:::BRG
Berkeley Research Group

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SUMMARY

Kate Moberg is a member of BRG's healthcare, health insurance, and pharmaceuticals practices. She provides detailed financial, economic, and regulatory analysis for payers, providers, and other health service organizations. With a particular focus in healthcare data, Ms. Moberg directs teams in analyzing large datasets to find answers to complex questions in litigation settings, internal compliance reviews, and investigations related to allegations of healthcare fraud and abuse. She is often engaged as a privileged expert supporting counsel with analytic and healthcare expertise in payer/provider disputes and internal provider investigations.

Ms. Moberg has more than ten years of experience consulting for healthcare industry clients. She has led many engagements requiring the analysis of large datasets consisting of millions of hospital, physician, and pharmaceutical claims. Additionally, she has in-depth understanding of government program payment mechanisms including Medicare Advantage Risk Adjustment, the Inpatient Prospective Payment System, the Outpatient Prospective Payment System, and Medicaid reimbursement systems, as well as publicly available data related to these payment systems. She is also knowledgeable of provider charge, pricing, and cost accounting systems.

Ms. Moberg has provided operational consulting services to both hospital systems and large physician practices. She has led teams in application development, data analysis, and modeling to support hospital revenue cycle management, payer contracting, physician enterprise, and clinical efficiencies and improvements. Through this work, she has developed experience and knowledge of provider electronic medical records (EMR) and claims systems. In particular, she has an in-depth understanding of the back end of these systems, including program logic, data warehousing practices, and related SQL environments.

PROFESSIONAL EXPERIENCE

Litigation Support

- Managed project teams to develop analysis supporting expert report and testimony in multiple payer and provider disputes for out-of-network reimbursement related to both hospital and physician providers in commercial and exchange insurance markets. Developed project plans, calculated benchmarks related to the reasonable value of services, and conceptualized expert report exhibits and supporting analysis.

- Provided industry knowledge and analytic support to counsel as privileged expert on payer and provider contract or out of network disputes for multiple large commercial, exchange, and Medicaid payers. Cases required expertise in provider claims systems, payer claims review systems, and adjudication processes.

- Managed team of consultants to support expert report and testimony in a large securities class action case. Obtained in depth knowledge of case documents, freestanding

emergency room industry, and data analysis to support expert and counsel. Supervised development of expert report exhibits and analysis.

- Managed team supporting expert testimony in contracted claims dispute between large Medicaid Managed Care Organization and hospital. Provided industry, payer contracting, and claims adjudication expertise to counsel through mediation and arbitration process. Developed programmatic methodology to efficiently evaluate claims adjudication decisions.

- Provided data analysis and financial expertise to defense counsel in multi-year white collar civil and criminal investigation of health plan executives in response to Medicaid managed care fraud and false statement charges. Analyzed data supporting annual medical loss ratio submissions, encounter data, actuarial reserves and loss accruals.

Regulatory Compliance Investigations

- Managed team as part of an internal investigation into MRA program compliance at Fortune 500 health insurer. Leveraging datasets containing hundreds of millions to billions of records from claims systems and government enrollment and risk adjusting data, developed data analysis strategies and programming to identify fact patterns and quantify exposure.

- Conceptualize and perform internal investigation into coding practices of national specialty provider group. Develop methodology to estimate financial impact and potential payback related to coding behavior.

Operational Consulting

- Managed team of consultants in scoping and development of multiple Qlikview applications pertaining to diverse areas of children's hospital operations including payer contracting, imaging, emergency department, and hospital project management during four-month engagement. Led iterative development meetings with client user groups to design applications and dashboards to meet their business needs and mitigate need for ad hoc requests to hospital's business intelligence team.

- Developed flexible models for revenue cycle, physician enterprise, and clinical process benchmarking for use across multiple operational assessments. Formulated and implemented process and model to measure multi-million-dollar financial impact of team's operational improvement efforts over course of projects.

EDUCATION

M.S., Economic Policy Analysis   DePaul University, 2013
B.A., Economics and International Studies   DePaul University, 2011

PRESENT POSITION

Associate Director, Berkeley Research Group, 2017 – present

PREVIOUS POSITIONS

Senior Consultant - FTI Consulting (2015 – 2017)
Consultant - Berkeley Research Group (2010 – 2015)

PROFESSIONAL ORGANIZATIONS

Healthcare Financial Management Association (HFMA)
Health Care Compliance Association (HCCA)