

Medicare Compliance Manager

Client Type:
Health Plan

Project Scope:
Validation Audit

Duration:
8 Months

Team Size:
1 Full-Time Consultant



Problem

After this client received its CMS audit, the organization needed to take action to fix certain issues. The health plan needed a **subject matter expert to correct the problems and respond to CMS for a validation audit**. In addition, they needed someone who could provide guidance to all business areas that complied with Medicare Advantage and Part D requirements.



Solution

With detailed knowledge of Medicare marketing guidelines, the consultant quickly put a corrective action plan in place. She worked closely with the legal department to create and update provider-network contracting, as well as vendors and PBMs to meet all federal, state and CMS regulatory requirements. New policies and procedures were implemented, and the Medicare website was completely redesigned and made 508-compliant. In addition, new Part C and D appeals and grievances policies were created and implemented. **The validation audit was a success and CMS closed the audit.**



Response

Jacobson quickly supplied a consultant with a **background in Medicare compliance and CMS audit experience**. This expert was able to **provide guidance and direction** to the business areas affected by the audit findings (enrollment, claims, compliance, appeals and grievances, and formulary administration).