



**Elaine Cancelliere**  
**Event Operations Manager**  
***Amplified Event Strategy***

Elaine Cancelliere is the Event Operations Manager of Amplified Event Strategy, a global consulting firm focused on content development and large scale event management for high profile business-to-business events held in cities around the world in North America, Asia and Europe.

Prior to joining Amplified Event Strategy, Elaine had a 15-year career as Assistant Vice President with Beneficial Bank running their first flagship branch in the New Jersey market area. She is goal-oriented professional always looking to exceed expectations when planning and producing client events.

## About Amplified Event Strategy

Amplified Event Strategy is a global consulting firm focused on content development and large scale event management for high profile business-to-business events held in cities around the world in North America, Asia, Europe and Central America.

### Event Management Services

Conference Program Development  
Content Copyrighting / Theme Creation  
Speaker Acquisition  
On-Site Event Management

### Marketing Services

Content Marketing Creation / Marketing Consulting  
Brand Strategy Plans

### Communications / Press Relations

Market Research Benchmarking Studies &  
Event Business Audits  
Senior-Level 1-on-1 Research Interviews

### Here's a snapshot of some of our current projects:

- Speaker Management for **CoinDesk's flagship Consensus conference** – the world leader in news and information on digital currencies. Leading agenda and content management efforts for over 275+ blockchain and cryptocurrency experts for the 3-day Consensus event in NYC (May 2019).
- Content Development for **CPhI North America Conference** focused on global pharmaceutical and biotech subject matter, leading speaker and subject matter curation for the CPhI North America Conference (April 2019).
- Content Development for **Seatrade Cruise Global's flagship event** – the leading and largest event for cruise line executives in Miami (March 2019) focused on the development of multi-track programming for 120+ speakers.
- Content Development and Event Management for **TPG International Healthcare Academy** for week-long executive educational programs tailored for U.S. based healthcare CEOs to learn more about global healthcare with upcoming events taking place in Stockholm (October 2019), Colombia (March 2020) and Italy (October 2020).



**Perry Cohen**  
**Chief Executive Officer**  
*The TPG Family of Companies*

Perry is co-founder and Chief Executive Officer of The Pharmacy Group (TPG). TPG provides consulting services to healthcare service, information technology, and pharmaceutical companies to grow revenue and improve the financial performance of their products and services.

Perry has more than 45 years of experience with managed care, and during that time has worked for local, regional, and national health plans. A pharmacist by training, he created a pharmacy benefit management (PBM) company for Aetna in the early 1990s. Over the years he has developed relationships with hundreds of decision-makers in the United States healthcare system and has assisted more than 200 companies in selling their products and services to payors.

Additionally, Perry practiced in community, hospital, and long-term care pharmacy in California and oversaw the operations of 50 community pharmacies in nine states. Perry is a co-founder, past president, and fellow of the Academy of Managed Care Pharmacy (AMCP), a member of the Drug Topics Editorial Advisory Board and Managed Healthcare Executive Editorial Advisory Board. He has lectured and written extensively on the role of pharmacy benefit management in healthcare.

Perry holds a Bachelor of Science degree in Pharmacy and a Doctor of Pharmacy degree from University of the Pacific in Stockton, California. He completed an administrative clerkship at the Food and Drug Administration in Rockville, Maryland. His clinical training was performed at Tripler Army Medical Center in Honolulu, Hawaii.

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In 2005, we launched TPG National Payor Roundtable (TPG-NPRT) as a new company to help clinical decision makers at health plans and pharmacy benefit managers evaluate healthcare service vendors, information technology organizations and pharmaceutical companies.

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In 2026, the TPG Family of Companies represents 4 companies. We have served over 200 clients in the past 28 years and look forward to an exciting future.



**Jason Cooper**  
**Chief Data, Analytics & AI Officer**  
*Concentra*

With over 20 years as a senior leader, Jason excels in leveraging technology, data, analytics, and artificial intelligence to drive material business outcomes across private, for-profit, and nonprofit sectors. His impactful career includes roles serving NASA, MATRIC, CVS Caremark, Cigna, Blue Cross Blue Shield plans, consulting with VC- and PE-backed firms, HMS and Paradigm Corp. From helping organizations add \$100M+ to top-line revenue, to creating and developing “single source of truth” data insights platforms, to systems modernization and simplification, to deploying artificial intelligence when/where it most makes sense – value creation from Data, Analytics and AI capabilities are his specialty.

Jason is a proud contributor to his field, having authored over 20 peer-reviewed works and being a sought-after speaker at numerous conferences, symposiums, and government events. He holds dual master degrees in Computer Science and Biomedical Engineering and is recognized as a Fellow of the American College of Health Data Management. Jason is also an active member of the Society for Information Management, and serves on the Board of Directors for Covenant HR and as an Advisor for .406 Ventures Data + AI Executive Council.

Beyond being an expert in the US healthcare system, Jason has also had the unique opportunity to experience healthcare, via both his career and study/trade missions, in six different countries. Those include Israel, Scotland, Denmark, Australia, India and Italy.

## About Concentra

Founded in 1979, Concentra has played a significant role in creating the workplace health industry model that exists today. Our national presence enables us to provide access to high-quality care that supports our mission to improve the health of America's workforce.

Our approximately 12,000 colleagues and affiliated physicians and clinicians support the delivery of an extensive suite of services, including occupational and consumer health services and other direct-to-employer care. We support the care of approximately 50,000 patients each day on average across 44 states at our 625+ occupational health centers, 400+ onsite health clinics at employer worksites, and telemedicine as of March 31, 2025.

We offer a diverse and comprehensive array of occupational health services, including:

- **Workers' compensation services:** workers' compensation injury and physical rehabilitation care.
- **Employer Services:** drug and alcohol screenings, physical examinations and evaluations, clinical testing, and preventive care, as well as direct-to-employer services and advanced primary care at our onsite health clinics.
- **Consumer Health Services:** patient-directed urgent care treatment of injuries and illnesses.

We provide quality care and a positive experience by living out our core values of a healing focus, a selfless heart, and a tireless resolve. Our colleagues provide welcoming, respectful, and skillful care to deliver access to high-quality health care services for all.



**Francoise Culley-Trotman**  
**Chief Executive Officer**  
*AlohaCare*

**Francoise Culley-Trotman** is the Chief Executive Officer (CEO) of **AlohaCare**, a Hawaii-based nonprofit health plan dedicated to serving Medicaid and Medicare beneficiaries. In her role as CEO, Francoise leads the organization's strategic vision, driving operational excellence and fostering strong partnerships with providers and community stakeholders. Her leadership is centered on advancing whole-person care, integrating medical and social services to address social determinants of health and improve health equity across Hawaii.

Francoise brings nearly two decades of expertise in legal, financial, and compliance leadership within the healthcare and financial sectors. She joined AlohaCare in 2017 as Chief Compliance Officer, where she strengthened regulatory frameworks and governance practices. In November 2020, she was appointed CEO, guiding the organization through transformative initiatives that prioritize member well-being and community engagement. Before AlohaCare, Francoise held senior leadership roles at **WellCare Health Plans, Inc.** and **JPMorgan Chase**, where she developed a reputation for strategic thinking and operational rigor.

Born and raised in Guyana, Francoise's connection to Hawaii began through family visits for her children's karate tournaments. Drawn to the islands' culture of community and the spirit of aloha, she embraced AlohaCare's mission to treat members as 'ohana—family—ensuring their medical and social needs are met for optimal health outcomes.

Beyond her executive role, Francoise is deeply committed to community service. She serves as President and Chair of **March of Dimes Hawaii**, and serves on the boards of the **Boys and Girls Club of Hawaii**, and the **Association for Community Affiliated Plans (ACAP)**, advocating for maternal health, youth development, and equitable access to care nationwide.

## **About AlohaCare**

AlohaCare is a non-profit health plan founded in 1994 by Hawaii's Community Health Centers and Queen Emma Clinics. AlohaCare is the second-largest health plan in Hawaii.

Our passion is to serve the people of Hawaii in the true spirit of aloha. We are committed to improving the health of Hawaii's communities. We specialize in QUEST (Medicaid) health insurance to people living on Oahu, Kauai, Molokai, Lanai, Maui and Hawaii Island. We are mission driven to care for people who are underserved with specific health needs.

We provide health care coverage for Hawaii's QUEST (Medicaid) beneficiaries. AlohaCare is a health plan with a Medicare contract and provides Medicare coverage to beneficiaries in Hawaii.

### **Mission**

Support individual wellness and promote community access to quality care in collaboration with community health centers and others who share our commitment.

### **Vision**

Empowered individuals living in healthy communities.

### **Values**

- We operate with Aloha.
- We serve with care and compassion.
- We collaborate with those who share our mission.
- We innovate to realize our vision.
- We are honest, fair and transparent.
- We are respectful, trustworthy and reliable.
- We are responsible stewards of community resources.



**Dawn Davis**  
**Director, Citizens Ambassador Program**  
***Cultural Vistas***

Dawn Davis is a leader in the development of private sector professional exchanges, with over 35 years in the field. Beginning her career with People-to-People Ambassador Programs, Dawn was the lead administrator for multiple high-level international conferences. Later, stepping into the role as the Director of Education and Social Science Programs with People to People.

Today, the Citizen Ambassador Program under Dawn's leadership is a program of Cultural Vistas, a DC based, non-profit NGO. Cultural Vistas administers high level professional exchanges through the Citizen Ambassador Program and the US State Department International Visitor Leadership Program. Cultural Vistas administers J1 visa internships for major corporations, US State Department

Small Grant programs, and implements philanthropic leadership development programs.

Dawn has travelled to 33 countries, her favorites include Cuba, Israel, South Africa, and Colombia. Dawn enjoys time with her two adult daughters, their husbands and most importantly her 4 grandchildren. At home in Spokane Washington, with her husband Tom, Dawn is an avid gardener, loves running, swimming and walking her Dog Tucker.

## About Cultural Vistas

We envision a world full of curious, culturally competent, and globally engaged people and institutions. How do we make that vision a reality? Cultural Vistas leverages the power of international exchange to connect lives, enhance global skills, and drive positive change around the world.

In order to meet our mission and vision, we design programs that develop critical thinking skills to address complex issues, enhance intercultural awareness to build mutual understanding, and create networks for collaboration that nurture globally adaptive leaders in communities across the globe.

Founded in 1963, Cultural Vistas promotes global understanding and collaboration among individuals and institutions through international exchange experiences.

Alongside our partners across the globe, we can tap into a network of local expertise in the countries where we operate our programs.

Cultural Vistas employs a diverse and dedicated staff across the United States while maintaining a U.S. Headquarters in **Washington, D.C.** and a European Headquarters in **Berlin, Germany.**

We continue to expand our community, built on our history, while innovating for the future!



**Jessica Daw**  
**Vice President, Pharmacy**  
***Sentara Health Plans***

Dr. Jessica Daw is Vice President of Pharmacy for Sentara Health Plans. She leads the clinical, operational, financial, and compliance aspects of the pharmacy department for Commercial, Exchange, Medicare, and Medicaid products. She is responsible for the strategic direction of the department, as well as pharmacy trend and budget management. Dr. Daw has experience focusing on quality, clinical programs, formulary and utilization management, value-based contracting, physician risk sharing arrangements, compliance, and PBM oversight.

Dr. Daw has over 20 years of experience in managed care pharmacy. Prior to her role at Sentara Health Plans, Dr. Daw served in several leadership positions at UPMC Health Plan in which she oversaw the clinical pharmacy strategy, including Senior Director, Clinical Pharmacy. She also established a PGY-1 Managed Care Residency Program at UPMC Health Plan and served as the Residency Director. Prior to UPMC Health Plan, Dr. Daw was a Clinical Management Pharmacist at Eckerd Health Services/ PharmaCare Management Services.

#### Community Involvement

- Board of Directors, Academy of Managed Care Pharmacy, President-Elect (2025-2026)
- Board of Directors, Academy of Managed Care Pharmacy Mid-Atlantic Affiliate, Director (2023-2025)
- Board of Directors, Academy of Managed Care Pharmacy, Director – National (2020-2024)
- ISPOR HTA Council Chair (2023-present)
- ISPOR HTA North American Roundtable Co-Chair (2020-2022)
- Department of Human Services (Medicaid) P&T Committee (2015-2019)
- Department of Human Services (Medicaid) DUR Board (2013-2019)
- Adjunct Instructor, School of Pharmacy, University of Pittsburgh (2009-2013)

#### Education

Doctor of Pharmacy (PharmD)

Duquesne University, Mylan School of Pharmacy  
Pittsburgh, PA

Master of Business Administration (MBA)

University of Pittsburgh, Joseph M. Katz Graduate School of Business  
Pittsburgh, PA

## About Sentara Health Plans

Sentara Health Plans is a mission-driven, community-focused organization. We deliver holistic care in close coordination with our network providers. Through this integrated delivery system model, our health plan works together with providers to improve health outcomes and lower costs—all while providing the ultimate member experience. We offer programs to support members with chronic illnesses, customized wellness programs, and integrated clinical and behavioral health services—all to help our members improve their health.

Sentara Health Plans, is a local, provider-led health plan with strong roots in Virginia. Sentara Health Plans is the health plan division of Sentara—a not-for-profit integrated healthcare delivery system with more than 30,000 employees. Sentara Health Plans has provided health insurance coverage since 1984. Today, the health plans of Sentara serve more than one million members throughout Virginia and the surrounding areas. We offer a full suite of commercial products including employee-owned and employer-sponsored plans, as well as Individual & Family Health Plans, Employee Assistance Programs and plans serving Medicare and Medicaid enrollees. Our quality provider network features more than 37,000 providers including specialists, primary care physicians and hospitals.

We live by our mission to improve health every day. This mission guides our strategic decision-making, innovation, customer experience, and transformation initiatives. We are invested in elevating the health and wellbeing of our communities. We are committed to working with our provider partners to deliver healthcare that is simple, seamless, personal, and more affordable.

Our corporate social responsibility program, Sentara Cares, is impacting the community by supporting affordable housing, skilled careers, food security, and engagement efforts. We were able to fund health and prevention programs, healthcare professional education and training, philanthropic giving, and uncompensated patient care. We know that truly improving health every day requires a real commitment to our communities. We are deepening our connection by going door to door to offer health screenings, helping those economically impacted by the pandemic, increasing access to critical behavioral health and postpartum care, ensuring equitable access to care for all, maintaining a commitment to helping veterans, tending to the wellbeing and education of our youth, and more.



**Nancy Dickau**  
**Senior Vice President, Finance**  
***The TPG Family of Companies***

Nancy is a Senior Vice President with The Pharmacy Group, where she oversees the financial operations of the TPG Family of Companies as well as key operational matters. She joined The Pharmacy Group in March 2012, in addition to performing the overall financial management she evaluates project profitability and pricing, manages cash flow, analyzes financial performance, and provides financial recommendations. She is also involved with HR functions, and client contracting.

Prior to her career in finance, she spent more than a decade in the Information Technology department at The Travelers Insurance Company during the 1980's. During that time, she held several technical and analytical positions focused on software design, development, and implementation.

Nancy received her BS in Business Administration from the University of Connecticut. She currently resides in South Glastonbury, Connecticut with her husband and enjoys spending time with her six grandchildren. In her free time, she enjoys spending time with her family at their beach house in Rhode Island, boating, walking, gardening, and reading.

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**Paul Fronstin**  
**Director, Health Benefits Research**  
***Employee Benefit Research Institute***

Dr. Paul Fronstin is the Director of Health Benefits Research at the Employee Benefit Research Institute (EBRI), a nonprofit, nonpartisan organization conducting objective research and education on economic security and employee benefits. A research professional with EBRI since 1993, he also oversees EBRI's Center for Research on Health Benefits Innovation.

Dr. Fronstin's work focuses on employment-based health coverage and benefit strategy, including plan design and cost sharing, health savings accounts (HSAs), individual coverage HRAs (ICHRAs), pharmacy trends such as GLP-1s, mental health, workplace wellness, retiree health benefits, and public opinion about health benefits and health care.

He serves on the Board of Trustees for Emeriti Retirement Health Solutions and on the National Advisory Board for the University of Michigan Center for Value-Based Insurance Design. He is a TIAA Institute Fellow and previously served on the Maryland Health Care Commission, Maryland Patient Safety Center board of directors, and the Institute of Medicine (IOM) Committee on Determination of Essential Health Benefits.

Author of several hundred publications on employment-based health benefits, Dr. Fronstin's research has been cited in state and federal legislation, and his commentary has appeared in outlets including *The Wall Street Journal*, *The New York Times*, CNBC, CNN, and PBS Nightly Business Report.

Dr. Fronstin earned a B.S. from SUNY Binghamton and a Ph.D. in economics from the University of Miami.

## About Employee Benefit Research Institute

Employee Benefit Research Institute (EBRI) is a nonprofit, nonpartisan research organization recognized for objective, data-driven analysis on health benefits, healthcare spending, retirement, and financial wellbeing. EBRI helps employers, policymakers, plan sponsors, and benefit leaders make better decisions by translating complex benefit and coverage issues into clear, actionable insights—grounded in evidence, not advocacy.

EBRI provides credible research and decision-support on the issues shaping coverage, affordability, and benefit design, including:

- Employer-sponsored coverage & plan design: trends in enrollment, cost sharing, and benefit strategies
- Healthcare affordability & spending: patterns in out-of-pocket costs, utilization, and financial burden
- Consumer behavior in health plans: how individuals respond to plan features, incentives, and costs
- Policy and market analysis: implications of federal and state changes for coverage, financing, and benefits

EBRI's research supports executive decision-making by:

- benchmarking benefit and cost trends,
- informing strategy discussions on affordability and access,
- strengthening stakeholder communications with independent evidence,
- and providing trusted context on policy proposals and their downstream effects.

Why EBRI Is Trusted

- Independent and nonpartisan: research designed to inform, not persuade
- Evidence-first approach: rigorous methods and transparent analysis
- Executive relevance: insights tailored to real-world decisions in benefits and healthcare
- Longstanding reputation: decades of research leadership in health and retirement topics



**Kitty Guptill**  
**Senior Consultant**  
***TPG International Health Academy***

Kitty Guptill has spent her career delivering strategies to improve population health and increase access to health care in the United States and abroad.

Kitty received her Bachelor of Arts degree from the University of California, Berkeley, and her Doctor of Science in Nutrition from the Johns Hopkins University School of Hygiene and Public Health. Her primary research interests were in international childhood nutrition and nutritional epidemiology in sub-Saharan Africa. Her post-doctoral work was completed at the University of California, Berkeley, School of Nutrition, focusing on growth during puberty in Hispanic girls in

East Oakland (immigrants) and Guatemala City, Guatemala.

Kitty spent two years in Fiji as a Peace Corps Volunteer working with local public health professionals to improve the nutritional status of the indigenous population. Post-graduate, she worked as a consultant for international nutrition projects including: developing and evaluating the impact of a fortified infant weaning in Nigeria for USAID; comprehensive country-wide assessment of nutritional needs in Sierra Leone for the World Bank; and developing interactive nutrition education software focused on Iron and Iodine for audiences in India and Pakistan for Agency for Educational Development.

Kitty spent 30 years at Kaiser Permanente in a variety of positions, including leading the operational implementation of the ACA for KP across the US. In her most recent position of Senior Vice President, Market Strategy and Sales Operations, Kitty was responsible for growing Kaiser's membership -- leading market analytic, strategic planning, channel management, and sales operations teams. Her teams used predictive, machine learning AI analytics to drive sustainable membership growth. Kitty had responsibility for sales to Individuals & Families and Small Groups

In January, Kitty stepped down from her responsibilities at Kaiser to spend more time with her family and to use her 30 years of experience to help organizations improve public health.

When not working, Kitty can be found running half-marathons, cycling, traveling, and attending UC Berkeley football games with her family.

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**Eric Hunter**  
**President & Chief Executive Officer**  
*CareOregon*

With 30 years of health care leadership experience, Eric brings a deep knowledge of Medicaid policy, commercial plans and the integration of physical and behavioral health care. Since joining CareOregon in 2016, he has led its transformation into a community benefit organization with programs and reinvestments that support members and communities. Key priorities include behavioral health access, housing and food support, provider network growth and the development of the health care workforce.

Before joining CareOregon, Eric held several executive leadership roles including, Chief Operating Officer for Boston Medical Center HealthNet Plan (now Wellsense), regional CEO for ValueOptions Behavioral Health (now part of Carelon Behavioral Health) in Texas and Illinois, and as CEO of Heartland Health Plan in Oklahoma. Eric also held senior positions at Schaller Anderson and Centene. Eric's state government experience includes positions in the Oklahoma Governor's Office and with the Oklahoma Health Care Authority.

## About CareOregon

CareOregon is a nonprofit organization providing Medicaid and Medicare insurance benefits to Oregonians. As a trusted partner in the Oregon Health Plan, we serve one-quarter of its members. Additionally, we operate CareOregon Advantage (Oregon's largest Special Needs Plan), CareOregon Dental (a dental care organization) and HouseCall Providers (a home-centered medical care organization). We are committed to ensuring that Oregonians—regardless of income or background—have meaningful access to quality health care.

Our mission is to inspire and partner to create quality and equity in individual and community health.

Health is about more than just doctor visits. By working directly with members, providers and community organizations, we help Oregonians lead healthier lives and access the care and support they need.

For over 30 years, CareOregon has been a leader in providing health insurance and improving health outcomes for people covered by Medicaid and Medicare. When individuals and families are healthier, entire communities benefit.

- **We provide access to essential care:** We cover physical, dental and mental health care, as well as substance use treatment. We ensure equitable access to these medically necessary services, supporting inclusive and gender-affirming care. We are dedicated to managing a network of providers that offer culturally specific care, respecting and honoring the diverse needs of our community.
- **We strengthen communities:** We've made significant investments in local organizations, expanding access to care and addressing social determinants of health – such as transportation, access to nutritious food and housing.
- **We advocate for a stronger health care system:** We work with policymakers to ensure public resources are used efficiently and effectively.
- **We strive for Equity in health care:** Everyone should be able to access the health care they need. Our work prioritizes health equity, culturally specific care and inclusion for all members — regardless of where they were born — because access to essential, necessary care is vital for everyone's well-being.

We are deeply embedded in the communities we serve, listening, learning and adapting. CareOregon is committed to navigating the evolving health care landscape and ensuring that our members—and the broader Oregon community—continue to have access to the care they deserve.



**Krista Kelley**  
**Chief Commercial Officer, Enterprise**  
***MedImpact***

As Chief Commercial Officer, Enterprise Krista Kelley leads the enterprise-wide strategy and direct sales and marketing for the entire family of MedImpact companies. Ms. Kelley previously led sales and marketing for pharmacy benefit management services, including sales, strategic relations, business development, proposals, brand, marketing, communications, and product development teams, partnering across the enterprise to enter new markets, generate business, integrate acquisitions, execute partnerships, and assist the organization in meeting business performance and client satisfaction goals.

Since joining MedImpact in 2018, she has been instrumental in executing agreements with government, commercial, higher education, and Taft-Hartley health plans to deliver MedImpact pharmacy benefit and health solutions.

Ms. Kelley has more than 30 years of experience in the healthcare industry, including progressively senior sales and management positions at Express Scripts and Merck-Medco.

Ms. Kelley studied at Allegheny Community College and Columbia University Business School and is on the board of Helping our Women, a Massachusetts-based nonprofit dedicated to providing food, financial, and transportation assistance for women with chronic, life-threatening, and disabling conditions.

## **About MedImpact**

MedImpact is the nation's largest independent pharmacy benefit and health solutions company, serving 20 million members and conducting \$40 billion in transactions annually. MedImpact's technology and clinical solutions help health plans, self-funded employers, and government entities deliver a best-in-class customer experience, reduce prescription drug costs, and improve member health.

MedImpact was founded 35 years ago to be a transparent, client-first alternative in the market. Today, we continue to deliver on that mission with innovative solutions that are flexible, clinically driven, and pharmacy neutral. And as an independent, privately held company, we are intensely focused on delivering the lowest drug costs.



**Ray Marsella**  
**Senior Advisor to the CEO**  
***MedImpact***

Ray has over 40 years' experience in healthcare leadership positions. Most recently he served as Chief Revenue Officer at MedImpact. Prior to that he was in leadership positions at Express Scripts and Medco. Ray also has spent time in the Medical Management business with InVentiv Health.

He currently is a consultant to the Board of Directors at MedImpact and sits on the board of directors of The Pharmaceutical Care Management Association in Washington DC (the PBM industry trade association).

In his spare time Ray is a jazz musician who has performed in various venues in the US and Europe.

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## **Virginia McFerran**

**Board Director**

***MedImpact***

Virginia McFerran, an experienced Board member and CEO, is a forward-looking executive with over a decade of public and private boardroom experience and a track record of driving transformative growth. She has deep operational expertise in digital transformation, with a focus on data-intensive technology products and healthcare market alignment.

Most recently, she served as Executive Vice President of Global Partnerships at Google Health. She now partners with boards of private companies to accelerate growth through the adoption of innovative business models, tech-enabled solutions, and connected health strategies.

Prior to Google, Virginia was CEO of a nearly \$1 billion analytics business, held CIO roles at major healthcare systems, and co-founded a venture capital business. As President and CEO of Optum Analytics, a UnitedHealth Group company, she exercised a new business model that underscored the market's appetite for data-driven intelligence. While at Optum, she co-led a major acquisition and later became a founding partner of Optum Ventures.

Earlier, Virginia served as CIO at leading academic medical centers, including UCLA Health, Cornell Medical Center, and The Salk Institute. At UCLA, she directed initiatives that resulted in improved patient satisfaction and operational efficiency. She began her career in technical positions at Microsoft in the 1990s.

Her board roles have included Chair of Nominating and Governance, Chair of Compensation, Audit Committee member, and Vice Chair. She currently serves on the boards of MedImpact, Douglas Emmett, Inc. (NYSE: DEI) , Keystone Strategy, and imre and is a member of the UCLA Center for Translational Science Institute's external advisory council.

Prior to 2025, she held board positions with Trinity Health, HealthCareSource, Apervita, Mindstrong, and QGenda, and served in advisory roles for Prealize Health, Cardinal Analytics, Avia Health, Stanford Health, Rockefeller University, Redesign Health, Wavemaker 360, and numerous professional societies including CHIME, the California Software Industry Council, Scottsdale Institute, Society for Information Management, and the Association of American Medical Colleges.

Virginia was named one of *Women Inc.'s Most Influential Corporate Directors* from 2018 through 2021. She completed Stanford's Board Governance Program in 2015 and holds a BA in Latin and an MBA. She lives in Santa Barbara, CA, and is a docent at The Getty Museum.

### Education

Stanford University	Stanford Directors Consortium 2016
Harvard University	Leading High Performing Healthcare Organizations (Exec Ed)
Cornwell University	Financial Management Certificate Program (Exec Ed)
Seattle University	MBA
University of Georgia	BA Latin

## **About MedImpact**

MedImpact is the nation's largest independent pharmacy benefit and health solutions company, serving 20 million members and conducting \$40 billion in transactions annually. MedImpact's technology and clinical solutions help health plans, self-funded employers, and government entities deliver a best-in-class customer experience, reduce prescription drug costs, and improve member health.

MedImpact was founded 35 years ago to be a transparent, client-first alternative in the market. Today, we continue to deliver on that mission with innovative solutions that are flexible, clinically driven, and pharmacy neutral. And as an independent, privately held company, we are intensely focused on delivering the lowest drug costs.



**Michael Murphy**  
**President**  
***Texas Children's Health Plan***

Michael Murphy is an experienced healthcare executive who has repeatedly turned around and accelerated the growth of multi-billion \$ businesses. His experience spans both public and private companies, and in all stages of growth from Startup to mature market. He is particularly steeped in the Manage Care sector.

Michael has had significant success in resolving significant business challenges with minimal disruption, and in the identification and execution of opportunities to grow and sustain business.

He is known for his ability to build enduring client relationships, turning troubled relations into successful ones and establishing effective management incentive and measurement programs that focus the organization on their highest priorities and greatest opportunities for success.

Select achievements include:

- turning around three separate failing billion-dollar businesses
- building two multi-state regional health plans, provider-sponsored and publicly-held;
- the pursuit and acquisition of multiple businesses;
- the creation of numerous product and quality programs, including all levels of financial arrangement from pay-for-performance to fully capitated risk and joint ventures.
- the creation of an innovator company that catalyzed the formation of the modern Pharmacy Benefits Management (PBM) industry.

Michael is currently a SVP with Texas Children's Health System and President of Texas Children's Health Plan. Prior to his current role, Michael was the CEO of Affinity Health Plan, an independent New York City based Health Plan that was acquired by Molina Healthcare at the end of 2021. During his tenure, Michael was named to the "Bronx Power 50" in 2020 and 2021 based on his contributions to the community. He has an undergraduate degree from the St. Louis College of Pharmacy and a Masters in Business Administration from Washington University's Olin Business School in St. Louis.

He is an avid cyclist and sports fan and enjoys the arts, travel, and spending time with family.

## **About Texas Children's Health Plan**

For more than 25 years, Texas Children's Health Plan has done only one thing. We help keep children and women in Texas healthy. We were founded in Houston by one of the nation's best children's hospitals. We were the nation's first HMO exclusively focused on children. We currently serve approximately 450,000 residents in 50+ counties in east Texas. We offer traditional Medicaid (STAR), as well as CHIP and SSI (STAR Kids) plans for those who need them. We are based in Houston, Texas.



**Martha Santana-Chin**  
**Chief Executive Officer**  
*L.A. Care*

Martha Santana-Chin is the Chief Executive Officer of L.A. Care Health Plan, the nation's largest publicly operated health plan, proudly serving more than 2.6 million members. With a deep belief in the power of collaboration, she works closely with the Board of Governors and key leaders across the healthcare ecosystem to set a strategic vision that drives systemic transformation for healthier communities. Dedicated to fostering partnerships and building bridges, she champions efforts to enhance the quality of care for all, particularly those in underserved areas. Ms. Santana-Chin also oversees L.A. Care's operations, ensuring that the organization remains responsive, accountable, and steadfast in its mission to provide equitable access to high-quality care with integrity and compassion in a constantly evolving healthcare landscape.

Ms. Santana-Chin brings nearly three decades of experience in managed care, operations, delivery system strategy, provider relations, network management, value-based care programs, product development, and overall business line accountability. She is a proven leader who has designed and led transformational programs to expand access to care for California's most vulnerable residents, advance health equity, and improve affordability. Her extensive healthcare leadership experience includes working with independent physician practices, hospitals, federally qualified health centers, and health plans, serving Medi-Cal and low-income communities.

Before joining L.A. Care, Ms. Santana-Chin served as Plan Chief Product President for Health Net in the California Market, where she was accountable for 3 million members, the Medicare and Medi-Cal lines of business and led health plan operations. Over the course of her career, she played pivotal leadership roles in every stage of California's managed care journey. Her work focused on serving low-income populations, ensuring their successful transition into managed care, and, more recently, advancing whole-person care by integrating medical, behavioral, and social services. She was instrumental in building high-performing teams and shaping delivery system design and population health management strategies to drive innovation and better serve individuals with complex healthcare needs.

Ms. Santana-Chin's dedication to the community extends beyond her work at L.A. Care. She serves as Board Chair for the United Way of Greater Los Angeles, supporting efforts to drive social change and address systemic inequities in the region. She is also an active member of several leadership tables focused on empowering communities, shaping policies that enable economic mobility, and supporting underserved populations. Her leadership is rooted in a deep understanding of the interconnectedness of health, economic opportunity, and social well-being.

Ms. Santana-Chin holds a B.S. in finance from California State University-Long Beach and an MBA from the University of California, Irvine – Paul Merage School of Business. She is the proud mother of three college-aged young men and resides in Los Angeles County with her husband. Her journey—marked by collaboration, service, and a steadfast commitment to equity—continues to inspire those around her as she leads L.A. Care Health Plan toward a future where all communities thrive.

## About L.A. Care

### Mission

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

### Overview

Committed to the promotion of accessible, affordable and high-quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.5 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

L.A. Care Health Plan is governed by a 13-member Board of Governors representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children's health care providers, local hospitals and the Los Angeles County Department of Health Services.

### Health Coverage

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with two subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross and Blue Shield of California Promise Health Plan.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.
- **L.A. Care Medicare Plus (HMO D-SNP)** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County's In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes.

### Health Equity and Community Impact

It takes more than health care coverage to build healthy communities. L.A. Care recognizes that non-medical factors can significantly impact health outcomes. To ensure healthy communities, it's critical to address basic needs like food, housing, education, transportation and employment – often referred to as social needs, or social drivers of health.

Poverty, implicit and systemic biases, and racism adversely impact the health of those who are low-income, people with disabilities, those who experience homelessness, people of color, and members of the LGBTQ community. L.A. Care is committed to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible. L.A. Care is also committed to being a champion and a voice for its members and their communities.



**Martin Serota, MD**  
**Chief Medical Officer**  
***Conversio Health***

Martin Serota, M.D. has over 30 years of experience as a leader and innovator in value-based care, both as a practicing physician and a C-suite executive. Dr. Serota has helped lead and grow several near-billion-dollar medical entities of national scale. He has a deep knowledge of clinical quality, medical management and business operations and his companies have excelled at delivering on the health care Quadruple Aim.

Dr. Serota currently serves as the Chief Medical Officer for Conversio Health, a COPD/Asthma disease management provider, which routinely reduces utilization and total cost of care by approximately 25%. He recently was CEO for RheoMed, a renal disease management provider. He also advises several healthcare start-ups and acts as a consultant to a variety of healthcare entities.

## About Conversio Health

### **An End-to-End Respiratory Care Solution That Improves Clinical Outcomes and Reduces Total Cost of Care**

Conversio Health delivers value-based chronic respiratory condition management programs designed to improve outcomes for high risk and rising risk COPD and Asthma populations. We partner with health plans and provider organizations nationwide to enhance patients' quality of life while reducing COPD-related pharmacy, emergency department, inpatient, and total medical costs.

By combining personalized therapies, advanced technology, and coordinated clinical support, Conversio serves as a vital connection between the patient, the provider, and the health plan—driving measurable impact across the entire care continuum.

### **Why Conversio Health Works**

Conversio Health enables a higher level of care coordination and respiratory disease management through a blend of clinical expertise, digital tools, and seamless access to therapy. Our program delivers:

- Improved clinical outcomes
- Higher patient engagement and satisfaction
- Reduced total cost of care
- Streamlined provider workflows

### **Program Overview**

Our interdisciplinary team of clinical pharmacists, respiratory therapists, and health coaches delivers comprehensive support *at no cost to the patient*, ensuring they have everything needed to breathe better and live better. Services include:

#### **Personalized Clinical Support**

- Ongoing education, coaching, and condition management to improve breathing, medication adherence, and overall wellbeing.
- Collaborative care coordination with patients' physicians and care teams.

#### **Inspire™ Virtual Pulmonary Rehabilitation**

- A fully remote, easy to follow program that includes physical conditioning, breathing techniques, disease education, and smoking cessation resources specifically designed for COPD patients.

#### **Convenient Access to Respiratory Medications**

- Inhalers & nebulized long-acting combination respiratory therapies delivered directly to patients' homes.
- Significant cost savings through our pharmacy optimization and value based medication management.

#### **Connected Devices for Better Self Management**

- Bluetooth enabled portable smart nebulizers and smart cap devices linked to our web platform.
- Real time data for remote monitoring, refill reminders, and targeted disease education.

#### **Fast, Free Home Delivery**

- Direct-to-home delivery of breathing medications, smart devices, and respiratory supplies—improving access, reducing barriers, and increasing adherence.

#### **Conversio Health Mobile App**

- Easy medication tracking and refill ordering
- Patient alerts, education, and personalized insights
- Smart device data reporting
- Environmental and air quality monitoring