



Hopkins Business
of Health Initiative

BIO BOOK

Medicare Advantage: Rethinking Payer- Provider Relationships to Advance Health

A Johns Hopkins University Nexus Symposium



April 30, 2026

8am – 6pm

**Johns Hopkins University
Bloomberg Center**

555 Pennsylvania Ave NW
Washington, DC 20001

The Kenney Link
Room 426

KEYNOTE SPEAKER



Dr. Mehmet Oz

Dr. Oz serves as the 17th Administrator for the Centers for Medicare & Medicaid Services under HHS Secretary Robert Kennedy, Jr., and President Donald Trump. He is a Professor Emeritus at NY Presbyterian-Columbia Medical Center and has won nine Daytime Emmy® Awards. Dr. Oz received his undergraduate degree from Harvard University and obtained a joint MD and MBA from the University of Pennsylvania School of Medicine and Wharton Business School. In 2003, Dr. Oz founded a national non-profit which emulates the Peace Corps by putting energetic recent college graduates into high schools around the country to teach diet, fitness and mental resilience. He has raised \$100 million to help 3 million teens with this nationwide program. In addition to belonging to every major professional society for heart surgeons, Dr. Oz has been honored as one of the most influential people by countless publications and organizations including Time magazine.

SPEAKERS & MODERATORS



Diane Archer

Diane Archer is founder and president of Just Care USA, an independent digital media hub covering health and financial issues facing boomers and their families. Ms. Archer is the past chair of the Board of Consumer Reports. She began her career in health advocacy in 1989 as founder and president of the Medicare Rights Center, a national consumer service organization dedicated to ensuring that older and disabled Americans get the health care they need. She served as director of the Health Care for All project for the Institute for America's Future and currently serves as a senior advisor at Social Security Works. She is a member of the Board of the Center for Health and Democracy.



Michael Bagel

Michael is a public policy expert with nearly two decades of working with federal policymakers and lawmakers to advance regulatory and legislative activities. He previously served as a senior policy advisor at the Department of Health and Human Services Office of the Secretary, attorney with the Office of Management and Budget, and as a law clerk at the US Department of Labor and Health Policy Associate with the Senate Finance Committee.



Cybele Bjorklund

Cybele Bjorklund is the inaugural executive director of the Johns Hopkins University Bloomberg Center and the vice president of federal strategy for Johns Hopkins University & Medicine. In these roles, she works across the Johns Hopkins enterprise to support evidence-based policymaking, advocacy and engagement in order to advance the university's commitment to research, teaching, patient care and service.

Through the Bloomberg Center, Cybele and her team work with internal and external stakeholders to create opportunities for collaboration and conversation on key policy issues and challenges. During her time in Congress, Cybele helped write and advance the Affordable Care Act, Medicare legislation (including the creation of Part D and numerous changes to benefits and payments across the program) and many other laws affecting private health insurance, health tax law, health information technology and other key federal health programs.



Gable Brady

Gable Brady serves as a Health Policy Advisor for the U.S. Senate Committee on Finance, where she advises on a range of health care issues, including those related to child welfare, reconciliation, and mental health. Prior to taking on her current role, Gable served as a Professional Staff Member for the Senate Budget Committee where she handled the health care portfolio including Medicare, Medicaid, and private health insurance. Gable graduated from the University of Notre Dame receiving a B.A. in Political Science with departmental honors.



Sunil Budhrani, MD, MPH, MBA

Dr. Sunil Budhrani is the Chief Innovation and Medical Officer at Capital Rx, where he is responsible for innovative clinical offerings and partnerships, expansion of Judi® platform capabilities, enhanced pharmacy benefit management (PBM) and administration solutions, and continued success with membership growth. He is a Board-Certified Emergency Medicine Physician on the George Washington University School of Medicine faculty. Dr. Prior to Capital Rx, he served as Chief Executive Officer of Innovation Health, a first-of-its-kind payer-provider partnership between CVS/Aetna and one of the largest health systems in the DC Metropolitan Area, INOVA Health System. Dr. Budhrani also founded one of the first national end-to-end telemedicine solution companies, CareClix Telemedicine, and prior to that, a multi-sited, regional Urgent Care system, PrimeMed Urgent Care Systems. He also served as the first Chief Medical Officer of the Affordable Care Act health plan, Evergreen Health Care, for the State of Maryland.



Melinda Buntin, PhD

Melinda J.B. Buntin is a health economist and a Bloomberg Distinguished Professor at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Carey Business School. Dr. Buntin's body of work bridges health care policy and public health by advancing understanding of the U.S. health care delivery system and its costs, with an emphasis on improving the value of care. She is primarily based at 555 Pennsylvania Avenue in Washington DC, where she aims to inform health care policy through the newly established Center for Health Systems and Policy Modeling.



Michael Carson

Michael Carson serves as the Group President, Medicare and Specialty Business, of Wellcare, Centene Corporation's Medicare & Duals business. In this role, Carson is responsible for guiding the strategic positioning and performance of Centene's national Medicare and Dual Eligible products and services leveraging his nearly three decades of seasoned leadership, operational and industry expertise in payer, provider, and population health solutions. Carson has held numerous President and CEO roles including at Harvard Pilgrim Health Care, Bright Health Care, Tufts Health Plan, Anthem Blue Cross & Blue Shield Medicare and CareAbout, a value-based, primary and multi-specialty care company as well as COO roles at Amerigroup Medicare and ConcertoHealth, also a risk-bearing value-based care delivery organization serving complex care patients. Within these capacities, he has led the development of transformational complex care population health solutions, value-based care provider network partnerships, operational and financial turnarounds, and innovative product and growth strategies.



Aneesh Chopra

Aneesh Chopra served as the U.S. Chief Technology Officer (2009–2012), advancing the nation's innovation agenda through open data, open standards, and public-private collaboration. He co-founded CareJourney and following its acquisition by Arcadia, chairs the Arcadia Institute—an independent research hub generating evidence-based insights on healthcare performance and policy. Chopra advises technology and healthcare companies participating in the CMS Health Tech Ecosystem and is the author of "Innovative State: How New Technologies Can Transform Government (2014)." He serves on the National Artificial Intelligence Advisory Committee, on the boards of Trimedx, IntegraConnect, Virginia Center for Health Innovation, and the George Mason Innovation Advisory Council. He holds degrees from the Harvard Kennedy School and Johns Hopkins University.



Susan Dentzer

Susan Dentzer is President and Chief Executive Officer of America's Physician Groups, the nonprofit organization representing more than 360 large physician groups focused on patient-centered, coordinated, and integrated health care that is accountable for both costs and quality. Dentzer is a highly respected health and health policy thought leader, a frequent speaker and commentator, and an author of commentaries in Modern Healthcare, the New England Journal of Medicine Catalyst, the American Journal of Public Health, and other prominent publications. She is also the editor and lead author of the book Health Care Without Walls: A Roadmap for Reinventing U.S. Health Care.



Liz Fowler, PhD, JD

Liz Fowler is a nationally recognized expert in federal health policy with a focus on value-based care and payment innovation. Most recently, Liz was Deputy Administrator and Director of the Innovation Center at the Centers for Medicare & Medicaid Services (CMS). In that role, she was responsible for advancing innovative payment and care delivery models in Medicare and Medicaid to promote value-based care on a national scale. Prior to leading the Innovation Center, she was Executive Vice President of programs at The Commonwealth Fund and Vice President for Global Health Policy at Johnson & Johnson. As Chief Health Counsel at the Senate Finance Committee, she played a major role in the drafting and passage of the Affordable Care Act (ACA) in 2010, and then served as special assistant to President Obama on health care and economic policy at the National Economic Council to implement the ACA. She also played a key role drafting the 2003 Medicare Prescription Drug, Improvement and Modernization Act (MMA).



Kate Goodrich, MD, MHS

Dr. Kate Goodrich serves as Executive in Residence at Optum, where she serves as a mentor and advisor to medical professionals across the organization. In this role, she supports clinician enablement, continuous clinical learning and helps to uphold the highest standards of clinical excellence in the delivery of care to patients. Dr. Goodrich was previously the Chief Medical Officer at Humana, where she provided executive clinical leadership across the enterprise. She led clinician engagement and retention, healthcare clinical and health services research and efforts to advance the Company's value-based care and integrated senior care strategies. Prior to Humana, she held several leadership roles at the Centers for Medicare and Medicaid Services (CMS), including CMS Chief Medical Officer and Director of the Center for Clinical Standards and Quality. She continues to practice as a hospitalist and clinical professor of medicine at GWU.



Doug Holtz-Eakin, PhD

Doug Holtz-Eakin has a distinguished record as a researcher and policy adviser. Currently he is the President of the American Action Forum. Since 2001, he has served in a variety of important policy positions. In 2001 and 2002 he was Chief Economist of the President's Council of Economic Advisers. He was the 6th Director of the non-partisan Congressional Budget Office from 2003 to 2005. During 2007 and 2008 he was Director of Domestic and Economic Policy for the John McCain presidential campaign.



Paul Jacobs, PhD

Paul D. Jacobs, PhD, is an Economist and Associate Scientist at the Center for Health Systems and Policy Modeling (CHSPM) within the Bloomberg School of Public Health. He has over 20 years of experience in healthcare research covering a wide range of issues including coverage, financing, and hospital payment policy. He also has an extensive background in policy modeling with a focus on household financing of health coverage including related issues of affordability, consumer plan choice, and Medicare Advantage payment policy. Prior to joining CHSPM, Paul was an Economist and Mathematical Statistician at the U.S. Agency for Healthcare Research and Quality (AHRQ), where he managed several teams tasked with survey design and methodology for the Medical Expenditure Panel Survey (MEPS). Prior to AHRQ, Paul worked at the Congressional Budget Office developing economic microsimulation models of the U.S. healthcare system, which spanned a broad range of key issues in healthcare including the Affordable Care Act and proposals to reform Medicare payment and health plan choice.



Gretchen Jacobson, PhD

Gretchen Jacobson joined The Commonwealth Fund in 2020 as Vice President for the Advancing Medicare program. She is responsible for developing strategy and program plans, tracking developments and policy initiatives within the U.S. Medicare program, and identifying and working with prospective grantees to improve project design. Before joining the Fund, Gretchen Jacobson was at the Kaiser Family Foundation, where she served as associate director of the organization's Program on Medicare Policy. She has provided expert testimony before Congress and has been published in the *New England Journal of Medicine* and *Health Affairs*, among other peer-reviewed journals. She holds a Ph.D. in health economics from the Johns Hopkins Bloomberg School of Public Health, an M.S. in epidemiology from the Harvard School of Public Health, and a B.A. in economics with a concentration in community health from Tufts University.



Amit Jain, MD, MBA

Amit Jain, MD MBA, is Vice President of Care Transformation, Medical Director of Value Based Care, and Associate Professor of Orthopaedic Surgery, Neurosurgery, and Business at Johns Hopkins. As a healthcare executive, he leads enterprise-wide care redesign efforts to enhance the value, efficiency, and effectiveness of care delivery. As a spine surgeon, he cares for children with scoliosis and adults with degenerative spinal conditions. He leads international collaborative research groups, has had multiple NIH grants, and authored over 300 scientific publications. He is the Fellowship Director for the Johns Hopkins Spine Surgery Fellowship, and is a 2026 United States Presidential Leadership Scholar.



Laura Keohane, PhD

Laura M. Keohane, PhD, is an associate professor in the Department of Health Policy at Vanderbilt University School of Medicine. Her research focuses on policies that affect quality of life and health care affordability for beneficiaries with Medicare and Medicaid, especially those who face health care barriers due to frailty, disability or limited socioeconomic resources. Dr. Keohane's research has examined managed care alignment initiatives for dual-eligible beneficiaries, post-acute benefits in Medicare Advantage plans, and outcomes that could be improved by coordinating medical and long-term services and supports. Dr. Keohane holds a PhD in health services research from Brown University and a MS in health policy and management from the Harvard T.H. Chan School of Public Health.



David Meyers, PhD, MPH

David Meyers, Associate Professor, Department of Health Services, Policy, and Practice at Brown University, is a health services researcher and economist whose work focuses on Medicare payment and delivery reform. His research examines Medicare Advantage payment policy and quality measurement, integrated care for dually eligible beneficiaries, and vertical integration in health care. He serves as Associate Director of Brown's Center for Advancing Health Policy Through Research (CAHPR), and vice department chair. He is also a Senior Advisor to the Center for Medicare and Medicaid Innovation.



Mark E. Miller, PhD

Mark E. Miller leads Arnold Ventures' philanthropic work to lower the cost and improve the value of health care. He has more than 30 years of health policy experience, including prior positions as the executive director of Medicare Payment Advisory Commission; assistant director of Health and Human Resources at the Congressional Budget Office; deputy director of health plans at the Centers for Medicare and Medicaid Services; health financing branch chief at the Office of Management and Budget; and senior research associate at the Urban Institute.



Daniel Polsky, PhD

Daniel Polsky is the Bloomberg Distinguished Professor of Health Economics at Johns Hopkins University. He holds joint appointments in the Johns Hopkins Bloomberg School of Public Health and the Carey Business School. Dr. Polsky has dedicated his career to exploring how health care is organized, managed, financed, and delivered—especially for low-income people. His research on issues of cost and quality has influenced the national understanding of interventions in both federal and local programs; and his most recent work focuses on access to quality health care in low-resource settings, with a particular interest in narrow provider networks.



Marisa Salemme

Marisa Salemme is a Senior Health Policy Advisor for the minority staff on Senate Finance Committee, covering Medicare Part B and Part C issues for Ranking Member Ron Wyden of Oregon. She joined the committee from Senator Chris Murphy's office, where she served as Health Policy Advisor. Prior to Senator Murphy's office, Marisa was Legislative Director for Congresswoman Annie Kuster, a senior member of the Energy & Commerce Committee. Marisa earned her MPH from George Washington University.



Misha Segal, MBA

Misha Segal, MBA, Senior Research and Strategy Director at L&M Policy Research, brings twenty-five years of experience as a health system expert who provides insights, solves problems, and thinks strategically, often guided by big data. He has spent the past 10 years as a researcher and consultant, working with CMS, foundations, associations, MA plans, risk-based provider groups, and financial sponsors. Prior to consulting, he served as the Director of the Policy and Analytics Group at CMS during the implementation of the ACA, and as a researcher at the Urban Institute.



Ashish V. Shah

Ashish V. Shah is Co-Founder and CEO of Dina, a healthcare technology company partnering with Medicare Advantage, Medicaid, and PACE programs to improve access and coordination of home-based care. He brings deep experience at the intersection of payer strategy, clinical interoperability, and care delivery transformation, pioneering the use of AI-driven digital workforces to operationalize care at scale. Previously, he was CTO of Medicity, helping scale one of the nation's leading health information exchanges prior to its acquisition by Aetna.



Kevin W. Sowers, MSN, RN, FAAN

Kevin W. Sowers is president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. In these dual roles, Mr. Sowers oversees the health system's six hospitals and sets strategies that advance the health system mission to deliver outstanding care, train the next generation of leaders and advance research and discovery. Mr. Sowers came to Johns Hopkins Medicine after 32 years with the Duke University Health System, the last eight as president and CEO of Duke University Hospital. He joined Duke University Medical Center Hospital in 1985 as a staff nurse in oncology and held several faculty and nursing leadership positions. Active in many professional and community organizations, Mr. Sowers is a member of the Vizient board of directors and the AAMC Council of Teaching Hospitals and Health Systems administrative board. He is an American Academy of Nursing fellow and has collaborated on numerous research efforts as well as consulted internationally. He has published extensively and speaks nationally and abroad on issues such as leadership, organizational change, mentorship and cancer care.



Kali Thomas, PhD, MA

Kali Thomas is the Leonard and Helen R. Stulman Professor in Aging and Community Health in the Johns Hopkins School of Nursing. She serves as the Associate Director of Health Services Research in the Center for Equity on Aging and holds a joint appointment in the Johns Hopkins Bloomberg School of Public Health. Dr. Thomas' research examines how the organization, delivery, and financing of long-term services and supports meets older adults' medical and social needs.



Thomas C. Tsai, MD, MPH

Thomas C. Tsai, MD, MPH is Medical Director for Health Policy Research for the American College of Surgeons. He is an Associate Professor of Surgery at Harvard Medical School and Associate Professor in Health Policy and Management at Harvard T.H. Chan School of Public Health. He is a practicing gastrointestinal surgeon at Brigham and Women's Hospital. As Co-Director of the Healthcare Quality and Outcomes Lab at HSPH, he leads a multidisciplinary research portfolio on healthcare quality and equity; health policy evaluation; and health systems resilience. Dr. Tsai's research bridges healthcare delivery and public health to inform the design and implementation of innovative care delivery models.



Boris Vabson

Boris Vabson is a health economist and a leading policy expert on the Medicare program. He is currently CMS's senior advisor on Medicare Advantage, supporting the agency's policy priority of program modernization. He was previously a faculty member and researcher at Harvard Medical School, as well as a nonresident fellow at the American Enterprise Institute and USC-Schaeffer Center. Boris's research has focused on payment, benefit, coverage, and market design within the Medicare program. Boris has published in leading journals and been cited extensively by regulators and legislators. He also worked with leading ventures in the health tech and health data space, as an advisor, consultant, and entrepreneur. He received his Ph.D. in Applied Economics from the University of Pennsylvania's Wharton School and his undergraduate degree in Mathematics and Economics from Dartmouth.