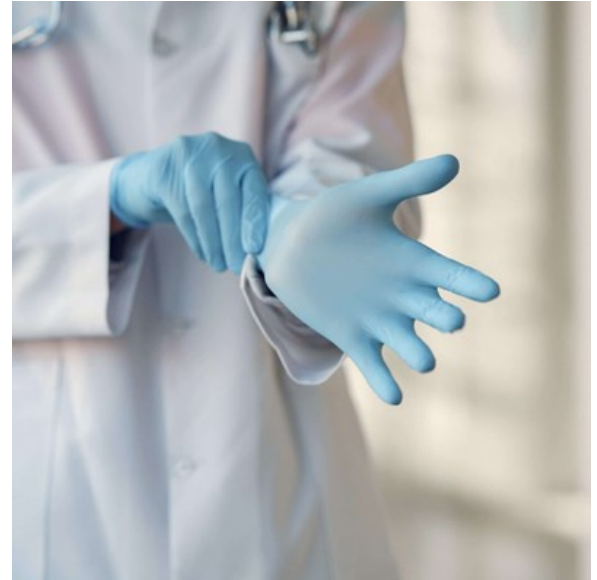


Federal Program Integrity Support

11/21/2021

Analytica supports Centers for Medicare and Medicaid Services (CMS) with federal program integrity support analysis, oversight, compliance in support of Medicare and Medicaid. Our team integrated team applies both subject matter and technology expertise to help combat public sector fraud, waste and abuse. In collaboration with our client, we help provide innovations around case prioritization, selection and applying risk-based analytics to program integrity reviews.



The Challenge

Ensuring federal benefits and insurance programs are not being abused is a labor, time and resource intensive effort. For example, Our client only has the resources to support reviews of State Medicaid Programs once every 3 years, due to the high costs associated with conducting each review thoroughly. These multi-year intervals between reviews preclude states' ability to act swiftly to address issues and vulnerabilities, in turn creating greater opportunities for fraud, waste or abuse.



Our Approach

Analytica provides end-to-end support of the State Medicaid Program Integrity Review process, collaborating with HHS and CMS in developing new and revised protocols and questionnaires; performing focused reviews, desk reviews, and technical assistance; and analyzing findings and information gathered to develop the reports and Corrective Action Plans (CAPs).

Analytica developed a risk-based, data driven approach to identifying the most critical issues/topics for the focused and desk reviews. By identifying and prioritizing the highest-risk issues/topics for Program Integrity reviews we are optimizing the use of limited resources to provide greater value to CMS.



The Solution

Analytica approach to applying technology and subject expertise in supporting federal program integrity, ensures CMS is able to help identify Medicaid vulnerabilities and mitigate improper payments and fraud, waste, and abuse more rapidly. Our team also helps drive greater cost efficiencies through allowing CMS to focus on higher risk issues and optimizing analysis and results in support of the CMS's Enhanced Medicaid Program Integrity Strategy goals.

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