



UnitedHealthcare Community & State
Sunrise, Florida

PRESIDENT, FLORIDA COMMUNITY PLAN

Position Description

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I. Company Overview



UnitedHealth Group®

UnitedHealth Group is a diversified health care company headquartered in Minnetonka, Minnesota, serving the markets for health benefits through UnitedHealthcare and the growing markets for health services through Optum. These two platforms share and build upon three core competencies: clinical insight, advanced data and information resources and enabling technology. Our business model is highly adaptable, allowing us to quickly and effectively address emerging needs in a changing health care landscape.

UnitedHealthcare serves the health benefits needs of individual consumers and employers of all sizes; individuals age 50 and older through Medicare and other benefit products that fit their unique needs; the public health marketplace, offering states innovative Medicaid solutions; active duty and retired U.S. military personnel and their families; and is expanding in international health care markets.



Optum is focused on population health management, care delivery and improving the clinical and operating elements of the system. Optum is a leader in population health management, serving the physical, mental and financial needs of more than 64 million individuals. We are one of the largest health information, technology, services and consulting companies in the world, as well as a pharmacy benefit management leader in service, affordability and clinical quality.



Together UnitedHealthcare and Optum serve more than 85 million individuals worldwide with a total workforce of approximately 150,000 people, and operate in all 50 states in the United States and 20 other countries. UnitedHealth Group's annual revenues were approximately \$122.5 billion in 2013 and the target revenues for 2014 are approximately \$128 to \$129 billion; the company is publicly traded on the NYSE. We remain dedicated to delivering "more for less"... more and better health care at lower cost to consumers on behalf of employers and governments – while we modernize and help build an ever more effective, simpler and consistently high quality health care system. We take seriously our responsibility to serve others and to bring forward meaningful and sustaining change.

Our Mission

Our mission is to help people live healthier lives and help make the health system work better for everyone.

- We seek to enhance the performance of the health system and improve the overall health and well-being of the people we serve and their communities.
- We work with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price.

- We support the physician/patient relationship and empower people with the information, guidance and tools they need to make personal health choices and decisions.

Our Culture

The people of this company are aligned around basic values that inspire our behavior as individuals and as an organization:

Integrity. We are dedicated to the highest levels of personal and institutional integrity. We make honest commitments and work to consistently honor those commitments. We do not compromise ethics. We strive to deliver on our promises and we have the courage to acknowledge mistakes and do whatever is needed to address them.

Compassion. We try to walk in the shoes of the people we serve and the people we work with across the health care community. Our job is to listen with empathy and then respond appropriately and quickly with service and advocacy for each individual, each group or community and for society as a whole. We celebrate our role in serving people and society in an area so vitally human as their health.

Relationships. We build trust through cultivating relationships and working in productive collaboration with government, employers, physicians, nurses and other health care professionals, hospitals and the individual consumers of health care. Trust is earned and preserved through truthfulness, integrity, active engagement and collaboration with our colleagues and clients. We encourage the variety of thoughts and perspectives that reflect the diversity of our markets, customers and workforce.

Innovation. We pursue a course of continuous, positive and practical innovation, using our deep experience in health care to be thoughtful advocates of change and to use the insights we gain to invent a better future that will make the health care environment work and serve everyone more fairly, productively and consistently.

Performance. We are committed to deliver and demonstrate excellence in everything we do. We will be accountable and responsible for consistently delivering high-quality and superior results that make a difference in the lives of the people we touch. We continue to challenge ourselves to strive for even better outcomes in all key performance areas.



UnitedHealthcare (UHC) is an operating division of UnitedHealth Group that employs approximately 78,000 people. Our family of companies delivers innovative products and services to approximately 70 million Americans. UHC's nationwide network includes 751,609 physicians and health care professionals, 80,000 dentists and 5,629 hospitals. Our pharmaceutical management programs provide more affordable access to drugs for 13 million people. UHC is the largest single health carrier in the United States.

UnitedHealthcare operating segments:

UnitedHealthcare Community & State provides innovative managed care solutions to state Medicaid programs, caring for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage. This business participates in programs in 24 states and the District of Columbia, serving nearly 4 million beneficiaries.



UnitedHealthcare Employer & Individual works closely with employers and individuals to provide a comprehensive array of consumer-oriented health benefit plans and services for large national employers, public sector employers, mid-sized employers, small businesses and individuals nationwide, providing nearly 27.2 million Americans access to quality health care.



UnitedHealthcare Medicare & Retirement addresses the health and well-being of individuals age 50 and older, providing a wide spectrum of products and services to nearly one in five people in the growing senior market segment in all 50 states, the District of Columbia and most U. S. territories serving over 10 million members.



UnitedHealthcare Military & Veterans serves the health care needs of more than 2.9 million active duty and retired U.S. military personnel and their families in the TRICARE West Region, providing access to cost-effective, quality, innovative care.

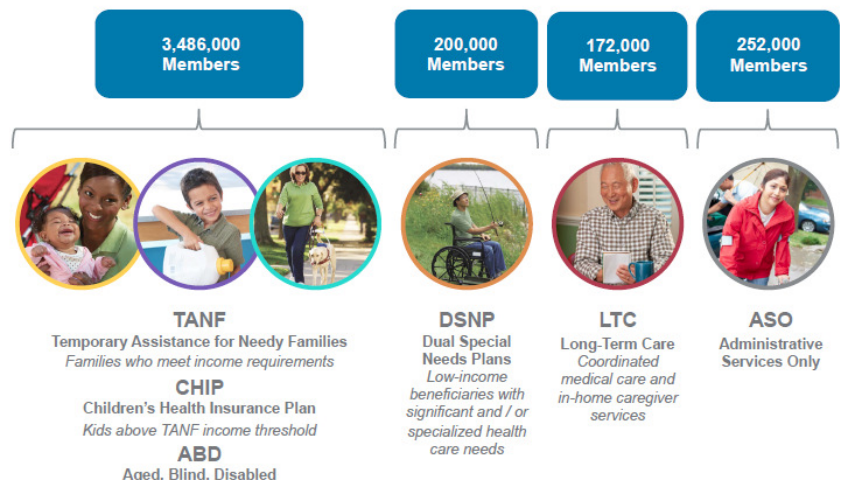


UnitedHealthcare International serves more than 4.8 million people with medical benefits through Amil, the largest health care company in Brazil. In addition, this business offers a broad range of tools and techniques to improve the efficiency and quality of health care delivery systems in a variety of settings worldwide. Clients include multi-national and local businesses, governments, non-U.S. health insurers and travel insurers, reinsurers, and individuals and their families.



UnitedHealthcare Community & State (C&S) partners with states to offer innovative managed care health plans for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health care coverage. We offer health plans in 24 states, serving approximately 4.1 million nationwide with product lines in TANF/CHIP, Aged, Blind & Disabled, Special Needs Plans, Long-Term Care, and MMEs / Demonstration Programs. We are committed to making state-

Our 4.1 Million Members



sponsored health care more effective, affordable and compassionate.

Our mission is to help people live healthier lives by ensuring access to health care coverage for the underserved. We accomplish that mission through innovative strategies and programs and at being a good partner for states, providers and members by constantly trying to be easy and simple to do business with. We are committed to Medicaid and CHIP, to the many communities in which we work, to a local presence and local service, and to the understanding of local culture and its relation to disease and disease management.

Creating healthier members

Our depth and breadth of experience give us perspective on human health that few other organizations possess. We have observed care trends across a large number and variety of people and cultures, and we've gained competency in dealing with the most important health issues. Because solving them is the best way to create a healthier health care system.

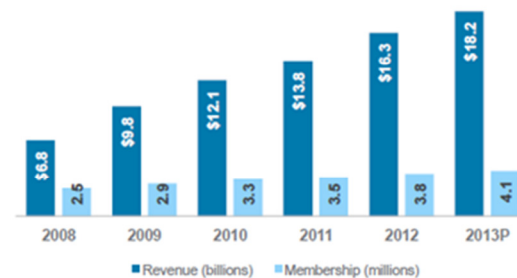
Supporting healthier systems

We live in a world of finite resources. Paying for health care is no exception. The less that is spent on administration, expenses, fraud, waste and unnecessary or unproven treatment, the more we can spend on helping our members live healthier lives. In both the short and long term, a healthier system means healthier members. We're eager to share our thinking on how to get there.

We operate state-based health plans that meet the unique needs of local populations, while leveraging the national resources, medical knowledge and efficiencies of UHC. We work with health care professionals and other key partners to expand access to quality health care so that people can get the care they need close to home. We support the physician/patient relationship and empower people with the information, guidance and tools they need to make personal health choices and decisions. We are dedicated to providing our state partners and the people we serve with practical innovation, accountable performance and quality in everything we do.

C&S has accomplished tremendous growth over the past few years. In 2013, we once again demonstrated our ability to deliver exceptional value to our state partners and improved quality and service to our members. In fact, in 2013, we added 220,000 members, thus surpassing the four million member mark.

UnitedHealthcare Community & State has almost tripled in size since 2008



In 2013, we outlined our vision around three main areas: New Clinical Models for Improving Member Health, Preparation for Expansion and Reform, and Delivering the Promise of UnitedHealthcare. Following are select examples of our achievements in these areas.

New Clinical Models for Improving Member Health

- C&S deployed Accountable Care Communities in 11 states across 60 practices and 325 sites, in addition to Health Homes in five states.
- We launched a new C&S clinical model and partnered with Optum for specific capabilities. The new model will address complex and general populations with our new patient centered model that will improve health outcomes and reduce the cost of care.

- A focus on the super utilizer deployment in Arizona, New Mexico, Tennessee and Washington, integrating Physical Health and Behavioral Health.
- Made marked improvement on managing our healthcare costs through inpatient management, prior authorization process, pharmacy, and payment integrity programs.

Preparation for Expansion and Reform

- We proudly won every procurement and re-procurement we wanted to win! 2013 wins included Pennsylvania, Texas, Washington, Kansas, Ohio, Arizona, Florida, Michigan, New Mexico and New York.
- The recent Tennessee Medicaid award for 2015, in which we earned the highest score among seven qualifying bidders, our 2015 renewal in Hawaii and the Michigan MME award all reflect our strong capabilities and relationships in the rapidly growing Medicaid market. More broadly, we have won 30 new RFPs or contract renewals in the past four years, adding more than one million people organically in our UnitedHealthcare C&S business.
- The DSNP sales grew year-over-year by 15 percent.
- Implemented successful innovations to engage our members and improve our quality.

Delivering the Promise of UnitedHealthcare

For our State Partners, we delivered the following:

- Rhode Island, Michigan and New York health plans ranked in the top 20 by NCQA in 2013. Fifteen C&S health plans were ranked in the top 100; with seven being ranked for the very first time this year.
- UHC Community & State's strategic platform (information technology structure) was delivered with near-flawless execution for more efficient operations in Ohio, New Jersey, New York and Wisconsin.

For our Providers, we delivered the following:

- Improved operations performance, including claims accuracy and provider appeals timelines.

For our Members, we delivered the following:

- We cultivated a strong relationship with our strategic partners, including Sesame Workshop, 4-H, Wal-Mart and IronKids to engage members in new ways to promote a healthier lifestyle.

For our employees, we delivered the following:

- We were well represented in the 2013 UnitedHealth Group Collaboration Cup, with 50 percent of the announced finalists hailing from C&S.
- C&S won four Innovation Awards for the following: Maricopa Serious Mental Illness Integrated Healthcare Pilot, Eat4Health, Triple Sweep, and the Delaware Minor Home Modification Team.
- C&S employees pledged more than a half a million dollars and continued to lead the Giving Campaign in employee participation for the eighth year in a row with 72 percent of our people pledging to contribute.
- Our success in 2013 has established strong momentum to carry us forward into 2014 and beyond. Together, we will continue to be successful as we look for new ways to innovate and improve in helping our members live healthier lives.

We connect our employees to our culture through our promises to employees who deliver on our mission

- You can greatly improve the life/health of others
- You'll have the most opportunities to grow/develop
- You'll work with a very special team

- You'll help write the history of UnitedHealth Group
- You'll help heal the health care system
- You're empowered to do your best
- Your performance will be rewarded
- It's always challenging and exciting
- You can see your ideas come to life
- You'll be part of something daring/bold



Florida Community Plan

UnitedHealthcare Community & State began serving Long Term Care members in Florida in the 1990s and TANF in 2000. Currently, the Florida Community Plan has nearly 120,000 members and 250 employees, having grown regionally and adding additional product lines. Total revenues for the Florida business are approximately \$1.2 billion. In the fall of 2013, Florida's Medicaid program announced the managed care organizations that had been awarded contracts in the last bidding process. UHC's winning bids in this process will take enrollment to approximately 217,000 and revenues of \$2.5 – 3 billion under this position's direction. The Florida Community Plan offers the following products and lists the current membership in each:

- TANF/CHIP – 190,000 members
- SNP (Dual Eligible) – 17,000 members
- Long-Term Care – 17,000 members
- Florida Health Kids – 70,000 members

Florida Community Plan is beginning a plan to build a higher quality network. Providers willing to take risk and/or who align closely with C&S's movement towards better member management at the provider level will be added to or kept in the network.

For additional information visit the following websites:

UnitedHealth Group: <http://www.unitedhealthgroup.com>

UnitedHealthcare: <http://www.uhc.com>

UnitedHealthcare Community & State: <http://www.uhccommunityplan.com>

UnitedHealthcare Community & State - Florida Community Plan:

<http://www.uhccommunityplan.com/fl.html>

II. Community Description

The President, Florida Community Plan is officed in Sunrise, Florida, approximately six miles west of Ft. Lauderdale. Sunrise is part of the Greater Ft. Lauderdale area, which is the county seat of Broward County. Both cities are part of the Miami metropolitan service area in South Florida – Miami is approximately 30 miles south of Ft. Lauderdale. This area has a tropical climate.

The City of Sunrise was originally incorporated in 1961 as Sunrise Golf Village. Over the past 50+ years, it has grown from a small suburban community to a diverse City of more than 90,000 residents. Sunrise offers award-winning parks and recreation facilities; Sawgrass Mills Mall, the fourth largest outlet shopping mall in the US; and houses the Florida Panthers, a professional hockey team, and the BB&T Center, the indoor arena in which they play. Sunrise contains many well-maintained neighborhoods and corporate headquarters of many top-quality businesses. Sunrise is home to 11 public schools – eight elementary schools, two middle schools and one high school – operated by Broward County Public Schools and 14 private schools. Part of beautiful Greater Ft. Lauderdale in Broward County, Sunrise is near major air and sea ports, and easily accessible from I-95, I-595, the Florida Turnpike and the Sawgrass Expressway.



Ft. Lauderdale is a popular tourist destination and yachting center with seven miles of Atlantic Ocean beaches, and is sometimes known as the "Venice of America" because of its expansive and intricate canal system. As of the 2010 census, the city had a population of 165,521. Broward County Public Schools operates 23 public schools in Fort Lauderdale and there are a large number of private and parochial schools. There are eight institutions of higher learning or main satellite campuses of major universities in the city. The city and its suburbs host over 4,100 restaurants and over 120 nightclubs, many of them in the found in the arts and entertainment district, Riverwalk. Lockhart Stadium in Fort Lauderdale is the current home of the Second Division Fort Lauderdale Strikers which play in the current incarnation of the North American Soccer League. Fort Lauderdale is also home to the Fort Lauderdale Aquatic Complex, which is located at the International Swimming Hall of Fame and the site of the world's largest drive-in movie theater.

For more information on this area at:

www.sunrisefl.gov

www.fortlauderdale.gov

www.sunny.org

III. Position Summary

Title: President, Florida Community Plan

Reports to: Northeast Region and Southeast Region President, Heather Cianfrocco

The President, Florida Community Plan will provide the strategic vision and operational expertise to successfully lead the UnitedHealthcare C&S Florida Community Plan through this rebuilding strategy, expand and enhance the company and its strategic impact, and obtain a position of leadership in the Florida Community Plan market. The next President of the Florida Community Plan will be a proactive, strategic and decisive leader; consider alternatives and understand the

impact when making decisions; take calculated risks; and understand the entire UnitedHealth Group enterprise and the value offers to the Florida Community Plan. This is a time of significant change and expansion in government sponsored programs with healthcare reform, other legislation and market dynamics. The person will be an experienced leader in the Medicaid/Medicare industry with experience in an at-risk managed care environment, possess a deep understanding of health care and stay current on trends and changes that affect a health plan. The successful candidate will have demonstrated expertise with partners inside and outside the market.

The President, Florida Community Plan is the executive responsible for all Florida Medicaid, Medicaid/Medicare dual-eligible, and long-term care business within C&S, with full profit and loss responsibility for the Florida Community Plan. This is a transformational role which will lead the Florida Community Plan through a strategy to optimize the current business, while concurrently growing their membership. This position will, at the outset, oversee a team of 250 Florida Community Plan employees. The Florida Community Plan staff under the President is managed through “solid-line” direct reports and “dotted-line” responsibility through a number of managers of Core Services in the UnitedHealthcare corporate structure. Core Services include Operations, Clinical and Network functions. The scope of the role will increase quickly as the infrastructure and staff required for the recently-awarded State Medicaid Contract is created and added to the team. See appendices at the end of this document for related organization charts.

IV. Duties and Responsibilities

The President, Florida Community Plan will oversee and lead UnitedHealthcare Community & State team in Florida with full profit and loss responsibility. This executive will provide strategic and operational leadership in the development, implementation and management of all functions that support the Florida business, financial, quality and growth objectives to individuals and families insured through Medicaid, CHIP, Managed Long Term Care, and Medicaid / Medicare dual programs. This is a transformational role which will be charged with rebuilding the infrastructure for a quickly growing business in a short timeframe and quickly-changing industry.

The President of UnitedHealthcare C&S Florida Community Plan will be assigned the following functional duties and responsibilities:

Development and Execution of Health Plan Strategies and Programs
Transform the management culture within the Florida Community Plan to that which is proactive, strategic, measured, decisive, risk taking, and efficient.
Develop, translate and execute strategies and functional / operational objectives at the State level and in coordination with leadership within UnitedHealthcare Community & State, UnitedHealthcare and UnitedHealth Group.
Identify State- and/or product-specific priorities and determine the appropriate strategic approaches that will drive business growth and differentiate us in the marketplace
Demonstrate innovation in evaluating, funding and pursuing productive market opportunities

Develop, build, refresh, communicate and execute a forward-looking, multi-year strategy for the Florida Community Plan.
Partner with relevant internal and/or external stakeholders to develop and/or review potential health plan strategies, programs, and plans.
Articulate market-specific strategies and plans with a focus on sustainable, profitable growth
Drive the Florida Community Plan's strategies, programs and agenda across the enterprise. Build commitment and support of matrix partners on the execution of shared business/enterprise goals, particularly as it pertains to UHC and Optum.
Build, understand and adjust the Florida Community Plan strategies and programs to meet financial budgets and goals
Identify and drive adoption of innovative contracting and payment strategies/approaches, as appropriate (e.g., next-generation contracting, ACOs)

Drive Health Plan Efficiency, Quality, and Financial Performance
Build and maintain an operational structure in the Florida with multiple levels of staff and multiple functions/departments that interfaces efficiently with supporting business units within UnitedHealth Group that serve the plan in a matrix-style structure.
Build a best-in-class team to support the Florida business, maintain the C&S culture.
Develop policies and procedures for operational processes in order to ensure optimization and compliance with established standards and regulations.
Utilize stakeholder input to help shape and implement continuous improvement in operational quality and financial performance
Utilize relevant systems and tools to identify and/or test opportunities for efficiency improvements
Build, understand and adjust health plan forecasts, and balance priorities to meet business commitments
Analyze health plan performance on relevant criteria (e.g., targeted financial metrics; quality indicators; performance guarantees and/or incentives)
Work with relevant internal partners (e.g., Finance; Underwriting) to identify resource requirements and/or create budgets and forecasts
Ensure regularly scheduled and impactful market reviews with participation from applicable business partners (e.g., Underwriting, Network, Clinical and Specialty Products, Operations, Regulatory, Product, and Marketing)
Review and assign projects/initiatives based on resource capacity, capability, and expertise
Conduct deep-dive reviews with relevant internal and/or external stakeholders to identify opportunities for continuous improvement
Build, develop, improve, influence and expand relationships with business leaders across UnitedHealth Group (e.g., C&S, Medicare & Retirement, Optum) to ensure positive outcomes in the local market

Represent the goals of the market to internal and external constituents across all lines of business to achieve solutions in the interests of the enterprise

Build and Maintain Relationships with Internal and External Stakeholders

Establish themselves as a trusted leader with Florida Community Plan employees and those throughout the UnitedHealth Group organization.

Build and maintain solid relationships with the State of Florida, CMS, network providers, plan members, alliance partners, and other external constituencies.

Focus on external relationships to understand, influence and adapt to the changing landscape

Collaborate with UHC Florida Medicare, Individual and Commercial leadership to achieve operational efficiencies and coordinate on areas of overlap and transition of members from one business unit to another.

Build, develop, improve, influence and expand relationships with key providers/provider networks within the State.

Build, develop, improve, influence and expand relationships with government and regulatory stakeholders (e.g., local and state government, public policy leaders, lobbyists, regulatory bodies, government affairs, public policy leaders)

Build, develop, improve, influence and expand relationships with external business partners (e.g., vendors, consultants, etc.)

Build, develop, improve, influence and expand relationships with local and community stakeholders (e.g., public relations/media, colleges/universities, local business leadership, Chambers of Commerce)

Build, develop, improve, influence and expand relationships with business leaders across UnitedHealth Group (e.g., C&S, Medicare & Retirement, Optum) to ensure positive outcomes in the local market

Represent the goals of the market to internal and external constituents across all lines of business to achieve solutions in the interests of the enterprise

Drive Industry-Leading Customer Service and Satisfaction

Create an environment that promotes consumer advocacy (e.g., builds the management team to be consumer advocates, champions a workforce that drives a superior consumer experience)

Model a continuous focus on maximizing the member, customer and provider experience

Drive the organization to deliver value beyond customer expectations

Drive organizational focus on customers and those who serve customers

Gather and analyze feedback from customers to identify new/emerging needs and make appropriate changes to Health Plan strategies and programs

Leverage resources from other parts of the enterprise to provide cost-effective, comprehensive

customer solutions
Ensure a coordinated approach to provide a more seamless face to our customers
Represent the organization as the face of UnitedHealthcare with the external market entities
Seek feedback from customers to determine success of overall strategy/program management and implementation

Ensure Adherence to Applicable Legal and Regulatory Requirements
Ensure that applicable processes, tools, procedures, and systems platforms adhere to applicable legal, regulatory and/or contractual requirements
Work with internal stakeholders (e.g., Compliance Teams) and government regulators to ensure that new products comply with applicable legal/regulatory requirements
Collaborate with compliance and internal partners to monitor progress of local market corrective action plans to address compliance-related issues
Maintain knowledge of relevant regulations and requirements through on-going training and company-mandated education
Collaborate across segments to ensure that the network meets access standards throughout the health plan (e.g., ensuring and managing member communications during network disruptions)

V. Goals and Objectives

Within the next 12 to 18 months, the successful President of the Florida Community Plan will have:

Established him/herself as a credible and respected leader with 1) senior management and staff within the Florida Community Plan, UnitedHealthcare C&S, and all relevant UnitedHealth Group operating units; 2) State government officials and legislators; 3) providers in the State; 4) members; and 5) any other internal or external constituents necessary to the success of the Florida Community Plan.
Establish a high-quality provider network supporting the Florida Community Plan’s businesses with one that is comprised of providers willing and prepared to take on financial risk and manage the care of members thus achieving greater quality of care, appropriate utilization, and improved health of members.
Florida Community Plan Florida Community Plan
Built a wide-spread reputation within the Florida market of providers as a respected, trusted health plan partner.
Built a best-in-class team that has supported the Florida Community Plan through its membership growth.
Established him/herself as a trustworthy partner with Florida State government officials and regulators.

Developed strong, collaborative working relationships across the Florida Community Plan and entire UnitedHealth Group organization.

Developed/displayed a strong understanding of the Florida health care market.

VI. Candidate Qualifications

The successful President, Florida Community Plan candidate will possess a minimum of seven years of senior level experience in a Medicare/Medicaid at-risk managed care environment with successful, broad strategic and operating experience. Candidates must have held P&L responsibility for a Medicaid plan of similar size and complexity to Florida Community Plan. The ideal President candidate will have demonstrated, successful experience in a quickly growing health plan, and understand the nuances of government contracts, team and infrastructure building, and network development in the current market. A bachelor's degree or equivalent combination of education and experience is required; MBA, MHA or other advanced degree preferred. The new President, Florida Community Plan will ideally possess the following professional experience and personal characteristics:

Professional Experience:

Previous P&L management experience with the demonstrated ability to manage revenues, quality, customer satisfaction and risk in a highly complex, regulated environment.

Accomplishments in strategic planning, development and execution that is aligned with corporate growth goals and objectives and displays understanding of the Medicaid managed care market and competition, creativity and forward-thinking, and ability to synthesize extensive, complex and constantly-changing pieces of information.

Knowledge of various facets of healthcare systems including health plans, hospitals and providers and government/regulators; extensive Medicaid experience required.

Demonstrated successful leadership skills in program execution and people management in a multi-layered management or matrix-style structure.

Proven ability to hire, train, develop, and lead high performing teams.

Knowledge of public products, applications, policies, procedures, systems, regulatory requirements required.

Must have overseen a staff of at least 150. Demonstrated experience as an excellent leader/manager of people.

Ability to conceive, innovate, structure, implement and lead efficient operational designs and apply business process improvements.

Successful experience with regulators.
Ability to execute to short and long term growth and profitability targets
A history of identifying, establishing and maintaining strategically important relationships.
Broad knowledge and track-record of serving populations who are publicly insured with current knowledge of operational, clinical and regulatory concerns and issues.
Strong working knowledge of issues central to achieving success in a very competitive arena.
Strong understanding of the financial and strategic impact of regulations, provider contracts and network affiliations in a public healthcare delivery marketplace.
Ability to lead change within an organization.

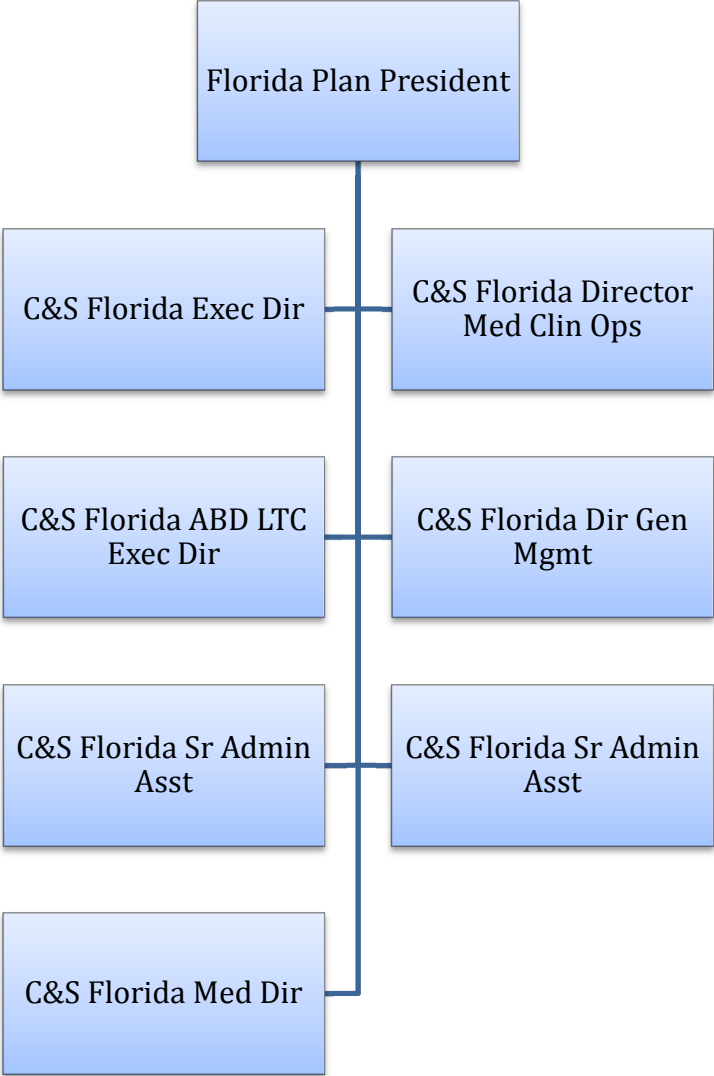
Personal Characteristics:
A proven, dynamic leader who is able to drive and imbed change through an organization
Passionate, quality driven, someone with a common touch who believes he/she can make a difference; passionate about serving lower income, disabled and elderly populations.
Embraces and embodies a company culture and through communication, effective leadership and engagement with staff, drives cultural change through an organization.
Ability to execute, be “hands-on” when necessary; perceives projects and initiatives with a future-driven perspective.
Knows, appreciates, and capitalizes upon the value of maintaining a strong presence in the national healthcare arena.
Proven ability to exercise sound judgment and strong problem solving skills.
Strong spokesperson with the ability to effectively present information and respond to questions from senior management and the Board, groups of managers, clients, customers, regulators, and the general public. Top notch presentation skills.
Strong analytical and technical skills.
Demonstrated ability to build and maintain relationships.
Strong written and verbal communication skills;

VII. Procedure for Candidacy

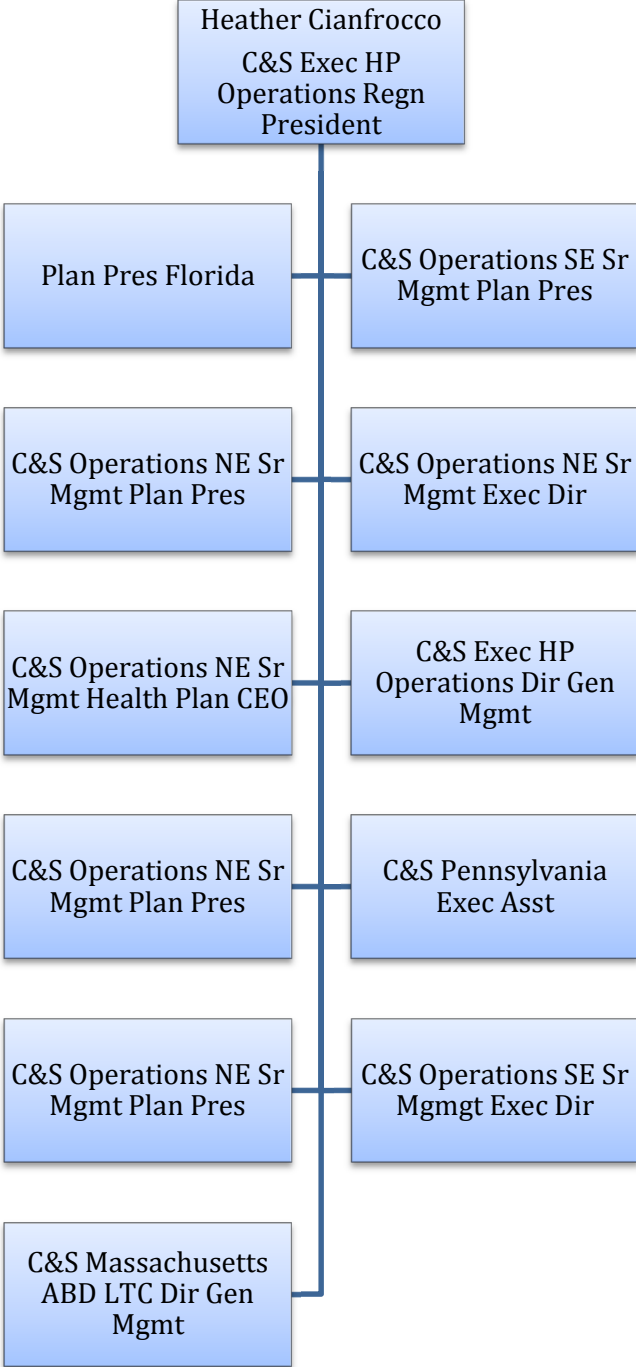
Meyer Consulting has been exclusively retained by UnitedHealthcare Community & State to conduct this search. Referrals, requests for information, and expressions of interest can be sent via email to the company's search consultants, Katie Haddock and Ryan Hubbs, at unitedcsfl@meyerconsultinginc.com.

We can be reached via phone at 602.733.6335 (Haddock) and 347.284.0160 (Hubbs). All communication will be treated with full professional confidentiality.

Appendix 1: President, Florida Community Plan Organizational Chart



Appendix 2: President, Northeast and Southeast Regions Organizational Chart



Appendix 3: President, UnitedHealth Community & State Chart

