

Summary of qualifications

Independent consultant with over 30 years of experience with Healthcare Information Systems: Expertise in healthcare industry, project management, business analysis, business administration/operations, Electronic Data Interchange (EDI), Electronic Medical Record (EMR), Physician Practice Management (PM), State/Federal Integrated Eligibility Systems Design Projects, Health Information Exchange (HIE), testing, training, support and consulting; Experience working directly with providers, payers, software manufacturers, electronic data interchange organizations, billing services, clearinghouses, State Medicaid programs, Centers for Medicare and Medicaid (CMS) and other government agencies; Excellent skills for communication, technical research and problem-solving; Efficient and effective leadership for cost effective solutions.

Skill Areas

- Project Management, Business Analysis, Process/Workflow Engineering, Grantsmanship and Technical writing.
- State/Federal Integrated Eligibility Systems Design Projects
- Clinical Electronic Medical Records (EMR) and Physician Practice Management (PM) Systems.
- HIPAA Healthcare Transaction creation, implementation, testing, trading and compliance; HIPAA under ACA; 5010A1 and ICD10 implementation; ARRA HITECH provisions, HIE/REC, HISP standards and Meaningful Use compliance.
- Electronic Data Interchange (EDI), Value Added Networks (VAN), Billing Services, Clearinghouses, Payers and other proprietary EDI systems.
- Testing HIPAA X12, HL7, HIE, EHR, ICD-10 and other HIT SDLC environments. End to end testing and quality assurance for independent verification and validation of specifications from development to deployment.
- Data warehouse, Data information access and Metadata configuration with SQL query language programming, editing and report building. Extract, Transform and Load (ETL) processes.
- Health Information Exchange, Federated data models with secure single sign-on and eHealth Exchange (Healtheway) development.
- Health Identity Management, e-Authentication and Role-Based Access Control.
- Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A) Framework 3.0 analysis.
- Healthcare.gov Technology, State Based Marketplace (SBM), Federally Facilitated Marketplace (FFM), Enrollment Resolution and Reconciliation (ER&R), CCIIO, REGTAP, HICS, EDI X12 834, 820, 999 and EDI testing/translation, Qualified Health Plan System healthcare reform modifications.
- Healthcare Policy and Advocacy for Health Information Technology.

Education and Training

The Ohio State University, Bachelor of Science, Biophysics, Columbus, Ohio

Microsoft Certified Systems Administrator (MCSA) training

Microsoft BizTalk Server training

Microsoft Windows Solution training - Windows NT & BackOffice

AMA Managerial & Team Building Skills for Project Managers

HIAA Health Insurance Associate, Insurance Education Program Dale Carnegie Sales Training

Selected Project Experience

West Virginia Department of Health and Human Resources (DHHR), Charleston, WV – West Virginia Integrated Eligibility System (WVIES), Requirements Subject Matter Expert (SME) with the WV State Project Management Office (PMO)– 11/2018 – 9/2023 – Requirements SME for the WV State PMO, participating in the large scale development of the WV Integrated Eligibility System named PATH (People’s Access To Help) which will integrate all WV DHHR program eligibility, including Medicaid, Family Assistance, Social Services, Child Welfare and Child Support. Specific focus on the Child Welfare (CW) legacy system FACTS (Families and Children Tracking System) replacement with PATH. As a member of the Functional Requirements team, helping WV DHHR work with third party development vendors Optum, CGI and others. SME assisting CW by monitoring over 450 vendor design sessions, helping triage over 12,000 design issues, tracking 1,353 CW requirements in the 2,789 Requirement Traceability Matrix (RTM), help manage and perform validations of over 300 CW Deliverable Designs and doing special projects as assigned.

Ohio Department of Medicaid (ODM), Columbus, OH - Ohio Medicaid Information Technology System (MITS), Project Manager, DXC (formerly HPE), Experis/NSI, DME Consulting Services – 3/2017 – 10/2018 – Project manager for the Ohio MITS Medicaid Management Information System. Managed Projects from Large Scale (CMS Medicare Beneficiary ID change) to Small Scale (provider letter changes) as many as 9 projects simultaneously within multiple Project Domains - Eligibility, Business Operations, Financial, Claims and Managed Care. Project management technologies used - Microsoft Project, Hewlett Packard Project and Portfolio Management Center (PPMC), Hewlett Packard Compass Time Tracking (CATW). Interface projects from MITS to ODM Ancillary systems, Ohio Benefits (Ohio Integrated Eligibility System), Ohio Department of Jobs and Family Services (ODJFS) and external partners - Managed Care Plans (MCP), Automated Health Systems (AHS), Change Health and CMS.

Philips Lifeline Government Services Department (GSD), Boston, MA - EDI Process Improvement EDI Specialists, DME Consulting Services - 7/2016 - 8/2016 - Business Analyst for EDI process improvement for Philips Lifeline GSD. In 2003 GSD made modification to their PeopleSoft Accounts Receivable system to produce the HIPAA Standard Claims Billing transaction, ANSI X12N 837 and receive the Standard Payment Remittance transaction, ANSI X12N 835. They implemented EDI solutions to translate and validate the transactions, then send or receive transactions to/from their Medicaid trading partners. but now in 2016 due to the growth in GSD business from 15 to 48 states, the increase in trading partners to 179 and the transaction volume growth to 800,000 EDI transactions per month, the EDI process is too manual and slow for current business requirements. GSD overall goal was to strategically reduce their manual processes and incorporate as much process automation as possible. Analysis involved meeting with Stakeholders and Project leadership, meeting with Subject Matter Experts (SME), observation of real-time operational processes, gathering GSD technical history and current

Philips corporate technology, defining GSD pain points in the claims, eligibility and clearinghouse processes, analyze EDI processes for translation, validation, communications and electronic funds transfer (EFT), create GSD requirements and specifications for vendor responses, engage vendors to solicit bids and guide through discovery, and make recommendations for EDI process improvement to GSD management.

Indiana Eligibility Determination and Services System (IEDSS) Project, Family and Social Services Administration (FSSA), Division of Family Resources (DFR), Indianapolis, IN - First Data Indiana IV&V, Diversant LLC, DME Consulting Services - 12/2015 - 5/2016 - Technical Analyst - Analyzing the preparedness of FSSA/DFR (DFR aka Indiana Medicaid) and Indiana Office of Technology (IOT) in meeting the requirements of the Federal Government to obtain an Authority to Connect (ATC) for the new Indiana Medicaid Indiana Eligibility Determination Services System (IEDSS). Areas of review and recommendation included: Interviewing External vendor RCR Document Management System; CMS System Security Plan (SSP); Minimum Acceptable

Risk Standards for Exchanges (MARS-E) versions 1.0 & 2.0; Plan of Action and Milestones (POA&M) Report for SSP from MARS-E v 1.0; Memorandum of Understanding between DFR and IOT; Deloitte IEDSS Deliverable documentation especially the Technical Architecture, Updated Operations Documentation/Processes, Operational Readiness Plan, Business Impact Analysis, Contingency Planning/Continuation of Operations, Schedule of Work for Stage 2; IRS Security Guidelines Publication 1075; Safeguards for Social Security Administration (SSA) provided electronic information; Security Guidelines for Food and Nutrition Services (FNS) electronic information. Gather standards-based recommendations for operations including: Information Technology Infrastructure Library (ITIL)/IT service management (ITSM); Microsoft System Center; Configuration Management Database (CMDB) solutions; Service Level Agreement/Key Performance Indicator evaluation.

Centers for Medicare & Medicaid (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) Enrollment Resolution and Reconciliation (ER&R), 100% Remote, Cognosante, EDI Specialists, DME Consulting Services - 2/2015 – 7/2015 - EDI Analyst to troubleshoot issues with tax form 1095-A - the Health Insurance Marketplace Statement generated for the 2014 Tax reporting period related to enrollment in the Healthcare.gov Federally Facilitated Marketplace. Document the issues and provide resolution. Assigned to VIP and Correlated Cases teams working the most difficult and high visibility issues. Permissions granted to work on CMS Health Insurance Casework System (HICS), Remedy and Access via CMS Enterprise User Administration (EUA). Knowledge and analysis of data held in the CMS Multidimensional Insurance Data Analytics System (MIDAS), Enrollment Database Online (CMS Medicare beneficiary entitlement record aka EDBO) and x12 834 pre-audit files.

Ohio Department of Medicaid (ODM), Columbus, OH – Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A), CSG Government Solutions – 2/2014 to 8/2014 – Senior Consultant ODM MITA SS-A Framework 3.0, member of 8-person team to produce 25 MITA deliverable documents for the ODM Advance Planning Document (APD) for achieving 90% federal matching funds. Because of my business operations and technical skills, I was the only person to participate in both the Business Process Modeling analysis and the Information Architecture (IA) and Technical Architecture (TA) analysis sessions. Participated in 80 Business Process Analysis (BPA) Workshops ODM Subject Matter Experts (SME) to document the ODM As-Is and To-Be maturity levels. Helped with the creation of the documentation from each of the 80 BPA sessions in Microsoft Word and was responsible for the creation of the As-Is and To-Be Business Process Models and Notation (BPMN) graphic models for each session using Microsoft Visio. Participated in the 10 IA and TA workshop sessions with ODM technical SMEs including reviews of the Seven Conditions and Standards (Modularity Standard, MITA Condition, Industry Standards Condition, Leverage Condition, Business Results Condition, Reporting Condition and Interoperability Condition). Helped with the IA and TA analyses of the ODM Ancillary systems, the ODM Medicaid Information Technology System (MITS), the Ohio Benefits and Ohio

Integrated Eligibility System (OIES), Business Intelligence System (BI or Ohio Data Warehouse) and selected external systems with the Ohio Department of Jobs and Family Services (ODJFS). Performed the review of 302 current and proposed interfaces of the ODM systems for data exchange and reporting.

Health Insurance Exchange (HIX), San Francisco, CA & Columbus, OH – DevCool, DME Consulting Services – 1/2013 to 4/2013– Architect - Blue Shield of California Electronic Data Interchange (EDI) implementation requirements necessary for their participation as a Qualified Health Plan (QHP) in California's HIX - Covered California. Business analysis and recommendations for Enrollment management involving Edifecs XEngine, IBM Websphere Enterprise Service Bus, SQL Databases, Trizetto Facets Middleware, Trizetto HIPAA Gateway, ETL, enhancements for reconciliation and reporting. Ongoing work and training as member of CMS Registration and Technical Assistance Portal (REGTAP) with primary focus on enrollment, financial transactions and EDI.

EMR Projects for GPO, Columbus, OH – Rubicon, DME Consulting Services – 2008 to 2013 – Project Management, Business analysis and Consulting to implement electronic healthcare record technology for physicians using COTS EMR systems. Electronic Health Records, Health Information Exchange, Pharmacy, Laboratory, Billing and Mobile Office Resources. Supplying project management, vendor management, testing and multi-vendor coordination for primary care providers implementing clinical and administrative systems solutions supplied by multiple healthcare vendors. Allscripts primary EHR vendor for implementations, but also supporting Athena, eClinicalWorks, Greenway, NextGen and AdvancedMD.

Medicaid Management Information System (MMIS), CNSI, Gaithersburg, MD – DME Consulting Services – 2006 to 2008 – Business Application Consultant, Subject Matter Expert (SME) & Project Management for HIPAA Transactions 820 and 834 for Washington State and Michigan State web-based MMIS development projects and general HIPAA transaction consulting. Project management, business analysis and development of MMIS application module for handling of X12 820 & 834 transactions and report progress to Director of Solutions (Architect). Monitor development resources on X12 transactions, release control staff, X12 translation/validation staff, QA testing staff and respond to development management on priorities. Business analysis and the creation of detail design documents from original high level design documents prepared for RFP and compliance with HIPAA requirements. Hold customer requirement sessions to define detail requirements. Created documents for client feedback and buy-in. Apply the specific rules for HIPAA X12, Medicaid managed care requirements and industry best practices for transaction handling. Prepare companion guide definitions for the transactions. System architecture definition to move detail design into architectural design for development. Work with Director of Solutions and development staff to define flows, monitor development and form/perform testing of developed solutions. Subject Matter Expert (SME) training local and off-shore development staff on X12 transactions for healthcare, HIPAA transaction requirements and appropriate coding. Primary SME for 834 and 820, but also helping as needed on 835, 837, 270/271 and 277. Technologies used: Edifecs SpecBuilder and XEngine transaction testing, Gentran translator configuration, Oracle SQL Database, data modeling, metadata analysis, transaction use cases, Java programming review, ClearCase/ClearQuest, VisualBasic, Visual SourceSafe and Oracle reporting tools.

HIPAA Consulting, SummaCare, Inc., Akron, OH – DME Consulting Services – 2003 to 2009 – Project Management for Payor Implementation of HIPAA transactions for 10/2003 mandate. HIPAA X12 4010A1 transactions implementation, operational conversion and management consulting. Creation of HIPAA Implementation Companion Guides. HIPAA transaction testing and Edifecs testing tool training until 6/2009. Project Management work with Director of Business Systems Development to perform needs analysis, project plan creation, business unit operational change, technology review, manage business unit meetings for requirements gathering, transaction definitions, produce coding guidelines, test plans for implementation and testing/review of transactions. Coordination of transaction implementations with delivery of AMISYS Healthcare

Insurance System Upgrade project plan. Monitor implementation resources, file handling/translation/validation staff, QA testing staff and report weekly to the Director of Business System Development. Needs Analysis & Review of SummaCare existing systems and operations. Hold business unit requirement sessions to define detail requirements. Create documents for client feedback and buy-in. Apply specific rules for HIPAA X12 and industry best practices for transaction handling. Produce SummaCare Companion Guides - Work with business units to create all the HIPAA compliant companion guides. Training staff on X12 transactions - Work as Subject Matter Expert (SME) to train staff on X12 transactions for Healthcare, HIPAA transaction requirements and appropriate coding. SME for 834, 820, 835, 837, 270/271, 277U, 278 and NCPDP. Technologies: AMISYS, Edifecs SpecBuilder, Foresight EDISIM, Claredi, FTP, data modeling and creation of transaction use cases.

Ohio Health Information Network, HTP, Inc., Columbus, OH – DME Consulting Services – 2005 to 2006 – Project Management Central Ohio Project Manager and Lead Consultant to develop a prototype for a Nationwide Health Information Network (NHIN) Architecture and NHIN Proposal development for the Utah Health Information Network (UHIN). Central Ohio Project Team included HTP, The Ohio State University Medical Center (OSUMC), OhioHealth System, Ohio Department of Health (ODH), OSU Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC), Ireland Comprehensive Cancer Center of University Hospitals of Cleveland, Case Western Reserve University Medical School, Ohio State University Physicians Group (OSUPG), Medical Group of Ohio (MGO), Ohio Supercomputer Center (OSC), Third Frontier Network and Board of Regents, Ohio Hospital Association (OHA) and Mount Carmel Health System.

CMHC Systems, Inc. (Netsmart) Behavioral Healthcare Software, Columbus, OH – Professional Services Organization, DME Consulting Services – 2004 to 2005 – Project Management, Business Assessment Services and Implementation Services for Consulting on HIPAA ASC X12 transactions 837, 835 and Ohio MACSIS EDI transactions, testing system output/validation with State of Ohio and reporting. Implementation services for CMHC Behavioral Health Client in California.

eHealth Ohio, Inc., Columbus, OH – 2003 to Present (President 2006 to Present) – Strategic leadership, Project Management, Healthcare Technology Advocacy, Outreach on best practices to the healthcare stakeholders of Ohio. Administrator of eHealth Ohio HIPAA Transaction Testing Portal using Edifecs RAMP technology 2003 to 2008. Perform oversight on testing and answer testing questions from community members. Testing includes NCPDP, HL7, HIPAA X12 4010A1, 5010A1, CAQH CORE and ICD-10 Healthcare Transactions. Work with NPI rollout and physician identification in X12 transactions. Ohio leader for HIMSS - GSA e-Authentication project. Founding member of the Kantara Initiative Healthcare Identity Assurance Workgroup for modeling Open Source Health Information Exchange and Healthcare Identity Management for best practices for patient and stakeholder identity authentication and authorization solutions on the nationwide health information network (eHealth Exchange or Healtheway).

ODMH MACSIS & HIPAA Compliance Training and Consulting, Columbus, OH and Statewide – 2000 to 2006 – Project Management for EMR implementation. Ohio Department of Mental Health (ODMH) Multi-Agency Community Services Information System (MACSIS) Project Management, Consulting, Business Analysis and implementation services for 81 ADAMHS agencies and boards in 42 counties, implementing XAKTclaim COTS Behavioral Health Information Management Systems, providing training, conversion, testing compliance/data validation, electronic data exchange, reporting and project management Training Providers and Payers on Electronic Transaction and Code Set requirements and implementation of ASC X12 HIPAA Transactions. Consulting on HIPAA Privacy and Security. HIPAA Transaction consulting and testing support for Behavioral Health providers claims submissions to Ohio Medicaid MACSIS EDI system for payment. Consulting on ODMH/ODADAS (Ohio Department of Alcohol and Drug Addiction Services) data warehouse reporting and

MACSIS data warehouse reporting on electronic Billing/Remittance, Behavioral Health Statistics, Mental Health Outcomes and custom reporting.

Ohio Corporation for Health Information (OCHI), Columbus, OH – DME Consulting Services – 1998 to 1999 – Project Management & Technical Lead for Community Health Information Network (CHIN) Public/Private Pilot project. Project management technical lead for the development of software, infrastructure, system testing, for HL7 clinical data and X12 EDI claims submission from Ohio employers and providers to Ohio Managed Care Organizations (MCO) and the Ohio State Bureau of Workers' Compensation (BWC). Key partners Ohio State Department of Health, the Ohio State University Medical Center, Anthem BC/BS, Cerner/Health Network Ventures, and the Ohio Manufacturers Association.

Anthem Blue Cross/Blue Shield, Anthem Inc., Managed Care Systems & Digital Insurance Systems Corporation, Inc., Columbus, OH, Indianapolis, IN, Houston, TX, Atlanta, GA, Sacramento, CA, Charleston, WV and Piscataway, NJ – 1991 to 1998 – Project Manager, Business Analyst, Implementation Specialist, Functional Architect, Team Leader Support Services, Support Services Representative and Subject Matter Expert Anthem large scale project involving complex software to accommodate the processing of multiple lines of Anthem business to meet the demands of enrollment, billing, benefit plan creation, claims, agent/broker commissioning, financial reporting and business reporting. Work with Software Development Life Cycle, business analysis, needs assessment, design, development, testing (unit, system, and integration), implementation, conversion, training, and release control. Node sites at Houston, TX, Atlanta, GA, Sacramento, CA, Charleston, WV and Piscataway, NJ connected over Anthem's nationwide private TCP/IP WAN. Project Management for implementation and system process improvement at Blue Cross Blue Shield of Connecticut Managed Care System.