Managed Care Overview

- Changing World FFS environment to Managed Care
- Benefits and challenges of the Managed Care Model
- Some key differences--
  - Provider Payments
  - Contracting
  - Credentialing
  - Quality
Regulatory Landscape

- Federal & State Programs Key Agencies:
  - Centers for Medicare & Medicaid Services (CMS);
  - Office of Inspector General (OIG);
  - US Department of Health & Human Services (DHHS);
  - State Medicaid Agencies; and
  - State Attorneys General

- Governance and Oversight Responsibilities
- Ramifications

Enforcement Mechanisms

- Identification of Concerns
  - Industry Monitoring Initiatives
  - Beneficiary/Provider Complaints (e.g. CTMs)
  - Audits
  - Voluntary Disclosures

- Key Areas
  - Data Integrity-Universes
  - Beneficiary Service- Access to cost effective products & services; critical drugs/therapy
  - Fraud, Waste and Abuse

Compliance Program Effectiveness

- Regulatory Expectations
- Key Elements/Functions
- Roles:
  - Chief Compliance Officer;
  - Compliance Audit Committees; and
  - Board/Governing Body
- Periodic Assessments
Questions

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