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**PROFESSIONAL
EXPERIENCE:**

RUTGERS CENTER FOR STATE HEALTH POLICY

New Brunswick, NJ (February 2001- present)

Executive Director (January 2009-Present)

Acts as Center's Chief Operating Officer (COO), overseeing all day-to-day functions for the Center, including strategic and financial planning, research development, administrative management and daily operations. Specific responsibilities include:

- Oversight and management of Center's annual \$3.1 million annual budget, including management of Center's infrastructure grant from the Robert Wood Johnson Foundation as well as other discretionary accounts funded through the University (est. \$2.3 million).
- Directing Center's Affordable Care Act (ACA) research portfolio including a \$14.1 million Health Care Innovation Award (HCIA) from the Center for Medicare & Medicaid Innovation (CMMI) which adapts a high utilizer care management pilot program in 4 clinical sites around the country.
- Representing the Center's interests and serving as liaison with senior policymakers and state officials in New Jersey.
- Supervises staff of 12 research, financial and administrative staff.

Senior Associate Director (October 2006-December 2008)

Develops and implements all strategic and financial planning activities. Continues to serve as the Center's representative with senior policymakers, officials and other experts in the health policy community. Other responsibilities:

- Directs all communications and website development initiatives, including two year project that culminated in 2006 launch of the Center's dynamic publications page.
- Serves as content expert on health care coverage/managed care projects, including reviewing/editing all publications prior to release.
- Supervises staff of 6.
- Conducts process improvement analysis for key functions and operating procedures within the Center and makes staffing decisions accordingly.

Associate Director for Planning & Program Initiatives (2004-September 2006)

Served as organization's liaison with the health policy community in New Jersey, including regulatory officials from the NJ Departments of Human Services, Health & Senior Services, and Banking and Insurance, as well as from the Office of Legislative Services and senior stakeholders from commercial insurance carriers. Other responsibilities:

- Project Director for Center's "core" funding grant from The Robert Wood Johnson Foundation (\$11 million+).
- Conducted quality review and editing processes for all Center publications (e.g., research reports, newsletters, and issue briefs).
- Responsible for collection and management of all bibliographic research information which is tracked and shared with the University on a monthly basis.

Senior Project Manager (2001-2004)

Managed the Center's external affairs and strategic project initiatives. Responded to short turn around policy analysis requests, particularly in areas relating to managed care.

- Project Director for Center's \$1.4 million Health Resources & Services Administration's State Planning Grant to study the uninsured which includes 11 research projects and a multi-agency state Steering Committee established to govern all grant activities.
- Direct supervisor for the Center's Publications Manager, a graduate assistant and a member of the junior research staff.

PRUDENTIAL HEALTHCARE, A Member Company of Aetna U.S. Healthcare
Iselin, NJ (1995-2000)

Integration Project Manager (2000)

Selected by Prudential HealthCare and Aetna US Health Care executives to lead a corporate integration team. Responsible for transition of Quality Improvement Medical Appeals Unit to an AUSHC site.

- Developed action plan that allowed all operations to be successfully integrated one month ahead of schedule.
- Directed hiring, training and development of staff and addressed all administrative issues related to the launch of the new business unit.

Quality Improvement Manager (1999)

Responsible for all initial credentialing and recredentialing activities for Eastern States Health Plan provider network, consisting of 24,000 providers. Managed staff of 22 associates in multiple locations.

- Managed multifunctional integration project with AUSHC counterparts, which focused on the collection, analysis & distribution of PHC provider Credentialing data.
- Implemented use of Cactus, credentialing tracking software, which improved operational efficiency by 25%.
- Reduced overdue recredentialing burden to 3%; 2% below national average.

Business Operations Manager (1999)

Directed Health Plan's Total Quality Management projects, including reengineering of credentialing process. Established workgroup consisting of Network Management, credentialing and database representatives.

- Implemented a revised process, which resulted in a 75% increase in the number of complete applications.
- Created standard measurement tools used to analyze workflow efficiency.

SeniorCare Product Manager (1998-1999)

Responsible for Member Services, Appeals & Grievances, Regulatory Compliance, Enrollment & Retention, Network Development & Reconciliation of Health Care

Financing Administration (HCFA) reports. Managed staff of 7. Operating budget of \$1 million.

- Directed preparation for post-implementation HCFA site visit, securing approval for ongoing SeniorCare product.
- Created matrix report which captured key business indicators, including medical loss ratio, enrollment statistics and network initiatives, and led to improved operational performance. Recognized as national template for standardizing product management.

SeniorCare Operations Manager (1997-1998)

Developed entire SeniorCare infrastructure including policies and procedures required for entry into the market. Effective product design led to successful enrollment of over 5,000 SeniorCare members in less than 2 years.

Associate Operations Manager (1996-1997)

Led successful pre-implementation HCFA site visit. Analyzed legislation that impacted product development, and designed high quality SeniorCare product that met all federal and multi-state requirements.

Medicare Risk Coordinator (1995-1996)

Singular responsibility for the collection, analysis, preparation and presentation of the Medicare Risk application. Fourteen-month process which culminated in the delivery of a 10,000-page application to HCFA in 1996.

OFFICE OF CONGRESSMAN BERNARD J. DWYER (1988-1993)

Congressional Aide

Resolved constituents' disputes with federal agencies and coordinated all Congressional nominations to service academies.

SERVICE

ACTIVITIES:

Consumer representative on New Jersey's Small Employer Health Benefits Program Board. Gubernatorial nomination requiring State Senate approval. (November 2004-present.)

Vice Chairperson (2012-present)

Member, Uninsured Work Group. Task Force on Health Insurance Coverage in New Jersey, New Jersey Department of Banking and Insurance. (October 2003 – July 2004).

EDUCATION:

M.S. - Public Policy Eagleton Institute of Politics, Rutgers, The State University of New Jersey, High Honors.

B.A. - Political Science. College of New Rochelle. *Summa Cum Laude.*