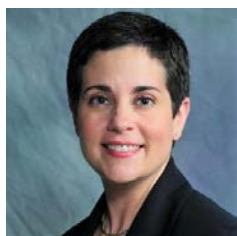




Health Benefit Design Innovations for Advancing Health Equity



Jennifer Alexander, MSW, MPH

Public Health Researcher, Focus Group Moderator

Jennifer Alexander MSW, MPH is a public health researcher whose experience includes 25 years as a professional focus group moderator, interviewer, facilitator, and trainer. She has conducted hundreds of qualitative studies with participants including sexual and gender minority individuals, healthcare providers, youth, and policymakers and on topics ranging from AIDS to worksite wellness initiatives and everything in between. She has worked for CDC, RTI International, and is currently a Supervisory Social Scientist at FDA's Center for Tobacco Products. Alexander is an adjunct professor who has taught health communication and social marketing in the MPH program at the George Washington University Milken Institute School of Public Health. Prior to her work in public health, she was a clinical social worker at Brigham and Women's Hospital in Boston providing mental health services in the emergency department and burn/trauma units.



Brandon Batiste

Vice President of Health Care Innovation, Morgan Health

Brandon Batiste is a vice president of health care innovation at Morgan Health where he is working to accelerate the adoption of innovative partnerships and solutions that improve health outcomes as well as the quality, affordability, and equity in employer-sponsored health. Prior to joining Morgan Health, Brandon served as the Regional Network Strategy Lead with Cityblock Health where he worked to develop high performing provider networks. He is also the former Chief Operating Officer of the DC Connected Care Network, a clinically integrated network of FQHCs focused on total cost of care reduction, ER diversion, transitions of care and wrap-around services to address social needs. During his career, Batiste led population health initiatives in several sectors including the federal government, healthcare start-ups, community organizations and non-profits through leadership roles with the Department of Veterans Affairs, Evolent Health, Magellan Health and The Johns Hopkins Health System. His portfolio includes expertise in value-based payment, network strategy, population health and practice transformation.

Batiste received his Bachelor of Science degree from Xavier University of Louisiana, his Master of Public Health from Emory University Rollins School of Public Health, holds a FinTech certification from the Harvard Business School, and completed his administrative fellowship with the Johns Hopkins School of Medicine and Health System.

Batiste is a Robert Wood Johnson Foundation Culture of Health Fellow and has been honored for his leadership as the 2020 Young Healthcare Executive by the National Association of Health Services Executives; Xavier University of Louisiana, 40 under 40 alumni honoree; and 2019 40 under 40 honoree

with the National Minority Quality Forum. His population health experience is also represented through work in Haiti, Saudi Arabia, South Africa, and Belize.

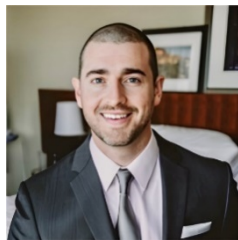


Andie Christopherson, MAAA, FSA

Member, Health Equity Committee, American Academy of Actuaries

Andie Christopherson is an analytical and results-driven Healthcare Executive with a proven record of excellence in performance and collaborative leadership, focused on establishing strategic direction, driving operational execution, developing leaders, and making complex decisions. With over twenty years of experience in the health insurance industry, she has experience from start-up to Fortune 10 organizations. She is currently pursuing her Executive MBA at Kellogg School of Management, having recently left Blue Cross and Blue Shield of Minnesota where she served for over five years as chief actuary.

Christopherson is a member of the American Academy of Actuaries, a fellow of the Society of Actuaries, and an active member of the profession. She currently serves as a trustee for the Actuarial Foundation and served as a founding subgroup leader on the Academy's Health Equity Working Group (now Health Equity Committee).



Nathan Counts

Assistant Vice President, Total Rewards, Amtrak

Nathan Counts has worked for more than 15 years in the benefits space both from a consulting perspective as an actuary at Aon and at large employers like AT&T and Amtrak. He currently leads total rewards at Amtrak. He has a formal background in data (math, computer science, statistics) and has spent much of his total rewards career focusing on driving efficiencies through healthcare benefits and reinvesting those savings in differentiated rewards.



Tammy Fennessy

Director of Benefits, American Eagle Outfitters

Tammy Fennessy most recently completed the Graduate Certificate program for Population Health Management through The Johns Hopkins University and is continuing her education to pursue a Master of Applied Science in Population Health Management. She has her GBA designation through the International Society of Certified Employee Benefits Specialists (ISCEBS) and served as the Chair of the Pittsburgh Business Group on Health (PBGH) from 2020 through 2022. Fennessy currently serves on the Integrated Benefits Institute (IBI) Board of Directors and is an active member on multiple task forces and advisory councils focused promoting healthcare education, advocacy and health equity. As Director of Benefits, she leads global benefit programming and strategy for American Eagle Outfitters (AEO), a leading clothing and apparel retail company. During the last 15 years managing benefits programs, she has been focused on improving the healthcare ecosystem through leveraging technology and analytics, demanding process and navigation improvement, and implementing engaging and innovative programs that serve to democratize healthcare and healthy behaviors. Fennessy is passionate about going upstream and breaking down barriers that impede humans from living their healthiest lives.



Lisa Fitzpatrick, MD, MPH, MPA
Founder and CEO, Grapevine Health

Lisa Fitzpatrick, MD, MPH, MPA, is a board-certified infectious diseases physician and a medical epidemiologist. She began her public health career in 1998 as a member of the CDC's elite Epidemic Intelligence Service. She has served as a foreign diplomat in the Caribbean, an academic researcher, and the former chief medical officer for the DC Medicaid program. Dr. Fitzpatrick is a member of the Institute of Medicine/ National Academy of Sciences Roundtable on Health Literacy and an Aspen Institute Health Innovator Fellow. She is the founder and CEO of Grapevine Health, a digital health media company she established to build trust and improve patient engagement among Medicaid patients through delivering culturally appropriate and relatable health information.



Andrew Hiles, MAAA, FSA
Expert on Employer-Sponsored Health Programs

Andy Hiles is an expert in employer-sponsored health programs. He is nationally recognized as a consultant, speaker, author and advocate.

Hiles is an independent consultant, and most recently was the Vice President of Plan Sponsor Insights & Health Equity Solutions at Aetna. His team of 165 clinical and analytic professionals developed reporting for all Commercial customers and supported account teams in meetings with the largest 400 organizations. In this role he applied his deep knowledge of the key drivers of health plan cost and quality to create market-leading insights supported by innovative analytics. This included the introduction of the Commercial markets' first at-scale plan sponsor health equity reporting, starting with social determinants (2019) and then expanding to include the intersectional impact of race/ethnicity (2023). Prior to this role, Hiles had responsibility for the financial performance of Aetna's multi-billion dollar National Accounts segment as the leader of Strategy, Underwriting and Actuarial.

As a recognized expert in commercial health plan cost drivers and innovator in health equity he is often asked to speak at industry events, including SHRM webinars, Business Group on Health Annual Conference, McKinsey's Annual Health Care Conference, Aetna Customer CO-OP and consultant/broker seminars, as well as numerous other forums.

Before joining Aetna, he advised employers on health plan performance as a Senior Expert at McKinsey & Company and benefits consultant in national and regional leadership roles at WTW and Aon. In this capacity he served as lead health care strategist to some of the largest and most innovative companies in America.

Hiles has published multiple articles on a variety of employer-sponsored health care topics, with a focus on health equity analytics that empower employers to take concrete actions to reduce inequities. He is a Visiting Instructor at the University of Notre Dame. He has given lectures on health equity in employer-sponsored health care plans to symposiums at Emory University, Duke University, University of North Georgia, University of North Carolina at Greensboro and the MBA program at the University of Notre Dame.



Annette V. James, MAAA, FCA, FSA

Chairperson, Health Equity Committee, American Academy of Actuaries

Annette V. James is a health actuary and an active volunteer in the actuarial community. She holds several leadership positions with the American Academy of Actuaries. She chairs the Academy's Health Equity Committee and DEI Committee, as well as the Actuarial Standards Board's Health Committee. James is a regular director of the Academy and was a 2021 recipient of an Academy Outstanding Volunteerism Award. She is president & CEO of Ibis Actuarial Consulting, LLC and is a former regulatory actuary specializing in health insurance and healthcare analysis, with a particular focus on financial solvency, financial reporting, healthcare policy and healthcare reform.



Mila Kofman

Executive Director, DC Health Exchange

Mila Kofman is the executive director of the DC Health Benefit Exchange Authority (DCHBX). She is a nationally recognized expert on private health insurance markets and regulation including the ACA, HIPAA, and ERISA. She has a record of successfully implementing federal and state health insurance reforms and building, revamping, and leading organizations.

As DCHBX's first employee, Kofman successfully built the organization that now has 100+ employees, with a \$30+million annual budget. Kofman has led policy initiatives and secured passage of legislation with unanimous support. She successfully guided the IT development of a State Based Marketplace (SBM) IT system for which there was no blueprint. Although DC was the last state to begin building its IT system, it was 1 of only 4 to open for business on time and stay open on October 1, 2013. Under Kofman's leadership, DCHBX was recognized by AWS for Best Practices in Innovation (2016 and 2018), was selected by the Massachusetts Exchange to replace its technology for SHOP (first-in-the-nation SBM partnership) and ranks number one for consumer decision support tools.

From March 2008 - May 2011, Kofman was the Superintendent of Insurance in Maine. She was the first woman to serve as Superintendent of Insurance, and while confirmed by a party-line vote of the legislature in 2008, she was unanimously reconfirmed in 2010. While on faculty at Georgetown University studying private health insurance markets, Kofman published 30+ articles in peer reviewed publications, served as an expert witness, and provided advice to elected officials.

Kofman was named by the *Washington Business Journal* as one of 100 most powerful Washingtonians (2013). She has appeared on NPR, CNN, ABC News, CBS Evening News, and NBC Dateline and has been quoted in all national and many local news outlets, and trade press. She has testified before Congress and state legislatures. Kofman holds a J.D. from Georgetown University Law Center (1996) and a B.A. in Government and Politics from the University of Maryland (1993), *summa cum laude*.



Yi-Ling Lin, MAAA, FSA

Member, Health Equity Committee, American Academy of Actuaries

Yi-Ling Lin is a consulting healthcare actuary and financial strategist. She is a pioneer in the development of sophisticated analytics that support organizations in navigating the new healthcare environment. She has over 20 years of experience advising clients on strategic planning, pricing and contract negotiations. Lin is a member of the Academy's Health Equity Committee, a co-founder of Abacus Actuaries, and the current president-elect of the Conference of Consulting Actuaries.



LaShawn McIver, MD, MPH

Chief Health Equity Officer, AHIP; Former Director, CMS Office of Minority Health

Dr. McIver is the former Director of the Centers for Medicare and Medicaid Services (CMS) Office of Minority Health and a member of the Federal Senior Executive Service--a prestigious group of federal leaders charged with leading the continuing transformation and improvement of government. For nearly 3 years she provided transformative leadership, vision and direction to address CMS minority health and health disparities goals, participated in the formulation of CMS' enterprise policies and strategies; implemented activities to monitor CMS health equity programs, led CMS' leadership Advisory Council on Equity and consulted with federal agencies and external organizations to address health equity. Additionally, Dr. McIver also co-lead the CMS' National Rural Health Strategy, National Quality Strategy, and the Department of Health and Human Services (HHS) Social Determinates of Health strategy. She served as a commissioner on the Congressional Commission for the Social Status of Black Men and Boys and on the White House Interagency Policy Councils focused on Maternal Health and Social Determinants of Health.

Before joining CMS, Dr. McIver led government affairs and advocacy efforts at the American Diabetes Association as vice president of public policy and strategic alliances and later as senior vice president of all government affairs and advocacy. During her nine year tenure with the ADA, she provided strategic direction and oversight of the ADA's advocacy activities which focused on increasing federal and state funding for diabetes research and programs, eliminating diabetes disparities, diabetes prevention, and improving the availability of accessible, adequate and affordable healthcare. Dr. McIver also served as the inaugural HIV/AIDS fellow for the Congressional Black Caucus' Center Health Policy Analysis & Research, a program Director at the Baltimore City health department and a research associate for the Johns Hopkins School of Public Health.

Dr. McIver earned a medical degree in international health and medicine through the Medical School for International Health in collaboration with Columbia University's Medical Center and a Masters degree in Public Health from the John Hopkins Bloomberg School.



Teresa Money, BS, RN, CPC, COC

Executive Director, Care Delivery Implementation, Blue Cross Blue Shield Association

Teresa Money is a registered nurse with over 27 years of combined experience in healthcare. As the Executive Director of Care Delivery Implementation for the Federal Employee Program at the Blue Cross Blue Shield Association, Teresa provides the strategic direction for behavioral health, clinical account management, medical management, and medical-surgical coding. She also leads projects to ensure affordability and identify new and innovative practices for the BCBS Federal Employee Program.

In addition to her clinical leadership position, Money serves as the FEP representative for BCBSA's National Health Equity Strategy. In her role, Money works at the nexus between clinical, analytics, and business to devise the strategy and organizational development to ensure the adoption of an equity-centered lens to comply with the enterprise-wide goals and employer group mandates to reduce healthcare disparities.

Prior to joining the Blue Cross Blue Shield Association, Money was an auditor in corporate financial investigations conducting statistical analyses to detect aberrant patterns in care delivery. She is a

member of the Interprofessional Network of the American Diabetes Association and the American Nurses Association. Money received her bachelor's degree in nursing from Stevenson University, a leadership certificate from Lake Forest Graduate School of Management, and is currently an MBA candidate at Loyola Sellinger Graduate School of Business. She also holds professional and outpatient coding certifications from the American Academy of Professional Coders.



Irene Dankwa-Mullan, MD, MPH
Chief Health Officer, Marti Health

Dr. Irene Dankwa-Mullan is a nationally recognized industry physician, scientist, health equity thought leader, with over 20 years of diverse regional and national leadership experience in primary care, healthcare systems, businesses, and the community. She is currently an affiliate professor in the Department of Health Policy and Management, Milken Institute School of Public Health at The George Washington University, and also serves in a strategic advisor role and Chief Health Officer for a start-up health technology company, Marti Health.

She was formerly Chief Health Equity Officer and Deputy Chief Health Officer at IBM Watson Health and currently Merative. She was a member of the IBM Industry Academy, a selected community of pre-eminent leaders to drive innovation and engage in cutting-edge work for the industry. Dr. Dankwa-Mullan was formerly Director, Office of Research Innovation and Program Coordination, and Deputy Director for extramural scientific programs at NIMHD, NIH. While at the NIH, she was active on several key strategic boards and committees, including many that were cross-sectoral and transdisciplinary promoting health equity and health in all policies.

She is the lead editor and co-author of the scientific textbook, *The Science of Health Disparities Research*, published by Wiley, designed to help researchers and the community identify relevant questions, design approaches, and conduct studies to advance the discipline. This was a collaborative effort with NIH scientists and thought leaders including community advocates. She serves on various advisory committees to promote public health, health equity, as well as measures impacting health disparities. Dankwa-Mullan has published widely on health disparities, including on the integration of health equity, artificial intelligence and machine-learning, ethical AI and social justice principles into data science methods and technology development lifecycle.



Lina Rashid
Senior Policy Advisor, CMS Center for Consumer Information and Insurance Oversight

Lina Rashid currently serves as the Senior Policy Advisor for the Deputy Director of the Center for Consumer Information and Insurance Oversight (CCIIO) where she assists with expanding Americans' access to health coverage through the Affordable Care Act (ACA). In that role she leads efforts for the Section 1332 State Innovation Waiver Program as well as other policy and outreach issues. She has supported implementation of the ACA in a variety of roles across the federal government while working with advocates, tribes, stakeholders, and states. She was the Acting Director of the Division for Consumer Advocacy and Assister Support in the Consumer Support Group, a State Officer at CCIIO, and served as an External Outreach Specialist for the HHS Regional Director's Office in Chicago for Region V. Before joining HHS, she served in Congress as a Legislative Assistant for Rep. Betty McCollum from Minnesota where she played an important role in the passage of the ACA, formation of the Quality Care Coalition,

and served as an adviser for global health, labor, housing, and Appropriations, Oversight, and Budget Committee work. Rashid also served as a Legislative Assistant for Rep. Joe Sestak from Pennsylvania where she focused on healthcare issues. Lina received a B.S. in Psychology from the University of Pittsburgh and a Master's Degree in Health Management from Duquesne University.



Wayne Rawlins, MD, MBA
Chief Medical Officer, WellSpark Health

Dr. Wayne Rawlins steers the medical foundation of WellSpark Health as its chief medical officer. He has spent his career partnering with national organizations to promote health and wellness. At WellSpark, he is responsible for health, prevention and wellbeing strategy and value demonstration. Dr. Rawlins previously served as the Vice President and Chief Medical Officer at ConnectiCare and served in senior clinical leadership positions at a large national health insurer.

Dr. Rawlins served as a member of the National Vaccine Advisory Committee, where he worked with the U.S. Department of Health and Human Services to advise and make recommendations on national vaccine policy. Dr. Rawlins has been noted as a vaccine financing subject matter expert. A specialist in health equity and resolving health disparities, Dr. Rawlins led efforts to address health disparities in underserved populations and has served on several national organizations addressing health equity. Dr. Rawlins is a member of the NCQA Committee on Performance Measurement, which oversees the development and evolution of the HEDIS measurement set, one of the most widely used performance improvement tools in the health care industry. Dr. Rawlins is an active member of the National Alliance of Healthcare Purchaser Coalitions Medical Director Advisory Council, serving on the special COVID advisory council and the race, health, and equity advisory council. Dr. Rawlins recently served as an external member of the National Alliance's Board of Governors. He is also a member of the Washington Health Alliance, serving as a member of the Quality Improvement Committee. Dr. Rawlins also serves as a board member of UCONN Health, his alma mater.

He received his medical degree from the University of Connecticut, completed an internal medicine residency and chief residency at the University of Rochester and received an M.B.A. from Rensselaer Polytechnic Institute. Dr. Rawlins is board certified in internal medicine and has treated patients in a primary care practice for more than a decade.



Pamela Rich, MPH
Vice President, Business Group on Health

Pamela Rich is a vice president at Business Group on Health. In her role, she manages a variety of organizational initiatives, including the Business Group on Health Podcast, the Leadership Forum on Employee Experience and the Well-being & Workforce Strategy Institute. She helped establish the organization's perspective on employee well-being and leads efforts to identify opportunities available to employers to drive health and well-being within their organizations. Other areas of focus include employee engagement and experience, social determinants of health, health equity, mental health, and obesity.

Rich has been with Business Group on Health since 2007 and has worked on a broad spectrum of topics, including pharmaceuticals, preventive care, maternal and child health, consumer-directed health plans,

and benefit communications. Rich received a Bachelor of Arts degree in international affairs and a Master of Public Health degree from The George Washington University.



Orriel L. Richardson, Esq., MPH

Vice President of Health Equity and Policy at Morgan Health

Orriel Richardson is a health care policy expert and attorney licensed to practice in Maryland and Washington, DC. Previously, Richardson served as professional staff and health counsel for the Committee on Ways and Means Majority, U.S. House of Representatives where she was the architect of the Committee's racial and health equity initiatives. While on the Hill, her policy portfolio included Medicare Advantage, end-stage renal disease, Medicare program integrity, and health technology. During her career, Richardson has gained health care expertise across academia and local, state, and federal levels of government, formerly working at the Centers for Medicare and Medicaid Services (CMS) Innovation Center, U.S. Department of Health and Human Services; the Office of the General Counsel for the District of Columbia's Department of Health Care Finance; the George Washington (GW) University School of Public Health; The Johns Hopkins University School of Medicine; the State of Louisiana Office of Public Health; and Louisiana State University Health Sciences Center.

Since 2018 she has been a Professorial Lecturer of Health Policy and Management in the Milken School of Public Health at GW University. In 2021, the National Minority Quality forum awarded her with the Congressional Staff Leadership Award after recognizing her in 2020 as a "40 Under 40" Minority Leader in Health.

Richardson received a Bachelor of Science (BS) in biology/pre-medicine from Howard University, a Master of Public Health (MPH) in health systems management from Tulane University School of Public Health and Tropical Medicine, and law degree from the GW Law School where she also earned a graduate certificate in International Human Rights Law from New College, University of Oxford.



Rebecca Sheppard, MAAA, FSA

Member, Health Equity Committee, American Academy of Actuaries

Rebecca (Becky) Sheppard is a health actuary and a member of the Academy's Health Equity Committee. Her background blends traditional actuarial science and medical economics to provide robust medical cost and revenue analysis. Her focus is pricing, reserving and forecasting for both Commercial and Medicare products. Sheppard has experience reviewing various utilization management vendors, creating ROI estimates and evaluating shared savings arrangements. She is a fellow of the Society of Actuaries and a member of the American Academy of Actuaries. Sheppard received a Master of Health Science degree in Health Economics from the John Hopkins School of Public Health and a Bachelor of Arts degree in Actuarial Science from the University of Connecticut. She is currently an Actuarial manager in the Farmington, Connecticut office of Risk & Regulatory Consulting, LLC (RRC), a strategic partner of RSM US LLP. She provides health actuarial consulting services on behalf of state insurance departments and life & health audit support.

Prior to joining Risk & Regulatory Consulting, LLC, Sheppard was director, medical economics at ConnectiCare, Inc. She developed forward looking gross trend assumptions of unit cost and utilization; analyzed trend drivers and variances across all lines of business (Commercial Fully Insured, Exchange and Medicare); responsible for valuing and tracking medical cost initiatives designed to offset gross

trend; evaluated vendor ROI presentations for utilization management programs; created custom reports to track variables such as member duration and deductible consumption using claims data. She was also an Actuary in National Accounts at Aetna, Inc. where some of her primary responsibilities included pricing, reserving and forecasting support for the retiree population for both Medicare and non-Medicare eligible individuals, collaborated with various other teams including actuarial, underwriting and sales.



Christa-Marie Singleton, MD, MPH, FACPM
Chief Medical Officer, U.S. Office of Personnel Management

Dr. Christa-Marie Singleton, Chief Medical Officer in the Centers for Disease Control and Prevention's (CDC) Office of the Associate Director for Policy and Strategy (OADPS), received her Doctor of Medicine from the University of Louisville (1992), her Bachelor of Science in Microbiology from the University of Notre Dame, and her Masters in Public Health (MPH) from Johns Hopkins Bloomberg School of Public Health. Dr. Singleton completed her pediatric residency at Thomas Jefferson University, where she became the first pediatric resident to begin simultaneous MPH study. While completing her MPH, she worked nights and weekends as a pediatric emergency physician in Baltimore, MD followed by work as a policy analyst in Washington, DC after graduation.

Prior to OADPS, Dr. Singleton was the senior medical advisor in CDC's Division of State and Local Readiness where she was the lead architect of the inaugural edition of CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning.

Dr. Singleton has served as the chief medical director for the Baltimore City Health Department's Office of Public Health Preparedness and Response, the director of the Bureau of Disease Control at the Baltimore County Department of Health, represents CDC on the National Alliance of Healthcare Purchaser Coalitions' Board of Governors, and has served multiple roles in the CDC's COVID-19 Response.

Dr. Singleton has been recognized by the White House Fellowship Program as a 1997 national finalist, received the 2011 "Outstanding Scientific Award" Employee of the Year Award by the Atlanta Federal Executive Board, selected to the 2020 class of the Nashville Health Care Council Fellows, is board-certified in preventive medicine, and was elected to the 2022 Class of Fellows of the American College of Preventive Medicine. She is a volunteer physician with the DeKalb County, GA Board of Health and currently resides in Atlanta, GA.



Wayne Turner
Senior Attorney, National Health Law Program

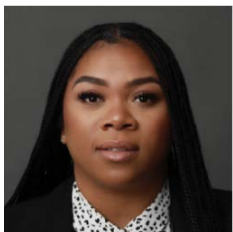
Wayne Turner is a senior attorney in the National Health Law Program's (NHeLP) Washington, DC office, where he focuses on consumer protections in Medicaid managed care, eligibility for insurance affordability programs, Essential Health Benefits, nondiscrimination in health programs and activities, and prescription drug coverage. Wayne is the principal author of several NHeLP guides for advocates and legal services providers, including *The Advocate's Guide to MAGI* and *The Guide to Oversight, Accountability in Medicaid Managed Care*; NHeLP's HIV/AIDS discrimination complaint filed with the HHS Office for Civil Rights; and co-authored amicus briefs on access to insulin and discrimination in health plan benefit design. Since 2018, Turner has served as a consumer representative to the National Association of Insurance Commissioners, presenting on health

equity, access to PreExposure Prophylaxis, and Essential Health Benefits. Turner also serves as an adjunct professor at Georgetown University Law Center, where he teaches a seminar class on LGBT Health Law and Policy. Turner is featured in the 2011 PBS documentary, *Out in America*, in which he describes the impact of the AIDS pandemic on the LGBTQ community through his personal account of serving as a caregiver and ultimately losing his life-partner Steve Michael, to the disease.



Cori Uccello, MAAA, FSA, FCA, MPP
Senior Health Fellow, American Academy of Actuaries

Cori Uccello is an actuary and has served as the senior health fellow at the American Academy of Actuaries for over 20 years. In her role as the actuarial profession's chief policy liaison on health care issues, she promotes the formulation of sound health policy by providing nonpartisan technical assistance to federal and state policy makers and regulators. She currently helps lead the Academy's efforts to provide guidance to policy makers regarding the Affordable Care Act, other efforts to expand health insurance coverage, and health equity. Uccello is also an expert on Medicare issues. She served a six-year term as a commissioner on the Medicare Payment Advisory Commission and was a member of the 2010–11 Technical Review Panel on the Medicare Trustees Report. In addition, she serves as a member of the Congressional Budget Office (CBO) Panel of Health Advisers.



Tamara Ward
Senior Vice President Insurance Business Operations, Oscar

Tamara Ward is the Senior Vice President of Insurance Business Operations at Oscar Health, the first health insurance company built around a full stack technology platform and focus on member experience. She leads National Network Contracting Strategy and Market Readiness. Working with Oscar teams, Ward helps further Oscar's mission to make healthcare affordable and accessible to all by leveraging technology that personalizes care for the individual, and at a cost that they can afford. With over 15 years of progressive healthcare experience, she has been instrumental driving collaborative payer provider strategies, operational turnarounds, and building high value partnerships through various roles with United Health Care, UC Health, & TriHealth, Inc. Ward's deep experience and interest based approach has allowed her to solve some of the most complex issues within the tech and healthcare industry. She is passionate about driving change for marginalized communities, developing Oscar's Culturally Competent Care Program, which focuses on reducing healthcare disparities and improving access for underserved populations and by serving as Board Chair for the Humanity Healthcare Talent Network, an innovative organization that supports healthcare and life sciences companies in identifying and building talented leaders. Ward holds a B.A. from the University of Cincinnati, M.B.A from Miami University, and is based in Cincinnati, OH.



Christian "CJ" Wolfe, MAAA, FSA, FCA
Vice President-Actuary, Aon

CJ Wolfe is vice president-actuary for Aon's Health Analytics practice. He leads the financial and actuarial work for several national employer's self-funded health plans. He is responsible for the design and pricing of employee benefits, monitoring and reporting of claims experience and outstanding liabilities, as well as modeling strategic initiatives to enhance employee experience, improve population health, and contain employer costs. In his national role with Aon he oversees the exam credentialing process for all health actuaries in the practice. Prior to joining Aon in 2018, Wolfe served as the senior Medicaid and CHIP actuary at the Centers for Medicare and Medicaid

Services where he modeled the impacts of healthcare legislation and regulation for congressional leadership and several federal agencies. He first began working in the industry in 2005. Wolfe earned a Bachelor's degree in Mathematics and Economics from Carnegie Mellon University in 2005.



Rachael Zuckerman

Social Science Analyst, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation

Rachael Zuckerman is the Deputy Director of the Division of Health Financing Policy, Office of Health Policy, in the Office of the Assistant Secretary for Planning and Evaluation, or ASPE, in HHS. Rachael has been at ASPE for over ten years, starting as an intern in the summer of 2013. At ASPE, her division currently works drug pricing, competition, social determinants of health, and the Medicare program including value-based purchasing, Medicare Advantage, and fee-for-service payment. Zuckerman received her Ph.D. in Health Services Research from the Johns Hopkins Bloomberg School of Public Health.