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**Anita Faye Payne**  
**Director, Member Services****Qualifications Summary (B.10)**

- Health care industry experience: 2.75 years
- Medicaid managed care experience: 2.75 years
- Length of time in current position: 2.75 years

**Experience and Qualifications*****UnitedHealthcare******Business Manager/2008 – Present***

- Manage a team of seven Supervisors with a division team size of 100+ customer care professionals in three sites.
- Consistently meet and exceed key performance indicators for Call Quality, Average Talk Times, Adherence, Attendance and United Experience Survey results. Ensure excellent performance of customer service staff when servicing member or provider contacts, by working with and leading teams to ensure efficiency and quality service.
- Coached and developed Supervisors for achievement, continuous improvement, and goal setting to provide support to their employees.
- Foster and maintain a collaborative relationship with internal and external business partners to ensure customer satisfaction and profitability; work with business partners to identify ways to improve business process.

***Advance Call Technology******Director of ATT Client Programs/2006–2008***

- Improved Vendor sales training to advance Advance Call Technology to #1 Vendor for ATT Residential HSI sales 2 years in a row.
- Ensured support requests and projects were completed on time, in scope, and with high client satisfaction. Identified and resolved operational problems using defined processes, expertise and judgment.
- Managed a team of two Operations Managers, sixteen Supervisors and 200+ sales representatives in AZ and TN.
- Implemented timelines for refresher training and continuous training courses for customer services and sales training.

***Comcast Cable******Tri-State Customer Service Manager/2002–2006***

- Responsible for \$3.5 million Customer Service budget. Increased profit gain by 5 percent by implementing standard processes in stand alone customer service sites that supported Call Center initiatives for sales and returns. Controlled expenses and increased profitability through the enhancement of work processes which improves the service and efficiency of our call center.

- Managed three Payment/CS sites along with 200+ seats Call Center for the Tri State area.
- Maintained a positive work environment that supports a metrically and quality driven team and identify issues that may inhibit an individual's/teams performance.

***Faneuil Group******Lead Supervisor/1998–2002***

- Managed three supervisors and a team of 60+ service agents.
- Liaison between Client and Operations for Vendor relations. Work with Clients and Account Managers to build productive working relationships and effectively resolve issues.
- Coordinate, supervised and accountable for the daily, weekly, monthly activities of customer service representatives for sales and quality metrics.

**Relevant Education/Experience/Training**

- Diploma, Sullivan South High School
- MS Office, Lucent Centre Vu Systems, Avaya Call Management System (CMS), Total View IEX Scheduling Software

## **Andrea M. Fitzgerald, CHC**

### **Compliance Officer**

#### **Qualifications Summary (B.10)**

- Health care industry experience: 4 years
- Medicaid managed care experience: 4 years
- Length of time in current position: 7 months

#### **Overview**

Results-centric, goal-focused executive ...proven track record of building and sustaining strong relationships with state insurance commissioners/directors and key staff members...known for possessing a thorough understanding of the operations within the insurance industry and establishing effective communications between senior management and staff...acknowledged strength in building strong compliance and ethics and integrity programs as well as identifying and implementing best practices.

#### **Experience and Qualifications**

##### ***UnitedHealth Group, Brentwood, TN***

##### ***Southeast Region and Tennessee Compliance Officer/2011 - Present***

- Responsible for managing the delivery of a consistent Compliance Program across the UnitedHealthcare Community & State businesses within the Southeast Region, including providing direction on plan-level Compliance Program structures, processes and tools. Ensures there is a consistent approach to regulatory audits, implementations, Compliance deliverables and delegate oversight issues. Provide direction to the Health Plan Compliance Officers within the Region and oversees Compliance Program-related activities as needed. Work closely with the Chief Medicaid Compliance Officer and the other Regional Compliance Officers to set and implement the direction and strategy of the Medicaid Compliance Program.
- Continue to oversee processes and initiatives and supports the overall Compliance function within the Tennessee Health Plan to ensure consistent program management, operational focus, and desired results on strategic initiatives.

##### ***Tennessee Compliance Officer/2007 - 2011***

- Senior executive responsible for establishing and leading the Tennessee UnitedHealthcare Community Plan's compliance program. This \$3 billion health plan serves over 580,000 government health care beneficiaries throughout the State of Tennessee. Accountabilities include the ethics and integrity program, corporate governance, ensuring written standards and procedures, creating and delivering training and education, reporting and responding to compliance issues, TennCare contract compliance, auditing and monitoring, fraud waste and abuse, vendor oversight and privacy.

***Royal & SunAlliance, Charlotte, NC/1989 – 2006***  
***Director of Regulatory Services/2002 – 2006***

- Regulatory contact with respect to formulating and implementing regulatory strategy concerning financial and other transitional issues...met with Regulators to present comprehensive corporate strategy and attain support...acted as liaison through completion of transition...prepared regulatory reports for U.K. Parent...was responsible for the transition of regulatory and compliance operations and staff. Managed team of 16 regulatory and compliance professionals in Government Relations, Regulatory Compliance, State Filings, and Infonet.

***Government Affairs Manager/1997–2002***

- Managed Legal & Regulatory Analysts. Coordinated integration of staff from merger with Orion Capital. Re-engineered and/or developed processes and procedures and integrated into Regulatory division.

***Government Affairs Representative I and II/1992 – 1997***

- Served as legislative and regulatory advocate in various regions of the US for personal and commercial lines. Facilitated meetings between Regulators and RSA Senior Management. Delivered legislative and regulatory presentations at producer meetings.

***Government Affairs Analyst/1989 – 1992***

- Designed and implemented Government and Industry Affairs Network Tie-In (GIANT) System, which facilitated the communication of legislative and regulatory information to corporate and field staff. Developed and implemented corporate customer complaint handling procedures, including developing on-line database for countrywide use.

**Relevant Education/Experience/Training**

- Bachelor of Business Administration (with Distinction), Montreat College, Montreat, NC
- Certified in Healthcare Compliance (CHC) designation
- Certificate in General Insurance

**Board Representation - Civic Participation**

- Member, Health Care Compliance Association/2007-Present
- Asst. Treasurer, Royal & SunAlliance Political Action Committee/2001-2006
- Member, North Carolina Insurance Guaranty Board/2003-2005
- Member, South Carolina P&C Insurance Guaranty Board/2000-2004
- Member, North Carolina Rate Bureau Governing Committee/1996-2003

**Blaine J. Bergeson**  
**Chief Executive Officer****Qualifications Summary (B.10)**

- Health care industry experience: 25 years
- Medicaid managed care experience: 15 years
- Length of time in current position: 3 years

**Overview**

- Mr. Bergeson has more than 25 years of business and healthcare industry experience and has served as the Chief Executive Officer, Chief Financial Officer and Vice President of Finance and Operations for healthcare companies in Colorado, Arizona, Nevada, Hawaii and Michigan.
- He has extensive experience in executive management, business development, network development and management, accounting and finance.
- Mr. Bergeson has worked closely with various state regulatory agencies during the implementation and management of acute and long-term care related Medicaid and commercial health insurance programs.
- His work with Medicaid and commercial health plans, hospital systems, physician organizations, brokers and employers provide him with a thorough understanding of the expectations and business processes of the major players in the healthcare market place.

**Experience and Qualifications*****UnitedHealthcare Community and State (UCS)***  
***Vice President, Business Development/2008-Present***

UCS is the business unit of UnitedHealthcare that owns and operates Medicaid and Children's Health Insurance Programs (CHIP). UCS covers more than 3.4 million people in 24 states and Washington D.C and is the largest Medicaid and CHIP managed care entity in the US.

***Independent Consultant***  
***Business and healthcare consulting/1997-2007***

Clients have included insurance companies, physician organizations, hospital systems, physician billing companies, third party administrators, self-funded employers, health insurance brokers, provider networks and healthcare related software companies.

***Managed Care Solutions***  
***Co-founder and President/CEO of Managed Care Solutions (MCS) Phoenix, Arizona/1992-1996.***

MCS owned and operated Medicaid managed care companies in five states. Grew the company from a start up organization to an enterprise of more than 500 employees

managing programs with annual revenues of more than \$250 million. Company was acquired in 1997 by United Healthcare.

***Health Management Associates***

***Chief Financial Officer, Health Management Associates (HMA) Phoenix, Arizona/1988-1992.***

HMA provided administrative services to provider owned managed care companies including 3 acute-care Medicaid managed care plans and one of the first prepaid Medicaid managed care plans in the US to serve members long-term care settings.

***Patients Choice***

***Vice President of Finance and Operations, Patients Choice Phoenix, Arizona/1987-1988.***

Patients Choice was an Arizona HMO covering more than 100,000 members 50,000 of whom were enrolled in Arizona's Medicaid program, with annual revenues of more \$150 million.

***Peak HealthCare***

***Assistant Controller, Peak HealthCare Colorado Springs, Colorado/1986-1987.***

Peak was an HMO with operations in 5 states and annual revenues of more than \$100 million.

***Arthur Young & Company***

***CPA, Arthur Young & Company Denver, Colorado/1983-1986***

***Texaco Oil and Gas***

***Management Trainee for Texaco Oil and Gas Denver, Colorado/1982-1983.***

**Relevant Education/Experience/Training**

- B.S., Accounting and Finance, Brigham Young University/1981

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**Catherine (Cathy) K. Burns**  
**Director, Provider Services****Qualifications Summary (B.10)**

- Health care industry experience: 15 years
- Medicaid managed care experience: 7 months
- Length of time in current position: 2 years

**Overview**

High performing professional with extensive experience in the healthcare and financial services industries. Proven ability to build strong relationships and effectively lead through challenges to produce strong positive results. Scope of responsibility includes a multi-state region.

**Experience and Qualifications*****UnitedHealthcare******Director, Provider Relations (LA, MS, AL)***

Responsible for a multi-state provider network – 20,000 physicians and 375 hospitals. Implemented provider service model to build relationships, resolve issues and provide education. Enhance the provider experience for improved provider and member satisfaction resulting in recruiting opportunities and improved contract performance. Successful on-the-ground, face to face outreach efforts – highly regarded by the provider community.

***Humana, Inc.******Director, Network Relations (LA, MS, AL)***

Responsible for building relationships and enhancing the provider experience. Our market is ranked among the top 5 nationally and holds a high provider satisfaction rating. Implemented the perfect service initiative/ provider value proposition (most favored payer) which resulted in enhanced provider satisfaction and improved recruiting/contracting performance. Developed and implemented provider education programs resulting in improved provider payments and provider/member satisfaction. Implemented successful “on the ground – face to face” key provider meetings for issue resolution and relationship building.

***Ameriprise Financial (formerly American Express Financial Advisors)******Director, Business Operations / Manager, Market Group Operations***

Managed a multi-state region with 250+ employees and independent contractors. This role was considered the CFO/COO role for the market. Fiscal responsibility for multi-state region. Our market group ranked #1 nationally. Managed all budgets to a surplus; responsible for all financial reporting, analysis and financial recommendations. Developed business and strategic plans and established goals to meet business targets. Promoted cross functional successes through teamwork and implemented efficient and

effective business practices/processes. Successfully influenced leaders across the country for positive change.

***Doctors Hospital of Jefferson (Tenet Healthcare Corporation)  
Director, Business Services***

Successfully led the patient financial services team; implementing cost effective contracts and reducing uncompensated care by 30%. Responsible for billing, coding, utilization review, case management, physician services, communications, customer service and managed care/contract management. Reduced utilization through physician education. Prepared cost report data and financial analysis for improved revenue stream and cost management.

***Aetna Health Plans of Louisiana, Inc.  
Market Financial Officer (LA, MS, AR)***

Provided strong leadership to insure cost effective rates to balance membership and profitability targets. Provided regional financial support following the corporate merger. Successfully implemented contracting/service initiatives for financially secure provider arrangements.

***Aetna Health Plans of Louisiana, Inc.  
Director, Network Management (LA, MS, AR)***

Responsible for contracting and provider relations for a multi-state region. Enhanced physician recruiting activities to improve hiring rate and viable provider contracts. Developed provider education programs to outline plan guidelines and contracts which resulted in improved provider payments and improved provider/member satisfaction. Successfully expanded the network. Enhanced provider relationships through face to face meetings with key providers.

***Elmwood Medical Center  
Director, Business Services***

Successfully led patient financial services to include billing, collections, coding, contracting, communications and customer service. Reduced AR days from 80 to an average of 18. Decreased uncompensated care by 50% due to implementation of financial eligibility policies. Responsible for annual financial audit and Medicare cost report.

**Relevant Education/Experience/Training**

- Bachelors, Business Administration/Management & Finance
- American Express Executive Leadership Program

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**Charlisa R. Watson, MHSA**  
**Director, Community Relations****Qualifications Summary (B.10)**

- Health care industry experience: 25 years
- Medicaid managed care experience: 13 years
- Length of time in current position: 2 years

**Experience and Qualifications*****UnitedHealthcare, Washington DC******-Vice President, Community Development Southeast Region/2009–Present***

- Primarily responsible for the development of market knowledge and relationships that enable United Healthcare Community & State to seize viable partnership opportunities to enter new markets and, or, to support existing health plan markets to expand and achieve greater market share/introduce new products.
- Required to communicate the company's services, mission, value and philosophy to the community in a manner that results in increasing our presence in the community building a positive brand impression.
- Develop effective grassroots strategic relationships with key stakeholders and community and faith based organizations serving the populations we serve that can facilitate a strategic community launch plan for each assigned market.

***-Executive Director***

- Served as executive director for a Medicaid managed care organization in the District of Columbia.
- Responsible for the overall performance of the market, including profit and loss responsibility, managing a state-based operation and partnering with corporate teams and sister segments to deliver various support services.
- Worked closely with the executive leadership team, reporting to the regional president for the southeast region effectively defining, articulating and addressing the current and future needs of the Washington, D.C., health plan.
- Provided leadership and direction to the management team to ensure the organization's strategic plan is translated into tactical goals and objectives that guarantee performance objectives were met or exceeded.
- National Association of Health Services Executives (NAHSE)

***National Association of Health Services Executives, (NAHSE)- Washington, DC Executive Director/2008–2009***

- Served as the executive director of a premier professional association for executives in the health care field. Reported to the President and Board of Directors.
- Facilitated the development and implementation of a national advocacy agenda and oversaw the implementation of local chapter's advocacy initiatives and programs to ensure that they are in alignment with the national agenda.
- Established close working relationships with key policy makers and legislators at federal, state, and local levels. Assisted in development of innovative programs to strengthen the

- personal and institutional membership base of the organization and develops initiatives to retain members.
- Promoted interest and active participation in organizational activities among the membership and assured communication of activities of the Board.
  - Worked to leverage past, current and future relationships to acquire public and private sponsors, secure grants and private donors to meet present and future operations, scholarships and other programs. Helped develop short-range plans and responsible for the development of all background material for decisions by the Committee.

***National Association of Black Accountants, Inc. (NABA)  
-Interim Executive Director/2006–2008***

- Promoted the mission and strategic goals of the association by providing skillful, hands-on leadership for all facets of daily operations including budgeting, staffing, revenue growth, program development, and administration.

***-Chief Administrative Officer (NABA)***

- Provided vision-driven leadership while overseeing finance/accounting, membership, office administration, and technology processes. Partnered with the Executive Director in creating organizational goals, policies, plans, and strategies that focused on immediate and long-range growth. Managed six direct reports. Recruited a new Director of Development. Instituted communication protocols for national and local leadership.

***National Medical Association (NMA)  
Operations Manager / House of Delegates Liaison/2003–2006***

- Directed strategic planning, policy development, and House of Delegates (HOD) administrative functions. Led operations of the Executive Office. Managed department budget. Created five-year strategic plan. Set goals and reported progress to the Board of Trustees. Built relations with senior decision makers. Designed programs to address national, regional, state, and local needs. Oversaw resource allocation to all affiliates.

***Foster America, Inc.  
Executive Project Director/2001–2003***

**Relevant Education/Experience/Training**

- Master of Science in Health Services Administration (MNSA) – Central Michigan University
- Bachelor of Arts in Interdisciplinary Studies (BA) – University of Baltimore
- **Professional Development:** Active Leadership • Project Management • Management Assistance Corporation • Diagnostic Impact Analysis • Primary Care Effectiveness Review (PCER) • DC Requirements for Medicaid Management Care and Early Periodic Screening • Diagnosis & Treatment (EPSDT)
- **Selected Affiliations:** Society for Human Resources Management ( 1/2008-Present) • American Society of Association Executives (2006-2009) • Board Chair and First Vice Chair Lupus Mid-Atlantic Association – Board Member, Chairperson of the Fund Development Committee, Member of the Executive Committee (2004-2007) • American College of Health Care Executives – Associate (1995-2009) • National Association of Health Service Executives (1994-Present) • DC Healthy Start Community Consortium, Inc.- Vice Chairman (2009-2011) • Tiger Lily Foundation-Board Member (2010- present)

**D. Mark Mahler, M.D., M.B.A.**  
**Chief Medical Officer****Qualifications Summary (B.10)**

- Health care industry experience: 38 years
- Medicaid managed care experience: 8 years
- Length of time in current position: 3 years

**Experience and Qualifications*****UnitedHealthcare Community and State  
Chief Medical Officer, Southeast Region, Nashville, TN/2008-present.***

Responsible for medical management outcomes of 1,200,000 public sector members in 6 states.

***Unison Administrative Services, LLC  
Vice President and Senior Medical Director, Monroeville, PA/2004-2008.***

Oversaw medical management functions of organization's health plans serving 440,000 members in public sector programs in PA, SC, OH, TN, DE, and DC.

***St. Thomas Hospital  
Physician Executive, Utilization Management, Nashville, TN/2003-2004.***

Oversaw efficiency in delivery of medical services. Led physician-driven, data-based medical staff utilization management activities. Oversaw management of Outcomes Management Department, including care coordinator and discharge planning functions. Advised on managed care contracting and payer reimbursement processes.

***Cliniquial Medical Consulting  
Principal/2001-2003***

Provided a wide range of medical and management consulting to provider groups, third party payers, and others. Projects included consensus selection of a faculty practice clinical information system, quality improvement initiatives for a faculty practice, presentations to hospital medical staffs, locum tenens medical director coverage, consultation on InterQual acute care criteria, and others.

***Tennessee Department of Correction  
Medical Director (part-time position/2003.***

Provided oversight of clinical quality and medical utilization for inmates of TN prisons. Implemented system-wide operational quality improvement program.

***Vanderbilt Management Services, Inc.  
Vice President and Chief Medical Officer/1999-2001***

Provided clinical oversight of commercial, Medicare, and Medicaid health plans. Managed downsizing of health service functions during divestiture of plans.

***Xantus Corporation******Corporate Medical Director/1994-1999***

Oversaw medical management development, policy, and operations of all health plans, including TennCare, End Stage Renal Disease, Demonstration Project, and Tennessee and Mississippi commercial plans. Participated in network contracting.

***Nashville HealthCare Group and Nashville Prudential Health Plans******President and Medical Director/1990-1993***

Provided clinical oversight of all aspects of HMO and point of service health plan functioning. Founded and developed the Nashville HealthCare Group, a Prudential-affiliated group model HMO. Recruited and managed a clinical team of 16 physicians and 4 mid-level providers. Provided oversight for the development of the HMO subspecialty network and the point-of-service primary care and subspecialty network.

***Metro Health (an HMO)******Staff Pediatrician/1984-1990***

Provided full scope of primary care pediatrics practice. Chaired the Physician Advisory Council, an elected group that provided physician input to administration.

***Department of Family Practice, University of Kentucky College of Medicine******Assistant Professor/1979-1983***

Managed family practice preceptorship in rural Kentucky for 3rd and 4th year medical students, and successfully rewrote grant for continuation of \$50,000 federal support. Supervised clinical care of children and teaching of pediatrics in the family practice residency program. Procured \$4,400 grant and performed a pilot study of early hospital discharge after childbirth. Participated in multidisciplinary team that obtained \$3,200 grant support and study of Kentucky practitioners' perceptions of ethical issues in primary health care.

**Relevant Experience and Training**

- Master of Business Administration, Indiana University, Bloomington, IN, 1989.
- Pediatrics, Residency Program in Social Medicine, 1976 – 1979, Montefiore Hospital and Medical Center, Bronx, NY.
- Doctor of Medicine, Ohio State University, 1976.
- Bachelor of Science, Chemistry, Massachusetts Institute of Technology, 1973.

**Certifications**

- Diplomat, American Board of Pediatrics, 1982, 2010
- Tennessee Medical License MD-021098
- Pennsylvania Medical License MD419143

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**Jeff Wedin**  
**Vice President, Network Development****Qualifications Summary (B.10)**

- Health care industry experience: 16 years
- Medicaid managed care experience: 16 years
- Length of time in current position: 5 years

**Experience and Qualifications*****UnitedHealth Group/UnitedHealthcare, Hoover, Alabama (For profit health plan)***  
***Vice President Network Management/2006-present***

- Contracting – responsible for managed care contracting in the states of Alabama, Louisiana and Mississippi (also acted as interim VP Network Management for TN and AR). Managed Care expenses are approximately \$2.5 billion annually. Contract for all lines of business (Commercial, Medicare and Medicaid/CHIP).
- Personnel management – oversees a staff of 20+ managed care contractors.
- Financial analysis – review and prepare financial models and contract proposals.
- Business Development – oversee business development activities in West Texas markets. Establish market share and financial goals for facility Business Development Directors. Obtained several contracts with health plans that were formerly exclusive with our competitor(s).
- Strategic planning and budgeting – develop managed care budgets and strategic plans.

***Triad Hospitals, Inc, Plano, Texas (For profit multi-hospital corporation)***  
***Regional Director of Managed Care/2001-2006***

- Contracting – responsible for managed care contracting activities within 4<sup>th</sup> and 5<sup>th</sup> Division service area (eleven hospitals: California, Texas, Oregon, Alaska, West Virginia, Arkansas). Managed Care revenues are approximately \$500 million annually. Increased net revenue per adjusted admission 7%, 12% and 11% annually over the past three years.
- Financial analysis – review and prepare financial models and contract proposals.
- Business Development – oversee business development activities in West Texas markets. Establish market share and financial goals for facility Business Development Directors. Obtained several contracts with health plans that were formerly exclusive with our competitor(s).
- PHO planning and development – assist planning and development of Texas Super PHO. Oversee coordination of physician and hospital contracting.
- Strategic planning and budgeting – develop managed care budgets and strategic plans.

***Humana, San Antonio, Texas (HMO/PPO)***  
***Regional Manager of Contract Analysis/2000-2001***

- Contracting – managed contracting activities for six urban markets (Austin, Houston, Dallas, San Antonio, Corpus Christi and Phoenix) within the Western Region. Managed a portfolio of hospital contracts with expenses in excess of \$500 million annually.

- Negotiation – negotiated complex contract language and financial terms (specialist physicians, primary care physicians, laboratories, dialysis centers, cardiac cath labs, SNF, diagnostic imaging).
- Claims payment – reduced manual claims payment by 30% through identification and reduction of problem contract provisions.
- Financial analysis - prepared financial models/proposals and analyzed contracts.

***Baptist Hospitals & Health Systems/Vanguard Health Systems, Phoenix, Arizona  
(Integrated Health Care Delivery System)  
Director of Managed Care/1999-2000***

- Contracting - negotiated contracts/risk arrangements (capitated and % of premium) and fee-for-service contracts for four hospitals (200 bed, 100 bed, 100 bed and 50 bed) and two skilled nursing facilities. Negotiated subcontracts with Home Health, Infusion and DME agencies. Managed a portfolio of contracts exceeding \$150 million in net revenue.
- Financial analysis - prepared financial models/proposals and analyzed contracts.
- Committee leadership - Co-chaired the Managed Care Strategy Committee, presented payor contracts and financial reports to Committee.
- PHO planning and development – assisted with planning and development.
- Personnel Management - direct reports included Managed Care Contracts Coordinator, Managed Care Operations Coordinator, Managed Care Specialist and Managed Care Financial Analyst.

***WinonaChoice, Winona, Minnesota (For-profit Physician Hospital Organization)  
Executive Director/1996-1999***

***Community Health Networks, Barrington, IL(Managed health care consulting firm)  
Managed Health Care Consultant/1995-1996***

***St. Joseph's Hospital and Medical Center, Phoenix, AZ (Large nonprofit teaching hospital)***

***-Administrative Intern, St. Joseph's Physician Hospital Organization/1994-1995***

***-Administrative Volunteer, St. Joseph's Hospital and Medical Center/1993-1994***

***Iatric Corporation, National Health Labs and Genetrix, Tempe, AZ  
(Diagnostic medical laboratory)***

***Medical Technologist/1986-1991***

**Relevant Education/Experience/Training**

- MBA, Arizona State University, 1995
- Masters Health Services Administration, Arizona State University, 1995
- B.S. Management, Arizona State University (Summa Cum Laude), 1992
- B.S. Biology, University of Minnesota, 1985

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**Jeff Skobel, MBA, MS-MIS**  
**Chief Financial Officer****Qualifications Summary (B.10)**

- Health care industry experience: 12 years
- Medicaid managed care experience: 12 years
- Length of time in current position: 2 years

**Experience and Qualifications*****UnitedHealthcare Community & State  
Field Finance Lead (Market CFO) – Mississippi, South Carolina, Georgia &  
Louisiana Plans/2009 – Present***

- Market leadership to drive all financial functions for the markets' Senior Management. Responsible for generating forecasts and analyze trends in sales, SG&A, provider performance, product line profitability, membership, medical costs, premium yields, and other areas of the business.
- Working with the market CEOs, researches economic progressions to assist with the organization's financial planning; presents monthly, quarterly, annual operating results with findings and recommendations to internal stakeholders; and prepares health plan budgets and related analysis in conjunction with centralized support areas.

***Unison Health Plans******Acting Plan President – Unison Health Plan of the Capital Area, Inc./2008–2009***

- Responsible for developing and managing the implementation and the day-to-day operations of a start-up plan covering 28,000 members and annual revenue of \$70 million in the Washington DC market.
- Successfully lead a team of corporate subject matter experts (SMEs) to prepare for a readiness review for contract award. Project managed SMEs to implement new product throughout the company's operations within 3 months.
- Built a network of over 3,000 providers and 13 hospitals; include the MedStar system and National Children's Medical Center. Established a regional office, including hiring a staff of 18 local team members.
- Worked to establish the Unison brand in a new market through media and outreach campaign, connecting with business partners and associations and meeting with elected officials.

***Unison Health Plans******Vice President, Corporate Strategies & Business Development/ 2004–2009***

Reporting to the CEO, responsible for analyzing business performance, develop growth opportunities and provide decision support for a large Medicaid and Medicare HMO operating in six states. Directed two departments, Corporate Strategies & Analysis and Business Development, consisting of twelve team members charged with all corporate planning, business development, P&L improvement and support to regional Plan Presidents.

- ***Business Development*** – Working with State Directors, explore and analyze growth opportunities in new states, products and acquisitions. Research and analyze RFP, program, competition, rates and cost structures of states' Medicaid programs and Medicare markets. Responsible for RFP development and submission. Prepare valuation and due diligence for acquisitions. Develop feasibility study and regulatory filings. Manage the process for product

implementation team. Develop Medicare benefit packages and marketing plan. Resulting in new business like; Medicare, Medicare SNP, South Carolina, Ohio, PA adultBasic, Delaware and Washington DC.

- **Corporate Planning** - Prepare annual budget for multi-company holding system with annual revenue over \$1 billion and total membership over 400,000. Develop trends and projections for membership, revenue and costs, work with VPs, Directors and CEO to create department budgets, create projections for “what if scenarios” used in space and capital planning.
- **Rate Negotiations/Development** - Responsible for all companies’ rate negotiations, analyze state/CMS rate developments and data books, including CDPS & HCC risk-adjustments, interacts with state officials and actuaries to ensure accurate rates. Prepare Medicare BPT/ACRP and PBP filings. Develop bids for RFPs like Delaware, Washington DC, Medicare, SCHIP and adultBasic program.
- **Provider Negotiations** – Working with Plan Presidents and Network Management, provide education and assistance on payment methodologies and negotiations. Participated in recontracting SC hospital network related to upper payment limit issue. Prepare provider compensation attachment pages and terms for existing and new business. Responsible for all plans non-par provider and non-contracted services negotiations.
- **Medical Economics & P&L Strategies** - Charged with preparation and analysis of quarter P&L segregated by regions and products. Analyze unit cost and utilization metrics to provide MLR strategies to Senior Management.

### ***Unison Health Plans***

#### ***Senior Financial Analyst/2002–2004***

- Single point of contact for Senior Management regarding all financial analysis, investments and decision support. Develop, analyze and present Profit & Loss Reports to Senior Management. Accumulate data from several points into a summarized format presentable for Senior Management. Use programming skills to drill into detail to add analysis of trending, abnormalities and possible business improvements.
- Named in the filing of a patent for Pharmacy Coordination of Benefit process that has produced over \$1.2 million in additional revenue.
- 1st place winner of the Company’s Cost Containment/Revenue Enhancement Contest. Recognized for combining broad business knowledge with analytical skills to create a unique solution for revenue enhancement.
- Member of Senior Management Committee for cost containment resulting in over \$4 million in annual savings.

### ***Unison Health Plans***

#### ***Statutory Accountant/1999–2002***

### **Relevant Education/Experience/Training**

- Master of Science-Management of Information Systems, University of Pittsburgh, Joseph M. Katz Graduate School of Business – Pittsburgh, PA/2004.
- Master of Business Administration, University of Pittsburgh, Joseph M. Katz Graduate School of Business – Pittsburgh, PA/2002.
- Bachelor of Science in Accounting, Seton Hill University – Greensburg, PA/1999. (Magna Cum Laude – 3.76 GPA)

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**Marty M. Reince**  
**Human Capital Partner****Qualifications Summary (B.10)**

- Health care industry experience: 6 years
- Medicaid managed care experience: 6 months
- Length of time in current position: 6 months

**Experience and Qualifications*****UnitedHealth Group******Human Capital Partner: UnitedHealthcare Community & State/2010–Present;******Human Capital Partner: Enterprise/2005–2010***

Human Capital consultation on enterprise business strategies for both domestic and global organizations. Responsible for providing business partners with strategic consulting on people programs, organizational effectiveness and other Human Capital specific or business initiatives, such as merger and acquisitions, organizational design, change management, talent and performance management, cultural assimilation, recognition and reward, workforce planning and retention. Analyzes people related metrics, trends and root causes to develop integrated solutions that balance Human Capital risks and cost management throughout the organization. Acts as a liaison to broker Human Capital Centers of Expertise services between client groups and internal or external providers and implements corporate driven initiatives.

***Target Corporation******Distribution Recruiting Manager/2004–2005***

Executive recruiting and related staffing for US wide distribution operations approximating 1250 executives, reporting to the Vice President of Human Resources and Employment Relations. Led a national recruiting team of 8 professionals, 4 contractors and 2 administrative assistants through strategic planning and execution, anticipating a 100% growth projection through 2010.

Developed and managed a recruiting budget in excess of \$6 million.

- Developed recruiting growth plan through 2010 providing the business case for additional headcount to recruiting team. Utilized Critical Behavioral Interviewing.
- Fostered the development of new recruiting skills for national recruiting team (direct sourcing passive candidates) through training and networking to achieve growth goals.
- Led monthly Talent Management meetings of Distribution regional operations and human resources leaders.
- Exceeded 2004 hiring budget of 284 year to date with 308 hires to date.
- Led a week-long LEAD training program for high potential executives.

***Human Resources and Development Manager/2002 – 2004***

Human resources management for a 1,500,000 sq ft distribution facility with approximately 1000 employees, reporting to a Regional Human Resources Manager. Led, in partnership with the facility General Manager, all talent identification and leadership development activities. Led a team of 3 HR executives, 5 HR staff employees and an on-site medical administrator.

- Remained union free.

- Led teams of distribution center executives and hourly teammates to develop and implement continuous improvement plans resulting from a semi-annual Best Team Survey. Survey results were one of the best of all Target distribution centers.
- Facilitated 2003 Distribution HR Conference to outline strategy setting project and gain peer buy-in. Led team of peers and partnered with leadership to outline and implement Distribution HR strategies for 2003.
- Met distribution center executive and hourly staffing goals for 2003.
- Led change management efforts for 2002 hourly compensation transition from Pay for Performance to a Progression compensation program.

***Arthur Andersen******Director Human Resources/1992–1996.***

Human capital management, reporting to the Partner in Charge for the Central Region. Milwaukee tripled in size during my tenure to 650 employees. Coordinated several strategic human resources initiatives among a five-office market circle of offices. Oversaw a team of 7 HR employees with a departmental budget of \$500,000 and a \$17 million office-wide payroll budget.

- Developed overall people strategy through identification of retention issues, development of programs with performance measures linked to business objectives and reporting to leadership on quarterly progress. Programs included performance management and career pathing, compensation, retention, training, flexible work, hiring and matriculation, exit interviewing, affirmative action planning and change management.
- Implemented a Career Equity philosophy linking individual aspirations to business objectives to create win/win career plans.
- Orchestrated CARE program encompassing annual and periodic performance reviews, upward feedback and mentoring components.

***Management Development Program******Member/1987–1989***

Member of a management development program designed to grow division controllers through rotations in all business services departments. Rotations included Tax Division Assistant Administrator at an Experienced Senior level, Asset Management Coordinator at a Senior level and Human Resources Assistant at an experienced Staff level.

***Tax Consultant******Consultant, 1985–1987******Learning Tree International, Inc.******Human Resources Manager/1989–1995***

Human resources management for the world leader in vendor-independent, hands-on training for IT professionals. Reported to the CEO of the Los Angeles based corporate headquarters.

**Relevant Education/Experience/Training**

- Microsoft Office Suite, Internet Explorer, Windows 95
- Society of Human Resources Management (SHRM)
- Carlson School of Management Undergraduate Mentorship Program – 2005, 2006, 2007
- Bachelor of Business Administration, St. Norbert College, Major: Accounting

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**Michael G. Policky**  
**Director, Claims Administrator****Qualifications Summary (B.10)**

- Health care industry experience: 15 years
- Medicaid managed care experience: 4.5 years
- Length of time in current position: 4.5 years

**Overview**

Operations professional with over 15 years experience in diverse arenas. Responsible for transactional oversight and performance of TennCare program for AmeriChoice. In addition, accountable for existing AmeriChoice transaction activities spanning multiple health plans, serviced in Moline, IL, Eau Claire, WI, and Phoenix, AZ.

**Experience and Qualifications*****AmeriChoice / ACME******Site Director, Transaction/2006–Present***

- Accountable for overall transaction performance specific to claims processing and adjustments.
- Develop leadership team, at all levels, aimed at continually improving overall Member and provider experiences, with emphasis on quality and productivity metrics.
- Establish and maintain solid working relationships amongst all peers and partner areas to ensure regulatory and compliance results are achieved.

***Express Scripts, Inc.******Director, Pharmacy Operations/2004–2006***

- Oversight of front-end operations for mail order pharmacy. Front-end operations included prescription fulfillment activity spanning from mailroom, through data entry and exceptions processing, concluding with pharmacist verification.
- Led organizational realignment at all leadership levels, focused on employee engagement, pharmacist/technician retention, inventory performance, and overall business acumen.

***Cigna******National Accounts Director, Claim/Call Operations/2004***

- Responsible for large (>5,000 lives) account management specific to claim and call operational performance for several key customers.
- Led successful turnaround efforts specific to accounts deemed as “at risk” through disciplined approach towards service response times and inventory management.
- Managed client relationship through effective, proactive communications tools, including on-site visits, demonstrations, and seminars.

***Regional Accounts Director, Claim/Call Operations/1996–2004***

- Similar to National Accounts Director role, with emphasis on local clients (<5,000 lives). Accountable for call and claim results specific to local health plans and clients within the state of Arizona.

**Relevant Education/Experience/Training**

- MBA – Global Management, University of Phoenix, Phoenix, AZ
- BA – Project Management, University of Phoenix, Phoenix, AZ

**Michele Nelson**  
**Project Director****Qualifications Summary (B.10)**

- Health care industry experience: 15 years
- Medicaid managed care experience: 2 years
- Length of time in current position: 4 years

**Overview**

- Over 15 years experience with business integration and start-up in the health care industry. The last 2 years have been focused on Medicaid Managed Care plans.
- As project director for UnitedHealthcare, ensure state requirements are implemented successfully within UnitedHealthcare health plans. Continually meets project goals by managing vendor relationships.
- Based in the UnitedHealthcare Hartford office, responsible for coordination and timely delivery of new project integrations.

***UnitedHealthcare, Hartford, CT******Project Director - Integration and Business Alignment/2007-Present***

- Lead and coordinate all activity related to integration and new business activities.
- Successfully integrated multiple acquisitions with high quality and on-time results.
- Project lead for state wide integration effort for all technical and operational activities.

***Project Director – Process Improvement Project/1999-2001***

- Directed research, analysis, evaluation, and implementation of new sales process within UnitedHealthcare.
- Maximized process improvements partnering with Accenture and Anderson Consulting. Managed the process pilot in a national sales office.
- Prepared operating proposals and recommendations for senior management.
- Trained sales and operations staff on new processes.

***Project Director – IMCS to UNET System Conversion/1996-1999***

- Coordinated conversion of 2.2M members from legacy systems to enhanced administrative systems.
- Developed conversion strategy and schedule for conversion of all business to enhanced system.
- Managed customer expectations and consulted with clients/sales on larger contracts.
- Completed the conversion of all business on schedule with minimal customer impact.

***Director of Implementation/1989-1996***

- Managed the benefit installation and eligibility units.

- Coordinated the set up and management of new installation site in Naperville, IL. Managed a staff of 20 and coordinated training efforts in the Midwest region.
- Initiated quality improvements that decreased error ratio on benefit load to claim systems.

### **Prior Project Experience**

#### ***Cigna Healthcare, Bloomfield, CT***

#### ***Project Manager – Migration Project/2001-2007***

- Coordinated migration effort on national basis to consolidate claim systems within Cigna Healthcare. This also involved migrating medical, dental, vision and pharmacy programs.
- Worked with sales and operations leaders to help facilitate the migration of business.
- Managed reporting processes for the project.
- Realigned migration process and developed best practices to streamline migration workflow.

### **Relevant Education/Experience/Training**

- Business Major, Manchester College (BA)
- Business Studies, Eastern Connecticut State University
- Leadership Training at UnitedHealthcare and Cigna

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**Paul A. Norman**  
**Associate General Counsel****Qualifications Summary (B.10)**

- Health care industry experience: 1 year with UnitedHealthcare and 4.5 years in policy evaluation, etc. with the Florida Legislature.
- Medicaid managed care experience: 5.5 years
- Length of time in current position: 9 months

**Experience and Qualifications*****UnitedHealthcare Community & State  
Associate General Counsel/2010–Present***

- Lead counsel for UnitedHealthcare Community & State's Florida Medicaid, CHIP, and Long-Term Care plans.
- Provide legal support to senior plan management for issues involving compliance, credentialing, finance, health services, marketing, operations, provider relations, and quality.
- Legal liaison to state regulatory agencies, including Agency for Health Care Administration, Office of Insurance Regulation, Department of Elder Affairs, and Department of Children and Families.
- Develop state-specific anti-fraud, waste, and abuse plans for Florida and South Carolina.
- Provide support regarding legislative issues affecting managed-care organizations.
- Community and State legal department subject matter expert for provider reimbursement protocols.

***The Florida Senate  
Senior Attorney/2007 – 2010***

- Primary drafter of insurance legislation for 2007-2010 legislative sessions.
- Conceptualized and wrote legislation in all areas of law based on goals communicated by Senators and Committees.
- Developed programs and policy affecting the day-to-day operations of local and state government entities.
- Managed teams of legislators, committee staff, agency delegates, and interested parties to ensure that goals of legislation were attained.
- Performed extensive policy work with Committees on Agriculture, Banking and Insurance, Commerce, Community Affairs, Criminal Justice, Environmental Preservation and Conservation, Health Regulation, Higher Education, and Regulated Industries.
- Drafted and managed approximately 400-500 bills per legislative session.
- Ensured compliance of legislation with State Constitution, Florida Statutes, and Federal regulations.

- Advised Senators, Committees, and state agencies regarding legality, effectiveness, and potential consequences of proposed legislation..

***State of Florida, Office of Insurance Regulation  
Senior Attorney, Litigation Division/2005–2007***

- Represented State of Florida at administrative and circuit court levels in legal proceedings involving coverage disputes with managed care entities, as well as contract disputes, life and health coverage, property & casualty coverage, licensing, market conduct, rate-making, and title insurance.
- Maintained over 100 files from initial intake through discovery and resolution by settlement or final hearing.
- Deposed medical experts and actuaries.
- Wrote opinions and amicus curiae on behalf of the Agency regarding life and health (including managed care) and property coverage issues, compliance, policy, and applicability of the Insurance Code.
- Led division of agency task force related to title insurance reform on a per-project basis.
- Moderated public hearings regarding potential rate increases for property insurance policies and cross-examined company officials regarding justification for potential rate increases.

***Silver & Astor  
Associate Attorney/2004–2005***

- Served as co-counsel in criminal and civil trials.
- Drafted contracts for corporate clients.
- Wrote and argued motions in civil, criminal, and family cases.
- Researched and drafted pleadings for civil, criminal, family, and administrative cases.
- Represented clients in mediation proceedings.
- Drafted criminal appeals.
- Represented clients at hearings before the Florida Division of Administrative Hearings.

**Relevant Education/Experience/Training**

- Juris Doctor, Florida State University College of Law
- Master of Arts, University of Florida
- Bachelor of Arts, University of Florida
- Member, The Florida Bar, admitted September 2004; Florida Bar Number 775231
- German