

# Jacqueline Nash Bloink

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

306 Avenida Monterey □ San Clemente, California 92672

Email: [jbloink@jacquelinebloinkllc.com](mailto:jbloink@jacquelinebloinkllc.com)

Mobile □ 970.560.1009 URL □ [jacquelinebloinkllc.com](http://jacquelinebloinkllc.com)

---

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

### QUALIFICATIONS PROFILE

*Healthcare Reimbursement, Medical Coding, Compliance, Risk Management and Fraud Identification/Prevention Consultant* with education, experience and authorship in forensic medical coding, reimbursement / billing, fraud, compliance, risk management and Usual, Customary and Reasonable (UCR.)

Compliant with California's Title 22 requirement to hold the RHIA when working with healthcare facilities to oversee the Medical Record's department.

Industry educator / trainer in qualifying healthcare professionals and students with conducting coding / billing - audits, analyzing, restructuring, and implementing provider compliance programs and fee schedules.

Supporting data transparency and integrity in multi-setting healthcare delivery settings.

Knowledgeable Expert Witness with experience in evaluating healthcare fraud allegations, UCR analysis methodology, healthcare billing/claim disputes (Revenue Cycle) and mitigating provider risk and liability with correct coding - reimbursement analysis that correlates medical documentation with correct coding/billing – or forensics analysis that identifies potential problems.

Process-driven Reimbursement Analyst credited with introducing efficient reimbursement and funds recovery process.

Medical documentation and insurance claim analyst for Usual, Reasonable and Customary evaluations and troubleshooting Revenue Cycle Management for providers to review 3<sup>rd</sup> Party Biller results.

National speaker and published author on the topics of Usual-Customary-Reasonable (UCR), Healthcare Reimbursement, Medical Coding, Healthcare Fraud Prevention / Identification and Healthcare Compliance.

*Registered* as Health Information Management Administrator (RHIA – as recognized in CA under Title 22), *Certified* as a Fraud Examiner, *Certified* Professional Coder, *Certified* in Healthcare Compliance, *Certified* Reimbursement Specialist, *Credentialed/Licensed* in many states as a University or College Instructor/Adjunct Professor to teach on the topic of Healthcare Reimbursement, Medical Coding, Healthcare Compliance, Usual-Customary-Reasonable (UCR) and the Prevention/Identification of Healthcare Fraud.

### CORE COMPETENCIES

- *Healthcare Compliance, Medical Coding, Reimbursement, Fraud- Forensic Consulting*
- *Risk Management, Health Information Management, Claims Reviews*
- *Healthcare Compliance, Medical Coding & Billing Education & Training*
- *Coding & Documentation Management, Continuous Program Evaluation & Improvement with Revenue Cycle Management*
- *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 providers and redefine Compliance programs in order to fulfill a *Corporate Integrity Agreement (CIA) per the OIG, Federal, State or Commercial Payer guidelines*;
  - Maximizing the *coding and reimbursement process for hospitals and provider groups with correct medical coding guidelines*;
  - Assisting healthcare providers with *medical coding education and fee schedule design* using reimbursement strategies such as UCR;
  - *Review and Analysis* of claims to establish *Usual, Customary and Reasonable (UCR) charges or reimbursements*;
  - Valuating 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, Electronic Medical Records and Revenue Cycle Process that includes* 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 and review of geographic UCR;
  - Estimating *Usual, Reasonable and Customary (UCR) charges and reimbursement* for healthcare services rendered in various geographic zip code areas and year spans for varied healthcare delivery settings;
  - Assisting legal teams, insurance carriers, government entities and healthcare entities with *Healthcare Fraud Allegations or Investigations*
- 

**Expert Witness – Nationally, 2016 – Present**

- ***Healthcare Fraud, UCR Analysis, Forensic Medical Coder, Medical Biller, Medical Documentation 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*

**Bates Group, Oregon, 2018- Present**

- ***Healthcare Expert for the Bates Group - <https://www.batesgroup.com/experts>***

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

- ***Adjunct Professor and Curriculum Designer*** that implemented and teaches the online class: **Healthcare Fraud and Compliance**. Class taught Spring 2018 and 2019. Next class is January 2020. Curriculum focused in the area of healthcare anti-fraud strategies, top healthcare fraud cases, reimbursement methodology and terminology including Medicare, Medicaid and Usual, Reasonable and Customary (UCR.)

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

- ***Health Information Management / Revenue Cycle Management - Provider Educator*** – Consultant to HIM Department and Revenue Cycle VP. Assist with provider audits, education and fee review using UCR tools.

**TeleMed2U, Roseville, California, 2018 – 2019**

- ***Telehealth Compliance Officer***

**Saddleback College, Mission Viejo, California, 2015 – 2017**

- ***Adjunct 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 (CPT, HCC, UCR, DRG), Diverse Healthcare Delivery Settings with HIM Requirements and Externship Director.

**Ultimate Medical Academy, Tampa, Florida, 2012- Present**

- **Adjunct 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. Curriculum designer for online medical coding billing and revenue cycle management classes
- Curriculum designer for online medical coding billing and revenue cycle management classes
- Recipient of the **2014 and 2015 Champion Instructor Award** for outstanding instructional delivery.

**American Academy of Professional Coders (AAPC) –**

- Contract Consultant for the review of the Certified Professional Compliance Officer curriculum **2017-Present.**

**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* including: Urology, Cardiology, Dermatology, Internal Medicine, Infectious Disease, Integrative Medicine, Geriatrics, GI, Hematology and Oncology.
- Facilitated coding accuracy and successful funds reimbursement.
- Assisted Supervising Physicians and Residents to understand and follow national PATH Guidelines.
- 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, revenue cycle management, billing - reimbursement processes, negotiated contractual insurance agreements, fee schedule updates (using UCR) and appealed insurance denials.

***NATIONAL & STATE - PROFESSIONAL TRAINING AND PRESENTATIONS - PEERS, PROVIDERS, ASSOCIATIONS***

- ***American Academy of Professional Coders (AAPC) National 2020 Conference*** – Presentation – Healthcare Coding and Billing Forensics, Orlando, FL. (Presented Virtually Due to COVID-19) April 8, 2020
- ***Vedder Price Law Global Law Firm – CLE Co-Presenter with Anthony Pacheco, Shareholder – From Impeachment To NSA Call Records To Questionable Business Conduct, The Art and Complexity of Engaging Whistleblowers***, Chicago, IL. Webcasted to Los Angeles, New York, London and Dublin. February 13, 2020
- ***Greater Orange County Health Information Management –Bridging the Gap Between FBI and Healthcare / And Between Compliance – HIM***. Presenter Jacqueline Bloink and FBI James Peaco – Los Angeles Field Office. Whittier, California. October 17, 2019
- ***AAA Law and Litigation Annual Meeting- Presentation- Usual, Customary and Reasonable Methodology***, Santa Cruz, California, October 14, 2019
- ***Nevada Insurance Attorney Presentation on UCR - Presentation – Is there Anything Usual About UCR?*** Discussion of Usual, Customary and Reasonable Methodologies, Data Tools, Definitions and State Legal Cases. Las Vegas, Nevada, August 28, 2019
- ***Association of Certified Fraud Examiners – 30<sup>th</sup> Global Conference – Healthcare Fraud Updates – Round Table***, Austin, Texas. June 24, 2019
- ***California Health Information Association (CHIA), Forensic Medical Coding and Billing***, June 11, 2019, California
- ***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 – A look at UCR***, 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, 29<sup>th</sup> 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, Downy, 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 Update and Discussion about UCR – 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 28<sup>th</sup> 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*

- *AAPC, Certified Professional Compliance Officer (CPCO), Co-Author and Updates to curriculum 2017, 2019 - AAPC - CPCO Curriculum, <https://www.aapc.com/certification/cpcoc.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 Certificate, 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

- *Certified Fraud Examiner, Association of Certified Fraud Examiners, 2016-Present*  
*ACFE (CFE) \* Specializing in Healthcare Fraud.*
- *Registered Health Information Administrator, American Health Information, June 2015 - Present*  
*AHIMA (RHIA) \* 2019-2020 Chapter President of Greater Orange County Health Information Association (GOCHIA)*
- *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-1) Certified in ICD-10*  
*American Academy of Professional Coders, 2008 - Present, AAPC (CPC/CPC-1)*
- *Certified Medical Reimbursement Specialist, American Medical Billing Association, 2009 - Present*  
*AMBA (CMRS)*
- *American Health Lawyer Association, Member, 2017 – Present*
- *College Instructor Credentials: Medical Coding/Billing, Compliance, Health Information Management and Healthcare Fraud Prevention: Commission for Independent Education Instructional and Administrative Personnel- Florida (2012- Present), California College Instructor Credential (2015-2017), Colorado College Instructor Credential (2006-2010), Arizona College Credential (2011-2013) University of Arizona Instructor Credential (2017- Present)*
- *Greater Orange County, California Health Information Assoc., (GOCHIA), Secretary, 2016 – 2018, President Elect, President – 2019-2020*

#### **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**
- 

#### **2020 Fee Schedule**

**\$250 per hour for Review, Research, Calls and Meetings**

**\$350 per hour for Reports**

**\$375 per hour for Fraud cases**

**\$475 per hour for Deposition and Trials – Plus Travel Expense**

**\$2,000 Retainer**