

# James U. Adams

---

## *Professional experience*

3/2001 - Present Omni Care Health Plan    Detroit, MI

Senior Director, Information Technology

- Responsible for negotiation of hardware and software acquisitions and maintenance agreements
- Development of operational controls
- Provide recommendations on strategic direction that supports growth, customer satisfaction and user efficiency
- Oversee the implementation of two new product lines (PPO and TPA)
- Oversight of the electronic claim submission process
- Development and oversight of the department budget of \$3 million

6/1996 – 3/2001                      PricewaterhouseCoopers, LLP                      Detroit, MI  
Senior Associate

## *Technical*

- Experience with the following application packages: People soft, Banner, Oracle, J.D. Edwards, Performance Series, Advantage 2000, Business Works, ARMS, FDMS, FRS, FAS, ACUITY Financials, and several in-house developed applications
- Security software and audit interrogation tools used in operating system and application audits: RACF, Top Secret, Panvalet, KANE Security Analysis – Novell Netware  
Basic JCL scripts for VMS VAX, OS/400
- Performed the following financial related application reviews: Purchases, Payables, Receivables, Inventory, Asset Management, General Ledger, Warehouse Management, and Payroll
- Performed the following system related reviews: Operating System, Security, Program Controls, Environmental, and Physical Security
- Performed the following business related reviews: Disaster Recovery, Business Continuity, System Development Life Cycle, and EDI
- Executed audits in the following environments: UNIX (Solaris, HP-UX, AIX), Windows NT, OS/400, VMS, OS/300, MVS, Novell, VSE, ESA

## *Management*

- Acting Manager for 24 clients. Dedicated Line of Service is not-for-profit organizations. Clients include Universities, Local Governments, Foundations and also some insurance and manufacturing clients.

Resume of James Adams (cont.)

Management (cont.)

- Audit and consulting responsibilities for client-base include the supporting of financial audit through integration and collaboration. This requires pre-field work planning, development of scope and approach, staff assignment, audit program development, database setup for paperless audit software, audit program execution, identifying weaknesses, development of report, and to communicate issues to client management and/or executives.
- Primary clients – Managed over 2500 man-hours over a 2-month period with 20 staff. Reviews performed included, disaster recovery, operating system, financial application, network security, database review.
- Train and coach staffs through the audit process to ensure client receives quality product while staff members develop professional skills.

Client Service/  
Business  
Development

- Ensure acceptable industry standards are met while assisting client in meeting their goals.
- Develop and presented proposals to executive level staff
- Assisted in development of not-for-profit market in the Michigan and Ohio areas.

#### While in Pursuit of Education

6/1995 – 9/1995      Champion International Corporation      Hamilton, OH  
Internal Audit Intern

- Worked on a team of two to perform financial and business expense audit at a paper coating plant in North Carolina.
- Audit preparation included learning the Beta version of Price Waterhouse's "Teammate" electronic work paper software, development of scope, approach and budget.
- Interviewed plant department heads to evaluate controls and risk.
- Reviewed inventory, receivables, payables, expense reports, and capital projects.
- **Results:** Audit identified procedural problems in inventory and business expenses.
- Savings upon implementation of recommendations were at 5% and 7% respectively.
- Performed reviews on 18 proposed capital projects to evaluate feasibility.
- Researched cost (labor, equipment, energy, supplies, repair and useful life) and benefit (efficiency, productivity, morale, working conditions, and profit).
- **Results:** Special project generated a 1.2% savings. Savings based on reduction of energy use during peak hours and a renegotiated energy rate. This method of cost reduction is currently being used in all Champion's high volume paper producing plants that have similar energy demands.

*Resume of James  
Adams (cont.)*

12/1994 – 3/1995      Coopers & Lybrand, LLP      Cincinnati, OH  
Auditing Intern

- Performed substantive testing of general ledger and cash accounts
- Updated cash accounts, 10 of which had not been reconciled for two months and three, of which had not been reconciled for six months.
- Results: convinced disgruntled independent bookkeeper (unpaid due to paper work mix up) to release necessary information to complete bank reconciliation. Saw to it that bookkeeper was paid the next day.

*Education*

1996      University of Cincinnati      Cincinnati, OH  
Bachelor of Business Administration  
*Accounting Major*

*Accreditations*

Graduated Cum Laude: 1996, University Dean's List GPA: 3.6/4.0  
All American Scholar Achievement Award – U.S. Achievement  
Academy: 1996

*Additional  
professional  
activities*

Treasurer, Beta Alpha Psi (National Accounting Honorary Society):  
1994-1995

*Professional  
memberships*

Member, Golden Key National Honor Society: 1995  
Member, African American Alumni Association: 1996  
Member, University of Cincinnati Alumni Association: 1996  
ISACA Detroit Chapter: 1997  
NABBA – Delta Chapter: 1998

# Beverly Allen

---

## *Professional Experience*

2001 - Present Detroit, MI.

### **Independent Contractor**

- Retained as independent consultant to purchasers of SelectCare, Inc. to facilitate transition to new management.
- Retained as independent consultant to sellers of SelectCare to facilitate resolution of financial matters related to the closing balance sheet.
- Appointed by the Commissioner of the State of Michigan Office of Financial and Insurance Services to serve as 'Deputy Rehabilitator' of a financially troubled managed care organization that was placed into 'rehabilitation' status by order of the Ingham County Circuit Court.

2/2000 - 3/2001 SelectCare Troy, MI.

### Vice President-Finance

SelectCare, Inc. is a for-profit managed care organization with an excess of 150,000 HMO and 200,000 PPO members, and generating in excess of \$270 million in annual revenues. Product line includes Commercial HMO, Medicaid HMO, Medicare + Choice HMO, self-funded PPO and "network lease" products. Fully insured POS, "out of network" and "out of area" products are operated through an offshore captive domiciled in the Cayman Islands. Responsible for oversight over corporate financial reporting, accounting and analysis, provider accounting and settlements, budgeting and forecasting, enrollment and billing, pricing and underwriting, system configuration, purchasing and office services. The company was acquired in March 2001. Significant accomplishments include:

- Automated the provider financial process resulting in improvements to the timeliness and reliability of the financial information.
- Redesigned the accounting for incurred but not reported claims reserves to more accurately reflect IBNR and the accounting for provider risk pools.
- Redesigned the provider risk pool settlement process resulting in a more streamlined approach with significant improvements to settlement documentation.
- Developed and implemented a \$5 million (10%) administrative cost reduction plan to turn a \$2 million planned loss into a \$4 million profit.
- Completed two significant departmental reorganizations, including the training and cross training of staff. The consolidation of the Enrollment Department with the Accounting Operations Department resulted in a more efficient department with less duplication of effort and less conflict of goals and objectives. The reorganization and establishment of a Systems Configurations Department included bringing together a cross functional team into one department functioning as the gatekeeper to system integrity

*Resume of Beverly Allen (cont)*

for the various operating modules. This resulted in a significantly cleansed provider file and a reduction in system maintenance turnaround times from in excess of 3 months to less than 14-days.

*Professional Experience (cont)*

- Successfully researched and prepared the defense for the Plan to eliminate a preliminary finding and assessment of \$750,000 for past underwriting deficiencies related to the Federal Employees Health Benefit Plan.
- Standardized the small group/book underwriting and rating process.
- Implemented a tax-planning program to utilize NOL carry forwards.
- Assisted in the development, evaluation and implementation of a marketing incentive compensation program.

11/1997 - 2/2000                      Mercy Health Plan                      Farmington Hills, MI.

Chief Financial Officer

Mercy Health Plan is a managed care organization generating in excess of \$290 million in annual revenues with in excess of 165,000 HMO and 80,000 PPO members in Michigan and Iowa. Product line includes Commercial HMO, Medicaid HMO, Medicare + Choice HMO, Self-funded PPO and "network lease" products. Responsible for oversight over corporate financial reporting, accounting and analysis, provider accounting and settlements, budgeting and forecasting, enrollment and billing, and systems configuration. Significant accomplishments include:

- Implemented line of business financial reporting at both the health plan and integrated delivery network levels.
- Implemented a new IBNR lag model and redesigned the process of accounting for claims reserves to improve the accuracy and integrity of financial information.
- Developed and implemented a \$5.5 million (12.5%) administrative cost reduction plan resulting in a financial turnaround from a \$4 million loss to breakeven operating results in one-year.
- Successfully consolidated the Enrollment Department with the Billing Department resulting in more effective and efficient department. Decreased days in premium receivables from 19 to 4 (approximately \$9 million)

04-1994-10/1994                      Children's Hospital of Michigan                      Detroit, MI  
Detroit, MI.

Director, Finance

Children's Hospital is a 247-bed acute care facility specializing in medical care for children. Responsibilities include oversight over financial reporting, accounting and analysis, budget and reimbursement and accounts payable.

10-1994 - 11/1997                      United American Healthcare Corporation-  
OmniCare Health Plan                      Detroit, Mi

Director of Finance and Administration

OmniCare Health Plan is a non-profit managed care organization generating over \$150 million in annual revenues with in excess of 100,000 members

*Resume of Beverly Allen (cont)*

*Professional Experience (cont)*

over \$150 million in annual revenues with in excess of 100,000 members. Product line includes Commercial HMO and Medicaid HMO products. Responsible for oversight over corporate financial reporting, accounting and analysis, provider accounting and settlements, budgeting and forecasting, enrollment and billing, pricing and underwriting and systems configuration. Significant accomplishments include:

- Successfully researched and prepared the defense for the Plan to reduce exposure by approximately \$1 million for past underwriting deficiencies related to the Federal Employees Health Benefit Plan. Redesigned underwriting and rating practices to eliminate unanticipated future exposure.
- Identified approximately \$1 million in claims that were not properly being charged to the appropriate risk pools thereby increasing exposure to financial losses. Implemented a process to properly route claims to the appropriate risk pool.
- Successfully consolidated the Enrollment Department with the Billing Department resulting in a more effective and efficient department. Decreased days in premium receivables from 35 to 22 (approximately \$2 million).

9/1985 - 4/1994

Ernst & Young, LLP  
Detroit, MI.

Detroit, MI

Audit Senior Manager

Company with 60% concentration in the healthcare industry, including two clients that are part of a multi-hospital system. Extensive experience in the audit and review of third party reimbursement matters and cost reports.

Company maintained 40% concentration in the financial services industry. Responsible for audit coordination with a 40-person internal audit staff on a multi-location SEC registrant. Participated in review. Significant responsibilities and accomplishments include:

- Concurrent management of up to 3 engagements, including supervision of up to 15 staff accountants, senior accountants and audit managers.
- Ensured all audits were in accordance with Generally Accepted Auditing Standards.
- Researched and resolved audit and accounting issues, including implementation of new accounting standards.
- Provided technical expertise on accounting issues to client organizations, including maintaining ongoing interaction with client personnel, principally Internal Auditors, Chief Financial Officers and Controllers, throughout the year.
- Provided on the job training and development to staff under my direction, performed technical review of their work in accordance with the Firm's standards, and performed overall reviews of their performance at the end of each engagement.
- Served as progress reviewer and mentor to staff and senior accountants. This formal designation included steering career development, planning annual training schedules, ensuring compliance with CEP requirements, working to resolve workplace/scheduling conflicts and performing the annual career development assessments.
- Served as the healthcare industry professional responsible for resolving staff scheduling conflicts for health care industry audit engagements.

<i>Resume of Beverly Allen (cont)</i>	8/1993 - 8/1985	National Bank of Detroit Detroit, MI.	Detroit, MI
<i>Professional Experience (cont)</i>		Assistant Branch Manager Employed in the branch management-training program for a large regional consumer bank. Responsibilities include:	
		<ul style="list-style-type: none"> <li>▪ Opening and closing branch and ensuring adherence to all security measures.</li> <li>▪ Servicing customers that present themselves at the branch.</li> <li>▪ Making daily pay/return decisions on overdraft accounts.</li> <li>▪ Balancing daily branch cash including teller cash and vault cash and securities. Supervision of up to 20 tellers and clerks.</li> </ul>	
<i>Education</i>	1979 - 1983	Eastern Michigan University	Ypsilanti, MI
		B.B.A., Accounting	
<i>Certifications</i>		1988-CPA Certification-Passed all four parts of exam in one sitting-May 1986	
		1998-Certified Managed Care Executive, American Association of Health Plans	
<i>Professional memberships</i>		1986 - Present: American Institute of Certified Public Accountants	
		1986 - Present: Michigan Association of Certified Public Accountants	
		1988 - Present: National Association of Black Accountants	
		1990 - Present: HealthCare Financial Management Association	

# Kenneth Barker

---

## *Professional experience*

- 1999 - Current                      United American Healthcare Corp.      Detroit, MI  
Marketing Manager
- Supervise Account Executives, Sales Executives and support staff to ensure that all efforts are being made to attain & maintain enrollment goals.
  - Coordinate existing & new business activities of the Sales & Marketing team, in their promotion of sales and enrollment activities of Omni Care Health Plan to brokers, consultants, private industry, institutions, and governmental agencies.
  - Monitor daily, weekly and monthly achievements of the Account Executives & Sales Executives to measure individual success ratios accordingly.
  - Track individual achievements to prepare routine reports related to the Plan's projected enrollment (or disenrollment).
  - Select, train, develop, appraise and counsel team members.
  - Responsible for the retention of Commercial members through outreach and member education.
  - Assist in scheduling of all open-enrollment activities.
  - Assist in the resolution of group complaints and inquiries.
  - Develop training manuals and conduct training for internal Marketing & Sales staff.
  - Participate in the quality assurance staff functions to ensure the development of quality control for the organization's products and services.
  - Serve on the Executive Senior Staff to strategically align the company to meet the HIPAA and NCQA guidelines.
  - Chaired the Group Auditing Process to ensure that groups are compliant with company eligibility guidelines.
  - Develop sales & promotion campaign through our advertising agency using various media.

## *Education*

2000 - Current                      Eastern University                      Ypsilanti, MI  
Business

## *Accreditations*

State of Michigan Insurance License  
**(Life, Accident & Health Agent License)**

H.A.R.T. (Helping All Races Triumph)

*Resume of Ken  
Barker (cont.)*

*Additional  
professional  
activities*

President/Director

A non-profit organization geared toward mentoring under privileged youth. The mission is to help develop Pre-Teens & Teens in a challenging urban environment to reach their full potential.

# Vernal T. Blakley RN BSN MSA

---

## *Professional experience*

April 2000-Present - OmniCare Health Plan - Detroit, MI

### **Vice President Medical Management**

Medical Management includes (Triage, Pharmacy, Nutrition Services, Disease Management Programs, Clinical Resource Management, Quality Management). Responsible for the creation of goals, program enhancements and policy/procedure development for the medical management department. Functions as the chairperson of the Process Improvement Committee. Responsible for the generation and submission of HEDIS reports, oversight of satisfaction survey's, plan-wide preparation for the NCQA accreditation, completion of the Greater Detroit Area Health Council request for information, regulatory compliance and participation on board level committees. Participant on the computer conversion transition team, which includes the development of benefit categories, oversight of the development of medical management screens, department training and coordination of the authorization process with claims adjudication processes.

September 1998-April 2000 - **DMC Coordinated Health Care** Southfield, MI

### **Director Medical Management**

Medical Management includes (Utilization Management, Quality Management, Triage, Provider Support and Children's Choice), Coordinated Health Care-DMC Managed Care. Responsible for the creation/development of the Quality Management Department, to include implementation of the Quality Improvement Program, development of board-level committees, facilitate data retrieval and reporting of HEDIS outcomes, oversee site reviews, medical record audits, perform medical management on behalf of managed care organizations, staff education and development of a case management program. Provider Service enrollment and file maintenance, development of the Provider Directory; Administrator for Children's Choice a Catastrophic Care Management Program for children and oversight of Care Now, the after-hour call program.

November 1997-September 1998 - **Michigan Affiliated Providers Company, L.L.C. (MAPCo)** Dearborn, MI

### **Director Medical Management**

Responsible for development of the managed care Medical Management Department, including policies and procedures, participation in the NCQA accreditation process, staff/provider education and development of the Care Management Program for Oakwood Health System. Quality Improvement Director for Oakwood St. John Health Care Plan.

*Resume of Vernal  
Blakley (cont.)*

November 1994-November 1997 - **United American Healthcare** Detroit, MI

*Professional  
Experience (cont.)*

**Medical Service Administrator**

Responsible for daily operations in the Medical Service/Provider Service Departments which included: Medical Records, Quality and Utilization Management, Pharmacy, Health Outreach, Nutrition, Triage, Behavioral Health, Provider Contracting, Credentialing, Provider Inquiry/Support and Provider Education. Instrumental in strategic planning, implemented and monitored quality improvement initiatives and HEDIS documents, developed and monitored the budget, trained department managers in statistical analysis/research, tracked management development and was the organizer of the NCQA accreditation activities. Assisted the health plan in obtaining NCQA accreditation. Instrumental in contract negotiations, provider network development and presentations to the Greater Detroit Area Health Council (GDAHCC).

September 1991-November 1994 - **St. John Oakland Hospital**  
Madison Heights, MI

**Director of Utilization/Resource Management**

Developed and implemented a Resource/Case Management Program utilizing the Utilization Management Department. Demonstrated a reduction in the length of stay for various high cost diagnoses for high utilization providers.

March 1989-September 1991 - **St. John Oakland Hospital**  
Madison Heights, MI

**Director of Nursing Medical-Surgical Oncology**

Maintained 24-hour, 7-day accountability for 95 inpatient beds. Responsible for staffing/scheduling, providing patient care, staff development, quality improvement, JCAHO accreditation, interviewing/hiring clinical and non-clinical candidates, enhancing current services and developing and implementing new services. Created the Oncology Unit, incorporated hospice care into inpatient oncology services and participated in union contract negotiations.

1988-1989 North Oakland Centers Pontiac MI

**Director of Ambulatory Services, Medical**

Responsible for outpatient clinics and surgery (prenatal clinic, pediatric clinic, endoscopic procedures etc) and development/implementation of grants, proposals, procedures, budgets and identification of new services.

1986-1988 North Oakland Centers Pontiac MI

**Manager, Oncology Services**

24-hour, 7-day responsibility for a 39 bed oncology inpatient unit.

Incorporated hospice concepts, trained and obtained certification for the

*Resume of Vernal  
Blakley (cont.)*

nursing staff to administer chemotherapeutic agents. Allocated (10 beds) to provide outpatient services for oncology patients, created a reimbursement strategy to receive compensation for those services.

*Professional  
Experience (cont.)*

1984-1986 Detroit Receiving Hospital Detroit, MI

**Charge Nurse, Burn Intensive Care Unit**

Functioned as the Lead Nurse in the Burn ICU/Step-down units. Successfully completed the six-week critical care course.

*Education*

1998 Central Michigan University Mt. Pleasant, MI  
Masters Degree in Health Service Administration

1982 Oakland University Rochester, MI

**Bachelors Degree in Nursing**

*Accreditation's*

1995 ABQAURP Clearwater Beach Florida

**Certification in: Case Management; Utilization Management; Quality Management and Managed Care.**

**(American Board of Quality Assurance & Utilization Review Physicians)**

1991 Baker College Flint, MI

**Certification in ICD9-CM Coding Principles**

*Additional  
professional  
activities*

Recipient of the "Heart of PGH Award" at Pontiac General Hospital

Nominated for the "Nightingale Award" from Oakland University

Participation on the Starr-Vista Credentialing Committee

Participation on the Quality Improvement Committee for Megallan Behavioral Health

Participation in health fairs on behalf of New Prospect Missionary Baptist Church

*Professional  
memberships*

American Board of Quality Assurance & Utilization Review Physicians

# JEFFREY J. DZIEDZIC

---

## *Professional experience*

Aug 2001 - current      Detroit Medical Center      Detroit, MI  
Claims Director/Director Systems Integration

- Provide Direction to the Claims Department for multiple plan development and processing.
- Research and deploy a common processing claims platform to meet industry standards and to meet our reporting requirements with various agencies
- Ensure systems and processes are in place to meet all turnaround times
- Develop Policies and Procedures as they relate to the claims department.
- Research and ensure that we maximize our system capabilities
- Ensure system setup of coding, pricing and benefits to ensure proper payment of claims and data capture.

Oct 1999–Aug 2001 Care Choices/Trinity Health      Farmington Hills, MI  
Operations Support Manager

- Manage Operations Support department responsible for Amisys Configuration consisting of 3 Consultants, 1 Data Consultant, 4 Analysts and two Assistants.
- Manage the operating system and ensure that it is configured in a practical, efficient, timely and accurate manner.
- Ensure that policy, procedures and processes are in place and working to support the maintenance of the Amisys configuration.
- Decision maker on standard configuration decisions.
- Formulate recommendations on extremely complex, controversial, and/or global configuration topics.
- Continuous interaction with various clients including hospitals, doctors, preferred provider organizations and benefit professionals.

Oct 1995 – Oct 1999 Care Choices/Trinity Health Farmington Hills, MI  
HMO Claims Manager

- Manage staff of 45
- Consult on new system implementation
- Review medical plan design
- Actively work on and lead a wide range of teams
- Member of the Benefit Interpretation Committee
- Manage a 1M budget

*Resume of Jeffrey  
Dziedzic (cont.)*

Professional  
Experience  
(cont.)

Oct 1989 – Oct 1995 Federal Mogul/Ogden Facility Services. Southfield, MI

Claims Manager

- Manage the operation and administration of Federal Mogul's Self-Funded, Self-Insured Benefit Plans
- Manage staff of 23
- Claim system programming/Benefit system programming
- Implement preferred provider agreements
- Implement primary care networks
- Manage health plans with payments exceeding \$40 million
- Review and advise on new medical plans
- Consult on new plan design

Apr 1986 – Oct 1989 Teamsters Welfare Fund Detroit, MI

Auditor

- Audit the claims administration of the Teamsters Self-Funded Benefit Plans.
- Day to day audit of claims
- Audit of Blue Cross Prescription Plan
- Overpayment retrieval
- System adjustments

Jan 1986 – Apr 1986 Teamsters Welfare Fund Detroit, MI

CLAIMS TROUBLE SHOOTER

- Claims adjudicator responsible for claims outside of the preferred provider arrangement.
- Contacting of providers for negotiating claim payment
- Reviewing claims outside of the preferred provider arrangement
- Review of medical information to determine length of disability
- Process claims for the various STD Plans

Sep 1980 – Jan 1986 Federal Services Company Detroit, MI

SENIOR CLAIMS ADJUSTER

- Responsible for the administration of the Teamsters Self-Funded Medical Plans. Responsible for the activities of a group of Medical Claim Analysts.
- Training of analysts
- Processing difficult claims
- Processing COB claims

Sept 1976 – Sept 1980 Federal Services Company Detroit, MI

*Resume of Jeffrey  
Dziedzic (cont.)*

Professional  
Experience  
(cont.)

MEDICAL CLAIMS ADJUSTER

- Responsible for the processing of Teamsters Medical Plans.
- Review of claims
- Payment of claims

May 1976 – Sept 1976 Federal Services Company                      Detroit, MI

MEDICAL CLAIMS CODER

- Responsible for the review of claims and proper coding to assure ease of claims processing.

*Education*

1980 Henry Ford CC, Dearborn Mi

- Currently working on Certified Employee Benefits designation (CEBS) and pursuing a Bachelors degree at the University of Phoenix

# Bobby Jones

---

## *Professional experience*

1997 - 2001                      SelectCare, Inc.                      Troy, MI

Senior Vice President/Finance & Operations, Chief Operations Officer, Chief Financial Officer

- Managed the core operating systems conversion that also included the interface with an accounting system and re-engineering workflows.
- Implemented improvements in administrative efficiencies that resulted in a \$75 million dollar increase in revenue over 2.5 years.
- Implemented improvements in administrative efficiencies that resulted in a 30% reduction in administrative cost over 3 years.
- Negotiated multi-year provider contracts totaling over \$350 million.
- Implemented several changes to significantly improve provider and customer service levels.
- Organization was profitable every year during tenure as Sr. VP/CFO-COO.

1985 - 1997                      United American Healthcare Corporation  
(Publicly traded management company of OmniCare Health Plan

Detroit, MI

Senior Vice President of United American Healthcare Corporation/ Executive Director - OmniCare Health Plan

Responsible for the Customer Service, Marketing, Claims processing, Enrollment and Billing, Medical Service, Accounting, MIS and Provider Services Departments. Directed and coordinated the activities of each unit to ensure the achievement of the business objectives. Provided overall development and administration of the administrative budget for the cooperation. Developed and implemented management reports that assessed corporate performance to established standards. Ensured that all corporate activities and operations were carried out in compliance with local, state and federal regulations and laws governing the business operations.

- Designed and implemented a corrective action plan for an HMO in Ohio under Supervision, by the Ohio Dept. of Insurance. (*This operation was able to remove the supervision status within 6 month of implementing the plan*).
- Managed the design and implementation of a 220 workstation Local Area Network (LAN) at the corporate offices and its national affiliates.
- Managed the due diligence process and negotiations of a purchase agreement for a 20-clinic primary health care system.

*Resume of Bobby Jones (cont.)*

*Professional experience (cont.)*

- Redesigned the entire provider compensation system of an HMO including: mental health carve out, capitated lab, capitated transportation, fee for service for selected services and capitated primary care.
- Negotiated several managed care contracts with the largest single contract exceeding \$100 million dollars per year.

**OmniCare Health Plan - Senior Vice President**

Responsible for Customer Services, MIS, Claims, Enrollment and Billing, and Provider Services departments. Responsible for the processing/payment of approximately \$1.1 million claims per year, amounting to over \$130 million per year. Managed over 150 employees through various levels of subordinates distributed over multiple locations. Directed the start-up of operations of several managed care programs for the various clients of UAHC. Implemented several programs that improved the operations of various departments and medical benefit administration. Completed several telecommunications, medical services contract negotiations. Participated in the design and implementation of customized managed care software. Prior job classifications include: Vice President of Operations, Director of Claims Processing, Supervisor of Accounting, Manager of Accounting and Budget Analyst.

1975 - 1979

Wayne County Department of Substance Abuse

Detroit, MI

Contracts Officer

Prepared all departmental budgets, subcontractor budgets and contracts. Analyzed, approved/denied budget revision requests from subcontractors. Prepared financial and expenditure reports. Monitored performance of subcontractors to assure compliance with the financial provisions of the contract. Trained workers and subcontractors on financial requirements of the State and Federal governments. Compiled data for cost and revenue projections for the grant fiscal years. Assisted in the preparation of grant applications.

1973 - 1975

J & B Excavation and Demolition, Inc.

Detroit, MI

Secretary/Treasurer

Supervised staff of three. Recorded and deposited taxes. Obtained all appropriate licenses, permits and surety bonds. Maintained receivables and payables. Conferred with attorney's, insurance agents and other contractors on business related issues. Performed cost estimates and prepared documents for bid. Negotiated and scheduled contracts for completion.

*Resume of Bobby Jones (cont.)*      1970 - 1973      Macy's Inc.      Detroit, MI  
Second Vice President  
Managed receivables, payroll and payables. Estimated cost of competitively bid contracts. Scheduled contracts for completion.

Education

Eastern Michigan University      Ypsilanti, MI

Masters of Public Administration - 1983

Wayne State University      Detroit, MI

Bachelor of Science Degree - 1978  
Finance and Business Economics

*Professional  
Certifications*

State of Michigan Insurance Bureau - Lansing, MI

Certificate for Administrative Service Manager (ASM)

National HMO Fellowship Program II - Washington, D.C.

Certificate program sponsored by the Bureau of Health Maintenance

Organizations and Health and Human Services

*Professional  
memberships*

Board Member of the Detroit Primary Care Network

Past President of the Michigan Association of Health Plans (formerly Association of HMOs in Michigan)

Board Member of the Michigan Association of Health Plans Foundation

Past Chairman of the Finance Committee of the Utilization Review Accreditation (URAC)

Member of the Medicaid Task Force sponsored by the American Association of Health Plans (AAHP) formerly Group Health Association of America (GHAA) and American Managed Care and Review Association (AMCRA)

*Resume of Bobby  
Jones (cont.)*

*Professional  
memberships  
(cont.)*

Member of the Small Plan Task Force sponsored by the American Association of Health Plan (AAHP) formerly Group Health Association of America (GHAA) and American Managed Care and Review Association (AMCRA).

Member of the Medicaid Industry Group sponsored by the Department of Health and Human Services and Health Care Financing Administration.

Past Member of the Board of Directors of the Children's Leukemia Foundation of Michigan.

Past Chairman of the Business Fund Raising Committee of the Children's Leukemia Foundation of Michigan.

Past Member of the Board of Directors of Junior Achievement of Michigan.

Past Vice-Chairman of the National Association of Urban Based HMOs.

Past Vice-Chairman of the Managed Care Task Force of the Michigan Health and Hospital Association.

Past member of the Data Committee of the State of Michigan, Department of Public Health.

Past member of the Data Committee sponsored by AMCRA.

Member of the Medicaid Task Force sponsored by the Michigan Health and Hospital Association.

Member of the Task Force on Managed Care sponsored by the Southeastern Michigan Hospital Corporation.

Testified before Congress on Health Care Reform.

Testified before the State of Michigan Appropriations Committee on Managed Care.

# Sandra McGriff

---

## *Professional experience*

1999 - Present                      United American Healthcare      Detroit, MI 48207

### Director Contract Administration

- Develops, negotiates and implements contractual agreements with health care providers and institutions within state and federal, legal and regulatory requirements. Works closely with health plans, chief operating officer, legal counsel and medical director.
- Assures completion of all state expansion applications for UAHC clients.
- Supervises Credentialing Specialists' activities as they relate to Credentialing and Recredentialing to include, but not limited to:

1997-1999

### **Manager, Provider Services**

- Under the general direction of the Chief Operating Officer, responsible for managing the day-to-day operations of Provider Services for a 100,000-member HMO with a network that includes 51 hospitals and 2,000 physicians. Key functions include setting overall department objectives; planning and directing all activities related to the provider network and physician services for affiliated provider within the UAHC framework.
- Assures completion of all state expansion applications for UAHC clients.
- Supervises Credentialing Specialists' activities as they relate to Credentialing and Recredentialing to include, but not limited to:
- Negotiated financial terms for new provider contracts.
- Re-negotiated financial terms for existing provider contracts depending upon contract renewal dates.
- Augmented, expanded or altered the existing provider network, as necessary, to accommodate new lines of business or clients.
- Performed on-going competitive pricing analysis.
- Conducted meetings with IPA presidents and paraprofessional staff to provide an overview of the OmniCare Health Plan's contract agreements, financial disbursements and hospital utilization controls.
- Performed clinical and facility reviews to determine IPA compliance with the State Rules and Regulation set forth by the Department of Public (Community) Health.
- Compiled required statistical data on quarterly and annual bases for the State of Michigan Department of Public (Community) Health.
- Compiled statistical data for the IPA centers as it relates to Annual Hospital Management Program.

*Resume of Sandra McGriff (cont.)*

Professional Experience (cont.)

- Played an instrumental role in the development of the Procedure Manual for Provider Services Representative.
- Developed a training manual for new Provider Services Representatives and Provider Inquiry Specialists, for use as a departmental orientation tool.
- Organized and conducted new physician and staff orientations; coordinated and implemented training programs for IPA office staffs and physicians; attended quarterly Administrative Provider Meetings.

1989-1997	<b>Supervisor, Provider Services</b>
1988-1989	<b>Senior Provider Service Representative</b>
1985-1988	<b>Provider Services Representative</b>
1983-1985	<b>Member Affairs Representative</b>
1982-1983	<b>Enrollment Specialist</b>
1976-1982	<b>File/Medical Records Audit Clerk</b>

*Education*

Marygrove College      Bachelor - Business

*Additional professional activities*

Member of American Marketing Association  
Dale Carnegie  
Member Kappa Gamma PI  
Who's Who Among Students in American Universities & Colleges 2000  
National Honor Society  
Dean List 1996 - 2001

# Angel L. Perdue

---

## *Professional experience*

1998 - current                      United American Healthcare                      Detroit, MI  
Director of Claims

Responsible for implementation of imaging and claims scanning systems which included traveling to various states to compare similar and contrasting systems while converting the current system to meet industry standards

- Identify, analyze and develop operating policies and develop equivalent documentation
- Establish qualitative and quantitative performance standards and ensure adherence to identified standards by staff
- Define information systems requirements as it relates to departmental objectives
- Interface with the provider community relative to Plan procedures, policy changes, reconciliation and problem claims resolution
- Facilitate implementation of new procedures for operational changes and business requirements

1996 – 1998                      Ultimed HMO of Michigan                      Detroit, MI  
Claims Manager

Structured Claims Department to ensure new products and contracts met state and federal guidelines

- Assisted in the negotiation of provider contracts by analyzing payment structures
- Developed claims processing policies and procedures
- Identified problems in the company that altered the proper flow of business and recommended solutions
- Ensured that personnel adhered to company policies and procedures
- Resolved concerns with members and providers

1994 –1996                      United American of Tennessee                      Memphis, TN  
Claims Manager

Implemented start up Claims Department including development of all claims processing policies, procedures and personnel

- Monitored and ensured maintenance of departmental standards and goals
- Interacted with provider community to address and resolve their concerns and problems
- Conducted numerous seminars and training sessions for providers in Memphis and Nashville

*Resume of Angel  
Perdue (cont.)*

Professional  
Experience  
(cont.)

- Assisted with the implementation of training programs and coordination of procedures for Provider Services and Customer Service Departments
- Developed and maintained budget for Claims Department
- Assisted Medical Director and Provider Services Director with the development of contracts

1991-1993

United American Healthcare

Detroit, MI

Production Specialist/Auditor

Recommended alternatives that improved claims processing and developed cost saving measures while assisting in the distribution and monitoring of all aspects of claims production

- Analyzed, researched and resolved managed care claims and related problems
- Identified problems impacting production, processing of claims and recommended solutions
- Established claims procedures for implementation of new TPA and PPO products
- Facilitated claims flow between Claims and Medical Services Departments

1989 – 1991

CIGNA Insurance Company

Southfield, MI

Benefit Analyst

Adjudicated medical claims for General Motors Salaried Employees

- Assisted customers and providers with claims related issues
- Coordinated benefits with primary insurance carriers
- Assisted management with projects as needed

*Education*

1988

Marygrove College

Detroit, MI

Bachelor of Arts in Business Administration

*Professional  
memberships*

National Association of Female Executives, (NAFE)

# LaZandra J. Reid

---

## *Professional experience*

1998 - Present                      United American Healthcare Corporation, Detroit, MI  
Director, Human Resources

- Responsible for managing the human resources function with specific accountabilities in staffing and recruitment, company policies and procedures, legal compliance, compensation and benefits, performance management, employee relations, payroll, facilities management, and mailroom services. Responsible for:
  - ◆ Directed the activities of the Human Resources Department.
  - ◆ Member of the Senior Management team.
  - ◆ Developed and implemented company-wide Human Resources Policies & Procedures.
  - ◆ Developed and implemented Employee Handbook.
  - ◆ Administered Company benefits.
  - ◆ Acted as liaison with corporate counsel pertaining to labor charges and discrimination charges.
  - ◆ Designed and administered competitive market-based Compensation Program.
  - ◆ Supervised recruitment and placement for various manpower programs.
  - ◆ Ensured compliance with federal, state mandates pertaining to EEO, and safety regulations and other employment related regulations.
  - ◆ Responsible for all legally required government reports.
  - ◆ Provided coaching and counseling to management and employees.
  - ◆ Monitored Human Resources expenditures against budget.
  - ◆ Counseled management on progressive discipline policy and procedures.
  - ◆ Administered performance appraisal and merit rating process.
  - ◆ Developed performance standards.
  - ◆ Designed and administered Company-wide job descriptions & organization charts.
  - ◆ Developed job analysis on all position descriptions.
  - ◆ Conducted internal investigations.
  - ◆ Responsible for negotiating competitive contracts with Temporary Agencies.
  - ◆ Conducted new hire orientation for newly hired employees.
  - ◆ Recruited, interviewed and hired staff.
  - ◆ Managed Company payroll.
  - ◆ Responsible for evaluating wage and benefit studies.
  - ◆ Conducted wage & salary surveys.
  - ◆ Administered COBRA administration program
  - ◆ Responsible for the administration of FMLA, ADA, and Workers' Compensation.
  - ◆ Acted as disaster recovery liaison for company.
  - ◆ Conducted exit interviews and monitored attrition.

*Resume of  
LaZandra Reid  
(cont.)*

- ◆ Reviewed and approved contracts for building repairs and facility contracts.
- ◆ Supervised all mailroom activities and initiatives.
- ◆ Served as a member on the Compensation Committee of the Board of Directors responsible for corporate policy development and overseeing Human Resources programs and initiatives.

*Professional  
Experience  
(cont.)*

1993 to 1998                      United American Healthcare Corporation, Detroit, MI  
Manager, Human Resources

1983 - 1991                                      Unisys Corporation, Detroit, MI  
Human Resources Generalist

- ◆ Demonstrated communication skills to successfully facilitate new hire orientation, recruitment, and exit interviews.
- ◆ Responded to employees and line managers with explanation of company policies, procedures, and benefits.
- ◆ Counseled employees and managers on employee relations.
- ◆ Recruited, interviewed and hired staff.
- ◆ Responsible for benefit administration.
- ◆ Conducted exit interviews.
- ◆ Counseled retirement candidates. Participated, introduced and coached several Voluntary Retirement Incentive Programs. Demonstrated leadership skills.
- ◆ Processed and analyzed salary surveys, to include job matching, survey terminology, and reporting.
- ◆ Initiated, organized and introduced recreational wellness programs.
- ◆ Audited personnel files.
- ◆ Excellent communication skills including written, oral and interpersonal.
- ◆ Responded to verification of employment requests.
- ◆ Directed and administered the implementation of a reduction in force program for employees totaling over \$100,000 in outplacement benefits. Received an achievement award for excellence.
- ◆ Participated in civic, community and trade organizations.

*Education*

Lawrence Technological University                                      Southfield, MI  
B.S., Business Management

*Professional  
memberships*

Member of SHRM and American Society of Employers

# Wade D. Rodgers

---

## *Professional Experience*

2000 - Present                      United American Health Care                      Detroit, MI  
(OmniCare Health Plan)

**Director – Decision Support Services**

1994 – 2000                      Mercy Hospital                      Detroit, MI

**Manager of Managed Care Services (1997 – 2000)**

**Manager of Ambulatory Care Finance (1994 – 1997)**

1990 – 1994

**Independent Health Care Consultant**

1983 – 1990                      Mount Carmel Mercy Hospital                      Detroit, Michigan

**Controller of Mercy Family Care (1988 – 1990)**

**Director of Budget & Fin. Analysis (1985 – 1988)**

**Director of Cost Accounting (1983 – 1985)**

1966 – 1983                      Ford Motor Company                      Dearborn, Michigan

B.S. degree from John F. Kennedy College (1970)

## *Education*

## *Background summary*

Responsible for financial analysis, capitation risk development and monitoring, IBNR development, reinsurance, COB and underwriting for a HMO with approximately 100,000 members.

Instrumental in the development and implementation of a LLC that was jointly owned by Mercy Hospital and three IPAs and created to negotiate and manage risk contracts. Was appointed Executive Director and CFO.

Responsible for the negotiation, financial reporting and management of a hospital's fully capitated managed care contracts.

Developed, implemented and directed a flexible budget system, including establishing standards, which had a substantial effect on the hospital's ability to reduce over 800 employees, saving approximately \$25 million in salaries and fringe benefits, and \$5 million dollars in other expenses.

Coordinated payments to non-employed physicians and providers for services that were performed under the hospital's various capitated managed care programs. Interacted with the hospitals' Board of Directors on financial issues.



# Teressa D. Smith

---

## *Professional experience*

2001 - Present                      United American Healthcare Corporation, Detroit, MI  
Director, Member Operations

- Responsible for the management of OmniCare Health Plan's Member Services, Commercial, and Medicaid Enrollment functions, carried out by a staff of 37. Engages in project management, assuring the overall integrity of enrollment records, as well as the consistent administration of member service initiatives under regulatory requirements.
- Establishes departmental benchmarks for improvement, as well as standards for management staff
- Designs departmental and corporate policies related to general administration and departmental processes
- Develops and tracks annual departmental budget
- Develops department and division work-plans for process improvement activities
- Designs process flows for group reconciliation of both Commercial and Medicaid accounts
- Engages in planning initiatives for National Committee for Quality Assurance (NCQA) site reviews

2000 - 2001                      United American Healthcare Corporation, Detroit, MI  
Director, Medicaid Operations

- Responsible for the management of OmniCare Health Plan's Medicaid HMO product with annual revenues totaling in excess of \$145 million and staff of 22. Plans all aspects of brand management specific to operations and regulatory compliance.
- Develop strategic plan of Medicaid product line in Southeastern Michigan, inclusive of profit margin estimation.
- Establish benchmark performance indicators for departments within Medicaid Operations.
- Contributes to development of and legislativeness agendas and regulatory administration efforts for policy area.
- Engages in change management protocols for product improvement, inclusive of Balance Budget Act (BBA), Health Insurance Portability and Accountability Act (HIPPA); and state regulatory compliance planning initiatives

*Resume of Teressa  
Smith (cont.)*

*Professional  
Experience  
(cont.)*

1998 - 2000 United American Healthcare Corporation, Detroit, MI  
Policy/Legislative Manager

- Coordinated government programs and regulatory compliance planning. Interfaced with local, state, and federal officials regarding regulatory/legislative issues and various industry-related organizations.
- Analyzed the managed care environment for input to strategic planning.
- Appraised the organization of impending policy issues, coordinated corporate response to regulatory/policy changes.
- Ensured the Plan's compliance with state and federal regulatory/legislative directives.
- Prepared public testimony and regulation analysis for Plan management; also acted as compliance officer for publicly funded HMO products.
- Spearheaded Plan's successful re-bid of its 2000 State of Michigan Medicaid contract.

1996 - 1997 United American Healthcare Corporation, Detroit, MI  
Customer Service Coordinator

- Administered special projects and quality improvement initiatives for the Customer Service department serving 100,000 HMO subscribers. Projects included development of member education and retention programs; supervision of support staff; budget preparation; and oversight for NCQA site visit preparation. Instrumental in completion of 1997 Medicaid RFP, inclusive of contracting activities for special providers.

*Education*

Wayne State University Detroit, MI  
Master's, Business Administration

Eastern Michigan University Ypsilanti, MI  
Bachelor of Science, Health Administration

*Professional  
memberships*

National Black MBA Association – Detroit Chapter

National Association of Health Services Executives,  
Treasurer 1998 – 2000 (Detroit Chapter)

American College of Healthcare Executives, 1999 - 2000

# Barbara Nabrit-Stephens, MD, MBA, FAAP

---

## *Professional experience*

2000 - Present	OmniCare Health Plan	Detroit, MI
Medical Director		
1999 – 2000	TN Coordinated Care Network	Nashville, TN
Plan Medical Director		
1991 - 2000	Pediatric Private Medical Practice	
Nashville, TN		
1985 - 1990	Meharry Medical College	Nashville, TN
Assistant Clinical Professor		
Director of Education, Department of Pediatrics		
1984 1985	State of TN Bureau of Medicaid	Nashville, TN
Assistant Medical Director		
1981 1983	Pediatric Private Practice	Gadsden, AL
1979 - 1981	National Health Services Corp.	Gadsden, AL
Pediatrician		

## *Education*

1972	Harvard University	Cambridge, Massachusetts
BA		
Tufts School of Medicine		
Cambridge, Massachusetts		
M.D.		
University of Tennessee – School of Business		
Knoxville, TN		
MBA		

*Resume of Barbara  
Nabrit-Stephens,  
M.D. (cont.)*

**Post-Graduate Training:**

1976 – 1979      Pediatric Internship and Residency  
New York Medical College  
Metropolitan Hospital Center  
New York, New York

Education (cont.)

*Accreditations*

Diplomate American Board of Pediatrics

1984

*Additional  
professional  
activities*

Part time Staff Physician – Detroit Medical Center (DMC) Health Care  
Centers

*Professional  
memberships*

*National Medical Association*

*Detroit Medical Society*

*American Academy of Pediatrics*

# Michele A. Vasconcellos

---

## *Professional experience*

2000 - Current                      United American Healthcare Corporation, Detroit, MI  
Director, Public and Community Relations

- Direct reporting relationship to the President and Chief Executive Officer of the organization. Responsible for coordinating all Public, Investor and Community Relations activities for the corporation. Duties also include coordinating and writing CEO's speeches and presentations.

1998 - 2000                      United American Healthcare Corporation, Detroit, MI  
Director of Corporate Provider Education and Public and  
Community Relations

- In addition to the aforementioned Public and Community Relations responsibilities, administratively responsible for the corporate assessment, planning, implementation and evaluation of provider network education activities for providers, support staff and UAHC employees who interface with providers. This network currently consists of OmniCare – Detroit and OmniCare – Nashville/Memphis Tennessee. Prior to downsizing, the network also included UltraMedix – Florida and Personal Health Care in Ohio. Was also responsible for developing, coordinating, facilitating and evaluating Corporate Employee Administrative meetings for UAHC's national affiliated corporate offices.

1997 - 1998                      United American Healthcare Corporation, Detroit, MI  
Director of Provider Education

- Promotion- responsible for the coordination of provider education programs for all UAHC's national corporate affiliates. Reported to Vice President of Medical Services.

1994 - 1997                      United American Healthcare Corporation, Detroit, MI  
Manager of Provider Education

- Dual-reporting relationship to the Director of Provider Services, and UAHC's CEO & COO. (Position was viewed as second in command of Provider Services department.) Responsibilities included supervision of OmniCare's Provider Education personnel, analysis and development of on-going comprehensive medical provider training and education programs that were targeted for physicians, allied health professionals, hospitals and other medical ancillary providers. Also responsible for developing coordinating and facilitating Physician Quarterly Administrative Meetings and Corporate Employee Administrative Meetings for UAHC's (4) nationally affiliated corporate offices.

*Resume of Michele Vasconcellos (cont.)*

Professional Experience (cont.)

1987 - 1994 United American Healthcare Corporation, Detroit, MI  
Manager of Education Services

- Reported to the Senior Vice President of Planning and Development. Responsibilities included: supervision of corporate training personnel, analysis and development of on-going comprehensive managed care education programs for physicians, subscriber, and community. In addition to managing corporate staff training and development. The position was also responsible for the oversight of civic and community public relations.

1982 - 1987 United American Healthcare Corporation, Detroit, MI  
Manager of Medical Services

- Reported to the Corporate Medical Director, administratively responsible for the design, analysis and implementation of medical service programs. The position involved the monitoring of various aspects of the health care delivery systems, to assure regulatory and quality improvement compliance. The position was also concurrently responsible for the management of the 24-Hour Emergency Triage Department, Durable Medical equipment authorizations and Center Incentive Program.

1978 - 1982 United American Healthcare Corporation, Detroit, MI  
Manager of Health Care Administration

- Reported to the Vice President of Health Care Administration, administratively responsible for supervision of the following departments:
  - The 24-Hour Emergency Triage
  - Health Services (Customer/Member Services)
  - Physician Services (Provider Services) responsible for developing the initial department.
  - Utilization Review

1977 - 1978 United American Healthcare Corporation, Detroit, MI  
24-Hour Emergency Triage Supervisor

- Administratively responsible for supervision of the 24-hour Emergency Triage department, which included on-call backup for the Medical Director.

1976 - 1977 United American Healthcare Corporation, Detroit, MI  
Registered Emergency Medical Technician

- Responsible for triaging emergency calls, providing first aid advice, coordinating ambulance dispatching as well as physician, hospital and member follow-up care

1993 - 1996 Central Michigan University  
Southfield, MI

*Education*

Masters of Science Degree in Administration

- With a concentration in Health Services Administration



*Resume of Michele  
Vasconcellos (cont.)*

Professional  
memberships  
(cont.)

Corporate Coordinator for: Detroit Board of Education Adopt-A-School Partnership Program; Junior Achievement Business Basics Program; Inroads Internship program (Awarded Metropolitan Detroit 1991 Business Coordinator of the Year) and Corporate Student Mentor Program

Member of: Confidentiality Committee to address HIPPA Regulations

Member of: Quality Improvement Committee and Process Improvement Sub Committee

Member of: MI. Assoc. of Health Plans Public Relations Committee

Chairperson for OmniCare Physician Provider Ad hoc Committee

Chairperson for OmniCare Physician Office Manager Ad hoc Committee

Co-chairperson for Corporate Customer Service Task Force

Previous member of corporate committees: Peer Review, Pharmacy, Hospital Utilization

Wellness Program, Managers Action, Quality Assurance, Mental Health.

Previous member, DMC tasks force on "Managed Care" curriculum for Wayne State School of Medicine

Previous Member of: National Society of Allied Health; committee participant of Financial and Scholastic Planning Committee

Member of American Society of Training and Development, and Nat'l Association of Female Executives

Served as: Board Member and Vice Chairman of Community Training and Development, previously known as CYTCIP (Comprehensive Youth Training and Community Involvement Program)

Oakland and Wayne County Infant Health Promotion Coalition

Mercy U of D Alumni Focus Group

Member of Boston/Edison Historic Public Relation Committee

Secretary of 1400-1500 Boston/Edison Block Club Association

# Sharon Williams, CMCE

---

*Professional  
experience*

10/2001 - Present      United American HealthCare Corp.

(Publicly traded management company for OmniCare Health Plan)

Detroit, MI.

Senior Director, Government Compliance

Coordinate Plan compliance with health care regulations. Develop compliance programs to improve overall operations, on industry/government committees for federal employee health program - Medicaid. Establish Plan's compliance agenda. Conduct compliance audits. Coordinate regulatory reporting.

6/2000 - 9/2001

Starr Vista, Inc.

Detroit, MI.

President

Responsible for leading and formulating with other administrative staff, the organization's strategic plan, annual business plan, and related goals/objectives. Under the guidance of the Board of Directors create, project and maintain a quality image of the organization. Direct the organization in the execution of continuous quality improvement, customer satisfaction and community leadership program. Supervise senior staff.

9/1997 - 9/1999

The Detroit Medical Center

Detroit, MI.

Director, Provider Services

Oversee provider relations function including education/outreach, credentialing support, contract administration and database maintenance. Supervise multidisciplinary staff of seventeen. Reorganized department into a more functional work unit. Improved provider compliance through introduction of training and monitoring programs. Coordinate restructure of health plan operations.

*Resume of Sharon Williams (cont.)*

4/1995 - 9/1997

United American HealthCare Corp.

(Publicly traded management company for OmniCare Health Plan)

*Professional experience (cont.)*

Detroit, MI.

Director, Government Compliance

Coordinate Plan compliance with health care regulations. Developed compliance programs that improved Plan operations, impacting Medicaid and FEHBP revenue. Served on industry/government committees for federal employee health program, Medicaid and Medicare. Directed the development of the Plan's Medicaid and Medicare proposals. Chaired the HMO Association Medicaid Enrollment Work Group, which contributed to the implementation of Michigan's new Medicaid initiatives in 1997. Conducted managed care training programs for local and national audiences. Developed and presented position papers, wrote articles for industry publications. Represented Plan at legislative hearings.

1991 - 1995

United American HealthCare Corp.

(Publicly traded management company for OmniCare Health Plan)

Detroit, MI.

Manager, Public Markets

Direct marketing and public/community relations for the Plan's Medicaid contract. Hire, train and supervise sales and support staff. Develop member recruitment and retention programs. Served on Medicaid Ombudsman advisory board. Contribute to improved Plan/community relations via outreach and training programs. Designated Plan representative for Michigan Department of Community Health and industry trade associations. Contribute to the evaluation of the Medicaid on-line beneficiary eligibility system.

1987 - 1991

City of Detroit Head Start Program Detroit, MI.

Assistant Director, Child Development Division

Supervise an interdisciplinary management team that administers the City's multi-million dollar Head Start grant. Coordinate interface with related local, state and federal agencies. Direct development of annual grant proposal. Manage contracts with delegate agencies.

*Education*

Michigan State University, Bachelor of Arts/Communication

American Association of Health Plans - Certified Managed Care Executive

*Resume of Sharon  
Williams (cont.)*

*Professional  
memberships*

Michigan Association of Health Plans: Chair, Medicaid Enrollment Work Group  
American Association of Health Plans: Medicaid Technical Advisory Group  
National Association of Urban based HMOs: Past Membership Chair  
City of Detroit Community Service Commissioner  
Metro Youth Day: Co-Chair, Executive Committee  
Inside Medicaid Managed Care: Editorial Board  
United Children and Families and Head Start: Board of Directors  
Ennis Center of Children: Board of Directors  
Wayne County Community College: Pre Social Work Curriculum Committee

*Publications*

Social Security Disability Program Reform, ***INSIDE MEDICAID  
MANAGED CARE***, June, 1997

Review of Federal Welfare Legislation, ***INSIDE MEDICAID MANAGED  
CARE***, February, 1997

Medicaid Block Grant Proposal, Part I, ***INSIDE MEDICAID MANAGED  
CARE***, September, 1995

Medicaid Block Grant Proposal, Part II, ***INSIDE MEDICAID MANAGED  
CARE***, October, 1995