

Angela L. Perri, MBA, Six Sigma Black Belt

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EXECUTIVE / OPERATIONS OFFICER & LEADER

Visionary Executive, Mentor, Leader who delivers Results, Positive Outcomes

Skilled Negotiator. Responsible for Regulatory Adherence, Multi-million-dollar P&L Management, Budgeting, Staff Hiring and Retention, Solution and Product Design. Ability to reduce barriers, establish strategic partnerships and align multiple stakeholder (board) priorities. Consistently produced best practice operational and quality improvements. Payment Reform, Technology, Integration, Innovation Expert.

PROFESSIONAL PROFILE

- ✧ Accomplished healthcare executive who's established a strategic vision focused on whole person health for multiple business lines: **Commercial and Government** including **special populations** (LTSS, ABD, SMI, DD, Foster care, Duals, Seniors (MA), Rx) then achieved operating efficiencies, business growth objectives in multiple managed care and hospital, provider environments
- ✧ Skilled **strategist** who develops strategic plans that transform organizations through workable solutions and benchmarks performance against key operational and financial targets/goals for growth and improvement
- ✧ **Architect of multi-year strategy to establish comprehensive Health IT platform with significant competitive advantage** in design of electronic service record and interactive provider/associate dashboard analytics that are proven to improve quality and HEDIS/STARs metrics, integrate in the provider (physician) workflow at the point of service (includes Rx, BH integration) to prepare for shared risk
- ✧ Extensive **management expertise**, scope of responsibility, proven success, and track record of delivering optimal results in high-growth, plan or matrix environments through initiatives that exceed operational performance targets and yield measurable outcomes:
 - ✓ operational improvements and productivity gains (avg 200%)
 - ✓ product and program development (all LOBs)
 - ✓ strategic partnership or M&A strategy
 - ✓ network development and management, contract negotiations (including VBC)
 - ✓ quality program (plan) and scorecard (provider) improvements
 - ✓ revenue growth

AREAS OF EXPERTISE

- Nearly 20 years Managed Care (MCO, MBHO) for Medicaid & Medicare Advantage
- Skilled Communicator, Consensus Builder
- New Product, Program Development (100% successful launch of 30 *major* products, 4 Rx)
- Strategic Planning and Partnership Development (FQHCs, M&A strategy, etc.)
- Organizational Design and Development
- Analytics and Efficiency Improvement
- Network Strategy Design for Value based care
- Outcomes Driven Solutions, Quality Metrics
- Multi-Site Operations
- Reducing Barriers to Leverage Team Expertise (internal and external)
- Preliminary Due Diligence, Market Research
- Marketing, Branding, Strategic Delivery
- Cross-Functional Team Leadership including working with Boards, Hospital groups
- P&L Management/Budgeting (100% achieving budget targets, 15 years)
- Revenue Growth Attainment (Exceeded YOY Goals)
- Financial Plan Development and Review
- Negotiation, Contracting – all levels
- Training and Leadership Development (staff retention record; 65% promotions in 2 years)
- Client Relationship Management, NPS score
- Regulatory Compliance / Adherence
- Policy Development, Government Relations and Alliance Management
- Staff Hiring, Development, and Retention – skilled coach and mentor
- Managing in Complex, Matrix Environments

PROFESSIONAL EXPERIENCE

2017 – Pres **UPMC Health Plan, VP Strategic Alignment, Transformation & Innovation**

- ✧ Executive responsible for *Business Transformation Office*: PMO, Product Development, Product Management, Business Engineering, Digital Solutions, Care Management platforms, Telehealth, Consumer Innovation, Strategic Planning for the plan and across the Health System continuum
- ✧ Executive responsible for CMS Medicare/SNP STARs program management and strategy including network value-based model development and execution

2015 – 2017 **Optum-United Health Group Medicaid General Manager /VP**

- ✧ Executive within Optum Consumer Solutions Group responsible for Medicaid P&L programs for UHC Community & State (plus Duals), Medicare Advantage, External w/ Rx (operations & growth) for more than 40 states (internal, external clients)

2014 – 2015 **Perri Solutions LLC, President & CEO**

- ✧ Performed preliminary due diligence of provider networks, various new business (healthcare) entities for private equity/venture capital groups including audits, market research and analysis
- ✧ Developed Strategic Plans including multi-year strategic vision, execution timeline, SWOT, growth plan, communication plans with trainings for employers, health plans, small businesses

2010-2014 **Cenpatico & Centene Corporation, Corporate Vice President**

Operations & Quality Leader, Business Development, Network, Government Relations

- ✧ Operations oversight, management for end-to-end service delivery for 18 states including executive management for quality department, network development, business development
- ✧ Expanded Medicaid business from 10 states with 21 product lines to 18 states with 50 product lines; added MA/Rx; added Marketplace in 6 states
- ✧ Led design, development and then network expansion and implementation of new products; added Schools program development; including all LOB network contract negotiations.
- ✧ Facilitated introduction and implementation of strategic partners that developed policy, platforms in support of strategic priorities (FQHCs, Urban League, National Council)

2005-2010 **Amerigroup Corporation, Corporate Vice President**

eHealth Business Strategy and Development

- ✧ Implemented program for initial Medicare pilot in Houston, TX resulting in \$13M in direct revenue growth; and management of ongoing operations, enhancements and growth
- ✧ Led RealSolutions in healthcare™ team that conceived new vision for repositioning the company
- ✧ Facilitated operational enhancements in HealthIT, Compliance, Call Center, Quality and at local health plans (Six Sigma process designs and improvement projects)
- ✧ Led senior management steering committee in identifying and prioritizing process and systems improvement, quality issues, and provider engagement strategies such as:
 - Re-engineering precertification look-up tools; eligibility verification; payment dispute; delegated administration tools
 - Physician only dashboard introducing detailed quality metrics for both internal staff and external physicians and specialists (intervention and outreach tool)

1997-2005 **ValueOptions, Magellan Health Services, PacifiCare Behavioral Health, CIGNA**

Various management, policy, development roles for commercial and public sectors.

EDUCATION

Masters in Business Administration, Health Care Administration, Colorado Technical University, *cum laude
 Bachelor of Arts, Political Science, Mary Baldwin College, *cum laude (English, History, Philosophy)
 Six Sigma Black Belt – DMAIC, DMADV, Lean – Juran Institute (certifications)

References Available Upon Request.

Please visit: www.linkedin.com/in/perrisolnceo/en
<https://www.upmchealthplan.com/about/who-we-are/about-leadership.aspx>