

## **William W. Viergever's Curriculum Vitae**

### **Summary**

William W. Viergever is a senior level manager, researcher, and consultant with broad experience in healthcare research, consulting, and systems development.

He has founded and worked for multiple firms, including Viergever & Associates and Managed Healthcare Strategies, Inc., which are quantitative healthcare consulting firms.

His clients have included various government agencies, major corporations, provider groups, consulting firms, individual hospitals, hospital chains, and associations.

He has worked on a wide range of projects, including litigation support, systems consulting and design, analytical software design, creation and management of research databases, rate development, and policy analyses.

Over 30 years of experience with California Medicaid (aka Medi-Cal) paid claims and eligibility data; from source files (i.e., from the misc. fiscal intermediaries) to the different internal DHCS files (e.g., 35-File, MEDS, MMEF, etc.).

He has also taught college courses in quantitative methods, healthcare financial management, economics, and statistics.

### **Professional Experience**

Principal, Viergever & Associates, Sacramento, CA, January, 1991 to the present; Executive Vice President/Principal, Managed Healthcare Strategies, Inc., Sacramento, CA, September, 1989 to December, 1990.

Founded both firms (originally with a partner; then on my own). The firm(s) is (are) basically a quantitative health care consulting firm. Firm's products and services include litigation support; systems consulting and design and development; analytical software design and development; creation and management of disparate research databases; capitation studies, HMO, PPO, and SNF/ICF rate development; and comprehensive medical benefit utilization, expenditure, and policy analyses; and limited bioinformatic data (primarily phylogenetic species abundance data).

Clients have included the California Department of Justice, Bureau of Medicaid Fraud & Elder Abuse (Qui tam litigation/California [Medicaid] False Claims suits support [see: Hunter v. Quest]; co-designed, then developed SAS “damages” model that resulted in over \$300M in settlements from misc. clinical labs, largest ever by AG’s office. Also provided similar services for an earlier California [Medicaid] False Claims suit regarding numerous pharmaceutical companies [see: <https://www.nytimes.com/2005/08/26/us/california-accuses-drug-companies-of-fraud.html> ]), California Department of Social Services, Research and Planning Branch (seven year longitudinal Medi-Cal eligibility database project), APS Healthcare California EQRO (code review of their DMH SAS assessment programs), Los Angeles County Department of Health Services (Medi-Cal capitation study and original SB-855 disproportionate share projections), Orange County (Medi-Cal capitation study), San Francisco County (Medi-Cal capitation study), Los Angeles City’s Ocean Assessments Unit, Environmental Monitoring Division; both regional (The PPO Alliance –a MIS report writer) and

national PPOs (HealthCare Compare - Wellness Program performance report for Texas Instruments), regional hospital chains (UniHealth America, Adventist Healthcare Systems/West, AMI, Paracelsus, OrNda, NME, Tenet Healthcare, Catholic Healthcare West (Medi-Cal rate renegotiation support), a national substance abuse treatment and counseling provider (Hazelton Foundation –a Knox-Keene application), a regional IPA (Pacific Health Care - organizational review), the California Association of Health Facilities (statewide SNF/ICF trade group - a variety of rate setting and litigation support services), the California Hospital Association (statewide acute care hospital trade group - DP/SNF rate setting review, misc. custom databases), the California Children's Hospital Association, Lucile Packard Children's Hospital, Stanford University Hospital, U.C. Davis Medical Center, UCLA Medical Center, a consortium of major HMOs bidding to become the L.A. County Medi-Cal managed care "mainstream" plan (included Blue Shield, Kaiser, CIGNA, FHP, and others), PEACH (Private Essential Access Community Hospitals - the "private" disproportionate share hospitals trade group- data and financial analyses and lobbying and litigation support services), St. Mary's Health System, Knoxville, TN (physician and ancillary utilization profiling reporting system), University Hospitals, Cleveland, OH (comprehensive cost analysis), The Strum Group (a hospital strategic planning consortium: a variety of databases), Solano County (capitation baseline numbers and misc. data transformations), Marshall El Dorado PHO (Primary Care Provider Profiling reporting system), Catholic Healthcare West (marketing and demographic databases), Tenet Health Systems (regional competitive systems financial comparisons for their Mergers & Acquisitions group), Cedars Sinai (comparative market analysis), City of Hope National Medical Center (comparative "transplants" market analysis), etc.

Director, Analytic Services, Affordable Health Care Concepts, Inc., Sacramento, CA, April, 1987 to September, 1989.

Analytic Services was the research division of this national Preferred Provider Organization (PPO).

The division provided the following data/analytical products:

PPO and HMO rate modeling.

Comprehensive medical benefit utilization and expenditure analyses.

Selection bias studies.

Design, development, and production of a nationally representative medical claims-based database.

Statistical refinement and development of medical review/screens for Georgia Medicare Part B claims (in conjunction with Aetna, the fiscal intermediary).

Design and development of a PC-based claims analysis package for Pacific Bell's corporate benefits department.

Clients of these external products included major corporations (e.g., Hughes Aircraft, Pacific Bell, Texas Instruments, Safeway) and Taft-Hartley funds (e.g., Carpenters of Northern California, Retail Clerks and Commercial Food Workers of Northern California, Teamsters of Southern California), and the International Foundation of Employee Benefit Plans.

These products generally included formal presentations to senior management and other retained consultants (e.g., Mercer-Meidinger-Hansen, Martin Segal, etc.).

Product Manager and Sr. Programmer/Analyst, SysteMetrics/McGraw-Hill, Inc., Santa Barbara, CA, July, 1980 to March, 1987.

Involved with the design, development and implementation of numerous on-line, ad hoc analysis systems for a variety of corporate and public clients. Systems were designed to provide operational and decision-support information on subjects ranging from benefits analysis and administration, to marketing, budgeting and planning, case mix analysis, expected reimbursement, and provider performance. Managed the development and implementation of a large, on-line research database for the California Association of Public Hospitals (contract was in conjunction with Ernst & Whinney). Managed a project that provided, semiannually, a comprehensive patient discharge study for the Southern California Hospital Council; study included specific analyses of patient migration, payor distributions, market share patterns, case mix issues, and physician practice patterns. Designed, developed, and managed the production of the Edge, a graphical and tabular compendium of a hospital's patient and physician mix, case mix, market share, and utilization and reimbursement profiles. (Produced for, and marketed by, Shared Medical Systems, Malvern, PA). Managed the design and implementation of a project to study the Disease Staging (a "severity" measure) profiles of six Prudential (Pru-Care) HMOs. Profiling included analysis of unrelated comorbidities and utilized a disease-independent scoring algorithm (severity "index") derived from California state discharge data. Participated in the design and managed the installation, training and support of a networked UR and pre-service authorization system for American Medical International's (AMI) Group Health Services division. Managed a project that analyzed the impact of PSRO Review upon the utilization and quality of surgical services in six PSROs for the Health Standards and Quality Board (HSQB) of the Health Care Financing Administration (HCFA). Managed the design and implementation of the analysis plan to study hospital catchment areas (economic and demographic attributes of a hospital's service area) for the National Center for Health Services Research (NCHSR).

Assistant Professor, Masters Program in Health Care Administration, University of San Francisco, Sacramento, extension campus, CA, September, 1991 to December, 1992.

Assistant Professor, Masters Program in Health Care Administration, California State University, Sacramento, CA, September, 1988 to December, 1990.

Associate Professor, Economics, Santa Barbara Community College, Santa Barbara, CA, Fall Semester, 1982.

Have taught college courses (both undergraduate and graduate levels) in quantitative methods, advanced healthcare financial management, micro and macro economics, elementary statistics, and the economics of crime and of social problems.

### **Education**

Passed Ph.D. comprehensive exams in Economics, UC Santa Barbara, CA, 1982

M.A., Economics, University of California, Santa Barbara, CA, 1980

B.A., Economics, University of California, Santa Barbara, CA, 1976

A.A., Liberal Arts, Orange Coast Community College, Costa Mesa, CA, 1974.

**Computer Skills**

SAS Alliance Partner

SAS Silver Circle Award

Extensive experience running SAS (since 1975).

Past experience with both VAX and IBM environments running VMS, MVS/XA, OS/MVS, and VM/CMS with broad knowledge of JCL and IBM utilities and VMS and DCL. Additional experience with COBOL, EXEC2 and REXX.

Am highly proficient with PCs, Windows, and Excel/VBA. Also familiar with misc. SQL database systems, and Arc View GIS.