

## Attachment I.B.3-2 Resumes Staffing



Jeb Duke II

*Upon Award: CEO*

### Office Location

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

### Professional Experience

#### 2017–Present **Humana, Regional Vice President, Medicaid**

- Executive Director of Kentucky Medicaid Contract execution, oversight, and administration
- Owner of Humana Medicaid Technology strategy including mobile, analytics, and information technology
- Owner of Medicaid state Contract implementations to include technology, process, and staffing execution
- Responsible for Medicaid Long-Term Services and Supports (LTSS) and Duals integration strategy development

#### 2013–2017 **Humana, Program Manager, Medicaid**

- Acted as Chief of Staff for the National President of the Medicaid/Duals/LTSS segment responsible for segment staff planning, administration, and coordination
- Responsible for the development, planning, and execution market performance reviews
- Developed segment oversight structure and facilitated Medicaid Governance during plan expansion periods
- Developed Medicaid trend initiatives facilitating segment claim and administrative savings

#### 2012–2013 **Humana, Process Engineer**

- Budget Manager for Humana Rewards, Performance & Process Improvement, Intel, and Perfect Service departments
- Acted as a Program Manager within the Medicaid and Dual Eligible department
- Coordinated CareSource Alliance program structure implementation and managed committee oversight
- Responsible for Humana Rewards and Well Dine program oversight and implementation

#### 2008–2012 **Humana, Project Manager/Process Consultant**

- Managed Medicare Special Needs Plan (SNP) implementation project; Coordinated work across Member/Provider Communications, Product, CMSCMU, Reporting, Service Operations, and State Contracting
- Hosted the SNP Gatekeeper Forum in order to facilitate communication across Medicare in relation to SNP governance and design implementation
- Owner of Product Feasibility; Process ensured market and product design concepts were vetted prior to filing
- Process owner for Post-Enrollment Enrollee services to include: creditable coverage, best available evidence, account maintenance, Enrollee correspondence, and disenrollment
- Product owner of various Medicare annual planning guides and CMS compliance chapters

2005–2007

**United States Marine Corps, Commanding Officer/Executive Officer**

- Directly responsible for the overall welfare, operations, personnel management, discipline, and administration of 300 Marines and Sailors

2004–2005

**United States Marine Corps, Platoon Commander**

- Conducted counter-insurgency operations in Southern Baghdad, Iraq in Support of Operation Iraqi Freedom
- Conducted Humanitarian Relief Operations in support of the 2004 Indonesian Tsunami

**Education and Certification**

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- Bachelor of Business Administration from University of Kentucky
- Master of Business Administration from University of Kentucky
- Certificate of Accounting from University of Louisville Business School



## Samantha L. Harrison

**Upon Award: COO**

### Office Location

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

### Professional Experience

#### **2019–Present Humana, Chief Operations Officer, Kentucky Medicaid**

- Oversee the plan operations for the Humana Kentucky Medicaid Managed Care plan
- Operations liaison with regulatory agencies, vendor partnerships, and industry stakeholders for Kentucky Medicaid
- Direct market operational implementation of contract, state, and federal requirements to ensure compliance and overall operational efficiencies
- Serve as Market Leader and subject matter expert for Humana’s Kentucky Medicaid plan
- Provide oversight to ensure business owner collaboration to meet the Medicaid plan’s strategic initiatives

#### **2014–2019 CareSource, Director, Administration, Kentucky and West Virginia**

- Responsible for market plans oversight as a Senior Leader for Kentucky and West Virginia products
- Served as the CareSource primary liaison with regulatory agencies, Alliance partners, and other key industry stakeholders for Kentucky and West Virginia markets
- Directed and managed the Market Regulatory team to facilitate business owner action ensuring implementation of requirements as specified in government contracts, state and federal regulations for organizational compliance, and ensured timely, accurate completion of regulatory deliverables for all market products
- Directed, collaborated, and coordinated with internal business owners who oversee service and operations functions to ensure implementation of all market health plans’ business and contractual requirements while driving market strategy initiatives
- Served on designated external and internal committees to represent health plan business needs and regulatory/contractual requirements
- Developed, translated, and executed key strategies or functional/operational requirements for market products and ensured as a Market Leader that necessary actions are taken to achieve strategic priorities with maximum effectiveness and efficiency
- Served as a subject matter expert for Kentucky HEALTH implementation for the Kentucky Medicaid plan
- Collaborated with business owner management to ensure accurate and timely implementation of medical cost savings initiatives

#### **2013–2014 CareSource, Manager, Regulatory and Contract Administration**

- Served as the primary liaison between CareSource, the Kentucky Medicaid Alliance partner, and other key industry stakeholders
- Managed and directed market regulatory activity and government contracts, requirements, and policies to ensure organizational compliance at federal and state levels for all products within the market

2013–2014

**CareSource, Manager, Regulatory and Contract Administration (Continued)**

- Collaborated and coordinated with internal business owners who oversee service and operations functions to ensure implementation of all market health plans' business contractual requirements
- Provided business guidance concerning regulatory requirements and government contract for all market products
- Provided relationship management and program advocacy with state regulatory agencies and the Kentucky Medicaid Alliance partner, and incorporation of revised or new regulatory and government contract requirements into Plan operations
- Led the implementation of annual/interim contract amendments and regulatory changes in conjunction with appropriate business owners

2013–2014

**CareSource, Manager, Regulatory and Contract Administration (Continued)**

- Developed and maintained schedules of contract and regulatory deadlines and deliverables, ensuring timely and accurate submission for all market products
- Assisted internal and external customers with basic questions or problems arising from the contract or regulation
- Served on designated external and internal committees to represent health plan business needs and regulatory/contractual requirements
- Collaborated and supported leadership at the project level as it relates to local or corporate projects requiring plan expertise
- Reported potential risks, non-compliance, or alleged violations to Corporate Compliance upon identification
- Supported accreditation initiatives
- Directed initial and ongoing training concerning regulatory activities and contractual requirements
- Managed and ensured coordination and collaboration with local government relations initiatives

2012–2013

**CareSource, Government Contract Manager, Kentucky Medicaid**

- Served as the primary liaison between CareSource and Kentucky Medicaid Alliance partner - primary focus was to manage the Humana-CareSource Commonwealth Medicaid contract
- Provided relationship management and program advocacy with state regulatory agencies and the Kentucky Medicaid Alliance partner, and the incorporation of revised or new regulatory and government contract requirements into Plan operations
- Coordinated implementation of contractual/regulatory requirements and amendments with local health plan and corporate business owners, assisted in the determination of impact to company, and reported findings to management
- Provided initial and ongoing training on regulatory/contractual requirements and local commonwealth regulatory environment
- Ensured coordination and collaboration with local government relations initiatives

Nov. 2008 –  
Jan. 2013

**Commonwealth of Kentucky, Office of Inspector General, Assistant Director**

- Provided technical management assistance to four Enforcement Branches and to Central Office specific to Division requirements related to State Licensure and Federal Certification requirements
- Provided technical guidance to state survey teams conducting facility regulatory inspections and investigations
- Reviewed, analyzed, wrote, and monitored correspondence originating from the Division for accuracy and conformity with state and federal requirements

- Conducted quality audits of documentation to include the review of CMS 2567L statements of deficiencies for quality assurance as it relates to substandard quality of care, actual harm/jeopardy citations

### Education and Certification

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- Bachelor of Arts in Gerontology from University of Kentucky



## Patrick Szydowski

*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



Lisa Galloway, MD, MRO, FACOEM

*Upon Award: Medical Director*

### Office Location

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

### Professional Experience

- 2020–Present Humana, Regional Vice President Health Services, Chief Medical Officer–Kentucky Medicaid**
- Director over Utilization Management Medical Directors, Utilization Management Associate Director, and Utilization Management team
  - Provide oversight of Quality, Clinical Policy Development, Provider Relations, Population Health, and Disease Management for Kentucky Medicaid
  - Attend meetings with state, community-based organizations, and providers
  - Work collaboratively with Kentucky DMS and associated state agencies, along with the Managed Care Organization Medicaid Medical Directors towards improved Enrollee experience and quality, outcome-based health improvements
- 2017–2019 Humana-CareSource, Medical Director, Kentucky and West Virginia**
- Provided oversight of Utilization Management, Quality, Clinical Policy Development, Provider Relations, Population Health, and Disease Management for Medicaid and Exchange Enrollees
  - Attended state meetings
  - Worked in a collaborative relationship with Kentucky DMS and associated state agencies, along with the Managed Care Organization Medicaid Medical Directors towards improved Enrollee experience and quality, outcome-based health improvements
- 2014–2017 Baptist Health Plan, Medical Director of Medical Affairs**
- Medical oversight of Utilization Management and Review, Quality, Medical Guideline Policy Development, Medical Appeals, Provider Credentialing, Pharmacy Formularies, Population Health, and Disease Management for Commercial and Medicare Advantage Enrollees
- 2008–2014 The WorkCenter, Medical Director of Occupational Health Services**
- Provided occupational services to Lycoming County and the surrounding areas
  - Worked directly with the HR/Safety Director of the employer groups to assist in the development of their specific needs concerning periodic surveillance monitoring, drug testing, and return to work/fitness for duty
- Employee Health Susquehanna Health System, Medical Director**
- Responsibilities included providing oversight of pre- and post-employment processes (physicals, UDS review, vaccination, and surveillance)
  - Served as a risk management consultant to the Risk Management team
  - Assisted with benefit design
  - Consulted with Human Resources concerning FMLA, STD/LTD
  - Developed a Chronic Disease Management Program for Employee Service Partners, starting with diabetes and then expanding to hypertension and obesity/overall wellness
- 2008–2013 Williamsport Physical Medicine, Medical Director**
- Provided non-narcotic pain management and neuropathy treatments
  - Supervised physician assistants and nurse practitioners in an integrated medical practice to patients with chronic myofascial pain and neuropathy

- 2005–2008*     **Spartanburg Regional Health System (Occupational Health/Minor Care), Lead Physician**
- Provided occupational health services to the businesses of Greer, Greenville, and surrounding areas, as well as minor acute care to the general population
- 2005–2008*     **Springbrook Behavioral Health System–Medical Consultants of the Carolinas, Consultant**
- Served as part-time consultant working seven to 10 shifts a month in an acute care adult/long-term care adolescent psychiatric hospital
  - Provided admission history and physicals, EKG interpretation, and consults for acute illnesses/injuries and interval management of chronic conditions while patients were hospitalized at Springbrook
- 2003–2005*     **Westside Urgent Care–Spartanburg Regional Health System, Physician**
- Worked as a full-time physician in the Urgent Care unit
  - Saw acute illnesses and injuries, interval management of chronic conditions with referral back to Primary Care Providers, and acute emergent problems with stabilization and referral to emergency department (ED)
- 1998–2003*     **WorkWell Occupational Health Center–St. Francis Health System, Medical Director**
- Organized and set up the existing structure of this occupational medicine clinic
  - Provided occupational health services to Greenville and the surrounding areas
  - Performed physicals, managed worker’s compensation, assisted with STD/LTD cases while onsite at three locations: Lockheed Martin, GE Gas Turbine, City of Greenville
  - Served as Medical Director of Employee Health for St. Francis Health System
- 1999–2007*     **Wallace Thomas Hospital, Independent Contractor to United Emergency Services**
- Worked approximately four shifts a month in a nine-bed ED
  - Provided emergent, urgent, and non-urgent care to patients of all ages
- 1998 – 1999;*  
*2002 – 2002*     **St. Francis Health System Emergency Department, Physician**
- Worked two to four shifts a month at the Women’s and Family Hospital ED (13-bed ED) or at the Downtown St. Francis ED (18-bed ED) as the double coverage physician for the full-time ED physicians
  - Provided care to the non-urgent (fast-track) patients at the Women’s ED and provided care to all patient types at the Downtown ED
- 1998 – 1999*     **Mary Black Hospital, Independent Contractor to Sterling (aka Phy-America)**
- Worked four to six shifts in a 13-bed ED
  - Provided emergent, urgent, and non-urgent care to pediatric and adult patients

### Education and Certification

- Bachelor of Arts in Chemistry from Eastern Kentucky University
- Doctor of Medicine from University of Louisville
- American Board of Family Practice (Recertified April 2016)
- Medical Review Officer Certification (August 1998–Present; expires April 2021)
- Kentucky Medical License #47502 (Issued: Sept. 18, 2014 (Active))
- Pennsylvania Medical License #MD433098 (Issued: December 2007–December 2016 (Inactive))
- Illinois Medical License #036.137192 (Issued: February 2015 (Inactive))
- Indiana Medical License #01075087A (Issued: March 11, 2015–October 2019 (Inactive))
- Tennessee Medical License #MD-0000024223 (Issued January 27, 1993–May 2000; reinstated 2015 (Active))
- Ohio Medical License #35.126521 (Issued May 27, 2015 (Active))
- West Virginia Medical License #26619 (Issued September 14, 2015 (Active))
- South Carolina Medical License #20103 (Issued June 1998 (Inactive))
- Virginia Medical License #0101015512 (Issued August 1, 1990–March 31, 2004 (Inactive))
- North Carolina Medical License #200100686 (Issued June 22, 2001 (Inactive))

### Education and Certification (Continued)

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- Diplomat of the National Board of Medical Examiners, July 1990
- BLS (Basic Life Support) Certification, July 2015–2019
- ATLS (Advanced Trauma Life Support) Certification, July 1993–November 2009
- ACLS (Advanced Cardiac Life Support) Certification, January 1989–2010; July 2015–2019
- PALS (Pediatric Advanced Life Support) Certification, June 2005–October 2009

### Medical Societies and Awards

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- American Academy of Family Physicians (2016–Present)
- American Medical Association (1985–1994, 2013, 2016–2019)
- Kentucky Medical Association (1985–1994, 2016–Present)
- Greater Louisville Medical Society (2017–Present)
- American College of Occupational and Environmental Medicine (ACOEM) (1997–Present; Fellowship status granted in 2013)
- ACOEM Finances and Practice Management Section (2012–Present; HOD representative 2012–2017; CPT Task Force 2013–2019)
- ACOEM Corporate Medicine Section (2010–Present)
- ACOEM Health and Productivity Section (2010–Present)
- ACOEM Transportation Section (1999–Present; Secretary 2001–2005, 2007–2015)
- ACOEM MRO Section (1999–Present)
- ACOEM Council on OEM Practice (2014–Present)
- Kentucky OEMA (January 2015–Present)
- Lexington Medical Society (2015–2017)
- Lycoming County Medical Society (2008–2014; Board of Directors 2013–2014)
- Pennsylvania Medical Society (2008–2014)
- Philadelphia Occupational and Environmental Medical Society (January 2008–2014)
- Carolina’s Occupational and Environmental Medicine Association (1999–2007)
- Tennessee College of Occupational Medicine (1997–1999)
- Who’s Who in Executives and Professionals (1996–1997)
- Tennessee Academy of Family Practice (1989–1992)
- Physician’s Advisory Board – National Republican Congressional Committee (2001–2003)



## 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





**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

### Professional Experience (Continued)

- 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



## Majid Ghavami

**Upon Award:** Provider Network Director

### Office Location

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

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### Professional Experience

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**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

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- Bachelor of Arts in Accounting from Bellarmine University



Audra L. Summers, MSN, RN, PMHNP-BC, CPHQ

*Upon Award: Quality Improvement Director*

### Office Location

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

### Professional Experience

- 2019–Present Humana, Associate Director-Quality Improvement, Market Quality Operations**
- Responsible for leading the Quality Improvement and Early Periodic Screening Diagnosis and Testing (EPSDT) Outreach teams to fulfill Kentucky Medicaid’s Quality Assessment and Performance Improvement (QAPI) Program requirements
  - Formed the market Quality Improvement Committee and developed multiple processes to support the QAPI program for Kentucky Medicaid
- 2017–2019 Humana, Senior Quality Improvement Professional, Market Quality Operations**
- Served as Kentucky Medicaid Quality Lead
  - Responsible for providing daily market and subcontractor support
  - Coordinated Enterprise Quality Governance committee activities
- 2010–2017 Humana, Consultant, Corporate Quality Operations Compliance and Accreditation**
- Drove best practice strategies to implement complex Dual Demonstration Projects and new Medicaid lines of business at the corporate level
  - Assisted with Request for Proposal (RFP) development
  - Dissected complicated documents (e.g., Memorandum of Understanding, partner contracts, technical specifications, state contracts) to realize impacts to quality operations business process
  - Developed and revised quality operations documents to support new business (e.g., Quality Improvement Program (QIP) description, Quality Improvement Evaluation, Policy and Procedures, Quality of Care Investigation process flows)
  - Identified similarities and differences among state contracts and planned for state-specific requirements
  - Drove implementation of advisory board requirements (both Enrollee and stakeholder) as defined by each state contract
  - Identified system changes needed (e.g., worked with the Quality Management System Process Manager to implement system changes to support Dual Demonstration and LTSS lines of business)
  - Worked with the accredited markets to pioneer simplicity and thrive together as NCQA Continuity of Care Study processes were aligned
  - Worked with a market to complete documentation to demonstrate compliance with URAC QIP requirements, which included an aggressive timeline and ultimately yielded approval from the state’s Department of Insurance (DOI)
- 2010–2010 Humana, Consultant, Vendor Management**
- Implemented and analyzed clinical processes supporting OrthoNet, as well as market process support
  - Performed root cause analysis to implement process improvements and monitored service results

- 2007–2010 Humana, Process Manager, Vendor Management**
- Provided day-to-day operations support and strategies to promote behavioral health screening and co-management referrals into Humana Achieve (integrated medical-behavioral health)
  - Performed root cause analysis to identify, develop, and implement process improvements
  - Monitored service results and defined strategies for continual growth
- 2006–2007 Humana, Project Manager**
- Provided project management services to corporate clients
  - Developed project plans, implementation teams, and sub teams
  - Followed projects through completion and mitigated implementation barriers
  - Promoted teamwork and excellent execution through project implementation
- 2004–2006 Central State Hospital, Nurse Educator**
- Assessed education needs of nursing staff
  - Researched, developed, and conducted training sessions
  - Started as a staff nurse on an acute inpatient Psychiatry unit
  - Conducted ongoing utilization review as needed
- 1996–2003 Humana, Process Manager**
- Managed day-to-day operations and developed innovative strategies for the disease management pregnancy program, Humana *Beginnings*

### Education and Certification

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- Bachelor of Science in Nursing from McKendree College
- Master of Science in Nursing, Adult Psychiatric Mental Health Nurse Practitioner Program from University of Louisville
- Health Sciences Center School of Nursing, Diploma Program
- Kentucky RN License Number: 1076344
- Indiana RN License Number: 28153000A
- ANCC Certified Adult Psychiatric Mental Health Nurse Practitioner Certification Number: 2005007184
- Certified Professional in Healthcare Quality: 117639

### Professional Affiliations

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- American Psychiatric Nurses Association, Current Member
- Kentuckiana Council of Psychiatric Nurses, Vice President, 2005–2007



## 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



## 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



## 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 Market Prominence 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**

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



## 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)



## Kathy A. Kauffmann, RN, CCM

**Upon Award:** *Utilization Management Director*

### Office Location

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

### Professional Experience

#### **2019–Present Humana, Associate Director, Utilization Management, Kentucky Medicaid**

- Responsible for the day to day operations of the utilization management team for Kentucky Medicaid, covering over 145,000 lives

#### **2018–2019 Humana, Senior Channel Development Professional, Clinical**

- Corporate support for senior leadership, clinical teams, compliance, and provider engagement teams in the Markets in Central Division
- Responsible to review EIR/Operational data metrics monthly with leadership to determine opportunities for improvement
- Lead collaboration with regional teams and stakeholders to facilitate planning and execution of program pilots and IT enhancements
- Collaborate with provider engagement teams to deliver overviews of clinical programs with focus on Humana at Home programs; create reports to be shared with providers on patient's eligibility and participation in programs

#### **2015–2018 Humana, Market Relationship Manager, HGO Clinical Strategies**

- Assisted Markets with performance improvement plans around EIR/Operational data metrics, analyzing current operational data, outcomes, and processes
- Created UM audit tool and trained UM leaders to review nursing documentation and decision making to ensure compliance with federal and quality guidelines
- Recommended improvements in market processes to senior leadership; assisted with the planning, coordination, and management of clinical program projects and initiatives

2012–2015

**Humana, Consultant, HGO Acute Care Strategies**

- Responsible for launch of the Front End Review (FER) across all Medicare regions, Florida Medicaid, and Puerto Rico, which included the creation of policies and clinical processes to ensure compliance with regulatory guidelines
- Created and designed all UM process training and resource documents; facilitated training of all regional UM teams and medical directors
- Post launch follow-up included onsite visits to all regions to observe first-hand day to day UM operations, complete audits of documentation by the UM nurses of the clinical information and MCG guideline determination to identify process gaps, learning opportunities, and potential best practices
- Worked with analytics team to develop dashboards and reports to reflect performance and outcomes, identify opportunities for improvement, as well as process enhancements; Responsible for presenting metrics and regional performance to senior leadership
- Collaborated and coordinated with external stakeholders, vendors, and internal stakeholders to resolve issues and develop mutually beneficial strategies and processes for implementing clinical programs
- Developed ongoing audit processes and reporting to monitor quality and compliance of all UM processes.

2002–2012

**Humana, Clinical Advisor, Commercial Case Management and Transplant Management**

**Education and Certification**

- Bachelor of Science in Nursing from Indiana Wesleyan University
- Master of Science in Business Communication from Spalding University
- Registered Nurse
- Certified Case Manager



## Martha Campbell

**Upon Award:** *Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordinator*

### Office Location

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

### Professional Experience

#### *2019–Present* **Humana, EPSDT Coordinator, Kentucky Medicaid**

- Work in partnership with other market teams, such as Provider Engagement and Community Outreach, to provide education on EPSDT and collaborate on quality improvement initiatives
- Review EPSDT Coordinator processes and identify areas for enhancement
- Submit EPSDT quality improvement plans, including annual program description, work plan, and annual evaluation
- Participate in state meetings, including Children’s Health Technical Advisory Committee and the State Interagency Council (SIAC) for Services & Supports to Children and Youth
- Audit EPSDT processes for compliance, as needed

#### *2015–2019* **Humana-CareSource, EPSDT Program Manager**

- Responsible for overall administration of EPSDT
- Represented Humana-CareSource at EPSDT state meetings and related Technical Advisory Committee meetings
- Designed EPSDT outreach efforts for members, providers, and member facing staff to improve compliance and outcomes
- Served as EPSDT subject matter expert for CareSource expansion markets
- Ensured compliance with CMS, Kentucky Department for Medicaid Services, NCQA, and Quality
- Collected and compiled data and program metrics and analyzed trends
- Developed and maintained standardized and ad hoc reporting, including CMS-416-EPSDT Participation Report

#### *2012–2015* **Cabinet for Health & Family Services, Department for Behavioral Health, Developmental, and Intellectual Disabilities, Program Administrator of the State Interagency Council**

- Monitored regulatory changes and reviewed approved and proposed legislation and Executive Orders
- Facilitated SIAC’s annual recommendations to the Governor and Legislative Research Commission
- Assisted SIAC’s research into policy changes related to the improvement of services for children and youth
- Developed team/interagency approaches to achieve goals
- Provided technical program support to service providers, staff, and consumers
- Provided training to providers across all regions in Kentucky and conducted on-site monitoring of program progress and compliance
- Monitored SIAC, Regional, and Local Interagency Council budgets on an annual and quarterly basis
- Represented interests of SIAC on committees and advisory groups that promoted children’s social, emotional, and behavioral health, utilizing the values and principles of a System of Care philosophy and evidence-based practices

- 2012–2015 Cabinet for Health & Family Services, Department for Behavioral Health, Developmental, and Intellectual Disabilities, Program Administrator of the State Interagency Council (Continued)**
- Supported the charge from the Secretary of the Cabinet for Health & Family Services to re-design children’s behavioral health services in Kentucky and implement an expanded System of Care approach
- 2010–2012 Cabinet for Health & Family Services, Health Program Administrator, Department of Public Health**
- Early Childhood Comprehensive Systems (ECCS) Grant Administrator
- Developed linkages with early childhood programs
  - Built and implemented programming which supported families and communities
  - Increased family involvement in Kentucky’s early childhood system
  - Assisted in development of statewide trainings
  - Provided data, reports, and surveys to assess program effectiveness
  - Assured compliance with federal reporting requirements and federal budget
- Project Director of the Early Childhood Systems Fiscal Mapping Project
- Performed comprehensive review/analysis of fiscal resources available to support services for the population prenatal through age eight
  - Contracted with national firm to map federal, state, and private funding sources which aligned with the goals of Kentucky’s early childhood system improvement efforts; results provided to CHFS for future development of a strategic financing plan to guide policy and investments of key policy makers
- Co-Lead for the statewide implementation of the National Help Me Grow (HMG) Model
- Program designed to serve at risk children and families by implementing system to provide early identification of developmental and behavioral problems and link families to appropriate services; during planning grant phase, co-leads implemented one rural pilot site and one urban pilot site
- 2005–2008 Family Care Center–Lexington Fayette Urban County Government, Director of Health Services, Family Care Center Children’s Health Clinic**
- Served as Director of a multi-service, integrated primary care clinic serving children, adolescents, and families; approximately 4,000 children/adolescents served annually; 95% covered by Medicaid
  - Provided oversight of services, including medical, dental, behavioral health, social services, resource coordination, interpretation services, speech evaluation and therapy, and nutritional services
  - Managed contracted and co-located services, including partnerships with University of Kentucky, Cardinal Hill Rehabilitation Center, Department for Public Health, and Bluegrass Comp Care
  - Prepared service delivery and outcome, budgetary, and grant reports
  - Developed and implemented policies and procedures to comply with strategic plan and regulatory guidelines
- 1997–2004 Passport Health Plan/AmeriHealth Mercy, Manager, Medical Management**
- Responsible for overall administration of EPSDT
  - Collaborated with community and governmental agencies; guided policy making to ensure health outcomes achieved
  - Monitored program policies, procedures, provider practices, and collaborative partnerships
  - Implemented and managed EPSDT Home Visit Member Outreach Program in partnership with health departments



1997–2004

**Passport Health Plan/AmeriHealth Mercy, Manager, Medical Management (Continued)**

- Identified barriers impacting EPSDT compliance and implemented interventions to improve health outcomes; increased EPSDT screening and participation rates from 17% to 85% and 17% to 63%, respectively
- Awarded EPSDT Best Practice Award from AmeriHealth Mercy

**Education and Certification**

- Associate Degree in Philosophy from Converse College
- Bachelor of Arts in Philosophy from University of Mississippi
- Master of Science in Community Development from University of Louisville–Urban Studies Institute



## Beth Emery, RN

*Upon Award: Guardianship Liaison*

### Office Location

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

### Professional Experience

**2019–Present Humana, Foster Care and Guardianship Registered Nurse Case Manager, Mobile/Remote**

- Monitor the health, safety, and welfare of members in state custody through utilization/medication review and HEDIS review
- Engage members through psychosocial and health needs assessments via telephonic and electronic contact with members and their state guardians
- Collaborate with the behavioral health team to obtain mental health services for members
- Collaborate with the Cabinet for Health and Family Services and Community Mental Health Centers at Regional Transition and Continuity-of-Care meetings

**2014–2019 Humana-CareSource, Foster Care and Guardianship Registered Nurse Case Manager, Mobile/Remote**

- Provided case management services to foster children and state guardianship adults
- Monitored the health, safety, and welfare of members in state custody through utilization/medication review and HEDIS review
- Engaged members through psychosocial and health needs assessments via telephonic and electronic contact with members and their state guardians
- Collaborated with the behavioral health team to obtain mental health services for members
- Collaborated with the Cabinet for Health and Family Services and Community Mental Health Centers at Regional Transition and Continuity-of-Care meetings

**2014 Kentucky Department of Behavioral Health, Developmental, and Intellectual Disabilities, Nurse Consultant/Medication Administration Coordinator, Health Risk Screening Coordinator**

- Managed the Supports for Community Living (SCL) Waiver program
- Developed the SCL medication administration curriculum
- Trained SCL RNs in medication management
- Provided case management, technical support, and clinical support

**2008–2014 Hospice of the Bluegrass, Registered Nurse, Adult and Pediatric Case Manager**

- Provided case management services for terminally ill adult and pediatric patients
- Performed routine home visits for symptom management
- Provided teaching, education, and support to family caregivers regarding disease process, medications, and treatment options
- Developed, implemented, and evaluated individualized plans of care
- Reviewed referrals for admission eligibility and evaluated patients for discharge
- Completed Medicare/Medicaid recertifications
- Prepared biweekly presentations to the Medical Director and interdisciplinary team regarding each patient's status in relation to the plan of care and treatment goals

**2007-2008 Georgetown Community Hospital, Registered Nurse, Medical Surgical Unit**

- Provided direct adult and pediatric patient care and discharge planning

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- 2006-2007*     **Shriners Hospital for Children, Registered Nurse, Pediatric Rehab Unit**
- Provided direct patient care and discharge planning
- 2005-2006*     **Eastern State Hospital, Registered Nurse, Behavioral Health Crisis Stabilization Unit**
- Provided direct patient care and coordinated wrap around discharge services
  - Provided crisis intervention
  - Led Substance Abuse education group sessions
  - Led life skills education group sessions
- 1995-2005*     **University of Kentucky Children’s Hospital, Registered Nurse, Pediatric Oncology/Medical Surgical Unit, NICU, PICU**
- Provided direct patient care, education to caregivers, and discharge planning

### **Education and Certification**

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- Associate’s Degree from Lexington Community College
- Registered Nurse



## Christina Mayes

*Upon Award: Program Integrity Coordinator*

### Office Location

**Address:** Work at Home – Kentucky (2006 Fox Trail Drive, La Grange, KY 40031)

### Professional Experience

- 2016–Present Humana, Senior Compliance Professional/Program Integrity Coordinator, Compliance**
- Oversight and monitoring of compliance and program integrity requirements, statutory and contractual
  - Lead a team dedicated to fraud, waste, and abuse reporting and government agency referrals
  - Collaborate with state and federal agencies to improve report templates and ensure data provided is effective in combating fraud and abuse
  - Launched efficiency improvement project to decrease completion time of reports and eliminate the need to hire an additional full-time associate
- 2014–2016 Oldham County Public Schools, Substitute Teacher K-12<sup>th</sup> Grade**
- Instructed students in the absence of the full-time teacher, following lesson plans outlined by teacher when available
  - Worked flexibly each day and adapted for student differentiation and varied policies and operations of faculty/staff at different schools (Elementary, Middle, and High Schools)
- 2007–2012 Trover Solutions/Gibson & Sharps Law, Operations & Financial Analyst/Project Manager–Legal Division**
- Automated previously manual, time-consuming processes to drive gains in data tracking/accuracy, work efficiency, and profitability
  - Supported business operations through analysis of key performance indicators and trends
  - Focused on root-cause analysis to not only identify negative trends, but to determine what caused them and deliver improvement solutions
  - Successfully managed multiple projects directed toward strategic business objectives, such as bonus plan implementations, attorney-specific letter automation, marketing/branding of law firm, and development of new business “Litigation Management”
- 2006 – 2007 Trover Solutions, Account Manager II–Client Solutions**
- Analyzed data to determine trends and proactively identified potential problems saving money and time and increasing customer satisfaction
  - Maintained 100% client retention rate for all assigned accounts
  - Created a series of charts and graphs for periodic results meetings with clients which clearly defined company performance for the client in various areas and current status of member files
- 2004-2006 Trover Solutions, Business Analyst–Auditing Services Division**
- Reviewed numerous provider contracts to find new business opportunities increasing revenue for the customer and my employer
  - Maintained a robust claim selection criteria database to only screen-in audit claims with profit potential
  - Successfully managed various account implementation and installation projects, handling the due diligence efforts that were required, including client visits, business requirements gathering, data testing, and client online system training

1999-2004

**Trover Solutions, Senior Claims Examiner–Healthcare Subrogation Division**

- Recovered millions of dollars on behalf of major health insurers through diligent negotiations and knowledge of state laws
- Exceeded annual recovery/performance goals every year in the position
- Developed strong customer relationships while serving as a gatekeeper to manage information flow to and from the client

**Education and Certification**

- Bachelor of Science from University of Louisville
- Certificate in Project Management, 2008