

Attachment B.10.b
Resumes

Resumes

Attached are resumes for the Executive Steering Committee as well as key personnel who will be assigned to perform duties under the CCN-P contract.

Executive Steering Committee:

- Jesse Thomas, President, South Division
- Teresa Smith, VP, Business Development
- Bernard (Bernie) Cohen, M.D., VP, Quality
- Scott Law, SVP, Health Care Delivery
- William McKinney, VP, Operations
- Mark Lantzy, Chief Information Officer
- Phil Bisesi, Associate General Counsel
- Nancy Westbrook, VP, Utilization Management
- Sabrina Gibson, VP, Actuary
- Jai Pillai, VP, Contract Operations
- Jojo Young, Senior Director, Finance
- Cathy Powell-Voigt, VP, Solutions
- Patrick Devlin, VP, Field Human Resources

Key personnel who will be assigned to perform duties under the CCN-P contract:

- Lyle Luman, President, Louisiana
- Kyle Godfrey, Director, State Regulatory Affairs (corresponds to RFP title "Contract Compliance Officer")
- Jason Bollent, Director, Customer Services (corresponds to RFP title "Member Services Manager")
- LaSheka Robinson, Manager, Claims (corresponds to RFP title "Claims Administrator")
- Chuck Beeman, Senior Director, IT (corresponds to RFP title "Information Management and Systems Director")

Jesse Thomas

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Professional Experience

	WellCare Health Plan Inc., Atlanta , GA	October 2010 - Present
	President, South Division	
	WellCare and its health plan subsidiaries provide managed care services to persons eligible for Medicaid, Medicare, and other government-sponsored programs for vulnerable and low-income families and individuals. WellCare currently serves approximately 2.2 Million members across the Country. My accountabilities include the following: Accountable for \$1.4B P&L and current membership of 600,000 members across the south division; Supervision of the plan Presidents, market leaders and market development within the Division; Oversight of day to day operations, re-procurement in GA and the RFP activities in TX, LA and KY; Member of the corporate senior management team, disclosure committee for SEC filings and south division subsidiaries boards of directors	
	Molina Healthcare MI, Inc., Troy, MI	January 2008 – September 2010
	President/CEO/Chairman	
	MHM is an innovative healthcare leader providing quality care and accessible services in an efficient and caring manner for over 225,000 vulnerable and underserved TANF, ABD, CHIP, MA-SNP and MA-PD members in partnership with government payers. Also, MHM is the support plan for the new expansion plan under development in Illinois. My accomplishments included: Oversight and support to the President of the Illinois expansion market into TANF & the ABD RFP ;Accountable for \$700M P&L, day to day operations and expansion of the MI Plan into new Products; Despite the economic challenges of 2009 led MI plan to \$61M in EBIDTA and \$10M in net income; Grew MI organically by 15,000 new members in CY '09 by expansion, new products and outreach ; Led successful contract rebid efforts to result in six year award and expansion into six new counties; Successfully repositioned the plan as a turnaround in growth, profitability and HEDIS measures 2008; Profitability through 2008 exceeded 200% of budget after income taxes and corporate allocation; Directed the refocusing of efforts to achieve improvement in 17 out of 20 HEDIS measures in 2008	
	Molina Healthcare Ohio, Inc., Columbus, OH	June 2006 – December 2007
	President/CEO/Chairman	
	MHO is an innovative healthcare leader providing quality care and accessible services in an efficient and caring manner for 140,000 TANF, ABD and CHIP vulnerable and underserved members in partnership with government payers. My accomplishments included: Accountable for \$500M P&L, day to day operations and successful expansion of Plan into 4-Regions; Operating Income (EBIDTA & w/o corp. charges) 2.4% at end of Q1 '07 after 15 months operational; Led the Plan to a strong geographically dispersed network of over 12,000 providers and 90 hospitals; Partner with Agency and provider stakeholders to coordinate care for ~140,000 vulnerable Ohioans; Ensuring restored confidence of the Agency in Plan's compliance with regulations and State Contract	

	Illinois Department of Healthcare & Family Services	October 2005 – June 2006
	Office of Healthcare Purchasing (OHP), Springfield, IL	
	Chief/Administrator	
	<p>The OHP oversees all non-Medicaid procurement of healthcare services through implementing an Executive Order to streamline and consolidate the related functions of four State Agencies. I was recruited from the State by prior UHG boss now at Molina Healthcare. My accomplishments included :Leading the integration of the healthcare procurement functions of the Departments of Central ;Management Services; Corrections; Human Services; and Veterans Affairs into the OHP ;accountable for \$3 Billion in procurement for over 440,000 individuals; Led the State’s review of its four Medicare Part D options that resulted in the State’s decision to ;go with the subsidy option worth over \$65 Million a year in payments to the State; Leading the deep dive review/analysis and contract renewal efforts with the State’s five contracted ;HMO while promoting value based purchasing, volume leveraging and economies of scale</p>	
	United Healthcare Illinois/ AmeriChoice, Chicago, IL	December 2003–October 2005
	Executive Director/CEO	
	<p>A business unit of UnitedHealth Group (UHG) focused on high quality, personalized public sector health care programs for more than 1.2 million beneficiaries of government health care programs in 13 states. This business unit of UHG voluntarily exited the IL market due to strategic reasons. After which, I received an appointment to serve as a regulator by the State of IL. My accomplishments included: Accountability for Illinois operations, membership, revenue and overall profitability in this; turnaround situation that was in a negative growth spiral for the last seven years, membership trended; upward by over 10% throughout 2004; Successful in marshalling political and community leaders’ support to remediate the top spend; facility’s contract from 300% of Medicaid down to 120%; Also, achieved two new groundbreaking initiatives with the State to include: a) the Independent; Producers/Brokers (no competitor has this SG&A cutting initiative) and b) Newborn; Wellness/Diaper Programs for growth, and, to improve quality scores and our age/sex cost mix to increase our capitation rate by 10-15% on leveraging this age rate cohort</p>	
	Colorado Access, Denver, CO	1999-2003
	Director of Government and Community Affairs	
	<p>Colorado Access is the leading HMO in Colorado that specializes in the administration and coordination of an integrated continuum of physical and behavioral health care services to vulnerable population that include Medicaid clients, children of the working poor and the adult and youth offenders in the Correctional System. My accomplishments included: Consistently annually met and exceeded the legislative/regulatory priorities for the Company while enhancing its stature with relevant local, state and federal government officials and community stakeholders; Effectively coordinated the focused and streamlined lobbying agenda of the company among it’s new legislative affairs committee of the board, contract lobbyist, lobby work group of the corporate members and myself</p>	
	HealthPlans of America, New Jersey, Inc., F/k/a Mission HealthPlans, Orange, NJ	1996-1999
	President/CEO	
	HPA-NJ was a 50/50 joint venture for profit HMO owned by HealthPlans of America Holdings, a	

	regional HMO owner and manager and Cathedral HealthCare, a catholic hospital system. My accomplishments included: Within nine months, start-up HMO was granted a license to commence business in both the small and large group markets, servicing four counties in northern New Jersey. An expansion, making the Plan marketable to 75% of the State's population, was received seven months later. Contracted for health services through networks with over 10,000 physician office sites and 65 hospitals in New Jersey	
	Blue Cross and Blue Shield, NCA, Washington, DC	1995-1996
	Vice-President/Director Major Account Sales	
	Blue Cross and Blue Shield-NCA was a metro DC area licensee of nationally reputable BlueCross BlueShield Association. I was recruited away by HPA-NJ to lead and develop a joint venture start-up. At the time of my departure, this "Blues" Plan was merging into the Maryland "Blues" Plan. My accomplishments included: Within three months proposal activity was up over 500% and sales were up over 200% within six months; A new culture of mentoring, professionalism, achievement, performance and empowerment was brought into the department	
	Total Health Care, Inc., Baltimore, MD	1995-1995
	President/CEO	
	Total Healthcare was an HMO and Federally Qualified Health Center (FQHC) servicing a diverse population of 40,000 Medicaid and commercial residents with a budget of \$70 million and a staff of over 500. My accomplishments included: Within the first six months, developed a three year strategic plan, reorganized staff and recruited the talent/skill mix to implement the new plan and positioned the organization for strategic restructuring; Developed and gained board approval for a new strategic plan to achieve statewide expansion to 200,000 members and \$.5 billion in revenue by year 2000	
	D.C. Chartered Health Plan, Inc., Washington, DC	1993-1994
	Chief Operating Officer and Consultant	
	DC-CHP, Inc. was a former privately held Medicaid HMO of 100-110 employees with 25,000 members and \$30 million in revenue. My accomplishments included: Within six months the commercial membership was increased by more than 30% and Medicaid membership was up over 10% through supervision and teaming with operating executives; Expanded the healthcare delivery network with additional safety net providers for both the Medicaid and commercial lines of business	
	HMO Kentucky, Inc. of Blue Cross and Blue Shield KY, Louisville, KY	1992-1993
	Executive Director and Marketing Director	
	HMO Kentucky was a wholly owned affiliate of Blue Cross & Blue Shield of Kentucky that was Kentucky licensee of the nationally reputable BlueCross BlueShield Association. At the time of my departure, this "Blues" Plan was merging into the "Blues" Plan of IN. My accomplishments included: Expanded the healthcare network with more safety net providers for Medicaid and Commercial turnaround of the Plan when it was budgeted to lose \$.75 million and membership shrunk from 40,000 to 20,000. When I was recruited away into my second year with the company, membership increased to 32,000 with increased profitability. Rolled out first new products in the seven years of the Plan that included a joint platform – combined financing and delivery – EPO arrangement and a point of service (POS) product	

	Humana Inc, Louisville, KY	1989-1992
	Director of ASO	
	Humana was a publicly traded \$5.86 billion vertically integrated managed health care company that also had a management and minority ownership in ALTA, the largest self-funded managed care third party administrator (TPA) in the country. My accomplishments included: Increased the ASO membership from 800 members with premium equivalence of \$1 million within two years to 30K members, a 3,750% increase, with a premium equivalence of \$52.5 million; Nationally oversaw and led the enhancement of self-funded management care sales through 26 market office sales managers and their staff consisting of 150 sales representatives	
	Alta Health Strategies, Inc., Houston, TX	1987-1989
	Assistant Vice President	
	ALTA Health Strategies, Inc. was privately held with \$40 million in sales revenue and later became publicly traded and was nationally generating over \$100 million in sales revenue upon my departure. I left to start-up the TPA/ASO line of business for the affiliated minority interest owner, Humana. My accomplishments included: Personally, developed \$35 million in claims reimbursements and total managed health care activity that represented \$1 million in new business revenue for the market; Supervised staff in customizing ALTA's capabilities to the requirements of major and national customers.	

Educational Credentials/Affiliations

Education

Graduate Studies in Management and Accounting, Eastern Michigan University, MA Candidate, Psychology, Houston Baptist University; BA, Liberal Arts & Sciences (Psychology), University of Illinois; and additional training in Business, Management, Accounting, Sales Communications and Human Relations.

Professional Affiliations

- Healthcare Policy Advisor to a Candidate for Governor of Michigan for the 2010 election
- Former Member, Uncompensated Care Work Group (UCWG) Steering Committee
- Former UCWG, Sub-committee Chair, ER Partnership of Hospitals, FQHCs and MCOs
- Former Member, Board of Visitors, Wayne State University School of Nursing
- Former Member, Board and Executive Committee, Michigan Association of Health Plans
- Former Board Member New Detroit – The Coalition
- Former Board Member Greater Detroit Area Health Council
- Former Board Member Detroit Area Agency on Aging
- Former Board Member National Council on Alcoholism and Drug Dependence – Greater Detroit
- Former Board Member, Colorado State Board of Dental Examiners
- Former Board Member, Colorado AIDS Advisory Council
- Former Board Member and President, Illinois Association of Medicaid Health Plans (IAMHP)

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Professional Experience

	WellCare of Louisiana, Inc., Baton Rouge, LA	March 2011 - Present
	Vice President, Business Development	
	October 2010 to Present	
	Responsible for the development and implementation of WellCare Health Plan's corporate-wide growth strategy for new business in the Medicaid risk product space. Identifies strategic growth opportunities and leads business case assessment for market entry. Leads organization in operations assessment and implementation plan development. Develops key in-market relationships with prospective state government customers, provider groups and key community stakeholders. Serves as technical expert on specific state products/launch and chief tactician for market entry approach.	
	<u><i>Other WellCare Positions Held:</i></u>	
	Vice President, State Regulatory Affairs and Operations (WellCare of Georgia) - 2009 to 2010 Corporate Vice President, Medicaid Regulatory Affairs – 2008 to 2009	
	Coventry Health Care, Inc.	October 2004 – December 2008
	Vice President/General Manager – Medicaid	
	March 2007 to December 2008	
	Previously responsible for supporting Coventry's corporate Medicaid managed care growth strategy by serving as a business lead in new markets and building health plan infrastructures. Served as interim P&L leader for new start-up to ensure progress and profitability. Fostered cooperation among corporate centralized services divisions, local health plan administration, and state government customers. Also engaged in new market development strategies with corporate leadership. Supported due diligence process for proposed acquisitions by engaging in market intelligence farming, operations review, and monitoring of regulatory environment. Projected market membership and revenue potential, as well as championed policy changes to support Coventry growth in the Medicaid segment. Participated in key external workgroups which impact the success of the overall business model, which include HMO/provider rate setting, program expansion initiatives and other market specific activities.	
	<u><i>Other Coventry Health Care, Inc. Positions Held:</i></u>	
	Director, Medicaid Operations - 2005 to 2007 Director, Customer Service Operations – 2004 to 2005	
	OmniCare Health Plan, Detroit, MI	August 2001 – September 2004
	Director, Member Operations	
	August 2001 to October 2004	
	Previously responsible for the management and oversight of OmniCare Health Plan's Member	

	<p>services, Claims Inquiry, and Enrollment departments provider administrative services for Commercial and Medicaid product lines, staffed by a team of 37. Engaged in project management, assuring the overall integrity of enrollment records, as well as the consistent administration of member service initiatives under regulatory requirements. Established departmental benchmarks for improvement, as well as standards for management staff. Designed departmental and corporate policies related to general administration and departmental processes, inclusive of process improvement plans and accreditation planning. Developed and managed annual departmental budget.</p>
	<p>United American Healthcare Corporation October 1994 – July 2001</p>
	<p>Director, Member Operations</p>
	<p>2000 to 2001</p>
	<p>Previously responsible for the management of OmniCare Health Plan’s Medicaid HMO product with annual revenues totaling in excess of \$145 million and staff of 22. Planned all aspects of brand management specific to operations and regulatory compliance. Developed strategic plan of Medicaid product line in Southeastern Michigan, inclusive of profit margin estimation. Established benchmark performance indicators for departments within Medicaid Operations. Set lobbying agenda and regulatory administration efforts for policy area. Engaged in change management protocols for product improvement, inclusive of Balance Budget Act (BBA), Health Insurance Portability and Accountability Act (HIPAA); and state regulatory compliance planning initiatives</p>
	<p><u><i>Other OmniCare Health Plan Positions Held:</i></u></p>
	<p>Director, Medicaid Operations – 2000 to 2001 Policy/Legislative Manager – 1998 to 2000 Customer Service Coordinator – 1996 to 1997 Senior Customer Service Representative – 1995 to 1996 Customer Service Representative II – 1994 to 1995</p>

Educational Credentials/Affiliations

Education
Bachelor of Science, Health Administration, Eastern Michigan University (Ypsilanti, MI)
Master of Business Administration, Wayne State University (Detroit, MI)

- Professional Affiliations**
- American College of Healthcare Executives
 - Michigan Associate of Health Plans, Plan Representative
 - Junior Achievement of America, Instructor/Volunteer 1995 - 1996
 - National Association of Health Services Executives - *Treasurer 1998 – 2000 (Detroit Chapter)*
 - National Black MBA Association – Detroit Chapter
 - Optimist International, Hartford Chapter

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Professional Experience

WellCare Health Plans, Inc.

August 2008 – Present

Vice President, Case Management March 2011 to present

Focuses on strategy, policy, operational planning and execution of work processes for Care Management. Provides leadership and direction for all member focused activities, including medical and behavioral health, to ensure the organization's strategic plan is translated into tactical goals and objectives that guarantee performance objectives are met or exceeded. Manages and develops direct reports who include directors and/or managers. Sets direction, allocates, and reallocates utilization of resources as required. Directs and manages the organization's financial performance. Takes appropriate actions to increase revenue, leverage resources, manages and/or minimizes expenses and ensures compliance with all business and administrative regulations. Directs the development of annual budgets and presents the budgets for approval. Recommends and implements work processes to substantially improve performance, with specific focus on clinical care programs, e.g. utilization, case, and disease management, and long term care. Accountable for bed days on behavioral and medical benefits. Improves organizational quality scores and data capture through leveraging knowledge of healthcare analytics and data capture techniques. Develops future "Population Based Care Management" initiatives; utilizes epidemiologic and demographic analysis of member population to drive healthcare cost improvement. Assess and implement Enterprise Network/Contract Structure, resulting in "WellCare Franchise Model" combined with Predictable Economic Analysis. Evaluates and implements IT support of Health Services for efficiency and effectiveness. Determines operational tactics to implement policies and strategies. Establishes reporting systems and controls to ensure compliance with company requirements. Sets overall goals, performance standards, and operational priorities for one or more functions and manages resources to operational goals and budget. Creates a motivated customer-service driven environment. Makes recommendations on matters of policy and approve changes in area of expertise. Provides strategic direction for "franchise" services, including Long Term Care and market Health Services program.

Other WellCare Positions Held:

WellCare Health Plans, Inc., Tampa, FL – November 2010 to March 2011
Vice President, Care Management

WellCare of Georgia, Inc., Atlanta GA – August 2008 to November 2010
Senior Medical Director

Coventry Health Care of Georgia, Atlanta GA

July 2004 to July 2008

Medical Director, Senior Medical Director

Independent Consultant, Jacksonville, FL

May 2003 to June 2004

University of Florida Jacksonville HealthCare, Inc., Jacksonville, FL

August 1997 to May 2003

Shands Jacksonville Medical Center, Inc.
Vice President and Medical Director, Department of Managed Care Department of Managed Care

Other University of FL Jacksonville HealthCare, Inc. Position Held :

Vice President, Managed Care – April 2000 to May 2003
Executive Director, First Care Inc. – April 2000 to March 2003

	HealthCare USA, A Coventry Health Plan, Jacksonville FL Vice President and Chief Medical Officer – February 1995 to July 1997	February 1995 to July 1997
	<u>Other HealthCare USA. A Coventry Health Plan Position Held:</u>	
	Interim Executive Director, Florida Operations – January 1997 to July 1997	
	AVMED Health Plan, Jacksonville, FL	1993 to 1995
	Regional Medical Director	
	Capital Health Plan, Tallahassee, FL <i>Family Practitioner – 1986 to 1993</i> <i>President, Medical Staff – 1988 to 1993</i>	
	Solo Family Practice, Tallahassee, FL – 1982 to 1986 United States Navy, Millington, TN – 1979 to 1982	
Educational Credentials/Postgraduate Training/Professional Activities		
Education		
Tulane University New Orleans, LA <i>BS, 1972</i>		
Tulane University School of Medicine New Orleans, LA <i>MD, 1976</i>		
University of South Florida, Tampa FL, <i>MBA, 1993</i>		
<i>Beta Gamma Sigma</i>		
Postgraduate Training		
Naval Aerospace Regional Medical Center, Pensacola, FL <i>1976 to 1979</i>		
Family Practice Residency		
Other Professional Activities		
<ul style="list-style-type: none"> • University of Florida College of Medicine <i>1997 to 2003</i> • Clinical Assistant Professor • Department of Community Health and Family Medicine • Physician Reviewer, National Committee for Quality Assurance <i>1993 to present</i> • Member, Review Oversight Committee, 2008 to present 		
Honors		
Jacksonville Excellence in HealthCare Award		
“First Care” project development, University Medical Center, 1998		
Grants		
Robert Wood Johnson Foundation		
<ul style="list-style-type: none"> • <i>Partnerships in Quality Education “Developing a Managed Care Curriculum: UFJHI and First Care, Inc” 1999-2001</i> Co-investigator 		

- *Communities-in-Charge: Financing and Delivering Health Care to the Low Income Uninsured Jacksonville, FL 2000: Phase 1 Award; 2001- 2003: Phase II Award* Principal investigator
*United States Department of Health and Human Services
Health Resources and Services Administration*
- *Community Access Program Jacksonville, FL 2001 – 2001* Co-investigator

Medical Licensure and Board Certification

- Diplomat, American Board of Family Practice (1979; Recertified 1985, 1991, 1997, 2003)
- Fellow, American Academy of Family Physicians (1980)
- Licensure: Florida, Louisiana (inactive), Georgia

Professional Associations

- American Academy of Family Physicians
- American College of Physician Executives
- National Association of Managed Care Professionals
- Georgia Academy of Family Physicians
- Vice-chairperson, Practice Management Committee, 2007 - 2008
- District 5 Delegate, Congress of Delegates, 2005 to 2009
- Strategic Planning Committee, 2008

Community Associations

- Board of Directors, Heritage at Vinings Neighborhood Association
- Treasurer, 2005 and 2008; President, 2006; Vice-president, 2009

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Professional Experience

WellCare Health Plans, Inc., Tampa, FL

November 2009 to Present

Senior Vice President, Health Care Delivery

Responsible for developing and implementing key components of business strategy. Developing, implementing, and monitoring medical policies and procedures (including quality management, utilization management and clinical programs) as they relate to the overall delivery of health care to members. Analyzing and interpreting trend data relative to utilization management, quality and clinical programs to ensure processes are in place to meet and exceed organizational goals. Overseeing and managing quality management and quality improvement programs, policies and initiatives to ensure that the delivery of quality health care services to members are in concert with the goals of the plan and regulatory requirements. Providing innovative and creative leadership to address the challenges of providing maximum quality and access to care for underserved and uninsured populations. Assisting in the development and oversight of system-wide data and studies of clinical practices to identify best practices associated with improved outcomes. Developing, implementing, and managing clinical and wellness programs to address the needs of high-risk members. Assisting in the development, implementation and monitoring (as a member of the senior management team) of the organization's short- and long-term strategic plans. Ensuring action plans are developed, implemented and executed to achieve the plan's goals and objectives. Developing and implementing strategic plans specific to changes in medical care and trends in medical management as part of the overall strategic planning process. Providing significant leadership and ensures that the organization is in compliance with all accreditation standards and any goals and outcome-specific measurement standards. Providing leadership and assistance to pharmacy management to ensure programs meet the needs of the membership.

Health Net Inc.

August 2004 to October 2009

National HealthCare Delivery Officer

September 2007 to October 2009

Responsible for enterprise-wide Medical Management, Medical/Clinical Programs and Integration, Clinical Operations, Quality, Medical Policy in addition to all responsibilities of the Chief Network Officer position. Approximately 1045 FTEs, \$144M SG&A budget.

Other Health Net Inc. Positions Held:

National Chief Network Officer

August 2004 to 2007

Responsible for all contracting and network management provider strategy nationally. Developing and driving an overall strategy for network management and contracting, which results in a competitive cost and network advantage. Significant \$100M+ healthcare cost reduction initiatives execution.

	CIGNA Healthcare Corporation, Atlanta, GA	January 1999 to August 2004
	Atlantic Regional Vice President, Contracting and Network Management	
	Responsible for all contracting and network management Provider Strategy for Southeast region and Puerto Rico. Accountability for total medical costs with development of medical unit cost plan, aggressive unit cost management and medical action planning. Oversee contracting leaders for local health plans as well as all delegation oversight of risk entities. Responsible for adherence to contracting standards and direct involvement in high-level negotiations with key provider systems. Developed provider strategy leading to medical action planning driving multimillion medical cost savings in every medical service category: Inpatient, Outpatient, Ancillary, and Physician. Significantly improved contracting input to rate review and planning cycle with strong improvement in medical cost forecasting. Renegotiated several significant \$100M+ hospital system agreements resulting in significant savings and trend reduction. Implemented physician fee schedule management process throughout region .Implemented hospital based physician-contracting strategy resulting in dramatic increase in participation and reduction in billed charge expense. Developed aggressive management process of unit cost medical expense and budgeting. Implemented comprehensive delegated oversight program policy and procedures	
	Medical Associates of West Florida, Tampa, FL	1998 - 1999
	Chief Executive Officer	
	Responsible for start up of a multi-specialty group practice with expansion to 60+ FTEs. Developed Situational Assessment, Business plan and Operating plan. Developed all infrastructure, legal entities and partnership agreements. Developed centralized business administration including centralization of all referral coordination, billing/accounts receivable management and payroll. Responsible for all group contracting. Significant impact to revenue growth. Planning and building of 60k square foot medical. Successful renegotiations of all managed care contracts	
	Humana Health Plans, Tampa, FL	1990 - 1998
	Associate Executive Director, Tampa Bay	
	Responsible for all provider contracting, contract administration and provider services functions. Developed strategic provider strategy with accountability for execution and signature of all provider agreements and contracting strategy to support all product offerings including Medicare Risk. Responsible for Staff Model Operations. Served for six-month period as National Provider Champion for company reengineering and provider best practice implementation. Expanded company service area with significant network development and provider network expansion in core markets. Integrated several new product offerings market wide. Significant provider intervention strategy deployment. Member of acquisition team to integrate health plan acquisitions into existing infrastructure. Implemented provider best practices throughout the United States.	
	Tampa General Hospital	1986 - 1990
	Emergency Room Director	
	Responsible for managing all administrative functions of a major regional level one-trauma center. Managed all administrative personnel for triage, registration and admissions. Worked in the Pediatric Emergency Room providing direct patient care for 2 years while pursuing MBA. Redesigned administrative processes including redevelopment of hospital policy and procedure; Significantly improved emergency room cash collections; Improved data integrity	

	and responsible party information driving improved collections; Reduced employee turnover and improved relations with medical staff
	Columbia/HCA, Largo FL 1984 - 1986
	Business Office Administrator
	Responsible for all patient accounts and business office functions. Involvement with all accounting, collection activity, cashiering, billing, emergency registration and admissions functions

Educational Credentials

Education

Post Grad: Executive Development Program, Haas School of Business
University of California, Berkley

Graduate: Master of Business Administration, Concentration in Health Services Management
Florida Tech, Melbourne, FL

Undergraduate: Bachelor of Science, Business Management
University of South Florida, Tampa, FL

WILLIAM MCKINNEY

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Professional Experience

WellCare Health Plans, Inc.

2009 – Present

Vice President, Operations

Department accountable for a broad range of corporate, operational, and technical functions. Responsibilities include customer service (member and provider), Medicare and Medicaid enrollment, Medicare and Medicaid market implementation and readiness, health reform tracking and implementation, dual special needs plan (D-SNP) state contracting and implementation, HIPAA 5010 (electronic data interchange) and ICD-10 remediation, Operations compliance, Operations training, corporate program management, corporate procurement, enterprise emergency preparedness, and IT capex/opex planning.

Other WellCare Position Held:

Vice President, Medicare Product Development 2008 – 2009

Managed strategy and implementation of WellCare's Medicare Advantage line of business across 140,000 members, 130 plan benefit packages, and 12 states.

Walker & Dunlop, Inc.

2005 – 2008

Senior Vice President, Marketing

Responsible for all strategic marketing and branding activities at Walker & Dunlop, a commercial real estate investment bank and the Nation's largest dedicated multifamily lender.

TeleTech Holdings, Inc.

1999 – 2005

Various, including VP of Marketing and Sales Support

Responsible for the entire range of marketing activities include research and intelligence, sales support, sales process and systems, and marketing communications. Developed the business plan and managed the launch of the TeleTech On Demand business, the hosted communications and infrastructure offering of this leading, international business process outsourcing company.

McKinsey & Company

1997 – 1999

Consultant

Consultant with one of the top international management consulting firms.

Educational Credentials/Professional Development

Education

Southern Methodist University, Bachelor of Science in Computer Engineering

Southern Methodist University, Bachelor of Science in Mathematics

MARK LANTZY

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Professional Experience

WellCare Health Plans, Inc.

2009 - Present

Chief Information Officer

Responsible for all aspects of WellCare's information technology strategy, applications, and initiatives including development and maintenance of a strategic plan aligned to business plans, management of annual operating and capital budgets, compliance with regulatory requirements, vendor management and sourcing, data security and business continuity, and application development and maintenance. Established risk-driven investment program with senior management team and board of directors to move data center, establish business continuity plans, and significantly enhance disaster recovery capabilities. Established new data center, virtualized more than 70% of all servers and more than 95% of all data storage (resulting in a dramatic reduction in data center power costs). Drove multiple claims and encounters initiatives to improve straight-through-processing rates by more than 50%, significantly reduce interest expense and medical costs, and improve quality scores. Established new sourcing agreements and implemented onshore-offshore development model to support growth. Re-negotiated supplier agreements resulting in a 10% - 40% reduction in vendor contracts. Completed renegotiation and consolidation of telecommunications contracts resulting in an annual savings of more than \$1.7M.

Aetna, Inc.

2006 - 2008

Head, IT Investments and Strategy

Develop and maintain three-year and annual IT Investment Strategy and Portfolio for Aetna and affiliates. Reporting directly to the President and the CIO, managed an annual Portfolio of \$300M – \$500M. Created and managed formal process for projecting, validating, and monitoring return on investment for all information technology investments. Annual portfolio returned more than 2.5 to 1 administrative and medical costs, and revenue improvement. In 2008, for 74 IT projects with a total cost of \$126M, delivered more than \$11M of hard 2008 benefits (administrative or medical cost reduction, or earnings from revenue) with projected 3-year benefits of more than \$594M. Implemented a formal program review process for 14 programs with total spend in 2008 of \$200M. The process included quarterly updates to program financials (3-7 year cost and benefits) and annual reviews with the CEO, President, CFO, CIO, and Business Unit leaders. Drove significant business change efforts including modification of an existing imaging and workflow management enrollment tool to improve the Medicare enrollment process in preparation for a CMS audit; implementation of key Pharmacy Benefit Management initiatives; and online wellness programs as part of overall care management program.

Accenture, LLP

1998 - 2006

Senior Executive 2004 – 2006

Plan, manage, and execute technology and systems integration, business process outsourcing, and consulting services engagements for National Health Insurers, Regional Blues Plans, Medical Products Companies, and Integrated Provider Delivery Networks. Lead a global market

offering for enterprise content management and enterprise workflow management across the Health and Life Sciences practice. Led implementation and delivery of the business case for an enrollment and eligibility business process outsourcing engagement at a national health insurer. Delivered at contracted service levels of 99.5% accuracy across all enrollment activities and reduced operating expense by more than \$1M annually. Served as Manager of eCommerce at a national health insurer. Managed health content and on-line wellness programs. Developed enterprise wide eCommerce Strategy for the organization and implemented \$15M in new projects, which delivered benefits of more than \$50M. Reengineered the customer service model and delivered a new customer service capability at a regional blues plan. Resulted in a 50% reduction in call-waiting times, fewer transfers to other service areas, a 10% reduction in call-handling time, and more than \$21M in savings over 2 years. Developed eCommerce capabilities for broker and direct to consumer sales for a multi-state regional blues plan. Reduced proposal turn around time for brokers from 2 weeks to 2 days and more than doubled individual sales. Designed and implemented the business architecture and technology infrastructure for a \$100M medical product development. Created a unique, industry leading capability for connecting patients with physicians through home monitoring of medical devices and real time, online display of information for physicians enabling improved care and lower cost, remote visits.

Other Accenture, LLP Position Held:

Executive 1998 - 2004

Northrop Grumman Corporation

1995 – 1998

Clinical Systems Integration Manager

Managed system integration activities across enterprise-wide, clinical information systems for the Department of Defense, Health Affairs. Developed annual spending plan, worked with military and civilian personnel to establish program objectives and improvement opportunities, maintained budgets and reported variances, and managed integration activities across vendors, development contractors, and government personnel. Implemented a \$25M inpatient and ambulatory clinical information system at six military hospitals across three states. Developed the original business case based on reduction of nursing hours, conducted vendor and product assessment, and successfully deployed more than 5,000 devices. Developed and implemented a computer-based patient record (CPR) capability among three hospitals in Europe. Conducted workshops with clinicians to determine requirements, developed the business and technical architecture, established the cost estimate for the project, and quantified expected benefits.

TROY Systems, Inc.

1993 - 1995

Program Manager

Managed major Government and Department of Defense initiatives in the areas of Information Technology, Telecommunications, and Health Affairs. Developed the first, portable database of drug and pricing information for distribution across all Department of Defense hospitals as part of the Defense Medical Logistics Standard Support program, which reengineered the procurement process for pharmaceuticals and medical supplies. Led the development of a telecommunications management system for tracking owned and leased Department of Defense telecommunications circuits. Managed a team of 22 employees and an annual budget of more than \$2.5M.

BTG, Inc.

1985 – 1993

Project Manager

Led the deployment of complex, custom software development efforts for Navy and Air Force electronic intelligence systems. Developed and deployed special purpose, classified systems that correlated data from multiple intelligence sources to provide commanders with real-time, tactical displays of combatant assets. Developed and delivered an innovative software engineering training program consisting of more than 400 hours of software engineering training with emphasis on the SEI Capability Maturity Model (CMM) and the Department of Defense-sponsored Ada programming language.

Educational Credentials

Education

Master of Science

Operations Research • George Washington University – Washington, D.C.

Bachelor of Arts

Mathematics • St. Vincent College – Latrobe, PA

PHILLIP P. BISESI

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Professional Experience

WellCare Health Plans, Inc.

August 2008 – Present

Associate General Counsel

Served as counsel for Medicare and Medicaid managed care organization operating in all 50 states with over 2 million members. Primary focus on Medicare, Medicaid and insurance regulatory compliance. Performed licensing, provider contracting and vendor contracting functions. Person with primary responsibility for interaction with state insurance departments on compliance and licensing issues. Assisted in provider contracting in both Medicaid and Medicare in approximately 11 states. Negotiated and drafted vendor agreements with annual payables up to \$30 million. Participated in risk management functions, including insurance and reinsurance contracting and development of records retention policies and procedures. Served as Interim HIPAA Privacy Officer.

Other WellCare Position Held:

Senior Corporate Counsel May 2005 – August 2008

Benesch, Friedlander, Coplan & Aronoff,

January 1999 – April 2005

Attorney

Worked in Health Care Law and Insurance Law Practice Groups with a focus on regulatory and transactional issues for health care providers and insurers. Advised health care providers, including physicians, hospitals and long term care facilities, health insurers, and managed care organizations on compliance with Federal and state law, including HIPAA and various state health care and insurance laws. Regulatory experience includes compliance work for physicians, hospitals and long term care facilities and the representation of insurers and industry-related entities before various state departments of insurance. Transactional work involved the acquisition and disposition of long-term care facilities, the acquisition of health maintenance organizations in multiple states, and participation in equity investment transactions involving national preferred provider organizations. Legislative experience with emphasis on health care and insurance legislation.

Office of Life & Health Services:

September 1997 - January 1999

Ohio Department of Insurance

Assistant Director

Directed two divisions within the department, the Life & Health Division and the Managed Care Division, which divisions regulate all life insurers, health insurers, and health maintenance organizations operating in the State of Ohio. Managed twenty-person staff in the review of policy forms, rate analysis, and legal compliance. Responsible for implementation of newly-enacted insurance laws, including managed care reform laws and the State's implementation of HIPAA. Represented department at the National Association of Insurance Commissioners (NAIC), chaired the Regulatory Framework (B) [Health Insurance] Task Force, and assisted in the drafting of the NAIC Health Information Privacy Model Act.

Benesch, Friedlander, Coplan & Aronoff, May 1997 - August 1997

Wrote supplement to legal research volume, *The Law of Medical Practice in Ohio*. Wrote summaries of recently-enacted health care legislation. Spoke to state long-term care association regarding recently-enacted health care laws. Drafted letter to clients detailing measures to ensure compliance with law. Prepared memoranda on health care, employment, workers' compensation, and real estate law. Drafted complaints, interrogatories, and requests for documents for pending suits.

Office of Life & Health Services: January 1995 – May 1997

Ohio Department of Insurance

Deputy Assistant Director

Drafted legislation to update Ohio's insurance laws, including a revision of the HMO statute and HIPAA implementation legislation. Managed \$1.5 million budget for the Office of Life & Health Services and presented fiscal reports to the Director. Entered into and maintained vendor contracts, which process included the solicitation of bids and expenditure approval from the state controlling board. Researched, wrote, and produced the report for the Ohio Task Force on Genetic Testing in Health Insurance, a Task Force created by the Ohio General Assembly.

Ohio Department of Insurance February 1993 - January 1995

Assistant to Deputy Director

Prepared updates regarding health industry litigation in Ohio. Responded to health care and insurance-related phone calls and letters. Acted as lead staff person for the Ohio Health Care Board's Small Business Working Group and represented the department on several other working groups. Wrote memoranda updating the issues being considered by the National Association of Insurance Commissioners and participated in conference calls and zone meetings regarding these issues.

Britron English Academy, Tokyo, Japan February 1992 - May 1992

Wrote and implemented lesson plans to teach Japanese students beginning, intermediate and advanced English. Worked with Japanese students ranging in age from 5 years to 70 years old to enhance English skills.

Educational Credentials/Awards & Honors/Accomplishment

Education

Capital University Law School, 1994 - 1998

Juris Doctor, *Magna Cum Laude*, May 1998

Capital University Law Review - Associate Editor, 1997-1998; Staff Member, 1996-1997

The Ohio State University, 1987 - 1991

Bachelor of Arts, December 1991

Awards and Honors

- Order of the Curia
- CALI Award for Excellent Achievement in the Study of Health Law
- CALI Award for Excellent Achievement in the Study of Corporate Finance
- CALI Award for Excellent Achievement in the Study of Antitrust Law
- CALI Award for Excellent Achievement in the Study of Securities Regulation

- American Jurisprudence Award for Excellent Achievement in the Study of Contracts I
- Corpus Juris Secundum Award for Scholastic Achievement in Contracts
- 1991 National Forensic Association National Tournament
Finalist, Extemporaneous Speaking
Semi-Finalist, Impromptu Speaking

Accomplishment

Adjunct Professor Insurance Law: Capital University Law School, June 2000 – June 2004

Published Articles

Capital University Law Review

The Conversion of Non-Profit Health Care Entities to For-Profit

Nancy Westbrook, RD, MMSc

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Professional Experience

WellCare Health Plans Inc., Tampa, FL

May 2006 - Present

Vice President of Utilization Management August 2009 - Present

Leadership and oversight of utilization management functions, including prior authorization, telephonic concurrent review, discharge planners, field-based concurrent review teams, and Transitional Care Management for 1.3 million Medicare and Medicaid members. Executive contributor to market expansion and product development teams. Responsible to assure compliance with all federal and state regulatory requirements and accreditation standards.

Other WellCare Position Held:

Senior Director of Utilization Management May 2006 - August 2009

Implemented Health Services Operational Compliance team, resulting in improved performance on internal and external audits/surveys including NCQA accreditation in GA, and multiple State/EQRO audits. Implemented standard performance metrics and staffing algorithms to maximize staff productivity and efficiency for all operational teams. Implemented multiple initiatives to improve clinical UM activities, including Interqual training certifications, standardized IRR scoring, expanded Interqual criteria applications and UM reporting/oversight of delegated entities. Continuously evaluate and update UM strategies in each market area, working with market leaders to balance SGA costs, provider impact, regulatory/compliance requirements and member outcomes.

Gentiva Health Services Tampa, FL

1999 - 2006

Director of Access to Service 2001- 2006

Managed a multi-product national contact center for the nation's largest provider of home health services with 120 associates operating 24/7/365. Consistently exceeded customer services goals for ASA, abandonment and transactional productivity. Achieved highest employee satisfaction rating and lowest employee turnover of all company call centers *CareCentrix* – intake and management of home care services for MCO clients by provided access, precertification and utilization management for home health, HME/respiratory and O&P using a national network of credentialed providers for ~800 new patients and thousands of ongoing patients each week. Provided clinical utilization management for 750K capitated lives and precertification for ~3 million additional contracted members. Consistently exceeded gross profit goals on annualized revenue of \$90M. Proposed and implemented process changes to reduce bad debt by ~\$800K annually by managing services to healthplan benefit limit.

Gentiva Home Care Centralized Intake (home health and specialty programs) by

Managed company's largest centralized intake center for 45 Gentiva Home Care branches, accepting over 1500 referrals/week for Medicare, Medicaid, managed care and commercial payers. Developed and implemented measurement tools to report timeliness of intake, case

	acceptance and insurance verification; achieved completion of all referral elements within 10 hours for 95% of all referrals. Implemented process changes resulting in 3% reduction in operating costs with 10% increase in production capacity
	<u>Other Gentiva (CareCentrix) Position Held:</u>
	Account Manager for Olsten Network 1999 – 2001 Analyzed and presented utilization reports to healthplan executives to identify trends and cost savings opportunities for capitates members using comparison of year over year, and prospective side-by-side data with comparable plans. Served as communication link between healthplan and network operations to assure compliance with contracts and resolution of all issues. Responsible for hiring, training and management of 4 nurse liaisons on site at healthplan customer sites
	SHANDS HomeCare Gainesville, FL 1994-1999
	<i>A statewide provider of home health and infusion services, affiliated with the University of Florida</i>
	Director of Managed Care Contracting 1997-1999 Negotiated and implemented contracts with statewide and regional managed care organization for 31 home health agencies and 3 infusion pharmacies; contracts included BCBSFL, Avmed, Olsten network, Humana, HealthPlan SouthEast, Concentra and others.) Provided follow up with payer customers to assure compliance with contracts for billing, coding and collections issues.
	<u>Other Shands HomeCare Position Held:</u>
	Director of Professional Services Tampa, FL 1994 - 1997
	Newly opened branch grew to \$2 M annualized revenue with Medicare, Medicaid and commercial/managed care payers. Managed internal branch staff of 45 employees (therapists, social workers, home health aides and dietitian.). Manage sales team and home care coordinators.
	Biomedical Home Care, Inc. Raleigh, NC 1983-1994
	Director, Nutrition Services
	Developed and managed nutrition services program for regional infusion/HME company from start-up to multistate coverage with 400 specialized enteral/parenteral nutrition patients. Conducted sales and marketing for home medical equipment, infusion and nutrition product lines. Developed innovative computerized billing documents for DMERC and commercial insurance billing. Served on national and regional committees for American Dietetic Association (ADA) and American Society for Parenteral and Enteral Nutrition (ASPEN) to develop position papers and training materials regarding best practices for home nutrition support.
Educational Credentials/Licensure/Professional Experiences and Achievement	
Education	
Emory University, Master of Medical Science –Nutrition and Education	
Massachusetts General Hospital, Clinical Nutrition Internship	
Florida State University – BS in Nutrition Science	

Licensure

Registered Dietitian, #471563, American Dietetic Association

Additional Professional Experiences/achievement

- Nutrition Support Dietitian, University of North Carolina, Chapel Hill, NC
- Instructor in Nutrition Science, East Carolina University, Greenville, NC
- Author and national speaker on nutrition support and home care topics
- Clinical consultant for Medicare DMERC on enteral/parenteral nutrition issues
- Consultant for home care providers for JCAHO nutrition standards
- Active in community activities

Sabrina H. Gibson, FSA, MAAA

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Professional Experience

WellCare Health Plans, Inc. Tampa, FL

2006 - Present

Vice President and Lead Actuary for State Sponsored Programs

Transitioned from Special Projects Actuary to the Lead Actuary for the State Sponsored Programs (Medicaid and SCHIP) during this time. Responsibilities include building and managing the State Sponsored Program actuarial team, providing actuarial support and market strategy for the state sponsored plans including current markets and new market expansion, Medicaid and SCHIP rate development, rate negotiations with government representatives, and supporting WellCare's benefits team. Actuarial strategy and responsibility for \$3B / 1.2M member Medicaid and SCHIP book of business. Management of a team of three FSAs, one ASA and five associates. Support TANF, SSI, SCHIP and Medicaid LTC products in seven states. Medicaid and SCHIP rate filings. Medicaid and SCHIP rate negotiation with government employees and actuarial consultants. Active participation with the Florida Association of Health Plans and the Ohio Association of Health Plans on rate development. Reserving for Medicaid, SCHIP and ancillary products. New market development including bids for Louisiana, Texas, Kentucky, Tennessee, Ohio, Hawaii, South Carolina, and Wisconsin Medicaid plans and expansion in Florida Medicaid, Florida SCHIP, Missouri Medicaid, and Illinois Medicaid.

Merger and acquisition analysis. Medical loss ratio guarantees filings. Provider contracting strategy and analysis. Ancillary vendor negotiations. Behavioral health actuarial support. Risk adjustment rating, methodology analysis and support through predictive modeling analysis.

Aon Consulting Winston Salem, NC

1996 – 2006

Vice President and Health Benefits Consulting Actuary

Transitioned from Associate to Vice President during this time. Responsibilities included building and managing the Health & Benefits actuarial practice in the Winston Salem office, providing primary actuarial support for work in the Carolinas offices including Charlotte and Raleigh, and providing actuarial support for all other Southeastern region offices, especially Tampa, Richmond and Nashville. The department grew from one member to four members under my management and mentoring. Actuarial and employer benefits consulting for Fortune 500 companies and middle market employers. FAS106 and Medicare Part D expert. Member of the Predictive Modeling national team. Provided actuarial attestations for clients applying for the Medicare Retiree Drug Subsidy (Part D federal tax-free subsidy) Developed retiree medical programs for clients that take advantage of Medicare Advantage plans and Medicare Part D Enhanced plans or the Retiree Drug Subsidy. Consulted with a local HMO to develop an approved Part D plan for their Medicare Advantage program. This included assisting them in negotiations and discussions between themselves and CMS on network availability. Consulted with a local HMO on the introduction of a consumer, directed health plan offering and a self-funded plan offering. Developed a Standard Medicare Part D actuarial report for the national actuarial practice. Consulted with clients regarding options available with the implementation of Medicare Part D, including estimating the financial impact of such options. Analyzing Disease Management plan ROI formulas and results from the

major disease management vendors for clients. Utilizing DxCG Predictive Modeling tool to analyze employer health plans for optimization of health plan design, implementation and monitoring of disease management and wellness programs, rate setting for various groups within a plan, and efficiency of networks analysis. Served on Aon's Health and Welfare Actuarial Practice Council for seven years. The council's responsibilities included selecting or developing Aon's actuarial tools, developing actuarial standards within Aon, developing standard actuarial communications, arranging and teaching actuarial training sessions, and organizing the annual Aon actuary meeting. Member of the National Consumer Driven Task Force, which implemented standards for pricing assumptions and methods for consumer driven plans. Member of the Medicare Part D Task Force, which developed tools and communications responding to the implementation of the Medicare Part D retiree drug subsidy. Primary instructor for Aon's Actuarial tools. Also a Qualified Actuarial Tool User of all of Aon's Health and Welfare modeling tools. Consulted with clients on medical, prescription drug, dental, vision, EAP, life, disability, and voluntary benefits plan design, vendor selection and pricing. Consulted with over fifty clients on implementation and pricing of consumer directed health plans. Negotiated with vendors on behalf of clients including health and welfare plans and outsourcing services. Developed funding rates and reserve levels for self-funded clients and provided contribution strategy recommendations. Completed self-funded filings for clients as required by Florida Statue 112.08. Developed trend analysis. Performed SFAS 112 evaluations. Designed paid time off programs. Section 125 and 129 discrimination testing.

Other Aon Consulting Position held:

Aon Consulting , Winston Salem, NC **1995 – 1997**

Defined Actuarial Analyst

Responsible for retiree medical and life SFAS 106 actuarial valuations. Designed retiree medical plans. Actuarial valuations for SFAS 87. Non-discrimination testing for DB and DC plan designs. IRS and PBGC plan submissions.

Tapco Underwriters , Burlington, NC **1991– 1995**

Property and Casualty Underwriter

Underwrote high-risk commercial property and casualty insurance. Managed rating staff.

Educational Credentials/Actuarial Certifications

Education

Bachelor of Science, Mathematics with Statistics Concentration,
University of North Carolina – Greensboro, 1990

Actuarial Certifications

Fellow of the Society of Actuaries
Member of the American Academy of Actuaries
Enrolled Actuary - Retired Designation Due to Non-use

Jai P. Pillai

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Professional Experience

WellCare Health Plans, Inc.

August 2008 – Present

Vice President, Contract Operations & Claims

Responsible for developing the company strategy for providers. Work scope include provider contract (Medicare & Medicaid) intake and storage, contract interpretation, configuration, claims processing, provider issue resolution, provider escalated call center, timely, accurate, consistent, compliant and cost efficient claims payment for provider retention and satisfaction. Six direct reports with a total staff of 300+ excluding outsourced vendor agents to support contract intake, configuration, escalated provider calls, provider authorizations and claims payment of \$4B. Leading the overall drive to reduce cost per claim through E2E process mapping, benchmarking performance against industry standards, performing gap analysis and optimizing processes leveraging technology. Own the development of key strategic provider relationships during contract execution for timely and accurate claims payments and to ensure AR is less than 60 days. Successfully developed the roadmap for the submission of encounters and brought GA (99%) and FL (95%) in to compliance for premium setting and increased member auto-assignment. Responsible for management of outsourced claims vendor service level agreements. Led the development of metrics and process improvements to reduce contract load turn around time (TAT) from 60+ days to less than 20 days. Improved configuration financial accuracy from 89% to 99.5%+ and claims financial accuracy from 97% to 99.1% while being compliant with CMS and state regulations. Improved auto-adjudication rate from 78% to 82% through contract standardization and hold reduction. Drove the reduction of incoming provider correspondences by 20% through data segmentation of institutional, professional, manual and auto-adjudicated claim sub groups for targeted root cause fixes. Increased associate productivity from 486 loads/week to 1,100 loads/week leveraging pricing templates, contract standardization and technology (hot keys). Successfully led a company wide cross-functional team in the launch of National Provider Identification number. Accountable for Provider Network Integrity through provider directories, phone accessibility audits, geo-access maps to provide visibility in to region entitlement, penetration and gaps by zip code to the markets. Implemented an imaging/workflow solution for all incoming contracts and outsourced demographic data entry to minimize E2E TAT, paper reduction, enhanced regulatory compliance and FTE reduction with a one year ROI. Led initiative that went live, 6/09 for electronic exchange of HIPAA compliant 270/271 & 276/277 transactions.

DANKA Office Imaging Co.

October 2004 – July 2008

Vice President, Customer Operations

Responsible for setting the strategy and implementation of processes and tools for Pricing, Development of deal pipeline for Leads, Risk Simplifications processes and Digitization to meet the \$8 Billion Orders target for 2004. Successfully implemented a pricing process with common metrics that cut across seven P&L's consisting of Parts, Field Services., Repairs, Contractual Services., Rentals, Network Services and Optimization Solutions. Developed an automated process that proactively identified "smart" leads meeting the regional customer attributes by developing an entitlement model that mined installed base and industry knowledge to enhance growth through increased penetration, expansion (value pack) and improved productivity. Created a consistent process to manage Risk across Energy Services businesses and offerings with common metrics that provides for making well-informed decisions based on value to the customer, market dynamics, business strategy, technical and commercial input, cycle, and profitability.

	Completed development of an operational Cockpit for FS, Repairs, Parts & CS to measure performance by Region, Product and P&L identify underserved market with proactive triggers for corrective actions.
	GE Energy Products, Houston, TX August 1999 – March 2001
	Customer Quality Manager
	Successfully led a culture change within Entergy Wholesale Operations (EWO) by providing training in Workout, Change Acceleration Process, and Six Sigma tools in anticipation of shift from a utility mindset to merchant plant. One Hundred EWO staff trained in CAP and Workout. Functioned as interim project manager for ANO, Entergy Nuclear to implement project for the multiple contracts awarded to GE on Steam Turbine and Generator Rewinds worth in excess of \$25M.
	GE International Inc., Malaysia June 1994 – July 1999
	Country Manager, Malaysia/Brunei
	Led the GE Power team including Oil & Gas, Products, Services and Hydro in new and after market services and sales support with orders exceeding \$150M (overall market share in excess of 70%). Led Energy Products in the identification, development and closure of orders for \$45M. Led the Field Application Engineering team in the influencing of technical and commercial specifications (Product Positioning) with consultants and end users for Gas, Steam and Combined Cycle plants.
	GE Power Systems, Schenectady, NY January 1994 – May 1994
	Application Engineer, SC/CC/Cogen. Power
	Completed five months of intensive training in the development of heat balances for power plants, pricing methodologies, economic evaluation and product positioning
	University of California, Berkeley, CA August 1992 – December 1993
	MS Mechanical Engineering
	Completed project focused on the condensation of bubbles in the presence of non condensable gases for the GE Simplified Boiling Water Reactor program
	GE Nuclear Energy, San Jose, CA April 1989 – July 1972
	Completed multiple assignments in Structural Dynamics, Heat Exchanger and Pumps and Thermal-Hydraulics. Member of the Edison Engineering Program and Advanced Engineering Program.
Educational Credentials/ Awards & Activities	
Education	
BS Mechanical Engineering, University of California, Berkeley, California, December 1988 MS Mechanical Engineering, University of California, Berkeley, California, May 1993	
Awards & Activities	
<ul style="list-style-type: none"> • Certified Six Sigma Black Belt – March 2001 <p style="margin-left: 40px;">Change Acceleration Process – June 1998</p>	

JoJo M. Young, CPA

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Professional Experience

WellCare Health Plans, Inc.

May 2005 – Present

Senior Director, Financial Planning & Analysis

Responsible for all membership and SG&A budgeting, forecasting and financial analysis for all of WellCare Medicare and Medicaid products. WellCare markets total annual SG&A spend is \$280M with membership totaling 2.5M. Manage the detailed preparation of the bottom up annual budget and monthly budget reforecast. Perform routine and ad hoc complex financial analysis work including evaluating financial information and preparing reports indicating trends. Develop strategies and ensure maximum efficiencies in the utilization of human and financial resources. Provide recommendations to management and responding to market inquiries for professional counsel related to financial information.

Other WellCare Position Held:

Senior Director, WellCare of Florida Finance

Director, Finance

Eckerd Corporation, Largo, FL

January 1998 - January 2004

Senior Director, Financial Planning and Analysis

February 2001 – January 2005

Responsible for building annual \$15 billion budget using both the Top Down and Bottom Up approach while collaborating with Senior Executives. Supervised the allocation of the annual budget to 2,700 stores, 5 ancillary units and all corporate and region overhead. Worked with parent company (JCPenny) to consolidate the Enterprise annual budget. Provided weekly and monthly analytical variances, to plan and forecast, for Senior Management and Parent Company. Worked with VP of Finance and Senior Executives to develop 3-year strategic plan. Forecasted and analyzed daily Sales and Gross Profit by department and by department and by geographic location. Prepared presentations for CFO Board Presentations, Analyst meetings and other internal and external presentations. Assisted Controller with preparation of monthly and quarterly press releases and conference calls. Prepared and analyzed ad hoc reports used by Senior Executives for strategic decision-making. Supervised and prepared weekly Monday financial report for Senior Executive staff meeting. One hundred plus page package included weekly financials compared to plan and forecast, key weekly metric summaries, TY/LY departmental results, seasonal merchandise sales, and industry trends.

Other Eckerd Corporation Position Held :

Senior Manager Strategic Planning and Analysis (5/00 – 2/01)

Regional Controller – New York (1/98 – 5/00)

KPMG Peat Marwick, LLP – Syracuse, NY

September 1994 – December 1997

Senior Auditor

Performed audits of financial institutions, higher education, healthcare, government agencies and manufacturing companies. Had supervisory roles for an Ivy League institution, private institution, financial intuitions ranging from \$200 million to \$6 billion in assets and a large steel fabricating company with seven subsidiaries

Educational Credentials/ Software Competencies

Education

Certified Public Accountant 1997

Bachelor of Business Administration, St. Bonaventure University, NY

Software

Expert in Excel, Cognos, Hyperion, MS Word, Power Point, FoxPro and Microstrategy.

CATHY POWELL-VOIGT

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Professional Experience

WellCare Health Plans, Inc. **2010 – Present**

Vice President, Solutions

Executive level accountability for enterprise functions of Corporate Procurement, Corporate PMO and Operations Training. Responsibilities include Medicare market implementation and readiness including regulatory changes and expansion efforts, Medicaid new market design and program implementation. Direction of projects including: health reform tracking and implementation, dual special needs plan (D-SNP) state contracting and implementation such as WellCare's New York Liberty plan which is an integrated D-SNP providing Medicare benefits, Medicaid cost-share coverage and wrap around benefits, HIPAA 5010 (electronic data interchange) and ICD-10 remediation, and Operations and IT capex/opex planning.

WellCare Health Plans, Inc. **2009 – 2010**

Senior Director, Ops Business Planning

Management of Operations and IT budget, procurement and program management of multiple expansion, regulatory and compliance cross-functional projects and medical expense initiatives including WellCare's entrance into the State of Hawaii in 2009 with the O'hana plan with plan supporting both Medicare membership and the Medicaid ABD population including long-term care services and dual member coordination of benefits. Direction of \$5 Million in SG&A savings within Operations and IT to stream-line the organization.

WellCare Health Plans, Inc. **2007 – 2009**

Director, Market Operations

Successful Medicare expansion into 5 additional states and 3 new product implementations. Program management of yearly Medicare regulatory changes and annual preparedness across the organization. Implementation of Medicare dual coordination contracts in states allowing for improved care for dual members with complex needs. Performed financial impact analysis which demonstrating potential savings of \$6.5 Million for in-sourcing of operational functions.

AMS/Vertafore Benefits **2005 - 2007**

Director, Operations

Management of all areas of operations including multiple tiered teams located throughout the United States. Responsibilities included management of operational budget, strategic planning and forecasting for future development and growth within the organization. Direction of all QA Testing, Release Management, Documentation, Implementation, Data Conversion, Training, Service and Support of 2000+ user community. Performed onsite and web trainings and developed training certification protocol.

AMS/Vertafore Benefits	2004 - 2005
Manager, Operations	
Management of operations for growing software development organization providing agency management and benefits administration software. Maintained customer retention rates of 96.5% for 2005 and 97.7% in 2006.	
USAA	1993 - 2003
Senior Business Analyst	
Support of regional 2,500+ client community. Lead Claims troubleshooter for the Eastern region of the United States, involving training, mentoring and quality management. Support of agents in all line of property and casualty insurance, rate analysis and accounting. Facilitated software testing and implementation for technology customers.	
Educational Credentials/Professional Development	
Education	
University of South Florida, Bachelor of Science in International Studies	
Saint Leo University, Masters in Business Administration	

PATRICK DEVLIN

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Professional Experience

WELLCARE HEALTH PLANS

2005 - present

Vice President, Field Human Resources 6/2010 - present

Senior HR Executive for WellCare's Health Plan operations. Directly responsible for Human Capital Strategy and Talent Management for 1400 employees in 12 states. Focus on driving business results and positioning our organization for future growth opportunities through effective people leadership and results oriented HR practices. Developed comprehensive plan to ensure WellCare is prepared to execute on the Human Capital needs for growth in existing and emerging markets over the next 18 to 24 months. Plan includes internal and external resource review, RPO evaluation, vendor evaluation and selection, and extensive organizational design in partnership with senior business leaders.

Other WellCare Position Held:

Senior Director 8/2008 - 6/2010

Lead HR for 350-person South Division (GA, TX, LA) and manage matrix relationship for HR Business Partners across 12 states....evolved the human resource function into a more strategic role across the organization, and drive business performance through results-oriented talent management, organizational development and human capital initiatives. Developed Business Process Improvement (BPI) program designed to identify, prioritize and effectively improve key business challenges that prohibit achievement of established goals and objectives. BPIs are cross divisional in nature, requiring extensive company knowledge and ability to facilitate agreement across departments with competing priorities and objectives. Facilitated seamless transformation of organization from start-up to operational excellence by gaining senior leader buy-in, aligning short- and long-term goals to business objectives and communicating efforts to 200+ employees.

Director, Human Resources 10/2005-8/2008

Instrumental in preparing WellCare for the launch of healthcare services for Medicaid in Georgia. Designed and developed a full service employee-focused human resources department from the ground up, leading the HR function from a 14-person organization to a more than 200 person, multi-site operation. Introduced process mapping, policy implementation, communication roadmap strategies, strategic HR planning and performance management into organization to promote WellCare's high performance culture. Led talent acquisition process resulting in an increase of headcount from 18 to 200 associates in two years to support start-up of Georgia health plan.

AMERICA ONLINE - Dulles & Herndon, Virginia / Multiple Locations

5/1995 – 6/2004

Director, Human Resources 8/2001 - 6/2004

Hand-picked for high-profile leadership position providing critical organizational solutions and employment services in a shared service model to more than 18,000 employees...charged with

department leadership, budget, vendor management, RFP process, and staff training and development...liaison between AOL employees, vendors, internal partners, and HR generalist community to ensure employee satisfaction with benefits, payroll, stock options and other employee benefits. Led three shared services teams of 17 employees each across multiple locations, delivered outstanding service to new and existing AOL employees, and monitored HR metrics to impact future decisions. Effort resulted in improved efficiencies, accurate customer service metrics, and the implementation of Service Level Agreements (SLA) with key internal and external partners.

Other America Online Position Held:

Human Resources Manager 9/2000 - 8/2001

Direct HR Support for 150 employee organization and provided field support for domestic and global offices...co-managed all aspects of HR for AOL's 7000 employee customer service organization, including executive coaching, strategic planning, HQ and field recruiting, employee retention, succession planning, employee relations, performance management, benefit and payroll administration, project management, and process innovation for multi-site organization. Managed the annual performance review process for 7000 employee organization by creating and delivering training classes and facilitating rating calibration meetings to ensure consistency of rating assignments. Remodeled recruitment prescreening profile aimed at predicting tenure, to a performance, aptitude and core competency predictive tool, resulting in substantially improved performance and a 45% reduction in 90-day attrition.

Human Resources Generalist 11/1998 - 9/2000

Led HR generalist function for 1,100-employee call center with extensive focus on employee relations, benefits and performance management skills. Played key role in execution of action plans created in response to Employee Satisfaction Survey, boosting morale and lowering turnover.

Senior Call Center Operations Manager 5/1995 - 11/1998

Rapidly promoted from CSR to supervisor to direct leadership of more than 300 employees and 15 direct reports. Key contributor in opening two 800+-agent call centers in Utah and New Mexico focused on high volume recruiting and training to support start-up operations. Selected to lead initial operations of AOL's new Member Retention initiative that became company success story.

Educational Credentials

Education

BS Degree in Communications (1994) -North Dakota State University, Fargo, ND

Facilitators Certificate (2006) -Development Dimensions International (DDI)

Senior Professional in Human Resources (2005) Society for Human Resources Management (SHRM)

R. LYLE LUMAN, FACHE

11603 Southfork Ave
Baton Rouge LA 70816
(225) 932-4101

Professional Experience

WellCare Health Plans, Inc.

2011 - Present

President of Louisiana

As the plan President in Louisiana, responsible for the day-to-day health plan operations in the state. This role includes providing leadership and direction to the management team to ensure the organization's strategic plan is translated into tactical goals and objectives that guarantee performance objectives are met or exceeded. Directs and manages the organization's financial performance. Assists and leads where appropriate, with aspects of state and federal government relationships, including working with regulators, as necessary, to establish and continue effective working relationships. Ensures that all state and federal regulations are met. Oversees the development and maintenance of a viable provider network to ensure the health care needs of WellCare members are met. Develops or manages provider contracts and partnerships to achieve quality and cost management objectives. Works closely with providers to enhance relationships and maximize their ability to effectively manage the cost of medical delivery. Oversees the development, implementation and continuous evaluation of the utilization and quality management program for medical services delivered by contracted health care providers.

CenCal Health (formerly Santa Barbara Regional Health Authority)

2006 - 2011

Chief Executive Officer

Provide leadership with an emphasis on result-focused process improvement while observing the altruistic mission of the organization in its administration of the Medi-Cal program. Initiated a redesign of the health plan's quality committee structure; Introduced a strategic planning process designed to monitor accountability to business objectives and assure results; Reduced Medical Loss ratio from 99% to 87% in the first year as CEO while not compromising quality; Established a Senior Leadership Team to assist in creating an environment and culture for open communication, transparency, trust and open lines of communication; Augmented medical management efforts consistent with industry standards in the health services division; Modernized the plan with state of the art care management services and software resulting in quality and cost improvements; Awarded Top Quality Award by State for Quality Indicators (HEDIS) for past several years; Achieved successful tri-yearly (2008) State audit (a substantial improvement from previous audits (2002, 2005)); Established a Decision Support unit to improve the analytics for the organization overall and to bring analysis that assured evidence and fact-based recommendations and decision making; Expanded service area to contiguous county with smooth implementation adding 26,000 Medi-Cal lives to the plan; Led the plan to have the lowest medical expense (per member per month) of all five similar type County Organized Health System (COHS) plans in California.

WASHOE HEALTH SYSTEM (now Renown Health System), Reno, Nevada

2000 - 2005

Chief Operating Officer

Provide leadership and decision-making for the major business units of this \$1.4 billion, hospital-based, integrated delivery system. Direct responsibility for keeping WHS at the leading edge of technology for customer service excellence and operational efficiency with competitive edge on

competitors. With 4,000 employees, the major business units include an insurance company (117,000 lives), two acute care hospitals, an acute rehabilitation hospital, a critical access hospital, primary care physician practice, a skilled nursing facility, and a home health agency. Major accomplishments include: Over 4 years, improved operating margin from 1.7% to 7.0%; Over 4 years, grew market share from 55% to 64% (based on area hospital admissions); Introduced Benchmarking tool to move operating performance in all areas to improved levels; Achieved "TOP 100 IHN" (Integrated Health Network) status for years 2003 and 2004; Improved Medical School relationships (UNSOM) while improving mutual accountabilities; As a "change agent" made necessary leadership changes where appropriate; Improved Decision Support accountability (internally to its customers); Refined the Corporate Contracting Strategy with major health plans in the area; Dissolved an IPA arrangement with our health system without losing any physicians; Eliminated a Division within the Company by incorporating business units to other areas; Consolidated Care Coordination for the System versus independent business unit functions; In collaboration with Administrative Leadership and Medical Staff involvement a Service Line approach was established.

OCHSNER HEALTH PLAN, New Orleans, Louisiana **1996 - 2000**

President and Chief Executive Officer

Accountable to the Board of Directors for the leadership, direction and administration of OHP. Managed and positioned products and services to increase and improve statewide healthcare delivery systems with approximately 500 employees. Held full P&L responsibility for all business units, including Sales, Marketing, Finance, Human Resources, Information Systems, Government Affairs, Contracting and Medical Division.

FHP, INC. (now PacifiCare), Fountain Valley, California **1985 - 1996**

Regional President, Nevada, 1993-1996

Reported to the Corporate Executive Vice President and managed this \$140 million region, with nearly 300 employees providing a broad range of HMO and Worker's Compensation programs. Functional responsibilities encompassed Marketing and Sales, Finance, Human Resources, Medical Division, and Provider Services, including Utilization Review, Network Contracting, and Product and Government Affairs.

Associate Regional Vice President, IPA's **1990 - 1993**

Developed and managed eight provider networks in the Los Angeles and Southbay areas incorporating Group Model, IPA Model, and Staff Model Networks.

Associate Vice President, Hospital and Continuing Care **1985 - 1990**

Responsible for operation management which included two acute care hospitals, two skilled nursing facilities and home health services.

HUMANA, INC., Louisville, Kentucky **1973 - 1985**

Management Engineer

In progressively responsible positions within the Humana system, developed in-depth professional expertise: began as a Management Engineer and achieved promotions through Associate Executive Director at Sunrise Hospital in Las Vegas, managing daily operations of a 688 acute care hospital. As Executive Director had full responsibility for operation of a 125-bed acute care hospital in Garland, Texas. As Market Operations Manager, started a new Humana Health Plan region in Salt Lake City, Utah.

Other Humana Position Held:

Associate Executive Director

Executive Director

Market Operations Manager

Educational Credentials/Awards & Distinctions/Accomplishments

Education

MBA, University of Nevada, Las Vegas

B. Sc., Industrial Engineering, Wichita State University, Wichita, Kansas

Awards

ACHE Best Case Report of the Year (2004) Award for report on “Developing a Strategic Contracting Strategy in an Integrated Delivery System”;

Published in the *Journal of Healthcare Management* (May/June 2006)

Nevada Medicaid Task Force Representative, appointed by Congresswoman Barbara Vocanovich
Charter Chairman, Council for Health Systems, Nevada Association of Hospitals and Health Systems

Distinctions

Board Certified in Healthcare Management

Fellow in American College of Healthcare Executives (FACHE)

Washoe Health System in “Top 100 Integrated Health Networks” as ranked by Verispan (two consecutive years – 2003 and 2004)

Ochsner Health Plan was amongst 41 independent plans, which, in 1998, accounted for 24% of all HMO growth.

Ochsner Health Plan rated 9th in Top 15 HMO’s in 1999 (ranked by consumer response to NRC study).

Ochsner Health Plan given 3-star rating and ranked 65th nationwide (Newsweek, November 1999).

Ochsner’s Total Health 65 Medicare HMO rated 23rd nationwide (Newsweek, September 1998).

Organizations

Fellow, American College of Healthcare Executives (FACHE)

United Way of Santa Barbara, Campaign Cabinet - Healthcare

United Way of Northern Nevada and the Sierra, Vice-Chair 2003, Board Chair, 2004

Activities

Santa Barbara International Marathon – December 2009: Participant

San Diego “Rock & Roll” Marathon – June 2010: Participant

Pier to Peak Half Marathon (Santa Barbara, CA) – October 2010; Participant

Thomas Kyle Godfrey, JD

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Professional Experience

	WellCare of Louisiana, Inc. , Baton Rouge, LA	May 2011 - Present
	Director, Regulatory Affairs	
	Responsible for the development of procedures to ensure regulatory compliance and manages regulatory relationships with a broad spectrum of regulatory agencies with oversight for government funded products including Medicaid, Medicare, and SCHIP. Oversees and prepares organization for all regulatory audits, and ensures compliance with regulatory changes and manages policy development.	
	Louisiana State University, Baton Rouge, LA	January 2010 – May 2010
	Adjunct Professor	
	Previously taught health care law in the continuing education department, including all federal/state law, rules, orders, and regulations.	
	Louisiana Department of Insurance, Baton Rouge, LA	November 2008 – May 2010
	Attorney 3, Office of Health Insurance	
	Previously served as counsel to the Office of Health and the Office of the Commissioner. Drafted legislation, directives, bulletins, advisory letters and otherwise represented the Department in all aspects of regulated, commercial health insurance. Interacted with all relevant State agencies, Federal agencies, and legislators, in promoting the legislative package of the Commissioner and in regulatory matters.	
	The Pain Treatment Center of Baton Rouge/Natchez & First Choice Surgery Center of Baton Rouge, LLC	July 2006 – November 2008
	General Counsel, Business Integrity Officer, and Chief Compliance Officer	
	Supervised all accounting/billing/reimbursement functions of the facilities/staff physicians, electronic medical record systems, accounts receivable, network contracting, all issues of reimbursement and compliance with all terms of our managed care contracts (HMO, PPO, Medicare/Medicaid, etc...). Represented corporate entities and individual physicians, including, but not limited to, licensing, peer-review, credentialing, insurance litigation, workman's compensation litigation, corporate structuring, risk management, project acquisitions, and lease negotiations, employment law, medical malpractice defense, and general liability defense.	
	Law Offices of T. Kyle Godfrey	2004 – 2006
	President	
	Boutique practice that had a primary focus on health care law, health care administration and regulatory compliance. Consulted and lectured concerning Medicaid regulations and eligibility.	

	Preis, Gordon & Griffin, APLC,	2002 – 2004
	Law Clerk Assisted in Sarbanes-Oxley litigation.	
	Office of the Louisiana Attorney General	2002
	Law Clerk Drafted pleadings and researched litigation filed against the state of Louisiana.	

Educational Credentials/Affiliations

Education

Bachelor of Arts, Psychology, Louisiana State University (Baton Rouge, LA)
Juris Doctorate, Louisiana State University Law (Baton Rouge, LA)

Professional Affiliations

- Louisiana State Bar Association
- Federal Middle District of Louisiana
- Federal Western District of Louisiana
- Notary Public for the State of Louisiana

JASON BOLLENT

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Tampa, FL 33634

(813)290-6200

Email: Jason.Bollent@WellCare.com

Professional Experience

WellCare Health Plans, Inc.

2004 – Present

Customer Service Director of Medicaid Product/Process Improvement

Oversee all Medicaid products in seven states as it relates to customer service. Ensure that training and reference materials are up to date. Builds and maintains relationships with key stakeholders in the markets as well as vendor partners for each line of business. Continuously seeks out process improvements for the core customer service lines of business. Manage direct reports to ensure that all deadlines and projects are completed. This includes completion of state and regulatory audits, new business implementations and reporting to key contacts. Oversee entire internal Medicaid CS Operations including two online phone teams and one offline service unit. As the customer, service manager managed the activities of two supervisory associates and their work groups. Directed work assignments, measures results and initiates personnel actions as required, establishes objectives, schedules, and cost data for the business of the function being managed, coordinates activities of unit to meet budget and deadlines and resolves conflicting demands. During tenure as the customer service supervisor, managed non-exempt customer service associates in a call center environment. Oversee the quality production of the associates and ensure accuracy of response to external customers. Successfully implemented four process improvements during 2007 saving the company more than \$400,000 in production costs. Department liaison for telecom and call flow design ensuring compliance with state requirements and meeting the needs of the business. Oversee customer service Medicaid implementation projects. Was a key contributor in past implementations such as Georgia, Ohio and Hawaii. Successfully built and maintain cross-departmental relationships across the enterprise including the markets, Claims, Enrollment, Health Services and Information Technology.

Other WellCare Position Held:

Customer Service Supervisor October 2004

Capital One Tampa, FL

1997 – 2004

Executive Response Specialist 2001 – 2004

Interfaced with highly motivated customers on behalf of our senior executives. Responded to various regulators to resolve complex customer issues. Reported to senior executives regarding customer concerns and provided operational feedback on credit card-related policies and procedures. Partnered with media relations, corporate counsel to mitigate media and legal complaints. Received seven consecutive months "Perfect" phone quality, five consecutive quarters of "Exceeds Expectations" rating. Headed project to remove key senior executives from customer communications. Completed the project successfully and within mandated timeline. Selected for additional responsibility in answering customer concerns via internet and through the Capital One Auto Finance division.

Other Capital One Position Held:

Account Supervisor (1998 – 2001)

Educational Credentials/Professional Development

Education

Bachelors Degree, University of South Florida, FL

Professional Development

- Non-Commissioned Officers Training School, 1996
- United States Army Reserves, Sergeant – Team Leader, Military Police 1992-2000 – Honorable Discharge

LASHEKA D. ROBINSON

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Professional Experience

	WellCare of Louisiana, Inc. , Baton Rouge, LA	March 2011 - Present
	Manager, Claims	
	<p>Serve as manager over the states of Illinois, Indiana, Missouri, Ohio, New York, New Jersey, Connecticut and the centralized Coordination of Benefits Team. Currently manage Hawaii, Louisiana and Texas institutional and professional Medicaid and Medicare lines of business. Manages and develops direct reports, which include Team Leads and front-line associates, directs and assigned work assignments, measure results and initiates personnel actions as required for associates. Manage process improvement initiatives, seek root cause and develop appropriate corrective action. Manage associates performance on production, quality, and/or attendance by conducting counseling or corrective action when necessary. Initiated weekly meetings with the markets and configuration department on claims and state issues to ensure providers are being serviced appropriately. Ensure inventory levels are no less than 99.5% in 10 days. Demonstrates ability to gain colleague, customer, and provider trust through providing exceptional follow-up. Track record of mentoring new and coaching current employees to improve customer-satisfaction and quality ratings. Expertise in resolving escalated customer service and claims issues. Secured numerous company achievement awards for delivery of exceptional customer service and leadership.</p> <p><u>Other WellCare Position Held:</u> Senior Claims Specialist</p>	
	Apria Healthcare, Inc. – Tampa, FL	2004 to 2005
	Home Infusion and Durable Medical Equipment Specialist	
	<p>Serve as a biller and collector for a home health company that service members in over 4 states. Verified final dispensing documents and delivery shipment tickets prior to billing. Managed the billing, collection, and posted cash on commercial and Medicaid past due accounts. Appealed denied and incorrect paid accounts to insurances.</p>	
	Amerigroup, Florida / Physicians Healthcare Plans, Inc – Tampa, FL	1998 to 2004
	Customer Care Lead	
	<p>Customer Care Lead that handled claims, member and provider appeals for a leading insurance provider. Investigated and resolved customer concerns in collaboration with other departments. Coordinated and assisted Manager with case investigations and prepared written responses to member grievances, provider appeals, the Center for Health Dispute Resolution, and Department of Insurance inquiries. Provided measurement on volume and trends to determine education needs and improve customer satisfaction and retention. Participated in implementing a new workflow, resulting in</p>	

	better time management. Monitored the production and quality reports. Dramatically enhanced customer-satisfaction ratings by expediting all claims and ensuring a high degree of accuracy. Enhance employee performance and attendance through mentoring, one-on-one discussions and motivational strategies. Received outstanding positive feedback from team members on the strategies implemented.

Educational Credentials/Affiliations	
Jefferson High School (Tampa, FL)	

CHUCK BEEMAN

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Professional Experience

WellCare Health Plans, Inc.

2007 – Present

Senior Director, Information Technology

Responsible for Encounter Data Management, Process Improvements, Managing Contract SLAs for reporting Encounters and utilization information to State Medicaid agencies. Implemented strategic data quality improvement projects across the organization through cross functional teams including membership, provider contracting, vendor management, Claim adjudication and EDI. Identified and Implemented process improvements upstream and within the area of responsibility to create a reliable and predictable environment for submitting Encounters, regulatory reports and utilization/claims data to State agencies.

Other WellCare Position Held:

Director, IT Application Development

Salem Associates, Inc Tampa, FL

1999 – 2007

Director, IT and Financial Solutions 2005 – 2007

Primary duties consisted of creating a new product road maps, leading product development, installation and customization, and creating strategic relationships with clients. Also managed Software development and implementation for several customers. Responsibilities included overseeing all aspects of project control including executive status and milestone reports, cost/benefit analysis, budget forecasting/tracking, asset control, vendor management, and employee issues resolution.

Other Salem Associates Position Held:

Southeast Regional Manager (2003 – 2005)

Senior IT Project manager (1999 – 2003)

Educational Credentials/Professional Development

Education

Bachelors Degree, University of Madras, India

MBA, University of Madras, India

Professional Development

Green Belt – Lean Sigma, Purdue University