

# DEREK WOO

## SENIOR MANAGING DIRECTOR

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[vCard](#)



For over 25 years, Derek Woo has developed, directed and led Revenue Cycle, Compliance, Audit and Information Technology organizations and advisory service practices. As an executive leader and practitioner, he has overseen and served as trusted advisor for healthcare revenue cycle engagements, business process optimization [BPO], Health Information Technology [HIT] solution development, and regulatory compliance, including program development and innovation around the Initial Validation Audit [IVA] component of the Affordable Care Act [ACA-RADV] and the evolving risk adjustment market supporting Medicare, Managed Medicaid and Commercial payers. Mr. Woo offers deep industry experience combined with forward thinking operational and technical expertise. His hands-on, client partnership, approach to all engagements offer tailored professional consulting experiences that drive enhanced revenue realization, cost efficiency, and operational and regulatory compliance benefits.

In addition to an extensive professional consulting background, Mr. Woo has served as Chief Information Officer, Chief Technology Officer and Revenue Cycle Executive to several healthcare, technology and government entities throughout his career. He has a proven track record of partnering with business leadership teams to design, develop and deploy value-based, high ROI business strategies that leverage technology, best-practice operational frameworks, and pragmatic approaches to his clients' most pressing business issues, including navigating the constantly evolving regulatory and compliance landscape. He also had the privilege of serving as an information security advisor to U.S. Senator Edward Kennedy's office on a proposed rulemaking panel for the Health Insurance Portability and Accountability Act [HIPAA].

Over the years, Mr. Woo and his teams have enjoyed working with some of the nation's most prominent health systems, insurance plans and government agencies on their most urgent priorities. Organizations such as Kaiser Permanente [all regions], Blue Cross Blue Shield [all regions], United Healthcare, UCSF, UCLA, Mayo Clinic, Hennepin County Medical Center, Grady Health System, Henry Ford Health System, University of Texas Health Science Center, EmblemHealth, and CMS [Centers for Medicare & Medicaid Services] are just a few of the many great clients that Mr. Woo and his teams have worked with.

### Selected Engagements & Experience

- Served over 15 years as Executive Manager responsible for developing and leading Healthcare Advisory Services teams and corporate divisions across the following major areas
  - End-to-End Revenue Cycle Optimization
    - Holistic view of Revenue Cycle Operations – Front [Patient Access]; Middle [Charge Capture/Coding]; Back [Billing/Collections]
    - Root-cause analysis
      - Operational, Financial and Technology review, analysis and remediation strategies and planning
    - Outsource / Co-source
      - Revenue Cycle Leadership
      - Coding and Billing Operations
  - Regulatory Compliance
    - HIPAA; IT Security [SOC / HITECH / NIST / PCI DSS]; Fraud, Waste & Abuse; Healthcare Reimbursement Programs; Healthcare Operations Audits
    - Independent Review Organization [IRO]

- Managed and participated in independent operational and technology controls review and analyses
    - Independent and objective financial and organizational systems review under HHS and OIG audit standards
  - Audit
    - Pre-disclosures to OIG – charge/claims review; fraud, waste & abuse
    - Sample audits and independent analysis in support of CIA/OIG requirements
    - Development of internal audit work plans
  - Litigation, Investigation and Transaction Support
    - Assist legal and investigative teams with operational interpretation of regulatory rules and statutes
    - Provide eDiscovery services in support of litigation, investigation and transaction discovery
    - Subject Matter Expertise to support investigative interviews, reasoned opinions, risk analysis and risk mitigation strategy development
    - M&A Due Diligence audits
      - Financial, Operational and Compliance discovery, analysis and validation
  - Health Information Technology (HIT)
    - EMR/EHR integration and optimization
    - Data Analytics
    - IT Audits – risk assessments, penetration testing, controls development/validation
    - eDiscovery and data recovery
- IVA Program Development
  - In support of the Affordable Care Act (ACA), developed newly mandated Initial Validation Audit (IVA) program and custom electronic audit platform which generated \$5M in first production year.
  - Was recognized by CMS as one of five thought leader organizations who were part of their vendor council which had input into the final proposed rulemaking for the federal IVA program.
- Payer and Provider Connectivity
  - Developed Payer/Provider technology platform which realized \$110M of recurring annual benefit by delivering patient chronic care gaps directly to physicians within their EMR/EHR systems, allowing them to close and document reimbursable risk adjustment care gaps (Medicare/Medicaid/Commercial) at the point of care.
- Risk Adjustment and Predictive Analytics
  - Implemented comprehensive risk adjustment strategies for government payers to identify risk stratified population (i.e., sickest to healthiest members), quantify risk-based financial impact and reimbursement targets, develop member outreach strategies, and establish monthly tracking metrics to identify realized collection targets as well as remaining financial opportunity for the plan year.
  - Co-developed predictive analytics algorithms which identified suspected patient care gaps and corresponding reimbursement opportunities that resulted in an average of \$10M of recurring annual benefit for his clients.