

LANCE R. TROTT

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CAREER SUMMARY

Results-oriented, strategic-minded healthcare professional with 38-years of progressive experience in hospital revenue cycle and financial operations, healthcare insurance, and healthcare management consulting. Exemplify an analytical work ethic focused on the achievement of desired outcomes by engaging the right people in the right work at the right time to create the best results. Extensive knowledge and expertise in hospital revenue cycle management, reimbursement, managed care contracting, decision support, budgeting, financial forecasting and revenue integrity including CDM coding, strategic pricing, contract negotiations, and fraud prevention, detection and investigation. Maintain a unique perspective as a result of having had leadership roles on both the provider and payer business platforms at nationally-recognized healthcare organizations. Proven abilities and demonstrated successes in process improvements, strategic planning, project development, needs assessments, revenue enhancements and recoveries, and financial analysis for hospital and healthcare systems, and physician practice organizations. Excellent leadership, communication and problem-solving skills with significant experience in driving results through motivation and teamwork, serving multiple constituencies including corporate management, board and community members, legislative colleagues, physicians, caregivers, staff and patients.

PROFESSIONAL EXPERIENCE

PACER HEALTHCARE CONSULTING, LLC, Newark, CA (prev-Cranberry, PA) February 2016-Present
Independent consultant providing advisory and consulting services to hospital/health system and physician practice clients in Pennsylvania and Florida. Consulting company formed in response to recognized revenue cycle deficiencies that exist among healthcare providers. Seven-figure realizable increases attained in Client's Net Patient Revenue with double-digit ROIs from engagement services. Joint collaboration with Revenue Cycle Solutions consulting firm (Pittsburgh, PA) on larger client health systems and physician practice engagements.

President/Principal Consultant - Areas of Client Service Specialization include:

Billing Proficiencies ♦ CDM Reviews ♦ Claims Audit Appeal Strategies ♦ Underpaid Claim Recoveries ♦ Vendor RCM Performance Assessments ♦ Cost Report Assessments ♦ Reimbursement Optimization ♦ Managed Care Payer Contracting Renewals, Re-negotiations & Payment Redesign ♦ Settlement Negotiations on 3rd Party Issues ♦ Regulatory Compliance ♦ Strategic Guidance on Service Line Expansions & Physician Practice Acquisitions.

AHMC SETON MEDICAL CENTER, Daly City, CA November 2023-Apr 2025
Member of nine hospital AHMC Health System headquartered in Alhambra, CA, with for-profit acute care hospital facility located in Daly City, CA. Total beds of 354 and \$152 million operations.

Director of Revenue Cycle/Interim Director of Admitting, Patient Access and Operators

- Recruited by Seton's CEO and Assistant COO to fill hospital's Revenue Cycle Director vacancy position due to urgent need and excellent fit. Interim Director of Admitting, Patient Access and Operators from January 2025 to April 2025.
- Implemented process improvements in revenue cycle operations including creation of multidisciplinary Denials Management Team resulting in 48.6% annual reduction in denials; streamlined and simplified denials tracking process; established Executive Management Scorecard and KPIs for financial, operational, clinical and quality reporting; initiated comprehensive CDM review, including coding, charge capture and charging revisions for compliance and appropriate pricing resulting in high 6-figures increase in annual net patient revenue (NPR); conducted evaluation of largest Commercial Managed Care payer contracts identifying underpayments and initiated contract re-negotiations for improved payment rates, terms and conditions yielding 7-figure annual increases in NPR; contributed in the formation of Leadership Daily

LANCE R. TROTT

Huddle for communication of current issues among hospital departments; established expense reductions for HIM department through reduction in contracted Coding/CDI services yielding 6-figure cost savings; initiated improved cost analysis of elective surgeries for more accurate margins and profitability; developed performance metrics for Admitting, Patient Access, Case Management and HIM management and staff.

- Managed 30 FTEs.
- Senior Member of Hospital Fiscal Management working directly with central business office, case management and medical staff office departments to ensure RCM processes are in alignment with hospital policies and guidelines, as well as integrate with Corporate Office for all external reporting (HCAI, Medicare Cost Reports), and pursue best practice initiatives in key fiscal metrics including salaries, overtime, supplies and drug costs relative to volumes.
- Worked with Daily City Mayor and Chamber of Commerce on Public Relations campaign to improve hospital image and promote the availability and quality of Seton's healthcare services through Community Fairs and Outreach programs.

HIGHMARK INC, Pittsburgh, PA

February 2013-February 2016

One of the top ten health insurers in the country and during my tenure there, the nation's fourth largest Blue Cross and Blue Shield Association company servicing 5.2 million members in Pennsylvania, West Virginia and Delaware, with annual healthcare premium revenues of \$14.1 billion. Headquartered in Pittsburgh, PA, and part of the Highmark Health enterprise.

Manager – Financial Investigations and Provider Review (FIPR)

- Attained annual provider payment recoveries due to inappropriate billings in excess of \$18 million along with annual spend containment through recommended policy and pre-pay claim edit implementations of \$26 million. Total FIPR annual recoveries/spend containment inclusive of Professional and Vendor divisions accounted for \$118 million.
- Organized, recruited, developed and managed the Provider Audit division of FIPR, with fraud investigational oversight of contracted hospitals/healthcare systems and physician practices in Pennsylvania, West Virginia and Delaware.
- Led the execution of the company's strategic plan on detecting and preventing fraud, waste and abuse (FWA) related to provider spending through automated data mining AI algorithm techniques and individual assessments of claim encounter data, identification of abhorrent and impossible unit billing scenarios, enforcement of company policies and communication bulletins related to appropriate billing, and interaction with state & federal law enforcement and affiliated BSBSA companies on emerging FWA schemes and activities.
- Established educational outreach to provider community on appropriate billing in compliance with provider communications (provider manual, policies, bulletins) and regulatory and national correct coding initiatives.
- Maintained supervisory oversight of contracted vendors, with responsibilities for identifying inappropriate payments made to providers that required extensive review of medical records and patient billing history.
- Demonstrated leadership and advisory roles in consultation and collaboration with internal business partners that included the Cost Containment Team, Provider Contracting and Reimbursement Team, Medical Policy Team and Provider Communication Team.

REVENUE CYCLE SOLUTIONS, LLC, Pittsburgh, PA

October 2008-February 2013

Healthcare consulting firm based in Pittsburgh, PA serving hospital and physician practice organizations throughout the United States, with a primary concentration in the Mid-Atlantic and Eastern US region. Total revenues of \$2.6 million, 10 total FTE staff.

Senior Consultant

- Directed the Healthcare Financial division providing client hospital/health systems and physician practices with consulting services consisting of third-party reimbursement optimization, managed care contract negotiations, insurance payment audits and underpayment recoveries, CDM charge-setting processes and coding compliance, and decision support assessments.

LANCE R. TROTT

- Attained Return on Investment indices for client service work performed on contingency fee basis exceeding 12:1.
- Identified fee schedule payment inconsistencies from an insurance payer on outpatient diagnostic services that resulted in corrections to net revenue totaling \$3 million to hospital clients.
- Developed and implemented contract rate tables for recovery of underpaid New York State Medicaid Managed Care hospital accounts resulting in additional net revenues received by clients totaling \$8.2 million.
- Established payer performance metrics and compiled a database of payer contract rate information used in negotiating highly competitive new hospital contract rates with commercial insurance payers. Achieved payment rate increases in year-1 of new contracts that averaged in excess of four times the annual hospital market basket increase.
- Identified and corrected charge issue for a hospital client that was receiving reduced annual reimbursements from insurance payers of \$5.1 million due to incorrect lower of charge or payment contract methodology.
- Secured Medicare DSH funding (additional payment of \$500,000) for a hospital client resulting from Medicaid eligibility attainment for inpatient acute patients. Requested re-opening of a filed Medicare Cost Report and recalculation of the DSH Adjustment factor by the Medicare fiscal intermediary.

MAGEE-WOMENS HOSPITAL OF UPMC, Pittsburgh, PA

July 1998-October 2008

Not for profit, premier women's academic medical center and member of the UPMC Health System in Pittsburgh, PA, 318 beds, \$194 million operations.

Director of Reimbursement and Decision Support

July 2002-October 2008

- Implemented process improvements in fiscal operations including organizational alignment, staffing consolidations, report distributions, new service line analysis, CDM Maintenance and Revenue Integrity, and ROI opportunities with expanding healthcare specializations.
- Subject Matter Expert on Reimbursement, Decision Support and Revenue Cycle issues with emphasis on benchmarking and best practice assessment deployments. Functioned in a leadership role in the UPMC Corporate hierarchy, serving as a liaison to the Corporate CFO – Hospital Division on all fiscal strategic and operational initiatives involving Magee.
- Provided daily statistical dashboards to hospital management identifying utilization, acuity and financial information of hospital MTD and YTD actual performances as compared to budget and prior year for measuring, monitoring and driving desired operational results.
- Instituted Task Force collaborations with Hospital Senior Executive team in identifying cost containment initiatives and enhanced revenue opportunities; yielded increases in Net Patient Revenue and operating margins over a six-year period from \$153 million and 0.98% in FY 2003 to \$336 million and 17.1% in FY 2008.
- Leveraged world class Center of Excellence designation in gynecological and obstetrical services in negotiating payment rate increases on hospital commercial contracts that produced overall profit margins of 32%.
- Partnered with UPMC Corporate Payor Contract Services division in developing a functional decision support and cost accounting system across all 19-hospital business units for payer performance analytics and contract modeling based upon successful deployment of Avega/Eclipsys decision support system at Magee.
- Implemented the UPMC Corporate MRS system to all hospital departments for establishing operating and staffing budgets and determining appropriate Key Performance Indicators (KPIs) for patient revenue generating departments. Educated and trained all department heads on the proper use and utilization of MRS for efficient FTE staffing and in monitoring their actual KPIs as compared to budget.
- Appointed as corporate representative for Sarbanes-Oxley (SOX) quarterly reporting of Magee fiscal processes and as responsible administrator for completion of corporate budget package containing key statistical data and financial gross and net revenue by payer.

Manager of Reimbursement

July 1998-July 2002

- Managed all day-to-day and operational activities of the fiscal services department of the hospital with responsibilities over reimbursement, decision support, contract management, operating budget (revenue),

LANCE R. TROTT

CDM, and revenue cycle denials and underpayment management.

- Developed service line and payer profitability reports for evaluation of existing services, expansion of services and program eliminations.
- Responsible for keeping Executive Management informed on: regulatory issues impacting the financial performance of the hospital; ensuring compliance with coding and billing of hospital services; and monitoring insurance payment compliance with contract rates.
- Completed month-end statistical reporting package and closing entries for contractual allowances, CRA reserve analysis, actual vs. budget variance explanation for Net Revenue, annual Gross and Net Revenue budget compilation, annual Medicare and Medicaid Cost Report preparation, completion and submission, and year-end audit workpapers for CRAs.
- Coordinated all third-party and Commercial rate changes, pricing and payer rate tables for accurate A/R netting.
- Developed contract management template and KPI metrics for core Commercial Managed payers.
- Implemented cost reduction initiatives in the Pharmacy department and attained hospital participation in the federally funded 340B Drug Pricing Program, which resulted in annual cost savings of \$6.4 million on drug expenditures.
- Obtained payment recovery of \$800,000 on NICU underpaid claims by a commercial insurer resulting from non-compliance with contract payment rates.
- Promoted to Director of Reimbursement and Decision Support in July 2002.

ALLEGHENY HEALTH EDUCATION & RESEARCH

FOUNDATION (AHERF), Pittsburgh, PA

March 1995-July 1998

Fourteen hospital health system headquartered in Pittsburgh, PA with hospital facility locations in Pittsburgh, PA and Philadelphia, PA. Total beds of 4,601 and \$2.1 billion operations.

Senior Reimbursement Analyst

- Assigned as Team Leader in AHERF Corporate Reimbursement division with responsibilities for managing all third-party reimbursement, audit and appeal processes for three acute care hospital facilities identified as:
 - St. Christopher's Hospital for Children: 183 beds, \$140 million operations
 - AUH Graduate (City Avenue/Parkview): 468 beds, \$138 million operations
 - AUH-Hahnemann: 636 beds, \$335 million operations
- Supervised 5 FTEs representing staff financial analysis and statistical coordinators on reimbursement assignments.
- Compiled, reviewed and timely filed all third-part cost reports.
- Coordinated Medicare and Medicaid cost report audits, including the filing of appeals, exception requests and provider position papers. Resolved all audit issues with fiscal intermediary in compliance with government regulatory requirements and guidelines.
- Completed analytical reviews for establishment of appropriate CRA reserves and interim payments, and filing of interim rate calculations with fiscal intermediary for appropriate Medicare DSH, GME, IME and Bad Debt payment determinations.
- Served as primary educator to hospital senior management at the three Philadelphia hospitals on third-party reimbursement opportunities and compliance issues.
- Developed a comprehensive tracking template for reporting medical education rotational assignments and reporting of intern, resident and fellow IME and GME FTEs on the Medicare Cost Report.
- Resolved 8-years of open Medicare Cost Report for the three hospital facilities and successfully reinstated IME and GME FTEs resulting in additional Medicare reimbursement of \$2.7 million.

WESTERN PENNSYLVANIA HOSPITAL, Pittsburgh, PA

August 1989-March 1995

Not for profit acute care hospital in Pittsburgh, PA, 542 beds, \$210 million operations.

LANCE R. TROTT

Reimbursement Analyst

- Responsible for all third-party reimbursement and prospective payment reviews.
- Coordinated the preparation, completion, review, filing and analysis of interim and year-end third-party cost reports.
- Facilitated third-party audits and completed analysis on final settlements.
- Worked with hospital GME Office in reporting residency and fellowship rotational assignments for determining accurate GME and IME FTEs on the Medicare Cost Report.
- Developed a comprehensive net revenue financial model for determining monthly contractual allowances and Hospital Net Patient Revenue.
- Prepared CRA entries for month-end closing based upon third-party activity and year-end analysis of balance amounts to ensure proper receivable/payable amounts were accurately determined.
- Completed hospital operating budget (Gross and Net Revenue).
- Prepared analysis and executive summary of monthly financial statement net revenue.
- Performed paid claim analysis for accurate payments in compliance with insurance payor contracts.

CHILDREN'S HOSPITAL OF PITTSBURGH, Pittsburgh, PA

February 1987-August 1989

Not for profit, nationally recognized pediatric hospital and designation as Best Children's Hospital Honor Roll in Pittsburgh, PA, 212 beds, \$185 million operations.

Reimbursement Analyst

- Completed annual Operating, Staffing and Capital Budgets.
- Monitored and reviewed all budgetary statistical and net revenue variances by payor.
- Maintained and serviced the hospital's CDM to ensure accountability for departmental gross revenue and optimize net revenue based upon accurate coding.
- Completed payer analysis of third-party logs and remittance advices.
- Completed all external reporting requirements including third-party Medicare and Medicaid and Blue Cross Cost Reports, Blue Cross PIS quarterly reports, and surveys for both governmental and special interest agencies.
- Maintained and documented all Graduate Medical Education (GME) FTE rotational assignments and relevant informational requirements for third-party Graduate Medical Education reimbursement.
- National Association of Children's Hospitals and Related Institutions (NACHRI, currently CHA) representative on fiscal and regulatory issues.

EDUCATION

Mercyhurst College, Erie PA

- Bachelor of Arts, Business Administration (Accounting); 1986

PROFESSIONAL AND COMMUNITY ORGANIZATIONS

Member, California Association of Healthcare Leaders (CAHL)

Member, American College of Healthcare Executives (ACHE)

Member, National Association of Healthcare Revenue Integrity (NAHRI)

Member, Healthcare Financial Management Association (HFMA)

Member, American Academy of Professional Coders (AAPC)

Healthcare Educational Presenter. Hospital Council of Western Pennsylvania

CAHL Communications Committee, Copy Editor

CAHL Mentor Program Participant

Saint Joseph Catholic Church (Mission San Jose), Fremont, CA, Church Usher; Immigration Refugee Committee; Special Events Committee, Volunteer

Saint Vincent de Paul Food Pantry (Fremont, CA), Volunteer

American Cancer Society Relay for Life Fundraiser, Volunteer

LANCE R. TROTT

American Heart Association Fundraiser, Volunteer
Highmark Walk for a Healthy Community Fundraiser, Volunteer
Susan G. Komen Race For the Cure Fundraising, Volunteer
United Way, Volunteer

REFERENCES

Available upon request