

BIOGRAPHICAL SKETCHES

SPEAKERS

Stuart H. Altman, PhD, is dean of the Heller School for Social Policy and Management and Sol C. Chaikin Professor of National Health Policy at Brandeis University.

Dr. Altman is an economist whose research interests are primarily in the area of federal and state health policy. From 2000 to 2002, he was co-chair for the Legislative Health Care Task Force for the Commonwealth of Massachusetts. In 1997, he was appointed by President Clinton to the National Bipartisan Commission on the Future of Medicare. Dr. Altman was dean of the Florence Heller Graduate School from 1977 to July 1993 and interim president of Brandeis University from 1990 to 1991. He served as the chairman of the congressionally legislated Prospective Payment Assessment Commission (ProPAC) for 12 years. ProPAC was the predecessor to MedPAC, responsible for advising the U.S. Congress and the administration on the functioning of the Medicare Diagnostic Related Group (DRG) Hospital Payment System and other system reforms.

Between 1971 and 1976, Dr. Altman was deputy assistant secretary for planning and evaluation/health at the U.S. Department of Health, Education, and Welfare, the predecessor to the Department of Health and Human Services. While serving in that position, he was one of the principal contributors to the development and advancement of the administration's National Health Insurance proposal. From 1973 to 1974 he also served as the deputy director for health of the President's Cost-of-Living Council, where he was responsible for developing the Council's program on health care cost containment. Dr. Altman has an MA and a PhD degree in economics from the University of California, Los Angeles, and he taught at Brown University and the Graduate School of Public Policy at University of California, Berkeley. In June 2004, he was awarded the AcademyHealth Distinguished Investigator Award.

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Janet M. Corrigan, PhD, is president and chief executive officer of the National Quality Forum (NQF), a private, not-for-profit standard-setting organization established in 1999. The NQF mission includes:

setting national priorities and goals for performance improvement; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting the attainment of national goals through education and outreach activities. From 1998 to 2005, Dr. Corrigan was senior board director at the Institute of Medicine (IOM). She provided leadership for IOM's Quality Chasm series which produced ten reports during her tenure including: *To Err is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health System for the 21st Century*. Prior to joining IOM in 1998, Dr. Corrigan was executive director of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Dr. Corrigan received her doctorate in health services research and master of industrial engineering degrees from the University of Michigan, and masters degrees in business administration and community health from the University of Rochester.

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Leslie Cummings is the executive director of the California Managed Risk Medical Insurance Board (MRMIB). Ms. Cummings has over 28 years of experience in California state government, having held various positions within the executive and legislative branches. Prior to returning to MRMIB, she served as a special assistant to the Speaker of the California Assembly on health issues. She served in the executive branch as the associate director for policy at the Department of Health Services, and as a deputy director at MRMIB. In the legislature, Ms. Cummings was chief consultant to the Assembly Insurance Subcommittee on health insurance, and she was responsible for health budget issues at the Assembly Ways and Means Committee and the Legislative Analyst's Office.

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James Cosgrove, PhD, is a director in the Health Care team at the U.S. Government Accountability Office (GAO). In recent years at GAO, he has directed studies on a variety of Medicare payment reform and policy topics, including Medicare managed care, physician fee updates, beneficiary access to physician services, and the emergence of cardiac, surgical, and other specialty hospitals. Prior to joining GAO in 1989, Dr. Cosgrove was an assistant professor of economics at Marquette University. He holds a PhD degree in economics

from Boston College and a BA degree in economics and history from the University of Rhode Island.

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Barbara C. Edwards is a principal with Health Management Associates, Inc. (HMA). Ms. Edwards has over 25 years of public and private sector experience in health care financing. She is a nationally recognized expert in Medicaid policy, including managed care, cost containment, long-term care, and state and federal reform issues. Ms. Edwards is a frequent national presenter on Medicaid trends, Medicare Part D implementation, and state health policy challenges. Prior to joining HMA, Ms. Edwards served eight years as director of Ohio's Medicaid program. She has also served on the federal State Pharmacy Assistance Program Transition Commission regarding implementation of Medicare Part D; served on the National Quality Forum Steering Committee, which recommended standards for nursing home care; and was vice chair of the National Association of State Medicaid Directors. Ms. Edwards holds a bachelor's degree from Bowling Green State University and a master of public policy degree from the University of Michigan.

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Keith J. Fontenot became assistant director of the Budget Analysis Division at the Congressional Budget Office in September 2007. From 2001 to 2007, he was chief of the Health Financing Branch in the Office of Management and Budget (OMB), where he was responsible for the Medicare and Medicaid programs and related health issues. From 1998 to 2001 he was the assistant deputy commissioner for policy in the Social Security Administration. Before that, Mr. Fontenot was chief of the Income Maintenance Branch in OMB from 1986 to 1998, where he oversaw income security programs, including Social Security. He started his federal career as a budget examiner at OMB for Social Security and other retirement programs in 1982. Mr. Fontenot holds a MA degree in public policy from Duke University, and a BA degree from the Old Dominion University.

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Charlene Frizzera is the chief operating officer of the Centers for Medicare & Medicaid Services (CMS), where she is responsible for overseeing day-to-day operational activities and the integration and execution of new program initiatives CMS-wide, including the regional offices. Prior to her current position, Ms. Frizzera was the deputy director of the Center for Medicaid and State Operations (CMSO), which serves as the focal point for all CMS interactions with states and local governments. Within CMSO she provided leadership in the development and implementation of national policies governing Medicaid, survey and certification, the State Children's Health Insurance Program, and the insurance reform provisions of the Health Insurance Portability and Accountability Act. Ms. Frizzera also served as regional administrator of CMS' Philadelphia Regional Office, which is responsible for direct oversight of Medicare and Medicaid contractors for Pennsylvania, Maryland, Delaware, Virginia, West Virginia, and the District of Columbia.

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Thomas E. Hamilton is director of the Survey and Certification Group within the Center for Medicaid and State Operations at the Centers for Medicare & Medicaid Services (CMS). The Group is responsible for quality assurance for more than 100,000 providers that participate in the Medicare and Medicaid programs, including hospitals, ambulatory surgical centers, rural health clinics, home health agencies, hospices, dialysis facilities, clinical laboratories, and nursing homes. Mr. Hamilton previously served as the director of CMS' Disabled and Elderly Health Programs Group. In that capacity, he led the development of Medicaid policies for low-income elderly and individuals with disabilities. He also co-led the President's New Freedom Initiative.

For 21 years prior to joining CMS, Mr. Hamilton was one of the principal architects of Wisconsin's long-term care system. During his tenure in Wisconsin he designed and managed innovative programs for integrated programs that combine acute and long-term care services, home- and community-based services, managed care involving Medicare and Medicaid, income maintenance programs, and employment initiatives for people with disabilities. Mr. Hamilton received a bachelor's degree in 1973 from Brandeis University before conducting graduate studies at the University of Wisconsin.

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Michael Hash is a principal at Health Policy Alternatives, Inc., a Washington, DC–based health consulting firm specializing in health policy and financing issues for a wide array of provider, consumer, foundation, and corporate clients. From March 1998 through December 2000, Mr. Hash served as the deputy administrator and acting administrator of the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services), which administers Medicare, Medicaid, and the State Child Health Insurance Program. Prior to his federal appointment, Mr. Hash was a principal at Health Policy Alternatives for 13 years. He also served from 1990 to 1995 as the senior staff associate of the Subcommittee on Health and the Environment of the U.S. House of Representatives’ Committee on Energy and Commerce, with responsibilities for Medicare legislation and health care reform proposals. From 1973 to 1980, he was employed by the American Hospital Association, with progressive responsibilities that led to his appointment as deputy director of the Washington Office, overseeing the management of the Association’s government relations programs. Mr. Hash is a graduate of Washington and Lee University, with postgraduate studies in political science at Vanderbilt University. He has held teaching positions at the Johns Hopkins University and Georgetown University, and is chair of the board at Providence Hospital in Washington, DC.

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Chris Jennings is president of Jennings Policy Strategies (JPS), Inc., a nationally respected health policy and advocacy consulting firm in Washington, DC. Prior to founding JPS, Inc., Mr. Jennings served in the White House as the senior health care advisor to President Clinton at the Domestic Policy and National Economic Councils. During his tenure there, Mr. Jennings made significant contributions toward the enactment of major, bipartisan health legislation including the Children’s Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act, the Mental Health Parity Act, the Food and Drug Administration Modernization Act, the Work Incentives Improvement Act, and the tripling of funding for international AIDS programs for prevention, care, treatment, and health infrastructure.

Prior to joining the Clinton administration, Mr. Jennings served as Committee staff for Senators Glenn, Melcher, and Pryor. As deputy staff director of the Senate Aging Committee for Chairman David Pryor (D-AR), he staffed the Senator before the Finance Committee and

the “Pepper Commission.” He also coordinated Sen. Pryor’s legislative initiatives on health insurance affordability and access, long-term care, rural health, and prescription drug coverage and cost containment.

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Donald Johnson is advisor to the Administrator and acting director of the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS). Mr. Johnson provides executive leadership and direction in CMS for legislative, policy and congressional relations. This work involves developing the Administration’s legislative proposals, analyzing congressional legislation, preparing senior staff for congressional hearings and briefings, and responding to inquiries on the full range of Medicare, Medicaid, and State Children Health Insurance Program (SCHIP) issues.

Mr. Johnson joined the staff of the Office of Legislation in 1983 as part of the Medicaid Analysis Group and in 1991, assumed the role of director of the Group until becoming deputy director of the Office in 1999. Throughout his tenure with CMS, Mr. Johnson has worked on developing and analyzing policies across CMS’ programs. He has worked on policy and budget development for a variety of highly visible Medicaid reform proposals, the creation of SCHIP, and the numerous omnibus legislations of the 1980s and 1990s through the Balanced Budget Act of 1997, and more recently the Deficit Reduction Act of 2005. In Medicare, Mr. Johnson was a key participant in the Administration’s efforts in developing the policies for the Medicare Prescription Drug, Improvement and Modernization Act of 2003 and the Medicare Advantage program, as well the recently enacted Medicare Improvement for Patients and Providers Act (MIPPA) of 2008.

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Marjorie Kanof, MD, serves as managing director of the U.S. Government Accountability Office’s (GAO’s) Health Care team, whose work involves federal health-related programs that have expenditures representing approximately one-quarter of all federal spending. Dr. Kanof joined GAO as the director of civilian and military health care issues. She previously served in a variety of leadership positions at the Centers for Medicare & Medicaid Services (CMS), most recently as deputy director for payment policy in the Center for Medicare Management and deputy director for contractor

management. Before joining CMS, Dr. Kanof was medical director for the Senior Division and government programs at Blue Cross Blue Shield of Massachusetts. She was also an assistant professor of pediatrics at Harvard Medical School and a guest scientist at the National Institute of Allergy and Infectious Diseases. She received her MD degree from the University of Kansas and an MPH degree from the Harvard University School of Public Health.

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Ann Kohler is the director of the National Association of State Medicaid Directors (NASMD). In her previous role as the Medicaid director for the state of New Jersey, Ms. Kohler was a long-standing member of the Executive Committee of NASMD and was the chair of NASMD's Medicaid and Mental Health technical advisory group.

Prior to joining NASMD, Ms. Kohler served as deputy commissioner of the Department of Human Services in the state of New Jersey. In her capacity as deputy commissioner for the Department, Ms. Kohler had oversight for the Division of Medical Assistance and Health Services, the Division of Disability Services, the Office of Budget Planning and the Office of Finance. Ms. Kohler also served as the director of the New Jersey Division of Medical Assistance and Health Services in the Department of Human Services. She previously served as Medicaid Director for the State of New York, the largest Medicaid agency in the country.

Ms. Kohler received her bachelor of arts degree, as well as a master's degree in city and regional policy, from Rutgers, the State University of New Jersey.

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Patricia MacTaggart has held executive positions in a national research and consulting firm, a global for-profit company, a statewide not-for-profit company, federal government, a state government, and a county government. She is currently at the George Washington University (GW), where she instructs graduate students in health information technology (HIT) policy, quality, and state health policy. Prior to coming to GW, Ms. MacTaggart was a principal at Health Management Associates (HMA) and an executive at EDS for State and Local Government Health Care, where she was responsible for system design and implementation, work on Medicaid Management

Information Systems (MMIS), provider relations, prior authorization, drug utilization, drug rebate, and claims management.

During her six-year tenure at the Health Care Financing Administration (HCFA) (now the Centers for Medicare & Medicaid, CMS), Ms. MacTaggart served as a group director for the Center for Medicaid and State Operations (CMSO), managed the State Health Demonstration Group, and was a director in the Center for Beneficiary Choices responsible for quality strategies under the Medicare managed care programs.

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Mark B. McClellan, MD, PhD, is a senior fellow and the director of the Engelberg Center for Health Care Reform at the Brookings Institution. The Center will study ways to provide practical solutions for access, quality, and financing challenges facing the U.S. health care system. In addition, Dr. McClellan is also the Leonard D. Schaeffer Chair in Health Policy.

Dr. McClellan is the former administrator for the Centers for Medicare & Medicaid Services (2004–2006) and the former commissioner of the Food and Drug Administration (2002–2004). He also served as a member of the President’s Council of Economic Advisers and senior director for health care policy at the White House (2001–2002). In these positions, he developed and implemented major reforms in health policy including the Medicare prescription drug benefit and other innovative coverage options; innovative approaches to coverage in Medicaid and the State Children’s Health Insurance Program; the development of the FDA’s Critical Path initiative and regulatory reforms to modernize pharmaceutical manufacturing; and public-private initiatives to develop better information on the quality and cost of care.

Dr. McClellan was deputy assistant secretary of the Treasury for economic policy from 1998–1999, under the Clinton Administration. Dr. McClellan was also an associate professor of economics and associate professor of medicine (with tenure) at Stanford University. A graduate of the University of Texas at Austin, Dr. McClellan earned his MPA degree from Harvard’s Kennedy School of Government in 1991, his MD degree from the Harvard–Massachusetts Institute of Technology (MIT) Division of Health Sciences and Technology in 1992, and his PhD degree in economics from MIT in 1993.

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Mark Miller, PhD, is executive director of the Medicare Payment Advisory Commission (MedPAC). He came to MedPAC in 2002 from the Congressional Budget Office (CBO), where he was assistant director of the Health and Human Resources (HHR) Division. The HHR Division is responsible for policy analysis related to federal health programs, private health insurance, social security, labor, unemployment, and education. Before joining CBO, Dr. Miller was deputy director of health plans at the Centers for Medicare & Medicaid Services (CMS), where he managed nearly 500 staff members and was responsible for Medicare private plan policy and operations, quality standards, demonstrations, and beneficiary education. He was previously chief of the Health Financing Branch at the Office of Management and Budget, where his responsibilities included budget and policy analysis related to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), private health insurance, and CMS's discretionary budget. Earlier, Dr. Miller was a senior research associate at the Urban Institute, where he wrote and published on such issues as Medicare hospital and physician payment systems, geographic variation in the use of health services, beneficiary access to Medicare, and Medicaid managed care. Dr. Miller holds a PhD degree in public policy analysis from the State University of New York at Binghamton.

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Chris Peterson is a specialist in health care financing at the Congressional Research Service (CRS). He is CRS's expert to Congress on federal State Children's Health Insurance Program (SCHIP) financing and on estimates of the uninsured. He has authored numerous congressional reports on a range of health policy topics and works closely with congressional staff to provide analytical, quantitative input on legislative proposals. Prior to CRS, Mr. Peterson held various positions at the Agency for Healthcare Research and Quality (AHRQ), from health services research to handling planning and evaluation for the director. Earlier, he worked for the National Bipartisan Commission on the Future of Medicare. Mr. Peterson has a master's degree in public policy from Georgetown University and a bachelor's degree in mathematics from Missouri Western State University.

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Richard Rimkunas is head of the Health Insurance and Financing Section in the Domestic Social Policy Division of the Congressional Research Service, a nonpartisan legislative support agency of Congress. The research group prepares analyses of prospective legislation for a wide array of health policy issues, especially Medicare, Medicaid, and private health insurance. He has acted as project director for the Medicaid source book and has prepared analyses of Medicare managed care, Medicaid, and issues related to long-term care.

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A. Bruce Steinwald is a director in the Health Care team of the U.S. Government Accountability Office (GAO). He supervises the preparation of health policy analyses, testimony, and reports to the U.S. Congress on Medicare payment systems and on other health care financing issues. Before joining the GAO in 2002, Mr. Steinwald was an independent consultant specializing in health economics analysis for health care delivery and financing organizations. In the 1990s, Mr. Steinwald was vice president of Covance Health Economics and Outcomes Services, Inc., where he directed the company's Outcomes Studies Group division and initiated its European practice. In the 1980s, Mr. Steinwald worked in the Office of the Secretary, Department of Health and Human Services, and was the deputy director of the Prospective Payment Assessment Commission (forerunner to the Medicare Payment Advisory Commission). He received his BA degree from Johns Hopkins University and his MBA degree in health economics from the University of Chicago, Graduate School of Business. Mr. Steinwald has authored or co-authored numerous publications in health services research and policy.

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Alan R. Weil, JD, has been executive director of the National Academy for State Health Policy since September 2004. Previously, Mr. Weil served for seven years as director of the Assessing the New Federalism project at the Urban Institute, a privately funded social policy research project that monitors the evolution of health and welfare programs in 13 states. Mr. Weil also served as executive director of the Colorado Department of Health Care Policy and Financing; was health policy advisor to Colorado Governor Roy Romer; and was assistant general counsel in the Massachusetts Department of Medical Security.

Mr. Weil was an appointed member of President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which drafted the patient's bill of rights. He is a member of the Kaiser Commission on Medicaid and the Uninsured, the Commonwealth Fund Commission on a High Performance Health System, and serves on advisory committees for three Robert Wood Johnson Foundation projects. He is a member of the board of directors of the National Public Health and Hospitals Institute and of the editorial board of State Health Watch. He is the editor of two books: *Welfare Reform: The Next Act* (Urban Institute Press, 2002) and *Federalism and Health Policy* (Urban Institute Press, 2003), and he has authored chapters in a number of books and published articles in journals including *Health Affairs* and *Inquiry*. Mr. Weil is a graduate of the University of California, Berkeley, and received his masters of public policy degree from the John F. Kennedy School of Government at Harvard University and his JD degree from Harvard Law School.

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Gail Wilensky, PhD, is an economist and a senior fellow at Project HOPE. Dr. Wilensky is a commissioner on the World Health Organization's Commission on the Social Determinants of Health, co-chaired the recently completed Department of Defense Task Force on the Future of Military Health Care, is vice chair of the Maryland Health Care Commission, and serves as a trustee of the Combined Benefits Fund of the United Mineworkers of America and the National Opinion Research Center. Dr. Wilensky has recently been appointed to the Defense Health Board, advising the Department of Defense on health matters, and to the Board of Regents of the Uniformed Services University of the Health Sciences.

From 1990 to 1992, she was administrator of the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services). Dr. Wilensky also served as deputy assistant to President George H. W. Bush for policy development, advising him on health and welfare issues from 1992 to 1993. From 1997 to 2001 she chaired the Medicare Payment Advisory Commission, and from 1995 to 1997 she chaired the Physician Payment Review Commission. From 2001 to 2003 she co-chaired the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans. In 2007, Dr. Wilensky served as a commissioner on the President's Commission on

Care for America's Returning Wounded Warriors. Dr. Wilensky is an elected member of the Institute of Medicine and served two terms on its governing council. She earned her PhD degree in economics at the University of Michigan.

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