

MERCER GOVERNMENT HUMAN SERVICES CONSULTING

HELPING GOVERNMENTS SHAPE TOMORROW'S HEALTH PROGRAMS

OVERSIGHT OF MANAGED CARE COMPLIANCE AND PROGRAM INTEGRITY BEST PRACTICES

Since 1985, Mercer has consulted with more than 30 states and the federal government on a wide variety of health care and human services issues, including actuarial, data/systems analysis, clinical, policy, operations and procurement.

Medicaid expenditures amounted to \$553.8 billion in 2015, representing an increase of 11.6% from 2014, and are projected to increase at an average annual rate of 5.7% over the next 10 years. 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. Partnerships between managed care organizations (MCOs) and state and federal agencies yielded over \$2.4 billion in fraud recoveries for Medicare and Medicaid in 2015. However, opportunities remain at the state and MCO level to prevent, detect and remediate fraud, waste and abuse at the provider and beneficiary levels.

The Centers for Medicare and Medicaid Services (CMS) published the Medicaid Program Integrity Manual in 2011 and issued revised regulations on MCO Program Integrity oversight in the 2016 Medicaid and CHIP Final Rule. In this environment, states are directly responsible for monitoring the operations of MCOs, and 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.



HOW MERCER CAN HELP

Mercer Government Human Services Consulting (Mercer) 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 MCOs
- Identified promising practices in MCO program integrity activities

OUR EXPERTISE

Mercer's program integrity oversight team includes a team of lawyers, CPAs and certified coders. 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. We are experienced at designing evaluations that monitor MCO program-integrity programs and interventions, increase collaboration with state compliance and special investigations staff, and enhance communication and awareness of fraud schemes through regular reporting of investigations. Our team has evaluated and monitored several states' unique MCO program-integrity systems for contract compliance and adherence to CMS regulations, and adoption of best practices to improve the effectiveness of these systems. Our public-sector and healthcare experiences are complemented by our expertise in CMS policy and federal regulations, information systems, encounter data management, actuarial rate setting and strategic planning. Mercer employs a multi-dimensional approach that teams our clinical experience and policy experts with actuarial and information planning consultants to provide a unique depth and breadth of experience to help our clients increase the operational effectiveness of their program-integrity strategy.

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