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SNP Alliance Annual Fall Forum 2025 October 27th & 28th

Thank You To Our Speakers!



Chad Carden, Founder & CEO, The Carden Group

Chad Carden has been studying and working with companies to improve their number one asset — their people — for over 20 years. His life mission is to improve the way employers and employees interact to create greater engagement and better results. By challenging them to reach outside their comfort zones, Chad's clients achieve heights they've never imagined.

Named a Top Coach Making a Difference by USA Today and featured as a Top Entrepreneur Changing the World by Entrepreneur Magazine, Chad has traveled the globe working with all levels of organizations of all different sizes. Fortune 100 companies have sought out Chad's assistance to discover where they want to be, to help create a plan to get there, and to issue a challenge to achieve real results.

Chad is an accomplished author of two books, *Winning The Money Game* and *P.E.P.P.* He has also consulted and sold products and services in over 40 countries, and his work has been translated in over 15 languages. He continues his vision of providing people and organizations a personalized formula for better employee engagement and positive progress.



Ginger Loper, Principal, Loper Consulting

Ginger G. Loper founded Loper Consulting, a government relations firm, in 2010, after spending more than a decade on Capitol Hill and in the Executive Branch. She has been providing strategic advice and direct lobbying services to a range of leading health care entities for nearly twenty years. Prior to creating her firm, she was a Vice President at Timmons and Company.

For his entire first term, Ginger worked in the Office of Legislative Affairs under President George W. Bush, serving the final two years as Special Assistant to the President for Legislative Affairs. During her time as a liaison to the United States Senate, she advanced the President's agenda in policy areas including

health care, education, income support, and agriculture. She also guided several key Cabinet officials through the confirmation process.

Prior to her White House service, Ginger served as Legislative Assistant to Senator Trent Lott while he was Senate Majority Leader.

Ginger has served on the Board of Directors for the Arlington Free Clinic and volunteers in a variety of capacities in the community, including as a member of the Board of Trustees for the Connelly School of the Holy Child.

A native of Birmingham, Alabama, she graduated from the University of Alabama and received her master's degree from George Washington University. Ginger lives in Arlington, Virginia with her husband, Brett, and their three daughters.



Elizabeth Barnett,
Partner, Avenue
Solutions

Elizabeth Barnett is a Partner at Avenue Solutions, a government relations firm which provides strategic legislative, policy, and political expertise based in Washington, D.C. Elizabeth advises numerous clients across the spectrum of the health care industry on a range of federal legislative and regulatory issues related to Medicare, Medicaid, and the Affordable Care Act. Elizabeth brings a wealth of political and legislative experience to this all-female, all-Democratic firm.

Elizabeth has over 20 years of experience in health care policy both in the private sector and on Capitol Hill. Before joining Avenue Solutions, Elizabeth was a lead Democratic lobbyist for the Blue Cross and Blue Shield Association. Elizabeth has a deep understanding of Capitol Hill, where she spent eight years working for U.S. Senator Blanche Lincoln (D-AR). Elizabeth also worked as a researcher at EMILY's List and on the U.S. Senate Committee on Energy and Natural Resources. A native of Southern Maryland, Elizabeth's tenure in D.C. began with an internship with U.S. Representative Steny Hoyer (D-MD).



Dr. Felix Nunez, CEO,
Gold Coast Health Plan

Dr. Felix L. Nuñez is the chief executive officer (CEO) of GCHP providing strategic direction for the health plan.

Born and raised in Los Angeles, Dr. Nuñez identifies as an Angeleno and second generation Mexican-American. He was raised in El Sereno, a Latinx community in northeast Los Angeles. He is a board-certified Family Physician with extensive clinical and administrative experience in both the private and public sectors.

Prior to joining GCHP in 2022 as associate chief medical officer (CMO), Dr. Nuñez served eight years at Molina Healthcare of California as Inland Empire regional medical director. He is formerly CMO and past interim CEO of the Family Health Care Centers of Greater Los Angeles, a Federally Qualified Health Center in southeast Los Angeles. His prior work has included serving as the vice president of clinical services for the Community Clinic Association of Los Angeles County, medical director of The South Central Family Health Center, assistant medical director with

the Los Angeles County Department of Health Services, and assistant clinical instructor in the Harbor-UCLA Family Medicine Residency Program.

Dr. Nuñez earned his Bachelor of Science in Biology from Loyola Marymount University, his Doctor of Medicine degree from Harvard Medical School, and Master of Public Health from the UCLA School of Public Health. In 1998 he completed a residency in family medicine at the Harbor-UCLA Medical Center, and in 2005 was a fellow in the Primary Health Care Policy Fellowship of the U.S. Department of Health and Human Services.

He has held clinical appointments with the David Geffen School of Medicine at UCLA and the Keck School of Medicine. He served on the Primary Care and Prevention Subcommittee of the California Future Health Workforce Commission. He is a member of the California Medical Association, the California Academy of Family Physicians, the American Academy of Family Physicians, the Los Angeles County Medical Association, the Massachusetts Medical Society, and the Association of Clinicians for the Underserved, where he completed two terms as president. He currently serves on the boards of Latinx Physicians of California, the Legislative Affairs Committee of the California Academy of Family Physicians, the San Gabriel Community Foundation, and the Ramona Convent Secondary School.



Toby Douglas, Senior Vice President, Medicaid, Kaiser Permanente

Toby Douglas is Senior Vice President, Medicaid Line of Business for Kaiser Foundation Health Plan.

Previously, Mr. Douglas was Senior Vice President for Medicaid solutions at Centene Corporation. Prior to that, he was a long-standing state and county Medicaid official. He served for 10 years as an executive in California Medicaid as the director of the California Department of Health Care Services and state Medicaid Director. He worked for five years in San Mateo County Health Department and hospital and clinic system as executive over health access.

He currently serves on the board of Families USA and the Camden Coalition. He was a commissioner on the Congressionally appointed Medicaid and CHIP Payment and Access Commission for six years. And, served for four years as a board member of the National Association of Medicaid Directors.

Earlier in his career, Mr. Douglas worked as a research associate at the Urban Institute, and as a VISTA volunteer. He received his Master of Public Policy and Master of Public Health from the University of California, Berkeley.

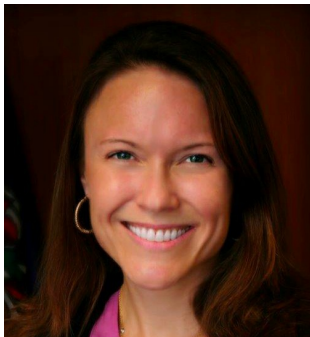
Samantha Olds Frey is the Chief Executive Officer for the Humana Gold Plus Integrated Plan. Prior to joining Humana, she served as the Chief Executive Officer of the Illinois Association of Medicaid Health Plans (IAMHP) for a decade. She is an experienced advocate for public and private health plans, improving access to quality health care for the uninsured, committed to enhancing



Samantha Olds Frey, Vice President, Medicaid Regional President, Illinois Medicaid - Duals, Humana

consumer choice, and affordability of health insurance for all Illinoisans.

Samantha has nearly fifteen years of experience in the Illinois Medicaid program. She has experience coordinating legislative strategies, representing Medicaid Health Plans, and working closely with state agency administrators and provider partners to formulate and implement policy that positively impact members. Samantha earned her Bachelor's Degree in Economics from St. Louis University and her Master's Degree in Public Policy and Administration from Northwestern University.



Suzanne Gore, JD, MSW, Principal, State Health Partners, SNP Alliance Consultant

After nearly 15 years working in and around government, Suzanne formed State Health Partners with a passion to improve health care, especially for underserved individuals, by building capacity and bringing innovation to state Medicaid programs.

As Deputy Secretary of Health and Human Resources and Senior Advisor on Healthcare for Governor Terry McAuliffe and as Special Assistant of HHR for Governor Mark Warner, Suzanne has had an instrumental role in shaping and administering state health policies across agencies in Virginia. In her most recent position as Deputy Director of the Virginia Medicaid program, she oversaw the policy, legislation, appeals, innovation, and regulatory divisions of the agency. In that role, she developed a broad network of professional relationships with federal regulators, health care providers, insurers and managed care organizations, citizen stakeholder groups and industry consultants.

In between state government stints, Suzanne worked in the non-profit sector where she spearheaded the Center for Health Care Strategies' efforts to help states develop integrated care and managed long-term services and supports programs.

Suzanne has extensive practical experience with Medicaid policy, managed care, waivers, program development, and implementation and knows the challenges states face on a daily basis. She understands how to navigate the state political landscape and influence the legislative and budgetary process.

Her academic background includes business, law and social work as she earned a Bachelor of Science in Commerce degree from the University of Virginia, a Juris Doctor from George Mason University School of Law, and a Master of Social Work degree from Virginia Commonwealth University.

Trey's motivation for starting Siftwell stems from his first hand



**Trey Suttan, Co-Founder
& CEO, Siftwell**

experience, seeing loved ones and patients suffer through conditions that could have been discovered and treated earlier with the same innovative, modern technology used in other industries. His mission was to bring this advanced AI technology into the healthcare space to improve and save lives.

For over two decades, Trey has worked at the intersection of for-profit and mission-focused organizations to advance and transform healthcare, education, and housing. During his career, he has held CEO and CFO roles at multibillion-dollar companies, including a large managed care organization that covered individuals with mental health, substance use, and intellectual and developmental disabilities. He has also held leadership roles at a number of other multimillion-dollar enterprises, all of which were actively engaged in high-level transformation efforts.

Trey most recently served as CFO and then CEO of a managed care organization with more than 950 employees, over 900 medical and behavioral health providers, and more than 1 million members in the southeastern United States.

In this position, he helped grow revenue from \$750 million to more than \$1.2 billion, reversing several years of losses. He also led a systemwide HR transformation that dramatically improved employee engagement and satisfaction scores while decreasing administrative spend. Other accomplishments during his time leading that organization include obtaining HiTrust certification and NCQA accreditation and implementing new systems for core functional areas.

Trey Suttan also served as CFO for the North Carolina Department of Health and Human Services Division of Medical Assistance. His tenure saw three consecutive under-budget years after five years of significant cost overruns, achieved through a comprehensive restructuring effort that dramatically improved internal accountability and legislative/inter-executive branch relations that ultimately saved the department over \$350 million.

Trey has a bachelor's degree in business administration from the University of Arizona's Eller College of Business. Additionally, he completed graduate work at the University of Virginia and obtained an MBA in Health Sector Management from Duke University's Fuqua School of Business.

He has served on the board of directors for both Medicaid Health Plans of America (MHPA) and the Association for Community Affiliated Plans (ACAP). He has also been involved with a number of smaller, non-healthcare philanthropies that improve the lives of at-risk youth.

Trey lives in the Charlotte area. When he's not working, he enjoys snowboarding, travel, and a good brewery.

Erin Henderson Moore is President and CEO of Fidelis Care of New Jersey, where she leads the organization's Medicaid,



Erin Henderson Moore,
President and CEO, Fidelis
Care NJ

Medicare, and Marketplace programs, overseeing strategy, operations, and full profit and loss responsibility. She is a recognized thought leader in Medicaid, Medicare, and Marketplace programs, delivery system reform, and managed care, with extensive experience bridging strategy and execution in both the private and public sectors.

Previously, Erin served as Executive Director for UnitedHealthcare's District Dual Choice program, ensuring comprehensive care for dually eligible individuals, and as Director of Policy & Strategic Engagement, advising leaders and shaping programs for complex populations. She also held roles at Booz Allen Hamilton supporting CMS contracts and at the DC Department of Health Care Finance as a subject matter expert on Medicaid, CHIP, and the ACA.

Erin holds a BA in Political Science and History from Columbia University and an MPA with a Graduate Certificate in Nonprofit Management from the University of Missouri. She serves on the boards of Community of Hope and the American Heart Association.



**Molly Dean, Senior
Consultant, State Health
Partners**

With a career dedicated to government and government-sponsored programs, Molly Dean brings deep expertise in Medicaid and Medicare strategy, managed care operations, and the frontline implementation of both state-level and private sector programs. She has held senior leadership roles across government and health plans, including serving as Senior Policy Advisor to the Virginia Secretary of Health and Human Resources, where she shaped reform policy and led legislative strategy. She later served as Senior Advisor to the Virginia Medicaid Director, where she coordinated program design and served as chief author and negotiator of a federal Medicaid waiver serving individuals with serious mental illness.

Outside of state government, Molly served as Vice President at AllyAlign Health, leading the development and daily operations of Medicare Institutional Special Needs Plans (ISNPs) in multiple markets. Additionally, she served as Chief of Staff at a Behavioral Health specialty plan, overseeing delivery of behavioral health and disability services for more than 1 million members in North Carolina.

At State Health Partners, she draws on this blend of policy insight, program design expertise, and operational knowledge to help clients navigate and design transformation initiatives, state procurements, legislative strategies, stakeholder engagement, and service delivery models. She is committed to advancing strategies that strengthen outcomes, improve quality, and expand access, ensuring that government programs deliver meaningful value and high quality care to the people they serve.

Tom Kornfield is the founder and CEO of MAST Health Policy Solutions, a boutique healthcare consulting firm specializing in Medicare Advantage (MA) and Part D. He is a recognized national expert on MA payment policy with mastery of Medicare Part D and



**Tom Kornfield, MPP,
MAST Health Policy
Solutions, SNP Alliance
Consultant**

the Inflation Reduction Act. His unique combination of working in the public and private sector, gained over 25 years of experience, provides him with an unparalleled and creative perspective on government policy. In addition, during his tenure at CMS, he originated the idea to allow five-star Medicare health plans to market and enroll year-round. Since leaving CMS, he has experience as a senior consultant with Avalere and as the Vice President of Medicare Policy at AHIP.

Tom holds an M.P.P. from the University of Michigan's School of Public Policy. His undergraduate degree is from Hamilton College.



**Jason Christ, Board of
Directors /Member of the
Firm, Epstein Becker
Green**

Jason is a Member of the Firm in the Health Care and Life Sciences practice, in the Washington, DC, office of Epstein Becker Green. He concentrates in risk adjustment payment, Medicare Advantage, health care fraud and abuse, government investigations, voluntary disclosures, and health regulatory counseling. Jason has defended a variety of health care entities in civil and criminal government investigations relating to health care fraud and abuse arising under anti-kickback laws, physician self-referral laws, false claim/false billing laws, and other state and federal fraud statutes including qui tam action. He frequently conducts internal investigations relating to health care fraud and assists clients in dealing with the options associated with compliance deficits. He has negotiated some of the highest profile settlement agreements and corporate integrity agreements in connection with state and federal investigations in the history of Medicare Part C. In addition to working with Medicare Part C and Exchange plans on matters concerning risk adjustment payment, he provides health regulatory counseling to a wide variety of health care entities, including vision companies, health plans/MCOs, hospitals, pharmacies, hospice organizations, IDTFs, medical transport providers, physician groups, urgent care, pharmacies, health IT, and start-ups.



**Teresa Mason, Member of
the Firm, Epstein Becker**

Teresa is a health care attorney with Epstein, Becker & Green, PC located in Washington, DC. She provides comprehensive counsel on Medicare Advantage risk adjustment issues, including false claims defense, overpayment self-disclosures, and RADV audit preparedness, while guiding clients through CMS program audits and other enforcement actions. With expertise in both the clinical and legal aspects of health care, Teresa is able to provide strategic guidance to her clients to navigate the evolving landscape of health care fraud enforcement and risk adjustment compliance.



Mark Hassenstab, VP Risk Adjustment & Product Optimization, Curana Health

Mark Hassenstab has over 20 years of business experience working in Finance, Reporting, and various Healthcare organizations. Mark started his career at large corporations such as IBM and Target. Upon graduating with his MBA focused in Finance and Management, Mark transitioned to a financial management position at UCare MN, a \$6B and 650,000 member plan. Mark grew health plan skills and influence acquiring responsibility for revenue, risk adjustment, and encounters. Next, Mark became a very early employee of Bright Health Group, witnessing tremendous growth in membership and geographic expansion, moving from 26,000 members to over 1.2 million in less than five years. Currently, Mark leads Product Optimization Economics at Curana Health with responsibilities for Risk Adjustment, Products Management, and Product Strategy.



Matthew McLarnon, MBA, Integration Policy Manager, SNP Alliance

Matthew McLarnon is a seasoned healthcare strategy and policy expert with over a decade of experience in public policy, strategic planning, and managed care integration. In his current role as Integration Policy Manager with SNP Alliance, Matthew leverages his extensive background in Medicare-Medicaid integration, healthcare analytics, and public affairs to drive innovative solutions that enhance outcomes for dually eligible populations.

Previously, Matthew served as Senior Strategy Manager at Centene Corporation, where he collaborated with market leadership across six states, spearheading initiatives that optimized operations and supported dual eligible plan integration. His leadership in corporate strategy included competitive procurement processes, guiding complex data analysis projects, and contributing to duals governance committees.

Matthew's tenure at Modivcare Solutions further solidified his expertise in healthcare access and policy advocacy, where he directed government relations initiatives, expanded transportation services, and facilitated food delivery programs for underserved communities during the COVID-19 pandemic. Additionally, his work with SAS Institute and Capital Health Consulting showcased his ability to translate complex data into actionable strategies for healthcare transformation.

Matthew holds a Master's in Business Administration with a focus on Healthcare Administration from Georgia State University and a Bachelor of Arts in Political Science from the University at Albany. He is a recipient of the "10 Under 10 Alumni Award" from the Rockefeller College of Public Affairs & Policy at the University at Albany and is certified in Project Management through the University of Colorado Boulder.

Passionate about integrated care delivery and public health innovation, Matthew is committed to advancing SNP Alliance's mission to improve the lives of individuals with complex health and social needs.



Steven R. Counsell, MD,
Medical Director, Division
of Aging, Indiana Family
and Social Services
Administration

Steven R. Counsell, MD, AGSF, FACP is Professor of Medicine at Indiana University School of Medicine. He was the Founding Director of the IU Geriatrics program from 1997-2016, and former Chief of Geriatrics at Eskenazi Health, Richard L. Roudebush VA Medical Center, and IU Health Physicians in Indianapolis, Indiana. Dr. Counsell has conducted large-scale clinical studies testing system level interventions aimed at improving quality, outcomes, and cost-effectiveness of healthcare for older adults. He developed the Geriatric Resources for Assessment and Care of Elders (GRACE) model of complex care management shown to improve outcomes and reduce hospital utilization in high-risk low-income seniors. Dr. Counsell is Board Certified in Internal Medicine and Geriatric Medicine, and a fellow of the American Geriatrics Society for which he served as President and Chair of the Board of Directors. In 2016, Dr. Counsell became the inaugural Medical Director for Indiana Family and Social Services Administration's Division of Aging where he is working to improve care coordination and integration of health care and social services for older adults dually eligible for Medicare and Medicaid.



**Kelli Emans, Senior
Strategic Integration
Advisor, Aging and Long-
Term Support
Administration, WA
Department of Social and
Health Services**

Kelli Emans is the Senior Strategic Integration Advisor for the Home and Community Services Division within the Aging and Long-Term Support Administration (AL TSA). AL TSA has delegated authority from the state Medicaid agency to administer long-term services and supports to low-income seniors and individuals with disabilities. AL TSA serves more than 70,000 people with Medicaid services each year and supports many more Washingtonians with additional services and supports.

With almost 20 years of experience in the Medicaid space and a long history of focusing on integration work she is currently responsible for a broad range of policy development activities related to state-purchased health care strategies, leading duals integration work and developing policy recommendations for the managed care service delivery, both Medicare and Medicaid in partnership with our Medicaid Agency. Some of her current responsibilities include the Managed Fee for Service Health Homes program (duals demo) and DSNP Health Homes, PACE program policy, implementing a 1915(i) state plan amendment to increase access to community behavioral health support for complex populations and strategic direction for and implementation of enhancements in the State's Dual Eligible Special Needs contracts.

She is also project director of Washington state's Arnold Ventures grant aimed at Advancing Medicare and Medicaid integration, leveraging funding to enhance integrated care through care coordination, improved data and accountability and understand of beneficiary perceptions.

Kelli recently received the 2024 South Sound Exceptional Woman award for her dedication to service.



**Nicholas Johnson, FSA,
MAAA, Principal &
Consulting Actuary,
Milliman**

Nick Johnson is a principal and consulting actuary specializing in healthcare in Milliman's Seattle office. He joined the firm in 2009.

Nick's primary expertise is in helping clients understand the financial implications of trends and changes in the healthcare delivery system, particularly in Medicare and dual-eligible populations.

He has worked with a broad range of clients, including health plans, integrated delivery systems, provider groups, reinsurers, and the Veterans Health Administration. He has significant experience in Medicare Advantage, Medicare Part D, Medicaid, commercial, and ACA markets.



**David Mike, VP & CFO,
Aetna Medicare**

David joined Aetna in February 2025. As Vice President and Chief Financial Officer for Aetna Medicare, David leads financial reporting, planning, and decision-support to ensure the success and integrity of Aetna's Medicare line of business. Throughout his career, David has built a strong track record of driving operational excellence, aligning financial goals with organizational strategy, and fostering collaboration across teams.

Prior to his work at Aetna, David was the Founder and Managing Principal of Veratrix Solutions, a consulting firm that partners with biopharma companies to strengthen market access, pricing, and contracting strategies. He also spent 8 years at Milliman as a Principal and Consulting Actuary. David has been featured as a speaker and contributor at national conferences and in industry publications focused on Medicare, healthcare economics, and strategic planning. Known for his ability to translate complex analytics into actionable insights, he brings a unique blend of technical expertise and human-centered leadership to every discussion.

David holds a Bachelor of Science in Actuarial Science from Pennsylvania State University. He resides in Pittsburgh with his wife, Deanna, and two children.



**Eve Gelb, SNP Alliance
Immediate Past Chair,**

Eve Gelb has 30 years' operations and innovation experience improving the health and social outcomes of vulnerable populations in health plans and community-based organizations. She has particular expertise in models serving people with Medicare and Medicaid.

Eve recently joined Gold Coast Health Plan (GCHP), as Chief Innovation Officer. In this role, Eve helps drive excellence, innovation, and quality care for GCHP's more than 250,000 Medical members. She leads the execution and integration of complex, mission-critical and strategic initiatives that will ultimately lead to better outcomes for the members, greater access to quality care, and a superior member experience.

**Chief Innovation Officer,
Gold Coast Health Plan**

Prior to joining GCHP, she held progressive roles at SCAN Health Plan, working with nearly every part of the organization while operating with a strong sense of mission and commitment to members and the community. She joined SCAN Health Plan in 1997 as a trainer in health care services and concluded her time with the organization as Senior Vice President of Duals, people with both Medicare and Medi-Cal coverage. In her senior leadership roles at SCAN Health Plan, Eve was responsible for the strategy, development and implementation of programs that improve health and social outcomes and equity. She oversaw population health and health equity strategy and ran operations for care management, care coordination, quality management, utilization management and the community service arm of the organization, Independence at Home. These areas deliver the model of care, a person-centered approach that focuses on the unique needs of each member.

In addition to work experience, she currently serves as the board chair for the SNP Alliance, a national leadership organization with the mission to improve the lives of people with complex needs through specialized managed care. She also serves on the board of WISE and Healthy Aging, a senior services organization and Su Casa, a domestic violence prevention organization and as consultant to a variety of health care organizations.

She holds a Master of Public Health at Tulane University and her Bachelor of Arts at the University of California, Los Angeles.



**Jeremy Dressen,
President, Curana Health
Plans, CEO, Align Senior
Care**

As President of Curana Health Plans, Jeremy Dressen ensures that a rapidly growing number of residents in senior communities across the country have access to exceptional coverage for value-based services. A passionate advocate for value-based care and special needs populations, Jeremy brings deep operational expertise and strategic vision honed through decades of leadership across diverse healthcare sectors.

Jeremy's career spans senior roles at major healthcare organizations, where he has led teams through high-growth phases, IPOs, mergers and acquisitions, and complex business transformations. Prior to joining Curana Health, Jeremy served as the Senior Vice President of Enterprise Operations at Bright Health, Chief Operating Officer of QualChoice Medicare Advantage for Catholic Health Initiatives, and as a national-level director and market COO at UnitedHealth Group. Earlier in his career, he worked as a mediator and investigator at the Minnesota Attorney General's Office, underscoring his commitment to equity and public service.

Jeremy earned his Bachelor of Arts in political science and American government, graduating with high distinction and Scholar of the College honors from the University of Minnesota Morris. Outside of work, he's an outdoor enthusiast who enjoys hiking, fishing, and lake activities, and loves spending time with his active family — including energetically coaching his young son's baseball team.



**Kate Paris, Vice President,
Policy & Advocacy,
UnitedHealthcare
Community & State**

Kate Paris is the vice president of policy and advocacy at UnitedHealthcare Community & State. Kate leads a team of health policy subject matter experts to drive business insights, strategy and analysis for UnitedHealthcare leadership on emerging Medicaid, Medicare and healthcare policy trends. Kate manages multiple partnerships supporting UnitedHealthcare's coalition building efforts on key advocacy priorities. Within her role, Kate has active leadership roles with key trade associations including Medicaid Health Plans of America, MLTSS Association and the Special Needs Plan Alliance.

Kate has served in multiple roles across UnitedHealthcare since joining the company in 2012, including in clinical operations and performance management, where she built a team to develop and lead key maternal health programs focused on improving maternal health outcomes.

Prior to joining UnitedHealthcare in 2012, Kate served as planning and project development director at the Agricultural Utilization Research Institute (AURI) of Minnesota and worked within the legislative and administrative branches of the state of Minnesota. Kate Paris earned her master's in public administration from the University of North Dakota following bachelor's degrees in English and environmental studies from the University of Minnesota-Morris. She currently resides in Minnesota with her family.



**Deborah Paone, DrPH,
MHSA, Performance
Evaluation Lead & Policy
Consultant, SNP Alliance**

Dr. Deborah Paone is an independent researcher/consultant and President of Paone & Associates, LLC, founded in 2002.

Dr. Paone works with communities, service providers, research centers, health plans, and government agencies to promote better systems of care, focusing on older adults, people with disabilities, and family caregivers.

Deborah is a subject matter expert in implementation effectiveness, health services research and evaluation, health policy, quality measurement, care coordination, systems integration, and has served as an advisor to US News & World Report as a subject matter expert in Medicare Advantage quality measurement.

Dr. Paone has provided consultation to the Special Needs Plan Alliance in performance evaluation and quality measurement since 2017. She serves on national technical expert committees such as the MA Stars TEP (CMS/RAND), Person-Centered Outcome Measure Advisory Panel (NCQA), 2028 HCBS Quality Measure Set Review Workgroup (Mathematica), and as a researcher for the ACL Falls Prevention Innovation Lab.

In addition, Deborah has served as the Implementation & Evaluation Director and consultant to Johns Hopkins School of Nursing since 2019 on the CAPABLE evidence-base program.

Deborah has worked with cities, states, and the federal government on demonstration and innovation initiatives such as the Minnesota Senior Health Options demonstration, ACT on

Alzheimer's, City of Saint Paul Lifetime Communities, and the New York University Caregiver Intervention.

Her service on non-profit Boards of Directors includes full terms or two terms of office for: The Minnesota Gerontological Society, Ebenezer/Fairview Health Services, Our Lady of Peace Hospice, and Steven's Square Foundation.

Deborah holds a Doctor of Public Health (UNC-Chapel Hill), a Master of Health Services Administration (University of Michigan), and a Bachelor in Gerontological Issues in Community Health (University of Rochester).

Throughout her 35-year career, Deborah has worked across disciplines and settings—bridging policy, practice, and research—to bring disciplines and efforts together toward improvement and to foster effective innovation.



**Alan Hoffman, MHS, Vice
President of Federal
Services, NCQA**

Alan S. Hoffman, MHS, is Vice President of Federal Services at NCQA. He is responsible for NCQA's federal contractual services area, which leverages NCQA's expertise to meet the needs of federal agencies. NCQA supports many federal agencies, including CMS, CDC and HRSA, in implementing quality improvement and value-based care programs.



**Sherri Simko, MSW, Sr.
Director, SNP, UPMC
Health Plan (PA)**

Sherri Simko is a healthcare leader with over 25 years of experience in behavioral health and care management. A Licensed Social Worker, she holds a Master of Social Work from the University of Pittsburgh and a Master of Business Administration from Capella University, blending clinical insight with strategic business acumen.

Sherri began her career working alongside a psychiatrist to support children and families through complex behavioral health challenges, where she conducted therapy, assisted in the completion of psychiatric evaluations, as well as served as the Clinical Supervisor over the Outpatient Clinic and in home therapy programs. Since joining UPMC Health Plan in 2018, she has worked closely with health plan members and various care management teams, with a focus on supporting members' physical and behavioral health needs, addressing social determinants of health, and improving outcomes for the most vulnerable population. She played a key role in launching the HCBS Command Team, serving members with chronic physical and behavioral health conditions, deemed Nursing Facility Clinically Eligible.

Currently, Sherri serves as a Senior Director for the Special Needs Population, where she oversees the clinical and regulatory operations. She is passionate about driving innovative and person-centered care, along with enhancing the health and quality of life for her members.



**Lisa Benrud, PhD, JD,
Senior Manager,
Regulatory Oversight &
Improvement, Medicaid &
SNP Products, Medica
(MN)**

Lisa Benrud is the Senior Manager, Regulatory Oversight and Improvement at Medica. Lisa and her team develop and monitor implementation of Medica's Special Needs Plan (SNP) Models of Care and provide oversight of care coordination activities for Medica's SNP and Medicaid products. Lisa has over 15 years of experience in managed care with a focus on regulatory compliance and quality improvement for Medicare and Medicaid products. Prior to joining Medica, Lisa held regulatory, quality, and legal roles at Bright Health, Blue Cross and Blue Shield of Minnesota, and UnitedHealthcare. Lisa holds a JD from the University of Minnesota and a PhD in clinical psychology from the University of Wisconsin-Milwaukee.



**Anne Boffa, MPH,
CPHQ, Vice President,
Population Health and
Network Quality Strategy,
Commonwealth Care
Alliance**

Anne Boffa has extensive experience in the healthcare industry. Anne is currently the Vice President of Population Health and Network Quality Strategy at Commonwealth Care Alliance, where they lead the development and implementation of population health and quality improvement strategies. Prior to this role, they worked as the Director of Network Population Health and Quality Strategy at the same company.

Anne also has experience as an Independent Health Care Consultant, where they provided consulting services in the healthcare field. Before that, they worked as the Director of Quality and Clinical Compliance at Harvard Pilgrim Health Care, where they managed the quality improvement department and coached a team of QI professionals. Anne also held positions at Blue Cross Blue Shield of Massachusetts, United Behavioral Health, PacificCare Behavioral Health, Tri-City Mental Health Center, Inc., and BEACON HEALTH STRATEGIES, LLC.

Anne completed their education at the University of Massachusetts Amherst, where they obtained a Master of Public Health degree in Health Policy and Management. Prior to that, they earned a Bachelor of Arts degree in Human Services from the same university.

Dr. von Sternberg is the medical director for HealthPartners Dual Eligible Special Needs Plan and Medicare advantage programs. He also supports the Government Programs division for policy



**Thomas von Sternberg,
M.D., Medical Director,
HealthPartners Health
Plan**

regulatory issues and program development. He is the medical director overseeing the Care Management Program. He works with the HealthPartners Care Group on programs for complex frail elderly patients.

Dr. von Sternberg previously was HealthPartners medical director overseeing clinical programs in transitional care, assisted living, nursing home, palliative care, home care and hospice. He helped develop the home-based medicine program.

He is Associate professor of Geriatrics and Community Medicine at the University of Minnesota School of Medicine

Dr. von Sternberg was part of the team that developed Minnesota's senior health options program (MSHO), one of the first fully integrated dual eligible plans in the country. He has also participated in the NQF measure applications project for long-term care and hospice quality measures. He has been involved in a variety of leadership roles and program development for care and management of geriatric populations for 25 years.

He is a member of the board of directors for the SNP Alliance and Capitol View Transitional Care.



**Steve Buslovich, MD,
CMD, MS, Chief Medical
Officer, PointClickCare**

Dr. Steven Buslovich is the Chief Medical Officer of Senior Care at PointClickCare, where he leads innovative strategies in senior care delivery. A practicing geriatrician and certified medical director, Dr. Buslovich brings extensive expertise from his role as CEO and Co-Founder of Patient Pattern—a comprehensive care management platform for value-based care that was acquired by PointClickCare.

With active involvement in key industry organizations, including the Advancing Excellence in Long Term Care Collaborative, the Society for Post-Acute and Long-Term Care Medicine (PALTmed), and the American Geriatrics Society (AGS), Dr. Buslovich is recognized for his leadership in transforming long-term care. His accolades include AMDA's Shark Tank Innovation Award, and he is currently collaborating with CMS and ONC to standardize clinical data elements across post-acute care settings.

Dr. Buslovich is an expert in operationalizing frailty risk and enhancing care outcomes within value-based care models. He continues to redefine best-practices and advocate for the future of senior care innovation.



Dr. Andrew Dahlgren serves as Curana Health Health Plan's Chief Medical Officer. In this role, he oversees several key areas, including quality and credentialing, pharmacy and clinical programs which includes utilization management and case management. In addition, Dr. Dahlgren works with Curana Health Medical Group to ensure that communication between the plan and providers improves the overall care and experience of our members. Dr. Dahlgren trained in family medicine at the Medical College of Virginia, followed by a fellowship in sports medicine at the University of Michigan and a fellowship in patient quality and safety at the VHA National Center for Patient Safety, in

**Andrew Dahlgren, MD,
MBA**
Chief Medical Officer,
Curana Health

conjunction with the VA Medical Center in Lexington, Kentucky. After his medical training, Dr. Dahlgren obtained his Master of Business Administration degree from the University of Michigan. Before joining Curana Health, Dr. Dahlgren spent 20 years in a clinical role where he specialized in sports medicine and student health. During this time, he built several sport medicine programs while also managing a large ancillary program for a major orthopedic practice. Realizing he wanted to have a larger impact on patient outcomes, Dr. Dahlgren left clinical practice and went on to work for the VA Medical Center as a fellow in the Quality and Safety department. He also worked as a physician surveyor for the Joint Commission. Dr. Dahlgren next worked for Humana and spent several years learning about the managed care space. Today, Dr. Dahlgren resides in Lexington, Kentucky, the horse capital of the world, with his wife and four children. Reading, exercising, and mending fences takes up a majority of his spare time.



**Tariq Syed, Senior Clinical
Pharmacist, Curana
Health**



**Regan Hunt, Associate
Director of Policy, SNP
Alliance**

Regan has more than 20 years of health policy experience. She comes to the SNP Alliance with over 8 years of working with health plans on plan design, development, and implementation for dual eligible and chronic needs populations across multiple states.

In her free time, Regan loves traveling, spending time outdoors with her family, and taking care of an ever-growing menagerie of foster animals.

Elizabeth Ritter is a dedicated and enthusiastic professional with over a decade of leadership experience managing operational aspects of projects and strategic corporate initiatives. She has a proven track record of success in the healthcare, health plan, and government programs sectors.

Before joining HMA, Ms. Ritter worked at a Pennsylvania-based health plan, where she focused on Medicare product development



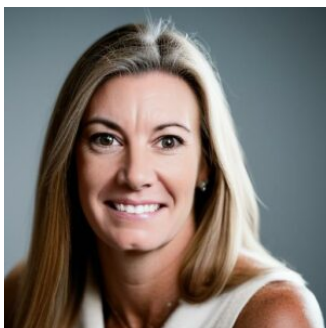
**Elizabeth Ritter, Senior
Consultant, Health
Management Associates**

and administration. Most recently, she served as corporate planning manager, overseeing the coordination and development of the organization's three-year strategic plan and annual corporate planning documents presented to the board of directors. She also contributed to a team responsible for reporting key performance indicators and strategic goal achievements to the executive leadership.

During her tenure at the health plan, Ms. Ritter held several leadership roles. She managed the annual operations of the Medicare product team, led the corporate project team that transitioned the organization to the Medicare Beneficiary Identifier in 2018, integrated the functions of a newly acquired start-up Medicare Advantage plan, and guided the transition to a new pharmacy benefits manager in 2019.

Her broader professional experience includes implementing enrollment and core processing systems, negotiating pharmacy benefit manager contracts for a start-up Medicare Advantage plan, and serving as project coordinator for the Pennsylvania Hospital Engagement Network (PA-HEN) at the Hospital and Health System Association of Pennsylvania. PA-HEN was part of the Centers for Medicare & Medicaid Services' 2011 Partnership for Patients initiative, aimed at improving the quality, safety, and affordability of healthcare for all Americans.

Ms. Ritter holds a bachelor's degree in international business from Elizabethtown College, with concentrations in management and marketing.



**Jill Sumner, MPH, MBA,
SNP Alliance Consultant**

Jill Sumner, Principal at Lyle Health, possesses over two decades of experience in the healthcare industry. Throughout her career, she has held various positions in payer and provider organizations, with a primary focus on enhancing the delivery and financing of healthcare services for complex and underserved populations. Jill has specialized in establishing partnerships between providers and payers through population health management models, aiming to enhance quality and streamline healthcare spending.

Her ability to identify gaps in the industry and naturally connect the dots to develop innovative solutions has established her as a thought leader in the field. With prominent positions in the two largest professional associations for long-term care providers, she developed multiple successful initiatives to foster productive partnerships between managed care organizations and providers. Jill has been instrumental in the development of special needs plans including ISNPs, DSNPs, CSNPs and one of the first MMPs in the nation.

Jill has held positions within the Blue Cross Blue Shield Association, Trigon Blue Cross Blue Shield (now Anthem) and Virginia Premier Health plan. As the VP of Strategy and Business Development at Virginia Premier Health Plan she successfully led the organization in being one of three health plans awarded a contract to develop one of the first Medicare-Medicaid plans in the

country.

Jill's educational background includes two Master's degrees from the University of Illinois at Chicago. She holds a Master's degree in Public Health with a concentration in gerontology, as well as a Master's degree in Business Administration.

As Principal at Lyle Health, Jill helps organizations and individuals navigate the complex healthcare system. Understanding that every situation and organization is unique Lyle Health takes an individualistic approach to identifying the end goals and crafting a strategy to attain them.



**Kathy Boles, Director of
Managed Care and
Advanced Payment
Models, TLC
Management**

Kathy Boles is the Director of Managed Care and Advanced Payment Models at TLC Management, where she oversees TLC's participation in the nation's largest long term care provider partnership Institutional Special Needs Plan (ISNP). With a diverse background spanning sales and marketing, various long-term care roles, clinical liaison roles, and managed care, Kathy brings a unique blend of creativity and strategy to her work. An innovative and independent thinker, she is passionate about connecting people, ideas, and new solutions to drive progress across healthcare and beyond.



**Lynne Katzmann, CEO,
Juniper Communities LLC**

Lynne S. Katzmann, PhD. is a highly recognized thought leader in the senior living industry. She is the CEO of Juniper Communities, which she founded in 1988 at the age of 32. In 2019, she was the inaugural recipient of *McKnight's* Women of Distinction Lifetime Achievement Award and in January 2020 she was inducted into the American Seniors Housing Association Senior Living Hall of Fame. The International Council on Active Aging recognized Lynne as one of the nation's Top Five Wellness CEOs (2022, 2023, 2024), and *McKnight's* recognized her with their inaugural Pinnacle Award for Thought Leadership (2023).

Lynne champions a spirit of innovation and is a firm believer in the double bottom line: doing well by doing good. Under Lynne's leadership, Juniper developed Connect4Life, a pioneering model of integrated care to position senior living operators to capture their inherent value in the post-acute continuum. In 2021, Lynne launched Perennial Advantage, an operator-sponsored Medicare Advantage I-SNP, in partnership with Ohio Living and Colorado-based Christian Living Communities. *Fortune* named Juniper one of the nation's Best Places to Work in Aging Services in 2021 and 2023.

Lynne has held leadership roles in various professional and community organizations. She has served on the boards of Sabra Health, Elder Care Alliance, American Seniors Housing Association,

Senior Living 100, Partners for Health, Tufts University Medical School, and National Investment Center (NIC). She held the positions of Secretary and Treasurer on the Board of Trustees for Naropa University. Lynne graduated from the London School of Economics with a doctorate in health policy.



**Jay Mutchnik, VP of
Rehab, FutureCare Health
& Mgt, KeyCare**

Jay Mutchnik is the Vice President of Rehabilitation for FutureCare Health and Management Corporation. For the past 30 years, he has helped transform the rehabilitation services for FutureCare and helped them grow to the largest provider of post-acute and inpatient rehabilitation in the mid-Atlantic with 15 facilities. Mr. Mutchnik started his early career in outpatient private practice in orthopedics before moving into operations and executive roles. He has been a transformational leader supporting the growth and education of rehabilitation practitioners, providing his staff with the best environment of care and technology, and promoting a culture of safety and patient-centered care. Mr. Mutchnik received his license in physical therapy from the University of Michigan.



**Jessica Garrison, Regional
Director of Rehab Clinical
Development, FutureCare
Health & Mgt, KeyCare**

Jessica Garrison, DHA, M.S. OTR/L, RAC-CT, is a master level board-certified occupational therapist and reimbursement specialist with over 16 years of experience working in skilled nursing. Currently, Jessica is working as the Regional Director of Rehab Clinical Development for FutureCare Health and Management. Jessica is an appointed member of the NBCOT development committee, a former board member of the Maryland Board of Occupational Therapy and she serves as a community liaison board member for the Community College of Baltimore County school of health professions. During the last decade Jessica has appeared as a National Speaker for the American Health Care Association/National Center for Assisted Living, a Keynote Speaker for the CCBC school of Health professions, a national speaker for NBCOT student conclave and a recipient of the Liz Deveraeux leadership award for outstanding advocacy in occupational therapy.



Molly B. Campion, MS, CCC-SLP, is a healthcare leader with over 25 years of experience in medical speech-language pathology and rehabilitation services. She has held multiple leadership roles at The Johns Hopkins Hospital and Luminis Health - Anne Arundel Medical Center, where she led program development, clinical operations, and team growth. In her current role as Regional Director of Speech-Language Pathology at FutureCare Rehabilitation, Molly oversees strategic direction, clinical quality, and professional development across multiple inpatient and outpatient sites, with a focus on advancing evidence-based care and operational excellence.



**R. John Sawyer, PhD,
ABPP-CN + Board
Certified Clinical
Neuropsychologist,
Ochsner Neuroscience
Institute**

Dr. John Sawyer is a board-certified neuropsychologist at Ochsner Health where he co-directs the Center for Brain Health. The Center leads Alzheimer's and related dementia assessment and care programs within Ochsner's Neuroscience Institute. Also, Dr. Sawyer is the Medical Director for Neuroscience Value. This role helps develop, measure, and scale on value-based care programs. Specific to value-based care and dementia, he has been particularly focused on helping health system to rethink the business case around dementia care. This work has helped health systems understand the financial mechanisms to create and sustain dementia care programs so critically needed by patients and caregivers. He is a co-investigator in the current NIH/NIH national consortium study of dementia care management study led by UCSF. He was recently asked to chair the Alzheimer's Association newly formed workgroup focused on the business case for care navigation.

Also at Ochsner, he is the Medical Director of Professional Staff Experience. In that role, he works with physicians and clinical teams struggling with burnout and job stress. In 2019, the Louisiana Psychological Association gave him the Early Career Psychologist award that year and, in 2020, was nominated as a healthcare hero at Ochsner during the initial wave of the COVID-19 pandemic. In 2023, he delivered wellbeing workshops and talks to over 6,000 Ochsner Team members.



**Holly Brenier, CEO,
Associated Care Ventures,
Simpra Advantage,
Alabama Select Network**

Holly Brenier is the Chief Executive Officer of three related Alabama based companies; Associated Care Ventures (ACV), Simpra Advantage, and Alabama Select Network. She has over 15 years of hands-on experience navigating the complexities of building and optimizing health plan operations from the ground up in both operational and financial roles within Medicare Advantage Plans, Special Needs Plans, and medical groups.

With a strong background in financial management, regulatory compliance, and strategic planning, Holly has played a pivotal role in optimizing health plan operations and driving organizational growth. Her expertise spans enrollment, claims administration, risk adjustment, quality improvement, and provider network development.

In her current role, Holly leads overall operations, focusing on financial performance, regulatory compliance, and strategic expansion. Under her leadership, the organization has successfully grown its D-SNP membership and implemented initiatives to reduce avoidable hospital admissions. Previously, as CFO and COO, she played a key role in transitioning business processes in-house,

improving financial reporting, and securing significant revenue through risk adjustment optimizations.

Prior to joining ACV/Simpra enterprises, first as CFO and now CEO, she was the CFO of a California Medicare Advantage Plan that served MAPD and C-SNP populations. Before assuming that position she was the controller of a medical management program supporting medical specialty groups and independent physician associations. Holly has a business degree with a concentration in finance from California State University of Fullerton.



Hollie Caupp-Maxfield,
COO, SCAN Health Plan

Hollie Caupp-Maxfield serves as SCAN's Chief Operations Officer. She is responsible for leading the organization's core administrative functions including enrollment, billing & reconciliation; claims, configuration, provider data management & provider services; print & fulfillment; grievances and appeals functions, as well as the enabling functions that support operating excellence.

Throughout her career, Hollie has held multiple leadership roles within Medicare and Medicare Advantage, pharmacy benefit management, risk management, revenue cycle management, and business process re-engineering. She has also successfully led teams through the M&A cycle and other large-scale business transformations.

Hollie holds a Bachelor of Science in Finance and Technology from the Richard A. Chaifetz School of Business at Saint Louis University, where Hollie sits on the Executive Advisory Board of the Service Leadership Program.



**Dana Mott, Divisional
Senior Vice President,
Government Programs,
Health Care Service
Corporation**

Dana Mott is a dedicated health care policy advocate with 25 years of combined federal legislative and regulatory experience. Currently, she serves as Vice President, Health Policy, Government Programs at Health Care Service Corporation (HCSC), leading public policy development related to Medicare Advantage (MA), Medicare Part D, and Medicare-Medicaid Integration. HCSC is the largest customer-owned health insurer in the United States, serving more than 18.6 million members through plans in Illinois, Montana, New Mexico, Oklahoma, and Texas.

Prior to joining HCSC, Dana held a variety of increasingly senior roles at America's Health Insurance Plans (AHIP), including responsibility for developing and carrying out federal regulatory advocacy efforts related to MA, Part D and programs serving individuals dually eligible for Medicare and Medicaid. She also served over five years as a congressional staffer in the U.S. House of Representatives.

Dana is committed to utilizing her expertise to advocate for policies that support access to quality care and improved health outcomes, including for the most vulnerable populations.

Melanie Bella has spent her career focused on transforming care



Melanie Bella, Executive
Advisor, Cressey &
Company

for complex and costly populations in the Medicaid and Medicare programs with experience at all levels of government and in the private sector. She is an Executive Advisor with Cressey & Company and served as Chair of the Medicaid and CHIP Payment and Access Commission (MACPAC).

Previously, Ms. Bella was the EVP of Policy and Duals Strategy for Cityblock Health, a value-based provider focusing on serving Medicaid and dually eligible individuals. Before Cityblock, Ms. Bella served as the first Director of the Medicare-Medicaid Coordination Office at the Centers for Medicare and Medicaid Services (CMS). Under her leadership, CMS designed and launched demonstrations across the country to test new delivery system and payment models for dually eligible enrollees in both community and institutional settings.

Prior to that, she was the Medicaid director for the state of Indiana, and then the senior vice president for policy and operations at the Center for Health Care Strategies. Ms. Bella earned a master's degree in business administration from Harvard Business School, and a bachelor's degree from DePauw University.

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