Curriculum Vitae

CHER M. FIERI, MHSA, CPC, COC, CRC
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BIO SUMMARY

Cher M. Fieri is a managing director with Berkeley Research Group, LLC (BRG). With over twenty years of experience in the health care industry, Ms. Fieri provides accounting, economic and operational advice to a variety of clients including, among others, providers and payers of health care services. Much of her work centers on the submission and reimbursement of healthcare claims including, but not limited to; coding, documentation requirements, contractual obligations and local, state and federal regulations. She often advises clients and their counsel on issues related to billing, claims processing, internal controls, alleged non-compliance, provider/payer disputes and government investigations.

Ms. Fieri has a detailed understanding of the claims submission and adjudication processes related to both commercial insurance companies and federally paid programs (i.e., Medicare, Medicaid, Federal Employee's Program, etc.). Specifically, her engagement responsibilities have required her to perform detailed analysis and operational reviews of the processes used by providers to submit claims data and plan reimbursement methodologies and techniques. She has evaluated the adequacy of documentation and the accuracy of coding at multiple facilities with special emphasis on CPT procedure coding, ICD-9/10 diagnosis assignment. She has reviewed medical record documentation that reflects the level of severity and complexity of individual cases and compared such to coding determinations assigned by physician and provider personnel. She has cross referenced both to assess compliance with contractual obligations and CMS guidelines. She has also assisted clients with resolving possible disputes, as well as investigations by regulatory bodies such as the; CMS, Department of Justice (DOJ), U.S. Attorney's Office, and state Medicaid departments.

Ms. Fieri has extensive experience in reviewing health benefits for coverage determinations and payments. This experience includes assessing plan types, member benefits, coordination of benefits, subrogation and Medicare Secondary Payer (MSP) issues. For example, she has served as an independent reviewer for a matter involving a coverage dispute. Specifically, she was asked to determine which program (i.e., Medicare Part B or Medicare Part D) and therefore, which payer would bear financial responsibility for services related to IVIG therapy. She reviewed claims data, correspondence, contracts, plan benefits and Medicare regulations, as well as California local coverage determinations in conjunction with preparing the report. On another matter, she reviewed medical records and documentation related to a California Worker's Compensation (WC) dispute. Specifically, she was engaged by a large employer to assess the performance of a third party administrator in handling their WC claims.

Ms. Fieri was involved in a matter that required the assessment of a pay-for-performance model developed by a large health plan in the southwest. In attempting to establish an Accountable Care Organization (ACO),

the health plan was interested in implementing this model for their largest provider group. The model assessment involved the review and reasonableness of inputs, such as historical membership data by line of business, historical medical costs, revenues and medical loss ratios, among others. Historical experience was used to create benchmark goals and the potential bonus sharing the physician group could participate in if goals were achieved. These targets included cost reduction and quality indicators. BRG was asked to assess the likelihood of achieving the goals and the timeline it may take to fully participate in the excess bonus pool. She has also been involved in developing models for Clinically Integrated Networks (CINs) and flexing inputs to assess profitability of various contractual arrangements.

Ms. Fieri has experience in assisting organizations in the troubled company arena. She has worked with payers, hospitals and IPAs that were financially struggling to continue operations. She has knowledge regarding provider contracting, claims adjudication and collection of receivables. Additionally, she has worked with creditors to ensure segregation of pre and post-petition claims while she served as an interim Director of Claims for a failing Medicaid MCO. In regard to bankruptcy, Ms. Fieri has performed asset valuation, staffing studies, financial viability and operational reviews. She has assisted with the development of reorganization plans, corrective action plans and solvency analyses.

Ms. Fieri has worked on numerous UCR matters involving provider and payer disputes over determining the value of non-contracted services. These engagements usually require extensive data analytics of claims data and the development of benchmark models to assess the reasonableness of what was charged, as well as what was paid. There are unique approaches when valuing non-contracted emergent services. Determining what the provider is accepting from others for similar services (both contracted and non-contracted), as well as what the payer is paying other providers for similar services (both contracted and non-contracted) are all considered throughout the analyses of determining fair value. Specifically, she has reviewed client specific and publicly available data to calculate paid to billed ratios, cost to charge ratios, and Medicare multiples, among others in performing her analytics. These engagements take into consideration the 'Gould factors' (such as training, length of practice, location, usual charges, etc.) when data is analyzed for comparison.

Ms. Fieri's experience includes performing detailed operational and financial reviews for various long-term care providers including nursing homes. Her clients have included owned and operated skilled nursing facilities, hospital based skilled nursing units, and skilled nursing facilities under management contracts. Specifically, Ms. Fieri has assessed the operations of skilled nursing facilities for compliance with contractual obligations, governmental regulations, and internally developed policies, procedures, and internal controls. She has been involved in a large national audit of home health services in which allegations were made related to services not rendered. In this matter, through statistical sampling, she assessed whether documentation existed to support services billed to, and paid for, by government programs. In this engagement, Ms. Fieri and the collective team were retained by counsel, the client and the Department of Justice. Given the volume of materials, and the extreme sensitivity of ensuring independence, original documentation was reviewed on-site at the DOJ office in Newark, NJ. Ms. Fieri was also retained by a large investment firm to perform a high-level compliance risk assessment on a number of skilled nursing home facilities located on the west coast. She interviewed administration, conducted facility walk-throughs, reviewed policies and procedures, as well as training programs and performed a focused sample of claims related to high paying Resource Utilization Group (RUG) codes involving therapeutic services. Observations and recommendations were prepared in a summary report prepared for the investment firm.

Ms. Fieri has extensive knowledge and experience related to compliance and the numerous regulations

governing the industry. In this regard, she has assisted clients and counsel with designing and implementing internal controls, and policies and procedures specifically focused on preventing and detecting fraud and abuse. Over the years, issues and areas in which she has provided assistance to clients include the Medicare 3-Day rule; laboratory bundling requirements; chargemaster (CDM) and/or service master design and maintenance; PATH audits; Home Health Agency (HHA); Skilled Nursing Facility (SNF); and physician and inpatient and outpatient hospital billing and coding matters. She has analyzed alternative methods of communicating potential issues of corporate noncompliance and has made recommendations resulting in heightened awareness and attention to detail throughout the organizations. In addition, she has provided practical tips for the development of an organization wide code of conduct. Ms. Fieri has also provided education sessions to physicians on Medicare fraud and abuse, E&M coding requirements, OIG investigative focus areas, settlement agreements related to fraud and abuse and general compliance related issues.

Ms. Fieri has assisted clients in addressing the requirements of Corporate Integrity Agreements. In this regard she has led teams on IRO engagements in which the client was required to retain independent consultants. On these matters, she has performed numerous claims reviews, which included the determination of statistically valid samples to review procedure codes, supporting documentation and the reimbursement the entity received. Based on findings, she has calculated error rates used for extrapolation in determining net over/under payments. She has also performed unallowable costs reviews in conjunction with these engagements by reviewing salesforce expense reports, company approval policies, and marketing materials in the context of ensuring compliance with the Anti-Kickback statute.

In addition to compliance standards, as outlined in the Federal Sentencing Guidelines, Ms. Fieri is knowledgeable of the HIPAA rules and regulations imposed on entities responsible for the delivery and/or payment of health care services. In this regard, Ms. Fieri has historically provided HIPAA awareness training and implementation advice to a number of physicians and healthcare management personnel across the state of Tennessee. She has also consulted with a number of large providers and payers discussing the operational implications of adhering to the regulations. She is familiar with the protection HIPAA affords individuals with pre-existing conditions. Additionally, she has provided project management services related to the Privacy component of HIPAA to a large multi-facility hospital system. These services included the development of a gap analysis, as well as the creation of project timelines in accordance with the required implementation date. Ms. Fieri was responsible for attending and directing several of the HIPAA Privacy team weekly meetings to ensure tasks were being completed and initiatives were moving forward to achieve compliance.

In the pharmaceutical industry, Ms. Fieri is knowledgeable of the impact generic drugs have on market share. She is familiar with the different market segments, including; brand, generic and branded-generic, as well as the various pricing methodologies used in contracting for pharmaceutical products. Ms. Fieri has calculated lost profits in conjunction with a breach of contract matter that involved a large manufacturer responsible for the development, sale and distribution of a generic drug product. She also worked on a matter that required the assessment of the manufacturers' participation in the Medicaid Drug Rebate Program and the calculation and determination of Average Manufacturer Price (AMP) and Best Price (BP). Ms. Fieri has also researched multi-state pharmaceutical reimbursement methodologies in conjunction with the AWP class-action litigation matters. She has developed price comparison models and variance graphs based on the various reimbursement methods and packaging/dosage criteria.

In the PBM arena, Ms. Fieri has assisted counsel on large class action matters including allegations of price collusion and unfair business practices. On one such matter, Ms. Fieri has led a team in analyzing years of

paid pharmacy claims data which included the analysis of over 6 billion claims. She has trended geographical price differences, generic and brand dispensing patterns, as well as pricing and dispensing characteristics of independent and chain pharmacies. Her work in this regard was used by counsel in an attempt to prevent class certification by plaintiffs. She has also worked with the audit and legal/compliance departments of a large PBM to address target focus areas and assess compliance. These areas included, but were not limited to; manufacturer patient assistance programs, manufacturer rebates, discount cards and transitional assistance program, most favored nation pricing and implementation credits.

Prior to joining BRG, Ms. Fieri was a director with Resolution Economics, LLC, a principal with LECG and a senior engagement manager in the Healthcare Practice of Navigant Consulting. Additionally, she was employed by two fortune 500 international health care organizations where her responsibilities included assisting territory managers with the development and pricing determinations of hospital contracts. She has extensive experience in the bid proposal process between the pharmaceutical industry and providers of healthcare services. Ms. Fieri is also knowledgeable with reviewing adjusted net sales reports to identify opportunity and profitability of specific patient therapies. Ms. Fieri has assisted home health and home infusion branch operations in preparing for the JCAHO accreditation. In this regard, she has reviewed various policies and procedures and coordination of care practices in several facilities. Furthermore, she has managed multi-branch reimbursement activities, which has given her insight on a variety of payer and provider challenges.

Ms. Fieri received her Bachelor of Science degree in Economics from Illinois State University and her Master of Health Services Administration (MHSA) degree from St. Joseph's College of Maine.

EDUCATION

MHSA (Health Service Administration)	Saint Joseph's College of Maine, 2001
BS (Economics)	Illinois State University, 1992

CERTIFICATIONS

Certified Professional Coder (CPC)

Certified Professional Coder –Outpatient (COC)

Certified Risk Adjustment Coder (CRC)

SUMMARY OF PROFESSIONAL EXPERIENCE

Berkeley Research Group, LLC
2010-Present: **Managing Director**

LECG, LLC; Economics and Finance
2009-2010: **Principal**

Resolution Economics, LLC
2008-2009: **Director**

LECG, LLC; Economics and Finance
2002-2008: **Principal**

Peterson Consulting, a unit of Navigant Consulting, Inc.
1996-2002: **Senior Engagement Manager**

Caremark International
1994-1996: **Reimbursement Specialist/Manager**

Baxter International; IV Systems Division
1992-1994: **Invoice Administration/Bid Analyst**

TESTIMONY EXPERIENCE

JAMS Reference No. 1220063770
Kaiser Foundation Hospitals, a California nonprofit public benefit corporation, v. Palomar Health f/k/a Palomar Pomerado Health, a California local health care district organized pursuant to Division 23 of the California Health and Safety Code
Deposition Testimony
Provided testimony related to a contract dispute and the provision of newborn services
March 12, 2021

Case No. 01-17-0007-1697
Humana, Inc. v. Life Care Centers of America, Inc. and Does 1-50
American Arbitration Association Deposition Testimony
Provided testimony related to a payer and provider dispute and the audit of Skilled Nursing Facility (SNF) claims
February 4, 2021

JAMS Ref. No. 1220063690
St. Joseph Health Northern California, et. al., v. Kaiser Foundation Hospitals, et. al.
Arbitration Hearing Testimony
Provided testimony related to the industry practice of line item review and payers application of claim edits prior to adjudication, as well as payment benchmark comparisons
December 11, 2020

JAMS Ref. No. 1220063690
St. Joseph Health Northern California, et. al., v. Kaiser Foundation Hospitals, et. al.
Deposition
Provided testimony related to Itemized Bill Review and payment benchmarks
December 3, 2020

JAMS Ref. No. 1220063690
St. Joseph Health Northern California, et. al., v. Kaiser Foundation Hospitals, et. al.
Declaration
Provided testimony related to Medicare claim edits and industry standards
December 3, 2020

JAMS Arbitration Case Reference No. 1130007472
The Regents of the University of California, on behalf of its UC Davis Medical Center vs. Health Net of California, Inc.
Provided testimony related to payer and provider contracting and industry standards related to length of stay under National Provider Identification (NPI) Numbers
November 14, 2019

Case No. 01-16-0001-6298
H & H Drug Stores, Inc. dba Western Drug Medical Supply v. Health Net, Inc. and Health Net of California, Inc.
American Arbitration Association Arbitration Testimony
Provided testimony related to the Medicare Competitive Bid Program, including the Single Payment Amounts (SPA), Medicare Fee Schedules (MFS, and the Standard Analytical Files (SAF)
June 23, 2017

Case No. 01-16-0001-6298
H & H Drug Stores, Inc. dba Western Drug Medical Supply v. Health Net, Inc. and Health Net of California, Inc.
American Arbitration Association Deposition
Provided testimony related to the Medicare Competitive Bid Program
June 9, 2017

Case No. 01-15-003-4095
United Healthcare Insurance Company v. Lincare Inc. and Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Maryland, Inc. v. Lincare Inc.
American Arbitration Association Arbitration Testimony
Provided testimony related to the audit of home oxygen claims and payer provider claim audit
February 7, 2017

Case No. 01-15-003-4095
United Healthcare Insurance Company v. Lincare Inc. and Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Maryland, Inc. v. Lincare Inc.
American Arbitration Association Deposition
Provided testimony related to the audit of home oxygen claims
December 16, 2016

Case No. 01-15-003-4095
United Healthcare Insurance Company v. Lincare Inc. and Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Maryland, Inc. v. Lincare Inc.
American Arbitration Association Deposition
Provided testimony related to payer provider claim audit
October 25, 2016

Case No. PC052482
Kern Health Systems vs. Allied Management Group Special Investigation Unit, Inc. et. al.
Superior Court of California for the County of Los Angeles
Trial Testimony
Provided testimony related to E/M coding for Emergency Physicians
June 3, 2014

Case No. PC052482
Kern Health Systems vs. Allied Management Group Special Investigation Unit, Inc. et. al.
Superior Court of California for the County of Los Angeles
Deposition
Provided testimony related to E/M coding for Emergency Physicians
April 3, 2014

JAMS Arbitration Case Reference No. 1160018968
Northwest Rehab Alliance v. Aetna Life Insurance Company
Declaration
Provided testimony related to payer and provider contracting and the application of Medicare policies to commercial payers
January 18, 2013

Case No. 107CV083378
Michael Pate, Joanie Kaleiwahea vs. William H. Brown, et al.
In the Superior Court of the State of California in and for the County of Santa Clara
Deposition
Provided testimony related to the effects of pre-existing conditions on insurability, healthcare premiums and healthcare costs
July 11, 2008

PUBLICATIONS & SIGNIFICANT PRESENTATIONS

"Top 5 Compliance Risks Resulting from Recent Healthcare Legislation" Corporate Compliance Insights. April 2013

"Unique Issues in the Valuation of Healthcare Entities" Association of Insurance Restructuring Advisors (AIRA), Conference in Salt Lake City, UT. March 2002

"Acquiring an HSO: A Guide to Determining the Value of Health Care Entities" (co-author with Kevin L. O'Brien), Managed Care Law Strategist, Law Journal Newsletters. October 2001
"Techniques for Monitoring the Solvency of a Managed care Organization" (co-author with Anthony Bradford), Managed Care Law Strategist, Law Journal Newsletters. May 2000

"Meeting New Challenges: Preparing for Compliance with Revised Medicare Conditions of Participation" (co-author with Kristen L. Brooks), Medicare Compliance Advisor for Home Health Agencies. Atlantic Information Services, Inc. Washington, DC, January 1999

"Lessons Learned: A Practical Approach to Implementing Comprehensive Corporate Compliance Programs" (co-author with Kevin L. O'Brien), American Bar Association, Annual Meeting, Toronto, Canada 1998

"Avoiding Fraud when Billing for Physician Professional Fees" (co-author with Kevin L. O'Brien), Healthcare Fraud and Abuse: A Seminar for Physicians. Johnson City Medical Center, March 1998

PROFESSIONAL ORGANIZATIONS & LEADERSHIP POSITIONS

American Academy of Professional Coders (AAPC)

American Health Lawyers Association (AHLA)

BRG Chicago Architectural Committee Member 2015-2016

BRG Chicago Office Director 2016-2018

BRG Chicago Co-Office Director 2013-2015

BRG Review Co-Editor 2010-2012

Member of BRG Women's Leadership Initiative (WLI)

Member of Women Business Leaders (WBL) Foundation