

STEVEN M. LIEBERMAN

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EMPLOYMENT

Lieberman Consulting Inc.: President (2007—2011; 2012—Present)

Consultant engaged in Medicare, Medicaid and private sector research, policy, data, and budgetary analyses, serving a broad range of providers and provider associations, pharmaceutical and device manufacturers, insurance and managed care companies, trade associations, and the Centers for Medicare & Medicaid Services (CMS). I specialize in applying empirical and economic analyses to inform policy and business issues, such as those involving Medicare reimbursement and coverage. I have served as an expert witness in a variety of Medicare, Medicaid, and pharmaceutical cases.

The Brookings Institution, Economic Studies Division, Center for Health Care Policy: Non-Resident Fellow (2007—Present)

Bipartisan Policy Center, Health Project: Fellow (2012—2016)

National Governors Association (NGA): Deputy Executive Director for Policy and Analysis (2011—2012)

A bipartisan organization founded in 1908, the NGA provides the collective voice for the nation's governors, develops innovative solutions to key public policy challenges, and shares best practices. I focused primarily on health care reform implementation issues, including Exchanges, Medicaid expansion, and strategies for controlling health care costs.

The Moran Company: Managing Partner (2004—2006)

Effective October 1, 2004, joined analytic consulting firm specializing in Medicare, Medicaid and private sector research, policy, data, and budgetary analyses, serving a broad range of providers and provider associations, pharmaceutical and device manufacturers, insurance and managed care companies, and trade associations. Firm specializes in applying empirical and economic analyses to inform policy and business issues, such as those involving Medicare reimbursement and coverage.

Center for Medicare and Medicaid Services (CMS): Senior Advisor to the Administrator (2004)

During a 4 month detail, led implementation of Medicare Modernization Act (MMA), serving as Executive Director of the CMS MMA Council. Among other responsibilities, coordinated drafting and clearance of proposed regulations implementing the new Medicare prescription drug benefit, retiree drug subsidy for employers, and Medicare Advantage. Developed bidders' data set and policies for employer drug plans.

Congressional Budget Office (CBO): Assistant Director and Executive Associate Director (1999—2004)

As **Assistant Director**, led Health & Human Resources (HHR) Division, with 30+ analysts responsible for analyzing health, social security, long-term modeling and other human resource programs. Directed CBO's analyses of Medicare prescription drug and reform proposals, as well as conducting research on high cost Medicare beneficiaries, regional variations in cost, risk pool size, and partial capitation.

As **Executive Associate Director** (third ranking official at CBO), concentrated primarily on health and social security issues. Also functioned as Assistant Director for Long-Term Modeling, guiding development at CBO of long-term (75 year) actuarial and micro-simulation models for social security and Medicare. Reorganized Health and Human Resources Division, recruiting new staff and expanding capabilities.

President, Lieberman Consulting, Inc. (1994—1998)

Healthcare Consultant for managed care business development and operations, physician practice management, and healthcare reform. Clients include managed care companies, academic health centers, integrated delivery systems, hospitals, physician groups and trade associations. Long-term engagements included:

- Founding Partner, MatureWell, Inc. Raised \$15 million in venture capital and created an innovative company focused on integrating acute, long term, and personal care services for the elderly. Designed all MatureWell products, identified market opportunities, and planned strategic positioning of the company.
- Reporting to the Vice Chancellor for Health Sciences at University of California, San Diego (UCSD), served as (line) executive directing 75,000 member managed care network with 1,500 community and academic physicians. Responsibilities included managing 5 group practices and 4 IPAs, payor and provider contracting, marketing, and TPA services (including claims, member services, credentialing, utilization management, quality improvement, and finance). Developed Medicaid HMO.
- Prepared successful "Medicare Choices Demonstration" applications for two Provider Sponsored Networks (PSNs), permitting direct contracting with CMS on a capitated basis. Implemented PSN at UCSD, allowing beneficiaries direct access to specialists.

Intergroup Healthcare Corporation (IGHC): Vice President, Government Programs & Vice President, Marketing (1993—1994)

Reporting to CEO, responsible for \$500 Million in revenues for 400,000 member managed care company, supervising 7 Directors and budgets of \$15 Million. Ran strategic planning, network development, regulatory compliance, and operations of Medicare "risk", Medigap and Medicaid HMOs. Directed marketing and sales for commercial HMO, Medicare, retiree, point of service (POS), preferred provider organization (PPO), and indemnity products. Performed added duties assigned by CEO: negotiated provider contract with 180 physician multi-specialty medical group; designed Medicare "risk" provider contracts; developed rural provider networks; gained Federal HMO qualification and Medicare "risk" contracts in six rural counties; created employer-based retiree benefit and managed Workers Compensation products; and re-engineered Marketing and Medicare operations.

Schaller Anderson, Inc. Vice President for Strategic Planning and Product Development (1992—1993)

Developed Medicare joint venture product. Provided strategic planning for large Medicaid HMO, management consulting for hospital and primary care medical group, and advised clients on health care reform and Medicaid “waivers” in Arizona and nationally.

Office of Management and Budget (OMB), Executive Office of the President (1976—1992)

Assistant Director foMr General Management (1990—1992). Senior OMB official overseeing ten Federal agencies spending \$70 billion. Reporting to the Director and Deputy Director for Management, ran one of eight program areas in OMB. As career official, responsibilities included overseeing the Federal Employees Health Benefits Program and Cabinet-level management consulting. Reorganized and rebuilt the “M” side of OMB.

Health Financing Branch Chief (1983—1990). Medicare and Medicaid expert responsible for formulation of President’s budget, legislative program, and review of regulations, policies, and research. Directed staff of analysts and provided expert advice to senior policy officials. Lead negotiator for Medicare Catastrophic legislation and annual “reconciliation” bills reforming Medicare and Medicaid. Reviewed and approved all CMS regulations setting hospital, physician and HMO payment rates, as well as all waivers.

Senior Budget Examiner (1980—1983) and Budget Examiner (1976—1979). As chief social security analyst, led staff creating pricing models and supporting Director Stockman’s work with National Commission on Social Security Reform, resulting in the 1983 Social Security Amendments. Previously, analyst for social security, supplemental security income (SSI), and other retirement programs.

EDUCATION

M.Phil., Yale University, 1975 (Political Science)

M.A., University of California, Berkeley, 1973 (Political Science)

B.A., Yale University, *cum laude* and Clark Prize, 1972 (Political Science)

PROFESSIONAL AFFILIATIONS

Board Chair, Primary Care Coalition, Montgomery County, MD, 2015—Present (Board Member 2009—present)

Board Member, Tuple Health, 2014—Present

Board Member, CareCore National LLC, 2005—2014 (Chair, Audit and Finance Committee, 2007—2014)

Member, National Academy of Social Insurance, 2001—Present

Member, Social Security Advisory Board 2007 Technical Panel on Assumptions and Methods, 2006—2007

Member, Technical Advisory Panel on feasibility of modeling Medicaid drug expenditures, Department of Health and Human Services, 2014—2015

Fellow, Vanderbilt University Health Care Solutions Group, 2006—2009
United States Government Representative and Vice Chairman, Public Management Committee, Organization for Economic Cooperation and Development (OECD), 1991—92
President’s Council on Management Improvement, Executive Committee, 1990—1992
National Health Policy Forum, Steering Committee, 1983-1992; 2000—2004
Chairman, Arizona Rural Health Statewide Advisory Committee, 1996—1997

SELECTED PUBLICATIONS

“A Proposal to Enhance Competition and Reform Bidding in the Medicare Advantage Program”, Steven M. Lieberman, Loren Adler, Erin Trish, Joseph Antos, John Bertko, Paul Ginsburg, *The Leonard D. Schaeffer Initiative for Innovation in Health Policy*, May 2018, <https://www.brookings.edu/wp-content/uploads/2018/05/ma-bidding-paper.pdf>

“The Case For Reforming Competitive Bidding in Medicare Advantage”, Steven Lieberman, Erin Trish, Loren Adler, Joseph R. Antos, John Bertko, Paul B. Ginsburg, *Health Affairs Blog*, May 10, 2018 <https://www.healthaffairs.org/doi/10.1377/hblog20180503.419009/full/>

“Medicare Advantage: Better information tools, better beneficiary choices, better competition”, John Bertko, Paul B. Ginsburg, Steven Lieberman, Erin Trish, Joseph Antos, *The Leonard D. Schaeffer Initiative for Innovation in Health Policy*, November 2017, <https://www.brookings.edu/research/medicare-advantage-better-information-tools-better-beneficiary-choices-better-competition>

“A Billion Here, A Billion There: Selectively Disclosing Actual Generic Drug Prices Would Save Real Money”, Steven Lieberman, Margaret Darling, and Paul B. Ginsburg, *Health Affairs Blog*, September 12, 2017 <http://healthaffairs.org/blog/2017/09/12/a-billion-here-a-billion-there-selectively-disclosing-actual-generic-drug-prices-would-save-real-money/>

“Would Price Transparency for Generic Drugs Lower Costs for Payers and Patients?”, Steven M. Lieberman and Paul B. Ginsburg, *The Leonard D. Schaeffer Initiative for Innovation in Health Policy*, June 2017 https://www.brookings.edu/wp-content/uploads/2017/06/es_20170613_genericdrugpricing.pdf

“Looking Backward and Forward: Assessing The CBO/JCT Analysis of the AHCA,” Steven Lieberman, *Health Affairs Blog*, April 19, 2017 <http://healthaffairs.org/blog/2017/04/19/looking-backward-and-forward-assessing-the-cbojct-analysis-of-the-ahca/>

“4 Recommendations to Advance Medicare Delivery System Reform”, Steven M. Lieberman, Margaret Darling, and Paul B. Ginsburg, February 10, 2017, *The Leonard D. Schaeffer Initiative for Innovation in Health Policy*, <https://www.brookings.edu/blog/up-front/2017/02/10/4-recommendations-to-advance-medicare-delivery-system-reform/>

“Stopping Surprise Medical Bills: Federal Action is Needed,” Loren Adler, Mark Hall, Caitlin Brandt, Paul B. Ginsburg, and Steven Lieberman, *Health Affairs Blog*, February 1, 2017 <http://healthaffairs.org/blog/2017/02/01/stopping-surprise-medical-bills-federal-action-is-needed/>

“Solving Surprise Medical Bills,” Mark A. Hall, Paul B. Ginsburg, Steven M. Lieberman, Loren Adler, Caitlin Brandt, and Margaret Darling, *Brookings Papers*, October 2016 <https://www.brookings.edu/wp-content/uploads/2016/10/sbb1.pdf>

“How to Get Rid of Surprise Medical Bills,” Mark A. Hall, Paul B. Ginsburg, and Steven M. Lieberman, *Fortune*, October 13, 2016 <http://fortune.com/2016/10/13/solution-to-surprise-medical-bills/>

“How the Money Flows under MACRA,” Kavita Patel, Margaret Darling, Paul Ginsburg, and Steven M. Lieberman, *Brookings Papers*, July 12, 2016, <http://www.brookings.edu/research/papers/2016/07/12-how-the-money-flows-under-macra-patel-adler-darling-ginsburg>"

“Reforming Medicare Through ‘Version 2.0’ Of Accountable Care,” Steven M. Lieberman, *Health Affairs*, 32 no. 7, p. 1258-1264 (July 2013)

“The BPC Health Care Reform Plan: A Response to Coulam, Feldman, and Dowd” Sheila Burke, Paul Ginsburg, Steven Lieberman, Bill Hoagland, and Katherine Hayes, *Health Affairs Blog*, July 30, 2013 <http://healthaffairs.org/blog/2013/07/30/the-bpc-health-care-reform-plan-a-response-to-coulam-feldman-and-dowd/>

“Taking Stock Of Initial Year One Results for Pioneer ACOs” Kavita Patel and Steven Lieberman, *Health Affairs Blog*, July 25th, 2013 <http://healthaffairs.org/blog/2013/07/25/taking-stock-of-initial-year-one-results-for-pioneer-acos/>

“ACOs at Mid-Launch: Moving Forward but Challenges Ahead”, Steven Lieberman, *Expert Voices in Health Care Policy*, National Institute in Health Care Management, May 2012 http://nihcm.org/images/stories/EV_Lieberman_FINAL.pdf

“Congratulations . . . And Now The Real Work On ACOs Begins” Steven Lieberman, *Health Affairs Blog*, April 12, 2012 <http://healthaffairs.org/blog/2012/04/12/congratulations-and-now-the-real-work-on-acos-begins/>

“Pioneer ACOs: Promise and Potential Pitfalls” Steven Lieberman, *Health Affairs Blog*, December 29, 2011 <http://healthaffairs.org/blog/2011/12/29/pioneer-acos-promise-and-potential-pitfalls/>

“State Perspectives on Implementing Insurance Exchanges” Steve Lieberman and Krista Drobac, *Health Affairs Blog*, September 20, 2011. <http://healthaffairs.org/blog/2011/09/20/state-perspectives-on-implementing-insurance-exchanges/>

“Pioneer ACOs: The Right Direction, But What’s The Goal?” Steven Lieberman, *Health Affairs Blog*, May 25, 2011 <http://healthaffairs.org/blog/2011/05/25/pioneer-acos-the-right-direction-but-whats-the-goal/>

“Proposed CMS Rule Kills ACOs Softly”, Steven Lieberman, *Health Affairs Blog*, April 6, 2011 <http://healthaffairs.org/blog/2011/04/06/proposed-cms-regulation-kills-acos-softly/>

“Building Regulatory and Operational Flexibility into Accountable Care Organizations and ‘Shared Savings,’” Steven M. Lieberman and John M. Bertko, *Health Affairs*, 30 no. 1, p. 23-31 (January 2011)

"Fostering Accountable Care: Moving Forward in Medicare," Elliott Fisher, Mark McClellan, Steven Lieberman, John Bertko, Julie Lee, Julie Lewis, and Jonathan Skinner, *Health Affairs* 28 no. 2, w219-231 (published online, January 27, 2009).

“Banning Authorized Generics Equals Higher Federal Spending”, Donald W. Moran, Steven M. Lieberman, and Kara L. Suter, Letter in *Health Affairs* (January/February 2008), pp. 302—303.

“Investigating the relationship between Medicare Advantage Enrollment and Spending Projections,” Steven M. Lieberman, M.Phil. and Gregory J. Watson, M.S. Poster presented to Academy Health Conference, Seattle, WA. (June 2006).

“Reducing The Growth Of Medicare Spending: Geographic Versus Patient-Based Strategies,” Steven M. Lieberman, Julie Lee, Todd Anderson, and Dan L. Crippen. *Health Affairs* “Web Exclusive” (December 2003).

“Uncertain Spending: Projecting Medicare,” Amy Rehder Harris, Steve Lieberman, Noah Meyerson, Michael Simpson, and Joel Smith. Paper presented to the Society of Government Economists Conference at the Allied Social Science Association Meetings, Atlanta, GA. (January 2002).

SELECTED HONORS AND AWARDS

CMS Administrator’s Achievement Award (2004)

CBO Director’s Award (2002)

Department of Health and Human Services Award (for contributions while at OMB related to Medicare Catastrophic Health Insurance, 1987)

OMB SES Candidate Development Program (1982—83)

Brookings Institution/European Union Fellowship to study Financing and Actuarial Forecasting in European Social Insurance Systems (E.U., 1982)

OMB Director's Young Professional Award (1982)
Visiting Fellow, International Institute for Management (Berlin, 1975)
Social Science Research Council Dissertation Completion Fellowship (1974—1975)
Brookings Institution Guest Scholar (1974—1975)
Delegate, Conference of American Council on Germany and Atlantik Bruecke (Bonn, 1974)
Delegate to First German American Young Leaders Conference, American Council on
Germany (Hamburg, 1973)
Deutsche Akademische Austauschdienst Language Training Award (1973)
Social Science Research Council Pre-Dissertation Fellowships (1971 and 1973)
Clark Prize in Government, Yale College (1972)
Yale Faculty Research Participation Award (1971—1972)
Northern Ireland Community Relations Council Research Grant (1971—1972)