



## JONATHAN BLUM

### *Deputy Administrator and Director, Center of Medicare*

Jonathan Blum, Deputy Administrator and Director for the Center of Medicare at the Centers for Medicare and Medicaid Services, 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. The benefits pay for health care for approximately 45 million elderly and disabled Americans, with an annual budget in the hundreds of billions of dollars.

Over the course of his career, Mr. Blum has become expert in the gamut of CMS programs. He served as an advisor to Senate Finance Committee members and its current chairman, Sen. Max Baucus, where he worked on prescription drug and Medicare Advantage policies during the development of the Medicare Modernization Act. He focused on Medicare as a program analyst at the White House Office of Management and Budget.

Prior to joining CMS, Mr. Blum was a Vice President at Avalere Health, overseeing its Medicaid and Long-Term Care Practice.

Most recently, Mr. Blum served as a health policy advisor to the Obama-Biden Transition Team. He holds a Master's degree from the Kennedy School of Government and a BA from the University of Pennsylvania.

## RANDY BRAUER

### *Director, Division of Prospective Payment*

Randy Brauer is the Director of the Division of Prospective Payment in the Medicare Plan Payment Group at the CMS Central Office in Baltimore. He led the Medicare Enrollment and Eligibility Division during the launch of the Medicare Prescription Drug program and worked on a number of projects before taking his current role.

Mr. Brauer joined CMS nearly 10 years ago as an analyst working on Medicare eligibility and enrollment policy. Prior to that, he worked for a private health insurance company in upstate New York for over 12 years in a variety of roles focusing on that organization's Medicare business operations.



## JIM CANAVAN

### *Health Insurance Specialist, Division of Enrollment & Eligibility Policy*

Jim Canavan is a Health Insurance Specialist in the Division of Enrollment & Eligibility Policy with the Centers for Medicare & Medicaid Services. He develops policy and assists Medicare Advantage and Prescription Drug plans across the country with the rules for enrollment and disenrollment.

Prior to coming to CMS, Jim worked for a health plan in upstate New York for fourteen years in many different capacities. He graduated from Canisius College in Buffalo, New York with a degree in English Literature, proving that not all English Majors end up working jobs where they are required to ask "Do you want to super-size that?".

While living in Buffalo, Mr. Canavan studied voice acting with Voice Actors Workshop. His voice was heard in radio commercials for diverse products from carpets to legal services. He lives in Maryland with his girlfriend and his pug.



**MARSHA G. DAVENPORT, MD, MS, MPH, FACPM, CAPT, USPHS**  
*Chief Medical Officer, Medicare Drug and Health Plan Contract Administration Group*

Captain Davenport was commissioned in the United States Public Health Service (USPHS) in 1989 as an Epidemic Intelligence Service (EIS) Officer with the Centers for Disease Control and Prevention (CDC). She has held several positions with CDC, including medical officer for the Third National Health and Nutrition Examination Survey (NHANES III) and one of the first Career Epidemiology Field Officers (CEFO). The CEFO program was created by CDC in response to the events of September 11 to assist States in developing and strengthening their emergency preparedness programs.

CPT Davenport was assigned to the Maryland Department of Health and Mental Hygiene (DHMH) for almost six years as a CEFO and emerged as a nationally recognized expert in the field of emergency preparedness. She was responsible for providing leadership in developing guidance and operational plans for pandemic influenza, community containment, and medical surge for Maryland. She also served as a senior level advisor for the DHMH, other State agencies, local health departments, hospitals, and other public-private partners collaborating on preparedness programs to protect Maryland.

CPT Davenport served as the Health Resources and Services Administration's (HRSA's) Acting Director for the Office of Policy and Planning and the Acting Deputy Director for State, Community and Public Health within the Bureau of Health Professions. Most recently, she served as the Acting Director of the Division of Immigration Health Services (DIHS) and Deputy Director for Clinical Services, Detention and Removal Operations within Immigration and Custom Enforcement (ICE) for the Department of Homeland Security. Under her leadership, DIHS developed and implemented a national H1N1 program to respond to the pandemic while continuing to provide quality healthcare to the detainees in ICE custody.

CPT Davenport returned to the Centers for Medicare and Medicaid Services (CMS) as the Chief Medical Officer for the Medicare Drug and Health Plan Contract Administration Group (MCAG), Center for Medicare, to serve as a medical advisor and to focus on coordinating the quality improvement efforts for the Medicare Advantage Program and for the Program for All-Inclusive Care for the Elderly (PACE). During her previous tenure with CMS, she served as the Chief Medical Officer for the Office of Strategic Planning. In addition, she served as the Women's Health Coordinator for CMS and chair of the CMS Women's Health Workgroup.



## TANETTE DOWNS

*Director, Division of Capitated Plan Audits*

Tanette Downs is the Director of the Division of Capitated Plan Audits in the Office of Financial Management, Financial Services Group at the Centers for Medicare and Medicaid Services. Ms. Downs is responsible for overseeing the financial audits of the Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs). Additionally, she is responsible for budgeting, accounting and related financial administration of the Medicare Managed Care Cost plans. Ms. Downs has been with CMS for over 17 years and has worked in various positions during her tenure with the agency.

Ms. Downs is a Certified Public Accountant and holds both a Bachelor of Science degree in Accounting and a Masters of Business Administration degree with a concentration in Finance.

## VANESSA S. DURAN, MPA

*Director, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group*

In her ten years at CMS, Vanessa Duran has held a variety of drug and health plan policy positions. She joined the Medicare Drug & Health Plan Administration Group as Director of the Division of Policy, Analysis, and Planning in April 2009. Prior to that, she worked on the development and implementation of the Medicare Prescription Drug Card Program and the Medicare Prescription Drug Benefit (Part D).

Prior to coming to CMS, Ms. Duran worked for a Washington-based public policy consulting firm focusing on women's health care issues, as well as on Capitol Hill. She has a Masters in Public Affairs – with a focus on domestic policy – from Princeton University's Woodrow Wilson School of Public and International Affairs. She is also a proud Duke University Blue Devil.

## LIZ GOLDSTEIN

*Director, Division of Consumer Assessment and Plan Performance, CMS*

Liz Goldstein is Director of the Division of Consumer Assessment and Plan Performance at CMS. With

CMS since 1993, Dr. Goldstein has worked on the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) Surveys in a variety of settings, Medicare educational activities, long-term care, and home health care.

Dr. Goldstein handles HEDIS data collection, CAHPS activities, Part C and D enrollment analyses, Part C plan ratings, and reporting of quality data to consumers. She earned a Ph.D. in Economics from the University of Wisconsin in Madison.



## PATTY HELPHENSTINE

*Director, Division of Enrollment & Eligibility Policy*

Patty Helphenstine serves as the Division Director for Enrollment & Eligibility Policy in the Center for Medicare at the Centers for Medicare & Medicaid Services.

Ms. Helphenstine was responsible for strategic development and implementation of national education and outreach efforts for multiple initiatives, including HITECH, personal health records, the annual election period, and Part D/the low income subsidy before taking her current role.

Before joining CMS in 2001, she coordinated and designed advertising efforts for various national and regional companies and non-profit organizations, including MBNA America, Nissan North America, and Boy Scouts of America - Baltimore Area Council. She is a graduate from Towson State University.

Patty Helphenstine lives in Maryland with her husband and two children and volunteers in her community with local county children's recreation programs.

## TAWANDA HOLMES, CPA

*Director, Division of Compliance Policy & Operations, Center for Medicare, Program Compliance and Oversight Group*

Tawanda Holmes is the Director for the Division of Compliance Policy & Operations in the Center for Medicare, Program Compliance and Oversight Group at the Centers for Medicare & Medicaid Services in Baltimore, MD. She is primarily responsible for developing and implementing a comprehensive and effective audit program for all Medicare Advantage and Prescription Drug sponsors.

Ms. Holmes has over 15 years of auditing experience. Her experience includes leading a team in developing and conducting the one-third financial audits with the Office of Financial Management at CMS, conducting Medicare and Medicaid audits with the Office of Inspector General, and conducting audits of public utility companies with the Department of Energy. Ms. Holmes is a Certified Public Accountant and holds a Bachelor of Science degree in Accounting and a Masters of Arts degree.

## TIM HOOGERWERF

*Senior Analyst, Health Plan Management System*

Tim Hoogerwerf is a Senior Analyst with the Health Plan Management System (HPMS), and has been with CMS for 11 years. He is responsible for several HPMS Modules and associated functional areas, among which are Marketing, Auditing, Compliance, PACE, and Surveillance, as well as contractor oversight.



## VIKKI OATES, M.A.S.

### *Director, Division of Clinical and Operational Performance, Medicare Drug Benefit and C & D Data Group*

Vikki Oates is Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Medicare within the Centers for Medicare and Medicaid Services (CMS). She has been with CMS for six years, and her division conducts first line monitoring and oversight of all Part D plans offering the Prescription Drug Benefit. Her division is responsible for the public release of Part D Plan Ratings (that includes data on quality and performance measures) on the Medicare Plan Finder (MPF) and the CMS website. In addition, her division is responsible for much of the Part D program analysis. Her area is also responsible for the review and approval of all Part D Medication Therapy Management programs, the Quality Assurance of the drug pricing data posted on the MPF, the Complaints Tracking Module, the Part D Reporting Requirements, and various ad hoc analyses for internal and external stakeholders.

Her career has included positions in industry, state agencies, and academia. Her position prior to joining CMS was as Director of Medical Economics for a large national PBM. Her work focused on outcomes reporting related to disease management programs. Other work included business operations at the University of Maryland School of Medicine and research in case-mix adjustment and severity of illness at The Johns Hopkins School of Hygiene and Public Health.

Ms. Oates has been involved in the healthcare arena for her entire career and specializes in data analysis and measure development. She received her Bachelor's degree from the University of Richmond and her Master's degree from The Johns Hopkins University School of Continuing Studies.

## CHRISTINE M. REINHARD

### *Division of Surveillance, Compliance, and Marketing, CMS*

Christine M. Reinhard works in the Division of Surveillance, Compliance, and Marketing, within the Medicare Drug & Health Contract Administration Group for the Centers for Medicare & Medicaid Services. The Division of Surveillance, Compliance, and Marketing is responsible for secret shopping and compliance activities as well as marketing issues related to Medicare Advantage organizations, 1876 Cost Contractors, and other health plan types.

Ms. Reinhard has been with CMS since 1995, working in managed care since 1998. Her previous work has focused on many aspects of the Part C and Part D programs, including bid submissions, plan benefits, auditing, and financial analysis of contractors.

Ms. Reinhard holds an undergraduate degree from St. Andrews College, a Masters in Business Administration from Rutgers University, and a Law Degree from the University of Maryland. She is also a member of the Maryland Bar.



## ROSLYN THOMAS

### *Health Insurance Specialist, Division of Enrollment & Eligibility Policy*

Roslyn Thomas is a Health Insurance Specialist in the Division of Eligibility and Enrollment Policy with the Centers for Medicare and Medicaid Services (CMS). She develops policy and assists Part D plans with the Part D late enrollment penalty and is currently implementing the Income Related Monthly Adjustment Amount for Part D (Part D - IRMAA).

Prior to working for CMS, Ms. Thomas was employed with the Department of Veterans Affairs, where she provided and coordinated wide range of rehabilitation counseling and case management services for disabled veterans returning home from Operation Iraqi Freedom, Operation Enduring Freedom, and other previous conflicts.

Ms. Thomas is a graduate of the University of Maryland, College Park. Her interests and hobbies are gardening, reading and music.



## CYNTHIA G. TUDOR, PH.D.

*Director, Medicare Drug Benefit and C&D Data Group, Centers for Medicare & Medicaid Services*

Cynthia Tudor is the Director of the Medicare Drug Benefit and C&D Data Group at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, Maryland. The Medicare Drug Benefit and C&D Data Group (MDBG) is responsible for most activities related to the implementation and operation of the drug benefit (Part D) for CMS, including the new Coverage Gap Discount Program.

Dr. Tudor's Part D operational responsibilities include applications, formulary development, contracting, day-to-day operations, and benefits policy. She is also responsible for developing and analyzing Medicare Advantage (Part C) and Part D data and development of performance and quality metrics.

Prior to serving in MDBG, Dr. Tudor led the implementation and operations of Risk Adjustment (RA) payments to Medicare Advantage organizations. Beginning at the Office of Research and Demonstrations at CMS, she led a team of researchers who were responsible for the development of multiple approaches for risk adjustment. Dr. Tudor then led the development of data collection from plans and the validated risk adjusted payments. She also determined the impacts of risk adjustment on health plans and led the development of the risk adjuster for the Medicare drug benefit.

Before coming to CMS, Dr. Tudor served as a consultant to MedStat in such areas as Medicaid pharmaceutical costs, use of home health services by Medicare beneficiaries, and quality of care assessment in Medicaid nursing facilities and in CHAMPUS outpatient mental health services. She also served as the leader at the Association of American Medical Colleges in their surveys of prospective, matriculating, and graduating medical students.

Dr. Tudor received her doctorate from the Johns Hopkins University and received post-doctoral training at the University of Maryland Medical School, Department of Epidemiology and Preventive Medicine. She is a Georgia native.