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Summary: Triple Board-Certified physician executive/consultant with vast experience in medical necessity and utilization review. Board Certified in Internal Medicine, Pulmonary Medicine, and Critical Care Medicine. Private Practice for 28 years and over fourteen, (14) years of experience in national insurance and payer companies. Dr. Flemister has served as Medical Director for Aetna, Blue Cross Blue Shield Association, and Next Level Health Partners.

**CURRENT CERTIFICATIONS** Internal Medicine – certified 1988 American Board of Internal Medicine. (ABIM). No expiration.

Pulmonary Medicine – certified through 2023 ABIM: enrolled in maintenance of certification program.

Critical Care Medicine – certified through 2025 ABIM: enrolled in the maintenance of certification program.

**EMPLOYMENT HISTORY**

10/01/2013-current, Frankfort, IL

Medical Health Solutions: Consultation services to companies regarding healthcare and compliance and medical devices. Sub-specialty medical reviews in Pulmonary and Critical Care Medicine. Independent Consultation services for multiple managed care organizations and insurance companies, including employment at various companies Aetna, AllMed, Expert, Dane Street, etc. in medical reviews. Lectures and consultation to device/medical technical companies and insurance issues private utilization, etc. and Medicare in fraud and abuse. Providing expert witness and medical file reviews. Updated medical legal education: 2016, 2017, 2018. SEAK training. Current in my medical CME educational activities.

11/01/2015-05/07/2016**: Next Level Health Care, Chicago, IL:** As interim Chief Medical Officer I assisted in managing a strategic relationship from a patient management company that became a manage care organization. I performed administrative activities, lead coordination of departments and reported to the CFO and board of directors.

Assured legal CMS/Medicaid and State of Illinois guidelines and criteria were implemented and met. Attended state of Illinois quarterly meetings for ACO.

I engaged with IT technology for databased management when converting from a patient management system to a managed care organization.

Worked closely with hospital staff, department directors, and physicians to ensure that the highest standards of quality and service are maintained.

Established interdisciplinary care teams, while transitioning to managed care and providing education for the staff.

I worked to improve clinical performance and maintain compliance with HIPAA, (Health Insurance Portability and Accountability Act), and other accreditation standards.

Performing review and maintain URAC standards for both Health Management and Credentialing.

I provided on-call services that involved timely concerns outside of the regular scope of business times to assure we were in compliance and best patient health outcomes could be achieved in receiving timely care.

Approves policies developed within various sub-functions and departments.

I worked to implement cost-effective, efficient medical interventions while maintaining optimum health care. (high outlier reviews and intense case management with home and family involvement).

Maintaining neighborhood healthcare facilities relationships and collaboration with University Hospitals and teaching systems. (University of Illinois, Mt. Sinai Medical Systems etc.) to promote engagement and growth.

Worked with provider network department not only to increase network but to fill deficiencies and assure network adequacies.

Worked with Pharmacy and PBM. Worked with pharmacy for pharmacy benefits, and special pharmacy committees to monitor and assess best practice analysis, patient compliance, safety, and cost-effective utilization. Ensure state and national policies for pharmacy and protected class drug.

Enforce and review the clinical guidelines and protocols.

Promote collaboration to both internal and external healthcare team members.

Oversee Quality Management Committee, including quality improvement and compliance

Credentialing Committee of Providers and work with provider networks and performance reviews.

All aspects of utilization. Utilization management with reviews of appropriate length of stay, location of services, pre-certification, appeals, peer to peer and network reviews

Re-admission review and strategic planning for admissions, with data mining and dashboard reconciliation.

Health Assessment Tool and risk stratification for triage and referral to appropriate departments.

Disease management, case management, behavioral and psychology departments and teams.

Lead staff to adopt HEDIS and other quality measurement activities

Special Initiatives: I developed an interdisciplinary asthma program for the multiple staff departments (including home health) that would engage the members, use national guideline criteria (NIH). This project followed members at point of contact, ER, urgent care, hospital, extended care and home care with education to improve respiratory health, decrease hospitalizations and healthcare utilization.

10/6/2014-10/2015

**Blue Cross Blue Shield Enterprise, Chicago, IL**. I was a pharmacy medical director and worked with a contracted Pharmaceutical Benefit Managers (PBM), and for the overall effectiveness of the pharmacy operations and programs. Additionally, this position requires collaboration with management and professional staff within HCSC and with external health care providers to improve quality of healthcare, optimize health outcomes and improve the cost of care.

As medical pharmacy directors of HCSC I reviewed pharmacy determinations for Montana, Oklahoma, New Mexico, Texas, and Illinois.

I was engaged with the P&T (pharmacy & therapeutics) committee, Technology assessment committee and PMB Pharmacy Management Benefit, (PMB), plans to complete timely and accurate assessment of pharmacy benefits and therapy, complying with all state and federal guidelines.

The reviews included specialty drugs to aid in reimbursement, services tailored to patients, their disease ensuring safety and healthy outcomes.

I applied state mandates and Blue Cross Blue Shield Clinical Polices, National guidelines Professional Medical Society Position Papers.

I conducted peer to peer reviews with the network medical physicians and providers.

### The reviews and assessments included drugs covered under the medical benefit and the pharmacy. This not only involved drug utilization review but the coverage requirements (disease states companion testing etc.)

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Drugs requiringRisk Evaluation and Mitigation Strategies (REMS)were evaluated as well asmedication formembers special needs referred additional services (eg, nursing) that will be required to support the drug and product Durable Medical Equipment (DME).

Location or point of service for care was reviewed for appropriateness of care and provide for optimum health care delivery.

Prior authorization and specialty authorization step edit programs consistent with member’s plan documentation were provided

Peer review with providers physicians, hospitals and other healthcare facilities were performed.

Appeals reviews for pharmacy and medical management were conducted.

I provided on-call services for pharmacy management that involved timely concerns outside of the regular scope of business times to assure we were in compliance and best patient health outcomes could be appropriately achieved in receiving timely care.

01/2003-07/2013

**Aetna Insurance, Inc. Mid America, Chicago, IL, Medical Director** I provided clinical leadership for the utilization management process of all ages, including pre-authorization, denials and appeals, specialty and sub-specialty reviews with medical

determinations using nationally published and recognized clinical guidelines.

Utilization review also included evaluation of the health history, diagnosis, pharmaceutical utilization, and medical device review for appropriateness of medical services.

These reviews covered medically necessary services and location of facilities: in-patient, out-patient, in-home health service.

Theses reviews encompassed concurrent reviews and retroactive reviews involving acute care, long-term care as well as chronic care. Reviews were with all plans of business including HMO, PPO, Specialty networks, and joint collaborative projects as well as Medicare.

Conducted appeal reviews and hearings, from physicians, patients, hospitals and other vendors or providers as well as peer to peer reviews. Provided assessment of risk management in medically and surgically complex cases, to achieve the best clinical outcomes while controlling cost as measured through data analysis.

For two (2) years, I coordinated medical with psychological/behavioral health plan benefits for improved patient outcomes.

Administered case reviews consistent with the Health Insurance Portability and Accountability Act with providers, patients, and staff.

Member of Aetna's clinical Policy Bulletin Committee, clinical policy research, analysis and clinical program development, and applied principles in utilization reviews.

I provided clinical direction and guidance to nurses and other staff for utilization and interpretation of protocols.

Involved with credentialing and re-credentialing of physicians.

I worked with the pharmacy for pharmacy benefits and participated in pharmacy committees to monitor and assess best practice analysis, patient compliance, safety, and cost-effective utilization.

Supported and provide clinical expertise in disease management, case management, and re-admission programs.

Analyzed data to identify opportunities for quality improvement for positive effective delivery of healthcare.

Engaged in quality metrics to assist in achieving NCQA accreditation.

Collaborated with other functional areas that interface with medical management including facility and network relations, contracting, member services, sales, benefits and claims management, healthcare delivery, national medical services and national accounts to achieve quality care.

Special Projects and Committees:

--Aetna's Clinical Policy Bulletin

As a member of this committee for seven, (7) years reviewed, updated, and revised Aetna policies, procedures, and covered benefits. All policies are vetted in this committee, including all medical, surgical, device, technology, pharmacy, and claims issues. New protocols and national guidelines were addressed at this. Evaluated new as well as prior coding issues, medical standards of care, and assessed coding logic, (combinations codes, deletions), for reformatting policies.

--Condition Analysis in Pulmonary Medicine.

Reviewed pulmonary topics for trending. This includes drug therapy, procedures, new techniques, and how this will impact Aetna. For example, I reviewed two (2) years of drug therapy for the drug, Xolair. This was to assure drugs were being used correctly, monitor outcomes, and grandfather members into the system that did not have the appropriate prior approval. Another example was to assess the effect Aetna would experience with the change from CFC to HFA inhaler drugs as the FDA required the pharmaceutical companies to change.

--Specialty Society Committee

I advised and provided to the Subspecialty Society Committee and Aetna senior leadership subspecialty information from the national group and leaders in the medical and surgical field. I had a direct intervention with Cardio-Pulmonary Exercise & Testing, Bronchial Thermoplasty, Allergy Standards, etc. providing national guidelines and protocols.

--Comparative Effectiveness Research (CER) Workgroup Meeting

As a member of this committee, I identified, evaluated, and compared research opportunities and how these studies may impact Aetna, as well as coordinate comparative research activities within Aetna. This group collaborates with other areas such as medical informatics to provide resources to study and assess outcomes. Additional information from international groups, Medical Society Guidelines, NIH, and universities are used to assure we are abreast of current trends and monitor effects.

--Ingenix Health Technology

As a member of this committee, I brought the Ingenix data to Aetna and incorporated this new

information technology and drug therapy so that it may be integrated into current management systems. Such examples include bronchial thermoplasty technology and the use of oncology drugs.

--Lectures

I have represented Aetna at local and national meetings, grand rounds and webinars. One national conference was the World Congress where I was the chairperson, a workshop leader and presented a major lecture, " Avoiding Hospital Re-admission and Improving Patient Care Strategies that work." Other lectures and conferences included the National Organ Donation and community service organizations. Topics have included HIV and Aids, Asthma Control, Ventilator Management, Chronic Obstructive Lung Diseases, (demographics, treatment strategy, outcomes, projected cost, etc.), Medical Genomics, and Medical Devices Strategies.

Served as a subject matter expert in Pulmonary Medicine and Critical Care Medicare to the Aetna staff, as well as performing second and third level appeal reviews in these areas. This is to assure the member received entitle benefits per plan policy but also to assure best medical practices and guidelines are utilized, minimize any litigation issues, and comply with state and national laws.

Prior Professional Experience 1979 to 2002

Practice limited to pulmonary medicine, critical care medicine and internal medicine in Joliet, Illinois. The practice includes the chronic and acute care of asthma, allergy, sleep disorders and other pulmonary diseases. This included lectures educational seminars, expert medical litigation and testimony in subspecialty areas. I created the Pulmonary Rehabilitation Department and Pulmonary Function & Pulmonary Stress Testing. Further information is available upon request.

Summary Details: Pulmonary Functions Laboratories, Pulmonary Stress Testing, Joliet, Illinois.

Silver Cross Hospital and St. Joseph Medical Center. I developed both Pulmonary Function Laboratory an Pulmonary Stress Testing in both facilities where there had not been capabilities.

Pulmonary Rehabilitation Department. I developed this department at St. Joseph Medical Center and had facility accredited.

Joliet Pulmonary Rehabilitation was developed by me as an outpatient facility and received accreditation.

1986 to 1988

Executive Committee at St. Joseph Hospital, Joliet, Illinois

1990 to 2002

Pharmacy and Medical Therapeutic Committee, Joliet, Illinois 1990 to 2002

Intensive Care Committee Provena St. Joseph, Joliet, Illinois 1993 to 2002

Teaching Medical Education, Joliet, Illinois 1993 to 1994

Medicine Committee at St. Joseph Hospital, Joliet, Illinois EDUCATION and TRAINING CERTIFICATIONS

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**CURRENT LICENSURE**

State License No. Expiration.

Illinois 036.052261 07/01/2023

Kentucky 40782 03/01/2021

New Mexico MD2015-0575 07/01/2022

Oklahoma 31562 06/01/2021

NPI National Provider Identifier No. 170015005

**EDUCATION**

Northern Illinois University, DeKalb, IL; received Bachelor of Science

Loyola University Stritch School of Medicine, Maywood, IL; received Doctor of Medicine Columbus Hospital, Chicago, IL; Internal Medicine Internship

Michael Reese Medical Center, Chicago, IL; Internal Medicine Residency

Hines Veterans Affairs Hospital, Hines, IL; Pulmonary Medicine and Critical Care Fellowship

**CURRENT PROFESSIONAL ASSOCIATIONS**

American College of Chest Physicians

Society of Critical Care Medicine

American College of Physicians

American Thoracic Society

American College of Physician Executives

Institute of Medicine of Chicago

Chicago Asthma Consortium