

# Physician-Focused Payment Model Technical Advisory Committee

**February 23-24, 2026 – PTAC Public Meeting**  
***Improving Multi-Payer Alignment in Value-Based Care***

## Expert Biographies

### **SESSION 1: *Perspectives on Multi-Payer Alignment Across Programs Within Medicare*** **Monday, February 23, 10:40 a.m. – 12:10 p.m. EST**

- [Nicholas Minter, MPP](#) – Deputy Director, Seamless Care Models Group, CMS Innovation Center
- [Dana Rye, MBA, MPP](#) – President, Value-Based Care, Duly Health and Care
- [Karthik Rao, MD](#) - Chief Medical Officer, agilon health
- [Michael Chernew, PhD](#) – Professor of Health Care Policy and Director, Healthcare Markets and Regulation Lab, Harvard Medical School

### **SESSION 2: *Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer Alignment: Part 1*** **Monday, February 23, 1:10 p.m. – 2:40 p.m. EST**

- [Katie Wunderlich, MPP](#) – Principal, KKW Consulting
- [Joseph DeMattos, MA](#) – Senior Vice President Public Affairs, Marquis Health Consulting Services
- [Ena Backus, MPP](#) – Senior Consultant, Freedman Healthcare
- [Carrie Weigand, MD](#) – Chief Medical Officer, OneCare Vermont
- [Tom Borys, MBA](#) – Chief Executive Officer and Chief Financial Officer, OneCare Vermont

### **SESSION 3: *Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer Alignment: Part 2*** **Monday, February 23, 2:50 p.m. – 4:20 p.m. EST**

- [Janice Walters, MSHA](#) – Chief Executive Officer, Rural Health Redesign Center
- [John Bulger, DO, MBA](#) – Chief Medical Officer, Geisinger Health Plan
- [Dawn Stehle, DrPH, MPS](#) – Director, Early Childhood Systems, Policy, and Planning, ZERO TO THREE
- [Alicia M. Berkemeyer](#) – Executive Vice President and Chief Health Management Officer, Arkansas Blue Cross and Blue Shield

### **SESSION 4: *Addressing Challenges to Advance Multi-Payer Alignment*** **Tuesday, February 24, 9:10 a.m. – 10:40 a.m. EST**

- [Ben Kornitzer, MD](#) – Chief Medical Officer, Aetna, a CVS Health Company
- [Vivek Garg, MD, MBA](#) – President and Chief Executive Officer, National Committee for Quality Assurance (NCQA)
- [Emily Transue, MD, MHA, FACP](#) – Chief Clinical Officer, Comagine Health
- [Rushika Fernandopulle, MD, MPP](#) – Chief Executive Officer, Liza Health

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**SESSION 1: Perspectives on Multi-Payer Alignment Across Programs Within Medicare**  
**Monday, February 23, 10:40 a.m. – 12:10 p.m. EST**

## Subject Matter Experts

### **Nicholas Minter, MPP – CMS Innovation Center**

Mr. Nicholas Minter is the Deputy Director of the Seamless Care Models Group at the CMS Innovation Center. He helps lead the development and implementation of all models testing innovation in prescription drugs, Medicare Advantage, kidney health, and accountable care organizations within the Center. Previously, during his ten-year tenure at CMMI, Mr. Minter led the primary care portfolio, including the design and testing of the Primary Care First and Making Care Primary models. He started his career in the federal government working within the HHS Secretary's Budget office, where he served as a Senior Analyst on hospital payment policy and Affordable Care Act implementation. Mr. Minter received a Master of Public Policy from Duke University and a Bachelor of Arts in Public Policy and Geography from the University of North Carolina at Chapel Hill.



### **Dana Rye, MBA, MPP – President, Value Based Care, Duly Health and Care**

Ms. Dana Rye serves as President of Value-Based Care at Duly Health and Care. She leads Duly's value-based care strategy and program management, including analytics, care management and population health management. Ms. Rye joins Duly Health and Care from US Renal Care, a national provider of kidney and dialysis services. She served as Senior Vice President, Value-Based Care Operations. She led multiple value based care programs, responsible for strategy, operational execution, and physician relationships. Ms. Rye stood up the company's first value-based care program nationally, generating successful outcomes in nearly all markets. Finally, she built and led the Transplant Operations team, responsible for supporting patients navigating the transplant process. Ms. Rye began her USRC tenure supporting growth and operations for home therapies.



Prior to US Renal Care, Ms. Rye held Business Development and Operations roles at OneOncology, an MSO for community oncologists, helping to build the de novo organization and physician network. She joined the private-equity backed healthcare services space from McKinsey & Company, where she worked in the Healthcare Systems & Services practice. Ms. Rye began her career at Credit Suisse, most recently serving as a Vice President in the High Yield group covering healthcare companies. She holds an MBA from Harvard Business School, an MPP from Harvard's Kennedy School of Government, and a BA from Middlebury College. Ms. Rye also serves on the board of Fight Colorectal Cancer.

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## Subject Matter Experts

### **Karthik Rao, MD – agilon health**

Dr. Karthik Rao is the Chief Medical Officer at agilon health. In this role, he leads clinical strategy, clinical programs, and physician engagement initiatives that support education and performance across our network. Dr. Rao has 10+ years of experience as a practicing internal medicine physician and other roles working in value-based care.

Prior to agilon health, he worked at McKinsey & Company, leading a broad range of strategy and operations work across the health care value chain, with particular focus on provider groups and government organizations. Dr. Rao earned a medical degree from Johns Hopkins University School of Medicine and a BA from Johns Hopkins University. He completed an internal medicine and primary care residency at Massachusetts General Hospital. He continues to practice primary care at Beth Israel Lahey Health in Boston, MA.



### **Michael Chernew, PhD – Harvard Medical School**

Dr. Michael Chernew is the Leonard D. Schaeffer Professor of Health Care Policy and Director of the Healthcare Markets and Regulation Lab at Harvard Medical School. His research focuses on improving the healthcare system through improvements to benefit designs, payment models, and regulation of both private and public health care markets, including the Medicare Advantage program.

Dr. Chernew is Chair of the Medicare Payment Advisory Commission (MedPAC) and has served on several advisory panels for CMS. He is a member of the Congressional Budget Office's Panel of Health Advisors and the Massachusetts Health Connector Board. Michael holds a PhD in economics from Stanford University and has received multiple awards for his work in healthcare policy.





# Physician-Focused Payment Model Technical Advisory Committee

**SESSION 2: Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer  
Alignment: Part 1**

**Monday, February 23, 1:10 p.m. – 2:40 p.m. EST**

## Subject Matter Experts

### **Katie Wunderlich, MPP – KKW Consulting**

Ms. Katie Wunderlich provides strategic consulting and research for States, health care organizations, and providers to develop innovative solutions that improve health outcomes, address health disparities, focus resources on population and community health, and drive down overall costs in the healthcare system. Ms. Wunderlich currently leads a small boutique consulting firm, KKW Consulting, and has over 15 years of public and private sector health care policy experience to tackle the most pressing care delivery and financing challenges, focusing on multi-payer solutions to broad health care challenges. Solutions often utilize value-based care initiatives at both the State and federal levels and encourage integration of primary care, specialty services, social services, hospital care, and post-acute care coordination. From 2018 to 2023, Ms. Wunderlich served as Executive Director of the Health Services Cost Review Commission (HSCRC). In that role, she led the State of Maryland through the transition from the hospital-based All-Payer Model to the Total Cost of Care Model, which focuses on hospital and non-hospital system transformation to enhance patient care, improve health, and lower costs. Before joining the HSCRC, Ms. Wunderlich was a Deputy Legislative Officer in Governor Hogan's Legislative Office. She also served as Director of Government Relations for the Maryland Hospital Association and as a Budget Analyst for the General Assembly's Department of Legislative Services. Ms. Wunderlich has a Master of Public Policy from George Washington University and resides in Baltimore City with her husband and four children.



### **Joseph DeMattos, MA – Marquis Health Consulting Services**

Mr. Joseph DeMattos, a seasoned public affairs leader and former CEO, is a highly respected and accomplished government relations professional. With extensive experience spanning non-profit leadership, private enterprise, and state government, he specializes in healthcare policy and financing, workforce development, and education. In 2025, Mr. DeMattos received the Joe Warner Patient Advocacy Award from the American Health Care Association (AHCA), recognizing his leadership, integrity, and unwavering commitment to advancing quality care for older adults and people with disabilities. In 2024, he received The Maryland Daily Record's ICON Award, honoring his enduring contributions and leadership. In 2022, he was named the National Part-Time Adjunct Professor of the Year by the Gerontological Society of America. Mr. DeMattos served leadership roles for AARP's Medicare Prescription Drug and Social Security campaigns. Mr. DeMattos previously served as the President and CEO of the Health Facilities Association of Maryland (HFAM), the state's largest and oldest long-term care association at the time. Before that, he was Senior State Director for AARP Maryland, where he managed the Baltimore-based state office and oversaw statewide advocacy, community service, and educational initiatives. Under his leadership, AARP Maryland engaged with its more than 875,000 members across the state. Before becoming State Director, he served as AARP's Interim Advocacy Director, overseeing government relations and advocacy nationwide.



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## Subject Matter Experts

### **Joseph DeMattos, MA – Marquis Health Consulting Services (*Continued*)**

Before joining AARP, Mr. DeMattos built a distinguished career in government relations and crisis communications as a practitioner with a leading public relations firm in Hawai'i. He also served in various public service roles, including in Hawai'i Governor John Waihee's Executive Chamber and Office of Information, on the Attorney General's staff, and as a legislative aide in the Hawai'i State House. Born and raised in Mā'ili, Hawai'i, Mr. DeMattos earned his undergraduate degree from the University of Hawai'i, where he later served as president of the University of Hawai'i Alumni Association. He holds a Master of Arts in Government from Johns Hopkins University and has completed executive education in Management at the Wharton School of Business, University of Pennsylvania. A dedicated leader and mentor, Mr. DeMattos is an alumnus of the Pacific Century Fellows Program—a Hawai'i-Pacific initiative modeled after the White House Fellows Program—and a graduate of the Leadership Maryland Class of 2008. He is a Visiting Professor at the Erickson School of Management of Aging Services at the University of Maryland, Baltimore County (UMBC).

### **Ena Backus, MPP – Freedman Healthcare**

Ms. Ena Backus is a health policy expert serving as a Senior Consultant at Freedman HealthCare. At Freedman HealthCare (FHC), she supports clients with thoughtful team leadership, attention to data-driven problem-solving, and fluency with state and federal health policy arenas. Before joining FHC, Ms. Backus served as a health policy advisor to U.S. Senator Peter Welch. In this role, she contributed to the Senator's federal health policy priorities and represented the Senator's Office on health policy issues.

Previously, Ms. Backus served as Director of Health Care Reform in the Vermont Agency of Human Services (AHS). As Director of Health Care Reform, she was responsible for coordinating health care reform efforts across state government and with the chief healthcare regulator, the Green Mountain Care Board. Prior to her work at AHS, Ms. Backus was a staff member at the Green Mountain Care Board and, in that capacity, served on the negotiating team for Vermont's All-Payer Accountable Care Organization Model Agreement with the Centers for Medicare & Medicaid Services (CMS). Ms. Backus holds a Master's Degree in Public Policy from the Heller School for Social Policy and Management at Brandeis University and a Bachelor's Degree from New College of Florida.



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## Subject Matter Experts

### **Carrie Weigand, MD – OneCare Vermont**

Dr. Carrie Weigand is Chief Medical Officer (CMO) for OneCare Vermont Accountable Care Organization. As CMO at OneCare, Dr. Weigand provides overall clinical leadership and direction and serves as the Senior Clinical Representative to government, public, and commercial insurers. Using her primary care perspective and experience, Dr. Weigand is a facilitator and promoter of value-based care involvement among all members throughout the state—sharing the benefits of the OneCare model and maximizing participation.

Dr. Weigand is a family medicine physician with 30 years of experience, currently practicing at Brandon Primary Care in Addison County, and continues to practice while serving as Chief Medical Officer at OneCare Vermont. Additionally, Dr. Weigand held the positions of Chief Medical Officer at Porter from 2016 to 2019 and Medical Director at Helen Porter Healthcare and Rehabilitation Center in Middlebury, VT, from 2013 to 2016. Most recently, Dr. Weigand served as the Population Health Physician Liaison for OneCare Vermont and the UVM Health Network, a role that supports the transformation of clinical care delivery, value-based care policies and contracts, and provider performance under accountable care contracts to improve the health of Vermonters.



### **Tom Borys, MBA – OneCare Vermont**

Before joining OneCare, Mr. Tom Borys spent twelve years serving in various financial capacities for the Howard Center. Working in the area of mental and behavioral health, Mr. Borys became interested in payment reforms that allowed for more flexible and patient-focused care models while enhancing financial stability for health care providers. This led Mr. Borys to join OneCare in 2017 as an opportunity to address these issues on a larger scale.

Mr. Borys is responsible for leading OneCare's core executive and financial functions. He oversees the necessary planning and execution of the complex strategy required to support the ongoing implementation of statewide value-based care in Vermont, ensures successful financial operations, and is responsible for the development of the annual budget that includes health care spending for lives covered by Medicare, Medicaid, and commercial insurers. Other important functions performed include contract negotiation, development of financial reform models, forecasting, operational analysis, and financial analysis. Mr. Borys received a bachelor's degree in finance from University of Vermont and his MBA from Champlain College.





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**SESSION 3: Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer**

**Alignment: Part 2**

**Monday, February 23, 2:50 p.m. – 4:20 p.m. EST**

## Subject Matter Experts

### **Janice Walters, MSHA – Rural Health Redesign Center**

Ms. Janice Walters is a visionary leader in rural health with an AS in Accounting, a BS in Business Management, and an MS in Healthcare Administration. She has over two decades of expertise in healthcare finance and executive leadership. Ms. Walters collaborates seamlessly with rural health executives, state and federal programs, and community partners to revolutionize healthcare access in rural communities across the US. As Chief Executive Officer, she has spearheaded groundbreaking initiatives at the Rural Health Redesign Center, including the pioneering Pennsylvania Rural Health Model and the cutting-edge technical assistance centers for the Rural Emergency Hospital and Rural Northern Border Region Healthcare Support programs.



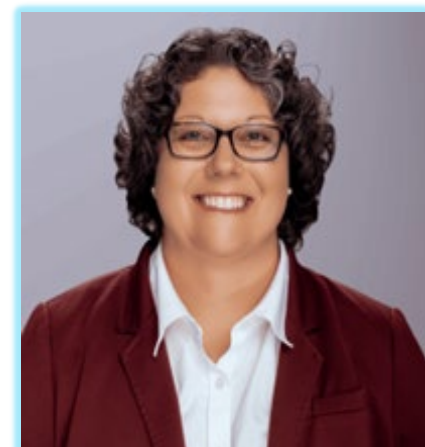
### **John Bulger, DO, MBA – Geisinger Health Plan**

Dr. John Bulger is the Chief Medical Officer, Insurance Operations and Strategic Partnerships for Geisinger Health. He is responsible for working with Geisinger and community partners to improve the quality of medical care for the patients and members we serve. Before joining Geisinger Health Plan in 2015, Dr. Bulger held numerous positions at Geisinger, most recently serving as chief quality officer. He is a general internist and has practiced in inpatient and outpatient settings. Dr. Bulger earned his Bachelor of Science degree from Juniata College in Huntingdon, Pennsylvania, and his Doctor of Osteopathic Medicine degree from Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania. He also holds a Master of Business Administration from the Pennsylvania State University in State College, Pennsylvania.



### **Dawn Stehle, DrPH, MPS – ZERO TO THREE**

Dr. Dawn Stehle has spent the last 20 years working in health and human services. She currently serves as Director, Early Childhood Systems, Policy, and Planning at ZERO TO THREE and was previously the Acting Director of the Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center. Prior to joining ZERO TO THREE, Dr. Stehle served as the Deputy Director for Health and Director for State Medicaid at the Arkansas Department of Human Services (DHS). In these roles, she oversaw the divisions of Aging, Adult & Behavioral Health Services, County Operations, Developmental Disabilities Services, Provider Services & Quality Assurance and Medical Services.



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**Monday, February 23, 2:50 p.m. – 4:20 p.m. EST**

### **Subject Matter Experts**

#### **Dawn Stehle, DrPH, MPS – ZERO TO THREE (Continued)**

Before becoming Deputy Director in September 2016, Dr. Stehle served in several other positions during her 16 years at DHS. She began her career at DHS in August 2006 as a Policy and Planning Fellow. Following a series of promotions, she transitioned into the Division of Medical Services in April 2012 and served as the Director of Health Care Innovation before becoming the Division Director and Medicaid Director. Prior to leaving DHS, Dr. Stehle was recognized as one of the longest-serving Medicaid Directors in the country for her 8-year tenure in the role. Prior to joining DHS, she served in a variety of capacities within and outside the U.S. conducting research, providing technical assistance and coordinating care and treatment for seniors, intellectually/developmentally disabled adults and visually impaired individuals, among others. Dr. Stehle has earned Bachelor of Science degrees in biology and social work, a Master of Public Service, and a Doctor of Public Health in Public Health Leadership.

#### **Alicia M. Berkemeyer – Arkansas Blue Cross and Blue Shield**

Ms. Alicia Berkemeyer is Executive Vice President and Chief Health Management Officer at Arkansas Blue Cross and Blue Shield, where she leads strategic initiatives in provider networks, value-based care, primary care, and pharmacy programs. With more than 35 years of experience in healthcare, she is recognized for advancing whole-person care, health equity, and innovative partnerships that improve outcomes for communities across Arkansas and beyond. Ms. Berkemeyer's leadership is marked by a focus on collaborative solutions, evidence-based practices, and a dedication to making high-quality, whole-person care accessible for all. She has represented Arkansas Blue Cross and Blue Shield in initiatives such as the Maternal and Child Health Center for Policy and Practice and Rural Health Transformation, and has contributed to influential policy playbooks and conferences.



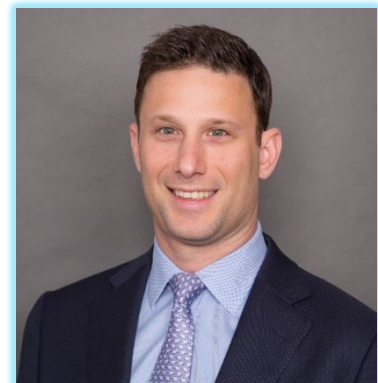
## **SESSION 4: Addressing Challenges to Advance Multi-Payer Alignment**

**Tuesday, February 24, 9:10 a.m. – 10:40 a.m. EST**

### **Subject Matter Experts**

#### **Ben Kornitzer, MD – Aetna, a CVS Health Company**

Dr. Benjamin Kornitzer serves as the Senior Vice President and Chief Medical Officer (CMO) of Aetna at CVS Health. Ben is a nationally recognized leader in value-based care, primary care and healthcare transformation. He and his team lead the integration and delivery of clinical and population health solutions in support of Aetna members, customers and provider partners. Dr. Kornitzer joined CVS Health from agilon health, where he led clinical and quality initiatives across a network of 3,000 primary care physicians in more than 30 markets. In this role, he played a key part in enabling provider organizations to succeed in value-based care, delivering high-quality, cost-effective healthcare.





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## Subject Matter Experts

### **Ben Kornitzer, MD** – Aetna, a CVS Health Company (*Continued*)

Prior to Dr. Kornitzer's role at agilon health, he served as Chief Medical Officer of The Mount Sinai Health Network. Dr. Kornitzer completed his medical residency in internal medicine at Massachusetts General Hospital/Harvard Medical School before joining McKinsey & Company's healthcare practice, where he later returned as a Senior Advisor. Dr. Kornitzer holds an undergraduate degree from Brown University and an M.D. from the Mount Sinai School of Medicine. A sought-after speaker and author, he has lectured extensively on health policy, value-based care, and medical innovation. His insights are regularly published in both medical and mainstream literature.

### **Vivek Garg, MD, MBA** – National Committee for Quality Assurance (NCQA)

Dr. Vivek Garg is President and Chief Executive Officer of the National Committee for Quality Assurance (NCQA), an independent nonprofit that has championed better health care for more than 35 years. NCQA defines and drives health care quality through accreditation, standards, performance measurement, and expert support. With more than fifteen years of experience as a physician and health care executive, Dr. Garg is passionate about building care models, systems, and cultures that help patients and clinicians thrive. He has served in senior leadership roles at organizations driving innovation in care delivery, including as Chief Medical Officer for CenterWell Senior Primary Care and for CareMore & Aspire Health.



Dr. Garg also held clinical leadership positions at Oscar Health and One Medical, focusing on improving health outcomes, advancing value-based care, and developing future health care leaders. He brings additional perspective from academia, consulting, and policy. Dr. Garg trained in internal medicine at Brigham and Women's Hospital and worked at McKinsey & Company and the Medicare Payment Advisory Commission. He earned his MD from Harvard Medical School, an MBA from Harvard Business School, and a BS in Biology from Yale University. Dr. Garg is board-certified in internal medicine.

### **Emily Transue, MD, MHA, FACP** – Comagine Health

Dr. Emily Transue is the Chief Clinical Officer for Comagine Health, a national, nonprofit, health care quality improvement firm that works collaboratively with patients, providers, payers, and other stakeholders to reimagine, redesign, and implement sustainable improvements in the health care system. She received her B.S. from Yale University, M.D. from Dartmouth Medical School, and Master of Health Administration from the University of Washington. Dr. Transue is a general internist who practiced for 15 years as a primary care provider before transitioning into leadership and management roles.



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**Tuesday, February 24, 9:10 a.m. – 10:40 a.m. EST**

## Subject Matter Experts

### **Emily Transue, MD, MHA, FACP – Comagine Health (*Continued*)**

Dr. Transue previously served as a Medical Director at the Washington State Health Care Authority, with clinical leadership for the Public Employee Benefits and School Employee Benefits programs, as well as supporting quality measurement and improvement efforts across HCA and Medicaid Transformation efforts. She has also worked in multispecialty group practice leadership and as Medical Director for a Medicaid Managed Care Organization. Dr. Transue is the author of two books, *On Call* and *Patient by Patient*, about the experience of practicing medicine. She also serves as Chair of Washington's Bree Collaborative, a legislatively established entity within which public and private health care stakeholders work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.

### **Rushika Fernandopulle, MD, MPP – Liza Health**

Dr. Rushika Fernandopulle is a practicing physician who is the Chief Executive Officer of Liza Health, a startup building a new AI-enabled platform for Primary Care. He was the Co-Founder and Chief Executive Officer of Iora Health, an early innovator in Primary Care redesign which was acquired by Amazon in 2023.

Prior to this, Dr. Fernandopulle was the first Executive Director of the Harvard Interfaculty Program for Health Systems Improvement and Managing Director of the Clinical Initiatives Center at the Advisory Board Company. He is a member of the Schweitzer, Ashoka, Aspen, and Salzburg Global Fellowships, on faculty at Harvard Medical School. He serves on the boards of the Asian American Foundation, Families USA, and Premera Blue Cross, and is a member of the Lancet Commission for Person Centered Care.

Dr. Fernandopulle earned his A.B., M.D., and M.P.P. from Harvard University and completed his clinical training at the University of Pennsylvania and the Massachusetts General Hospital.

