

NY EICC

Early Intervention Panel Discussion
June 16, 2022

Public Consulting Group

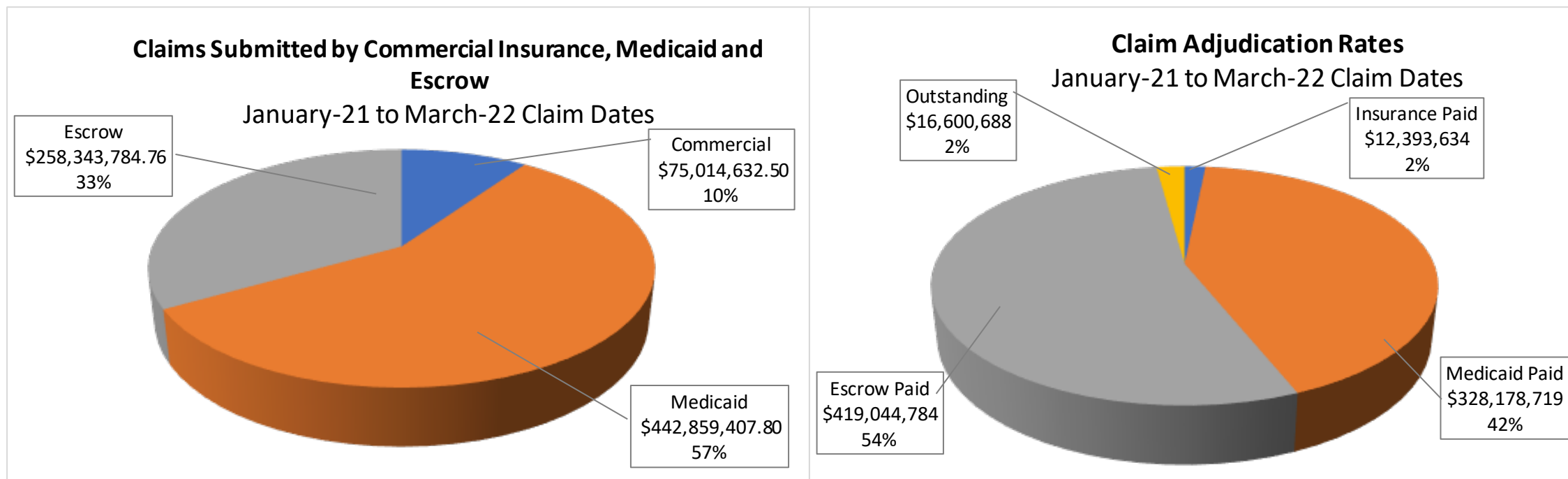


Solutions that Matter



SFA Billing and Claiming Statistics

- For the 15-month period from January 1, 2021, to March 31, 2022, the SFA has billed \$776.2 million in claims. Providers have received \$759.6 million in payments with \$16.6 million outstanding for that period. Since 4/1/13 more than \$5.6 billion worth of claims have been processed and 99.1% paid.





Commercial Insurance Denial Rates

Regulated plans only

October 2020 - March 2021 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	151,843	\$9,935,518	\$4,684,062		
Denied	229,087	\$15,334,681	\$0	100.0%	60.7%
Grand Total	380,930	\$25,270,199	\$4,684,062		

October 2021 - March 2022 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	163,640	\$10,893,996	\$5,252,889		
Denied	243,813	\$16,397,358	\$0	100.0%	60.1%
Grand Total	407,453	\$27,291,355	\$5,252,889		





Commercial Insurance Denial Rates

Regulated plans only

October 2020 - March 2021 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	70,456	\$ 5,033,262	32.8%
Benefits	59,332	\$ 3,628,813	23.7%
Contractual Adjustment	27,795	\$ 1,765,341	11.5%
Patient Responsibility	19,226	\$ 1,420,856	9.3%
Eligibility	15,734	\$ 1,043,981	6.8%

Top Denial Reasons for Insurance claims processed 10/1/20 - 3/31/21

(a) Any claims with a partial payment are excluded here

October 2021 - March 2022 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Benefits	82,764	\$ 5,029,021	30.7%
Authorization	53,869	\$ 3,835,725	23.4%
Eligibility	25,598	\$ 1,753,784	10.7%
Patient Responsibility	20,398	\$ 1,515,820	9.2%
Documentation Request	17,922	\$ 1,182,493	7.2%

Top Denial Reasons for Insurance claims processed 10/1/21 - 3/31/22

(a) Any claims with a partial payment are excluded here



Open Claims in the EIBilling System



For the period from April 1, 2013 through March 31, 2022, the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 74 million claims processed, the 427,079 claims that are still open after 60 days is less than 1% of total claims.

Payer	Claims by Amount All	Claims Count All	Claims by Amount > 60 days	Claims Count > 60 days
COMMERCIAL	\$9,686,939.95	116,098	\$8,609,996.09	103,573
ESCROW	\$47,888.57	59,775	-\$222,700.59	51,356
MEDICAID	\$9,335,015.49	312,941	\$7,365,064.70	272,150
Total	\$19,069,844.01	488,814	\$15,752,360.20	427,079



Claims Sent to Insurance with No Response Greater than 60 days from Bill Date



The SFA has been working with the six insurance companies listed below to reduce the outstanding claims. PCG started this project in May, 2017 and it is on going.

Payer	Beginning		Current		Change		% Change	
	# Claim	Outstanding \$	# Claim	Outstanding \$	# Claim	Outstanding \$	# Claim	Outstanding \$
Excellus	3,080	\$ 234,787	3,199	\$ 226,877	(119)	\$ 7,910	-3.9%	3.4%
United HealthCare	4,461	\$ 328,518	4,931	\$ 370,975	(470)	\$ (42,457)	-10.5%	-12.9%
Oxford	5,702	\$ 438,692	5,246	\$ 389,531	456	\$ 49,161	8.0%	11.2%
Fidelis	3,167	\$ 255,006	1,846	\$ 160,559	1,321	\$ 94,447	41.7%	37.0%
GHI	5,400	\$ 404,244	8,029	\$ 582,112	(2,629)	\$ (177,868)	-48.7%	-44.0%
Empire	3,212	\$ 232,803	9,168	\$ 656,027	(5,956)	\$ (423,224)	-185.4%	-181.8%
Wellcare	1,655	\$ 116,402	-	\$ -	1,655	\$ 116,402	100.0%	100.0%
Total	26,677	\$ 2,010,452	32,419	\$ 2,386,081	(5,742)	\$ (375,629)	-21.5%	-18.7%



Top 16 Payers



Payer Name	# of Services	Billed Amount	Paid Amount	% of Total Payer Billed Amount	Primary Denial Reason	% Paid 2022*	% Paid 2021**	% Paid 2020***	% Paid 2019****	% Paid 2018*****	% Paid 2017*****	% Paid 2016*****	% Paid 2015*****
UnitedHealthcare	41,267	\$2,669,835	\$662,437	22.6%	Eligibility	24.8%	32.1%	28.5%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	25,391	\$1,730,730	\$586,453	14.6%	Benefits	33.9%	33.9%	31.3%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	22,161	\$1,501,540	\$14,671	12.7%	Authorization	1.0%	0.4%	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
GHI - New York	20,131	\$1,315,562	\$462,820	11.1%	Benefits	35.2%	35.8%	32.4%	29.4%	30.6%	29.7%	28.5%	25.7%
Oxford	16,042	\$1,005,954	\$57,607	8.5%	Benefits	5.7%	7.8%	6.9%	6.2%	6.8%	7.8%	7.6%	6.2%
Aetna	7,188	\$488,389	\$96,363	4.1%	Authorization	19.7%	17.7%	16.3%	16.8%	14.9%	15.9%	19.3%	18.0%
Excelsus	7,281	\$487,091	\$118,446	4.1%	Benefits	24.3%	23.1%	27.1%	22.8%	22.4%	24.3%	26.4%	28.2%
HIP	6,965	\$480,915	\$129,682	4.1%	Authorization	27.0%	13.0%	3.0%	2.1%	3.1%	2.4%	4.0%	3.4%
Americhoice	5,138	\$342,229	\$16,251	2.9%	Authorization	4.7%	3.9%	5.5%	2.9%	3.5%	4.9%	4.9%	6.6%
Empire BCBS of NY	4,619	\$333,755	\$36,023	2.8%	Benefits	10.8%	7.6%	5.8%	3.3%	6.7%	6.4%	6.3%	3.6%
Cigna	4,823	\$319,867	\$40,708	2.7%	Out-of-Network	12.7%	15.3%	16.0%	15.9%	13.6%	8.6%	7.9%	9.4%
HealthFirst	4,110	\$304,481	\$13,750	2.6%	Authorization	4.5%	6.9%	6.2%	1.6%	1.8%	1.2%	2.4%	1.8%
HealthNow - BCBS of WNY	3,816	\$262,387	\$86,804	2.2%	Benefits	33.1%	37.1%	37.2%	29.5%	26.0%	27.8%	25.9%	25.8%
MetroPlus Health Plan	2,685	\$215,352	\$101,627	1.8%	#N/A	47.2%	51.1%	54.7%	57.6%	51.3%	45.0%	41.3%	12.6%
CDPHP	2,887	\$180,857	\$26,039	1.5%	Authorization	14.4%	12.1%	7.8%	2.6%	0.2%	1.5%	1.4%	1.2%
MVP	2,707	\$180,598	\$25,930	1.5%	Authorization	14.4%	13.9%	17.5%	17.2%	14.4%	32.9%	42.2%	43.1%
Total	177,211	\$11,819,540	\$2,475,611	100.0%		20.9%	21.3%	18.4%	16.7%	16.8%	17.0%	17.9%	16.0%

These payers represent approximately 99.3 percent of total claims billed for regulated plans..

Source: 835's, Electronic Remits, and EOB entries

*2022 Time Period: January 1, 2022 through March 31, 2022 Processing Dates

**2021 Time Period: January 1, 2021 through December 31, 2021 Processing Dates

***2020 Time Period: January 1, 2020 through December 31, 2020 Processing Dates

****2019 Time Period: January 1, 2019 through December 31, 2019 Processing Dates

*****2018 Time Period: January 1, 2018 through December 31, 2018 Processing Dates

*****2017 Time Period: January 1, 2017 through December 31, 2017 Processing Dates

*****2016 Time Period: January 1, 2016 through December 31, 2016 Processing Dates

*****2015 Time Period: January 1, 2015 through December 31, 2015 Processing Dates



Medicaid Sweep Process

For the period from July 2013 through March 2022 there have been 2.4 million claims totaling \$155 million processed in Medicaid Sweeps. Medicaid has paid 68.4% totaling \$106 million.

This monthly sweep includes:

- Claims that had Medicaid Code 35 errors that have been correctly assigned by PCG
- Claims initially paid from escrow where the child is later identified by PCG to have Medicaid coverage

Process	Sweep Date	# of Services	Billed Amount	Paid Amount
Code 35	2022	-	-	-
Medicaid Recoup	2022	54,956	\$4,151,110	\$1,340,851
Total 2022 Code 35 and Medicaid Recoup Sweep		54,956	\$4,151,110	\$1,340,851
Code 35	2021	254,287	\$4,670,497	\$1,378,369
Medicaid Recoup	2021	155,838	\$11,616,628	\$8,415,957
Total 2021 Code 35 and Medicaid Recoup Sweep		410,125	\$16,287,125	\$9,794,326
Code 35	2020	80,642	\$2,739,249	\$440,993
Medicaid Recoup	2020	158,818	\$11,675,684	\$8,396,148
Total 2020 Code 35 and Medicaid Recoup Sweep		239,460	\$14,414,933	\$8,837,141
Code 35	2019	77,004	\$2,689,794	\$338,716
Medicaid Recoup	2019	197,650	\$15,020,242	\$10,250,291
Total 2019 Code 35 and Medicaid Recoup Sweep		274,654	\$17,710,036	\$10,589,007
Code 35	2018	7,433	\$254,946	\$80,054
Medicaid Recoup	2018	183,868	\$13,832,048	\$9,946,891
Total 2018 Code 35 and Medicaid Recoup Sweep		191,301	\$14,086,994	\$10,026,945
Code 35	2017	99,551	\$3,169,550	\$2,317,003
Medicaid Recoup	2017	204,637	\$15,339,435	\$11,933,188
Total 2017 Code 35 and Medicaid Recoup Sweep		304,188	\$18,508,985	\$14,250,191
Medicaid Recoup	2016	300,869	\$22,772,415	\$17,413,763
Medicaid Recoup	2015	297,812	\$22,964,035	\$15,792,792
Medicaid Recoup	2014	175,333	\$13,132,134	\$9,908,058
Medicaid Recoup	2013	146,049	\$11,078,848	\$8,078,510
Grand Total of All Sweeps		2,394,747	155,106,615	106,031,584

Note:

Code 35 initial sweep date 5/16/17

Medicaid Recoup initial sweep date 7/29/13



Remittance Entry Process Update



PCG is working with Billing Providers to enroll with Commercial Payers to receive Remittance data via HIPAA compliant 835 files.

Of the top 40 providers by claims volume, every one has enrolled with at least 4 payers.

There are 708 providers enrolled in 835's with at least 1 payer.

Remittance Data Entry					
Description	Jan 2018 - Mar 2018	Jan 2019 - Mar 2019	Jan 2020 - Mar 2020	Jan 2021 - Mar 2021	Jan 2022 - Mar 2022
835	40.3%	47.0%	43.7%	48.4%	50.3%
EOB Entry	34.8%	28.8%	39.0%	39.2%	37.0%
Remit Posting	24.2%	23.0%	15.5%	11.6%	12.5%
All Other	0.6%	1.1%	1.9%	0.7%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%



Medicaid Code 35 Assignment Statistics

July 2016 – December 2021 (66 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	334,918	134,034	468,952	71%
OHIP Data Exchange	Dec. 2016 - pres.	211,049	4,132	215,181	98%
Conflict Report Corrections	Apr. 2017 – pres.	38,096	818	38,914	98%

- PCG Assignment File is sent weekly to Medicaid.
- Office of Health Insurance Programs (OHIP) File is sent monthly to PCG.
- Conflict Report Corrections are sent periodically upon resolution by the Municipality.
- Prior to this process, EI Providers had to use a completely manual process to have a Code 35 assigned correctly

Extraordinary Circumstance



- 158 unique providers have entered an Extraordinary circumstance since implementing the 90-day filing limit on February 10, 2019
- 266.1k claims totaling \$16.9m have been submitted 100+ days after the DOS
- 115.8k of the claims totaling \$7.1m had an active EC
- 150.4k of the claims totaling \$9.8m did not have an active EC
- Any claim submitted > 100 days and has not been adjudicated with EC logic will be picked up in a subsequent sweep.

Type of Circumstance	# of Providers	# of Claims with active EC
Audit Findings	60	4,601
Death of essential personnel	4	258
Hospitalization	20	1,642
Litigation	8	4,285
Natural Disaster	16	7,808
Natural Disaster/State of Emergency	93	94,523
State Administrative Delay	25	2,643
Grand Total	226	115,760

Active EC	# Claims Submitted 100+ Days After DOS	Billed Amount	CI Paid	Med Paid	Escrow Paid	Adjusted Amount	Pending Amount	Total Claims Submitted	% Submitted after 100+ days
Yes	115,760	\$7,086,717.75	\$68,942.12	\$2,996,468.77	\$2,445,597.22	\$1,414,699.33	\$161,010.31	25,389,492	1.0%
No	150,356	\$9,817,943.25	\$125,340.67	\$4,257,057.96	\$7,644.98	\$5,026,354.18	\$401,545.46		
Grand Total	266,116	\$16,904,661.00	\$194,282.79	\$7,253,526.73	\$2,453,242.20	\$6,441,053.51	\$562,555.77		

Note: Data includes DOS February 10, 2019 through March 31, 2022

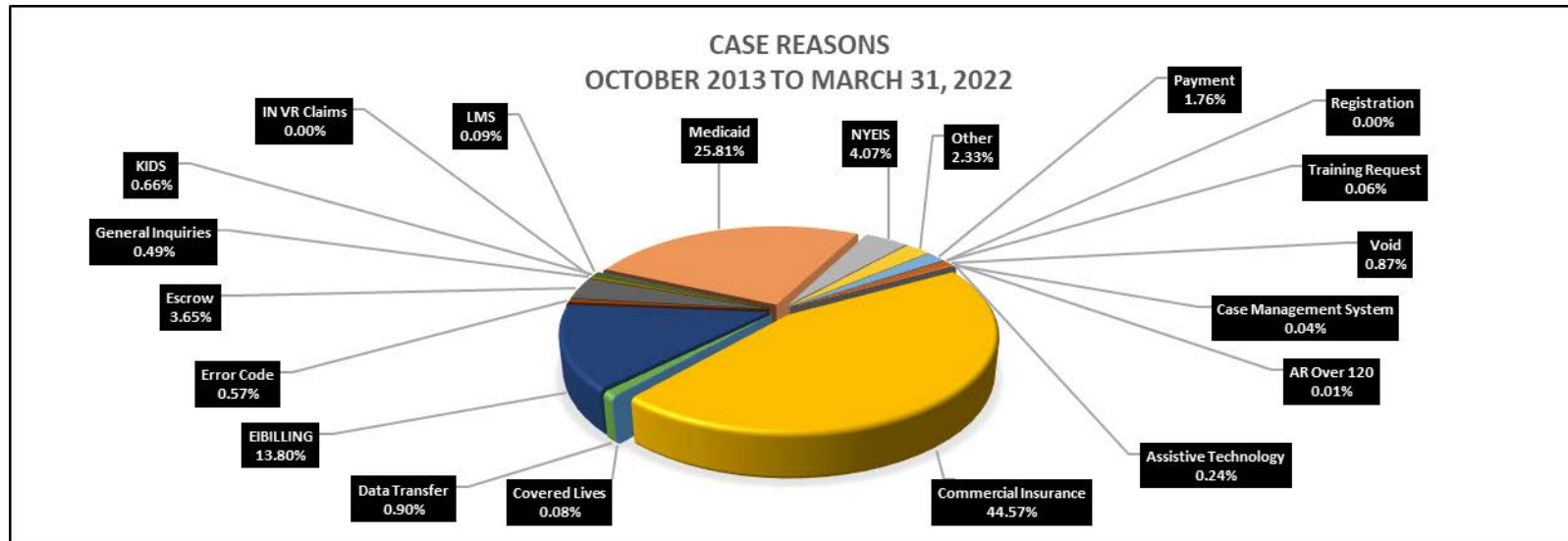


SFA Call Center Statistics

Operations Metrics: Call Center



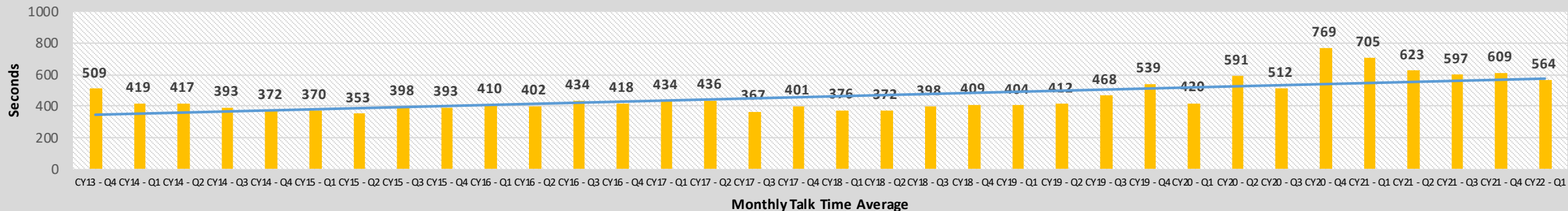
- From October 1, 2013 to March 31, 2022 PCG has handled over 109,000 calls.
- The average call volume per day is 51.53 calls
- 71.59 percent of cases are resolved within 24 hours and 77.43 percent are resolved within five days
- Average age of call center cases is 5.80 days



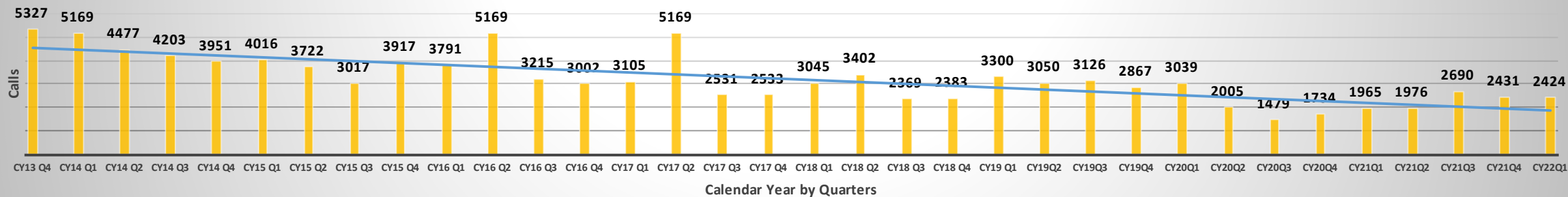


Call Center Trends

Average Handle Time



Calls Per Quarter



Question and Answer

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Solutions that Matter