

▲ MLTSS **OCTOBER 4, 2022** LEADERSHIP SUMMIT



Coordinated Care: Solutions for Today and Tomorrow

Hosted by the National MLTSS Health Plan Association

National Press Club - Washington, DC

MLTSS **OCTOBER 4, 2022** LEADERSHIP SUMMIT

Welcome

On behalf of the National MLTSS Health Plan Association, we are so pleased that you're joining us for our inaugural MLTSS Leadership Summit. We want to bring together leaders from across the healthcare spectrum to engage in a meaningful conversation about solutions to the biggest challenges facing our nation's long-term services and supports system today.

Since the creation of Medicare and Medicaid in 1965, providing healthcare while at the same time providing for the functional and social needs of Americans with complex needs has evolved beyond its original medical model. We still have a long way to go towards a system where person-centered, coordinated care is accessible to everyone.

Gatherings like today's summit give us the chance to learn from one another and further the evolution through sharing our collective knowledge. We trust you will come away from this Summit with key takeaways and breakthroughs that will shape the future of MLTSS and integrated care services.


Chair


CEO

National MLTSS Health Plan Association





The National MLTSS Health Plan Association (“MLTSS Association”) is the leading organization in Washington, DC promoting Medicaid managed long-term services and supports (MLTSS) and integrated care.

We represent health plans that contract with states to provide long-term services and supports to beneficiaries through the Medicaid program. Our members assist states in delivering high quality long-term services and supports with a focus on ensuring beneficiaries' quality of life and ability to live as independently as possible.

MLTSS Association Members

Aetna
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L.A. Care
Senior Director, Strategic Planning

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| 8:00-8:30 am | Check In and Networking Breakfast, sponsored by CTS |
| 8:30-8:45 am | Welcome |
| 8:45-9:15 am | Fireside Chat: Perspectives from the States |
| 9:15-10:15 am | Panel Discussion: Solutioning for Value |
| 10:15-10:30 am | Break |
| 10:30-11:30 am | Panel Discussion: Solutioning for Behavioral Health |
| 11:30-12:00 pm | Keynote Remarks by the CMS Administrator |
| 12:00-12:30 pm | Panel Discussion: Solutioning for Health Equity |
| 12:30-1:00 pm | Networking Lunch, sponsored by MCG Health |
| 1:00-2:00 pm | Panel Discussion: Solutioning for New Populations |
| 2:00-2:45 pm | Executive Connections |
| 2:45-3:15 pm | Break, sponsored by TenderHeart |
| 3:15-4:15 pm | Panel Discussion: Solutioning for the Direct Care Workforce |
| 4:15-4:30 pm | Closing Remarks |





A CONVEY COMPANY



Fireside Chat: Perspectives from the States



Gary Jessee
Managing Director
Sellers Dorsey

Gary serves as Managing Director of Sellers Dorsey's National Medicaid Consulting Practice. Since 2017, he has led the practice's tremendous growth through business development and overseeing successful client engagements. As a former Medicaid Director, Gary leverages his extensive experience with Medicaid managed care, long-term services and supports, Medicaid market advisory and research, and health care policy to design and implement creative solutions for clients such as state aging and Medicaid agencies, managed care organizations (MCOs), private equity firms, and solutions partners. In his previous roles, Gary led managed care implementations and MCO oversight, and thus understands the operational challenges for both MCOs and providers.



Jennifer Jacobs
Assistant Commissioner for the Division of Medical Assistance and Health Services
State of New Jersey

As Assistant Commissioner for the Division of Medical Assistance and Health Services in New Jersey's Department of Human Services, Jennifer leads New Jersey's Medicaid program and the Children's Health Insurance Program, which together are known as NJ FamilyCare. She is passionate about making government programs work the best way possible for the people they serve. Before leading the largest long-term care plan in Florida, Jennifer spent eleven years in leadership at a Medicaid managed care organization in New Jersey. She graduated from the honors college at Penn State and holds a master's degree in urban policy and planning from the Massachusetts Institute of Technology.



Elizabeth Matney
Director of Iowa Medicaid
State of Iowa

Elizabeth Matney oversees Iowa's \$6 billion Medicaid program, which serves more than 700,000 Iowans each year. She most recently served as health policy advisor for Governor Kim Reynolds, where she worked closely with DHS and the Iowa Department of Public Health on a broad range of critical issues. She holds a master's degree in Rehabilitation Counseling from Drake University and a bachelor's degree in Psychology and Philosophy from Texas State University. Her previous experience includes serving as Medicaid managed care director, Medicaid quality assurance director and her early experience includes direct care as a Medicaid provider and work at a women's shelter.

Solutioning for Value



Brendan Harris
VP Community HealthChoices
UPMC Community HealthChoices

Brendan Harris' lifelong interest in politics and public policy has led to a wide range of experience in health care, administrative policymaking, and oversight. He currently serves as Vice President of Community HealthChoices (CHC) for UPMC Health Plan, the state's Managed Long-Term Services and Supports program. UPMC CHC provides long term services and supports to over 132,000 vulnerable Pennsylvanians, with a budget of over \$3 billion. The statewide program provides coverage in all of the Commonwealth's 67 counties to dually eligible Medicare and Medicaid recipients and individuals with physical disabilities. Before leading CHC, Harris served as the Regional Vice President of Government Programs for UPMC Health Plan and the other UPMC entities making up the Insurance Services Division.



Katie Lavelle
Executive Director
Medline Managed Care

Katie has over 15 years of experience in health care business development. She currently works as the Executive Director in Medline's Managed Care divisions, overseeing all activities of Medicare, Commercial and Managed care payers across the continuum. Medline is one of the largest national manufacturers and distributors of disposable medical supplies in the country, with over 50 years of family lead growth in all aspects of care. Our patient specific programs, coupled with our commitment to innovation, have lead us to develop unique programs that drive value for the MLTSS population.



Rick Fredrickson
Regional Vice President Long Term Care Programs
Centene

Regional Vice President for Long Term Care programs serving 20 years in this role at Centene Corporation.

Solutioning for Value



Elizabeth Klunk
Senior Vice President
Versant Health

Elizabeth (Liz) Klunk leads Versant Health's Medical Management Strategy & Development. She is responsible for developing strategic solutions, partnerships and value to health plan clients and their memberships. Before joining Versant Health, Liz served as the VP of Operations for several managed care organizations, most notably EXL Service, where she was the Vice President of Global Clinical Health Solutions. In this role, she provided deep clinical and executive leadership to international clinical delivery centers, as well as team of expert clinician consultants. By cultivating global clinical relationships, Liz supported the growth of clinical services in two new geographies (South Africa and South America) resulting in revenue and client growth of EXL's Healthcare practice. Liz received her AAS in Nursing from St. Elizabeth Hospital School of Nursing, and her BSN from Thomas Edison State University. Liz has been a Certified Case Manager for the past 15 years. She has also completed executive programs as Cornell University.



Liz Miller
EVP, Client Success & Regional President - East
CareBridge

Liz Miller is the EVP, Client Success and Regional President of the East at CareBridge. She has extensive healthcare experience and most recently led Centene's Florida \$15B health plan business serving >2.5 million members. While receiving her MBA at the Wharton School of Business, she was selected as a John A. Hartford Foundation scholar for her work driving improved healthcare outcomes for older adults. After completing her MBA at Wharton in 2004, Liz transitioned into a role in managed care to drive systems improvement in healthcare for vulnerable populations. Liz held progressive leadership roles with Wellcare in Florida since 2012. In January 2020, WellCare was acquired by Centene Corporation and Liz was selected to lead the integrated Florida Health Plans as CEO, Sunshine Health. Combined, her team of >4,000 people served more than 2 million individuals in all 67 counties of the state in Medicaid, Marketplace and Medicare programs, including both traditional plans and specialty plans for children with complex medical needs, children in the child welfare system, individuals with serious mental illness and adults receiving long-term care services.

Solutioning for Health Equity



Chiquita Brooks-LaSure

Administrator

Centers for Medicare and Medicaid Services

Chiquita Brooks-LaSure is the Administrator for the Centers for Medicare and Medicaid Services (CMS), where she will oversee programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the HealthCare.gov health insurance marketplace.

A former policy official who played a key role in guiding the Affordable Care Act (ACA) through passage and implementation, Brooks-LaSure has decades of experience in the federal government, on Capitol Hill, and in the private sector.

As deputy director for policy at the Center for Consumer Information and Insurance Oversight within the Centers for Medicare & Medicaid Services, and earlier at the Department of Health & Human Services as director of coverage policy, Brooks-LaSure led the agency's implementation of ACA coverage and insurance reform policy provisions.

Earlier in her career, Brooks-LaSure assisted House leaders in passing several health care laws, including the Medicare Improvements for Patients and Providers Act of 2008 and the ACA, as part of the Democratic staff for the U.S. House of Representatives' Ways and Means Committee. Brooks-LaSure began her career as a program examiner and lead Medicaid analyst for the Office of Management and Budget, coordinating Medicaid policy development for the health financing branch. Her role included evaluating policy options and briefing White House and federal agency officials on policy recommendations with regard to the uninsured, Medicaid and the Children's Health Insurance Program.



Christopher D. Palmieri

President & CEO

Commonwealth Care Alliance

Chris Palmieri has spent two and a half decades leading publicly funded healthcare organizations and has a passion for providing high-quality care coordination, care delivery, and specialized services that address the spectrum of social determinants of health to low-income individuals and those with significant needs, including seniors and people with disabilities. Since 2015 as president and chief executive officer, Chris has transformed Commonwealth Care Alliance® into a nationally leading \$2 billion health system, which has consistently provided improved health and quality outcomes to its customer base. Chris is also the founder of Winter Street Ventures®, Commonwealth Care Alliance's start-up accelerator and venture investment subsidiary, and launched a business, called instED®, that provides in-home emergency department services. Prior to joining Commonwealth Care Alliance, Chris served as CEO of Remedy Partners, a national bundled payment company, headquartered in Darien, Connecticut. Chris also served as president and CEO of Visiting Nurse Service of New York CHOICE Health Plans, successfully launching a \$2 billion safety-net insurance company offering both Medicare Advantage and Medicaid Managed Care products. Additionally, Chris has held senior positions with Amerigroup Corporation, Metropolitan Jewish Health System, and Faxton-St. Luke's Health Care/Mohawk Valley Network. Chris is currently chair of the Association for Community Affiliated Plans (ACAP), a national trade association representing 67 nonprofit health plans in 28 states, and chair of the National Managed Long-Term Services and Supports (MLTSS) Association, a consortium of leading managed care organizations serving state Medicaid programs and beneficiaries. Chris is also a member of the Ithaca College Board of Trustees.

Solutioning for Health Equity



Izzy Lopes

**Sr. Director of Equity, Education, and Engagement
Commonwealth Care Alliance**

Izzy Lopes currently works at Commonwealth Care Alliance as the Senior Director of Equity, Education, and Engagement. She has 15 years of experience in the health care sector and has developed impactful initiatives for municipal and state public health entities. Izzy has worked for prominent hospital systems in Massachusetts to address health inequities and to improve patient experience of care. Izzy is unwavering in her commitment to the promotion of health equity and care access for communities of color. Izzy received her undergraduate degree in Sociology from the University of Connecticut and her MSW and MPH from Boston University. Presently, Izzy sits on the board of directors for the Massachusetts Chapter of the National Association of Social Workers (NASW) where she is a vocal member.



Cait Kennedy

**Head of Strategy & Development
Vesta Healthcare**

Cait is a healthcare executive with over 15 years experience developing and implementing growth strategy and operational processes, with a focus on managed care, population health, digital health, home and community based care programs and member/provider marketing. She has spend the last four years at Vesta Healthcare, building out an innovative platform focused on engaging caregivers and home care to improve quality and outcomes for vulnerable, high-need populations. Her background includes Corporate Strategy & Development roles at Humana and DaVita and Marketing & Market Growth leadership at DaVita Medical Group. She began her career as a consultant with Deloitte, focused on technology and operations for health plans. Cait holds a BS in Systems Engineering from the University of Virginia and an MBA from Duke University.



Hany Abdelaal, DO

**President, Health Plans
VNS Health**

Dr. Hany Abdelaal serves as President of VNSNY CHOICE Health Plans, the health plans affiliated with the Visiting Nurse Service of New York (VNSNY). VNSNY is one of the largest nonprofit home and community-based health care organization in the United States, providing acute, rehabilitative, end-of-life, mental health, long-term care services and managed care plans to residents of the five boroughs of New York City, Nassau, Suffolk and Westchester Counties, as well as parts of upstate New York. Dr. Abdelaal joined the plan in March of 2012 as its Chief Medical Officer and was named President in January 2015. Previously, Dr. Abdelaal served in executive positions at two ACAP-member Safety Net Health Plans: as Medical Director and Chief Medical Officer at Elderplan, and as Medical Director and Executive Director at Homefirst. He completed his internship and residency at Maimonides Medical Center, where he worked until 2003 as an Associate Attending and Assistant Medical Director of Outpatient Service. Dr. Abdelaal has been involved in the duals programs and MLTSS programs for over 20 years.

Solutioning for Behavioral Health



John Lovelace

President, Government Programs

UPMC Health Plan

John Lovelace has had a lengthy and successful career in health care, initially as a behavioral health clinician in a series of public settings, later as an administrator. For the past twenty-five years, he has worked in Medicaid-focused managed care organizations, initially in public behavioral health and since 2004 as executive leader of UPMC Health Plan's Medicaid managed care plan (UPMC for You, Inc., a non-profit, provider-sponsored plan). UPMC for Kids, a non-profit Pennsylvania Children's Health Insurance Plan (CHIP), and UPMC for Life Complete Care, a Dual Eligible Special Needs Plan, were successfully initiated in 2006. UPMC for You is the largest and fastest growing Medicaid plan in Western Pennsylvania; UPMC for Kids, similarly, is the largest CHIP plan in Pennsylvania. UPMC Health Plan's public sector programs have been in the forefront of innovative programs addressing payment and delivery system reforms through grants and supports from national and regional foundations and the initiation of various programs to address social determinants of health.



Lily Rager

Chief Growth Officer

Pyx Health

Lily Rager directs all things related to revenue, business development and client management. A seasoned executive with over two decades of commercial management experience, Lily has the innate ability to help organizations perform above the status quo. Across her career at Optum, The Advisory Board Company, Teach for America, and Gartner, she has honed her strengths in sales strategy, market analysis, and talent development. At Pyx Health, Lily brings her professional experience together with her personal drive to accelerate the already meteoric impact Pyx Health is having in overcoming loneliness. Lily graduated from Duke University with a Bachelor of Arts in Russian.



Cindy Leach

Vice President, Long Term Care

Aetna

Cynthia J. Leach is the Vice President of Long Term Care at Mercy Care since December 2020. She brings over 35 years' experience in health care administration, financial management, executive leadership and program development to this role. Her responsibilities are to develop, implement, oversee and evaluate the Mercy Care Arizona Long Term Care System (ALTCS) program while leading a large case management department. Prior to joining Mercy Care, for almost 25 years, Cynthia was the Owner/Chief Operations Officer at Coppersands, Inc., a senior health care management company. She holds a Bachelor's of Science in Health Administration from the University of Arizona and an Associate's Degree in Nursing from DMCC. She holds several licenses with the State of Arizona including: Licensed Nursing Home Administrator, Assisted Living Manager and Registered Nurse.

Solutioning for Behavioral Health



Sandra Berg, PhD
Sr. Director, Complex Health Solutions Behavioral Health
and Programs
CareSource

Sandra Berg has joined the Complex Health Solutions team as the behavioral health senior director to focus on program development and overall organizational strategic approach to meet the behavioral health needs of the CareSource members. She currently serves as the chair of the governor's subcommittee on children's mental health in Kansas and is a voting member on the evidence based practices subcommittee for the governor's mental health advisory council. Sandra served on three legislative workgroups to help move forward historical legislation for mental health reform in Kansas during the 2020 and 2021 legislative sessions. Sandra served as executive director in the Kansas Medicaid managed care market for nearly 8 years before joining CareSource. Prior to her role in managed care, Sandra served as executive director of 3 psychiatric residential treatment facilities for children, the clinical director of a children's psychiatric hospital, clinical director of a special purpose school and has been a presenter at both the local and national level. She has served on many advisory groups for mental health as well as consulted with Fortune 500 groups. Sandra is a licensed clinical professional counselor and has doctoral degree in industrial/organizational psychology



Michelle Bentzien-Purrington
SVP, MLTSS and SDOH Innovation
Molina Healthcare

Michelle Bentzien-Purrington is the Senior Vice President of Managed Long-Term Services and Supports and Social Determinants of Health Innovation Center for Molina Healthcare, Inc. She is responsible for strategic oversight and operational implementation of person-centered programs for special needs populations. Ms. Purrington has more than 30 years of experience in healthcare strategy and operations, 14 of which have been dedicated to holistic programs that support independent living and individual preferences.

Solutioning for New Populations



Serena Lowe, PhD
Senior Director, LTSS
CareSource

Dr. Serena Lowe is currently the Senior Director of LTSS & Community Life at CareSource, focused on advancing cutting-edge technologies and high-impact home and community-based services that support people with complex health to live, work and thrive in their communities. Serena has spent the past 25 years furthering public policies that promote the socioeconomic advancement of low-income working families, individuals with disabilities, seniors, children, immigrants, refugees, women of color and other at-risk populations. Serena has served in a variety of leadership roles in the fields of public policy reform, systems change and commercial planning, working for a Fortune 100 global biopharmaceutical company, a top 20 national lobbying firm, two foreign governments, two national nonprofit organizations, Congress, and the federal executive branch.



Eric Daniels
EVP, Chief Growth Officer
SeniorLink

Eric Daniels is an executive leader focused on business development and enterprise growth in the health care industry. He has a long history of working with health plans serving the commercial, Medicare and individual markets. Currently, Eric is the executive vice president and chief growth officer at Seniorlink, a technology-enabled care management company dedicated to supporting family caregivers who help to keep care at home. He is responsible for extending the company's vast array of care management services to families and caregivers throughout the country. Before joining Seniorlink, Eric spent most of his career at Blue Cross Blue Shield of Minnesota, where he led the sales strategy to retain and grow membership across all its market segments.



Mark Lashley
Chief Executive Officer
Caregiver, Inc.

Mark has spent over 20 years in healthcare including prison services, acute care services, emergency medical services and now provides supports for the intellectually and developmentally disabled. Mark demonstrated a specialty for business turnarounds in the mid-2000's when he joined a struggling division of ARAMARK Healthcare and led them to growth and profitability within 18 months. Then in 2011 he joined the country's second largest ambulance company as the COO where he helped lead the company out of bankruptcy and through a turnaround, ultimately selling the company to the nation's largest ambulance company, American Medical Response, in 2015. In 2017, Mark joined Caregiver as their Chief Executive Officer.

Solutioning for New Populations



Kris Kubnick
Chief Member Experience Officer
Inclusa, Inc.

Kris Kubnick serves as the Chief Member Experience Officer for Inclusa Inc. Inclusa is the largest Managed Care Organizations in Wisconsin that supports the lives of elders and adults with intellectual or physical disabilities through the State of Wisconsin's Family Care program. Mr. Kubnick has held a variety of leadership roles in Wisconsin's Long-term Care system over the last 15 years. His experiences as a multidisciplinary leader at Inclusa has provided him with a unique perspective on managed long-term care, and led to the development of nationally recognized innovations in the managed care industry. Kubnick holds a Sociology degree from the University of Wisconsin La Crosse, a Master's degree In Public Administration with an concentration on Health Care Agencies from the University of Wisconsin Oshkosh and is Certified in the state of Wisconsin as a Social Worker.



Patti Killingsworth
SVP, Strategy & Industry Relations
CareBridge

Patti Killingsworth is the Senior Vice-President of LTSS Strategy and Industry Relationships at CareBridge, a company that combines innovative technology with LTSS expertise and partners with states, health plans, and others to improve care and outcomes for people receiving LTSS. She has nearly 25 years of Medicaid LTSS experience, leading system redesign initiatives in multiple states. Most recently, she was the longstanding Assistant Commissioner and Chief of LTSS for TennCare, the Medicaid Agency in Tennessee. Her previous experience includes serving as the Deputy Director of the Missouri Department of Mental Health's Division of Developmental Disabilities. Patti is a past board member of ADvancing States (NASUAD), and an original member of the MLTSS Institute Advisory Board. She is a lifelong family caregiver and nationally recognized leader and highly sought-after expert and adviser in HCBS, managed LTSS, value-based purchasing for LTSS, and initiatives to improve care for beneficiaries dually eligible for Medicare and Medicaid. Her commitment is to transform LTSS systems to better meet the needs of people with disabilities and their families by helping to develop and implement innovative approaches to service delivery that deliver on the triple aim: improved experience, better outcomes, and increased cost efficiency.

Solutioning for the Direct Care Workforce



Gary Jessee
Managing Director
Sellers Dorsey



Jonathan Davis
Founder & CEO
Trualta

Jonathan Davis is Trualta's Founder & CEO. Trualta has adapted professional-level healthcare education for the untrained family caregiver, delivered through a proprietary learning platform, with a growing evidence base of clinical outcomes. In partnership with innovative health plans, providers, government and social service organizations, Trualta improves outcomes through caregiver activation across 27 US states and Canada. Jonathan was previously an investor in healthcare education at Providence Equity Partners and a strategy consultant at McKinsey & Company in New York City. He is a member of the Caregiver Action Network Corporate Leadership Council and Community Care Corps Steering Committee. He holds an honors business degree from Western University. He currently lives in Ottawa, Ontario, with his wife and daughter.



Sue Moss
SVP, Payer Strategy
Bayada

Sue Chapman Moss, MPH knows that patients deserve more from the healthcare industry – care delivered with expertise, empathy, and value. Her career spans management consulting, hospital operations, strategic planning, and managed care contracting. She currently serves as Senior Vice President and Managing Director of Payer Contracting and Strategic Partnerships at BAYADA Health Care, a \$1.5B non-profit that delivers healthcare at home in 23 states and 6 countries. She served in several executive leadership roles at Mass General Brigham, most recently as Senior Vice President of Payer Contracting and System Planning where she led \$10B payer negotiations, value-based deals for 800K attributed lives, and payment model innovation. Sue teaches at Harvard Medical School, holds a Master's Degree in Public Health from Yale University and serves as Fellow of The Health Management Academy.

Solutioning for the Direct Care Workforce



Rachel Chinetti
Staff Vice President
Elevance

Rachel Turner Chinetti leads the LTSS/IDD organization for Elevance Health, a leading health benefits company serving nearly 74 million people nationwide through its affiliates. In this role, Rachel is responsible for strategic oversight of performance across the ten states in which Elevance is contracted to manage Long-Term Service and Supports, inclusive of programs that support individuals with Intellectual and Developmental Disabilities. Rachel also maintains oversight of capabilities and innovation in the MLTSS space, ensuring that individuals supported in MLTSS programs have access to the most innovative, quality and effective programs available. Rachel has worked for over fifteen years in the LTSS space and has proudly committed her work to expanding and improving the quality of care and quality of life for individuals supported in LTSS programs. Through Rachel's career in LTSS she has transitioned between state government where she served in a leadership capacity for the Bureau of TennCare in Nashville, working for service providers including Nursing Facility and community-based, and holding various leadership positions in managed care across service coordination, operations, and provider relations.



Linda Kurian, MD
Chief Medical Officer New York and Pennsylvania
Aetna

As the Chief Medical Officer of Aetna Better Health of New York, Dr. Linda P. Kurian is responsible for the Managed Long Term Care LOB. In addition, Dr. Kurian is also Chief Medical Officer for Pennsylvania Medicaid and CHIP PA. Dr. Kurian has over 20 years of progressive experience within both the clinical and managed care arenas. She has worked in underserved areas with a robust understanding of the complexities of the Medicare and Medicaid populations. Her areas of expertise include outpatient ambulatory settings, SNF Attending, Medical Directorship at a Federally Qualified Health Center, and at the Program of All-Inclusive Care for the Elderly (PACE) which is a federal Duals program. Throughout her career she has been involved with international medical missions. Dr. Kurian has served as the MLTSS Medical Director for Horizon Blue Cross Blue Shield of New Jersey prior to her tenure here at Aetna as NJ launched MLTSS statewide.

Our Partnership Program allows companies to demonstrate their leadership and commitment to our shared goal of providing the highest quality care to vulnerable populations.

With 3 levels of commitment, partner companies can choose the best program option for their goals.

Commitments run on an anniversary basis—partners can sign on at any time and receive benefits for a year.

Our Partnership Program gives you:

- Access to decision makers
- Education on key topics
- The ability to be up-to-speed on the ever-changing environment in MLTSS
- Flexible options for engagement



Ready to join? For more information about our Partnership Program, contact Katelyn Crume at kcrume@chamberhill.com.



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