

Attachment B.11.c
Focus Health

Focus Health

- 1. Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation). Focus Health, Inc. 7301 Tamarind Circle Pinellas Park, FL 33782**

- 2. Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Corporation Michael Bojkovic MD, Chief Medical Officer • 727-224-8451
Scott Bernard, PhD, Chief Executive Officer • 860-560-6226
Grant Cleveland, Chief Information Officer • 727-647-8023**

- 3. Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest. Michael Bojkovic, 85% interest.**

- 4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number. Federal: 20-1234442 • LA: none**

- 5. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state. Florida. No LA local representative.**

- 6. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state. Focus has not.**

- 7. Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date of 6/24/2011, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries. Focus Health has not been merged, acquired or sold in the past ten years.**

- 8. Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or**

- health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries. Not applicable. At no time has FOCUS employees, agents, independent contractors or subcontractors have been convicted of, or pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body.
9. Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries. None/not applicable. There is no pending or recent litigation against FOCUS.
 10. Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries. Not applicable. FOCUS has never filed, nor had filed against FOCUS, any bankruptcy or insolvency proceeding.
 11. If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report. Not applicable.
 12. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the organization, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission

investigations, civil or criminal, involving the Organization, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Organization's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries. At no time has there been any SEC investigations, civil or criminal, involving FOCUS.

13. If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner. Not applicable.
 - a. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.

14. Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority.
 - a. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.
 - b. If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number. Not applicable.
 - c. For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each. Not applicable.

15. Identify (IN THE ATTACHED EXCEL DOCUMENT), all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5)

years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.

PLEASE COMPLETE THIS QUESTION IN THE ATTACHED EXCEL DOCUMENT.

16. Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/non-renewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries. We have Not.

a. If the contract was terminated/non-renewed, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.

17. As applicable, provide (in table format) the Organization's current ratings as well as ratings for each of the past three years from each of the following: Not applicable.

a. AM Best Company (financial strengths ratings);

b. TheStreet.com, Inc. (safety ratings); and

c. Standard & Poor's (long-term insurer financial strength).

18. For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: Not applicable.

a. Provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control.

- b. Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed.**
 - c. Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage).**
 - d. Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.**
- 19. Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable. URAC – fully accredited.**
- 20. Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries. Not applicable.**
- 21. If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries. Not applicable.**
- 22. Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item #15 above that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report. As a subcontractor to plans which manage Medicaid contracts, FOCUS has not acquired a 3rd party external report.**
- 23. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and**

subsidiaries. Not applicable. FOCUS has not ever received regulatory action or sanction nor monetary or non-monetary sanctions.

24. Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries. FOCUS is not currently, nor has recently been the subject of a criminal or civil investigation by a state or federal agency.

25. Please provide 3 references.

FOCUS has provided all available references to existing accounts. A third reference is not available due to one of two reasons:

- Remaining FOCUS accounts are bidding on the RFP; or**
- FOCUS is contractually bound not to disclose our relationship with outside entities.**

FOCUS

6-9-11

Wade Davenport
Director, Strategic Sourcing
WellCare Health Plans, Inc.
8735 Henderson Road
Renaissance Two
Tampa, FL 33634

Dear Mr. Davenport:

We understand that the Louisiana Department of Health and Hospitals ("DHH") is soliciting competitive proposals for managed care services through Medicaid Coordinated Care Network Request for Proposals (RFP # 305PUR-DHHRFP-CCN-P-MVA) (the "RFP"), and that WellCare Health Plans, Inc., through certain affiliates ("WellCare"), intends to respond to the RFP.

We also understand that, pursuant to the RFP Proposal Submission and Evaluation Requirements, Part II, Item B.7, WellCare is required to submit from the parent organization of each major subcontractor a statement that the parent organization will guarantee performance by the subcontractor.

Please accept this correspondence as the required statement that Focus Health, Inc., a proposed subcontractor for WellCare's Medicaid managed care business in the State of Louisiana, will unconditionally guarantee performance by Focus Health, Inc. of each and every obligation, warranty, covenant, term and condition of the contract.

Sincerely,



Scott Bernard, PhD, MBA, MPH
CEO
Focus Health, Inc.

Below please list all of your organization's publicly funded managed care contracts for Medicaid/CHIP and/or other low income individuals within the last five (5) years.

Type of Publicly Funded Managed Care Contract (ex; Medicare, Medicaid, CHIP, SCHIP, and/or other low income individuals)	Trade Name	Description of Scope of Work	Duration of Contract	Contact Name	Contact Phone Number	Number of Members	Population Types (ex: TANF, ABD, Duals, CHIP)	Annual Contract Payments	Type of Payment (ex: Capitated or Other)	Role of any additional subcontractor (if any)
Medicare	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2006 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Medicare	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2006 / Evergreen	Proprietary	Proprietary	< 1M	Proprietary	Proprietary	Fee for Service	None
Medicaid	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2007 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Medicaid	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2009 / Evergreen	Proprietary	Proprietary	< 1M	Proprietary	Proprietary	Fee for Service	None
Medicaid	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2009 / Evergreen	Proprietary	Proprietary	< 1M	Proprietary	Proprietary	Fee for Service	None

Below please list all of your organization's 10 largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low income individuals within the last five (5) years.

Type of Managed Care Contract	Trade Name	Description of Scope of Work	Duration of Contract	Contact Name	Contact Phone Number	Number of Members	Population Types (ex: TANF, ABD, Duals, CHIP)	Annual Contract Payments	Type of Payment (ex: Capitated or Other)	Role of any additional subcontractor (if any)
Commercial Group Health	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2006 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Commercial Group Health	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2007 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Commercial Group Health	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2007 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Commercial Group Health	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2009 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None
Commercial Group Health	Proprietary	Behavioral Reviews: IP, RTC, PHP, IOP, OP & Procedures	Started 2011 / Evergreen	Proprietary	Proprietary	> 1M	Proprietary	Proprietary	Fee for Service	None

Gerald Grant Cleveland

6713 Sandwater Trail • Pinellas Park, FL 33781
c: 727.647.8023 • e: grantcleveland@verizon.net

SUMMARY OF QUALIFICATIONS

An innovative business professional with experience in departmental leadership and management skills, committed to exceeding company expectations, which results in a positive impact to the bottom line. A dependable leader with vision and a passion for excellence; a process flow architect and developer who delivers results, excels in effective and positive communications, and authors innovative solutions towards total company success.

Experiences

Chief Information Officer, Chief Security Officer
FOCUS Health Services • Largo, Florida
Direct Report: Scott Bernard, PhD, CEO

2005 - Present

- Direct all Information Technology operations for an independent review organization (IRO)
- Architect short term and long term IT strategies to support accuracy and growth of company
- Develop and enforce operational and security policies & procedures
- Ensure compliance of URAC standards and requirements
- Support and execute CEO and Chairman/CMO initiatives and directives
- Manage Peer Reviewer and employee training and technical support services
- Skillfully engage with clientele senior staff to meet or exceed expectations
- Manage IT staff members and outsourced developers to achieve objectives of the company
- Problem identification, assessment and resolution for all stakeholders of the company
- Evaluate, acquire and manage SAS-70 type II co-location hosting service vendor
- Assisted Chairman/CMO with initial founding of company

Chief Executive Officer
Cleveland Consulting, Inc. • Columbus, OH 43228

- Founder and owner of process consulting and development firm (7 years)
- Develop marketing plan, contracts and sales to Fortune 100 companies
- Developed DBMS architecture, established development standards for products
- Managed developer team (employees) for all client project product timelines
- Acquired and directed all outsource vendors (legal, accounting, development firms)

Education

University of Tulsa • Tulsa, Oklahoma

References

Available upon request

Scott L. Bernard, MBA, MPH, PhD

2 Churchill Place
Avon, Connecticut 06001
(860) 560-6226

Confidential

CAREER PROFILE

Over 20 years experience as a senior healthcare and high-tech business executive. Full P&L responsibility for operations, marketing, sales and business development in the management and growth of several regional/multi-state healthcare operations and early stage ventures. Senior oversight of all aspects of operations including revenue growth, clinical and utilization management, quality improvement, customer service, account management and network services in the delivery of care to millions of insured members. Successful turnarounds and/or expansion of more than 10 healthcare and business operations that were poised for rapid growth, increased strategic and financial management, and organizational development.

EDUCATION

- 1990 **Ph.D.** Clinical Psychology, University of Alabama.
- 1988 **M.P.H.** Healthcare Administration, UAB, Scholarship, Phi Kappa Phi Honor Society.
- 1987 **M.B.A.** Business Administration, UAB, Academic Scholarship.
- 1984 **M.A.** Clinical Psychology, University of Alabama.
- 1982 **B.A.** Psychology, Rhodes College, Memphis, TN, Academic Scholarship.

EXPERIENCE

CHIEF BUSINESS DEVELOPMENT OFFICER

CHIEF OPERATIONS OFFICER

2005 – 2009, Connecticut

Responsible for national operations, product and business development, and sales and marketing of musculoskeletal health management services to US health plans and employers.

- Achieved substantial operational efficiencies lowering operations costs by 20%.
- Recreated the company's national marketing program, collaterals and branding, incorporating input from national focus groups with health plan executive officers and other industry executives.
- Established the company's first sales pipeline through personal connections with more than 50 US health plans, by establishing a robust consulting sales force of past/present senior health plan executives (e.g., CEOs, CMOs) with 100+ additional health plan connections.
- Led the company's sales and marketing programs, developing new products and services, and positioning these products in unique ways within the health plan market, closing 6 new health plan accounts in 2009 for an additional \$3 million in new revenues at margins of over 50%.
- Strong leadership in transforming the company from a singular focus on chiropractic management, to the addition of 5 new specialties under management (orthopedics, neurosurgery, physiatry, anesthesiology, physical therapy), with additional planned emphasis on radiology/imaging.
- Left in December 2009 after delivering 2 major new contracts to the CEO a week earlier.

REGIONAL VICE PRESIDENT

VICE PRESIDENT

2001-2005, ValueOptions, New York

Senior Executive with full P&L responsibility for the delivery of healthcare to over 3 million insured members in 15 Northeast and Midwest states for a large national health care organization. Hired to turnaround operations, finances and account relations, and increase revenue.

- Sequentially assumed full P&L responsibility for regional operations in New York, Kansas and Massachusetts, systematically turning around each operation while expanding into 15 states in the NE and Midwest US.
- Negotiated significant, multi-year cap reimbursement increases from accounts, averaging 8% cap rate increases for FY2003 and FY2004, while turning around account relations, achieving a 100% “very satisfied” account satisfaction rating (*Fact Finders Survey*), and meeting 97% of all account performance standards.
- Built the finest Marketing Site Visit team at the Company winning a majority of the Company’s largest accounts from 2002-2003, with a close rate of over 50%. Increased health plan membership by 750,000 lives and revenue by \$30MM.
- Reorganized management and staff, enhanced recruitment, hiring and training practices to foster top performers, improved morale, revitalized senior management and established new performance measures for significant improvements in operations, including a 75% increase in the productivity of Customer Service and Clinical Staff.
- Responsible for over 70% of the Company’s total full-risk health plan membership nationwide, with over \$70 million in medical loss under management.
- Achieved a \$10MM EBIDTA turnaround for the operation in 2002, and exceeded EBIDTA targets by \$6.6MM from 2002-2004.
- Achieved a 19% reduction in medical loss ratio from 90% in FY2001 to 71% in FY 2004.
- Assumed management of the Company’s worst performing health plan account in 2003, reversing \$4.1MM annual loss in 2002 at another Company service location, and achieving \$7.9MM and \$8.0MM annual EBITDA gains in 2003 and 2004.
- Transformed the NY operation into the Company’s *Health Plan Center of Excellence*, a showcase for a variety of new clinical models, web-based technologies, and product innovations, which were subsequently adopted at Divisional and National levels.
- Asked by CEO to establish and manage the Company’s MLR Team for reduction of medical loss for the Company’s full risk capitated accounts across Divisions nationwide.
- Pioneered the Company’s clinical “Hub”, an open air, high tech, informatics driven care management environment, achieving a 25% reduction in inpatient medical loss.
- Managed a network of over 11,000 providers and facilities, with 93% provider satisfaction.
- Personally negotiated a variety of large scale provider contracts in multiple states, reducing the average cost per case by 20% while allowing a reduction of CM FTEs in NY by 50%.
- Achieved the Company’s best internal Physician Advisor and external clinical case appeal outcomes averaging 85% and 95% respectively, for annual savings of more than \$500,000.
- Pioneered the *VIP™ Provider Management System*, the Company’s first national web-based, tiering and ranking system for providers. VIP successes include savings of over \$900,000 in 2004 for a large health plan account, resulting in a \$150K bonus to the Company.
- Provided over 3000 hours of personal overtime management of the Company’s Centralized Night Service teams to revamp after-hours (24 hour/365 days) operations and greatly reduce medical loss.
- National recognition for establishing the Company’s top QI program, achieving 3 year NCQA accreditation (total audit score 99.3%), URAC accreditation, and launching a variety of quality programs and interventions with successful clinical and financial outcomes.
- Pioneered the Company’s first behavioral informatics team, employing statistical analysis, data mining, and predictive modeling to heavily reduce medical loss through intensive ad hoc analysis and the creation of new dashboard reports for real time management of operations.

PRESIDENT

SENIOR VICE PRESIDENT OF REVENUE DEVELOPMENT

2000 - 2001, Pivotry, Atlanta, Georgia.

President of a Washington, DC based, network of high tech business incubators in development. Responsible for incubator operations and acceleration of early stage e-commerce/e-health companies in the Southeast US. Reverse merger in Q3, 2000 shifted business focus from incubator management to an ASP ERP software platform for incubators & small businesses. Responsible for the merged company's national marketing, sales and development programs.

- Actively involved in investor presentations resulting in \$1.5M in angel/VC funding.
- Senior corporate strategist. Interviewed senior managers, reviewed business plans, negotiated with portfolio companies, identified turnaround opportunities, provided strategic consultation to venture managers and new economy entrepreneurs, contributed to ERP platform design.
- National B2B sales program resulted in \$2.7 million software sales revenue. Marketing initiatives included a MarComm plan, new collaterals and market research.
- Completed 100+ e-commerce & e-health contracts with national vendors & channel partners.

CHIEF EXECUTIVE OFFICER

CHIEF DEVELOPMENT OFFICER

1999 - 2000, CareeRx.com, Atlanta, Georgia.

Launch CEO and Chief Development Officer for the Internet's first live and on-line career counseling and testing service, as a "clicks and mortar" e-commerce extension of Janus & Associates, Atlanta's senior career counseling firm (circa 1945). Hired by the Board to launch this pre-IPO Internet start-up, to generate the company's Business Plan, proforma projections and Private Placement Memorandum, build a successful national marketing and sales program, establish product distribution channels, explore development/M&A opportunities and attract investment capital. Conducted a competitive market analysis of over 750 job websites, expanded product distribution channels, designed the national marketing campaign, and expanded product offerings including a "Career Hotline". Business development efforts exceeded projections by over 600%, including co-branding agreements with 40 leading job websites.

CHIEF MARKETING OFFICER

1999, CareerFair.com, Atlanta, Georgia.

One of four senior officers in this pre-IPO, "clicks and mortar" Internet corporation. *Hired to turnaround operations, and launch a new national marketing and sales program during a \$200M IPO with Robinson Humphrey*, and an interim \$5M first round capital raise for bridge financing. Participated in IPO preparations with Robinson Humphrey and in presentations to investors. Full profit and loss responsibility for all aspects of marketing, sales and development in the delivery of "eCruiting"/job match and career services to students at over 450 US colleges through over 200 "local" Internet communities, live career fairs, radio, and print publication mediums. Created the strategic marketing and sales plan. Managed the marketing budget. Repositioned company as the nation's premier multi-medium career portal for college students. Conducted a competitive market analysis, enhanced product offerings to Fortune 500 clients, expanded distribution channels, redesigned our marketing collaterals and accelerated product branding. Redesigned our sales informational systems, retrained inside sales staff, and provided detailed performance feedback resulting in a 40% improvement in production for our 25 person sales team. Negotiated with potential M&A partners. Resigned along with other senior officers following the CEO's departure. Most senior officers continued together at CareeRx.com (see above).

PRESIDENT

CHIEF OPERATING OFFICER

1998 - 2000, AmeriCare Health Alliance of Georgia, LLC, AHAGeorgia.com, Atlanta, Georgia.

President and COO of this high growth, MSO and behavioral health/multi-specialty healthcare provider network of over 3,000 PCPs, specialists and facilities, from over 100 specialties in 4,500 sites across 5 states. P&L responsibility for operations, marketing and development.

- Senior M&A strategist during negotiations for acquisition of AHA's Alternative Care Division.
- Expanded the PCP/multi-specialty network by over 60% (1600 new providers) in 5 states.
- Regional sales added access to over 1,100,000 new PPO members.

PRESIDENT

REGIONAL VICE PRESIDENT OF SALES AND MARKETING, SOUTHEASTERN US

1996 - 1998, Green Spring/Magellan, Atlanta, Georgia. MagellanHealth.com.

Senior executive with P&L responsibility for operations, marketing & development in delivery of behavioral healthcare to 1.3 million lives for GreenSpring/Magellan's SE Region. *Hired to turnaround operations, finances, account relations & morale for the SE Regional business unit.*

- Accelerated the annual profit of our full-risk HMO, POS and Medicare behavioral products by 111% to over \$5M (55% annual profit growth).
- Expanded into 9 SE states with 125 managers and staff, and 15 satellite offices.
- Enhanced hiring & training practices to foster top talent, and revitalized senior management for significant improvements in morale and productivity.
- Heavy involvement developing and maintaining relationships with large accounts and unions.
- Increased membership by 30%, the workforce by 40% and the provider network by 75% (3500+ clinicians, acute care hospitals, long-term care facilities & outpatient facilities).
- Reduced outpatient medical loss by 25% and inpatient medical loss by over 50%, through improved quality of care, e-health, claims management, crisis & disease management, a 220% increase in the UM unit's productivity, case rate contracts with many of our 3500 providers.
- Reduced a large state account's medical loss by 40% (\$12M) and total mental health program costs by 20% (\$6M). Reversed large losses on a large BCBS account, netting \$900,000.
- Regional Quality Committee Chair overseeing credentialing, Medicare compliance, NCQA and URAC, outcomes studies, utilization, clinical policies and procedures. State lobby liaison.
- *Promoted* to RVP of Sales & Marketing with oversight of regional sales programs for 11 Southeastern states and 3 business units. Won contracts for 235,000 new insured members, including BellSouth, the largest Fortune 100 account in the company's 10-year history.

EXECUTIVE DIRECTOR, SOUTHEASTERN US

1994 - 1996, HAI/Aetna, Atlanta, Georgia.

Senior executive officer with full profit and loss responsibility for operations and development in the delivery of behavioral healthcare to 1.5 million HMO, POS, PPO and EAP members in the Southeastern US for HAI, a large national subsidiary of Aetna Healthcare. *Hired to turnaround operations, reorganize teams, boost the morale of managers/staff, and introduce managed care principles to HAI during a time of corporate transition.*

- Senior executive management of 10 clinical offices, 100+ managers/staff in 6 states, Puerto Rico and the Virgin Islands for the 3rd largest regional operation of HAI, a \$300 million subsidiary of Aetna, a \$13 billion Fortune 100 corporation.
- Introduced behavioral provider case rates at HAI with projected national savings of \$11M.
- Reduced inpatient medical loss 38%, outpatient loss 23% through improved quality of care, utilization and disease management, and negotiations with over 2000 providers and facilities.
- Consolidated 8 clinical centers and 80+ mental health managers and staff, reduced operations costs, and increased behavioral staff productivity by 85% for net savings of \$1.1M.
- Start-up of Regional UM unit, Quality, Credentialing and Peer Review Committees.

DIRECTOR, SOUTHEASTERN REGION

STATE DIRECTOR, FLORIDA

1992 - 1995, Medco/Merck, Biodyne, Inc., Tampa, Florida

1993 - 1995, Achievement Guidance Centers of America, Inc. (AGCA)

1993 - 1995, Integrated Psych Consultants, Inc. (IPC)

1994 - 1995, Personal Performance Consultants, Inc. (PPC)

Senior officer with full P&L responsibility for healthcare operations, development and marketing in the delivery of healthcare to 475,000 insured members for four subsidiaries of Medco, a \$5 billion Fortune 1000 behavioral managed care corporation. *Hired to provide leadership and turnaround operations, finances, quality of care, customer satisfaction, account relations and employee morale in their regional business operation.*

- *Promoted to Director of the SE Region after sequentially turning around four corporate managed care subsidiaries and achieving market dominance.*
- Reversed financial losses on full-risk HMO, Medicare, Medicaid, and workers' compensation accounts in excess of \$750K, and achieved net profit of \$2.7M.
- Transformed Florida from the 14th (worst) to the 2nd most profitable Medco business unit in the South and Eastern Regions.
- Cut outpatient medical loss by 28% and inpatient medical loss by 35% through improved quality of care, utilization and disease management, statistical trend analysis, crisis intervention, claims management, and negotiated case rate contracts with providers/facilities.
- Managed 100+ managers/staff & 1,000 network providers offering services at 18 staff centers, 150 hospitals, inpatient, outpatient, acute care, long-term care facilities & nursing homes.
- Increased the network size by 35%, added 5 clinical centers, provided practice management, increased behavioral staff productivity 35%, reduced turnover and enhanced customer service.
- QM Committee Chair overseeing PPRC/credentialing, Medicare/Medicaid compliance, NCQA audits, clinical policies and procedures, and 103 clinical outcome/CQI studies.

EXECUTIVE VICE PRESIDENT

1989 - 1992, Janus & Associates, Inc., Management Consultants, Atlanta, Georgia.

Number two senior officer with oversight of operations, marketing, strategic development and Fortune 500 account relations for one of Atlanta's senior psychological (industrial/organizational) business consulting firms (circa 1945).

- Averaged 135% *annual* increases in net profitability, accelerated revenues by 360% to \$1.1M.
- Increased production by 315%, staff productivity by 75%, and reduced unit costs by over 50%
- Personally conducted over 6000 pre-hire interviews, and over 35,000 personality, aptitude and IQ tests as a psychological consultant for several high-growth and Fortune 500 corporations.
- Oversight of advertising and promotional campaigns, competitive market analysis and MIS.

CHIEF EXECUTIVE OFFICER & PRESIDENT

1987 - 1989, Prestige Computers, Atlanta, Georgia.

Founder and majority equity holder in this interstate, computer manufacturing and hardware/software sales corporation. The nation's first private distribution network of resold IBM desktop systems and new IBM clones, offered through a workforce of 20 sales and manufacturing staff, and 100+ franchised resellers in 42 states. Senior executive officer with P&L responsibility for operations, development, national marketing and sales teams, and ad/branding campaigns.

- Secured a \$250,000 angel investment, prepared the corporate business plan and budget.
- Launched the "Prestige" line of IBM clones, competed with start-ups like Dell and Gateway.
- Averaged 235% annual growth in revenue and 195% annual growth in profitability.
- Achieved \$1.2M in annual revenue and 940% growth in production within 3 years.
- Franchised operations into 42 states with a network of over 100 PC dealers and resellers.
- *Company acquired in 1989 by Quality Computers, Macon, Georgia.*

1/CURRICULUM VITAE

MICHAEL NEBOISA BOJKOVIC

7301 Tamarind Circle
Pinellas Park, FL, 33782
Cell: 727-224-8451
email: michael@perfectclarity.biz

PERSONAL

Date of Birth: November 18, 1963
Place of Birth: Yugoslavia
Citizenship: American and Canadian
Marital Status: Married, 3 children

CURRENT AND PREVIOUS POSITIONS AND APPOINTMENTS HELD:

Associate Medical Director United Behavioral Health San Diego Public Sector	November 2006 – June 5, 2010
Psychiatrist, CEO Focus Behavioral Health, 7301 Tamarind Circle Pinellas Park, FL, 33782	Jan 1, 2004 – Present
Psychiatrist 2004 Boley Centers, Inc. 445 31 st Street N. St. Petersburg, FL 33713 (727) 538-9903	November 19, 2001 – March 20,
Psychiatrist Physician Advisor Magellan Behavioral Health 13736 Riverport Drive Maryland Heights, MO, 63043	August 6, 2001 – Present
Psychiatrist Wexford Health Sources, Inc. SCI- Cresson Mental Health Unit Old Route 22 Cresson, PA 16699-0001	June 22, 1998 – November 15, 2001

Regional Medical Officer 28, 1998 Veteran's Affairs Canada	January 13, 1997 – February
Private Practice General and Forensic Psychiatry Misericordia General Hospital Department of Psychiatry Winnipeg, Manitoba	September 1997 – June 1998
Private Practice 28, 1997 General and Forensic Psychiatry Victoria General Hospital	November 11, 1996 – August
Department of Psychiatry Acting Psychiatrist- in-Chief Lakehead Psychiatric Hospital Thunder Bay, Ontario	April 26, 1996 – September 1, 1996
Director, Forensic Program 8, 1996 Lakehead Psychiatric Hospital Thunder Bay, Ontario	January 2, 1996 – November
Psychiatric Consultant 1997 Ministry of Correctional Services Thunder Bay, Ontario	August 1996 – September
Psychiatric Consultant 1996 St. Joseph's Behavioral Sciences Unit Thunder Bay, Ontario	December 1995 – November
Lecturer 8, 1996 Extended Campus Program The University of Western Ontario London, Ontario	October 1, 1994 – November
Part-time Practice General and Forensic Psychiatry Thunder Bay, Ontario	July, 1994 – November 1, 1996

Psychiatric Consultant
Lakehead University
Thunder Bay, Ontario

November, 1995 – June, 1998

Clinical Supervisor
Northwestern Ontario
Medical Program
Lakehead University
Thunder Bay, Ontario

July, 1994 – November 1, 1996

Psychiatrist
to June, 1998)
Forensic Services
Lakehead Psychiatric Hospital
Thunder Bay, Ontario

July, 1994 – November 1, 1996 (PT

ACADEMIC EXPERIENCE:

Undergraduate
University of Winnipeg
Winnipeg, Manitoba

September, 1982 – April, 1985

University of Manitoba
1989
Medical School
University of Manitoba
Winnipeg, Manitoba

August 27, 1985 – May 1,

Rotating Internship
The Doctors Hospital
University of Toronto
Toronto, Ontario

June 10, 1989 – June 11, 1990

FIRST YEAR

The Clarke Institute of Psychiatry
1990
Chronic Care Department
University of Toronto
Toronto, Ontario
Supervisor, Dr. J. Thornton

July 1, 1990 – December 31,

Sunny Brook Hospital
Inpatient Psychiatry
University of Toronto
Toronto, Ontario

January 1, 1991 – June 30, 1991

SECOND YEAR

St. Boniface Hospital
Outpatient Department
University of Manitoba
Winnipeg, Manitoba
Supervisor, Dr. V. Prabu

July 1, 1991 – December 31, 1991

Health Sciences Center
1992
Child and Adolescent Psychiatry
Outpatient Department
University of Manitoba
Winnipeg, Manitoba
Supervisor, Dr. E Maia

January 1, 1992 – June 30,

THIRD YEAR

Health Sciences Center
1992
Consult Liaison Psychiatry
And Geriatrics
University of Manitoba
Winnipeg, Manitoba
Supervisor, Dr. N. Mowchun

July 1, 1992 – December 31,

Health Sciences Center
1993
Child and Adolescent Psychiatry
Inpatients (Elective)
University of Manitoba
Winnipeg, Manitoba
Supervisor, Dr. E. Vickar

January 1, 1993 – June 30,

FOURTH YEAR

Health Sciences Center
Forensic Psychiatry
University of Manitoba
Winnipeg, Manitoba
Supervisor, Dr. S. Yaren

July 1, 1993 – June 30, 1994

DEGREES AND QUALIFICATIONS:

M.D. University of Manitoba

October 19, 1989

LMCC – Licentiate of the Medical

June 29, 1990

Council of Canada

F.R.C.P. (C) – Psychiatry June 30, 1994
Royal College of Physicians and
Surgeons of Canada

D.A.B.P.N. – Psychiatry June 22, 2001
A Diplomat of the American Board
of Psychiatry and Neurology, Inc.,
A member Board of the American Board
of Medical Specialists

CURRENT AND PREVIOUS LICENSURE:

<u>STATE/PROVINCE</u>	<u>FIRST LICENSED</u>	<u>STATUS</u>
<u>EXPIRATION</u> Manitoba Medical License Inactive 1991	1991	
Ontario Medical License 11/30/07	1990	Active
Commonwealth of Pennsylvania Medical License 10/30/08	February 3, 1998	Active
Florida Medical License 01/31/08	September 12, 2001	Active
Iowa Medical License	December 6, 2002	Active 11/01/07
North Carolina Medical License 11/18/07	April 24, 2003	Active
California	September 22, 2006	Active 11/30/07
New York	November 8, 2006	Active 10/31/08
Mississippi 06/30/09	January 22, 2007	Active
Nevada 08/31/08	May 7, 2007	Active
Texas		

CURRENT AND PREVIOUS MEMBERSHIPS:

Misericordia General Hospital Medical Staff
Victoria General Hospital Medical Staff
Lakehead Psychiatric Hospital Medical Staff

CMPA Canadian Medical Protective Association
PMSLIC Pennsylvania Medical Society Liability Insurance Company

CPSO College of Physicians and Surgeons of Ontario
CPSM College of Physicians and Surgeons of Manitoba

AOPDPS	Association of Ontario Physicians and Dentists in Public Service
CMA	Canadian Medical Association
OMA	Ontario Medical Association
MMA	Manitoba Medical Association
FMA	Florida Medical Association
	Pennsylvania Medical Society
CAPL	Canadian Academy of Psychiatry and the Law
CPA	Canadian Psychiatric Association
APA	American Psychiatric Association
RCPSC	Royal College of Physicians and Surgeons of Canada
ABPN	American Board of Psychiatry and Neurology, Inc.

MICHAEL BOJKOVIC, MD
08/08/2008