

Audit Support & Program Evaluation

The Fairbanks approach to monitoring Medicaid claiming programs combines technology and process with national expertise and a culture of integrity and customer service. Fairbanks works with clients to design and implement program monitoring plans, and provides the analysis necessary to accurately measure the efficacy of the claiming programs.

In contrast to some firms, our team's focus is not on whether claiming entities are maximizing what they can claim from Medicaid. Rather, our goal is to enable our state and local clients to obtain all the Medicaid reimbursement to which they are entitled while strictly adhering to the applicable State and federal Center for Medicare and Medicaid Services (CMS) regulations and guidance.

Our approach for the evaluation of Medicaid claiming includes gathering data, analyzing data, reporting findings and making recommendations for statewide program improvements. Fairbanks provides audit and monitoring services for Medicaid claiming programs, including the program design, software application and processes developed by each client. Fairbanks designs state-specific audit and review procedures,

manages the implementation of these audit procedures, and reviews and monitors the claiming results for accuracy and appropriateness.

Key services include:

Audit Support

- Fairbanks assists state and local agencies in compiling and analyzing data to support audits, periodic reviews and focused evaluations of Medicaid Administrative Claiming and Direct Services programs
- Web-based toolsets and electronic documentation to facilitate audit preparedness and data support

Program Evaluation

- Review of MAC and Direct Services claiming program compliance
- Risk Based Analysis of Claims
- Rate Review and Program Enhancement Initiatives

Fairbanks understands the challenges of navigating complex Medicaid policies and our core focus is providing expertise to health care, government and education agencies.