AMY ALDIGHERE
Senior Director, Government Program Medicare and Client Service, Express Scripts

Amy Aldighere is a Senior Director in the Government Programs division at Express Scripts. Ms. Aldighere has been working in the PBM industry since 2000 and has been working on the Medicare Part D program since its launch in 2006. Her responsibilities include client service and relationship management as well as management of all Centers for Medicare & Medicaid Services required member communications for the Medicare Part D Group business (EGWP) and individual Medicare Part D Plan business lines.

RICHARD BITTING, FAHM, CHIE
Vice President, Actuarial Informatics, Geisinger Health Plan

Richard Bitting has been a member of the Geisinger Health System Financial team since July 1986. Mr. Bitting has extensive experience and understanding of both the hospital and the health plan side of the Geisinger Health System. He has led multiple start-up decision support and informatics teams and currently leads a multi-disciplinary team of 52 analysts supporting Medical Cost analytics, Benchmarking, Performance Management reporting, and support of Operational reporting.

Mr. Bitting co-chairs the Medical Cost Management team with a physician partner. Together this team engages various health plan departments in reviewing utilization changes, new technology, new uses/services, markets, geography, reimbursement mechanisms, new products, and state/federal mandates. The Actuarial Informatics team is also responsible for the financial analytics around Proven Health Navigator (PHN), Proven Care, and Shared Savings Model development.

Mr. Bitting obtained his Bachelor of Science in Business Administration in Accounting from the Pennsylvania State University. He is a Fellow in the Academy of HealthCare Management (FAHM), has received the Professional Health Insurance Advanced Studies (PHIAS), and is a Certified Health Insurance Executive (CHIE).
FREDERICK J. BLOOM JR., MD, MMM
Chief Medical Director, Care Continuum, Quality and Performance, Geisinger Health System

Frederick Bloom, MD is the Chief, Care Continuum of the Geisinger Health System and Medical Director, Quality and Performance for Geisinger Health Plan. He is responsible for designing reliable, value based systems of care for chronic disease and prevention in the Geisinger Clinic which serve as the foundation for the Geisinger Patient Centered Medical Home, ProvenHealth Navigator.

Dr. Bloom is co-author of numerous peer reviewed articles that show the improved quality, reduced cost, and positive return on investment of these systems of care and ProvenHealth Navigator. He has taken 37 Geisinger sites to Level 3 National Committee for Quality Assurance Program Certification Committee-Patient Centered Medical Home (NCQA PCC-PCMH) recognition and currently serves on the NCQA PCMH Recognition Review Oversight Committee.

As Chief, Care Continuum he is responsible for strategic alignment and operational success of the elements of Geisinger's care continuum - including nursing homes, home health agency, and Careworks retail walk-in clinics.

In his role as Medical Director, Quality and Performance of the Geisinger Health Plan, Dr. Bloom develops pay for performance partnership relationships for all providers, including thousands of non-Geisinger primary care and specialty providers. He most recently has helped lead the Centers for Medicare & Medicaid Services demonstrations for Geisinger involving Accountable Care and is the Chief Medical Officer for the Keystone Accountable Care Organization.

SUZANNE BROWN, RN, MS, MPA
Manager, Medicare Quality, Excellus Health Plan

Suzanne (Sue) Brown, RN, MS, MPA, is the Medicare Quality Manager at Excellus Health Plan in Rochester, New York. She has been a nurse for more than 30 years and has worked in a variety of settings. Currently she is responsible for the Medicare Stars, Quality, and Chronic Care Improvement Projects.
Over the years, Ms. Brown has managed programs, people and projects in health plans (Medicare and Medicaid Managed Care, software implementation, and medical policy implementation), Home Health and Hospice (responsible for compliance, quality and education), academic research (psychosocial research and clinical trials), and hospitals (cross-continuum critical pathway implementation).

Ms. Brown has a Bachelor and Master of Science in Nursing, a Master of Public Administration, and is a certified Project Management Professional (PMP) and a Lean Six Sigma Black Belt.

**GLORIELA BURNS, MS, RN, CHIE**

*Director, Medicare Care Management, Excellus Health Plan*

Gloriela Burns, MS, RN, CHIE, is currently the Director for Medicare Care Management at Excellus Health Plan in Rochester, New York. In this position, she oversees the quality program, care management program and revenue management initiatives for the division. Ms. Burns gained both clinical and hospital administrative experience while at the University of Rochester Medical Center, Strong Memorial Hospital. She has worked for two managed care companies where her responsibilities have included Quality, Utilization, Case Management, and Provider Network Relationship Management. For the last twelve years, Ms. Burns has been with Excellus BCBS. She has held a number of positions as director for Quality Management, Medical Economics, and Medicare Care Management.

In addition to her professional experiences, she is a graduate of the America Health Insurance Plans’ (AHIP) Executive Leadership Program where she received her certificate as a Certified Health Insurance Executive. Ms. Burns is a companywide Ethics Advisor. She is also the chair of the Latino Diversity Group for the Health Plan. Ms. Burns serves on not-for-profit boards and holds an adjunct appointment at Rochester Institute of Technology in the Department of Service Systems where she teaches in the Health Care Management master’s program.
Jennifer Chambers, MD
Chief Medical Officer, Capital Advantage Insurance Company

Jennifer Chambers, MD, is Chief Medical Officer and Vice President of Medical Affairs at Capital BlueCross which is headquartered in Harrisburg, Pennsylvania. Capital BlueCross provides health insurance products to residents in Central Pennsylvania and the Lehigh Valley since 1938.

Dr. Chambers joined the Capital BlueCross medical staff in 2007, providing leadership in the company’s Quality Management and Care Management departments and led the Medical Policy team. Her clinical interests include hospital medicine, patient safety and quality, and hospice and palliative medicine.

Dr. Chambers is a graduate of Millersville University. She has earned both her Doctor of Medicine and a Master of Business Administration from Penn State University. Dr. Chambers served her internship and residency at the Penn State Milton S. Hershey Medical Center and where she also served as Chief Resident and Instructor in the Department of Medicine. She is board certified in internal medicine and in hospice and palliative medicine.

Prior to joining Capital BlueCross, Dr. Chambers was Director of the Palliative Medicine Program at Penn State Milton S. Hershey Medical Center and also served as Attending Physician on the academic hospitalist service, providing resident education in internal medicine. She provides community leadership in the area of intellectual disability, serving as board member for Keystone Human Services and board chair of Keystone Autism Services, located in Harrisburg, Pennsylvania.

Jeffrey Kelman, MD, MMSC
Chief Medical Officer, Center for Medicare, CMS

Jeffrey Kelman, MD, is the Chief Medical Officer for the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). He has been with CMS since 2005 and helped implement the Part D program. Prior to joining CMS, Dr. Kelman served as a Senior Medical Advisor to the Congressional Budget Office (CBO).
He received his Doctor of Medicine from Harvard Medical School and his Master of Medical Science from Brown University. He was also on the staff of The Peter Bent Brigham Hospital and the National Institutes of Health National Heart, Lung, and Blood Institute (NHLBI). He is board certified in Geriatric Medicine, Internal Medicine, and Pulmonology.

ANNETTE KLINE, RN, AAS  
**Director, Medical Management, UPMC Health Plan**

Annette Kline is Director of Medical Management at University of Pittsburgh Medical Center (UPMC) Health Plan. She has extensive leadership experience in Case Management and Managed Care Utilization. Ms. Kline participates in UPMC Health System wide clinical initiatives and is on several committees including Hospital Transitions and Readmissions Committees.

Ms. Kline has over 20 years of clinical experience at UPMC. She has held a number of positions, including Director Medical Management, Director of Care and Quality Management at UPMC Northwest, and Care Management Training Specialist at UPMC Corporate Care Management.

Ms. Kline’s current responsibilities include Physical and Behavioral Health Utilization Management including telephonic and onsite Utilization Management, oversight of InterQual Criteria training and development, Hospital Onsite Transition Case Management, and many transitions of care and readmissions initiatives.

JOHN LOVELACE, MS, MSIS  
**President, UPMC for You Inc., President, Government Programs and Individual Advantage, UPMC Health Plan**

John Lovelace is President of University of Pittsburgh Medical Center (UPMC) for You, a managed care organization that serves Medical Assistance and Medicare Advantage Special Needs Plan recipients in 40 counties in Pennsylvania.

Mr. Lovelace provides leadership, direction, and administration for the services provided by UPMC for You, which offers coverage to eligible Medical Assistance recipients through its contracts with the
Pennsylvania Department of Public Welfare, as well as coverage options for Medicare beneficiaries enrolled in the Pennsylvania Medical Assistance program.

He is also President of Government Programs and Individual Advantage for the UPMC Insurance Services Division. In this role, he oversees Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) at UPMC Health Plan. Mr. Lovelace also oversees a group of Medicare special needs plans that specialize in institutional and chronic conditions, as well as UPMC Individual Advantage, a guaranteed renewable individual product.

In addition, he is Chief Program Officer at Community Care Behavioral Health Organization, a behavioral health managed care organization, which is part of the UPMC Insurance Services Division. Community Care provides behavioral health coverage for more than 700,000 Medicaid beneficiaries in 36 Pennsylvania counties, as well as care coordination services in New York State.

Mr. Lovelace holds a Master of Science in Rehabilitation Counseling from the State University of New York at Buffalo, as well as in Information Science from the University of Pittsburgh.

SANDRA MURPHY
Director, Provider Service, Capital Advantage Insurance Company

Sandra Murphy provides direct oversight of the Capital BlueCross Provider Relations, Provider Automation, and Provider Communication and Education Departments. Ms. Murphy has been with Capital BlueCross since 2002 in various roles within Provider Relations and Provider Contracting before assuming her current position leading Provider Service. She has 15 years’ experience in healthcare education.

As part of her responsibilities, she oversees all of the operational initiatives and activities in support of the Capital BlueCross’ Provider network including maintenance of Provider data, and electronic services and transactions. In addition, she directs the communication and education that is provided to Capital BlueCross’ Provider network.

Sandra graduated from the University of Pittsburgh at Johnstown, with a Bachelor’s degree in Business Administration. Sandra has 15 years’ experience in the healthcare industry.
THERESE NARZIKUL
Senior Director, Quality Improvement, Capital Advantage Insurance Company

Therese Narzikul has more than 20 years of operational, consulting and clinical experience across the continuum of healthcare. Leading teams of healthcare providers, she creates systems for continuous improvement of quality and safety as well as fiscal and risk management in both provider and payer environments. Using patient centered care models, Ms. Narizikul improves patient outcomes and caregiver experience while decreasing medical expense. Through technology implementation including Electronic Medical Record, Mobile health monitoring/virtual visit, Personal Health Record, and Meaningful Use, she enables clients to improve quality of care, satisfaction and increase revenue.

KRISTIN NEAL, PA-C, MPH
Director, Medicare Quality, Cigna HealthCare of Arizona

Kristin Neal is the Medicare Quality Director for Cigna HealthCare of Arizona. In this role, Ms. Neal has oversight of all aspects of quality including: Star Ratings, Model of Care for Special Needs Plans, Medicare Quality Program, and Quality Improvement/Chronic Care Improvement Projects, Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Health Outcomes Survey (HOS) improvement initiatives are also driven by the Medicare Quality teams.

She obtained a Bachelor of Science in Exercise Physiology with Chemistry minor, a Master of Public Health from University of Utah, and her Physician Assistant education at Midwestern University.

Ms. Neal has more than 16 years of experience in the healthcare industry; 12 of that in direct patient care as a Physician Assistant in Family Medicine. A foundation in operations, quality, and patient care allows her to provide unique strategic input as it relates to Quality Improvement.
JOHN PARENTE, MD

Chief Medical Informatics Officer, Cigna Medical Group

John Parente, MD is the Chief Medical Informatics Officer at Cigna Medical Group. Dr. Parente has oversight for the technology portfolio used at Cigna Medical Group.

He started his medical career in 1993 joining Cigna Medical Group as a Family Practice provider. Dr. Parente served as the Lead Clinician and utilized an Electronic Health Record (EHR) in his practice. He was recognized by National Committee for Quality Assurance (NCQA) for his quality treatment of Diabetes and Stroke Management. He was also recognized by Phoenix Magazine as a Top Doctor in two consecutive years.

In 2007, Dr. Parente's role expanded to serve as a leader in bringing an EHR to fruition and driving decisions on the group-wide electronic health record in conjunction with the Clinical Information Technology and Business Support Services teams. He not only serves as the subject matter expert on technology initiatives, but also in interfacing with the clinicians to support patient care.

With clinical practice behind him, in 2009, he took on the position of Medical Director of Informatics allowing further development of care programs to ensure that high quality, safe, cost effective, patient centric medical services are provided. In addition to continual evaluation and modification to clinical processes, John helped develop and launch a technology initiative to link claims data at the point of service to help drive revenue capture. His innovations have also helped launch our quality registries designed to be patient centric and propel the medical group to a high Medicare Star rating.

Dr. Parente's role expanded further in 2012, as the Chief Medical Informatics Officer, to help define the roadmap for the future Health Technology vision and informatics of Cigna Medical Group.

GEORGE PARK

Director, Medicare Policy & Regulatory Management, Capital BlueCross

George Park is Director, Medicare Policy and Regulatory Management at Capital BlueCross which is headquartered in Harrisburg, Pennsylvania. Capital BlueCross provides maximum value in health
insurance products to residents in Central Pennsylvania and the Lehigh Valley. Mr. Park joined Capital BlueCross in 2008, with over 20 years’ experience in healthcare and education.

He provides direct oversight of the Capital BlueCross and Capital Advantage Insurance Company (Capital) Medicare Policy and Regulatory Management Department. As Director, since 2011, Mr. Park's responsibilities include coordination of the Centers for Medicare & Medicaid Services Regional Office communications, HPMS memo tracking and distribution, policy clarifications, audit oversight, as well as Risk Adjustment management activities. In addition to participating in various organizational teams and workgroups, his department facilitates Capital's Medicare Product Team and Star Team.

Mr. Park is a graduate of the Pennsylvania State University and has an extensive background in policy management, product management, cost containment, and process improvement and implementation.

STEPHEN PERKINS, MD
Vice President, Medical Affairs, UPMC Health Plan

Stephen Perkins, MD, serves as Vice President of Medical Affairs for University of Pittsburgh Medical Center (UPMC) Health Plan. As a member of the Health Plan's senior management team, Dr. Perkins provides clinical leadership for all Quality Improvement, Medical Management, and Provider Network Development activities. In addition, he oversees UPMC Health Plan Community Health Initiatives. Current areas of focus for the Health Plan include payment reform, advancement of Patient Centered Medical Home, and initiatives with UPMC as an integrated finance and delivery system.

Previously, Dr. Perkins served as Senior Medical Director for UPMC Health Plan. In that position, he provided strategic and clinical leadership and medical oversight for the Health Plan's commercial products and served as Senior Medical Director for UPMC WorkPartners’ suite of workers' compensation, employee assistance, health promotion, and health management products.

Prior to joining the Health Plan in 2010, he served for 12 years as corporate medical director for Blue Cross Blue Shield of Vermont, the largest Vermont-based health coverage carrier. His 30 years in the health care field also included 13 years as a family physician in South Charleston, West Virginia.
Dr. Perkins received his Bachelor of Science in Biology from West Virginia University and his Doctor of Medicine from the West Virginia University School of Medicine in Morgantown. He completed his residency in Family Practice at Kanawha Valley Family Practice Center in South Charleston, West Virginia.

REBECCA RABBITT, PHARMD
Vice President, Government Programs Medicare and Medicaid, Express Scripts

Rebecca Rabbitt is currently the Vice President of Express Scripts Medicare and Medicaid Health Plan Solutions which is part of the Government Program Division.

In this role, she leads a team that is responsible for bringing federal and state regulations to life for health plans allowing them to effectively provide drug benefits to members within Medicare and Medicaid programs. Ms. Rabbitt was with Express Scripts and was part of the leadership team that led Express Scripts into Part D including establishing its own Part D plan. Other than her time with Express Scripts, Ms. Rabbitt spent her early career as a drug information specialist and taught exciting courses in literature evaluation and statistics at the collegiate level. She has also had several small businesses which explored innovations in information technology and allied certification.

She holds a Doctor of Pharmacy degree from the St. Louis College of Pharmacy and completed a clinical residency with The Jewish Hospital of St. Louis.

JASON RENNE
Vice President, Network Innovations, Geisinger Health Plan

Jason Renne is the Vice President of Network Innovations for Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Incorporated. In this role, Mr. Renne is responsible for the development and execution of all Provider Network Management strategies to include development, retention, quality, and unit cost management and innovation.

Mr. Renne has specialized in healthcare provider network management for more than 10 years. During that time, he has held many key positions, including Director of Provider Network Management for the Geisinger Health Plan, Director of Provider Network Management and Vendor Relations for
HealthAmerica and Contract Manager for Kaiser Permanente of the Mid-Atlantic States. An expert in strategic healthcare provider collaborations, reimbursement methodologies, and effective leadership development, he has led many critical and successful provider network management initiatives. Recently, Mr. Renne has managed the transformation of the Geisinger Health Plan Provider Network Management department into a strategic and highly effective functional team.

He received a Bachelor of Arts in Sociology from Coastal Carolina University.

RAYMOND ROTH, DO, MBA
Chief Medical Officer, Geisinger Health Plan

Ray Roth is the Chief Medical Officer for Geisinger Health Plan (GHP) based in central Pennsylvania. GHP is a regional multi-state plan within a fully integrated health system. GHP is an active member of the Alliance of Community Health Plans and the Clinic Club.

Dr. Roth is also the Medical Director for Care Support Services overseeing Enterprise Pharmacy and Supply Chain Services for the health system.

He facilitates the expansion and evolution of the Proven Health Navigator ®, Geisinger’s version of the patient centered medical home and assists in the transition to Accountable Care Organization designation for key strategic partners within Pennsylvania and in other states. He is responsible for quality initiatives, therapy class management, adherence for chronic conditions, biologic drug management, and population health.

Dr. Roth has been with the Geisinger Health System for 27 years serving in various administrative capacities with the group practice, as well as insurance operations. He has responsibilities for network development and management, Healthcare Effectiveness Data and Information Set (HEDIS) performance, patient satisfaction, provider satisfaction, and provider pay-for-performance. He has led collaborations with the Mayo Clinic, Duke University, Disney, and Ritz-Carlton on Disease Management, Wellness Initiatives, and Service Excellence programs. He also has credentialing, Pharmacy & Therapeutics (P&T), National Committee on Quality Assurance (NCQA), and strategic planning responsibilities at the plan.
His membership includes the American Health Insurance Plans (AHIP) and the Alliance of Community Health Plans where he has national committee responsibilities in both organizations. He is also a member the Academy of Managed Care Pharmacy (AMCP), America’s of the American College of Physician Executives and the American Academy of Family Physicians.

DAVID SKERPON
Vice President, Retail Strategy, Capital Advantage Insurance Company

David B. Skerpon is currently Vice President of Retail Strategy and Brand Management for Capital BlueCross, located in Central Pennsylvania and the Lehigh Valley. He joined Capital BlueCross in October of 2007, after a 24 year career in banking.

Mr. Skerpon, born in Sayre, Pennsylvania, is a graduate of the Sayre Area High School, Mansfield University of Pennsylvania, and the Graduate School of Retail Management, University of Virginia. In 2007, Mr. Skerpon left the banking industry to serve as a Vice-President of Corporate Communications and Advertising for Capital BlueCross. In July 2012, he was named Vice-President of Retail Strategy and Brand Management. As a member of the Senior Management team at Capital BlueCross, Mr. Skerpon is responsible for Retail Strategy, Brand Strategy and Management, Community Relations, and was responsible for designing and opening the first retail store for Capital BlueCross in December, 2012. The new retail store is known as Capital Blue and is located in Center Valley, Pennsylvania.

Mr. Skerpon’s role in banking and health care allowed him to be very active in the community and serve as a community leader. He has served in the following leadership roles: Chairperson of the following boards: Art Association of Harrisburg, United Way of the Capital Region, and the Allied Arts Fund. He also successfully ran the annual campaigns for the United Way of the Capital Region, Allied Arts Fund, Cultural Enrichment Fund, and Champions for Children Campaign. In addition to the boards chaired, Mr. Skerpon served on the Central Pennsylvania Food Bank, Open Stage, Capital Area Economic Development Corporation, Harrisburg Area Community College Foundation, State System of Higher Education Foundation, Jump Street, and Council for Public Education. Currently, he serves as the President of the Board of Capital Area School of the Arts Charter School, Chair of the Board of the Mental Health Association and as a member of the boards of The Foundation for Enhancing Communities, The Children’s Home Foundation, and the Joshua Group.
Mr. Skerpon has been recognized by Central Pennsylvania Business Journals Forty under Forty Top Business Leaders. In 2006, he received an award from Leadership Harrisburg as a 20 Leaders/20 Years recipient. In 2010, he received the Community Champion Leadership Award from Gaudenzia and in May 2011, Mr. Skerpon received the Capital Area School of the Arts champion of arts education award.

LOREN STEWART  
*Director Member Experience, Express Scripts*  
Loren Stewart is the Director of Member Experience working in the Medicare Part D Product area for Express Scripts. Ms. Stewart has over 6 years of experience in Medicare Part D communications strategy, development and execution in support of the Express Scripts Medicare Individual PDP as well as Express Scripts' Employer Group Waiver Plan (EGWP) client base. She has extensive knowledge in the areas of: member experience and transition to Part D, Centers for Medicare & Medicaid Services communications requirements, compliance and operational processes.

CYNTHIA G. TUDOR, PHD  
*Director, Medicare Drug Benefit and C&D Data Group, CMS*  
Cynthia Tudor is the Director of the Medicare Drug Benefit and C&D Data Group at the Centers for Medicare & Medicaid Services (CMS) in Baltimore, Maryland. The Medicare Drug Benefit and C&D Data Group (MDBG) is responsible for most activities related to the implementation and operation of the drug benefit (Part D) for CMS, including the new Coverage Gap Discount Program and Quality Bonus Payments. Dr. Tudor’s Part D operational responsibilities include applications, formulary development, contracting, day-to-day operations, and benefits policy. She is also responsible for developing and analyzing Medicare Advantage (Part C) and Part D data and development of performance and quality metrics.

Prior to serving in the Medicare Drug Benefit and C&D Data Group (MDBG), Dr. Tudor led the implementation and operations of Risk Adjustment (RA) payments to Medicare Advantage organizations. Beginning at the Office of Research and Demonstrations at CMS, Dr. Tudor led a team of researchers who were responsible for the development of multiple approaches for risk adjustment. Dr. Tudor then led the development of data collection from plans; the validated risk adjusted payments,
and determined the impacts of risk adjustment on health plans. Dr. Tudor also led the development of the risk adjuster for the Medicare drug benefit.

Before coming to CMS, Dr. Tudor served as a consultant to MedStat in such areas as Medicaid pharmaceutical costs, use of home health services by Medicare beneficiaries, and quality of care assessment in Medicaid nursing facilities and in CHAMPUS outpatient mental health services. Dr. Tudor also served as the leader at the Association of American Medical Colleges in their surveys of prospective, matriculating, and graduating medical students.

Dr. Tudor received her doctorate from the Johns Hopkins University and received post-doctoral training at the University of Maryland Medical School, Department of Epidemiology and Preventive Medicine. She is a Georgia native.

**KELLE TURNER, PHARMD, MBA**

*Clinical Director, Government Programs, Express Scripts*

Kelle Turner, PharmD, MBA, is the Clinical Director in the Government Programs Division at Express Scripts. Ms. Turner joined the Express Scripts organization in 2009. She is responsible for Medicare clinical initiatives, providing oversight for Medication Therapy Management, formulary and utilization management practices, and other clinical and quality initiatives. Prior to joining Express Scripts, Ms. Turner experience was focused on hospital pharmacy practice, including completion of the residency program at Missouri Baptist Medical Center in St. Louis, Missouri.