



## Kevin J. Malone

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**Kevin J. Malone** is a Strategic Advisor and Practice Leader – Public Payers, Behavioral Health, and Long-Term Care – with EBG Advisors, Inc. Mr. Malone provides advice on strategic and compliance issues involving Medicare, Medicaid, and other third-party reimbursement programs with a particular focus on primary, post-acute, and long-term care; behavioral health; disability support services; and obligations under the Mental Health Parity and Addiction Equity Act (MHPAEA).

Mr. Malone advises Medicare and Medicaid health plans on all aspects of program participation, including contract negotiation; timely bid and benefit submissions; enrollment and disenrollment systems and reporting; the development of compliant provider networks; the operation of utilization management departments; the development of beneficiary materials, such as websites, provider directories, and member handbooks; and the operation of member and provider call-centers. He guides health plan clients through federal and state government performance oversight processes, including the interpretation of reporting guidelines and the development and submission of responsive and timely performance and outcome measures, and aids public and private clients in the development of legislative and regulatory strategies involving government health programs, including assisting with the development and implementation of public stakeholder engagement efforts.

### Representative Experience

From 2010 to 2016, Mr. Malone served at the U.S. Department of Health and Human Services (HHS), most recently with the Federal Coordinated Health Care Office (the “duals office”) at the Centers for Medicare & Medicaid Services (CMS). As a Health Insurance Specialist with the duals office, he was the federal lead for implementing demonstration programs that aim to integrate the financing and delivery of Medicaid and Medicare benefits for dually-eligible beneficiaries in Illinois, New York State, and Washington State. Mr. Malone also served as a lead in the development of a new federal demonstration model for individuals with disabilities based on the Program of All-Inclusive Care for the Elderly (PACE), expanding the model of care to new populations. Previously, Mr. Malone worked with the Disabled and Elderly Health Programs Group at CMS, developing a new policy for the identification and counseling of the medically frail within the Medicaid Expansion population.

As a Public Health Analyst with the Substance Abuse and Mental Health Services Administration (SAMHSA) prior to joining CMS, Mr. Malone managed multiple multimillion-dollar federal procurements and led the agency’s efforts to help substance abuse and mental health treatment providers implement advanced contracting, billing, and care

coordination practices. In addition, he spearheaded SAMHSA's efforts at public and private insurance enrollment following the enactment of the Affordable Care Act.

Before joining HHS, Mr. Malone co-founded a community violence prevention project at Bread for the City, a nonprofit social services organization in Washington, DC. From 2007 to 2009, he also served as a Peace Corps volunteer in Zambia, where he founded the nation's first male-focused domestic violence prevention project.

## **Education**

- The George Washington University Law School (J.D.)
- Washington University in St. Louis (B.A.)