MHC Services Group

Achieving, Monitoring, and Maintaining Compliance Across Federal, State, and Local Regulatory Mandates.

Healthcare payers are subject to ever-evolving regulations governing claims and encounter processing and, many other crucial areas of Payer operations, to safeguard data, enhance member and provider experiences, ensure accurate billing, maintain system integrity, and provide accurate and timely reporting to governing entities. Failure to do so can lead to low operational efficiency, penalties, sanctions, and disgruntled clients, members, and providers.

Healthcare consulting professionals and system integrators play crucial roles with interpreting these regulations and implementing solutions that adhere to compliance standards. Data integration, management, and visibility are essential to achieving compliance success. Federal, State, and Local regulations are imposed for all lines of business across commercial and government programs, such as Medicare, Medicaid and HIX. This introduces complex and, at times, conflicting regulations and demands. It is essential for healthcare payers to work with expert partners to interpret, define, and implement the appropriate operational and technical strategies to achieve, monitor, and maintain regulatory compliance.

Selecting the right partner for regulatory interpretation and implementation is key to achieving and maintaining compliance while improving operational efficiencies and eliminating penalties and sanctions. MHC Services Group has deeply experienced compliance professionals that interpret Federal, State, and Local regulations in the healthcare industry across the country. MHC works closely with clients to develop comprehensive requirements and integration points for claims processing and ancillary systems, ensuring operational efficiencies and visibility to data that is crucial to achieve, monitor and maintain regulatory compliance.

Contact Us Today.

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MHC is currently working closely with health plans across the country to navigate and interpret the regulatory maze of government and commercial programs including Medicaid, Exchange, Medicare Advantage, CalAIM, and NC Tailored Plan initiatives. MHC's Professional Services Teams have the critical role of integrating and implementing innovative solutions while optimizing operational efficiencies, data security, data visibility, and accurate and timely reporting.

Deep Experience is Essential When Selecting the Right Partner to Help Your Organization Achieve and Maintain Regulatory Compliance

Regulatory Research and Interpretation
MHCSG initiates the process by thoroughly analyzing the latest healthcare regulations and compliance standards relevant to claims processing. This includes but is not limited to HIPAA, ICD-10, CMS, state and local specific, and other industry mandates.

Stakeholder Collaboration
Engaging with key stakeholders such as healthcare providers, insurers, and regulatory bodies to understand their specific requirements and concerns. This ensures that the claims processing system aligns with the organization's unique needs while meeting regulatory expectations.

Business and IT Requirements
Collaborating with business analysts to translate regulatory requirements into detailed business requirements. This involves identifying necessary functionalities, data elements, and workflow processes required for compliant claims processing; Working closely with the IT teams and Third-Party Vendors to convert business requirements into technical specifications. This includes defining data structures, security protocols, and integration points with other healthcare systems to ensure a seamless flow of information.

System Integration Strategy
Designing a comprehensive system integration strategy to connect the claims processing system with existing healthcare IT infrastructure. This may involve integrating with Third-Party systems, billing platforms, and other relevant databases.

User Training and Adoption
Developing training programs for end-users to ensure they understand the updated claims processing system and adhere to new compliance protocols. User feedback is incorporated to refine the system further. This also aids in developing Desktop Level Procedures (DLP's) to capture repeatable and reusable processes.

Testing and Quality Assurance
Conducting rigorous testing, including compliance testing, to identify and rectify any issues before system deployment. This includes validating the accuracy of claims submissions, processing times, and adherence to regulatory guidelines.

Deployment and Continuous Improvement
Deploying the enhanced claims processing system in collaboration with the healthcare organization. Providing ongoing support and maintenance to address any emerging issues, update compliance requirements, and adapt to changes in the regulatory landscape; Establishing mechanisms for continuous improvement, including regular reviews of regulatory changes and technological advancements. Updating the system and processes accordingly to ensure sustained compliance and operational efficiency.