SEAN CAVANAUGH is the deputy administrator and director of the Center for Medicare at the Centers for Medicare & Medicaid Services. He is responsible for overseeing the regulation and payment of Medicare fee-for-service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. Medicare provides health coverage to 50 million elderly and disabled Americans, with an annual budget of over $550 billion. Prior to assuming his current role, he was the deputy director for programs and policy in the Center for Medicare and Medicaid Innovation. In that capacity, he was responsible for overseeing the development and testing of new payment and service delivery models, including accountable care organizations and medical homes. Previously, Mr. Cavanaugh was director of health care finance at the United Hospital Fund in New York City. He has also served in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor’s Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee. He attended the University of Pennsylvania and the Johns Hopkins School of Hygiene and Public Health.

MARK HAMELBURG is the senior vice president of federal programs at America’s Health Insurance Plans (AHIP). He has more than 25 years of private sector and government experience, including service as a senior official at the Centers for Medicare & Medicaid Services (CMS) and time at the Department of Treasury. Mr. Hamelburg currently leads AHIP’s policy development and regulatory agenda for all of the industry’s federal program participation. This includes popular programs such as Medicare Advantage, Medicare Part D, and Medicaid. At CMS, Mr. Hamelburg served as the director of the Medicare Part C (Medicare Advantage) and Part D Analysis Group in the Office of Legislation. Before that, he was the director of the Employer Policy and Operations Group at CMS. Mr. Hamelburg has also served as an attorney-advisor in the Office of Benefits Tax Counsel at the Treasury Department. In addition to his work in public service, he has more than 15 years of experience in the private sector at law and consulting firms. In those roles he worked with a range of stakeholders on issues related to the delivery and payment of health care.

JACK HOADLEY is a health policy analyst and researcher with over 30 years of experience. He joined Georgetown University’s Health Policy Institute as a research professor in January 2002, where he conducts research projects on health financing topics, including Medicare, Medicaid, and private health insurance. A primary focus has been on prescription drug issues and the Medicare Part D drug benefit, including spending trends, the dynamics of enrollees’ decisions whether to switch plans, the use of formularies, the impact of plan benefit design features on generic drug use, and policy options for simplifying and standardizing the program. Other recent work has included projects on consumer protections around balance billing in private insurance plans, insurance exchanges under the Affordable Care Act, the impact of Medicaid managed care on health care delivery systems, and Medicaid initiatives in Florida, Virginia, and Connecticut. A list of key publications is at http://hpi.georgetown.edu/medicarepartd/. Dr. Hoadley was reappointed in 2015 to a second three-year term as a member of the Medicare Payment Advisory Commission (MedPAC). He is trained as a Ph.D. in political science and has worked in both academic and government settings. Prior to arriving at Georgetown, he held positions at the Department of
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