

## Contact

melissa.duprern@yahoo.com

www.linkedin.com/in/melissa-dupre-rn-cmsrn (LinkedIn)

## Top Skills

Medical Coding

Medicare

Health Care Fraud

## Certifications

Certified Professional Coder - CPC

Medical Surgical Nursing Board Certification

Certified Medical Surgical Registered Nurse (CMSRN)

## Publications

Pharmacy Fraud Schemes: Current Trends and Case Study

Coding in Obstetrics: Identifying Improper Payments Within OB/GYN Claims Data

# Melissa Dupre, RN, CMSRN, CPC

Healthcare Compliance and Payment Integrity Expert

Norfolk, Virginia Area

## Summary

Experienced Registered Nurse with expertise in medical coding, fraud investigation, and medical / utilization review, supported by strong performance in direct patient care. Demonstrated ability to develop, create and implement training initiatives as well as mentor professionals to ensure accurate knowledge of coding, equipment, and job proficiencies. Advanced technological abilities along with experience across multiple coding and documentation systems. Articulate communicator, presenting information concisely and clearly to nursing professionals, administrative personnel and physicians.

Self-motivated and detail-oriented, with superior knowledge of medical terminology, protocols, and specialty areas; outstanding research skills. Proven organizational and priority-management abilities; exceptional understanding of Medicare rules and regulations.

---

## Experience

NYCHSRO\Medreview

Senior Auditor, UMASS-NIPR

February 2017 - Present (3 years 5 months)

North Quincy, MA

In collaboration with assigned Physician Peer Reviewers, conduct review and coordination of cases referred by the Massachusetts Executive Office of Health and Human Services (EOHHS), Non-Institutional Provider Review program for concerns or issues related to Physician quality and standard of care; assessment of provider adherence to MassHealth regulations, and identification of any potential fraud, waste, or abuse. Make recommendations for referrals to the Medicaid Fraud Control Unit, Board of Medicine, other internal MassHealth compliance units, or law enforcement, where appropriate.

Independent Healthcare Compliance Consultant

## Subject Matter Expert

May 2017 - 2018 (1 year)

Various

Independent consultant for Audits, Compliance and Program Integrity case review for Managed Care entities, attorneys and physicians.

## General Dynamics Health Solutions

2 years 9 months

Manager, Medical Review - Program Integrity Services

October 2015 - February 2017 (1 year 5 months)

Towson, MD

Manager of Operations, leading and supporting a team of Certified Coder and Registered Nurse Auditors conducting medical review and coding audits for Commercial Health Payers. Prepare and deliver presentations to customers, prospects, conference audiences, and law enforcement when requested. Assist and support customers utilizing Special Investigation Unit (SIU) best practices, medical coding conventions, fraud & abuse "red flags", and other pertinent topics, as requested. Collaborate, consult, and coordinate regularly with clients on the status and direction of assignments.

Responsible for the successful completion of all Medical Review tasks in Commercial Health Division Program Integrity Services Team, including technical work, financial and business development activities. Supervise technical and administrative staff, including subordinate supervisors, and perform personnel actions including hiring and performance evaluation. Direct program activities to meet client and organization work objectives and serve as a liaison with clients to coordinate activities, negotiate tasks, and solve problems. Assure the quality of product output, services, and deliverables, including participation in reviews, audits, and site visits. Perform business development activities, including the preparation and review of technical and cost proposals. Perform program financial management tasks, including financial analysis, budget and cost quote preparation, cost management, reconciliation, and profit enhancement.

Coordinate and monitor sub-contractor activities and administer subcontractor deliverables and finances. Develop, review, and approve plans, schedules, consulting agreements and other program documents. Prepare and provide various reports and technical reviews to senior management as requested. Ensure compliance with relevant corporate and government policies and standards. Participation in special projects as required.

## Medical Review Nurse - Fraud, Waste, Abuse

June 2014 - October 2015 (1 year 5 months)

Towson, MD

Conduct pre- and post-pay review for commercial payers for Medicare, Medicaid, Group and Medicare Advantage claims and appeals, focusing on benefit integrity and allegations of fraud, waste and abuse. Proactively identify instances of potential fraud, waste, and abuse through review of data and clinical documentation. Provide assistance with external lead assessment. Utilize working knowledge of healthcare coding conventions, fraud schemes, general areas of vulnerability, reimbursement methodologies, and relevant laws to find suspicious patterns in claims data, provider enrollment data, and other sources. Remain up to date on published fraud cases and changes in coding/pricing instructions. Conduct research on medical policies & practices, provider characteristics, and related topics. Interview patients, providers, provider staff, and other witnesses/experts. Evaluate the appropriateness of services/supplies with respect to the patient's medical condition. Evaluate the accuracy of coding compared to medical records. Document rationale for decisions. Prepare written summaries of conclusions and recommendations. Support legal proceedings as needed, including testifying in court or working with law enforcement personnel to prepare cases for civil or criminal actions. Make presentations to customers, prospects, conference audiences, and law enforcement. Collaborate, consult, and coordinate regularly with clients on the status and direction of assignments. Represent client at industry and task force meetings.

## MCMC

Manager, Independent Peer Review, Workers' Compensation

May 2013 - June 2014 (1 year 2 months)

Quincy, MA

Hire, train and supervise all WC Peer Review Team staff; Interface with clients, providers, subscribers and any other appropriate contacts related to the services provided by the team; Work closely with Sales, SVP, IT, Provider Networks, UR and Compliance to implement new clients, ensure compliance with client and regulatory requirements; Provide support to the team in handling referrals to meet turnaround time (TAT) and all quality performance measures; Daily monitoring of team related reports, due lists/ assignment lists and productivity; Assist with troubleshooting, resolution and escalation if necessary of technical issues; Assist with reviewer and client audit holds; Participate in setting and meeting strategic and departmental goals; Participate in QA audit and Quarterly Quality Management Committee. Assist

in the evaluation of financial performance of the Department; Other duties as assigned

#### Hewlett Packard Enterprise; SafeGuard Services, llc

##### Medical Review Nurse

October 2011 - May 2013 (1 year 8 months)

Hingham, MA

Conduct pre- and post-pay review for Medicare Part A / Part B claims across 8 New England states, focusing on benefit integrity and allegations of fraud, waste and abuse. Conduct research on rules and regulations; review claims and medical records; communicate with fraud investigators and support staff; prepare medical reviews. Interact with internal staff regarding findings and recommendations. Conduct on-site interviews and fact-finding meetings with providers; craft provider education materials based on findings. Serve as direct contact for state and federal law enforcement and investigative agents and as subject-matter expert (SME).

Provided medical review expertise that contributed directly to recovery of \$1M+ in Medicare overpayments.

#### Cleveland Clinic Florida

3 years 3 months

##### RN Specialist, CCF General/Vascular Surgery

October 2009 - May 2011 (1 year 8 months)

Managed schedules and practices for two surgical oncologists; assisted surgeons with core needle biopsies following abnormal ultrasound or clinical examinations. Shepherded patients through cancer care continuum involving specialists in radiology, medical / radiation oncology and pathology and coordinated care with care agencies; educated patients regarding conditions, diagnosis and treatment options. Triage and managed post-operative patients; conducted hospital rounds with surgeons. Participated in weekly multidisciplinary tumor board conferences; precepted and reviewed new staff. Provided direct nursing support and nursing representation to interdisciplinary team in preparation for NAPBC accreditation site survey, gaining full 3-year accreditation.

Selected by physician colleagues as Nurse of the Year nominee for '11.

##### Registered Nurse

April 2009 - October 2009 (7 months)

Weston, FL

Charge Nurse (Interim), CCF Family Practice 4/2009 10/2009

Supervised 5-person nursing team. Prepared and managed schedules for 5 physicians. Managed administrative functions, including supply management, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CMA standards compliance, monthly reporting, customer service, and staff education. Prepared / modified electronic medical records (EMR) database, ICD-9 and CPT coding per physician requests; addressed EMR issues. Triaged patients, administered medications, monitored staff performance, and provided education. Utilized evidence-based practice principles as appropriate.

### Registered Nurse

March 2008 - April 2009 (1 year 2 months)

Weston, FL

Registered Nurse, Medical/Surgical Services; Provided direct patient care in 66-bed hospital medical-surgical unit, conducting assessments, preparing diagnoses, and planning, implementing and adapting pre- and post-operative care plans for orthopedic, bariatric, colorectal, plastic, oncology, nephrology, urology, neurology, neurosurgery, and general surgeries. Interacted with developmentally disabled patients and those with psychiatric diagnoses. Managed PICC, EJ and IJ lines, SQ ports, blood administration, NG tube insertion, and drain care and management. Maintained EMR documentation; participated in continuing education.

Selected to serve as preceptor for new RN graduates as well as newly hired RNs.

### Sunrise, Inc

#### Registered Nurse

October 2007 - January 2008 (4 months)

Assessed, administered treatment plans for, and monitored patients in psychiatric group home. Communicated with patients and families; liaised with other staff members, ancillary staff and physicians and specialists. Resolved patient issues; prepared and maintained charts; administered medication.

### Mobile Infirmary Medical Center

#### Registered Nurse - Oncology

May 2007 - October 2007 (6 months)

---

## Education

### University of Mobile

Associate of Science, Nursing · (2005 - 2007)

### University of Alabama

In progress, Health/Health Care Administration/Management · (2017 - 2019)

### University of South Alabama

Emergency Medical Technician, Emergency Medical Technology/Technician  
(EMT Paramedic) · (2003 - 2005)

### University of South Alabama

Prerequisites, Registered Nursing/Registered Nurse · (2003 - 2005)