



Altarum

2025 Impact Report

altarum.org/annual-impact-report

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Message from Our CEO — Max Entman

2025 was a year of tremendous change for Altarum and for other organizations across the public health landscape. Even in this uncertain environment, our commitment to doing work that drives measurable mission impact remains steadfast. The support we provide to our partners is even more important as they look to build capacity with constrained resources. The projects detailed in the *2025 Impact Report* demonstrate the type of tangible results we deliver for our clients and the populations they serve.

Now in 2026, we are harnessing the power of emerging technologies to deliver flexible solutions that improve health outcomes for all. We are doing this with an audacious goal in mind—one I fully believe we can achieve: to meaningfully improve the lives of more than 100 million people by delivering innovative solutions.

I look forward to sharing the outcomes of these efforts in the years to come.



Partner with Us

EXPLORING INNOVATIVE PATHS TO GREATER IMPACT

At Altarum, we are passionate about building alliances that deliver exceptional results for the organizations we serve and the people who rely on them. We believe the most effective collaborations bring together different expertise, perspectives, and resources.

We are committed to fostering deep partnerships and co-creating strategies that maximize our collective potential. Whether you are a small or large business, a government agency, a foundation, or an individual professional, we welcome conversations about how together we can create meaningful change and improve health for all.

We invite potential partners to contact our growth team to discuss how we can achieve more together: info@altarum.org

About Altarum

ADVANCING HEALTH MISSIONS

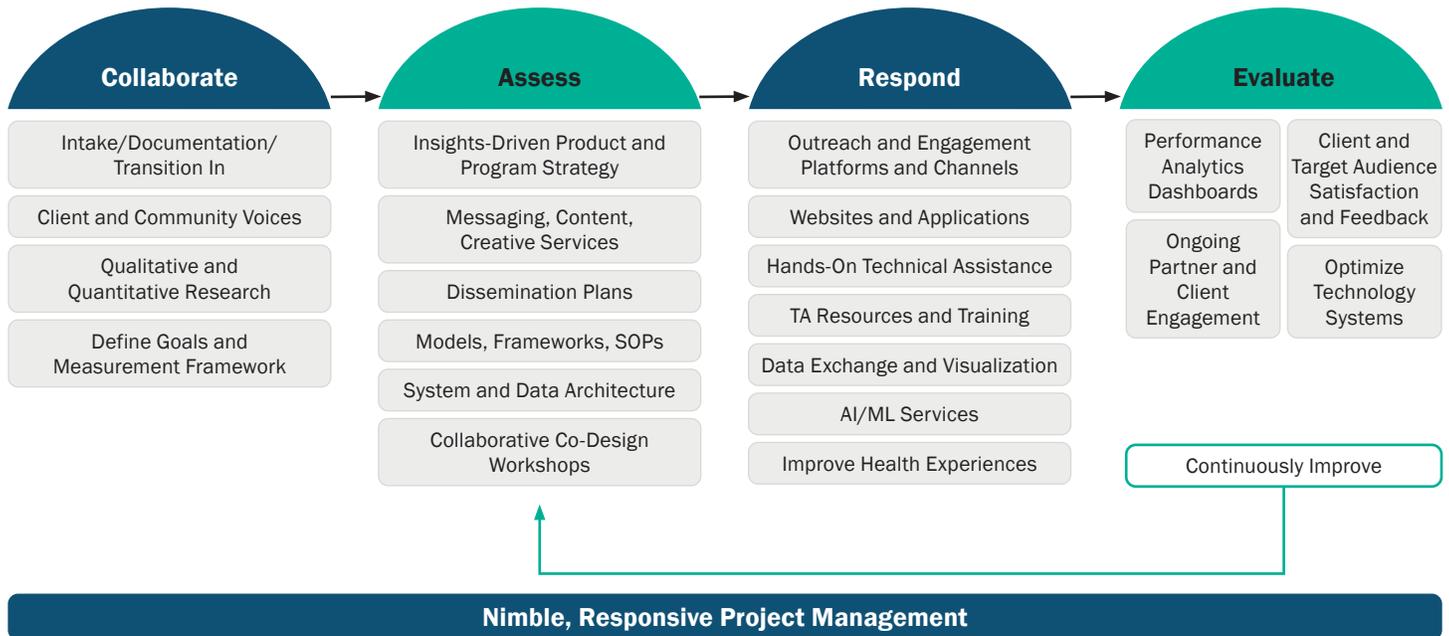
Altarum, founded in 1946, is a mission-driven nonprofit empowering government agencies and other organizations to advance their missions and improve health for all.

We provide integrated research and analysis, technical assistance and on-the-ground expertise, digital solutions, and tailored communications that drive actionable, evidence-based change, and measurable outcomes.

Our goal in every client engagement is to build sustainable capacity to improve the health and wellbeing of the populations you serve, such as Veterans and military families, children, older adults, individuals living with disabilities, and people with limited access to care.

The Altarum CARE Framework guides our work, ensuring insights-driven strategy, creative messaging, and ongoing engagement:

Altarum CARE (Collaborate, Assess, Respond, Evaluate) FrameworkSM



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Our Organization

Altarum comprises three parts that work as one to transform systems of care, modernize public health infrastructure, and engage communities to drive sustainable change:

- **Altarum Institute:** Public health systems technology, applied research, analytics, and community health.
- **Palladian Partners:** Strategic communications, digital experience design, and creative services.
- **Altarum Medicare-Medicaid Services for States (AMMS):** Tailored Medicaid solutions.

Read about the members of our **Board of Trustees** online at: altarum.org/our-team.

Altarum Executive Leadership Team

CEO AND PRESIDENT

Max Entman is a creative and collaborative executive with deep federal health sector experience. He has driven significant results for several federal agencies including the Departments of Veterans Affairs, Health and Human Services, and Homeland Security. Previously, as SVP at Aptive Resources, Max expanded his division from 25 to 150 professionals, earning exceptional client satisfaction ratings and achieving 40% year-over-year revenue growth. His teams earned numerous industry awards for innovative health marketing campaigns, including work that drove thousands to enroll in health care benefits.

CFO

Jim Kenney is a collaborative leader with a passion for business intelligence, process improvement, and analytics. Jim brings over 25 years of progressive experience in finance and accounting. He has held senior leadership roles in both large and small companies supporting the federal civilian, defense, and intelligence communities. Throughout his career, he's led business intelligence and financial systems implementations and upgrades. Prior to joining Altarum, Jim served as CFO at Evoke Consulting and HighPoint Digital.

VP, DATA AND ARTIFICIAL INTELLIGENCE

Melvin Crum is a data scientist and technology executive with more than 30 years of experience advancing data, analytics, and modernization initiatives across public health. At CDC, he led major data modernization efforts that strengthened national surveillance and reporting capabilities, drawing on deep technical, consulting, and operational expertise from firms including EDS and Northrop Grumman. Melvin builds high-performing teams and strong vendor partnerships to drive innovation, integration, and measurable mission impact. He has directed contracts exceeding \$75M and portfolios totaling more than \$2B, delivering scalable, sustainable solutions that modernize public health systems.

VP, POPULATION HEALTH, CORPORATE MARKETING; EVP, PALLADIAN PARTNERS

Joshua DeLung is an executive leader experienced in strategy, operations, and growth. He leads corporate shared services, in addition to multiple Altarum divisions serving health clients. He has led transformational digital, strategic communication, and public health initiatives for programs within HHS, NIH, CDC, SBA, DOE, USDA, and other agencies. Joshua previously led ICF's global digital experience practice, directing strategy on programs such as ChildCare.gov and Smokefree.gov. Prior to that, he served in other federal account leadership and head of client services roles.

VP, HUMAN RESOURCES

Candace Griffith is a dynamic, results-oriented HR professional with over 15 years' experience in fast-paced domestic and international organizations, including healthcare, consulting, aerospace and defense, professional sports, and entertainment. She's an innovative problem solver with the ability to balance competing needs within an organization. Her expertise includes HR strategy, talent management, compensation and benefits, employee relations, payroll, and employment law. Candace has experience with growth operations, organizational development, mergers and acquisitions, and corporate restructuring.

VP, GENERAL COUNSEL AND SECRETARY

Tracy Lawyer, CCEP, CPSP, JD, has been with Altarum for over 25 years and is a versatile and experienced General Counsel with extensive expertise in strategic transactions, corporate governance, risk management, claims resolution, and complex litigation. Committed to ethical leadership and advancing integrity and excellence throughout the organization, she is dedicated to ensuring that the organization aligns with both regulatory requirements and organizational values. Tracy is a certified compliance and ethics professional with a proven history in establishing and implementing effective compliance programs.

VP, PUBLIC HEALTH TECHNOLOGY

Jonas Shoor is a healthcare technology executive with more than 20 years of experience leading interoperability initiatives, AI/ML integration, and data modernization across government health programs. Jonas has a proven ability to grow portfolios, drive delivery excellence, and translate federal mandates—including CMS interoperability rules and ONC certification requirements—into scalable technical solutions. He has held portfolio leadership and growth roles at Gainwell, DXC Technology, HP Enterprise Services, and PwC. Jonas focuses on advancing modern public health data and technology systems to strengthen the capabilities of the programs and communities they serve.



Building a Roadmap for Michigan Veteran-Friendly Communities

The Michigan Veterans Affairs Agency (MVAA), in partnership with Altarum, created the first-ever “Veteran-Friendly Community” (VFC). This will give 562,000 Veterans better access to services and create a blueprint for other states.

Through in-depth research, collaborator engagement, and advanced analytics, the Michigan VFC Project delivered a roadmap to help each county build a sustainable, supportive community.

CHALLENGE: NO DEFINITION, SO NO WAY TO MEASURE

Veterans often face obstacles to resources, employment, housing, and health care. Without a clear definition of “Veteran-Friendly,” states can’t measure progress or close gaps.

SOLUTION: A DEFINITION AND A ROADMAP

The Michigan VFC Project developed a data-driven definition and criteria for VFCs that were grounded in Veteran input and rigorous analysis. We developed actionable recommendations and tools, including an interactive ArcGIS mapping platform, to help counties visualize gaps and plan improvements.

IMPACT: COUNTIES HAVE TOOLS THEY NEED

Michigan counties now have:

- The first-ever statewide definition of a VFC
- A clear, replicable roadmap for improving Veteran services
- Tools to pinpoint service gaps, prioritize improvements, and benchmark progress

This framework enhances visibility and support for Veterans across Michigan.

Next, Altarum will lead efforts to scale this model nationally, helping every Veteran thrive.

“Altarum was incredible to work with [...] they offered professional guidance and recommendations, leveraged technology, and produced a final product that was easy to understand and present to our community partners. We are incredibly proud to have such great partners who took the time to understand the “why” behind the work and clearly put thought, expertise, and heart into their work!”

— MVAA



Michigan is the FIRST state to define “Veteran-Friendly Community”

3,500+

VETERANS surveyed

Interactive

GIS MAP with detailed source data and scoring calculations

~562,000

Michigan Veterans receive BETTER SUPPORT



A REPLICABLE roadmap & ACTIONABLE recommendations for each county

Transforming Maternal and Child Health through the CMMP



The Center for Maternal and Child Medicaid Partnerships (CMMP), launched in 2025, is helping states break down silos to improve care for millions.

This five-year initiative, led by Altarum in collaboration with the Center for Health Care Strategies (CHCS), Family Voices, and the Association of Maternal & Child Health Programs (AMCHP), helps states strengthen partnerships between Medicaid, CHIP, and Title V programs.

Through improved interagency agreements, innovative financing strategies, and aligned service delivery systems, we're working to improve the quality of care for maternal and child health (MCH) populations.

The Health Resources and Services Administration provided financial support for CMMP.

CHALLENGE: FRAGMENTATION

In each state, these three programs share the goal of improving MCH. Too often, however, they work in silos. But when they work together, they can increase access to care, improving health for MCH populations.

SOLUTION: COORDINATION AND ACCOUNTABILITY

CMMP helps states develop coordinated policies, accountability mechanisms, and innovative financing strategies. Key components include:

- Innovative payment models that promote long-term program sustainability.
- Technical assistance (TA) delivered via virtual and in-person events, TA cohorts, and multiple peer-sharing platforms.
- Intensive TA through the State TA Cohort.
- Support tailored to a state's needs that adapts as state priorities evolve.

IMPACT: BUILDING MOMENTUM FOR CHANGE

It's still early, but the impact of CMMP is already clear in year one:

- Engaged more than 100 professionals each month, in and out of the cohort, who are eager to learn how to better coordinate across agencies.
- Supported state agency collaboration, advancing cross-agency dialogue and alignment.
- Strengthened state capacity through education on interagency agreements, blended and braided funding, and community engagement—helping states align programs, reduce duplication, maximize available funding, and improve care coordination and outcomes for mothers and children.

LOOKING AHEAD

CMMP will continue to work directly with states to build resilient, coordinated systems that improve MCH outcomes nationwide. The goal is to “bake in” collaboration so states do not need to rely on individual relationships. Together, we are building a foundation for lasting change, making it easier for every mother and child to receive the care they deserve.

36.8M

CHILDREN SERVED, including
14M with special health needs

100+

professionals
ENGAGED MONTHLY

7

STATES in 2025
Cohort (year 1)

The Center for Maternal and Child Health Medicaid Partnerships is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,999,021.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Improving Visibility, Training, and Hiring Through the DCC Workforce Registry

CHALLENGE:

Most states face persistent shortages and high turnover in the direct care workforce for individuals needing long-term services and supports, and demand is projected to grow 44% by 2035. People are struggling to find qualified caregivers. Agencies and other employers must deal with:

- Inefficient matching between workers and job opportunities;
- Lack of streamlined systems for tracking qualifications; and
- No unified platform for state-approved standardized training.

SOLUTION: DCC, A MODULAR PLATFORM FOR WORKFORCE MANAGEMENT

DirectCareCareers.com (DCC), jointly developed by Altarum and ADvancing States, addresses these gaps. Launched in 2022, DCC is a secure, modular platform that enables real-time direct care workforce management. Texas, North Dakota, Colorado, and Pennsylvania Managed Care Organizations (MCOs) are using DCC.

With user-friendly content management and a flexible learning management system, states can configure DCC to fit their needs:

- **Custom profiles** for employers, agencies, workers, and state administrators;
- **Automated job matching** with tag-based postings and instant alerts;
- **Integrated learning center** powered by Moodle LMS to track training certificates; tailored content from University of Wisconsin-Green Bay coming in 2026;
- **Credentialing repository** for states that opt in;
- **Real-time reporting** on workforce stats, jobs, training, credentials; and
- **Flexible modular design** for state-specific solutions.

IMPACT: A STRONGER DIRECT CARE WORKFORCE

DirectCareCareers.com is helping states, employers, and caregivers overcome workforce challenges with real, measurable improvements.

- **Greater workforce visibility:** Employers access a broader candidate pool than is currently available to them.
- **Streamlined hiring:** Automated matching and location-based criteria make it easier to find the right caregiver quickly. Candidates are ranked by best fit, with highest-quality matches presented first.
- **Enhanced training access:** Workers receive necessary information and training based on state guidance, increasing readiness.



3,496

Total CANDIDATES



139

Active JOB Postings



94,391

Potential MATCHES





Implementing FHIR for Faster, Standardized Data Exchange for Vital Records

CHALLENGE:

Most states still rely on legacy systems to exchange vital records (e.g., death and birth data). These systems are slow, inconsistent, and largely manual. Each state's approach was different, leading to inefficiency and delays in critical processes such as receiving benefits, family notifications, and epidemic response.

Now, federal mandates require states to standardize and accelerate data exchange to support interoperability. CMS and ASTP guidance heading into 2026 reinforces expectations for interoperable, real-time data exchange, highlighting API-based standards such as Fast Healthcare Interoperability Resources (FHIR) to reduce administrative burden and improve program integrity and public health outcomes. Federal funding incentives and CDC deadlines are accelerating action—and Altarum is helping states meet the challenge.

SOLUTION: IMPLEMENT FHIR STANDARDS

Altarum partnered with states to implement FHIR standards for vital records reporting. FHIR enables both broad and highly specific data exchange, allowing for flexibility and precision.

We collaborated closely with state technical teams to accommodate their vital records system's current level of readiness, whether it was supporting a legacy system's current flat file batch process, moving to a single flat file message exchange, or integrating with a modern system to support FHIR messages.

Altarum has helped five states (57 total jurisdictions) navigate the complexities of FHIR implementation and compliance:

- Washington, Colorado, North Dakota, and Michigan are in production for death reporting.
- Wisconsin has begun work on all three: birth, death, and fetal death reporting.
- Michigan is also piloting birth certification reporting directly from hospital EHR to the state birth registry.

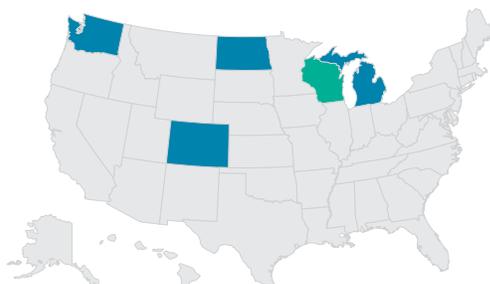
IMPACT: BETTER DATA EXCHANGE, BETTER PUBLIC HEALTH

These efforts deliver measurable benefits for agencies, providers, and families:

- **Faster, more consistent, and higher quality data exchange:** This is essential for timely benefits, notifications, and public health response.
- **Measurable improvements in quality and timeliness:** Ongoing feedback will drive future enhancements.
- **Cost effectiveness; and public health and patient benefit:** Faster, more accurate data improves care coordination for patients, supports better infant health outcomes, reduces administrative burden, and streamlines family notification and related services.

4 STATES Live:
Washington, Colorado,
North Dakota, Michigan

1 STATE in Process:
Wisconsin



Reporting time
REDUCED from DAYS to HOURS

Automating manual steps led to:
FEWER errors, FASTER results
GREATER workforce efficiency





Supporting Growth for NIH's *All of Us* Research Platform

THE FUTURE OF HEALTH RESEARCH

Imagine health care that is specifically tailored to each individual living in America. Understanding the individual requires huge amounts of multimodal data. This is where the National Institutes of Health (NIH) *All of Us* Research Program comes in.

The program aims to enroll 1 million participants who reflect the population of the United States, cover the lifespan, and have shared information including health records, survey responses, biosamples, and wearable device data, making it broadly and securely available for researchers to study health and disease, and leading to a healthier future for generations to come.

Since the program's inception in 2016 and national launch in 2018, Palladian Partners has provided strategic, technical, logistical, administrative, communications, and outreach and engagement support for the program's rich community of participants, researchers, and partners.

CHALLENGE: ADDRESSING EVOLVING NEEDS FROM AN EVOLVING PROGRAM

In its early years, Palladian helped *All of Us* grow—and grow fast. In 2025, *All of Us* shifted from growth to sustainability: **How can the program maintain its operations and commitments to its participants far into the future?**

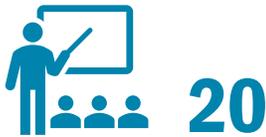
SOLUTION: SUSTAINABLE GROWTH WITH PALLADIAN

After establishing *All of Us*' consortium operations, on-site administration, and outreach strategies, Palladian helps translate the program's vision into day-to-day reality. Palladian is supporting *All of Us* as an established, effective organization by:

- Providing project management
- Overseeing program governance and consortium operations
- Providing on-site and website support
- Developing engaging presentations for program leadership

With Palladian's support, *All of Us* has grown and endured, becoming a health research platform to address the country's pressing health challenges.

IMPACT:



20 PRESENTATIONS developed and supported for *All of Us* CEO and staff, presented to NATIONAL and INTERNATIONAL audiences

~150

program awardees SUPPORTED

~750

consortium onboardings and exits SUPPORTED



Expanding the Reach of NIA’s Small Business Programs for Healthy Aging

SUPPORTING ENTREPRENEURS FOR HEALTHY AGING

New treatments for memory loss. Wearable sensors that predict when someone is going to fall. A digital platform to seamlessly tailor and coordinate caregivers.

Entrepreneurs develop these products—innovations designed to support healthy aging and address aging-related diseases—by using cutting-edge science with strong business acumen. These innovators also need seed capital at an early stage when financial investors are most wary.

To meet these needs, the National Institute on Aging (NIA) provides funding and entrepreneurship resources to small business innovators to help attract future investment in products designed to improve the lives of older adults. With Palladian Partners, the reach of this support has exponentially grown.

CHALLENGE: UPLIFTING SMALL BUSINESS PROGRAMS

NIA provides nearly \$150 million in grants annually through its Small Business Programs. To broaden program reach, NIA entrusted Palladian and subcontractor Ogilvy Health to develop strategies that:

- Encourage new and meritorious applications
- Foster a community of new entrepreneurs

SOLUTION: EXPANDING REACH WITH PALLADIAN

Palladian’s effective, long-term strategies have helped NIA consistently reach new entrepreneurs, supporting new breakthroughs in aging-related research and development.

IMPACT:

NIA provides nearly
\$150M
IN GRANTS ANNUALLY



Fosters
new
ENTREPRENEURS

Working with Maine to Improve Programs for Dually Eligible Individuals

In partnership with Maine's Department of Health and Human Services, Office of Aging and Disability Services and Office of MaineCare Services, Altarum Medicare-Medicaid Services for States (AMMS) helped to strengthen programs serving individuals eligible for Medicare and Medicaid.

Completed in 2025, this initiative provided Maine with new tools and strategies to further improve quality, oversight, and cost efficiency.

CHALLENGE: FRAGMENTATION AND OVERSIGHT CAPACITY

Because Medicare and Medicaid operate separately, Maine, like other states, faced challenges coordinating care for dually eligible individuals. Limited data sharing made oversight difficult, leading to duplicative processes and care transition delays. For example, when someone moved from hospital to home care, providers often lacked timely access to both Medicare and Medicaid data, creating gaps in long-term services and supports (LTSS). Maine needed a clear understanding of program strengths and weaknesses and a roadmap to align systems, optimize resources, and improve outcomes. It turned to AMMS.

SOLUTION: STRATEGIES FOR PROGRAM IMPROVEMENT

AMMS worked with Maine to develop a three-year roadmap grounded in comprehensive research and collaborative engagement to identify critical pain points and deliver targeted solutions. The team:

- Conducted a landscape analysis mapping demographics, service utilization, and enrollment trends, including fee-for-service and Medicare Advantage participation;
- Identified strengths, weaknesses, opportunities, and threats in Medicaid and LTSS programs;
- Engaged participants through interviews and forums to improve program design and oversight,
- Provided technical assistance on compliance oversight, contracting, benefit design, strategies to keep Medicaid the payer of last resort; and
- Trained state staff on Medicare data sources and how to use them with Medicaid data for program improvement.

IMPACT: STRONGER OVERSIGHT, BETTER MEMBER EXPERIENCE

Maine now has tools to track trends, measure outcomes, and further advance its pay-for-performance strategies. Key results:

- Improved understanding of actionable data sources and insights to guide policy decisions;
- A replicable roadmap for advancing better coordination, dual integration, and LTSS program improvement; and
- Strengthened oversight capacity with utilization and cost trend analysis.

The roadmap and methodology are adaptable for other states seeking to integrate care for dual-eligible populations.



Strategies to CLOSE SERVICE GAPS & IMPROVE enrollee EXPERIENCE



ESSENTIAL TRAINING for state staff



Enhanced OVERSIGHT & INTEGRATION of Medicare & Medicaid





Helping Tennessee Expand D-SNP Enrollment

Tennessee needed support to strengthen its integrated care model for residents dually eligible for Medicare and Medicaid. Too often, this population faces fragmented care and complex benefit coordination.

The state turned to Altarum Medicare-Medicaid Services for States (AMMS) to help it meet evolving Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) regulations and better serve its residents.

CHALLENGE: OBSTACLES TO INTEGRATION

Despite existing D-SNP structures, Tennessee faced capacity issues and restrictive eligibility policies that kept enrollment low. For example, restrictive eligibility policies prohibited community-dwelling members who were not receiving long-term services and supports (LTSS) from enrolling in a Fully Integrated D-SNP (FIDE SNP).

SOLUTION: AMMS INTEGRATION STRATEGY

AMMS worked with Tennessee to design and implement a comprehensive strategy to support integration, growth, and quality improvement:

- Developed a workplan to expand enrollment and align quality programs across Medicare and Medicaid. For example, AMMS helped the state remove the restriction on community-dwelling, non-LTSS members.

- Provided on-the-ground technical assistance to refine D-SNP operations and ensure compliance.
- Built state staff capacity through tailored training and surge staffing support.
- Convened quality and data experts to support integration across agencies, which would improve care coordination and reduce avoidable utilization.

IMPACT: INCREASED EFFICIENCY

AMMS helped Tennessee:

- Identify opportunities to expand supplemental benefits.
- Develop plain-language communication materials for enrollees.
- Streamline for operational efficiency, including protocols to ensure Medicare pays first and optimize third-party liability.

LOOKING AHEAD

Together, Tennessee and AMMS will gather feedback and support ongoing improvements. They will collaborate to transform care for dually eligible individuals. The AMMS model continues to evolve, and it is fully replicable.

Up to 2,500%

anticipated INCREASE in FIDE SNP enrollment ELIGIBILITY in 2026



WORKPLAN & COMMUNICATION STRATEGY aligned with federal regulations through 2030



BUILDING state CAPACITY and internal subject matter EXPERTISE



PLAIN-LANGUAGE materials to help enrollees UNDERSTAND BENEFITS



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