



Mary T. McSorley  
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## **PROFESSIONAL EXPERIENCE**

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### **MTM Health Strategies, LLC**

**February 2023 – Present**

#### **Principal/Member**

*Consulting practice building competitive business strategy for federal and state government procurements and growth with a focus in Medicaid.*

- Building payor growth strategy for specialty provider practice
- Leading bid strategy and capture plan development for specialty Medicaid procurement

### **Elevance Health, Inc (formerly Anthem, Inc)**

**August 2013 – September 2022**

#### **Business Development Leader/Chief of Staff to Medicaid Chief Growth Officer (2017 – 2022)**

*Lead development of growth initiatives for Alliance markets involving partnerships from creation through award.*

*Manage portfolio and governance of \$42.6 million funding for strategic Medicaid growth initiatives.*

- Managed suite of initiatives to improve the Medicaid win rate including the development of business case to secure funding
- Achieved successful win for new market (NC) with Alliance partner in opportunity valued at more than \$1 billion in revenue
- Managed portfolio of growth initiatives and opportunities across 20+ markets over 3-year horizon from 2017 – 2019

#### **Staff Vice President, Medicaid Product Development (2013 – 2017)**

*Senior leader responsible for the development of new and innovative capabilities, programs and services with focus on specialized populations to support Medicaid growth for new populations.*

- Manage multi-year, multi-million-dollar Medicaid Investment initiatives to advance Anthem's market position as a thought leader and innovator.
- Manage semi-annual product planning and decision-making for the Medicaid business.
- Manage the development of new operating models responding to the policy and market landscape including the development of the business case and evaluation of market opportunities.

### **Amerigroup Corporation /Wellpoint**

**October 2007 – August 2013**

#### **Vice President, Proposal Management (2011 – 2013)**

*Senior leader for proposal development for initiatives in new, existing markets and/or new product expansions.*

- Manage enterprise-wide proposal development process from pre-RFP strategy development through post-submission oral presentation and scoring analysis.
- Analyze and assess competitor proposals relative to Amerigroup capabilities and work with functional areas to continuously develop proposal content that maximizes presentation of Amerigroup capabilities and expertise.
- Re-designed the proposal development process to enhance efficiency, productivity and improve the win rate

#### **Vice President, Business Development (2007 – 2011)**

*Senior leader supporting growth generation and execution activities in both new and the existing markets.*

- Manage opportunity strategy development and integration of corporate resources to support opportunity capture.
- Lead RFP response development including win strategy, competitive positioning, writing, and production processes.
- Oversee competitive and market analysis and long-range growth planning.
- Manage opportunity decision making from allocation of initial resources through Executive approval for pursuit.

# Mary T. McSorley

**AmeriChoice of Pennsylvania, A United Health Group Company**

**July 2004 – September 2007**

## **Chief Executive Officer (2005 – 2007)**

*Senior manager responsible for the financial and operating results for Pennsylvania Medicaid health plan with \$350 million revenue, 100 staff and two government product lines.*

- Establish strategic direction for plan operations; oversee implementation locally of national AmeriChoice initiatives.
- Lead senior management team in the development, implementation and oversight of annual business plans for Medicaid and CHIP product lines.
- Manage executive level interface and communication with Pennsylvania Department of Welfare, Department of Insurance and Department of Health.

## **Vice President, Operations and Chief Operating Officer (2004 – 2005)**

*Senior manager responsible for operations of plan including both plan-based functions and oversight and communication with centralized operating functions including claims processing, information systems, and customer service center.*

- Managed key communications, workflows and issue resolution with Business Services and Technology functions supporting plan operations including claims processing, information services, configuration and customer service.
- Developed, implemented and managed service level agreements with operating functions.

**Centers for Medicare and Medicaid Services, Philadelphia Regional Office September 2002 – June 2004**

## **Associate Regional Administrator, Division of Medicaid and Children's Health**

*Senior manager in regional office with responsibility for programmatic and financial oversight of six state Medicaid and State Children's Health Insurance Programs with nearly \$20.5 billion of expenditures and 3.5 million beneficiaries.*

- Lead the Region's Division of Medicaid and Children's Health; Provided oversight and direction to programs in Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia and West Virginia.
- Key federal contact with senior leadership in states on matters relating to Medicaid and State Children's Health Insurance Programs including program compliance and technical assistance.
- Executed region-wide project to create web-based access to regional state profiles

**Health Partners of Philadelphia**

**November 1995 – April 2002**

## **Senior Vice-President, Information Services and Chief Information Officer (1999 – 2002)**

*Senior manager of information services and claims operations for a provider-owned managed care organization serving 120,000 Medicare and Medicaid members. Managed a successful 18-month technical and business conversion project and reorganized the function to improve the business to IS communication and integration.*

- Established strategic direction and managed the Information Services and Claims Divisions including 50 staff and third-party vendor with budget of \$6 million.
- Oversaw day-to-day communication and management of 3<sup>rd</sup> party vendor for system support and claims.
- Managed the interface between the operational units and the Information Services Division including discussions regarding customer service and the development of new processes supporting the business units

## **Vice-President, Legislative and Regulatory Affairs (1996 – 1999)**

*Senior external plan representative communicating with both state and federal administrative and legislative entities with oversight responsibility for the health plan's contract with the Department of Public Welfare which provided the plan's the majority and primary revenue stream.*

- Responsible for oversight of compliance with contractual and regulatory obligations associated with HealthChoices contract with the Pennsylvania Department of Public Welfare.
- Established and managed interdepartmental effort to develop both technical and operational processes to meet major contractual obligations impacting revenue stream.
- Developed and implemented government relations strategy and maintained relationships with elected officials at the local, state and federal levels.

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## Vice-President, Government Relations (1995 – 1996)

*Health plan leader responsible for communicating with legislative bodies on behalf of the business and other interests of the plan relative to proposed legislation and advocacy initiatives.*

- Created meaningful ongoing working relationships for the plan with several key members of the state legislature and U.S. Congress enabling effective proactive communication.
- Developed and implemented state and local political action committee for plan's employees and board members and represented company to U.S. Congress and Pennsylvania Legislature.
- Analyzed and identified key policy issues for the company and developed legislative strategy.

## U.S. House of Representatives

### Senior Policy Analyst

**March 1993 – November 1995**

*Chief legislative aide providing policy analysis, education and recommendations for freshman representative on the Energy and Commerce Health Subcommittee during the 1993 – 1994 health care reform debate.*

- Drafted comprehensive provider-endorsed legislation creating consumer protections for publicly sponsored enrollees in managed care plans.
- Analyzed health policy, negotiated compromise legislation and recommended voting position.
- Briefed member on hearings, mark-up sessions and pending legislation.

### Legislative Assistant

**November 1985 – November 1989**

*Legislative aide for member of the House Select Committee on Aging focusing on health and aging issues.*

- Manage information on comprehensive Medicare bill and regularly briefed constituents on components of law.
- Briefed member on health policy initiatives and recommended voting position.
- Wrote member's statements, press releases, speeches and newsletters.

## American Osteopathic Association, Washington Office, Washington DC

**November 1989 – March 1993**

### Associate Director, Government Relations

*Legislative liaison and advocate for the osteopathic profession to federal agencies, congressional staff and committees. Key advocate for profession in provider/insurer network disputes.*

- Identified and analyzed legislation and regulations with potential impact on Association members.
- Monitored congressional action including Medicare and Medicaid policy changes, rural health initiatives, clinical laboratory licensing and physician payment reform.
- Drafted Association responses to legislative or regulatory proposals.

## EDUCATION

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**Master of Public Health**, Johns Hopkins University, Baltimore, Maryland 1994  
**Bachelor of Arts**, Syracuse University, Syracuse, New York 1985

## AWARDS

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Women Making a Difference, Bucks County, PA YWCA 2006