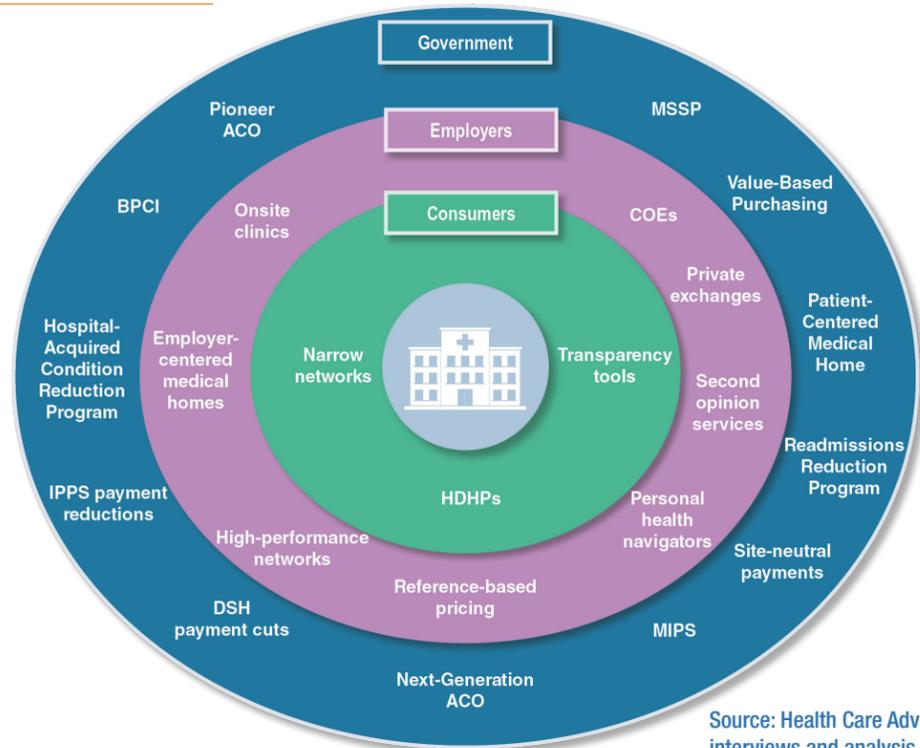


Implementing Value-based Reimbursement

There have been many efforts over the last few years to reduce costs in the health care system, from reshaping health care entities (e.g., creation of ACOs and health home models) to developing diversion programs and provider networks (Figure 1).

AHP recommends a focus on developing integrated comprehensive provider networks that are prepared for value-based reimbursement in order to take advantage of the emerging managed, accountable, and coordinated care markets. Engaging hospitals and physician networks in value-based reimbursement

Figure 1. Cost Control Efforts



Source: Health Care Advisory Board interviews and analysis.

while ignoring the importance of efficient behavioral health and social services can be a costly oversight. At the same time, AHP recognizes that behavioral health and social service providers require considerable developmental investment to become partners with a vested interest in new business models. This is the challenge we are poised to resolve.

What is Value-based Reimbursement?

Value-based reimbursement, payment, and purchasing are forms of contracting for services based in part on performance in a variety of domains. Value-based reimbursement models are becoming increasingly common for many providers, accounting for nearly 45% of hospital payments. Value-based reimbursement may include episode-of-care or bundled payments, pay-for-performance, and partial (shared) or full-risk capitation contracts.

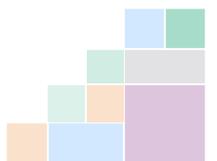
Value-based reimbursement models are rapidly becoming mainstream mechanisms for providers and payers alike, enabling them to align along a spectrum of risk, reward, and accountability. Value-based reimbursement models at the lower levels include case management fee arrangements, such as the Medicaid Primary Care Case Management program. Moving up a level are pay-for-performance models, which compensate providers for achieving or exceeding specified benchmarks including structure, process, outcome, or patient experience measures. Providers are then evaluated against each other or against benchmarks such as prior experience or utilization.

More complicated, but increasingly familiar, are the shared savings models used in ACOs, and their commercial sector counterparts, such as the Alternative Quality Contracts used by Blue Cross Blue Shield Massachusetts and others. Traditional capitation and newer episode and bundled models, as well as Delivery System Reform Incentive Payment Program (DSRIP) initiatives, are at the higher end of the risk spectrum. Refining and evolving these models and constructing the place for behavioral health within them will be a significant focus for the foreseeable future.

HELPING MACCS PARTNER WITH BEHAVIORAL HEALTH PROVIDERS

Behavioral health providers—especially social or human services providers—have long worked at the fragmented margins of the health care system in this country. Separate silos of funding, stigma, disparities, and other factors have stunted the capability of most behavioral health and social services providers to participate fully in managed care and new accountable care and coordinated care enterprises.

- MACCs benefit from a partner like AHP to reach these providers and help them join the mainstream.
- The AHP advantage: Our consultancy has advisors from managed care, behavioral health, information technology (IT), and social services under one roof.



Integration

Integrating physical and behavioral health care has been shown to reduce fragmentation of services and promote patient-centered care. The growing number of behavioral health integration efforts underway around the country provide guidance and lessons learned on how these efforts are affecting outcomes and costs.

There is no one-size-fits-all model for behavioral health integration. Efforts to integrate care encompass clinical, financial, and administrative domains. State Medicaid programs are adopting different approaches to integrate behavioral health and physical health care, including comprehensive managed care, health homes, and ACOs.

Medicaid Redesign (Delivery System Reform Incentive Payment Program)

Among the goals of Medicaid redesign efforts in recent years (also known as the Delivery System Reform Incentive Payment Program or DSRIP) is to transform the delivery of health and behavioral health services for those with behavioral health needs and to prepare providers to move toward value-based reimbursement. States are eager to support the evolution of single-focus providers (medical, behavioral, and social services) into high-performance *integrated systems* that can support individuals with mental health and substance use disorders.

Integrated provider networks are constellations of providers under one contract with the state that can serve the needs of an identified population and

community with a wide range of medical, clinical, recovery support, social services, and home and community based services. The vision includes:

- increasing integration across providers and social services agencies,
- expanding behavioral provider capacity,
- developing new expertise,
- improving transitions in care with care coordination, and
- shifting Medicaid provider payments from traditional fee-for-service to alternative value-based payment arrangements.

As integrated provider networks develop, they must focus on the establishment of financial and governance relationships among member organizations. As providers and partners, these networks should invest in information technology systems that enable information management, analysis, reporting, and exchange to promote integrated and coordinated care.

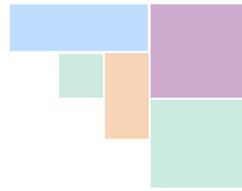
Big Value Requires Big Data

In order for integrated provider networks to participate fully in MACCs, they must be able to build, deploy and perform with respect to information management. Integration and value-based reimbursement rest on the following capabilities:

- predictive analytics and population stratification;
- outreach and engagement;
- care coordination;
- multidisciplinary clinical teams;
- standardized measures;
- integrated workflow;
- health information exchange (HIE);
- new payment methods and revenue cycles; and
- business intelligence.



THE CHALLENGES



The Challenges Facing Provider Networks and MACCs



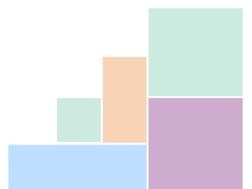
Provider networks are facing multiple challenges preparing for value-based reimbursement. Provider challenges are inherently troublesome for MACCs. To work successfully with provider networks, MACCs must consider the following:

1. The demand for mental health and substance use disorder treatment services is increasing, yet the current behavioral health provider system's capacity is not sufficient to deliver access to a comprehensive and integrated continuum of care.
2. Billing restrictions surround integrated and co-located behavioral and primary health care.
3. Behavioral health and social service providers are generally ill-equipped to rapidly pivot and build the staffing and IT infrastructure necessary to participate fully in value-based integrated systems.
4. Primary care, hospital, and behavioral health cultures are often difficult to integrate without making deliberate efforts and being committed for the long term.

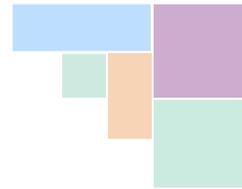


5. Reliable and comprehensive behavioral health data reflecting outcomes, quality, access, cost, and patient satisfaction is difficult to harness and leverage for the purposes of care coordination. This is especially true for substance use disorder treatment data. Substance use disorder information is subject to the rule of privacy law CFR 42 Part 2 that prohibits sharing, exchanging, or reporting information in ways that are stricter than Health Information Portability and Accountability Act (HIPAA).
6. The subject matter expertise required for integration, network development, managed care contracting, and value-based reimbursement is often not resident in health and behavioral health organizations.

A number of factors make transformation a priority, including DSRIP initiatives, Medicaid Waivers, the recent extension of the Mental Health Parity and Addiction Equity Act Final Rule to Medicaid managed care plans, enforcement of the Olmstead Act, and the national opioid epidemic. From managing risk, organizational readiness, and effective strategic planning, to building robust IT management systems, AHP can help MACCs face the changing health care market head on.



THE SOLUTIONS



The AHP Solution: AHP's MACC and Population Health Design

AHP has deep knowledge of what is required of a group of medical, behavioral, and social services providers to act as an integrated delivery system in support of the whole person and to achieve population health management goals. Our team develops innovative strategies with clients to effectively coordinate care, especially transitions in care; increase behavioral health capacity; and prepare for value-based contracting with Medicaid managed care entities.

AHP has expertise in:

- governance;
- financial modeling and management;
- performance measurement;
- “special” populations that have long been the domain of federal and state initiatives;
- population health management and social determinants of health;
- mental health, substance use disorders, and social co-morbidities;
- long-term services and supports;
- quality assurance;
- infrastructure development;
- change management; and
- Medicaid managed care contracting with a particular focus on value-based reimbursement.

Strategic Expense

Reforms are deeply-rooted, payers are consolidating enormous membership bases, large provider systems are merging and building market share to absorb risk, and reimbursement reforms are well-past the *early-adopter* stage. AHP therefore believes that the best solutions are forged on a bedrock as expansive as possible. Strategies that are partial, tepid, and difficult to operationalize and manage will only serve to drain systems of vital resources.

Our approach is to seek breadth and depth with our client partners, addressing:

- market research;
- product/program development;
- infrastructure development, including it and workforce;
- financial modeling, cost and revenue projections, and pricing to reduce risks;
- data warehousing;
- business intelligence and analytics; and
- MACC contracting.

As managed care executives ourselves, we anticipated that the behavioral health and social services sectors would become instrumental to MACCs. However, these organizations would unfortunately strain under the collective burdens of:

- integration and collaboration with hospitals and physician groups;
- managed care operations, such as utilization review;
- care coordination on multidisciplinary teams;
- health information technology (specifically interoperable electronic medical records and health information exchanges);
- billing operations and revenue cycle management;
- outcomes and quality reporting;
- cost analysis, controls, and reporting; and
- risk stratification and alternative payment methods, such as value-based reimbursement.



Value-Based Partnerships

AHP's *Value-Based Partnerships* product realigns the complex partnerships between MACCs and their behavioral health and social service providers to bring greater value to health plan members and ensure the viability of value-based reimbursement for vulnerable and complex populations. We collaborate with clients to build business models and new relationships that more effectively integrate payers and providers.

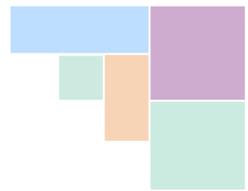
AHP's distinct advantage is that we are a consultancy comprised of managed care executives, providers, and advocates with deep-rooted relationships in the human services sector.

AHP's *Value-Based Partnerships* is as much about community and cultural realignment as it is about administrative, clinical, and operational realignment. AHP Healthcare Solutions has developed teams, approaches, and methods to support:

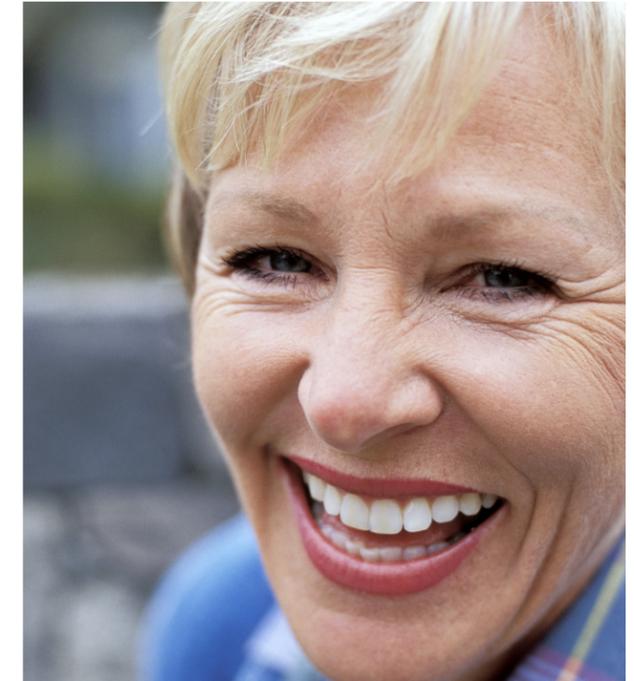
- **Population Health Analytics**—supporting the identification of populations and their characteristics in the interest of risk stratification and financial projections.
- **Cultural Alignment**—facilitating the conversations and relationships between providers and payers, ensuring that strategies don't become undermined by cultural differences.
- **Operational Alignment**—redesigning and aligning workflow and business processes to support integration efforts and value-based reimbursement.
- **Data Management and Business Intelligence**—collecting, warehousing, analyzing, and reporting outcomes, quality, and cost data.
- **Population-Linked Service Systems (PLSS)**—designing and developing continua of care uniquely tailored to the communities and distinct populations being served by MACCs.
- **Care Coordination**—identifying the most appropriate care coordination models for specific populations and the continuum of care serving them. We can facilitate developmental efforts between MACC care coordinators, provider care coordinators, and community health workers. AHP believes the care coordination model is best for populations with moderate to complex behavioral health and social co-morbidities where physical health clinicians, behavioral health clinicians, and peer support staff collaborate.



CONCLUSION



“Our goal is to build seamless care continua, improve care coordination, establish community partnerships, and support patient engagement for setting and achieving individual and population health goals.”



Managed care entities are at a critical juncture. The time for integrating primary and behavioral health care with a focus on value-based reimbursement is now. Navigating the complicated pathways to success necessitates an understanding not only of health care reform and systems redesign, but of the behavioral health and social service systems and the complex people and populations they serve.

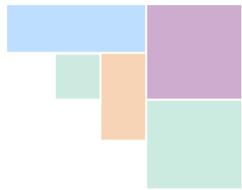
Add the AHP advantage to your team for access to innovation, insight, and an unparalleled depth of knowledge across functional, operational, and subject matter expertise.

MEET OUR EXPERTS

AHP's senior consultants are each recognized in their own right as national experts. Each brings a great depth of knowledge garnered over extensive careers in the health, behavioral health, disability, social services, and managed care fields.

Leveraging all of this experience, AHP offers population health management consulting services to clients interested in collaborating to develop multidisciplinary solutions. We invite you to meet our experts below.

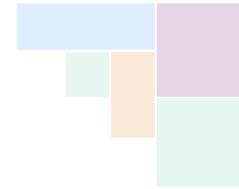
MANAGED CARE EXPERTISE



POPULATION HEALTH AND MANAGED CARE

Patrick Gauthier, B.A., is Director of AHP Healthcare Solutions and a highly sought after expert on the Affordable Care Act (ACA) and on the design and effective deployment of policies and programs that properly align the resources and incentives of health and behavioral health payers, providers, and consumers. Over the course of more than 25

years in the behavioral health field and managed care sector, Mr. Gauthier has held management positions in a variety of treatment settings and served as chief operating officer and chief marketing officer for a national managed behavioral health care organization. He has developed public/private performance-based partnerships for Medicaid provider networks and led the privatization of the SAMHSA Substance Abuse Treatment Block Grant. Mr. Gauthier has delivered expert consulting to the country's largest health and behavioral health networks and to systems that serve individuals with intellectual and developmental disabilities. His work includes tackling issues related to health care law, rules and regulations; health care financing and reimbursement reforms; developing integrated delivery systems and provider networks; behavioral health business planning and implementation; Medicaid managed care plan operations; health informatics and analytics; and performance and value-based reimbursement.



FINANCE & ANALYTICS

Ron Kercheval, M.B.A., is a senior financial consultant for AHP Healthcare Solutions. His areas of expertise include health care financing, reimbursement and revenue cycle management; financial analysis, projections and modeling; forecasting, and acquisitions; business process reengineering; installation of information technology systems, and creation of data

warehouses and related analytic tool sets. He has developed market-based strategic plans and metric-based business plans for firms across the country. He previously served as a chief financial officer and director of financial analytics and has run an analytic shop for a large Blue Cross/Blue Shield plan.



MANAGED CARE POLICY

Bill TenHoor, M.S.W., is a senior executive and policy consultant for AHP Healthcare Solutions and is expert at facilitating the work of governmental entities, insurers, providers, foundations, and advocacy organizations to transform health and behavioral health care delivery systems. He brings four decades of C-suite experience and expertise in health care and

behavioral health. Mr. TenHoor co-launched a national managed behavioral healthcare organization (MBHO) and led its business development functions, establishing new business with Blue Cross/Blue Shield plans as well as major federal and state government health plans, including Medicaid plans, state government plans, and the civilian health care system for military dependents.

MEET OUR EXPERTS

SUBJECT MATTER EXPERTISE



CRIMINAL JUSTICE

Andrew R. Klein, Ph.D., is a senior criminal justice research analyst at AHP. His areas of expertise include criminal justice, court administration, drug use, domestic violence, and victim services. He has served as the principal investigator for major National Institute of Justice (NIJ)-funded research. He is a team member for the Substance Abuse and Mental Health Services

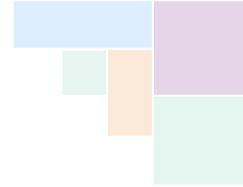
Administration's (SAMHSA) Jail Diversion and Trauma Recovery (JDTR) Priority to Veterans evaluation. He is also the project director of a DOJ Bureau of Justice Assistance (BJA) technical assistance program for state prison and jail RSAT programs in all 50 states, the District of Columbia, and U.S. territories.



EMPLOYMENT

Patricia (Pat) Tucker, M.B.A., M.A., is a nationally recognized leader in supportive housing, supported employment, and community integration for people with disabilities, including those with behavioral health conditions. Ms. Tucker provides technical assistance in the following evidence-based practices: supported employment, permanent supportive housing, harm

reduction, case management, and Motivational Interviewing. In addition, Ms. Tucker has conducted assessments of programs around the country providing supported employment and permanent supportive housing to determine whether those programs meet fidelity.



HIV/AIDS

Deborah Haber, M.Ed., is a senior associate at AHP and is project director for the SAMHSA-funded Behavioral Health-HIV Technical Assistance Center, which serves Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) grantees in the Minority Aids Initiative. Prior to that, she was a vice president at Education Development

Center, Inc. (EDC), overseeing the Center for School and Community Health (CSCH) in the Health and Human Development Division. For 11 years, she directed SAMHSA's National Center for Mental Health Promotion and Youth Violence Prevention.



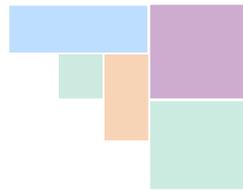
HOUSING & HOMELESSNESS

Ann V. Denton, M.Ed., is an expert on effective systems and interventions for persons with disabilities, including mental health disorders, substance use disorders, and co-occurring disorders. She has knowledge and experience with systems change, integrated systems of care, evidence-based practices, outcome and performance measures, and homelessness and

housing issues for people with mental health disorders and other disabilities. Currently, Ms. Denton is the director of the Homeless and Housing Resource Network (HHRN), a SAMHSA-funded initiative that provides coordinated technical assistance (TA) to all of SAMHSA's grantees focused on serving persons experiencing homelessness.

MEET OUR EXPERTS

SUBJECT MATTER EXPERTISE



MENTAL HEALTH

Carol A. Bianco-Miller, B.A., is a director of AHP's Center for Technical Assistance and Training, and she has provided consultation and training to numerous federal agencies, state and local mental health departments, and community-based behavioral health organizations throughout the U.S. Her areas of expertise include mental health and disability policy and systems change, organizational

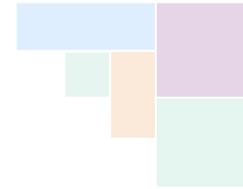
and program development, recovery-oriented services and systems of care, co-occurring disorders, homelessness, and supportive housing. She has held key roles in several Substance Abuse and Mental Health Services Administration (SAMHSA) projects.



PUBLIC POLICY

Susan Houghton, Ph.D., is a senior scientist for health policy with 25 years of experience as a consultant and researcher in applied health services and health policy research and analysis; alcohol and other drug use research, prevention, and systems of care; population and public health; information technology; and design and implementation

of quality improvement, organization development and systems change programs, capacity building, and technical assistance. Her expertise includes substance use issues, health/behavioral health service organization and delivery, public health, chronic disease, primary and behavioral health integration, accountable care and payment innovation, and population health.



RESEARCH & EVALUATION

Susan A. Pickett, Ph.D., has designed and implemented numerous federally funded rigorous research studies that examined the effectiveness of health services for diverse and underserved populations, including adults with serious mental illness, at-risk youth, and persons experiencing chronic homelessness. Dr. Pickett brings expertise in program evaluation,

quantitative and qualitative methods and analyses, outcome measurement development, research instrument design, project management, and training and technical assistance. She has published widely on behavioral health care treatment and outcomes, peer-led mental health services, family education and support group programs, and homelessness and employment.



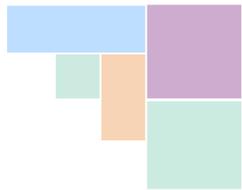
RESEARCH & EVALUATION

Terri Tobin, Ph.D., is a senior scientist with 18 years of combined experience in designing and leading evaluation and research activities, including national evaluations and multisite studies; quantitative and qualitative methods and analysis; survey design; collection and reporting of Government Performance and Results Act (GPRA) and other outcome, process,

and performance data; secondary data analysis of large state and national data sets; evaluation technical assistance (TA); and preparing and presenting oral and written reports. She has led evaluations and projects focused on homelessness and housing, serious mental illness, and co-occurring mental and substance use disorders.

MEET OUR EXPERTS

SUBJECT MATTER EXPERTISE



SUBSTANCE USE DISORDER

Bruce D. Emery, M.Ed., M.S.W., has expertise in behavioral system transformation and systems change management, service integration for co-occurring substance use and mental health conditions, state mental health/behavioral health planning council role and function, data-based decision making, and alternative dispute resolution/conflict resolution. He has served as the

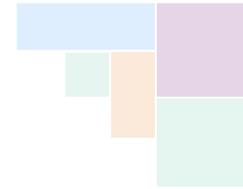
project director on numerous Substance Abuse and Mental Health Services Administration (SAMHSA) and private foundation-funded projects, including as the founding director of SAMHSA's National Technical Assistance Center for State Mental Health at the National Association of State Mental Health Program Directors (NASMHPD).



SUBSTANCE USE DISORDER

Richard Landis, M.S.W., is a senior director at AHP and a specialist in the areas of workforce development, substance use treatment and prevention, mental health promotion, and HIV/AIDS. His more than 30 years of experience includes both direct clinical practice and extensive experience conducting human services research, as well as managing both small and large

substance use treatment/prevention and mental health projects. He is the author of more than 50 articles and presentations in the fields of substance use, HIV, technology transfer, and workforce development.



VETERANS

John Rio, M.A., CRC, a senior program associate at AHP, co-directed the Chronic Homelessness Employment Technical Assistance Center (CHETA) supported by the U.S. Department of Labor (DOL). He currently leads AHP work for the DOL's National Veterans Technical Assistance Center (NVTAC). With more than 30 years of experience in rehabilitation and recovery services,

supportive housing, and homeless assistance services, he also provides technical assistance supported by the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and Veterans Affairs (VA).



WOMEN & FAMILIES

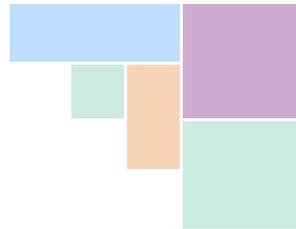
Deborah Werner, M.A., is a senior program manager at AHP and serves as the project director for the Technical Assistance (TA) and Training on Women and Families Impacted funded by SAMHSA. Since 1989, she has been engaged in efforts to leverage individual and community assets to build quality, supportive health, housing, and social services that improve

resiliency, recovery, and social well-being for individuals, families, and communities. In particular, she has significant expertise and experience designing effective, evidence-based programs and workforce training centered on women, pregnant women, and families.



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