

# THERESA CARSTEN

DEPUTY ADMINISTRATOR, NEVADA MEDICAID

## CONTACT



Carson City, Nevada, USA



## EDUCATION

Bachelor of Arts, Psychology

With Distinction

July 2000-August 2002

University of Nevada, Reno

## HOBBIES

Quilting

Travel

Attending Concerts

Holiday Baking with

Family

## PROFILE

I am a native Nevadan, born and raised in the Reno/Sparks area. I worked for a local non-profit for seven years writing grants, and operating services funded by the United States Department of Agriculture, Food and Nutrition Services agency. I began my career with the Department of Health and Human Services in 2012. My expertise in the Department includes grants writing and management, benefit coverage policy, quality assurance and access to care, fiscal management, and contract compliance. During my career I have learned to read, interpret, and apply federal regulations, as well as Nevada Revised Statutes. As a previous member of the PEBP Board I am familiar with board requirements and processes.

## PROFESSIONAL EXPERIENCE

### *DHCFP – Deputy Administrator*

February 2023–Current

I serve as the Deputy Administrator over the Medical, Dental, and Behavioral Health Benefit Coverage teams, Quality, Access, and Availability teams, and the Managed Care and Dental Benefits Administrator teams within Nevada Medicaid. As a Deputy my main duties are managing personnel initiatives for forty-eight team members, monitoring the budget and contract authority for eleven contracts, ensuring contract compliance with state laws and federal regulations over several program areas, and securing benefit coverage for Nevada beneficiaries through the CMS state plan and waiver application processes.

### *DHCFP – Chief of Managed Care and Quality Assurance*

December 2017–February 2023

The function of this position was to oversee contract compliance with multiple awarded Managed Care Entities, Pre-Ambulatory Health Plans, and External Quality Review Organization contracts. Additionally, ensure federal quality rules were achieved, and finally oversee the compliance work completed for our 1915(c) waivers and our 1915(i) state plan authorities. I held project management oversight over a team of eleven staff to ensure all unit duties were completed in compliance with state laws and federal regulations.

### *DPBH- Health Program Manager*

December 2015–December 2017

As the Health Program Manager of the Rural Community Health Nursing program operated under the Community Health Services Agency, I was responsible for grant writing, implementation efforts of grant activities, budget monitoring, as well as supervising three staff to ensure community health nurses received necessary supplies to provide family planning, immunizations, and public health preparedness services in the rural and frontier counties of Nevada.

### *DHCFP- Social Services Program Specialist III*

June 2014-December 2015

During this period, I was the Supervisor and Contract Manager over our Managed Care contracts, External Quality Review Organization Contract, and I monitored staff who performed contract monitor duties over our Primary Care Case Management vendor.

### *DHCFP-Social Services Program Specialist II*

October 2012-June 2014

I began my career in Medicaid writing benefit coverage for outpatient mental health services, later I was also assigned the responsibility of working with our QIO-like fiscal agent to place and discharge youth that needed residential psychiatric treatment in out of state facilities.

### *Inter-Tribal Council of Nevada – Program Director*

November 2010-July 2012

Women, Infants, and Children Program

As the director, I was responsible for operating clinic services at multiple remote tribal locations to ensure Nevada's Native American population had access to necessary food and nutrition services to ensure positive population health outcomes were achieved for families in our service areas. For the tribes to receive continued funding for services to occur on tribal lands we were funded to operate one urban clinic in Sparks, Nevada serving WIC eligibles in the Reno/Sparks area. I supervised a staff of 8 to ensure access to WIC services to Nevadans at our urban and tribal awarded locations.

### *Inter-Tribal Council of Nevada – Vendor Coordinator*

April 2007-November 2010

As the vendor coordinator of this grant funded program, I ensured all contracted grocery stores in the state of Nevada were compliant with the distribution of the prescribed food packages provided to each client. In coordination with Nevada, WIC Program Vendor Coordinator, we implemented a nationwide food package change at the same time we moved Nevada's WIC clients from paper checks to an Electronic Benefits System.

### *Inter-Tribal Council of Nevada – Certified Nutrition Assistant*

October 2005-April 2007

As a certified nutrition assistant in the WIC program, I met with clients that were eligible for services, provided evaluation and assessment services, and provided prescribed food packages to meet their nutrition goals. Also, as a certified lactation consultant I provided education and support to new mothers.

## SKILLS

1. Over seven years of experience with procuring, contracting, and oversight of multiple insurance vendors that provide health care to over 700K Medicaid members, inclusive of network management, resolving claims and appeals issues, and resolving benefit design and related rate issues.
2. Nine years' experience working with contracted actuaries to use predictive modeling strategies to use risk adjustment and other related data to determine risk mitigation strategies for annual rate setting processes in Medicaid. A similar process to how PEBP works with actuaries to determine annual premiums and employer contributions.
3. Eight years advocating for members and providers through educating elected officials on federal requirements, member needs, and provider concerns. Experience providing clarifying testimony pertaining to the Medicaid coverage and reimbursement policies during public meetings, meetings with legislative members, as well as Nevada's Interim Finance Committee and Board of Examiners.
4. Fifteen years expertise overseeing program budgets for federal grant awards and State issued vendor contracts. Experience interpreting contract language, advising on clarifying amendments, and taking action against non-compliant vendors with penalties and sanctions to ensure fiduciary responsibilities to the taxpayers of Nevada were met.
5. Demonstrates the ability to lead cross-departmental collaborations to streamline project development processes.

## REFERENCES

1. Stacie Weeks, Director  
Nevada Health Authority  
[REDACTED]  
Carson City, Nevada 89701  
[REDACTED]  
[REDACTED]
2. Sandie Ruybalid, Chief Enterprise IT Officer  
Nevada Health Authority  
[REDACTED]  
Carson City, Nevada 89706  
[REDACTED]  
[REDACTED]
3. Cody Phinney, Retired  
Former Administrator  
Division of Public and Behavioral Health  
Department of Human Services  
[REDACTED]



# THERESA CARSTEN

Deputy Administrator,  
Nevada Medicaid

## CONTACT

[Redacted]  
[Redacted]

30 JUNE 2025

Agency HR Services  
ATTN: Eva Perez  
[Redacted]  
[Redacted]  
Carson City, Nevada 89703

## EVA PEREZ,

I'm reaching out to share my interest in the Public Employees Benefit Program Executive Officer position that was recently posted. I currently serve as the Deputy Administrator for Nevada Medicaid and have 20 years of experience performing duties such as personnel management, financial management, benefit analysis and design, providing data driven decisions, managing vendor relationships, cultivating positive relationships with stakeholders, and providing guidance to plan members and providers on coverage rules and processes.

I am highly organized and detail-oriented and have exemplary communication skills. I demonstrate strong analytical skills, and I have multiple years of experience implementing programs to comply with state laws and government regulations.

I am confident that I can be an asset to the Nevada Public Employees Benefit Program and make a positive contribution in this role. I am eager to have an opportunity to discuss my experience in further detail, and I look forward to hearing from you soon.

Please find attached my resume, which includes my three professional references, as well as the responses to the application questions.

Sincerely,

Theresa Carsten

1. Describe your professional experience working with a diverse stakeholder group and insurance. Specifically, include your experience with any health care providers, insurance carriers, third-party administrator vendors, a board of directors, active employee program members retired program members, or other individuals who receive insurance or benefits, and federal partners, state legislative bodies and other elected officials, including the Attorney General Office.

I have worked within the Nevada Department of Health and Human Services for nearly thirteen years, eleven of those years have been in roles serving Medicaid with a focus on 5 managed care plans, one providing dental services and 4 responsible for medical and behavioral health benefit coverage. During my career, I have worked extensively with a wide range of stakeholders in the healthcare and insurance field, managing operational responsibilities that required consistent communication, collaboration, and problem-solving across diverse groups.

I have worked with healthcare providers and managed care entities in countless projects involving network adequacy and management, carrier vendor oversight, claims resolution, and benefit design coordination. This includes negotiating carrier service contracts and rate setting with actuaries, resolving escalated provider issues, and ensuring state and federal regulatory compliance on both sides.

I have experience with PEBP as a state employee and a member of the PEBP board. During my time on the board, we have discussed benefit strategies, cost-containment opportunities, and plan performance metrics. This required comprehending complex actuarial and financial data to discuss plan operations and voting on actions which aligned with the board's fiduciary responsibilities and organizational values, while meeting the needs of the PEBP members served.

I have experience collaborating with federal partners like the Centers for Medicare & Medicaid Services (CMS) on federal regulatory compliance and data reporting requirements. On the state level, I've worked with state legislative bodies and elected officials to support policy initiatives and provide testimony and data on insurance-related impacts. I have also coordinated closely with the State Attorney General's Office on matters involving benefit litigation, provider and member fraud, rate setting, and contract negotiations and reviews.

This experience has equipped me with a vast understanding of the health insurance climate in Nevada and a deep appreciation for the nuances of serving a statewide diverse and vulnerable population. During my tenure, I have been dedicated to advocating for member access, health equity, state and federal compliance, and state fiscal responsibility in all areas I oversee and lead.

2. Describe your communication style with each of the following:

- a. **Direct Supervisor, Executive Management Team Members, and Other Professional Staff:**

My communication approach for this level of staff is to remain **clear, direct, priority and data-driven, and solutions focused**. My intention is to provide clarity, accountability, and focus on topics that will help the team achieve our goals in alignment with the mission.

- b. **A Board of Directors (if relevant in your current role):**

My current role does not consist of reporting to a board for decision making or oversight, however, when communicating as a member of the PEBP board, I believe it important to be **formal, transparent, and focused on the information available in order to drive decisions and outcomes that align with the mission of PEBP**. I have asked questions and communicated information that would be key for board members to consider prior to making an informed decision. I would use the same communication style when reporting to or presenting to a Board of Directors.

- c. **Elected Officials:**

I have extensive experience with communicating with elected officials on health coverage issues including explaining complex regulatory requirements and various impacts of legislative proposals and changes. My communication with elected officials is **respectful, nonpartisan, and aligned with public interest and policy relevance**. I focus on clear, brief messaging that highlights impact, legal or regulatory considerations, and aligns with shared priorities. I am professional while being accessible and responsive, especially when I am required to explain complex issues or while needing to advocate for support.

- d. **Other Member Constituencies or Stakeholders:**

Throughout my career, open and transparent communication has been central to my work in health care. While communicating with community members, providers, vendors, advocacy groups, partner organizations, and members, I always seek to remain **inclusive, honest, solution-oriented, and empathetic, with a focus**

**on rapport building.** I believe it is important to regularly engage stakeholders in a meaningful way, respond to concerns in a timely manner, and ensure that information is transparent and easy to understand.

3. Describe your contract, budgetary and financial management experience for health insurance or self-insured benefit programs in a public setting.

As a Deputy of Medicaid, overseeing managed care, I have a deep understanding of the issues affecting contract management and budget responsibility. Currently the multiple carrier contracts I am responsible for overseeing are worth over \$12 billion, altogether, in state and federal funds and affect over 800,000 covered lives in Nevada. The Medicaid managed care entities are paid approximately \$2.5 billion in state funds per state fiscal year, while our external quality review organization has a smaller budget of approximately \$2 million dollars per state fiscal year. Additional budgetary/fiscal duties, aside from budget development and carrier contract management, I have experience with drafting amendments, presenting funding requests to the Interim Finance Committee, consulting with actuaries to develop annual managed care rates, and developing and revising coverage policies in relationship to budget constraints and benefit changes. My main duties as a deputy related to contract management have been leading vendor procurement, negotiation, and selection in addition to ensuring contract compliance and oversight of carrier vendors, as well as risk mitigation and management efforts.

4. Describe the approach you would take in working with the Director and PEBP Board to set benefit plan design priorities and ensure member needs are met.

As of July 1, 2025, PEBP will operate under the new Nevada Health Authority, and I think it is imperative to have a critical understanding of the Nevada Health Authority Director's vision for PEBP, and how that may impact the status of PEBP's current goals and objectives in a manner that ensures the Board's participation and influence in setting actionable goals for improving coverage under PEBP.

Once the transition efforts have been settled, my goal would be to ensure communications with the PEBP board would remain consistent in frequency with updates that are relevant and understandable to the Board and stakeholders to ensure full engagement of all parties in goal setting.

It appears, outside of legislative session, the board meets approximately every other month, where the Executive Officer presents information to the board. If more frequent meetings need to be scheduled to discuss benefit plan design priorities, then I would request that the chair schedule special board meetings as needed.

As for meeting with the Director, I would actively engage as a member of the NVHA leadership team and meet regularly with the Director to ensure transparency and accountability. My job would be to balance the needs of the Board, members, and NVHA, while ensuring transparency for all parties, in a manner that moves PEBP forward.

5. Please include a description of your management and leadership style, along with recent successes and why they were successes and how they are relevant to the role you are applying for with the Nevada Health Authority.

I would describe my leadership style as situational, but vision focused, meaning it is heavily dependent on the team needs and the situation at hand, yet the vision of the agency remains paramount. Teams are diverse; one individual may not respond as favorable to a specific style of management and leadership than another. It is important to meet people where they are and understand what drives and motivates them and help align their strengths with the agency's mission and work. A leader that is not willing to analyze and adjust how they lead and communicate will miss opportunities to grow staff and create stronger united teams. However, it is also important to note that agency demands may dictate a more direct and swift approach under certain circumstances. Of the different management styles, I lean primarily towards a **democratic, coaching, and goal-oriented focus while requiring accountability and integrity in the work.**

One of Medicaid's most recent successes was collaborating with a vendor to develop a request for proposal for statewide managed care coverage. I worked with staff early to determine the expectations of each member's role on the team and the level of participation required of each subject matter expert. Afterwards, I would engage when necessary to prompt staff to inquire more about specific areas and seek to empower them to discuss the options amongst themselves and then provide administration with vetted recommendations. This allowed staff to critically think on their own and as a group to find solutions to problems that were new to them and to the agency, while also allowing them the support that administration would make final decisions based on their thorough analyses.

I believe experiences like this demonstrate an adaptable leadership style, specific to the individual and situation at hand. Assessing employee strengths to identify training needs and support will grow employee competence and assist with developing long-term capabilities for the agency. Having staff that are trained, confident, and committed will not only serve the agency better, but will also serve the members seeking PEBP services, which I believe is one of the goals of the Nevada Health Authority.

6. Describe your philosophy on the development of staff and the successes you have had with this approach.

"A sign of a good leader is not how many followers you have, but how many leaders you create." -Mahatma Gandhi

I believe it is important to learn where your staff's current skill sets are and understand where they want to go. Do they have individual goals and objectives for themselves? Are staff empowered to voice and execute their own ideas? Do staff feel supported enough to ask for clarity and support? It is important to support staff so they can excel, while allowing opportunity for new growth, professionally.

One of my greatest joys has been watching staff grow and take on new roles. One employee who was an Administrative Assistant was able to professionally be promoted over time to a Social Services Chief III in Medicaid in a 15-year time span. As an AA this employee confided in me that she would never be a supervisor because she would never want to "be in charge of people." Years later, I asked her to apply for a supervisory position in Medicaid, and she asked, "How many people do I have to supervise?" Luckily, she did take the supervisory position as it supervised one person, we raised her confidence, leadership skills, and eventually the team she supervised. Now, she serves as Chief over a team of 18 employees, and although I know one hundred percent this achievement is a result of her hard work and dedication, I am extremely proud to have had a role in guiding, supporting, and promoting her success all these years.

Also, sometimes developing staff means telling them they won't grow where they are currently planted. I had a brilliant staff member working for me in a supervisory role. She was expanding her knowledge in contracts, and she had strong leadership skills. However, during one legislative session she expressed frustration with the legislative process and some requirements that were placed on our division. I had an honest conversation with her about her skillset and her growth trajectory in the division. I asked her about her goals and if our visions matched, and she conveyed that she was disheartened by the bureaucratic processes. We talked about how continually working in state government may not bring her fulfillment. I assured her that her work was excellent, and she had a place on my team, but I encouraged her to question whether she could continue to work in government when she was so frustrated with it. A week later, she notified me that she told her husband about our discussion, and her dream was to go to school for nutrition. So, she quit, but she has graduated, and she has a business in health and fitness. Her courage to follow her passion turned into a huge success for her, and although it was an initial loss for Medicaid it would have been worse to have an unsatisfied employee who was not reaching her potential. So, I consider these types of scenarios a success as well.

I have been extremely blessed to not just successfully lead employees or agencies, but to lead individuals. Our agencies are successful because of the people that serve them, and it is my privilege to serve the staff, the agency, and the people of Nevada. And I would be honored to be able to do the same for PEBP.

7. Describe your vision for the role as Executive Director of PEBP and how your experience and qualifications would support the mission of PEBP as part of the Nevada Health Authority.

I am excited to see PEBP might be able to increase its buying power and value in coverage under the Nevada Health Authority in a way that brings PEBP members quality benefits at a more affordable price. We have all seen year after year, regardless of utilization trend, the costs of healthcare and pharmaceuticals increase. With a self-insured plan that has historically had to reduce benefits and/or increase premiums to address inflation, I am interested in learning from a regulatory and contractual perspective how the "purchasing power" under the Nevada Health Authority will positively impact our employees and retirees.

Additionally, I am eager to look at the options of contractually strengthening network requirements in our contracts and accountability for third-party payers to ensure members retain access to providers they have had in the areas they live and work.