

# Jennifer Krupp, MPH, MBA, PMP

SENIOR EXECUTIVE, HEALTHCARE



June 9, 2023

Dr. Florence Jameson, MD  
Chairwoman, Board of Directors  
Silver State Health Insurance Exchange

Re: Executive Director Open Position

Dear Dr. Jameson:

I am writing to express my interest in the Executive Director role at the Silver State Health Insurance Exchange. As the agency's former Chief Financial Officer, and member of the core leadership team that successfully drove the transition to a State Based Exchange, I am confident in my ability to lead Nevada Health Link to effectively accomplish its mission and strategic priorities.

As a result of the pandemic, the national approach to health care has shifted to an increasing focus on advancing equity, expanding access to quality, affordable coverage, and public policies to improve health outcomes. As the healthcare landscape continues to evolve, especially in the wake of the Public Health Emergency unwinding, leaders are challenged to find ways to do more with less.

I've been at the forefront of leveraging strategic planning, innovative programs, and policy development in healthcare and health insurance to expand services and benefit the public for the last seventeen years. I am adept at developing and implementing innovative solutions that are efficient, enhance capacity, and are cost effective.

My passion for improving the public health and well-being, combined with my ability to drive results and foster collaboration, make me an ideal candidate for this position. I most recently served as the Deputy Director of Outreach and Enrollment at the Virginia Health Benefit Exchange, which brought me to Richmond. Prior to that, I was the CFO at the Silver State Health Insurance Exchange. In both positions, I played a pivotal role in shaping and leading the exchanges to meet their objectives through transparent and effective change processes. A few other key career achievements include the following:

## Value Offer

- **Proactive Strategies & Impactful Statewide Programs:** To maximize Affordable Care Act program effectiveness, enrollment growth, quality, and compliance I developed and revised agency policies, procedures, and reporting metrics. Additionally, I modified the ACA-mandated Navigator program to align consumer outreach, education, and enrollment assistance with evidence-based best practices for promoting well-being among population groups.
- **Financial Sustainability:** Increasing statewide health insurance coverage 7.6%, I enabled over 11,000 uninsured residents to enroll in coverage and access subsidies over the course of the pandemic at no additional agency cost. I also enabled services expansion during the pandemic by cutting operational costs 28% year-over-year.
- **Operational Excellence:** At the Nevada Department of Health and Human Services, I delivered the ability to extend direct medical services to an additional 2,000 individuals by saving \$175K per year in grant expenditures, and I increased federal grant funding by \$500K annually.

## Credentials

Master of Public Health (MPH)  
Master of Business  
Administration (MBA)  
Project Management Professional  
(PMP)  
Lean Six Sigma Black Belt  
Certified Contract Manager  
Grants Manager

I would welcome an opportunity for an interview to discuss your needs and how my experience and skills meet them. Please contact me for additional details about the capabilities I offer. Thank you for your time and consideration.

Sincerely,

Jennifer Krupp

# Jennifer Krupp, MPH, MBA, PMP

## SENIOR EXECUTIVE, HEALTHCARE

*Driving positive health outcomes for the public through state and national thought leadership, proactive strategy and policy development, powerful statewide programs, sound fiscal health, and operational efficiency.*

Healthcare executive with 17 years of broad experience across the healthcare industry, including regulatory board roles, leadership for government payers and programs, hospital and provider administration, direct clinical care, and success in population health management initiatives. Synergistic and influential leader in planning and orchestrating large-scale initiatives that produce lasting, systemic change, including implementation of the Affordable Care Act in multiple agencies.

- **Savvy in catalyzing change and convening diverse stakeholders from the private and public sectors** to collaborate and transform healthcare policies, approaches, state and federal legislation, and state practice standards to benefit the public, including medically underserved and at-risk populations. **Consensus-building expert**, able to influence buy-in of disparate stakeholders with competing interests.
- **Versatile and flexible leader** able to wear many hats to achieve and exceed goals. Broad leadership extends across policy, development, population health management, fiscal management, operations, and scaling organizations for growth. **Excels in building and scaling dedicated, high-performance teams with 100% retention**, driving employee development, coaching and mentoring team members to career success.
- **Certified Project Management Professional and Lean Six Sigma Black Belt** with extensive experience in growing and improving government healthcare programs, outreach, service delivery, quality, and financial results. Foster a culture of continuous improvement through large-scale, complex programs and projects, including implementing complex legislation. Track record of double-digit savings percentages used to extend the reach of services to thousands of residents.
- **Deep expertise in regulatory requirements of the Affordable Care Act, Medicaid, and Medicare.**

**Strategic Planning • Program Management • Operations Management • Process Improvement • Policy Development Partnership Development • Relationship Building • Quality of Care • Service Delivery • Managed Care Administration Negotiation • Contract Management • Team Leadership • Budget Management • Finance • Project Management**  
**Population Health Management • Stakeholder Collaboration • Advocacy • Presentations • Regulatory Compliance**

### Experience

VIRGINIA HEALTH BENEFIT EXCHANGE / STATE CORPORATION COMMISSION – Richmond, VA

Oct 2021 – Mar 2023

#### Deputy Director, Outreach and Enrollment

Oversee state government agency enrollment, outreach and policy development and implementation activities for health insurance program related to the Affordable Care Act. Overall responsibility for enrollment and outreach, including strategic planning and execution across operations, policy, and integration with state and federal agencies. Manage operational and program quality, service delivery, vendor contracts, and compliance. Develop and update program policies and procedures. Establish program KPIs and monitor performance.

Head statewide enrollment and outreach strategies and consumer assistance operations for the health insurance marketplace. Full responsibility for eligibility and enrollment policy development and implementation for the Exchange, including eligibility determination system design, eligibility coordination with state Medicaid agency, consumer assistance center design and functionality, marketing, outreach and enrollment management. Lead the Exchange's transition efforts with state and Federal agencies, including building and managing relationships that are essential to the success of the transition from the federal platform.

- **Played a lead role in the planning of the transition from Healthcare.gov to a, State Based Exchange**, ensuring transition development and execution is in alignment with short and long-term strategic priorities for the Commonwealth.
- **Organized and executed Medicaid coordination workshops** to identify areas of needed coordination between the Virginia's Medicaid and Social Services agencies to ensure transition buy-in, resulting in ongoing and collaborative policy development efforts.
- **Drove enrollment and outreach efforts** resulting in a 18% increase in enrollment through statewide promotion of the Exchange.
- **Defined eligibility determination policy and processes** for the Exchange, including Medicaid determinations overseen by the Exchange, successfully ensuring buy-in with Virginia's Medicaid and Social Services agencies and the Centers for Medicare and Medicaid Services.

**Chief Financial Officer (CFO)**

Oversee state government agency operations and health insurance program related to the Affordable Care Act. 100% overall fiscal and budgetary responsibility for the agency, including strategic planning and execution across operations, policy and compliance, IT, and quality assurance. Govern operational and program quality, service delivery, vendor contracts, and compliance. Develop and update program policies and procedures. Establish program KPIs and monitor performance.

Head finance strategies and administrative operations for state agency operating the online health insurance marketplace. Full accountability for a \$25M annual budget, including accounting, revenue development, fiscal management, procurement, contract management, and grant management for the state agency that oversees and operates the online health insurance marketplace. Direct the research, analysis, and creation of the agency's biennial budget request. Prepare and justify policy and budgetary recommendations to the Office of the Governor and the State Legislature for approval and inclusion in the State of Nevada

**Executive budget.**

- **Played a lead role in the planning and successful execution of the transition from Healthcare.gov to a fully autonomous, State Based Exchange**, delivered on time, and at a first year cost savings of 15% under budget.
- **Identified and implemented agency wide operational and vendor efficiencies** resulting in an average annual cost savings of 28% year-over-year, allowing service delivery expansion during the COVID-19 pandemic.
- **Successfully secured 100% federal reimbursement in CARES Act and ARPA funding** of all agency expenses related to the creation and implementation of two Exceptional Circumstances Special Enrollment Periods, allowing over 22,000 residents the ability to enroll in health insurance coverage and access subsidies.
- **Established a new partnership with the state's Medicaid and Welfare and Social Services agencies** to leverage federal and state fund matching to expand outreach activities to medically underserved and at-risk populations statewide using the Navigator program.
- **Overhauled the ACA mandated Navigator program** to mirror evidence-based community interventions, including the establishment of tested evaluation protocols to measure and report on program success.
- **Boosted performance of state-based exchange technology and call center vendor.** Led a full-scale risk assessment and root cause analysis to mitigate risk and implemented preventative action plans to ensure continuing contract success.

**Population Health Systems Manager, Nevada Division of Public and Behavioral Health (DPBH)**

Planned, developed, and coordinated implementation of population health initiatives across 4 multi-clinic health systems serving nearly 20,000 residents.

Provided administrative direction and oversight of statewide Cancer Prevention and Heart Disease and Stroke Prevention Programs, operations, and staff with a focus on improving health outcomes through increased preventative care. Defined and monitored progress on strategic program goals and objectives. Implemented policies and procedures changing due to political administration. Managed \$6M

annual budget of state and federal grant funds distributed across 17 sub-awardees, vendors, and contractors. Ensured state and federal regulatory compliance and reporting.

- **Spearheaded the state's Heart Disease and Stroke Task Force of 64 cross-functional subject matter experts and representatives** from public health agencies, policy coalitions, and clinical settings. Jumpstarted collaboration after a year of no meetings among stakeholders.
- **Delivered ability to expand program 10% by saving \$175K per year** in grant expenditures. **Saved \$150K** by reducing waste while closely monitoring compliance and maintaining continued funding. **Uncovered and corrected \$25K in incorrect grant expenditures.**
- **Strengthened program stability** by increasing federal grant funding by \$500K YoY.
- **Advanced team capabilities** by mentoring 3 staff members to obtain Lean Six Sigma Black Belt Certification.
- **Achieved 100% execution of state general funds** through an innovative approach leveraging existing policies and procedures to expand the scope of services.

**Business Process Analyst, Division of Healthcare Financing & Policy**

Assessed and defined operational objectives for Nevada Medicaid business functions, analyzed health information systems, and advised on changes aligned with requirements of Affordable Care Act and Centers for Medicare and Medicaid Services. Managed technology projects related to medical claims processing, adjudication, policy review, risk management, and compliance. Planned roadmaps, identified milestones, built project teams, and developed and monitored budgets. Monitored project progress, resolved problems, and prepared reports.

- **Supported scaling and growth** for program volume increase from 250K to 600K within one year.
- **Played a key role in implementing regulatory reporting, provider screening, and proper payment processing of health plan claims.** Collaborated to define requirements, map workflows, and develop, roll out, and improve health information technology systems.

**Program Manager**

Implemented and administered the day-to-day operations of Recovery Audit Contracts (RAC) for Nevada and Nebraska Medicaid programs, including the identification of audit targets. Developed and communicated strategies to address risk management, created and executed contingency plans, and monitored compliance and regulatory issues affecting assigned contracts. Identified opportunities to develop collaborative relationships and acted as a liaison between government clients, senior management, and operations staff. Developed and presented oral and written reports to HMS executives and senior leadership regarding audit findings and recommended courses of action. Assisted with development and execution of annual budgets. Communicated lessons learned to peers throughout the company to ensure successful contract execution in other markets.

- **Assisted in recovering ~\$8M in improper payments for Medicaid agencies and \$675K for HMS** by supporting development and sale of Medicaid RAC audit targets.
- **Strengthened contract effectiveness** by advising HMS executives and senior leadership on audit findings and courses of action and modifying policies and procedures for managing Medicaid RAC.
- **Fostered collaboration between internal and external stakeholders** by identifying opportunities to build relationships and acting as a liaison between government clients, senior management and operations staff.
- **Reduced contractual risks** by strategizing and implementing contingency plans and monitoring compliance and regulatory issues.
- **Maximized operational efficiency** by conducting root cause analysis of inefficiencies and creating preventative action plans.

**Transformational Care Team Lead**

Quarterbacked enterprise-wide Lean/Six Sigma process improvement initiatives and change management projects. Partnered with executive leadership to communicate and manage strategic priorities. Led the Critical Care team.

- **Turned \$40M annual loss to break-even through streamlining, waste reduction, and operational efficiency. Propelled operational productivity, patient care quality, revenue, and budgetary stability** by driving various initiatives.
- **Championed quality improvement through integrated care** by conducting a feasibility study to incorporate and implement community-based care transition coaches within the hospital.
- **Steered team to accelerate patient transfer time 50% and raise staff productivity to 102%.**
- **Made headway in reducing patient readmissions** by analyzing and educating staff and leadership on related initiatives and processes.
- **Supported a CMS-funded care transitions grant for the community** by researching and collecting hospital data.

## Board Contributions

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### Board Member • NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM (PEBP)

May 2020 – Present

PEBP administers a group health and life insurance program for public employees.

- **Key role in shaping planned benefit design and overcoming impacts of budget reduction.** Assisted in evaluating eligibility and enrollment vendor.

### Community Advisory Board • RENOWN HEALTH

2015 – 2018

Renown Health is the largest locally-owned not-for-profit healthcare network in Northern Nevada.

- **Contributed to facilitating informed leadership decisions** by serving as a community advisor and the voice of the community, representing and educating the Board of Directors and senior leadership on community healthcare trends and patient insights.

### Board Member • NEVADA STATE BOARD OF NURSING

Nov 2011 – Oct 2015

Appointed to the 7-member Board of Nursing by Governor Sandoval to collaborate and advise on regulating nursing for the State of Nevada. Partnered with community and government agencies to promote the public health and welfare.

- **Influenced legislative priorities and nursing practice standards to enhance nursing quality in Nevada.**
- **Instrumental contributor in establishing Nevada Administrative Code (NAC)** regarding autonomous practice for advanced practice nurses.
- **Protected the public health** by assessing and making decisions about the quality and accreditation of nursing schools in Nevada and license renewal and issuance for nursing personnel having allegations of unethical or unsafe practices.

## Education

**Master of Public Health (MPH) • 2013**  
Benedictine University – Lisle, IL

**Master of Business Administration (MBA) • 2013**  
Benedictine University – Lisle, IL

**Bachelor of Science, Biology • 2009**  
University of Nevada – Reno, NV

## Certifications

**Project Management Professional (PMP) • Project Management Institute (PMI)**

**Lean Six Sigma Black Belt • Lean Sigma Corporation**

**Certified Contract Manager • State of Nevada**

**Grants Manager • State of Nevada**

**Grants Management Training • Grants Management USA**

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SENIOR EXECUTIVE, HEALTHCARE



REFERENCES

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Heather Korbolic

[Redacted]

[Redacted]

Sandie Ruybalid, CPM

[Redacted]

[Redacted]

April Caughron, CPM

[Redacted]

[Redacted]

Karissa Loper, MPH

[Redacted]

[Redacted]

Laura Rich

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