

Lisa Baird, CPC-I, CPC-H, Implementation Manager (Director of Implementation)

Total Medicaid Experience: 13 years 8 months	Reports to: Patrick Powers
Time in Current Position: 2 years 9 months	Functional Area: Contracts Compliance & Implementation Lead

Corporate Experience

Director of Implementation / Schaller Anderson, LLC, September 2008 - Present

Medicaid Managed Care Experience: 2 years 9 months

- Manages project initiation through post- transition evaluation for new and expanding business
- Provides support and guidance for all aspects of the work plan, including identifying policy decisions that must be addressed
- Creates and defines the project framework, while providing clarity and vision to the Implementation Team and Functional Area Leads/SMEs
- Coordinates all Implementation Team activities
- Executes resolution to implementation issues and questions
- Oversees the requests for resources to complete the implementation and manage the implementation budget
- Communicates progress and problems with business owner as well as meeting the scope of work in a timely manner and within budget constraints
- Serves as the primary point of contact for all CCN operational issues
- Coordinates the tracking and submission of all contract deliverables
- Fields and coordinates all responses to DHH inquiries
- Coordinates the preparation and execution of contract requirements, random and periodic audits and ad hoc visits
- Directed State of Illinois transition from FFS to an Integrated Care Program for the ABD population with approximately 20,000 members
- Directed State of Pennsylvania transition from FFS to a Managed Care system for the TANF/PW/DUAL population with approximately 50,000 members

Director of Policy and Compliance/HealthCare USA (Coventry Health Care), Oct. 1997 – Sept. 2008

Medicaid Managed Care Experience: 10 years 11 months

- Designated as Project Manager by the Chief Executive Officer to coordinate State Medicaid Request For Proposal (RFP) responses. Responsible for the timely coordination and submission of all department responses addressing State specific contract requirements.
- Successfully transitioned Coventry's newly purchased FirstGuard Plan operations for the areas of membership enrollment, provider contract management, and assisted the health services management team in the development of transitional care coordination policies to ensure compliance to State required contract language
- As Compliance Officer, was responsible for drafting and obtaining approval of the company's Compliance Program; also developed the compliance education campaign for all health plan staff on issues related to State and federal compliance guidelines. Collaborated with senior executive staff as well as front line managers and staff to develop policies, procedures and system capabilities to demonstrate compliance to State and federal mandates.
- Served on the corporate-wide I-Health Contract Committee representing the Medicaid line of business to review bundling and unbundling coding concepts to support State specific coding concepts to insure appropriate reimbursement
- Instrumental in the development of and served as the primary instructor for Coventry Health Care's coding certification training program to prepare internal staff for coding certification testing. Promoted increased knowledge of coding concepts as part of the compliance education program.

Manager of Business Reporting, January 2002 – June 2006

Customer Service Organization Liaison Supervisor, January 2001 – January 2002

Provider Service Network Manager, June 2000 – January 2001

Lisa Baird, CPC-I, CPC-H, Implementation Manager (Director of Implementation)

Claims Auditor/Liaison, October 1997 – June 2000

HealthCare USA (Coventry Health Care), October 1997 – September 2008

Medicaid Managed Care Experience: 10 years 11 months

Responsibilities included but were not limited to the following for the positions noted above:

- Executed daily operations related to the timely and accurate submission of State required encounter reports. Successfully increased and sustained acceptance rate at a 99% or greater.
- Effectively chaired multiple intra-department committees to complete projects and policy review in a timely manner to improve the overall performance for the company
- Participated on Coventry Health Care's National Network Development team that reviewed current contracting methodologies to establish future best practice contracting templates for all provider service areas, such as physicians, hospitals, and DME vendors
- Established contract provider in-services that addressed global and specific billing and coding relationships with the health plan. Performed stop loss/high dollar claim review to insure appropriate reimbursement based on coding and billing audit standards.
- Established companywide *Life of A Claim* in-service training to educate staff on the process flow of a claim through the health plan's policies of claim adjudication and appeal
- Served as a key resource of information for internal as well as external customers due to extensive knowledge of the benefit management, coding, claims, and appeals/denial management processes
- Actively participated in local American Academy of Professional Coders chapter meetings as a co-presenter of Medicaid specific billing concepts
- Instrumental in the development of the health plan's current standard contract template based on solid coding methodology to translate the administrative concepts of the contract to an operational level and promote the accurate and timely adjudication of services billed

Provider Relations Representative, September 1995 – October 1997

Senior Claims Specialist, June 1990 – September 1995

Customer Services Representative, November 1988 – June 1990

Group Health Plan (Coventry Health Care), November 1988 – October 1997

Medicaid Managed Care Experience: N/A

- Handled face to face provider and office manager education of payor contact, billing and claims adjudication policy
- Focused on member/provider issues related to the delivery of health care services and/or claims adjudication
- Managed special and complex provider contracts to insure the accurate and timely adjudication of claims as senior claims specialist

Education

- **Bachelor Degree – Health Care Administration**, University of Phoenix, anticipated graduation 2013
- **Course of Study – Hotel and Restaurant Management**, Jefferson College, Hillsboro
- **Course of Study – Business Administration**, Mineral Area College, Park Hills

Background (certifications, licenses, special skills, etc.)

American Academy of Professional Coders Certified Instructor

Certified Professional Coder – Hospital 2002 – Present

Certified Professional Coder – Physician 2001 - Present

Committees

- National Clinical Editing Committee- Coventry Health Care
- Sanford Brown College – Advisory Committee 2006-Present
- Midwest Coalition on Health Care – Claims Complexity Committee 2004-2005
- St. Louis College of Health Careers – Advisory Board Member 2003-2004
- American Academy of Professional Coders (AAPC) – St. Louis Chapter Member