Curriculum Vitae

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SUMMARY

Alex Oliphant is a Director in BRG's Health Analytics practice. He has provided analytical and strategic insight for litigation and management consulting matters for more than 15 years. He has wide-ranging experience managing teams tasked with designing custom algorithms to analyze medical and pharmaceutical claims for engagements involving commercial health insurers, pharmaceutical manufacturers, federal health agencies, state regulatory entities, hospital systems, and state worker-compensation agencies. His work involves assessing the accuracy of reimbursement of medical and pharmaceutical claims, conducting financial analysis on the impact of potential inaccurate claims submissions, designing statistically valid sampling methodologies for auditing claim submissions, and developing customizable front-end applications for streamlining the claim audit process.

Mr. Oliphant has extensive experience with risk adjustment in the context of Medicare Advantage–related engagements and strong understanding of the mechanics of the CMS-HCC model. On numerous occasions, he has worked with CMS Medicare Risk Adjustment (MRA) data (e.g., RAPS, MAO-004, MMR, MOR) in conjunction with client proprietary data (e.g., claims, encounters, chart review, and enrollment) to assess provider and plan submission patterns and behavior in order to evaluate the financial and compliance risks associated with strategic decisions. He has also designed statistically valid sampling methodologies for conducting medical record reviews and has developed sophisticated front-end applications that record, run quality checks on, and summarize medical record review results.

Mr. Oliphant has served as the technical lead on engagements involving 340B compliance monitoring for large pharmaceutical manufacturers. He has constructed models based on pharmaceutical pricing and utilization datasets, Office of Pharmacy Affairs–related datasets, hospital cost report data, CMS claims data, and state Medicaid claims data to identify entities that may be diverting 340B product or creating duplicate discounts.

PROFESSIONAL EXPERIENCE

Litigation, Disputes, and Investigations

- Led a variety of engagements related to assessing Medicare Advantage Organizations' (MAOs) retrospective chart review programs and corresponding Risk Adjustment Processing System (RAPS) and Encounter Data Systems (EDS) submissions. Calculated the contribution of the retrospective chart review program on members' risk scores and payments from CMS to MAOs. Modeled different scenarios for substantiating provider submissions. Forecasted potential changes in risk score and payment contribution under different chart targeting logic methodologies.

- Led a team that evaluated compliance related documents and data to determine if appropriate data corrections were made in RAPS and EDS for diagnosis codes that were deemed to be unsupported in the medical record. Collected, normalized, and analyzed thousands of spreadsheets containing audit findings and evaluated the status of the corresponding RAPS and EDS submissions. Calculated financial impact of data corrections not processed to date and created sensitivity analyses under various scenarios. Identified process improvement recommendations and collaborated with key stakeholders to implement appropriate modifications.

- Led multiple matters involving internal investigations and litigation regarding MAO's In Home Assessment programs. Analyzed in home assessment visit data along with the corresponding CMS submissions to quantify the contribution of MAO's in home assessment programs. Assessed the level of clinical support for conditions coded from in home assessment visits and isolated the number of conditions that were uniquely coded in the home. Identified key condition trends and contextualized the prevalence of diagnosis code submissions compared to benchmarks.

- Managed a team of coders, clinicians, and data analysts with investigating specific providers identified in a qui tam complaint. Designed and executed a sampling methodology for conducting a chart review of MRA related encounters to determine the validity of the CMS submissions. Developed a dynamic front end application to record, analyze, and perform quality control on the audit results. Provided technical support for a team that analyzed CMS MRA data, internal claims data, and enrollment data to benchmark centers of interest against a population.

- Managed team assigned with analyzing a large claims dataset consisting of roughly 70 million claims to support a MAO's internal fraud investigation into a large physician group's submission of diagnosis codes. Developed and applied an algorithm to the claims dataset to identify potential fraudulent claims and encounters. Results were used to identify member's claims and encounters for a chart audit review. Identified and resolved data errors found in client's chart audit results reporting and collaborated with client's MRA audit team to implement new testing procedures and protocol related to chart audit results reporting.

- Served as lead analyst for an internal investigation matter tasked with identifying impact of programmatic errors resulting in corrupted encounter data. Analyzed over 100 million records of medical encounter data and determined validity of data by using uncompromised data sets to check against corrupted data. Executed CMS-HCC risk adjustment model to estimate impact of programmatic error.

- Analyzed dataset of millions of health system claims and financial data related to a contract dispute between a hospital system and a managed care organization regarding a risk sharing agreement for the State of Texas Access Reform Medicaid Managed Care program. Performed statistical analysis by financial class. Combined payment methodologies from produced contracts and fee schedules; deposition testimony; publicly available Medicaid fee schedules; and usual, customary, and reasonable rates in order to re-price claims to determine if claims were properly paid.

- Managed project team tasked with developing fact patterns and financial analysis to evaluate allegations in a qui tam lawsuit between a former employee and a large diabetic pharmaceutical and medical equipment supplier. Developed project plan, reconstructed financial process, and analyzed financial data used in inputs, intermediate steps, and outputs.

- Supported expert analysis and testimony in a contract dispute between a health care data provider and a health care data aggregator. Compared differences in dataset delivered to client and data set sold to third party at a lower price to help support determination if the sale constituted a violation of the most favored nations clause of contract between the two parties. Contributed to writing the expert report submitted in the arbitration.

Strategic Consulting

- Co-lead a team engaged by multiple MAOs to provide strategic and technical support for commenting on a CMS proposed rule related to Risk Adjustment Validation (RADV) audits. Scrutinized CMS's summary and technical reports and identified flaws in its methodologies. Devised sensitivity analyses used to replicate and evaluate the impact of assumptions in CMS's study. Reviewed and drafted public comments in response to the proposed rule.

- Managed a team tasked with developing a MRA related chart review application for a MAO. Designed and constructed back end database architecture to store and manage chart review related data. Programmed statistical functionality to automate sample selection process. Developed dynamic front end navigation and reporting application.

- Lead technical expert for development of a dynamic analysis tool for large pharmaceutical manufacturers used to identify entities potentially diverting pharmaceutical products purchased at 340B prices to non-340B-eligible patients or creating duplicate discounts. Supervised collection, management, and analysis of client and public datasets. Applied knowledge of statistical theory to identify outlier entities. Developed front end dynamic reporting tool.

- Lead technical expert for developing an automated process to update and reclassify customer information to reflect 340B status for a pharmaceutical manufacturer. Designed and applied a custom algorithm for identifying 340B entities to manufacturer's customer and sales data. Identified entities with inconsistent 340B status information and developed output of recommended changes in the appropriate format to be integrated into the manufacturer's systems.

- Managed a team of data analysts tasked with calculating potential overpayments from a state Medicaid program to a hospital system due to a technical error resulting in improper reporting of actual acquisition cost for pharmaceutical products purchased under the 340B program. Supervised client data collection, loading, and management and designed programs to calculate potential overpayments.

EDUCATION

B.A University of Virginia, 2004

PRESENT POSITION

Director, Berkeley Research Group, 2010 – present

PREVIOUS POSITIONS

Senior Associate, LECG, 2005 – 2010
Systems Analyst, Primus Telecommunications, 2004 – 2005