

## Value-Based Purchasing Forum Speakers

---

### Richard Wild, MD, JD, MBA, FACEP



Dr. Wild received his MD degree from the University of Vermont, College of Medicine. He is board certified in Emergency Medicine by the American Board of Emergency Medicine and is a Fellow of the American College of Emergency Physicians. His internship and residency training were at Letterman Army Medical Center, San Francisco; San Francisco General Hospital; and Walter Reed Army Medical Center in Washington, DC. He served five years as an active duty officer with the US Army Medical Corps and also served as a Department of Defense civilian emergency medicine specialist at Martin Army Hospital, Fort Benning, Georgia. Dr. Wild earned his BA in Biology from Dartmouth College, his JD degree

from George Washington University National Law Center in Washington, DC, and his MBA from the Columbia University Graduate Business School, in New York City.

Dr. Wild has 30 years of experience as a practicing emergency physician ranging from small rural Georgia hospitals to large university teaching centers. He has served on the Medical School faculties of Boston University, University of Massachusetts, and Brown University and was Chairman of the department of Emergency Medicine and Chief of Emergency Services at a teaching hospital of Brown University Medical School. He has taught emergency medicine, health policy, and legal medicine to resident physicians and medical students. Dr. Wild has served as President of the Rhode Island College of Emergency Physicians and as chairman or member of several American College of Emergency Physicians (ACEP) and American Medical Association (AMA) national committees dealing with government affairs, coding, and physician reimbursement.

Dr. Wild is an active member of the Massachusetts and U.S. Federal Bar. He has practiced as a health care attorney with a large Boston law firm representing hospitals, physicians, skilled nursing facilities and a major Boston teaching hospital. He was medical director of Medicare's direct fiscal intermediary in Baltimore and also CMS (then HCFA) Chief Medical Officer for reimbursement policy during the initial implementation the Hospital Prospective Payment (DRG) system. He subsequently served on the Medicare Prospective Payment Assessment Commission staff (now MedPac).

## Value-Based Purchasing Forum Speakers

---

### Kris Knerr, CPA, CGFM



Mr. Knerr, a member (owner) with Myers and Stauffer is responsible for providing consulting and public accounting services to state and federal agencies regarding health care reimbursement issues.

Mr. Knerr serves as the project director for the development and operation of nursing facility case mix reimbursement systems for several state Medicaid agency clients. In this role, he has developed reimbursement strategies to address the treatment of nursing services within the case mix system, as well as strategies to address non-nursing services, including administration, environmental, support care, and capital costs. He presents

and defends the case mix reimbursement methodology at numerous task force meetings, meets with legislators and providers to explain the systems, and presents testimony to various legislative committees.

### Dr. Jerry Dubberly, PharmD



Dr. Dubberly, a principal with Myers and Stauffer LC, leads the Integrated Care Model practice area within the firm. Since joining Myers and Stauffer in January of 2015, Dr. Dubberly has focused on providing executive support and strategic planning assistance to our Medicaid clients. He has assisted our clients with delivery system and payment transformation initiatives which include State Innovation Model (SIM); Delivery System Reform Incentive Program (DSRIP); Certified Community Behavioral Health Clinics (CCBHC) programs; managed care design, implementation and monitoring; quality programs, policy analysis, and other consulting activities.

Prior to joining Myers and Stauffer, Dr. Dubberly served as Georgia's Medicaid Director for more than six years, where he was responsible for health care coverage for 1.9 million Georgians and an annual benefits budget of \$10 billion. Dr. Dubberly brings a wide range of experience with Medicaid policy and financing; pharmacy services, nonemergency transportation services, clinical practice, and Health Information Technology (HIT); and experience with a variety of other state and federal health care programs.

# Value-Based Purchasing Forum Speakers

---

## Catherine Snider



Ms. Snider is a senior manager with Myers and Stauffer and has extensive experience in public policy management, including Medicaid eligibility, claim adjudication and payment processes, managed care oversight and performance reporting, program integrity and audit functions, and rate setting. Ms. Snider specializes in the areas of value-based purchasing and delivery system reform models focused on population health improvement through accountability practices.

She has been responsible for the design, execution and assessment of large-scale Section 1115 waiver transformation projects. These initiatives have included implementation of patient-centered medical homes, integration of physical health and behavioral health services, as well as addressing social determinants of health, shared patient decision-support, opioid response, and enhanced care coordination. Ms. Snider is skilled at facilitating provider engagement, managing learning collaboratives, leveraging training methods for knowledge diffusion, performing compliance reviews and utilizing nationally recognized clinical quality measures to assess transformation strategies and accelerate

## Dan Brendel



Mr. Brendel is responsible for providing consulting and public accounting services to state Medicaid agencies addressing health care reimbursement issues. Mr. Brendel has led various Medicaid consulting, accounting, auditing, upper payment limit demonstration calculation, and rate setting engagements for a variety of provider types. He is responsible for supervising multiple contract engagements.

His duties include consulting on Medicaid rate setting engagements, assisting states with the development of policy and state plan amendments, provider assessment fee and upper payment limit consulting, cost reporting instrument development, development of standard work papers and review programs for auditing engagements, communicating with clients and providers, and developing and delivering internal and external training. Mr. Brendel is also a member of the firm's leadership team for long term care rate setting and policy initiatives.

## Value-Based Purchasing Forum Speakers

---

### Kelly Gonzalez, MS, PMP, CUA



Ms. Gonzalez is the director of health information technology solutions for the firm's national consulting engagement team, and has nearly 15 years of experience working in the health care industry. Ms. Gonzalez leads a team of health IT professionals, translating complex state and federal health care, technology, and policy concepts into strategies, programs, policies and innovative solutions that bring value and establish positive impacts on population health.

Ms. Gonzalez's past work history also includes an appointment by Commissioner David Cook, Georgia DCH to lead the state's HIT division, as Chief of Health IT and the State Health IT Coordinator. In this role, Ms. Gonzalez established Georgia's strategic health IT vision, collaborated with numerous leaders in health care, business, and technology, delivered several large-scale, high-profile business and technology initiatives, and developed a policy framework to positively impact the delivery of patient-centered coordinated care by major health systems, Public Health, Medicaid, health plans, and health care providers. As a recognized member of the DCH Executive Management Team, Ms. Gonzalez acted as the Georgia Medicaid agency's technical, business, and policy expert for statewide health IT and population health initiatives. Was a 2014 Finalist – ASTHO Public Health and Medicaid Collaboration Award and 2013 Honoree – Woman of the Year in Technology.

### Catherine Sreckovich



Ms. Sreckovich has more than 30 years of experience working with public healthcare payers, providers and managed care organizations to transform healthcare delivery and financing systems. She oversaw the development of services to support state agencies in organizational design and change management, administration and oversight of contracts, managed care design and implementation, long-term supports and services and payment transformation including the development of value-based purchasing options.

Her state clients included Medicaid, Behavioral Health, Developmental Disabilities, Prisons, Workers Compensation, State Employees, Education, and Child and Family Services agencies, and she has led engagements for CMS, the VHA and TRICARE. Ms. Sreckovich has directed numerous engagements where policy decision-making has been shaped by interviews, research and general fact finding regarding other states' Medicaid programs regulations, policies and procedures.

## Value-Based Purchasing Forum Speakers

---

### David Halferty, MBA



Mr. Halferty is a senior manager with Myers and Stauffer. He is responsible for providing rate setting and consulting services to state Medicaid agencies addressing health care reimbursement issues. He has worked on Medicaid rate setting and consulting projects related to nursing facilities, home and community based services providers, the Program of All-Inclusive Care for the Elderly (PACE), and other provider groups.

Mr. Halferty's consulting experience includes rate methodology development, case mix system analysis, value based payment methodology development, upper payment limit demonstrations, provider tax analysis, and market feasibility analysis. Mr. Halferty also has experience working with electronic health records (EHR) incentive payment compliance reviews, Medicare compliance audits, Medicaid managed care contract reviews and medical loss ratio analysis.

### Bobby Courtney, MPH, JD



Mr. Courtney is a senior manager who specializes in public health law and policy, and has over 19 years of experience working in the health care industry. He provides a broad range of consulting services, including issues related to Medicaid waivers, managed care, long-term services and supports, value based purchasing/alternative payment models, as well as federal healthcare regulations and policies.

Mr. Courtney has counseled clients on a variety of matters including Medicaid waivers, managed care, statutory and regulatory compliance, as well as public health program design and implementation. He has also developed, and supported states in the negotiation of federal healthcare waivers, including facilitation of the public notice and comment process.

In addition, Mr. Courtney was the primary author for the December 2016 Indiana Governor's Task Force on Drug Enforcement, Treatment, and Prevention Final Report, a statewide effort to evaluate existing resources, identify gaps and best practices, and provide recommendations to address the state's current opioid epidemic.

# Value-Based Purchasing Forum Speakers

---

## Venesa Day, MPA



Ms. Day has more than 17 years' experience working with Medicaid health care policy and finance, providing assistance to States and stakeholders in a variety of policy areas. Her expertise includes federal Medicaid authority and flexibilities, funding, and program development for special populations like Medicare-Medicaid enrollees or "duals" and "super-utilizers".

Ms. Day has extensive experience developing value based purchasing strategies and designing alternative payment models (APM). Her experience includes all aspects from assessing State readiness to the development and design of savings calculations, quality measure sets, and incentive designs. She has supported states in designing APM strategies for Medicaid Managed Care, as well. She also served CMS as the Acting Director of the Medicare Shared Savings Program. In addition, she had significant involvement working with the National Quality Forum (NQF) and National Committee on Quality Assurance (NCQA), having led quality measures contracts for the development of population (duals) specific measure sets, and facilitated the CMS Home and Community Based Services measure coordination development group.

## Patti Killingsworth



Ms. Killingsworth is an Assistant Commissioner for TennCare and the Chief of Long-Term Services & Supports (LTSS). She has worked in Medicaid programs for more than two decades, leading system redesign initiatives in multiple states. In Tennessee, this includes an MLTSS program in 2010 that has significantly expanded access to home and community-based services (HCBS), rapidly moving toward a rebalanced system. In 2016, a new MLTSS model program for individuals with intellectual and developmental disabilities was developed, aligning incentives to help individuals achieve employment and integrated community living.

Ms. Killingsworth came to Tennessee in 2001 as a special assistant for health policy to the Governor's deputy, coordinating disability policy and resolving issues across state agencies. In 2003, she became the Director of Policy for TennCare. She was appointed to Assistant Commissioner and Chief Administrative Officer for TennCare in 2004, with responsibilities for the Division of Member Eligibility and Medical Appeals Services.

Prior to her time in Tennessee, Ms. Killingsworth was a deputy director with the Missouri Department of Mental Health's Division of Mental Retardation and Developmental Disabilities. Her commitment is to changing systems to better meet the needs of individuals and family members, promoting the development and expansion of HCBS, and ensuring the voice and perspective of people who need LTSS, their family members, and other key stakeholders is brought to bear in policy and program decision-making processes. She holds a degree in socio-political communications from Missouri State University.

## Value-Based Purchasing Forum Speakers

---

### Robin J. Lunge, JD, MHCDS



Ms. Lunge is a member of Vermont's Green Mountain Care Board. The Board is charged with designing and administering health care payment and delivery system reform, as well as regulating the health care industry. She previously served as Governor Shumlin's Director of Health Care Reform for close to six years, coordinating health reform efforts for his administration. She also worked as a non-partisan staff attorney at Vermont Legislative Council for eight sessions and provided drafting and staff support in health and human services issues to members of the Vermont Legislature. Ms. Lunge worked at the Center on Budget and Policy Priorities in Washington D.C. as a senior policy analyst on public benefits issues

in 2007. Her areas of expertise are federal and state public benefit programs, health care, and health care reform.

Ms. Lunge holds a Bachelor of Arts from the University of California Santa Cruz, a Juris Doctorate from Cornell Law School, and a Masters of Health Care Delivery Science from Dartmouth College.

### Sepheen C. Byron, MHS



Ms. Byron has nearly 20 years' experience in the evaluation of health care quality. She provides strategic direction on measures development and use for the Healthcare Effectiveness Data and Information Set and other national evaluation programs. Ms. Byron has extensive experience supporting measure development activities under federal contracts with the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality (AHRQ). Currently, Ms. Byron is supporting new measure development efforts for perinatal depression management, antibiotic overuse, and immunizations.

Prior to joining NCQA, Ms. Byron was a research analyst in the Center for Outcomes and Evidence at AHRQ. She conducted research on the effectiveness and efficiency of health services. Specific projects included the National Health Care Disparities Report and the Research Initiative in Clinical Economics. Ms. Byron received her Bachelor of Arts from the University of Virginia and her Master of Health Science from the Johns Hopkins University, Bloomberg School of Public Health. She currently is pursuing a Doctor of Public Health from the University of North Carolina, Gillings School of Global Public Health.

## Value-Based Purchasing Forum Speakers

---

### Jennifer Lenz, MPH



Ms. Lenz has more than 20 years' experience in the health care industry with payer, provider, and regulatory perspective. She oversees NCQA's state and federal contracting services. Currently, she is the Project Director and subject matter expert for the Quality Rating Systems for the Marketplace and the Qualified Entity Certification Program – two key subcontracts serving the Center for Medicare & Medicaid Services. She is also responsible for establishing and maintaining key relationships between NCQA and California stakeholders, customers, and activities. This includes the Integrated Healthcare Association and the associated Pay for Performance Initiative, the Department of Managed Health Care, the

Office of the Patient Advocate, and other state agencies with an interest in or impact on NCQA.

Ms. Lenz provides leadership for many national initiatives which draw on her expertise in performance measurement data aggregation, validation, and reporting. Prior to this role, she served as the Director of Information Products and was responsible for NCQA's Quality Compass® and Health Plan Report Card. She earned a Bachelor of Arts in Planning, Public Policy, and Management, with an emphasis in Health Care Administration, from the University of Oregon, and holds a Master's Degree in Public Health from the University of Massachusetts Amherst.

### Jason Sanchez



Mr. Sanchez is the Deputy Director for Finance and Administration for the state of New Mexico Human Services Department, Medical Assistance Division, with oversight of the Medicaid program's \$6 billion dollar budget. He has more than 25 years of New Mexico State Government financial experience with an emphasis in financial management. He has worked in various capacities for the Medicaid program for more than 17 of those years.

Prior to his current position, Mr. Sanchez served as the Chief Financial Officer for the Aging and Long-Term Services Department where he was responsible for a \$160 million budget comprised of general fund, federal funds, capital outlay severance tax bond, and capital outlay general obligation bond funds. Mr. Sanchez holds a Bachelor of Science in mathematics from the University of New Mexico.

## Value-Based Purchasing Forum Speakers

---

### Alexandria Childers-Scott, RN, BSN



Ms. Childers-Scott is a registered nurse and policy analyst for Idaho Medicaid. She oversees policy and programs pertaining to nursing facilities including Pre-admission Screening and Resident Review, specialty care in nursing facilities, and the quality payment program. She facilitates education, training, and stakeholder engagement to providers and other community stakeholders throughout the state. In partnership with Myers and Stauffer, she assisted in the development of Idaho's Nursing Facility Quality Payment Program and the legislation to enact the program.

Prior to working with Idaho Medicaid, Ms. Childers-Scott's professional experience encompassed non-profit development and community engagement, along with nursing in long-term care facilities, hospice, and home health.

### Chris Peterson



Mr. Peterson joined Maryland's Health Services Cost Review Commission (HSCRC) as a Principal Deputy Director in 2016, working on the State's Total Cost of Care agreement with the Center for Medicare & Medicaid Innovation and the State's latest payment innovations. He heads HSCRC's Center for Payment Reform and Provider Alignment. Prior to that, Mr. Peterson worked in non-partisan, technical roles for the U.S. Congress — at the Library of Congress' Congressional Research Service, and then at the Medicaid and CHIP Payment and Access Commission. In those roles, he touched many pieces of major federal health care legislation, from the Medicare Modernization Act (MMA) to the Affordable Care Act and the

Medicare Access and CHIP Reauthorization Act of 2015.

Before that, he worked for the U.S. Agency for Healthcare Research and Quality and the National Bipartisan Commission on the Future of Medicare. Mr. Peterson has a master of public policy from Georgetown University and a bachelor of science in mathematics from Missouri Western State University.

# Value-Based Purchasing Forum Speakers

---

## Sandra Greyerbiehl

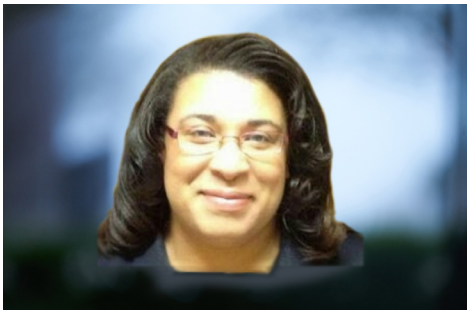


Ms. Greyerbiehl serves as the Quality Payment Specialist in the Managed Care Plan Division of the Michigan Medical Services Administration (MSA). In this role, she is responsible for designing, implementing, and evaluating Michigan's approach to advancing provider-facing payment models to incentivize quality improvement in the managed care program. Over the past five years, she has worked collaboratively with multiple levels and areas of MSA and its Medicaid health plans to implement and monitor a comprehensive approach to improving the quality of care for Medicaid beneficiaries founded on a platform of data integrity, including operationalizing Michigan's payment reform initiatives in Medicaid. She

will soon be focusing on designing performance improvement approaches to Michigan's directed payment programs for hospitals and specialists.

Previously, Ms. Greyerbiehl spent five years performing various analytical and project management roles in academic settings, including conducting data analysis on poverty and wellbeing in New York City at the Columbia Population Research Center. There, she cultivated her passion for data integrity and analysis and realized the power of both valid and reliable data and authentic collaboration in developing, implementing, and evaluating programs and systems change. She holds a Masters of Social Work from Columbia University.

## Melissa Warfield, MHCL



Ms. Warfield is the Director of Fiscal and Program Evaluation at the Kansas Department for Aging and Disability Services. She oversees operations and strategic direction in the division for program evaluation, informatics, audit initiatives, and long-term care reimbursement programs. She has more than 20 years of experience in public service, and brings a strong understanding of taxation, Medicaid managed care, government administration, and stakeholder engagement to her role.

She is currently serving as the Kansas representative for the Centers for Medicare & Medicaid Services' Serious Mental Illness Advisory Group, and has collaborated with administrators, colleagues, and stakeholders to design and implement health homes programs in the state. She specializes in designing performance measurement and continuous quality improvement strategies, payment and delivery system reforms, and value-based purchasing initiatives.

Ms. Warfield is a member of the American College of Healthcare Executives. She graduated with a Bachelor of Business Administration, with concentrations in Accounting and Health Care Administration, from Baker University. She also completed the Master's in Health Care Leadership program at Friends University.

## Value-Based Purchasing Forum Speakers

---

### Ashish Virmani



Mr. Virmani is a Senior Consultant at HealthTech Solutions. He has more than 15 years of experience in data management (Star Schema, Snowflake Schema, OLAP) and implementation of large client/server business intelligence applications. He has expertise in quality improvement systems and Medicaid Management Information Systems (MMIS) including claims, clinical quality, third-party liability, and decision support systems. Ten of his 15 years of experience with Medicaid systems and decision support systems have been in a managed care setting. He has taken a lead role for several major projects at HealthTech, including the development of the analytics solution to support clinical quality measurement in Idaho, and is

the Technical Architect for the emPower Analytics product suite. Mr. Virmani is an expert in data analytics and data management, including information architecture, data validation, analysis, and reporting.

### Sandeep Kapoor



Mr. Kapoor is the Chief Executive Officer of HealthTech Solutions. He brings more than 25 years of experience working with state and federal agencies and private sector clients in health care. Prior to HealthTech Solutions, Mr. Kapoor served as the former Chief Technology Officer with the Cabinet for Health and Family Services in Kentucky. While at the Cabinet, he led Kentucky's nationally recognized technical implementation of the statewide health information exchange and Medicaid modernization. He was responsible for strategic planning on the health benefit exchange and Medicaid eligibility systems. Mr. Kapoor has worked with states across the country and served in lead roles at a national level. He

served as a technical consultant for the National Academy for State Health Policy and has worked with CMS and the Office of the National Coordinator (ONC) on health information technology-related matters for the Health Information Technology for Economic and Clinical Health Act (HITECH). Mr. Kapoor continues to take lead roles nationally through the Healthcare Information and Management Systems Society, World Managed Care, and ONC workshops. He is a certified Project Management Professional.

# Value-Based Purchasing Forum Speakers

---

## J.D. Fischer



Mr. Fischer is the Value-based Purchasing Manager at the Washington State Health Care Authority (HCA) where he coordinates HCA's purchasing strategies across state-financed health care programs. After a brief career in basic science research studying rodent models of metabolic disorders, he turned his focus to public health policy and earned his Master's in Public Health from the University of Washington, School of Public Health.

While at HCA, Mr. Fischer has led the development of a cross-program value-based purchasing (VBP) strategy, helped implement a Centers of Excellence program for total joint replacement and spinal fusions, and continues to coordinate HCA's annual VBP surveys and VBP roadmap. He lives in Olympia, Washington with his wife, dog, and two foster children.

## Stacey Lytle



Ms. Lytle is a Technical Director in the Models, Demonstrations, and Analysis Group of the Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office. She has been with CMS since February 2011 and has experience working with the Financial Alignment Initiative capitated and managed fee-for-service (MFFS) models. Her work with states includes Colorado, Michigan, Minnesota, Ohio, and Wisconsin.

She currently leads the MFFS and quality teams, while also serving as state lead for the Texas Financial Alignment initiative and supporting other payment policy reform efforts. She also serves as liaison with various areas of CMS on assessing quality for dual-eligible individuals in Medicare and Medicaid programs. In addition, her work with the quality team includes new measure identification and development for use in value-based purchasing (VBP) components of the Financial Alignment Initiative and developing an integrated stars measurement approach for Medicare-Medicaid Plans.

Prior to joining CMS, Ms. Lytle was the Deputy Director of the Office of Planning for Maryland Medicaid. In this capacity, she gained expertise in Medicaid program implementation and evaluation, managed care, VBP, enrollment and eligibility, and legislation and policy development. Through various projects, she was instrumental in developing programs that provided health care coverage to more than 200,000 Marylanders previously not eligible for Medicaid.

Ms. Lytle received her Master of Public Health degree from the University of Michigan and a Bachelor of Arts in Sociology from the University of Maryland, Eastern Shore.