

After years of working with the Department of Health and Human Services (HHS) on Medicare programs improvement and innovation, Bland & Associates, P.C., excels at evaluating best practices in program delivery, fraud detection, and cost savings.



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Certifications:

Certified Small Business

DUNS: 099559296

SAM: Active Registration

Financial and Business

Solutions Schedule (FABS)

GSA Contract GS-23F-0106M

Bland & Associates, P.C. Technical Capabilities

Bland & Associates, P.C. is a small business contractor located in Omaha, Nebraska, with a vast knowledge base in Medicare programs.

Our Government Contracting team offers an approach based on qualifications that ensure efficient execution of contracts and consistent, high-quality performance of all assigned tasks. Bland & Associates has worked for the Centers for Medicare & Medicaid Services (CMS) both as a prime contractor and as part of a contracting team. We have experience with the following:

- Healthcare organizations, including health insurance plan sponsors, healthcare providers, pharmacy benefit managers, and third party administrators, such as claims processors
- Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI) regulations
- CMS' data management systems, including access to HPMS and MARx

As an example of our experience, Bland & Associates has developed or revised specific testing procedures, examination programs, and entire audit guides for CMS in several different technical areas. We utilize Interactive Data Extraction and Analysis (IDEA) software and ActiveData, a Microsoft Excel add-in, to perform the analysis of large data files and for selecting sample records for testing. This helps us isolate specific risk criteria, analyze large populations of data, and report on those findings efficiently.

Our extensive experience with CMS has resulted in a consistent team of senior professionals and emerging leaders who thrive on discovering best practices to deliver coordinated health care while managing the impact on taxpayers. Our services have saved CMS millions of dollars through sound audit protocols, data analysis, and improved administrative oversight on Medicare programs.

Trust our best practices. The following services outline some of the technical capabilities and experience of the Bland & Associates Government Contracting team.

Audits:

Bland & Associates, P.C. has extensive experience in developing new audit protocols and internal control recommendations for the government-funded programs across the United States.

We are engaged in the Medicare Advantage Prescription Drug Plan examinations, audits of Medicare Advantage Organizations for eligibility in the HITECH/EHR incentive payment program, development of an audit guide and audits of primary care practices under the Comprehensive Primary Care Initiative (CPC), and development of an audit guide and audit programs of Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program and Pioneer Accountable Care Organization model. We have also performed OMB Circular A-123 examinations to define management's responsibility for internal control in federal agencies.

We employ a consistent quality control process to review compliance measures, report on disputes, and educate program staff on resolving such disputes. We are always looking for process improvement recommendations when they serve the best interests of CMS. For example, our thorough reporting of "lessons learned" in the audit process helps CMS improve oversight standards.

Program Oversight:

In accordance with OMB Circular A-76, Bland & Associates can operate as an outsourced service extension of CMS. We perform desk reviews of Medicare Cost Plan budget forecasts, interim cost reports, and final cost reports. This work has reduced the backlog of open cost report years and assisted staff with accurate preparation of cost reports.

We have also been instrumental in helping CMS to monitor qualified retiree prescription drug plans under the Retiree Prescription Drug Subsidy (RDS). This has included a variety of oversight activities as well as development of an audit plan.

Monitoring and Compliance:

Bland and Associates is engaged in the development and implementation of the monitoring and compliance oversight over Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) and in the Pioneer ACO Model (Pioneer).

We support CMS in the oversight of practices participating in the Comprehensive Primary Care Initiative (CPC). Bland & Associates has conducted more than 2,000 plan benefit package reviews for the Medicare Advantage Program for compliance with Medicare regulations annually. We also have experience with monthly review of Risk Adjustment Data Validation (RADV) Intake and Medical Record Review cases, documenting whether CMS and the other contractors adhered to CMS RADV policies and procedures in conducting RADV audits and in determining the Medicare Advantage organization's RADV error rate. This oversight supports recovery of federal funds by helping CMS uphold audit results in the dispute appeals process.

Forensic Analysis and Fraud, Waste, and Abuse Detection:

Bland & Associates has Certified Fraud Examiners (CFE) on staff with experience in detecting, preventing, and proactively deterring fraud, waste, and abuse in Medicare programs. This experience helps us develop internal control protocols and procedures to mitigate fraud, waste, and abuse risk among emerging models and programs.

In addition, Bland & Associates has supported CMS in the dispute appeals process with regard to recovering federal funds. We employ several tools and strategies for researching and identifying Medicare fraud, waste, and abuse. These tools and strategies are incorporated into our contractual process, but they can also be engaged for special projects involving fraud investigation on behalf of CMS or our teaming partners.

