



Ghalib Abbasi
System Director, Pharmacy Informatics
Houston Methodist

Dr. Ghalib Abbasi, PharmD, MS, MBA is the System Director of Pharmacy Informatics, System Director of Virtual Pharmacy Services, and the Director of the Houston Methodist Specialty Pharmacy at Houston Methodist Hospital System in Houston, Texas. He is also the Residency Program Director of the combined PGY1/2 Pharmacy Informatics Residency Program at Houston Methodist. He received his Doctor of Pharmacy and Master of Science Degrees from the University of Iowa, and his MBA degree from West Texas A&M University. During his tenure, Dr. Abbasi has worked in several pharmacy settings including community, hospital, and industry. He has spent most of his career in key pharmacy administration roles overseeing innovation and advancement in health-system pharmacy practice, where he heavily contributed towards the progress of the profession at large. Dr. Abbasi has several publications and US patents in the fields of pharmacy informatics, operations, administration, and finance. He is a member of multiple national and international pharmacy organizations, and has special interest in the areas of interoperability, sterile compounding technologies, clinical decision support and pharmacy artificial intelligence. He holds several academic and professional honors and awards, and continues to be dedicated to improving the pharmacy profession and enhancing safe medication practices through technology and innovative solutions.

About Houston Methodist

Houston Methodist comprises a leading academic medical center in the Texas Medical Center and seven community hospitals serving the Greater Houston area. Each hospital is staffed by committed personnel who exemplify our I CARE values of integrity, compassion, accountability, respect and excellence. Patient safety, quality and service are our highest priorities.

Houston Methodist Health Care System

Our health system consists of eight acute-care hospitals: Houston Methodist Hospital, our flagship in the Texas Medical Center and seven hospitals located throughout Greater Houston (Baytown, Clear Lake, Cypress, Sugar Land, The Woodlands, West Houston and Willowbrook), as well as one long-term acute care hospital. Houston Methodist Hospital is consistently listed among *U.S. News & World Report's* best hospitals, and that same quality care extends across the system. Other centers include Emergency Care Centers, Imaging Centers, Breast Care Centers, Comprehensive Care Centers, Surgery Center and our Outpatient Center.

Houston Methodist Academic Institute

Houston Methodist Academic Institute is home to some of the world's brightest physician-scientists, working in a collaborative environment on more than 800 clinical trials. The goal of the research institute is to quickly translate what is discovered in the lab into treatments for patients. The research institute is making great strides, bringing us even closer to medical breakthroughs in cardiovascular disease, cancer, infectious disease, neurosciences, diabetes and more.

Houston Methodist Physician Organization — Primary and Specialty Care

We employ more than 1,800 clinicians — comprised of mid-level providers, APPs and physicians in the Houston Methodist Physician Organization — at more than 265 practice locations across the Greater Houston area. Our Physician Organization is made up of our Houston Methodist Specialty Physician Group and Houston Methodist Primary Care Group, one of the largest employed primary care groups in the Houston area, with more than 40 locations and 250 practitioners dedicated to providing quality primary care for the entire family.

Houston Methodist Hospital Foundation

The Houston Methodist Hospital Foundation was established to ensure that Houston Methodist has the support needed to achieve its vision for excellence in research, education and patient care. Governed by a board of directors, the foundation helps to accomplish institutional priorities through fundraising, gift management and stewardship. Our achievements can be attributed to the generosity of our donors, who support our Leading Medicine vision.



Sharon Alvis
President & Chief Executive Officer
Sendero Health Plans

Sharon is a healthcare executive and thought leader known for bringing healthcare products to market and helping organizations navigate complex provider, payer, employer, and patient dynamics. She translates industry complexity into practical growth, product, and market strategies that help innovative companies challenge the status quo.

Her career spans senior leadership roles across health plans, hospitals, and physician organizations, including responsibility for multiple start-ups and leadership of HMOs, PPOs, a Physician Hospital Organization (PHO), and an EAP. She brings practical insight into healthcare delivery systems and the incentives that influence providers, payers, employers, and other stakeholders. Before joining Sendero Health Plans, she served as Market President for Curative Insurance Company, where she led development of a new fully insured PPO product for employers.

At Sendero Health Plans, Sharon uses that experience to expand access to community-focused coverage, strengthen strategic partnerships, and support practical solutions for Central Texas members, providers and employers

About Sendero Health Plans

Delivering trusted, community-focused health coverage for Central Texans who need it most.

Sendero Health Plans is a nonprofit, community-based health plan headquartered in Austin, Texas, and established by Central Health, the Travis County Hospital District, in 2011 to expand access to affordable, coordinated health coverage for Central Texans with significant healthcare needs. Through its federal Affordable Care Act Marketplace products, Sendero advances Central Health's mission to improve care for individuals and families who need it most. Licensed as an HMO by the Texas Department of Insurance, Sendero serves eight counties across Central Texas and is the only ACA Marketplace plan in Texas to hold a 4-star rating.

As Sendero continues to serve Central Texas, its nonprofit structure, local accountability, and marketplace performance position it as a trusted partner in expanding access to affordable, high-quality care for the communities that need it most.



Susan Cantrell
Chief Executive Officer
Academy of Managed Care Pharmacy

Susan Cantrell is Chief Executive Officer of the Academy of Managed Care Pharmacy (AMCP), the national professional association representing pharmacists and other professionals who manage medication therapy benefits for more than 300 million Americans. Since joining AMCP in 2016, she has led the organization in advancing patient access to high-quality, cost-effective medications, improving health outcomes, and promoting the wise stewardship of health care resources.

Under her leadership, AMCP has strengthened its role as the definitive voice of managed care pharmacy, expanded its influence in policy, thought leadership, and professional convening, and advanced initiatives addressing affordability, value-based care, and population health. Susan is a frequent speaker on medication access, affordability, and the evolving role of managed care pharmacy.

Prior to AMCP, Susan held senior leadership roles at the Drug Information Association (DIA) and the American Society of Health-System Pharmacists (ASHP). A registered pharmacist, she earned her pharmacy degree from the University of Mississippi and completed a post-graduate residency at the University of Mississippi Medical Center. She holds a master's degree in healthcare leadership, a Certificate in Public Health, and is a Certified Association Executive (CAE). She serves as Chair of the AMCP Foundation Board of Trustees, a member of the Board of the American Institute for the History of Pharmacy, and as chair of the USP Healthcare Practice Sector.

About Academy of Managed Care Pharmacy

The Academy of Managed Care Pharmacy (AMCP) is the leading professional association dedicated to improving patient health by ensuring access to high-quality, cost-effective medications and other therapies. AMCP represents more than 8,000 pharmacists, physicians, nurses, researchers, health plan leaders, pharmacy benefit professionals, and life sciences stakeholders committed to advancing evidence-based medication management and improving health care outcomes.

AMCP serves as a trusted convener across the health care ecosystem, bringing together health plans, pharmacy benefit managers, providers, manufacturers, policymakers, and patient advocates to address challenges related to medication access, affordability, and appropriate use. Through education, research, advocacy, and stakeholder collaboration, AMCP helps shape policies and practices that support better patient outcomes and more sustainable health care spending.

The organization's strategic priorities focus on improving access, affordability, and health outcomes; strengthening professional community and leadership development; and advancing organizational excellence through innovation and collaboration. AMCP is also the publisher of the *Journal of Managed Care & Specialty Pharmacy (JMCP)* and hosts nationally recognized conferences that bring together health care leaders to discuss emerging trends, innovations, and policy issues affecting patients and the healthcare system.

Mission: To improve patient health by ensuring access to high-quality, cost-effective medications and other therapies.



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.

About The TPG Family of Companies

The Pharmacy Group (TPG) was founded in October 1997 in Glastonbury, Connecticut by Perry Cohen and Michael J. Sax, PharmD.

TPG was a professional services organization focused on providing consulting services to health plans on lowering the cost of the pharmacy benefit for patient populations.

Perry handled the marketing and administrative aspects of the business with Michael overseeing the clinical operations.

TPG provided the consulting services by using a group of pharmacist consultants with managed care experience in various parts of the United States.

Within 2 years, TPG was doing over \$1 million in annual revenue.

The company started in Perry's home and continued to operate there for the first few years. In 2001 TPG needed more space and purchased an office building at 273 Hebron Avenue in Glastonbury.

In 2002, TPG expanded beyond consulting and purchased the Academy for International Health Studies (AIHS). This company provided educational programs in foreign countries for United States based health care executives from employers, health plans, health systems, physician groups and service organizations.

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.

In 2006 we launched SecurityRx to focus on the Medicare pharmacy market.

In 2007, we re-invented TPG to help vendors grow revenue with payors and launched three more companies: TPG Communications and Research (TPG-CR), TPG Educational Resources (TPG-ER) and TPG Healthcare Consulting.

In 2009, we launched TPG Data Services to handle clinical and financial analytical needs of companies.

Over the next 12 years the TPG Family of Companies continued to evolve and change to adapt to the needs of the managed care market.

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.



Olivier de Robert
Co-Founder & Director
Dialog Health

Olivier de Robert is Co-Founder and Director of Dialog Health. He contributes to the company's strategic development, builds long-term relationships with healthcare organisations and professional associations, and represents Dialog Health internationally.

Working closely with the Dialog Health team, Olivier supports the development of international partnerships and programmes designed to connect healthcare leaders, facilitate knowledge exchange and identify best practices from around the world.

About Dialog Health

Founded in France in 2014, Dialog Health specialises in international study tours and executive education programmes for healthcare and social care leaders.

The company's multidisciplinary team brings together experienced project managers, international healthcare experts and trusted local partners. Together, they design and deliver programmes combining visits to leading institutions, meetings with senior decision-makers, expert presentations and opportunities for peer-to-peer exchange.

Dialog Health manages every stage of each programme, including research and benchmarking, programme design, coordination with host organisations, travel arrangements, interpretation, learning materials and post-tour reporting.

The company operates across healthcare, hospital management, rehabilitation, senior care, home care, disability services, mental health, digital health and healthcare innovation.

Dialog Health works with healthcare federations, professional associations, public institutions, hospital groups and care providers from Europe, Asia, North America and Australia. Each programme is tailored to the delegation's priorities and designed to generate practical insights that can support organisational transformation.

Dialog Health is a registered travel agency and a certified training provider, enabling its team to combine professional education with comprehensive international programme management.

Since its creation, the Dialog Health team has organised more than 268 study missions in 28 countries, bringing together over 4,500 healthcare and social care professionals.

Today, Dialog Health acts as a strategic international partner for organisations seeking to observe, compare and adapt leading healthcare practices from around the world.



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.

About The TPG Family of Companies

The Pharmacy Group (TPG) was founded in October 1997 in Glastonbury, Connecticut by Perry Cohen and Michael J. Sax, PharmD.

TPG was a professional services organization focused on providing consulting services to health plans on lowering the cost of the pharmacy benefit for patient populations.

Perry handled the marketing and administrative aspects of the business with Michael overseeing the clinical operations.

TPG provided the consulting services by using a group of pharmacist consultants with managed care experience in various parts of the United States.

Within 2 years, TPG was doing over \$1 million in annual revenue.

The company started in Perry's home and continued to operate there for the first few years. In 2001 TPG needed more space and purchased an office building at 273 Hebron Avenue in Glastonbury.

In 2002, TPG expanded beyond consulting and purchased the Academy for International Health Studies (AIHS). This company provided educational programs in foreign countries for United States based health care executives from employers, health plans, health systems, physician groups and service organizations.

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.

In 2006 we launched SecurityRx to focus on the Medicare pharmacy market.

In 2007, we re-invented TPG to help vendors grow revenue with payors and launched three more companies: TPG Communications and Research (TPG-CR), TPG Educational Resources (TPG-ER) and TPG Healthcare Consulting.

In 2009, we launched TPG Data Services to handle clinical and financial analytical needs of companies.

Over the next 12 years the TPG Family of Companies continued to evolve and change to adapt to the needs of the managed care market.

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.



Kerrie Fowler
Senior Pharmacy Director
Centene

Kerrie Fowler, PharmD, is a senior pharmacy leader at Centene Pharmacy Services, where she leads strategy and performance across Medicaid, Medicare, and ACA lines of business within one of the nation's largest Medicaid managed care organizations. She operates at the intersection of Medicaid policy, market dynamics, and financial performance—where affordability, access, and regulatory requirements converge—and partners closely with finance and actuarial teams to shape cost strategy and align pharmacy performance with enterprise goals.

With over 20 years of experience in managed care pharmacy, Kerrie has led the development and operationalization of clinical and pharmacy programs that improve access, quality, cost performance across diverse populations. She is known for translating complex policy and affordability challenges into scalable, audit-defensible models, bringing a practical payer-operator perspective grounded in real-world execution.

Kerrie is recognized for her collaborative, accountable leadership style and her ability to drive clarity and alignment across cross-functional teams in complex healthcare environments.

About Centene

Transforming the health of the communities we serve, one person at a time.

Centene is a leader in government-sponsored healthcare. We deliver affordable, quality-focused care to 26.3 million members, including individuals who are often lower-income and medically complex and have faced challenges accessing benefits within the healthcare system. We provide fully integrated and cost-effective services to Medicaid and Medicare members, as well as to individuals and families served by the Health Insurance Marketplace.

Centene is committed to helping people live healthier lives. We provide access to affordable, quality-focused healthcare, innovative programs and health solutions that help families and individuals get well, stay well and be well.

For 40 years, our company has worked tirelessly to increase access to affordable, quality-focused healthcare to those who need it most. Every community and person has unique needs and we strive for continuous improvement and expansion of our services to better meet those needs every day.

Centene Pharmacy Services walks alongside members, providers, and health plans to help people move from prescription to treatment with confidence and care. We work to remove barriers, simplify access, and coordinate across the healthcare system so medications are there when they're needed. With pharmacy professionals available around the clock and teams rooted in the communities we serve, we help people start their care journey supported and stay healthier from day one.



Chris Goff

Chairman, President & Chief Executive Officer
Employers Health Rx Corporation

In his role as chairman, president and CEO at Employers Health Rx Corporation, Chris guides the organization's overall strategy to assist over 500 large, self-insured clients domiciled in 43 states. Under his leadership, Employers Health has grown to a \$6.3 billion PBM collective. Having led the organization for over thirty-one years, he actively counsels plan sponsors and purchasing collectives in employee benefits design and contracting, with expertise in pharmacy benefits management, benefit administration platforms, the Affordable Care Act and state and federal laws affecting health care and employee benefits.

For nearly 10 years, Chris was co-director of the health law program at The University of Akron School of Law, where he also served as an adjunct professor of law. In May 2017, Chris received the John R. Quine Award, which is presented to the adjunct professor of law who has most successfully combined a practical approach to the teaching of law with a scholarly approach to the private practice of law. Chris subsequently taught Health Care Policy and Economics at Northeast Ohio Medical University.

Chris served as the United Way of Greater Stark County's 2020 Campaign Chairman and in 2022 was presented United Way's Gold Key Award, recognizing the highest degree of personal dedication and service as a volunteer. He currently serves on the following boards: Immediate Past Chairman of Arts in Stark, Vice Chairman of the Board of Brookside Country Club, Chairman of United Way of Greater Stark County, Immediate Past Chairman of the Board for the Canton Regional Chamber of Commerce, Stark Economic Development Board, The Health Foundation of Greater Massillon, The Ohio Foundation of Independent Colleges, The University of Akron Foundation, University of Akron School of Law Alumni Board, where he served as president in 2024 and the Jackson Local Schools Board of Education. Chris is past chairman of the board for the Health Policy Institute of Ohio and the Academy of Managed Care Pharmacy Foundation (AMCPF).

In 2024, Chris was named Outstanding Philanthropist by AFP of Northeast Ohio. In the same year, he was presented with the Good Scout Award by the Buckeye Council of Scouting America. In 2025, Chris was presented with an award from CommQuest, Stark County's largest non-profit behavioral health provider, for his philanthropic endeavors to support the organization. In 2026, Chris was presented with the Business Service Award by the Greater Canton MLK Jr. Commission at its 33rd Annual Mayors' Breakfast.

Chris served as an advisor to the Centers for Medicare and Medicaid Services for Part D pharmacy implementation during his tenure as a member of the Booz Allen Hamilton consulting team. These activities resulted from the Medicare Modernization Act of 2003. He previously served on the faculty of the College for Advanced Management of Health Benefits, affiliated with Thomas Jefferson Medical College's department of health policy, where he taught the pharmacy benefits management track. He also served as an adjunct faculty member at Zane State College, where he taught Business Law, Government and Business and Macroeconomics. Chris also served on the inaugural URAC PBM accreditation committee. URAC accreditation is now widely sought after by pharmacy benefit managers.

Chris earned his undergraduate degree in business administration, with a major in finance, from Ohio Northern University, a master's degree in political science from The University of Akron and a Juris Doctor from The University of Akron School of Law. Chris is a member of the American Bar Association, the Ohio State Bar Association and the Stark County Bar Association, where he serves as chair of the health law committee.

About Employers Health Rx Corporation

Employers Health Rx Corporation, formerly known as Employers Health Purchasing Corporation, is a Pharmacy Benefits Management Collective based in Canton, Ohio. Known among consulting firms, plan sponsors and industry stakeholders as Employers Health, the company manages \$6.3 Billion in pharmacy spend for more than 525 clients domiciled in forty-three states with covered lives in all fifty states and U.S. territories. Employers Health provides account management, clinical advisory services, rebate reconciliation, sales and marketing, contract administration and overall pharmacy benefit strategy. The company contracts with various PBMs on behalf of its clients who are large self-insured publicly traded and privately held employers, government employers, Taft-Hartley health and welfare funds, third party administrators and purchasing coalitions.



Kendra Karagozian
Director, Pharmacy
AArete

Kendra Karagozian is a strategic pharmacy executive with more than 20 years of progressive experience spanning pharmacy benefit management, rebate aggregation, integrated delivery networks (IDNs), managed care, and quality improvement. Kendra brings a rare breadth across both large national PBMs and emerging specialty organizations, giving her a comprehensive view of the pharmacy landscape from multiple vantage points.

Kendra has held leadership roles at organizations including OptumRx, Magellan Rx Management, SS&C Technologies (DomaniRx), Tabula Rasa Healthcare (now AnewHealth), Banner Health, and Health Delegates. At OptumRx, she led a national team of clinical consultants serving more than 15 million lives across Medicare, Medicaid, and commercial lines of business. At Magellan Rx, she built and scaled a managed care account management team. Most recently, as Vice President at Health Delegates, she drove growth across rebate aggregation and formulary management services. Her IDN and quality experience includes experience at Banner Health and Tabula, where she led Stars/HEDIS/ACO performance programs and managed population health pharmacy strategy for a large integrated health system.

This cross-sector perspective — combining PBM operations, clinical consulting, rebate strategy, and value-based care enables Kendra to identify opportunities and design solutions that span the full pharmacy benefit ecosystem.

Kendra is an active member of the Academy of Managed Care Pharmacy (AMCP) and holds a Doctor of Pharmacy from The University of Arizona and a B.S. in Biology from Arizona State University. She loves running, hiking, and traveling with friends and family, appreciating the adventures and shared experiences. As a mother of two sons and a stepdaughter, she finds joy in spending quality time with family.

About AArete

AArete healthcare consulting is a payer-focused, ROI driven consulting firm offering profitability improvement, digital and AI transformation across all lines of business, markets and functional areas of a health plan. AArete has served over 140 health plans, equipping healthcare leaders with actionable insights to drive transformation. Our healthcare payer solutions address total cost of care, revenue optimization, payment intelligence, network solutions, operational improvement, and member satisfaction.

The breadth and depth of our market intelligence is derived from robust healthcare data including claims, policies, encounters, contracts, and other data. Our approach is personal and customized: we lead the development of industry best practices while prioritizing the unique set of challenges faced by each health plan.

Proven Experience, Real Impact

- Extensive work with 140+ health plans
- Commitment to helping health plans develop and implement operational and financial improvement initiatives

Consulting Services & Solutions

- **Cost-of-Care Management & Revenue Optimization**
 - Improve profitability across all payer lines of business
- **Payment Intelligence®**
 - Find and fix the sources of claims challenges.
- **Network Solutions**
 - Optimize provider networks for increased access
- **Quality Improvement & Member Satisfaction**
 - Strengthen member experience and network quality
- **Operational Improvement & Healthcare Tech**
 - Modernize operations for measurable results at scale
 - Transform operations with rapid **Doczy.ai™** provider contract interpretation

About AArete

Founded in 2008, AArete is a global management and technology consulting firm specializing in driving profitability improvement, digital transformation, and strategy & change for clients. By translating numbers into actionable insights, we have worked with hundreds of leading organizations, helping clients make better decisions and working alongside to foster change with confidence, empathy and purpose. Learn more at www.aarete.com



Lauren Laino

Founder & Chief Executive Officer

Amplified Event Strategy

Lauren Laino is a seasoned event strategist, entrepreneur, and the Founder and CEO of Amplified Event Strategy. Since establishing the agency in 2013, she has produced high-impact conferences, executive programs, and experiences around the world, bringing together leaders, innovators, and decision-makers across finance, healthcare, technology, and digital assets. Lauren played a pivotal role in creating the inaugural CoinDesk Consensus conference, now one of the cryptocurrency industry's most influential events. Through Amplified, she has partnered with prominent organizations to build and grow multimillion-dollar global events that foster meaningful dialogue, create business opportunities, and cultivate lasting connections.

With more than 20 years of event planning and production experience, Lauren brings deep expertise in program strategy, content development, sponsorship, and complex international event operations. Before launching Amplified, she spent more than five years as Managing Director and Head of Events at the Securities Industry and Financial Markets Association (SIFMA), where she led influential programs addressing critical issues across the financial markets.

Lauren began her career practicing law, developing a strong foundation in strategic thinking, negotiation, and problem-solving. She holds a Juris Doctor from Rutgers Law School and a Bachelor of Arts in Politics from New York University. Lauren lives in Charleston, South Carolina, with her rescue beagle, Suzi.

About Amplified Event Strategy

Amplified Event Strategy LLC is a marketing firm working with corporations to increase revenue and growth. Where creative ideas meet business intelligence. Headquartered in the Boston area, and founded by marketing strategist Lauren Laino, to help organizations with marketing plans, branding concepts, educational program development, business development strategies, market research, mobile engagement solutions, and organizational growth plans. We excel at identifying creative business ideas, while having the experience to execute plans backed by real-world business intelligence.

Check out www.AmplifiedEventStrategy.com

Our Services

Marketing Strategy & Communications: Map out an integrated marketing plan incorporating content marketing, direct marketing, social media, and market research feedback. We listen to your target market and develop a strategy based on data driven insights.

Market Research & Benchmarking Studies: We design and implement qualitative and quantitative research and deliver meaningful results that help you make business decisions with complete and total confidence.

Business Development: Drive your business development efforts with long-term strategic sales plans and lead generation ideas, while identifying new inventory to exceed your revenue targets. Whether you have a product launch coming up or a new service offering, we'll help you effectively target new prospects and close the deal.

Content Development: Tell a compelling story with thought leadership and content to stand out. We design and deliver powerful content connecting you and keeping you engaged with your audience.

Event Planning & Sponsorship Sales: Whether it's a high profile conference, a multi-day destination event, a senior-level VIP gathering, or a product launch, we have you covered with best-in-class event planning, speaker acquisition/management, conference production, event marketing campaigns, sponsorship sales, and on-site management.



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.



Scott Rees
Managing Director
AArete

Scott Rees is a Managing Director at AArete and leader of the firm's Health Plan Analytics practice, bringing over 25 years of experience driving transformation across the healthcare payer landscape. He specializes in helping health plans and healthcare organizations improve financial performance, optimize operations, and leverage advanced analytics to deliver measurable business outcomes.

Scott leads large-scale initiatives focused on cost of care optimization, payment integrity, pharmacy strategy, and total cost of care analytics. He partners with national and regional health plans, provider-sponsored organizations, and integrated delivery systems across Commercial, Medicaid, Medicare, and Exchange markets. His work enables clients to identify and capture value through data-driven insights, innovative technology, and market-informed strategies.

Known for his expertise in payer operations and analytics, Scott has guided organizations in designing and executing solutions spanning network strategy, medical management, utilization management, and revenue optimization. He has deep experience aligning clinical, financial, and operational levers—helping clients reduce costs, improve quality performance, and enhance member outcomes.

About AArete

AArete healthcare consulting is a payer-focused, ROI driven consulting firm offering profitability improvement, digital and AI transformation across all lines of business, markets and functional areas of a health plan. AArete has served over 140 health plans, equipping healthcare leaders with actionable insights to drive transformation. Our healthcare payer solutions address total cost of care, revenue optimization, payment intelligence, network solutions, operational improvement, and member satisfaction.

The breadth and depth of our market intelligence is derived from robust healthcare data including claims, policies, encounters, contracts, and other data. Our approach is personal and customized: we lead the development of industry best practices while prioritizing the unique set of challenges faced by each health plan.

Proven Experience, Real Impact

- Extensive work with 140+ health plans
- Commitment to helping health plans develop and implement operational and financial improvement initiatives

Consulting Services & Solutions

- **Cost-of-Care Management & Revenue Optimization**
 - Improve profitability across all payer lines of business
- **Payment Intelligence®**
 - Find and fix the sources of claims challenges.
- **Network Solutions**
 - Optimize provider networks for increased access
- **Quality Improvement & Member Satisfaction**
 - Strengthen member experience and network quality
- **Operational Improvement & Healthcare Tech**
 - Modernize operations for measurable results at scale
 - Transform operations with rapid **Doczy.ai™** provider contract interpretation

About AArete

Founded in 2008, AArete is a global management and technology consulting firm specializing in driving profitability improvement, digital transformation, and strategy & change for clients. By translating numbers into actionable insights, we have worked with hundreds of leading organizations, helping clients make better decisions and working alongside to foster change with confidence, empathy and purpose. Learn more at www.aarete.com



Jamie Robinson

Leonard D Schaeffer Professor of Health Economics

University of California, Berkeley

James Robinson is Leonard D. Schaeffer Professor of Health Economics at the University of California at Berkeley. Professor Robinson's research focuses on the biotechnology, medical device, insurance, and health care delivery sectors. He has published three books and 150 papers in peer-reviewed journals. He teaches classes on the economics of innovation, health insurance, and the life sciences industry. His professional activities include membership in advisory committees for the Integrated Healthcare Association (nonprofit association of hospital systems, medical groups, hospital systems) and the National Institute for Health Care Management (national organization of Blue Cross Blue Shield health insurers). Examples of his publications include:

hospital systems, medical groups, hospital systems) and the National Institute for Health Care Management (national organization of Blue Cross Blue Shield health insurers). Examples of his publications include:

- Robinson JC, AD Kosorukov, CM Whaley. Hospital Adoption and Pricing for Oncology Biosimilars. **JAMA** 2026; <https://jamanetwork.com/journals/jama/article-abstract/284634>
- Robinson JC. Most Favored Drug Pricing is an Idea Whose Time has Come. **Health Affairs** 2026; 45(4):350-355. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.01127>.
- Robinson JC, C Whaley, SS Dhruva. Hospital Prices for Physician-Administered Drugs for Patients with Private Insurance. **New England Journal of Medicine** 2024; 390:338-345. https://www.nejm.org/doi/full/10.1056/NEJMsa2306609?query=featured_home
- Robinson JC. In (Faint) Praise of Pharmaceutical Import Tariffs. **JAMA** 2025; 334(1):851-852. <https://jamanetwork.com/journals/jama/fullarticle/2837542>
- Robinson JC. How Industrial Policy Could Accelerate Innovation in the Life Sciences. **Health Affairs** 2023; 42(8):1045-1053.
- Robinson JC. Drug Pricing with Evidence Development. **JAMA** 2022; 327(16):1545-1546.
- Robinson JC. Lower Prices and Greater Patient Access – Lessons from Germany's Drug-Purchasing Structure. **New England Journal of Medicine** 2020; 382:2179-2181.
- Robinson JC, Whaley C, Brown TT. Association of Reference Pricing with Drug Selection and Spending. **New England Journal of Medicine** 2017; 377:658-675.

About University of California, Berkeley

Health Policy & Management

Healthcare is a fast-paced, continually evolving field of policy, economics, finance and law. We educate both high-impact practitioners in the healthcare policy and management as well as researchers with a focus on the healthcare industry and health policy. Our students take courses in policy, economics, finance, management and law, while specializing in policy or management, or a combination of both for careers in research, healthcare delivery or management positions.

Health Policy and Management MPH Programs

Through a curriculum that covers policy analysis, strategic management, information technology, economics, disease prevention, and law and ethics, we prepare graduates for leadership roles in healthcare management positions in a range of settings, from healthcare delivery to governmental and nonprofit agencies.

Health Policy PhD Program

Health policy is an interdisciplinary field that examines the organization and financing of health systems and services, the impact of health policies on population health, and the economic, social and behavioral determinants of health. We prepare students for research careers in health policy and health services research, teaching, and public service in university, governmental and public policy settings.

Online MPH Health Policy and Management Concentration

Healthcare is a fast-paced field that continually evolves. Through an online curriculum that covers policy analysis, strategic management, economics, finance, and organizational behavior, HPM prepares graduates for moving toward leadership roles in healthcare organizations across a range of settings, from healthcare delivery to pharma/medtech, governmental or nonprofit agencies.

Graduate Certificate in Health Management

Current students in any master's or doctoral degree program at UC Berkeley may elect to complete the Graduate Certificate in Health Management from the Health Policy and Management Division. This comprehensive trio of toolkit courses focusing on skill-building, frameworks, and applied learning supports students in developing critical health management competencies and complements a wide range of existing degree programs. Once completed, the designation will appear on the official graduate transcript.

Concurrent Health Policy Degrees

The School of Public Health has established concurrent degree programs with other schools and departments on campus that allow students to take advantage of the unique opportunities for interdisciplinary study that Berkeley offers. In these programs, students follow a carefully designed curriculum that allows them to complete the requirements for two degrees in less time than is normally required to complete the two degrees separately.



John Rodgers
Chief Operating Officer
Independent Health

As executive vice president, chief operating officer, John R. Rodgers is responsible for overseeing all business operations within the organization, including Sales, Marketing, Product Development, Information Technology, Claims Administration and Recoveries, Member Services, and Independent Health's ancillary businesses - Pharmacy Benefit Dimensions®, Nova Healthcare Administrators, Inc.® and Reliance Rx®.

Prior to his current role, Rodgers was chief marketing officer at Independent Health. Rodgers played a key role in helping Independent Health successfully distinguish itself from other local health care companies, and the creation of strategic partnerships and initiatives to more broadly improve the quality of health care and health engagement of the community. He oversaw the business development and launch of Independent Health's affiliates, Pharmacy Benefit Dimensions™ (PBM), in 2006, and RelianceRx in 2010.

Rodgers also served as vice president, Pharmacy, at Independent Health, where he was responsible for the management of the pharmacy benefit for the company's various lines of business including its PBM services. He also oversaw formulary development, contracting, claims processing and utilization management activities.

Rodgers joined Independent Health in March 1999 after a 16-year career with Bristol-Myers Squibb. Before moving into the business division at Bristol-Myers Squibb, he spent most of his career in research and development administration. During his last three years, he was senior director of strategic planning, involved in licensing and acquisition, franchise management and market research oversight.

Rodgers is currently serving on the Child and Family Services board of directors and chaired the search committee that found the current president and chief executive officer to lead the organization. For more than 140 years, Child and Family Services has dedicated its resources to meet the needs of children and families, making it one of Western New York's oldest human service agencies.

Rodgers has also served on the board of directors of the United Way of Buffalo and Erie County, was past chair of the Western New York Leukemia and Lymphoma Society board of directors and is currently Vice Chair at the Independent Health Foundation.

In 2014, Rodgers received Business First's Annual "Buffalo C-Level Executive Award."

He was selected as one of Western New York's top executives in recognition of his effective leadership in guiding Independent Health to grow as an innovator and trailblazer in a changing industry, as well as his service to the community. In 2011, the University at Buffalo School of Pharmacy awarded Rodgers its highest award for the School of Pharmacy, the Willis G. Gregory Memorial Award. The Leukemia and Lymphoma Society honored him with their highest honor, the Service to Mankind Award in 2010, and the Pharmacy Association of WNY named him Pharmacist of the Year in 2007.

Rodgers has a bachelor's degree in pharmacy and a master's degree in business administration from the State University of New York at Buffalo, where, for several years had been an adjunct professor in the University's School of Pharmacy. He also served on the Dean's Council of the School of Pharmacy's National Industry Advisory Committee, and in May 2009, Rodgers presented the commencement speech at the University at Buffalo School of Pharmacy's Spring graduation. Rodgers also has an active pharmacy license and up until recently practiced as a retail pharmacist on a part-time basis, providing him with a multi-dimensional view within the health care industry.

Rodgers resides in East Aurora with his wife, Susan, where he also enjoys his 8 grandchildren.

About Independent Health

Headquartered in Buffalo, N.Y., Independent Health is a not-for-profit health plan that began operations in 1980. Independent Health's mission is to provide health-related products that offer affordable access to quality health care. The company has continued to deliver on this mission through a long history of leadership in health care plan quality, innovation, customer satisfaction, and community support. Independent Health's comprehensive portfolio of product and service offerings includes fully insured group products, individual plans, Medicare Advantage and Medicaid managed care plans, traditional indemnity insurance, consumer-directed plans, and self-funded administration. Independent Health's subsidiary companies include Pharmacy Benefit Dimensions, Reliance Rx, and Nova Healthcare Administrators, Inc.

- Independent Health was recognized by the Centers for Medicare and Medicaid Services (CMS) as a 5-Star Rated Medicare Advantage Plan for 2022.
 - In addition, Independent Health's subsidiary, Pharmacy Benefit Dimensions (PBD), has once again received a 5-Star Rating for its Medicare Employer Group Waiver Plan (EGWP) Prescription Drug Plan (PDP). The plan previously earned 5-star status for 2019. PBD partners with employers and union groups to offer its EGWP PDP to Medicare-eligible retirees and covered Medicare-eligible dependents beyond the standard benefits typically offered by other Medicare prescription drug plans.
- Independent Health was named to *U.S. News & World Report's* annual list of the best health insurance companies offering Medicare Advantage coverage in 2022.
- Independent Health has been accredited by the National Committee for Quality Assurance (NCQA) based on clinical performance and customer experience results achieved through a survey of its Commercial HMO/POS product lines. This accreditation is effective through November 2024.
- Independent Health was named the second highest ranked health plan for member satisfaction in the New York region, according to the J.D. Power 2021 U.S. Commercial Member Health Plan StudySM.
- Independent Health was once again selected as one of the top companies to work for in New York State as part of the "Best Companies to Work for in New York 2022" competition. Reliance Rx, recognized for the third year, ranked as the 8th best company in the state to work for in the small size company category.
 - Pharmacy Benefit Dimensions, a second-time finalist, ranked 4th in the state in the medium size company category.
 - Nova Healthcare Administrators, recognized for a fourth time, ranked as the 7th best company statewide in the large size company category.



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
- Smart device data reporting
- Patient alerts, education, and personalized insights
- Environmental and air quality monitoring



Lynn Shapiro Snyder
Senior Member
Epstein Becker & Green PC

Lynn Shapiro Snyder is a Senior Member of **Epstein Becker Green, PC**, a **top-ranked national law firm**. She is a leader in the Health Care/Life Sciences and Litigation practices in the firm's Washington, DC, office, and she is a Strategic Advisor with **EBG Advisors, Inc**, the firm's **leading strategic consulting group**. Lynn has over 40 years of experience at EBG advising boards and senior management about federal, state, and international health law/policy/commercial/compliance issues.

Lynn has advised clients in connection with health regulatory and compliance issues involving **Commercial Payers, Medicare, Medicaid, TRICARE and the VA program**. She advises clients in connection with coding, coverage and payment issues including pay for value solutions as well as enforcement issues under the federal **False Claims Act**. Lynn also is one of the firm leaders in advising clients on the compliant creation and use of **trustworthy artificial intelligence (AI) tools**. Her clients include health care providers, payors, life science companies, vendors (such as health IT) and financial services firms that support the health care/life sciences industry.

Her clients know her as *"a very highly recognized"* practitioner with *"deep content knowledge, a deep network of relationships with enforcement and regulatory agencies"* and rely on her as *"a very trusted and strategic adviser."* (*Chambers USA*). *Modern Healthcare* magazine named Lynn one of the **"100 Most Powerful People in Healthcare"** and one of the **"Top 25 Women in Healthcare."**

Lynn brings a **global understanding of the health care and life sciences industry** gained through more than 30 years of business missions traveling and studying health care systems in countries around the world, including Belgium, Chile, the Czech Republic, Israel, Ireland, Sweden, and the Netherlands.

She is Founder and Chair of **WBL, the Women Business Leaders of the U.S. Health Care Industry Foundation**, a 25+ year old network of senior women leaders from the health care and life sciences industries. WBL provides unique networking opportunities and assists companies, investors, and search firms seeking diverse candidates for corporate board service or for executive leadership teams.

Lynn is the author of two books: **Advancing Women in Business: 10 Best Practices** (a book for women rising to the c-suite) and **Answering the Call: Understanding the Duties, Risks and Rewards of Corporate Governance** (a practical guide for new board directors).

About Epstein Becker & Green PC

Deep Roots in Health Policy, Regulation, Payment, Compliance, Defense, and Workforce Management

Law Firm Platform. Epstein Becker & Green is a national “super boutique” law firm that, together with its affiliated consulting firm and an advocacy firm, focuses specifically on national and state cross-sector health regulatory, compliance, enforcement, defense, policy, and legislative advocacy for the health care and life sciences industry, and on workforce management and litigation generally. For health care and life sciences companies, we also created the HEAL® strategic industry group, which unites the firm’s two major practices—the health Care & Life Sciences practice and the Employment, Labor & Workforce Management practice—to help these companies address the many challenges they face in the labor, employment, and workforce management area.

Strategic Collaboration. Epstein Becker Green works collaboratively with its affiliate, EBG Advisors (consulting), and National Health Advisors (advocacy) to fulfill clients’ business objectives and legal, consulting, and advocacy needs, particularly when increased capacity and focused knowledge and experience are required. EBG Advisors is a national strategy and management consultancy that serves the health care and life sciences industry and provides workforce management strategies. National Health Advisors, a strategic relationship between EBG Advisors and lobbying firm The National Group, provides unmatched expertise in helping organizations navigate and influence policies affecting the health care system.

Epstein Becker Green

- Healthcare and life sciences super-boutique law firm founded in 1973
 - 150+ Health Care Attorneys, Health Employment and Labor (HEAL) Strategic Industry Group – 100+ Attorneys, Nationwide Reach
- Legal practice driven by federal and state law and regulation
 - Market Access, Policy, Compliance

EBG Advisors

- Health care and life sciences consultancy
 - Policy, Regulation, Payment & Reimbursement, Access to Global Health Advisors
- Multidisciplinary
 - Business Strategy, Public Policy, Medicine & Science, Data Security

National Health Advisors

- Bipartisan health care and life sciences consultancy dedicated to the provision of legislative and regulatory advocacy
- The National Health Advisors team:
 - Legislative Policy Experts, Health Lawyers, Federal Regulatory Veterans

EBG is the founding sponsor of the Women Business Leaders of the U.S. Health Care Industry Foundation (www.wbl.org)



Mark Spears
Board Member
Employers Health Rx Corporation

Mark Spears retired from Campbell Oil Company, parent company of BellStores convenience stores in 2021, after more than a decade as the organization's chief financial officer. During his tenure, he led several health plan initiatives to control costs while maintaining access to high-quality care. His leadership helped shape sustainable employee benefit strategies across the organization.

Mark earned his Bachelor of Science in accounting from Morehead State University in Kentucky. After becoming a Certified Public Accountant, his career began at a national accounting and auditing firm. His long-standing interest in health care and advocacy for plan participants has driven his involvement on the Employers Health board of directors for the past 22 years.

About Employers Health Rx Corporation

Employers Health Rx Corporation, formerly known as Employers Health Purchasing Corporation, is a Pharmacy Benefits Management Collective based in Canton, Ohio. Known among consulting firms, plan sponsors and industry stakeholders as Employers Health, the company manages \$6.3 Billion in pharmacy spend for more than 525 clients domiciled in forty-three states with covered lives in all fifty states and U.S. territories. Employers Health provides account management, clinical advisory services, rebate reconciliation, sales and marketing, contract administration and overall pharmacy benefit strategy. The company contracts with various PBMs on behalf of its clients who are large self-insured publicly traded and privately held employers, government employers, Taft-Hartley health and welfare funds, third party administrators and purchasing coalitions.



Ryan Steadman
Senior Vice President, Pharmacy
CareSource

Ryan Steadman, PharmD, MBA, serves as Senior Vice President of Pharmacy and Quality at CareSource, where he oversees pharmacy benefit management and enterprise quality operations and strategy. A seasoned healthcare executive with more than 17 years of experience in healthcare and pharmacy benefit management, Ryan is recognized for advancing strategic initiatives that strengthen performance, improve quality, and enhance patient care across complex organizations.

Before joining CareSource, Ryan held several leadership roles at CVS Health Caremark, including Division Head of Medicaid. In that role, he led managed care PBM implementations for a national health plan and helped advance pharmacy programs designed to improve outcomes and deliver greater value.

Ryan earned his Doctor of Pharmacy degree from the University of Cincinnati, completed a Managed Care Residency at the University of Pittsburgh, and received his MBA from Wright State University. He is deeply committed to professional development and the future of the pharmacy profession, serving as an educator at the University of Cincinnati College of Pharmacy and as a member of the Board of Directors for the Academy of Managed Care Pharmacy.

Through his leadership in managed care, education, and professional service, Ryan remains dedicated to advancing pharmacy practice and supporting high-quality, patient-centered care.

About CareSource

The CareSource Difference

- CareSource is a national, nonprofit managed care organization serving over 2 million members in 12 states.
- CareSource is dedicated to transforming health care for those served by government-sponsored health care programs and offers a variety of health insurance plans including:
 - Medicaid
 - Dual Eligible Special Needs Plan
 - Marketplace
 - TRICARE Prime® Demo by CareSource Military & Veterans™
- Founded in 1989, CareSource administers one of the largest Medicaid managed care plans in the U.S.
- As a mission-driven and member-centric organization, CareSource is transforming health care by providing innovative programs that make a lasting difference in member's lives by improving their health and wellbeing.
- The CareSource Life Services® program provides tailored programs focused on improving health outcomes for underserved communities. This whole-person approach invests in community-based initiatives and programs to help members through programs like:
 - **CareSource JobConnect:** Workforce development and job training programs to help members find employment through an assigned Life Coach.
 - **CareSource HousingConnect:** Assistance for members experiencing homelessness, empowering them to find community and permanency.
 - **CareSource FoodConnect:** Addresses member hunger food insecurity.
- CareSource is different than traditional health plans, with a specialized focus and holistic approach to creating relationships with members to support, empower and inspire them to meet their health, education and employment goals.
- As a managed care organization, CareSource's mission and vision is the cornerstone of success.

Mission

To make a lasting difference in our members' lives by improving their health and well-being.

Vision

Transforming lives through innovative health and life services.



Tina Weiss
Senior Vice President
Kaiser Permanente

Tina Weiss is the senior vice president of Small Group and Individual Lines of Business at Kaiser Permanente. In this role, she is responsible for revenue and sustainable membership growth and retention for the Small Group and Individual (Kaiser Permanente Individual & Family) Lines of Business.

Tina joined Kaiser Permanente in 2010. Prior to her current role, she served as the senior vice president of Medicare and Individual Lines of Business where she managed all facets of the line of business to ensure positive performance and execution. She also previously served as the vice president of the Kaiser Permanente Individual & Family Line of Business with accountability for the implementation of the Affordable Care Act as well as the initiation of the first fully national integrated line of business for Kaiser Permanente. Other past roles include executive director of New Market Expansion, evaluating acquisitions and new expansion opportunities focusing on go-to-market plans.

Tina came to Kaiser Permanente from Blue Shield of California where she held positions in Medicare marketing and individual & family product management as well as strategic planning and innovation.

Prior to that, Tina gained valuable experience in marketing and advertising from The Walt Disney Company and Young & Rubicam NY.

Tina has a bachelor's degree from Brigham Young University in advertising & business management and has completed the KP/Harvard Business School Executive Leadership Program.

In her free time, Tina can be found exploring restaurants, museums, and baseball games in San Francisco.

About Kaiser Permanente

Founded in 1945, Kaiser Permanente is one of the nation's leading health care providers and nonprofit health plans, serving 12.9 million members across nine states and the District of Columbia. Its mission is to provide high-quality, affordable health care services and improve the health of its members and the communities it serves.

Kaiser Permanente's integrated model brings together health coverage and care delivery, enabling physicians, care teams, hospitals, pharmacies, laboratories, and other services to coordinate around members' needs. This connected approach supports convenient, high-quality care, with members able to access Kaiser Permanente health care professionals by phone or video 24 hours a day, seven days a week. Care focuses on total health and is supported by technology and tools for health promotion, disease prevention, treatment, and chronic condition management.

Kaiser Permanente is a leader in clinical quality. In 2024, Kaiser Permanente led the nation as the top performer in:

- Prevention and screening
- Diabetes care
- Mental health
- Respiratory care

Kaiser Permanente was also named the best brand for value in the nation. Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one — outranking top brands like Costco, Toyota, and Southwest Airlines.



Alketa Xhupi-Mezini, MD
Director of Strategy & Operation
Neighborhood Health Plan of Rhode Island

Alketa Mezini is the Director of Operations and Strategy for Primary Care at Neighborhood Health Plan of Rhode Island, where she leads an innovative home-based primary care program serving high-risk, homebound patients. Under her leadership, the program has expanded to include several high-value initiatives that enhance quality of care, improve clinical outcomes, and reduce overall healthcare costs for the health plan.

Alketa brings a thoughtful, data-informed approach to problem-solving and is passionate about building scalable systems, empowering teams, and delivering measurable outcomes. Her work reflects a commitment to continuous improvement, innovation, and organizational excellence. A strong advocate for diverse and underserved populations, Dr. Mezini champions equitable access to care and ensures that patient voices are represented in healthcare decision-making.

Dr. Mezini earned her medical degree from the University of Tirana in Albania and completed a fellowship at the Università Cattolica del Sacro Cuore in Rome. She is certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and holds an MBA from the University of Rhode Island. In 2025, she was recognized as a Certified Health Insurance Executive (CHIE) by America's Health Insurance Plans (AHIP), further underscoring her expertise at the intersection of clinical care and health plan strategy.

In addition to her professional role, Dr. Mezini serves as a Board Director for the Rhode Island Academy of Family Physicians, where she actively contributes to the Advocacy Committee. In this capacity, she supports efforts to improve healthcare policy and access across Rhode Island, including organizing presentations by patients and physicians at the State House.

Inspired by her upbringing as the daughter of a university dean and a middle school teacher, Alketa developed an early passion for working with people. She pursued a career in medicine to fulfill her desire to help those in need, an ambition that continues to guide her leadership and dedication to patient care today.

About Neighborhood Health Plan of Rhode Island

Neighborhood Health Plan of Rhode Island (Neighborhood) is a not-for-profit 501c3 health maintenance organization (HMO) insurance company with a consistent record of earning accreditation by the National Committee for Quality Assurance (NCQA). Founded in partnership with Rhode Island's Community Health Centers in December 1993, we are governed by a 17-person board.

We served our first 1,490 members in 1994, and by 2000, we grew to 50,000 members. Starting in November 2013 through the introduction of the Affordable Care Act and state leadership's decision to extend coverage to more Rhode Islanders, Neighborhood has significantly increased its membership, revenue, and staff. In 2024, Neighborhood celebrated 30 years of service.

Today, Neighborhood—with approximately 650 employees and \$2.2 billion* in revenue—serves one out of every five Rhode Islanders.

- About 77 percent of our membership is Medicaid eligible through our ACCESS and TRUST
- About 5 percent of our members utilize our INTEGRITY for Duals (HMO D-SNP).
- About 18 percent of our membership represents individuals, families and small businesses. Individuals and families can select 1 of 11 Neighborhood commercial plans on or off the Exchange, and small business can choose to select 1 of 9 commercial plans on or off the Exchange. Of these members, about 88 percent qualify for federal subsidies to cover a portion of their costs.

Neighborhood provides its members with access to comprehensive health care services throughout Rhode Island through its large provider network.

- More than 1,800 primary care practitioners
- More than 5,100 specialists
- More than 5,000 behavioral health providers
- All hospitals in the state
- Nearly every pharmacy in the state

Approximately 50 percent of Neighborhood's members receive primary care at one of the 30 community health centers (CHCs) in the state. Working together, we ensure our members receive the right care, at the right time, in the right place. Neighborhood also supports the work of Rhode Island Health Center Association, which advocates on behalf of our community health centers, of which most are federally qualified health centers (FQHCs). These centers provide health care, primary medical, oral health, and behavioral health services, for Medicaid and uninsured patients. As founders of Neighborhood, the CHCs are the visionaries who have formed a strong safety net for Rhode Island's vulnerable populations.