

Who is Public Consulting Group, Inc. (PCG)



Why is PCG here?

Federal regulations require certain providers to undergo an on-site visit before being enrolled in the NC Medicaid Program. Public Consulting Group (PCG) conducts these site visits for all providers whose services are categorized as either moderate or high risk, pursuant to NCGS 108C. In addition, all providers are required to adhere to the terms of the Provider Administrative Participation Agreement (APA). This agreement does not differentiate independent providers from other organizations in terms of number of employees; thus, they are held to the same rules and regulations.

What can you expect from PCG?

On-site visit programs satisfy Federal Regulation 42 CFR 455 Subpart E, whereby PCG conducts comprehensive in-person interviews with enrolling, adding a service location, and revalidating high- and moderate-risk providers. Backed by sophisticated data analytics, this program specifically guards against provider fraud, waste, and abuse. In fact, 77% of non-compliant providers go undetected when comprehensive in-person site visits are not conducted.

PCG is one of the few provider oversight vendors in the country that specializes in conducting various types of on-site provider assessments. Working with state Medicaid agencies, PCG's on-site assessments help agencies operate various boots-on the ground programs that satisfy federal regulations.

During the on-site review, PCG may look to speak with anyone within the provider's organization who may have knowledge of the business in order to assess operational readiness prior to the provider being approved to provide services. Generally, PCG will conduct the review with the provider(s), business owner(s), and the office administrator. PCG will look at documentation such as policies and procedures, background checks, documentation of services provided and other documents needed to determine the outcome of the site visit. If PCG determines areas of the business are out of compliance with North Carolina Medicaid and Health Choice rules, regulations, and policy, PCG may educate the appropriate personnel in the areas needed to ensure the provider operates within the guidelines of North Carolina Medicaid.

Since 2012, PCG has conducted more than 16,000 on-site provider assessments. Through this work, PCG has helped multiple states significantly enhance their provider oversight functions through implementation of efficient provider assessment programs.

Education information

Providers are required to comply with the following:

- NC DHHS Provider APA
- North Carolina Administrative Code
- Federal statutes and rules
- Program requirements - updated through email blasts and Medicaid bulletins. These are extremely important to assure that providers stay compliant with North Carolina Medicaid and Health Choice rules, regulations, and policy.

Keeping your provider information current in NCTracks is imperative:

- Per the NC DHHS Provider APA, providers are required to notify NCTracks within 30 days of a change within their organization (change of address, ownership, certifications, etc.).

Documenting Services:

- Providers must have documentation to support all their Medicaid billing, and must maintain this billing documentation for at least 6 years.
- If a provider is audited and does not have the documentation to support its billing, the state may recoup some or all of the payments that are not supported with documentation.
- If billing irregularities are uncovered during an audit, these findings may result in a referral to NC DMA Office of Compliance and Program Integrity.

NCMMIS Provider Claims and Billing Assistance Guide:

- Providers can access the NCMMIS Provider Claims and Billing Assistance Guide at NCDHHS.gov or NCTracks.

Policy & Procedure (P&P) Manuals and Corporate Compliance:

- Within its P&P manual, each business should include the following information:
 - *Corporate compliance plan*
 - *Safety measures*
 - *Infection control measures*
 - *N.C.G.S Section 108C*

Background Checks:

- Before hiring a new staff member, organizations must conduct background checks on the individual through an accredited agency.
- North Carolina requires a background check on all employees and for all new potential employees who have resided in North Carolina fewer than 5 years.
- See terms and conditions of the NC DHHS Provider APA at <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment/terms-and-conditions/admin-participation-rev.html>*

Federal Exclusion Checks:

- The Office of Inspector General (OIG) develops and distributes resources to assist the health care industry in its efforts to comply with the Nation's fraud and abuse laws and to educate the public about fraudulent schemes so they can protect themselves and report suspicious activities. The OIG is required by law to exclude from participation in all federal health care programs, individuals and entities convicted of Medicare or Medicaid fraud.
- North Carolina Medicaid providers are required to run an exclusion list check on all employees monthly.
- www.OIG.HHS.gov

Health Insurance Portability & Accountability Act (HIPAA):

- HIPAA identifies the measures to be taken to assure that confidential personal records and information are protected and secure.
- Providers are required under federal law to maintain compliance with HIPAA.
- See Section 3 of the NC DHHS Provider APA at <https://www.nctracks.nc.gov/content/public/providers/provider-enrollment/terms-and-conditions/admin-participation-rev.html> for more information regarding HIPAA.*

North Carolina Clinical Coverage Policies:

- All North Carolina Medicaid and Health Choice clinical coverage policies are posted electronically on the NC DMA website. An index of the most up-to-date policies can be found under the "Documents" tab, located at the top right of the NC DMA homepage.
- Because of the legislative directive to have Medicaid-equivalent benefits, NC DMA has developed a joint clinical coverage policy template for Medicaid and North Carolina Health Choice. Please read each policy section carefully for program-specific coverage, exceptions, and limitations.

By working together and improving the overall quality of North Carolina Medicaid providers, PCG aims to make patient health care more reliable, safe, and accessible.

*All regulations set forth in this document can be found at NGCS 108C and 42 CFR 455, Subpart E

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