## *Names and Titles of Participating Individuals for Oral Presentations*

Below please find a list of names and titles of the individuals who will participate in the Oral Presentations:

- Joseph G. Gaudio, CPA – CEO, UnitedHealthcare Community Plan of Arizona
- Stephen D. Chakmakian, D.O. – Chief Medical Officer, UnitedHealthcare Community Plan of Arizona
- Karen A. Saelens – Chief Operating Officer, UnitedHealthcare Community Plan of Arizona
- Leslie K. Paulus, MD, PhD, FACP – Medical Director, UnitedHealthcare Community Plan of Arizona
- Leslie Schwalbe, MPA, CCHP – Senior Vice President, State and Local Government Programs
- Lilli R. Correll, LPC - VP, Behavioral Health Product Development & Solution Design

# JOSEPH G. GAUDIO, CPA – CHIEF EXECUTIVE OFFICER

## OVERVIEW

Challenge-oriented finance executive with more than 20 years of broad and diverse experience in senior leadership positions. Expertise in strategic financial management, reporting, budgeting, acquisition due diligence, capital financing, cash management, receivables management and healthcare benefit consulting. Proven track record of delivering results and recognized for leadership ability. Responsible for financial component of state contract bids including capitated rate proposal, financial projections and best and final offer negotiations. Notable accomplishments include:

- Improved market share by more than 200 basis points in the first year as CEO of UnitedHealthcare Community Pan of Arizona through multiple community engagement strategies
- Reduced accounts receivable days sales outstanding for Soporex Inc., from 105 to 45 days, which played a key role in sustaining business operations in the wake of significant reductions in Medicare reimbursement
- Led an airline industry vertical affordability engagement, developing unique care management solutions that played a meaningful role in obtaining the US Airways business, approximately 55,000 members, for UnitedHealth Group
- Key participant of UnitedHealthcare national senior leadership teams that increased its Public Sector membership by 282,000 lives, 42 percent above net growth target, and increased West Region membership by 175,000 lives, 70 percent above net growth target
- Successfully bid and was awarded numerous Arizona Health Care Cost Containment System (AHCCCS) contracts covering both long-term care and acute care services, growing Arizona Physicians IPA into the largest AHCCCS plan in Arizona

Improved AIGB's working capital in excess of $5.5 million over a seven-month period, driven primarily by a reduction in days sales outstanding from 89 to 50 days and reducing payroll and related expenses by approximately $600,000. The excess cash was used to reduce outstanding long-term debt and fund a strategic investment in Arizona. CFO West

## PROFESSIONAL EXPERIENCE

### *UnitedHealthcare Community Plan – Phoenix, AZ*

### Chief Executive Officer, Arizona/September 2014 – Present

Responsible for financial performance and all aspects of a managed care health plan that serves more than 525,000 Medicaid and Medicare Dual Eligible members in the State of Arizona under multiple contracts with AHCCCS and the Centers for Medicare and Medicaid Services. Other core responsibilities include rate and program advocacy with key State leaders, community engagement and thought leadership.

### Chief Financial Officer – Central Region/January 2010 – August 2014

Responsible for strategic financial management, budgeting, and forecasting for the organization's central region covering approximately 1.2 million Medicaid beneficiaries and representing $6.8 billion in total revenue. Key participant on national senior leadership teams, working closely with operations, network and actuarial to meet net growth and profitability targets. During tenure, the central region grew from 685,000 Medicaid beneficiaries and $2.4 billion in total revenue primarily through the successful bidding of Medicaid contracts in Texas, Ohio and Kansas. Supervised five market chief financial officers.

### *American Institute of Gastric Banding, Inc. – Dallas, Texas*

Chief Financial Officer/January 2009 – October 2009

Senior leader of a $50 million ambulatory surgery company with direct responsibility for finance, human resources, information technology, insurance verification, billing and collections. Reported directly to the chief executive officer and actively participated in monthly board of director meetings. Worked with senior lenders to establish revised debt covenants and successfully negotiated the removal of collateral requirements for a short-term, unsecured credit line. Supervised the controller, vice president of information technology, director of business operations and human resources.

### *Soporex, Inc. – Dallas, Texas*

Chief Financial Officer/January 2008 – September 2008

Key senior management team member of a $40 million respiratory management company, assisting with development of strategic direction and company objectives. Reported directly to the company president and was responsible for all financial aspects of the company including financial and tax reporting, treasury, financial control, inventory management, budgeting, forecasting, financial analysis and audit coordination. Directed the strategic negotiation and management of revolving credit facilities and responsible for acquisition analysis. Served as main financial contact for investment bankers and potential investors during the company's recapitalization effort. Supervised the controller and director of compliance, billing and collections.

### *UnitedHealthcare – Dallas, Texas*

Vice President of Affordability – South Region/April 2005 – December 2007

Led the affordability engagement teams for the organization's south region, which consisted of approximately 80 customers. Affordability engagements included direct customer and consultant interaction with detailed analyses covering financial, clinical and network performance and developing solutions that target improving affordability and health outcomes. Customer-specific engagements included Cracker Barrel, Southwest Airlines, US Airways, The Coca-Cola Company and Sabre Holdings.

Chief Financial Officer, West Region – Public Sector/January 2000 – March 2005

Led regional finance team responsible for strategic financial management, budgeting and forecasting for UnitedHealthcare segments that totaled 3.2 million lives and approximately $5.7 billion in revenue. Served on senior leadership teams, working closely with sales, network, and underwriting teams to meet net growth and profitability targets. Assumed additional companywide responsibility in 2004 as capability owner, receivables manager. Directed a team of collection specialists responsible for receivables management with $27 billion in total revenue. Reduced days sales outstanding from 4.5 to 2.5 over one year and consistently met quarterly cash flow and receivables targets. Supervised four market chief financial officers and two financial analysts.

## EDUCATION/CREDENTIALS

- B.S, Accounting (Magna Cum Laude), Arizona State University, 1987
- C.P.A., State of Arizona, Certificate No. 6935-E
- UnitedHealthcare President's Leadership Development Program, Wharton School of Business, 2004
- UnitedHealth Group, General Manager Program, 2011

# STEPHEN D. CHAKMAKIAN, D.O. – CHIEF MEDICAL OFFICER

## OVERVIEW

Accomplished, mature, ethical physician executive with more than 17 years of executive, clinical and diverse professional leadership experience. Excellent communication, interpersonal and problem-solving skills; builds trust, consensus and promotes innovation, change and teamwork. Proven ability to adapt within a competitive health plan environment, refining managed care strategies, assessing requests for proposals and strategic partner selections. Adept at integrating delivery systems, developing structure, process and policy, and creating, implementing and improving innovative quality and utilization management programs.

Excels in oversight and development responsibility for the full scope of health plan medical operations, including but not limited to: accountable care and community-based clinical care models; inpatient concurrent review; integrated medical and behavioral services; pre-certification and post-service review; disease and case management; high-risk/high-needs member care coordination; maternal child health/EPSDT; behavioral health, dental/oral health; quality improvement; performance management; credentialing; pharmacy programs; transplant services; appeals and grievances; contracting and network development (including alternative payment models/payment transformation); and claims analysis (including fraud, waste and abuse assessment).

Proficient in Arizona public sector insurance programs, including regulatory and state and federal customer requirements and expectations. Current responsibilities include oversight of Medicaid and Dual Eligible Special Needs (D-SNP) Medicare programs, including individuals with developmental disabilities, specialized and complex medical conditions, long-term care, and home and community-based services.

## PROFESSIONAL EXPERIENCE

### *UnitedHealthcare Community Plan – Phoenix, Arizona*

#### Chief Medical Officer/January 2011 – Present

Responsible for health plan clinical and quality operations and performance oversight for health plans that serve more than 530,000 Medicaid and Medicare D-SNP members in Arizona under multiple contracts with the Arizona Health Care Cost Containment System (AHCCCS) and the Centers for Medicare and Medicaid Services (CMS), including five distinct State programs (i.e., Acute Medicaid, Children's Rehabilitative Services, Individuals with Developmental Disabilities, Arizona Long-Term Care Services, and D-SNP). Accomplishments include:

- Consistently sustain performance and improvement in compliance with contract requirements and state partner expectations
- Lead significant and sweeping expansion of health plan clinical partnerships and deployment of value-based contracts across the state for all plan types with Accountable Care Communities
- Awarded three UnitedHealth Group Innovation awards, as well as a UnitedHealth Group Leadership Shadow award for increasing employee engagement
- Lead and mentor a core clinical leadership team and extended clinical and quality support teams

### *Health Choice Arizona/Health Choice Generations – Phoenix, Arizona*

#### Chief Medical Officer/October 2006 – November 2010

Gained nine years of progressive and cumulative medical administrative experience, growth and development at this AHCCCS managed care health plan.

- Successfully supported successive competitive AHCCCS bid awards and led medical services departments through progressive plan membership and geographic expansion from approximately 35,000 covered lives in two metropolitan counties, to more than 200,000 lives across 10 Arizona counties

- Supported the implementation and management of Health Choice Generations, a D-SNP Part D Medicare Advantage health plan serving dual-eligible members
- Collaborated on Request for Proposal (RFP) development, issuance and selection processes for new plan service delivery vendors
- Supported successful post-implementation of selected vendor partners, demonstrated by operational success, improved appropriateness of utilization, reduced cost, improved data collection and quality control

Medical Director/March 2004 – September 2006

- Redeveloped health plan clinical department policies and procedures, including medical and dental clinical coverage criteria, provider pre-certification denial language and regulatory provider and member correspondence materials
- Added and trained two additional medical directors and defined the health plan pharmacy director role as a result of growth and expansion
- Collaborated on RFP issuance, selection and contract negotiations for a Pharmacy Benefit Management (PBM) vendor, including oversight of a two-stage implementation (Medicare Part D and AHCCCS Acute)
- Updated processes and scalability, improved compliance and timeliness, and reduced costs associated with the provider credentialing program

Associate Medical Director and Pharmacy Director/November 2001 – February 2004

- Oversaw medical and dental clinical coverage criteria development and standardization processes
- Managed Pharmacy and Therapeutics, Drug Utilization Review and related programs; expanding and structuring a robust, safe, cost-effective preferred drug list

***IASIS Healthcare – Phoenix, Arizona***

The Centre Clinics, Family Practice Offices/September 2000 – February 2004

***Catholic Healthcare West/St. Joseph's Hospital and Medical Center***

Hospital Emergency Department and Intermediate Care Annex/July 1999 – June 2000

- Served as a dedicated, board-certified, Family Practice Physician with seven years of outpatient, inpatient and emergency department/urgent care practice experience within the Phoenix metropolitan tertiary and quaternary health centers
- Served in a successful private group Family Medicine practice environment with more than 5000 inner-city, primary care patients with diverse insurance coverage and fee for service care
- Oversaw ongoing education to students, residents, physician assistants and family nurse practitioners

## EDUCATION/CREDENTIALS

- Family Practice Residency, St. Joseph's Hospital and Medical Center Phoenix, Arizona, 1997–2000
- Doctor of Osteopathic Medicine, Midwestern University/Chicago College of Osteopathic Medicine, Downers Grove, Illinois, 1993–1997
- Bachelor of Arts, Biology (minors in Chemistry and Philosophy), University of San Diego, 1989–1993

## PROFESSIONAL AND COMMUNITY AFFILIATIONS

- Arizona Board of Osteopathic Medical Examiners (license #3521) 1/31/2000 – 12/31/2016
- American Academy of Family Practice Board Recertification 2007 – 2017
- American Academy of Family Practice Board Certified 2000 – 2007
- Arizona Osteopathic Medical Association

## VOLUNTEER BOARDS

- March of Dimes, Greater Arizona Chapter, September 2014 to present

# KAREN A. SAELENS – CHIEF OPERATING OFFICER

## OVERVIEW

Highly accomplished leader with experience in varying plan operations, business analysis, information technology (IT) and software development. Results-oriented, decisive leader with proven success building organizations, strategic business planning, project implementation and building solutions for complex problems. Recognized track record building strong processes that exceed operational metrics. Thrive in dynamic and fluid environments while remaining focused on primary business goals.

## PROFESSIONAL EXPERIENCE

### *UnitedHealthcare Community Plan – Phoenix, Arizona*

### Chief Operating Officer/July 2015 – Present

Responsible for operational performance of UnitedHealthcare Community Plan of Arizona, both internally and with state regulator. Responsible for financial, operational and people goals. Responsible for improving operational performance and increasing member and provider satisfaction. Responsible for successful implementation of key business changes whether regulatory or internally driven. Accomplishments include:

- Consistently exceed state performance measures
- Created operational scorecards for at-a-glance view of key metrics
- Consistently exceed company goals, including employee engagement
- Implemented key system updates with minimal operational impact
- Empowered team to focus on operational excellence resulting in exceeding metrics

### Executive Director, Long-Term Care and Medicare/August 2012 – July 2015

Led the long-term care (ALTCS) and Medicare Advantage products for UnitedHealthcare Community Plan in Arizona. Responsible for setting and managing financial, operational and people goals, and for improving operational performance. Responsible for increasing member and provider satisfaction. Reported product operational performance to corporate executives and health plan leadership. Accomplishments included:

- Exceeded state performance measures
- Increased staff visibility on broader UnitedHealthcare company goals
- Improved multiple work flow processes to increase employee engagement
- Reduced administrative costs around manual processes
- Aligned Medicaid and Medicare processes for long-term care members
- Empowered team to focus on operational excellence resulting in exceeding metrics
- Oversaw the successful implementation of key business regulatory-/internally-driven changes

### West Region Director, Health Plan Operations/March 2009 – August 2012

Provided regional oversight for health plan operations in Arizona, Hawaii, New Mexico and Washington with additional oversight responsibilities for national Long-Term Care and Medicare operations. Responsible for adherence to regulatory requirements for claims, call center, enrollment and network operations. Responsible for improving operational performance and increasing member and provider satisfaction. Reported operational status and performance outcomes to corporate executives and health plan leaders. Responsible for driving implementation of key business changes both regulatory and corporate driven. Accomplishments included:

- Implemented RFP awards for multiple products with minimal operational impact

- Created performance metric scorecards to monitor performance of operations, which led to improved operations affecting call center, claims and network operations
- Built a strong operations team that focused on operational excellence and exceeded metrics expectations
- Implemented multiple communications channels for changes affecting call center teams, resulting in improved performance

## Vice President, Operations/March 2008 – March 2009

Led the claims, member and provider operations teams of our AHCCCS Acute managed care health plan (APIPA) to achieve operational excellence. Implemented operational processes that adherence to AHCCCS regulatory requirements and for claim payment accuracy per contractual agreements among physicians, hospitals and governing agencies. Reported operational status and performance outcomes to corporate executives and the board of directors. Managed key vendor relationships, with a focus on improving performance and achieving and exceeding metrics. Accomplishments included:

- Retained key provider relationships within health plan, enabling strong membership growth for the health plan
- Built strong operations teams that focused on operational excellence and exceeded metrics
- Implemented Children's Rehabilitative Services (CRS) program for AHCCCS
- Exceeded the regulator's performance bonus expectations

## Vice President, Claims Cost Management/January 2006 – March 2008

Managed a team of more than 55 professionals while implementing new cost-containment tools and processes for improving claims adjudication accuracy. Led configuration of claims payment system operations to achieve accurate and timely entry of business rules that affect benefit packages, authorizations, provider enrollment rules, membership rules and security rules. Coordinated claims payment quality testing of physician and hospital contracts. Accomplishments included:

- Directly responsible for cost-containment dollars exceeding 2007 goals by 150 percent
- Exceeded cash recovery targets in 2007 by 30 percent
- Created metrics and control processes surrounding configuration of key data in claims payment system, leading to improved process and quality
- Created processes to monitor system fixes, achieving accurate payment first time; process included control chart reporting for ongoing monitoring of fixes
- Built intake and tracking systems for all requests for work from the research/audit team

## Senior Director, System Configuration/March 2004 – January 2006

Directed business rules-based system setup to verify physician and hospital contracts, enrollment, and provider rules were loaded into the system for optimal handling of expected rules and claims payment. Accomplishments included:

- Restructured organization to gain efficiencies via automation, mentoring and cross-training
- Reduced turnaround time for configuration work within service levels for 75 percent of customers
- Developed executive training program that addresses claims payment complexities; trained majority of corporate executives on the basics of our claims payment system
- Oversaw end-to-end quality of system configuration, from business rules to testing, improving quality metrics
- 50 percent in the first year
- Built intake and tracking systems for all requests for work from the configuration team
- Created metrics and a monitoring system for service level agreements among departments

- Created and maintained budgets within corporate expectations
- Developed resource planning tools against expected volume of work
- Built relationships with key individuals in other departments resulting in a successful enhancement of the overall configuration process

### Project Director/February 2003 – March 2004

Led teams during migration of health plans from mainframe system to client-server based claims payment system. Reported migration status to executive management and escalated issues. Accomplishments included:

- Led the timely migration of two health plans from mainframe system to new claims payment system, involving IT, call centers, health plans, claims processing teams and pertinent business processes
- Created resource plan and budget for migrations – exceeded budget goals

### Director, Application Services/April 1999 – February 2003

Translated client business requirements into technical requirements. Scheduled staff to perform necessary technical changes and directed the projects to completion. Accomplishments included:

- Reviewed and contributed to decision of claims payment vendors to replace mainframe system, with focus on systems capabilities and processes
- Led the three IT implementations from mainframe system to new claims payment system within eight months
- Implemented reusable application development and project management templates, which increased efficiencies in subsequent implementations of the new claims payment system
- Led HIPAA implementation for required federal changes in EDI transaction sets
- Designed creative solutions for IT systems

## *EDUCATION/CREDENTIALS*

- B.S., Computer Science, Winona State University, 1983
- B.S., Secondary Mathematics Education, Winona State University, 1983

## *PROFESSIONAL AND COMMUNITY AFFILIATIONS*

- Toastmasters Competent Communicator
- Toastmasters Advanced Communicator
- UnitedHealth Group, General Manager Program, 2017

# LESLIE K. PAULUS MD, PHD, FACP – MEDICAL DIRECTOR

## OVERVIEW

Dr. Paulus joined UnitedHealthcare in January 2006 and is based in Phoenix, AZ. UnitedHealthcare Community Plan Arizona is United's Government Programs Plan. Dr. Paulus has been the lead Medical Director for the health plan's Children's Rehabilitative Services (CRS) program since October 1, 2008. She helped implement the integrated CRS program in 2013. Prior to being a medical director she was practicing as both a pediatrician and an internal medicine specialist, having completed a combined residency at St. Joseph's Medical Center. She has extensive experience in behavioral health as she was Director of the Department of Medicine at Arizona State Hospital for 4 years, participated as board member for Mental Health Advocates, and was Chair for the Human Rights committee for the Arizona State Hospital. Dr. Paulus is a second generation native of Phoenix, Arizona and has 2 sons, an adopted daughter (granddaughter), 3 other granddaughters and one grandson.

## PROFESSIONAL EXPERIENCE

### *UnitedHealthcare Community Plan - Phoenix, Arizona*

Children's Rehabilitative Services Medical Director– October 2008– Present

- Medical Management and Care Management Supporting Medical Director for Integrated CRS program
- Quality Peer Review Committee Involvement Arizona Plan and Regional UnitedHealthcare
- Participant in Healthcare Quality Utilization Management Committee and Health Plan Quality Committee
- Policy and Procedure Development/Revision
- Appeals Determinations
- Claims Review Determinations/State Fair Hearing Witness
- Prior authorizations and inpatient determinations for all lines of business, Medicaid, Developmental Disability Long Term Care, KidsCare, Children's Rehabilitative Services
- Network Development/Provider issue support
- Lead Medical Director for multiple Joint Operating Committees Affordable Care Organizations and Value Based Contracts
- Enrollment Resource for Children's Rehabilitative Services

### *UnitedHealthcare Evercare Clinical Care Center - Phoenix, Arizona*

National Medical Director–/ January 2006 to October 2008

- Medical Director Prior authorization, Inpatient Utilization, Post Hospital Determinations split 26 local markets, 60,000 member and cross coverage for other two national medical directors dual Special Needs(DSNP) Medicare program
- Coordination DSNP with Medicaid management multiple states
- Integrated program management inclusive of medical and behavioral health
- Participated in development of operational processes for utilization
- Mentor and educated level I and II case managers regarding chronic illness and prevention related to unique illness
- Participation in development of Special Needs Plans Quality Indicators around post hospital transitions
- Collaborative interaction with local markets around strategic planning for reduction of bed days and readmissions

- Data analysis of exported reports to evaluate utilization data and local market needs

### Chief Medical Officer Banner Mesa Medical Center– Mesa, Arizona/ May 2005-November 2005

- Promote concepts and practice of quality improvement activities
- Analyze, review and present clinical, financial and patient satisfaction outcome data to medical staff.
- Oversee Care Management operations which include utilization and case management.
- Participation in strategy planning for Banner Mesa Medical Center and Banner Health system wide.
- Medical Staff leadership development
- Development of Continuing Medical Education
- Peer Review and Credentialing
- Involvement in Banner Health system wide initiatives
- JCAHO, Arizona State Licensure, CMS certification

### Internist/Pediatrician Internal Medicine Specialists, P.C.– Phoenix, Arizona/ November 1998-May 2005

- Private Practice, primary care, integrative treatment of complex patients with multispecialty needs.

### Internist/Pediatrician Scottsdale Healthcare – Scottsdale, Arizona/ May 1997 – October 1998

- Private Practice, primary care, integrative treatment of complex patients with multispecialty needs, participant in development for pilot for electronic medical record.

### Director of Department of Medicine, Arizona State Hospital– Phoenix, Arizona / July 1993 – April 1997

- Supervisor of 5 Physicians Department of Medicine
- Provided inpatient acute, chronic and preventative care in coordination with the psychiatric attending for adolescent and adult seriously mentally ill and forensic patients
- Director of Laboratory, CLIA certified 1994-1997
- Co chair Pharmacy and Therapeutics Committee, 1993-1995
- Chairperson Emergency Services, 1993-1997
- Chairperson of Medical Utilization Management, 1994-1997
- Supervision of the medical staff employees and dental staff contracted employees
- Provided consultative interface with the Departments of Pharmacy, Nursing, Specialty Clinic Services, Physical Therapy, Radiology, Podiatry, Neurology, Obstetric/Gynaecology, Optician, Audiology, EKG, EEG, Employee Health, Infection Control

### Pediatrician Children's Rehabilitative Services– Phoenix, Arizona/ June1989– June 1993

- Pediatric clinic screening evaluations including triage, developmental assessments, case management, interface with community agencies supporting intervention for the patient.
- Moderator function for multidisciplinary clinics including: Myelomeningocele Children and Adults,
- Rhizotomy Screening, Neurofibromatosis, Cranial Remodelling, Surgical Epilepsy
- Supervisory function of the clinic nurse practitioner

## EDUCATION / CREDENTIALS

1985, Medical Doctorate, University of North Carolina, School of Medicine, Chapel Hill, NC

1983, PhD, Microbiology & Immunology, Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, NC

1972-1978, BS, Microbiology, Arizona State University, Tempe, Arizona

1987-current, Medical License in Arizona

1987-current, DEA

1989-current, American Board of Internal Medicine, Certified,

1990-2004, American Board of Pediatrics Certified

1997-1998, Completed Program in Management I, II, III, American College of Physician Executives, Phoenix, AZ

## PROFESSIONAL AND COMMUNITY AFFILIATIONS

- 2015-current, Arizona State Autism Task Force Member: Recommendations made to State of Arizona for best practices and integrated services; Vitalyst Adult with Autism Work Group Member 2017-current
- 2015-current, Prenatal Substance Abuse Task Force member State of Arizona: development of recommendations to State of Arizona for best practices, prevention, evaluation and treatment.
- 2017, Advisory Council Member UnitedHealthcare National Special Needs Initiative
- 2009-current, Newborn Screening Partners Committee member
- 2013-current, Arizona Institute for Public Life Advisory Board Member
- 1993-current, American College of Physicians, fellow since 2005
- 1997-current, American Association of Physician Leadership (previously American College of Physician Executives), member
- 1995-current, Maricopa Medical Society, member
- 1989-current, Arizona American Academy of Pediatrics, member
- 1992-current, Valley Interfaith Project Leader
- 2011-current, Our Lady of Angels , Franciscan Renewal Center parishioner; 1990-2011, St. Francis Xavier, parishioner.
- 1995-2009, Advisory Board for Arizona Social Change , Arizona Community Foundation
- 1998, Advisory Board for Scottsdale. Initiative for Girls and Young Women
- 1998 –2009, Human Rights Committee, Arizona State Hospital, member, chaired 2001 -2008
- 2000-2006, Advisory Board Mental Health Advocates

# LESLIE SCHWALBE, MPA, CCHP

# SENIOR VICE PRESIDENT, STATE AND LOCAL GOVERNMENT PROGRAMS

## OVERVIEW

Knowledgeable and thoughtful healthcare administrator with more than 25 years of experience working in and with state governments, national associations, health plans and community providers.

## PROFESSIONAL EXPERIENCE

### *Optum – Eden Prairie, Minnesota*

Senior Vice President, State and Local Government Programs – Tempe, Arizona / March 2015 – Present

- Collaborates with client states and communities to develop solutions to difficult healthcare problems
- Manages corporate relationships with government behavioral health departments, national advocacy organizations and behavioral health trade associations
- Hosts difficult conversations such as the Optum SPARK Initiative on Criminal Justice; solving for important public health problems
- Provide subject matter expertise to existing and new business opportunities
- Present behavioral health and technology trends and innovation at numerous national and local behavioral health conferences

### *Medicaid Behavioral Health Consultant (self-employed) – Tempe, Arizona / June 2005 - March 2015*

Consultant to government and private organization spanning the country including:

- Substance Abuse and Mental Health Services Administration/Center for Mental Health Services
- US Department of Health and Human Services/Assistant Secretary for Planning and Evaluation
- 25+ state health mental health and Medicaid agencies
- National Association for State Mental Health Directors
- Behavioral health providers, behavioral health trade organizations, and managed care/behavioral health care organizations
- Provided training and technical assistance to non-profit groups and provider organizations through numerous presentations on Medicaid and behavioral health

### *State of Arizona, Phoenix, Arizona*

Deputy Director, Division of Behavioral Health Services, Arizona Department of Health Services / December 1999 – June 2005

- Directed the operation of the community behavioral health system by providing inpatient, outpatient, and pharmacy services to more than 140,000 consumers and families, managing more than $800 million annually. Developed and financed new, state of the art covered services for all enrolled Medicaid and non-Medicaid members, including members of two class action lawsuits. Directed the development, negotiation and implementation of behavioral health managed care contracts throughout Arizona.
- Under a contract with the State's Medicaid Agency (AHCCCS), directed the behavioral health carve-out program operating under an 1115 managed care demonstration waiver.

- Directed the implementation of the Arizona Health Insurance Flexibility and Accountability (HIFA) waiver program for newly-enrolled behavioral health members.
- Directed the implementation of an 1115 expansion program for persons receiving behavioral health services up to 100% of the Federal Poverty Level. Included the transition of persons from state-only programs to the new Medicaid expansion group.
- Responsible for the Arizona State Hospital and the Arizona Community Protection and Treatment Center and the care of more than 450 persons committed by the Courts. Responsible for continual JCAHO and CMS accreditation to ensure federal financial participation under Medicare and a CMS approved Medicaid IMD waiver.

### Assistant Director, Arizona State Parks / June 1995 - December 1999

- Finance, human resources and procurement director
- Developed and led the financial, human capital and procurement strategies for the development and opening of Kartchner Caverns State Park
- Collaborated with Governor's Office and Joint Legislative Budget Committee to develop ongoing resource commitments for State Parks

### Senior Budget Analyst, Governor's Office of Strategic Planning and Budgeting / September 1990 – June 1995

- Analyzed state agency budget requests and prepared Governor's budget recommendations for several large agencies including the Department of Health Services and the Department of Corrections

## Education / Credentials

- National Commission on Correctional Health Care – Certified Correctional Health Professional / September 2017
- Harvard School of Public Programs Certification / July 2002
- Master of Public Administration, concentration in Government Finance, Arizona State University School of Public Affairs / December 1991
- Bachelor of Arts, Political Science, Montclair State University / June 1987

## Selected Professional and Community Affiliations

- National Alliance on Mental Illness (NAMI) Arizona Board Member /member since 2016
- Arizona State Parks, Public Safety Retirement System Local Board Member / member since 2003
- Past Secretary and Treasurer, Board of Directors, Recovery Empowerment Network, a non-profit mental health peer-run and operated organization providing advocacy and services to Arizona Medicaid members / member from January 2006 – September 2013

## Recognition for Mental Health and Substance Use Service Contributions

- MIKID Outstanding Service for Children with Mental Health Issues – Arizona, October 2005
- Community Partnership of Southern Arizona (CPSA) Community Spirit Award – Arizona, April 2005
- Statewide Celebration of Courage Conference, Leadership in Developing Peer Programs Recognition– Arizona, April 2005
- Arizona Council of Human Service Providers, 1st Annual Advocacy Award – Arizona, July 2003
- Western Governors' Association George S. Mickelson Memorial Fellowship – Western States, 2002
- Arizona Mental Health Association's Leadership Award – 2001

# LILLI CORRELL – VP, BEHAVIORAL HEALTH PRODUCT DEVELOPMENT & SOLUTION DESIGN

## OVERVIEW

- Keen intuition, high energy, genuine, and straight-forward leadership.
- Consistently produce best practice operational improvements and significant SG&A/ROI savings.
- Proven achievements in Healthcare, stakeholder engagement and process improvement.
- Comprehensive business expertise in Medicaid, Medicare, and commercial markets.

## PROFESSIONAL EXPERIENCE

### *Optum – Eden Prairie, MN*

VP, Behavioral Health Product Development & Solution Design (Austin, TX) / March 2016 – Present

- Co-led and delivered integrated medical and behavioral health case management to the Medicaid channel including identification and stratification algorithms that factored in behavioral, medical, pharmacy, and social determinants
- Conducted a cross-channel proposal analysis, developed insights and recommendations and delivered them to key stakeholders
- Oversee public sector solution design approach to Medicaid, Medicare and Federal RFP pipeline
- Obtain, analyze and summarize research related to product development, including: clinical literature, industry trends, competitor activities, and health service delivery systems
- Monitor and modify product offerings to maintain competitiveness

### *Cenpatico – Austin, TX*

VP, Clinical Operations, Behavioral Health & STRS / February 2015 – March 2016

- Provided oversight to the Centene behavioral health utilization, disease and case management organization of 500+ staff
- Assisted in evolution of behavioral health approach to case management to ensure identification and stratification of highest need members
- Coordinated with statisticians to align stratification with meaningful interventions that improved health and well-being of members
- Provided interim leadership to Provider Data Management and removed a credentialing and re-credentialing backlog of 5,000+ provider files in 60 days
- Obtained, analyzed and summarized research related to product development, including: clinical literature, industry trends, competitor activities, and health service delivery systems
- Ensure NCQA accreditation readiness as well as internal contract compliance readiness for all markets. Program scored 100% on corporate NCQA audit for compliance with state regulations.

Sr. Director, Specialty Therapy and Rehab Services (STRS) / January 2011 – February 2015

- Ensure NCQA accreditation readiness as well as internal contract compliance readiness for all markets. Program scored 100% on corporate NCQA audit for compliance with state regulations.
- Provided technical and operational oversight/support for Team(s) of STRS Clinical Leadership, Utilization Managers, Clinical Provider Trainer and Care Coordinators.
- Provided consultation and/or guidance around clinically-related issues relative to operational transactions, utilization management, and evaluation of Members' treatment outcomes.

- Provided detailed reporting, analysis, and interpretation in accordance with the project's scope and regulatory requirements, including: claims cost, trend analysis, and financial performance.
- Assisted in setting and proposing risk rate with health plan partners

### Manager, Network Development (Contracting & Provider Relations) / October 2008 – January 2011

- Managed a network of more than 2,000 providers, negotiated contracts and renegotiated existing agreements
- Developed a trauma informed care network, established training requirements for inclusion, and ensured providers were captured in the provider directory with expertise

### *Westover Hills Counseling Center – Austin, TX*

### Marriage and Family Counselor/ September 2003 – September 2015

- Counseled individuals, couples and families utilizing an outcomes oriented approach
- Documented all sessions and provided overview/therapy summary as requested
- Coordinated with medical and other behavioral health providers to ensure positive outcomes

## EDUCATION / CREDENTIALS

- Master of Art, Hardin Simmons University, Abilene, TX, Major: Family Psychology
- Bachelor of Science, Texas Tech University, Lubbock, TX, Major: Speech and Hearing Science; Minor in Substance Abuse Studies

## PROFESSIONAL AND COMMUNITY AFFILIATIONS

- Psi Chi Psychological Honor Society (member since 1997)