

Managed Care Audit Services

Managing the Shift from Fee for Service to Managed Care

Currently, a majority of Medicaid program beneficiaries are enrolled in a managed care environment and managed care expenditures are growing at a faster rate than fee-for-service payments. The size and diversity of the Medicaid Managed Care program make it particularly vulnerable to misinterpretation or circumvention of the governing regulations, resulting in unwarranted cost-cutting, questionable service delivery, and improper payments.

State agencies that are responsible for oversight of the Managed Care contracts are being held to a higher standard of accountability since the promulgation of the revised Medicaid Managed Care Regulation that was released in 2016, which focuses on a higher standard of program integrity measures and reporting. Managed Care Organizations will also need to ensure that contracts and payments between State Agencies and payers are in line with the revised requirements.

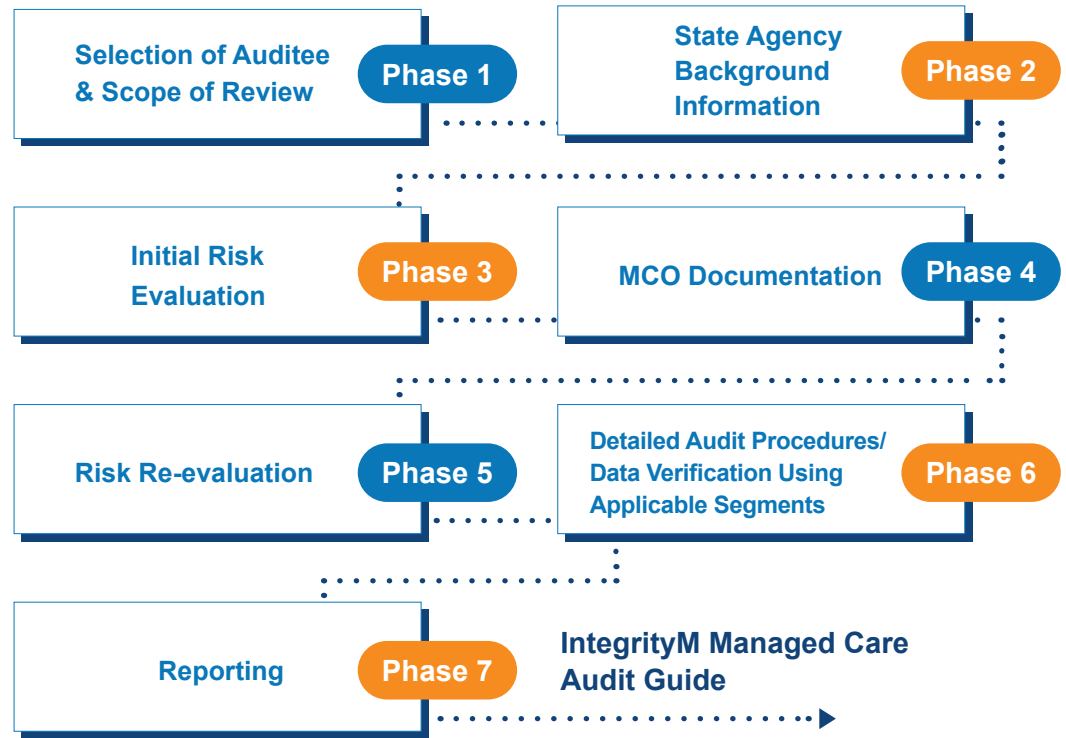
The IntegrityM Solution

Understanding the impact of this major shift in a historical fee-for-service payment model, Integrity Management Services, Inc. (IntegrityM) recognizes the need for industry expertise in the area of Medicaid Managed Care payments, operations, and program oversight. We provide our clients with insight and recommended strategies for achieving compliance with the multitude of requirements under the latest version of the CMS Regulation.

Our staff of regulatory policy and audit experts have developed a comprehensive Managed Care Compliance and Audit Guide that can be used to develop limited, focused, or comprehensive scope audits of Medicaid Managed Care Programs that can be utilized by Medicaid State agencies or Managed Care Organizations.

IntegrityM Managed Care Audit Guide

IntegrityM offers a Managed Care Compliance and Audit Guide covering the major requirement areas of a managed care program. The Guide includes sections outlining logical implementation of the review by phases and individual audit segments. Each segment addresses an identifiable functional area or operation based upon regulatory requirements. The Guide has been customized allowing for a limited, focused, or comprehensive review. This can be determined by a preliminary risk assessment, performed by IntegrityM's team of regulatory policy experts to identify segment areas of risk. Once risk areas are determined, each segment can be accessed and completed independently to suit the scope of review. Consistent with Federal GAGAS requirements, each segment will be cross-referenced to standardized audit working papers providing evidence of the audit process and outcome reporting.



IntegrityM has developed a comprehensive library of Managed Care Segments that can encompass a limited, focused, or comprehensive review, depending on client specific business requirements.

These Segments include:

- ▶ Program Integrity Activities & Reporting Requirements
- ▶ Provider Network and Access
- ▶ Claims Processing and Financial Controls
- ▶ Utilization Management, Quality of Enrollment, Education, and Outreach Grievances, Appeals and Fair Hearings

Integrity Management Services, Inc. (IntegrityM) is an award winning Certified Women-Owned Small Business, created to support the program integrity efforts of Federal and State government programs, as well as private sector organizations. Results are achieved through consulting services, such as statistical and data analytics, audits, compliance reviews, investigations, medical review, training, and technology solutions.