

ANNA M. SALANTI

HEALTH CARE/HEALTH SERVICES INDUSTRY EXPERIENCE SUMMARY

Case/Disease Management, Providence Health Plans, Beaverton, Oregon, 2011-January 2015

- Provided care coordination services to Providence Health Plans (PHP) members. Care coordination services include: disease management programs, including educating, motivating and empowering members to manage their disease
- Provided care coordination services to PHP members for asthma, COPD, CAD, CHF, diabetes, ESRD and cancer disease management programs
- Triage and referral, transition of care planning, end of life care planning, other acute and catastrophic case management. These services are offered to members and their families who have acute and complex health care needs; members with chronic conditions at risk for poor health outcomes and members who are terminal and nearing end of life
- Provided patient education, care coordination and general assistance with managing day to day functional needs
- Assisted with the management of member health plan benefits and offering assistance finding alternative services when benefits are exhausted
- Worked within the health plan framework of managing medical expenses in addition to working to improve access and quality care to our members
- National Committee for Quality Assurance (NCQA) Project Manager
- Accomplishments
 - Consistently achieved goals well above minimum standards for addressing member and commercial account needs for Case/Rare Disease Management
 - Created policies and procedures to meet NCQA criteria
 - Evaluated, reviewed and updated diabetes and congestive heart failure programs in relationship to NCQA Disease Management standards
 - Achieved a 100% NCQA interim score for Complex Case Management and Disease Management programs

Medical Management Project Coordinator, ODS Companies, Portland, Oregon, 2009-2011

- Acted as liaison between Quality and Medical Management Department to ensure accreditation standards are in place and being followed
- Communicated with and monitors delegated entities in relation to delegated Utilization Management (UM)
- Managed UM reports and informs management of contents/findings
- Prepared audit tools, performs file audits, compiles results and identifies areas for improvement

- Provided continuous communication and developed on going, professional relations to internal claims, customer service, professional relations, and appeals departments in order to ensure complete and accurate benefit determination of healthcare services programs were being met
- Assisted with staff training on new medical management programs and managed and maintained policies and procedures relating to medical management; up to and including updating medical criteria
- Consulted with medical director and physician consultants regarding policies and procedures, medical criteria and investigates the need for new medical criteria and develops policies as needed
- Organized policies and procedures to be presented at monthly Medical Quality Improvement Committee (MQIC) meeting, including sending agenda items to MQIC members and preparing report for management
- Participated in focused Quality Improvement projects, ambulatory reviews and population health management
- Identified and utilized community resources as part of the development of medical criteria and policies and procedures
- Updated and maintains Focus Chart (guideline tool for processing preauthorizations)
- Utilization Review
- Used Milliman software for pre-authorizations and Utilization Review
- Supervisor backup as needed
- Committees
 - AIM Delegation: Facilitator
 - Medical Necessity Criteria Work Group: Co-Facilitator
 - Focus Chart: Facilitator
 - Batch Edit: Member

Medical Case Manager, Oregon Health Science University Hospital Emergency Room, Portland, Oregon, 2009

- Averaged daily census of 135-150 patients
- Used InterQual criteria for patient admissions throughout OHSU hospitals
- Created Pediatric Observation Unit Guidelines for physician use
- Created Adult Observation Unit Guidelines for physician use
- Compiled low cost provider referral information by county for tri-county area
- Performed audit of Pediatric Observation admissions

Medical Case Manager, Managed Healthcare Northwest, Portland, OR, 1995-1996

- Concurrent inpatient review for four hospitals
- Case management for four accounts approximating 300 cases
- Roughly 250 Workmen's Compensation cases for SAIF Corporation

Medical Case Manager, Intracorp, Itasca, IL, 1993-1994

- Contributed to 42.3% net profits through implementation of management practice changes
- Achieved (as a team member) cost savings to customer with RI range of 7:1 to 10:1, by implementing new model pilot program which produced significant savings on identified high dollar, catastrophic illness and injury claims by maximizing treatment options while simultaneously minimizing potential complications.
- Implemented program in its entirety, from initial input to final feedback
- Managed company's largest account with this enhanced model
- Increased profitability 23% and diminished staff turnover 75% by effectively redefining the management structure and job descriptions affecting a 30-person team. Gold Medal Committee member and Catch a Star Award recipient.

Professional Representative, L'Nard Restorative Concepts. Inc., Clearwater, FL, 1991-1993

- Ranked among the top 20 nationally in sales
- Increased sales accounts in Northern Cook County, IL from two to 18 in a one year period

Hospice, Home Health, IV RN, Providence Community Home Care, Medford, OR, 1990-1991. Mission Spirit Award recipient.

Charge Nurse, (Dialysis Staff RN, Relief Charge RN, Critical Care Staff Nurse, Post ICU/CCU/Telemetry Unit), Rogue Valley Medical Center, Medford, OR 1986-1990

Special Procedures Nurse and Supervisor, (Emergency Room, Coronary Care, Intensive Care, Recovery Room, Medical Surgical Unit, Supervisor for Coronary Care and Intensive Care Units). Developed cardiac rehab program. Mt. Shasta Community Hospital, Mt. Shasta, CA, 1975-1986

Mulege Clinic, Planned and implemented rural stationary and mobile health care services at Mulege Clinic, Baja California, Mexico, 1985-1986

Staff RN, St. Luke's Hospital (Staff RN, Relief Charge Nurse, Nursing Team Leader), 1974-1975, and St. Joseph's Hospital (Burn Unit Staff RN, Plastic Surgery Unit Team Leader), San Francisco, CA, 1973-1975

NOT-FOR-PROFIT FOUNDATION WORK EXPERIENCE

Co-Founder, Latex Allergy Advocacy Group, providing research, education, and support to those interested in latex allergy. Also encourage local, state and federal entities to curtail the use of latex in the public arena. January 2015-Present

President, February 1994-Present and Board Member, Pacific Northwest Foundation, providing oversight for grants policies, project evaluations and funding, 1993-Present

Oregon representative for Education for Latex Allergy/Support Team & Information Coalition (ELASTIC), January 1997-2002

FOR-PROFIT AVOCATIONAL WORK

Owner/Manager, Shasta Shamrock Thoroughbred Ranch. Raised and marketed horses and cattle on a 50-acre ranch. Managed the care and feeding of 20 horses and 50 cattle, maintained the books and supervised the general property maintenance. Attained profitability in second year, 1983-1988

EDUCATION/CERTIFICATION

B.S.N. Drexel University, 2009

B.S. in Health Sciences, Chapman College, Orange, CA, 1982

R.N. Diploma, St. Luke's School of Nursing, San Francisco, CA 1973

National Certification for Medical Case Managers, National Medical Case Managers Association, November 1993 to present (active)

Medical-Legal Consultant, Medical-Legal Consulting Institute, Inc., Houston, TX, 1994

Registered Nurse: California (active since 1973), Washington (active since 2008), Oregon (active since 2009)

Additional Training: Healthcare

Continuing Educational courses to maintain California and Washington state licensure and Certified Case Management Certification. Knowledge of Spanish and Italian Languages.