

Fact:

The mammoth economic stimulus legislation signed by President Obama in February 2009 contains the most significant changes to federal health care privacy and security law since the enactment of HIPAA including new patient privacy and security requirements that will affect all hospitals, providers and health plans.

Source: CMS

The CHC Team

Ira N. Gottlieb , President & CEO

As president and founder of The Creative Group, Mr. Gottlieb has focused the company's mission of providing professional, effective consulting services to insurers and providers in their desire to attain specific business goals and objectives.

Through the combined strengths and talents of the companies under The Creative Group's umbrella, Mr. Gottlieb has assisted a diverse group of client organizations: hospitals and hospital systems, physicians and physician groups, large national insurers, integrated healthcare systems, specialty/ancillary service providers, niche healthcare companies, HMOs and various other payers and providers. Expertise in assisting clients with developing turn-key networks in addition to service area expansions for national and regional insurers including PPOs, HMOs, Medicare Advantage, Behavioral Health, Workers Compensation and other specialty areas; strategic planning, venture planning, partnering and product introduction.

Harry F. Blair, Vice Chairman

Mr. Blair has managed field operations for network development and contract negotiation projects for the firm over the past 17 years. These assignments have included developing state-specific PPOs; national specialty networks and HMO network start-ups; Medicare Advantage Plans nationwide and network expansions across all product lines. As a consultant, Mr. Blair has served as Interim VP, Network Development for Empire Blue Cross Blue Shield and directed strategy and entire staff.

Provide consultative services in managed care including interim management, network contracting, strategy and venture development and implementation, acquisition analysis and negotiations, HMO and PPO development and provider and payer contract negotiations.

Previous positions have been as Executive Director, Sanus Health plan of Greater New York and New Jersey; Vice President, Metropolitan Life Insurance Company; President, MetLife Healthcare Network of New York/New Jersey; First Assistant New York State Deputy Attorney General of Medicaid Fraud.

Fred M. Rosenstein, Senior Managing Director

With a varied and successful career as a hospital administrator and business entrepreneur, Fred will focus on enhancing inter-relationships between hospitals and their admitting physicians, working with both hospitals and physician organizations in network development and contract negotiations.

Has led network development and expansion projects for Medicare Advantage, Medicaid and Commercial HMO and PPO payers nationwide.

Prior positions include administrative positions as hospital chief operating officer and most recently Senior Vice President of Corporate Programs of Montefiore Medical Center and as Principal and Executive Vice President with PicturePeak, LLC.

The Creative GroupSM

www.creativegroupny.com
305 Madison Avenue
Suite 2022
New York, NY 10165
Tel: 212.697.7207 X130
Fax: 212.697.3509

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Fax: 212.697.3509

Debra E. Bornstein, Executive Vice President

Professional experience includes over 20 years in healthcare with a focus on building and maintaining diverse provider networks for some of the largest managed care organizations in the New York tri-state area. Her expertise lies in provider contracting, strategic planning and medical cost trending with significant operational knowledge of all areas of transaction management.

Prior positions include Market Head, Aetna; Vice President of Medical Delivery Systems, MagnaCare; Vice President of Health Services, United Healthcare; Director, Medical Delivery, Oxford Health Plans.

Michael P. Frampton, Vice President

Mr. Frampton has 30 years experience in the healthcare industry including positions of executive leadership and currently provides healthcare consultation as Frampton Associates, LLC. He has consulted for the past 15 years to the senior sales/marketing and provider network executives of virtually all Blue Cross Blue Shield Plans on design and development of provider networks and health management, provider transparency and consumer-directed programs to meet national employer expectations for quality and cost trend management. He has served as Senior Vice President at Consortium Health Plans and Vice President for Provider Network Management at Empire Blue Cross and Blue Shield and Empire Mental Health Choice.

Mr. Frampton is versed in strategic planning to win and retain national employer health benefits business and structuring inter-health plan fee arrangements to combine local health plans into seamless national networks for self-funded employers. He is the principal architect of ClaimsQuest™, the industry-leading approach to measuring the value of healthcare provider discounts.

Mr. Frampton holds degrees in Human Behavior (B.A.) and Social Service Administration (M.A.) from the University of Chicago.

Richard Beland, Managing Director

Mr. Beland offers over 25 years of executive level sales and marketing experience. In executive management positions for several of the nation's largest behavioral healthcare organizations including: Merit Behavioral Care, APS and Value Options he was directly responsible for all aspects of sales and marketing. His areas of expertise include: business development, team development, sales and marketing planning, sales strategy (including needs analysis, lead development, customer tracking, pricing (risk based and ASO), RFP response and finalist presentations), account management, product development, cost containment, budgeting and direct sales.

Mr. Beland is one of the nation's leading behavioral healthcare sales producers, having personally sold 100's of millions of dollars in EAP and behavioral healthcare services to various customers including Medicaid, Medicare and commercial HMO's, insurance companies, Fortune 500 companies, state & local government entities as well as unions. Mr. Beland holds a Bachelor of Business Arts from The University of Pennsylvania's Wharton School as well as a Master of Science from their Dynamics of Organization program. Responsible for managed care credentialing for individual physicians, large group practices and ancillary providers for one of the firm's major hospital clients.

Jeff Danilo, Managing Director

Has over 25 years of experience in the field of healthcare administration, management, and network development.

Held executive management positions with Independence Blue Cross, Aetna US Healthcare and New York City's Health and Hospitals Corporation. Jeff's payor experience has been in provider contracting, network development and management, provider reimbursement model development including Pay for Performance and Gain-Share contract development, national contracting, risk contracting, and in the development of practice management strategies.

Barclay E. Smith, Managing Director

Mr. Smith has nearly 30 years of senior level management experience in healthcare. He has extensive background in hospitals, HMO's, PPO's, and Medical Group Management.

Mr. Smith has established medical networks, completed strategic plans for multiple corporations, initiated, developed and managed Federally Qualified Health Centers and developed senior healthcare networks. He has established contractual relationships with community physicians, hospitals and healthcare organizations.

Has held executive positions with Children's Hospital Los Angeles and San Diego Children's Hospital. He has served as the Chairman of the Board for Alta Med Health Services, a Federally Qualified Health Care System, and has extensive experience in the payer sector serving as Vice President with Sierra Health Services and FHP.

Claudia Beland, RN, Managing Director

Ms. Beland has over 25 years of executive level health care management experience. In executive leadership positions for several large behavioral health and medical managed care companies and a specialized health care informatics company she was directly responsible for all aspects of strategic business development and operations. Her areas of expertise include: implementation, account management, clinical operations, program design, customer retention, data analytics, report development, quality improvement, sales and marketing and product development.

Ms. Beland has an extensive background in quality management program design & evaluation. She and her team of independent clinical consultants supported quality of care reviews and audits for several State agencies to assess compliance with federal and state standards related to quality of care in acute care psychiatric facilities and residential care settings.

Ms. Beland has held executive management positions in Value Options, Merit Behavioral Care, WellCare, Empire Blue Cross Blue Shield and ActiveHealth Management. Ms. Beland is a New York State Registered Nurse.

Sharon S. Adair, Vice President

Over 15 years experience in the managed care industry, and senior consultant for the firm's physician recruitment initiatives for Medicare Advantage, Medicaid and Commercial HMO & PPO payers nationwide. Led team that experienced a 92.7% document recovery success rate for EBCBS following 9/11. She is responsible for customized competitive information, research projects & development and maintenance of the firm's databases.

Leonard Warren, Director

Mr. Warren has 10 years of experience in the areas of physician and payor contracting and network development.

Mr. Warren has contracted with community physicians, multi-specialty groups, hospitals and health care organizations. Mr. Warren has had operations, network strategy development and financial responsibility for several organizations in the Nashville market place such as HealthSouth, AmSurg Corp, UroTech and Atlas Health Systems.

Sheila O'Connor, VP, Provider Delivery

Provides consultative services including network contracting and management, strategy development and implementation, HMO and PPO development and provider and payer contract negotiations.

Previous positions have included senior positions with national managed care organizations including Aetna Prudential, New York Life and MetLife.

Mary Lepera, Director/Provider Relations

Responsible for managed care credentialing for individual physicians, large group practices and ancillary providers for one of the firm's major hospital clients.

Role has recently expanded to include physician and ancillary contracting with regional and national payers.

Victoria Lukas, Consultant

With over 20 years healthcare experience, Ms. Lukas has extensive negotiation skills on reimbursement rates; strong analytical and business skills and work on major business development projects with healthcare providers.

Prior to CHC, Ms. Lukas worked as Manager of Provider Relations for Select Providers; Recruiter, Network Development for Coast Physician Group in Durham, NC; and as an Independent Contractor for Cigna Health Plan of New York.

Mary Kay McHale, Consultant

As a consultant for CHC, Ms. McHale has recruited targeted physicians to participate in a capitated managed care plan; created and organized a client's computer database to include it affiliated physicians with participating managed care plans.

Her 17 years experience has been as Manager of Credentialing/Provider Services/Customer Services for MagnaCare and Manager of Provider Services; Manager of Provider Services form MetLife Network.

Rosalie Tanaka, Consultant

With more than 15 years of operational and management experience with Interactive Technology, Design, and Marketing, Ms. Tanaka has developed a sharp eye for how businesses can refocus their communications and marketing efforts to craft strategically focused media campaigns. Before founding her consulting company in 2005, Rosalie held senior marketing and business development positions in several New York City government agencies. Ms. Tanaka received a BA from Barnard College/Columbia University and an MPS in Interactive Telecommunications from New York University Tisch School of the Arts.