Edith Dorsey

OPTIMIZING THE HUMAN CONNECTION TO
DELIVER RECORD RESULTS IN RECORD TIME

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Highly accomplished and influential **healthcare executive** who drives exceptional levels of organizational engagement that manifests in company growth and profitability. A transformational influence and key member of executive teams, appointed throughout career in both business and clinical organizations to energize and accelerate operational performance of large complex teams and departments. Adept at identifying operational inefficiencies and designing and implementing high-yield solutions to improve processes and productivity. Proficient at building trusting relationships and navigating matrixed and siloed organizations. Skilled in leading change, executing operational turnarounds, deploying sustainable infrastructures to support strategic growth initiatives, solving complex problems, and developing top performers.

- **Business Transformation** – Led Oxford turnaround in the US and Ireland, taking it from 62% loss in share value to reclaiming double-digit stock price. Realized $27.2M in savings by identifying and addressing root causes.
- **Operations Management** – Increased claims processing productivity by 50%; reduced claims DWOH from 80 days to five, reduced claims backlog by 93%, cut cycle time on logging new claims from 10 days to three, reduced 500,000 opportunities for call center routing errors to zero, and cut new contract retroactivity by 95%.
- **Change Leadership** – Consolidated audit and recovery operations saving $5M annually; implemented new shared services organization to support five regions; built relationships and delivered results across highly matrixed and siloed organizations. Achieved the highest employee engagement scores in company history.
- **Healthcare Improvement** – Direct patient care. Led case management (home health), cost reduction programs, and utilization review with 350+ registered nurses. Leveraged clinical skills to save $1M+ annually. Led "triple aim" initiatives to drive improvements in patient experience, costs, and population outcomes.
- **Leadership Development** – Sponsored management development program for 30+ leaders; throughout career recruited, developed, and mentored top performers at all levels.

A Portfolio of Competencies for Enabling Operational and Organizational Excellence

- Business and Clinical Cost Controls
- Strategic Planning
- Project and Program Management
- Systems Development and Implementation
- Network Contracting
- Provider Relations
- Shared Services
- Compliance | CAG
- Claims and EDI Management
- Call Center Management
- Workforce Management
- Acquisition Integration

Visionary Leadership, Strategic Insight and Human Connection that Drives Productivity, Profitability, and Growth

GUIDESTONE FINANCIAL – Dallas, TX, *$18.4B faith-based organization* 2021 – Present

PRINCIPAL EXPERIENCE AND INNOVATION CHAMPION

Responsible for developing and deploying market disruptive (first mover) healthcare solutions.

- Creation and launch of new healthcare product.
- Identified re-rate product deployment savings in excess of $9M.
- Identified payment integrity solutions, resulting in annual yields of $30M.

Delta Dental – Alpharetta, GA 2019 – 2021

VICE PRESIDENT OF ENTERPRISE OPERATIONS CLAIMS

Recruited by this provider of dental insurance as member of leadership team to transform grievance and appeals process, provide strategic direction and leadership to claims processing organization, and manage ongoing processing of claims, grievances, and appeals within clinical operations environment. Oversee $74M P&L, seven direct reports and 400+ indirect reports. Develop, prioritize, and execute strategic initiatives. Deploy workforce management team to establish operational and service goals. Identify and implement improvements in workflow efficiency. Coach and develop talent. Build high-performance culture through excellence in communication, negotiation, and creative problem solving.

- Reduced grievance and appeals (G&A) inventory by 90%+.

- Achieved 20-day TAT on G&A.
- Achieved less than 15-day claims TAT and 99% financial claims accuracy.
- Supported NICE and PEGA business case for use in claims and grievance and appeals.
- Facilitated positive union negotiations.
- Completely redefined future state organizational structure through unique self-empowerment model.
- Reduced cost of EDI transactions by 20%.
- Imbued culture shift from "command and control" to "empowerment."

EDD Consulting, LLC – Loganville, GA 2018 – 2019

MANAGING DIRECTOR

Established this consulting practice to leverage unique combination of Business and Clinical healthcare expertise. Client engagement highlights include:

- Consulted on NICE work force management claims systems for Oregon-based client.
- Engaged by AlphaSights as subject matter expert on healthcare topics.
- Sponsored by PruittHealth to acquire 34 state compact clinical license.
- Authored book: Problem Solving in the Workplace – Trademark, Copyright, and Publication 2019.

KAISER PERMANENTE – Englewood, CO 2015 – 2017

VICE PRESIDENT OF NATIONAL CLAIMS ADMINISTRATION

Recruited to this $65B+ health insurer based on industry knowledge and prior success in building highly focused teams and organizations to launch shared services claims capability processing 31 million yearly transactions. Built and led centralized organizational structure, including back-office workforce management, transactional, analytical, and process improvement capability for driving efficiency and cost reduction. With $76M P&L responsibility, six direct and 150 indirect staff, oversee timeliness and accuracy of first pass and rework transaction processing for multiple regions.

- Implemented productivity standards in a union environment for first time, driving 50% increase in productivity.
- Implemented work from home program yielding an additional 30% lift in productivity and a rating of "highly satisfied" from all pilot participants.
- Achieved 99.3% financial accuracy quality scores.
- Hit timeliness processing targets 98% of the time.
- Achieved 97% response and improved employee engagement across 100% of areas measured within first year.
- Implemented specialized claims processing unit for government program claims.

UCARE – Minneapolis, MN 2013 – 2015

SENIOR VICE PRESIDENT OF OPERATIONS

Brought in to this $3B health insurer based on reputation for delivering operational improvements in record time to align operational functions with UCare's strategic focus and growth plans. Led three direct and 350+ indirect reports, and $30M P&L, overseeing claims (government program claims), customer service, and membership billing and enrollment. Drove accurate and timely processing of over 10 million claims annually and resolution of member and provider issues.

- Increased employee engagement to record levels, with scores as much as 11% over already high industry norms.
- 95% of calls answered within 30 seconds. Enabled implementation of call center workforce management system.
- Attained and sustained claims processing timeliness and financial accuracy metrics.
- Negotiated reimbursement policy deal with $0 spend until $49M saving threshold is met.
- Deployed ikaSystems enhancements to meet complex CMS regulatory requirements.

HIGHMARK BCBS – Pittsburgh, PA 2013

PROGRAM LEAD

Recruited to this $15B health insurer to deploy statewide Health Information Exchange as part of company's strategy around market relevance in meeting the changing needs of customers in an increasingly regulated environment.

- Delivered on all budgetary and timeline KPIs in launching the Exchange.

TRIZETTO AND EVENTUS SOLUTIONS – Denver, CO 2012

ASSOCIATE VICE PRESIDENT | EXECUTIVE CLIENT DEPLOYMENT LEADER

Brought into these healthcare consulting companies to manage key company initiative aimed at creating integrated healthcare management efficiencies using TriZetto's technology. At Eventus Solutions, created process flows and other operational capabilities to support CAHBEX. Applied Medicare and Dual eligibility process experience.

- Supported TriZetto's deployments that enabled consolidation of BCBS backroom operations.
- Supported stand-up of the California Health Benefit Exchange (CAHBEX).

UNITEDHEALTHCARE – Atlanta, GA 2001 – 2011

CHIEF OPERATING OFFICER

Roles of increasing responsibility in program management, network contracting, compliance, enterprise solutions, and operations leadership for this $94B health insurer; subsidiary of UnitedHealth Group. Recruited initially as COO of local Georgia Health Plan and promoted consistently into roles of increasing responsibility. Led direct report teams of up to five and staffs of up to 200; $50M P&L.

- Facilitated the national growth and deployment of Provider Relations; onboarded 114 FTEs to support new model.
- Designed claims spend tool; aggregates data from 25+ claims platforms to facilitate provider outreach prioritization.
- Saved $480K annually in claims interest payments.
- Reduced 500,000 opportunities for call center routing error to zero.
- Executed multisegment privileged and confidential study for UHG Officers and identified $27.2M opportunity.
- Reduced new contract retro activity by 95% and physician add retroactivity by 85%.
- Garnered 100% participation in employee survey and highest employee engagement score vs. prior years.

WEBMD – Atlanta, GA 1999 – 2001

DIRECTOR OF SERVICE CONTROL

Recruited to this leading web publisher and electronic data interchange of health information based on operational expertise in turning around Oxford in previous role to support aggressive acquisition strategy and strengthen ongoing day-to-day operations. With 10 direct reports and $1M P&L, implemented solutions to improve service levels and client satisfaction.

- Integrated three companies in record time.
- Identified and eliminated 126 system and process errors, and reduced downtime from 120 minutes to 15.
- Saved $1M+ in support center operations, $3M in lab connectivity, and $1.3M in sales costs.
- Directed team that resolved or influenced resolution of 1,800+ customer and operational issues.

OXFORD HEALTH PLANS – Nashua, NH 1995 – 1999

DIRECTOR OF CLAIMS PROCESSING – NY, NJ, CT, DE, AND PA

Led 10 direct and 600 indirect reports with $33M P&L for this subsidiary of UnitedHealth Group with 3,000 employees, $9M sales, and 1.6 million members. Tasked to drive international claims team to exceed productivity and quality objectives. Produced 28% improvement in claims processing per FTE within two months.

- Reduced claims backlog by 93%.
- Decreased on-hand workload from 80 days to five and reduced cycle time on logging new claims from 10 days to three.

CHAIRMAN OF COMPLAINTS, APPEALS AND GRIEVANCES | SERVICE TEAM MANAGER

LIBERTY MUTUAL INSURANCE COMPANY – Dover, NH and Pittsburgh, PA 1984 – 1995

NATIONAL DIRECTOR OF QUALITY ASSURANCE AND TRAINING – Dover, NH

The 5th largest "A" rated property and casualty insurance company in the US. Individual contributor role with national oversight accountability. Delivered case management and cost reduction training to 350 registered nurses. Designed peer review program for 700+ adjusters; implemented new products / services nationwide.

- Reduced product-to-customer delivery time from 13 days to 1 day for peer and utilization review.
- Prepared business plans; standardized company-wide documentation; developed policies and procedures.
- Conducted analysis on telephonic nurse unit; identified $4.7M annual billable hour opportunity.
- Partnered with SVPs to collect competitive information; delivered actionable intelligence to all markets.

- Received the National Advanced Management Award for inspired leadership and proactive team results that count 1992.

REGIONAL DIRECTOR – Pittsburgh, PA
Responsible for nurse case management and cost reduction programs; prepared staffing, training and budgets. Prepared request for proposals (RFPs) and vendor selection. Traveled extensively to ensure the timely and efficient deployment of regional / national business strategies (5 Direct reports, 50 indirect / $1M P&L)

- Generated $150K revenue increase in one year; developed and implemented regional/national business strategies.
- Prepared and delivered comprehensive presentations to external audiences (600+) on national health care reform.
- Increased hospital network expansion by 66% and physician expansion by 100%.
- Secured $1.4M client through effective negotiations and sales closing skills.
- Received top employee of the year award 1990.

SENIOR MEDICAL COST COORDINATOR – Pittsburgh, PA
Individual contributor role responsible for auditing Pennsylvania workers' compensation claims for usual and customary charges.

- Saved $1M annually on provider over billing or fraudulent charges.
- Won 20 (out of 21) workers' compensation hearings through expert testimony and depositions.
- Received top employee of the year award 1987.

Education | Training | Certifications

PhD Business Administration, Northcentral University
MBA, University of Phoenix
BSN, University of Pittsburgh

American Society for Quality, **Black Belt Certification;** Project Management Institute, **PMP Certification;** Scrum Alliance, **Scrum Master Certification;** John Maxwell, **Advanced Leadership Certification;** Ohio State University, **Six Sigma Training;** Wharton University, **President's Senior Leadership Training;** Malcolm Baldrige, **Examiner Training;** Harvard University, **Leadership Course.** Nursing Licenses, **Pennsylvania, Georgia, Colorado (Multi-State Compact License)**