

Provider Management Services



Ensure the integrity of your state’s long-term services and supports programs, including home and community-based services.

Each year, hundreds of millions of Medicaid dollars go to personal care services, home health, community behavioral health, hospice, non-emergency transportation, and other in-home care services. Managing these services—and their providers—presents a unique challenge to Medicaid agencies that other payers may not face.

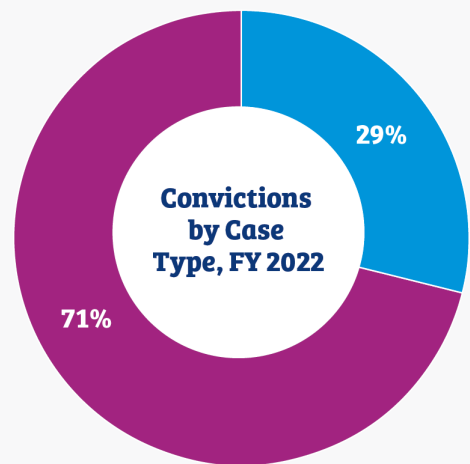
For over 25 years, Public Consulting Group (PCG) has helped states across the nation improve the quality of their Medicaid services. As a result, our team is a recognized leader in the evaluation, implementation, and delivery of long-term services and supports (LTSS) and home and community-based services (HCBS) programs.

According to the annual Office of Inspector General (OIG) analysis in FY 2022, 71 percent of convictions involved billing for services not rendered. Our comprehensive approach to LTSS and HCBS program integrity and provider management includes services designed to prevent and detect fraud, waste, and abuse.

PCG’s Provider Management Approach

At PCG, we believe quality care starts and stops with the provider. Our approach goes beyond traditional regulatory compliance and quality assurance services to directly and immediately improve provider compliance and service delivery outcomes, resulting in:

- ✓ Improved accountability
- ✓ Reduction of fraud, waste, and abuse
- ✓ Improved compliance
- ✓ Cost avoidance and savings of tens of millions of dollars
- ✓ Improved quality of services



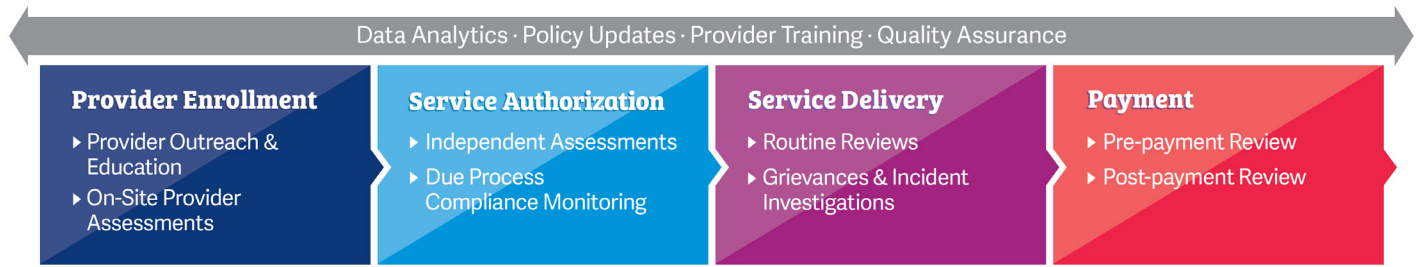
■ Patient Abuse or Neglect
■ Fraud (All Types)

Source: U.S. Department of Health and Human Services, Office of Inspector General (March 2023). Medicaid Fraud Control Units Fiscal Year 2022 Annual Report (OEI-0923-00190).



PCG’s experience, combined with our methodical approach to improving services, earned us the distinction as a Quality Improvement Organization-like (QIO-like) entity, as certified by the Centers for Medicare & Medicaid Services (CMS). **By working with PCG, states are eligible for enhanced federal matching funds of up to 75 percent on medical and utilization reviews conducted by PCG.**

A comprehensive provider management solution touches every point of the service delivery continuum.



Provider Enrollment

Provider Outreach and Education. PCG helps providers gain the necessary education and training to achieve compliance. Services range from in-person to web-based training and include educational materials designed around trends in provider questions and citations.

On-Site Provider Assessments. The Affordable Care Act requires site visits to identify non-compliant and fraudulent providers that may go undetected by data analytics and desk audits. PCG conducts these visits to ensure high and moderate risk providers are prepared and qualified to provide Medicaid services.

Service Authorization

Independent Assessments. Our services support the consistent and compliant completion of all needs assessments and service authorizations.

Due Process Compliance Monitoring. We ensure the efficiency and compliance of all authorization appeals, contributing to time and cost savings.

Service Delivery

Routine Reviews. Reviews verify proper staffing, plans of care, and level of service and detect instances of fraud, waste, and abuse. This validation process ensures compliance with policy and code, with a focus on corrective action, education, and cost avoidance measures.

Grievances and Incident Investigations. We help clients respond to complaints and reported incidents to assess compliance and the health and safety of beneficiaries. Investigations may focus on individuals and/or providers.

Payment

Pre-payment Review. Our team flags high-risk claims and providers for pre-payment review and examines supporting documentation for claims after submission, but prior to payment.

Post-payment Review. PCG conducts full-scale audits using data analytics designed to uncover extensive information and recoup large overpayments where payback is likely. These audits help providers be prepared and qualified to continue delivering services.

Ongoing Consulting and Advisory Services

Data Analytics. PCG combines clinical program knowledge with technical expertise to maximize analytics software. We help states manage the opioid epidemic through actionable data analytics.

Policy Updates. We help clients shape policy based on findings, improve fraud, waste, and abuse, and facilitate waiver design.

Provider Training. PCG provides general and focused in-person, webinar, and online training for newly enrolling providers and continuing education for enrolled providers.

Quality Assurance. We measure and evaluate the impact of our programs and interventions to provide targeted improvements when appropriate.

To learn more about how PCG can help your organization take a more proactive approach to program integrity, contact us today.

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 www.publicconsultinggroup.com