

Marc Chapman

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Professional Experience

Chapman Consulting, Austin, Texas

2003 to Present

- Founder and owner of Chapman Consulting.
- Maintains and operates a website at www.HospitalBillReview.com.
- Developed a database with over 130 million financial data elements for every hospital in the country.
- Developed and maintain a software program that uses analytics to calculate an equitable and fair hospital bill repricing methodology.
- The program's data and our proprietary methods has saved individual patients over \$2 million in hospital payments in the last 3 ½ years.
- Consult with workers compensation bill review companies to insure accurate payments under the States' rules, regulations and medical fee schedules.
- Consult with workers compensation bill review companies to uncover opportunities to optimize the States' rules, regulations and medical fee schedules.
- Assist attorneys in reviewing, organizing and negotiating client's medical bills.
- Provide attorneys with the proper data and information to compromise and settle hospital liens.
- Qualified and testified in Federal court as an expert in hospital pricing.
- Draft and submit expert witness reports and declarations in cases involving healthcare pricing (list available upon request).
- Participate in depositions as an expert in hospital and healthcare prices and charges, also as an expert in healthcare reimbursement.

2003 to 2004 Consultant to Fairpay Solutions f/k/a Mednet Connect

- Repriced workers compensation claims on software that I designed.
- Qualified and testified as an expert in Florida on a workers compensation medical claim payment dispute.

2004 to 2007 Consultant to Fairpay Solutions

- Consulted on the design and development of their in house hospital bill repricing system.
- Supplied hospital financial information for their in house hospital bill repricing system.
- Worked with legal to review the recommended reimbursement for claims that were sent to the State's dispute resolution process.
- Interpret and consulted on many of the States mandated Workers Compensation Fee schedules to identify opportunities to optimize savings for medical claims.
- Testified and designated as an expert witness for claims that were in dispute.

Chapman Consulting, Plano, Texas

1997 to 2003

- Founder and owner of Chapman Consulting.
- Worked as an independent consultant primarily with the reimbursement of Medicare & Medicaid payments to hospitals.
- Completed and filed hospital's Medicare cost reports.
- Reviewed and analyzed hospital's monthly booking of contractual adjustments.
- Identified and filed a geographic reclassification for wage index for an Ohio hospital that increased their Medicare reimbursement by over \$1 million per year.
- Identified and collected over \$2 million in additional HCAP reimbursement for clients of Unicare.

**Reimbursement Manager. HCA/Columbia, Dallas, Texas
1995 to 1997**

- Supervised HCA's reimbursement staff in the state of Louisiana
- Supervised the completion and filing annually of more than 20 Medicare Cost Reports hospitals.
- Supervised and reviewed the filing of Tulane University Medical Centers Medicare Cost Report.
- Managed the Medicare / Medicaid reimbursement for more than 20 HCA Hospitals in Louisiana.
- Supervised the monthly booking for Medicare/ Medicaid contractual allowance for than 20 HCA Hospitals.

**Director of Reimbursement, McKennan Hospital, Sioux Falls, SD
1991 to 1995**

- Responsible for the accurate reimbursement of over \$100 million in annual net revenue.
- Monitored the compliance and ensured proper reimbursement of payments from Medicare and Medicaid.
- Collaborated with Mutual of Omaha on a hospital owned PPO insurance product.
- Managed and negotiated all managed care contracts.
- Monitored managed care payments to insure reimbursement was in agreement with the contract.
- Responsible for maintaining and updating the hospitals chargemaster.

**Audit Coordinator, Blue Cross Blue Shield Nebraska, Omaha, NE.
1984 to 1991**

- I worked for a Medicare Intermediary.
- I was responsible for coordinating the staff of Medicare Auditors.
- I coordinated the auditing and finalizing of the Medicare Cost Reports for the hospitals in Nebraska.
- Responsible for setting and monitored the interim payments for the hospitals in Nebraska and to ensure that payments made for the year were within HCFA's guidelines.
- Assisted in writing and supporting Medicare's position in the appeal process to the Provider Reimbursement Review Board in conjunction with Blue Cross Association.
- Participated as a member on a National Committee for rewriting Medicare's audit program.

**Medicare Auditor, Blue Cross Blue Shield Iowa/South Dakota, Sioux City, IA
1983 to 1984**

- I worked for a Medicare Intermediary
- My position was responsible for auditing and finalizing the Medicare Cost Reports filed by hospitals.
- I was part of Medicare's transition from cost based inpatient reimbursement to the current PPS and DRG method of reimbursing hospitals for inpatient acute care.

Education

B.A., Business Administration/Accounting, 1983, Augustana College, Sioux Falls, SD
Completed at least 40 hours each year of continuing education 1997 to 2001
Completed HCA's compliance education program