

Leon Lamoreaux, MBA — Chief Executive Officer (CEO)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	31 years
Years of Experience with Medicaid	14 years
Highest Level of Education	Master of Business Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2018 – Present**
Chief Executive Officer, Kentucky

- Leads all aspects of Kentucky operations to manage and coordinate the highest quality services for Members
- Drives strategy to achieve health plan goals and build a culture of accountability with employees who are committed to making sure Members receive superior service and care, maintaining open lines of communication to assure high employee morale
- Oversees the health plan financial affairs, including accounting, budgeting, internal controls, and timely reporting of performance data
- Fosters relationships with external stakeholders via community outreach, coordination of mutual projects, including with DMS and the Kentucky Department of Insurance
- Collaborates across the health plan to develop innovative solutions including through the Care Management team to develop evidence based models of care, case, and disease management programs, the Provider Solutions team to develop network contracting and reimbursement strategies, etc.
- Collaborates with network Providers to develop delivery system strategies to manage health care costs and improve access

Anthem BlueCross & BlueShield, Waukesha, WI **2015 – 2018**
Plan President, Medicaid

- Oversaw all operational and clinical operations, including growing operating gain by 288% to \$17 million from 2015 to 2018
- Drove membership growth by 29% from 2017 to 2018 to become the third largest HMO in Wisconsin supporting over 90,000 lives and statewide coverage
- Enhanced relationships with Division of Health Services (DHS), state regulators, and department of insurance
- Achieved NCQA Commendable status within 18 months and was awarded exceptional achievement quality bonus from DHS in 2016

New West Health Services, Helena, MT **2012 – 2015**
President and CEO

- Accountable for all operational and clinical operations of the Medicare Advantage (MA) and Medicare Supplement product lines
- Spearheaded the planning and service area expansion process for all product lines

- Prepared product development, rate development, RFP responses, and related filings
- Developed strategies for network contracting and reimbursement encouraging collaborative relations with Providers
- Oversaw strategies to improve quality of care and improved the Star Rating on a PPO plan from 3.5 to 4 stars (Part D 4.5 Stars)
- Improved financial metrics of the health plan through \$186 million in CMS revenues and improving PMPM financial position by 37%
- Drove membership growth from 10,000 to 22,500 with 68% MA market share and a 98.5% retention rate

Geisinger Health Plan, Danville, PA

2011 – 2012

Vice President of Government Programs Business Development

- Responsible the product planning and service area expansion process for Medicare, Medicaid, and CHIP product lines
- Organized the annual implementation of Medicare and Medicaid insurance products
- Conducted strategic planning sessions with clinical enterprise and provider network management to develop delivery system strategies to manage health care costs and improve access
- Secured Pennsylvania Department of Public Welfare Northeast region Medicaid contract, covering 140,000 lives
- Launched HMO/POS products in Pennsylvania and New Jersey

Priority Health, Grand Rapids, MI

2006 – 2010

Vice President of Government Programs (2008 – 2010)

- Accountable for the oversight and management of the Medicare and Medicaid business units and drove Medicare business growth to \$500 million in annual revenues and net margin of \$11.7 million and drove Medicaid and MICHild (SCHIP) membership from 48,000 to 68,000
- Led strategy for service area expansion with aggressive network contracting, creative pay-for-performance incentives and utilization reporting to provider community
- Drove culture of quality throughout the health plan maintaining CMS (CAHPS) five-star quality rating for three years (only Michigan plan to achieve), highest quality health plan in Michigan, and the 11th highest quality Medicaid health plan in the nation (2009 US News and World Report)
- Improved financial performance of the health plan by becoming the second largest (17.2% market share) and fastest growing (184% 2010 over 2009) Medicare health plan in Michigan and increased net margin from 2006 to 2010 by \$7.7M

Vice President of Business Development (2006 – 2008)

- Led and organized the implementation of strategic and annual operational plans for Medicare, Medicaid, and commercial market segments
- Supervised product development and market segment leadership and shortened product development cycle to seven months
- Developed a corrective action plan for Medicaid to improve financial and operational performance
- Revitalized and modernized HMO/POS product, achieving 187,000 Member adoption in first year

- Launched innovative “Consumer Engaged” Health and Wellness product to 46,000 Members

WellPoint, New Haven, CT

2004 – 2006

Executive Director of Product Development and Market Planning

- Oversaw product development and market planning for Connecticut, Maine, New Hampshire, Rhode Island, and Vermont
- Developed second generation Consumer Directed Health Plan (CDHP) products and led the region with 18,000 Member growth
- Introduced a “lean” PPO product with 11% rate reduction and achieved first quarter growth of 8,000 Members
- Developed plans for individual market product (TONIC[®]) intended to attract the young and healthy
- Planned and began execution of the 2007 Medicare Advantage (HMO) market entry strategy

Excellus BlueCross BlueShield, Rochester, NY

2003 – 2004

Vice President, Business and Product Development

- Led strategic planning to identify and prioritize strategic initiatives for profitable growth
- Directed customer segmentation strategies across large group, small group and individual segments to drive distribution, product, pricing and promotion
- Launched first generation Consumer Directed Health Care Product integrated with Savings Account

Regence (BlueCross BlueShield), Portland, OR

1999 – 2003

Director of Market Strategy, Research, and Analysis

Intermountain Healthcare, Salt Lake City, UT

1989 – 1999

Segment Manager, Large Group (1996 – 1999)

New Business Development Manager (1994 – 1996)

Psych Resources Network Sales Manager (1989 – 1994)

Education

Brigham Young University, Provo, UT

- Master of Business Administration

Columbia College, Salt Lake City, UT

- Bachelor of Science in Business Administration

Jess Hall, CPA — Chief Financial Officer (CFO) (Interim)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	7 years
Years of Experience with Medicaid	7 years
Highest Level of Education	Masters of Accounting
Clinical Licensure/Other Credentials	Certified Public Accountant, State of Kentucky

Professional Experience

Anthem, Inc., Louisville, KY **2018 – Present**

Interim Chief Financial Officer, Kentucky Medicaid (2018 – Present)

Central Region Vice President, Medicaid Finance

- Leads regional financial reporting process for plan and regional leadership (\$10B+ Revenue, ~\$290M Op Gain, 2.1M Members and 2K employees).
- Manages profitability and strategic analysis of health plan and regional financials to ensure regional performance meets targets.
- Oversight of Kentucky health plan and regional medical cost analytics & cost of care process including identifying initiative opportunities, valuation, ensuring successful execution and tracking performance.
- Leads regional team of associates responsible for regional cost of care, analytics and financial analysis, premium optimization, state reporting and encounters.

Health Plan Finance Director, Metairie, LA (2018)

- Directed health plan financial reporting process for plan leadership and minority stakeholder leadership teams (\$1B+ Revenue, ~270K Managed Care Members, and ~195 employees).
- Performed profitability and strategic analysis of health plan financials and key functional areas to ensure plan performance meets targets.
- Oversaw health plan medical cost analytics and cost of care process including identifying initiative opportunities, valuation, ensuring successful execution and tracking performance.
- Led team of 6 direct reports responsible for preparing/distributing analysis of health plan membership, revenue and benefit expense trends and partnered with health plan leaders to execute on plan performance.

Humana Inc., Louisville, KY

2013 – 2018

Finance Field Director (2015 – 2018)

- Directed corporate planning, forecasting, and budgeting and strategic analysis function for Care Delivery Team (\$3B Revenue, 250K Managed Care Members, and ~ 2,500 employees).
- Provided Care Delivery financial reporting package for Humana CFO and executive management team.
- Performed revenue, expense and profitability analysis with reporting to operational leaders, management team and Board of Directors.

- Led group expansion into new markets and divestiture of underperforming markets and lines of business.
- Oversaw writing, analysis and forecasting of finance section of provider risk contracts.
- Developed new shared services forecasting team and reengineered forecasting and analysis process across the group resulting in reduced forecast timeline and enhanced oversight and review of process.
- Directed development and roll out of standardized forecasting model across Care Delivery.

Integrations Manager (2014 – 2015)

- Developed and led new team responsible for integrating accounting functions for acquired entities up to \$1B as well as integration of other disaggregated accounting functions.
- Assisted SEC team with recording acquisitions including allocation of purchase price.
- Developed future state accounting process to enable roll-out of corporate-wide shared services finance model.
- Created 3-5 year strategy for integration team's organization and operating model within corporate accounting group.
- Developed standardized integration materials including engagement outline, detailed project plans, standard tasks and timelines to expedite integration of newly acquired companies.

General Ledger Close, Leasing and Fixed Assets Accounting Manager (2013 – 2014)

- Led team of 11 associates with oversight of the general ledger close, fixed assets and lease accounting functions
- Corporate accounting team representative in company-wide close meetings with Assistant Controller and segment financial leaders
- Developed and rolled out Humana's companywide Balance Sheet Account Reconciliation Policy
- Initiated company-wide use of T-RECs account reconciliation management software for all balance sheet reconciliations as well as scoping project for landscape of all reconciliations
- Assisted with development of corporate accounting future state reorganization as well as vision and scope of the corporate accounting function to create a shared services model
- Developed overview of corporate accounting team's processes, sized work and prepared team for finance outsourcing

PwC, LLP, Chicago, IL

2011 – 2012

Assurance Manager

- Managed engagements for publicly traded and privately held clients in multiple industries and reviewed work of engagement teams, performed detailed review of client financial statements and disclosures, maintained profitability and on-time completion of engagements.
- Reviewed and analyzed client transactions for appropriate accounting treatment, conducted research of issues and made recommendations to clients (e.g. Business

- Combinations ASC 805, Revenue Arrangements with Multiple Deliverables ASC 605-25)
 - Assisted clients in reporting process with the SEC, reviewed draft reports and disclosures for 10-K, 10-Q and verified that publicly held clients have appropriate controls to comply with SOX
 - Coordinated and managed several international audit engagements
- BDO USA, LLP, Chicago, IL** **2008 – 2011**
Assurance Senior Associate
- Performed detailed audit work for multiple engagements and reviewed work of staff, reviewed financial statements and disclosures for public and privately held clients in various industries
 - Conducted research on accounting issues and made recommendations to clients
- Midwestern Trading Group of Companies, Cedar Rapids, IA** **2005 – 2006**
Controller
- Responsible for preparation of financial statements and communication of results to shareholders and BoD, calculated and evaluated financial ratios and metrics, ensured compliance with debt covenants, oversaw audit and tax engagements, and monitored cash flow/working capital
 - Worked with President to restructure company and instituted cost cutting initiatives decreasing operating expenditures by 39% and improving operating profit 31%
 - Decreased financial statement close process from 22 to 5 days, completed major chart of accounts revision and oversaw implementation of new financial consolidation package
- PwC, LLP, Chicago, IL** **2005 – 2006**
Assurance Associate

Education

- University of Northern Iowa, Cedar Falls, IA**
- Masters of Accounting
 - Bachelor of Arts in Accounting

Professional Certifications

- Kentucky Board of Accountancy**
- Certified Public Accountant

Brittany Boelscher, MHA — Chief Compliance Officer

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	6 years
Years of Experience with Medicaid	4 years
Highest Level of Education	Master of Health Care Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2016 – Present**
Chief Compliance Officer (2018 – Present)

- Directs and coordinates health plan efforts to ensure compliance with laws, regulations, and policies that govern its State contracts, promoting and overseeing the Kentucky compliance program
- Advises executive leadership of regulatory risks in business processes and provides recommendations for improvement through compliance reports and annual evaluation on the compliance program
- Chairs the Regulatory Compliance Committee, coordinates resources, develops and participates in education and training programs to make sure that all employees, the board of directors, Subcontractors, and Providers are knowledgeable of and comply with all applicable standards and requirements
- Maintain effective and collaborative relationship with external stakeholders and State partners
- Verifies internal controls are capable of preventing and detecting significant instances or patterns of illegal, unethical, or improper conduct
- Ensures maintenance and documentation of policies, procedures, and standards of conduct that articulate the health plan’s commitment to comply with the requirements of the federal and State health care programs and to confirm the ongoing effectiveness of the compliance

Manager, Medicaid State Operations Manager (2018)

- Developed and operationalized requirements of for new Medicaid program development
- Recruited, hired, mentored and trained staff on business procedures, policies, and duties
- Implemented escalation procedures to effectively handle time sensitive issues in most efficient professional manner
- Attended DMS implementation and technical meetings and served as a liaison between DMS and Anthem
- Created and tracked collaterals related to new Medicaid programs and wrote new policies and procedures

Business Change Advisor Sr. / Project Administrator (2017 – 2018)

- Managed project elements for multiple initiatives from initial planning to project rollouts to support senior leadership team with long term strategic goals for success
- Facilitated and coordinated annual planning process for the health plan, assisting in the development of the journey plan and educated key stakeholders on use of these tools
- Developed project plans identifying key issues, approaches and performance metrics
- Supported implementation of new Kentucky Medicaid programming through working with the Implementation Management Office

Process Improvement Associate (2016 – 2017)

- Completed contractual and NCQA audits of Utilization Management (UM) and Case Management processes
- Departmental designee for annual review of Member handbook, Provider manual, Policies and Procedures and all materials pertaining to UM and Care Management
- Coordinated meetings and led trainings on process improvement initiatives with UM and Care Management staff including development of easy-to-understand trainings and educational materials
- Supported implementation of new UM and Care Management subcontractor functions

KORT- Kentucky Orthopedic Rehab Team, Louisville, KY

2014 – 2016

Patient Service Specialist

Education

University of Cincinnati, Cincinnati, OH

- Masters of Healthcare Administration

University of Louisville, Louisville, KY

- Bachelor of Science in Health and Exercise Physiology

Professional Affiliations

- Elevate Leadership Alumni

Peter Thurman, MD — Medical Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	45 years
Years of Experience with Medicaid	19 years
Highest Level of Education	Doctor of Medicine Master of Business Administration
Clinical Licensure/Other Credentials	Kentucky Licensed Physician

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY
Medicaid Medical Director

2014 – Present

- Provides clinical oversight and leadership of the Integrated Care Management team and assists in the development and innovation of programs to make sure Members receive appropriate services and supports
- Designs cost of care initiatives to better service Members in the most cost-efficient and high-quality manner
- Improves and develops existing and new medical management policies based on emerging models in health care delivery and ensures the team administers evidence-based guidelines and clinical policy in compliance with corporate and CMS guidelines
- Assists in identifying and building clinical and non-clinical programs to positively influence effectiveness and quality of care objectives
- Plays a pivotal role in securing and maintaining accreditations and keeping clinical processes in compliance with NCQA standards and State and federal regulations
- Conducts outreach to Provider community, at a case management level, to engage directly in discussions on available services for Members

Family Health Centers, Inc., Louisville KY
Medical Director

2011 – 2013

- Oversaw the recruitment and hiring of Providers (MDs, DOs, and APRNs), completed peer review, developed quality improvement strategies, and maintenance of the malpractice insurance related to the Federal Tort Claims Act
- Collaborated with the Louisville Metro Public Health and Wellness Department and Centerstone (formerly Seven Counties) on state cancer screening programs and local integration of mental health and medical care
- Appeared in the New York Times (6/23/13 article) and Kentucky Educational Television via Kentucky Tonight (10/07/13) in regard to the 2014 Kentucky Medicaid Expansion
- Acted as part-time Medicaid Director for Kentucky Primary Care Association (KPCA) where he focused on achieving the utilization and quality metrics defined in the contracts with the Kentucky Medicaid Managed Care Organizations.

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2001 – 2011**
Medicaid Medical Director

- Completed utilization review for concurrent hospital, long term acute care, acute rehabilitation, and skilled nursing home care via the computerized WMDS system following Milliman guidelines and the requirements of the individual state
- Reviewed claims to assure medical necessity of services covered by Anthem Medical Policy and UM criteria
- Reviewed denial of claims in the pharmacy system (Anthem Prescription Management)

St. Matthews Medical Associates, Louisville, KY **1994 – 2000**
Private Practice of Internal Medicine

Shaw, Smith, & Thurman, Louisville, KY **1978 – 1993**
Private Practice of Internal Medicine

Vanderbilt University, Nashville, TN **1975 – 1978**
Internal Medicine Internship and Residency

Education

University of Louisville, Louisville, KY

- Doctor of Medicine

Bellarmino University, Louisville, KY

- Master of Business Administration

Professional Certifications and Other Accomplishments

American Board of Internal Medicine

- Board Certification

State of Kentucky

- Medical License

Andrew Rudd, PharmD, RPh — Pharmacy Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	17
Years of Experience with Medicaid	14
Highest Level of Education	Doctor of Pharmacy
Clinical Licensure/Other Credentials	Kentucky Licensed Pharmacist

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2015 – Present**
Pharmacy Director

- Serves as the primary contact for Kentucky Medicaid pharmacy program, managing all pharmacy-related communications to both internal and external stakeholders
- Provides strategic solutions to address Member pharmacy needs through continuous execution of cost effective, quality, care standards, and process improvement initiatives
- Reviews pharmacy-related trends and identifies elements that impact pharmacy spend
- Acts as the primary support resource for the Pharmacy department regarding efforts to improve the performance of the pharmacy benefit

Humana, Inc., Louisville, KY **2006 – 2014**
Clinical Advisor, Commercial Formulary Operations (2010 – 2014)

- Developed and maintained clinical edit protocols that resulted in consistent and accurate clinical reviews, positive Member experience, and improved awareness and understanding of pharmaceutical care
- Provided clinical perspective for re-engineering efforts to optimize Humana’s claims processing ability
- Participated in Humana’s Pharmacy & Therapeutics (P&T) committee as a contributor of clinical policies to ensure appropriate use of pharmaceutical agents
- Provided clinical content for the creation of Request for Proposal for prospective commercial ensured groups

Clinical Advisor, Issue Resolution Team (2009 – 2010)

- Created the Issue Resolution Team, beginning with initial concept collaboration with senior leadership
- Reviewed pharmacy claims and medical history to assist in the delivery of appropriate pharmaceutical therapy
- Assisted prescribers, Members, and internal employees with benefit issue resolution
- Provided support to the Quality Assurance team that oversaw clinical review process by identifying potential process flaws as well as employee training opportunities
- Provided feedback to P&T committee of downstream impacts of policy implementation as it related to Member and provider interaction with the pharmacy system

Clinical Advisor, Therapeutic Interchange Program (2008 – 2009)

- Gave clinical guidance for the interchange of therapeutically equivalent drugs for Humana Rightsource pharmacy customers to maximize clinical outcome while improving cost efficiency as well as decreasing Member cost burden

Clinical Advisor, Clinical Review (2006 – 2008)

- Provided accurate and timely clinical review of Member prior authorization requests based on the guidance and criteria provided by P&T policy

Rouben’s Pharmacy, Louisville, KY

2004 – 2006

Staff Pharmacist, Community Pharmacist

Kroger Pharmacy

2003 – 2004

Staff Pharmacist, Community Pharmacist

Education

University of Kentucky College of Pharmacy, Lexington, KY

- Doctor of Pharmacy

Paducah Community College, Paducah, KY

- Pre-pharmacy

Clinical Licensures/Certifications

Kentucky Licensed Pharmacist

- License number 012571

Ohio Licensed Pharmacist

- License number 28374

Arizona Licensed Pharmacist

- License number S016462

Professional Affiliations

- Kentucky Pharmacist Association (KPhA)
- Academy of Managed Care Pharmacy (AMCP)

Kwane M. Watson, DMD — Dental Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	21
Years of Experience with Medicaid	4
Highest Level of Education	Doctor of Dental Medicine
Clinical Licensure/Other Credentials	Kentucky Licensed Dentist

Professional Experience

Community Dental of Kentucky, Louisville, KY **2016 – Present**
Dental Director

- Assures all Members receive appropriate, quality, and cost-effective oral health treatment and provides oversight for oral health decisions including after-hours consultations as needed
- Drives oral health program development through staying abreast of latest oral and health research, State and federal guidelines, and industry standards
- Oversees all aspects of the clinical experience at Community Dental, a non-profit company that fills the gap for affordable dental care among infants, children, teens, adults, and seniors, and the special needs population, all of whom have no other access to dental care
- Conducts training of staff and oversees practices in Kentucky
- Serves as a mentor for younger dental providers so that they have the skill necessary to succeed in the practice

BMW Investments, LLC, Louisville, KY **2002 – Present**
Owner/Managing Partner

- Renovated and secured tenants such as Social Security Administration and Cypress Medical Center for this 17,000 square foot commercial development
- Purchased property for \$365,000 in 2002 and grew property value to \$2.5 million in 2006

Watson PSC dba West Louisville Dental Center, Louisville, KY **1999 – 2017**
Dentist/Owner and Manager

- Managed day-to-day marketing, human resources, accounting as well as provided dental services in the largest dental practice in the west end of Louisville
- Provided comprehensive care for patients (both adult and pediatric), including diagnosis, treatment planning, patient education, operative procedures, extractions, and multidisciplinary care with specialists

Education

Academy of GP Orthodontics

- Associate Fellow

University of Kentucky, Lexington, KY

- Doctor of Dental Medicine

David Crowley, LPCC — Behavioral Health Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	10 years
Years of Experience with Medicaid	10 years
Highest Level of Education	Master of Education Counseling and Human Development
Clinical Licensure/Other Credentials	Licensed Professional Clinical Counselor by Kentucky Board of Licensed Professional Counselors

Professional Experience

Anthem Inc., Louisville, KY **2014 – Present**

Behavioral Health Director (2019 – Present)

Behavioral Health Manager/ Interim Behavioral Health Director (2015 – 2019)

- Direct the Behavioral Health (BH) team to ensure coordination of member service(s), utilization, access, and concurrent review to ensure cost effective utilization of overall health services and positive outcomes.
- Implement tailored programs and strategic interventions to ensure contract compliance and improved outcomes for Individuals with Special Healthcare Needs populations (i.e. State Guardianship and Foster Care)
- Serve as a subject matter expert for projects such as the implementation of Milliman Care Guidelines, Interqual 2016.3, Anthem Peer Support Pillar, ASAM, LOCUS, CASII and ECSI.
- Coordinate enhanced behavioral and physical health integration (High Intensity Integrative Team partnership) partnering with providers to establish short and long term goals that meet the members’ needs, functional abilities, and referral sources requirements.
- Perform data analytics to identify outlier utilization and implement actions to improve appropriate care and outcomes while streamlining processes.
- Ensure appropriate benefit administration of mental health services through level of care determination and accurate interpretation/application of benefits and regulations.
- Manage case consultation and education to customers and internal staff for efficient utilization of mental health services.
- Twice recipient of the Anthem Values in Action Award.

Foster Care Liaison/Case Manager II (2014 – 2015)

- Collaborated with healthcare providers, foster care, and subsidized adoption members telephonically or face-to-face to promote quality member outcomes, to optimize member benefits, and promote effective use of resources for complex medical issues.
- Assessed the medical necessity of inpatient admissions, outpatient services, out of network services, and appropriateness of treatment setting by utilizing the applicable medical policy, clinical criteria, and industry standards, accurately interpreting benefits and managed care products, and assisted members or their guardians in identifying appropriate providers, programs or community resources.

- Consulted with clinical reviewers and/or medical directors to ensure medically appropriate, high quality, cost effective care throughout the medical management process. Ensured compliance with applicable criteria, medical policy, and member eligibility, benefits, and State contracts.
- Facilitated member care transition through the healthcare continuum. Partnered with providers to assess for early identification of member needs and proactive discharge planning.
- Represented Anthem in routine meetings with the state departments that administer foster care and subsidized adoptions, implementing health plan and department procedures as agreed to with the state departments, developing a subject matter expert level of knowledge of the foster care and subsidized adoption systems, creating, reviewing and delivering required reports, identifying gaps in service delivery system and assist in the development of solutions to address the gap

Family Ark (formerly Regional Youth Services), Jeffersonville, IN **2012 – 2014**
Chief Operating Officer

- Collaborated with Managed Care Organizations to ensure appropriate utilization of service(s). Oversaw internal quality assurance and utilization review processes.
- Provided administrative supervision for staff including: Programs Manager, Intake and QI Supervisor, Foster Care Case Managers, Behavioral Health Clinical Therapist, Home Based Program Coordinator. Oversaw the staff training program.
- Provided clinical supervision, consulted with clinical staff, reviewed clinical staff documentation, and participated in on-call rotation. Ensured that all clinical programs met or exceeded COA standards.
- Developed and administered clinical and operational programs for the organization.
- Served as the public relations/liaison between the agency and referral sources and/or community
- Oversaw the entire agency operation in the event of the Executive Director's absence

Uspiritus, Community Based/ IMPACT Plus, Louisville, KY **2011 – 2012**
Behavioral Health Professional

- Provided individual and family therapy to clients diagnosed with an emotional or behavioral disorder that disrupted functioning in the home, school and/or community.
- Coordinated with case managers to ensure service recipients met IMPACT Plus eligibility criteria and best practice services were implemented in order to prevent out of home placement and/or inpatient hospitalization.
- Assisted in developing and maintaining accurate Collaborative Service Plans
- Submitted documentation that supported the provision and progression of services to the Medicaid Managed Care Organizations.
- Assisted parents and caregivers to understand their child's needs and the community systems involved

Maryhurst, Louisville, KY **2010 – 2012**
Program Manager/Clinical Therapist, Family Treatment Homes & Chabrat House

- Collaborated with DCBS referral sources to develop strategies that best met the needs of those served and created needed programming. Anticipated the future needs of youth currently participating in the program.

- Facilitated individual, group and family therapy with an assigned caseload. Monitored the daily therapeutic environment to address issues related to each resident's treatment plan.
- Participate in treatment planning and evaluation within the context of an interdisciplinary team. Assured the proper placement of each youth within the program
- Participated in hiring of new employees. Provide direct supervision for Program Supervisors and Treatment Team Coordinators including hiring new employees and coordinating with the Program Supervisor, Division Director and the Human Resources Department when there is need for a disciplinary process with a staff member

Education

Lindsey Wilson College, Columbia, KY

- Master of Education, Counseling and Human Development

Centre College, Danville, KY

- Bachelor of Science in Psychology & Anthropology/Sociology

Clinical Licensure/Certifications

Kentucky Board of Licensed Professional Counselors

- Licensed Professional Clinical Counselor

Juvenile Sexual Offending Counselor Certification Program (JSOCCP)

- Juvenile Sexual Offender Certified Counselor

Jennifer Ecleberry — Provider Network Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	18 years
Years of Experience with Medicaid	15 years
Highest Level of Education	Bachelor of Health Science in Health Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2014 – Present**
Provider Network Director

- Oversees and develops the Provider Relations/Contracting staff to provide a best-in-class service experience
- Responsible for negotiating Medicaid Provider contracts and amendments with new and established Providers, including hospitals, practitioners, and ancillary Provider types to support the health plan financial performance
- Implements leading Provider collaboration/network innovation strategies to support cost-effective, quality care
- Monitors and ensures compliance with established access and availability standards in accordance with State and federal regulations and to ensure competitiveness and marketability
- Supports the development of comprehensive Provider communications, such as the Provider Manual, Provider orientations, and web portals to ensure Provider understanding and application
- Supports the resolution of escalated Provider complaints to mitigate or respond to State complaints
- Acts as key health plan liaison with State officials and State associations on Provider-related initiatives and issue resolution

AmeriHealth Caritas, Philadelphia, PA **2013 – 2014**
Director, Corporate Provider Communications and New Business Implementation

- Responsible for oversight and development of the corporate Provider communications staff
- Responsible for market entry Provider materials for new market growth for Medicaid, Medicare, Dual Demonstration, and Exchange products
- Supported the development of Provider communications for enterprise-wide initiatives, such as ICD-10, the implementation of national vendor contracts, and implementation of a new payment integrity vendor
- Acted as corporate resource for Provider communications for existing lines of business within the enterprise, including materials such as the Provider Manual, Provider orientation kit, Provider alerts and letters, and Provider workshops

University Health Care, Inc. – Passport Health Plan, Louisville, KY **2005 – 2013**
Director, Provider Network Management (2011 – 2013)

- Responsible for oversight and development of the Provider Relations/Contracting staff
- Responsible for negotiating Provider contracts and amendments with new and established Providers, including hospitals, physicians, and ancillary Provider types
- Ensured compliance with established Provider site visit and servicing standards and in accordance with State and federal regulations
- Supported the development of Provider communications, such as the Provider Manual, Provider orientation kit, Provider alerts and letters, and annual Provider workshop presentations
- Assist in resolving escalated Provider Relations issues

Senior Manager, Provider Contracting (2006 – 2011)

- Researched, developed, and implemented new contracting and reimbursement policies in accordance with State and federal regulations; revised existing contracting and reimbursement policies through annual review process
- Developed, enhanced, and maintained reimbursement history documents for Passport Health Plan and Passport Advantage
- Developed Provider communications regarding contracting policy and reimbursement updates
- Executed contract amendments and agreements associated with contracting or reimbursement initiatives as deemed necessary
- Implemented contract management system for company

Director, Contract Management/Network Development (2005 – 2006)

- Responsible for oversight of the Contract Management/Network Development staff
- Ensured contractual compliance with the State Medicaid contract and federal Medicare Advantage contract
- Managed the departmental budget
- Recruited and maintained the Provider network for the Medicaid/Dual-Eligible population in Jefferson and fifteen surrounding counties
- Conducted routine fee schedule/financial analysis on contractual arrangements

Humana, Inc., Louisville, KY

2002 – 2005

Director, Provider Network Operations

- Responsible for oversight of an operations team responsible for Provider contract analysis and implementation for the Kentucky, Ohio, and Texas markets
- Responsible for Provider contract configuration in three payer systems — CAS, Badger, and MetaVance through the Provider Single Point system
- Developed and maintained relationships between market offices and the Provider Affairs organization by acting as a liaison for Provider contract load and payment-related issues, platform migration activities, system training, and group sales support
- Responsible for routine communication with the markets on Provider Affairs metrics and system implementation/update initiatives

Education

University of Kentucky, Lexington, KY

- Bachelor of Health Science in Health Administration

David Burianek — Quality Improvement Director (Interim)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	17 years
Years of Experience with Medicaid	7 years
Highest Level of Education	Master of Business Administration, Finance
Clinical Licensure/Other Credentials	Six Sigma Master Black Belt Quality Certification

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2016 – Present**
Quality Improvement Director, Kentucky Health Plan
Executive Vice President, Corp. Quality

- Leads strategic and operational initiatives while driving the enterprise Quality Pillar for the Kentucky Health Plan and across Anthem. Also leads efforts to improve the health and wellness of its members and communities
- Improved Medicaid VBP Retention from 60% in 2017 to 75% in 2018
- 71%+ Medicaid Health Plans earned Commendable/Excellent Status.
- Focuses on achieving the organization's goals around NCQA accreditation (demonstrating national healthcare leadership), across all lines of business and Behavioral Health Fostered a top-to-bottom, team-oriented mindset within cross-functional workforce.

Humana, Louisville, KY **2003 - 2016**
Vice President - Quality and Outcomes, 2013-2016

- Promoted to leadership position with a staff of 400 across the country, accountability for driving enterprise-wide quality improvement across all lines of business (Medicare, Medicaid, and Commercial)
- Challenged to actualize more than \$1B annually due to quality outcomes. Worked closely with government regulatory agencies such as CMS.
- Highlights:
 - Increased Medicare bonus / rebate revenue by 28% in 2013 and 26% in 2014; achieved \$1B+ annual bonus / rebates due to quality improvement
 - Improved consumer engagement by 10% year-over-year
 - Reduced accreditation costs by 10% while maintaining current levels

Director - Quality Improvement / Medicare Stars Maximization, 2010-2013

- Identified as a high-potential employee; earned promotion and immediately challenged to create and spearhead a new quality improvement organization focused on achieving the highest Medicare Stars results due to new Affordable Care Act provision
- Oversight of 25 direct staff reports and a \$30M budget
- Highlights:
 - Responded to CMS's incentive payment program; developed quality strategy to ensure attainment of quality results for member impact, brand reputation and revenue

- Earned reputation as a knowledgeable and influential leader in the healthcare industry on Medicare Stars
- Bolstered 2013 Medicare bonus/rebate revenue by more than \$60M during a 1-year period
- Transformed organization into a recognized industry powerhouse that was recognized by analysts as having the greatest Medicare Stars Improvement between 2010 & 2011
- Elevated percentage of membership in bonus earning contracts to ~ 100%
- Received CEO Award for achievement in Medicare Stars Performance

Director - Medicare Service Operations, 2007-2010

- Reported to and recruited by Medicare Service Operations Leader to lead and evaluate the Claims and Ancillary Services Division of Humana’s Medicare operation
- Led a team of 500 members and oversaw \$50M budget. Focus was to deliver on compliance metrics expectations, lowering Medicare grievances and appeals, bolstering employee satisfaction ratings, and repairing Human’s relationships with external agencies, such as the Medicare Rights Center
- Highlights:
 - Recognized by CMS as “Best in Class” re G&A functions

Director - Clinical Guidance Org. Info. Systems, Finance & Trend Detection, 2006-2007

- Oversaw \$10M capital improvement project in new information systems and overall Clinical Guidance organization financials of \$150M
- Collaborated with COO and cross-functional Medical Cost Trend Committee to drive noticeable improvements
- Initially challenged to implement new information systems for the Clinical Guidance Organization
- With COO, managed Clinical Guidance Organization’s financials and directed administrative support team
- Highlights:
 - Led cost of care reductions through Medical Cost Trend Committee
 - Selected and spearheaded implementation of Carekey Information System; operations completed several years under budget

Director - Internal Consulting Practice, 2003-2006

- Led staff of 3 – 10 employees, depending on size and scope of given project
- Joined Chief Operating Officer’s “fix-it” team, established and implemented the company’s quality strategy, rolled-out Six Sigma Methodology, and led execution of Six Sigma Projects to yield breakthrough results

GE Capital

1998-2003

IT Solutions Director, 2001-2003

- Reported to GE Capital IT Solutions’ Services President and led team of 100+. Promoted into national position to rescue faltering sales operation.
- Highlights:
 - Awarded “Turnaround Business of the Year” by CEO.
Created strategic and tactical plans that improved operations; drove \$100M growth

- Redefined sales engagement processes, portfolio of offerings, and incentives on a national level.
During 2-year period, grew local GE branch with more than 30% profitability

Midwest Sales & Service Location Manager, 1998-2001

GE Consumer and Industrial

1993-1998

Six Sigma Master Black Belt - Consumer Services & IT, 1996-1998

IT Director - Business Process Reengineering, 1993-1996

IT Programmer, Analyst & Project Leader, 1988-1991

IT Management Program, 1986-1988

GE Appliances Caribbean, Inc.

1991-1993

IT & Operations Manager

Education

Bellarmino University

- Master of Business Administration, Finance

University of Kentucky

- Bachelor of Science in Computer Science/Information Technology

Clinical Licensure/Certifications

- Six Sigma Master Black Belt Quality Certification

Vicki Meska, MSN, RN-BC, CCM — Population Health Management Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	21 years
Years of Experience with Medicaid	19 years
Highest Level of Education	Masters of Nursing Administration
Clinical Licensure/Other Credentials	Registered Nurse, Certification in Case Management

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2015 – Present**
Population Health Management Director

- Responsible for the implementation and strategic direction of the Anthem whole person health model, a first of its kind social determinant of health based program, for the Kentucky health plan
- Oversees implementation and administration of health care programs related to population health management (PHM), including utilization management, case management, and discharge planning
- Creates Member engagement strategies and key community-based partnerships designed to increase Member engagement and wellness and support membership growth
- Develops and communicates information related to PHM programs, procedures, changes, and government mandated disclosures
- Hires, trains, coaches, counsels, and evaluates performance of over 52 direct and indirect reports including 3 managers

Coventry Cares of Kentucky/Aetna, Louisville, KY **2012 – 2015**
Director of Clinical Health Services (2014 – 2015)

- Managed the concurrent review and retrospective review department consisting of approximately 50 employees including 2 managers and 1 supervisor for the KY Medicaid population
- Implemented a discharge-planning program to bridge the gap between concurrent review and case management to decrease readmission rates
- Ensured program compliance with NCQA and identified opportunities to improve quality outcomes. NCQA certification received in 2014 with no risks identified for the UM department
- Oversaw the development and execution of utilization review policies, procedures, and guidelines
- Assisted in developing clinical management policies/procedures to align with Aetna Standards
- Ensures medical management activities are contracted, reviewed and reported. Supported quality initiatives and activities including reporting and focus studies such as Quality readmission PIP.

Clinical Manager (2012 – 2014)

- Managed the concurrent review department including implementation of an on-site nurse review program
- Maintained oversight of vendor credentialing requirements
- Worked with Finance to identify high cost cases. Slim lined the process flow with finance.
- Oversaw supervisory staff including monitoring productivity and performing monthly audits.
- Implemented a discharge-planning program to decrease readmission rates

Clinical Supervisor (2012)

- Directly responsible for leading RN and administrative staff that provided concurrent review in a managed care setting
- Maintained responsibility for the daily census
- Worked with Finance monthly to provide a high dollar report to establish financial reserves for the month
- Educated staff regarding any new standards of procedure, completed monthly staff audits and productivity reports, and developed daily work assignments based on fax volume and staffing

SHPS, Inc., Louisville, KY

2001 – 2006; 2007 – 2011

Clinical Manager (2010 – 2011)

- Maintained quality metrics above 98% as service level agreement for Texas Medicaid prior authorizations.
- Ensured quality standards by working closely with QI team to identify staff trends to improve quality performance for department
- Implemented phone/fax review process
- Worked with HR to recruit appropriate staff and interview for utilization review positions. Planned and forecasted necessary staffing for high inventory days.
- Utilized quality standards to work with training team to improve overall training efficiencies and refresher courses for staff
- Maintained weekly production reports including quality metrics to assist with forecasting monthly revenues.

Quality and Education Specialist (2007 – 2010)

- Responsible for monthly and quarterly audits, new hire training, and refresher trainings
- Implemented Milliman IRR process for all staff nurses including monthly Milliman Training sessions with case studies.
- Completed monthly Quality call and documentation audits for UM and CM staff
- Held monthly Quality committee meetings with quality corrective action plans
- Worked with operations to develop RN scorecard for pertinent metrics related to performance guarantees
- Coordinated external vendor in-services for demonstration of DME, HH services, pharmaceuticals, LTACHs, etc.

Registered Nurse Team Lead (2007)

- Directly responsible for leading RN staff that provided complex case management, high risk disease management and care coordination services for a Medicare private fee for service client. Maintained an enrollment rate of 91%.

- Educated staff regarding any new standards of procedure
- Developed internal processes and work flow charts to provide increased productivity
- Assisted in development of reports to track weekly enrollment
- Trained staff with enrollment scripts to engage members in case and disease management

Utilization Review/Medicare Part D (2006)

- Responsible for telephonic utilization review for medical necessity determinations based on specific guidelines dependent on coverage and Medicare guidelines for exceptions to the formulary
- Conducted re-determinations of medication denials
- Acted as liaison between pharmacist, physician and member.

Case Manager (2002 – 2006)

- Assessed, planned, implemented, coordinated, and monitored health care services to meet individual health needs through communication and available resources to promote quality, cost-effective outcomes for case load of 70-80 patients
- Performed medical review of services with attention to URAC standards for all patients enrolled in the case management program.

Pre-certification/Utilization Review Nurse (2001 – 2002)

- Conducted telephonic utilization review for medical necessity determinations based on specific guidelines the member carries and Medicare guidelines
- Utilized specific PDC criteria and clinical knowledge to assess the medical necessity of prospective, concurrent, and retrospective reviews
- Acted as liaison between physician reviewer, provider, the health care community and other key contacts
- Negotiated home nursing, home pharmaceutical and rehabilitation rates as needed
- Reviewed medical claims as needed

Healthquest, Louisville, KY **2006 – 2007**

Case Manager

Visiting Nurse’s Association, Louisville, KY **2000 – 2004**

Visiting Nurse-Flu Vaccine Program

Norton Suburban Hospital, Louisville, KY **1999 – 2001**

Staff Nurse-Coronary Care Unit

Education

Bellarmine University

- Masters of Nursing Administration
- Bachelor of Science in Nursing. Accelerated Program
- Bachelor of Arts in Economics. Business Administration Minor

Clinical Licensure/Certifications

- Certification in Gerontological Nursing
- Certification in Case Management-CCM
- KY Registered Nursing License

Nicole Basham — Chief Operating Officer (COO)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	25+ years
Years of Experience with Medicaid	10+ years
Highest Level of Education	Bachelors of Science, Business Administration and Management
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2007 – Present**
Chief Operating Officer - Medicaid State Operations (2017 – Present)

- Collaborates with the CEO to oversee the health plan, including contract compliance and implementation, plan administration, and other key leadership functions.
- Oversight of the Operational Excellence team comprised of associates across multiple fields with numerous skill sets responsible for Program Management of the Kentucky Medicaid Plan
- Responsible for coordinating and driving accountability for multiple teams, including core operations, Claims, member and provider contact centers, Encounters, Enrollment, System Pricing and Benefits Configuration, and Regulatory Reporting
- Oversight of all provider contract configuration, claims payment accuracy, and provider data quality
- Direct regulatory, operational and analytic reporting for all health plan functional areas
- Guarantee the accuracy and compliance of all provider contracts, amendments, and applications
- Accountable for configuration, Medicaid policy, reimbursement methodology, coding and provider contracting/application submission
- Establish and maintain effective partnerships with state business customers for successful execution of the respective states' Medicaid Managed Care program
- Produce and execute marketing strategy for the expansion of the Kentucky Medicaid Program

Sr. Manager, Financial Ops – Commercial Business Division (2015 – 2017)

- Managed overpayment recovery concepts and validation to optimize savings in Central Region for Commercial business.
- Directed staff of recovery auditors to secure identified overpayments and cost of care savings
- Managed vendor relationships around recovery concepts for the Central Region for CSBD

Executive Advisor, Customer Account Management IT – Medicaid (2014 – 2015)

- Acted as a liaison to leverage initiatives and good practices from other areas. Directed the identification and development of independent initiatives across the organization in order to develop a corporate solution.
- Functioned as single point of contact for business and IT partners through the implementation of Medicare/Medicaid dual eligible product
- Managed multiple teams, coordinating the initiating, developing, designing and implementing of new change initiatives
- Served as advocate for enterprise strategies and priorities.

Associate Vice President, Cost Containment – Medicaid (2009 – 2014)

- Leader of large complex operations department and multiple external cost containment vendors in support of cost recovery, collections, savings and prevention for Medicaid and Medicare portfolio.
- Developed strategic formulation and management of initiatives to reduce medical costs through the effective cost containment programs to promote prevention and achieve post-pay overpayment recoveries.
- Drove process improvement initiatives to increase customer experience 38% while reducing operational expense by 22%
- Lead cross-organizational cost containment projects which required changes to business processes, reimbursement policy, training, and/or technology to expand payment accuracy
- Responsible for the timely development and refinement of claims administration in accordance with federal/state regulatory, plan, and corporate standards
- Managed multiple vendor relationships and contracts to improve performance from externally sourced work
- Influenced Medicaid state agencies in their cost recovery approach in partnership with Managed Care Organizations
- Responsible for the development and recommendations around provider contract language to protect the fiduciary responsibility of the health plan in accordance with federal/state regulatory, plan, and corporate standards
- Directed Coordination of Benefit program to optimize accurate coordination of benefit processing
- Implemented prepay subrogation initiatives to secure cost prevention for Medicaid / Medicare membership (PMPY \$24)

Trover Solutions – Healthcare Recoveries, Louisville, KY
Director, Financial Auditing – Claims / Cost Containment
Manager, Training and Quality Assurance

1990 – 2007

Education

Indiana Wesleyan University

- Bachelors of Science, Business Administration and Management