

***Cathy Homkey, Principal, Albany, NY***

Cathy Homkey is a health system transformation expert with extensive knowledge and experience in designing, implementing and refining service delivery innovations, including value-based purchasing and Delivery System Reform Incentive Payment (DSRIP) programs. She has a proven history of effectively engaging hospitals, physician practices, behavioral health providers, community-based organizations, government, patients, and payers and aligning strategies and solutions across partners to achieve long-term success.

Cathy has been providing strategic support to Washington State Accountable Communities of Health (ACHs.) As part of the Washington state Medicaid Transformation Demonstration, each ACH is tasked with developing and implementing projects aimed at transforming the Medicaid delivery system. Cathy has provided project plan design, technical assistance, financial modeling, and community-wide, multi-sector engagement and facilitation to develop regional strategies for population health management.

Prior to joining HMA, Cathy served six years as CEO for the Adirondack Health Institute (AHI), a nonprofit joint venture including four hospitals and a federally qualified health center, focused on reforming the delivery system within the rural nine-county Adirondack Region in upstate New York. In collaboration with Medicaid, Medicare and seven commercial payers, she launched the Adirondack Medical Home Pilot, one of eight nationally recognized as a Multi-Payer Advanced Primary Care Practice Demonstration. Successfully elevating the quality of care, improving the patient experience and reducing costs, the pilot paved the way for a new clinically integrated accountable care organization (ACO) and the New York State health home care management initiative.

Focused on population health management, Cathy transitioned the AHI clinical and rural health network to a performing provider system (PPS), doubling unique partners within one year to 1,400. She secured a \$2.1 million DSRIP planning grant and \$187 million in DSRIP funding over five years to convene stakeholders, overhaul governance, and establish a leadership and operational framework that ensures both system accountability and partner-level performance.

Cathy also restructured and nurtured the growth of AHI, executing a progressive five-year strategic plan that resulted in expansion of board membership; a focused and balanced portfolio in three programmatic areas – community health services, health systems transformation and administrative services; and growth in annual revenue by more than \$7 million.

Cathy earned her bachelor's degree in accounting from Trinity College. She has served on the New York Rural Health Council, New York State Health Foundation Community Advisory Committee, and Adirondacks ACO Board of Directors.

***Hope Plavin, Senior Consultant, Albany, NY***

Hope A Plavin has over 34 years of experience with health system planning, design and implementation. While with the NYS Senate Finance Committee, she served as the budget analyst for the Departments of Health, Social Services, Aging and Children and Families. At the New York State Department of Health Hope was responsible for a wide array of initiatives and responsibilities including helping to craft a proposal to provide universal health care for all New Yorkers (UNY\*Care). She also spent more than a decade with the AIDS Institute – working on issues ranging from quality oversight, to harm reduction initiatives to development of HIV Special Needs Plans. Her public health experience ranges from environmental health to the role of county health clinics to development of a coordinated state response to H1N1 to NYS’s proposals to address an epidemic of obesity in the State. She also created and managed implementation of a Governor’s initiative to create a multi-sector response to community health that engaged a diverse set of constituencies including public safety, education, public health and mental health, code enforcement and education to bring a cohesive and integrated set of interventions and services to communities and individuals most at risk of adverse outcomes. While with the Office of Quality and Patient Safety she drafted regulations guiding implementation of New York’s All Payer Claims Data Base and Statewide Health Information Network of New York.

While with the New York State Department of Health Ms. Plavin was responsible for development of an agency-wide strategic plan – used by the Commissioner of Health for Priority setting and budget development and by the Department to fulfill requirements for Public Health accreditation. In February 2015, The New York State Department of Health obtained accreditation by the Public Health Accreditation Board which demonstrates that our department meets national standards for public health agencies and helps us pursue our vision for promoting the health of all New Yorkers

As Director of New York State’s Innovation Center – responsible for implementation of the State’s \$100M State Innovation Model (SIM) testing grant Ms. Plavin led the State’s efforts to transform the health delivery system to promote, support and incent primary care as the crux of health promotion and care, wellness and management of chronic conditions. In this role, she facilitated numerous senior level meetings; created, implemented and facilitated numerous task forces (workforce, HIT, primary care and an overarching body, the Innovation Council which as comprised of external leaders from throughout the State representative of payers, providers and consumers. Her expertise is broad and includes experience working in the following areas: primary care; value based payment models; HIV prevention and treatment; Medicaid strategies and waivers; DSRIP; social impact bonds; and creating community collaborations to promote health.

Hope received her B.A. in Economics from the State University of New York at Stony Brook; an M.P.A. from Rockefeller College, State University of New York at Albany and an M.S. in Health Care Delivery Science from Dartmouth College. Hope has also completed professional education courses at the Kennedy School, Harvard University.

### **Ellen Breslin, Principal, Boston, MA**

**Ellen Breslin** has more than 30 years of experience in health care policy and financing. With colleagues, she has worked for and in many states including for Connecticut, where she

developed a cost and market impact review (CMIR) analysis; in New York, where she created a delivery system reform incentive payment (DSRIP) model for a provider-led entity; and, for Pennsylvania, where she developed the cost model for the state innovation model (SIM) grant. Breslin was the first director of the Managed Care Reimbursement and Analysis for MassHealth, where she developed and negotiated all key financial provisions such as capitation rates and risk-sharing provisions with all managed and integrated health plans including the Senior Care Options (SCO) program in Massachusetts. Prior to that, Breslin was a principal analyst for the U.S. Congressional Budget Office (CBO), where she worked on national health care reform and wrote reports and testimony for the Congress. Breslin has a portfolio of publicly-available reports on a variety of topics including financing for long-term services and supports (LTSS); risk adjustment for Medicaid and Medicare (duals) individuals participating in the Financial Alignment Demonstration (FAD); autism coverage; chart packs on Medicaid populations based on MassHealth data. Breslin's recent work includes a project for Minnesota involving a comprehensive examination of health disparities and costs in the Medicaid population that accounts for the social determinants of health (SDOH); and, a state health policy brief for the Robert Wood Johnson Foundation describing what states can do to integrate SDOH into payment and quality improvement policies. She received her master's degree in public policy from Duke University.

#### ***Cara Henley, Senior Consultant, Albany, NY***

A New York State policy expert, Cara Henley provides leadership and guidance on the impact of state and federal statutory and regulatory activity on operational decision making. She offers clients detailed knowledge of Medicaid reform, the Delivery System Reform Incentive Payment program, Medicare payment requirements, and requirements for Medicaid managed care organizations.

In over 8 years with the Healthcare Association of New York State (HANYS), Cara evaluated the rules impacting contractual entities and providers, including accountable care organizations, independent practice associations, health plans, hospitals and physicians. She led the analysis on the Medicaid Managed Care final rule and directed the implementation and roll-out of the Medicaid Redesign Team's Care Management for All initiative – including the transition of behavioral health and long-term care populations from Medicaid fee-for-service to managed care programs. Cara provided hospitals and health systems with operational and financial support, including strategic team building on denials management, revenue cycle management, contracting, regulatory compliance, and other best practices related to relationships with managed care entities.

#### ***Tom Dehner, Managing Principal, Boston, MA***

Tom Dehner is a managing principal in HMA's Boston office, providing assistance to states, health plans, providers, and foundations in the areas of Medicaid policy and operations, health reform implementation, and strategic planning. Before joining HMA, Tom was the director of the Commonwealth of Massachusetts Medicaid program, known as MassHealth, overseeing a health

insurance program that covered 1.1 million members, with a \$9 billion budget and a workforce of over 800. In this role, Tom led implementation and federal approval of the Medicaid-related components of the Massachusetts healthcare reform law. In addition to his duties as Medicaid Director, Tom served as a member of the board of the Commonwealth Health Insurance Connector, the public entity charged with facilitating implementation of the commonwealth's healthcare reform effort to make available affordable health insurance to all residents of Massachusetts. Tom was also a member of the council of the Massachusetts e-Health Institute, a public corporation created to advance the dissemination of health information technology across the commonwealth.

***David Bergman, Principal, New York City, NY***

David M. Bergman has nearly 20 years of experience in for-profit, government, non-profit, and academic healthcare settings. Since joining HMA, David has worked on projects including delivery of support for the IT infrastructure for a consortium of community based organizations who are working as part of the NYS DSRIP project to address social determinants of health. Additionally, he is leading efforts in Delaware to assess and address barriers to health IT adoption among behavioral health providers as part of a state-wide effort to integrate behavioral health and primary care.

Prior to HMA founded Healthcare Intelligence Partners, a health IT strategy consulting practice specializing in integration efforts for populations with complex care needs. In that capacity, he worked with hospitals, community mental health agencies, health homes, and health information exchanges on health information technology implementation and data integration. He also served as the director of operations for Valera Health, a digital behavioral health start-up supporting wellness and integrated, collaborative care.

Previously, David served in a range of government, private, and non-profit sector roles including those with the Office of the National Coordinator for Health IT, Health Dialog, with the National Academy for State Health Policy, and with the Coalition for Behavioral Health Agencies (New York City).

David has published a number of articles and papers on various healthcare topics, including a chapter for the textbook *Nursing Informatics for the Advanced Practice Nurse: Patient Safety, Quality, Outcomes, and Interprofessionalism*. He presented at the Annual Conference of the National Council for Behavioral Health in 2013 and 2014, and was the keynote speaker at the Crossroads Symposium of the AHEC of the Plains in Lubbock, Texas.

David received his AB degree from the University of Chicago, and his MPA from the Robert F. Wagner School of Public Service at New York University where he was a Public Service Scholar.

***Carol Bruce-Fitz, Principal, Denver, Colorado***

Carol is an innovative and undaunted leader with exceptional skills in communication, coalition building, strategic planning, organizational development, governance design, and stakeholder relations. Carol has more than 30 years' experience in communication, coalition building,

strategic planning, organizational development, governance design, leadership training, change management and stakeholder engagement in nonprofit and governmental organizations.

Prior to joining HMA, Carol was the CEO of Community Health Partnership, where she led organizational transformation from a small community coalition of health care providers a thriving influential organization managing the care of 160,000 Medicaid clients in the Pikes Peak region. Working within Colorado's Accountable Care Collaborative (ACC) program, she built infrastructure to establish Accountable Care Organization (ACO) services, including practice transformation, care coordination, behavioral/physical health care integration, and rapid cycle innovation to improve delivery of care systems. She implemented a successful pay-for-performance payment incentive program for primary and specialty care within the primary care medical home model. Carol led the community in the development of a regionally-based Health Information Exchange (HIE) project which successfully demonstrated bi-directional exchange of data between ambulatory and acute providers (first in Colorado).

Leveraging the resources and influence of the Medicaid ACO, Ms. Bruce-Fritz initiated community and provider dialogue resulting in the identification of gaps and development of a comprehensive crisis response plan resulting in implementation of mental health crisis response teams, a crisis stabilization unit, and community-governed detox. She was instrumental in the development of an extremely effective community paramedicine program to reduce 9-1-1 and hospital emergency department utilization. Ms. Bruce-Fritz has presented nationally on Colorado's ACC program, was instrumental in the founding of the Colorado Network of Health Alliances, and served on its leadership council.

### ***Dorothy Teeter, MHA, Principal, Seattle, Washington***

Dorothy Teeter is a Principal in HMA's Seattle Office. She has over 30 years of leadership experience in designing and implementing health system improvement and transformation strategy. She joins HMA most recently from the Washington State Health Care Authority, where she served as Director. In this role, Dorothy managed policy, programs and operations for HCA, and administered an annual budget of \$10 billion. A member of the Governor's Cabinet, she led state-wide health systems transformation, including the successful implementation of the Affordable Care Act and Medicaid expansion. Additionally, Dorothy secured a \$65 million SIM award from CMMI, and a \$1.3 billion Medicaid Transformation waiver to further Washington state's system transformation goals.

Prior to HCA, Dorothy served as Senior Advisor for Policy and Programs at CMMI. In this role, Dorothy directed the development, launch and awarding of the CMMI \$1 billion Health Care Innovation Award program. Dorothy previously served as Interim Director and Chief of Health Operations for Public Health-Seattle and King County, a major metropolitan public health department. She also served as a senior executive at Group Health Cooperative, where she designed and led its population based quality of care improvement and care management strategies.

Dorothy earned a Masters in Health Services Administration from the University of Washington and serves on the clinical faculty at the School of Public Health in the University of Washington.

### ***Cathy Kaufmann, MSW, Principal, Portland, Oregon***

Cathy Kaufmann has been a leader in transforming the delivery of healthcare and building systems of learning to support that transformation.

She came to HMA from Families USA, where she was the enrollment program director and was responsible for setting enrollment policy for the organization and working with consumer groups across the country on outreach and enrollment for Medicaid, CHIP and the marketplaces. Prior to that, Cathy was the director of the Oregon Health Authority's (OHA) Transformation Center, an office created to support Governor Kitzhaber's Health Systems Transformation initiative and Oregon's Coordinated Care Organizations (CCOs).

Cathy previously served as the administrator of the Office of Healthy Kids and the Office of Client and Community Services, the agency's medical eligibility and enrollment office. Healthy Kids was the largest expansion of health coverage in Oregon since the inception of the Oregon Health Plan in 1994 and successfully enrolled over 100,000 children into health coverage in just over one year. In recognition of her success at reducing the number of uninsured children, the Centers for Medicare and Medicaid Services (CMS) named Cathy a recipient of the ECHOW (Excellence in Children's Health Outreach and Enrollment) honor in 2011.

Before joining OHA in 2009, Cathy served as the policy and communications director for Children First for Oregon, a statewide child advocacy organization, and co-chaired the Human Services Coalition of Oregon.

Cathy received her Master of Social Work from Portland State University and her bachelor's degree from the University of Tampa.

## **AIRAM ACTUARIAL | SUBCONTRACTOR**

### ***Maria Dominiak, FSA, MAAA***

Maria is an actuary and senior consultant specializing in Medicaid managed care and integrated Medicare and Medicaid models for dually eligible beneficiaries. Maria has over 25 years of health care consulting experience working with over 20 states and the federal government on policy, program design, data collection and analysis, financial analysis and rate setting, waivers, payment reform, implementation and ongoing operational issues related program monitoring, both in Medicaid managed care and fee-for-service delivery systems. Maria is very familiar with Connecticut's Medicaid program and reimbursement system, providing assistance to the Department of Social Services for over 15 years on a variety of actuarial, financial and program/policy issues related to the Medicaid program. Maria also worked with Connecticut's

Health Insurance Exchange, reviewing data from the insurance carriers and performing various actuarial analyses to help inform policy decisions as the State's health insurance exchange was under development. Maria has also assisted several states, including North Carolina, Pennsylvania and Maryland in analyzing multi-payer data, performing financial modeling and developing economic impacts. Maria's extensive experience brings a broad and unique perspective to issues states are facing related to value based purchasing and payment reform.