

Name/Professional Title(s): Susan Vincent RN, BSN, CCM  
Business address: 100 High St, 13<sup>th</sup> floor, Boston, MA 02110  
Telephone number: 855-701-4017  
Email address: susan.vincent@zurichna.com

1. Please indicate the number of years of experience in care coordination/case management. I have been a case manager for up to 22 years.
2. Please provide the approximate number cases with morphine milligram equivalent above 100 (MME > 100) that you have assisted with in past three years. 20-30 files
3. Please indicate the best geographic area where you have greatest experience. Boston, Northeast Ma
4. Please explain your background/experience with addiction or pain management. Part of narcotic review program that reviews files for our Narcotic Program. We review files on claimants that are receiving MME above 100. Assist with triage to facilitate peer to peer contact as needed.
5. Please provide a very brief outline of three cases you have assisted with within last three years (i.e., starting MME, what treatment plan seemed to help and how case ended). Please explain the results of the three cases.  
Our role is not to assist on the treatment plan regarding narcotic management. Within our Narcotic Program confines we triage the files and facilitate peer to peer contact as needed.
6. Do you work with, or are you familiar with, any health care practitioners who specialize or have had success with assisting patients to reduce daily opioid intake? No
7. Do you have a vehicle and are willing to travel to meetings and medical appointments? Yes

8. Please indicate, if applicable, any language skills other than English. No