



Medicaid Innovation Accelerator Project: Coordinating Committee

COORDINATING COMMITTEE CO-CHAIRS

William Golden, MD

Medicaid Director of Arkansas Medicaid and Professor of Medicine and Public Health at the University of Arkansas
Little Rock, AR

William E. Golden, M.D. is Professor of Medicine and Public Health at the University of Arkansas and Medical Director of Arkansas Medicaid where he is the clinical lead for the program's nationally recognized multi-payer payment reform initiative. Previously, he served as the Vice President for Clinical Quality Improvement of the Arkansas QIO. A past Chair the Board of Regents of the ACP, Dr. Golden served 4 years on the Board of Directors of the NQF and is a past President of the AHQA. He is currently on the Guiding Committee of the HCP LAN and co-chair of its Primary Care workgroup. Dr. Golden has extensive experience in measure development and the application for Medicaid populations and in Pay for Performance (P4P) and episodes of care.

Jennifer Moore, PhD, RN

Executive Director, Institute for Medicaid Innovation
Washington, D.C.

Dr. Moore is the founding director of the Institute for Medicaid Innovation where she oversees the research activities of the organization. Within her role, Dr. Moore has been appointed the chair of the Women & Gender Health Advisory Committee at AcademyHealth and serves on the PCORI Reproductive Health Committee and the AHRQ National Healthcare Quality and Disparities Report Workgroup. Dr. Moore comes from AHRQ where she led national women's and maternal child health initiatives, managed PCOR grants, and conducted disparities research. She is a research professor at the University of Michigan Medical School and volunteers as a nurse at an FQHC in D.C.

Karen Amstutz, MD, MBA, FAAP

Chief Medical Officer, Magellan Health, Inc.
Scottsdale, AZ

Dr. Karen Amstutz, MD, MBA, FAAP is Corporate Chief Medical Officer for Magellan Health where she serves as the clinical member of the executive leadership team. She establishes and leads the overall clinical and quality vision for the company, adding clinical expertise to Magellan's businesses serving special and high risk populations, such as Medicaid, specialty medicine and behavioral management, and pharmacy.

Prior to joining Magellan, Dr. Amstutz spent 20 years in health plans and health management organizations where she led large clinical quality and operations for Medicaid and Medicare businesses. She has been a part of teams which have answered Medicaid procurement proposals in 19 of 50 states, many of which have had administration requirements for contracting with Minority and Women Business Enterprise. With Medicaid comprising nearly 19% of state general funds, Dr. Amstutz brings expertise to NQF on implementing Medicaid clinical and quality requirements of state Medicaid and human services agencies.

Dr. Amstutz has degrees from Indiana University, Washington University, St. Louis and the University of Chicago. She trained at Barnes Hospital, St. Louis, and at Massachusetts General Hospital, Boston.

Sandra Finestone, AA, BA, MA, PsyD

Executive Director, Association of Cancer Patient Educators
Irvine, California

Sandra (Sandy) Finestone, Psy.D., is a 30-year breast cancer survivor and research advocate who has been a volunteer for Susan G. Komen for over 25 years. Sandy is the Past President and Treasurer of the Susan G. Komen Inland Empire Affiliate, Past President and Race Chair of the Orange County Affiliate and serves on the Advocates in Science (AIS) Steering Committee and chairs the AIS Training Working Group.

A long-time advocate, Dr. Finestone organized a support group for husbands of breast cancer survivors. She also founded the Orange County Breast Cancer Coalition and opened the Hope Wellness Center, to meet the needs of breast cancer survivors. Her advocacy knows no borders; in 2009, Dr. Finestone went to Jordan to facilitate a meeting that taught healthcare providers about support groups for women with breast cancer, and later that year, returned to the middle-east to train women in Kuwait and Egypt about support groups. She has been recognized for her work, receiving the 2002 National Komen Outstanding Volunteer of the Year for Lifetime Achievement. She is currently on the steering committee of Komen Advocates in Science and serves as the chair of the Education and Training Working Group. Dr. Finestone reviews research grants for Komen as well as the Department of Defense, Cochrane, Avon, PCORI and the states of New York and California. She is an Ambassador for PCORI. She has a private therapy practice with a focus on cancer patients and their families and facilitates support groups for women with cancer as well as women dealing with metastatic disease. Her young women's group is in collaboration with the Young Survival Coalition.

Andrea Gelzer, MD, MS, FACP

Senior Vice President and Corporate Chief Medical Officer, AmeriHealth Caritas Family of Companies
Philadelphia, Pennsylvania

Andrea Gelzer, MD, MS, FACP, is the senior vice president and corporate chief medical officer for AmeriHealth Caritas. She is responsible for setting and overseeing the organization’s population health management, informatics, quality, and provider contracting strategies, as well as clinical policy development, and data analytics oversight for all AmeriHealth Caritas’ health plans and ancillary businesses. Dr. Gelzer earned her undergraduate degree from Tufts University, her doctor of medicine from St. George’s University, and her master’s degree in preventive medicine/administrative medicine from University of Wisconsin Madison. She is a board certified by the American Board of Internal Medicine and the American Board of Preventive Medicine in clinical informatics.

Allison Hamblin, MSPH

Vice President for Strategic Planning, Center for Health Care Strategies, Inc.
Hamilton, New Jersey

Allison Hamblin is the vice president for strategic planning at CHCS, where she leads CHCS’ program activities related to integrating care for Medicaid beneficiaries with complex needs. Major initiatives in this area include: (1) the Innovations in Complex Care program, a national initiative supported by Kaiser Permanente Community Benefit to develop integrated care models for Medicaid’s highest-need beneficiaries; and (2) Transforming Complex Care, a multi-site demonstration supported by the Robert Wood Johnson Foundation (RWJF) to advance evidence-based and highly replicable approaches to complex care management. Ms. Hamblin also oversees CHCS’ efforts to provide technical assistance to states developing Medicaid health homes.

Christine Hawkins, RN, MBA, MSML

Senior Director, Stars, Centene Corporation
Clayton, Missouri

Christine is a Quality health professional with over 20 years of experience in acute care, Medicaid, Medicare and Marketplace organizations as well as, a leading expert in quality measure development, measuring quality outcomes and driving improvement at lower costs. She is a Registered Nurse who holds both a Master's in Business Administration and a Masters in Strategic Management and Leadership. Christine has a strong and successful background in managing Health Effectiveness Data Information Set (HEDIS) risk adjustment operations, National Association for Quality Assurance (NCQA) Health Plan Accreditation, Consumer assessment with Health provider satisfaction (CAHPS) and Star quality ratings and operations. Christine is also responsible for CMS audit protocol, regulatory compliance, and vendor oversight and health policy. As a six sigma green belt, Christine understands analytics and measure development and has contributed to the success of achieving a minimum 4 Star CMS rating in the Medicaid-Medicare dual eligible population including driving best practices for improved Medicaid health outcomes.

As a Sr. Director at Centene Corporation of Stars and Quality Operations, Christine has strived to improved data collection and data validation efforts to ensure data reflects true efforts on beneficiary outcomes and reduce capitation withholds in the managed care industry. Christine aspires to continue building a strong quality infrastructure that focuses on proven best practices for improving beneficiary health outcomes while reducing Healthcare disparities. This is achieved by ensuring data analytics are robust enough to identity quality initiatives in a proactive manner while improving the member experience. Christine strives for managed care organizations to be aligned when striving to be the best in class, increase access to care and therefore; is constantly looking for ways to improve consumer and practitioner engagement by challenging the status quo.

Maureen Hennessey, PhD, CPCC

SVP and Director, Quality and Population Health Solutions, Precision Advisors
Washington, D.C.

Maureen Hennessey, PhD, CPCC, is SVP, Director, Quality and Population Health Solutions for Precision Advisors. Dr. Hennessey is a licensed psychologist in two states and has served in executive positions with Magellan, Health Integrated, BCBS of Kansas City, and received an academic appointment as Clinical Assistant Professor with the UMKC School of Medicine. Under her leadership organizations have received recognition from NBCH (eValu8 award), NCQA, and the National Academies for innovative, patient-centric initiatives that have reduced hospital readmissions and improved patient safety. Dr. Hennessey has extensive experience in community and health plan collaborations for expanded integration of health with behavioral health with demonstrated improved outcomes (e.g., decreased ED and inpatient utilization due to suicide attempts).

David Kelley, MD, MPA

Chief Medical Officer, Office of Medical Assistance Programs, Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

Dr. David Kelley is Chief Medical Officer for the Pennsylvania Department of Human Service's Office of Medical Assistance Programs. He oversees the clinical/quality aspects of Medicaid programs that provide health benefits to 2.7 million Pennsylvanians. He provides oversight of eight Medicaid managed care organizations. Over the past decade he has helped to implement: a multi-payer medical home collaborative, four pay-for-performance programs, a multi-state application for the Medicaid EHR incentive program, nonpayment policies for readmissions, telemedicine payment policies, and a pharmacy management program.

This year his team developed a \$45 million dollar hospital incentive program based on preventable admissions and a \$20 million dollar MCO program focused on five combined behavioral and physical health quality and utilization measures. He has worked with a medical economist to develop predictive models for health care utilization and have identified super-utilizers that may be impacted by better care coordination.

Deborah Kilstein, RN, MBA, JD

VP Quality Management and Operational Support, ACAP - Association for Community Affiliated Plans
Washington, D.C.

Deborah Kilstein began her career in Medicaid as a nurse doing level of care and quality care determinations in nursing homes. She progressed through the organization and became Medicaid Director and ultimately Deputy Commissioner of Human Services. Ms. Kilstein has also worked at the Center of Health Care Strategies focused on state operations issues. She spent almost three years managing operations as a health plan. For the last nine years at ACAP, she has focused on quality issues including measurement and quality improvement.

Currently, Ms. works at ACAP, a trade organization of nonprofit Safety Net Health Plans predominantly serving the Medicaid population. In this role, she works with the 57 health plans on issues related to quality measurement and improvement. I recently led a learning network for health plans on the issue of reducing prescription drug abuse and on improving integration of physical and behavioral health services, including the creation of toolkits for use by the health plans.

SreyRam Kuy, MD, MHS, FACS

Chief Medical Officer, Medicaid, Louisiana Department of Health
Baton Rouge, Louisiana

SreyRam Kuy, MD, MHS, is the Medicaid Chief Medical Officer for the Louisiana Department of Health. She most recently served as Director of the Center for Innovations in Quality, Outcomes and Patient Safety and was the first full time female General Surgeon at Overton Brooks VA Medical Center. She teaches as an Assistant Professor of Surgery at Louisiana State University. Dr. Kuy was also a Robert Wood Johnson Clinical Scholar at Yale, completing a fellowship in health policy, public health and outcomes research, and worked as a Kaiser Family Foundation Health Policy Scholar for Senator Tom Harkin in Washington DC. She has been integrally involved in drafting state wide performance metrics, pay for performance incentivized metrics, and development of novel “Medicaid Expansion Early Wins metrics” which enable the state of Louisiana to assess how Medicaid expansion directly impacts lives.

Barbara McCann, BSW, MA

Chief Industry Officer, Interim HealthCare Inc.
Alexandria, Virginia

Barbara McCann, BSW, MA is the Chief Industry Officer for Interim HealthCare, Inc. Ms. McCann has been involved with national measure development, implementation and reporting in home and community based services for 25+ years. Her measurement experience began with the Joint Commission on the Accreditation of HealthCare and ORYX measures. She currently serves on the IMPACT measure TEP for unplanned readmissions. She serves as the Chair elect of the Community Health Accreditation Program (CHAP). She is a sought after speaker and expert on the integration and role of community based care within the emerging delivery system.

Sarita Mohanty, MD, MPH, MBA

Regional Executive Director, Medi-Cal Strategy and Operations, Northern California, Kaiser Permanente
Oakland, California

Dr. Mohanty is the Executive Director, Medi-Cal Strategy and Operations for Kaiser Permanente, with a focus on strategy, operations, and care coordination for Medi-Cal and Dual-Eligible populations. Her expertise includes integration and care coordination for safety net systems, including integration of physical health, behavioral health, and the non-medical/social care needs. She formerly served as the Senior Medical Director for L.A. Care Health Plan. Dr. Mohanty earned her bachelor's from the U.C. Berkeley, MD from Boston University, MPH from Harvard University, and MBA from UCLA. She practices as an internal medicine physician at Kaiser Permanente.

MaryBeth Musumeci, JD

Associate Director, Kaiser Family Foundation
Washington, D.C.

MaryBeth Musumeci is an Associate Director at the Kaiser Commission on Medicaid and the Uninsured, where she concentrates on Medicaid for people with disabilities, including issues related to people dually eligible for Medicare and Medicaid and long-term services and supports. For the last 5.5 years, she directed the Kaiser Family Foundation's work related to Medicaid policy issues affecting seniors and people with disabilities, including LTSS and community integration. This work includes an annual 50-state survey of Medicaid HCBS programs; a 2015 50-state survey of Medicaid eligibility pathways for seniors and people with disabilities; analysis of state Medicaid managed LTSS waivers, the recent Medicaid managed care regulations, the ACA options for states to offer LTSS, and how the ACA affects eligibility and benefits for people with disabilities; surveys of the Money Follows the Person program and BIP; and case studies and beneficiary profiles related to the duals financial alignment demonstrations.

Michael Phelan, MD, JD, FACEP, RDMS, CQM

Staff Physician, Cleveland Clinic
Cleveland, Ohio

Dr. Michael Patrick Phelan, MD has been practicing emergency medicine at Cleveland Clinic's main campus since 2001. Dr. Phelan holds certification in Medical Quality, and is board certified in Emergency Medicine. He is a Fellow in the American College of Emergency Physicians. Dr. Phelan is on faculty at the Lerner College of Medicine. He has been involved in Quality and Patient Safety for many years, holding key positions within the Quality and Patient Safety Institute and is currently the Medical Director within the Cleveland Clinic Quality Enterprise Department for Quality Reform and Reporting. He most recently was elected Secretary of the Cleveland Clinic Medical Staff, on track to be President of the Medical Staff in 2018. Dr. Phelan is an active member of the Quality Measures Work Team and the Enterprise Sepsis Steering Committee. He has served on the Patient Safety Committee, the Serious Reportable Events Subcommittee and the Medication Reconciliation Policy Committee. He is an active member in the American College of Emergency Physicians (ACEP) serving as co-chair of the Quality and Performance Committee, member of the Clinical Data Registry Committee, member of the Education Committee and the Quality Improvement and Patient Safety Committee. Dr. Phelan continues to be active with the National Quality Forum. He served as chair of the National Quality Forum Provider Council, Vice Chair of the National Quality Forums Provider Council, a member of the Measure Application Partnership (MAP), and on the Technical Expert Panel, Emergency Medicine and the Hospital Workgroup.

Cheryl Powell, MPP

Vice President, Truven Health Analytics
Baltimore, Maryland

Cheryl A. Powell is a Vice President at Truven Health Analytics an IBM Company where she leads Medicare, Medicaid and health care reform through value-based, data-driven analytics and consulting. Prior to joining Truven, Ms. Powell served in a variety of leadership roles at CMS, bringing a collaborative and mission-driven focus to Medicare, Medicaid and innovative care model program and policy decisions. At CMS, Ms. Powell served as the Deputy Director of the Medicare-Medicaid Coordination Office, where she led national innovations in care models, financing, person-centered care and quality as well as improvement alignment across Medicare and Medicaid. Ms. Powell also provided key leadership within Medicaid waivers, eligibility, coverage, managed care, and financial policy in a variety of Medicaid leadership roles served in healthcare industry roles focused on Medicare and Medicaid at a private health care plan as well as at the Hilltop Institute at the University of Maryland, Baltimore County. She is recognized as a national expert in Medicaid, Medicare and Dual Eligible policy, operations, financing and quality. She has extensive experience in Medicaid eligibility, managed care, coverage and financing policy, particularly as each relates to health care reform and innovative care models.

Sheryl Ryan, MD, FAAP

Professor of Pediatrics, Chief Section of Adolescent Medicine, Department of Pediatrics, Yale School of Medicine
New Haven, Connecticut

Sheryl Ryan, MD, FAAP, is currently Professor of Pediatrics and Director, Division of Adolescent Medicine, in the Department of Pediatrics at Yale University School of Medicine. Her research focuses on substance use prevention and abuse, teaching pediatric residents SBIRT (Screening, Brief Intervention and Referral to Treatment) techniques in clinic settings, assessing the long-term effects of prenatal exposure to marijuana. She currently serves as Chair of the American Academy of Pediatrics' Committee on Substance Use and Prevention, and was a lead author on the American Academy of Pediatrics' 2015 published Position Paper and Technical Report on marijuana policies.

Jeff Schiff, MD, MBA

Medical Director, Minnesota Health Care Programs, Department of Human Services
Minnesota

Jeff Schiff is the Medical Director for Minnesota Medicaid. His work focuses on evidence-based benefit policy, improved care delivery models, and improvement of clinical quality. Interests include the role of social and family risk factors on health outcomes, integrated delivery systems and mechanisms to improve quality measurement. He is committed to interweaving input from diverse communities to address health equity directly at all levels. Dr. Schiff is the past chair of the Medicaid Medical Directors network. He has served on and chaired numerous state and local policy and quality advisory committees for the CMS, the PCORI, and the AHRQ. He practices clinical pediatric emergency medicine. He is committed to creating a patient and family centered learning health care system.

John Shaw, MEng

President, Next Wave
Albany, New York

John Shaw's practice focuses on designing, evaluating, and implementing evidence-based health policy from an overall systems viewpoint. This includes Community Needs Assessment and priority program targeting for Medicaid reform for urban and rural communities and providers. Current work is focused on aligning health care delivery, multi-sector population health, and patient/family engagement in alternative payment models and bundled payment. Previously, John designed and evaluated Medicaid hospital and long term care payment and quality measurement methods in NY and other states

Alvia Siddiqi, MD, FAAFP

Medical Director, Advocate Physician Partners
Rolling Meadows, Illinois

As Medical Director of Advocate Physician Partners (APP), Dr. Siddiqi oversees Process Improvement, Patient-centered medical home (PCMH) transformation, and the Advocate/Meridian Family Health Plan partnership plan. She serves as Medical Advisor to the APP Community Health Worker (CHW) and Care Management programs.

Prior to Advocate, Dr. Siddiqi was Medical Director for the Illinois Health Connect PCCM with nearly 1.8 million Medicaid beneficiaries assigned to 5600 primary care medical homes. In the past, she has cared for patients in traditional inpatient and outpatient settings at Vista Clinic, affiliated with Cook County Health and Hospital Systems and Alexian Brothers Medical Group. In March, 2014, she completed the Medical Home Certificate program in conjunction with the Sixth National Medical Home Summit in Philadelphia, PA.

Susan Wallace, MSW, LSW

Coordinator-Special Communications and Projects, LeadingAge Ohio
Columbus, Ohio

Susan Wallace began working with Ohio's hospice association on advocacy and policy issues, Her specialization was later broadened to include compliance, quality measurement and improvement methods. Following a merger with LeadingAge Ohio, her knowledge broadened to include other providers of pre- and post-acute care, including skilled nursing facilities, home- and community-based services, and affordable housing. She has since consulted on expert panels convened by RTI International, the Medicare Payment Advisory Commission, and the National Hospice & Palliative Care Organization. Because the LeadingAge Ohio represents the continuum of pre- and post-acute eldercare services, including affordable housing providers, continuing care retirement communities (CCRCs), skilled nursing facilities and home- and community-based services, among others, she draws upon the experiences of those other provider types in their respective quality reporting work, but also the coordination challenges that each hospices and other providers face when an individual receives services from multiple parties.

Judy Zerzan, MD, MPH

Chief Medical Officer, Colorado Department of Health Care Policy and Financing
Denver, Colorado

As Chief Medical Officer, Dr. Zerzan provides clinical guidance for benefits and directly oversees the Pharmacy, Data Analysis, and Quality sections for Colorado Medicaid. Dr. Zerzan has a role in the Colorado's Accountable Care Collaborative and cost-containment efforts. She is Co-Chair for the Payers and Payment Reform Workgroup for Colorado SIM and the Medicaid representative to the Colorado Multi-Payer Collaborative. She has been Chief Medical Officer at Colorado Medicaid for almost six years and has served in a number of roles locally and nationally with expertise in the areas of Medicaid, quality measurement and behavioral health.