

KENNETH W. (KEN) JANDA
President and Chief Executive Officer
Community Health Choice, Inc.

SUMMARY:

Ken is the President/Chief Executive Officer for Community Health Choice (Community), a non-profit, safety-net health plan licensed by the Texas Department of Insurance, serving over 400,000 Medicaid, CHIP and Health Insurance Marketplace members through a network of more than 9,000 doctors and 80 hospitals in Southeast Texas (Houston metropolitan area). Community is an affiliate of the Harris Health System, the largest public hospital system in Texas. As CEO, Ken is responsible for overseeing all day-to-day operations and functions of the organization. This includes assembling, organizing and managing the necessary resources to maintain an efficient and financially sustainable managed care organization, in addition to collaborating with the Board of Directors to set the mission, strategic goals and direction for the organization.

CURRENT ROLES:

Community Health Choice, Inc. **2008-Present**
An affiliate of the Harris County Hospital District (dba Harris Health System)
Houston, TX

President and Chief Executive Office

January, 2009 to Present

- More than doubled membership from 125,000 to over 400,000 members in 9 years as CEO
- Dramatically improved provider relations and satisfaction through improvements in claims, utilization management and network contracting, while driving significant culture change inside the organization to improve individual accountability, employee and member satisfaction.
- Led efforts to strengthen and enhance programs for pregnant women, leading to Community becoming the largest manager of maternity and NICU care in the Houston region, with over 20,000 births per year, while reducing pre-term birth rates to under 10%, compared to statewide average of over 12%.
- In 2009, prior to the ACA, launched the TexHealth Harris County 3-Share program, a limited benefit health plan for small employers and their employees who previously did not have insurance. Plan included subsidies for employees below 300% of the federal poverty level. Now being phased out under the ACA.
- Led efforts for Community to enter the Health Insurance Marketplace in January, 2014. Community became one of only 17 non-profit, safety net health plans in the entire country to step up to the challenge of this major new program, offering individual insurance options particularly focused on the subsidized population below 400% of FPL. Grew Marketplace membership to over 115,000 in 2018.
- Has become a significant member of the leadership team of the Harris Health, helping parent organization to become more customer-focused, and capable of transitions necessary in light of health care reform. Leads efforts to expand collaboration between Harris Health, Community, federally-qualified health centers and others safety net providers. Also leading efforts to move current indigent care patients eligible for ACA subsidies into Marketplace plans.
- Dramatically expanded Community's presence in Houston area, so that CHC has moved from a virtual unknown organization to one that is a significant part of the non-profit, community based organizations involved in health and human services in the Houston area.
- Has become a well-known and highly regarded contributor to advocacy for health care reform, Medicaid, CHIP and other programs to reduce the uninsured in Texas.

Executive Vice President

April, 2008- December, 2008

Hired in April, 2008 to be responsible for claims, network and customer service, and to shadow then CEO until his planned retirement at the end of 2008. However, the CEO became disabled in May, 2008, and never returned to work, so became the de-facto, acting CEO after only one month.

Volunteer/Policy Work outside CEO Role at Community Health Choice **Current**

Ken is a tireless volunteer for groups providing services to low-income populations and advocacy groups working to impact health care policy:

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- Association of Community Affiliated Plans (ACAP)
 - Vice-Chairman, Executive Committee
 - Chair, Medicaid/CHIP Policy Committee
- San Jose Clinic (Houston’s oldest charity clinic, part of Catholic archdiocese)
 - Member, Board of Directors
- Christ Clinic (Local charity clinic)
 - Member, Board of Directors (previous Board President for 3 years)
- Greater Houston Partnership (Houston area chamber of commerce/ economic development council)
 - Member, Healthcare Policy Committee
 - (previously) Chairman, Emerging Issues in Health Care Subcommittee
- Rice University
 - Adjunct Faculty, Jones School of Business, Health Insurance Essentials
 - Member, Dean’s Advisory Board for School of Social Sciences
 - Regular Guest Lecturer, Health Economics
- Texas Medical Center Health Policy Institute
 - Member, Executive Advisory Committee
- Texas Association of Community Based Health Plans
 - Member, Board of Directors
- Texas Association of Health Plans
 - Member, Executive Committee of Board
- Center for Public Policy Priorities (CPPP)
 - Member, Board of Directors

PREVIOUS EXPERIENCE:

**Compass Consulting & Benefits
Houston, Texas**

2004-2008

Vice President and Operations Manager

Operations Manager and principal for employee benefits division of benefits and compensation consulting firm serving mid-market employers in the Houston area. Firm revenue of \$9 million with 35 employees.

**Humana, Inc.
Houston, Texas**

2001-2004

Market President, Houston

Bottom line accountability for commercial health plan operations in southeast Texas: 5,000 small and large group customers; 240,000 members; \$400M in revenue; and provider network of 7,000 physicians and 65 hospitals. Led staff of 80 in business development, sales and account management activities, network management and financial analysis. Coordinated with centralized functions, including underwriting, medical management and customer service.

**AETNA, Inc.
Acquired Prudential Healthcare (PHC) in 1999
Multiple Locations**

1981-2001

Regional Network Operations Manager, Southwest Region (Dallas, TX)

1999-2001

Responsible for Aetna’s all-products network strategy, provider contracting policy and network support activities for 10-state region. Staff of 110 (in Dallas and Houston) handled provider data bases, provider risk settlements, network analysis and reporting, and review/approval of provider contracts for legal, regulatory and risk management issues.

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Vice President, Finance, PHC Central Division (Houston, TX) 1997-1999
Regional financial officer for seven-state division, including Texas, serving 1.5 million managed care members with over \$1 billion in annual revenue. Responsible for internal management financial reporting, strategic business planning, medical cost and administrative expense analysis. Staff of 35 financial professionals.

Regional Director, Health Plan Management/Interim Executive Director (Houston, TX) 1996-1997
Played key role in initiative to renegotiate exclusive medical group contracts in Houston and six other markets, and sell those groups to physician management companies; reducing PHC risk by over \$10M. Served as Interim Executive Director for PHC operations in Austin, Texas, for six months during a crucial, near-meltdown transition from an unsuccessful group model HMO to a new mixed model delivery system.

Executive Director, Delaware Valley (Philadelphia, PA) 1994-1996
Managed local operations of this 90,000-member, \$125M revenue health plan. Accountable for staff of 120 including: sales, member services, network and medical management, and government relations. Led strategic initiative to successfully bid on and begin operations of PHC’s first “start from scratch” Medicaid HMO program.

Regional Director, Market Financial Operations (Horsham, PA) 1991-1993
Financial officer for group/employee benefits products (group life, disability, health, dental and managed care programs) in Pennsylvania, Delaware, and Washington, DC metro area. Responsibilities included underwriting, pricing and financial analysis. Staff of 30 underwriters and financial professionals.

Director, Health Care Management (Philadelphia, PA) 1986-1991
Initiated the network development, regulatory filings and operation of PHCs managed care operation in the Philadelphia area, from ground zero. Became operational in 16 months, ahead of timeline and on budget.

Director, Financial Services, PHC Corporate Office (Roseland, NJ) 1984-1986
Manager, Administration, (Memphis, TN) 1983-1984
Accounting Manager (Houston, TX) 1981-1983

Prudential Insurance Co. of America **1977-1981**
Houston, TX

Financial Areas of Southwestern Home Office

EDUCATION AND PROFESSIONAL QUALIFICATIONS:

Rice University **1973-1977**
Houston, TX
BA, Triple major in Anthropology, Economics and Managerial Studies

University of Houston Law Center **1977-1981**
Houston, TX
Juris Doctorate (JD), focus on Corporate Law

CERTIFICATIONS AND LICENSES

Certifications

- Texas Bar Association (licensed to practice law, but license currently on inactive status)
- Licensed Health Insurance Agent, Texas
- Certified Affordable Care Act Professional, National Association of Health Underwriters
- Fellow, Life Insurance Management Institute (1979)