

GREG RUSSO

Managing Director, BRG Health Analytics

BERKELEY RESEARCH GROUP, LLC
1800 M Street NW, Second Floor | Washington, DC 20036

Direct: 202.480.2662

Cell: 703.407.9647

grusso@thinkbrg.com

SUMMARY

Greg Russo is a Managing Director with Berkeley Research Group's Health Analytics practice in Washington, DC. Mr. Russo specializes in providing strategic advice to healthcare organizations through his use of complex data analyses and financial modeling. His clients typically seek his expert understanding of the regulatory environment in which healthcare organizations operate. Mr. Russo primarily focuses on harnessing the wealth of information available in large, multipart data sets to bring results and insights to clients with complex, unstructured issues. He utilizes this data in providing clients with strategic advice as it relates to damage calculations, government investigations, internal investigations, business planning and provider reimbursement.

In his 19 years of experience, Mr. Russo's services have related to both litigation and non-litigation issues. His clients most often include health insurers and provider organizations; however, his clients have spanned the healthcare continuum to include state agencies, federal agencies, and life sciences companies. Prior to becoming a consultant, Mr. Russo worked for three years at the Jersey Shore University Medical Center, a Meridian Health hospital. Mr. Russo completed his undergraduate degree at The College of William & Mary and received his master's degree in Health Finance and Management from The Johns Hopkins Bloomberg School of Public Health.

Mr. Russo is a member of both the American Health Lawyers Association (AHLA) and the Healthcare Financial Management Association (HFMA).

PROFESSIONAL EXPERIENCE

LITIGATION SUPPORT

- Assisted a large health insurer in litigation with another large health insurer over the rates that the insurer reimbursed hospitals. Analyzed changes in reimbursement to hospitals before and after most favored nation clauses incorporated into hospital contracts. Working with antitrust experts to connect the competitive/anti-competitive nature of the contracts with effects on the healthcare industry including reimbursement rates and premiums.
- Assisted a large health insurer defend against a class action lawsuit relating to out-of-network reimbursement for outpatient services.
- Assisted several health insurers with respect to challenges/issues involving out-of-network reimbursement. Services analyzed have included inpatient services, ASC, and professional services.

- Assisted health insurers with investigations/litigations related to the Medicare Advantage program including issues involving diagnosis coding, Risk Adjustment Payment System filtering logic, Encounter Data Processing System submissions, and chart reviews.
- Assisted one of the largest post-acute care providers in the United States with a qui tam suit regarding allegations of unnecessary care being provided. Analyzed company data to assist in rebutting the allegations. Utilized Medicare's skilled nursing facility data to benchmark care being provided.
- Assisted a large rehabilitation hospital chain with allegations made by the Department of Justice. Utilized Medicare data to analyze the care provided at specific rehabilitation hospitals. Developed a peer group of facilities to provide benchmark statistics. Continuing to assist Counsel in this ongoing work.
- Assisted several skilled nursing facility clients regarding allegations of unnecessary therapy services being delivered to patients. Utilized publicly available data to analyze patient metrics and benchmark the level of care provided. Supported external counsel in conversations and presentations to the Department of Justice and the Office of the Inspector General.
- Assisted a large long term acute care hospital chain involving a government investigation of patient lengths of stay and the extent to which the facility was providing medically unnecessary care. Utilized publicly available data to analyze the government's proposed sample of patients and benchmark this sample against a broader group of patients. Analyzed lengths of stay for facilities at-issue and against benchmark facilities.
- Assisted a large provider organization better understand the drivers behind their earnings growth. This organization was involved in litigation regarding its earnings compared with budgeted projections. Tasks included analyzing claims and financial data to assess drivers of earnings.
- Assisted a large, acute care hospital chain with analysis of interventional cardiology services performed over a multi-year period at all facilities. Utilized public and proprietary data to identify trends in the care provided.
- Assisted a large provider organization analyze cardiology services provided. Analyzed trends of procedures performed, diagnoses present and utilization of different places of service.
- Assisted a large provider of inpatient psychiatric services with an investigation of the care provided to Medicare and Medicaid patients. Analyzed proprietary and publicly available data to understand the provider's practice and benchmark this to the industry.
- Assisted in the calculation of reasonable value of healthcare services in personal injury cases. Analyzed data to determine the reasonable value of future services included in life care plan as well as past services.

INTERNAL INVESTIGATIONS

- Managed project team tasked with developing the financial impact of a programmatic error that led to incorrect data being reported to CMS for Medicare Advantage beneficiaries. Developed model utilizing CMS prepared software to determine the premium associated with each individual member by month. Determined that the error led to a \$150M+ overpayment of health premiums by CMS to the Fortune 500 health insurer. Prepared expert reports summarizing our methodology and conclusions for CMS as well as a report for the provider community impacted by this error.

- Managed project investigating commission payments made in conjunction with Medicare Advantage sales. Developed analyses to investigate extent of fraudulent behavior and support lawyers in their investigation.
- Assisted a hospital organization in its investigation of a coding/billing errors made regarding its post-acute care team. Worked with certified coders to identify accurate coding and calculated overpayments to government payment programs.
- Managed an audit of the pharmacy at a large academic medical center that was experiencing issues tracking narcotics after having been dispensed from the pharmacy. Led the team in identifying, collecting and analyzing data housed in automatic medication dispensing machines. Conducted interviews with executives and management to identify gaps in the dispensing system.

STRATEGIC SUPPORT

- Evaluated a health insurer's entry into the Medicare Advantage market. Reviewed the health insurer's financial model to estimate bid rates, risk scores, and claims costs to render an opinion as to the reasonableness of the assumptions and projections.
- Redesigned the professional fee schedule for several large insurers. Utilized market data, governmental fee schedules and proprietary data to recommend new fees to appropriately reimburse for services. Reviewed the reimbursement for all physician and ancillary services including routine office visit codes to complex surgeries. Analyzed the use of medical equipment to accurately reflect the difference reimbursement in a facility versus non-facility setting. Developed a methodology that can be easily updated in time by the insurer to account for increasing costs.
- Analyzed quality incentive programs to determine the effect on medical spend of a commercial insurer. Determined how the quality incentive programs should be incorporated to shifting reimbursement methodologies.
- Assisted in the redesign of payment methodologies used for ancillary services including durable medical equipment, specialty pharmaceuticals, ambulance services, laboratory services and radiology services.
- Assisted a large health insurer redesign reimbursement to ambulatory surgery centers to more accurately reflect actual costs to provide services. Tasks included studying supply costs, conducting provider interviews and analyzing the current fee schedule.
- Studied the Medicare program to reimburse providers for hip and knee replacements using a bundled payment. This program is known as the Comprehensive Care for Joint Replacement and began in April 2016.
- Assisted the California Department of Corrections Receivership in its assessment of the healthcare contracting unit. Developed recommendations to drive quality and control costs while recognizing adequate access to services must exist. Conducted data analysis to better understand rate setting and utilization.
- Assisted a large health insurer that considered converting from a non-profit to a different type of corporate entity. Delivered market expertise and strategic insights to team of executives as to the effects such a change could have on the sale of insurance and the provider networks, both regarding to contracts and reimbursement.

- Assisted multiple commercial payers with the design and implementation of reimbursement strategies for both in-network and out-of-network providers. Past projects include those for physical therapy services, outpatient hospital services, laboratory services, physician services, ambulance services and specialty services.
- Assisted a health insurer with reimbursement for inpatient psychiatric services. Tasks included drafting policy paper on history of Medicare reimbursement for these services and options for the insurer. Analyzed claims data to assess impact of reimbursement changes.
- Aided in the development of reimbursement strategies for spinal implant manufacturer. Worked with approximately 50 hospitals throughout the United States to coordinate a release of data to supplement a cost analysis of the spinal implant. Prepared reports, which were to be presented to CMS in support of additional reimbursement for providers when using the device.

PROGRAM DESIGN & EVALUATION

- Supported the MA-PD and PDP offices at CMS to validate marketing materials from all Part D plans. This project included accessing the secure CMS Gateway Portal housing marketing materials and the reviews performed by CMS Regional Offices and contractors. Our team produced a final report to the CMS Central Office staff, which helped identify areas of deficiency in evaluating marketing materials. Our team also coordinated training for CMS Regional Office staff regarding more thorough evaluation of these materials.
- Supported New York State in the design and application of a 1915 (c) waiver to the Centers for Medicare & Medicaid Services. This project produced multiple HCBS waivers resulting in a cross-disability program. This program entitled, Bridges to Health, is designed integrate child welfare, juvenile justice and disability services systems in response to the needs of children and adolescents.
- Evaluated National Rural/Frontier Women's Health Coordinating Centers for the U.S. Office on Women's Health within the Department of Health and Human Services. Conducted site visits at multiple locations to gauge participation, efficiency of operations and ability to continue operations without government funding.

EDUCATION

M.H.S. Health Finance & Management, Johns Hopkins Bloomberg School of Public Health, 2005
B.A. The College of William & Mary, 2003

PUBLICATIONS

H. Miller, G. Russo, A. Vandervelde. "Healthcare Megatrends: The Future of Healthcare Financing and What It Means for the Legal Profession." Whitepaper, LECG, 2009.

D. Hettich, G. Russo. "Are You on Target? An Analysis of Medicare's Target Prices under the New CJR Program and Where Your MSA Stands Now?" Reimbursement Advisor, Vol. 31, No. 6, February 2016.

- K. Pawlitz, G. Russo. “Proactively Responding to Government Investigations Using Data Analytics: An Examination of Data Considerations in the Post-Acute Context.” American Bar Association’s The Health Lawyer, Vol. 29, No. 5, June 2017.
- B. Akanbi, G. Russo. “Hospital Contract Labor: Where Has It Been and Who Is Using It?” Whitepaper, BRG, 2017.
- H. Miller, G. Russo, J. Younts. “Measuring the Value of Medical Services in Personal Injury Suits.” Whitepaper, BRG, 2017.
- A. Asgeirsson, G. Russo. “Long-Term Acute Care Hospitals: Bracing for Change.” Whitepaper, BRG, 2018.
- J. Gibson, G. Russo. “False Claims Act – Investigative Tools of the Trade.” American Bar Association’s Health eSource, April 2018.
- A. Asgeirsson, E. DuGoff, G. Russo. “Short Supply: The Availability of Healthcare Resources During the COVID-19 Pandemic.” Whitepaper, BRG, 2020.
- J. Younts, G. Russo. “The Nitty-Gritty of Price Transparency.” American Bar Association’s The Health Lawyer, Vol. 33, No. 6, August 2021.

PRESENTATIONS

Proactively Responding to Government Investigations Using Data Analytics, American Health Lawyers Association’s Long Term Care & The Law, February 2016.

How Does Medicare Reduce Payments? Let Us Count the Ways, King & Spalding’s 25th Annual Health Law & Policy Forum, March 2016.

Structural and Transactional Implications of Medicare Payment Reform, American Health Lawyers Association’s Institute on Medicare and Medicaid Payment Issues, April 2016.

Proactively Responding to Government Investigations Using Data Analytics, Reed Smith Health Care Conference, May 2016.

Value-Based Reimbursement – It’s Here, Texas Health Law Conference, October 2016.

Effective Use of Your Own Data – Mining Your Own Data for Compliance, Nashville Healthcare Fraud Conference, December 2016.

Data Analytics: How Data Will Shape Payer, Provider, and Policy in 2017 and Beyond, BRG Healthcare Leadership Conference, December 2016.

Take Data by the Horns: Turn Analytics to Your Advantage, American Bar Association’s Emerging Issues Conference, March 2017.

The Past, Present, and Future of Medicare Value Based Purchasing Programs, AHLA Institute on Medicare and Medicaid Payment Issues, March 2017.

Post-Acute Roundtable, BRG Executive Roundtable Series, September 2017.

Contracting for Ancillary Services, BRG Executive Roundtable Series, November 2017.

Mine Your Own Data: The Role of Data in Dealing with Healthcare Fraud Issues, Nashville Healthcare Fraud Conference, December 2017.

Data Analytics: The Road to Improving Healthcare, BRG Healthcare Leadership Conference, December 2017.

A Guide to Interacting with the DOJ and the Settlement Process in Enforcement Matters, American Bar Association's Emerging Issues Conference, February 2018.

Anatomy of a Healthcare Fraud Investigation, Healthcare Law & Compliance Institute, March 2018.

Bending the Cost Curve, but in which Direction—How are Bundled Payments and Value Based Purchasing Programs Working with Respect to Reducing Physicians' and Acute Care Hospitals' Costs, American Health Lawyers Association's Institute on Medicare and Medicaid Payment Issues, March 2018.

Best Practices in Managing Internal Investigations and Compliance, McGuire Woods' 5th Annual Healthcare Litigation and Compliance Conference, May 2018.

How Healthcare Providers Can Make the Best Use of Their Data, Nashville Healthcare Fraud Conference, December 2018.

Provider-Based Rules: Recent Developments in Site Neutrality and Co-Location, Boston Bar Association Healthcare Law Conference, May 2019.

Fraud & Abuse Initiatives by Health Insurers, Nashville Healthcare Fraud Conference, December 2019.

Navigating the Future of American Healthcare: What Litigators Should Know about Value-Based Reimbursement, 11th Annual Advanced Forum on Managed Care Disputes and Litigation. July 2020.

Data Analytics, Nashville Regional Health Care Compliance Conference. November 2022.

TESTIMONY

1. *In re New England Compounding Pharmacy Products Liability Litigation*. (United States District Court for the District of Massachusetts, MDL 2419, 1:13-md-02419).
2. *United States ex rel. Wendy A. Bahnson, et al. v. Boston Scientific Neuromodulation Corporation*. (United States District Court for the District of New Jersey, 11-cv-1210).
3. *United States ex rel. Paul David Vanchiere, et al. v. Memorial Hermann Hospital System*. (United States District Court for the Southern District of Texas, Houston Division, 4:11-cv-03866).
4. *Hector Moreno v. Mt. Sinai Medical Center of Florida, Inc.* (State of Florida Division of Administrative Hearings, Case No. 17-0700MA).
5. *Vanaty Farrow and Chavis Diggs, individually, and as natural parents of, Jordan Diggs v. Northwest Medical Center*. (State of Florida Division of Administrative Hearings, Case No. 17-5631MA).
6. *Care One Management, LLC, et al. v. United Healthcare Workers East, 1199, et al.* (United States District Court for the District of New Jersey, 2:12-cv-06371).
7. *Jason Appleton and Paula Sweet-Appleton v. Curtis Wright Controls Electronic Systems, Inc. et al.* (Commonwealth of Massachusetts Superior Court, 1785CV01688 and 1785CV00196).
8. *Soronia Drayton v. The Charlotte-Mecklenburg Hospital Authority D/B/A Atrium Health University City F/K/A Carolinas Healthcare System-University*. (State of North Carolina Superior Court, 18CVS24088).
9. *Derek Byerly, as Legal Guardian for and on behalf of Pamela Wachman, and Jay Wachman v. University Hospital and Medical Center* (State of Florida Division of Administrative Hearings, Case No. 19-004827MA).
10. *Michael Becker and Lorraine Becker v. Ford Motor Company and Phillip Becker* (State of Tennessee Circuit Court of Hamilton County, Case No. 19C173).
11. *Paul Nelson and Laura Nelson v. Silver Cross Hospital and Medical Centers et al.* (State of Illinois Circuit Court of Will County, Case No. 17L68).
12. *Keandrea Curry and Simeon Ceus, individually and as the natural parents and guardians of Ka'de Ceus v. South Miami Hospital, Inc.* (State of Florida Division of Administrative Hearings, Case No. 20-0115MA).
13. *Alexander Chaffey v. Virginia Mason Medical Center; Swedish Medical Center d/b/a Swedish Emergency Room – Ballard; and Ballard Emergency Physicians, P.S.* (State of Washington Superior Court, Case No. 18-2-18490-8).
14. *Dee Ann Schirlls v. Robert Crust and WCA Waste Corporation*. (State of Missouri Circuit Court of Cass County, Case No. 18CA-CC00082).
15. *Crescent City Surgical Centre v. Cigna Health and Life Insurance Company, Cigna Healthcare Management Inc., Cigna Health Insurance Company* (United States District Court for the Eastern District of Louisiana, 2:18-CV-11385).
16. *Private Arbitration between Wisconsin health care providers*.
17. *Savannah Massey, by and through Joy Massey, v. SSM Health Care St. Louis D/B/A SSM Health DePaul Hospital – St. Louis* (State of Missouri Circuit Court of St. Louis County, Case No. 18SL-CC03032).
18. *Hot Springs National Hospital Holdings, LLC D/B/A National Park Medical Center & National Park Cardiology Services, LLC D/B/A Hot Springs Cardiology Associates v. Jeffrey George Tauth, M.D.* (American Health Lawyers Association Arbitration, Case No. 5819).

19. *Eliot McArdel v. King County Public Hospital District No. 1, d/b/a Valley Medical Center* (State of Washington Superior Court of King County, 18-2-14500-7 KNT).
20. *Christopher Moore, et al. v. Daniel Wagner, et al.* (State of Ohio Court of Montgomery County, 2019-CV-02758).
21. *Blue Cross and Blue Shield of Florida Inc et al v. DaVita Inc.* (United States District Court for the Middle District of Florida Jacksonville Division, 3:19-cv-00574).
22. *James Russo and Cheryl Russo v. Dr. Jeffrey Blatnik and Barnes Jewish Hospital* (State of Missouri Circuit Court of the City of Saint Louis, 1922-CC11151).
23. *Fresenius Medical Care Orange County, LLC; DaVita inc., Fresenius Medical Care Holdings, Inc., d/b/a Fresenius Medical Care North America; U.S. Renal Care, Inc. v. Rob Bonta, in his Official Capacity as Attorney General of California; Ricardo Lara, in his Official Capacity as California Insurance Commissioner; Shelly Rouillard, in her Official Capacity as Director of the California Department of Managed Health Care; and Tomas Aragon, in his Official Capacity as Director of the California Department of Public Health* (United States District Court for the Central District of California Southern Division, 8:19-cv-02130). *Jane Doe; Stephen Albright; American Kidney Fund, Inc.; Dialysis Patient Citizens, Inc. v. Rob Bonta, in his Official Capacity as Attorney General of California; Ricardo Lara, in his Official Capacity as California Insurance Commissioner; Shelly Rouillard, in her Official Capacity as Director of the California Department of Managed Health Care; and Tomas Aragon, in his Official Capacity as Director of the California Department of Public Health* (United States District Court for the Central District of California Southern Division, 8:19-cv-02105).
24. *Abeba Tesariam, et al. v. Vibhakar Mody, M.D., et al.* (State of Maryland Circuit Court of Montgomery County, Case No. 472767-V).
25. *In re: Out of Network Substance Use Disorder Claims Against UnitedHealthcare* (United States District Court for the Central District of California, 8:19-cv-02075).
26. *Katherine Villagomez, et al. v. PeaceHealth, The Vancouver Clinic, Inc. and William Herzig, M.D.* (State of Washington Superior Court of Clark County, 18-2-01491-7).
27. *UnitedHealthcare Insurance Company v. Sahara Palm Plaza, LLC, and Alexander Javaheri* (United States District Court for the Central District of California, 8:20-cv-02221).
28. *United States of America, ex rel. Henry B. Heller v. Guardian Pharmacy, LLC and Guardian Pharmacy of Atlanta, LLC.* (United States District Court for the Northeast District of Georgia, 1:18-cv-03728-SDG).
29. *Kayla Magness, et al. v. The Charlotte-Mecklenburg Hospital Authority, Carolinas Physicians Network, Inc., et al.* (State of North Carolina Circuit Court of Lincoln County, Case No. 19CV-00934).
30. *North Broward Hospital District d/b/a Broward Health v. Oscar Insurance Company of Florida* (State of Florida Circuit Court of Broward County, Case No. CACE-20-010648).
31. *United States of America v. William Harwin* (United States District Court for the Middle District of Florida, 2:20-cr-00115).
32. *Wykeya Williams, et al. v. First Student, Inc.* (United States District Court for the District of New Jersey, 2:20-cv-001176).
33. *Kaitlynn Livingston, natural mother and next friend of Z.L., a minor, v. St. Louis Children's Hospital, The Washington University, and Tasnim Najaf, M.D.* (State of Missouri Circuit Court of St. Louis City, Case No. 2022-CC00325).

34. *United States of America, et al. v. Exactech, Inc.* (United States District Court for the Northern District of Alabama, 2:18-cv-01010).
35. *Maurice Gibbons v. Joel Soltren and Marietta Fence Company, Inc.* (State of Georgia Circuit Court of Cobb County, 19A4187).
36. *Erika Warren, et al. v. State of Washington d/b/a University of Washington Medical Center – Northwest and Childbirth Center at UW Medical Center – Northwest* (State of Washington Superior Court for King County, 21-2-06153-9).
37. *Annette Robinson, et al. v. David Berry, M.D., Neonatology and Pediatric Acute Care Specialists, PC, and Catawba Valley Medical Center* (State of North Carolina Superior Court of Catawba County, 18-CVS-3237).
38. *Taylor Cayce v. Mercy Hospitals East Communities, d/b/a Mercy Hospital St. Louis, Mercy Clinic East Communities, d/b/a Mercy Clinic OB/GYN, Jason Phillips, M.D., and April Parker, M.D.* (State of Missouri Circuit Court of St. Louis County, Case No. 18SL-CC03681).
39. *Crescent City Surgical Centre v. UnitedHealthcare of Louisiana, Inc.* (State of Louisiana District Court for the Parish of Jefferson, 2:19-cv-12586).
40. *United States of America and the State of Tennessee ex rel. Jeffrey Liebman and David Stern, M.D. vs. Methodist Le Bonheur Healthcare, Methodist Healthcare-Memphis Hospitals, Chris McLean, and Gary Shorb* (United States District Court for the Middle District of Tennessee, 3:17-cv-00902).
41. *Jade Nesselhauf v. Cardinal Glennon Children’s Foundation d/b/a SSM Health Cardinal Glennon Children’s Hospital and St. Louis University d/b/a SLUCARE Physicians Group* (State of Missouri Circuit Court of St. Louis County, Case No. 1822-CC10878).
42. *Jheri Shields v. Mark Barber, Mark E Barber d/b/a Mark Barber Trucking; LAD Truck Lines, Inc. and Protective Insurance Company* (State of Georgia Court of Hall County, Case No. 2021SV418D).
43. *Shannon Bristow, et al. v. The Nemours Foundation d/b/a Nemours/A.I. duPont Hospital for Children and/or d/b/a Nemours-A.I. duPont Hospital for Children; and Specialtycare, Inc., et al.* (State of Delaware Superior Court, Case No. N21C-03-240 JRJ).
44. *Derek Williams v. James Robinson and Georgia Sand & Stone, Inc.* (State of Georgia Court of Walton County, Case No. 2020001022).
45. *Ronald Asher and Christi Asher v. SSM Health Care St. Louis d/b/a SSM Health St. Clare Hospital - Fenton and SSM Health Neurosciences and the Ernst Radiology Clinic, Inc.* (State of Missouri Circuit Court of St. Louis County, Case No. 21SL-CC01613).
46. *Renee Walters, et al. v. Emory Healthcare, Inc. d/b/a Emory Decatur Hospital; Dekalb Medical Center, Inc. d/b/a Dekalb Medical Center; Dekalb Women’s Specialists II, LLC; Dekalb Women’s Specialists, PC; Albert Scott, Jr, MD; Chakeeta Williams, CNM; Regina Google, RN; and Premier Healthcare Professionals, Inc.* (State of Georgia Court of Dekalb County, Case No. 20A82774).
47. *Blue Cross Blue and Shield of North Carolina v. North Carolina State Health Plan for Teachers and State Employees and Aetna Life Insurance Company* (State of North Carolina Office of Administrative Hearings 23-INS-738).
48. *United States of America ex rel. Thomas Schroeder vs. Medtronic, Inc. Covidien, L.P., Hutchinson Regional Medical Center, and Wichita Radiological Group, P.A.* (United States District Court for the District of Kansas, 2:17-cv-02060).



PRESENT POSITION

Berkeley Research Group, 2010 – present

PREVIOUS POSITIONS

LECG, 2009 – 2010

Navigant Consulting, Inc., 2004 – 2009

Jersey Shore University Medical Center, 2001 - 2003

PROFESSIONAL AFFILIATIONS

American Health Lawyers Association

Healthcare Financial Management Association