

7A.3.1 – Curriculum Vitae Attachment

Please find attached the following resumes:

- Sam Donaldson – CEO
- Len Whyte – COO
- Glen Schuster – Sr. VP, Chief Information Officer
- Tom Hamlin – VP of Medical Affairs
- Francis Terway – VP of Finance
- Phil Nieri – VP of Compliance & Government Affairs
- Cindy Peterson – VP, Clinical Operations
- Bernard Engelberg – Medical Director
- Suzanne Feay – Director, Quality Improvement
- Marianne Burdison – Director, Research and Clinical Development
- Claudia Sumrall – Clinical Director
- Marsha McMann – Director, Foster Care
- Kathryn Curtis – Director, Network Management
- McKensie Kuntz-DeRocher – Director, Contracting & Network Implementations

Samuel A. Donaldson, Ph.D.

Professional Experience

Cenpatico Behavioral Health, Austin, TX, September 2004 – Present

President & CEO

- Provide leadership for all aspects of service delivery, company growth and financial stability of behavioral health organization managing 1 million Medicaid members in eight states
- Restructured company resulting in first projected profitable budget (2005)
- Liaison between company and key stakeholders including government agencies, advocacy groups, regulatory bodies, Centene health plans and other specialty divisions
- Oversee all company operations to assure maximum efficiency and ensure accountability for superior delivery outcomes
- Leading development of innovative clinical models for treatment of Medicaid members

Magellan Health Services, Western Pennsylvania Care Management Center, Pittsburgh, PA., July 1999 – August 2004

Promoted to General Manager (March 2003 – August 2004)

- Successful management of \$12 million administrative budget, 91 employee service center and customer contract covering 2.9 million lives; increased profit margin FY 2003
- Continue to maintain key clinical role in Magellan corporate product development such as in the area of weight management
- Shortly after assuming General Manager, played a critical role in retaining customer and preventing “no cause” termination Spring 2003
- Established a care management resource team which supported various Magellan care management centers through their transition and migration to larger care centers
- Continue to maintain excellent relationships with key stakeholders: customers, providers and state regulatory agencies
- Designed and implemented an innovative intensive care management pilot for the region; includes predictive model for determining risk level for re-admission
- Successfully led service center through Magellan re-organization (2003-2004) and down sizing while maintaining one of the lowest turn-over rates of any service center
- Service center has met or exceeded customer performance requirements; last audit (3/04) by customer resulted in no significant corrective action

Vice-President of Clinical Services (July 1999 – March 2003)

- Established excellent relationships with community and regional provider stakeholders
- Consistently managed utilization to meet all budgeted targets; through high risk management and empowerment of care managers, reduced inappropriate inpatient over-utilization by over 22%
- Maintained some of the highest member and provider satisfaction rates in the company; during tenure, provider satisfaction rates increased by over 20%
- Consistently met or exceeded customer performance requirements
- Successfully managed extensive change and several re-organizations while maintaining excellent employee retention
- Created performance based care management models which significantly reduced administrative overhead and perceive “hassle” for providers while meeting utilization targets
- Played key role in several Magellan corporate clinical initiatives and product developments

Vista Behavioral Health Associates, Inc., Pittsburgh, PA, July 1996 – July 1999**Owner and Managing Partner**

- Formed the largest (7 office) multi-specialty, Western Pennsylvania behavioral health practice with three partners
- Involved in all aspects of the business from financial, clinical oversight, program development, both M.D. and non-M.D. recruitment, utilization review and quality assurance
- Successful management of 50 employee organization with \$2.5 million budget
- Managed capitation of 100,000 members; exceeded profit targets all three years
- Directed state licensed drug & alcohol outpatient treatment program
- Direct clinical work with patients: adolescents/families and adults; specialized in the treatment of full range of adolescent disorders and adult substance abuse, mood disorders, gambling, sexual disorders, impulse control disorders, schizophrenia and other psychotic disorders; psychological testing and assessment

Health America of Pittsburgh, Pittsburgh, PA, October 1991 – June 1996

Various responsibilities working within a large behavioral services practice in a staff model HMO:

Clinical Manager (Various roles described below), May 1993 – June 1996**Manager of Chemical Dependency Services**

- Administration and development of state licensed chemical dependency program; supervision of 8 staff members
- Implemented innovative continuum model reducing dependence on inpatient treatment stays from 14 to 5 days

Inpatient HMO Consulting Psychologist

- Consultant for the HMO and facility network for both psychiatry and chemical dependency inpatient units. Duties included rounding on inpatients and managing inpatient utilization.
- Worked with facility staff to implement managed care model of inpatient care, i.e., rapid assessment, stabilization and discharge to integrated outpatient practice.

Manager of Sterling Office Mental Health Unit

- Supervision of 8 mental health professionals and support staff, responsible for organizing and managing the day to day operations of the unit, including monitoring the quality of patient care
- Administrative responsibilities include policy development, program development, budget and utilization review
- Assisted in oversight of network utilization review and network provider development
- Chair of psychological assessment committee. Responsible for oversight of psychological assessment services
- Supervision and training of psychological student interns
- Direct clinical work with patients: adolescents/families and adults; specialized in the treatment of full range of adolescent disorders and adult substance abuse, mood disorders, gambling, sexual disorders, impulse control disorders, schizophrenia and other psychotic disorders
- Psychological assessment and testing, neurological screenings

Mental Health Clinical Coordinator, May 1992 – May 1993

- Supervision of five mental health professionals in three health centers, comprising one mental health unit; responsible for organizing and managing the day to day operations of the unit, including monitoring the quality of patient care
- Direct clinical work with patients: adolescents and adults

Mental Health Therapist, October 1991 – May 1992

- Provided outpatient services in a high volume, managed care setting serving a diverse adult population. Also provided psychological testing as needed. Worked with adolescents/families and adults, mental health and substance diagnoses.

Full-time Student, Duquesne University, Pittsburgh, PA, October 1990 – October 1991

- Returned to as a full-time doctoral student to complete course work and dissertation in clinical psychology. Dissertation title: Coming to the Realization that One Must Change: “Hitting Bottom” in Alcoholism.

Group Therapist, Gateway Rehabilitation Center, Aliquippa, PA, November 1989 – October 1990

- Daily inpatient group, individual and family therapy in a substance abuse treatment facility.

St. Francis Medical Center. Pittsburgh, PA, August 1981 – November 1989

Team Leader/Intensive Case Manager, Department of Psychiatry, October 1987 – November 1989

- Duties included co-implementation of innovative diversion project and supervision of three case managers at base service unit for public clients
- Directed pilot project consisting of special caseload of chronic mental health patients with extensive inpatient history and diagnosis of schizophrenia, mood and personality disorders. Reduced hospital re-admissions by 15% in first year.
- Provided direct services: individual psychotherapy and family psychotherapy/support groups worked with inpatient and outpatient teams to coordinate psychiatric and medical follow-up
- Served as liaison providing consultation/training to public service agencies. Designed drug and alcohol intervention program for catchment residential treatment facility.
- Supervised graduate students for Duquesne University psychological assessment course

Mental Health Professional/Project Coordinator, Center for Chemical Dependency, Monroeville Satellite, January 1985 – October 1987

- Designed and implemented Western Pennsylvania region’s first intensive outpatient treatment program for substance abusing/dependent adolescents. Responsibilities included administrative duties involved with the program, supervision of one therapist.
- Provided direct services including group, family and individual psychotherapy as well as psychological testing as requested

Mental Health Professional, Center for Chemical Dependency, Methadone Maintenance Program, August 1981 – January 1985

- Provided individual, group and family psychotherapy as well as psychological testing as requested
- Co-implemented group therapy program
- Supervised Duquesne University graduate students in psychological assessment course

Professional Affiliations and Licenses

Licensed Psychologist, Commonwealth of Pennsylvania

Member, American Psychological Association

Fellow, Pennsylvania Psychological Association

Education

Doctor of Philosophy, Psychology (Clinical Track), Duquesne University, Pittsburgh, PA, December, 1991

Bachelor of Science, Psychology, Southern Methodist University, Dallas, TX, May, 1979

Len W. Whyte**Professional Experience****Cenpatico Behavioral Health, Austin, TX, January 2007 – Present****Chief Operating Officer**

- Responsible for overall day-to-day operations of clinical and network functions.
- Key liaison with centralized IT and Claims services.
- Tasked with remaking the organization into a company that is more timely, accurate and profitable.
- Reorganized the company within the first 90 days of hire.
- Improved focus on managing medical costs and network contracting.
- Instilled new attitude toward accountability throughout organization.

Gerinet Physician Services, Santa Ana, CA, 2005 - 2006**Chief Operating Officer**

- Responsible for overall day-to-day operations.
- Total P&L accountability.
- Responsible for sales growth and contracting new business.
- Increased profitability through process improvement, new business development and pricing discipline.
- Cleaned up the company balance sheet.
- Improved case flow by fixing the billing process.
- Improved profitability through introduction of a disciplined pricing strategy.
- Handled due diligence process for seller.

SHPS, INC., Louisville, KY, 2004 - 2005**Vice President, Care Management Services**

- Responsible for day-to-day clinical operations.
- Managed 400 individuals.
- Responsible for the integration of an acquisition, including operations, systems, and human resources.

PacifiCare Health Systems, Cypress, CA, 1987 - 2004**Chief Operating Officer, PacifiCare Behavioral Health (1993 – 2004)**

- Responsibilities included setting strategic direction, oversight of a \$100 million budget and management of regional offices.
- Implemented cost control initiatives and acquisitions.
- Grew the division from \$6 million to \$200 million in revenue.
- Increased membership from 100,000 to 4 million members.
- Increased annual earnings from breakeven to \$26 million.
- Expanded from two California offices to five servicing the Northwest and Southwest.
- Developed the business plan to launch the behavioral division.

- Initiated and consummated two acquisitions.
- Opened three service centers.
- Process Improvement successes:
 - Introduced self-service Internet tools eliminating 500,000 telephone calls.
 - Implemented telecommuting leading to a 50% reduction in occupancy cost.
 - Developed authorization system leading to an 8.5% reduction in clinical workforce.
 - Installed imaging technology increasing transaction throughput 25% and reducing costs 9%.

Vice President of Finance, PacifiCare Life and Health (an insurance division) (1991 – 1993)

- Responsible for strategic plans and budgets for this \$30 million Life and Health Insurance Company.
- Integrated this acquisition into PacifiCare and began development of products to support the HMO's business.

Vice President, HMO Operations, PacifiCare Health Systems (1989 – 1991)

- Responsible for the claims processing and membership enrollment for four health plans.
- Managed 240 people and a budget of \$25 million.
- Reorganized and upgraded the leadership in each functional area to prepare for significant growth.
- Reduced the cost to process a claim by 50%.

Senior Director of Financial Planning, PacifiCare Health Systems (1987 – 1989)

- Responsible for the annual preparation and monthly analysis of the budget company wide.
- Developed the first ten-year plan for the corporation.

U.S. Administrators, Los Angeles, CA, 1986 – 1987

Controller

- Responsible for the monthly development of the financial statements and the day-to-day management of vendor relationships related to accounts payable.
- Played key role to prevent bankruptcy until a buyer was found. Maintained high morale with staff throughout a difficult process.

American Hospital Supply (Baxter), Irvine, CA 1979-1986

Controller

- Assumed various accounting and finance positions culminating in the controller position for Abbey Medical, the home care division of American Hospital Supply.
- Opened a regional office and integrated the Abbey Medical acquisition.

Education

MBA, Kellogg School of Management, Northwestern University, Evanston, IL, 1979

Bachelor of Arts, St. Olaf College, Northfield, MN, 1974

GLEN ANTHONY SCHUSTER
14 Berkley Lane
St. Louis, MO 63124
Email: gschuster@centene.com
Cell Phone: 314-422-4164

Profile Summary

Mr. Schuster is a thought leader in Business and Systems Integration and Solution Delivery Excellence. He has deep experience in delivering large, complex solutions in both the Healthcare and Retail industries. He is an expert in balancing speed and robust capability delivery, with the cost advantages of offshore delivery. Mr. Schuster enables ongoing delivery capabilities through the design, introduction, and continuous improvement of delivery methods and metrics.

Job Experience

Senior Vice President, Chief Information Officer Centene Corporation, 2005-Present

- Oversee Information Systems and Information Technology functions for \$3B publicly-traded, multi-line managed care organization
- Oversaw growth of corporate technology from back office operations focused on claims payment and basic operations to front-end robust web portal, service oriented architecture
- Introduced Centene into a best of breed development environment, integrating industry leading packages with Centene business rules
- Implemented strategy purchasing arrangements with key vendors improving service levels as well as reducing overall costs
- Oversee IS/IT staff averaging 350 staff; increased from 105
- Oversaw Centene's first new business implementation for corporate business operation and technology and 14 implementations over 3 years including 3 new health plans, 9 in-market expansions and various additional new products
- Oversaw IS/IT integration for 5 major new business acquisitions in 3 years
- Increased office support from 36 to 78 locations and employee based growth of 1,500 to 3,300 in 2 years
- Key speaker at 2 Centene investor conferences; guest speak at St. Louis Innovation Forum and Society for Information Management

Accenture

Partner/Senior Executive, 1993-2005

Client/Company: United Healthcare

Project Duration: September 2001 – December 2004

Role Description

This client is a national leader in offering comprehensive health management services through organized health systems and insurance products. The company also offers specialized health care management services and products such as behavioral health services, workers compensation and disability services, utilization review services, specialized provider networks, employee assistance programs, and knowledge and information services.

This project is a component of a software solution factory setting that is focused on producing consistent, high quality application delivery projects. These projects are structured utilizing a consistent delivery methodology that uses defined value levers measured through a set of targeted metrics.

Our client's corporate agenda has 10 strategic themes targeted for implementation over the next two years. These themes have significant technological component, which has resulted in an increase in the backlog of technology work. In order to meet this demand, Accenture has teamed with the organization to improve its ability to deliver technology solutions supporting the corporate agenda and, in doing so, has defined repeatable "best" processes and procedures.

This new standard methodology is a set of organizational updates, processes and tools to improve the existing application development capabilities. The objective is to produce consistent, high quality application delivery projects based upon a set of defined value levers. Those value levers are:

- Speed to Value: Quickly providing consistent, high quality IT development results while effectively managing costs.
- Productivity: Increasing employee work effectiveness by implementing standard processes and tools that can be leveraged across multiple projects.
- Solutions Quality: Increasing efficacy of critical processes and outcomes by clearly defining accountabilities and measuring progress on a regular basis.
- Predictability: Significantly increasing confidence that the desired results will be achieved on a consistent basis.

This application deals with case and customer implementation. It is the primary enterprise data source for customer and contract information for the key account (middle) market and strategic market segments. It is comprised of two 3-tier Client Server applications using Powerbuilder, C, Unix, Java, XML, and COBOL on a Unix DB2 database (Customer Plan and Product Definition). In addition to this application, the team is also responsible for a number of other applications involved in the Case Installation process. The team is responsible for all operations, enhancements, and maintenance associated with the 11-application suite. The team has been responsible for completing initiatives for a number of business segments within the health organization.

The team consists of approximately 50 client and Accenture team members. The Accenture team incorporates the consulting services, and solutions workforces, as well as team members from the Manila Delivery Centre. The team deploys major releases (approx. 2000 workdays on average) quarterly and mini-releases (less than 400 days) as needed. Accenture's involvement spans the entire development life cycle from process design, build, test, implementation, deployment to support.

As the leading application in the solution factory, team members are often involved in piloting new processes or projects. As such, team members are often involved first hand in the development and implementation of new organizational processes.

Mr. Schuster was the overall lead of the solution factory pilot, as well as the lead of the overall application. He was responsible for rebuilding the application team in the solution factory model, while still meeting all delivery and budget commitments.

When Mr. Schuster took over the application, it was considered overstaffed and underperforming. Delivery dates were suspect, budgets were missed, and adding people was the only solution ever proposed (e.g., previous leadership requested an additional 20 resources to the 70-person team to meet existing commitments). Working with the CIO and project partner, Glen helped select the application to pilot the Solutions Factory, and achieved the following results in this pilot:

Transitioned knowledge from a 70-person team to a new 40-person team in six months without missing a single delivery date for three major releases;
Expedited delivery of key client initiative from October 2003 to February 2003, delivering initiative more than 10% under budget;
Exceeded metrics expectations in productivity by 23%, while exceeding quality standards;
Reduced production support personnel from 28 to 10, saving client \$1.8M in expenses over an 18-month period.

Client/Company: Deluxe Corporation

Project: Centralized Retail Pricing

Project Duration: April 2001 – June 2001

Role Description

Mr. Schuster was responsible for defining and executing program management functions. This included coordinating project management processes across the six component projects that made up the CRP program. These processes included: Issue Management and Escalation, Change Control, Project and Program Status Reporting, Financial Tracking, Contingency Management, Communication Planning and Management, Risk Management and Resource Management.

Client/Company: Gamut Interactive

Project: Gamut Interactive

Project Duration: January 2000 – January 2001

Role Description

Gamut Interactive is a start-up company in the Media & Entertainment industry using existing and patented technologies to deliver unique content to consumers via television and print, using a low-cost handheld device. Gamut Interactive's key components are a smart card wallet that collects and stores e-offers utilizing a scanner that 'reads' bar codes as well as icons imbedded in television transmissions onto the smart card (patented) enabling 'point & click' ordering, electronic couponing, sweepstakes and loyalty applications. Gamut Interactive partnered with Accenture to define and deploy their business processes.

Mr. Schuster was responsible for the assessment, design, and development of non-marketing business operations. This includes the overall capability requirements assessments for Offer Management and Wallet Server, as well as the Direct Order and Customer Decision Support application design and interfaces. Mr. Schuster was particularly involved in designing the Offer Management user experience, the Decision support experience, as well as the consumer UI experience with the handheld device. In addition, Mr. Schuster was a key contributor helping to define the enterprise direction and strategy for the initial launch of the Gamut products. This includes overall coordination of the various enterprise functions (marketing, engineering, IT, retail solutions, internet) and contribution to overall product road-map (release plan).

Client/Company: Deluxe Corporation

Project: Customer Interface

Project Duration: July 1998 - January 2000

Role Description

This project was responsible for redefining the client's business process in capturing, retrieving, and utilizing customer information in the order processing functions. To achieve this, the project built the Customer Interface system: a three-tiered client/server GUI system.

Mr. Schuster was the development manager for the Customer Interface team. This 55 person team was responsible for the detailed design, development, unit and string testing of all enhancements or fixes to the CI system.

During this time, Mr. Schuster was responsible for managing the development necessary to complete the CI project as defined through the project master plan. This represented a 46,000 workday effort over a 14-

month period. At the end of this period, he was responsible for ensuring the successful transition of the development team to the client.

From July 1998 to September 1998, Mr. Schuster was responsible for reengineering development and management processes on the CI project. This included:

- Developing an initiative-based master plan to define the completion of the CI project
- Defining a budgeting, work-planning, and status tracking infrastructure
- Creating a release-bundling process
- Revamping development and unit test processes
- Revamping business analyst and end-user participation in the development effort

Client/Company: Walgreen Company

Project: Basic Department Management

Project Duration: November 1997 – January 1998

Role Description

This project was responsible for developing a technical and process infrastructure to communicate merchandising changes from a centralized marketing organization to 2,500 retail stores. The project then leveraged this infrastructure to implement targeted local assortments to better serve local needs in each product category. The Enable phase of the BDM project was focused on building the operational processes and technical system to aid in the communication and implementation of merchandising revisions. These tools and processes have allowed the stores to reduce store labor in implementing merchandising revisions while increasing overall merchandising accuracy.

From February 1998 to the present, Mr. Schuster was responsible for designing and developing the marketing and store processes to implement merchandising changes throughout the chain quickly, efficiently, and accurately. He worked with both the store and marketing organizations to define and enterprise-wide process in which the organizations could work cooperatively to ensure high-quality merchandising.

From November 1997 to February 1998, Mr. Schuster was responsible for team leadership of the Enable Phase project team. His specific responsibilities included work planning, status reporting, quality assurance, client (user) interactions, and supervision of the application and architecture teams. His responsibilities also included gathering user requirements for the system, resolving development issues, and presenting the teams findings to client management.

Client/Company: Walgreen Company

Project: Intercom Plus

Project Duration: January 1994 – October 1997

Role Description

Mr. Schuster worked on the Intercom Plus system. Intercom Plus was designed to improve the efficiency of pharmacy operations through changes in workflow. To achieve this, it developed a set of client/server applications to handle pharmacy operations such as prescription and refill processing, management functions, reporting, patient histories, third-party payments, insurance claims processing, and drug interaction. The new system, which utilizes a three-tiered client/server architecture with distributed data, has allowed the company's more than 2,500 stores to operate more efficiently through its support of the new workflow.

From February 1997 through October 1997, Mr. Schuster was the team lead for the development support (or SWAT) high-performance team. This team was charged with providing rapid, second-line support for the Intercom Plus system. The team was responsible for resolving and reducing the number of system errors, ensuring the stability and integrity of the system, and monitoring and improving system performance and scalability during the rollout of the system to the entire chain through Database access tuning and I/O reduction. The team was also responsible for managing and implementing all high priority fixes that fell outside of the standard system releases. Mr. Schuster was responsible for prioritizing and organizing the

team's tasks, reporting status to project and client management, ensuring team responsiveness to critical system problems, and investigating technical system issues.

During this time, Mr. Schuster was also responsible for transition to the five client-managed workcells. This involved educating client team leads on topics such as: development methodology, time tracking and status reporting, issue tracking and resolution, as well as client-server system development and specific Intercom Plus functionality and technology.

From December 1995 through February 1997, Mr. Schuster was the team leader/application architect for the In-Window high-performance team. The In-Window team is primarily responsible for development, testing, and maintenance of the prescription entry, printing, patient, and prescriber functional areas of the Promise 2000 and Intercom Plus pharmacy systems. In this role, Mr. Schuster managed a team of up to twenty client and firm developers through four major system releases. He was responsible for scheduling all inputs to the team and managing the team's capacity. He also developed estimates for new functionality; performed short-term scheduling and status reporting; and ensured that all design changes, programming, and testing met the established exit criteria.

Education**University/College**

University of Illinois
Urbana/Champaign

Degree

BS of Electrical Engineering
(minor in Latin American studies)

Thomas A. Hamlin, M.D.

Professional Experience:

Cenpatico Behavioral Health, April 2007 - Present

Vice President, Medical Affairs

Private Practice, Adolescent and General Psychiatry, July 1979-December 2007

University of Texas Medical School, Houston, Texas, 1981-present

Clinical Assistant Professor, Department of Psychiatry

Magellan Health Services, Southwest Care Management Center, June 2000-March 2007

Medical Director

CIGNA Behavioral Health (formerly MCC Behavioral Health of Texas), 1996-2000

Medical Director, Regional Care Center

St. Joseph Hospital, 1998-1999

Medical Director, Outpatient Services

St. Joseph Hospital, 1994-1997

Chairman of Psychiatry

MCC Behavioral Care, Inc., Houston, Texas, 1992-1996

Medical Director

Psychiatric Acute Care Unit, St. Joseph Hospital, 1992-1997

Medical Director

St. Joseph Hospital, 1990-1992

Medical Consultant for Quality Assurance

Houston International Hospital, 1989-1990

Medical Director

Houston International Hospital, 1987-1990

Director of Medical and Staff Education

Houston International Hospital, Houston, Texas, 1987-1990

President of Medical Staff

Park Plaza Hospital, Houston, Texas, 1987-1992

Section Chief for Psychiatry, Department of Internal Medicine

Harris County, 1983-1986

Staff Psychiatrist and Medical Director of MHMRA

Hermann Hospital Adolescent Psychiatric Unit, 1979-1981

Director

University of Texas Medical School, Houston, Texas, 1979-1981

Assistant Professor, Department of Psychiatry

Education:

G. W. Strake Memorial Jesuit College Preparatory School, Houston, Texas, 1968

BA Biology with Honors, University of Texas, Austin, Texas, 1972

Washington University Medical School, St. Louis, Missouri, 1972-1973

University of Texas Southwestern Medical School, Dallas, Texas, 1973-1976

Residency:

Residency in General Psychiatry, New York University-Bellevue Medical Center, 1976-1978

Residency in Child Psychiatry, Austin State Hospital, Children's Psychiatric Unit, 1978-1979

Licensure:

Texas #F1045

New York #131975 (inactive)

Certification:

The American Board of Psychiatry and Neurology, April 1981

Research Experience:

Neurochemistry and Addiction Research Laboratories of the Houston Veterans Administration Hospital, Director: Virginia E. Davis, Ph.D. (Associate Professor, Department of Medicine Biochemistry, Baylor Medical College, Houston, Texas) Summers, 1969-1973

Publications:

Davis, V.E., Cashaw, J.L., McLaughlin, B.R., and Hamlin, T.A. "Alterations of Norepinephrine Metabolism by Barbiturates", Biochemical Pharmacology, Vol. 23, 1877-89, 1974

Hospital Staff Appointments:

Hermann Hospital, Houston, Texas

Texas Children's Hospital, Houston, Texas

Professional Memberships:

Texas Medical Association

Harris County Medical Society

Texas Academy of Psychiatry

Francis M. Terway

Professional Experience

Cenpatico Behavioral Health, Austin, Texas, April 2000 – Present

Vice President, Finance

- Senior Management team member responsible for fiscal oversight of eight managed behavioral health contracts for over 1.1 million lives.
- Development and coordination of annual budget and quarterly forecasts.
- Financial oversight of Arizona Special Education School program fiscal responsibilities.
- Conduct feasibility analyses and pricing for potential contracts.
- Key implementation team member for configuration of contract templates and fee schedules.
- Key in effectively transitioning company from staff-model/managed care organization to managed behavioral health organization both financially and operationally.
- Design custom databases for reporting utilization of behavioral health services for multiple health plans.
- Design and implement custom databases and processes for tracking, querying and auditing claims and authorizations.
- Develop and maintain financial statements and management reports.
- Have also held position of Finance Director and Finance Manager for Texas operations including oversight of Human Resources, Accounts Payable, Payroll and Information Technology.

WGW & Company, Austin, Texas, July 1998 – April 2000

Account Manager

- Design and implement custom databases and reports for financial reporting.
- Analyze, develop and implement clients' billing and accounting procedures.
- Oversee and process monthly billing for clients including processing accounts receivables, reconciling billing questions and processing client expenses.
- Train clients on use of Juris and Timeslips billing software.
- Research and develop feasibility studies and business plans.

Education

Bachelor of Science in Microbiology, University of Texas at Austin, Austin, Texas, May, 1998

College Scholar: 1996, 1997, 1998

University Honors: 1994, 1996, 1997, 1998

P H I L I P B . N I E R I

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**WORK
EXPERIENCE:****2/07 to present
Affairs****Cenpatico Behavioral Health: Vice President of Compliance and Government**

- Conduct monitoring and auditing activities to confirm compliance with legal, regulatory and contractual obligations
- Coordinate the review and timely submission of required member and provider materials as well contract report deliverables
- Review, respond and report suspected waste, abuse and fraud cases
- Provide guidance on contract requirements and evolving legal and regulatory matters
- Conduct annual compliance and business ethics training for all employees, which includes an overview of privacy and confidentiality requirements

1/06 to 2/07

Abrazo Health Care: Director of Government Program Compliance

- Direct administration and evaluation of compliance program and related monitoring and auditing activities for two **Medicare Advantage** health plans and one **Medicaid** plan
- Conduct mock reviews of health plan performance against CMS and AHCCCS monitoring standards and operational requirements
- Manage appeals function for all lines of business

1/02 to 12/05

Schaller Anderson, Incorporated (SAI): Director, Corporate Compliance

- Directed implementation of compliance programs for Medicaid, **commercial and behavioral health** lines of business in seven states
- Coordinated ongoing corporate-level oversight of compliance program activities and evaluation
- Managed company wide Health Insurance Portability and Accountability Act (HIPAA) compliance project, including direct oversight of privacy and security program implementation and maintenance
- Analyzed legal, regulatory and contractual requirements to determine their applicability to and impact on company lines of business
- Conducted periodic audits of operational areas, such as grievance/appeals processes, notice of action requirements
- Collaborated with affected personnel to develop and implement corrective actions plans based upon the above referenced requirements and operational audits
- Problem solved in response to reported and detected compliance issues
- Managed compliance department budget and personnel (3 staff)

12/00 to 12/01

HCA: Manager, Compliance and Grievance/Appeals

- Promoted within health plan to a managerial position
- Managed all compliance, grievance processing and fraud/abuse activities
- Led health plan preparations for onsite regulatory and accreditation reviews (Arizona Health Care Cost Containment System [AHCCCS] OFR, NCQA, JCAHO, etc.)
- Initiated health plan planning for HIPAA compliance project

- Directed implementation of health plan compliance program
- Helped coordinate preliminary health plan preparations and planning for response to AHCCCS Request For Proposal (RFP)
- Developed a provider cultural competency guide with AHCCCS Plan subcontractors (e.g., Mercy Care, Cigna, etc.)

11/97 to 12/00

Health Choice Arizona (HCA): Compliance Supervisor

- Promoted within health plan to a supervisory position (from Coordinator role)
- Supervised all compliance, grievance processing and fraud/abuse activities
- Coordinated Health Plan regulatory and accreditation review preparations (AHCCCS, QISMC, NCQA and JCAHO)
- Developed formal compliance plan for Medicaid managed care organizations, including identification and implementation of departmental audits, annual audit reporting, etc
- Coordinated compliance related activities, including but not limited to oversight of ancillary subcontractors (e.g. dental, durable medical equipment, etc.)
- Developed vendor oversight and monitoring tools

5/94 - 11/97

AHCCCS Office of the Medical Director / Health Program Analyst

- As auditor on AHCCCS Health Plan operational/financial review-team, monitored compliance of acute care health plans and program contractors with federal, state and AHCCCS rules/regulations
- Coordinated the AHCCCS “Committee on Technology Assessment and Medical Necessity”, which assessed new and existing medical procedures, devices and drugs to improve the quality and cost effectiveness of care provided to AHCCCS members receive
- Helped draft health plan Performance Indicator (project descriptions)

1990-1994

Coordinator**Arizona State University (ASU) - Athletic Department: Assistant Event**

- Coordinated staging of ASU sporting events, including patron services and security personnel
- Supervised eighty (80) event staff and credentialing for staff who worked at ASU facilities (i.e. media)
- Developed policies and procedures for game management and operations manuals
- Facilitated compliance with public safety recommendations for crowd control and patron alcohol consumption
- Revised the “Office of Stadium Management Guest Services Handbook,” a patron service manual providing training in first aid preparedness, conflict resolution and customer relations

EDUCATION:

- 1994 Masters of Public Administration / ASU School of Public Affairs
1992 Bachelor of Arts Degree in History / ASU School of Liberal Arts and Sciences

AFFILIATIONS:

- Member, ASU School of Public Affairs, Alumni Association and Steering Committee
- Member, Health Care Compliance Association, Region 9
- Health Administrators Forum – Phoenix Chapter

- Past Member, “Miracle Makers”, a group of professionals that supports the Phoenix Children’s Hospital through fundraising and volunteer activities
- Past member - Board of Directors, Native American Community Health
- Member, AZ Dragon Boat Association – 2006 Board Of Directors

HONORS:

RECEIVED:

- 2003 recipient, “Arizona’s Finest” from the Arizona Chapter of the Cystic Fibrosis in recognition of charitable activities
- 2001 recipient, “Chairman’s Award” from Iasis Healthcare in recognition of community and volunteer activities
- Master's Degree Honors Candidate
- Dean's Honor List: Undergraduate Degree-Cum Laude

Cindy Peterson, LCSW**Professional Experience:****Cenpatico Behavioral Health, Austin, TX, 2003 – Present****Vice President, Clinical Operations, 2006-present**

- Organizational oversight and key leadership role for multiple implementations and organizational restructuring
- Developed successful strategic plan and directives for public sector behavioral healthcare management for over 1 million lives in 7 states.
- Created substantial savings through process improvements - responsible for 85M dollar budget
- Responsibility for 90+ employees in 7 states encompassing the Call Center, Member Services, Utilization Management, Case Management, Quality Improvement, Appeal and Grievance, Eligibility, Encounters and Reporting
- Clinical writer for successful proposals leading to award and implementation of contracts as the behavioral health vendor for Medicaid managed care in 3 states

National Service Center Director, 2005-2006

- Ensured all departments met established performance standards, financial and contractual requirements
- Responsible for hiring decisions, resource allocation, performance management and promotion
- Achieved full health plan accreditation from URAC while maintaining ongoing operations within scope of budget
- Maintained strategic relationships with community organizations, state managing entities, health plans and stakeholders
- Successfully implemented business in multiple states within accelerated time frames

Utilization Management Director, 2003-2005

- Responsible for ensuring appropriate performance of all utilization management and case management activities
- Responsible for hiring decisions and employee development for all clinical functions
- Developed protocols and policies and procedures to support all utilization review functions in compliance with regulatory and contractual obligations
- Created interdepartmental performance improvement teams to successfully launch multiple implementations

Mental Health Network (MHNET), Austin, TX, 2002 – 2003**Care Management Supervisor**

- Responsible for authorizing and reviewing utilization of mental health and substance abuse services provided in inpatient, outpatient and intermediate care settings for 1 million lives.
- Established quality of care outcome goals and tracking mechanisms
- Collected and analyzed utilization data for establishing benchmarks and initiatives
- Ensured staff resources appropriately allocated so reviews occurred in timely fashion

Direct Practice Experience:**Integrated Mental Health Services, Austin, TX, 1999 - 2002**

- Provision of individual, family and group therapy modalities with a variety of populations as well as EAP services for assessment and referral

CrossPointe Counseling, Austin, TX, 1997 – 1999**Individual, group and family therapy services****Private Practice (part-time), Austin, TX, 1994 – 1997**

- Individual and family therapy

Catholic Family Services Waterbury, CT, 1991 – 1993

- Established satellite office, initiated adoption services

Anchor House Youth Shelter, Trenton, NJ, 1989 - 1990

- Piloted youth program in partnership with school systems to identify emotional disturbance related to family circumstances

Catholic Family Services, Bridgewater, NJ, 1987 - 1989

- Family therapy in partnership with Child Protective Services for at-risk youth

Education

Bachelor of Science in Social Work (summa cum laude), Abilene Christian University

Master of Social Work, Rutgers University

Community Service

Austin Police Department - Victim Services Crisis Response Team

CURRICULUM VITAE

BERNARD T. ENGELBERG, M.D.

68 East Bentwood Court
Albany, NY 12203-4810
Phone: 518-869-1793

EMPLOYMENT

11/08 – present	Cenpatico Behavioral Health Medical Director
2007 – 10/08	MVP Senior Medical Director- Behavioral Health
2003 – 2007	Behavioral Health Medical Director MVP Health Care, Schenectady, New York
2002 – 2003	MVP Behavioral Health Associate Medical Director
2001	Inpatient Psychiatrist Capital District Psychiatric Center, Albany, NY
2000 – 2001	Chief of Psychiatry Community Care Physicians, P.C. 2000Credentialing Committee for Integra 2001Forensic and EAP Consultant
1998 – 2000	Chief of Psychiatry Kaiser Permanente, Latham, New York
1992 – 1997	Chief of Psychiatry Community Health Plan, Latham, New York
1988 – 1992	Clinical Director. Inpatient Unit M Capital District Psychiatric Center (CDPC) 2002Medical Staff Organization Executive Committee
2003	Physician Credentials Committee
2004	Drug Monitoring Committee
2005	Pharmacy and Therapeutics Committee
2006	Psychopharmacology Consultant for Office of Mental Health
1990-1992	American Psych Management/VBH (now Value Options) part-time as Peer Reviewer
1990 – 1995	Research Associate (Social Phobia Project) Center for Stress and Anxiety State University of New York at Albany
1988 – 1992	Assistant Director of Residency Training Albany Medical College – in charge of inpatient training at the Capital District Psychiatric Center Albany, NY

1988 – 2002
Assistant Professor of Clinical Psychiatry
Albany Medical College, Albany, NY

FELLOWSHIP

1987 – 1988
Fellow in partial hospitalization services
Maimonides Medical Center, Brooklyn, New York

RESIDENCY

1984 – 1987
PGY II-IV Resident in Psychiatry
Maimonides Medical Center, New York, NY

1983 – 1984
PGY 1 Resident in Internal Medicine
St. Clare's Hospital, New York, New York

POST-GRADUATE TRAINING

1982 – 1983
Research on immunoglobulins: Accepted as a
doctoral thesis by Goettingen University and
awarded Magna Cum Lauda in December 1983

TEACHING

1981 – 1982
Instructor in Pediatrics and Physiology
Wolfsburg City Hospital School of Nursing

MEDICAL SCHOOL

1983
Graduated Goettingen University
Goettingen, Germany
Degrees as Physician and Medical Doctor

PRE-MEDICAL EDUCATION

1975
Graduated from Drew University
Madison, New Jersey
B.A. Behavioral Sciences

CERTIFICATION

8/1994 – 8/2004
Board Certified in the subspecialty of Geriatric Psychiatry
(through December, 2018)

1990
Diplomate, American Board of Psychiatry and
Neurology (Lifetime)

Illinois State License #036-075863 (inactive)
New York State License #173665
Vermont State license #042-0011476

Suzanne H. Feay, RN, A.S. Gerontology, CPHQ

Professional Experience

Cenpatico Behavioral Health, Austin, TX, October 2005 – Present

Director, Quality Improvement

- Manage a comprehensive, data driven quality improvement program for all CBH customers served by the CBH Service Center.
- Monitor key clinical and operational performance indicators.
- Oversee development and distribution of internal and external reporting linked to the quality program.
- Implement clinical and non-clinical focused studies, clinical initiatives and performance improvement projects.
- Oversee timely processing of member and provider complaints.
- Maintain operations in a manner consistent with URAC standards.

Superior HealthPlan, Austin, TX, February 2002 – October 2005

Director, Quality Improvement

- Implement and manage a comprehensive quality improvement program for STAR and CHIP Managed Care programs across all service areas in the State of Texas that includes both physical and behavioral health services.
- Establish, monitor key clinical and operational performance indicators including management of the provider profiling process.
- Oversee statewide credentialing program.
- Implement clinical and non-clinical focused studies, clinical initiatives and performance improvement projects.
- Liaison with behavioral health services vendor.

Texas Quality Health Alliance, Austin, TX, March 2000 – November 2001

Quality Improvement Manager

- Participate in design, development and implementation of clinical and administrative focus studies for STAR , STAR+PLUS and NorthStar as part of an external quality review organization contracted to monitor the Texas Medicaid Managed Care program.
- Participate in evaluation of managed care entities participating in the Medicaid Managed Care program for STAR and STAR+PLUS.
- Evaluate and benchmark inpatient and outpatient services data.
- Liaison with the Texas Department of Health.

Methodist Care, Houston, TX, September 1997 – February 2000

Director, Quality Management

- Manage the Quality Management and Utilization Management Department in a 75,000 member HMO for commercial, Medicare, and Medicaid products.
- Implementation of an outcome-based measurable quality improvement program consistent with the National Committee of Quality Assurance (NCQA), Quality Improvement Standards for Managed Care (QISMC), and the Texas Department of Insurance.
- Oversight of the member and provider complaint process.
- Development and implementation of pediatric and adult preventive health and disease management programs across product lines.
- Oversight of the delegation process, including pre-delegation reviews and on-going monitoring.
- Liaison with behavioral health services vendor.

- Oversight/analysis of pediatric and adult focus studies, including development of interventions and outcomes measurement. Examples include well child, immunization, asthma, ADHD, and diabetes.

Aetna US Healthcare, Houston, TX, October 1996 – August 1997

Regional Quality Manager

- Consulted with health plans in the West Central Region to establish pediatric and adult specific quality improvement programs based on internal performance data and HEDIS results.
- Prepared plans in the fifteen states West Central Region for the NCQA survey process.
- Coordinated preparation for the NCQA survey process with the behavioral health services vendor.
- Assisted with the development and implementation of a centralized Utilization Management, Case Management, and Disease Management service center.

Aetna Health Plans of New York, Purchase, NY, January 1995 – October 1996

Acting Director/Utilization Management Manager

- Managed a 22-person medical unit in the metro New York area for 600,000 members in commercial and Medicare HMO, Point of Service and PPO Products and the commercial, Medicaid and Medicare member populations in Northern New Jersey.
- Developed, implemented, and managed an 8-person complex case management unit to coordinate care and services to children and adults with chronic and catastrophic illness or injury.
- Identified and coordinated provider network contracting requirements based on member needs.

Health Power, Westbury, NY, February 1993 – December 1994

Agency Administrator

- Managed a New York Department of Health Licensed Home Care Service Agency providing personal care attendant services to the disabled and elderly population.
- Devised and implemented market strategies to improve the referral source and payer mix.
- Developed and implemented an outcome-based measurable quality improvement program.
- Instituted employee recruitment and retention program.

HealthGuard of Lancaster, Inc., Lancaster, PA, October 1988 – September 1992

Medical Services Manager

- Managed a 7-person Medical Services Department in a 32,000-member HMO. Department functions included Quality Management, Utilization Management, Drug Utilization Management, Discharge Planning/Case Management, Credentialing, and Provider Relations.
- Prepared the plan for a successful 3-year NCQA accreditation.
- Monitored all facets of the Quality Management Program.
- Developed and implemented a multi-faceted Case Management Program.
- Developed and monitored vendor contracts.

Education

Associate of Science in Gerontology, Millersville University, Millersville, PA

Professional Nurse, St. Joseph's Hospital, Lancaster, PA

Continued Education

- Credits earned in the Health Care Administration Program at Lebanon Valley College
- **Completed Health Insurance Association of America courses: Health Insurance, Managed Care**
- **Participated in clinical educational programs through the National Committee for Quality Assurance, National Association for Healthcare Quality, Texas Association for Healthcare Quality, Pennsylvania Association of Quality Assurance Professionals,**

Managed Care Association, University Hospital Rehabilitation Center for Children and Adults, Reading Rehabilitation Hospital Rehab Series

- **Participated in additional management and communication focused programs: Front Line Manager's Training: The Art of Management; Negotiation Skills for Case Managers; How to Write, Design, and Edit Newsletters**
- Member National Association for Healthcare Quality

MARIANNE BURDISON, LCSW

512-406-7261

MBurdison@centene.com**EDUCATION:**

Gestalt Three-Year Intensive Training Program and two years participation in theory-based study group, Indianapolis Gestalt Institute, completed Jan. 2001
 MSW, Social Work / Interpersonal, Indiana U/Purdue U-Indianapolis, May 1996
 BA, Social and Behavioral Sciences, IU-Kokomo, May 1994
 AS, Criminal Justice, IU-Kokomo, May 1988.

EXPERIENCE:

- July 2005 - present **Cenpatico Behavioral Health**, 504 Lavaca, Ste 850, Austin, TX, 78701
Director, Clinical Research and Development (March 08 to present)
 Responsibilities include managing the development of bids for new business, including responses to RFPs; and following and reporting trends in managed care, behavioral health clinical best practices and overall health care trends, including identification of preferred outcome measures, to inform and improve current business practices as well as new business proposals.
- Clinical Supervisor* (March 06 through March 08)
 Supervise Care Managers, Case Managers, and Care Coordinators, ensuring that Cenpatico's core clinical functions are accomplished, ensuring adequate coverage for all health plans/members and equitable distribution of caseloads, as well as monitoring HIPAA & other regulatory compliance through knowledge and enforcement of relevant policies and procedures. Develop and implement processes to improve integrative case management with health plans. Develop and implement processes for partnering with network providers, including supervision of clinical provider training, and development of plan to assess and expand evidence based/best practices.
- Care Manager* (July 05 through Feb 06)
 Work as part of the utilization management team to review treatment plans from behavioral health providers (state-licensed therapists, psychologists, and psychiatrists, as well as inpatient facilities) and determine whether the client's insurance plan covers the proposed behavioral health treatment.
- Jan 2004 - Jul 2005 **ATCMHMR**, C.A.R.E., 1631 E. 2nd St., Austin, TX, 78702
Outpatient Treatment Coordinator
 Supervisor: Linda Blakeslee, LPC, Unit Director
 Program development/management, grant reporting, and clinical supervision for outpatient and residential substance abuse treatment programs for HIV+, low-income clients.
- July 99 - Oct 2003 **Elemental Rhythms Psychotherapy**, 3833 N. Meridian St., Suite 305-B, Indianapolis, IN.
 Private practice offering individual, family, and group therapy, specializing in Gestalt Therapy.
- Aug 2001 - Dec 2002 **Indiana University School of Social Work**, Indianapolis, IN.
Associate Faculty
 Teach "Human Behavior and the Social Environment: Individuals, Families, and Groups" course to students in the Master of Social Work program.

- Oct 2001-
Oct 2002 **Indiana University Psychiatric Management**, Indianapolis, IN
Clinical Case Manager
Supervisor: Angee Walberry, MSW, LCSW (317)484-1248
Work as part of the utilization management team to review treatment plans from mental health providers, determine benefit coverage, and assess medical necessity.
- June 2001-
Nov 2002 **Research-based Individualized Treatment of Alcoholism (RITA)**, a
research project administered by Indiana University in conjunction with Brown University,
Indianapolis, IN
Clinician
Supervisor: Dena Davidson, PhD (317)278-3867
Provide treatment to research subjects within the randomly assigned protocol of
either Broad Spectrum Therapy or Motivational Enhancement Therapy.
- June 98 -
May 2001 **Fairbanks Hospital**, Indianapolis, IN.
Outpatient Services Manager
Supervisor: Charlotte Pontius, (317)849-8222
Responsible for (1) clinical supervision for staff of 8 – 10 Master-prepared counselors, (2)
program development and management of Partial Hospital, Intensive Outpatient (adult and
adolescent), Aftercare, and Supportive Living Programs, (3) coordination of Fairbanks
clinical participation in a research project administered by IU, and (4) department
management duties including performance improvement, JCAHO compliance, hiring,
personnel evaluations and disciplinary actions, and census monitoring and
program/personnel adjustments as necessary to meet budget. Field Instructor for MSW
interns.
Counselor/Field Instructor for MSW interns
Supervisor: Charlotte Pontius, (317)849-8222
- Nov 97 -
May 98 **Behavioral Healthcare (BHC) Avon Counseling Center**, Danville, IN.
Therapist
Supervisor: Charlotte Pontius, (317)745-1400
- June 96 -
Nov 97 **BHC - Kokomo Counseling Center**, Kokomo, IN.
Therapist
Supervisor: Charlie Garrett, (765)457-5229
- July 87 -
Dec 92 **5th District Congressional Office**, Kokomo, IN
Social Services Liaison
Developed and implemented systems of obtaining and assessing information regarding
social services throughout the District, for the purposes of facilitating constituent services.
Scheduling Supervisor
Developed and implemented continual comprehensive scheduling plan for Congressman.
Supervised field staff.

CLAUDIA A. SUMRALL, LCSW

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Austin, TX 78737

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PROFESSIONAL EXPERIENCE
CENPATICO BEHAVIORAL HEALTH, Austin, TX

6/2005-present

A subsidiary of Centene, Cenpatico is a managed behavioral health care company with expertise in focused case management for high risk Medicaid, CHIP and SSI populations.

Clinical Director (2006-present)

Oversee the development, implementation and operations of the Utilization Management department, Intensive Case Management department, Care Coordination and Appeals functions. Responsible for 5 direct level staff and 75 indirect staff locally and in numerous offsite Centene health plan locations. Introduced staffing metrics to manage performance and determine appropriate staffing levels. Developed and implemented high risk case management program with demonstrated improved financial and quality outcomes. Participate in development and monitoring of utilization metrics and financial targets. Strong emphasis on new business development and implementation of clinical operations for the Medicaid population in various states.

Care Management Supervisor (2005-2006)

Supervised the daily operations of the utilization management department to ensure quality of programs and services; assisted UM staff with incorporating the concepts of managed care and quality improvement in department operations; provided consultation for problem resolution for utilization managers and providers.

INSPIRIS (f/k/a Geriatrix of AZ), Phoenix, AZ

2002-2005

An organization of medical and behavioral health providers specializing in Medicaid, Medicare and Commercial senior health care, Geriatrix manages the clinical and financial risk for the provision of covered services to seniors enrolled in contracted health plans.

Director of Care Coordination (2003-2005)

Successfully integrated and directed Utilization Management Department (Quality Management, Prior Authorization, and Utilization Review) and Post Acute Services Department into Care Coordination Department.

- Supervised approximately 15 clinical and non-clinical staff.
- Responsible for all health plan and regulatory compliance.
- Developed and monitored QM/UM work plan and program to include establishing benchmarks and metrics to measure success.
- Participated in all provider and health plan contract negotiations, marketing and public relations.
- Project lead to coordinate benefits of dual enrolled members resulting in cost effective delivery of quality medical care.
- Created process for on-site concurrent review resulting in reduced acute length of stay.
- Responsible for significant resource reduction by cross-training staff and streamlining processes resulting in substantial financial savings and enhanced efficiencies.

Manager, Post Acute Services (2002-2003)

Directed nurse practitioners, physicians and case managers to provide quality medical care and case management services in the post acute setting.

- Developed and implemented the Post Acute Program for one of the states largest HMO's.
- Responsible for health plan and regulatory compliance.
- Actively participate in provider network development and contracting.
- Responsible for quality management, provider relations and recruitment, hiring and training of staff.

- Aggressively managed bed days/length of stay resulting in improved utilization and decreased acute readmission.
- Provided education and marketing to both internal and external customers on PAS program, Medicare skilled criteria and appropriate and timely discharge planning.

PACIFICARE, Phoenix, AZ

1993-2002

A multi-product healthcare insurer providing coverage to approximately 4 million lives in eight states and Guam.

Manager, Clinical Operations (2000-2002)

Supervised a team of 17 RN's, Social Workers and Health Educators in Social Services/Case Management Department, Skilled Nursing Concurrent Review, Quality Improvement and Health Improvement Departments.

- Assisted with preparation for NCQA survey resulting in a Full Three Year Accreditation and Excellent Rating.
- Accountable for HEDIS measures with demonstrated improvement in continuity of care services for members.
- Increased federal compliance with issuance of member appeal rights after skilled nursing discharge from 2% to 85% within 6 months by developing and implementing a company-wide project plan.
- Developed and implemented disease specific case management program resulting in demonstrated cost savings and improved quality of life.
- Participated in provider credentialing and contracting.
- Successfully centralized skilled nursing concurrent review into one department resulting in reduced bed day utilization and lower length of stay.

Social Worker/Case Manager (1993-2000)

Provided encompassing assessment, intervention, and referrals for medically and behaviorally complex PacifiCare members.

- As Case Management Team Leader, facilitated RN's and Social Workers in weekly case management rounds.
- Provided brief crisis intervention and counseling services to at risk members.
- Assisted providers and members with benefit interpretation.

BOSWELL MEMORIAL HOSPITAL, Sun City, AZ

1993

Northwest Valley's largest healthcare facility and leading provider of care for most common diagnosis for older adults.

Social Worker

Provided clinical case management, counseling and discharge planning services to patients and families in relation to the impact of illness on physical, social, environmental, and psychological functioning.

- Instituted Medicare billing for social service assessment and intervention in the Emergency Department contributing to hospital's profitability.

BAYLOR INSTITUTE OF REHABILITATION, Dallas, TX

1991-1993

CARF accredited acute rehabilitation hospital providing comprehensive treatment for patients with spinal cord, traumatic brain and orthopedic injuries.

Program Manager

Coordinated patients' plan of treatment while in acute rehabilitation.

- Facilitated interdisciplinary team conferences and acted as a liaison between third party representatives and team/patient.
- Provided adjustment counseling for families and patients and led family support/education groups.
- Specialized training in working with patients with traumatic brain injury.
- Assisted in development of Traumatic Brain Injury Manual to provide education and supportive resources for patients and families affected by brain injury.

EDUCATION/LICENSURE

Master of Science in Social Work, Magna cum Laude Bachelor of Social Work, Cum Laude
University of Texas at Arlington Southwest Texas State University

Licensed Clinical Social Worker, Texas - #17549

Marsha McMann, M.S.W.
13145 N Hwy 183 #1017
Austin, TX 78750

SUMMARY OF QUALIFICATIONS

Experience:

Self-motivated management professional with over twenty years of increasing responsibility and experience in behavioral healthcare. This experience includes nine years as the Executive Director for a Medicaid and State-funded managed care contract, two years as the Director of Texas Foster Care Program and two years as a Network Contracting Manager for national managed care companies. Proven results in business development, successful contract proposals and implementation of new projects and contracts. Proven ability to work effectively in rapidly changing organizational environments.

Customer relations:

Extensive experience in the development of positive business relationships with State clients, providers and community stakeholders. This experience has resulted in contract extensions and/or renewals for increased services and revenue.

Leadership:

Successful track record with high responsibility positions. Demonstrated ability to analyze business issues, assess risk and respond accordingly. Expertise in strategic planning for large and small service delivery system design. Excellent written and interpersonal communication skills, strong analytic skills and creative problem solving skills. Ability to recruit, motivate, and develop long-term employees.

Clinical:

Experience in all areas of community behavioral health with expertise in family systems, adolescent, couples and individual treatment including Medicaid and managed care requirements.

EDUCATIONAL PROFILE

University of Kansas, Lawrence, Kansas

M.A. Social Welfare, 1985,

GPA: 3.49. Dual emphasis in Administration and Clinical

Washburn University, Topeka, Kansas

B.A., Social Work, 1983

GPA: 3.63. Magna Cum Laude

Member of Phi Kappa Phi

PROFESSIONAL EXPERIENCE

Cenpatico Behavioral Health, Austin, Texas

Director, Texas Foster Care (May 2007 – present)

Management of the Behavioral Health program for STAR Health (Managed Medicaid program for Texas Foster Care). Responsibilities include program design, strategy and implementation, government relations, stakeholder relations and program oversight.

Cenpatico Behavioral Health, Austin, Texas

Kansas Network Contracting Manager (January 2005 – May 2007)

Responsibilities included recruitment, contracting, training and technical assistance for the HealthWave XXI provider network in Kansas. This position worked closely with the Executive Account Manager, Vice President of the National Service Center, Vice President of Network and Vice President of Operations for CBH. This position is the primary liaison between Kansas providers and the corporate office.

Magellan Behavioral Health (formerly CMG Health), Lincoln, Nebraska**Executive Director/General Manager Nebraska Regional Service Center, 1996 - 2004**

Overall management of a 250,000 member Medicaid and State-Funded Behavioral Health Managed Care contract with the State of Nebraska. This position included oversight of the Regional Service Center, including budget and Profit and Loss responsibility. The Executive Director was the primary contact between the customer (HHSS), providers, community stakeholders and the corporate office.

CMG Health, Lincoln, Nebraska**Clinical Director, Nebraska Regional Service Center, 1995 - 1996**

Oversight of the care management process, supervision of clinical staff development of clinical protocols, criteria and regulation. Contributed to the development of a customized clinical IT system and interactive provider website. Development and implementation of provider training and provider relations.

Behavioral Health/Social Work Consultant, 1986 – 2006.

Provision of independent consultation to individual practitioners, hospitals, organizations and governmental entities including: clinical supervision, quality improvement, managed care practices, proposal development, regulation/policy development, social work assessment and discharge planning.

Heartland Counseling/Region II Human Services, McCook, Nebraska**Clinic Manager, 1990 - 1995**

Oversight of clinic operations, supervision of staff and provision of behavioral health services, consultation and education to the southwest Nebraska area.

McCook Community College, McCook, NE**Adjunct Faculty, 1993 – 1995**

Taught Social Work and Sociology courses.

State of Nebraska, Department of Public Institutions, Lincoln, NE**Quality Assurance Coordinator for the Office of Mental Health, 1987 - 1990**

Comprehensive responsibility for the coordination and implementation of the certification process for all mental health programs funded through the Department. Supervision of field representatives for certification activities as well as the provision of technical assistance and training to providers and Department staff.

Kanza Mental Health and Guidance Center, Hiawatha, Kansas**Community Support Coordinator/Partial Hospital Assistant Director, 1983 - 1987**

Duties included working with persons with severe and persistent mental illness and their families; program development, program planning, case management, supervision of case management staff and acting as the liaison between the agency and Topeka State Hospital. Provided mental health and substance abuse services to children, adults and families (1985-1987).

Kathryn V. Curtis**(512) 632-5393**

kathryncurtis@earthlink.net

13467 Athens Trail Austin TX 78729

SUMMARY OF EXPERIENCE

Experience includes contracting (complex language and compensation negotiation), project management, satellite office management, process development and implementation, training and customer service. Work history shows rapid advancement due to exceptional performance. Results-driven, innovative, self-directed, degreed professional.

Cenpatico Behavioral Health/ Integrated Mental Health Services – Austin, Texas June 2006 – Present

A national behavioral healthcare company providing benefits to Medicaid recipients based in St. Louis, MO.

Director, Network Management Responsible for the successful accomplishment of goals and objectives across all markets and products including the overall efficiency and effectiveness of the Network Development department.

- Developed processes and process improvement resulting in a positive impact on the Network Development department and the organization.
- Conducted ongoing analysis and refinement of provider network to ensure appropriate network composition and member access.
- Identify trends and develop solutions to obtain overall operational and financial goals.
- Established accountability among the Network Development department by creating metrics and goals with which all staff was responsible for meeting.
- Supervise the Network Management staff of 7 individuals

Manager, Network Development. Responsible for the contracting and provider relations activities throughout the State of Texas.

- Interpret and respond to RFPs presented by the Department of Health and Human Services (HHSC) for the State of Texas.
- Developed and managed a statewide network in response to the Foster Care RFP presented by HHSC.
- Delivered a comprehensive network to be available for the SSI population throughout various Service Areas throughout the State.
- Negotiated complex behavioral health provider agreements.
- Developed and implemented processes throughout the Network Development Department to enhance processes and workflows.
- Created and managed a database to be utilized by cross-functional departments.
- Supervise the Provider Relations staff of 5 individuals.

Great-West Healthcare – Austin/ Houston, Texas August 1996 – May 2006

A national employee benefits provider based in Denver, CO. Network of 4,200 Hospitals and 547,000 providers.

Director, Project Management. Coordinate and implement national and regional initiatives that support corporate goals.

- Developed the Project Management team servicing the Southwest region.
- Implementation of national radiology network including analysis on a national basis for corporate feasibility. Worked directly with the client to ensure systems compatibility. Coordinated all levels of communication on a national basis.
- Created databases to be utilized by cross-functional departments.

- Developed and implemented processes to be followed on a regional basis.

Director, Network Development. Direct contracting activities on a regional level to include negotiation/renegotiation of complex multi-hospital system and physician organizations.

- Identify trends and develop solutions with Plan President and Vice Presidents to obtain overall operational and financial goals.
- Coordinate efforts on a national level in the implementation of third party networks.
- Conduct ongoing analysis and refinement of provider network to ensure appropriate network composition and member access.
- Work closely with regional Medical Management and Healthcare Economists in analysis of PMPM and researching utilization resulting in a 5% cost reduction.
- Prepare detailed reports for Plan President and VPs on industry trend factors, cost implications, and feasibility of new business.
- Conduct ongoing training for various departments, including Provider Solutions Unit, Contracting, and Provider Relations.
- Supervise the Contracting staff of 3 individuals.

Manager, Network Development. Responsible for overseeing the negotiation, preparation, implementation and maintenance of managed care contracts for a multi-state region.

- Successful negotiations of new contracts and re-negotiation of existing contracts consistently resulted in annual decreases in rates.
- Provided support and maintenance for over 100 hospitals and 7,000 providers in a multi-state region.
- Coordinated and implemented region-wide initiatives.
- Supervised a staff of 3 individuals, including Network Development and Provider Relations staff members

Network Development Coordinator. Negotiated complex, competitive contractual relationships with medical groups and facilities throughout a multi-state region.

- Consistently met quarterly and yearly targets in efforts to maintain low premiums for members.
- Negotiated major multi system contract located in greater Houston metro area, resulting in savings to Company of over \$1,000,000.
- Performed financial analysis on all contracting efforts for the region.
- Collaborated with legal counsel to ensure legality of contracts for the Company.
- Chairperson for regional Network Development/ Provider Relations committee.
- Participated in meetings and activities of the Contracting Department, Provider Relations Department, Quality Improvement Committee and Claims Appeals Committee.

Provider Relations Coordinator

Created and managed cooperative working relationships with providers through personal visits, correspondence and telephone contact.

- Developed provider communications standards used throughout the company.
- Responsible for development of orientations delivered to network physicians to educate providers and train appropriate personnel, including contractual requirements and policies and procedures.
- Investigated and responded to provider non-compliance, grievances, and complaints.
- Prepared internal and external reports that detailed and analyzed the Great-West Healthcare provider network.
- Contracted with individual physicians and ancillary providers.

Credentialing Coordinator

Verified and maintained credentials on all contracted providers according to NCQA standards.

- Performed delegated credentialing audits on contracted medical groups and IPAs.
- Chaired monthly Credentialing Committees.
- Assisted in the development of Credentialing/ Provider Relations/ Provider Maintenance software.

Amedica, Inc. - Houston, Texas
Healthcare Consulting Firm

1995-1996

Customer Service Representative

Communicated with providers and payors concerning claims and eligibility issues.

- Answered provider and member complaints and issues relating to the provider network.
- Repriced provider and facility claims for a capitated model IPA.
- Interpreted capitated contracts.
- Processed capitated claims checks according to EOBs.
- Interpretation of CPT and ICD-9 codes.

Education

University of Houston Clear Lake, Houston, Texas
BS, Health Care Administration

Skills

Exceptional computer skills (i.e. Access, Excel, Word, PowerPoint, Outlook, etc.). Resourceful in using the Internet for work related research. Trained in Geo-Access.

Personal

Exceptional interpersonal and communication skills. Self-motivated, independent, professional, self-taught, quick learner, adaptable, reliable, dedicated and loyal.

References

Exceptional professional and personal references available upon request.

McKensie Kuntz-DeRocher

504 Lavaca, Suite 850
 Austin, Texas 78701
 (512) 406-7207
 mkuntz@centene.com

Experience:**Cenpatico Behavioral Health (Centene Corporation)- 2005-Present*****Director, Contracting & Network Implementations***

- Develop, oversee and implement company's strategic network development plans for new lines of business.
- Oversee and negotiate all high profile and complex contract negotiations to expedite participation in the network.
- Develop and maintain CBH's boilerplate agreements and market/Medicaid product-specific contract exhibits to ensure regulations are in compliance with state, federal, and/or health plan contracts.
- Assist with the research and development of prospective or new market benefit design and reimbursement methodologies and fee schedules.
- Work closely with senior management and business development team to determine strategic plan to promote revenue growth through new lines of business. Manage network development portion of each Request for Proposal (RFP) response and implement all network initiatives upon successful award.
- Train and develop new market Network Development Managers and effectively transition oversight of the market's provider network from the Austin office to the market.
- Develop, test and implement the contracting and prospecting function of the company's provider data management and contract management system and develop plan to effectively transition existing data once these systems are in place.
- Oversee the Contracting and Network Implementations Department personnel. Direct reports include Network Development Managers, Contract Negotiators and Implementations Support Specialists.

Manager, Contracting & Network Implementations

- Developed eight comprehensive provider networks over the course of three years; Arizona (2 books of business), Florida, Georgia, Indiana, Kansas, Missouri, and Texas.
- Oversaw the development of four Medicare Advantage Special Needs Program behavioral health provider networks which assisted in CMS certification for four sister-company health plans.
- Developed prospective provider networks and collaborated with senior management and business development team to respond to Request for Proposals (RFPs).
- Oversaw the Network Implementations Department personnel. Direct reports included contracting managers and provider relations support staff.

St. David's HealthCare Partnership (Hospital Corporation of America)- 2004***Physician Relations Representative***

- Acted as the liaison between St. David's central Texas facilities and community physicians to entice patient referrals within the St. David's health care system.
- Developed marketing collateral for physician marketing kits, including health care service sheets, directories, and department specific marketing materials to promote provider satisfaction.
- Investigated and resolved physician dissatisfaction through the development of corrective action plans and senior management team support.

Mental Health Network (Coventry)- 2002-2004***Network Development Manager***

- Oversaw network development and management processes for commercial health plan and Employee Assistance Program (EAP) provider networks.

- Responsible for network development initiatives for the following accounts; Humana (TX), New West (MT), Coventry Carelink (WV), and First Care (TX).
- Negotiate facility contracts and evaluate the productivity of contracts in place for possible re-negotiation.
- Designed and oversaw provider marketing campaigns for established territories and new business to foster network growth and promote provider satisfaction.

Provider Relations Specialist

- Negotiated facility contract reimbursement and secured traditional independent and group provider contracts within timeframes established by the company's senior management team.
- Ensured provider satisfaction and contract compliance through ongoing provider training efforts.
- Conducted credentialing and re-credentialing site visits.

IBM Tivoli Software- 2001-2002

Media Relations, Intern Team Lead

- Drafted press releases, marketing pitches, Q&A's and byline articles for industry publication, reporter interviews, and inter/intranet posting.
- Pitched IBM software news, product launches/upgrades, and industry news to high-technology trade publications for article publication in both print and web format.
- Authored byline articles which have been published in both print and web format. Publications include, PR Newswire, TechTarget.com, SearchStorage.com, The University of Toronto Magazine, and IBM.com.
- Researched various newswires, publications, and competitor websites on a daily basis to monitor and capture industry trends and competitive intelligence and distributed company-wide via email blasts.

Integrated Mental Health Services- 1998-2001

Quality Improvement Assistant

- Assisted Quality Improvement Director with company's quality improvement initiatives and reported results to senior management team.
- Managed company's patient hospital discharge follow-up appointments and ensured compliance with attendance to meet state and federal requirements.
- Managed and monitored patient satisfaction survey results.
- Prepared and managed all Quality Improvement Department reports for Quality Improvement Director.

Medical Records Department Specialist

- Managed day-to-day operations for company's medical records department which included over 4,000 client files and privileged information.
- Oversaw and implemented company's transition to a medical record barcode system to better track status, location, and use of all medical records.
- Managed prescription refill processes for company's physicians.

Education:

University of Texas- Austin, TX

- Bachelor of Arts degree in English.
- Philosophy minor with a concentration in Art History and Psychology.