

JONATHAN D. BLUM

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SUMMARY

Jonathan (Jon) Blum is one of the nation's leading health policy strategists and administrators. He is a co-Founder and co-Managing Partner of the strategic advisory and consulting firm, Health Transformation Strategies. Additionally, he serves as a Non-resident Senior Scholar at the Schaeffer Institute at the University of Southern California. He serves on multiple for-profit, non-profit, and academic boards of directors and advisory boards. He is also a member of the Health Services Cost Review Commission, the hospital rate setting entity for the State of Maryland.

PRIOR EXPERIENCE

CENTERS FOR MEDICARE AND MEDICAID SERVICES

Principal Deputy Administrator & Chief Operating Officer

2021 – 2025

- Led the development and implementation of the agency's overall four-year strategic plan, which increased health insurance coverage to historic levels, supported the US health care system's turnaround after the COVID-19 pandemic, and improved access to and quality of care to millions of individuals covered by Medicare, Medicaid and the Marketplaces. Drove the creation and implementation of 13 cross-cutting strategic initiatives that improved agency performance, customer service, and collaboration among CMS policy and program offices.
- In close coordination with the White House and HHS, led CMS's response during the height of the COVID-19 pandemic and the development of preparation for future pandemic and other disaster responses. Led cross-agency efforts to unwind policy and operational responses implemented during the pandemic.
- Oversaw all aspects of CMS's \$1.5 trillion program budget and \$11 billion operating budget. Drove the strategy to reduce and reform CMS' contractor and IT spending, producing an operating surplus for FY 2025. Led CMS' human capital strategies to recruit new talent and skills into the agency. Approved final selections for all Senior Executive Service (SES) officers.
- Reformed CMS' cyber-security responses and operational policies. Led CMS's response to the Change Healthcare cyber-attack, which crippled much of the nation's health care system during 2024. Directed the release of more \$3 billion loan dollars to support health care providers most impacted by the attack.
- Catalyzed and sponsored CMS initiatives to improve its approaches to data production and sharing, internal data analytics, the use of Artificial Intelligence, promoting interoperable data exchange, and improved customer experience.
- Led significant policy initiatives that crossed multiple CMS policy centers and offices including historic changes to nursing home oversight and quality improvement, managed care oversight, beneficiary enrollment processes, value-based care, the development of CMS' first unified quality strategy, coverage for new technologies, and program integrity.

- Testified before Congress multiple time and represented CMS on numerous federal agency committees and workgroups.

HEALTH MANAGEMENT ASSOCIATES

Vice President, Federal Policy & Managing Director, Medicare

2018 – 2021

- Recruited to develop and lead a newly formed Medicare consulting practice, which became the fastest growing and most profitable practice area of the firm. Invited to serve on executive leadership team of the firm.
- Led or participated in over 60 client engagements over a 2.5-year span that included national and local managed care plans, provider systems, technology companies, trade associations, health care foundations, and private equity and venture capital firms.
- Led the creation and development of data analytics capabilities within the firm that expanded client service offerings in all areas of the firm.
- Participated in the diligence and successful acquisition of two consulting companies to expand and diversify service offerings.
- Co-led efforts to reposition the company during the start of the COVID-19 pandemic that led to limited reductions in staff, consulting service expansions, and record-breaking company profits.

CAREFIRST BLUECROSS BLUESHIELD

Executive Vice President, Medical Affairs

2014 – 2018

- Led division of 600 clinical and analytic staff who coordinated medical benefits for all of CareFirst's business lines that served more than 3.1 million members: Large Group, Small Group, Individual (Federal and State Exchanges), and the Federal Employee Health Benefit Program (FEHBP).
- Managed CareFirst's overall medical trend and implementation of a range of care coordination programs to improve health care quality and reduce costs including hospital transition programs, complex case management, behavioral health, home care, and specialty pharmacy.
- Oversaw policy and operations of CareFirst's nationally recognized Patient Centered Medical Home Program. The program served more than 1.1 million CareFirst Members and more than 40,000 Medicare beneficiaries through a Medicare demonstration (sponsored by the Center for Medicare & Medicaid Innovation).
- Led the management and recruitment of the largest healthcare provider network in the region. Developed new contracting and payment strategies to improve delivery of services and reduce the total cost of care.
- Oversaw CareFirst's pharmacy and behavior health programs, including development of its formulary and cost management strategies.

CENTERS FOR MEDICARE AND MEDICAID SERVICES*Principal Deputy Administrator*

2013 – 2014

Deputy Administrator & Director, Center for Medicare

2009 – 2013

Directed CMS policy centers and offices to develop and implement strategies to improve payment and the delivery of care throughout the US, including the Center for Medicare, the Center for Medicare and Medicaid Innovation, and the Center for Program Integrity.

- Led the agency's policy strategy that reduced Medicare spending growth to unprecedented levels. Per-capita spending trend remained below 2% during 2010-2014.
- Co-led Medicare's quality measurement and pay-for-performance strategies that improved quality of care throughout the country. Key improvements included: 1) Reductions in Medicare's rate of hospital readmissions; and 2) reductions in mortality for dialysis patients.
- Developed and managed the payment, contracting, quality, and oversight strategies for Medicare's private health plans (Medicare Advantage) serving 15 million individuals.
- Led the development of the Medicare Shared Savings Program (ACO) regulations. Attracted more than 360 ACO organizations, serving more than 5.3 million Medicare beneficiaries, and achieved overall program savings during its first operational year.
- Served as Administration's primary spokesperson on Medicare reform, delivery system transformation, and the agency's public data strategy. Testified before Congress regularly.

AVALERE HEALTH*Vice President, Medicaid and Long-Term Care*

2004 – 2009

- Served on senior management team of a strategic health policy advisory firm during a period of double-digit annual growth in revenues, profits, and staff.
- Led team of 18 consulting professionals focused on state and federal changes to Medicaid, Medicare, long-term care, and other health care insurance programs.
- Managed client engagements that included strategic business consulting, economic and financial modeling, and primary policy research. Consulting engagements included analyses of state and federal health insurance reforms, prescription drug benefits and pricing, long-term care financing reform, Medicaid and Medicare managed care, and hospital financing.
- Provided technical assistance to states and other government agencies on evaluating and implementing health care policy changes, including the Medicare prescription drug benefit.

UNITED STATES SENATE, COMMITTEE ON FINANCE*Professional Staff*

2001 – 2004

- Served as advisor to the Ranking Member, Senator Max Baucus (D-MT), and other Finance Committee members and their staffs on Medicare, prescription drug benefits, health reform, and the federal healthcare budget.

- Served on bipartisan and bicameral staff team that designed and drafted the “Medicare Prescription Drug, Improvement, and Modernization Act of 2003,” signed into law on December 8, 2003 that established Medicare’s prescription drug benefit.
- Assisted Senator Baucus in oversight of federal health finance programs under the Finance Committee’s jurisdiction. Negotiated and resolved policy disagreements among Congressional offices, interest groups, and the Administration.

EXECUTIVE OFFICE OF THE PRESIDENT OFFICE OF MANAGEMENT AND BUDGET

Program/Budget Analyst

1997 – 2001

- Analyzed federal health financing programs with emphasis on the Medicare program. Produced policy analyses and decision memorandums for OMB and White House policy officials.
- Developed and coordinated budget and legislative proposals for inclusion in the President’s annual budget submission to Congress and presented recommendations to Cabinet-level officials.
- Reviewed development of federal regulations to ensure consistency with Administration policy. Negotiated and resolved policy disagreements among federal agencies in development of regulations.
- Modeled solvency of the Medicare program and advised OMB and White House officials on financial impacts of Medicare reform proposals.

EDUCATION

Master in Public Policy, Harvard University, John F. Kennedy School of Government, 1997

Bachelor of Arts, University of Pennsylvania, 1992

SELECTED BOARD SERVICE

Noridian Health Solutions (health insurance administrative services firm), Board of Directors, 2025-

Peterson Center on Healthcare (health care policy research foundation), Policy Advisory Board, 2025-

The SCAN Foundation (health care policy research foundation), Policy Advisory Board, 2025-

Leonard Davis Institute of Health Economics, University of Pennsylvania (academic research organization), Policy Advisory Board, 2025-

CareMetx (pharmaceutical services firm), Board of Directors, 2018-2021, successful exit to private equity

StellarHealth, (population health data management firm), Advisory Board, 2018-2021, successful exit to private equity

Mary's Center (DC and MD-based Federally Qualified Health Center), Member of the Board of Directors and Chair of the Programs Committee; 2016-2021

Montgomery County Primary Care Coalition (coordinates and finances health care access for the un- and under-insured), Vice Chair, Board of Directors; 2016-2021

Medicare Rights Center (member services and advocacy organization), Board of Directors; 2014-2021