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## EDUCATION

MBA, Finance	The George Washington University, 1995
B.A., Math/Economics	University of North Carolina at Chapel Hill, 1989

## PRESENT EMPLOYMENT

Berkeley Research Group, Health Analytics  
Managing Director, 2022–present  
Director, 2014 - 2022  
Principal, 2010–2014

## PREVIOUS POSITIONS

Navigant Consulting, Inc.  
Director, 2008–2010  
Associate Director, 2002–2008

Independent Consultant, 1998–2002  
Clients: Watson Wyatt Worldwide, Solution Point, Inc., Cleveland Clinic Foundation

Mid Carolina Cardiology  
Outcomes Director, 1996–1998

Premier, Inc.  
Manager, 1995–1996

Center for Health Policy Studies  
Senior Research Associate, 1989–1995

## PROFESSIONAL EXPERIENCE

### *Cost and Reimbursement Analysis/Provider Contracting/Rate Setting*

Ms. Younts has evaluated reimbursement approaches and payment rates for a number of public and commercial payers. She has provided benchmarking expertise and identified opportunities for commercial health plans to make changes in

reimbursement methodologies and rates paid for physician professional services, as well as hospital and other facility services, including skilled nursing facilities, ambulatory surgery centers, freestanding dialysis centers and durable medical equipment. She also assists plans in developing value-based arrangements to improve quality while reducing costs.

Ms. Younts played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for the Centers for Medicare and Medicaid Services (CMS), she managed a large multi-facility study to identify the costs of over 500 procedures performed in outpatient settings which were used to develop the relative weights for Ambulatory Payment Classifications (APCs). She has also assisted in the development of hospital outpatient payment systems for several Blue Cross Blue Shield Plans and evaluated the use of MS-DRG versus APR-DRGs by commercial health plans for reimbursement of inpatient hospital services.

Ms. Younts also has expertise in physician and ancillary provider contracting, including laboratory, physician administered drugs, dialysis and ASC providers, and has evaluated reimbursement rates, conducted benchmarking, and established new payment rates for a number of Blue Cross, commercial payers and other organizations, including the following engagements:

- Providing rate evaluation, benchmarking and policy development for out-of-network reimbursement programs for a California health plan.
- Providing ongoing support in annual rate evaluation and benchmarking to support out-of-network reimbursement policies for a California regional health plan.
- Providing ongoing consulting support on reimbursement methods and payment rates for state-employee health plan across a variety of provider types and services, including inpatient and outpatient hospital, outpatient dialysis, physician-administered drugs and dental services. Consulting support includes quarterly updates of all provider fee schedules, formulas and supporting payment information. Also assisting in the development of value-based payment approaches, including bundled payments and episodes of care.
- Provide periodic out-of-network reimbursement evaluation of policies and rates for a large Blue Cross plan.
- Assisted a Blue Cross plan in evaluating reimbursement approaches and pricing across all provider types. Currently developing new professional fee schedules for contracted providers and new inpatient and outpatient payment approaches and rates for contracted health systems.
- Developed a new professional fee schedule for a large Blue Cross plan, including medical and surgical codes, DME, lab, radiology and physician administered drugs.
- Assisted in investigating the potential drivers of increases in inpatient claims costs for hospitals reimbursed under MS-DRGs by a Blue Cross Plan. Identified proportion of costs driven by coding versus “pure” case mix changes and other factors.
- Developed narrow networks for a commercial payer’s products offered on state health insurance exchanges.

- Evaluated injured workers' access to health care services for the California workers' compensation program.
- Evaluated out-of-network reimbursement approaches and payment rates and made recommendations for modifications for a large Blue Cross Blue Shield plan.
- Review and assessment of billing and reimbursement of non-therapeutic ancillary services provided in skilled nursing facilities and assessment of Medicare Cost Report requirements for these services.
- Review of contracts and assessment of reimbursement approaches and rates for a Medicaid managed care plan in California. Made recommendations regarding new approaches and rates for contracted hospitals and physicians.
- Assessment of reimbursement methodology and rates for skilled nursing facilities: Compared SNF payment approach and rates to the Medicare Prospective Payment System (RUGs) for a large Blue Cross plan. Assessed the feasibility of implementing RUGs as well as alternative approaches.
- Developed ancillary provider payment rates for national health insurer: Developed provider payment rates for ambulatory surgery centers and freestanding dialysis centers.
- Developed rates for ancillary out-of-network providers: Prepared recommended payment methodologies for out-of-network ancillary providers for a large Blue Cross Blue Shield plan. Provider types included ambulatory surgical centers, freestanding dialysis centers, ambulance, skilled nursing facilities, home health providers and durable medical equipment.
- Assisted in preparing applications for new HCPCS codes and evaluating proposed reimbursement rates for the new codes for pharmaceutical and device manufacturers.

### *Disputes and Investigations*

- Ongoing consulting expert on regarding the reasonable value of healthcare services in multiple personal injury suits.
- Privileged expert in payer-provider dispute involving out-of-network hospital services.
- Privileged expert in payer-provider dispute regarding out-of-network substance abuse disorder (SUD) services.
- Privileged expert in payer-provider dispute regarding out-of-network reimbursement rates for hospital emergency services.
- Privileged expert in payer-provider dispute regarding out-of-network behavioral health services.
- Privileged expert on matter regarding the availability of premium assistance for individuals with end stage renal disease (ESRD).
- Expert on matter regarding the inclusion of Indirect Medical Education (IME) in DRG payments made to hospitals by a Medicaid managed care plan.
- Expert on matter relating to the repricing approaches (including inpatient hospital/DRG, outpatient hospital and professional) used by a health insurer to establish reimbursement rates for services provided by out-of-network providers.
- Consulting expert on qui tam matter involving certification of inpatient and observation stays.

- Consulting expert on dispute regarding hospital service areas and competitive practices.
- Consulting expert on dispute regarding out-of-network reimbursement for emergency services.
- Consulting expert on qui tam matter regarding the prospective payment systems used by the Medicare program and the State of New York for the reimbursement of home health services.
- Consulting expert on dispute regarding appropriate reimbursement rates for high cost drugs in an inpatient hospital setting.
- Consulting expert on dispute regarding managed care network adequacy and appropriate reimbursement approaches used in hospital contracts.
- Consulting expert on U.S. Department of Justice investigation of a hospital system regarding its coding and billing practices related to urine drug testing (UDT).
- Consulting expert on investigation regarding appropriate levels of rehabilitation therapy provided to skilled nursing facility patients and associated Medicare reimbursement.
- Consulting expert on dispute regarding hospital system reimbursement and impact on revenue and profits.
- Consulting expert on an investigation regarding coding and reimbursement requirements and practices related to a U.S. Attorney's Office investigation of provider of urine drug testing (UDT) services.
- Consulting expert on a matter relating to commercial payer medical policies on multiple procedure discounting of radiology procedures.
- Consulting expert on state Certificate of Need application for MRI.
- Consulting expert on a matter related to Medicare Advantage and Medicare Supplement benefits and provider contracting issues.

#### *Health Services Research, Program Evaluation and Health Policy*

Ms. Younts has a long history of working with the federal government, state governments and trade associations on program evaluations and policy analyses. Selected engagements include the following:

- Evaluated the issue of physician autonomy in drug prescribing for cancer treatment and the impact of physician consolidation and acquisition of physician by hospitals.
- Evaluation of integrated community oncology landscape, including identification of unique aspects and benefits of community oncology practices, as well as challenges facing these practices and potential impact of changes in oncology drug reimbursement.
- Study of the impact on Medicare payments of shifts in the site of care for chemotherapy administration.
- Three-year evaluation of injured workers' access to medical care under workers' compensation program in the State of California.
- Children's Hospital Graduate Medical Education (CHGME) Program: Project director for the creation of a data file and analysis of Annual Report data to assist the Bureau of Health Professions within the Health Resources and Services Administration (HRSA) in meeting the requirements of the Children's Hospital

Graduate Medical Education (CHGME) Support Reauthorization Act of 2006. Analyzed three years of Annual Report data and authored three Reports to Congress on the impact of CHGME hospitals' contribution to the training of the nation's pediatricians and pediatric specialists.

- Evaluation of Rural/Frontier Women's Health Coordinating Centers (RFCCs): Project manager for a two-year evaluation of the RFCC program sponsored by the Federal Office on Women's Health. Evaluated implementation of the RFCC program, individual site management and health outcomes.
- Development of a State Health Resource Allocation Plan: Managed data collection efforts and construction of a Health Resource Inventory for the state, including hospitals, physicians, nursing homes, clinics and other providers. Assessed community needs and developed statewide allocation plan based on resources available across the state.
- Third-Party Reimbursement Training Project: Conducted research on state Medicaid programs in all 50 states, including eligibility requirements, covered services, managed care programs and claims processing. Information was used in training courses sponsored by the Federal Health Resources and Services Administration (HRSA) for Medicaid providers receiving HRSA grant funds.
- Healthy Communities Access Program (HCAP) Evaluation: Evaluation of a grant program to improve access to and quality of healthcare services for underinsured and underserved individuals across the United States. Specific evaluation areas were disease management programs, community health center expansion, and sustainability.

### *Market Research and Strategic Planning*

Ms. Younts has worked with several medical device, pharmaceutical, and other health-related organizations in assessing the market for their products and developing strategies for product placement and pricing. Selected engagements include:

- Development of detailed cost-effectiveness model to show the benefits of using a specific cardiovascular device for peripheral vascular disease compared to alternatives. The model was used by company sales force as a demonstration to potential purchasers of the product.
- Study of physician prescribing habits and preferences regarding a hypertension drug in the United Kingdom. Evaluated the prescribing habits of physicians as well as Primary Care Organization (PCO) formulary guidelines in order to develop a strategy for increasing physician pull-through and market share.
- Assessment of the utilization of and reimbursement for physical therapy modalities, including national and state volumes by CPT code and individual payment rates across payers. Developed a market model allowing the use of various reimbursement and market penetration scenarios.

## **RECENT PODCASTS, PUBLICATIONS AND PRESENTATIONS**

*Price Transparency Data Provides New Visibility into Real Rates Paid to Provider*

Healthcare Dive  
October 2022

*Anticipating the Impact of the No Surprises Act on Payors and Health Care Providers*  
Presented to the ACI Managed Care Disputes and Litigation Conference  
March 2022

*No Surprises Act and Price Transparency*  
Presented to the ABA Washington Health Law Summit, Washington, DC  
December 2021

*Price Transparency: What Managed Care Lawyers Need to Know*  
Presented to the ABA Managed Care Institute, Washington, DC  
December 2021

*The Nitty Gritty of Price Transparency*  
American Bar Association Health eSource  
August 2021

*Implications of the Growth of Freestanding Emergency Departments and Micro-Hospitals*  
American Bar Association Health eSource  
October 2020

*Telemedicine Compliance and Reimbursement*  
AHLA Annual Meeting – Virtual  
June 2020

*Telemedicine in a Pandemic*  
BRG ThinkSet  
April 2020

*The Future of Telemedicine*  
ThinkSet Podcast  
October 2019

*It's time for commercial payers to revisit the way they pay hospitals for outpatient services*  
Inside Healthcare  
June 2019

*Telemedicine: A Tool For Engaging Patients, Not a Treatment*  
BRG ThinkSet  
January 2019

*Measuring the Value of Medical Services in Personal Injury Suits*  
BRG white paper  
August 2017

*Using and Defending Against Statistical Sampling in False Claims Act Cases*  
AHLA Connections  
January 2017

*Potential Changes in Healthcare Market and Impact on Provider Reimbursement Following the 2016 Presidential Election*

Presented to Turnaround Management Association, Houston, Texas  
January 2017

*Trends in ACO Implementation*

Presented to State and Local Government Benefits Association (SALGBA), Oklahoma City  
November 2016

*Community Oncology Practice Trends*

Presented to Oncology Learning Institute, Charlotte, North Carolina  
October 2016

*Value-Based Payment: Is Everyone Doing It?*

Eye on Healthcare INSIGHT  
May 2016

*Telehealth Utilization: Potential Benefits of Expanded Coverage and Reimbursement*

BRG white paper  
September 2015

*A Detailed Diagnosis of Integrated Community Oncology*

BRG and the Community Oncology Alliance white paper  
April 24, 2015

*In-Office Ancillary Services Exception*

Reimbursement Advisor 30:7  
March 2015

*Impact on Medicare Payments of Shift in Site of Care for Chemotherapy Administration*

BRG white paper  
June 9, 2014

*Network Design for Health Insurance Exchange Products*

Healthcare white paper  
February 2013