



Problem

This health plan was **having difficulty passing CMS audits, which included Medicare Part C and Part D complaints, grievances and appeals**. The client was in need of an outside consultant to review Part C and Part D cases, as well as compliance policies for delegated providers. The client also needed a professional who could work on audits, which included delegated providers compliance, policies and procedures, as well as health plan outbound enrollment verification (OEF) processes.



Response

Jacobson quickly provided a subject matter expert who had nearly 30 years of compliance experience. In addition, this consultant had previously served as a key contributor on a significant member services redesign project to improve compliance with CMS regulations. The professional provided regulatory and operational consult in the development of a new system to improve identification, processing and timeliness of grievances and appeals.



Solution

This expert used her knowledge of Medicare regulations and her history with CMS audits to **pinpoint areas within the health plan and the delegated providers** that needed improvement. She reviewed policies and procedures and was able to **identify potential deficiencies early enough to make corrections**. She recommended changes that better communicated applicable regulatory requirements and developed an action plan to provide steps for improvement. Furthermore, the reviews and audits this consultant performed provided a starting place for progress and confirmed the presence of existing issues.

Compliance

Medicare Compliance Analyst

Client Type: Health Plan

Project Scope: Medicare Part C Compliance

Duration: 1 Year

Team Size: 1 Medicare Compliance Analyst

