

Curriculum Vitae

Steven P. Schramm

Managing Director

schramm=raleigh Health Strategy

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Experience Summary

Steve specializes in statewide health care reform — helping Governors, Legislatures, State agencies and large Public payers fundamentally change how they purchase health care, who they provide health care for, and how that health care is provided. His projects have included:

- leading the design and development of long-term health care purchasing strategies for Medicaid, Medicare, state and local employees/retirees, and uninsured populations;
- offering technical assistance and training to health care plans on such issues as cost containment strategies, reporting requirements, data utilization analysis, administration, and operational/financial reviews;
- assessing contracted health plans to identify how they manage delivery and monitor quality of care to members;
- training and leading state personnel in successful negotiation techniques with managed care providers; and
- providing expert witness testimony on the design and development of innovative health purchasing strategies and on determining savings from insuring previously uninsured and under-insured individuals.

Work Experience

2006 to Present **schramm=raleigh Health Strategy**, Scottsdale, Arizona

Steve is one of the founders and managing directors of **schramm=raleigh Health Strategy (srHS)**. **srHS** specializes in health care reform, focusing not just on who is covered — the previously uninsured and the underinsured — but also how health care services are purchased by public and private payers.

His projects include:

- statewide Health Care Reform Program strategy and design;
- presentations to key health care reform stakeholders tasked with designing Health Reform Initiatives;
- developing multiple pricing tools for Health Care Reform Initiatives — Total Statewide Health Care Cost Model, Total Statewide Demographic Model, and Health Care Reform Model for estimating total cost of health care and projecting costs forward for 3, 5, and 10 years under various policy scenarios;
- health plan contract development for Health Care Reform Initiatives;

- health plan negotiations & support for Health Care Reform Initiatives;
- capitation rate ranges and Certification Letter for Health Care Reform Initiatives;
- developing an Administrative Cost Model, detailed and summary-level, to examine the most efficient business model for health care at the health plan and health program levels; and
- ongoing strategic support for Uninsured Initiatives, including design, development, and review of public communications.

1988 to 2006 Mercer Government Human Services Consulting, Phoenix, Arizona

As one of the youngest Worldwide Partners ever at Mercer, Steve specialized in developing health care purchasing strategies for publicly-sponsored and commercial health and welfare programs for Mercer's public sector and employer clients. They relied on Steve to develop strategies to become more efficient and effective purchasers of health care services.

Experience included:

- providing expert testimony to interested parties on the design, development, and completion and impact of managed care, including legislative committees and publicly appointed health care councils;
- providing technical assistance and training to health care providers on health care system design and development. The assistance covered a variety of operational, financial, and actuarial issues, such as cost containment strategies, reporting requirements, data utilization and analysis, and program design and administration;
- completing operational and financial reviews of managed care contracted health plans (for Medicaid and commercial purchasers) to identify how they manage the delivery and monitor the quality of care to their members. The reviews, conducted on site at the managed care organizations, assessed their operational capabilities in five main areas — administration, medical management, operations, systems, and financial reporting;
- designing and utilizing actuarially sound capitation rate-setting methodologies for a variety of health care providers serving publicly funded populations, including designing risk-sharing programs to enhance the viability and marketability of managed care initiatives for health and welfare programs;
- completing cost effectiveness chapters and financial analysis for the submission of the Centers for Medicare and Medicaid Services' (CMS) 1115 and 1915 waivers for Medicaid expansion, and negotiating with CMS for federal approval and funding for 1115 and 1915 waivers;
- constructing economic models to study the impact of programmatic, financial, and legislative changes upon publicly-sponsored health and welfare programs;
- training and leading state personnel in successful negotiation techniques with managed care providers; and
- negotiating with prospective bidders over competitively bid capitation rates to be paid for commercial and Medicaid managed care programs on a statewide and local basis.

Before joining Mercer in 1988, Steve was an independent management consultant.

Representative Speeches

“Pricing the Roadmap to Health Insurance Reform Options” — Kansas Health Policy Authority Board Meeting Presentation for United Methodist Health Ministry Fund, 2007

“Health Reform Recommendations” Presentation — United Health Ministry Fund, 2007

“Health Reform Recommendations” Presentation — REACH Foundation, 2007

“COST, QUALITY, AND ACCESS — Governor Baldacci’s Comprehensive Health Care Reform,” Council of State Governments 2006 Annual State Trends and Leadership Forum, Health Capacity Task Force Policy Meeting, Panel Presentation, 2006

“Health Care Access: A Dialogue — Health Care Coverage,” St. Luke’s Health Initiatives, Presentation, 2005

“Arizona Health Care Forecast 2005, Crisis or Opportunity?,” St. Luke’s Health Initiatives, Panel Presentation, 2005

“Self Insurance Implementation,” State and Local Government Benefits Association (SALGBA) — “Self Insurance Implementation” Panel Presentation, 2005

“Managing Risk in Behavioral Health Programs,” National Managed Health Care Congress, Disease Management Congress, 1997

Publications

- *“Kansas – Pricing the Roadmap to Health Insurance Reform Options,”* United Methodist Health Ministry Fund, November 2007. Schramm, Raleigh, Smith
- *“Arizona CAN! Coverage and Access Now,”* St. Luke’s Health Initiatives, Arizona, Health Futures, Winter 2004. Schramm, Peeler
- *“The Impact of California’s Fiscal Crisis on Medi-Cal Health Plans,”* Medi-Cal Policy Institute, September 2003. McNeal, Easter, Goergen, Potter, Schramm
- State of Arizona, HRSA Statewide Planning Grant — Policy Papers, Schramm, et al.
 - *“State Employee Health Plan Self-Funding Survey,”* January 2002
 - *“Financial Impact of Recently Enacted Health Insurance Mandates,”* October 2001
 - *“Elasticity of the Demand for Health Care Services,”* October 2001
 - *“Health Insurance Administration Costs,”* October 2001
 - *“Review of Self-Insuring of Health Benefits,”* October 2001
 - *“HealthCare Group: Moving Towards Accountability,”* August 2001
 - *“Arizona Basic Health Benefit Plan: A Comprehensive Review,”* July 2001
 - *“Faces of the Uninsured and State Strategies to Meet Their Needs: A Briefing Paper,”* July 2001

– *“Initiatives to Improve Access to Rural Health Care Services,”* July 2001

Selected Legislative and Expert Witness Testimony

- Arizona Joint Legislative Budget Committee, 2001 – 2004 — Self Insurance of the State Employee Benefits Plan
- Arizona Statewide Health Care Insurance Plan Task Force, 2000 – 2003 — Statewide Health Care Reform
- Connecticut Legislative Budget Committee, 2005 — Behavioral Health Carve-Out Waiver
- Connecticut Legislative Oversight Committees of Cognizance, 1997 – Present — Medicaid Managed Care Rate Renewals Connecticut Legislative Oversight Committees of Cognizance, 2003 — ConnPACE Waiver
- Connecticut Legislative Oversight Committees of Cognizance, 2003 — HIFA Waiver
- Connecticut Legislative Oversight Committees of Cognizance, 2003 — Transfer of Assets Waiver
- Kansas for the United Methodist Health Ministry Fund — Joint Committee on Health Policy Oversight, August 2007
- Kansas for the United Methodist Health Ministry Fund — Joint Committee on Health Policy Oversight, November 2007
- Maine Dirigo Savings Offset Payment Working Group, 2005 — Measuring the Impact of Health Care Reform
- Maine Dirigo Health Board – Dirigo Public Hearings, 2005 — Aggregate Measurable Cost Savings (AMCS) and Savings Offset Payments (SOP)
- Maine Bureau of Insurance – Dirigo Adjudicatory Hearings, 2005 — AMCS and SOP
- Maine Dirigo Health Board – Dirigo Adjudicatory Hearings, 2006 — AMCS and SOP
- Maine Bureau of Insurance – Dirigo Adjudicatory Hearings, 2006 — AMCS and SOP
- Maine Dirigo Health Board – Dirigo Adjudicatory Hearings, 2007 — AMCS and SOP
- Maine Bureau of Insurance – Dirigo Adjudicatory Hearings, 2007 — AMCS and SOP
- Massachusetts Commonwealth Health Insurance Connector Authority, 2006 – Present — Health Care Purchasing Strategy, Program Design, Negotiation Assistance, and Actuarially Sound Rate Setting for CommonwealthCare Program
- Massachusetts Legislative Committee, 1993 — MassHealth 1115 Waiver
- Massachusetts Legislative Subcommittee, 2003 — Single Payer Feasibility Study
- Massachusetts, 1994 — The Centers for Medicare and Medicaid Services — MassHealth 1115 Waiver

- New York Legislature, 2003 — Health Care Marketplace Trends
- Oregon House Committee on Audit & Human Services Budget Reform, 2003 — Implications of Current Environment in Oregon and Nationally
- Tennessee Full House, 2000 — TennCare Strategy, Program Design, and Funding
- Tennessee Full Senate, 2000 — TennCare Strategy, Program Design and Funding

Education, Professional Designations, and Civic Involvement

1987	Bachelor of Science in Economics with honors, Arizona State University
2001 – 2004	Board of Trustees, Homeward Bound
2005	Board of Directors, Homeward Bound