

The Fifth Annual Health Insurance Exchange Conference

The Individual Market: Strategy for an Uncertain Health Reform Landscape

Co-Sponsored by the Princeton University Center for Health & Wellbeing

Supported by the Robert Wood Johnson Foundation

Speakers and Moderators



Jessica Altman, M.P.P.

Acting Insurance Commissioner, Pennsylvania Insurance Department

Jessica Altman was appointed Acting Insurance Commissioner on August 19, 2017. Prior to this, Ms. Altman served as Chief of Staff for the Pennsylvania Insurance Department alongside former Insurance Commissioner Teresa Miller beginning in June 2015. In this position, Ms. Altman served as the top aide to former Commissioner Miller, oversaw policy initiatives for the agency, and coordinated policy with other state government agencies and external groups.

Ms. Altman represented the department in a number of statewide initiatives including coordinating aspects of Health Innovation in Pennsylvania, which leverages funds from the Centers for Medicare and Medicaid Services' State Innovation Model Initiative and sitting as a board member for ABC-MAP, the Commonwealth's initiative to implement a prescription drug monitoring program. She is also an active member of the National Association of Insurance Commissioners (NAIC), and is vice-chair of the NAIC's subgroup evaluating the definition of quality improvement activities for the medical loss ratio.

Prior to joining the Pennsylvania Insurance Department, Ms. Altman worked at the U.S. Department of Health and Human Services' Center for Consumer Information and Insurance Oversight, where she developed policy and facilitated implementation of the Affordable Care Act. In addition, she analyzed policy for the health division of the White House Office of Management and Budget while completing her master's degree.

Ms. Altman has a Master in Public Policy from the Harvard University John F. Kennedy School of Government and a Bachelor of Science in Policy Analysis and Management, with a concentration in Health Care Policy, from Cornell University.



Joel Ario, J.D., M.Div.

Managing Director, Manatt, Phelps & Phillips, LLP

With 30 years of experience shaping and implementing public health policy at the state and federal levels, Joel Ario provides strategic consulting and analysis on healthcare policies and institutions, with an emphasis on public and private exchange-based marketplaces. He represents state governments, health plans, hospitals, foundations and other entities.

Joel's experience includes two decades of leading health insurance reform efforts for state and federal governments. As director of the Office of Health Insurance Exchanges at the U.S. Department of Health & Human Services, he worked closely with states and other stakeholders to develop the regulatory framework for exchanges, including the rights and responsibilities of states and the federal government in expanding coverage.

On the state level, Joel served as Pennsylvania Insurance Commissioner and Oregon Insurance Commissioner. He also served on the executive committee of the National Association of Insurance Commissioners and was an NAIC officer.

The author of several articles on healthcare reform, Joel serves as an advisor to the Robert Wood Johnson Foundation in support of its State Health Reform Assistance Network, and he is a member of the Leavitt Partners Future Panel.



Nicholas Bagley, J.D.

Professor of Law, University of Michigan Law School

Professor Nicholas Bagley teaches and writes in the areas of administrative law, regulatory theory, and health law. Prior to joining the Law School faculty, he was an attorney with the appellate staff in the Civil Division at the U.S. Department of Justice, where he argued a dozen cases before the U.S. Courts of Appeals and acted as lead counsel in many more. Professor Bagley also served as a law clerk to Justice John Paul Stevens of the U.S. Supreme Court and to the Hon. David S. Tatel of the U.S. Court of Appeals, District of Columbia Circuit. Professor Bagley holds a BA in English from Yale University and received his JD, summa cum laude, from New York University School of Law. Before entering law school, he joined Teach For America and taught eighth-grade English at a public school in South Bronx. Professor Bagley's work has appeared in the Harvard Law Review, the Columbia Law Review, the Georgetown Law Journal, the New England Journal of Medicine, and the Journal of Health Politics, Policy, and Law. His article, "Centralized Oversight of the Regulatory State," which he coauthored with Richard Revesz, was selected as the best article in the field in 2006 by the American Bar Association's Section on Administrative Law and Regulatory Practice. In August 2010, Professor Bagley testified before the U.S. Senate Subcommittee on Administrative Oversight and the Courts about agency capture. In 2012, he was the recipient of the Law School's L. Hart Wright Award for Excellence in Teaching. He is a frequent contributor to [The Incidental Economist](#), a prominent health policy blog.



Tom Baker, J.D.

William Maul Measey Professor of Law and Health Sciences, University of Pennsylvania

Tom Baker is the William Maul Measey Professor of Law and Health Sciences at Penn Law School. His research explores insurance, risk, and responsibility using methods and perspectives drawn from economics, sociology, psychology, and history. He is the co-director of the Health Insurance Exchange Research Group of Penn's Leonard Davis Institute of Health Economics, Reporter for the American Law Institute's Restatement of Liability Insurance Law, and a co-founder of Picwell, a health data analytics company that helps people pick the best health plan. In 2013 he received the Robert B. McKay award, a lifetime scholarly achievement award given by the Tort Trial and Insurance Practice Section of the American Bar Association. His B.A. and J.D. are from Harvard University.



Michael Conway

Deputy Commissioner of Insurance, Consumer and Compliance Services, Colorado Division of Insurance

Michael Conway formerly served as an Assistant Attorney General for the state of Colorado. In that role, he represented the Colorado Division of Insurance and has extensive experience with complex administrative law issues and litigation. In March of 2016, Commissioner Salazar recruited Michael to the Division to serve as Deputy Commissioner of Insurance. In his role as Deputy Commissioner, Michael heads six separate sections within the Division including the Life and Health Consumer Affairs Section and the Life and Health Rates and Forms Section.



Sabrina Corlette, J.D.

Research Professor, Center on Health Insurance Reforms

Sabrina Corlette is a Research Professor at the Center on Health Insurance Reforms (CHIR) at Georgetown University's Health Policy Institute. At CHIR she directs research on health insurance reform issues. Her areas of focus include state and federal regulation of private health insurance plans and markets and evolving insurance market rules. She provides expertise and strategic advice to individuals and organizations on federal and state health insurance laws and programs and provides technical support through the publication of resource guides, white papers, issue briefs, blogs and fact sheets. She has published numerous [papers](#) relating to the regulation of private health insurance and health insurance marketplaces. She also serves on the Standards Committee for the National Committee for Quality Assurance (NCQA) and on the CDC's Public Health-Health Care Collaboration Work Group.

Prior to joining the Georgetown faculty, Ms. Corlette was Director of Health Policy Programs at the National Partnership for Women & Families, where she provided policy expertise and strategic direction for the organization's advocacy on health care reform, with a particular focus on insurance market reform, benefit design, and the quality and affordability of health care.



Matthew Fiedler, Ph.D.

Fellow, USC-Brookings Schaeffer Initiative, Economic Studies, Brookings Institution

Matthew Fiedler is a fellow with the USC-Brookings Schaeffer Initiative on Health Policy in Brookings' Economic Studies Program. His research examines a range of topics in health care economics and health care policy. Prior to joining the Brookings Institution in January 2017, Fiedler served as Chief Economist of the Council of Economic Advisers, where he oversaw the Council's work on health care policy, including both health insurance policy and provider payment policy. Fiedler holds a Ph.D. in economics from Harvard University and a B.A. in mathematics and economics from Swarthmore College.



Joseph Fitzpatrick

Supervisor, Maryland Insurance Administration

Joseph Fitzpatrick is a supervisor in the Maryland Insurance Administration's ("MIA") Compliance and Enforcement Unit who presently represents the MIA as an ex-officio member of the Maryland Health Benefit Exchange's standing advisory committee and as agency designee to the Maryland Health Insurance Protection Commission. Joseph has adapted the regulatory skills he developed as a market conduct examiner and now reviews ACA-related policy issues for senior staff and prepare written recommendations to State officials, health care industry leaders, and the general public concerning private health insurance reform. Joseph was born and raised in Baltimore, MD where he received his Master's in Public Administration from the University of Baltimore. He devotes his not-so-spare time to his fiancé and their menagerie of pets as well as advocating for public skateparks as vice president of the Skatepark of Baltimore, a 501(c)(3) non- profit organization.



Cheryl Smith Gardner

CEO, beWellnm

Cheryl Smith Gardner is the CEO of beWellnm, New Mexico's state-based health insurance exchange. She brings to beWellnm applied experience in the area of health insurance exchanges, having played a central role in establishing both the Arkansas Health Insurance Marketplace (AHIM) and the Utah Health Exchange (UHE, now Avenue H) in addition to working as a consultant on a number of other state exchanges. Cheryl combines this functional knowledge and experience with a notable background in health policy, strategic management, and program administration.

Prior to beWellnm, Cheryl worked as the Executive Director of AHIM, as a Senior Practitioner at Deloitte Consulting, as a director in the Health Insurance Exchange practice at Leavitt Partners, and in the Utah Governor's Office of Economic Development as the Director of Policy and Strategy of the Utah Health Exchange office.

Her leadership and expertise in the area of insurance exchanges and health system reform often draws national attention as she is frequently cited in a number of respected publications including the Washington Post, Politico, The Wall Street Journal, USA Today, and the New York Times. Cheryl is a highly sought after public speaker and has participated multiple times as a presenter, panelist, or moderator at a number of national conferences including those sponsored by the National Conference of State Legislatures (NCSL), the Republican Governors Association (RGA), the National Conference of Insurance Legislators (NCOIL), and America's Health Insurance Plans (AHIP).



Mike Geruso, Ph.D.

*Assistant Professor, Economics, University of Texas at Austin
NBER Faculty Research Fellow*

Prof. Geruso's research focuses on selection and payment regulation in US health insurance markets. He has used publicly available and large-scale administrative datasets to investigate upcoding by physicians, imperfect competition in Medicare Advantage markets, cream skimming by plans in ACA Health Insurance Marketplaces, and spending and quality heterogeneity among Medicaid Managed Care plans. His work has been featured in the New York Times, the Wall Street Journal, NPR, and the Economist magazine. His research has been funded by the National Institutes for Health and the Robert Wood Johnson Foundation.



Abbe Gluck, J.D.

Professor of Law and Faculty Director of the Solomon Center for Health Law and Policy, Yale Law School

Abbe R. Gluck is a Professor of Law and the Faculty Director of the Solomon Center for Health Law and Policy at Yale Law School. She joined Yale Law School in 2012, having previously served on the faculty of Columbia Law School. She is an expert on Congress and the political process, federalism, civil procedure, and health law, and is the chair emerita of Section on Legislation and the Law of the Political Process for the Association of American Law Schools. Gluck has extensive experience working as a lawyer in all levels of government. Prior to joining Columbia, she served in the administration of New Jersey Governor Jon Corzine as the special counsel and senior advisor to the New Jersey Attorney General; and in the administration of New York City Mayor Michael Bloomberg, as chief of staff and counsel to the Deputy Mayor for Health and Human Services, senior counsel in the New York City Office of Legal Counsel, and deputy special counsel to the New York City Charter Revision Commission. Prior to law school, she worked in the U.S. Senate for Senator Paul S. Sarbanes of Maryland. Before returning to government work after law school, Professor Gluck was associated with the Paul Weiss firm in New York.

She earned her B.A. from Yale University, summa cum laude, and her J.D. from Yale Law School. Following law school, she clerked for then-Chief Judge Ralph K. Winter on the U.S. Court of Appeals for the Second Circuit, and for U.S. Supreme Court Justice Ruth Bader Ginsburg. Gluck's scholarship has been published in the Yale Law Journal, the Harvard Law

Review, the Stanford Law Review, the Columbia Law Review, the New England Journal of Medicine, Health Affairs, and many other journals. Among her most recent work is the most extensive empirical study ever conducted about the realities of the congressional law-making process (published in the Stanford Law Review) and the Harvard Law Review's Supreme Court issue comment on *King v. Burwell*, the 2015 challenge to the Affordable Care Act. She also served as co-counsel on a Supreme Court brief in both *King* and the 2012 ACA challenge, *NFIB v. Sebelius*. Professor Gluck currently serves on numerous boards and commissions, including as an appointed member of both the Uniform Law Commission and the New York State Taskforce on Life and the Law, and as an elected member of the American Law Institute. In 2015, Gluck received the Law School's teaching award.



Mark Hall, J.D.

Fred D. and Elizabeth L. Turnage Professor of Law, Wake Forest University

Mark Hall is one of the nation's leading scholars in the areas of health care law, public policy, and bioethics. The author or editor of twenty books, including *Making Medical Spending Decisions* (Oxford University Press), and *Health Care Law and Ethics* (Aspen), he is currently engaged in research in the areas of health care reform, access to care by the uninsured, and insurance regulation.

Prof. Hall has published scholarship in the law reviews at Berkeley, Chicago, Duke, Michigan, Pennsylvania, and Stanford, and his articles have been reprinted in a dozen casebooks and anthologies. He also teaches in the University's Graduate Programs for Bioethics and its M.B.A. program, and he is on the research faculty at the Medical School. Prof. Hall regularly consults with government officials, foundations, and think tanks about health care public policy issues.



Scott Harrington, Ph.D.

Alan B. Miller Professor of Health Care Management and Chair, Health Care Management Department and Director, Wharton/Penn Risk and Insurance Program, Wharton School of the University of Pennsylvania

Scott E. Harrington is the Alan B. Miller Professor of Health Care Management and Business Economics and Public Policy and chair of the Health Care Management Department at the University of Pennsylvania's Wharton School. He is also a Senior Fellow with the Leonard Davis Institute for Health Economics and an Adjunct Scholar for Health Policy at the American Enterprise Institute. A frequent speaker on health insurance reform and insurance markets and regulation, he has conducted research, consulted, or served as an expert for many organizations. He has testified before the U.S. House and Senate on numerous occasions, including testimony on Affordable Care Act CO-OPs and rate review. His recent research has focused on the ACA's impact on health insurance markets and regulation. He teaches courses on the U.S. health care system, health care finance, and empirical methods in health economics and health services research.



Kathy Hempstead, Ph.D.

Senior Advisor, Robert Wood Johnson Foundation

Katherine Hempstead is a Senior Advisor in the Policy Unit of the Robert Wood Johnson Foundation, where much of her work involves coverage, access to care. In addition, Hempstead works on issues related to health care delivery and value. Her approach to grant-making is motivated by a desire to increase data availability for the research community and other stakeholders. She joined the Foundation in 2011 as a senior program officer in the Research and Evaluation unit.

Previously, Hempstead was director of the Center for Health Statistics in the New Jersey Department of Health and Senior Services. She also served as statistician/analyst in the Office of the Attorney General, New Jersey Department of Law and Public Safety. She formerly served on the faculty at the Rutgers Center for State Health Policy, where she currently holds a visiting appointment. Born in New Jersey, Hempstead received a PhD in Demography and History from the University of Pennsylvania.



Ryan High, J.D.

Chief Operations Officer, Silver State Health Insurance Exchange

Ryan High joined the Silver State Health Insurance Exchange as the Chief Operations Officer in October of 2016. Ryan came to the Exchange after two years at the City of Reno working on strategic initiatives and performance measures in the city manager's office. Prior to the City of Reno, Ryan spent six years at the Nevada Secretary of State's office where he held the position of Help America Vote Act (HAVA) Administrator overseeing the state's statewide voter registration list and voting machine contract before being appointed Deputy Secretary for Operations. As Deputy Secretary for Operations, Ryan's primary responsibilities were supervising the finance and IT departments where he was responsible for managing the office's biennial budget and IT projects.

Ryan has a Bachelor of Arts in English from Loyola University in Maryland, and a Juris Doctor degree from the University of the District of Columbia School of Law. Additionally, Ryan completed the State of Nevada's Certified Public Manager's program in 2013.



Allison K. Hoffman, J.D.

Professor of Law, University of Pennsylvania Law School

Allison Hoffman, an expert on health care law and policy, is a Professor of Law at University of Pennsylvania Law School. Professor Hoffman's work examines some of the most important legal and social issues of our time, including health insurance regulation, the Affordable Care Act, Medicare and retiree healthcare expenses, and Medicaid and long-term care. She is co-editor of the Oxford Handbook of U.S. Health Law (2007).

Professor Hoffman graduated summa cum laude from Dartmouth College and from Yale Law School, where she was Submissions Editor for the Yale Journal of Health Policy, Law, and Ethics. She currently teaches classes on Health Care Law and Policy, Torts, and a seminar on Health Insurance and Reform and is the Chair of the Insurance Law Section of the Association of American Law Schools.

Professor Hoffman has extensive experience working as a lawyer and business consultant in the health care industry. She practiced law at Ropes & Gray, LLP, where she counseled clients on health care regulatory matters. She has also provided strategic business advice to health care companies as a consultant at The Boston Consulting Group and The Bridgespan Group. Immediately prior to joining the faculty at UCLA, she was a fellow at Harvard's Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics.

Professor Hoffman and her research have been featured on Jotwell, twice recognized in Tax Notes as an employee benefits law review article of the year, cited by the D.C. Circuit, featured in a policy brief by Rand Corporation, and cited by various media outlets, including The New York Times, The Huffington Post, the Wall Street Journal, Reuters, Morningstar, CNBC, the New York Daily News, and Marketplace by American Public Media.



Danielle Holahan, M.P.H.

Deputy Director, NY State of Health

Danielle Holahan is Deputy Director of the New York State of Health, New York's Health Plan Marketplace. Ms. Holahan joined the Marketplace team in April 2011 during its early planning stages. She plays a lead role in the development and operation of the Marketplace, providing direction for the Marketplace's research and analysis, development of policy options and recommendations, management of the U.S. Department of Health and Human Services' Exchange certification process, and management of federal Marketplace grants. From 1999 to 2011, Ms. Holahan worked at the United Hospital Fund of New York, where she was Co-Director of the Fund's Health Insurance Project. From 1994 to 1997, Ms. Holahan worked at AARP's Public Policy Institute in Washington, D.C. where her work focused on analysis of state and federal legislation pertaining to the Medicaid program. Ms. Holahan holds a Bachelor of Arts from Franklin & Marshall College and a Master of Public Health from Columbia University's Joseph L. Mailman School of Public Health.



Heather Howard, J.D.

*Lecturer in Public Affairs at Princeton University's Woodrow Wilson School
Director of the State Health Reform Assistance Network*

Heather Howard is a Lecturer in Public Affairs at Princeton University's Woodrow Wilson School, where she teaches courses on implementation of the ACA, state and local health policy, public health and politics, and the social determinants of health. She is also Director of State Health and Value Strategies, a Robert Wood Johnson Foundation initiative providing technical assistance to states implementing health reforms. She served as New Jersey's Commissioner of Health and Senior Services from 2008-2010, overseeing a cabinet-level agency with a budget of \$3.5 billion and staff of 1,700. She also has significant federal experience, having worked as Senator Jon Corzine's Chief of Staff, as Associate Director of the White House Domestic Policy Council and as Senior Policy Advisor for First Lady Hillary Clinton, as an Honors Attorney in the U.S. Department of Justice's Antitrust Division Health Care Task Force, and for the U.S. House of Representatives. Ms. Howard received her J.D. cum laude from New York University School of Law, serving a judicial clerkship with Judge Martha Craig Daughtrey of the U.S. Court of Appeals for the Sixth Circuit, and her B.A. cum laude from Duke University.



Pinar Karaca Mandic, Ph.D.

Associate Professor of Finance, Carlson School of Management, University of Minnesota

Pinar Karaca-Mandic teaches healthcare marketplace and healthcare finance. She is a Research Associate at the National Bureau of Economic Research in Health Economics and Healthcare programs. She also serves as an Associate Editor of the Forum for Health Economics and Policy, and an Editorial Board Member for the International Journal of Health Economics and Management. She represents the University of Minnesota in the Health Care Cost Institute's Academic Advisory Panel.

Her research focuses on health insurance benefit design, health care regulations, insurance markets, pharmaceutical use, and medical technology diffusion. Dr. Karaca-Mandic's research has been published in leading economics, medical and health policy journals including the Journal of Political Economy, Journal of Risk and Insurance, Journal of Health Economics, Journal of the American Medical Association, British Medical Journal, Health Services Research, and Health Affairs. Her research has been funded by the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, Health Resources and Services Administration, and the Robert Wood Johnson Foundation. She recently completed an NIH-funded career grant through which she has built a research agenda to understand the mechanisms underlying the diffusion of new medical technologies. She currently leads an NIH Bridge Award to study uptake of clinical evidence by providers focusing on de-adoption of treatments that are shown to be ineffective or harmful.

Prior to joining the Carlson School faculty, Karaca-Mandic was Associate Professor of Health Policy and Management at the University of Minnesota's School of Public Health. She holds a Ph.D. in Economics from University of California at Berkeley, and B.A. in economics and mathematics, and a concentration in public policy from Swarthmore College.



Jeanne Lambrew, Ph.D.

Senior Fellow, The Century Foundation

Jeanne Lambrew is a senior fellow at The Century Foundation and an adjunct professor at the NYU Wagner Graduate School of Public Service. Her writing, research, and teaching focus on policies to improve health care access, affordability, and quality.

Previously, she worked in the Obama Administration. In the first two years, she was the director of the Office of Health Reform at the U.S. Department of Health and Human Services (HHS). In that role, she coordinated work toward passage and the implementation of the Affordable Care Act (ACA). From 2011 to January 2017, she worked at the White House as the deputy assistant to the president for health policy. In that capacity, she helped ensure execution of the president's health policy agenda including implementation and defense of the ACA. Her portfolio also included policy regarding Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and public health. She helped to develop positions on legislation and executive actions, direct special projects and analyses, review regulations, manage short-term challenges, set the long-term agenda, and coordinate work with key departments.



Peter V. Lee, J.D.

Executive Director, Covered California

Peter V. Lee is the executive director of Covered California, the first health exchange created after enactment of the Affordable Care Act. Since joining Covered California in 2011, Lee oversaw the creation and launch of the Covered California brand as well as an on-line platform that allows consumers to shop for and buy affordable health insurance. In the first year, Covered California enrolled 1.4 million people -- more than any other exchange in the nation.

With a \$300 million budget and more than 1,000 employees, Lee oversees negotiations with health plans to bring quality, affordable health insurance products to market as well as outreach and marketing efforts to promote enrollment. Increasingly, Lee is working to advance the broader mission of Covered California: improving health care quality, lowering costs and reducing health disparities.

Prior to joining the exchange, Lee held leadership positions in Washington, D.C. in the Obama Administration working on health care delivery reform and quality improvement as the Director of Delivery System Reform for the Office of Health Reform for Health and Human Services and Deputy Director for the Center for Medicare and Medicaid Innovation at the Centers for Medicare and Medicaid Services. Previously, he was Executive Director of the Center for Health Care Rights, a consumer advocacy organization based in Los Angeles, and Director of Programs for the National AIDS Network, working on health care issues in Washington, D.C. in the 1980s. Lee received his law degree from the University of Southern California and his undergraduate degree from the University of California at Berkeley.



Michael Morrissey, Ph.D.

*Professor and Head of the Department of Health Policy & Management,
Texas A&M University School of Public Health*

Michael Morrissey, a health economist, is professor and head of the Department of Health Policy & Management at the Texas A&M University School of Public Health. His research interests have focused on employer-sponsored health insurance and on the effects of legislation and regulation in health and health care. He is the author of the textbook, *Health Insurance*, now in its 2nd edition (Health Administration Press, 2014), four other books, and more than 200 papers on health economics and health policy. Dr. Morrissey's insurance research is currently examining the functioning of the insurance exchanges. His work on the effects of regulation and legislation has focused on medical malpractice and motor vehicle safety. Dr. Morrissey is an adjunct scholar at AEI, a fellow of the Employee Benefits Research Institute, a visiting scholar at the Leonard Davis Institute of Health Economics, and a professor emeritus of economics at the University of Alabama at Birmingham (UAB). He is the treasurer of the American Society of Health Economists and for 10 years was an officer of the International Health Economics Association. Dr. Morrissey was the first recipient of the John Thompson Young Investigator Award in Health Services Research, given by the Association of University Programs in Health Administration. Before joining Texas A&M in 2014, he was a professor of health economics at UAB and director of the Lister Hill Center for Health Policy. Prior to that he was senior economist with the American Hospital Association in Chicago. He holds a Ph.D. in economics from the University of Washington.



Stacey Muller, F.S.A., M.A.A.A.

Principal and Consulting Actuary, Milliman, Inc.

Stacey is a principal and consulting actuary located in the Milwaukee office of Milliman. She joined the firm in 1995 and has more than 25 years of consulting experience. Stacey's area of expertise is health care programs, both group and individual plans, with an emphasis on HMOs, PPOs, and other managed care systems. She assists clients in the areas of pricing, experience analysis, estimation of reserves, and development of capitations. She has experience with commercial and Medicare populations.

Stacey has also worked extensively with employers in designing, evaluating, and implementing health and welfare benefits. Her experience includes work with both private and public entities. She assists in retiree medical valuations, claim estimation and projections, plan design, and employee contribution development.

Stacey also works with clients to develop and price emerging product and market reforms including health savings account programs and Affordable Care Act compliant policies for insurance companies and third-party administrators. She has worked with state agencies and industry associations to model the population and cost impact analysis anticipated with the health benefit exchanges as the Affordable Care Act was being implemented.

Stacey served as the co-leader for managing the RWJF Actuarial Challenge. She coordinated the submissions, judging and modeling of the papers.



Jim O'Connor, F.S.A., M.A.A.A
Principal, Consulting Actuary, Milliman

Jim has considerable experience consulting in individual health and employer group insurance as well as managed healthcare programs. He specializes in individual medical and small group insurance with particular focus on health care reform and policy issues. His product knowledge encompasses all types of health insurance plans. He has been very involved assisting clients and others regarding the requirements and impact of health care reform, the Affordable Care Act (ACA), and other proposals. He also has considerable experience with pricing, profitability and experience analyses, reserves analysis and financial reporting, state insurance department filings, and various product compliance issues.

Jim has provided consulting services to the National Association of Insurance Commissioners (NAIC), numerous states, insurance carriers, and industry groups regarding small employer and individual health insurance regulation, health care reform initiatives, plan design, reinsurance programs, and pricing issues. He was retained by the NAIC to help develop the credibility adjustment factors used in the ACA MLR calculations, as well as researching the use of stop-loss reinsurance for self-funded employers. He has worked with the Robert Wood Johnson Foundation in the creation and management of the RWJF Actuarial Challenge. Jim is also assisting states with their ACA Section 1332 applications. Jim has made numerous presentations and has written articles on the ACA and the individual and small group markets. He has also been interviewed frequently by various media regarding health care reform issues.



Stephen T. Parente, Ph.D., M.P.H., M.S.
Minnesota Insurance Industry Chair of Health Finance in Carlson School of Management
Director of the Medical Industry Leadership Institute at the University of Minnesota

Stephen T. Parente is the Minnesota Insurance Industry Chair of Health Finance in Carlson School of Management and the Director of the Medical Industry Leadership Institute at the University of Minnesota. As a Professor in the Finance Department, he specializes in health economics, information technology, and health insurance. Dr. Parente has been the principal investigator on large funded-studies regarding consumer directed health plans, health information technology and health policy micro-simulation. He served as the Governing Chair of the Health Care Cost Institute. Dr. Parente was been nominated in 2017 to serve as the Assistant Secretary of Planning and Evaluation at the Department of Health and Human Services. He is the Founding Director of the Medical Valuation Laboratory, a nine college interdisciplinary effort to accelerate medical innovation from scientists, clinicians and entrepreneurs. Dr. Parente was a health policy advisor for the McCain 2008 Presidential Campaign and served as Legislative Fellow in the office of Senator John D. Rockefeller IV (D-WV) in 1992/93. He has a doctorate from Johns Hopkins University.



Kevin Patterson

Chief Executive Officer, Connect for Health Colorado Health Insurance Exchange

Kevin Patterson was named permanent Chief Executive Officer of Connect for Health Colorado in November 2015, after serving five months as the organization's Interim Chief Executive Officer. He also served on the Connect for Health Colorado Board as an ex-officio member from May 2013 to December 2014. Previously Mr. Patterson served as chief administrative officer and interim chief of staff to Gov. John Hickenlooper and has an extensive history of public service. He has served as the interim executive director of three state agencies during leadership transitions, the Governor's Office of Information Technology, the Colorado Department of Local Affairs and the Governor's Energy Office. Additionally, he has held leadership roles for the city and county of Denver.



Phil Poley

Managing Director, Health Insurance Exchange and Medicaid Managed Care, Accenture Consulting

Phil Poley is a managing director in Accenture's Health and Public Service group where he leads the health insurance exchange and Medicaid managed care practices. Over his 20-year career in healthcare, Phil has worked with payers, providers and public sector agencies to optimize performance and outcomes in public sector health programs. Prior to joining Accenture, Phil spent 12 years in Massachusetts state government supporting Medicaid in a variety of roles, and served as chief operating officer of the MassHealth program from 2007-2010. Within Accenture, he has held leadership roles on all of the firm's health insurance exchange projects. He has led engagements with a number of Medicaid managed care organizations, spanning front-end consumer engagement and back-office operations and compliance. He holds a bachelor of arts in political science from Duke University and a master's degree in public policy from Tufts University.



Mark Shepard, Ph.D.

Assistant Professor, Harvard Kennedy School

Mark Shepard is an economist and an assistant professor at Harvard Kennedy School of Government. His main research studies health insurance markets and competition, particularly in public programs for low-income people. He has written several papers studying Massachusetts' pioneer health insurance exchange and is engaged in ongoing work studying Medicaid managed care programs. He is also interested in industrial organization issues in health care more broadly.

He received his PhD in economics from Harvard University in 2015. He was a Post-doctoral Fellow (in Aging and Health Economics) at the National Bureau of Economic Research in the 2015-16 academic year before starting as an assistant professor in 2016-17. Before graduate school, he received an A.B. in applied math from Harvard College (2008) and spent a year working at the Brookings Institution's Engelberg Center for Health Care Reform (2008-09).

**Andy Slavitt**

Senior Policy Advisor, Bipartisan Policy Center

Former Acting Administrator, Centers for Medicare & Medicaid Services

Andy Slavitt has decades of private and public sector leadership in health care. Over his career, Andy has shaped some of the most significant and successful initiatives in health care impacting millions of Americans and the shape of the health care system. For the last two years, he served as the Acting Administrator for the Centers for Medicare & Medicaid Services (CMS) under President Obama, overseeing the Medicaid, Medicare, the Children's Health Insurance Program, and the Health Insurance Marketplace, where he also oversaw the healthcare.gov turnaround in 2013. Under his leadership, the U.S. health care system saw record reductions in the uninsured rate, nationwide improvements in quality, record low cost growth, and a major resurgence in value-based payment models.

From 2003 to 2013, Andy worked at UnitedHealth Group, eventually serving as the Group Executive Vice President for Optum. Andy founded and served as CEO of HealthAllies, a technology-based consumer health care company, was also a consultant with McKinsey & Company, and an investment banker with Goldman Sachs. Andy was named one of the 10 most influential people in health care in 2016 by Modern Healthcare magazine, was featured in Politico's 50 Ideas Blowing Up Politics, and he received the American Medical Association's Dr. Nathan Davis Award for Outstanding Government Service.

Andy is a Senior Advisor with the Bipartisan Policy Center. His opinion pieces have been published in the Washington Post, Politico, JAMA and U.S. News and he writes a regular column for USA Today, where is a member of the Board of Contributors. He is also a frequent guest on health care topics on CNN, MSNBC, CNBC, and Fox News.

Andy lives in Minnesota with his family. He is a graduate of the Wharton School and The College of Arts & Sciences at the University of Pennsylvania, and received an MBA from Harvard Business School.

**Pietro Tebaldi, PhD**

Assistant Professor, Economics, University of Chicago

Pietro Tebaldi's fields of interest include industrial organization, applied microeconomic theory, health economics, and insurance markets. His current research projects are focused on the impact of public regulations on private health insurance markets. He develops new empirical methodologies and uses recent datasets to evaluate current programs and also inform and guide future policy. His most recent scholarly work evaluates the Patient Protection and Affordable Care Act by estimating consumer demand and assessing how subsidies affect insurers' costs and market power.

Tebaldi is the co-author of research studies that have been published in the American Economic Review: Papers and Proceedings and the Stata Journal. He received a BA and MSc in economic and social sciences from Bocconi University in Milan, Italy, and a PhD in economics from Stanford University. Prior to earning his doctorate, he collaborated with faculty in the Department of Biostatistics at the Harvard School of Public Health.



Robert Town, Ph.D.

James L and Nancy Powell Centennial Professor of American Economic Principles

The University of Texas at Austin

Bob Town is a Professor of American Economic Principles at the University of Texas Austin. Dr. Town's research focuses on health economics, industrial organization and applied econometrics. His work focuses on intersection of government policy and provider and insurer competition in the health care marketplace. Dr. Town has studied the role of network formation in hospital competition, the role of competition in determining hospital quality, the policy impact of the Medicare HMOs, the measurement of hospital quality, health care market dynamics, and the appropriate competition policy in health care and health insurance markets. He is also Research Associate at the National Bureau of Economic Research in Cambridge, MA.