- James Stringham – Chief Executive Officer
- Dr. Caroline Carney, MD, MSc – Chief Medical Officer
- Dr. Shareh Ghani, MD – Chief Medical Officer, Behavioral Health
- Julia Brillhart, MSN – Health Plan Operations
- Pamela Tropiano, BSN, MPA – Clinical Model of Care Leader
- Cassie Leavitt, MA – Provider and System Transformation

JAMES R. STRINGHAM

Chief Executive Officer

Summary

Senior level health plan executive with over 20 years of progressive healthcare public sector experience in areas including clinical services, network management, stakeholder relations, account management and operations. Fiscal and administrative oversight accountability in core health plan operations including customer service, claims payment & billing, utilization management, information technology and reporting. Accountability for national state Medicaid contracts. Strong results in facilitating and implementing innovative and best practices with providers.

Education and Certifications

University of Phoenix, Phoenix, AZ – Masters in Community Counseling
Northern Arizona University, Flagstaff, AZ – BS

Experience

Magellan Healthcare, Inc 1996 - present

Senior Vice President / Chief Operations Officer, Healthcare Public Markets 2013 - present

- Successfully evolved Magellan Healthcare core behavioral health capabilities into a fully integrated health plan offering across multiple states
- Provide operational oversight and direction of public market contracts including fully integrated Medicaid and Medicare health plans and carve out specialty health plan across the nation
- Accountable for the fiscal and operational performance of plans including the ability to improve member outcomes, develop strategic provider partnerships/arrangements and meet financial targets
- Work closely with state customer to review plan performance, analyze data, and develop targeted initiatives to improve the healthcare delivery system
- Provide business development leadership and support to help expand Magellan Healthcare's integrated solution in targeted markets

National VP of Strategic Growth and Account Management 2011-2013

- Served as a single point of contact for customers around contract performance and execution
- Provided strategic oversight for all aspects of the CMC operations including utilization management, customer services, quality assurance, community outreach and stakeholder relations all geared to assisting members in achieving recovery outcomes
- Developed an account management oversight structure to proactively address contractual performance and proactively community to customers
- Leveraged data and reporting resources and tools to develop reporting package for internal and external use

- Assisted with key growth initiatives by serving as the business lead to leverage best practices and operational efficiencies across accounts

National Vice President of Public Sector Operations 2009-2011

- Accountable for the operational strategy and direction for of all Public Sector Care Management Centers including sites located Arizona, Nebraska, Iowa, Pennsylvania, and Florida
- Provided oversight for all aspects of the CMC operations including utilization management, customer services, quality assurance, community outreach and stakeholder relations all geared to assisting members in achieving recovery outcomes
- Achieved key financial targets while meeting contractual performance expectations
- Identified innovative initiatives that will improve operational efficiencies while meeting and exceeding customer expectations
- Implemented a provider and program accountability process including program dashboards designed to improve quality of care for members while reducing unnecessary cost
- Served as CEO for all new markets as well as interim roles with vacancies exist in key accounts

Magellan Health Services of Arizona, Inc

Chief Operations Officer 2007-2009

- Responsible for directly overseeing the fiscal and administrative operations for Magellan of Arizona, including the areas of customer service, claims payment and billing, utilization management, information technology, staff development, and reporting
- Directly oversaw the management of the service center, including development of policy and procedure, management of the community service delivery system, and coordination of relationships with our diverse provider network
- Managed a budget while keeping administrative expenses within target
- Developed unique provider contracts to serve complex membership while meeting the contract performance requirements
- Partnered with members, families, and stakeholder as part of a governance board structure to identify and design improvements for the delivery system

ValueOptions, Inc.

Program Development / Provider Management 2005 - 2007
Training and Development 2002 – 2005
Justice System / Court Relations 2000 – 2002
Clinical Case Coordination 1998 - 2000

CAROLINE CARNEY, MD, MSc

Chief Medical Officer

Summary

Responsible for supporting Magellan Healthcare in developing and supporting the integrated physical and behavioral and specialty clinical mission, vision, products and strategies. Previous experience includes Chief Medical Officer for Tenet Health Plans, serving Medicaid, Medicare, commercial and exchange members in Arizona, Texas and Michigan, as well as responsibility for medical operations of Phoenix Health Plans, which served Medicare, Medicaid and dual eligible members in Arizona.

Education, Licensure, and Certifications

Loras College, Dubuque, IA – BS
University of Iowa College of Medicine, Iowa City, IA – MD
Preventive Medicine and Environmental Health, University of Iowa College of Public Health, Iowa City, IA – MSc
University of Iowa Health Sciences Center, Iowa City, IA; Resident in Internal Medicine and Psychiatry
University of Iowa College of Medicine, Iowa City, IA; Fellow, Department of Preventive Medicine and Environmental Health

Licensure

Iowa	3/2/95	permanent	#30430 (voluntarily expired)
Indiana	10/6/03	permanent	#0105200A
Arizona	1/15/16	permanent	#51223

Certification

American Board of Internal Medicine, 1997, Certificate #174817 American Board of Psychiatry and Neurology, 1999, Certificate #46046
American Board of Psychiatry and Neurology Psychosomatic Medicine, 2005, Certificate #100

Experience

Magellan Health, Inc 2016-present
Chief Medical Officer

Responsible for addressing integrated behavioral health, physical health, and the social determinants of health in the programs and interventions designed for complex populations. Working with a team of medical directors across the country, leads the development, implementation, oversight, and outcomes of programs in case management, utilization management, quality improvement, and value-based purchasing in Magellan Health's public and commercial markets.

Oversees Magellan Health's national policy committee, an endeavor to standardize and carry best practices, clinical, administrative, and medical necessity policies across the country.

Provides medical leadership for many areas, including: Integrated health, case management, utilization management, virtual Care Solutions, quality improvement, and cost of care.

TENET Health Plans 2015-2016

Chief Medical Officer

Oversaw the development of Tenet Health's health insurance division, focused on Medicare, Dual Eligible, Medicaid, Marketplace, and Commercial business in Arizona, Michigan, and Texas. Responsible for the strategic development of health plan functions and clinical strategies.

Reporting to Tenet Health's national CMO, oversaw the following areas for all states and all lines of business: medical management, prior authorization, concurrent review, complex case management, care coordination, disease management, URAC accreditation, quality improvement, and behavioral health pharmacy.

MDWise

Indiana's largest not-for-profit serving Medicaid and Exchange populations

Chief Medical Officer 2010-2015

Provided oversight for hospital based delivery systems that function like ACOs, as well as led disease management, complex case management, utilization management, and provider relations programs for Indiana Medicaid fee for service populations. Oversaw the following functions: utilization management, delegation oversight and NCQA Accreditation Quality Improvement, disease management, complex case management, provider relations, behavioral health, pharmacy and clinical economics.

Indiana Office of Medicaid Policy and Planning (OMPP) 2007-2010

Medical Director, Director of Healthcare Outcomes, Evaluation, Research, Quality (HEROQ)

Served as the Medical Director for Indiana Medicaid, a $5.5B dollar agency and serving nearly 1.2M lives annually. Developed and/or collaborated in quality initiatives throughout the Indiana Medicaid Office of Policy and Planning, other agencies housed in the Indiana Family and Social Services Agency (FSSA), and the Indiana State Department of Health. Direct oversight of managers and policy analysts, indirect oversight of managers serving in the Care Programs Unit that oversaw all contracting with health plans, and both direct/indirect supervision of the Data Analytics Unit and the disability Medical Review Unit. Work included all medical and behavioral health programing; with specific programs for prenatal care, presumptive eligibility, family planning, and behavioral health. Developed pay for performance programs leading to managed care organization accountability for HEDIS metrics.

Academic Career

Associate Professor of Internal Medicine and Psychiatry, Indiana University 2003-2009, University of Iowa 1999-2003

Specialized in providing integrated care for persons with active medical and behavioral condition.

Published author and co-author for over 100 peer and non-peer reviewed publications, including a wide array of topics from eating disorders, illness fears in the general population, receipt of clinical preventive medical services among psychiatric patients and post-traumatic stress disorder and physical health status among U. S. military personnel.

Shareh Osman Ghani, MD

Chief Medical Officer, Behavioral Health

Summary

Board certified psychiatrist with over 15 years of managed care experience. Served as chief medical officer of Magellan of Arizona, which served approximately 20,000 individuals with Serious Mental Illness and more than 60,000 individuals with general mental health and substance abuse challenges, as well as children and youth. Prior to Magellan of Arizona, Ghani worked in direct care as a chief psychiatrist at a local outpatient clinic and medical director for the Maricopa Assertive Community Treatment (ACT) teams. Ghani recently participated in a Substance Abuse and Mental Health Services Administration (SAMHSA) work group on suicide prevention strategy and was one of the primary authors of the final paper.

Education, Licenses, and Certifications

Education

Rawalpindi Medical College, University of Punjab, Rawalpindi, Pakistan, Graduate
Islamabad College for Boys, Islamabad, Pakistan, Undergraduate

Licensure

Medical License - Pakistan
Arizona Medical License # 31583

Certification

CPR certified
Crisis Prevention Inc. - Currently Certified (since 2000)
ACLS certified

Experience

Magellan Healthcare, California Markets — 2015-Present

Chief Medical Officer

Develop, implement, interpret and approve clinical-medical policies and procedures. Reviews and makes recommendations regarding physician and other prescribing clinician credentialing and reappointment applications. Responsible for all medical management and quality management activities. Continuously assesses and monitors the quality of care provided to members. Develops and implements the medical and quality management work plans. Serves as the chairperson of the MM, QM, and Peer Review Committees with oversight of other medical/clinical committees; and oversees provider education, ins-service training and orientation. Participates in the hiring of medical staff.

Magellan Health, Inc. — 2011-2014

Chief Medical Officer, Arizona Regional Behavioral Health Authority, Maricopa County

Responsible for directing and leading the RBHA toward achievement of the organization's medical/clinical mission, delivery of quality care and sound medical practices. Provided

overall strategic direction and oversight of a comprehensive medical policy to include contributions to development, implementation and evaluation the clinical and cost effectiveness of medical services. Managed medical relationships with state government agencies, provider network organizations and other behavioral health entities to facilitate the delivery of appropriate quality care. Oversaw the clinical quality program, utilization management decisions and provides oversight of the pharmacy program and initiatives

Medical Director of Adult Services 2010-2011

- Oversaw the medical/clinical programs of the provider network organizations and ensured that appropriate and quality services were delivered to adult recipients. Maintained effective relationships with RHBA liaisons, Arizona State Hospital, ALTCS, supervisory care homes and health plans
- Provided leadership, oversight and consultation to the QI and UM programs for adult recipients
- Member of the P&T committee and advised the RBHA on pharmacy Issues related to Adult Services
- Participated in the development, implementation and interpretation of the Medical Policies for Adult Enrollees (including Medical Necessity Criteria, clinical Practice Guidelines and New Technology Assessments)
- Co-chair of the Peer Review Committee

CHOICES NETWORK of Arizona Arcadia Clinic 2009-2010

Chief Psychiatrist

- Attended weekly management team meetings
- Acted as provider liaison between medical staff and the management team
- Addressed barriers to consumer care
- Completed peer reviews of all psychiatrists at the clinic to ensure evidence based approach to psychiatry:
  - Topics reviewed: patients with bipolar disorder on two or more antidepressants with or without a mood stabilizer and polypharmacy
- Directed patient care - including psychiatric evaluations, diagnoses and management plans for clients, emergency and crisis management, pharmacological treatment, counseling/therapy and coordination of care with inpatient psychiatrists, PCPs, and ED psychiatrists
- Directed the management of Assertive Community Treatment (ACT) recipients with daily rounds

Behavior Health Network in Maricopa County 2008-Present

Project Lead for Development and Implementation of the EHMR Claimtrak Clinical Advisor

- Worked with IT, lead the design and development of the EMR
- Develop and lead the test phase with psychiatrists and IT collaboratively with IT, developed the training module
- Developed a phased training & introduction for approximately 80 psychiatrists
- Developed the Electronic Nursing Note with emphasis on addressing metabolic syndrome, and lifestyle changes for behavioral health clinics
- Developed the RN training module and implementation of the RN EMR

- Created, with IT support, an accurate mechanism for easy and quick management of Clozaril protocols, schedules for depot injections
- Developed design for pharmacy, PCP, and lab coordination
- Developed annual psychiatric evaluations and behavioral health updates for the EMR

ACT Teams 2007-Present

Medical Director

- Supervised ACT team staff, develop and implement the Policies and Procedures Manual specific to ACT teams
- Developed and implemented trainings for ACT Team staff
- Provided individual and group supervision to psychiatrists on ACT teams
- Supervised weekly UM inpatient rounds for BHRs at Desert Vista Hospital
- Liaison between RBHA, PNOs, and DBHS
- Supervised the ACT Manager

PASRR Evaluations 2006-2007

Consultant

- Acted as consultant for Skilled Nursing Facility (SNF) placement evaluations on patients with serious mental illness (SMI) and nursing needs

Arcadia Clinic 2005-2010

Chief Psychiatrist

- Attended weekly management team meetings
- Acted as provider liaison between medical staff and the management team. Address barriers to consumer care
- Completed peer reviews of all psychiatrists at the clinic to ensure an evidence based approach to psychiatry:
  - Topics reviewed: patients with bipolar disorder on two or more antidepressants with or without a mood stabilizer and polypharmacy

ValueOptions, Inc. 2004-2007

Area Medical Director

- Supervised medical staff at six outpatient clinics
- Led monthly medical staff meetings at each clinic site
- Supervise treatment of complex patients
- Participated in weekly utilization management rounds to address Inpatient
- Oversaw treatment at state and private facilities, review residential treatment referrals and status of consumers, reviewed housing options
- Responsible for chart reviews with psychiatrists to help streamline treatment, peer reviews for pharmacological management, providing expert clinical advice and help in decreasing redundancy at psychiatric emergency departments:
  - Chart review topics: (1) Patients with Bipolar Disorder on two or more antidepressants with or without a mood stabilizer. (2) Polypharmacy – rationale for patients on 5 or more psychotropic medications. (3) Reviewing high utilizers of psychiatric emergency department services

- Modeled the 'Recovery Philosophy' for the psychiatric treatment teams
- Chaired monthly Grand Rounds at six clinical outpatient sites for difficult to engage patients
- Acted as provider psychiatric liaison between inpatient teams, outpatient teams, psychiatric emergency department and utilization management
- Staff psychiatrist - 20 hours/week. Evaluate and treat a case load of SMI patients
- Supervised a team of psychologist, RN, case managers, Vocational Rehabilitation specialists, Recovery Coaches and Peer Support Specialists
- Was ACT (Assertive Community Treatment) Psychiatrist – July 2006 to date
- Coordinated weekly Teleconference Clinical Inpatient Rounds with a staff of 20 outpatient psychiatrists and patients in the State Psychiatric Facility, Desert Vista Hospital
- Focused on identifying reasons for decompensation and new treatment planning to avoid future re-hospitalizations

VALUEOPTIONS 2003-2010

Staff Psychiatrist

- Provided outpatient psychiatric evaluations, medication management and liaison with Inpatient psychiatric teams for the SMI population in Phoenix, AZ
- Led a team of case managers and therapists
- Attended monthly medical staff meetings to discuss ways to improve clinical care

ACT 2006-2010

Team Psychiatrist

- Provided Community Outreach to the SMI
- Helped supervise the 'ACT House', an apartment complex managed by ACT Team Case Managers
- Met consumers in the community, jails, shelters and hospitals

UPC & PRC-West 2003-2009

Psychiatric Emergency Department Psychiatrist

- Urgent Psychiatric Care (UPC) is a 23 hour Psychiatric Emergency Department providing care to residents of Maricopa County:
  - Completed psychiatric evaluations, treatment and referrals to psychiatric outpatient clinics, substance abuse rehabilitation centers and clinics
  - Treated floridly psychotic and agitated patients
  - Stabilized acutely manic patients
  - Evaluated patients for Inpatient treatment and a Crisis Recovery Unit and Desert Vista Hospital, Phoenix, AZ
  - Responsible for substance abuse detoxification from alcohol, cocaine, amphetamines, marijuana, barbiturates and LSD

Medical Director/Psychiatrist 1999-2003

- Psychiatric Crisis Stabilization Unit 'The Pines' at Evergreen Medical Center, Evergreen, AL:
  - Provided Psychiatric Evaluations, Management, Admissions and Discharge Summaries, Daily Rounds
  - Ordered and reviewed laboratory work, perform Individual and group therapy

- Provided consultation for outpatient clinics with Southwest Alabama Mental Health
- Provided15-minute medication checks and 30-minute psychiatric evaluations
- Provided consultation-liaison psychiatry for medical and surgical patients admitted to Evergreen Medical Center

University of South Alabama
Chief Resident, Department of Psychiatry 1998-1999
Internship & Psychiatric Residency, Department of Psychiatry 1995-1998

Rawalpindi Medical College, Pakistan 1994-1995
Internship (House Officer), Department of Psychiatry

Rashid Nursing Home 1992-1994
Medical Officer, Outpatient and Inpatient Service

District Headquarters Hospital
Rawalpindi Medical College, Pakistan 1991-1991
House Physician, Department of Medicine

JULIA BRILLHART, MSN

Health Plan Operations

Summary

Entrepreneurial leader with over 25 years of experience in the healthcare industry including Medicaid managed care and start-up businesses. Proven successful track record in business and program development including all aspects of implementation, operations, and clinical programs. Innovative and results oriented, with excellent communication skills and strong work ethic. Committed to rigorous financial management and revenue enhancement. Broad experience working in large and small organizations, including for-profit and not-for-profit, through difficult and ever-changing environments. Proven success in engaging national teams and enterprise-wide business partners with collaborative approaches to achieve outcomes meeting business objectives. Servant leadership approach serves as basis for building teams leading to optimal engagement, trust, and strong relationships with team members and other stakeholders.

Education

Indiana University School of Nursing, Indianapolis, IN – Master's Degree, Perinatal Nursing
University of Cincinnati, Cincinnati, OH – BS Nursing
University of Cincinnati, Cincinnati, OH – Major Sociology

Experience

Magellan Health, Inc 2012-Present
Executive Leadership Roles
Executive member of the national Magellan Complete Care team. Achievements: Development and implementation of nation's first Medicaid specialty managed care plan serving individuals with serious mental illness (SMI). Responsible and accountable for the implementation of the health plan at the state/local level, including operations, clinical and member facing programs with an initial focus on Magellan Complete Care in Florida:

- VP, Program Operations, National 2012-Present
- COO, Interim, Magellan Complete Care, Miami, FL 2015-May 2015
- CEO, Interim, Magellan Complete Care, Miami, FL September 2015-December 2015

Anthem Blue Cross Blue Shield, State Sponsored Business 2007-2012
***CEO**, Hoosier Healthwise/Healthy Indiana Plan* 2008-2012
Full P&L accountability responsible for health plan management and compliance for over 250,000 lives achieving profitable each year. Significantly increased market share over first four years as a new health plan against two incumbents. Implemented revenue optimization strategies including value based contracting and preferred provider algorithms. Maximized revenue implementing successful strategies to improve performance metrics tied to premium withhold reimbursement. Identified claims payment issues from a system conversion with over $14M in recoveries. Won a second contract for Hoosier Healthwise and Healthy Indiana Plan.

Launched new innovative programs improving member service. Improved relationships with regulators and legislators creating positive policy changes.

Regional Director Field Operations, Hoosier Healthwise 2007-2008

Developed and implemented statewide operations for start-up Medicaid managed care plan including: strategic planning; development and implementation of statewide and national programs; product, network and proposal development; government relations; provider relations; member health promotion and outreach and engagement strategies including managing multiple Anthem Community Resource Centers and staff; clinical program development; and collaboration with the Anthem Foundation.

Indiana Perinatal Network, Inc 1998-2007

Executive Director, Founder

Statewide 501c3 leader collaboratively setting Indiana's agenda to improve outcomes and the overall health and well-being of pregnant women and newborns. Accountability and responsibility for management and compliance with all State and grantor provisions achieving successful development and implementation of the organization. Secured multiple source funding including Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Indiana State Department of Health, hospitals, and private foundations to sustain and grow the organization. Developed consensus documents that drove policy decisions including legislative changes (e.g., family planning waiver, universal newborn hearing screening). Full responsibility for developing and managing the business. Additional responsibilities included: strategic planning; grant writing; fundraising; management; program development and implementation including clinical programs; coalition building; federal and state compliance; development of statewide/regional collaborations and partnerships; evaluation and marketing; and working with volunteers.

Consultant 1993-1998

Nurse Consultant for Indiana State Department of Health, Maternal/Child Health Services

Developed and delivered a statewide strategic plan for a comprehensive perinatal healthcare delivery system.

BirthWise, PC 1988-1993

President/Owner/Co-founder

Comprehensive perinatal home healthcare company improving outcomes and overall health and well-being of pregnant women and newborns. Sold to a national company (Tokos now Alere) in 1993.

Pamela S. Tropiano, BSN, MPA

Clinical Model of Care Leader

Summary

Senior Executive Health Services Leader with over 35 years experience in nursing, 19+ in health care and health plan administration. In-depth understanding of the challenges facing Medicaid and Medicare recipients both from the provider and payer side. Experience includes executive leadership of health insurance clinical service areas including: care management, disease management, medical/utilization management, quality improvement, and 24 hour nurse triage; as well as designing innovative programs to help better serve the needs of Medicaid/Medicare members while driving financial efficiency. Current position focuses on clinical program design and implementation for new and existing public sector health plan programs. These programs include behavioral and physical health specialty integration and long term services and supports. Prior experience include senior-level positions on both the provider and payer side, including a Senior VP role at CareSource from 2007 to 2014. Extensive experience in palliative care, hospice care, home care, and pain management.

Education, Licensure, and Certifications

Ursuline College, Pepper Pike, Ohio – BS in Nursing
Cleveland State University, Cleveland, Ohio – Master of Public Administration/Health Care Administration

Ohio State Board of Nursing/Registered Nurse/License Number: RN 179102
State of Florida Registered Nurse/License Number: RN 9428448

Certified Case Manager 2010 with renewal November 2015

Experience

Magellan Healthcare, Inc 2014-Present
National Vice President, Clinical Product Innovation – Public Sector

- Responsible for executive leadership and primary responsibility for new and existing market and product health services program creation, design/redesign, implementation, operations, and oversight
- Responsible for executive national clinical support for the Florida specialty health plan, New York Medicaid MLTC/ Medicare Special needs Plan, and Virginia LTSS Plan clinical model design/re-design; assistance with operational management, monitoring, and process improvement
- Support business markets with all care coordination, case management and utilization management operations and oversight
- Support to markets with cost of care and medical action plan activities
- Responsible for executive leadership, design, implementation, and oversight of the national clinical model with full integration of quality improvement and HEDIS/performance improvement activities

- Responsible for executive leadership of the Florida market HEDIS clinical initiatives and active participant in the creation and execution of the national HEDIS strategy
- Participate on clinical team lead for NCQA accreditation and state regulatory compliance/fidelity across all markets and products
- Responsible for the creation and update of the Health Services shared program and reference library content
- Primary author and clinical point for all new market and product RFP document creation, review and meetings with key stakeholders, including state officials, board members, etc.
- Primary author for the New York D-SNP and I-SNP Model of Care documents in 2015 with a score of 96.7% and approval of a 3 year CMS program contract
- Responsible for national support to markets for all on site accreditation and regulatory review audit visits

CareSource 2007-2014

Senior Vice President, Health Services

- Responsible for executive leadership, redesign, implementation, and oversight of the corporate clinical model, quality improvement model, improvement initiatives, and member risk activities
- Responsible for executive leadership position focused on the integration of clinical and quality activities for 1 million+ Medicaid, Medicare Special Needs, and Marketplace members in Ohio; 36,000 Medicaid members in Kentucky and Florida
- Responsible for executive clinical lead for the Ohio MyCare Duals Demonstration Program development and implementation in Ohio - program successfully launched May 2014
- Responsible for executive oversight of the Ohio Home Care Waiver programs
- Responsible for executive point for key community partner relationships, including the Area Agencies on Aging, Centers for Independent Living, etc.
- Responsible for executive lead for the transition of 18,000+ Children with special health care needs - successful transition July 2014
- Participated on the State of Ohio key committees, including statewide emergency department diversion and infant mortality initiatives
- Responsible for executive lead for the Community Hub/Outreach Worker pilot launched in key counties in Ohio
- Responsible for executive oversight of budgeting and fiscal processes within the health services area
- Responsible for executive sponsor for URAC and NCQA preparation/survey – successful, commendable NCQA accreditation received September 2012
- Responsible for executive leadership/oversight for all accreditation activities, audits, including URAC, NCQA, HEDIS, and all State presentations/meetings
- Collaborated with Informatics team with all program development and outcome measurement
- Led for all new market and product expansion Health Service program negotiations with State regulatory agencies
- Responsible for executive point for all RFP/RFA health services responses/expansion

- Responsible for executive clinical point/liaison for CareSource/Humana Alliance business expansion/development – Ohio Integrated Care, Kentucky and Florida Medicaid
- Responsible for executive leadership within the health services area including: care and disease management, care management support services, medical management, behavioral health, special needs plan, quality, accreditation, and 24 hour nurse triage
- Responsible for initial re-design of the Ohio Medicaid care management program in 2007. Subsequent re-design in 2011 focusing on high risk/complex community based care management model
- Responsible for the design of Kentucky and Florida CM/DM models. Rollout of two upgrades - care management documentation system including re-write and roll out of all initiatives/programs: complex/high risk care management, on site care management, emergency department diversion, care transitions, maternal child, children with special health care needs, aged, blind, and disabled, behavioral health, special needs plan, polypharmacy, targeted population based activities, pain management, community outreach, preceptor/training, CareAdvance clinical documentation system, health care home (medical home pilot) and primary care provider activities - key outcomes included a decrease in inpatient, emergency room, and overall medical costs during 2013/14
- Responsible for health services P&L, budget and financial preparation, application, and adherence; heavy focus on medical cost ratios/utilization efforts – significant downward trend in medical cost ratios from 2007 to present
- Responsible for executive sponsor for the Health Care Home Program (Medical Home) and PCMH preparation 2009 - 2011
- Led on all Ohio Nurses Association continuing education efforts, presentations, etc.
- Collaborated cross functionally with internal/external departments including: pharmacy, data analysis, sales and marketing, regulatory, and provider relations

Fidelis SecureCare, Inc 2006-2007

Corporate Director, Health Services

- Responsible for corporate directorship/management support within a startup Medicare Special Needs Plan (SNP) serving frail elderly patients in nursing homes across the US; 100% travel across all markets
- Led with all partner relationship meetings and new business relationships; all markets
- Responsible for Health Service area startup of Texas SNP January 2007
- Responsible for expansion of Michigan and North Carolina Operations ongoing
- Responsible for delegated credentialing audits; all markets
- Responsible for CMS audit preparation; all markets
- Developed all CEU and in-service education programs; all markets
- Developed addition of nurse practitioners to SNP plan model; Michigan
- Responsible for education and orientation of all providers including physicians, nurse practitioners, and physician assistants; all markets
- Responsible for quality and utilization management programs; all markets
- Consultant in all areas of end of life care; all markets

Heritage Healthcare, Inc. 2006-2006

Administrator

- Assisted owner with evaluation and expansion of Cleveland, Ohio home care office. Temporary position until full time Administrator was hired.

Evercare, United Health Care 2004-2006

Director, Health Services

- Directed all Northeast Ohio clinical operations within 20 long term care facilities
- Worked closely with benefit center nursing case managers in ensuring optimal application of member benefits
- Educated Nurse Practitioners, Physician Assistants, and Physicians on how to balance application of a health plan and direct clinical care
- Responsible for clinical direction and development of Nurse Practitioner and Physician Assistant Staff working in contracted long term care facilities
- Managed clinical operations within new program development
- Worked in collaboration with sales and development staff in new nursing facility implementation activities
- Assisted the Executive Director in all budget and financial preparation, application, and adherence
- Worked closely with long term care management staff to effectively utilize the Nurse Practitioners and Physician Assistants to improve the facility's overall quality of care and regulatory compliance
- Responsible for pain management/end-of-life consultation with internal and external speaking on pain management and symptom control

Maxim Health Care 2005-2009

Home Care RN PRN

- Provided direct care to home care patients on a prn basis
- Completed weekend home visits

Providence Home Health Care 2004-2009

Consultant

- Consultant to the Owner and Director in all areas of Home Health administrative and clinical operations of a Home Health agency
- Managed office systems, including Medicare documentation and billing
- Coordinated all quality management programs
- Responsible for staff development
- Acted as back-up to field nurses in the areas of direct patient care and on-call

Montefiore 2000-2003

Vice President, Community Services

- Responsible for administrative/fiscal oversight of the Hospice, Home Care, Private Duty, Wellness, and Outpatient Rehab Programs
- Directed knowledge of MISYS software set up, data entry in all areas, report generation, and physician order generation and tracking, care plan generation
- Tripled the Home Care census within the first two years of employment
- Maintained a favorable profit margin within the entire Community Services area

- Directed participation in all grant/foundation requests - writing and presentation to potential donors
- Acted as contract negotiator across all programs
- Directed human resource responsibilities for 50+employees
- Responsible for education and clinical consultation in all regulatory and quality management areas; survey preparation - obtained 98% JCAHO accreditation score - quality officer
- Acted as nursing student training, mentor and advisor
- Acted as pain management/end-of-life consultation with internal and external speaking on pain management and symptom control throughout the country
- Responsible for program development - private duty, fee-for-service integrative therapy, outpatient rehab, PASSPORT, Russian immigrant, and external hospice contracted services
- Directed marketing of all programs

Cleveland Clinic Foundation 1990-1999

Hospice Director and Nurse Manager Palliative Medicine Unit

- Responsible for growth of hospice program from 5 patients in 1990 to 100 patients in 1999
- Oversight of the hospice program and acute palliative medicine unit
- Prepared hospice and palliative care programs for JCAHO and State surveys with favorable outcomes over a ten year period
- Responsible for educational and clinical resource for all staff, nursing students, fellows, and residents
- Coordinated quality management, research, and marketing activities
- Assisted with corporate compliance activities
- Participated as a member of the Palliative Medicine Board of Advisors
- Responsible for public speaking - all aspects of end-of-life care
- Assisted with initial development of the hospice program and inpatient palliative medicine unit

Meridian Home Health Care 1990-1990

Clinical Supervisor

- Assisted with clinical supervisor duties and field work

Parma Community General Hospital 1988-1990

Director of Home Health/Hospice/Help at Home

- Manage/administration of home health, hospice, and private duty programs

Visiting Nurse Association of Cleveland 1983-1988

Hospice and Home Health Field RN, Central Intake RN, Clinical Supervisor, Director of Admissions

- Participated in field work/case management in hospice and home health care
- Worked directly within the central intake department taking referrals, setting visit frequencies, and insurance pre-authorizations
- Supervised clinical field staff in both hospice and home health care, including specialty programs
- Managed central intake department

Cuyahoga Community College 1984-1985

Medical-Surgical Clinical Instructor, School of Nursing

- Oversaw clinical instruction of both beginning and senior students in all areas of med/surg nursing

Deaconess Hospital of Cleveland 1982-1983

Critical Care RN

- Responsible for nursing care to critically ill medical surgical patients

CASSIE LEAVITT, MA

Provider and System Transformation

Summary

Results-driven healthcare operations leader with 16+ years' management experience in Medicaid managed care and treatment provider organizations. Delivered operational excellence in organizations providing integrated care, trauma-informed care, and care for people with serious mental illness (SMI). Diversified clinical proficiencies are enhanced by effective change management skills and a leadership style that brings out the best in people. In-depth understanding of the integral relationship between clinical and quality issues, marketing, and financial performance.

Education, Licensure, and Certifications

City University of New York, New York, NY – Master of Arts, Forensic Psychology
Central Connecticut State University, New Britain, CT – Bachelor of Arts, Psychology
Ottawa University, AZ – Certificate of Advanced Graduate Studies, Clinical Counseling
Arizona Board of Behavioral Health – Licensed Professional Counselor
Integrated Behavioral and Primary Care Certification – University of Michigan (40 hrs)

Experience

Magellan Healthcare, Inc 2016-Present
Senior Director, Clinical Care Services

- Collaborates with Care Management Centers and National Operations team to develop new services, fill gaps in existing system and implement new programs
- Position requires knowledge of national evidence-based and best practices for adults with mental illness and substance abuse, children and families, trauma-informed care, EPSDT, CMS, and SAMHSA system of care principles/approaches

Magellan Complete Care of Florida, Inc 2014-2015
Senior Director, Field Operations and Implementation

- Built two new successful teams accountable for statewide field operations and community outreach in support of a new Medicaid SMI specialty health plan
- Recruited/trained 32 staff members (RNs and other licensed professionals); established performance metrics, goals, policies, procedures, and tools for community and provider outreach
- Led successful rebranding initiative; partnered with Marketing and other departments on successful implementation of specialty health plan (the first of its kind in the U.S.)
- Educated provider network and communities resulting in successful launch of the product in new markets while expanding offerings available for members with SMI
- Collaborated with multi-disciplinary teams, providers, and other external partners in developing best practices for integrated care
- Championed evidence-based best practices, (i.e., peer support services, member support proven to reduce inpatient hospitalizations and re-hospitalizations)

- Led provider development activities; built a statewide network of colleagues instrumental in achieving objectives in a rapidly changing environment; implemented Sales*f*orce CRM
- Participated in Agency for Healthcare Administration Committee meetings for assisted living and behavioral health

Magellan Health Services of Arizona, Inc 2012-2014

Senior Director, Operations Implementation

- Managed high-priority, large scale, multifunctional projects across Magellan Health, both locally and nationally
- Facilitated implementation of multi-million-dollar contracts by achieving successful readiness reviews in two states – Nebraska and Virginia
- Led successful change management project with State of Virginia bringing together diverse clinical and customer service specialists; led meetings to build consensus
- Optimized client outcomes through skillful leadership of matrixed multi-disciplinary groups

PSA Behavioral Health Agency 2008-2012

Chief Operating Officer

- Ensured compliance with licensing requirements, Medicaid, and accreditation standards; evaluated operations; identified strengths and opportunities
- Partnered with CEO and CFO in development/control of multiple budgets totaling $10M; oversaw IT (including EHR/EMR support), human resources, billing, quality management, compliance, and property management
- Led agency in achieving CARF accreditation (and subsequent renewals); achieved initial accreditation within six months
- Successfully negotiated provider contracts to meet strict cost-of-care targets

Value Options, Inc 1999-2007

Director of Residential Services, Clinical Director, Mental Health Evaluator, Case Manager

- Managed publicly funded behavioral health adult residential services for Maricopa County Regional Behavioral Health Authority with the focus on recovery and resiliency
- Ensured service delivery aligned with corporate values of clinical excellence, fiscal responsibility, and the highest ethical standards; earned multiple promotions
- Overcame staffing shortages by developing clear goals and expectations, effectively communicating accountability, volunteering for additional clinical duties, and encouraging team members to maximize productivity with available resources
- Played key role in successful audits at multiple facilities; reviewed documentation to ensure quality/compliance
- Developed best practices; collaborated on process improvements to energize productivity and improve quality
- Tracked hospitalization rates, discharge plans, closures, transfers and court orders; clinical responsibilities included: patient assessments, intake evaluations, crisis intervention, treatment planning, documentation, case management, training and quality assurance; coordinated patient care and referrals