



Solutions that Matter

PCG's work serving HHS Agencies

Public Consulting Group (PCG) is a national management consulting, operations, and technology firm. We deploy innovative health, human services, education, and technology solutions that help our public sector clients solve complex problems affecting the people they serve. Solutions that improve lives. Solutions that matter.

- Founded in 1986 with 2,000+ professionals in cities located across the U.S.
- Part of the PCG family of companies, which has a presence in Canada, the United Kingdom, Australia, and Poland
- Delivering outstanding **financial and operational results** to all 50 states' HHS agencies by improving outcomes for the communicates and the people they serve
- Employing ~100 OH-based staff in Cincinnati, Columbus, and Cleveland serving Health, Human Services and Education agencies
- Assisting 33 states with the management of third-party data used to support Medicaid eligibility determination



HEADQUARTERS Headquartered in Boston, MA

OFFICES

Offices across US, and affiliates across CA, UK, & PL

CONTRACTS Contracts in **all 50 states** and internationally



PCG's work serving the State of Ohio

PCG has continually served the State of Ohio via work with the Ohio Department of Medicaid, various education service centers, and the Ohio Department of Education since 2012.

ODM: Provider Oversight:	2013 to Present	
 Conducted 148,000+ incident investigations 		
 Processed 30,000+ provider enrollment applications 		
 Referred 1.2K cases to OIG for fraud investigation 		
Education: Technology & Consulting:	2012 to Present	
 Implemented EdPlan[™] Special Ed Case Management 		
 Provided Literacy Consulting to Ohio Resource Center 		
 Supporting Mid-Ohio, Columbus and Cincinnati ESCs 		
ODM: Third Party Data Source Checks:	2022 to Present	
 Connected ODM to leading third-party data sources via a single PCG interface 		
Configured our eligibility verification system to reflect ODM eligibility policy		
 Used data and PCG's system to recommend eligibility – and flag potential ineligibility – for nearly 1M Ohio Medicaid members to date 		



PCG's Solution

PCG maintains a stand-alone HHS Eligibility Data Hub connecting more than 30 states to hundreds of data sources critical to improving the accuracy and efficiency of Medicaid eligibility decisions.



One contract. One Interface. The best data competing commercial vendors have to offer. No other agency responsibility.



PCG's Value

PCG's "Instant Eligibility Verification System & API Gateway" (IEVS) allows ODM to electronically verify members for every type of Medicaid assistance at the same time based on ODM- and client-specific eligibility policy.



PCG's Progress to Date

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To date, PCG has processed nearly 1M Ohio Medicaid members through our data hub, using more than 100M total data points to predict the eligibility of these members based on ODM-defined eligibility criteria.



- **610,000 expedited redeterminations** requiring limited staff intervention.
 - 457,500 hours saved using data and automation versus manual (assumes 45 min case review).



610K

"eligible" recommendations

- **370,000** members flagged as requiring closer scrutiny via manual review.
- Rapid Detection of Ineligibility via leading data and "case clues" on each member.
- Improved Accuracy by providing instant, consolidated access to all required eligibility data and analytics.



PCG's National Observations

PCG is providing data, consulting, and staffing services focused on unwinding to more than a dozen states across the country and we have observed common challenges faced and lessons learned in each of these states, including:

Staff Shortages	 Dramatic increases in Medicaid enrollment during the pandemic. Significant eligibility workforce reductions are resulting in backlogs. Need for automated, rather than manual, processes during unwinding. 	Lesson Learned: Enhanced ex parte processes can alleviate workforce challenges
High Procedural Disenrollment Rates	 Otherwise eligible members are being disenrolled via ex parte flags for failing to respond to agency renewal packets. The same members are re-enrolling as soon as they have a medical need, creating more work for Medicaid agencies without cost savings. 	Lesson Learned: States ultimately reenroll up to 75% of the members they disnenroll for procedural reasons
Incomplete and/or Aged Ex Parte Data	 Prevalent reliance on aged or incomplete federal verification data. Limited adoption of valuable commercial verification data for ex parte. Limited ex parte verifications of in-state residency, incarceration status, assets, and household composition. 	Lesson Learned: Better ex parte data and enhanced analytics yield more accurate ex parte results

