

A2HA Fall 2019 Meeting
September 22-24, 2019
Baltimore, Maryland

Speaker Biographies

Jonathan (Jon) Blum has more than 20 years of senior-level experience working in public and private healthcare financing organizations, including the Centers for Medicare and Medicaid Services (CMS).

From 2009-2014, Jon had direct responsibility for administration of the Medicare program, leading the development and implementation of many of the cost-reduction and delivery system improvements that remain in place today and have been adopted by an array of public and private healthcare organizations. These reforms include fundamental changes to the Medicare Advantage program that accelerated its rapid growth, the Accountable Care Organization (ACO) program, bundled-payment initiatives, value-based purchasing, new competitive bid pricing systems, and improvements to the Medicare Part D prescription drug program.

Under Jon's leadership, the Medicare program experienced its lowest sustained period of overall spending and premium growth. He also directed the release of unprecedented levels of Medicare data to make the program more transparent and accountable to the public.

Most recently, Jon was an executive vice president at CareFirst BlueCross BlueShield, overseeing its medical policies, pharmacy benefit, provider networks, and care coordination programs. Earlier in his career, he was a Congressional healthcare staffer to the Senate Finance Committee, a Medicare budget analyst at the White House Office of Management and Budget, and an executive at Avalere Health.

Jon is active on many non-profit boards and health policy advisory councils. He is a graduate of the John F. Kennedy School of Government at Harvard University, where he earned a master's degree in public policy, and the University of Pennsylvania.

Zach Gaumer is an accomplished policy analyst and project manager with nearly 20 years of health policy experience. He possesses a deep understanding of Medicare, healthcare payment systems, federal and state policymaking, healthcare datasets, research methods and policy reform efforts. Zach is a skilled researcher with a passion for answering complicated payment policy questions.

Prior to joining HMA, Zach was a principal policy analyst at the Medicare Payment Advisory Commission (MedPAC). During his tenure at MedPAC, Zach was an expert advisor to U.S. Congressional committee staff on several Medicare payment systems and topics.

Zach is an expert on hospital payment policy, including Medicare's inpatient and outpatient payment systems, non-Medicare hospital payment systems, and recent industry-wide developments. He also has a deep knowledge of industries such as ambulatory surgical centers, urgent care centers, emergency departments, telehealth, and ambulances. In addition to hospital payment systems, Zach has experience working with Medicare's physician fee schedule and ambulance fee schedule. His expertise also includes hospital observation care, stand-alone emergency departments, special payments for new drugs and technologies, special payments for rural hospitals, electronic health records systems, quality

measurement, bundled payment, global budgeting and value-based payment models. His work at MedPAC also exposed him to policy areas including post-acute care, Medicare Advantage, hospice, and end-stage renal disease.

Zach's research and technical skills include policy impact estimation, payment policy modeling and forecasting, Medicare claims and cost report data analysis, private payer data analysis, regulatory and legislative analysis, and qualitative data gathering methods such as structured interviews and surveys. While at MedPAC, Zach also managed junior staff, published two articles in Health Affairs and presented at conferences on behalf of the organization.

Earlier in his career, Zach had positions at other entities analyzing federal and state health policy and health and pension benefits systems including the U.S. Government Accountability Office, where he conducted health policy research and produced reports related to the Medicare Advantage program, Accountable Care Organizations, Medicare's end-stage renal disease program and specialty hospitals.

He also worked for the Massachusetts Health Management Organization Association, researching state legislative and regulatory insurance policy changes and Hewitt Associates (now AON Hewitt) consulting with Fortune 500 companies about their health and pension benefits programs.

Zach has a bachelor's degree from Kenyon College and a Master of Political Studies from Johns Hopkins University with concentrations in health policy and international affairs.

Erika Rogan is Senior Associate Director, Policy at the American Hospital Association, where she manages policy issues related to inpatient payment and rural hospitals, and acts as AHA's liaison to MedPAC. In her prior role as a federal contractor, she conducted program evaluations for numerous government agencies including CMS, FDA, and DoD. Erika holds a PhD in Health Policy and Management from Yale University and her academic research has focused on policies and organizational strategies that address the health of older adults. Erika is also an Adjunct Assistant Professor at Georgetown University.

Nelly Leon-Chisen, RHIA, is the Director of Coding and Classification at the American Hospital Association where she is responsible for leading the AHA Central Office on ICD-10-CM and ICD-10-PCS and Central Office on HCPCS. The AHA Central Office, in cooperation with the Centers for Disease Control and Prevention National Center for Health Statistics (NCHS), the Centers for Medicare and Medicaid Services (CMS) and the American Health Information Management Association (AHIMA), serves as the authoritative source on ICD-10-CM and ICD-10-PCS relative to health care payment systems, statistical reporting, and health services research. She represents the AHA as one of the four ICD-10 Cooperating Parties. She is also the executive editor of AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS and AHA Coding Clinic® for HCPCS, and author of ICD-10-CM and ICD-10-PCS Coding Handbook published by AHA Press.

She has represented the AHA on other national groups such as the CPT-5 Project Advisory Group, Medicare Technical Advisory Group Outpatient Workgroup, ICD-10-PCS Technical Advisory Group, Panel to Evaluate the U.S. Standard Certificates, HEDIS Coding Users Panel, and ICD-10 Coordination and Maintenance Committee. She was co-chair of the Workgroup for Electronic Data Interchange (WEDI)

ICD-10 Implementation Workgroup. She also serves as staff to the AHA representative to the CPT Editorial Panel.

She co-chaired the joint AHA-AHIMA ICD-10-CM Field Testing Project and was the technical lead for the AHA-AHIMA Facility Evaluation and Management (E/M) Code Development Expert Panel. She has over 30 years' experience in the health information management field including consulting, teaching, technical and management experience in hospital medical record departments. She is a Past President of the Chicago Area Health Information Management Association and a recipient of the Professional Achievement Award from the Illinois Health Information Management Association.

She has lectured extensively on coding, DRG and data quality issues throughout the United States and internationally. She has also testified on behalf of the American Hospital Association at numerous National Committee on Vital and Health Statistics hearings on ICD-10-CM and ICD-10-PCS.

She is a Registered Health Information Administrator and holds a B.S. in Medical Record Administration from the University of Illinois at Chicago, and a B.A. in History and English from Northeastern Illinois University in Chicago.

Carol Blackford is the Director of the Hospital and Ambulatory Policy Group in CMS' Center for Medicare. In this role, Carol has responsibility for payment and benefits policy on the acute care side of the Medicare Fee-For Service Program. These payment systems, which account for approximately \$270 billion in Medicare spending, include inpatient and outpatient hospital services, physician services, Part B drugs and laboratory services, and other acute care services and providers.

Prior to her current role, Carol served as the Deputy Director of the Chronic Care Policy Group in CMS' Center for Medicare working on Medicare Fee-For-Service payment policy for a wide range of post-acute care benefits. Carol holds a B.A in Political Science from McDaniel College and a Master's of Public Policy Degree from The College of William and Mary.

Hillary Loeffler is currently the Director of the Division of Home Health & Hospice at the Centers for Medicare & Medicaid Services (CMS). Ms. Loeffler has worked at CMS for the past nine years where she led several key initiatives, including the largest redesign of the home health prospective payment system since its inception and the implementation of a new home infusion therapy benefit. Ms. Loeffler first joined CMS in August of 2010 and initially served as an analyst in the Division of Institutional Post-Acute Care, where she was responsible for several aspects of the Inpatient Rehabilitation Facility prospective payment system.

Prior to CMS, Ms. Loeffler was a Senior Analyst in the Health Care team at the United States Government Accountability Office (GAO) for nearly five years, serving as the project lead on several critical projects related to the Medicare Advantage program, home hemodialysis, and others. Ms. Loeffler holds a Master's degree in Public Policy from the University of Denver and a Bachelor's degree in Political Science and Spanish Studies from the University of Minnesota.

With more than 30 years of experience in federal and state health policy, **Cindy Mann** works with clients to develop and implement strategies around federal and state health reform, Medicaid, the Children's Health Insurance Program, and delivery and payment system transformation. Her clients include states, providers, plans, consumer organizations and foundations.

Before joining Manatt, Cindy was deputy administrator at the Centers for Medicare & Medicaid Services and director of the Center for Medicaid and CHIP Services. Cindy led the administration of Medicaid, CHIP and the Basic Health Program for more than five years during the implementation of the Affordable Care Act. She set federal policy relating to all aspects of the Medicaid program including eligibility, benefits, waiver policy and long term services and supports, supported state program implementation, and coordinated policy and program operations with the Marketplace.

Prior to her appointment at CMS, Cindy was a research professor at the Georgetown University Health Policy Institute. There, she was the founder and director of the Center for Children and Families, focusing on health coverage, financing and access issues affecting low-income populations.

Previously, Cindy was a senior advisor at the Kaiser Commission on Medicaid and the Uninsured. She also was director of the Family and Children's Health Program group at the Health Care Financing Administration, now CMS.

Cindy joined the HCFA from the Center on Budget and Public Policy, where she directed the center's federal and state health policy work. Previously, she worked on these issues in Massachusetts, Rhode Island and New York.

Amy Bassano is the Deputy Director of the Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services. In this position, she directs the development and of implementation of Medicare and Medicaid alternative payment models including accountable care organizations, episodic payments, primary care improvements, and state-based delivery system reforms.

Ms. Bassano has previously held senior management roles across CMS overseeing Medicare fee for service payment systems and delivery system reform initiatives. Ms. Bassano has an M.A. in Policy Studies from Johns Hopkins University and a B.A. in history from Tufts University.

Robert Nelb, MPH, is a principal analyst at the Medicaid and CHIP Payment and Access Commission (MACPAC), where he leads the Commission's work on hospital payment policy. Prior to joining MACPAC, he served as a health insurance specialist at the Centers for Medicare & Medicaid Services (CMS), leading projects related to the Children's Health Insurance Program (CHIP) and Medicaid Section 1115 demonstrations. Mr. Nelb has a master of public health focusing in health management and a bachelor's degree in ethics, politics, and economics from Yale University.

Kathy Reep is Senior Manager, Business Development for PYA. She was recently Vice President/Financial Services with the Florida Hospital Association. Her responsibilities at FHA included monitoring regulatory issues related to Medicare, Medicaid, managed care, Workers' Compensation, and TRICARE, determining their impact on Florida hospitals, and educating the providers in the state about their

implications. She was also responsible for compliance issues related to billing and reimbursement, as well as HIPAA implementation. Kathy has over 35 years' experience in health care.

Prior to joining FHA, Kathy worked with Florida Hospital in Orlando for 18 years. She has held positions in Patients Business, Internal Audit, Systems Management, DRG Management, and as Associate Director of Budget. Prior to leaving Florida Hospital, Kathy held the position of Reimbursement Director. Kathy co-chaired the Outpatient Workgroup of the Medicare Technical Advisory Group with CMS. She is a member of American Health Lawyers Association, HFMA, and AAHAM, and was chairman of the State Uniform Billing Committee and a voting member of the National Uniform Billing Committee. Kathy holds an MBA degree from Rollins College.

Rick Gundling is Senior Vice President, Healthcare Financial Practices, for the Healthcare Financial Management Association. Rick is responsible for overseeing HFMA's technical and content direction, leading the organization's Washington, DC activities, and managing the association's thought leadership efforts. Results of HFMA's policy initiatives have been used by hospitals, rating agencies, regulatory agencies, congressional committees, accounting standard setting bodies, state hospital organizations, and other government and industry leaders. Rick also serves as staff liaison to the HFMA Principles and Practices Board and has written an extensive number of published articles on broad topics within healthcare finance and the healthcare industry.

Prior to joining HFMA, Rick worked at the National Hospital for Orthopaedics and Rehabilitation in many leadership roles. In addition, he was Budget and Reimbursement Analyst for Prince William Hospital Corporation and served as Controller at the Visiting Nurse Association of Northern Virginia. Rick is a Fellow of HFMA, a Certified Management Accountant, and a member of the Institute of Management Accountants.