JMC Advisory Group

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SERVICES OFFERED

Risk Assessment/Initial Retrospective Audit: Twelve (12) month initial review of a sample of all historical paid claims and corresponding documentation to ensure accuracy and compliance with Medicaid guidelines and OMIG Audit Protocols. A claim-by-claim analysis will be completed, and a report will be supplied with a breakdown of any findings and recommended corrections. In addition, a thorough review of all Policies & Procedures and the Compliance Plan will be conducted with recommendations made to the Compliance Officer/Compliance Committee.

Proactive Monthly Audits: The proactive monthly audits will be based off of the historical 12- month audit/risk assessment. Each month a sample of thirty (30) records will be audited per health plan. Paid claims will be compared to corresponding documentation to ensure accuracy and compliance with Medicaid and OMIG guidelines. A report will be drafted and submitted to the Compliance Officer for discussion during Quarterly Compliance Committee meetings.

Monthly Exclusion Checks: All employees/contractors will be run against the following databases to ensure they are not excluded from the Medicaid program:

- Office of Medicaid Inspector General (OMIG)
- Health and Human Services Office of the Inspector General (HHS-OIG)
- General Services Administration System for Award Management (GSA-SAM)

Compliance Committee Attendance: Attend and present at the Quarterly Compliance Committee meetings to discuss the outcomes of monthly auditing. Present any issues identified along with any activity on the FWA/Compliance hotline.

Virtual Compliance Officer: Supply a Compliance Officer who will be responsible for overseeing/monitoring/reviewing the compliance program, investigating compliance matters, coordinating with the compliance committee and reporting any compliance issues. The Compliance Officer will make quarterly visits to the providers' office and attend all compliance committee meetings.

Audit Response: Assist with any audit or documentation request from either a health plan or government agency. This will consist of an initial review of requested documents along with assisting with communication/correspondence between the Client and Auditing Agency.

Monitoring Compliance Email/Hotline: Monitor and address all communication received through the compliance email and/or hotline. Log communication, investigate and draft a report documenting steps taken and outcome. Report to the compliance committee. Create a compliance email/hotline if one does not exist

Policy & Procedure Review: Evaluation of current effectiveness and accuracy of organizational protocols. This process aims to ensure alignment with regulatory standards, mitigate potential risks and cultivate a culture of adherence to industry's best practices.

Creation of Policies and Procedures: Development and implementation of custom policies and procedures that adhere to regulatory requirements and best practices.

Compliance Program Creation: Design and implementation of a tailored compliance program that meets industry standards and supports organizational goals.

Provider Onboarding and Documentation Support: Providing expert guidance to ensure healthcare providers have all the necessary documentation to establish and maintain compliance.

Compliance Plan Yearly Review: Comprehensive assessment to ensure continued effectiveness and alignment with evolving regulations. The process allows for adjustments and enhancements to address emerging risks and maintain a robust framework for regulatory compliance.

Annual Risk Assessment: Evaluation to identify potential compliance vulnerabilities and risks. This proactive process prioritizes areas for improvement, mitigate risk and maintain adherence to regulatory requirements.

Fraud, Waste and Abuse (FWA)/Compliance Training: Creating yearly FWA training and educating staff on recognizing and preventing fraudulent activities and how to report them. The training ensures that all employees understand their role in upholding ethical standards and integrity with the Medicaid program.