Project Portfolio

Included below are healthcare dispute, compliance, and investigation engagements illustrating our relevant experience.

Physician Practice	Health System and National Insurer	Health System and National Insurer
Federal Investigation	*Independent Review*	*Provider v. Payer Arbitration*
SITUATION	**SITUATION**	**SITUATION**
Engaged by outside counsel in response to a regulatory investigation, our team was tasked with conducting an in-depth analysis of six years' worth of pain management practice and billing data. The objective was to evaluate the integrity of the prescribing and billing data and address any concerns raised by investigators.	Upon the request of the plaintiff, the health system, and the defendant, the payer, served as the independent reviewer and healthcare claims data expert engaged by both parties to address a deadlock concerning the suitable data systems and detailed claim level and claim line level data necessary for resolving the dispute during the expert phase.	Engaged as an expert by Counsel on behalf of a health system to review, analyze, and provide an expert opinion regarding monetary relief asserted to the denial and underpayment of certain hospital claims.
ROLE	**ROLE**	**ROLE**
The analysis phase aimed to assess the validity of prescribing pattern allegations by utilizing historical data, included the following: • Obtained a copy of the practice's Electronic Medical Record (EMR) database and extracted all tables. • Identified key tables and data fields required for analyses and determined relationships between tables. • Used quantitative and keyword analytics to demonstrate key trends in practice visit volumes, prescriptions, patient diagnoses, and financial indicators. • Articulated summary and detailed results through business intelligence visualizations.	The independent review engagement involved: • Conducted in-depth interviews with the health system's revenue cycle analyst and operational personnel, data vendors, and IT resources to ensure appropriate understanding of available data was obtained. • Tested available data extraction options and validated the appropriate IT system source for the data required. • Recommended the most cost-effective approach to obtaining the required claims data and assisted both parties in extracting the required data. • Validated extracted data sets with financial reporting submitted to the state.	The expert engagement involved: • Documentation considered included patient billing statements, Explanation of Benefits (EOBs), medical records, provider and payer system notes, appeal letters, and other correspondence. The 'Participating Provider Agreements' spanned the calendar years from 2018 to 2022. • Reviewed all documentation related to services provided and submitted by the Provider to the Payer (Commercial, Medicare, and Medicaid claims). • Created claim summaries that detailed the claim submission, adjudication process, and communications for each claim. • Computed damages pursuant to the agreements between Provider and Payer, along with State and Federal Fee Schedules.
RESULTS	**RESULTS**	**RESULTS**
Our findings, presented through comprehensive business intelligence visualizations, culminated in a detailed report provided to counsel. As a result, the investigation concluded without further federal actions, underscoring the efficacy of our data-driven approach.	The required claim and claim line data was obtained from the hospital's systems and both parties to the dispute received validated data for the expert phase.	Delivered an expert report based on the analysis and findings that Counsel then relied upon to convey the financial impact to the provider and outlined the underpayment. The case subsequently settled for a positive financial outcome.