

Program integrity and managed care compliance

Mercer Government
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Oversight of managed care compliance and program integrity best practices

Medicaid expenditures amounted to \$728 billion in federal fiscal year 2021 and are projected to reach over \$1 trillion by 2027. With the anticipated continued growth in Medicaid expenditures and reliance on managed care delivery systems come new challenges in containing costs and new opportunities for fraud, waste, and abuse to occur. Estimates show a loss of \$100 billion due to Medicaid and Medicare fraud each year. State Medicaid agencies recovered about \$1.7 billion from fraud in 2022. However, opportunities remain at the state and Medicaid Managed Care Organization (MCO) level to prevent, detect, and remediate fraud, waste, and abuse at the provider and beneficiary levels.

As Medicaid continues to grow, Centers for Medicare & Medicaid Services (CMS) has emphasized the importance of increased transparency and accountability for Medicaid program integrity. In this environment, states are directly responsible for monitoring the operations of MCOs. MCOs are required by federal mandate to have effective fraud, waste, and abuse detection and prevention programs and to take a more active role in identifying overpayments to providers.

Our expertise

Our team has policy setting expertise at the state and federal levels, experience with data validation techniques, and in identification of program integrity best practices for physical and behavioral health programs.

Mercer Government can help identify best practices in terms of Medicaid MCO compliance and program integrity operations.

We have:

- Established review criteria to benchmark MCO program integrity activities.
- Created MCO report cards to establish a method to compare MCO.
- Identified promising practices in MCO program integrity efforts.
- Conducted program integrity training for state staff.

For more information

View our experience, services, and client feedback at:

www.mercer.com/government

