Project Director

Michael [redacted]

[redacted]

Executive Leadership / Strategic Planning / Operations Management
Process Excellence / Financial Planning & Analysis / Network Development

SUMMARY

- Accomplished executive with demonstrated success in leading business units and operations, including full P&L ownership.
- 27 years building, managing and improving operations and business systems. Span of control has included large multi-site operations, including call centers and claim operations both domestic and international
- Extensive Healthcare and Worker's Comp leadership experience through tenures at UHG/Optum, Aetna/Coventry Health Care, Healthways and GE Financial Assurance.
- Global management experience. Managed personnel supporting operations in Europe, India, Philippines and Central America.
- Demonstrated ability to incorporate Lean Sigma tools and methods into process excellence and management systems. Certified Black Belt.
- Strong formal business and management training, highlighted by a MBA and completion of GE's Management Development Program.

EXPERIENCE

One Call Care Management – Jacksonville, FL 2017 – Present

Vice President – Group Health Operations

- Lead all operations supporting the Group Health business.
- Manage all product development activities to expand the One Call product offerings into the Group Health space.

United Health Group / OptumRx (Healthcare Solutions) – Atlanta, GA 2014 – 2017

Vice President – Operations

- Lead $180M Ancillary and Bill Review business units with P&L and operational responsibilities for Home Health, Durable Medical Equipment, Diagnostics, Physical Therapy and Transportation. Functional responsibilities include order management, quality assurance, vendor management, client support.
- Current scope of responsibilities includes multiple sites with over 300 associates.

Aetna / Coventry Worker's Comp Services – Nashville, TN 2010 – 2014

Vice President – Worker's Comp Service Operations

- Led Ancillary business unit providing Home Health, Durable Medical Equipment and Ancillary Services to injured workers on behalf of CWCS clients.
- Grew revenue from $25M in 2010 to $50+M in 2014; while improving EBITDA.

Sitel – Nashville, TN 2008 - 2010

Vice President – Global Operations

- Provided operations support for over 150 call centers in 27 countries. Functional scope included Lean Sigma/Process Excellence, PMO, Client & Operational Reporting, Workforce Management, Training and Leadership Development.

Michael [redacted]

Healthways, Inc. – Nashville, TN 2006 – 2008

Executive Director – Nashville Business Unit / Care Enhancement Center

- Led Nashville Business Unit with a span of control that included over 250 clinical staff providing disease management and care coordination via telephonic nursing to members of health plans and self-insured employers
- Improved site performance through call center management disciplines and improved nurse attrition.

Concentra (*acquired by Aetna/Coventry Worker's Comp Services)* **–** Nashville, TN 2004 – 2006

Assistant Vice President – Bill Review Operations

- Regional leader for Bill Review Operations, consisting of three primary sites (Tampa, FL; Franklin, TN; and Dallas, TX) and 200+ personnel. Additional responsibilities included Imaging Service Centers, Quality Assurance and Process Excellence

CNA Life Insurance *(acquired by Swiss Re)* – Nashville, TN 1997 – 2004

- *Assistant Vice President – Life & LTC Operations & BPO*

GE Financial Assurance Group – Orlando, FL 1994 – 1997

- *Vice President – Customer Service & Claims Operations*
- *Strategic Services Consultant - Black Belt*

Citicorp Insurance Services, Inc. – Dover, DE 1990 - 1994

- *Department Head – Claims & Customer Service*
- *Management Development Program*

EDUCATION

Rollins College – Winter Park, FL
Crummer Graduate School of Business

- Master of Business Administration with Finance and International Business emphasis
- Graduated with honors

Middle Tennessee State University – Murfreesboro, TN

- Bachelor of Business Administration with Finance emphasis

Life Office Management Association

- Fellow, Life Management Institute (FLMI)

GE's Center for Excellence

- Management Development Program
- Personnel Relations Leadership Program
- Six Sigma Certification Program

[redacted]
37228
[redacted]

Quality Assurance Manager

Kelly [redacted]

[redacted]

Education

Widener University School of Law, Harrisburg Pennsylvania

Juris Doctorate May 2005

- Law Review Editorial Staff Member - Published Work: "City of Philadelphia v. Commonwealth: A Cynic's View of the Single-Subject Requirement and Germaneness Test," 14 Widener L.J. 605 (2005).
- Trial Advocacy Honor Society
- State System of Higher Education 3+3 Program
- Received Writing Awards in Corporations and Alternative Dispute Resolution

Clarion University of Pennsylvania, Clarion Pennsylvania

B.A. Psychology May 2003

- Magna Cum Laude
- Honors Program
- Debate Team

Professional Experience

One Call, Jacksonville, Florida

Director of Compliance and Quality, July 2018-Present

Lead the Company's Group Heath Compliance Program. Develop and lead all Group Health Quality Plans. Facilitate, provide input and oversee all Group Health contracting activities. Act as a liaison between the Company and various state and federal legislative/regulatory bodies. Provide the Company with accurate, complete, up-to-date and relevant information regarding the legal and regulatory requirements governing Group Health operations, and any changes to such requirements. Advise the Company of new or emerging regulatory issues that may affect the Company's operations. Consult with business units on the impact of legal and regulatory requirements on new business strategies, projects, systems and processes. Assist operational units to identify and implement necessary changes to ensure compliance with legal requirements. Monitor or manage the implementation of such changes, as needed. Oversee and report on the results of compliance-related audits. Ensure that all Associates receive appropriate Compliance-related training, including New Hire training, annual Compliance Training,

and other programs as needed. Manage and direct special compliance-related projects and audits. Research and respond to compliance-related inquiries from external and internal customers.

Molina Healthcare, Inc., Harrisburg, Pennsylvania

National Director of Requests for Proposals, August 2017-July 2018

Act as the primary liaison between the growth and innovations team and the legal department. Work closely with the corporate legal department and state health plans to identify programmatic requirements when evaluating new business or reprocurement opportunities. Responsible for working across many functional areas to create solutions and innovations based upon state specific contract requirements for areas such as operational efficiencies, value based purchasing programs, alternative provider payment methodologies, network development strategies, telehealth/telemedicine/telemonitoring programs, member and provider engagement, quality improvement and member and provider incentives. Evaluate all bids for compliance with the state specific requirements for programmatic requirements, including those related to provider contracting and payment. Work with legal to ensure that template provider contracts and letters of agreement meet all state specific requirements and all internal Molina corporate requirements. Coordinate legal protest efforts, including protest development and defense. Oversee progress of obtaining the required state licensure to operate in new states and for service area expansions in existing markets.

Molina Healthcare, Inc., *Harrisburg, Pennsylvania*

Vice President of Government Contracts, March 2016-August 2017

Board of Directors, Molina Healthcare of New York

Responsible for managing all government contracts and contract procurement opportunities within Pennsylvania and assist with these functions in multiple other states. Worked closely with all departments within the company to implement business operations for new lines of business, including Medicaid, Medicare Advantage and Medicare Special Needs Plans. Worked closely with the Project Management Office. Monitored regulatory and legal developments that impact government programs on both a federal and state level. Ensured compliance with all regulatory and contractual requirements for the various lines of business. Lead the development of policies and procedures for business operations in Pennsylvania, ensuring compliance with state and federal requirements and regulations. Served as the primary contact for regulators and auditors at both the state and federal level. Oversaw provider contracting efforts including contract development and development of payment initiatives to improve cost-savings and quality. Participated in activities related to obtaining a Certificate of Operating Authority with the Department of Insurance. Attended

conferences, webinars and other learning opportunities related to government programs. Oversaw and coordinated bid protests and other legal matters related to procurements. Assisted with procurement opportunities and implementation activities in multiple states including Pennsylvania, Virginia, Oklahoma, Mississippi, New York and Puerto Rico.

***Geisinger Health Plan*,** Harrisburg, Pennsylvania

Program Manager of State Government Programs, Legal and Regulatory Affairs, October 2012-present

Oversee day to day operations and legal and regulatory affairs of the GHP Family Medicaid Plan which provides services to over 160,000 members and the GHP Kids CHIP Plan. Coordinate work streams with all departments within GHP Family and run all operational meetings. Act as a primary contact to all State and Federal Regulatory Agencies including CMS and the Pennsylvania Departments of Human Services, Health and Insurance. Interact regularly with high level officials within the Department to resolve complex issues regarding rate setting, contract disputes, legislative inquiries, budget analysis and programmatic changes. Represent GHP Family at the Medical Assistance Advisory Committee and the Consumer Subcommittee. Serve as a voting member of the Managed Care Delivery System Subcommittee. Represent Geisinger Health Plan at meetings of the Medical Assistance Advisory Committee (MAAC), Consumer Subcommittee, MCO Coalition and various collaborative meetings with other companies and organizations within the healthcare industry. Oversee legislative and regulatory affairs on behalf of Geisinger Health Plan. Draft public comments for submission to the Department of Human Services for issues such as Medicaid Expansion, the Healthy PA Initiative and Managed Long Term Services and Supports. Review all relevant white papers and discussion documents related to state government programs and education health plan staff on new initiatives. Attend public hearings for initiatives that impact state government programs. Review CMS regulations and guidelines as well as legislation and bulletins at that state level. Assist in reviewing contracts with vendors, subcontractors and providers. Played an integral role in implementing the ACA fee increase for Medical Assistance participating physicians, the Healthy PA Private Coverage Option and PA Medicaid Expansion. Responsible for researching and responding to all inquiries from the Department regarding member and provider complaints.

***HealthAmerica Pennsylvania, Inc.*,** Harrisburg, Pennsylvania

Manager of Operations Planning/Government Liaison, Pennsylvania Medicaid, June 2012-October 2012

Oversaw the development and implementation of all aspects of the Pennsylvania Medicaid product. Served as the Project Manager for all Pennsylvania Medicaid service expansions. Developed new programs and initiatives, present new programs to the Department of

Public Welfare for approval and serve as project lead for implementation of new programs. Prepared regulatory filings to the Pennsylvania Department of Health. Represent CoventryCares at all Pennsylvania Department of Public Welfare Meetings. Acted as the Government Liaison. Worked closely with the outreach, customer service and membership retention staff to analyze the performance of the Pennsylvania Medicaid product and participate in strategic planning for membership growth. Participated in the education and training of other departments on the Pennsylvania Medicaid Product. Assisted in the development and revision of member materials such as the Member Handbook. Oversaw the Disadvantaged Business program and Mentor Protégé Program. Worked on the implementation of social media initiatives specific to the Medicaid population. Worked closely with clinical and special needs staff to resolve member issues.

HealthAmerica Pennsylvania, Inc., Harrisburg, Pennsylvania

Medicaid Regulatory Compliance Analyst, April 2010-June 2012

Served as the compliance analyst for the CoventryCares Medicaid Plan and Advantra Medicare Plan. Oversaw the resolution of a variety of problems with the government programs products including contract compliance issues, regulatory reporting deficiencies, membership problems and internal systems issues. Participated in the drafting of successful responses to Requests for Proposals from the Department of Public Welfare in the Southwest, New West and New East regions of Pennsylvania. Was instrumental in the implementation of the Southwest Pennsylvania Medicaid contract. Served as Project Manager for implementation of the New West and New East Medicaid contracts. Developed and maintained a strong relationship with the Department of Public Welfare and worked closely with the CoventryCares Core Team on member issues, legislative analysis, integration of new systems components, benefit changes, and general inquiries. Provided leadership and guidance to other departments on government programs related questions and problems. Developed the Policy and Procedure Committee and the Regulatory Updates Committee. Served as a lead on the government programs Compliance Committee. Implemented a number of cost saving measures. Regularly represented CoventryCares at Managed Care meetings. Coordinated the implementation of new programs, benefits and member incentives within the CoventryCares Plan. Represented Coventry's Medicare Advantage plan at Fair Hearings with the Office of Medicare Hearings and Appeals. Prepared and argued appeal cases to be presented to the Medicare Appeals Council. Worked closely with the Pennsylvania Department of Health, Pennsylvania Department of Insurance and CMS. Participated in audit activities including state level policy and procedure audits, financial audits, HEDIS reviews and CMS audits. Worked extensively on accreditation issues with entities such as NCQA and URAC.

Schutjer Bogar, LLC, Harrisburg, PA

Attorney, November 2008-April 2010

Served as counsel for a variety of healthcare providers and facilities on a variety of health insurance and healthcare coverage related issues. Gained experience with the Administrative Law process by participating in Administrative Law hearings on issues such as Medicaid eligibility, standing and conversion of assets. Tracked legislation and assisted healthcare providers and facilities to ensure compliance with insurance and health care related legislation. Provided legislative updates and analysis for clients in over ten different states. Achieved favorable results for skilled nursing facility clients through the drafting of legal pleadings aimed to obtain Medicaid benefits including Complaints, Petitions for Preliminary Injunction, Guardianship Petitions and Petitions for Accountings of Assets. Utilized creative solutions to health insurance and government program eligibility problems on a case by case basis.

Trainer

JENNIFER [redacted]

[redacted]

SUMMARY: Highly motivated, professional, hard-worker, flexible, quick learner.
Ability To:
- Motivate others to set & achieve realistic, positive goals
- Facilitate a positive team culture

EXPERIENCE:

7/09 – Present One Call Care Management Jacksonville FL
Director of Training, Employee Development Enterprise (9/25/15 to Present)
- Develop, implement, and manage corporate enterprise training.
- Incorporated 6 legacy training programs and created a unified enterprise solution designed to produce a more effective, cost effective agent at the end of training.
- Developed initial individualized training plans allowing agents to have a career plan for growth. Improvement to these plans continues as business needs change.
- Design of assessments modules to show agents aptitude for career advancement
- Work with quality and customer care departments to identify work discrepancies and modify training to improve work results
- Develop staff members to deliver training programs to show marked impact on work flow.

Manager of IPI, Compliance and IME areas, T&L Division (8/15/14 – 9/25/15)
- Responsible for managing 20+ agents in 2 locations
- Develop staff members to increase margin from 42% to 46% in 4 months
- Responsible for all aspects of new hire training including implementation, assessment and evaluation of training staff
- Maintain 99.3% success ratio on all assignments every month
- Responsible for SOP process; ensuring all are consistent in look and all areas have signed off on the process for our area
- Utilize training opportunity report to assess any training gaps
- Responsible for improving invoicing process from providers to ensure clients can be billed.
- Cleaned up outstanding invoicing issues from providers to ensure proper billing to clients.

Manager of Training, Employee Development T&L Division (4/1/13 – 8/15/14)
- Responsible for all areas of training for El Salvador and Jacksonville locations
- Responsible for all aspects of new hire training including implementation, assessment and evaluation of training staff
- Maintain operational SharePoint site with up to date documents
- Responsible for SOP process; ensuring all are consistent in look and all areas have signed off on the process
- Utilize training opportunity report to assess any training gaps
- Work as liaison between IT and operations for systems releases

11/06 – 7/09 MSC Group; ZoneCare USA (Purchased by OCCM) Delray Beach FL
Director of Human Resources, Facilities and Training
- Recruit, interview and hire qualified exempt and non exempt candidates
- Responsible for managing 10-20 open requisitions inc, IT, Marketing, Nursing, Managers, Operations and Customer Service
- Responsible for all aspects of a new hire, including background checks, paper work and benefits
- Compile and provide metric information on sourcing, retention and turnover
- Effectively use internal HR applicant tracking system to maintain and organize data on recruitment activities, applicant flow and hires
- Responsible for benefit administration for ZoneCare as well as 2 sister companies

- Train all new hires on internal operating system, policy and procedures
- Oversee and manage succession planning and salary guidelines for employees
- Manage all employee relation issues
- Responsible for Customer Service Development for all employees

9/03 – 11/06 Aetna Plantation FL
Talent Acquisition Specialist – (3/05 to 3/06 with Broadspire)

- Recruit, interview and hire qualified exempt and non exempt candidates
- Responsible for managing 15-20 open requisitions with up to 80 positions
- Use ATS to ensure all policy and procedures for Affirmative Action are met
- Work with PeopleScout a vendor for customer service classes
- Responsible for all phases of background checks and tracking of employees
- Effectively use internal HR applicant tracking system to maintain and organize data on recruitment activities, applicant flow and new hires
- Consult with hiring managers to identify and recommend appropriate candidates
- Oversee and manage recruiting resources such as internet, print advertisement, job fairs and open houses
- Assist with employee relation issues pertaining to hiring of candidates
- Work with Aetna's University and Diversity relation departments attending career fairs and other functions to improve branding effort.

EDUCATION: CENTRAL CONNECTICUT STATE UNIVERSITY- NEW BRITAIN, CT.
Bachelor of Science Degree – Athletic Training Concentration
National Certified Athletic Trainer - 1995
Volunteer Work:
Jacksonville Marine Corps Half Marathon and Freedom 5K
Board Member 2 year and Committee Member 4 years

PRS Running Club
Founding Member and Board Member

REFERENCES

[redacted]

Safety Officer and Investigator

Wendy [redacted]

[redacted]

PROFESSIONAL PROFILE

- Over 14 years of experience in the health care industry overseeing compliance, credentialing, and training operations.
- Designed compliance, anti-fraud and credentialing programs for a $240 million health care organization with a remote nationwide network of over 7,000 practitioners.
- Strong leader with a motivational management style and reputation for building and retaining dedicated productive teams.
- Highly adept in identifying gaps and risk exposure in health care and managed care operations.
- Recognized for developing and implementing effective strategic compliance and operational policies and procedures to foster an environment of adherence to ethical standards of conduct as well as to federal and state regulatory requirements.
- Work closely with legal counsel and senior executives on client and vendor contracts, service agreements, operational improvement, and implementation of best practices.
- Oversaw implementation of robust business intelligence to inform senior leadership on compliance trends and opportunities for improvement.
- Completed integration of new credentialing, training, verification, and ongoing monitoring technologies.
- Proven ability to manage and provide guidance on complex regulations and standards including CMS, NCQA, URAC, HIPAA, DOT, OSHA and state specific laws.

PROFESSIONAL EXPERIENCE

One Call

Director of Corporate Compliance / Safety and Investigations Officer *October 2017 – Present*

- Provide guidance on complex Medicare, Medicaid and government contract regulations as well as other Federal and state laws for One Call's Health Plan Services and Government Solutions products.
- Monitor Compliance reporting mechanisms to ensure all reported allegations of noncompliance, and/or violations of policies and/or law receive an appropriate response and are promptly investigated.
- Established and executed corporate investigation and reporting protocols to ensure that allegations of noncompliance including potential fraud, waste and abuse are thoroughly and appropriately investigated.
- Serve as a resource for employee compliance inquiries.
- Partner with business units and the One Call Corporate Compliance Committee to investigate, resolve and mitigate future occurrences of reported illegal, unethical, or improper conduct.
- Interface with the Chief Risk and Compliance Officer, General Counsel, and Federal, state and local authorities as needed to address regulatory or compliance issues.
- Ensure proper reporting of violations/potential violations, illegal or improper conduct, and safety incidents to the appropriate enforcement agencies as required.

- Developed and executed Corporate and Group Health Compliance Programs.
- Partner with the Operations, Human Resources and Provider Relations Departments to ensure the safety and wellbeing of the members to whom we provide services through in depth verification and ongoing monitoring of applicable and appropriate safeguards as well as thorough due diligence of all providers and employees.
- Continually evaluate the performance and effectiveness of One Call's compliance programs and enhance as needed to improve effectiveness.
- Conduct compliance assessments and provide direction on any deficiencies detected by those assessments.
- Initiated and implemented Corporate Policy Governance policies and procedures.
- Revised One Call Code of Business Conduct and Ethics to meet Federal and state standards.
- Authored and published various Compliance training courses including One Call Code of Business Conduct and Ethics, FWA, General Compliance, and Cultural Competency.

Spreemo Health

Compliance Officer / Director of Credentialing *October 2016 – October 2017*

- Manage and improve credentialing and compliance functions for a physician network of 10,000+.
- Established compliance investigation protocol.
- Conduct compliance investigations involving allegations of medical billing fraud and medical discriminatory practices.
- Draft policies and procedures across operational divisions to increase efficiency and ensure regulatory compliance.
- Streamlined and documented credentialing workflows and standard operating procedures.
- Reconstructed credentialing tracking methods while implementing mechanisms for measuring data quality and operational production metrics at both individual and departmental levels.
- Reduced physician credentialing turnaround time by 70%.
- Identified duplicated efforts and eliminated duplicate expenses by 25% within the first month of employment. Ongoing efforts will result in continued cost reduction.
- Review customer contracts to ensure operational alignment and adherence to applicable state law while still guaranteeing desired customer outcomes.
- Regularly collaborate with legal counsel on various applicable laws and compliance issues.
- Led corporate wide development and implementation of quality audit program including protocols, audit tools, and policies and procedures.
- Mentor direct reports and other department leaders on methods for complying with federal and state regulations as well as contractual requirements.
- Conducted contract analysis on all legacy Spreemo Health clients to identify gaps in service and altered processes to ensure adherence to SLA's.
- Aligned credentialing processes with NCQA guidelines and industry best practices.
- Improved and expanded verification practices to ensure only highly qualified physicians were admitted into the Spreemo Health physician network.
- Defined and implemented more stringent credentialing parameters for credentialing committee privileging

determinations.

- Refined delegated credentialing functions to comply with NCQA and contractual requirements.
- Initiated and executed new credentialing vendors to obtain higher quality service and improved pricing.
- Drafted and employed pre-delegation agreements as well as pre-delegation and ongoing auditing tools and processes.

Examination Management Services Incorporated ("EMSI")

Compliance Officer *April 2014 – October 2016*

- Established and continuously monitored the comprehensive compliance program for the EMSI Health Services Division.
- Developed annual Compliance Work Plans based on risks established by the Office of the Inspector General and identified operational and/or compliance risks.
- Developed and executed corrective action plans and mitigation strategies to correct identified compliance risks.
- Supervised and performed internal and vendor-facing compliance audits, developed corrective action plans as needed and reported audit results to senior management and other ultimate corporate oversight as appropriate.
- Chaired the Corporate Compliance Committee.
- Provided guidance on complex regulations for EMSI Health operations including Credentialing, Quality, Coding, Recruiting, Provider Management and Compliance.
- Acted as the liaison for CMS, OIG and other regulatory agencies.
- Ensured proper reporting of violations/potential violations and/or negative actions to the appropriate enforcement agencies as required.
- Monitored Compliance Reporting Hotline including investigating, reporting and responding to alleged violations and/or compliance issues.
- Partnered with the human resource department and business unit leaders to conduct nationwide ongoing compliance training for over 2,600 employees and a network of over 800 practitioners in the EMSI Health division to prevent illegal, unethical or improper conduct.
- Conducted annual review of policies and procedures for EMSI's Credentialing, Credentialing Committee, Quality Oversight, and Compliance Committee functions in accordance with leading industry practices as well as NCQA, URAC and CMS regulations.
- Collaborated with general and outside counsel as needed to resolve difficult legal and compliance matters.
- Administered an on-going monitoring program for oversight of practitioner sanctions and exclusions.
- Established reporting and investigation processes that provide mechanisms for employees to anonymously escalate issues.
- Served on Credentialing and Quality Committees to provide guidance on regulatory requirements.
- Continually assessed the performance and effectiveness of EMSI's Health Compliance Program and implemented adjustments to improve effectiveness.
- Reconstructed EMSI's Complaint and Grievance process resulting in improved tracking and reporting methods and reducing investigation and response time by 45%.
- Oversaw and facilitated EMSI Health customer audits consisting of an in-depth review of privacy and security measures, credentialing operations, quality functions and compliance oversight.

Examination Management Services Incorporated ("EMSI")

Director of Credentialing and Training *June 2009 – April 2014*

- Developed and implemented a program to manage operational performance standards and requirements for a nationwide Medicare Advantage House Calls Program with $240 million in revenue during FY13.
- Created efficiencies in credentialing and training workflows resulting in a 40% increase in production in one year.
- Integrated new credentialing, training and verification technologies creating efficiency and savings of over $20,000 annually.
- Grew the credentialing department from 4 staff members to over 30 coordinators, managers, and support staff
- Managed the credentialing, training and compliance operations of a health care provider network for several major national insurance carriers.
- Authored and implemented corporate policies for EMSI's Credentialing Department, Credentialing Committee, Quality Oversight Committee, and Compliance Committee functions in accordance with industry best practices as well as NCQA, URAC and CMS regulations.
- Formalized EMSI's Credentialing Committee structure and function.
- Managed an operating budget in excess of $1.2 million.
- Produced effective training modules to educate over 8,000 employees and contractors nationwide in many areas including preventing, detecting and reporting potential fraud, waste and abuse as well as how to adhere to standards of conduct and HIPAA regulations.

Juvenile Diabetes Research Foundation ("JDRF")

Development Manager *January 2008 – May 2009*

- Oversaw proper handling of all JDRF income in excess of $4 million/year.
- Managed fundraising aspects of the 2009 Dream Gala generating revenue in excess of $1 million.
- Analyzed current spend and implemented more efficient cost effective avenues thereby saving the chapter over $7,000 / year.
- Supported the Executive Director in seeking out, cultivating and securing Major Donor targets.
- Maintained and updated the chapter website, www.jdrfdallas.org
- Recruited and cultivated media relations committee to increase awareness of JDRF events and research.
- Managed and organized Sneaker Sales Program for 2008 Walk Season yielding over $250,000 in FY09.

Examination Management Services Incorporated ("EMSI")

Wellness Program Manager, Health Services Division *June 2004 - January 2008*

- Successfully managed a nationwide wellness program with $6 million in annual revenue and an average of 400 events monthly.
- Directed staff on proper procedures in over 250 locations across the United States.
- Managed an operating budget of over $5 million.
- Consulted organizations in planning, marketing and executing their corporate wellness program.
- Developed effective operational processes for scheduling, tracking and training processes.
- Ensure compliance with OSHA and HIPAA regulations.
- Worked collaboratively with sales to develop contract pricing for individual wellness initiatives.

Additional work history upon request

EDUCATION AND CERTIFICATION

AAPC Certified Professional Compliance Officer (“CPCO”)

Oklahoma State University, Stillwater, Oklahoma

Bachelors of Science - Health Promotion

Provider Relations Manager

Nicholas

[redacted]

[redacted]

Skills

- Project Management
  - Implementations
  - Multi-Department
  - Infrastructure
- Large-Scale implementations
- Sales and negotiations
- Business development
- Workflow development
- Value stream mapping
- Tableau
- MS Word, Project, Excel, Power Point, Outlook, Visio, Sharepoint
- Marketing and advertising
- Salesforce
- Self-motivated
- Strong written and verbal communication
- Extremely organized
- Team leadership
- Data management and analytics
- Process implementation
- Client assessment and analysis
- Risk management processes and analysis
- Staff development

EDUCATION

ITT Technical Institute, St. Louis, MO.

Associates Degree – 2005-2007

- Information Technology / Computer Network Systems

PROFESSIONAL SUMMARY

Transportation Network Developer with a background in implementations, business development, operations and advertising. Expertise in provider communication, cost efficiency, project management, analytics, forecasting and client needs assessments.

EXPERIENCE

One Call – Jacksonville, FL

May 2018 – Present

Provider Account Manager, Group Health

- Development and management of new transportation network business
- Interdepartmental partnership and development during implementations with Network, Business Development, Call Center, Finance, Legal, and Marketing
- Research and development of provider data and cost evaluations
- Plan and execute outreach in new markets to gather industry knowledge and market variables from transportation companies.
- Evaluate and qualify providers in markets for contracting and credentialing
- Development and management of analysis data, transportation adequacy and coverage, forecasting, Network processes, and cost efficiency.

Medical Transportation Management, Inc. (MTM) – Lake St. Louis, MO

November 2009 – February 2018

Manager, Network Development - June 2015 – February 2018

- Development and management of new transportation network business
  - $400 million in new business implemented
- Interdepartmental partnership and development of implementations with Business Development, Call Center, Finance, Legal, and Marketing
- Business to business Sales and Implementation to new and existing Clients
- Develop and implement Provider Guidelines, Services Agreements and Cost Matrix for negotiating pricing
- Research and development of provider data and cost for request for proposals
- Plan and execute outreach in new markets to gather industry knowledge and market variables with members, facilities, health plans and transportation companies.
- Allocate resources and collect feedback to ensure timely project reporting and project goals are met and on budget or below
- Manage milestones and timelines with MTM departments and external stakeholders
- Created project build-outs for implementations for all Non-Emergency Medical Transportation
- Created project build-outs of for internal developments
- Analyze, trend, and forecast transportation costs, utilizing performance indicators and gap analysis to target opportunities in cost reduction. Determine standard operating costs for new business using current operations and desired standards
- Operations building review and selection
- Budget forecast, hiring, and on-boarded staffing for new contract growth

Network Development Implementation Project Manager

March 2014 – June 2015

- Facilitate implementation phase for new client implementations and upsell opportunities for existing clients

- Provide strategic direction and guidance to both internal operational functions and client to mitigate project risks to all parties
- Analyze data to create and maintain adequate networks
- Coordinate inter-department meetings to evaluate network coverage
- Manage and develop planned expansion of partnered providers to expedite network build-outs and fleet agility
- Negotiate rates with providers to reduce transportation expenses
- Actively monitor industry changes and influences through research, published information channels, professional relationships
- Maintain a good understanding of market barriers and requirements for all projects and implementations
- Hiring, and on-boarded staffing for new contract growth

Area Liaison / Recruiter / Network Representative

November 2009 – March 2014

- Work closely and maintain a good rapport, monitor/identify needs, and update providers with any changes
- Coordinate implementations for new health plans
- Work directly with client services and client (health plan)
- Analyze market trends to ensure adequacy in the network
- Maintain quality and compliance metrics for providers
- Schedule site visits at providers location including schedule airfare, hotels, and rental cars for out of state visits
- Inspect vehicles to ensure they meet state and MTM requirements
- Technical support for providers – Credentialing, Claims, and Trip Management
- Educate incoming providers on MTM policy and guidelines
- Research, recruit, contract and negotiate rates with new providers in geographic area to implement new health plans or to expand provider network
- Create, enter, and update providers in system applications
- Assist sales with establishing pricing for provider in each area