

## Attachment I.G.2-1 Resumes Staffing



Lisa Hart

*Upon Award: Project Manager*

### Office Location

Address: 321 West Main Street, Louisville, KY 40202

### Professional Experience

#### 2018–Present **Humana, Medicaid Implementation Lead/Director**

- Implementation Lead for new lines of business
- Responsible for executing on the end-to-end new business implementation, which includes:
  - Creation and oversight of cross-functional detailed project schedule
  - Responsible for completion of all requirements and documentation, process to get funding approved, and working with IT on scheduling
  - Responsible for overall program oversight, risk mitigation, status reporting, and executive leadership read outs
  - Responsible for oversight of Readiness Review in partnership with the Market and internal compliance organizations
  - Responsible for Business/Go-Live Readiness validation exercises
- Provide strategic thought leadership and program development during RFP responses with responsibility for implementing any new programs post award
- Develop internal and external partnerships and related strategies to meet requirements of varied dual eligible and Medicaid models
- Identify new and innovative opportunities and programs within Medicaid operations to support process improvements that will introduce synergies, eliminate waste, and align multiple market operations

#### 2016–2018 **Humana, Manager, Humana Pharmacy Solutions, Humana Pharmacy Audit**

- Recruited team members and built, trained, and led a team that recovered more than \$21 million in 2017, as a result of audit findings in the company's Commercial, Medicare Part D, and Medicaid businesses
- Developed and implemented a quality assurance program consisting of new auditing measures to attain greater internal process synergies and lower error rates across various operating units; continued to create controls, reporting mechanisms, and processes for the department to ensure compliance and minimize financial risk
- Regularly provided one-on-one mentoring and professional development assistance to staff to challenge them to grow and to support them in taking the next step in their careers
- Developed and implemented process improvement strategies to ensure optimum audit resource performance, including timeliness of work, accuracy, and quality standards, as well as adherence to audit documentation requirements, processes, and procedures across multiple audit teams
- Created and implemented a vendor oversight business model to supervise all aspects of the on-site pharmacy audit function performed by an external vendor; outcomes included more consistent audits, streamlined processes, reduced costs, and higher average recovery amounts

**2016–2018 Humana, Manager, Humana Pharmacy Solutions, Humana Pharmacy Audit (Continued)**

- Managed high-profile commercial group client external audits of the Humana Pharmacy Solutions unit to ensure timely review and response to potential audit findings and final settlement negotiation
- Performed oversight of the Pharmacy Audit Appeal committees and escalated appeal management of individual issues as applicable to various corporate functions; collaborated with legal counsel when appropriate in managing issue resolution

**2011–2016 Humana, Manager, Humana Pharmacy Solutions, Rejected Claims**

- Designed and implemented a best practices model to ensure the appropriate adjudication of claims in addition to overall compliance with CMS; model was acknowledged as an industry leader
- Built a multifunctional team with a focus on compliance and cost-saving objectives; team reviewed, managed, and resolved over 250,000 claims annually
- Initiated the design and implementation of a new pharmacy outreach function in which team members educated pharmacies over the phone on claim submission procedures; outcomes included the ability to manage and resolve claims issues more expediently
- Developed databases to track and distribute inventory, monitor outreach results, and allow for multiple-user access, as well as facilitate tracking and reporting of all production results
- Prepared and presented training sessions to new hires on the operational side of claims adjudication processes in addition to providing technical training on system documentation of claims handling

**2009–2011 Humana, Process Manager, LINET & RDS**

- Led the comprehensive pharmacy claims testing and implementation of the LINET program for the Transaction Processing Team; completed implementation including process design within a 9-month period
- Managed ongoing LINET program testing efforts to ensure accurate claims adjudication
- Developed processes and formal policies and procedures for the LINET program; actions included designing, implementing, and managing the creation of monthly CMS required reports, developing metrics for internal program monitoring, and reporting to senior management to ensure compliance
- Resolved a number of claims processing problems after identifying process issues, determining root causes, and implementing corrective action plans
- Managed all facets of the Retiree Drug Subsidy (RDS) cost reporting function including process enhancements; served as a consultant to the Enrollment Department for the Early Retiree Reinsurance Program

**Education and Certification**

- Bachelor of Arts in Business Administration from Bellarmine University
- Master of Business Administration from Bellarmine University



Kristan S. Mowder, RN

*Upon Award: Executive Director*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2019–Present **Humana, Director, Population Health Strategy**

- Provide oversight to Care Management, Behavioral Health, Quality, and Foster Care departments
- Accountable for collaborating with the Market President to support the strategy and operations of Care Management, Behavioral Health, and Quality departments to ensure their alignment with organization/business programs and processes
- Interact with state officials, providers, and staff to manage benefits to align with the Department for Medicaid Services, the Department for Behavioral Health, Developmental, and Intellectual Disabilities, and the Department for Community Based Services
- Strategize, develop, and direct operations of the Care Management, Behavioral Health, and Quality departments to ensure provision of high quality and cost-effective services
- Collaborate with department heads across the organization to ensure programs and operational processes are properly developed, aligned, and managed
- Participate in organizational committees, meetings, and projects, as appropriate
- Develop, review, and update all Care Management, Behavioral Health, and Quality processes, such as policies, procedures, and work flows
- Ensure compliance with regulatory standards, and responsible for reviewing regular reporting
- Ensure Quality department is initiating continuous improvement initiatives
- Analyze utilization data to identify populations within membership that could benefit from focused interventions
- Monitor and evaluate the efficiency and effectiveness of behavioral health plan services
- Integrate newly developed quality programs and services

#### 2013–2019 **Humana-CareSource, Director**

Functionally operated as:

- **Director of Case Management/Population Health**
- **Director of Quality**
- **Director of Behavioral Health**
- **Director of Foster Care**
- Interacted with state officials, providers, and staff to manage benefits to align with the Department for Medicaid Services, the Department for Behavioral Health, Developmental, and Intellectual Disabilities, and the Department for Community Based Services
- Accountable for collaborating with the Market President to support the strategy and operations of Health Services, Behavioral Health, and Quality departments to ensure their alignment with organization/business programs and processes
- Strategized, developed, and directed operations of the Health Services, Behavioral Health, and Quality departments to ensure provision of high quality and cost-effective services
- Collaborated with department heads across the organization to ensure programs and operational processes are properly developed, aligned, and managed

- 2013–2019*
- Participated in organizational committees, meetings, and projects, as appropriate
  - Developed, reviewed, and updated all Case Management and Quality processes, such as policies, procedures, and work flows
  - Ensured compliance with regulatory standards, and responsible for reviewing regular reporting
  - Responsible for initiating continuous improvement initiatives
  - Analyzed utilization data to identify populations within membership that could benefit from focused interventions
  - Monitored and evaluated the efficiency and effectiveness of behavioral health plan services
  - Integrated newly developed quality programs and services
  - Actively collaborated with Behavioral Health Advocacy group throughout Kentucky
- 2011–2013* **Eastern State Hospital (Lexington, KY), Chief Nursing Officer and Director of Patient Care Services**
- Participated in Executive Council and made decisions that impacted the hospital
  - Responsible for the overall patient care clinical program management
  - Ensured that all mental health services were adequately provided in a consistent and efficient manner
  - Provided administrative direction in the formulation, development, and implementation of new programs
  - Supervised department heads of assigned program areas (Nursing, Social Work, Clinical Programming, and Human Resources)
  - Collaborated with Hospital Administrator in achieving strategic plan objectives
- 2011–2013* **Eastern State Hospital (Lexington, KY), Chief Nursing Officer and Director of Patient Care Services (Continued)**
- Developed and implemented policies to ensure compliance with state and federal laws and regulations regarding hospital services
  - Negotiated contracts and maintained excellent relationships with agency contractors
- 2010–2013* **Eastern State Hospital (Lexington, KY), Chief Nursing Officer**
- Administered a comprehensive 24-hour nursing services program of 275 employees for a 220-bed inpatient acute psychiatric hospital
  - Conducted evaluations on nursing administrative employees and program directors
  - Formed nursing committees as needed to guide and direct the nursing department to ensure excellence in employee satisfaction and customer satisfaction
  - Ensured the continuous and timely availability of nursing services to patients
  - Determined staffing plan and requirements
  - Directed the retention, promotion, and discipline of nursing employees
  - Ensured that nursing standards of patient care and practice were consistent with current nursing research findings and nationally recognized professional standards
  - Implemented an effective and on-going program that measured, assessed, and improved the quality of nursing care provided
  - Monitored and effectively managed departmental budget

2010

**Eastern State Hospital (Lexington, KY), Program Director**

- Provided clinical and administrative oversight of an inpatient acute psychiatric unit
- Established and maintained a quality treatment program based upon the needs of the psychiatric inpatients
- Coordinated and led daily recovery team meetings
- Directed and guided employees in the implementation of programming
- Assisted in providing direction and leadership for all disciplines working on the unit (Physicians, Social Workers, Nurse Manager, and Unit Clerk) and completed employee evaluations
- Assisted in hiring new employees for the unit
- Ensured adherence to hospital policies and procedures
- Ensured that unit employees were trained appropriately for the jobs they were assigned to perform
- Coordinated clinical services with clinical supervisors

**Education and Certification**

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- Associate's Degree in Nursing from Eastern Kentucky University
- Bachelor of Liberal Arts in Psychology from Marshall University
- Master's Degree in Business Administration from Indiana Wesleyan University
- RN License, 1108719 (Expires 10/31/20)



## Ian Nathanson, MD

**Upon Award:** Medical Director (interim)

### Office Location

**Address:** 3111 West Martin Luther King Jr. Blvd., Suite 600, Tampa, FL 33607

### Professional Experience

- 2014–Present** **Humana, Regional Vice President Health Services and Lead Medical Director, Florida Medicaid**
- Oversee all clinical services, including utilization management and case management, provided to Humana Medicaid Enrollees
  - Responsible for measuring quality of clinical services provided to Medicaid Enrollees
  - Participate in developing corporate-wide metrics used to evaluate clinical services provided to Medicaid Enrollees
  - Work with Agency for Healthcare Administration to improve quality performance measures
- 2011–2014** **eQ Health Solutions, Associate Medical Director**
- Reviewed requests for utilization of Medicaid benefits in a Medicaid fee for service environment
  - Participated in appeals and fair hearings
  - Recruited physicians to be medical reviewers
- 2010–2011** **Keystone Peer Review Organization, Inc. (Tampa, FL), Interim Medical Director**
- Reviewed requests for utilization of Medicaid benefits in a Medicaid fee for service environment
- 2000–2009** **Nemours Clinical Management Program, Director**
- Founded Nemours Clinical Management Program designed to reduce system-wide variability in care and to manage clinical outcomes research
- 1996–2002** **Nemours Children’s Clinic (Orlando, FL), Chief Executive of the Practice**
- Founded Nemours Clinic in Orlando, FL in 1996
  - Recruited and managed 70 physicians in 14 different pediatric subspecialties with budgeted revenues in excess of \$40 million
- 1991–1997** **Nemours Children’s Clinic (Jacksonville, FL), Chairman–Department of Pediatrics**
- Developed strategy and managed large department of pediatric subspecialists; Recruited physicians as needed
  - Actively cared for children with lung disorders
- 1989–1991** **Nemours Children’s Clinic (Jacksonville, FL), Chief–Pulmonology**
- Developed first Division of Pediatric Pulmonology in FL for Nemours
- 1987–1989** **Children’s Hospital of Buffalo, Pulmonary Division Director**
- Directed large division of Pediatric Pulmonology for a major children’s hospital
- 1986–1989** **SUNY at Buffalo School of Medicine, Director, Medical Student Pediatrics program**
- Directed and managed medical school curriculum in pediatrics, including final evaluations, of all third and fourth year medical students
- 1988–1989** **Children’s Hospital of Buffalo, Pulmonology Fellowship Training Director**
- Developed and directed Fellowship Training program in Pediatric Pulmonology at a major children’s hospital

## Education and Certification

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- Doctor of Medicine from State University of New York at Buffalo
- Bachelors of Art Degree in French Studies from State University of New York at Buffalo
- Certified in Pediatrics, American Board of Pediatrics
- Certified in Pediatric Pulmonology, American Board of Pediatrics
- Certified in Sleep Medicine, American Board of Pediatrics
- License – Florida ME0055343 (unrestricted)

## Qualifications

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- Dedication and passion to improve the health of children through direct clinical care, education, and research
- Over 45 years' experience and 49 publications, including one book chapter plus 36 abstracts
- Extensive education and background in medicine with leadership positions in over four professional medical societies
- Recipient of four prestigious research grants and two Clinical/Research fellowships
- President Designate (first year of a four-year presidential lineage) CHEST Foundation of American College of Chest Physicians
- Previous Editor, PREP Pulmonology, American Academy of Pediatrics
- Section Editor, Evidence Based Medicine CHEST



Eric Dodson, JD

*Upon Award: Quality Improvement Director*

### Office Location

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**Address:** 500 West Main Street, Louisville, KY 40202

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### Professional Experience

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**2016–Present Humana, Consultant/Investigator, Quality Risk Management**

- Investigation of fraud, waste, abuse, and exploitation for Humana at Home care management
- Team Lead/Lead Investigator for Humana at Home Quality Risk Management Investigations Unit
- Investigate and present findings for Investigations Committee
- Develop and update policies and procedures
- Develop training and training materials for new and existing staff
- Develop and manage professional misconduct reporting system for Care Managers
- Coordinate with administration and contracted counsel for subpoena management
- PORTIA respondent Humana at Home care management
- Coordinate with partners to increase productivity and improve outcomes

**2014–2016 Humana, Health Care Coordinator, Dual Medicare/Medicaid, Ohio Demo Project**

- Care management for a varying number of individuals enrolled in the MyCare Ohio program
- Liaison between Enrollees and providers/physicians to leverage successful outcomes
- Assigned to mentor staff regarding time management, documentation, and compliance

**2013–2014 Kentucky Cabinet for Health and Family Services, Family Service Office Supervisor**

- Managed the Ongoing Protection and Permanency Team in Boone County
- Managed social services investigations and ongoing care management staff
- Conducted interim audits, consults, and personnel evaluations for quality improvement and compliance
- Coordinated with administration and collateral agencies to achieve quality improvement

**2002–2013 Kentucky Cabinet for Health and Family Services, Social Service Specialist**

- Administered assigned program areas within governmental operations
- Consulted to develop staff knowledge, increase productivity, and insure compliance with applicable state and federal statutes, regulations, and policies to improve outcomes
- Reviewed federal and state statutes, regulations and policies to develop and implement protocols that provided staff with specific direction and leverage desired outcomes
- Chaired two multidisciplinary Regional Interagency Councils and five Local Interagency Councils overseeing statutory services
- Liaison to collateral agencies and contractual providers for contractual compliance and to resolve concerns and improve outcomes
- Developed training to help staff improve skills and become more efficient

### Education and Certification

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- Bachelor of Science from Murray State University
- Juris Doctor from Northern Kentucky University, Salmon P. Chase College of Law
- LEAN Certification and LEAN Workgroup member
- Licensed attorney and member of the Kentucky Bar Association





Liz Stearman, CSW, MSSW

*Upon Award: Behavioral Health Director*

### Office Location

Address: 101 East Main Street, Louisville, KY 40202

### Professional Experience

- 2019–Present Humana, Director of Behavioral Health Services, Kentucky Medicaid**
- Oversight of all health plan functions serving behavioral health needs of Humana’s Kentucky Medicaid members
  - Program development and implementation around mental and emotional health, substance abuse services, and foster care members
- 2019 Anthem Blue Cross Blue Shield, Program Director**
- Drove results and efficiencies for behavioral health services for Medicaid members in five markets
  - Supported local behavioral health teams to respond to opportunities for growth, implemented innovations, and improved processes for the benefit of all members and efficiency for Government Business Division
- 2016–2019 Anthem Blue Cross Blue Shield, Director of Behavioral Health Services, Kentucky Medicaid**
- Oversight of Case Management and Utilization Management teams serving all behavioral health needs of Anthem Kentucky Medicaid members
- 2014–2016 Humana, Manager, Provider Payment Integrity**
- Management of over 30 remote personnel
  - Developed and administered financial recover audits to reduce negative impact of provider billing errors on members
  - Responsible for meeting annual metrics related to associate engagement, financial savings, quality of audit, and production of associates
- 2013–2014 Maryhurst, Inc., Division Director, Community Programs**
- Management of over 40 personnel
  - Fiscal responsibility of program profitability and budget
  - Oversight for services and projects for more than 50 clients
  - Training, recruitment, and retention of foster parents
- 2009–2013 Maryhurst, Inc., Program Manager, Family Treatment Homes and Treasure Home**
- Management of 13 professional staff and 40 foster parents, serving over 45 children
  - Strategic and clinical planning, ensuring financial performance, organizational policy adherence, and regulatory compliance
  - Supervision, hiring, training, and retention for professional staff
- 2007–2009 Maryhurst, Inc., Treatment Team Coordinator, Chabrat Home**
- Responsible for case coordination for up to 11 adolescent boys in residential care in group home setting
- 2003–2007 Maryhurst, Inc., Program Supervision, Treasure Home and Rosehaven Group Homes**
- Provided supervision, professional development, and training for up to 25 direct care youth workers, program management, and budget adherence

- 2000–2003 **Maryhurst, Inc., Youth Counselor and Senior Youth Counselor, Euphrasia Program**
- Assisted in supervisory duties for direct care youth workers in a residential setting, youth in care

### Education and Certification

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- Bachelor of Arts, focus in Women’s Studies and Photojournalism from Western Kentucky University
- Master of Science in Social Work from University of Louisville
  - Graduate Student Evidence-Based-Practice Project of the Year recipient
- Certified Social Worker (#6119), Commonwealth of Kentucky



## Heather Rayburn

*Upon Award: Utilization Management Manager*

### Office Location

**Address:** 515 West Market Street, Louisville, KY, 40202

### Professional Experience

- 2013–Present** **Humana, Associate Director, Acute and Post-Acute Utilization Review, Discharge Planning, Case Management, and Onsite Program**
- Serve as Associate Director for the East Region (Kentucky, West Virginia, Pennsylvania, and New Jersey)
  - Oversee 11 direct reports and 115 indirect reports
  - Manage acute and post-acute utilization review (pre-authorization, concurrent, and retro), discharge planning, acute onsite program, skilled nursing, inpatient rehabilitation, long term acute care, home health, ER utilization, and case management
  - Assisted with hiring, training, and implementation of Virginia Duals contract
- 2012–2013** **Humana, Clinical Guidance Front Line Leader, Acute and Post-Acute Onsite Program**
- Managed onsite nurse program, where a Humana nurse is physically located in treatment facility; collaborated with facility staff and physician on utilization management and discharge planning with a specific focus on readmission prevention, improving relationship with treating providers, and enhancing the Enrollee experience
  - Responsible for the development and expansion of the acute onsite nurse program; expanded from five to 25 facilities in the first year for Kentucky and West Virginia
  - Developed and implemented the post-acute onsite program for Kentucky
  - Assisted with division of Virginia, Delaware, and Washington, D.C. from the East Region, including mass hiring and training a new department for new region implementation
- 2012** **Humana, Clinical Guidance Front Line Leader Acute Utilization and Discharge Planning**
- Managed team of 15 to 20 telephonic nurses who performed acute utilization review using CMS and Milliman Care Guidelines for Kentucky, West Virginia, Pennsylvania, Ohio, Indiana, Virginia, Maryland, New York, New Jersey, and Washington, D.C.; The nurses worked directly with acute hospitals to ensure safe discharge plan is in place
  - Assisted with division of New York and New Jersey from the East Region, including mass hiring and training a new department for new region implementation
- 2011–2012** **Humana, Clinical Guidance Front Line Leader Post-Acute Utilization Review**
- Managed team of 15 to 20 telephonic nurses who performed post-acute utilization review for skilled nursing facility, waiver, and carve-out requests using CMS guidelines for Kentucky, West Virginia, Pennsylvania, Ohio, Indiana, Virginia, Maryland, New York, New Jersey, and Washington, D.C.
  - Assisted with division of Ohio and Indiana from the East Region, including mass hiring and training a new department for new region implementation

2010–2011

**Humana, Clinical Advisor**

- Reviewed pre-authorization requests for medical necessity and level of care using InterQual and CMS guidelines for Kentucky, West Virginia, Pennsylvania, Ohio, Indiana, Virginia, Maryland, New York, New Jersey, and Washington, D.C.
- Reviewed waiver/TOC/COC requests using CMS guidelines

2005–2010

**Dupont Surgery Center, Operating Room Circulator and Supervisor**

- Worked full time as operating room circulator and part-time supervisor; Patients ranged in age from six months to 75 years and older

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**Education and Certification**

- Bachelor of Science in Nursing, Western Governor’s University
- Associate’s Degree in Nursing, Spencerian College
- Licensed Practical Nurse, Spencerian College

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**Awards**

- Disney Perfect Service Experience Participant, Humana (2020)
- Beth Bierbower Legacy Award–inaugural recipient, Humana (December 2019)
  - The Beth Bierbower Legacy Award recognizes a leader who exemplifies empowering women to advance in their careers through advocacy, mentoring, and sponsorship
- Century Award, Humana (September 2018)
- Associate Experience Champion, Humana (2018)
- Star Award, Humana



## Pamela R. (Kitten) Lawless, CCM

**Upon Award:** Care Coordination Manager

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2019–Present **Humana, Manager, Care Management**

- Lead a team of nine clinical professionals who deliver care to children/youth in Kentucky's Foster Care
- Identify and correct problems with Foster Care and Subsidized Adoptive Assistance Enrollees related to Residents of Psychiatric Treatment Facilities and Group Homes
- Exercise responsibility for cooperative relationships with Department for Community Based Services (DCBS), Department for Medicaid Services (DMS), other Managed Care Organizations (MCO), and community partners to develop and enhance the Foster Care system in Kentucky
- Highly skilled at networking with other departments and community based organizations to provide highest level of service to Foster Care population
- Coordinate and meet monthly as primary liaison for DCBS Foster Care regional liaisons
- Meet quarterly with DCBS and DMS to review issues pertinent to those in Foster Care

#### 2017–2019 **Humana-CareSource, Team Lead**

- Led a team of six clinical professionals who delivered care to 1,200 children/youth in Kentucky's Foster Care
- Identified and corrected problems with Foster Care and Subsidized Adoptive Assistance Enrollees related to Residents of Psychiatric Treatment Facilities and Group Homes
- Exercised responsibility for cooperative relationships with DCBS, DMS, other MCOs, and community partners to develop and enhance the Foster Care system in Kentucky
- Highly skilled at networking with other departments and community based organizations to provide highest level of service to Foster Care population
- Coordinated and met monthly as primary liaison for DCBS Foster Care regional liaisons
- Met quarterly with DCBS and DMS to review issues pertinent to those in Foster Care

#### 2014–2017 **Humana-CareSource, Senior Community Care Manager**

- Responsible for the care management of approximately 135 Enrollees of Kentucky Foster Care population
- Member of MCO group which worked together to develop and enhance the Foster Care system in Kentucky with DCBS/DMS
- Function as a liaison to DCBS case workers for foster children
- Member of the State Interagency Council (SIAC) Training and Technical Assistance Committee
- Liaison to Children's Alliance Advocacy Groups (Foster Care, Psychiatric Residential Treatment Facilities, Residential Facilities, and Community Based Services)
- Made external presentations on behalf of marketing department as requested
- Participated in the Individual Contributor Leadership Program

- 2011–2014 Coventry Cares of Kentucky, Case Manager**
- Assessed Enrollees to determine eligibility for plan benefits/community resources
  - Provided referral resources to Enrollees
  - Contacted high ED users to determine reasons for use as part of an ED Utilization Project
  - Explored other means of obtaining appropriate level of care with the goal of directing Enrollees to said appropriate level of care
  - Determined cost savings derived from the contact
- 2010–2011 CAREtenders, Medical Social Worker**
- Assessed patients to determine needs
  - Obtained community resources for patients covering a six-county area
  - Provided referral sources for eligible services to patients
- 2009 Helmwood Healthcare Center, Executive Director**
- Responsible for operation of a 60-bed skilled nursing facility with 69 employees, a 96% occupancy rate, and an annual budget of \$5.2 million
- 2006–2009 Shelbyville Hospital Skilled Nursing Unit, Administrator**
- Responsible for six-bed skilled nursing unit with average stay of four days, admission/discharges per year of 147, eight employees, and an annual budget of \$480,000
- 2006–2009 Sts. Mary & Elizabeth Hospital Skilled Nursing Unit, Administrator**
- Responsible for a 33-bed skilled unit with an average length of stay of 11 days, admission/discharges per year of 875, 45 employees, and an annual budget of \$5.8 million
  - Worked with Studer Group to increase both employee and resident satisfaction
  - Worked with federal, state, and local authorities to ensure compliance with all regulations governing the nursing home profession
  - Served on the Sts. Mary & Elizabeth Hospital Performance Improvement Committee
  - Served on the Customer Service Recovery Committee of Jewish Hospital St. Mary's Healthcare; monitored customer satisfaction and trained staff
- 2002–2005 Charles P. Moorman Home for Women, Administrator**
- Directed operations of a personal care facility for 62 female residents with an annual budget of \$1.6 million
  - Managed all aspects of closing the facility, movement of residents, and contract negotiations with new facilities and residents
  - Organized successful sale of building and related assets for \$2.5 million
  - Provided care management services for 72 residents; served as Financial Power of Attorney for 35 residents
  - Managed 17 apartments/townhouses including leasing and maintenance
- 1999–2002 Christian Church Homes of Kentucky, Administrator of the Charles P. Moorman Home for Women**
- Responsible for all operations of a 72-year old personal care home for women with average census of 56 residents, 53 employees, and an annual budget of \$1.6 million
  - Planned and managed two major physical plant upgrades
  - Worked with federal, state, and local authorities to ensure compliance with all regulations governing the nursing home profession
  - Facility received industry award as "Personal Care Home of the Year" for 1999
  - Achieved two years of zero deficiency ratings for state inspections
  - Managed 17 apartments/townhouses including leasing and maintenance

## Education and Certification

- Bachelor of Arts in History from Washington University in St. Louis
- Master in Social Work from George Warren Brown School of Social Work, Washington University in St. Louis
- Certified Case Manager
- Certified Trainer – Mental Health First Aid



J. Eric Davis, LCSW, CCM  
*Upon Award: Pre-Certification Coordinator*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

- 2019–Present Humana, Care Coach-Foster Care, Kentucky Medicaid**
- Responsible for care management of Foster Care Enrollees for Jefferson County and the Southern Bluegrass Region
  - Serve as liaison to the Humana Behavioral Health team
  - Provide community outreach
- 2017–2019 Humana-CareSource, Community Care Coordinator-Foster Care**
- Responsible for care management of Foster Care Enrollees for Jefferson County and the Southern Bluegrass Region
  - Served as liaison to the Behavioral Health team (Beacon)
  - Provided community outreach
- 2016–2017 Aetna, Kentucky Integrated Care Manager**
- Served as the Integrated Care Manager for the Medicaid population of Kentucky
  - Provided care management through motivational interviewing techniques with focus on adverse childhood experiences
- 2015–2016 Aetna, National Integrated Care Management Team**
- Member of the Aetna national team located in Phoenix, Arizona
  - Researched best practices and wrote and reviewed policies for Medicaid contracts in seven states
  - Participated in “think tank” for disruption of how healthcare is delivered and reimbursed
  - Served as Behavioral Health Lead for Medicaid Liaisons for seven states
- 2013–2015 Aetna, Clinical Training Specialist**
- Trained all new hires on systems across four states, face-to-face and remotely through WebEx
  - Trained all new clinical hires on behavioral health expectations
  - Reviewed and created training material
- 2012–2013 MHNET, Behavioral Health Case Manager**
- Coordinated between the behavioral health and medical sides of the health plans ensuring Enrollees were being treated by the right providers at the right time
  - Worked as an Impact Plus Specialist and Utilization Reviewer
- 2011–2012 CoventryCares of Kentucky, Behavioral Health Liaison**
- Served as Behavioral Health Liaison for the medical side of the health plan
  - Served as DCBS and Guardianship Liaison and was a Lock-In Committee member
- 1997–2009 Passport Health Plan, Multiple positions**
- Created the positions of Behavioral Health Liaison and Special Populations Liaison to include foster care, guardianship, adoption assistance, Department of Juvenile Justice, group homes, and psychiatric residential treatment facilities



- 1997–2009*
- Served as a representative on a three-year \$350,000 Robert Wood Johnson Grant, Sharing a Team Approach to Resource Utilization (STAR) project
  - Created an obesity project for children partnering with primary care physicians and the Heuser Clinic
  - Participated in many committees including Lock-In and worked as a Care Manager for the most challenging Enrollees in the Kentucky Medicaid population
- 2004–2005* **Passport Health Plan, Teenage Foster/Adoptive Support Network Facilitator**
- Acted as a community resource specialist to foster parents
  - Organized monthly meetings for continuing education credits for foster and adoptive parents and advertised the meetings through email
  - Acquired venues and recruited presenters from the community to provide education on topics of interest and was the first to include foster children in the presentations
  - Tracked attendance and reported continuing education to the State
- 1996–1997* **CMG Health, Medicaid Specialist**
- Performed Behavioral Health Utilization Review
- 1995–1996* **Neuropsychiatric and Counseling Centers, Private Practice Psychotherapist**
- Individual and family therapy in Northern Kentucky and Cincinnati
- 1993–1995* **MCC Behavioral Care, Private Practice Psychotherapist**
- EAP Counselor for GE; Individual and family therapy
- 1992–1993* **Price Counseling Center, Private Practice Psychotherapist**
- Individual and family therapy for the Medicaid population in Southern Indiana

### Education and Certification

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- Bachelor of Arts in Psychology from Western Kentucky University
- Master of Science in Social Work from University of Louisville
- Licensed Clinical Social Worker, Commonwealth of Kentucky (0999)
- Certified Case Manager (00042590)



James R. Aubrey

*Upon Award: Provider Relations Liaison*

### Office Location

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**Address:** 515 West Market Street, Louisville, KY 40202

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### Professional Experience

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- 2018–Present Humana, Network Operations Lead, Contracting Negotiations**
- Responsible for understanding and resolving Humana adequacy gaps to comply with CMS regulations
  - Work with contracting team to ensure Humana has the most robust network possible for Enrollees
  - Manage issues including claims discrepancies, access to out of network services, and provider specific data reporting
  - Responsible for completing Kentucky Access Plan to comply with NCQA
  - Manage HSD tables for East region provider and facility networks, pattern of care associations, and member directories
- 2012–2018 Humana, Strategic Consultant**
- Contributed to the East region Provider Engagement team focused on improving measures associated with Humana’s CMS Medicare Stars ratings (HEDIS, Patient Safety, CAHPS, HOS, CMS, and IRE)
  - Served as Quality/Stars subject matter expert between various Corporate and Market departments
  - Strategically identified and implemented ongoing clinical and Enrollee-specific initiatives to aid in increasing Star scores; Humana Star Quality ratings have consistently been one of the highest in the industry
  - Facilitated education and training to diverse audiences on CMS metrics specific to population health
- 2009–2012 Smith & Nephew, Inc., Mobile Operations Specialist**
- Served as sales support and logistics leader between hospitals, physicians, managers, and sales team
- 2005 – 2009 Smith & Nephew, Inc., Operations Specialist**
- Managed over \$3 million in medical device inventory to support sales territory
- 2004 – 2005 Smith & Nephew, Inc., Assistant Medical Sales Representative**
- Serviced reconstructive and trauma orthopedic sales accounts in Kentucky and Southern Indiana (\$8 million sales territory)

### Education and Certification

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- Bachelor of Science in Business Administration from Xavier University
- Master of Business Administration from Bellarmine University



**Taft Parsons III, MD**  
*Upon Award: Psychiatrist (interim)*

### Office Location

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**Address:** 101 East Main Street, Louisville, KY 40202

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### Professional Experience

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**2018–Present Enterprise Medical Director for Behavioral Health, Humana, Inc.**

- Led a large insourcing project to reclaim behavioral health management from a vendor
- Facilitates integrated physical and BH management of membership through improvements in information exchange via care coordination with regional health plans and providers
- Improves administrative efficiency within utilization management and care management through process improvement initiatives

**2017-present Contingent Psychiatrist, Kingswood Hospital, Henry Ford Health System**

- Provides clinical psychiatric care on weekends and on call services for the free-standing psychiatric facility
- Provides supervision of Psychiatry Residents and Nurse Practitioners

**2017-2018 Chief Medical Officer, Molina Healthcare of Michigan**

- Increased percentage of value-based contracts with large primary care provider groups
- Contracted and instituted Psychiatric diversion services for D-SNP enrollees
- Instituted Neonatal management program for Medicaid membership

**2013-2017 Vice President for Behavioral Health, Molina Healthcare, Inc.**

- Instituted utilization management quality monitoring program
- Led risk adjustment accuracy program for behavioral health diagnosis
- Standardized behavioral health utilization management and case management programs across several health plans

### Education and Certification

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- Board Certified in Psychiatry
- DEA certified for Suboxone Medication Assisted Therapy
- Certified in LEAN for Healthcare from University of Michigan
- Completed residency in Psychiatry from Henry Ford Health System
- Doctor of Medicine from Medical College of Wisconsin
- Bachelor of Science in Biology from Morehouse College



## Joseph A. Vennari, PharmD.

*Upon Award: Pharmacy Director*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2019–Present **Humana, Director–Pharmacy Clinical Programs, Kentucky Medicaid**

- Act as the main pharmacy contact between Humana and the Kentucky Department for Medicaid Services (DMS)
- Responsible for oversight of all pharmacy operations for Kentucky Medicaid
- Work with Finance and Pharmacy Benefit Manager (PBM) to analyze pharmacy data
- Create dashboards to identify trends and develop clinical programs that save money without affecting quality
- Co-Chair the pharmacy and therapeutics (P&T) committee
- Work with formulary team to review formularies and create appropriate prior authorization and other edits as required by the state
- Provide pharmacy support for Medical Directors, Care Managers, and Social Service Workers
- Report directly to Plan President and often placed on special projects
- Attend all senior leadership meetings

#### 2017–2019 **CareSource, Director–Pharmacy Operations, Kentucky and West Virginia**

- Responsible for all pharmacy operations for Medicaid and Marketplace lines of business for Kentucky and West Virginia
- Analyzed pharmacy dashboards to identify trends and develop programs that save money without affecting quality
- Developed Cost-of-Care Plans for the Market to recover and reverse plan losses moving forward
- Co-chaired P&T Committee
- Developed Peer Reporting including Medical and Pharmacy data to distribute to providers for one-on-one or group meetings
- Provided pharmacy support for Care Managers and Social Service Workers
- Worked with formulary team to review formularies and create prior authorization and other edits as required by the state
- Attended all senior leadership meetings at corporate and state meetings with DOI and DMS
- Visited top IPA and facilities to develop relationships with providers and present opportunities for value-based contracting
- Reviewed State regulations and implemented changes as necessary to maintain compliance with Medicaid and Marketplace lines of business

#### 2005–2017 **Baptist Health Plan, Director–Pharmacy Service**

- Developed Pharmacy Population Health Management programs and oversaw Part D program
- Responsible for development of Pharmacy Drug List (PDL), Medication Prior Authorizations for Pharmacy and Medical Management’s precertification list
- Co-Chaired P&T committee
- Handled PBM contracting
- Oversaw Pharmacy Call Center
- Created Pharmacy policy and procedures

2005–2017

**Baptist Health Plan, Director–Pharmacy Service (Continued)**

- Evaluated Key Performance Indicators for Fully Insured, Self-Funded, Exchange SHOP, Exchange individual product, and Part D lines of business
- Managed pharmacy precertification lists for Healthcare operations
- Developed and implemented long- and short-term strategic goals for Pharmacy
- Developed evidence-based (“best practice”) methodologies for delivering information back to the provider community
- Oversaw academic detailing initiatives with PCPs and sub-specialists, and participated in academic detailing initiatives
- Identified and developed opportunities to improve the pharmacy benefit as a delivery system for improving the health of the membership, including benefit design initiatives
- Assisted Chief Medical Officer and Medical Director with health risk assessments of employer groups

2005–2017

**Baptist Health Plan, Director–Pharmacy Service (Continued)**

- Developed and implemented Pharmacy only line of business that ran independent of Medical with its own profit center
- Developed models/strategies to manage increasing pharmacy expenses with Underwriting and Actuary
- Conducted pharmacy weekly report to CEO, CFO, CMO of Key Pharmacy Metrics, for all lines of business
- Responsibilities included interviewing, hiring, and training employees; planning, delegation of workload; appraising performance; rewarding and disciplining associates

2003–2005

**CHD Meridian Healthcare/Toyota Family Pharmacy, Pharmacy Director**

- Evaluated claims data and assisted in designing new pharmacy plan design for Toyota
- Acted as liaison between CHD Meridian and Toyota
- Created clinical initiatives in conjunction with pharmaceutical companies
- Oversaw a staff of 22 pharmacists and associates
- Worked with recruiters to fill open positions
- Conducted clinical activities and learning workshops to team members for clinical activities and pharmacy benefit education
- Worked within an operating budget
- Oversaw four Toyota sites
- Implemented Toyota Production Systems for pharmacy operations
- Worked closely with Toyota Medical Director and Operation Manager to meet expected outcomes

2001–2003

**Advanced Pharmacy Concepts, Clinical Consulting Pharmacist**

- Participated in rounding three days a week at Slater Hospital
- Served as clinical pharmacist for Warfarin Clinic for local provider group
- Preceptor for pharmacy students from the University of Rhode Island
- Provide member-level pharmacy therapeutic reviews for PBM accounts
- Participated in P&T meeting for PBM and managed care organization accounts
- Consulted with clients to upsell clinical reviews and medical recommendations programs

**Education and Certification**

- Bachelor of Science from University of Rhode Island College of Pharmacy
- Doctor of Pharmacy from University of Rhode Island College of Pharmacy
- Pharmacy Practice Residency, VA Medical Center in Lexington, Kentucky



Jerry Caudill, DMD, FAGD, MAGD, CDC, CTCP, FPFA, FICD, FACD  
**Upon Award: Dental Director**

### Office Location

Address:



### Professional Experience

#### 2019-Present **Avēsis Inc., Associate National Dental Director**

- Assist with the management of Avēsis' national clinical dental program
- Monitor local and national utilization trends, develop clinical interventions and value-added services (VAS) to address areas of potential improvement, and assist with developing promotional materials to highlight areas of clinical strength
- Assist with the development and implementation of a national tele-dentistry program to expand access to clinical services in rural and underserved communities
- Assist with the development of national provider clinical guidelines (CPG) and education and training programs

#### 2013-Present **Avēsis Inc., Dental Director, Kentucky State Dental Director**

- Administer Medicaid dental benefits for nearly one million Kentucky Medicaid Enrollees
- Provide peer-to-peer consultation as requested by network dentists
- Adjudicate appeals and testifies as expert witness at Kentucky State Fair Hearings
- Monitor for potential fraud, waste, and abuse by network dental practitioners; assist state and health plan officials with investigating and mitigating the impact of verified fraud, waste, and abuse
- Develop and deliver provider training programs for network dentists
- Supervise clinical staff in the delivery of clinical consultation and oversight services
- Develop and disseminate clinical guidelines in collaboration with network dentists and industry stakeholders, including statewide Silver Diamine Fluoride guidelines and practice tools, Avēsis mobile and portable provider guidelines
- Manage network Dental Advisory Board to solicit feedback on Medicaid dental program

#### 1982-2013 **Private Dental Practice**

- Delivered comprehensive dental care in a variety of practice settings in Kentucky, North Carolina, and Dubai (UAE)

### Education and Certification

- Doctor of Dental Medicine from University of Kentucky
- Associate of Applied Science from Morehead State University
- Kentucky Licensed General Dentist
- Certified Telemedicine Clinical Presenter and Technology Professional, New College Institute/Southside Telehealth Training Academy
- AADC Certified Dental Consultant
- Fellow, American College of Dentists
- Fellow, Pierre Fauchard Academy
- Fellow, International College of Dentists

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### Professional Affiliations

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- Kentucky Board of Dentistry, Teledentistry Committee, Committee Member, 2017–Present
- Kentucky Department for Medicaid, Medicaid Lock-In Committee, Committee Member, 2016–Present
- Council of Interstate Testing Agencies (CITA) Dental Board Examiner for ADEX Exam, 2009–Present



## Majid Ghavami

**Upon Award:** Provider Network Director

### Office Location

**Address:** 515 West Market Street, Louisville, KY 40202

### Professional Experience

**2012–Present Humana, Director, Provider Network, Kentucky Medicaid**

- Manage and coordinate overall provider network construction, maintenance, and enhancement
- Successfully coordinated building and implementing a comprehensive network of physicians, hospitals, ancillary providers, including Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), local health departments, and subcontractors representing providers for dental, vision, behavioral health, and chiropractic services for the statewide network expansion initiative

**2000–2011 Independent Proprietor**

- Opened and operated three independent restaurants in Louisville, Kentucky

**1988–2000 Humana, Director, Occupational Networks**

- Joined Humana as a management intern with focused responsibilities on Provider Network Development
- Supported Humana’s TRICARE provider network development efforts in Florida, Alabama, Mississippi, and Virginia
- Successfully coordinated building a comprehensive network of providers throughout the state of Florida to support Humana’s HMO Workers’ Compensation initiative, which resulted in the successful bid for Florida’s 220,000 state employees
- Managed the Provider Relations function/team supporting the state of Florida’s HMO Workers’ Compensation contract

### Education and Certification

- Bachelor of Arts in Accounting from Bellarmine University





Michelle Weikel, RN, CCM

*Upon Award: Provider Services Manager*

### Office Location

Address: 515 West Market Street, Louisville, KY 40202

### Professional Experience

**2014–Present Humana, Director, Senior Products Provider Engagement and Quality**

- Lead team of 35+ associates supporting Kentucky, West Virginia, and Pennsylvania Medicare and Commercial membership
- Focus on engaging primary care providers toward population health triple aim initiatives: quality (HEDIS/CAHPS/HOS), clinical care management, and Medicare risk adjustment documentation
- Partner with physicians to develop and manage effective performance in value-based relationships

**2011–2014 Humana, Strategic Consultant**

- Served as primary owner of relationship with Humana supporting clinical rules; included strategic and operational roadmap and dashboards
- Led the clinical rules committee
- Managed and coordinated development of clinical rules with Anvita and Humana clinical and pharmacy business
- Participated in various cross-functional teams using Anvita clinical rule output supporting HEDIS/stars, member, and provider engagement

**2001–2011 Humana, Network Consultant**

- Led business segment of third party-administered clients accessing the ChoiceCare Network with over \$2 million annual income
- Managed vendor, client, and internal network/operations relationships
- Directed sales and service of the segment
- Managed and coordinated sales and service issues on behalf of prospective and existing Humana key account clients accessing Commercial and Medicare networks
- Actively participated in acquisition integration and network partner implementation

**1997–2001 Humana, Transplant Coordinator**

- Responsibilities included case management of solid organ and bone marrow transplant patients
- Facilitated Quality Improvement and Access Database committees

### Education and Certification

- Bachelor of Science in Nursing from University of Louisville
- Master of Science in Nursing from University of Louisville
- Registered Nurse in Kentucky, 1077182 (1994)
- Certified Case Manager, 030987 (1999)



## Adrienne McFadden, MD, JD

*Upon Award: Population Health Management Director*

### Office Location

**Address:** 500 West Main Street, Louisville, KY 40202

### Professional Experience

#### 2017–Present **Humana, Medical Director, Office of the Chief Medical Officer**

- Develop understanding of and provide clinical insights to key business areas, including strategy, governance, population health improvement, consumer-centered design, financial structures, value-based care, data and analytics, and government relations
- Co-led assessment of current state processes, conducted business partner interviews and internal stakeholder interviews, provided initial recommendations for process modification, and participated in a process transformation sprint leading to a reimagined Group and Specialty Intake, Analysis, and Implementation process
- As a Market Strategy team member, focused on exploring potential innovative partnership with key academic medical center, leading to expanded opportunities in the Philadelphia market
- As a Strategy Advancement project team member, responsible for initial deep dive, strategy build out, and internal and external stakeholder engagement, which led to a new model of payer-academic partnership in medical education and integrated care delivery training
- Acted as project co-lead for asset development and tracking, initial concept design, content curation (including creation of new content), and Medscape web design team meetings, which led to first of its kind third party hosted content targeted to Humana engaged PCPs

2014–2017

#### **Director, Virginia Department of Health (VDH) - Office of Health Equity**

- Designated Director of the Virginia State Primary Care Office, the Virginia State Office of Rural Health, and the Virginia State Office of Minority Health
- Led a team of 25 non-clinical professionals, including seven direct reports (division directors, business manager, data analytics lead, communications director, administrative staff, and faith partnerships leader)
- Responsible for a multi-million dollar annual budget
- Provided programmatic leadership and direction for agency-led telehealth programs and strategic planning
- Member of the senior leadership team responsible for establishing the strategic framework and leading the strategic planning for the VDH
- Co-authored Virginia’s first State Health Improvement Plan, “The Virginia Plan for Well-Being”
- Led organizational integration of health equity throughout agency programs, policies, and strategic planning
- Spearheaded efforts to transform a poorly performing State Office of Rural Health into national recognition as the most outstanding State Office of Rural Health by peers and federal leaders in less than two years
- Achieved gubernatorial and national recognition for successful implementation and augmentation of Million Hearts Faith-based initiative “100 Congregations” statewide (The Virginia program was adopted by other states and led to ongoing national partnerships with the American Heart Association and the Balm in Gilead)

## Professional Experience (Continued)

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2014–2017

### **Director, Virginia Department of Health (VDH) - Office of Health Equity (Continued)**

- Acquired \$1 million in grant funding for the previously unfunded State Office of Minority Health
- Reimagined and retooled the social epidemiology capabilities which led to the development and deployment of a web-based community health data visualization portal (the Health Opportunity Index) and data informed processes for the Virginia healthcare provider incentive programs
- Led completion of eight Virginia Administrative Code chapters through regulatory process, including: Authoring two agency specific regulatory chapters and reviewing and updating six regulatory chapters
- Conducted legislative analyses, fiscal impact analyses, and legislative studies pertaining to minority health, primary care for the underserved, rural health, and telehealth
- Recipient of State Health Commissioner’s award for spearheading new and improved relationships between VDH and Virginia’s 11 indigenous tribes
- Appointed and served as co-chair of the VDH HIPAA Compliance Workgroup, which provides senior leadership and serves in an advisory capacity to the State Health Commissioner with respect to strategic direction, audit preparedness, and workforce training related to HIPAA and the Privacy Rule
- Record of success with six federal grant applications, including the HRSA State Office of Rural Health, the Small Rural Hospital Flexibility, the Small Rural Hospital Improvement, the Primary Care Office, the State Loan Repayment Program Grants, and the OMH State Partnership Grant

## Education and Certification

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- Doctor of Medicine from Duke University School of Medicine
- Juris Doctor from Duke University School of Law
- Bachelor of Science Interdisciplinary Studies from University of Maryland, Baltimore County
- State of Florida Medical License
- State of North Carolina Medical License
- State of Virginia Medical License



## Sarah Porter

**Upon Award:** *Enrollee Services Manager*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2017–Present **Humana, Associate Director, Process Improvement**

- Manage five (5) direct associates who oversee 50-70 associates responsible for the enrollment and capitation reconciliation activity for over 450,000 Medicaid members
- Coordinate the identification of operational improvement opportunities, including the implementation of a cross-training initiative resulting in an increased enrollment file first pass rate (increased to 80-90% for Florida in 2019) and in operational cost savings through reduced staffing needs
- Established Medicaid enrollment and capitation reconciliation process team dedicated to the oversight of process management, operational controls, compliance/letter monitoring, and operational training/support
- Oversee enrollment and reconciliation compliance requirements through management of monthly metrics related to member communications, timely processing, and state reporting
- Lead Medicaid Implementation Team responsible for implementing enrollment, billing, and capitation reconciliation for all new Medicaid products focused on the oversight of all project tasks: requirement gathering/product design, staffing projections, compliance controls, process development, and operational readiness/training
- Supported the negotiation and vetting of new Medicare Reconciliation system and subsequent migration to new MarketProminence platform utilized to reconcile capitation received from CMS of over \$40 billion annually

#### 2014–2017 **Humana, Program Manager**

- Oversaw operational staff of 40-50 associates reconciling capitation over \$2 billion annually for Medicaid products, as well as Medicare dual eligibility and out-of-service area
- Reduced financial exposure by identifying significant discrepancies between the state and the plan, including the identification of approximately \$3 million underpayment by one state
- Identified discrepancies and managed resolution for two (2) high volume issues which had financial impacts of \$30 million and \$15 million
- Developed Medicaid financial reporting for Senior Leadership to illustrate financial alignment between the Corporate Finance and Capitation Reconciliation Team, which highlighted a difference in capitation expectations of less than 0.17%
- Managed platform migration of American Elder Care, including ongoing dual maintenance, process development, and system enhancements
- Supported business objectives by developing performance measurements to consistently gauge operational performance and financial impacts related to capitation reconciliation

2013–2014

**Humana, Operations Manager**

- Oversaw operational staff of approximately 100 associates responsible for reconciliation of over \$40 billion annually for Medicare plans
- Managed operational performance metrics for five (5) teams, resulting in all teams meeting or exceeded standards
- Expanded operational assets for Florida Medicaid line of business to accommodate over 100% increase in membership, requiring reconciliation of \$70 million on average in monthly premium
- Created two (2) additional Medicaid teams to manage four (4) new products, including the acquisition of American Elder Care
- Managed process team responsible for the implementation, compliance, and process development for Medicaid products

2012–2013

**Humana, Process Manager**

- Established team of 10 consultants/analysts responsible for root cause analysis, process development, compliance management, and project planning in support of Medicare Reconciliation and Billing
- Assisted in the development and implementation of Premium Account Reconciliation Information System (PARIS) used to appropriately reconcile Medicaid state payments
- Challenged CMS guidance related to Return Mail Process resulting in significant departmental cost savings and improved customer experience
- Responsible for Intel Initiative for both Medicare Reconciliation and Billing, including all aspects of implementation management: process development, metric design, compliance management, and communication planning

**Education and Certification**

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- Bachelor of Arts in English from University of Louisville
- Green Belt Certification, Humana (2014)



## Mary Ellen (Mel) Dodson

**Upon Award:** *Inquiry Coordinator*

### Office Location

**Address:** Work at Home – Crittenden, KY

### Professional Experience

*Dec. 2018 – Present*

#### **Humana Pre-Authorization Behavioral Health Professional**

- Serve as Kentucky SKY Behavioral Health subject matter expert consultant
- Involved in 42 Quality Review Audits since joining the team; 41 of which have been perfect scores
- Receive inbound calls from providers and facilities to set-up initial authorizations for behavioral health services
- Determine the needs of callers, making appropriate and timely determinations for authorization requests
- Make outbound calls to facilities to obtain clinical information, as needed
- Document all calls and attach clinical information received
- Engage in risk management procedures such as identifying, coordinating, and following through on quality concerns, sentinel events, complaints and performance standards

*June 2018 – Dec. 2018*

#### **Humana Risk Management Professional**

- Facilitated policy and process adherence, secured resources, and coordinated the activities of a team of people to achieve important business objectives within established timeframes
- Provided guidance and direction to Humana associates to ensure Perfect Service for Humana’s members and to leverage compliance and quality outcomes
- Partnered closely with other departments to problem solve and ensure resolution and proper reporting as mandated by CMS/NCQA Guidelines
- Collaborated with clinical services to track, trend and facilitate mitigation of damage and resolution of individual issues reported and larger issues identified with a 120% increase over 2017 workload
- Served as Behavioral Health and IHWA subject matter expert

*Jan. 2017 – June 2018*

#### **Humana Claims Quality Audit Representative**

- Completed detailed and thorough analyses of grievance and appeal cases to ensure measures of compliance were met while maintaining an overall audit accuracy score of 98% and above
- Identified data trends and reported those trends to process team for improvements
- Conducted case analysis utilizing the following systems: CCP, CAS, Splunk, Argus, PA Hub, Mentor, and Microsoft Office programs
- Directed a team of three well-being advocates as the Financial Well-Being Sub-Team Lead
- Facilitated associate financial well-being program and of the four facilitators, received the highest participant ratings

- Mar. 2016 – Jan. 2017*     **Humana Cares Manager-Social Services**
- Telephonically assessed Dual Eligible Special Needs Program members to identify and address medical and socio-economic needs, which included coordination of Medicare and Medicaid benefits and community resources
  - Maintained a balance of high standards of clinical quality, while meeting performance metric goals
  - Guided members and their families towards and facilitated interaction with resources

- April 2014 – Mar. 2016*     **Humana Health Care Coordinator, MyCare OH Dual Demonstration Project**
- Served as Team Lead, mentoring new and assisting current staff while reporting directly to my manager with the day-to-day activities and flow of the MyCare Ohio demo project
  - Completed chart audits to ensure CMS standards were met
  - Conducted telephonic outreach to assigned members to assess health, environment, nutrition, and psycho-social areas of concerns using a variety of assessments to identify and address specific goals
  - Collaborated cross-departmentally with Humana at Home Interdisciplinary Team and with key stakeholders outside of Humana to provide appropriate interventions and coordination of services to optimize health and wellbeing of Humana members
  - Participated in work groups to implement/assess new processes to incorporate changes and improve contribution
  - Developed spreadsheets and compiled data to identify and analyze anomalies and worked directly with leader to troubleshoot

- July 2007 – April 2014*     **Department of Juvenile Justice, Social Services Clinician**
- Spearheaded Project design and orchestrated program implementation, which included securing \$15,000 in grant funds
  - Administered intensive therapeutic social work services through the assessment of client needs and the provision of social services to complex cases and provided intensive case management service
  - Chaired weekly inter-disciplinary care team sessions to address identified needs and coordinated client access to community resources
  - Supervised MSW Practicum student as well as Bachelor's level interns
  - Collected and analyzed data obtained from medical records and verbal interviews into written reports and presented findings and recommendations formally in court and informally to treatment team

### Education and Certification

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- Bachelor of Science in Psychology from Northern Kentucky University
- Master of Science in Social Work from University of Louisville
- Master of Business Administration, Northern Kentucky University
- Certified Social Worker in state of Kentucky, License No. 5691



## Patrick Szydlowski

*Upon Award: Chief Financial Officer*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2018 –Present **Humana, Associate Director/CFO, Kentucky Medicaid**

- Manage financial actions to support Kentucky Medicaid contract
- Financial planning and analysis to support business and compliance needs
- Strategic development and tracking for financial and operational goals and objectives

#### 2014–2018 **Anthem, Government Business Division Finance Director/CFO, Kentucky Medicaid**

- Managed financial actions to support Kentucky Medicaid contract
- Financial planning and analysis to support business and compliance needs

#### 2014 **Humana, Finance/Accounting Controller–Financial Operations, Medicaid Finance**

- Controllership function over a growing Medicaid/Long Term Services and Supports/Dual Demonstration segment that accounted for approximately \$3 billion in gross revenue
- Managed a team of financial associates, which responsibilities included:
  - Monthly close
  - Annual budgeting and forecasting
  - Audit support
  - Internal and external reporting
- Participated in Finance Mentorship Program

#### 2011–2014 **Humana, Financial Consultant–Financial Operations, Senior Products**

- Implemented processes to accurately record new product lines in the general ledger to support downstream reporting
- Developed internal reporting for leadership and market finance to track performance and monthly projections
- Worked directly with strategic vendors to implement off system financial data into existing process and established controls to validate accuracy

#### 2010–2011 **Humana, Project Manager, Senior Products**

- Managed the annual product design process including planning and strategy development, benefit design, and plan benefit package filing
- Researched and consulted on cultural and regulatory environmental factors that impact the success of Medicare products
- Managed assigned Project Analyst’s training and development through evaluation and mentoring

#### 2007–2010 **Humana, Process Consultant, National Network Operations**

- Managed portfolio of 22 leased business clients with gross revenue of over \$3 million
- Built infrastructure to support third party business, which included:
  - Project management
  - Vendor and client contracting
  - Developing key metrics and financial reporting to measure success
  - Researched and identified niche in competitive marketplace
  - Marketing and developing website and sales tools to promote growth



2007–2010

**Humana, Process Consultant, National Network Operations (Continued)**

- Consulted internal and external stakeholders on provider network developments and initiatives
- Participated in Rising Star Program

2005–2007

**Humana, Provider Consultant–Provider Network Operations, Senior Products**

- Humana’s Medicare liaison to providers through education, issue resolution, and overall service commitment
- Achieved 100% Hospital participation in two territories, and provided support in over 15 states
- Strategized with contracting and sales in developing a plan to maximize Humana’s Medicare presence
- Identified marketing opportunities to further the Humana brand name in developing markets
- Humana Star Award recipient

**Education and Certification**

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- Bachelor of Science in Finance from University of Kentucky



## Kimberly Myers, CCEP, CHPC

*Upon Award: Chief Compliance Officer*

### Office Location

**Address:** 101 East Main Street, Louisville, KY 40202

### Professional Experience

#### 2019–Present **Humana, Compliance Officer**

- Provide federal and state legislation, statutes, as well as regulations and contractual requirements to business owners
- Create Risk Assessment information to drive and manage the Compliance Work Plan; Perform internal audits
- Drive corporate philosophy through policies and procedures, educational events, and day-to-day operational guidance
- Monitor metric compliance for encounters, claims, call center, quality, case management, care coordination, utilization management, and provider services
- Provide compliance review of all Member and Provider materials and policies and procedures
- Work with business owners, statue customers, and external auditors to provide support and documentation

#### 2016–2019 **Anthem Blue Cross Blue Shield, Plan Compliance Officer–Kentucky**

- Provided strategic, operational, and people leadership using all aspects of the Seven Elements of an Effective Workplan; netted strong ethical “Do the Right Thing” results
- Effectively reduced compliance deficiencies to zero within six (6) months
- Significantly reduced the number of audit deficiencies, with no critical deficiencies year over year
- Achieved annual organizational goals under budget
- Managed Health Plan compliance with federal and state laws and regulations
- Improved to highly satisfied state customer relationships to mitigate additional or future sanctions based on an excellent track record
- Drove corporate philosophy through policies and procedures, educational events, and day-to-day operational guidance
- Led improvements by creating a collaborative Plan Compliance Committee, Board of Director reporting, and C-suite updates and notifications

#### 2011–2016 **Passport Health Plan, Compliance Director/Privacy Officer/Delegation Oversight Director**

- Created and implemented the compliance program comprising of Audit, Training, Program Integrity, and Delegation Oversight Compliance plans
- Reengineered critical business processes to remove gaps
- Improved both accuracy and efficiency regarding policy identification, development, maintenance, record retention, and compliance with NCQA and the Department for Medicaid Services
- Directed the planning and implementation of HIPAA compliance initiatives, led appropriate resources, and determined project requirements, deliverables, and policy development
- Developed and implemented compliance plan and program, including risk assessment and mitigation, and comprehensive compliance training for staffing

2011–2016

**Passport Health Plan, Compliance Director/Privacy Officer/Delegation Oversight Director (Continued)**

- Performed HIPAA inspections and training
- Developed Compliance Program, Audit/Training/Program Integrity/Delegation Oversight Compliance Plans
- Reengineered critical business processes to remove any disconnect and improve both accuracy and efficiency regarding policy identification, development, maintenance, record retention, and compliance with NCQA and customer
- Developed and served as Procurement business owner collaborating interdepartmentally using ethical business practices
- Coordinated preparation, responses, corrective action plans, and closure for contractual and accreditation audits

**Education and Certification**

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- Undergraduate courses in Business Administration at University of Kentucky and Kentucky State University
- Certified Compliance and Ethics Professional
- Certified in Healthcare Privacy Compliance



## Thomas Payne

**Upon Award:** Management Information System Director

### Office Location

**Address:** 500 West Main Street, Louisville, KY 40202

### Professional Experience

#### 2017–Present **Humana, Strategic Consultant and Business Technology Lead**

- Serve as a strategic IT liaison between Medicaid business leadership and Humana IT
- Role includes representation of IT in state audits and RFPs, communication and coordination with IT counterparts at state Medicaid agencies, and designation as IT Leader for specific Medicaid programs
- Served in State Lead role for Florida from January 2017–September 2019, and for Kentucky from September 2019–present

#### 2008–2016 **Humana, Director, Acquisitions and Integration**

- Conducted due diligence activities on behalf of Humana’s IT and Service Operations functions for numerous targeted companies
- Supervised IT-related integration activities for several acquired companies, also serving as *de facto* local IT Director for many of them, as required

#### 2009–2011 **Humana, Director, Maintenance and Support**

- Created a start-up Maintenance and Support (M&S) organization within one of Humana’s Applications Development organizations
- Drove M&S standardization and tracking improvements across Applications Development teams via membership in M&S Roundtable
- Negotiated Statement of Work with external vendor to drive costs down, create incentives, and share risk

#### 2006 **CHA Health, Executive Officer in Charge and Chief Information Officer**

- Appointed to oversee operations of the company before and during integration into Humana
- Oversight of policy, finance, operations, facilities, human resources, sales and marketing, underwriting, medical management, credentialing, provider contracting and relations, and information services
- Daily transition planning and management interactions with Humana

#### 1997–2005 **CHA Health, Chief Information Officer/Director of Information Services**

- As a member of Executive Team, was jointly responsible for strategic planning and company direction
- Directed the transformation of the IS function from a 100% ad-hoc reporting paradigm into a full-fledged, standards-based IS department
- Full oversight of the technology component of outsourced claims and IT operations
- Responsible for the implementation of the Electronic Transaction and Security provisions of HIPAA
- Implemented change management and risk assessment processes
- Successfully implemented fully-integrated data warehouse, data mining tools, end-user reporting system, and IP Telephony system

- Oversight of interfaces/integration with third party systems, including billing/enrollment, medical management, HEDIS, disease management, imaging/workflow, and numerous external business partners
- Member of negotiating team for three ASP/BPO arrangements with three different vendors
- Technical liaison to large clients and business partners
- Full responsibility for Y2K efforts, the technical portion of the transition to a new outsourcing partner, and the orderly shutdown of the company's Medicaid systems
- Responsible for SAS70 compliance, with IT passing the SAS70 audit on first attempt

1992–1997

**QualMed, Inc. (now HealthNet/Centene), Manager, Technical Services/Project Manager, Reporting Systems/Senior Programmer**

- Supervised a staff of 13 system administrators, DBAs, and system programmers
- Implemented several new hardware platforms, as well as a client-server environment
- Standardized backup and recovery procedures and planned and executed disaster recovery plans
- Documented system administration procedures and hardware configurations
- Managed staff of application programmers and business analysts supporting traditional and end-user reporting applications
- Designed and developed NCQA-accredited HEDIS 2.5 Quality of Care and chart audit tracking systems
- Served for two years as HEDIS Effectiveness of Care “Chapter Owner” with ultimate responsibility for accuracy and maximization of metrics
- Supervised AMISYS report development, end-user reporting tool training and implementation, and the development of a utilization reporting database
- Supervised MACESS integration
- Designed and rewrote capitation system
- Developed pre-HEDIS preventive care correspondence/PCP Roster system
- Assisted with premium billing system rewrite

1989–1991

**Blue Cross Blue Shield, Senior Systems Analyst**

- Project management, systems analysis and design, program development, and supervision of programming staff
- Team leader for development and installation of new managed care system for HMO Colorado
- Designed subsystems for finance and customer service areas, redesigned other subsystems, wrote online portion of capitation system, implemented GHAA reporting suite

1988–1989

**Kaiser Permanente, Systems Analyst III, Programmer/Analyst III**

- Analysis and documentation of all Kaiser systems
- Participated in early stages of Kaiser's multi-regional Common Systems initiative
- Supported enrollment, billing, and reconciliation systems
- Significantly enhanced and automated group reconciliation system

**Education and Certification**

- Bachelor of Science in Business Administration, focus in Finance and Marketing, from Indiana University
- Masters coursework in Accounting and Information Systems from University of Colorado Denver