

Who We Are

Public Consulting Group (PCG) has been working with states since passage of the Affordable Care Act (ACA), and as such, we have a detailed understanding of the major federal statutes, regulations, and guidance impacting the commercial insurance market and significant experience aligning ever-evolving federal requirements with state health policy landscapes. Our strengths in advising Departments of Insurance are paired with extensive expertise in health insurance coverage and commercial insurance market requirements.

PCG's Areas of Expertise



Market Regulation &
Plan Certification



Mental Health Parity and
Addiction Equity Act
Compliance



Network Adequacy



Utilization Management
Reform

PCG-Developed Tools

- 1 Network Adequacy Data Collection Template
- 2 QHP Review Tracker
- 3 Compliance Checklist
- 4 Prescription Drug Discriminatory Benefit Design Review Tool

Market Regulation & Plan Certification

Federal guidance changes annually, and likely policy changes under the new administration may be a reason for states to pursue opportunities to develop a state-based approach to regulation and qualified health plan (QHP) standards. Similarly, the role and structure of Federally-facilitated Exchanges (FfEs) may change, leading to new advantages of transitions to State-based Exchanges (SBEs). PCG has assisted with SBE and FFE planning and worked as a plan management vendor for states (NH, RI, DE, DC, PA) since 2013.

Project Spotlight: New Hampshire Insurance Department (NHID) – Plan Management Consultants (2013-2022)



PCG Impact:

- Compiled state and federal guidance into easily presentable materials for carriers, and filing guidance
- Analyzed federal guidance to ensure state compliance, including updating state regulations
- Developed state-specific review process tools to support plan review
- Supported plan review and certification process, including communications with carriers
- **Tools and support materials developed by PCG in New Hampshire were cited by the Center for Consumer Information and Insurance Oversight (CCIIO) as a national best practice**

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires health insurers to provide mental health and substance use disorder service coverage that is comparable to medical/surgical service coverage. PCG has conducted MHPAEA analyses for several states (DC, PA, RI), including comparing state mental health parity regulations with requirements in the federal MHPAEA to identify potential gaps, evaluating whether formulary designs met parity requirements, and developing tools to assess issuer compliance with mental health parity requirements.

Project Spotlight: Pennsylvania Insurance Department (PID) – Technical Assistance with Formulary Review (2017-2019)

PCG Impact:



- Reviewed ACA-compliant plan formularies in the individual and small group markets for compliance with state and federal laws, including nondiscrimination and MHPAEA standards
- Communicated findings to issuers and requested updated templates or justifications for potential discriminatory practices as to why deficiencies are not discriminatory
- Developed draft data request templates to equip PID with the tools necessary to assess issuer compliance with mental health parity requirements

Network Adequacy Assessments & Analyses

Effective network adequacy helps to ensure meaningful access to care for healthcare users. PCG has a deep breadth of experience conducting network adequacy analyses and geo-mapping service use based on zip codes to identify gaps in utilization and areas of inadequate service access. PCG partners with states, including AR, CO, DC, HI, NH and WI, to transform network adequacy monitoring from a compliance exercise into a powerful tool for healthcare access improvement.

Project Spotlight: Arkansas Department of Insurance (AID) – Health Benefit Exchange Qualified Health Plans (QHP) Specialist (2012-2015)

PCG Impact:



- Drafted Network Adequacy administrative guidelines and facilitated discussions and negotiations with stakeholders to develop final recommendations
- Proposed revisions to the network process necessary to ensure accurate and sufficient oversight of proposed networks
- Reviewed and compiled a list of “primary” Mental Health and Substance Abuse Services identified by procedure codes (CPT/HCPCS)

Utilization Management Reform

Utilization management practices are important to healthcare affordability. However, research shows that if not designed properly, utilization management can create unintended barriers to access. PCG has explored challenges and helped states (PA, MD, NM) consider, design and implement standards including uniform process standards, electronic prior authorization, and transparency requirements.

Project Spotlight: Pennsylvania Insurance Department (PID) – Health Insurance Technical Assistance - Research Opportunities to Reduce the Number of Prior Authorizations and Step Therapy Utilization Requirements (2025-Present)

PCG Impact:



- Conducting an analysis of prior authorization, step therapy, and drug exception requirements imposed by Pennsylvania commercial health insurers
- Analyzing the validity of the insurer justification for the utilization management requirements
- Developing a report including research, analysis, methodology, results, and recommendations based on analysis and findings

