

Simon D. Rosenstein, MD MBA

Rosenstein Health Consulting

(908) 312-0125

www.RosensteinHealth.com

Physician executive offering expertise in the design of medical policy, payment rule systems, and claim payment systems for risk-bearing provider organizations. Many years of experience with hospital and health plan utilization management, as well as member appeals, and regulatory compliance.

Rosenstein Health Consulting, LLC Healthcare Consultant

2000 – present

Westfield, NJ

- Health plans: operational planning, support, and process improvement for:
 - Coverage review
 - Fee schedules, coding and claims payment
 - Appeals and grievance policy and operations
 - Conducting in-person member appeal / grievance hearings
- Provider and institutional profiling; quality improvement assessment and management.
- Utilization review support for hospitals and hospital associations:
 - Denials prevention and remediation programs; training manuals.
 - Published “*Appealing and Preventing Denied Claims*,” a how-to book for hospital nurse case managers.
 - Strategic planning for product line enhancements

OptumInsight (Ingenix) Vice President, Payment Accuracy

2008 – 2012

- Led development of tools for detection of abusive and fraudulent medical billing. Multi-factorial risk detection for both pre-payment and retrospective claim review. Team members: claims analysts, statisticians, programmers, database administrators, and medical subject specialists.
- Presentation of payment accuracy tools to industry conferences; implementation and customization for payors. Consultation and support for payors’ integration of payment and medical policy with payment accuracy tools.

**Great-West Healthcare Vice President, Regional Medical Director; East Region
2005 – 2008**

- Responsibility for medical management operations for 13 Northeast states within this national health plan.
- Led development and implementation of new queries and tools for external customer reporting of medical management interventions.
- Led the development and implementation of scheduled internal distribution of integrated medical utilization statistics, administrative costs, and internal work quality metrics across all regions of this national health plan.
- Implemented clear definitions and procedures to distinguish member appeals from provider dispute issues. Project improved turnaround time, consistency, and regulatory compliance.
- Enhanced the Large Claims review process to include Care Manager participation, documentation of regional time-frame process tracking and documentation of issue resolution.

**Oxford Health Plans Senior Medical Director 1999-2000
Iselin, NJ**

- Responsible for utilization and quality improvement programs in a 350,000-member region of a regional managed care plan. HEDIS operations; and supervised utilization management, care management, and discharge planning.
- Implemented Oxford's Day-Of-Service utilization management program in New Jersey. This program began in July 1999, exceeded state-mandated utilization management procedures.
- Developed tools to profile and track professional and hospital utilization
- Reviewed and adjudicated provider and member appeals, grievances of medical necessity and policy coverage decisions made by Oxford.

**Southern NJ Medical Services Medical Director 1998-1999
Voorhees, NJ**

- SNJMS was a management services organization providing practice management services to physicians: Valuation, practice assessment, contracting, financial, and practice development services.
- The medical management arm of the MSO provided a hospital-physician risk organization with medical management services seeking contracts with insurers for global budget risk.

**Physicians Health Services
New York, NY**

NY/NJ Medical Director

1996-1998

- Medical-cost responsibility for a 200,000-member region of a 480,000-member health plan serving New York, New Jersey, and Connecticut.
- Chairman, Board of Directors: Physicians Health Services of New York
- Improved inpatient utilization 20-30% across all product lines during the last half of 1996 by 1) implementing Milliman guidelines with strengthened on-site concurrent review, 2) improving UM functions of risk-bearing IPAs, and 3) creating and implementing a UM data management system to manage company-wide inpatient census by product and network. Applied statistical process control analysis to small network/product groups to assess the significance of small-scale variation.
- Claims data analysis of physician variation in patient care.
- Led evaluation and selection process for an ACG -based physician profiling
- Built the cost-benefit analysis for, and led the implementation of PHS' CareWise demand management and patient education program. Established PHS' "Ask the Doctor" web page.

**Garden State / Central New Jersey Medical Group
HIP Health Plan of New Jersey (formerly Rutgers Community Health Plan -- RCHP)
North Brunswick, NJ**

Network Medical Director

1994 - 1996

- Developed a statewide network of primary care and specialty providers
- Negotiated and implemented PHO and IPA risk contracts.
- HCFA service expansion for Medicare Risk product

Unit Chief / Physician-in-Chief

1991 - 1994

- Clinical data capture and ambulatory care data reporting
- Physician Manager of the Edison Health Center, serving 12,000 members of the group model health plan. Negotiated specialty contracts, created service and satisfaction incentives.
- Developed appointment demand forecast system for improved member access and appointment management.

Primary care adult medicine.

1985 - 1990

- Designed *Cardiac Disease Prevention Program* and *Cardiac Rehabilitation and Educational Programs*: patient educational and risk factor reduction programs.

Education and Training

1992-1994	Masters in Business Administration New York University
1982-1985	Internship and Residency, Internal Medicine Rutgers Medical School Affiliated Hospitals
1978-1982	Doctor of Medicine New Jersey Medical School
1975-1978	BS, Chemistry Rutgers University George H. Cook Scholar

Certification

Diplomate, American Board of Internal Medicine; American Board of Medical Management

Medical Licenses

New Jersey: active [Connecticut, New Hampshire, New York, Virginia ; inactive]

Affiliations

1990- 1994	Medical Informatics Association
1990- 1994	Computerized Patient Record Institute
1996 - 1998	New York State HMO Council
1998 - 2002	Physician Advisory Board, VIPS Healthcare Information

Selected Publications and Presentations

2008 - 2011	White paper: <i>Clinical insight for fraud detection</i> ; Webinars on Payment Integrity
2009	<i>Leader: Technology Workgroup – CMS / DOI Medical Fraud Summit</i> Bethesda, MD
2004	Rosenstein S, Bongguk J; “ <i>The relationships among hospital volume, efficiency and outcomes in acute myocardial infarction</i> ” Presented at National Association for Health Care Quality Conference, Orlando, September, 2004
2003	Rosenstein, S. D. “ <i>Appealing and Preventing Denied Claims</i> ” HcPro, Inc 2003; ISBN 1-57839-330-2
2001 - 2005	<i>Managed Care Boot Camps</i> - New Jersey Hospital Association <i>5 Principles of Denial Prevention and Appeal</i> – Massachusetts Hospital Assn. <i>Managed Care SWAT Training Programs</i> – Healthcare Association of NY State <i>Prevent and Appeal Medical Necessity Denials</i> –WRG conferences
1999	<i>Medical Necessity Decisions</i> -Columbia University School of Public Health, New York, NY