

The Changing Health Insurance Market: Implications for Public Policy and for State Government Purchasers

SPEAKER BIOS

ALICE BURTON

Alice Burton is Vice President at AcademyHealth, where she leads The Robert Wood Johnson Foundation's State Coverage Initiatives (SCI) program and AcademyHealth's work with states. She works with state policy leaders to develop strategies to improve insurance coverage and has participated in numerous taskforces on the uninsured—both as a member and an advisor. She contributes regularly to publications for states on health coverage.

Previously, Ms. Burton was the Director of the Planning Administration at the Maryland Department of Health and Mental Hygiene. In that role, she was responsible for developing policy initiatives for the Maryland Medicaid program, the Maryland Children's Health Insurance program, and other health care financing programs. She developed and oversaw the HealthChoice Evaluation, the state's first comprehensive evaluation of its Medicaid managed care program and worked to implement recommendations coming out of that report. She also served as leader for Maryland's Health Resources and Services Administration Planning Grant on the uninsured.

Ms. Burton is a graduate of the University of Maryland, College Park, and holds a master's degree in health policy from the Johns Hopkins University Bloomberg School of Public Health.

DAVID C. COLBY

David C. Colby, PhD, is the Interim Vice President of Research and Evaluation at the Robert Wood Johnson Foundation. Previously, he was the Deputy Director of the Health Care Group at the Foundation. He came to the Foundation in January 1998 after nine years of service with the Medicare Payment Advisory Commission and the Physician Payment Review Commission, where he was Deputy Director. Prior to that he was with UMBC, where he was Associate Professor in the Policy Science Graduate Program and Coordinator of the Masters of Policy Science Program. Dr. Colby was a Robert Wood Johnson Faculty Fellow in Health Care Finance, serving in the Congressional Budget Office. Prior to his policy work, he was Dean of Freshman and Assistant Dean at Williams College and held faculty positions at Williams College and State University College at Buffalo.

Dr. Colby's published research has focused on Medicaid and Medicare, media coverage of AIDS, and various topics in political science. He was an associate editor of the *Journal of Health Politics, Policy and Law* from 1995 to 2002.

He received his doctorate in political science from the University of Illinois, his master's degree from Ohio University, and his bachelor's degree from Ohio Wesleyan University.

RICK CURTIS

Rick Curtis has an extensive background in health insurance coverage and financing issues. As President of the Institute for Health Policy Solutions (IHPS), an independent, non-partisan, not-for-profit organization he founded in April 1992, Mr. Curtis develops and analyzes coverage approaches at the state and national levels. Key interests include development of complementary public and private financing roles to cover uninsured workers and families, and development of workable health insurance pool approaches. These include hybrid coverage approaches that combine pertinent characteristics of individual, public, and employment-based plans and that combine private contributions with state subsidies and available federal tax benefits. The Institute's overarching goal is to develop cost-effective approaches that build towards *coverage by and for all*SM Americans.

A current IHPS project, funded by the California HealthCare Foundation, is developing and analyzing with RAND and Actuarial Research Corporation alternative state coverage strategies with varying combinations of individual and/or employer participation requirements. All incorporate tax benefits for worker contributions through payroll withholding at work. Mr. Curtis' roles with other organizations in recent years include: expert consultant on coverage of the uninsured with the Institute of Medicine Committee on Rapid Advance Demonstration Projects, and one of 50 health "leader" participants in the annual Health Sector Assembly. He has presented on state coverage of the working uninsured to a range of organizations (e.g., in July 2005 to the National Governors' Association Committee on Health and Human Resources, and in October 2005 at the Alliance for Health Reform meeting for congressional staff and journalists), and provided expert consultation for a number of states, as well as federal agencies.

Previous positions Mr. Curtis has held include: Director of Health Policy Studies, National Governors' Association (1979-1988); founding Director, National Academy for State Health Policy (1988); and Director of the Department of Policy Development and Research, Health Insurance Association of America (1988-1992). He was earlier a contributing editor to *Business and Health* magazine and Director of the Project on the Medically Indigent for the Academy for State and Local Government.

AMY J. DAVIDOFF

Amy Davidoff, PhD, joined the UMBC faculty as an Assistant Professor of public policy in 2004. In that capacity she has taught courses in health care policy and research methods. Dr. Davidoff has been actively involved in research, with a focus on evaluating the effects of federal and state policies on insurance coverage and access to care for vulnerable populations including children. She is currently directing a project to examine the association between design of public managed care plans and access and satisfaction for children with special health care needs. Dr. Davidoff recently completed a project to examine the effects of the SCHIP expansions on insurance coverage, health status, and access to care for children. In earlier work, Dr. Davidoff examined patterns of public insurance eligibility and insurance coverage for special needs children, patterns of insurance within families, effects of parent insurance on children's access to care, and effects of welfare reform on Medicaid eligibility, Medicaid participation, and

implications for access to health care. Dr. Davidoff's research has been published in *Pediatrics*, *Maternal and Child Health Policy*, *Medical Care*, *Inquiry*, *Health Services Research*, and *Health Care Financing Review*.

Prior to joining the faculty at UMBC, Dr. Davidoff was a Senior Research Associate in the Health Policy Center at The Urban Institute in Washington, D.C., where she developed her research agenda related to public and private insurance for both children and adults. Dr. Davidoff also spent three years as a Research Associate at the Center for Hospital Finance and Management at the Johns Hopkins Bloomberg School of Public Health, and worked as a hospital strategic planner at academic medical centers in Chicago and Baltimore.

She has a doctorate in Health Economics from the Johns Hopkins Bloomberg School of Public Health, where she was awarded the John Hume award for excellence in dissertation research.

TODD EBERLY

Todd Eberly, PhD, is a Senior Research Analyst at the Center for Health Program Development and Management at UMBC. He is responsible for program evaluation, survey design and implementation, and data analysis. Dr. Eberly possesses expertise in Medicaid managed care, the State Children's Health Insurance Program, and racial and ethnic disparities in health. He has been a primary or contributing author on studies addressing the Maryland HealthChoice Program, the Maryland Children's Health Program, and private insurance "crowd-out" by public programs.

Before joining the Center, Dr. Eberly was a Policy Analyst for the American Medical Directors Association, a national professional organization representing long-term care medical directors and attending physicians. As an analyst with the Policy Department of the American Academy of Ophthalmology, Dr. Eberly gained experience in health care financing and physician reimbursement.

Dr. Eberly received his doctorate in policy sciences from UMBC. He graduated *cum laude* from Clarion University with a bachelor's degree in political science.

CYNTHIA FEIDEN-WARSH

Cynthia Feiden-Warsh is an independent consultant. Until recently, she had been the Vice President of Development for Government Programs at Lumenos. Lumenos is a subsidiary of Wellpoint and was one of the pioneers in the field of consumer driven health. She spent 5 years at Lumenos, beginning during the product development phase through its sale to Wellpoint. Ms. Feiden-Warsh has over 25 years experience in health care. She was previously at ValueOptions where she held the position of Senior Vice President for Public Sector Sales. She spent 14 years working for the State of New York in a variety of senior health policy positions, including Executive Director of the Governor's Health Care Advisory Board and Chief of Staff at the Office of Mental Health.

Ms. Feiden-Warsh holds a Master of Social Work degree from New York University.

JOHN FOLKEMER

John Folkemer recently joined The Lewin Group as a Vice President after more than 25 years with the Maryland Medicaid program and a year with the federal Centers for Medicare and Medicaid Services (CMS). He was the Maryland State Medicaid Director for over two years, and the Deputy Secretary for Health Care Financing. In his prior role as director of planning, policy analysis, program development, budget and finance, Mr. Folkemer had major responsibilities for the implementation of several waivers and demonstrations, including Maryland's section 1115 Medicaid managed care reform demonstration (HealthChoice), under which 80% of the Medicaid population was enrolled in managed care organizations. He had primary responsibility for developing what is probably the most sophisticated risk-adjusted Medicaid capitation rate methodology in the country. He also oversaw a comprehensive evaluation of the HealthChoice program. Mr. Folkemer has given numerous presentations to State and national audiences on managed care and other Medicaid-related topics.

As the Director of the Division of Benefits, Eligibility and Managed Care at CMS, Mr. Folkemer was responsible for interpreting Medicaid benefit and eligibility policies, and approving State Plan Amendments. The Division also developed Medicaid managed care policy and approved State managed care waivers.

PAUL FRONSTIN

Paul Fronstin, PhD, is a Senior Research Associate with the Employee Benefit Research Institute, a private, nonprofit, nonpartisan organization committed to original public policy research and education on economic security and employee benefits. He is Director of the Institute's Health Research and Education Program. Since 2003, he has been Associate Editor of *Benefits Quarterly*. Dr. Fronstin has conducted extensive research on trends in employment-based health benefits, consumer-driven health benefits, the uninsured, retiree health benefits, employee benefits and taxation, and public opinion about health care.

He currently serves on the steering committee for the Emeriti Retirement Health Program. From 2002 to 2004, Dr. Fronstin served on the Maryland State Planning Grant Health Care Coverage Workgroup, and in 2001 he served on the Institute of Medicine Subcommittee on the Status of the Uninsured.

Dr. Fronstin earned his Bachelor of Science degree from SUNY Binghamton and his PhD from the University of Miami in 1993.

PAUL B. GINSBURG

Paul Ginsburg, PhD, is President of the Center for Studying Health System Change (HSC). Founded in 1995, HSC conducts research to inform policymakers and other audiences about changes in organization of financing and delivery of care and their effects on people. Data are gathered through the Community Tracking Study, which includes surveys of households and physicians and site visits to interview health system leaders in 12 communities that are representative of the nation. HSC is widely known for the objectivity and technical quality of its

research and its success in communicating it to policy makers and the media as well as to the research community. A sister organization to Mathematica Policy Research, Inc., HSC is funded principally by The Robert Wood Johnson Foundation, but also receives funding from other foundations and from government agencies. To learn more about HSC, please visit its web site: www.hschange.org.

Dr. Ginsburg served as the founding Executive Director of the Physician Payment Review Commission (now the Medicare Payment Advisory Commission). Widely regarded as highly influential, the Commission developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989. Dr. Ginsburg was a Senior Economist at RAND and served as Deputy Assistant Director at the Congressional Budget Office. Before that, he served on the faculties of Duke and Michigan State Universities.

Dr. Ginsburg is a noted speaker and consultant on the changes taking place in the health care system and the future outlook. In addition to presentations on the overall direction of change, recent topics have included cost trends and drivers, consumer driven health care, and competition in health care. In 2005, for the third time, Dr. Ginsburg was named by *Modern Healthcare* as one of the 100 most powerful persons in health care. He recently received the first annual HSR Impact Award from AcademyHealth, the professional association for health policy researchers and analysts. He is a founding member of the National Academy of Social Insurance, a Public Trustee of the American Academy of Ophthalmology, and served two elected terms on the Board of AcademyHealth.

Dr. Ginsburg earned his doctorate in economics from Harvard University.

JERROLD A. GLASS

Jerrold A. Glass is Managing Partner of F&H Solutions Group (formerly J. Glass & Associates). A recognized expert in labor relations and human resources with extensive experience as a negotiator, advisor and analyst, Mr. Glass has served as chief negotiator for more than 70 different labor agreements in the airline, railroad and manufacturing industries. Mr. Glass has dealt with complex issues facing corporate America including defined benefit, retiree medical, and health and welfare issues.

Prior to founding J. Glass & Associates, he served as Executive Vice President and Chief Human Resources Officer at US Airways, where he had overall responsibility for labor relations, human resources, policy and compliance, benefits, compensation, recruiting and corporate learning and development.

He recently was a contributor to a book on Human Capital Management. His chapter, "Focusing on Internal Resources," was published by Aspatore Books.

Mr. Glass, a graduate of Boston University, holds an MPA with a major in management science from The George Washington University.

JUDITH HIBBARD

Judith Hibbard, DrPH, is a Professor of Health Policy in the Department of Planning, Public Policy and Management at the University of Oregon. Her work focuses on consumer decision-making and how consumers, through their choices and actions, can have a higher quality of care. Recent work includes how public performance reports affect consumer choice and hospital quality improvement. Patient activation, health literacy, and consumer experiences in consumer driven health plans are other areas of current research.

Professor Hibbard serves on several advisory panels and commissions, including The National Advisory Counsel for AHRQ, National Health Care Quality Forum, JCAHO, and United Health Group Advisory Panel. Her work appears in recent issues of *Health Affairs*, *Medical Care*, and *Health Services Research*.

RUBEN KING-SHAW, Jr.

Ruben Jose King-Shaw, Jr., is active in the health care industry where he is an advocate, an investor, a board member and an advisor to some of the sector's most innovative companies. Mr. King-Shaw is a Senior Partner at Pan American Risk Management Associates (PARMA), a health system development company, and a Senior Partner at Pine Creek Health Care Capital LLC, a \$2.5 billion asset management firm. Mr. King-Shaw's other equity holdings and Board responsibilities include: WellCare Health Plans, Inc. (NYSE: WCG), Athenahealth, Inc., PulseMD, Pay By Touch, the United BioSource Corporation, and ExactCost, Ltd. of Rehovot, Israel. Massachusetts Governor Mitt Romney named him as a Trustee of The University of Massachusetts and New York Governor George Pataki recently appointed Mr. King-Shaw to the New York State Commission on Health Care Facilities in the 21st Century. Mr. King-Shaw also serves on the Board of the Scripps Florida Funding Corporation and the Florida Education Foundation.

After fifteen years of building and operating innovative health insurance companies in Florida, Mr. King-Shaw served Florida Governor Jeb Bush as Secretary of the Florida Agency for Health Care Administration from 1998 to 2000. Mr. King-Shaw then served in the George W. Bush Administration where he was the Chief Operating Officer/Deputy Administrator of the Centers for Medicare and Medicaid Services (CMS) and the Senior Advisor to the Secretary of the Treasury. Mr. King-Shaw left the Bush Administration in 2003 to pursue his interests in private equity and global healthcare development.

Mr. King-Shaw is a Labor Economist and a graduate of Cornell University's School of Industrial and Labor Relations where he currently serves on the School's Advisory Council. He also holds a Master in Health Services Administration from Florida International University and a Master of International Business from The Chapman Graduate School of Business and the Center for International Studies/Instituto de Empresas in Madrid, Spain.

STEVEN LARSEN

Steven B. Larsen is Executive Vice President of Health Plan Operations for AMERIGROUP Corporation, a publicly traded managed care company that primarily serves Medicaid populations in the states. In this role, he serves as CEO, AMERIGROUP Maryland, and is responsible for the oversight of five other regional health plans. Mr. Larsen joined AMERIGROUP from the Baltimore law firm of Saul Ewing LLP where he served as Partner and Vice-Chair of the Insurance Practice Group. Before joining Saul Ewing LLP, he served as Insurance Commissioner for the State of Maryland from June 1997 until May 2003. There, he supervised operations of the insurance and healthcare regulatory agency, including oversight of more than 260 employees with an annual budget of over \$20 million. Mr. Larsen also has served in a number of roles with the National Association of Insurance Commissioners. Mr. Larsen's 20-year career includes experience in legal practice as well as public affairs. He served in legislative relations roles in the administrations of Governors Parris Glendening and William Donald Schaefer in Maryland. His legal practice experience includes service as Senior Counsel for USF&G Corporation in Baltimore.

CHARLES J. MILLIGAN, Jr.

Charles (Chuck) Milligan, Jr., Executive Director of the Center for Health Program Development and Management at UMBC since 2004, directs the Center's staff and provides leadership in accomplishing the Center's strategic agenda and mission. Mr. Milligan oversees delivery of services to clients, which include the Maryland Medicaid program, other state and local agencies in Maryland, the federal government, other states, and private foundations. Mr. Milligan also coordinates the Center's work with academic departments and research centers at UMBC.

Before joining the Center, Mr. Milligan was Vice President at The Lewin Group, where he provided consulting services to states and other clients, primarily involving the Medicaid program. Prior to that, he was Medicaid and SCHIP director for the state of New Mexico. He practiced as a health law attorney earlier in his career.

Mr. Milligan has served on many committees and delivered presentations to the federal Medicaid Commission, National Health Policy Forum, National Governors Association, National Association of State Medicaid Directors, American Association of Health Plans, and American Hospital Association, among other organizations. Mr. Milligan served as adjunct faculty for the University of California at Berkeley, St. Mary's College, and John F. Kennedy University, teaching graduate level courses on health and elder law.

Mr. Milligan holds a J.D. from Harvard Law School, an M.P.H. from the University of California at Berkeley, and a B.B.A. from the University of Notre Dame.

MICHAEL A. NOLIN

Michael Nolin has been Deputy Director of the Center for Health Program Development and Management at UMBC since 1996. He is responsible for assisting the executive director in guiding all operating units of the Center and serves as the Center's contact with a number of client agencies in managed care, long-term care, and public health.

Prior to joining the Center, Mr. Nolin served first as Director of Operations and later as Executive Director of Maricopa Managed Care Systems in Phoenix, Arizona. In this capacity, he worked with the Medicaid Arizona Health Care Cost Containment System (AHCCCS). Mr. Nolin helped establish a Medicare risk plan and integrated the management of Medicaid acute and long-term care plans. As a senior official with the Maricopa County (Phoenix) Public Health Department, El Rio Community Health Center (Tucson), and the Navajo Tribal Health Department, he directed public and community health programs and worked with special needs populations.

Mr. Nolin holds a master's degree in city and regional planning from Howard University and a bachelor of arts from Catholic University of America.

CHRISTOPHER PERRONE

Chris Perrone is a Senior Program Officer for the California HealthCare Foundation's (CHCF) Public Financing and Policy Program, where he directs the foundation's efforts to improve California's \$34 billion Medicaid program. His work includes initiatives to improve the quality of care for Medi-Cal beneficiaries, improve the efficiency of state operations, and inform the legislative debate on key policy issues.

Prior to joining CHCF, Mr. Perrone served as Director of Planning for the Massachusetts Division of Medical Assistance, where he helped lead an initiative to integrate and improve acute and long-term care services for 100,000 low-income seniors. He was the first external recipient of the Globe Award, given by the Health Care Financing Administration's (now CMS) Office of Strategic Planning to individuals who have made an outstanding contribution to the mission of OSP. Before that, Mr. Perrone worked with states and other public and private clients on Medicare and Medicaid financing and reimbursement engagements as a senior consultant with Lewin-VHI. He has also held positions with the American Psychological Association and the Center for Health Policy Studies at Georgetown University.

Mr. Perrone received a bachelor of arts degree from the University of California, Berkeley and a master's degree in public policy from Harvard University.

ANN M. VOLPEL

Ann Volpel, a Senior Research Analyst at the Center for Health Program Development and Management at UMBC, specializes in health plan performance assessment, pharmaceutical pricing and cost containment, Medicaid managed care policy, and encounter data collection and analysis. Ms. Volpel recently completed a study on the application of risk adjustment to assess the quality performance of Medicaid health plans for the Center for Health Care Strategies with funding from the Robert Wood Johnson Foundation. She has conducted studies on pharmaceutical pricing for Medicaid managed care programs and served as lead analyst for the development of an application tracking system for Maryland's Older Adults Waiver.

Ms. Volpel was previously Director of Administrative Services for Chase Brexton Health Services, Inc., a community health center in Baltimore. Before that, she was a presidential management intern with the Health Resources and Services Administration, U.S. Department of Health and Human Services, and a social insurance representative with the Social Security Administration.

Ms. Volpel has a master's degree in public administration from the Maxwell School of Citizenship and Public Policy at Syracuse University. She holds a bachelor's degree in economics from Mount Holyoke College.