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January 24, 2018

Arizona Health Care Cost Containment System (AHCCCS)
701 East Jefferson, MD 5700
Phoenix, Arizona 85034

RE: AHCCCS Complete Care RFP# YH19-0001 – Oral Presentations Resumes – List of Participants

Listed below are the individuals who will be participating in the Oral Presentations on behalf of Mercy Care Plan. Resumes for each of these individuals have been combined and can be found on the following pages.

- **Suzanne Buhrow**
- **Tad D. Gary**
- **Karrie Steving**
- **David Vargas**
- **Patricia Weidman**
- **Charlton Alan Wilson**

Sincerely,

Shareé Perry
Senior Project Manager

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Suzanne Morse Buhrow

MM Administrator / Vice President of Medical Management

CURRENT RESPONSIBILITIES

Supports Mercy Care's Medical Management operations by recommending appropriate actions, strategies and/or alternatives to meet business needs. Has responsibility for leading/managing all aspects of the program such as planning, coordination, development, implementation including the financial implications while prioritizing work, resources and time. Ensures the end state of the program and/or business operations meets business objective(s) and that all deliverables and due dates are met. Highly collaborative process often requires managing relationships across the segments or multiple functional areas.

PROFESSIONAL SUMMARY

Senior executive with 30+ years in health care administration including strategic planning, new program development, surgical and medical service line administration, change management, mentorship, staff development, patient care delivery redesign, financial and clinical outcomes analysis, revenue cycle management, provider productivity, physician and stakeholder engagement, service integration, team building, human resource management, performance/process improvement and patient safety expert.

CORPORATE EXPERIENCE

Mercy Care, 2015 – Present

Vice President of Medical Management, 2015 – Present

- Responsible for the administration and management of Prior Authorization, Utilization Management, Integrated Care Management, and Medical Management Operation with oversight and coordination of the following activities:
  - Evaluating MM activities specified in the AMPM Chapter 1000 for each medical management function or activity
  - Ensure adoption and consistent application of appropriate medical necessity criteria.
  - Development and adoption of evidence-based clinical practice guidelines [42 CFR 438.236(b)].
  - Conduct appropriate concurrent review and proactive discharge planning.
  - Monitor, analyze and implement interventions based on utilization data; identify and correct under and over-utilization of services [42 CFR 438-240(b)(3)].
  - Development and implementation of processes that ensure that providers are informed of all clinical information the plan may have regarding their performance while participating in the MC Patient Centered Medical Home (PCMH) or Patient Centered Clinical Care Home (PCCCH) models of care delivery.
  - Review general utilization data information on members and providers including services utilized the costs of those services and outcomes on data based on interventions.
  - Review and recommend approval, revisions or denial of criteria utilized in determining medical necessity of services for members and the criteria is based upon nationally recognized standards of care, when available.
  - The monitoring and evaluation of over- and under-utilization of services by members and providers.
  - The development and implementation of any interventions/ actions taken as a result of the variances.
  - The review of pharmacy utilization data by member, provider, and drug and the development of interventions based on the data to include the evaluation of the effectiveness of any interventions and the reporting those outcomes.
  - The review of utilization trends and variances by the core data set utilized to review the key metrics of

Mercy Care.
- Assessment of new technologies and new applications of existing technology and send recommendations to the Technology Assessment Committee at Aetna.
- The review, approval and dissemination of Clinical Practice Guidelines.
- The review and evaluation of the Disease Management / Chronic Care Program including outcomes of the program and modifying interventions based on the evaluation.
- The review utilization reports from delegated entities and report findings to the Interdepartmental MM committee, the delegated oversight committee and the MM committee.
- The review and approval, denial, or recommended revisions to existing policies related to MM/UM management.
- The review and evaluation of medical decisions to assure they comply with all coverage criteria.
- The consistent application of criteria used in making service determinations.

Banner Health

Senior Director- Inpatient Clinical Performance Assessment & Improvement (Quality Management), 2014 – 2016

- Responsible for driving and supporting clinical performance assessment and improvement programs, with a focus on quality of outcomes and superior service for 18 medical centers across the Banner system. Served as the primary advisor to the organization's senior leadership on matters related to clinical performance and identifying opportunities for improvement. Monitored compliance of customer service, stakeholder relations, workforce, and financial goals and objectives developed by the Board of Directors and senior executive management.
- Developed system-wide Quality Council structure and reporting schedule to align with CMS QAPI, tJC PI Chapter, and Banner's Quality and Safety Plan.
- Collaborated with facility C-Suites and Chief Medical Officers to identify opportunities for improvement to meet national quality measure and strategic initiative targets.
- Collaborated with Clinical Informatics, Analytics, and Abstraction leaders for EHR clinical decision support needs, identifying process and outcome metrics, developing executive dashboards and performance scorecards. Established performance targets for all facilities based on national benchmarks.

Buhrow & Ross Consulting, PLLC

President – Practice Management, Performance Improvement, and Patient Safety Consultants, 2009 – 2014

- Patient safety and performance improvement educator, researcher, author, and national speaker.
- Consulted with physician leaders and practice administrators on strategic planning, building strong teams, improving communication, and establishing a culture of safety.
- Administration of AHRQ patient safety and performance improvement culture surveys.
- Analysis of survey results and development of customized TeamSTEPPS™ training program for office-based surgeons and staff.
- Author of Commission on Dental Accreditation Initial application, self-study, and curriculum for Banner Good Samaritan Medical Center and Midwestern University Oral and Maxillofacial Surgery Residency program. Facilitation of successful site visits, faculty recruitment, and clinical rotations to meet accreditation requirements.
- Started the first IHI Open School Chapter for an advanced dental specialty residency program. Served as faculty advisor and member of IHI Open School GME interest group.
- Peer-reviewer - Journal of Patient Safety, American Journal of Nursing
- Academic Editor and Editorial Board – Medicine

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Suzanne Morse Buhrow

MM Administrator / Vice President of Medical Management

- National speaker- American Association of Oral and Maxillofacial Surgeons, Japanese and Korean Societies of Oral and Maxillofacial Surgeons' Annual Meeting: Primum non Nocere: Promoting a Culture of Safety in Oral and Maxillofacial Surgery.

Scottsdale Healthcare
Per Diem RN Case Manager, 2009 – 2013

- Per Diem Case Manager while pursuing doctoral degree.
- Utilization management, concurrent review for all SHC facilities and departments.

Buhrow, Gillis, & Sabol, PLLC
Practice Administrator, 2000 – 2009

- Established the largest board-certified OMFS group practice in metropolitan Phoenix.
- Increased provider productivity and significantly reduced overhead spending resulting in a highly profitable private practice.
- Reduced revenue cycle from >120 days to less than 30 days.
- Implemented EHR, practice management software, electronic claims system, and created documentation templates to reduce claim denials.
- Negotiated payer, provider, and affiliation contracts.
- Recruited diverse surgical specialists and industry leaders to create a full-service adult and pediatric practice.
- Exclusive Level 1 Trauma contracts at all major medical centers in Phoenix.
- Robust marketing and customer service strategies to improve patient satisfaction and perpetuate a large local and national referral base.

St. Elizabeth's Medical Center
Director, Patient Care Services- Surgical Service Line, 1997 – 2000

- Responsible for clinical and financial management of the surgical service line with over 150 direct reports.
- Designed and implemented new clinical programs to improve efficiency and provide effective and accessible patient care.
- Partnered with physician leaders and stakeholders to improve the quality of care, patient satisfaction, and clinical outcomes.
- Clinical areas included: Neurosciences, Neuroscience ICU, SICU, PACU, Orthopedics, General Surgery, Cardiothoracic Surgery, Vascular Surgery, CT Step-down Unit, Urology, Pre-admission testing.

Director, Patient Care Services- Medical Service Line, 1995 – 1997

- Successfully implemented a nationally recognized academic Neuroscience program.
- Expansion of Hematology-Oncology outpatient services to minimize inpatient utilization in this population.
- Created a short-stay observation unit to reduce length of stay and utilization of acute inpatient beds for 23-hour admissions.
- Implemented a cost-effective patient care redesign and skill mix model to maximize the professional RN role and patient engagement.
- Integrated Care MapTM clinical pathways across the service line to reduce length of stay, increase quality of care, and improve outcomes.
- Clinical areas included: Neurosciences, Urology, Hematology-Oncology Services, Geriatric Psychiatry, and Short-stay/Observation.

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Suzanne Morse Buhrow

MM Administrator / Vice President of Medical Management

Nurse Manager, Neurology/Urology/General Surgery/GYN, 1992 – 1995

- Collaborated with physician leaders in four medical and surgical specialties to meet departmental needs and academic program objectives.
- Downsizing of multiple surgical specialties and transition to outpatient services.
- Cross training of nursing staff to meet clinical needs of diverse patient population and maximize human resources.

Administrative Director, Nursing, 1985 - 1992

- Provided on-site administrative and clinical leadership in an academic medical center
- House nursing supervisor, all clinical areas.

SICU Charge Nurse, 1980 – 1985

- Cardiothoracic, Neurosurgical, Trauma, Vascular, and General Surgery Critical Care

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

Doctor of Health Administration

University of Phoenix, 2013

MS in Health Care Administration

Salve Regina University, Newport, RI, 1985

B.S.

University of Massachusetts, Dartmouth, MA

A.S.N.

Lasell College, Newton, MA

Licenses

- Arizona State Board of Nursing #RN113583

Certifications

- CITI Research/Ethical Human Subject Protection #11997465 (2010-present)
- NIH: Protecting Human Research Participants #1380569 (2014-present)

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Tad D. Gary

Chief Operating Officer

CURRENT RESPONSIBILITIES

Works with the CEO to provide day-to-day leadership, management and oversight of Mercy Care's operations.

PROFESSIONAL SUMMARY

- Experienced and effective healthcare leader
- Demonstrated ability to participate effectively in an interdisciplinary team environment
- Outstanding problem solving and conflict resolution skills
- Proven leadership skills
- Excellent written and verbal communication skills
- Effective program development and implementation skills
- Training and experienced in finance and accounting
- Certification as a rehabilitation counselor (C.R.C.) and licensed as a professional counselor (L.P.C.) in the State of Arizona

CORPORATE EXPERIENCE

Mercy Care, 2014 – Present

Chief Operating Officer, 2017 – Present

- Have specific oversight responsibilities for call center operations, grievance and appeals, systems of care, including housing and employment, and other operational areas that serve over 900,000 covered members.
- Provides timely, accurate, and complete reports on Mercy Care's operating condition.
- Develops policies and procedures for assigned areas, ensuring that other impacted areas, as appropriate, reviews new and changed policies.
- Develop and implement strategic and tactical plans to ensure growth and development of the organization and ensure positive financial results.
- Develop and establish operational mission statements, philosophy, policies, goals, objectives and strategy.
- Actively monitor legislative and political developments affecting the organization.
- Establish and maintain ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials

Chief Clinical Officer, 2013 – 2017

- Management of multiple departments, overseeing the majority of the behavioral health service delivery system across Maricopa County and parts of Pinal County for over 900,000 covered members. Responsible for clinical program development and oversight, including the Adult and Children's Systems of Care and the Maricopa County Behavioral Health Crisis System. Other responsible areas include, Integrated Care, Individual and Family Affairs, Clinical Operations, Cultural Diversity, Tribal Affairs and overall initiatives, strategies, and programs to address social determinants of health (housing, employment and etc).

Mercy Care, 2006 - 2014

Vice President, Integrated Care Management, 2011 – 2014

Director, Integrated Care Management, 2010 – 2011

- Direct the activities of a large department that includes functions related to behavioral health and complex case management. Work to enhance the quality of care and services provided to members by pursuing

opportunities to improve care coordination, integration, communication and use of resources within and across departments, as well as among the MCP provider network. Serve as technical, professional and business resource regarding integrated care, case management and behavioral health. Responsible to maintain positive inter- and intra-departmental relationships. Analyze and report department performance data. Develop policies and procedures. Recruitment and evaluation of staff. Assure department compliance with State and Federal regulatory requirements. Member of the Quality Management/Utilization Management Committee, Policy Committee, Medicare Joint Operating Committee, and the Quality Improvement Committee.

Clinical Services Manager, Behavioral Health Department, 2010 – 2010

- Responsible for all day-to-day operations of behavioral health functions for all MCP lines of business. Responsible for recruitment of behavioral health staff. Ongoing consultation and clinical supervision of staff. Develop and monitor behavioral health policies and procedures. Clinical and operational interface with behavioral health provider organizations. Oversee annual Organization Financial Review and CMS audit for all behavioral health standards and regulations. Participated in efforts to integrate behavioral and physical health services to improve healthcare outcomes.

Behavioral Health Coordinator, 2008 – 2010

- Facilitate and monitor referrals for behavioral health services. Function as a liaison between MCP providers and behavioral health agencies throughout the state. Provide education and direction to internal staff and providers regarding behavioral health disorders and services available to members. Review appeals for inpatient psychiatric hospitalization services. Work closely with behavioral health utilization department to address system improvements and concerns. Audited Primary Care Physicians' medical records to ensure best practice standards are being met for the diagnosis and treatment of depression, anxiety, ADHD, as well as coordination of care. In addition, audited behavioral health programs to ensure quality member care, as well as monitor corrective action plans that address clinical deficiencies.

Senior Care Manager, 2006 – 2008

- Managed a caseload of high acuity behavioral health members who had a diagnosis of a serious mental illness, as well as a range of chronic medical conditions. Utilized clinical skills in a collaborative process to assess, plan, implement, coordinate and evaluate options and services to facilitate positive outcomes for assigned members. Coordinated care with a range of service providers, such as physicians, nurses, residential staff, rehabilitation providers, psychotherapists, various hospital staff and etc. Conducted crisis assessments to determine level of care required to ensure the safety of members. Acted as a consultant to general case managers, as well as RN case managers, who have members presenting with behavioral health concerns. Assisted in the mentoring and training of new case managers.

State of Arizona, Rehabilitation Services Administration (RSA), 1999 - 2006

Unit Supervisor, 2003 – 2006

- Managed an office of vocational rehabilitation counselors (VRCs) and support staff that serviced over 750 consumers diagnosed with a serious mental illness and other co-occurring disabilities. Interpreted and applied regulations and policies to operations of the unit and service provisions. Supervised the allocation of funds to VRCs' caseloads, averaging a total of $1 million a year for the unit. Assisted with oversight and problem resolution relating to the Interagency Services Agreement (ISA) between the Arizona Department of Health Services (ADHS) and RSA. Participated in the ADHS/ValueOptions mentoring teams. Worked in partnership with ValueOptions Rehabilitation Department, rehabilitation service providers, and other RSA staff members to ensure the delivery of quality services for consumers. Assisted with state-wide trainings to

various Vocational Rehabilitation (VR) staff members, rehabilitation providers and community members. Conducted statewide case reviews in partnership with other state and federal staff members. Managed a caseload of individuals diagnosed with serious mental illness. Provided intensive counseling-related activities that included adjustment to disability counseling, symptom management, vocational counseling and other activities necessary for consumers to progress in their rehabilitation/recovery. Conducted assessments of consumers' abilities and vocational readiness to promote consumer success.

Program Representative, 2001 – 2003

- Assisted with the development and implementation of a VR program that serviced consumers civilly and forensically admitted to Arizona State Hospital (ASH). VR liaison between ASH and VR counselors in various geographical areas throughout the state of Arizona. Managed a caseload of individuals from Maricopa County admitted to ASH or transitioning from ASH, as well as consumers who had extensive involvement with the criminal justice system and/or chronically homeless. Provided training to various rehabilitation facilities on psychosocial rehabilitation. Assisted with the development and implementation of a training curriculum for ValueOptions' "New Employee Orientation" on VR as it relates to Maricopa County. Member of the executive committee for "Partners in Employment" conference. Developed policy for working with individuals who had sexual offenses that was implemented statewide. Provided training and consultation to VR staff relating to working with those who had sexual offenses. Additional job responsibilities as listed below under Vocational Rehabilitation Counselor III.

Vocational Rehabilitation Counselor III, 1999 – 2001

- Managed and oversaw caseload of individuals diagnosed with serious mental illness and other co-occurring disorders, such as substance abuse/dependence and/or various physical disabilities. Provided intensive counseling-related activities that included adjustment to disability counseling, symptom management, vocational counseling and other activities necessary for consumers to progress in their rehabilitation/recovery. Conducted assessments of consumers' abilities and vocational readiness to promote consumer success. Provided vocational consultations to ValueOptions' clinical teams, other rehabilitation providers and the general public. Prepared consumers to re-enter the job market through utilization of vocational adjustment, academic training, job development, job placement and supported employment. Mentored new counselors in VR policy and procedures, counseling skills and best practices. Assisted with vacant caseloads of consumers with various disabilities, such as back injuries, neurological impairments, respiratory disorders and etc. Member of the statewide Counselor Advisory Committee (2000-2003).

EMPACT-SPC

Crisis Therapist, 1998 – 2001 and 2002 – 2003 (PT)

- Provided brief, intensive, solution-focused counseling to individuals, couples and families. Conducted crisis assessments to determine level of care for individuals. Developed safety plans that allowed for community stabilization of individuals presenting as danger to self (DTS) or danger to others (DTO). Assisted individuals and families that were in crisis with obtaining additional community resources. Provided behavior management consultation to parents, schools and various other agencies. Conducted Critical Incident Stress Debriefings within the community. Assisted with answering EMPACT-SPC crisis hotline on an as-needed basis. Assisted with the training of new crisis therapists.

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

M.A., Rehabilitation Counseling

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Tad D. Gary

Chief Operating Officer

University of Arizona, Tucson, AZ

M.Ed., Special Education
Southeastern Louisiana University, Hammond, LA

B.S., Psychology

Northern Arizona University, Flagstaff, AZ

Licenses

- Licensed Professional Counselor (LPC, Arizona)

Certifications

- Certified Rehabilitation Counselor (CRC, national)

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Karrie Steving

Children's System of Care Administrator / DIR, BUS PROJ PROG MGMT

CURRENT RESPONSIBILITIES

- Oversight of the Children's System of Care for Mercy Care (CSoC), inclusive of all behavioral health service delivery for children and transition age youth
- Oversee the development and implementation of community support programs and processes that ensure the needs of children and families of the RBHA are met
- Serves as key liaision to State agencies including child welfare, juvenile corrections, juvenile detention systems, and other child-serving agencies, children's system of care governance and the wrap around agencies to outline goals and ensures programs developed reflect the goals and values of the CSoC as well as all Federal and State regulations and contractual requirements

PROFESSIONAL SUMMARY

Karrie Steving, serves as the Children's System of Care Administrator for Mercy Care, the Regional Behavioral Health Authority in Maricopa County. She is responsible for the oversight of the Children's System of Care in Maricopa County and a portion of Pinal County.

Karrie Steving has worked for over twenty years designing and leading effective programs that apply best practices to key areas in the behavioral health system. Karrie worked with many diverse agencies to develop collaborative systems, such as, juvenile detention and probation, developmental disabilities, child welfare and State Hospitals.

CORPORATE EXPERIENCE

Mercy Care, 2014 – Present

RBHA Children's System Administrator, 2014 – Present

- Collaborates with child welfare, juvenile corrections, juvenile detention systems, and other child-serving agencies, as well as internal teams to ensure coordination of efforts.
- Oversees the children's system service delivery system consistent with the Arizona Vision – Twelve Principles for Children Service Delivery.
- Oversees the design and implementation of the behavioral health delivery programs to ensure the needs of children and their families in the behavioral health system are met.
- Ensures collaboration with child welfare agencies and the juvenile justice system.
- Coordinates with members of various State agencies to ensure that programs developed reflect the goals and values of the CSoC.
- Develops and implements practice adjustments and policy and procedure revisions.
- Provides training and support in an effort to provide continuous improvement in serving children and families
- Coordinates the assimilation of measures with continuous quality improvement efforts at the provider and network levels.
- Establishes a positive organization and company image within the Arizona health care community.
- Participates in shaping the Arizona behavioral health system of care and resolving issues and challenges identified.
- Establishes and maintains on-going relationships with community organizations and contract stakeholders.
- Ensures that the behavioral health care needs of members are well served.

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Karrie Steving

Children's System of Care Administrator / DIR, BUS PROJ PROG MGMT

- Establishes and maintains ongoing relationships with key agencies, providers, physicians, hospitals, advocacy groups and State officials.

Child & Family Support Services
Practice Improvement Director, 2010 – 2014

- Managed and oversaw all initiatives and reporting specific to practice improvement processes and oversight including:
  - Responsible for the development and implementation of practive improvement strategies in each geographic area
  - Represent the agency and participate in designated System Meetings
  - Wrote, implemented and continually monitor Practive Improvement Plans for each geographical area
  - Consult with supervisory and direct staff regarding Child and Family Team practices and service planning

Piurek & Associates
Senior Consultant, 2005 – 2010

- Provided management consulting services to profit, non-profit and governmental entities including:
  - Consult with supervisor and direct service staff regarding effective behavioral health assessment and treatment planning
  - Design, develop and implement project management initiatives to achieve organizational goals and support administrative structures
  - Facilitate strategic planning and group work sessions
  - Assist with network development strategies and other managed care initiatives
  - Perform organizational assessments to identify areas for streamlining operations and supporting program objectives
  - Develop tools to support operational and program functioning including policies and procedures, workflows and documentation guidelines
  - Perform clinical record reviews and identify recommendations for enhancement at a staff and agency level

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

B.S., Psychology
University of Arizona, Tucson, Arizona

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David Vargas

Director of Operations

CURRENT RESPONSIBILITIES

Maintains oversight of functions in multiple service centers, including claim payments, claim rework, member or provider inquiries, billing, enrollment, accounts receivable, and/or implementation services. Executes strategic and operational plans in support of business segment customer services objectives and initiatives. Sets business area priorities, allocates resources and develops plans for multiple related teams. Ensures all critical service metrics and operational results are achieved. Leads multiple managers, highly specialized professional staff or significant outsourced operations.

PROFESSIONAL SUMMARY

Health Care Administration professional with over 21 years of experience. Professional, creative, flexible with proven analytical skills. Proven leader with experience working across functional areas managing complex projects and changes.

CORPORATE EXPERIENCE

Mercy Care, 2010 – Present

Director of Operations, 2017 – Present

- Oversees operating systems including policies and procedures, operating structure, and information flow across multiple service centers.
- Directs implementation of service standards for each location to ensure delivery of quality-focused, consistent cost effective service and administration.
- Analyzes operational practices for effectiveness and practicality, while creating a culture which is innovative in its approach to solutions.
- Establishes a clear vision aligned with company values; sets specific challenging and achievable objectives and action plans; motivates others to balance customer needs, budgets, and business success.
- Effectively and proactively manages to budget, analyzing and acting upon financial variances from plan by identifying additional cost saving strategies.
- Leads and builds high performance teams across units by providing leadership, mentoring and coaching in achieving understanding of the voice of the customer.
- Monitors and evaluates service center operational plans ensuring customer service standards are maintained during facility shutdowns (anticipated or unanticipated) and during business activity transfers between locations. Coordinates major plan modifications necessitated by unanticipated business or technology developments.
- Develops and implements business strategies to provide accurate and proactive customer service to members, plan sponsors and brokers aligned to service center. Provides operational support for market management of plan sponsors, members and network providers.
- Ensures compliance outcomes are included in all plans and goals.

Senior Project Manager, 2010 – 2017

- Supported the business by recommending appropriate actions, strategies and/or alternatives to meet business needs. Had responsibility for leading/managing all aspects of a project and or program such as planning, coordination, development, implementation including the financial implications while prioritizing work, resources and time.
- Ensured the end state of the project and/or business operations met business objective(s) and that all

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David Vargas

Director of Operations

deliverables and due dates were met. Highly collaborative process often required managing relationships across the segments or multiple functional areas.

Schaller Anderson, 2010 – 2016
Claim Auditor, 2010 – 2016

- Served the Audit Committee of the Board of Directors and assisted management in achieving Aetna's goals by conducting independent and objective assurance and consulting activities.
- Financial reporting, compliance, system development, fraud prevention, operational controls, and policies & procedures were analyzed consistent with the Institute of Internal Auditor's standards to evaluate and improve the effectiveness of risk management, control and governance processes, and to add value to business operations.

Paradigm Health Corporation, 2002 – 2016
Claim Auditor, 2012 – 2016

Claim Analyst, 1996 – 2002

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

- **B.A.,** English, University of California, Los Angeles
- **B.A.,** History, University of California, Los Angeles

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Patricia J. Weidman

Director, Provider Relations

CURRENT RESPONSIBILITIES

Oversee a team of 41 provider relations staff, one supervisor, and five managers that provide training and education to over 22,000 network and non-network health care providers throughout Arizona and other locations where members may have received treatment for Mercy Care.

PROFESSIONAL SUMMARY

Innovative and strategic program manager with a verifiable record of achievement in conceptualizing, developing, and managing diverse healthcare initiatives. Leverage business acumen, operations management, and insurance industry expertise to devise high-impact strategies that exceed expectations. Serve as a collaborative partner to interdisciplinary teams; drive participation and facilitate goal attainment. Create operational efficiencies and reengineer processes to yield cost containment, fuel productivity and profitability. Build and lead high-performing teams that maintain accountability for results.

CORPORATE EXPERIENCE

Mercy Care, 2013 – Present
Director, Provider Relations, 2013 – Present

- Maintain contract compliance for both Medicare and Medicaid contracts regarding Provider Relations and Network activities and ensure that providers receive accurate and timely responses to inquiries and concerns, track and trend provider inquiries/complaints/request for information, identify systemic issues and problem solution
- Monitor network compliance and appointment availability; assist with Provider Communications, including: Provider Manual, Newsletters, Notifications, Web Portal and Website content, etc.
- Assist and monitor Network Development, Network Adequecy, and Network Sufficiency to ensure adequent provider network and identify and network gaps
- Developed a comprehensive business plan for a non-profit organization, including: financial feasibility, market opportunities and strategies, business and operations requirements, policies and procedures, government health plan regulations, network contracting, and staffing needs. Instrumental with start-up implementation and staff hiring, training, and development. Created business acumen for Quality Assurance and Outcome Measures Monitoring, Compliance, and Reporting

Self- Employed, 2012 – 2013
Professional Healthcare Consultant

- Developed a comprehensive business plan for non-profit organization, including: financial feasibility, market opportunities and strategies, business and operations requirements, policies and procedures, government health plan regulations, network contracting, and staffing needs. Instrumental with start-up implementation and staff hiring, training, and development. Created business acumen for Quality Assurance and Outcome Measures Monitoring, Compliance, and Reporting.

Phoenix Children's Hospital, 2011 – 2012
Director, Managed Care Contracting

- Oversaw all contracting and operational activities within the Managed Care and Provider Enrollment Departments.
    - Conducted and initiated contract discussions with managed care entities and other health care service

providers and/or organizations.
- Managed contract negotiators to ensure that contract language and rate negotiations were in accordance with business and negotiation strategies; Ensured all contracts could be administered cost-effectively.
- Facilitated problem solving of operational issues through collaboration and managed care organizations.
- Restructured Provider Enrollment Department to work more efficiency, established clear definitions for accountability, and orchestrated hospital's move to establish Delegated Credentialing contracts with health plans to reduce claims denials by 20%.
- Spearheaded and collaborated with key hospital leaders on several process improvement initiatives, including: provider onboarding process, urgent care expansions, and physician integration.

Arizona Hospital and Healthcare Association, 2008 – 2011
Director, Workforce & Staffing

- Directed registry and recruitment partners programs; managed a $3 million operating budget; monitored expenses and analyzed financial performance. Hired, trained, and managed five program specialists. Developed and maintained key relationships, and strategic partnerships with senior hospital and agency staff. Partnered with legal team and hospital personnel to develop program criteria, contract requirements, compliance regulations, request for proposal (RFP) process for agencies, audit requirements, and performance targets.
  - Oversaw quality supplemental staffing program; administered contracts with 150 staffing agencies and 40 hospitals; conducted annual quality compliance audits.
  - Developed online training manual that equipped hospitals and agencies to be self-sufficient, reducing the need for customer support, and enabling the program to focus on quality and compliance initiatives.
  - Analyzed agency performance, provided feedback to hospitals through periodic reporting, and conducted monthly conference calls with hospitals and agencies to improve communication.
  - Administered penalties and sanctions policies for failure to meet contract requirements, which reduced administration by 85%, improved productivity, and generated revenue.
  - Improved and standardized internal processes, reallocated staffing resources, reduced travel expenses by 85%, developed process improvement protocols and communication plans to enhance customer service, and created database to track affiliated and unaffiliated healthcare providers.

Cenpatico of Arizona (Centene Corporation), 2005 – 2008
Provider Services & Contracting Administrator

- Contributed to the implementation team that transitioned behavioral health recipients as part of the newly acquired regional behavioral health authority (RBHA) contract for the state of Arizona. Developed a provider relations department; hired, trained, and managed a 10-person staff. Managed provider credentialing and negotiated managed care contracts with hospitals, inpatient and outpatient providers. Served as primary contact for state reporting and provider audits. Key contributions include:
  - Developed provider communication tools, including: provider manual, quick reference quides, provider newsletters, provider notifications
  - Maintained contract compliance and Appointment Availability Audits
  - Prepared and executed annual network development and cultural competency plans in accordance with state performance reporting and contract requirements.
  - Established network and managed provider relations for RBHA in 4 counties and for Bridgeway Health

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Patricia J. Weidman

Director, Provider Relations

Solutions, a long-term care plan for Medicaid recipients in 3 three counties.
- Reduced operating expenses by 65% through a reduction in staff and travel expenses.
- Responsible for Network Development, Network Sufficiency and Network Adequacy.

UnitedHealth Group / Evercare of Arizona, 1998 – 2005
Provider Services and Operations Manager

- Established and managed start-up operations to provide insurance products and healthcare benefits to Medicare and Medicaid long-term care clients. Directed enrollment, claims, grievance and appeals, and provider relations department; hired and trained staff and administered operating budgets. Developed and maintained a provider network; conducted credentialing, training, implemented and managed all provider contracts, including: Medicare and Medicaid, hospitals, and ancillary; Participated in cross-functional team lead meetings. Key contributions include:
  - Established and administered business model, operational processes, and procedures for 100,000 Medicaid and Medicare recipients.
  - Redesigned infrastructure and developed process improvement plans, including instituting a virtual office set up to enhance work flow efficiency in response to two downsizing initiatives. Transitioned 50 case managers, which yielded $100,000 cost savings, and improved employee satisfaction by 85%.
  - Reorganized grievance and appeals department; implemented process improvement enhancements and developed quality initiatives that exceeded expectations and reduced grievances by 50%.

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

B.S., Business Administration
University of Phoenix, Phoenix, AZ

Licenses
- Arizona State Licensed Practical Nurse

Certifications
- Paralegal, American Institute
- 91C-Clinical Health Specialist / Practical Nurse, U.S. Army

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Charlton Wilson

Medical Director/CMO

CURRENT RESPONSIBILITIES

Provide senior leadership for Mercy Care which is an Arizona-based, non-profit health plan that manages care and improves quality for members with Medicaid, Medicare Advantage, Long-term care, and other related benefits.

PROFESSIONAL SUMMARY

A respected physician executive, board certified in both internal medicine and healthcare management, with a record of success in achieving strategic, operational, financial, and clinical quality outcomes in highly competitive managed care markets on behalf of not-for-profit and for-profit organizations. Leading and motivating people from all skills and professions in complex ambulatory and hospital settings in manner that improves employee engagement, fosters retention, and improves the quality of healthcare and health outcomes for the people we have served. Fostering innovation and research in complex public-sector healthcare systems which have improved the ability to achieve the objectives of Medicare, Medicaid, and Indian Health Service programs. Bringing together multiple stakeholders and building sustainable programs for the benefit of high-risk, high-needs populations in our community.

CORPORATE EXPERIENCE

Mercy Care, 2010 – Present
Medical Director/CMO, 2010 – Present

- Account for all clinical performance measurement, quality of care, quality improvement, member and provider complaints, credentialing, adverse actions, and fair hearing processes in a manner that brought consistency, fairness, and resolution, while increasing the respect for the plan among community physicians.
- Directed, designed, and improved clinical programs for utilization and prior authorization management, clinical and non-clinical case management, discharge planning, and quality improvement across the entire network. The efforts reduced hospitalizations by 4%, readmissions by 30%, and increased member access to preventive and specialty services. Worked with providers, vendors, and finance to assure accurate capture of CMS-HCC data.
- Maintained top-tier quality ranking among peer health plans through achievement of high performance in and improvements of HEDIS, CMS Star, and other State-directed performance measurement processes.
- Implemented new information systems for utilization and case management. Directed multidisciplinary teams through workflow process redesign in a manner that improved efficiency by 30%.
- Directed strategic priorities including Value-based Purchasing initiatives such as Patient-Centered Medical Home contracting and development of Accountable Care Organization shared-savings models.
- Contributed to tactical and strategic network development as well as individual contracting initiatives.
- Contributed critical leadership that resulted in winning and implementing a new affiliated business (Maricopa Integrated Regional Behavioral Health Authority) and created an integrated behavioral-physical health plan for people with serious mental illness
- Accountable to both the Mercy Care Board of Directors as well as to national Aetna Medicaid Administrators corporate leadership. Supported all aspects of management and committees which required a sound understanding of both not-for-profit and for-profit business practices and regulations
- Full responsibility for compliance with all utilization and quality management standards achieving near perfect scores in operational reviews by the State and achieved highly successful outcomes of the CMS

audits of Advantage programs.
- Full responsibility for internal (corporate) and external (community practices and physicians) communication regarding all aspects of plan performance

U.S. Public Health Service (USPHS), Indian Health Service (IHS)
Commissioned Officer, 1990 – 2010

- As a ***Commissioned Officer***, provided service and leadership in this $4 Billion public Agency that delivers acute/chronic healthcare services for over 2 Million beneficiaries.
- Awarded USPHS Medals for excellence in clinical care and research efforts and over a 20 year career, continued clinical practice as a highly regarded primary care clinician with expertise in diabetes, HIV and other chronic diseases
- Attained rank of Captain (0-6) with an exceptional capability promotion
- As a national IHS consultant, travelled throughout the United States to develop and strengthen disease management and performance measurement programs which were recognized for improving quality and reducing costs. Designed, implemented, and improved specialty services for people affected by HIV, diabetes and cancer in a manner that resulted in sustained clinical improvements
- Held senior leadership positions at the Phoenix Indian Medical Center, the largest and "most visible" IHS facility. As Chief Executive Officer (interim), and Chief Operating Officer, was fully responsible for Joint Commission accreditation, a $140 Million annual operating budget, and direction for 1,000 employees. Programs delivered over 300,000 visits annually. Inpatient and outpatient services ranged from obstetrical to intensive care units and prevention outreach through oncology services
- Fully accountable to Federal and State regulatory agencies, such as DHHS, IHS, CMS and AHCCCS, for operational and financial compliance and outcomes
- Delivered comprehensive rural health as a physician and Clinical Director of the Mescalero Indian Hospital, Mescalero, New Mexico. This is a small acute care hospital and ambulatory facility serving people in remote southern New Mexico
- Recognized by peers for expertise in Hospital Incident Command management and for support of the emergency preparedness activities of the USPHS
- Authored over 40 peer-reviewed journal articles and book chapters, and delivered numerous lectures, newspaper, radio and television media segments. Collaborated with the National Institutes of Health on major research programs including the landmark Diabetes Prevention Program
- Managed public health monitoring and coordination with States and Counties

The John Hopkins Hospital, The John Hopkins University
Chief Resident and Faculty Member, 1989 – 1990

- Selected for a highly competitive, one-year position as ***Chief Resident and faculty member*** at this world-renowned major academic medical center in Baltimore, Maryland.
- Assistant Chief of Service, Attending Physician, and Instructor of Medicine

ACADEMIC BACKGROUND AND PROFESSIONAL CERTIFICATIONS

M.D.
University of Texas Health Science Center, Houston, Texas

B.A., History
Texas Agricultural and Mechanical University, College Station, Texas, *cum laude*

mercy care

Charlton Wilson

Medical Director/CMO

Licenses

- Active Licenses in Arizona and New Mexico

Certifications

- Board Certified, American Board of Internal Medicine
- Board Certified, Board of Governors, American College of Healthcare Executives
- Certified Health Insurance Executive, America's Health Insurance Plans