

EUGENE B. ROSENBERG, M.D.

MEDICAL DIRECTOR, COVENTRY HEALTH CARE OF LOUISIANA, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Dr. Rosenberg joined Coventry in September, 2010. He practiced Pulmonary Medicine in the New Orleans area for over 22 years. More recently, he was a full time Physician Advisor for two HCA hospitals in South Florida, acted as Physician Consultant for the Florida Department of Elder Affairs, and helped to provide Physician Advisor support to over 1,000 hospitals nationwide as a member of the Executive Health Resources team.

Dr. Rosenberg graduated from Tulane University School of Medicine and did his postgraduate training at Ochsner Foundation Hospital and Ochsner Clinic. He is board certified in Internal Medicine and in Pulmonary Disease. He has also been certified by the American Board of Quality Assurance and Utilization Review.

EXPERIENCE

Medical Director, Coventry Health Care of Louisiana, Inc.

2010 – Present

Oversees the medical management programs for assigned business sectors. Provides medical leadership to ensure excellent quality of care and service is provided to members/clients that are efficient and cost effective.

- Provides technical expertise in medical management by direct decision making in the areas of pre-authorization, concurrent review of hospitalized patients, discharge planning, complex case and chronic care management, and credentialing
- Oversees the clinical aspects of the quality management, credentialing, pharmacy and medical management programs.
- Works with senior leadership to develop strategic approaches to improve company performance and expand growth by optimizing provider networks, evaluating provider (hospital, physician, ancillary) contracts and developing other creative approaches.
- Provides oversight for all quality improvement projects
- Maintains oversight of internal medical review guidelines to ensure clinical integrity and compliance and act as a resource for staff members throughout the operation for the program.

EXECUTIVE HEALTH RESOURCES - Newtown Square, PA

2008 – 2010

Executive Health Resources is the leading provider of medical necessity compliance solutions to more than 1,400 hospitals and health systems across the country. EHR delivers its medical necessity compliance solutions through expert Physician Advisors who are specially-trained in Medicare/Medicaid rules and regulations pertaining to observation and inpatient status.

Physician Advisor, Nationwide

Responsible for the delivery of an outsourced operational, technological, and clinical resource that helps hospitals achieve the critical goal of effectively managing clinical care while maintaining regulatory compliance and sound financial performance.

- Provided Concurrent Admission Review of inpatient and observation cases
- Emphasis placed on Compliance and Concordance with Medicare Regulations
- Conducted telephonic and computer interaction with Case Managers and Physicians
- Evaluated Concurrent Length of Stay and Utilization Review

HCA LAWNWOOD REGIONAL MEDICAL CENTER, Fort Pierce, FL and

HCA RAULERSON HOSPITAL, Okeechobee, FL

2002 – 2005

Acute care hospitals serving SE Florida with specialty services including a highly acclaimed Heart Institute, services for women and children, and an inpatient physical rehabilitation center.

Physician Advisor, HCA Lawnwood Regional Medical Center, Fort Pierce, FL

- Provided leadership and direction to Administration, Medical Staff and Case Management
- Intervened in utilization issues to reduce practice variances, unnecessary or inappropriate services and

inappropriate levels of care

- Facilitated and participated in developing practice guidelines for the medical staff

PULMONARY MEDICINE ASSOCIATES, INC., New Orleans, LA

1979 - 2001

Private medical practice specializing in the treatment of respiratory diseases.

Medical Doctor, Pulmonary Medicine Associates, Inc., New Orleans, LA

- Management responsibility for a 3 person physician group including operations, financial planning and strategic forecasting
- Provided diagnostic evaluation and medical treatment to patients
- Performed medical procedures related to respiratory diseases
- Interpreted medical tests and studies
- Assessed patient acuity for appropriate hospital admission

EDUCATION

2002 Board Certified, American Board of Quality Assurance and Utilization Review Physicians
1980 Board Certified, Pulmonary Diseases Subspecialty, American Board of Internal Medicine
1977 - 1979 Fellowship, Pulmonary Medicine, Ochsner Foundation Hospital, New Orleans, LA
1977 Board Certified, American Board of Internal Medicine
1975 - 1977 Residency, Internal Medicine, Ochsner Foundation Hospital, New Orleans, LA
1974 - 1975 Internship, Medicine, Ochsner Foundation Hospital, New Orleans, LA
1970 - 1974 Medical Degree, Tulane University, New Orleans, LA
1966 - 1970 Bachelor of Arts, Case Western Reserve University, Cleveland, Ohio

CERTIFICATIONS/LICENSURES

Louisiana, 2010 – Present (Relicensed - Active)
Tennessee, 2010 – Present (Active)
Florida, 2001 – Present (Active)
Louisiana, 1974 – 2005 (Not renewed, out of state)

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

Provided upon request.

JOHN P. CAIRE III, C.P.A., M.B.A.

VICE-PRESIDENT AND CHIEF FINANCIAL OFFICER, COVENTRY HEALTH CARE OF LOUISIANA, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

John Caire, Vice-President and Chief Financial Officer, is responsible for all day-to-day financial activities, reporting and regulatory compliance and assists in the day-to-day operations of Coventry Health Care of Louisiana. He has extensive experience in accounting, financial reporting, HIPAA and regulatory compliance, developing and tracking budgets and operations. Mr. Caire has 17 years of managerial experience in health care delivery systems and managed care with a focus on delivering results in fiscally challenging and highly regulated environments.

EXPERIENCE

**Coventry Health Care of Louisiana/
Coventry Health and Life of Tennessee**

2007-Present

Vice President and Chief Financial Officer

Responsible for all financial aspects of a multi-location health maintenance organization with over 75,000 members. Duties also include oversight of compliance and regulatory matters as well as assisting the CEO with day-to-day operations for the plans. Combined premium revenue for the plans is over \$215 million annually. Accomplishments and responsibilities include:

- Directing a team that analyzes medical expense trends and recommends cost containment actions.
- Participating with a team that reviewed all operational aspects of the plan including the sales, underwriting and actuarial functions leading to membership increasing to over 75,000 from under 60,000.
- Directing the development of an internal compliance function and improved the plan's visibility in Louisiana through participation in the state's trade association and raising Coventry's visibility with the Louisiana Department of Insurance.
- Implementation of new health care reform regulations.
- Managing the integration of the financial aspects of the Tennessee region into the Louisiana organization helping put that market on a growth path.

LSU Healthcare Network

New Orleans, LA

1997-2007

Chief Financial Officer

Responsible for all financial aspects of a large academic faculty practice associated with the LSU School of Medicine in New Orleans including finance, accounting, reporting, banking, insurance and risk management. The practice has over 600 credentialed physicians with 20 clinical sites in the metro New Orleans area, Baton Rouge and Lafayette and operates an ambulatory surgery center in New Orleans. Total revenues were \$48 million.

Duties required interaction with all senior management of the organization, the chairmen of the School of Medicine, the Finance and Executive Committees, the Board of Directors and the Audit Committee. Accomplishments included:

- Direct involvement in the conversion of the practice from a division of the School of Medicine to a private not-for-practice with its own management, business systems, and Board of Directors.
- Implemented general ledger system and related purchasing, accounts payable and inventory systems as well as the applicable policies and procedures.
- Developed benefit package including creation of 401(k) plan, group health insurance and vacation and sick policies.
- Created a capital budget policy to provide a framework for the expenditure of \$3MM to \$5MM annually..
- Developed overhead policies to fairly allocate expenses to various departmental units.
- Created the annual budgeting process of the practice.

- Established and maintained banking relationships.
- Prepared annual financial statements including management discussion and analysis and annual form 990 information return for non-profit organizations.
- Oversaw annual external audit.
- Worked with Compliance Director to develop, implement and maintain compliance policies and procedures, including HIPAA policies and procedures.
- Key member of the team that negotiated an outsourcing contract that will provide back office billing services and technology resources and estimated savings of nearly \$25 million over ten years.
- Expanded single specialty eye surgery center to include orthopedic procedures and wound care to increase profitability.
- Spearheaded reestablishment of business and clinical activities after Hurricane Katrina heavily damaged practice and administrative sites in New Orleans.

LSU Eye Center/LSU School of Medicine **New Orleans, LA** **1994-1997**

Senior Business Manager

Managed all financial aspects of a department with over 200 employees and an annual budget of over \$11 million. Managed a staff of fourteen people responsible for billing and collections, purchasing, accounts payable and oversight of federal and private grants. Accomplishments included:

- Established a department budget, eliminating a departmental deficit in two years.
- Revised departmental income plan to align productivity and compensation.

Graham Resources, Inc. **Covington, LA** **1984-1993**

Arthur Young & Company **New Orleans, LA** **1982-1984**

EDUCATION

University of New Orleans, New Orleans, LA – B. S. in Accounting

University of New Orleans, New Orleans - MBA

LICENSES

CPA – State of Louisiana

ACTIVITIES

St. Ann Parish Finance Council – 2002 – 2010

St. Ann School Board – 2001 – 2004

Knights of Columbus Chapelle Council Financial Secretary – 2004 - Present

REFERENCES

Upon Request

TIVIS NUZZOLILLO

HUMAN RESOURCES GENERALIST, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Tivis Nuzzolillo is responsible for assisting the management team in identifying, verifying, acquiring, orienting and retaining high performing individuals for the various roles within the managed care organization. In addition, Tivis ensures that all staff members are trained and informed of all relevant information concerning employee relations, employment law, and compliance with legal, regulatory and corporate policies. Tivis has over 15 years of specialized recruitment experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD

2006- Present

A national Managed Care Company with 5.2 million members in all 50 states with revenues of \$13.9 billion.

Versatile Human Resources Professional with progressively challenging positions. History of building, and maintaining productive relationships with all levels of the managed care organization. Demonstrated ability to successfully manage internal and external client relationships and program and project management roles. My experience consists of effective Human Resources management in small to large Fortune 100 companies.

Areas of expertise and key training:

- Benefits / Pension Administration
- Recruiting / Retention / Training
- Leading Excellence Seminar (Positive Relations)
- Sensitivity
- PeopleSoft HR/Payroll System
- Targeted Selection
- Kronos Time and Attendance System
- Valuing Diversity
- Kenexa Recruiter System
- Conflict Resolution
- Client Profile Case Management
- Complaint Resolution Official
- Crisis Management Planning

Coventry Health Care of Louisiana - Human Resources, Metairie, LA

(2006 - Present)

As part of the Louisiana strategic leadership team I am responsible for recruiting, hiring, performance standards and performance succession planning, payroll and employee benefits for over 85 Louisiana managed care employees.

- Human Resources PeopleSoft data integrity for the Health Plans in the following states LA, GA, NC and SC.
- Work with assigned departments to develop and implement recruitment strategies to meet current and anticipated needs. Staffing plan based on State guidelines for LA Medicaid membership. To meet schedule of events set by the State, created a three phase recruitment process.
- Develop advertising strategies and recruitment sources to identify and recruit qualified candidates. Recruit and screen applicants for managerial, technical, professional and support positions. Initiate and coordinate all required documentation to complete the employment process.
- Conduct training programs including but not limited to new employee orientation, employee development, supervisory compliance training, and staff skills development. Facilitate open enrollment benefits training sessions, by providing current benefits, review policy and regulations, and assist in benefits elections.

The Cochran Firm New Orleans - Human Resources Administration, New Orleans, Louisiana (2005 – 2006)

Responsible for high volume sourcing, recruiting and hiring. Employee recruitment, assessment and selection strategies. I was responsible for creating and maintaining numerous processes, policies, systems, manuals, and forms.

Mid-West National Life of Tennessee and Combine Insurance - Producer , New Orleans, Louisiana (2005 – 2005)

Health & Life Insurance, Licensed Sales Lead - Abita Springs, LA. - Marketing of insurance products to individuals, small businesses and self employed clients

Delta Air Lines, Inc. -Throughout my tenure at Delta, I held positions of increasing responsibility in recruiting/employment as well as field human resources. (1991- 2005)

Delta Air Lines, Inc -Program Specialist - Disabilities, Special Needs and Customer Programs. - Atlanta, GA. (2003 – 2005)

Delta Air Lines, Inc -Human Resources Manager - Employee Relations, Domestic US Employee Forum. - Atlanta, GA (2002 – 2003)

Delta Air Lines, Inc. -Human Resources Coordinator - Employee Relations, Eastern Region. Delta Air Lines Inc., Atlanta, GA (2001 – 2002)

Delta Air Lines, Inc. -Human Resources Coordinator - Employee Relations, West Region. Delta Air Lines Inc., Salt Lake City, UT. (2000 - 2001)

Delta Air Lines, Inc. -Human Resources Coordinator - Air Logistics Cargo Partnership Council (CPC). Atlanta, GA. (2000 - 2000)

Delta Air Lines, Inc. -Human Resources- Employee Forum Field Support (Reported to the New Orleans until 4/1999), Atlanta, GA. (1996 - 2000)

Delta Air Lines, Inc. -Airport Customer Service Agent (CSA) Delta Air Lines Inc., New Orleans, LA. (MSY) (1991 – 1999)

EDUCATION

- Horizons Technology: Software Development
- Delta University: Business Administration
- Lorman Education & Certification Services

CERTIFICATIONS/LICENSURES

- HRPD (Human Resources Professional Development)
- Louisiana Insurance License for Life, Health & Accident
- Targeted Selection Interviewing
- Delta Project Management
- Frontline Manager Workshop/Coaching

COMMUNITY/VOLUNTEER EXPERIENCE

- SHRM 2011 and HRMA 2011
- Professional Social Network LinkedIn
<http://www.linkedin.com/in/tivisnuzzolillohr>

REFERENCES

- Shannan Herring, Director Finance Contact: 504/453-5782.
- Karen Gulotta, Manager Provider Relations Contact: 504/232-8762

DEBORAH B. JUNOT, R.N., B.S.N.

MANAGER OF QUALITY IMPROVEMENT, COVENTRY HEALTH CARE OF LOUISIANA, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Deborah B. Junot, Manager of Quality Improvement, is responsible for the planning, development and supervision of all aspects of Quality Improvement for Coventry Health Care of Louisiana, Inc. Her experience encompasses Utilization Review, training, Managed Care, patient relations, customer service, URAC and JCAHO accreditation, contract negotiations, program development, risk assessment, case management, Medicare and Medicaid, motivational leadership and positive attitude and team building. She supports internal systems for ensuring compliance with state and federal laws in handling appeals, complaints and grievances. In addition, she will coordinate a multi disciplinary team approach for purposes of collection and reporting quality improvement information to the Quality Improvement Council and the Physician Advisory Committee. She is charged with the management of the entire Health Effectiveness Data Information Set(HEDIS) project from direct data collection measures through suggesting and implementation of interventions based on the plan results. Transition to URAC Health Plan accreditation upon receipt of the Medicaid business will be another component of her position. Finally, she will oversee the Quality Improvement Department development for the Coventry of Louisiana Medicaid business. Ms. Junot has more than 10 years of managed care and 35 years of RN experience in the state of Louisiana.

EXPERIENCE

COVENTRY HEALTH CARE of Louisiana, INC. – Metairie, LA.

2009 - Present

Manager / Quality Improvement

- Direct supervision of staff member to ensure compliance with state laws in handling appeals, complaints and utilization re-admits; keep up to date with all state and federal quality regulations; ensure quality improvement activities are accomplished according to regulatory guidelines and principles.
- Charged with management of entire Health Effectiveness Data Information Set (HEDIS) project from direct data collection measures through suggesting and implementing improvements based on results obtained.
- Coordinate with various departments for purposes of collection and reporting quality improvement information to Quality Improvement Committee to include monitoring and evaluation of indicators.
- Prepare documentation of all quality improvement activities, as well as agendas for and manage activities of the Quality Improvement Committee in conjunction with Medical Affairs.
- Take appropriate steps to prepare for Utilization Review Accreditation Commission (URAC) accreditation; monitor activities for on-site review.

GULF STATES HEALTH SERVICES, New Orleans, LA

02/05 to 06/09

Case Management Coordinator

- Serve as corporate support and oversee all case managers within the Gulf Region encompassing 7 Long Term Acute Care Facilities and 2 Acute Rehab facilities in Louisiana and 2 Long Term Acute Care Facilities in Texas, having a staff of approximately 20+ case managers; coordinate and direct monthly CM meetings for all facilities.
- Spearheaded Centralized Intake Office, resulting in a standardized and refined intake / referral process for long-term acute care; participate in special committees including:
 - Standardization / Traditionalism
 - Pharmacy Task Force
 - Prepared Protocols for Charge Master Committee
 - Liaison Education and Wound Care Program
- Participated CEU Committee for nurses and healthcare professionals for career development; developed standardized Case Management Model and program for 11 facilities, including Orientation Program, Resource Manual, CM Educational Manual, Policies and Procedures, Levels of Care, and HINN Process.
- Serve as corporate liaison for facilities post-Katrina resolving problems associated with companies not returning to the New Orleans area; assist patients and their families by utilizing resources and referring them to appropriate services.

TENET MEMORIAL MEDICAL CENTER, New Orleans, LA

06/03 to 02/05

Bone Marrow Transplant Coordinator

- Oversee and manage entire bone marrow transplant process including:
 - Patient Education
 - Clinical Workup
 - Post-Transplant Care
 - Pre-Certification
 - Outpatient Testing
 - Admissions
 - Clinical Care
 - Insurance Eligibility
 - Financial Assessment
 - Communications with Insurance Case Management Department
- Updated Chief Financial Officer and Managed Care Negotiator on a bi-monthly basis to ensure regular communications regarding financial status and education of bone marrow patients.

TENET REGIONAL MANAGED CARE, New Orleans, LA

09/97 to 06/03

Clinical Resource Group Supervisor

- Instrumental in the smooth transitioning of patients to the newly-created Tenet Choices 65 / Healthcare Select program; revamped policies and procedures, verified eligibility, and researched initial assessment of healthcare needs of selected patients for the program.
- Served as liaison between Medicare HMO plan and patients; administered Health Risk Assessment for purposes of accessing healthcare services for patients; identified At Risk patients and referred to case / disease management services.
- Charged with case management functions for People’s Health Network (Tenet 65 Pilot Program) encompassing supervision of 15 to 20 registered nurses.

MEMORIAL MEDICAL CENTER, New Orleans, LA

06/88 to 09/97

Clinical Nurse IV: Women’s Unit, OB/GYN, GYN Oncology, Pediatrics

- Supervised staff of 60 nurses, aides, and clerks; responsible for hiring, scheduling, and staff development and training.
- Instrumental in the development of “Nearly New,” first clothing shop specifically for cancer patients; trained in prosthetic fitting; assisted with personal selections of bras and bathing suits, offered emotional support, when needed.
- Managed Resolve Through Sharing Program for perinatal loss; increased number of certified counselors from 6 to 20, while simultaneously expanding community presence; facilitated monthly support groups and annual citywide Walk to Remember;
- Member of Quality Assurance and JCAHO committee; co-chair for Education Committee of the hospital.

OTHER RELATED WORK EXPERIENCE

Alternate Administrate / Director of Nursing, Preferred Home Health, New Orleans, LA, 06/88 to 04/91

Nurse Manager–OB/GYN, Well-Baby Nursery, Lafayette General Medical Center, LA, 07/87 to 06/88; 0/575 to 06/82

EDUCATION

- Bachelor of Science in Nursing, University of Southwestern Louisiana, Lafayette, LA

CERTIFICATIONS/LICENSURES

- Resolve Through Sharing, Counselor / Coordinator
- Registered Nurse in Louisiana

COMMUNITY/VOLUNTEER EXPERIENCE

- Resolve Through Sharing, Counselor / Coordinator
- Case Management Society of Greater New Orleans, Board Member
- Jesuit High School Alma Mater Mom 2004 · Boys Hope / Girls Hope, Volunteer

REFERENCES

1. Wendy Knight 428 Homestead Ave. Metairie, LA. 70005 Phone: (504) 460-9328
2. Jodi Ridley, RN 515 Robert E. Lee Blvd. New Orleans, LA. 70124 Phone: (504) 615-3551
3. Carol Rockwell ,RN,CCM,CWCP 3300 W. Esplanade Ave. Suite 220 Phone: (504) 813-3261

LISA P. OGLESBY R.N., B.S.N.

DIRECTOR OF HEALTH SERVICES, COVENTRY HEALTH CARE OF LOUISIANA, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Lisa P. Oglesby, Director of Health Services, is responsible for the coordination, supervision and direction of the utilization management functions of the health plan. Her experience encompasses utilization management including the areas of preauthorization, concurrent review, case/disease management programs and quality improvement. Ms. Oglesby has more than 13 years of managed care experience including 7 years of Managed Medicare experience.

EXPERIENCE

COVENTRY HEALTH CARE OF LOUISIANA, INC. - Metairie, LA **2008 - Present**
Managed Care Organization providing health insurance to commercial members in the state of LA.

Director Of Health Services

Responsible for the coordination, supervision and direction of the utilization management functions of the health plan.

- Daily activities include oversight of HS employees, development and maintenance of departmental budget, strategic planning development, program development and annual reporting to the Department of Insurance.
- Provide leadership to team members to accomplish goals and objectives.
- Ensure compliance with federal and state laws, regulations, and URAC standards related to health utilization management.

SUMMERVILLE@KENNER – Kenner, LA **2006 - 2008**
Adult Residential Care Facility servicing residents with assisted living and special care needs.

Director Of Resident Care

Responsible for the supervision and direction of the clinical staff overseeing residents in an adult residential care facility.

- Daily activities included managing a staff of 50 employees, departmental annual budget, employee training, nursing assessments of all residents, evaluation of quality improvement program and assumed role of Executive Director during her absence.
- Participated in family conferences to ensure needs of residents were being met.
- Established processes to obtain deficiency free surveys as conducted by the Department of Social Services.

PEOPLES HEALTH NETWORK - Metairie, LA **1998 - 2005**
Managed Care Organization providing health insurance to Medicare beneficiaries in the state of LA.

Director Of Health Services

Responsible for the coordination, supervision and direction of the utilization management functions of the health plan.

- Daily activities included oversight of 100+ employees, strategic plan development, departmental budget, and annual reporting to the PHN Board of Directors, CMS and Department of Insurance.
- Accomplishments included growth of staff with adherence to budget, development of disease management program and improvement in member and provider satisfaction scores.
- Prior to Director of Health Services, held the title of Quality Improvement Manager.

THE OATH OF LOUISIANA(SOUTHEAST MEDICAL ALLIANCE) – Metairie, LA **1996-1998**
Former Managed Care Organization provider of health insurance to commercial and Medicare beneficiaries in the state of Louisiana.

Utilization Review Coordinator and Trainer

- Responsible for coordination of services including authorizations for referrals, Home Health/DME, Outpatient procedures, Inpatient admissions, Case Management and Quality Review.
- Responsible for training all new hires to utilization management policies and procedures and clinical software systems.

Utilization Review Nurse, Elmwood Medical Center – Jefferson, LA	1995-1996
Nurse Manager, Transitional Hospital Corporation - New Orleans, LA	1994-1995
Nurse Manager, Elmwood Medical Center – Jefferson, LA	1988-1994
Staff Nurse, St. Jude Medical Center – Kenner, LA	1986-1988
Staff Nurse, Charity Hospital of New Orleans – New Orleans, LA	1985-1986

EDUCATION

University of South Alabama, Mobile, AL - Bachelor of Science in Nursing
Charity Hospital School of Nursing, New Orleans, LA – Diploma in Nursing
Louisiana State University at Eunice, Eunice, LA - Associate Degree in Science

CERTIFICATIONS/LICENSURES

RN

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

1. Tina Stephenson, Metairie, LA Phone: (504) 301-5823
2. A. Mark Parker, MD, Metairie, LA Phone: (504) 940-4811
3. Zoey Singleton, Kenner, LA Phone: (203) 826-6077

KAREN GULOTTA

MANAGER, PROVIDER RELATIONS, COVENTRY HEALTH CARE OF LOUISIANA, INC..

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Karen Gulotta, Manager of Provider Relations, is responsible for the recruiting, contracting, and maintenance of the CoventryCares of Louisiana Medicaid provider network. She oversees contract implementation, provider credentialing, provider databases, and the development of the department's policies and procedures. She supports project planning and network strategy for CoventryCares of Louisiana, Medicaid. Ms. Gulotta has more than 15 years of managed care experience.

EXPERIENCE

Coventry Health Care of Louisiana – Metairie, Baton Rouge, Shreveport, LA
Manager, Provider Relations

2005 – Present

- Manages the development, negotiation and maintenance of provider contracts
- Provides service to hospital, ancillary and physician providers by resolving issues and advising providers of new protocols, policies and procedures
- Works with Quality Management to develop appropriate provider measures and implement those measures in the provider community
- Provides leadership to the Network/Provider Relations team to help to team members to accomplish goals and objectives

Coventry Health Care of Louisiana - Metairie, Baton Rouge, Shreveport, LA
Provider Relations Representative

2003 – 2005

- Evaluate prospective providers in a given area by completing a review of available providers and network adequacy along with market demand
- Responsible for recruiting and contracting physicians and ancillary providers
- Provides on-site reviews, education of newly credentialed providers, resolves service issues for hospitals, ancillary/allied providers and physicians
- Analysis of physician and ancillary/allied providers reimbursement with regard to rate negotiations
- Maintains monthly meetings with network hospitals and large physician groups
- Research and resolve claim disputes with regard to contractual language
- Prepare correspondence and/or documentation as needed to resolve or conclude issues
- Coordinate resolution of issues by facilitating communication between all Coventry departments, locally and nationally
- Member of Corporate E-Commerce Committee

Slidell Memorial Hospital - Slidell, LA
Consultant

2003

- Provided an operational overview and analysis of Workwise, Slidell Memorial Hospital's, Workers Compensation Program

Tenet Healthsystems – New Orleans, LA
Provider Relations Representative

1998 – 2003

- Recruiting and contacting physicians for three Tenet products, TenetSelect (the Tenet Employee PPO), Affiliated Health Network (a Tenet sponsored PPO network), and ProComp (the Tenet Workers Compensation Network)
- Responsible for education, maintenance and an annual inservice for each physician participating in the Tenet products
- Liaison responsible for overall communication between the Tenet staff physicians and managed care organizations
- The ability to assist in the coordination of all operational functions associated with contracting activities for physicians who are represented by the endeavors of the Regional Department of Contracting and Network Development, including issues regarding claims payment, contracts, and systems
- Assist the Business Development Departments of the individual hospitals to determine effectiveness of proposed strategies
- Organize and facilitate monthly communication sent to all staff physicians
- Organize and facilitate participation in trade shows
- Participate in individual hospitals events

United HealthCare of Louisiana – Metairie, LA
Provider Relations Representative

1994 - 1998

- Recruiting physicians for the Bayou, New Orleans, Baton Rouge and Shreveport areas
- Establish contract negotiations while maintaining client rapport with office staff
- Inservice newly credentialed network providers and initiate office assessments
- On-site reviews, resolve service issues for hospitals, ancillary/allied providers and physicians
- Resolve claims payment issues, organize and facilitate Physician Advisory Committee Meetings
- Team Member for National Accounts presentations
- Liaison responsible for overall communication, both written and verbal, between UHC and its Providers

EDUCATION

Louisiana State University, BS

COMMUNITY/VOLUNTEER EXPERIENCE

Boys Hope Volunteer
Jesuit High School Volunteer

REFERENCES

1. Wendy Knight, 3838 North Causeway Blvd., Metairie, LA 70002, (504) 460-9328
2. Jeff Mitchener, 8880 Commerce Road West, Harahan, LA 70123, (504) 430-5195
3. Cindy Moll, 55 Gull Street, New Orleans, LA (504) 432-7762

DENISE HANNON

DIRECTOR, SERVICE OPERATIONS, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Denise Hannon, Director Service Operations, is responsible for the planning, development and oversight of Coventry's Medicaid Claims and Customer Service operation. Ms. Hannon's managed care experience encompasses claims, encounters and customer service for Commercial, Individual and Medicaid products. She is responsible for the development of strategic, operational, and tactical business plans to achieve desired business goals for Coventry's Medicaid MCOs as well as new business initiatives. Ms. Hannon will oversee the claims and customer service operation implementation for the Coventry of Louisiana's, CoventryCares business.

EXPERIENCE

Director Service Operations

June 2010 – Present

- Responsible for directing the claims administration and customer service for the Medicaid full risk business
- Develops strategic, operational, and tactical business plans to achieve desired business goals.
- Builds and maintains collaborative relationships and alliances with internal and external customers including but not limited to, employer groups, provider groups, members, brokers, marketing, finance and medical management to achieve business goals.
- Recruits, develops, and motivates staff.
- Initiates and communicates a variety of personnel actions including employment, termination, performance reviews, salary reviews, and disciplinary actions.
- Develops and manages the budget; controls expenses while meeting operational, financial, and service requirements.

Manager Service Operations:

July 2003 – June 2010

- Responsible for the strategic and tactical planning, as well as day-to-day management, of a large multiple site Medicaid claims and customer service operation
- Significant management experience of multiple product lines including Commercial, Medicaid, Medicare, Individual and Pre-Existing Investigations
- Successfully developed and implemented business plans to improve team results and exceeded company standards for Florida Medicaid within three months
- Developed supervisors and staff in multiple locations, resulting in several staff promotions and increased capacity, with a focus on succession planning at all levels
- Developed collaborative relationships with key business areas including Health Plan, Medical Underwriting, critical providers and employer groups facilitating issues impacting claims adjudication and delivery of customer service
- Successfully coordinated and facilitated all testing and training plans to support business objectives related to a full operating system migration, including a comprehensive inventory reduction plan
- Successfully coordinated and facilitated the establishment of policies and procedures, all testing, and training plans related to the implementation of a National Individual product
- Successfully developed a CSO pre-existing investigation process and transitioned existing individual business from Medical Underwriting to a new CSO team comprised of both clinical and claims staff in 8 months
- Maintained and improved upon team morale by providing a positive and open work environment for staff through open communication and recognition of staff accomplishments and contributions
- Responsible for ensuring budget targets and business costs are met through resource allocation and process improvement initiatives

Customer Service Supervisor:

December 2002 – July 2003

- Responsible for the day-to-day management of customer service and adjustment inventories

- Conduct analysis of daily and monthly call volumes and made necessary adjustments to staff schedules to ensure adequate coverage to meet customer needs
- Developed and successfully implemented the first dedicated Broker Services Unit for Coventry, and served as a resource for new lines as implemented in various markets
- Developed and maintained collaborative relationships with key market accounts; UVA and Henrico County and Schools
- Participated in several on-site presentations with UVA Health Sciences Center and Henrico County and Schools
- Provided direct feedback to staff, both positive and constructive, to promote professional development and achievement
- Implemented theme weeks to promote positive working environment and improve team morale
- Facilitated weekly team meetings and daily floor meetings for staff
- Created and implemented the Customer Service Handbook as tool for customer service representatives now used by all teams

Customer Service Specialist:

August 2001 – December 2002

- Responsible for handling incoming calls from members and providers regarding health care benefits
- Provided assistance with benefits and claims interpretation and address issues as they arise
- Responded to email correspondence members and providers
- Conducted call quality monitoring for team and provided feedback to team members regarding performance
- Responsible for monitoring call volume and average speed to answer for team
- Provided direct feedback to supervisor and manager concerning process improvements and efficiencies
- Conducted team training regarding claims interpretation and pharmacy issues

EDUCATION

University of Delaware - Bachelor of Arts/*Cum Laude*

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

1. Joel Coppadge, 750 Pride's Crossing, Suite 200, Newark, Delaware 19713 Phone: (302) 283-6733
2. Debra Pennington, Town Center One, 1000 Research Park Blvd, Charlottesville, Virginia Phone: (434) 951-2432
3. Debra Waln, 9881 Mayland Drive, Richmond, Virginia 23233 Phone: (804) 527-6417

JOEL COPPADGE

VICE PRESIDENT MEDICAID CUSTOMER SERVICE OPERATION, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

As Vice President of Customer Service Operations (CSO), Joel Coppadge oversees claims administration, member and provider call center management and enrollment operations for the Coventry Medicaid MCOs. The CSO is responsible for providing professional and efficient service to members and providers by answering inquiries regarding their health care benefits and the provider network. His staff also manages claims adjudication and claims processing operations. With more than 15 years of previous managed care experience, Mr. Coppadge will be responsible for ensuring CoventryCares of Louisiana's claim processing, member/provider call center, enrollment operations are efficient, effective and comply with all federal and state statutes and contract requirements.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD 2000 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Vice President, Medicaid Customer Service Operations, Coventry Health Care, Inc. - Newark, DE (2009 - Present)
Responsible for the Medicaid full risk business operations including enrollment, customer service, and claims administration. In addition to the main site located in Newark, DE, all includes remote locations in Harrisburg, PA and Sunrise, FL.

- Responsible for a total of 160 full time employees with an annual budget of \$7.9 million.
- Develops strategic, operational, and tactical business plans to achieve desired business goals.
- Builds and maintains collaborative relationships and alliances with internal and external customers including but not limited to, employer groups, provider groups, members, brokers, marketing, finance and medical management to achieve business goals.
- Recruits, develops, and motivates staff.
- Initiates and communicates a variety of personnel actions including employment, termination, performance reviews, salary reviews, and disciplinary actions.
- Develops and manages the budget; controls expenses while meeting operational, financial, and service requirements.

Director, Operations, Government Programs/Individual Product, Coventry Health Care, Inc. - Newark, DE (2006 - 2009)
Responsible for directing the claims administration and customer service for the Medicaid full risk and Individual Product business.

- Develops strategic, operational, and tactical business plans to achieve desired business goals.
- Builds and maintains collaborative relationships and alliances with internal and external customers including but not limited to, employer groups, provider groups, members, brokers, marketing, finance and medical management to achieve business goals.
- Recruits, develops, and motivates staff.
- Initiates and communicates a variety of personnel actions including employment, termination, performance reviews, salary reviews, and disciplinary actions.
- Develops and manages the budget; controls expenses while meeting operational, financial, and service requirements.

Site Director, Newark Customer Service Operations, Coventry Health Care, Inc. - Newark, DE (2005 - 2006)
Responsible for managing the activities that serviced Commercial Operations in Delaware, Virginia, West Virginia, Nebraska, and Medicaid Operations in Maryland, Missouri, Virginia, West Virginia, and Michigan.

- Included off site operations in Michigan, and Pennsylvania.
- Responsible for a total of 213 full-time employees with an annual budget of \$8.9 million.

Director, Operations, Coventry Health Care, Inc. - Newark, DE (2003 - 2005)
Directed the activities of three Business Managers and 110 employees in departments specializing in claims processing, customer service, and training.

- Responsible for an \$8.9 million annual budget.
- Operations included an annualized claim volume of 3.4 million claims receipts and incoming call volume of 800,000.
- Extensive collaboration and facilitation with multiple health plans, brokers, providers, clients, and various internal operations.

Business Manager, Coventry Health Care, Inc. - Newark, DE (2000 - 2003)
Managed the activities of three supervisors and 45 employees in departments specializing in claims processing and customer service.

- Managed the team to be recognized as the winner of the company's Superior Achievement Award for two consecutive years.
- Hired, trained, and provided employee development for all employees.
- Collaborated with the health plan, brokers, providers, and various internal operations.

ACE - USA - Wilmington, DE 1999 - 2000
Multi-national Commercial Property and Casualty Company.

Project Manager, Finance Department, Ace - USA - Wilmington, DE (1999 - 2000)
Lead project manager of the corporate transition plan for the Wilmington Financial Center.

- Planned and coordinated the closing of all regional financial centers.
- Coordinated the movement of systems, banks, real estate, training, and human resources.

Team Leader, Cigna Corporation - Wilmington, DE (1992 - 1999)

Business Analyst, Cigna Corporation - Philadelphia, PA (1989 - 1992)

Assistant Manager, Cigna Corporation - Wilmington, DE (1985 - 1989)

Operations Supervisor, Allstate Insurance Company - King of Prussia, PA (1981 - 1985)

EDUCATION

Delaware State University, Dover, DE - Bachelor of Science, Business Administration

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Delaware Diamonds Track Club (DE) - President and Head Coach
USA Track and Field (PA) - Committee Member
Canaan Baptist Church (DE) - Youth Ministry
Brandywine YMCA (DE) - Head Coach Basketball Youth League
Police Athletic League (Wilmington) - Board of Directors - President

REFERENCES

1. Jim Sills, III - 4001 Kennett Pike, Suite 134, Wilmington, DE 19807 Phone: (302) 594-0850
2. Jeff Gumbs - 523 W. 38th Street, Wilmington, DE 19802 Phone: (732) 731-9055
3. Michael Moorman, 750 Prides Crossing, Suite 200, Newark, DE, 19713 Phone: (302) 283-6521

SHARON H. NOTO, R.N., B.S.N.

COMPLEX CASE MANAGER, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Responsible for the comprehensive management of members identified as having serious and complex, long-term medical needs or chronic disease conditions. Applies case management concepts, principles, and strategies in the development of an individualized case plan that address the member's broad spectrum of needs. The ultimate goal of reducing health care costs is combined equally with the desire to improve overall quality of care as well as health care outcomes. Possesses the knowledge and understanding of healthcare reimbursement methods that promotes the provision of cost effective healthcare and the preservation of the member's benefits. Mrs. Noto has more than 21 years of utilization management and managed care experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD

1996 - Present

A national Managed Care Company servicing more than 5 million members in all 50 states with revenues of \$13.9 billion.

Supervisor Complex Case Manager

(2007 - Present)

Applies case management principles to positively impact the quality of members' lives and reduce unnecessary health care costs in the management of complex, chronically and catastrophically ill members.

- Possesses sound general clinical knowledge and relevant clinical experience as well as superior communication skills including telephone etiquette and techniques for communicating with members, care givers, and providers.
- Develops the member's case plan which has been agreed upon by the member and physician to implement certain processes and procedures that will help ensure the most effective outcome.
- Integrating the member's preferences and abilities to optimize self-care, disease/symptom management, and outcomes.
- Familiar with regulatory and accreditation requirements associated with the member's plan, i.e. CMS, URAC, NCOA, state and federal regulations.
- Possesses knowledge of available community and state resources.

Concurrent Review Nurse

(1996-2007)

Reviewed member-specific clinical information to determine medical necessity of days and services performed during the member's inpatient hospitalization to acute, skilled nursing (SNF), rehabilitation facilities.

- In conjunction with and under the supervision of physicians, evaluated care plans and discharge plans, monitored all clinical activities, identified alternative levels of care when requested care was not covered, identified cost-effective protocols, and developed guidelines for coverage of benefits.
- Coordinated all aspects of discharge planning including determining the appropriateness of the requested services, verifying benefit coverage, gathering specific information to assist in prevention of readmission and facilitating the use of in network providers.
- Served as a referral source to the Complex Case Management Program when the member's diagnosis, conditions, status and/or needs warranted case management assessment.
- Responsible for concise data and clinical documentation to support the certification made and to provide the information needed by other departments such as claims, member services, reporting, appeals, etc. to perform their functions.
- Competent in application of McKesson InterQual criteria for determining the appropriateness of admission, continued stay and discharge review .
- Communicated with medical directors, the member's physician and other members of the health services team.

CHALMETTE MEDICAL CENTERS – Chalmette, Louisiana (1981-1996)

A 194 bed , acute care hospital, Joint Commission Accreditation Hospital Organization (JCAHO) accredited, owned by Universal Health Systems, a Fortune 500 hospital management company.

Director Utilization Management (1991-1996)

Promoted to management position after 1 year as UR staff nurse. Managed a team of 7 registered nurses and 1 social worker that conducted the daily utilization management (UM) functions including preadmission, admission, concurrent review, and discharge planning for all Commercial, Medicare, Medicaid, and indigent patients.

- Assisted in the development, implementation and evaluation of utilization management at CMC.
- Provided management and direction to the UM staff including training, monitoring and evaluation.
- Responsible for UM policy and procedure development and implementation , in accordance to state and federal and JCAHO.
- Triageed and assigned patient rooms for the day shift, from surgery, emergency, and the admission departments.
- Responsible for UM Committee meetings and minutes.
- Reported UM activities to Quality Improvement Committee and Medical Executive Committee.
- Collaborative work processes with the Louisiana Peer Review Organization on Medicare patients for chart audits and reviews.

Utilization Review Nurse -staff (1990-1991)

- Performed utilization reviews on inpatients that required certification of hospital days,
- Provided clinical information to support medical necessity per hospital approved criteria to HMO's and Medicaid certification staff.
- Facilitated early discharge planning to avoid delays in discharge while promoting quality of care.
- Recommended patients to alternate levels of care such as home care and infusion agencies, nursing homes, skilled and rehabilitation units.
- Maintained the role of patient advocate – acted as the liaison between hospital, physicians and all customers/providers.

Intensive Care Unit- staff nurse (1986-1990)

Post Anesthesia Care Unit/ Operating Room- staff nurse (1981-1986)

SOUTHERN BAPTIST HOSPITAL- New Orleans, LA. (1974-1981)

d.b.a. Ochsner Baptist Medical Center

Post Anesthesia Care Unit- staff nurse (1979-1981)

Neonatal Intensive Care Unit (NICU) - staff nurse, transport team (1977-1979)

Nurse Technician, Medical/Surgical ; NICU (1974-1977)

EDUCATION

- William Carey College, Hattiesburg, MS. Bachelor of Science/ Nursing

CERTIFICATIONS/LICENSURES

- Registered Nurse- Louisiana State Board of Nursing 1977 to Present

COMMUNITY/VOLUNTEER EXPERIENCE

- New Orleans Boys Hope- Girls Hope
- Families and Volunteers of Communities- St. Bernard, LA Chapter

REFERENCES

1. Mary Elvir, 151 Heights Road, River Ridge, LA 60515 Phone: (504) 957-5227
2. A. Mark Parker, M.D. , 3901 Jurgen St, Metairie, LA 70002 Phone: (504) 456-8238
3. Lisa Oglesby, 3753 Dixon St., Metairie, LA 70001 Phone: (504) 723-1485

SHERRY THORNTON

DIRECTOR APPLICATION DEVELOPMENT, COVENTRY HEALTH CARE, INC.

PROPOSED ROLE AND UNDERSTANDING OF LOUISIANA MEDICAID MANAGED CARE PROGRAM

Sherry Thornton, Applications Development Director, is responsible for the planning, development and maintenance of core transactional systems for the Coventry Medicaid MCOs. Her applications experience encompasses claims, encounters, customer service, finance, sales and marketing, provider relations and medical management. She supports internal systems for government programs and new business initiatives and will oversee the systems development for the Coventry Health Care of Louisiana's Medicaid business. Ms. Thornton has more than 10 years of managed care and information systems experience.

EXPERIENCE

COVENTRY HEALTH CARE, INC. - Bethesda, MD 2009 - Present
A national Managed Care Company with 5.1 million members in all 50 states with revenues of \$11.6 billion as of 2010.

Director Applications Development, Coventry Health Care, Inc., St. Louis, MO (2009 - Present)
Responsible for planning, directing and controlling the resources and efforts of MIS teams to accomplish large Medicaid project implementations and support IT operational needs for Medicaid health plans within the corporation.

- Developed budget processes and procedures to align and prioritize business objectives within limited resource parameters.
- Led large-scale IT implementation for Pennsylvania Medicaid business awarded in 2009, including readiness reviews with State Medicaid agency.
- Provides leadership to team members to accomplish goals and objectives.
- Ensures compliance with federal and state laws, regulations, and standards related to health information and coding principles.

CENTENE CORPORATION - St. Louis, MO 2006 - 2009
Centene Corporation is a multi-line healthcare enterprise that provides programs and related services to individuals receiving benefits under Medicaid, including the Children's Health Insurance Program (CHIP), as well as Aged, Blind, or Disabled (ABD), Foster Care, Long-Term Care and Medicare (Special Needs Plans).

Director Encounter Business Operations, Centene Corporation - St. Louis, MO (2007-2009)
Responsible for ensuring timely and accurate submission of encounter data from health plans and subcontractors to State Medicaid agencies while ensuring compliance with all federal and state laws.

- Established processes and dashboards to ensure accuracy and timeliness of encounters output and deliverables; achieving greater than 90% first time encounter acceptance for all Medicaid health plans.
- Represented corporation in client interaction during the development of new business opportunities.
- Reported operational progress, financial, issue and risk status to senior management and all business partners.
- Developed a strong team through mentoring, training and effective organizational development practices.

IT Manager/EDI, Centene Corporation - St. Louis, MO (2006-2007)
Responsible for project delivery and daily operations activities for electronic data interchange (EDI) function within corporation. Managed a team of 31 application programmers and business analysts that developed and implemented health care transactions for Medicaid and behavioral health lines of business.

- Established processes and procedures to improve efficiency of EDI transactions for 11 health plans coast-to-coast.
- Ensured compliance with HIPAA and Sarbanes Oxley rules and mandates
- Adopted ANSI X12 transaction standards to process claims, eligibility, claims status, electronic remits, paper claims and claims encounter reporting to various providers and state partners.

BLUECROSS BLUESHIELD OF MISSOURI - St. Louis, MO 2000 - 2006
Leading regional health and medical insurance provider to commercial clients in Missouri and Illinois.

Senior Project Manager, BlueCross and BlueShield of Missouri - St. Louis, MO (2000 -2006)
Managed a team of 10 application programmers responsible for analysis, design, construction, documentation, test scripts and deployment of new EDI solutions: 270/271, 276/277, 278, 820, 834, 835, and 837.

- Created an EDI solution using HIPAA-mandated federal regulations.
- Collaborated with cross-functional departments (Data Warehouse, QA Testing, Systems Support, Business Groups, Network Administration) to develop optimal solutions.
- Recommended software purchases to executive management and served on committees including ANSI X12 Organization, HIPAA Regulations, Federal Employee HIPAA Workgroup and Trizetto Software Workgroup.
- Responsible for yearly budget planning and day-to-day EDI operations.

Network Administrator, Southwestern Illinois College - Red Bud, IL 2000

Consultant/EDI Programmer/Analyst (Sterling Commerce), IBS Consulting - Dublin, OH 2000

Consultant/EDI Programmer/Analyst, Data Management Consultants, Inc.- St. Louis, MO 1999

Consultant/Documentation Specialist, Cap Gemini America - St. Louis, MO 1998-1999

Business Analyst/EDI Coordinator, Cap Gemini America - St. Louis, MO 1998

Assistant to the Quality Manager, Cap Gemini America - St. Louis, MO 1997-1998

Computer Lab Supervisor/Network Administrator, Marissa Junior Senior High School - Marissa, IL (1995 - 1997)

Accounts Receivable Manager, Famous-Barr Credit - St. Louis, MO (1992 - 1993)

Personal Services Supervisor, Mercantile Card Services - St. Louis, MO (1989 - 1992)

EDUCATION

University of Phoenix, Phoenix, AZ - Bachelor of Science/Management
Southern Illinois University, Edwardsville, IL - Management Information Systems
Belleville Area College, Belleville, IL - Associate of Science Accounting

CERTIFICATIONS/LICENSURES

Not Applicable

COMMUNITY/VOLUNTEER EXPERIENCE

Not Applicable

REFERENCES

1. Mary Chesslo, 3200 Highland Avenue, Downers Grove, IL 60515 Phone: (630) 737-3219
2. Kathy Whaley, 10 S. Broadway, Suite 1200, St. Louis, MO 63103 Phone: (314) 444-7271
3. Dan Paquin, 10 S. Broadway, Suite 1200, St. Louis, MO 63103 Phone: (314) 444-7253