



BUILDING HEALTHCARE BUSINESSES

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EXCEleration Management makes a long-term, results-oriented commitment to our clients' success.

EXCEleration Management provides multi-disciplinary teams of seasoned, high performance executives who focus their varied skills, experience and networks on the growth of our clients' businesses, primarily, but not exclusively, in the Managed Care payer space.

For more than 20 years, EXCEleration Management has been driving the growth of healthcare companies with compelling value propositions that advance quality as well as cost-efficiency. Beyond revenue acceleration, EXCEleration helps its clients become mature, market driven businesses that are scalable and capable of providing the level of support and service required to fulfill contracts with any size health benefit payer.

Working on a long-term relationship basis, **EXCEleration Management** executives participate on our clients' management teams to:

- Position their existing products and services
- Guide development of additional revenue opportunities that leverage their core capabilities
- Identify and establish alliances and channels of distribution
- Implement aggressive strategies to attain revenue and profitability objectives

PROFILE

We work with clients that advance the **quality and cost-efficiency** of health care.

EXCEleration Management has been helping emerging and mature healthcare businesses accelerate their attainment of profitability and position them for liquidity and other milestone events. By design, EXCEleration Management seeks clients that advance the quality and cost-efficiency of health care. Our executives become long-term, integral parts of our clients' management and business development teams. The professional capital we commit in our clients' short and long-term growth is reflected in our performance-based compensation model.

EXCEleration Management assigns a lead executive to become expert in a client's business, participate as a member of the client's senior management team, and coordinate valuable input from our client's staff and other EXCEleration Management team participants. We are perceived and act as team members, rather than as outside consultants. The customers we obtain for our clients know us as members of our clients management teams, and our clients' see us as an integral part of their sales, contracting, implementation, and account management operations.

Our lead executive regularly draws on the creative input and industry contacts of EXCEleration Management principals and associates to enhance decision-making and multiply the impact of our sales presence for our clients. EXCEleration's principals and associates meet regularly to "round" on the sales prospects we are targeting. Each of us provides business intelligence and decision-maker introductions to our lead executives for follow up on behalf of our clients to gain sales traction and build momentum for their initiatives.



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The **EXCElation Management** lead executives, principals and associates also mentor client staff to become knowledgeable and responsive to the unique service requirements of Managed Care customers. Our participation frequently includes developing critical template documents such as sales proposals and presentations, and we help our clients develop, train and maintain highly effective, internal sales organizations.

PRINCIPALS

Jeffrey S. Hassen, co-founder of EXCElation Management. Jeff has more than 30 years experience in the healthcare industry, specializing in strategic positioning, marketing and sales. He has special expertise in development and management of national accounts, sales distribution channels, and sales of specialty healthcare delivery and cost management technology and services. He establishes and manages relationships with health insurance companies, managed care organizations and other medical benefit payers; performs market research and test marketing; and provides long-term marketing representation and account servicing. Mr. Hassen manages national accounts for all EXCElation clients. He has established strong relationships with C-suite executives of major MCOs and health plans throughout the United States and Puerto Rico, and with military healthcare benefit providers, administrators, and consultants. Mr. Hassen is also a veteran in the development, marketing and sales of leading-edge medical devices, beginning with his participation on the team that developed and introduced mobile CT and MRI systems where he managed national sales. Mr. Hassen also managed national account sales for Technicare, a Johnson & Johnson subsidiary.

Steven W. Gutman – Steve has designed and implemented marketing and sales programs in health care services and medical technology companies for more than 30 years. An expert in health care delivery systems and sales to Managed Care Organizations and other health care businesses, Mr. Gutman has helped numerous companies define their value propositions and obtain key contracts to advance their business objectives, often leading to acquisitions or mergers with public companies. After many years as an independent consultant, with Jeffrey S. Hassen he established EXCElation Management in 1992 as a business acceleration organization providing strategy and sales for Managed Care innovators. An ardent supporter of efforts to realize the potential of Managed Care, Mr. Gutman has been a speaker for the AMA Society for Ambulatory Care Professionals and authored the specialty-contracting chapter for Aspen Publication's Managed Care Contracting Handbook. Mr. Gutman holds degrees from the University of California-Berkeley and University of Wisconsin-Madison.

Lisa Fabi – Lisa has more than twenty years of healthcare industry experience and has a consistent record of rapid sales growth including emerging products, successfully closing multi-million dollar, long-term contracts. Ms. Fabi's experience includes sales and account management leadership, forecasting, analytics and reporting, medical cost management, pricing, P & L responsibility, competitive analysis, product development and management, CMS regulations, HCC management and risk adjustment, and strategic planning and execution. Ms. Fabi served in leadership and producer positions with health plan payers, demand and disease management and cost containment companies. Most recently Ms Fabi was the Vice President of Business Development responsible for selling HCC management solutions to C-suite multi-functional teams at health plan payers throughout the U.S.



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Hal I. Lieberman – Hal has over thirty years of experience in health care management, marketing and consulting, in the areas of hospital administration, medical services, medical devices and diagnostic imaging. Previously, he was the CEO of HemaCare Corporation, the only publicly-traded, for-profit blood services company to be licensed by the FDA and accredited by the by the American Association of Blood Banks. Mr. Lieberman was involved in the establishment of the USC Blood Center in Los Angeles and the Shandong Umbilical Cord Blood Center in Jinan, China. The blood management model he created while at HemaCare became the outsourcing standard in the blood banking industry. Mr. Lieberman helped organize and manage the first mobile CT scanning network in New York State. He has served on the board of directors of HemaCare Corporation (Van Nuys, CA), Atopix Pharmaceuticals (Carlsbad, CA), BioDiscovery, Inc. (El Segundo, CA), ALine, Inc. (Rancho Dominguez, CA) and the Pacific Heart, Lung, and Blood Institute (Los Angeles, CA). His speaking engagements include an entrepreneurship program at the Valley Economic Development Center in Los Angeles. Mr. Lieberman has been an advisor to the U.S. Defense Advanced Research Projects Agency (DARPA), which awards grants to biomedical research projects that benefit national defense. Mr. Lieberman has an undergraduate degree from the City University of New York and a master's degree in health care administration from The George Washington University, and is a member of the American College of Health Care Executives.

Margo J. Lind, CPA, CFE, CFF – Margo has served as a finance executive in the healthcare industry for more than 20 years. She has served as a senior manager in two managed care companies, and was an integral part of the senior management team that turned one company from a \$22 million annual loss to break even. She has extensive experience in both statutory and GAAP reporting for managed care plans, implementing strong internal controls, financial analysis and modeling, data mining, and claims evaluation. Prior to working in managed care, Margo spent eight years as a healthcare consultant with a "Big Six" accounting firm, and spent three years in middle management of a healthcare provider. She is a licensed CPA and a member of the American Institute of Certified Public Accountants, the Florida Institute of Certified Public Accountants, and the Healthcare Financial Management Association. Ms. Lind received her BS in Accounting from Truman State University and her Masters in Accounting from University of Missouri.

Janet Fosdick – Janet is a proven Healthcare Executive with more than 20 years of experience in all aspects of healthcare business development including consultative and solution sales, account management, strategic planning, marketing, profit and loss responsibility, product development and product management. She has significant experience as an executive and was P & L owner at large health plans and Blues plans for 15 years. Most recently, she was the Chief Sales & Development Officer at Leprechaun, LLC, responsible for top line revenue growth selling to C-suite and medical management teams at health plans. The breadth of her experience also includes medical cost management, forecasting, analytics and reporting, payer sales and operations, CMS regulations, HCC Management, risk adjustment, and pricing negotiations. Janet graduated from the University of Arizona.



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Steven Sakovits – Steven has over twenty five years of health care IT experience including 13 years as a Chief Information Officer. He has successfully designed and implemented numerous innovative solutions to optimize business performance and reduce administrative costs. Previously he was the Senior Vice President, Chief Information Officer of Healthfirst Inc.; a \$3 billion provider owned, non-profit health plan where he led an IT organization of over 150 professionals. Mr. Sakovits served on the Board of Directors of Healthfirst NJ and Linxus and was a member of the CSC Client Advisory Committee. Mr. Sakovits is a member of the Microsoft CIO Network and the President of the PICU Family Advisory Council at Hackensack University Medical Center. His speaking engagements include The Present and Future of Healthcare Information Technology at the Association of Information Technology Professionals in New York and The Future of Health Care EDI at the InfoMed HUG in Miami. Mr. Sakovits has a BS in Computer Science and a Minor in Business Administration from William Paterson University.

Cynthia Teruya, BSN, CPC, CHC – Cynthia has extensive experience in integrating new procedures and technologies into daily workflows of healthcare organizations. A Certified Professional Coder who is also Certified in Healthcare Compliance, Cynthia has specific skills in Operations and Management, Biomedical Technology and Software Implementation, Government Compliance, Diagnosis and Procedure Coding and Billing. Ms. Teruya's extensive hands-on provider practice operations experience makes her uniquely qualified to assist EXCElation's clients in rolling out and securing adoption of their products and services by a variety of facility and non-facility health care providers. Cynthia received a BSN degree from Molloy College in 1976, was certified by the American Academy of Professional Coders as a Certified Professional Coder (CPC) and received a Certificate in Healthcare Compliance (CHC) in 2003.

Kevin L. Seitz – Kevin serves as a strategic advisor to EXCElation Management. Mr. Seitz is the former executive vice president of healthcare value enhancement for Blue Cross Blue Shield of Michigan and the former president and CEO of Blue Care Network of Michigan. Prior to joining the Blues in 1991, Seitz was director of the Medicaid program for the state of Michigan. Previously, he was Associate Director of Human Services in the Fiscal Agency of the Michigan House of Representatives. He served as Planning and Research Associate for the Michigan League for Human Services and also was a Caseworker for the New York City Health and Hospital Corporation. Mr. Seitz serves on the board of directors for the Michigan Association of United Ways. He is currently a lecturer in healthcare policy at the University of Michigan. Mr. Seitz received a BA in economics from Hobart College and an MSW in social policy from the University of Michigan.



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PRESENTATION

EXCEleration Management provides a team of seasoned professionals.

EXCEleration Management Delivers Results

EXCEleration Management supports faster attainment of revenue & profitability objectives, providing:

- Focus, reach and velocity to seize first-mover advantage for innovative products and services
- A broad sphere of influence to open doors for rapid sales to key accounts
- Experience to avoid costly time consuming mistakes in positioning and sales strategy

READ OUR SUCCESS STORIES. ASK OUR CLIENTS.

EXCEleration Management's Results-Oriented Approach

EXCEleration Management acts with disciplined urgency to:

- Assess, refine and validate: We introduce our clients' value propositions to key thought leaders and obtain compelling insights to contemporize our clients' services/products and maximize their market value and appeal
- Identify and prioritize positioning and growth strategies: We prepare road maps for our clients' growth and help them refine their business visions and missions
- Build momentum: We lead our clients to earliest-possible acquisition of key contracts with industry-leading purchasers to create market awareness and sales momentum
- Reduce time to attain revenues and profitability: We apply lessons from the marketplace and our clients' contract experience to help them focus on the most promising short long and long-term growth strategies that fit their business objectives and capabilities

EXCEleration Management Expedites Sales and Revenue Growth

EXCEleration Management provides experienced, high performance executives who serve on our clients' management teams to:

- Acquire high value contracts with leading health care payers and other Managed Care Organizations
- Develop new business channels and strategic alliances to accelerate near-term and long-term growth
- Manage initial contract implementations
- Provide high level account management to ensure customer satisfaction and establish a foundation for "same store" sales



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EXCEleration Management Goes Beyond the Sale

EXCEleration Management executives help our clients develop essential new operational capabilities to serve the business we arrange by:

- Guiding our clients' development of operational and pricing models reflecting the needs of our clients' markets, including outcomes and performance-based reimbursement
- Assist in development of work flow reporting and other operational process templates during the ramping of our clients' operations
- Identify and help clients develop effective and efficient ways to comply with contractual requirements
- Assist clients in developing superior account management capabilities

EXCEleration Management Positions Clients for Transformative Events

EXCEleration Management provides an integrated team of seasoned business builders who:

- Participate on our clients' executive management teams to help develop growth and operations strategies
- Arrange strategic affiliations with M&A potential
- Provide placeholder executives and Board Members to position clients for expansion, funding, sale/merger and IPO, and provide their expertise and experience related to milestone events

SERVICES

EXCEleration Management promotes service efficiency and scalability for rapid growth.

EXCEleration Management, working as "virtual executives" with client management and employees, supports the following critical business building activities:

- Developing and validating compelling value propositions and growth strategies for existing and emerging businesses, using a team approach drawing on the varied perspectives and experience of our principals and associates
- Developing and supporting product/service launch plans and new sales initiatives requiring market segmentation, assessment and strategy for healthcare and insurance sales sectors including managed care, organized labor, government payers, healthcare providers, and consumers
- Identifying and facilitating strategic alliances and channels of distribution for existing and new healthcare products/services using our broad sphere of high level healthcare contacts
- Developing and prioritizing sales prospects to establish and grow sales pipelines across the continuum of targeted sales sectors
- Expediting the closing of legacy and new sales prospects with key accounts to reduce the sales cycle and rapidly increase top line revenues
- Overseeing and supporting critical contract implementations and creating templates that promote service efficiency and scalability for rapid growth
- Positioning client companies for growth and transition events by providing experienced interim and long-term executives to fill management gaps



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CASE EXAMPLES

Our case examples reflect the diversity of healthcare services and medical devices clients we have assisted.

CASE EXAMPLE I

CLIENT: Provider of advanced technology for enhanced editing of health care provider (non-facility) claims, workflow streamlining, and SG&A cost reduction. We began working with this company as it was being formed in 1999 and are still selling their services on behalf of the company that acquired them in 2005.

ACHIEVEMENTS: Obtained key contracts with leading national and regional health-care payers and developed large national account pipeline. Positioned company for expansion funding and acquisition by the subsidiary of a Fortune 15 company, considered the industry "standard" in this space.

CASE EXAMPLE II

CLIENT: Care management company specializing in disease management, post-acute care management, complex care management, geriatric care manager networks, and utilization management.

ACHIEVEMENTS: Obtained and implemented large healthcare payer contracts that multiplied revenues numerous times during our 8-year relationship; created and provided executive management for a new operations region required to support contracts we arranged; wrote a successful NY Medicaid proposal that helped demonstrate the success of the Medical Home concept; were successful in creating sales momentum sufficient to drive \$30 million in expansion funding and ultimately positioned our client for merger with a public company.

CASE EXAMPLE III

CLIENT: Physician practice, specialty carve-out management services organization and technology developer.

ACHIEVEMENTS: Developed state-wide specialty physician networks in cardiology and orthopedic surgery in NY, NJ, PA, CT and DE and guided the networks' development of best practices, clinical pathways and performance-based reimbursement models. Retained by the Management Services Organization hired to support these networks, and obtained exclusive contracts with regional health-care payers to generate initial revenues positioning the company for a \$120 million IPO.

CASE EXAMPLE IV

CLIENT: Developer/provider of a service using the first FDA-cleared device for virtually attended, at-home diagnosis of obstructive sleep apnea, and provider of full-service sleep management programs.

ACHIEVEMENTS: Helped redefine company's business model from manufacturer-to-physician device sales without insurance coverage, to become a Managed Care Services company providing a comprehensive sleep management programs for payers that integrated Obstructive Sleep Apnea (OSA) screening, testing, CPAP therapy, and patient compliance support to provide an end-to-end sleep management solution. Guided the establishment of new non-manufacturing operations capabilities to



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support the new solution. Provided sales stability and consistency through three management reorganizations, obtaining key initial and subsequent Managed Care contracts that generated sales and revenue momentum to drive two additional \$20M funding rounds.

CASE EXAMPLE V

CLIENT: Developer/provider of first FDA-cleared device for the definitive diagnosis and medication therapy management of Attention Deficit Hyperactivity Disorder (ADHD).

ACHIEVEMENTS: Provided market segmentation advice and conducted initial payer reconnaissance to assess processes and time frames for healthcare payer reimbursement as a critical component of the company's product/service launch plan. Designed and executed the company's Managed Care contracting and reimbursement strategy, as well as supporting their provider strategy. Based on our market reconnaissance, we recommended our client pursue a provider-focused sales strategy rather than a Managed Care strategy, which has been a successful strategy to date.

CASE EXAMPLE VI

CLIENT: Provider of an advanced comprehensive facility claim auditing and recovery service for health care payers that uses data analytics and hands-on auditing of claims around facility episodes of care. The client identifies recoverable overpayments to hospitals and other facilities and conducts root cause analysis identifying the underlying causes of such overpayments. Based on the findings, payers adjust their adjudication systems and contracting methodology preventing similar overpayments in the future.

ACHIEVEMENTS: Successfully redefined and differentiated the company's niche in the highly competitive healthcare facility claims auditing field. Obtained numerous initial and subsequent contracts with large national and regional healthcare payers that have significantly increased our client's revenues and market profile.

CASE EXAMPLE VII

CLIENT: Remote Patient Monitoring logistics support company with over 20 years experience providing Vital Signs Monitoring for chronic disease management and hospital admission/readmission prevention; monitored medication dispensing with reminder calls to promote higher medication adherence and reduce hospitalizations related to non-adherence; and Personal Emergency Response System (PERS) monitoring to help maintain a safe environment for Long-Term Care at home.

ACHIEVEMENTS: Conducted market reconnaissance that confirmed our client's belief that Managed Care Organizations could open an additional market to supplement its consumer business base; guided development and implementation of policies and procedures to support Managed Care contracts; defined payer-responsive contracting and a reimbursement model that enables our client's customers to allocate our client's payments as medical claim expense rather than an overhead expense; guided development of Managed Care reporting and account management capabilities; and obtained key contracts with national and regional Managed Care payers now comprising 10% of the company's total revenues, projected to increase 400% in year 2012.



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CASE EXAMPLE VIII

CLIENT: A pioneer in the rapidly expanding field of advanced illness/end of life services, focusing on improving the quality of life for health plan members while reducing unnecessary and unwanted hospitalizations and other high cost medical interventions at the end of life.

ACHIEVEMENTS: Revamped the company's messaging and contracting practices to become market driven. Obtained key contracts with regional and national health plans during the first year of engagement. Increased company revenues five-fold compared to the prior year. The company's sales pipeline is filled with additional marquee prospects as the demand for the company's market-driven services continues to grow.

CONTACT US

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