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PERSONAL

SUMMARY OF EXPERIENCE

Robert A. Berenson, M.D., F.A.C.P., is an Institute Fellow at the Urban Institute. In 2012, he completed a three year term on the Medicare Payment Advisory Commission (MedPAC), the last two as Vice-Chair. From April, 1998 until October, 2000, he was Director of the Center for Health Plans and Providers (CHPP) in the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services). He then became Acting Deputy Administer of HCFA, and for the last five weeks of the Clinton Administration was the senior official in the agency. CHPP, with about 450 staff, was the focal point in HCFA for payment policy and operational issues related to managed care plans and health care providers. Among the many issues that Dr. Berenson was responsible for include policy and operations of the Medicare + Choice Program; development of prospective payment systems for various provider types, e.g., outpatient hospitals, home health agencies; implementation of risk adjustment of capitation payments to M+C plans; documentation guidelines for physician evaluation and management services; and development of a purchasing strategy for HCFA, in collaboration with other public and private purchasers. He served as a member of the agency review team for CMS as a member of Obama transition team in late 2008 and early 2009.

Dr. Berenson came to HCFA from The Lewin Group, where he was a Vice President. Prior to joining Lewin in 1997, he completed a ten-year tenure as a founder and medical director of the National Capital Preferred Provider Organization (NCPPO), which was serving nearly 150,000 persons in the Washington, D.C. area. At NCPPO, he was responsible for fee schedule development, repricing claims, physician recruitment, credentialing, and patient grievance review. Dr. Berenson has maintained an active policy research and consulting career; areas of expertise include physician payment policy, managed care, and medical ethics. He has authored articles on these topics in nationally recognized journals, including the *New England Journal of Medicine*, the *Annals of Internal Medicine*, the *Journal of the American Medical Association* and *Health Affairs*. With Walter Zelman he co-authored The Managed Care Blues & How to Cure Them, a review and critique of health maintenance organizations in 1998. With Rick Mayes he coauthored, Medicare Prospective Payment and the Shaping of U.S. Health Care.

Dr. Berenson is a board-certified internist who practiced for more than 20 years, 12 in a Washington, D.C. group practice. He has served on numerous medical panels and committees, including the Health and Public Policy Committee of the American College of Physicians. He was chair of the Managed Care Panel on Health Care Quality of the Institute of Medicine. He was also National Program Director of IMPACS—Improving Malpractice Prevention and Compensation Systems—a grant program funded by the Robert Wood Johnson Foundation. Prior to starting his medical practice, Dr. Berenson spent 3 years on the Carter White House Domestic Policy staff, working on national health policy issues, including hospital cost containment and national health insurance. In 1993, Dr. Berenson co-chaired two working groups as part of the Clinton White House Task Force on Health Care Reform.

Health Care Administration

Dr. Berenson spent nearly three years as a senior political appointee in the Health Care Financing Administration and was responsible for many aspects of payment and operational policy related to health plans and fee for service providers (see above). (April 1998- Jan 2001.)

Dr. Berenson was a co-founder, Board member, and co-medical director of the National Capital Preferred Provider Organization, a “broker-model” PPO currently serves about 130,000 patients in the Washington, D.C.-Baltimore metropolitan area and has contracts with 4,500 physicians and other professionals. Responsibilities included physician recruitment and credentialing, fee schedule development, claims repricing, and managed care product development. (1987-1997). He was acting President of National Capital Health Plan, an HMO in development. (1996-1997).

Health Policy Research and Analysis

Effective, November, 2003, Senior Fellow, now Institute Fellow, at the Urban Institute. Effective July, 2009, Commissioner on the Medicare Payment Advisory Commission (MedPAC). Effective, July 2010, he became Vice-chair of MedPAC, stepping down in May 2012. Member Board of Health Care Services, Institute of Medicine, effective April, 2011. Member Board of Directors, National Academy of Social Insurance, effective May, 2011

Areas of expertise include Medicare operational policies; physician payment policy, including fee schedule development and methods for placing physicians at risk; the policies and procedures of managed care; malpractice reform; professional ethics; and the politics of health care reform. Current work focuses on transforming the traditional Medicare program to become an active purchaser of health care to attain greater value for beneficiaries and taxpayers.

Served as chair of the Institute of Medicine’s Managed Care Panel under the auspices of the IOM’s Roundtable on Health Care Quality. (1996-1998)

Performed health policy research in collaboration with the Urban Institute, Mathematica Policy Research, Health Economics Research, and the Congressional Office of Technology Assessment, and the Physician Payment Review Commission. (1983-1992)

Health Care Reform Advocacy

Member of the Clinton Health Advisory Committee during the campaign and a member of the Health Transition team, responsible for issues related to quality and malpractice reform, 1992-1993. Member of the agency review team for CMS as a member of Obama transition team in late 2008-early 2009.

Co-chaired two workgroups as a member of the White House Task Force on Health Care Reform, one on malpractice reform, the other on legal and regulatory issues faced by providers and plans in adjusting to health system primarily based around market forces. These issues included antitrust, fraud and abuse, provider contracting, utilization review, and reimbursement methods. (1993)

ACADEMIC POSITIONS

Clinical Professor of School of Public Health, Assistant Clinical Professor of Medicine, George Washington University School of Medicine. Member of the faculty, 1973- present.

Adjunct Professor of Business Administration, Fuqua School of Business, Duke University, July 1, 2001 – present

Adjunct Clinical Professor, University of North Carolina at Chapel Hill School of Public Health, Department of Health Policy and Administration, June 1, 2001 – 2006.

Associate Clinical Professor of Medicine, 1994-1998. Assistant Clinical Professor of Family and Community Medicine, Georgetown University School of Medicine. 1981-1994.

Board Certified in Internal Medicine, American Board of Internal Medicine, 1977.

Fellow of the American College of Physicians, selected 1989

ORGANIZATIONAL POSITIONS AND SIGNIFICANT VOLUNTARY ACTIVITIES

Health Care

Commissioner, Medicare Payment Advisory Commission, 2009 – present; Vice-Chair, 2010 – present.

Member Board of Health Care Services, Institute of Medicine, effective April, 2011

Member Board of Directors, National Academy of Social Insurance, effective May, 2011

Member, Wellpoint Physician Advisory Council, 2006 – present.

Member, Board of Directors, National Capital PPO. July 1987-July 1997.

Member of four committees of the Institute of Medicine. Utilization Management. 1988-1989. Priorities for Technology Assessments. 1990-1991. Priorities for Clinical Practice Guidelines. 1994. Health Care Quality. 1996-1998. (Chair, subcommittee on Managed Care).

Member, National Advisory Council, Agency for Health Care Policy and Research. Jan 1995-June 1996.

Founding member of the National Academy of Social Insurance, 1991-present

Member of NASI study panel on Medicare Capitation and Choice, 1996-1997.

Member of the Health and Public Policy Committee of the American College of Physicians, which was responsible for development of the College's position on health care reform, 1991-1996.

Member, Relative Value Scale Update Committee (RUC), of the American Medical Association, representing the American College of Physicians. Jan 1992-Dec 1994 (alternate member, effective Jan 1995-1998).

Member, Editorial Board, *Health Affairs*. June 1992-1998

Volunteer Physician, Zacchaeus Free Clinic. Sept 1994-1998

Member, Board of Directors, Capitol Hill Hospital. Aug 1989-1991

President, Board of Directors, D.C.-IPA, affiliated with HealthPlus, a Health Maintenance Organization in the Washington, D.C. metropolitan area. Jan 1985-Oct 1986.

Vice President, Board of Directors and Chairman, Membership and Credentials Committee, D.C.-IPA. Aug 1984-Jan 1985.

Co-founder, Prime Care, a primary care physician IPA, affiliated with Capitol Care, Blue Cross' HMO in Washington D.C., 1985.

Political/Voluntary Government Service:

Member of White House Task Force on Health Care Reform—co-chairman of workgroups on Malpractice Reform and Legal/Regulatory Barriers to Accountable Health Plan development. (Feb 1993-May 1993)

Advisor to the Clinton Health Policy Transition Team—chairman of subcommittee on “Quality.” (Nov 1992-Jan 1993)

Volunteer Advisor and Surrogate Speaker in the presidential campaigns of Walter Mondale, Michael Dukakis, and Bill Clinton.

Editor of Health Section of Democrats for the ‘80s, sponsored by the Harriman Foundation, 1986.

PROFESSIONAL ASSOCIATIONS AND COMMITTEE ACTIVITIES

Hospital Committees:

Chairman, Utilization Review Committee, Capitol Hill Hospital, Jan 1989-1990.

Chairman, DRG Task Force, Capitol Hill Hospital, Jan 1984-Aug 1985.

Quality Assurance and Utilization Review Committee, George Washington Hospital, 1986-1990.

Professional Societies:

Fellow, American College of Physicians.

Member of the Subcommittee of the Health Care Professions, 1987-1991.

Member of the Subcommittee of Health and Public Policy, 1991-1996.

Member of the Managed Care Task Force, 1997-present.

Medical Society of the District of Columbia, 1981-1994.

Member of Alternative Delivery System Subcommittee, 1986-1988.

Chairman, Subcommittee of Practice Management, 1983-1984.

Society of General Internal Medicine. Member of the Public Policy Committee, 1985-1991.

American Geriatric Society, Member of the Committee on Public Policy, 1984-1989. Member of AGS, 2005- 2009

PUBLICATIONS, PAPERS, AND BOOKS (as of Oct 31, 2012):

Robert A Berenson, Will the 2012 Presidential Election Change Health Care? *Annals of Internal Medicine*, published online initially, Oct 23, 2012.

Payment Reform: Bundled Episodes vs. Global Payments: A debate between Francois de Brantes and Robert Berenson, Timely Analysis of Immediate Health Policy Issues, Issue Brief prepared for Robert Wood Johnson Foundation September 2012.

<http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf400452>.

Robert A. Berenson, Paul Ginsburg, Jon Christianson, and Tracy Yee. The Growing Power of Some Providers to Win Steep Payment Increases From Insurers Suggests Policy Remedies May Be Needed. *Health Affairs*. May 2012; 31 (5): 973-981.

Robert A. Berenson, Ronald A. Paulus, and Noah S. Kalman. Medicare's Readmissions-Reduction Program — A Positive Alternative. *N Engl J Med*, April 12, 2012; 366:1364-1366.

Randall R. Bovbjerg and Robert A. Berenson. The Value of Clinical Practice Guidelines as Malpractice "Safe Harbors," Issue Brief prepared for Robert Wood Johnson Foundation April 1, 2012.

<http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/04/the-value-of-clinical-practice-guidelines-as-malpractice--safe-h.html>.

Emily R. Carrier, Marisa Dowling, and Robert A. Berenson. Hospitals' Geographic Expansion In Quest Of Well-Insured Patients: Will The Outcome Be Better Care, More Cost, Or Both? *Health Affairs*, April 2012; 31 (4):827-835.

Marsha R. Gold, Catherine G. McLaughlin, Kelly J. Devers, Robert A. Berenson, and Randall R. Bovbjerg. Obtaining Providers' 'Buy-In' And Establishing Effective Means of Information Exchange Will Be Critical To HITECH's Success. *Health Affairs*, March 2012, 31:514-526.

Robert A. Berenson and Rachel A. Burton. Next Steps for ACOs. Issue brief prepared for the Robert Wood Johnson Foundation. January 31, 2012.

http://www.healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_61.pdf

Robert A. Berenson and Rachel A. Burton, Accountable Care Organizations in Medicare and the Private Sector: A Status Update, issue brief prepared for the Robert Wood Johnson Foundation, November 3, 2011. http://www.urban.org/health_policy/url.cfm?ID=412438.

Joseph G. Ouslander and Robert A. Berenson, Reducing Unnecessary Hospitalizations of Nursing Home Residents, *N Engl J Med*, Sep 29, 2011; 365 (13): 1165.

Kelly J. Devers, Robert A. Berenson, Teresa A. Coughlin, and Juliana Macri, Innovative Medicaid Initiatives to Improve Service Delivery and Quality of Care: A Look at Five State

Initiatives. A Report prepared for the Kaiser Commission on Medicaid and the Uninsured, September 26, 2011. http://www.urban.org/health_policy/url.cfm?ID=412411.

Robert A. Berenson and John Holahan, Preserving Medicare: A Practical Approach to Controlling Spending, Policy Brief, September 19, 2011. http://www.urban.org/health_policy/url.cfm?ID=412405.

Ann S. O'Malley, Amelia M. Bond, Robert A. Berenson. Rising Hospital Employment of Physicians: Better Quality, Higher Costs? Issue Brief No. 136, August 2011.

Robert A. Berenson, Kelly J. Devers, and Rachel A. Burton, Will the Patient-Centered Medical Home Transform the Delivery of Health Care? Issue brief prepared for the Robert Wood Johnson Foundation, August 1, 2011. http://www.urban.org/health_policy/url.cfm?ID=412373.

Sean R. Tunis, Robert A. Berenson, Steve E. Phurrough, and Penny E. Mohr, Improving the Quality and Efficiency of the Medicare Program Through Coverage Policy, Sept 7, 2011. http://www.urban.org/health_policy/url.cfm?ID=412392.

Rachel A. Burton, Kelly J. Devers and Robert A. Berenson, Patient-Centered Medical Home Recognition Tools: A Comparison of Ten Tools Content and Operational Details, May 11, 2011. http://www.urban.org/health_policy/url.cfm?ID=412338.

Robert A. Berenson, Moving Payment from Volume to Value: What Role for Performance Measurement, issue brief prepared for the Robert Wood Johnson Foundation, Dec 14, 2010. <http://www.rwjf.org/files/research/71568full.pdf>.

Robert A. Berenson, Shared Savings Program for Accountable Care Organizations: A Bridge to Nowhere? October, 2010. http://www.ajmc.com/media/pdf/AJMC_10oct_Berenson_721to726.pdf.

Robert A Berenson, Out of Whack: Pricing Distortions in the Medicare Physician Fee Schedule, *NIHCM Foundation Expert Voices*. September, 2010. http://nihcm.org/pdf/NIHCM-EV-Berenson_FINAL.pdf.

Steven Zuckerman, Timothy Waidmann, Robert Berenson, Jack Hadley, Clarifying Sources of Geographic Differences in Medicare Spending. *N Engl J Med*, July 1, 2010; 363:54-62

Robert A Berenson and Eugene C. Rich, US Approaches to Physician Payment: The Deconstruction of Primary Care *Journal of General Internal Medicine*, June 2010; 25(6): 613-618.

Robert A Berenson and Eugene C. Rich, How to Buy a Medical Home? Policy Options and Practical Questions, *Journal of General Internal Medicine*, June 2010; 25(6): 619-624.

Katie Merrell and Robert A. Berenson, Structuring Payment For Medical Homes

Health Affairs, May 2010; 29(5): 852-858.

Chad Boulton, Steven R. Counsell, Rosanne M. Leipzig, and Robert A. Berenson
The Urgency Of Preparing Primary Care Physicians To Care For Older People With Chronic
Illnesses, *Health Affairs*, May 2010; 29(5): 811-818

Robert A. Berenson, Paul B. Ginsburg, and Nicole Kemper, Unchecked Provider Clout In
California Foreshadows Challenges To Health Reform, *Health Affairs*, April 2010; 29(4): 699-
705.

Robert A. Berenson, et al. What if All Physician Services Were Paid Under the Medicare Fee
Schedule? -- An Analysis Using Medical Group Management Association Data; March, 2010.
available at
http://www.medpac.gov/documents/Mar10_Physician_FeeSchedule_CONTRACTOR_v2.pdf.

Elizabeth Docteur and Robert Berenson, How Will Comparative Effectiveness Research Affect the
Quality of Health Care? Quick Strike Issue Brief prepared for the Robert Wood Johnson Foundation,
Feb 15, 2010, http://www.urban.org/health_policy/url.cfm?ID=412040.

Peter V. Lee, Robert A. Berenson, and John Tooker. Payment Reform--The Need to Harmonize
Approaches in Medicare and the Private Sector. *N Engl J Med*. 2010 Jan 7; 362(1):3-5.

Robert A. Berenson. Is There Room for Specialists in the Patient-Centered Medical Home? *Chest*
January 2010 137:10-11; doi:10.1378/chest.09-2502

Robert A. Berenson, John Holahan, and Stephen Zuckerman, Getting to a Public Option that
Contains Costs: Negotiations, Opt-Outs and Triggers. Available at
<http://www.urban.org/url.cfm?ID=411984>

RA Berenson and KJ Devers. Can Accountable Care Organizations Improve the Value of Health
Care by Solving the Cost and Quality Quandaries? "Quick Strike Issue Brief prepared for the
Robert Wood Johnson Foundation, Oct 29, 2009, available at
<http://www.rwjf.org/pr/product.jsp?id=50609>.

Elizabeth Docteur and Robert A. Berenson, How Does the Quality of U.S. Health Care Compare
Internationally. "Quick Strike" Issue Brief prepared for the Robert Wood Johnson Foundation,
August 12, 2009, available at <http://www.rwjf.org/pr/product.jsp?id=47508>.

Robert A. Berenson, John Holahan, Linda B Blumberg, et al. How We Can Pay for Health Care
Reform. "Quick Strike" Issue Brief prepared for the Robert Wood Johnson Commission, July,
2009, available at <http://www.rwjf.org/pr/product.jsp?id=46492>.

Robert A. Berenson and Julianne Howell. Structuring, Financing, and Paying for Effective
Chronic Care Coordination, A Report Commissioned by The National Coalition on Care
Coordination (N3C), July, 2009.

Thomas Bodenheimer, M.D., Kevin Grumbach, M.D., and Robert A. Berenson, M.D. Health Care 2009: A Lifeline for Primary Care. *New England Journal of Medicine*, June 25, 2009; 360 (26): 2693-2695.

Robert A. Berenson and Ellen-Marie Whelan. Health Reform: Delivering for Those Who Deliver Health Care. Center for American Progress, April 14, 2009. Available at http://www.americanprogress.org/issues/2009/04/health_reform_providers.html.

Robert A. Berenson, M.D. and Christine K. Cassel, M.D. Consumer-Driven Health Care May Not Be What Patients Need—Caveat Emptor. *Journal of the American Medical Association*, January 21, 2009; 301(3): 321-323.

Robert A. Berenson and Bryan E. Dowd. Medicare Advantage Plans At A Crossroads—Yet Again *Health Affairs*, January/February 2009; 28(1): w29-w40.

Robert Berenson, Michael Hash, Thomas Ault, Beth Fuchs, Stephanie Maxwell, Lisa Potetz, Stephen Zuckerman. Cost Containment in Medicare: A Review of What Works and What Doesn't. A Report published for the AARP Public Policy Institute (Washington, D.C.: AARP, Dec, 2008)

Melinda Beeuwkes Buntin, Stephen Zuckerman, Robert Bersnon, Anant Patel, and Teryl Nuckols. Volume Growth in Medicare: An Investigation of Ten Physicians' Services (working paper prepared for ASPE/DHHS, Dec 2008.) Available on ASPE website.

Thomas H. Lee and Robert A. Berenson. The Organization of Health Care Delivery: A Roadmap for Accelerated Development in “The Health Care Delivery System: A Blue Print for Reform” (Washington, D.C.: Center for American Progress and the Institute on Medicine as a Profession, Oct 31, 2008)

Robert A. Berenson, Terry Hammons, David N. Gans, Stephen Zuckerman, Katie Merrell, William S. Underwood, and Aimee F. Williams. A House Is Not A Home: Keeping Patients At The Center Of Practice Redesign, *Health Affairs*, September/October 2008; 27(5): 1219-1230.

Schoenbaum SC, Berenson RA, Gardner LB, and Goroll AH. Commentary on Goldfield et al's “reforming the primary care physician payment system. *J Ambul Care Manage*. 2008; 31(2):151-153.

Robert A. Berenson. From Politics To Policy: A New Payment Approach In Medicare Advantage *Health Affairs*, March/April 2008; 27(2): w156-w164.

Robert A. Berenson and Mellisa A. Goldstein. Will Medicare Wither on the Vine? How Congress Has Advantaged Medicare Advantage – and What's a Level Playing Field Anyway? *Saint Louis University Journal of Health Law & Policy* 2007; 1(1): 5-44.

Robert A. Berenson. Separating Fact From Fiction: A New Role For *Health Affairs*
Health Affairs, November/December 2007; 26(6): 1528-1530.

Stephanie Maxwell, Stephen Zuckerman, and Robert A. Berenson. Use of Physicians' Services Under Medicare's Resource-based Payments, *New England Journal of Medicine*, vol. 356 (12): 1853-1861, May 3, 2007.

Paul B. Ginsburg and Robert A. Berenson. Revising Medicare's Physician Fee Schedule – Much Activity, Little Change, *New England Journal of Medicine*, vol. 356 (12): 1201-1203, March 22, 2007

Thomas Bodenheimer, Robert A. Berenson and Paul Rudolf. The Primary Care-Specialty Income Gap: Why It Matters. *Annals of Internal Medicine*, 146(4):301-306, Feb 20,2007.

Robert A Berenson. Doctoring Health Care II. Yo Democrats! Medicare is Privatizing, *The American Prospect*, January-February, 2007

Goroll AH, Berenson RA, Schoenbaum SC, and Gardner LB, Fundamental Reform of Payment for Adult Primary Care: Comprehensive Payment for Comprehensive Care. *Journal Of General Internal Medicine*, published online, January 2007.

Rick Mayes, PhD., and Robert A. Berenson, M.D. Medicare Prospective Payment and the Shaping of U.S. Health Care (Baltimore MD: Johns Hopkins University Press, 2006)

Robert A. Berenson, Paul B. Ginsburg, Jessica H. May. Hospital-Physician Relations: Cooperation, Competition or Separation? *Health Affairs*, Web Exclusive, Dec 5, 2006

Robert A Berenson, Challenging the Status Quo in Chronic Disease Care: Seven Case Studies, prepared for the California Health Care Foundation, September, 2006, available on the CHCF website

Robert A. Berenson, Thomas Bodenheimer, Hoangmai H. Pham. Specialty-Service Lines: Salvos in the New Medical Arms Race, *Health Affairs*, Web Exclusive, July 25, 2006

Robert A. Berenson, Gloria J. Bazzoli, Melanie Au, Do Specialty Hospitals Promote Price Competition? Center for Studying Health System Change, Issue Brief 103, January, 2006

Robert A. Berenson Which Way For Competition? None Of The Above. *Health Affairs*, November/December 2005; 24(6): 1536-1542.

Robert A. Berenson. Malpractice Makes Perfect – Compensating Physicians While Fixing Medicine. *The New Republic*. October 10, 2005.

Hoangmai H. Pham, Kelly Devers, Sylvia Kuo, and Robert A. Berenson. Health Care Market Trends and the Evolution of Hospitalist Use and Roles. *Journal of General Internal Medicine*, February, 2005; 20(1):101-107.

Robert A. Berenson. Medicare Disadvantaged And The Search For The Elusive ‘Level Playing Field’ *Health Affairs*, Web Exclusive; December 15, 2004.

Robert A. **Berenson**. Perspective: Lumpers And Splitters: Different Approaches To Understanding Variations Research, *Health Affairs*, Web Exclusive, October 7, 2004.

Eric A. Coleman and Robert A. Berenson. Lost in Transition: Challenges and Opportunities for Improving the Quality of Transitional Care, *Ann Intern Med*, Oct 2004; 141: 533 - 536.

Len, M. Nichols, Paul B. Ginsburg, Robert A. Berenson, Jon Christianson, and Robert E. Hurley. Are Market Forces Strong Enough to Deliver Efficient Health Care Systems? Confidence is Waning, *Health Affairs* 23(2): 8-21; March/April, 2004

Hoangmai H. Pham, Kelly J. Devers, Jessica H. May, and Robert Berenson, Financial Pressures Spur Physician Entrepreneurialism. *Health Affairs* 23(2): 70-81; March/April, 2004

Francis J Crossen, M.D., Allan J. Weiland and Robert A. Berenson “Physician Leadership: “Group Responsibility” as Key to Accountability in Medicine” in Toward a 21st Century Health System, The Contributions and Promise of Prepaid Group Practice, eds. Alain C. Enthoven and Laura A Tollen, (Jossey-Bass: San Fransisco, 2004): 179-198.

Berenson, RA, Paying for Quality and Doing It Right *The Washington and Lee Law Review*, 60 (4), Fall 2003, 1315-1344.

Berenson, RA. Getting Serious About Excessive Medicare Spending: A Purchasing Model for CMS, *Health Affairs*, Web Exclusive, W3-586-602; December 10, 2003.

J.S. Lee, R.A. Berenson, R Mayes, and A K. Gauthier, Does Cost Shifting Matter, *Health Affairs: Web Exclusive*: (October 8, 2003) W3: 480-488

Berenson, RA, Kuo S, and May, JH. Medical Malpractice Liability Crisis Meets Markets: Stress in Unexpected Places. Center for Studying Health System Change, Issue Brief #68, September 2003.

Berenson, RA and Horvath J. Confronting the Barriers to Chronic Care Management in Medicare *Health Affairs* @ www.healthaffairs.org/WebExclusives/Berenson_Web_Excl_012203.htm.

Berenson, RA and Harris DM. Using Managed Care Tools in Traditional Medicare – Should We? Could We? *Law and Contemporary Problems*, Duke University School of Law, 65: 139-168, Autumn, 2002.

Etheredge L., Berenson R. and Ebeler J. Quality Incentives for Medicare + Choice Plans (Washington: Health Insurance Reform Project, George Washington University, August 2002).

Berenson, RA and Dowd BE: The Future of Private Contracting in Medicare. AARP Public

Policy Institute Issue Paper, publication ID:2002-12, July 2002. Available at www.aarp.org/research.

Berenson, RA. Medicare + Choice: Doubling or Disappearing? *Health Affairs*, *Web Exclusive*, W65-82, November 28, 2001.

DeParle, Nancy-Ann Min and Robert A. Berenson. Perspective: The Need For Demonstrations to Test New Ideas. *Health Affairs*, 19(5): 57-59, Sep/Oct 2000.

Berenson, RA. Evaluation and Management Guidelines, *N Engl. J. Med* 340 (11): 889, 1999 (Response to NEJM editorial).

Iglehart, JK. "Interview: Bringing Forth Medicare + Choice: HCFA's Robert A. Berenson" *Health Affairs* 18(1): 144-149, Jan/Feb 1999.

Zelman WA and Berenson RA. The Managed Care Blues & How to Cure Them, (Georgetown University Press, Washington, D.C., 1998.)

Berenson RA. "Marketwatch: Bringing Collaboration into the Market Paradigm." *Health Affairs*, 17(6): 128-137, November/December 1998.

Hall MA and Berenson RA. "Ethical Practice in Managed Care: A Dose of Realism." *Annals of Internal Medicine* 128:395-402, March 1, 1998.

Berenson RA. "Dispute Resolution of Malpractice in Managed Care." *Forum*, No.34:49-52, December 1997.

Cantor JC, Berenson RA, Howard JS, Wadlington, W. "Addressing the Problem of Medical Malpractice: A reprint from *To Improve Health & Health Care, 1997*," The Robert Wood Johnson Foundation Anthology; ed. Eisenberg SL, Knickman JR, published by Jossey Bass (1997).

Berenson RA. "Beyond Competition: Healthcare markets have not evolved as expected by economists and analysts. It's time to think about protecting the consumer." *Health Affairs* 16:171-180, March/April 1997.

Berenson RA, Hastings DA, and Kopit WG. "The legal framework for effective competition." In Strategic Choices for a Changing Health Care System eds. Altman SH and Reinhardt UE, Health Administration Press, Chicago, IL, 1996.

Gold M, Hurley R, Lake T, Ensor T and Berenson R. "A national survey of the arrangements managed-care plans make with physicians." *New England Journal of Medicine* 333:1678-1683, Dec 21, 1995.

Gold M, Nelson L, Lake T, Hurley R, and Berenson RA. "Behind the curve: A critical assessment of how little is known about arrangements between managed care plans and physicians." *Medical Care Research and Review* 52(3):307-341. September 1995.

Berenson RA. "Profiling and performance measures: What are the legal issues?" *Medical Care* 33(1):JS53-JS59. Supplement 1995.

Berenson RA. "Can a managed care market work? It's time for physicians to 'get real.'" *Postgraduate Medicine* 96(4):55-57, September 15, 1994.

Sage WM, Hastings KE and Berenson RA. "Enterprise liability for medical malpractice and health care quality improvement." *American Journal of Law and Medicine* 1994;20:1-28.

Berenson RA. "Do physicians recognise their own best interests?" *Health Affairs* 13:185-193 Spring II, 1994.

Berenson RA. "The single payer trap." Op-ed article in The New York Times, March 28, 1994.

Berenson RA. "How the preponderance of subspecialties affect the cost, quality, and accessibility of health care." Presented at the National Primary Care Conference, Washington, DC, March 30, 1992.

Berenson R and Holahan J. "Sources of growth in Medicare physician expenditures." *Journal of the American Medical Association* 267:687-691, 1992.

Berenson RA. "Commentary: A physician's view of managed care." *Health Affairs* 10:106-119. Winter 1991.

Wieland JB and Berenson RA. "Analysing and negotiating managed care agreements." In Physician's survival guide: Legal pitfalls and solutions. American Medical association and American Health Lawyers Association, LOC #91-60966, 1991.

Berenson RA. "Payment approaches and the cost of care." In Paying the doctor: Health policy and physician reimbursement ed. Moreno JD, Auburn House, Westport, Conn., 1991.

Holahan J, Berenson RA and Kachavos PG. "Area variations in selected Medicare procedures." *Health Affairs* 9:166-175, Winter 1990.

Berenson RA. "When opportunity knocks." A case study in *Hastings Center Report* 20:33-34 Nov/Dec 1990.

Berenson RA. "Is utilization management changing patient care?" *The Internist* March 1990.

Blumenthal D and Berenson RA. "Occasional notes—Health care issues in presidential

campaigns.” *New England Journal of Medicine* 321:908-912, Sept 28, 1989.

Berenson, RA. “Physicians payment reform: Congress’s turn.” Editorial in *Annals of Internal Medicine III*: 251-353, September 1, 1989.

Berenson RA. “Meet Dr. Squeezed.” Op-ed article in The New York Times July 21, 1989.

Berenson RA. “Physician payment reform: Finally.” Editorial in *Annals of Internal Medicine* 107:929-931, Dec 1987.

Berenson RA. “Dealing with financial risks and ethical dilemmas.” *Consultant* Sept 1987.

Berenson RA. “Hidden compromises in paying physicians.” *Business and Health* July 1987.

Berenson RA. “In a doctor’s wallet.” *The New Republic* May 18, 1987.

Hadley J and Berenson RA. “Seeking the just price: Constructing relative value scales and fee schedules.” *Annals of Internal Medicine* 106:461-466, March 1987.

Berenson RA. “The new economic realities, changing practice styles.” *The New Physician* July-Aug 1986.

Berenson RA. “Capitation and conflict of interest.” *Health Affairs*, Spring 1986.

Hadley J, Berenson RA, Juba D and Wagner J. “Alternative approaches to constructing a relative value schedule.” In Medicare physician payment reform—Issues and options, eds. Holahan J and Etheredge L, The Urban Institute Press, Washington, DC, 1986.

Hadley J and Berenson RA. “From a relative value schedule to a fee schedule.” In Medicare physician payment reform—Issues and options, eds. Holahan J and Etheredge L, The Urban Institute Press, Washington, DC, 1986

Pawlson LG and Berenson RA. “Financing and delivery of health care services: Changes and more changes.” In Geriatric Medicine Annual: 1986, ed. Ham RJ, Medical Economics Books, Oradell, New Jersey, 1986.

Berenson RA. Book review of Campion FD. The AMA and U.S. Health Policy—Since 1940 in the The New Physician Sept. 1985.

Berenson RA. “A physician’s perspective on case management.” *Business and Health* July-Aug 1985.

Berenson RA and Pawlson LG. “The Medicare prospective payment system and the care of the frail elderly.” *Journal of the American Geriatrics Society* Nov 1984.

Berenson RA. "Intensive care units (ICUs): Clinical outcomes, costs and decisionmaking." (Health Technology Case Study 28), prepared for the Office of Technology Assessment, U.S. Congress, OTA-HCS-28, Washington, DC, Nov 1984).

Berenson RA. "The Muddle in Medicare." Op-ed piece in the Los Angeles Times, 1983.

Berenson RA. "Cholera—A doctor's story." In the travel section The New York Times, Oct 30, 1977.

Berenson RA. "Approaches to quality of care assessment." Monograph put out by the Bureau of Community Health Services, Department of Health, Education and Welfare, Feb 1975.

Wood C, Volante R and Berenson RA. "An epidemiological study of amputees in the East Harlem community." HSMHA Health Reports 86: Dec 1971.

EMPLOYMENT HISTORY

Urban Institute, Institute Fellow 2003-present

Self-employed Consultant 2001-2003

Health Care Financing Administration, Acting Deputy Administrator, 2000-2001

Health Care Financing Administration, Director, Center for Health Plans Providers 1998-2000

The Lewin Group, Vice President, 1997-1998

National Capital Preferred Provider Organization, Medical Director, 1988-1997

Private Medical Practice Physician, "Berenson, Edge, Basch and Reed-Jones," 1981-1993

White House Assistant Director, Domestic Policy Staff, 1979-1980

White House, Robert Wood Johnson Clinical Scholar, 1977-1979

GWU School of Medicine, Resident Physician, 1975-1977

U.S. Public Health Service, Medical Officer, Bureau of Community Health Services, DHEW, 1973-1975

Montefiore Hospital, Bronx, NY, Intern, Internal Medicine, 1971-1972

EDUCATION

Mount Sinai School of Medicine	M.D. 1972
Rutgers University School of Med	M.M.S.1970
Brandeis University	B.A, 1968