



**arizona
complete health™**

ORAL PRESENTATIONS



NAMES AND TITLES OF PARTICIPATING INDIVIDUALS



AHCCCS COMPLETE CARE CONTRACT FOR CONTRACTORS

ORAL PRESENTATIONS

Offerors shall participate in a scheduled oral presentation pertaining to key areas of the Program. The duration of the oral presentation session will be limited to three hours, which shall include allotted time for discussion and preparation. All presentations will be scheduled to occur during the weeks of February 12 and February 19. Presentations will be audio-taped by AHCCCS for the Agency's use in the evaluation process. Audio-taped oral presentations will be published to the AHCCCS website once the Contract awards have been made. AHCCCS will notify each Offeror of its scheduled presentation date and time within three business days of RFP Proposal due date. The Offeror shall bring no more than six individuals to the meeting. All participants must be employees of the Offeror; no consultants may participate. For purposes of this Section, employee includes an employee of an affiliate, parent company, and/or subsidiary, or employee of a subcontracted Management Service company. The Offeror must anticipate that these employees will be substantially involved in the ongoing operation of the Contract, if awarded. For the six participating employees, the Offeror shall include persons with expertise in:

- *Medical/Clinical Management*
- *Behavioral Health*
- *Offeror's Operations*

The Offeror shall submit with its Proposal a list of names and titles along with resumes of the participating individuals.

The Offeror will not be permitted to bring electronic devices into the room, including but not limited to, laptops, cellular or smart phones, smart watches, and tablets. Outside communication will be prohibited, including but not limited to, use of cell phones, telephones or text messaging. The Offeror will not be permitted to distribute previously-prepared presentations or materials to AHCCCS. The Offeror will be permitted to utilize any hard copy reference material brought with them, including copies of policies and procedures to assist with preparing for the presentation. Failure to comply with these instructions may adversely impact the scoring of the Oral Presentation. AHCCCS will provide a white board or flip charts and markers for Offeror use in preparing for the Oral Presentation. AHCCCS will have a proctor present in the room for the duration of the Oral Presentations to ensure compliance with these requirements.

The following employees of Offeror, Arizona Complete Health – Complete Care Plan, will participate in the Oral Presentations:

1. James Stover, President of Medicaid Products
2. Jay Gray, Chief Officer, Integrated Care
3. Lisa Stutz, Director, Quality Management
4. Michele Barnard, Executive Director
5. Scott Van Valkenburg, Chief Medical Officer
6. Susan Wortman, VP, Medical Management

The resumes of each of the employee participants follow this page.



RESUMES OF PARTICIPATING INDIVIDUALS



JAMES STOVER
PRESIDENT OF MEDICAID PRODUCTS

PROFESSIONAL SUMMARY:

President of Medicaid Products for a Managed Health Care health plan contracted with AHCCCS to provide physical and behavioral health services to underserved individuals and families in the state of Arizona.

As President, responsibilities and achievements include:

- Overseeing and managing all aspects of a health plan in eight Arizona counties with primary locations in Phoenix and Tucson
- Utilizing 25+ years of experience to lead teams and managing the provision of services for more than 400,000 Arizona residents in southern Arizona
- An outstanding track history developing and managing relationships, programs and provider networks that apply managed care principals
- Successfully balancing the cost of care delivered to quality outcomes and member and provider experience
- Superior experience in health plan leadership with emphasis in Arizona Medicaid
- Over 25 years of health care experience, with nearly 20 years' experience in Arizona Medicaid managed care companies, including Banner University Health Plan and Centene

EXPERIENCE:

PRESIDENT OF MEDICAID PRODUCTS

CENTENE CORPORATION - CENPATICO INTEGRATED CARE/HEALTH NET ACCESS **TUCSON, AZ**
2017 TO PRESENT

- Executive officer responsible for 60,000 member acute Medicaid plan and the Regional Behavioral Health Authority for Southern Arizona
- Fiscal management of \$1B, including revenue management, medical expense, administrative expense and overall budget control
- Responsible for fiscal direction, policy, structure, strategic planning, organizational direction, quality, compliance and stakeholder relationships

CHIEF EXECUTIVE OFFICER

UNIVERSITY OF ARIZONA HEALTH PLANS **TUCSON, AZ**
BANNER HEALTH MEDICAID HEALTH PLAN DIVISION
2010 - 2017

- Executive officer responsible for 240,000 member Medicaid and Medicare Dual Eligible (D-SNP) health plan in 11 Arizona counties
- Fiscal management of \$800,000,000, including revenue management, medical expense, administrative expense and overall budget control

- Achieved 75% growth in past 5 years
- Responsible for fiscal direction, policy, structure, strategic planning and organizational direction, quality and compliance
- Successfully awarded Arizona Medicaid RFP in all service areas in past two bids
- Created partnership with Cenpatico Integrated Care (a Centene Corporation) and achieved Medicaid bid for behavioral health services
- Achieved highest rankings among health plans on Medicaid CAHPS
- Achieved highest rankings among health plans on Medicaid Claims Survey
- Achieved only 3.5 Medicare STAR rating on D-SNP plan in Arizona
- Increased active employee engagement by 15%
- Increased leadership effectiveness by 18 %

CHIEF ADMINISTRATIVE OFFICER

2009 - 2010

- Liaison with CMS and Medicaid; maintained positive relationships with government entities
- Ensured contractual, fiscal and operational compliance with State and Federal regulations
- Executive lead for State and Federal bids and audits
- Executive lead for strategic development and priorities
- Direct oversight of Health Plan contract compliance, information systems, marketing, outreach

MEDICAID/MEDICARE ADMINISTRATOR

2007 - 2009

- Responsible for Health Plan operations including Network Development, Member Services, Grievance and Appeals, Claims, Marketing and Outreach
- Developed organizational priorities and measurements
- Achieved 1% reduction in administrative costs

NETWORK DEVELOPMENT MANAGER/DIRECTOR OF NETWORK AND MEMBER SERVICES

1999 -2007

- Oversaw contracting, provider relations, member services, marketing and outreach
- Developed contracting and network strategies
- Developed member satisfaction and retention strategies
- Maintained positive relationships with key provider stakeholders

PROVIDER RELATIONS REPRESENTATIVE

HEALTH PARTNERS HEALTH PLAN

TUCSON, AZ

1998

- Liaison between health plan and provider network; maintained positive relationships
- Negotiated and managed primary care, specialty, facility and ancillary contracts

RECEPTIONS SUPERVISOR/PRACTICE MANAGER

GROUP HEALTH MEDICAL ASSOCIATES

TUCSON, AZ

1992 - 1998

- Managed operations of a 24 physician multi-specialty provider practice
- Developed and managed practice budget, including revenue and expense

EDUCATION:

MASTER OF ARTS IN ORGANIZATIONAL MANAGEMENT

University of Phoenix, 1999

BACHELOR OF SCIENCE IN BUSINESS MANAGEMENT

University of Phoenix, 1997

PROFESSIONAL AND COMMUNITY SERVICE, HONORS, AND AWARDS:

BOARD MEMBER AND HEALTH COMMITTEE CHAIR

Arizona Special Olympics

BOARD MEMBER (2010-2016) AND VICE-CHAIR OF THE COMMUNICATIONS COMMITTEE

Association of Community Affiliated Plans

BOARD MEMBER

Arizona Association of Health Plans

Statewide board addressing common policy and operational needs of Arizona Medicaid Plans

BOARD MEMBER, 2010 – 2016

Pima County Assistance Program

Identify and determine eligibility for uninsured individuals into health insurance coverage programs; provide discounted medical program for individuals who are unable to obtain health insurance coverage

JAY GRAY, PHD
CHIEF OFFICER, INTEGRATED CARE

PROFESSIONAL SUMMARY:

Highly experienced managed health care executive with over 30 years of managed care, provider relations, clinical and program development experience. Broad knowledge of the healthcare industry and intimate knowledge of public sector healthcare. Excellent contracting and network development experience. Committed to the principles of recovery. Collaborative professional and innovative thought leader. Demonstrated leadership success in a variety of settings. Excellent organizational, communication, people, and problem solving skills. Tenacious, creative, and dedicated.

EXPERIENCE:

CHIEF OFFICER, INTEGRATED CARE

CENPATICO INTEGRATED CARE

TUCSON, AZ

FEBRUARY 2017 — PRESENT

- Establish and implement the vision for integrated care for Centene Health Plans in Arizona
- Direct the development and maintenance of effective working relationships and collaboration with system partners including law enforcement, state and local agencies, county governments, county entities, tribal communities, and network providers
- Oversee and direct program development activities including behavioral health and physical health integration, care management, disease management, social determinant interventions, population health management, crisis services, justice services, birth to five child programs, transition age youth programs, employment programs, veterans' programs, programs serving children in foster care and children at risk of removal, peer and family-run programs, tribal programs, substance use disorder treatment programs, housing programs, and medically assisted treatment programs
- Monitor service utilization and assist efforts to manage HBR; write content for RFPs and serve as a principal contributor to re-procurement responses

CHIEF OPERATING OFFICER, OCTOBER 2015 – FEBRUARY 2017

- Directed the development, contracting and maintenance of the physical health and behavioral health provider network
- Maintained effective provider relations, including organizing and leading monthly provider group meetings managing provider mentoring and training activities
- Directed the development of the Crisis System and maintenance of effective working relationships with law enforcement and local county governments
- Led the development of justice system collaborative efforts and justice programs
- Oversaw and directed program development activities including medical integration, birth to five child programs, transition age youth programs, member employment programs, veterans'



programs, programs serving children in foster care, peer and family run programs, substance use disorder treatment programs, and medically assisted and treatment programs

- Directed and managed housing program involving over 1500 housing units
- Monitored service utilization and assist efforts to manage HBR
- Wrote content for RFPs and served as a principal contributor to re-procurement responses
- Directed the development, contracting, and maintenance of the physical health and behavioral health provider network
- Maintained effective provider relations, including organizing and leading monthly provider group meetings managing provider mentoring and training activities
- Directed the development of the Crisis System and maintenance of effective working relationships with law enforcement and local county governments

CHIEF OPERATING OFFICER

CENPATICO BEHAVIORAL HEALTH OF ARIZONA, LLC

TEMPE, AZ

2005 – 2015

- Facilitated system partner collaboration; led system improvement efforts
- Established provider network, contracts and vendor agreements
- Managed and oversaw provider network and network services
- Verified timely and accurate loading of provider contracts
- Facilitated program development efforts
- Led system transformation efforts; developed provider mentoring and training program
- Facilitated cross-departmental collaboration; provided leadership to the system; maintained effective and collaborative relationships with provider agency CEOs
- Co-led the RFP response that established Centene’s first contract in Arizona

EXECUTIVE DIRECTOR & CHIEF EXECUTIVE OFFICER

DESERT SPRINGS PROFESSIONALS, LLC; AND CENPATICO BEHAVIORAL HEALTH ARIZONA, INC. (DBA ACADEMIC BEHAVIORAL ALTERNATIVES)

SCOTTSDALE/PHOENIX/TEMPE, AZ

1999 –2005

- Managed five multidisciplinary behavioral health clinics; managed Provider Network on behalf of Magellan Behavioral Health (Aetna Arizona commercial HMO contract)
- Managed five private special education schools in Arizona; facilitated development of “real time” client management reports
- Verified data integrity and developed clinical outcome analyses
- Collaborated with public school districts to implement private special education programs on public school district campuses

VICE PRESIDENT OF CLINICAL OPERATIONS, LICENSED PSYCHOLOGIST

ABS OF ARIZONA/VALUE OPTIONS

PHOENIX, AZ

1998 –1999

- Managed 800 staff and 25 clinic sites; facilitated and monitored service delivery to 12,000 Medicaid behavioral health recipients
- Orchestrated the delivery of outpatient, case management, psychiatric, nursing and counseling services for Value Options enrolled children & adults with Serious Mental Illness
- Directed the delivery of evaluation, case management and physician services

**DIRECTOR CHILD & ADOLESCENT, GENERAL MENTAL HEALTH & SUBSTANCE ABUSE DEPARTMENT,
LICENSED PSYCHOLOGIST**

COMCARE

PHOENIX, AZ

1996-1998

- Managed the delivery of case management, utilization management and continued stay review services for Medicaid-enrolled youth and general adult mental health and substance abuse
- Interfaced with multiple state agencies, stakeholders, and service providers to enhance and improve the system and services
- Developed and implemented system enhancements to improve the service delivery system; led inter-departmental project teams

CLINICAL DIRECTOR, PROMOTED TO VICE PRESIDENT IN 1994

IMPACT-SUICIDE PREVENTION CENTER

TEMPE, AZ

1990-1996

- Managed the delivery of all prevention, treatment, and crisis services involving multiple programs and 125 staff
- Implemented community based treatment programs for youths at risk of out of home placement

EDUCATION:

DOCTOR OF PHILOSOPHY IN COUNSELING AND STUDENT PERSONNEL SERVICES, (Department – Counseling and Educational Psychology), Outside Emphasis: Organizational Development
Kansas State University, Manhattan, KS

PROFESSIONAL CERTIFICATE - PROFESSIONAL PSYCHOLOGY PREDOCTORAL INTERNSHIP, Counseling and Consultation

Arizona State University, Tempe, AZ

PROFESSIONAL CERTIFICATE-ORGANIZATIONAL DEVELOPMENT

George Williams College, Downers Grove, IL

MASTER OF ARTS (THEOLOGY) IN COUNSELING

Bethany Theological Seminary, Oak Brook, IL

MASTER OF SCIENCE IN AGRICULTURAL INDUSTRIES

University of Wisconsin, Platteville, WI

BACHELOR OF ARTS IN AGRI-BUSINESS

Tabor College, Hillsboro, KS

ASSOCIATE OF APPLIED SCIENCE IN FARM MANAGEMENT TECHNOLOGY

Northeast Iowa Technical Institute, Calmar, IA



LICENSES AND CERTIFICATIONS

CERTIFICATION IN INTEGRATED CARE MANAGEMENT

University of Massachusetts

LISA L. STUTZ
DIRECTOR, MEDICAID QUALITY MANAGEMENT

PROFESSIONAL SUMMARY:

Experienced healthcare leader working to ensure the provision of timely, appropriate, and quality health care services. Skilled in workflow analysis, risk point identification and process improvement. Expertise in health care metrics, trending and analysis. Proficient in spearheading facility wide quality improvement initiatives with the goal of improving patient outcomes. Effective interpersonal skills and experience leading cross functional teams towards the achievement of shared goals.

EXPERIENCE:

DIRECTOR, MEDICAID QUALITY MANAGEMENT

CENTENE CORPORATION - CENPATICO INTEGRATED CARE/HEALTH NET ACCESS

TUCSON, AZ

2017-PRESENT

- Responsible for oversight and strategic direction for two Arizona Medicaid health plans providing both physical and behavioral health services to vulnerable populations
- Lead the quality team, ensuring compliance with all contractual requirements within performance improvement, quality of care, credentialing, providing monitoring and EPSDT focus areas
- Evaluates health plan performance on key metrics and leading performance improvement initiatives aimed at improving both health plan results and member outcomes
- Direct the development, implementation and reporting on established performance improvement projects including the identification of opportunities for improvement, and evaluation of the efficacy and outcomes of implemented interventions
- Spearhead initiatives aimed at integrating quality management activities organization-wide
- Identifies areas of risk and areas for improvement through the tracking and trending of key quality metrics throughout the organization; establishing performance improvement initiatives based on data evaluation

DIRECTOR, QUALITY MANAGEMENT

SENIOR QUALITY MANAGER

BANNER HEALTH NETWORK/UNIVERSITY OF ARIZONA HEALTH PLANS

TUCSON, AZ

2013-2017

- Provided oversight and strategic direction for the Quality Management Program, ensuring that quality is integrated throughout all areas of the health plan
- Oversaw quality of care process including quality of care concerns, unexpected deaths and immediate jeopardy issues
- Implemented cross departmental efforts which led to an improvement of 5% in child annual dental rates, exceeding the established minimum performance standard

- Created and led a performance improvement team with the goal of ensuring compliance with state contractual requirements for the Maternal Child Health Program; resulting in full compliance for all reviewed standards during the 2015 operational review
- Responsible for the development and implementation of the annual Quality Management Plan, Evaluation and Work Plan including establishment of measurable goals and interventions
- Led the annual HEDIS audit for two Medicare plans and leading cross-departmental efforts to improve the overall STAR rating
- Served as the subject matter expert for Maternal Child Health and EPSDT programs ensuring health plan activities align with contractual expectations
- Facilitated the health plan Quality Management/Performance Improvement Committee, which serves to address potential quality issues health plan wide and works to improve key performance measure rates through an inter-departmental, collaborative approach
- Key participant in the development and implementation of pay for value contracts; establishing and monitoring quality metrics associated with these contracts

DIRECTOR OF QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT

CRISIS RESPONSE CENTER OF SOUTHERN ARIZONA

TUCSON, AZ

2012-2013

- Spearheaded facility wide quality improvement initiatives to improve patient outcomes
- Experienced with healthcare systems analysis aimed at improved efficiency and efficacy in concert with fiscal responsibility
- Monitored to ensure sustained compliance with Joint Commission standards
- Utilized the PDSA Model to plan, initiate, assess and monitor process improvement activities
- Reviewed utilization data to ensure that provided services, are appropriate, timely and of the appropriate intensity and duration
- Served as the lead for data validation audits ensuring that provided services have been appropriately billed and that the documentation supports the billed services
- Developed recommendations for process improvement based on data feeds and work flow analysis
- Created and monitored work plans which address identified areas of improvement
- Investigated critical incidents to include mortalities and sentinel events to identify critical areas of focused improvement

SENIOR CLINICAL PROGRAM MANAGER/ACCOUNTABLE CARE

UNITED HEALTHCARE

TUCSON, AZ

2012

- Analyzed, interpreted, and reported practice level population data regarding inpatient admissions, emergency room visits and access to care in order to assist physician practices with moving from a reactive to a proactive model of care
- Assisted physician practices in creating workflows to optimize care delivery
- Improved care of high risk patients through predictive modeling analysis of the practice population

PERFORMANCE IMPROVEMENT/QUALITY MANAGEMENT COORDINATOR

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA (CPSA)

TUCSON, AZ

2007-2012

- Monitored and evaluated the overall quality of behavioral health services ensuring compliance with standards and regulations as set by the Arizona Healthcare Cost Containment System
- Investigated critical incidents and sentinel events to include patient mortalities from both a quality management and risk management perspective
- Oversaw and directed Quality Management Liaison staff under matrix supervision structure
- Presented investigative findings and proposed corrective actions on adverse outcomes to the Medical Director's Committee
- Monitored access to care issues; referral to intake, intake to first services, and wait time indicators
- Collected and analyzed provider data reports and recommending actions for improvement
- Served as the lead for the Mental Health Statistical Improvement Program which gauges patient perception of offered treatment services and also trends and evaluates patient outcomes
- Managed a state wide project that measures provider fidelity to the Arizona 12 Principals within the Child and Family Team Model for behavioral health services
- Completed recommendations and making revisions to CPSA and network provider policies and procedures as required per regulatory bodies
- Oversaw provider Quality Management/Utilization Management Plans
- Oversaw Medical Care Evaluation Studies including study preparation, registration, data analysis, technical assistance and coordinating performance improvement actions

EDUCATION:

MASTER OF HUMAN RELATIONS

University of Oklahoma

BACHELOR OF ARTS IN PSYCHOLOGY

University of Arizona

LICENSES AND CERTIFICATIONS:

CERTIFIED PROFESSIONAL OF HEALTHCARE QUALITY (CPHQ), October 2010

AMERICAN SOCIETY OF ADDICTION MEDICINE TRAINING (ASAM)

SMART MARRIAGES PREP (PREVENTION ENHANCEMENT RELATIONSHIP PROGRAM) INSTRUCTOR CERTIFICATION

ACTIVE LIFE SKILLS SMART COMMUNICATIONS INSTRUCTOR TRAINING

SIX SIGMA YELLOW BELT, 2017

SIX SIGMA GREEN BELT (IN PROGRESS)



PROFESSIONAL AND COMMUNITY SERVICE, HONORS, AND AWARDS:

NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY (NAHQ)

ASSOCIATION FOR HEALTHCARE QUALITY OF ARIZONA (AZAHQ)

MICHELE BARNARD
EXECUTIVE DIRECTOR

PROFESSIONAL SUMMARY:

Executive healthcare leader with 20+ years of professional experience in healthcare operations, strategy, marketing and government relations. Articulate communicator with a record of success and integrity.

EXPERIENCE:

EXECUTIVE DIRECTOR

CENPATICO INTEGRATED CARE

TUCSON, AZ

2015 – PRESENT

CHIEF INTEGRATED CARE OFFICER

2015-2017

- Executive responsible for overseeing and developing integrated health service delivery at administrative and clinical levels to transform traditional primary care and behavioral health settings through integration. Manage over \$700 million annual budget
- As a member of the executive team, identifies medical outcomes and cost drivers to develop strategies to reduce overall healthcare costs and drive improvement in clinical outcomes
- Develops strategies to incentivize providers for improved health outcomes through payment reform, value-based contracting, Centers of excellence and incentive programs
- Operational responsibilities have included integrated care development, customer service, care management, medical management, quality, grievance & appeals, contracting, value-based purchasing, member communication, and facility planning

CHIEF OPERATING OFFICER

BANNER UNIVERSITY MEDICAL GROUP

TUCSON AND PHOENIX, AZ

2015

- Guided integration efforts to merge and streamline medical group operations for 900 faculty physicians and 2000+ employees based in Tucson and Phoenix
- Managed annual budget of over \$200 million
- Implemented new strategies, processes, roles and responsibilities around key cost drivers including new organizational structure, workforce planning and physician recruitment
- Mapped over 800 employees to new roles and salaries within Banner Health
- Led integration project in cooperation with the University of Arizona to create immediate savings to the organization of over \$2 million

VICE PRESIDENT OF BUSINESS DEVELOPMENT & STRATEGY

UNIVERSITY OF ARIZONA HEALTH NETWORK (UAHN)

TUCSON, AZ

2011-2015

- Provided stable leadership during a time of extensive changes in executive leadership and governance; Managed over \$5 million annual budget
- Responsible for Strategic Planning, Marketing, Web/Social Media, Internal/External Communications, Community Relations and Business Development
- Directed ambulatory facility planning and service line business strategy development; negotiated relationships with external physician practices and other hospitals
- Created and executed a joint UAHN and College of Medicine Strategic Plan; coordinated board-level strategic efforts including the merger with Banner Health
- Spearheaded rebranding of UAHN and led three successful advertising brand campaigns resulting in increased market share during a time of overall market decline, including corporate website and intranet resulting in increased web traffic of 300%
- Created full-service centralized Marketing and Communication department encompassing internal communications, brand guidelines, and metric-driven decision-making

DIRECTOR, MEDICAL ADMINISTRATION COMMUNITY AFFAIRS AND ADVOCACY

BEAUMONT HOSPITALS

ROYAL OAK, MI

2003-2011

- Provided operational oversight of corporate medical administration comprised of eight departments and representing more than 3000 employed and private physicians
- Implemented physician compensation model and led strategic partnerships to launch the new “Oakland University William Beaumont School of Medicine”
- Led C-level strategic planning on the creation of a hospital-initiated Accountable Care Organization
- Senior Administrator in physician compliance investigations and peer review for conflict of interest, research, compensation and ethical issues
- Led multidisciplinary team to revamp system-wide physician on-boarding/credentialing process resulting in shortened timeline and savings of over \$1 million of annual of lost revenue
- Developed and managed Medical Administration budget of \$6.7 million
- Capture Lead for \$2.5 million in federal appropriation funds and federal grants for hospitals
- Built system-wide Community Affairs and Advocacy Department and directed strategic outreach and governmental activities with a territory expansion from 3 to 23 communities in southeast Michigan

CONSULTANT

BARNARD CONSULTING SERVICES, INC.

WASHINGTON, MI

1999-2007

- Provided marketing/sales, public affairs, event management, fundraising and consulting services to multiple political, non-profit and corporate clients
- Achieved 100% regulatory compliance in 26 communities on behalf of technology client
- Expanded major donor base increasing annual fund by over 100% for client

LOBBYIST

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

WASHINGTON, DC

1998 – 1999



**LEGISLATIVE ASSISTANT
OFFICE OF CONGRESSMAN DALE KILDEE
1994 – 1998**

WASHINGTON, DC

EDUCATION:

BACHELOR OF SCIENCE IN PUBLIC POLICY AND POLITICAL SCIENCE

Michigan State University, East Lansing, MI

DUAL MASTERS IN BUSINESS ADMINISTRATION AND HEALTH

University of Maryland, University College, Administration (expected graduation August 2018)

LEADERSHIP MICHIGAN GRADUATE, Lansing, MI

PROFESSIONAL AND COMMUNITY SERVICE, HONORS, AND AWARDS:

MEMBER

American College of Health Care Executives

MEMBER

Public Relations Society of America

BOARD MEMBER, CHAIR OF THE ECONOMIC DEVELOPMENT AND STRATEGIC PLANNING COMMITTEES

Macomb County Chamber of Commerce, (2007 – 2010)

BOARD MEMBER

Focus Macomb, (2007-2009)

**SCOTT VAN VALKENBURG, MD
CHIEF MEDICAL OFFICER**

PROFESSIONAL SUMMARY:

Seasoned medical leader with experience in oversight and guidance of all clinical aspects of health plan management operations. Well-versed in clinical oversight and policy, quality, operations team support, product development, client services and business development/sales. Experienced in the areas of innovative medical program creation and implementations.

EXPERIENCE:

**CHIEF MEDICAL DIRECTOR, MEDICAID SERVICES AND CHIEF MEDICAL OFFICER
CENPATICO INTEGRATED CARE
JULY 2017- PRESENT**

TUCSON, AZ

- Oversee all clinical aspects of Health Plan Operations
- Responsible for Clinical Services for Medicaid services under Arizona Complete Health
- Cenpatico Integrated Care (C-IC) provides fully integrated services to Seriously Mentally Ill Medicaid population in Southern Arizona along with all the Behavioral Health services to the 400K Medicaid members, both adults and children, within the same region
- C-IC includes nine Physical Health hospitals and six Behavioral Health hospitals along with several large Federally Qualified Health Clinics and other Primary Care Practices and Specialty Practices

**DEPUTY CHIEF MEDICAL OFFICER
2015- 2017**

- Senior physical health physician in the delivery of integrated Health Plan services including Medical Management, Utilization Management, Quality, and Disease Management
- Led care coordination of care performance improvement initiative to drive increased collaboration between Physical and Behavior Health Network Providers
- Developed innovative population health strategies to effect improvement in utilization and quality measures for approximately 15K Seriously Mentally Ill members
- Launched multiple disease management programs specific for the membership population; developed innovative risk roster to identify Health Plan members most in need of intervention strategies; two innovations include a Chronic Pain Program and Anxiety Disorder Program

**MEDICAL DIRECTOR, MEDICAL MANAGEMENT
UNIVERSITY OF ARIZONA HEALTH PLAN
2013-2015**

TUCSON, AZ

- Medical Director for Medical and Behavioral Health Case Management, Utilization Management and Office of Care Collaboration and Innovation

- Developed and provided physician oversight of an interdisciplinary collaborative care management team to support local Primary Care Providers manage High Cost/High need members; resulted in year over year 25% decrease in hospitalization rate
- Directed Patient Centered Medical Home Program for Health Plan; developed and implemented multiple collaborative care efforts with multiple network providers to improve quality metrics, decrease utilization and achieve triple aim goals
- Provided physician oversight of development and implementation of Value Based Payment initiative to begin transition to a network wide pay for value program; initiative involved six provider organizations with over 90K members
- Provided physician oversight of Interdisciplinary team to manage effective care transitions and improve collaborative efforts with medical and behavioral health providers in the network

SENIOR MANAGER, ERNST AND YOUNG ADVISORY PRACTICE

ERNST AND YOUNG

TUCSON, AZ

2012- 2013

- Served as a lead consultant to the Healthcare Sector of the Advisory Services Practice within the organization; advised healthcare organizations, both private and public, as well as payer organizations in multiple areas of transformation
- Advised a large payer on the successful deployment of a population health analytic application to support both Patient Centered Medical Homes and Accountable Care Agreements between the payer and a large provider organization
- Advised providers on all facets of Accountable Care Organizations to include organizational readiness, strategy and construction of all aspects of a highly effective ACO
- Advised a large regional provider organization on the development of an effective analytics dashboard to effectively support both business and clinical operations and support the organization's drive to the Triple Aim
- Advised providers on organizational transformation, strategic alignment and effective integration to implement innovative care-delivery models such as Patient Centered Medical Homes

MEDICAL DIRECTOR FOR OFFICE OF CARE COORDINATION, SOUTHERN ARIZONA ACCOUNTABLE CARE ORGANIZATION

TUCSON MEDICAL CENTER

TUCSON, AZ

2010-2012

- Primary physician in the development of all clinical requirements for effective Care Management to support the ACO and the incorporation of quality performance measurements
- Served on Physician Steering Committee and collaborated with Brookings Dartmouth and other ACO pilot sites to develop effective performance measurement program
- Directed ground up construction of ACO Care Management program, developing effective Care Transitions, Chronic Disease, Wellness and Care Advocate Programs
- Provided practice transformation support to local independent physicians to include improved clinical documentation, Electronic Health Record Implementation to achieve Meaningful Use, Patient Centered Medical Home education and Data Analytics
- Developed clinical requirements for an effective clinical integration system through a Health Information Exchange that will integrate disparate EHRs across the ACO

CHIEF MEDICAL OFFICER

SAGUARO PHYSICIANS

TUCSON, AZ

2009-2011

- CMO for a multispecialty physician group consisting of 17 Physicians, Nurse practitioners and Physician Assistants, providing care for approximately 20K patients
- Launched full use of Epic Electronic Health Record across all of organization; system incorporates fully integrated lab, radiology and referral linkage, complete e-prescribing and a web portal
- Successfully achieved NCQA recognition for Patient Centered Medical Home at multiple practice sites; Tier 3 recognition for all sites imminent
- Developed and implemented multiple process improvement initiatives in clinics, improved efficiency, enhanced delivery of preventive services and improved patient and staff satisfaction

COMMAND SURGEON

UNITED STATES AIR FORCE, AIR FORCE SOUTHERN COMMAND, DAVIS-MONTHAN AIR FORCE BASE, AZ

2007-2009

- Served as the primary advisor to the Commander of Air Force on all matters concerning medical plans, operations, medical policy, and force health protection issues for approximately 1,000 USAF personnel in Latin America and the Caribbean; planned, coordinated, and directed approximately \$2 million in medical training exercises in the region
- Conducted 30 training missions to educate 600+ host nation personnel, resulting in 100,000+ host nation patients seen and 600+ life-altering surgeries performed
- Coordinated with Peru to construct three medical clinics and supply needed medical equipment
- Collaborated with the medical leaders of multiple countries to provide needed medical training courses and medical subject matter exchanges to increase regional security

CHIEF EXECUTIVE OFFICER

355TH MEDICAL GROUP

JULY 2004-JULY 2007

- Directed all aspects of the operation, organizing and overseeing day-to-day medical activities supporting medical care delivery for 30K enrolled patients and an additional 20K eligible beneficiaries with a staff of 450 military, civilian, and contract employees
- Managed strategic planning, utilization of medical staff and administering a budget of \$37 million
- Defined managed care policy as a member of the Board of Commanders for the largest TRICARE region in the Department of Defense
- Guided the organization to a score of 97 on a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and a rating of Excellent on an Air Force Health Services Inspection
- Spearheaded primary care and dental clinic operations optimization, earning recognition in 2004 and 2005 as the most outstanding primary care optimization program among 15 medical facilities
- Introduced award-winning patient safety program that resulted in full compliance with national patient safety goals
- Established organizational plan, procured equipment, and facilitated local disaster response training

CHIEF OF MEDICAL OPERATIONS, 2001-2004
CHIEF OF CLINICAL MEDICINE, 2000-2001
LANGLEY AIR FORCE BASE, VA, OFFICE OF THE COMMAND SURGEON

MEDICAL OPERATIONS SQUADRON COMMANDER, 1998-2000
CHIEF OF MEDICAL STAFF, 1998-2000
MEDICAL OPERATIONS FLIGHT COMMANDER, 1997-1998
SEYMOUR JOHNSON AIR FORCE BASE, NC, 4TH MEDICAL GROUP

CHIEF OF PEDIATRIC SERVICES/1ST MEDICAL GROUP, 1996-1997
CHIEF OF PEDIATRICS/BETHEL MANOR CLINIC, JULY 1992-JULY 1996
LANGLEY AIR FORCE BASE, VA

- Managed medical care for approximately 1,500 patients
- Led the clinic to be named runner-up by a national organization for optimization efforts

CHIEF OF RAPID RESPONSE TEAM AND STAFF PHYSICIAN, 1990-1991
AL MINHAD AIR BASE, UAE

CHIEF OF PEDIATRICS, 1989-1992
STAFF PEDIATRICIAN, 1987-1989
DAVIS-MONTHAN AIR FORCE BASE, AZ

EDUCATION:

DOCTOR OF MEDICINE

Wright State University School of Medicine, Dayton, OH, 1984 (Dean's Award as Most Outstanding Medical Student)

PEDIATRIC RESIDENCY

Wright Patterson Air Force Base Medical Center/Children's Medical Center, Dayton, OH, 1987

MASTER OF BUSINESS ADMINISTRATION

Old Dominion University, Norfolk, VA, 2004

BACHELOR OF SCIENCE IN LIFE SCIENCES

United States Air Force Academy, Colorado, Springs, CO, 1979 (Distinguished Graduate)

LICENSES AND CERTIFICATIONS

DIPLOMATE, NATIONAL BOARD OF MEDICAL EXAMINERS, Part I, 1982; Part II, 1983; Part III, 1985

DIPLOMATE, AMERICAN BOARD OF PEDIATRICS, 1987 (Recertified 1995, 2001, 2014)



DIPLOMATE, AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES, February 2006

LICENSURE, Arizona, 2008- Present

PROFESSIONAL AND COMMUNITY SERVICE, HONORS, AND AWARDS:

TACTICAL AIR COMMAND'S REAL PRO AWARD FOR EXCEPTIONAL SERVICE, 1991

SUSAN K. WORTMAN, RN
VICE PRESIDENT, MEDICAL MANAGEMENT

PROFESSIONAL SUMMARY:

Dedicated Healthcare Executive with over 30 years of experience in managed care settings administering benefits to all lines of business including Medicaid (AZ AHCCCS), Medicare (D-SNP) and Commercial (inclusive of the Healthcare Marketplace). Areas of advanced accomplishments and expertise focus on Leadership, Utilization Management, Case Management, Disease Management, Behavioral Health and Medical Informatics. Strategic thinker with a reputation for making major contributions that include successful development and implementation of new programs resulting in multi-million dollar bottom line savings and improvements while achieving outstanding regulatory compliance. Consistently exceeds/meets corporate expectations for patient/member satisfaction, quality improvement and financial performance. Reputation for effective management and leadership focused on reaching corporate and team goals.

EXPERIENCE:

VICE PRESIDENT OF MEDICAL MANAGEMENT

CENPATICO INTEGRATED CARE

TUCSON, AZ

JUNE 2016 - PRESENT

- Responsible for the oversight of the medical management department, including utilization management and care management for multiple lines of business
- Formulates and administers organizational strategic goals that support integrated care delivery to Severe Mental Illness (SMI) members and behavioral health interventions for General Mental Health/Substance Abuse (GMH/SA) members that support optimal outcomes
- Led performance improvement initiatives in Medical Management that drove increased provider collaboration and regulatory compliance
- Developed Integrated Care Management Delivery Model, incorporating physical and behavioral health care management service delivery aligned with provider agencies
- Restructured Utilization Management policies and procedures to ensure members receive care in the appropriate level of care setting for their condition while lowering overall utilization of services
- Aligned Utilization Management and Care Management strategies to decrease gaps and barriers in care resulting in cost savings

DIRECTOR OF MEDICAL MANAGEMENT

UNIVERSITY OF ARIZONA HEALTH NETWORKS, HEALTH PLANS

TUCSON AND PHOENIX, AZ

2014 – 2016

- Oversaw medical case management and utilization management programs and the major leader for the development and oversight of the health plan member engagement and behavioral health departments; strategic goals included increasing member education, collaborative relationships with providers, and encouraging appropriate utilization of resources to achieve optimal outcomes

- Implemented state-regulated program focused on High Need/High Cost members, a joint effort integrating the physical health and behavioral health insurance plans to provide seamless care to a select population of members
- Developed regionally-based Case Management Model for delivery of services, incorporating physical health and behavioral health case management with utilization management and member engagement partnering with primary care providers in designated counties to improve outcomes
- Assisted with the reorganization of the Population Management program to provide a more consistent approach to care coordination with Patient Centered Medical Homes
- Participated with the revision of the Disease Management programs to provide a synchronized process of member outreach to increase member engagement and self-management

MANAGER, CASE MANAGEMENT

2012-2014

- Oversaw health plan's case management program; strategic goals included achieving regulatory compliance, increasing departmental efficiencies while providing up-to-date education for the staff
- Restructured program requirements to meet regulatory standards; Case Management department had six corrective action plans with AHCCCS when I assumed to role as Manager and within 1 year the department achieved full compliance
- Led extensive cross-training and educational sessions that resulted in a cohesive team with increased staff competency and ability
- Developed comprehensive transition/discharge follow-up program that immediately impacted readmissions rates dropping rates from 13-15% to 9-11%

CASE MANAGER, UTILIZATION MANAGEMENT/CASE MANAGEMENT

UNIVERSITY OF ARIZONA MEDICAL CENTER, SOUTH CAMPUS

TUCSON, AZ

2011 - 2012

- Performed hospital based utilization review for Medicare, Medicare Advantage, Commercial, and Medicaid – AZ AHCCCS plans
- Coordinated with health plans, hospital physicians, and medical residency program to determine medical appropriateness of admissions, plan of care, and discharge planning
- Developed utilization management program between health plans and the hospital resulting in a proactive collaborative approach to ensure payment and decrease denials
- Led utilization management strategies and interventions that produced major cost savings for the hospital by providing in-depth education to hospital staff, physicians and medical residency physicians regarding documentation for observation versus inpatient admission

CASE MANAGER I, CONCURRENT REVIEW

BRIDGEWAY HEALTH SOLUTIONS

TUCSON AND PHOENIX, AZ

2010 - 2011

- Performed Concurrent Review for the Bridgeway Medicare Advantage/Long Term Care members in Pima County
- Coordinated care with hospital/facility staff and physicians to develop an appropriate discharge plan and monitor quality of care through concurrent review for medical necessity
- Assisted with the expansion of this program within Pima County
- Provided education and facilitated relationships with Pima County hospitals and facilities staff to introduce Bridgeway's philosophy for care coordination
- Identified barriers to care, over and underutilization patterns and quality of care issues

MANAGER OF UTILIZATION MANAGEMENT

UNIVERSITY PHYSICIANS HEALTH PLAN

TUCSON AND PHOENIX, AZ

2008 – 2009

- Managed the Utilization Management Department for a 125,000+ member health plan with multiple lines of business (Medicaid – AZ AHCCCS, Medicare Advantage, and Healthcare Group-small employer group commercial)
- Supervised professional staff conducting concurrent review and discharge planning in Maricopa County, Pima County, and Southern Arizona rural counties
- Developed a comprehensive utilization management training program to educate the staff and ensure consistent application of review criteria
- Collaborated with the UPHP Financial Department to design a daily census report and end of the month bed-day reports

MEDICAL MANAGEMENT MANAGER

PIMA HEALTH SYSTEM

TUCSON, AZ

2002 - 2008

- Directed Medical Management Department, including Prior Authorization and Concurrent Review, for a 30,000+ member Medicaid (AZ-AHCCCS) Acute Care and Long Term Care health plan
- Maintained and exceeded regulatory compliance standards consistently, health plan scored 100% for the Operational and Financial review
- Actively participated with a major computer conversion project and collaborated regularly with the Executive Management Team
- Designed a strategic Durable Medical Equipment program to increase member satisfaction and increase overall cost savings
- Assisted with contract negotiations, implementation of benefit plans, appeals/grievances and post payment medical claims review
- Reviewed and monitored medical management data to identify trends in cost, member satisfaction, over/under utilization
- Collaborated with the Chief Medical Officer on Medical Management strategies including the development and coordination of the Medical Management Committee

DIRECTOR OF MEDICAL MANAGEMENT

THE NEVIN GROUP, LLC

TUCSON, AZ

2000 – 2002

- Directed all Medical Management consulting activities focusing on Utilization Management, Case Management, and Quality Management delivered in hospitals and health plans
- Assessed, reviewed, analyzed and made recommendations for improvement in areas of regulatory compliance, information systems, and work flow process
- Coordinated with other team consultants on development of an electronic medical record
- Developed Web based PDA medical record and case management program
- Oversaw the reorganization of a hospital Utilization Management and Case Management departments consolidating to a single Medical Management Department
- Provided the necessary tools and training for process improvement
- Ensured regulatory compliance by educating hospital staff, coordinating with regulatory agencies

SENIOR CONSULTANT

SOFTMED SYSTEMS, INC.

SILVER SPRINGS, MD

2001 – 2002

- Reviewed hospital Health Information Management and Clinical Information technology infrastructure for enhancements, managing implementation projects, and assessing needs to determine strategies to meet the hospital's objectives; traveled extensively across the East Coast
- Offered Project Management, Implementation Management, and Database Management consulting services to hospitals undergoing computer conversions or upgrades
- Consulted and trained customers on clinical information suite, including Utilization Management, Case Management, Infection Control, Risk Management, and Quality Management Modules

DIRECTOR OF PRIOR AUTHORIZATION AND CARE MANAGEMENT

PREMIER HEALTHCARE OF ARIZONA/MATUREWELL, INC.

PHOENIX/TUCSON, AZ

1997-2000

AND MANY RURAL CITIES THROUGHOUT ARIZONA

- Managed the Prior Authorization, Utilization Management and Care Management Division throughout the State of Arizona for a 100,000+ member managed care health plan including a Medicare Choice Plan, Commercial HMO, and Third Party Liability for an Arizona Medicaid Plan
- Assisted with the development of a computerized care management software program and a RightFax Automatic Authorization routing Program
- Developed department workflow process and budget with Vice President of Medical Management
- Forged alliances with physicians and other health organizations throughout the State of Arizona building a solid referral base
- Coordinated with other company associates to formulate the benefit interpretation guidelines, the evidence of coverage manual, and other policy/procedure manuals

EDUCATION:

BACHELOR OF SCIENCE IN HEALTHCARE ADMINISTRATION

College of St. Francis, Joliet, IL, 1989

ASSOCIATE DEGREE IN NURSING

Pima Community College, Tucson, AZ, 1976

LICENSES AND CERTIFICATIONS

CERTIFIED RN PATIENT ADVOCATE

University of Arizona College of Nursing, 2011-Present

CERTIFIED PROFESSIONAL HEALTHCARE MANAGEMENT (CPHM, FORMERLY CPUM)

McKesson InterQual, 2008-2010

CERTIFIED PROFESSIONAL UTILIZATION MANAGEMENT (CPUM)

McKesson InterQual, 2000 to 2005

CERTIFIED CASE MANAGER (CCM)

Case Management Society of America, 1995 to 2000

CERTIFIED CRITICAL CARE REGISTERED NURSE (CCRN)

Critical Care Association of America, 1980