AMANDA NORTH

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PROFESSIONAL SUMMARY

Transformation executive with 20+ years of experience leading payer, provider, Medicare, and Medicaid operations at enterprise scale, with a track record of applying the same operational thinking across other regulated industries. Hands-on with AI and GenAI transformation, personally building and shipping AI-enabled solutions that deliver 20-30% efficiency gains while maintaining strict regulatory compliance (HIPAA, HITECH, CMS) and applying cleanly to other regulated verticals. Proven track record of full P&L ownership, BPaaS and platform-led delivery, $700M+ in TCV closed in the last two years, and global and nearshore team leadership across the U.S., India, the Philippines, Mexico, and Puerto Rico. Adept at partnering with C-suite executives, Boards of Directors, and private equity stakeholders to align investment strategy, scale operations, and strengthen competitive positioning. Strong background in M&A integration, thought leadership, analyst engagement, and RFP-led growth.

CORE COMPETENCIES

- AI, GenAI & Automation Transformation
- P&L Ownership & Revenue Growth
- Executive & Board-Level Stakeholder Management
- M&A Integration & Workforce Optimization
- Solution Design & Product Strategy
- Sales, RFP & Pursuit Leadership
- BPaaS & Platform-Led Delivery
- Global & Nearshore Multi-Geo Operations
- Governance, Risk & Compliance (HIPAA, SOC1/SOC2, CMS)
- Payer, Provider & Health Plan Strategy
- Medicare, Medicaid, Commercial & ACA Operations
- Value-Based Care & Regulatory Alignment

PROFESSIONAL EXPERIENCE

Firstsource Solutions | BPaaS Practice Leader *Dec 2023 – Present*

Direct multi-site BPaaS and operations delivery across the U.S., Puerto Rico, Mexico, the Philippines, and India, overseeing end-to-end P&L performance, operational governance, and client transformation programs for major payer and health services clients.

- Drove approximately $700M TCV in new business development, leading solution design, pricing strategy, and competitive pursuit across payer and provider opportunities.
- Implemented AI-driven automation and digital process redesign initiatives achieving 20-30% efficiency gains while maintaining strict compliance with HIPAA, HITECH, and CMS standards.
- Led a 300-FTE rebadging initiative for a national payer, structuring and delivering a $120M TCV, 3-year agreement with $25M in guaranteed savings through automation and workforce optimization.
- Partner with CEO, CFO, and private equity stakeholders to align pricing, investment strategy, and governance frameworks across the portfolio.
- Govern Firstsource's flagship engagement: a $450M TCV, 7-year BPaaS program covering digital intake, enrollment, claims, provider and network management, and member and provider services. Combined active ACV: $200M+ across 11+ accounts.
- Built a net-new ACA commercial operations line for a California Medicaid payer, scaling membership from 0 to 30,000 in under 18 months (3x ahead of Year 1 target), generating $16M TCV.

Acheveya | Founder & CEO *2021 – 2023*

Founded and led a boutique healthcare consulting and operations firm specializing in payer and provider transformation for health systems, multi-state clinic groups, and PE-backed healthcare organizations.

- Partnered with private equity firms and health system executives to restructure portfolios and execute turnaround strategies that improved margins and operational performance.
- Transformed contact center performance from 50% lost calls to under 2%, materially improving patient access, retention, and satisfaction.
- Globalized revenue cycle management operations, integrating scheduling, referral authorizations, and automated billing and collections across multi-state provider clinics.
- Implemented California Medi-Cal operations and launched a new ACA retail insurance platform, ensuring regulatory compliance and operational scalability in a complex Medicaid environment.

Omega Healthcare | VP, Operations & Transformation (M&A Program) *2021*

Led post-acquisition transformation during a major M&A integration program, aligning operational, technology, and financial workstreams across acquired provider entities.

- Collaborated with the Board of Directors to evaluate assets, streamline delivery operations, and standardize governance across acquired entities.
- Introduced automation and analytics tools that improved delivery performance and reduced operational costs by 25%.
- Procured and managed an outside consulting firm to lead M&A analysis, discovery, and transition planning.

Cognizant Technology Solutions | Head of Healthcare Delivery *2017 – 2021*

Managed global healthcare BPS delivery across a multi-site network in the U.S., India, the Philippines, and nearshore partners, overseeing approximately 5,000+ associates serving enterprise payer accounts.

- Grew the Phoenix Healthcare Service Center from $20M to $100M in annual revenue under direct leadership, establishing it as a flagship delivery hub.
- Turned around Cognizant's largest Healthcare BPO/IT client from -100% margin to +45% margin through operational restructuring, automation deployment, and governance discipline.
- Served as Regional Delivery Center Leader for Phoenix, directing a 2,500+ employee multi-vertical hub with combined operational oversight exceeding $700M annually.
- Engaged directly with state and local government leaders on workforce development, business continuity planning, and healthcare-related legislation impacting operations and site expansion.
- Led Healthcare Centers of Excellence covering anchor payer accounts including TMG Health, TriZetto BPO, and Emblem Health, representing approximately $400M in annual delivery revenue.
- Drove standardization across digital intake, encounter management, and configuration operations, improving compliance, throughput, and operational accuracy across the healthcare portfolio.

UnitedHealth Group / Optum | Sr. Director, Payment Integrity & Dental Operations *2005 – 2017*

Directed Payment Integrity and Dental Systems Operations across Medicare, Medicaid, and Commercial lines of business for the largest health payer in the United States.

- Managed multimillion-dollar budgets and cross-functional teams aligning financial, IT, and operational objectives across lines of business and delivery geographies.
- Grew program ROI from 3:1 to 25:1 through deployment of analytics and automation tools targeting fraud, waste, and abuse across Medicare Advantage, Medicaid managed care, and commercial payer populations.
- Collaborated with internal and external partners to strengthen quality assurance programs, support RFP-driven growth initiatives, and maintain audit readiness across all lines of business.
- Built deep regulatory fluency across CMS, Medicare Advantage, Medicaid managed care, ACA, and Value-Based Care models, informing operational strategy and compliance posture.

EDUCATION

Capella University, Bachelor of Science, Management and Leadership, 2016

Wharton Executive Development Program, UnitedHealth Group, 2016