

Kari L. Lum

SUMMARY

Healthcare leader with 20+ years of experience and demonstrated ability to deliver superior quality, regulatory compliance and health plan accreditation outcomes. Specialized experience / expertise:

Accreditation/Regulatory Compliance

- Extensive expertise in Health Plan Accreditation, Exchange Market Accreditation and Medicare Advantage Deeming by all major Accreditation bodies (NCQA, URAC)
- Successfully led internal teams to ensure that HMSA has maintained the highest levels of NCQA Accreditation since 1998

Models of Care

- Experience implementing various care models including the integration of acute medical and socially, based long-term care services for special populations
- Direct service experience working with both traditional medical as well as home/community based long term care providers to develop treatment plans for members with complex, chronic care needs
- Focus on the provision of non-traditional health plan benefits to promote optimal physical, social and psychological functioning for individuals with chronic, complex health needs and subsequent functional deficits

EXPERIENCE

July 2013 – Present HMSA Honolulu, HI

Executive Director, Medicaid Programs

- Responsible for the management and oversight of HMSA's Medicaid QUEST Long Term Services and Support (LTSS) program, ensuring compliance with HMSA policies, contractual standards, Federal and State requirements as well as applicable accreditation standards.
- Maintains direct authority over general QUEST Integration program administration and day-to-day business activities of the LTSS program

June 2013 – June 2014 HMSA Honolulu, HI

Stars Program Manager, Medicare Programs

- Responsible for the successful administration of the Medicare Stars quality performance program in an effort to achieve a 5 Star plan rating and ensuring the delivery of exceptional quality, value and superior customer service to HMSA Medicare Advantage members
- Ensures that HMSA maintains and/or exceeds its current 4.5 Star rating and achieves the maximum quality bonus payments from CMS by providing leadership and direction to internal HMSA departments, facilitating implementation of timely and targeted clinical, member experience and administrative process improvement activities
- Establish Stars-related performance goals for key partners/vendors, write contract language and negotiate performance guarantees

Jan 2001 – June 2013 HMSA Honolulu, HI

Senior Manager, Quality Administration

- Manage and oversee the HMSA's Quality Improvement (QI) Program for Commercial, Medicare and Medicaid lines of business including the development, implementation and evaluation of strategies/initiatives to ensure that HMSA members are receiving the best possible care and service, maximize HEDIS and CAHPS performance, maintain the highest level of *NCQA Health Plan Accreditation*, reach *HMSA's Drive to Excellence Corporate Quality Goals* and meet/exceed any regulatory quality improvement requirement
- Direct the daily activities of QI Staff (12 FTE) responsible for standard quality reporting (HEDIS, CAHPS, HOS, PCMH CAHPS, CG CAHPS), management/oversight of delegated functions and vendor contracts, compliance to regulatory and accreditation standards, reporting of progress towards corporate quality goals to Senior

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Management and maintenance of the overarching Quality Improvement Committee Structure to ensure that quality remains a visible and ongoing priority throughout the organization for all lines of business

Feb 2000 – Jan 2001

HMSA

Honolulu, HI

Supervisor, Quality Improvement

- Supervise staff of professionals responsible for Quality Improvement activities, including clinical data abstraction, validation and reporting
 - Ensure compliance with all external and internal quality standards, including Federal and State regulations, and that documentation is audit/accreditation ready on an ongoing basis
 - Responsible for coordinating and chairing various Quality Committees, as well as reporting results of department activities and quality outcomes through this committee structure to the HMSA Board of Directors
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Nov 1997 – Feb 2000

HMSA

Honolulu, HI

Quality Improvement Analyst, Medicare

- Responsible for ensuring compliance to Federal quality standards for HMSA's Medicare line of business
 - Participated as a member of a core team to complete the Federal application and successfully implement a new Medicare Plus Choice product (Health Plan Hawaii *Classic*)
 - Represented the special needs of the Medicare population in the development of Quality Improvement programs and activities, including a comprehensive geriatric risk assessment and nurse information line
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June 1994 – Oct 1997

SCAN Health Plan

Long Beach, CA

Resource Manager / Lead Medical Social Worker– Extended Home Care

- Performed in-home assessments with frail, at-risk members to determine eligibility for extended home care benefits, assessing functional, psychosocial and health status, using California State Nursing Home criteria
 - Developed appropriate treatment plans for qualifying members, working in collaboration with other healthcare professionals; authorized the implementation of community based, long term care benefits with the goal of maximizing member functional status, independence and health outcomes
 - Responsible for the provision of ongoing orientations with contracted medical providers to ensure accurate understanding and coordination of long term care in home benefits; interpreted contracts to resolve medical and ancillary network provider issues
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Sept 1993 – May 1994

Los Angeles Caregiver Resource Center

Los Angeles, CA

Family Service Coordinator

- Conducted in-home assessments and consultations with the family and caregivers of brain impaired adults as well as those suffering from the effects of traumatic brain injury
 - Assisted caregivers in planning for the immediate and long-term care needs of their loved ones
 - Coordinated with community organizations to provide financial, legal and social support to caregivers
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EDUCATION

USC

University of Southern California

Los Angeles, CA

Master of Science (MS)

- Gerontology/Healthcare Administration 
- Master's Thesis: *Communication Patterns Between Case Management and Contracted Medical Providers Within the Social HMO (Leonard Davis School of Gerontology)*

Bachelor of Science (BS)

- Gerontology 