MARNIE BASOM ACCOUNTABLE EXECUTIVE & PROJECT ADVISOR

CURRENT ROLE

Vice President, State Government Solutions, 2013–Present

- Provides executive leadership in the development, execution, and management of growth and operational initiatives for the State Government Solutions Division
- Directs more than 25 contracts to confirm contract performance and compliance
- Provides leadership and management for 33 client-focused team members
- Provides subject matter expertise and guidance to government project and technical teams on current and impending business needs based on the market, politics, legislation, and other influences

CAREER HISTORY

Health Management Systems, Inc.

Regional Vice President, 2011–2013

- Led expansion of revenue and business with the addition of seven contracts with recovery audit scopes
- Increased customer satisfaction, and stabilized contract delivery
- Implemented government relations strategy to change state legislation to allow contingency-based contracting

Regional Director, 2005–2011

- Managed team member, client, and contract migration during mergers and acquisitions
- Led successful reprocurements for two government contracts
- Designed and implemented training and succession planning for all positions in the Western region

Blue Cross® of Idaho

Project Manager, 2004–2005

- Developed and managed Foundation for Health programs and initiatives, and provided project management oversight to activities as directed by the medical director
- Developed and launched a smoking-cessation program in six months in collaboration with the Idaho Department of Health and Welfare
- Testified to legislative committee regarding grant expenditures and accomplishments
- Wrote and received government grant to address childhood obesity

Idaho Department of Health and Welfare, Division of Medicaid

Primary Care Program Manager, 2001–2004

- Managed and oversaw care management programs for Medicaid members in the areas of prior authorization, case management, disease management, utilization review, and medical review
- Managed and directed 13 medical and nonmedical personnel and 4 contracted physicians and dentists
- Responded to federal, legislative, and public requests, and provided public and legislative presentations

- Collaborated with the Policy and Administrative Units to ensure that processes and procedures complied with the state plan and regulations

Medicaid Children's Programs Manager, 2000–2001

- Provided management and oversight for the Idaho Children's Health Insurance Program (CHIP), school-based services, and early and periodic screening, diagnosis, and treatment initiative
- Interpreted and applied federal and Idaho regulations, and developed program policies and procedures
- Collaborated with internal and external stakeholders to advance program goals
- Served as project manager to expand Medicaid managed care

CHIP Coordinator, 1999–2000

- Managed CHIP-related services, including federal reporting, outreach, and legislative and executive presentations
- Developed stakeholder relationships to support expanding enrollment

KPMG™

Manager, 1998–1999

- Managed and supported social policy and health care engagements in Idaho and Wyoming
- Wrote the first children's health plan submission to the Centers for Medicare & Medicaid Services on behalf of the State of Wyoming
- Developed Medicaid managed care contract guidelines for benefit providers and enrollment brokers
- Conducted quality assurance and high-performance organization trainings for state clients

Blue Cross® of Idaho

Wellness Coordinator, 1997–1998

- Developed disease-management and wellness initiatives for employees and members
- Drafted policies and procedures for medical record reviews
- Drafted program descriptions and procedures for the medical management program
- Conducted Health Plan Employer Data and Information Set measurement–data gathering and review
- Supported National Committee for Quality Assurance–accreditation activities

EDUCATION

- Bachelor of Science, Oregon State University
- Master of Public health, Oregon State University

CRISTHIAN BERMUDEZ PROJECT & ACCOUNT DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Program Director, 2012–Present

- Manages all contracted activities, directs project tasks, and serves as the primary point of contact for clients the State of Arizona Medicaid and State of New Mexico Medicaid contracts, which includes provider overpayments; credit balance reviews; provider recovery; CI, TRICARE, and Medicare recovery; cost avoidance; identification and verification of TPL; casualty, restitution, Workers' Compensation, estate, TEFRA, MCO come-behind services, and trust subrogation recovery; and Medicaid RAC recovery
- Manages day-to-day project operations for Arizona and New Mexico TPL and RAC projects, including oversight over data sharing and transmission as well as recovery case management
- Coordinates and communicates with numerous state and county agencies as well as outside vendors to certify efficient, effective program operations
- Performs QA for all project business processes and client deliverables, including reports, insurance coverage additions/updates, and PMMIS/MMIS updates, to maintain high level of client satisfaction and compliance with contracts
- Closely works with clients to maximize cost containment opportunities through TPL recovery and identification, overpayment identification and recovery, and other COB services
- Provides clients with any national best practices to improve cost containment efforts, including insight on how changes related to healthcare might affect TPL operations
- Leads contract-expansion efforts, including solicitation responses, new-client prospecting, business-development presentations, and project implementations
- Implements new technology, tools, and procedures to improve operational performance and efficiency
- Provides cost containment and payment integrity expertise to state stakeholders, including Medicaid, legislators, governors' offices, providers, providers associations, managed care contractors, and insurers
- Provides day-to-day contract management, including resource and budget management, from implementation to ongoing operations
- Liaises with internal information technology (IT) and implementation team members to facilitate successful project implementations, including data-exchange establishment

CAREER HISTORY

Health Management Systems, Inc.

Program Manager, 2009–2012

- Managed TPL Recovery project on behalf of the Arizona Health Care Cost Containment System (AHCCCS), including cost avoidance identification and verification, casualty/tort/restitution recovery, estate/TEFRA/trust recovery, CI recovery, and CBRs
- Managed operational implementation of TPL project enhancements, including carrier recruitment and CBR program

- Coordinated with AHCCCS Information Services Division (ISD) personnel to ensure timely and accurate data transfers to State MMIS
- Built strong relationship(s) with Arizona and national CI carriers (BC/BS of Arizona, UHC, Cigna, etc.), resulting in increased compliance with State regulations and improved CI cost savings/recoveries for AHCCCS
- Provided customer service to CI carriers for inquiries in regards to AHCCCS reclamation billing, financial, refunds, and general information
- Delivered day-to-day contract servicing of various AHCCCS Medicaid health plans and program contractors, ensuring satisfaction with client deliverables
- Ensured excellent customer service to AHCCCS departments, including recipient services, ISD, and Finance, by answering inquiries on information provided and troubleshooting any issues
- Worked with insurance carrier community to implement electronic data exchanges, thus streamlining Cost Avoidance and Recovery programs
- Managed and coordinated daily workflow for TPL, including initiating training of team members as well as developing and implementing project planning, tracking, and QC
- Serves as the liaison between AHCCCS and their MCOs related to Casualty and Credit Balance Audits

Operations Supervisor/Program Specialist, 2005–2009

- Managed a team of eight for AHCCCS TPL contract
- Reduced employee turnover by 70% by revamping hiring practices and new hire training while also driving major improvements in communication and employee recognition
- Ensured project and company goals were exceeded on a consistent basis; compiled and analyzed daily and weekly reports to ensure performance metrics were maintained and exceeded
- Led recovery effort of probated estates; maintained case files and managed attorney communication
- Led recovery of Medicaid casualty/tortfeasor recovery from liable third party sources; worked with attorneys and insurance agents to resolve issues and settle cases on behalf of AHCCCS
- Reviewed ICD-9 coding and claims data pertaining to casualty cases for valuation purposes
- Generated monthly and quarterly Project Status Reports for client
- Organized and maintained banking function including check logs, deposit reconciliation and account posting procedures
- Managed the Casualty Recovery project for AHCCCS health plan client, Arizona University Physicians, Inc., and the Maricopa Managed Care (UPI and MHP) Casualty Recovery project

National Imagining Association

Call Center Supervisor, 2003–2005

- Effectively managed the daily operations of 10+ customer service agents for commercial carrier preauthorization call center, including QA, coaching, attendance, disciplinary actions, and motivation
- Held responsibility for all Customer Service Operations Reports, including Efficiency reports; timeliness of responses; quality and accuracy of the call center; developing, producing, and issuing reports to clients documenting performance; and ensuring follow-up was accomplished per required periodicity
- Implemented solutions to maintain high service levels even during record call volumes that exceeded forecasts by up to 25%

- Held responsibility for creating and overseeing the team structures in the operations center and for structuring efficient work and information flow
- Managed relationships with clients, families, and agencies, resulting in identification and resolution of critical business issues

EDUCATION

Bachelor of Arts, Business Marketing, University of Phoenix

ANN LOPICCOLO PROJECT & ACCOUNT MANAGER

CURRENT ROLE

Health Management Systems, Inc.

Program Director, 2016–Present

- Holds responsibility for implementation and project management for the State of Nevada Medicaid and State of Arizona Medicaid contracts, which includes provider overpayments; credit balance reviews; provider recovery; CI, TRICARE, and Medicare recovery; cost avoidance; identification and verification of TPL; casualty, restitution, Workers' Compensation, estate, TEFRA, MCO come-behind services, and trust subrogation recovery; and Medicaid RAC recovery
- Manages day-to-day project operations for Arizona and Nevada TPL and RAC projects, including oversight over data sharing and transmission as well as recovery case management
- Provides oversight and analysis of RAC scenarios including outreach coordination, provider clarifications, issue resolution and audit resolutions
- Closely works with clients to maximize cost containment opportunities through TPL recovery and identification, overpayment identification and recovery, and other COB services
- Provides clients with any national best practices to improve cost containment efforts, including insight on how changes related to healthcare reform might affect TPL operations
- Implements new technology, tools, and procedures to improve operational performance and efficiency
- Provides cost containment and payment integrity expertise to state stakeholders, including Medicaid, legislators, governors' offices, providers, providers associations, managed care contractors, and insurers

CAREER HISTORY

Health Management Systems, Inc.

Program Manager, 2012–2016

- Provides implementation and management support for HMS's RAC and TPL projects in Nevada and Arizona; and RAC projects in California and Nebraska
- Initiates RAC audit scenarios across various provider types
- Holds accountability for the management of client revenue and deliverables
- Manages relationships with clients, providers, professional associations, government officials, and other stakeholders
- Provides customer service to commercial insurance carriers for inquiries related to NV and NE reclamation billing, financials, refunds, and general information
- Delivers day-to-day contract services for numerous clients of acute care and long term care contractors to confirm satisfaction with client deliverables
- Oversees excellent customer service to clients and stakeholders, including its Member Services, ISD, and Finance teams, by answering inquiries on information provided and troubleshooting any issues
- Works with the insurance carrier community to implement electronic data exchanges with a goal of streamlining Cost Avoidance and Recovery programs
- Manages the team that provides subrogation services to the State of Arizona

- Manages the Third Party Liability (TPL) Recovery project—including commercial insurance cost avoidance identification as well as casualty/tort, estate/trust, and commercial insurance recovery—on behalf of the Arizona Health Care Cost Containment System (AHCCCS) and Nevada Medicaid
- Coordinates with AHCCCS Information Services Division (ISD) personnel to certify timely, accurate data transfers to the Arizona Medical Management Information System
- Builds strong relationships with commercial insurance carriers
- Works with the insurance carrier community to implement electronic data exchanges with a goal of streamlining Cost Avoidance and Recovery programs
- Manages and coordinates the daily workflow of the TPL Recovery Unit
- Initiates personnel training
- Develops and implements project-planning, tracking, and quality control activities

Regional Program Specialist, 2011–2012

- Validated and tested algorithms for the New Mexico Recovery Audit Contractor program
- Researched state and federal rules, regulations, and administrative requirements regarding Medicaid billing and payment
- Coordinated and directed a regional security initiative that included audits of field offices
- Successfully transitioned New Mexico subrogation services to the company
- Streamlined Western region commercial insurance processes and directed team researching denials
- Provided research and editing support for various solicitation responses

Operations Supervisor, 2009–2011

- Supervised the team that provided subrogation services for the State of Arizona
- Developed key performance indicators to motivate and monitor personnel
- Formalized standards to enable both procedural and compliance audits of work performed
- Implemented system-driven workflows to improve efficiency and accountability
- Enhanced Estate project processes, which resulted in saving 40 hours of personnel time per month
- Streamlined manual processes, which reduced office-supply cost by 250%
- Mentored and developed position successor

CCG℠

Consultant, 2006–2009

- Provided technical and accounting support to various clients
- Processed flowcharts and documentation, including risk-identification, improvement-opportunity, and training/reference materials

Rural/Metro Corporation

Director, National Support Services, 2000–2005

- Directed a department primarily focused on the support, training, and audit of 12 regional ambulance-billing offices with receivables of approximately $300 million
- Oversaw the Support Services Audit Department, which conducted claim-level, documentation, process, security, compliance, and utilization reviews
- Developed procedures and controls for resolution of credit balances and lockbox issues

- Coordinated the development and implementation of enhancements and controls to the billing software to streamline receivables collection, including through testing, documentation, training, support, and audit
- Provided monthly consolidated receivables analysis and benchmark reporting, including information on projected cash flow, contractual allowances, denial statistics, and efficiency of operations
- Performed liaison services between the regional offices and corporate departments for purposes of contra-revenue analysis, contractual–write-off and uncompensated-care analyses, and prioritization of program enhancements and new technologies
- Developed Health Insurance Portability and Accountability Act training materials; trained nationally Billing, Field, and Office personnel, tracked receivables offices' monthly compliance with both privacy and security requirements, and performed biannual audits
- Directed the development of various Receivables, Compliance, and Financial reports via Application System/400, Cognos® Impromptu, and Crystal Reports applications

Integration Manager, Corporate Support Services, 1997–2000

- Managed four teams responsible for integrating various ambulance-billing operations working in multiple states into the corporate billing system
- Successfully converted 15 stand-alone billing sites
- Provided preintegration analysis and audit of billing practices as well as identification of software enhancements to the corporate system
- Developed and implemented an Integration Plan that included equipment needs, training, and support during all phases of the integration as well as final budget and staffing requirements
- Provided postintegration follow-up and support, especially during the first six months following the conversion

Regional Ambulance Billing Manager, Arizona and California, 1995–1997

- Managed an approximately 75-member team that processed Ambulance Patient Care Reports for operations, including reconciliation to dispatch, in Arizona and California
- Enhanced recovery efforts by implementing workflows based on payer and age of accounts
- Streamlined processes, including electronic-filing, denial, and appeal processes, which reduced the number of sales-outstanding days from more than 125 days to 75 days

EDUCATION

Bachelor of Business Administration in Accounting, The University of Texas at Austin; 1989

SUJA NAVIN OPERATIONS & SUBROGATION MANAGER

CURRENT ROLE

Health Management Systems, Inc.

Director, Program Strategy and Implementation, November 2015 – Current

- Planned and implemented Strategic initiatives within Enterprise Health Care Management. Drove Utilization management and Condition or Care management imperatives.
- Built and nurtured professional relationships. Created a positive, energetic work culture driven by flawless execution quantified via Net Promoter Score indicators.
- Interacted with executive leadership to facilitate data-driven decision making.
- Orchestrated the design and development of Operational Performance Monitoring solution.
- Accountable for development, maintenance and optimization of Operational reporting platform, including data source, report development tools and dashboards.
- Business intelligence support for Utilization management and Complex Case management operations. Translated data into business issues and opportunities.
- Managed portfolio of critical projects; goal setting, resource alignment, delivery management, impact analysis and communication.
- Developed talent suite by identifying optimal skills needed to drive desired outcome. Hired, motivated and developed career paths as appropriate.
- Evaluated vendor integration opportunities to improve Affordability of Care.
- Improved performance of Utilization management and Case management staff through development of best practices, tools and training materials.
- Partnered with Clinical Analytics to demonstrate savings. Notably, 9% reduction in PMPM cost by promoting Palliative care for seriously ill members (projected $22 million in annual savings).
- Collaborated with Network Innovation to implement Value-based care models to manage Oncology utilization for seriously ill/high cost membership.
- Drove high performance culture by retaining strong talent and motivating results. Actively involved in coaching and talent management.
- Influenced and built alliances across the enterprise to manage change. Ability to gain consensus and execute high impact tactical changes.
- Delivered quantifiable results for the Continuous Process Improvement (Six Sigma/ Lean).

UnitedHealth Group

Associate Director, Business Process Improvements, 2004 – November 2015

- Planned and implemented Strategic initiatives within Medicare and Medicaid Benefit Operations to drive CMS Star ratings, HEDIS measures and ensure CMS Audit success.
- Business continuity for Medicare Operations across local and offshore sites (Philippines, India).
- Risk identification and Disaster recovery planning.
- Utilization Management, Case Management, Healthcare Quality Improvement.
- Leadership engagement around Value proposition.
- Demonstrated use of Quality tools/methodologies.
- Continuous Improvement, Lean, Six Sigma Professional.

- Development and implementation of disaster recovery and business continuity plans.
- Drove change and influenced individuals at all levels within the organization.
- Executive presentations and Leader updates.
- Collaborative development of Business plan, Architecture Roadmap and other business artifacts.
- Knowledge of regulatory and accreditation standards and experience overseeing adherence to regulatory and accreditation standards (NCQA, URAC, HEDIS).
- Actively involved in coaching and talent management. Culture Ambassador.

RECENT ACCOMPLISHMENTS

- Drove Star Performance quality program for Medicare Part C Appeals as well as Medicare Part D Appeals. Accountable for CMS Stars measures; C32, C33, D01 and D02. Facilitated Rapid Decision Making sessions and Lean events across the enterprise.
- Drove CMS Audit readiness activities ranging from preparing the audit Universe to ensuring the appropriate business controls are in place to satisfy CMS regulatory requirements.
- Drove Agile development for iCare, which is a workflow system for M&R Par Provider Appeals and Disputes. Coordinated business requirement capture sessions with IT, managed user acceptance testing, develop contingency plan, and manage migration.
- Managed Star performance for Medicare and Medicaid Appeals with focus on payment integrity operations. Because of this quality program, the Part C appeal fairness measure has successfully remained at 4.5 Stars.
- Managed the Business Process Improvement team within Medicare and Retirement Operations. Team was comprised of project managers and business analysts, responsible for ideation, designed, implemented and monitored of business controls.
- Drove the central intake process for all Business process improvement initiatives in the organization. Process included prioritization and governance approval to ensure effective utilization of project resources.
- Coached Greenbelt/ BlackBelt resources for successful value delivery. Managed global and domestic teams.
- Improved claim adjudication accuracy and thereby increased dollar accuracy rate, bringing in $2.2 million in overpayment avoidance.
- Reduced benefit plan installation errors and reduced rework.
- Improved AHT (average handle time) & agent productivity at Broker Employer call centers.
- Increased same day resolution rate for Network Rapid Resolution agents.
- Improved pricing accuracy for Small Business Underwriting.

EDUCATION

- Certified Six Sigma Black Belt
- Master's degree in Computer Science Engineering with emphasis on Performance Optimization, Operations Research

KELVIN BAILEY COST AVOIDANCE DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Senior Operations Manager, COB Delivery, 2015–Present

- Manages State Government Solutions East Region and Commercial Health Plan Solutions Regional teams
- Holds responsibility for revenue, timeliness, and the quality of the product for over 175 different clients
- Leads new implementations, oversees process improvements, and approves all new contracts
- Manages deadlines and priorities for all assigned clients
- Directs and prioritizes work for all coordination of benefits (COB) groups for all assigned clients
- Directs interface with the Sales and Account Management team to resolve high priority issues and root cause/corrective action for any defects or client abrasion concerns

CAREER HISTORY

Lockheed Martin Missiles & Fire Control (MFC)

Senior Production Support Engineer, May 2011–September 2015

- Provided Lean Six Sigma support for production of JASSM Missile System
- Supervised construction of new JASSM expansion building ~50kSQFT
- Assisted in automation of production lines and robotic booths. Includes integrating industrial controls and building automation
- Coordinated between four different automation vendors to ensure connectivity and integration

Facilities Mechanical Engineer

- Designed and oversaw project execution of various facility infrastructure projects including:
  - Controls Engineering Lead for Building & Energy Management Systems for ~2 Million Sq. Ft. facility and supported offsite locations
    - Performed programming and troubleshooting
    - Monitored for trends and alerts
    - Established programming standards for vendors and oversaw all meter and module installations and replacements
  - Go Green/Sustainability Lead
    - Held responsibility for finding new energy/water/natural gas reduction projects
    - Team savings of over $2 Million

Operations Leadership Development Program (OLDP)

PAC-3 Missile CCA Supervisor

- Set schedule and priorities for Circuit Card Assembly for PAC-3, ATACMS, & GMRLS programs
  - Investigated QNotes for C/CA
  - Identified shortages

  - Instigating process improvements
- Oversaw nine hourly employees

Lufkin Materials Analyst Rotation

- Created Access 2007 database to track materials shortages for missile systems
- Wrote Macros to assist in materials tracking combing data from SMM and SAP
- Served as the PO/PR expeditor for all THAAD parts at Camden, Dallas, and Lufkin

THAAD Quality Engineer Rotation

- Supported THAAD Quality Assurance Program Manager (QAPM) in writing program directive and establishing procedures on THAAD during production ramp up
- Worked with multiple sites to standardize the field return, QNote, and other procedures
- Established a procedure and database management system for the Vendor Request for Information and Change (VRIC) process which controlled engineering changes

Production Operations: Facilities Rotation

- Created asset management tool for all capital facilities equipment across MFC-Dallas to be used by Facilities, Property, and Capital Planning saving $56K/year
- Assisted in implementation of cost savings projects totaling to more than $1.223K/year

EDUCATION

- Bachelor of Science, University of Utah
- Master of Science, Drexel University

MAURA MCCORMICK, ESQ. SUBROGATION & ESTATE RECOVERY/TRUST MANAGEMENT PROJECT ADVISOR

CURRENT ROLE

Health Management Systems, Inc.

Senior Director Subrogation, 2015–Present

- Client liaison and Project Compliance for Subrogation
- Supports account management to ensure a high level of customer satisfaction
- Develops the Subrogation Operations Department's strategic direction and objectives

Independent Consultant, 2012–2015

- Held responsibility for developing a new business plan for HMS's commercial subrogation strategy, serving as lead for the implementations for new commercial subrogation clients, including Humana and Blue Cross® & Blue Shield® of Rhode Island
- Served as business lead for the re-engineering case management system working with the Information Technology Department
- Developed work plans, prioritized activities, and communicated with stakeholders
- Oversaw subrogation yield development and subrogation transformation initiatives
- Identified and implemented revenue generating process improvements, assisted in operational restructuring, and coordinated initiatives with interest parties

CAREER HISTORY

Health Data Decisions

Independent Consultant, 2013–2015

- Served as Project Manager responsible for scope of work drafting, project work plans, status updates, and project deliverables
- Served as Internal Operations Manager overseeing Scrum meetings as well as creating deliverable standards and company branding
- Assisted in developing overall company management, delivering work product, and business development

Maura J. McCormick Attorney at Law

Conveyance/Real Estate Attorney, 2003–2013

- Worked personally and directly with mortgage brokers, realtors, buyers, and sellers as the sole practitioner
- Represented financial institutions as a conveyance and settlement attorney

EDUCATION

- Bachelor in Legal Studies and Criminology, University of Massachusetts (Cum Laude honor)
- Juris Doctor, New England School of Law

PHILLIP OLIVER TPL RECOVERY & BILLING DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Senior Manager, Operations, October 2015–Present

- Oversee quality and revenue performance, while driving strategic initiatives, for Coordination of Benefit product deliverables valuing more than $200 million in annual revenue. Budgetary responsibility for >20 salaried employees.
- Led and trained newly-created implementations team of specialized Engineering Analysts in creating $17 million in incremental revenue within first year of ownership.
- Functional staff include project manager, supervisors, and their teams of Engineering and Business Analysts that produce contract deliverables, drive root cause and corrective action, perform data mining/analytics, and address variances to forecasted revenue.
- Championed and led multiple process improvement and automation efforts, including the pilot project for Robotic Process Automation (RPA) at HMS. Achieved 80% efficiency improvements and created capacity equal to 24 FTE, which allowed for recruitment or development of higher skilled individuals.
- Review and approve incoming proposals for new/expanding clients, IT architecture and technology evolutions, and business process integration/compliance.

CAREER HISTORY

Lockheed Martin

Senior Supply-Chain Manager, July 2014 – October 2015

- Led cross-functional team in managing cost, schedule, and technical quality of over $100 million combined subcontracts, while developing contracts for double the production quantity over the next two years.
- Demonstrated financial acumen and creative negotiation skills by saving up to 44% on efforts over $1 million, while maintaining desired scope, and reducing risk to schedule and quality.
- Innovated and implemented vision, strategies, and automation tools that improved supplier performance, reduced risk, and delivered competitive advantage for systems touching $1 billion combined subcontracts. Led and mentored others in the supply-chain organization and those with process improvement ideas.

Lockheed Martin

Program Finance Lead, October 2012 – July 2014

- Performed and directed strategic plans, financial analysis, financial reporting, business case preparation, budget review, etc. for both internal and external customers in support to an over $40 million per year program. Built positive relations with stakeholders while leading and mentoring a financial analyst team in delivering beyond required results.
- Created automation tools to simplify and increase quality of financial reporting preparation and analysis in a highly regulated environment, reducing required monthly preparation from 2 weeks to 2 hours.

Lockheed Martin

Operations Leadership Development Program, January 2011 – October 2012

- Consulted, led process improvement activities, and managed projects in four cross-functional job assignments spanning different business units and skill sets, while being trained by executive sponsors.
- Authored organizational management strategies, developed automation tools that provided immediate impact in each assignment, managed corrective action boards, and provided business case analysis.
- Recruited and interviewed other high potential candidates for the "fast-track" program.

Lockheed Martin

Subcontract Manager, May 2009 – January 2011

- Led Subcontract Management Team in contract negotiations, failure analysis, and Risk/Opportunity management for over $15 million combined subcontracts.
- Standardized and created interactive process map to ensure compliance to requirements and help train new members to the organization.

EDUCATION

- MBA, Economics/Finance University of Texas at Arlington
- Graduate Certificate, Operational Leadership And Organizational Management, Drexel University
- B.S., Business Management, Brigham Young University

MELODY STACHOWICZ CLIENT LIAISON

CURRENT ROLE

Health Management Systems, Inc. (HMS)

Operations Supervisor, Financial Departments, 2013–Present

- Supervises Boise Office Financial Unit, Administrative Support and Contract Operations
- Works with the Project Consultants regarding state specific rules, requirements, and goals
- Helps, organizes, and schedules volunteer events for staff
- Supervises Boise-based Financial team that supports Idaho Third Party Resource (TPR) and Casualty projects, with responsibility for ensuring that all project deliverables meet contract requirements
- Generates reports and ensures quality assurance (QA) for monthly client invoices (legal, financial, TPR, and provider overpayment services)
- Works with the Project Management and Operations teams to provide oversight over and QA for DHW project operations and prepares weekly and monthly reporting updates for each project
- Reviews and updates procedures, manuals, and other documentation to verify compliance with contract requirements
- Hires, trains, and supervises Boise-based Financial team, with oversight over project work, deliverables, and providing customer service to stakeholders

CAREER HISTORY

Health Management Systems, Inc.

Operations Supervisor, Data Entry and Financial Departments, 2012–2013

- Supervised Financial Unit and Data Entry Units for HMS projects in with a staff of 10
- Supervised Insurance Verification Unit, Data Entry Unit, and Nevada Posting Unit for HMS projects in Idaho, Nevada, and Alaska
- Prepared reports and ensures quality control for monthly client invoices for all units submitting invoices (Legal, Financial, third party liability [TPL] and Provider Overpayments)
- Worked with the Project team regarding state-specific rules, requirements, and goals
- Prepared weekly and monthly reporting updates for each project
- Reviewed and updated Procedures Manuals to ensure compliance with client contractual requirements
- Maximized team output by communicating on a daily basis with team members to discuss daily assignments and project updates to ensure that we met recovery and other project goals
- Hired, trained, and supervised employees for data entry, insurance verification, and posting and financial units
- Helped, organized, and scheduled volunteer events for staff
- Attended meetings, as necessary, with the State of Idaho and provided customer service
- Prepared yearly staff evaluations
- Oversaw provider relations for Idaho and Nevada providers, caseworkers, recipients, and State personnel
- Prepared and produced monthly TPR and TPOI files received for the Idaho Data Entry Unit
- Prepared and sent Ada County Juror questioners on a weekly basis

Operations Supervisor, Data Entry and Verification Departments, 2009–2012

- Supervised Insurance Verification, Data Entry, and Claims Posting teams of between 27 and 45 members for HMS projects in Idaho, Nevada, and Alaska
- Prepared and ensured quality control for monthly client invoices for legal, financial, TPR, and provider overpayments services
- Prepared monthly statistics and produced monitoring reports for the Data Entry team
- Worked with the Project team regarding state-specific rules, requirements, and goals and prepared weekly and monthly reporting updates for each project
- Reviewed and updated procedures manuals to verify compliance with client contractual requirements
- Maximized team output by communicating on a daily basis with Team Leads to discuss daily assignments and project updates to ensure that we met revenue goals
- Oversaw customer service activities to support Idaho and Nevada providers, caseworkers, participants, and State personnel

EDUCATION

Diploma, Credence High School

DAVID DAWSON INFORMATION TECHNOLOGY DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Vice President of IT Application Development, 2016–Present

- Directs processing for Accounts/Receivable (A/R) system, including implementation of a complete redesign for A/R system processing
- Holds responsibility for all application development and maintenance activities, including strategic planning with Enterprise Transformation teams and the HMS Operations team
- Serves as the key driver in stabilizing application stability, reducing system downtime, simplifying development technology stack, and enhancing development methodology and delivery
- Serves as a key leader for completing highly complex, multiyear projects that reconcile claims, remittances, and payments for A/R and invoicing—improved the matching rate for a project by approximately 22%, leading to a significant reduction in labor for posting as well as recoupment in billing dollars
- Oversees regulatory and compliance for *International Statistical Classifications of Diseases and Related Health Problems, Tenth Revision* (ICD-10) coding:

Senior Director, Application Development, 2014–2016

- Served as the Information Technology (IT) Sponsor by leading the application development effort for upgrading all systems to use ICD-10 diagnosis codes
- Led a project lasting more than 18 months that resulted in over 2,200 component changes in numerous application lifecycles for the entire company
- Optimizes program efficiency and revenue initiatives
- Served as the leader of all application development and maintenance, and aligns project initiatives with business-revenue goals to drive priorities and meet deliverables:
- Implemented Cardiac program initiative that annually generates $600,000
- Rolled out a new Eligibility program for a state agency client that generated $2.8 million in revenue for 2015
- Built and deployed a new process for processing claim insurance of newborns, resulting in $1 million in revenue in its first year

CAREER HISTORY

Susan G. Komen for the Cure℠

Vice President, IT and Facilities, 2007–2014

- Built a best-practices IT management infrastructure
- Acted as a strategic asset by applying thought leadership around IT solutions to resolve highly complex business and technical challenges
- Created and executed a robust global IT and business continuity roadmap by leveraging advances in technology to provide better service for less cost while certifying secure, uninterrupted system operation
- Maximized operational efficiency and business agility

- Leveraged innovative thinking balanced with sound risk and project management skills to strengthen IT infrastructure systems
- Successfully integrated disparate "islands of automation" across more than 120 affiliates into a consolidated, collaborative workflow process:
- Implemented PeopleSoft™ financial processes, drastically reducing year-end close from nearly 10 months to 4 months, with ongoing continual improvements
- Planned and executed migration of an enterprise-wide fundraising system into a common platform, saving approximately $5 million in the first three years
- Deployed two separate grant-management systems, saving $1 million and maximizing visibility and control
- Optimized client-service capabilities

EDUCATION

- Bachelor of Science in Computer Science, University of Kansas

JUDE EHRBAR ACCOUNT DELIVERY SERVICES SENIOR DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Senior Director, Health Plans Solutions, 2014–Present

- Provides direction, management, and oversight to the Health Plan Financial Shared Services team
- Oversees and manages the analytical, procedural, and diagnostic processes aimed at identifying and implementing process improvements to support the Health Plan Account team
- Serves as the key point of contact and liaison between Operational teams and the Account Management team
- Serves as the team subject matter expert for the financial product suite
- Manages personnel responsible for reporting to support the Health Plan Account team and external clients

CAREER HISTORY

Health Management Systems, Inc.

Senior Director, Product & Yield Management, 2007–2014

- Led a team of project managers in the management and execution function for multiple contracts, with duties that included certifying the proper execution of cycle processing, quality review of results and deliverables, and process-improvement activities in a timely manner
- Managed regular cycle reviews, with a focus on identifying areas for quality improvements
- Reviewed monthly and quarterly Billing projects for cycle enhancements and improvements prior to their submission to quality assurance review and release to carriers/providers
- Managed the team responsible for the creation of client deliverables related to Provider Disallowance projects, with duties that included confirming the high quality and timely creation of deliverables
- Held responsibility for the project management function for clients, with duties that included the coordination/processing of client data, running of the cycle process, and performance of continuing analysis, as needed

Winthrop University Hospital

Patient Accounts Representative, 1996–2000

- Ensured claims for service provided by the hospital were processed and paid correctly by the insurance carriers and patients
- Monitored the daily status of claims submitted electronically to carriers and managed the account receivables for five large carriers
- Analyzed and corrected previously denied claims for review and payment
- Interacted with patients and insurance carriers on a daily basis through phone calls and face-to-face meetings

EDUCATION

- Bachelor of Arts, Hofstra University

MARY LEIGH GEORGE CREDIT BALANCE AUDIT DIRECTOR

CURRENT ROLE

Health Management Systems, Inc.

Divisional Vice President, Credit Balance, 2012–Present

- Manage credit balance audit services for clients, ensuring that company achieves or exceeds financial and operational goals
- Manage and developed a national Credit Balance Audit team of directors, managers, supervisors, and auditors
- Drive operational execution, with focus on training, quality, and deadlines
- Hold responsibility for revenue and cost management
- Develop and manage technical infrastructure and operations
- Maintain responsibility for direct and indirect sales and Request for Proposals support
- Drive operational efficiencies and productivity improvements

CAREER HISTORY

Aflac℠

Independent Insurance Agent, 2009–2012

- Increased sales and new-account activity through cold calling and existing relationships
- Conducted annual open enrollments for existing clients
- Built and maintained relationships with clients and employers
- Increased product lines in existing accounts to escalate sales

AIM Healthcare Services

National Director, 2003–2009

- Met or exceeded annual budgets of up to $125 million
- Increased business by targeting potential providers with Gross Profit Ratio greater than $250 million
- Supervised a national team of three Regional Directors, eight Assistant Regional Directors, and more than 90 Regional Account Managers
- Built and maintained provider/client relationships from C level to the director level

Regional Director, 2000–2003

- Met or exceeded annual budgets of up to $48 million
- Increased regional business by bringing in additional hospitals in the Southwest region
- Assisted the Sales team in the introduction of new products to hospital contacts
- Managed client relationships with hospital executive management
- Supervised a team of three Assistant Regional Directors and up to 45 Regional Account Managers
- Managed quality levels of Regional Account Managers, and forecasted budgets on an annual, quarterly, and monthly bases
- Performed project management, confirming completion of all projects on time and to specifications
- Performed analysis of competition in the Southwest region

- Analyzed budgetary variances, and provided results to executive management
- Managed and monitored key performance indicators

Regional Account Manager, 1998–2000

- Met or exceeded monthly, quarterly, and annual budgets and quotas
- Traveled to perform audits and credit balance reviews
- Analyzed overpayments to determine resolution
- Held responsibility for the development of provider and client relationships and contract knowledge
- Helped train and develop new Regional Account Managers

Tenet Healthcare

Managed Care Coordinator, 1997–1998

- Negotiated insurance contracts between hospitals and insurance companies
- Managed a team of Managed Care specialists
- Identified payment trends
- Held accountability for contract compliance through a contract tracking system

EDUCATION

- Bachelor of Science in Health Administration, Auburn University

SHANNON MACEIRA PROGRAM INTEGRITY (RAC) VICE PRESIDENT

CURRENT ROLE

Health Management Systems, Inc.

Vice President, Payment Integrity Client Delivery, 2016–Present

- Holds accountability for the year-over-year (YOY) growth of the payment integrity product line
- Works across the organization to secure delivery of strategic solutions that meet market demands
- Serves as the central coordinator for payment integrity activities among Enterprise Product Management, Sales, Account Management, Operations, Quality Business Optimization, and Finance teams
- Aligns the enterprise efforts required to implement the Payment Integrity Strategic Plan successfully

CAREER HISTORY

HealthDataInsights™ (acquired by Health Management Systems, Inc.)

Vice President, Commercial Operations, 2011–2016

- Led the Commercial Account Management team, and provided operational leadership in client process management
- Played a key role in implementing companywide process-improvement strategies to increase efficiency and associated client satisfaction
- Actively facilitated the expansion of client audit strategies based on in-depth, client-specific data analysis and industry standards for healthcare claim recoupment of improper payments
- Improved the YOY annual net revenue by more than 20% in two consecutive years by transforming the business from startup to a highly effective, mature operation through process efficiencies, service revitalization, and tracking
- Improved production realizations of an underperforming revenue-generating team by 60% by reengineering an Operations team operating at less than 20% of production expectations to improve to 30% above the forecast within a six-month time frame
- Improved customer satisfaction to attain a “Meets or Exceeds” rating on all annual Client Surveys
- Decreased “ink to green” production timelines by 90 days by developing and executing standard implementation checklist functions
- Facilitated contract negotiations with clients and suppliers

Corrigo Health Care Solutions, LLC

Executive Director, Business Advisory Services, 2006–2011

- Served as Project Manager for the following client initiatives:
  - Assessment of VA’s Florida/Caribbean & Pennsylvania markets’ revenue cycle operations that identified $81.5 million & $16.7 million, respectively, in additional annual revenue based upon observations & implementation of associated recommendations
  - Direct negotiation assistance on managed care contracts for 180 hospitals and 35,000 physicians with all large payers, including WellPoint, Aetna, United, Coventry, and over 40 BCBS plans

- Audit of VA emergency services' hospital & physician claims to determine accuracy of the automatic adjudication and improper payment detection system
- Audit of non-VA dialysis services claims to determine accuracy of the automatic adjudication system and determine adherence to newly implemented authorization modules
- Comparative assessment of VA's DRG Recovery Program to Medicare's RAC audits
- Negotiation and effective settlement of a proposed $2 million overpayment with a large, national third party payer in favor of the health system
- Development of a Medicare-based payment database for a hospital-owned physician group
- Served as Interim Assistant Director of Managed Care for an 851-bed, not-for-profit facility with a Cancer Center and multi-specialty physician group practice

Ernst & Young, LLP

Senior Associate, Health Sciences Advisory Services, 2005–2006

- Developed a five-year strategic plan for a recently merged four-hospital system
- Conducted a medical staff community need assessment for a large Connecticut market
- Completed a financial feasibility study for a $450 million hospital expansion public bond offering
- Developed a physician employment strategic plan for a 580-bed, two-hospital system

Lee Memorial Health System

Senior Planning Analyst, 2004–2005

- Interpreted and presented monthly statistical trends of a 956-bed, five hospital system to Senior leadership
- Developed and maintained a monthly system Strategic Scorecard
- Coordinated the development of annual volume projections by service line
- Developed an outpatient model for expansion tactics
- Managed monthly market share data submission and analyses
- Facilitated semi-annual service line planning efforts
- Served as Strategic Service Line Leader for the county's largest Oncology program

Cedars Medical Center, HCA Healthcare

Senior Financial Analyst/Financial Analyst, 2002–2004

- Developed and maintained needed financial support schedules for a 520-bed hospital
- Determined self-pay package pricing for uninsured surgical patients
- Compiled financial performance studies for service lines, physicians, and departments
- Served as Database Administrator for the decision support software; including reimbursement calculation, cost estimation, and EBDITA recognition
- Developed and implemented a departmental expense tracking database
- Prepared market position analyses for county and state data

EDUCATION

- Bachelor of Science in Industrial and Systems Engineering, University of Florida
- Master of Business Administration; Hough Graduate School of Business, University of Florida

GARY CALL, MD CHIEF MEDICAL OFFICER

CURRENT ROLE

Health Management Systems, Inc.

Vice President, Physician Services, 2015–Present

- Applies experience and expertise in medical practice, health plan operations, and clinical analytics to enhance payment integrity services for commercial, state, and federal clients
- Develops, implements, and manages new and existing clinical programs and policies
- Develops, implements, and manages quality-management programs and policies, including those for quality assurance (QA), appeals, and interrater reliability initiatives
- Leads medical directors and physician reviewers
- Provides clinical oversight of analytics programs
- Serves as a clinical liaison to clients, including the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and commercial payers

CAREER HISTORY

Molina Healthcare

Corporate Vice President, Clinical Programs, 2011–2015

- Held accountability for medical management across all health plans and lines of business, which included Medicaid, Medicare dual-eligible special needs plans (SNPs), Medicare-Medicaid programs, marketplace, and Children's Health Insurance Programs (CHIPs)
- Managed several senior-level direct reports, including all regional senior medical directors and senior medical directors
- Developed standardized medical cost-management policies and initiatives
- Collaborated with leaders from the corporate healthcare-services team and state health plans to implement and oversee the medical-management programs for state health plans
- Developed and implemented a standardized training, mentoring, and performance-oversight program for enterprisewide CMOs and medical directors
- Provided leadership for corporate medical director teams supporting centralized Utilization Management Units for areas of advanced imaging, newborn intensive care, high-risk obstetrics, and organ transplantation
- Oversaw medical policy development
- Collaborated with the Corporate Vice President, Behavioral Health, and Corporate Vice President, Quality, to develop and integrate behavioral health and quality initiatives at the state health plan level
- Oversaw clinical integration in risk-adjustment activities
- Served as the physician consultant for the Central Claims Review Unit, Pharmacy Department, and business-development/implementation teams
- Served on the Corporate Appeals Steering Committee

Corporate Vice President, Medical Director, Medicare/Aged, Blind, and Disabled/Long Term Care, 2007–2011

- Provided leadership of Medicare medical–cost management programs across all health plans as well as of enterprisewide Medicare quality and star ratings programs

- Oversaw program development and training for medical-management and quality-improvement programs for Medicare, including the SNP model of care
- Oversaw compliance of the medical-management and quality-improvement programs with CMS regulatory requirements
- Developed and implemented the Medicare risk-adjustment program
- Served as a physician consultant to the Medicare Pharmacy Department by assisting in effective clinical integration and coordination
- Served as the physician consultant for Medicare bids and service-area expansions
- Served as the Medicare clinical subject matter expert assisting Medicare plan team leaders and senior-level healthcare team leaders

Molina Healthcare of Utah

CMO, 1997–2008

- Served as the CMO for a managed care organization offering Medicaid, Medicare Advantage, and CHIP product lines
- Provided leadership and oversight of medical-management and quality-improvement programs, including programs for achieving the Health Plan Employer Data and Information Set (HEDIS) and National Committee for Quality Assurance (NCQA) accreditation, which obtained the following results:
  - Excellent status achieved twice
  - Achieved ranking of the twelfth-highest quality Medicaid health plan in the nation by U.S. News & World Report/NCQA
- Held responsibility for provider-network development, contract review, pharmacy-program oversight, clinical practice–guideline development, and new-technology assessment

Hidden Valley Family Medicine

Physician, 1996–2007

- Served as a family medicine private practitioner

University of Utah School of Medicine

Volunteer Clinical Faculty/Adjunct Volunteer Faculty, 1991–2008

- Served as a volunteer attending physician in a family practice–residency clinic
- Worked with numerous medical, nurse practitioner, and physician assistant students in an office setting for family medicine clerkships

St. Mark's Family Practice and Residency

Clinical Faculty, 1994–1998

- Taught residents in both inpatient and outpatient settings
- Served as an attending physician in the family practice–residency clinic
- Served as a resident preceptor

FHP[SM] of Utah/FHP of Utah Hospital

Chairman, Family Practice Department, 1993–1996

- Supervised a department of 35 physicians and 15 mid-level providers at 7 medical centers

- Held responsibility for recruiting, QA, continuing medical education (CME) coordination, utilization review (UR), development of clinical-practice guidelines, HEDIS accreditation, NCQA accreditation, and physician advocacy
- Supervised a hospital department of 15 physicians, and developed department rules and regulations
- Held responsibility for physician credentialing, CME, QA, UR, and assisting with the Joint Commission on Accreditation of Healthcare Organizations Accreditation Survey

FHP International

Chairman, Physician Design Committee, Computerized Patient Record Task Force, 1994–1995

- Led a design team of physicians in developing work processes, Master Files, and content for a $30-million computerized medical record project using the EpicCare software system
- Oversaw implementation at two pilot medical centers

FHP West Valley Medical Center

Physician Team Leader, 1992–1993

- Supervised 10 provider medical personnel
- Held responsibility for UR, budgeting, nursing team supervision, healthcare provider evaluations, and scheduling
- Maintained a full-scope family practice

EDUCATION

- Bachelor of Science in Microbiology, Brigham Young University
- Doctor of Medicine, University of Washington School of Medicine
- Family Practice Residency, University of Utah School of Medicine, Department of Family and Preventive Medicine

CERTIFICATIONS/ACCREDITATIONS

- Physician License, State of Utah
- Diplomat, American Board of Family Practice
- Medical Management Certificate, University of California, Irvine

NATHAN BURGESS IMPLEMENTATION & TRANSITION ADVISOR, RAC

CURRENT ROLE

Health Management Systems, Inc.

Program Director, Government Services, 2013 – Present

- Holds responsibility for the successful delivery and project management of Medicaid third party liability (TPL) cost containment and recovery services that result in annual recoveries of more than $80 million and provide millions in cost savings
- Serves as the liaison between the client community and internal information technology (IT) and operations teams
- Directs operations, client management, and business development for financial recovery, cost management, and recovery audit services
- Leads contract-expansion efforts, including solicitation responses, new-client prospecting, business-development presentations, and project implementations
- Directs operations and IT-development personnel to meet client expectations and contract requirements

CAREER HISTORY

Health Management Systems, Inc.

Manager of Project Development, 2011–2013

- Managed a team of 15 business analysts responsible for new-client implementations across all product lines
- Ensured that team members fulfilled all deadlines and deliverables by setting priorities, optimally allocating resources, troubleshooting problems, resolving conflicts, and creating procedures that certified delivery of a high-quality product
- Collaborated with project management, account, and operations teams to set priorities and create project plans
- Developed procedures to integrate quality control and peer reviews within the analysis process
- Created development standards
- Monitored and used project management tools to monitor implementation portfolio
- Mentored lead analysts into becoming product specialists, technical tool experts, and knowledge leaders in the system-development process
- Motivated the team by creating training programs and career paths for each member
- Created a data-requirements repository that identified requirements for all HMS products for electronic document management
- Hired and trained a new product-implementation team responsible for RAC-services implementations on a newly acquired platform
- Created and completed gap analysis for all RAC project implementations, and established the optimal solution for converting clients onto the new platform

Business Analyst Supervisor, 2010–2011

- Supervised a team of business analysts

- Worked with new Medicaid, Medicare, and commercial plans after sales handoff to integrate their data into internal systems and implement each product sold while managing expectations
- Collaborated with IT and operations team members, including all programmers and analysts responsible for each task in the project plan
- Directed all aspects of contract development, including confirming proper data reformats, conducting technical data analyses, generating first project deliverables, and coordinating handoff to operations
- Consulted with senior-level managers to prioritize contracts and allocate resources to meet revenue goals

Account Analyst II, 2007–2010

- Held responsibility for new-business development, with duties that included analysis and feasibility determination
- Wrote ad hoc analytical job and system specifications for programming and execution across various platforms to identify potential revenue opportunities
- Developed monthly Expenditure Reports for all managed care contracts integrated into DB2® to assist operations and management teams with cycle projections and revenue forecasting
- Reviewed and designed business processes to maximize revenue
- Managed verification-process operations for UPMC℠ in Charlotte, NC
  - Created business processes for the Medicare Advantage pilot project
  - Trained and managed a team of four employees
  - Tracked productivity metrics and data quality to enhance the business model
- Established and reviewed team goals to increase productivity and morale

EDUCATION

- Bachelor of Arts in Software and Information Systems, University of North Carolina at Charlotte

MARIE MOREL IMPLEMENTATION & TRANSITION MANAGER, TPL/RAC

CURRENT ROLE

Health Management Systems, Inc.

Implementation Project Manager, 2012–Present

- Responsible and accountable for the coordination of project scope execution and all related communication plans
- Manage requirement-gathering meetings with internal, external stakeholders and related Subject matter experts
- Provide weekly update status note on related project scope in order to provide a snapshot of the progress of the project to the project team and key stakeholders.
- Liaison between the client and internal team to ensure the needs of the client and the agreed deliverables are met
- Managed the day to day progress of the implementation while closely tracking any changes impacting the baseline schedule
- Create and document all project related artifacts

CAREER HISTORY

Health Management Systems, Inc.

Account Manager, West Region, 2010–2012

- Oversee the day to day operation of the product offerings for 10 accounts
- Manage the financial goal for each account
- Ensure the monthly revenue targets are met for each account across all product lines
- Provide clients with monthly and quarterly status reports
- Meet with my clients on a consistent basis and keep them apprised of any risks or delays for any project
- Review the P&L reports for each account and ensure that the operating margins are satisfactory
- Responsible for up selling and growing each account by at least 10% each year

Supervisor of Operations Support, 2008–2010

- Facilitated the migration process of the department from our New York headquarters to our National Operating center in Irving, Texas
- Managed a staff of 26 employees
- Administered the training and development of 70% of the support staff
- Interacted with approximately 30 account directors and senior account managers across departments
- Mitigated all technical and personnel issues posing a potential risk to the departmental goal

EDUCATION

- Bachelor of Arts in Operations Management, Baruch College City University of New York