

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: <u>Michelle G. TURANO</u>		
2. Your Title: <u>V. P., Public Policy & Govt. Affairs</u>		
3. The Entity(ies) You are Representing: <u>Wellcare Health Plans, Inc.</u>		
4. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	No <input checked="" type="checkbox"/>
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, 2013. Only grants, contracts, or payments related to the subject matter of the hearing must be listed.		
6. Please attach your curriculum vitae to your completed disclosure form.		

Signature



Date: 9-20-16

Michelle G. Turano

PROFESSIONAL EXPERIENCE

WellCare Health Plans, Inc., Tampa, FL

Vice President, Public Policy and Government Affairs, May 2015 – present

- Develop and build effective working relationships with government regulators and key Congressional and state policy makers to effect change that will have a positive impact on WellCare and the public programs managed care market.
- Review and interpret proposed and enacted state and federal legislation and proposed regulatory actions (rules and policies) relating to WellCare's products, and develop and implement timely and effective responses.
- Oversee and develop WellCare's state and federal public policy and government affairs agenda and positions
- Responsible for state and federal alliance development through trade associations, other health plans and third party advocacy groups
- Collaborate with market leadership and government and regulatory affairs teams to advance state and federal issues as appropriate

U.S. Senate Committee on Finance, Washington, D.C.

Senior Health Policy Advisor, 2014 – 2015

- Served as advisor to Chairman, Committee Members and staff on health policy and oversight matters within the jurisdiction of the Committee, including Medicare, Medicaid and all Federal health care programs.
- Responsibilities included creation and analysis of legislation and policy proposals, preparing background memos, speeches, and floor statements and regularly collaborating with staff and stakeholders and meeting with constituents and special interest groups on behalf of the Chairman.

The Centers for Medicare and Medicaid Services, Baltimore, MD

Medicare Oversight and Enforcement Group

Deputy Group Director, 2008 – 2014

- Directed the Medicare Advantage and Prescription Drug audit and enforcement programs that provide compliance oversight for private health care companies that provide health and prescription drug benefits to nearly 30,000,000 Medicare beneficiaries with expenditures in excess of \$150 billion dollars annually.
- Developed and implemented targeted oversight strategies and related policies and operations to ensure regulatory compliance by private plans, including working to combat fraud, waste and abuse.
- Managed and directed a staff of 40 employees and multiple contractor budgets totaling over \$25 million dollars annually. Collaborates extensively with senior leadership counterparts in headquarters and CMS' 10 regional offices in carrying out oversight for these programs.
- Worked with the HHS Office of Inspector General, HHS General Counsel and the Department of Justice on particular audit, enforcement matters and/or fraud, waste and abuse matters.

Health Insurance Specialist, 2005 – 2008

- Responsible for providing recommendations on issues affecting the operations of the Group and CMS programs; overall office management; coordinating projects across components; and conducting special assignments on significant management and policy issues for the Director.
- Participated in all compliance and enforcement actions, including imposing sanctions, levying financial penalties and contract termination.

- Developed, reviewed and analyzed program policies, procedures and other critical issues that impacted CMS programs. Coordinated activities necessary to develop and implement monitoring and oversight activities for Medicare Advantage plans and Prescription Drug Plans.
- Developed and coordinated information for House or Senate Committee hearings that impacted the Group.

Social Science Research Analyst, 2002 – 2005

- Developed and led an annual evaluation of all Medicare Advantage contractors, based on clinical and satisfaction measures, disenrollment rates and financial stability. Engaged health plans and trade associations, as well as CMS leadership. Provided data analysis and interpretation for various segments of CMS, and authored both industry and internal resource materials on Performance Assessment. Developed all website, manual and reference materials for the project.
- Agency lead for MA Quality Improvement requirements. Responsibilities included technical assistance to health plans and CMS regional offices, final approval of all projects, and regular public speaking engagements.
- Led the CMS Compliance Plan review project, a comprehensive audit and evaluation of a health plan's compliance culture, strategy and organizational structure. Responsible for leading these audits nationally. Served as liaison with health plan under review, and led audit team in evaluating the plan's submission of data to CMS.

The Midwest Business Group on Health, Chicago, IL

Manager, Member Services, 2000 – 2002

Project Coordinator, June 1999 - September 1999

- Conducted comprehensive performance evaluation and comparative analysis of regional health plans, with results utilized by employer health benefits purchasing group.
- Produced educational meetings for employers across 11 state region on health care issues. Involved educational needs assessment, curriculum development and securing funding.
- Created and implemented external and internal communications strategy. Involved marketing to prospects and partner organizations, serving as primary contact and advocate for current members, and facilitating relationship with Board of Directors and executive committees. Also responsible for managing membership recruitment and retention efforts.
- Facilitated a series of Institute for Healthcare Improvement Collaboratives on Diabetes Care - part of the IHI Breakthrough Series. This involved recruiting physician practices from Chicagoland area, recruiting expert faculty, and running the Collaborative with the Institute of Medicine.

St. Joseph Hospital of Kirkwood, St. Louis, MO

Medical Social Worker, September – November 2000

- In a three-month contract position, coordinated discharge planning for patients admitted on skilled nursing, ICU, OB-GYN, ER, and medical/surgical units of the hospital. Provided referral to and linkage with supportive community services for patients and families, consistent with discharge needs.
- Managed patient care meetings attended by physicians, therapists, nursing staff, and families. Provided counseling to patients and family members and facilitated communication with hospital staff.

Chicago Health Outreach, Chicago, IL

Research and Project Coordinator, 1999 - 2000

- Co-designed Medical Case Management program and Treatment Adherence program for HIV positive clients at high risk for co-occurring infectious diseases. Included development of program goals and objectives, and creating process and outcome measures, and designing and implementing program evaluation.
- Developed cross-training sessions for service providers from multiple disciplines, for interventions with clients who are homeless, mentally ill, and/or substance addicted.
- Researched and created "best practices" report for the State of Illinois Office of Mental Health, regarding the development of programs for individuals who are homeless and have a serious mental illness.
- Facilitated meetings and work group sessions for citywide committees and coalitions, working toward integrated service delivery and improved continuum of care.

The Center for Health Administrative Studies, Chicago, IL

Research Assistant, Westside Healthy Start Evaluation, 1998 - 1999

- Analyzed medical and case management records to determine outcomes of care provided to pregnant and postpartum women.
- Conducted program evaluation of the federally funded *Healthy Start* Project to determine patient satisfaction, health education and behavior, and barriers to care through face-to-face interviews.

The Law Offices of James T. Ball, Chicago, IL

Paralegal, 1995 - 1998

- Supported attorneys in multi-state medical malpractice litigation.
- Coordinated health care benefits for clients with Medicare, Medicaid and employer-based insurance.
- Conducted medical-legal research for trial preparation.

EDUCATION

University of Chicago, Chicago, IL

Master of Arts, Social Service Administration

Graduate Program in Health Policy

University of Missouri, Columbia, MO

Bachelor of Arts

PROFESSIONAL AFFILIATIONS

Health Care Compliance Association: Certified member, 2004 - 2008

NCQA HEDIS Expert Policy Panel: Member, 2004 - 2008

National Association of Social Workers: Member, 1998-present