

Contact

www.linkedin.com/in/gregg-kunemund-1a5b169 (LinkedIn)

Top Skills

Managed Care

Medicaid

Medicare Part D

Gregg Kunemund

GK Healthcare Consulting Group
Naples, Florida, United States

Summary

As the Health Plan Medicare & Medicaid CEO & Executive accountable for achieving profit and loss targets, sales, network, market expansions, product designs and operations oversight for the Medicare Advantage, Part D, Group Retiree and Medicare Supplement portfolio of products in Alabama, Georgia, Louisiana, Arkansas & Mississippi (Serving over 776,000 members). Responsible for developing and deploying business plans at the market level with a strong focus on managing clinical and network costs and building relationships across the markets key stakeholders; regulatory, provider, claims, service operations, medical management, community partners.

Market Quality Leader directing team success, and moving STARS improvement from 2.5 to 4 STARS in over 91.4% of my 766,000 Medicare membership, and building team strategies to drive to 5 STARS

- As the Local Market Executive accountable for achieving profit and loss targets, sales, network development including ACO partnerships, market expansions, Medicare and Medicaid product designs and operations oversight for the Medicare Advantage, Group Retiree, Dual Eligible, Chronic, Part D and Medicare Supplement portfolio of products in Georgia Alabama, Arkansas, Tennessee & Mississippi. (Serving over 766,000 members)
- Oversee revenue of 7.2 billion & IOI of 673 million. (#1 for M&R last 5 years)
- Responsibility for strategy, growth, process improvement, policy development, program planning, profit and loss management, administration and operation of assigned plan functions, programs, and activities
- MLR accountability is primarily focused on revenue improvement (via RAF/Coding Accuracy, STAR ratings) and medical cost management

- Participated in CMS visit & audits. Work with State Medicaid for MIPPA/SMAC
- In an executive role, develop and manage business and information technology operations to improve service to the organization's members and healthcare professionals; improve the access and availability of healthcare services in existing markets and expand into yet defined new markets
- Execute strategies to meet or exceed annual goals that include but not limited to product development, sales growth, client relationships and overseeing claims, service, appeals & grievances, and enrollment operations for the region
- Oversee 25 ACO network gain-share and risk capitation deals
- NPS score 72 combined five states
- Responsible for working with key functional areas to create a competitive and integrated response to rapidly changing market and regulatory conditions

Experience

GK Healthcare

President

December 2024 - Present (6 months)

GK Healthcare Consulting Group is the leader in strategic consulting and specialized business Health Care solutions for government-sponsored programs. The Company was founded by Gregg Kunemund in 2022 who has a 39-year history as a thought leader and expert advisor to government-sponsored health plans, with a particular focus on Medicare Advantage. The Company's experts consist of managed care veterans who have served at every decision-making level of leading plans, PBMs, and state and federal agencies.

Consulting for Medicare and Medicaid Government Programs.

Gold Kidney Health Plan

Chief Operating Officer

May 2023 - December 2024 (1 year 8 months)

Gold Kidney Health Plan is a newly founded Medicare Advantage health plan, will serve Medicare beneficiaries in various counties in Arizona and Florida. Our employees are passionate in providing best services to our members and healthcare providers. We offer four CSNP plans in both states. Our niche is

serving Medicare Eligibles with Chronic conditions, especially for ESRD & Chronic Kidney Disease, Diabetes, Chronic Heart Failure and Cardiovascular

Our office is located in Scottsdale, Arizona. To learn more please visit <https://goldkidney.com>.

As the Local Market Executive accountable for achieving profit and loss targets, sales, network development including ACO partnerships, market expansions, Medicare product designs and operations oversight for the Medicare Advantage portfolio of products in all Gold Kidney states.

As the COO establishes business metrics required to meet state partner, member and care provider requirements. Tracks and submits all contract deliverables.

United Healthcare

Health Plan Chief Executive Officer (CEO) Medicare & Retirement
January 2010 - June 2022 (12 years 6 months)

Georgia, Alabama, Louisiana, Tennessee & Arkansas

As the Local Market CEO accountable for achieving profit and loss targets (overseeing 4.5 billion in revenue) sales, network, market expansions, product designs and operations oversight for the Medicare Advantage, Part D and Medicare Supplement portfolio of products in Alabama, Georgia, Louisiana, Arkansas, Tennessee & Mississippi. Responsible for developing and deploying business plans at the market level with a strong focus on Stars programs, managing clinical and network costs and building relationships across the markets key stakeholders; regulatory, provider, claims, service operations, medical management, community partners.

As the Local Market Executive, develop collaborative relationships with central service leaders to target local strategies such as; network composition, product mix/benefits, marketing campaigns, and membership retention programs, with the end result being optimal competitiveness- balanced with enterprise effectiveness.

Responsibility for strategy, growth, process improvement, policy development, program planning, profit and loss management, administration and operation of assigned plan functions, programs and activities. MLR accountability is primarily focused on revenue improvement (via RAF/Coding Accuracy, STAR ratings) and medical cost management

Market Quality Leader directing team success, and moving STARs improvement from 2.5 to 4 STARs in over 89% of my 766,000 Medicare membership, and building team strategies to drive to 5 STARs.

Oversee 122 ACO network gain-share and risk capitation deals & NPS score 70 combined five states

Blue Cross Blue Shield of Florida

Medicare & Medicaid Product & Operations Leader State of Florida
April 2004 - December 2009 (5 years 9 months)

Manager of Medicare Group Retiree & Individual Products Operations for Florida. Call Center, Products & Appeals and Grievances. Launch new products and expansion of Medicare Part D, Nationwide Medicare Advantage PFFS, Regional PPO, HMO, POS, Employer Group Waiver Plans (EGWP) and Medicare Supplement.

AvMed Health Plan

Director of Medicare & Medicaid Products & Service Operations
February 1991 - February 2003 (12 years 1 month)

- Direct the medical claims, customer service and enrollment of the Medicare Part A & B and Medicaid member service call center, claims and enrollment departments consisting of 2 managers 3 supervisors and a total of 100+ employees.
- Develop and implement performance standards for the Department. Hire, coach, mentor and lead staff to reach department goals.
- Filed market expansions with CMS and Medicaid benefits with OIR
- Handle 45,000 service calls, process 160,000 claims and 750 appeals on a monthly basis.
- Chair various CMS workgroups.

Education

SUNY Brockport

B.S., Education · (1978 - 1981)