

Special Needs --- Plan Alliance

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EVALUATIONS

SNP Alliance Spring Leadership Forum April 15 - 16, 2024

Thank You to our Speakers!



Mike Cheek, President & CEO, SNP Alliance

Mike comes to the SNP Alliance from his role as the Senior Vice President for Reimbursement and Market Strategy for the American Health Care Association/ National Center for Assisted Living (AHCA/NCAL). Prior to this role he was the director of Medicaid Long Term Care for the District of Columbia's Medicaid agency, the Department of Health Care Finance. In addition, Mike has worked for three state government associations: the state Medicaid directors where he focused on eligibility and long-term care, the state developmental disabilities directors, and the state aging directors.

Mike also worked as a consultant for several years, first at The Lewin Group and later at Avalere Health, offering his expertise to states, health plans, pharmaceutical companies, and post-acute and long-term care provider organizations.



Ginger Loper, Principle, Loper Consulting

Ginger G. Loper founded Loper Consulting, a government relations firm, in 2010, after spending more than a decade on Capitol Hill and in the Executive Branch. She has been providing strategic advice and direct lobbying services to a range of leading health care entities for nearly twenty years. Prior to creating her firm, she was a Vice President at Timmons and Company.

For his entire first term, Ginger worked in the Office of Legislative Affairs under President George W. Bush, serving the final two years as Special Assistant to the President for Legislative Affairs. During her time as a liaison to the United States Senate, she advanced the President's agenda in policy areas including health care, education, income support, and agriculture. She also guided several key Cabinet officials through the confirmation process.

Prior to her White House service, Ginger served as Legislative Assistant to Senator Trent Lott while he was Senate Majority Leader.

Ginger has served on the Board of Directors for the Arlington Free Clinic and volunteers in a variety of capacities in the community, including as a member of the Board of Trustees for the Connelly School of the Holy Child.

A native of Birmingham, Alabama, she graduated from the University of Alabama and received her master's degree from George Washington University. Ginger lives in Arlington, Virginia with her husband, Brett, and their three daughters.



**Elizabeth Barnett, Partner,
Avenue Solutions**

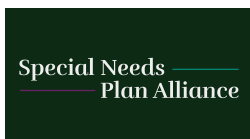
Elizabeth Barnett is a Partner at Avenue Solutions, a government relations firm which provides strategic legislative, policy, and political expertise based in Washington, D.C. Elizabeth advises numerous clients across the spectrum of the health care industry on a range of federal legislative and regulatory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

Elizabeth has over 20 years of experience in health care policy both in the private sector and on Capitol Hill. Before joining Avenue Solutions, Elizabeth was a lead Democratic lobbyist for the Blue Cross and Blue Shield Association. Elizabeth has a deep understanding of Capitol Hill, where she spent eight years working for U.S. Senator Blanche Lincoln (D-AR). Elizabeth also worked as a researcher at EMILY's List and on the U.S. Senate Committee on Energy and Natural Resources. A native of Southern Maryland, Elizabeth's tenure in D.C. began with an internship with U.S. Representative Steny Hoyer (D-MD).



**Eva DuGoff, Majority
Senate Finance Committee,
Professional Staff**

Eva DuGoff is a senior health advisor with the Senate Finance Committee majority staff. She covers Medicare Advantage and ACA marketplace issues for the Committee, and she was the staff lead on the Committee's bipartisan white paper, the Mental Health Care in the United States: The Case for Federal Action. Before joining the Committee, Eva worked at the Berkeley Research Group as an Associate Director. She also served on the faculty at the University of Wisconsin-Madison and University of Maryland. Eva holds a PhD in public health from Johns Hopkins University.



**Gable Brady, Minority
Senate Finance Committee,
Professional Staff**

Gable serves as a Senior Health Policy Advisor on the Minority Staff of the U.S. Senate Committee on Finance, where she manages and advises on the Medicare Advantage Program, Affordable Care Act and health tax policy portfolios, among other health care issues, for the Ranking Member. Prior to taking on her current role, Gable served as Professional Staff Member for the Senate Budget Committee, where she oversaw the Health care portfolio including both Medicare and Medicaid spending, specializing in reconciliation

and scorekeeping. Prior to moving to the Senate, Gable served as the Senior Legislative Assistant for former Energy and Commerce Chairman Joe Barton, where she was responsible for his health care and telecommunications portfolio. Over a four-year period, Gable held a variety of roles in Congressman Barton's office. She attended the University of Notre Dame, graduating with a B.A. in Political Science with departmental honors.



Michael Andel
VP, Congressional
Relations, National
Association of Benefits and
Insurance Professionals
(NABIP)

Michael is a Vice President of Congressional Affairs at the National Association of Benefits and Insurance Professionals (NABIP). Michael has extensive experience in Congressional Relations in the private sector and Congress.

Prior to joining NABIP, Michael was a Director of Federal Relations at Aflac. There, he advocated for access to employee benefits, including life, disability, dental, vision, and supplemental health insurance.

Michael has also worked in both the US House and Senate. He served as Chief of Staff for Congressman David Scott, where he successfully managed a full team of legislative and congressional casework experts and advised the Congressman on all legislative and campaign matters. He also worked for Senator Max Cleland. Michael is a graduate of the University of Georgia and lives in Alexandria, VA.



**Melissa Simpson, Assistant
Director, Office of
Healthcare Information and
Counseling, Center for
Innovation and Partnership,
Administration for
Community Living**

Melissa Simpson is the assistant director of the Administration for Community Living (ACL) Office of Healthcare Information and Counseling (OHIC). OHIC administers three grant programs to support states Medicare beneficiaries in navigating and affording their benefits and protecting themselves from fraudulent activity known as the State Health Insurance and Assistance Program (SHIP), Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers Act (MIPPA).

Melissa supports with the overall management of the office, staff, and the program projects and activities. In addition, she leads interagency work providing technical assistance to CMS Financial Alignment Initiative (FAI) Ombudsman and SHIP grantees.

Melissa joined OHIC in December 2016. She has extensive experience building partnerships to support grantees and working directly with Medicare beneficiaries at the state and national level. She worked as a senior program manager in the Center for Benefits Access at the National Council on Aging and served as the director of the State Health Insurance Assistance Program (SHIP) in Arkansas. She began her career in service in fundraising, marketing, and volunteer management with Big Brothers Big Sisters of Central Arkansas and the Heart of Arkansas United Way. She holds a Master of Public Administration, a Bachelor of Science in Business Administration, and a Volunteer Program Management Certificate. In leisure time, Melissa enjoys flatwater kayaking and entertaining her fluffy gray cat, Leila.



**Mike Donovan, Vice
President, D-SNP Product,
UnitedHealthcare**

Michael Donovan is the Vice President of D-SNP Product for UnitedHealthcare, serving more than 2.1M D-SNP members across 41 states and the District of Columbia. Michael partners with individual health plans to lead the strategy and execution of the D-SNP product by developing innovative benefits and programs focused on the dually eligible population. Michael has over 18 years of experience focused on Medicare Advantage products across finance, operations, and benefits.



**Regan Hunt, Associate
Director of Policy, SNP
Alliance**

Regan has more than 20 years of health policy experience. She comes to the SNP Alliance with over 8 years of working with health plans on plan design, development, and implementation for dual eligible and chronic needs populations across multiple states.

In her free time, Regan loves traveling, spending time outdoors with her family, and taking care of an ever-growing menagerie of foster animals.



**Donna Stidham, RN, Chief
of Managed Care, Aids
Healthcare Foundation, C-
SNP Work Group Chair**

Donna Stidham, RN has been involved in the care of people with HIV disease since the beginning of the epidemic. She began working with what is now known as HIV/AIDS as a nurse epidemiologist when the first cases of immune deficiency were reported to the Centers for Disease Control.

In 1984, Stidham was instrumental in the opening of the first AIDS inpatient unit in a for-profit community hospital in the U.S. She has continually focused her efforts on developing systems of care that support the expertise necessary to treat people with HIV. Stidham joined AHF in 1994 to lend her expertise in health systems and managed care to the development and implementation of Positive Healthcare, the first capitated managed care program for people with HIV.

In overseeing Positive Healthcare, Stidham has brought current, specialized HIV/AIDS and internal medicine to clients in California and Florida under a chronic care model. The program integrates the provider, patient, and medical system into a team to reach successful health outcomes. It also provides educational

opportunities for medical staff, patients, patients' families, and partners, and the HIV community.

Stidham consults with multiple state Medicaid programs to promote the concept of specialty design for chronic conditions such as HIV/AIDS. She is working with AHF's global leadership to bring managed care health system concepts to resource-poor countries.



**Jill Sumner, MPH, MBA, SNP
Alliance Consultant**

Jill Sumner, Principal at Lyle Health, possesses over two decades of experience in the healthcare industry. Throughout her career, she has held various positions in payer and provider organizations, with a primary focus on enhancing the delivery and financing of healthcare services for complex and underserved populations. Jill has specialized in establishing partnerships between providers and payers through population health management models, aiming to enhance quality and streamline healthcare spending.

Her ability to identify gaps in the industry and naturally connect the dots to develop innovative solutions has established her as a thought leader in the field. With prominent positions in the two largest professional associations for long-term care providers, she developed multiple successful initiatives to foster productive partnerships between managed care organizations and providers. Jill has been instrumental in the development of special needs plans including ISNPs, DSNPs, CSNPs and one of the first MMPs in the nation.

Jill has held positions within the Blue Cross Blue Shield Association, Trigon Blue Cross Blue Shield (now Anthem) and Virginia Premier Health plan. As the VP of Strategy and Business Development at Virginia Premier Health Plan she successfully led the organization in being one of three health plans awarded a contract to develop one of the first Medicare-Medicaid plans in the country.

Jill's educational background includes two Master's degrees from the University of Illinois at Chicago. She holds a Master's degree in Public Health with a concentration in gerontology, as well as a Master's degree in Business Administration.

As Principal at Lyle Health, Jill helps organizations and individuals navigate the complex healthcare system. Understanding that every situation and organization is unique Lyle Health takes an individualistic approach to identifying the end goals and crafting a strategy to attain them.

Ron Chaffin has 35 of senior leadership experience in health insurance, HMOs and managed care in all lines of business. Since 2008 he has focused on Medicare Advantage special needs plans, managed long term care and Medicare – Medicaid integration as CEO of Elderplan and HomeFirst in New York and more recently Associated Care Ventures, Simpra Advantage and Alabama Select Network in Alabama. His management experience includes several new start-up health plans, turn-around situations and senior management in a public company.



**Ron Chaffin, CEO,
Associated Care Ventures,
Inc./Simpra Advantage,
Inc./Alabama Select
Network, LLC, I-SNP
Workgroup Chair**

Ron has a Bachelor's degree from the University of Nebraska at Omaha and a Law degree from Creighton University in Omaha, Nebraska.



**Marybeth O'Connor,
National Director of
Business Development
American Health Plans**

Marybeth O'Connor has worked in managed care for over 20 years and is a skilled ISNP industry veteran. Highlights of her career include:

- Managed ISNP teams dedicated to sales, development, network, account management, program deployment, and revenue growth strategies.
- Worked with large, multi-state employer groups, holding leadership positions with national healthcare companies including UnitedHealthcare, CIGNA and Blue Cross Blue Shield.
- Expertise in population health strategies, strategic management, network development, membership growth and retention, implementation project management and direct-to-consumer Medicare Advantage products.



**Craig Fleischmann, CFO
Provider Partners Health
Plan**

Craig Fleischmann is the Chief Financial Officer of Provider Partners Health Plan, bringing over 30 years of experience in healthcare finance working for both insurers and health systems. His experience includes leading both finance and operations with a focus on both insuring compliances and optimizing return on investment. Prior to Provider Partners, Craig was the Vice President of Finance for University of Maryland Medical Center where he had responsibility for a \$2.5 billion operating budget. Craig began his career working for Prudential Healthcare as an underwriter for group health insurance where he learned the insurance side of the business. He holds a Bachelor of Science degree in Accounting from Towson University and a Master of Business Administration degree from Loyola University.

Amy Kaszak is a value-based care veteran, with 30 years'



Amy Kaszak, Executive Vice President of Strategic Initiatives, Curana

experience in developing and implementing value-based care models across the care continuum.

Amy has held leadership positions in multiple innovative and disruptive healthcare companies including: Chief Operations Officer for Inpatient Medical Services, one of the country's first Hospitalist companies; President of Intercede Health's Transitional Care Centers, developer of the high-risk medical home model; and co-founder of AllyAlign Health, an early pioneer of provider-owned ISNPs.

Today Amy is the Executive Vice President of Strategic Initiatives for Curana Health, a value-based care company transforming the healthcare experience for senior living residents.



Andrew Cain, President, Constantia

Andrew is an accomplished healthcare executive with a record of top performance, skilled in establishing and building relationships with Healthcare Providers and Business Executives. Andrew has over 25 years of experience as a healthcare professional, with comprehensive experience in healthcare services reimbursement, provider network development and health plan management.

Andrew has prior experience in health plan administration with Blue Cross Blue Shield of South Carolina, Optum, Centene and AllyAlign Health. In 2017, Andrew founded Constantia Health, a successful Provider Network Development firm, and currently serves the company as an executive leader. Andrew is a subject matter expert and accomplished lead executive in the development and management of Medicare Advantage Special Needs Plans.



Rochelle Archuleta, Executive Vice President for Government Relations and Public Policy, National Association for Behavioral Healthcare (NABH)

Rochelle Archuleta is the Executive Vice President for the National Association for Behavioral Healthcare. During her prior 20 years with the American Hospital Association, she partnered with providers, policymakers, and leading trade associations on access, payment and other solutions pertaining to the hospitals and post-acute providers.

Today, Ms. Archuleta continues her advocacy leadership through solution development and implementation involving NABH members and key partners. Her advocacy addresses the ongoing mental health crisis in the US, with a focus on protecting and growing access to care, securing additional resources to tackle the crisis, and building the policy infrastructure needing to ensure quality outcomes for patients with mental health and substance use disorders. Her areas of expertise also include payment for healthcare services by public and private payers, cross-setting healthcare partnerships and integration, and advancing transparent and timely health plan interactions with healthcare providers.

Rochelle has served as a research fellow in the Georgetown University McCourt School of Public Policy and is a former David Winston Health Policy Fellow. She earned a master of science degree in health administration and a master of business

administration degree from the University of Alabama at Birmingham School of Health Professions and a bachelor of arts in political science from the University of Colorado at Boulder.



Sari Siegel, PhD, Vice President, Lewin Group/Optum Serve Consulting

Sari Siegel, PhD (she/her) is a Vice President at the Lewin Group (Optum Serve Consulting). A mixed-methods health services researcher for over 25 years, her expertise is in aging and disability policy, safety net payment policy, patient safety, and health system innovation. Dr. Siegel currently serves as project director or senior advisor on several federal efforts supporting low-income older adults and their caregivers. Before joining Lewin, she oversaw the Medicare and Medicaid policy research portfolios and teams for AARP's Public Policy Institute. Dr. Siegel earned her doctorate from the University of Maryland School of Public Policy and maintains professional certification in health care quality (CPHQ) through the National Association of Healthcare Quality.



Amy Helwig, MD, MS, FAAP, Chief Quality Officer, Commonwealth Care Alliance, MA

Dr. Amy Helwig, MD, MS, FAAP, CPE, is the Chief Quality Officer at Commonwealth Care Alliance (CCA)

With 25 years of experience guiding healthcare organizations through growth and transformation, she plays a crucial role in supporting quality outcomes. Before joining CCA, Dr. Helwig served as the Executive Vice President of Commercial Health at RTI Health Advance, where she provided strategic advice to health plans and health systems on clinical models, care management, digital health applications, and population health strategies. Her expertise in health outcomes optimization and value-based care strategy contributed significantly to the expansion and creation of a new advisory services unit at RTI Health Advance.

Prior to her role at RTI, Dr. Helwig held positions with the U.S. Department of Health and Human Services, including Chief Medical Officer for the Office of the National Coordinator for Health Information Technology and Deputy Director of the Center for Quality Improvement and Patient Safety under the Agency for Healthcare Research and Quality. Her commitment to improving healthcare outcomes and maintaining high standards of quality and safety aligns perfectly with CCA's mission.

As Chief Quality Officer, Dr. Helwig leads CCA's clinical quality functions, monitors health plan performance outcomes, and continuously seeks ways to enhance care for members. She focuses on developing an enterprise-wide population health improvement strategy and fostering a culture of quality, safety, and high reliability within the organization.

Dr. Deborah Paone works with providers, health plans, communities, research centers, and government agencies to



**Deborah Paone, DrPH,
MHSA, Performance
Evaluation Lead & Policy
Consultant, SNP Alliance**

promote better systems of care. Throughout her 25+ year career, Deborah has worked across disciplines and settings—bridging policy, practice, and research—to integrate health care and social services for older adults, people with disabilities, and family caregivers.

Dr. Paone is an independent researcher/consultant and President of *Paone & Associates, LLC*, a firm she founded in 2002 (Minneapolis). While maintaining her practice Deborah has served as the *Performance Evaluation Lead & Policy Consultant* to the Special Needs Plan Alliance since 2016. She is the SNPA subject matter expert in quality measurement, Model of Care/care coordination, and health equity. She leads analyses on these topics and spearheads research and collaborative projects. She also serves on technical expert groups, such as the RAND/CMS MA Stars TEP and the NQF Health Equity Workgroup.

Deborah also provides consultation to Johns Hopkins University, serving as the *Implementation & Evaluation Director-CAPABLE*. She serves as Co-P.I. with Dr. Sarah Szanton, Dean of the School of Nursing, on the CAPABLE Care Partner study to enhance the program for caregivers of participants. [Deborah Paone: Faculty Directory \(jhu.edu\)](https://www.jhu.edu/faculty-directory/deborah-paone).

Previously, Deborah served as Vice President for the *National Chronic Care Consortium* (Minneapolis), Director of Aging & LTC Services for the *American Hospital Association* (Chicago), and Executive Director of a community services nonprofit, *Normandale Center for Healing & Wholeness* (Edina, MN).

Deborah has a Doctor of Public Health (UNC-Chapel Hill), a Master of Health Services Administration (University of Michigan), and a Bachelor in Gerontological Issues in Community Health (University of Rochester).



**Melinda Karp, Founder and
Executive Director, Center
to Advance Consumer
Partnership**

Ms. Karp has twenty five years of experience as a health care industry leader developing innovative approaches to transform health care experience and outcomes through authentic consumer engagement and creating cultures of consumer partnership. She is the Founder and Executive Director of the Center to Advance Consumer Partnership (CACP), a 501c3 not-for-profit organization developed by Commonwealth Care Alliance (CCA). CACP works with innovative health care and human services leaders across the country to develop capabilities, build infrastructure, and cultivate relationships that ensure consumers with significant needs become enduring organizational partners, invaluable to shaping strategy and action.

In addition to serving as CACP's Executive Director, Ms. Karp is also the Chief Experience Officer at Commonwealth Care Alliance where she leads CCA's strategy to be recognized as the national leader in the design and delivery of authentically consumer centered care and services for individuals with complex needs. Prior to joining CCA in 2017, Ms. Karp was Senior Director of Member Experience Innovation at Blue Cross Blue Shield of Massachusetts. Before BCBSMA, Ms. Karp directed strategic planning and business development at Massachusetts Health

Quality Partners (MHQP), where she pioneered new strategies for consumer engagement and consumer experience measurement. She has been engaged in numerous national activities and has served on several national advisory boards focused on measuring and reporting patient care experiences, improving the patient-centered delivery of care, and embedding the consumer voice into the design of health system innovations. She holds an MBA in Health Care Management from Boston University and a BA in Psychology from Duke University.



Abha Puri, MPH, Program Manager III, Member Experience, Community Health Plan of Washington State

Abha Puri, MPH is the Program Manager of Member Experience at Community Health Plan of Washington (CHPW), a managed care organization founded and governed by local community and migrant health centers in Washington state. In her role at CHPW, she is responsible for leading strategic efforts to improve member engagement and experience through integration of member voice into the organization's programs and processes. In addition to this work, she also supports quality improvement initiatives aimed at reducing health disparities and promoting whole-person care for the unique communities served by CHPW. In her role, she has helped the organization develop and implement their first ever Member Experience Improvement Program, including launching their Member Advisory Councils. Prior to her role at CHPW, Abha worked in other healthcare spaces, including a Federally Qualified Health Center (FQHC), directly supporting communities, patients and providers. Abha earned her Master of Public Health at Boston University, with a focus on Community Assessment, Program Design, Implementation and Evaluation, and holds a Bachelor's degree from the University of Washington in Cellular and Molecular Biology.



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

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

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

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

After retiring from her state management position, Pam joined the SNP Alliance team as Medicare-Medicaid Integration Consultant.

Pam has a Masters of Public Administration degree from Harvard's Kennedy School of Government, where she was a Bush Leadership



**Margaret Tatar, JD
Vice President , HMA**

Margaret Tatar has more than 25 years of public and private sector experience in managed care program and policy development, health policy, program development, advocacy, and government/legislative affairs.

She has a strong track record in managed care plan leadership, leading large-scale managed care initiatives and multi-disciplinary teams in complex operating environments while fostering professional development and mentoring staff. She has served in the federal government's Health Care Financing Administration (HCFA), the executive and legislative branches in Colorado and California, and a key leadership position with CalOptima, a large public health plan in California.

In her most recent position as Acting Deputy Director, Delivery Systems, in California's Department of Health Care Services (DHCS), she was responsible for the network of 23 contracted health plans that deliver health care services to over 9 million Californians. She was also responsible for the Long Term Care Division and California's Children Services (CCS) program. During her tenure at DHCS, she oversaw a significant expansion of managed care as the primary delivery system for California's Medicaid program (Medi-Cal). She also served as the operational lead for the design, development, and implementation of Cal MediConnect, California's Duals Demonstration program.

Margaret earned her undergraduate degree in Latin at Bryn Mawr College in Bryn Mawr, Pennsylvania, and her law degree at Villanova University School of Law in Villanova, Pennsylvania.

A native of Washington, D.C., she and her husband live in Carmichael, California, where they spend most of their free time renovating their home and taking trips with their beloved Labradors.



**Allison Rizer, MHS, MBA,
Executive Vice President,
ATI Advisory**

Allison Rizer, Head of Payer and State Solutions at ATI Advisory, is a nationally recognized expert in dual eligible policy with over 20 years of experience, including 15 years focused on managed care and government programs. Before joining ATI, Rizer most recently served as Vice President of Health Policy & Strategy with UnitedHealthcare, where she led the organization's national policy efforts specific to individuals dually eligible for Medicare and Medicaid. In this role, she worked closely with state and national health plan leadership, policymakers, and other experts to bridge health policy and business worlds to inform sustainable program design and growth strategies. Rizer previously served as a Medicaid Policy Director, working with individual states and Medicaid health plans to provide strategic guidance on emerging policy and program trends. She also spent seven years with The Lewin Group, leading federal contracts with the Centers for Medicare & Medicaid Services (CMS) and other agencies across programs targeting older adults and people with disabilities. Her work at Lewin led to the development and refinement of Medicare Advantage network

adequacy standards, numerous Special Needs Plan (SNP) program and process improvements including to the Model of Care, CMS clarification of the Medicare therapy benefit, education for State Health Insurance Assistance Programs (SHIPs), and other program improvements with the Medicare Beneficiary Ombuds Office. While at Lewin, Rizer also had the opportunity to co-lead the development of a successful healthy weight pilot for older adult lesbian and bisexual women.

Allison Rizer has spoken at dozens of national conferences and participated in expert working groups on issues across the aging and disability spectrum. She currently serves as adjunct faculty at the University of St. Thomas, MN where she co-teaches an MBA course on health policy. Rizer received a Bachelor of Arts in Psychology and a Bachelor of Arts in Biology from George Mason University, a Master of Health Science in Health Policy from Johns Hopkins University School of Public Health, and a Master of Business Administration in Health Care from the University of St. Thomas.



**Nicholas Johnson, FSA,
MAAA, Principal &
Consulting Actuary, Milliman**

Nick Johnson is a principal and consulting actuary specializing in healthcare in Milliman's Seattle office. He joined the firm in 2009.

Nick's primary expertise is in helping clients understand the financial implications of trends and changes in the healthcare delivery system, particularly in Medicare and dual-eligible populations. He has worked with a broad range of clients, including health plans, integrated delivery systems, provider groups, reinsurers, and the Veterans Health Administration. He has significant experience in Medicare Advantage, Medicare Part D, Medicaid, commercial, and ACA markets.



**Allison Taylor, Former
Medicaid Director - Indiana**

Allison Taylor is a national leader in health care delivery system innovation and reform. She recently served as Indiana's Medicaid Director for six years, overseeing major delivery system transformations such as LTSS reform, duals integration, reimbursement reform and the pandemic response. Allison also served on the Board of Directors of the National Association of Medicaid Directors for over five years, most recently completing a term as President of NAMD. Allison is a 2017 fellow of the Medicaid Leadership Institute through the Centers for Health Care Strategies and remains a mentor to state directors across the country.

Prior to the Medicaid Director role, Allison served as General Counsel to Indiana's human services agency. She also practiced for a decade as a private practice health law attorney and a government affairs professional for health care providers.

Dr. von Sternberg is the medical director for HealthPartners Dual



**Thomas von Sternberg,
M.D., Associate Medical
Director, HealthPartners
(Minnesota)**

Eligible Special Needs Plan and Medicare advantage programs. He also supports the Government Programs division for policy regulatory issues and program development. He is the medical director overseeing the Care Management Program. He works with the HealthPartners Care Group on programs for complex frail elderly patients.

Dr. von Sternberg previously was HealthPartners medical director overseeing clinical programs in transitional care, assisted living, nursing home, palliative care, home care and hospice. He helped develop the home-based medicine program.

He is Associate professor of Geriatrics and Community Medicine at the University of Minnesota School of Medicine

Dr. von Sternberg was part of the team that developed Minnesota's senior health options program (MSHO), one of the first fully integrated dual eligible plans in the country. He has also participated in the NQF measure applications project for long-term care and hospice quality measures. He has been involved in a variety of leadership roles and program development for care and management of geriatric populations for 25 years.

He is a member of the board of directors for the SNP Alliance and Capitol View Transitional Care.



**Teja Stokes, Deputy
Executive Director, National
Association of State
Directors for Developmental
Disabilities Services
(NASDDDS)**

Teja is the Deputy Executive Director for the National Association of State Directors of Developmental Disabilities Services (NASDDDS). In addition to serving in a leadership capacity for the organization, she provides a broad range of technical assistance (TA) to states on issues related to Medicaid structure and quality, organizational success strategies, and effective service modalities.

Ms. Stokes has more than 30 years of experience in home and community-based services (HCBS) program development, implementation, quality, and policy. Before joining NASDDDS, Ms. Stokes served as a Director in the Government Health and Human Services division at IBM Watson Health, managing state and federally funded projects to advance long term services and supports. She has held various leadership positions within Virginia state government, where she supported Medicaid policy development, community-based behavioral health supports, and provision of developmental disabilities services.

She has nearly 30 years of experience in change management, including quality improvement, process mapping, strategic planning, process improvement, and group facilitation. Ms. Stokes holds a Master's Degree in Business Leadership/Quality Management from Upper Iowa University and a Bachelor's Degree in Psychology from Mary Washington College.

Wendy Morris, RN, MSN, CS, Senior Behavioral Health Advisor, NASMHPD, has worked across the continuum of care in behavioral health for more than thirty (30) years, including inpatient,



**Wendy Morris, MSN, CS
Senior Behavioral Health
Advisor, NASMHPD**

outpatient, home health, and state government. She served as commissioner for Kentucky's Department for Behavioral Health, Developmental and Intellectual Disabilities for seven years and deputy commissioner for three years prior to that appointment. Ms. Morris currently serves as Senior Behavioral Health Advisor for NASMHPD, a position that allows her to utilize the skills, knowledge, and experience she has accumulated throughout her career as she works with state behavioral health authorities across the nation. Ms. Morris holds a Master of Science in Community Health Nursing from the University of Kentucky and has been credentialed as a Public Health Clinical Nurse Specialist by the American Nurses Credentialing Center (ANCC) since 1997.



**Maureen Boyle, Chief
Quality, American Society
for Addition Medicine
(ASAM)**

Maureen Boyle, Ph.D., is the Chief Quality and Science Officer at the American Society of Addiction Medicine (ASAM) where she oversees development of clinical guidelines and other tools to promote evidence based addiction treatment. She is the managing editor for the 4th edition of The ASAM Criteria and provides strategic oversight for ASAM's suite of tools for supporting implementation of The ASAM Criteria standards. Dr. Boyle has over 20 years of experience in research, public health, and health policy including leadership positions with the SAMHSA and NIDA. She holds a PhD in Neuroscience from the Washington University School of Medicine and she completed a postdoctoral fellowship at the Allen Institute for Brain Science and a Science and Technology Policy Fellowship through the American Association for the Advancement of Science (AAAS).



**Adam Perry, MD –
Dementia Care and New
Medications**

Adam Perry, MD is a geriatrician and community emergency physician focused on the design and dissemination of community-based acute and primary care models for high-needs older adults. He is currently Chief Medical Officer of At Home Harmony, a Medical Director with DispatchHealth, and a member of both the Milken Alliance to Improve Dementia Care and the Center of Excellence for Telehealth and Aging. Previously he was Medical Director with the Innovation Unit at ChenMed, Core Faculty with the Geriatric Emergency Department Collaborative, and a Fellow with the John A. Hartford Foundation Health and Aging Policy Program.

Amy leads the complex care portfolio's federal policy development and oversees the team's efforts to identify and build new grants and partnerships. This includes identification of investment opportunities to address silos within the health care sector and between health care and social safety net programs to improve care for individuals with complex needs.



**Amy Abdnor, Director,
Healthcare, Arnold Ventures
Topic Ventures**

Amy has spent over 10 years working at the intersection of health care policy and operations for organizations that are dedicated for caring for some of the most vulnerable patient populations, including those who are dual-eligible for both Medicare and Medicaid coverage.

Before joining Arnold Ventures, Amy was vice president at a boutique consulting firm where she advised health plans and providers on Medicare and Medicaid policy, health reform implications, and value-based payments. Prior to that, she worked with Medicaid managed care plans, providing operational support and policy analysis at a health plan in Indiana, MDwise, before moving to Washington D.C. and working at one of its trade organizations, the Association for Community Affiliated Plans.

Amy holds her bachelor's in political science from Indiana University in Bloomington.



**Hannah Diamond, Policy
Advocate, Justice in Aging**

Hannah Diamond is a Policy Advocate in Justice in Aging's Washington DC office. Her work aims to advance equitable access to home and community-based services for older adults and people with disabilities. Her portfolio also focuses on fostering better integration of Medicare and Medicaid for people dually eligible. Hannah's professional background encompasses direct service, research, and advocacy pertaining to long-term services and supports. Her experience spans coordinating home and community-based services as a case manager at an Area Agency on Aging in Massachusetts, safeguarding public benefits as a paralegal at Community Legal Services of Philadelphia, and researching longevity disparities and nursing home staffing issues through internships at AARP and the National Consumer Voice for Quality Long-Term Care. Prior to joining Justice in Aging, Hannah built coalitions and advocated for job quality improvements for direct care workers as a State Policy Advocacy Specialist at PHI. She holds a BA from Brandeis University and a Master of Public Policy from American University.



**Michelle Sternthal, PhD,
Director of Government
Affairs, Community Catalyst**

Michelle Sternthal, PhD is the Director of Government Affairs. In this role, Dr. Sternthal oversees Community Catalyst's strategic engagement with Congress, the Executive Branch, and with national partners and coalitions focused on federal policy advocacy work.

Previously, Dr. Sternthal served as Managing Director of Advocacy and Policy at Roosevelt Institute, where she led the think tank's policy and advocacy outreach to Congress and allies. She also served as Policy Director for the Main Street Alliance, where she leveraged the voices of small businesses to preserve the ACA, and as Deputy Director of Federal Affairs for the March of Dimes.

Dr. Sternthal received a doctorate in public policy and sociology from the University of Michigan and post-doctorate degree in social epidemiology from Harvard University. She is proud to live in Washington, DC with her partner and three children.

Daniel Lehman, Centers for Medicare & Medicaid Services (CMS), Medicare Drug & Health Plan Contract Administration Group (MCAG), Division of Policy Analysis and Planning (DPAP)

Daniel G. Lehman, PhD, is a Health Insurance Specialist in the Division of Policy Analysis and Planning (DPAP) within the Center for Medicare's Medicare Drug & Health Plan Contract Administration Group (MCAG) and the Contracting Officer's Representative (COR) on the NCQA HEDIS-MOC contract. As a member of the DPAP team, Daniel provides analysis of several Part C policy areas including Medicare Advantage Special Needs Plans (SNPs), ESRD, Part C basic benefits, and Part B drugs. Prior to Part C policy analysis, Daniel was CMMI's lead evaluator for the CMS Financial Alignment Initiative (FAI). While at CMMI, Daniel participated in the launch of the Comprehensive ESRD Care (CEC) Model focusing on the monitoring, application, and learning and diffusion workstreams.



Sandra Jones, LPN, MFA, SSGB, Director, Quality Solutions Group, NCQA

Sandra Jones, MFA, is a Director in the Quality Solutions Group at the National Committee for Quality Assurance (NCQA). Sandra has 15+ years of experience with the organization as an Accreditation Manager, Assistant Director of SNP Assessment, SNP Approval and Surveyor Management respectively, where she managed over 100 internal and contracted health care professionals that serve as NCQA surveyors, processes and developing issues. Currently, Sandra serves as Co-Lead for the SNP Approval project as well as lending her expertise to North Carolina Tailored Care Management (TCM) project.



Laura Zwolinski, MPH, Director, Quality Solutions Group, NCQA

Laura Zwolinski, MPH, is a Director in the Quality Solutions Group at the National Committee for Quality Assurance, where she has worked for over ten years. While at NCQA, she has supported a variety of patient experience and federal contract work, including HEDIS Health Plan CAHPS, the Medicare Health Outcomes Survey, the Qualified Health Plan Enrollee Survey, and the Special Needs Plan Model of Care effort. She has also supported a variety of state contracts in the health space, including the North Carolina Tailored Care Management certification program.

She joined the NCQA SNP Team in 2021 and is currently serving as the co-lead for all SNP MOC review and approval activities, alongside Sandra Jones.



Kathy Albrecht has worked for more than 25 years with Medicaid and Special Needs Populations in both Iowa and Minnesota. Kathy joined the Medica team in 2012 and has worked in a variety of roles focused on Care Coordination, SNP Models of Care, and State and Federal Regulatory Adherence. She is responsible for leading Medicaid and SNP strategy and project teams in the initiation, planning, development and successful delivery of Medicaid and SNP product solutions. She has oversight of State and CMS

**Kathy Albrecht, MSW,
LICSW, Director, Medicaid
and SNP Product &
Strategy, Medica Health
Plans**

regulatory oversight and the Medica teams who are responsible for submission and oversight of Medica's SNP Models of Care.

Kathy also works closely with colleagues in Medica's Quality Improvement department on initiatives including NCQA Accreditation, Star Ratings and Medicaid Quality Improvement. Kathy holds a master's degree in Social Work from the University of Minnesota and is a Licensed Independent Social Worker in Minnesota.



**Lindsay Palmer Barnette,
Director, Models,
Demonstrations and
Analysis Group at Centers
for Medicare & Medicaid
Services**

Lindsay Barnette currently directs demonstrations, models, and analytics for the CMS Medicare-Medicaid Coordination Office (MMCO) and previously led the team implementing the capitated models under the Medicare-Medicare Financial Alignment Initiative. Prior to joining MMCO in 2010, she spent six years at the Center for Health Care Strategies designing/leading state technical assistance initiatives aimed at promoting integrated care for dual eligibles and Medicaid managed long-term supports and services programs. Lindsay has a Masters in Public Health – with a focus on health policy and management – from Columbia University's Joseph L. Mailman School of Public Health and a bachelor's degree from the University of Virginia.



**Melissa Seeley, Deputy
Group Director, Program
Alignment Group, Medicare
Medicaid Coordination
Office**

Melissa Seeley is the Deputy Director for the Program Alignment Group within the CMS Medicare-Medicaid Coordination Office (MMCO). In this role, she leads MMCO's work to support operations of the Financial Alignment Initiative (FAI) demonstration and D-SNPs. She joined MMCO in May 2011, initially as a Technical Director supporting development and implementation of Financial Alignment Initiative demonstrations and the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. Prior to joining CMS, Melissa served as a Senior Program Officer at the New York State Health Foundation, the Director of Private Health Insurance Initiatives at the New York City Health and Human Resources Administration, and a Program Examiner at the U.S. Office of Management and Budget.

Melissa earned a B.A. at Carleton College and a MPP at the University of California, Berkeley.

Dana Mott-Bronson is a dedicated health care policy advocate with 25 years of combined federal legislative and regulatory experience. Currently, she serves as Vice President, Health Policy, Government Programs at Health Care Service Corporation (HCSC), leading public policy development related to Medicare Advantage (MA), Medicare Part D, and Medicare-Medicaid Integration. HCSC is the largest customer-owned health insurer in the United States,



Dana Mott Bronson, Vice President, Health Policy – Government Programs, Health Care Service Corporation (HCSC)

serving more than 18.6 million members through plans in Illinois, Montana, New Mexico, Oklahoma, and Texas.

Prior to joining HCSC, Dana held a variety of increasingly senior roles at America's Health Insurance Plans (AHIP), including responsibility for developing and carrying out federal regulatory advocacy efforts related to MA, Part D and programs serving individuals dually eligible for Medicare and Medicaid. She also served over five years as a congressional staffer in the U.S. House of Representatives.

Dana is committed to utilizing her expertise to advocate for policies that support access to quality care and improved health outcomes, including for the most vulnerable populations.



Jenna Corbly, Director of Medicare, CareOregon

Jenna Corbly, LNHA, MBA joined the CareOregon in 2022 year with over a decade of experience as a director and leader in Skilled Nursing Facilities, Continuing Care Retirement Communities, and Health Centers. Real world experience in Medicare and insurance from the patient advocate perspective has made her a trusted and valued leader on the Medicare Team for CareOregon. She brings a host of leadership, strategic planning, and emergency management experience and skills. As the Director of Medicare for CareOregon she has been instrumental in vendor management, cross-departmental relationships, operations and in submitting successful Medicare bids to CMS. Jenna has interpreted Medicare and Medicaid regulations across the Northwest of the country to create new policies and procedures for an In-Home Care Program within a Washington CCRC and wrote Emergency Operations Plans for a region of Skilled Nursing Facilities in Oregon. Currently, her role in overseeing operations for the DSNP plan involves vendor management, supplemental benefits management, Medicare bid creation, implementing the Medicare Final Rule, staff stabilization and performance maximization, and creating a sense of accountability and ease interdepartmentally within CareOregon. She enjoys making things as easy as possible for members to get the care that they need. Jenna brings her real-world experience, education, and positive can-do attitude to all she does.



Dan Elling, Principal, Federal Health Policy Strategies

Dan Elling is the former Staff Director of the Ways & Means Health Subcommittee in the U.S. House of Representatives with more than 20 years of health care policy experience.

A highly respected legislative veteran with more than 10 years of experience on Capitol Hill, Dan served as the Staff Director of the House Ways & Means Health Subcommittee for nearly five years. In this senior role, Dan advised Health Subcommittee Chairman Kevin Brady, Chairman Dave Camp, and Ranking Member Jim McCrery. As staff director, Dan was responsible for negotiating numerous multibillion-dollar health care legislative packages, coordinating and developing the committee's health care agenda and messaging, and engaging House and Senate leadership and other authorizing committees. Dan also served as the lead

Republican Medicare staffer on the Joint Committee on Deficit Reduction and supported then-Ranking Member Camp on the Bowles-Simpson Commission.

Prior to becoming staff director, Dan was responsible for Medicare Advantage, Medicare Part D, and Medicare post-acute care policy for Chairman Bill Thomas. He also served as Health Policy Aide to Health Subcommittee Chairman Nancy Johnson and Legislative Assistant to Congressman Jim Ramstad.

At Federal Health Policy Strategies Dan advises and represents health care providers, payers, and manufacturers before Congress on their legislative, regulatory, payment, and coverage issues, especially those being impacted by Medicare and commercial insurance.

Dan holds a B.A. in political science and history from Gustavus Adolphus College and an M.A. in political management from the George Washington University



**Raghav Aggarwal, Vice
President, BRG Strategies**

Raghav Aggarwal is a Vice President with BGR's Health and Life Sciences Practice. He helps clients identify challenges and opportunities created by today's political and policy environment, formulate policy solutions to address them, and advocate for those solutions in both the executive and legislative branches of the federal government.

Prior to joining BGR, Raghav held a variety of senior roles with the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) over a period spanning three different administrations. Most recently, as Senior Advisor, he helped oversee a vast array of policy and operational work related to the \$400 billion Medicare Advantage and Part D programs, including implementation of the drug pricing and payment reform provisions of the Inflation Reduction Act of 2022 (IRA).

Previously, Raghav served on the Majority Staff of the U.S. Senate Committee on Finance, on detail from CMS as Senior Health Policy Advisor. In that role, he managed legislation and advised Chairman Ron Wyden (D-OR) on the prescription drug pricing, Medicare Part D, and Medicare Advantage policy portfolios, among other health care issues. Raghav most notably led the development of the IRA's drug pricing and payment reform provisions and helped to successfully negotiate passage of the landmark legislation that he also eventually helped implement.

Raghav has received numerous honors and awards for his meaningful contributions to federal health care policy, including the HHS Secretary's Award for Excellence in Management, one of the highest honors granted by the Department and conferred by the Secretary.

Tom Kornfield is the founder and CEO of MAST Health Policy Solutions, a boutique healthcare consulting firm specializing in Medicare Advantage (MA) and Part D. He is a recognized national



expert on MA payment policy with mastery of Medicare Part D and the Inflation Reduction Act. His unique combination of working in the public and private sector, gained over 25 years of experience, provides him with an unparalleled and creative perspective on government policy. In addition, during his tenure at CMS, he originated the idea to allow five-star Medicare health plans to market and enroll year-round. Since leaving CMS, he has experience as a senior consultant with Avalere and as the Vice President of Medicare Policy at AHIP.

**Tom Kornfield, CEO, MAST
Health Policy Solutions**

Tom holds an M.P.P. from the University of Michigan's School of Public Policy. His undergraduate degree is from Hamilton College.

Special Needs Plan Alliance

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