KATHRYN SANTORO, MA is Director of Policy and Development at the National Institute for Health Care Management (NIHCM) Foundation, a nonprofit and nonpartisan organization whose mission is to promote improvements in health care access, management and quality. Ms. Santoro currently leads NIHCM’s Driving Value webinar series and directs the organization’s maternal and child health programs. Under these projects, she conducts research and analysis on health policy issues in support of improving practices used by health care decision makers and industry leaders.

Ms. Santoro joined NIHCM Foundation in September 2004 after receiving her Master’s degree in Public Policy from the George Washington University with a focus on women’s health policy. Ms. Santoro previously served as a Project Consultant for Women in Government where she was responsible for compiling a state-by-state report card on access to cervical cancer screening. While pursuing her Master’s degree, Ms. Santoro was a Communications Assistant for a health policy consulting firm and a Graduate Intern for a Washington, D.C. based women’s and children’s policy research organization. Ms. Santoro attended Villanova University in Villanova, PA and graduated with a BA cum laude in Political Science.

GENEVIEVE KENNEY, PhD is a senior fellow and codirector of the Health Policy Center at the Urban Institute. She has been conducting policy research for over 25 years and is a nationally renowned expert on Medicaid, the Children’s Health Insurance Program (CHIP), and broader health insurance coverage and health issues facing low-income children and families.

Ms. Kenney has led a number of Medicaid and CHIP evaluations, and published over 100 peer-reviewed journal articles and scores of briefs on insurance coverage, access to care, and related outcomes for low-income children, pregnant women, and other adults. In her current research, she is examining implications of the Affordable Care Act, how access to primary care varies across states and insurance groups, and emerging policy questions related to Medicaid and CHIP.

She received a master’s degree in statistics and a PhD in economics from the University of Michigan.
CINDY MANN, JD has more than 30 years of experience in federal and state health policy, focused on health coverage, financing, access and operational issues. She guides states, providers, plans, consumer organizations and foundations on creating and implementing strategies around federal and state health reform, Medicaid, Children’s Health Insurance Program (CHIP), and delivery and payment system transformation.

Ms. Mann joined Manatt from the Centers for Medicare & Medicaid Services (CMS), where she served as deputy administrator and director of the Center for Medicaid and CHIP Services. At CMS, she led the administration of Medicaid, CHIP and the Basic Health Program at the federal level for more than five years during the implementation of the Affordable Care Act (ACA). Her role included setting federal policy, supporting state program operations and coordinating policy and program operations with the Marketplace. She also was responsible for developing and executing national policies and initiatives regarding long-term services and supports and broader delivery system and payment system reform. In addition, she provided leadership in federal and state efforts to align financing and delivery systems across Medicaid and Medicare.

Prior to CMS, Ms. Mann was a research professor at the Georgetown University Health Policy Institute, where she was founder and director of the Center for Children and Families. Her work at Georgetown focused on health coverage, financing and access issues affecting low-income populations.

Before coming to Georgetown, Ms. Mann served as a senior advisor at the Kaiser Commission on Medicaid and the Uninsured. She also was director of the Family and Children’s Health Program Group at the Healthcare Financing Administration (HCFA), now CMS. In that role, she developed the initial CHIP program rules, as well as led policy development related to Medicaid for children, families and pregnant women. Ms. Mann came to HCFA from the Center on Budget and Public Policy, where she directed federal and state health policy work. She has extensive experience in state-level matters, having worked on healthcare, welfare and public finance issues in Massachusetts, Rhode Island and New York.

STEPHEN G. FRIEDHOFF, M.D. is Vice President and Chief Medical Officer of the Anthem Government Business Division. Prior to his current position, Dr. Friedhoff held a similar role with Amerigroup Corporation prior to Amerigroup’s acquisition by Anthem. He has held several clinical and administrative positions over the course of his career. At Independence Blue Cross/AmeriHealth-New Jersey in Philadelphia, Pa., he assumed progressive responsibility including senior/regional medical director.

He was also medical director with Health Net of the Northeast (formerly Qualmed Health Plans) in Philadelphia, Pa. and clinical faculty and medical director in the Virtua Family Medicine Residency Program, at Virtua Memorial Hospital in Mount Holly, N.J. He continued to practice Family Medicine in NJ part time until 2014.

Dr. Friedhoff obtained his undergraduate degree at Rensselaer Polytechnic Institute in Troy, N.Y., summa cum laude, and his medical degree at the Rutgers–New Jersey Medical
School in Newark, N.J. He completed his family medicine residency at Virtua Memorial Hospital in Mount Holly, N.J., where he served as chief resident and was the recipient of the New Jersey Resident of the Year Award by the New Jersey Academy of Family Physicians. Dr. Friedhoff is a certified health insurance executive through America’s Health Insurance Plans, a diplomat of the American Academy of Family Physicians and board certified by the American Board of Family Medicine. He holds active medical licenses in New Jersey, Florida, Kansas, Iowa and Louisiana. Dr. Friedhoff has also served on the board of trustees of Samaritan Hospice in Marlton, N.J. and was a recipient of the “Home Care Physician of The Year” award in southern New Jersey.

JOE MOSER, MA was appointed Director of Indiana Medicaid in November 2013. Mr. Moser oversees the policy and program direction for Indiana’s Medicaid programs, which currently cover 1.3 million Hoosiers. In this capacity, he oversees the quality of the $11 billion program and ensures members are accessing services in the appropriate settings and when they need them. Mr. Moser is tasked with administering Indiana’s Medicaid programs efficiently and in the most fiscally responsible manner for Indiana taxpayers. Mr. Moser was a member of Governor Pence’s team that developed the Healthy Indiana Plan 2.0 program. He also currently serves on the board of the National Association of Medicaid Directors, the organization for state Medicaid Directors across the country.

Before joining Indiana Medicaid, he was the director of government affairs at Medicaid Health Plans of America (MHPA), a national trade association for Medicaid managed care organizations. Mr. Moser also previously worked in the U.S. Congress where he worked on Medicaid, Medicare, SCHIP, Indian Health Service and public health issues. Mr. Moser worked on legislation including the Medicare Modernization Act of 2003, the Deficit Reduction Act of 2005, the Children’s Health Insurance Program Reauthorization Act of 2009, and legislation that established the Medicaid Commission.

Mr. Moser is originally from Coal City, Indiana, and has a bachelor’s degree from Marian University and a master’s degree from Miami University in Ohio.