

Jacqueline Nash Bloink

MBA, RHIA, CFE, CHC, CPCO, CPC-I/CPC, CMRS

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HEALTHCARE COMPLIANCE, FRAUD, FORENSIC CODING, REIMBURSEMENT, USUAL, REASONABLE AND CUSTOMARY ANALYSIS (UCR) – Consultant / Expert Witness

QUALIFICATIONS PROFILE

Accomplished *Healthcare Compliance Consultant* with extensive medical coding, reimbursement, fraud, compliance and forensic expertise. Dynamic leader, motivator, and industry educator with talent for training and qualifying healthcare professionals, conducting coding / billing - forensic audits, analyzing, restructuring, and implementing provider compliance programs. Supporting data transparency, integrity in multi-setting healthcare delivery settings. Knowledgeable Expert Witness with fraud and litigation support history and proven experience with evaluating/investigating fraud allegations, reducing abuse potential, and mitigating provider risk and liability. Process-driven Reimbursement Analyst credited with introducing continuous process and program improvements, optimizing system quality, and facilitating an efficient reimbursement and funds recovery process. Medical documentation and insurance claim analyst that establishes Usual, Reasonable and Customary or Re-pricing estimates. Dedicated professional with unrelenting focus on process and compliance integrity leading to performance excellence including building, analyzing or reestablishing Compliance programs. *Registered* as Health Information Management Administrator (RHIA), *Certified* as a Fraud Examiner, Professional Coder, Healthcare Compliance, Reimbursement and Coding /Billing Instructor (CFE, CPC, CHC, CPCO, CMRS, CPC-I.)

CORE COMPETENCIES

- *Healthcare Compliance, Medical Coding, Reimbursement, Fraud- Forensic Consulting*
- *Risk Management, Health Information Management, Claims Reviews*
- *Healthcare Compliance, Medical Coding & Billing Education, Training, Webinar & Live Compliance Program Presentations*
- *Coding & Documentation Management, Continuous Program Evaluation & Improvement*
- *Litigation Support, Research, & Expert Witness Service*
- *Corporate Integrity Agreement Provider Education*
- *Reimbursement & Medical Coding Forensic Analysis*
- *Usual, Customary and Reasonable (UCR) Healthcare Charge Analysis*

PROFESSIONAL EXPERIENCE

JACQUELINE BLOINK, LLC, San Clemente, California, 2010 - Present

CEO, Healthcare Compliance & Medical/Billing Documentation Consultant

- Collaborating with *Physicians, Attorneys/Legal Teams, and Healthcare Administrative Teams* to design specific *Compliance Programs* that align with *Center for Medicare and Medicaid* and *Office of Inspector General* regulatory compliance guidelines -assisting to *mitigate fraudulent claims and liability*.
- Preparing and instructing individuals / groups for roles in *Healthcare Compliance* or as a *Medical Coder / Biller*
- Assisting Independent Review Organizations (IRO) to educate and redefine Compliance programs in order to fulfill a *Corporate Integrity Agreement (CIA) per the OIG or a Federal, State or Commercial Payer*
- Offering *Interim Compliance Officer* services in varied healthcare delivery settings and environments, establishing, supervising, revamping, managing compliance programs, *optimizing program quality and integrity while adhering to national and state regulatory guidelines*
- *Maximizing the coding and reimbursement process for hospitals, health plans and provider group.*
- Evaluating existing medical *provider compliance programs* that *verifies program accuracy*
Recommending and implementing continuous process improvements that achieves *program effectiveness* relevance, and compliance integrity

- Troubleshooting client *Electronic Health Records* and *Electronic Medical Records* compliance issues, conducting root-cause analysis, implementing new policies / procedures, corrective-action plans, and maintaining medical record systems accuracy and integrity.
 - Conducting *forensic medical documentation/ claim- audits* that analyze /evaluates coding and billing alignment thus assuring compliance effectiveness.
 - Estimating *Usual, Reasonable and Customary* reimbursement / *Re-Pricing* for healthcare services rendered for various geographic zip codes and healthcare delivery settings.
 - Assisting legal teams, insurance carriers, government entities and healthcare entities with *Healthcare Fraud Allegations or Investigations*
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JACQUELINE BLOINK, LLC, San Clemente, California, 2010 - Present

CEO, Healthcare Compliance & Medical/Billing Documentation Consultant

- Review claims, evaluate *Usual, Reasonable, and Customary* payment, gathering geographic payment data, and mitigating medical overcharges and undercharges
- Design and present *Compliance, Medical Coding, Billing, and CME programs* (audio webinars, and workshops) to educate physicians, medical providers, coders, billers, and attorneys – thus improving team awareness, optimizing reimbursement and compliance potential
- Create and instruct - 7 to 16-week *Healthcare Compliance, Anti-Fraud, Health Information Management and Medical Coding & Billing* curriculum for academic institutions
- Audit *malpractice allegations* with the evaluation of case documentation involving medical coding and billing record review
- Analyze healthcare documentation and claims billed to conduct forensic analysis
- Assist with *Healthcare Fraud investigations and allegations*
- Investigate *HIPAA violation allegations*

Expert Witness – Nationally, 2016 – Present

- ***Healthcare Fraud, Forensic Medical Coder, Medical Biller and Compliance Specialist -Litigation Support***
Clients include Healthcare Provider Groups, Commercial Insurance Carriers, State Payors, Third Party Billers, Qui Tam Relators, Cities, and others. Expert Witness Associations include IMS, Juris Pro, Thomason Reuter, SEAK, Bates Group and others. Serving Defendants and Plaintiffs

TeleMed2U, Roseville, California, 2018 – Present

- ***Compliance Officer - Consultant***

Bates Group, Oregon, 2018- Present

- ***Healthcare Consultant / Expert, <https://www.batesgroup.com/experts>***

University of Arizona, Sociology Department, Tucson, Arizona, 2017- Present

- ***Adjunct Professor and Curriculum Designer*** for online class: **Healthcare Fraud and Compliance**. Class taught Spring 2018 and 2019. Curriculum focused in the area of healthcare anti-fraud strategies, top healthcare fraud cases and that reimbursement methodology and terminology including Medicare, Medicaid and Usual, Reasonable and Customary.

Children’s Hospital of Orange County, Orange, California, 2017 – Present

- ***Health Information Management / Revenue Cycle - Provider Educator – Consultant***

□ **Professor, Health Information Management**

Curriculum Design and taught Health Information Management curriculum that aligned with CAHIIM requirements for accreditation. Assisted the college to become CAHIIM accredited in 2015 which allowed the students to be eligible to sit for the AHIMA RHIT examination. Classes designed and taught in areas of Healthcare Law / Compliance and Ethics, Healthcare Reimbursement Methodologies, Diverse Healthcare Delivery Settings with HIM Requirements and Externship Director.

Ultimate Medical Academy, Tampa, Florida, 2012- Present

□ **Professor**

- Conduct online classes and teach *Medical Coding, Medical Billing, Medical Office Administration, Healthcare Law and Ethics, Healthcare Compliance and Anti-Fraud Strategies* to healthcare industry students.
- Recipient of the **2014 and 2015 Champion Instructor Award** for outstanding instructional delivery.

Arizona Community Physicians, Tucson, Arizona, 2011 - 2014

□ **Director of Compliance**

- Oversaw compliance operations in a 170-provider *Arizona* physician group. Partnered with *CEO, Board of Directors*, and Compliance Committee to assure accurate coding / billing that met *CMS* and *OIG* compliance in 60 locations, two radiology sites, and a laboratory site.
- Audited coding and billing practices, investigated hotline fraud, waste and abuse reports, identified violation causes, implemented new operational and compliance policies and procedures that *reduced abuse recurrences and redundancy*.
- Contact person and Investigator within the organization for all Malpractice or Medical Board Complaints.
- Key advisor to the *CEO, Board and Compliance Committee* that recommended corrective action plans, and provided recommendations on all compliance, coding and reimbursement issues (including healthcare plan evaluations – such as Risk Adjustment Factor or HCC coding.)

Carondelet Health Network, Tucson, Arizona, 2010 - 2011

□ **Corporate Responsibility Auditor**

- Audited three network hospitals and multi-specialty departments, investigated fraud, waste, and abuse allegations. Recommended/co-implemented policy and procedural improvement processes to the Hospital Board and Compliance Committee.
- Audited departments such as Skilled Nursing, Behavioral Health, Emergency, Inpatient Rehab Facility and any others at the request of the CEO or Compliance Officer.
- Provided Medical Coding and Billing class instruction to employees (at the request of the CEO and HIM Department) that lead to AAPC certified coders for the facility.

University Physicians Healthcare (UPH), Tucson, Arizona, 2009 - 2010

□ **Compliance Liaison/Coding Manager/ Reimbursement Manager -University Physician Network**

- Trained, mentored, and directed 13 medical coders and three reimbursement specialists, provided coding and certification education, reimbursement, and compliance services to 250+ attending physicians, residents, and fellows in 14 *Departments and specialties*.
- Facilitated coding accuracy and successful funds reimbursement. Provided Medical Coding and Billing class instruction to employees (at the request of the CEO and HIM Department) that lead to AAPC certified coders for the facility.

San Juan Basin Technical College, Mancos, Colorado, 2006 – 2009

□ **Healthcare Management Professor**

- Designed, implemented, and taught a new medical *Coding and Billing Program*. Prepared students for *Certified Professional Coder (AAPC's CPC)* examinations.
- Received **2008 - 2009 Faculty-Member-of-the-Year Award** for outstanding professional performance and community outreach to *Tribal Nations* (Ute and Navajo.)

Steven Bloink, MD., PC / Family Practice Associates (G. Griebel, MD, M. Griebel, NP, R. Heyl, MD, S.W. Bloink, MD) 1994 - 2005

Medical Practice Administrator

- Administered practice operations, managed accounts payables, accounts receivable, human resources, credentialing, medical coding, and billing processes, negotiated contractual insurance agreements, appealed insurance denials and facilitated efficient and quality medical service delivery.

- **Healthcare Compliance Association (HCCA) and Society for Corporate Compliance and Ethics (SCCE)**, Board and Audit Committee, National Presentation, February 19, 2019, *Arizona*
- **California Health Information Association (CHIA)**, *Healthcare Compliance and Fraud Updates*, Webinar, February 7, 2019, *California*
- **Decision Health 2018 Compliance and Billing Summit**, *Healthcare Compliance and Fraud Update; Design Your Unique Compliance Plan*, December 2018, *Las Vegas, Nevada*
- **Jeffer Mangels Butler & Mitchell, LLP**, *Embracing and Managing Whistleblower Complaints*, November 15, 2018, Co-Presenters Anthony Pacheco- Attorney (JMBM) and M. Anthony Brown – Attorney (CLE awarded), *Los Angeles, California*.
- **Greater Orange County Health Information Management Association (GOCHA)**, *Updates on Healthcare Compliance and Fraud*, November 8, 2018, Co-Presenters Eric Tapper – Orange County DA Office; Vivian Thomas- CA Department of Public Health, *Orange, California*
- **Association of Certified Professional Coders (AAPC)**, **California Regional Conference**, *Healthcare Fraud Update – Preventing Fraud with Current Compliance Strategies*, September 18, 2018, *Anaheim, California*
- **Association of Certified Fraud Examiners, 29th Global Conference**, *Forensic Medical Coding and Billing*, June 20, 2018, *Las Vegas, Nevada*
- **Association of Certified Fraud Examiners – Orange County Chapter**, *Sober Reality of Healthcare Fraud- National and Local Update*, Presenters: Jacqueline Bloink and Eric Tapper – Criminal Investigator with Orange County District Attorney Office in California, *May 17, 2018, Irvine, California*
- **Urgent Care Association Annual Conference**, *Design a Unique Compliance Plan for Your Urgent Care Office*, *May 7, 2018, Las Vegas, Nevada*
- **International Association of Financial Crime Investigators, Southern Chapter, Annual Fraud Training 2018**, *Healthcare Fraud Update and Forensic Analysis of a CMS 1500 Claim*, *May 2, 2018, Downey, California*
- **American Academy of Professional Coders**, *2018 National Convention, Healthcare Fraud and Compliance Update- Strategies to Prevent Fraud*, *April 10, 2018, Orlando, Florida*
- **Greater Orange County Health Information Association (GOCHIA)**, *Healthcare Fraud and Fraud Update – What’s Up Doc? 2 CEU’s.*, *January 23, 2018, Orange, California*
- **American Academy of Professional Coders**, *PPACA Compliance is More Than a Set of Rules and Regulations*, *4-Hour, 6 CEU, Workshop, August 10, 2017, National Webinar*
- **Association of Certified Fraud Examiners 28th Global Conference**, *Healthcare Compliance - Your Organization at Risk Under the False Claims Act*, *June 20, 2017, Nashville, Tennessee*
- **Health Care Compliance Association (HCCA)**, *Whistle While You Work*, Panel discussion on how healthcare boards can / should embrace (follow) effective compliance programs to reduce whistleblower claims related to false claims. *March 26, 2017, 3-hour CEU, National Harbor, Maryland*
- **Greater Orange County Health Information Association (GOCHIA)**, *Healthcare Compliance and Fraud*, *2-hour CEU, February 2017, Orange, California*
- **California Health Information Association (CHIA)**, *The Compliance Puzzle; Assembling the Pieces*, *5-hour CEU, January 2017, Pleasanton and Garden Grove, California*
- **Orange County Association of Certified Fraud Examiners**, *Healthcare Fraud and Ethics*, *November 2016, Irvine, California*
- **Claims Litigation Management (CLM)**, *2016 Midwest Medical Legal Conference, Whistle While You Work - How to Prevent Activity Leading to Whistleblowing Actions and Protect Health Organizations and Medical Practices from Whistleblower Threats*, *June 23, 2016, Omaha, Nebraska*

- **Dorothy Marie Lowry Distinguished Guest Lectures, Medical Technology and Insurance Fraud, April 29, 2016, Mission Viejo, California**
- **American Academy of Professional Coders, 2015 National Convention, Affordable Care Act and Compliance, March/April 2015, Las Vegas, Nevada**
- **Arizona Association of Certified Fraud Examiners Holiday Conference, Healthcare Fraud in Tucson - The Carondelet Case, December 8, 2015, Phoenix, Arizona**
- **Association of Certified Fraud Examiners (Tucson Chapter and Los Angeles Chapter), Healthcare Fraud, January / February 2015, Tucson, Arizona and Los Angeles, California**
- **Coalition Against Insurance Fraud, 2014 Annual Meeting, Healthcare Fraud, December 2014, Washington, DC**
- **Center for Medicare and Medicaid Services (CMS) and Office of Inspector General (OIG), June 17 and 26, 2014, Affordable Care Act - Provider Compliance Programs - Getting Started Webinar, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf>**
- **Health Care Compliance Association (HCCA) 18th National HCCA Convention, Connecting the Dots When Problems Arise in Compliance, April 2014, San Diego, California**
- **American College of Physicians, Wellness Visits and Transitional Management Care, November 2013, Tucson, Arizona**
- **Health Care Compliance Association (HCCA) 17th National HCCA Convention, Design a Usable Compliance Plan for Physician Practices, April 2013, National Harbor, Maryland**
- **Health Care Compliance Association (HCCA) Clinical Practice Compliance Conference, Improving Compliance with Service and Quality Measurements, October 2012, Philadelphia, Pennsylvania**
- **AAPC Local Tucson Chapter, Ethics for Coders and Billers, November 2010, Tucson, Arizona**

PUBLICATIONS

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- **AAPC, Certified Professional Compliance Officer (CPCO), Co-Author of the 2017 AAPC - CPCO Curriculum, November 2016, <https://www.aapc.com/certification/cpco.aspx#tab-2>**
- **Monetizing Wellness, Integrated Healthcare Executive- EMS World, December 2015, <http://www.emsworld.com/article/12128133/reimbursement-for-wellness-care>**
- **Plan for Compliance, AAPC Cutting Edge, August 2015, <http://newstest.aapc.com/blog/plan-for-compliance/>**
- **What Shade of Gray is Your Compliance Plan? AAPC Cutting Edge, December 2013, <http://news.aapc.com/healthcare-compliance-what-shade-of-gray-are-you/>**
- **Design a Compliance Plan for the Medical Office, Journal of Medical Practice Management, December 2013, <http://europepmc.org/abstract/MED/24765731>**
- **Affordable Care Act and Compliance, Arizona AMA, Fall 2013**
- **Transitional Care Management, (Co-author with Dr. Ken Adler), American Academy of Family Physicians (AAFP) Family Practice Management, May 2013, <http://www.aafp.org/fpm/2013/0500/p12.html>**
- **Templates Can be Compliant, AAPC Cutting Edge, November 2012**
- **Medicare Wellness Visits, AAPC Cutting Edge, August 2012 <http://news.aapc.com/create-order-from-wellness-visit-chaos/>**
- **HCC / RAF Reimbursement, AAPC Cutting Edge, July 2011, <http://static.aapc.com/5548A1AF-4C9F-49A2-BFE0-BFA7D2344700/4901dd15-11e3-4a83-a6e2-7971434af407/c8513a2a-bafe-4c0b-939f-86c3ebbec483.pdf>**
- **Lean Solutions, Medical Practice Digest, July 2011**
- **Tips to Increase Service Excellence, Medical Practice Digest, January 2011**

EDUCATION

ALABAMA STATE UNIVERSITY, Montgomery, Alabama

- **R.H.I.A., Post Graduate Program, Registered Health Information Administrator, May 2015**

COLORADO TECHNICAL UNIVERSITY, Colorado Springs, Colorado

- **Master of Business Administration (MBA), Healthcare Management, November 2010**

MICHIGAN STATE UNIVERSITY, East Lansing, Michigan

- **Bachelor of Science Degree (BS), Public Affairs Management, Healthcare Emphasis, December 2006**

PROFESSIONAL CERTIFICATIONS, AFFILIATIONS, & BOARD MEMBERSHIPS

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- **Certified Fraud Examiner, Association of Certified Fraud Examiners, 2016-Present**
ACFE (CFE)
- **Registered Health Information Administrator, American Health Information, June 2015 - Present**
AHIMA (RHIA)
- **Certified in Health Care Compliance, Health Care Compliance Association, 2011 - Present**
HCCA (CHC)
- **Certified Professional Compliance Officer, American Academy of Professional Coders, August 2017**
AAPC (CPCO)
- **Certified Professional Coder (CPC) and Coder Instructor (CPC-I) Certified in ICD-10**
American Academy of Professional Coders, 2008 - Present, AAPC (CPC/CPC-I)
- **Certified Medical Reimbursement Specialist, American Medical Billing Association, 2009 - Present**
AMBA (CMRS)
- **American Health Lawyer Association, Member, 2017 - Present**
- **Greater Orange County, California Health Information Assoc., (GOCHIA), Secretary, 2016 – 2018, President Elect, 2018 – Present**

COMMUNITY AWARDS

- **The Arizona Sentinel Award, Choosing Truth Over Self, 2015, Association of Certified Fraud Examiners, Arizona Chapter- related to the Largest False Claims Act case in Arizona history.**
 - **ULTIMATE MEDICAL ACADEMY, CHAMPION INSTRUCTOR AWARD, 2014 AND 2015, TAMPA, FLORIDA**
 - **SAN JUAN BASIN TECHNICAL COLLEGE, FACULTY OF THE YEAR AWARD, 2009, MANCOS, COLORADO**
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