Biography:

MELISSA SCOTT, CHC, CPC, CHIAP

SENIOR MANAGING DIRECTOR

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Melissa Scott is a seasoned healthcare executive, bringing over 21 years of experience to GlassRatner. She leads a team providing advisory services to providers, payers and law firms. Her specialties include forensic analytics, litigation support, internal audit & enterprise risk management, compliance programs, revenue cycle, and government mandated claim & arrangement reviews. She authored a monthly column featured in Advance for Medical Laboratory Professionals as "Dear Labby," providing advice related to laboratory billing compliance, and has been a featured speaker for the National Health Care Antifraud Association and AHIP's Fraud, Waste and Abuse Work Group.

In addition to an extensive consulting background, Ms. Scott served as the Director of Billing and Payor Management for St. Luke's Health System. Recognized by Truven as one of the Nation's Top 15, her scope included 7 hospitals; 1,000 staffed beds; 150+ clinics; 1,300+ physicians. The billing operation produced 3.5 million claims annually; with revenues of $1.8 billion. Under Ms. Scott's leadership, the revenue cycle made significant improvements to key performance indicators while optimizing their Epic implementation and rollout.

Prior to her role with St. Luke's, Ms. Scott was the Director of Revenue Cycle for a large multi-specialty clinic consisting of 125+ physicians, laboratory, and imaging services. Her oversight responsibilities included front end patient access services, as well as all back-end business office functions. Key accomplishments in this role included significant workflow redesign to increase revenue cycle efficiency, charge \capture accuracy, and clean claim submission.

Ms. Scott's academic medicine background is strengthened by the time she served as Revenue Cycle Manager for the Department of Medicine at Oregon Health and Science University (OHSU), a large academic medical center based in Portland, OR. While there, she was responsible for optimization of billing and coding practices for twelve specialty clinics. This included ongoing financial analyses, audits, benchmarking practice efficiencies, denials management and root cause analysis, and best practice implementation. Her proactive management style lead to a significant increase in collections and decrease in days in accounts receivable.

Prior to OHSU, she was a business and compliance analyst for Kaiser Permanente's Northwest Region. She collaborated primarily with the laboratory, imaging, and pharmacy departments to identify and address potential regulatory exposure in their revenue cycle and billing operations. She designed and delivered department-wide education to help facilitate best practice work flow changes and implementation of new policies and procedures.

Before taking on clinical operations, Ms. Scott served as Client Relations Manager for Oregon Medical Laboratories (OML), a division of the PeaceHealth hospital system. In this role, she managed the laboratory outreach program. In addition to running three patient service centers, she was responsible for managing relationships with and providing educational and technical support to physicians in solo and group practices, clinics, and hospitals related to laboratory operations and billing practices.

Ms. Scott graduated from Linfield College with a Bachelor of Science in Business Management. She successfully completed additional training and obtained board Certification in Healthcare Compliance (CHC) and Certification as a Professional Services Coder (CPC) and also received her Certified Healthcare Internal Audit Professional (CHIAP) certification. She is a proud member of the Health Care Compliance Association and the American Academy of Professional Coders.

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She has written several articles featured in publications like the Association of Healthcare Internal Auditors' New Perspectives, Compliance Today, the American Society for Clinical Pathology's LabMedicine, and Advance for Medical Laboratory Professionals. Ms. Scott authored a chapter for Thomson Reuter's Health Law Practice Guide.

Selected Engagements & Experience:

- Served as a subject matter expert for the Special Investigation Unit for one of the largest single health plans in the United States:
  - Audited claims and related provider data to aid in the identification of fraud, waste and abuse.
  - Provided education to investigative teams regarding healthcare rules and regulations.
  - Assisted legal team in drafting related correspondence and reports.
  - Accompanied investigators to onsite inspections.
  - Conducted interviews on behalf of investigative team.
  - Reviewed claims data to suggest pre/post adjudication edits to optimize fraud, waste and abuse prevention efforts.
- Co-sourced internal audit functions for nonprofit health care system coordinating care and coverage:
  - Responsible for conducting audits approved under the annual internal audit work plan.
  - Managed team performing claim and documentation reviews on behalf of provider and health plan sides of the organization.
  - Provided feedback for root cause/process improvement.
  - Reviewed pharmacy benefit configuration for compliance with Medicare coverage guidelines applicable to parts D and B.
  - Supported special investigation unit with review of cases and related subject matter expertise.
- Served as Independent Review Organization:
  - Assisted organizations under Corporate Integrity Agreement (CIA) with the Office of Inspector General.
  - Provided independent and objective analysis of claims data and organizational systems review according to CIA stipulations.
  - Demonstrated ability to manage rigorous auditing and reporting requirements as set forth by the Department of Health and Human Services and the Office of Inspector General.
- Served as Director of Revenue Cycle for one of Truven's Top 15 Health Systems in the nation
  - Provided revenue cycle oversight for 7 hospitals; 1,000 staffed beds; 150+ clinics; 1,300+ physicians.
  - Produced 3.5 million claims annually with revenues of $1.8 billion.
  - Developed enterprise risk management plan within revenue cycle and implemented core internal audit functions.
  - Collaborated with Health Network Partners on risk based plan implementation and optimization.
  - Assisted with Accountable Care Organization (ACO) management and performance analysis.

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- Optimized Epic implementation.
- Managed a team of over 200 employees.

- Served as Revenue Cycle Manager for a large academic medical center
  - Optimized billing and coding practices.
  - Identified gaps contributing to risk adjustment data capture loss and developed remediation plan.
  - Built comprehensive denials management program.
  - Conducted extensive financial analyses for executive level staff.
  - Developed benchmarking strategies for key performance indicators.
- Served as Billing and Compliance Analyst for health plan serving over 8 million members
  - Conducted audits to identify regulatory exposure.
  - Developed extensive monitoring programs related to laboratory, imaging and pharmacy services.
  - Designed and delivered education and reporting mechanisms to manage risk.
  - Identified and implemented best practice workflow changes.
  - Authored extensive policy and procedure library according to ISO standards.

Other Consulting engagements include:

- Expert witness services for litigation support.
- Health information technology selection, implementation, and optimization support.
- Enterprise risk management and internal audit.
- Risk adjustment data capture analytics and strategy development.
- Claim edit optimization strategy development.
- Benefit configuration management.
- Revenue cycle optimization.
- HIPAA Privacy & Security Audit.
- Investigation support.
- Compliance and regulatory services.
- Staffing.
- Coding, audit and clinical documentation improvement.
- Due diligence acquisition audits.