ACAP Leadership Academy

ACAP 2020 Leadership Academy
Participant Biographies
(as of Feb 2020)

Julie Antholine
Director, Health Plan Operations, Children's Community Health Plan
Julie Antholine is the Director of Health Plan Operations for Children's Community Health Plan (CCHP), a health plan serving Medicaid and Marketplace members in Wisconsin. In her current role she oversees and provides leadership to the Community & Member Engagement, Medicaid Operations, Provider Relations, Contracting & Credentialing, and Reporting & Analytics teams. Ms. Antholine has been with CCHP since the health plan was created in 2005 and contributed to the development & implementation of both the Medicaid and Marketplace programs. She has variety of experiences in health insurance including, member services, claims analysis, sales, provider relations & contracting and reimbursement methodology. Prior to joining CCHP, Ms. Antholine worked for BlueCross & BlueShield of Wisconsin in a variety of roles. She also worked for a Durable Medical Equipment company as the Director of Business Development. Ms. Antholine is a graduate of St. Norbert College, in De Pere, Wisconsin.

Ms. Antholine is married and has two children, Owen and Sophia. She currently resides with her family in Waukesha, Wisconsin. She enjoys spending time with her family, including attending her children's sporting events, traveling, reading, and bike riding.

Elliot Clark
Northern Regional Executive, Cardinal Innovations Healthcare
Elliot Clark is responsible for the oversight of community operations in a five County region for Cardinal Innovations. That role includes being a direct link to their executive leadership team and point person for department heads and leaders in the community such as hospitals, health departments, social services, criminal justice, local politicians, community health centers, and others. He is also fiscally responsible for the utilization of county-allocated funds in Cardinal's service area. Mr. Clark is involved in the design and implementation of a regional health improvement plan that includes addressing barriers to coverage, improved access and quality of care, integration of behavioral health and primary care, crisis diversion/ acute care linkage, and member retention. Mr. Clark's team also provides training and education to local members, stakeholders, and public at large around behavioral and integrated health in the community.

Edward Curis
Senior Policy Analyst, Neighborhood Health Plan of Rhode Island
Edward Curis is Neighborhood Health Plan of Rhode Island's Senior Policy Analyst for Government Affairs and Public Policy. Mr. Curis joined Neighborhood in February 2016, coordinating their Government Affairs engagement at both the state and federal level,

stewarding both internal staff and external resources. He is responsible for working to educate and advance public policy, helping to align stakeholders and better care for their membership. Prior to joining Neighborhood, Mr. Curis held the role of Senior Strategic Planning Analyst for Blue Cross Blue Shield of Rhode Island, helping to assess industry trends and work with senior leaders in the development of a long-term strategic plan. Additionally, he has served in roles at CareLink, The Rhode Island Quality Institute, and the Rhode Island Department of Health. Mr. Curis holds a Bachelor of Science from Suffolk University and a Master of Public Policy from the Heller School at Brandeis University.

Katie Domalakes
Director of Clinical Programs MA/CHIP, UPMC Health Plan
Katie Domalakes is a licensed social worker and the Director of Clinical Programs for Medicaid and CHIP for UPMC Health Plan. Ms. Domalakes attended Susquehanna University majoring in Psychology and English. She obtained her MSW degree from the University of Pittsburgh. Ms. Domalakes has over 13 years of experience as a social worker, with 10 of those years specifically working with Medicaid and SNP plan populations.

Ms. Domalakes' current work focuses on clinical program development and implementation with various populations including pregnant women, medically complex children, and individuals with co-occurring physical health and behavioral health conditions. Presently she oversees all clinical program development for the Medicaid and CHIP populations in the UPMC for You/UPMC for Kids service area with particular attention to expanding community-based care management programming, developing a comprehensive social determinant of health strategy across UPMC Health Plan, creating collaborative relationships with community-based organizations and fostering whole person health care across UPMC's integrated delivery and finance system.

Felecia Garner
Behavioral Health Medical Director, Community Health Choice
Felecia Garner, M.D., is the Behavioral Health Medical Director at Community Health Choice and has been integral in the in-sourcing and successful implementation of supporting the behavioral health needs of the members while working in collaboration with a behavioral health team of clinical and non-clinical staff as well as working collaboratively will other departments within the MCO.

Dr. Garner is a physician who specializes in adult, child and adolescent psychiatry. She holds board certifications from the American Board of Psychiatry and Neurology in General Psychiatry and Child and Adolescent Psychiatry. She is a graduate of Xavier University of Louisiana in New Orleans, Louisiana. Dr. Garner is also a graduate of the University of Texas Health Science Center at Houston (UTHealth) where she received her Doctorate of Medicine and completed residency training in General/Adult Psychiatry and then pursuing fellowship training in Child and Adolescent Psychiatry. After completing training, Dr. Garner joined the faculty of the Department of Psychiatry and Neurology at the University of Texas Health Science Center at

Houston as a Clinical Assistant Professor responsible for the training and clinical supervision of child and adolescent psychiatry fellows, as well as providing direct patient care in a community school-based clinic in affiliation with the Houston Independent School District. Dr. Garner was also on faculty at MD Anderson Cancer Center as Clinical Assistant Professor providing direct patient care on the psychiatric consultation and liaison service.

Tricia Grayson
Director of Communications and Marketing, AmeriHealth Caritas Louisiana
A former journalist, Tricia Grayson came to AmeriHealth Caritas Louisiana in March 2016 with more than 20 years of experience in marketing, communications, and public relations. Her background includes coordinating national media and grassroots efforts on Capitol Hill in support of Medicare Advantage.

She has been awarded for her efforts with the senior fitness program SilverSneakers®, as well as for her work to educate Louisianans on Medicaid expansion. In 2013, Ms. Grayson was recognized as one of northwest Louisiana's top business professionals. In 2017, she earned an Accreditation in Public Relations, and in 2018 she was recognized by the Southern Public Relations Federation as a Senior Practitioner. Ms. Grayson holds a Bachelor of Arts degree in public relations from Louisiana State University-Shreveport.

In her spare time, she enjoys spending time outdoors and with her family. She is an avid trail runner and health/wellness advocate.

Davina Green
HEDIS Manager, Health Services for Children with Special Needs (HSCSN)
Davina Green was a graduate of the RN Nursing Program in 1999. She has worked in the District of Columbia serving the Medicaid population for 14 years. Previously, her roles and responsibilities have included overseeing the day to day operations of a 27 Specialty Ambulatory Care Clinic that served the Medicaid population in Brooklyn, NY. Ms. Green has also been responsible for leading a team of Community Health Workers to improve the health of over 14,000 members in Ward 8 and across Washington, DC. She is responsible for contacting 90 percent of the members and scheduling 20 percent of them for an annual visit with their PCP.

She is an emerging leader in HSCSN with HEDIS program management responsibilities and is an integral part of their Quality and Performance Improvement Department. Ms. Green is excited about the learning and growth opportunities germaine to this type of structured leadership development and networking scenario.

Mallory Hee
Senior Compliance Manager, AlohaCare
Mallory Hee is the Senior Compliance Manager at AlohaCare. She has been with AlohaCare for seven years and worked in the Administration and Marketing Departments before joining the

Compliance Department. In her current role, she has oversight of the organization's compliance program, including conducting auditing and monitoring activities, investigations, and delegation oversight. Additionally, she is responsible for ensuring AlohaCare's nearly 300 employees are trained on the organization's compliance program. Ms. Hee was born and raised in Honolulu, Hawaii and graduated from the University of Chicago.

In addition to working full time, Ms. Hee attends the William S. Richardson School of Law at the University of Hawaii. She will graduate in 2021 and hopes to continue working in health care compliance after she graduates. In her free time, Ms. Hee complains about how she doesn't have any free time.

Victoria Hurtado
Director, Information Technology Operations, Kern Health Systems
Victoria Hurtado is the Director of Technology Operations for Kern Health Systems (KHS) in Bakersfield, California. She has been with Kern Health Systems for nine years, where she has had the opportunity to demonstrate her abilities in both a technical and business operations capacity. She has developed extensive experience in project portfolio management, problem solving, risk management, process improvement, and strong leadership skills. During her time with KHS, she has managed complex technical disciplines including IT Architecture, Systems and Networking, Helpdesk, Security, Enterprise Configuration, Technical Operations, Process Improvement, and Electronic Data Interchange (EDI).

Ms. Hurtado provides leadership for the continued development of strategy in Information Technology, Project Management, and Business Operations to maximize business efficiency and customer satisfaction while ensuring regulatory compliance and adherence to policy. She is an advocate to bridge the gap that naturally exists between business and technology by leveraging demonstrated operational knowledge of industry and business operations while staying abreast of information technology changes.

Ms. Hurtado has a Master's Degree, PMP certification, and a Scrum certification. She is affiliated with several Boards, Associations, and Leadership programs. Some include Project Management Institute, Information Systems Security Association, Leadership Bakersfield, Bakersfield Young Professionals, and QNXT User Group Board Member.

Toni Jones
Director, SDoH Integration & Partnerships, CareSource
Toni Jones serves as the Director of Social Determinant of Health (SDoH) Integration & Partnerships in the Life Services department at CareSource. CareSource is a managed care health insurance plan serving multiple lines of business across five states. Through a progressive 11-year career at CareSource, Ms. Jones' experience spans across several departments including Appeals, Quality Improvement, Accreditation, Business Development and the Enterprise Project Management Office. At CareSource, she has had the opportunity to advocate

for Medicaid expansion and speak to political leaders in Washington, D.C. about the workforce development, food and nutrition and housing SDoH work at CareSource.

Ms. Jones graduated with honors from Spelman College with a Bachelor of Arts in Sociology, the University of Delaware with a Master of Public Administration, and a Master of Project Management from Keller Graduate School of Management. An avid learner and evaluator, she enjoys using her academic and professional experiences to drive organizational change.

Juan Ortega
Provider Delegation Manager, Inland Empire Health Plan (IEHP)
Juan Ortega is a HealthCare Management professional at IEHP, a two-county non-profit Medi-Cal and Medicare plan that serves approximately 1.3 million members in San Bernardino and Riverside counties in California. Mr. Ortega holds a Bachelor's Degree in Business Management and Master's Degree in Health Care Management. Prior to working in the healthcare industry, Mr. Ortega worked as a Business Process and Product Manager for a major corporation in the housing and recreational vehicle market. He has worked as a PMP-certified Project Manager and also has been trained and certified in Lean Process Improvement at IEHP. At IEHP, Mr. Ortega previously served as the Project Manager charged with the design and implementation of the Medicare Dual Choice line of business in 2014. In his current role, Mr. Ortega serves in the capacity of Delegation Oversight manager overseeing the oversight and monitoring program of 21 delegated entities.

Deborah Reif
Director, Pharmacy Compliance, CareSource
Deborah Reif has over 28 years of experience in various healthcare provider roles including revenue cycle, financial management, controllership, and corporate compliance and privacy. In 2019, Ms. Reif entered the managed care industry within CareSource to serve as the Director Pharmacy Compliance and Oversight. Her many years of experience in developing, implementing, and maintaining an effective compliance and privacy program made her an ideal candidate for enhancing CareSource RxInnovations compliance and oversight program.

Ms. Reif earned her Master's in Business Administration in 2012, and her dual Bachelor's in Accounting and Business Administration in 2006 from Franklin University in Columbus, Ohio. She holds two compliance certifications through the Health Care Compliance Association (HCCA), which are Certified Healthcare Compliance (CHC) and Certified Healthcare Privacy Compliance (CHPC), since 2010 and 2015, respectively.

Throughout her career, Ms. Reif has been keenly aware of the gap between Medicare and Medicaid for the working aged. In early 1993, she developed an indigent patient program within a physician practice and partnered with various pharmaceutical manufacturers to assist those patients who fell into the Medicare/Medicaid gap and could not afford needed medications. Over the years, various federal and state assistance programs began to close the

gap, which led Ms. Reif to have greater interest in becoming involved and shaping the future of the managed care industry.

Tracey Saucier
IS Director of Business Systems, Community Health Network of Connecticut
With over 26 years of experience in the health care industry, Tracey Saucier has been the Director of Business Systems at Community Health Network of Connecticut, Inc. for the past eight years. Her responsibilities include the oversight of the secure member and provider portal, medical authorization system, telephony system, regulatory reporting for the Department of Social Services of Connecticut, system auditing, and business specifications for internal and external customers.

Ms. Saucier's prior work experience was at Health Net of the Northeast where she was the Director of Configuration, Operations enterprise-wide. She was responsible for over 100 employees in the Operations area in Connecticut, California, and Chennai, India. Her area handled the benefit configuration, pricing and fee schedule configuration and analysis, HEDIS and provider regulatory reporting, ad-hoc provider reporting, onshore and offshore provider data management, and strategic planning for the operations area.

Ms. Saucier is ITIL foundation certified and follows LEAN Six Sigma principals in daily operations. She has an extensive background in claims processing, managed care contracting, reimbursement methodology, regulatory reporting, operations, member benefit configuration, provider data management, business process outsourcing, credentialing, vendor standard extract exchanges, member materials, third-party vendor management, phone system management, secure web portal management, project management, business system testing and implementation.

Kiesha Smith
Director of Utilization Management, Health Services for Children with Special Needs
Kiesha Smith is Director of Utilization Management at Health Services for Children with Special needs located in Washington, DC. She is a graduate of Howard University's College of Nursing and Graduate School of Business. After graduation, Ms. Smith launched a successful career in healthcare. She later expanded her expertise to include management of hospital and insurance utilization and resource management.

Ms. Smith has led successful team building efforts during an interim appointment as the Director of Case Management for an 800 plus bed acute care hospital. She has also managed government audit and recovery projects. As Director of Utilization Management for HSCSN, she has shaped policy and procedures that have improved operational efficiency and reduced inpatient expenditures.

Ms. Smith enjoys good Jamaican food and great thoughtful comedians like George Carlin. She has comedic moments she finds funnier than her husband, and she is simply delighted to be mom and mentor to three wonderful children.

Sarah Spiekermeier
Administrative Operations Senior Director, Banner University Health Plans
Sarah Spiekermeier has over 15 years of experience in healthcare leadership with an emphasis in health plan operations, program implementation, and Medicaid and Medicare regulations. In her current role with Banner Health, as Senior Director of Administration Operations, she provides operational leadership and oversight for Banner University Health Plan's Medicaid and Medicare products, including the development and implementation of company-wide infrastructure. A few examples of Mrs. Spiekermeier's accomplishments are a justice system care coordination reach-in initiative, behavioral health integration for dual population, Medicaid value-based purchasing strategy, Veterans member engagement initiative, and the successful Medicaid RFP award and implementation for long-term care and integrated care contracts for southern and central Arizona.

Mrs. Spiekermeier graduated with her MBA with a concentration in Health Care Administration from Ashford University-Forbes School of Business and is a Certified Public Manager from Arizona State University-College of Public Programs.

Ryan Thomsen
Medical Administrative Director, Banner University Health Plans
Ryan Thomsen was born and raised in Stanton, Michigan, a small town in Michigan's lower peninsula. He attended the University of Michigan, where he received a BA in Political Science in 2005. After completing his undergraduate degree, Mr. Thomsen took a few years off from school and worked as a legal assistant for a small law firm in Ann Arbor. In 2008, he moved to Tucson, Arizona, where he attended law school at the James E. Roger College of Law at the University of Arizona. Mr. Thomsen graduated from law school in 2011 and passed the bar exam that fall. From 2011 to 2013, he worked as a law clerk for the Arizona Court of Appeals.

In 2013, Mr. Thomsen began his career in managed care after accepting a position as the Director of Grievance and Appeal and Court-Ordered Treatment for a health plan called the Community Partnership of Southern Arizona (CPSA). It was during his time at CPSA that he was introduced to the fundamentals of managed care, serving as a member of the plan's leadership team. In 2015, CPSA lost its contract with the state in a competitive bidding process to Arizona Complete Health, a subsidiary of Centene Corporation. That fall, Arizona Complete Health hired Mr. Thomsen to serve as its Grievance System Administrator. In that role, he managed many challenging issues related to the legal rights of members and providers.

In March 2019, Mr. Thomsen accepted his current position at Banner – University Family Care, where he is responsible for contract compliance. He oversees contract and policy implementation and the contract deliverable process for the Medicaid plans. He also serves as

the primary liaison between the state Medicaid agency (the Arizona Health Care Cost Containment System (AHCCCS) and the health plan. Mr. Thomsen enjoys running, hiking, and spending time with family and friends. He is also a big fan of the Michigan Wolverines. Go blue!

Katie-Elyse Turner
Medicare Risk Adjustment Director, Health Plan of San Mateo
Katie-Elyse Turner, MS, is Medicare Risk Adjustment Director at Health Plan of San Mateo (HPSM), a local community based health plan serving one in five San Mateo County residents representing diverse, low-income individuals. In this role, Ms. Turner leads organizational efforts related to Medicare revenue integrity and oversight of organizational encounter data efforts. She also leads HPSM's product development, integration, and advocacy efforts for the dually eligible population served through California's Coordinated Care Initiative, which brings together Medicare and Medi-Cal benefits with Managed Long-Term Services and Supports (MLTSS).

Before joining HPSM, Ms. Turner worked at Commonwealth Care Alliance (CCA) in Massachusetts, a community-based healthcare organization dedicated to improving care for dually eligible individuals with complex needs. While at CCA, she focused on Medicare Risk Adjustment operations while supporting Quality and Pharmacy Programs as well as business intelligence functions. Ms. Turner holds a master's degree in Medical Anthropology and Cross-Cultural Practice from Boston University School of Medicine and completed undergraduate studies in Anthropology and Art History at Colby College.

Amy Turnipseed
Senior Director of External and Regulatory Affairs, Partnership HealthPlan of California
Amy Turnipseed is the Senior Director of External and Regulatory Affairs at Partnership HealthPlan of California (PHC). PHC is a non-profit community based health care organization that provides high quality health care to over 530,000 members in 14 counties. In her role, she provides oversight and strategic leadership of four divisions: Legal Affairs; Regulatory Affairs and Compliance; Grievances and Appeals, and Communications. Amy also serves as the plan’s Compliance Officer.

Before joining PHC, Ms. Turnipseed was a Senior Consultant at Harbage Consulting, where she served as project manager for California’s Coordinated Care Initiative. In this capacity, she supported policy development and execution, and facilitated meetings with state department leaders, advocates, and consumers. Ms. Turnipseed has a Master of Public Administration from the University of Southern California and earned Bachelor’s degree in History and Political Science from Gonzaga University.

Johanna Vidal-Phelan
Senior Medical Director-Pediatrics, UPMC Health Plan
Johanna Vidal-Phelan, M.D., a native of Puerto Rico, is a practicing pediatrician at Hamilton Health Center, an FQHC in Harrisburg, PA and Senior Medical Director in Pediatrics at UPMC. Dr.

Vidal-Phelan graduated with a bachelor's degree in biology from Wellesley College and completed her Doctor of Medicine from UMDNJ-Robert Wood Johnson Medical School in New Jersey. Dr. Vidal-Phelan completed her General Pediatrics Internship and Residency at the University of Washington Seattle Children's Hospital and received her healthcare-focused Master of Business Administration from George Washington University. Prior to joining UPMC, Dr. Vidal-Phelan was the Vice President Medical Director at the Care Centered Collaborative, a subsidiary of the Pennsylvania Medical Society. Dr. Vidal-Phelan has over fifteen years' experience in clinical practice and has been a thought leader in the field of value-based care, population health, care management, and social determinants of health.

Cortney Ware
Senior Finance Director, Banner University Health Plans
Cortney Ware is a native of Tucson, Arizona, and has worked in health care for over 15 years. She began her career working in the delivery system in skilled nursing facilities specializing in Alzheimer's memory care, while working towards an Associates in Business Administration. Once she completed her Associate's degree, she started working for a locally-owned company as a bookkeeper while she completed her Bachelor's of Science in Accounting. After completing her Bachelor's, she went back into health care and worked as an office manager for a skilled nursing facility.

In 2013, Ms. Ware started with University of Arizona Health Network as an accountant for the D-SNP line of business. This transitioned into an Financial Analytics role where she led the annual bid process. In 2015, with the acquisition of Banner, she became focused on Risk Adjustment and became a Project Manager to improve the Risk Adjustment Factor (RAF) program for the plan. As Banner continued to grow, her role developed into a Revenue Manager where she also led the encounters team for state reporting, reinsurance, TPL recoveries, in addition to the now operational RAF program. This became an overall Finance Manager position, where her scope was expanded to include accounting team and provider payments. In 2017, Ms. Ware was promoted to the Director of Finance of Banner University Health Plan, and in 2019 took the role of Finance Senior Director. She has been with the plan to implement the Arizona Long Term contract, the Arizona Complete Care (Acute and Behavioral Health) contract, as well as expansion for the D-SNP into the FIDE SNP program.