



HMS Advisory Services

■ A Complex Regulation No Simple Answer

At more than 1,200 pages, the Centers for Medicare and Medicaid Services' Medicaid managed care final regulations have wide implications for program integrity efforts, including:

- Overpayment roles and responsibilities across MCO, state and Federal stakeholders
- Contract terms governing program integrity
- The impact of program integrity on quality ratings
- Balancing network standards with program integrity requirements
- Setting, achieving, measuring and reporting on program integrity performance standards
- The impact of program integrity on Medical Loss Ratios
- Coordination of Benefits
- Trauma codes
- Home health visit verification

States and MCOs have to wrestle with complex questions including:

1. How do you design and implement a compliant program integrity effort under the new regulation?
2. What are the new program integrity requirements and what are the decision points for states and MCOs?
3. Are there best practices for program integrity among states and MCOs?
4. Who will have responsibility for identifying, recovering, and reporting overpayments from providers and MCOs?
5. How do you ensure collaboration with various stakeholders, including MCOs, providers, consumers, Medicaid and law enforcement agencies?
6. How will you minimize provider and payer abrasion, avoid duplication, and ensure capacity to deliver compliant and meaningful program integrity services?
7. How will you implement and enforce mandatory provider reporting of overpayments and MCO reporting of premium overpayments within 60 days of identification?
8. What are the necessary statutory, regulatory and contractual authorities to empower a robust program integrity effort in an MCO environment that are minimally compliant with federal regulations, but also align with program integrity goals, roles, and responsibilities?
9. What goals will you set and how will you measure the effectiveness of program integrity operations?
10. How do you ensure visibility and transparency of your program integrity efforts?

We can help you answer these questions and more. Available services that are part of the advisory assessment include: TPL Action Plan Review, Cost Avoidance, Optimization Study, Denial Management Plan Creation, HIPP/ Premium Assistance Program Evaluation, and End-to-end TPL Program Evaluation. For more information, contact Kim Glenn, Principal, kglenn@hms.com, or Donna Price, Principal, donna.price@hms.com, at HMS Advisory Services.

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