

MEDICAID IN AN ERA OF CHANGE: FINDINGS FROM THE ANNUAL KAISER 50-STATE MEDICAID BUDGET SURVEY

October 14, 2014

SPEAKER BIOGRAPHIES

Diane Rowland

Diane Rowland is Executive Vice President of the Kaiser Family Foundation and Executive Director of the Foundation's Kaiser Commission on Medicaid and the Uninsured. She is a nationally recognized health policy expert with a distinguished career in public policy and research focusing on health insurance coverage, access to care, and health care financing for low-income, elderly, and disabled populations. She has directed the Kaiser Commission on Medicaid and the Uninsured since 1991 and overseen the Foundation's health policy work on Medicaid, Medicare, private insurance, global health and HIV, women's health, and disparities since 1993. A noted authority on Medicaid, Medicare and health care policy, Dr. Rowland frequently testifies and has published widely on these issues. Appointed in 2009 as the inaugural chair, Dr. Rowland continues to serve as the Chair of the congressionally-authorized Medicaid and CHIP Payment and Access Commission (MACPAC) established to advise Congress on issues related to Medicaid and the Children's Health Insurance Program (CHIP). Dr. Rowland is an elected member of the Institute of Medicine and holds a Bachelor's degree from Wellesley College, a Masters in Public Administration from the University of California at Los Angeles and a Doctor of Science in health policy and management from the Bloomberg School of Public Health at the Johns Hopkins University.

Robin Rudowitz

Robin Rudowitz is an Associate Director for the Kaiser Commission on Medicaid and the Uninsured. Ms. Rudowitz identifies policy opportunities for the Commission, develops and oversees some of the Commission's research, and develops and writes Commission publications. Her work focuses on Medicaid financing issues. Prior to coming to the Commission, Ms. Rudowitz was a Senior Manager at The Lewin Group, a health policy and management consulting firm, where she worked on a wide variety of health policy and delivery issues related to safety-net providers, Medicaid payments and the uninsured. Ms. Rudowitz has also spent time working on budget and health policy issues at the federal, state and local levels of government. From 1999 to 2001 she served as the Medicaid Director in the Office of Legislation at the Centers for Medicare & Medicaid Services. Prior to that, she worked for the District of Columbia's Chief Financial Officer, overseeing funding for the District's Medicaid, Temporary Assistance for Needy Families, and public health programs. She also worked at the Congressional Budget Office preparing estimates for Medicaid and the Children's Health Insurance Program through the Balanced Budget Act of 1997 and before that for the Ways and Means Committee for the New York State Assembly. Ms. Rudowitz was educated at Cornell University where she earned her undergraduate degree and a Master's in Public Administration.

Vern Smith

Vernon Smith is Managing Principal with Health Management Associates, where he focuses on Medicaid, Medicare, the Children's Health Insurance Program, health reform and trends in the health care market place. He has authored several dozen reports and articles on issues in Medicaid and CHIP, spending and enrollment trends, and on state and national health reform. Dr. Smith has had the privilege to speak on these issues before many national and state audiences, including the National Governors Association (NGA), the National Conference of State Legislatures (NCSL), Council of State Governments (CSG), the National Association of Medicaid Directors (NAMD), American Medical Association (AMA), American Hospital Association (AHA), America's Health Insurance Plans (AHIP), The Pharmaceutical Research and Manufacturers of America (PhRMA), the National Health Policy Forum, National Association of State Budget Officers, committees of the U.S. Congress, and health care associations and Medicaid reform groups in several states. He has been a guest on National Public Radio and quoted on these issues in many national publications, including the *New York Times*, *The Washington Post*, *The Wall Street Journal*, *USA Today*, *Newsweek* and *Time Magazine*. Dr. Smith served as the Michigan Medicaid director and as the human services budget director. He holds a Ph.D. degree in economics from Michigan State University. Among other involvements, he serves on the Board of Trustees of Anderson University, his undergraduate *Alma Mater*.

Darin Gordon

Darin Gordon is the Director of TennCare, Tennessee's Medicaid program, as well as the Director of the Division of Health Care Finance and Administration for the State of Tennessee. As the TennCare Director, Gordon manages the State's nearly \$10 billion Medicaid program. As the Director of the Division of Health Care Finance and Administration, Gordon is responsible for several other health care related programs including: Office of e-Health and the Strategic Planning and Innovation Group, which administers the Cover Tennessee insurance products and spearheads efforts related to payment reform and coordination with the federal Health Insurance Marketplace. Gordon has over 17 years of experience in public health care finance and management. Prior to beginning his term as the longest-serving Director of TennCare in 2006, he held several key executive management positions within the organization, including: Director of Managed Care Programs, involving the management and supervision of TennCare's Managed Care Organizations; and Chief Financial Officer, involving oversight of all financial and budget-related activities. Prior to joining TennCare, Gordon worked in multiple roles including Budget Director for the Office of Health Services and as an Administrative Budget Analyst for the Department of Finance and Administration. Gordon is also a 2011 Fellow of the Medicaid Leadership Institute. Additionally, he has served as a senior advisor to the Co-Chair for the National Governors Association Health Reform Task Force, as a member of the State Consortium on Health Reform Implementation and past-Chair for the National Quality Technical Advisory Group (CMS).

Steve Groff

Steve Groff is the Director for the Division of Medicaid & Medical Assistance (DMMA). Mr. Groff was appointed Director of Delaware's Medicaid & Medical Assistance in March of 2013. Mr. Groff previously served as the Deputy Director in DMMA, the agency responsible for administration of Delaware's Medicaid, CHIP and SPAP programs. These programs provide health care coverage to over 200,000 Delawareans. He has twenty-seven years of experience with the Delaware Department of Health and Social Services focusing on policy and budget in health care and public assistance programs.

Cindi B. Jones

Cindi B Jones has more than 20 years of public service experience with the Commonwealth of Virginia in various health care positions and has been appointed to positions by four Governors. She currently is the Medicaid Director for an agency that serves more than a million Virginians. She also has worked for an oversight agency of the Virginia General Assembly, established to evaluate the operations and performance of state agencies and programs. The focus of her career has been on developing, implementing, and evaluating state health and human service programs, policies, and funding mechanisms. Her current focus is on Medicaid reforms and ways to close the coverage gap for the uninsured. She serves on the Board for the National Association of the Medicaid Directors, the Futures Board for Virginia Tech's Gerontology Center, the Virginia Health Information, and was a 2012 Medicaid Fellow for the Medicaid Leadership Institute. She has both a B.S. and M.S. from Virginia Tech.

Kate McEvoy

Kate McEvoy is the Director of the Division of Health Services at the Department of Social Services, and is responsible for administration of medical, behavioral health, pharmacy, dental and transportation benefits for over 740,000 Medicaid and CHIP beneficiaries. Related, she oversees health policy aspects of Connecticut Medicaid's implementation of the Affordable Care Act, Administrative Services Organization contracts and associated special projects. She is also responsible for oversight of diverse aspects of the Connecticut Strategic Rebalancing Plan, including the Money Follows the Person Program, State Balancing Incentive Payments Program, nursing home diversification and workforce initiatives. In these initiatives, Kate is particularly interested in the intersection of law and medicine with respect to person-centeredness, autonomy in decision-making and dignity of risk. Previously, Kate served in an appointment as Assistant Comptroller/Policy Director with the Office of the State Comptroller (OSC), supporting Comptroller Kevin Lembo in a policy agenda that includes achieving improved health outcomes and cost savings in the state employee and retiree health plan through value-based design, and state budget transparency. Prior to that she served for many years as Deputy Director of the Agency on Aging of South Central Connecticut, Inc. (AASCC) as well as acting as legislative liaison for the Connecticut Association of Agencies on Aging. Kate is a graduate of Oberlin College with a B.A. in Economics and English and received her law degree from the University of Connecticut School of Law. She is admitted to practice in Connecticut.