PUBLIC CONSULTING GROUP

Solutions that Matter

Preventative Program Integrity Pre-Payment Analytics

According to the U.S. Government Accountability Office, in 2023, Medicaid improper payments totaled over $50.3B. Traditional pay-and-chase recovery efforts are costly, time-consuming, and offer a suboptimal return on investment, recovering on average only $0.20 for every dollar identified.

It's time for a new approach to safeguarding Medicaid funds. We can help.

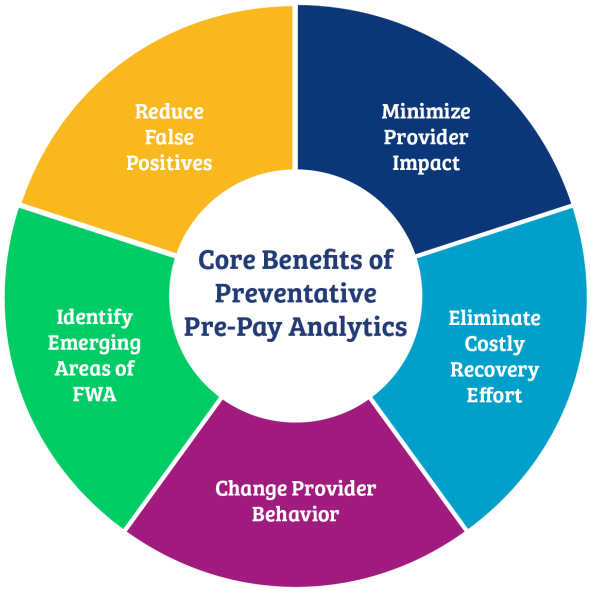
Preventative Pre-Payment Analytics

At Public Consulting Group (PCG), we are uniquely focused on Medicaid Fraud, Waste, and Abuse (FWA) prevention. By applying sophisticated FWA data analytics and algorithms to submitted claims in real-time, our system helps you identify fraudulent and suspect claims before they are paid.

This preventative approach saves time, money, and resources on investigation, audit, and recovery efforts and helps realize the real dollar impact of cost avoidance and provider behavior change.

Core Benefits of Preventative Pre-Payment Analytics include:

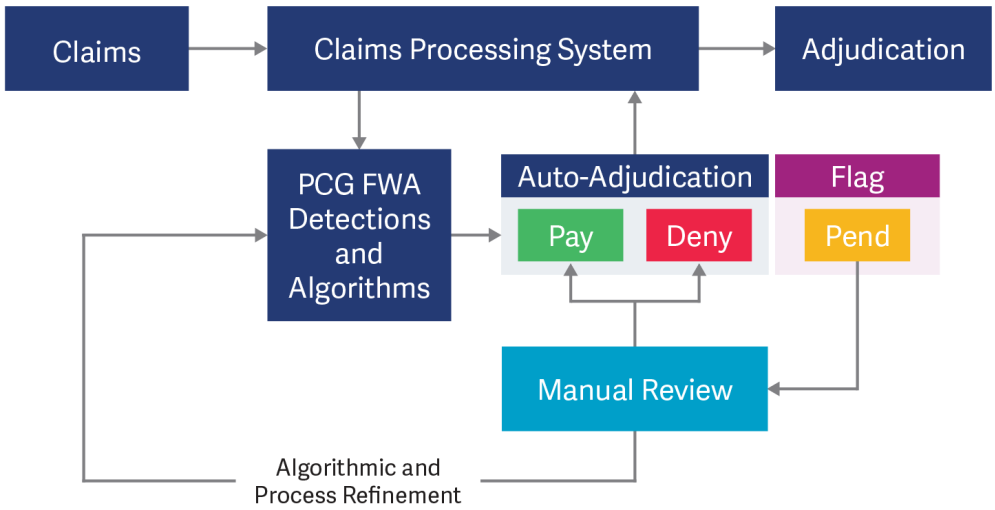
- **Eliminate costly recovery efforts** by preventing inappropriate payments from being made in the first place.
- **Minimize provider impact** with direct Medicaid Management Information Systems (MMIS) integration and auto-adjudication statuses.
- **Reduce false positives** through upfront denial optimization.
- **Change provider behavior** through denials and provider education that results in increased and measurable cost avoidance.
- **Identify emerging areas of FWA** by leveraging advanced predictive data analytics to stay ahead of evolving fraud schemes.



PCG's Pre-Payment Analytics Solution

Our system integrates with existing claims processing systems, fully unlocking the power of advanced data analytics in the pre-payment environment. PCG's team of Program Integrity subject matter experts, clinicians, developers, and data analysts collaborate with our clients to develop algorithms and detections that meet state-specific needs, address emerging areas of FWA, optimize system performance, and ensure valid claims are processed with minimal impact on providers.

When applied, these algorithms offer results that far exceed the capabilities of typical MMIS system edits in fractions of a second. Claims cleared for processing or flagged for denial are automatically returned to the claims processing system for adjudication, while suspect claims are suspended for manual review by investigators.



PCG's Proven Results

For nearly a decade, PCG has helped clients reduce improper payments and realize the real-dollar impact of cost avoidance through pre-payment denials and provider behavior change.

155+

Proprietary **alerts, detections, and reports** developed.

$121M+

In pre-paid denials for a single state client since 2016.

$26M

SFY24 savings for a single state client.

10%

Demonstrated **change in provider behavior.**

To learn more about how PCG's Pre-Pay Analytics Solution can help you prevent FWA, contact us today!

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www.publicconsultinggroup.com