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*Healthcare IT Professional with comprehensive background in Medicaid Enterprise DDI and Operations; project management; Medicaid enterprise strategic planning; current understanding of CMS certification/APD/relationship activities; business analysis, system design and development experience; area of expertise is Provider Management, Operations Management (claims), PBM, and Prior Authorization.*

**CORE COMPETENCIES**

* Actively involved in defining modularity for Medicaid Enterprise System implementations
* Planning, design, development, and implementation of MMIS systems in 10 states
* Thorough understanding of MITA 3.0 Business Processes, CMS MECT v2.2 Certification Requirements (MMIS and MITA and 5 Common CMS Checklists), and CMS’ MECL
* Recently (11/2017) participated in Vermont’s Certification of their Pharmacy Benefit Management (PBM) module
* Established relationship with CMS Central Office and Regional Office leadership staff
* 17 years of Healthcare IT Project Management and Business Analysis experience in all phases of the SDLC; Experienced with Project Management methodology, processes, and artifacts inegrating PMBOK principles, CMS Certification MECL principles, and practical Medicaid Enterprise integration principles.
* Thorough understanding of state procurement process (development, evaluation, and management of RFI’s, RFP’s), CMS’ Conditions and Standards, development of PAPDs, IAPDs, IAPD-Us, and OAPDs
* Highly skilled in translating business and functional requirements into technical requirements
* Management of MMIS project schedules, project requirements, and deliverables
* Experience establishing and presenting formal communication plans for all project stakeholders
* Proficiency in Microsoft Excel, Project, Visio, Word, Outlook, PowerPoint, and SharePoint,

Skype for Business, WebEx, and GoToMeeting

**PROFESSIONAL  
  
*MMIS Program Manager,*** *Speridian Technologies, LLC, Vermont Agency of Human Services, Williston, VT 05/2017- Current*

*–* Supporting the Design, Development and Implementation (DDI) activities of Vermont’s Medicaid Enterprise System (MES). Particular focus on strategic planning for procurement of Medicaid modules (PBM, Care Management, Provider Management, Program Integrity, Business Intelligence, Operations Management (Claims Processing, PA, Reference).

- Using best practices from previous MMIS related experience to guide current MMIS project implementations.

- Oversees development of statements of work, scope/priority definitions, project charters, PPU’s, and the creation of budgets and schedules for large complex projects within the MMIS program.

- Oversees the selection of assigned personnel for roles within projects.

- Works with vendor management and business leads to define point(s) of contact with contract/vendor program management.

-Performs ongoing review of program status; identifies risks. Documents program progress including implementation, timelines, issues, risks and successes to maintain program course. Assesses results and determines and implements risk mitigation solutions as appropriate.

- Works as a member of the MMIS Steering Committee with the Medicaid Director, Certification Lead, IT Technical Director, and Program Business Sponsor/Lead ensuring awareness, collaboration and progress across the MMIS program.

-Interfaces with team members, stakeholders and management to anticipate and manage changes to projects, such as but not limited to, technical requirements, business requirements, project scope, project budget, and project schedule.

- Determines when additional resources are needed and implements same. Identifies or gathers information regarding possible solutions that may create additional, different or unique project objectives or results.

- Prepares and recommends program operating and personnel budgets for approval. Monitors spending for adherence to budget, recommends variances as necessary. Balances program resources (people, budget, materials, time) to optimize program objectives for several large, complex, projects.

***MMIS Consultant,*** *JSE Consulting, Lincoln, NE, 08/2016 – 04/2017*

-Project Manager and Senior Business Analyst duties related to the modernization of the Nebraska MMIS  
-Business process analysis and performance assessments for the assigned projects  
-Develop APDs & CMS Certification plans for selected Medicaid Enterprise System (MES) modules  
-Define project scope and project work plans for Project Integration of MES modules  
-Liaison role between business and IT verticals, produce business designs that integrate functionality

***MMIS Project Manager, FL MMIS,*** *Cambria Solutions, Inc. Tallahassee, FL, 11/2015 – 8/2016*

-Implement and oversee deliverables, participate in the development and presentation of business development proposals, including writing or evaluating RFPs, RFQs, RFIs and IAPDs  
-Develop and maintain key client relationships, including Medicaid CIO and Executive Director   
-Adherence to PMBOK methodologies, i.e. building and managing project plans, managing project expenses within the allocated budget, and managing project risks and issues   
-Assist State Medicaid Project Director and CIO with vendor’s contract and amendment -Oversee business requirements, functional design, prototyping, testing, training, and support

***Medicaid Claims Consultant,*** *TM Floyd & Company, Raleigh, NC, 04/2015 – 10/2015*

-Technical Medicaid subject matter expert to define & resolve problem with high tech radiology and ultrasound claim/PA mismatch resolution between NCTracks and eviCore   
-Responsible for claims processing, program integrity, and business intelligence  
-Liaison and coordinator for claims processing and prior authorization issues.

***Project Manager/ Senior Business Analyst,*** *Quality Software Services, Inc. (QSSI), Baltimore, MD, 11/2014 – 04/2015*

-Worked on Medicare/Medicaid Data Matching Pilot project, which loads and algorithmically matches Medicaid provider and beneficiary data against Medicare provider and beneficiary data in CMS’ Integrated Data Repository (IDR)   
-Match beneficiary/provider data against claims data in an effort to identify fraud, waste, and abuse   
-Develop and maintain the project schedule using MS Project; create the CMS Requirements Document, the CMS System Design Document, Decision Analysis Resolution (DAR) and other CMS supporting artifacts

***Senior Medicaid Program Advisor,*** *Software Consortium, Inc., Baltimore, MD, 08/2013 – 10/2014*

-Collaborate with stakeholders of the MHBE, Maryland Dept. of Health and Mental Hygiene (DHMH), MD Department of Human Resources (DHR), and MD HIX IV & V staff to facilitate/resolve program design and development issues   
-Write PAPDs, IAPDs, IAPD-Us, and OAPDs to receive additional CMS funding for the MD HIX project   
-Establish risk management and issue management tracking system   
-Facilitate decisions across groups of diverse stakeholders, including directors and managers from multiple State agencies  
-Ensure project deliverables’ completion and that they meet State HIX requirements   
-Ensure approved project deliverables and documentation are maintained in the SharePoint repository

***Senior Business Analyst/Medicaid Subject Matter Expert,*** *CSC/Maricom, CMS Master Data Management (MDM) $105 million Contract - Baltimore, MD, 09/2012 – 08/2013*

-Provide enterprise data services, identity resolution for Medicare and Medicaid beneficiaries and providers to support the agency’s information systems  
-Develop and present CMS stakeholder presentation to share MDM solution before deployment to production  
-Develop project WBS structure in Microsoft Project to build the schedule for each MDM release.  
-Write technical specifications documentation and present technical solutions to CMS stakeholders  
-Create MDM test plans, test case scenarios, and perform testing prior to production deployment   
-Oversee delivery of Detailed Design Documents (DDD), test summary reports, and release management artifacts

***Senior Consultant,*** *CGI, Baltimore, MD, 08/2011 – 09/2012*

-Advisor for DDI of Colorado Health Benefit Exchange project   
-Conduct Requirements Validation sessions and JAD sessions   
-Establish Document Repository in SharePoint for all project artifacts.  
-Implement communication management process via status meetings, timely emails, deliverable schedules, WebEx presentations  
-Serve as CMS SME, keep team apprised of CMS developments related to project activities   
-Provide guidance and direction on CMS policies and procedures and participate in preparation and execution of establishment/Gate Reviews   
-Establish risk and issue management process   
-MMIS Deputy Project Manager on procured MMIS contracts, health care systems consultant on assigned projects

***Medicaid Health IT Specialist****, Centers for Medicare and Medicaid Services (CMS), Center for Medicaid, Chip, Survey and Certification (CMCS), Baltimore, MD, 11/2010 – 08/2011*

-Review State Medicaid Health Information Technology Plans (SMHP's) and Implementation Advanced Planning Documents (IAPD's) from State Medicaid programs for completeness and accuracy to approve/deny requests for CMS funding for Electronic Healthcare Provider Incentive Payment program   
-Write impact analyses for State Medicaid programs to implement T-MSIS reporting requirements to CMS Provide updates and policy clarification by delivered presentations at various HI-TECH and MMIS conferences   
-Review/analysis of the MITA/HITECH crosswalk and MITA/HITECH business process alignment related to EHR provider incentive payment program   
-Analysis and input into the proposed MITA 3.0 Framework

***Medicaid Subject Matter Expert****, CNSI, SDMMIS Project, Pierre, SD*, *06/2008-10/2010*

-Functional Team Lead for Provider Management and Prior Authorization teams   
-Implement transfer from legacy MMIS to web-based South Dakota MMIS  
provide leadership as liaison between internal/external business community, IV & V staff, and the IT team to provide technical solutions for requested user needs, translate business requirements into functional requirements and specification  
-MITA Experience– (1) Analyze and complete assessment of the “As-Is”   
and “To-Be” capabilities of South Dakota’s MITA Business Objectives for Provider Management and Prior Authorization functional areas, (2) Mapped the MITA process areas to Use Cases for the Provider Management and Prior Authorization functional areas, (3) Analyzed and defined the quality measures for MITA levels 1-5 for each Business Process within Provider Management and Prior Authorization, (4) -Determined the “As-Is” and “To-Be” MITA Maturity Levels for the business process areas within Provider Management and Prior Authorization   
-Conduct Requirements Validation sessions and JAD sessions   
-Effectively met all requirements requested for the new South Dakota MMIS.  
-Write, oversee, and deliver the formal Requirements Validation Documents and Requirements Traceability Matrices for Provider Management and Prior Authorization for the new SDMMIS  
-Create solutions in the Iteration Design and Development sessions and demo sessions associated with the agile approach to design and development of the SDMMIS

***Team Lead/Senior Business Analyst***, *Arkansas Blue Cross and Blue Shield, Little Rock, AR,* *2004 - 2008*

-Worked with AR Blue Cross/Blue Shield’s claims processing system (private business side of BCBS) managing projects from initial specifications through implementation  
-Develop, design, test and document necessary system modifications  
-Develop test plans, test case scenarios, and test scripts to insure functionality  
-Present and communicate solutions  
-Ongoing assessment of Group Claims Processing System (GCPS)

***Project Manager****, Beverly Enterprises (Golden Living) Fort Smith, AR 1993 –2003*

-Manage numerous IT projects related to Medicare and Medicaid billing and collections for Beverly’s 400+ nursing facilities   
-Supervise technical/operations staff   
-Establish project governance, risk management process, issue management process, communications management process and deliverable management process  
-Effectively streamlined Beverly’s Therapy Interface Project billing and collection process of therapy services which resulted in enhancing company bottom line by $15 million.

**EDUCATION**

**ARKANSAS STATE UNIVERSITY***Bachelor of Arts Degree in Sociology***WESTARK COMMUNITY COLLEGE***Computer classes, ongoing, 1993 – 2003*

**CERTIFICATIONS & LICENSING**

CMS’ Contract Officer’s Technical Representative Training Certification, 07/2011  
Project Management & MS Project 10/2007; Project Management 10/2005  
Time Management, 1986, Consulting Skills DP Professionals, 12/89; Medical Terminology, 1986  
ICD-9-CM Diagnosis Code Training, 1986