

Problem

This health plan sought assistance with **Centers for Medicare & Medicaid Services (CMS) compliance** issues; department policy and procedure revisions; and weekly, monthly and quarterly **appeals and grievances (A&G) reporting** to support the **Medicare, Medicare-Medicaid Plan (MMP), Medicaid and commercial lines of business**.

Response

Jacobson's compliance consultant successfully **reengineered this health plan's A&G department**, including revision and streamlining of policies and procedures. Our expert completed **CMS validation audits**, qualitative and quantitative A&G trend analyses, and ongoing monitoring of Medicare grievances. He then presented findings to management and ensured grievance findings were remediated so the health plan could present proof of audit compliance to the CMS. In addition, he prepared the **National Committee for Quality Assurance mock audit** and integrated MMP protocols into A&G processes.

Solution

Jacobson provided a compliance specialist with the knowledge our client required to help them meet CMS standards. He also improved policies and procedures, enabling the organization to continue meeting requirements. By interpreting regulatory changes, regularly **presenting CMS updates to company leaders** and **sharing his expertise during on-site audits**, our consultant ensured ongoing alignment and compliance.

Appeals and Grievances Consultant

Client Type:
Health Organization

Project Scope:
Regulatory Reporting and Audit Support

Duration:
13 Months

Team Size:
1 Full-Time Consultant