Oral Presentations

CARE 1ST
HEALTH PLAN ARIZONA
A WellCare Company

SECTION H: INSTRUCTIONS TO OFFERORS: ORAL PRESENTATIONS

RESUMES OF INDIVIDUALS PARTICIPATING IN ORAL PRESENTATIONS

The table below lists the names and titles of the individuals participating in Oral Presentations as required in Section H: Instructions to Offerors, Paragraph 19, Submission Requirements. Resumes for the individuals listed in the table below can be found on the subsequent pages.

Name	Title
Scott Cummings	President
Susan Cordier	Chief Operating Officer
Kathy Hoffman, RN, BSN	Senior Director, Field Health Services
Satya Sarma, MD	Senior Medical Director
Lori Gordon, LCSW	Director of Behavioral Health
Carole Matyas	Vice President Operations, Behavioral Health

Scott Cummings

President

PROFESSIONAL EXPERIENCE

Care1st Health Plan Arizona, Inc. – Phoenix, AZ
President (Jan. 2007 – Present)

- Under the direction of the Board of Directors, manages and directs the organization toward its primary business objectives.
- Leads and directs the day to day operations of the health plan. This includes providing leadership and direction to the management team to ensure the organization's strategic plan is translated into tactical goals and objectives that guarantee performance objectives are met or exceeded.
- Sets the tone from the top that compliance with all regulations and contract adherence is critical.
- Directs and manages the organization's financial performance. Takes appropriate actions to increase revenue, leverage resources, manage and/or minimize expenses.
- Directs the development of annual budgets and presents the budgets for approval.
- Assists and leads where appropriate, with aspects of state and federal government relationships, including working with regulators, as necessary, to establish and continue effective working relationships. Ensures that all state and federal regulations are met.
- Oversees the development and maintenance of a viable provider network to ensure the health care needs of members are met. Develops or manages provider contracts and partnerships to achieve quality and cost management objectives. Works closely with providers to enhance relationships and maximize their ability to effectively manage the cost of medical delivery.
- Oversees the development, implementation and continuous evaluation of the utilization and quality management program for medical services delivered by contracted health care providers.
- Leads organizational development activities that develop and foster strong working relationships among the members of the management team. Builds and promotes the culture of the plan to be consistent with the values established by the corporate office.
- Establishes formal and informal mechanisms to promote and maintain credibility, competence, and a positive corporate image by exhibiting strong communication to the corporate office, providers, members and committees.

Phoenix Health Plan/Abrazo Advantage Health Plan – Phoenix, AZ
Chief Operating Officer (2004 – 2006)

- Responsible for oversight of all activities related to Operations of a 100,000 member health plan.
- Direct responsibility for Member Services, Marketing, Network Management, Business Applications and Analysis, and Claims Processing.
- Served as key participate in the analysis and development and implementation of Plan initiatives and strategies and acted as a member of Plan's management team to ensure achievement of company goals.
- Managing day-to-day operations of departments, staff, and functions to ensure performance measures and Federal requirements are met
- Sets the strategic oversight and engagement plan of the subcontractors at the local level
- Directs long and short term planning for the departments including manpower, facilities, training, and system requirements. Develops and directs the implementation of strategies to substantially improve efficiencies, deliver process improvement and invoke quality service
- Directs and oversees claims processing activities with the objective of meeting production, timeliness, quality standards, and to ensure that services comply with governmental and accrediting agency regulations. Participates

with other health plan departments in planning, coordinating, and problem solving in regard to claims operations and customer service

- Provides leadership/accountability for the development of the Provider network to ensure adequacy standards are achieved. Provides direction on the design and implementation of a high performing network to achieve quality and cost management objectives

Cigna Healthcare Of Arizona – Phoenix, AZ
Administrative Director – CIGNA Community Choice (1997 – 2003)

- Accountable for the operations and compliance of a 75,000 member Medicaid health plan to include operational, financial, data processing and overall program compliance activities.
- Experience in vendor management, compliance, member services, provider services, provider contracting, delegation/delegated oversight, quality, health services, claims administration, IT and services, financial analysis and personnel management.

Health International – Scottsdale, AZ
Applications Manager (1995 – 1997)

Cigna Healthcare Of Arizona – Phoenix, AZ
Senior Business Analyst (1994 – 1995)

Cycare System, Inc. – Scottsdale, AZ
Programmer Analyst and Product Marketing Specialist (1990 – 1994)

Electronic Data Systems – San Francisco, CA and Phoenix, AZ
Programmer Analyst and Product Marketing Specialist (1985 – 1990)

RELEVANT EDUCATION & TRAINING

- **Kent State University, Kent, OH –** Bachelor of Science, Business Administration

Susan Cordier

Chief Operating Officer

PROFESSIONAL EXPERIENCE

Care1st Health Plan Arizona, Inc. – Phoenix, AZ
Chief Operating Officer (May 2007 – Present)

- Oversee Member Services, Provider Network, Claims, Encounters, Claim Disputes and Appeals, as well as the related resources associated with Plan operations.
- Responsible for the operational development of high quality, cost effective and integrated processes that meet the needs of members, the provider network, internal staff and exceed regulator expectations. Efforts have resulted in tripling of membership and significant service area expansion.
  - Develop and foster effective internal collaboration including developing and chairing key operational and intradepartmental workgroups.
  - Excellent working relationships with market and governmental regulators and accountable for exceeding regulatory requirements (including AHCCCS, CMS and DDD).
  - Develop and manage budget and financial results for areas of responsibility
  - Efforts in process improvement, expense management, revenue enhancement, achievement of effective utilization and quality goals and objectives, and analysis and utilization of information to develop and support management decisions have resulted in tripling membership, highly satisfied providers.

Phoenix Health Plan – Phoenix, AZ
Operations Director (July 2006 – May 2007)

- Phoenix Health Plan was owned by Tenet Health and was contracted with the Arizona Health Care Cost Containment System (AHCCCS) to provide healthcare services to more than 60,000 Medicaid recipients in Arizona. During this time, PHP had annual revenues of greater than $290 million. Directed all activities related to Provider Services, Contracting, and Credentialing.
  - Exceeded provider growth and retention initiatives
  - Provider Services, Contracting and Credentialing met all AHCCCS, CMS and DOI regulatory requirements and achieved 100% on audit scores
  - Reestablished cross functional and system implementation workgroups resulting in proactive provider education and significant decrease in loading and claims payment related errors.

AMSURG CORP. – Tempe, AZ
Regional Director Operations (July 2005 – July 2006)

- AmSurg Corp. focus at the time was developing, acquiring and managing practice-based ambulatory surgery centers in partnership with surgical and other group physician practices. Directed business development, clinical services and business operations activities for 11 surgery centers in three states with combined net revenues of $24M. Managed budgeting and financial results of each center. Designed and implemented short and long term strategic plans resulting in each center meeting growth and financial goals.
  - Managed physician partner relationships in each center.
  - Analyzed financial impact and executed plan to equip and open additional procedure rooms, resulting in 25% increase in procedure volume.
  - Evaluated expansion opportunities including architectural drawings, analysis of expansion cost and pro forma development with goal of adding 20% growth to center's top line.
  - Decreased worker's compensation expense by 30%.

- Decreased interest expense by 20% after researching alternative financing opportunities.
- Implemented purchase of new surgical equipment at 41% of standard cost through negotiation of unique user agreement with vendor.

PHOENIX HEALTH PLAN – Phoenix, AZ
Director Network Management (July 2004 – July 2005)

CIGNA HEALTHCARE OF ARIZONA, INC. – Phoenix, AZ
Director Provider Services, Arizona (Nov. 2001 – July 2004)

RELEVANT EDUCATION & TRAINING

- **University of Illinois, Urbana, IL –** Master of Business Administration
- **Southern Illinois University, Carbondale, IL –** Bachelor of Arts

Kathy Hoffman, RN, BSN

Senior Director, Field Health Services

PROFESSIONAL EXPERIENCE

Care1st Health Plan Arizona, Inc. – Phoenix, AZ
Senior Director, Field Health Services (May 2013 – Dec. 2016)

- Exercises leadership over the three areas that comprise Medical Operations: Quality, Medical Management, and Pharmacy.
- Responsible for ensuring that effective communication and cooperation exists between Quality, Medical Management and Pharmacy as well as between these areas and other plan departments (Network Operations, Claims, Member Services, Appeals, etc.).
- Facilitates an interdisciplinary team approach to ensure consistency in Medical Operations.
- Establish and maintain solid working relationships within and outside of the organization; provide operational and clinical direction to management team and staff.

Optum/Inspiris of Arizona – Phoenix, AZ
Director of Care Management (2005 – 2013)

- Responsible for management and implementation of the Post Acute provider team and the nursing UM and Case Management team across programs.
  - Accountable for staffing, program design, budget and education focused on multiple managed care health plans' highest risk complex populations.
  - Directed the provider and case management Post Acute (short term rehab) team with an emphasis on strong discharge planning to achieve length of stay and readmission metrics
  - Successfully directed and implemented an integrated care management model across setting from institutional to home
  - Developed and implemented new case management models to support clinical strategies; including a Transition Model focused on the first 30 days after an admission
  - Prepared and implemented the annual UM delegation program with successful audit results
  - Contracted and maintained a network of subcontracted physicians to support various programs

Cigna Health Care of Arizona – Phoenix, AZ
Director of Provider Services (2004 – 2005)

Cigna Health Care of Arizona – Phoenix, AZ
Assistant Director of Utilization Management (UM) and Quality Programs (2003 – 2004)

Cigna Health Care of Arizona – Phoenix, AZ
Delegation Oversight Manager (2000 – 2003)

Cigna Health Care of Arizona – Phoenix, AZ
Manager, Onsite Review and Case Management (1998 – 2000)

RELEVANT EDUCATION & TRAINING

- **University of Arizona, Tucson, AZ –** Bachelor of Science Nursing (BSN)

Satya Sarma, MD

Senior Medical Director

PROFESSIONAL EXPERIENCE

Care1st Health Plan Arizona, Inc. – Phoenix, AZ
Senior Medical Director (May 2016 – Current)

- Duties include oversight of Utilization Review Medical Directors, second-level reviews, Appeals, State Fair Hearings and medical policy
- Identified opportunities to reduce avoidable DME costs by revising Wearable Cardio Defibrillator policy to be consistent with current medical literature
- Led development of metrics, processes and data management to better manage Opioid Overuse in a vulnerable population
- Helped develop models and metrics for Value Based arrangement with a vendor High Risk population with a high cost profile

DaVita Healthcare Partners
Vice President, New Market Integration (Sept. 2015 – Apr. 2016)

- Clinical Lead for a consulting engagement at a 13-hospital system (Revenue of $2B).
- Identified opportunities to drive savings and quality metrics to achieve Readmission reduction, reduced Length of Stay and Avoidable Admission
- Developed Assessment framework for Inpatient and High Risk Post Discharge Clinic in order to assess opportunity areas/ gaps
- Developed and delivered an interactive 4-month Learning Collaborative to help standardize development and facilitate deployment of post discharge high risk strategies at each hospital site in order to reduce readmission.
- Developed overarching high risk strategy based on demographics and geo-mapping of high risk populations
- Helped identify the appropriate risk stratification tool options to deploy the high risk strategy
- Helped develop a financial model to assess viability/ ROI from High Risk Post-Discharge Clinic
- Helped develop dashboard metrics for Inpatient, High Risk and Post Acute settings

UnitedHealthcare – Phoenix, AZ
Medical Director, Clinical Coverage Review (Sept. 2012 – Sept. 2015)

- Performed utilization review of prior authorization requests for Medicare, Dual and Commercial members across the country
- Acted as a resource to nursing and clinical coordinator staff, regarding questions related to clinical review and management
- Participated in LEAN/ Six Sigma initiative to streamline processes
- Finalist in Innovation Day project proposing a member-centered information project: our team has been voted by UHC employees into the top 16.
- Helped create “elevator pitch”, visual aide, and video to present the innovation.

UnitedHealthcare – Phoenix, AZ
Medical Director, Inpatient Care Team (Jan. 2011 – Sept. 2012)

- Managed inpatient utilization for Medicaid and Dual Medicare and Medicaid members in the state of Arizona
- Analyzed data available at the claims and authority level from various internal sources (including SMART, Variant Day Analysis) to develop strategies to target IP utilization to achieve a savings of approximately $15M in my first year as Medical Director.

- Met targets of approx. 20% further reduction in Inpatient utilization for second year – 40% reduction in utilization over 3 months
- Instituted Readmission Rounds – Initiated multidisciplinary team rounds to target frequent re-admitters to enable transition care plan, with health plan support to reduce readmission rates.
- Acted as a resource to develop new nursing staff, educating them on Milliman as well as State regulatory requirements

Saguaro Internal Medicine – Sun City West, AZ
Physician, Owner (Jan. 1996 – Present)

- Established a thriving medical practice serving a retirement community.
- Manage the P&L for the practice, devising strategies to maximize efficiency, manage costs, while maintaining a high level of care and patient satisfaction.
- Devised procedures and practices to minimize adverse clinical outcomes.
- Improved level of service and reduced clinical errors by instituting quality checks.
- Recruited, trained and devised compensation plans to retain employees.
- Implemented procedures and processes to comply with HIPAA regulations; Trained staff on HIPAA compliance.

Bravo Health Inc. – Philadelphia, PA
Complex Care Physician (June 2010 – Nov. 2010)

- Implemented chronic care model in a Senior Medicare Advantage plan

Affinity Hospice of Life – Phoenix, AZ
Consulting Physician (Apr. 2010 – June 2010)

- Participated in directing the management of terminally ill patients

MedResQ – Glendale, AZ
Entrepreneur (July 1999 – Jan. 2001)

- Founder and CEO of a software startup devising solutions to help physician hospital organizations manage financial risk and improve quality of care.

Mercy Integrated Health – Phoenix, AZ
Physician Employee (Oct. 1994 – Dec. 1995)

- Clinician in a newly formed healthcare services company comprising over 40 medical providers. The company was formed by combining several local medical practices in order to improve their ability to negotiate managed care contracts.
- Participated in establishing a new medical practice location.
- Helped devise guidelines to improve efficiency of care across the medical practice
- Served on the Utilization Review and Quality Management committees

RELEVANT EDUCATION & TRAINING

- **Harvard Business School, Executive Education** – Value Based Measurement in Healthcare (Nov, 2016)
- **University of Pittsburgh Medical Center, Pittsburgh, PA** – Internal Medicine Resident (1991 – 1994)
- **Jefferson Medical College, Philadelphia, PA –** Medical Doctorate (1987 – 1991)
- **Pennsylvania State University, University Park, PA** – Bachelor of Science summa cum laude (1985 – 1987) – Accelerated 6-year BS/MD program

PROFESSIONAL CERTIFICATIONS

- American Board of Internal Medicine

Lori Gordon, LCSW

Director of Behavioral Health

PROFESSIONAL EXPERIENCE

WellCare Health Plans – Bowling Green, KY
Senior Director, Behavioral Health (Jan. 2014 – Present)
Director of Behavioral Health (May 2012 – Jan. 2014)

- Responsible for the overall implementation of behavioral health services in a previously unmanaged state, including provider service development, collaboration with system configuration, and the development of both short term and complex case management structures.
- Drives behavioral health programs through the development of policy and procedure, clinical criteria, workflows and other behavioral health documentation.
- Monitors processes and procedures to ensure compliance with contractual, regulatory (Federal/state) and accreditation entities.
- Provides leadership and support to front-line staff and supervises.
- Coordinates quality assurance and quality improvement activities with regional and corporate departments.
- Assists with development of clinically-focused training associated with behavioral health assessment, care plan development and behavioral health services in the state.
- Establishes, maintains and fosters professional working relationships with all behavioral health providers and develops regular ongoing working relationship with the community mental health system in the market including community mental health centers, treatment facilities and other significant behavioral health providers
- Developed integrated (PH/BH) teams including a pilot project that reduced inpatient utilization
- Excelled with key partner relationships including state government, providers and community advocates.

Magellan Health Services – Maricopa, AZ
Director of Utilization Management (May 2008 – May 2012)

- Responsible for UM of large public sector behavioral health contract. Developed process to reduce readmission of the individuals with the highest utilization by developing community based services to meet needs.
- Achieved URAC accreditation during the second year of the contract with acknowledgement for utilization practices and clinical documentation.
- Served on national quality committee responsible for development of medical necessity criteria, inter-rater reliability studies and QI oversight.
- Instrumental in the development of integrated physical and BH model including the integration of electronic medical records and the development of risk stratification for physical and behavioral health conditions.

Magellan Health Services/ Direct Service Clinics
Clinical Manager Tennessee (July 2006 – May 2008)
Training Lead Tennessee (Nov. 2006 – May 2008)

- Assisted in the development and implementation of the organizational and operational plans for the effective delivery of clinical services.
- Lead the clinical team in the monitoring and managing levels of care including ambulatory follow up and intensive recovery care management related to mental health and substance abuse treatment.
- Developed peer led recovery care management program for individuals with multiple hospitalizations and limited community support.
- Managed clinical team member performance through the review of qualitative and quantitative performance results on an ongoing basis.

- Developed and implemented overall training plan for Care Management Center including all clinical training initiatives. Coordinated Quality Improvement activities.

Foundations Associates – Nashville, TN
Clinical Operations Director (Aug. 2003 – July 2006)

- Directed daily operations of a treatment organization with 100+ employees and a full continuum of treatment services for the lifespan.
- Lead organization in becoming CARF accredited.
- Worked with information systems department to develop and implement electronic medical records system.
- Developed and implemented successful online training program.

Nashville State Community College – Nashville, TN
Adjunct Faculty (Nov. 2005 – Dec. 2007)

- Taught the following courses: Family Systems and Intro to Social Work

Temple University – School of Social Administration
Adjunct Faculty (June 2000 – May 2003)

- Taught or co-taught the following MSW courses: Financial Management 1 & 2
- Staff supervision and training

Philadelphia Health Management Corporation
Director, CHANCES Program (May 1998 – June 2003)

- Directed all operations of a women and children's outpatient substance abuse treatment program through a period of transition and expansion. Developed all public and community relations materials.
- Worked with management team, managed care plans and state officials to develop and implement billing process that maintained collection ratio of more than 97%.

Philadelphia Health Management Corporation
Admissions Coordinator (Nov. 1997 – May 1998)

- Co-authored biopsychosocial evaluation instrument.
- Worked with project staff to test instrument reliability and validity.
- Presented instrument finding to state and local officials.

Philadelphia Health Management Corporation
Therapist (Oct. 1994 – May 1996)

- Provided individual and group therapy for post-partum women who were substance dependent and HIV positive.
- With collaboration of hospital committee, designed and implemented evaluation plan that led to the development of universal assessment and referral protocols for home visitation services.

Resources for Human Development
Children's Outreach Services-Behavioral Services Clinician (Oct. 196 – Nov. 1997)

- Recruited, hired and supervised 15 therapeutic support staff.
- Developed behavioral plans for children with DSM diagnosis.
- Provided Utilization Review to ensure continued care.

RELEVANT EDUCATION & TRAINING

- **University of Phoenix** – MBA (in process)
- **Acuity Institute** – Green Belt Certification, 2011
- **Temple University, School of Social Administration, PA** – MSW, 1996
- **Western Kentucky University, KY** – BSW, 1991

PROFESSIONAL CERTIFICATIONS

- LCSW, 2006: State of Tennessee
- LCSW, 2015: State of Kentucky

Carole Matyas

Vice President Operations, Behavioral Health

PROFESSIONAL EXPERIENCE

WellCare Health Plans – Tampa/St. Petersburg, FL
Vice President Operations, Behavioral Health (2011 – Current)

- Overall accountability for non-clinical operations interface between Behavioral Health programs and other health plan functional areas including provider network, operations- claims, member services, compliance etc.
- Provide support to all markets including Medicaid States and Medicare program
- Behavioral Health lead on all new business development activities including RFP responses
- Lead all new program implementations for Behavioral Health components, develop project plans and execute for contract compliance, readiness review and go live of new business
- Serve as Behavioral Health lead on the integrated solutions team that handles merger and acquisition implementation

BayCare Health System - Employed Physician Group – St. Petersburg, FL
Director MSO Operations (Jan. 2010 – Aug 2011)

- Practice management/operations of a large behavioral health employed physician group and outpatient clinics in St Petersburg and Clearwater
- Manage billing, credentialing, contracting and performance improvement/outcomes strategies
- Oversee physician recruiting and administrative aspects of the practice
- Lead physician integration strategies for the division, assure programs and locations had adequate medical staff support

Magellan Health Services/ Direct Service Clinics
Chief of Clinic Operations (April 2006 – Aug. 2009)

- Practice management/operations of 23 mental health clinics and a psychiatric urgent care center
- Manage a budget of 120 million, 1365 staff and 300,000 sq. ft. of office space in 23 locations
- Responsible for clinic compliance with federal and state mental health regulations
- Manage billing, encounter production and administrative processes responsible for assuring clinical program quality and development of consistent policy and procedure

Schaller Anderson, Incorporated- Corporate offices
Vice President Public Sector Operations (Feb. 2004 – Jan. 2006)

- Hired as part of the start-up team to develop and implement public sector contracts- established medical behavioral integration strategy
- Serve a project manager on new implementations working in 3 states on start-up projects
- Oversee the field operations of the public sector contracts in 4 states
- Public Sector sales and business development plan
- Network Manager for Contact Behavioral Health

Value Options - Regional Offices
Vice President Public Programs (April 1999 – Dec. 2004)

- Executive Management of large public sector HMO Contract equaling 15% of the company's total revenue
- Oversaw all departments and operations related to Public Sector Contracts - including 80 staff and call center operations as well as a network of 300 providers
- Call center operations management, claims/benefits/eligibility, MIS, customer service department over sight
- Contract negotiations, contract management and compliance for single specialty HMO licensure

- Key person responsible for interface and relationships with Texas government officials administering the contract
- Oversaw 140 million dollar budget- responsible for aggressive EBITDA targets, risk contracts and MLR targets
- Participate in all Senior Leadership activities for the company including corporate business development, expansion and sales initiatives

RELEVANT EDUCATION & TRAINING

- **Marywood University, Scranton, PA** – Master of Social Work Degree (MSW), 1979
- **Marywood University, Scranton, PA** – Bachelor of Social Work Degree (BSW), 1978