Curriculum Vitae

AARON VANDERVELDE
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SUMMARY

Aaron Vandervelde is a Managing Director in BRG's Health Analytics practice and has over 15 years of experience providing strategy, health policy and litigation consulting services to clients in the healthcare industry. He specializes in financial and economic analysis of health policy and provides litigation consulting services related to issues arising from contracts and transactions between healthcare entities and with the federal government. Specifically, he focuses on deriving strategic insight through the integration and analysis of large, complex data sets including claims data, risk adjustment data, internal and external sales data and publicly available health data.

Mr. Vandervelde's practice is focused on clients across the healthcare continuum, including Fortune 500 health insurers, pharmaceutical manufacturers and biotech companies, PBMs, and others. He has advised clients in a variety of federal investigations, contract disputes, litigation, and strategic health policy analyses.

EDUCATION

MBA (honors)	University of Michigan, Ann Arbor, 2004
BBA	College of William and Mary, 1998

PRESENT POSITION

Berkeley Research Group
Managing Director, 2014–present
Principal, 2010–2014

PREVIOUS POSITIONS

LECG
Managing consultant, 2006–2010

Capgemini, Ernst & Young
Senior consultant, Life Sciences Strategy Practice, 2004–2006

PROFESSIONAL EXPERIENCE

Strategic Consulting

- Developed 340B ESP™, an analytical platform for identifying commercial rebate requests for prescriptions filled with drugs purchased at a 340B price and ineligible for rebate payment according to commercial contracts between pharmaceutical manufacturers and PBMs.
- Developed 340B Sentinel™, a 340B compliance monitoring model that integrates 340B chargeback and sales data with publicly available data to identify 340B covered entities that may be subjecting manufacturers to duplicate discounts or diversion.
- Conducted a comprehensive 340B compliance review for a multi-hospital health system and developed revised 340B policies and procedures. Findings were used in a variety of initiatives to resolve known compliance issues and improve compliance and audit functions. Three hospitals in the health system were subsequently audited by HRSA with no adverse findings.
- Developed 340B utilization forecasts for numerous pre-launch pharmaceutical products using proprietary 340B growth models and publicly available Medicare FFS claims data. Model outputs used by pharmaceutical manufacturers to more accurately forecast gross-to-net calculations and estimate utilization through the 340B channel.
- Created a scenario-based model to forecast ASP, AMP, URA and 340B prices for a portfolio of pharmaceutical products based on a set of dynamic user-inputs. Model outputs used to inform strategic contracting and pricing decisions to ensure minimal impact on reimbursement under Part B and rebates paid through Medicaid and the 340B program.
- Developed a set of dynamic models to predict impact of PPACA and HCERA (2010 health reform) on utilization and overall profitability of pharmaceutical products for $1 billion healthcare company. Model outputs used to estimate accruals and inform strategic decision making within the Sales and Marketing function.
- Led cross-functional team to develop a commercial analytics platform for new product marketing enabling a top pharmaceutical company to identify product innovation opportunities in the three- to seven-year time horizon.
- Developed alternative channel access strategy for vaccines division of top-five pharmaceutical company using primary and secondary research of distribution networks and customer behavior.
- Managed co-promotional alliance between two top-20 pharmaceutical companies with responsibility for development and approval of marketing materials for lead product.

Investigations/Litigation Support

- Provided expert testimony in arbitration between a covered entity and PBM pertaining to identification of prescriptions filled with 340B purchased drugs and 340B specific

reimbursement rates for those prescriptions. Expert report and testimony included discussion of the 340B claims adjudication process, 340B specific components of the NCPDP claims layout, impact of reduced reimbursement on government healthcare programs and a damages analysis.

- Advised outside counsel on investigation and self-disclosure of improper Medicaid billing practices for 340B purchased drugs by a 340B covered entity. Developed data analytics to quantify discrepancies between billed charges and actual acquisition cost for a five year period and calculated resulting overpayments from billed charges that exceeded the 340B price for separately payable drugs. Assisted in the preparation of the self-disclosure and participated in discussions with the State Attorney General's Office to describe the overpayment calculation methodology.
- Conducted a comprehensive compliance assessment of a network of 15+ contract pharmacy and covered entity (primary FQHCs) arrangements. Assessment included compliance with California Medicaid billing requirements, 340B patient eligibility and various pharmacy regulations and highlighted areas of potential risk under the current and anticipated regulatory frameworks governing the 340B program and Medi-Cal.
- Advised outside counsel in an internal investigation of alleged fraudulent conduct by employees of a Fortune 500 health insurer. Led team of consultants in the design and execution of analyses of financial statements and transactional, claims, enrollment, commission and risk-share data to develop fact patterns used by counsel to assess validity of allegations. Prepared comprehensive reports outlining analytical results and presented findings to outside counsel and the client.
- Led comprehensive analysis of MRA data (i.e., MOR, MMR, RAPS, etc.) provided by CMS to a Fortune 100 health insurer in support of an internal investigation of alleged fraudulent diagnosis code submissions by a provider. Utilized a combination of MRA data, enrollment data, and claims data to develop a set of comparative statistics of HCC prevalence, risk scores, and referral rates for the provider at issue and a regional benchmark of all providers in the network. Output from these analyses was incorporated by outside counsel into a broader report to the DOJ.
- Managed project team tasked with analyzing and reporting on a programmatic error impacting MRA submissions that led to an overpayment of more than $150 million of health premiums by CMS to a Fortune 500 health insurer. Prepared expert report summarizing methodology and conclusions for inclusion in a client communication to third parties impacted by the error. Provided final output and conclusions in a comprehensive report submitted to CMS detailing the error and quantifying its impact.
- Designed and developed a complex financial analysis to address false claims allegations in a *qui tam* lawsuit brought by a former employee against a leading diabetic supplier. Jointly presented findings of analysis with outside counsel to U.S. Attorney's office and responded to questions from U.S. Attorney prior to government's decision not to intervene in the lawsuit.
- Led claims analysis and financial modeling for a $10 million-plus breach of contract lawsuit between a health system and managed care company. Assisted in drafting of expert and rebuttal reports and managed all aspects of client communications and project delivery for the engagement.
- Managed privileged consulting team in a $60 million-plus contract dispute between a Fortune 500 PBM and leading health data provider. Analyzed contract terms, claims

data and third-party data to develop and investigate defense theories used at arbitration. Provided on-site support for arbitration team during five-day arbitration.

- Led testifying expert's project team for a *qui tam* lawsuit alleging false claims brought by former employee of a leading group purchasing organization. Designed and executed financial analyses integrating publicly available Medicare claims data, hospital cost reports and internal sales data to establish inconsistencies between allegations and the actual financial impact of client's actions. Supported law firm in preparing motions and other court filings.
- Supported a comprehensive claims review and financial analysis in a $45 million-plus lawsuit between a health plan and Fortune 500 PBM. Designed, developed, and executed complex analysis of transactional data to support theories and conclusions presented in expert and rebuttal reports.

SELECT PUBLICATIONS

(1) The Oncology Drug Marketplace, Whitepaper Prepared for Community Oncology Alliance, December 2017

(2) Measuring the Relative Size of the 340B Program: 2012 – 2017, Whitepaper Prepared for Pharmaceutical Research and Manufacturers of America, July 2017

(3) The Pharmaceutical Supply Chain: Gross Drug Expenditures Realized by Stakeholder, Whitepaper Prepared for Pharmaceutical Research and Manufacturers of America, January 2017

(4) 340B Program Forecast: 2016 – 2021, Whitepaper Prepared for Pharmaceutical Research and Manufacturers of America, December 2016

(5) A Detailed Diagnosis of Integrated Community Oncology, Whitepaper Prepared for Community Oncology Alliance, April 2015

(6) Growth of the 340B Program: Past Trends, Future Projections, Whitepaper Prepared for Pharmaceutical Research and Manufacturers of America, November 2014

(7) Impact on Medicare Payments of Shift in Site of Care of Chemotherapy Administration, Whitepaper Prepared for Community Oncology Alliance, June 2014

(8) 340B Covered Entity Acquisitions of Physician-based Oncology Practices, Whitepaper Prepared for Biotechnology Industry Organization, April 2014

(9) Case Study: Impact of Health Reform on a Pharmaceutical Company, BRG Review, December 2010

(10) Incorporating the Impact of Healthcare Reform in Pharmaceutical Valuations, Financier Worldwide: 2010 e-Book, January 2010

(11) Measuring the Impact of Healthcare Reform: the Pharmaceutical Industry, Whitepaper, LECG, 2009

(12) Healthcare Megatrends: The Future of Healthcare Financing and What it Means for the Legal Profession, Whitepaper, LECG, 2009

(13) Impact of Healthcare Reform on the Pharmaceutical Industry, Whitepaper, LECG, 2008

SELECT PRESENTATIONS

(1) *After Risk Adjustment: The Next Enforcement Wave for Medicare Advantage?* Blue Cross Blue Shield National Summit, May 2018

(2) *340B Update: Recent Trends and Outlook for the Future,* Community Oncology Alliance Annual Meeting, April 2018

(3) *The Pharmaceutical Supply Chain,* US House of Representatives Briefing, July 2017

(4) *Briefing on 340B Drug Purchasing Program*, US Senate Briefing, March 2017

(5) *340B Drug Purchasing Program Update*, 12th Annual Oncology Economics Summit, February 2016

(6) *Intersection of 340B and Cancer Care*, 5th Annual Association for Value Based Cancer Care Conference, April 2015

(7) *340B Drug Pricing Program Compliance Monitoring*, 19th Annual Summit on the Medicaid Drug Rebate Program Conference, September 2014

(8) *Risk Adjustment: Key Standards, Developments, and Risks in Medicare Advantage and Beyond,* 2014 Blue National Summit, April 2014

(9) *Contract Pharmacy Opportunities and Challenges: The Future of 340B Contract Pharmacies,* 13th Annual 340B Coalition Winter Conference, January 2013

(10) *Key Lessons Learned in Estimating and Accruing for the Pharmaceutical Industry Fees*, 16th Annual Summit on the Medicaid Drug Rebate Program Conference, September 2011

(11) *Case Study: Financial Impact of Health Reform on a Pharmaceutical Company*, 7th Annual Oncology Economics Summit, February 2011