

DEBRA PENNINGTON

DIRECTOR OF CORPORATE OPERATIONS - MEDICAID, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Executive with 27 years managerial experience in implementation and operations of claims, customer service, grievance and appeals, benefits, and billing/enrollment in Managed Care including greater than eight years of implementation and operational experience in Medicaid. As Director of Corporate Operations for Medicaid, Debra will oversee the implementation of all operational aspects of the Medicaid Managed Care Programs. Ms Pennington will be responsible for ensuring all functional areas are efficient, effective and comply with all federal and state statutes and contract requirements.

EXPERIENCE

COVENTRY HEALTH CARE, INC Bethesda, MD **2001- Present**
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director, Corporate Operations, Medicaid Charlottesville, VA **October 2010- Current**
Responsible for interfacing with all areas of Medicaid full risk business operations including enrollment/billing, customer service, benefits, information systems, and claims administration. Also serve on a team that works with new business opportunities and expansion, as well as implementation of new products.

- Review of all new business request for proposals
- Interface with all operational areas for Medicaid
- Responsible for implementation of new compliance requirements/ new products for Medicaid

VP of Health Plan Operations Charlottesville, VA **2003 – 2010**
Responsible for overall operations of two states health plan activities. Liaison with each corporate operational area.

- Held responsibility for the oversight and management of the Operations for health plans in two states
- Implemented all new products in 2 states
- Ensured that corporate performance standards were met and oversight of compliance for each state
- Directed a staff of 30 employees including directors, managers, supervisors and front-line representatives
- Developed and maintained administrative policy and procedures required for the operation of the department
- Managed a \$3 million annual operating budget.
- Oversight of grievance and appeals/compliance department for 2 states
- Developed and implemented a Medicare Advantage program in 2 states
- Served as a representative on Executive Quality Improvement Program

QUALCHOICE OF VIRGINIA Charlottesville, VA **1994 to 2001**

Director of Health Plan Operations

Responsible for managing the customer service organization and overall operations of a Health Maintenance Organization.

- Developed and implemented operations for a “start-up” company with the University of Virginia of a physician owned Health Maintenance Organization
- Held responsibility for overall customer service organization operations of a health plan with 145,000 covered lives
- Oversaw and managed the Customer Service Organization including Training, Claims, Benefit Plan, Claims Adjustment, Coordination of Benefits, Customer Service, Enrollment with Billing, and Quality Assurance
- Directed a staff of 130 employees including managers, supervisors, team leaders, trainers, benefit plan staff, facilitators, front-line claim processors/adjusters, enrollment and billing staff, and customer service representatives.
- Managed a \$3+ million annual operating budget
- Maintained compliance with state and federal regulations
- Developed and maintained administrative policy and procedures required for the operation of the department
- Chaired, Service Quality Improvement Committee (1996 -2000), Grievance Committee (1997-1999)

UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION

Charlottesville, VA

1992 – 1994**Reimbursement Analyst – Joint Staff***Responsible for managing business and financial operations related to reimbursement analysis.*

- Managed business and financial operations within the Internal Medicine Department of the University of Virginia
- Provided reimbursement analysis to monitor and maximize reimbursement of services through multiple venues including chart reviews to ensure efficient and accurate billing of services performed by physicians
- Developed and implemented a training program for resident physicians on chart coding and documentation
- Supervised staff of 2

BLUE CROSS & BLUE SHIELD OF MISSISSIPPI

Jackson, MS

1990 - 1992**Manager, Dedicated Business Unit***Responsible for start-up of a new state program for the State Teachers of Mississippi which included claims, benefit plans, customer service, enrollment, and billing.*

- Developed and implemented a start-up program for a dedicated service unit for the State Of Mississippi Teacher's Program. Covered 30,000+ lives.
- Oversaw and managed the Customer Service Organization including Claims, Benefit Plans, Claims Adjustments, Coordination of Benefits functions, Customer Service, and Enrollment and Billing.
- Managed a staff of 30+ employees including team leaders, facilitators, front-line claim processors/adjusters, enrollment and billing staff, and customer service.

LEE INSURANCE AGENCY

Leesburg, VA

1989 - 1990**Small Group Business Manager***Responsible for all small group quotes and management of brokers*

- Managed small group quote process
- Prepared sales presentations for small group business

Other work experience

- 2+ years in health care with Blue Cross/Blue Shield of Mississippi – practice management and claims
- 2 years Practice Management with a multi-physician practice including an ambulatory surgical center
- 12 years in customer service management with South Central Bell

EDUCATION

Louisiana Polytechnic University, Ruston, LA – BScience
FLMI- Two courses completed 1989

CERTIFICATIONS/LICENSURES

Certified Procedural Coding Course with CPC certification - 1993
Commonwealth of Virginia Licensed to Sell Health and Life Insurance- 1996

COMMUNITY/VOLUNTEER EXPERIENCE

Finance Chairman for Spring Hill Baptist Church – (VA); Dover Foundation Service Board-(VA)- Secretary
Leadership Team for Spring Hill Baptist Church-(VA) – Team Lead; American Heart Association – (VA)-Team Lead

REFERENCES

1. Cosby Davis, III, - 448 Anchor Drive, Moneta, VA. 24121 Phone: (434) 962-4798
2. Drew Joyce - 1000 Research Park Blvd, Charlottesville, VA. 29011 Phone: (434) 951-2525)
3. Michael Moorman, 211 Lake Drive, Newark, DE, 19702 Phone: (302) 283-6521

WILLIAM ROONEY, MD

VICE PRESIDENT, MEDICAL AFFAIRS – CORPORATE MEDICAID, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

William Rooney, M.D., has over 25 years clinical experience in both private practice and managed care settings. Dr. Rooney is a board-certified Family Practice physician licensed in Kansas, Missouri and Oklahoma. As the Vice President, Medical Affairs for Coventry Corporate Medicaid, he provides the clinical leadership for health promotion and wellness programs, care and disease management programs, HEDIS, quality management and pharmacy for the entire Medicaid line of business. Dr. Rooney's prior experience as both a Medical Director and a Vice-President, Medical Affairs for Coventry's largest Medicaid MCO makes him an excellent role model and mentor to CoventryCares local medical management team.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD 2004 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

VP Medical Affairs-Corporate Medicaid – Kansas City, KS (2009 - Present)

Responsible for medical management strategy and program oversight for Coventry Medicaid MCOs.

- Champions and leads medical expense best practice initiatives to reduce the MLR.
- Restructured medical management organization to align resources with critical case and disease management programs, HEDIS efforts and quality initiatives.
- Provides clinical leadership for new product and new market expansions.

Vice President Medical Affairs – Coventry of Kansas – Kansas City, KS (2006 - 2009)

Responsible for providing clinical leadership for quality management, pharmacy, disease state management, case management, utilization management, health and wellness programs, HEDIS and accreditation..

- Ensured proper resolution of member and provider quality of care, service, satisfaction or access concerns.
- Provided clinical support for quality management activities including development and implementation of clinical practice guidelines.
- Chaired Peer Review, Quality Improvement, and Physician Advisory committees.

Vice President Medical Affairs – HealthCare USA – St. Louis, MO (2006)

Responsible for providing clinical leadership for quality management, pharmacy, disease state management, case management, utilization management, health and wellness programs, and HEDIS for Missouri's largest Medicaid MCO..

- Provided technical expertise by direct decision making in areas of prior authorization, concurrent review, discharge planning, complex case management and medical necessity appeals.
- Provided guidance for all clinical aspects of case and disease management, health promotion and wellness programs, HEDIS and accreditation.
- Provided direction and oversight to medical directors.
- In conjunction with CEO, developed strategic approaches to improve company performance and expand growth by optimizing provider network, evaluation provider contracts and developing other creative care management approaches.
- Periodically consulted with practitioners in the field as necessary.

Sr. Medical Director – HealthCare USA – St. Louis, MO (2006)

Responsible for providing clinical leadership for disease state management, case management, utilization management, health and wellness programs and clinical committees for Missouri's largest Medicaid MCO..

- Oversaw the clinical aspects of the quality management, credentialing, pharmacy and utilization management programs.
- Analyzed medical cost drivers and developed specific plans to reduce excessive cost.

- Provided technical expertise in medical management by direct decision making in the areas of prior authorization, concurrent review of hospitalized patients, discharge planning, complex case management and credentialing.
- Ensured a staff of qualified clinicians accountable to the organization for decisions affecting members was maintained and that appeals were reviewed by non-subordinate Board-certified specialists.
- Recruited, developed and motivated staff.
- Chaired Peer Review, Quality Improvement, Pharmacy and Therapeutics and Credentialing committees.
- Analyzed medical cost drivers and developed specific plans to reduce excessive cost.

Medical Director – Coventry of Kansas – Kansas City, KS (2004-2006)

Responsible for providing clinical leadership for disease state management, case management, utilization management, health and wellness programs and clinical committees for commercial and Medicare product lines.

- Provided technical expertise in medical management by direct decision making in the areas of pre-authorization, concurrent review of hospitalized patients, discharge planning, complex case management and credentialing.
- In conjunction with CEO, developed strategic approaches to improve company performance and expand growth by optimizing provider network, evaluating provider (hospital, physician, ancillary) contracts and developing other creative approaches.
- Chaired Peer Review and Pharmacy and Therapeutics committees.

Family Practice Physician, Encompass Medical Group – Olathe, KS (2000 – 2004)

Family Practice Physician, Humana – Olathe, KS (1989 – 2000)

Family Practice Physician, Monett Family Care – Monett, MO (1984 – 1989)

EDUCATION

Benedictine College, Atchison, KS – Executive Masters in Business Administration

University of Missouri-Kansas City, Kansas City, KS – Doctorate of Medicine, Bachelors of Science

CERTIFICATIONS/LICENSURES

Licensed Family Practice Physician in KS, MO, OK

Board Certified, American Board of Family Practice

COMMUNITY/VOLUNTEER EXPERIENCE

Not applicable

REFERENCES

1. Fran Haines, RN | 8320 Ward Parkway, Kansas City, MO 64114 | Phone: (816) 460-4025
2. Michael Murphy | 8320 Ward Parkway, Kansas City, MO 64114 | Phone: (816) 460-4066
3. Dahlia Sagisi-Saldana, MD | 8320 Ward Parkway, Kansas City, MO 64114 | Phone: (816) 460-4301

JACQUELINE A. INGLIS

DIRECTOR, HEALTH SERVICES PROGRAMS-MEDICAID, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

As Director, Health Services Programs Jacqueline Inglis R.N. BSN, MM oversees the clinical integration of health services and quality improvement areas. With 11 years of Medicaid managed care experience Ms. Inglis will be responsible for ensuring that Coventry Health Care of Louisiana's clinical and quality programs are efficient, effective and comply with all federal and Commonwealth contract requirements.

EXPERIENCE

COVENTRY HEALTH CARE, Inc. Bethesda, MD 2000-Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director, Health Services Programs, Corporate Medicaid Division, Coventry Health Care, Inc. 2010 – Present
Executive responsible for establishing high standards of care and providing clinical leadership and direction in clinical integration, education and development of clinical staff for new Medicaid markets.

- Participates in the design, development and implementation of clinical and operational quality initiatives across the continuum of care for new Medicaid markets.
- Responsible for the support, training and expertise in Medicaid clinical areas for new markets.
- Contribute to the development of all new Medicaid market strategies for growth.
- Work closely with local plan leadership to identify and respond to pertinent health care issues.

HEALTHCARE USA of MISSOURI, LLC St. Louis, MO 2005 - 2008
\$500 million Medicaid Managed Care health maintenance organization. Largest managed care provider in Missouri.

Utilization Management Coordinator and Special Programs Coordinator (VP, Health Services/QI) 2005 - 2010
Senior executive responsible for directing the plan's health services function including pre-authorization, concurrent review, complex case management, quality improvement, health and wellness, disease management, credentialing, and appeals.

- Responsible for the overall coordination, implementation and monitoring of activities to yield quality driven, compliant, efficient and cost-effective results.
- Led organization in achieving URAC Silver Award Best Practice 2010 in the area of Health Care Consumer Protection and Empowerment category for the high risk neonate program Baby bear's Club NICU Graduate Program, Honorable mention for the Beary Important Breath (High Risk Asthma) Program and the Beary Important Bundle (High Risk OB) Program.
- Improved overall EPSDT participation ratios year over year.
- Improved overall HEDIS rates.
- Developed and implemented health care initiatives to achieve utilization targets.
- Led effort to develop company-wide Cultural Competency Program.

Director of Quality Improvement 2000 - 2005
Responsible for all quality improvement activities for the health plan, assuring compliance with all State and Federal regulations, overseeing development of all Performance Improvement Projects and quality activities.

- Responsible for coordination of physician committees (QI, UM, Credentialing). Project Manager for annual HEDIS reporting, EPSDT reporting and external audits.
- Developed and implemented a Subcontractor Oversight Program
- Developed and implemented PCP award program.
- Facilitated all internal and external reviews.

TENET HEALTHCARE	St. Louis, MO	1998-2000
Tenet HealthCare Corporation, through its subsidiaries, owns and operates 73 acute care hospitals with 18,455 licensed beds in 13 states and related healthcare services.		
Program Director, Tenet Regional Infusion North	St. Louis, MO	1999-2000
Responsible for managing all operations of infusion pharmacy.		
Nurse Quality Consultant, Tenet Regional Infusion North	St. Louis, MO	1998-1999
Internal consultant responsible for the overall total quality management of infusion pharmacy.		
Director of Nursing South, South Gate Care Center	St. Louis, MO	1996-1998
Responsible for managing all activities of 180 bed skilled nursing facility with staff of 150.		
Assistant Director of Nursing, Alexian Brothers Sherbrooke Village	St. Louis, MO	1994-1995
Charge Nurse, VA Medical Center	St. Louis, Missouri	1993-1994
Nursing Supervisor, Wayne View Convalescent Center	Wayne, New Jersey	1987-1993

EDUCATION

Wagner College, Staten Island, New York- *Bachelor of Science in Nursing*
 Fontbonne University, St. Louis, Missouri- *Master of Management in Business*

LICENSES

Current RN license in the state of Missouri.

PROFESSIONAL MEMBERSHIPS/HONORS

- St. Louis Professionals for Healthcare Quality – Board President
- National Association for Healthcare Quality - Board Member
- St. Louis Maternal Child Family Health Coalition - Board Member
- Quality, Assessment & Improvement Committee- Division of Medical Services Missouri Medicaid – Former Co-Chairman

REFERENCES

1. Charles Stark | 1301 North 190th Street, Omaha, NE 68022 | Phone: (402) 289-1136
2. Claudia Bjerre | 313 Lake of the Woods Blvd, Akron, OH 44433 | (314) 705-2126
3. Frank Siano | 10 S. Broadway, Suite 1200, St. Louis, MO 63102 | (314) 444-7993

DREW A. JOYCE

CHIEF FINANCIAL OFFICER - MEDICAID, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

As Chief Financial Officer of Coventry Health Care's Medicaid division, Mr. Joyce oversees the budget, health care initiatives, rate setting, and Medicaid Network Development activities. Coventry has Medicaid operations in eight states with almost 470 million members. Mr. Joyce was CEO of Coventry Health Care's Virginia and W. Virginia health plans that included Medicaid operations. Previously, he held various financial positions, including Chief Financial Officer for both payor and provider health care operations.

EXPERIENCE

COVENTRY HEALTH CARE, INC.	Bethesda, MD	2000 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.		
Chief Financial Officer	Charlottesville, VA	2011 – Present
<ul style="list-style-type: none">Responsible for financial leadership for Coventry's national Medicaid operations with over 450,000 members in eight states.		
SOUTHERN HEALTH SERVICES / CARELINK HEALTH PLANS	Charlottesville, VA	2002 - 2010
President / CEO		01/2010 – 12/ 2010
Chief Operating Officer		04/2006 – 12/2010
Chief Financial Officer		01/2002 – 03/2006
<ul style="list-style-type: none">Responsible for Coventry's Virginia and West Virginia HMO / PPO OperationsMembership included over 250,000 members in two States with over 78,000 Medicaid members.Staff included 200 employees in five offices.		
VISTA HEALTH PLAN HOLDINGS	Durham, NC	10/2000 – 12/2002
Treasurer HIP Health Plan of Florida, Inc HIP Insurance Company of Florida, Inc. Foundation Health, a Florida Health Plan, Inc. Beacon Health Plan, Inc. Healthplan Southeast, Inc.		
DOCTORS HEALTH PLAN		12/1999 – 10/2000
Chief Financial Officer	<ul style="list-style-type: none">Cash / asset management, acquisitions and restructuring of health plan holdings resulting in building a 400,000 member insurance operation in Florida.	
GULF SOUTH HEALTH PLAN	Baton Rouge, LA	5/1999 – 12/1999
CFO/VP – Finance and Operations <ul style="list-style-type: none">Chief Financial Officer and HMO operational head for Gulf South Health Plan, a division of the General Health System, with approximately 21,000 Medicare+Choices, 50,000 at risk commercial members and 120,000 self-funded TPA covered lives.Assisted with attempts to market health plan to potential purchasers.		
ADVANTAGE HEALTH	New Orleans, LA	7/1996 – 4/1999

Chief Financial Officer / VP – Finance

- Chief Financial Officer for Advantage Health, a Louisiana, statewide, provider owned HMO formed in 1994, and Healthcare Advantage, a network manager serving 250,000 covered lives.
- Assisted with the development of the HMO from 7,900 members in July 1996 to 73,500 commercial, individual and 20,000 Medicare risk members in December 1997.
- Assisted with sale of PPO network management business, March 1999. Planned and assisted with execution of market withdrawal, June 30, 1999.

LIFEGUARD, INC.

San Jose, CA

5/1993 – 6/1996

Vice-President Corporate Planning and Development

President Lifeguard Life Insurance Company

- Assisted with growth of Northern California HMO from 107,000 members to 173,000. .
- Developed POS product, small group market entry, and Medicare risk program start-up. Planned and managed Lifeguard's acquisition and operation of Travelers Health Network of California.
- Managed start-up of Lifeguard's insurance subsidiary, Lifeguard Life Insurance Company. Certificate of Authority issued Dec. 30, 1993. First products filed June 1994. Statewide PPO introduced July 1995.

THE TRAVELERS

Dallas, TX

1990 - 1993

National Director of Operations Planning & Analysis

09/1990 – 05/1993

Chief Financial Officer Travelers Health Network

10/1992 – 05/1993

- Financial officer for national managed care department consisting of 10 HMO legal entities and 42 integrated managed care local medical management sites with over 500,000 members and over \$100 million operating expense budget.
- Named CFO for Travelers Health Network, Inc., responsible for centralized financial leadership and oversight of Traveler's holding company for 10 HMOs.

CIGNA COMPANIES

Bloomfield, CT

1987 - 1990

Director of Planning & Analysis

CIGNA Management Development Program

1982 - 1987

Various Positions

EDUCATION

University of North Carolina at Chapel Hill, Chapel Hill, NC, Masters of Business Administration

Beta Gamma Sigma scholastic honor fraternity.

Graduate course work included 22 accounting credit hours.

Wake Forest University, Winston-Salem, NC, Bachelor of Arts

REFERENCES

Available upon request.

JOEL COPPADGE

VICE PRESIDENT MEDICAID CUSTOMER SERVICE OPERATION, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

As Vice President of Customer Service Operations (CSO), Joel Coppadge oversees claims administration, member and provider call center management and enrollment operations for the Coventry Medicaid MCOs. The CSO is responsible for providing professional and efficient service to members and providers by answering inquiries regarding their health care benefits and the provider network. His staff also manages claims adjudication and claims processing operations. With more than 15 years of previous managed care experience, Mr. Coppadge will be responsible for ensuring CoventryCares of Louisiana's claim processing, member/provider call center, enrollment operations are efficient, effective and comply with all federal and state statutes and contract requirements.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD 2000 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Vice President, Medicaid Customer Service Operations, Coventry Health Care, Inc. - Newark, DE (2009 - Present)
Responsible for the Medicaid full risk business operations including enrollment, customer service, and claims administration. In addition to the main site located in Newark, DE, all includes remote locations in Harrisburg, PA and Sunrise, FL.

- Responsible for a total of 160 full time employees with an annual budget of \$7.9 million.
- Develops strategic, operational, and tactical business plans to achieve desired business goals.
- Builds and maintains collaborative relationships and alliances with internal and external customers including but not limited to, employer groups, provider groups, members, brokers, marketing, finance and medical management to achieve business goals.
- Recruits, develops, and motivates staff.
- Initiates and communicates a variety of personnel actions including employment, termination, performance reviews, salary reviews, and disciplinary actions.
- Develops and manages the budget; controls expenses while meeting operational, financial, and service requirements.

Director, Operations, Government Programs/Individual Product, Coventry Health Care, Inc. - Newark, DE (2006 - 2009)
Responsible for directing the claims administration and customer service for the Medicaid full risk and Individual Product business.

- Develops strategic, operational, and tactical business plans to achieve desired business goals.
- Builds and maintains collaborative relationships and alliances with internal and external customers including but not limited to, employer groups, provider groups, members, brokers, marketing, finance and medical management to achieve business goals.
- Recruits, develops, and motivates staff.
- Initiates and communicates a variety of personnel actions including employment, termination, performance reviews, salary reviews, and disciplinary actions.
- Develops and manages the budget; controls expenses while meeting operational, financial, and service requirements.

Site Director, Newark Customer Service Operations, Coventry Health Care, Inc. - Newark, DE (2005 - 2006)
Responsible for managing the activities that serviced Commercial Operations in Delaware, Virginia, West Virginia, Nebraska, and Medicaid Operations in Maryland, Missouri, Virginia, West Virginia, and Michigan.

- Included off site operations in Michigan, and Pennsylvania.
- Responsible for a total of 213 full-time employees with an annual budget of \$8.9 million.

Director, Operations, Coventry Health Care, Inc. - Newark, DE (2003 - 2005)
Directed the activities of three Business Managers and 110 employees in departments specializing in claims processing, customer service, and training.

- Responsible for an \$8.9 million annual budget.
- Operations included an annualized claim volume of 3.4 million claims receipts and incoming call volume of 800,000.
- Extensive collaboration and facilitation with multiple health plans, brokers, providers, clients, and various internal operations.

Business Manager, Coventry Health Care, Inc. - Newark, DE (2000 - 2003)
Managed the activities of three supervisors and 45 employees in departments specializing in claims processing and customer service.

- Managed the team to be recognized as the winner of the company's Superior Achievement Award for two consecutive years.
- Hired, trained, and provided employee development for all employees.
- Collaborated with the health plan, brokers, providers, and various internal operations.

ACE - USA - Wilmington, DE 1999 - 2000
Multi-national Commercial Property and Casualty Company.

Project Manager, Finance Department, Ace - USA - Wilmington, DE (1999 - 2000)
Lead project manager of the corporate transition plan for the Wilmington Financial Center.

- Planned and coordinated the closing of all regional financial centers.
- Coordinated the movement of systems, banks, real estate, training, and human resources.

Team Leader, Cigna Corporation - Wilmington, DE (1992 - 1999)

Business Analyst, Cigna Corporation - Philadelphia, PA (1989 - 1992)

Assistant Manager, Cigna Corporation - Wilmington, DE (1985 - 1989)

Operations Supervisor, Allstate Insurance Company - King of Prussia, PA (1981 - 1985)

EDUCATION

Delaware State University, Dover, DE - Bachelor of Science, Business Administration

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Delaware Diamonds Track Club (DE) - President and Head Coach

USA Track and Field (PA) - Committee Member

Canaan Baptist Church (DE) - Youth Ministry

Brandywine YMCA (DE) - Head Coach Basketball Youth League

Police Athletic League (Wilmington) - Board of Directors - President

REFERENCES

1. Jim Sills, III - 4001 Kennett Pike, Suite 134, Wilmington, DE 19807 Phone: (302) 594-0850
2. Jeff Gumbs - 523 W. 38th Street, Wilmington, DE 19802 Phone: (732) 731-9055
3. Michael Moorman, 750 Prides Crossing, Suite 200, Newark, DE, 19713 Phone: (302) 283-6521

CLAUDIA BJERRE

SENIOR VICE PRESIDENT, CORPORATE MEDICAID DIVISION, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

With over 28 years of managed care experience, Ms. Bjerre is responsible for Coventry response to this RFP as well as the implementation rollout. Her extensive knowledge of the Coventry organization, policies and key leadership personnel have enabled her to assemble an extensive array of managed care leaders within Coventry fully representing all functional areas critical to successful managed care operations. Ms. Bjerre's leadership, guidance, in-depth knowledge of Medicaid and her experience in implementing numerous Medicaid product expansions and program changes will facilitate successful implementation of contract awarded to Coventry.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD

1999 - Present

A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Senior Vice President, Medicaid, Coventry Health Care Inc. - Bethesda, MD

(2008 - Present)

Senior executive in charge of Medicaid Business Development./

- Led company wide initiative to rectify provider data issue.
- Oversaw the response to and implementation of the Nebraska and Pennsylvania Medicaid Business
- Preparation of the RFP of the upcoming Louisiana introduction of Medicaid Managed Care

President and Chief Executive Officer, HealthCare USA - St. Louis, MO

(1999-2000 and 2004-2008)

Chief executive for Missouri's largest Medicaid HMO with over 185,000 members in three regions with a staff of 111 and revenues of \$500 million.

- Established presence as market leader through a re-branding campaign to increase presence with community influencers, legislators, regulators and members
- Improved scores on Request for Proposal (RFP) submission to re-bid state business from 50% to 100%.
- Exceeded or met plan contribution targets since 2005.

Vice President and Chief Operating Officer, Group Health Plan, Inc. - St. Louis, MO (2000 - 2004)

Senior executive responsible for Contracting/Network Development, Provider Relations, Compliance, Medicare Operations, and Facilities Management for a 225,000 Commercial and Medicare member health plan supervising departments with a staff of 90 and a G&A budget of \$12million.

- Integrated an acquired health plan within six months.
- Converted three IS systems to one new system in 18 months with minimal disruption to operations or external constituents.
- Reduced Commercial Medical Loss Ratio (MLR) from 88% to 81% through medical expense initiatives.
- Developed and launched two new commercial and two new Medicare products in one year.
- Initiated compliance policies and procedures to achieve DOI, CMS and URAC standards.

UNITED HEALTHCARE, INC. - Minneapolis, MN

1995 - 1999

(Formerly MetraHealth and Metlife Healthcare Companies) A \$15 billion Health Care Services Organization with operations in all 50 states and 30,000 employees.

Chief Executive Officer, United Healthcare, Inc. N.E. OH - Cleveland, OH

(1998 - 1999)

Responsible for managing all activities for a 7,000 physician, \$200 million HMO serving over 120,000 Commercial and Medicare members. Supervised a staff of 160 and a budget of \$21 million.

- Increased Medicare membership by 10,000 members in one year.
- Improved commercial sales revenue by 8% Per Member Per Month(PMPM).
- Dedicated resources and structure to achieve National Committee on Quality Assurance (NCQA) accreditation.
- Established management development forum resulting in enhanced skills and team building.

- Improved two HEDIS measures by 15% each within 11 months.
- Eliminated 30 FTE's resulting in annual savings of \$1.3 million.

Vice President, Delivery Systems Management, United Healthcare, Inc. - Detroit, MI (1995 - 1998)

Internal consultant to 44 health plans to improve performance and profitability.

- Standardized fee schedules, improved administration efficiency, and decreased medical costs, resulting in an \$18 million annual savings.
- Conducted industry benchmark/best practices studies and developed recommendations to improve health plan performance.
- Re-energized provider relations and contracting organizational structure resulting in elimination of 150 redundant FTE's while maintaining the highest quality standards.
- Developed national contracting and reimbursement strategy generating savings more than \$34 million.

Director, General Motors/Saturn Account Operations, MetraHealth Companies, Inc. - Detroit, MI (1994- 1995)

President and Chief Executive Officer/Network Director, MetLife Healthcare Inc. - Chicago, IL (1991-1994)

Vice President and COO/Network Director, Metlife Healthcare Inc. – Cleveland, OH (1989-1991)

Director, Provider Relations, Metlife Healthcare Inc. - Cleveland, OH (1988-1989)

Director, Provider Relations and Contracting, Maxicare/Health America - Cleveland, OH (1987-1988)

Director, Cost Containment, Medical Review and Professional Claims, Blue Cross and Blue Shield of Ohio, Inc. - Cleveland, OH (1986-1987)

Director, Patient Admissions, Meridia Huron Hospital - Cleveland, OH (1983-1986)

Food Stamp/ADC / Medicaid Supervisor Summit County Welfare Department - Akron, OH (1975-1983)

EDUCATION

The University of Akron, Akron, OH - Bachelor of Arts

CERTIFICATIONS/LICENSURES

Not applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Girls Inc. (MO) - Board Member

Greater Missouri Leadership Foundation (MO) - Board Member

St. Louis 2004 Health Care Advisory (MO) - Board Member

American Heart Association (OH) - Board Member

Business Volunteerism Council (OH) - Board Member

WVIZ (OH) - Board Member

REFERENCES

1. Bobby Jones | 230 North Main Street, Dayton, OH 45402 | Phone: (248) 318-2434
2. Charles Stark | 1301 North 190th Street, Omaha, NE 68022 | Phone: (402) 289-1136
3. Davina Lane | 11323 Pacific Street, Columbia, CA 95310 | Phone: (209) 532-7955

BARBARA S. DAWE

DIRECTOR NETWORK DEVELOPMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Barbara Dawe brings more than 25 years of experience in group health insurance and managed care to Coventry. Professional experiences include:

- developing multi-state managed care networks for government programs, Medicaid and Medicare Advantage;
- developing, expanding and managing statewide provider networks in the Southeast for PPO and HMO/POS products;
- provider network contracting and operations; and,
- technical training for medical coding and claims operations.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD

A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

COVENTRY HEALTH CARE – Atlanta, GA

January 2008 – Present

DIRECTOR COVENTRY HEALTH CARE NETWORK DEVELOPMENT

Responsible for the development of Medicare Advantage and Medicaid networks nationally. For Medicare Advantage - Lead staffs in each market to negotiate financially acceptable contracts with hospitals, physicians, and ancillaries. Work with Legal, Compliance, and Health Plans to file CMS application for expansion markets and with Sales/Marketing to assess market competitiveness. For Medicaid – Work with Corporate multi-disciplinary team and local Health Plans to expand Medicaid business in new markets. Develop model contracts and ensure network adequacy to maximize enrollment. Work with Compliance, Legal, and Health Plans to implement regulations resulting from Health Care Reform.

Responsibilities

- Implement development activities for facility, physician, and ancillary providers for national Medicare Advantage and Medicaid expansion.
- Effectively work with Corporate and Health Plans in implementing cost saving initiatives.
- Negotiate complex contracts with hospital, physician, and ancillary providers.
- Act in an advisory capacity to Legal with regard to financial and legal impact of requested provider contract language.
- Analyze, develop and provide support and contracting leadership for network improvement.
- Act as a coach for network development initiatives.

WELLCARE – Atlanta, GA

July 2006 – January 2008

DIRECTOR NETWORK IMPROVEMENT

Responsible for the development, execution and management of the Network Improvement Program for the Georgia market. Worked in concert with medical management, medical economics, finance, provider relations and contracting to meet market growth and medical cost targets.

Responsibilities

- Built a comprehensive network improvement strategy to support market growth and medical cost targets.
- Analyzed cost and utilization data to develop specific actions to manage medical cost trend.
- Educated internal and external customers on importance of managing financial risk.
- Achieved projected savings of \$10M annually.

UNITEDHEALTHCARE – Atlanta, GA

October 2003 – May 2006

DIRECTOR NETWORK MANAGEMENT

Responsible for the development, maintenance, and effective management of a GA statewide provider network for Commercial and Medicare products. Led Network Management staff in achieving financial and non-financial goals. Developed and executed the GA Health Plan's network strategies, built provider relationships, and worked with other departments to achieve Plan growth and maintain Tier 1 status. Extensive background in Operations, Claims Systems, Policy and Reimbursement Procedures.

Responsibilities

- Led, developed and coached staff in facility and physician negotiations.
- Developed and executed the Health Plan's network strategies.
- Oversaw medical cost per unit trend budget related to Network Management.
- Established and maintained relationships with Tier 1 and Tier 2 providers.
- Established and maintained relationships with key internal and external constituencies.
- Established and maintained strong collaborative relationships with UnitedHealth Networks leadership and regional Network Management leadership.
- Participated in Sales Finalists presentations.

WELLPOINT HEALTH NETWORKS/

BLUE CROSS BLUE SHIELD OF GA - Atlanta, GA

March 2001 – October 2003

REGIONAL VICE PRESIDENT NETWORK SERVICES

Responsible for the development, maintenance, and effective management of a GA statewide provider network outside metro Atlanta for indemnity, PPO, and HMO/POS products.

Responsibilities

- Recruited healthcare providers for all lines of business outside the 19 county Metro Atlanta area.
- Negotiated contract language and reimbursements.
- Built positive relationships with the provider community.
- Supported the Marketing Business Units/Sales to achieve corporate targets.
- Managed budget and staff of 18.

WELLPOINT HEALTH NETWORKS/ UNICARE - Atlanta, GA

August 1997 - March 2001

REGIONAL VICE PRESIDENT NETWORK DEVELOPMENT

Responsible for the development and effective management of a GA statewide provider network. Served on product development and business integration/transition teams to increase member satisfaction and enrollment.

JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY – Atlanta, GA

October 1995 - August 1997

EXECUTIVE DIRECTOR NETWORK MANAGEMENT

Responsible for the effective management of John Hancock fully owned and contracted managed care provider networks (PPO, POS) and affiliated networks (PPO) in the Southeast. The overall responsibility consisted of selecting, recruiting, credentialing, contracting and managing the performance of the providers.

LIFE INSURANCE COMPANY OF GEORGIA/ING – Atlanta, GA

October 1992 - October 1995

DIRECTOR GROUP MANAGED CARE

MANAGER, GROUP MANAGED CARE

(October 1986 - October 1992)

COORDINATOR, GROUP COST CONTROL Team Leader

(April 1984 - October 1986)

Accountable for the development, implementation, and administration of managed care programs.

EDUCATION

MORAVIAN COLLEGE, BETHLEHEM, PENNSYLVANIA

Bachelor of Science - Biology. Minor concentration - English. Major elective - Math.

PURDUE UNIVERSITY, WEST LAFAYETTE, INDIANA Major - Biology.

Achieved - HIAA exams (Group Insurance), With Honors. Life Management Institute exams 1-5, 9, With Honors.

PATRICK J. MURRAY

VICE PRESIDENT, NETWORK MANAGEMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Patrick Murray, Vice President of Network Management, is a corporate employee who is assisting the local plan with the activities related to developing a comprehensive network of provider to support the state of Louisiana's Managed Medicaid Program. Mr. Murray has nearly twenty years experience in network management and has held various roles throughout his career from both a health plans and provider perspective.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD **2010 - Present**
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Vice President, Network Management, Coventry Health Care, Inc., St. Louis, MO **2010 - Present**

- Working with local Health Plans to develop Medicaid networks in new markets. Helps to develop contracting plans to meet state adequacy requirements and to build comprehensive networks for potential enrollees.
- Coordinate with national contracting team to identify areas of opportunity to include Medicaid programs in national agreements (e.g. Labs, DME, Home Health). In addition, identify plans that need transplant support from the national team and work with national to ensure local plans needs are met.
- Identify and implement network health care initiatives focused on reducing the plans medical costs.

HealthLink, Inc., a WellPoint Company - St. Louis, MO **2000 - 2009**

WellPoint is the nation's largest health benefits company in terms of medical membership, with 34 million members in its affiliated health plans, and a total of more than 70 million individuals served through its subsidiaries. HealthLink, Inc. provides network solutions to contracted Payors such as Insurance Companies, TPAs and Taft-Hartley Trusts. HealthLink serves nearly one million members throughout Missouri, Illinois and Arkansas.

Director, Network Management, HealthLink, Inc. - St. Louis, MO **2006 - 2010**

- Responsible for expansion of HealthLink networks into new markets. Coordinated contracting efforts with local plans to develop HealthLink networks in five new markets over the past twenty-four months. Led negotiations with key provider groups to demonstrate the value of HealthLink to providers.
- Lead network team for workers compensation integration for the past eighteen months. Worked with members of the core team to develop an integrated program for WellPoint that could be marketed in all states.
- Negotiated Payor access agreements for prospective workers compensation clients
- Managed HealthLink analytics area that provides support and analysis to sales and Payor relations departments. Routinely met with key Payor groups to present the value of HealthLink networks in existing and expansion markets.
-

Director, Network Development and Analysis, HealthLink, Inc. - St. Louis, MO **2000 - 2006**

- Managed contracting activities for HealthLink in the states of AR and IL to ensure HealthLink maintained cost effective provider agreement for its contracted Payors.
- In conjunction with the legal department, developed new contract templates and alternative language for contractors to significantly reduce reliance on outside counsel producing a significant savings to the company
- Managed day-to day activities of the data analytics team to support contracting efforts and marketing needs. Implemented new hospital pricing and fee schedule evaluation tools that more accurately projected the impact of proposed rate changes.

- Led the network teams to integrate two affiliated WellPoint networks under HealthLink management. Ensured proper loading of provider agreements and development of physician fee schedules.

Alexian Brothers Health Professionals Association/ Unity Health System - St. Louis, MO **1994 - 2000**
 Part of the largest Catholic health care system in the Midwest, the Alexian Brothers ministry focused on compassionate care for seniors in south Saint Louis city.

Vice-President of Managed Care, Alexian Brothers Health Professionals Association- St. Louis, MO **1994 - 2000**

- As Chief Operating Officer of this start-up Independent Physician Association developed successful business plan to contract with a variety of managed care organizations for Medicare risk programs.
- Over five years increased revenue to \$6.5 million while retiring the start-up debt from the hospital of \$500,000.
- Negotiated capitated and non-capitated agreements with all major St Louis health plans.
- Transitioned administrative services from external third party administrator to in-house staff providing substantial savings to the physician group.
- Led staff of ten including medical management, finance and claims operations.

Manager Contract Administration, FHP/Great Lakes Health Plan - Chicago, IL **1991-1994**

Manager, Health Care Administrative Services, Administrative Management Group – Chicago, IL **1989-1991**

Supervisor, Association Group Claims, CNA Insurance Companies **1986-1989**

EDUCATION

Loyola University of Chicago, Chicago, IL, Bachelor of Arts

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

Not Applicable

LARA GRIFFIN

MANAGER PROVIDER SYSTEMS INFO ADMINISTRATION, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Lara Griffin, Provider Systems Info Administration Manager, is responsible for the day-to-day management of 30 staff along with the Provider Systems Administration functionality for 5 Coventry Medicaid MCOs: HCUSA of Missouri, Omnicare of Michigan, Coventry HealthCare of Florida, CoventryCares of Nebraska, and CHC Cares of Pennsylvania. Her experience encompasses management of all operational aspects of provider/client data processes and inventory management including data loads and updates, coding of contracts, fee schedules, implementation of provider demographics, pended claim analysis and issue resolution, and provider/client network setups, claims processing, and customer service. She supports new business initiatives and will oversee the operational aspects of provider and contract demographic and payment information into transactional systems for the CoventryCares of Louisiana Medicaid business. Mrs. Griffin has more than 10 years of managed care experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD **2003 – Present**

A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Manager Provider Systems Info Administration, Coventry Health Care, Inc., Harrisburg, PA **(2007-Present)**

Manage an organized team to meet or exceed service metrics. Manage staff development and work standards; provide structured coaching and counseling. Oversee the day-to-day management of technical and non-technical staff responsible for analyzing, coding, and building provider demographic and payment information and/or client provider network information into transactional systems and databases. Accountable for organizing, directing, and monitoring staff work assignments, resolves issues and develops solutions as needed. Coordinates directly with Health Plan network management and provider relations to design and implement new benefit programs, contracts, and fee schedules. Manage all operational aspects of provider/client data processes and inventory management, including data loads and updates, coding of contracts, fee schedules, implementation of provider demographics, pended claim analysis and issue resolution, and provider/client network setups.

Supervisor Provider Systems Info Administration, Coventry Health Care, Inc., Harrisburg, PA **(2006-2007)**

Supervised an organized team to meet or exceed service metrics. Managed staff development and work standards; provided structured coaching and counseling. Worked directly with customers at all levels within the organization to identify and implement process improvements. Accountable for providing leadership in facilitating and conducting information gathering, structured documentation, and presenting of findings, and responsible for performing in a consulting style with business partners.

Provider Systems Info Administration, Coventry Health Care, Inc., Harrisburg, PA **(2003-2006)**

Responsible for analyzing, coding, and building provider demographic and payment information into the transactional system and other databases and worked closely with both customer service/claims and health plan Provider Service Representatives to solve provider contract and claim issues. Acted as a consultant to the health plan and customer service/claims regarding system capabilities and limitations and served as a technical resource on products and technology.

Network Administrator, Chelsea Settlement Services, Inc., Camp Hill, PA **2003**

Responsible for troubleshooting a network running Windows Applications and Small Business Server, set up, managed, and maintained user accounts and industry specific software.

Level 2 Operations Support/Computer Op, Unisys Global Outsourcing, Harrisburg, PA **2002-2003**
Responsible for monitoring systems for hardware/software problems, network connections, and system queuing.

Team Leader, D.H. Evans Associates, Harrisburg, PA **1999-2002**
Process medical claims, refunds, correspondence, and provide customer service for employer groups of more than 1200 employees, responsible for system and claim processing demonstration for new clients.

Trainer/Senior Service Specialist, HealthAmerica/Coventry Corporation, Harrisburg, PA **1997-1999**
Responsible for training new employees and existing staff on claims processing functions, provided benefit overview for products and the transactional system.
Responsible for processing medical claims, providing customer service, and performing Quality Assurance through auditing processed claims and phone monitoring of existing staff.

Auditor/Trainer/Cust Svc Rep, PA Employees Benefit Trust Fund, Harrisburg, PA **1988-1997**
Audited medical claims payment and coordination of benefits; trained existing staff on benefits, policies, and Procedures.
Customer service and claims processing for the Pennsylvania State Employees vision benefit. (1988-1996)

EDUCATION

Graduate/Steelton-Highspire High School – Business Administration	1988
Harrisburg Area Community College – Business Administration	1988-1989
ComputerTraining.com, Mechanicsburg, PA – Microsoft Certified Systems Engineer	2002
Health Insurance Association of America, Self Study course Fundamentals of Health Insurance Part A	1997
Health Insurance Association of America, Self Study course Fundamentals of Health Insurance Part B	1997

REFERENCES

1. Laura Halleran, 3721 TecPort Drive, Harrisburg, PA 17106 Phone: (717) 541-5955
2. Braxton Voyles, 3721 TecPort Drive, Harrisburg, PA 17106 Phone: (717) 541-2585
3. Colleen Hummel, 3721 TecPort Drive, Harrisburg, PA 17106 Phone: (717) 671-6862

SHERRY THORNTON

DIRECTOR APPLICATION DEVELOPMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Sherry Thornton, Applications Development Director, is responsible for the planning, development and maintenance of core transactional systems for the Coventry Medicaid MCOs. Her applications experience encompasses claims, encounters, customer service, finance, sales and marketing, provider relations and medical management. She supports internal systems for government programs and new business initiatives and will oversee the systems development for the Coventry Health Care of Louisiana's Medicaid business. Ms. Thornton has more than 10 years of managed care and information systems experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD **2009 - Present**

A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director Applications Development, Coventry Health Care, Inc., St. Louis, MO **(2009 - Present)**

Responsible for planning, directing and controlling the resources and efforts of MIS teams to accomplish large Medicaid project implementations and support IT operational needs for Medicaid health plans within the corporation.

- Developed budget processes and procedures to align and prioritize business objectives within limited resource parameters.
- Led large-scale IT implementation for Pennsylvania Medicaid business awarded in 2009, including readiness reviews with State Medicaid agency.
- Provides leadership to team members to accomplish goals and objectives.
- Ensures compliance with federal and state laws, regulations, and standards related to health information and coding principles.

CENTENE CORPORATION - St. Louis, MO **2006 - 2009**

Centene Corporation is a multi-line healthcare enterprise that provides programs and related services to individuals receiving benefits under Medicaid, including the Children's Health Insurance Program (CHIP), as well as Aged, Blind, or Disabled (ABD), Foster Care, Long-Term Care and Medicare (Special Needs Plans).

Director Encounter Business Operations, Centene Corporation - St. Louis, MO **(2007-2009)**

Responsible for ensuring timely and accurate submission of encounter data from health plans and subcontractors to State Medicaid agencies while ensuring compliance with all federal and state laws.

- Established processes and dashboards to ensure accuracy and timeliness of encounters output and deliverables; achieving greater than 90% first time encounter acceptance for all Medicaid health plans.
- Represented corporation in client interaction during the development of new business opportunities.
- Reported operational progress, financial, issue and risk status to senior management and all business partners.
- Developed a strong team through mentoring, training and effective organizational development practices.

IT Manager/EDI, Centene Corporation - St. Louis, MO **(2006-2007)**

Responsible for project delivery and daily operations activities for electronic data interchange (EDI) function within corporation. Managed a team of 31 application programmers and business analysts that developed and implemented health care transactions for Medicaid and behavioral health lines of business.

- Established processes and procedures to improve efficiency of EDI transactions for 11 health plans coast-to-coast.
- Ensured compliance with HIPAA and Sarbanes Oxley rules and mandates
- Adopted ANSI X12 transaction standards to process claims, eligibility, claims status, electronic remits, paper claims and claims encounter reporting to various providers and state partners.

BLUECROSS BLUESHIELD OF MISSOURI - St. Louis, MO 2000 - 2006
Leading regional health and medical insurance provider to commercial clients in Missouri and Illinois.

Senior Project Manager, BlueCross and BlueShield of Missouri - St. Louis, MO (2000 -2006)
Managed a team of 10 application programmers responsible for analysis, design, construction, documentation, test scripts and deployment of new EDI solutions: 270/271, 276/277, 278, 820, 834, 835, and 837.

- Created an EDI solution using HIPAA-mandated federal regulations.
- Collaborated with cross-functional departments (Data Warehouse, QA Testing, Systems Support, Business Groups, Network Administration) to develop optimal solutions.
- Recommended software purchases to executive management and served on committees including ANSI X12 Organization, HIPAA Regulations, Federal Employee HIPAA Workgroup and Trizetto Software Workgroup.
- Responsible for yearly budget planning and day-to-day EDI operations.

Network Administrator, Southwestern Illinois College - Red Bud, IL 2000

Consultant/EDI Programmer/Analyst (Sterling Commerce), IBS Consulting - Dublin, OH 2000

Consultant/EDI Programmer/Analyst, Data Management Consultants, Inc.- St. Louis, MO 1999

Consultant/Documentation Specialist, Cap Gemini America - St. Louis, MO 1998-1999

Business Analyst/EDI Coordinator, Cap Gemini America - St. Louis, MO 1998

Assistant to the Quality Manager, Cap Gemini America - St. Louis, MO 1997-1998

Computer Lab Supervisor/Network Administrator, Marissa Junior Senior High School - Marissa, IL (1995 - 1997)

Accounts Receivable Manager, Famous-Barr Credit - St. Louis, MO (1992 - 1993)

Personal Services Supervisor, Mercantile Card Services - St. Louis, MO (1989 - 1992)

EDUCATION

University of Phoenix, Phoenix, AZ - Bachelor of Science/Management
Southern Illinois University, Edwardsville, IL - Management Information Systems
Belleville Area College, Belleville, IL - Associate of Science Accounting

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

1. Mary Chesslo, 3200 Highland Avenue, Downers Grove, IL 60515 Phone: (630) 737-3219
2. Kathy Whaley, 10 S. Broadway, Suite 1200, St. Louis, MO 63103 Phone: (314) 444-7271
3. Dan Paquin, 10 S. Broadway, Suite 1200, St. Louis, MO 63103 Phone: (314) 444-7253

FRANK SIANO

VICE PRESIDENT BUSINESS DEVELOPMENT-MEDICAID COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Frank Siano as Vice-President, Medicaid Business Development and Marketing, has over 25 years of experience in the health care industry in both for-profit and not-for-profit entities, including managed care. As an integral member of the Louisiana Implementation team, he will have responsibility for guiding and mentoring Coventry Health Care of Louisiana staff on their marketing/branding activities, government relations activities, community outreach program design and the development of Coventry Health Care of Louisiana's community organization partnership approach.

EXPERIENCE

COVENTRY HEALTH CARE, INC. Bethesda, MD 2009 - Present
A national Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Vice President Business Development – Medicaid St. Louis, MO 2009 - Present
Developed and initiated business plan and strategies for new markets identifying more than \$14 billion in new revenues. Developed new market relationships with state government entities, elected officials, key stakeholders and community influencers. Coordinated new market Medicaid outreach strategies for organic growth targets. Mr. Siano led company-wide committee focusing on initiatives to improve HEDIS outcomes through outreach and marketing efforts.

APS HEALTHCARE St. Louis, MO 2008 - 2009
\$225 million Care Management/Disease Management Healthcare Company

Executive Director/CEO of Missouri St. Louis, MO 2008 - 2009
Executed the re-engineering of the organization's overall operations and local mission while coordinating it within the national corporate strategy. Recruited an entire new management team and expanded call center operations from one location in Jefferson City to an additional location in St Louis.

- Increased overall company revenue from \$18M to \$38M
- Contributed 1/3 of total company profits
- Recruited an entire new management team in less than 2 months
- Increased membership through contract negotiations from 85K to over 300K in 12 month period
- Grew provider participation to from 250 physicians to over 1500 in 9 months of total possible network of 3200.
- Opened a new regional office employing 180 new staff members

HEALTHCARE USA of MISSOURI, LLC St. Louis, MO 2005 – 2008
\$500 million Medicaid Managed Care health maintenance organization. Largest managed care provider in Missouri.

VP - Governmental Affairs, Regulatory Relations, and Community Development - St. Louis, MO (2005 - 2008)
Secured lines of business for next three years. Travel to develop new business and close State contracts. Involved in lobbying efforts and governmental affairs. Developed first Government Relations initiative and strategy. Created new marketing and sales program including new logo, TV, radio, transit and print material. Reengineered staffing patterns and budgets for three departments. Investigated new market expansion including investigating new business in several states. Developed a network of 250 non profits to support operations. Grew membership to over a 50% market share in the state.

- Scored 100% in two of three regions by collaborating in redesign and response to State of Missouri state-wide RFP.
- Coordinated the marketing and government relations components for an \$18 million acquisition of a competitor with an expected ROI in two years.
- Successfully negotiated the 2 largest rate increase in six years in a eighteen month period.
- Designed and implemented a marketing campaign that secured 40,000 members for HealthCare USA during two 45-day open enrollment periods.
- Received a nearly perfect score for the plan's first 3 year URAC accreditation

AREA RESOURCES FOR COMMUNITY AND HUMAN SERVICES (ARCHS) - St. Louis, MO, 2002 - 2005
Public and private partnership formed to improve lives of children, families and individuals in St. Louis region.

Chief Executive Officer, Area Resources for Community and Human Services (ARCHS) - St. Louis, MO (2002 - 2005)
Developed new vision and charted new direction. Leveraged other organizations' dollars to improve the St. Louis region. Authored business plans focusing on education, health, youth, early childhood education and community & workforce development. Oversaw fund development planning and implementation. Served as key liaison with constituency groups. Developed and implemented job descriptions and performance appraisals. Recruited a new management team and Board of Directors.

- Leveraged \$3 million into \$80 million by uniting with other agencies to maximize collaboration, coordination, and application of community resources.
- Secured \$15 million in new grant money in one year by creating a Fund Development Department.
- Implemented financial system to track 999 grants.

Established Leverage Resources Inc, a for-profit subsidiary of ARCHS, to provide accounting services to other non profits and small businesses. Established a comprehensive database of funding sources that included federal and state agencies, foundations and corporate entities. Provided group purchasing services and employee benefits. Designed financial strategic plans for other non profits.

ACANTHUS, INC. - St. Louis, MO 2000 - 2002
Founded a start-up company outsourcing physician services to hospitals, clinics, and other healthcare facilities.

Chief Executive Officer, Acanthus, Inc. - St. Louis, MO (2000 - 2002)
Marketed company to investment and venture capital communities. Developed business plan. Recruited management team and board of advisors. Effectively managed human resources of organization according to authorized personnel policies and procedures that conformed to current laws and regulations.

HEALTHLINE MANAGEMENT, For Profit Subsidiary of St. Louis University - St. Louis, MO 1985 - 2000
Healthcare outsourcing company providing professional staffing, practice management, consulting, contracting, and office services. SLU sold the hospital and the company in 2000.

Chief Executive Officer, Healthline Management - St. Louis, MO (1985 - 2000)
Chairman of the Board and CEO, Healthline Management - St. Louis, MO (1998 - 2000)
Recruited to start a for-profit business that provided outsourced medical services to communities. Responsible for oversight of operations, financial reporting, contracting, marketing and community relations efforts. Coordinated agency programs. Served as POC with major clients and venture capital markets. Improved communication, streamlined operations and reduced employee turnover. Measured results and evaluated programs' effectiveness. Recruited, supervised, evaluated, and terminated personnel. Full P&L responsibility for capital and operating budgets. Directed service lines employing 100+ support staff. Oversaw 250 doctors as independent contractors, 9 primary care practices, 21-person OB-GYN Group, and staffed 45 ER Departments within 250 mile radius in Illinois and Missouri.

EDUCATION

M.S. in Education, Southern Illinois University, Edwardsville, IL
B.A. in Political Science, University of South Carolina, Columbia, SC

COMMUNITY/VOLUNTEER EXPERIENCE

Victory Fund, Board of Directors, 2005-present
Pulaski Bank Advisory Board, 2006-present
Leveraged Resources Management, Inc., Board of Directors, 2004-present
Vision for Children at Risk 2005 - 2009
Youth In Need 2005 - present
Urban League 2005 - 2009

RICK L MABE

VICE PRESIDENT OF BUSINESS DEVELOPMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Rick Mabe, Vice President of Business Development, currently has growth and retention responsibilities for 8 states in where Coventry Health Care has a Medicaid Managed Care contract. Mr. Mabe works closely with all Coventry Health Care Plans to establish, develop and improve community development organic growth and retention initiatives to increase our opportunities to serve many people in our service area. This is accomplished by meeting everyday with community-based organizations to develop relationships with them to help us educate the communities the importance of healthy, wellness activities that are offered by the Medicaid Managed Care Plan. In addition, Mr. Mabe works closely with all his team to have a strong presence in the community to participate in health fairs, school events and faith-based organizations. Currently, Mr. Mabe has put together an extensive list of all personal contacts that were visited in each of the 64 Parishes in the State of Louisiana to begin bridging relationships with key community-based organizations. Mr. Mabe has more than 19 years of managed care and healthcare industry experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD **2010 - Present**
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Vice President of Business Development, Coventry Health Care, Inc., St. Louis, MO **(2010 - Present)**
Responsible for developing strategies for growth and retention and augment all efforts for each of the 8 Medicaid Managed Care Plans throughout the country.

- Developed online (CRM---Customer Relations Management) tool to help organize and capture all contacts made with community-based organizations for appropriate follow up on relationships and events.
- Developed training program for all team members to follow when identifying and engaging with community-based organizations.
- Developed several tools from best practices for all healthcare plans within Coventry to use
- Provide leadership to team members to accomplish goals and objectives.
- Ensures compliance with federal and state laws, regulations, and standards related to our marketing guidelines into the community.

Heart to Heart Hospice, Inc.—Dallas, TX **2009 - 2010**
Heart to Heart Hospice is one of the largest privately owned hospice company in the state of Texas operating currently in 7 cities (Houston, San Antonio, Tyler, Lufkin, Austin, Dallas and Ft. Worth).

Heart to Heart Hospice, Inc--Dallas, TX **January 2009-June 2010**
Vice President of Operations

Responsibilities included all Operations, Sales & Marketing and Compliance initiatives with oversight of over 400 employees. Also responsible for all profitability and growth of the company with current trends growing the company from 590 in January of 2009 in census to 904 as of June 2010 with companywide revenues of \$45 Million + with an EBITDA margin of 28%. Most of the increase was due to good organic growth and new marketing and operational structure that were put in place to help the agencies expand various areas of the business and become a serious player in all communities we served. As a side note: The average national EBITDA for a hospice with 500 plus patients is around 17%. In addition, in 2010 I have successfully revamped Operations to develop strategic aggressive growth plans through same store growth, DeNovos and acquisitions. .

Trinity Hospice--- St. Louis, MO (2005-2008)

Trinity Hospice was one of the largest hospice companies in the country which was a wholly owned subsidiary of Sunrise Senior Living with current operations in 9 states and 23 centers.

Trinity Hospice, Inc. - St. Louis, MO

June 2005 - September 2008

Vice President of Operations—Southeast Region, 11/05 – 9/08

Regional Director Business Development, 6/05 – 11/05

Trinity Hospice was for profit with a not-for-profit foundation serving terminally ill patients and their families. Was responsible for overseeing all of the business development, clinical, compliance and financial operations for the Southeast Region which included: Missouri, Tennessee, Mississippi, Louisiana and Atlanta. Also had Pittsburgh, PA in my region for 2 ½ years. Managed 135 team members in the region which included 7 Executive Directors, 1 Regional Director of Business Development, One Regional Director of Compliance and a Regional Medical Director. In addition, I opened up 3 start-up operations in 2008 in Chicago, Philadelphia and Atlanta. A few highlights:

- Developed matrix system to measure penetration in the market to correctly admit appropriate hospice patients per Medicare guidelines while striving to stay 100% compliance in all efforts.
- Developed several team members that were promoted in various managerial roles and key positions.
- Guided all centers to achieve 90%+ compliance scores.
- Achieved nearly 120 days average length of stay ensuring compliance with Federal Guidelines of Participation.
- While employed with Trinity, helped bring in over \$63,000,000+ in revenue each year.
- Developed new training and operational initiatives which increased census by 35% since September of 2005
- Helped decrease employee turnover from 37% to 16% in 2007/2008 with development of a mentor program

Bethesda Health Group - St. Louis, MO

(2001-2005)

Bethesda Health Group, which was founded in 1889, is a St. Louis based, not-for-profit health care organization providing a continuum of care for St. Louis area senior residents. Was responsible for 7 senior care residences in St. Louis area.

Bethesda Health Group, Inc., St. Louis, MO

May 2001- June 2005

Marketing Sales Director and Corporate Trainer

- Developed Sales and Marketing and Training Plan for promoting all Bethesda residences/ (1,300+ employees).
- Built relationships with physicians, discharge planners and social workers creating a continuous book of business.
- Increased Bethesda Health Group profile hosting health fairs, seminars, fundraising efforts raising over \$2 million.
- Increased "census" by 38% from July 2001-March 2004 which equated over \$147,000,000 in new revenue.
- Helped take the company from a Private Pay resource to multiple payer sources including Medicare/Medicaid.

Group Health Plan, Inc.---St. Louis, MO

(1995-2001)

Sales Manager

United Healthcare of the Midwest-St. Louis, MO

(1991-1995)

Account Executive

EDUCATION

Southeast Missouri State University, Cape Girardeau, MO – Business Administration/Management

REFERENCES

1. Claudia Bjerre, 10 South Broadway, Suite 1200 St. Louis, MO 63102 314-705-2126
2. Bill Thurman, 7240 Chase Dr. Plano, TX 75025 214-801-8689
3. Kelly Mitchell, 7230 Chase Dr. Plano, TX 75025 214-402-9514

SUSAN M. ATKINS, PHR, CEBS

DIRECTOR HUMAN RESOURCES, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Sue Atkins, Human Resources Director, provides human resources oversight to Coventry's Medicaid operations including two stand-alone Medicaid MCOs and all centralized Medicaid operations. Ms. Atkins is also the Human Resources Director for Coventry's Virginia and West Virginia health plans, both of which provide Medicaid MCO services in their states. She previously provided HR oversight to Coventry's First Health Services fee-for-service Medicaid business (2006 to 2009) and Coventry's Delaware health plan including their Maryland Medicaid MCO business (1999 to 2006). Her experience is across the spectrum of human resources subject areas including policy, staffing, organization development, compensation and benefits, performance management and employee relations. Ms. Atkins has over 25 years human resources experience, 14 supporting Medicaid managed care organizations.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD 5/1997 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director Human Resources 9/2000 – present
Manager Human Resources 5/1997 – 9/2000

Provides human resources services to Coventry's Virginia and West Virginia health plans and Corporate Medicaid team. Provides oversight for human resources activities in Coventry's Michigan and Missouri Medicaid health plans. Implements all human resource policies.

- Performs all duties related to employee relations.
- Responsible for recruitment, selection and staffing functions; develops and implements effective recruitment and retention techniques.
- Educates employees regarding company's benefit programs including annual open enrollment process.
- Guides supervisors and managers in the application of the company's corrective action process.
- Facilitates employee and management understanding of the company's total compensation system including the salary determination process.
- Participant as Medicaid HR subject matter expert on company wide initiatives including Affirmative Action Plan development and administration and automated applicant tracking system selection and implementation.

RICHMOND METROPOLITAN AUTHORITY - Richmond, VA 8/1994 – 5/1997
The RMA builds and operates a variety of public facilities and offer public services, including toll roads and parking garages, within the Richmond metropolitan area

Personnel Specialist - Sole HR practitioner for 24 hour / 7 day public toll authority. Heavy non-exempt recruitment involving pre-employment drug and honesty / integrity testing. Supervision of one non-exempt employee.

VIRGINIA STUDENT ASSISTANCE AUTHORITIES – Richmond VA 10/1989 – 8/1994
The VSAA provided and guaranteed federal post-secondary student loans under the authority of the Commonwealth of Virginia.

Human Resources Specialist - HR generalist duties with emphasis on employee benefits. Implementation of a modified flexible benefit plan and the corresponding human resources information systems (HRIS) infrastructure.

TELENET COMMUNICATIONS CORPORATE – Reston VA
A division of GTE, Telenet was a major telecommunications provider.

8/1986 – 9/1989

Human Resources Representative – Provided HR administrative and generalist support to two engineering units with an emphasis on exempt recruitment. Participated in the annual salary budget process and the administration of the corporation's performance appraisal system.

EDUCATION

James Madison University, Harrisonburg VA – Bachelor of Science, Office Administration, *Cum Laude*

CERTIFICATIONS/LICENSURES

Profession in Human Resources (PHR), Human Resources Certification Institute of the Society for Human Resource Management, since 1996

Certified Employee Benefit Specialist (CEBS), International Foundation of Employee Benefit Plans and the Wharton School of the University of Pennsylvania, since 2003

COMMUNITY/VOLUNTEER EXPERIENCE

Richmond Society for Human Resource Management

- Current member
- Past Director, Arrangements
- Past Director, Membership
- Past Vice President, Member Development

Richmond Chapter, International Society of Employee Benefit Specialists

- Current member
- Past Director, Membership

The James River Ringers, Richmond VA

- Current performing member
- Past At-Large Member, Board of Directors
- Past Vice President
- Past President

REFERENCES

1. Patrisha Davis, Chief HR Officer, Coventry Health Care, Inc., (301) 581-5480
2. Stephen Barley, VP Human Resources, Coventry Health Care, Inc., (301) 581-5716
3. Lisa Williams, VP Human Resources, Coventry Health Care, Inc., (314) 506-1779

JOANNE STORBECK

MANAGER, INFORMATION RISK MANAGEMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Joanne Storbeck, Manager, is responsible for the planning, development and maintenance of core business continuity activities for the Coventry Health Care, Inc. Her area of expertise is Business Continuity Program Management with regards to conducting Business Impact Analysis (BIA), Business Continuity Plan Development, Recovery Strategies, and Testing for all lines of business within the organization. Ms. Storbeck has over 15 years experience in the Business Continuity and Disaster Recovery Industry.

EXPERIENCE

COVENTRY HEALTH CARE, INC.

2005-Present

A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Manager, Information Risk Management, Coventry Health Care, Inc., Scottsdale, AZ (2005 - Present)

Responsible for managing, directing and controlling the resources and efforts of the business continuity team to continue core Coventry business operations in the event of a business interruption.

- Built and leads the Business Continuity Department
- Facilitates business interruptions with senior business leaders during events impacting normal operations
- Ensures all BCPs comply with DRII best practices
- Facilitates table top simulations for all core lines of business and critical business processes
-

THE FERNWOOD GROUP, INC.

2003-2005

An "S" Corporation providing business continuity and disaster recovery consulting to small and medium sized organization.

Managing Partner

Area of expertise is Program Management with regards to Business Continuity preparation within the financial, communications, technology, and healthcare industries. Engagements ranged from large complex projects to single short term audits. Practice included Disaster Recovery, Risk Management, Business Impact Analysis (BIA), Recovery Strategies, Business Resumption Plans and testing.

GE GLOBAL ASSETS PROTECTION SERVICES

2002-2003

Project Manager responsible for developing Business Continuity Audit tools and business unit test scripts including incident management, emergency operations center, facility assessments, recovery and restoration procedures for GE.

SUNGARD/COMDISCO, INC.

1993-2002

Managing Consultant

Certified Business Continuity Planner leading multi-million dollar Fortune 500 Business Continuity – Disaster Recovery engagements throughout the globe. Responsibilities included development and presentation of Business Impact Analysis' for global telecommunications, healthcare, finance, manufacturing and internet customers. Documentation of multi-site national and international business continuity plans, negotiating project budgets, scope

change, and mitigating risks for each Comdisco engagement. Daily interface with CEO and supporting IT and Finance managers.

VIATEL, LTD – Omaha, NE

1994-1995

FIRST NATIONAL BANK OF OMAHA (FNBO) – Omaha, NE

1986-1993

EDUCATION

Bellevue University, Bellevue, NE - Bachelor of Business Administration

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

- Represented Southern Health on the following corporate committees: Coventry Corporate Medicaid P&T Committee, Medicaid QM Committee, Auto-Adjudication for Medicaid business, EPSDT/Lead Workgroup, Cultural Competency Committee, and Long-term Care Strategic planning.

MANAGED HEALTHCARE STRATEGIES Salem, Oregon **1995 - 2005**

Owner / Contracting and Health Care Consultant

Represented a wide range of providers including hospitals, ambulatory surgery centers, IPAs, PHOs, physicians, dentists, and ancillary services in negotiating reimbursement for commercial (HMO, PPO, POS), Medicare, and Medicaid services with the major health carriers in Oregon and national health carriers. Subject matter expert in risk and non-risk financial models utilizing capitation, per diems, case rates, DRGs, RBRVS conversion factors, proprietary fee schedules, or UCR. Completed RFPs for new entities entering the Medicaid market. Provided reviews for existing Medicaid MCOs to assure the plan was meeting the agreed upon contractual obligations.

MID-VALLEY INDEPENDENT PHYSICIANS ASSOCIATION (IPA) Salem, OR **1995 - 2002**

Government Programs Manager (Part-time)

Responsible for the relationships with the State of Oregon and health insurers for the Medicaid (Oregon Health Plan) and Medicare services contracted by the IPA.

- Participated in the review and negotiations of all commercial and government contracts for the IPA.
- Served as the in-house expert on Medicare and Medicaid rules and regulations as well as contractual requirements. Tracked all state and federal legislation. Formulated appropriate input and responses to proposed legislation. Attended legislative hearings and work sessions.
- Responsible for all of the membership activities including credentialing for the 450+ members of the IPA. Staffed the IPA Credentialing Committee and presented all new members for consideration.

ODS HEALTH PLANS Portland, OR **1993 - 1995**

Manager Provider Relations

Responsible for developing all of the contracts to create a statewide commercial (HMO/PPO) and Medicaid managed care network for the company. Contracted with hospitals (80 statewide), IPAs and individual physicians (8,000 statewide), nursing homes, and ancillary providers to create a network available to be sold to employer groups and to meet the standards required by the State of Oregon for the Oregon Health Plan.

STATE OF OREGON, DEPT OF HUMAN RESOURCES, OFFICE OF MEDICAL ASSISTANCE Salem, OR **1987 - 1993**

Program and Policy Manager, Medicaid

Responsible for the following programs: Dental, Transportation, OT, PT, Speech, Hearing, Private Duty Nursing and DME. Oversaw the budget, administrative payment rules, setting the reimbursement rates, policies, and publication of the policies and rules for the administration of the programs. Responsible for contracting with the major health insurers in the state to provide a managed care program for Medicaid recipients for medical and dental services. Oversight of the applications to assure processes were in place to meet contractual requirements and state and federal regulations .

EDUCATION

Oregon State University, Corvallis, Oregon - Bachelors of Science in Health Care Administration

COMMUNITY/VOLUNTEER EXPERIENCE

Chair, Oral Health Task Force for Oregonians
Oregon State University Advisory Board, Health Care Administration Program
Oregon Legislative Advisory Committee on Elderly Health Care, technical advisor concerning long-term care insurance issues

REFERENCES

1. Daniel Plain, 600 East Broad Street, Suite 1300, Richmond, VA 23219 Phone: (804) 225-4218
2. Catherine Harrison, 1111 East Main Street, Suite 910, Richmond, VA 23291 Phone: (804) 648-8466
3. T. Randolph Cox, 300 Kanawha Boulevard, East, Charleston, WV 25221 Phone: (304) 340-3829

RYAN P. DILLON

DIRECTOR, PRODUCT MANAGEMENT AND IMPLEMENTATION, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

As Director of Product Management and Implementation for Medicaid New Business, Ryan Dillon has over 10 years experience in the healthcare industry specifically in for-profit managed care entities. As an integral member of the Corporate Medicaid Business Development Unit, he will have responsibility for coordinating efforts for Coventry's new and existing Medicaid health plans on their responses to states for Medicaid contracts and implementations for the awarded contracts.

EXPERIENCE

COVENTRY HEALTH CARE, INC. Bethesda, MD 2010 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director of Product Management and Implementation 08/2010 - Present

- Coordinate implementation of Medicaid responses for Coventry's new and existing business.
- Assist and develop relationships with vendors for Coventry Medicaid plans.
- Assist with the development of strategies to improve effectiveness of Coventry's Medicaid plans.

APS HEALTHCARE St. Louis, MO 2008 – 2010
\$225 million Care Management/Disease Management Health Care Company

APS Iowa Account Executive 03/2010 – 08/2010

- Lead implementation of Iowa disease management program with start date of July 1, 2010.
- Provided review of Iowa contract and identified contractual report needs.
- Assisted in secondary interview for all Iowa staff.

Operations Manager 02/2010 – 08/2010

- Assumed responsibilities of the Executive Director in their absence.
- Coordinates and directs overall program operations and directly supervises Call Center and non-clinical support staff. This accounted for over 50 employees.
- Developed and monitored business and financial Call Center metrics related to the day-to-day operational success of the program; reports and measures progress toward operational goals through periodic reviews.
- Acknowledged as corporate Subject Matter Expert (SME) for call center reporting program.

Finance Manager 11/2008 – 02/2010

- Coordinated all aspects of the center operations including program coordination, scheduling, work plan management, status reporting and issue resolution tracking for the Operations Director.
- Prepared and analyzed financial reports to ensure financial, strategic and operating objectives are met.
- Represented the company in meetings with the State of Missouri.

HEALTHCARE USA OF MISSOURI, LLC St. Louis, MO 2004 – 2008
\$500 million Medicaid Managed Care health maintenance organization. Largest managed care provider in Missouri.

Manager, Financial Systems 04/2008 – 10/2008

- Coordinate implementation of new COB/TPL process with HMS for Coventry Medicaid health plans.
- Design and install new purchasing process to reduce SG&A expenses.

Accounting Supervisor 11/2004 – 04/2008

- Review monthly premium received from the State of Missouri and address discrepancies with the State.
- Create, review, and provide analysis of financial statements for the largest Missouri Medicaid HMO.
- Handle the creation of annual and quarterly statutory filings with the NAIC and the Missouri Department of Insurance.
- Successfully oversee accounting department including staff accountant, accounts payable clerk and membership eligibility liaison.
- Effectively collaborate with various departments to prepare annual budget.

GROUP HEALTH PLAN INC. Earth City, MO 2001 – 2004
Senior Accountant 2003 – 2004

- Supervise accounts payable department including an accounts payable clerk and accounting associate.
- Maintained same duties as Accountant position.

Accountant 2001 – 2002

- Supervised accounts payable department including an accounts payable clerk and accounting associate.
- Reviewed investment general ledger accounting on a monthly basis and produces quarterly and year-end statutory statements while analyzing daily cash position and creating weekly and monthly cash reports.
- Performed 1099 reporting and maintained unclaimed property records for yearly filing and monthly letters.
- Managed relationship with company's print vendor, including print vendor change in November 2003.
- Handled banking relationships for GHP, including an operating bank change in November 2002.

RELIABLE LIFE INSURANCE COMPANY St. Louis, MO 1999- 2001

Accountant

- Produced year-end and quarterly statutory statements, including the investment accounting for six (6) companies.
- Produces monthly corporate financial analysis statements, reconciled bank statements and general ledger accounts.
- Maintained the fixed assets system, including real estate and personal property taxes and filings.

PRAIRIE FARMS DAIRY Carlinville, IL 1998-1999

Accountant

- Managed accounts receivable for \$150 million Wal-Mart account, including resolution of billing and payment issues.
- Provided sales data and worked with sales managers for improving relationship with Wal-Mart.
- Developed sales analysis reports for management review.

EDUCATION

Lindenwood University, St. Charles, Missouri
 Masters in Business Administration, May 2003

Illinois College, Jacksonville, Illinois
 Bachelor of Arts Degree, Economics/Business Administration, May 1998
 Major: Accounting

COMMUNITY/VOLUNTEER EXPERIENCE

Commissioner, Planning and Zoning Commission for Wentzville, MO since February, 2011

REFERENCES

1. Frank Siano | 10 S. Broadway, Suite 1200, St. Louis, MO 63102 | Phone: (314) 444-7993
2. Anita Schwing | 10 S. Broadway, Suite 1200, St. Louis, MO 63102 | (314) 444-7283
3. Claudia Bjerre | 313 Lake of the Woods Blvd, Akron, OH 44433 | (314) 705-2126