**Healthcare
Regulatory & Compliance**

The Challenge

The healthcare industry is in a state of disruption. The Affordable Care Act (ACA) and the Centers for Medicare & Medicaid Services (CMS) mandates are changing the way organizations operate, both internally and externally. Understanding these mandates and how they affect stakeholders is critical to success now and in the future healthcare operating model.

Healthcare organizations are not equipped to handle the rapid pace of these regulatory and compliance mandates. Faced with the myriad of changes that impact reimbursements, risk-based partnerships and the increased frequency and scope of CMS audits, most organizations will need help to meet upcoming mandates and put the right organizational structure and tools in place to stay on track.

Our Services

Regulatory and compliance initiatives are often affected by changing mandates and external deadlines. Superior program leadership capabilities enable an organization to either get ahead of the changes or respond in a more nimble manner than their competitors. While many organizations are only focused on meeting the deadline, we help our clients think forward and focus on understanding impacts so they're better positioned to meet mandated timelines and plan for what comes next.

We work with a variety of healthcare clients, leading numerous initiatives that address regulatory and compliance mandates with a focus on both short-term and longer-term impacts to their organizations. Here are some examples of how we've partnered with healthcare organizations:

- Developed and managed the meaningful use program and attestation process at a healthcare provider organization to obtain meaningful use stage 1 certification, and advised many clients on stage 2 efforts.
- Restructured a compliance program—aligning compliance, internal business operations and IT resources to prepare the organization for an extensive audit. We also assisted with post-audit follow-up to implement necessary corrective actions.
- Managed multiple ICD-10 implementations for healthcare providers and health plans.
- Managed the development of a system-wide physician quality reporting system and patient-centered medical home quality reporting program for a large health system.
- Reviewed network adequacy and managed development of annual enrollment materials for Medicare Advantage programs
- Led the effort to implement a new dual eligible and long-term care program across a large, regional integrated health system.

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Why Point B?

We started our Healthcare Practice in 1995, continuously growing our expertise through engagements with diverse health plans, providers and life science organizations. Today, we leverage more than 200 healthcare consultants who bring deep industry knowledge, independent thinking and hands-on experience to every project.

We understand healthcare trends and best practices and, because Point B at its core is a project leadership firm, we excel at making organizational initiatives successful. We deliver our services to healthcare clients by drawing from experts in other industries and disciplines within our firm, ensuring the best approach to achieving each client's strategic goals. Over the years, our healthcare-focused services have helped clients by:

- Leading the planning and implementation of commercial and government health plans.
- Guiding population-based management efforts for a CMS shared-savings pilot.
- Developing business plans and implementation roadmaps used to create new accountable care partnerships among providers, health plans and community agencies.
- Facilitating strategic planning for population health management that enables physician engagement and new practices such as behavioral health management, health coaches, integrated care plans, and reporting.
- Leading complex system implementations such as electronic health records and enterprise data warehouses.