Aetna
Better Health

B.10 – Resumes of Key Staff

Janet Stallmeyer, M.B.A., Administrator
(Senior Vice President/Market Head, Central Region, Medicaid)

Total Medicaid Experience: 8 years 6 months	**Reports to: Tom Kelly, Head of Aetna Medicaid**
Time in Current Position: 4 years 7 months	**Functional Area: Administration**

Corporate Experience

Senior Vice President/Market Head, Central Region, Medicaid
Total Care Management
Schaller Anderson, Inc., An Aetna Company, October 2006 – Present
Medicaid Managed Care Experience: 4 years 7 months

- Responsible for oversight and management of all health plan operations through the design and implementation of financial controls, management information systems including electronic medical records, best practice health care services, human resource policies and procedures, facilities management and comprehensive marketing programs
- Deliver leadership and technical expertise to develop and improve health plan leadership skills and performance
- Direct operations to verify that all services are delivered in a cost-effective, quality manner
- Conduct a strategic review of operations and implementing a member engagement strategy focusing on State customer relationships
- Verify compliance with State and Federal requirements including reporting and operational standards
- Provide leadership, team building, and staff development to create and maintain a multi-disciplined, culturally diverse team

Senior Vice President, Coventry Health Care
President, CEO of Coventry Health Care of Kansas, August 1998 – September 2006
Medicaid Managed Care Experience: 4 years

- Directed a publicly traded managed health care organization providing a full spectrum of managed care products including HMO, PPO, POS, Medicare+Choice, and Medicare to more than 1.4 million members in 15 markets
- Accountable for the oversight of all day-to-day operations of comprehensive health plan
- Directed the integration of an acquired hospital-owned health plan including employee transition and reduction and the integration of multiple lines of products
- Management of the acquisition and transition of more than 50,000 commercial and 5,000 Medicare members from a leading, not-for-profit health plan
- Integration of the Wichita plan into the Kansas City operations; S, G and A savings of one million dollars
- Achievement of an annual membership growth of 18% and exceeded budgeted targets by 156% in Kansas City from 1998 to 2001

Executive Director
Principal Health Care of Kansas, January 1995 – August 1998
Medicaid Managed Care Experience: N/A

- Accountable for the management of all facets of a managed care plan with more than 55,000 members
- Managed the decentralization of all accounting, underwriting and enrollment activities
- Directed the implementation of 24/7 Demand Management Program
- Led the health plan through NCQA review resulting in full accreditation

Executive Director
Principal Health Care of Louisiana, January 1992 – December 1994
Medicaid Managed Care Experience: N/A

- Accountable for the management of a 37,000 member managed care plan
- Engineered the financial turn-around of a five year old HMO including 5 million pre-tax income variance and a medical cost reduction of 18 percent
- Negotiation of the first hospital capitation arrangement for PHC nationally resulting in a 15 percent savings in hospital cost for 30 percent of the membership

Janet Stallmeyer, M.B.A., Administrator
(Senior Vice President/Market Head, Central Region, Medicaid)

- Led the health plan through its first NCQA accreditation review resulting in accreditation
- Secured a three year carrier replacement contract for 8,400 eligibles; contract worth 84 million in premium revenue over three years; first year results 84.6 percent MLE with 9.2 percent administrative cost

Education

- **Master of Business Administration**
  Rockhurst College, Kansas City, Missouri
- **Master of Science – Nursing**
  Medical College of Georgia, Augusta, Georgia
- **Bachelor of Science – Nursing**
  College of Mt. St. Joseph, Cincinnati, Ohio

Background (certifications, licenses, special skills, etc.)

Professional Associations:

- Kansas Managed Health Care Association
- Kansas City Chamber of Commerce

Community Organizations:

- Multiple Sclerosis Society, Kansas City Chapter, Board Member, 1986 –1988 and 1997 – 2001
- Nancy Whalen Foundation, Board Member, 1988 – Present
- John Knox Village, Board Member, 1988 – 2004

Patrick C. Powers, B.A., Chief Executive Officer (Chief Executive Officer, Louisiana Operations)

Total Medicaid Experience: 1 month	**Reports to: Janet Stallmeyer**
Time in Current Position: 1 month	**Functional Area: Administration**

Corporate Experience

Chief Executive Officer, Louisiana Operations / Aetna Better Health, Inc., May 2011- Present
Medicaid Managed Care Experience: 1 month

- Oversees all aspects of Louisiana operations
- Represents the company publically in Louisiana
- Responsible for working with regulatory and legislative bodies in matters concerning Medicaid in Louisiana

President and Chief Executive Officer / Powers Consulting Company, January 2009 – April 2011
Medicaid Managed Care Experience: N/A

- Performed various consulting engagements healthcare and managed care companies ranging from startups to NYSE traded firms
- Engagements included product development, network contracting, executive counseling and market development

Chief Operating Officer / Gilsbar 360 Alliance, March 2008 –November 2009
Medicaid Managed Care Experience: N/A

- Responsible for initial development and all ongoing operations of a Preferred Provider network including strategic plans, model provider contracts, development of provider database and marketing materials.

Chief Operating Officer / BestCare, Inc., January 2003 - February 2007
Medicaid Managed Care Experience: N/A

- Responsible for strategy and all operations of preferred provider network
- Managed its 70 percent growth during four years
- Developed Disaster Plan and its implementation after Hurricanes Katrina and Gustav
- Negotiated buy/sell agreement for owner to sell to a national network

President and Chief Executive Officer / The Powers Company, October 1999 – January 2003
Medicaid Managed Care Experience: N/A

- Developed and marketed a product, ComplyMax, designed to assist small providers with becoming HIPAA compliant; assisted over 100 provider practices/organizations with attaining full HIPAA compliance
- Led an employers coalition which represented 500,000 employees through a strategic planning process
- Advised major regional healthcare system on physician relations and office space related to the acquisition of a medical center

President and Chief Executive Officer / MD HealthShares Corporation, Feb. 1998 – Sept. 1999
Medicaid Managed Care Experience: N/A

- Developed and implemented a statewide managed care organization consisting of a Health Maintenance Organization, Preferred Provider Organization, Third Party Administrator, and Utilization Management Company and increased the membership to 14,000 within six months after becoming operational
- Managed stockholder relations with over 2,100 physician owners
- Negotiated the acquisition of a $2 million book of business from a competitor

President, Central Region / ManagedComp, Inc., January 1995 – February 1998
Medicaid Managed Care Experience: N/A

- Developed and operated company's products in the Central region (United States west of the Mississippi River)
- Increased premium volume from $400,000 to over $33 million in three years
- Expanded from 11 employees in single location to staff of 80 with full service and/or sales offices in Houston, San Antonio, Tulsa, New Orleans, Sacramento and Chicago

Patrick C. Powers, B.A., Chief Executive Officer
(Chief Executive Officer, Louisiana Operations)

President and Chief Executive Officer
Gulf South Health Plans, Inc. (owned by General Health, Inc.), June 1986 – December 1994
Medicaid Managed Care Experience: N/A

- Created, developed and operated an integrated managed care organization owned by General Health, Inc. Responsible for development including strategic planning, recruitment of senior staff, space acquisition, provider relations and contracting, development of medical management protocols and acquisition of all IT systems.
- Increased business to over $175 million of premium covering the 140,000 members and was the market leader insuring over one-third of the commercial population in Baton Rouge
- Served as a member of all medical committees
- Negotiated the acquisition of a competitor representing $36 million of premium
- Negotiated a 3 year, $100 million contract with the local school system

Vice President of Finance
Corporate Services Group (owned by General Health, Inc.), February 1985 – May 1986
Medicaid Managed Care Experience: N/A

- Developed and organized the centralized accounting unit for General Health using an integrated software package that centralized all financial functions in a single location; this process was completed in 90 days time during which approximately 40 employees were relocated
- Responsible for all traditional accounting functions for General Health's subsidiaries

Vice President of Finance and Chief Financial Officer
Health Management Services, Inc. (owned by General Health, Inc.), August 1982 – January 1985
Medicaid Managed Care Experience: N/A

- Responsible for all traditional finance functions of General Health's consulting services company
- Negotiated several acquisitions and joint ventures for the company ranging from $250,000 to $5,000,000

Chief Executive Officer
Baton Rouge Ambulatory Surgical Services (BRASS), April 1981 - August 1982
Medicaid Managed Care Experience: N/A

- Employed by General Health, Inc. (GHI) (April 1981 through December, 1994) which had the management contract to provide the CEO to BRASS
- Established of first outpatient surgery center located in Baton Rouge
- Hiring and training the staff
- Establishing contracts with al payers for reimbursement of services provided to payers' insured's
- Licensing of the facility
- Achieved break even cash flow in 3 months – 3 months ahead of schedule and $150,000 under budget

Education

- **Bachelor of Arts – Accounting**
  Louisiana State University, Baton Rouge

Background (certifications, licenses, special skills, etc.)

- Certified Public Accountant
- Served on numerous boards, committees and task forces of industry, civic and charitable organizations
- Louisiana Business Group on Health
- Baton Rouge Chamber of Commerce – Positions held include Vice Chairman of the Board, Chairman of Member Retention Committee and Chairman of Member Education Committee
- American Institute of Certified Public Accountants
- Society of Louisiana Certified Public Accountants

Ruth Sirotnik, Chief Operating Officer (Vice President, Account Management)

Total Medicaid Experience: 10 years	**Reports to: Patrick C. Powers**
Time in Current Position: 1 month	**Functional Area: All Areas**

Corporate Experience

Chief Operating Officer, Louisiana Operations
Aetna Better Health, Inc., May 2011 – Present

- Oversee day-to-day operations
- Provides day-to-day leadership and management to a service organization that mirrors the mission and core values of the company. Interfaces with corporate office staff as required.
- Responsible for driving the Plan to achieve and surpass performance metrics, profitability, and business goals and objectives.
- Responsible for employee compliance with, and measurement and effectiveness of all Business Standards of Practice including Project Management and other processes internal and external. Provides timely, accurate, and complete reports on the operating condition of the Plan. Develops policies and procedures for assigned areas. Ensuring that other impacted areas, as appropriate, review new and changed policies.
- Assists the Plan leader in collaborative efforts related to the development, communication and implementation of effective growth strategies and processes. May be required to spearhead the implementation of new programs, services, and preparation of bid and grant proposals.
- Collaborates with the Plan management team and others to develop and implement action plans for the operational infrastructure of systems, processes, and personnel designed to accommodate the rapid growth objectives of the organization.
- Assists in defining marketing and advertising strategies within State guidelines. Participates in the development and implementation of marketing policies for the Plan, and ensures their compliance with program regulations.
- Provides assistance in preparation and review of budgets and variance reports for assigned areas.
- Works cooperatively with Network Development team in the development of the provider network. Acts as “client-care officer” through direct contact with all stakeholders. Serves as a liaison with regulatory and other state administration agencies and communicates activity to CEO and reports back to Plan.
- Communicates, Motivates and leads a high performance management team. Attract, recruit, train, develop, coach, and retain staff. Fosters a success-oriented, accountable environment within the Plan.
- Assures compliance to and consistent application of law, rules and regulations, company policies and procedures for all assigned areas.
- Prompt response with a sense of urgency/priority to customer requests. Documented follow through/closure.
- Assists as assigned or required in performing other duties, assignments and/or responsibilities.

Chief Operating Officer, Integral Quality Care
Schaller Anderson Healthcare, L.L.C., May 2009 – May 2011
Medicaid Managed Care Experience: 2 years

- Implemented a new Medicaid program in the state of Florida
- Oversight of first expansion phase – three new counties
- Oversee day-to-day operations

Vice President, Account Management / Schaller Anderson Healthcare, LLC., Feb. 2007 – May 2009
Medicaid Managed Care Experience: N/A

- Oversee the implementation of effective processes for the attainment of operational, financial and budgetary goals of the unit
- Direct the activities of a group of account managers for both self funded and behavioral health plans, integrate execution of these activities across these managers

Ruth Sirotnik, Chief Operating Officer (Vice President, Account Management)

- Responsible for decision making as to significant matters that impact financial reporting and accounting policy matters, both on a GAAP and Statutory basis, as well as overseeing operational aspects of addressing such issues

Vice President, Operations Process Knowledge and Management
Schaller Anderson of Arizona, L.L.C., January 2005 – January 2007
Medicaid Managed Care Experience: 2 years

- Manage development, coordination, and implementation of strategic initiatives by defining and planning projects, monitoring and implementing business systems and performance measurement systems, benchmarking, reviewing contracts and training
- Design and implement annual operation tactics
- Recommend initiatives to improve the corporation's competitive position and profitability
- Coordinate operation of Claims Department with other Schaller Anderson affiliated health plans
- Formulate, execute, and maintain operational budgets
- Oversee all vendor contracts and Claims Department operations
- Recommend, document, and implement changes to strengthen the management of vendor contracts
- Maintain adequate staffing infrastructure and support

Claims Director / Schaller Anderson of Arizona, L.L.C., April 1999 – January 2005
Medicaid Managed Care Experience: 6 years

- Responsible for overall performance of the Claims Department, including claims analysis and adjudication (paper and EDI), coordination of benefits, claims data entry, claims inquiry and research, record retention and encounter data warehouse maintenance
- Department operates two shifts and processes an average of 125,000 Medicare, Medicaid and commercial claims per month, with an approximate value of $42 million
- Supervise seven direct reports and oversee a licensed third-party administrative department of 261 employees

Director of Claims Operations
First Health Group Corp. (formerly HealthCare COMPARE Corp.), February 1996 – October 1998
Medicaid Managed Care Experience: N/A

- Established the project plan and training for implementing new software for claims and benefit administration
- Created baseline data elements (plan building) within the system for administering medical, dental, disability (STD and LTD), Rx, FSA, vision, life, AD&D and excess loss coverage within a managed care environment
- Hired and trained staff to develop workflow, policies and procedures that enabled the business unit to obtain and manage client plans two months ahead of schedule
- Performed product development for insurance products (excess loss, life/AD&D, LTC), instilling specific and general insurance principals and knowledge within the organization
- Integrated existing managed care systems (PPO, UR, provider contracting, customer service) with insurance operations, reducing redundant processes and increasing efficiency across several operations
- Prepared plan documents, summary plan descriptions, administrative agreements, and regulatory compliance forms (5500, 1099) and policy filings for self-funded and fully insured coverage lines
- Instrumental in achieving licensure for the TPA in 38 states, including holding a personal license in New York as a independent adjuster
- Performed system and service capability demonstrations for all prospective clients and current clients converting to new service agreements
- Created client service plan and case report; executed client implementations and conversions by active involvement with client (onsite and at client's site), telephonic conferences and service visits

Education

- **Certified Medical Assistant – Medical Assistant**
  Business Medical Training Center, Seattle

John J. Esslinger, M.D., M.M.M., Medical Director/Chief Medical Officer (Chief Medical Officer)

Total Medicaid Experience: 6 years	**Reports to: Patrick Powers**
Time in Current Position: 1 year 4 months	**Functional Area: Medical Management**

Corporate Experience

Chief Medical Officer / Missouri Care, February 2010 to Present
Medicaid Managed Care Experience: 1 year 4 months

- Responsible for the development, implementation and medical interpretation of medical policies and procedures including, but not limited to, service authorization, claims review, discharge planning, credentialing and referral management, and medical review included in the grievance system
- Administers all medical management activities and is actively involved in all clinical and quality management components of the health plan
- Serves as director of the Utilization Management Committee and chairman or co-chairman of the Quality Assessment and Performance Improvement Committee
- Manages medical management activities that meet the strategic needs of business segments and plan sponsors
- Responsible for the design and implementation of medical policies, goals, and objectives
- Provides professional leadership and direction within the medical management department
- Uses data analysis to identify opportunities for quality improvement and to positively influence practice patterns
- Leads quality management activities at regional and market levels including those necessary to achieve NCQA accreditation
- Acts as critical medical leader for external providers and plan sponsors, including regulatory and accrediting agencies
- Supports sales and marketing efforts including participation in key marketing activities and presentations

SVP, Medical Director / Lockton Companies, March 2008 – February 2010
Medicaid Managed Care Experience: N/A

- Served as national medical director with the largest privately held insurance broker
- Assisted in closing major new business with prospects
- Led efforts at launching a formal health and wellness practice
- Analyzed and interpreted claims and clinical data for clients and provided specific recommendations to bend the medical trend line
- Identified and screened multiple national vendors engaged in health and wellness to provide tailored solutions for clients
- Wrote white papers on a variety of topic including on-site clinics and mental health parity

Senior Medical Director / WellCare Health Plans, October 2005 – March 2008
Medicaid Managed Care Experience: 2 years 6 months

- Served as medical lead for Georgia expansion, which was a 500,000 member Medicaid plan with $1 billion in revenue
- Achieved cost containment targets for medical expenses in new market
- Participated in contracting with hospitals and physician groups
- Acted as key liaison with professional provider groups and government partners

Network Medical Director / Florida Network, WellCare Health Plans, July 2004 - October 2005
Medicaid Managed Care Experience: 1 year 3 months

- Lead medical director in performance improvement with Florida network doctors
- Created physician profiling tool for use with Medicaid primary care doctors

Medical Director / WellCare, Corporate Utilization Management, January 2004 - October 2004
Medicaid Managed Care Experience: 10 months

- Responsible for the outpatient department and directed case management and utilization management for outpatient services

John J. Esslinger, M.D., M.M.M., Medical Director/Chief Medical Officer (Chief Medical Officer)

Medical Director / Aetna Healthcare, Inc., Atlanta, Georgia June 2001 – December 2003
Medicaid Managed Care Experience: N/A

- Participated in developing a medical information suite for Aetna physicians
- Completed contracting with key hospitalist groups to decrease unnecessary inpatient admissions and hospital lengths of stay
- Served as a member of the on-site sales presentation team for patient management
- Delivered a10% reduction in bed day utilization in assigned market in less than 1 year

Medical Director / Paidos Health Management Services, Inc. (aka Alere), January 1999 - July 2001
Medicaid Managed Care Experience: N/A

- Reduced medical loss ratio from 92% to 87% in one year for central region
- Collaborated with sales and marketing in adding five new accounts through presentations to health plan executives
- Conducted a number of physician advisory board meetings resulting in the creation of several clinical management guidelines
- Presented performance results regularly to national payor clients
- Worked with data analysis team to establish a large database for benchmarking clinical performance and outcomes

Vice President of Medical Affairs / Children's Hospital, January 1997 – December 1998
Medicaid Managed Care Experience: N/A

- Established critical pathways for inpatients
- Provided consultation to Child Health Corporation of America
- Managed Medical Outcomes Department including the development of an outcomes database as a tool to be used for routine reports to medical staff committees and the Board
- Promoted the integration of private practice and university-based hematology/oncology physicians into a functional department

Chief of Neonatology / Children's Hospital, Omaha, May 1989 - December 1997
Medicaid Managed Care Experience: N/A

- Established the first neonatal nurse practitioner practice in Nebraska
- Implemented a neonatal data base for benchmarking and clinical outcomes
- Recruited additional physicians from outside the area to meet growing demand

Education

- Masters in Medical Management, Tulane University, New Orleans, Louisiana
- Neonatal Fellowship, Children's Mercy Hospital, Kansas City, Missouri
- Pediatric Residency, University of Minnesota, Minneapolis, Minnesota
- Medical Doctor, University of Minnesota, Minneapolis, Minnesota
- Bachelor of Science – Microbiology, University of Minnesota, Minneapolis, Minnesota

Background (certifications, licenses, special skills, etc.)

- Fellow, American Board of Pediatrics (Pediatrics)
- Fellow, American Board of Pediatrics (Neonatal-Perinatal Medicine)
- Certificate in Medical Management, American College of Physician Executive
- Multiple states with current medical licensure
- American College of Physician Executives
- American Academy of Pediatrics
- Member of March of Dimes Executive Committee
- Consultant for Child Health Corporation of America
- Louisiana license #MD.14527R

Lauren Edgington, M.S., Chief Financial Officer (Chief Financial Officer)

Total Medicaid Experience: 8 years 5 months	**Reports to: Patrick Powers**
Time in Current Position: 1 year 6 months	**Functional Area: Finance**

Corporate Experience

Chief Financial Officer, Central Region
Schaller Anderson, Inc., An Aetna Company, December 2009 – Present
Medicaid Managed Care Experience: 1 year 6 months

- Oversees budget, accounting systems and financial reporting
- Manages financial performance, budgeting, forecasting and cost containment for Central Region markets as well as Florida TPA Start up of Integral Health Plans, Inc.
- Collaborates with Regional CFOs to provide consistent and accurate reporting across all Medicaid business
- Provides that all Regulatory and State reporting are submitted accurately and timely
- Identifies and executes medical expense opportunities to drive local market strategies to achieve performance and quality targets
- Evaluates facilities and utilization to identify emerging trends and research outlier facilities and/or utilization
- Presents integral health plan performance to the Board of Directors (Owners) monthly, and highlighting key trend drivers as well as impact of State Budget deficit discussions
- Collaborates with State Medicaid programs through the routine rate setting process to identify cost saving opportunities to help balance budgets
- Works closely with corporate finance on new business development and implementation

Chief Financial Officer
UnitedHealthcare, AmeriChoice, July 2006 – December 2009
Medicaid Managed Care Experience: 3 years 6 months

- Managed financial performance, budgeting/forecasting and cost containment for the New York Medicaid market
- Provided oversight for finance operations, budgeting/forecasting, and cost containment for New Jersey and Rhode Island Medicaid markets through matrix organization for 1.5 years while vacancies were filled
- Prepared, managed, and completed complex financial merger of the United Healthcare of New York, Inc. and AmeriChoice of New York, Inc. licenses with the New York Department of Insurance and the New York Department of Health
- Executed and identified opportunities to drive local market strategies to achieve performance targets
- Managed unit cost and utilization trends and analysis for local market and recommended strategic growth opportunities dependent on trends
- Partnered with corporate finance functions to drive segment initiatives and dissemination of strategic and financial reporting
- Collaborated with peers in other states and markets to leverage opportunities in reporting and trend identification to local executive team
- Established, reported and managed both internal and external vendor relationships performance against targets

National Director of Medical Economics
UnitedHealthcare, AmeriChoice, March 2004 – June 2006
Medicaid Managed Care Experience: 2 years 3 months

- Created monthly internal reporting package deliverable to senior management to include unit cost and monthly trends for inpatient, outpatient, emergency room, physician and pharmacy utilization and costs by product and by division
- Extracted claims data through SQL to prepare both monthly and ad hoc reporting
- Priced and evaluated historical facility costs and utilization by product and place of service to create a comparison of proposed contract cost changes for network management

Lauren Edgington, M.S., Chief Financial Officer (Chief Financial Officer)

- Recommended facility contract changes of proposed contracts to reduce costs to finance and network management
- Initiated Child Health Check Up Program to recover claims from the State of Florida resulting in an additional $375,000 in revenue
- Performed root-cause analysis of high cost utilization of active members by provider, diagnosis, procedure, and facility
- Reported and analyzed primary care physician medical loss ratio (MLR) performance to identify outliers for medical management and network management intervention
- Managed and prioritized all projects between finance, health services and network management for forecasting and evaluating historical claims and expenses

Senior Financial Analyst
UnitedHealthcare, Commercial and Medicaid, January 2003 – March 2004
Medicaid Managed Care Experience: 1 year 2 months

- Analyzed premium, membership, medical cost, and administrative cost trends to provide forecasts and benchmarks
- Produced monthly dashboard indicators and ad hoc analyses on emerging trends to senior management
- Analyzed inpatient, outpatient, physician, and pharmacy utilization for local market and reported monthly to senior management
- Coordinated with market medical expense management to develop a systematic utilization report that will be used consistently for each market on a national basis
- Initiated medical expense management recovery for Orlando market finance department through catastrophic claim analyses and recovered over $650,000
- Created and maintained internal reporting databases to provide financial schedules relating to budget, revenues, and expenses
- Prepared, analyzed and trend data for high utilization non participating hospitals in order to reduce out of network usage
- Analyzed premium renewals on large accounts for senior management to negotiate with underwriting
- Reviewed and reported premium growth analyses and earnings projections

Education

- **Master of Science – Applied Economics, Concentration in Marketing/Sales**
  Clemson University, Clemson, South Carolina
- **Bachelor of Science – Economics, Minor in Legal Studies**
  Clemson University, Clemson, South Carolina

Background (certifications, licenses, special skills, etc.)

Professional Associations:

- Florida Association of Health Plans
- United Way Women's Leadership Committee

Volunteer:

- United Way, Tampa Chapter
- Community Team Works (NY)
- Breathe NY
- Green Isle Children's Ranch Club

Patricia G. Simpson, M.B.A., Compliance Officer (Director, Medicaid Policy and Program Administration)

Total Medicaid Experience: 10 years 10 months	**Reports to: Patrick Powers**
Time in Current Position: 1 year 3 months	**Functional Area: Compliance**

Corporate Experience

Director, Medicaid Policy and Program Administration
Schaller Anderson, an Aetna Company, April 2010 – Present
Medicaid Managed Care Experience: 1 year 3 months

- Oversees fraud and abuse program to prevent and detect potential fraud and abuse activities pursuant to state and federal rules and regulations
- Directs the provisions of the compliance plan, including fraud and abuse policies and procedures, investigating unusual incidents and implementing any corrective action plans
- Responsible for the implementation of new Medicaid health plans
- Manages compliance/regulatory related audits
- Monitoring of health plan contract management and performance and management of compliance reviews and internal audits
- Serves as privacy officer for the Medicaid line of business which includes monitoring all privacy related activities, coordination of staff training, and responding to internal/external inquiries regarding any privacy issues

Director, Medicaid Compliance
Schaller Anderson, an Aetna Company, January 2008 – April 2010
Medicaid Managed Care Experience: 2 years and 3 months

- Coordinated all compliance and regulatory activities for eight Medicaid health plans nationwide
- Developed and reviewed policies and procedures; oversight of implementation of new regulatory requirements; oversight and management of compliance/regulatory related audits; monitored health plan contract management and performance; and management of compliance reviews and internal audits
- Managed a staff of 13 located nationwide
- Served as privacy officer for the Medicaid line of business which included monitoring all privacy related activities, coordination of staff training, and responding to internal/external inquiries regarding any privacy issues

Manager, Medicaid Compliance
Schaller Anderson of Delaware, LLC, February 2005 – December 2008
Medicaid Managed Care Experience: 3 years and 10 months

- Managed the overall coordination, oversight and completion of Schaller Anderson Delaware LLC (SADE) Medicaid compliance activities
- Directed project management, oversight and performance of specific compliance activities that impacted multiple areas of SADE operation including collaborating with various managers to provide full compliance with all legal, quality assurance, and other regulatory requirements pertinent to SADE operations
- Developed and implemented performance measurement reporting systems to monitor compliance with policies, procedures and other requirements of SADE
- Developed and managed a process for identifying, investigating and reporting fraud and abuse
- Participated in the SADE Policies and Procedures Committee and other organizational committees as requested to provide proper coordination, communication, and dissemination of information throughout SADE

Patricia G. Simpson, M.B.A., Compliance Officer (Director, Medicaid Policy and Program Administration)

Regulatory Compliance Analyst
Coventry Health Care of Delaware, Inc., October 2002 – January 2005
Medicaid Managed Care Experience: 2 years and 3 months

- Monitored federal and state legislation to determine financial and operations effects on health plan
- Prepared and submitted annual reports to applicable state agencies
- Coordinated preparation of market conduct examinations
- Administered plan-wide compliance with HIPAA regulations, including training all staff on regulations, auditing departments for compliance and implementing policy
- Implemented plan-wide document imaging project
- Prepared and submitted product filings
- Coordinated benefit offerings for employer groups
- Directed processing of Medicare secondary-payor claims
- Participated in panel discussions/seminars regarding HIPAA and privacy regulations within the community

Executive Staff Specialist
Coventry Health Care, Inc., July 2001 – October 2002
Medicaid Managed Care Experience: 1 year and 3 months

- Served as liaison between corporate Senior Vice President and plan staff for eight health plans
- Coordinated preparation of annual CMS rate filings for eight health plans
- Researched and monitored federal and state legislation
- Researched and monitored national trends in Medicare and Medicaid products
- Coordinated preparation of annual department budget

Assistant to the Chair
University of Delaware September 1993 – January 2001
Medicaid Managed Care Experience: N/A

- Administered all financial matters, including budget preparation, reporting, and purchasing
- Participated in the development and implementation of web-based financial management tool
- Developed and monitored budgets for research grants, including federal, state and private funds in excess of $8 million annually
- Led negotiations with U.S. Department of Defense to determine appropriate overhead funding rate schedules
- Managed staff, including professional and administrative staff and student labor
- Coordinated all course scheduling and curriculum revisions
- Represented department chair at University administrative meetings on a routine basis

Education

- **Master of Business Administration – Health Care Administration**
  Wilmington University, New Castle, Delaware
- **Bachelor of Science – Management**
  University, New Castle, Delaware
- **Associate of Arts and Science – Management/Marketing**
  Delaware Technical and Community College, Dover, Delaware

Background (certifications, licenses, special skills, etc.)

- Health Care Compliance Association

Patrice Jackson, B.S., Grievance System Manager (Grievance System Manager/Manager of Quality and Compliance)

Total Medicaid Experience: 4 years 9 months	**Reports to: Ruth Sirotnik**
Time in Current Position: 4 years 3 months	**Functional Area: Grievance System**

Corporate Experience

Grievance System Manager/Manager of Quality and Compliance
Schaller Anderson, Inc., An Aetna Company, March 2007 – Present
Medicaid Managed Care Experience: 4 years 3 months

- Accountable for departmental quality management, data integrity, contract and HIPAA compliance
- Oversees continuous quality management and utilization improvement activities
- Ensures compliance with all recipient and provider materials
- Accountable for project management across multiple divisions
- Manages assigned staff in multiple internal, external and remote locations
- Development of targeted communications and marketing materials
- Conducts quality review of program and specialty initiatives
- Supervises collection of statistical data as needed, develops statistical reports and develops conclusions to be utilized by program planners and managers in administrative decision making

Senior Management Analysis
Office of Medicaid Business and Policy, October 2006 – March 2007
Medicaid Managed Care Experience: 6 months

- Analyzed and evaluated current management methods and procedures and recommended necessary changes in organizational structure, performance criteria and administrative policies
- Supervised collection of statistical data as needed, developed statistical reports and drew conclusions used by program planners and managers in administrative decision making
- Developed agency wide policy manuals covering all areas of administration
- Assisted administrative staff in the establishment of policy manuals covering the specific operations of their respective units
- Coordinated agency programs to ensure efficient use of material, facilities, training and data to provide maximum services
- Developed formal lines of communication between agency personnel including providing information instructions and directives in order to attain cooperation and fulfill agency objectives

Director of Clinical Quality Programs
North Region, CIGNA HealthCare, March 2004 – January 2006
Medicaid Managed Care Experience: N/A

- Led and coordinated national projects that span across nine health plans covering approximately 800,000 commercial and PPO members, including staff management who are located across multiple states
- Facilitated large scale project management
- Analyzed data and processes to identify improvement and opportunities
- Drove results through Continuous Quality Improvement
- Coordinated and managed local, multi departmental and national projects
- Coordinated and tracked RFP responses
- Participated on multiple internal and external committees/teams
- Chaired Clinical Quality Improvement Committee
- Created, entered and maintained broad database functions
- Ensured compliance with regulatory requirements, NCQA Preventive Health, Medical Records and Quality Improvement standards
- Managed all aspects of HEDIS reporting including: staff, productivity, data collection, vendor contracting, training, reporting, pre-audit preparation, annual audit, verification of results throughout the process and prior to NCQA submission

Patrice Jackson, B.S., Grievance System Manager (Grievance System Manager/Manager of Quality and Compliance)

- Negotiated and executed vendor contracts
- Developed and implemented activities related to HEDIS and Health Management, including QIA studies, interventions, and data analysis and training tools
- Promoted preventive health
- Shared Quality/HEDIS intervention best practices and influence implementation at other CIGNA health plans
- Managed all aspects of disease management or preventive health program design, development, implementation and analysis of effectiveness
- Conducted written and oral communications with physicians and members

Assistant Director of Clinical Quality Programs
New England Region, CIGNA HealthCare, February 2003 – March 2004
Medicaid Managed Care Experience: N/A

- Worked closely with the director to ensure quality, comprehensive service delivery to members
- Facilitated large scale project management
- Developed and implemented activities related to HEDIS and Health Management, including QIA studies, interventions, and data analysis and training tools
- Analyzed data and processes to identify improvement and opportunities
- Assisted in ensuring compliance with regulatory requirements, NCQA Preventive Health, Medical Records and Quality Improvement standards

Education

- **Bachelor of Arts – Family Studies**
  University of New Hampshire, Durham, New Hampshire

Background (certifications, licenses, special skills, etc.)

- New Hampshire Justice of the Peace
- Previously held a New Hampshire Life and Health Insurance License
- Drafted HEDIS reporting rules to accompany new New Hampshire legislation reporting requirements
- Selected by NCQA two years in a row to Field Test proposed HEDIS measures
- Co-led development of CIGNA's national Targeted Health Education (THE) program
- CIGNA Presidents Club award
- Five CIGNA Circle of Excellence Platinum awards and nine CIGNA Circle of Excellence Gold awards
- Influenced and collaborated with the national HEDIS and Quality teams to expand two programs developed locally, nationally in 2001
- Participation on multiple state specific committees to improve targeted care in New Hampshire and Vermont

Terry L. Newman, Business Continuity Planning & Emergency Coordinator (Director, Systems and Technology/Head of Disaster Recovery Planning Services)

Total Medicaid Experience: 22 years 3 months	**Reports to: Patrick Powers**
Time in Current Position: 9 years 2 months	**Functional Area: Continuity**

Corporate Experience

Director, Systems and Technology / Head of Disaster Recovery Planning Services
Aetna, Incorporated, Jan. 2008 – Present, Medicaid Managed Care Experience: 3 years 5 months

- Manages/oversees the emergency management plan during and provides continuity of core benefits and services for members who may need to be evacuated to other areas of the state or out-of-state
- Manages operating budget of $14 million
- Acts as liaison to Infrastructure and Engineering teams based in Connecticut
- Performs SOX audits on Phoenix based infrastructure and IT operations
- IT lead for four successful merger/acquisitions (two private companies, two public acquisitions)
- Managed Infrastructure teams for migration and relocation of two Phoenix based datacenters to datacenters running in CT which consisted of 400 servers and over 100 terabytes of storage
- IT lead for project that prevented the loss of a $15 million/year contract in a large Arizona county
- Managed code asset conversion from Microsoft Team Foundation Server to IBM Rational ClearCase

Added Disaster Recover Planning Responsibilities, June 2010

- Assisted IT process owners in the development and maintenance of infrastructure and application Disaster Recovery plans and Business Continuity plans
- Planned and conducted disaster recovery exercises that validate recoverability in a disaster event
- Consulted with technical and business areas on Disaster Recovery Methodologies
- Interfaced with Internal and External Audit on DR Readiness
- Responded to business Request for Proposals
- Assisted with the Mergers and Acquisitions team to provide that acquired companies comply with organizational infrastructure and Aetna's recovery guidelines

Director of Systems and Technology / Schaller Anderson of Arizona, LLC, April 2002 – Jan. 2008
Medicaid Managed Care Experience: 5 years 9 months

- Reported to the CIO and directed information services, including data center operations, vendor mgmt., security, secured communications, telecommunications, Help Desk, technical services, production scheduling, database administration, strategic planning, and technical architecture
- Responsible for consistently and reliably delivering cost-effective and highly reliable infrastructure and IT operational support services to operating units in ten states. Included all aspects of vendor management: contract negotiations, bids and price quotes, contract management, relationship management, problem and issue resolutions, support agreements, and special projects.
- Directed IT Operations, technical services and support for over 2500 desktops and 300 servers. Selected Remedy, a Help Desk software tool to better manage services which reduced open tickets from 1,300 to 150 with approximately 90% of tickets resolved within 1 day, 75% within 4 hours.
- Implemented and deployed new technologies to monitor patch and secure technology infrastructure with products: Argent Guardian and Patchlink.
- Deployed network acceleration and wide-area file services using Riverbed Steelhead appliances. This significantly increased application and network performance and reduced costs by enabling the reduction of both WAN bandwidth and remote site hardware.
- Improved data reliability and availability by procuring and installing Brocade SAN switches and both EMC CLARiiON and Network Appliance storage area networks
- Increased security and access controls by implementing PIX 525 firewalls, Cisco Intrusion Detection, Cisco Security Agent and MARS logging and reporting appliance
- Rebuilt and refreshed the entire technology infrastructure in the corporate data center; improved data center reliability to 99.98% availability starting in 2004 which continues to present date

Terry L. Newman, Business Continuity Planning & Emergency Coordinator (Director, Systems and Technology/Head of Disaster Recovery Planning Services)

- Introduced technology, consolidated vendors and renegotiated contracts to reduce network costs by $1.3 million annually
- Consolidated 20 database servers into an active-active clustered configuration based on a Unisys ES7000 server with Windows 2000 Datacenter Edition and SQL Server 2005

Manager of Information Technology / Southwest Catholic Health Network, April 1997 – April 2002
Medicaid Managed Care Experience: 5 years

- Managed operations of 24x7 Data Center, which supported all administrative, networking, database management, PC support, telecommunications, and remote operations for this 180,000-member/450 employee managed care plan
- Hired, trained and directed 12 staff members including two supervisors, network technicians, system administrators, database administrators, telecommunication analysts and computer operators
- Directed purchasing, vendor selection, contract negotiation for tech-related equipment and services
- Prepared and managed a budget exceeding $3 million in 2002
- Managed installation of HP-UX and all peripheral hardware and software for EDS MetaVance Client Server system implementation supporting managed care administration
- Designed/relocated 1000 sq. ft. data center working with vendors and contractors to select the best solutions for environmental controls, fire suppression, power protection and network infrastructure
- Y2K analysis - remediation/implementation of all network, telecommunications and administrative systems hardware/software with no interruption of service to users and no resulting problems
- Developed DRP, which identified immediate threats and remedies, arranged for full back up of all systems on scheduled basis and offsite storage of backups and key documentation
- Negotiated new long distance cellular phone and pager rates resulting in a savings of $150,000

Supervisor of Network Admin. / Southwest Catholic Health Network, Nov. 1991 – April 1997
Medicaid Managed Care Experience: 5 years 5 months

- Supervised development of LAN to support growth from two server, 50 user system to LAN/WAN supporting 250 users, 4 remote locations, and 3 sub-contracted vendors (network included 5 Netware servers, 8 NT servers, 1 Unix server, 2 dial-in applications servers (Citrix), 5 mainframe gateways and over 250 GB of space)
- Converted desktop software to Microsoft Office Suite of products simplifying support which reduced costs and standardized software
- Established network security policies and procedures and licensure control process for software to provide compliance with state and federal law

Education

- Education is in 22 years on-the-job experience combined with training and certifications listed below

Background (certifications, licenses, special skills, etc.)

Technical Skills

HP 9000, Sun Solaris, NCR 4700 World Mark, Oracle, SQL Server and NCR Teradata RDBMS systems, Unix, NT, Windows 2000/2003 Server operating systems, Active Directory, TCP/IP Networking, E-mail Microsoft Exchange, Internet www, DNS, FTP, and Firewall Security, Lucent Phone Switch G3, CMS and CAS, Cisco Call Manager, Interactive Intelligence (I3) ACD, Unisys ES7000 Orion based systems, Disaster Recovery

Certifications

- Check Point Firewall 1 (CP-2000)
- Microsoft NT Certification MSCE / Microsoft Windows NT Professional (MCP)
- Master Certified NetWare Engineer
- Cisco (ICND)
- HP-UX 11.0 (Completed Advanced System Administrator Track and Certification)
- NCR Teradata/World Mark Administrator

Lisa Baird, CPC-I, CPC-H, Contract Compliance Officer (Director of Implementation)

Total Medicaid Experience: 13 years 8 months	**Reports to: Patrick Powers**
Time in Current Position: 2 years 9 months	**Functional Area: Contracts Compliance & Implementation Lead**

Corporate Experience

Director of Implementation / Schaller Anderson, LLC, September 2008 – Present
Medicaid Managed Care Experience: 2 years 9 months

- Manages project initiation through post- transition evaluation for new and expanding business
- Provides support and guidance for all aspects of the work plan, including identifying policy decisions that must be addressed
- Creates and defines the project framework, while providing clarity and vision to the Implementation Team and Functional Area Leads/SMEs
- Coordinates all Implementation Team activities
- Executes resolution to implementation issues and questions
- Oversees the requests for resources to complete the implementation and manage the implementation budget
- Communicates progress and problems with business owner as well as meeting the scope of work in a timely manner and within budget constraints
- Serves as the primary point of contact for all CCN operational issues
- Coordinates the tracking and submission of all contract deliverables
- Fields and coordinates all responses to DHH inquiries
- Coordinates the preparation and execution of contract requirements, random and periodic audits and ad hoc visits
- Directed State of Illinois transition from FFS to an Integrated Care Program for the ABD population with approximately 20,000 members
- Directed State of Pennsylvania transition from FFS to a Managed Care system for the TANF/PW/DUAL population with approximately 50,000 members

Director of Policy and Compliance / HealthCare USA (Coventry Health Care), Oct 1997 – Sept. 2008
Medicaid Managed Care Experience: 10 years 11 months

- Designated as Project Manager by the Chief Executive Officer to coordinate State Medicaid Request For Proposal (RFP) responses. Responsible for the timely coordination and submission of all department responses addressing State specific contract requirements.
- Successfully transitioned Coventry's newly purchased FirstGuard Plan operations for the areas of membership enrollment, provider contract management, and assisted the health services management team in the development of transitional care coordination policies to ensure compliance to State required contract language
- As Compliance Officer, was responsible for drafting and obtaining approval of the company's Compliance Program; also developed the compliance education campaign for all health plan staff on issues related to State and federal compliance guidelines. Collaborated with senior executive staff as well as front line managers and staff to develop policies, procedures and system capabilities to demonstrate compliance to State and federal mandates.
- Served on the corporate-wide I-Health Contract Committee representing the Medicaid line of business to review bundling and unbundling coding concepts to support State specific coding concepts to insure appropriate reimbursement
- Instrumental in the development of and served as the primary instructor for Coventry Health Care's coding certification training program to prepare internal staff for coding certification testing. Promoted increased knowledge of coding concepts as part of the compliance education program.

Manager of Business Reporting, January 2002 – June 2006
Customer Service Organization Liaison Supervisor, January 2001 – January 2002
Provider Service Network Manager, June 2000 – January 2001

Lisa Baird, CPC-I, CPC-H, Contract Compliance Officer (Director of Implementation)

Claims Auditor/Liaison, October 1997 – June 2000
HealthCare USA (Coventry Health Care), October 1997 – September 2008
Medicaid Managed Care Experience: 10 years 11 months

Responsibilities included but were not limited to the following for the positions noted above:

- Executed daily operations related to the timely and accurate submission of State required encounter reports. Successfully increased and sustained acceptance rate at a 99% or greater.
- Effectively chaired multiple intra-department committees to complete projects and policy review in a timely manner to improve the overall performance for the company
- Participated on Coventry Health Care's National Network Development team that reviewed current contracting methodologies to establish future best practice contracting templates for all provider service areas, such as physicians, hospitals, and DME vendors
- Established contract provider in-services that addressed global and specific billing and coding relationships with the health plan. Performed stop loss/high dollar claim review to insure appropriate reimbursement based on coding and billing audit standards.
- Established companywide *Life of A Claim* in-service training to educate staff on the process flow of a claim through the health plan's policies of claim adjudication and appeal
- Served as a key resource of information for internal as well as external customers due to extensive knowledge of the benefit management, coding, claims, and appeals/denial management processes
- Actively participated in local American Academy of Professional Coders chapter meetings as a co-presenter of Medicaid specific billing concepts
- Instrumental in the development of the health plan's current standard contract template based on solid coding methodology to translate the administrative concepts of the contract to an operational level and promote the accurate and timely adjudication of services billed

Provider Relations Representative, September 1995 – October 1997
Senior Claims Specialist, June 1990 – September 1995
Customer Services Representative, November 1988 – June 1990
Group Health Plan (Coventry Health Care), November 1988 – October 1997
Medicaid Managed Care Experience: N/A

- Handled face to face provider and office manager education of payor contact, billing and claims adjudication policy
- Focused on member/provider issues related to the delivery of health care services and/or claims adjudication
- Managed special and complex provider contracts to insure the accurate and timely adjudication of claims as senior claims specialist

Education

- **Bachelor Degree – Health Care Administration,** University of Phoenix, anticipated graduation 2013
- **Course of Study – Hotel and Restaurant Management,** Jefferson College, Hillsboro
- **Course of Study – Business Administration,** Mineral Area College, Park Hills

Background (certifications, licenses, special skills, etc.)

American Academy of Professional Coders Certified Instructor
Certified Professional Coder – Hospital 2002 – Present
Certified Professional Coder – Physician 2001 - Present

Committees

- National Clinical Editing Committee- Coventry Health Care
- Sanford Brown College – Advisory Committee 2006-Present
- Midwest Coalition on Health Care – Claims Complexity Committee 2004-2005
- St. Louis College of Health Careers – Advisory Board Member 2003-2004
- American Academy of Professional Coders (AAPC) – St. Louis Chapter Member

Arda L. Curtis, R.N., B.S., C.P.H.Q., Quality Management Coordinator (Manager of Quality Management)

Total Medicaid Experience: 16 years 9 months	**Reports to: John Esslinger, MD, MMM**
Time in Current Position: 1 year 5 months	**Functional Area: Quality Management**

Corporate Experience

Manager of Quality Management
Integral Quality Care, January 2010 – Present
Medicaid Managed Care Experience: 1 year 5 months

- Maintains NCQA readiness and completes quality activities, focusing efforts on improving clinical quality measures
- Implements HEDIS measure tracking, reporting, and improvement initiatives
- Completes quality audits and on-site record reviews, analysis, and reporting for quality of care and quality improvement/performance outcomes
- Verifies individual and systemic quality of care, integrating quality throughout the organization
- Identifies opportunities for process improvements, develops monitoring activities, and provides re-measurement and analysis
- Utilizes data to develop intervention strategies targeted at improving outcomes
- Develops and implements quality improvement projects
- Provides all quality policies and desktop procedures meet state/federal standards
- Educates staff on quality process and assists other departments in quality initiatives

Manager of Field Reviewer Quality
Health Information Solutions, January 2008 – January 2010
Medicaid Managed Care Experience: 2 years

- Implemented the field review quality department
- Identified quality monitors specific to the quality department and quality process and integrated the new department with existing departments, which developed process flow
- Educated staff regarding the quality process and the quality analyst role and developed policies and procedures for the department
- Managed staff of six quality analysts and three training staff
- Educated staff on HEDIS measures and quality monitoring
- Addressed and resolved concerns and questions of staff and clients
- Prepared, presented, and monitored quality projects and reports
- Managed HIPAA compliance for patient protected health information and quality assurance in outcome projects

National Director Quality, NCQA and Regulatory Compliance
Comprehensive Behavioral Care, May 1994 – January 2008
Medicaid Managed Care Experience: 12 years 8 months

- Directed and coordinated activities for successful NCQA Accreditation in 2000, 2002, 2005 and 2008
- Completed quality and compliance activities
- Completed telephone contacts with members, providers, NCQA representatives, and state/federal regulators regarding compliance
- Completed QI Audits and on-site record reviews, analysis, and reporting for quality of care in preparation for NCQA Surveys and for external client audits
- Identified opportunities for improvement, developed monitoring activities, re-measurement, analysis and reporting to medical director and Board of Directors
- Provided that all policies and procedures met NCQA and state/federal standards
- Provided NCQA, state, federal met regulatory compliance in quality, credentialing, re-credentialing, utilization management/denials and appeals, member rights, and prevention
- Educated staff on quality process, HIPAA, fraud, customer service, credentialing, appeals and denials
- Served as HIPAA Privacy Officer and as a member of Fraud Investigation Team
- Served as chair of several organizational committees, including: Policy and Procedure, Quality

Arda L. Curtis, R.N., B.S., C.P.H.Q., Quality Management Coordinator (Manager of Quality Management)

Advisory Counsel, Credentialing, and Peer Review

Triage and Assessment Care Management
Merit Behavioral Care, August 1993 – May 1994
Medicaid Managed Care Experience: 9 months

- Completed telephone emergency evaluation of members seeking mental health/substance abuse treatment
- Coordinated face-to-face levels of care determination

Head Nurse, Charge Nurse, and Staff Nurse Positions
University of South Florida Psychiatry Center, September 1989 – August 1993
Medicaid Managed Care Experience: N/A

- Supervised nurses and completed duties on adult, eating disorders, substance abuse, and adolescent units

Head Nurse
Rural Hospital, August 1988 – September 1989
Medicaid Managed Care Experience: N/A

- Supervised nurses on Cardiac Care (CCU) and Cardiac Step-down (CSU) Units

Office Nurse
Office of Dr. Andrew Boyer, June 1987 – August 1988
Medicaid Managed Care Experience: N/A

- Worked with team to create network including the contracting of hospital systems, physician groups and ancillary services for Medicare Advantage Business

Emergency Triage Nurse, Part Time
Adventure Island, June 1987 – August 1988
Medicaid Managed Care Experience: N/A

- Completed emergency care and treatment of minor injuries at public amusement park
- Provided that guests/employees remained medically stable prior to transport by emergency services
- Provided that park complied with Worker's Compensation regulations

Nurse Supervisor Obstetrics
Paul Oliver Memorial Hospital, October 1977 – June 1987
Medicaid Managed Care Experience: N/A

- Supervised nurses in labor/delivery, postpartum, and nursery units
- Completed nurse duties in OB, Med-Surg, CCU, and the emergency room

Nursing Supervisor
Russell Memorial Hospital, July 1975 – October 1977
Medicaid Managed Care Experience: N/A

- Supervised nurses

Assistant Clinical Instructor of Psychiatric Nursing
Foote Hospital School of Nursing, June 1971 – July 1975
Medicaid Managed Care Experience: N/A

- Completed psychiatric clinical supervision of nursing students
- Completed classroom lectures regarding psychiatric groups, substance abuse, and leadership

Education

- **Legal Nurse Consultant – Risk Management,** Kaplan University, Miami, Florida
- **Bachelor of Science – Health Arts,** University of St. Francis, Chicago, Illinois
- **Nursing Diploma**, Foote Hospital School of Nursing, Jackson, Michigan

Background (certifications, licenses, special skills, etc.)

- Privacy Specialty Advancement Program HIPAA—C.P.H.Q. ID #9115

Arda L. Curtis, R.N., B.S., C.P.H.Q., Performance/Quality Improvement Coordinator (Manager of Quality Management)

Total Medicaid Experience: 16 years 9 months	**Reports to: John Esslinger, MD, MMM**
Time in Current Position: 1 year 5 months	**Functional Area: Quality Management**

Corporate Experience

Manager of Quality Management
Integral Quality Care, January 2010 – Present
Medicaid Managed Care Experience: 1 year 5 months

- Maintains NCQA readiness and completes quality activities, focusing efforts on improving clinical quality measures
- Implements HEDIS measure tracking, reporting, and improvement initiatives
- Completes quality audits and on-site record reviews, analysis, and reporting for quality of care and quality improvement/performance outcomes
- Verifies individual and systemic quality of care, integrating quality throughout the organization
- Identifies opportunities for process improvements, develops monitoring activities, and provides re-measurement and analysis
- Utilizes data to develop intervention strategies targeted at improving outcomes
- Develops and implements quality improvement projects
- Provides all quality policies and desktop procedures meet state/federal standards
- Educates staff on quality process and assists other departments in quality initiatives

Manager of Field Reviewer Quality
Health Information Solutions, January 2008 – January 2010
Medicaid Managed Care Experience: 2 years

- Implemented the field review quality department
- Identified quality monitors specific to the quality department and quality process and integrated the new department with existing departments, which developed process flow
- Educated staff regarding the quality process and the quality analyst role and developed policies and procedures for the department
- Managed staff of six quality analysts and three training staff
- Educated staff on HEDIS measures and quality monitoring
- Addressed and resolved concerns and questions of staff and clients
- Prepared, presented, and monitored quality projects and reports
- Managed HIPAA compliance for patient protected health information and quality assurance in outcome projects

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Medicaid Managed Care Experience: 12 years 8 months

- Directed and coordinated activities for successful NCQA Accreditation in 2000, 2002, 2005 and 2008
- Completed quality and compliance activities
- Completed telephone contacts with members, providers, NCQA representatives, and state/federal regulators regarding compliance
- Completed QI Audits and on-site record reviews, analysis, and reporting for quality of care in preparation for NCQA Surveys and for external client audits
- Identified opportunities for improvement, developed monitoring activities, re-measurement, analysis and reporting to medical director and Board of Directors
- Provided that all policies and procedures met NCQA and state/federal standards
- Provided NCQA, state, federal met regulatory compliance in quality, credentialing, re-credentialing, utilization management/denials and appeals, member rights, and prevention
- Educated staff on quality process, HIPAA, fraud, customer service, credentialing, appeals and denials
- Served as HIPAA Privacy Officer and as a member of Fraud Investigation Team
- Served as chair of several organizational committees, including: Policy and Procedure, Quality

Arda L. Curtis, R.N., B.S., C.P.H.Q., Performance/Quality Improvement Coordinator (Manager of Quality Management)

Advisory Counsel, Credentialing, and Peer Review

Triage and Assessment Care Management
Merit Behavioral Care, August 1993 – May 1994
Medicaid Managed Care Experience: 9 months

- Completed telephone emergency evaluation of members seeking mental health/substance abuse treatment
- Coordinated face-to-face levels of care determination

Head Nurse, Charge Nurse, and Staff Nurse Positions
University of South Florida Psychiatry Center, September 1989 – August 1993
Medicaid Managed Care Experience: N/A

- Supervised nurses and completed duties on adult, eating disorders, substance abuse, and adolescent units

Head Nurse
Rural Hospital, August 1988 – September 1989
Medicaid Managed Care Experience: N/A

- Supervised nurses on Cardiac Care (CCU) and Cardiac Step-down (CSU) Units

Office Nurse
Office of Dr. Andrew Boyer, June 1987 – August 1988
Medicaid Managed Care Experience: N/A

- Worked with team to create network including the contracting of hospital systems, physician groups and ancillary services for Medicare Advantage Business

Emergency Triage Nurse, Part Time
Adventure Island, June 1987 – August 1988
Medicaid Managed Care Experience: N/A

- Completed emergency care and treatment of minor injuries at public amusement park
- Provided that guests/employees remained medically stable prior to transport by emergency services
- Provided that park complied with Worker's Compensation regulations

Nurse Supervisor Obstetrics
Paul Oliver Memorial Hospital, October 1977 – June 1987
Medicaid Managed Care Experience: N/A

- Supervised nurses in labor/delivery, postpartum, and nursery units
- Completed nurse duties in OB, Med-Surg, CCU, and the emergency room

Nursing Supervisor
Russell Memorial Hospital, July 1975 – October 1977
Medicaid Managed Care Experience: N/A

- Supervised nurses

Assistant Clinical Instructor of Psychiatric Nursing
Foote Hospital School of Nursing, June 1971 – July 1975
Medicaid Managed Care Experience: N/A

- Completed psychiatric clinical supervision of nursing students
- Completed classroom lectures regarding psychiatric groups, substance abuse, and leadership

Education

- **Legal Nurse Consultant – Risk Management,** Kaplan University, Miami, Florida
- **Bachelor of Science – Health Arts,** University of St. Francis, Chicago, Illinois
- **Nursing Diploma**, Foote Hospital School of Nursing, Jackson, Michigan

Background (certifications, licenses, special skills, etc.)

- Privacy Specialty Advancement Program HIPAA—C.P.H.Q. ID #9115

Daniel P. Jansen, M.S.A., M.S.W., C.P.H.Q., Maternal Child Health/ EPSDT Coordinator (Director, Quality Management)

Total Medicaid Experience: 10 years 8 months	**Reports to: Melody Dowling, MSW, LCSW**
Time in Current Position: 7 years 2 months	**Functional Area: MCH/EPSDT**

Corporate Experience

Director, Quality Management
Mercy Care Plan, Phoenix, Arizona, April 2004 – Present
Medicaid Managed Care Experience: 7 years 2 months

- Focuses organizational efforts on improving clinical quality performance measures
- Develops and implements performance improvement projects
- Utilizes data to develop intervention strategies to improve outcome
- Reports quality improvement/performance outcomes
- Oversees prevention & wellness (P&W) unit whose primary focus is delivery of EPSDT/MCH services (including family planning) to members
- Develops, implements and evaluates the Mercy Care Plan (MCP) quality management program, to include
  - ensuring receipt of EPSDT services
  - ensuring receipt of maternal and postpartum care
  - promoting family planning services
  - promoting preventive health strategies
  - identification and coordination assistance for identified member needs
  - interfacing with community partners
- Directs EPSDT/MCH processes such as outreach to members and providers regarding EPSDT/MCH, review of EPSDT and PEDS forms, health promotion regarding EPSDT, prenatal care and family planning services, EPSDT/MCH monitoring of performance measures and implementation of interventions to address opportunities for improvement in EPSDT/MCH program
- Oversees preparation of monitoring and data trend reports that are reviewed by Quality Improvement Committee and QM/UM Committee
- Participates on Quality Improvement Committee
- Supervises a staff of quality management outreach specialists and quality consultants adequate in number to meet quality and performance measure goals

Quality Manager, Bureau of Quality Management & Evaluation
Division of Behavioral Health Services, Arizona Department of Health Services, August 2000 – March 2004
Medicaid Managed Care Experience: 3 years 7 months

- Supervised a staff of quality analysts
- Improved the statewide performance measurement system designed to assess and improve the quality of behavioral health services provided to Medicaid and state aid eligible clients
- Successfully implemented a quality management system for the Tribal Regional Behavioral Health Authorities
- Facilitated statewide quality improvement initiatives

Manager, Membership Accounting
PacifiCare of Arizona, August 1998 – July 2000

- Supervised three supervisors and directed the work of 20 staff members
- Significantly improved the reconciliation process for Health Care Financing Administration (HCFA) accounts, considered by PacifiCare corporate auditing the best in the corporation
- Acted as the key management representative for successful implementation of the Balanced Budget Act

Daniel P. Jansen, M.S.A., M.S.W., C.P.H.Q., Maternal Child Health/ EPSDT Coordinator (Director, Quality Management)

Manager, Administration
Insurers Administrative Comp., September 1996 – August 1998
Medicaid Managed Care Experience: N/A

- Supervised two supervisors, a trainer and directed the work of 30 customer service representatives
- Managed the successful implementation of HIPAA, affecting the member enrollment and claims adjudication process
- Directed and coordinated the work of a multidisciplinary team to ensure adherence to federal requirements for implementation of HIPAA

Manager, Administration
Wisconsin Physician Services, July 1995 – August 1996
Medicaid Managed Care Experience: N/A

- Managed a department of 25 account representatives
- Responsible for the group administration of the accounts

Manager, Quality Review
Employers Health Insurance, October 1987 – June 1995
Medicaid Managed Care Experience: N/A

- Supervised two supervisors and directed the work of 12 quality analysts
- Managed a department of research analysts for a company employing 3,000 employees
- Successfully implemented an external customer feedback process and internal key indicators
- Applied statistical process control to monitor key processes
- Identified key service variables affecting retention and overall customer satisfaction

Director, Adolescent Treatment Program
Brown County Mental Health Center, June 1982 – September 1987
Medicaid Managed Care Experience: N/A

- Directed a dynamic outpatient treatment program for adolescents and their families as an alternative to inpatient psychiatric care
- Significantly expanded the program to serve a larger number of clients within the community

Education

- **Master of Science – Administration**
  University of Wisconsin, Green Bay, Wisconsin
- **Master of Science – Social Work**
  University of Wisconsin, Madison, Wisconsin
- **Bachelor of Science – Social Work**
  University of Wisconsin, Oshkosh, Wisconsin

Background (certifications, licenses, special skills, etc.)

- Certified Professional in Healthcare Quality (C.P.H.Q.)—C.P.H.Q. ID# 13353

Mark Douglas, J.D., M.S.N., F.N.P., R.N., Medical Management Coordinator (Director of Clinical Project Coordination)

Total Medicaid Experience: 19 years 1 month	**Reports to: John Esslinger, MD, MMM**
Time in Current Position: 7 months	**Functional Area: Medical Management**

Corporate Experience

Director of Clinical Project Coordination for the Aetna Medicaid Business Unit
Schaller Anderson, an Aetna Company, November 2010 – Present
Medicaid Managed Care Experience: 7 months

- Oversees case management functions
- Directs the adoption and consistent application of appropriate inpatient and outpatient medical necessity criteria
- Verifies individual and systemic quality of care, integrating quality throughout the organization
- Implements process improvements
- Provides that appropriate concurrent review and discharge planning of inpatient stays is conducted
- Develops, implements and monitors the provision of care coordination, disease management and case management functions
- Monitors, analyzes and implements appropriate interventions based on utilization data, including identifying and correcting over or under utilization of services
- Resolves, tracks and trends quality of care grievances
- Monitors prior authorization functions and assuring that decisions are made in a consistent manner based on clinical criteria and meet timeliness standards
- Serves as the Deputy to the Aetna Medicaid Chief Medical Officer leading key national efforts including**:** Patient-Centered Medical Home/Health Home**,** Provider pay-for-performance initiatives**,** Provider Profile and quality measurement**,** Clinical informatics integration and analysis
- Reports directly to the Chief Medical Officer and works collaboratively with all levels of the organization to measure, monitor, and improve performance including key aspects of clinical medical management, behavioral health and customer service for over 1.3 million Medicaid members served in managed Medicaid plans in eight states
- Serves as subject matter expert in state and federal health reform, Medicaid clinical program and policy coordination and development, homeless issues and health care innovation strategies

Director of Care Management / Schaller Anderson, an Aetna Company, Jan. 2010 – Nov. 2010
Medicaid Managed Care Experience: 11 months

- Managed three care management departments and staff of over forty employees that provide healthcare coordination and education services to health plan enrollees
- Worked collaboratively with all levels of the organization to measure, monitor, and improve performance in key aspects of quality and safety of clinical care, including behavioral health, and quality of service for our members and participating providers/practitioners
- Coordinated care across many disciplines and organizations including internal staff, providers, facilities and home-based and community services to provide continuity of care for enrollees
- Provided daily management and oversight to department performance and operations
- Collaborated with organizational leadership to meet and manage corporate initiatives and State Medicaid contractual obligations
- Developed and implemented departmental policy and procedures

Attorney at Law, Health Law / Hall, Render, Killian, Heath and Lyman, P.C., May 2007 – Jan. 2010
Medicaid Managed Care Experience: 2 years and 9 months

- Admitted to the Indiana Bar and U.S. District Courts, Northern and Southern Districts of Indiana
- Served as a member of the Reimbursement and General Health practice groups
- Regularly advised hospitals, clinics, long-term care facilities, physicians, nurses and healthcare organization senior leadership on the following legal issues: Medicare and Medicaid reimbursement and appeal issues, Health and Human Services and Centers for Medicare and Medicaid Services legal and policy matters, Corporate compliance and policy, Quality initiatives and CMS demonstration

Mark Douglas, J.D., M.S.N., F.N.P., R.N., Medical Management Coordinator (Director of Clinical Project Coordination)

projects, National and state health reform policy, Reimbursement-related disputes on behalf of providers engaging large health insurance companies, Review and advise on various provider employment contracts, Patient care strategies, Clinical expertise related to complex legal questions, Risk management

Director – Health Recovery Program (HRP) and Lead Healthcare Provider – Blue Triangle Clinic Gennesaret Free Clinic, May 2000 – May 2007 / Medicaid Managed Care Experience: 7 years

- Director for Indiana's first comprehensive inpatient respite health program for homeless men
- Managed/directed all budget, administrative, healthcare, policy issues and hiring determinations
- Coordinated care across many disciplines and organizations to provide continuity of care between the HRP participants and community hospitals, clinics and rehabilitation facilities
- Designed all programming to provide clients had access to housing and mainstream services including: Veterans Affairs services, Medicare, Medicaid, Social Security benefits, Job training, Housing, Legal services
- Served as primary care provider for largely uninsured population coordinating and treating complex healthcare and psychosocial needs including mental health and addiction services
- Coordinated and directed all clinical practice policies, guidelines and quality initiatives
- Served as Wishard Hospital Advantage healthcare provider
- Designed a replicable comprehensive care model that served as an early version of a medical home, partnered with area hospitals to reduce emergency room utilization, provided an effective discharge alternative, increased primary care coordination and access to specialty care
- Coordinated housing initiative and model with the City of Indianapolis that housed over 80% of HRP clients who were formerly homeless
- Served as Co-Chair and founding member of the Healthcare Access Collaborative (HAC) 2003-2005, (four Indianapolis clinics partnering to optimize patient care services)
- Led IT initiative grant which awarded funding to implement an integrated practice mgmt. system for HAC clinic and led policy creation and grant proposal development for underserved populations

Case Manager / Spectracare Home Health, October 1999 – April 2000
Medicaid Managed Care Experience: 7 months

- Coordinated and provided in-home care and treatment for clients with complex diseases
- Specialized in serving members with unique health and social needs including hospice-related care
- Worked with other providers in meeting the individualized goals of enrollee health care service plans
- Practiced as an IV specialist

Registered Nurse
Surgical Intensive Care Unit Indiana University Hospital (Clarian Network) July 1992 – Sept. 1999
Medicaid Managed Care Experience: 7 years and 3 months

- Provided advanced post-surgical care to a diverse patient population in a tertiary care hospital
- Met the needs of members with complex needs or chronic conditions including: Transplant recipients, Complex GI conditions, Open heart procedures
- Worked closely with medical physicians to manage provision of comprehensive recovery care to post-surgical patients

Education

- **Juris Doctorate – Health Law Concentration,** Indiana University School of Law, 2008, cum laude
- **Master of Science – Nursing, Family Nurse Practitioner Program**, Indiana University, 1999
- **Bachelor of Science – Nursing**, Indiana University, 1992

Background (certifications, licenses, special skills, etc.)

- Indianapolis Bar Association – American Bar Association
- American Academy of Nurse Practitioners
- Indiana Organization of Nurse Executives
- Healthcare Financial Management Association
- Indiana Rural Health Association
- Registered Nurse License, active, Indiana

Jason Rottman, B.S., Provider Services Manager (Chief Operating Officer)

Total Medicaid Experience: 13 years 11 months	**Reports to: Ruth Sirotnik**
Time in Current Position: 6 years 3 months	**Functional Area: Provider Services and Provider Claims Education**

Corporate Experience

Chief Operating Officer
Maryland Physicians Care, February 2005 - Present
Medicaid Managed Care Experience: February 2005 - Present

- Oversight and executive leadership of operational units which encompass a staff of 60
- Responsible for member and provider call centers, claims, encounters, provider services, appeals and grievances, prior authorizations, enrollment, outreach, data analytics, marketing and application support
- Developed and implemented several operational policies and procedures that were instrumental in the streamlining of the unit and resulted in greatly improved operational metrics
- Worked extensively with the data analysis and application development group to design, develop and deploy systems that greatly improved corporate knowledge and improved the efficiency of many company divisions
- Directed the implementation of several processes that enhanced revenue streams resulting in several million dollars of increased annual revenue

Chief Executive Officer
Data Management Technologies, July 1994 – January 2005
Medicaid Managed Care Experience: July 1997 - January 2005

Responsible for all aspects of company operations, including business development, finance, human resources, and operations. Directed project management for a wide array of clients in the public and private sectors and in several different industries, including:

Johns Hopkins HealthCare (JHHC)

- Developed the Provider Relations database system, produced the provider directory and converted system from Access-based to MS SQL-based
- Worked with the State of Maryland to develop the initial Priority Partners provider update process
- Developed the Percent of Premium process that has been used for several years to calculate the percent of premium and wrote/automated the import routines for the Broker Files, MCO Claims, Dental Encounters, Vision Encounters, and the MSC Data Warehouse
- Acted as chief architect and lead developer for DSS producing the new Disease Management applications
- Acted as Database Administrator for the IS department
- Managed the setup, upgrade, and maintenance of a majority of the JHHC SQL servers for 3-4 years

National Institutes of Health

- Oversight of all administrative and contractual issues
- Managed the proposal effort that ultimately won the contract over a field of approximately 100 responding firms in response to a competitive RFP issued by the National Institutes of Health National Institute on Drug Abuse (NIDA) requesting proposals to develop a Clinical Data Warehouse for their Intramural Research Program
- Provided contractual maintenance and upgrade support
- Led the development of an application to support the clinical and research data storage and analysis needs of the entire facility, including a fifteen bed in-patient site, several out-patient clinics serving approximately one hundred patients daily, a neuroimaging group, and a recruiting function. Significant security was built in as well as 24/7/365 availability with virtually no tolerance for downtime or system failures
- Supervised and consulted on all aspects of the system design and development and was responsible for managing the development staff

U.S. Navy

Jason Rottman, B.S., Provider Services Manager (Chief Operating Officer)

- Led the development team under contract to the Naval Aviation Depot (NADEP)
- Restructured seven applications to be Y2K compliant, client-server applications from their initial forms that included paper, dbase and mainframe applications, converting all to MS SQL applications with a variety of user interfaces including Visual Basic and Web-based front ends. Conversion included new, streamlined business processes built in and redesign of the user-interface

Verizon

- Designed and developed several financial-based applications, including an application responsible for tracking telephone system hardware and line usage charges for thousands of telephone lines at the United States Department of Treasury
- Prepared electronic telephone invoices for the Treasury by compiling thousands of line items into a monthly statement on CD-ROM with a self-contained search and analysis interface that the Treasury could use to review charges by location, department, type of use and numerous other parameters
- Developed a database application used to catalog and maintain Verizon's extensive GSA schedule offerings

Hughes Network Systems (HNS)

- Designed, developed, implemented and supported a customer call tracking application for Hughes Network Systems' Satellite Network Technical Support Center used by the network engineers to track trouble tickets from inception to resolution for a wide array of domestic and international customers, including many Fortune 500 clients such as Exxon, Wal-Mart and JD Edwards
- Developed an automated process to upgrade the DEC VAX machines used to control satellite networks. Process performed upgrades via a user-friendly interface loaded on a Windows-based laptop connected remotely to the DEC VAX machines, and successfully replaced the manual upgrade operations that required an engineer on site at locations around the globe

Education

- **Bachelor of Science – Mechanical Engineering**, University of Maryland, College Park, Maryland

Background (certifications, licenses, special skills, etc.)

- Strong program management skills including interviewing and hiring programmers and trainers, working with clients to develop SOW, team supervision from development of SOW through development of application, setup, deployment and training and support of end users
- Hands-on programmer and supervisor of programming teams
- Extensive training experience in end-user applications, programming, database development, application and database design and theory
- Extensive experience with electronic data transfer including HIPAA the HL7 specification

Taira Green-Kelley, B.A., Member Services Manager (Regional Vice President of Business Development)

Total Medicaid Experience: 11 years 7 months	**Reports to: Ruth Sirotnik**
Time in Current Position: 3 years 1 month	**Functional Area: Member Services**

Corporate Experience

Regional Vice President of Business Development / Aetna, Inc. – Aetna Medicaid, May 2008 – Present, Medicaid Managed Care Experience: 3 Years 1 Month

- Coordinates communications with subcontracted providers, verifying there is sufficient staff to achieve prompt resolution of inquiries/issues and appropriate education about network participation
- Identifies, evaluates and cultivates new business growth and opportunities by working with state officials, providers, community stakeholders and internal teams
- Provides leadership and management of all aspects of new business opportunities including planning, coordination, development, proposal response development, market positioning, strategy, implementation and financial analysis
- Evaluates, researches and acts on legislative and regulatory issues that may affect the Medicaid managed care industry with a priority focus on Medicaid appropriations
- Reports legislative activity and impact analysis to administration
- Represents the organization in professional associations, industry groups and with state agencies

Director of Government Relations and Public Affairs (CMFHP)
The Children's Mercy Hospitals and Clinics (CMH) – Children's Mercy Family Health Partners Medicaid Managed Care Organization (CMFHP), October 2003 – April 2008
Medicaid Managed Care Experience: 1 Year 5 Months

- Served as a registered lobbyist in Missouri and Kansas, charged with evaluating, researching and acting on legislative and regulatory issues that might have affected the hospital or the Medicaid managed care organization with a priority focus on Medicaid appropriations
- Prepared and delivered testimony to lawmakers and developed supporting communications
- Evaluated legislative activity and provided impact analysis to administration
- Coordinated the Project Medical Education Program, bringing both the federal and state lawmakers into the hospital for a "day in the life" of a pediatrician to focus on the importance of Graduate Medical Education funding
- Coordinated advocacy projects and advocacy education for physicians and in-house experts
- Managed the overall operations of the department and provided direction to staff of five employees
- Developed/implemented company marketing, community outreach and strategic planning initiatives
- Developed and managed departmental budget
- Planned, coordinated and developed request for proposal responses and contract submissions

Director of Member Services and Community Relations (CMFHP)
The Children's Mercy Hospitals and Clinics (CMH) – Children's Mercy Family Health Partners (CMFHP), August 1999 – September 2003
Medicaid Managed Care Experience: 4 Years 1 Month

- Served as liaison to the Missouri Division of Medical Services for membership, managed marketing guideline compliance, and directed fraud and abuse notification and complaint resolution
- Managed the overall operations of a member services call center and the community relations department with oversight of fifteen employees
- Developed and implemented company-wide marketing, community outreach and strategic planning initiatives
- Analyzed membership data and electronic reports
- Initiated market research and consumer surveys and directed consumer advisory committee
- Coordinated media and company spokespersons activities
- Developed and managed departmental budgets

Director of Marketing and Sales / Mariner Post-Acute Network, October 1998 to July 1999
Medicaid Managed Care Experience: N/A

- Direct and participate in all internal and external marketing activities for a 330-bed facility serving the

Taira Green-Kelley, B.A., Member Services Manager (Regional Vice President of Business Development)

Medicaid population
- Organize special events and weekly conference calls for team of nine
- Develop and execute marketing plans to increase community visibility and outside referrals
- Present services to physician groups, hospital discharge planners and other referral sources to grow occupancy
- Direct all aspects of admissions process

Marketing Specialist / Saint Luke's-Shawnee Mission Health System, June 1996 to October 1998
Medicaid Managed Care Experience: N/A
- Responsible for marketing more than 30 hospital-owned physician clinics
- Develop marketing plans to introduce physicians to the community
- Manage production and design of postcards, advertisements, letters and press releases
- Plan and implement marketing and public relations activities, including internal and external promotions, communications and media coverage

Public Relations Specialist
- Responsible for marketing hospital-owned physician clinics
- Introduce physicians to the community by developing postcards, advertisements, letters and press releases
- Implement marketing and public relations activities, including internal and external promotions, communications and media coverage

Marketing and Public Relations Assistant
- Coordinate advertising placement and production of print projects
- Proofread, organize and distribute media releases, news stories and publication articles
- Provide departmental accounting and budgeting services
- Responsible for project coordination and support for director and staff of twelve

Education

- **Bachelor of Arts – Public Relations**
  William Jewell College, Liberty, Missouri
- **Rotary International Exchange Program – Japan** - Sabbatical to study communication practices and technologies throughout health systems in Japan

Background (certifications, licenses, special skills, etc.)

- Medicaid Health Plans of America (Government Relations Committee, Legislative Fly-in Chair)
- Louisiana Association of Health plans (Medicaid Health Plan Committee Chair)
- Missouri Association of Health Plans (past Chair, past Vice-Chair, past Legislative Committee Chair)
- Missouri Association of Health Care Public Relations and Marketing (past President)
- Missouri Chamber of Commerce (Leadership Missouri Class of 2005)
- Missouri Hospital Association
- Kansas Association of Health Plans (past Vice-Chair)
- Kansas Chamber of Commerce (Public Affairs Committee)
- Kansas Hospital Association
- Kansas City Chamber of Commerce (Public Affairs Committee)
- Kansas City Healthcare Communicators Society (past President)
- Kansas City Strategic Planning and Marketing Association
- Society for Healthcare Strategy and Market Development
- Local Investment Network Council (LINC)
- Charlie's House (Board Member, Public Relations Committee)
- Suzan G. Koman Breast Cancer Foundation (past Communications Committee Member)
- Will Shields *Will to Succeed* Foundation (Board Member, Co-chair of Corporate Donations)

Von Young, B.A., Claims Administrator (Site Manager/Associate, Special Projects Officer)

Total Medicaid Experience: 6 years 7 months	**Reports to: Ruth Sirotnik**
Time in Current Position: 6 Years 7 months	**Functional Area: Claims**

Corporate Experience

Site Manager/Associate, Special Projects Officer
Schaller Anderson, Incorporated, December 2004 – Present
Medicaid Managed Care Experience: 6 years 7 months

- Directs the development, implementation and administration of a comprehensive claims processing system capable of paying claims in accordance with state and federal requirements
- Develops and implements claims processing systems capable of paying claims in accordance with state and federal requirements and the terms of the Contract
- Develops processes for cost avoidance
- Manages minimization of claims recoupments
- Meets claims processing timelines and meets DHH encounter reporting requirements
- Manages the development and implementation of process improvement projects for the enterprise
- Implemented a full call center reorganization, including structure, staffing, compensation, and compliance
- Submitted a white paper and an issue paper for implementation of an issue resolution reporting and tracking system, including system requirements, side-by-side system evaluations, and cap-ex models
- Submitted a white paper for the process improvement of the IT EDI flows, including goals, deliverables, 32 improvement opportunities, and current process mapping
- Submitted a white paper for the implementation of performance management into operations

Acting Director, Rewards Administration Center
ACS Inc., April 2004 – October 2004
Medicaid Managed Care Experience: N/A

- Controlled a $19 million budget and directed the operations and P/L activities of a multi-client TPA
- Drafted and implemented the RAC's recovery plans
- Restored client confidence by achieving the requirements for service level agreements and key performance indicators
- Eliminated troublesome backlogs in claims and appeals
- Restored the QA and QC departments to reintroduce quality and restructured financial models to increase profitability

Director of Implementation
ACS Inc., July 2003 – April 2004
Medicaid Managed Care Experience: N/A

- Managed the implementation of large platform-driven projects and the acquisition of new business clientele
- Coordinated the duties of the RAC and PMO departments
- Established new adjudication platforms and workflow management tools for the BPS division and customer satisfaction surveys and feedback tools and processes for the GHRS division

Director of Operations
ACS Inc., July 2002 – July 2003
Medicaid Managed Care Experience: N/A

- Directed the operations of several departments, including claims processing, customer service, production control, and SIU/fraud
- Managed recruiting, development, and operational budgets for each department
- Directed offshore operations and cultivated new business opportunities with clients, vendors, and inter-company partners
- Directed the development of a call center in India and a claims processing center in Malaysia
- Achieved and maintained a customer satisfaction rating of 90 percent or above

Von Young, B.A., Claims Administrator (Site Manager/Associate, Special Projects Officer)

Operations Manager
ACS Inc., October 2001 – July 2003
Medicaid Managed Care Experience: N/A

- Managed the claims processing, customer service, membership service, mailroom, and SUI departments
- Generated continuous improvement initiatives for all operations by interfacing and contributing ideas to the change review, operational review, and quality status review boards
- Flattened and realigned the organizational structure of the center
- Maintained a customer satisfaction rating of 90 percent

Quality Manager
ACS Inc., April 2000 – October 2001
Medicaid Managed Care Experience: N/A

- Directed the implementation of key performance indicators for the administration center and other shared service centers within the organization
- Introduced practices to improve the center's dollar and procedure accuracy
- **Implemented monthly defect reduction meetings and vendor contract performance guarantees to improve quality and customer satisfaction ratings**

Shift Manager
ACS Inc., May 1992 – April 2000
Medicaid Managed Care Experience: N/A

- Managed the day-to-day operations of several departments involved in semiconductor fabrication, including photo, etch, implant, and diffusion
- Mentored and trained supervisory staff on the scheduling and prioritizing of work and resources
- Introduced the concept of 100 percent area certification for work teams to increase the skill sets of the operators and allow flexibility and proficiency

Education

- **MBA Coursework**
  Westminster College, Salt Lake City, Utah
- **Certificate – Project Management/PMO**
  George Washington University, Washington, D.C.
- **Bachelor of Arts – Business Management**
  University of Utah, Salt Lake City, Utah

Background (certifications, licenses, special skills, etc.)

- Six Sigma Green Belt

Jason Rottman, B.S., Provider Claims Educator (Chief Operating Officer)

Total Medicaid Experience: 13 years 11 months	**Reports to: Ruth Sirotnik**
Time in Current Position: 6 years 3 months	**Functional Area: Provider Services and Provider Claims Education**

Corporate Experience

Chief Operating Officer / Maryland Physicians Care, February 2005 - Present
Medicaid Managed Care Experience: February 2005 - Present

- Oversight and executive leadership of operational units which encompass a staff of 60
- Responsible for member and provider call centers, claims, encounters, provider services, appeals and grievances, prior authorizations, enrollment, outreach, data analytics, marketing and application support
- Developed and implemented several operational policies and procedures that were instrumental in the streamlining of the unit and resulted in greatly improved operational metrics
- Worked extensively with the data analysis and application development group to design, develop and deploy systems that greatly improved corporate knowledge and improved the efficiency of many company divisions
- Directed the implementation of several processes that enhanced revenue streams resulting in several million dollars of increased annual revenue

Chief Executive Officer / Data Management Technologies, July 1994 – January 2005
Medicaid Managed Care Experience: July 1997 - January 2005

Responsible for all aspects of company operations, including business development, finance, human resources, and operations. Directed project management for a wide array of clients in the public and private sectors and in several different industries, including:

Johns Hopkins HealthCare (JHHC)

- Developed the Provider Relations database system, produced the provider directory and converted system from Access-based to MS SQL-based
- Worked with the State of Maryland to develop the initial Priority Partners provider update process
- Developed the Percent of Premium process that has been used for several years to calculate the percent of premium and wrote/automated the import routines for the Broker Files, MCO Claims, Dental Encounters, Vision Encounters, and the MSC Data Warehouse
- Acted as chief architect and lead developer for DSS producing the new Disease Management applications
- Acted as Database Administrator for the IS department
- Managed the setup, upgrade, and maintenance of a majority of the JHHC SQL servers for 3-4 years

National Institutes of Health

- Oversight of all administrative and contractual issues
- Managed the proposal effort that ultimately won the contract over a field of approximately 100 responding firms in response to a competitive RFP issued by the National Institutes of Health National Institute on Drug Abuse (NIDA) requesting proposals to develop a Clinical Data Warehouse for their Intramural Research Program
- Provided contractual maintenance and upgrade support
- Led the development of an application to support the clinical and research data storage and analysis needs of the entire facility, including a fifteen bed in-patient site, several out-patient clinics serving approximately one hundred patients daily, a neuroimaging group, and a recruiting function. Significant security was built in as well as 24/7/365 availability with virtually no tolerance for downtime or system failures
- Supervised and consulted on all aspects of the system design and development and was responsible for managing the development staff

U.S. Navy

- Led the development team under contract to the Naval Aviation Depot (NADEP)
- Restructured seven applications to be Y2K compliant, client-server applications from their initial forms

Jason Rottman, B.S., Provider Claims Educator (Chief Operating Officer)

that included paper, dbase and mainframe applications, converting all to MS SQL applications with a variety of user interfaces including Visual Basic and Web-based front ends. Conversion included new, streamlined business processes built in and redesign of the user-interface

Verizon

- Designed and developed several financial-based applications, including an application responsible for tracking telephone system hardware and line usage charges for thousands of telephone lines at the United States Department of Treasury
- Prepared electronic telephone invoices for the Treasury by compiling thousands of line items into a monthly statement on CD-ROM with a self-contained search and analysis interface that the Treasury could use to review charges by location, department, type of use and numerous other parameters
- Developed a database application used to catalog and maintain Verizon's extensive GSA schedule offerings

Hughes Network Systems (HNS)

- Designed, developed, implemented and supported a customer call tracking application for Hughes Network Systems' Satellite Network Technical Support Center used by the network engineers to track trouble tickets from inception to resolution for a wide array of domestic and international customers, including many Fortune 500 clients such as Exxon, Wal-Mart and JD Edwards
- Developed an automated process to upgrade the DEC VAX machines used to control satellite networks. Process performed upgrades via a user-friendly interface loaded on a Windows-based laptop connected remotely to the DEC VAX machines, and successfully replaced the manual upgrade operations that required an engineer on site at locations around the globe

Education

- **Bachelor of Science – Mechanical Engineering**, University of Maryland, College Park, Maryland

Background (certifications, licenses, special skills, etc.)

- Strong program management skills including interviewing and hiring programmers and trainers, working with clients to develop SOW, team supervision from development of SOW through development of application, setup, deployment and training and support of end users
- Hands-on programmer and supervisor of programming teams
- Extensive training experience in end-user applications, programming, database development, application and database design and theory
- Extensive experience with electronic data transfer including HIPAA the HL7 specification

Melody A. Dowling, M.S.W., L.C.S.W., Case Management Administrator/Manager (Clinical Services Head)

Total Medicaid Experience: 9 years 5 months	**Reports to: Mark Douglas**
Time in Current Position: 6 years 11 months	**Functional Area: Case Management Concurrent Review, Prior Authorization**

Corporate Experience

Clinical Services Head
Missouri Care, July 2004 - Present
Medicaid Managed Care Experience: 6 years 11 months

- Develops processes and oversees implementation of prior authorization, concurrent review, retrospective review and case management functions
- Develops, implements, and conducts annual review of utilization management policies and procedures
- Monitors, analyzes, trends and reports utilization data and works with the management team to develop targets and budgets
- Directs clinical program development and management
- Monitors clinical service delivery of network providers, including assisting with network contracting and management, assessment of provider practice patterns and quality management of the network
- Provides compliance with NCQA, regulatory and contractual standards
- Responsible for interventions to attain HEDIS goals

Utilization Management
Mid-Missouri Mental Health Center, January 2002 – July 2004
Medicaid Managed Care Experience: 2 years 6 months

- Developed utilization program
- Increased facility managed care collections
- Worked closely with physician and other mental health professionals
- Maintained knowledge of psychiatric diagnosis and medications
- Met daily with CEO and Medical Director to discuss appropriate utilization of services for current client population
- Performed initial and concurrent review calls to managed care
- Reviewed physician documentation for billing purposes
- Developed annual Utilization Review plan for facility

Clinical Social Worker
Mid-Missouri Mental Health Center, September 1996 – December 2001
Medicaid Managed Care Experience: none

- Performed record reviews and audits of Social Service charts for the director of the department
- Participated in Medical Record Utilization Review Committee
- Participated in the provision of social work services in an interdisciplinary treatment team setting and served as a social service advisor to members of the treatment team, other professional staff, clients, family members and community social service agency representatives
- Participated in diagnostic assessment and screening, treatment planning, progress review, community placement and aftercare planning
- Prepared guardianship statements and history to the court when guardianship was deemed necessary

Medical Social Worker (Temporary Position)
Rusk Rehabilitation Center, July 1996 – August 1996
Medicaid Managed Care Experience: none

- Performed core social work responsibilities for pediatric and physical disability teams
- Interviewed patients and families and completed psychosocial assessments
- Provided counseling to families and/or patients for adjustment to illness/disability, lifestyle changes, personal or family problems related to health/illness

Melody A. Dowling, M.S.W., L.C.S.W., Case Management Administrator/Manager (Clinical Services Head)

- Facilitated team and family meetings
- Developed treatment plan and goals based upon assessment using knowledge of developmental theories, age specific issues, family dynamics and psychosocial factors impacting response to treatment
- Participated in team development and problem solving
- Advocated for patient and families with problems that required intervention within the hospital and community
- Coordinated resources within the community for patient and families
- Coordinated discharge plans with patient/family, rehabilitation team and community

Medical Social Worker Internship
Rusk Rehabilitation Center, January 1996 – May 1996
Medicaid Managed Care Experience: none

- Coordinated discharge planning with patients and families, treatment team, and outside resources
- Performed core social work responsibilities for pediatric, stroke, physical disabilities and brain injury teams
- Performed psychosocial assessments
- Counseled individuals and families for adjustment and coping with disability and illness
- Used knowledge of Medicare, Medicaid, and other entitlement programs to advise and refer patients
- Worked as a member of a multidisciplinary team
- Managed crisis intervention

Children's Service Worker Internship
Division of Family Services, August 1994 – December 1994
Medicaid Managed Care Experience: none

- Interviewed at-risk families and completed assessments
- Provided family education regarding age appropriate behaviors and discipline techniques
- Coordinated resources within the community for children and families
- Supervised visits between children and birth parents and role-played appropriate parental behavior
- Participated in child abuse and neglect investigations

Education

- **Master of Social Work,** University of Missouri, Columbia, Missouri
- **Bachelor of Social Work**, Columbia College, Columbia, Missouri

Background (certifications, licenses, special skills, etc.)

- Licensed Clinical Social Worker, State of Missouri, #SW005871

Gregory Krause, M.B.A., Management Information Systems Manager (Information Management and Systems Director)

Total Medicaid Experience: 12 years 10 months	**Reports to: Patrick Powers**
Time in Current Position: 9 years 1 month	**Functional Area: Information and Systems Management**

Corporate Experience

Management Information Systems Manager
Aetna, Inc., May 2002 - Present
Medicaid Managed Care Experience: 9 years 1 month

- Oversees all CCN information systems functions including, but not limited to, establishing and maintaining connectivity with DHH information systems and providing necessary and timely reports to DHH
- Manages staff of nine responsible for all aspects of corporate EDI processes including claims, eligibility, encounters, and the implementation of all HIPAA- related transaction code sets
- Supervises team of six business systems analysts responsible for technology project implementations, systems support and problem resolution, and providing IT support to operations and business units
- Oversees the development and implementation of corporate Web self service delivery, including integration with internal systems to allow online submission and verification of member eligibility, claim, referral, benefits, and provider directory information
- Manages staff of six responsible for building, maintaining, implementing, and delivering corporate standard and custom reports
- Supervises staff of eight application developers, responsible for all aspects of the application development lifecycle for in-house developed, custom applications
- Writes and implements policies and procedures to address departmental requirements
- Participates in the development and monitoring of departmental budget and strategic plan
- Served as IT Project Manager for seven new health plan implementations and 10 major systems conversions

Manager of Data Services
Mercy Care Plan of Arizona, October 2000 – May 2002
Medicaid Managed Care Experience: 1 year 7 months

- Developed and managed the corporate integrated data warehouse, which included integrating data from five separate corporate data sources, developing and maintaining a standardized data model for reporting and analysis, ensuring data integrity and availability, and integrating application development
- Improved access to information by improving analytical tools and reducing report development time and error rates
- Successfully managed the development and implementation of a new corporate Internet website to deliver self-service eligibility verification, provider directory search capabilities, and access to external company policies and procedures
- Recruited, trained, and managed the projects and work of an eight person application and programmer analyst team
- Wrote and implemented policies and procedures to address departmental requirements and participated in the development and monitoring of the departmental budget and strategic plan
- Restructured department in 2001 to better align specific job responsibilities and required skill sets with the needs of the organization

System Analysis Supervisor
Mercy Care Plan of Arizona, January 2000 – October 2000
Medicaid Managed Care Experience: 10 months

- Served as project manager for the successful implementation of an integrated acute and long term care case management system used by over 50 clinical staff to manage over 12,000 case managed

Gregory Krause, M.B.A., Management Information Systems Manager (Information Management and Systems Director)

members
- Managed staff of six business analysts responsible for enhancement development, configuration, testing, release acceptance, and ongoing maintenance of the healthcare transaction processing system through all phases of the system life cycle
- Recruited, trained, and managed the projects for the business analysts responsible for support of claims, claims payable, prior authorization, encounters, benefits, pricing, coordination of benefits, reference and controls, claims purge, and business structures system components
- Coordinated the testing and validation of data conversion scripts and processes for a significant mainframe to client server application conversion
- Wrote and implemented policies and procedures to address departmental requirements
- Participated in the development and monitoring of departmental budget

Information Systems Senior Business Analyst
Mercy Care Plan of Arizona, August 1998 – January 2000
Medicaid Managed Care Experience: 1 year 5 months

- Led analysis to evaluate and develop user requirements for system enhancements as required by corporate and/or regulatory requirements
- Prepared detailed business requirement for complex system enhancements used to direct system programming changes
- Developed and executed detailed test plans and reviewed results with operational staff to obtain user approval
- Developed data conversion testing strategy and ongoing batch cycle scheduling for successful system implementation project

Education

- **Master of Business Administration – Focus on Health Care Systems**
  Management and Corporate Financial Management**,** State University of New York, Buffalo
- **Bachelor of Arts – Economics and Communication**
  State University of New York, Buffalo

Background (certifications, licenses, special skills, etc.)

- Health Information Management System Society (HIMSS) Member
- Served on Steering Committee, Technical Subcommittee
- Southern Arizona Health Information Exchange (SAHIE) - completed in November 2009

Lisa Baird, CPC-I, CPC-H, Implementation Manager (Director of Implementation)

Total Medicaid Experience: 13 years 8 months	**Reports to: Patrick Powers**
Time in Current Position: 2 years 9 months	**Functional Area: Contracts Compliance & Implementation Lead**

Corporate Experience

Director of Implementation / Schaller Anderson, LLC, September 2008 - Present
Medicaid Managed Care Experience: 2 years 9 months

- Manages project initiation through post- transition evaluation for new and expanding business
- Provides support and guidance for all aspects of the work plan, including identifying policy decisions that must be addressed
- Creates and defines the project framework, while providing clarity and vision to the Implementation Team and Functional Area Leads/SMEs
- Coordinates all Implementation Team activities
- Executes resolution to implementation issues and questions
- Oversees the requests for resources to complete the implementation and manage the implementation budget
- Communicates progress and problems with business owner as well as meeting the scope of work in a timely manner and within budget constraints
- Serves as the primary point of contact for all CCN operational issues
- Coordinates the tracking and submission of all contract deliverables
- Fields and coordinates all responses to DHH inquiries
- Coordinates the preparation and execution of contract requirements, random and periodic audits and ad hoc visits
- Directed State of Illinois transition from FFS to an Integrated Care Program for the ABD population with approximately 20,000 members
- Directed State of Pennsylvania transition from FFS to a Managed Care system for the TANF/PW/DUAL population with approximately 50,000 members

Director of Policy and Compliance/HealthCare USA (Coventry Health Care), Oct. 1997 – Sept. 2008
Medicaid Managed Care Experience: 10 years 11 months

- Designated as Project Manager by the Chief Executive Officer to coordinate State Medicaid Request For Proposal (RFP) responses. Responsible for the timely coordination and submission of all department responses addressing State specific contract requirements.
- Successfully transitioned Coventry's newly purchased FirstGuard Plan operations for the areas of membership enrollment, provider contract management, and assisted the health services management team in the development of transitional care coordination policies to ensure compliance to State required contract language
- As Compliance Officer, was responsible for drafting and obtaining approval of the company's Compliance Program; also developed the compliance education campaign for all health plan staff on issues related to State and federal compliance guidelines. Collaborated with senior executive staff as well as front line managers and staff to develop policies, procedures and system capabilities to demonstrate compliance to State and federal mandates.
- Served on the corporate-wide I-Health Contract Committee representing the Medicaid line of business to review bundling and unbundling coding concepts to support State specific coding concepts to insure appropriate reimbursement
- Instrumental in the development of and served as the primary instructor for Coventry Health Care's coding certification training program to prepare internal staff for coding certification testing. Promoted increased knowledge of coding concepts as part of the compliance education program.

Manager of Business Reporting, January 2002 – June 2006
Customer Service Organization Liaison Supervisor, January 2001 – January 2002
Provider Service Network Manager, June 2000 – January 2001

Lisa Baird, CPC-I, CPC-H, Implementation Manager (Director of Implementation)

Claims Auditor/Liaison, October 1997 – June 2000
HealthCare USA (Coventry Health Care), October 1997 – September 2008
Medicaid Managed Care Experience: 10 years 11 months

Responsibilities included but were not limited to the following for the positions noted above:

- Executed daily operations related to the timely and accurate submission of State required encounter reports. Successfully increased and sustained acceptance rate at a 99% or greater.
- Effectively chaired multiple intra-department committees to complete projects and policy review in a timely manner to improve the overall performance for the company
- Participated on Coventry Health Care's National Network Development team that reviewed current contracting methodologies to establish future best practice contracting templates for all provider service areas, such as physicians, hospitals, and DME vendors
- Established contract provider in-services that addressed global and specific billing and coding relationships with the health plan. Performed stop loss/high dollar claim review to insure appropriate reimbursement based on coding and billing audit standards.
- Established companywide *Life of A Claim* in-service training to educate staff on the process flow of a claim through the health plan's policies of claim adjudication and appeal
- Served as a key resource of information for internal as well as external customers due to extensive knowledge of the benefit management, coding, claims, and appeals/denial management processes
- Actively participated in local American Academy of Professional Coders chapter meetings as a co-presenter of Medicaid specific billing concepts
- Instrumental in the development of the health plan's current standard contract template based on solid coding methodology to translate the administrative concepts of the contract to an operational level and promote the accurate and timely adjudication of services billed

Provider Relations Representative, September 1995 – October 1997
Senior Claims Specialist, June 1990 – September 1995
Customer Services Representative, November 1988 – June 1990
Group Health Plan (Coventry Health Care), November 1988 – October 1997
Medicaid Managed Care Experience: N/A

- Handled face to face provider and office manager education of payor contact, billing and claims adjudication policy
- Focused on member/provider issues related to the delivery of health care services and/or claims adjudication
- Managed special and complex provider contracts to insure the accurate and timely adjudication of claims as senior claims specialist

Education

- **Bachelor Degree – Health Care Administration,** University of Phoenix, anticipated graduation 2013
- **Course of Study – Hotel and Restaurant Management,** Jefferson College, Hillsboro
- **Course of Study – Business Administration,** Mineral Area College, Park Hills

Background (certifications, licenses, special skills, etc.)

American Academy of Professional Coders Certified Instructor
Certified Professional Coder – Hospital 2002 – Present
Certified Professional Coder – Physician 2001 - Present

Committees

- National Clinical Editing Committee- Coventry Health Care
- Sanford Brown College – Advisory Committee 2006-Present
- Midwest Coalition on Health Care – Claims Complexity Committee 2004-2005
- St. Louis College of Health Careers – Advisory Board Member 2003-2004
- American Academy of Professional Coders (AAPC) – St. Louis Chapter Member