

# THE TAYLOR FELDMAN GROUP LLC

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**Erik Taylor**  
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## **Erik Taylor**

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**CONSULTANT - SENIOR EXECUTIVE – ECONOMIST in Managed Health Care**  
**Assistant Vice President / Director / Program Manager / Technical Director**  
**Managed Care / Insurance Carrier / Group Health Benefits / Workers Compensation**

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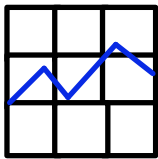
### Summary

Erik Taylor, a principal in The Taylor Feldman Group LLC, has over 25 years of experience in healthcare data analysis, modeling, and executive decision support in the managed health care industry. He has delivered analyses to insurance carriers, third party administrators, Fortune 100 corporate clients, government agencies, pharmacy benefits managers, and health care providers in both the workers compensation and group health plan arenas.

Taylor formed The Taylor Feldman Group, LLC in 2005 with his long time colleague, David Feldman. TFG excels at combining disparate data and research and distilling results to answer key business questions and guide decision-making. Recent engagements include strategic planning and analysis for claims audit recovery, cost projections for autism treatments, ROI analysis of provider education programs, report design and product evaluation for Medicare Part B billing services, and an analysis of best practices in health population management programs.

Prior to TFG, Taylor directed the Analytic Consulting and Metrics Departments at First Health, a \$900 million national managed care company. He worked directly with the CEO and other top-level executives and business units to increase sales, develop new products, improve operations and maximize product effectiveness. He designed actuarial benefits modeling software and did extensive consulting with employer and union groups regarding medical and pharmacy benefit plan design and economic incentives to change patient behavior. He provided analyses and reporting on pharmacy program impact and benefit plan performance to the company's clients.

Earlier Taylor managed a client-reporting department for Blue Cross/Blue Shield of Massachusetts and worked for the California Health Facilities Commission as a health policy analyst. He received his BA in Economics from the University of California, Davis.



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## **Erik Taylor**

### **PROFESSIONAL EXPERIENCE**

**The TAYLOR FELDMAN GROUP, LLC Sacramento, California 2005 - present**  
**Consultant - Partner**

**FIRST HEALTH, Sacramento, California 1992 – 2005**  
(Merged into Coventry Health January 2005)

**Assistance Vice President / Director – Metrics Department**  
1998 - 2005

Managed a department of health information analysts (40 FTE, \$3.3M budget) providing data-driven decision support and consultation to internal and external customers for a national managed care company (operations involving \$10b in medical dollars). Hands-on leader with teams producing program / product evaluation, development, provider contracting and profiling, and client reporting analyses across four segments of business: group health, federal programs, workers compensation, and TPAs. Analysts included statisticians, economists, business programmers / analysts, tool developers/programmers and social scientists.

#### **Management & Leadership successes:**

- Highly regarded analytic resource for external and internal clients, sought after for advice and recommendations, from executive management from inside and outside the company.
- Developed and mentored a smart, talented set of professionals utilizing the latest methodologies and data sources to perform key business analyses to sell and retain major clients and develop new programs.
- Regularly presented key findings and recommendations to Fortune 500 companies and other clients.
- Led initiatives to develop new warehousing and data access methods.
- Introduced new tools such as grouping software (Episode Treatment Groups) to enhance reporting and analyses, garnering broad support and recognition from account management and clients, alike.
- Served as principal analytic representative / spokesperson for the organization to all sectors of the business – presented at numerous conferences as an expert in the field.

#### **Client Reporting / Consultation for Fortune 500 employer clients and Federal employee health plans**

Delivered standard and custom reports examining medical health plan cost and utilization / benefit design / contribution strategies / utilization analyses / high cost case impact – provided recommendations to improve impact of managed care elements. Provided consultation to top benefits and financial executives.

**WC Carrier / Industry analyses** – Completed specific WC client analyses, WC Trend Index, impact of legislation including CA, TX and FL. Developed analytic techniques for WC EPO point of entry network. Examined relative impact of managed care and PPO over time, across clients and states.



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**Federal Employee Health Benefit analyses** – Provided analytic consultation to large federal employee health plans, covering benefit design, program impact, general health care trends.,

**Sales support statistics and methods** – Balanced the market driven sales needs with the solid analytic concepts to create methods and databases to respond competitively to RFPs with contract hospital and physician performance statistics. This effort also involved constructing network savings and total medical cost guarantees, unique pricing schedules based on network performance, and forecasting models. Examined competitors statistics to determine more appropriate techniques to allow for fair comparisons – consulted with brokers and consulting firms to educate on the meaning of savings rates and impact on cost.

**Actuarial and Underwriting Support** Trend modeling, time series by provider type and setting components, developed unique trend index “First Health Index” adjusted for specific client base and uncovered the impact of faster claims processing time on trend. Reported to the executive operating committee on a quarterly basis.

**Tool development / data warehousing** – Oversaw the design and completion of new data warehousing across claims and eligibility, working closely with IT departments – developing web-based drill down for external clients. Evaluated make or buy decisions for contract modeling and reporting tools.

**Data Mining and Predictive Modeling** - Worked extensively with patient condition based grouping software Episode Treatment Groups / Risk Groups – Patient condition based reporting in both GH and WC environment.

**Network analyses / provider acquisition support** –Led groups to evaluate current contracting strategies, identifies weaknesses and recommended specific steps to improve contracting position. Evaluated the impact of newly contracted facilities vs renewal contracts with long standing network facilities, results were contrary to general perception and refocused contracting efforts.

**Strategic planning** – Led department planning process contributing to overall corporate initiatives. Directed major effort to review PPO network strategy and identify threats to PPO position in market and new opportunities for niche efforts. Consulting with CEO and Executive Sales executives to develop new products and business models - Best Care, Best Price concept and development

#### **Manager – Metrics Department – First Health**

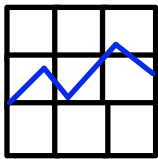
1997 - 1998

Prior to heading up the entire department, directed a team of analysts focusing on the Client Reporting and Product Management. During this period, analytic efforts focused on Clinical Management evaluations – assessing impact of telephonic medical management, impact on length of stay, developing models to demonstrate the avoided costs and improved outcomes.

#### **Manager – Analytic Consulting Department – First Health**

1993 -1997

**Internal Consulting Practice** – One of four “partners” heading up 35 analysts producing data driven analyses. Responsibility for personnel management of the department and lead relationships with five customer areas: Sales,



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Account Management, Workers Compensation, Product Management, Clinical Management, Network Quality Assessment. Developed consulting engagements with key practice heads to analyze business practices, products, Created charge-back system for engagements, lotus notes tracking systems and formal review processes of analysts work.

**Workers Compensation client engagements** – Consulting focus with large national carriers, presented the value of PPO Networks within WC arena at Workers Compensation Research Institute, large employers, state funds. Oversaw the development of new set of Bill Review clinical edits that replaced external vendor's package – resulting in cost savings, better savings from edits and better documentation of edits.

**Network Quality Assessment / Provider profiling** – physician profiling based on large claims datasets, file cleansing, data manipulations with SAS, logistic regression on cost and frequency flags, data support for clinical pathways and aberrant patterning – utilized "Patterns of Treatment".

## **Program Manager – Policy Analysis/Research Division – First Health** 1992 - 1993

**Network Planning Criteria** – Developed health planning criteria for PPO network development based on federal standards – designating the 760 geographic markets used as the core for network negotiations. Designed and measured standards for: member access (proximity to providers by speciality), provider availability (contracted providers per 1,000 members), and provider adequacy (appropriate mix of provider types).

**Network Charge Structures** – Authored study comparing the charge structures in network vs non-network hospitals, adjusting for area, hospital type, and casemix, to reveal that overall charges were no different in network hospitals, dispelling notion that PPO management was incentivized to contract with more expensive hospitals.

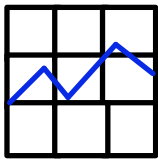
**Managed Maternity evaluations** – modeled the theoretical impact of maternity management with actual experience of beta clients.

## **BLUE CROSS BLUE SHIELD of MASSACHUSETTS** Boston, Massachusetts

**1986-1992**

## **Manager, Major Accounts Reporting/Report Development** 1988 –1992

Recruited, trained and managed eight professionals responsible for cost and utilization analyses and report/system development, with emphasis on cost and utilization review program evaluation. Successfully provided client reporting, consultation, and presentations to major accounts, including GE, NYNEX and Raytheon. Worked with consultants and benefit managers representing these clients. Utilized SAS programming languages to create robust databases and perform statistical analyses of UR activities, including second surgical opinion programs, targeted ambulatory review and small area variation analyses.



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## **Technical Program Manager, National Data Systems**

1987-1988

Developed methodologies to quantify savings and impact from BCBSMA benefit management activities, using comparisons with external norms, between clients with and without benefit management / utilization review oversight. I researched and developed specifications and led completion of databases incorporating paid claims, enrollment, and case management records, allowing examination of UR activities and resulting claims payments. Represented BCBSMA on technical advisory team for a national BC/BS health information database system (HIRCO) used for national and regional norms, taking a lead role in data quality concerns.

## **Senior Account Analyst, General Electric Account**

1986-1987

Lead analyst to the GE account, working closely with other contribution plans and Medstat systems.

**1985 – 1986**

Year abroad working and schooling in Aix-en-Provence, France

## **CALIFORNIA HEALTH FACILITIES COMMISSION**

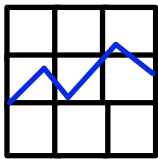
Sacramento, California

**1982 – 1985**

### **Health Data Analyst / Programmer, Policy Analysis and Research Division**

Responsible for data analysis, SAS programming, and reporting of California hospital and long term facility financial and utilization statistics for use by State officials, health services providers, purchasers and researchers. Designed and authored legislatively mandated reports comparing individual facility performance with peer group averages. The Medicaid selective contracting teams used this information while developing the networks (the beginnings of the PPO concept). Coordinated the review of results with committee of representatives of the state and the industry. Managed the department's SAS and PC applications and used these tools to automate the calculation of the hospital input price index, create the first case-mix index adjusted comparison of all California hospitals, and develop the databases behind the first small area variation analysis of California markets.

**EDUCATION:**      **B.A. Economics, University of California, Davis 1980**  
**Honors**



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### **Select PUBLICATIONS / PRESENTATIONS**

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#### **Presentations**

- 2008 California Association of Health Plans Conference  
“AUTISM SPECTRUM DISORDERS: THE ROLE OF CALIFORNIA REGIONAL CENTERS,  
SCHOOL DISTRICTS, AND COUNTY MENTAL HEALTH DEPARTMENTS”
- 2006 WC Predictive Modeling Conference, World Research Group  
“How to Maximize the Value of Data Warehousing and Drill Down Modeling Tools”
- 2003 California WC Symposium – PPO Network Issues
- 2001 URAC Conference “PPO Performance  
Measurement: Agenda for the Future”
- 2001 Workers Compensation Research Institute – “PPOs in the WC environment”

#### **White Papers / Articles**

- 2006 “How to Maximize the Value of Data Warehousing and Drill Down Modeling Tools”
- 2005 “*Impact of Proposition 79 (Medi-Cal Prescription Drug Cards)  
on Employers and Employees*”

#### **Publications while at California Health Facilities Commission:**

- Charges, Cost, Revenue: Comparison of CA Hospitals 1983
- Hospital Chargeshifting: California Experience Examined 1983
- Economic Criteria for Health Planning, 1984
- Hospital Charges, 1980 – 1983, 1985
- Ownership Trends in CA LTC Facilities, 1985
- Comparative Data for CA Health Facilities, 1985
- Case-mix Indices for CA Hospitals, 1985
- Variations in Hospitalization Rates in California, 1985