



WILLIAM R. WHITAKER

SENIOR-LEVEL EXECUTIVE

- Operations Improvement
- Healthcare
- Business Development
- Sales & Marketing
- Managed Care Organizations
- Insurance

Highly accomplished Senior Executive with solid progressive experience in managed care operations and health plan sales as well as a successful turnaround record generating growth and profitability for multimillion-dollar organizations. Holds a broad range of health plan experience in operations, sales, and marketing management, organizational development, strategic and long-range planning, P&L responsibility, process improvement, regulatory compliance, IT management, and associated functions. Industry expertise encompasses Medicare and Medicaid, claims processing, call center management, customer service delivery, and network development.

EDUCATION AND CREDENTIALS

Master of Science in Management

■ University of South Florida – Tampa, FL

Bachelor of Science in Psychology

■ Troy State University – Montgomery, AL

■ Graduated Summa Cum Laude

AREAS OF EXPERTISE

- Operations Management
- Organizational Development
- Strategic Planning / Management
- Medicare & Medicaid Plans
- Profit & Loss Accountability
- RFP Process / Development
- Call Center Management
- Relationship Management
- Regulatory Compliance
- Health Maintenance
- Claims Processing
- Network Development
- Sales Management & Strategies
- Marketing Management
- Quality Improvement
- Contract Negotiations
- Cost Reduction & Avoidance Client
- Project Management
- Organizations
- Administration
- Account Management
- Multi-Channel Distribution
- Provider Billing

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PROFESSIONAL EXPERIENCE

2009–Present

eRECEIVABLES Inc.

CHIEF OPERATING OFFICER

PROFESSIONAL EXPERIENCE

Responsible for operations, IT, and sales. Grew company to its most profitable and successful years. Led company to receive HiTrust CSF certification for multiple years. Developed sales materials and sales presentation for company. Developed policies and procedures for all of operations.

2003-2009

EVERGREEN RE – Stuart, FL

The nation's leading health plan reinsurance broker with clients throughout 45 states and Puerto Rico.

CHIEF OPERATING OFFICER

Administered day-to-day operations incorporating client services, insurance administration, accounting, IT, and associated functions. Managed reinsurance broker sales force team and supervised pharmacy consulting practice leader. Served as the organization's HIPAA Compliance Officer.

- Drove revenue from \$4.5M in 2004 to \$6.8M in 2005, with corresponding profit margin increase from 5% to 24%, marking 2005 as the company's best financial year. This revenue performance was exceeded in 2007 and 2008.
- Supervised pharmacy practice of acquired pharmacy consulting business; as a result of effective leadership Company was providing these consulting services for 20 health plans by the year 2007.
- Effectively reorganized operations management team, and initiated sales culture change from one of independent, unmanaged producers to one of accountability and performance.

2001-2003

HORIZON BEHAVIORAL SERVICES – Lewisville, TX

Leading provider of contract management services for hospital-based psychiatric and physical rehabilitation programs, as well as Employee Assistance Programs (EAP's). Also formerly provider of managed care behavioral health services. Annual revenues of \$200 million.

VICE PRESIDENT OF MANAGED CARE SALES

Responsible for sales of managed behavioral health carve out services to health care companies. Managed bottom-line functions including strategic sales planning, revenue generation, RFP process and development, contract development and negotiations, and associated functions. Prepared regulatory filings and licensing arrangements. Served on leadership team to mentor senior-level officials in policy and procedure development, ERISA and state regulations integration, process automation, and resolution of departmental concerns.

- Improved network development process by redefining sales strategy on a state-by-state basis.
- Executed company's first health plan sale in 4 years within first year of tenure, adding 260K customers and \$8M in revenue.
- Won substantial RFP bid from Aetna to serve as its behavioral health care provider on a contingency basis.
- Served as key player in Company's initial successful bid for a three year NCQAA accreditation.

1998-2000

MAGELLAN SPECIALTY HEALTH– Sunrise, FL

Leading risk assuming multi-state specialty health company for 13 health plans, processing medical specialty claims for identification of upcoding, correct claim payment determination and administration.

CHIEF OPERATING OFFICER

Managed day-to-day operations, directing 400-member claims processing team processing 250,000 medical health plan claims per month with associated call centers. Responsible for Account Management.

- Improved operations by consolidating four locations into one, incorporating two IT platforms into a single unit.
- Brought a client's medical specialists claims from \$31.00 per member per month (PMPM) down to \$26.00 PMPM, accelerated claims turnaround from 35+ days down to 15 days, and reduced
- Effective restructuring processes coupled with turnaround enhancements contributed to \$12M P&L improvement.

1996-1998

FOUNDATION HEALTH PLANS OF FLORIDA – Sunrise, FL

HMO with annual revenues of \$360M providing healthcare benefits plans to employers, individuals, Medicare and Medicaid recipients.

SENIOR VICE PRESIDENT OF SALES / CHIEF MARKETING OFFICER (1997-1998)

VICE PRESIDENT OF OPERATIONS (1996-1997)

Accountable as Sr. VP of Sales / CMO for sales and marketing of all product lines, incorporating commercial group, commercial individual, Medicare, and Medicaid products throughout five Florida markets. Managed 130 sales team members and employed multi-channel distribution strategies to advance product sales. As VP of Operations, managed customer service call center, claims processing, enrollment, grievance procedures, and PPO operations. Directed 150-member operations staff.

- Secured company's largest commercial account representing \$25M in annual revenues, combining with other strategies and initiatives in Medicare and Medicaid sales/retention to drive company to become the most profitable HMO in Florida on a PMPM basis.
- Increased profit 42% in 1997 to \$27 million against \$19 million the prior year.
- Turned around underperforming and non-compliant operation by redesigning system processes to win NCQA accreditation and begin passing state compliance audits, improving claims processing cycle and customer service responsiveness, promoting strategic relationships, conducting management training, and developing employee skills inventory system.

1992-1996

PCA HEALTH PLANS, INC. – Birmingham, AL, & Tampa, FL

HMO with annual revenues over \$1 billion providing healthcare benefit plans to employers, individuals, Medicare and Medicaid recipients.

PRESIDENT & CHIEF OPERATING OFFICER – Alabama Division (1995-1996)

ASSOCIATE EXECUTIVE DIRECTOR – Florida Division (1992-1995)

As President and COO of Alabama division with annual revenues of \$36 million, managed day-to-day operations and bottom-line functions. Developed business plan incorporating strong sales orientation, reduced administrative and medical costs, and increased service levels. Turned a HMO which had historically lost money every month into making a profit. Collaborated with Chief Medical Officer in achieving objectives. As Associate Executive Director for the Florida West Coast Region, directed operations, bottom-line, and administrative functions including customer service, claims, MIS, finance/accounting, strategic marketing, purchasing, and facilities management. Assumed responsibility for Medicaid sales in 1994, managing a 60-member salesforce.

- Reduced staff 23%, drove administrative costs down from 16% to 12%, and lowered medical costs from 94% to 84% in taking health plan to profitability.
- Reversed an 18-month Medicaid disenrollment trend through a series of approaches designed to enhance Medicaid quality and availability including member incentive programs, provider compliance strategies, sales compensation plans, identification and elimination of processing errors, and related initiatives.
- Significantly improved operations' service levels by instituting departmental reporting measures to shift corporate culture to one of accountability and performance.
- Developed, implemented, and met customer service levels, including a 2% abandoned call rate, with 95% of calls answered in under 30 seconds.
- Taught Quality Improvement Process to executive management team and to the staff in two regions following successful QI instructor training by Philip Crosby Associates.
- Developed targeted provider service levels, departmental training program, and network development orientation manual.
- Established performance metrics for utilization review nurses.

(1990 - 1992)

M.D. IPA (MAMSI) – Rockville, MD.

Largest regional HMO in the Mid Atlantic region. Let the nation in growth in 1991 and 1992.

REGIONAL SALES DIRECTOR

Performed as the regional sales director (Northern Virginia) for a 500,000 member HMO. Grew the region's customer base from 12,000 to 50,000 in two years in an extremely competitive market. During these two years, M.D. IPA was the fastest growing HMO in the country. MAMSI captured 70% of the market growth adding 170,000 commercial customers in the large group HMO product during these two years, and another 120,000 in its small group product. During my first year, the Northern Virginia region went from last place to first place among the company's five regions in sales' performance vs. goal. Managed an internal sales' force as well as relationships with independent agents. Developed and implemented several managerial policies which became company standards.

1984-1990

PEOPLES GAS SYSTEM, INC.. – Tampa, FL.

DIRECTOR OF MANAGEMENT INFORMATION SYSTEMS

Responsible for the planning, directing, and controlling of all information systems' activities. Functioned in a capacity which would today be defined as Chief Information Officer. Directed a staff of 32 MIS employees delivering application programming, systems programming and computer operations. Outstanding turnaround success story. Contributions included:

- Redefined the image of IT within the company.
- Implemented a formalized problem and change management system. **WILLIAM R. WHITAKER**
- Introduced a formalized systems development methodology.
- Acquisition and successful implementation of a relational data base management system and a fourth generation language.
- Wrote the company's annual report for 1987.
- Directed the successful development and implementation of a customer billing and information system after previous management's development effort failed.
- Directed the development of one of the industry's most sophisticated work order systems.
- Completed a MVS conversion on time and within budget.
- Served as an internal consultant for the President on special assignments.