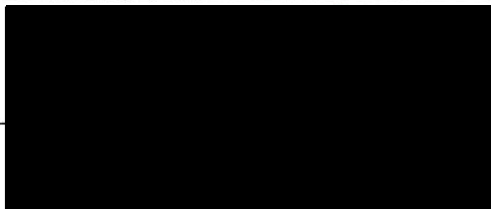


Committee on Energy and Commerce
U.S. House of Representatives
Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1. Your Name: Sam K. Srivastava		
2. Your Title: CEO, Magellan Healthcare		
3. The Entity(ies) You are Representing: Magellan Health		
4. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	No X
5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2015. Only grants, contracts, or payments related to the subject matter of the hearing must be listed.		
<ul style="list-style-type: none">• Senior Whole Health (D-SNP, MMP), CMS• Magellan Rx dba Merit Health Insurance Co. (PDP), CMS• Magellan Federal, Armed Forces Services Corporation<ul style="list-style-type: none">• Multiple contracts with Department of Defense• Magellan Healthcare Clinical Decision Support Mechanism<ul style="list-style-type: none">• dba National Imaging Associates, RadMD, CMS		
6. Please attach your curriculum vitae to your completed disclosure form.		

Signature: _____



Date: 04/10/18



Sam Srivastava

Chief Executive Officer (CEO), Magellan Healthcare

Sam Srivastava joined Magellan Health in 2013 and currently serves as the chief executive officer of Magellan Healthcare, a subsidiary of Magellan Health, Inc.

Magellan Health started as a behavioral health company 40 years ago. As a leader in healthcare and pharmacy management, the company provides behavioral health services to more than 25 million Americans through state Medicaid programs and Medicare; employer- and union-sponsored health plans, including approximately 100 health plans across the country; and, the U.S. Department of Defense, for which Magellan provides family supports and behavioral health services to service members and their families. In addition, the company contracts with approximately 80,000 specialized and credentialed behavioral health providers nationwide.

As CEO of Magellan Healthcare, Srivastava leads an organization focused on improving health and affordability for complex populations through the delivery of next generation integrated care, including advanced analytics, agile technology, and clinical solutions. His executive management responsibilities encompass strategy development, operations, product development and management, and profitability and growth of Magellan Healthcare for both commercial and government segments. Srivastava also provides leadership over enterprise strategy, communication, and government affairs.

Prior to joining Magellan, Srivastava served as Cigna's president for the national and senior business segments. He had executive management responsibility for strategic planning, business operations, growth and financial performance for these segments, which served approximately 18 million individuals. Srivastava also led strategy and business development, where he was instrumental in the acquisition of HealthSpring, a Medicare Advantage health plan and management service organization practice, and the strategic partnership with CatamaranRx, a pharmacy benefits manager.

Previously, Srivastava held executive leadership positions in the commercial, aging, low-income, and disability-related population business segments at UnitedHealth Group and HealthNet. He also has served as a management consultant in the United States and internationally, driving the integration of healthcare delivery systems and supporting providers, health plans, and governments in managing population health.

Srivastava graduated from Kent State University with a bachelor's degree in medical science and humanities, and completed graduate work at Yale University in healthcare management and policy. He sits on numerous advisory boards, including Oliver Wyman, Yale School of Public Health, Yale Healthcare Conference, and the Magellan Cares Foundation.

SAM K. SRIVASTAVA

EXPERIENCE

9/13-Present **Magellan Health, Inc.**

Avon, CT

The leader in healthcare and pharmacy management delivering next generation integrated care to complex populations through advanced analytics, agile technology and clinical excellence.

CEO, Magellan Healthcare

- Responsible for enterprise strategy, marketing, communications, government relations and business development, and the MagellanCares Foundation.
 - Supported development of enterprise platform growth strategy
 - Initiated Exponential Organization (ExO) customer driven innovation
 - Founded MagellanCares Foundation, focused on improving health and well-being of communities served; developed multi-year plan for strategic giving
 - Supported development of a new, stakeholder-driven communications strategy including investors/analysts
 - Supported development of new government relations organization, PAC and segmented business development approach
 - Awarded *Fortune* Top 5 Most Admired Healthcare Company, 2017
 - Support BOD activities and engage in investor relations

- Responsible for healthcare business, including strategy, product, operations and P&L for all healthcare products (behavioral, radiology, cardiology, musculoskeletal (MSK), pain, oncology, physical medicine, special needs health plans) across commercial (health plan, employer, provider) and government (county, state, federal) segments. Strategically diversified businesses from behavioral/specialty health to full service managed care and increased revenue from \$3B to \$5B.
 - Serve more than 25M people through state Medicaid programs and Medicare; employer- and union-sponsored health plans
 - Commercial Markets
 - o Integrated commercial behavioral and specialty businesses
 - o Re-established core business pipeline, new business acquisition, and cross/upsell strategy
 - o Launched annual client innovation forum for health plan CEOs
 - o Launched new products: integrated behavioral health, virtual care delivery, opioid management, and MSK
 - o Achieved record growth over past two years
 - Government Markets
 - o Launched Magellan Complete Care strategy as a full service MCO focused on special populations
 - o Awarded nation's first health plan for the Seriously Mentally Ill (SMI) in Florida
 - o Awarded Medicaid MCOs in Virginia and Arizona
 - Acquired five companies:
 - o Cobalt, digital therapeutics based in New Haven, CT
 - o Health Services Management, physical medicine based in Minneapolis, MN
 - o The Management Group, complex population health based in Madison, WI
 - o Armed Forces Services Corporation, federal/military health and welfare services based in Arlington, VA
 - o Senior Whole Health, regional long term services and supports and Medicare/Medicaid plan based in Cambridge, MA (largest in company's history; closed in 90 days and integrated in 120 days)
 - Capital deployment
 - o Pivoted IT portfolio to focus on growth, innovation, cost of care and efficiency
 - o Equity venture opportunity: FDA Digital Therapy with Click Therapeutics
 - Developed world class leadership team built for scale and next generation design thinking

10/07-09/13

CIGNA

Fortune 100 global health services company providing industry leading integrated health, wellness and productivity solutions to over 60M individuals worldwide.

04/10-09/13

President, Senior Segment & Strategy/Business Development

Bloomfield, CT

12/08-04/10

President, Senior Segment & National Segment

10/07-02/08

President, Senior Segment

- Strategy & Business Development –
- Develop and drive US business strategy in concert with CEO/BOD. Launched 3Go Growth Strategy and customer centric portfolio repositioning. Lead inorganic business development activity. Focus on strategic capital deployment in government, delivery systems, retail and HCIT. Led following strategic deals: \$3.8B purchase of HealthSpring (largest in company history), Great American Supplemental Benefits and equity positions in social media and venture capital funds.
- Executive leadership and P&L responsibility for Cigna Senior Segment/HealthSpring Division (2M+ customers, \$7.2B revenue & \$600M earnings) driving strategic growth, integration and business execution with legacy founder and operators. Developed and executed against a five-year strategic business and integration plan to double size of franchise through: retail expansion (segmentation, new markets, products, channels), scale leverage (COGS, admin) and next generation value-based delivery systems (commercial, HIX, clinics).
- Senior Business Segment (1M early and Medicare retirees) \$2B revenue across HMO, SNPs, PDP, ASO and Med Supp product lines
 - Developed and successfully executed multi-year strategic business including inorganic activity
 - Repositioned and grew PDP from 200K to 600K membership and from loss to profitability
 - Launched Group and Individual MA from start up to 1B revenue; Launched Group Med Sup
 - Developed National Employer Group Alliance; Divested Medicare FFS business
- National Business Segment (employers with 5K+ employees) \$2.8B revenue business covering 40% of US membership / 25% US earnings through delivery of medical, health advocacy, dental, voluntary, life, accident and disability management services. \$1B medical fee revenue (4M medical, 1.7M Rx, 6M dental members) and \$1.8B life, accident and disability revenue.
 - Developed 5-year strategic business plan, resource allocation and management process.
 - Launched new marketing plan, segmentation focus, direct sell and cross sell plans
 - Developed new Consultant Engagement Plan and led Client Advisory Board/Client Forum
 - Established Integrated Pricing and Performance Guarantee Process and reporting package
 - Combined Group and Medical Distribution units; lowered direct expenses by 20%
 - 2010 largest new medical sales in 3 years (400K medical, 550K health advocacy); 13 new/expanded Fortune 500 client relationships; exceeded Group revenue and earnings target.
 - Retooled field leadership team and deepened functional bench in product, finance and marketing

10/05-10/07

Health Net

Fortune 200 managed health care company providing health services to over 7 million individuals through Commercial, Medicare, Medicaid, Tricare and Behavioral Health businesses.

10/05-10/07

Chief Senior Products Officer, Senior Products Division

Woodland Hills, CA

- Business lead responsible for strategic direction, operations, growth and profitability of fifth largest Medicare Advantage plan. P&L coverage for \$2.4B revenue, 243K MA and 300K PDP members.
 - Diversified portfolio: MA, SNPs, PPO, PDP, Med Supp, PFFS, and Retiree/Group products.
 - 2007 MAPD expansion into 5 additional states and PDP to all 50 states. Grew revenue \$.7M
 - Built new marketing campaign, sales engine and retention programs on new ops platform
 - Expanded wholesale/retail distribution channels; developed marketing/affinity programs.
 - Improved revenue optimization/risk adjustment capabilities (\$45M revenue)
 - Implemented multi-faceted medical cost mitigation plan (\$80M savings)
 - Business point with analysts, investors, rating agencies, regulators, and associations.

1/95–9/05

UnitedHealth Group

Fortune 50 diversified health and well-being company services servicing 70M individuals through sector leading businesses: UnitedHealthcare, Ovations, AmeriChoice and Optum

5/03–9/05

Chief Executive Officer, AmeriChoice Northeast Region – NY, NJ & RI

New York, NY

1/03 – 4/04

Chief Operating Officer, AmeriChoice Northeast Region

- P&L responsibility for \$900M region including four full service health plans and 440K Medicare, Medicaid, CHP and FHP members. Directly responsible for all health plan functions and 350 staff.
 - Developed strategic business plans to improve growth, earnings, costs and quality.
 - Improved sales and persistency rates through community-based direct sales and retention units focused on population niches and channel management.
 - Improved growth over 10%; achieving highest growth and profitability in segment
 - New product expansion in RI (CSPHC), NY (Duals, SNP), NJ (Duals, ABD and DDD)
 - Established revenue optimization and audit/recovery operations
 - Led business and systems integration of operations to a united operating platform
 - Led development and rollout national model for the field organization
 - Improved network stability and cost position through rollout of tier 1 JOCs, network tool kit, standardized contracts, selective recontracting; migrated CAP to FFS arrangements
 - Establish medical expense mitigation teams focused on trend management
 - Installed radiology and ancillary network managers to mitigate trend and improve service;
 - Rolled out enhanced DM program (CHF, Diabetes, Asthma and Top 1000 program); ER Cost Reduction program; hospitalist program; and SNF direct admit program
 - Improved key metrics through scorecards & flash indicators for compliance, quality, service & cost

2/02 – 12/02

President, Ovations East Region - NY, RI, MD, NC & FL

Columbia, MD

- Responsible for \$500M, five state region with 250K Medicaid, FHP, CHP, and Medicare Dual Eligibles
 - Member of Executive Leadership Team for Ovations Medicaid
 - Only Region to exceed growth and profitability targets
 - Established market infrastructure to locally manage population
 - Supported diligence, acquisition and reverse-merge with AmeriChoice business segment

3/00 – 1/02

Vice President of Operations, UnitedHealthcare of the Mid-Atlantic

Columbia, MD

- \$700M business unit providing Commercial (HMO, POS, PPO), Medicare and Medicaid to 650K individuals in DC, MD, VA, DE and S. PA.
 - Responsible for all health plan operations including: network management of 20,000 physicians, 600 ancillary, 150 hospitals, government operations, service, claims and care advocacy
 - Integrated HealthWise/Chesapeake acquisition through conversion of systems, claims, billing, enrollment, case installation, and customer service functions
 - Successfully litigated and settled \$14.2M in bankrupt IPA claims liability
 - Recontracted underperforming capitated networks (Medicare, Medicaid, vision, podiatry) to fee-for-service for improved performance and risk mitigation
 - Completed JCAHO network accreditation; improved service metrics to benchmark levels
 - 2002 YOY improvement in earnings by \$26M through development and execution of revenue, administrative expense, and medical cost improvement initiatives

11/95-2/00

UnitedHealthCare of Ohio

Cleveland, OH

11/98-2/00

Vice President, Finance & Network Management (and Medicare Programs)

- Senior health plan leader responsible for finance, network management and Medicare for Northern Ohio representing 150K HMO and 350K insured lives
 - Led medical cost reduction, administrative process improvement and underwriting and benefit design controls resulting earnings exceeding plan by \$12M and top tier margin of 10.7%
 - Established Network Managers (Rad/Ophtho) to mitigate trend, improve quality and satisfaction
 - Served on national committee to develop a Cardiac Centers of Excellence program

1/98-11/98

Director, Medicare Programs

- Overall P&L responsibility for \$120M product including sales, marketing, service, regulatory compliance staff, medical management and network development
 - Developed and executed a medical and administrative expense reduction plan that resulted in a MCR reduction from 95.5 to 84.1 and acute days reduction from 2000 to 1450

- Developed fastest growing product in Ohio with over 1,000 net sales per month
- Establish states first “personal service” program that increased member retention (disenrollment rate reduction of 14% to 7%), member satisfaction, and HRA compliance to 85%

11/95-1/98

Director, Network Management and Customer Service

- Expanded panel size by 150% to 70 hospitals, 7500 physicians, and 700 allied/ancillary providers
 - Successfully recontracted 40 hospitals (15% reduction in unit cost) and physician network from product-specific pricing to uniform RBRVS-based fee schedule
 - Developed dedicated Medicare, Medicaid, Workers Comp and Medicare Select networks
 - Established Commercial and Medicare service units; initiated formal training and quality review programs; formalized grievance and appeals process; and developed proactive call unit program

12/93-11/95

Medimetrix Group

Cleveland, OH

Management Consultant

- Provided strategic services, integration strategy and business development for providers and payers
- Established provider-sponsored HMOs, PHOs and MSOs, including market assessments, business plan and pro forma development, formation of governance, payment, and medical management structures
- Established an IDS that included a PHO, MSO, and integrated physician group practice
- Supported submission of four commercial COAs, two Medicare, two Medicaid regulatory applications
- Performed physician demand analysis, MIS RFI, capitation/provider payment analysis

7/91 – 11/93

Ambulatory HealthCare Corporation

Austintown, OH

Management Consultant, International Division

Stockholm, Sweden

- Assessed need and capacity for shifting from inpatient to outpatient surgery for a ten-hospital health system in Sweden; evaluated shift of primary care from ER to urgent care centers
- Developed a business plan for the development of day surgery units for two hospitals in Sweden
- Performed market research and strategic planning for hospital systems in France and Italy
- Performed a feasibility study for the development of an assisted living center and pain clinic

1/91 – 7/91

New Haven Health Department

New Haven, CT

Consultant, Special Commission on Infant Health, The New Haven Foundation

6/90 - 8/90

Forum Health System, Trumbull Memorial Hospital

Warren, OH

Administrative Intern to CEO

6-8/86-89

General Motors Corporation, Packard Electric Division

Warren, OH

Engineering Intern - Systems, Chemical, and Mechanical

EDUCATION

Kent State University

Kent, OH

BA in Medical Science & Humanities (self-designed), 1985-89

Yale University

New Haven, CT

Health Care Management & Policy (MPH coursework complete), 1989-91

OTHER

- Yale School of Public Health Advisory Board; Yale Healthcare Conference Advisory Board
- Past: Oliver Wyman Advisory Board, AHIP Medicare CEO Committee Member
- UnitedHealth Group President’s Leadership Development Program/Wharton Executive Program
- Frequent national speaker on healthcare topics